Privacy and consent changes for Primary Mental Health Care Providers

Webinar – Tuesday 18 June 2024







Acknowledgement of Country

We acknowledge Aboriginal and Torres Strait Islander peoples as the Custodians of this land. Today from Springfield PHN Office, the traditional owner groups are Jagera (Jug-er-a), Yuggera

(Yah-gah-rah) and Ugarapul (yoo-gah-ra-pull) People. I'd like to pay my respect to Elders past and present, as well as emerging leaders, and commit to a future with reconciliation and renewal at its heart.

We recognise that the concepts of land, family and spirituality are directly linked to Aboriginal and Torres Strait Islander peoples' physical, mental, social, spiritual and cultural wellbeing.

I would also like to acknowledge the resilience and wisdom of Aboriginal and Torres Strait Islander peoples as one of the world's longest lasting cultures and recognise our responsibility to contribute towards a more equitable and culturally safe primary care system.







DDWM PHN — MHSPAOD, System Integration

Kezia Hazelwood

Commissioning Update

- Commissioning update 31 May 2024
- Transition to better integrated models of mental health care
- Consent, data collection, reporting, and data linkages will inform new models
- Link to recording: <u>https://www.ddwmphn.com.au/commissioning-update-may-2024</u>





Qld Health - Suicide Prevention MHAOD Branch

Courtney O'Donnell

Joni Bennett

Who are we?

Suicide Prevention Team, Mental Health Alcohol and Other Drugs Branch

Key initiatives:

- Expansion to Universal Aftercare
- Implementation of the Zero Suicide in Healthcare Framework
- Workforce development
- Other initiatives under Better Care Together and the Bilateral Schedule
 - Distress Brief Intervention
 - Postvention

Key stakeholders:

 Hospital and Health Services, Primary Health Networks, non-government service providers, training providers, researchers

What will data linkage enable?

- Currently, we receive reporting from service providers in isolation of each other
 - Limited understanding of how people experience the whole health service system, only parts of it
- Opportunity exists to link datasets, without identifying individual people, which will enable us to:
 - understand flow of clients through the service system
 - understand re-presentation rates to various services including hospitals
 - understand the range of services people might be receiving at one time
 - understand where gaps in the service system exist

What can we do with this information?

- Improve the experience of people receiving services
 - Fill gaps in the service system where people are currently falling through
 - Improve efficiencies where people are accessing multiple services at one time, consider how we can support more collaborative, integrated approaches to care
- Improve targeted investment in service delivery
 - Identify service demand and service need
 - Improve identification of workforce training and education needs
- Improved capability to look at impact of
 - Programs and services
 - Training and education

DDWM PHN - Digital Transformation, Performance and Evaluation

Brian Kurth

Consent statement, 5 key messages

April 2024

- PHNs should, by 30 April 2024, ensure that the consent documents and processes they establish include client consent to the provision of personal information.
- I consent to de-identified, personal information about me being provided to the Australian Government Department of Health and Aged Care, Queensland Health, and the Darling Downs and West Moreton PHN to be used for research and evaluation purposes.
- This involves my personal information being used to create a de-identified code that will allow my de-identified information to be linked with other de-identified information for the purposes of research and analysis to improve mental health services in Australia. This requires details about me such as my date of birth and gender, but will not include my name, address or Medicare number.
- I understand that my personal information will not be provided to the Department of Health and Aged Care, and Queensland Health, if I do not give consent.
- I also understand that my consent is not required for the Department of Health and Aged Care and Queensland Health to receive summarised data about my use of mental health services, combined together with data from other clients who also used mental health services funded by the Darling Downs and West Moreton PHN, because this summary data does not use my personal information.



It is happening now

- PHNs should, by 30 April 2024, ensure that the consent documents and processes they establish include client consent to the provision of personal information.
 - Process was started in April/May 2024, with providers.
 - RHEALTH have assisted to include in the refeRHEALTH system.
 - From 1 July 2024, it is expected any new consent is the 'new consent'.
 - Old consent is not considered ongoing.





Informed consent to share

- I consent to de-identified, personal information about me being provided to the Australian Government Department of Health and Aged Care, Queensland Health, and the Darling Downs and West Moreton PHN to be used for research and evaluation purposes.
 - Two elements of consent: (A) to participate and (B) to share de-identified linkable data.
 - Today we are focused on data sharing and linkage.
 - It needs to be informed consent, and record kept by provider as appropriate.
 - Important to understand how it will be used.





