PMHA | PRIVATE MENTAL HEALTH ALLIANCE

TWENTY FIFTH (25TH) MEETING

HELD ON
FRIDAY, 27 MARCH 2015
AT
AMA HOUSE
42 MACQUARIE STREET
BARTON
AUSTRALIAN CAPITAL TERRITORY

REPORT OF MEETING

Glossary of some common acronyms and terms used in this report

ABF	Activity Based Funding
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 Deputy Chair of the Private Mental Health Alliance (PMHA or Alliance), Ms Moira Munro, opened the Twenty Fifth (25th) meeting of the PMHA (the Meeting) at 8:00 AM on Friday, 27 March 2015. The Meeting was held at the offices of the Federal AMA, 42 Macquarie Street, Barton in the Australian Capital Territory. Ms Munro had been asked to Chair this Meeting in the absence of the PMHA Independent Chair, Mr Philip Plummer, who was an apology. Ms Munro welcomed Members and Observers to the Meeting.

1.1 Present

Chair

1.	Ms Moira Munro	APHA (PMHA Deputy Chair)

Consumers and Carers

2.	Ms Janne McMahon	Consumer and Chair, Private Mental Health Consumer Carer Network (Australia) (Network)
3.	Mr Patrick Hardwick	Carer and Network Deputy Chair

Providers

4.	Professor Jeffrey Looi	AMA
5.	Dr Bill Pring	AMA
6.	Ms Carol Turnbull	APHA

Payers

7.	Ms Andrea Selleck	PHA (Chair, PHA Mental Health Committee)
8.	Ms Jan Williamson	Commonwealth Department of Health
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.	Mr Philip Plummer	PMHA Independent Chair (alternate Ms Munro)
2.	Ms Helen Eriksson	PHA

1.3 Changes in Representation

There were no changes in representation.

1.4 Observers

The following Observers were in attendance.

1.	Mr Howard Pickrell	Director, AMA Corporate Services
2.	Ms Cherie Roe	AMA Financial Controller
3.	Kim Werner	Network Governance and Policy Officer

The Meeting noted that Mr Pickrell was attending the Meeting on behalf of the AMA Secretary General, Anne Trimmer.

1.5 Invited Guests

There were no invited guests.

1.6 Adoption of Reports of PMHA Meetings

The Meeting considered and adopted the draft Report of Twenty Fourth PMHA Meeting held on 7 November 2014.

RESOLVED (Chair) carried without dissent

That the Private Mental Health Alliance (PMHA) approves, as a true and correct record, the Report of the Twenty Fourth PMHA Meeting, held on 7 November 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 Fourth PMHA Meeting had been incorporated into Agenda Item 1.7 Table of Progress on Matters Arising and, where necessary, under relevant agenda items.

1.7 Table of Progress and Matters Arising

The Meeting noted the Table of Progress on Matters Arising from the 24th PMHA Meeting as set out below.

ITEM #	24TH PMHA MEETING TABLE OF PROGRESS ON MATTERS ARISING	RESPONSIBILITY	STATUS
1.	PROCEDURAL MATTERS		
1.4	Post Report of 23rd PMHA Meeting on PMHA Website	PMHA Director	Done
	Draft and circulate Report of 24th PMHA Meeting for review by PMHA	PMHA Director	Done
	Revise Report of 24th PMHA Meeting based on feedback received and prepare final draft.	PMHA Director	Done
2.	PMHA WORKPLAN 2013–15		
2.1.6	Way Forward		
	Revise AMA Agreement/PMHA, CDMS, Network Budgets/Work Plans 2015–18	PMHA/CDMS Directors Ms McMahon	Done
	Prepare advice on mitigating against CDMS Director being unable to perform their role	CDMS Director	Done
	CDMS Work Plan 2015–18 to include provision of PMHA–PEx summary statistics in Payers SQRs for the period 1/7/ 2015 to 30/6/2016, due to be prepared and available in October 2016.	CDMS Director	Done
	Advise of additional requests to be included in PMHA, CDMS, Network Work Plans 2015–18	PMHA Members	Nil received
	Seek a meeting with the Minister for Health and the PMHA Executive	PMHA Chair/Director	26/03/2015
	Seek a meeting with relevant senior personnel within Commonwealth Department of Health	PMHA Director	13/02/2015
	Agenda Item 25th PMHA Meeting	PMHA Director	Done
3.	AMA FINANCIAL STATEMENTS		
	Agenda Item 25th PMHA Meeting	PMHA Director	Done
4.	NETWORK REPORT		
	Agenda Item 25th PMHA Meeting	PMHA Director	Done
5.	PMHA COLLABORATIVE CARE MODELS WORKING GROUP		
	Take wording for *Therapy Group Size* in the Guidelines for Determining Benefits for Health Insurance Purposes for Private Health Care (Guidelines) to the APHA Psychiatry Committee	Ms Munro	Done
6.	PMHA CENTRALISED DATA MANAGEMENT (CDMS) REPORT		
	Agenda Item 25th PMHA Meeting	CDMS/PMHA Directors	Done
6.2	Preparation of Standard Quarterly Reports (SQRs)		

#	24TH PMHA MEETING (CONTINUED) TABLE OF PROGRESS ON MATTERS ARISING	RESPONSIBILITY	STATUS
	Health Insurers to discuss the CDMS's proposed inclusion criteria for Hospitals that operate 'public' acute psychiatric units within which private patients may be admitted, or which operate such 'public' units alongside of other 'private' psychiatric units.	Ms Selleck/Ms Eriksson	Pending
6.6	Enabling internet–based access to CDMS Resources and SQRs		
	Take explanation for wording of Confidential Information back to Health Insurers	Ms Selleck/Ms Eriksson	Done
7.	ACTIVITY BASED FUNDING AND MENTAL HEALTH		
	Agenda Item 25th PMHA Meeting	PMHA Director	Done
8	DEPARTMENT OF VETERANS' AFFAIRS (DVA)		
	Agenda Item 25th PMHA Meeting	PMHA Director	Done
9.	MENTAL HEALTH DRUG AND ALCOHOL PRINCIPLE COMMITTEE (MHDAPC)		
	Agenda Items for 25th PMHA Meeting on MHDAPC's Mental Health Information Strategy Standing Committee (MHISSC) and its Safety and Quality Partnership Standing Committee (SQPSC).	PMHA Director	Done
9.1	SQPSC Report		
	Attend 14 November 2014 SQPSC meeting	Dr Pring	Done
9.2	MHISSC Report		
	Attend 19/20 March 2015 MHISSC meeting	Ms Munro	Done
10.	PMHA COMMUNICATION		
	Circulate 18th (Christmas Edition) of the PMHA Newsletter	PMHA Director	Done
	Agenda Item 25th PMHA Meeting	PMHA Director	Done
11.	OTHER BUSINESS		
	Agenda Item 25th PMHA Meeting	PMHA Director	Done
12.	NEXT MEETING		
	Organise 25th PMHA Meeting to be held on 27 March 2015 in Canberra	PMHA Director	Done
	Prepare and circulate Agenda and Papers for 25th PMHA Meeting	PMHA Director	Done

1.7.1 PMHA Collaborative Care Models Working Group

The last meeting of the PMHA requested that the following sentence, which appears under 7.1 Hospitals in the final draft of the 2015 Edition of the *Guidelines for Determining Benefits for Health Insurance Purposes for Private Mental Health Care* (Guidelines), be referred to the Australian Private Hospitals Association's Psychiatry Committee (APHA–PC).

