

# The Australian Mental Health Outcomes and Classification Network



## Beyond Outcomes 2005: Responsive, Innovative and Effective Mental Health Care

*“Sharing Information to Improve Outcomes”*

*An Australian Government funded initiative*



A joint Australian, State and  
Territory Government Initiative

# Overview



- Routine outcome measurement in Australia:
  - Why do it?
  - Where we're up to?
  - Where we're heading?
- Some examples of key questions (from a range of perspectives) that can be informed by routine outcome measurement

# The place of information in the National Mental Health Strategy



- Lack of quality information hampered mental health services reform
- Mental health poorly represented in national health information collections
- The National Strategy gave priority to improving quality and quantity of mental health information

# Why routine outcome measurement?



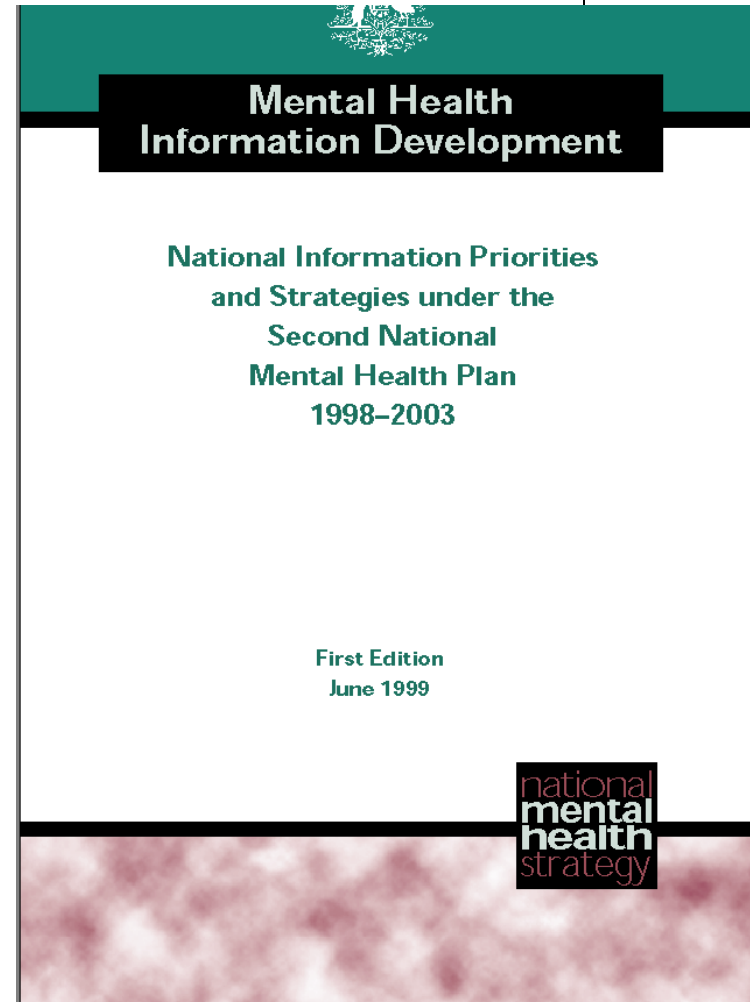
To improve the quality and effectiveness of the mental health system by providing information at all levels that can:

- support clinicians in their treatment decisions
- inform consumers about the services they receive
- help managers manage
- inform policy makers in planning and paying for services

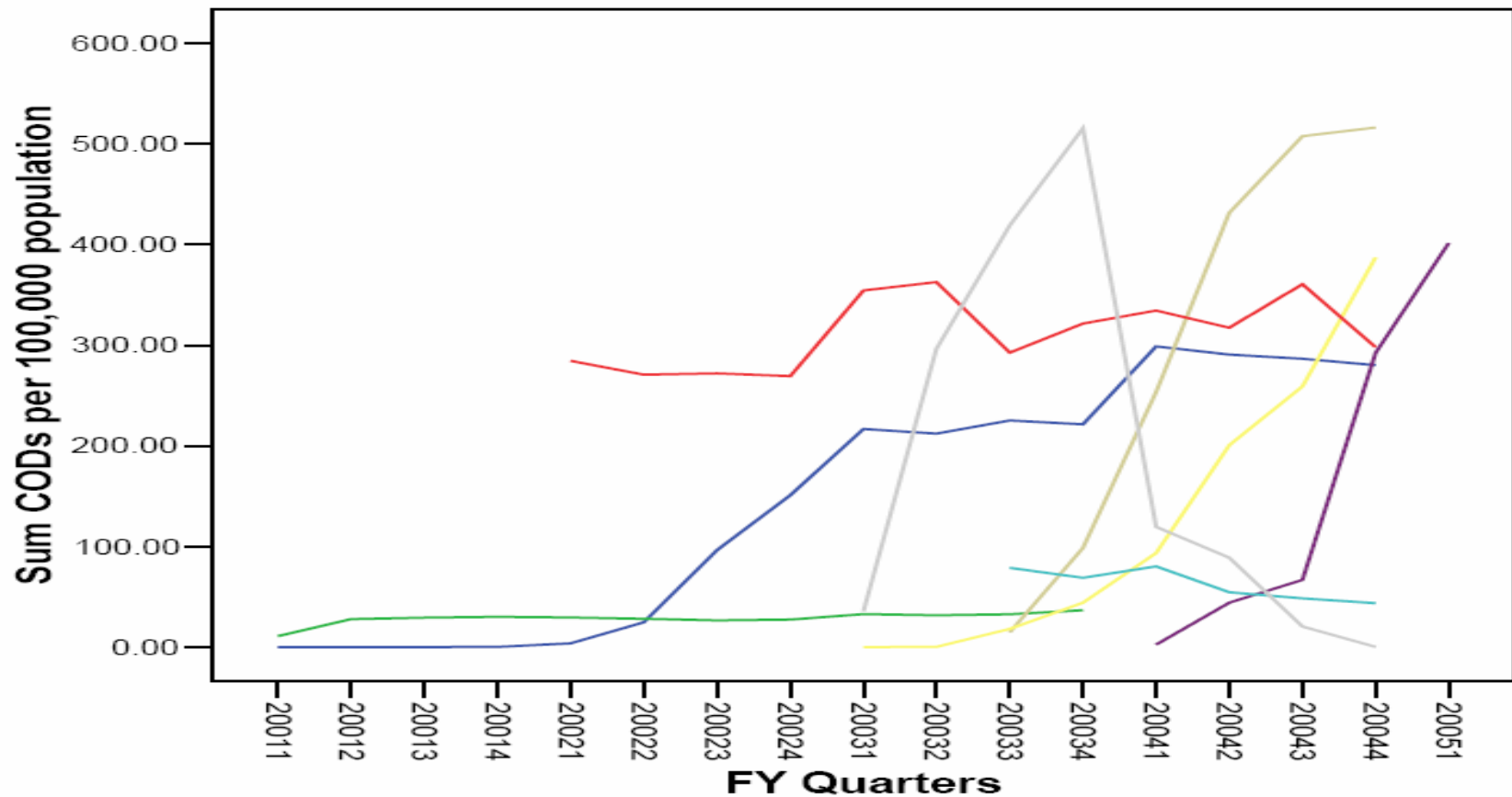
# Information tools to support Service Quality and Effectiveness



