

Australian Medical
Association

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The Royal Australian
and New Zealand
College of Psychiatrists

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The Royal Australian
College of General
Practitioners

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Commonwealth
Department of Health
and Ageing

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Department of Veterans'
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Mental Health
Consumers and Carers

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Australian Private
Hospitals Association

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Australian Health
Insurance Association

STRATEGIC PLANNING GROUP FOR

SPGPPS

PRIVATE PSYCHIATRIC SERVICES

News

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SPGPPS News provides a brief summary of some of the issues being progressed under the auspice of the SPGPPS process. As such it is intended to stimulate discussion and debate concerning the delivery of mental health services in the private sector. **SPGPPS News** does not, therefore, necessarily represent the view of participating organisations, unless otherwise stated. Further information can be obtained from the SPGPPS Website at www.spgpps.com, or by contacting the Secretariat on 02 6270 5438.

Editor's Desk

Dr Bill Pring

In our first newsletter for 2004, I am pleased to announce that a new overarching *AMA Agreement for Services 2004-2006* was signed at the end of last year to enable the continuation of the SPGPPS, its Centralised Data Management Service (CDMS) and National Network for Private Psychiatric Sector Consumers and Carers (National Network) until 31 December 2006. The Parties to the new Agreement are as follows.

1. Australian Medical Association (AMA),
2. Royal Australian & New Zealand College of Psychiatrists (RANZCP)
3. Australian Private Hospitals Association (APHA)
4. Australian Health Insurance Association (AHIA)
5. Australian Government
6. Beyondblue

Annual Progress Report 2003

This Report represents the work of the SPGPPS, its CDMS and the National Network up to the end of the previous AMA Agreement for Services, which expired on 31 December 2003. It is an easy to read and concise document that covers the activities of all three entities.

The last meeting of the SPGPPS considered it *...an important source document for promulgating the work of the SPGPPS, CDMS and National Network*. Our Executive Officer, Phillip Taylor, provides further details in an article in this edition.

Privacy Kit for Private Sector Mental Health Service Providers.

The Mental Health Privacy Coalition recently launched a Kit to guide mental health consumers, carers and providers through the detail of the *Federal Privacy Act*. As many readers will know, the Coalition comprises the AMA, APHA, RANZCP and the Mental Health Council of Australia.

I believe the Kit will make the *Federal Privacy Act* easier to understand for everyone concerned with mental health. It will allow practitioners to deal with highly sensitive clinical information without fear of breaching the Act or betraying the trust of their patients. Rather than the Act being misunderstood as a hindrance, it suggests ways it can be integrated into mental health practice, and maybe even enhance it. This user-friendly kit offers practical solutions to even the most problematic privacy concerns surrounding mental health.

In this edition, the AMA Legal Counsel and I provide a more detailed article on this important resource.

SPGPPS Planning Day

The SPGPPS held its 35th Meeting and Planning Day in Sydney on 12 March 2004 to consider the priorities for the SPGPPS for the next 12 to 18 months. Building on the work already underway in relation to the SPGPPS Forum 2002 goals, the SPGPPS agreed on the following priority areas for SPGPPS activity.

- Innovative models of service delivery.
- Communication strategies.
- Public-private service integration.
- Co-morbidity.
- Quality of Services.
- Access to psychiatric beds.

Dr Yvonne White and Dr Jonathan Phillips provide further details on the Planning Day in this edition.

National Network

The National Network of Private Psychiatric Sector Consumers and Carers will hold its third face-to-face meeting on 19-20 April 2004 at RANZCP Headquarters in Melbourne. Progress with the establishment of the consumer and carer voice in the private mental health sector since their last face-to-face meeting in August 2003 has been impressive (see in Phillip's article on the *Annual Progress Report 2003*). The first newsletter to inform the sector about the activities of the National Network has been issued as a separate publication by the SPGPPS Secretariat.

Guidelines for Determining Benefits

For most of 2003, an SPGPPS Guidelines Review Working Group has been quietly toiling away to produce the latest version of the *Guidelines for Determining Benefits for Health Insurance Purposes for Private Patient Hospital Based Mental Health Care (2004 Edition)*. That work has now been completed and the latest edition of these Guidelines may be obtained from:

http://www.health.gov.au/privatehealth/providers/phicirculars04-05/18_04.pdf

These important Guidelines are used to assist in determining facility selection and appropriate funding levels for private health insurance purposes. The Guidelines are also intended to assist State and Territory health authorities, and their public hospitals, in the treatment of Medicare and privately insured patients.