> "***Therapy Group Size*** The ~~**maximum**~~ size of groups should not exceed 12 participants, unless additional facilitators are involved."

APHA–PC was asked to consider the position of Private Healthcare Australia (PHA) Mental Health Committee that the word "maximum" be retained.

APHA–PC subsequently agreed that the word 'maximum' should be retained.

This decision cleared the way for the Guidelines to be endorsed by the PMHA out–of–session on 1 March 2015.

The Guidelines were then forwarded to the Commonwealth Department of Health's Private Health Insurance (PHI) Branch, for it to promulgate.

1.7.2 Proposal for Standard Quarterly Reports

Ms Andrea Selleck reported that there has not yet been an opportunity to discuss with the Private Healthcare Australia's (PHA) Mental Health Committee (PHA–MHC) the CDMS proposal to include criteria for Hospitals that operate 'public' acute psychiatric units within which private patients may be admitted, or which operate such 'public' units alongside of other 'private' psychiatric units. Ms Selleck will ensure the CDMS proposal is discussed at the next meeting of the PHA–MHC and report back to the PMHA Director.

1.7.3 Meetings

The Chair reported on the meetings that had been held between the PMHA Executive and senior officials in the Commonwealth Department of Health on 12 February 2015 and with The Hon. Sussan Ley MP, Minister for Health on 26 March 2015. The purpose of both meetings was to provide briefings on the role of the PMHA and its CDMS in the private mental health sector. The PMHA Executive briefings were well received. While a Commonwealth commitment to this work going forward could not be provided, the importance of its continuity was acknowledged.

1.8 Financial Report

The Meeting discussed the AMA Statements of Income and Expenditure for the PMHA, its CDMS and the Network for the periods 1 July 2014 to 31 December 2014. It was noted that the format of these statements has been revised by the AMA for the current Financial Year (FY) in line with the changes requested by stakeholders to the Forward Estimates for FYs 2015–18 going forward. The new format holds stakeholder contributions constant and additional budget lines have now been included to show how additional income and any aggregated surpluses are to be spent.

There were no questions concerning the Statements.

RESOLVED (Chair) carried without dissent

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 2014 to 31 December 2014.

2. PMHA REPORT AND WORK PLAN 2013–15

The PMHA Work Plan 2013–15 (Work Plan) was developed to broadly guide the activities of the PMHA under the auspice of the funding agreement known as the *AMA Agreement for Services 2013–15* for the two financial years 1 July 2013 to 30 June 2015. The Work Plan is evaluated at each meeting of the PMHA and modified if necessary.

In accordance with that Work Plan, the PMHA is now coordinating some of the substantive tasks involved with the development the next *AMA Agreement for Services 2015–18* (AMA Agreement), its supporting budgets and work plans for the PMHA, its CDMS and the Network for the three FY period of 1 July 2015 to 30 June 2018.

At the last (24th) PMHA meeting, the first draft of the next AMA Agreement, it's supporting Forward Estimates and Work Plans for the PMHA and its CDMS were reviewed. At that time, a first draft of the Network Work Plan was yet to be developed.

The 24th PMHA meeting focussed on areas that needed to be addressed in the further development of the Agreement and the Forward Estimates and other matters relevant to the PMHA and CDMS work plans, as set out in detail in the report of that meeting, under Agenda Item 2. Since the 24th PMHA meeting, the AMA Agreement, Forward Estimates and work plans for the PMHA and its CDMS have been revised. The Network's National Committee has also met and developed its draft Work Plan for the Network.

To increase transparency for financial stakeholders on how decisions are made between meetings of the PMHA, a position for a PMHA Health Insurer representative has been created on the PMHA Executive and Ms Selleck has accepted that position.

The CDMS report for each face–to–face meeting of the PMHA has now been more closely aligned with the CDMS work plan to facilitate discussion of each task and any delays with agreed work plan deliverables.

2.1 AMA Agreement for Services 2015–18

The Chair then opened discussion of the latest draft of the *AMA Agreement for Services 2015–17* (AMA Agreement), which had been circulated with the agenda papers.

The Chair reported that, as requested by the 24th PMHA meeting, the CDMS Director, Mr Allen Morris–Yates, had given some thought to the issue of a lack of back up should he be unable to perform his role for whatever reason. Mr Morris–Yates prepared a detailed analysis of what might be able to be done to mediate some of that risk, at a feasible cost going forward. The PMHA Executive had an opportunity to consider this analysis on 12 February 2015, while in Canberra for a meeting with the Commonwealth. In doing so, it became very clear that it is the AMA that is required to address the situation should the CDMS Director be unable to perform their role. Under both the current and proposed services agreements, the AMA has a responsibility for ensuring the services are provided by the personnel with the appropriate skills, qualifications and experience (Clause 3 Specified Personnel). If the persons employed by the AMA as Director of the PMHA, or Director of CDMS, are unable to undertake the work, the AMA is required to provide replacement personnel acceptable to the Other Parties at no additional cost to those Parties. The PMHA Executive therefore advised the AMA of the situation and provided a copy of the analysis prepared by Mr Morris–Yates. Ms Munro also advised that the AMA and the CDMS Director have agreed to that the next AMA employment contract will include resignation and termination clauses that require three months notice.

Dr Bill Pring and A/P Jeff Looi reported that the AMA is currently examining the proposed AMA Agreement for FYs 2015–18. As Clause 3 currently stands there is the potential for considerable additional cost to the AMA in filling the position of Director of the CDMS. One of the clauses that the AMA will therefore want amended is sub clause 3.4 to ensure that costs of sourcing suitable replacement personnel for the CDMS is shared equally by those Parties who fund the CDMS (APHA, PHA and the Commonwealth).

