PMHA CDMS | THE CENTRALISED DATA MANAGEMENT SERVICE of the PRIVATE MENTAL HEALTH ALLIANCE

MANAGEMENT COMMITTEE (PMHA–CDMS MC)

SEVENTH MEETING

HELD ON THURSDAY, 12 FEBRUARY 2009

ADELAIDE CLINIC 33 PARK TERRACE GILBERTON SOUTH AUSTRALIA

REPORT AND RESOLUTIONS

Glossary of Acronyms and Terms

AHMAC	Australian Health Ministers Advisory Council
AHIA	Australian Health Insurance Association
APHA	Australian Private Hospitals Association
AMA	Australian Medical Association
CDMS	PMHA Centralised Data Management Service
CPoC	Consumer Perceptions of Care
DoHA	Australian Government Department of Health and Ageing
HCP	Hospital Casemix Protocol
Health Insurer(s)	Private Health Insurance Fund(s) that pay benefits for psychiatric care
Hospital(s)	Private Hospital(s) with psychiatric beds
MC	PMHA–CDMS Management Committee
MHSC	Mental Health Standing Committee of the AHMAC Health Priorities Principal Committee
MHISS	Mental Health Information Strategy Sub–committee of the MHSC
National Model	The National Model for the Collection and Analysis of a Minimum Data Set with Outcome Measures for Private, Hospital–based Psychiatric Services
Network	Private Mental Health Consumer Carer Network (Australia)
PMHA	Private Mental Health Alliance
PMHA–CDMS MC	PMHA–CDMS Management Committee
SQPS	Safety and Quality Partnership Sub–committee of the MHSC

1. OPENING AND WELCOME

The Seventh (7th) Meeting of the Private Mental Health Alliance (PMHA) Centralised Data Management Service (CDMS) Management Committee (PMHA–CDMS MC), (the Meeting) was held on Thursday, 2 January 2009 at the Adelaide Clinic, 33 Park Terrace, Gilberton, in South Australia.

The Chair, Dr Bill Pring, opened the Meeting at the 12:30 PM

The following representatives were in attendance.

1.1 Present

Consumers and Carers

1. Ms Janne McMahon	Consumers

Providers

2. Dr Bill Pring (Chair)	AMA
3. Ms Moira Munro	APHA (Deputy PMHA Chair)

Payers

4. Ms Helen Eriksson	AHIA
5. Ms Robyn Milthorpe	DoHA Mental Health Reform Branch
6. Mr Peter Callanan	DoHA Private Health Services Branch

Staff

7. Mr Allen Morris–Yates	PMHA–CDMS Director
8. Mr Phillip Taylor (Secretary)	PMHA Director (Chair PMHA–CCMWG)

1.2 Apologies

1. Mrs Ruth Carson	Carers

2. REPORTS OF THE PREVIOUS MEETINGS

Resolved (unanimous)

That the PMHA–CDMS MC adopts the Report of the Eighth Monthly Teleconference of the PMHA–CDMS Management Committee, held on 15 December 2008 as a true and accurate record of proceedings.

That the PMHA–CDMS MC requests that the Report be made available on the on the PMHA website at: www.pmha.com.au.

Action: PMHA Director

3. PROGRESS REPORT ON ACTIONS ARISING

The Meeting updated the Composite Table of Progress set out below on actions arising from the last face–to–face PMHA–CDMS MC meeting and subsequent MC teleconferences.