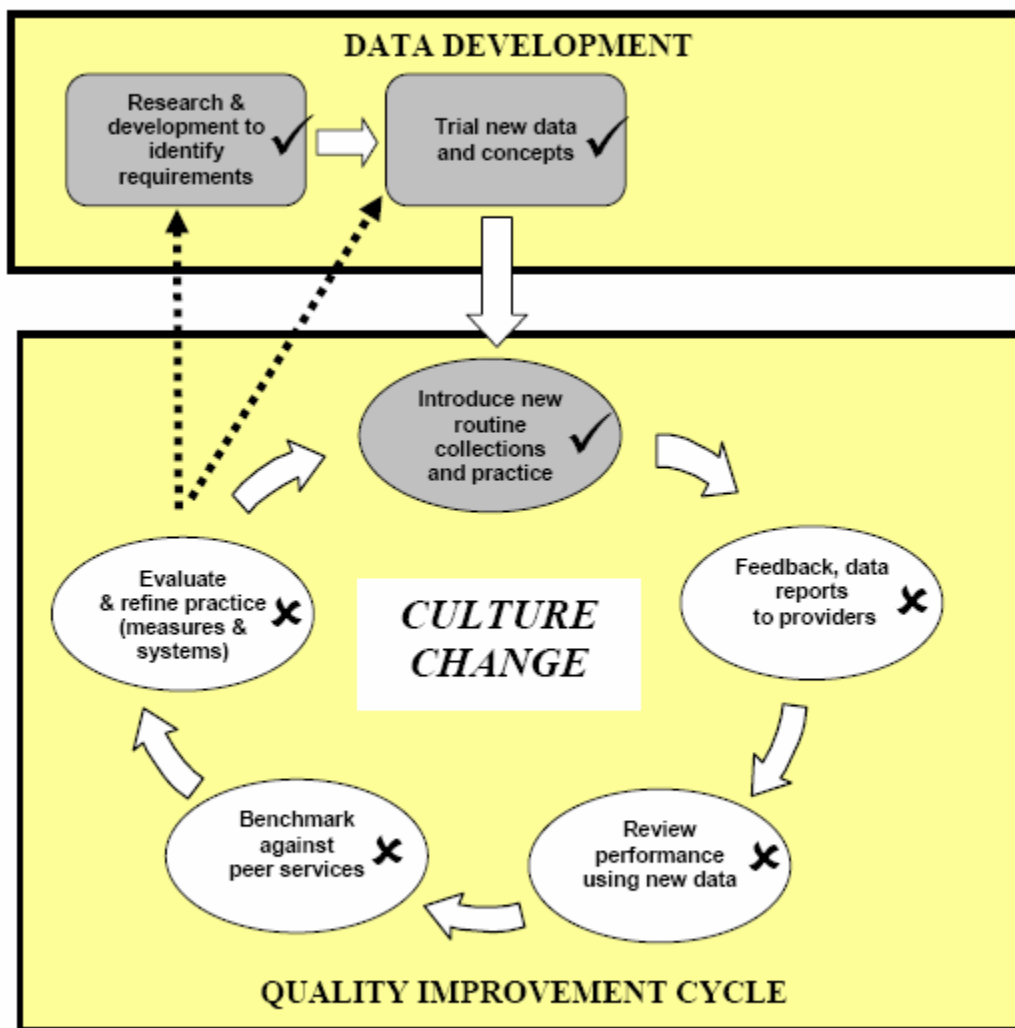
- National plan agreed by all States and Territories June 1999
  1. Routine outcome measures
  2. Further development of casemix in mental health
  3. National Service Quality Indicators
  4. National Minimum Data Set



# Number of Collection Occasions per 100,000 population by Jurisdiction



Status of the mental health sector in the 'measurement for quality improvement' cycle at June 2003