How it will be used and kept safe

- This involves my personal information being used to create a de-identified code that will allow my de-identified information to be linked with other de-identified information for the purposes of research and analysis to improve mental health services in Australia. This requires details about me such as my date of birth and gender, but will not include my name, address or Medicare number.
 - The person will always remain de-identified; and the information kept safe.
 - You see their personal information, we don't.
 - Their information is used to generate a code.
 - Consent is for this code to be shared and used with other de-identified data.



Consent and service provision

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I understand that my personal information will not be provided to the Department of Health and Aged Care, and Queensland Health, if I do not give consent.

- They do not have to consent.
- They can change their mind too, and this can be updated.
- A person can still receive a service.
- The importance of informed consent
 - the benefits for their services;
 - while protecting their privacy.





Keep recording all data, the system handles it

- I also understand that my consent is not required for the Department of Health and Aged Care and Queensland Health to receive summarised data about my use of mental health services, combined together with data from other clients who also used mental health services funded by the Darling Downs and West Moreton PHN, because this summary data does not use my personal information.
 - Data collection is required regardless of data sharing.
 - You don't need to change the way you use the system.
 - Aggregated reporting is not private information, so is safe to share.
 - refeRHEALTH has been updated. It manages this for you.





RHEALTH - refeRHEALTH

Cameron Symonds

Updated MDS Privacy & Consent process



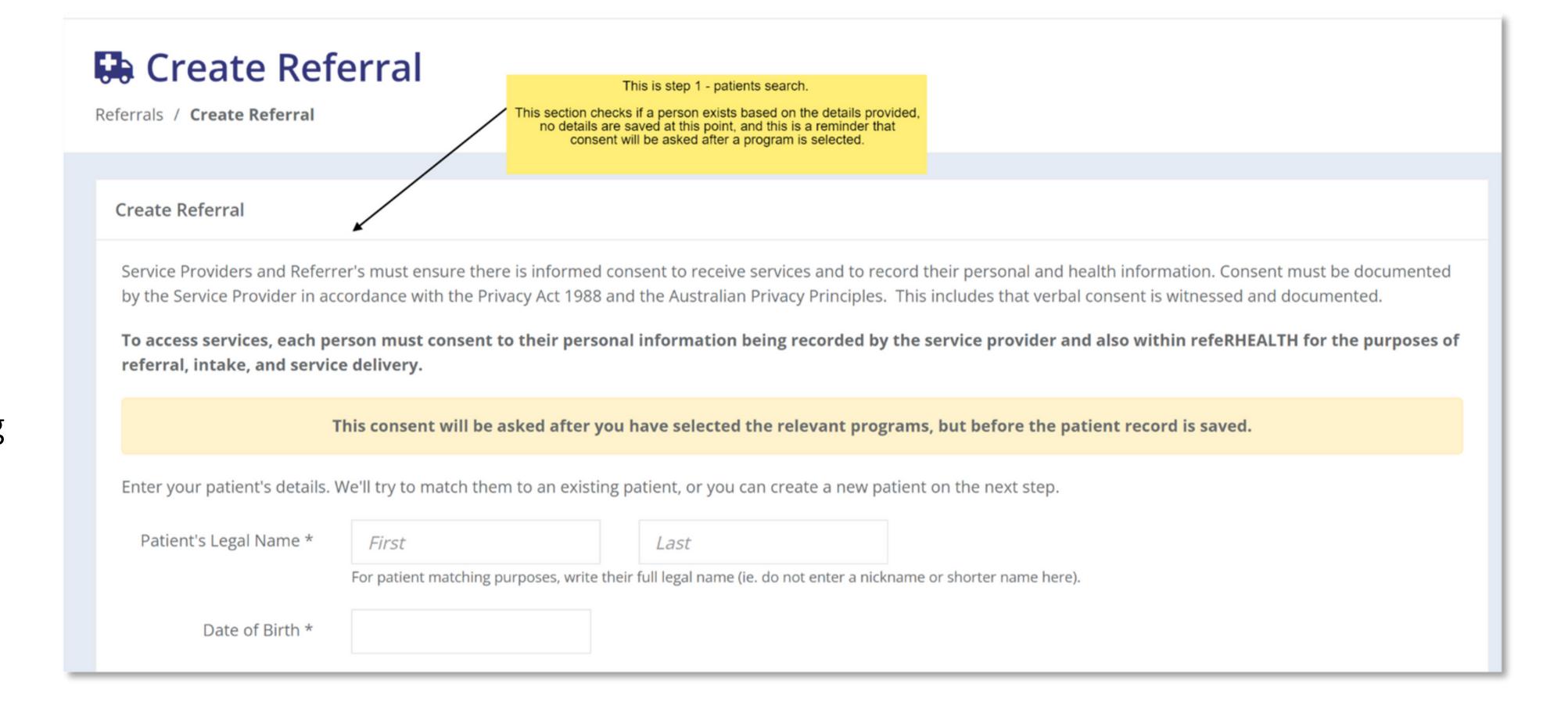
The consent flow in refeRHEALTH has been updated to reflect recent changes issued by the Australian Government Department of Health and Aging in April 2024.

