National Outcomes and Casemix Collection Training Workshop

Adult Ambulatory

Learning Objectives

- Understanding of the context of the collection of Outcome Measures in Mental Health

- Understanding of the National Outcomes and Casemix Collection Data Collection Protocol and local adaptation

- Development of skills in the completion of the standard measures of Outcome and Casemix

The Guiding Question ...

- Who receives .....

- What services .....

- From whom .....

- At what cost ......

- With what effect ...

  from Leginski et al 1989

National Mental Health Plan 2003–2008
Australian Health Ministers, July 2003
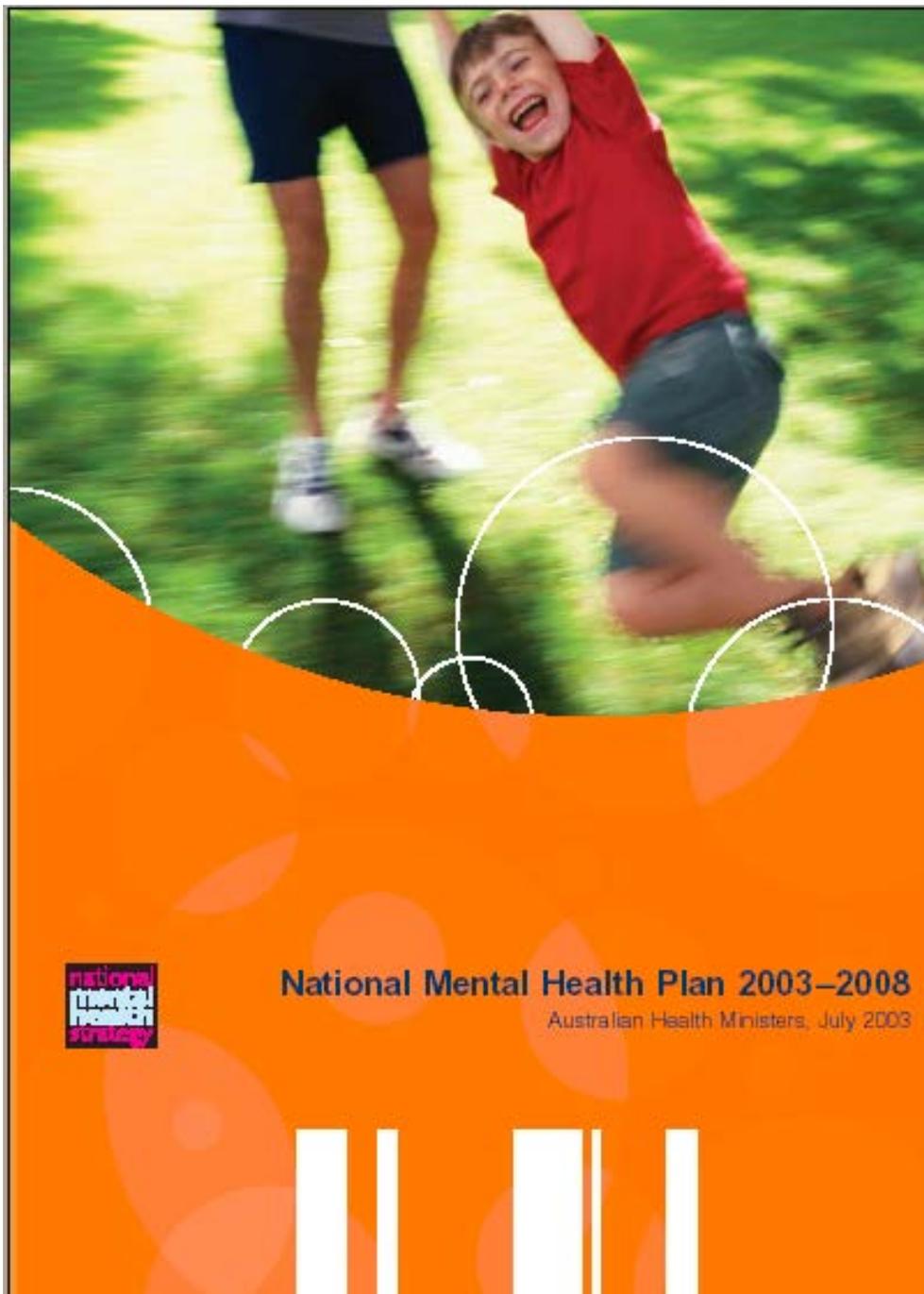
Outcome 28: Comprehensive implementation and further development of routine consumer outcome measures in mental health

Key direction 28.1: Continue to support and develop outcome measurement systems, including full implementation of routine outcome measurement systems, in the mental health sector and for use by other mental health providers and related service sectors

Key direction 28.2: Establish a national strategy in collaboration between the Commonwealth, States and Territories for database development, data analysis (which may include normative comparisons and benchmarking exercises), dissemination and training.

