

# QUATRO

## A Clinician - Consumer- Carer project

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Barwon: Community and Mental Health

# Roadmap

1. Description of QUATRO project
2. Overview of consumer attitudes
  - from literature
  - from QUATRO project
3. Overview of clinician attitudes
  - from literature
  - from QUATRO project
4. Summary and conclusions

# QUATRO

DHS (Victoria) established the Quality through Outcomes Network (QUATRO) *‘in order to consolidate the routine use of outcome measurement (OM) data in public clinical mental health services’.*

Victoria’s 22 AMHSs divided into 3 ‘clusters’  
3 lead agencies *‘selected to develop and provide training and other services to member agencies in their cluster’.*

Barwon Health – Western cluster

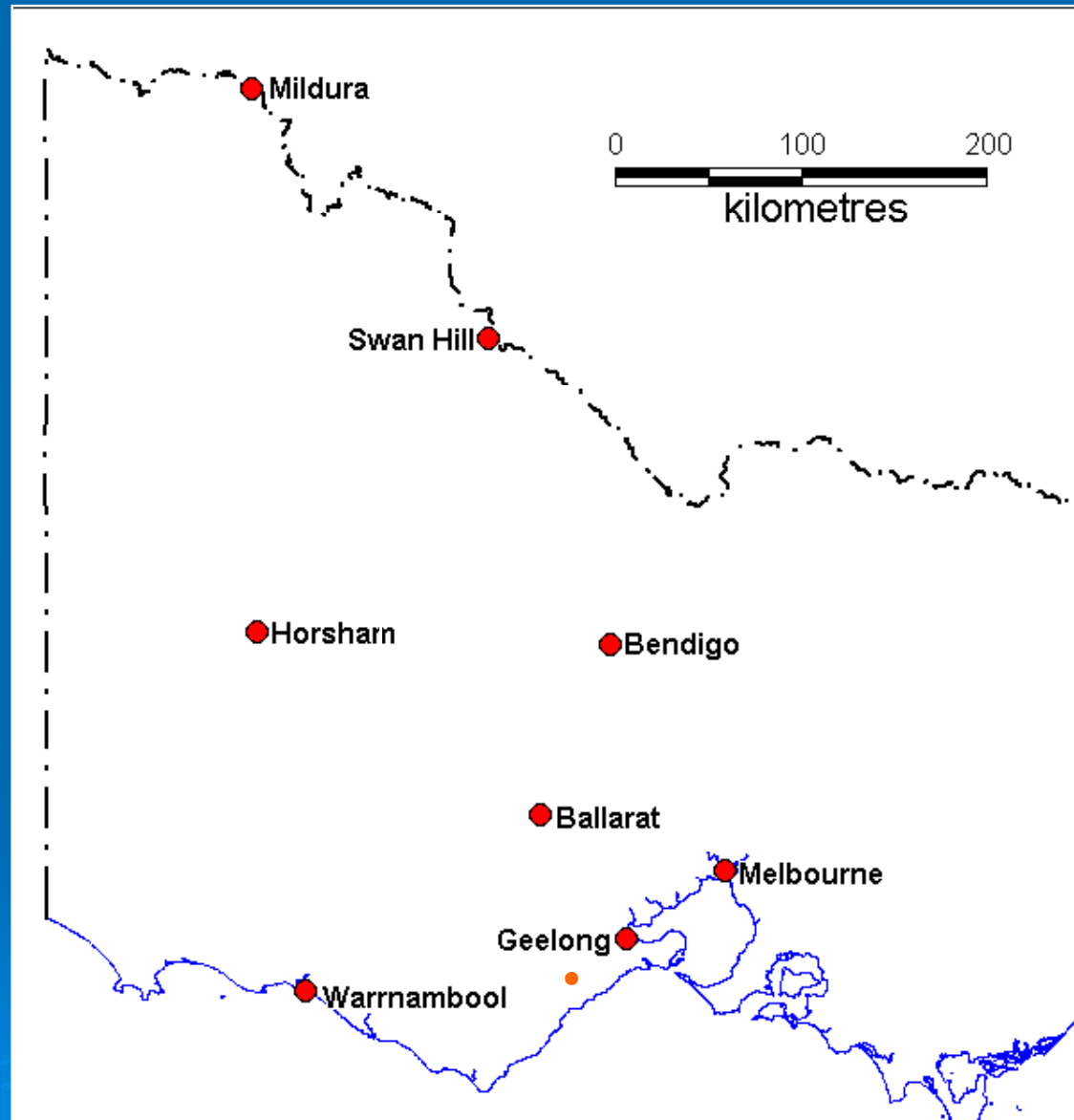
St. Vincents – North Eastern cluster

Alfred Health – South Eastern cluster

# QUATRO

1. 12 – 18 month project - outcomes to be sustainable (commencing in June 2005)
2. Approximately \$350,000 to each lead agency
3. Each AMHS also to get a grant depending on size, to support project (e.g. Barwon \$70,000)

Western cluster  
11 AMHS's  
5 metro, 6 rural.



