



Welcome to Issue 2 of the Australian Mental Health Outcomes and Classification Network Newsletter. Keeping you up to date on Outcome activity in Australian Mental Health

AMHOCN Undertakes Australia Wide Consultation

The consultation process saw the three components of AMHOCN visit all states and territories over April, May and June 2004. AMHOCN was able to meet with over 120 clinicians, managers and developers of policy.

Aims of the consultation

The consultation process was aimed at answering eight key questions that would guide the development of the AMHOCN work plan for 2004 to 2005.

1. What is your current status with respect to the implementation of National Outcomes and Casemix Collection (NOCC) and the National Minimum Data Set (NMDS) (e.g. regarding coverage, infrastructure, training, strategies, consultation with stakeholders and perceived benefits and risks)? What are your future plans?
2. What systems do you currently have in place for the collection/capture/storage of

NOCC and NMDS data?
What are your future plans?

3. What unique identifier system do you use, and what is its capacity for enabling individuals to be tracked over time or across services?
What processes do you undertake to de-identify NOCC and NMDS data?
What are your future plans?

4. What systems do you have in place for training or retraining staff in the measures and data collection? What are your future plans?

5. What are your current plans for analysis and reporting in your jurisdiction?
What are your future plans?

6. In what ways could the national data most beneficially be used to augment state/territory-level data in your jurisdiction?

7. How could the national training and service development component of AMHOCN best support your jurisdiction?

8. How has your jurisdiction made use of the NOCC and NMDS information? Are there particular individuals or services within your jurisdiction that are innovators or champions in this area?
What are your plans for the identification and support of innovators?

Current Status of implementation

There is variation across States and Territories in terms of their progress with implementation, and, consequently, in terms of coverage. Some will be reporting NOCC data for the first time in 2003-04, others have been reporting for several years.

Within States and Territories, there is variability by setting (with community services generally having higher coverage in terms of collection than inpatient services) and by outcomes measure (with clinician-rated measures being completed to a greater extent than consumer-rated measures).

Training to date

All States/Territories have conducted extensive training in the rating of outcome and casemix measures (and many in the use of data collection systems that support routine outcomes and casemix measurement), some using a direct approach, others using a train-the-trainer approach, and still others using a combination of the two, building skills in training as well as the ability to train in NOCC.

Many are now beginning to consider issues of ongoing training and support, in particular, the need for a second phase of training that goes beyond how to rate the outcome measures, and focuses more on how to interpret and reflect upon profiles of particular measures (at individual and aggregate levels). Consideration is also being given to the accreditation of trainers, ensuring that rater training is undertaken in a consistent fashion

Variation in Support Infrastructure

States and Territories have differing levels of infrastructure to support the NOCC and NMDS collections.

Human resources vary, with some States and Territories having a number of personnel deployed to train and support clinicians and managers, and others relying on one or two core individuals. These personnel may be based either within services or at the State or Territory head office.

Physical resources also vary, with some States and Territories having sophisticated data collection systems with on-line data entry, and others depending on batch entry of paper-based forms. This type of variation occurs not only across but within States and Territories.

Systems in Place for the Collection of Information

States and Territories differ in terms of the number of systems that are involved in

the collection of NOCC and NMDS data, with some relying on as many as four statewide systems (sometimes with further degrees of complexity within the State or Territory). Some States and Territories have been able to expand existing systems to incorporate the NOCC data, whereas others have had to establish separate systems (some of which have not yet been fully implemented).

Linking NOCC and admitted and non-admitted NMDS datasets is impeded in most States and Territories by the lack of a unique identifier. With one exception, linkage is only possible for parts of the data (usually NOCC and non-admitted NMDS data) and/or by conducting quite complex record linkage tasks.

Many States and Territories have plans to reconcile their identifier systems, but this will not occur in the near future.

Analysis and Reporting

States and Territories have made different degrees of progress in terms of analysis and reporting of data. Some have not yet reached the point where they have produced reports at any level. Others are generating individual-level reports that allow clinicians to consider given consumers' scores on particular outcome measures, either at a single point in time or over time. Others are generating aggregate-level reports about compliance. A few have started producing some rudimentary, aggregate-level reports that provide information about

groups of consumers under the care of a given clinician, team or service. Clinicians and managers are keen for timely feedback at all levels. There is a recognition that, without this, the momentum and goodwill that has been achieved to date will not be sustained.

Role of AMHOCN

States/Territories are looking to AMHOCN for guidance about the structure of these reports, and for benchmarking and normative data. In addition, AMHOCN can support efforts to encourage reflection on these reports (e.g. training, awareness raising, and other forms of engagement), to increase the likelihood that the information collected will be used.

The support of AMHOCN is seen as crucial in terms of providing training expertise, developing and disseminating resources, and sharing lessons between jurisdictions.

Website

A full report on the AMHOCN consultation is available on the National Outcomes and Csaemix Collection website (www.mhnocc.org). It provides detailed information on the consultation process, findings and AMHOCN recommendations.

Feedback?

Tim Coombs is happy to hear your comments on the newsletter

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