CMHDARN Symposium
5 June 2019

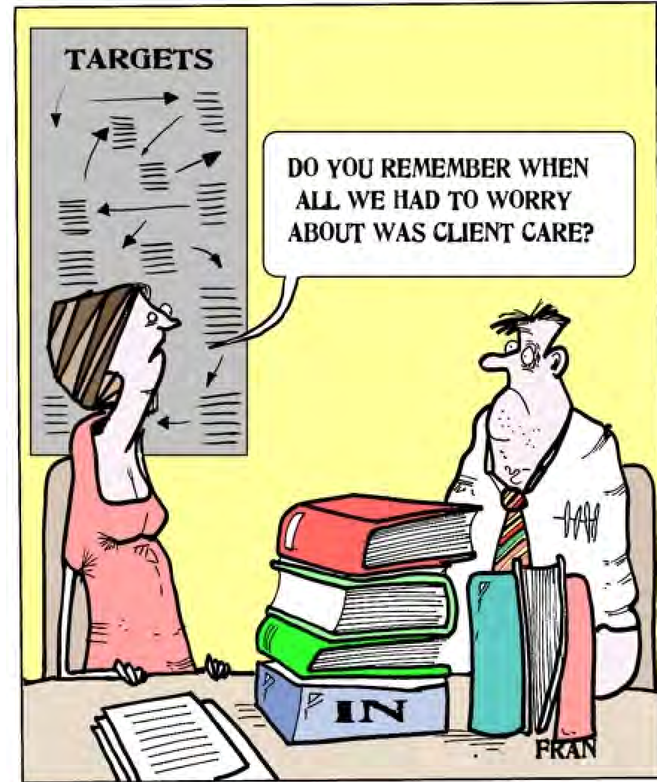
NADA
network of alcohol and
other drugs agencies

Making sense of measurement

Welcome

Overview

- Terminology
- Policy context
- Literature
- Outcome measures
- Experience measures
- What should services be doing?
- What needs to be done?



Preface

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Background

Background

About NADA

- NADA is the peak organisation for non government alcohol and other drugs (AOD) services in NSW.
- We represent close to 100 organisational members that provide a broad range of AOD services including health promotion and harm reduction, early intervention, treatment and continuing care programs.
- Our members are diverse in their structure, philosophy and approach to AOD service delivery.

AOD = alcohol and other drugs

Background

UNSW SYDNEY

Why am I speaking to this topic?

- Study: To establish a list of performance measures that can be used by funders of NSW non government AOD treatment, that is acceptable to funders, treatment providers and service users.
- Why: There is currently no standardised approach to the measurement of performance of AOD treatment in Australia
- Study is part of the Professional Doctorate of Public Health Program at UNSW

Background

- There are concerns by funders and the general community about the accountability of public funding, including of AOD and MH services
- There is a move by government to outcomes-based funding and reporting
- There are a range of processes, some that include CMO/NGOs and other that have not

Background

- The majority of NGOs have at least 2+ funders, with each funder having a range of, and differing, measures of performance
- NGOs have long reported an unnecessary reporting burden, and have been calling for all levels of government to develop consistent approaches to reporting (Productivity Commission, 2010)

Terminology

A broad definition of **performance measurement** is 'the regular generation, collection, analysis and reporting and utilisation of a range of data related to the operation of public organisations and public programs, including data on inputs, outputs and outcomes' Thomas (2006).

Terminology

TERM	DEFINITION
Performance	What is done and how well it is done to provide healthcare (JCAHO 2002)
Performance Measurement*	The use of both outcomes and process measures to understand organizational performance and effect positive change to improve care (Nadzam and Nelson 1997)
Performance Indicator**	Markers or signs of things you want to measure but which may not be directly, fully or easily measured (Alberta Government 1998)
Performance Measure	A quantitative tool, such as rate, ratio or percentage, that provides an indication of an organization's performance in relation to a specified process or outcome (JCAHO 2002)
Process Measure	A measure focusing on a process that leads to a certain outcome, meaning that a scientific basis exists for believing that the process, when executed well, will increase the probability of achieving a desired outcome (JCAHO 2002)
Outcome Measure	Not simply a measure of health, well-being or any other state; rather, it is a change in status confidently attributable to antecedent care (intervention) (Donabedian 1968)

Adair, C. E., Simpson, E., Casebeer, A. L., Birdsell, J. M., Hayden, K. A., & Lewis, S. (2006a). Performance Measurement in Healthcare: Part I – Concepts and Trends from a State of the Science Review. *Healthcare Policy*, 1(4), 85-104.

Terminology

Output measures: monitor “how much” was provided

Input measures: monitor the amount of resources being used to deliver a service

Structural measures: the resources that are needed for service delivery – an indirect measure of quality

Access measures: whether a person who needs care is able to access it

Terminology

Patient Report Measures (PRMS)

Patient reported outcome measures (PROM): assesses health outcomes from the person's perspective, rather than the clinician

Patient reported experience measures (PREM): are a self-report of a person's experience of care

Terminology

Most of the PM literature relies on:

Process measures: what is done to and for people

Outcomes measures: the results of care

Structural measures: the resources that are needed for service delivery

\- - -

Access measures: whether a person who needs care is able to access it

Donabedian (1988) Garnick et al, (2006)

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Policy

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Australian policy

CONCEPTUAL FRAMEWORK FOR PERFORMANCE REPORTING

This conceptual framework supports performance reporting under the Intergovernmental Agreement on Federal Financial Relations. The framework was prepared by the Heads of Treasuries and endorsed by the Council of Australian Governments (COAG) in February 2011.

OUTLINE

Part 1	Guiding principles for developing performance indicators
Part 2	The conceptual framework • Step 1: Identify and describes the objective and outcomes • Step 2: Identify performance indicators for outcomes • Step 3: Identify performance indicators for outputs • Step 4: Review appropriateness and proportionality of performance reporting
Attachment C.1	Features of good performance measures
Attachment C.2	Guiding principles for the review of existing indicators
Glossary	

The Australian Health Performance Framework

The National Health Information and Performance Principal Committee

September 2017

NATIONAL HEALTHCARE AGREEMENT 2012

An agreement between

- the Commonwealth of Australia and
- the States and Territories, being:
  - the State of New South Wales;
  - the State of Victoria;
  - the State of Queensland;
  - the State of Western Australia;
  - the State of South Australia;
  - the State of Tasmania;
  - the Australian Capital Territory; and
  - the Northern Territory of Australia.

The objective of this Agreement is to improve health outcomes for all Australians and the sustainability of the Australian health system.

This Agreement defines the objective, outcomes, and performance indicators, and clarifies the roles and responsibilities that will guide the Commonwealth and States and Territories in delivery of services across the health sector.

