



How helpful is mental health information to improving performance?

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Director of Mental Health

20 October 2005

Key messages



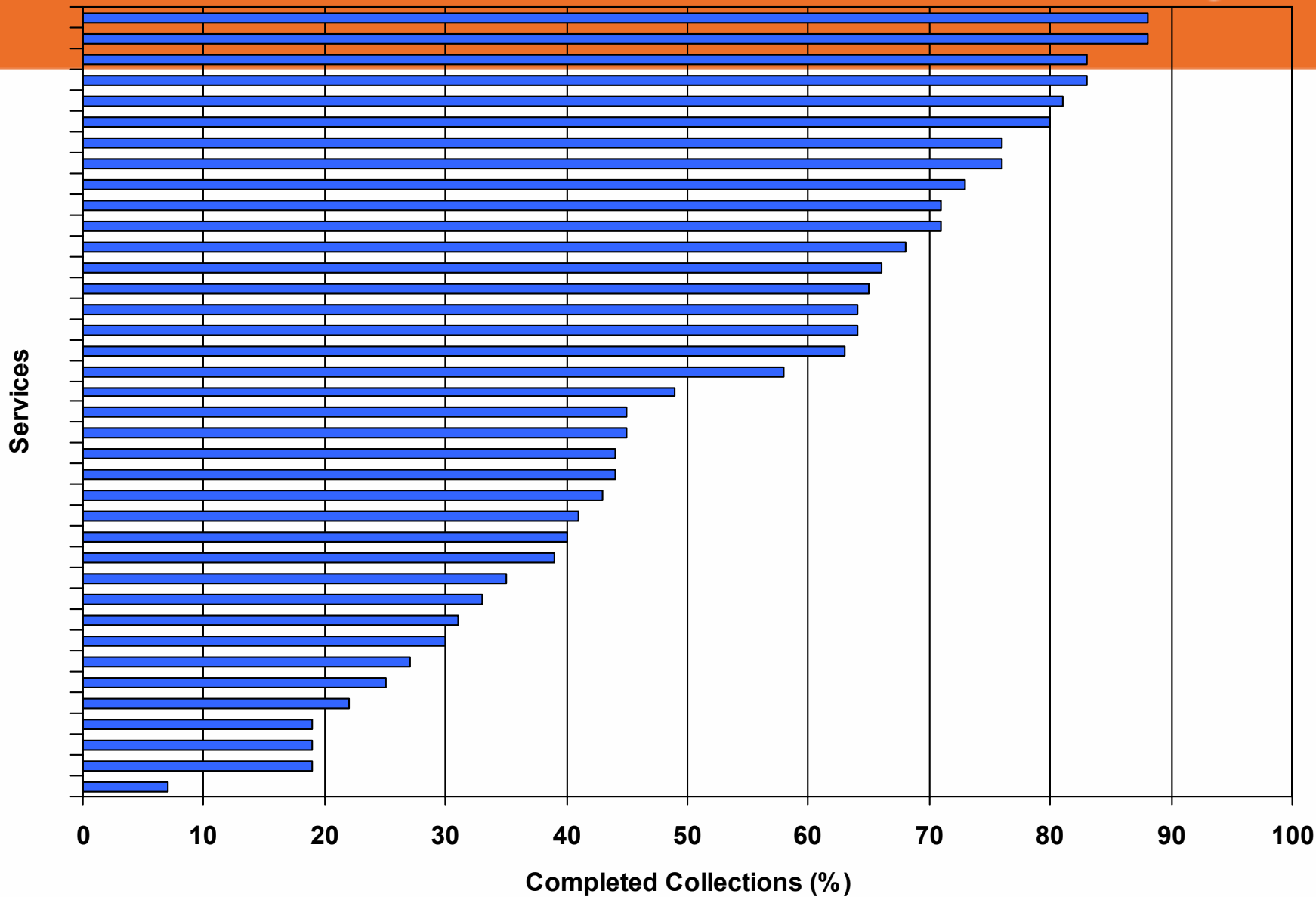
- Information development in mental health holds much promise but has much to deliver
- We are only at an early stage of the development cycle
- The emphasis on performance information is going to increase, not fade away
- Outcomes information is central but only part of what we need to know to improve mental health service performance
- Improving services requires involvement with data at the clinical, management and policy levels
- Vacancies for clinician leadership are abundant

Where we are up to on the road?

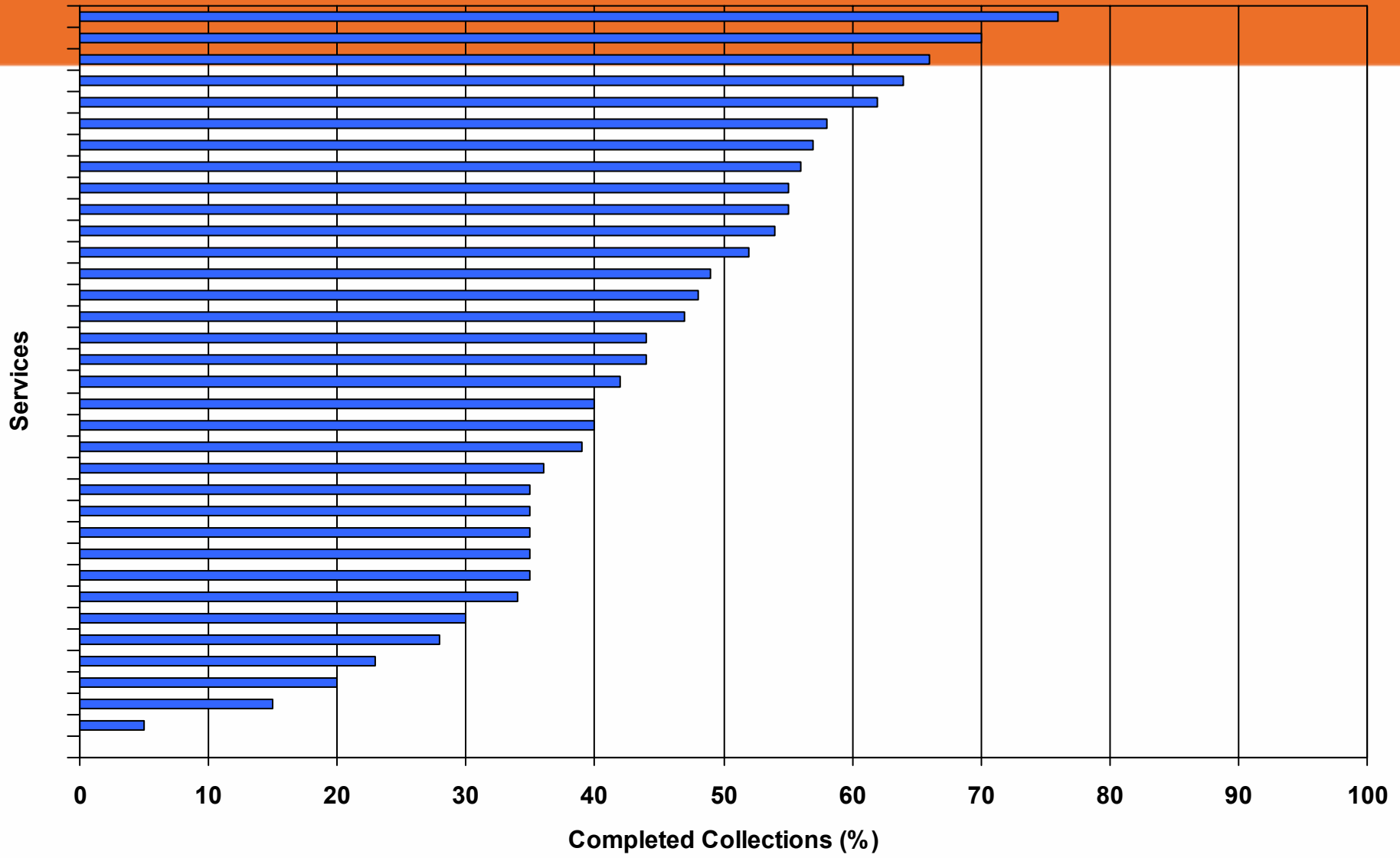


- The last decade has laid the foundation for a comprehensive set of data
- But remember:
 - Data is not information
 - Information is not knowledge
 - And knowledge is not wisdom
- We need to do turn data into wisdom about good services!

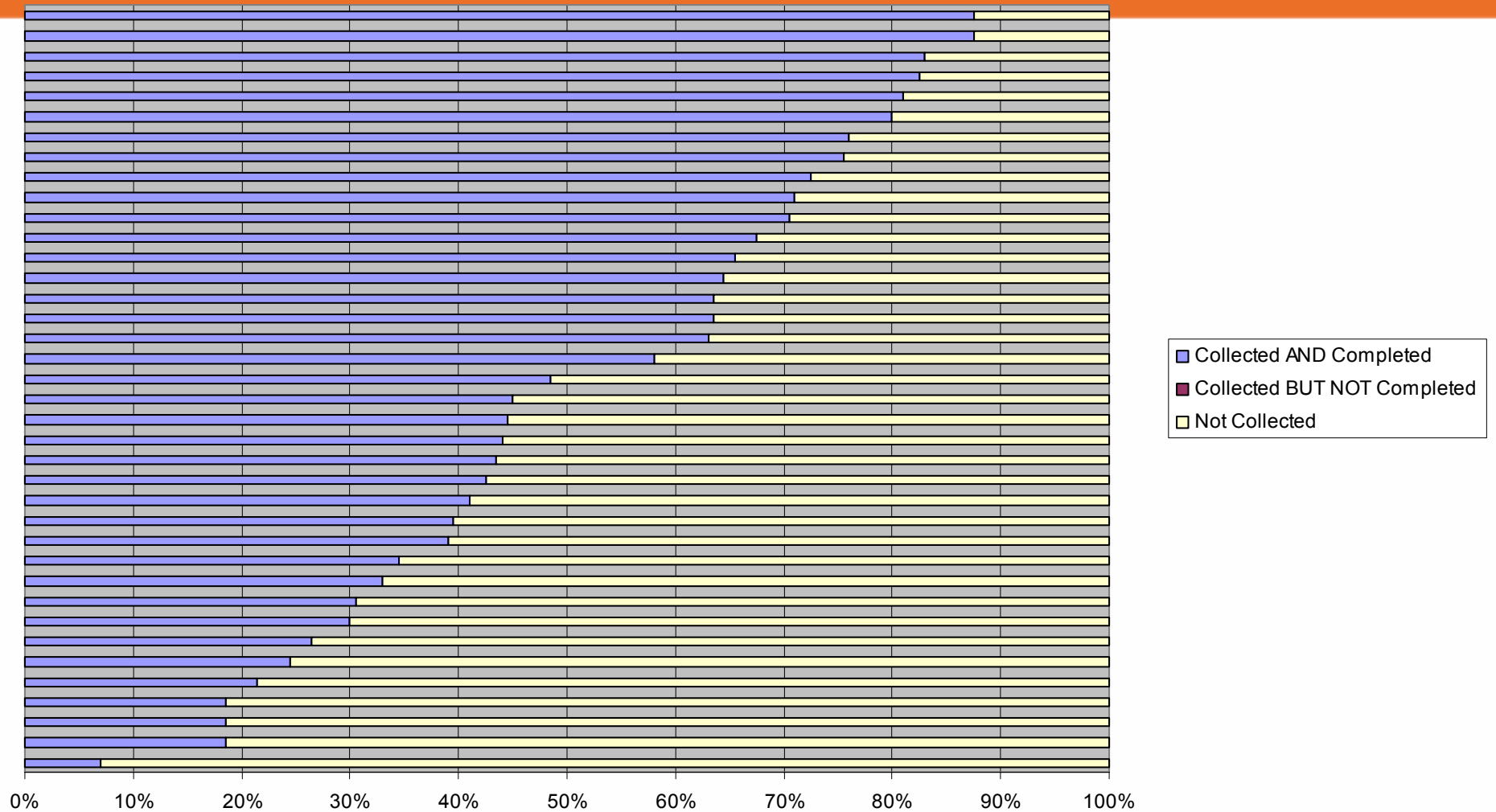
Completed Collections by Service, 2004



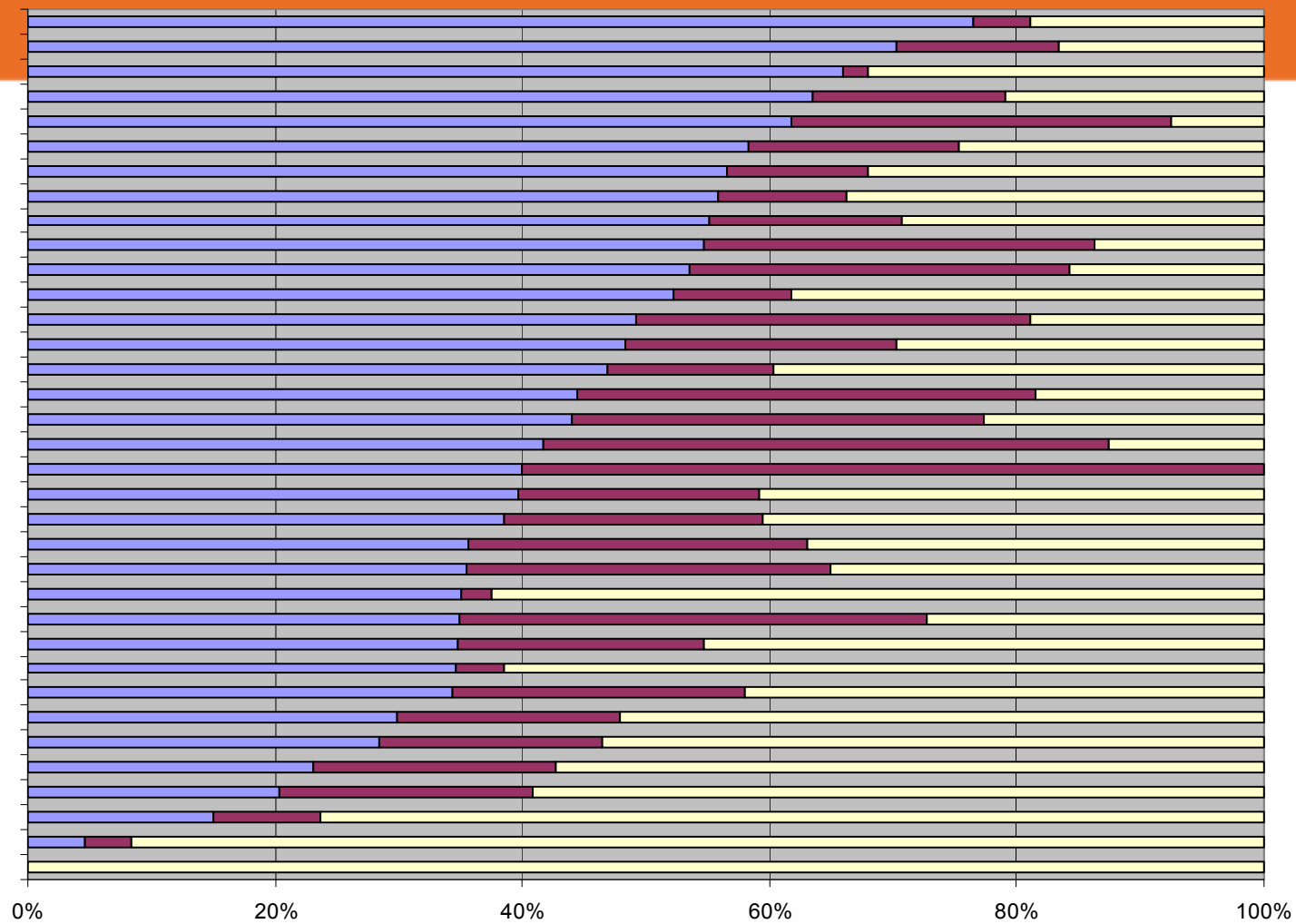
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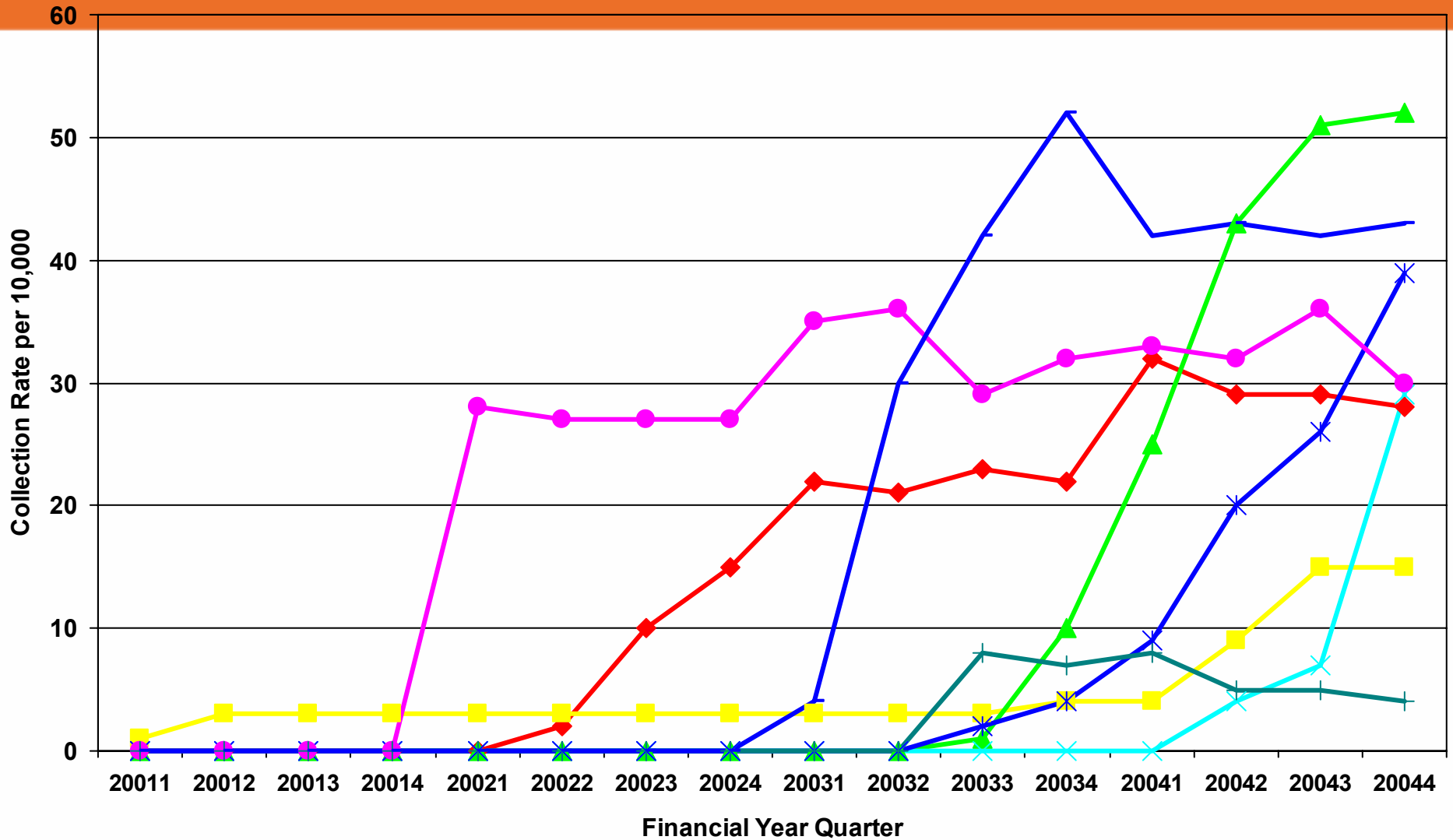
Collection Compliance by Service, 2004



