PMHA | PRIVATE MENTAL HEALTH ALLIANCE

EIGHTH MEETING

HELD ON

FRIDAY, 22 MAY 2009

AT

ADELAIDE CLINIC
33 PARK TERRACE
GILBARTON
SOUTH AUSTRALIA

REPORT AND RESOLUTIONS

Glossary of Acronyms and Terms
used in this Report

AHIA	Australian Health Insurance Association
AHMAC	Australian Health Ministers Advisory Council
AMA	Australian Medical Association
APHA	Australian Private Hospitals Association
APS	Australian Psychological Society
CPoC	Consumer Perceptions of Care Project
DoHA	Australian Government Department of Health and Ageing
HCP	Hospital Casemix Protocol
Health Insurer(s)	Private Health Insurers that pay benefits for psychiatric care
Hospital(s)	Private Hospital(s) with psychiatric beds
MHSC	Mental Health Standing Committee of the AHMAC Health Priorities Principal Committee
MHISS	Mental Health Information Strategy Sub–committee of the MHSC
Network	Private Mental Health Consumer Carer Network (Australia)
PMHA	Private Mental Health Alliance
PMHA–CCMWG	PMHA Collaborative Care Models Working Group
PMHA–CDMS	PMHA–Centralised Data Management Service
PMHA–CDMS MC	PMHA–CDMS Management Committee
SQPS	Safety and Quality Partnership Sub–committee of the MHSC

1. OPENING AND WELCOME

In the absence of the Private Mental Health Alliance (PMHA), Independent Chair, Mr Philip Plummer on leave and overseas, the PMHA Deputy Chair, Ms Moira Munro, opened the Eighth (8th) Meeting of the PMHA (the Meeting) at 10:00 AM on Friday, 22 May 2009.

The Meeting was held at the Adelaide Clinic, 33 Park Terrace, Gilberton, in South Australia.

The following representatives were in attendance.

1.	Ms Moira Munro	Chair and proxy for Mr Phillip Plummer
2.	Ms Janne McMahon	PMHA Consumer Representative
3.	Dr Choong–Siew Yong	AMA
4.	Dr Bill Pring	AMA
5.	Ms Carole Turnbull	APHA
6.	Ms Helen Eriksson	AHIA
7.	Mr Greg Kovacs	AHIA
8.	Ms Robyn Milthorpe	DoHA Mental Health Reform Branch
9.	Mr Peter Callanan	DoHA Private Health Insurance Branch
10.	Mr Allen Morris–Yates	PMHA–CDMS Director
11.	Phillip Taylor	PMHA Director (Secretary)

1.1 Apologies and changes in representation

1.	Mr Phillip Plummer	PMHA Independent Chair
2.	Ms Christine Gee	APHA and proxy for Ms Munro
3.	Ms Ruth Carson	PMHA Carer Representative

2. Report of the last (Seventh) PMHA Meeting

The PMHA adopted the report of its last meeting.

Resolved (unanimous)

1. *That the Private Mental Health Alliance (PMHA) adopts the Report of the Seventh PMHA Meeting, held on 13 February 2009 in Adelaide, as a true and accurate record of proceedings.*

2. *That the PMHA directs that the Report of the Seventh PMHA Meeting be made available on the PMHA website at: www.pmha.com.au.*

Action: PMHA Director

3. PROGRESS REPORT ON MATTERS ARISING

The Meeting updated the following Table of Progress on actions arising from the 7th PMHA Meeting.

TABLE OF PROGRESS	RESPONSIBILITY	STATUS
Agenda Item 2: PMHA Meeting Reports		
Post Report of 6th PMHA Meeting and PMHA Workshop on PMHA Website	PMHA Director	Done
Draft and circulate for comment Report of 7th PMHA Meeting held on 13 February 2009	PMHA Director	Done
Revise Report of 7th PMHA Meeting and prepare final	PMHA Director	Done
Agenda Item 8th PMHA Meeting	PMHA Director	Done
Agenda Item 4: AMA Financial Statements		
Agenda Item 8th PMHA Meeting	PMHA Director	Done
Agenda Item 5: PMHA–CDMS Management Committee		
Agenda Item 8th PMHA Meeting	PMHA Director	Done
Agenda Item 6: Collaborative Care Models Working Group (CCMWG)		
Refer Revision of Guidelines for Determining Benefits to CCMWG	PMHA Director	Done
Agenda Item 8th PMHA Meeting	PMHA Director	Done
Agenda Item 7: Private Mental health Consumer Carer Network (Australia)		
Agenda Item 8th PMHA Meeting	PMHA Director	Done
Agenda Item 8: Mental Health Standing Committee		
Agenda Item 8th PMHA Meeting	PMHA Director	Done
Agenda Item 8.1: National Mental Health Policy and Fourth National Mental Health Plan		
Dr Bill Pring and Ms Carol Turnbull to attend Reference Group Meeting 31 March 2009	Dr Pring/Ms Turnbull	Done
Agenda Item 8.2: National Comorbidity Collaboration (NCC)		
Advise MHSC again that the PMHA Nominee to NCC is Ms Carole Turnbull	PMHA Director	Done
Agenda Item 8.3: National Perinatal Depression Initiative (NPDI)		
Advise MHSC again that the PMHA Nominee to the NPDI is Dr Choong–Siew Yong	PMHA Director	Done
Agenda Item 8.9: Global Linkages		
DoHA to obtain further information for PMHA	Ms Milthorpe	Done
Agenda Item 9: Draft AMA Agreement for Service 2009–2012 (AMA Agreement)		
Circulate AMA Agreement showing changes, together with work plans for PMHA/CDMS/ Network	PMHA Director	Done
Agenda Item 8th PMHA Meeting	PMHA Director	Done
Agenda Item 10: KPMG Evaluation of the Better Access Initiative		
Circulate a copy of the report of meeting to KPMG (Mr Rendalls and Mr Dempster)	PMHA Director	Done
Agenda Item 11.1 PMHA Newsletter		
Draft Second Edition of Newsletter for circulation to PMHA for comment prior to publication	PMHA Director/PMHA	Done
Circulate Fact Sheet to PMHA for discussion with their constituencies & at 8th PMHA Meeting	PMHA Director/PMHA	Done
Agenda Item 8th PMHA Meeting	PMHA Director	Done
Agenda Item 11.2: Strategies for Promoting the Private Sector		
PMHA Communication to be included as a standing item on the PMHA agenda	PMHA Director	Done
Agenda Item 8th PMHA Meeting	PMHA Director	Done
Next PMHA Meeting		
Organise 8th PMHA Meeting for 22 May 2009 @ The Adelaide Clinic	PMHA Director	Done
Prepare and circulate Agenda and Papers for 8th PMHA Meeting	PMHA Director	Done