Key direction 28.3: Support the implementation of routine outcome measurement

Outcome 30: Reform of public sector funding models to better reflect need

Key direction 30.1: Continue the development of mental health casemix classifications through the Australian Mental Health Outcomes and Classification Network

Outcomes and Casemix Measures for Adults

- Clinician rated
  - Health of the Nation Outcome Scales (HoNOS)
  - Life Skills Profile (LSP-16)
  - Focus of Care (FoC)
- Consumer self-report (varies across states and territories)
  - Mental Health Inventory (MHI)
  - Kessler 10 (K-10)
 - Behaviour and Symptom Identification Scale (BASIS 32)
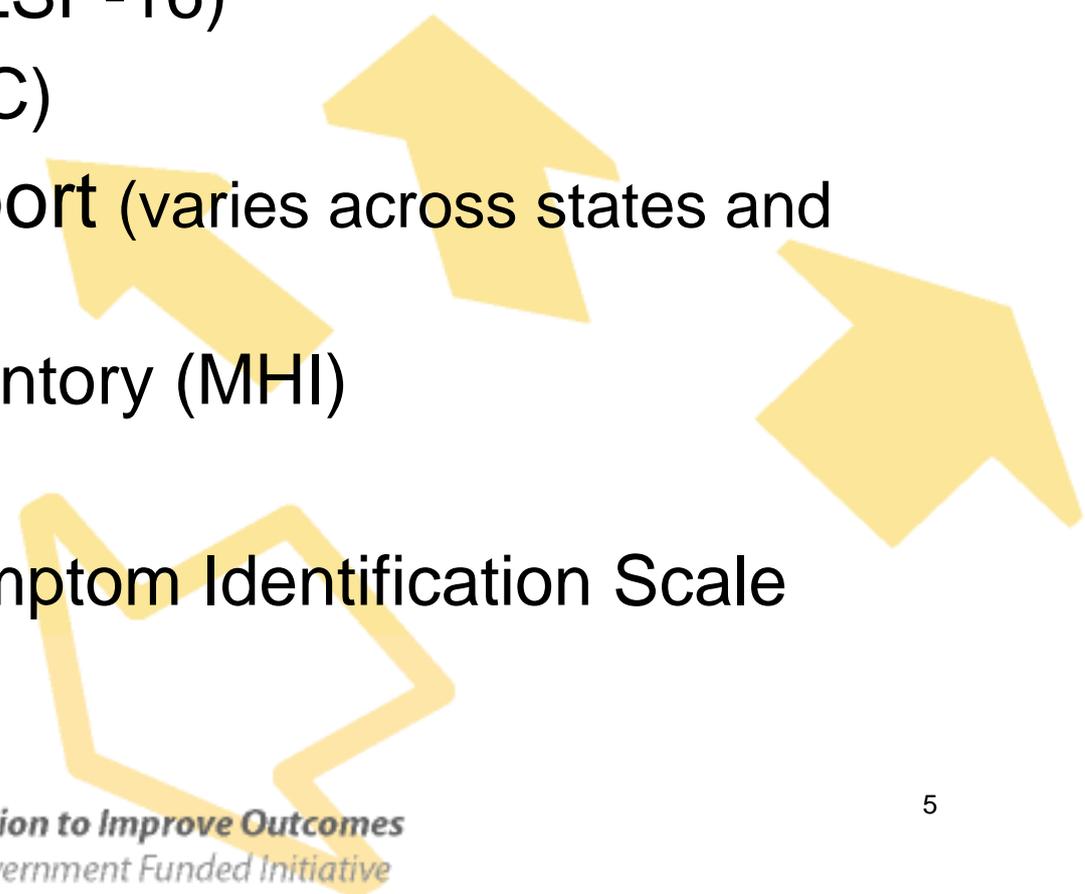
The Basic Data Collection Protocol

- Standardised measures of consumers' clinical status are collected at three critical occasions during episodes of mental health care:

  - **Admission** (to episode of health care)
  - **Discharge** (from episode of care)
  - And where an episode lasts for more than 91 days, at **Review**

Episode of Mental Health Care

- **Defined as "a more or less continuous period of contact between a consumer and a *Mental Health Service Organisation* that occurs within the one *Mental Health Service Setting*"**

- **Mental Health separated into 3 types of service settings:**

  - Inpatient episodes (Overnight admitted)

  - Community Residential episodes (24 hour staffed)

  - Ambulatory episodes

- **Two business rules:**

  - 'One episode at a time'

  - 'Change of setting = new episode'

