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| Mental Health Phase of Care |
| Program Management Circular  Transition from Focus of Care to Phase of Care 2021  26 March 2021 |
| OFFICIAL |

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# Key message

* Victoria is moving to collect and record phase of care as a required data component for Commonwealth funding of mental health services. The concept of Phase of Care provides information, in addition to outcome measures, that describes the complexity of the consumer’s presentation and the primary goal of care.
* Services must cease collecting and recording Mental Health Focus of Care.
* Services must commence collecting and recording Mental Health Phase of Care (PoC) items-*Acute, Functional gain, Intensive extended, Consolidating gain and Assessment only,* for ALL age groups across clinical public mental health settings as per the Mental Health National Outcomes and Casemix Collection Version 2.02 (NOCC 2.02).
* PoC is to be collected and recorded by all clinical mental health programs in conjunction with current outcome measures on admission/registration, at every 91-day review, where there has been a transfer of care between service settings or when there is a significant or substantial change to the consumer’s symptoms and/or psychosocial functioning that requires a change to the mental health care plan (discretionary review).
* Any change in a consumer’s PoC should also be clearly documented in the consumer’s medical record.
* A PoC can last up to 91 days and must be reviewed at this time. A consumer can continue in the same PoC **(except Assessment Only)** but this must be entered into the CMI/ODS.
* *Assessment Only* PoC can be used when a consumer presents seeking assessment or has been referred from another agency.
* *Assessment Only* PoC can be used if on first contact with a service where a mental health assessment is conducted to determine if any further intervention is needed, and the clinician is unable to determine, based on information available an alternative PoC.
* *Assessment Only* PoC **does not require outcome measures to be completed**, however all other mental health phases of care require the completion of outcome measures.
* When an *Assessment Only* PoC is recorded in a setting, then Assessment Only phase cannot be recorded again within the same episode of care.
* *Assessment Only* PoC is not intended to capture regular review as part of a standard clinical workflow routine.

# Purpose

To provide advice to the sector to commence recording Phase of Care (prospective measure) and identify the relevant business rules to support the collection of Phase of Care in CMI/ODS for persons receiving treatment in public mental health services. Clinicians will cease recording Mental Health Focus of Care (retrospective measure) as part of this process. The introduction of Phase of Care will support the shift towards activity-based funding for Victorian mental health services.

Enhanced reporting needs to be underpinned by data that is as consistent as possible in its compilation. This circular has been developed in collaboration with sector representatives and provides guidance to the sector on departmental requirements for Phase of Care and the Commonwealth’s direction to transition to Activity Based Funding (ABF) to link complexity of consumer presentation and primary goal of care with funding.

# Background

CMI/ODS is the Victorian public mental health client information management system and comprises:

* Client Management Interface (CMI). The CMI is the local consumer information system used by each public mental health service
* Operational Data Store (ODS). The ODS manages a set of select data items from each CMI and is used to:
  + allocate a unique (mental health) registration number for each consumer, known as the state-wide unit record (UR) number
  + share select client-level data between Victorian public area mental health services (AMHS) to support continuity of treatment and care
  + ensure the legal basis for providing treatment is evident to all public mental health service providers where a client may be unable or unwilling to consent to treatment
  + meet the various reporting requirements of the Department of Health and Human Services
  + support the statutory functions of the Chief Psychiatrist and the Mental Health Tribunal.

Victorian Area Mental Health services have followed the Mental Health National Outcomes and Case mix Collection (NOCC) 1.9 using Focus of Care (FoC). FoC is a data item developed in the Australian Mental Health Classification and Service Costs (MH-CASC) study that requires the clinician to make a judgement about each consumer’s primary goal of care over the preceding period (i.e. retrospectively).

The current revision (Version 2.02) has resulted from identification of the need to have closer alignment between the NOCC and the Australian Mental Health Care Classification, which was developed by the Independent Hospital Pricing Authority (IHPA) and is based upon the collection of the Mental Health Phase of Care (PoC).

The PoC concept was developed in 2012, through a project commissioned by the IHPA. This project identified possible cost drivers for further examination and considered options for a classification architecture. It is an attempt to bring together two related concepts of the “consumer’s needs” and “goal of care”. Each phase of care involves the provision of resources aimed at meeting individual consumer need. The mental health phase of care is a simple tool designed to qualify a complex concept. Consumers may move between any of the phases of care in any order. Identification of the mental health phase of care is aligned to the contemporary recovery-orientated mental health practice where the goals of care are collaboratively generated and are responsive to the needs of the consumer at the time.[[1]](#footnote-1)

# Recording Phase of Care

The PoC is defined as the prospective primary goal of treatment within the episode of care in terms of the recognised phases of mental health care. Whilst it is recognised that there may be aspects of each mental health phase of care represented in the consumer’s mental health plan, the PoC is intended to identify the main goal or aim that will underpin the next period of care. The mental health phase of care is independent of both the treatment setting and the designation of the treating service and does not reflect service unit type.

PoC is to be collected and recorded by all clinical mental health teams in conjunction with the associated age required outcome measures **(not required for “Assessment only”)** on admission/registration, at every 91-day review, where there has been a transfer of care between service settings or when there is a significant or substantial change to the consumer’s symptoms and/or psychosocial functioning that requires a change to the mental health care plan (discretionary review).

Please refer *to Guiding principles for use in practice for details*.

