Activity based funding: Mental health care DSS 2016-17

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Activity based funding: Mental health care DSS 2016-17

Identifying and definitional attributes

Metadata item type: Data Set Specification

METEOR identifier: 613880

Registration status: Independent Hospital Pricing Authority, Superseded 28/02/2017

DSS type: Data Set Specification (DSS)

Scope: The purpose of the Activity based funding: Mental health care data set specification (ABF MHC DSS) is to collect information about patients receiving mental health care, funded by states and territories, that is associated with Australian public hospitals.

Mental health care is care in which the primary clinical purpose or treatment goal is improvement in the symptoms and/or psychosocial, environmental and physical functioning related to a patient's mental disorder. Mental health care:

- is delivered under the management of, or regularly informed by, a clinician with specialised expertise in mental health;
- is evidenced by an individualised formal mental health assessment and the implementation of a documented mental health plan; and
- may include significant psychosocial components, including family and carer support.

This includes services provided as assessment only activities.

The scope of the ABF MHC DSS is mental health care provided by services that are in-scope public hospital services under the National Health Reform Agreement 2011. This includes care delivered by specialised mental health services, public hospitals, Local Hospital Networks and non-government organisations (NGOs) managed or funded by state or territory health authorities.

Mental health care provided by services which are not in-scope public hospital services under the National Health Reform Agreement 2011 can also be reported.

Mental health care services that are considered in-scope may take place in admitted, ambulatory, emergency department or residential settings.

Collection and usage attributes

Statistical unit: Episodes of mental health care

Collection methods: Data are collected at each hospital from patient administrative, financial and other systems. Hospitals forward data to the relevant state or territory health authority on a regular basis (for example, monthly).

National reporting arrangements

State and territory health authorities provide the data to the Independent Hospital Pricing Authority for national collation, on a six monthly basis. Only episodes which have a formal or statistical discharge at the end of a reference period should be reported.

Periods for which data are collected and nationally collated

Financial years ending 30 June each year.

Implementation start date: 01/07/2016

Implementation end date: 30/06/2017

Comments:

Whilst it is recognised that there may be activity undertaken by non-specialised ambulatory health services that meet the definition of mental health care, it is also acknowledged that jurisdictional system capabilities may prevent this activity being reported through this data set.

While the DSS provides guidance on the circumstances in which clinical measures should be reported for specific age groups, it is noted it is a clinical decision as to the most appropriate measure to be used for a particular patient.

Scope links with other NMDSs and DSSs

Admitted patient care NMDS

Admitted patient mental health care NMDS

Community mental health care NMDS

Mental health establishments NMDS

Non-admitted patient DSS

Residential mental health care NMDS

Glossary items

Glossary terms that are relevant to this data set specification are included here:

Activity based funding

Admitted patient mental health care service

Admission

Ambulatory care

Ambulatory mental health care service

Episode of residential care end

Episode of residential care start

Local Hospital Network

Mental health care

Mental health phase of care

Resident

Residential mental health care service

Separation

Source and reference attributes

Submitting organisation: Independent Hospital Pricing Authority

Relational attributes

Related metadata references:

Supersedes Activity based funding: Mental health care DSS 2015-16 Independent Hospital Pricing Authority, Superseded 16/03/2016

Has been superseded by Activity based funding: Mental health care NBEDS 2017-18 Health, Superseded 25/01/2018