✓ Stages completed or underway      ✗ Stages not yet progressed

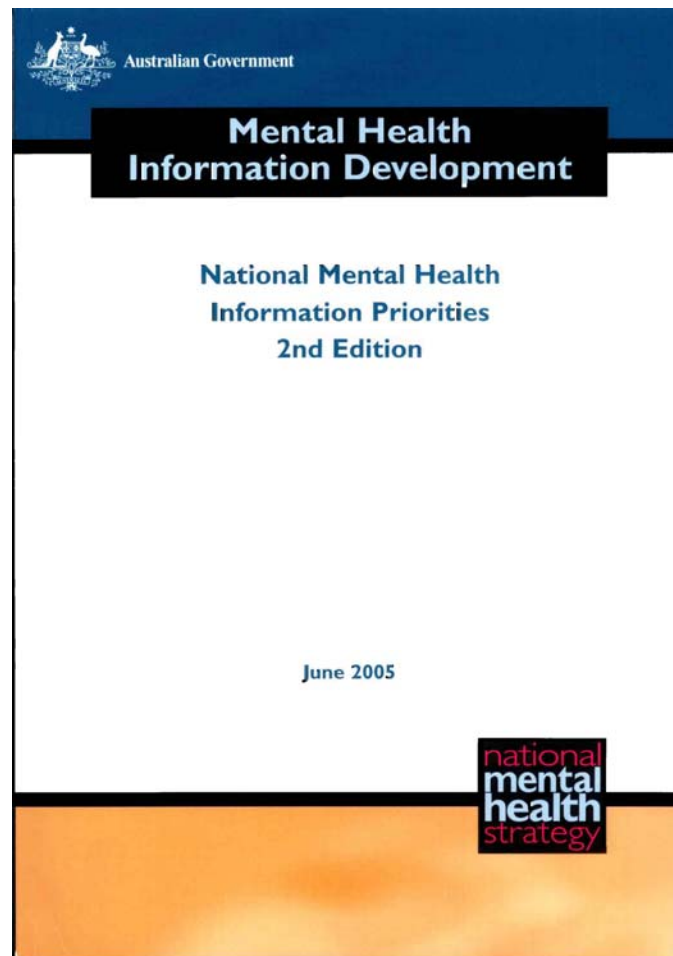


# Stock-take of progress



- Process involved National workshop with significant stakeholder consultation, February 2004
- Outcomes of the workshop subject to further negotiations with jurisdictions
- Ultimately, 10 Priority Areas identified
- 42 'action' items

# June 2005 – 2<sup>nd</sup> Edition



# Some of the Priority Areas



- Using outcome measurement to improve mental health care.
- Further development of a mental health casemix classification.
- Using information to improve safety in mental health care.
- Establishing performance indicators and benchmarking in mental health services.
- Strengthening workforce uptake and capacity to use information.

# Action Items



CONSOLIDATION ACTIVITIES	NEW INITIATIVES
<i>USING OUTCOME MEASUREMENT TO IMPROVE MENTAL HEALTH CARE</i>	
<ol style="list-style-type: none"> <li>1. Completing the basic implementation tasks</li> <li>2. Local reporting systems to facilitate utilisation of consumer outcomes data</li> <li>3. National analysis and reporting</li> <li>4. Expert Advisory Groups</li> </ol>	<ol style="list-style-type: none"> <li>5. Review and refinement of clinical outcome measures for adult, child &amp; adolescent and older persons</li> <li>6. Enhancement of consumer self-report measures</li> <li>7. Development of measures of carer outcomes and perceptions of care</li> <li>8. Information about Indigenous consumer outcomes</li> <li>9. Development of measures of consumer perceptions of care</li> <li>10. Measures designed for older persons</li> </ol>

# National Level Analysis and Reporting



- Brief overview of the AMHOCN Reports
- Some examples of what can be done with the available material
- Some thoughts about what we've learned so far and what we need to do next

# What can the AMHOCN Reports tell us?



- National level reports can provide a baseline against which performance can be evaluated; BUT
  - ***National baselines will not necessarily reflect best or even appropriate clinical practice.***
- AMHOCN Reports can assist benchmarking exercises that are directed at improving service quality and consumer outcomes.

# Even more challenges...



- Q: How to meet diverse information needs?
  - A: Flexible reporting framework;
  - A: Facility for user specific interrogation;
- Q: How to make sense of this?
  - A: Need to know the NOCC Protocol
  - A: Need to understand critical NOCC Concepts

# Who is the information user?



- policy maker,
- a service planner,
- a team leader,
- an individual clinician,
- an individual consumer?

# What information is required?



- “What is the profile of consumers at admission to my service?”;
- “How do these profiles compare with other similar services?”;
- “Do our consumers have the same outcomes as other similar consumers in other similar services?”.



Australian Mental Health Outcomes and Classification Network

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**Adult  
National Outcomes & Casemix Collection  
Standard Reports**

1<sup>st</sup> Edition, Version 1.1

May 2005



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# How to use the Reports



- AMHOCN Reports are a source of statistical information
- The reports are best used to answer questions about service activity and performance
- To make best use of the Reports you need to:
  - Understand the NOCC protocol and its key concepts like Episode of mental health care, Service Setting, and Reason for collection
  - Become familiar with what kind of information is located in which tables

# An Episode of Mental Health Care (EMHC) is ...



- “a more or less continuous period of contact between a consumer and a Mental Health Service Organisation that occurs within the one Mental Health Service Setting”.

