

ATAPS Program Development Guide: Clinical Practice Issues to Consider for Tiers One, Two and Three

Introduction:

Delivery of services for Tier 3 ATAPS will require Divisions to develop relationships with a broader group of stakeholders than previously has been the case. Under Tier 3, there will be a need to deliver both clinical and non-clinical services. Non-clinical support services for people with severe and chronic mental illness have traditionally been delivered by the non-government sector (NGO), now known as Community Managed Organisations (CMO sector). This document aims to highlight some of the areas Divisions/Medicare Locals will need to address in their management of the ATAPS Program not only for Tier 3, but also Tiers 1 & 2. It also provides links to various documents relevant to the management of all tiers of the ATAPs Program.

The document is divided into two sections. Section One is relevant to Tier 3 and Section Two has broader application across all three tiers.

Section One:

Identification of Stakeholders

Some Divisions, through their experiences in meeting with potential stakeholders from the community managed sector and mental health services, have discovered that very little is known about Medicare Locals and or the Tier 3 ATAPS initiative in the general community. The following section includes links to documents that may assist you in identifying stakeholders in your local area and providing them with background information relating to the ATAPS Tier 3 initiative and primary mental health care.

- Community Managed Organisations
 - Way Ahead: A Mental Health Information & Service Directory which is available from The Mental Health Association of NSW www.mentalhealth.asn.au
- Area Mental Health Services, Community & Inpatient Units (these will be area specific)
- Consumer Groups
 - www.nmhccf.org.au
 - www.mhca.org.au
- Carers
 - <http://www.carersnsw.asn.au/>
- Allied Health
 - <http://www.aasw.asn.au/>
 - <http://www.psychology.org.au/>
 - <http://www.ausot.com.au/>

- Mental Health Nurses
 - <http://www.acmhn.org/>
- Indigenous Mental Health Workers
 - Local Indigenous organisations and Area Health Services may be able to assist in locating Indigenous Mental Health Workers

Medicare Locals Discussion Paper

<http://www.yourhealth.gov.au/internet/yourhealth/publishing.nsf/Content/MedicareLocalsDiscussionPaper>

Discussion Paper Flexible Care Packages for People with Severe Mental Illness

<http://www.gpnsw.com.au/programs/mental-health/ataps>

AGPN Consultation Report on Flexible Care Packages

<http://www.gpnsw.com.au/programs/mental-health/ataps>

A Guide to Understanding and Working with General Practice in NSW

<http://www.gpnsw.com.au/resources/guide-to-understanding-and-working-with-general-practice>

Mental Health & Primary Care; An Information Resource for Divisions of General Practice /Medicare Locals about the Community Managed Sector

http://gpnsw.com.au/_data/assets/pdf_file/0015/3570/MHCC-GP-Info-Sheet-May-2011.pdf

Care Coordination

As well as purchasing clinical services for Tier 3 ATAPS, Medicare Locals will need to provide care coordination roles to work with referring GPs to deliver clinical and social support services to people with severe and chronic mental illness. These roles will need to facilitate links and flexible pathways to these services.

The model of care coordination each Division/Medicare Local develops will depend on what services are locally available. However, the following links provide examples of care coordination that may be of assistance to you.

GP Partners Care Coordination Model

http://www.gppartners.com.au/page/Practice_Nurse/Care_Coordination_External/

Partners in Mind Project

http://www.partnersinmind.com.au/content/Document/Resources/PIM_Example_MHS_and_DGP.pdf

Building Collaborative Partnerships: The Mental Health Nurse Incentive Program: A Partnership between St George Division and St George Mental Health Service

http://www.gpnsw.com.au/_data/assets/pdf_file/0014/3623/110712_ref_Building-Collaborative-Partnerships-MHNIP-a-partnership-between-St-George-DGP-MH-Service-Article-Aug-09.pdf

Referral Pathway MHNIP - Care Coordination a resource developed by St George Division

http://www.gpnsw.com.au/_data/assets/pdf_file/0015/3624/110712_res_Care-coordination-model_St-George-DGP.pdf

Care Planning Processes: From Managed Care to Self Directed Care

http://www.gpnsw.com.au/_data/assets/pdf_file/0016/3625/110712_res_Glover-careplan_process.pdf

NSW COAG Mental Health Group Care Coordination in NSW

<http://www.mhcc.org.au/documents/NSWConsolidatedframeworkgovernanceandreferralsforCareCoordinationFebruary2008.pdf>

Section Two

Memorandum of Understanding (MoUs) / Service Level Agreements

MoUs are documents developed between two or more organisations outlining an intent to work together to achieve a shared objective. Sometimes the MoUs contain specific details of how this will occur.

An example of a MoU and a template can be found at:

<http://www.partnersinmind.com.au/index.php?action=view&view=46212&pid=12452>

Alternatively:

A Service Level Agreement (SLA) is developed between the funder and the service provider which outlines the specific details of the working arrangement. Some of the items for consideration in the SLA could include:

- Communication protocols and requirements
- Performance management procedures
- Complaints procedures
- Eligibility criteria
- Articulation of the roles and responsibilities of each party
- Articulation of type of service to be delivered
- Articulation of eligibility criteria
- Articulation of agreed & clearly defined referral pathways
- Articulation of agreed & clearly defined communication requirements and processes
- Clear outline of reporting requirements
- Articulation of Discharge Criteria
- Develop Demand Management policies
- Process for consumer engagement/input
- Evaluation strategy incorporating process & patient outcome indicators
- Articulation of Grievance Policy
- Agreed Clinical Policy Documents (see below)

Clinical Policy Document

The following is an example of the headings to be addressed in a Clinical Policy Document. Each Division, Medicare Local, should consider aligning their Clinical Policy Documents with their organisational strategic plans and overarching corporate governance structures.

