Finetuning Reporting Project Update

Amanda Martin – Commissioned Services Manager

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WE ACKNOWLEDGE THE TRADITIONAL OWNERS & CUSTODIANS OF THE
LAND THAT WE LIVE & WORK ON AS THE FIRST PEOPLE OF THIS COUNTRY.

Healthy People, Healthy Communities

I acknowledge the Traditional Custodians of the land on which we meet today.

And pay my respects to Elders, past, present and emerging, and recognize the continuing connection and contribution to these lands and waters.

I extend this respect to my First Nations colleagues here today.

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1. Overview of the changes

2. Deliverables

3. KPIs in focus

   i.   (PREM) YES PHN Survey

   ii. Cultural Competency

   iii. Suicide Prevention flag (mental health only)

   iv. (PROM) Kessler 10/5 or SDQ

   v. Quality KPIs and the annual planning process

INITIAL SCOPE OF CHANGE
REDUCE THE BURDEN OF REPORTING & ENSURE REPORTING IS MEANINGFUL

Three key elements of change as part of the project:

1. **Streamlining reporting processes** – for programs that upload to a minimum data set. This will be implemented as contracts are renewed or issued, across Mental Health, headspace, Psychosocial mental health & Youth Complex programs.

    AoD services will also be considered as NADA KPI's are introduced

    FOLIO reporting will be used 'by exception' for data not collected in the MDS

2. **Streamlining existing deliverables & KPIs** - will be seen more broadly, impacting most programs & contracts, and will impact how some Q-KPIs are monitored or tracked.

3. **Introduction a digital PREM** – for contracts where existing digital PREMs are not currently collected (i.e.; by CFS)

SO WHAT HAVE WE DONE – MENTAL HEALTH CONTRACTS

Key Performance Indicator	Threshold	Tracking
Percentage of clients offered an opportunity to complete the Your Experience of Service Primary Health Network Survey (YES PHN Survey) (PREM)	50%	Cemplicity
Percentage of Practitioners (including sub-contractors) delivering culturally safe services as per PMHC-MDS definition (refer to Definitions – Schedule B)	100%	MDS
Percentage of client referrals that identify a suicide risk and are followed up within 7 days of receiving the referral	100%	MDS
Percentage of completed PROMs (K10/5) on entry to the program (baseline) matched with a repeated PROM (K5/10) on exit from the program	70%	MDS

- Align to the PHN Program Quality & Performance thresholds – so provides "line of sight" as to how data is used

- Removed duplication between FOLIO & PMHC-MDS (for some contracts this is up to 50%)

- Q-KPIs will be monitored through the annual plan with progress checked at quarterly meetings

- Contract payments will also be linked to achieving KPI thresholds & compliance with existing Q-KPIs

- Flexibility remains, along with strong relationships

SO WHAT HAVE WE DONE – OTHER/ NON-MH CONTRACTS

Key Performance Indicator	Threshold	Tracking
Percentage of clients offered an opportunity to complete the Your Experience of Service Primary Health Network Survey (YES PHN Survey) or CFS Satisfaction Survey (PREM)	50%	Cemplicity/ CFS
Percentage of Practitioners (including sub-contractors) delivering culturally safe services as per PMHC-MDS definition (refer to Definitions – Schedule B)	100%	Annual Plan/ Checklist
Percentage of completed PROMs (K10/5) on entry to the program (baseline)	70%	NADA (AoD only) FOLIO (Aged Care)

NB: There is scope to add other deliverables as needed or as identified – vary across program areas
Specifically AoD contracts once NADA KPI's are finalised

- Contracts will reflect key deliverables were relevant – at a minimum YES Survey & cultural safe services (except in contracts where a digital PREM is already collected – inc. ITC, Primary Allied Health & Primary Care Nursing)

- FOLIO reporting will be maintained

- Cultural competency and Q-KPIs monitored through annual plan with progress checked at the quarterly meetings

- Contracts payments will also be linked to achieving KPI thresholds & compliance with existing Q-KPIs

Questions you might be asking about now….

What do these changes look like?

How will they impact my contract and program?

YOUR EXPERIENCE OF SERVICE (YES) PHN SURVEY TOOL

- Implementing the tool with Cemplicity – work nationally with other PHNs and this is their core business (they have done previous work with HNECC)

- YES PHN Survey Tool is a validated PREM used nationally so will allow benchmarking & comparison of outcomes

- YES PHN survey is also now part of the PMHC-MDS

SO WHY A THIRD PARTY??