Dr Bill Pring
Editor

SPGPPS ANNUAL PROGRESS REPORT

Mr Phillip Taylor

The *SPGPPS Annual Progress Report* covers the period 2 February 2003 – 31 December 2003. The Report represents an important source document for the private sector as it sets out, in detail, the work of the SPGPPS, its Centralized Data Management Service (CDMS) and the National Network of Private Psychiatric Consumers and Carers (National Network). All future annual progress reports will be produced in this unified format. While the following provides a snapshot of activity during 2003, the full Report is available in pdf format at:

<http://www.spgpps.com/Documents/APR03.pdf>

AMA Agreement for Services 2004-2006

In 2003 a substantial amount of time was devoted to deliberations concerning the future of the SPGPPS, the CDMS and the National Network. As a result, all stakeholders agreed to continue the work of these three entities under a new overarching agreement, for the period of three calendar years from 1 January 2004 to 31 December 2006. The SPGPPS Legal Counsel, Ms Jane Ferry, drafted the Agreement in consultation with the SPGPPS, officers of the AMA, RANZCP, APHA, AHIA, AGDHA, beyondblue Limited, and the SPGPPS Secretariat. The Agreement took ten months to finalise and took effect on 1 January 2004.

Working Groups

In 2003, the SPGPPS **Innovative Models Working Group** developed a set of *General Principles and Recommendations* to encourage the uptake of innovative models of service delivery and enhance co-ordination of care between general practitioners, psychiatrists and hospitals.

A **Guidelines Review Working Group** revised the *Guidelines for Determining Benefits for health Insurance Purposes for Private Patient Hospital-based Mental Health Care*.

The **Substance Abuse and Dependency Working Group** looked at the issue of how substance abuse and dependency, in respect of alcohol and other drugs, is being treated in the private sector. Later in 2004, a profile of current practice will be constructed using data from the CDMS. In the interim, the Working Group has established a strong linkage with the National Drug and Alcohol Research Centre in Sydney.

Monitoring of budgetary expenditure, for SPGPPS, CDMS and National Network was further enhanced through establishment of the **SPGPPS Finance Committee** in September 2003.

Together with four face-to-face meetings, five

meetings via teleconference and attendance at 45 other meetings, the SPGPPS had a busy 2003.

Centralised Data Management Service (CDMS)

By November 2002, all participating Hospitals were able to collect the standardised measures (HoNOS and MHQ-14) at admission and discharge from episodes of overnight inpatient care, and the majority were also able to collect that data for episodes of ambulatory care.

In 2003, the focus shifted to consolidating and refining the National Model with the objectives being that:

- quality of the data submitted by Hospitals can be assured;
- content, format and pattern of return of the regular reports has been refined and standardised; and
- functions of the CDMS have been extended beyond the simple return of standardised quarterly reports to include the ability to respond to requests by the SPGPPS for ad-hoc and more complex statistical analyses and allow for better utilisation of the data at the local level.

By June 2003, Hospitals and Health Funds were receiving Quarterly Reports on a regular basis. Since that time the HSMdb's software has been augmented to enable Hospitals to explore their own data in much more detail. It is expected that the new software will be released shortly.

Five new Hospitals subscribed to the SPGPPS and it's CDMS in 2003 and at the end of the year there were 26 stand-alone private psychiatric hospitals and 18 general private hospitals with co-located psychiatric units participating.

National Network of Private Psychiatric Sector Consumers and Carers

The National Network held its 2nd Meeting and Workshop on 18/19 August 2003 at RANZCP Headquarters in Melbourne. At the end of 2003, the National Network had achieved the following.

- Development of a *Getting Started Kit*
- Establishment of State and Territory Committees
- Establishment of an Expert Advisory Panel
- Production of a Promotional Brochure
- Strategic linkages with other organizations
- Representation on the National Consumer Carer Forum and the Mental Health Council of Australia

Phillip Taylor is the SPGPPS Executive Officer

Privacy Kit For Mental Health Service Providers

Dr Bill Pring and Ms Pamela Burton

As readers will know, the National Privacy Principles (the NPPs), have been in place since December 2001.

The 10 NPPs apply to all health service providers in the private sector and cover the handling of personal and health information including collection, use and disclosure, data quality and security, access and correction, anonymity and the transfer of information overseas.

Mental health service providers are perhaps the group of providers who have had the most questions about applying the NPPs in the course of maintaining best clinical practice.

Mental Health Privacy Coalition

Arising out of concerns expressed by some stakeholders of the SPGPPS, a Mental Health Privacy Coalition (the Coalition) was established, consisting of the Australian Medical Association, the Mental Health Council of Australia, the Royal Australian and New Zealand College of Psychiatrists and the Australian Private Hospitals Association.

