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

MANAGEMENT COMMITTEE (PMHA–CDMS MC)

THIRD MEETING

HELD ON THURSDAY, 25 OCTOBER 2007

RANZCP 309 LATROBE STREET MELBOURNE, VICTORIA

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 Fund(s)	Private Health Insurance Fund(s) that pay benefits for psychiatric care
Hospital(s)	Private Hospital(s) with psychiatric beds
MHSC	Mental Health Standing Committee of the AHMAC Health Priorities Principal Committee
MHISS	Mental Health Information Strategy Sub–committee of the MHSC
MHQ–14	The self–report measure being used in the private sector consisting of 14 items related to issues associated with mental and behavioural problems drawn from the SF–36.
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
RANZCP	The Royal Australian and New Zealand College of Psychiatrists
SQPS	Safety and Quality Partnership Sub–committee of the MHSC

1. OPENING AND WELCOME

The Third (3rd) Meeting of the Private Mental Health Alliance (PMHA) Centralised Data Management Service (CDMS) Management Committee (PMHA–CDMS MC), (the Meeting) was held on Thursday, 25 October 2007 at the Headquarters of the Royal Australian and New Zealand College of Psychiatrists (RANZCP) at 309 La Trobe Street, Melbourne.

The Chair, Dr Bill Pring, opened the Meeting via speaker phone at the 3:00 PM and welcomed the following representatives.

1. Dr Bill Pring (Chair)	Clinicians
2. Mrs Ruth Carson	Carer Representative
3. Ms Moira Munro	Hospitals
4. Ms Deborah Stephenson	Health Funds
5. Ms Janne McMahon	Consumers
6. Mr Peter Callanan	DoHA Private Health Services Branch
7. Mr Allen Morris–Yates	PMHA–CDMS Director
8. Phillip Taylor (Secretary)	PMHA Director

2. REPORT OF THE PREVIOUS MEETING

The Meeting considered and amended the draft Report of the Second (2nd) PMHA–CDMS MC meeting, held in Melbourne 5 July 2007.

Resolved (unanimous)

That the PMHA–CDMS MC adopts the amended Report of the Second PMHA–CDMS Management Committee Meeting, held on 5 July 2007 in Melbourne, as a true and accurate record of proceedings.

3. PROGRESS REPORT ON ACTIONS ARISING

The meeting then noted and updated the Table of Progress set out below.

	AGENDA ITEMS SECOND PMHA–CDMS MC MEETING	RESPONSIBILITY	STATUS
	Report on the Second (2nd) PMHA–CDMS MC Meeting		
➢	Draft and circulate report of 2nd PMHA–CDMS MC Meeting for comment	PMHA Director	Done
➢	Revise Report based on comments received and prepare final	PMHA Director	Done
➢	Agenda Item 3rd PMHA–CDMS MC Meeting	PMHA Director	Done
4	Hospital Casemix Protocol (HCP)		
➢	Investigate variations in HCP with Hospitals	CDMS Director	Pending
➢	Brief AHIA/APHA Reps on Australian Government Health Data Standards Committee	Ms Stephenson/Ms Munro	Done
➢	Update and circulate previous advice after July 2008	CDMS Director/Ms Munro	Pending
➢	Agenda Item 3rd PMHA–CDMS MC Meeting	PMHA Director	Done
5	CDMS Standard Quarterly Reports		
➢	Agenda Item 3rd PMHA–CDMS MC Meeting	PMHA Director	Done
5.1	CDMS XML Files		
➢	CDMS Director to meet with AHIA MHC to discuss use of XML Files	CDMS Director	Done
6	CDMS Services and Work Plan 2007–2008		
➢	Agenda Item 3rd PMHA– CDMS MC Meeting	PMHA Director	Done
7	CPoC Pilot Study		
➢	Agenda Item 3rd PMHA–CDMS MC Meeting	PMHA Director	Done
8	Mental Health Information Strategy Committee (MHISS) Report		
➢	Request MHISS Minutes are routinely provided to the PMHA Director	Ms Munro	Done
➢	Agenda Item 3rd PMHA–CDMS MC Meeting	PMHA Director	Done
9	Safety and Quality Partnership Working Group (SQPWG) Report		
➢	Agenda Item 3rd PMHA–CDMS MC Meeting	PMHA Director	Done
10	Private Mental Health Consumer Carer Network (Australia) Request for Advice		
➢	Explore feasibility of Project with relevant stakeholders	Chair/Ms McMahon	Pending
➢	Agenda Item 3rd PMHA–CDMS MC Meeting	PMHA Director	Done
11	Next Meeting and Close		
➢	Organise 3rd PMHA–CDMS MC for Thursday, 25 October 2007@ RANZCP Melbourne	PMHA Director	Done
➢	Circulate Agenda and Papers	PMHA Director	Done

