Experience, outputs or outcome measures

Making sense of what we know, what we think we know and what we should know
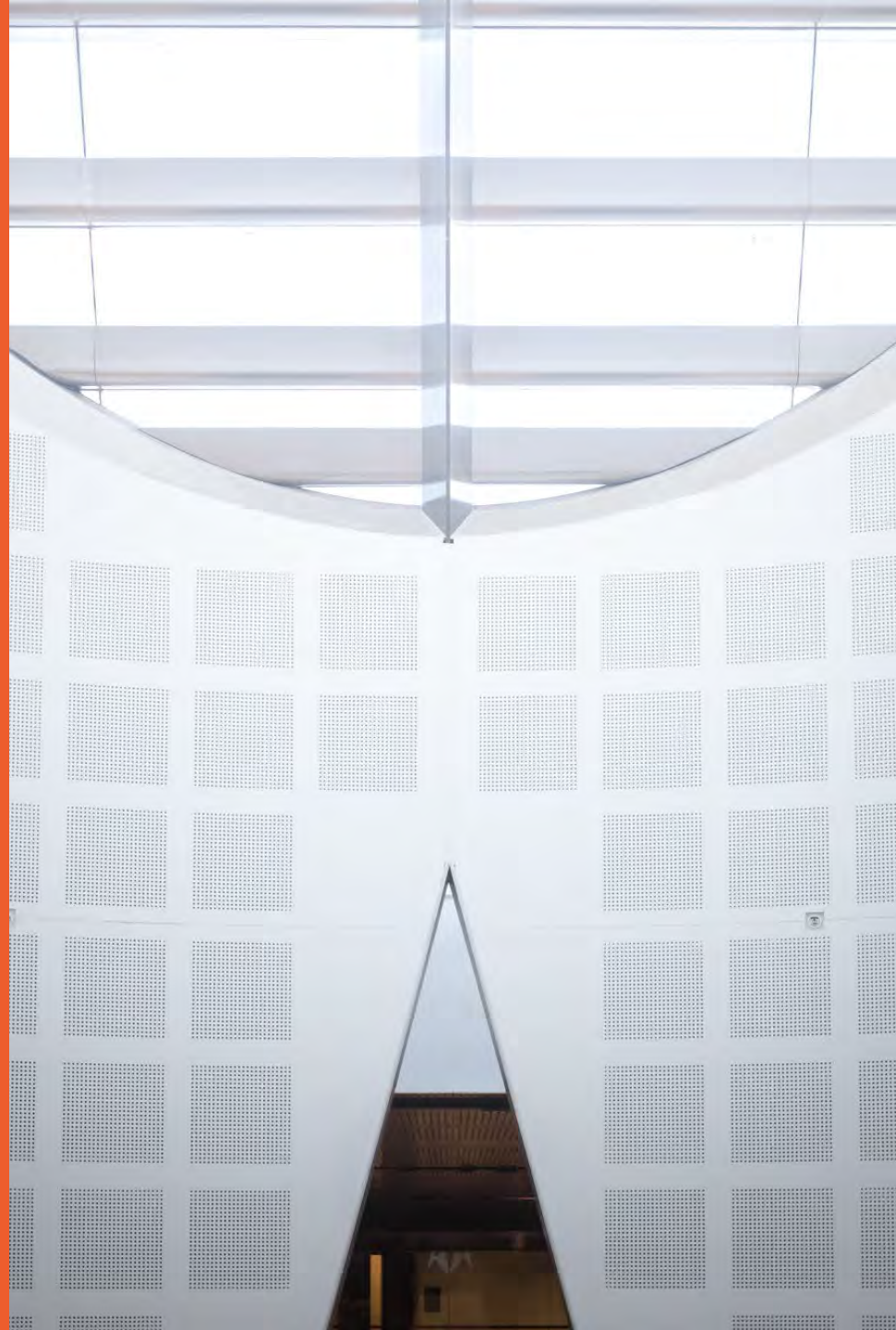
