Mental health phase of care - a new concept in mental health:

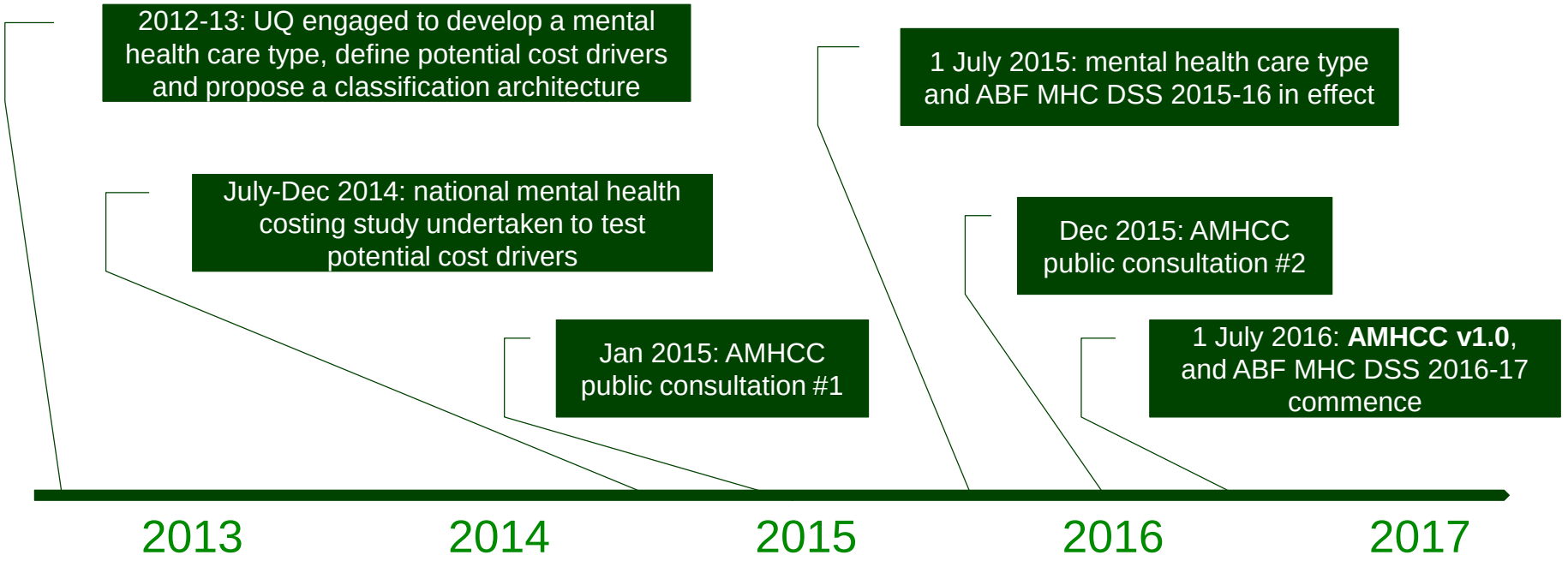
Clinicians' views and findings from an inter-rater reliability study

