

Development of the Australian Mental Health Care Classification – Public Consultation paper 1

The Independent Hospital Pricing Authority (IHPA) has conducted the first round of consultation on the development of the Australian Mental Health Care Classification (AMHCC). This is the first in a series of consultations to be held during 2015 to inform the final stage in the development of the AMHCC. The purpose of the consultation was to seek stakeholders view's on the proposed structure and approach to the development of the classification.

The consultation process sought written submissions in response to a paper outlining the background of the classification development, key considerations in building a mental health classification and the proposed information architecture. 12 questions were proposed to assist stakeholders with the structure of responses.

29 submissions were received from a wide range of stakeholders, covering perspectives from the non-government sector and allied health professions through to the medical collages and state governments. The consultation paper and submissions can be found on the IHPA website at <http://ihpa.gov.au/internet/ihpa/publishing.nsf/Content/sub-received-mental-health>

Issues and themes from submissions

Overall submissions supported the development of the AMHCC, and the challenges in developing a classification. It was noted that the classification needs to be comprehensive and accurate enough to support funding, while flexible to account for new models of care and variables such as social detriments, and be clinically relevant across different care settings.

Many questioned that given the complexity of developing the classification, why the timeline for development was so short and that this may have an effect on the classification's ability to be fit for purpose. Concern was also raised as to the long term commitment from the Commonwealth regarding support and funding for further refinement and standardisation of the AMHCC.

Several submissions raised the concern that the AMHCC appeared to be hospital centric and did not adequately represent primary care services and services provided by the non-government sector. Submissions recommended that all mental health care services be counted and costed in a transparent way so as to not establish a disincentive for providing any particular services.

Submissions from state and territory governments acknowledged that a consistent national mental health care classification would be of benefit, and would allow greater discretion regarding the decision to adopt a nationally consistent model or to continue with the progression of other models currently being developed and tested in various jurisdictions. These submissions also recognised that to be of value to states and territories, the scope of AMHCC must include the full range of populations seen by mental health services and the full



range of providers and settings funded by governments, including non-government organisations.

IHPA's attention was also drawn to the need for the AMHCC to be able to accommodate the allocation of resources and costs through single, multiple and continuing periods of care and the need to manage consumers that shift between state, Commonwealth and private funding depending on the setting of care.

The aim of the AMHCC is to reflect the true cost of delivering mental health services, in both inpatient and community settings, while being provider agnostic. On this basis submissions highlighted a number of issues summarised under the following headings:

Data

- Most submissions recognised that the central requirement for a well-functioning standardised national classification was the collection of good quality data.
- Concerns were expressed that without adequate data compliance the ability of the classification to enable better planning, benchmarking and accountability would be compromised.

Cost drivers

- A majority of submissions expressed a strong concern with the emphasis on diagnosis, given that diagnosis does not necessarily reflect functional impairment of the individual.
- Specific submissions noted that demographic variables and regional differences will significantly drive variation in the cost of care. Submissions indicated that there was an extremely strong need for significant coordination and interaction across health, social and education systems to address the systematic issues that impact on the cost of delivering mental health care services.

Classification architecture

- IHPA's consultation paper explained that the proposed classification architecture may contain the new data elements 'phase of care' and 'mental health intervention'.
- These new data elements are being tested through a costing study lead by HealthConsult, which is exploring whether the phase of care that a consumer is in and the mental health interventions that a consumer receives are legitimate cost drivers.
- Many of the submissions received listed various concerns with the new 'phase of care' data element, including the validity and utility of the proposed concept; and inter-rater reliability and feasibility of the definitions and data domains underpinning the 'phase of care' assessment.
- Concern was expressed that the Mental Health Intervention Classification in its current form is aimed at only capturing selected and identifiable interventions and that a review to enhance and improve its utility for a costing and classification environment was required.
- A strong theme throughout many submissions was the unique circumstances of child and adolescent mental health care services and caution was urged in relation to the development of the AMHCC for this cohort of patients.

More additional information on issues raised in submissions can be found on the Mental Health Australia website <http://mhaustralia.org/general/developing-australian-mental-health-care-classification>.



Ongoing engagement and consultation

IHPA meets approximately every 6 weeks with representatives from the mental health sector through the Mental Health Working Group. This group was convened to advise IHPA on matters relevant to mental health, including the development of the classification. Sector representation is provided from the following individuals and organisations:

National Mental Health Commission
Mental Health Australia
Royal Australian and New Zealand College of Psychiatrists
Australian College of Mental Health Nurses
Allied Health Professions Australia
Royal Australian College of General Practitioners
Australian Private Hospitals Association

Private Healthcare Australia
Community Mental Health Australia
Australian Health Service Alliance.
National Mental Health Consumers and Carers Forum
Prof. Alan Rosen
Mr Philip Burgess
Assoc. Prof. Roger Gurr

Key information regarding the development of the AMHCC can be found on the IHPA website (www.iHPA.gov.au).

Next Steps

IHPA will be hosting a range of consultation opportunities. A second public consultation will commence in mid 2015 for version 1.0 of the AMHCC. In the lead up to this consultation IHPA will provide opportunities for individual organisations to engage in face-to-face meetings, webinars and group briefings. Further communication materials and fact sheets will be produced to inform stakeholders on the details of how the classification will work and function in practice.

IHPA is seeking to present at a number of conferences throughout the year, which will give stakeholders an opportunity to better understand how the AMHCC is being developed, hear alternative views and engage in discussion and ask questions directly of IHPA. Details of conference presentations will be posted on the IHPA website www.iHPA.gov.au.

IHPA will also be holding an Activity Based Funding Conference on 27-29 May 2015. A **specific workshop will be held on the AMHCC**, details of the conference can be found here www.abfconference.com.au.