See also Admitted patient care NMDS 2016-17 Health, Superseded 05/10/2016

See also Community mental health care NMDS 2017–18 Health, Superseded 25/01/2018

See also Mental health establishments NMDS 2016-17 Health, Superseded 17/08/2017

See also Mental health establishments NMDS 2017–18 Health, Superseded 25/01/2018

See also Non-admitted patient NBEDS 2016-17 Health, Superseded 05/10/2016

Metadata items in this Data Set Specification

Seq No.	Metadata item	Obligation	Max occurs
1	Person—person identifier, XXXXXX[X(14)]	Mandatory	1
2	Person—sex, code N	Mandatory	1
3	Person—marital status, code N	Mandatory	1
4	Person—date of birth, DDMMYYYY	Mandatory	1
5	Person—area of usual residence, geographical location code (ASGC 2011) NNNNN	Mandatory	1
6	Person—country of birth, code (SACC 2011) NNNN	Mandatory	1
7	Person—Indigenous status, code N	Mandatory	1
8	Person—identifier type, mental health organisation type code N	Mandatory	1
9	Patient—first episode of mental health care at a mental health service organisation, code N	Mandatory	1
10	Episode of mental health care—identifier, X[X(79)] ***DSS specific information:*** The reporting of an episode identifier is mandatory for all episodes of mental health care reported in the ABF MHC DSS regardless of setting.	Mandatory	1
11	Establishment—organisation identifier (Australian), NNX[X]NNNNN	Mandatory	1
12	Establishment—Local Hospital Network identifier, code NNN	Mandatory	1
13	Establishment—region identifier, X[X]	Mandatory	1
14	Establishment—region name, text XXX[X(57)]	Mandatory	1
15	Establishment—sector, code N	Mandatory	1
16	Establishment—service unit cluster identifier, XXXXX	Mandatory	1
17	Establishment—service unit cluster name, text XXX[X(97)]	Mandatory	1
18	Hospital—hospital identifier, XXXXX	Mandatory	1
19	Hospital—hospital name, text XXX[X(97)]	Mandatory	1
20	Specialised mental health service organisation—organisation identifier, XXXX	Mandatory	1
21	Specialised mental health service organisation—organisation name, text XXX[X(97)]	Mandatory	1
22	Specialised mental health service—admitted patient service unit identifier, XXXXXX	Mandatory	1

Seq No.	Metadata item	Obligation	Max occurs
23	Specialised mental health service—admitted patient service unit name, text XXX[X(97)]	Mandatory	1
24	Specialised mental health service—ambulatory service unit identifier, XXXXXX	Mandatory	1
25	Specialised mental health service—ambulatory service unit name, text XXX[X(97)]	Mandatory	1
26	Specialised mental health service—residential service unit identifier, XXXXXX	Mandatory	1
27	Specialised mental health service—residential service unit name, text XXX[X(97)]	Mandatory	1
28	Episode of mental health care—episode start date, DDMMYYYY	Mandatory	1
29	Episode of mental health care—episode start mode, code N	Mandatory	1
30	Episode of mental health care—episode end date, DDMMYYYY	Mandatory	1
31	Episode of mental health care—episode end mode, code NN	Mandatory	1
33	Episode of care—principal diagnosis, code (ICD-10-AM 9th edn) ANN{.N[N]}	Mandatory	1

DSS specific information:

For admitted episodes of care it is mandatory for diagnosis to be reported in accordance with the Australian Coding Standards, and in ICD-10-AM 9th edition.

For ambulatory episodes of care, the diagnosis reported is the finalised diagnosis for the episode of care. A provisional diagnosis should only be reported if a finalised diagnosis cannot be obtained. It is mandatory for an ambulatory episode of care principal diagnosis to be reported in ICD-10-AM 9th edition.

For residential episodes of care, the principal diagnosis is reported in accordance with the Residential mental health care national minimum data set. It is mandatory for the principal diagnosis to be reported in ICD-10-AM 8th or 9th edition.

34	Episode of care—additional diagnosis, code (ICD-10-AM 9th edn) ANN{.N[N]}	Conditional	1

Conditional obligation:

This data element is required to be reported for episodes of care in an admitted or residential setting.

DSS specific information:

For admitted episodes of care it is mandatory for diagnosis to be reported in accordance with the Australian Coding Standards, and in ICD-10-AM 9th edition.

For ambulatory and residential episodes of care additional diagnosis is not mandatory. Provisional diagnoses should not be reported.

35	Episode of care—mental health care phase, code N	Mandatory	99
36	Episode of care—mental health phase of care start date, DDMMYYYY	Mandatory	99
37	Episode of care—mental health phase of care end date, DDMMYYYY	Mandatory	99
38	Person—level of psychiatric symptom severity, Health of the Nation Outcome Scale for Children and Adolescents score code N	Conditional	30

Conditional obligation:

Reporting of the HoNOSCA at the commencement of mental health phase of care is mandatory for patients in all settings.

