

How can the data be used to improve mental health services?

**Quality Through Outcomes
in Mental Health Care
Perth 28 October 2004**

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Key messages

- Information development in mental health holds much promise but has much to deliver
- Australia only at an early stage of the development cycle
- The emphasis on performance information is going to increase, not fade away
- Outcomes information is central but only part of what we need to know to improve mental health service performance
- Improving services requires involvement with data at the clinical, management and policy levels
- Vacancies for clinician leadership are abundant

WHY?

'An informed mental health system'

- Consumer outcome measures used to contribute to improved clinical practice and service management
- Benchmarking established as the norm with all services having access to regular reports on their performance that can be used in a quality improvement cycle
- Casemix tools available to assist in understanding the contribution of provider variation to performance differences between agencies
- Policy and planning decisions informed by reliable information on service delivery and outcomes

It was never going to be easy

The scale of the task from 1998

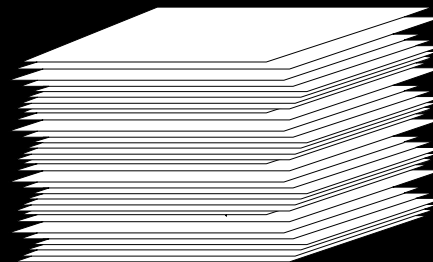
- 16,000+ clinical staff in the public mental health services
- Culture shift - long standing cynicism to data collection (understandably so)
- Limited development of information systems in community services in most States
- Few good local examples and role models

The questions that nagged ...

- Will clinicians participate or will it all be too hard in the hustle and bustle of service delivery ?



- Is mental health able to embrace the 'information age' with support from central administrations ?



The promise ...

Using information at multiple levels to improve mental health services

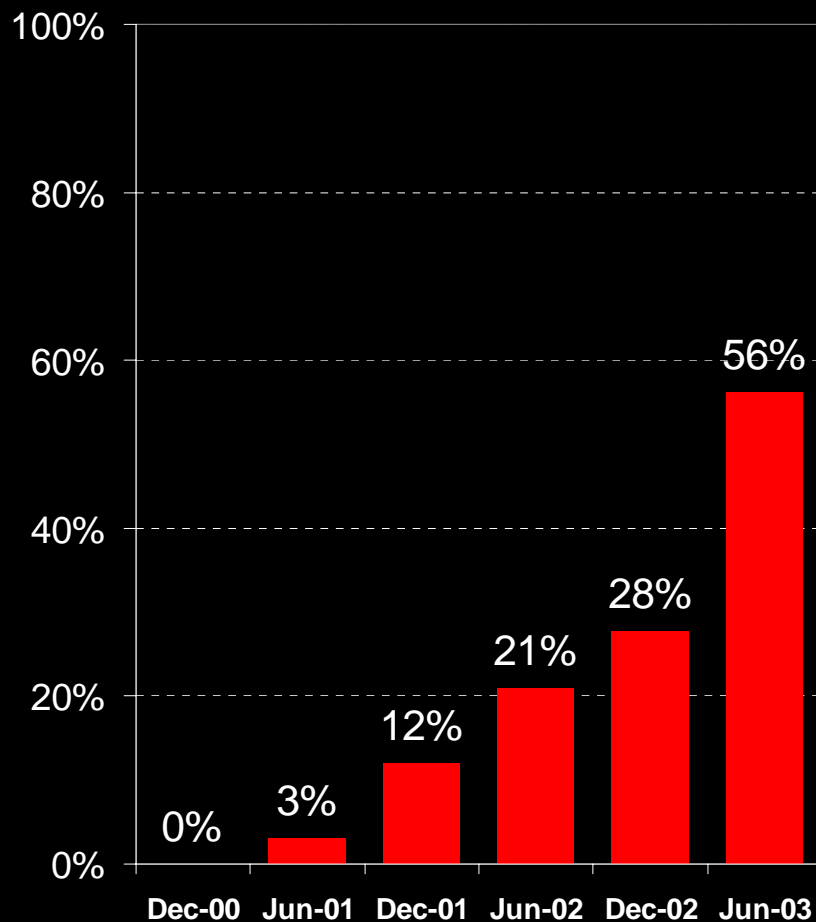
- **At service delivery level:**
 - **Clinicians** - support in their treatment decisions
 - **Consumers and carers** - inform about the services they receive
- **At service management level:**
 - **Service managers** - help managers manage
- **At funding and policy level:**
 - **Policy makers** - inform planning and paying for services



All levels have a legitimate stake and obligation to use information to improve mental health services

1998-2003: Getting started

Percent mental health services commenced routine outcome measurement



- 56% of services began the process, but uneven within and between jurisdictions
- Over 10,000 clinicians participated in training forums
- Information systems re-developed (or planned) across all states
- National infrastructure established – expert groups, AMHOCN
- States began pooling their data nationally

Policy is easy, the trick is in the implementation

- The first 25 years are always the hardest
- It's all about using the information ...

The information culture

- Mental health services have existed as a series of isolated ponds (often with their own Frog Princes)
- Debates about fundamentals – such as caseloads, resources, expected outcomes – are frequent, often intense and usually left unresolved
- Information collection typically seen as a burden rather than a resource to drive quality improvement and benefits for consumers
- Years of mistrust and lack of confidence have built up within the workforce around information collections

**Two examples of how
the information culture
in mental impedes our
progress ...**

**EXAMPLE 1: The new clinical
director takes up her appointment**

EXAMPLE 1

The new Clinical Director is appointed and she learns ...

- Most consumers seen in the community show no clinical improvement
- Only 50% of clinical staff time is spent on clinical care
- 10% of consumers account for 30% of the agency resources
- Less than 1% of the agency catchment population receive services
- 20% of people discharged from hospital are readmitted within a month

EXAMPLE 1

What might the Director conclude?

- Most consumers seen in the community show no clinical improvement
- Only 50% of clinical staff time is spent on clinical care
- 10% of consumers account for 30% of the agency resources
- Less than 1% of the agency catchment population receive services
- 20% of people discharged from hospital are readmitted within a month
- Agency is ineffective?
- Staff are slack?
- Agency is inefficient and careless with resources?
- Agency needs to see more consumers?
- Agency has poor continuity of care?

What does the Director need to know?

