PMHA | PRIVATE MENTAL HEALTH ALLIANCE

Australian Medical Association

Australian Private Hospitals Association

Australian Health Insurance Association

Australian Government

Private Mental Health Consumer Carer Network (Australia)

beyondblue – the national depression initiative

PROGRESS REPORT

Private Mental Health Alliance
(PMHA)

PMHA
Centralised Data Management Service
(PMHA–CDMS)

Private Mental Health
Consumer Carer Network (Australia)
(The Network)

1 July 2008 to 30 June 2009

Address all communications to:

PMHA Director
4th Floor, AMA House
42 Macquarie Street
BARTON ACT 2600

PO Box 6090
KINGSTON ACT 2604

P: 02 6270 5400
F: 02 6273 5337

E: ptaylor@pmha.com.au
W: www.pmha.com.au

FOREWORD

This is a Progress Report on the activities of the Private Mental Health Alliance (PMHA), its Centralised Data Management Service (PMHA–CDMS), and the Private Mental Health Consumer Carer Network (Australia) (the Network) for the Financial Year (FY) 1 July 2008 to 30 June 2009. During that time, the PMHA, its CDMS and the Network operated under an twelve month contractual arrangement known as the Australian Medical Association Agreement for Services 2008–09 (Agreement). The Parties to this Agreement made substantial funding contributions for the provision of the services required to support the operation of all three entities. Those Parties were as follows.

1. Australian Medical Association (AMA)
2. Australian Private Hospitals Association (APHA)
3. Australian Private Health Insurance Association (AHIA)
4. Australian Government Department of Health and Ageing (DoHA)
5. Beyondblue

Over the life of that Agreement, approximately seven months were devoted to the negotiation of what arrangements were to be put in place for the PMHA, its CDMS and the Network after 30 June 2009. The outcome of those negotiations was a strong commitment from all the Parties for the PMHA, its CDMS and the Network being continued. A new Agreement has been signed to cover the two Financial Years, 1 July 2009 to 30 June 2011.

Chartered accountants KPMG conducted audits of the revenue and expenditure for the PMHA, its CDMS and the Network and their letter of acquittal appears at Attachment 1 to this Report. Statements of income and expenditure for PMHA, its CDMS and the Network are dealt with under each respective subsection of this Report.

The Report was unanimously endorsed by the meeting of the PMHA held in Adelaide on 2 October 2009 and we trust you find it informative and useful.

Philip Plummer
PMHA Independent Chair

1. THE PMHA

The PMHA's antecedent the Strategic Planning Group for Private Psychiatric Services (SPGPPS), was established in 1996 under the auspices of the Federal AMA to address issues related to funding, classification, quality of care, outcome measurement, consumer and carer participation and related topics as they affected the private mental health sector. The SPGPPS was restructured as the PMHA (or the Alliance) in 2007. The Alliance provides a forum for its members – Providers, Payers, Consumers and Carers, and the Australian Government – to meet on a regular and structured basis with the aim of furthering their shared objectives. PMHA members are strongly committed to improving service efficiency and the quality of mental health services in the private sector. The Alliance enables its members to achieve a better understanding of each other's different perspectives and provides a vehicle for those members to work together on key issues. The level of trust that has developed over the past thirteen years has enabled the Alliance's members to deal with very difficult and complex issues in a collaborative and highly functional manner. The PMHA continues to demonstrate the extent, scope, contribution and importance of mental health services in the private sector.

1.1 Improved interface between the public and private sectors

The Alliance works closely with the Australia Government to improve the interface and understanding between the private and public mental health sectors. Through the PMHA the private sector has been 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 AHMAC's Mental Health Standing Committee. It also holds positions on the 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 and sub–groups thereof.

1.2 Funding Reform

The PMHA focus is on the development of innovative models for funding service delivery that are feasible and effective without compromising the quality and continuity of care. One major discussion paper on Options for Funding Service Delivery for Private Psychiatric Services was published in 2006 and several of the options that were originally canvassed in the early drafts of that paper are now coming to fruition under the COAG National Action Plan on Mental Health 2006–2011 and the Broader Health Cover. In 2008–09 PMHA undertook a review of the 2006 Discussion Paper and will shortly distribute the revised version to again stimulate discussion and debate concerning the current delivery of mental health services in the private sector. One of the major outcomes of that review has been the development of a set of General Principles for the Funding Private Mental Health Services, which have been endorsed by the PMHA.

1.3 Policy

The PMHA seeks to develop sound policy that provides guidance on issues around the provision of mental health services and funding models. Members work together to formulate collaborative solutions on agreed key issues that affect mental health services in the private sector. That collaborative process operates to better inform the policy base of all participating organisations. Over the past twelve months, the PMHA has ensured that the private sector has been properly represented and closely involved with an important range of national policy issues including the Review of the National Mental Health Policy and the development of a Fourth National Mental Health Plan 2009-2014.

1.4 Practice

The PMHA informs and affects practice within the private sector. The Australian Government, for example, has delegated responsibility to the PMHA for the annual review of the Guidelines for Determining Benefits for Health Insurance Purposes for Private Patient Hospital–based Mental Health Care. These Guidelines offer assistance in identifying key aspects of program delivery and service provision in private mental health facilities for private health insurance purposes. The Guidelines can also be of assistance to State and Territory health authorities and their public hospitals in the treatment of Medicare and privately insured patients. Over the past twelve months the PMHA has also been instrumental in ensuring that the private sector was involved in the review of the National Standards for Mental Health Services.

1.5 PMHA Representatives

During FY 2008–09, the PMHA was chaired independently by *Mr Philip Plummer*.

The Australian Medical Association was represented by *Dr Choong–Siew Yong* and *Dr Bill Pring*. Dr Pring Chaired the PMHA–CDMS Management Committee.

