Home and Community Care
Minimum Data Set (MDS) Version 2 Implementation

Bulletin No. 1—August 2005

Welcome to a new series of bulletins on MDS v2 roll-out

These quarterly bulletins will keep you informed about the implementation of the new version of the HACC minimum data set in Victoria.

Indicative time lines

When	What	Why
September 2005	Refresher in MDS v1	Information and training sessions will be held in all regions of Victoria. Counting rules and other FAQs will be covered. This will be a refresher course, particularly for new staff. For further information, contact your DHS regional office.
November 2005	Release of Victoria's HACC MDS v2 User Guide, Technical Guidelines and Data Transmission Standards	Documentation has been modified for Victoria. Your software developer will need it to design an upgrade.
November 2005	Briefing for software developers	Known vendors of HACC software in Victoria will be invited to a briefing in v2.
From Feb 2006	Test your v2 data	The Vic data repository is expected to be open to test MDS v2 data files extracted from agency IM systems following upgrade.
March–April 2006	Training sessions for MDS v2	Sessions will be run in all regions for all HACC-funded agencies. They will explain how to record the new data items.
June 2006	Training sessions on MDS client dependency items	Sessions will be run for HACC assessment officers.
1 July 2006	Start collecting MDS v2	Agencies will be expected to start collecting MDS v2.
15 Oct 2006	Send v2 files for first quarter	The data repository is expected to start accepting v2 files and giving feedback via the DHS Funded Agency Channel.

hacc
home and community care
A JOINT COMMONWEALTH AND STATE/TERRITORY PROGRAM PROVIDING FUNDING AND ASSISTANCE FOR AUSTRALIANS IN NEED

State Government Victoria
Department of Human Services

The HACC Program

The HACC Program is a major provider of essential community care services to frail aged people and younger people with disabilities and their carers. Services include domestic assistance (home care), personal care, home nursing, delivered meals, property maintenance, planned activity groups, assessment and care management, and allied health services. According to the MDS, more than 220,000 people received a HACC service in Victoria during 2003-04.

The HACC Program is jointly funded and managed by the Commonwealth Government and the State and Territory governments. The budget for 2004–05 in Victoria was around $380.4 million, of which $335.6 million was cost-shared in a 60:40 ratio by the Commonwealth and Victorian governments, and $44.8 million was an additional Victorian Government contribution. Local government authorities in Victoria are also significant contributors to expenditure (as well as being major providers). Fees collected from consumers of HACC services are re-invested in extra service provision.

The HACC Minimum Data Set

We have been successfully collecting the HACC MDS every 3 months since January 2001. In Victoria, around 95 percent of agencies now participate in the collection, using a variety of client data management systems. All agencies in receipt of HACC funding who provide HACC services to individual clients are required to collect and report the MDS.

The HACC MDS has become a valuable source of information on the numbers and characteristics of people receiving services. Being a client-level data collection, it allows measurement of the range and intensity of service provision, whether by geographical area, type of service provider, or type of client.

The collection has contributed to enhancements in program planning, enabling funding to be related to measurable outputs, and improved accountability for taxpayer funds. Individual agencies have also found that the MDS produces essential information for internal planning purposes.

Why version 2?

A national evaluation of HACC MDS version 1 was undertaken by the Australian Institute for Primary Care at La Trobe University in April 2003. It found that, overall, the implementation of MDS v1 had been very successful. The recommendations of the review were discussed by Commonwealth and State/Territory HACC managers, and service providers. The outcome was the development of HACC MDS version 2, which is intended to improve the quality of data by clearer definitions, as well as capture some additional data elements.

What will change?

Version 2 is essentially an expansion of Version 1. There are three main areas of difference:

Carers

Information about the carer (if any) will be recorded on the care recipient's record. That is, for the purposes of the MDS v2, a HACC client is defined as a frail aged or younger disabled person. (In MDS version 1, a carer could be defined as a client in their own right, when the service received was respite; alternatively, carer details could be recorded on the care recipient's record. This ambiguity led to confusion and poor quality data.) **A few extra items** about carers will be collected, in order to produce a more complete picture of the contribution made by family carers in supporting older and disabled people.

Dependency items

A set of 14 items measuring the client's functional status or level of dependency will be collected. These items are quite similar to the items currently found in the Functional Screen in Victoria's Service Coordination Tool Templates. Collecting the dependency data is regarded as a by-product of a broad-based HACC needs assessment, carried out by assessment officers in HACC agencies. When analysed in conjunction with the existing demographic data items, the dependency items will supply valuable information about the link between the client's circumstances, level of disability and the type and level of HACC services received.

Other changes

A few new data elements will be collected (Date of birth estimate flag, DVA entitlement card, Date of entry into HACC service episode, and Date of exit from HACC service episode). Definitions of service types have been revised, and minor changes to some existing code sets have also been made. The data elements have been made consistent with the DHS Common Client Data Set, for the convenience of agencies also required to report data to the Community & Women's Health Program, the Alcohol & Drug Treatment Program or the Aged Care Assessment Program.

