



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

Bulletin No. 2—January 2006

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

Time lines

When	What	Why
November 2005	Release of Victoria's HACC MDS v2 User Guide, Transmission Protocol and Validation Rules	Documentation, modified for Victoria, is now available. See the Victorian HACC Web site: http://www.health.vic.gov.au/hacc/data_collection/index.htm Your software developer will need these documents to design an upgrade.
27 January 2006	MDS v1 quarterly data is due	Your MDS v1 transmission was due on 15 January. Please send the data by 27 January, if you have not already done so.
1 Feb 2006	DHS regional staff training for MDS v2	Departmental staff please note. The venue is DHS Central Office, Melbourne.
Feb-March 2006	Agency training 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. More details below.
May 2006	Agency training re MDS dependency items	Sessions will be run for assessment staff in HACC agencies.
From end June 2006	Test your v2 data	The upgraded Vic data repository is expected to be open to test your MDS v2 data files.
1 July 2006	Start collecting MDS v2	Agencies will be expected to start collecting MDS v2.
15 Oct 2006	Send in v2 files for first time.	Data for the period July-Aug-Sept 2006 can be transmitted in v2 format.

MDS Version 2 orientation: book now

We are organising information and training sessions in all regions during February and March 2006.

Who should attend?—You should attend a session if you are involved in creating or updating HACC client records. Administrative staff, information management people and assessment officers are welcome. The sessions will not deal with any particular type of software, but rather the definition and interpretation of the MDS data items themselves.

There will be several sessions in each region. To book, please contact your DHS regional contact as shown in the following table.

Week beginning...	Region	DHS contact
6 Feb	Grampians	Kathleen Teggerth
13 Feb	North-West Metro	Jude Czerenkowski
13 Feb	Eastern Metro	Helena Allen
20 Feb	Barwon SW	Chris Walpole
20 Feb	Southern Metro	Kit Wong
27 Feb	Hume	Joan Slater
6 March	Gippsland	Jen Mulvogue
27 March	Loddon	Faye Ennor-Severs

The sessions will provide a general orientation to the structure of the MDS, the new data items, and changes to code sets in the existing items. Copies of the User Guide will be distributed. Case studies will be discussed, and participants will be able to test their understanding by filling in a workbook.

User Guide for MDS v2—now available

All documentation about the data set can be downloaded from Victoria's HACC Web site: http://www.health.vic.gov.au/hacc/data_collection/index.htm

Erratum

One data item was accidentally omitted from Victoria's HACC MDS v2 User Guide distributed in November 2005. It is the item [State/Territory Identifier](#). Each client record should have a code for the State or Territory where the client lives (the code for Victoria is 2). The User Guide on Victoria's HACC Web site has now been corrected, by inserting Page 34A. The Data Transmission Protocols already had this item shown correctly. We apologise for the mistake.

Overview of MDS version 2

HACC MDS Version 2 is essentially an expansion of Version 1. It has three main areas of difference from Version 1:

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 needs-based HACC assessment, carried out by assessment officers in HACC agencies.

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.

Upgrading your HACC client management system

In order to collect the HACC MDS Version 2, you will need an upgraded version of your HACC client management software. Now is an opportune time to consider whether your existing system is suitable, or whether you should request different functionality, or explore an alternative.

To decide what best suits the needs of your agency, you should consider your agency's role in delivering HACC services. For example, if you are funded to undertake HACC assessments, and if you will be generating referrals to other agencies, then you want software that enables easy look-up of electronic service directories, and easy ways of filling in the items needed for a HACC referral. You may want a system that supports remote IT access by assessment staff in the field.

If your agency is mainly focussed on receiving referrals rather than sending them, you may still be interested in functionality around e-referrals (ability 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 useful features for HACC software

- 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 reports.
- Ease of making and updating a client care plan, given your agency's team structure and the staff who have 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.

Guide to HACC client management systems

More than a dozen systems for collecting HACC MDS version 1 are described in the Comparative Guide on the Victorian HACC Web site http://www.health.vic.gov.au/hacc/data_collection/index.htm. The list is supplied purely as a starting point; agencies wanting further information should contact the vendors. It may also be useful to talk to 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: CRISSP, and the Patient & Client Management System (P&CMS). A version of the P&CMS is being designed for stand-alone community health centres, and will be implemented during 2006. Release 2 of CRISSP is scheduled for January 2007. Both systems will incorporate the HACC MDS v2. A decision on the future of the HACC E-form will be made soon. We will inform HACC agencies about progress with these system developments in subsequent bulletins.

Some statistics on HACC clients in 2003-04

This is a preview of HACC MDS data that will be published in the forthcoming *Who Gets HACC 2003-04*.

Numbers:	<ul style="list-style-type: none">Over 225,000 Victorians received a service from the HACC Program in 2003-04
Age and sex:	<ul style="list-style-type: none">66 percent of clients were aged 70-plus65 percent were female
Ethnicity and Indigenous status:	<ul style="list-style-type: none">21 percent of clients came from 85 nations classified as non English speaking countriesOne percent of clients were Aboriginal
Place of residence:	<ul style="list-style-type: none">While 52 percent of clients live in major cities, another 102,000 live rural and regional Victoria.
Living arrangements:	<ul style="list-style-type: none">40 percent of clients live alone.
Family carers:	<ul style="list-style-type: none">Over 100,000 clients have a carer, typically a spouse or daughter.
Services used:	<ul style="list-style-type: none">Home care is the service most frequently used, with over 70,000 clients.Planned activity groups accounted for the largest number of hours of service provided.Across all major service types, the average provision was 35 hours per client.
Service mix:	<ul style="list-style-type: none">56 percent of clients (120,297 people) received only one kind of HACC service.Approximately 55,000 received two types of service.Approximately 7,600 received 5 or more services.
Source of referral:	<ul style="list-style-type: none">36 percent of clients (or their families) made direct contact with HACC services (i.e. self referral)GPs referred more than 22,500 people to HACC.
Turnover	<ul style="list-style-type: none">33,000 new clients receive a service every 3 months, and 32,000 cease receiving services.Over 75,000 people received a service for the whole of the year.
Exit from HACC:	<ul style="list-style-type: none">About 14 percent of clients who stopped receiving HACC services moved into residential aged care.

Check your data on the DHS Funded Agency Channel

Remember that your HACC MDS files can be viewed on the DHS Funded Agency Channel, a Website. Allow two working days from the date of transmission to DHS. See: <https://fac.dhs.vic.gov.au/> For free registration, call the FAC Helpdesk on 9616 2742. If the HACC data looks wrong, please contact the HACC MDS Help Desk.

About the HACC Program

The HACC Program is jointly funded and managed by the Commonwealth Government and the State and Territory governments. It 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. The budget for 2005–06 in Victoria was \$410.1 million, of which \$359.4 million was cost-shared in a 60:40 ratio by the Commonwealth and Victorian governments, and \$50.8 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.

HACC Data Help Desk in Victoria

Phone (03) 9616 7255

Email haccmds@dhs.vic.gov.au

Fax (03) 9616 8680

Email your data to: haccmds.data@dhs.vic.gov.au

Post diskettes to:
HACC Data Collection
Coordinated & Home Care
Department of Human Services
GPO 4057
Melbourne Vic 3001

Change of phone number soon

When DHS Head Office moves to 50 Lonsdale Street in March 2006, the phone number for the HACC Data Help Desk will change to **9096-7255**.