- **Start and end of each episode triggers a collection occasion**

- **Different measures are collected for different age groups**

The Start and End of Episodes

Inpatient
Episode
Start

Data
Collection

Inpatient
Episode
End

Data
Collection

Ambulatory Episode 1	Inpatient Episode	Ambulatory Episode 2

Ambulatory
Episode
Start

Data
Collection

Ambulatory
Episode
End

Data
Collection

Ambulatory
Episode
Start

Data
Collection
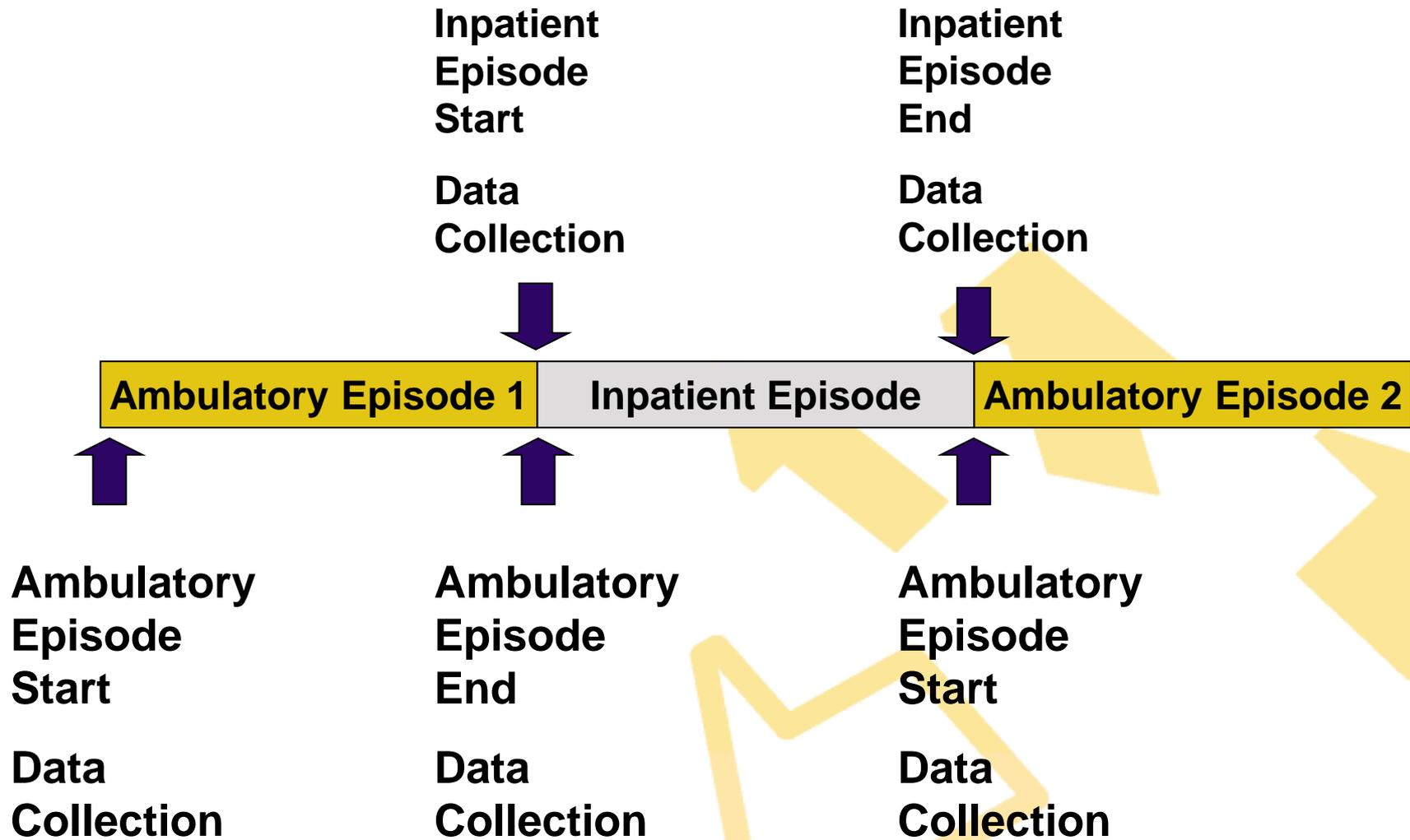
Consumer Self Report Measure: When NOT to Offer

- The consumer is too unwell or distressed to complete the measure

  - Psychotic or mood disturbance prevents the consumer from understanding the measure or alternatively, completing the measure would increase their level of distress

- The consumer is unable to understand the measure

  - As a result of an organic mental disorder or a developmental disability to consumer

- Cultural or language issues make the self-report measure inappropriate

Offering the Measure

- Why is it important to complete a consumer self rated measure?

- What happens if the consumer refuses to complete the measure, will it effect their treatment?

- Who is going to use the information?

- What is the information going to be used for?

