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Formal Submission

July 2019

Victorian Royal Commission Mental Health Services

**Victorian Mental Health Advisory Group,
Health Information Management Association of Australia**

1. Introduction

Victorian Mental Health Advisory Group (MHAG), Health Information Management Association of Australia (HIMAA) welcomes the Royal Commission into Victoria's mental health system, and is pleased to have the opportunity to provide feedback, thoughts and recommendations for change via the formal submission process.

1.1 Victorian Mental Health Advisory Group

The Health Information Management Association of Australia (HIMAA) established the Victorian Mental Health Advisory Group (MHAG), which has a membership of health information managers and/or administration co-ordinators from specialist mental health services that are responsible for the management of health information and other support services. Key stakeholders such as the Department of Health and Human Services and the Mental Health Tribunal are also key members of this group.

The purpose of this group is to discuss issues of common interest, to share information and to promote best practice that relates to particular areas of interest in health information. MHAG also provides an opportunity for networking and enhancing knowledge through targeted professional development. It provides members with opportunities for interaction and a platform to contribute to relevant State and National developments associated with mental health services.

1.2 Aim

This formal submission aims to provide the Royal Commission with an understanding of current situation in regards to health information management across specialist mental health services and provides a number of recommendations.

2. Current Situation

2.1 Medical records

Victorian Mental Health Services have an integrated medical record with the acute health service/hospital that is responsible for the governance and management of service delivery. This supports the whole of health approach in the provision of care for both physical and mental health of the consumer. Historically, prior to mainstreaming in 1995 and closure of the Victorian Psychiatric Hospital there was one mental health medical record that followed the consumer across the state of Victoria. This enabled the continuity of care for the consumer across the mental health spectrum. A dedicated mental health medical record is no longer available which results in the frequent sharing of health information across health services.

The issues associated with silos of health information across mental health services and other jurisdictions often means a lot of time is spent by many health services requesting and reviewing health information for release to support continuity of care.



2.2 Health Information Systems and Datasets

Public specialist mental health services maintain the Victorian Client Management Interface/Operational Data Store (CMI/ODS). This is a statewide mental health patient information system that is managed by the Department of Health and Human Services.

The system is used to collect and report information which has grown to now include:

- Legislative compliance under the Mental Health Act 2014
- Victorian Mental Health Minimum Dataset
- National Minimum Dataset (NMDS) reported to the Australian Institute of Health and Welfare (AIHW); and
- The Mental Health Triage Minimum Dataset (TMDS).

Operationally it provides clinicians with visibility and a summary of a consumer's contact with all Victorian Mental Health Services.

Whilst the CMI/ODS is a valuable asset to provide clinicians at the operational level with information to support care, it does have limitations:

- It does not appear to have a system development life cycle aligned to the service delivery changes.
- There is functionality that is either not used or no longer meets the services' needs.
- There is a lack of interoperability with other health service systems which creates inefficiencies resulting in the development of local bespoke systems.
- It is a legacy system with technology has not been updated for 20 years.

In addition, Victorian Mental Health Services are required to report service activity via the health services as part of the Department of Health and Human Services Policy and Funding agreement, for the following health information datasets:

- Victorian Admitted Episode Dataset (VAED)
- Victorian Emergency Minimum Dataset (VEMD)
- Victorian Cost Data Collection (VCDC)
- Agency Information Management Systems (AIMS)

To meet the DHHS requirements, staff are required to double enter into different information systems. We are information rich, but unable to access the information collected via static or dynamic reports.

Access to contemporary information technology infrastructure varies from site to site across health services creating inefficiencies for staff.



2.3 Strategic Planning, Digitising Mental Health Services and Funding

Currently there is a lack of long term strategic planning for digitising mental health services and infrastructure for mental health services. This along with the increases in demand to access services is resulting in:

- Ageing infrastructure for both buildings and information technology that are no longer fit for purpose.
- Challenges for the consumers accessing services as locations need to extend out to the growth areas.
- Inefficiencies in service delivery as staff will spend time commuting to locations to provide care
- Community clinics are overcrowded with limited security and an increase in occupational violence.

The lack of a dedicated funding stream and strategic planning for digitising mental health services has led to ageing information technology infrastructure and inefficient systems that do not align or support best practice with the contemporary approach to service delivery models and daily operations across Victoria.

2.4 Workforce Planning

Significant challenges exist in attracting, retaining and adequately supporting the health information management workforce within mental health services.

There is a shortage of Health Information Managers (HIM), especially in mental health. This creates pressures in dealing with growing needs and ongoing operations across mental health services. It also has a negative impact on succession planning. Funding of dedicated positions for service developments and improved linkages for specialist education with La Trobe University is required and will provide career paths for health information managers.

Service planning and funding of new service initiatives must recognise that there is a need to grow health information management, administration and support staff.

These challenges continue to exist across all Victorian services, and will present a significant problem if new funding becomes available to expand clinical services or the implementation of activity based funding.



3. Recommendations

1. **Funding** - Ring-fence annual capital growth funding to ensure that information technology infrastructure and devices are contemporary to support service delivery. This should support hospital, community and mobile outreach service delivery models.
2. **Digitising Victorian Mental Health Services plan** - Develop and fund deliverables for the implementation of a Digitising Victorian Mental Health Services plan that:
 - I. Enables integration of health information across jurisdictions to increase the sharing of information for patient care and improve efficiencies by reducing the silos of data.
 - II. Invests in a Victorian Mental Health Electronic Medical record with information systems which include prescribing and pathology services, and develops high quality data systems
 - III. Redevelops the CMI/ODS with a transparent system development life cycle.
 - IV. Provides IT uplift for information technology infrastructure and up to date functional computer hardware to improve work flows and efficiencies for staff.
 - V. Invests in reporting tools that enable mental health services the autonomy to report data from the various information systems.
 - VI. Supports systems that enable efficient sharing of health information across jurisdictions such as Justice Health and cross border.
3. **Datasets** - Extensive review of the mental health service reporting into the various minimum datasets to DHHS with the aim of:
 - I. Elimination of the duplication across the minimum datasets
 - II. Ensure that the datasets are meaningful for mental health services;
 - i. For example: the Australian Standards for Clinical Classification needs to be reviewed to enable the coding of social determinants and mental health interventions that contribute to the consumers care.
4. **Workforce** - In order to attract, retain and better support a skilled and sustainable mental health workforce, the following are recommended for consideration:
 - i. Fund and create dedicated graduate positions for health information management, with pathways to more senior roles – including provision of appropriate support, training and supervision. This will enable new graduates to be employed in a supported environment.
 - ii. Broaden workforce planning and development to ensure alignment of the mental health workforce with other service system reforms (e.g. changes in the service system and workforce models as a result of the NDIS etc.). This includes appropriate planning and investment in non-clinical supports such as quality improvement and planning in health information management.
 - iii. Ensure that there are opportunities for professional growth including options regarding both Operational and Strategic Leadership career progression.
 - iv. Review technology to support the mental health workforce, and to support new modes of service provision (e.g. opportunities around telehealth, technology to maximise safety, access, new ways of engaging etc.).
 - v. Create and fund specialist mental health workshops to maintain a skilled health information workforce, particularly in Clinical Coding.

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