The process relating to development and review for this particular example, which has been developed for a Division's employee workforce, is as follows:

The document is reviewed bi-annually by staff. After review the Policy is submitted to the CEO then to the Clinical Governance Committee which is a subcommittee of the Board. If required the document will be progressed to the board, otherwise if there is no requirement for a Board review, the document is endorsed by the Clinical Governance Committee

- 1.1 Policy
2. Responsibility
- 2.1 Definitions
3. Overview
- 3.1 Focused Psychological Strategies (FPS)
4. Clinical Governance
- 4.1 Clinical Audit
- 4.2 Clinical Risk Management
- 4.3 Knowledge Management and Clinical Effectiveness
- 4.4 Professional Education and Development
- 4.5 Clinical Supervision
- 4.6 *Contractors to Divisional Mental Health Program*
5. Clinical Intervention
- 5.1 *Access to Divisional Mental Health Program*
- 5.2 Referrals
- 5.3 Criteria for Referral
- 5.4 Inappropriate/Unsuitable Referrals all ages
- 5.5 Individual Patient Risk
- 5.6 Booking Appointments
- 5.7 Cancellations/Failed to Attend
- 5.8 Waiting List Management
- 5.9 Maintenance of Patient Health Records
- 5.10 Consent
- 5.11 Patient's Rights and Responsibilities
- 5.12 National Practice Standards for the Mental Health Workforce
- 5.13 Professional Standards and Behaviour
- 5.14 Feedback to GPs
- 5.15 Caseload Management
- 5.16 Discharging Patients
- 5.17 Service Evaluation
- 5.18 Conflict of Interest
- 5.19 Request for Change of Clinician
- 5.20 Visiting Services
- 5.21 Complementary Services
- 5.22 Interventions outside the Clinical Environment
- 5.23 Group Interventions
- 5.24 Requests for Legal/Insurance Reports
- 5.25 Data Collection
- 5.26 Information Management & Communication
- 5.27 Research
6. Document Information
7. Amendments

Relevant documents:

AGPN Clinical Governance Framework for Medicare Locals

http://www.agpn.com.au/_data/assets/pdf_file/0011/36398/20110217_brf_A-Clinical-Governance-Framework-1-0-2.pdf

National Standards for Mental Health Services

<http://www.health.gov.au/internet/main/publishing.nsf/content/mental-pubs-n-servst10>

Risk Management

Divisions/Medicare Locals should have in place processes for identifying and reporting potential risks to both patients and the organisation. Items for consideration include:

- Risk identification & management processes
- Incident (both potential & actual) reporting procedures
- Demand management strategies
- Escalation/de-escalation procedures
- Complaints procedures
- Electronic systems integrity
- Failure to attend; process for follow up

The following is noted from *Medical Observer, Legal Observer 15 February 2008*

“During the past decade, a handful of court decisions have found that the referring doctor does have a legal responsibility for their referrals”.

The Division referral processes and triage services need to be mindful of the responsibilities of the referring GP.

Relevant document:

Second Interim Report for the Evaluation of the Specialist Services for Consumers at Risk of Suicide

http://www.gpnswh.com.au/_data/assets/pdf_file/0011/3620/110712_rpt_Second_Interim_Report_for_the_Evaluation_of_the_Specialist_Services_for_Consumers_at_Risk_of_Suicide.pdf

Recruitment

Issues to be considered when recruiting service providers include:

- Scope of practice (ensure appropriate training & experience in area of practice)
- Credentialing
- Academic College/Professional Organisation input (provides clinical expertise at interview)
- Criminal Checks
- Working with Children Checks (please note that in NSW a child is defined as anyone under the age of 18)

Quality Improvement

- Scope of practice (work undertaken by service providers needs to be within the identified scope of practice)
- Continuing Professional Development
- Performance indicators
- Clinical supervision

Relevant Documents:

A resource on clinical supervision from the Australian College of Mental Health Nurses

<http://www.acmhn.org/career-resources/clinical-supervision.html>

National Standards for Mental Health Services

<http://www.health.gov.au/internet/main/publishing.nsf/content/mental-pubs-n-servstds-toc>

A Framework for Managing the Quality of Health Services in NSW

http://www.health.nsw.gov.au/resources/quality/framework_pdf.asp

Information Management

- Record Keeping: Collection, Storage
- Privacy & confidentiality
- Confidentiality Agreements
- Designated Access
- IT Support

Relevant Documents:

Health Records & Information Privacy Act 2001 (NSW Handbook to Health Privacy
http://www.lawlink.nsw.gov.au/lawlink/privacynsw/ll_pnsw.nsf/pages/PNSW_03_hriphdbkindex

Handbook for the Management of Health Information in Private Medical Practice
<http://www.racgp.org.au/Content/NavigationMenu/PracticeSupport/Runningapractice/Privacy/Handbookforthemangementofhealthinformationinprivatepractice/20021014privacy.pdf>

ATAPS Evaluation Reports

All ATAPS Evaluation Reports can be viewed at:
<http://www.health.gov.au/internet/main/publishing.nsf/Content/mental-boimhc-repts>