## Domains

Moving forward, all clinicians in bed based, community residential and ambulatory will commence recording PoC.

| FoC (Cease) | PoC (Commence) |
| --- | --- |
| 1 – Acute  2 – Functional gain  3 – Intensive extended  4 - Maintenance | 1 – Acute  2 – Functional gain  3 – Intensive extended  4 – Consolidating gain  5 – Assessment only |

## Definitions

| FoC Permissible value definitions (Cease) | PoC Permissible value definitions (Commence) |
| --- | --- |
| **Acute** The primary goal is the short-term reduction in severity of symptoms and/or personal distress associated with the recent onset or exacerbation of a psychiatric disorder | **Acute** The primary goal of care is the short-term reduction in severity of symptoms and/or personal distress associated with the recent onset or exacerbation of a psychiatric disorder. |
| **Functional gain** The primary goal is to improve personal, social or occupational functioning or promote psychosocial adaptation in a patient with impairment arising from a psychiatric disorder. | **Functional gain** The primary goal of care is to improve personal, social or occupational functioning or promote psychosocial adaptation in a patient with impairment arising from a psychiatric disorder. |
| **Intensive extended** The primary goal is prevention or minimisation of further deterioration, and reduction of risk of harm in a patient who has a stable pattern of severe symptoms, frequent relapses or severe inability to function independently and is judged to require care over an indefinite period | **Intensive extended** The primary goal of care is prevention or minimisation of further deterioration, and reduction of risk of harm in a patient who has a stable pattern of severe symptoms, frequent relapses or severe inability to function independently and is judged to require care over an indefinite period. |
| **Maintenance** The primary goal is to maintain the level of functioning, minimise deterioration or prevent relapse where the patient has stabilised and functions relatively independently. | **Consolidating gain** The primary goal of care is to maintain the level of functioning, or improving functioning during a period of recovery, minimise deterioration or prevent relapse where the patient has stabilised and functions relatively independently. Consolidating gain may also be known as maintenance. |
|  | **Assessment only** The primary goal of care is to obtain information, including collateral information where possible, in order to determine the intervention/treatment needs and to arrange for this to occur (includes brief history, risk assessment, referral to treating team or other service). |

# Guiding principles for use in practice[[2]](#footnote-2)

1. The rating of the mental health Phase of Care should be undertaken by the clinician with the best understanding of the consumer’s presentation and need for intervention. This would typically be the case manager or primary/key clinician.
2. The mental health Phase of Care should be assessed on:
   1. admission/registration to a service
   2. where there has been a transfer of care between service settings or
   3. when there has been a change to the mental health care plan as outlined in 3.
3. When there is a significant or substantial change to the consumer’s symptoms and/or psychosocial functioning that requires a change to the mental health care plan, a review of the mental health Phase of Care should occur.
4. Mental health services should conduct regular reviews of the consumer’s treatment, care and recovery plan, as per clinical standards. This includes change of mental health legal status, transfer between service sites and deterioration in symptoms/ functioning.
5. The mental health Phase of Care does not need to be assessed and identified at every contact made with the consumer by a care provider.
6. If a change in mental health Phase of Care is required, this should be accompanied by a change to the mental health recovery/ treatment/care or management plan and be clearly documented in the consumer’s medical record.
7. At the commencement of, or a change in a mental health Phase of Care, an outcome measures collection is required in all mental health service settings as per the Outcome Measurement PMC (reference to be added).
8. There is no set time period for the length of a mental health Phase of Care, however regular reviews of a consumer’s mental health Phase of Care should occur as clinically appropriate and at a minimum every 91 days. The mental health Phase of Care does not need to be changed at each review when the main goal of treatment remains the same, but it does need to be entered.
9. A consumer will only have one mental health Phase of Care at any time. When care is co-managed or provided by multiple mental health services in the same setting, the mental health Phase of Care should be agreed upon by the various treatment providers. The mental health care plan should include all activity undertaken by all relevant treatment providers caring for the consumer, and the mental health phase of care should align with this care plan.
10. Mental health Phase of Care cannot be changed whilst a consumer is on leave from a health care service (i.e. when a consumer is on holidays).
11. As the mental health Phase of Care is prospective the reporting of discharge PoC measures is not required in relation to the AMHCC.
12. There is no limit on the number of mental health Phase of Care that can be completed within an episode of care. An episode of care may contain one or multiple mental health Phase of Care.

**Assessment Only Phase of care**

1. If a consumer is referred to another setting, the “Assessment Only” mental health Phase of Care may be reported to capture the work undertaken at the service in conducting the brief triage assessment or initial assessment.
2. Although a consumer is reviewed regularly throughout an episode of care, “Assessment only” can only ever be the first or only mental health Phase of Care in an episode.
3. The AMHCC does not require the completion of outcome measures for an “Assessment Only” mental health Phase of Care, however all other mental health phases of care require the completion of outcome measures.
4. If outcome measures are completed at the commencement of an “Assessment only” mental health Phase of Care, then these can be deemed completed for the first collection of a subsequent mental health Phase of Care if considered appropriate.

# About program management circulars

The information provided in this circular is intended as general information and not as legal advice. Mental health service management should ensure that policies and procedures are developed and implemented to enable staff to collect and use health information in accordance with relevant legislation.

# References and Resources

Independent Hospital Pricing Authority. (2016). *Australian Mental Health Care Classification. Mental health phase of care guide*. Retrieved from https://www.ihpa.gov.au/publications/mental-health-phase-care-guide

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1. Independent Hospital Pricing Authority. (2016). *Australian Mental Health Care Classification. Mental health phase of care guide*. Retrieved from https://www.ihpa.gov.au/publications/mental-health-phase-care-guide. [↑](#footnote-ref-1)
2. Independent Hospital Pricing Authority. (2016). *Australian Mental Health Care Classification. Mental health phase of care guide*. Retrieved from https://www.ihpa.gov.au/publications/mental-health-phase-care-guide. [↑](#footnote-ref-2)