4. HOSPITALS CASEMIX PROTOCOL (HCP)

At the last meeting of the PMHA–CDMS MC it was agreed that it would be premature for the PMHA–CDMS to undertake any further work on the HCP until the effect of the changes under the new Broader Health Cover legislation are better understood. In the meantime, Ms Deborah Stephenson briefed the AHIA representative on the Australian Government Health Data Standards Committee, Mr Wayne Adams, on the HCP issues.

Ms Moira Munro reported that Mr Paul Mackey has briefed the APHA representative on the Committee, Mr George Neal.

On the advice of the PMHA–CDMS Director, Mr Allen Morris–Yates and Ms Munro, the Meeting revised the following resolution of the previous PMHA–CDMS MC Meeting.

> *That the PMHA–CDMS MC recommends that the advice developed by the CDMS Director, Mr Allen Morris–Yates titled, Continuing problems with the identification of Outreach Care visits in the administrative systems and statistical data collections of private Hospitals with psychiatric beds, be updated and circulated after July 2008, as a guide for Hospitals as to how HCP data should be collected.*

Ms Helen Eriksson reported on the extraordinary difficulties that Health Insurers are experiencing with HCP data for outreach services, whereby the services provided are not correctly reflected in the claim provided to Health Insurers. Health Insurers are dealing with these difficulties on a case–by–case basis.

Ms Munro and Mr Peter Callanan agreed that it will be important to monitor behaviour closely after July 1 2008 when there will no longer be a Default Benefit paid by the Commonwealth for outreach care. Public and private hospitals will still be able to offer outreach care but it will have to be negotiated. It is not clear yet whether private health insurers will provide benefits for outreach care. Mr Callanan explained that after July 1 the Commonwealth will no longer declare a Minimum Benefit for outreach care. This has complications for Second Tier Benefits in which the Minimum Benefit is currently included. Ms Janne McMahon believed it would be tragedy for consumers if behaviour after July 1 resulted in outreach care no longer being available. Dr Pring agreed and felt it would be a backward step to the direction of the PMHA. Ms Eriksson indicated that some private health insurers will be looking at it in terms of value for their members on a service–by–service basis. A discussion followed of the complexities involved with how outreach care or services will be captured in the HCP. Mr Morris–Yates felt that inclusion of an extra field in the HCP to identify the *setting* in which the service is delivered, may help to resolve the situation. Mr Callanan indicated that, while the current HCP terminology will continue to be used, the Commonwealth is currently looking at the linkage between HCP terminology and that used in the National Mental Health Data Dictionary. After some further discussion, it was agreed that there may be an opportunity in the next review of *Guidelines For Determining Benefits for Health Insurance Purposes for Private Hospital–Based Psychiatric Care* (Guidelines) to look at the sort of services that are going to provide value. The Guidelines could also include more detail on the type of services that will replace what is known as outreach care.

Under this agenda item, Ms Munro and Ms McMahon reported briefly on the pilot projects that will be conducted on the use of mental health nurses in private practice. Ms McMahon reported that the Private Mental Health Consumer Carer Network (Australia) is very supportive of this work and acknowledged the work of the AMA and Dr Martin Nothling in initiating the pilots. In response to a question, Mr Morris–Yates and Mr Callanan reassured Ms McMahon that confidentiality and privacy issues will be properly addressed.

5. CDMS SCHEDULE OF SERVICES AND WORK PLAN 2007–2008

The Chair invited Mr Morris–Yates to update the meeting on progress with the schedule of services required under the *AMA Agreement for Services 2007–2008* (AMA Agreement). Mr Morris–Yates reported verbally and the following updates were noted.

5.1 Preparation and Provision of Standard Quarterly Reports by the CDMS

The Standard Quarterly Reports (SQRs) for the 2nd quarter and the 3rd quarter of the 2006–07 financial year were prepared in electronic PDF format and distributed to both Hospitals and Health Insurers within the agreed time–frame of 13 weeks post end–of–quarter. The ten week submission deadline is being enforced. Hospitals who fail to submit data within eight weeks are being emailed in the beginning of the ninth week to ascertain how they are going and to request that they contact the CDMS if they anticipate or have any problems. Three Hospitals continue having difficulties with submission of their data.

