PRIVATE MENTAL HEALTH ALLIANCE (PMHA)

CENTRALISED DATA MANAGEMENT SERVICE MANAGEMENT COMMITTEE (PMHA–CDMS MC)

REPORT AND RESOLUTIONS OF THE INAUGURAL MEETING HELD ON THURSDAY, 19 APRIL 2007

RANZCP 309 LATROBE STREET MELBOURNE VICTORIA

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 SPGPPS 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
N_N	National Network of Private Psychiatric Sector Consumers and Carers
PMHA	Private Mental Health Alliance
PMHA–CDMS MC	PMHA–CDMS Management Committee
RANZCP	The Royal Australian and New Zealand College of Psychiatrists
SPGPPS	Strategic Planning Group for Private Psychiatric Services
SQPWG	Safety and Quality Partnership Working Group of the MHSC

1. OPENING AND WELCOME

The Inaugural Meeting of the PMHA–CDMS MC (the Meeting) was held on Thursday, April 2007 at the Headquarters of the Royal Australian and New Zealand College of Psychiatrists at 309 La Trobe Street in Melbourne.

The Chair of the CDMS–MC, Dr Bill Pring, opened the meeting at the 3:00 PM and welcomed the following representatives.

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

Apologies

1. Mrs Ruth Carson	Carer Representative

2. REPORT OF THE PREVIOUS MEETING

The Meeting considered the draft Report of the Fourth (4th) and final Strategic Planning Group for Private Psychiatric Services (SPGPPS), Centralised Data Management Service (CDMS) Management Committee (SPGPPS–CDMS MC) meeting, held in Melbourne 30 November 2006. There was a brief discussion to clarify that it would be feasible for Mr Allen Morris–Yates to use laptop computers for hands–on training when conducting CDMS Data Analysis and Collection Workshops, as described under *Agenda Item 4.3 Training for Private Hospitals with Psychiatric beds* in the Report. Mr Morris–Yates confirmed that about six laptops would be required for each session, at a cost of $1000 each, which would be feasible within the current budget.

Resolved (unanimous)

That the PMHA–CDMS Management Committee adopts the Report of the 4th and final SPGPPS CDMS–MC Meeting held on 30 November 2006 in Melbourne, as a true and accurate record of proceedings.

3. PROGRESS REPORT ON ACTIONS ARISING

Ms Deborah Stephenson reported that the CDMS Health Fund workshops conducted by Mr Morris–Yates in 2006 had been well received. Health Funds are looking forward to the next workshop, which will look at how the data is collected, analysed and reported upon by the CDMS.

Ms Stephenson also reported that the paper presented by Mr Morris–Yates at the *Health Outcomes 2006* Conference had been circulated to all Health Funds.

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

	AGENDA ITEMS 4TH AND FINAL SPGPPS–CDMS MC MEETING	RESPONSIBILITY	STATUS
	Report on the 4th SPGPPS–CDMS MC Meeting		
➢	Draft and circulate report of 3rd CDMS–MC Meeting for comment	SPGPPS Secretariat	Done
➢	Revise Report based on comments received and prepare final	PMHA Director	Done
➢	Agenda Item 1st PMHA–CDMS MC Meeting	PMHA Director	Done
4.1.1	Changes to the HCP		
➢	Draft paper outlining the two reporting options for Hospital Casemix Protocol (HCP)	Mr Morris–Yates	Pending
➢	Agenda Item 1st PMHA– CDMS MC Meeting	PMHA Director	Done
4.1.2	Copyright Issues with Respect to Standardised Measures		
➢	Circulate the details of copyright issues on Mini Mental Status Survey to CDMS–MC	Ms Saw	Done
➢	Agenda Item 1st PMHA–CDMS MC Meeting	PMHA Director	Done
4.2	CDMS Standard Quarterly Reports		
➢	Inform Hospital CEOs CDMS is now located in Adelaide	Mr Morris–Yates/Ms Munro	Done
➢	Inform Hospitals of due dates for data submission	Mr Morris–Yates	Done
➢	Agenda Item 1st PMHA–CDMS MC Meeting	PMHA Director	Done
5	Schedule for the Provision of Services by the CDMS and Work Plan 2007–2008		
➢	Agenda Item 1st PMHA–CDMS MC Meeting	PMHA Director	Done
7	CPoC Project Update		
➢	Refer the issue of ascertaining the carer to SPGPPS	Chair	Done
➢	Agenda Item 1st PMHA–CDMS MC Meeting	PMHA Director	Done
8.1	AHMAC NMHWG Information Strategy Committee (ISC) Report		
➢	Agenda Item 1st PMHA–CDMS MC Meeting	Ms Munro	Done
8.2	AHMAC NMHWG Safety and Quality Partnership (SQP) Report		
➢	Agenda Item 1st PMHA–CDMS–MC Meeting	Dr Pring	Done
10	Meetings 2007		
➢	Organise 1st PMHA–CDMS MC for Thursday,12 April 2007@ RANZCP in Melbourne	PMHA Director	Done
➢	Circulate Agenda and Papers	PMHA Director	Done