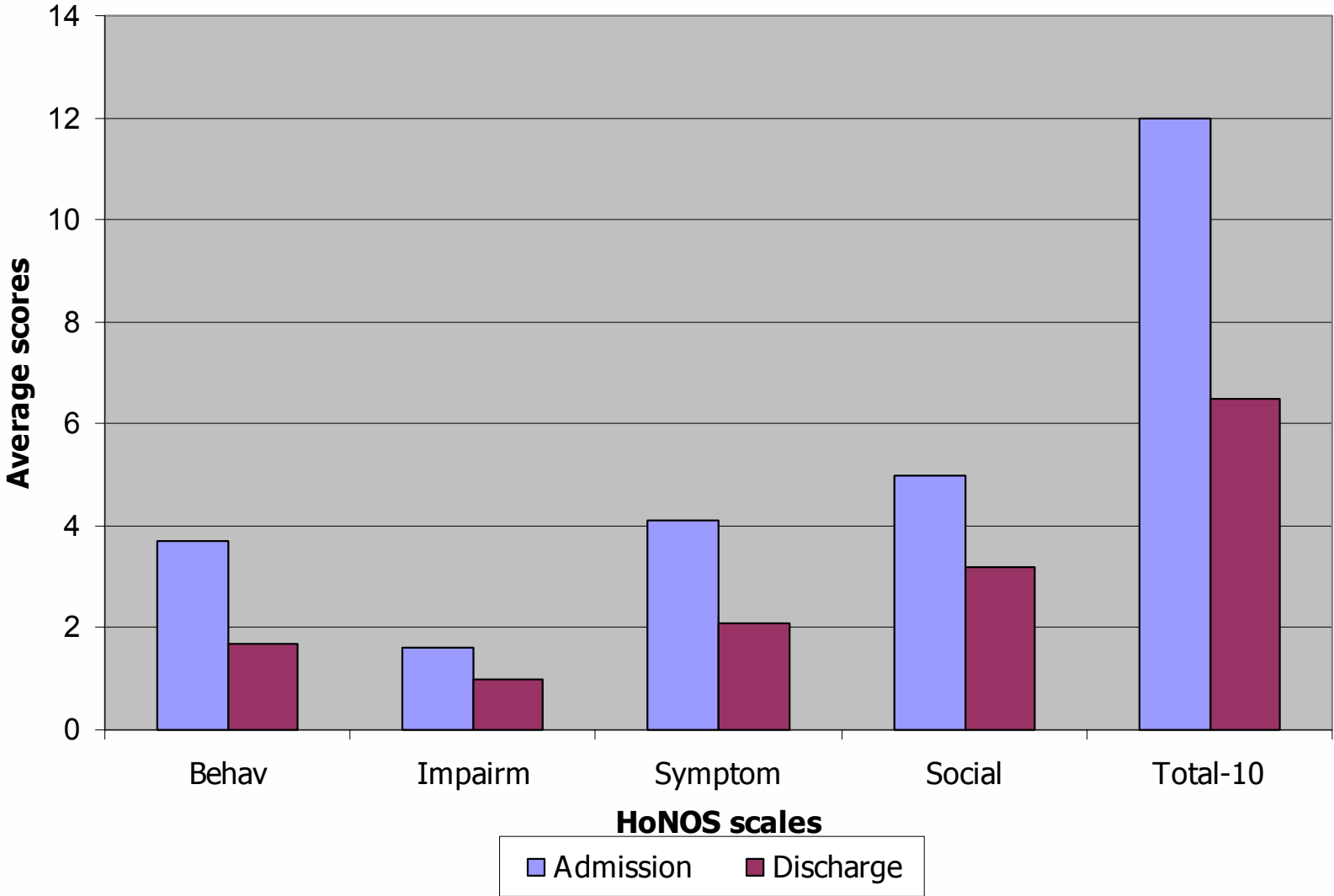
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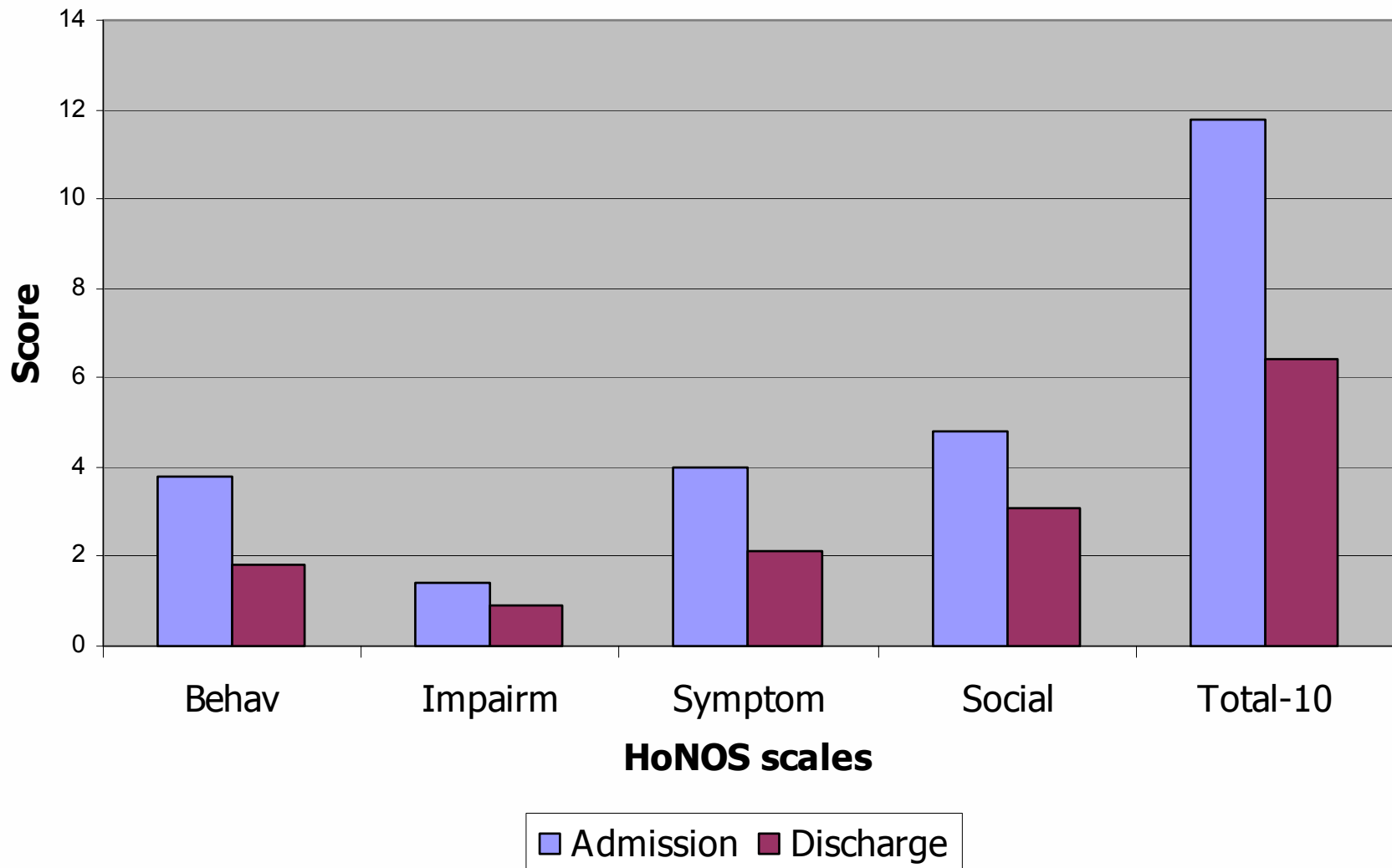
Collection Rates per 10,000 per jurisdiction



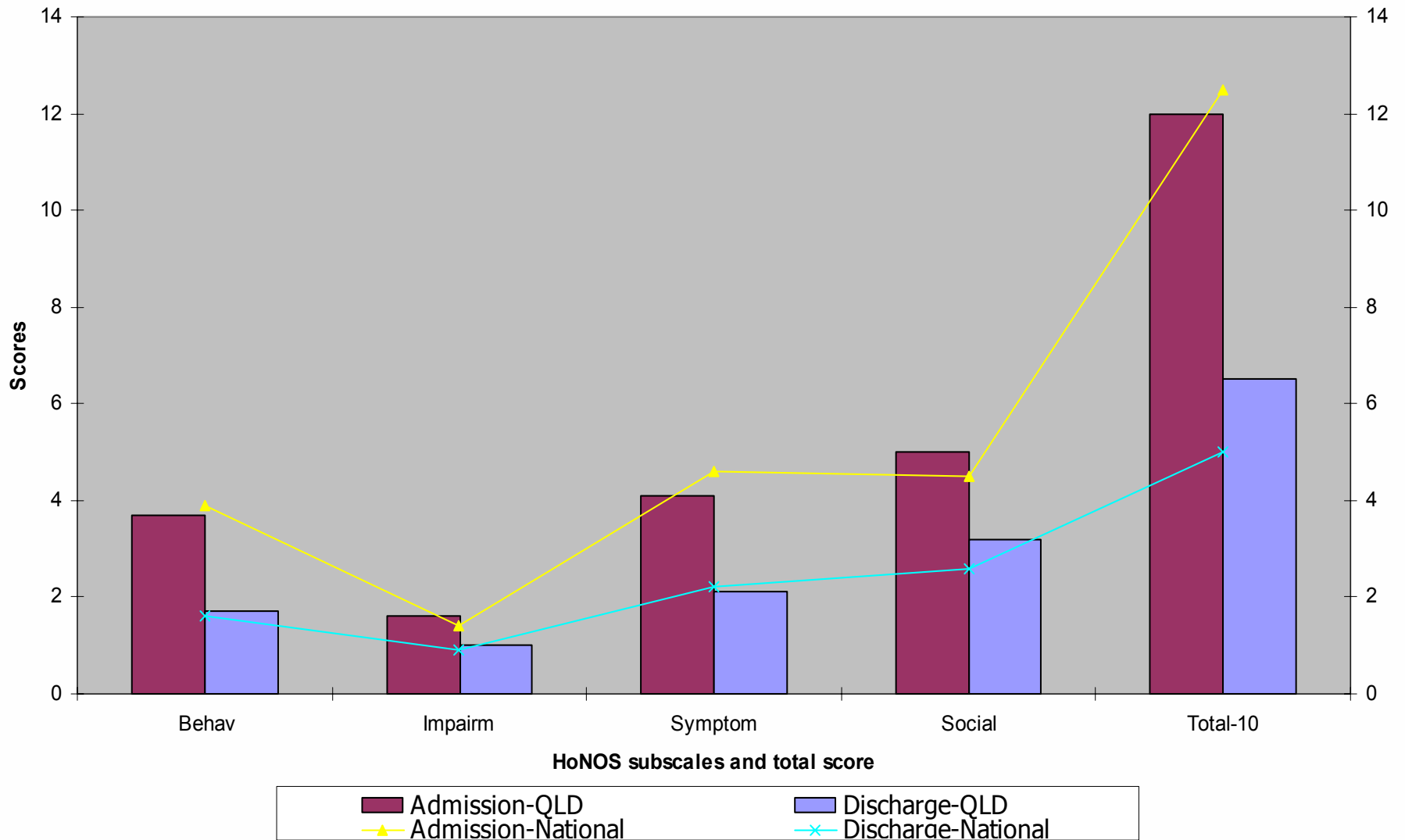
Graph 1: Comparison of HoNOS scores at admission and discharge for Acute Inpatient Mental Health Services in QLD. Matched pairs. 2004/05