- Removes the need for providers to collect the PREM

- PMHC-MDS has some limitations and only provides aggregated data

- Cemplicity will provide granular provider level data via accessible interactive dashboards

- Two representatives for each provider will be able to access the dashboards

- Insights are displayed across each question, providing trends and some thematic analysis

YES PHN SURVEY TOOL – WHAT WILL IT LOOK LIKE

- Clients invited to complete the survey

- CSV file extraction/ upload monthly - name, mobile number and email to allow a link to be sent to the client (or via a QR code available)

- All consented clients exiting the service included at the end of each month or offered the QR option

- Branded & designed so it is a personalised invitation to share the client's experience

- All responses are anonymous

- All client data is destroyed after 30 days

- Scripts to support client consent & participation will be provided

- Cemplicity will provide training to overview the interactive dashboards (June 2023)

KPI = 50% of client must be offered the opportunity to provide feedback
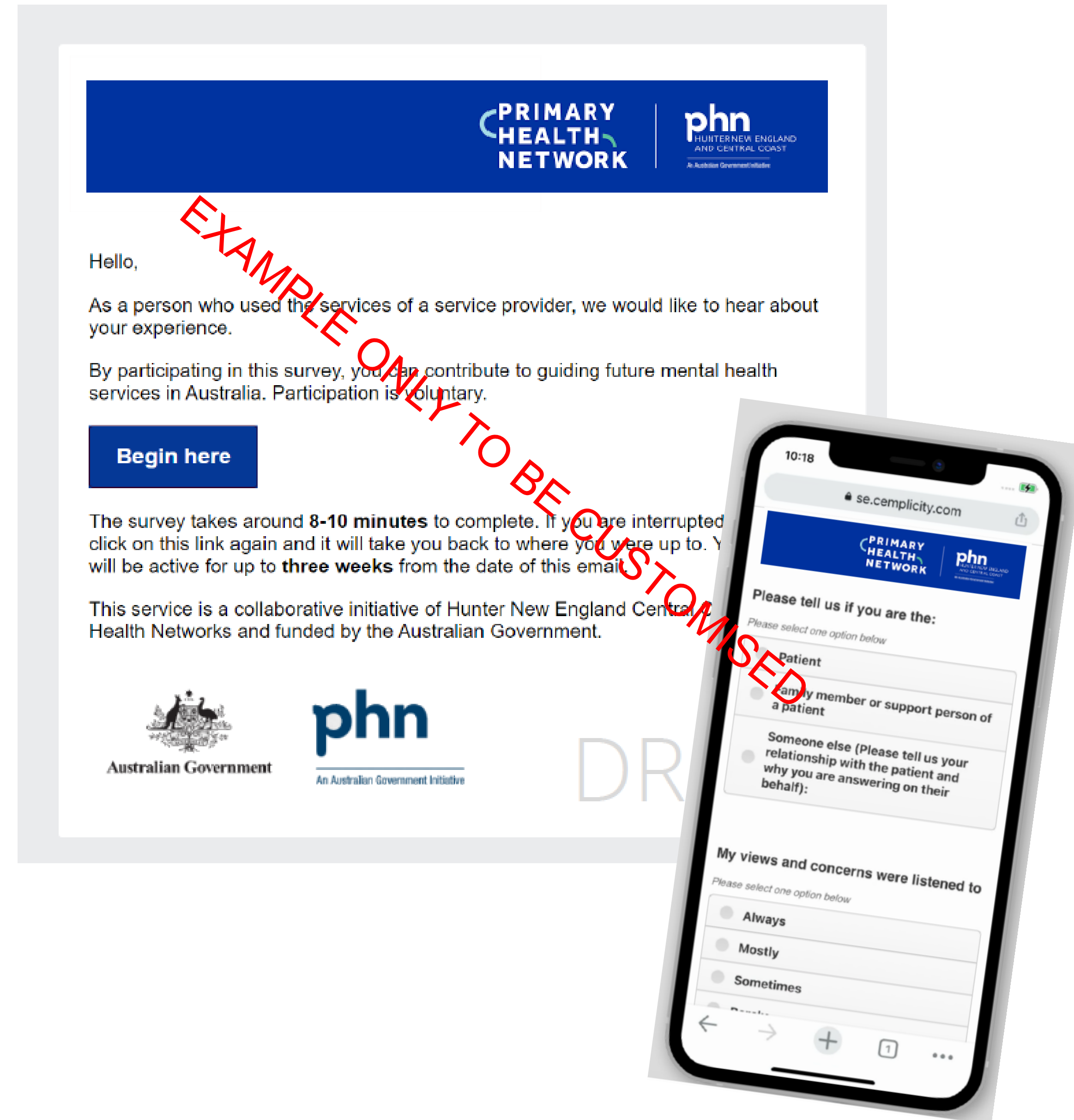
KPIs IN FOCUS:
CULTURAL SAFE PRACTITIONERS (IH3 & 4)