Changes cover help text and wording for:

- Consent participate in the service
 - Consent to share deidentified data with the Department

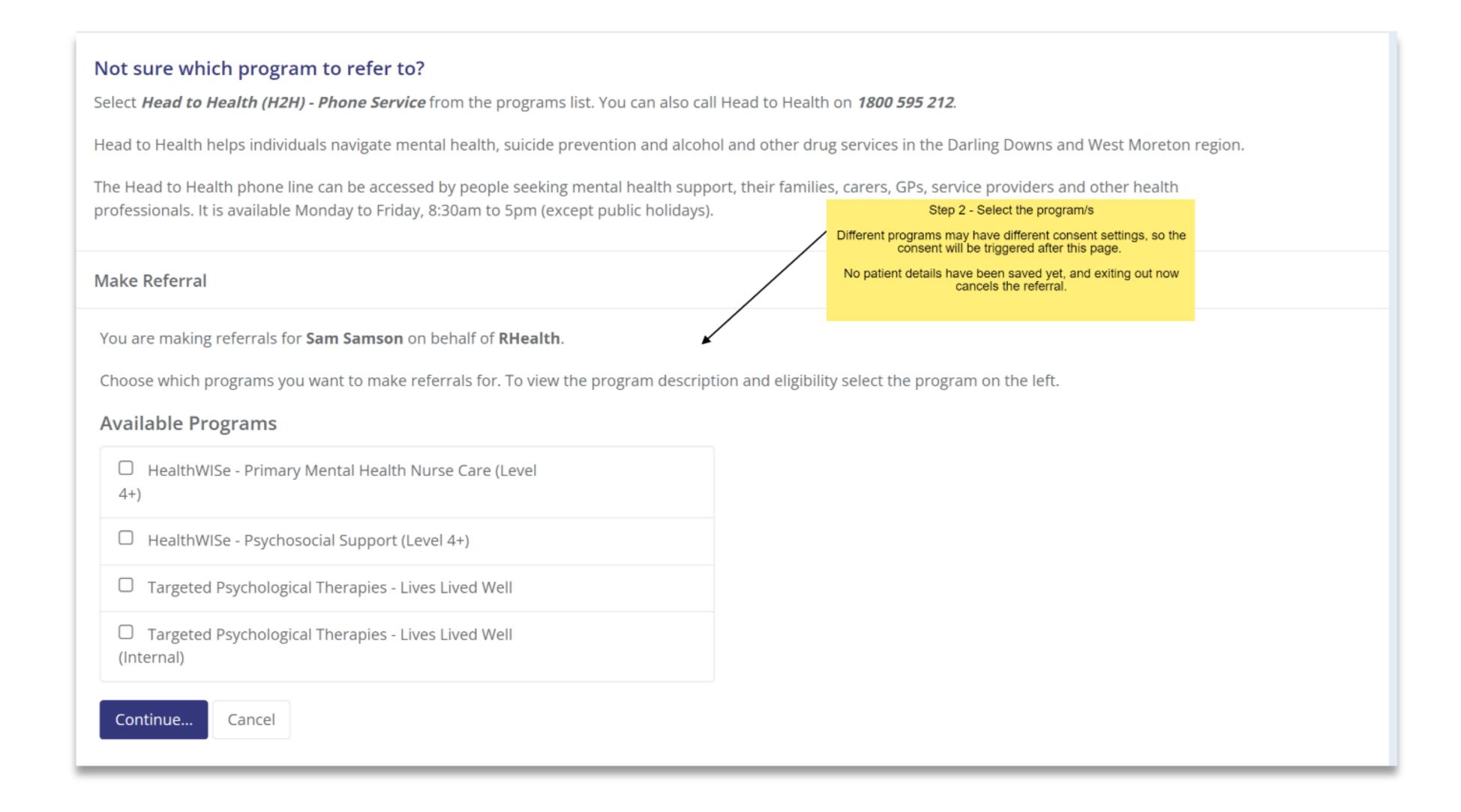
Step 1

Consent introduction and reminder (entering from 'Create referral' only)