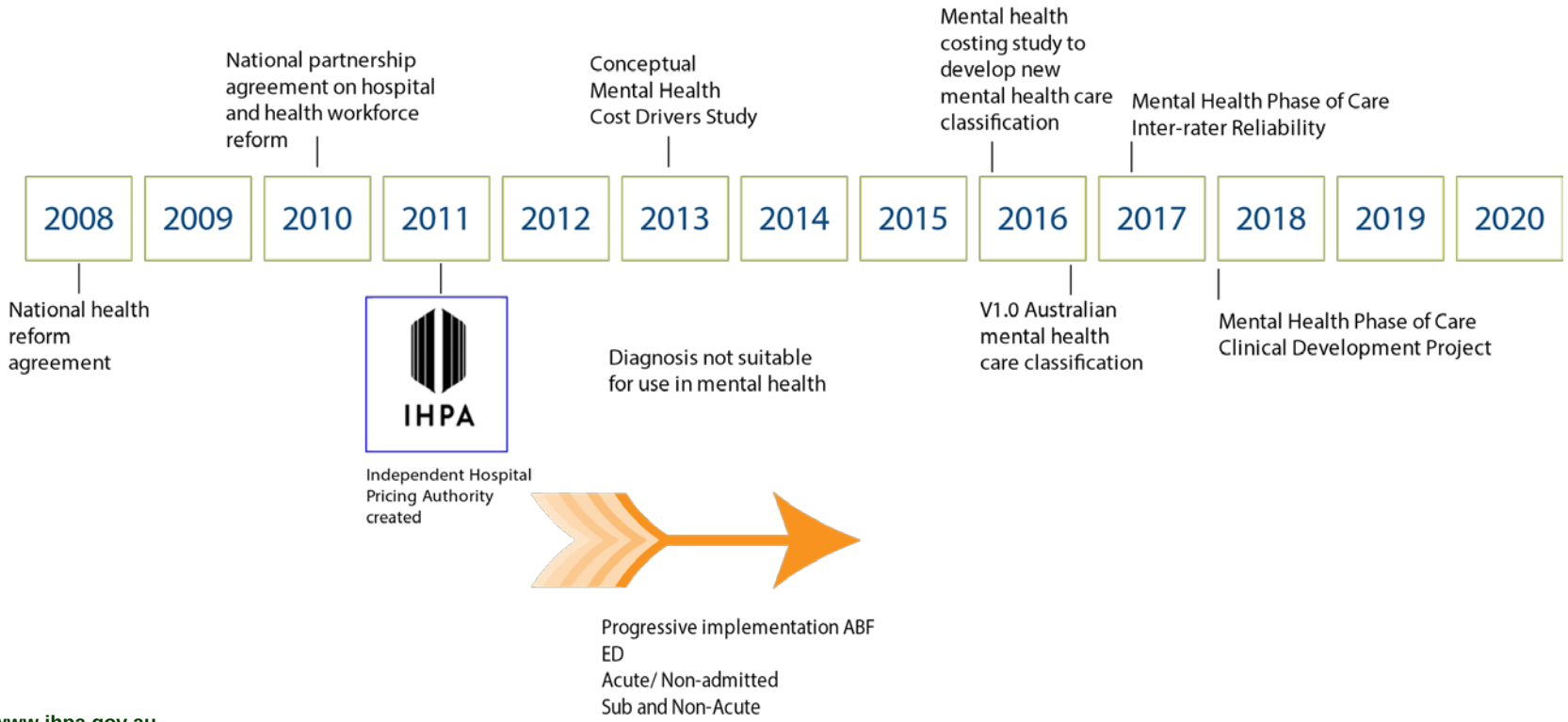
IHPA

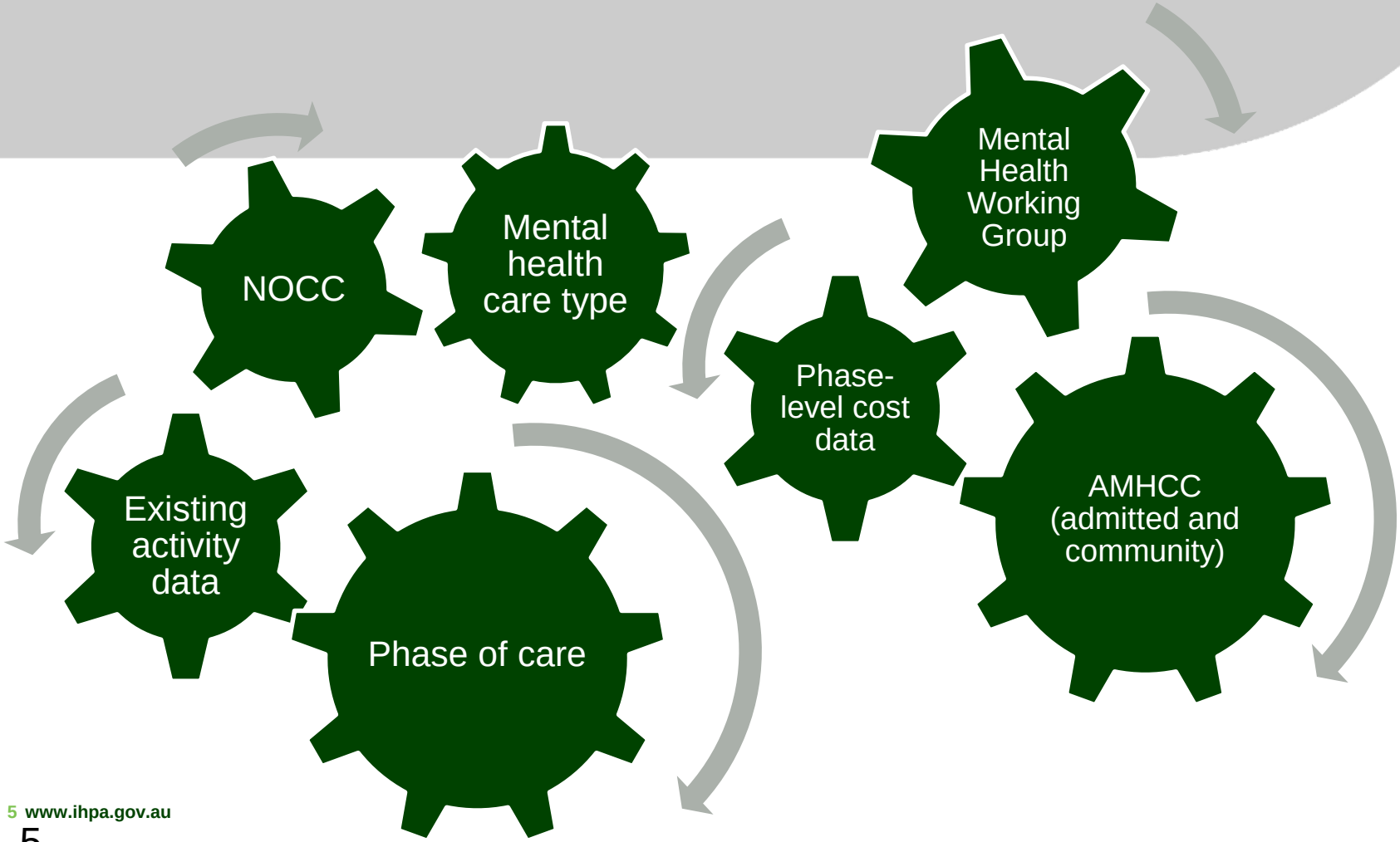
Aim

- Describe the
  - Australian Mental Health Care Classification
  - Mental Health Phase of Care
- Report the
  - Results of an inter-rater reliability study
- Discuss the implications for
  - Clinical practice
  - National Outcomes and Casemix Collection (NOCC)