Human Services Outcomes Framework Guide

Document number:	Date: Wednesday, July 26, 2017

Contact details

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Australian Policy - MH

The Fifth National Mental Health
and Suicide Prevention Plan

national
mental
health
strategy

Monitoring mental health
and suicide prevention reform

National
Report
2018

Australian Government
National Mental Health Commission

Australian Government
Australian Institute of
Health and Welfare

AIHW

Mental health services

In brief 2018

national
mental
health
strategy

Key Performance Indicators
for Australian Public
Mental Health Services

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Australian Policy - MH

LIVING WELL

A STRATEGIC PLAN FOR MENTAL HEALTH IN NSW 2014 – 2024

Key Directions
2018-2023

August 2018

6. Improving outcomes

Developing innovative approaches and establishing outcome monitoring and reporting, to influence a mental health and social support system that delivers quality outcomes for people regardless of complexity and challenges of need.

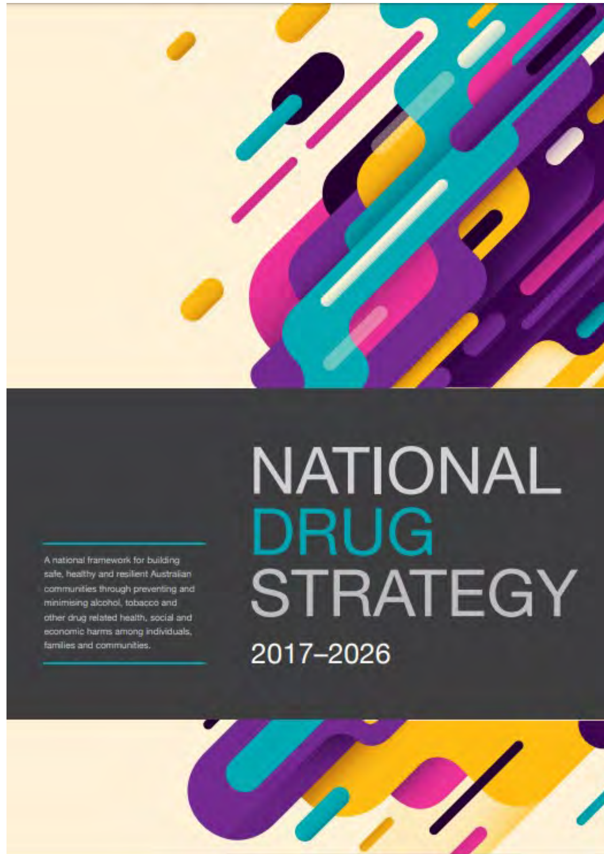
Identifying meaningful outcomes for people, systems and the sector by:

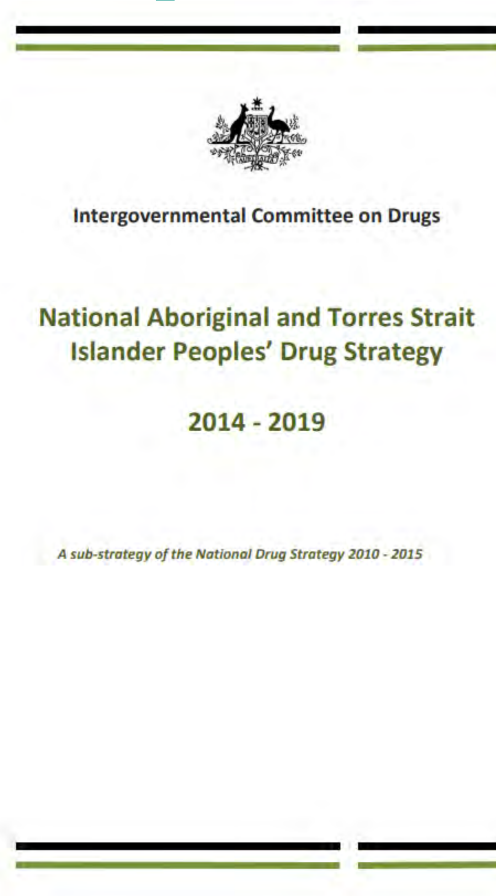
- Using data to report, encourage innovation, learn, and act from an evidence base.
- Developing inclusive indicators, reflecting the domains of *Living Well*, to form a reporting framework for the Commission's reports to Government and to the community.
- Advocating for planning that is informed by data and evidence of outcomes. This will include planning for community services based on evidence of gaps and leading practice.
- Advocating for the peer-led evaluation of services provided to people with lived experience of mental health issues, in health and human service sectors.

Improving transparency and reporting for accountability by:

- Engaging with partners to build a baseline profile of mental health and wellbeing in NSW.
- Developing a model service charter for service providers in the public, community-managed and private sectors.
- Advocating for mental health reform reporting (including mental health accreditation performance) to include monitoring how people experience services across the mental health and social support systems as well as other service and client outcomes.

Australian Policy - AOD





Coming soon:

- National Treatment Framework
- National Quality Framework

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Australian Policy - AOD

- The National Drug Strategy includes an action to ‘develop and share data and research, measure performance and evaluate outcomes’
- The National Aboriginal and Torres Strait Islander Peoples’ Drug Strategy has a priority area that seeks to ‘establish meaningful performance measures with effective data systems that support community-led monitoring and evaluation’

Australian Policy - AOD

Australian Government
Australian Institute of Health and Welfare

AIHW

Search

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Home > Reports & data > Alcohol & other drug treatment services > Alcohol and other drug treatment services in Australia 2017–18: key findings

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Alcohol and other drug treatment services in Australia 2017–18: key findings

View other formats

Web report | Last updated: 17 Apr 2019 | Author: AIHW | Media release

LATEST EDITION

In 2017–18, 952 publicly-funded alcohol and other drug treatment services provided just under 210,000 treatment episodes to an estimated 130,000 clients. The four most common drugs that led clients to seek treatment were alcohol (34% of all treatment episodes), amphetamines (25%), cannabis (21%) and heroin (5%). Two-thirds (66%) of all clients receiving treatment were male and the median age of clients was 34 years.

Cat. no: HSE 224

A total of 952 publicly-funded alcohol and other drug treatment agencies provided services to clients

AOD treatment agencies provided just under 210,000 treatment episodes

Counselling was the most common AOD treatment type, comprising almost 2 in 5 (39%) closed treatment episodes

The four most common drugs clients sought treatment for were alcohol, amphetamines, cannabis and heroin

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NSW Performance Reporting

NGO AOD Performance Indicator resources

From 1 July 2018, non-government organisations (NGOs) contracted by NSW Health to provide alcohol and other drug treatment services will have five core performance indicators (PIs) included in contracts.

Organisations may already be reporting against these or similar indicators; standard wording and application will ensure consistency and a streamlined approach.

Resources have been developed to aid in understanding and meeting the PI requirements.

Performance Indicator frequently asked questions

NSW Health NGO AOD Performance Indicators - Frequently Asked Questions for contracted NGOs.

Performance Indicator specifications

Specifications describe the intent, required data format and reporting, inclusion and exclusion criteria, and related references for each performance indicator.

