

STRATEGIC PLANNING GROUP FOR

SPGPPS

PRIVATE PSYCHIATRIC SERVICES

News

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Editor's Desk

Dr Bill Pring

This last edition of *SPGPPS News* for 2002 winds up a year, which could aptly be titled the Year of the Meeting. The SPGPPS held two Strategy Days, four face-to-face meetings, a National Forum, five inter-meeting teleconferences and hosted three meetings of the Mental Health Privacy Coalition.

Work continues apace with the implementation of the SPGPPS Data Collection and Analysis Project and the progression of the outcomes of our two Strategy Days and National Forum.

The SPGPPS has established firm links with the wider mental health sector with formal representation this year on the AHMAC National Mental Health Working Group.

SPGPPS Data Collection and Analysis Project

Two Standard Quarterly Reports have been distributed to Hospitals and the third is in preparation. The first report for Health Funds was distributed in November. These initial reports are still focused primarily on the quality of the data and are limited in their analytical scope. During the first half of 2003, work will focus on expanding both Hospitals' and Health Funds' Standard Reports to include more detailed aggregate statistics on casemix, length of stay, costs and outcomes. For further details, see the article in this Issue.

Enrolment Procedures for New Hospitals

Some previous non-participating Hospitals and some newly established facilities, now wish to participate in the *SPGPPS National Model for the Collection and Analysis of a Minimum Data Set with Outcome Measures for Private Psychiatric Services* (National Model).

The SPGPPS has endorsed a variation to the *AMA Agreement for Services* to facilitate entry of private hospitals with psychiatric beds to participation in the National Model. Details of the requirements for enrolment are provided in this Issue.

SPGPPS 2nd Strategy Day

The 2nd SPGPPS Strategic Planning Day was held in Perth on 28 September, following the 29th Meeting of the SPGPPS. Ms Lynette Glendinning of P.A.L.M. Management facilitated the day's proceedings.

The Strategic Planning Day examined the recommendations from the SPGPPS National Forum 2002 and determined the role of the SPGPPS and its stakeholders in progressing these.

The five agreed stakeholder goals which formed the basis of the Forum determinations and the strategies to progress these are shown in the relevant article.

Children of Parents with a Mental Illness Project (COPMI)

In March 2001, the report of the *Children of Parents Affected by a Mental Illness Scoping Project* was launched by the Minister for Health. In response to this report, the Commonwealth allocated funding for a three-year national initiative to develop best practice guidelines and principles for services and workers, and complementary resource materials for services, workers, parents and young people.

The Australian Infant, Child, Adolescent and Family Mental Health Association (AICAFMHA), supported by project partners, Ausinet and COMIC began the project in early 2002. Regular updates on progress with the Project are posted on the AICAFMHA website at www.aichfmha.net.au. Ms Elizabeth Fudge, COPMI Project Manager writes about the Project in this Issue.

Mental Health Privacy Kit

A second meeting of the Mental Health Privacy Coalition (MHPC) was held on 1 November 2002 in Canberra to further develop the *Privacy Kit for Mental Health Service Providers*. The Kit contains background material on application of the National Privacy Principles (NPPs) in clinical practice, a question and answer section and a guide for the development of a consumer pamphlet, which can be tailored to the practices of specific mental health providers. Further information is detailed in the article in this Issue.

Draft National Health Privacy Code

The National Health Privacy Working Group of the Australian Health Ministers' Advisory Council has produced a consultation paper on the draft National Health Privacy Code. The Code sets out a single set of health privacy principles designed to apply to both the public and private sectors. Organisations and individuals are invited to comment on the draft Code.

The consultation paper and the Code may be downloaded from the Department of Health and Ageing website at

<http://www.health.gov.au/pubs/nhpcode.htm>

National Practice Standards for the Mental Health Workforce

The AHMAC National Mental Health Working Group endorsed the *National Practice Standards for the Mental Health Workforce* at its September 2002 meeting. Copies of the Standards are available on request from the Commonwealth Mental Health and Special Programs Branch; phone 1800 066 247 or fax 1800 634 400. The Standards can also be downloaded from the Branch website at <http://www.health.gov.au/hsdd/mentalhe/mhinfo/ems/pdfs/natpracstd.pdf>

Dr Bill Pring
Editor

SPGPPS Data Collection and Analysis Project - Progress Report

Dr Bill Pring

As of early September 2002, almost all participating Hospitals have been able to collect standardised measures (HoNOS and SF-14-M) at admission and discharge from episodes of overnight inpatient care. The majority of Hospitals have also been able to collect that data for episodes of ambulatory care.