5.2 Update Hospital's Training Manuals and Resources

Substantially revised training resources for Hospitals with new video vignettes were completed in September 2007. It is expected that distribution will be completed by early December 2007. The complexity of the changes and the process of safely packaging the materials for distribution has taken considerably longer than the four days originally allocated in the Work Plan. Including the packaging and distribution of the materials it is estimated that this component of work will have consumed approximately 40 working days.

The Meeting noted that Mr Tim Coombs will be conducting training workshops that private sector representatives are welcome to attend. Mr Taylor was asked to follow up with Mr Coombs to ensure workshop flyers are distributed to Hospitals and Consumers and Carers.

5.4 XML Data Files

In accordance with both Hospitals and Health Insurers requirements, during the first half of 2007 an additional reporting mechanism was developed. Beginning with the reports distributed at the end of March 2007, all statistics pertaining to episodes of Psychiatric Inpatient Care were also provided in the form of an XML data file. Information provided in this format may be imported into spreadsheet, database and other applications, providing users with a range of alternative means of analysing and displaying the information previously available only in the fixed, relatively inaccessible format of PDF and hard–copy reports. The Meeting noted that Mr Morris–Yates met with the AHIA Mental Health Committee on Tuesday, 7 August 2007 to discuss the use of the XML data file. Ms Eriksson indicated that the members of the Committee have found the tool extremely useful.

6 PMHA–CDMS WORK PROGRAM BEYOND 30 JUNE 2008

The PMHA Director, Mr Phillip Taylor, reported that under the PMHA Work Plan, Priority Area 6 requires the development of a proposed work programs and budgets for PMHA, PMHA–CDMS and the Private Mental Health Consumer Carer Network (Australia) [Network] for beyond 30 June 2008 to be negotiated with all the Parties to the current *Agreement for Services 2007–2008* (AMA Agreement) at least six months prior to its expiry on 30 June 2008. To assist with this Priority, a meeting with the Parties to the current AMA Agreement (All Parties Group) and the PMHA is scheduled to be held at AMA House in Canberra on Friday, 9 November 2007. The purpose of that meeting is to discuss the conditions under which the future work programs and budgets are to be developed for PMHA, PMHA–CDMS and the Network, and to flag areas of concern that Parties might want addressed in the development of those programs and budgets. To adequately prepare for the 9 November meeting, a substantial period of time has been allocated for discussion of this matter at the 3rd PMHA Meeting to be held tomorrow in Melbourne. In preparation for that meeting, the PMHA–CDMS MC is asked to begin discussing what the future work program and budget for the CDMS might need to include.

Mr Morris–Yates then provided a PowerPoint presentation on the PMHA's CDMS and how it might be further enhanced in the future in relation to the following.

- Data collection
- Analysis and reporting
- Facilitating utilisation
- Sustainability

A copy of the presentation appears at Appendix A of this Report.

After explaining the current role of the CDMS plays within the context of Australia's National Mental Health Strategy, Mr Morris Yates focussed on the possibility of the CDMS taking up the mandate of the All Parties Group that the CDMS should have some responsibility for being the source of all information about private sector mental health services. In response to a question, Mr Taylor confirmed that this broad mandate appears in Clause 5.9 of the PMHA Operating Guidelines 2007–2008 as set out below.

> *The stakeholders of the PMHA have agreed that it is essential that there be investment to enable the effective use of information to drive improvements and guide change in the private mental health sector. Accordingly, the stakeholders have agreed that a Centralised Data Management Service (CDMS), overseen by the PMHA, should be funded.* ***The role of that CDMS will be to support the routine collection, analysis and reporting of information for the purposes of monitoring, evaluation, and continuous improvement of private sector mental health services.***

Mr Morris–Yates explained that fulfilling this mandate would require access to, and analysis of, Medicare Claims data. Access to this data would enable patterns of service utilisation and referral to be analysed, which would be particularly useful in

relation to the Council of Australian Governments (COAG) reform initiatives. Dr Pring felt that utilisation of Electro Convulsive Therapy (ECT) would be one example of a useful analysis that could be undertaken. Analysis of the increased demand on private psychiatrists services would be another. Mr Morris–Yates and Dr Pring agreed that at present, psychiatrists are not substantively engaged in the outcome measurement process. This would be one way of increasing that involvement.

Morris–Yates then focussed on the future research and development work that could be undertaken by the PMHA's CDMS. Some of the issues discussed included the following.

