

STRATEGIC PLANNING GROUP FOR

SPGPPS

PRIVATE PSYCHIATRIC SERVICES

News

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From the Editor's Desk

Dr Bill Pring

This seventh edition of *SPGPPS News* is being released to coincide with Phase One of the implementation of the *SPGPPS National Model for the Collection and Analysis of a Minimum Data Set with Outcome Measures for Private, Hospital-based Psychiatric Services*.

This development follows on from the recent signing of an agreement that formalised the role of the SPGPPS as the key alliance for the further development of private sector mental health services.

Implementation of the National Model

Negotiations were recently completed and an agreement has been signed to facilitate the implementation of the National Model and the establishment of a Centralised Data Management Service (CDMS) within the SPGPPS Secretariat in Canberra. The AMA Agreement comes into effect on June 2001 and will remain in place until 2004.

The AMA has secured the services of Mr Allen Morris-Yates to manage the implementation of the National Model over a three-year period.

The Model will enable comparisons of the effectiveness of mental health care service delivery in private hospitals to be determined and simplify overall hospital data collection requirements.

Confidentiality crucial

Patient confidentiality was a high priority at all times during the development of the National Model and careful rules of access to data have been defined. The AMA's involvement is designed to ensure such confidentiality is strictly maintained.

Current patient data practices in the industry have not reached best practice standards in many instances. Patient involvement in the outcome measure collection is voluntary, so the usefulness of the database is intimately linked to building trust with patients and by providing absolute security.

24th Meeting of the SPGPPS

The 24th meeting of the SPGPPS will be held in Darwin on 7 June, back-to-back with the 8 June meeting of the AHMAC National Mental Health Working Group. Professor Ian Hickie, CEO of *Beyond Blue Ltd*, will attend and address the SPGPPS meeting.

The Working Group has invited Mr Morris-Yates to address the meeting on the implementation of the National Model. As many readers will be aware, all public sector mental health services will be required to implement similar outcome measures by 2003.

SPGPPS National Forum 2001

The SPGPPS National Forum will be held on 3 August in Canberra this year to celebrate the opening of the SPGPPS Secretariat. The focus of the program is *Access to Psychiatric Services*.

Over the past several months, there has been extensive discussion of access issues between the Commonwealth, RANZCP, Health Funds and Hospitals. The Forum will provide a unique opportunity for the private sector to meet and develop strategies to progress these issues.

Integrated National Mental Health Trials

These Trials are being conducted under the auspice of the Commonwealth and aim to establish and document approaches to integrating private psychiatric services and public sector mental health services. They seek to create a more flexible framework for the delivery of mental health services in Australia.

Clinical Practice Guidelines (CPGs)

The CPGs Project involves the development of evidence-based CPGs for clinicians and for consumers in:

- Schizophrenia
- Anorexia Nervosa
- Deliberate Self Harm Behaviour
- Major Depression
- Bipolar Disorder
- Panic Disorder and Agoraphobia

Draft versions of the CPGs for Panic Disorder/Agoraphobia, Major Depression and Anorexia have been completed and circulated for comment. Copies are available from the website: www.ranzcp.org.

Dr Bill Pring
Editor

SPGPPS Forum 2001

Access to private psychiatric services

Dr Jonathan Phillips

This year the *SPGPPS National Forum* will seek to encourage changes that will improve the accessibility to psychiatric services provided by the private sector and enable best practice models of service delivery to be further developed.

Forum Aim

The Forum will look at what the SPGPPS and private psychiatric services can do to help address some of the key issues that affect access to psychiatric services in Australia. Those issues include the following:

- The significant unmet need for mental health services that exists across Australia.
- The difficulties involved with access to, and the equity of, existing psychiatric services.
- The delivery of effective psychiatric services in the private sector and the provision of long-term intensive psychiatric services.
- The provision of specialist clinical services within psychiatry and the provision of specialist consultant services to other providers.

The Forum will build on the work undertaken by the SPGPPS to date and enhance collaborative relationships between providers, funders, consumers and carers. We are seeking to build on recent initiatives and articulate a shared vision of the fundamental principles necessary to support better access to psychiatric services for the private sector.

🍷 Welcome Cocktail Party

A Cocktail Party will be held on the evening of Thursday, 2 August 2001 at the Kurrajong Hotel, 8 National Circuit, Barton, between 6:30 PM and 8:00 PM.

Prior to the cocktail party, Delegates are welcome to visit the new SPGPPS Secretariat (between 5:00 PM and 6:30 PM). The Secretariat is conveniently located behind the

FRIDAY, 3 AUGUST 2001
RYDGES CAPITAL HILL HOTEL
CANBERRA

Kurrajong Hotel on the 3rd Floor of AMA House, 42 Macquarie Street, Barton ACT.