## **Two ‘business’ rules:**

- 1. One episode at a time***
- 2. Change of setting = new episode***

# Overview of the Version 1.0 NOCC Outputs



- Data are reported separately at three levels of analysis:
  - 1. Collection Occasion only;
  - 2. Periods of Care; and
  - 3. Episodes of Mental Health Care
- The current set of outputs is based on the highest level of detail, the National 'aggregate'
  - no stratification factors
  - no partitioning factors beyond the basic NOCC Protocol

# Some of the questions

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AMHOCN

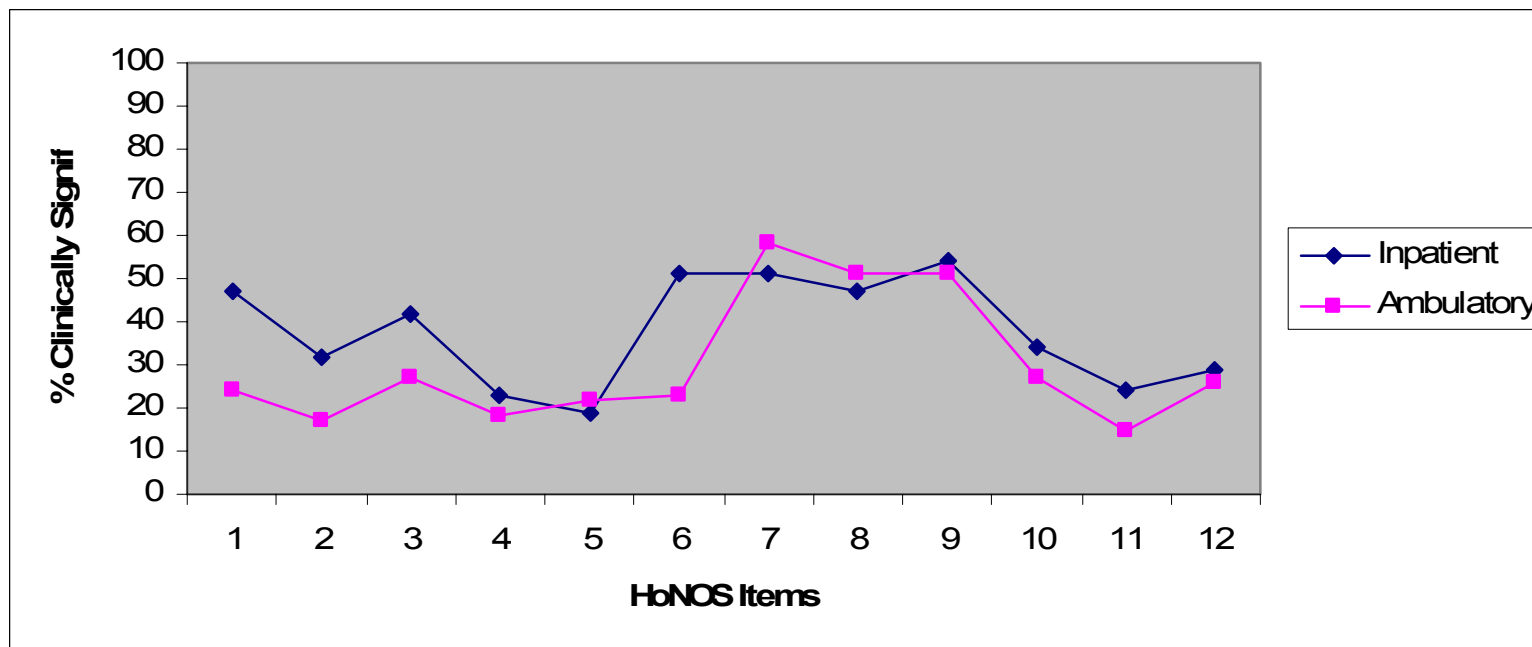
A taste ....



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# What questions can the data answer?

- What problems do adult consumers have on admission to inpatient services?
- How does this compare to the ambulatory setting?



- Looking across inpatient and ambulatory settings, inpatient settings have a higher percentage of clinically significant scores on Scale 1 (Overactive aggressive disruptive and agitated behaviour), Scale 2 (Non accidental self injury) and Scale 6 (Hallucinations and delusions) when compared to ambulatory settings