AOD-Core1 NSW Minimum Data Set for Drug and Alcohol Treatment Services

AOD-Core2 Organisation Accreditation and Clinical Governance

AOD-Core3 Client Reported Experience

AOD-Core4 Clinical Incident Management

AOD-Core5 Client Discharge and Transfer of Care

www.health.nsw.gov.au/aod/Pages/ngo-aod-kpi-resources.aspx

Literature

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Literature

Literature on performance measurement is diverse and fragmented, with little agreement on concepts and definitions

Journal of Substance Abuse Treatment 32 (2007) 331–340

Journal of Substance Abuse Treatment

Regular article

Outcomes, performance, and quality—What's the difference?

A. Thomas McLellan, (Ph.D.)[a,b,*], Mady Chalk, (Ph.D.)[a], John Bartlett, (M.D., M.P.H.)[c]

[a] Treatment Research Institute, Public Ledger Bldg., 150 Independence Mall, Philadelphia, PA 19106, USA
[b] Department of Psychiatry, The Center for Studies of Addiction, University of Pennsylvania School of Medicine, Philadelphia, PA, USA
[c] National Forum on Performance Measures in Behavioral Healthcare, Avisa Group, Berkeley, CA, USA

Received 31 May 2006; received in revised form 5 September 2006; accepted 9 September 2006

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Literature

Performance Measurement in Mental Health and Addictions Systems: A Scoping Review

KAREN URBANOSKI, PH.D.,[a,b,c]* & DAKOTA INGLIS, M.P.H.[b]

[a]*Centre for Addiction and Mental Health, Toronto, Ontario, Canada*

[b]*Canadian Institute for Substance Use Research, Victoria, British Columbia, Canada*

[c]*School of Public Health and Social Policy, University of Victoria, Victoria, British Columbia, Canada*

Urbanoski, K., & Inglis, D. (2019). Performance Measurement in Mental Health and Addictions Systems: A Scoping Review. Journal of Studies on Alcohol and Drugs, Supplement(s18), 114-130.

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Literature

	Performance domains							Population dimensions	Temporal dimensions
Framework	Additional domains	Accessible/ timely	Client centered	Effective	Efficient	Safe	Equity	S=System P=Program C=Client	S=Structure P=Process O=Outcome
Australia and New Zealand									
National Mental Health Performance Framework (Brown & Pirkis, 2009; National Mental Health Performance Subcommittee, 2013)	• Appropriate • Continuity • Sustainability • Capability	✓	(Responsive)	✓	✓	✓	✓	SPC	SPO
Performance Management Framework, Victorian AOD Sector (Turning Point, 2014a, 2014b)	• Quality • Appropriate • Continuity • Sustainability • Competence	✓	(Acceptable)	✓	✓	✓	✓	SPC	SPO
Key Performance Indicator (KPI) Framework for New Zealand Mental Health and Addiction Services (New Zealand Mental Health and Addictions KPI Programme, 2010, 2014, 2015)	• Appropriate • Continuity • Sustainability • Capability	✓	(Responsive)	✓	✓	✓	✓	SPC	SPO
Crisis Reliability Indicators Supporting Emergency Services (CRISIS) framework (Balfour et al., 2016)	• Least restrictive • Partnership	✓	✓	✓		✓			

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Literature

They identified seven themes in the literature:

- similarity in performance domains across frameworks
- the ability of frameworks to inform care quality at client, program/facility, and system levels
- the predominance of indicators of process and outcome, over structure
- the lack of evidence on the links between domains and/or indicators
- common, but limited, evaluation of family/caregiver involvement
- equity as a cross-cutting domain of performance
- limited attention to performance measurement in peer support services.

Urbanoski & Inglis (2019)

Literature

"Evaluations of commonly used performance indicators have yielded mixed evidence on their ability to discriminate high- and low-performing service providers, and their sensitivity to changes in policies and practices."

(Urbanoski & Inglis 2019 p126)

Literature

- Different stakeholders have different needs. New developments should engage multiple stakeholders to have a shared understanding of definitions and purpose

- Measures should be informed by groups that are disproportionally affected, including Aboriginal people to ensure that culturally specific measures are included

- There is a need for improved data collection, reporting, analysis and utilisation

Outcomes

Literature

- The most common outcome measures used in the mental health and AOD fields relate to symptoms and functioning, service use, and experiences of care.
- Outcomes related to substance use, quality of life and social connections were less common, with use of patient report measures becoming more prominent and important.
- There is agreement in the AOD field that the most important outcome domains relate to health and social functioning - AOD use, physical and mental health, housing, employment, (crime)

Literature

- Academics have cautioned the ability of outcome monitoring to attribute treatment participation to the change measured, as there are no comparison groups to validate change.
- With baseline and follow-up measures together, an outcome monitoring system can still do a good job at assessing change.
- The major issue identified is the need to measure over time, with follow up having significant resource implications and potential bias as a result of attrition.

(Copeland et al, 2000)

Literature

- There is an appetite to move to outcomes-based reporting in the sector. However, reaching a consensus on the development of suitable measures has been described as ‘fraught’. In particular, deciding what is a good outcome and for whom – funder, provider, service user.

- Outcome monitoring may meet the needs of funders of treatment, but not the needs of treatment providers, service users and their families, and the general public.

- Even service users themselves may have differing expectations of outcomes for their treatment.

Literature

- A study in the USA on co-existing AOD and mental health issues was motivated by calls for increased quality of services, accountability and transparency.

- They used an expert panel (academics, health system and field leaders) to evaluate 12 measures that went equally across structure, process and outcomes.

- Panel members rated measures of outcomes as more important than other measures. However, reported that to effectively interpret outcome data, process and structural measures are required.

- The development of new measures requires additional resources, and input from all stakeholders in the field to review and comment on measures being considered (Dausey et al, 2009).

Literature

- Treatment providers usually receive funds from multiple funding sources, and often two levels of government.
- Funders may only be contributing to part of the service, but may receive outcomes data relating to all clients of the service, making attribution to a particular funding source difficult.
- The NGO sector uses a range of IT infrastructure to collect data. Many have bespoke systems that are costly to make changes.

