

Changes to Reporting & KPIs – an introduction

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.



ACKNOWLEDGEMENT OF COUNTRY

Acknowledge the Traditional Custodians of the land on which we meet today.

I pay my respects to the Elders, past, present and emerging, and recognize the continuing connection and contribution to this land and waters.

I extend this respect to any Aboriginal people who are here today.



INITIAL SCOPE OF CHANGE

2 key elements of change as part of the project:

1. Streamlining reporting processes – for programs that upload to a minimum data set. These will be implemented using a staggered approach across programs.

Including:

- **Primary Mental Healthcare Minimum data set (PMHC-MDS)**
- **Alcohol and other Drug Treatment Services National Minimum Data Set (AODTS-NMDS or NADAbase)**
- **headspace Tableau/ hAPI reporting**
- **Care Finder MDS**

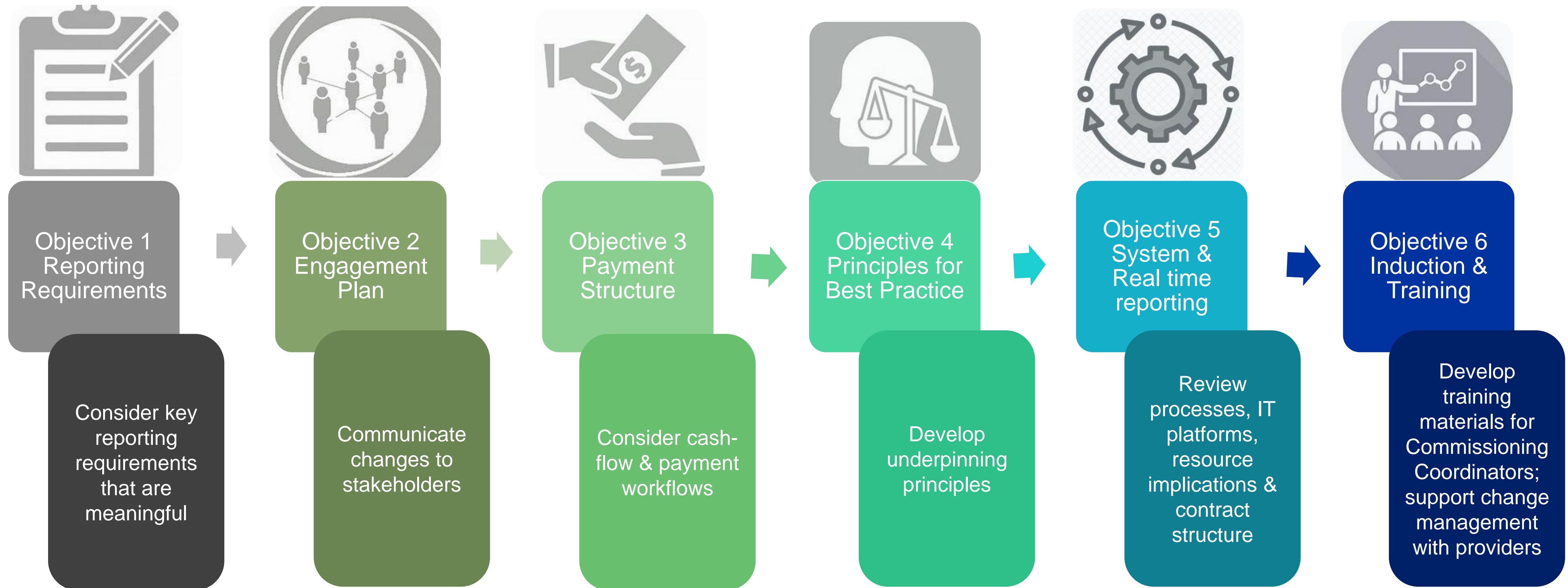
2. Streamlining existing deliverables & KPIs - will be seen more broadly, impacting most programs & contracts, and will impact how some Q-KPIs are monitored or tracked.

WHY?

- Following on from feedback – provider survey, quarterly meetings, ad hoc
- HNECC acknowledged that for many organisations reporting can be a burden
 - Requires resourcing
 - Seems to detract from clinical/ therapeutic intervention
 - Appear to be “red tape”
- **Balance financial accountability and performance management**
 - Department of Health reporting
 - Mandatory elements (i.e. Primary Mental Healthcare Minimum Data Set/ NADAbase)
 - Financial stewardship of public funding
- **Also acknowledging that our processes have matured & evolved**
 - Dashboards & more “real time” access to data
- **Commitment to review processes and reduce reporting where possible**
- **Complex reporting structures including quantitative & qualitative reporting which is still very important information**