COMPOSITE TABLE OF PROGRESS – OCTOBER TO DECEMBER 2008	RESPONSIBILITY	STATUS
REPORTS ON PMHA–CDMS MC MEETINGS AND TELECONFERENCES		
Draft and circulate for comment the Report of 6th PMHA–CDMS MC face–to–face Meeting	PMHA Director	Done
Draft and circulate for comment the Report of 7th PMHA–CDMS MC Monthly Teleconference	PMHA Director	Done
Draft and circulate for comment the Report of 8th PMHA–CDMS MC Monthly Teleconference	PMHA Director	Done
Revise above Draft Reports based on comments received and prepare finals	PMHA Director	Done
Post Report of 6th PMHA–CDMS MC on PMHA Website	PMHA Director	Done
Agenda Item 7th face–to–face PMHA–CDMS MC Meeting	PMHA Director	Done
HCP		
Draft PMHA Letter for DoHA requesting DoHA provide HCP data directly to PMHA–CDMS	PMHA/CDMS Directors	Done
Agenda Item 7th face–to–face PMHA–CDMS MC Meeting	PMHA Director	Done
PHI Circular PHI 45/08: General Treatment Data Collection 2009–10		
AHIA MHC to consider the issues of psychiatric services provided outside of the Hospital	Ms Eriksson	CCMWG
CDMS SERVICES AND WORK PLAN 2008–2009		
Prepare Discussion Papers on revision of National Model for consideration by MC in early 2009	CDMS Director	By 8th MC
Ascertain whether CPoC Key Participants are happy for Final Report to be released to Australian Government	CDMS Director	Done
Dispatch SQRs in January 2009 rather than December 2008		Done
Agenda Item 7th face–to–face PMHA–CDMS MC	PMHA Director	Done
MHSC MENTAL HEALTH INFORMATION STRATEGY SUB–COMMITTEE (MHISS)		
Circulate the report of the August 2008 meeting when available	PMHA Director	Done
Ms Munro to attend MHISS Workshop on 4 December 2008 in Canberra	Ms Munro	Done
Agenda Item 7th face–to–face PMHA–CDMS MC Meeting	PMHA Director	Done
MHSC SAFETY AND QUALITY PARTNERSHIP SUB–COMMITTEE (SQPS)		
Dr Pring to attend 24 October 2008 SQPS Meeting	Dr Pring	Done
Agenda Item 7th face–to–face PMHA–CDMS MC Meeting	PMHA Director	Done
OTHER BUSINESS		
Advise Hospital CEO to submit formal request to PMHA–CDMS	Ms McMahon	Done
CDMS Director to attend Butterfly Foundation Workshop on 19 November 2008 in Sydney	CDMS Director	Done
CDMS Director to attend and present at 2nd MH Outcomes Conference 24–26 November 2008	CDMS Director	Done
NEXT MEETINGS		
Organise 7th face–to–face PMHA–CDMS MC for 29 January 2009 @ Adelaide Clinic	PMHA Director	Done
Organise 7th and 8th monthly teleconferences of PMHA–CDMS MC	PMHA Director	Done
Organise CDMS Site Visit for 29 January 2009	PMHA/CDMS Directors	Done

3.1 PHI Circular PHI 45/08: General Treatment Data Collection 2009–10

The last meeting considered a copy of PHI Circular 45/08, dated 12 September 2008, and it's Discussion Paper, which dealt with a new data collection at the episode level for *General Treatment* services. This collection will focus on collecting data on *General Treatment* services such as hospital substitute treatment, health management programs, chronic disease management programs, dental, optical and other types of general treatment. The collection is designed to foster private health insurance arrangements to encourage innovative models of services delivery for the prevention and management of chronic diseases and hospital–substitute services. It will allow for the assessment and monitoring of Government initiatives and provide an increased understanding of health services to which the Government contributes through the health insurance rebates.

Ms Helen Eriksson reported that the issues of psychiatric services provided outside of the Hospital setting was now being progressed by the PMHA's Collaborative Care Models Working Group (CCMWG) as one of its primary objectives.

3.2 Discussion Papers on the revision of the National Model

The PMHA–CDMS Director, Mr Allen Morris–Yates, reported on progress with the preparation of the brief discussion papers on the issues that need to be resolved in the revision of the *National Model for the Collection and Analysis of a Minimum Data Set with Outcome Measures for Private, Hospital–based, Psychiatric Services*. Those issues are as follows.

1. The clinical classification used as the primary stratification factor for reporting need to be revised. Specific problems that need addressing include: simplification of the existing classification, removal of classes with very low numbers, and identification of important co–morbid conditions.

2. Revision of the model for the identification, analysis and reporting of episodes of ambulatory care. Current model is not meeting Hospitals and Health Insurers requirements.