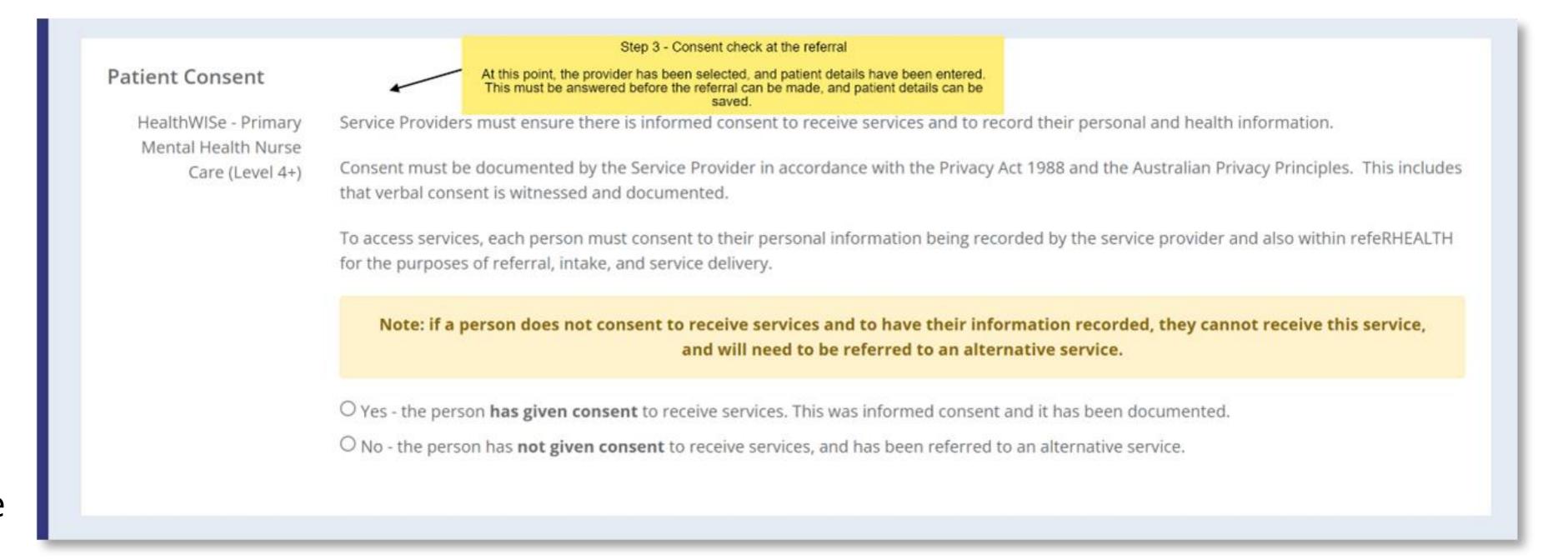
Step 2

Select the program (or programs) the client will be referred to



Step 3

Once the program has been selected, and client details have been entered, select the response to the consent checkpoint

