SPGPPS News

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Introduction

For the second edition of our Newsletter, we thought it would be useful to provide more detailed information about three of the key projects operating under SPGPPS. We have asked the key project leaders who are developing these three projects to provide a summary of their projects, and report on progress to date.

These projects are being developed by the project leaders, and will be shaped by the stakeholders in SPGPPS. The project leaders have provided contact details so that it is possible for readers of this newsletter to obtain further information and make comments. Comments can also be made to representatives from the various stakeholder groups listed at the end of the newsletter.

Representative groups on SPGPPS may have difficulties with aspects of some of the projects. The AMA for instance has had difficulties with the fund-pooling concept in the integrated trials. There is, however, consensus that the broad aims of the projects are well worthwhile.

We are keen to produce better co-ordination and co-operation between private and public sectors.

The development of adequate information systems can be of great benefit in shaping a modern private psychiatric sector.

The development of Clinical Practice Guidelines will be a valuable step in integrating evidence-based processes into what is already a high quality psychiatric practice system in Australia.

Dr Bill Pring
Editor

National Demonstration Projects in Integrated Mental Health Care - Overview and Developments

Associate Professor Kathy Eagar

Planning is well under-way for the establishment of National Demonstration Projects in integrated Mental Health Services (MHIP for short).

The basic MHIP model is for public sector mental health services and private psychiatrists to work together in the development of an integrated service model for the population of a defined area. Some projects are also proposing to expand the model to include local general practitioner, non-government services and private hospitals.

The aim is to create a more flexible integrated framework within which mental health care can be delivered and to optimise outcomes for consumers.

A fund pool will be established for each project. However, the scope of the pool will be determined on a case by case basis and it will not be necessary for all projects to pool all sources of funds.

The potential funding for pooling purposes includes public sector mental health service funding for the area and the MBS and PBS expenditure associated with private practitioners' activity.

Once a pool is established, providers do not have to be concerned about sources or types of funding. For example, 'medical' dollars and 'pharmaceutical' dollars can be substituted, as can 'Commonwealth' and 'State' dollars. Once the funds are pooled, their source no longer matters. This presents a unique opportunity given the way that the system currently works. In simple terms, the challenge given to the project planning groups is this:

How will you design/redesign your care delivery system so that all your patients are treated by the right provider/s, in the right place and at the right time?

The Centre for Health Service Development (CHSD) at the University of Wollongong is providing technical assistance in relation to design, management, financial and monitoring arrangements and site selection for the projects.

Expressions of interest were invited in 1998 and, as at May 1999, four projects are in the detailed planning and design phase while early planning is underway in two other potential projects. The projects are being implemented in three phases:

Detailed design and planning phase
This involves approximately six months for consultation and for the development of a detailed design plan. Four projects have been approved to this stage – Far West (NSW), Illawarra (NSW), Inner Urban East Melbourne (Victoria) and the Grampians (Victoria).

At the end of this 6 month period, project groups will be required to submit a detailed implementation plan. Subject to the development of a satisfactory plan and to the agreement of local providers and State Health Authorities, the Commonwealth will approve each project and provide project funds for a period of two years.

Approval to progress to the 'live' phase is not automatic and is subject to satisfactory progress being made during the planning phase.

Implementation phase
The implementation phase is due to commence for most projects in November 1999 and to run for 2 years, concluding in December 2001.

Wind down and final report phase
The final phase of the project will involve the winding down of each project and the completion of the final evaluation report. This phase is expected to take at least three months and is proposed to be completed by March 2002.

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Development and Implementation of Clinical Practice Guidelines

Professor Philip Boyce

Overview and objectives
The Royal Australian and New Zealand College of Psychiatrists (RANZCP) has established a Strategic Plan Projects Committee to co-ordinate a number of projects to develop and promote best practice in psychiatry.

One of these is the *Development and Implementation of Clinical Practice Guidelines Project* funded through the National Mental Health Strategy and the New Zealand Department of Health.