Presented by
A/Professor Carolyn Day
Addiction Medicine, Sydney Central Clinical School
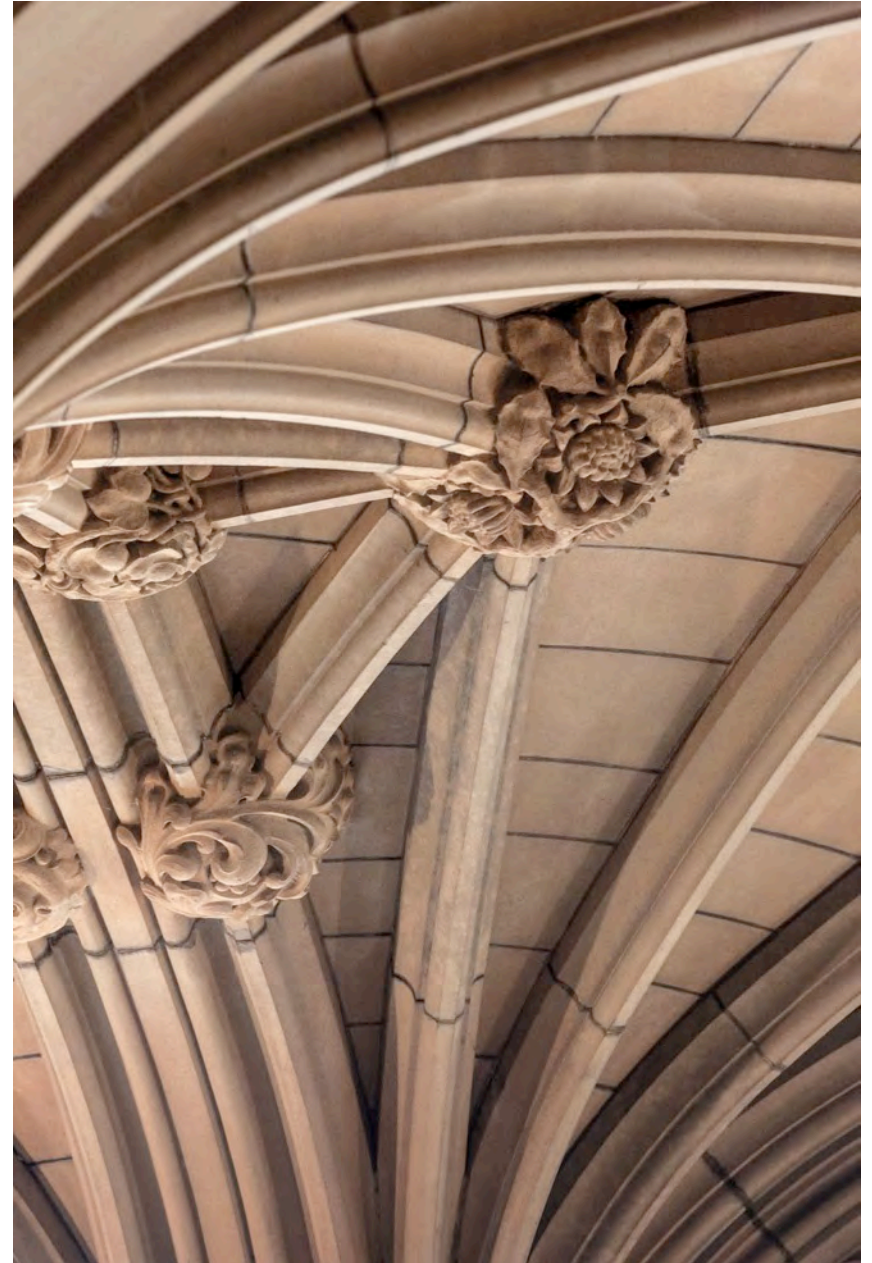Faculty of Medicine and Health

