PMHA | PRIVATE MENTAL HEALTH ALLIANCE

TWENTY THIRD (23RD) MEETING

HELD ON FRIDAY, 13 JUNE 2014
AT
HOTEL REALM
8 NATIONAL CIRCUIT
BARTON ACT
AUSTRALIAN CAPITAL TERRITORY

REPORT OF MEETING

Glossary of some common acronyms and terms regularly used in this report

ABF	Activity Based Funding
ACSQHC	Australian Commission on Safety and Quality in Healthcare
AHMAC	Australian Health Ministers Advisory Council
AMA	Australian Medical Association
APHA	Australian Private Hospitals Association
BPD	Borderline Personality Disorder
CCMWG	PMHA's Collaborative Care Models Working Group
CDMS	PMHA's Centralised Data Management Service
Commonwealth	The Australian Government
FY(s)	Financial Year(s)
HCP	Hospital Casemix Protocol
Department of Health	Australian Government Department of Health
Hospital(s)	Private Hospital(s) with psychiatric beds
HSMdb	Hospitals Standardised Measures database application of the CDMS
MHDAPC	AHMAC Mental Health/Drug and Alcohol Principal Committee
MHISSC	Mental Health Information Strategy Standing Committee of AHMAC's MHDAPC
Network	Private Mental Health Consumer Carer Network (Australia)
NSMHS	National Standards for Mental Health Services
PHA	Private Healthcare Australia (formally Australian Health Insurance Association)
PMHA	Private Mental Health Alliance
PMHA–PEx or PEx	PMHA's Patient Experiences of Care Measure
SQPSC	Safety and Quality Partnership Standing Committee of AHMAC's MHDAPC
SQR(s)	CDMS Standard Quarterly Reports provided to Hospitals and Payers participating in the PMHA's CDMS

1. PROCEDURAL MATTERS

The Independent Chair of the Private Mental Health Alliance (PMHA or Alliance), Mr Philip Plummer, opened the Twenty Third (23rd) meeting of the PMHA (the Meeting) at 9:00 AM on Friday, 13 June 2014. The Meeting was held at Hotel Realm, 8 National Circuit, Barton in the Australian Capital Territory.

1.1 Present

PMHA Independent Chair

1. Mr Philip Plummer

Consumers

2.	Ms Janne McMahon	Chair, Private Mental Health Consumer Carer Network (Australia) (Network)

Carers

3.	Mr Patrick Hardwick	Network Deputy Chair

Providers

4.	Dr Bill Pring	AMA
5.	Ms Moira Munro	APHA (PMHA Deputy Chair)
6.	Ms Carol Turnbull	APHA

Payers

7.	Ms Andrea Selleck	PHA (Chair, PHA Mental Health Committee)
8.	Ms Helen Eriksson	PHA
9.	Matthew Jackson	Department of Veterans' Affairs (DVA)

Staff

10.	Mr Allen Morris–Yates	PMHA–CDMS Director
11.	Mr Phillip Taylor	PMHA Director (Chair PMHA–CCMWG)

1.2 Apologies and Alternates

1.	Kim Werner	Network Governance and Policy Officer
2.	Professor Jeffrey Looi	AMA
3.	Ms Kirsty Cheyne–Macpherson	Commonwealth Department of Health

1.3 Invited Guests to PMHA Meetings

The Chair reported that the following Invited Guests will be attending the Meeting today.

Ms Debra Tippett from Minter Ellison Lawyers and the AMA Secretary General, Ms Anne Trimmer, will be joining the meeting for discussion of the AMA Agreement for Internet access to the secure areas of the PMHA Website (refer to Agenda Item 6.1).

Mr Gary Hanson from the Australian Institute of Health and Welfare will join the PMHA for lunch and provide a presentation thereafter.

1.4 Adoption of Reports of PMHA Meetings

The Meeting considered and adopted the draft Report of Twenty Second PMHA Meeting held on 7 March 2014 in Canberra.

RESOLVED (Chair) carried without dissent

That the Private Mental Health Alliance (PMHA) approves, as a true and correct record, the Report of the Twenty Second PMHA Meeting, held on 7 March 2014 in Canberra, and requests the Report be made available on the PMHA website.

Action: PMHA Director

The Chair reported that all actions arising from the Twenty Second Meeting had been incorporated into Agenda Item 1.7 Table of Progress on Matters Arising and, where necessary, under relevant agenda items for this Meeting.

1.5 Table of Progress on Matters Arising

The Meeting noted the Table of Progress on Matters Arising from the 22nd PMHA Meeting as set out below.

#	22nd PMHA MEETING Table of Progress on Matters Arising	RESPONSIBILITY	CURRENT STATUS
1	PROCEDURAL MATTERS		
1.6	Post Report of 21st PMHA Meeting on PMHA Website	PMHA Director	Done
	Draft and circulate for comment Report of 22nd PMHA Meeting	PMHA Director	Done
	Revise Report of 22nd PMHA Meeting and prepare final	PMHA Director	Done
2	PMHA WORKPLAN 2013–15		
	Agenda Item 23rd PMHA Meeting	PMHA Director	Done
3	AMA FINANCIAL STATEMENTS		
	Agenda Item 23rd PMHA Meeting	PMHA Director	Done
4	NETWORK REPORT		
	Agenda Item 23rd PMHA Meeting	PMHA Director	Done
4.1	National Healthcare Agreement performance indicator #17: Treatment rates for mental illness		
	AIHW to provide Project Brief for Network NC and PMHA	AIHW	Done
4.2	Health Insurance and Consumers		
	Network NC to consider meeting with Private Health Insurance Ombudsmen	Network NC	Done
4.5.1	Paper: Experiences of Care by Australians with Borderline Personality Disorder (BPD)		
	Ascertain of Ms Ellie Rosenfeld has any objection to removal of her name from Paper	PMHA Director	Done
	Ascertain if AMA is willing for Network role in BPD Surveys to be acknowledged in the Paper	PMHA Director	Done
5	PMHA COLLABORATIVE CARE MODELS WORKING GROUP		
	Agenda Item 23rd PMHA Meeting	PMHA Director	Done
6	PMHA CENTRALISED DATA MANAGEMENT (CDMS) REPORT		
	Agenda Item 23rd PMHA Meeting	CDMS Director	Done
6.4	Enable Internet–based access to the PMHA's CDMS		
	Advise CDMS finalisation of Internet based access to CDMS is next priority after HSMdb update	PMHA Director	Done
	Provide copies of Draft AMA Internet Access Agreement to PMHA Members with AMA Comments	PMHA Director	Done
	Commission and brief external specialist IT legal advice	PMHA/CDMS Directors	Done
	Include all advice and revised Agreement on agenda for 23rd PMHA Meeting	PMHA Director	Done
6.5	Research into the identification of high–quality programs		
	Advise CDMS Director this is also a priority for CDMS to be progressed concurrently with 6.4 above.	PMHA Director	Done
6.6	National Healthcare Agreement performance indicator #17: Treatment rates for mental illness		
	Provide Project Brief prepared by AIHW to Network NC	PMHA Director	Done
	Seek approval of 14/15 April 2014 PMHCCN NC meeting for PMHA to proceed with assisting AIHW	Network NC	Done