Validity of the Health of the Nation Outcome Scale (HoNOS) ratings. Inspection of the distribution of HoNOS Total scores within specific diagnostic sub–groups and over time has revealed that under–rating of the severity of patients' clinical problems is a significant problem for many Hospitals. The quality of HoNOS ratings can be improved through training and explicit use of the measure in clinical practice. However, in order to understand the extent of the problem and the success of any attempts address it, Hospitals need to be able to monitor rating quality.

Reasons for Admission/Review/Discharge. There is a need to elaborate on the Admission/Review/Discharge coding to identify the reason for Discharge, particularly in relation to Ambulatory Care.

Elaborating HoNOS Item 8. Item 8 of the HoNOS is used to rate the severity of Other mental and behavioural problems. The list of other problems includes several that are of particular relevance to patients admitted to private hospital–based care: anxiety, symptoms of post–traumatic stress, problems with sleep and problems with eating being the most relevant. There would be significant value in developing an alternative version of the measure that enabled those problems to be separately rated.

Perceptions of Care Measures could be fairly easily pursued by the CDMS.

OMP–HCP Linkage Strategies. The National Model specifies that the HCP data be used as the minimum data set from which service utilisation details are derived. To do so, the HCP data and the clinical measures collected under the OMP must be linked. In most cases this is straightforward. However, in certain scenarios the correct representation of the care provided requires more complex linkage strategies. These are needed to overcome limitations inherent in the OMP and HCP. Development of these strategies requires careful analysis of the data and development of complex algorithms. Their implementation would enable more accurate reporting on all types of Ambulatory care.

Web–based data submission and access. The submission of data to the CDMS via the internet and web–based access and training is a possibility, but would require substantial software development. Strict control over access and privacy and confidentiality issues would also have to be properly addressed.

Consumers and Carers. Ms McMahon and Mrs Carson felt there needed to be better utilisation of the wealth of information contained in the CDMS for

consumers and carers. After discussion, Mr Morris–Yates explained the resource constraints the CDMS operates under that prevent such work from being undertaken.

Sustainability will be important in the future both in terms of engagement of stakeholders and risk management.

Mr Morris–Yates explained that there are cycles such as when changes occur to the HCP that also have to be accounted for in any future work plans for the PMHA's CDMS.

Ms Munro sought clarification as to what CDMS services and deliverables will be delayed beyond the term of the current AMA Agreement which expires June 30 2008. Mr Morris–Yates indicated that the following were the main areas that would need to be rolled forward.

- Revision of the Data Collection, Analysis and Reporting Frameworks
- Re–building the data warehouse in MS SQL Server 2005
- Preparation of Annual (financial year) Report
- Update HSMdb.
- Workshops for Hospitals

In response to a question, Mr Morris–Yates explained the guidance that is provided back to Hospitals in terms of how they are performing. Specific major anomalies in a Hospital's data are dealt with on an ad hoc case–by–case basis.

The Chair then thanked Mr Morris–Yates for his presentation and opened discussion on what could be put to the 3rd PMHA Meeting concerning the future of the PMHA's CDMS.

DoHA Mr Callanan advised that DoHA is in "caretaker" mode until after the 2007 Federal Election and is therefore unable to provide any commitment concerning future work or funding outside of the current AMA Agreement.

Hospitals Ms Munro indicated that negotiations are currently underway concerning whether activity should continue beyond June 30 2008. If agreement can be reached for activity to continue, then it would be helpful if Hospitals, Health Insurers and DoHA could collectively to agree on what they required from the PMHA's CDMS. Ms Munro forewarned that, given the resources constraints involved, Hospitals would not agree on any future work plans including work related to Medicare Claims data.

Health Insurers Ms Eriksson reported that Health Insurers have not reached any decision concerning the continuence of activity beyond 30 June 2008. There is, however, enormous appreciation for the uniqueness of the PMHA and the work that its CDMS performs. This level of co–operation between such diverse stakeholders does not occur in other areas in such a consistent and comprehensive manner. The PMHA and its CDMS are clearly recognised as seeking to improve

services by looking at outcomes and having the right stakeholders involved. It is an excellent model for use in areas other than mental health when considering how to deal with services and their funding.

Consumers and Carers Ms McMahon and Mrs Carson reiterated their concerns with regard to the wealth of outcome information that is collected by the PMHA's CDMS from consumers that is not being used to enhance the outcomes for consumers and carers in a meaningful way.

The Chair thanked Members for their input.