Mr Howard Pickrell then explained the recent restructure of the Federal AMA that had taken place after the adoption of a new AMA Constitution in May 2014. Unlike the past, the negotiation of contractual arrangements for the next AMA Agreement including financial contribution, staffing, resources, risk indemnities and insurances, is now the responsibility of the new AMA Board and the AMA Secretary General, Anne Trimmer. Accordingly, the draft of next AMA Agreement has been referred to Anne who has undertaken to provide the AMA's proposed amendments to the stakeholders.

After discussion, it was agreed that the requirement in the draft AMA Agreement for the AMA to provide replacement personnel for the PMHA and CDMS Directors acceptable to the Other Parties at no additional cost to those Parties, is unreasonable. It was suggested that the AMA might wish to consider the following when it is revising the draft Agreement.

- Should the need arise to provide replacement personnel for the persons employed by the AMA as Director of the PMHA, or Director of CDMS, the AMA might wish to consider convening a meeting of all the relevant stakeholders to discuss and resolve the need to find replacement personnel and the costs involved.

- Any additional reasonable costs of sourcing suitable replacement personnel for the PMHA should be shared equally by those Parties who fund the PMHA (AMA, APHA, PHA and the Commonwealth Department of Health).

- Any additional reasonable costs of sourcing suitable replacement personnel for the CDMS should be shared equally by those Parties who fund the CDMS (APHA, PHA and the Commonwealth Department of Health).

The Meeting then agreed that all the other suggested amendments that have been marked up in the AMA Agreement to date could be supported by the PMHA with one additional amendment of the definition of **"Payers"** under Clause 1.1, recommended as follows.

> ***"Payers"*** *means those agencies that pay benefits, on a routine basis, for private psychiatric care (and being at the time of this Agreement, Health Insurers and the Commonwealth agencies);*

Mr Pickrell agreed to advise Anne Trimmer of the PMHA's views concerning the draft AMA Agreement.

RESOLVED (Chair) carried without dissent

That the Private Mental Health Alliance (PMHA) requests that the views of the 25th PMHA Meeting concerning the draft AMA Agreement for Services 2015–18 be referred to the AMA Secretary General for consideration.

Action: Mr Howard Pickrell

2.2 Forward Estimates FYs 2015–18

The Meeting then considered the latest draft of the Forward Estimates for the next two FYs from 1 July 2015 to 30 June 2017. The Meeting noted that the following had now been addressed in the Forward Estimates, as requested by stakeholders.

- The AMA has developed a new format whereby stakeholder contributions are held constant and additional budget lines have been included to show how additional income and any aggregated surpluses are to be spent. For example, the additional income that will be provided to the CDMS by the Independent Hospital Pricing Authority (IHPA) this FY now appears as an additional income line and then separate expenditure lines have been included to accommodate expenditure of the IHPA income in subsequent FYs. The overall objective of the new format is to demonstrate to stakeholders that their contributions will be constant year–on–year, with no substantive surplus at the end of each year.

- Salaries have been increased by 3%.

- All other relevant line items now include a 3% increase to accommodate for fluctuations in CPI.

The Meeting agreed that the Forward Estimates were now essentially ready for formal consideration by the AMA, APHA, PHA and the Commonwealth Department of Health, noting the Department will not be able confirm its commitment until after the Federal Government has had an opportunity to respond to the National Mental Health Commission (NMHC), Review of Mental Health Programs and Services and the May Federal Budget had been handed down.

Ms McMahon mentioned she is pursuing confirmation of donations toward the Network for FYs 2015–18 from the Royal Australian and New Zealand College of Psychiatrists and the Australian Psychological Society. If donations are not forthcoming, the Carer Project Funding and bank interest should adequately cover any shortfall.

2.3 Work Plans

Work Plans for the PMHA, its CDMS and the Network are developed based on the routine activities that are undertaken each year. Beyond that, the respective funders of these entities are able to request any additional requirements within the context of the limited resources and partnership funding available.

The Meeting then considered the draft *PMHA Work Plan 2018–15*, noting that the Work Plan for the PMHA's CDMS for 2015–18 will be discussed under Agenda Item 3 and the Network Work Plan for 2015–18 will be discussed under and the Agenda Item 4.

2.3.1 PMHA Work Plan 2015–18

The last meeting of the PMHA agreed that PMHA Members would forward any additional requirements to the PMHA Director by COB on Friday, 20 February 2015 for discussion at this Meeting. To date, no comments have been received.

Ms McMahon expressed concern over the need for a consumer and carer focus to be better reflected in the PMHA Work Plan. After discussion, it was agreed that a short

preamble to the Work Plan should be developed from existing source documents such as the PMHA Operating Guidelines 2013–15, which clearly acknowledge the importance of consumer and carer participation.

2.3.2 Timeline

The PMHA has agreed that the following timeline might best facilitate amendments to the AMA Agreement and Work Plans of the PMHA, its CDMS and the Network.

By Friday, 10 April all relevant documents should be amended and circulated to the Members of the PMHA for their review and approval out–of–session for formal release to the Parties to the next AMA Agreement (AMA, APHA, PHA and Commonwealth).

On Friday, 24 April, the final draft versions of the AMA Agreement, Forward Estimates and Work Plans covering FYs 2015–18, will then be formally circulated to both PMHA Members and the Liaison Officers for AMA, APHA, PHA and the Commonwealth. It is at this stage that these documents should be taken to the respective senior levels within those organisations for consideration and hopefully approval by 5 June 2015. That deadline provides a couple of weeks before the end of June, should there be any problems that need to be resolved.

3. PMHA CENTRALISED DATA MANAGEMENT SERVICE (CDMS) REPORT AND WORK PLAN 2013–15

The PMHA's Centralised Data Management Service (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 PMHA's CDMS works with private hospitals and Payers 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 now includes the following.

- Independent Hospitals Pricing Authority (IHPA) Mental Health Costing Study
- Ongoing core tasks, which includes the preparation of Standard Quarterly Reports (SQRs) and the provision of support for participating Hospitals.
- Implementation of the PMHA–PEx measure reporting process.
- Enable internet–based access to CDMS Resources and SQRs.
- Upgrade the Hospitals Standardised Measures database application (HSMdb).
- Enhancements to all SQRs.
- Development of a CDMS Work Plan for 2015–18

At the invitation of the Chair, the CDMS Director, Mr Allen Morris–Yates, reported on the following.