3. Submission of HCP data to the PMHA–CDMS by Health Insurers and Other Payers. Currently, Hospitals that do not participate in the PMHA–CDMS account for between 20% and 25% of activity. Provision of HCP data to the PMHA–CDMS by the Australian Government would enable the PMHA–CDMS to generate more complete statistics for benchmarking and national reporting purposes.

4. Revision of information models for Providers and Payers. The current information model used within the data warehouse only partially accounts for changes in ownership and mergers of both Providers and Payers.

MC had previously agreed that the discussion papers described above should be drafted for consideration by the MC in early 2009. Mr Morris–Yates expected to be able to deliver discussion papers on the first two issues at the next face–to–face meeting of the MC.

3.3 Consumer Perceptions of Care (CPoC) Final Report

Mr Morris–Yates reported that while the private sector is willing for the Final Report to be released to the Commonwealth, there is a delay with Queensland Health's response, while it completes its own analysis of the Final Report. The MC expressed concern and discussed how best to address this long delay.

Resolved (unanimous)

That the PMHA–CDMS MC requests that Ms Moira Munro and Ms Robyn Milthorpe discuss Final Report on the Consumer Perceptions of Care Pilot Study with Dr Aaron Groves and Ms Ruth Catchpole at the 71st Mental Health Information Strategy Sub–Committee (MHISS), to be held on 19/20 February 2009 in Sydney.

Action: Ms Munro/Ms Milthorpe

3.4 Delay with Standard Quarterly Reports (SQRs)

Mr Morris–Yates reported on the continued delays with a significant minority of private hospitals that had various difficulties submitting their last quarter data to CDMS. The due date for submissions is 10 weeks post the end of a quarter. Typically, experience over the past seven years has shown that small but significant number of private hospitals are unable to submit data by the end of December. The result of this delay has meant that SQRs for both Hospitals and Health Insurers are despatched in January rather than December. Last year, MC agreed that this delay was acceptable, given the contingencies of Christmas/New Year holiday periods.

Mr Morris–Yates discovered in January 2009 that the data for 10 out of the 35 Hospitals had been received by the due date. While the remainder trickled in it became clear by the third week of January that 8 Hospitals were still having difficulties. Several of these were large Hospitals that needed to be included. The reasons for these delays included the following.

- One Hospital lost its primary database file. With no back–up in place, the database had to be re–built.
- Three Hospitals were changing their medical records system.
- Another Hospital had three changes in staff in the past 12 months and the new staff members required two half days of training by Mr Morris–Yates by telephone.

Mr Morris–Yates explained that the SQRs for Hospitals and Health Insurers are now ready to be burnt to CD and despatched.

In response to a question from Dr Pring, Mr Morris–Yates indicated that the extra time taken to assist Hospitals in correcting these delays falls within the context of the agreed work program for the CDMS.

3.4 Length of Stay

Ms McMahon had previously reported on a discussion with a Hospital CEO concerning how borderline personality disorder affected the Hospital's average Length–of–Stay (LOS) statistics. One Health Insurer had implemented a cap on the

funding for the care the Hospital provides for people with this diagnosis. The CEO felt there needed to be some way of determining, through CDMS data, how people with that diagnosis can skew a Hospitals LOS. Ms McMahon has advised the CEO concerned to submit a formal email request to Mr Morris–Yates.

Mr Peter Callanan felt this situation may now have been resolved. Under the new legislation Health Insurers are required to pay a minimum uncapped benefit for those people who receive psychiatric care in a private hospital. Ms Eriksson and Ms Munro discussed what is occurring in practice with the negotiation of some contracts between some Health Insurers and Hospitals and it became evident that there is some confusion concerning the application of the new requirements. Ms Eriksson agreed to discuss the situation further with Mr Callanan and the AHIA Mental Health Committee. Ms Munro will gather more information from the APHA Psychiatric Sub–committee.

4. USE OF CDMS DATA FOR FUNDING PURPOSES

The Chair reported on the enquiry from a Health Insurer about the appropriateness of utilising the CDMS data as a basis for outcomes–based funding with the psychiatric facilities and whether Mr Morris–Yates would be the appropriate person to carry out such an analysis. The Health Insurer was advised that, while Mr Morris–Yates is able to do such analyses at the request of specific stakeholders, such an undertaking would have to be approved by the MC. Approval would be more likely if the analyses were seen to have potential utility for all hospitals or payers, preferably both. The Health Insurer was further advised that advice can be provided as to the interpretation of the available data, but must stop short of offering an explicit opinion regarding the quality or otherwise of a particular service.