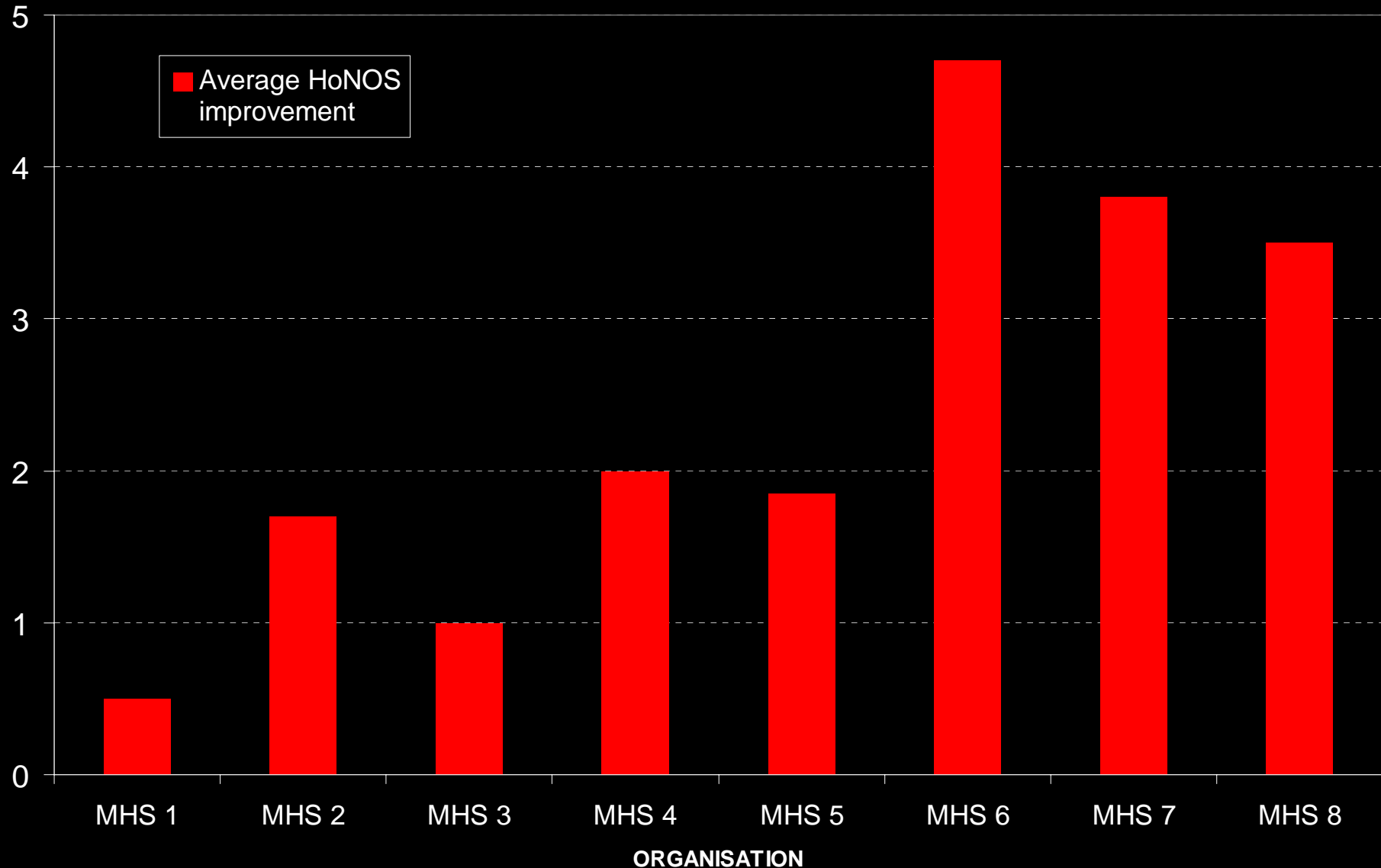
- That her agency's performance is typical on all indicators – no better, no worse
- That there are some similar agencies doing much better
- That there are actions that can be taken to make things better (and some that will make things worse)

**Two examples of how
the information culture
in mental impedes our
progress ...**

**EXAMPLE 2: Interpreting agency
differences in outcomes**

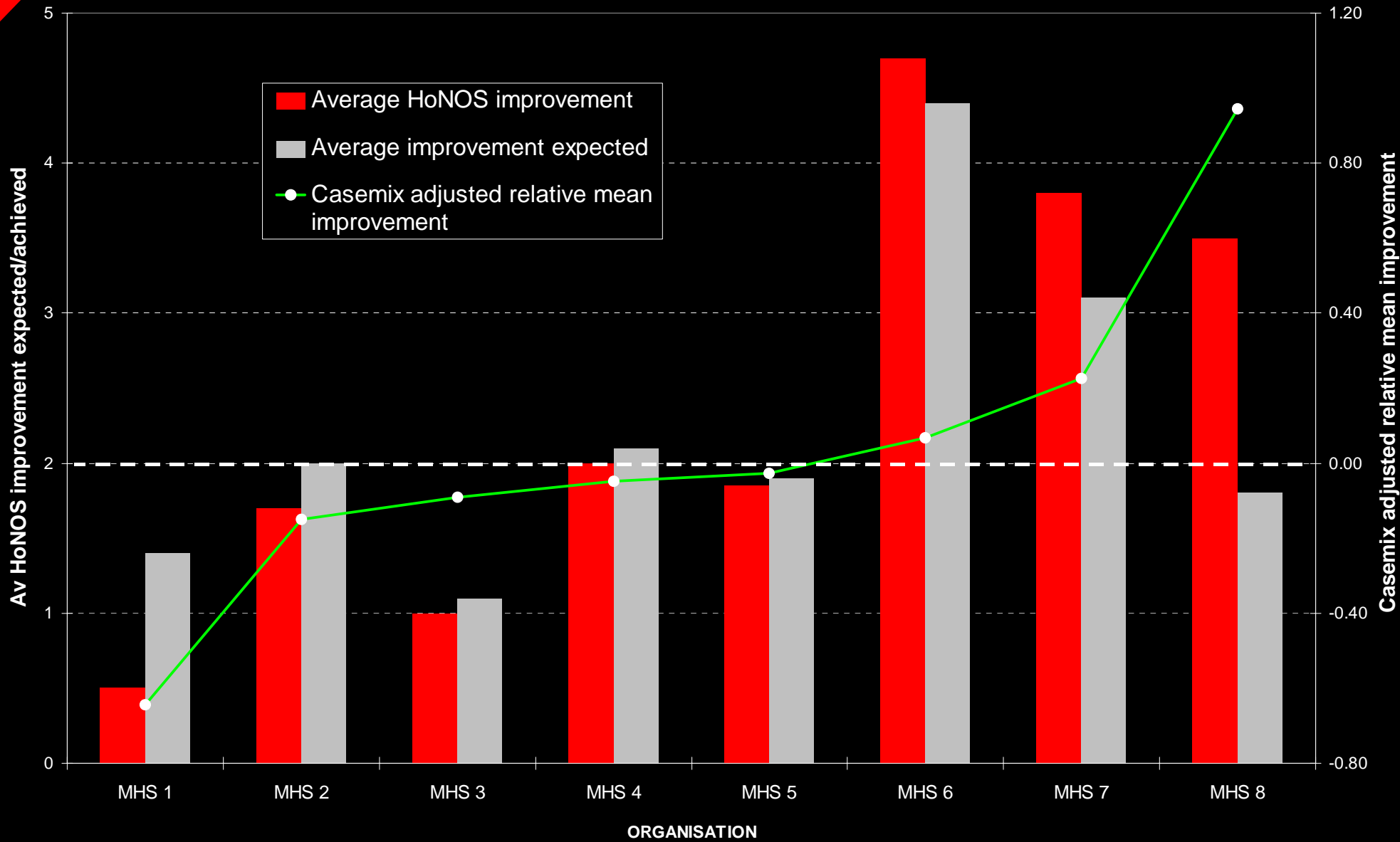
EXAMPLE 2

Which organisation achieves the best outcomes?