# QUATRO project – Western cluster

AIM:

To promote the completion, use and sharing of outcomes ratings between clinicians and consumers



with the objective of

Improving consumer/ carer dialogue

Giving consumers tools to self-assess and monitor progress

Supporting more meaningful care planning

# QUATRO

Western cluster submission – based on **two fundamental principles**:

1. ...clinician and consumer inclusion in planning and implementation of OM initiative is important if OMs use is to be 'owned' by clinicians and consumers
2. ...while organisations and governments will have 'higher order' incentives for introducing OMs, the incentive which will most influence clinicians & consumers will be supporting the therapeutic work  
i.e. to be successful, strategy must focus on clinician-consumer interaction – the rest will follow .....

# QUATRO project

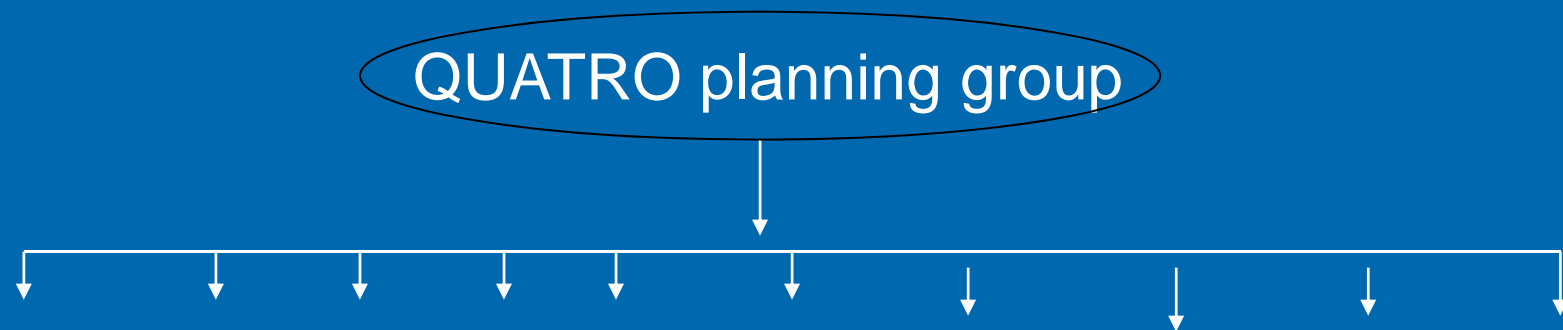
## Employed

1. 3 project workers (full time for 12 months)
2. Consumer and carer principal consultants (half-time for 12 months)
3. Each AMHS to increase consumer and carer consultant time by 1 session per week

## Engaged:

1. Nursing academic consultant
2. Consumer academic consultant
3. PDRSS consultant

# QUATRO project - structure




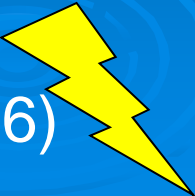


## AMHS local implementation groups

Leadership: Snr Nurse educators or quality coordinator

Consumer and carer consultants, clinical staff rep. medical staff rep., project worker as appropriate.

# QUATRO project – work plan

- ◆ Conduct **baseline audit** of outcome measure use and clinician and consumer attitudes 
- ◆ Bring **Consumer and Carer** consultants from all agencies together for 2 days to
  - ◆ Learn about Outcome Measures
  - ◆ Develop strategies for their use, informing/supporting consumers about Outcome Measures 
- ◆ Bring **senior clinicians** from agencies together with Consumer Consultants in 3 groups for one day each to work together on considering how to make OMs usefull. 
- ◆ ‘Roll out’ **training for all staff** in all agencies – involving consumer and carers (Feb – April 2006) 

