Performance Indicators

Medicare Mental Health (MMH) Phone Service

WA Primary Health Alliance
Better health, together

	Indicator	Data source and measurement	Purpose	Target
Improved health equity	MMHPS1.1 % of consumers from low socioeconomic areas	Data reported into the PMHCIS, specifically relating to the postcode of the consumer. WAPHA will then use the postcode information to map to an ABS SEIFA decile. Calculated as the number of unique consumers residing in SEIFA deciles 1, 2 or 3 divided by the total number of unique consumers.	A critical component of WAPHA's purpose is to ensure that the people most at risk of poor health outcomes have access to quality care. This includes Aboriginal people and clients in low socioeconomic areas.	No target; for monitoring
Improved health equity	MMHPS1.2 % Aboriginal consumers	Data reported into the PMHCIS, specifically relating to the Aboriginal status of the consumer. Calculated as the number of unique consumers identifying as Aboriginal or Torres Strait Islander, divided by the total number of unique consumers.		No target; for monitoring
Improved patient experience	MMHPS2.1 % of routed calls answered within 120 seconds of interactive voice response (IVR) completion	Consumer records; call logs; recorded in telephony records. Reported to WAPHA via monthly reports.	To ensure callers can access support quickly during times of distress.	>80%
Improved patient experience	MMHPS2.2 % of abandoned calls	Consumer records; call logs; recorded in telephony records. Reported to WAPHA via monthly reports and reported into the PMHCIS. Calculated as the number of all routed calls which are abandoned by the consumer at any time post IVR, divided by the total number of all routed calls.	To indicate whether callers are able to remain engaged for meaningful support.	≤15%
Improved patient experience	MMHPS2.3 % of consumers comfortable using the service	Via responses to the Medicare Mental Health Initial Experience Survey. The percentage of consumers who responded **Agree or Strongly agree** to the statement: *You felt comfortable using the service*, divided by the number of consumers completing the survey.	Understanding consumers' views of their experiences is critical in optimising care. "Improved Patient Experience" is one of the five domains of the Quintuple Aim.	>70%
Improved patient experience	MMHPS2.4 % of consumers who felt listened to	Via responses to the Medicare Mental Health Initial Experience Survey. The percentage of consumers who responded **Agree or Strongly agree** to the statement: *You were listened to in all aspects of your support needs (such as physical and mental health, housing, employment etc)*, divided by the number of consumers completing the survey.		>70%
Improved patient experience	MMHPS2.5 % consumers who felt information supported their needs	Via responses to the Medicare Mental Health Initial Experience Survey. The percentage of consumers who responded **Agree or Strongly agree** to the statement: *The information you were given and/or services you were referred to made you feel that you will get the appropriate support for your needs*, divided by the number of consumers completing the survey.		>70%
Improved patient experience	MMHPS2.6 % overall satisfaction	Via responses to the Medicare Mental Health Initial Experience Survey. The percentage of consumers who responded **Agree or Strongly agree** to the statement: *Overall you felt that contacting Medicare Mental Health was worthwhile*, divided by the number of consumers completing the survey.		>70%

*A consumer is considered to reside in a low socio-economic area if their postcode of residence falls in the lower 3 deciles of socio-economic advantage and disadvantage, as per the Australian Bureau of Statistics definition of people's access to material and social resources, and their ability to participate in society.

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	Indicator	Data source and measurement	Purpose	Target
Improved health outcomes	MMHPS3.1 % of consumers undertaking an IAR-DST assessment	Data reported into the PMHCIS, specifically relating to the IAR-DST assessments. Calculated as the number of unique consumers who undertook an IAR-DST assessment, divided by the total number of unique consumers.	To ensure consumers contacting the service are consistently assessed using a standardised, nationally recognised framework, enabling accurate identification of level of need, appropriate service matching, and equitable triage across the stepped care system.	No target; for monitoring
	MMHPS3.2 % of on-referred consumers followed up within 7 business days	Consumer records; call logs; recorded in telephony records. Reported to WAPHA via monthly reports. Calculated at the number of on-referred consumers who were followed up via outbound phone call or SMS within 7 business days of initial assessment, divided by the total number of on-referred consumers.	Smooth referral pathways are essential to the effective operation of the service.	100%
	MMHPS3.3 % of all out of hours call back requests followed up within 24 business hours	Consumer records; call logs; recorded in telephony records. Reported to WAPHA via monthly reports. Calculated as the number of consumers contacting the service out of hours who requested a call back and were contacted within 24 business hours of the request, divided by the total number of consumers contacting the service out of hours who requested a call back.	To ensure that people who seek help outside standard operating hours are not left without support, and that identified needs or risks are followed up in a timely, safe, and equitable manner once services resume.	100%
	MMHPS3.4 % high risk calls followed up within 24 business hours of their initial call	Consumer records; call logs; recorded in telephony records. Reported to WAPHA via monthly reports. Calculated as the number of callers experiencing high levels of distress or who are assessed as having an IAR score of 5 who were **followed up by an intake staff member via outbound call within 24 hours** of their initial call, divided by the total number of callers experiencing high levels of distress or who are assessed as having an IAR score of 5.	To ensure callers with a suicide risk or experiencing high levels of distress can access timely support during times of distress.	100%
	MMHPS3.5 % of assessed consumers where referral is accepted or wait-listed	Calculated as the number of assessed consumers where a referral is made to a service and that service either accepts immediately or adds the client to a wait list, divided by the total number of assessed consumers where a referral is made to a service.	To assess the appropriateness and quality of referrals generated by the service.	>75%
Improved cost effectiveness	MMHPS4.1 % Average cost per answered call	Data reported to the PMHCIS and contract value information. Total contract value divided by number of answered calls.	To ensure efficient use of public funding while maintaining service quality.	On par or below previous FY