



Independent Hospital Pricing Authority

DEVELOPING THE AUSTRALIAN MENTAL HEALTH CARE CLASSIFICATION

Jennifer Nobbs, Executive Director, ABF Vanessa D'Souza, A/g Director, Mental Health Care





Better describing

how mental health care is provided and what it costs can help lead to more sustainable services and transparent decision making.



A NEW CLASSIFICATION

- Not just about ABF!
- Describe factors that inform the types and cost of care
- Support new models of care
- Broader range of services in scope
- Better data for the future



WORK TO DATE

2012-13: UQ engaged to develop a mental health care type, define potential cost drivers and propose a classification architecture

July-Dec 2014: national mental health costing study undertaken to test potential cost drivers

Jan 2015: AMHCC public consultation #1

1 July 2015: mental health care type and ABF MHC DSS 2015-16 in effect

Dec 2015: AMHCC public consultation #2

1 July 2016: **AMHCC v1.0**, and ABF MHC DSS 2016-17 commence

2013

2014

2015

2016

2017

KEY STATS FROM THE COSTING STUDY

- Conducted at 26 mental health services (incl 4 private hospitals), across NSW, Vic, Qld, WA and SA.
- Data collected from July to Dec 2014 was based on existing national data collections with several new data concepts including mental health phase of care.
- Activity and cost data collected
 - 30,645 individual consumers and 58,219 episodes of care covering the admitted, community and residential settings.
 - Broadly representative of the population with the exception of the residential setting.



AMHCC (VERSION 1.0)



MENTAL HEALTH CARE TYPE

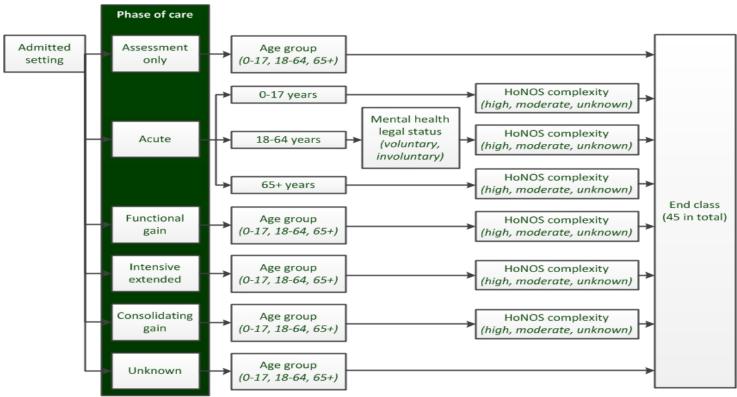
Mental health care is care in which the primary clinical purpose or treatment goal is improvement in the symptoms and/or psychosocial, environmental and physical functioning related to a patient's mental disorder.

Mental health care:

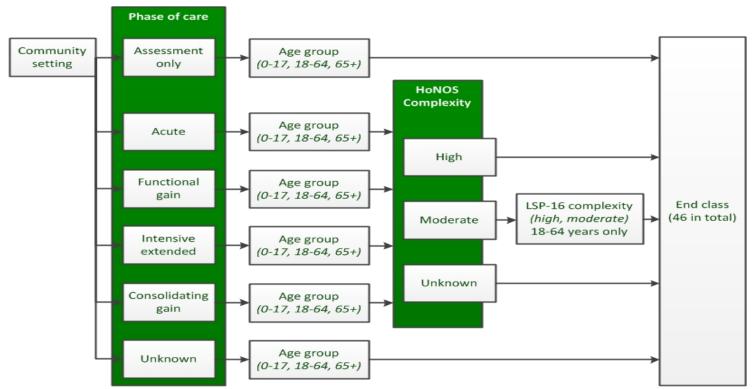
- is delivered under the management of, or regularly informed by, a clinician with specialised expertise in mental health;
- is evidenced by an individualised formal mental health assessment and the implementation of a documented mental health plan; and
- may include significant psychosocial components including family and carer support.



ADMITTED SETTING



COMMUNITY SETTING



DATA SOURCES

ABF MHC DSS:

- Admitted patient c Data Set (1978)
- Admitted pa
- Commi
- Mental to took
- Non-adru.
- Resident anel ath the eNicos
- National Outcomes and Casemix Collection



MENTAL HEALTH PHASE OF CARE

- Prospective primary goal of care
- Independent of the setting and the designation of service
- Five phases:
 - assessment only
 - acute
 - functional gain
 - intensive extended
 - consolidating gain



NEW PRACTICES

- Training materials being developed in consultation with clinicians
- Assign phase of care at start of episode and when care plan changes
- Undertake outcome measures at the start of each new phase
 - HoNOS, HoNOSCA, HoNOS 65+
 - LSP-16 (adult community only)
 - continue to collect other NOCC measures so they can be considered for future iterations of the AMHCC

HAPPENING NOW

- Get ready: 1 July 2016 implementation on a best endeavours basis
- Inter-rater reliability study on phase of care
- Child and adolescent mental health clinical review
- Refining the supporting materials for clinicians, and for data and system managers
- Collaboration with AMHOCN to align the AMHCC and NOCC protocols

HAPPENING NEXT

- Refining version 1.0
- Residential mental health care
- Clinical complexity and comorbidities
- Community managed sector
- Older persons' mental health
- Feedback loop to improve the next iteration and implementation



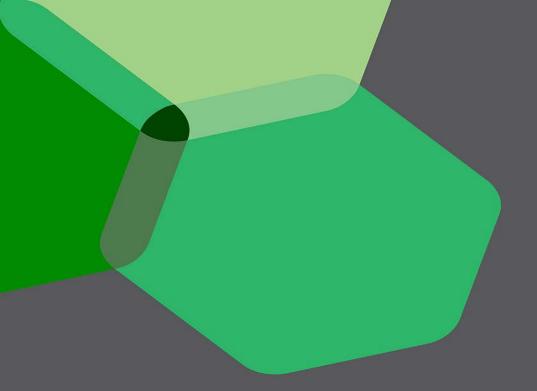


STAY CONNECTED

- Keep up to date at www.ihpa.gov.au/AMHCC, and connect with us on twitter (@IHPAnews) and LinkedIn
- Speak with your rep on IHPA's Mental Health Working Group
- Talk to us!

Jennifer Nobbs, Executive Director, ABF 02 8215 1152, jennifer.nobbs@ihpa.gov.au

Vanessa D'Souza, A/g Director, Mental Health Care 02 8215 1106, vanessa.d'souza@ihpa.gov.au





www.ihpa.gov.au