Three things your agency can do now:—

- **Come along to the September refresher sessions in MDS version 1.**
- **Review your software and IM requirements:**
  - Does your present system meet your needs?
  - What functionality will you need over the next five years?
  - Consider the scope for integrated client record management, mobile computing for field staff, and the ability to send and receive E-referrals.
- **Talk to other agencies about their HACC information management systems.**

Time to review your IM systems for HACC

With the transition to Version 2 of the data set over the next few months, now is a very good time to review your agency's Information Management requirements relevant to the delivery of HACC services.

What functionality do you need?

Clearly only you can decide what IM system best suits the needs of your agency. Consider your agency's role in delivering HACC services.

For example, if you are funded to undertake broad needs-based assessments, and if you will be generating referrals to other agencies, then you may need to think about software that enables easy look-up of electronic directories, encoding of client data sent off with a referral, and remote IT access by your field staff.

If your agency is mainly focussed on receiving referrals rather than sending them, you may still be interested in functionality around e-referrals (being able to 'auto-populate' a client record with details from the referring agency, rather than re-keying the data). You will also be interested in functionality around creating and maintaining care plans and generating the HACC MDS.

Checklist of software features

- Customer service to solve day to day problems and manage upgrades.
- Ease of creating and modifying HACC client records.
- Ease of updating the hours of service to any client, with logical links between staff rosters, client care plans, and billing systems.
- Ease of extracting and transmitting the HACC MDS.
- Inbuilt error-checking and ability to generate useful management reports.
- Ease of making and updating a client care plan, given your agency's team structure and who has access to the client record.
- Ease of handling different service types and client categories, especially if your clients are funded from more than one government program.
- Ability to generate the Service Coordination Tool Templates, populated with client information already held in your agency's data base; ability to save, print or email selected material for the purpose of referral.
- Ability to send and receive e-referrals, integrated into the system to avoid duplicated data entry.
- Ease of generating multiple referrals for one client.
- Ability to plug into Web-based service directories when making client referrals.
- Ability to link computers in a network. Ability for staff to do data entry in the field.
- Software that supports data sharing between mobile computers and a head-office server.
- Compliance with HL-7 messaging standards.
- Ability to migrate existing v1 client records to an upgraded v2 system.

What systems are available?

More than a dozen systems for collecting HACC MDS v1 are described in the Comparative Guide on the Victorian HACC Web site
http://www.health.vic.gov.au/hacc/data_collection/index.htm.
This list is supplied purely as a starting point; agencies wanting further information should contact the vendors, and may find it helpful to enquire from other users. The list is not necessarily complete, and none of the products are endorsed or recommended by DHS.

As well, two new systems are under development by DHS, called CRISSP and the Patient & Client Management System (P&CMS). Both will incorporate the HACC MDS v2. A version of the P&CMS is being designed for stand-alone community health centres, and will be implemented during 2006. A decision on the future of the **HACC E-form** will also be made soon. We will inform HACC agencies about progress with these system developments in subsequent bulletins.

Resources: How DHS can help

DHS will organise training sessions for HACC agency staff involved in data management and client assessment. See the Time Lines in this bulletin, and watch for further information.

Full documentation (User Guide, Technical Guidelines, Data Transmission Standards, and the HACC Data Dictionary) will be distributed to HACC service providers in Victoria. The documentation will be adapted from the material produced nationally, in order to accommodate the DHS Common Client Data Set.

DHS will offer a testing facility for agencies migrating to MDS version 2, from February 2006. Test files will be processed by the DHS data repository, and agencies and software developers will be told whether the files are being correctly formatted.

Funding:— The HACC Program will not pay directly for MDS v2 upgrades for agencies. However, as before, there will be a round of HACC minor capital grants, and these funds can be used for IM/IT costs.

Rationalising data for DHS: Common Client Data Set and review of SCTT

DHS has defined a 'common client data set' (CCDS) as a set of common data standards to align data items in a number of collections. The CCDS is being implemented in conjunction with the HACC MDS v2. The core demographic items are therefore the same across the HACC Program, the Community & Women's Health Program, the Alcohol & Drug Treatment Program and the Aged Care Assessment Program.

The data items in the Service Coordination Tool Templates (SCTT) are currently being revised. The Department's aim is to ensure that agencies are able to commission upgrades to client management software that simultaneously meets the purpose of the SCTT v2 and HACC MDS v2.

Privacy

There will be no change in the stringent privacy considerations governing the HACC data collection. Information collected will continue to be subject to the *Privacy Act 1988* (Commonwealth) and the Information Privacy Principles in the *Health Records Act 2001* (Victoria).

The data is used for research, to monitor HACC Program performance, and to plan the allocation of resources across geographical areas and particular client groups in accordance with identified need. The data is not used to affect an individual's entitlements to HACC services.

HACC Data Help Desk in Victoria

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