

The cost, value and outcomes of phase of care in Australia's specialised public sector mental health services

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Mental health phase of care is a concept developed in 2012 by The University of Queensland on behalf of the Independent Hospital Pricing Authority. It is defined as the “primary goal of care that is reflected in the consumer’s mental health treatment plan at the time of collection, for the next stage in the patient’s care”. There are five possible phases of care: assessment only, acute, functional gain, intensive extended and consolidating gain. Phase of care is a fundamental aspect of the Australian Mental Health Care Classification (AMHCC), released 1 July 2016 for implementation on a national best endeavours basis.

Importantly, identifying the appropriate phase of care is a clinical decision. It is independent of both the treatment setting and the designation of the treating service, and does not simply reflect service unit type. Phase of care is assessed at the commencement of an episode of care and reviewed where there is a significant change to the consumer’s symptoms and/or psychosocial functioning requiring a clinical review and a change to the mental health treatment plan.

The National Outcomes and Casemix Collection (NOCC) is a collection of clinician and consumer-rated measures designed to support routine outcome measurement across Australia’s public sector specialised mental health services. Jurisdictions have been reporting NOCC materials since 2000. In 2017, the NOCC protocol was revised to enable the collection and reporting of phase of care.

This paper examines the impact of phase of care in the collection and reporting of clinician-rated and consumer-rated outcomes. It considers effects separately for child and adolescent, adult and older persons, in admitted, residential and ambulatory settings and at discrete points in an episode of mental health care (i.e., at admission, review and discharge from care). Specifically, it examines whether the implementation of the phase of care concept within the NOCC protocol has affected the frequency and/or level of clinician-rated severity and disability, the frequency and/or level of consumer-rated symptom severity, the distribution of outcome profiles as well as jurisdictional differences.

Available data represent only the first 12-months of routine collection of the phase of care concept within the national protocol for specialised public sector mental health services. The findings, however, contribute to a better understanding of the costs, value and outcomes of Activity Based Funding and the implementation of the Australian Mental Health Care Classification.