The Health Insurer was strongly advised that caution needs to be exercised with explicitly using the CDMS data as a basis for funding decisions. Mr Morris–Yates was of the view that this could only really work well if the wider community of both Payers and Providers had been engaged in the process of developing both the general architecture and the specific indicators to be used in such negotiations. To date, they have only really been engaged in the development of the National Model, which simply outlines a data collection and overall reporting protocol.

Mr Morris–Yates felt that the issues raised by this enquiry are particularly relevant for the ongoing development of the National Model. The Meeting noted that three papers that address the conceptual and technical issues that need to be addressed had been provided with the agenda and papers for this Meeting (these were also provided to the Health Insurer that made the enquiry).

1. Liptzkin: *Quality Improvement, Pay for Performance, and "Outcomes Measurement": What Makes Sense?*

2. Shahian et al: *Cardiac Surgery Report Cards: Comprehensive Review and Statistical Critique*

3. Hermann et al: *Risk–Adjusting Outcomes of Mental Health and Substance–Related Care: A Review of the Literature*

A summary of the issues that emerged during the discussion of this agenda item are set out below.

- It is inevitable that Payers and Hospitals are going to want to use CDMS information to assist them in making funding decisions. The best approach would be for the development of the criteria and indicators to take place within the context of an open and transparent process.

- The current Rudd Government is committed, through a range of mechanisms, to the development of performance indicators related to the quality and outcomes of health care that is delivered within the Australian health care system.

- All Health Insurers are concerned about these issues and want to be able to determine that their members are receiving the best quality care.

- While it is acknowledged that the CDMS may be the most appropriate entity to undertake the work required to develop criteria and indicators, it may be wise to wait until the implications of work already underway in other areas is better understood.

- If the CDMS data is to be used for such purposes then it should be promoted within the context of a range of indicators.

- Indicators are difficult to develop that can demonstrate whether care is appropriate.

- The private sector is already reporting on a range of indicators other than the CDMS measures.

- A lot could be done to encourage numeric and statistical literacy in both the public and the private sectors.

- There needs to be alternative more meaningful ways of providing the data collected by the CDMS.

Resolved (unanimous)

That the PMHA–CDMS MC requests that use of CDMS data for funding purposes remain an agenda item for continued discussion at future meetings of the MC. Mr Morris–Yates is asked to prepare brief discussion papers on additional indicators for the CDMS and on what a time series presentation of CDMS information might look like.

