

Senate Community Affairs Committee

ANSWERS TO ESTIMATES QUESTIONS ON NOTICE

HEALTH PORTFOLIO

Budget Estimates 2017 - 2018, 30 May 2017

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OUTCOME: 2 - Health Access and Support Services

Topic: Primary Health Networks

Type of Question: Hansard Page 70, 30 May 2017

Senator: Griff, Stirling

Question:

Senator GRIFF: Looking at the key indicators that can be sourced from general practice software systems, there is also a wealth of information that you have not included in your headline performance indicators, which are health checks for Aboriginal and Torres Strait Islanders, cardiovascular disease assessment and diabetes. Is there any particular reason why you have not included those in your headline performance indicators?

Mr Cormack: The reason why we have not included them is that for this sort of establishment phase—which we are really still in with the PHNs—we needed to be able to commence with a manageable set of performance indicators that look at the governance of the organisation.

Senator GRIFF: What are the ones you have now?

Mr Cormack: I will quickly run through them—I will not go through them in minute detail. We have governance indicators, which are around the performance of the board risk management arrangements; financial management, which is an important function; and stakeholder engagement. Then, in the service delivery areas, we look at, for example, access to low-intensity psychological interventions, psychological therapies delivered by mental health professionals and clinical care coordination for people with severe and complex mental illness. We look at a range of mandatory performance indicators to do with immunisation and time to certain types of services. There are a range of indicators which I will provide to you on notice, if you wish, rather than work my way through them one by one.

Answer:

Primary Health Networks (PHN) are required to report against a range of indicators under the PHN Program Funding Schedules.

Core Funding Schedule

- In 2016-17, PHNs are reporting against organisational indicators, as set out in the PHN Performance Framework, and local activity-based indicator sets which they specified through the Activity Work Plan process.

Organisational Indicators for 2016-17

Governance	<ul style="list-style-type: none"> • Processes are in place to monitor and evaluate organisational performance and risk management, by the PHN Board. • The PHN Board includes people with relevant and diverse expertise and experience, including but not limited to: finance, health service delivery, a consumer perspective.
Financial management	<ul style="list-style-type: none"> • Administrative expenses as a proportion of total expenses (taking in to account factors such as quantum of programme funds and geography)* <p>*Note that this indicator has not been reported on in the six month reporting process.</p>
Stakeholder engagement	<ul style="list-style-type: none"> • Evidence of feedback from stakeholders on the effectiveness of engagement strategy • Reciprocal participation on governance, planning and consultation fora established by or with other stakeholders, particularly Local Hospital Networks (or equivalent). • Evidence of stakeholder engagement strategies that apply throughout the commissioning cycle, with an emphasis on Aboriginal and Torres Strait Islander communities and organisations, and other higher needs groups. • Evidence of the PHN's role as catalyst for engagement amongst all relevant players (not just bilaterally between your PHN and individual players).
Commissioning	<ul style="list-style-type: none"> • Strategic planning is informed by analysis of comprehensive local demographic, health status and health systems data. • Agreements with all funded providers include robust indicators of performance, including at least annual reporting.

- PHNs collectively specified over 1,500 local indicators in relation to their approved activities under the Core Funding Schedule for 2016-2017. Progress against indicators will be monitored through the Six and Twelve Month Performance Report process.
- Additionally, four national headline indicators are currently specified in the current version of the PHN Performance Framework:
 - Potentially preventable hospitalisations;
 - Childhood immunisation rates;
 - Cancer screening rates (cervical, breast, bowel); and
 - Mental health treatment rates (including for children and adolescents).