NADAbase

Friday,31 May 2019
NADAbase Test Organisation
NADAbase Test Service

Client/Episode Information | Reports | Export Records | Organisation Options | User Information | User List

Client: ILOVEYOU

Client Info | Episodes | Outcome Measures

Required for generation of Ministry of Health SLK (Statistical Linkage Key)

SLK: ANH IC 28101976 1

Last Name: Sanchez * First Name: Richardo * Other Name:

Date of Birth: 28/10/1976 * Tick if estimated

Sex/Gender: Male * Sexuality: Lesbian/gay/homosexual *

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NADAbase

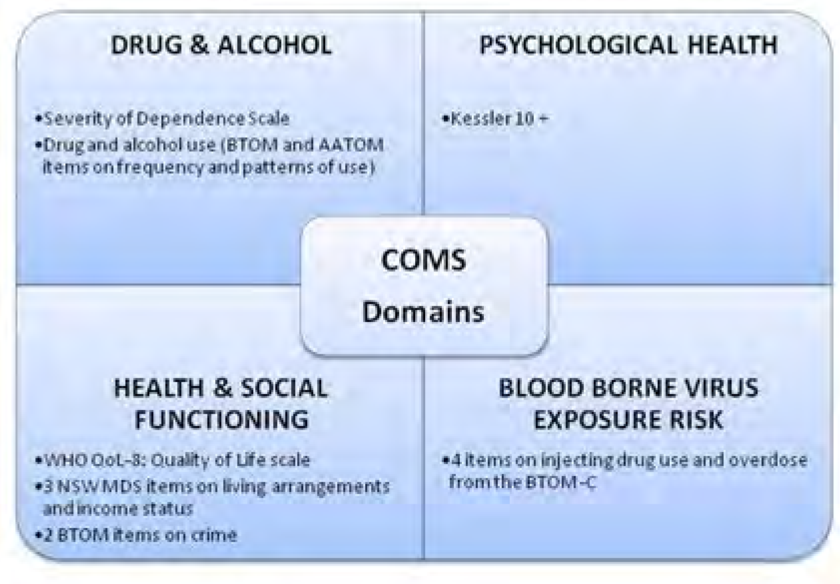
Minimum datasets

- Alcohol and Other Drug Treatment Services National Minimum Data Set (AODTS NMDS)
- NSW Minimum Data Set for Drug and Alcohol Treatment Services (NSW MDS DATS)

Screeners

- Suicide risk
- Domestic and family violence
- Blood borne virus and sexual health

Client Outcome Measures (COMS)



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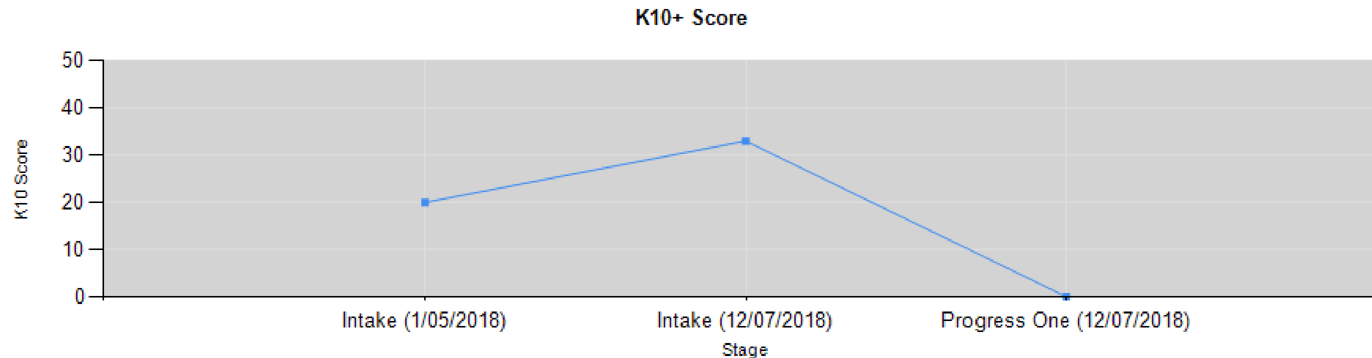
NADAbase – person level

Psychological Health

Note. K10 scores range from 10 to 50. A score between 30 and 50 indicates the person may be experiencing severe levels of psychological distress and a score of 25-29 suggests moderate levels of distress.



K10+ Score

Questions	Intake (1/05/2018)	Intake (12/07/2018)	Progress One (12/07/2018)
K10 score (out of 50)	20	33	0
In the last 4 weeks, number of days totally unable to work, study or manage day to day activities because of feelings	14	16	-1
In the last 4 weeks, number of days activities were cut down because of feelings	10	4	-1
In the last 4 weeks, number of times a doctor or any other health professional was seen about feelings	0	0	-1
How often have physical health problems been the main cause of these feelings?	Some	Most	

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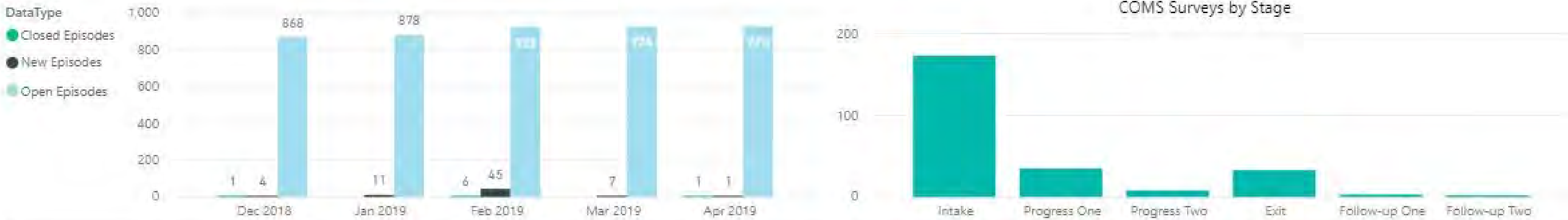
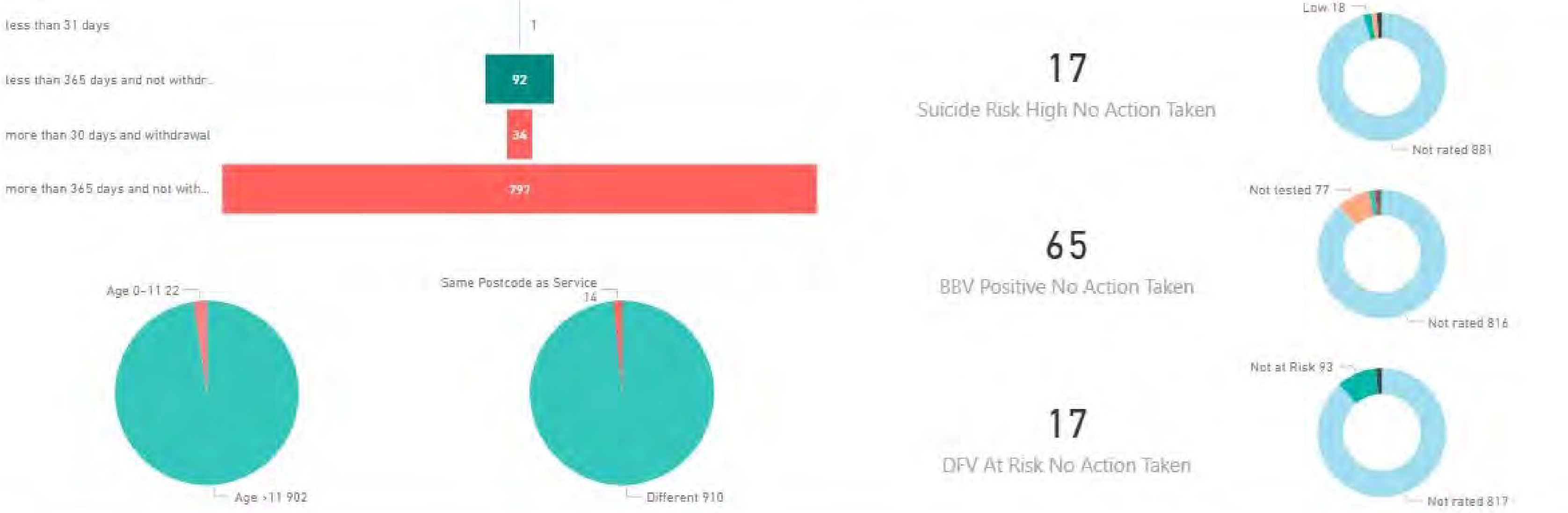
NADAbase – service level