4. AMA FINANCIAL STATEMENTS

The Meeting discussed the AMA Statements of Income and Expenditure for the PMHA, its CDMS and the Network, for the period 1 July 2007 to 31 March 2009, as they appear at **Appendix A** of this Report.

It was noted that it was likely there would be some surplus at the end of this financial year on 30 June 2009. After discussion it was agreed that any surplus remaining in the PMHA, PMHA–CDMS and Network Budgets for Financial Year 2008–2009 should be carried forward by the AMA into the respective income streams of the PMHA, PMHA–CDMS and Network for Financial Year 2009–2010.

Resolved *(unanimous)*

That the Private Mental Health Alliance (PMHA) adopts the AMA Statement of Income and Expenditure for the PMHA, its Centralised Data Management Service (PMHA–CDMS), and the Private Mental Health Consumer Carer Network (Australia) [Network], for the period 1 July 2007 to 31 March 2009.

5. PMHA–CDMS MANAGEMENT COMMITTEE (MC) REPORT

The Meeting noted and adopted the report of the Seventh face–to–face meeting of the Management Committee, held on 12 February 2009, and the report of the Management Committee's monthly teleconference held on 30 March 2009.

Resolved (unanimous)

That the PMHA adopts the following reports en bloc.

- *Report of the Seventh Face–to–Face Meeting of the PMHA–CDMS Management Committee held on 12 February 2009 in Adelaide.*
- *Report of the Ninth Monthly Teleconference of the PMHA–CDMS Management Committee held on 30 March 2009.*

The Chair of the Management Committee, Dr Bill Pring, reported on the last meeting of the MC, which was held yesterday back–to–back with this meeting of the PMHA.

5.1 Preparation and Publication of the Annual Financial Year Statistical Report.

The PMHA–CDMS Director, Mr Allen Morris–Yates, provided a briefing on the Annual Statistical Report (Report), which will be able to be produced after the Standard Quarterly Report (SQR) run is completed. Input was sought from MC members on the further development of the Report. The Report will be amended based on that input and then circulated for comment.

5.2 Preparation and Publication of a revised edition of the National Model.

Mr Morris–Yates presented two discussions papers being prepared to address the problems that need to be resolved in the revision of the *National Model for the Collection and Analysis of a Minimum Data Set with Outcome Measures for Private, Hospital–based, Psychiatric Services* (National Model). The first discussion paper

essentially addresses the clinical classification used as the primary stratification factor for reporting by simplifying the existing classification, removing classes with very low numbers, and identifying important co–morbid conditions, which may influence Length–of–Stay and frequency of re–admission. The second more complex discussion paper revises the model for the identification, analysis and reporting of episodes of *ambulatory* care. Mr Morris–Yates will have these papers completed before the end of July 2009, in time for discussion with the APHA Psychiatry Committee and the AHIA Mental Health Committee.

5.3 Hospitals Casemix Protocol (HCP)

Hospitals that previously did not participate in the PMHA–CDMS accounted for between 20% and 25% of activity. Provision of HCP data to the PMHA–CDMS by the Australian Government would enable the PMHA–CDMS to generate more complete statistics for benchmarking and national reporting purposes. The PMHA, therefore, wrote to DoHA and requested consideration be given to investigating further the provision of HCP data directly to the PMHA–CDMS. The subsequent response from DoHA advised that, due to legal and privacy considerations relating to the collection and release of HCP data, DoHA would be unable to release the requested unit record level data to the PMHA. DoHA is willing to release de–identified aggregate level HCP data to assist in national benchmarking activity, to assist with high level analysis. In terms of supplementing the CDMS with missing HCP unit level data, DoHA suggested the PMHA continue to explore the barriers preventing non–contributing private hospitals from complying with requests for data. This issue is now largely resolved, since all Healthscope facilities with psychiatric beds (12) were now participating in the PMHA's CDMS.

5.4 Enabling greater use of the data held by the CDMS.

Through the Chair of the PMHA, Mr Philip Plummer, an anonymous offer of financial support for the work of the CDMS has been made. Mr Plummer has indicated that the support should be directed towards enabling greater use of the data held by the CDMS, particularly for purposes of applied clinical research. Whilst the exact quantum of funding has not yet been finalised, Mr Plummer has indicated that something of the order of $250,000 may be made available. At Mr Plummer's request, Mr Allen Morris–Yates, prepared a brief Discussion Paper titled, *Strategies for enabling greater use of the data held by the PMHA's Centralised Data Management Service*. The MC is working with Mr Morris–Yates on recasting that Paper into a project brief directed toward enabling Hospitals, Health Insurers and psychiatrists to make better use of the CDMS data in a way that provides benefits for stakeholders.