3.1 Independent Hospitals Pricing Authority Mental Health Costing Study

In December 2012, the Independent Hospital Pricing Authority (IHPA) decided that a new mental health classification would be developed for mental health services in Australia for the purposes of Activity Based Funding (ABF). IHPA recognised that the Australian Refined Diagnosis Related Groups (AR–DRGs) was not the ideal classification in the longer term for mental health services, primarily because diagnosis is not as strong a driver of resource utilisation for mental health services, as it is in other acute services. The development of the Australian Mental Health Care Classification (AMHCC) was foreshadowed in successive Pricing Frameworks and Three Year Data Plans, as well as through the IHPA Jurisdictional Advisory Committee and IHPA's Mental Health Working Group (MHWG).

It is intended that the development of the AMHCC will significantly improve the clinical meaningfulness of the classification leading to an improvement in the cost predictiveness and will support the new models of care being implemented in all states and territories. The steps involved in designing the AMHCC include the following.

1. Definition of services
2. Identification of cost drivers
3. Patient level costing study
4. Development of the classification system and associated infrastructure (data set specifications, grouping software, etc.);
5. Ongoing activity and cost data collection

To date, IHPA has completed steps one and two. Step three is currently being undertaken and will be completed in April 2015. Step four is also underway.

The PMHA Deputy Chair, Ms Moira Munro, is the APHA's representative on both the IHPA Mental Health Working Group (MHWG) and its Mental Health Costing Steering Committee. The PMHA's CDMS Director, Mr Morris–Yates is Ms Munro's alternate.

On 12 February 2014, IHPA engaged HealthConsult to undertake a Mental Health National Costing Study (MHNCS) to inform the development of the Australian Mental Health Care Classification (AMHCC). The MHNCS is being undertaken at a sample of Australian public hospitals, community mental health services and at a minimum of three private hospitals. The four private hospitals that are participating in the MHNCS are set out below.

(1) St John of God Pinelodge in Victoria
(2) St John of God Richmond in New South Wales
(3) Toowong Private Hospital in Queensland
(4) Perth Clinic in Western Australia

In order to facilitate participation in the MHNCS, the PMHA advised IHPA that the HSMdb could be modified to enable the collection of all components of the Mental Health Costing Study Data Request Specification. Accordingly, an agreement between

IHPA and the AMA was executed on 19 August 2014 for IHPA to provide $55,000 funding for the AMA to engage the Director of the CDMS to undertake the following.

- Modify the HSMdb and templates for standard data collection for the Mental Health Costing Study.
- Develop forms and detailed Training Manuals and User Guides for clinical and administrative staff.
- Distribution of the above software and other materials to the private hospitals participating in the Mental Health Costing Study.

All participating private hospitals have now completed the data collection phase of the study. During February the CDMS Director assisted the hospitals listed above with cleaning the data in preparation for submission and finalised the data extraction functions within HSMdb to enable the data to be forwarded to IHPA in February 2015.

In her capacity as the Chief Executive Officer of Perth Clinic, Ms Munro reported on the daunting volume of work and substantive costs that were involved for Perth Clinic in participating in the MHNCS.

A general discussion of the issues emerging from the MHNCS and AMHCC followed. Ms Munro reported on some of the issues that have developed around the data request specifications for the Activity Based Funding Mental Health Care Data Set Specifications 2015–16 (ABF MHC DSS 2015–16), developed by IHPA in 2014. The ABF MHC DSS 2015–16 was presented at the National Health Information Standards and Statistics Committee (NHISSC) in October 2014. At the October meeting, NHISSC members elected to not approve the ABF MHC DSS 2015–16 as a Health Standard on METeOR given the concerns of the Australian Government's Mental Health Information Strategy Standing Committee (MHISSC) with the DSS. The ABF MHC DSS 2015–16 has since, however, been registered on METeOR as an IHPA Standard data set specification. The collection of data is on a best efforts basis. IHPA is now commencing the review of all data set specifications for 2016–17 and inviting a range of stakeholders to provide submissions to aid in this review. IHPA is also currently working through the following issues that were raised by MHISSC in 2014.

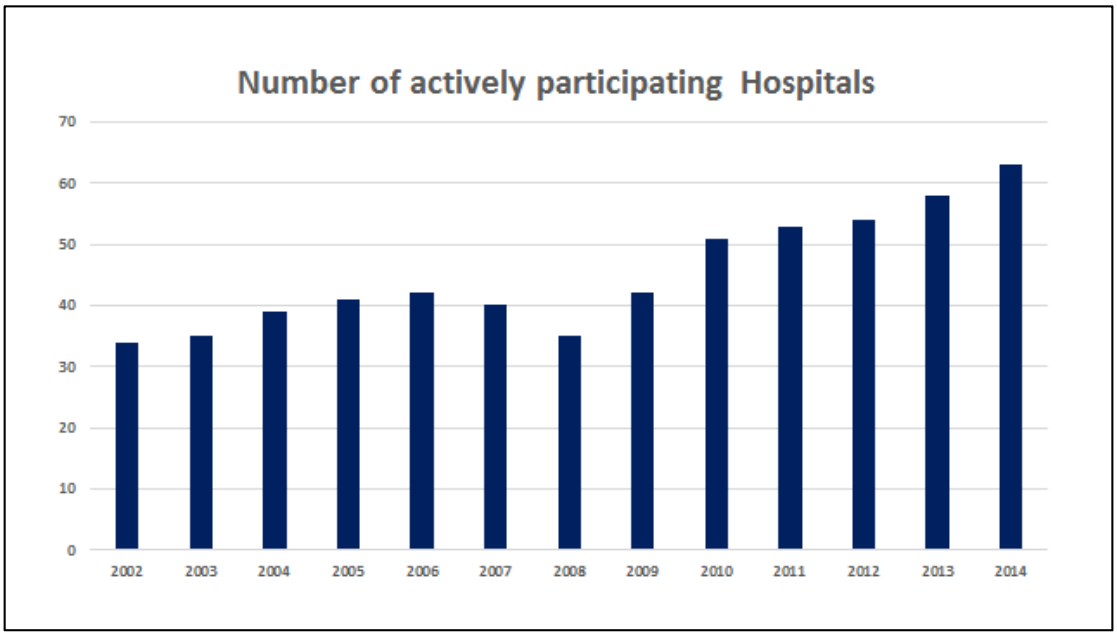
- Concerns about the scope of the proposed DSS
- Integrity of the data model/ Data collection and validation challenges
- Concerns regarding collection of certain outcome measurements
- Feasibility of unique patient identification number (ID) between data collections/implementation using existing jurisdictional mental health information system**s**