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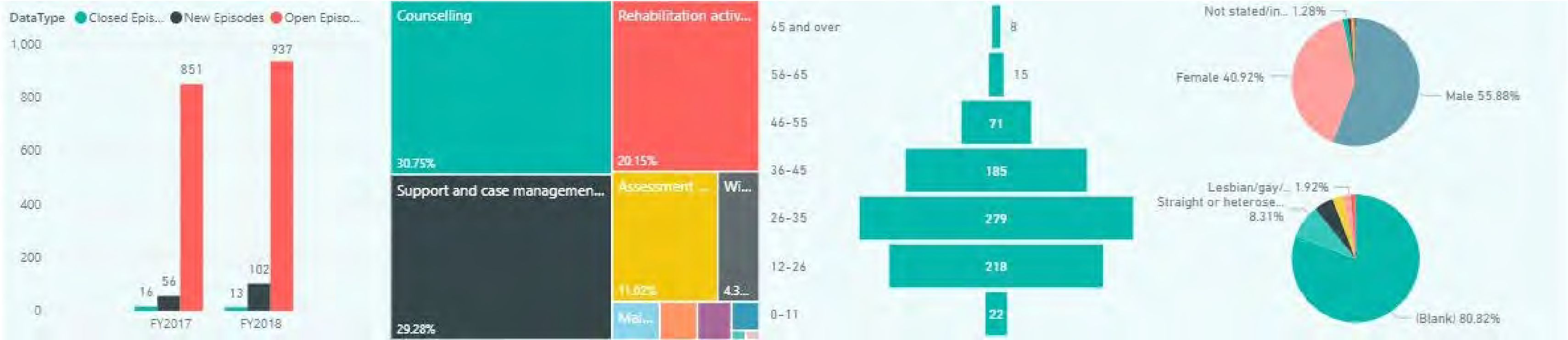
NADAbase – service level

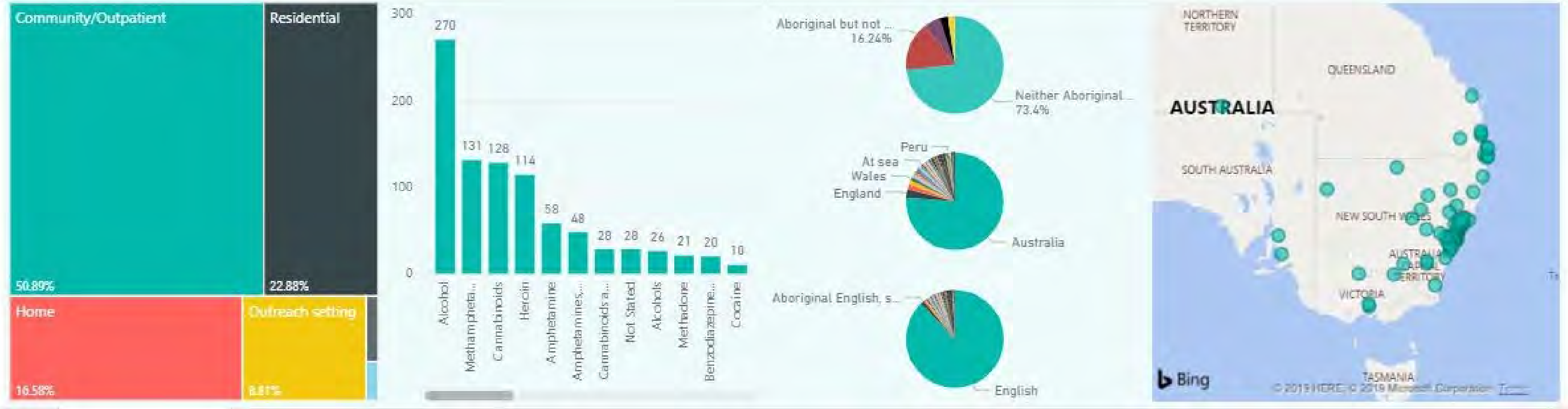


953

Episodes

782

Distinct Clients



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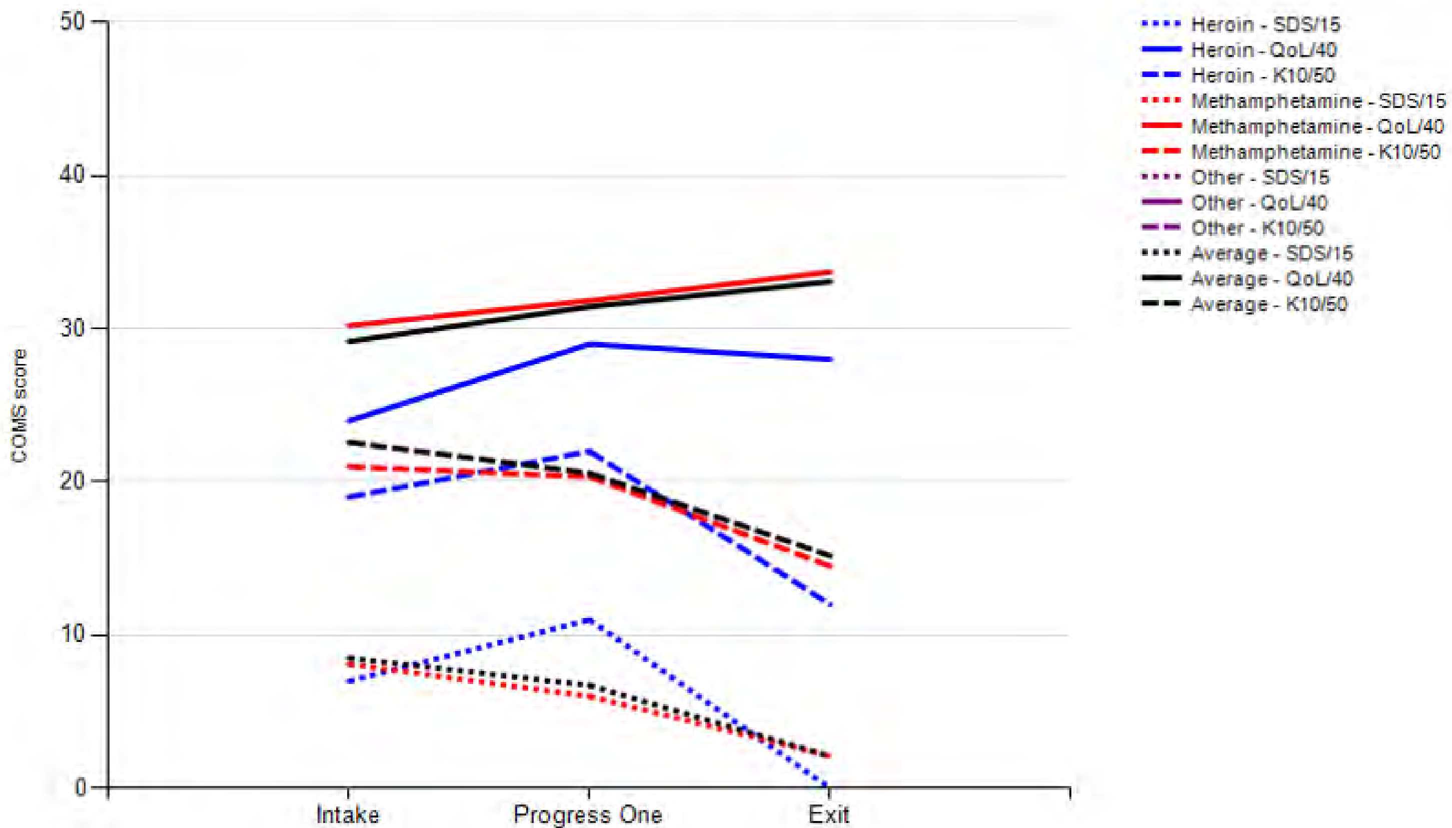
NADAbase – Funder level