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Experience, outputs or outcome measures – how do we determine which ones will tell us what we need to know?

- Background
- Projects
- Outputs
- Outcomes
- Experience

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Background

- Academic and public health researcher
  - Quantitative expertise, clinical research, qualitative experience
- Affiliations with NGO and public sector service providers
  - Harm reduction and abstinence-oriented services
- NGO director
  -

Source: Dahlgren and Whitehead, 1991
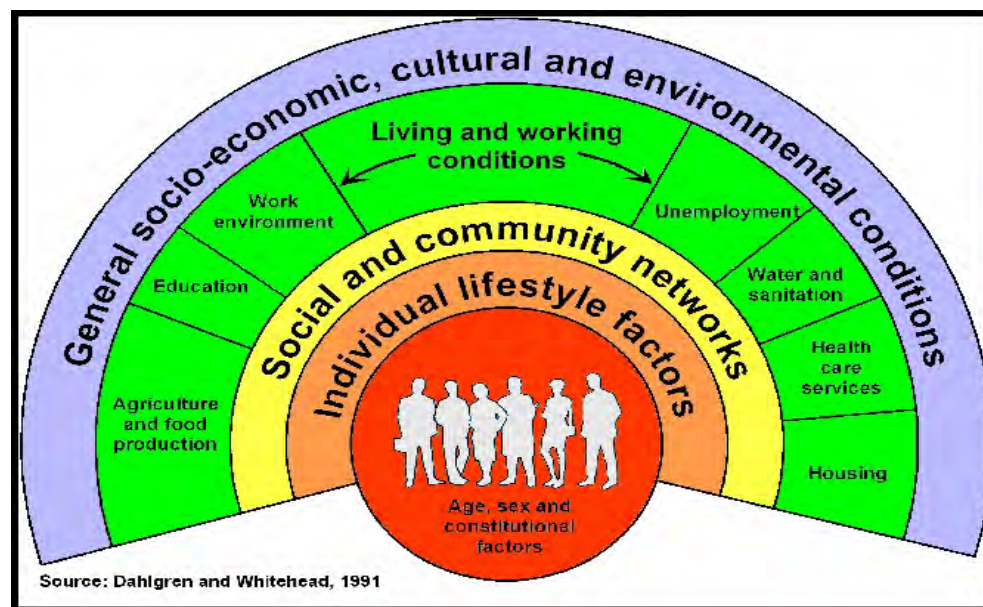
Project overview

– Health Justice Partnership evaluation

– Substance Use in Pregnancy and Parenting Service: review

– One million injections at the Uniting Medically Supervised Injecting Centre

– Contraception access for marginalised women

– Smoking cessation for carers of mental health service consumers: health promotion activities