Work to date

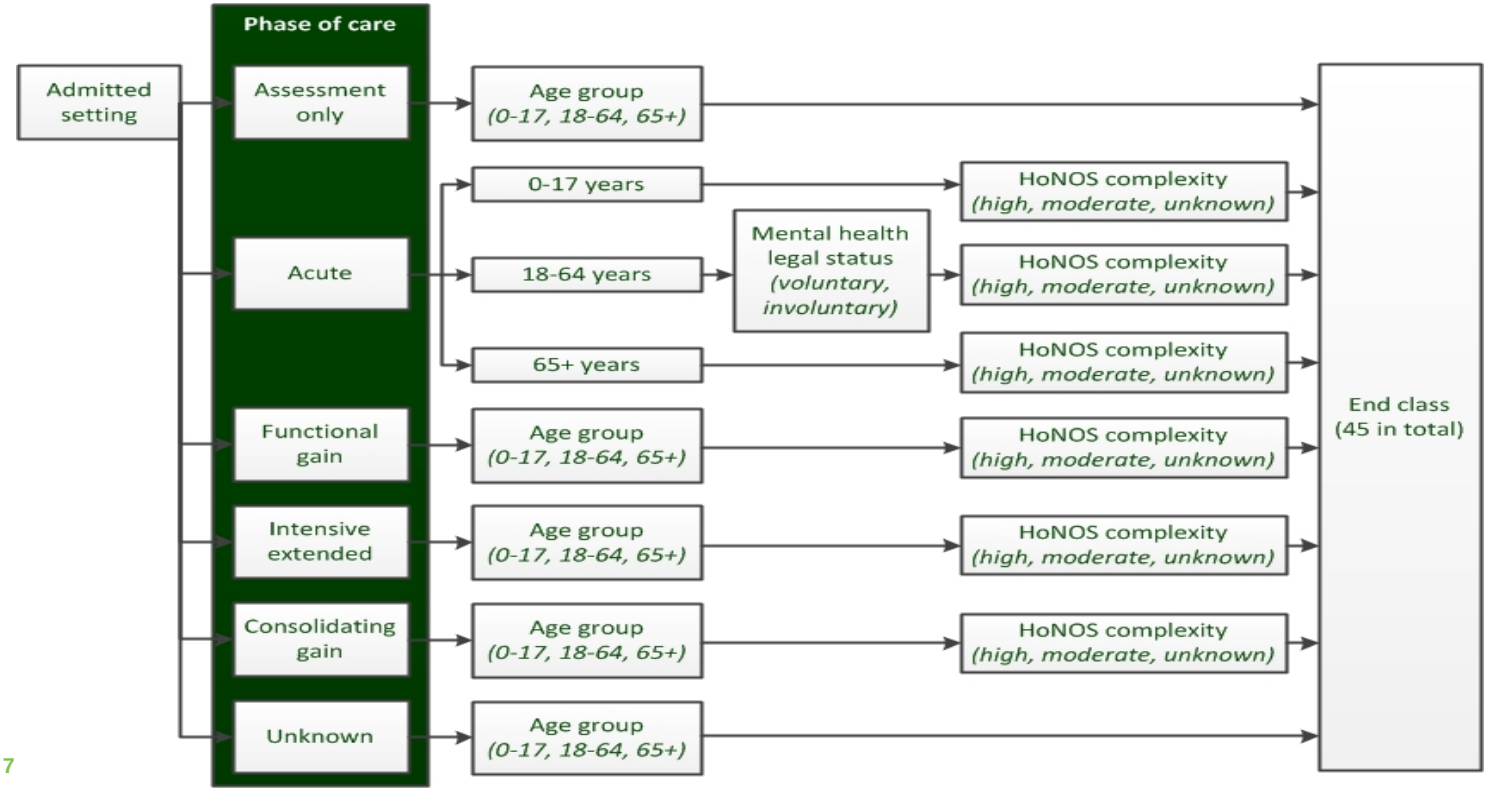

2012-13: UQ engaged to develop a mental health care type, define potential cost drivers and propose a classification architecture
July-Dec 2014: national mental health costing study undertaken to test potential cost drivers
Jan 2015: AMHCC public consultation #1
1 July 2015: mental health care type and 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


National partnership agreement on hospital and health workforce reform
Conceptual Mental Health Cost Drivers Study
Mental health costing study to develop new mental health care classification
Mental Health Phase of Care Inter-rater Reliability
2008
2009
2010
2011
2012
2013
2014
2015
2016
2017
2018
2019
2020
National health reform agreement
IHPA
Independent Hospital Pricing Authority created
Diagnosis not suitable for use in mental health
V1.0 Australian mental health care classification
Mental Health Phase of Care Clinical Development Project
Progressive implementation ABF
ED
Acute/ Non-admitted
Sub and Non-Acute