At this stage, Hospitals are still learning how to reliably collect the data. It is expected that within 6 to 12 months the data collection will have become an integral component of their clinical and administrative processes.

Standard Quarterly Reports

The first Standard Report from the SPGPPS's Centralised Data Management Service (CDMS) was distributed to Hospitals in mid August 2002.

That first report focussed on the completeness of the data collection. A limited set of tables addressing casemix (e.g., HoNOS and SF-14-M profiles of patients at admission) and outcomes were provided.

Hospitals submitted data for the 2nd quarter of 2002 at the end of September. The Second Standard Quarterly Report, distributed to Hospitals in November, was similar in content to the first report.

The first Standard Report for Health Funds, covering the 2nd Quarter of 2002, was distributed to Health Funds in November 2002. This first report focused on Hospitals' compliance with the data collection requirements of the National Model

Future Directions

During the first half of 2003, work will focus on expanding both Hospitals' and Health Funds' Standard Reports to include more detailed aggregate statistics on casemix, length of stay, costs and outcomes.

By the end of May 2003, the CDMSdwh should be capable of semi-automatically generating basic Standard Reports for both Hospitals and Health Funds.

All stakeholders will need substantial technical assistance over the coming twelve to eighteen months in learning how to interpret and make best use of the information derived from that data.

Hospitals Standardised Measures database (HSMdb)

An updated version of the database application (HSMdb) Hospitals use to record the standardized measures was completed and distributed to

Hospitals in November 2002. Revisions were needed to ensure that HSMdb met current HCP and other requirements. A further revision that includes improvements to the data linkage and submission functions will be distributed before the end of March 2003.

Discussions with Hospitals have indicated that further reports to facilitate the local utilisation of data should be built into HSMdb.

There is a particular need for reports that enable Hospitals to examine outcomes in ad-hoc ways not able to be supported by the Standard Reports provided by the CDMS. These further updates are likely to be made available to Hospitals before the end of May 2003.

Training materials and other documentation

It has become apparent during the implementation process that Hospitals will require revised and additional documentation to support the implementation process and facilitate their local use of the data.

- A document providing advice regarding the interpretation of the standardised measures will be made available. The proposed *Interpretation Guide for Standardised Measures* will include expected HoNOS and SF-14-M profiles for patients at Admission and at Discharge, stratified by Mental Health Diagnostic Group.
- Hospitals have asked for clarification regarding a number of unusual but relatively frequent situations not covered by the standard data collection protocol. This advice and other revisions will be published in third editions of the *Hospital Staff Trainer's Manual* and the *Guide for Hospital Staff*.
- The published version of the SPGPPS's National Model is now outdated. A revised version, incorporating all changes should be prepared and published.

Dr Bill Pring is Chair of the SPGPPS Data Collection and Analysis Project.

SPGPPS Data Collection and Analysis Project - *Enrolment Procedures for New Hospitals*

Mr Allen Morris Yates

In 2001, the Commonwealth, private health insurance funds (Health Funds), and thirty-seven private hospitals with psychiatric beds (Hospitals) agreed to contribute to the funding necessary to implement the National Model, and to establish a Centralised Data Management Service (CDMS) within the National SPGPPS Secretariat, at the offices of the Federal AMA in Canberra.

The AMA is auspicing these arrangements through an *AMA Agreement for Services*, which facilitates the implementation process. The AMA, Commonwealth Department of Health and Ageing, Australian Private Hospitals Association (APHA) and the Australian Private Health Insurance Association (AHIA) are Parties to this Agreement, which was signed in April 2001.