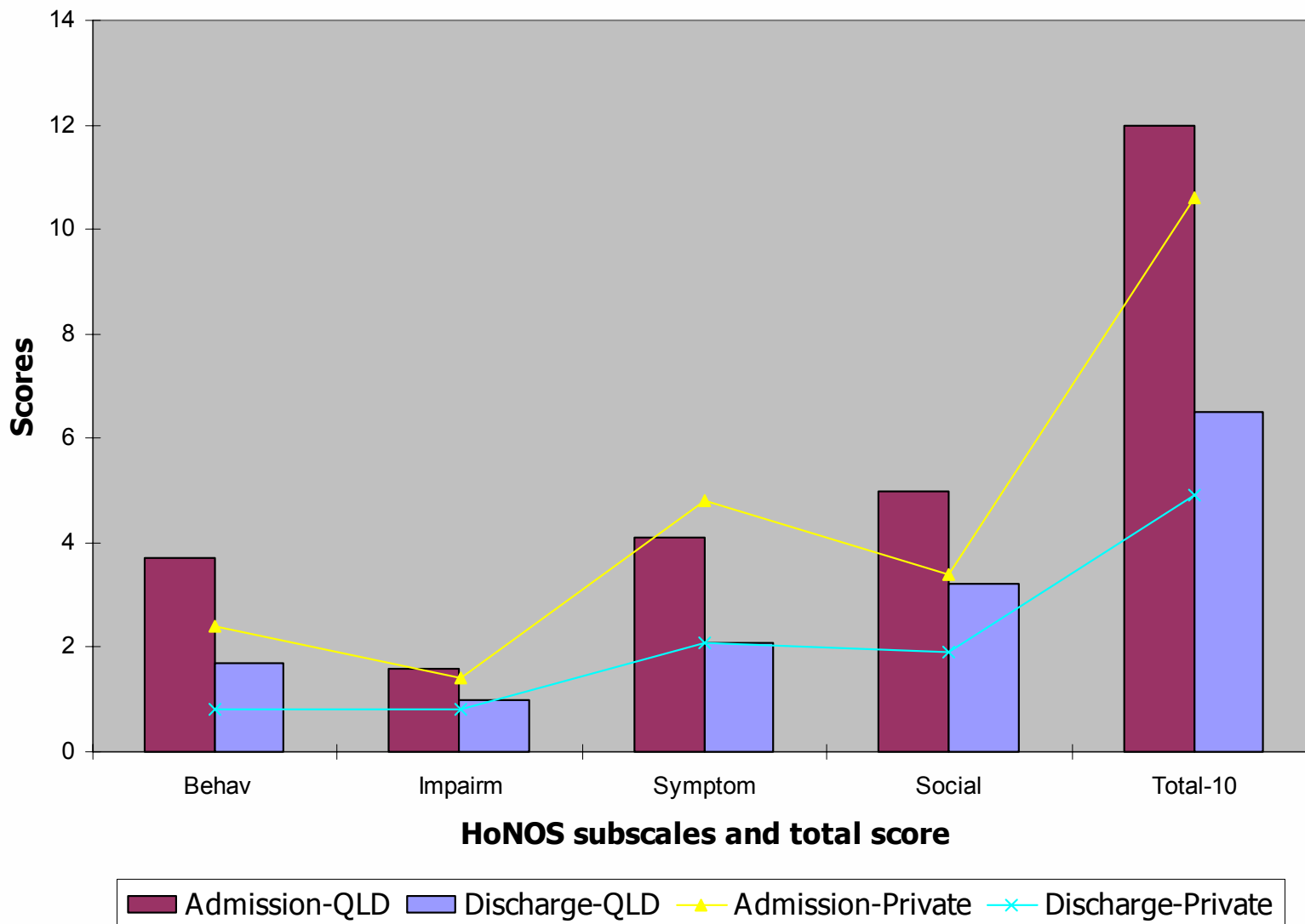
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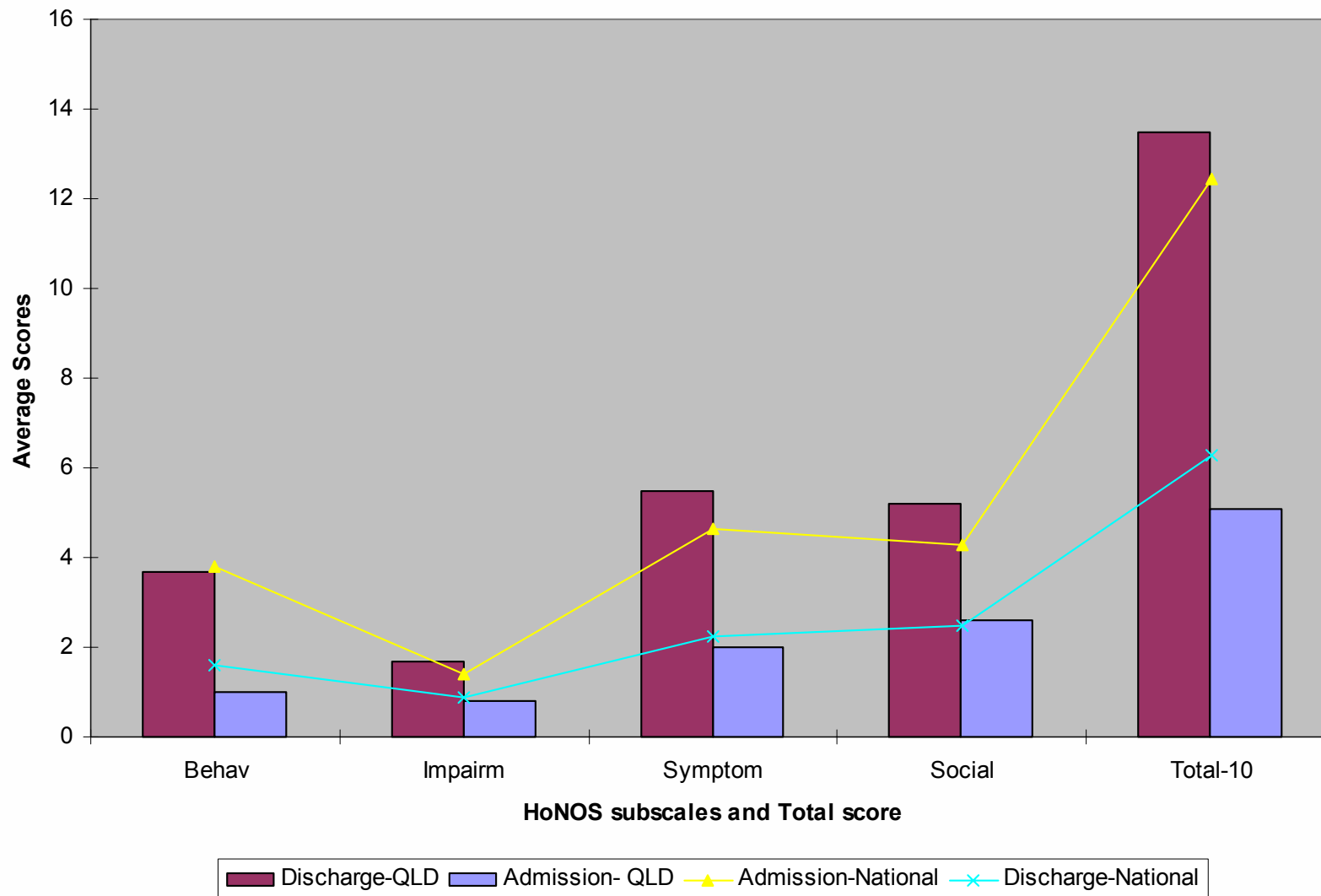
Graph 3: Comparison of HoNOS scores for Inpatient Mental Health Services. Admission and Discharge



Graph 4: Comparison of HoNOS scores for Inpatient Mental Health Services at Admission and Discharge. QLD and Private Sector



Graph 6: Comparison of HoNOS scores for Inpatient Mental Health Services at Admission and Discharge. Matched pairs-2003/04



Data for quality improvement cycle



Research & development to identify requirements ✓

Trial new data and concepts ✓

Introduce new routine collections and practice ✓

Evaluate & refine practice (measures & systems) ✗

Feedback, data reports to providers ✗ ✓

Benchmark against peer services ✗

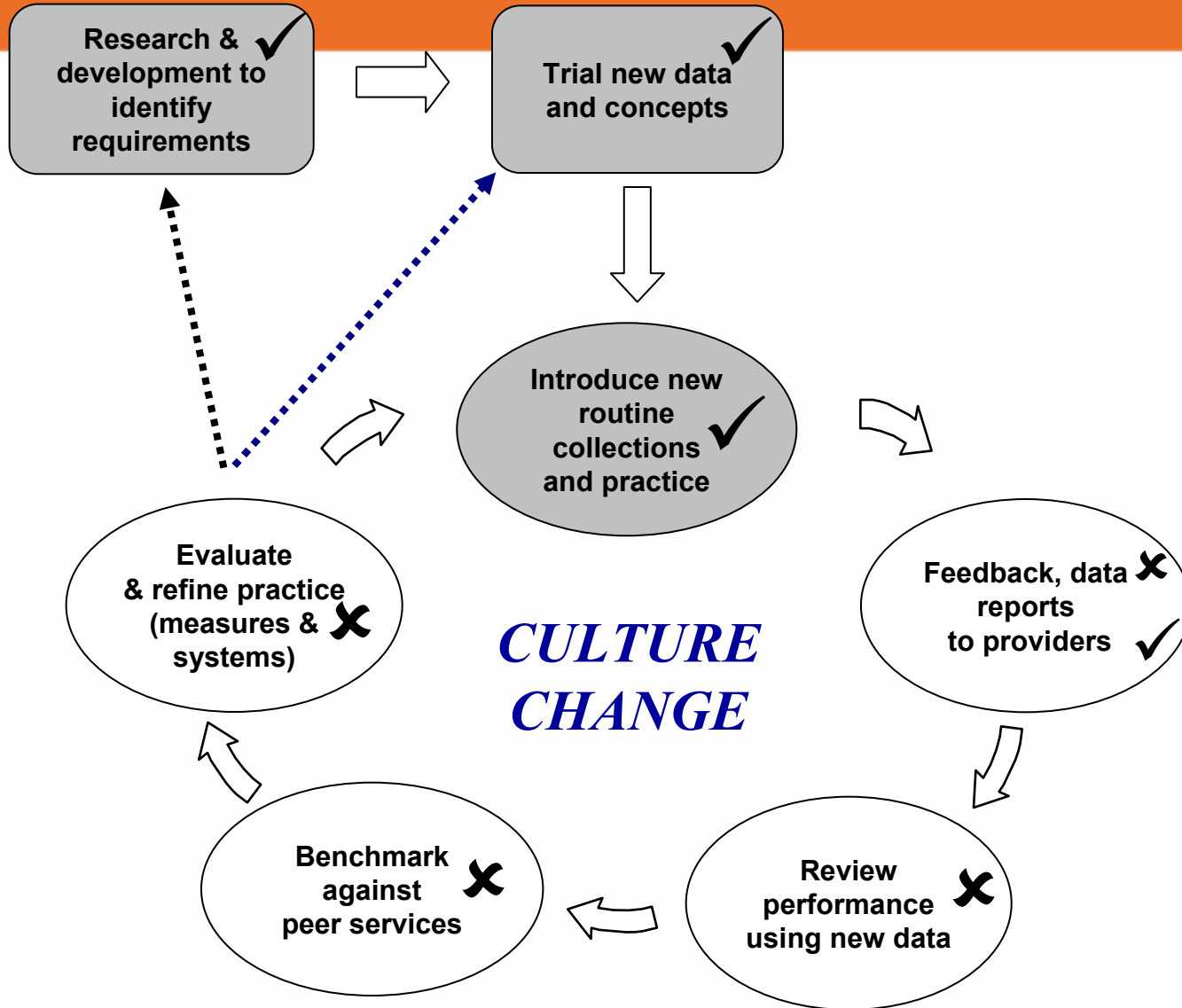
Review performance using new data ✗

CULTURE CHANGE



DATA DEVELOPMENT

QUALITY IMPROVEMENT CYCLE



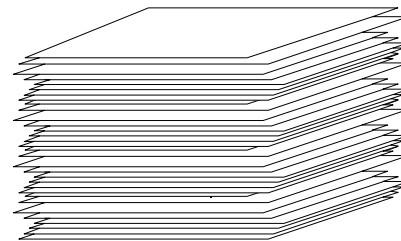


The Questions that nagged... and still do

- Will clinicians participate or will it all be too hard in the hustle and bustle of service delivery ?



- Is mental health able to embrace the 'information age' with support from central administrations ?



The information culture

- Mental health services have existed as a series of isolated ponds (often with their own Frog Princes and Princesses)
- Debates about fundamentals – such as caseloads, resources, expected outcomes – are frequent, often intense and usually left unresolved
- Information collection typically seen as a burden rather than a resource to drive quality improvement and benefits for consumers
- Years of mistrust and lack of confidence have built up within the workforce around information collections



Lets try an example of how the
information culture in mental
health impedes our progress ...

The new clinical director takes up
her appointment

The new Clinical Director is appointed and she learns ...



- Most consumers seen in the community show little clinical improvement
- Only 50% of clinical staff time is spent on clinical care
- 10% of consumers account for 30% of the agency resources
- Less than 1% of the agency catchment population receive services
- 20% of people discharged from hospital are readmitted within a month

What might the Director conclude?



- Most consumers seen in the community show no clinical improvement
- Only 50% of clinical staff time is spent on clinical care
- 10% of consumers account for 30% of the agency resources
- Less than 1% of the agency catchment population receive services
- 20% of people discharged from hospital are readmitted within a month
- Agency is ineffective?
- Staff are slack?
- Agency is inefficient and careless with resources?
- Agency needs to see more consumers?
- Agency has poor continuity of care?

What does the Director need to know?



- That her agency's performance is typical on all indicators – no better, no worse
- That there are some similar agencies doing much better
- That there are actions that can be taken to make things better (and some that will make things worse)

Requirement 1: A map

Performance measurement framework to integrate the information



- Mental health has lagged behind other health areas in developing a performance framework
- Partly due to lack of data but mainly to lack of agreement about how to measure performance and define success
- A performance measurement framework needs to bring all the pieces together
- Be applicable across the range of mental health services – not just hospitals, not just community services

Requirement 2: A vehicle *to move from performance measurement to quality improvement*



- Data collection and performance measurement mean little unless they support decision making
- Performance indicator publications that sit on the shelf help no-one
- Need to build interest, capacity and leadership within service organisations to use performance information creatively, to identify what is working well and what is not

**THE MAP:
Australia's new
performance
framework for
mental health
services
Released June
2005**

Key Performance Indicators
for Australian Public
Mental Health Services



REPORT OF PERFORMANCE INDICATOR
DRAFTING GROUP

INFORMATION STRATEGY COMMITTEE
AHMAC NATIONAL MENTAL HEALTH WORKING GROUP

Context



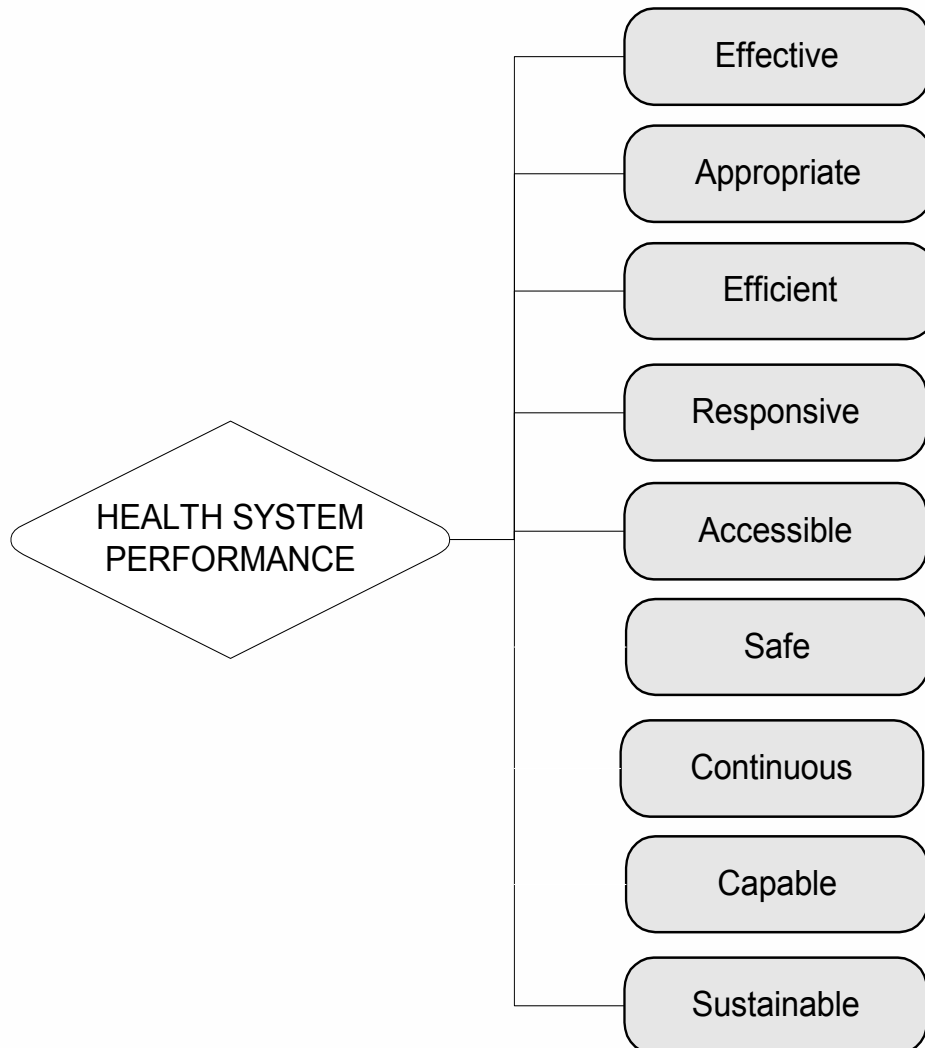
- National KPI framework foreshadowed since Second National Mental Health Plan
- Six reports on national health performance indicators published since mid 1990's – mental health missing
- National Mental Health Report indicators are about government performance, not services
- Most KPIs used by states and territories are for reporting to central finance agencies - these don't provide a suitable framework for benchmarking and quality improvement

The approach taken



- Design indicators as tools for quality improvement not punishment
- Indicators need to meet multiple purposes – service delivery, management, policy and funding levels
- Link to related information developments – NOCC, National Minimum Data Sets
- Staged approach to implementation – have to start somewhere, keep it simple
 - Stage 1: Feasible with existing data collections
 - Stage 2: New data collections required


Australia's health performance framework *(it's all about Quality)*



This Performance Framework was actually developed by Queensland.

