

KPIs for Australian Public Mental Health Services: PI 06J – Average treatment days per three-month community care period, 2015

Identifying and definitional attributes

Metadata item type:	Indicator
Indicator type:	Indicator
Short name:	MHS PI 06J: Average treatment days per three-month community care period, 2015
METEOR identifier:	597095
Registration status:	<ul style="list-style-type: none">• Health, Standard 19/11/2015
Description:	<p>Average number of community treatment days per three month period of ambulatory care provided by state/territory specialised community (also known as ambulatory) mental health service unit(s).</p> <p>Note: This specification has been adapted from the indicator MHS PI 06: Average treatment days per three-month community care period, 2015 (Service level version) using terminology consistent with the National Health Data Dictionary. There are no technical differences in the calculation methodologies between the Service level version and the Jurisdictional level version of this indicator.</p>
Rationale:	<p>The purpose of this indicator is to better understand underlying factors which cause variation in community mental health care costs. The number of treatment days is the community counterpart of admitted patient length of stay and it indicates the relative volume of care provided to people in ambulatory care.</p> <p>Frequency of service provision is the main driver of variation in community care costs and may reflect differences between health service organisation practices. Inclusion of this indicator promotes a fuller understanding of community care costs as well as providing a basis for utilisation review. For example, it allows the frequency of servicing of particular consumer groups in the community to be assessed against any clinical protocols developed for those groups.</p> <p>This indicator may also demonstrate degrees of accessibility to public sector community mental health services</p>
Indicator set:	Key Performance Indicators for Australian Public Mental Health Services (Jurisdictional level version) (2015) Health , Superseded 11/05/2016

Collection and usage attributes

Computation description: Coverage/Scope:

State/territory specialised community mental health service unit(s) in scope for reporting as defined by the Community Mental Health Care National Minimum Data Set.

The following activity of community mental health care services are excluded:

- All activity (treatment days and statistical episodes) associated with non-uniquely identified consumers.

Methodology:

- Reference period for 2015 performance reporting: 2012–13
- For the purposes of this measure, community mental health care statistical episodes consist of the following fixed three monthly periods; January–March, April–June, July–September, and October–December.

Computation:

Numerator ÷ Denominator

Numerator:

Number of [community mental health care treatment days](#) provided by state/territory ambulatory mental health services within the reference period.

Numerator data elements:

Data Element / Data Set

Data Element

Specialised mental health service—number of ambulatory treatment days

NMDS/DSS

(derived from) [Community Mental Health Care NMDS](#)

Data Element / Data Set

[Person—unique identifier used indicator, yes/no code N](#)

NMDS / DSS

[Community mental health care NMDS 2013-14](#)

Denominator:

Number of community mental health care statistical episodes provided by state/territory ambulatory services within the reference period.

Denominator data elements:

Data Element / Data Set

Data Element

Specialised mental health service—number of statistical episodes treated by ambulatory services

NMDS/DSS

(derived from) [Community Mental Health Care NMDS](#)

Guide for use

A community mental health care statistical episode is defined as a three month period of ambulatory care for a uniquely identifiable person where the individual was under 'active care'. Active care is defined as one or more treatment days in the period. Each uniquely identifiable person is counted uniquely at the [specialised mental health service organisation](#) level, regardless of the number of teams or community programs involved in his/her care.

Disaggregation:

Service variables: Target population

Disaggregation data elements:

Data Element / Data Set

[Specialised mental health service—target population group, code N](#)

NMDS / DSS

[Community mental health care NMDS 2013-14](#)

Representational attributes

Representation class: Mean (average)
Data type: Real
Unit of measure: Time (e.g. days, hours)

Indicator conceptual framework

Framework and dimensions: [Efficient](#)
[Appropriate](#)

Accountability attributes

Benchmark: State/territory level

Further data development / collection required: Methodology to collect multifaceted levels of service usage, such as intensity and complexity issues and the impact on contact duration, is needed in order to improve cost modelling and efficiency measurement in general.

Accurate reporting at levels above that of mental health service organisation requires unique state-wide patient identifiers that are not currently available in all jurisdictions.

The indicator can be accurately constructed using the Community Mental Health Care NMDS.

Other issues caveats: Casemix adjustment is needed to interpret variation between organisations to distinguish consumer and provider factors. Longer term a methodology for casemix adjustment is required.

Further development of national funding models, including episode-based or casemix models, will enable more meaningful measurement than the arbitrary three month period used in this indicator.

Source and reference attributes

Submitting organisation: Australian Institute of Health and Welfare on behalf of the National Mental Health Performance Subcommittee

Reference documents: Key Performance Indicators for Australian Public Mental Health Services, Third edition (2014)