PMHA | PRIVATE MENTAL HEALTH ALLIANCE

Australian Medical Association

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Australian Private Hospitals Association

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Australian Health Insurance Association

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Australian Government Department of Health and Ageing

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Mental Health Consumers and Carers

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beyondblue: the national depression initiative

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Our Newsletter

First Edition November 2008

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Our Newsletter provides a brief summary of some of the issues being progressed by our Private Mental Health Alliance, and its Centralised Data Management Service (CDMS). As such it is intended to stimulate discussion and debate concerning the delivery of mental health services in the private sector.

Our Newsletter does not necessarily represent the views of participating organisations, unless otherwise stated.

Further information on the PMHA and its CDMS can be obtained from the PMHA Website at www.pmha.com.au.

From the Chair

Philip Plummer

This is the first edition of *Our Newsletter* and spans activity from July 2007 to the present. During that time, I have seen firsthand how this rare organisation brings together providers, payers and consumers and carers on a regular and structured basis to achieve a better understanding of each other's different perspectives. All PMHA members are strongly committed to improving service efficiency and the quality of mental health services in the private sector. The Alliance provides a vehicle for those members to work together in doing that. The level of trust that has developed over the past 11 years enables the Alliance stakeholders to deal with very difficult and complex issues in a collaborative and highly functional manner.

A stable base for activity

All current stakeholders are strongly committed to the PMHA and its Centralised Data Management Service (CDMS) being put onto a more stable footing, over a three year period from 1 July 2009 until 30 June 2012. A three year contractual arrangement is being drafted.

Expansion of the PMHA Structure

Since the 2007 restructure of the Strategic Planning Group for Private Psychiatric Service (SPGPPS) into the PMHA, we have been working carefully toward the expansion of PMHA to include a Collaborative Care Models Working Group. The Working Group seeks to involve the major stakeholders that now comprise the private mental health sector. This new structure has enabled the PMHA to invite general practitioners, mental health nurses, psychologists and allied health professionals to participate in PMHA activities. Further detail on the Working Group is provided in this Edition.

Improving the interface between the public and private sectors

PMHA enables the private sector to be fully engaged at the national level in key reform and evaluation activities. PMHA is linked to the Australian Health Ministers Advisory Council through its position on the Australian Government's Mental Health Standing Committee. It also holds positions on that Standing Committee's Safety and Quality Partnership Sub–committee and its Mental Health Information Strategy Sub–committee. PMHA representatives are actively engaged in the work of those three Committees, some of which has included:

- *The Review of the National Mental Health Policy.*
- *The Evaluation of the National Mental Health Plan 2003–2008.*
- *The 2007–08 Annual Progress Report on the COAG National Action Plan on Mental Health 2006–2011*
- *Review of the National Standards for Mental Health Services*

Progress Report 2007–2008

The PMHA recently endorsed its progress report for 2007–2008. The activity of PMHA, its CDMS, and the Private Mental Health Consumer Carer Network (Australia) is outlined through this Report. This important source document can be obtained at:

http://www.pmha.com.au/pmha/Publications

PMHA's Centralised Data Management Service (PMHA–CDMS)

It is now widely acknowledged that the implementation of the *National Model for the Collection and Analysis of a Data Set with Outcome Measures for Private, Hospital–based, Psychiatric Services* has dramatically improved the quality and availability of information regarding private hospital–based psychiatric care in Australia.

Since 2001, our CDMS has been collecting, processing, analysing and reporting on data submitted by Private Hospitals with Psychiatric Beds (Hospitals) and Private Health Insurers (Health Insurers). Standard Quarterly Reports are distributed each quarter to Hospitals and Health Insurers and a National Report is in the pipeline. A more detailed update is provided in this Edition.

Janne McMahon OAM

Our PMHA Consumer Representative and Chair of the Private Mental Health Consumer Carer Network (Australia), Janne McMahon, was awarded a Medal of the Order of Australia in recent Queen's Birthday Honours List. Janne's citation read as follows.

> *For service to the community in the area of mental health advocacy, particularly for private mental health consumers and carers.*

Congratulations Janne!

Philip Plummer is the PMHA Independent Chair.

Collaborative Care Models Working Group

Phillip Taylor

The PMHA is now in the process of establishing its Collaborative Care Models Working Group (CCMWG) in response to the *Broader Health Cover* initiatives and the reforms taking place under the *COAG National Action Plan on Mental Health 2006–2011*.

Objectives

The PMHA has endorsed the following objectives for the CCMWG.

1. Identify areas of commonality/opportunity that can be developed for the benefit of all parties.
2. Ensure that all models of care are underpinned by evidence of commitment to safety and quality and result in better patient/consumer outcomes.
3. Seek to ensure that all new models of care are cost effective and represent best practice.
4. Ensure, where possible, that the work of the CCMWG is informed by the work of the PMHA's Centralised Data Management Service.

Role

The role of the CCMWG is to facilitate collaboration between the respective stakeholders, while accepting the professional integrity and knowledge of representatives. CCMWG is intended to be a vehicle for those representatives to work together on key issues in a collaborative and functional manner.