# 1. Overview of consumer attitudes

# We already have some info. on consumer attitudes:

- *Stedman et al. (1997). Measuring Consumer Outcomes in Mental Health. Canberra, ACT: Department of Health and Family Services.*
- *Bickman et al. (1998). Consumer Measurement Systems in Child and Adolescent Mental Health. Canberra, ACT: Department of Health and Family Services.*
- *Graham et al. (2001) The Victorian Mental Health Outcomes Measurement Strategy: Consumer Perspectives on Future Directions for Outcome Self-Assessment. Report of the Consumer Consultation Project. Department of Human Services, Victoria.*
- Siggins Miller, Consumer self-rated outcome measures in mental health, 2003
- Sarah Gordon et al., Preliminary Work Towards the Development of a Self-Assessed Measure of Consumer Outcome. 2004

# We already have some info. on consumer attitudes:

Benefits of Implementing Routine Assessment of Consumer Outcomes  
(20 consumers in 3 focus groups)

Broad feeling – this is an opportunity for their voices to be heard.

- Increase self-awareness of one's mental health.
- Improve communication between service providers and consumers.
- Provide and/or improve the structure of clinical interview sessions.
- Provide the Government and service providers with better information by which to target funding of mental health services.
- *Stedman, T., Yellowlees, P., Mellsop, G., Clarke, R., and Drake, S. (1997). Measuring Consumer Outcomes in Mental Health. Canberra, ACT: Department of Health and Family Services.*

# We already have some info. on consumer attitudes:

10 focus groups with 58 participants:

‘....consumers support the introduction of routine outcome assessments and see the process as having potential to contribute to the treatment they receive.’

‘Key process issues from the consumers’ perspective include how the consumer is approached for information, how outcome measurement is used to strengthen therapeutic dialogue and the use of consumer ratings in treatment planning.’

‘....consumers ..... want to see strong consumer involvement at all stages’

Graham C, Coombs T, Buckingham W, Eagar K, Trauer T, and Callaly T (2001) *The Victorian Mental Health Outcomes Measurement Strategy: Consumer Perspectives on Future Directions for Outcome Self-Assessment. Report of the Consumer Consultation Project.* Department of Human Services, Victoria.

# We already have some info. on consumer attitudes:

## Consumer's views of potential uses of OMs

- To build a resource for the consumer over time by building a catalogue of strengths and coping skills and a record of wellness and achievements, no matter how small.
- To assist individual case management.
- To help clinicians improve their practice.
- To help consumers interact better with case managers.
- To empower consumers.
- To allow the government's evaluation of the system to be well grounded in the experience of consumers.

*Siggins Miller, Consumer self-rated outcome measures in mental health, 2003*

# We already have some info. on consumer attitudes:

Consumer reference group and 158 questionnaires

‘Many participants expressed how valuable they thought a self-assessed measure of outcome was in terms of having a tool that supported them to reflect on and monitor their mental well-being.’

‘Despite individual reflection and communication being embraced as the primary aims of mental health outcome measurement, it is acknowledged that outcome measurement data can also serve a valuable purpose at the organisational, regional and national levels in terms of decision making and continuous development in relation to mental health service provision.’

*Sarah Gordon et al., Preliminary Work Towards the Development of a Self-Assessed Measure of Consumer Outcome. 2004*

# QUATRO consumer/carer workshop

## General

1. The process of self assessment is a valuable one
2. OMs are an opportunity for structured discussion and to have their views formally heard.

# QUATRO consumer/carerer workshop

## Question 1.

How could Outcome Measures be made more useful?

1. Use OMs as part of a map of recovery and of a care planning process
2. Rename consumer self assessment process (.....to Consumer self-assessment)

# QUATRO consumer/carerer workshop

## Question 2

How can Outcome Measures be used in care planning?

1. Consumers, carers and clinicians (the 'triad of care') could use the measures as a basis for discussion and exploration of differences in opinion.
2. Care must be taken in how the consumer rated measure is presented to consumers (preference is that it is completed with the case manager).
3. Revisit measures when well to understand early warning signs – use as a basis for 'advance directives'.
4. Consumers and carers would like all measures discussed with them and would like to see graphs which they can take away – put on fridge.

# QUATRO consumer/carerer workshop

## Question 3

What is the best way for services to inform consumers and carers about outcome measures?

