phn BRISBANE NORTH
An Australian Government Initiative

PMHC-MDS Episode Reporting

Data Collection for an Integrated Service Delivery Hub

Background

Brisbane North PHN (the PHN) have redeveloped our commissioning approach for severe and complex mental health presentations. As at the commencement of 19/20 Financial Year, the PHN has commissioned three lead agencies to each coordinate an Integrated Service Delivery Hub (the Hubs) specifically to meet the needs of individuals presenting with severe and complex mental health concerns. Critically to this paper, these Hubs have been funded by pooling different funding streams (Psychosocial [National Psychosocial Support, Continuity of Support], Care Coordination and a proportion of Psychological Therapies). This allows the consumer to access multiple and complementary services in the same location and through engagement with one or more integrated providers. An example of a typical consumer journey is available in Appendix A.

PMHC-MDS & PHN KPIs

A dilemma arises when considering reporting for an integrated service delivery model. This is characterised by the PHN KPIs to the Department primarily being based upon counting rules for Episode "types".

As per the PMHC-MDS, an *Episode of Care* is defined as a more or less continuous period of contact between a client and a PHN-commissioned provider organisation/clinician that starts at the point of first contact, and concludes at discharge. Episodes comprise a series of one or more Service Contacts.

- The PMHC- only allows for one Episode of Care to be open for a client at one organisation at any given time.
- The Episode item: Principal Focus of Treatment results in broadly aligning an Episode of Care with a funding stream or "type" of care.
- For PHNs, Episode "types" are often counted for Department KPI reporting at 6 and 12 months (e.g., Acc1, Acc2, etc.). As such, the PHN is motivated to ensure that there is adequate counting of Episode types proportionate to expenditure.

As per the example in Appendix A, the dilemma is evident when considering a consumer who receives multiple services under the same "Episode" or engagement with a particular Hub or organisation. It is noted here that "wrap-around" service provision is widely accepted as best practice for severe and complex mental health presentations.

Contrasted Solutions

In this context, two potential courses of action emerge:

a) require Hubs to manage multiple Episodes of care for one client (thus safeguarding PHN KPI performance)
b) allow for one Episode of care comprised of multiple treatment types at the Hubs (at the expense of PHN KPI performance)

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The table below briefly summarises the key advantages and disadvantages of these solutions. These have been informed by feedback from the integrated Hub staff, from staff at the PHN, from the PHN's software vendor (Redbourne), from Strategic Data and from the PMHC-MDS Data Reference Group.

Table 1: Advantages and disadvantages of proposed solutions

	Advantage	*Disadvantage*
Solution A: Multiple Episodes	Episode counting accurately accounts for activity in funded streams (KPI incentive)	Clients are counted multiple times under different funding streams resulting in artificial inflation of the data set
	Episodes are clearly delineated by service type for the purposes of administration	Upload attempts will be denied by the Strategic Data Portal. Intensive cleaning of reports will be required to produce upload
		Very high administrative burden on Hub staff including repeated outcome measure administration
Solution B: Single Episode	Case management at the Hub is seamless/allows information sharing between a team of practitioners. The consumer benefits from integrated care as per the purpose of the Hub model	The PHN accepts an organisational risk in the prospect of underreporting episode types proportionate to funding expenditure
	Data items at the Service Contact Level already account for different practitioners and different service contact types	The PHN uses Service Contact information to monitor levels of activity
	Upload to the Strategic Data Portal will not be impacted	

Recommendations

Through the articulation of the advantages and disadvantages of either solution, the PHN would like to advise the Department of the following recommendations:

1) The PHN strongly recommends that Solution B (a single episode of care) is adopted for integrated service delivery Hubs. At the expense of the PHN performance reporting, this solution is in the interest of the consumer, and presents as the most practical and comprehensive method of service delivery
2) It is proposed that the Principal Focus of Treatment Episode data item is removed from the PMHC-MDS. This solution is in line with Episode reporting at State-based hospital services, where an Episode "type" is not nominated
3) It is proposed that the Department restructure the PHN KPIs that depend upon the Principal Focus of Treatment data item. This may be addressed by counting Service Contact "types" which are currently collected for each Service Contact occurring under an Episode. It may be useful to expand the range of Service Contact types as a part of this review.

While the PHN acknowledges that Recommendations 2 & 3 may require longer term investment and planning by the Department, in the interim the PHN intends to proceed with Recommendation 1. This decision is made with full acknowledgement of the potential for underreporting on particular Episode types. This underreporting is offset by the fundamental need for a restructure of the PHN KPIs and data set to better reflect how best-practice, integrated service delivery models function in the real-world.

Appendix A

Jane, 21, presents to her GP experiencing high levels of psychological distress. She reports that she has recently lost her casual retail job, that she has withdrawn from her vocational education and is having significant difficulty performing her daily duties. Her GP is also provided with a discharge summary from a private hospital where Jane was recently admitted to manage suicidal ideation and an occasion of serious self-harm. Jane reports that she has attended all 10 sessions available under the Better Access scheme this year and can no longer afford to see her psychologist.

The GP conducts an Initial Assessment with Jane and identifies her as qualifying for Level 4 care. The Decision Support Tool recommends a referral to the integrated service hub managed by Neami National. A referral is completed to Neami National who contact Jane within 24 hours to arrange an Intake.

A comprehensive Intake at the Hub is conducted by a Mental Health Nurse. This involves the administration of outcome tools. Based on the assessment, the Mental Health Nurse determines that Jane will benefit from a suite of services available at the Hub. She makes internal referrals to the counsellor available for individual sessions*, a fortnightly Dialectical Behaviour Therapy group with a visiting clinical psychologist**, a peer worker who is available for support to re-enrol in vocational education and to access Centrelink***, and ongoing support from the Mental Health nursing team****. Jane is also encouraged to attend the yoga and art classes offered twice weekly at the Hub.

* Principal Focus of Treatment = Other Psychological Therapy
** Principal Focus of Treatment = Structured Psychological Therapy
*** Principal Focus of Treatment = Psychosocial Support
**** Principal Focus of Treatment = Care Coordination

In this instance, the Mental Health Nurse has commenced the Episode of Care under their associated Principal Focus of Treatment: Care Coordination. As all referrals to the Hub undergo this assessment process, all Principal Focus of Treatment are therefore nominated Care Coordination. In this scenario, three treatment types are not reported. The dilemma the PHN then faces is that the other services Jane is receiving are not being accounted for at the Episode (KPI) level. Underreporting leads to the perception of poor PHN performance which leads to reduced funding.

Solution A: Each practitioner (N = 4) working with Jane is required to manage their own Episode of Care. This results in high administrative burden, the re-administration of the K10, and the segregation of information about Jane's treatment between her treating team.

Solution B: All Episodes at the Hub are registered under Care Coordination. The practitioners work on the same Episode file, allowing for the sharing of information. The Service Contact type captures the type of service that Jane receives on each occasion. Department KPIs are based on Service Contact type.

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