Action: PMHA Director

5. HOSPITALS CASEMIX PROTOCOL (HCP)

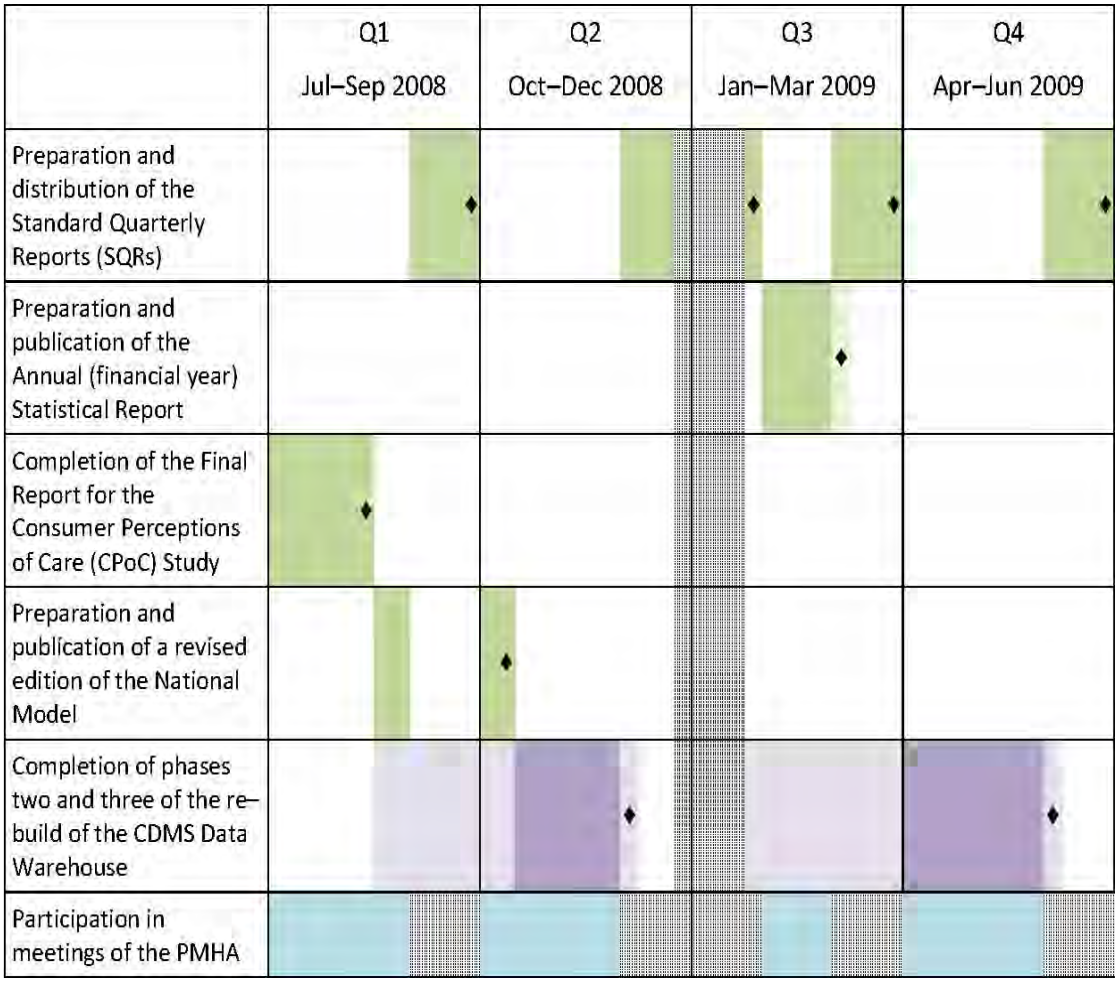
Hospitals that currently do not participate in the PMHA–CDMS account for between 20% and 25% of activity. Provision of HCP data to the PMHA–CDMS by the Australian Government would enable the PMHA–CDMS to generate more complete statistics for benchmarking and national reporting purposes. At the request of the MC, the PMHA Chair wrote to DoHA and requested consideration be given to investigating further the provision of HCP data directly to the PMHA–CDMS.

Mr Peter Callanan apologised for the delay in DoHA's response. This is the first external request for unit level data that DoHA has received in a number of years, and has required consideration of current legislative Acts and Departmental policy as it

applies to the request. DoHA will advise PMHA as soon as a decision has been reached by DoHA's legal advisers.

6. PMHA–CDMS WORK PLAN FINANCIAL YEAR 2008–2009

The Meeting noted the PMHA–CDMS Work Plan for Financial Year 1 July 2008 to 30 June 2009 (Work Plan) as set out in the summary table below.



Mr Morris–Yates reported that currently work is directed at the re–building of the CDMS Data Warehouse.

7. MENTAL HEALTH INFORMATION STRATEGYS SUB–COMMITTEE (MHISS)

MHISS provides expert technical advice and recommendations on initiatives to address the information requirements of the National Mental Health Strategy for the Mental Health Standing Committee (MHSC) of the AHMAC Health Priorities Principle Committee (HPPPC).

The Meeting noted the copy of the draft minutes of the 69th MHISS Meeting held 21/22 August 2008 in Brisbane and a copy of the draft agenda for the 70th MHISS Meeting, held in Canberra on 5 December 2008. The next (71st) MHISS Meeting will be held on 19/20 February 2009 in Sydney. The PMHA representative on MHISS, Ms Moira Munro, reported on the following issues.