Structure

CCMWG will be chaired by the PMHA Director and its Core Membership is currently constituted by the following PMHA representatives.

- *Dr Choong Siew–Yong* will represent the Australian Medical Association
- *Carole Turnbull* will represent the Australian Private Hospitals Association.
- *Helen Eriksson* will represent the Australian Health Insurance Association.
- *Janne McMahon* will represent private sector consumers.
- *Ruth Carson* will represent private sector carers.
- *Therese Merten* will represent the Australian Government Department of Health and Ageing (DoHA) Mental Health Reform Branch.
- *Peter Callanan* will represent DoHA's Private Health Insurance Branch.

Invited Nominees

The following organisations have been invited to provide nominees working in the private sector to participate on the CCMWG.

- The Royal Australian and New Zealand College of Psychiatrists have nominated *Dr Richard Astill* to represent psychiatrists.
- The Australian College of Mental Health Nurses have nominated *Stephen Carroll*, to represent mental health nurses.
- *The Royal Australian College of General Practitioners* has been invited to nominate a general practitioner.
- *The Australia Psychological Society* has been invited to nominate a psychologist.
- *The Australian Association of Social Workers* has been invited to nominate a social worker.
- *The Australian Association of Occupational Therapists* has been invited to nominate to an occupational therapist.

Other organisations will be invited to participate as and when required.

Work Plan

Initially, the Working Group has been asked to undertake the following tasks.

1. Review and update the *PMHA Underlying Principles for Funding Psychiatric Care*.
2. Determine a nationally agreed explanation and guidelines for what type of services can be offered by providers outside of the Hospital under current legislation.
3. Review the *Options for Funding Service Delivery for Private Psychiatric Services: Discussion Paper 2006* and identify services that have been established and determine the barriers that prevented implementation of the others.

The Working Group will also be looking at opportunities for further development and innovation in the future.

The first meeting of the Working Group will be held at the offices of the Federal AMA in Canberra on 14 November 2008.

Phillip Taylor is the PMHA Director and Chair of the CCMWG.

PMHA–CDMS

Dr Bill Pring and Allen Morris–Yates

Over the past eighteen months the PMHA has continued to provide a unique *Centralised Data Management Service* (CDMS) for private hospital–based psychiatric services.

The CDMS was established in 2001 to support the ongoing implementation of a *National Model for the Collection and Analysis of a Minimum Data Set with Outcome Measures for Private Hospital–based Psychiatric Services* (National Model).

The National Model has now been implemented by almost all private hospitals with psychiatric beds across Australia. Currently over 70% of those hospitals participate in the service provided by the CDMS.

Since 2001, the CDMS has worked closely with private hospitals, health insurers and other payers (e.g., DVA), providing a statistical analysis and reporting service that delivers to them every quarter detailed standard reports on participating hospitals' service provision and patient outcomes.

Both hospitals and health insurers use this comprehensive source of clinically–oriented information to monitor, evaluate and improve the quality, effectiveness and efficiency of the services provided. Over the past twelve months, the CDMS has continued to develop and maintain training resources for Hospitals.

CDMS has provided Hospitals with a database application that enables them to record the required data, submit it to the CDMS in a standard personally de–identified format and facilitates the local use of their data in service evaluation and quality improvement.

Current CDMS work involves the following.

Preparation of Standard Quarterly Reports and XML Data Extracts

The Standard Quarterly Reports (SQRs) for the 2007–08 financial year were prepared in electronic PDF format and distributed to both Hospitals and Health Insurers within the agreed time–frame of 13 weeks post end–of–quarter. The content and format of the SQRs remained unchanged from that being delivered in 2006.

Development and implementation of Standard Quarterly XML Data Extracts.

This work was completed ahead of schedule, with XML Data Extracts being included with the distribution of SQRs from March 2007. Subsequently, on the basis of advice from the AHIA's Mental Health Committee, an SQR Viewer application, designed to assist Payers in making full use of the extracts, was developed and distributed with Payers SQRs from September 2007.

Revision of the Data Collection, Analysis and Reporting Frameworks

Only preliminary work has been completed to date. Substantial work on data collection requirements will follow once the Australian Government clarifies what changes will be implemented in the Hospital Casemix Protocol from July 2008.

Re–build the data warehouse in MS SQL Server 2005

Phase one of this task has been completed, which has removed the capacity limitations that were hampering both data analysis and reporting. *Phase two* will involve refactoring of the underlying data structures and associated data management and processing functions. This will provide the foundation for greatly enhanced analysis and reporting from the data warehouse. *Phase three* involves the rebuilding of the report generation functions in MS SQL Server 2005. That work should be completed in 2009.

Update Hospital's Training Manuals and Resources

The task of revising and distributing training resources for Hospitals was completed during the last 18 months.

Future Work

Future work of the CDMS will focus on:

- the regular dissemination of data to facilitate the profiling and promotion of private mental health services;
- maintaining and enhancing the services and products currently provided;
- assisting providers and payers in making effective use of the information provided; and
- meeting the private sector's increasingly sophisticated requirements for statistical information to use in benchmarking and continuous quality improvement**.**

PMHA–CDMS Management Committee

Since the end of 2007, the Management Committee has been meeting via teleconference on a monthly basis to enable it to more actively engage clinicians, private health insurers, private hospitals, consumers and carers, and the Australian Government in the management of this important private sector resource.