In accordance with this Agreement, the APHA acts for and on behalf of all participating Hospitals regardless of whether they are members of the APHA or not. The AHIA acts for and on behalf of all participating Health Funds, regardless of whether they are members of the AHIA or not. This arrangement is necessary to enable the APHA and the AHIA to collect and forward the respective annual contributions made by participating Hospitals and Health Funds to the AMA for the ongoing implementation of the National Model and the operation of the CDMS.

Under the Agreement, the APHA is responsible for advising participating Hospitals of annual subscription rates, and any change in those subscription rates that may occur due to entry, or exit, of a Hospital. The AHIA is responsible for advising participating Health Funds of subscription rates and any change in those subscription rates that may occur due to entry, or exit, of a Health Fund.

A non-participating Hospital, that wishes to participate in the SPGPPS National Model and its CDMS, may apply to do so at any time by contacting the National SPGPPS Secretariat on 02 6270 5438 and the APHA on 02 6285 2716. The enrolment policy and its procedures will then be forwarded to the interested Hospital. For Hospitals, the following conditions apply to participation in the National Model.

1. A Hospital must agree, in writing, to be represented by the APHA for the purposes of the SPGPPS National Model, regardless of whether they are members of the APHA or not. Written confirmation should be forwarded to, and held by, the APHA, with a copy being

forwarded to the SPGPPS.

2. The APHA must inform all the other parties to the *AMA Agreement for Services*, in writing, that a new Hospital is participating in the National Model.
3. New Hospitals who wish to participate in the National Model and its CDMS, must contribute:
 - a. to the *recurrent annual* costs associated with the operation of the SPGPPS and its National Secretariat;
 - b. to the *recurrent annual* costs associated with the National Model and the operation of its CDMS; and
 - c. a *one-off enrolment fee*, determined by the APHA in consultation with the SPGPPS Information Officer to cover the costs of providing assistance in implementing the National Model in their facility.
4. New enrolments will receive only one invoice from the APHA for the total amount. The AMA will invoice the APHA to cover the costs incurred by the SPGPPS Information Officer in implementing the National Model in their facility. This will constitute the *one-off enrolment fee* required to cover the costs set out below.

Enrolment Fees

The enrolment fee will cover the cost of the provision of the following:

First visit, 1.5 days for:

- Train the trainer (3-4 hours)
- Software setup and training (3-4 hours)
- Discussion of local issues (1-2 hours)

Second visit, 1 day for:

- Review of local issues (1-2 hours)
- Assistance with data linkage and extraction (1-3 hours)
- Other assistance as required (0-2 hours)
- Telephone support As required (4-12 hours may be required)

Materials

- *National Model Implementation Guide*
- *Hospital Staff Trainer's Manual* and related material
- *Guide for Hospital Staff*
- HSMdb software
- *HSMdb System User's Guide*

Mr Allen Morris-Yates is Principal Information Officer of the SPGPPS.

SPGPPS 2ND STRATEGY DAY

Mr Phillip Taylor

The 2nd SPGPPS Strategic Planning Day was held in Perth on 28 September, following the 29th Meeting of the SPGPPS. Ms Lynette Glendinning of P.A.L.M. Management facilitated the day's proceedings.

The purpose of the Strategic Planning Day was to examine the five Agreed Stakeholder Goals (ASGs) arising from the SPGPPS National Forum 2002 and to determine the role of the SPGPPS and its stakeholders in progressing these

The SPGPPS agreed to concentrate on devising a process to progress these, particularly in relation to those areas where the SPGPPS has a demonstrated track record.

Participants considered the five ASGs based on the following strategic assumptions.

1. Move forward as a unified sector and identify where we can move forward together.
2. Link to wider initiatives where funding is available and get the key issues on the table.
3. Link with the whole sector including the full range of mental health providers.

Some of the proposed strategies for progressing each ASG are summarised below.

ASG 1. Enhance Consumer and Carer participation in the design, delivery and evaluation of private sector mental health services, so that Consumer and Carer participation becomes the driving force in all elements of change.

- The SPGPPS is supporting the establishment of a National Network of Private Psychiatric Sector Consumers and Carers.
- SPGPPS stakeholders are looking at their stakeholder organisations in relation to current practices concerning consumer and carer participation.