Outputs
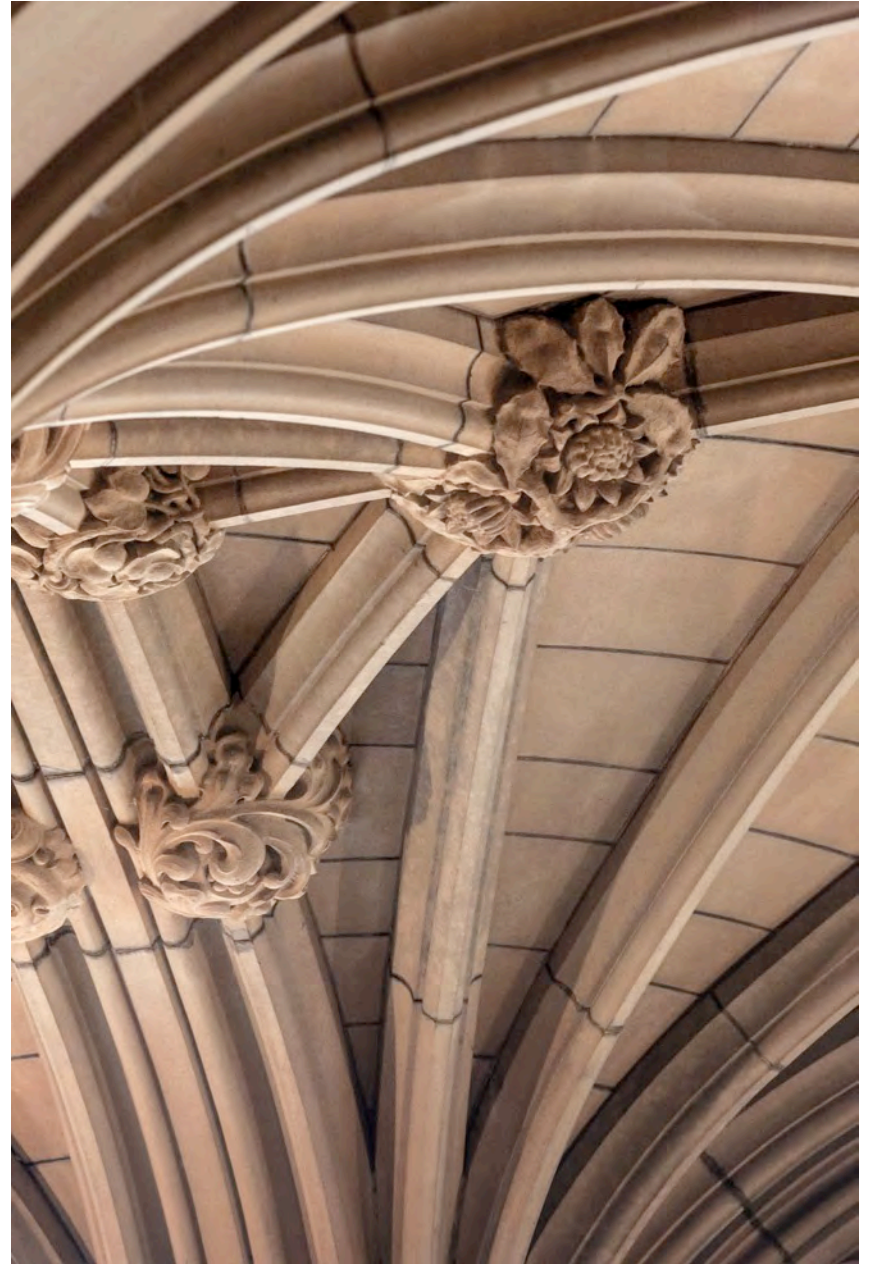
Output and outcomes – what's in a name

– Outputs can be defined as what is produced
  – E.g. treatment for people with substance use disorders
  – E.g. support for people with caring for mental health service consumers

– Outputs = throughput
  – Tend to be a measure of quantity rather than quality
  – E.g. National Minimum Dataset

The Health Justice Partnership

- 427 clients received legal services from December 2014 to May 2018
- Most clients presenting to the service were women (79%)
- Clients presented for a range of legal reasons

Legal problem	N (n=427)	%
Child protection	117	27
Family law*	73	17
Tenancy	63	15
Fines and debt	49	12
Other legal issues	44	10
Family or domestic violence	36	8
Issues related to government (incl benefits, excl police)	19	4
Injury compensation	16	4
Government /administrative complaint against police	10	2