1. Run structured forums for consumers and carers to inform/ raise profile of OMs
2. Develop posters and flyers that are eye-catching and offer info. About rights, how OMs will be used by Government, you don't have to answer all questions etc.
3. Develop DVD/ Video which could also be used by clinicians
4. Develop a QUATRO newsletter.

# QUATRO consumer/carer workshop

## Question 4

How can consumer and carer consultants be involved in the training of clinicians?

1. Consumers, carers and clinicians should be involved jointly in all aspects of training including as planning, delivery and evaluation
2. The content of training should be respectful but experiential, I.e. consumer stories, positive examples, discussion of barriers to the use of OMs.
3. Training should occur at all levels – training forums, orientation, students.
4. Consumers and carers consultants should themselves receive training to enable them to be involved in the training of clinicians.
5. Funding opportunities for consumer-led research should be created

# QUATRO consumer surveys

67 completed

# Consumer Audit

- 76% of those surveyed had been offered a BASIS 32
- 76% of those who were offered it actually completed it

# Consumer Audit

- 55% of those who completed a BASIS 32 did so with their case manager
- 81% believed that it helped their case manager understand them
- 70% believed that it led to better care

# Consumer Audit

- 34% were aware that their case manager completed HoNOS and LSP
- Only 18% had discussed these ratings with their case manager
- 92% of those found it a useful process

## 2. Overview of clinician attitudes

We already have some info. on clinician attitudes:

Walter et al., 1998

Surveyed staff from Central Sydney Mental Health Services

The major concern expressed by respondents was that rating outcome was *too time-consuming*. More than half were not in favour of measuring outcome routinely *even if it meant providing a better service to patients*.

# We already have some info. on clinician attitudes:

## Crocker & Rissel, 1998

.....Analysis of the 65 returned questionnaires identified some pessimism about what focusing on health outcomes would achieve for community mental health clinicians or their clients.

The strongest and most consistent predictor of positive expectations of an increased focus on health outcomes was the extent to which staff thought they would be able to influence the way this approach would be applied to their workplace.

We already have some info. on clinician attitudes:

Samar et al. 2002

Assessed attitudes to outcome measurement in rural Western Australia, including the HoNOS.

The assessment of staff attitudes towards routine outcome measurement revealed a need to provide staff with reasons and incentives for incorporating outcome measurement into routine practice, in addition to provision of a thorough and on-going training and support in time and resources from management.

# Clinicians attitudes from the 'grey' literature

## Benefits of Implementing Routine Assessment of Consumer Outcomes

65 service providers (29 from public psychiatry)

- For this process to be of benefit to anyone (consumers, service providers, government), then the outcomes measures must be seen by service providers to be “good measures with face validity, that they will own.”
- Routine measurement of outcomes would provide a standardized language for assessing clients and communicating results.
- Routine measurement of outcomes would be useful in the planning of treatment programs.

*Stedman, T., Yellowlees, P., Mellsop, G., Clarke, R., and Drake, S. (1997). Measuring Consumer Outcomes in Mental Health. Canberra, ACT: Department of Health and Family Services.*

# Clinicians attitudes from the 'grey' literature

## 43 clinicians:

..... some believe that measurement could be important while others consider that the potential importance of a measurement system is counterbalanced by the danger that such a system would “mechanise and measure everything” draining already limited resources from clients and clinical work. A minority are hostile to a measurement system. These respondents are concerned about the burden of the system and its potential restrictiveness and intrusiveness in relation to clinical practice. While the majority of respondents believe an outcome measurement system is important, a significant number qualify their responses, seeing importance as contingent upon how well the system is designed, implemented and utilised.

*Bickman, L., Nurcombe, B., Townsend, C., Belle, M., Schut, J., and Karver, M. (1998). Consumer Measurement Systems in Child and Adolescent Mental Health. Canberra, ACT: Department of Health and Family Services.*