4. HOSPITALS CASEMIX PROTOCOL (HCP)

The final meeting of the SPGPPS–CDMS MC requested that Mr Morris–Yates draft a paper outlining the two reporting options for HCP data with respect to outreach services for consideration by Hospitals and Health Funds prior to a final paper being drafted for further discussion. Mr Morris–Yates reported that there was no further progress with the development of the paper as there has not yet been an opportunity to review the HCP data that is being submitted. While there is some evidence that Hospitals are handling the new reporting arrangements for the HCP data in a variety of different ways, CDMS data for the first quarter 2007 may be able to provide a clearer picture of how Hospitals are currently handling HCP data with respect to reporting on outreach services. Ms Moira Munro indicated that the APHA Psychiatric Sub–committee had provided guidance to Hospitals in 2006 on how to handle the situation with regard to outreach services based on advice provided to the AHPA Psychiatric Sub–committee by Mr Morris–Yates.

Resolved (unanimous)

That the PMHA–CDMS MC requests that the CDMS Director forward the previous advice titled, Continuing problems with the identification of Outreach Care visits in the administrative systems and statistical data collections of private Hospitals, with psychiatric beds, to Ms Moira Munro to enable the APHA Psychiatric Sub–committee to provide a reminder to Hospitals on how the collection of HCP data, with respect to outreach services, should be handled.

Action: CDMS Director/Ms Moira Munro

5. COPYRIGHT ISSUES WITH RESPECT TO STANDARDISED MEASURES

At the final meeting of the SPGPPS–CDMS MC, copyright issues with respect to standard measures generally were discussed. The DoHA representative, Ms Suzy Saw, subsequently provided the following details on the Mini Mental State Exam, together with a copy of the *PAR Copyright Permission Request Form* for information.

> *The Mini Mental State Exam (MMSE) is copyrighted, published and sold by Psychological Assessment Resources (PAR) Inc. Permission is necessary if the researcher wants to use a modified version (including translations, modified format, use of tables, graphs, and text from a professional manual), or only a portion of a test for any purpose. If the researcher plans to use a test in its entirety and in its published form, the researcher must purchase the number of test protocols they will need. PAR will not grant permission to include an entire test or scale in any publication, including dissertations and theses. However, inclusion of a few sample items may be approved. A per–copy royalty fee will be charged for all permissions granted. This fee is prorated based on the total amount of material being using. This fee does not include the cost of the test manual which is necessary if the researcher plans to obtain permission to use a measure or part of a measure. There will be a Permission's fee charged for reproduction of tables, charts, graphs, or other materials, to be included in other publications. Alternatively, copyright can be sort. Copyright permission is only granted in the situation where the researcher is unable to use the published form for any reason (that is, only including some sample items or delivering the MMSE in a differing format such as computer assisted, etc).*

This matter was briefly discussed in relation to current trends with intellectual property rights and difficulties encountered when conducting research online.

Mr Morris–Yates indicated that copyright would not be issue for the CDMS once he had implemented the simplified version of the MHQ–14 Scoring Algorithm, which is in the public domain.

