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

MANAGEMENT COMMITTEE (PMHA–CDMS MC)

SIXTH MEETING

HELD ON THURSDAY, 9 OCTOBER 2008

AMA HOUSE 42 MACQUARIE STREET BARTON AUSTRALIAN CAPITAL TERRITORY

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 Sixth (6th) Meeting of the Private Mental Health Alliance (PMHA) Centralised Data Management Service (CDMS) Management Committee (PMHA–CDMS MC), (the Meeting) was held on Thursday, 9 October 2008 at the offices of the Federal Australian Medical Association (AMA), 42 Macquarie Street, Barton, in the Australian Capital Territory.

The Chair, Dr Bill Pring, opened the Meeting at the 3:00 PM. The following representatives were in attendance.

1.1 Present

1.	Dr Bill Pring (Chair)	Clinicians
2.	Mrs Ruth Carson	Carers
3.	Ms Janne McMahon	Consumers
4.	Ms Moira Munro	Hospitals
5.	Ms Helen Eriksson	Health Insurers
6.	Mr Peter Callanan	DoHA Private Health Services Branch
7.	Mr Daniel Sjoberg	DoHA Acute Care Division (proxy – Mr Adrian Jenz)
8.	Mr Allen Morris–Yates	PMHA–CDMS Director
9.	Phillip Taylor (Secretary)	PMHA Director

1.2 Apologies

1.	Mr Adrian Jenz	DoHA Acute Care Division
2.	Ms Therese Merten	DoHA Mental Health Reform Branch

2. REPORTS OF THE PREVIOUS MEETINGS

Resolved (unanimous)

That the PMHA–CDMS MC adopts en bloc the following reports as true and accurate records of proceedings.

a) Report of the Fifth Face–to–Face Meeting of the PMHA–CDMS Management Committee, held on 6 June 2008 in Canberra.

b) Report of the Fifth Monthly Teleconference of the PMHA–CDMS Management Committee, held on 4 August 2008.

c) Report of the Sixth Monthly Teleconference of the PMHA–CDMS Management Committee, held on 8 September 2008.

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 – JUNE TO OCTOBER 2008	RESPONSIBILITY	STATUS
Reports on PMHA–CDMS MC Meetings and Teleconferences		
Draft and circulate for comment the Report of 5th PMHA–CDMS MC face–to–face Meeting	PMHA Director	Done
Draft and circulate for comment the Report of 5th PMHA–CDMS MC Monthly Teleconference	PMHA Director	Done
Draft and circulate for comment the Report of 6th PMHA–CDMS MC Monthly Teleconference	PMHA Director	Done
Revise above Draft Reports based on comments received and prepare finals	PMHA Director	Done
Agenda Item 6th face–to–face PMHA–CDMS MC Meeting	PMHA Director	Done
HCP		
Investigate further whether Health Insurers can submit their HCP data to CDMS	Dr Pring/Mr Callanan	Pending
Agenda Item 6th face–to–face PMHA–CDMS MC Meeting	PMHA Director	Done
Training for Hospitals		
Grant permission to purchase the software necessary to develop CD and web–based training materials	PMHA–CDMS MC	Done
CDMS Services and Work Plan 2008–2009		
Final Report of CPoC Pilot Study to be completed within Work Plan 2008–09	PMHA–CDMS Director	Agreed
Advise QLD Health CDMS is unable to undertake any further work beyond the draft Final Report already provided.	PMHA–CDMS Director	Done
No additional project work to be undertaken by CDMS without express approval of MC and PMHA	PMHA–CDMS Director	Agreed
Endorse schedule of work to be undertaken by the PMHA–CDMS	PMHA–CDMS MC	Done
Agenda Item 6th face–to–face PMHA–CDMS MC Meeting	PMHA Director	Done
MHSC Mental Health Information Strategy Sub–committee (MHISS) Report		
Agenda Item 6th face–to–face PMHA–CDMS MC Meeting	PMHA Director	Done
MHSC Safety and Quality Partnership Sub–committee (SQPS) Report		
Agenda Item 6th face–to–face PMHA–CDMS MC Meeting	PMHA Director	Done
Next Meetings		
Organise 6th face–to–face PMHA–CDMS MC for 6 June 2008 @ AMA Headquarters Canberra	PMHA Director	Done
Organise 5th, 6th monthly teleconferences of PMHA–CDMS MC	PMHA Director	Done

The PMHA Director reported that at the last PMHA meeting conducted a trial of holding a face–to–face meeting of the PMHA–CDMS Management Committee from 8:30 AM until 10:30 AM immediately prior to the PMHA Meeting (11:00 AM until 4:30 PM). Subsequent feedback from PMHA Members highlighted that the trial was unsuccessful and the face–to–face PMHA–CDMS MC Meeting has returned to being held the day before the PMHA Meeting.