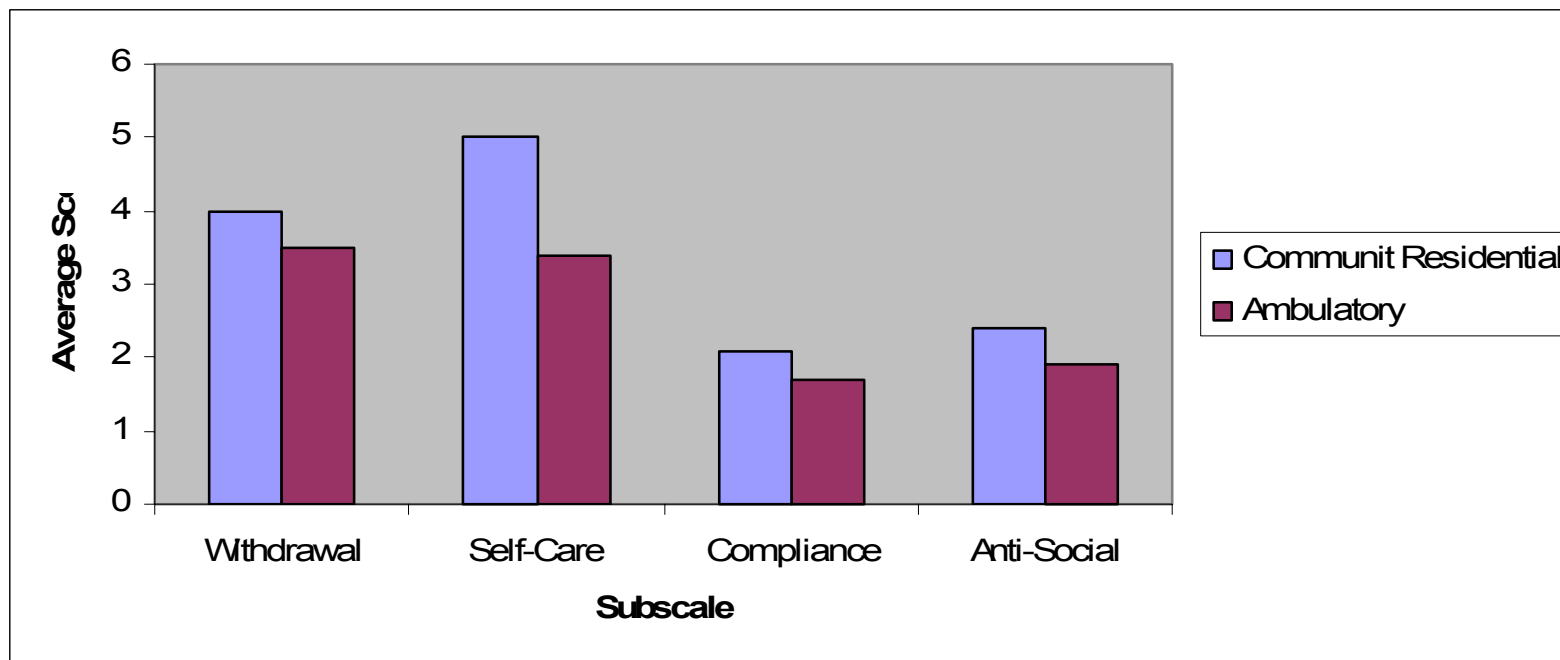
# How does my service compare?

- What does it mean if my consumers' profiles are different?
- Are these differences about the kinds of people we see?
- Are these differences about the ways in which we assess and treat consumers?

# What questions can the data answer?



- Do consumers in ambulatory and community residential services have the same level or type of disability on review?



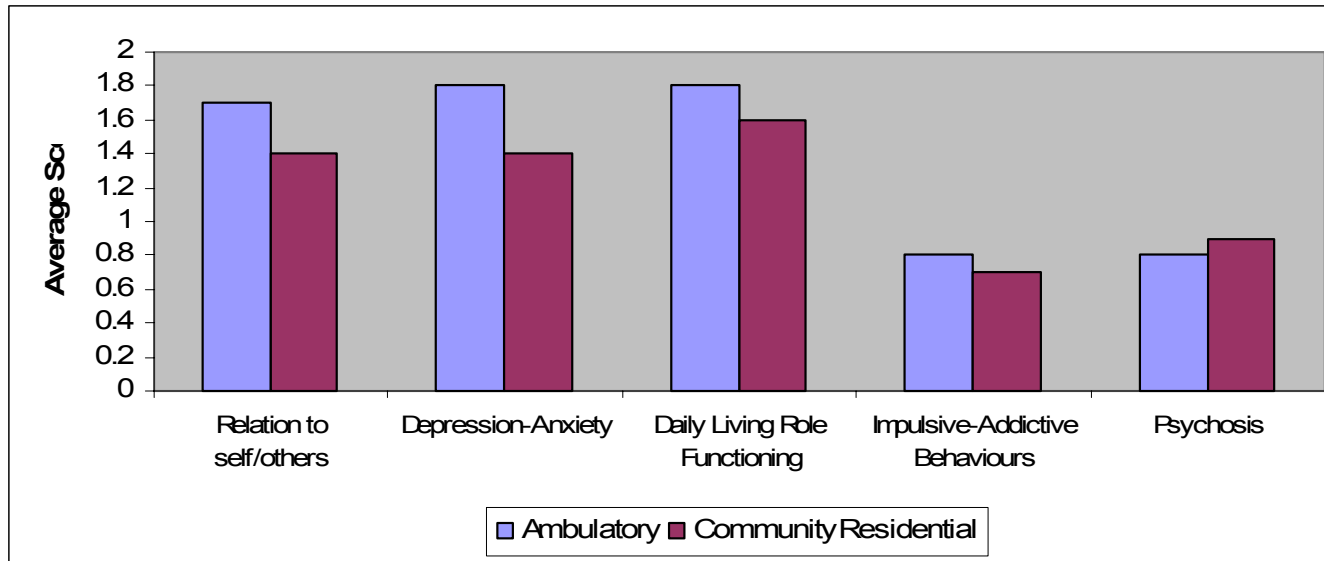
- At review, consumers receiving services in community residential settings have higher scores on average on each subscale than those receiving services in ambulatory settings
- In both settings, functioning in relation to self care and social withdrawal are rated higher than functioning in relation to compliance and anti-social behaviour

# How does my service compare?

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# What questions can the data answer?