5.5 Standard Quarterly Reports (SQRs).

Mr Morris–Yates is in the process of adding in the twelve monthly moving averages to the SQRs for Health Insurers. The next round of SQRs will include that data and the format of SQRs for smaller Health Insurers and Hospitals will be simplified.

The last SQRs were despatched on 6 May 2009 to Hospitals and Health Insurers. That SQR run was delayed for one month due to one large Hospital revising its

Patient Administration System (PAS) system. There may be some delay with the next SQR run while Healthscope are brought back on line.

5.6 Re–building of the CDMS Data Warehouse.

This work was put on hold while the Discussion Papers detailed above were being prepared, and to deal with the work involved with the re–enrolment of Healthscope facilities.

5.7 Healthscope Facilities

Ten Healthscope Hospitals have re–enrolled and two others are new enrollments in the PMHA and its CDMS. Re–enrolling Hospitals have been provided with necessary materials and the first of the two new enrollments will be trained in July.

Mr Morris–Yates discussed the negotiations undertaken with Healthscope concerning obtaining retrospective data for the CDMS from the re–enrolling Hospitals. There was consensus that the retrospective data would provide for a more complete data set for the CDMS.

PMHA noted that while three Hospitals are not participating, it is expected that these Hospitals will shortly enroll. This is a substantial achievement for the private sector as 100% of all private facilities with psychiatric beds across Australia will then be participating in the PMHA and its CDMS.

A listing of the currently participating Hospitals is provided below.

1. The Adelaide Clinic (SA)
2. The Albert Road Clinic (VIC)
3. Albury Wodonga Private Hospital (NSW)
4. Beleura Private Hospital (VIC)
5. Belmont Private Hospital (QLD)
6. Brisbane Private Hospital (QLD)
7. Brisbane Waters Private Hospital (NSW)
8. Calvary Private Hospital (ACT)
9. Delmont Private Hospital (VIC)
10. Dudley Private Hospital (NSW)
11. Essendon Private Hospital (VIC)
12. Fullarton Private Hospital (SA)
13. The Geelong Clinic (VIC)
14. Greenslopes Private Hospital (QLD)
15. The Hobart Clinic (TAS)
16. Hollywood Private Hospital (WA)
17. Joondalup Health Campus (WA)
18. Kahlyn Day Centre (SA)
19. Lingard Private Hospital (NSW)
20. The Marian Centre (WA)
21. Mayo Private Hospital (NSW)
22. The Melbourne Clinic (VIC)
23. Mosman Private Hospital (NSW)
24. New Farm Clinic (QLD)
25. The Northside Clinic (NSW)
26. Northside Cremorne Clinic (NSW)
27. Northside West Clinic (NSW)
28. Northpark Private Hospital (VIC)
29. The Palm Beach Currumbin Clinic (QLD)
30. Perth Clinic (WA)
31. St John of God Pinelodge Clinic (VIC)
32. Pine Rivers Private Hospital (QLD)
33. St Andrews Private Hospital Toowoomba (QLD)
34. The Sunshine Coast Private Hospital (QLD)
35. Sentiens Clinic (WA)
36. St Helens Private Hospital (TAS)
37. St John of God Hospital Burwood (NSW)
38. St John of God Hospital Richmond (NSW)
39. St John of God Hospital Warrnambool (VIC)
40. South Pacific Private (NSW)
41. Sydney South West Private Hospital (NSW)
42. The Sydney Clinic (NSW)
43. Toowong Private Hospital (QLD)
44. North Eastern Rehabilitation Centre (VIC)
45. Vaucluse Hospital (VIC)
46. The Victoria Clinic (VIC)
47. Warners Bay Private Hospital (NSW)
48. Wesley Private Hospital Ashfield (NSW)
49. Wandene Private Hospital (NSW)

5.8 Procedures for Enrollment, Withdrawal and Re–Enrollment for the PMHA and its CDMS

The MC has revised its policy document titled, *PMHA CDMS Hospital Enrollment and Withdrawal Procedure*, to include advice for Hospitals on re–enrollment procedures and the costs involved, change of ownership, and the reporting relationship between the APHA and the PMHA concerning these issues.

A copy of the revised policy appears at **Appendix B** of this Report

MC has recommended that the revised version of the policy be endorsed by the PMHA.

Resolved (unanimous)

1. *That the PMHA endorses the document titled, Procedures for Hospital Enrollment, Withdrawal, and Re–enrollment in the PMHA and its CDMS, prepared by the PMHA–CDMS Management Committee at its meeting held on 21 May 2009 in Adelaide.*

2. *That the PMHA requests that when a new private hospitals with psychiatric beds is licensed, the PMHA Director invite that facility to consider participating the PMHA and its CDMS.*

Action: PMHA Director

5.9 Department of Veterans' Affairs (DVA) Representation

Ms McMahon has raised the issue of DVA participation in the PMHA. After discussion, it was agreed that the PMHA Director, should meet with DVA to discuss their participation on the PMHA.

Resolved (unanimous)

That the Private Mental Health Alliance (PMHA) requests the PMHA Director meet with the Department of Veteran Affairs (DVA) to discuss DVA participation on the PMHA.