Methampetamine Project Update

Distinct Clients	**181**	
Number of Episodes:		
Open during the period	185	
Closed during the period	145	
Service completed during the period	112	
2a. Source of Referral		
Non-residential community health centre	59	
Non-residential alcohol and other drug treatment agency	39	
Other	39	
Self	33	
Court diversion	12	
Family member/friend	3	
Education Institution	0	
Family and child protection service	0	
General practitioner	0	
Medical officer/specialist	0	
Medically supervised injecting centre	0	
Needle and syringe program	0	
Non-residential community mental health centre	0	

NADAbase – Funder level



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ATOP

- The Australian Treatment Outcomes Profile (ATOP) was modified from the UK Treatment Outcomes Profile for use with the Australian population
- Used in the NSW public AOD system, and now some NGOs

ATOP

*Access database version
v4 Feb 2013

Surname: ____________ MRN: ____________
Given Names: ____________
Date of Birth: __/__/__ Sex: ____________
Affix Patient Label here

ATOP DATE __/__/____ CLINICIAN ____________

Treatment stage: ☐ Start of service episode ☐ Progress review ☐ Discharge ☐ Post Discharge

Main treatment type: ☐ Pharmacotherapy ☐ Withdrawal management ☐ Counselling ☐ Rehabilitation ☐ Information and education only ☐ Support and case management only ☐ Assessment only ☐ Other

Principal drug of concern for this treatment episode: ☐ Alcohol ☐ Cannabis ☐ Amphetamine Type Substance ☐ Benzodiazepines ☐ Cocaine ☐ Heroin ☐ Other Opioids ☐ Other ______

Section 1: Substance use

Record number of days used in each of the past four weeks

	Typical qty on day used	Units	Week 4 (most recent)	Week 3	Week 2	Week 1	TOTAL
a Alcohol		Std drinks	0-7	0-7	0-7	0-7	0-28
b Cannabis		___	0-7	0-7	0-7	0-7	0-28
c Amphetamine type substances (eg. ice, MDMA etc.)		___	0-7	0-7	0-7	0-7	0-28
d Benzodiazepines (prescribed & illicit)		___	0-7	0-7	0-7	0-7	0-28
e Heroin		___	0-7	0-7	0-7	0-7	0-28
f Other opioids (not prescribed methadone/buprenorphine)		___	0-7	0-7	0-7	0-7	0-28
g Cocaine		___	0-7	0-7	0-7	0-7	0-28
h (i)Other substance		___	0-7	0-7	0-7	0-7	0-28
(ii)Other substance		___	0-7	0-7	0-7	0-7	0-28
i Daily tobacco use?		___			Yes ☐	No ☐	

Record number of days client injected drugs in the past four weeks (if no, enter zero and go to section 2)

	Week 4	Week 3	Week 2	Week 1	TOTAL
j Injected	0-7	0-7	0-7	0-7	0-28
k Inject with equipment used by someone else?			Yes ☐	No ☐	

Section 2: Health and Wellbeing

Record days worked and at college, school or vocational training for the past four weeks

	Week 4	Week 3	Week 2	Week 1	TOTAL
a Days paid work (incl. all paid work; not voluntary work)	0-7	0-7	0-7	0-7	0-28
b Days at school, tertiary education, vocational training	0-7	0-7	0-7	0-7	0-28

Record the following items for the past four weeks

c Have you been homeless? Yes ☐ No ☐
d Have you been at risk of eviction? Yes ☐ No ☐
e Have you, at any time in the past four weeks, been a primary caregiver for or living with any child/children (i) under 5yo? Yes ☐ No ☐ (ii) 5-15yo? Yes ☐ No ☐
f Have you been arrested? Yes ☐ No ☐
g Have you been violent (incl. domestic violence) towards someone? Yes ☐ No ☐
h Has anyone been violent (incl. domestic violence) towards you? Yes ☐ No ☐

i Client's rating of **psychological health status** (anxiety, depression and problem emotions and feelings)
0 1 2 3 4 5 6 7 8 9 10
Poor Good

j Client's rating of **physical health status** (extent of physical symptoms and bothered by illness)
0 1 2 3 4 5 6 7 8 9 10
Poor Good

k Client's rating of **overall quality of life** (e.g. able to enjoy life, gets on well with family and partner, satisfied with living conditions)
0 1 2 3 4 5 6 7 8 9 10
Poor Good

Ryan et al, 2014

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PROMs

Domains

- Substance use
- Self care
- Relationships
- Material resources
- Outlook on life

SURE: Substance Use Recovery Evaluator

SURE: Substance Use Recovery Evaluator

What is SURE?

SURE is a psychometrically valid, quick and easy-to-complete outcome measure, developed with unprecedented input from people in recovery. It can be used alongside, or instead of, existing outcome tools.