Forum Program and Background Material

An exciting and relevant program has been developed for the Forum. The SPGPPS has also been working closely with speakers to develop background briefing materials for circulation to

8:30 AM	PRE-FORUM BRIEFING Small Group Speakers and Chairs Only
9:00 AM	OFFICIAL OPENING AND WELCOME Dr Jonathan Phillips, Chair SPGPPS Forum
9:05 AM	OVERVIEW OF PRIVATE SECTOR PSYCHIATRIC SERVICES Speaker: Mr Bruce Houghton Chair: Mr Peter Callanan
9:30 AM	SMALL GROUP SPEAKERS PLENARY Small Group Speakers
10:45 AM	MORNING TEA
11:00 AM	SMALL GROUP SESSIONS
GROUP 1	Continuum of Care Models in the Private Sector Speaker: Professor Philip Morris/Mr Peter Callanan Chair: Dr Yvonne White
GROUP 2	Mental Health Workforce Speaker: Professor Ross Kalucy Chair: Dr Jonathan Phillips
GROUP 3	Rural Mental Health Speaker: Dr David Monash Chair: Dr Brian Kable
GROUP 4	Intensive Psychiatric Treatments Speaker: Dr Eng Kong Tan/Dr Michael Honnery Chair: Dr Bill Pring
GROUP 5	Consumers and Carers Speaker: Ms Janne McMahon Chair: Ms Sue Feeney/Mr John McGrath
1:00 PM	LUNCHEON
2:00 PM	Reports from Small Group Chairs
4:00 PM	SUMMATION AND CLOSE Dr Jonathan Phillips

Delegates well in advance of the Forum.

For further information, or to obtain a registration form, please contact:

Mr Phillip Taylor Ms Bronwen van der Wal

Executive Officer Administrative Officer
SPGPPS Secretariat
(02) 6270 5400

A National Model for the Collection and Analysis of a Minimum Data Set with Outcome Measures for Private Psychiatric Services

Mr Allen Morris Yates and Mr Phillip Taylor

Most readers will know that the National Model will put in place systems for the routine collection of data to enable the relative effectiveness of various models of service delivery in the provision of mental health care services in private hospitals to be determined. It will also simplify overall hospital data collection requirements.

Implementation will proceed in two phases over a period of three years beginning in June 2001. The schedule for implementation is set out below.

NATIONAL MODEL IMPLEMENTATION SCHEDULE	1 JUN 2001	2 JUL 2001	3 AUG 2001	4 SEP 2001	5 OCT 2001	6 NOV 2001	7 DEC 2001	8 JAN 2002	9 FEB 2002	10 MAR 2002	11 APR 2002	12 MAY 2002
<i>Development of Materials & Processes</i>												
Training and reference materials for service providers	■											
Outcome Measures Database for Hospitals		■	■	■								
Data repository and data matching and validation tools			■	■	■	■	■					
Semi-automated data analysis and reporting tools								■	■			
Data analysis, reporting and distribution procedures										■	■	
Documentation of tools and procedures		■	■	■	■	■	■	■	■	■	■	■
<i>Milestones</i>												
All training and reference materials distributed		✓										
Hospitals able to submit data to Funds and the CDMS					✓							
CDMS able to accept data from hospitals and Funds								✓				

Funding

The SPGPPS alliance partners have contributed a total of \$282, 471 towards the first year's levy for this project. They are:

- APHA on behalf of all participating private hospitals with psychiatric beds;
- AHIA on behalf of all participating health funds; and
- Commonwealth Department of Health and Aged Care.

Implementation - Phase One

Phase One involves the initiation of the data collection and reporting process to reach a stage where:

1. Hospitals are able to submit the Minimum Data Set and the Outcome Measures to both Health Funds and the CDMS.
2. Health Funds are able to submit complete Hospital Casemix Protocol (HCP) data regarding separations from participating Hospitals to the CDMS.
3. The CDMS is able to return the results of the standard analyses to participating Health Funds and Hospitals on a regular basis.

Implementation - Phase Two

Phase Two takes the data collection from implementation into routine operation and ongoing evolutionary development.

Phase Two involves refinement of the data collection, together with the development of the analysis side of the CDMS so that it is able to quickly clarify and respond to the various stakeholders' information requirements.