Representation for all private health insurers that pay benefits for psychiatric care was provided by *Ms Helen Eriksson* and the Australian Health Insurance Association's Manager of Committees and Projects, *Mr Greg Kovacs.*

Ms Moira Munro and *Ms Carol Turnbull* represented private hospitals with psychiatric beds. Moira is the Chief Executive Officer (CEO) of the Perth Clinic in Western Australia and Deputy Chair of the PMHA. Carol is the CEO of Ramsay Healthcare in South Australia. Both Moira and Carol are members of the Australian Private Hospitals Association Psychiatric Sub–committee.

Ms Janne McMahon OAM represented private sector consumers. Janne is also the Chair of the Private Mental Health Consumer Carer Network (Australia).

Carers were represented by *Mrs Ruth Carson*. Ruth also represents the PMHA on the Network and has co–chaired the National Mental Health Consumer and Carer Forum.

The Australian Government Department of Health and Ageing (DoHA) was represented by *Ms Therese Merten*, and subsequently *Ms Robyn Milthorpe*, from the Mental Health Reform Branch. *Mr Peter Callanan* continued to represent the Private Health Insurance Branch of DoHA.

1.6 PMHA Meetings

Over the term of the AMA Agreement, the PMHA conducted three face–to–face meetings, as set out in Table 1 below.

Table 1: PMHA Meetings 2008–09

Meeting	Date	Venue	Location
6th PMHA Meeting	9 October 2008	AMA Headquarters	Canberra
7th PMHA Meeting	13 February 2008	Adelaide Clinic	Adelaide
8th PMHA Meeting	22 May 2008	Adelaide Clinic	Adelaide

1.7 Meeting Attendance

Table 2 sets out the record of attendance for PMHA Members and Observers at face–to–face meetings in 2008–09.

Table 2: Record of Attendance at Meetings of the PMHA 2008–09

REPRESENTATIVE(S)		PMHA MEETINGS		
		6th	7th	8th
PMHA Chair	Mr Philip Plummer	√	√	Apology
Consumers	Ms Janne McMahon	√	√	√
Carers	Mrs Ruth Carson	√	√	√
AMA	Dr Choong–Siew Yong	√	√	√
	Dr Bill Pring	√	√	√
APHA	Ms Moira Munro	√	√	Proxy PMHA Chair
	Ms Carole Turnbull	√	√	√
AHIA	Ms Kath McCollim	Apology		
	Mr Greg Kovacs		√	√
	Ms Helen Eriksson	√	√	√
DoHA	Ms Robyn Milthorpe		√	√
	Ms Therese Merten	Apology		
	Mr Peter Callanan	√	√	√

1.8 PMHA Collaborative Care Models Working Group

In FY 2008–09, the PMHA expanded its structure to include a Collaborative Care Models Working Group (CCMWG) to accommodate the major stakeholder groups now comprising the private mental health sector. In addition to the existing groups represented by the PMHA (consumers and carers, psychiatrists, private hospitals, private health insurers, and the Australian Government), this new structure has enabled the PMHA to extend an open invitation for general practitioners (GPs), psychologists, mental health nurses, and allied health professionals to participate.

CCMWG is committed to a co–ordinated and collaborative approach based on a shared understanding that models of mental health care must be underpinned by a surety of safety and quality of the services offered. CCMWG also seeks to identify any barriers that may impede, or inhibit the development of collaborative care.

In FY 2008–09, CCMWG met on three occasions (see Table 3 below) and undertook the following tasks.

1. Development of a set of *General Principles for the Funding Private Mental Health Services*.

2. The review and update of the 2006 Discussion Paper *Underlying Principles for Funding Psychiatric Care*, prepared by the PMHA's antecedent the Strategic Planning Group for Private Psychiatric Services (SPGPPS).

3. The review and update of the 2007 Edition of the *Guidelines for Determining Benefits for Health Insurance Purposes for Private Patient Hospital–Based Mental Health Care*.

Table 3: Meetings of the CCMWG 2008–09

REPRESENTATIVE(S)			1st CCMWG 14 November 2008	2nd CCMWG 13 MARCH 2009	3rd CCMWG 19 JUNE 2009
CCMWG Chair and Secretary		Mr Phillip Taylor	√	√	√
Consumers		Ms Janne McMahon	√	√	√
Carers		Mrs Ruth Carson	√	√	√
Providers	AMA	Dr Choong–Siew Yong	√	√	√
	RANZCP	Dr Richard Astill	√	√	√
	APHA	Ms Carole Turnbull	√	√	√
	ACMHN	Ms Marilyn Gendek	√	√	√
	AASW	Ms Liz Sommerville	√	√	√
	APS	Dr John Brown			√
	AAOT	Ms Heather Hudson	√	Apology	Apology
Payers	AHIA	Ms Helen Eriksson	√	√	√
	DoHA	Mr Peter Callanan	Proxy	√	√
		Ms Therese Merten	Apology		
		Ms Robyn Milthorpe		Apology	√

1.9 PMHA–CDMS Management Committee

The PMHA–CDMS Management Committee met 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.

Face–to–face meetings and teleconferences of the Management Committee are set out below, and the work of the PMHA's CDMS appears under section 2 of this Report.

Table 4: Meetings of the PMHA–CDMS Management Committee (MC) 2008–09

REPRESENTATIVE(S)		FACE–TO–FACE MEETINGS = F				TELECONFERENCES = T			
		5th T	6th T	6th F	7th T	8th T	7th F	9th T	8th F
		4 Aug 2008	8 Sep 2008	9 Oct 2008	13 Nov 2008	15 Dec 2008	12 Feb 2009	30 Mar 2009	21 May 2009
AMA	Dr Bill Pring (Chair)	√	√	√	√	√	√	√	√
Consumers	Ms Janne McMahon	√	√	√	√	√	√	√	√
Carers	Mrs Ruth Carson	Apology	Apology	√	Apology	√	Apology	Apology	√
APHA	Ms Moira Munro	√	Proxy	√	√	√	√	√	√
AHIA	Ms Helen Eriksson	Apology	Apology	√	√	Apology	√	Apology	√
DoHA	Ms Therese Merten	Apology	√	Apology	√				
	Ms Robyn Milthorpe					√	√	Apology	√
	Mr Peter Callanan	Apology	√	√	Apology	√	√	√	√
CDMS Director	Mr Allen Morris–Yates	√	√	√	√	√	√	√	√
PMHA Director	Mr Phillip Taylor (Secretary)	Apology	√	√	√	√	√	√	√

At the 22 May 2009 meeting of the PMHA there was consensus that to reduce duplication, the role of the PMHA–CDMS Management Committee, should be incorporated into the PMHA meeting as core business of the PMHA. Future meetings of the PMHA will be extended to accommodate the CDMS reporting.