Dr Bill Pring is the Chair of the PMHA–CDMS Management Committee and Allen Morris–Yates is the PMHA–CDMS Director.

Stakeholder Round–Up

This section of *Our Newsletter* provides a brief update on relevant stakeholder activities.

Australian Medical Association

The AMA wants to ensure that its private psychiatrist members are actively engaged and represented in the policy development, implementation and monitoring processes that are currently taking place to reform Australia's mental health care system. To date, the AMA has largely influenced the reform process through its role with PMHA and its antecedent the SPGPPS. While that influence is still critical, the AMA has also established a small group of psychiatrists experienced in medical politics that are meeting on a regular basis. The group will shortly be canvassing AMA psychiatrist members to ascertain their views and experience with the reforms taking place under the *COAG National Action Plan for Mental Health 2006–2011*. It will also look at the feasibility of using the PMHA's CDMS to enhance quality mechanisms for psychiatrists.

Australian Private Hospitals Association

The interests of private mental health facilities are represented and advanced by the ***Australian Private Hospitals Association (APHA) Psychiatry Committee***. The Committee members are elected by private mental health facilities in each State and the Committee is chaired by the Psychiatry Representative on the APHA Council. The Committee membership also includes the Chair of the Private Mental Health Consumer Carer Network (Australia) as a permanent observer.

The APHA Psychiatry Committee meets quarterly to review the private mental health landscape, identify issues of importance and to canvass and progress activities to support the interests of private mental health facilities. Working with the PMHA, the Committee ensures that the perspectives of private mental health facilities, their staff and patients inform the development of mental health plans, policies and legislation.

Recent activities of the Committee include participation in the Review of the National Standards for Mental Health Services, involvement in programs to grow the mental health workforce and a project around the Identification of the Carer.

The Chair of the APHA Psychiatry Committee for 2008–2010 is Ms Christine Gee. Ms Moira Munro and Ms Carol Turnbull represent the Committee (and private mental health facilities) on the PMHA. For further information on the Committee contact Paul Mackey paul.mackey@apha.org.au.

Australian Health Insurance Association

The ***Australian Health Insurance Association (AHIA) Mental Health Committee*** has undergone a recent change in membership and now includes the following representatives:

- Helen Eriksson (HCF)
- Kath McCollim (AHM)
- Greg Kovacs (AHIA)
- Allister Cutbush (BUPA Aus)
- David Green (MPL)
- Lynne Walker (HBF)
- Jo Pedgrift (NIB)
- Andrea Selleck (ARHG)
- Bozica Rendulic (AHSA)

The Committee meets prior to each PMHA meeting to discuss the PMHA agenda and give constructive feedback and health insurer input into the PMHA processes. Representation on the PMHA is the current chair and the previous chair of the Committee, this way the Committee ensures a continuity of knowledge. The Committee is in the process of electing a new Chair. In the interim, Kath McCollim is representing the Association on the PMHA with Helen Eriksson.

Consumers and Carers

A Coalition lead by the Private Mental Health Consumer Carer Network (Australia), the National Mental Health Consumer Carer Forum and Mental Health Carers ARAFMI Australia, together with psychiatrist representatives from the AMA and the Royal Australian and New Zealand College of Psychiatrists, met with members of the Senate Standing Committee on Community Affairs on 28 August 2008 in Canberra. The purpose of the meeting was to discuss the issues of people who are the adult survivors of childhood sexual abuse, trauma and neglect, and Borderline Personality Disorder. The meeting resulted in recommendations from the Standing Committee's final report addressing these two issues.

Australian Government

The Australian Health Ministers Advisory Council (AHMAC) has agreed to the development of a whole of government Fourth National Mental Health Plan. An initial National Forum on Mental Health was held in Sydney on 11 September to identify key policy priorities to be covered by the Fourth Plan. The outcomes of the Forum will be submitted to the 28 November 2008 meeting of the Australian Health Ministers Council, or earlier out–of–session.

The Fourth National Mental Health Plan Working Group met on 24 October 2008 in Canberra to develop a project plan and timeline as a matter of urgency. A Reference Group has been established to oversee this work. The Reference Group will hold its first meeting in Melbourne on 25 November 2008. The PMHA Deputy Chair, ***Moira Munro*** and ***Dr Bill Pring*** are the PMHA representative on the Reference Group. Consultations on the Fourth Plan will take place in early 2009.

The Australian Government is also undertaking a revision of the draft *National Mental Health Policy* to ensure that it clearly articulates the differing role of the Policy and the *Fourth National Mental Health Plan* and their relationship with the *COAG Action Plan for Mental Health 2006–2011*, and other policy frameworks and activity at the National level. It is intended that the Policy will overlap and then eventually overtake the COAG Plan.

We are currently developing a one page Fact Sheet on the private sector for inclusion in later Editions of Our Newsletter.

How to Contact Your Representatives

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