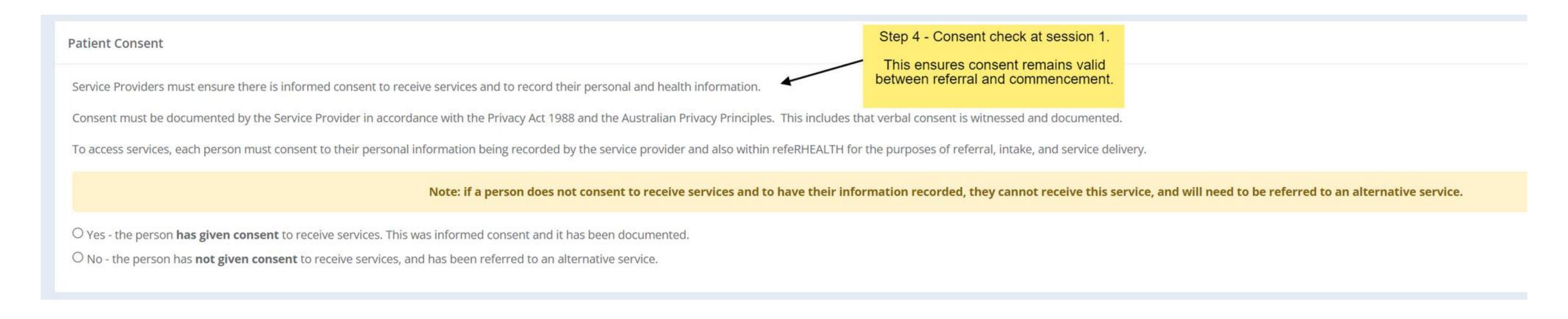


If consent is not given, the episode of care cannot proceed. The user can cancel the episode of care, and no details of the referral or person are saved to refeRHEALTH. At this point, alternative services should be discussed with the client, to ensure that they receive care as required.

If consent is given, the user can complete entering the episode of care as normal. This is the confirmation that informed consent has been gained by the referrer to proceed.

Step 4

Once the referral is made, and services commence, select the response to the consent checkpoint at session one

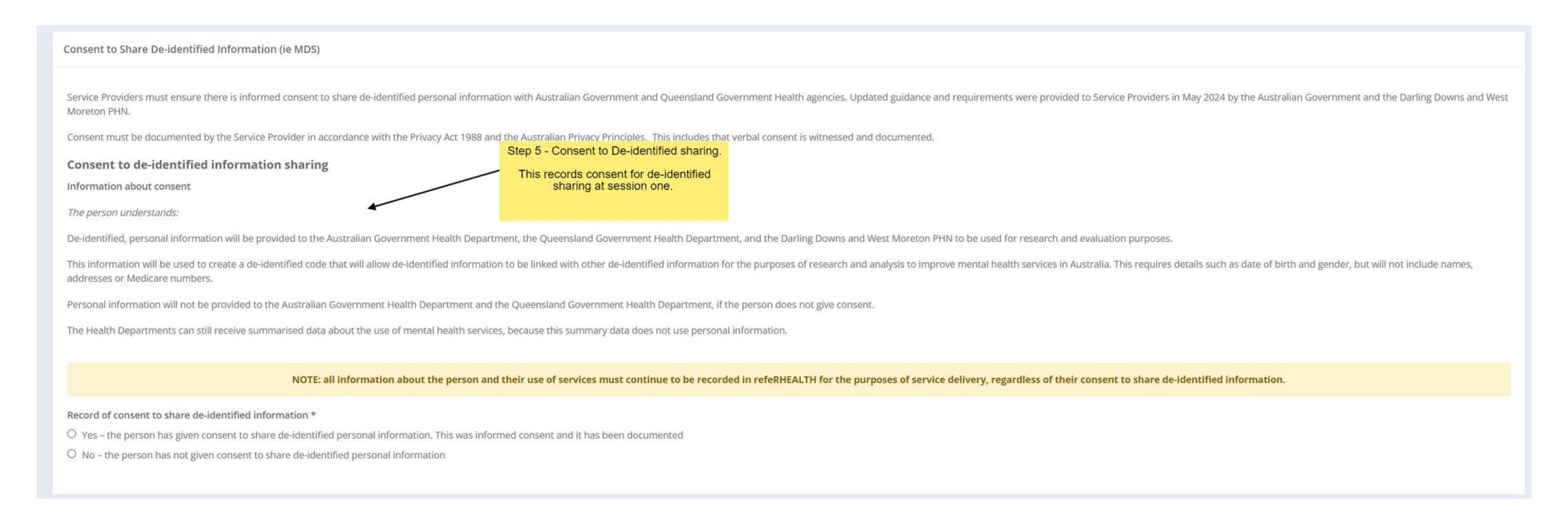


If consent is not given, the episode of care cannot proceed. The user will close the episode of care, with the reason being 'Client declined services'. At this point, alternative services should be discussed with the client, to ensure that they receive care as required.

If consent is given, the user can complete entering the first session as normal. This is the confirmation that informed consent has been gained by the provider to proceed.

Step 5

Once services commence, select the response to the consent checkpoint at session one for the sharing of de-identified information



Users should continue to record all details about the client and services delivered into refeRHEALTH, regardless of the response to this consent.

Contact us

helpdesk@rhealth.com.au 07 4638 1377

DDWM PHN — Data Insights

Danni Jansen

DDWM PHN Commissioned Provider portal

https://www.ddwmphn.com.au/provider-portal





Any questions?





Thank you for joining us.

Keep up to date and follow us on:









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