HNECC PHN
FAQ
Primary Mental Health
Minimum Data Set

The following frequently asked questions capture HNECC PHNs responses to service provider questions relating to the Primary Mental Health Care Minimum Data Set implementation.

Q. Do we have to transfer old data over to the new system?

No, there isn't an expectation that any retrospective data be duplicated and re-entered onto the new system. However, all new referrals (or referrals stemming from a GP review), and corresponding occasions of service from here forward need to be entered onto the new system. The old ATAPS MDS will be decommissioned shortly and in order to meet Departmental reporting requirements, the data on the PMHC MDS will need to be current and accurate.

Q. Will the PHN be transferring data from the old system to the new system?

No, HNECC will not be responsible for transferring any data from the old ATAPS MDS to the PMHC-MDS

Q. Can we start putting in data into the MDS before July 1st, although no episodes will be recorded?

Yes, PMHC MDS has been active since July 1, 2017 and it was expected that all new client data would be entered from that date. Please start adding **ALL** client, referral and session data now so by July 1, 2018 ALL NEW AND CURRENTLY ACTIVE clients and episode

Q. I haven't had training yet, how can I organise training?

Webinar training can be organised by contacting the PMHC-MDS at support@pmhc-mds.com

Q. Is old data considered to pre 17/18 clients (ie 16/17 data and back)?

Yes. However, if these clients are still current (due to re-referral or review) their current activity is required to be

Q. When I enter all my clients into the PMHC- MDS what referral date do I use. Some of the clients have been with our services for years. Therefore do I enter the original date or the date which I am which I enter them onto the data base.

As clients are required to have regular GP review, please use the date of the most recent review.

Q. We have data in the old system – this is the MDS we used for last year funding. We are assuming now that the 17/18 data is in the new system. Can we upload/transfer the data from the old to the current system for ATAPS. (without the need for re- data entry)

No. The new data model is quite different to the old and cannot be added in bulk automatically. The only option is to add records individually and manually. if a provider wants to keep old data they should use the tools in the old system to download and save their data.

Q. What if a client accesses more than one PHN-commissioned mental health service simultaneously i.e. Primary Mental Health and Indigenous Mental Health. How will we ensure this matches with the Folio data and do we need to go back and fix historical data?

A. As per the excerpt from the PMHC MDS Documentation included below, we advise Providers to select one Principal Focus of Treatment Plan that best fits the client and provider's plans for treatment. (This can be changed / edited at a later date if required). In terms of alignment with Folio

reporting, we would expect the total of PMH + IMH sessions reported in Folio, in this example, to equal the total number of service contacts from PMHC-MDS for that reporting period.

Service providers are required to report on the 'Principal Focus of Treatment Plan' for all accepted referrals. This requires a judgement to be made about the main focus of the services to be delivered to the client for the current Episode of Care, made following initial assessment and modifiable at a later stage. It is chosen from a defined list of categories, with the provider required to select the category that best fits the treatment plan designed for the client.

Principal Focus of Treatment Plan is necessarily a judgement made by the provider at the outset of service delivery but consistent with good practice, should be made on the basis of a treatment plan developed in collaboration with the client. It should not be confused with Service Type which is collected at each Service Contact.

The Service Contact Type field would then be used to differentiate between the different services delivered to that client i.e. psychology services, care coordination services, nursing services, cultural services.

Regarding fixing historical data, we acknowledge that adjusting to the new PMHC-MDS has been a challenge for many, whilst we do not expect Providers to go back and fix historical data, we do expect the data for the current Quarter to be accurate.

Q. How do we report services delivered under the MHNIP Program and how will these match the Folio data?

A. The PMHC-MDS Documentation provides the following information regarding Service Contacts:

- *Service contacts are defined as the provision of a service by a PHN commissioned mental health service provider for a client where the nature of the service would normally warrant a dated entry in the clinical record of the client.*
- *A service contact must involve at least two persons, one of whom must be a mental health service provider.*
- *Service contacts can be either with the client or with a third party, such as a carer or family member, and/or other professional or mental health worker, or other service provider.*
- *Service contacts are not restricted to face-to-face communication but can include telephone, internet, video link or other forms of direct communication.*
- *Service provision is only regarded as a service contact if it is relevant to the clinical condition of the client. This means that it does not include services of an administrative nature (e.g. telephone contact to schedule an appointment).*

Therefore, we advise that Providers enter all <u>clinical</u> Service Contacts individually, and be sure to select the appropriate Type and Duration of each Service Contact.

We are aware that this will not align readily with the current system of reporting into Folio which is based on sessions which correspond directly to hours of nurse time and apologise for any confusion

created. The MHNIP Program Guidelines state that an average of 70% of mental health nurse time should be spent in clinical contact. We would therefore expect that the total Duration of all of the Service Contacts entered in the PMHC-MDS for that Quarter would be equivalent to 70% of the hours reported in Folio for that Quarter. We do not expect Providers to run this calculation, but have attached a worked example to help illustrate the concept.