#	22nd PMHA MEETING Table of Progress on Matters Arising (continued)	Responsibility	Current Status
7.1	MHDAPC MHISS Report		
	Prepare and submit PMHA Report for 13/14 March 2014 MHISS	PMHA/CDMS Directors	Done
	Attend 13/14 March 2014 MHISS Meeting in Canberra	PMHA Deputy Chair	Done
	Agenda Item 23rd PMHA Meeting	PMHA Director	Done
7.2	MHDAPC SQPSC Report		
	Prepare and submit PMHA Report for 21 March 2014 SQPS meeting	PMHA Director	Done
	Attend 21 March 2014 SQPS meeting	Dr Bill Pring	Done
	Agenda Item 23rd PMHA Meeting	PMHA Director	Done
8	ACTIVITY BASED FUNDING AND MENTAL HEALTH		
	Ascertain if the agenda and papers for IHPA Mental Health Working Group can be circulated to PMHA	Ms Moira Munro	Pending
	Include cost shifting between public hospitals and private health insurers on agenda for next PMHA	PMHA Director	Done
	Seek the views of Network NC on cost shifting between public hospitals and private health insurers	Mr Hardwick	Done
9	PMHA COMMUNICATION		
	Delay 16th Edition until June/July	PMHA Director	Done
	Commence drafting 16th Edition	PMHA Director	Done
	Agenda Item 23rd PMHA Meeting	PMHA Director	Done
10	OTHER BUSINESS		
	Agenda Item 23rd PMHA Meeting	PMHA Director	Done
11	NEXT MEETING		
	Organise 23rd PMHA Meeting to be held on 13 June 20914 in Canberra	PMHA Director	Done
	Prepare and circulate Agenda and Papers for 23rd PMHA Meeting	PMHA Director	Done

2. PMHA WORK PLAN 2013–15 REVIEW

There were no changes for the PMHA Work Plan, which is progressing on time and within budget.

3. AMA FINANCIAL STATEMENTS

The PMHA Director, Mr Phillip Taylor, reported on the AMA Statement of Income and Expenditure for the PMHA, its Centralised Data Management Service (CDMS), and the Private Mental Health Consumer Carer Network (Australia) [Network], for the period 1 July 2012 to 30 April 2014. The Meeting noted that some minor arithmetic errors had been identified and corrected. The Chair confirmed for Health Insurers that the budgets are based on accrual accounting practices. The Meeting also noted that interest on the funds held by the AMA will be included respectively into the PMHA, CDMS and Network budgets at the end of the current Financial Year (FY).

RESOLVED (Chair) carried without dissent

1. *That the Private Mental Health Alliance (PMHA) adopts the AMA Statement of Income and Expenditure for the PMHA, its Centralised Data Management Service (CDMS), and the Private Mental Health Consumer Carer Network Australia (Network), for the period 1 July 2013 to 30 April 2014.*

2. *That the PMHA notes the AMA Statement of Income and Expenditure for the PMHA Quality Improvement Project (QIP).*

4. PRIVATE MENTAL HEALTH CONSUMER CARER NETWORK (AUSTRALIA) REPORT

The Network has been in operation for over ten years now and continues its quest to more effectively involve private sector consumers and their carers in key policy and decision–making processes within the private sector and at the national level. The activities of the Network are largely facilitated by the Network's National Committee (NC), which is currently comprised as follows.

1.	Network Chair	Ms Janne McMahon OAM *
2.	Network Deputy Chair	Mr Patrick Hardwick *
3.	Network Policy and Governance Officer	Ms Kim Werner *
4.	Network Coordinator Queensland	Mr Norm Wotherspoon
5.	Network Coordinator New South Wales	Vacant
6.	Network Coordinator Australian Capital Territory	Ms Judy Bentley
7.	Network Coordinator Victoria	Mr Evan Bichara
8.	Network Coordinator South Australia	Assoc. Professor Sharon Lawn
9.	Network Coordinator Western Australia	Mr Hardwick
10.	Network Coordinator Tasmania	Vacant
11.	PMHA Independent Chair	Mr Philip Plummer
12.	PMHA Director (Meeting Secretary)	Mr Phillip Taylor

* Network Executive

The Network's State Coordinators facilitate Advisory Forums in their jurisdictions to provide the NC with consumer and carer perspectives on issues of national significance. The Forums also provide an opportunity for State Coordinators to provide feedback on current Network activities.

The Meeting noted a copy of the draft report of last meeting of the Network's NC held on 14/15 April 2014 in Melbourne. The next NC meeting will also be held in Melbourne on 29/30 September 2014.

The Chair of the Network, Ms Janne McMahon OAM, reported on progress with the Network's Work Plan for financial years 2013–15. Since the last PMHA meeting, the Network's activity has been directed toward the following.

4.1 Carer Project

About half of the funding has been secured for the proposed twelve–month carer project directed at the development of a practical guide for working with carers of people with a mental illness. Mental Health Carers Arafmi WA have agreed to contribute $100,000 toward the project, leaving a shortfall of about another $100,000 before the project can proceed. There is the possibility of another interested Non–Government Organisation, Mind Australia, contributing if they are able to secure some funding.