Remains a key focus as a Quality KPIs (Q-KPI)

Collect via PMHC-MDS or Annual plan

Adopted the definition used as part of the PMHC-MDS

Culturally Safe Service is defined as a service that is either:

I. Delivered by an Aboriginal Community Controlled Health Organisation (ACCHO);

II. Delivered by a practitioner that identified as being of First Nation heritage; or

III. Delivered by a practitioner that has participated in appropriate cultural awareness training in the previous two (2) years

KPI = 100% of practitioners (including sub-contractors) must be delivery a culturally safe service

KPIs IN FOCUS (MENTAL HEALTH ONLY): ACCESS – SUICIDE FLAG OFFERED SERVICES WITHIN 7 DAYS(MH5)

Use to demonstrate meaningful & timely access to the service

Tracked via the PMHC-MDS & hAPI data

Suicide flag is recorded if at the start of the episode:

I. The **referral notes a suicide risk**

II. The **client is assessed as at risk of suicide** or with suicidal ideations

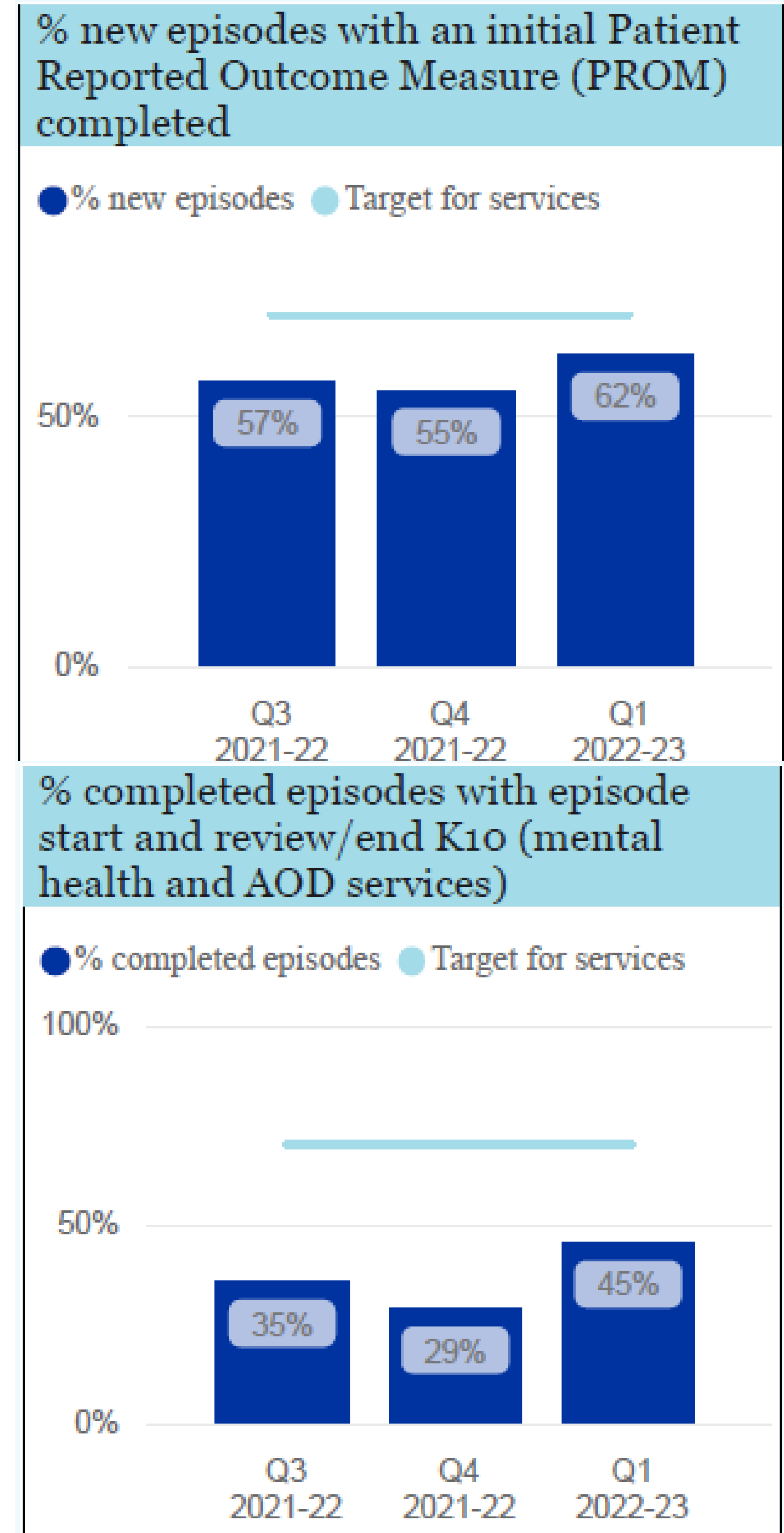III. History of a **recent attempt**

For these clients a service contact must be provided within 7 days of receiving the referral

KPI = 100% client with a suicide flag at the start of the episode must be offer a service contact within 7 days

KPIs IN FOCUS:
PROM (K10/5 OR SDQ) ON ENTRY
MATCHED ON EXIT (MENTAL HEALTH ONLY) (MH6)

- Remains a key focus in all commissioned services to ensure outcomes are being achieved and demonstrated

- Tools are mandated by the Commonwealth

- Tracked through PMHC-MDS/ hAPI, NADA or FOLIO

- K10/5 is the prescribed measure for 18yrs+ (a K5 may be used for First Nation clients/ SDQ is preferred for clients aged 11-17yrs)

- For adolescents, clinician discretion is allowed to use the K10/5 if the client is under 18yrs

- Initial measure only for some contracts, but all programs reporting into the PMHC-MDS require a match PROM on entry and exit – threshold remains the same and reflected in the program contract