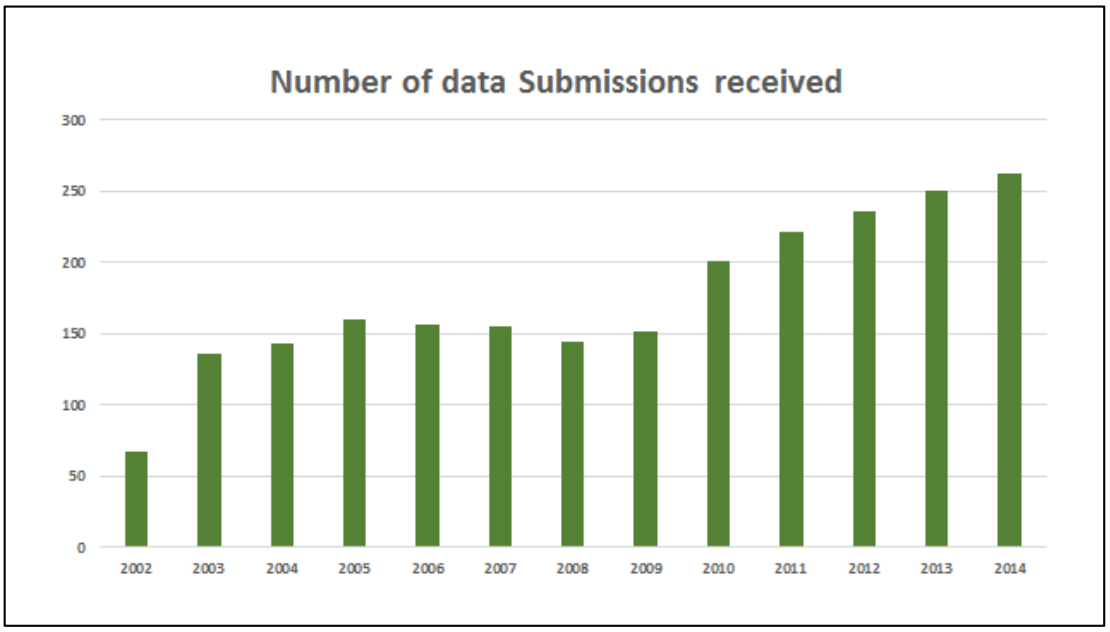
MHISSC has also agreed to provide a submission to IHPA on areas of potential review for the development of the ABF MHC DSS 2016–17.

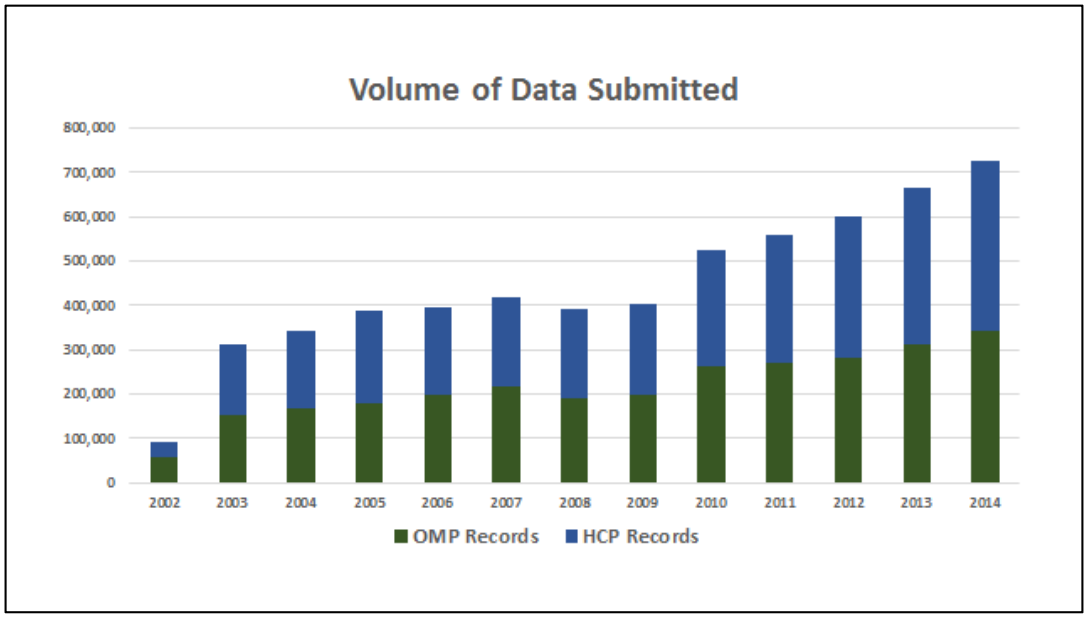
3.2 Ongoing core tasks, which includes the preparation of Standard Quarterly Reports (SQRs) and the provision of support for participating Hospitals

Production of SQRs was delayed while the work for IHPA was being completed by the CDMS. SQRs for the period ending 30 September 2014 were therefore distributed in the first two weeks of March 2015.

Mr Morris–Yates then provided a presentation on the nature of the change in the CDMS Workload over time as set out below.