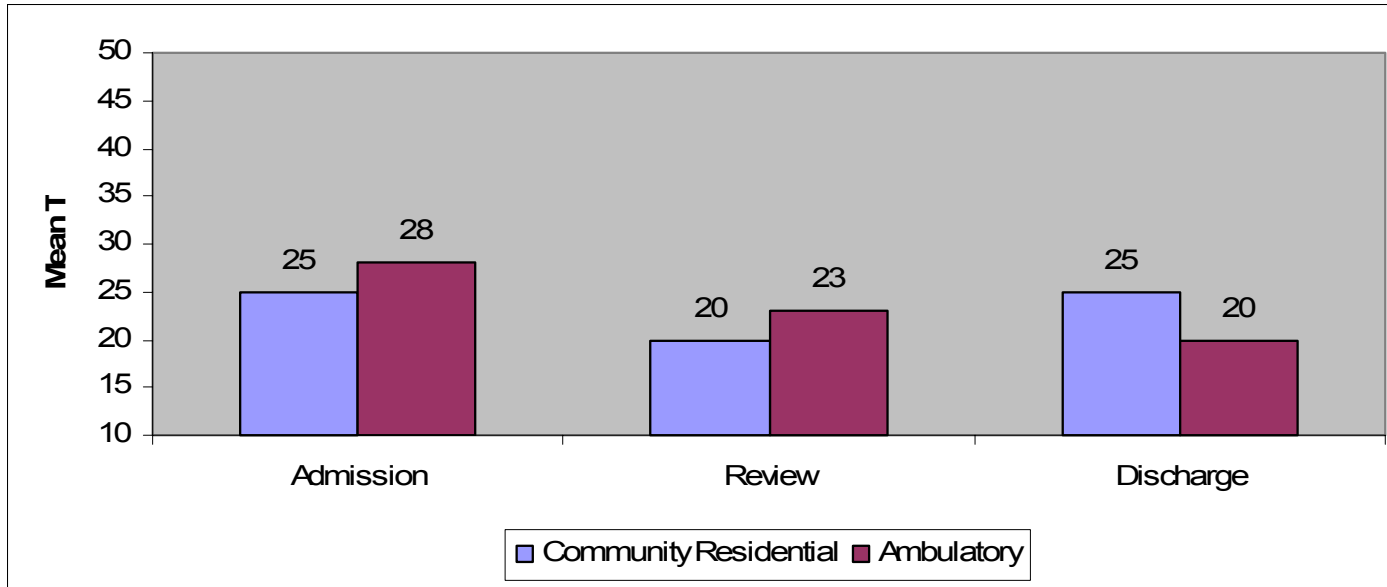
- How do consumers describe their problems on admission to ambulatory settings and how does this compare to community residential settings?



- On average consumers receiving services in ambulatory settings score higher than those in community residential services, except for psychosis subscale of the BASIS-32
- Consumers in both settings rate relation to self and others, depression and anxiety and daily living/role functioning sub scales higher than the impulsive/addictive behaviours or psychosis sub scales

# What questions can the data answer?

- Do groups of consumers describe different degrees of distress on different collection occasions, like admission, review or discharge?



- The average total score remains reasonably consistent across the different collection occasions
- In ambulatory settings, however, there is a tendency for the average total score to be lower on discharge and review than on admission to services

# What questions can the data answer?

- How does the adult consumer I am reviewing in the community compare to others?

**‘Thomas’ is a 25 year old male admitted to a case management team for ambulatory care. His 91 day review is due and his score on the HoNOS total is 19. How does he compare to other consumers?**

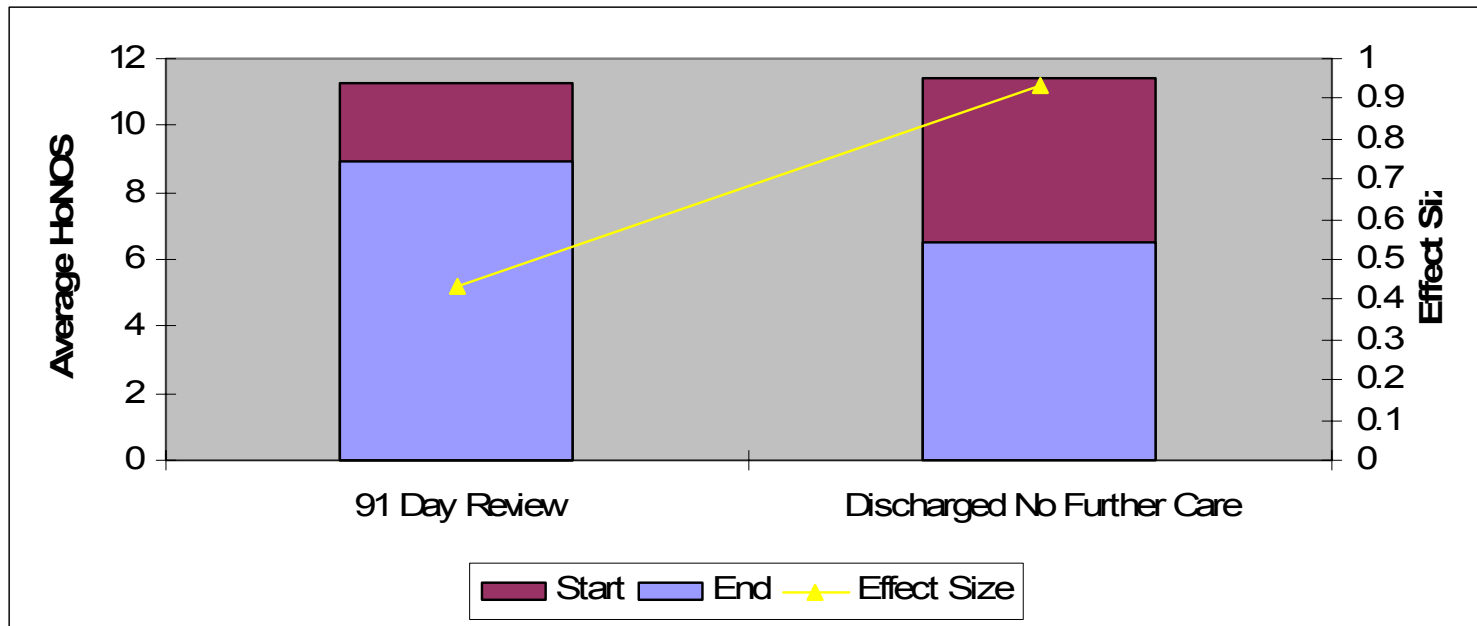


Percentile HoNOS	P5	P10	P25	P50	P75	P90	P95
91 Day Review:2.1.4.1	1	2	5	9	13	18	21