The Australian Government Department of Social Services (formerly Department of Families, Housing, Community Services and Indigenous Affairs) and the Department of Health (formerly Department of Health and Ageing), have agreed that this was an excellent project that they would normally consider funding. Both Departments, however, are not in a position to consider funding new projects at present.

Mr Tim Coombs from the Training and Services Development section of the Australian Mental Health Outcomes and Classification Network (AMHOCN) has also expressed an interest in linking the proposed carer project into the development of training resources for the carer experiences of service provision measure AMHOCN is developing.

4.2 Network Governance

The Coordinator positions for New South Wales (NSW) and Tasmania remain vacant. Ms McMahon is coordinating the re–establishment of Network Advisory Forums in NSW and Tasmania with a view to eventually recruiting Network Coordinators for those States. In the interim, the Forums are an important means of ensuring that voice of private sector consumers and carers in NSW and Tasmania are heard and private hospitals are involved in helping to facilitate the Forums. Mr Hardwick also recently hosted a successful Advisory Forum in WA.

4.3 Getting Started Kit

The NC is in the process of reviewing and updating the Network's *Getting Started Kit* to now provide a reference for private psychiatric hospitals on benefits of partnering with consumer and carers and the establishment of Consumer and Carer Advisory Committees. The Kit will include a separate Network template on *Standard 2 Partnering with Consumers* of the Australian Commission on Safety and Quality in Healthcare's mandatory *National Safety and Quality Health Service (NSQHS) Standards*.

4.4 Meetings and representation with other organisations and related matters

The Network Executive met on 12 June, firstly with the AMA Secretary General, Anne Trimmer and then later that day with the CEO of the Mental Health Council of Australia (MHCA), Mr Frank Quinlan.

At the meeting with the AMA, Ms Trimmer felt the guidance for working with carers of people with a mental illness, to be developed under the Carer Project (refer to 4.1 above), would be of practical interest to medical practitioners. It could be included on the AMA's new Doctor Portal, which is being developed by the AMA as a first port of call resource for all doctors.

At both meetings, the fate of the funding for the Partners in Recovery (PIR) program was discussed. Ms McMahon has agreed to provide a Network submission for the MHCA and the National Mental Health Commission on the need for the PIR to be funded, which will include testimonies from consumers and carers on the value of the program.

At both meetings it was also clear that the AMA and the MHCA, like many other organisations, have acknowledge that the future of mental health will not be known until the National Mental Health Commission reports to the Federal Government in November on its national Review of Mental Health Programs and Services.

Mr Hardwick and Ms McMahon are arranging to meet with the CEO of the Australian College of Mental Health Nurses, Ms Kim Ryan, to discuss the Mental Health Nurse Incentive Program (MHNIP), which has been funded for another twelve months. Mr

Hardwick was a member of the Expert Reference Group for the MHNIP.

Mr Hardwick reported briefly on the Mental Health Peer Work Qualification Project, which is in a steady phase of resource development, with materials for the Consumer and Carer qualification streams to be provided to the National Mental Health Commission in July this year. Mr Hardwick is preparing a brief summary on the private sector for inclusion in these resources.

The Private Health Insurance Ombudsmen, Samantha Gavel, has been invited to attend the next meeting of the Network NC.

4.5 National Healthcare Agreement performance indicator #17

The NC has endorsed the PMHA assisting the Australian Institute of Health and Welfare (AIHW) with improving the measurement of the National Healthcare Agreement performance indicator #17: Treatment rates for mental illness. The NC has approved the provision of the statistical linkage key (SLK581) to the AIHW, provided it does not include date of birth (refer to Agenda Item 10.2).

4.6 Borderline Personality Disorder (BPD)

The NC is keen to assist in the convening of a BPD Awareness Day Conference in the future. This assistance will be non–financial and in kind for the Australian BPD Foundation, who are now responsible for these Conferences.

The NC has approved Associate Professor Sharon Lawn seeking publication of the paper titled, *Experiences of Care by Australians with Borderline Personality Disorder* (the Paper) in her capacity as an academic and researcher. Any journal that accepts the Paper for publication will be advised to contact the AMA for discussions before publication.

4.7 Network Survey – private patients in public hospitals

Health Fund Members are reporting that on those occasions when they are admitted to a public hospital pressure is brought to bear, often when they are very distressed, to elect to be treated as private patients. This practice is particularly concerning in those situations where a person is being scheduled. In some instances, if the patient is too distressed to make the decision, then pressure is brought to bear on the next of kin or family, while they are also in a situation of distress over their loved one needing this level of care. Such cost shifting practices place a substantive burden on private health insurers to pay benefits for care that is delivered outside of the private hospital environment. This is particularly concerning when there does not appear to be any additional benefit provided by the public hospital for the private patient, such as a single room, doctor of choice, or visiting rights for their private treating psychiatrist.

The Network's NC has discussed these issues and agreed that such cost shifting practices are not in the interest of the private mental health system. NC further agreed that a survey of Network Members was warranted. Ms McMahon subsequently drafted the survey questions for review by the NC. Ms Andrea Selleck, Ms Helen Eriksson and Dr Bill Pring have been asked to review the questions.

The PMHA then discussed the survey at length, particularly in relation to the issues around what data is currently available on the magnitude of the problem, the survey's sample population, and the approach to the survey's research methodology and analysis. To undertake such a survey, further information would first need to be obtained on the following.

i. How many Health Fund Members have been admitted to public hospitals for specialised psychiatric care?

ii. How many Health Fund Members have been admitted to private hospitals for specialised psychiatric care?

iii. What proportion of Health Fund Members have been admitted to both? While this group would constitute the survey sample, they may be difficult to identify.

The PMHA's CDMS Director, Mr Allen Morris–Yates, pointed out that, if there is a substantial demographic or clinical difference between the people who have been admitted as private patients to public facilities, and people who have been admitted as private patients to public and private facilities, then a survey of Network Members alone would not constitute a representative sample of the target population. Despite further discussion, uneasiness remained around whether the survey population can be established, or whether any meaningful results could be interpreted from a survey of only Network Members.