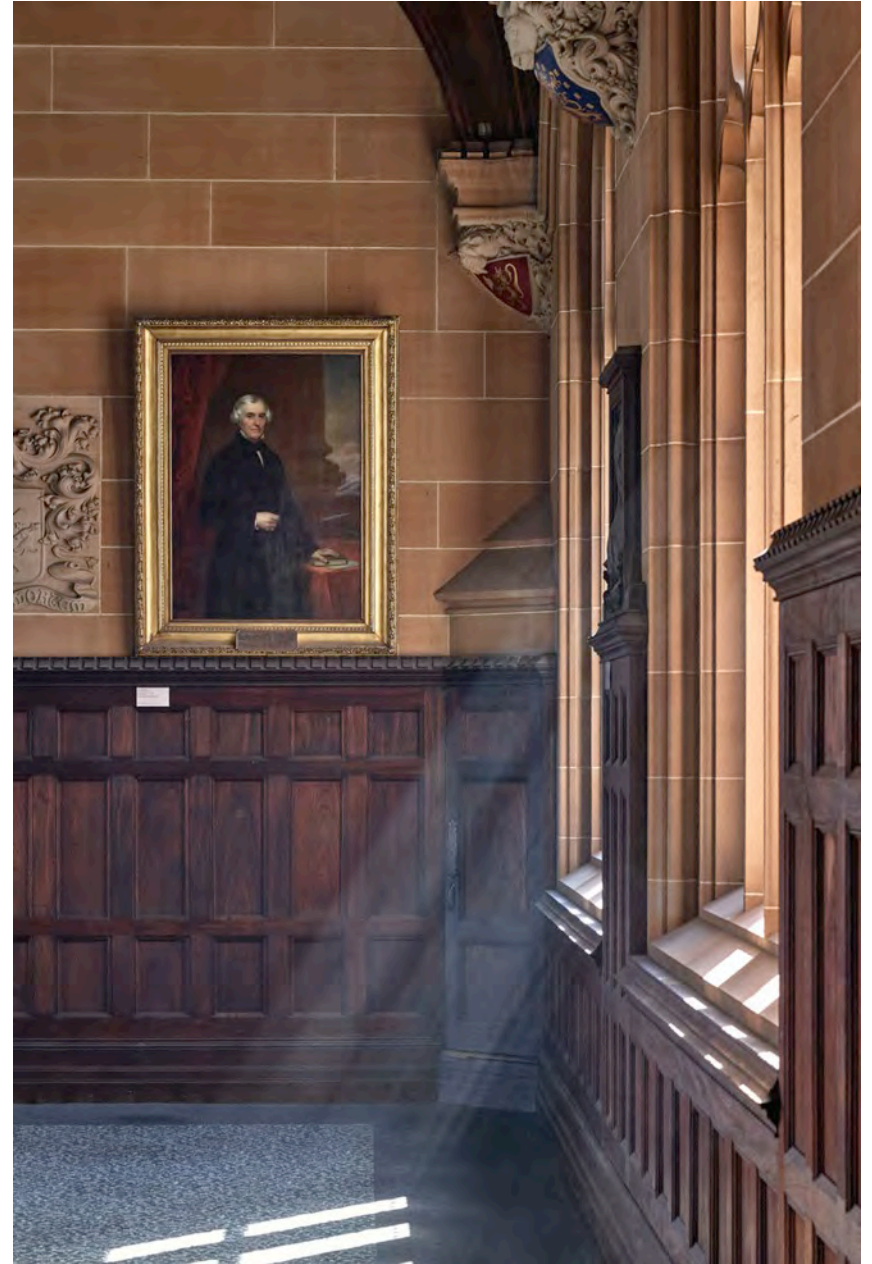# Uniting Medically Supervised Injecting Centre

- **May 2001 through December 2016**

- **1,007,966** injections supervised
  - 74% male
  - 99% of visits were among clients attending >3 times
    - Represent 54% of all registered clients
  - Clients spend a **mean of 41 minutes** in the service

Output and outcomes – what's in a name

– Outputs can be defined as what you produce
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– Outputs = throughput
  – Tend to be a measure of quantity rather than quality

– **But can be useful, both internally and externally as may reflect need and demand**
– **Sometimes outputs are sufficient**
– **Best interpreted and understood once outcomes are defined**

Outcomes

Outcomes

- Measuring what you want to achieve
    - Describe what it is
    - Identify a measure

- Outcomes may be broken down into component parts
    - E.g. reduced drug use, reduced anxiety

- Use specific measures
    - E.g. severity of dependence scale, Kessler 10 scores

Uniting Medically Supervised Injecting Centre

- **May 2001 through December 2016**

- **1,007,966** injections supervised
  - 74% male
  - 99% of visits were among clients attending >3 times
    - Represent 54% of all registered clients
  - Clients spend a **mean of 41 minutes** in the service

- **ZERO fatalities** onsite since MSIC opened
- 7599 adverse events, <1% of all injections
  - 90% opioid overdose

Outcomes – thinking broadly

– Complex interventions can be difficult to evaluate
  – Which components work, which don't?
  – Differences across client groups/needs

– Hard outcomes can be easy to measure
  – e.g. clean UDS, medications compliance, OD managed

– Other outcomes maybe more challenging
  – Psychometrically validated tools or other measures

– Sometimes you need to be creative…

When hard outcomes are hard to measure…

Contraception

- 30 women entered the six-month residential service in the period Jan 2016-Oct 2017
- All received contraception education
- 21 were referred to GP
  - 9 received long-acting reversible treatment and 4 opted for Oral contraceptive pill
- Overall, 30% of all eligible women who attended the service during the period received LARC