ASG 2. Enable private sector mental health services to provide comprehensive care by encouraging the uptake of innovative services that have been shown to be effective and feasible.

- A survey will be undertaken to ascertain why Hospitals, and other service providers, have not implemented innovative services that have been shown to be effective and feasible in the private mental health service sector.
- A working group will review aspects of re-insurance that impede the appropriate funding of innovative services.
- Health Funds, in consultation with SPGPPS stakeholders, will look at the impact of product configurations on the capacity of service

providers to provide care in accordance with evidence-based best clinical practice.

ASG 3. Improve access to private sector mental health services by strengthening linkages and improving the co-ordination of care between GPs, Psychiatrists and Private Hospitals

- The SPGPPS will develop a shared understanding of effective arrangements in strengthening coordination of care.
- The SPGPPS has agreed to maintain Standing Items on every meeting agenda to enable stakeholder organisations to keep the SPGPPS informed about their current activities.
- The SPGPPS will identify key areas where stakeholders have a common view and ensure ways to bring key stakeholders together to shape the agenda
- A survey will be undertaken by Hospitals, SPGPPS Secretariat and the RANZCP to identify the extent and nature of difficulties in access to after hours care access across the whole system and, in particular, new patients.

ASG 4. Seek to ensure that private sector mental health services are supported by a high quality workforce.

- SPGPPS is establishing a link with AHMAC, Commonwealth Health Industry & Investment Division (Mr Bob Wells), & CDHAC to determine current workforce initiatives.
- SPGPPS stakeholders have agreed to identify current problems in consistency & quality in state-based licensing arrangements.
- RANZCP has agreed to develop a proposal to take forward to the National Council on Safety & Quality/NICS to identify how best to use evidence to get changes in practice.

ASG 5. Improve the quality, availability and utilisation of information regarding private sector mental health services.

- The SPGPPS is forming a Working Group to liaise with the RANZCP to develop a strategy to:
 - ▶ Enable practitioners to use local data linked to evidence (data analysis & alignment)
 - ▶ Ultimately enables benchmarking across settings
- The SPGPPS intends to develop basic information infrastructure to support evidence-based practice in hospitals settings. This should include a description of work currently being undertaken by Mr Allen Morris-Yates.

Mr Phillip Taylor is Executive Officer of the SPGPPS

Mental Health Privacy Coalition

The Privacy Kit

Dr Bill Pring

Feedback from providers of mental health services reveals their concern about the impact of the application of the National Privacy Principles (NPPs) on patients and clinical practice. Psychiatrists in particular, perceive that some aspects of the NPPs and the applicable Guidelines have potential for interfering with the therapeutic relationship and the provision of holistic care. Patients and other consumer groups too, are unhappy with aspects of the privacy law.

Mental health service providers are perhaps the group of providers who have the greatest difficulty applying the NPPs in the course of maintaining best clinical practice. The Federal Privacy Commissioner recognises this. At his suggestion, the Mental Health Privacy Coalition (MHPC) consisting of the Australian Medical Association (AMA), Mental Health Council of Australia (MHCA), Royal Australian and New Zealand College of Psychiatrists (RANZCP) and the Australian Private Hospitals Association (APHA) came together to address the issue.

The MHPC met with the Federal Privacy Commissioner, Mr Malcolm Crompton on 8 May 2002 to discuss the concerns mental health service providers and consumers and their carers had with the Privacy Amendment (Private Sector) Act 2000. This extended the Privacy Act 1988 to cover the private health sector throughout Australia. The focus of the 8 May meeting was the impact on the mental health sector of the legislation, its 10 NPPs, and the Guidelines on Privacy in the Private Health Sector (hereafter Guidelines). At that meeting, the Privacy Commissioner suggested that the MHPC identify the problems with a view to developing a privacy education campaign, similar to that undertaken by the AMA before the legislation came into effect late last year. Such a campaign would assist mental health service providers to work with the NPPs without compromising good clinical practice.

The MHPC subsequently met on 27 June 2002 in Canberra and agreed that a privacy education campaign could provide guidance on the development of privacy policies to suit the needs of mental health service providers and their patients. The MHPC subsequently asked the AMA to develop a draft kit for its approval.