EXAMPLE 2

... Take a second look when outcomes are adjusted for casemix

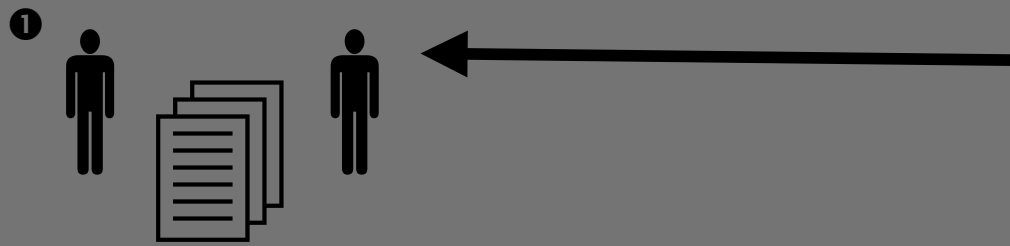


Based on New Zealand CAOS study

Turning data into information

The essential 'tripod'

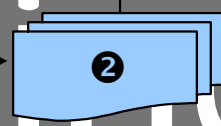
- **Data collection:**
 - standard processes
 - use a common language
- **Data analysis and reporting:**
 - Reports for multiple users and uses
- **Skills in the use of information**
 - In service management
 - In clinical quality improvement



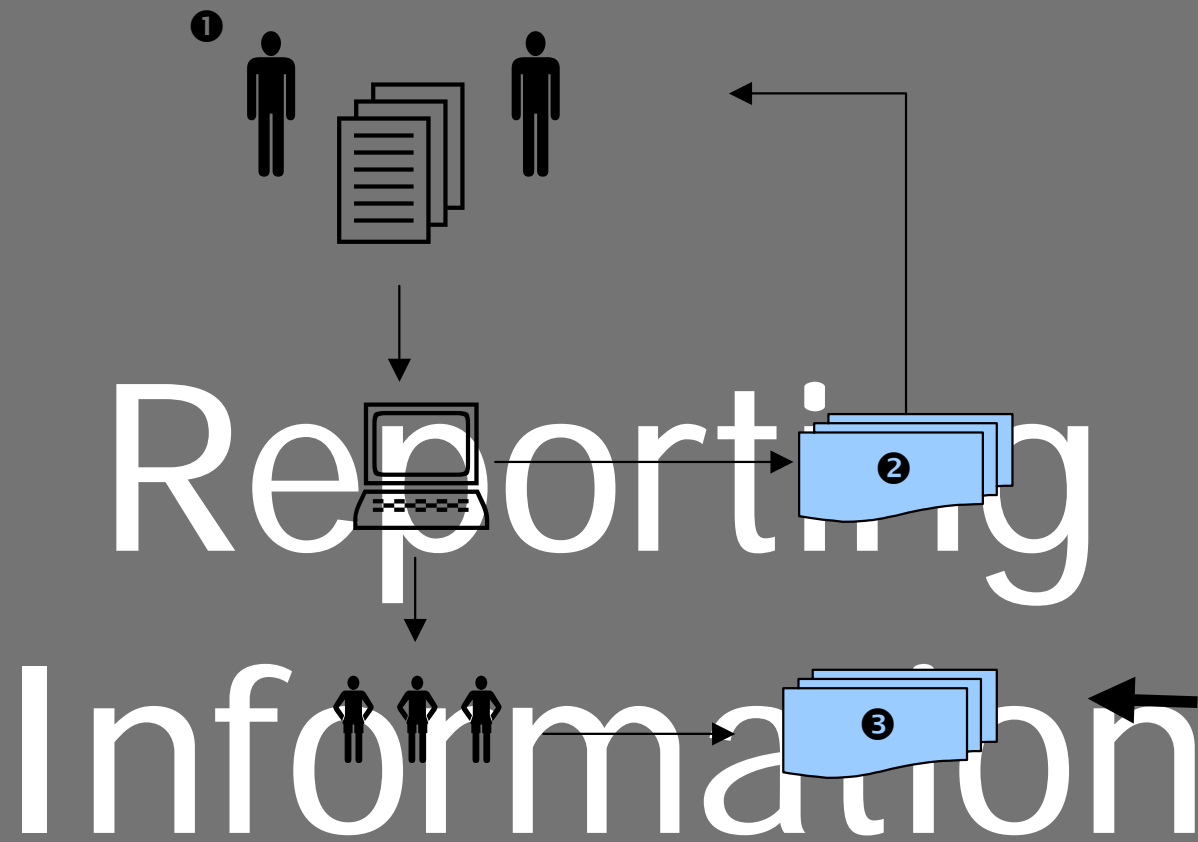
① Consumer and clinician - standard assessment measures completed. Used to focus management and the development of treatment plans.

Reporting Information

Reporting Information

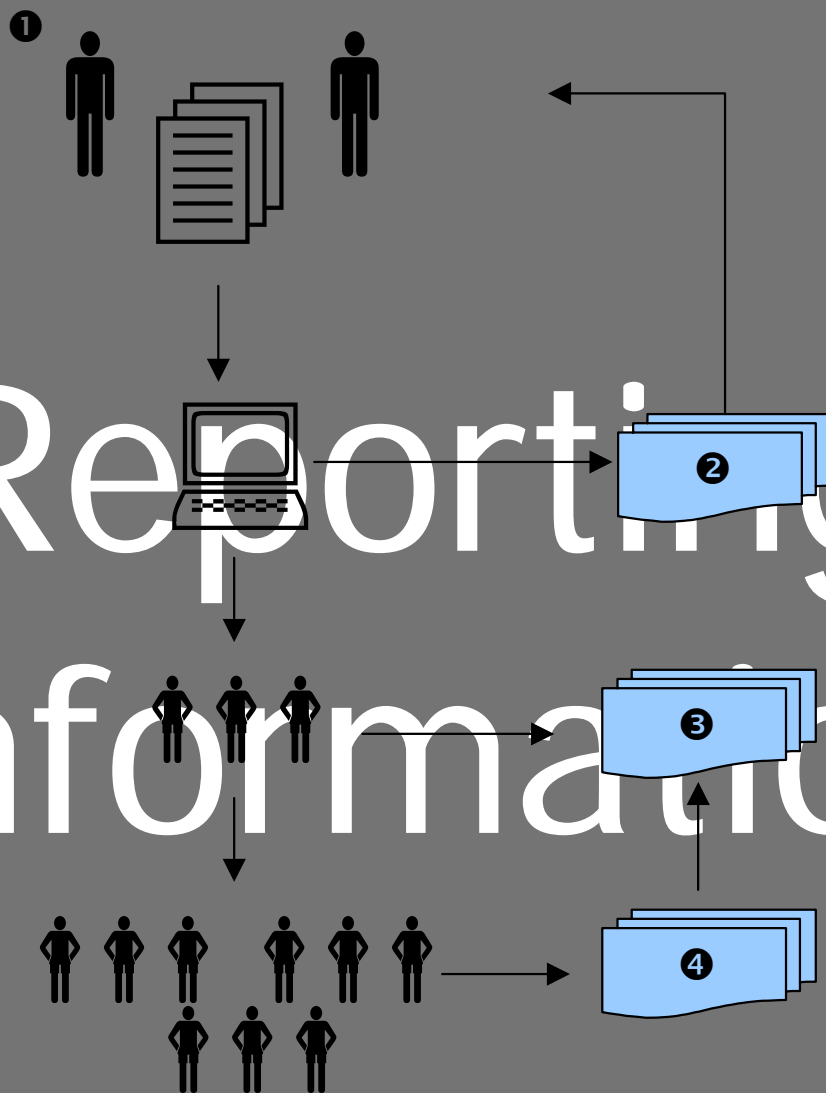


② Consumer and clinician - individual reports produced by local info systems to assist monitoring of progress, ongoing treatment planning.



