

THE MINIMUM DATASET FOR ACCESS TO ALLIED PSYCHOLOGICAL SERVICES (ATAPS)

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Acknowledgement

- Access to Allied Psychological Services projects funded by Australian Government Department of Health and Ageing
- The University of Melbourne has been commissioned to conduct the evaluation since 2003

Outline

- Use
- Access
- Data entry
- Changes to MDS
- Outcome measures reminder
- Using MDS data for reporting
- Discussion: using MDS data for planning

Minimum Data Set (MDS)

- Web-based data entry system
- Purpose is to obtain consistent and informative data from all ATAPS projects

Data Collected

- Patient demographics
- Referral information
- Session information
- Pre & post outcome data

Use of MDS data for evaluation

- Track ATAPS uptake overtime
- Make comparisons between groups utilising ATAPS services, e.g. urban & rural consumers

Evaluation Questions:

- What is the level of uptake (consumers, GPs, AHPs)?
- What are the sociodemographic characteristics of consumers?
- What are the clinical characteristics of consumers?
- What services are consumers receiving?
- Are these services improving the mental health of consumers?
- What is the cost to the consumer?

Accessing the MDS

- Username and password
- Username and password can be used by more than one staff member (at your Division) to view the minimum dataset at the same time
 - only one person can make changes to the data at a time
 - GPs and AHPs can use the username and password provided to the Division and enter the data themselves.
- The Minimum Dataset is accessed on the web at the following address:
<http://boimhc.org/bin/view>.
 - **Frequently Asked Questions** link at the bottom of the home page
- Questions regarding the minimum dataset support@boimhc.org

How Divisions can use the MDS: Data entry

- Enter data as soon as it is available
 - At the very least once per fortnight
- Complete data, by entering zero instead of leaving fields blank
- Methods of data entry
 - Direct entry to MDS
 - Upload data sets from Excel /Access etc

Recent changes to MDS

ATAPS component	Changes Implemented	Changes Pending
General ATAPS	<ol style="list-style-type: none"> 1) Default 'referral type' 2) Year of birth warning 3) Addition of SDQ – 3 versions - for <ul style="list-style-type: none"> • 4-10 yo – Parent- rated • 11-17yo – Parent-rated • 11-17yo – Self-rated <ul style="list-style-type: none"> ○ Each version has 6 subscales plus overall score 	Overall upgrade
Suicide prevention	<ol style="list-style-type: none"> 1) Added as 'referral type' 2) 'Referral source' has been added <ul style="list-style-type: none"> • GP, Emergency Department, Psychiatrist, Community Mental Health 3) MSSI as outcome measure tool N.B. administered by AHP not the GP 4) This is the only ATAPS component for which a diagnosis is not mandatory, so if applicable according to referral, enter “no formal diagnosis” under “other” for interim 	Addition of an actual category 'no formal diagnosis' in the upgraded version

Recent changes to MDS

ATAPS component	Changes Implemented	Changes Pending
T-CBT	<ol style="list-style-type: none">1) Added as 'referral type'2) 'Session modality' has been added - face-to-face, telephone, videoconference	Online evaluation tool for AHPs/Division staff
Perinatal depression	<ol style="list-style-type: none">1) Added as 'referral type'2) EPND scale is already an outcome measure in MDS but all Divisions will need to 'enable' this measure3) For diagnosis, select 'Depression' or 'Anxiety'	Addition of fields – number of weeks pregnant/weeks postnatal

Anticipated changes to MDS – Tier 2

- Tier 2 priority groups will be captured under referral type
- New intervention strategies will be added for specific Tier 2 groups
- New referral sources will be added where applicable
- Other changes for Tier 2 children (e.g. who was at session)

Outcome measures reminder

ATAPS component	Outcome tool
Perinatal depression	Edinburgh Postnatal Depression Scale
Telephone CBT	DASS-21 or DASS-42
Suicide prevention pilot	Modified Scale for Suicidal Ideation
General ATAPS (including bushfire referrals)	Any outcome measure on MDS
Children	SDQ
Indigenous adults	K5

Patient ID:
 Year of Birth:
 Gender: Male Female
 Language: English level:
 Aboriginal: Yes No Unknown
 Torres Strait Islander: Yes No Unknown

Referral **New Referral**

G.P.: New:
 Referral Date:
 Patient Postcode: G.P. Postcode:
 Education Level (equiv):
 Lives Alone: Yes No Unknown
 Low Income Earner: Yes No Unknown
 Prior Mental Health Care: Yes No Unknown
 Additional Sessions:
 Conclusion:

ICD-10 Primary Care Diagnostic Categories

F1 Alcohol & Drug Use F4 Anxiety Disorders
 F2 Psychotic Disorders F5 Unexplained Somatic
 F3 Depression Unknown
 Other Diagnosis:

Cognitive-behavioural therapy (CBT)

Behavioural interventions Cognitive interventions
 Relaxation strategies Skills training
 Other CBT interventions:

Receiving Psychotropic Medication

Benzodiazepines&Anxiolytics Antidepressants
 Phenothiazines&Tranquillisers Mood Stabilisers

Referred for which strategies

Diagnostic Assessment Psycho-education
 Interpersonal Therapy Other:

Measures

DASS21 Before: [calc](#) After: [calc](#) **MSSI** Before: [calc](#) After: [calc](#)
EPNDS Before: [calc](#) After: [calc](#)

Extra

Referral Type: Referrer:

Sessions in date order

A.H.Pro: New:
 Session Date:
 Co-payment Amount:
 Type: Group Individual
 Duration:
 No Show:

Strategies Provided

Diagnostic Assessment Psycho-education
 Interpersonal Therapy Other:

Cognitive-behavioural therapy (CBT)

Behavioural interventions Cognitive interventions
 Relaxation strategies Skills training
 Other CBT interventions:

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Show	Measure Name	Long Name	Min	Max
<input checked="" type="checkbox"/>	K10	Kessler 10	10	50
<input checked="" type="checkbox"/>	DASS21	Depression Anxiety and Stress Scales 21	0	126
<input type="checkbox"/>	DASS42	Depression Anxiety and Stress Scales 42	0	126
<input type="checkbox"/>	HoNOS	Health of the Nation Outcome Scales	0	48
<input type="checkbox"/>	Basis 32	Behaviour and Symptom Identification Scale	0	120
<input type="checkbox"/>	GWBI	General Well Being Index	0	88
<input type="checkbox"/>	GAF	Global Assessment of Functioning	0	100
<input type="checkbox"/>	SF-12	Medical Outcome Study - Short Form 12		
<input type="checkbox"/>	BAI	Beck Anxiety Inventory	0	63
<input type="checkbox"/>	BDI	Beck Depression Inventory	0	63
<input type="checkbox"/>	HADS	Hospital Anxiety and Depression Scale	0	42
<input type="checkbox"/>	APP-2001	Adult Psychological Profile		
<input checked="" type="checkbox"/>	EPNDS	Edinburgh Post-natal Depression Scale	0	30
<input type="checkbox"/>	SDS	Zung Self-Rating Depression Scale	0	100
<input type="checkbox"/>	HRSD	Hamilton Rating Scale for Depression	0	66
<input type="checkbox"/>	GHQ-28	General Health Questionnaire	0	84
<input type="checkbox"/>	SPA	Short Progress Assessment	0	40
<input type="checkbox"/>	ADIS	Anxiety Disorders Interview Schedule		

How Divisions can use the MDS: Reporting

- Each division can view only their own data
- Automatically generate a series of **Individual Division Reports**.
 - Compare with National Data
 - Compare with de-identified, aggregated 'peer' divisions
- Enables Divisions to generate a series of tables for the MDS fields, including both consumer and session data.
- These reports present data on consumers referred, and sessions provided, in a given period.

MDS data for individual Division evaluations

- Download data and import into an alternative program
 - Use excel or SPSS
 - Use for internal reporting and feedback to stakeholders
- Three sets of data to download
 - Patient
 - Referral, including outcome measures
 - Session

[Main](#) [New Patient](#) [Download](#) [Upload](#) [Admin](#) [Logout](#) [Help](#)**Patient**Date: Include: All Divisions **Referral**Date: Include: Measures Extra All Divisions **Sessions**Date: Include: Extra All Divisions **Data Dictionary**Include: Measures Extra

MDS generated tables: Consumer reporting

- Year of birth
- Gender
- Language at home
- English level
- Aboriginal
- Torres S.I.
- Low income
- Education
- Lives alone
- ICD-10 diagnostic categories
- Medication
- Strategies referred for
- Previous care

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Select Report

Item:

Date:

Includ

- Age
- Gender
- Language At Home
- English Level
- Aboriginal
- Torres S.I.
- Low Income
- Education
- Lives Alone
- ICD-10 Diagnostic Categories
- Medication
- Strategies Referred For
- Previous Care
- Session Duration
- Session Individual/Group
- Session Strategies Provided
- Session Copayment

MDS generated tables: Session reporting

- Duration
- Individual / Group
- Strategies provided
- Co-payment

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Fin. Year	Total Patients	Total Referrals	Total Sessions	Patients (Referrals) with N Sessions			
				0 Sessions	1-5 Sessions	6 Sessions	7 or more
2001-2002	1	1	0	1	0	0	0
2002-2003	3	3	17	1	1	0	1
2003-2004	7	7	14	4	1	2	0
2004-2005	7	7	2	5	2	0	0
2005-2006	12	12	3	9	3	0	0
2006-2007	11	11	1	10	1	0	0
2007-2008	8	8	0	8	0	0	0
2008-2009	5	5	0	5	0	0	0

[Counting rules explained here](#)

Data entry tips

- Each consumer should retain the same 'patient key' for all referrals
- A new referral number is allocated after 12 (or 18) sessions
- When entering DASS scores:
 - Do NOT enter total score as this is not clinically meaningful
 - Do enter subscale scores
 - When entering DASS-21 – enter item by item scores
- HADS, use HADS dep or anx, the subscale scores will be automatically generated once item level data has been entered
- If one lump sum copayment is taken for numerous sessions it should be divided by the number of sessions, and each session entered with the corresponding amount.
 - EG \$120 in one payment for six sessions. The MDS should reflect that each sessions copayment was \$20

Rationale for evaluation

- Accountability
- Opportunities for improvement
- Showcasing high levels of achievement
- Making a case for ongoing support
- Furthering knowledge about delivery of primary mental health care

Using MDS data for planning

- Are there particular patterns of consumers?
 - Most /least represented - do these indicate gaps suitable for targeting? Can
- Are there patterns of service delivery?
 - What do these indicate in terms of service need?
- Are particular consumer or session characteristics associated with certain consumer outcomes?

Interim evaluation reports & evaluation support

Reports available at: <http://boimhc.org>

Evaluation support available via email: support@boimhc.org