With the support of the SPGPPS Secretariat, these organisations were able to combine their skills, knowledge, and experience and develop a mental health service provider specific kit (the Kit) in close consultation with the Office of the Federal Privacy Commissioner.

Launch of the Kit

The Kit was recently released by the Coalition with the support of the Federal Privacy Commissioner, Mr Malcolm Crompton. Mr Crompton has welcomed the work of the Coalition in developing the Kit to assist providers, consumers and their carers. Privacy, Mr Crompton believes, presents challenges for those involved with mental health services, and yet it is of great importance in the sector, not least due to the sensitivity of individuals' mental health information. The Coalition has worked closely with his Office to consider how some of these challenges can be addressed.

Open Communication is the Key

Openness in communication, and the building of shared expectations between providers, consumers and carers about how mental health information is handled, can ensure respect for consumer privacy as part of delivering quality mental health care.

A Kit from the Sector for the Sector

The Kit has been developed by the sector for the sector, to give practical assistance to providers in meeting their privacy obligations, including through developing shared expectations with consumers and carers. Mr Crompton has encouraged providers to consider the suggestions in this Kit in combination

with other privacy sources, such as his Office's *Guidelines on Privacy in the Private Health Sector*.

Contents of this Kit

The Kit is divided into the following five parts.

- Part 1. Contains background information.
- Part 2. This Part provides an overview of how the NPPs apply to clinical practice.
- Part 3. Part 3 sets out frequently asked questions with answers and suggested solutions for overcoming any real or perceived difficulties in the application of the NPPs.
- Part 4. This Part provides a patient information pamphlet as an example of a privacy policy that might be drawn upon, adjusted, or modified to assist providers to develop a privacy policy tailored to suit their patients' special needs.
- Part 5. Part 5 summarises the NPPs and provides more information and references to further resources.

Obtaining the Kit

The Kit has been produced in PDF format and can be easily downloaded from the Internet from the SPGPPS website at:

<http://www.spgpps.com/Documents/mhpkit.pdf>

This high quality PDF can also be provided to a printer for those organisations that might wish to produce multiple copies for their staff.

The press release from the Office of the Federal Privacy Commissioner can be reached at:

http://www.privacy.gov.au/news/media/04_05.html



Dr Bill Pring is the Chair of the Coalition.

Ms Pamela Burton is the Federal AMA's Legal Counsel.

SPGPPS PLANNING DAY 2004

Dr Yvonne White and Dr Jonathan Phillips

The SPGPPS held its 35th Meeting and Planning Day in Sydney on 12 March 2004. This was the first meeting of the SPGPPS under the new overarching *AMA Agreement for Services 2004 to 2006*, which came into effect on 1 January 2004. The new Agreement will support the activities of the SPGPPS, its Centralised Data Management Services (CDMS) and the National Network for Private Psychiatric Sector Consumers and Carers (National Network) for the next three years.

Facilitator

Dr Jonathan Phillips, the Chair of the SPGPPS Forum and current Director of Mental Health Services for South Australia, facilitated the Planning Day. Dr Phillips lead a full and frank discussion that focussed on:

- progress to date against the agreed goals of the 2002 SPGPPS Forum;
- how to consolidate SPGPPS reform activities in the private sector;
- how to better integrate SPGPPS activities across health and other related sectors; and
- the co-morbidity of mental and physical illnesses and substance abuse.

The SPGPPS confirmed that it is a strategic alliance that brings together diverse stakeholders to identify and agree on issues directed at improving mental health services in the private sector.

We come to the table seeking not only to better inform our own policy processes, but to reach agreement on actions that will improve practice and better integrate mental health care across sectors.

Priorities for 2004-2006

The Planning Day helped to consolidate the SPGPPS work program and determine what needs to be done over the next 12 to 18 months.

Innovative Models

There will be a review of the *SPGPPS Innovative Models Working Group* terms of reference to ensure it has the capacity to better explore the funding models for service delivery that exist and further address the barriers to their uptake in the private sector.

Communication Strategies

The SPGPPS website will undergo re-development to better promote the work of the SPGPPS, its CDMS and the National Network and CDMS data will be used to better demonstrate what the SPGPPS is doing. The SPGPPS will also consider an appropriate name change for the alliance.

Public Private Sector Integration

This year the SPGPPS will explore the current barriers to better integration between the private and public sector and identify what the private sector might be able offer to address those barriers.

Co-morbidity

Dr Bill Pring has agreed to prepare a paper for the SPGPPS on co-morbidity that scopes the dimensions of this issue and acknowledges current work underway, particularly in relation to the National Co-morbidity Taskforce.

