

Co-existing problems (CEP) diagnosis information in Programme for the Integration of Mental Health Data (PRIMHD)

Version 2, April 2016.



Purpose

Services that are aware of the needs of tāngata whai ora accessing their services, can plan workforce development activities and service design to better address those needs. Consistent and accurate entry of appropriate diagnostic information into the Programme for the Integration of Mental Health Data (PRIMHD) informs this awareness.

The purpose of this guide is to:

- highlight the importance of collecting *all* mental health and addiction diagnoses in PRIMHD
- highlight how use of diagnostic information can contribute to the development of CEP responsive and capable mental health and addiction services.

Recording physical health diagnoses are encouraged as people with mental health and/or addiction problems have a greater level of physical health issues and premature mortality than the general population,

www.tepou.co.nz/initiatives/equally-well-physical-health/37.

What do we currently know?

PRIMHD requires that “*all mental health and addiction tangata whai ora/consumers of DHB provider arm teams are to be assessed and a diagnosis documented within 91 days of the activity start data*”¹. The Ministry of Health estimates that tāngata whai ora with CEP account for about half of the people in mental health services, and about two-thirds of the people in addiction services. However, recorded diagnosis rates do not reflect these estimates:

- analysis of the diagnostic information collected in PRIMHD during July 2015 found that only 46 per cent of people currently attending a mental health or addiction service had a mental health *or* addiction diagnosis recorded
- only 8 per cent of tāngata whai ora with any diagnosis had both a mental health *and* alcohol and/or other drug diagnosis recorded.

Proportionally greater numbers of Māori and Pacific people are estimated to have mental health and addiction problems². Collecting accurate ethnicity data enhances the utility and relevance of diagnostic data.

Why do we need better information about people with CEP?

- To gain a more detailed understanding of the prevalence and patterns of CEP across the country. *This information will contribute to local service planning.*
- To identify people with CEP who access more than one service.
- To provide information about changes in the health and wellbeing of people with CEP by linking to outcomes measures. *This information can be used to coordinate and provide integrated care and inform what contributes to individual wellbeing/recovery plans.*
- To improve workforce planning, www.tepou.co.nz/initiatives/workforce-planning/15. *Knowing the needs of tāngata whai ora informs service improvement and workforce planning.*

¹ Service Delivery for People with Co-existing Mental Health and Addiction Problems – Integrated Solutions. Ministry of Health. (2010).

<http://www.health.govt.nz/publication/service-delivery-people-co-existing-mental-health-and-addiction-problems-integrated-solutions-2010>

² Te Rau Hinengaro: The New Zealand Mental Health Survey, Mark Oakley Browne, Elisabeth Wells, & Kate Scott, 2006

How can leaders improve information collection and use?

Improving information collection	<ul style="list-style-type: none">• Identify the collection of accurate tāngata whai ora information as core business.• Define the expectation for clinicians to make and collect primary, secondary and provisional diagnoses³ and record CEP information for all tāngata whai ora.• Carry out regular internal reviews to identify and manage any issues related to information collection compliance at a service, team or individual level.
Improving information use	<p>Service level</p> <ul style="list-style-type: none">• Use extracted primary, secondary and provisional diagnosis information about CEP to inform service planning, allocation of resources and workforce development priorities. <p>Team level</p> <ul style="list-style-type: none">• Analyse available information about people with CEP to determine prevalence of CEP in tāngata whai ora attending each service.• Use this information to identify the appropriate level of CEP capability needed within a team and identify where workforce development and/or service improvement priorities exist.• Discuss diagnoses at multi-disciplinary team meetings or clinical reviews and ensure that they are recorded in local electronic patient management systems.

How can a service extract relevant diagnostic data?

Diagnoses, in terms of primary, secondary and provisional diagnoses, are entered by clinicians into the organisation's client information systems. This information is then submitted to PRIMHD by district health boards (DHBs). Many non-government organisations (NGOs) do not submit diagnoses to PRIMHD.

Extracting information from organisational client information systems

Although many NGOs do not submit primary, secondary and provisional diagnoses to PRIMHD, this information could be extracted from their own client information system.

For DHBs, even though diagnostic information is sent to PRIMHD, it is generally easier to extract information prior to PRIMHD submission. Some DHBs may already have a reporting function on their local system that can extract the data, or they may need to talk to their information service team or system vendor about how to extract the data.

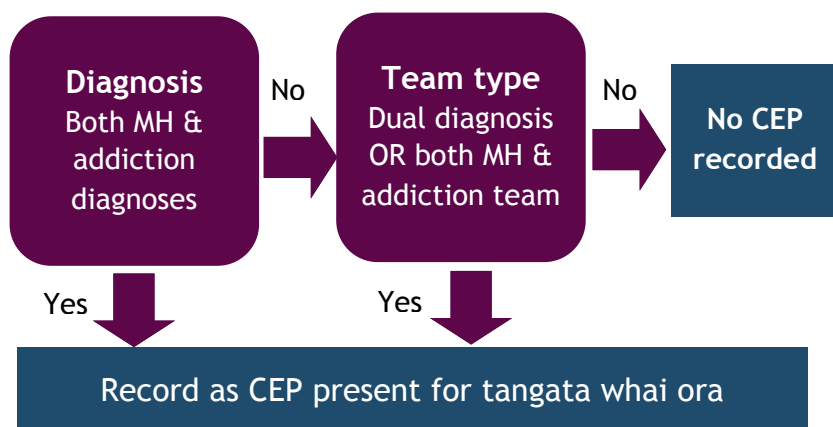
³ The terms Primary, secondary and provisional are used as technical terms within PRIMHD and have no relevance to the severity or aetiology of disorders, problems or service priorities.