- Assure the consumer of privacy and confidentiality.
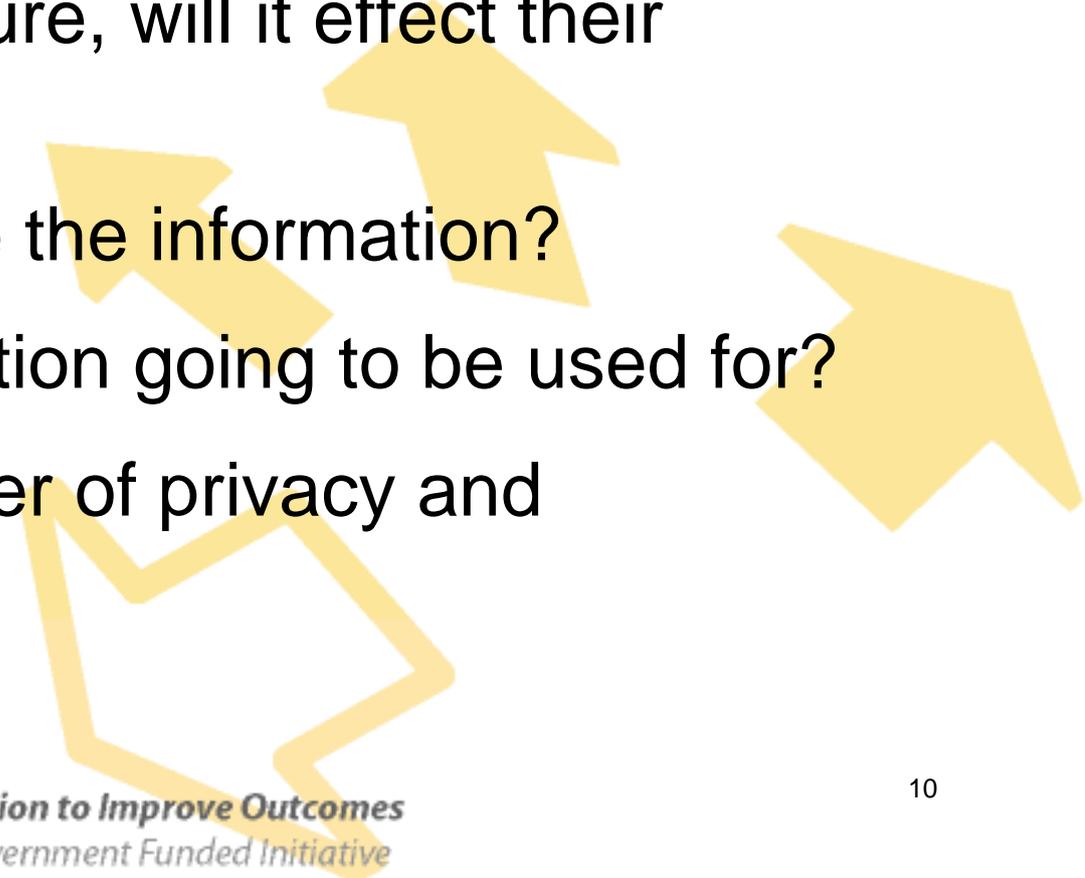
Health of the Nation Outcome Scales (HoNOS)
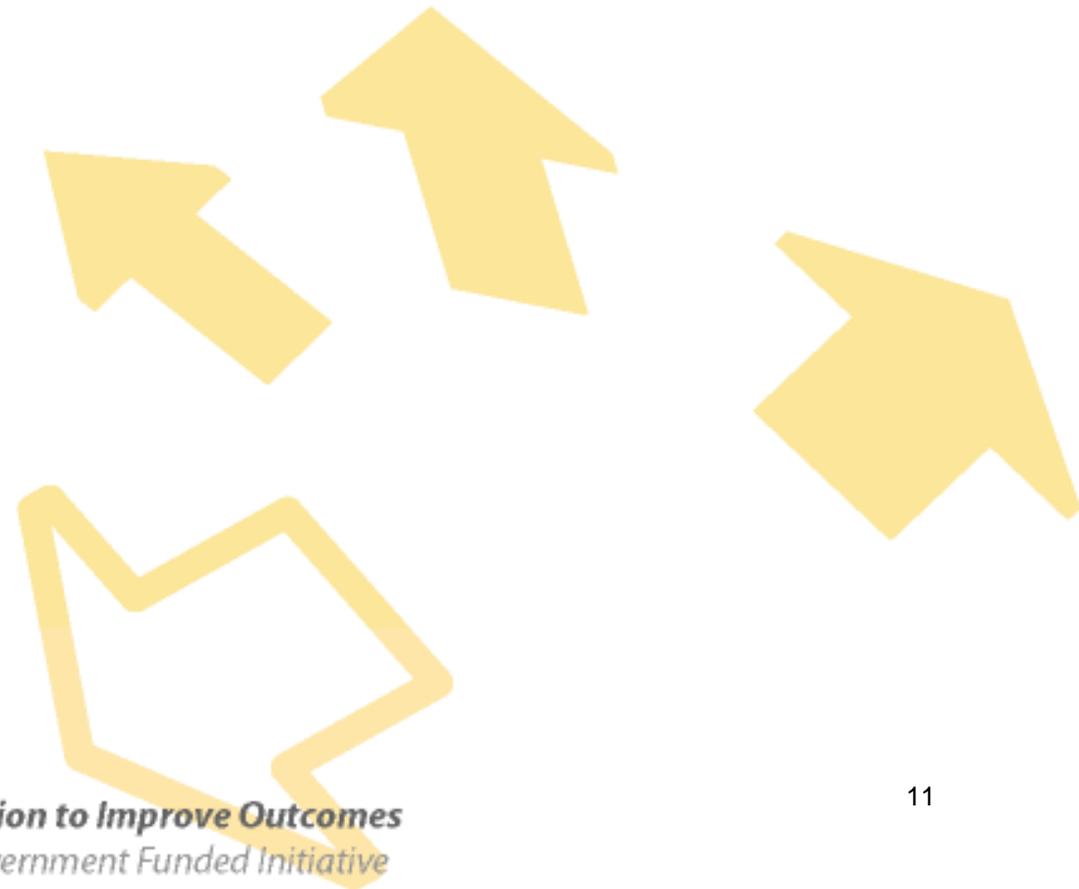
The HoNOS: 12 scales (Adult version)

1. Overactivity, aggression
2. Non-accidental self-injury
3. Problem drinking or drug-taking
4. Cognitive problems
5. Physical illness or disability problems
6. Problems associated with hallucinations or delusions
7. Problems with depressed mood
8. Other mental and behavioural problem
9. Problems with relationships
10. Problems with activities of daily living
11. Problems with living conditions
12. Problems with occupation and activities

Behaviour

Impairment

Symptom

Social

Rating the HoNOS

|				Monitor ?	Active treatment or management plan ?
Clinically Significant	4	Severe to very severe problem	Most severe category for patient's with this problem. Warrants recording in clinical file. Should be incorporated in care plan. *Note – patient can get worse.*	✓	✓
	3	Moderate problem	Warrants recording in clinical file. Should be incorporated in care plan.	✓	✓
	2	Mild problem	Warrants recording in clinical notes. May or not be incorporated in care plan.	✓	**Maybe**
Not Clinically Significant	1	Minor problem	Requires no formal action. May or may not be recorded in clinical file.	**Maybe**	✘
	0	No problem	Problem not present.	✘	✘