Action: PMHA Director

6. PMHA COLLABORATIVE CARE MODELS WORKING GROUP (CCMWG)

The Meeting noted a copy of the draft Report of the Second Meeting of the CCMWG held on Friday, 13 March 2009 in Canberra. The next meeting of the CCMWG will be held on Friday, 19 June 2009 in Canberra.

The Chair of the CCMWG, Mr Phillip Taylor, reported on the following.

6.1 Review of the Guidelines for Determining Benefits for Health Insurance Purposes for Private Patient Hospital–Based Mental Health Care (2007 Edition)

At the request of the PMHA, CCMWG has undertaken the revision of these Guidelines. The Guidelines were circulated widely for comment throughout the private sector with the March 2009 Edition of the PMHA Newsletter. To date no comments have been received. Part of the 19 June CCMWG Meeting will be devoted to any necessary revisions. A short discussion followed and PMHA members were asked to ensure that they bring their comments and suggestions on the Guidelines to the 19 June meeting.

6.2 Review of the *Options for Funding Service Delivery for Private Psychiatric Services: Discussion Paper 2006*.

CCMWG is revising this Discussion Paper. It is anticipated that a copy of the revised draft will be available for PMHA to comment on at its next face–to–face meeting, with a view to PMHA endorsing the Paper for wider circulation and comment.

6.3 CCMWG Representation

The Australian Psychological Society (APS) has appointed Dr John Brown, a Canberra based psychologist in private practice, to the CCMWG.

No response has been received from the RACGP to the PMHA's open invitation.

6.4 Article for PMHA Newsletter

The next edition of the PMHA Newsletter will carry a substantive article on translating the Mental Health Nurse Incentive Program into a working model. The article has been prepared by Ms Anne Palmer, a Credentialed Mental Health Nurse, and Dr Enno Taemets, who is a Psychiatrist in private practice in Brisbane. Ms Munro felt that the APHA might wish to also have an article included on the experience of private hospitals with the Program. Mr Taylor agreed to extend an invitation to the APHA, when the draft newsletter is circulated to the PMHA for consideration and comment.

7. PRIVATE MENTAL HEALTH CONSUMER CARER NETWORK (AUSTRALIA) [NETWORK] REPORT

The meeting noted a copy of the report of the last meeting of the Network, which was held on 16/17 February 2009 in Melbourne. The Chair of the Network, Ms Janne McMahon, briefed the Meeting in detail on the following recent submissions and Network activity.

- *Increase Medicare Compliance Audit Initiative.* The Network's submission was directed at importance of the privacy and confidentiality of psychiatrists records in the therapeutic process.

- *National Primary Health Care Strategy Discussion Paper*. This submission focussed on the GPs perspective as they are the frontline of the health system.

- *Access to Allied Psychological Services (ATAPS) initiative.* This initiative appears to be very successful and is working well with the Better Access Initiative.

- *Senate Select Committee on Men's Health.* The Network's submission focussed on depression. Representatives of the Network appeared before the Committee at its hearing held in Adelaide on 30 April 2009.

- *Interim Report of the National Health and Hospitals Reform Commission.* The Network has concerns with the option where a fund holding authority purchases services, particularly when such services usually end up capped. The Network believes that any options for funding health services should empower consumers to make informed choices and not compromise clinical decision making.

- *4th National Mental Health Plan 2009–2014 Forum, Melbourne, 1 May 2009.* The Network has commented on the need for the Plan to address the following.

  – The number of consumers referred to the NGO sector.

  – The need for prevention and early intervention in relation to primary, secondary and tertiary education.

  – Data collected by the PMHA's CDMS.

  – The need for private hospitals to be accredited against the National Standards for Mental Health Services.

  – Publication of results of accreditation.

- *Seclusion and Restraint Forum, Sydney, 6/7 May 2009.* Network representatives attended the Forum. The Network has undertaken a rage of activity concerning the relevance of seclusion and restraint to the private sector in relation to two key issues. Firstly, at present, when a person in a private hospital becomes aggressive and agitated and that behaviour escalates, they are sometimes transferred by ambulance, or police, to a public hospital. Ms Munro responded that this should only occur in exceptional circumstances when the established de–escalation practices in place in private hospitals fail. The APHA Psychiatry Committee is gathering information on the dimension of the issue for inclusion in the discussions with Dr Peggy Brown who has been invited to provide a presentation to the Committee. The second issue relates to the use of seclusion and restraint in Emergency Departments (EDs) and the Network has written to the ACHS concerning indicators for seclusion and restraint in EDs.

- Consultations with the Ashburn Clinic continue concerning consumer and carers representatives attending the next meeting of the Network in Australia at their expense.

- A State–based Coordinator for the Network has been appointed for Queensland and the Network is working with the Hobart Clinic to find an appropriate State–based coordinator for Tasmania. A State–based committee is being established in the ACT. The Network Administrative Officer is supporting these Committees.

- A Network representative has been appointed to the South Australian Mental Health Consumer Reference Group to represent the private sector perspective.

- Network Operating Guidelines are being prepared.

- RANZCP Clinical Practice Guidelines for Agoraphobia and Panic Disorder have been referred to the Network for comment and the Network is participating in the Continuing Medical Education program of the College. The Network will have a booth at the RANZCP Congress to be held in Adelaide from 25–28 May 2009.

- The Network has responded to the Mental Health Council of Australia on their position concerning the role of psychologists under the Better Access Initiative. Copies of the letter have been sent to the APS and the AMA.

Ms McMahon then sought PMHA endorsement for a static website linked to the PMHA website.