- Less than 10% of consumers have total HoNOS scores of 19 at these type of collection occasions.
- How does this compare to his earlier rating – is he improving or deteriorating?
- Do I need to review his treatment plan?

# What questions can the data answer?

- In ambulatory settings, is there a difference in the amount of change that takes place between those new referrals who are subsequently discharged and those who stay to have a review at 91 days?



- As we can see, those adult consumers who are new referrals to our services and are subsequently discharged with ‘no further care’, as a group display greater change than that group of consumers who remain in contact with services and have a 91 day review (an effect size of 0.2 is considered small, 0.5 moderate and 0.8 or higher a large effect)
- It is interesting to note that both groups have almost exactly the same HoNOS total scores on admission suggesting similar case complexity

# How does my service compare?

- What does it mean if my consumers' profiles are different?
- Are these differences about the kinds of people we see?
- Are these differences about the ways in which we assess and treat consumers?

# What questions can the data answer?

- Are our services making a difference?

# Why? The current debate



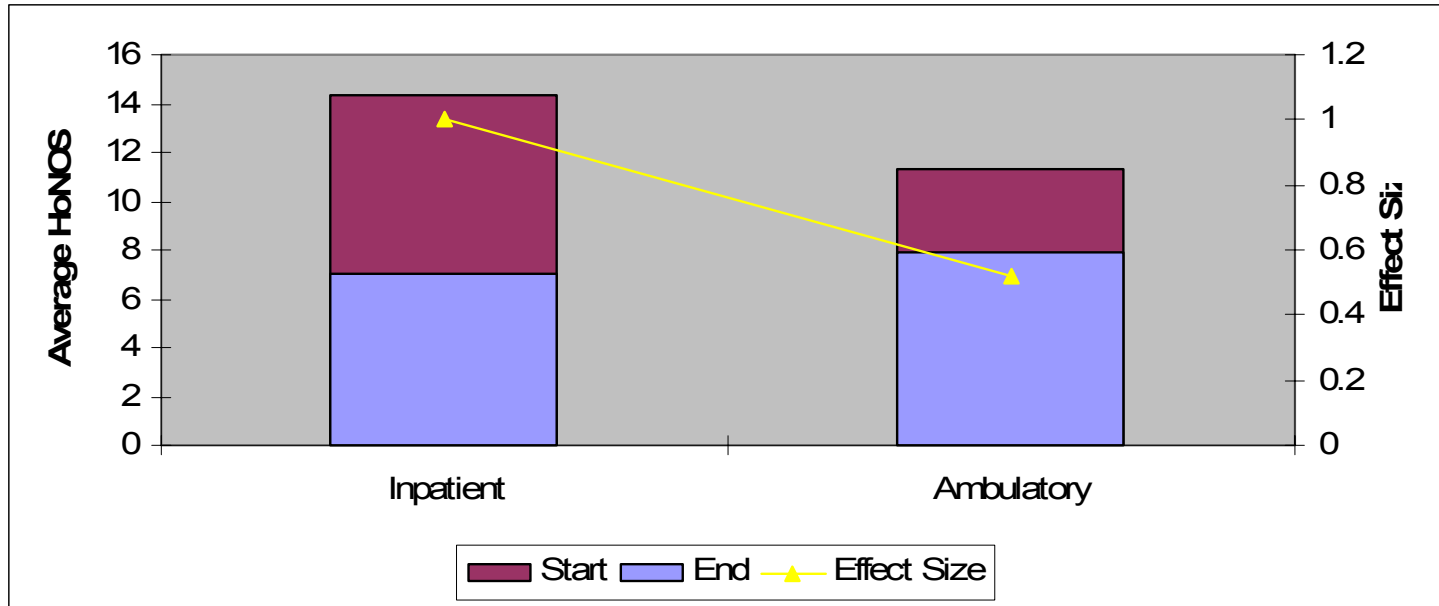
- Although there is general consensus that National Mental Health Strategy has provided a strong policy platform for mental health service reform over the last decade or more, there is a view that this has not translated into optimal service delivery 'on the ground'.
- Some view this as a problem with the implementation of the Strategy, whereas others argue that the implementation is moving in the right direction, but that change may not have occurred extensively or quickly enough.
- A Senate Inquiry which directly addresses the performance of mental health services is currently underway and is due to report in early 2006

# The evidence?



- Several reports on the direct experiences of consumers and carers, which draw on the findings of large-scale consultations
- National Mental Health Reports which have monitored the progress of the National Mental Health Strategy by providing data on changing patterns of mental health expenditure and service provision
- Two evaluations of the National Plans that operationalise National Mental Health Strategy, each of which relied on a combination of quantitative data (taken primarily from the National Mental Health Report), and qualitative data (derived from consultations with key informants and commentary from international experts)