It was finally agreed that the two primary parties, the Network and Health Insurers, needed to work together further on this issue. As a first step, Health Insurers agreed to investigate what data might be available on the questions raised above before taking the survey any further.

RESOLVED (Chair) carried without dissent

That the Private Mental Health Alliance (PMHA) requests that to progress the issues arising from private psychiatric patients being admitted to public facilities, further information should be obtained on the following, where possible.

i. The number of Health Fund Members admitted to public hospitals for specialised psychiatric care.

ii. The number of Health Fund Members admitted to private hospitals for specialised psychiatric care.

iii. What proportion of Health Fund Members have been admitted to both.

Action: Ms Selleck/Ms Eriksson

5. PMHA COLLABORATIVE CARE MODELS WORKING GROUP REPORT

The role of the PMHA's Collaborative Care Models Working Group (CCMWG) is to bring together providers, payers and consumers and carers as a working collaboration to identify areas of commonality and opportunity that can be developed for the benefit of all parties.

The Meeting noted a copy of the draft report of the last CCMWG meeting held on 28 February 2014 in Canberra. The CCMWG Chair, Mr Taylor, reported on the following.

5.1 Principles for Collaboration, Communication and Cooperation between Private Mental Health Service Providers (Principles)

In 2013, the CCMWG completed the task of developing and agreeing a set of *Principles for Collaboration, Communication and Cooperation between Private Mental Health Service Providers* (Principles). The aim of the Principles is to ensure that mental health professionals dealing with the care of people with a mental illness are able to refer, collaborate and communicate effectively, and where necessary, share care. The Principles were released on 11 December 2013. Copies of the Principles can be obtained from the PMHA website at:

http://www.pmha.com.au/PublicationsResources/Principles.aspx

Webinar

The Mental Health Professionals' Network's webinar on the Principles was held on 25 March 2014 and proved a great success. The webinar involved using the Principles to support a young woman navigating through a variety of mental health services. The webinar attracted 1138 registrations and a total of 433 participants. The panel comprised Dr Caroline Johnson (Vic–based GP), Dr Louisa Hoey (Vic–based psychologist), Dr Bill Pring (Vic–based psychiatrist) and Mrs Janne McMahon (SA–based consumer advocate). Dr Mary Emeleus, General Practitioner (QLD) facilitated the webinar. The webinar was endorsed for professional development points, credits or hours by the Royal Australian College of General Practitioners and the Australian College of Mental Health Nurses. CPD for the Australian College of Rural and Remote Medicine is pending for the new triennium.

5.2 Guidelines for Determining Benefits for Health Insurance Purposes for Private Health Care (Guidelines).

The CCMWG continues the review of the Guidelines. The review will be completed before the current AMA Agreement for Services 2013–15 expires on 30 June 2015.

6. PMHA CENTRALISED DATA MANAGEMENT SERVICE (CDMS) REPORT

The PMHA's CDMS was established on behalf of the PMHA under the auspice of the AMA in 2001 to improve the quality of information and enable benchmarking within the private hospital sector. The CDMS works with private hospitals and health insurers to put in place efficient systems for the routine collection of outcomes data that enables the quality and efficiency of mental health service delivery to be evaluated and reported on every quarter. The CDMS Work Plan for 2013–15 includes the following.

- Enable internet–based access to CDMS Resources and SQRs
- Ongoing core tasks, which includes the preparation of Standard Quarterly Reports (SQRs) and the provision of support for participating Hospitals
- Implementation of the Patient Experiences of Care reporting process

- Upgrade the hospitals' database application (HSMdb)
- Enhancements to all Standard Quarterly Reports
- Research into the identification of high–quality programs

Under this Agenda Item the following aspects of the Work Plan were discussed.

6.1 Enabling internet–based access to CDMS Resources and SQRs

Since the last PMHA meeting, Ms Debra Tippett from Minter Ellison Lawyers was commissioned to prepare a final draft contract for the AMA to facilitate internet–based access for Hospitals and Payers to the secure areas of the PMHA website. Debra is a specialist IT contracts lawyer. She has many years' experience working with clients to develop bespoke and template contracts for major projects, including the SourceIT suite of template ICT contracts used across the Australian Government. Catering to varied client needs, Debra also develops memoranda of understanding, funding agreements, open source software licences, and deeds of standing offer. Debra's expertise in information technology and telecommunications has been independently recognised by Best Lawyers Australia.

The Chair welcomed Debra, her colleague Robert Dearn, and the AMA Secretary General, Anne Trimmer, to the Meeting.

Debra briefed the meeting on the draft AMA contract and responded to questions.

Ms Trimmer reported the AMA is satisfied with the contract and would be willing to sign.

The Meeting noted that those Hospitals or Health Insurers that choose not to sign the Agreement with the AMA would still continue to receive their Standard Quarterly Reports (SQRs) and materials on CD via Express Post.

The Meeting then gave its "in principle" endorsement for the contract, noting that APHA, PHA, and the Australian Government would need to seek their own legal advice before the contract could be fully endorsed.

6.2 Preparation of Standard Quarterly Reports (SQRs)

Mr Morris–Yates briefed the meeting on the Standard Quarterly Reports (SQRs) that had been produced by the CDMS since September last year.

Standard Quarterly Reports for Hospitals and Payers	Dispatched
3rd quarter of 2012–2013 (Jan–Mar 2013)	2 Sep 2013
4th quarter of 2012–2013 (Apr–Jun 2013)	25 Nov 2013
1st quarter of 2013–2014 (Jul–Sep 2013)	6 Mar 2014
2nd quarter of 2013–2014 (Oct–Dec 2013)	22 Apr 2014 (payers only)
	9 Jun 2014 (hospitals)

The Meeting noted that Mr Taylor had undertaken the dispatch of SQRs from the offices of the Federal AMA in Canberra on two occasions while Mr Morris–Yates was recovering from a broken collar bone. This development provided an important opportunity for the PMHA Director to gain hands on training and experience with the production and dispatch of SQRs.

Mr Morris–Yates reported that the most recent run of Hospital SQRs had to be repeated due to a serious error occasioned by revision of the Hospitals SQR software to accommodate the new PMHA Patient Experiences of Care measure. The error in the software was corrected and a revised run of SQRs for Hospitals was dispatched on 9 June 2014. Payer reports were not affected by the error.