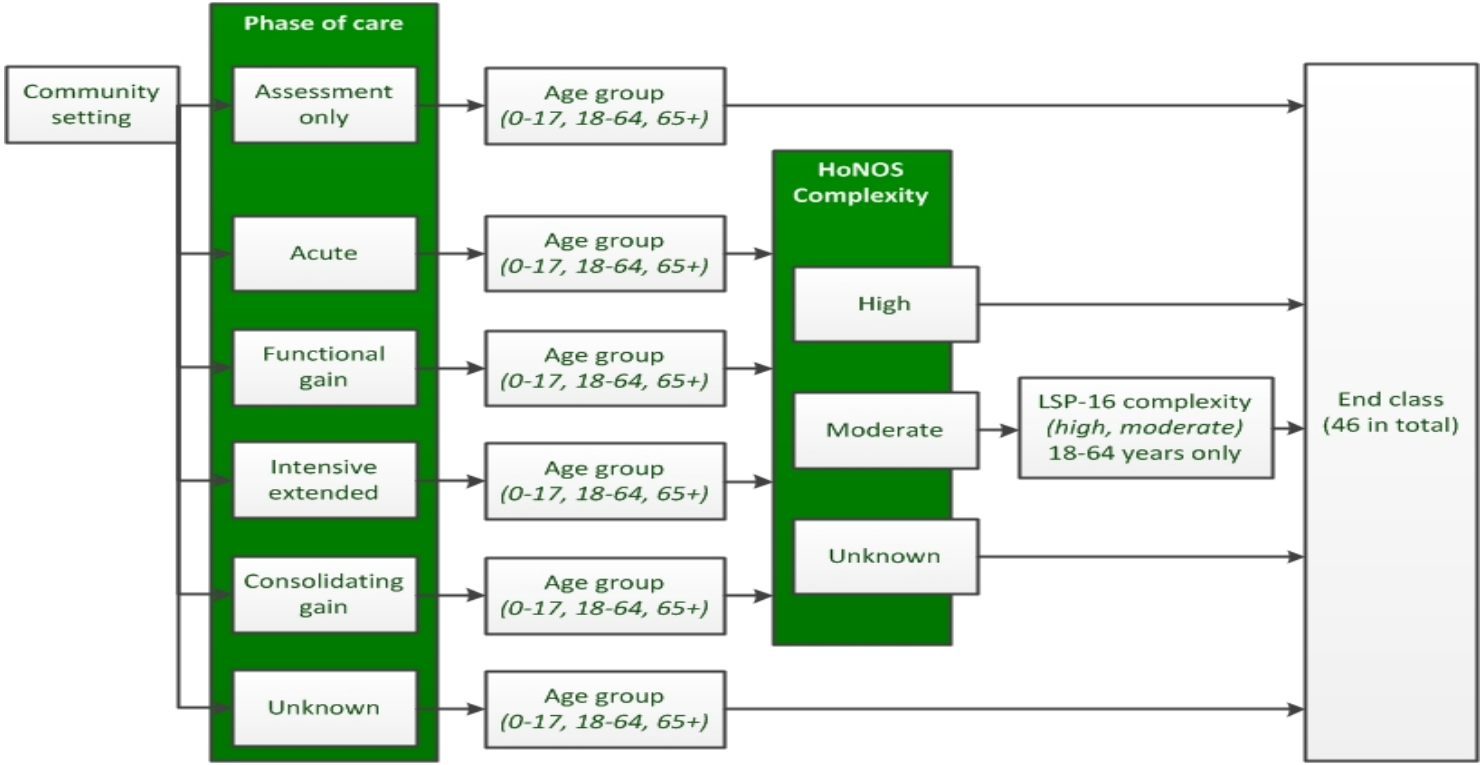

NOCC
Mental health care type
Mental Health Working Group
Phase-level cost data
AMHCC (admitted and community)
Existing activity data
Phase of care

- *Patient illness factors*
  - principal diagnosis/diagnostic cluster
  - functioning/disability
  - symptom severity
  - Comorbidities
  - indicators of risk of harm to self or others
  - treatment history;
- *Patient characteristics*
  - socio-demographic factors
  - age; ethnicity/aboriginality
  - socio-economic factors
  - employment status.

Admitted setting



Community setting



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

Acute | Functional Gain | Intensive Extended | Consolidating Gain | Assessment Only

Acute:
The primary goal is the short term reduction in severity of symptoms and/or personal distress associated with the recent onset or exacerbation of a psychiatric disorder.

Functional Gain:
The primary goal is to improve personal, social or occupational functioning or promote psychosocial adaptation in a consumer with impairment arising from a psychiatric disorder.