Resolved (unanimous)

That the PMHA requests that the AMA undertake the necessary steps to establish a static website for the Network linked to the PMHA website. The PMHA supports the Network registering a business name to enable it to obtain a ***.au*** *extension for a new website address.*

Action: PMHA Director/AMA

8. MENTAL HEALTH STANDING COMMITTEE (MHSC) REPORT

The MHSC reports to the Australian Health Ministers' Conference (AHMC) through the Australian Health Ministers' Advisory Council (AHMAC) and the Health Policy Priorities Principal Committee (HPPPC). The last meeting of the MHSC was held in Sydney on Friday, 15 May 2009. The PMHA Deputy Chair, Ms Moira Munro attended that meeting in the absence of the PMHA Independent Chair overseas.

Ms Munro reported on the meeting and PMHA noted the following matters that are being progressed by the MHSC.

8.1 Draft Fourth National Mental Health Plan 2009–2014

The MHSC has agreed that the draft Plan requires further re–drafting and then electronic consultation before it can be re–submitted to the MHSC.

8.2 Evaluation of the National Mental Health Plan 2003–2008

MHSC has circulated the evaluation report to MHSC members for consideration with a view to its later public release.

8.3 National Standards for Mental Health Services (Standards)

There is to be further consultation on the Recovery Standard with comments and/or suggestions from that process finalised by the end of 2009. The preface of the Standards has been revised. ACT Health will contract a project officer to facilitate the development of a number of implementation strategies, including the drafting of implementation guidelines. Seven working groups are to be established. Four of the working groups will draft the Implementation guidelines for the public sector, private hospitals, NGOs and office–based mental health services, including primary care. The other three working groups will be established for their specific expertise to provide recommendations regarding implementation processes for each sector. These are Indigenous, Cultural and Linguistically Diverse (CALD), and Alcohol, Tobacco and Other Drugs (ATOD). The Implementation Plan is currently being re–drafted.

8.4 National Mental Health Report Card for Australia

MHSC is seeking feedback on the *National Mental Health Report Card for Australia* prepared by the National Advisory Council on Mental Health (NACMH).

The PMHA then considered the Report Card and expressed the following concerns.

- There needs to be some rationalisation of the range of reports that are provided at the national level on mental health.

- The private sector is largely ignored in the Report Card, which is particularly concerning given the level of activitiy taking place. Some examples of that activity are set out below

  – The outcome measures being collected and reported on by the the PMHA's CDMS (since 2001).

  – The ACHS accreditation process of private hospitals with psychiatric beds, and its more recent accreditation of some of those facilities against the National Standards for Mental Health Services.

  – The Australian Commission for Safety and Quality in Health Care (ACSQHC) is working on a project with the APHA to develop a suit of quality indicators for national benchmarking across hospitals, which include indicators for mental health. It is anticipated about 200 private hospitals will be involved.

- Some of the claims in the Report Card are incorrect.

- The indicators proposed should be consistent with those of the 4th National Mental Health Plan.

It was agreed that PMHA Members should consider the Report Card further and forward any comments they might wish to make to the PMHA Director for incorporation into a response from the PMHA.

Resolved (unanimous)

That the PMHA requests that the PMHA Director draft a letter to the Chair of the MHSC outlining the concerns of the PMHA in relation to the National Mental Health Report Card for Australia, prepared by the National Advisory Council on Mental Health.

Action: PMHA Director

8.8 Mental Health Workforce Advisory Committee (MHWAC) Report

Ms McMahon asked whether under the *National Mental Health Workforce Strategy and Plan* there was any intention to develop a consumer and carer workforce. After discussion, Ms Milthorpe agreed to obtain further information for Ms McMahon, with a view to having further discussion around those issues prior to the project starting.

9. AMA AGREEMENT FOR SERVICES 2009–2012

The PMHA, its CDMS and the Network are currently supported under a funding agreement (the *AMA Agreement for Services 2008–2009*) between the AMA, the Australian Government, the Australian Private Hospitals Association (APHA), the Australian Health Insurance Association (AHIA) and Beyondblue. Under this Agreement, the AMA provides infrastructure support and coordination for the activities of the PMHA, its CDMS and the Network from the offices of the Federal AMA in Canberra. This Agreement will expire on 30 June 2009. The next funding agreement needs to be in place by 1 July 2009 to provide certainty for these activities.

At the last meeting of the PMHA, a copy of a draft AMA Agreement for Services Agreement to cover the period 1 July 2009 to 30 June 2012 (3 Financial Years) was considered. While the AMA, APHA and AHIA confirmed an "in principle" commitment toward a three year funding agreement, DoHA was unable to do so until such time as the National Health Agreements were in place.

At the request of the last meeting, the PMHA Director circulated a copy the draft *AMA Agreement for Services 2009–2012* with mark–up to identify the changes that had been made. The respective work plans for PMHA, its CDMS and the Network, that were agreed at the 27 March 2008 PMHA Workshop, were also circulated as requested. The Meeting noted that a copy of those documents had been circulated with the agenda and papers for this Meeting, together with the previously circulated budgets for PMHA, its CDMS and the Network. The Meeting noted that the Network has been seeking some additional funding from DoHA, which does not affect the previously agreed contributions of the Other Parties (AMA, AHIA and APHA).

Ms Robyn Milthorpe reported that it is most likely that DoHA will be able to commit to two years funding for the PMHA, its CDMS and the Network. DoHA will not be able to provide the additional funding sought by the Network, given the recent reductions to the DoHA Discretionary Budget associated with the current economic downturn.