When hard outcomes are hard to measure

~600 carers, 25 carer advocates
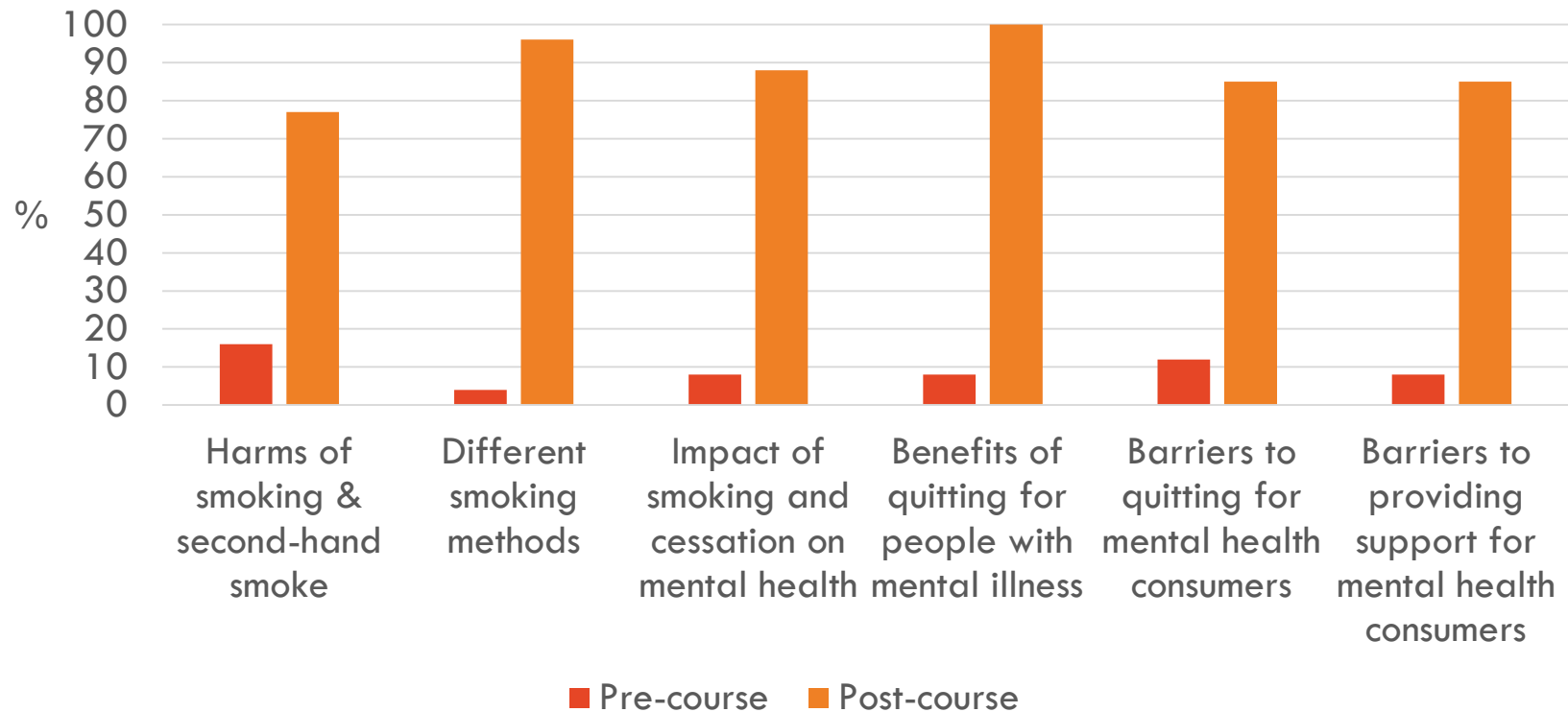
Participants' reporting themselves as very or extremely knowledgeable about smoking and barriers to quitting among mental health consumers pre- and post-course

Reflection

- Do reported outcomes reflect the entirety of activities?

- Do they reflect change across all facets?
  - Asking the right questions and the right measures?