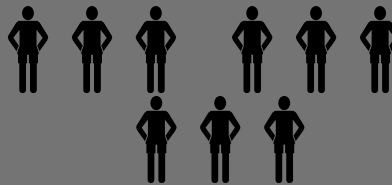
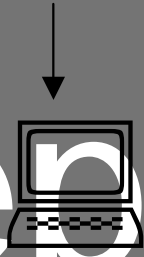
3 Agency level - aggregate reports produced by local info systems to support overall agency performance review and local quality improvement activities.

Reporting Information

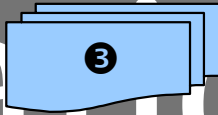
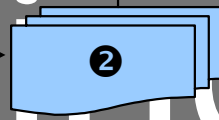


④ State policy level - aggregate reports at State and Territory level to monitor organisational performance, support quality improvement and service development. Feedback of information occurs to agencies and service units.

Reporting Information

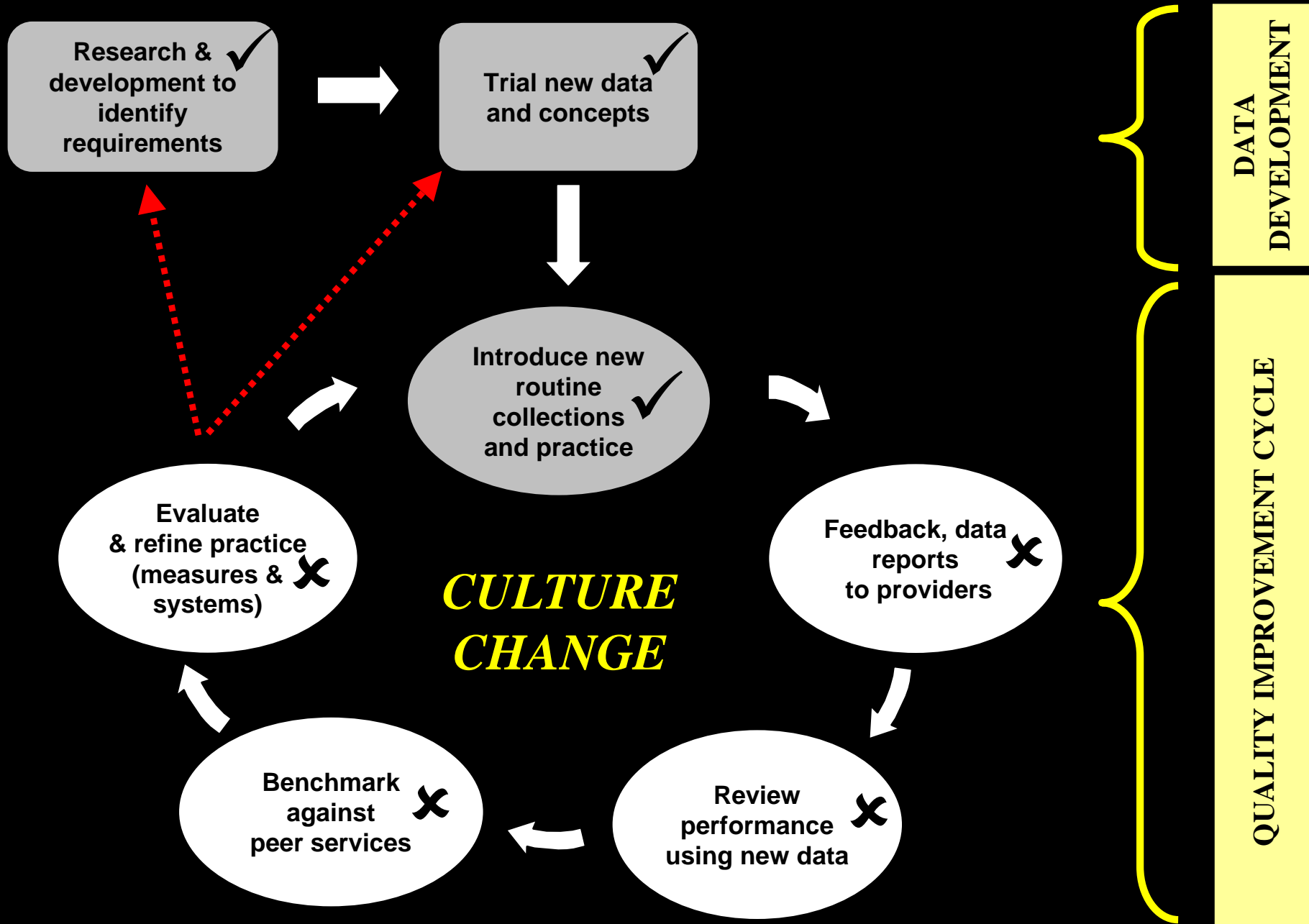


AMHOCN



5 National – reports via AMHOCN to enable comparison across State and Territory boundaries, assist feedback to agencies, clinicians and consumers supporting clinical practice and service development

'Data for quality improvement' cycle



**Moving from
performance
measurement to
performance
management**



"The reality is that performance measurement, quality improvement, and public accountability are highly controversial concepts with all the hugging appeal of a porcupine."

*Dennis O'Leary, President,
Joint Commission on
Accreditation of Healthcare
Organizations, USA*

Performance measurement for mental health services

International summary ... 1

- Early developmental stage but most Western countries working towards comprehensive performance measurement frameworks
- Differences in emphases, terminology but much convergence in the domains targeted for measurement
- Performance reporting systems being directly aligned with strategic policy goals
- Recognition that that an investment of this scale needs to serve a number of purposes and users