1.10 Australian Health Minister's Advisory Council (AHMAC) Health Policy Priorities Principal Committee (HPPPC), Mental Health Standing Committee (MHSC)

The antecedent to the MHSC was the National Mental Health Working Group (NMHWG), which was established by the AHMAC in 1991 to oversee the implementation of the National Mental Health Strategy, to provide a forum for cross–jurisdictional exchange of information, and to encourage a consistent approach to the implementation of the National Mental Health Strategy. The Group also provided advice to the Australian Government Minister for Health and Aged Care on expenditure of mental health national project funding. After a review of sub–committees of AHMAC in 2006, the NMHWG was restructured as a sub–committee of the HPPPC and redesignated the *Mental Health Standing Committee*. The PMHA is represented on this peak body and its sub–groups. Over the past twelve months, the PMHA has ensured that the private sector has been properly represented and closely involved with an important range of major national policy issues, some of which included the following.

- National Mental Health Policy and Fourth National Mental Health Plan.
- National Comorbidity Collaboration (NCC).
- National Perinatal Depression Initiative Working Group (NPDIWG).
- Nationally Agreed Building and Design Guidelines.

The agreed PMHA representation on the MHSC and subgroups thereof is set out in Table 5 below.

Table 5: PMHA Representation on MHSC and its Sub–groups 2008–09

	PMHA REPRESENTATIVE	ALTERNATES
MHSC	Mr Philip Plummer (PMHA Independent Chair)	Mr Phillip Taylor (PMHA Director)
	Ms Moira Munro (PMHA Deputy Chair)	
Mental Health Information Strategy Sub–committee (MHISS)	Ms Moira Munro	Nil
Safety and Quality Partnership Sub–committe (SQPS)	Dr Bill Pring	Mr Taylor
National Comorbidity Collaboration (NCC)	Ms Carol Turnbull	Nil
National Perinatal Depression Initiative Working Group (NPDIWG)	Dr Choong–Siew Yong	Nil

The attendance of PMHA representatives at meetings of the MHSC and its major subgroups is set out in Table 6 below.

Table 6: Meetings of the MHSC and sub–groups thereof 2008–09

PMHA REPRESENTATIVE(S)	MHSC 14 Aug 2008	MHISS 21/22 Aug 2008	MHSC 19 Sep 2008	SQPS 24 Oct 2008	MHISS 5 Dec 2008	MHSC 6 Feb 2009	MHISS 19/20 Feb 2009	MHISS 30/1 Apr/May 2009	SQPS 13 Mar 2009	MHSC 15 May 2009
Mr Philip Plummer	√		Proxy			√				√
Ms Moira Munro	√	√	Proxy		√	√	√	√		√
Dr Bill Pring			√	√					√	
Mr Phillip Taylor			√							

1.10.1 National Mental Health Policy and Fourth National Mental Health Plan

The PMHA has participated directly in the MHSC update of National Mental Health Policy. The revised policy was endorsed by AHMC on 5 March 2009 and forms the basis of a new Fourth National Mental Health Plan 2009–14, which was still under development at the time of writing.

PMHA was represented on the Reference Group overseeing this work by ***Ms Moira Munro*** and ***Dr Bill Pring***.

Dr Ruth Vine is the lead consultant for the development of the Plan. The Department of Health and Ageing has also contracted Mr Bill Buckingham, Associate Professor Jane Pirkis, and Margaret Goding to assist in the reporting of consultations with Ministerial Advisory Councils and to develop the monitoring and evaluation elements of the Plan. The Commonwealth conducted national consultations during the first half of 2009. A National Forum was held on 29 April 2009 that PMHA Representatives attended.

1.10.2 National Comorbidity Collaboration (NCC)

NCC was established to assist the Commonwealth and the States and Territories to focus on comorbidity issues and identify opportunity for shared priorities and interests in a whole–of–government approach.

The PMHA was represented on the NCC by ***Ms Carol Turnbull***.

NCC focussed on exploring models of care and quality improvement processes within the alcohol and other drug (AOD) sector, better integration with the mental health sector, coordination of comorbidity initiatives, workforce development, and capacity building. NCC has undertaken the following.

- The development of a scoping paper on the identified priority areas. These include access, interface and linkages, models of care, workforce development, capacity building, leadership, data and indicators, and minimum conditions of funding. The NCC work plan will address these priorities in turn, commencing with models of care.

- The consideration of strategies to enhance consumer participation in AOD services, and to include other stakeholders in the work of the NCC.

1.10.3 National Perinatal Depression Initiative Working Group (NPDIWG)

NPDIWG developed an agreed a draft national framework for perinatal depression. The draft framework describes the scope of the initiative, the roles and responsibilities of the Australian Government, State and Territory Governments and *beyondblue*, the key elements and the underlying principles for implementation. The draft framework contains investment plans from each Government that set out the financial investment and activities each will undertake to achieve the outcomes that have been agreed by the NPDIWG. The complete draft framework was submitted to AHMAC for endorsement at its 4 June 2009 meeting.

The PMHA was represented on the NPDIWG by ***Dr Choong–Siew Yong***.