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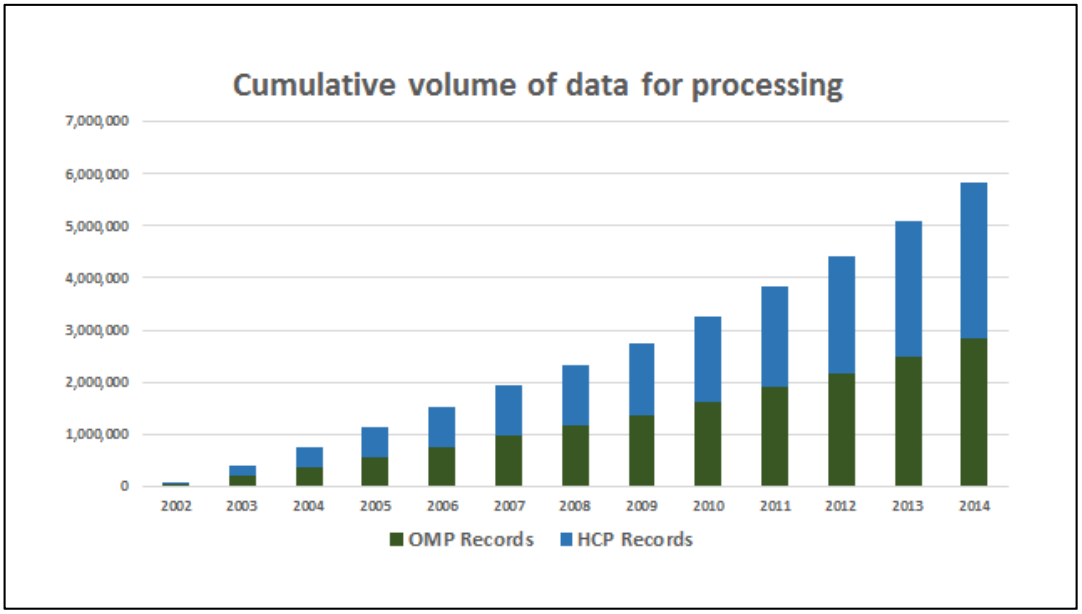
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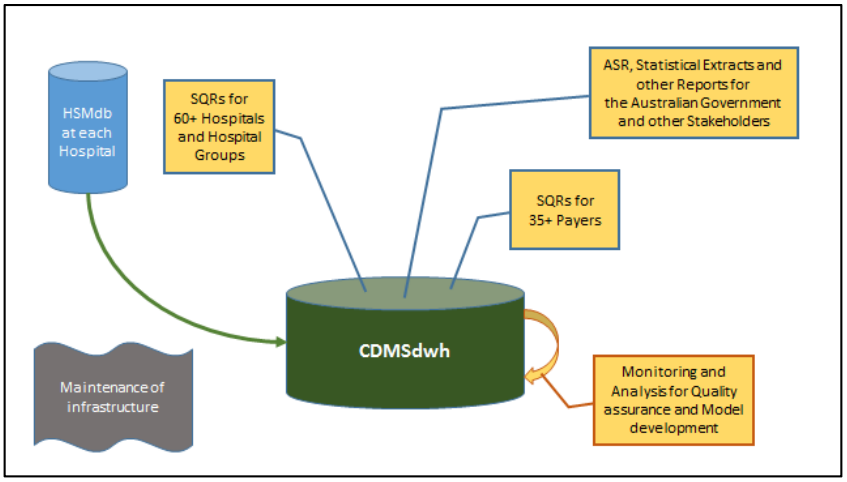
HCP Records


HSMdb at each Hospital
SQRs for 60+ Hospitals and Hospital Groups
ASR, Statistical Extracts and other Reports for the Australian Government and other Stakeholders
SQRs for 35+ Payers
CDMSdwh
Maintenance of infrastructure
Monitoring and Analysis for Quality assurance and Model development

The Meeting considered that the improvement in data submission rates by participating Hospitals over time was remarkable. Some facilities in particular are outstanding contributors and it was felt they should be receiving some form of acknowledgement. Ms Munro and Ms Turnbull will discuss this with the APHA Psychiatry Committee.

RESOLVED (Chair) carried without dissent

That the Private Mental Health Alliance (PMHA) requests that the APHA Psychiatry Committee consider whether some form of acknowledgement should be provided to those private hospitals with psychiatric beds participating in the PMHA's Centralised Data Management Service who achieve consistently outstanding outcome measure collection rates.

Action: Ms Munro/Ms Turnbull

3.3 Implementation of the PMHA–PEx measure reporting process

Since the last meeting of the PMHA, no further work has been undertaken on the PEx reporting process.

3.4 Enabling internet–based access to CDMS Resources and SQRs

The CDMS Director has worked closely with the PMHA web site developers, The Digital Embassy, to complete work on the secure access functions on the PMHA website. Mr Morris–Yates demonstrated these functions to the Meeting and outlined a few remaining problems that will be resolved before the end of June.

The AMA contract to facilitate internet–based access for Hospitals and Payers to the secure areas of the PMHA website titled, *AMA Private Mental Health Alliance Website Access Agreement* (AMA Access Agreement), was discussed. Ms Selleck reported that, while not all Health Insurers will take up the option of internet–based access, the AMA Access Agreement will facilitate such entry for those who do. There was consensus that three year term of the next AMA Agreement, provided sufficient time for uptake by Hospitals and Payers.

3.5 Upgrade the Hospitals Standardised Measures database application (HSMdb)

Since the initiation of the IHPA MHNCS all work on HSMdb has focussed on enabling the collection and extraction of the data required for that study. No further work on the upgrade of HSMdb has been undertaken.

Mr Morris–Yates then provided a presentation on the cumulative volume of data for processing, which is now approaching 6,000,000 records (refer to the data detailed under Agenda Item 3.2 above). Mr Morris–Yates explained in detail the complexities involved in processing this volume of data and the limitations of both current software and server hardware. Addressing this situation is a substantive part of the CDMS Work Plan for 2015–18 that must be a priority between 1 July 2015 to 30 June 2016.

3.6 Enhancements to all SQRs

Over the past 8 months, work on the data warehouse reporting functions has focussed on: (1) preparing reports for the National Mental Health Commission and the AIHW, and; (2) rebuilding the data linkage functions. The need for the latter work has been highlighted by recent experience with both those hospitals participating in the MHNCS and also other hospitals now working on improving their collection of outcomes data in the Ambulatory Care service setting.

3.7 CDMS Work Plan for 2015–18

The draft CDMS Work Plan for FYs 2015–2018 currently includes the following.

- Preparation of Standard Quarterly Reports (SQRs) and other reports including Annual Statistical Reports (ASRs), and requests for ad–hoc Reports approved by the PMHA.

- Upgrade and revision of the HSMdb database application software to MS Access 2010 for distribution to all participating Hospitals by June 2016.

- Complete and implement previously agreed changes and enhancements to SQRs. These are detailed in the document titled *Framework for the creation of Standard Reports for Hospitals and Payers (Version 3.0, October 2010)*, under the sections titles *Content of formatted SQRs for Hospitals* (beginning on page 40 of the document) and *Content of formatted SQRS for Payers*" (beginning on page 46 of the document). This will involve the completion of the re–development of the four components of the CDMS data warehouse (entity management, data submission and processing, analysis and reporting, and documentation of processes for alternate administrators). The principle focus of the work will be on the following two tasks:

  - Refactor data processing functions: (1) OMP and HCP linkage; (2) episode assembly; (3) Calculation of data cubes with aggregate statistics.

  - Redesign reports in accordance with previously agreed requirements, particularly those directed to reporting on Ambulatory Care, with a strong focus on providing summary statistics in an easy to digest format.

- Undertake further development of the National Model, with a focus on two key issues:

  - Inclusion of selected PEx statistics in SQRs for Payers

  - Identification of effective programs.