Performance measurement for mental health services

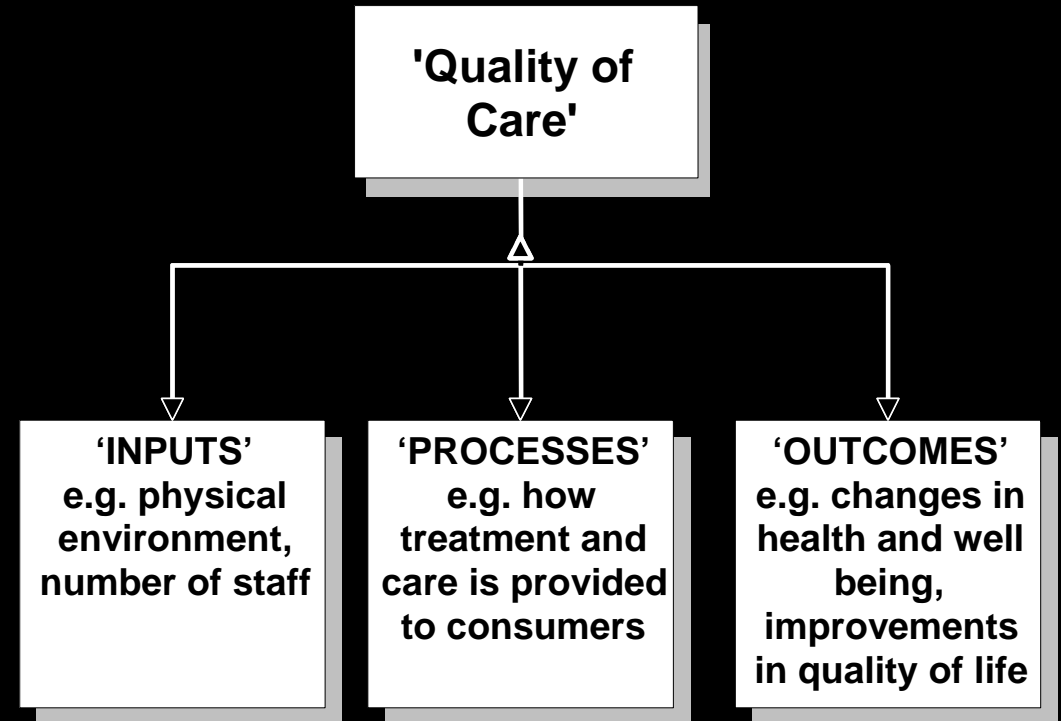
International summary ... 2

- Focus is on encouraging action by measuring the things that matter to consumers, service providers, health care organisations and funders
- Most frameworks designed to aggregate information at organisation, regional and national levels and for key population groups
- Concerns about the safety of mental health care are being given greater focus, as they are more generally in the health industry
- Long lead times are involved in the development work - there are few quick solutions, long term investment is required

Performance measurement for mental health services

International summary ... 3

- Outcomes can't sit in isolation – they are only one component of 'quality of care'
- Indicators for mental health need to be built from multiple data sources - blend measures of efficiency, effectiveness, casemix, quality



Good design principles

*for putting together an
Australian approach to
performance management*

How not to design Performance Indicators

Lesson #1

(Caution: Don't try this at work)



Five desirable attributes of performance measurement systems

1. Design indicators as tools for quality improvement not punishment

"Performance measurement is not something done to you by someone else but something done together, in partnership, to improve our ability at every level – local, state, regional, and national – to achieve our common goals."

Five desirable attributes of performance measurement systems

2. Keep it simple, manageable and able to evolve with experience

"Our experience is that too fast a start with too large a bite can be destructive. My usual advice is that facilities not take on 'world peace' in the beginning of the quality journey."

Five desirable attributes of performance measurement systems

3. Involve stakeholders, balance their varied interests

"Credibility is achieved only when outcomes measured are deemed relevant and meaningful by those who have a vested interest."

"Different people bring different interests to the table ..."

Five desirable attributes of performance measurement systems

4. Performance indicators for different purposes

- **Service delivery level** - used to judge extent to which services meet consumers needs
- **Service management level** - required for feedback on local program strategy
- **Policy and funding level** – required for monitoring effectiveness and efficiency of use of public funds

Blending the requirements of the policy, service management and service delivery levels is easier said than done

Five desirable attributes of performance measurement systems

5. Promote benchmarking and learning opportunities

"Publications of indicators alone is not sufficient to stimulate a culture of quality improvement and benchmarking throughout the mental health industry. The introduction of performance measurement systems requires attention not only to the technical issues but also the process of building interest, capacity and leadership within service organisations to use them creatively."

Where Australia is headed

- Feedback, reporting and use of information
- Performance measurement framework for mental health
- Benchmarking forums

‘Quality Through Outcomes’ Agreements

to strengthen reporting and use of information

- 2004: All states and territories entered new QTO funding agreements with Australian Government
- Focus is on building sustainability through application and use of outcomes data
- All jurisdictions committed to:
 - Build analysis and reporting systems
 - Strengthen workforce ‘information literacy’
 - Continue national collaboration
- Will be backed by new National Information Priorities (2nd Edition) publication, early 2005

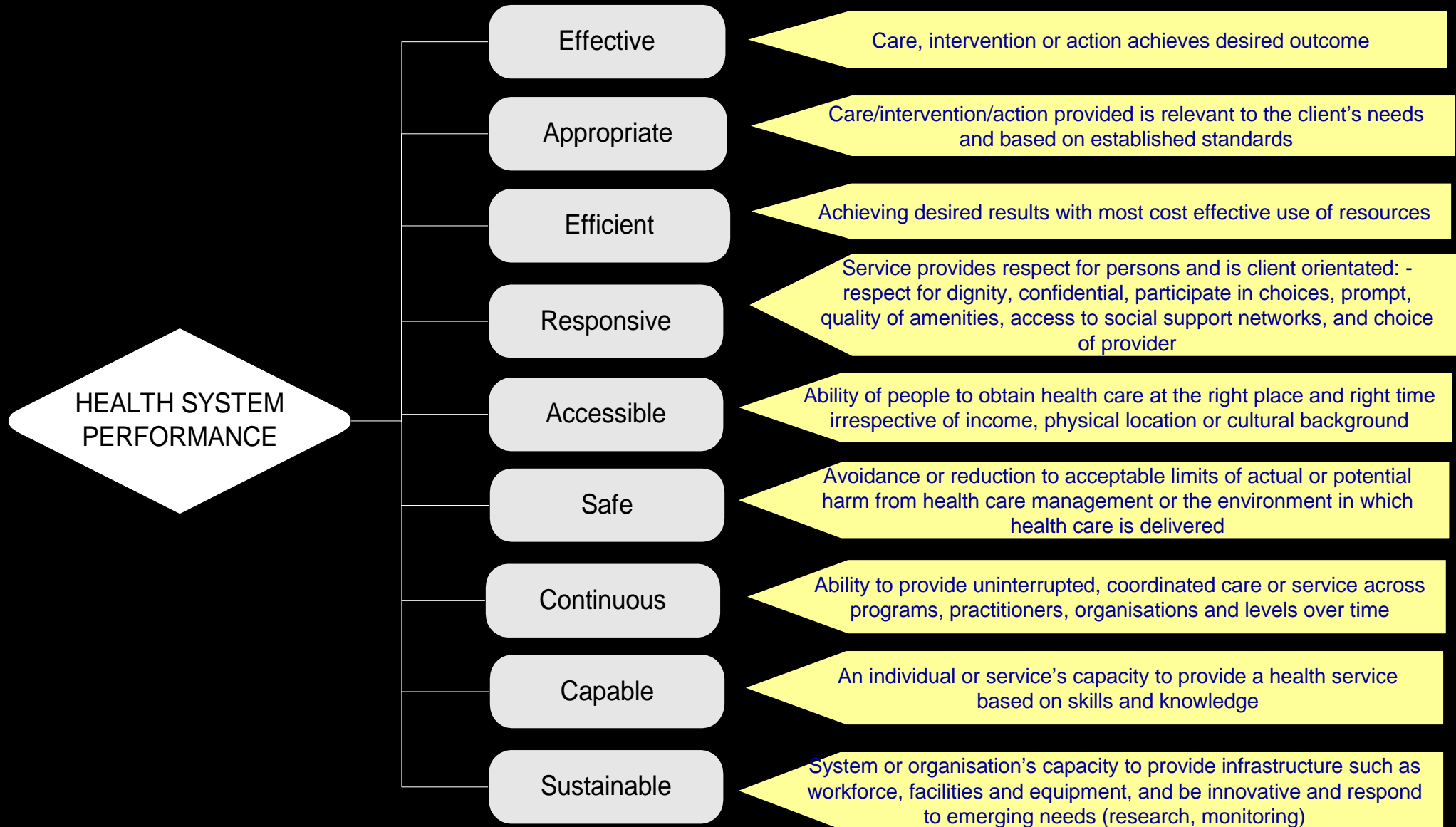
Australia's Health Performance Framework 2001+ (thanks Canada)