The objectives of the project are:

1. to develop, or adapt where appropriate, a preliminary series of guidelines for specialist mental health clinicians and their consumers, which are based on evidence and widespread consensus; and
2. to develop local protocols for the implementation, evaluation and revision of the guidelines.

Tender process
The RANZCP advertised widely for Teams to develop the guidelines. An open tender process was chosen:

- to ensure that the information regarding the Request for Tenders was disseminated widely within the psychiatric profession in both Australia and New Zealand; and
- to encourage applications of high quality from suitably qualified mental health clinicians and researchers.

Tenders were evaluated in confidence by a selection panel. Evaluation was based on:

- ratings of the quality of each Tender against a set of predetermined criteria, derived primarily from the NHMRC document *Guidelines for the Development and*

Implementation of Clinical Practice Guidelines;

the Tender's capacity to complete the work to a high standard and within the time frame and budget stated;

- skill, experience and availability of the proposed Team and their consultants.

The Guideline Teams

To date, the following Teams have been selected:

Schizophrenia (Prof. Pat McGorry)
Depression (Prof. Pete Ellis)
Anorexia Nervosa (Prof. Pierre Beumont)
Panic Disorder & Agoraphobia (Prof. Gavin Andrews & A/Prof Mark Oakley-Browne)

Each Team will produce:

- Clinician guidelines
- Companion Consumer Guide
- Report on guideline development process

Unfortunately, no Teams have yet been identified to develop guidelines for Bipolar Disorder or Deliberate Self-Harm. It is proposed to pursue these again in late 1999.

Key principles of guideline development

The guidelines will be developed in accordance with the methodology outlined in the NHMRC 'guidelines for guidelines' document.

Key principles include:

- a focus on identifying interventions which maximise health outcomes;
- rigorous and systematic evaluation of the evidence; and
- multidisciplinary input and consumer involvement.

Steering & Implementation Committee

The projects are overseen by a Steering & Implementation Committee (S&IC):

Dr. Robert Broadbent	RANZCP
A/Prof. Fiona Judd	RANZCP
Dr. Mark Walterfang	Assn Psychs in Training
Dr. Bill Pring	SPGPPS
Ms. Merinda Epstein	Consumer Representative
Mr. John McGrath	Carer Representative
Mr. Paul Gross	HAC, NHMRC
A/Prof. Mark Oakley-Browne	Academic
Prof. Gavin Andrews	Academic
Prof. Peter Yellowlees	Clinical Pathways
Mr. Ian Thompson	CDHAC
Ms. Linda Pettigrove	CDHAC
Prof. Philip Boyce	Project Chair
Ms. Meredith Harris	Project Officer

Activities of the S&IC include:

- development of an Implementation Plan, utilising a combination of strategies and taking account of available resources and existing professional structures;
- design and conduct of a survey of RANZCP members regarding use of and views about guidelines;
- preparation of a paper on consumer and carer participation in the guideline development process;
- co-ordination of widespread review of the guideline documents, involving all major stakeholders; and
- production of a final project report.

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SPGPPS Data Collection and Analysis Project

Mr Allen Morris-Yates

The objective of the Data Collection and Analysis Project is to develop a National Model for the Collection and Analysis of a Minimum Data Set with Outcome Measures for Private Psychiatric Services.

The aim is to put in place systems for the routine collection of data which will enable us to determine the relative effectiveness of various models of service delivery in the provision of mental health care services in private hospitals. To achieve that objective two parallel strands of activity need to be undertaken. At the technical level, a tested model for an information infrastructure needs to be developed and fully documented.