This Phase will take the implementation of the National Model to a stage where:

1. The quality of the data submitted by Hospitals can be assured.
2. The content, format and pattern of return of the regular reports has been refined and standardised through a consultative process based on at least 12 months (ie, four quarters) use of the reports by stakeholders.
3. The functions of the CDMS have been extended beyond the simple return of standardised quarterly reports to include ad hoc queries and more complex statistical analyses designed to assist the various stakeholders in meeting their shared objectives.

For further information contact:

Mr Allen Morris-Yates (Ph: 02 6286 2554)
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National Integrated Mental Health Trials

Mr Mick O'Hara and Ms Kim Walker

The Commonwealth, in partnership with State/Territory Health Departments and the private sector, is establishing a number of Integrated National Mental Health Service Projects. Each Project is funded using a mix of funds from the relevant State/Territory, CMBS, and Australian Health Care Agreements.

Aim and Purpose of the Projects

The Projects aim to establish and document approaches to integrating private psychiatric services and public sector mental health services. The purpose is to create and test a more flexible integrated framework within which mental health care can be delivered and to optimise outcomes for consumers.

The Projects are expected to achieve improvements in the quality, appropriateness, and efficiency of mental health service delivery by:

- assisting greater involvement of private psychiatrists in public sector mental health services;
- providing continuity of care for private psychiatrists' patients who require hospitalisation; and
- improving linkages with primary care, especially general practitioners.

The development and implementation of each project involves three phases.

Planning Phase (12-24 months).

This phase is intended to enable local area participants to determine the feasibility of conducting the Project through thorough consultation and negotiation with the full range of stakeholders in each local area. If the decision to proceed is affirmative, a detailed Project proposal is developed and presented to Commonwealth for approval to proceed to the Live Phase.

Live Phase

This phase take approximately 20-24 months using a mixture of Commonwealth and State/Territory funds.

Wind-Down Phase

The length of this phase will vary depending on local needs and will use a mixture of Commonwealth and State/Territory funds. The plan for the Wind-Down Phase is included in the

project proposal developed during the Planning Phase.

Current Status

Four projects, one in Victoria, two in New South Wales, and one Queensland, are in different phases of development and implementation.

Victoria

The Public and Private Partnerships Project of inner East Melbourne is a joint initiative of St Vincent's Mental Health Services and the Melbourne Clinic. The project commenced in September 2000 after completing a lengthy 2 year planning phase with support and advice provided by the University of Wollongong's Centre for Health Service Development.

New South Wales

Two projects are at an advanced planning stage in NSW and it is anticipated that both projects will commence the Live Phase on 1 July 2001.

- *Far West Area Health Service* - the project has involved extensive consultation with consumers and carers, Indigenous Australians, as well as other stakeholders, and offers the opportunity to trial various ways of improving psychiatric services in a remote rural setting.
- *Illawarra Area Health Service* - the project proposes an integrated mental health network that will facilitate improved access for consumers across a range of services, provide private psychiatrists in the region with an opportunity to better target their skills in an innovative way, and provide multi-disciplinary support for local GPs.

Queensland

A Queensland project involving the Toowong Private Hospital and Royal Brisbane Hospital will soon commence its planning phase.

Evaluation

The evaluation of the Public and Private Partnerships Project in Victoria is being conducted by the University of Melbourne's Centre for Health Program Evaluation. The two New South Wales Projects will use the same evaluator, and the selection process for this is nearing completion.

For further information contact:

Mr Mick O'Hara/Ms Kim Walker
02 6289 7921/6289 3694

Clinical Practice Guidelines Project

Professor Philip Boyce and Ms Christine Burke

In November 1998, the RANZCP commenced activity on the Development and Implementation of Clinical Practice Guidelines for Psychiatry Project. This project is being funded by the Commonwealth Department of Health and Aged Care. The objectives of the project are as follows.

- To produce a preliminary series of CPGs for mental health clinicians and consumers, addressing five specific disorders which have considerable impact on psychiatric practice in Australia and New Zealand. The five disorders are: Panic Disorder and Agoraphobia, major Depression, Deliberate Self Harm, Anorexia Nervosa, Schizophrenia and Bipolar Disorder.
- To develop a comprehensive plan for the implementation of these Guidelines.

Progress in developing the CPGs has been slower than originally planned and factors contributing to this delay have included:

- delay in drafting and finalising the Commonwealth Agreement with the RANZCP;
- delay when there were no tenderers for the Bipolar Disorder CPGs;
- technical hitches;
- difficulty in carrying out the consultations in the initial phase in developing the CPGs;
- ensuring consumer consultations were undertaken appropriately; and
- Staffing changes associated with project management.