Translating the framework to mental health

13 Stage 1 Indicators



| Key Performance Indicator | Effective | Appropriate | Efficient | Responsive | Accessible | Sustainable | Capable | Safe | Continuous |
|--|-----------|-------------|-----------|------------|------------|-------------|---------|------|------------|
| 28-day readmission rate | ✓ | | | | | | | | ○ |
| National Service Standards compliance | | ✓ | | | | | ○ | | |
| Cost per acute inpatient episode | | | ✓ | | | | | | |
| Average length of acute inpatient stay | | ○ | ✓ | | | | | | |
| Cost per three month community care period | | | ✓ | | | | | | |
| Treatment days per three month community care period | | ○ | ✓ | | | | | | |
| Population receiving care | | | | | ✓ | | | | |
| Local access to inpatient care | | | | | ✓ | | | | |
| New client index | | | | | ✓ | | | | |
| Comparative area resources | | | | | ✓ | ○ | | | |
| Pre-admission community care | | | | | ○ | | | | ✓ |
| Post-discharge community care | | | | | ○ | | | ○ | ✓ |
| Outcomes readiness | ○ | | | | | | ✓ | | |

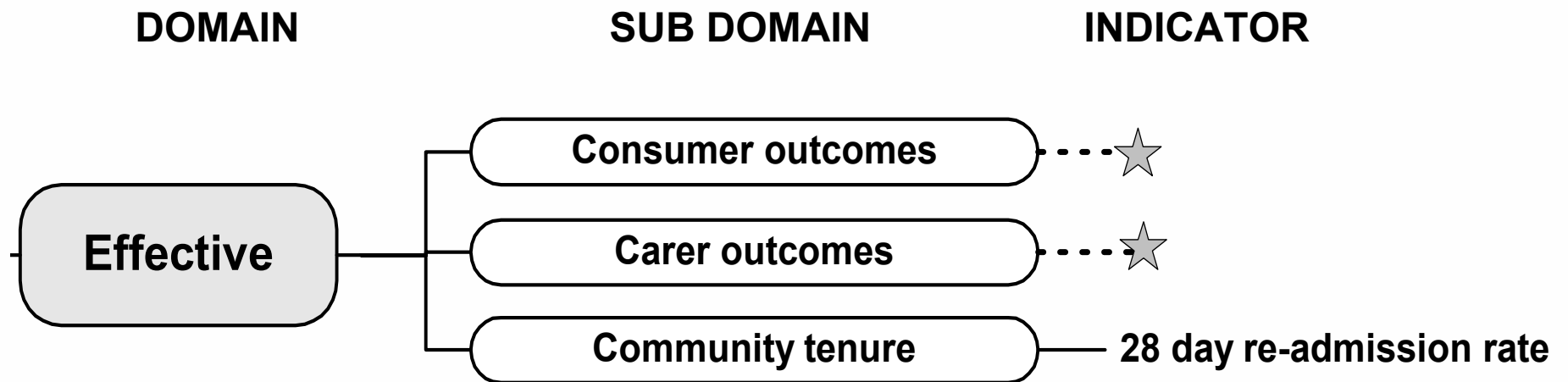


Taking a look at the performance of 9 Adult Area Mental Health Services

**Using the Stage 1
KPIs as a guide**

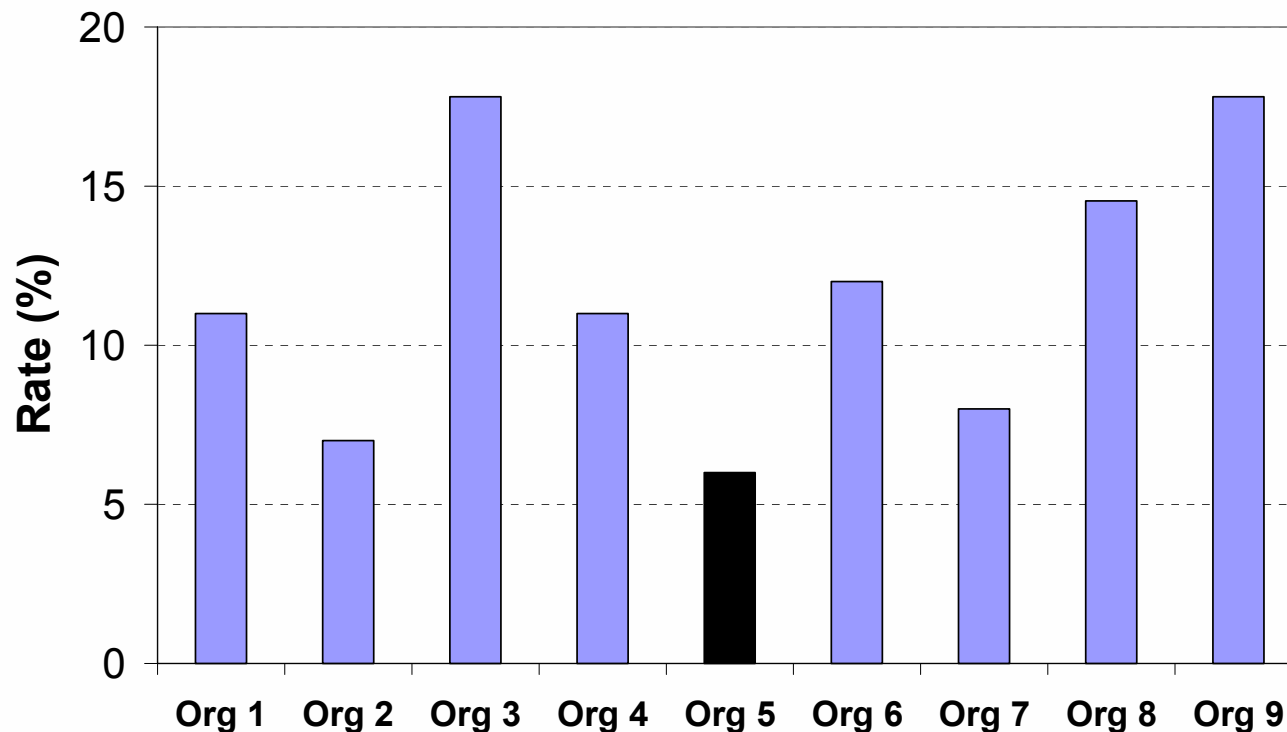
Domain: *EFFECTIVENESS*

Care, intervention or action achieves desired outcome



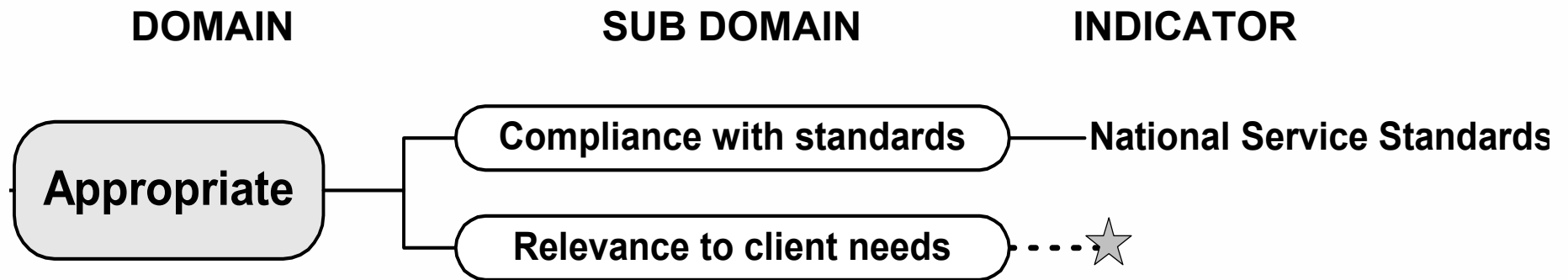
KPI 1: EFFECTIVENESS

28 day readmission rate



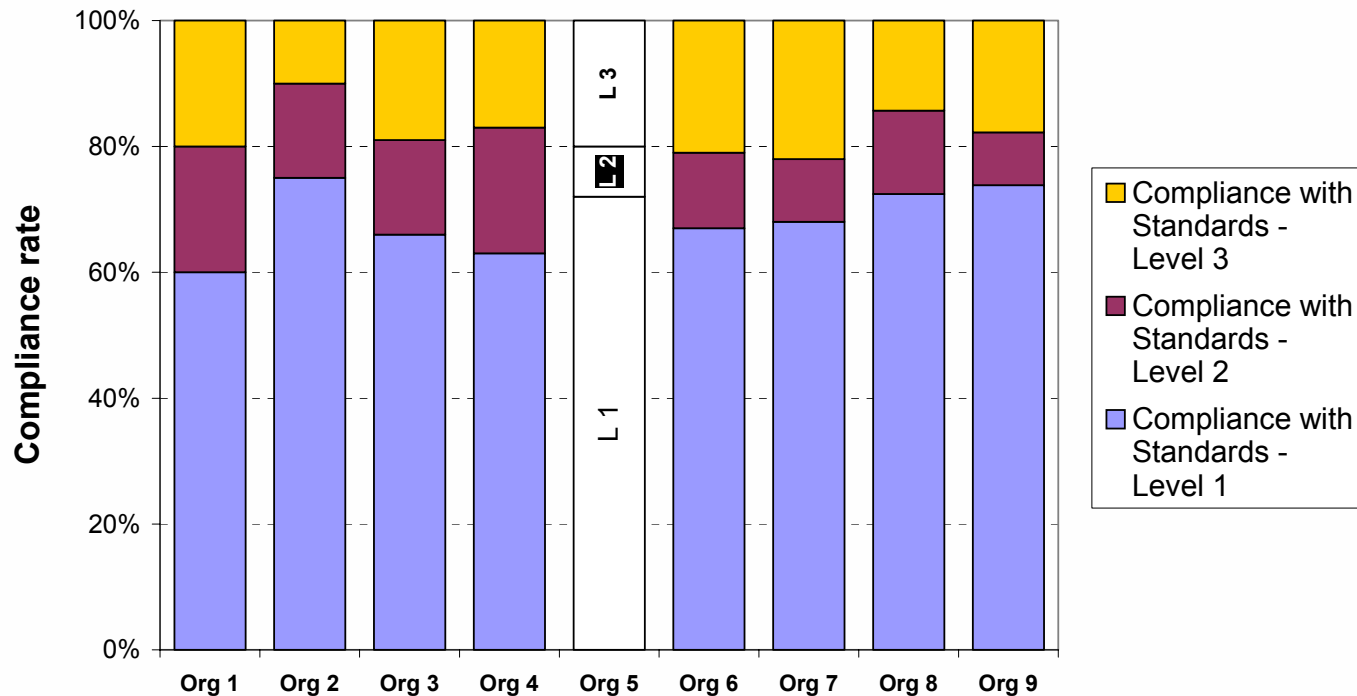
- Org 5 – low readmission rate. Why?
- May be due to differences in patient characteristics, clinical practice or availability of community services.
- Need more information.

Domain: *APPROPRIATENESS* 
Care/intervention/action provided is relevant to the client's needs and based on established standards



KPI 2: APPROPRIATENESS

Compliance with the National Standards



- Org 5 – good compliance with the National Standards, 70% of services meet Level 1 criteria.
- Suggests good commitment to promoting appropriate practice across its mental health service network.

Domain: *EFFICIENCY*

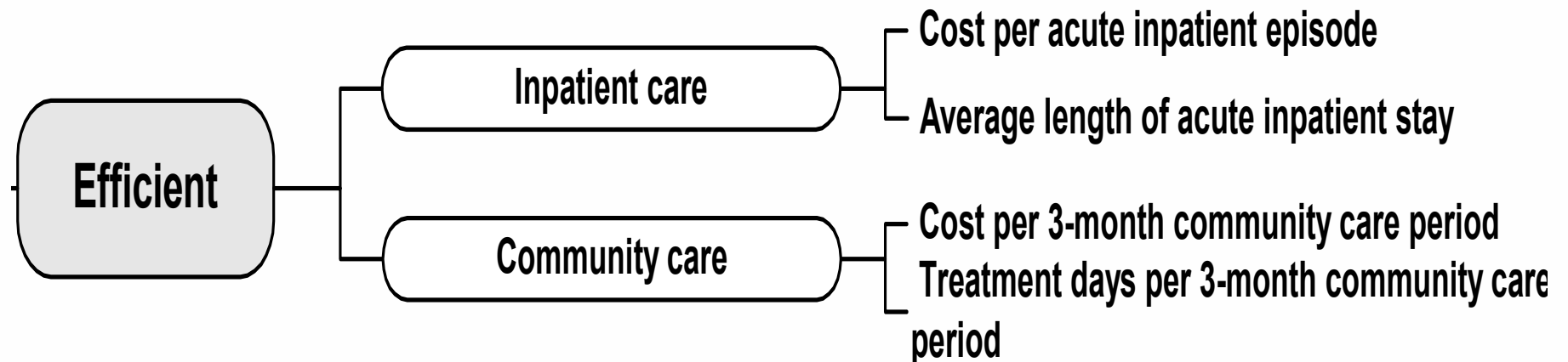


Achieving desired results with most cost effective use of resources

DOMAIN

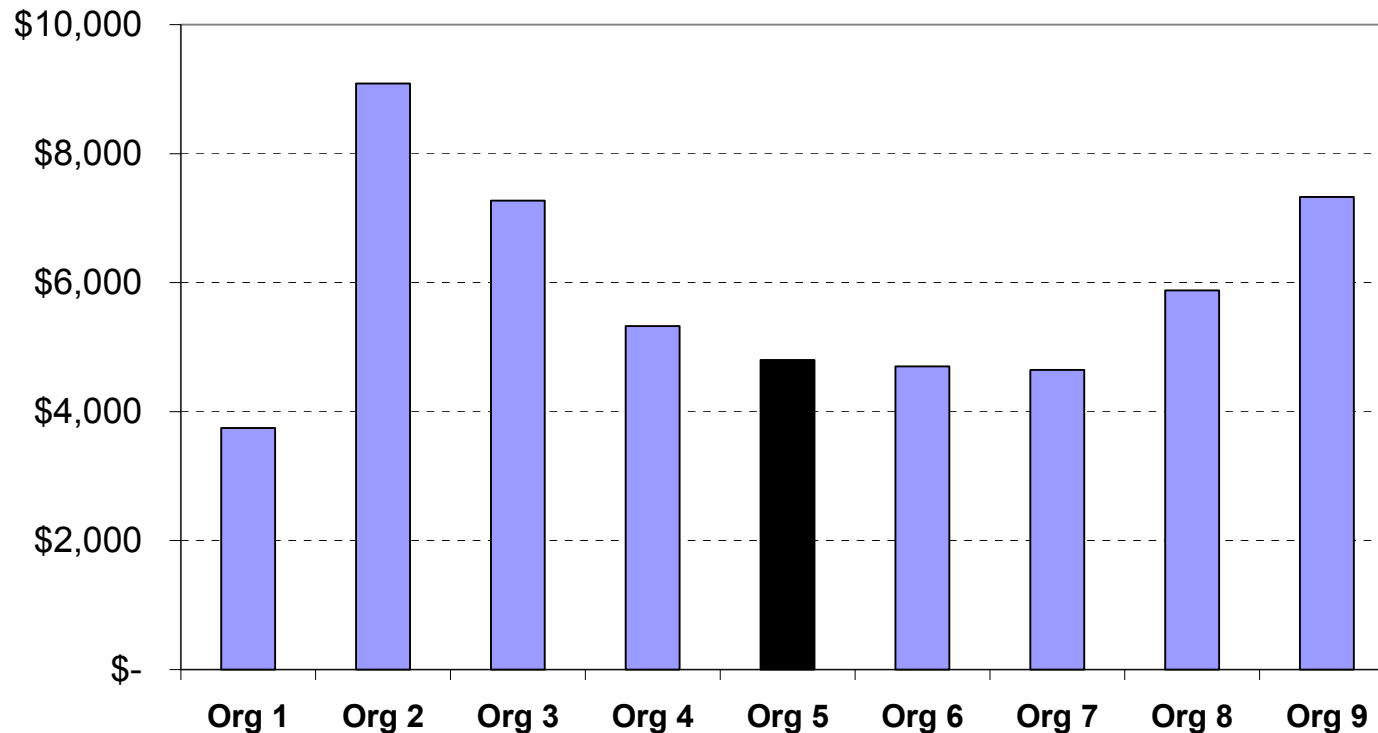
SUB DOMAIN

INDICATOR



KPI 3: EFFICIENCY

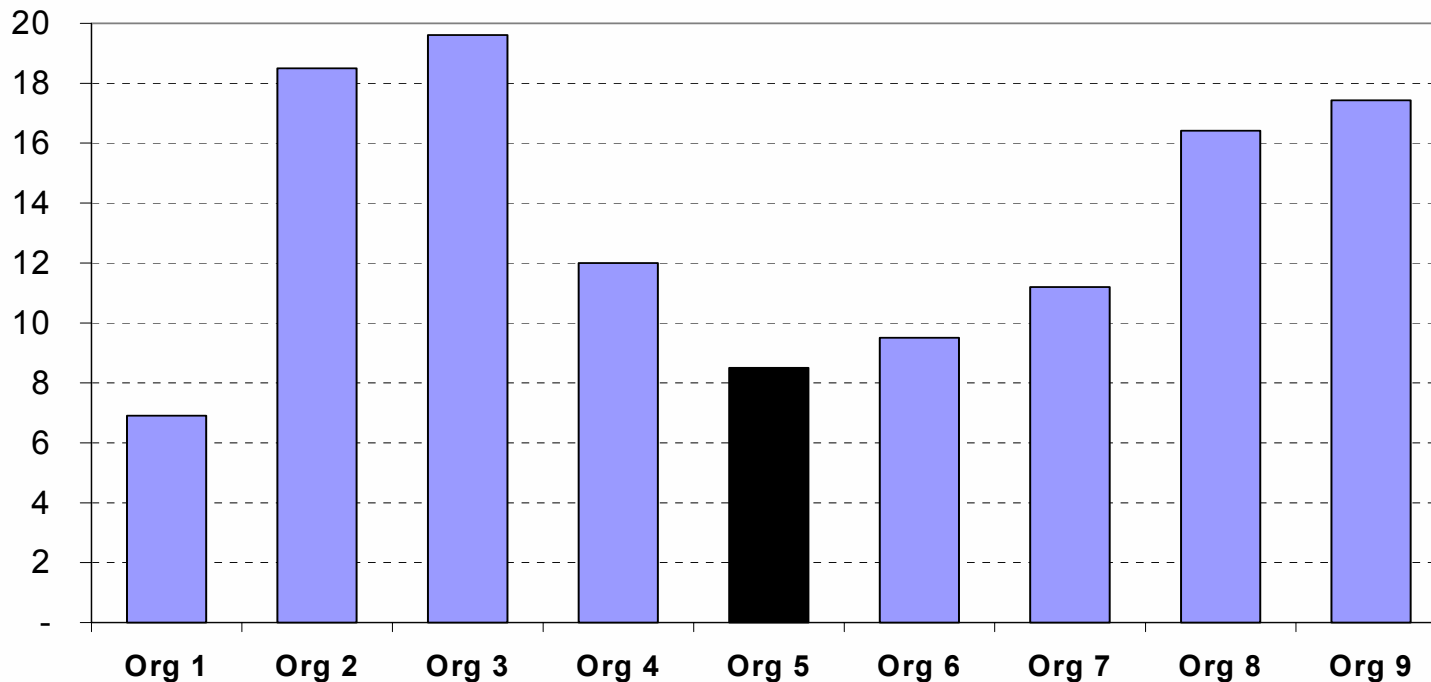
Cost per acute inpatient episode



- Org 5 – comparatively low costs.
- Suggests low readmission rate not a result of costly or lengthy inpatient care.
- How are these low costs achieved ...

