

KPIs for Australian Public Mental Health Services: PI 07J – Average cost per community mental health treatment day, 2020

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KPIs for Australian Public Mental Health Services:

PI 07J – Average cost per community mental health treatment day, 2020

Identifying and definitional attributes

Metadata item type:	Indicator
Indicator type:	Indicator
Short name:	MHS PI 07J: Average cost per community mental health treatment day, 2020
METEOR identifier:	723367
Registration status:	Health , Superseded 17/12/2021

Description: The average cost per community treatment day provided by state/territory [specialised community \(also known as ambulatory\) mental health care service unit\(s\)](#).

NOTE: This specification has been adapted from the indicator *Average cost per community mental health treatment day, 2020– (Service level)* using terminology consistent with the National Health Data Dictionary. There are technical differences in the calculation methodologies between the Service level version and the Jurisdictional level version of this indicator due to different exclusions in the methodology of this indicator. Caution should be taken to ensure the correct methodology is followed.

- Rationale:**
- Efficient functioning of public community mental health services is critical to ensure that finite funds are used effectively to deliver maximum community benefit.
 - Unit costs are a core feature of management-level indicators in all industries and are necessary to understand how well an organisation uses its resources in producing services. They can be fundamental to value for money judgments.
 - Previous estimates of unit costs in community care have been compromised by inadequate product definition. Most commonly, estimates have been based on average cost per occasion of service, and provide little indication of the overall costs of care.
 - A nationally agreed definition of treatment episodes in the community have not yet been developed. In the meantime, community treatment day is used as a valid intermediate product for comparing efficiency, noting other options are available.

Indicator set: [Key Performance Indicators for Australian Public Mental Health Services \(Jurisdictional level version\) \(2020\)](#)
[Health](#), Superseded 17/12/2021

Collection and usage attributes

Computation description:	<p>Coverage/Scope:</p> <p>State/territory specialised community mental health care service unit(s) in-scope for reporting as defined by the Mental Health Establishments National Minimum Data Set (NMDS) (numerator).</p> <p>State/territory specialised community mental health care service unit(s) in-scope for reporting as defined by the Community Mental Health Care NMDS (denominator).</p> <p>A share of expenditure associated with delivery of care to non-uniquely identified consumers is excluded.</p> <p>All activity associated with non-uniquely identified consumers is excluded.</p> <p>Methodology:</p> <ul style="list-style-type: none">• Reference period for 2020 performance reporting: 2018–19.• Recurrent costs include costs directly attributable to the community mental health care treatment day plus a proportional share of overhead costs. Cost data for this indicator is based on gross recurrent expenditure as compiled by state/territory data providers according to the specifications of the Mental Health Establishments NMDS. As such, it is subject to the concepts, definitions and costing methodology developed for the NMDS.• Expenditure is adjusted for the proportion of non-uniquely identifiable people.									
Computation:	Numerator ÷ Denominator									
Numerator:	Total state/territory recurrent expenditure on ambulatory mental health care services within the reference period.									
Numerator data elements:	<table><tr><th>Data Element / Data Set</th></tr><tr><td>Data Element</td></tr><tr><td>Total apportioned expenditure at Ambulatory service unit level (adjusted)</td></tr><tr><td>NMDS/DSS</td></tr><tr><td>(derived from) Mental Health Establishments NMDS 2018–19</td></tr></table>	Data Element / Data Set	Data Element	Total apportioned expenditure at Ambulatory service unit level (adjusted)	NMDS/DSS	(derived from) Mental Health Establishments NMDS 2018–19				
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Data Element										
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NMDS/DSS										
(derived from) Mental Health Establishments NMDS 2018–19										
Denominator:	Total number of community mental health care treatment days provided by state/territory ambulatory mental health care services within the reference period.									
Denominator data elements:	<table><tr><th>Data Element / Data Set</th></tr><tr><td>Data Element</td></tr><tr><td>Specialised mental health service—number of community mental health care treatment days</td></tr><tr><td>NMDS/DSS</td></tr><tr><td>(derived from) Community Mental Health Care NMDS 2018–19</td></tr></table> <table><tr><th>Data Element / Data Set</th></tr><tr><td>Person—unique identifier used indicator, yes/no code N</td></tr><tr><td>NMDS / DSS</td></tr><tr><td>Community mental health care NMDS 2018–19</td></tr></table>	Data Element / Data Set	Data Element	Specialised mental health service—number of community mental health care treatment days	NMDS/DSS	(derived from) Community Mental Health Care NMDS 2018–19	Data Element / Data Set	Person—unique identifier used indicator, yes/no code N	NMDS / DSS	Community mental health care NMDS 2018–19
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NMDS / DSS										
Community mental health care NMDS 2018–19										
Disaggregation:	<p>Service variables: nil</p> <p>Consumer attributes: nil</p>									
Comments:	For this indicator, 'public sector community mental health services' refer to specialised mental health services, and those provided as a public service that is managed or funded by state or territory health authorities.									

Representational attributes

Representation class:	Mean (average)
Data type:	Monetary amount
Unit of measure:	Currency
Format:	N[NNN]

Indicator conceptual framework

Framework and dimensions:	Efficiency and sustainability
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Accountability attributes

Benchmark:	State/territory level
Further data development / collection required:	This indicator can be accurately constructed using the Mental Health Establishments NMDS and the Community Mental Health Care NMDS.
Other issues caveats:	<p>Contact duration data is needed for a more sophisticated cost modelling methodology.</p> <p>Casemix adjustment is needed to interpret variation between organisations to distinguish consumer and provider factors.</p> <p>Further development of national funding models, including episode-based or casemix models will enable more meaningful measurement.</p> <p>There is a need for considerable development of costing within mental health (for example, the inclusion/exclusion of teaching and research expenditure and costing according to actual service use).</p> <p>Accurate reporting at levels above that of mental health service organisation requires unique state-wide patient identifiers which are not currently available in all jurisdictions.</p>

Source and reference attributes

Submitting organisation:	Australian Institute of Health and Welfare on behalf of the National Mental Health Performance Subcommittee
Reference documents:	National Mental Health Performance Subcommittee (NMHPSC) 2013. Key Performance Indicators for Australian Public Mental Health Services, 3rd edn. Canberra: NMHPSC.

Relational attributes

Related metadata references:	<p>Supersedes KPIs for Australian Public Mental Health Services: PI07J – Average cost per community mental health treatment day, 2019 Health, Superseded 13/01/2021</p> <p>Has been superseded by KPIs for Australian Public Mental Health Services: PI07J – Average cost per community mental health treatment day, 2021 Health, Superseded 16/09/2022</p>
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