1.10.4 Nationally Agreed Building and Design Guidelines

In December 2008, ACT Health hosted an issues workshop on mental health facility design in Canberra to inform the revision of the current Australasian Health Facility Guidelines (AHFG) that relate to mental health facilities.

The workshop was attended by delegates from all states and territories as well as the PMHA (***Ms Carol Turnbull*** and ***Ms Janne McMahon***) and representatives from the Centre for Healthcare Assets Australasia that is facilitating the review of the mental health facility guidelines.

The main outcomes were as follows.

- *Glossary.* A glossary is to be developed that promotes understanding of the key service subtypes in each jurisdiction.

- *Further Workshops.* Each jurisdiction will be hosting an issues workshop for a specified service subtype that will then inform the work on the revision of the AHFG and the development of new guidelines.

- *Expert Reference Groups.* An expert reference group for each service subtype is to be established to facilitate ease of reference in the revision of the AHFG and to provide a forum for continuing discussion of contemporary models of service for key service type.

1.11 MHSC Safety and Quality Partnership Sub–committee (SQPS)

The SQPS is responsible for taking the Australian Government mental health safety and quality agenda forward. While the Australian Commission for Safety and Quality in Health Care (ACSQHC) leads the national effort to improve the safety and quality of health care provision in Australia generally, the SQPS has a defined focus on safety and quality in mental health care. It is intended that the SQPS and the ACSQHC work in partnership. The SQPS brings together key stakeholders in the mental health field, from both the public and the private sectors that are relevant to implementation of national priorities.

The PMHA was represented on the SQPS by ***Dr Bill Pring***.

Current issues arising from the work of the SQPS that are relevant to the private sector, include the following.

- *Review of the National Standards for Mental Health Services.*
- *Safety Key Performance Indicator (KPI) Development.*
- *Seclusion and Restraint.*
- *Safe Transportation*.
- *Reducing Adverse Medication Events*.
- *Reducing Suicide Risk and Deliberate Self Harm in Mental Health Services.*

1.12 MHSC Mental Health Information Sub–committee (MHISS)

MHISS provides a national collaborative approach to the development and implementing of initiatives that are related to mental health information. It provides expert technical advice and recommendations on initiatives to address the information requirements of the National Mental Health Strategy for the MHSC.

MHSC consists of representatives with responsibility for mental health information management and data collection systems, members with technical expertise in mental health data collection and reporting, and members who represent key stakeholder input.

In 2008–09, PMHA was represented on MHISS by ***Ms Moira Munro***.

Some of the issues that MHISS has been dealing with include the following.

- *2007–08 Annual Progress Report on the COAG National Action Plan on Mental Health (2006–2011; AIHW Mental Health Services in Australia Report; Report on Government Services.*
- *Peri–natal Depression (PND) Initiative.*
- *Mental Health Interventions Classification Project – as undertaken by Australian Institute of Health and Welfare (AIHW).*
- *Feedback to the National Advisory Council on Mental Health proposal for a national mental health report card.*
- *Ongoing advice on data and indicator development, including National Health Agreement indicator development occurring through the National Health Information Standards and Statistics Committee (NHISSC).*

1.13 Mental Health Workforce Advisory Committee

The Mental Health Workforce Advisory Committee (MHWAC) provides advice to the Health Workforce Principal Committee and the Mental Health Standing Committee (MHSC) on mental health workforce related issues.

Ms Carol Turnbull represents the PMHA on MHWAC.

The Terms of Reference for MHWAC are set out below.

1. To provide advice to the Health Workforce Principle Committee (HWPC) and MHSC on workforce related issues that may be appropriate for cross–jurisdictional or national action.

2. To provide advice to the HWPC and MHSC regarding the implications of broader health and other workforce issues/initiatives for mental health.

3. To coordinate the workforce related activities of the MHSC.

4. To facilitate information sharing on workforce related initiatives between the jurisdictions.

5. To facilitate communication between MHSC, training bodies and professional associations, and other mental health workforce stakeholders.

6. To review the collection of national mental health workforce data and make recommendations to the HWPC, the MHSC and other relevant bodies on strategies to improve data collection.

7. To analyse and report on that data with a view to assisting mental health workforce planning.

8. To encourage the development of consumer led services in jurisdictions.

9. To undertake specific workforce related tasks as directed by the HWPC.

1.14 PMHA Newsletter

The PMHA produced the First Edition of its newsletter in November 2008 and Second Edition in March 2009. Those newsletters included the following articles.

- PMHA's Collaborative Care Models Working Group.
- PMHA's CDMS.
- The PMHA review of the *Guidelines for Determining Benefits for Health Insurance Purposes for Private Patient Hospital–based Mental Health Care*.
- Mental Health Standing Committee.
- KPMG Evaluation of the Better Access Initiative.
- Principles for Funding Mental Health Care.

1.15 PMHA Income and Expenditure

PMHA Income and Expenditure for the periods 1 July 2008 to 30 June 2009 are set out in Table 7 below.

The Table has been prepared on a cash basis. The PMHA has confirmed that all expenditure has been made in accordance with the terms and conditions of the *AMA Agreement for Services 2008–2009*.

At 30 June 2009, there was a surplus of $14,989 remaining in the PMHA Budget.

The Parties contributing to the PMHA have agreed that the surplus be carried forward into the Financial Year 2009–2010 PMHA income stream.

Table 7: PMHA Income and Expenditure Financial Year 2008–09

1 JULY 2008 TO 30 JUNE 2009			
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	156,529	–1,452
Infrastructure	6,492	5,060	1,432
Recurrent and other expenses	23,412	17,858	5,554
Meetings of PMHA Face–to–Face	11,476	12,101	–625
Working Groups	2,912	9,111	–6,199
Other Meetings (MHSC & SQPWG)	7,028	2,147	4,881
Total before AMA Administration charge	206,397	202,807	3,590
AMA Administration Charge of 10%	20,640	20,640	0
Total	**227,037**	**223,447**	
Total PMHA Funds Remaining		***14,989***	

2. PMHA–CDMS

During FY 2008–09, the PMHA continued to provide a ***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.* The National Model has now been implemented by most private hospitals with psychiatric beds across Australia. By the end of FY 2008–09, over 95% of those hospitals were participating 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.