- 'SURE' measures recovery from drug and alcohol dependence
- 'SURE' is completed by people in recovery (not by clinicians, researchers or others)
- 'SURE' has good face and content validity, acceptability and usability for people in recovery
- SURE' comprises 21 items (5 factors) and is psychometrically valid, quick and easy-to-complete
- 'SURE' can be used by individuals in private or in a therapeutic context

www.kcl.ac.uk/ioppn/depts/addictions/scales-measures-and-instruments/sure-substance-use-recovery-evaluator

Measures in use

- K10, WHO QoL-8, SDS, ATOP, DASS 21, GEM, SF12, BPRS, AATOM and BTOM, Outcomes STAR, PsyCheck, eASSIST, AUDIT, IRIS

- **Mandated measures**
  - COMS
  - ATOP

- **Funding streams**
  - NSW Drug and Alcohol Treatment Services (COMS)
  - NSW NGO Regional Methamphetamine Program (COMS)
  - NSW PHN AOD commissioning (ATOP/COMS)
  - NSW Drug Package, Youth (COMS)
  - NSW Drug Package, Continuing Coordinated Care (ATOP)

What's next in this space?

- More study on the statistical and clinical significance of change in scores of the ATOP and COMS

- International Consortium for Health Outcomes Measurement (ICHOM) - The ICHOM Working Group for Mental Health and Substance Misuse is in progress

ICHOM Standard Sets are standardized outcomes, measurement tools and time points and risk adjustment factors for a given condition. Developed by a consortium of experts and patient representatives in the field, our Standard Sets focus on what matters most to the patient.

www.ichom.org

Experience

Person reported experience

- Client Satisfaction Questionnaire (CSQ-8)
- Treatment Perceptions Questionnaire (TPQ)
- Your Experience of Service (YES)
- Use of service-developed experience measures

Drug and Alcohol REVIEW

Drug and Alcohol Review (January 2018), 37, 79–86
DOI: 10.1111/dar.12522

The Client Satisfaction Questionnaire-8: Psychometric properties in a cross-sectional survey of people attending residential substance abuse treatment

PETER J. KELLY[1], FELICITY KYNGDON[1], ISABELLA INGRAM[1], FRANK P. DEANE[1], AMANDA L. BAKER[2] & BRIONY A. OSBORNE[1]

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Abstract
Introduction and Aims. *The Client Satisfaction Questionnaire (CSQ-8) is one of a limited number of standardised satisfaction measures that have been used widely across mental health services. This study examined the CSQ-8 as a measure of general satisfaction within residential substance abuse treatment. It compared the CSQ-8 with another established measure of client satisfaction that was developed for substance abuse treatment settings (Treatment Perceptions Questionnaire, TPQ). It also sought to examine the relationship between the CSQ-8 and commonly used process measures.* ***Design and Methods.*** *Cross-sectional data was collected from across 14 Australian residential medium-to-long term alcohol and other drug treatment facilities (N = 1378). Demographic, substance abuse and mental health characteristics were collected, as well as process measures of craving, general functioning, self-perceptions, recovery and symptom distress.* ***Results.*** *A confirmatory factory analysis established that the CSQ-8 retains a single factor. The scale was strongly correlated with the TPQ, suggesting high concurrent validity. However, while the TPQ was normally distributed, the CSQ-8 was highly negatively skewed. Significant associations were found between the CSQ-8 and cross-sectional process measures.* ***Discussion and Conclusions.*** *Results suggest that that CSQ-8 is an appropriate measure to be used in residential substance abuse treatment settings. However, because of the high levels of negative skew, it is likely that the TPQ is more accurate in capturing clients' dissatisfaction than the CSQ-8. Future research should include longitudinal studies of satisfaction in order to examine how changes in satisfaction may be related to client characteristics, outcome measures, dropout or re-engagement in treatment.* [Kelly PJ, Kyngdon F, Ingram I, Deane FP, Baker AL, Osborne BA. The Client Satisfaction Questionnaire-8: Psychometric properties in a cross-sectional survey of people attending residential substance abuse treatment. *Drug Alcohol Rev* 2018;37:79–86]

Consumer perspectives

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Report contents

- Summary of Mental health services in Australia
- Consumer perspectives of mental health care
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  - Key concepts
- General practice
- Hospital emergency services
- Community mental health care services
- Same day admitted mental health-related care

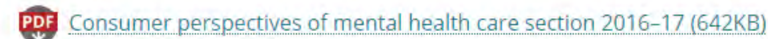
Consumer perspectives of mental health care

Monitoring mental health consumer and carer experiences of service has been a long-term goal of the National Mental Health Strategy. This section presents information about consumer-rated experiences of care in public specialised mental health services using the nationally developed Your Experience of Service (YES) survey. The YES survey aims to help Australian mental health services and consumers work together to build better services. The project was a national initiative funded by the Australian government Department of Health and managed by the Victorian Department of Health and Human services in conjunction with the Mental Health Information Strategy Standing Committee (MHISSC). Implementation of the YES survey and national reporting of the data is a key action under the Fifth National Mental Health and Suicide Prevention Plan (CHC 2017).

Currently 3 jurisdictions—New South Wales, Victoria and Queensland—have implemented the YES survey and are contributing to the Your Experience of Service National Best Endeavours Data Set (NBEDS). In New South Wales, consumers are offered the YES survey during every hospital stay or community health centre visit. In Victoria and Queensland, consumers are offered the YES in a particular week or month of the year. Comparisons between jurisdictions with different methods should be made with caution. The data source section provides more detailed information on the development of the YES survey, participating states and territories, and other aspects of the YES data.

It is anticipated that this section will expand as data becomes available from additional jurisdictions.

Data downloads:



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https://www.aihw.gov.au/reports/mental-health-services/mental-health-services-in-australia/report-contents/consumer-perspectives-of-mental-health-care

Person reported experience

SCHEDULE B to YES SUB-LICENCE AGREEMENT

Your Experience of Service

(Community Managed Organisations)

SERVICE NAME | *Service code stamped here* | STATE OR SERVICE LOGO

Your feedback is important. This questionnaire was developed with mental health consumers. It is based on the Recovery Principles of the Australian National Standards for Mental Health Services. It aims to help mental health services and consumers to work together to build better services. If you would like to know more about the survey, please ask for an information sheet.

Completion of the survey is voluntary. All information collected in this questionnaire is anonymous. None of the information collected will be used to identify you. It would be helpful if you could answer all questions, but please leave any question blank if you don't want to answer it.

Please put a cross in just one box for each question, like this . . . ☐ ☐ ☐ ☒ ☐ ☐

These questions ask ***how often*** we did the following things . . .

Thinking about the care you have received from this service within the last 3 months or less, what was your experience in the following areas:	Never	Rarely	Sometimes	Usually	Always	Not applicable
1. You felt comfortable using this service	☐	☐	☐	☐	☐	
2. Staff showed respect for how you were feeling	☐	☐	☐	☐	☐	
3. You felt safe using this service	☐	☐	☐	☐	☐	
4. Your privacy was respected	☐	☐	☐	☐	☐	
5. Staff were positive for your future	☐	☐	☐	☐	☐	
6. Your individuality and values were respected (such as your	☐	☐	☐	☐	☐	

Is YES the answer?