Substance Abuse and Dependency

The *SPGPPS Substance Abuse and Dependency Working Group* will be reconvening to review its membership and further progress recommendations concerning the treatment and care of substance abuse and dependency in the private sector. This will be done after the National Drug and Alcohol Research Centre's presentation, on the *Guidelines for the Treatment of Alcohol Problems*, to the 36th meeting of the SPGPPS.

Quality of Services

The SPGPPS will continue to actively participate in existing structures and committees, particularly the AHMAC National Mental Health Working Group's, Information Strategy Committee, the Safety and Quality Partnership Group and its Operational Group.

Access to Psychiatric Beds

Debate is needed on the issue of access to psychiatric beds in the private sector for people with private health insurance, particularly for those people living in rural and remote areas of Australia, and those who have been detained against their will.

Dr Yvonne White is Chair of the SPGPPS

Dr Jonathan Phillips Chairs the SPGPPS Forum.

Substance Abuse and Dependency

Mr David Morton and Mr Phillip Taylor

Readers will recall from my article in the last edition of *SPGPPS News* that the SPGPPS has agreed that substance abuse and dependency is a major issue for private sector mental health services.

Based on the recommendations of its **Substance Abuse and Dependency Working Group** (Working Group), the SPGPPS has invited Ms Fiona Shand, Project Officer for the development of the National Drug and Alcohol Research Centre's (NDARC) *Guidelines for the Treatment of Alcohol Problems*, to address the 36th Meeting of the SPGPPS to be held on 11 June 2004 in Brisbane.

This will be the first step in establishing a strong linkage with NDARC. In the interim, NDARC is now conducting workshops about the Guidelines, along with the 2001 *Australian Alcohol Guidelines*.

Schedule of Alcohol Guidelines Workshops

Location	Date	Schedule
Perth	18 May	Wentworth NSW (2)
Geraldton	18 May	APS interest group
Port Hedland	19 May	Merimbula
Broome (2)	21 May	Queanbeyan
Brisbane (4)	24, 25 June	Batemans Bay
Cairns (2)	Week beginning 28 June	Illawarra region (4)
Townsville	Week beginning 28 June	North Sydney (3 – 5)
Mackay	Week beginning 28 June	Central Sydney (2 – 3)
Rockhampton	28 June	Sydney – Salvation Army
Bathurst	27 May	Central Coast (2 – 3)
Orange	27 May	Newcastle
Forbes	28 May	TBA
Lismore	3 June	TBA
Ballina	4 June	TBA
Dubbo	29 April	TBA
Liverpool	27 May	TBA
Fairfield	10 June	TBA
Campbelltown	28 May	TBA
Surry Hills	27 April	TBA
Randwick	4 June	TBA
Darlinghurst	17 June	TBA
Port Augusta	15 June	TBA
Port Lincoln	16 June	TBA
Warrnambool	12 or 13 August	TBA

The aims of these workshops are to:

1. Provide participants with an overview of the Guidelines for the Treatment of Alcohol Problems and the Australian Alcohol Guidelines (NHMRC, 2001)

2. Provide participants with practice at using the guidelines to plan treatment
3. Provide participants with an update of the range of treatments that work for alcohol problems

These workshops will provide the following.

1. Brief overview of Australian Alcohol Guidelines (NHMRC, 2001)
2. Case study using the Australian Alcohol Guidelines
3. Overview of the Guidelines for the Treatment of Alcohol Problems:

Part 1: screening, brief interventions and motivational interviewing followed by a case study

Part 2: comprehensive assessment, withdrawal management, psychosocial intervention, relapse prevention, pharmacotherapies, and aftercare, followed by a case study

4. Conclusion and feedback

The *Guidelines for the Treatment of Alcohol Problems* can be obtained from:

www.health.gov.au/pubhlth/publicat/document/alcp_robguide.pdf

The *Australian Alcohol Guidelines* can be obtained from:

www.alcoholguidelines.gov.au

A Private Sector Workshop?

At its 11 June 2004 meeting, the SPGPPS will explore with Ms Shand the feasibility of devoting a workshop to the private sector. In the interim, I would encourage interested readers to attend the scheduled workshops by contacting Ms Fiona Shand on **02 9385 0333** (or via email to fionas@unsw.edu.au) to obtain further details of workshop times and venues.

Private Sector Profile

Later this year, we will attempt to construct a profile of current practice in the private sector in relation to treatment of alcohol and substance abuse using data from the SPGPPS Centralised Data Management Service.

Mr David Morton represents DVA on the SPGPPS and Chairs the SPGPPS Substance Abuse and Dependency Working Group

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