Primary Mental Health Care Funding Schedule

- PHNs are required to report against mandatory service delivery and program management Key Performance Indicators:

Service Delivery	
Access	<ul style="list-style-type: none"> • Low intensity psychological interventions; • Psychological therapies delivered by mental health professionals; and • Clinical care coordination services for people with severe and complex mental illness
Efficiency	<ul style="list-style-type: none"> • Average cost of low intensity psychological interventions; • Average cost of psychological therapies delivered by mental health professionals; and • Average cost of clinical care coordination services for people with severe and complex mental illness
Appropriateness	<ul style="list-style-type: none"> • Youth-specific mental health services for young people; • Culturally appropriate mental health services for Indigenous people; and • Follow-up of people referred following a recent suicide attempt or because they are at risk of suicide
Effectiveness	<ul style="list-style-type: none"> • Low intensity psychological interventions; and • Psychological therapies delivered by mental health professionals
Program Management (reported on a qualitative basis)	
Establishment and Transition expectations	<ul style="list-style-type: none"> • Extent to which establishment and transition expectations have been met.
Stepped care implementation	<ul style="list-style-type: none"> • Proportion of PHN flexible mental health funding allocated to allocated to low intensity services, psychological therapies and for clinical care coordination for those with severe and complex mental illness.
Regional integration	<ul style="list-style-type: none"> • Evidence of formalised partnerships with other regional service providers to support integrated regional planning and service delivery
Timely reporting of PMHC MDS	<ul style="list-style-type: none"> • Extent to which client and sessional data, including client outcome measures has been reported to the PMHC MDS
Quality and standards	<ul style="list-style-type: none"> • Extent to which governance processes are in place and being managed according to national, state and local standards, including the National Standards for Mental Health Services 2010

Drug and Alcohol Treatment Activities Funding Schedule

- PHNs are required to report against the following Key Performance Indicators:

Access	<ul style="list-style-type: none"> • Number of closed treatment episodes for specialist drug and alcohol treatment services in the PHN catchment • Rate of episodes of AOD treatment per 100,000 population in the PHN catchment • Number of clients receiving care in the PHN catchment • Rate of clients receiving AOD treatment per 100,000 population in the PHN catchment
Effectiveness	<ul style="list-style-type: none"> • Quality improvement – evidence of support for health professionals; number of education/training modules delivered • Number of Providers with (or in the process of getting) suitable accreditation
Appropriateness	<ul style="list-style-type: none"> • Rate of Referral into specialist AOD treatment from other health services in the PHN catchment
Program Management	<ul style="list-style-type: none"> • Amount of allocated mainstream funding expended on in-scope Activities • Amount of allocated Indigenous-service funding expended on in-scope Activities • Number of formalised partnerships/collaborations established with local key stakeholders • Number of formalised partnerships/collaborations established with local key Aboriginal and Torres Strait Islander stakeholders

Integrated Team Care (ITC) Funding Schedule

- PHNs provide service output data for the Integrated Team Care Activity to indicate the number and type of services delivered in a given reporting period. Service data collected includes:
 - number of patients;
 - number of care coordination services;
 - number supplementary services provided such as:
 - specialist and allied health services;
 - transport;
 - medical aids; and
 - outreach worker support.
- PHNs also provide service outcome summaries of the successes, challenges and outcomes of care coordination activities, managing patient numbers, improving access to mainstream health care, and building culturally safe workplaces.

Primary Health Networks Core Funding Schedule (After Hours Primary Health Care Activity)

- In 2016-17, PHNs are reporting on how they commission high quality, innovative, locally relevant and effective after hours primary health care, based on community need.
- From 1 July 2017, PHNs will also report on how they:
 - promote collaboration and partnerships that support the after hours care system to help meet the needs of the PHN region;
 - promote collaboration and partnerships that support the after hours care system to help meet the needs of the PHN region;
 - consider opportunities for co-design and co-commissioning to enable more sustainable solutions;
 - continue to address gaps in the provision of After Hours Primary Health Care;
 - build capacity to work with key After Hours stakeholders to foster local level solutions particularly where the Practice Incentives Program (PIP) After Hours Incentive may not reach; and
 - implement systematic monitoring and evaluation of the local after hours programs.