- Can outcomes be reasonably measured?

- Client experience?

Apples, pears and fruit salad

- Specific outcomes identified and specific interventions applied
  - Successful evaluation =
  - Identify output > identify outcome > identify measure > apply intervention > measure outcome

- Diversity of service provision
  - No one intervention and no one outcome
  - Treatment and outcomes vary widely across each case

- Can generic measures applied?
  - E.g. Quality of life, psychological distress

HJP – case studies

Each intervention is different and each outcome is different

Client ID	Date	Reason for consultation	Action /outcome	Medical notes (01/01/2017-30/11/2018)	Hospital costs*
F1	10/04/18 – 30/10/18	Child protection	Restoration of visitation rights.	1 admission during study period for benzodiazepine detoxification, prior to HJP. Ongoing mental health outpatient.	$1012 per day = $9108

One participant spent more than two months in intensive care with infective endocarditis, at a cost to the local health district estimated to exceed $120,000. Within a few months of discharge the client was experiencing homelessness and debt. A referral to the HJP from DHS staff enabled him to engage with the HJP to develop a payment plan for his debt and assist him with his public housing application which had previously been rejected. He has not had any further hospital admissions.
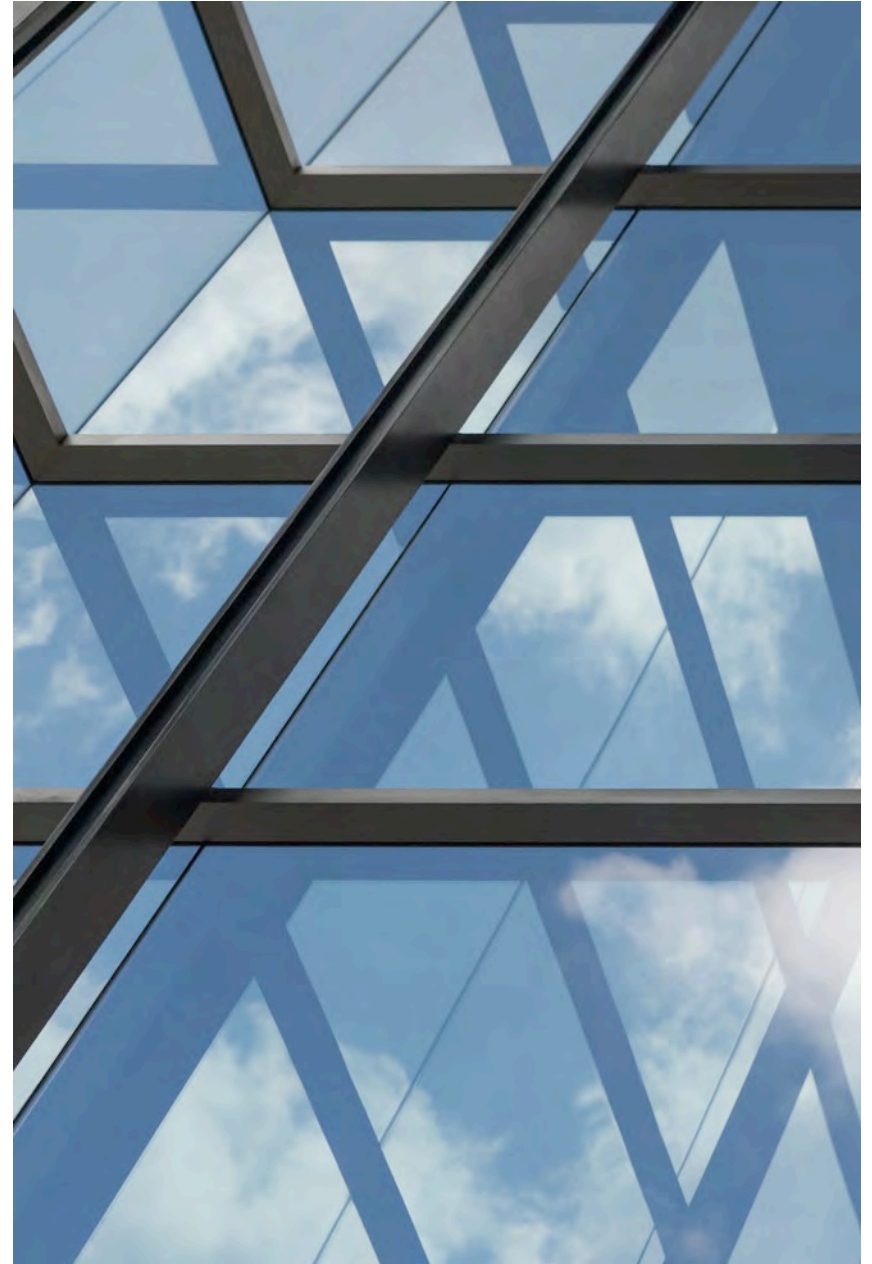
Reflect