- Administration and maintenance of the CDMS infrastructure and PMHA website, including the equipment maintained at the CDMS Dale Road office and in the Adelaide CBD.

- Ongoing support for Hospitals with their implementation of the *National Model for the Collection and Analysis of a Minimum Data Set with Outcome Measures* and the local processing and submission of data to the CDMS.

- Training for new hospitals as required.

- Attendance at PMHA and other relevant meetings.

3.7.1 Discussion

Discussion focussed on the area of the draft CDMS Work Plan that involves the further development of the National Model, in relation to the task listed as, *identification of effective programs*, and how that might be done. Ms Selleck mentioned that this was first raised at the 8 March 2013 meeting of the PMHA. At that meeting, it was agreed to include in the CDMS Work Plan for FY 2014–15, the development of a proposal for consideration by the PMHA for additional work in two specific areas.

(1) The classification of cases, beyond the current principle diagnosis classification used by the CDMS, which does not account for complexity.

(2) How we identify Hospitals that are performing well in terms of clinical outcomes, which is central to the work of the CDMS.

The development of the proposal did not proceed, however, because of the involvement of the CDMS in the IHPA's MHNCS. It was thought that the outcome of that involvement would mean that the CDMS would have the classification component *(1)* of the answer to the question – how do you identify effective care? This would help to progress *(2)*, which relates to research into the identification of high–quality programs, and how we classify cases. Unfortunately, that anticipated result has not been achieved, but the MHNCS may still come close to delivering a useful classification for use in the ambulatory setting. However, the MHNCS has made it very clear that the classification of interventions is a very difficult and unresolved issue.

After discussions, it was agreed that the CDMS Work Plan should include the development of criteria and indicators to enable the identification of effective clinical programs, that is, of effective models or types of hospital–based care.

Beyond that work, the wider issue of research and access to the CDMS data was discussed. It was agreed that the PMHA Work Plan for 2015–16 should include the establishment of a working group to explore how to facilitate research using the CDMS data, with a particular focus on the important contribution the private sector is making in mental health.

It was also agreed that the CDMS Work Plan 2015–18 should include some further detail and clear time lines for completion of the tasks involved.

RESOLVED (Chair) carried without dissent

1. *That the Private Mental Health Alliance (PMHA) requests that the PMHA's Centralised Data Management Service (CDMS) Work Plan for Financial Year 2015–16 include the development of criteria and indicators to enable the identification of effective clinical programs, that is, of effective models or types of hospital–based care.*

Action: CDMS Director

2. *That the PMHA requests that the PMHA Work Plan for Financial Years 2015–16 include the establishment of a working group to explore how to facilitate research using the CDMS data, with a particular focus on the important contribution the private sector is making in mental health.*

Action: PMHA Director

3. *That the PMHA requests that the CDMS Work Plan for Financial Years 2015–18 include further detail and clear time lines for completion of the tasks involved.*

Action: CDMS Director

4. PRIVATE MENTAL HEALTH CONSUMER CARER NETWORK REPORT AND WORKPLAN 2013-15

The Private Mental Health Consumer Carer Network (Australia), or *Network* as it is commonly known, was established in 2002 to promote the interests of members of the community who receive treatment and care from private mental health services, and their carers. The activities of the Network are largely facilitated by the Network's Executive and it's National Committee (NC). The Network's NC 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 Multicultural Adviser	Mr Evan Bichara
5.	Network Coordinator Queensland	Mr Norm Wotherspoon
6.	Network Coordinator New South Wales	Ms Simone Allan
7.	Network Coordinator Australian Capital Territory	Ms Judy Bentley
8.	Network Coordinator Victoria	Ms De Backman–Hoyle
9.	Network Coordinator South Australia	A/P Sharon Lawn
10.	Network Coordinator Western Australia	Mr Hardwick
11.	Network Coordinator Tasmania	Mr Darren Jiggins
12.	PMHA Independent Chair (Observer)	Mr Philip Plummer
13.	PMHA Director (Observer Meeting Secretary)	Mr Phillip Taylor

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 first draft of the unendorsed report of the last meeting of the Network's NC held in Canberra on 12/13 March 2015, together with the first draft of the Network's work plan for FYs 2015–18.

The Network Chair, Ms Janne McMahon and Deputy Chair, Mr Patrick Hardwick, briefed the PMHA on the following developments and activities.

4.1 Network Governance

Mr Darren Jiggins has been appointed Network Coordinator for Tasmania.

Ms De Backman–Hoyle has accepted appointment as the Network Coordinator for Victoria following the appointment of the previous Victorian Coordinator, Mr Evan Bichara, as the Network's Multicultural Adviser.

4.2 Carer Project

The national Carer Project to determine a best practice for carer engagement model is underway with Consortium funding of $200,000 from Arafmi WA and Mind Australia. The AMA Secretary General, Anne Trimmer, assisted pro bono with the drafting of some of the final wording for the agreements that needed to be in place to enable the Carer Project to proceed. Ms McMahon is the Project Manager and Ms Judy Hardy is the Project Officer.

Stage One of the Project involves the development of core principles on best practice for working with carers of people with a mental illness and psychosocial disability. These Core Principles will then form the foundation for Stage Two of the Project, which involves the development of *Practical Guide for Working with Carers of People with a Mental Illness in Australia* (hereafter Guide). This is an exciting Project for the Network and it consolidates our sincere commitment toward mental health carers. A range of possible uses for the Guide are being considered including the suggestion of an 'app' for use on electronic devices and other online possibilities.

The Meeting discussed with Ms McMahon the complexities and costs involved with developing and maintaining apps. Mr Matthew Jackson agreed to provide Ms McMahon with the contact details of the developers of the DVA mental health apps. A discussion with the developers would provide some insight into the costs and complexities involved.

There is potential for the Network taking part with another organisations in a national mental health carer survey project.

4.3 Online Resources

The Network is developing a series of on–line resources for consumer and carer workers/advocates, which NC Members are currently reviewing.

4.4 Network Survey of Private Patients in Public Hospitals

The Network Survey of it members who have private health insurance and who are admitted to a public mental health facility has been completed. Of the 800 or so Network Members, 27 entered the survey site and 25 of those went on to complete the survey questions. While the response rate is too low to draw any conclusions, the survey did provide some information that should be of interest to health insurers and psychiatrists. Associate Professor (A/P) Sharon Lawn is preparing an appropriate internal report on the survey results for provision to health insurers, psychiatrists and the Private Health Insurance Ombudsmen.