6. CDMS STANDARD QUARTERLY REPORTS (SQRS)

Mr Morris–Yates reported that with the relocation of the CDMS to Adelaide, Hospitals and Health Funds are now receiving their Standard Quarterly Reports (SQRs) electronically on Compact Disc. Hospitals and Health Funds are receiving SQRs in pdf format, as well as an XML data file containing the aggregate statistics in the form of a data cube that can be manipulated to extract the information in different ways. It was also noted that the unique requirements for the Australian Health Service Alliance and Australian Regional Health Group have now been met. These organisations now receive aggregate statistics for all member Health Funds aggregated as a single entity, as well as the individual Health Funds for each Hospital.

Ms Munro raised the issue of the protocols that had been previously agreed by the APHA Psychiatric Sub–committee concerning the time frames for Hospital data submission to the CDMS. Mr Morris–Yates indicated that Hospitals now receive a memorandum which states:

> *Under the National Model, participating Hospitals are requested to submit their data that to the Private Mental Health Alliance's Centralised Data Management Service (CDMS) on a quarterly basis with submissions being due no later than 10 weeks following the end of the quarter. The CDMS aims to provide Hospitals with their Standard Quarterly Reports within 13 weeks of the end of the quarter. Accordingly, submissions received after the end of the 10 week deadline will **not** be included in the current report for the quarter, but will be processed and included in subsequent reports.*

Mr Morris–Yates explained that the memorandum also provides the due dates for the rest of period until June 2008, together with instructions on where the data is to be submitted to. This memorandum is sent to Hospitals by email and is also circulated with the each Hospital's Standard Quarterly Report.

Resolved (unanimous)

That the PMHA–CDMS MC requests the CDMS Director routinely advise the APHA Psychiatric Sub–committee of how many Hospitals have not been included in the CDMS Standard Quarterly Reports for each quarter for the period 1 January 2007 to 30 June 2008, due their inability to meet the CDMS data submission deadlines.

Action: CDMS Director

7. SCHEDULE OF PROVISION OF SERVICES BY THE CDMS AND WORK PLAN 2007–2008

The Secretary reported that the *AMA Agreement for Services 2007–2008* (Agreement) was signed at the end of February 2007. A copy of the Agreement's *Schedule for the provision of services by the CDMS* and *CDMS Work Plan for 2007–2008* was then considered. Mr Morris–Yates updated the meeting on progress with the provision of CDMS services.

The Meeting noted that the PMHA would undertake a review of the CDMS Reports and Services later this year specifically in relation to what stakeholders might want from the CDMS beyond 2008. Mr Morris–Yates indicated that the current CDMS Work Plan incorporated the rebuilding of the CDMS Data Warehouse, which would enable a stable and secure platform for the re–development of the CDMS Reports and Services well into the future. Currently, however, the volume of data in the CDMS Data Warehouse exceeds the Microsoft Access software file size limit and some earlier data has been stripped out in order to enable the program to run effectively. At present, it takes five days of computer processing time to produce the CDMS Reports. Mr Morris–Yates indicated that there is funding in the current budget to upgrade the current equipment to cope with the volume of CDMS data, which increases every quarter.

Under this Agenda Item, the Secretary reported that sample organisational logos for the PMHA–CDMS have been developed for consideration by this meeting.

Resolved (unanimous)

That the PMHA–CDMS MC recommends to the PMHA that the following logo be adopted for the PMHA–CDMS.

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

Action: PMHA–CDMS MC Chair

8 CONSUMER PERCEPTIONS OF CARE (CPoC) PILOT STUDY

The Meeting noted that, in December 2005, an *AMA Agreement for Services*, between the AMA, DoHA and Queensland Health, had been signed to enable a pilot study of *NRI/MHSIP Inpatient Consumer Survey* (CPoC Pilot Study) to be undertaken in both the private and public sectors in 2006. The Hospitals that took part in the pilot included Wesley Mission (Wesley Private Hospital, Wandene Private Hospital), Perth Clinic, South Pacific Private Hospital, Delmont Private Hospital, Lingard Private Hospital, Hobart Clinic and Toowong Private Hospital. The collection phase of CPoC was completed in both the private and the public sectors in 2006.