7. CONSUMER PERCEPTIONS OF CARE (CPOC) PILOT STUDY

Mr Morris–Yates reported that the completion of the reports on the pilot study of *NRI/MHSIP Inpatient Consumer Survey* (CPoC Pilot Study) has been delayed. Currently, Mr Morris–Yates is working on the report for Queensland Health, which will be released at the discretion of Queensland Health. Work will then commence on the report for private hospitals for consideration by the APHA Psychiatry Sub–committee and release at the discretion of the APHA. After that, the confidential report for the Australian Government will then be prepared for release at its discretion.

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

The private sector representative on the MHISS, Ms Moira Munro, reported that she was unable to attend the last MHISS meeting, which was held on 30/31 August 2007 in Hobart. Mr Morris–Yates, however, had attended the meeting in his capacity as AMHOCN State Liaison Officer. A copy of the draft report of that meeting was circulated with the agenda and papers for this Meeting. It was noted that the draft report was not for citation or circulation beyond the PMHA.

Ms Munro reported that the major issue for the private sector remains the National Mental Health Intervention Codes. MHISS has agreed that only one of these codes will be implemented and included in the 2008 publication of the *Australian Classification of Health Interventions*. The other codes have been taken back for further review as they have proven to be unworkable at trial. Currently, they are unable to reflect clearly what actually happens in practice. Mr Morris–Yates advised that the Australian Government has accepted that this is important work that needs to be done. The Australian Institute of Health and Welfare (AHIW) has been tasked to undertake that work.

9. SAFETY AND QUALITY PARTNERSHIP WORKING GROUP (SQPWG)

The Meeting noted a copy of the draft minutes of the meeting of the SQPWG held on Friday, 20 July 2007 in Brisbane and a copy of the draft agenda for the last meeting of the SQPS, which was held on Friday, 19 October 2007 in Melbourne. The private sector representative to the SQPS, Dr Bill Pring, attending that meeting and noted a shift in attitude toward the private sector. Dr Pring felt this may be due to the work of Ms Christine Gee and Ms Janne McMahon in relation to the review of the National Standards for Mental Health Services.

Dr Pring reported on the following.

National Standards for Mental Health Services. The review of these Standards is being undertaken by the Australian Council on Healthcare Standard and the second draft of the revised Standards were released on 25 September for field review. Concurrent desk–top audits were released on 26 September to a limited but broad range of mental health professionals including allied health and primary care providers, consumers and carers and other interested stakeholders. Feedback from the field review is due by 24 October 2007. The Australian Government has been requested to investigate means for extending the timeframe of the contract for this work. This will be reviewed in November following the feedback from the field review.

Reducing Adverse Medication Events. The Reducing Adverse Medication Events Working Party (RAMEWP) is working with the SQPS Secretariat to circulate a template for sourcing information for mapping activity in all jurisdictions including the private sector around medications in mental health.

Safe Transport Principles. SQPS has endorsed the revised principles for submission to the Mental Health Standing Committee (MHSC) and agreed to report on application of principles at the jurisdictional level once endorsed through AHMAC and disseminated locally. These Principles should prove useful to hospitals, psychiatrists, consumers and their carers.

In relation to this issue, Ms Eriksson suggested and it was agreed, that reference should be made to the Safe Transport Principles in the *Guidelines For Determining Benefits for Health Insurance Purposes for Private Hospital–Based Psychiatric Care.*

Seclusion and Restraint. The Seclusion and Restraint Subgroup has agreed on a definition for *seclusion* and national principles underpinning the use of seclusion have been developed and endorsed by the Subgroup. The Subgroup will now turn its attention to deal with *restraint.* It is anticipated that the Principles should be available next year.

10. PRIVATE MENTAL HEALTH CONSUMER CARER NETWORK (AUSTRALIA) (THE NETWORK) REQUEST FOR ADVICE

The last meeting of the PMHA–CDMS MC advised the Private Sector Mental Health Consumer Carer Network (Australia) that to progress the use of the clinician rated (HoNOS) and the consumer rated (MHQ–14) outcome measures by consumers and carers, the Network might explore the feasibility of developing a project involving a small group of office–based psychiatrists in a pilot study of the use of these measures in care plans for their patients. Ms McMahon and Dr Pring reported that negotiations with the RANZCP and DoHA had not been successful concerning such a pilot study. Possible alternative approaches were discussed to assist Ms McMahon in progressing this matter.

11. NEXT MEETING

It was agreed that the first meeting of the PMHA–CDMS MC Meeting will be held on Thursday, 28 February 2008 at RANZCP Headquarters, 309 La Trobe Street Melbourne.

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

Dr Bill Pring
Chair

Mr Phillip Taylor
Secretary