Healthy Public Policy	Health Status and Outcomes (TIER 1)	<ul style="list-style-type: none">• How healthy are Australians?• Where is the most opportunity for improvement?• Is it the same for everyone?
	Determinants of Health (TIER 2)	<ul style="list-style-type: none">• Are the factors determining health changing for the better?• Where and for whom are they changing for the worse?• Is it the same for everyone?
Health system policy	Health System Performance (TIER 3)	<ul style="list-style-type: none">• How well is the health system performing in delivering quality health actions to improve the health of all Australians?• Is it the same for everyone?

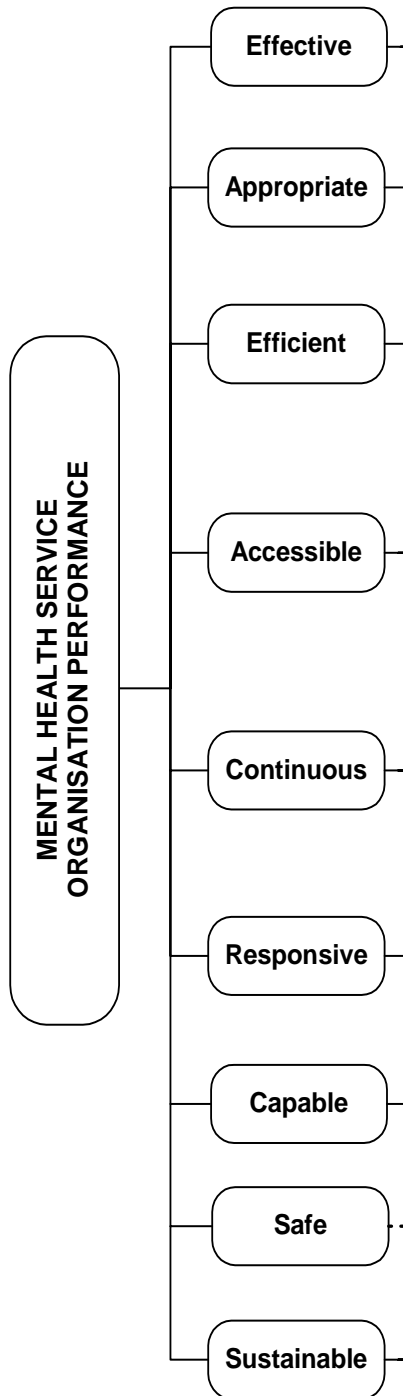


Tier 3 of the Australia's framework

(it's all about Quality)

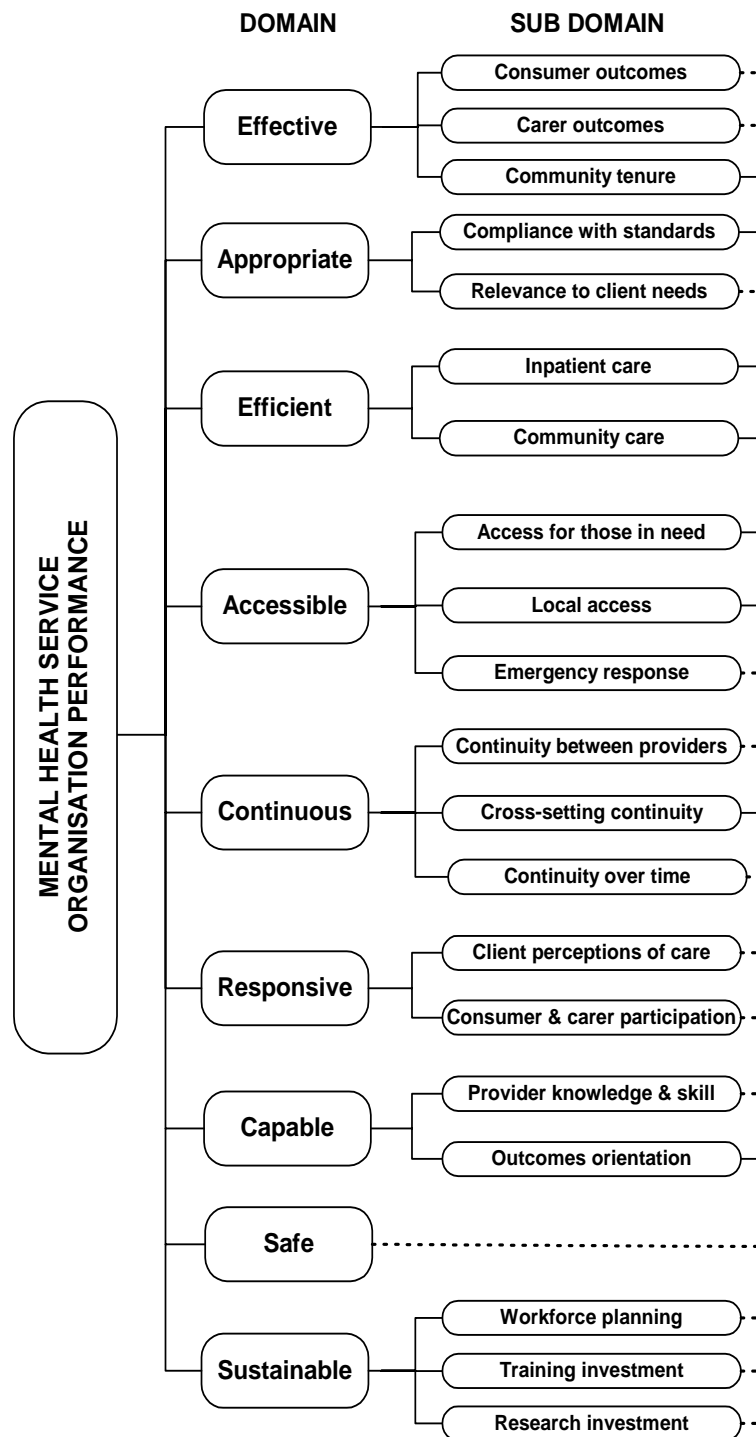


Translating the framework to mental health



- Performance framework endorsed by all states and territories, July 2004
- Recognition that agreed performance indicators are prerequisite tools for benchmarking and related activities - need to start somewhere
- Agreed to be implemented progressively

Translating the framework to mental health



- Recognition that the 9 domains need to be further specified to the most salient matters of concern (sub domains) – 20 identified
- Recognition that not all domains and sub domains are equally measurable – therefore, stage the work