Later in the meeting, Ms Helen Eriksson requested that re–admission rates be included in SQRs for Payers. After discussion, it was agreed that the established Australian clinical indicator of readmission within 28 Days of discharge from overnight inpatient care would be a useful statistic to include in SQRs for both Hospitals and Payers.

6.3 Other Reports

Mr Morris–Yates then briefed the meeting on the other reports recently produced by the CDMS, which have included the following.

Other Reports	
Annual Statistical Report for 2012–13	Mar 2014, revised Jun 2014
Hospitals Progress Reports	prior to MHISSC meetings
Report for Nation Mental Health Commission	22 May 2014

PMHA CDMS Annual Statistical Report 2012–13

The CDMS continues to produce Annual Statistical Reports (ASR) on Private Hospital–based Psychiatric Services based on data submitted by participating Hospitals. These Reports are produced each year, as part of the PMHA's ongoing commitment toward improving the quality, reliability, and use of information on private sector mental health services. ASRs set out useful summary statistics on the following.

- Number of patients admitted to private hospitals for psychiatric care.
- Demographic and diagnostic profiles of those patients.
- Comparison of patients reported mental health, social and role functioning at Admission and on Discharge against that of the general population.
- Comparisons of the demographic and diagnostic profiles to indicate that generally different groups of people are receiving mental health care in each sector.

The ASR for 2012–13 has been completed and is now available from the PMHA website.

A copy of ASR is routinely included as an appendix to the PMHA Report to the Australian Government's Mental Health Information Strategy Standing Committee (MHISSC), together with a copy of the Hospitals Progress Report.

PMHA CDMS Hospitals Progress Report

The development, preparation and distribution of the Hospital Progress Report is undertaken by the CDMS to assist PMHA Representatives and other stakeholders in monitoring the implementation and operation of the PMHA's *National Model for the Collection and Analysis of a Minimum Data Set with Outcome Measures for Private, Hospital–based, Psychiatric Services* (hereafter National Model). This report includes useful summary statistics on the following.

- *Timeliness and Content of Hospitals' data submissions to the CDMS*. This includes:
  - statistics on the timeliness of hospitals' data submissions to the CDMS;
  - the total volume of HCP and OMP data submitted by participating Hospitals to the CDMS in respect of the Overnight Inpatient service setting for each quarter since 1 January 2011; and
  - the total volume of HCP and OMP data submitted by participating Hospitals to the CDMS in respect of the Ambulatory Care service setting for each quarter since 1 January 2011.
- *Indices of Data Completeness*. This includes:
  - completion rates for the clinician rated HoNOS and patient self–reported MHQ–14 in respect of the Overnight Inpatient service setting, for each quarter since 1 January 2011; and
  - the variability across participating Hospitals in completion rates for the clinician–rated HoNOS and the patient self–reported MHQ–14 at key Occasions in the Overnight Inpatient service setting.

Mr Morris–Yates reported that the Hospital Progress Report for the twelve month period ending 31 December 2013, with historical statistics for the quarters from 1 January 2011, had been completed and provided to MHISSC.

The Meeting discussed the generally outstanding completion rates for the HoNOS and the MHQ–14 being achieved by participating Hospitals. Health Insurers felt that the HoNOS and MHQ–14 completion rate benchmarks should now be included in the *Guidelines for Determining Benefits for Health Insurance Purposes for Private Health Care* (Guidelines). Other stakeholders felt that inclusion of the benchmarks in the Guidelines was not necessary as the Hospital Progress Report provides ample information on completion rates and benchmarks for both Hospitals and Health Funds to use in their negotiations. Ms Turnbull and Ms Eriksson agreed to discuss this matter further with the CCMWG, who are reviewing the Guidelines. It was further agreed that all future reports provided to MHISSC and its two appendices (ASR and Hospital Progress Report), will also be routinely provided to PMHA Members. While the ASR is a public document, circulation of the Hospital Progress Report should, at this stage,

be restricted to PMHA Members until the APHA Psychiatry Committee has had an opportunity to consider and approve any wider circulation of the Hospital Progress Report. Ms Turnbull agreed to take this Report to the September meeting of APHA Psychiatry Committee.

PMHA CDMS Report for the National Mental Health Commission's Review of Mental Health Programs and Services

Mr Morris–Yates briefed the meeting on the statistics the National Mental Health Commission (NMHC) had recently requested from the CDMS, as part of its national *Review of Mental Health Programs and Services*. This formal request followed on from a meeting convened by PMHA Director on 10 April 2014 in Canberra for the CEO of the NMHC, Mr David Butt. Mr Butt specifically requested to meet with the PMHA Chair, PMHA Deputy Chair, and the CDMS Director to discuss the CDMS data collection. The statistics that were subsequently provided to the NMHC by the CDMS included the following.

- Total charges against Health insurance funds, by patients' Area of usual residence (Jurisdiction and Locality), 2012–13.
- Number of patients by Payment source and patients' Area of usual residence (Jurisdiction and Locality), 2012–13.
- Number of patients by care provided, by patients' Area of usual residence (Jurisdiction and Locality), 2012–13.
- Number of patient episodes by care provided and number of care days, by patients' Area of usual residence (Jurisdiction and Locality), 2012–13
- Overnight inpatients, Mode of separation by patients' Area of usual residence (Jurisdiction and Locality), Australia, 2012–13.

The NMHC is scheduled to report to the Federal Government in November 2014 on the results of its Review.

Mr Morris–Yates agreed to circulate a copy of the statistics provided to the NMHC to PMHA Members. A brief discussion followed on the statistics that might be usefully included and routinely reported on in the CDMS SQRs.

The Meeting also briefly discussed the updated 2014 version of the one page report that was prepared in 2012 for the then Federal Minister for Mental Health The Hon. Mark Butler MP. It was agreed that copies of this report would also be forwarded to PMHA Members.

Ms Turnbull also agreed to take these reports to the September meeting of APHA Psychiatry Committee.