KPI 4: EFFICIENCY

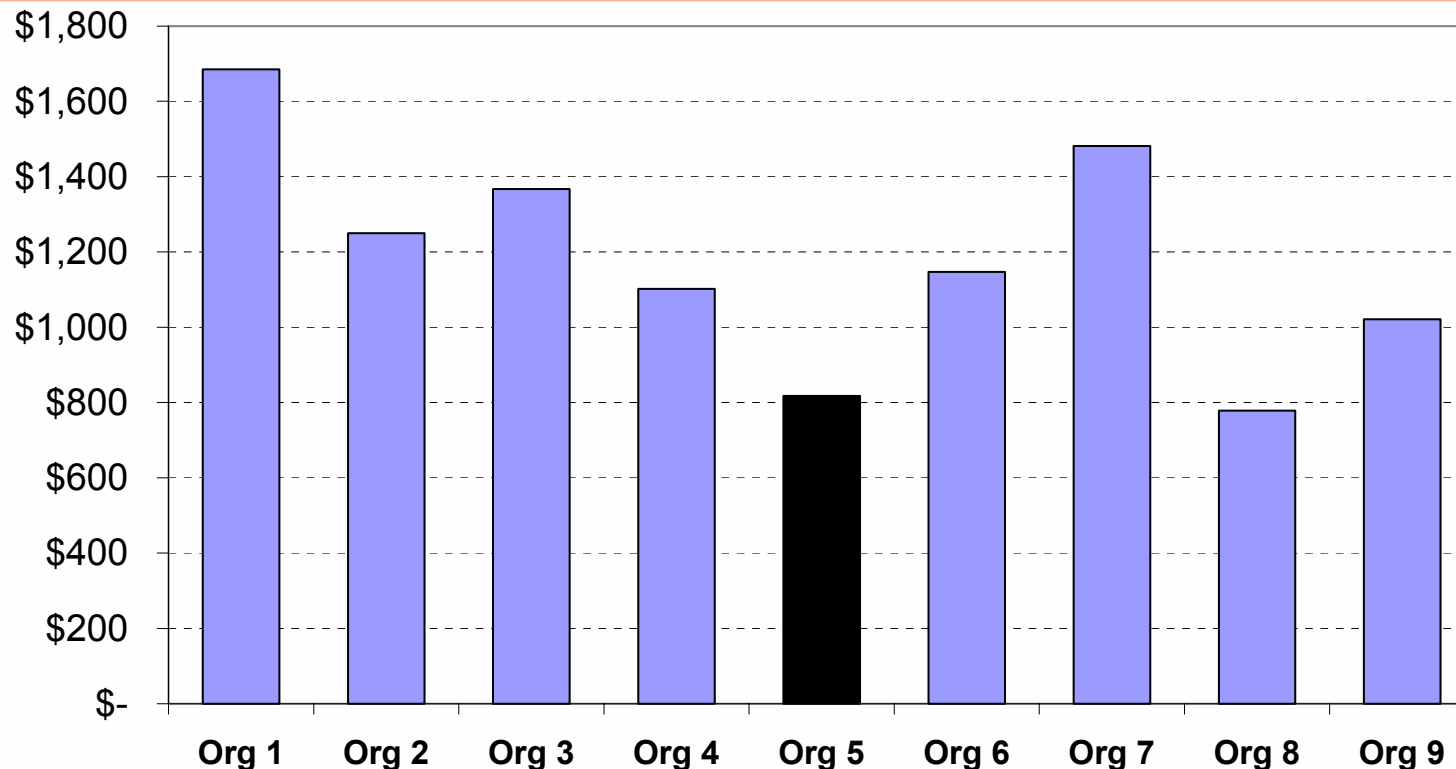
Average length of acute inpatient stay



- **Org 5 – relatively short stay. This is the main driver of lower costs.**
- **Intriguing pattern - combination of low readmission rate and shorter hospital stays is counter-intuitive and contrary to evidence.**
- **We need to look at how community services are performing ...**

KPI 5: EFFICIENCY

Cost per 3 month community care period

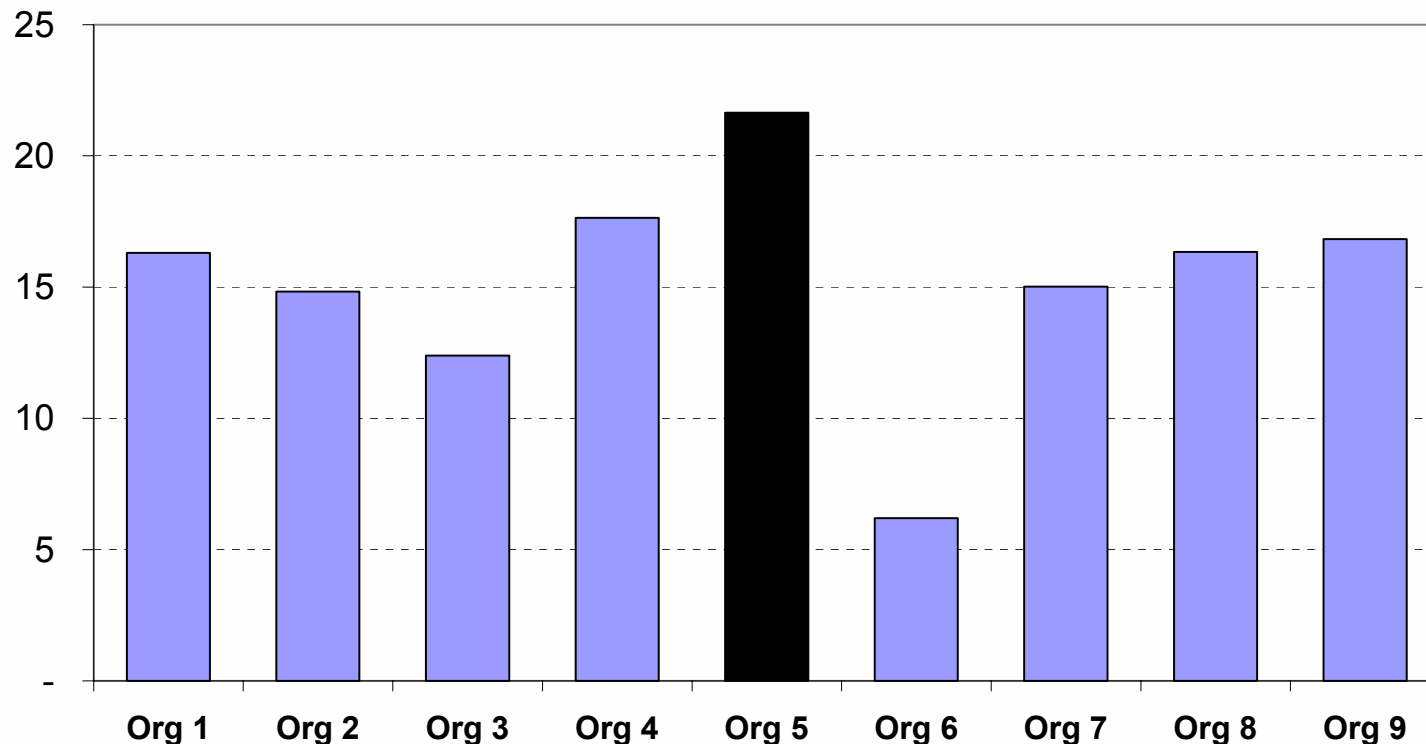


- **Org 5 – relatively low community care costs per consumer.**
- **The intrigue deepens – how does this organisation assist people to survive in the community when it provides less costly services.**
- **Again – we need to know more, particularly about numbers under care, frequency of servicing**

KPI 6: EFFICIENCY



Treatment days per 3 month community care

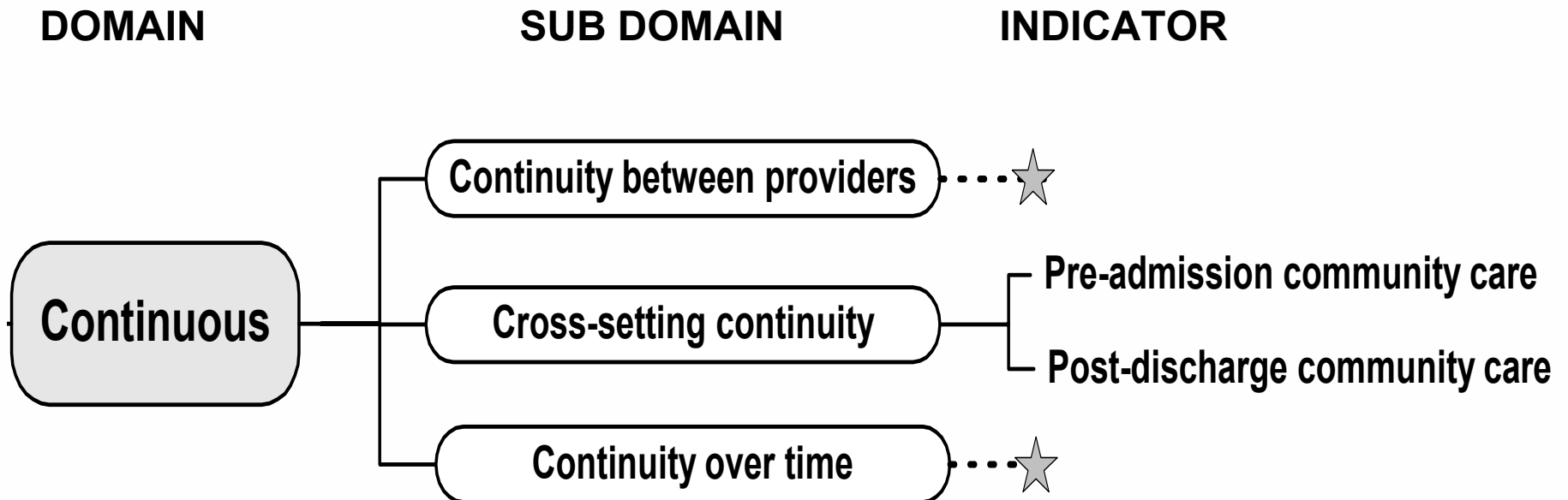


- **Org 5 – consumers are seen more frequently but at a lower cost.**
- **How? – Maybe cheaper wages (unlikely); briefer contacts; more clinical contacts per mental health worker.**
- **Whatever the reason, the higher level of services to community clients may in part explain the lower readmission rates.**

Domain: CONTINUITY



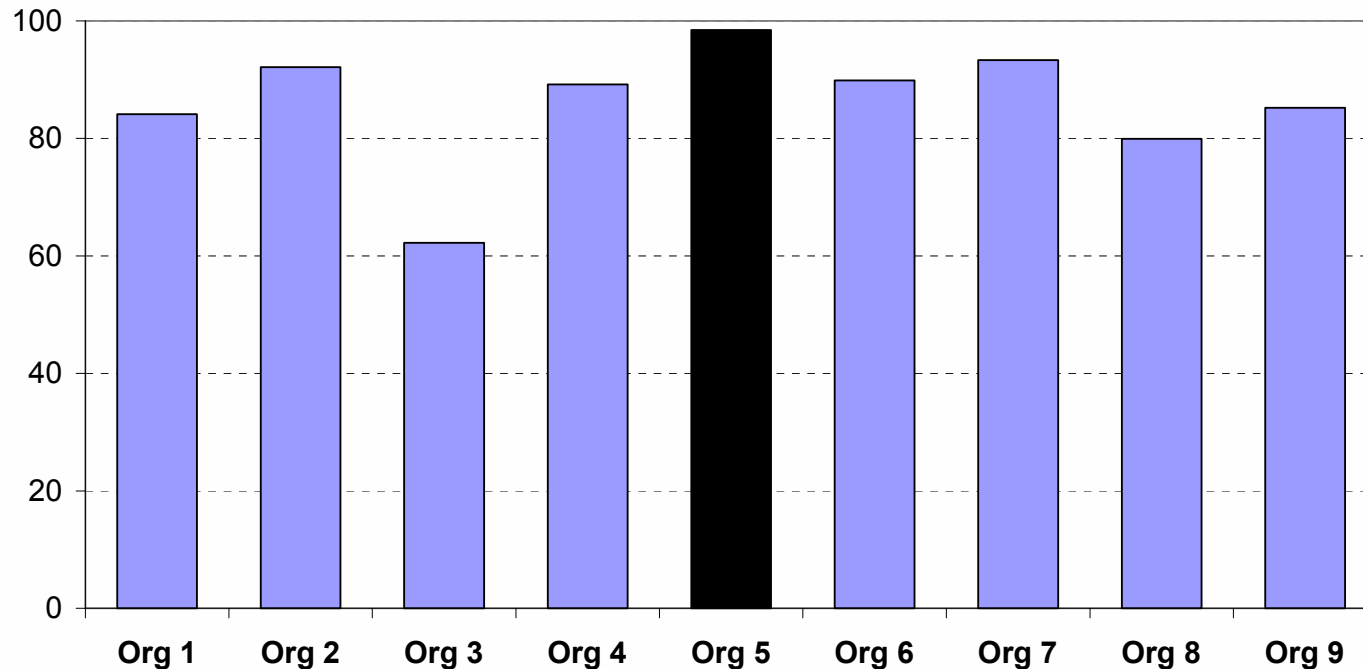
Ability to provide uninterrupted, coordinated care or service across programs, practitioners, organisations and levels over time



KPI 7: CONTINUITY

Pre-admission community care

(Per cent consumers seen in week prior to admission)