The PMHA Director also advised that the trial of the MHISS and SQPS Reports being presented at PMHA meetings, as part of the MHSC Report, had been unsuccessful due to the time constraints involved. These Reports have returned to being considered by the MC, with only relevant matters being referred to PMHA Meetings for information and consideration.

4 HOSPITALS CASEMIX PROTOCOL (HCP)

The Meeting considered two matters under this agenda item.

4.1 Submission of HCP data to PMHA–CDMS

HCP data forms a critical component of the data set used by the PMHA–CDMS. At present participating private hospitals submit HCP data to the PMHA–CDMS, in the same format as that used by Hospitals to submit data to Health Insurers. In order to ensure that patients cannot be personally identified, Patients' Names and Day and Month of Birth are blanked. All other information, including medical record numbers and Health Insurer membership identifiers are left as is. Effectively therefore, the PMHA–CDMS has no access to personally identified information regarding individual patients. However, the detailed HCP data does enable the PMHA–CDMS to link episodes of care over time and across Hospitals so that a comprehensive and complete picture of patients' care can be developed for aggregate statistical analyses.

The use to which the PMHA–CDMS may put any of the data it holds is strictly governed by the agreed guidelines contained in the National Model. Essentially, those guidelines prohibit the PMHA–CDMS from making available information that would violate the privacy and confidentiality of either providers or payer. The protocol is simple: an entity may see any statistics derived from episodes of care it was responsible for providing or paying for. Statistics based in part or in whole on episodes of care it was not responsible for must be provided in such a way that the provider and payer cannot be identified.

For example, the PMHA–CDMS provides each participating Hospital with identified aggregate statistics regarding its' performance and de–identified aggregate statistics regarding the performance of its' peers. The PMHA–CDMS also provides hospitals with limited aggregate statistics regarding Payers. In that case, the Hospital may be provided with aggregate statistics regarding its' care of the members of the identified Payers whose members received care at that Hospital, but may not be provided with statistics based on just that Payer's members' care at any other hospitals, either individually or in aggregate. Similar rules are applied to the provision of statistics about Hospitals to Payers.

At present, private Hospitals with psychiatric beds that do not participate in the PMHA–CDMS account for between 20% and 25% of activity.

All PMHA–CDMS stakeholders – Hospitals, Health Insurers and the Australian Government – require the PMHA–CDMS to provide national statistics regarding the provision of private hospital based psychiatric care. 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.

The Meeting discussed the issue of whether there are any significant impediments to the provision of HCP data to the PMHA–CDMS.

The Chair reported that it appears to be quiet difficult for Health Insurers to be able to provide the PMHA–CDMS with HCP data for those Hospitals that are not participating in the PMHA's CDMS for a number of trade practices reasons. Ms Helen Eriksson discussed some of the vagaries of the Health Insurers contracting

environment whereby the provision of HCP data may be restricted. While this may be changing, there is no guarantee that such restrictions won't be re–instated in the future. It would be far easier if the HCP data for the PMHA–CDMS could be sourced elsewhere at a higher level.

Mr Peter Callanan explained the legislation applied to this area and a discussion followed of what is required in relation to collection and submission of HCP data to Health Insurers and the Australian Government..

Mr Daniel Sjoberg indicated that, from the DoHA perspective, there should be no reason why HCP data cannot be provided directly to the PMHA–CDMS, provided appropriate contractual arrangements were in place and the requirements of commercial–in–confidence and privacy laws were met. DoHA would have to investigate this matter further and seek appropriate legal advice.

It was agreed that to progress this matter the PMHA Chair should write to Mr David Martin, Acting Assistant Secretary, Healthcare Services Information Branch, Acute Care Division, DoHA and request that the provision of HCP data directly to the PMHA–CDMS by DoHA be investigated further. The letter should be drafted in consultation with Mr Callanan and Mr Sjoberg to ensure the correct request is made.

Resolved (unanimous)

That the PMHA–CDMS MC requests the PMHA Chair write to Mr David Martin, Acting Assistant Secretary, Healthcare Services Information Branch, Acute Care Division, Australian Government Department of Health and Ageing, and request that DoHA consider investigating further the provision of Hospital Casemix Protocol data directly to the PMHA–CDMS.

Action: PMHA–CDMS Director/Mr Peter Callanan/Mr Daniel Sjoberg

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

The Meeting then considered a copy of PHI Circular 45/08, dated 12 September 2008, and its Discussion Paper, which had been circulated with the agenda and papers for this Meeting.

The Meeting noted that the Discussion Paper deals 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.