Reporting of the HoNOSCA is not mandatory if mental health phase of care is reported as Assessment Only.

The HoNOSCA should only be reported for patients aged 17 years and younger.

Seq No.	Metadata item	Obligation	Max occurs
39	Person—level of psychiatric symptom severity, Health of the Nation Outcome Scale score code N ***Conditional obligation:*** Reporting of the HoNOS at the start of the mental health phase of care is mandatory for patients in all settings. Reporting of the HoNOS is not mandatory if mental health phase of care is reported as Assessment Only. The HoNOS should only be reported for patients aged 18 years to 64 years.	Conditional	24
40	Person—level of psychiatric symptom severity, Health of the Nation Outcome Scale 65+ score code N ***Conditional obligation:*** Reporting of the HoNOS 65+ at the start of the mental health phase of care is mandatory for patients in all settings. Reporting of the HoNOS 65+ is not mandatory if mental health phase of care is reported as Assessment Only. The HoNOS 65+ should only be reported for patients aged 65 years and over.	Conditional	24
41	Person—level of psychiatric symptom severity, Children's Global Assessment Scale score code N[NN] ***Conditional obligation:*** Reporting of the CGAS at the start of the mental health phase of care is mandatory for patients in all settings. Reporting of the CGAS is not mandatory if mental health phase of care is reported as Assessment Only. The CGAS should only be reported for patients aged 17 years and under.	Conditional	1
42	Episode of care—psychosocial complications indicator, yes/no code N ***Conditional obligation:*** Reporting of FIHS at the commencement of the second and subsequent mental health phase of care in an episode of mental health care is mandatory for patients in all settings. If an episode of mental health care only contains one phase of care, then the FIHS is required to be reported at the end of the phase of care. FIHS should only be reported for patients aged 17 years and under.	Conditional	7

Seq No.	Metadata item	Obligation	Max occurs
43	Person—level of difficulty with activities in a life area, Abbreviated Life Skills Profile score code N ***Conditional obligation:*** Reporting of LSP-16 is mandatory for the first mental health phase of care in an episode of mental health care for patients that are admitted to residential mental health units or ambulatory health services. Reporting of the LSP-16 is not mandatory if mental health phase of care is reported as Assessment Only. Subsequent reporting of LSP-16 is mandatory for the commencement of a new mental health phase of care occurring three months after the last LSP-16 reporting occasion. The LSP-16 should only be reported for patients aged 18 years and over.	Conditional	16
44	Person—level of functional independence, Resource Utilisation Groups - Activities of Daily Living score code N ***Conditional obligation:*** Reporting of the RUG-ADL at the commencement of a mental health phase of care is mandatory for admitted and residential patients. Reporting of the RUG-ADL is not mandatory if mental health phase of care is reported as Assessment Only.	Conditional	4
45	Mental health phase of care—number of leave days, N[NN]	Conditional	1
46	Service contact—service date, DDMMYYYY ***Conditional obligation:*** The data element is only required to be reported for patients with an ambulatory mental health episode of care.	Conditional	1
47	Service contact—patient location, code N ***DSS specific information:*** The patient location is mandatory when reporting service contacts, and may be a different location to the health service provider.	Mandatory	1
48	Service contact—patient/client participation indicator, yes/no code N ***Conditional obligation:*** The data element is only required to be reported for patients admitted to an ambulatory mental health episode of care.	Conditional	1
49	Service contact—group session status, yes/no/not stated/inadequately described code N ***Conditional obligation:*** The data element is only required to be reported for patients admitted to an ambulatory mental health episode of care.	Conditional	1

Seq No.	Metadata item	Obligation	Max occurs
50	Specialised mental health service—target population group, code N	Conditional	1

Conditional obligation:

The data element is only required to be reported for patients admitted to an ambulatory mental health episode of care.