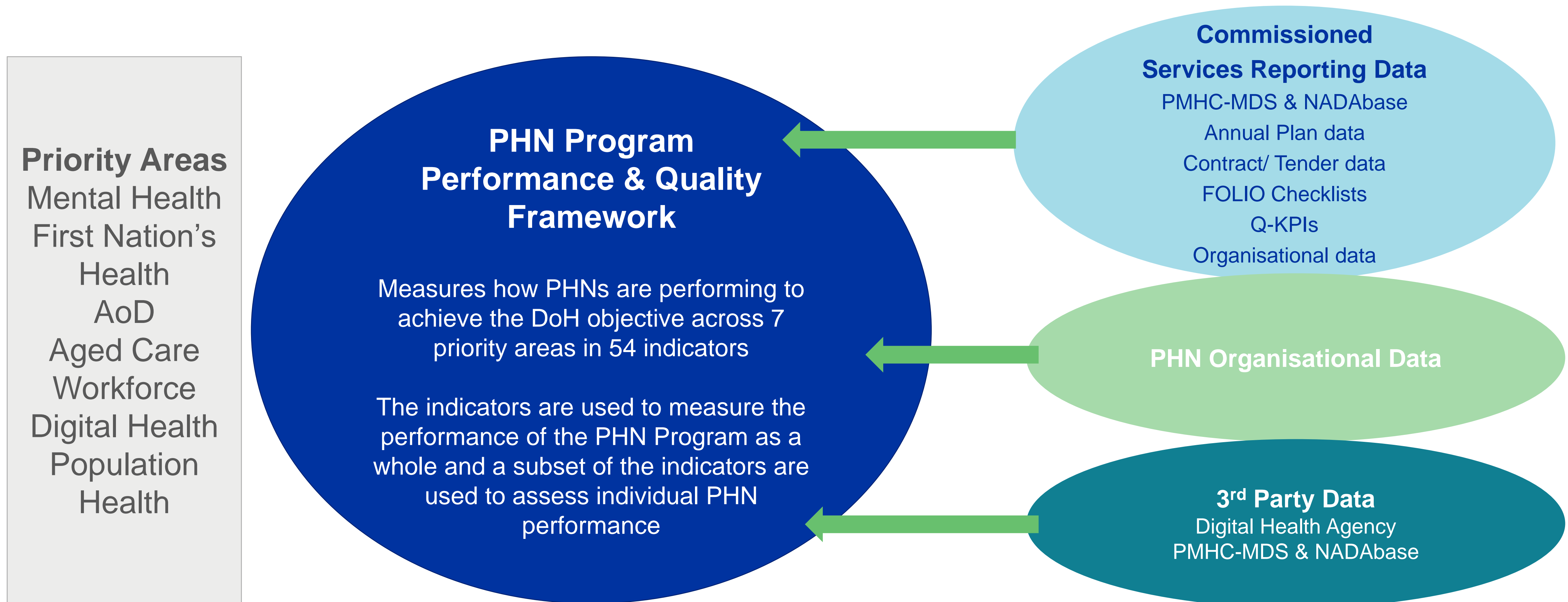
HOW? FINETUNING REPORTING PROJECT



Internal project to systematically consider all the complexities associated with reporting, data requirement & business processes

REPORTING REQUIREMENTS

The exercise mapped the data requirements, data flows and other relevant elements to understand the scope of the project both from the PHN's perspective but also for commissioned services.



PROGRESS SO FAR

- Aligning to PHN Program Performance & Quality Framework – recognising there are some key areas of mandatory reporting
- Key contract deliverables will be streamlined to reflect and aligned to DoH KPIs with a focus on:
 - Outcomes (PREMs & PROMs)
 - Cultural Competency
 - Timely access to services when a suicide flag is noted in the PMHC-MDS (if required)
- KPI thresholds will also align with the PHN Program Performance & Quality Framework so commissioned services are measured in alignment to how the PHN is measured by the Commonwealth
- Number of KPIs will reduce with some Q-KPIs monitored through a revised annual plan & quarterly meetings
- Provides “line of sight” visibility of how data is used/ meaningful purpose
- Contract structures & language will change to reflect the changes being made
- Initially starting with programs that report into the PMHC-MDS (majority of Mental Health services)
 - For some there will be a reduction in reporting by up to 50% - meaning data used to monitor performance will be sourced from the PMHC-MDS or 3rd Parties
 - Duplication between FOLIO and PMHC-MDS will be removed
- Some programs will see quarterly FOLIO checklist become obsolete – checklists will only be used to report by exception when key program data or specific KPIs are not captured in an MDS

WHAT ISN'T CHANGING AS PART OF THIS PROJECT

- Reporting processes via FOLIO for programs and services where there is no minimum data set requirement (including Afterhours, ITC, PAHS, Primary Care Nursing & some psychosocial services)
- Level of monitoring, financial accountability & focus on performance
- Numeric targets in contracts (if appropriate)
- Focus on PREMs & PROMs
- Importance of Q-KPIs at a local level
- Requirement for providers to upload data into the MDS within 30 days
- Strong relationships and quarterly meeting
- Quarterly payments and contract execution payments
- Submission of an annual plan each year (or at the start of the contract)
- Need to upload annual insurances, workers compensation & credentials (if relevant) via FOLIO