The Second Meeting of the MHPC was held on 1 November 2002 in Canberra to:

- examine the concept and content of the preliminary draft of the Privacy Kit for Mental Health Service Providers developed by the AMA;
- consider the costs involved with the printing and distribution of Kit; and
- discuss further problems that require legislative change.

The Federal privacy legislation will be reviewed in 2004. It is important that mental health service providers give the Coalition feedback on the working of the legislation in the context of the provision of mental health care. The Coalition wants to ensure that good privacy practice enhances, not hinders, the efficient delivery of quality mental health services in Australia.

The Privacy Kit

The purpose of the Kit is to assist mental health service providers in the development of a privacy policy in compliance with privacy obligations that suits the needs of their patients and the service provided. For ease of use the Kit is divided into several sections.

The first section comprises background information on applying the NPPs in clinical practice.

The second and largest section of the Kit contains frequently asked questions and provides answers and suggested solutions for overcoming any real or perceived difficulties in the application of the NPPs.

The third section of the kit summarises the NPPs and provides more information and references to further resources.

The Kit will also include a lift out patient information pamphlet as an example of a privacy policy that might be drawn upon, adjusted, or modified to assist providers develop a privacy policy tailored to suit their patients' special needs. Provision of such pamphlets should occur within the context of the therapeutic relation at a time that is appropriate for the patient and the provider.

The Kit is currently being revised and will be circulated to the MHPC for final comment shortly.

Dr Bill Pring is the AMA Observer on the SPGPPS and Chairs the Mental Health Privacy Coalition

Children of Parents with a Mental Illness (COPMI) Project

Ms Elizabeth Fudge

A Hidden Problem

Not all children of parents with a mental illness will experience difficulties as a result of their parent's ill health. However, due to the combination of bio-genetic inheritance and psychosocial adversities associated with mentally ill adults, children of parents with a mental illness are at increased risk for the development of psychopathology, medical problems and behavioural problems. They are also more likely to report suicidality than offspring of well parents and a small percentage are at risk of physical harm.

The challenge is to;

- identify and reduce risk factors in parents with a mental illness,
- reduce risk factors that contribute to their children's mental ill-health and
- enhance protective factors that contribute to the parents' and children's mental health.

However, the needs of these children and of their parents are often 'hidden' due to the stigma associated with mental illness and parental concerns that their children may be removed from their care if they request assistance or even disclose that they have children.

The COPMI Project

The Children of Parents with a Mental Illness (COPMI) Initiative, led by the Australian Infant, Child, Adolescent and Family Mental Health Association (AICAFMHA) and funded by the Commonwealth Department of Health and Ageing has been given the following tasks;

- Develop good practice principles and guidelines for services and people working with children of parents with a mental illness around Australia
- Develop appropriate resource materials in line with the good practice principles and guidelines
- Provide high quality information to the Commonwealth Department of Health and Ageing to enhance future policy development regarding children of parents

with a mental illness and their families.

Key Role of Private Psychiatric Services

Following consultations with a broad range of service providers, consumers and their carers in Australia and in reviewing the literature, private psychiatric service providers and GPs have been identified as having a key role in;

- reassuring consumers who are parents that all parents struggle at some time with their role and that it is appropriate to seek help if required
- identifying if consumers who are parents are having difficulty meeting their children's needs or ensuring their safety
- assisting consumers who are parents to access services if necessary to support their parenting role and their child/ren's development and safety.
- providing general information about mental illness and relevant support services to consumers' families, including children (with parental consent).
- contributing to improved coordination, communication and collaboration with and between all service providers involved with the family's care.

SPGPPS Involvement

Mr Phil Robinson, Chair of the AICAFMHA Board of Directors and of the COPMI Reference Group, has been invited by the SPGPPS to address their next meeting in 2003. The SPGPPS is liaising with the COPMI project to ensure that the voice of private psychiatric service providers are heard within the development of the principles and guidelines document and in the development of information for the Commonwealth Government.

For more information about the project and lists of literature, resources and current programs for families across Australia relating to this issue visit the project website:

<http://www.aicafmha.net.au/copmi>

or contact the COPMI Project Manager, Elizabeth Fudge.

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