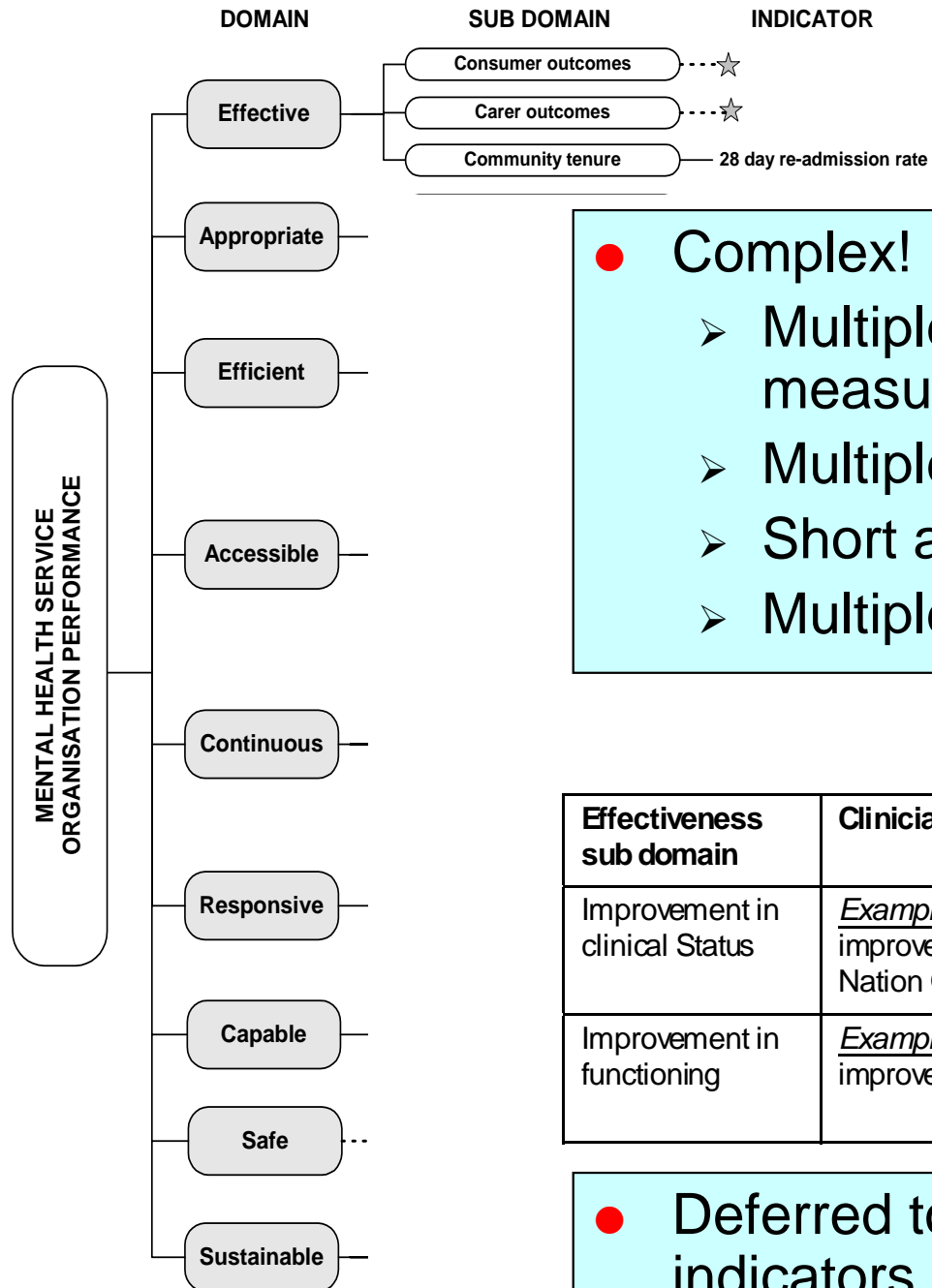
Translating the framework to mental health

Key Performance Indicator	Effective	Appropriate	Efficient	Responsive	Accessible	Sustainable	Capable	Safe	Continuous
28-day readmission rate	✓								○
National Service Standards compliance		✓					○		
Cost per acute inpatient episode			✓						
Average length of acute inpatient stay		○	✓						
Cost per three month community care period			✓						
Treatment days per three month community care period		○	✓						
Population receiving care					✓				
Local access to inpatient care					✓				
New client index					✓				
Comparative area resources					✓	○			
Pre-admission community care					○				✓
Post-discharge community care					○			○	✓
Outcomes readiness	○						✓		

✓ = Primary domain
○ = Secondary domain

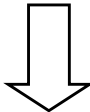
- 13 'stage 1' indicators
- States and territories to implement progressively
- National Mental Health Performance group to be established to guide further development

A note about *Effectiveness*



● **Complex!**

- Multiple levels at which outcome can be measured
- Multiple sub domains
- Short and longer term time frames
- Multiple perspectives eg.



Effectiveness sub domain	Clinician perspective	Consumer perspective
Improvement in clinical Status	<i>Example:</i> % consumers showing improvement on Health of the Nation Outcomes scales	<i>Example:</i> % consumers reporting improvement on Behaviour and Symptom Identification Scale
Improvement in functioning	<i>Example:</i> % consumers showing improvement on Life Skills Profile	<i>Example:</i> % consumers reporting improvement on Mental Health Inventory

● **Deferred to Stage 2, premature to set indicators based on outcome data**

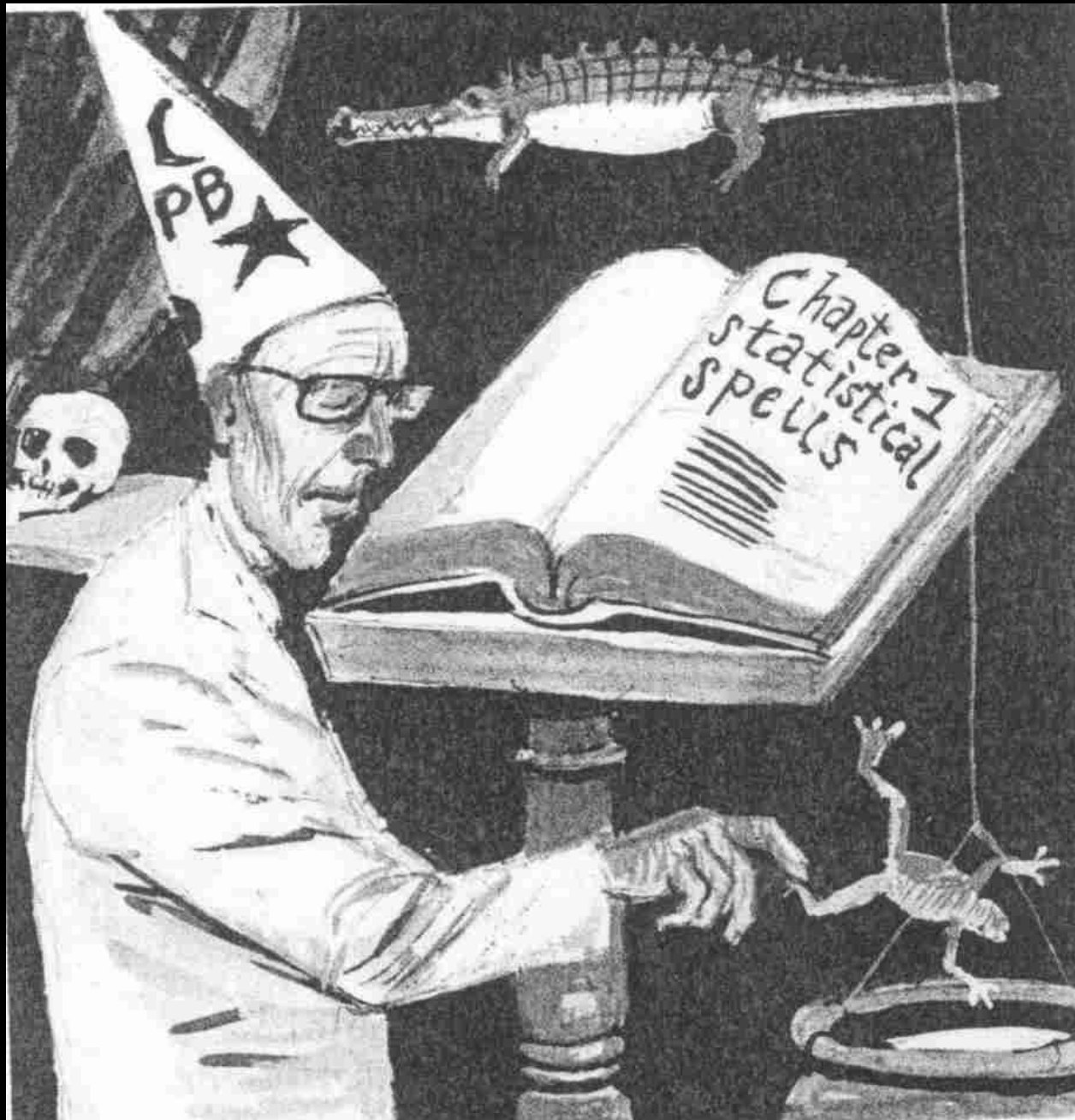
Key: ★ = Phase 2 Indicators for development