Mr Morris–Yates reported that he is in the process of following up with the participating Hospital CEOs concerning their assessment of the utility of the measure. Consumer evaluation formed a part of the CPoC collection protocol. Feedback received to date was briefly discussed and it was noted that the Mr Morris–Yates will shortly be preparing the following reports.

1. A draft aggregate report for private hospitals for consideration by the APHA Psychiatry Sub–committee.

2. A draft aggregate report for Queensland Health.

3. A report for the Australian Government. It is anticipated that this will be the report for release to the public domain, albeit at the discretion of the Australian Government.

The Secretary reported that, in 2005, the SPGPPS Legal Counsel, Ms Jane Ferry, was asked to draft the agreement between the Australian Government, Queensland Health and the AMA to facilitate the CPoC Pilot Study. The costs incurred by Ms Ferry were $6,864. The AMA subsequently settled the account in good faith and sought reimbursement for the Australian Government. The Australian Government, however, informed the AMA that it was unable to do so outside of the contractual arrangements for the CPoC Pilot Study. The Secretary reported that, at the final meeting of the SPGPPS Finance Committee, the Australia Government had agreed that the AMA should be reimbursed from the remaining CPoC Pilot Study funds.

9 MENTAL HEALTH INFORMATION STRATEGYS SUB–COMMITTEE (MHISS)

The Meeting noted that 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. A copy of the agenda from the last meeting of MHISS, held on 12/13 April 2007 in Adelaide was noted. The private sector representative on the MHISS, Ms Moira Munro, provided the following report on that meeting.

9.1 National Mental Health Intervention Codes

MHISS have 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 will be 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.

9.2 Australian Commission for Safety and Quality in Health Care (ACSQHC)

A representative from ACSQHC provided a presentation to MHISS on its national efforts to improve the safety and quality of health care provision in Australia. Mr Morris–Yates and the Secretary reported that they had provided a presentation to the ACSQHC Chief Executive Officer, Dr Diana Horvath, late last year on the work of the SPGPPS and its CDMS. The role of the private sector, however, does not appear to have been recognised by ACSQHC. It was agreed that this matter should be raised with PMHA so that it is aware of the work of ACSQHC and its serious implications for the private sector on a range of important issues, including accreditation. It was suggested that PMHA might wish to consider inviting Dr Horvath to an appropriate PMHA meeting.

Resolved (unanimous)

That the PMHA–CDMS MC recommend to the PMHA that the Chief Executive Officer of the Australian Commission for Safety and Quality in Health Care (ACSQHC), be invited to attend and address an appropriate meeting of the PMHA on ACSQHC.

Action: PMHA–CDMS MC Chair

9.3 MHISS Chair

There is a possibility that the MHISS Chair will be replaced by someone who does not share the very strong understanding and regard for the private sector of the current Chair. PMHA should be made aware of this possibility.

10. SAFETY AND QUALITY PARTNERSHIP WORKING GROUP (SQPWG)

The Meeting noted that SQPWG is a Working Group of the MHSC responsible for taking the Australian Government mental health safety and quality agenda forward. While ACSQHC leads the national effort to improve the safety and quality of health care provision in Australia generally, SQPWG has a defined focus on safety and quality in mental health care. It is intended that SQPWG and ACSQHC work in

partnership. SQPWG 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 that the last meeting of the SQPWG was held on Friday, 30 March 2007 in Melbourne. The private sector representative to the SQPWG, Dr Bill Pring, provided the following report on that meeting.

10.1 Review of the National Standards for Mental Health Services

The review of the National Standard for Mental Health Services is being undertaken for the Australian Government by the Australian Council on Healthcare Standard (ACHS). PMHA–CDMS MC noted copy of the media release dated 10 April 2007 from the ACHS announcing the review. The review will be a three–staged process. The outcomes sought from the review included relevance, completeness and implementability of the Standards. A Steering Committee for the review has been formed. Dr Peggy Brown, Chair SQPWG, is a member of the Steering Committee. Ms Janne McMahon is also a member of the Steering Committee as Chair of the Network and Ms Christine Gee represents the APHA. Stage 1 of the review will focus on consistency and completeness of the Standards. Stage 2 and 3 will include further consultation and defining core elements to which real standards apply, as compared with general statements of principle. There will be a focus on greater consistency within particular sectors and an emphasis on the evidence–base for assessing Standards as these standards now apply to private sector as well as the Non Government Organisations and public sector. The entire review needs to be finalised by June 2008 with Stage 2 needing completion by January 2008. The Australian Government will request nominations from jurisdictions of key strategic organisations and individuals who must be consulted in Stage 2 of the review.