The following steps can be taken to extract data.

Step 1. Contact the client information system vendor, this may be internal if it is a DHB service.

Step 2. Specify that you would like information on:

- all diagnoses recorded against individual clients
- demographic information, this can be broad or specific, such as: referral start, Māori male, 18 to 24.



*If CEP is indicated via team type but not recorded in diagnosis please ensure all diagnoses are entered into PRIMHD.

Diagnosis group	ICD-10	DSM-IV	DSM-V (aligned to ICD-10)
Drug and alcohol	F10-F19	291-292, 303-305	291-292, 303-305
Gambling	F63.0	Not specific (312.31)	312.31
Mental health	F00-09, F20-F99 (includes gambling)	290, 293-302, 306-319, 607.84, 608.89, 625.0, 625.8, 780.09, V618 (includes gambling)	290, 293-302, 306-319, 607.84, 608.89, 625.0, 625.8, 780.09, V618
Other	Physical diagnoses such as diabetes, metabolic syndrome, and/or cardiovascular disease	All other diagnosis	

Step 3. Analyse the data and consider the following questions.

- What does it tell you about the needs of the people using your services?
- How will you use this data to contribute to improved service delivery?
- Are their trends in terms of demographics and any particular issues?
- How will you use this data for workforce development? www.tepou.co.nz/initiatives/workforce-planning/15

For further guidance on questioning and interpreting your data reports please see Section 3 of the PRIMHD information and utility resource document, www.tepou.co.nz/resources/primhd-information-and-utility-resource/719.

Extracting information from PRIMHD

If your organisation is submitting information to PRIMHD you are entitled to request a specific extract containing the information that your organisation has submitted. You can also request a customised extract such as a summarised report, however, depending on the complexity of the work involved, the request may incur a charge. The following steps can be taken to request data.

Step 1. Determine your request. For example a request may be ‘all new referrals submitted by your organisation between July 2014 to 30 June 2015 and contain both addiction and MH diagnoses’ or ‘all referrals with both addiction and MH diagnosis as at 1 May 2015’. The key is to be specific.

Step 2. Request the extract from data-enquiries@moh.govt.nz.

Step 3. Analyse the data and consider the following questions.

- What does it tell you about the needs of the people using your services?
- How will you use this data to contribute to improved service delivery?
- Are their trends in terms of demographics and any particular issues?
- How will you use this data for workforce development? www.tepou.co.nz/initiatives/workforce-planning/15.

Step 4. Potentially exclude out-of-scope referrals. The current PRIMHD diagnoses protocol is that “*all diagnoses need to be entered into PRIMHD either: (1) within 91 days of first face to face activity, or (2) before the referral ends (excluding referral end codes DG, DM, RI, RO and ID)*”⁴. To ensure you are analysing the PRIMHD data as per the protocol you may decide to exclude referrals that do not meet this criteria.

For further guidance on questioning and interpreting your data reports please see Section 3 of the PRIMHD information and utility resource document, www.tepou.co.nz/resources/primhd-information-and-utility-resource/719.

Conclusion

In conclusion many people accessing mental health and addiction services have co-existing problems and this document provides guidance on how services can gather a picture about the needs of people accessing services which can then be used to assist with workforce planning and service design.

⁴ Ministry of Health (2016) PRIMHD File Specification V2.2.2, <http://www.health.govt.nz/nz-health-statistics/national-collections-and-surveys/collections/primhd-mental-health-data/primhd-file-specification>, p56

Key contacts and further information

PRIMHD information collection and use

For more information about PRIMHD information use and collection check out the following links.

PRIMHD information and utility resource

- www.tepou.co.nz/resources/primhd-information-and-utility-resource

The Ministry of Health

- www.health.govt.nz/publication/guide-primhd-activity-collection-and-use
- www.health.govt.nz/system/files/documents/publications/guide-primhd-activity-collection-use-feb16.pdf
- www.health.govt.nz/nz-health-statistics/national-collections-and-surveys/collections/primhd-mental-health-data
- <http://healthitboard.health.govt.nz/health-it-groups/health-information-standards-organisation-hiso/hiso-100232015-project-integration>

For queries relating to PRIMHD information data analysis please contact Sandra.Baxendine@tepou.co.nz, data analyst, Te Pou o te Whakaaro Nui.

Co-existing problems

For more information about the co-existing problem joint workforce project check out the following links.

Matua Raki

- www.matuaraki.org.nz/initiatives/co-existing-problems

Te Pou o te Whakaaro Nui

- www.tepou.co.nz/initiatives/co-existing-problems
- www.tepou.co.nz/initiatives/equally-well-physical-health

The Werry Centre

- www.werrycentre.org.nz

Te Rau Matatini

- teraumatatini.com

For queries relating to responding to co-existing problems please contact Ashley.Koning@matuaraki.org.nz, project lead, Matua Raki.