6.4 Implementation of the Patient Experiences of Care reporting process

During the 2011–13 PMHA Quality Improvement Project (QIP), a *PMHA Patient Experiences of Care Measure* (PEx) for both overnight inpatient care and ambulatory care was developed. Implementation by participating Hospitals coincided with the

release of the latest version of the CDMS *Hospitals Standardised Measures database* (HSMdb) software in late 2013. Hospitals were provided with the new PEx Survey templates, a detailed PEx Implementation Guide, and the updated HSMdb database application.

At the start of QIP, it was not clear how the additional burden of the PEx measure would be received when participating Hospitals were already collecting the HoNOS and MHQ14. However, Mr Morris–Yates reported that in the very first quarter of data submitted (Oct–Dec 2013), 19 hospitals began collecting the PEx survey. In addition, in just this first quarter of implementation, these hospitals have now collected 1,950 Surveys, which is an outstanding result.

The PMHA have congratulated and thanked Hospitals for participating in what is yet another milestone for the private sector. This achievement has also been highlighted in the June edition of the PMHA Newsletter. For those hospitals who have not yet started collecting and need any further information or help, Allen, Moira Munro and Carol Turnbull are available to assist. The Meeting noted the CDMS has now begun routinely reporting PEx statistics back to Hospitals within their SQRs.

6.5 New Enrolments

Since the last meeting of the PMHA, Maitland Private Hospital in New South Wales and its 24 bed mental health unit have paid their subscription to join the PMHA, its CDMS and the Network. Blackwood River Clinic in Nannup Western Australia has also signalled its intention to join.

The training of newly enrolled hospital since July 2013 is set out below.

Training for newly enrolled Hospitals since July 2013	Enrolled	Trained
South Coast Private, Wollongong NSW	May 2013	18 Jul 2013
Calvary Clinic, Launceston TAS	Jul 2013	13 Sep 2013
Epworth Rehabilitation, Camberwell VIC	Aug 2013	11 Sep 2013
Wyndham Clinic, Werribee VIC	Oct 2013	20 Nov 2013
Northside Macarthur Clinic, Campbelltown NSW	Dec 2013	20 Feb 2014
Caloundra Private Clinic, Caloundra QLD	Feb 2014	9 Apr 2014
Maitland Private Hospital, East Maitland NSW	Apr 2014	14 May 2014

Health Insurers inquired whether Hospital staff that complete the HoNoS training provided by the PMHA's CDMS are credentialed in anyway and then retrained at regular intervals. Hospitals reported on the ongoing training, inter–rater reliability testing and recertification practices for HoNOS that are in place in most Hospitals.

7. ACTIVITY BASED FUNDING AND MENTAL HEALTH

The Chair invited Ms Munro to update the Meeting on developments with Activity Based Funding (ABF) and Mental Health. Ms Munro is the APHA's representative on

both the Independent Hospitals Pricing Authority's (IHPA) Mental Health Working Group and its Mental Health Costing Steering Committee. Mr Morris–Yates is Ms Munro's alternate.

Ms Munro reported that the IHPA had tendered to engage a suitably qualified consultant to undertake a mental health costing and classification study and to develop the national Activity Based Funding (ABF) mental health classification system, which was scheduled for implementation by 1 July this year. The implementation date was subsequently revised to 1 July 2016, because of the complexities involved in the development of the classification for mental health.

Consultants

An open tender process for this project was conducted between October and November 2013, however no suitable responses were received and the process discontinued. The statement of requirement was refined to cover the costing aspect only and a limited tender process was conducted in December 2013. HealthConsult was the preferred tenderer. HealthConsult will be required to provide the draft final report and mental health costs dataset by March 2015, with the final report and the final study infrastructure due by April, 2015.

Project Management

IHPA is responsible for overall management of the project, supported by a Mental Health Costing Steering Committee to oversee the design, compilation, and implementation of the costing study. The Steering Committee will operate until 30 June 2015. The costing study will involve at least 9 pilot sites, of which 3 will be private psychiatric hospitals. The National Mental Health Service Planning Framework is also going to be used. The Mental Health Costing Steering Committee are working with IHPA and its Mental Health Working Group to:

- Assist in the development of the data request specification
- Refine the proposed costing methodology
- Refine the proposed framework for the ideal sample of participating hospitals
- Actively engage of hospitals and hospital staff for the duration of the project
- Assist in addressing issues as they arise
- Provide feedback on data samples and the final dataset
- Provide feedback on written reports as required

Consultation

In May 2014, IHPA released a consultation paper regarding the processes that are proposed to conduct the mental health costing study. The consultation paper was prepared by a consortium led by the HealthConsult as a component of their work on the mental health costing study. The paper provided an overview of key issues for consideration and posed a series of focused consultation questions. Members of the public and all interested parties were invited to make submissions by 30 May 2014.

PMHA's CDMS

Ms Munro briefed the Meeting on the possible involvement of Mr Morris–Yates in factoring into the PMHA's CDMS collection the development of routine reporting on some useful additional items that IHPA have identified are not currently collected by private hospitals. Mr Morris–Yates explained that the outcome of this work would mean that the CDMS would have the classification component of the answer to the question – how do you identify effective care? This would help to progress the previously agreed task in the CDMS work plan which relates to research into the identification of high–quality programs, and how we classify cases. The work involved should take about eight non–consecutive weeks to complete and IHPA would cover the costs involved.

After discussion, the Meeting agreed that, "in principle", the PMHA had no objection to the IHPA work being undertaken by Mr Morris–Yates, subject to clarification of the time involved.

8. MENTAL HEALTH DRUG AND ALCOHOL PRINCIPLE COMMITTEE

The Australian Health Ministers Advisory Council (AHMAC) Mental Health/Drug and Alcohol Principal Committee (MHDAPC) is comprised of Senior Government Officials. The role of the MHDAPC is to advise AHMAC on national mental health, alcohol, tobacco, and other drug issues. The PMHA is linked to the work of the MHDAPC through the positions it holds on MHDAPC's Mental Health Information Strategy Standing Committee (MHISSC) and its Safety and Quality Partnership Standing Committee (SQPSC). The PMHA is represented on the MHISSC by the PMHA Deputy Chair, Ms Moira Munro and on the SQPS by Dr Bill Pring.