KPI = 70% consented clients complete a baseline which is then match to the measure completed on exit from the service

% new episodes with an initial Patient Reported Outcome Measure (PROM) completed

● % new episodes   ● Target for services

	Q3 2021-22	Q4 2021-22	Q1 2022-23
%	57%	55%	62%

% completed episodes with episode start and review/end K10 (mental health and AOD services)

● % completed episodes   ● Target for services

	Q3 2021-22	Q4 2021-22	Q1 2022-23
%	35%	29%	45%

OTHER Q-KPI TRACKING VIA ANNUAL PLANS

- Digital health adoption & use (MyHealthRecord & eReferral) & HealthPathways participation remain key areas of focus

- Previously tracked via FOLIO or as an annual checklist in Q3

- Moving to tracking via annual plans with progress monitored & discussed at quarterly meeting

- Ensures we are moving together as a "whole of health system" to working in more integrated ways

- Part of every contract in the Standard T&C's – compliance may be linked to payment

- Expectation that activities to support & achieve adoption are stepped out per year and per quarter in the annual plan

- Supports Continuous Quality Improvement (CQI) approaches to demonstrate quality service delivery

- Activities listed in each quarter will be discussed, tracked and reported by Commissioning Coordinators as part of the quarterly meeting

- Revised annual plan templates will be included in all contract renewals

Organisations registered for My Health Record

No / Yes

	Q3 2021-22	Q4 2021-22	Q1 2022-23
Yes	48%	48%	70%
No	52%	52%	30%

N = 30

Organisations using My Health Record

No / Yes

	Q3 2021-22	Q4 2021-22	Q1 2022-23
Yes	38%	38%	43%
No	63%	63%	57%

N = 30

Contracts participating in HealthPathways

No / Yes

	Q3 2021-22	Q4 2021-22	Q1 2022-23
Yes	96%	100%	98%

Organisations with a Digital Health Access Policy

No / Yes

	Q1 2022-23
Yes	70%
No	30%

Current data from Commissioning Dashboard & Q-KPI reporting where the indicator is relevant to the service

Questions?

E: amartin@thephn.com.au
OR
M: 0428 274 961

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