Three Guideline teams have produced draft CPGs in Major Depression, Panic disorder/Agoraphobia and Anorexia Nervosa. The consultation process is currently being undertaken on the draft CPGs for these three Guidelines. Copies of the draft

CPGs for Panic Disorder/Agoraphobia, Major Depression and Anorexia Nervosa have been circulated to the SPGPPS for consultation and have been posted on the RANZCP website for comment. The College website address is: www.ranzcp.org.

The deadline for Feedback on the draft CPGs for Major Depression and Panic Disorder/Agoraphobia is 30th June 2001. The closing date for feedback on the draft CPGs for Anorexia Nervosa is 31st August 2001. Comments should be provided on the standard feedback form that accompanies each CPG.

The draft version of the CPGs for Schizophrenia are expected to be released for consultation at the end of May. The draft CPGs for Bipolar Disorder and Deliberate Self Harm will be made available during the second half of 2001.

At the beginning of May, the Steering and Implementation Committee for the CPG project met with mental health consumers and carers, representatives from allied mental health professions and stakeholders to discuss strategies and formulate plans for disseminating and implementing the CPGs. These strategies are expected to be finalised at a second workshop to be held at the beginning of August. Ms Jonine Penrose-Wall has joined the Steering and Implementation Committee as a project officer to assist with the dissemination and implementation of the RANZCP CPGs. Ms Penrose-Wall has extensive experience in the area of evidence-based guidelines, having previously worked on the National Mental Health Shared Care Network as the coordinator for the National General Practice Guidelines Implementation Program: Depression in Young People.

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STOP PRESS**Excerpts from the 2001 – 2002 BUDGET****Ms Bronwen van der Wal****Mental Health Strategies***Overview*

A major focus for 2001-02 will be on improving community understanding and attitudes around mental health, mental illness and suicide, and improving the availability of national mental health tele-counselling, information and referral services. Activities targeting health and related professionals, the media, and the general community will seek to improve mental health literacy, encourage help seeking behaviours and address stigma and discrimination.

The Commonwealth is working with public and private sectors of the health system to secure the quality and improve the efficiency and effectiveness of mental health services. Key strategies include developing a module to review mental health services against the National Mental Health Standards and developing routine consumer outcome measurements for implementation in public sector mental health services.

Projected Outcomes

- Implementation of the MindMatters program, including provision of access by all secondary schools to the resource kit and professional development activities by June 2002.
- Review and revise the *Achieving the Balance* media resource kit by June 2002.
- Implement the second phase of *Ausienet* including the engagement of key stakeholders and the development of an agreed work-plan.
- Final evaluation of the Australian Trans-cultural Mental Health Network to be completed by December 2001.
- Develop a useable pilot version of the national database for mental health information, referral and tele-counselling including the engagement of pilot partners by December 2001.
- All specialised public mental health services to collect adult consumer outcome measures and casemix measures by June 2003.
- All specialised public mental health services to have begun the process of quality

improvement (as set out in the *National Standards for Mental Health Services*) through a suitable review process by June 2003.

- Community-based mental health care strengthened by an increase in expenditure on mental health services delivered in the community as a proportion of mental health expenditure.

The Budget for Mental Health Strategies (\$m)

2000 - 2001	2001 - 2002
\$ 107.4	\$ 87.0

Compared to last year, the Budget as a whole, is roughly 20 million dollars down. However, with the funding geared towards their initiative: *Mental Health: More Options, Better Services*, the funding base has not really changed.

The Initiative – Mental Health: More Options, Better Services

Under this initiative, the Commonwealth will provide \$120.4 million over four years to improve the quality of care provided through general practice to Australians with a mental illness.

This package will address the significant barriers to the early identification and treatment of mental health disorders in Australia. It provides more appropriate remuneration for focused diagnosis and care of patients presenting to GPs with mental health problems. The initiative aims to:

- encourage better identification and informed clinical care for mental health patients through financial support to GPs;
- provide GPs with quality education and training, and access to additional allied mental health support;
- provide new CMBS items to allow appropriately trained GPs to provide mental health counselling to patients; and
- provide a new CMBS item for psychiatrists to provide consultancy assistance to GPs in emergency situations.

Allocation of the Budget over 4 years (\$m)

2001-02	2002-03	2003-04	2004-05
4.2	24.6	39.9	51.7

For further information, contact:
www.fed.gov.au/budget

How to Contact the SPGPPS Stakeholders

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SPGPPS News provides a brief summary of issues being progressed under the auspice of the SPGPPS process. The SPGPPS Secretariat is currently organising a dedicated SPGPPS Website to enable easy access to SPGPPS documents and publications. Keep an eye out for www.spgpps.com.