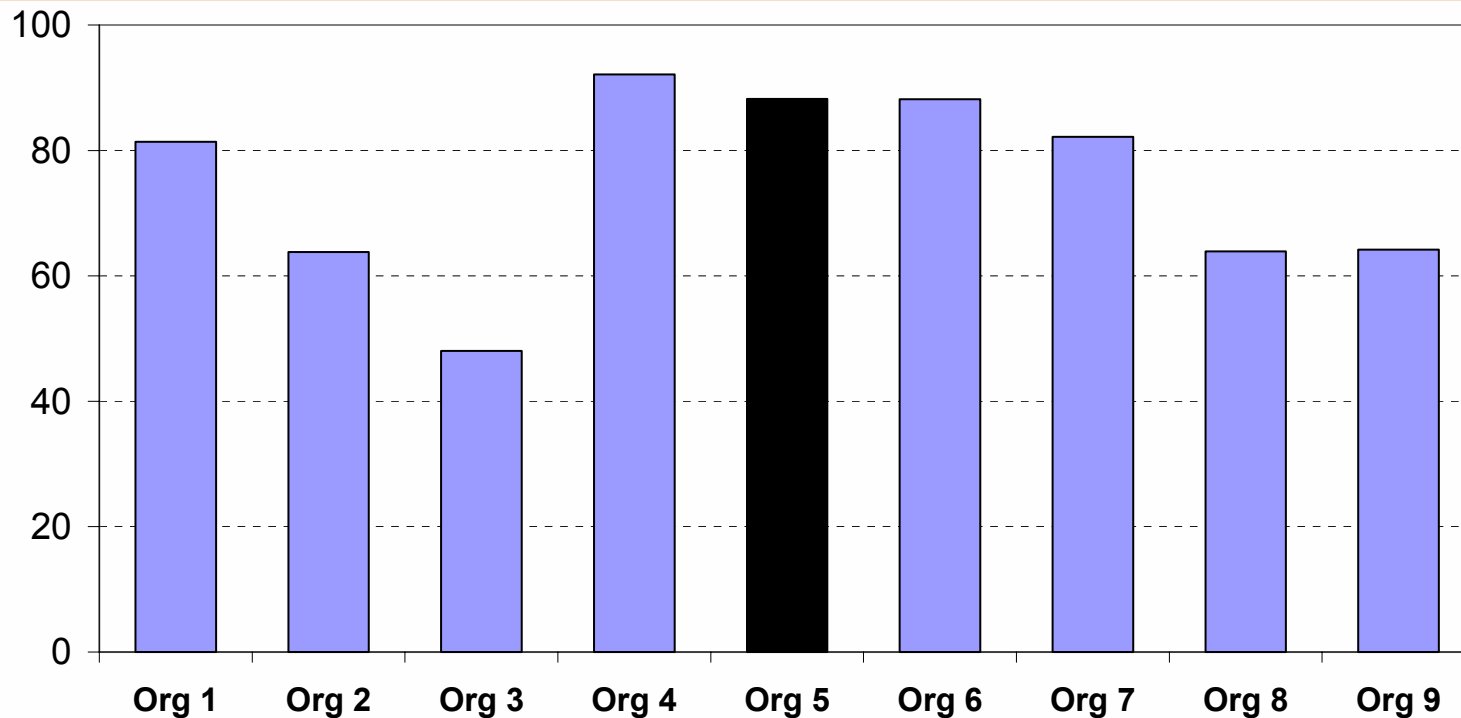


- **Org 5 – community contact made with 98% of clients in the week preceding hospitalisation, greater involvement in period of high distress to consumers and carers.**
- **Remember – 85% of admitted patients are known to local services**
- **Suggests strong service integration, better discharge planning.**

KPI 8: CONTINUITY

Post-discharge community care

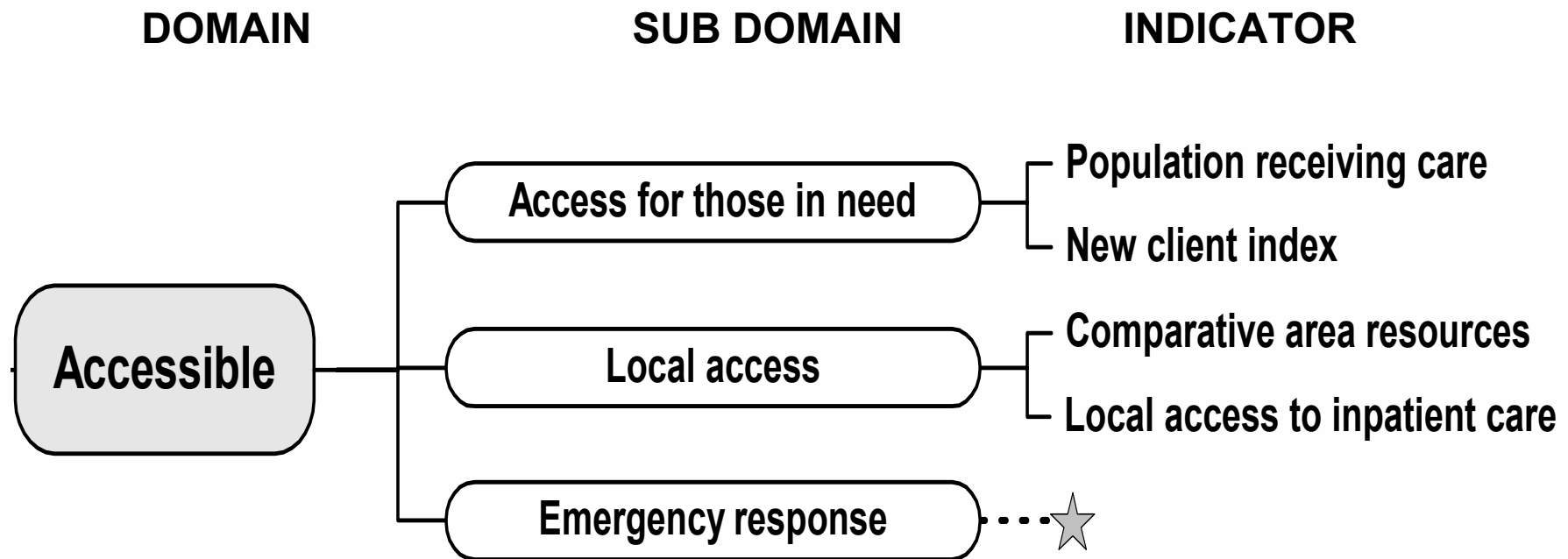
(Per cent clients seen in week after discharge)



- Org 5 – community contact made with 88% of clients in the week after discharge.
- Early, proactive contact is reported to reduce risk of readmission, adverse events.

Domain: ACCESS

Ability of people to obtain health care at the right place and right time irrespective of income, physical location or cultural background

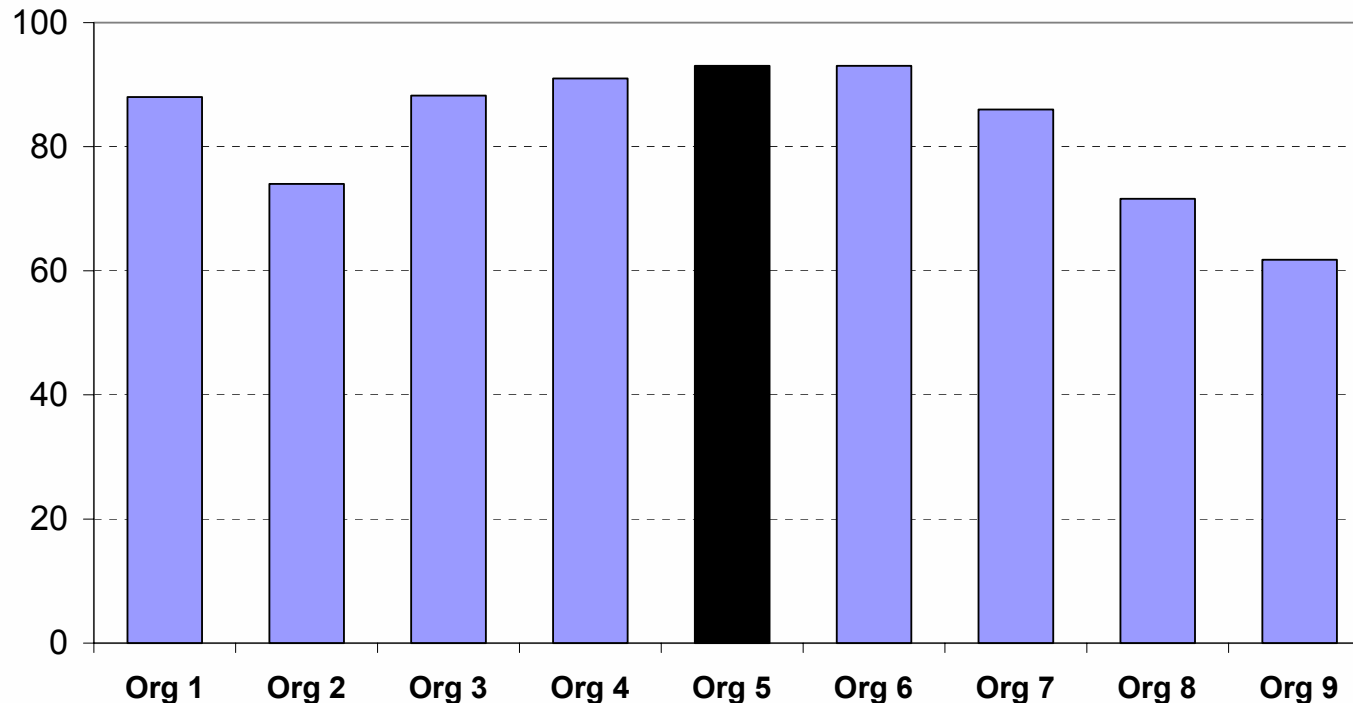


KPI 9: ACCESS



Local access to inpatient care

Per cent area admissions managed by inpatient unit

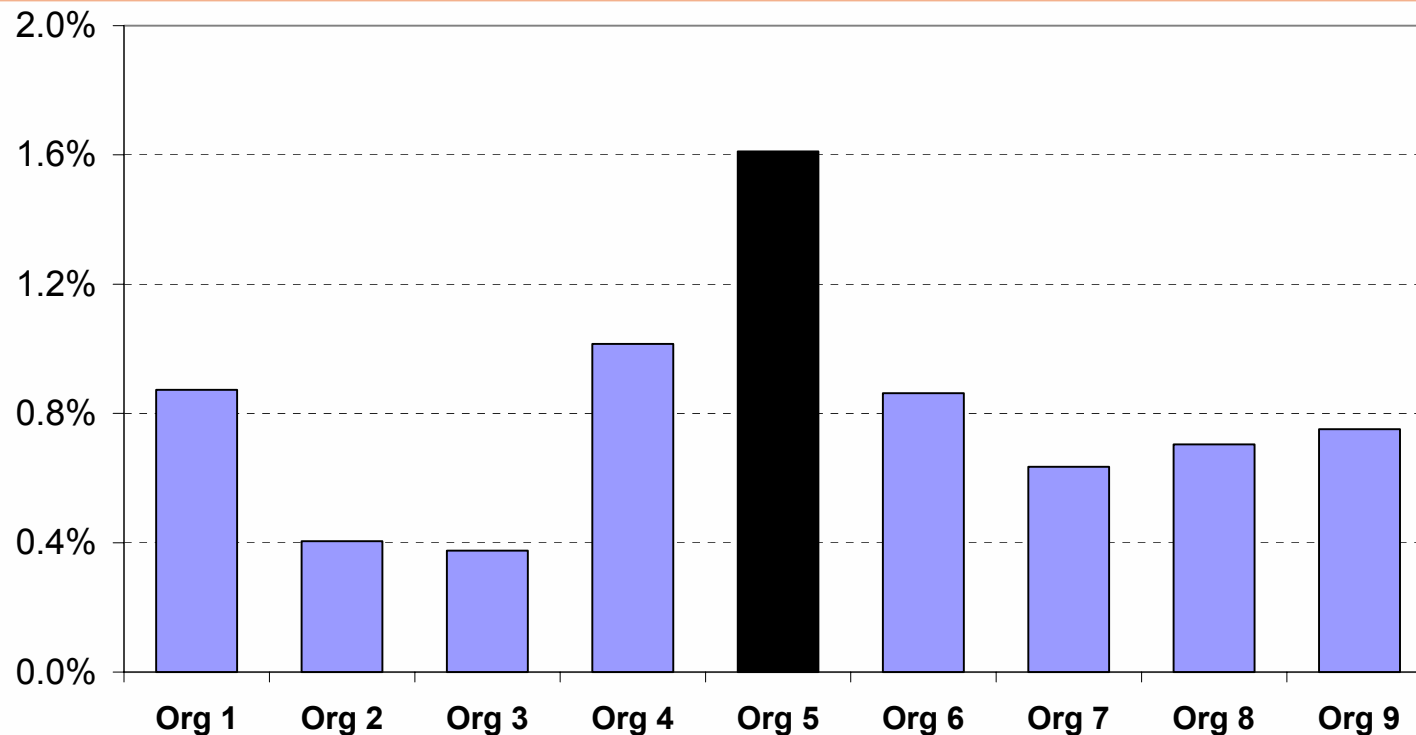


- Org 5 – manages 90% of the admissions from its local area population, equal top local access rate.
- Suggests it is not referring its more complex cases to out of area hospitals

KPI 10: ACCESS

Population receiving care

Per cent of area population treated by the organisation

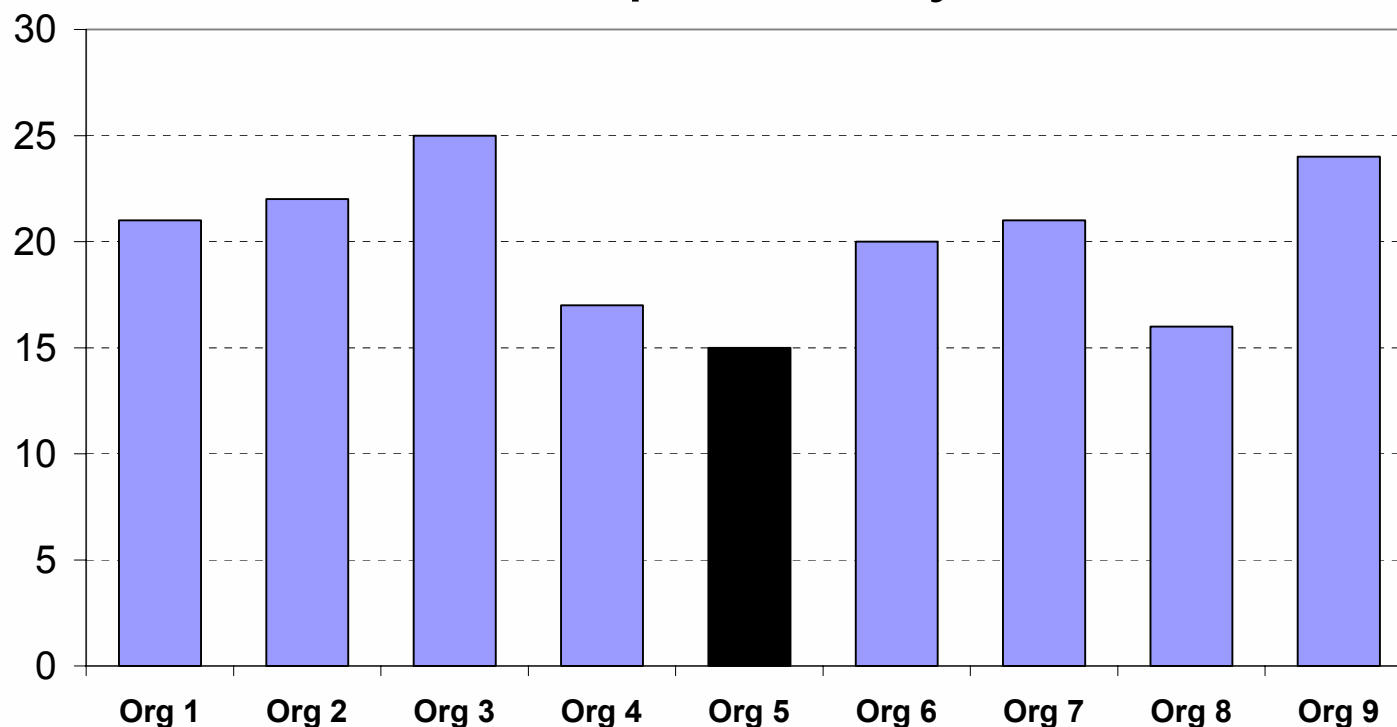


- **Org 5 – highest population treatment rate (1.6%), suggesting local area has better access to services.**
- **Org 5 provides services to more people, at higher servicing rates but lower overall cost.**
- **Low readmission not the result of focusing on small group of consumers**