In operating under the umbrella of the PMHA, consumers and carers, their treating psychiatrists, participating private hospitals and payers, are provided with assurance that the highly sensitive information managed by the CDMS is protected by an appropriate governance structure.

Future work of the CDMS will focus on 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.

In accordance with the AMA Agreement, the PMHA–CDMS was involved in the following during FY 2008–09.

2.1 Preparation of Standard Quarterly Reports and XML Data Extracts

The Standard Quarterly Reports (SQRs) due for distribution during the 2008–09 FY were prepared as formatted PDF documents and XML Data Extracts and distributed on CD to both Hospitals and Health Insurers. The content and format of the SQRs remained unchanged from that being delivered in 2006.

2.2 Preparation and Publication of the Annual (financial year) Statistical Report.

The preparation of an Annual Statistical Report (Report) for all stakeholders was completed for release pending final approval of PMHA. The Report includes detailed statistics about the provision and outcomes of mental health care by private hospital–based services. A consultation draft of the Report has been made available to the PMHA for review. The Report will then be finalised and, with the PMHA's

approval, made publically available. Additionally, the development of this Report will help to inform the preparation of a revised edition of the National Model (see below). All PMHA stakeholders are fully involved in this process in an open and transparent manner to ensure that both the content of the Annual Report and the preparation of a revised edition of the National Model, meet all stakeholders requirements.

2.3 Preparation of a revised edition of the National Model

The preparation of a revised edition of the National Model is underway and will involve the following key issues being addressed.

1. *The clinical classification used as the primary stratification factor for reporting will need to be revised.* Specific problems that need addressing include simplification of the existing classification, removal of classes with very low numbers; and identification of important co–morbid conditions. A discussion paper outlining the issues and options is under development.

2. *Revision of the National Model for the identification, analysis and reporting of episodes of ambulatory care.* The current Model is not meeting Hospitals and Health Insurers requirements. A discussion paper outlining the issues and options is under development.

3. *Submission of HCP data to the PMHA–CDMS by Health Insurers and Other Payers.* Currently, Hospitals that do not participate in the PMHA–CDMS account 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.

4. *Revision of information models for Providers and Payers.* The current information model used within the data warehouse only partially accounts for changes in ownership and mergers of both Providers and Payers. A new model is under development.

2.4 Re–build of the CDMS Data Warehouse

With the introduction of a new server and the accompanying substantial increase in the CDMS's capacity to efficiently process large volumes of data, work has been progressing on re–building the data warehouse on the new the platform (MS SQL Server 2008 running under MS Windows Server 2008). *Phase one* of this task was completed in 2008 and removed the capacity limitations that were hampering both data analysis and reporting. *Phase two* involves 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 re–building of the report generation functions.

2.5 Participation rate

At the end of June 2009, almost all private hospitals with psychiatric beds across Australia were participating in the PMHA and its CDMS as set out below.

New South Wales

1. Albury Wodonga Private Hospital
2. Brisbane Waters Private Hospital
3. Campbelltown Private Hospital
4. Dudley Private Hospital
5. Lingard Private Hospital
6. Mayo Private Hospital
7. Mosman Private Hospital
8. The Northside Clinic
9. Northside Cremorne Clinic
10. Northside West Clinic
11. St John of God Hospital Burwood
12. St John of God Hospital Richmond
13. South Pacific Private
14. The Sydney Clinic
15. Sydney South West Private Hospital
16. Wandene Private Hospital
17. Warners Bay Private Hospital
18. Wesley Private Hospital Ashfield

Australian Capital Territory

19. Calvary Private Hospital

Victoria

20. The Albert Road Clinic
21. Delmont Private Hospital
22. Essendon Private Hospital
23. The Geelong Clinic
24. The Melbourne Clinic
25. North Eastern Rehabilitation Centre
26. Northpark Private Hospital
27. St John of God Hospital Warrnambool
28. St John of God Pinelodge Clinic
29. Vaucluse Hospital
30. The Victoria Clinic

Queensland

31. Belmont Private Hospital
32. Brisbane Private Hospital
33. Greenslopes Private Hospital
34. New Farm Clinic
35. The Palm Beach Currumbin Clinic
36. Pine Rivers Private Hospital
37. St Andrews Private Hospital Toowoomba
38. The Sunshine Coast Private Hospital
39. Toowong Private Hospital

South Australia

40. The Adelaide Clinic
41. Fullarton Private Hospital
42. Kahlyn Day Centre

Western Australia

43. Hollywood Private Hospital
44. Joondalup Health Campus
45. The Marian Centre
46. Niola Private Hospital
47. Perth Clinic
48. Sentiens Clinic

Tasmania

49. The Hobart Clinic
50. St Helens Private Hospital

2.6 PMHA–CDMS Income and Expenditure

PMHA–CDMS Income and Expenditure for the period 1 July 2008 to 30 June 2009 is set out in Table 8 below. The Table has been prepared on a cash basis.

The PMHA has confirmed that all expenditure has been made in accordance with the *AMA Agreement for Services 2008–2009* terms and conditions.

At 30 June 2009, there was a surplus of $27,898 remaining in the CDMS Budget. The Parties contributing to the PMHA–CDMS have agreed that the surplus be carried forward into the FY 2009–10 PMHA–CDMS income stream.