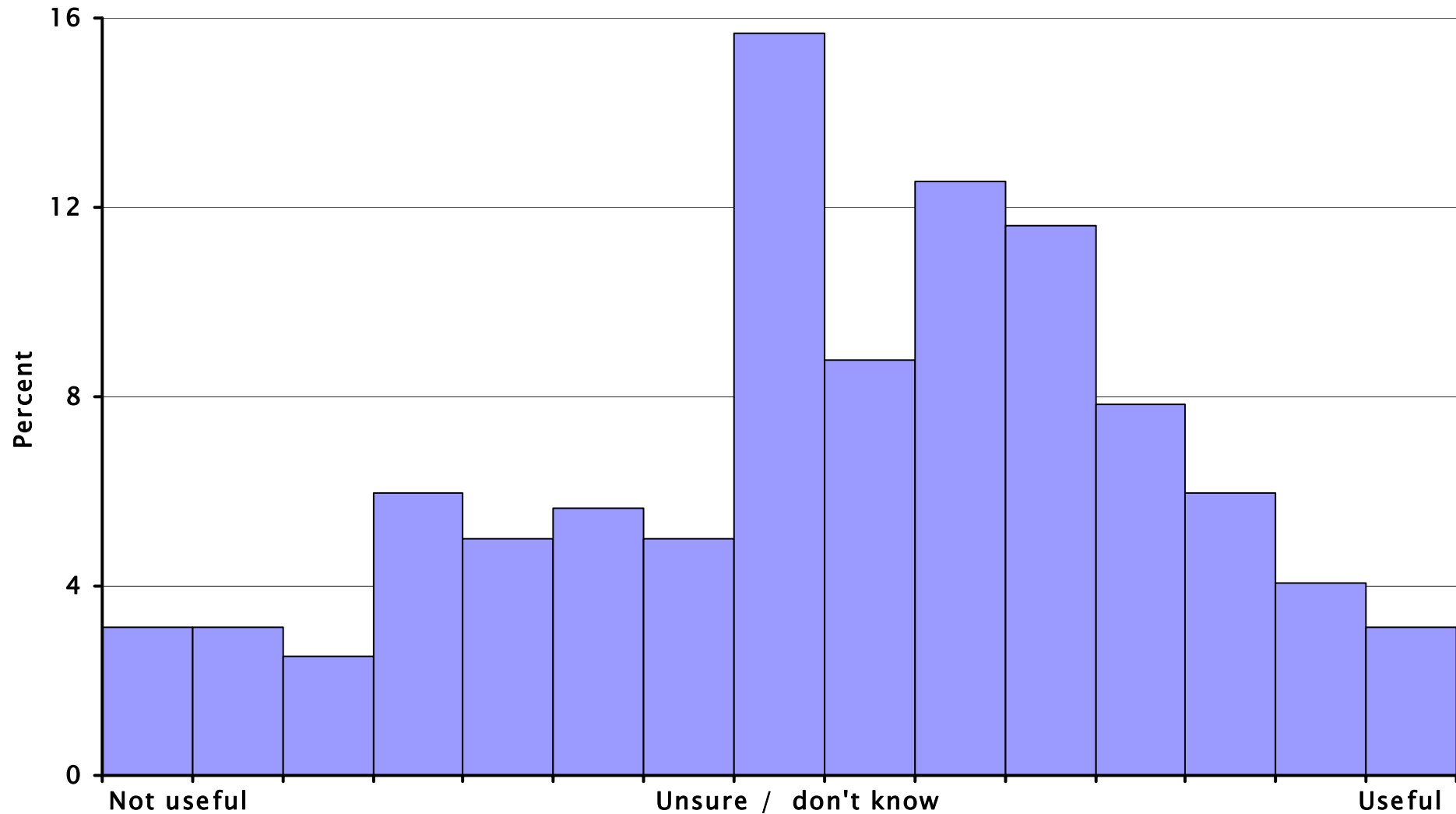
# Study of clinician attitudes after 2 yrs. of use of Oms: Questionnaire return rates

	St Vincent's		Barwon	
Time 1 June '03	134/175	77%	81/108	75%
Time 2 Dec '04	151/194	78%	87/110	79%
Time 3 July '04	150/196	77%	86/111	77%