7.1 Mental Health Interventions Classification Project – Australian Institute of Health and Welfare (AIHW)

A workshop was held on 4 December 2008 to further develop the Mental Health Interventions Classifications framework. A sub–group of MHISS representatives also met by teleconference to discuss further development of the pharmacotherapy section of the classification, and a more precise delineation of the distinction between the psychotherapy and counselling sections of the classification. AIHW will provide a revised framework and an outline of a potential pilot for the Classifications framework at the 19/20 February 2009 MHISS meeting.

7.2 2007–08 Annual Progress Report on the COAG National Action Plan on Mental Health 2006–2011

Preparation of this Report has been delayed by some slippage in the provision of data by State, Territory and Commonwealth departments facing competing concurrent priorities in reporting requirements. The Report will be reviewed at the MHISS meeting on 19/20 February 2009 with the aim of presenting it to MHSC for endorsement out–of–session.

7.3 Australian Institute of Health and Welfare (AIHW) Report.

MHISS members noted the progress on the production of Mental Health Services in Australia 2006–07 report. It is anticipated that the report will be published in March 2009.

7.4 Perinatal Depression (PND) Initiative

The PND sub–group met for the first time on 4 December 2008, to consider the monitoring arrangements for the new PND initiative. Ms Colleen Krestensen, Assistant Secretary, Mental Health and Suicide Prevention Branch, provided some background and an overview of progress with implementation of the initiative to MHISS members. Members were advised that a framework was being developed for endorsement by AHMAC through MHSC and HPPPC and that the key elements of the framework were routine screening, workforce training and developments and follow up support and care. A number of key directions were agreed at the PND sub–group meeting, with agreement that this sub–group would meet again prior to the 19/20 February MHISS meeting to explore these options.

8. SAFETY AND QUALITY PARTNERSHIP SUB–COMMITTEE (SQPS)

SQPS is a Sub–committee of the MHSC and is responsible for taking the Australian Government mental health safety and quality agenda forward. While the Australian Commission for Safety and Quality in Health Care (ACSQHC) leads the national effort to improve the safety and quality of health care provision in Australia generally, SQPS has a defined focus on safety and quality in mental health care. It is intended that SQPS and ACSQHC work in partnership. SQPS brings together key stakeholders in the mental health field, from both the public and the private sectors that are relevant to implementation of national priorities.

The Meeting noted a copy of the draft minutes of the meeting of the SQPS held on Friday, 24 October 2008 in Melbourne. The next meeting of the SQPS will be held

on Friday, 24 July 2009 in Darwin. The PMHA representative on the SQPS, Dr Bill Pring, briefed the Meeting on the following SQPS issues.

8.1. National Standards for Mental Health Services

DoHA hosted a forum in Melbourne on 13 October 2008 to engage stakeholders in finalising the National Mental Health Standards (the Standards) and to consider implementation issues. A report from this forum was circulated to participants and SQPS out–of–session. SQPS has agreed that, for the Standards to be effective, it will be necessary for interpretive implementation guidelines to be developed for specific settings and population groups including the following.

- rural and remote
- primary care
- community–based mental health services
- Culturally and Linguistically Diverse
- Aboriginal and Torres Strait islander

A small group has been established to discuss proposed next steps in finalising the revised Standards and has recommended that the preface be redrafted. The revised Standards with the amended preface will be circulated out–of–session to SQPS for referral to MHSC.

Ms McMahon reported on the work undertaken in the development of the Standards and felt comfortable with the use of the standards in the private hospital setting. At present, they are not ready for use in primary care settings by GPs or by Non–Government Oganisations.

The use of the Standards and the current practices and costs involved with the range of accreditation agencies were discussed. MC agreed that when the new Standards are released there should be a concerted effort from the private sector to promote the Standards being integrated into the standards of accrediting bodies and used within the context of a single survey.

8.2 Safety Indicator Development

An indicator for intentional self–harm has been proposed at a national level. There are, however, significant challenges in defining and collecting data for such an indicator. SQPS is working with the National Mental Health Performance Sub–committee on developing a paper in relation to this issue.

8.3 Seclusion and Restraint Working Party

Draft documentation on definitions, principles, procedures and audit tools has been approved by SQPS and endorsed by MHSC for targeted consultation. Results of the consultation will be discussed at the National Seclusion and Restraint Forum to be held on 18/19 February 2009 in Melbourne. Following the Forum, revisions to the documents will be collated and referred back to the Seclusion and Restraint Working Party for discussion by members at a teleconference. A final document will then be referred back to SQPS.