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- Do these outcomes reflect the activities?

- Is it reasonable to expect to see change in your outcomes?
  - Have you selected the right measures?

- What other factors should be considered?

- Client experience?

Experience

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What does experience mean?

– Client satisfaction

– Client satisfaction surveys – what do they mean?

– Beyond testimonials

Health Justice Partnership

That's because he [solicitor] believed in me. He made a phone call, we sat here, he made a phone call, everything. So, I spoke to my partner, stayed calm, maintain, report to my parole, keep up with my medication, and just wait for this battle. And, I'm going to fight, I'm going to fight my hardest, every step I take, every breath I'm breathing. He took time and made a phone call for me, it made a big difference. He didn't judge me by my looks, that I'm on drugs, or that I'm on methadone. He didn't if or buts me or question me, he straight away believed everything that I said. And, I was so shocked that he did not deny me of the truth and all the proof that I had. So, it's, you know, my faith is restored.

Health Justice Partnerships

Uncovering the obvious

Because FaCS wouldn't have done it. [The solicitor] had to ask FaCS to do it and on what grounds and whatnot, because they were fighting against anything. They didn't want to help at all. But on the grounds that we were going to court and things like that, and with her big professional words and things like that and the letters that she sent to them, they actually put a letter through saying that yeah, they are looking forward to restoration for respite and other stages for restoration, eventually in the end. So yeah, nothing would have happened if I didn't meet her.

To be honest, I wouldn't even – like, how can I put it? I just sort of left it up to [Social Services] to do it and they just didn't do it for you, and when she [the solicitor] come along, she made sure, you know, there was a visit four times a year. Like I missed five years, six years straight all because no-one done it for me, and I didn't really know how.

SUPPS review

- SUPPS – review of model of care

- Time-limited project
  - Systematic review
  - Interviews with staff

- Interviews with clients?

Staff experience

— *What I understand better is the idea of a partnership with your client. When I trained as a doctor and the way I train our doctors is it's a partnership. They [the client] are an expert in their own child's health, they're an expert in their own health to some degree, and you're also an expert and so it's valuing their opinions about what's going on with their child or what's going on with their pregnancy, and then you obviously carry some expertise as well.*

— *I think sometimes the multidisciplinary team dynamics takes no-one into account, what the client actually wants. They just like, "Okay, this is how we've done it for a long time" rather than advocating for the actual client.*

— *So it's about advocating a little bit more for these women and I don't think the organisation know how to do that.*

— *I hope our practice is client-centred but I don't think there's anything built in to the position.*

SUPPS – findings

- Three guiding principles for the were identified:
  - client-centredness
  - integrated care
  - harm reduction

- Four overarching practice approaches considered integral were identified:
  - promoting engagement with clients
  - trauma-informed care

- Realist synthesis
  - "A Realist Synthesis is the synthesis of a wide range of evidence that seeks to identify underlying causal mechanisms and explore how they work under what conditions, answering the question '*What works for whom under what circumstances?*' rather than '*What works?*'"

  See: https://www.betterevaluation.org

Conclusions

- Being mindful about definitions
  - Matching your data to tell the right story
  - Using information appropriately and creatively

- Reflect on what can be done and what cannot
  - What can be measured and what cannot (easily)

- Be open to you findings

- Don't undersell your service by using poor data
  - Know the difference between evaluation failure vs program failure