*Trauer, Callaly, Herrmann (2005)*

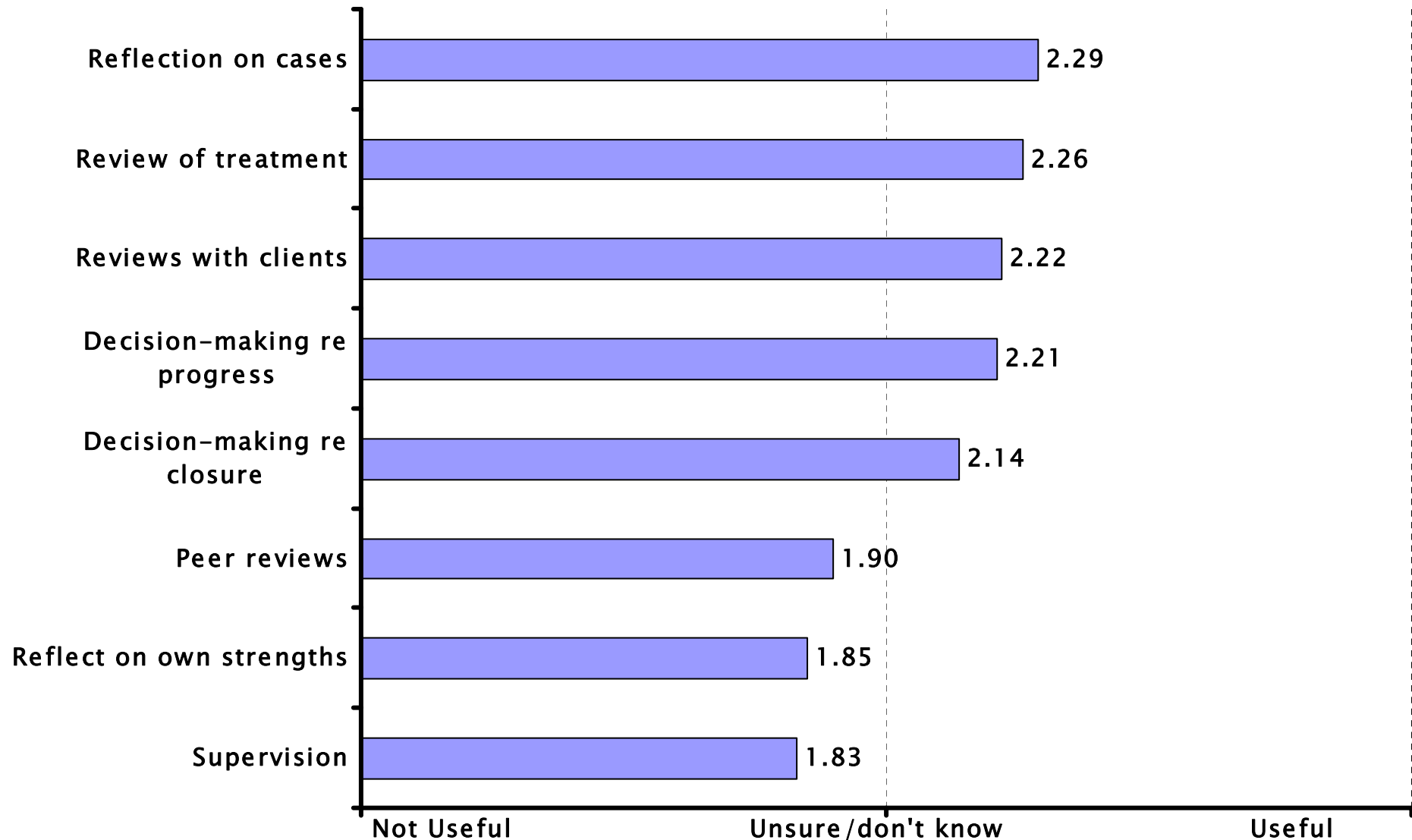
# Global usefulness scores – 2 years after the intro. of OMs