Dr Pring and his SQPS alternate, Mr Taylor, reported that they would be unable to attend the Forum. After discussion, Ms Janne McMahon agreed to attend the

Forum, as proxy for Dr Bill Pring and Mr Taylor on 19 February. Mr Taylor and Dr Pring will be apologies on 18 February.

8.4 National Projects for the Reduction of Seclusion and Restraint

The National Mental Health Seclusion and Restraint Project has been extended until June 2009. The extension of the project will enable practice changes to be more firmly embedded and disseminated to services other than the Beacon sites, and for sound recommendations regarding data standards and performance indicators for monitoring the use of seclusion and restraint to be developed.

8.5 Reducing Adverse Medication Events in Mental Health Services

The revised Reducing Adverse Medications Events Working Party (RAMEWP) framework has been approved by the SQPS for endorsement by the MHSC. An SQPS project proposal to develop a sustainable option for consumer and carer oriented medication advice, to be used in parallel with the Consumer Medicine Information, has been approved for funding by the HPPPC.

8.6 Australian Suicide Prevention Advisory Council (ASPAC)

The inaugural meeting of ASPAC was held on 11/12 November 2008. The Council has commenced work on the priority areas of the National Suicide Prevention Strategy work plan and have identified additional areas for focus. The next Council meeting is scheduled for 17/18 February 2009. The SQPS Chair, Dr Peggy Brown, has been invited to meet with the Council regarding the quality and safety dimension of mental health care and to discuss how ASPAC might be able to engage with that work.

8.7 SQPS Work Plan and Terms of Reference

SQPS has agreed its Work Plan for 2008–09 and revised the Terms of Reference for the group.

9. CDMS SITE VISIT

The Meeting adjourned and re–convened at the offices of the PMHA's CDMS in Eden Hills where Mr Morris–Yates provided an overview of the management and security arrangements for the CDMS and the new equipment that was recently purchased to improve the performance and capacity of the CDMS.

10 IDENTIFYING THE CARER PROJECT (ICP) RECOMMENDATIONS

Ms McMahon reported that during 2008, the Network sought to have AMA support two projects to progress the recommendations arising from the ICP. While the AMA felt these projects had merit, they were unable to auspice the projects.

Ms McMahon subsequently approached Mr Morris–Yates Company, Datasystematics, to support one of these Projects. The Project concerned is about developing guidelines and clinical practice protocols on the identification of carers for public and private mental health services and packages for carers. This Project is, therefore, not associated with the work of the PMHA–CDMS. Two days have been appropriated for Mr Morris–Yates time and all work conducted by him would be during his personal time and not during the hours of his full–time employment

with the AMA. The work would involve administrative oversight of the Project with the day–to–day management being the responsibility of the Project Manager, Ms McMahon.

The Meeting noted that MC has previously directed that additional project work is not to be undertaken by the PMHA–CDMS Director without the express approval of the MC and full endorsement of the PMHA.

In response to a question from Ms Munro, Mr Morris–Yates reported that Datasytematics is not currently involved in any other project work. On that basis, it was agreed that the MC should recommend to PMHA that it give its approval for Datasytematics to undertake this work as a one–off project.

Resolved (unanimous)

That the PMHA–CDMS MC recommends that the PMHA endorse Datasytematics auspicing the project proposed by the Private Mental Health Consumer Carer Network [Australia] to progress the recommendations of the Indentifying the Carer Project.

Action: MC Chair

11. NEXT MEETING

The schedule of dates for PMHA–CDMS MC related meetings is set out below.

9th PMHA–CDMS MC Monthly Teleconference
12 Noon to 1:00 PM
Monday, 30 March 2009

8th PMHA–CDMS Management Committee
1:00 PM to 5:00 PM
Thursday, 21 May 2009
The Adelaide Clinic
33 Park Terrace
Gilberton South Australia

10. CLOSE

There being no further business, the meeting closed at 6:00 PM.

Dr Bill Pring
Chair

Mr Phillip Taylor
Secretary