HoNOS Rating Rules

- Rate each item in order from 1 to 12

- Do not include information rated in an earlier item, i.e. minimal item overlap

- Rate the most severe problem that has occurred over the previous two weeks

- Consider both the **impact on behaviour** and/or the **degree of distress** it causes
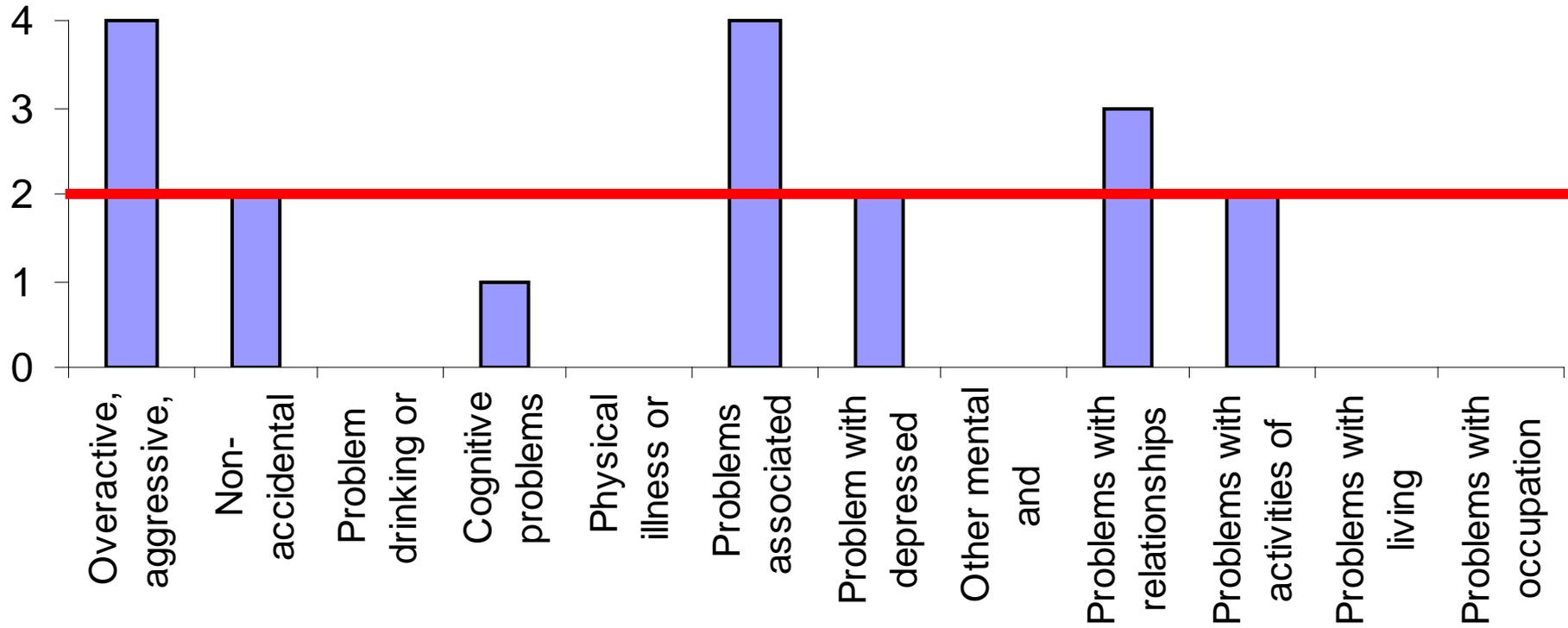
Important Variations in Rating Guides

| SCALE	'CORE RULES'	
	RATE THE WORST MANIFESTATION	RATE OVER THE PAST 2 WEEKS
Scales 1-8	Always	Always
Scales 9-10	Based on usual or typical	Always
Scales 11-12	Based on usual or typical	May need to go back beyond two weeks to establish the usual situation

Practice Rating HoNOS
Time 1
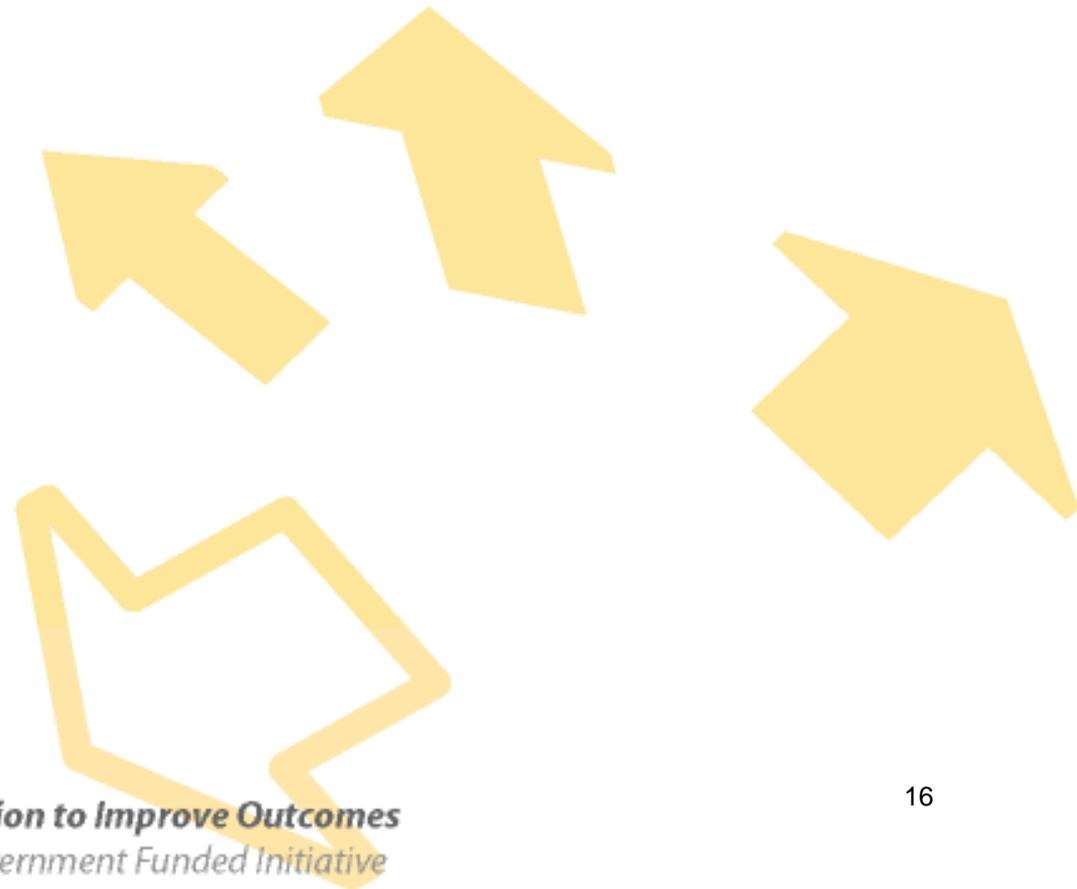
HoNOS Scales