Intensive Extended:
The primary goal is prevention or minimisation of further deterioration, and reduction of risk of harm in a consumer who has a stable pattern of severe symptoms, frequent relapses or severe inability to function independently and is judged to require care over an indefinite period.

Consolidating Gain:
The primary goal is to maintain the level of functioning, or improving functioning during a period of recovery, minimise deterioration or prevent relapse where the consumer has stabilised and functions relatively independently. Consolidating gain may also be known as maintenance.

Assessment Only:
The primary goal is to obtain information, including collateral information where possible, in order to determine the intervention/treatment needs and to arrange for this to occur (includes brief history, risk assessment, referral to treating team or other service).

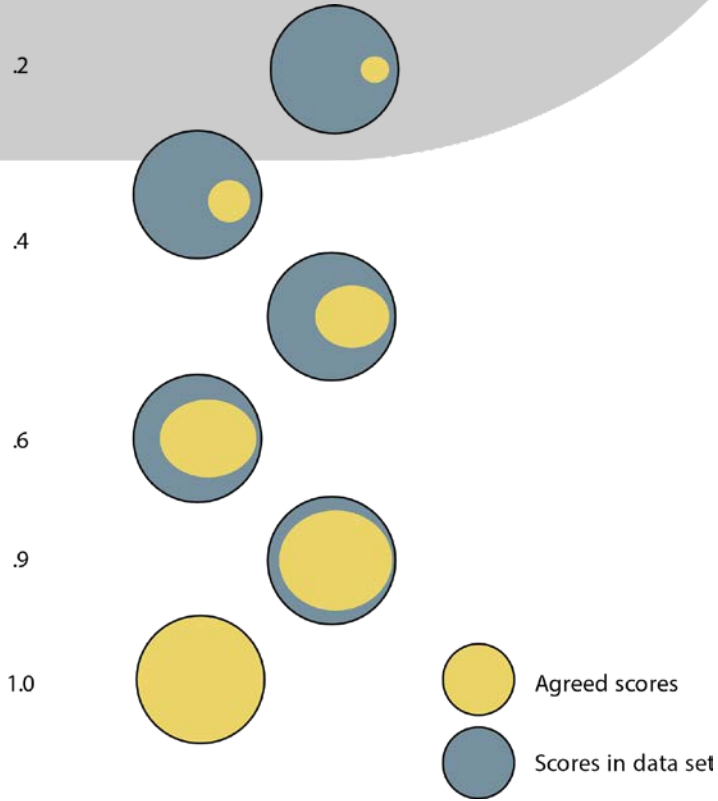
Inter-rater reliability

Inter-rater reliability

What is Kappa?

Accounts for the possibility that raters could have agreed by chance

Greater than 0.75 Excellent
0.40 to 0.75 fair to Good
less than 0.4 Poor



McHugh, M. L. (2012). Interrater reliability: the kappa statistic. *Biochemia Medica, 22*(3), 276-282

Study Design

Naturalistic/ observational

- Logistically complex
- Selection bias
- Ethics approval

Vignettes

- Videos
- Written
  - All phases
  - All ages
  - All settings

Study Design

Vignettes

- All phases
- All age groups
  - 20 months to 90 years

- Face to Face and Online
- NSW, QLD, VIC, SA, WA, TAS

Inter-rater reliability study

		Number of respondents	%
	Total	**434**	**100%**
Location	NSW	112	26%
	QLD	46	11%
	SA	109	25%
	TAS	38	9%
	VIC	59	14%
	WA	70	16%
Mode of training	Face to face	331	76%
	Online	103	24%
Seen or completed Mental Health Phase of Care prior to this session?	Yes	148	34%
	No	279	64%
	Not provided	7	2%

Inter-rater reliability study

		Number of respondents	%
	Total	**434**	**100%**
Main target population	Child and Adolescent	75	17%
	Adult	318	73%
	Older Persons	35	8%
	Not provided	6	1%
Main service setting	Ambulatory mental health service	320	74%
	Admitted mental health service	92	21%
	Other	18	4%
	Not provided	4	1%
Discipline	Psychologist	45	10%
	Psychiatrist	25	6%
	Psychiatric Registrar	8	2%
	Social Worker	79	18%
	Occupational Therapist	32	7%
	Nurse	212	49%
	Other	32	7%
Years of experience	0-5	100	23%
	6-10	88	20%
	11-15	71	16%
	16-20	65	15%
	21-25	26	6%
	26-30	40	9%
	30+	38	9%