KPI 11: ACCESS

New client index

Per cent people seen who have not been treated previously

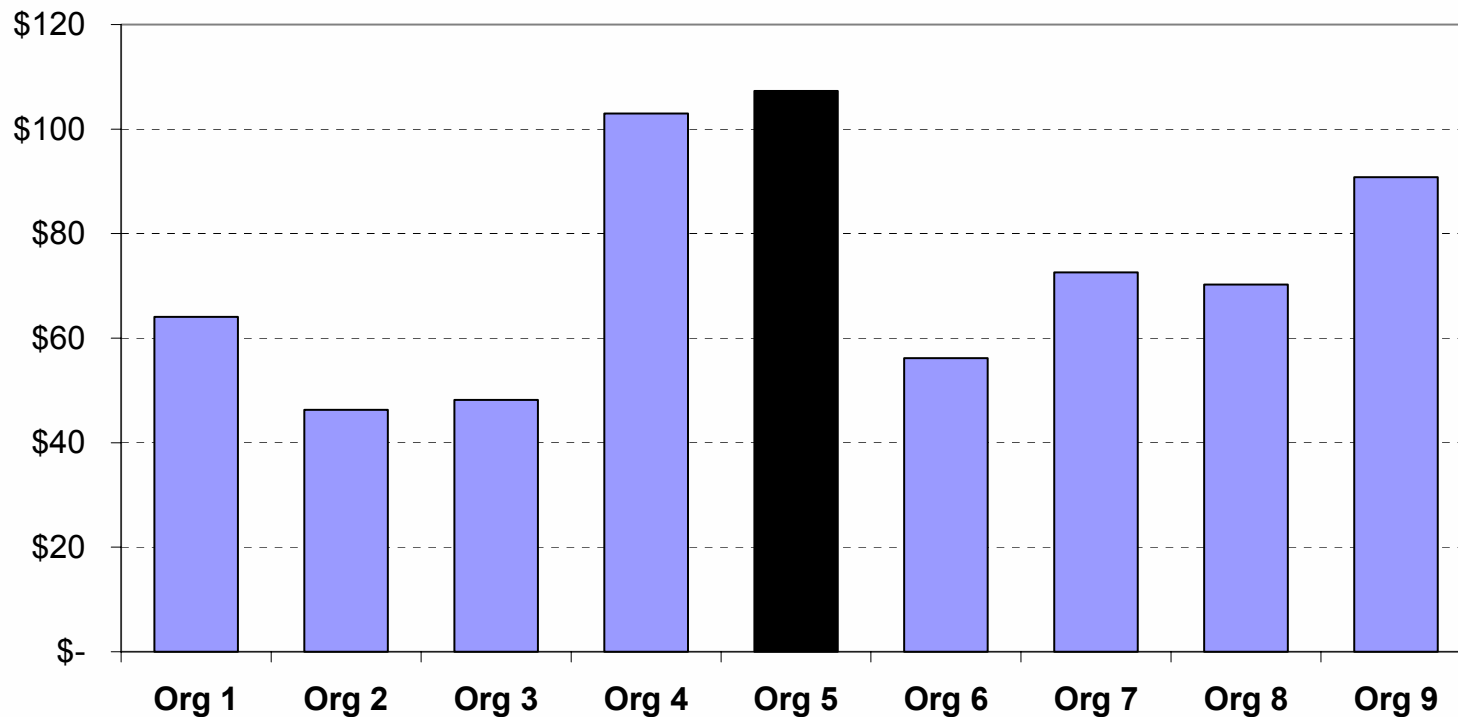


- **Org 5 – lower proportion of new cases.**
- **Ambiguous – may be because the higher coverage of the population means the organisation has engaged with most of its target population, with lower rates of new case accumulation**

KPI 12: ACCESS

Comparative area resources

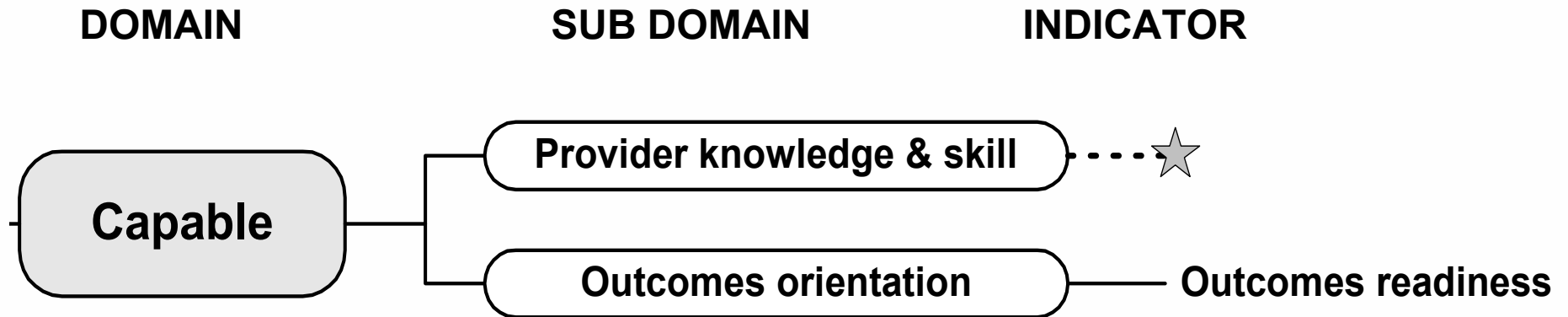
Per capita mental health spending per person



- Org 5 – is relatively better resourced.
- Does this totally explain its better performance?
- Unlikely – Org 5 appears to be using its resources differently from most of its peers

Domain: *CAPABILITY*

An individual or service's capacity to provide a health service based on skills and knowledge

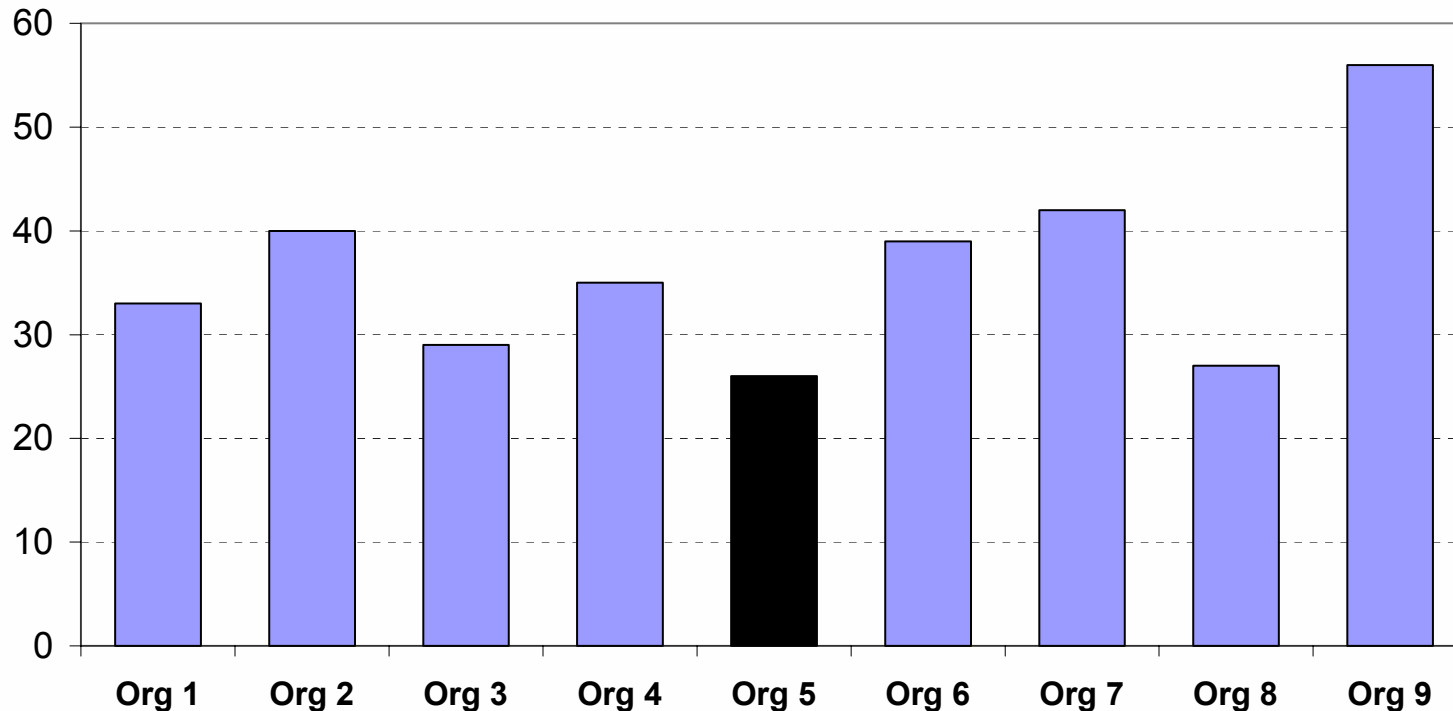


KPI 13: CAPABILITY

Outcomes readiness



Per cent of episodes with outcome assessments completed



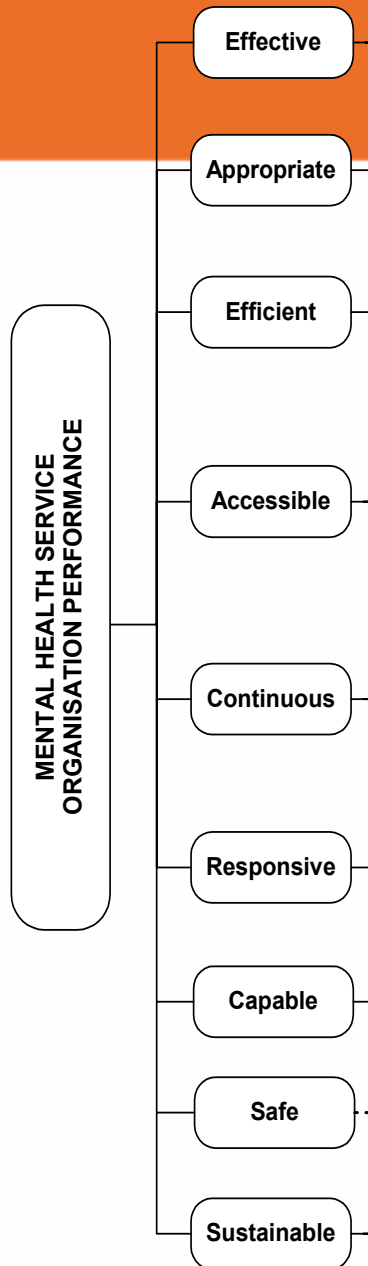
- **Org 5 – relatively lower compliance with outcome requirements. Only 25% of episodes of care have outcome measures.**
- **This compromises the organisation’s capacity to learn about its effectiveness.**

Summing up for Organisation 5



- Better than average results on most indicators
 - More efficient
 - Better service access to its population
 - Better continuity of care
 - Matches its peers on using National Standards to promote appropriate services
- Several missing pieces in the puzzle:
 - Consumer outcomes
 - Consumer and carer perceptions of care
 - Safety

Current status of the KPI framework



- Endorsed by all states and territories as “... a suitable basis for beginning the process of performance measurement and benchmarking in the public mental health sector.”
- Agreed to be implemented progressively, within each jurisdiction’s capacity

**THE VEHICLE:
Benchmarking
Australia's mental
health services
Activities 2006 -**

Key Performance Indicators
for Australian Public
Mental Health Services



REPORT OF PERFORMANCE INDICATOR
DRAFTING GROUP

INFORMATION STRATEGY COMMITTEE
AHMAC NATIONAL MENTAL HEALTH WORKING GROUP

What is benchmarking?



- 'Finding and implementing best practice'
(Bullivant (1994))
- An active process of participation and learning
- Involves bridging the gap between evidence and practice
- Requires engagement of participants in reflective practice, measuring performance, learning through comparisons

Promoting benchmarking in mental health



- Relatively unexplored in the Australian mental health sector
- Stimulus and incentives are needed
- National demonstration forums to be held in 2006
- Aims will be to:
 - identify the benefits and issues arising for organisations
 - learn what is required to promote benchmarking on a wider scale
 - test the suitability of the national mental health performance framework

Benchmarking forums 2006



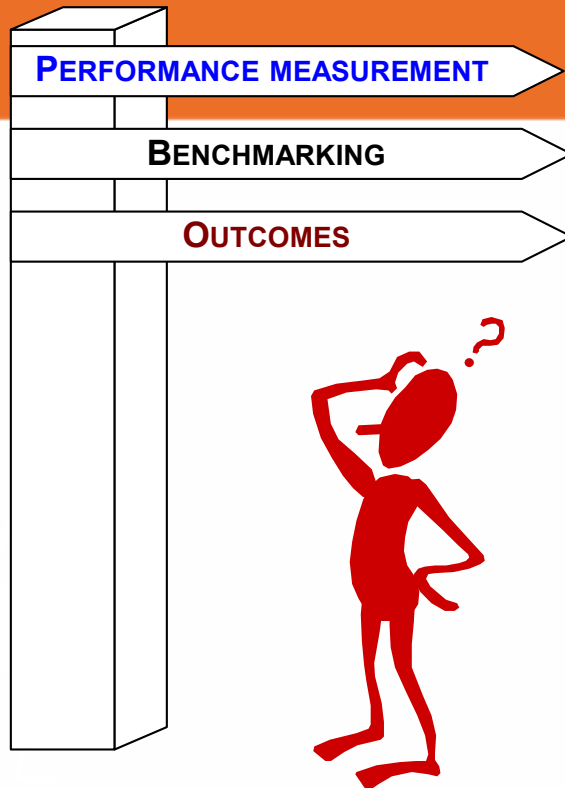
- Four forums – adult, Child & Adolescent, forensic and older persons' mental health services
- Organisations selected from nominations by state and territory mental health units
- 23 services selected –10% of public sector mental health services
- Grants provided by Australian Government to help agencies prepare data
- Steering Committee managed under Information Strategy Committee
- Coordination through AMHOCN

The rules of engagement



- Health Roundtable code of conduct
- Each organisation to prepare its own data – learn by getting hands dirty
- Technical support provided
- Commit to 5 meetings
- Stage 1 KPIs mandatory but can be supplemented
- Open sharing and comparing
- Focus will on exploring reasons for differences, finding the practices contributing to superior performance
- National evaluation

The future ... (1)

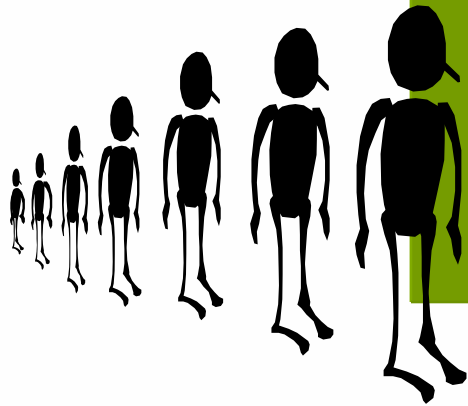


- Outcome measurement and emphasis on performance management will continue to develop
- There is no choice - policy makers and practitioners don't have that luxury
 - political and economic realities
 - equity
- Without it, the focus stays on cost and technical efficiency
- We have to shift the focus from cost to value for money

The future ... (2)



Situations Vacant
Clinical Leaders
Service Managers



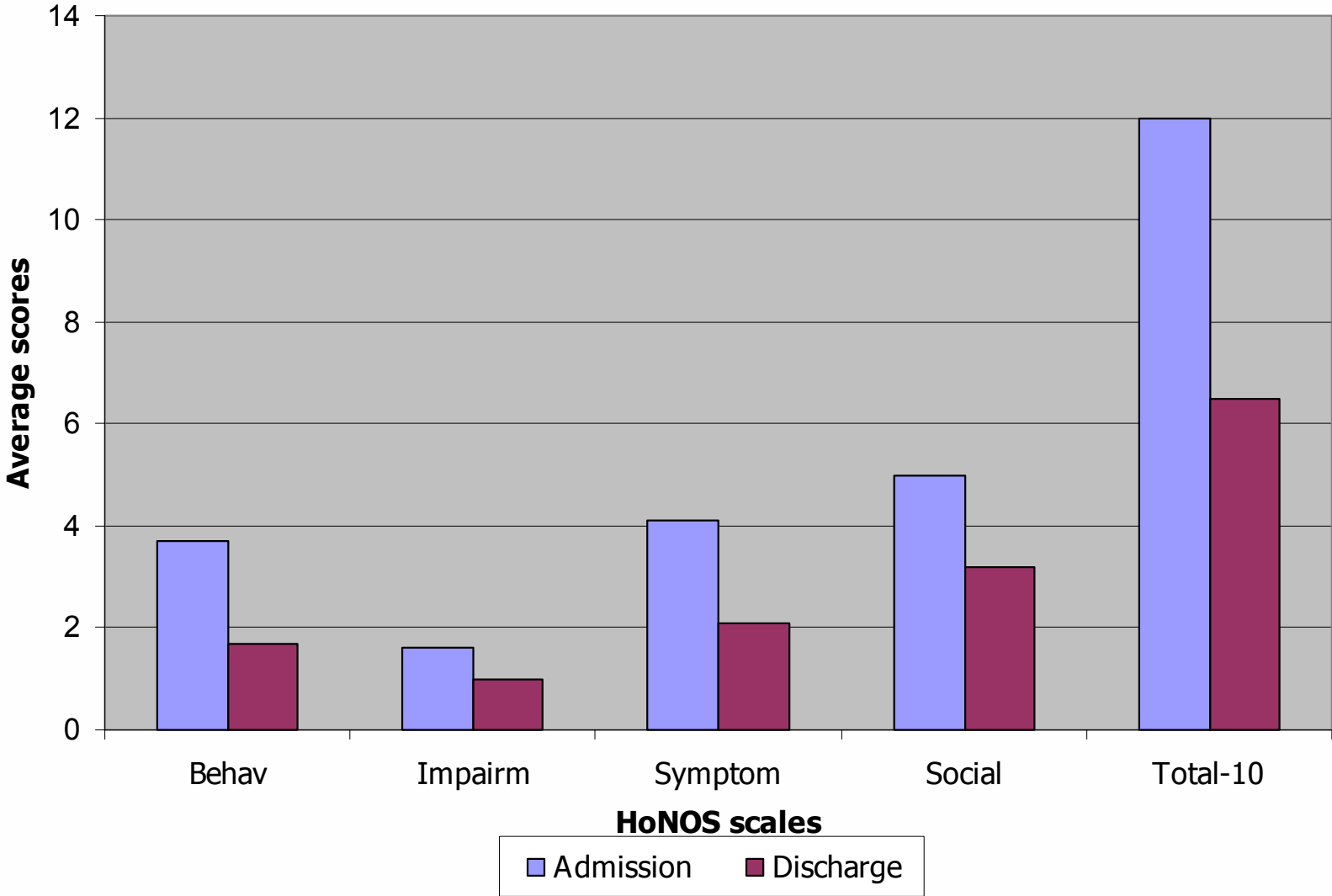
- There is a logical development cycle
- Mental health in Australia is mid point in the cycle
- Development of the tools and the processes will accelerate and improve when clinicians and service managers fully embrace their leadership roles