LSP-16

- **Key measure of function and disability in people with mental illness**
- **Complements the problem-based HoNOS**
- **Developed by a New South Wales team in the 1980's**
- **Original scale = 39 items; reduced to 16**
- **Brief; 5 minutes to rate**
- **Good inter-rater reliability**
- **Sensitive to change**
- **A non-technical instrument - originally designed to require little or no training**
- **Focus is on the person's general functioning - how the person functions in terms of their social relationships, ability to do day-to-day tasks etc**
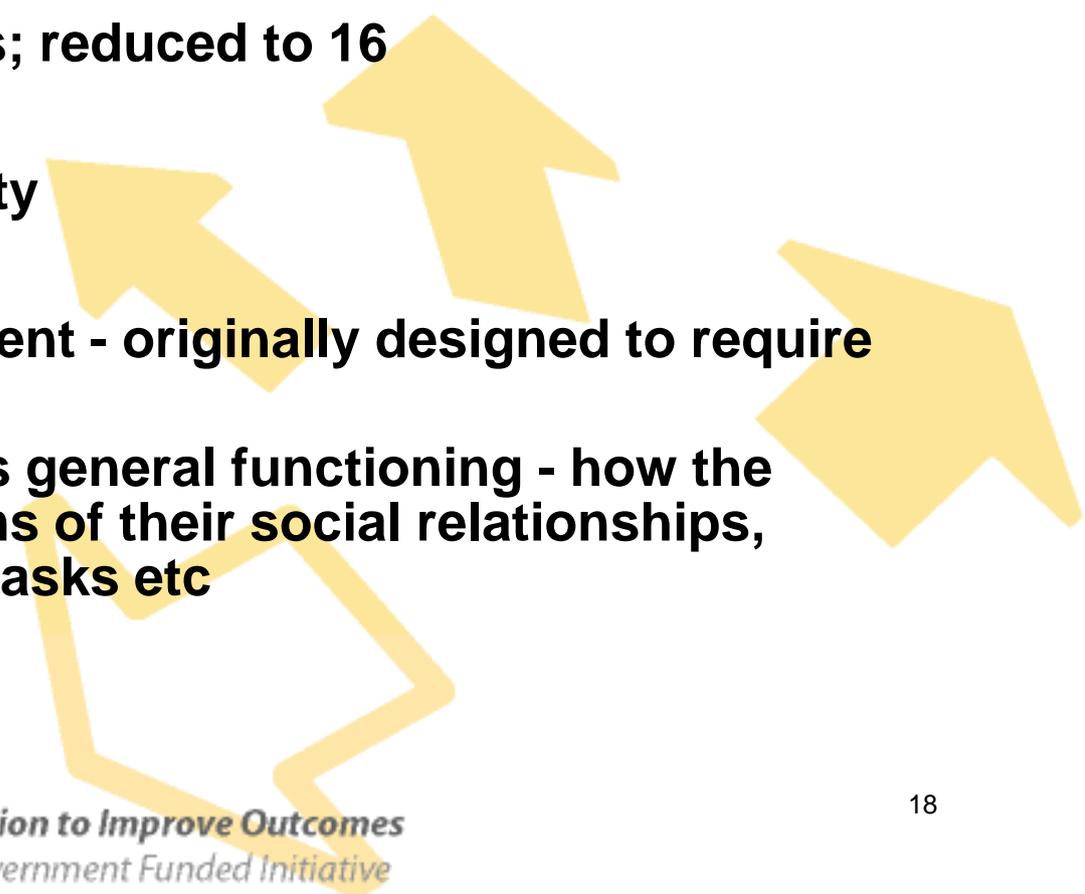
LSP-16 - Example of Item Structure

1) **Does this person generally have any difficulty with initiating and responding to conversation?**

    0 No difficulty with conversation

    1 Slight difficulty with conversation

    2 Moderate difficulty with conversation

    3 Extreme difficulty with conversation

2) **Does this person generally withdraw from social contact?**

    0 Does not withdraw at all

    1 Withdraws slightly

    2 Withdraws moderately

    3 Withdraws totally or near totally

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LSP-16 Rating Rules

- Use all available information, from any source

- The LSP-16 is not a clinical interview

- Rate **the general level of functioning** over the last 3 months

Rating the Focus of Care

- Assesses the primary goal of care

- Based on concept of 'phase of illness' in people with psychiatric disorders

- Rate main focus of care over whole episode - is therefore a **retrospective measure**

- Single rating item to identify the main 'focus of care'

- Measures categories not rankings

FOCUS OF CARE	PRIMARY GOAL
Acute	**Short-term reduction in severity of symptoms** and/or personal distress associated with recent onset or exacerbation of psychiatric disorder.
Functional Gain	**Improve personal, social or occupational functioning** or promote psycho social adaptation in a patient with impairment arising from a psychiatric disorder.
Intensive extended	**Prevent or minimise further deterioration and reduce risk of harm** in a patient who has a stable pattern of severe symptoms/frequent relapses/severe inability to function independently, and is judged to require care over an indefinite period.
Maintenance	**Maintain level of functioning**, minimise deterioration or prevent relapse where the patient has stabilised and functions relatively independently.