8.1 MHISSC Report

MHISSC provides expert technical advice and recommendations on initiatives to address the information requirements for MHDAPC. MHISSC is a large Committee that meets over two days three times a year.

The Meeting noted the copy of the minutes of the MHISSC meeting held on 13/14 March 2014 in Brisbane and the agenda of the MHISSC meeting held on 5/6 June in Sydney. The PMHA Representative on the MHISSC, Ms Moira Munro, attended the March and June MHISSC meetings.

The Meeting noted the MHISSC work program currently includes the following.

- National project – Mental Health Non–Government Organisation (NGO) National Minimum Data Set Project
- Development of a carer experiences of care (family inclusiveness) measure
- National project – Measuring Consumers' Experiences of Care
- National project – Development of a consumer self–report measure that focuses on the social inclusion aspects of recovery

- Australian Bureau of Statistics (ABS) Private Hospitals Establishments Collection

Ms Munro reported that the constant problem of the under reporting of Ambulatory Care in the private sector in the Mental Health Services in Australia (MHSA) Report is being addressed. After meetings with the ABS, AIHW, and the Commonwealth Department of Health, MHISSC has agreed to devote a separate section in the MHSA Report to the volume of services for Ambulatory Care provided in the private sector.

8.2 SQPSC Report

The SQPSC is responsible for taking the Australian Government mental health safety and quality agenda forward. In the limited time available, the Meeting noted a copy of the minutes of the SQPSC meeting held on, 21 March 2014 in Sydney. The SQPSC report was then deferred until after the next meeting of the SQPSC, which will be held on 11 July 2014 in Melbourne. Dr Pring will attend.

9. DEPARTMENT OF VETERANS' AFFAIRS (DVA)

Mr Matthew Jackson briefed the Meeting on DVA's new strategic research model for veterans' affairs, which adopts a more pro–active and collaborative approach and has now successfully shifted the strategic direction of its research programs to larger strategically focussed projects and increased research partnership opportunities.

The Transition and Wellbeing Research Programme is an example of how this new model works. The strategic research model supports more focused evidence based research in four domains:

- Longitudinal studies – looking at health outcomes in veteran populations over time
- Predictive modelling – using date to forecast trends and patterns in the veteran community
- Families – looking at health and wellbeing of families of veterans
- Interventions – assess the effectiveness of health related programs and services designed

DVA is actively engaged in a shared research agenda with the Department of Defence and is exploring research collaboration opportunities with other agencies such as the National Health and Medical Research Council, the Australian Institute of Health and Welfare and the Australian Institute of Family Studies.

DVA no longer conducts research funding rounds involving applications by researchers. New research procurement is through open or limited tender arrangements only. The strategic research model supports more focused evidence based research in the four domains.

9.1 Transition and Wellbeing Research Programme

The Transition and Wellbeing Research Programme is the largest and most comprehensive programme of study undertaken in Australia to examine the impact of military service on the mental, physical and social health of serving and ex–serving personnel and their families who have deployed to contemporary conflicts, and builds on the previous Defence research. For the first time, it includes a picture of mental health disorders in the initial years after transition from full time service. It also investigates how individuals previously diagnosed with a mental health disorder access care, how mental health issues change over time, the mental health status of reservist, as well as examining the experiences and needs of families of serving and ex–serving. This research programme is a collaborative effort between the DVA and the Department of Defence.

The Programme is a significant investment of almost $5m over 3 years and consists of the following three study components.

1. Mental Health and Wellbeing Transition Study, which targets both serving and ex–serving personnel to determine their mental, physical and social health status.

2. Impact of Combat Study, will comprehensively follow–up the mental, physical and neuro–cognitive health of personnel who deployed to the Middle East Area of Operations between 2010 and 2012.

3. Family Wellbeing Study, being conducted by the Australian Institute of Family Studies will investigate the impact of military service on the health and wellbeing of the families of serving and ex–serving personnel.

Research Team

The Centre for Traumatic Stress Studies, at the University of Adelaide, is the party to the head agreement and will support the programme overall. They will specifically lead the Transition Study and Combat Study components of the programme. The Family and Wellbeing Study will be led by the Australian Institute of Family Studies. The University of Adelaide will organise contractual arrangements with a range of consortium researchers to contribute to the programme from:

- University of Melbourne;
- University of New South Wales;
- Monash University;
- Young and Well Cooperative Research Centre; and
- Australian Institute of Family Studies.

Further information can be obtained from: http://health.adelaide.edu.au/population–health/ctss/research/transitionandwellbeingprogramme

9.2 New Mental Health Initiatives

A number of new mental health initiatives will be introduced from 1 July 2014, to strengthen access to DVA's mental health service system. These initiatives will provide the following.

- Greater access to the Veterans and Veterans Families Counselling Service (VVCS) for ex–serving members and their families. Newly eligible groups would include people with border protection service, service in a disaster zone either in Australia or overseas, service as a submariner, personnel involved in training accidents and members medically discharged. Access to VVCS counselling services will also be extended to their partners and dependent children;

- Greater access to existing arrangements whereby DVA will pay for mental health treatment for eligible veterans and peacetime members without the need to establish that their mental health condition is related to service. Currently, these arrangements cover diagnosed post traumatic stress disorder, anxiety, and depression. From 1 July 2014, DVA would also pay for treatment for diagnosed alcohol and substance use disorders, and an increased number of individuals with peacetime service will also become eligible; and

- A new physical and mental health assessment for ex–serving personnel from their GP, to be funded under Medicare. The assessment will help GPs diagnose and identify early any mental and physical health concerns and to treat or refer appropriately to other services.

10. PMHA COMMUNICATION

PMHA Communication is an ongoing Standing Item on the PMHA Agenda for discussion of issues related to the PMHA Newsletter and what other strategies might be used to promote the private sector.

In opening this agenda item the Chair welcomed Mr Gary Hanson and Ms Anna O'Mahony from the Australian Institute of Health and Welfare to the meeting.

10.1 Australian Institute of Health and Welfare (AIHW) Presentation

Mr Hanson provided a presentation on the role of the AIHW and its work in mental health. A brief summary of the presentation is set out below.