Mr Sjoberg and Mr Callanan discussed the Paper further and some of the complexities involved. There are a lot of scoping issues that are still being determined around the legislation. The Meeting noted that DoHA's Health Insurers Committee is setting up a Sub–committee to look at the technical issues of how to make the collection work. Ms Eriksson and Ms Moira Munro reported on some of

the current confusion and problems that are being experienced by Health Insurers and Hospitals with the recent changes to the legislation. Ms Janne McMahon and Mrs Ruth Carson expressed concern that the situation should be addressed in a timely manner, particularly if it is having a negative impact on consumers and carers. Mr Sjoberg acknowledged these comments and concerns and indicated it will take several iterative cycles to remove the vagueness that currently exists in the legislation. Ms Eriksson reported that, essentially, Health Insurers are seeking to ensure that mental health services for their members funded outside of the Hospital were not only appropriate, but could be properly assessed.

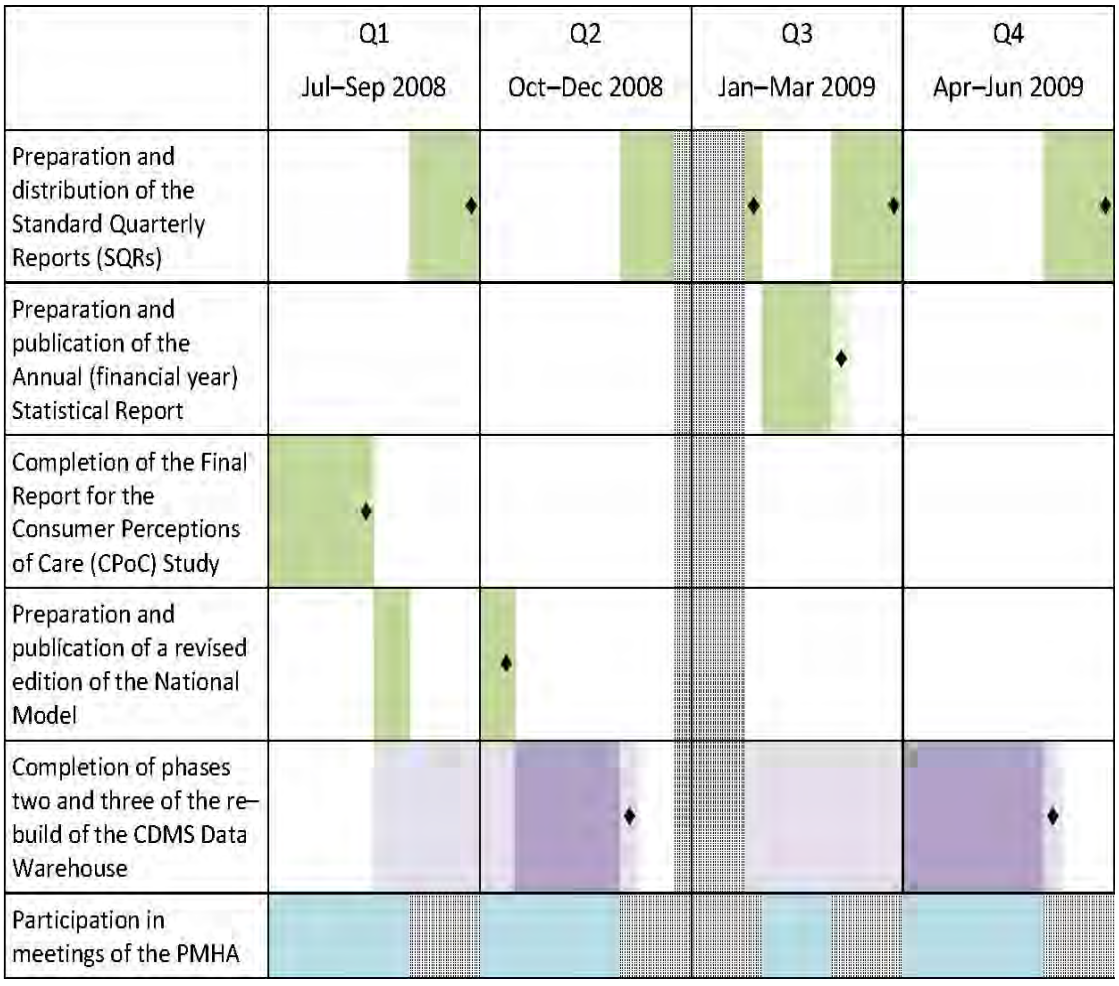
Resolved (unanimous)

That the PMHA–CDMS MC requests that the Australian Health Insurance Association Mental Health Committee consider the issues of psychiatric services provided outside of the Hospital setting with a view to the development of one agreement for these services.

Action: Ms Helen Eriksson

5 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.



The Meeting then discussed the following matters in relation to the Work Plan.

5.1 Preparation of the revised edition of the *National Model for the Collection and Analysis of a Minimum Data Set with Outcome Measures for Private, Hospital–based, Psychiatric Services* (National Model)

The PMHA–CDMS Director discussed in detail the issues that are summarised below in relation to revision of the National Model.