A discussion followed concerning the proposed three year budget projections for the PMHA, its CDMS and the Network in relation to the Consumer Price Index (CPI) and the difficulties stakeholders are facing with the current economic downturn. The Meeting asked that the PMHA and CDMS Directors, and the Network Chair revisit respectively their proposed budgets for the PMHA, its CDMS and Network to see whether any adjustment of the CPI rate for individual line items might be possible to reduce overall expenditure for the three entities. Dr Pring indicated that work would need to be done in consultation with the AMA, because of its role in the provision of these services.

Resolved *(unanimous)*

1. *That the Private Mental Health Alliance (PMHA) requests that the PMHA Director, CDMS Director, and the Network Chair revisit respectively their proposed budgets for the PMHA, its CDMS and Network for the three financial years 2009–2012 to see if any CPI adjustments for individual line items might be possible to reduce overall expenditure for the three entities.*

Action: PMHA and CDMS Directors and Network Chair

2. *That the Private Mental Health Alliance (PMHA) requests that the PMHA Director finalise the next AMA Agreement for Services and arrange for it to be signed by the Parties after the budgets had been finalised.*

Action: PMHA Director

10. PMHA COMMUNICATION

The last meeting agreed that PMHA Communication should be an ongoing Standing item on the PMHA Agenda not only for discussion of issues related to the PMHA Newsletter, but also to consider what other strategies might be used to beyond the Newsletter to promote the private sector.

10.1 PMHA Newsletter

The Meeting noted a copy of the Second Edition of the PMHA Newsletter which had been circulated with the agenda and papers for the meeting. Mr Taylor reported that the next Newsletter is due for publication in August 2009.

Resolved *(unanimous)*

That the Private Mental Health Alliance (PMHA) requests that the PMHA Director draft the Third Edition of the PMHA Newsletter for circulation to members of the PMHA for comment.

Action: PMHA Director

At the last PMHA meeting a copy of a draft Fact Sheet for inclusion in future PMHA newsletters was discussed in relation to the difficulties being experienced in determining what the Fact Sheet should contain that is both useful and relevant to the private sector. At that meeting, PMHA agreed that caution needs to be exercised in the development of the Fact Sheet, not only in terms of the accuracy of the statistics, but also the political implications of what might be published. As requested, the

PMHA Director circulated the draft Fact Sheet to stakeholders for their input. The draft Fact Sheet was revised based on the responses received and circulated with the agenda and papers for further discussion at this Meeting.

In considering the Fact Sheet members agreed to provide Mr Taylor with some further advice concerning the statistics to be included, so that the Fact Sheet can be included in the Fourth Edition of the Newsletter.

10.2 PMHA Communication Plan

A revised and updated version of the PMHA Communication Plan was endorsed.

Resolved *(unanimous)*

That the Private Mental Health Alliance (PMHA) endorses the PMHA Communication Plan 2009–2012.

10.3 Other Strategies

It was noted that April 2009 Edition of the APHA magazine *PH Private Hospital* was devoted to private mental health and included the following substantive articles on the PMHA and its CDMS

1. *THE PMHA – Dedicated to Improving Private Sector Mental health Services for Australians by Mr Philip Plummer, PMHA Independent Chair.*

2. *Evaluation of the Outcomes of Care by Private Hospitals with Psychiatric Beds – the Work of the PMHA's Centralised Data management Services by Mr Allen Morris–Yates, Director PMHA–CDMS.*

11. OTHER BUSINESS

11.1 ACHS Review of Community Clinical Indicators

Ms Munro is representing private hospitals on this review and asked if PMHA Members would forward any comment or suggestions they might have for inclusion in this review. Mr Morris–Yates has advised the ACHS project officer on what is currently being collected.

11.2 Transcranial Magnetic Stimulation (TMS)

Ms Carole Turnbull briefed the Meeting on developments on TMS as an alternative to Electro Convulsive Therapy for some patients, and requested that this matter be included on the agenda for discussion the next PMHA meeting.

12. NEXT MEETING

In considering appropriate dates for the next meetings of the PMHA–CDMS MC and the PMHA there was consensus that to reduce duplication, the role of the MC, should be incorporated into the main PMHA meeting as core business. It was agreed that the PMHA meeting should be extended from 9:00 AM to 5:00 PM to

accommodate the CDMS reporting. The next face–to–face meeting of the PMHA would, therefore, be held as follows.

9th PMHA Meeting
9:00 AM to 5:00 PM
Friday, 2 October 2009
The Adelaide Clinic
33 Park Terrace
Gilberton South Australia

13. CLOSE

There being no further business, the Chair closed the Meeting at 2:30 PM.

Mr Philip Plummer
Independent Chair

Mr Phillip Taylor
PMHA Director (Secretary)

PMHA INCOME (Stakeholder Contributions)	**Contribution**		
1. Australian Medical Association	54,759		
2. Australian Private Hospitals Association	54,759		
3. Australian Health Insurance Association	54,759		
4. Australian Government Department of Health and Ageing	62,759		
Transfer of PMHA balance from 1 July 2007 to 30 June 2008	*11,400*		
Total	**238,436**		
PMHA EXPENDITURE	**Budget**	**Actual**	**Variance**
Staffing	155,077	118,230	36,847
Infrastructure	6,492	4,915	1,577
Recurrent and other expenses	23,412	11,438	11,974
Meetings of PMHA Face–to–Face	11,476	10,184	1,292
Working Groups	2,912	5,767	–2,855
Other Meetings (MHSC & SQPWG)	7,028	1,023	6,005
Total before AMA Administration charge	206,397	151,557	54,840
AMA Administration Charge of 10%	20,640	20,640	0
Total	**227,037**	**172,197**	**54,840**
Total PMHA Funds Remaining		***66,239***	