*Trauer, Callaly, Herrmann (2005)*



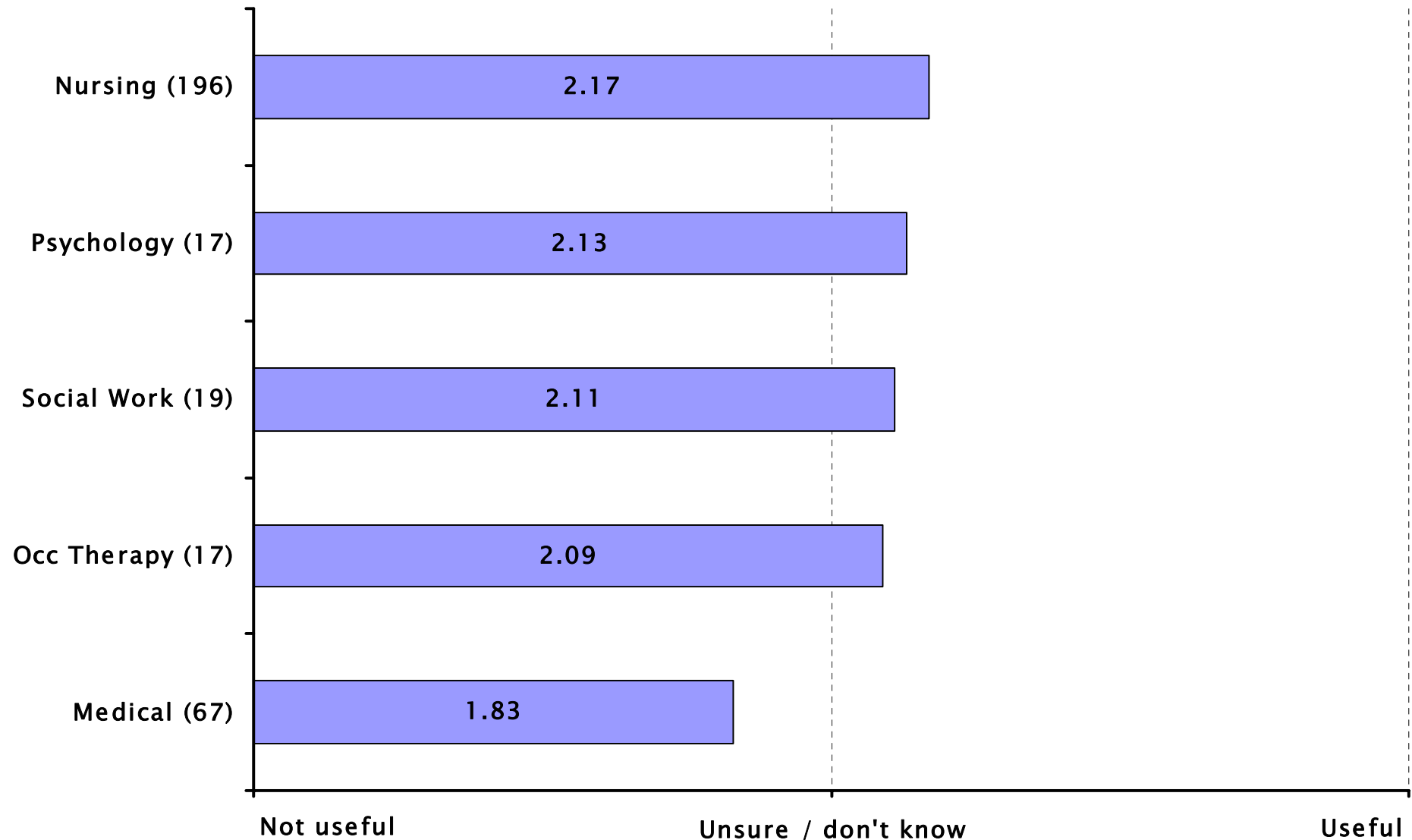
# Specific uses

*Trauer, Callaly, Herrmann (2005)*



# Discipline differences in usefulness

*Trauer, Callaly, Herrmann (2005)*



## Clinician attitudes after 2 years of use

Overall are outcome measures of clinical value?	No. of observations Yes –21 No - 19
Focus of Care?	No observations saying of clinical value
BASIS-32 (consumer rated measure)?	All observations were positive
BASIS-32:Consumer is able to identify what their own needs are	
ISP from BASIS 32 completion by consumer and case manager together identified unmet needs	

*Clinician attitudes towards the use of routine outcome measures in public mental health services. (2005). Callaly Hyland Coombs Trauer*

# Clinician attitudes after 2 years of use

	Why is the Commonwealth so enthusiastic about introducing Oms?	Frequency of observations
1	Their principal motive is to introduce a mechanism to control funding (casemix).	36
2	Provides a degree of professionalism to MHS work and allows quantifiable measurement of services provided	7
3	For comparison of service	3
4	To increase the workload	2
5	The whole outcome measurement issue is attached to research agendas.	2

*Clinician attitudes towards the use of routine outcome measures in public mental health services. (2005). Callaly, Hyland, Coombs, Trauer*

## Clinician attitudes after 2 years of use

	.....advice for services or clinicians who are about to embark on using OMs?	Frequency of observations
1	Ask for good feedback, individual and service wide or it is all meaningless	17
2	Demand adequate computer, hardware and software.	14
3	Good quality training including the real purpose of collection	8
4		
5		
6		
7		

*Clinician attitudes towards the use of routine outcome measures in public mental health services. (2005). Callaly Hyland Coombs Trauer*