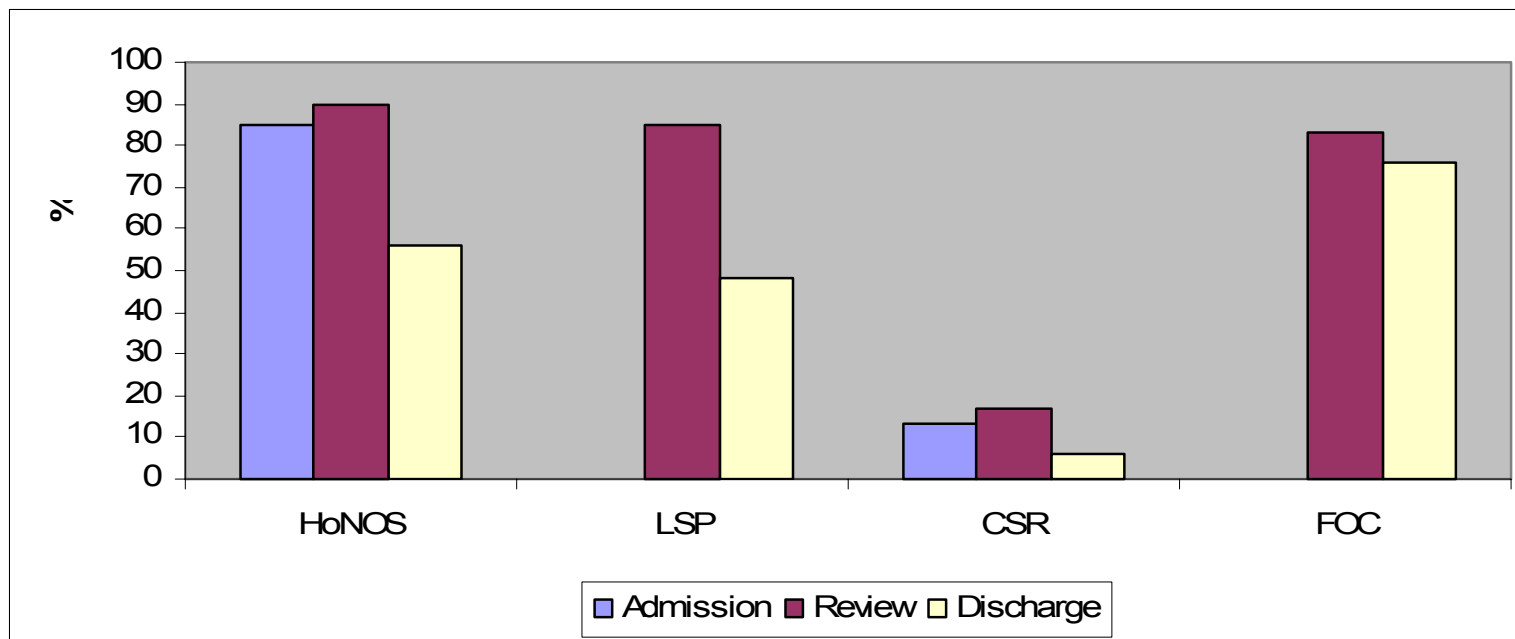
**What has been missing to date is any systematic evidence regarding whether people in receipt of mental health care improve**



- Groups of adult consumers who have contact with inpatient and ambulatory services display significant change between admission and discharge, although this varies between settings with very large effect sizes in inpatient settings and only moderate effect sizes in ambulatory settings.
- On average, adult consumers have higher total HoNOS scores on admission to inpatient care

# What questions can the data answer?

- Are the data good enough?



- We have more complete clinician rated measures than consumer self report measures at all collection occasions
- More complete data are submitted at admission than discharge

# How does my service compare?

- Why do more OR less of my consumers complete self-reports ratings?
- Are these differences about the kinds of people we see?
- Are these differences about the ways in which we assess and treat consumers?
- Is it about the way in which we use consumer self-reports in the planning / engagement process?

## Lessons learned so far ...

- National aggregate data provides a reference set for services and for individual consumers;
- Similarities and differences can be quickly identified – reasons for these are less easy to explain without further investigation and reflection
- BUT!!!!!! – The National Outcomes and Casemix Collection provides a common language and shared toolkit to explore these differences

# FINALLY –

## Words of wisdom from clinicians National Benchmarking Workshop 2002



- **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

For information, news and an online forum see [www.mhnocc.org](http://www.mhnocc.org)



Mental Health National Outcomes and Casemix Collection

national mental health strategy

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## MHNOCC.ORG - Home

### Introduction

Welcome to the MHNOCC website. This site is continually under development and should be seen as a work in progress. Your input is sought and welcomed. Currently the best way of providing feedback is to email [feedback@mhnocc.org](mailto:feedback@mhnocc.org).

This site aims to support the implementation of routine consumer outcome measurement in Australia's public mental health sector. The purpose of outcomes measurement is to improve the quality of mental health services through better understanding and use of information about the outcomes for consumers of mental health services.

This site provides key resources on mental health outcomes and case complexity measurement and provides a forum for sharing ideas, views and experience. The site is intended to be used by clinicians, managers, consumers, carers, policymakers, researchers and all other interested stakeholders.

Please refer to the [news](#) page to get an idea of the current status of the site. Major additions to the content and updates about the functionality of the site will be posted there.

The [resources](#) section contains both links to documents directly downloadable from this site and links to relevant external sources of information.

There is also an online forum to provide clinicians, managers and interested stakeholders with the opportunity to discuss issues around the implementation of outcome measurement to mental health services.

#### Feedback