10.2 Safety Key Performance Indicator (KPI) Development

The Safety Indicator Drafting Group (a subcommittee of the MHISS Performance Sub–committee) has been examining key indicators for safety. To date, work has focussed primarily on seclusion and restraint, with some limited work on suicide and deliberate self–harm. No work has yet been undertaken on indicators for safe transport or adverse medication events.

10.3 Seclusion and Restraint

SQPWG has agreed to the definition of seclusion, which incorporates the essence of the definitions from various jurisdictional definitions amongst other sources. A similar process will be used to settle an agreed definition for *restraint*. MHISS will be asked to permit the Safety Indicator Drafting Group of its Performance Monitoring Subcommittee to assist in the development of KPIs for monitoring the use of seclusion and restraint and undertake specific work relating to seclusion and restraint practices utilised within Hospital Emergency Departments.

10.4 Safe Transportation Subgroup

This group is developing Safe Transport Principles, which are now with jurisdictions for broader consultation at the local level. Feedback from this process is to be incorporated and reconsidered by the SQPWG at its meeting to be held on 20 July 2007. Dr Pring has requested that *timeliness of transfer* be included as part of this review as it is a major issue for private hospitals.

10.5 Reducing Adverse Medication Events

The Reducing Adverse Medication Events Working Group will hold its first meeting on Tuesday, 24 April 2007 via teleconference. Dr Pring will participate in that meeting.

10.6 Reducing Suicide Risk and Deliberate Self Harm in Mental Health Services

Work to date has focussed on suicide and has involved collating information from across jurisdictions on risk assessment tools and on risk data. An Australian Bureau of Statistics paper on data quality issues is pending and this report will be examined to inform the work of the SQPWG.

11. OTHER BUSINESS

11.1 CDMS Accommodation Charge

The Meeting noted that the relocation of the PMHA–CDMS to the offices of the CDMS Director in Adelaide has raised the issue of how the previous budget allocation levied by the AMA for CDMS office space at AMA House in Canberra is to be managed. The AMA charge for this office space would have been $3,750 in this financial year and $7,500 in the next financial year. The CDMS Director requested that this funding be reallocated for use on other relevant CDMS infrastructure support related expenses. Examples of the types of expenditure envisaged could include rental of off–site storage, additional telephone lines, and replacement of faulty or outdated equipment, etc. The AMA has indicated that the a re–allocation would have to be approved by the PMHA–CDMS Stakeholders (AHIA, APHA and DoHA) and it was agreed that this issue should be raised at the PMHA Meeting tomorrow as part of the Chair's report on this meeting.

Resolved

That the PMHA–CDMS MC recommends that the PMHA requests that its Member organisations who fund the CDMS (APHA, AHIA and DoHA) consider whether the allocated budget accommodation charge for the CDMS of $3,750 in this financial year, and $7,500 in the next financial year, can be utilised at the discretion of the CDMS Director for other relevant CDMS infrastructure support related expenses, now that the CDMS is no longer located at the offices of the Federal AMA in Canberra.

Action: PMHA–CDMS Chair

11.2 AMA Agreement for Services 2007–2008

Mr Morris Yates raised the issue of the need for the Parties to the above Agreement and the PMHA to think seriously about what the future of the CDMS will be beyond June 2008 in good time for a subsequent Agreement to be drafted and put in place. It was noted that this requirement was part of the work plan for PMHA for 2007 and would be discussed at the meeting of the PMHA tomorrow.

12. NEXT MEETING

It was noted that the next (2nd) PMHA–CDMS MC Meeting would be held on 5 July 2007 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