Diagnosis

- Principal Diagnosis
  - The Principal Diagnosis is the diagnosis established after study to be chiefly responsible for occasioning the patient or client's care during the preceding *Period of Care.*

- Additional Diagnoses
  - Identify main secondary diagnoses that affected the person's care during the period in terms of requiring therapeutic intervention, clinical evaluation, extended management, or increased care or monitoring. Up to two *Additional Diagnoses* may be recorded.
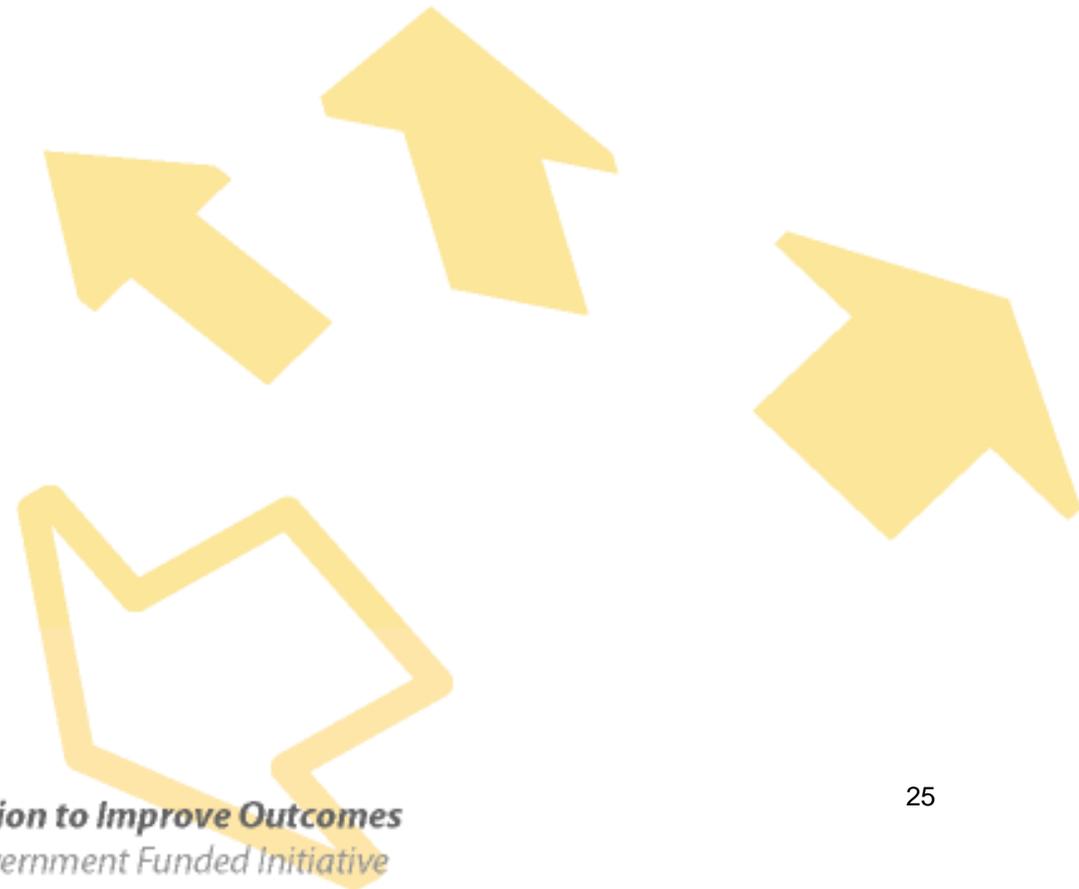
Mental Health Legal Status