Table 8: PMHA–CDMS Income and Expenditure 2008–2009

1 JULY 2008 TO 30 JUNE 2009			
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*		
New Hospital Enrolments and re–enrolments	*17,000*		
Total	**265,164**		
PMHA–CDMS EXPENDITURE	**Budget**	**Actual**	**Variance**
Staffing	138,326	134,694	3,632
Infrastructure	16,500	63,008	–46,508
Recurrent and other expenses	16,775	10,860	5,915
Attendance at PMHA and other stakeholder's meetings	5,391	2,079	3,312
Workshops	0	8,925	–8,925
Total before AMA Administration charge	176,992	219,567	–42,575
AMA Administration Charge of 10%	17,699	17,699	0
Total	**194,692**	**237,266**	
Total CDMS Funds Remaining		***27,898***	

3. THE NETWORK

The Private Mental Health Consumer Carer Network Australia (Network) was conceived at the request of the sector in 2002 to improve the participation and to capture the informed voice of consumers and their carers using private sector mental health services.

The Network provides the private sector with honest feedback on service provision and funding. While that feedback is not always what stakeholders want to hear, they understand that without it they run the risk of service provision and funding being out of alignment with what is actually needed.

The Network provides a valuable service to the whole sector and to the Australian Government. It is able to advise on issues of national significance and holds, or has held, positions on the following committees and boards.

Current Boards/Committees

- PMHA
- PMHA–CDMS Management Committee
- PMHA – Collaborative Care Models Working Group
- APHA Psychiatry Sub–committee
- Queensland Private Hospitals Association
- National Mental Health Consumer Carer Forum
- Mental Health Council of Australia (MHCA) Board
- Mental Health Council of Australia – Members Policy Forum
- Carers Victoria Inc
- RANZCP Board of Practice and Partnerships
- RANZCP Community Collaboration Committee
- RANZCP Curriculum Improvement Project
- RANZCP Committee of Continuing Medical Education – Chronic Disease Self–Management Project
- Australian Psychological Accreditation Council – Director
- Australian Council on Healthcare Standards – SA State Committee
- Australian Council on Healthcare Standards – two consumer surveyors
- National Standards for Mental Health Services – Working Group, Private Sector
- COPMI Project – National Reference Group
- Carers Australia, SA – Mental Health Taskforce

Previously held positions on Boards/Committees

- Victorian National Mental Health Policy Review Steering Committee
- Mental Health Standing Committee
- Victorian Consumer/Carer Experiences of Care Project
- ACHS Review of the National Standards for Mental Health Services Steering Committee
- Australian Government, Department of Health and Ageing, Review of the National Mental Health Policy 2007, Steering Committee and Drafting Group
- RANZCP Board of Professional and Community Relations
- RANZCP Board Review Working Group
- Australian Council on Healthcare Standards – Review of the National Standards for Mental Health Services Steering Committee
- Expert Panel Member, Mental Health First Aid Guidelines Project for Eating Disorders

The Independent Chair and founder of the Network, Ms Janne McMahon, was awarded a Medal of the Order of Australia in the 2008 Queen's Birthday Honours List for service to the community in the area of mental health advocacy, particularly for private mental health consumers and carers.

3.1 Representation

The Network is comprised of either a consumer or carer representative from each Australian State. At the end of June 2009, the State–based Coordinators were:

Queensland	Mr Norm Wotherspoon (consumer)
New South Wales	Ms Alvina Hill (consumer)
Victoria	Ms Ruth Carson (carer) – Acting
Tasmania	Mr Trevor Bester (consumer)
South Australia	Mr John Kincaid (consumer)
Western Australia	Mr Patrick Hardwick (carer)
ACT	Ms Kim Werner (consumer)

3.2 Meetings of the Network 2008–09

Over the term of the AMA Agreement, the Network conducted three two day face–to–face meetings, as set out in Table 9 below.

Table 9: Network Meetings 2008–09

Meeting	Date	Venue	Location
17th Network Meeting	18/19 August	RANZCP Headquarters	Melbourne
18th Network Meeting	21 November 2008	Teleconference	N/A
19th Network Meeting	16/17 February 2008	RANZCP Headquarters	Melbourne

3.3 Network Meeting Attendance

Table 10 sets out the record of attendance for Network Members at face–to–face meetings in 2008–09.

Table 10: Record of Attendance at Meetings of the Network for 2008–09

JURISDICTION	REPRESENTATIVE(S)	NETWORK MEETINGS		
		17th Meeting	18th Meeting (Via Teleconference)	19th Meeting
Independent Chair	Ms Janne McMahon	√	√	√
PMHA Carer	Mrs Ruth Carson	√	√	Apology
Queensland	Ms Julie Hutson	√		
New South Wales	Ms Alvina Hill	√	√	√
Victoria	Ms Kim Werner	√	√	√
South Australia	Mr John Kincaid	√	√	√
Western Australia	Mr Patrick Hardwick	√	√	√
Tasmania	Mr Trevor Bester	Apology	Apology	Apology
Bluevoices	Mr Michael O'Hanlon			√

Invited guests that attended meetings of the Network included the following.

Ms Helen Eriksson, HCF and Member AHIA Mental Health Committee.

Ms Vanessa Hille, Project Officer, RANZCP National Standards for the Mental Health Workforce Implementation Project.

Mr Wayne Chamley, MHCA Board Member.

3.4 State–based Committee Meetings

Each Australian state has a State–based Committee, chaired by the Network Coordinator for that state. The role of the State Committees is to:

- identify issues for consumers and carers in the private sector in the State;
- act as a constituency for the Network State Coordinator;
- foster links with consumer and carer committees/consumer consultants in private hospitals in the State;
- encourage and facilitate exchange of information on issues and initiatives relevant to consumers and carers in the State;
- review issues of national significance referred to the State Committee from the Network;

- identify issues of significance in the State for referral to the Network; and
- act as a forum where hospital committee representatives can present opinions and proposals, for discussion and feedback.

It is through this mechanism that the Network has direct links to a very large proportion of consumers and carers at the 'coalface' within private sector settings. Table 11 below sets out the State–based Committee meetings that took place during course of the last eighteen months.