4.5 Borderline Personality Disorder (BPD)

A/P Lawn has had her papers, based on the Network's BPD Consumer Survey data and BPD Carer Survey data, accepted for publication in the *Journal for Psychiatric and Mental Health Nursing*.

4.6 National Disability Insurance Scheme (NDIS)

Carers Australia, through Mental Health Australia, are preparing a paper on Carers and the NDIS, which the network will contribute to. Essentially, Tier 3 of the NDIS is appearing to work well for mental health, but Tier 2 has now disappeared and has been replaced by ILC – Information Linkages and Capacity building. Under ILC, there is very little individualised funding and what funding is available is going to organisations to provide support. Unfortunately, very good existing programs, such as Partners in Recovery, are being rolled into the NDIS.

4.7 Network Work Plan 2015–18

The final version of the draft Network Work Plan 2015–18, will be provided to the PMHA Director for circulation to the Members of the PMHA on Friday, 10 April 2015 for their review and approval out–of–session.

5. ACTIVITY BASED FUNDING AND MENTAL HEALTH

Refer to Agenda Item 3.1.

6. 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 Safety and Quality Partnership Standing Committee (SQPSC) and its Mental Health Information Strategy Standing Committee (MHISSC). The PMHA is represented on MHISSC by the PMHA Deputy Chair, Ms Moira Munro and on the SQPSC by Dr Bill Pring.

MHDAPC met on 12 November 2014 and again on 6 February 2015 to progress its work plan. Some of the key activities on the agenda for these meetings were:

- NDIS and Mental Health

- Aboriginal and Torres Strait Islander mental health
- National Drug Strategy 2010 – 2015

6.1 MHISSC Report

MHISSC provides expert technical advice and recommendations on initiatives to address the information requirements for MHDAPC.

PMHA noted a copy of the minutes of the MHISSC meeting held on 16/17 October 2014 in Melbourne and the draft agenda for the last MHISSC meeting held on 19/20 March 2015 in Sydney. Ms Munro attended the October 2014 and March 2015 MHISSC meetings. The March meeting and all future MHISSC meetings will involve a half day workshop and then a full meeting of MHISSC the next day with standard reports, such as the PMHA Report to MHISSC, to be noted rather than discussed. Some of the activities currently being progressed by MHISSC include the following.

- National Community Managed Organisation (CMO) Outcome Measurement Project
- National Mental Health Indicators
- Carer Experience of Service Provision Measure
- IPHA and ABF MHC DSS (refer to Agenda Item 3.1 above)

The PMHA noted that the Carer Experience of Service Provision Measure is gradually being rolled out across the public sector and that the AIHW has now published the correct data on private hospital–based ambulatory psychiatric services on its Mental Health Services in Australia website, using data from the PMHA's CDMS.

6.2 SQPSC Report

The SQPSC is responsible for taking the Australian Government mental health safety and quality agenda forward.

PMHA noted a copy of the minutes of the SQPSC meeting held on 14 November 2014 in Melbourne and the draft agenda for the last SQPSC meeting held on 13 March 2015 in Sydney. The PMHA Representative on the SQPSC, Dr Bill Pring, attended the November 2014 meeting and the 13 March 2015 meeting. Dr Pring briefed the Meeting on some of the activities of the SQPSC in relation to the following.

- Seclusion and Restraint Reduction in Mental Health Services. Reporting on seclusion in New Zealand has resulted in a 29% reduction. SQPSC work in this area is also looking at chemical restraint, which is proving quite challenging. There is tension between the public perception of what ought to be defined and measured as chemical restraint, what is possible to measure with any degree of accuracy and clinical opinion of what may be evidence based practice in certain circumstances. Chemical restraint has been included for discussion at the 10th National Seclusion and Restraint Reduction Forum to be held in May 2015.

- NDIS. Mr Bruce Smith, Branch Manager, Design Policy and Legislation, NDIS Group Department of Social Services, provided a presentation on the quality and safety within the NDIS and how that would apply in mental health. A consultation paper on the proposal for an NDIS Quality and Safeguarding framework has been circulated for comment by 30 April 2015.

- Work is being undertaken by the Australian Commission on Safety and Quality in Health Care including recognising and responding to deterioration in mental state, medication safety and the intersection of the National Safety and Quality Health Service Standards with the National Standards for Mental Health Services and variation in prescribing in medical practice. Dr Pring will attend the roundtable in Sydney on Friday 15 May 2015, to discuss issues identified in the Scoping Review of Medication Safety in Mental Health.

- Physical Health Care in Mental Health has been included in the SQPSC Work Plan as a high priority.

7. DEPARTMENT OF VETERANS' AFFAIRS (DVA)

Mr Matthew Jackson briefed the Meeting on the following.

- The Senate is now conducting an Inquiry into the mental health of returned service personnel of the Australian Defence Force (ADF).

- On 9 April 2015 DVA will be holding a session with the Australian Centre for Post Traumatic Mental Health and private hospitals providers to discuss the process of submissions of proposals for outpatient proposals. There will be an estimated 65 participants across 10 video locations.

- DVA is developing a tender on alcohol and drug services in the community and residential sector outside hospitals.

8. 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.

The Meeting noted the last (Eighteenth) Edition of the PMHA Newsletter was released in December 2014. The next Edition is due for release in May. Ms McMahon agreed to prepare an article on the Carer Project for that Edition.

RESOLVED (Chair) carried without dissent

That the Private Mental Health Alliance (PMHA) leaves the development of the Nineteenth Edition of the PMHA Newsletter in the hands of the PMHA Director.

Action: PMHA Director

9. OTHER BUSINESS

Under this item, Hospital representatives reported that there are an increasing number of people arriving at private psychiatric hospitals only to discover that they are on a restricted health insurance benefit policy, which then precludes them from being admitted. Increasingly health insurers appear to be offering only one policy in their suite of policies that has full cover for mental health.

In discussing this situation, the Meeting acknowledged that it is ultimately the responsibility of the individual to ensure that they understand any insurance cover they purchase. The Meeting also felt, however, that very clear communication around the importance of cover for mental health is critical for consumers and their carers, as a mental illness can occur at any time during the lifespan. It was agreed that this matter will be discussed with the Independent Chair of the PMHA concerning the best way to approach this concern.

10. NEXT MEETING

The Meeting confirmed that the next meeting of the PMHA will be held as follows.

PMHA Face–to–Face Meetings 2015			
Meeting	Time	Date	Venue
26th PMHA	8:00 AM – 2:00 PM	Friday, 12 June 2015	3rd Floor Conference Rooms AMA House 42 Macquarie Street Barton Australian Capital Territory

11. 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