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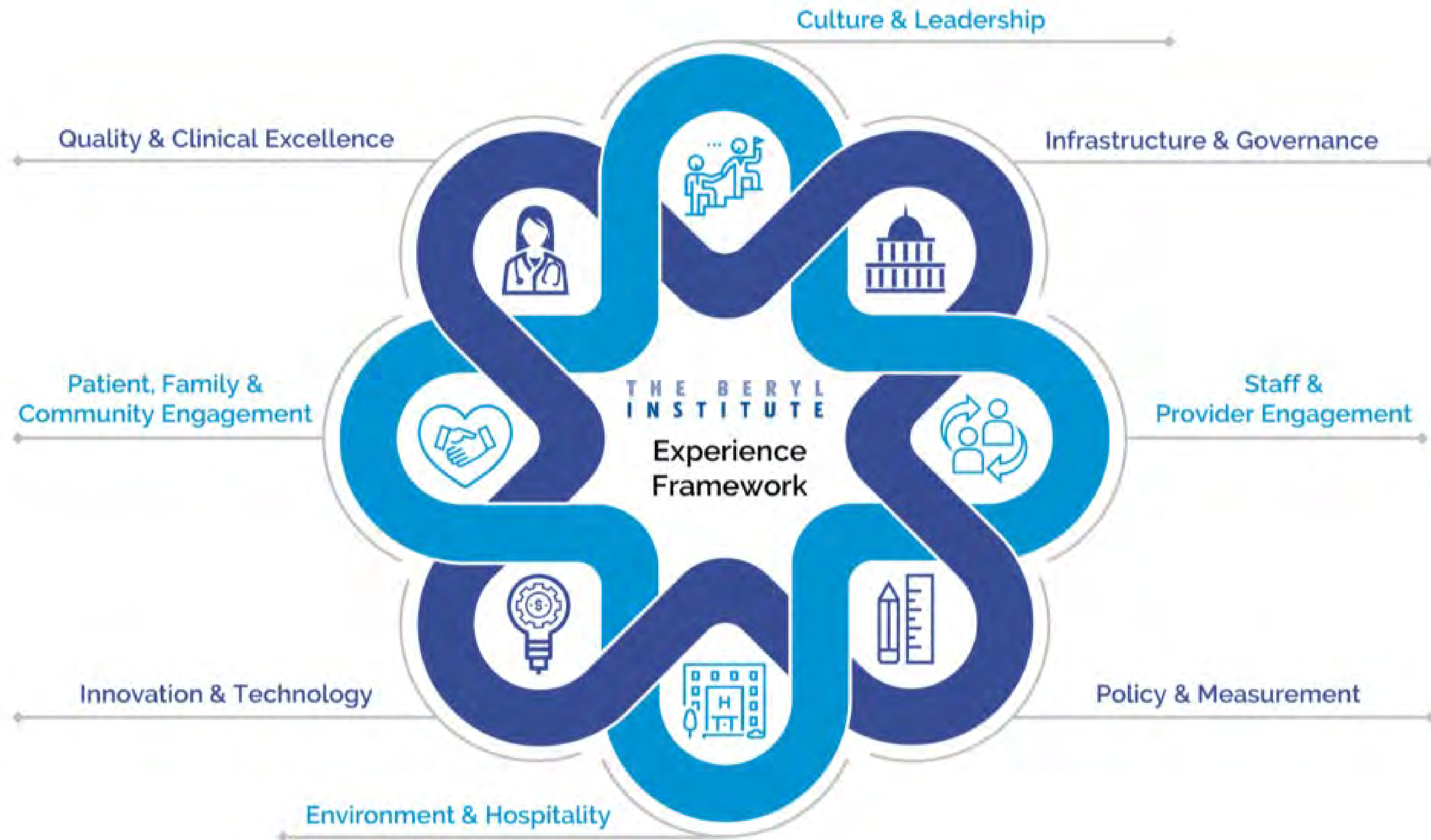
Are PREMs the answer?

- No. But they can help improve a persons experience of care through quality improvement.

- Urbanoski and Inglis (2019) questioned the ability of patient reported experience measures to identify high and low performing providers due to the variability in use and responses.

- Feedback needs to take place at multiple points via multiple mechanisms, including through peer workers and consumers representatives

Improving experiences of care



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Next steps

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What should services be doing?

- Use validated experience and outcome measures that go across health and social functioning outcome domains
- Ensure that measures are relevant to the people accessing your service
- Ask you funder what measures they are expecting.
- Include a narrative in reporting to funders. Quantitative data only tells part of your story

What should services be doing?

- Use aggregate outcomes and experience data to look at trends in your organisation!!!

Key questions:

- What are service users saying?
- What are the data saying?
- How can we improve?
- What is the story that we want to tell our funders? The Community?

What needs to happen?

- Meaningful involvement of service users, providers and funders in the development and utilisation of outcome data
- Leadership and involvement of Aboriginal communities, and other disproportionately affected communities, in the development of culturally appropriate measures
- More study on the purpose and utilisation of person report measures for use at multiple levels

87% OF THE 56% WHO COMPLETED MORE THAN 23% OF THE SURVEY THOUGHT IT WAS A WASTE OF TIME

What needs to happen?

Key steps in the development of a performance measurement framework

- recognising and acknowledging foundational issues in the development of a framework
- develop a common language and understanding of the key concepts
- being clear on the scope
- defining the dimensions and domains
- the selection of indicators
- engagement and consultation with stakeholders

(Sirotich et al, 2019)

This process is supported by Henderson et al (2014). However, they included a step before those that requires the identification of resources to the support the development, collection and analysis of measures.

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What needs to happen?

- Translating the use of client outcome data to demonstrate service and system level performance – including improving trend reporting and analysis

- Explore the interaction of different measurement types to tell a complete story

- Address implementation issues
  - change management
  - financial resources
  - workforce skills
  - information technology

Study on measurement

To establish a list of performance measures that can be used by funders of NSW non government AOD treatment, that is acceptable to funders, treatment providers and service users.

First Australian study in AOD that has explored the specific views of service users, treatment providers and funders of AOD treatment in the development of measures.

Methodology

Study phase	Research questions	Method
Phase I	What are the current approaches to the measurement of performance in the NSW NGO AOD sector and how do they align with best practice?	Expert review and ranking of measures
Phase II	What are the most acceptable and feasible measures to stakeholders? How much concordance exists between the stakeholders? What are the challenges associated with the implementation of performance measures?	Focus group discussions (Kitzinger, 1995)
Phase III	What are the priority performance measures for NSW NGO AOD treatment?	Delphi method (Linstone & Turoff, 1975)

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Importance

The study has the potential to:

- contribute to the public health literature
- improve the meaningfulness of performance measures
- improve accountability of public funds
- inform AOD policy and planning in Australia
- reduce reporting burden on service providers
- inform service level quality improvement and outcomes
- improve our understanding of health outcomes for people impacted by AOD use.

Final words

Let's not forget why we're doing it.

We're doing it with, and for, the people that access our services

To provide the best possible services that we can

Final words

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Questions

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