Technical Infrastructure

The required technical infrastructure has several components, including the:

- identification, and where necessary, further development of a minimum data set augmented with measures of consumer outcome (the Data Set). This is likely to based on the data items in the Hospital Casemix Protocol, augmented with some additional data items from the National Minimum Data Set, together with two brief measures of consumer outcome – a clinician rated measure (the Health of the Nation Outcome Scales (HoNOS)) and a self-report measure.
- development of standardised protocols for the ascertainment, collection, and submission of the Data Set by Hospitals;
- development of protocols for the analysis and reporting of aggregate statistics based on the Data Set for Hospitals, Health Insurance Funds and other key stakeholders; and
- specification (and possibly development) of systems for local processing, transmission, central processing and analysis, and reporting of the Data Set.

The development and introduction of a collaborative data collection of the kind proposed raises many issues for all stakeholders - Funders, Hospitals, Service Providers and Consumers. We want to ensure that these groups are informed and committed, and facilitate their input into the technical development of the project. To facilitate this process we have broken the project into two stages.

Stage One

In Stage One we are reviewing the requirements for the National Model, developing the guidelines and protocols which constitute the model, and examining the issues which will need to be addressed in its implementation.

In order to fully understand the likely infrastructure requirements and give Hospitals and Service Providers the opportunity to discuss the implications of the implementation of the proposed model, Mr Allen Morris-Yates will endeavour to visit every private hospital with psychiatric beds in the period immediately following the forthcoming 1999 SPGPPS Forum being held on the 8th July in Sydney.

By the end of Stage One we will have a very good idea of what the true status of data collection for private psychiatric services is (and perhaps for the sector more generally).

Stage One will culminate in September with the distribution of a discussion paper and draft guidelines to all key stakeholders. At that time a Second Briefing for private sector Funders, Hospitals and Service Providers will be conducted If all stakeholders are agreed, we will proceed with Stage Two of the project.

Stage Two

In Stage Two we will pilot test the model. This is necessary to ensure that the proposed data collection and analysis protocols are acceptable and practical and that the information derived from the Data Set is useful. The pilot test will also enable us to develop and finalise the full implementation strategy.

Assuming that all goes well we may then proceed to the full implementation. Agreement will need to be obtained from Private Psychiatric Hospitals to implement the model. If this is

forthcoming, a full collaborative data collection and reporting based system based on the analysis of de-identified aggregated data including outcome measures will be implemented.

At this point the key stakeholders will take responsibility for the project and it's progress. They may invite the project team to assist in its implementation.

Current Status of the Project

To date, the *SPGPPS Data Collection and Analysis Working Group* overseeing the Project has had several meetings.

Discussions have revolved around communication strategies (stakeholders-constituents; and project manager-hospitals), existing data collection and reporting requirements, stakeholder access to data, and the selection of an appropriate self-report measure for use in the private sector.

The current data collection requirements, data analysis and reporting procedures of State and Commonwealth Health Departments and Health Funds have been researched and documented.

The National Minimum Data Sets for Institutional Health Care, Community Mental Health Care, and Institutional Mental Health Care have also been identified and documented.

Most of our work to date has been focussed on the development of the model and its associated guidelines:

Access to Data and Information specifies the guidelines governing access to information collected in accordance with the proposed model. They specify the conditions under which persons (from the stakeholder groups) have access to information, together with the nature and scope of that information.

Administration of Self Report Measures will provide detailed guidance on the process of administering self-report measures. This is an important component of the model as many hospitals and service providers have had little if any experience in the routine collection of data based on self-report measures.

Collection of Ratings and Measures will outline the protocols for the collection of clinical ratings and self-report measures of outcome in each of the principal settings within which care is provided, eg. inpatients, day patient programs, less intensive or less structured outpatient programs, and community outreach or home-based care.

We expect to be able to present a draft version of the National Model which includes a specification of the proposed Data Set, the above guidelines, and the guidelines for the analysis and reporting the Data Set to Hospitals and Service Providers when we visit them in July or August.

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SPGPPS News provides a brief summary of issues being progressed under the auspice of the SPGPPS process. A copy of the full report on the most recent meeting of the SPGPPS Steering Committee can be viewed on the internet at:

http://domino.ama.com.au/DIR0103/MentalH.nsf/Mental+Health