Table 11: State–based Committee Meetings 2008–09

Meeting	Date	Venue
Queensland Change in State Coordinator	28 October 2009	Pine Rivers
New South Wales	19 September, 2008 20 March 2009	South Pacific Hospital Sydney Clinic
Victoria Change of State Coordinator	21 November 2008 7 May 2009	Melbourne Clinic Melbourne Clinic
South Australia	13 November 2008 18 June 2009	Adelaide Clinic Adelaide Clinic
Western Australia	20 November 2008	Perth Clinic
Tasmania	No meetings as change required to position of State Coordinator	

3.5 Network Representation on Other Organisations

Table 12 below identifies Network representation at the meetings of other groups.

Table 12: National Network Representation at Other Meetings 2008–09

Organisation or Group		Meeting Date	Representative(s)
Private Mental Health Alliance (PMHA)	PMHA	10/10 2008, 13/2, 23/5 – 2009	Ms McMahon – Consumer Mrs Carson – Carer
	PMHA–CDMS Management Committee	4/8, 8/9, 9/10, 13/11, 15/12, – 2008 12/2, 30/3, 21/5 – 2009	
		9/10, 15/12, – 2008 30/3, 21/5 – 2009	
	Collaborative Care Models Working Group	14/11 – 2008 13/3, 19/6 – 2009	

Table 12: National Network Representation at Other Meetings 2008–09 (Continued)

Organisation or Group		Meeting Date	Representative(s)
Australian Private Hospitals Association (APHA)	APHA Psychiatry Committee	26/2, 23/4 – 2008	Ms McMahon
	APHA Queensland	15/7/2009	Mr Wotherspoon
Australian Council on Healthcare Standards (ACHS)	National Standards for Mental Health Services Review Committee	29/7, 5/11, 18/11 – 2008 Forum 13/10 – 2008	Ms McMahon
	State Committee	12/8/2008 and 5/2/2009	Ms McMahon
	Clinical Indicator Working Group	29/5/2009	Ms McMahon
Carers Network Victoria Inc		18/12 – 2008 19/2, 16/4, 18/6 – 2009	Ms Carson
Carer Engagement Project		26/8, 15/10 – 2008 27/1, 15/6 – 2009	Ms Carson
Mental Health Nurse of the Year Award		12/8 – 2008 31/7, 24/8 – 2009	Ms Carson
Mental Health Council of Australia (MHCA)	AGM	17/11 – 2008	Mr Chamley
	Members Policy Forum	17/11 – 2008	Ms McMahon
	Stigma Reducing Working Group	19/5, 18/6 – 2009	Ms McMahon
RANZCP – Board of PCR		18/9, 26/10 – 2008	Ms McMahon
RANZCP CIP		21/2, 2/3, 3/3, 18/12 – 2008 29/6, 30/6 – 2009	Ms McMahon
National Mental Health Consumer and Carer Forum		14–15 March 2008 26–27 March 2009	Mr Hardwick
4th Plan, National Forum		11/9, 27/11 – 2008 29/4 – 2009	Ms McMahon

Table 12: National Network Representation at Other Meetings 2008–09 (Continued)

Organisation or Group		Meeting Date	Representative(s)
Seclusion & Restraint Forum		18/2/2009 6/5/2009	Ms McMahon Ms Hill & Ms McMahon
Health Facilities Building Guidelines Forum		2/12/2008	Ms McMahon
SA Carers Mental Health Taskforce		30/1, 20/3, 12/6 – 2008 19/3, 11/6 – 2009	Ms Smith
IIMHL		5/3 6/3 – 2009	Ms McMahon
Parliamentary Inquiries	Community Affairs	28/8 – 2008	Ms McMahon
	Carer Inquiry	5/8/2008	Ms McMahon, Ms Hardy
	Men's Health	30/4/2009	Ms McMahon, Mr Kincaid Mr O'Hanlon

Expert Advisory Panel

An innovative and unique feature of the Network has been the establishment at the outset in 2002 of the Network's Expert Advisory Panel. This is an informal group of experts who have made themselves available to provide advice when requested. This Panel is currently comprised as follows.

Dr Bill Pring	Psychiatrist
Dr Jo Lammersma	Psychiatrist
Ms Moira Munro	Hospitals
Mr David Stokes	Psychologist
Dr Chris McAuliffe	General Practitioner
Dr Margaret Leggatt	Prominent Carer representative

Health insurers were previously represented by Mr. Bruce Houghton. The Network will approach the AHIA Mental Health Committee for a replacement for Mr Houghton.

3.6 Activities of the Network

The activities of the Network are largely guided by the *Work Plan 1 July, 2008 to 30 June, 2009,* however, the Network undertakes numerous additional activities when the opportunities or needs, arise. The Network continues as the peak consumer and carer organisation for private mental health dedicated to improving the lives of mental consumers and carers and advocating for their needs. The Network is continuing to expand its base, and to build partnerships and strengthen its engagement with organisations within mental health. Over the last twelve months, the Network made formal submissions and commented on a wide range of mental health inquiries and issues including the following.

3.6.1 Ten Submissions

1. Australian Government, *Toward a National Primary Health Care Strategy*, February 2009.

2. Senate Select Committee, *Increased Medicare compliance audit initiative*, April, 2009.

3. Australian Government, *Access to Allied Psychological Services Review*, February 2009.

4. Senate Select Committee, *Inquiry into Men's Health*, February 2009.

5. National Health and Hospital Reform Commission, Interim Report, *A healthier future for all Australians*, March 2009.

6. Australian Government, Private Health Industries Branch, *Health Insurers ability to run Pilot Project*, January 2009.

7. Australian Commission on Safety and Quality in Health Care, *Consumer Engagement Strategy,* August 2008.

8. National E–Health Transition Authority (NEHTA) *Privacy Blueprint for the Individual Electronic Health Record,* August, 2008.