Inter-rater reliability study

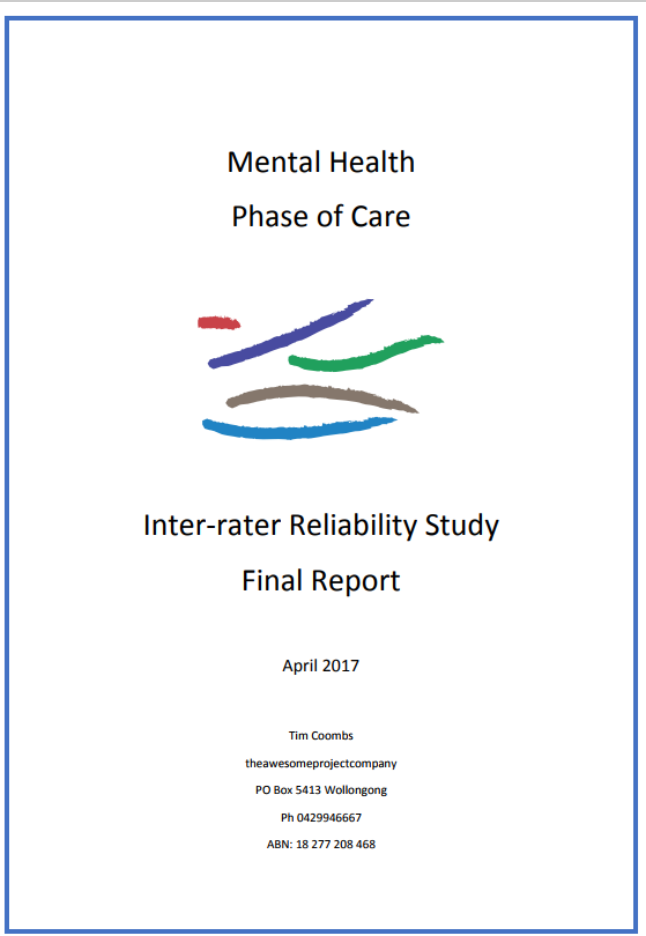
Greater than 0.75 Excellent
0.40 to 0.75 fair to Good
less than 0.4 Poor

	Child and Adolescent	Adult	Older Person
Number of responses	465	2,622	252
Raw agreement	61%	67%	59%
Calculated Kappa statistic	**0.3364**	**0.4247**	**0.4161**
95% confidence interval	(0.3222, 0.3505)	(0.4214, 0.4280)	(0.3956, 0.4366)

Limitations

- Recruitment
- Vignettes
- Training
- Environment

More detail



Mental Health

Phase of Care

Inter-rater Reliability Study

Final Report

April 2017

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Focus Group Results

- Potential system gaming – if funding is directly linked to the phase of care, there may be a tendency for people to put all consumer's into 'intensive extended' in order to maximise the funding rewards
- Some respondents were unable to see how phase of care could be linked to activity based funding and saw it as having more of a clinical benefit rather than being utilised to determine funding allocation.

Focus Group Results (continued)

- Some respondents were enthusiastic and were looking forward to discussing it within their workplaces.
- Some respondents thought that the phase of care could be seen as a tool to manage caseloads and treatment planning.
- The introduction of phase of care will require additional training, documentation and validation. Respondents questioned who would be responsible for managing and reviewing the processes to assign phases of care.

Where to from here?

- IHPA undertaking further refinement of Mental Health Phase of Care concept
- Work with MHISSC
- Implementation
  - Jurisdictions submitting data
- National Outcomes and Casemix Collection (NOCC 2.0)

More information

- Keep up to date at https://www.ihpa.gov.au/what-we-do/mental-health-care
- Connect with us on twitter (@IHPAnews) and LinkedIn