The AIHW is a major national agency established by the Australian Government under the AIHW Act to provide reliable, regular and relevant information and statistics on Australia's health and welfare. AIHW is an independent statutory authority established in 1987, governed by a management Board, and accountable to the Australian Parliament through the Health portfolio. AIHW aims to improve the health and wellbeing of Australians through better health and welfare information and statistics. The Institute collects and reports information on a wide range of topics and issues, ranging from health and welfare expenditure, hospitals, disease and injury, and mental health, to ageing, homelessness, disability and child protection. Governments and the community use the Institute's reports and data in discussing, debating, and making policy decisions on health, housing and community services matters.

AIHW was first established at the old Canberra Hospital with 50 staff and is now located in Bruce in the ACT with around 320 staff. Currently, there are 8 Business Groups. AIHW 2014–15 Budget of $50m – 30% comes from appropriation and 70% from fee–for–service activities. The AIHW has some 70 data collections across health and

welfare and look after 11 National Minimum Data Sets (NMDS). An NMDS is product of Federation where the states and territories and the Commonwealth have agreed to collect a minimum set of data elements for mandatory collection and reporting at a national level.

There are four NMDS in mental health that Mr Hanson's area looks after – the Admitted Patient collection for mental health, Community Mental Health Care, Mental Health Establishments, and Residential Mental Health Care. The AIHW also produces the Mental Health Services in Australia Report, which is now produced online rather than in hard copy. Also more recently the AIHW has assumed responsibility for a number of the Australian Government's mental health committees under the AHMAC structure, including the Mental health Information Strategy Standing Committee (MHISSC) and its associated National Mental Health Information Performance Sub-committee (NMHPSC) and the NMDS Sub-committee.

There is a similar schedule for palliative care information activities, which is much less developed in comparison to mental health in terms of information. More recently, there has been a schedule with the NMHC for data acquisition and analysis of data, which has assisted the Commission with its last two Report Cards on Mental Health. Currently, AIHW is assisting the Commission with its Review of Mental Health Programs and Services for the Federal Government.

AIHW may become part of the recently announced Health and Productivity Commission along with Australian Commission on Safety and Quality in Healthcare, IHPA, the National Health Performance Authority, the National Health Funding Body, and the National Health Funding Pool Administrator.

Digital Age

The AIHW has acknowledged the digital age and the range of media now available including hardcopy, smart phones, laptops and tablets. There are also now a range of different users to be catered for including:

- information consumers – the public, business and government analysts;
- prosumers – researchers, academics and subject matter experts; and
- information producers – statisticians.

To meet the needs of these users, the AIHW produce an *In Brief* hardcopy and online summary publication with the full document and HTML pages available from the AIHW website. As data becomes available it is published online. An associated data portal is also provided online with dynamic graphs and MS Excel spreadsheets.

AIHW's Mental Health Indicator Dashboard has been the result of a development process that was funded by Department of Health and guided by MHISSC, with technical oversight from NMHPSC. It uses SAS Visual Analytics to report on 13 of the 15 National Mental Health Services Key Performance Indicators (KPIs). For those KPIs currently available, users can customise charts according to consumer characteristics, geography, service type/level and year.

AIHW also reports on the Council of Australian Government's (COAG) National Healthcare Agreements (NHA) Mental Health Indicators;

17 Treatment rates for mental illness; and

25 Rate of community follow up within first seven days of discharge from a psychiatric admission.

Future work for the AIHW will involve building on its approach to the provision and analysis of information online. At present, work is underway for a rationalized single consolidated data request for data providers that will ensure consistency between publication of indicators and streamline data requests submitted to jurisdictions from national government agencies.

10.2 Improving measurement of the National Healthcare Agreement performance indicator #17: Treatment rates for mental illness

The PMHA has agreed, "in principle", to the AIHW request for the PMHA's CDMS to participate in the AIHW project to improve the measurement of the NHA Performance *Indicator #17: Treatment rates for mental illness*. Accordingly, the PMHA Chair wrote to AIHW and advised the following.

1. Notification that the AIHW request has been referred to National Committee of the Private Mental Health Consumer Carer Network (Australia) (PMHCCN–NC) for endorsement.

2. A request for the AIHW to provide a consumer friendly project brief for the PMHCCN–NC, and for the PMHA's other key stakeholders (principally clinicians), that includes an outline of confidentiality safeguards.

3. Advice that the PMHA's CDMS would not be able to supply the data requested until September 2014 and an explanation of the technical reasons for such a delay.

The AIHW responded and provided a copy of a project brief, which was considered at the meeting of the PMHCCN–NC held on 14/15 April 2014 in Melbourne.

The NC passed the following resolution.

> *That the National Committee (NC) of the Private Mental Health Consumer Carer Network (Australia) [Network] endorses the Private Mental Health Alliance assisting the Australian Institute of Health and Welfare (AIHW) with improving the measurement of the National Healthcare Agreement performance indicator #17: Treatment rates for mental illness. The NC approves the provision of the statistical linkage key (SLK581) to the AIHW, provided it does not include date of birth.*

Ms McMahon briefed the Meeting on the resolution and the concerns NC had over how date of birth and postcode would be handled. Mr Morris–Yates explained how the data provided to the AIHW by the CDMS will be encrypted at the hospital level. Mr Hanson explained how the AIHW will not be able to reverse engineer that encrypted data and identify an individual.

10.3 PMHA Newsletter

The Meeting then considered and approved the Seventeenth Edition of the PMHA Newsletter for release in June 2014.

RESOLVED (Chair) carried without dissent

That the Private Mental Health Alliance (PMHA) approves the Seventeenth Edition of the PMHA Newsletter for release in June.

Action: PMHA Director

11. OTHER BUSINESS

There was no other business.

12. NEXT MEETING

The Meeting noted the last meeting of the PMHA for 2014 will be held as follows.

PMHA Face–to–Face Meetings 2014			
Meeting	Time	Date	Venue
24th PMHA	8:00 AM – 2:00 PM	Friday, 7 November 2014	3rd Floor Conference Rooms AMA House 42 Macquarie Street Barton Australian Capital Territory

13. CLOSE

There being no further business, the Chair closed the Meeting at 2:00 PM.

Mr Philip Plummer
PMHA Independent Chair

Mr Phillip Taylor
Secretary