- 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. The Meeting noted a discussion paper outlining the issues and options is under development.

- 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. The Meeting noted a discussion paper outlining the issues and options is under development.

- 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.

- 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. A new model is under development.

The Meeting then discussed the process of engagement with stakeholders to progress the revision of the National Model. It was finally agreed that the discussion papers described above should be drafted for consideration by the PMHA–CDMS MC in early 2009. The requirement for further engagement will be determined by the MC, based on responses to the draft discussion papers.

Resolved (unanimous)

That PMHA–CDMS MC requests that the PMHA–CDMS Director prepare 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, for consideration by the PMHA–CDMS MC early in 2009.

Action: PMHA–CDMS Director

5.2 Completion of the Consumer Perceptions of Care (CPoC) Pilot Study Reports

The Meeting considered progress with the preparation of the final report of the Consumer Perceptions of Care (CPoC) Pilot Study. The PMHA–CDMS Director outlined in detail the structure of the final report and findings of the Study "in committee".

Resolved (unanimous)

That PMHA–CDMS MC requests that the PMHA–CDMS Director provide copies of the Final Report on the Consumer Perceptions of Care (CPoC) Pilot Study to the following key participants and ascertain whether those participants approve the Report for submission to the Australian Government.

1. *Ms Moira Munro, Chief Executive Officer (CEO) The Perth Clinic*
2. *Ms Christine Gee, CEO, Toowong Private Hospital*
3. *Dr Aaron Groves, Director, Queensland Mental Health Services*
4. *Ms Ruth Catchpole, Queensland Health*

Action: PMHA–CDMS Director

6 MENTAL HEALTH INFORMATION STRATEGYS SUB–COMMITTEE (MHISS)

The PMHA representative on MHISS, Ms Moira Munro, reported that she was unable to attend the MHISS meeting held 21/22 August 2008 in Canberra and Ms Christine Gee had attended on her behalf. The PMHA Director advised that copies of the draft minutes of that meeting are not yet available.

The meeting noted that the issue of the private sector involvement in the *COAG National Action Plan for Mental Health: Progress Report 2006–07* had been resolved. The PMHA–CDMS Director reported on his input into the section on the private sector in this Report.

Ms Munro advised that the Mental Health Intervention Codes was another area the PMHA needed to monitor carefully.

7 SAFETY AND QUALITY PARTNERSHIP SUB–COMMITTEE (SQPS)

The Meeting noted a copy of the draft minutes of the meeting of the SQPS held on Friday, 20 June 2008 in Adelaide. The PMHA representative on the SQPS, Dr Bill Pring, briefed the Meeting on some of the following SQPS issues that are relevant to the private sector.

DoHA is currently organising a National Forum for Monday, 13 October 2008 in Melbourne to discuss such issues as the implementation and prioritisation of the revised National Standards for Mental Health Services. The PMHA Director reported that DoHA had been advised that both representatives from the APHA and the AHIA should be invited to participate.

A performance safety indicator for seclusion and restraint is being developed that will predominantly affect the public sector.

SQPS work on reducing adverse medication events is geared toward providing useful information for consumers and carers about medication.

Reducing suicide and self harm is being progressed more slowly due to each jurisdiction having different protocols and instruments in place for risk assessment.

It was noted the next meeting of the SQPS will be held on Friday, 24 October in Melbourne. Dr Pring, will attend that meeting.

8. OTHER BUSINESS

Ms McMahon reported on a recent 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 needs to be some way of determining, through the PMHA–CDMS data, how people with that diagnosis can skew a Hospitals LOS. Following discussion, it was suggested that Ms McMahon should advise the CEO concerned to submit a formal email request to the PMHA–CDMS Director, if they wished to pursue this matter further.

9. NEXT MEETINGS

The meeting determined the following schedule of dates for monthly teleconferences of the PMHA–CDMS MC to the end of 2008.

Monthly Teleconference	Time	Date
7th PMH–CDMS MC Teleconference	12:00 Noon–1:00 PM	Tuesday, 13 November 2008
8th PMH–CDMS MC Teleconference	12:00 Noon–1:00 PM	Monday, 15 December 2008

Subsequent to this Meeting of the PMHA–CDMC MC, the PMHA agreed that the next face–to–face meeting of the MC and the PMHA would be held as follows.

7th PMHA–CDMS Management Committee
3:00 PM to 6:00 PM
Thursday, 29 January 2009
The Adelaide Clinic
33 Park Terrace
Gilberton South Australia

PMHA Dinner from 7:30 PM
Thursday, 29 January 2008
Restaurant to be advised

7th PMHA Meeting
10:00 AM to 3:00 PM
Friday, 30 January 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