

# Private Mental Health Alliance

# Quality Improvement Project

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# PMHA Quality Improvement Project (QIP)

The project involves four complementary activities over two years (2011-2012)

1. Development and implementation of Consumer Perceptions of Care (CPoC) National Model
2. Outcome Measures in Private Psychiatry Practice (OPPP)
3. Borderline Personality Disorder Project
4. Development of protocols to enable internet access to the services provided by the PMHA's CDMS

# Activity 1. Development and implementation of a CPoC National Model

**Our objective is to enable the implementation** of a standardised measure of Consumer Perceptions of Care (CPoC)

- **Consolidates findings** of the Consumer Perceptions of Care Pilot Study (2009)
- Consumer perceptions of quality of care is **missing from outcomes data** currently collected and reported by PMHA's CDMS under the National Model
- Collection of this measure will support the **quality improvement** processes that operate within private hospitals to improve patient care

The CPoC National Model will be published in October 2011 after having been reviewed and endorsed by the:

- National Committee of the Private Mental Health Consumer Carer Network
- Psychiatric Committee of the Australian Private Hospitals Association
- PMHA's Quality Improvement Project Steering Committee
- Private Mental Health Alliance

## Activity 2. OPPP — Using Outcome Measures in Private Psychiatry

**Our goal is to** involve psychiatrists in private practice in the data collection and outcome measurement processes of the PMHA and its CDMS

**Our objective is to** foster an Australian Research Network of private psychiatrists

- Research Network of psychiatrists interested in **using outcome measures to improve consumer care** within the context of their practice;
- **Phase 1:** Online study of private **psychiatrists' workload** (early 2012);
- **Phase 2:** Peer-review model project of how private psychiatrists provide treatment for patients with “**complex needs for care**” (2012).

# OPPP Phase 1: Private Psychiatrists' Workload Survey

We will conduct a national online **survey of private psychiatrists' workload**:

- **Study respondents** will include all psychiatrists who work any proportion of their time in the private sector as part of their overall practice;
- **Our objective** is to identify the full spectrum of the patient population currently served by psychiatrists in the private sector;
- **Workload Survey Discussion Paper** is being currently **reviewed** by stakeholders;
- A brief **pilot of the survey currently under development** will be conducted before the full survey is undertaken early in 2012.

## Why?

- **Major policy shift** with Better Outcomes in Mental Health Care 2001-2002;
- Other major changes in mental health service provision have occurred since the last patient workload-oriented studies in the late 1980s, early 1990s;
- Have those changes resulted in marked changes in psychiatrists' practice?

## Activity 3. Borderline Personality Disorder Project

**Our objective** is to identify what models of care are currently being used within the private sector for people with a diagnosis of BPD

Both office-based psychiatrists and private psychiatric hospitals will be asked about:

- **Prevalence of diagnosis of BPD and related disorders** in people being treated in their practice or services;
- **Numbers of people with these diagnoses** being treated over specified time-frames;
- **Types of treatment** being used;
- Involvement of **other health professionals**; and
- Any **difficulties** encountered in the provision of care.

This survey will help to determine requirements for more in-depth work necessary to establish a consistent approach for treatment.

## Activity 4. Protocols for internet-based access to the services provided by the CDMS

### Internet-based access will:

- Streamline the provision of **CDMS Standard Quarterly Reports**; and
- Greatly **enhance the capacity** of the CDMS data to be used by participating hospitals for clinical purposes to improve patient care.

**Infrastructure and the revised PMHA web site have been configured** on the basis of the US Centres for Medicare and Medicaid Services (CMS) model.

Three tasks to complete in order to enable use of that infrastructure:

- Document **reliable and cost effective protocols** for granting and revoking authenticated CDMS user access (partially completed);
- Specify **requirements for privacy, confidentiality and intellectual property** guidelines consistent with National Model's information access guidelines;
- **Construct a model Agreement for internet-based access suitable for signing by each applicant organisation.**

# For more information about the QIP, contact

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