NEXT STEPS

- Implementation will be staggered across Mental Health & Suicide Prevention programs initially – considering in order:
 1. New contracts executed before 30 June 2023
 2. Renewing contracts before 30 June 2023
 3. Ongoing contracts that expire past 30 June 2023 – depending on end dates +/- variations

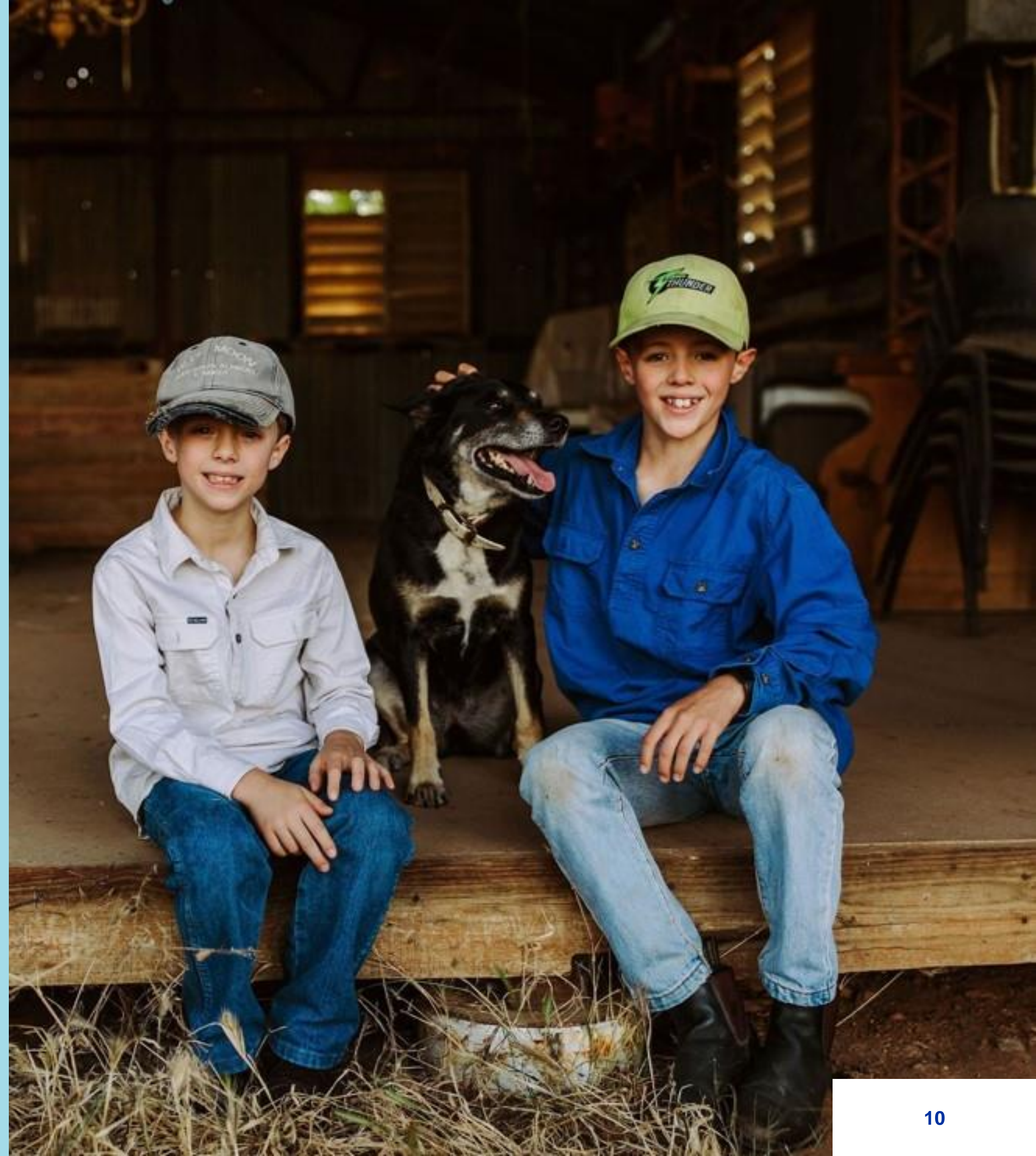
You will see these changes in contracts across programs at different times – not all programs will change at the same time – our Contract teams is small and working within existing resources – please have patience!

- Scaling to other program areas using the same methodology to map requirements against PHN Program Performance & Quality Framework, minimum data sets and other reporting mechanisms – Aged Care/ AoD/ headspace
- Continue to discuss changes with our commissioned services & seek feedback – not all contract will easily fit with some of the changes, but our commitment to reduce the burden of reporting still stands
- Ongoing training & updating resources to reflect various changes



More detail will follow ahead of these change

1. From your Commissioning Coordinators & the Contracts Team
2. In future information sessions
3. Through regular project updates
4. Newsletters & formal communication



Questions?