PMHA–CDMS INCOME (Stakeholder Contributions)	**Contribution**		
1. Australian Private Hospitals Association	64,897		
2. Australian Health Insurance Association	64,897		
3. Australian Government Department of Health and Ageing	64,897		
Transfer CDMS Balance From 1 January 2007 to 30 June 2007	*53,473*		
Total	**248,164**		
PMHA–CDMS EXPENDITURE	**Budget**	**Actual**	**Variance**
Staffing	138,326	100,814	37,512
Infrastructure	16,500	55,168	–38,668
Recurrent and other expenses	16,775	8,283	8,492
Attendance at PMHA and other stakeholder's meetings	5,391	1,981	3,410
Workshops	0	5,435	–5,435
Total before AMA Administration charge	176, 992	171,680	5,312
AMA Administration Charge of 10%	17,699	17,699	0
Total	**194,692**	**189,379**	**5,312**
Total CDMS Funds Remaining			***58,785***

NETWORK INCOME (Stakeholder Contributions)	**Contribution**		
1. Australian Medical Association	11,152		
2. Australian Private Hospitals Association	11,152		
3. Australian Health Insurance Association	11,152		
4. Beyondblue	11,152		
5. Australian Government Department of Health and Ageing	87,101		
Donation from the RANZCP	*10,000*		
Transfer of Network Balance from 1 July 2007 to 30 June 2008	*1,677*		
Transfer McMahon Petty Cash Advance for Network from June 2008	*–4,000*		
Total	**139,386**		
NETWORK EXPENDITURE	**Budget**	**Actual**	**Variance**
Staffing	73,951	59,360	14,591
Meetings of the Network	37,039	28,032	9,006
Infrastructure for Network Chair	520	1,447	–927
Attendance of Network Representative at Other Meetings	8,225	3,028	5,197
Total before AMA Administration charge	119,735	91,868	27,867
AMA Administration Charge of 10%	11,973	11,973	0
Total	**131,707**	**103,841**	**27,866**
Total Network Funds Remaining		***35,545***	

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

Procedures for Hospital Enrollment, Withdrawal, and Re–enrollment in the PMHA and its CDMS

PREAMBLE

PMHA is a forum where participating stakeholders come together in an open manner to discuss those matters that affect the private mental health sector as a whole with a view to improving the provision of comprehensive mental health care. PMHA focuses on continuity of care and encourages the development of innovative models of service delivery that are feasible and effective. PMHA believes it is essential that there be investment to enable the effective use of information to drive improvements and guide change in the private mental health sector. The PMHA and its CDMS are critical to the routine collection, analysis and reporting of information for the purposes of monitoring, evaluation, and continuous improvement of private sector mental health services.

The *National Model for the Collection and Analysis of a Minimum Data Set with Outcome Measures for Private Psychiatric Service*s (hereafter National Model), may be implemented by private hospitals with psychiatric beds (Hospitals) for the purpose of obtaining information to support improvements in the quality, effectiveness and efficiency of the services they provide. The Private Mental Health Alliance's (PMHA's) Centralised Data Management Service (CDMS) supports Hospitals in their implementation of the National Model through the provision of support, software and training resources and most importantly, a reporting service to both participating Hospitals and Health Insurers and Other Payers.

The PMHA and its CDMS are funded under an Australian Medical Association (AMA) Agreement for Services. The Australian Private Hospitals Association (APHA), the Australian Private Health Insurance Association (AHIA), beyondblue and the Australian Government Department of Health and Ageing, are Parties to this Agreement with the AMA, although the CDMS is funded by private hospitals (represented by APHA), health insurance funds (represented by AHIA), and the Australian Government Department of Health and Ageing.

In accordance with that Agreement, the APHA acts for and on behalf of all participating Hospitals, regardless of whether they are members of the APHA or not. The AHIA acts for and on behalf of all participating Health Insurers, regardless of whether they are members of the AHIA or not. This arrangement is necessary to enable the APHA and the AHIA to collect and forward the respective annual contributions made by participating Hospitals and Health Insurers to the AMA.

Under the Agreement, the APHA is responsible for advising participating Hospitals of the annual non–refundable subscription rates.

Similarly, the AHIA is responsible for advising participating Health Insurers of the non–refundable subscription rates.

Further information regarding the PMHA and the services and materials provided by the CDMS to participating Hospitals may be obtained by contacting the Director of the PMHA (listed below).

Information, effective as at April 2009, regarding the conditions and procedures for ***enrollment, withdrawal*** and ***re–enrollment*** is provided below. Please also note the advice regarding what steps need to be taken when a Hospital changes ownership.

CONDITIONS AND PROCEDURES FOR ENROLLMENT

A non–participating Hospital, that wishes to participate in the PMHA and subscribe to its CDMS, may apply to do so at any time by contacting, in the first instance, the APHA's Director of Policy and Research (see contact details below).

For Hospitals, the following conditions apply to participation in the PMHA and subscription to its CDMS.

1. A Hospital must agree, in writing, to be represented by the APHA for the purposes of their participation in the PMHA and subscription to its CDMS, regardless of whether they are members of the APHA or not, as specified in the *AMA Agreement for Services*. Written confirmation should be forwarded to, and held by, the APHA, with a copy being forwarded to the Director of the PMHA.