9. Australian Government, *National Mental Health and Disability Employment Strategy,* July 2008.

10. Australian Government, *Inquiry into better support for carers*, July 2008.

3.6.2 Two Appearances at Parliamentary Inquiries

1. Senate Select Committee – Inquiry into Men's Health, Adelaide April, 2009.

2. House of Representatives Stranding Committee, Inquiry into better support for Carers, August, 2008.

3.6.3 Project Development and Management during the last 12 month period.

The Network is currently awaiting the outcome of its submission in March 2009 to the Australian Government Department of Health and Ageing of a Project Brief titled, *Nationally Consistent Carer Identification Policies and Good Practice Protocols, & Nationally Consistent Information Packages for Carers*.

3.6.4 Promotional Activities

Promotional activities undertaken by the Network during the last 18 month period include the following.

- A Joint Media Release with the RANZCP – Release of Senate Community Affairs Committee Report – Toward recovery – mental health services in Australia, 2 October, 2008.

- Targeted distribution of 'Basic Human Rights' promotional cards.

3.6.5 Other Issues

Some of the other issues that have been raised with various organisations are set out below.

Australian Government, Department of Health and Ageing, and The Hon. Ms Nicola Roxon MP.

- Lack of a specialist psychiatrist as a member of the Pharmaceutical Benefits Advisory Council.
- Retention of Medicare Safety Net and Extended Safety Net for people with mental illness.
- Welcome communiqué 4th National Mental Health Plan.
- Mental Health brochure for consumers and carers.
- Follow up of Recommendations 24 and 25 from the Senate Community Affairs Report of 25 September, 2008.

Safety and Quality Sub–Committee – Increasing use of Restraint and Seclusion within Emergency Departments.

Australian Council on health carer standards –Lack of mental health clinical indicators around Restraint and Seclusion within the suite of clinical indicators for Emergency Departments.

Mental Health Council of Australia – Adequacy of education, training and supervision for psychologists to undertake focussed psychological interventions under the Better Access initiative.

National Health and Hospitals Reform Commission –Concern around expressed proposal for alternative models of funding on a 'capped' basis.

3.7 Network Income and Expenditure

Network CDMS Income and Expenditure for the periods 1 July 2008 to 30 June 2009 is set out in Table 13 below. The Table has been prepared on a cash basis. The PMHA has confirmed that all expenditure has been made in accordance with the *AMA Agreement for Services 2008–2009* terms and conditions.

At 30 June 2009, there was a surplus of $6,600 remaining in the Network Budget for Financial year 2008–09.

The Parties contributing to the Network have agreed that the surplus be carried forward into the Financial Year 2009–2010 Network income stream.

Table 13: Network Income and Expenditure Financial Year 2008–09

1 JULY 2008 TO 30 JUNE 2009

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	80,266	–6,315
Meetings of the Network	37,039	31,877	5,161
Infrastructure for Network Chair	520	1,791	–1,271
Attendance of Network Representative at Other Meetings	8,225	6,879	1,346
Total before AMA Administration charge	119,735	120,813	–1,079
AMA Administration Charge of 10%	11,973	11,973	0
Total	**131,707**	**132,786**	
Total Network Funds Remaining		***6,600***	

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Independent auditor's report to Australian Medical Association Limited

In accordance with the Agreement between the Australian Medical Association Limited (AMA), the Australian Private Hospitals Association Limited (APHA), the Australian Health Insurance Association (AHIA), the Commonwealth of Australia, as represented by the Department of Health and Ageing (Commonwealth) and Beyond Blue Limited (Beyond Blue); we have audited the following Statements of Income and Expenditure (the Statements) included in a Progress Report for the period 1 July 2008 to 30 June 2009 (the Report) for the following activities:

- Private Mental Health Alliance (PMHA);
- PMHA Centralised Data Management Service (CDMS);
- Private Mental Health Consumer Carer Network Australia (The Network).

The Statements comprise:

- PMHA in Table 7 on page 13 of the Report;
- CDMS in Table 8 on page 17 of the Report; and
- The Network in Table 13 on page 26 of the Report.

Directors' responsibilities for the Statements

The directors of the AMA are responsible for the information contained in the Statements. This responsibility includes establishing and maintaining internal control relevant to the preparation and fair presentation of the Statements in accordance with the Agreement that is free from material misstatement, whether due to fraud or error, selecting and applying appropriate accounting policies; and making accounting estimates that are reasonable in the circumstances.

Auditor's responsibility

Our responsibility is to express an opinion on the Statements to the directors of the AMA based on our audit. We conducted our audit in accordance with Australian Auditing Standards. These Auditing Standards require that we comply with relevant ethical requirements relating to audit engagements and plan and perform the audit to obtain reasonable assurance whether the Statements are free from material misstatement.

An audit involves performing procedures to obtain audit evidence about the amounts and disclosures in the Statements. The procedures selected depend on the auditor's judgement, including the assessment of the risks of material misstatement of the Statements, whether due to fraud or error. In making those risk assessments, the auditor considers internal control relevant to the entity's preparation and fair presentation of the financial report in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of the entity's internal control. An audit also includes evaluating the reasonableness of accounting estimates made by the directors, as well as evaluating the overall presentation of the Statements.

Our procedures included the examination on a test basis, of evidence supporting the amounts disclosed in the Statements, the examination of whether the amounts disclosed in the Statements are in accordance with the Financial Records maintained by the AMA. These procedures have been undertaken to form an opinion whether, in all material respects, the attached Statements are presented fairly in accordance with the Agreement. The Statements have been prepared as required

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by the Agreement for the purposes of reporting to the parties to the Agreement. Our report is intended solely for the parties of the Agreement and should not be used or relied upon by parties other than those that are party to the Agreement.

Auditor's opinion

In our opinion the Statements for

- Private Mental Health Alliance (PMHA);
- PMHA Centralised Data Management Service (CDMS);
- Private Mental Health Consumer Carer Network Australia (The Network)

a) presents fairly the transactions of the Agreement for 1 July 2008 to 30 June 2009; and

b) are based on the Financial Records maintained by the Australian Medical Association Limited.

KPMG

Don Cross
Partner

Canberra, ACT

16 December 2009