- Was the person treated on an involuntary basis (under the relevant mental health legislation) at some point during the preceding *Period of Care*
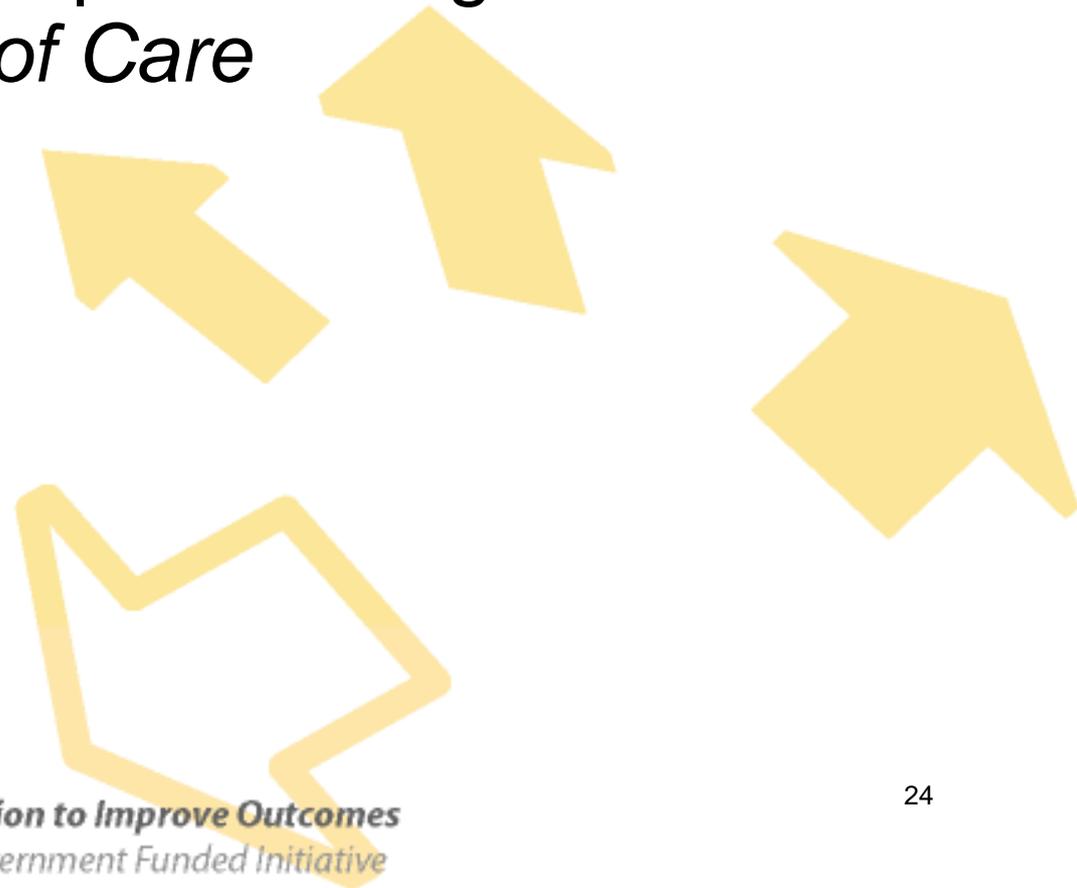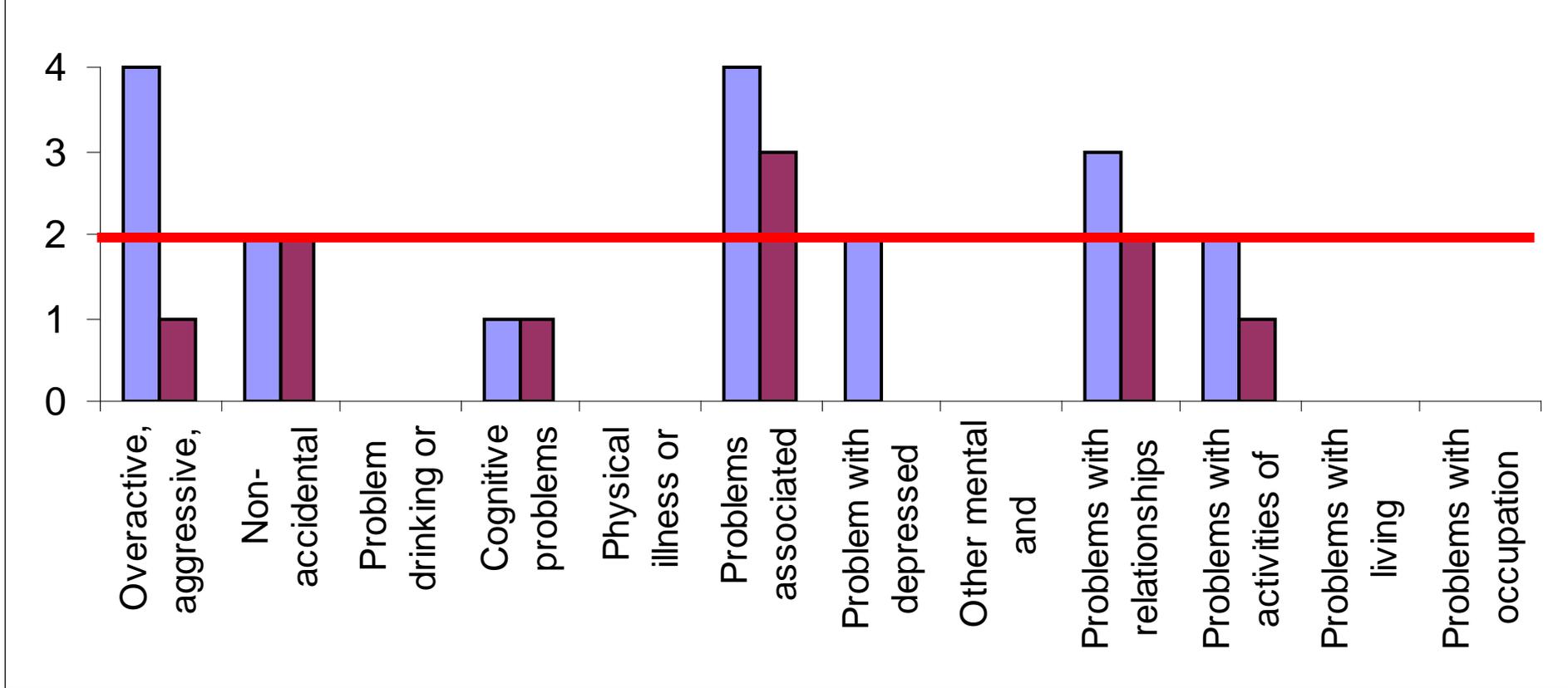
Practice Rating HoNOS Time 2

HoNOS Scales Over time

Where to Find Additional Information

www.mhnocc.org

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