Benchmarking in mental health

“ ... concerned with the systematic process of searching for and implementing a standard of best practice within an individual service or similar groups of services. Benchmarking activities focus on service excellence, customer/client needs, and concerns about changing organisational culture.”
(Bullivant, 1994)

- An active process of participation and learning
- Involves bridging the gap between evidence and practice
- Requires engagement of participants in reflective practice, measuring performance, learning through comparisons

All knowledge is not grown in the laboratory!

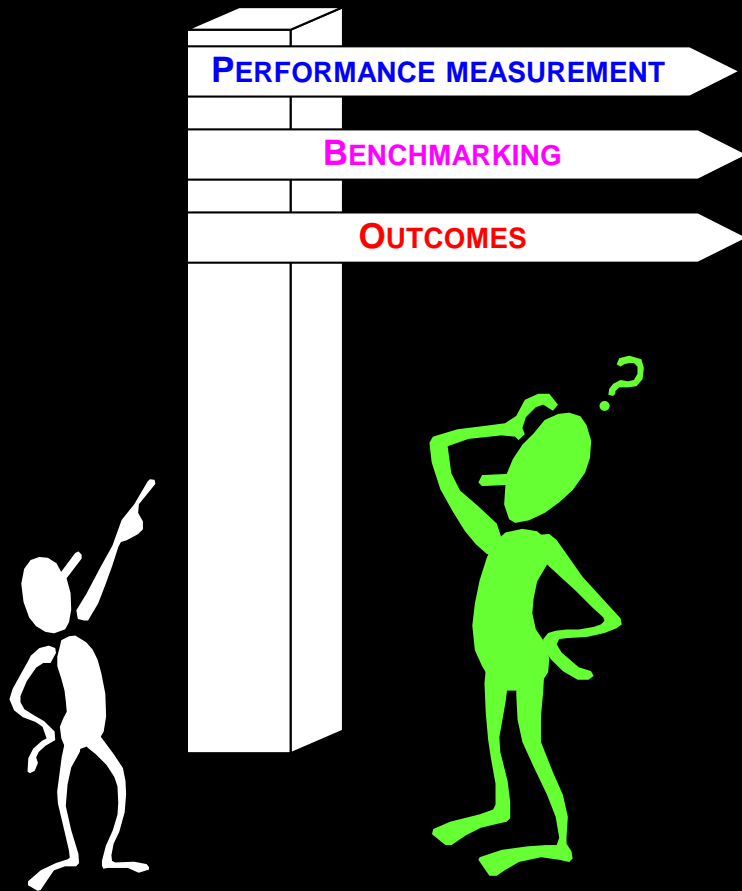


- Benchmarking may be criterion-based or relative
- Latter complements evidence from controlled studies with 'practice-based evidence', derived from routine work

Promoting benchmarking in mental health

- Benchmarking is virtually unexplored in the Australian mental health sector but well developed in the acute hospital field
- Stimulus and incentives are needed
- National demonstration forums likely over next year
- Aims will be to:
 - identify the benefits and issues arising for organisations;
 - learn what is required to promote benchmarking on a wider scale
 - test the suitability of the national mental health performance framework

The future ... (1)

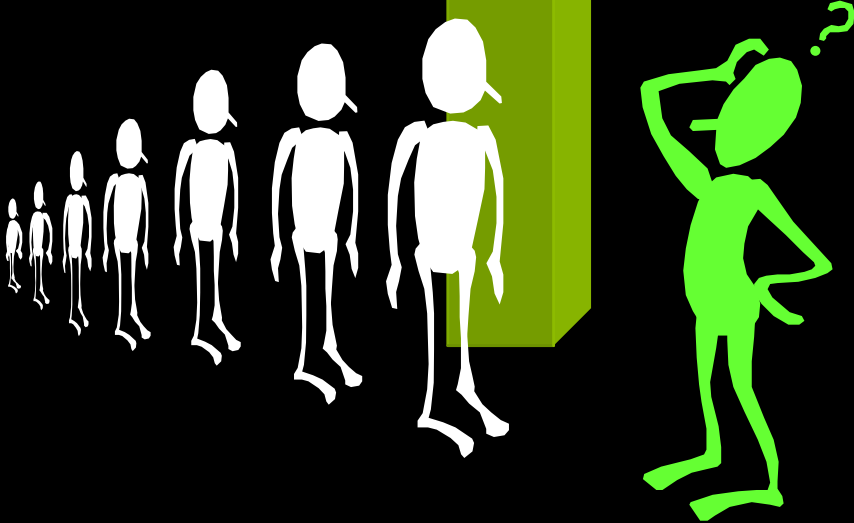


- Outcome measurement and emphasis on performance management will continue to develop
- There is no choice - policy makers and practitioners don't have that luxury
 - political and economic realities
 - equity
- Without it, the focus stays on cost and technical efficiency
- We have to shift the focus from cost to value for money

The future ... (2)

Situations Vacant
Clinical Leaders
Service Managers

- There is a logical development cycle
- Mental health in Australia is mid point in the cycle
- Development of the tools and the processes will accelerate and improve when clinicians and service managers fully embrace their leadership roles



Words of wisdom from clinicians

National Benchmarking Workshop 2002

Data standards and collections mean little unless they are used to support decision making

- If you don't measure results you can't tell success from failure
- If you can't tell success ... you can't reward it
- If you can't see success ... you can't learn from it
- If you can't recognise failure ... you can't fix it
- If you can demonstrate results ... you can win support