2. *The APHA must inform all the other parties to the* AMA Agreement for Services*, in writing, that that Hospital is now participating in the PMHA and subscribing to its CDMS.*

3. Hospitals who wish to participate in the PMHA and subscribe to its CDMS must contribute:

   a. to the *recurrent annual* costs associated with the operation of the PMHA;

   b. to the *recurrent annual* costs associated with the operation of the PMHA's CDMS; and

   c. an additional *one–off enrollment fee*, determined by the APHA in consultation with the Director of the CDMS, to cover the costs associated with the initial assistance provided by the CDMS to the Hospital in implementing the National Model in their facility.

4. New enrollments will receive only one invoice from the APHA for the total amount. The AMA will invoice the APHA to cover the costs incurred by the CDMS's Director in supporting the Hospital's implementation of the National Model. This will constitute the *one–off non –refundable enrollment fee* required to cover the costs set out below.

5. The APHA is required to formally notify the PMHA Director when the enrollment procedure is completed and the new hospital is financial. No services are provided until this is done.

SERVICES PROVIDED UPON ENROLLMENT AND INDICATIVE COSTS

The enrollment fee will cover the cost of the provision of the following:

Initial site visit	whole day for:	Train the trainer (3–4 hours) Software setup and training (2 hours) Discussion of local issues (1 hour)
Follow–up visit	half day for:	Review of local issues Assistance with data linkage and extraction Other assistance as required
Telephone support	As required	
Materials	Implementation Guide Form Design and Usage Reference Hospital Staff Trainer's Manual and related material Guide for Hospital Staff HSMdb software HSMdb System User's Guide	

TABLE 1: New Hospitals PMHA–CDMS Indicative Start–up Costs	$
Training Manuals Software and postage	200
Telephone–based training and support (1 Day of the PMHA–CDMS Director's time @ $800 per day)	800
Mandatory on–site Training by CDMS Director (based on approximate travel and accommodation costs)	2,500
Total	3,500

CONDITIONS AND PROCEDURES FOR WITHDRAWAL FROM THE PMHA AND ITS CDMS

When a participating Hospital chooses to withdraw its participation from the PMHA and its CDMS the following conditions apply.

1. The Hospital must notify its intention to withdraw to the APHA in writing (the APHA provides a copy of this notice to the PMHA for its records).

2. The APHA must inform, in writing, all the other parties to the *AMA Agreement for Services* that a Hospital has notified of its intention to withdraw from the PMHA and its CDMS.

3. The APHA must advise the Hospitals who continue to participate in the PMHA and its CDMS of any change in subscription rates that may occur due to the withdrawal of a Hospital.

The CDMS is required to receive and process data submitted by participating Hospitals and to provide the relevant reports until the expiration of their subscription. Following the expiration of a Hospital's subscription, there is no longer any contractual obligation for the CDMS to continue to receive and process data submitted by that Hospital, or to provide reports of any kind to that Hospital. Any data submitted by a non–participating Hospital will be erased.

CONDITIONS AND PROCEDURES FOR RE–ENROLLMENT IN THE PMHA AND ITS CDMS AND INDICATIVE COSTS

A Hospital that has previously withdrawn its participation in the PMHA and its CDMS is eligible for re–enrollment provided its period of non–participation is no longer than 2 years. Hospitals that have not been participating for 2 years or more are required to follow the ***Conditions and Procedures for Enrollment*** set out above.

When a Hospital chooses to re–enrol in the PMHA and its CDMS the following conditions apply.

1. The Hospital must notify its intention to re–enrol to the APHA in writing (the APHA provides a copy of this notice to the PMHA for its records).

2. The Hospital must notify the APHA if it will require ***optional*** on–site training, so that the extra costs involved can be included in the re–enrollment fees.

3. The APHA must inform, in writing, all the other parties to the *AMA Agreement for Services* that a Hospital has notified of its intention to re–enrol in the PMHA and its CDMS.

4. The APHA must advise the Hospitals who continue to participate in the PMHA and its CDMS of any change in their subscription rates that may occur due to the re–enrolment of a Hospital.

The CDMS is required to receive and process data submitted by re–enrolling Hospitals and to provide the relevant reports until the expiration of their subscription

SERVICES PROVIDED UPON RE–ENROLLMENT AND INDICATIVE COSTS

The re–enrollment fee will cover the cost of the provision of the following:

Telephone support As required

Materials
Implementation Guide
Form Design and Usage Reference
Hospital Staff Trainer's Manual and related material
Guide for Hospital Staff
HSMdb software
HSMdb System User's Guide

Optional site visit whole day for: Train the trainer (3–4 hours)
Software setup and training (2 hours)
Discussion of local issues (1 hour)

TABLE 2: Re–enrolling Hospitals PMHA–CDMS Indicative Costs	$
Training Manuals Software and postage	200
Telephone–based training and support (1 Day of the PMHA–CDMS Director's time @ $800 per day)	800
Total without Site Visit	1000
Optional on–site Training by CDMS Director (based on approximate travel and accommodation costs)	2,500
Total with Optional Site Visit	3,500

CHANGE OF OWNERSHIP

When a participating Hospital changes ownership, that Hospital should formally advise the APHA in writing of its agreement to have the APHA act for and on its behalf in relation to the PMHA and its CDMS. The APHA should then formally advise the AMA, PMHA and the PMHA–CDMS in writing that the Hospital has so agreed. Without such formal advice the CDMS has no contractual basis on which to continue accepting or processing data submitted by a Hospital that has changed ownership.

CONTACT DETAILS

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