FINALLY –
Words of wisdom from clinicians

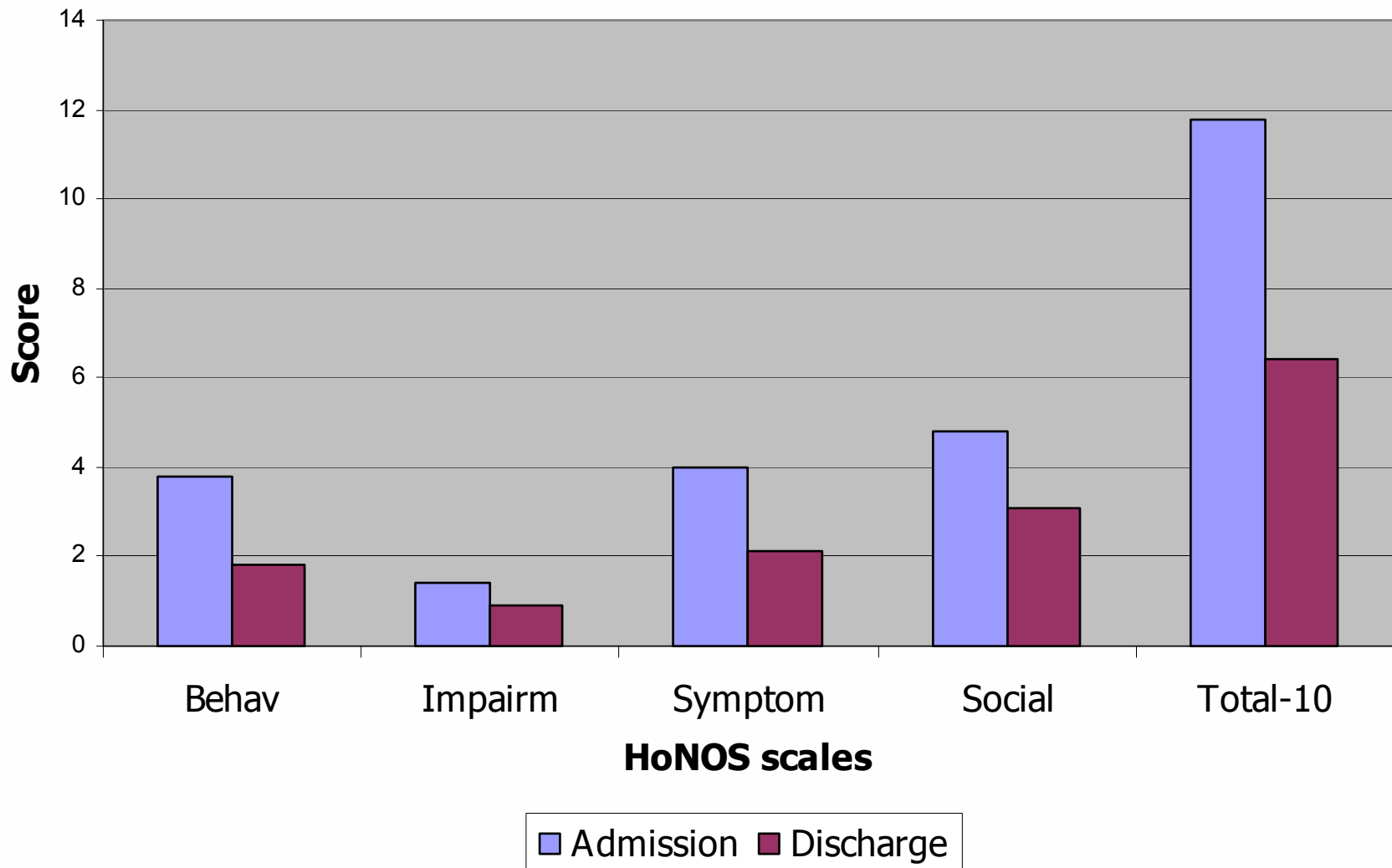


- **If you don't measure results** you can't tell success from failure
- **If you can't tell success ...** you can't reward it
- **If you can't see success ...** you can't learn from it
- **If you can't recognise failure ...** you can't fix it
- **If you can demonstrate results ...** you can win support

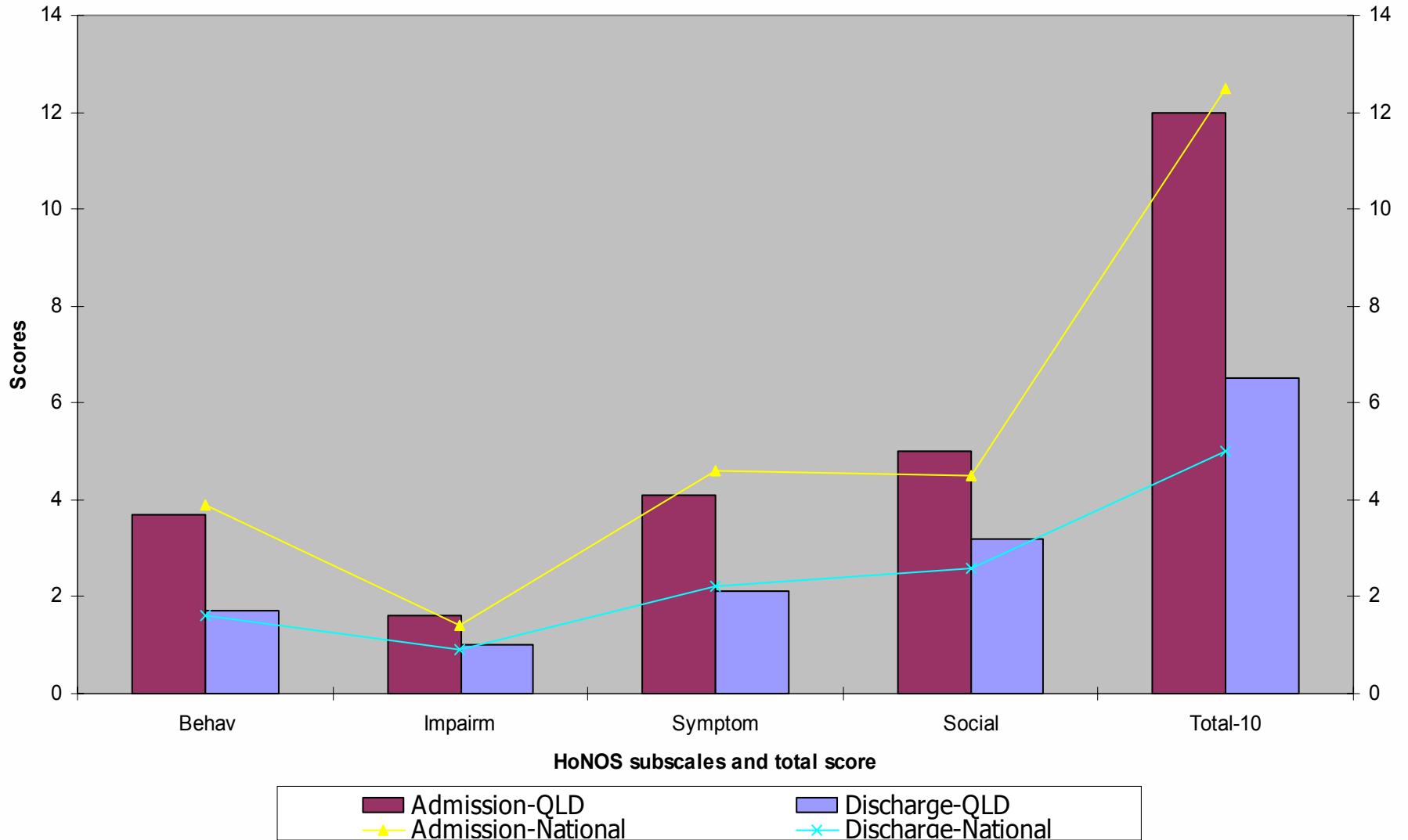
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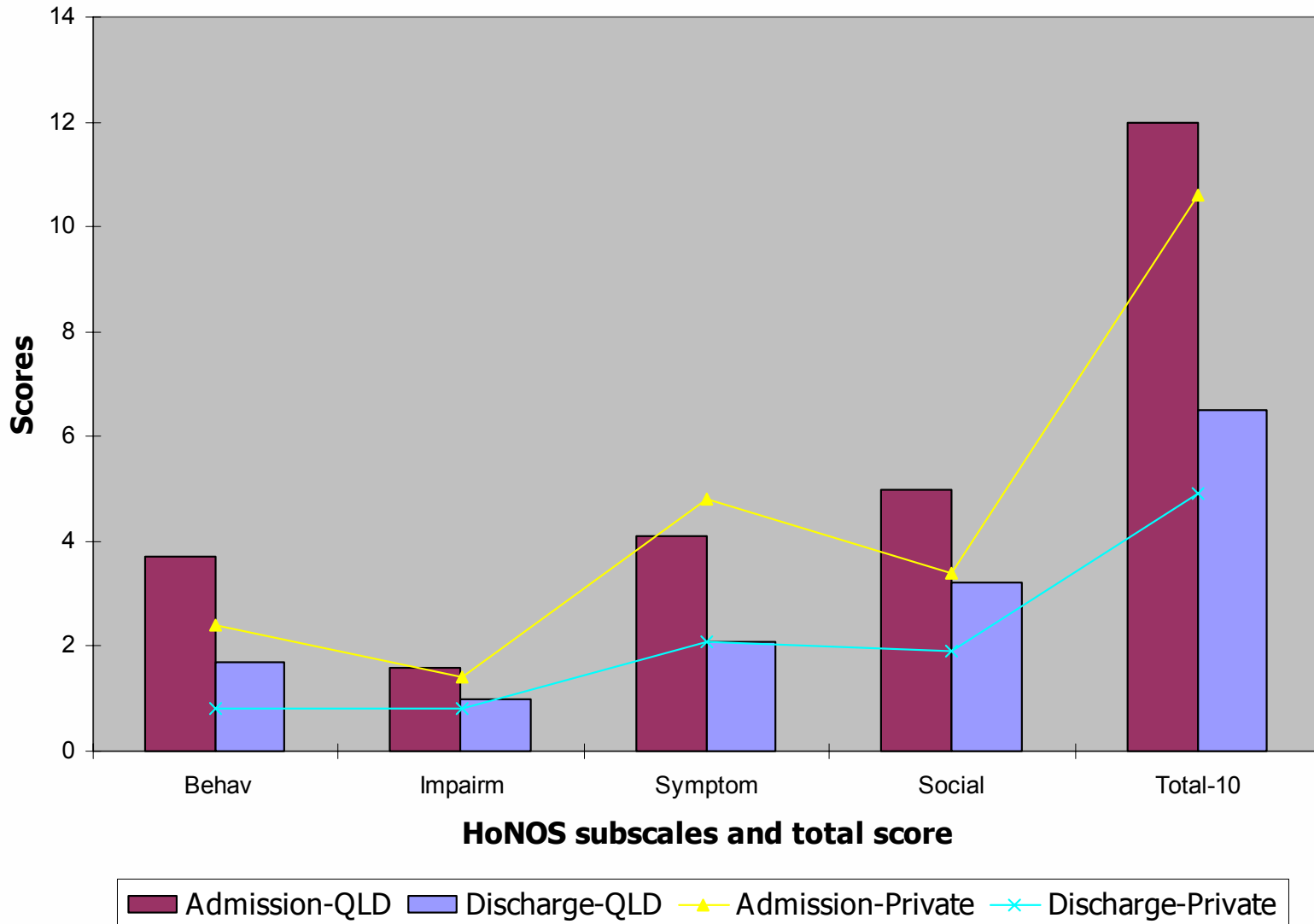
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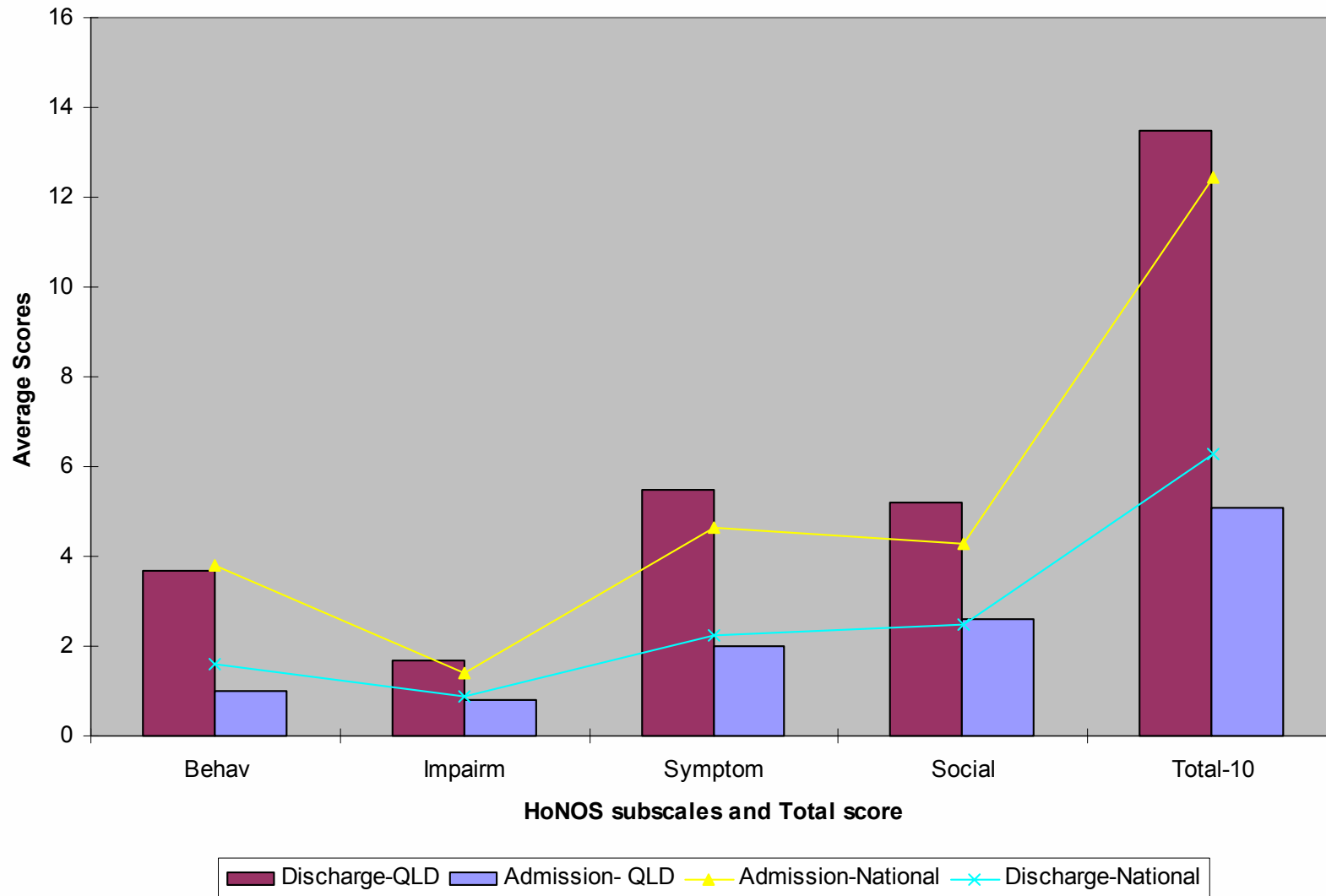
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Australian Government

Mental Health Information Development

National Mental Health
Information Priorities
2nd Edition

**The document that
outlines where
mental health
information
development is
going into the future**

June 2005

**national
mental
health
strategy**