## Clinician attitudes after 2 years of use

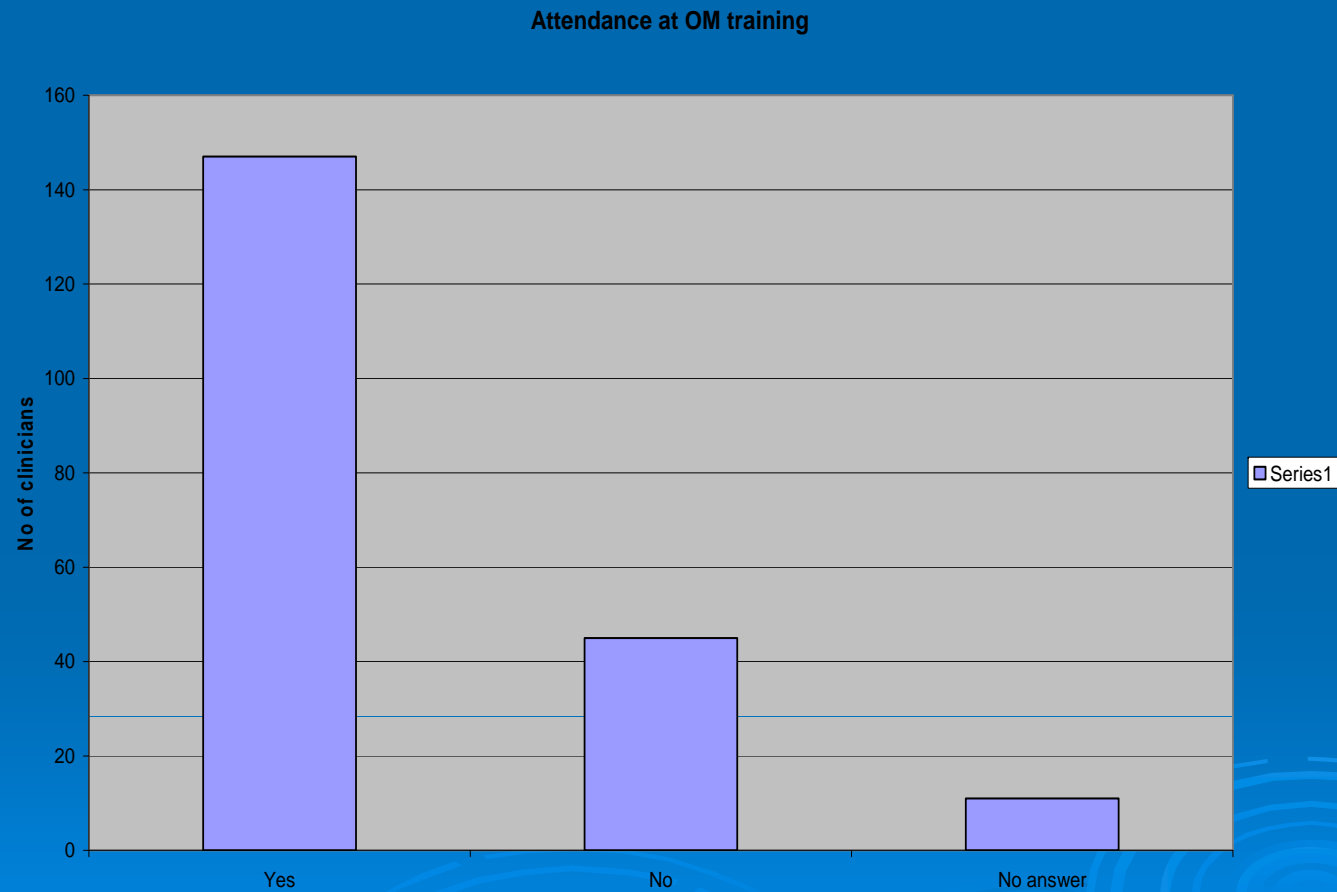
	..advice to management and about how we might better use them or advice about future directions?	Frequency of observations
1	More regular training to close the gap between theory and practice	14
2	More case presentations to review individual scores as a team	8
3	More usable feedback on service / team performance	8
4	Patient summary chart promotes consumer/clinician communication and should be used routinely	7
5	An explanation and guidance as to what the practical uses of this data are.	5
6		

*Clinician attitudes towards the use of routine outcome measures in public mental health services. (2005). Callaly Hyland Coombs Trauer*

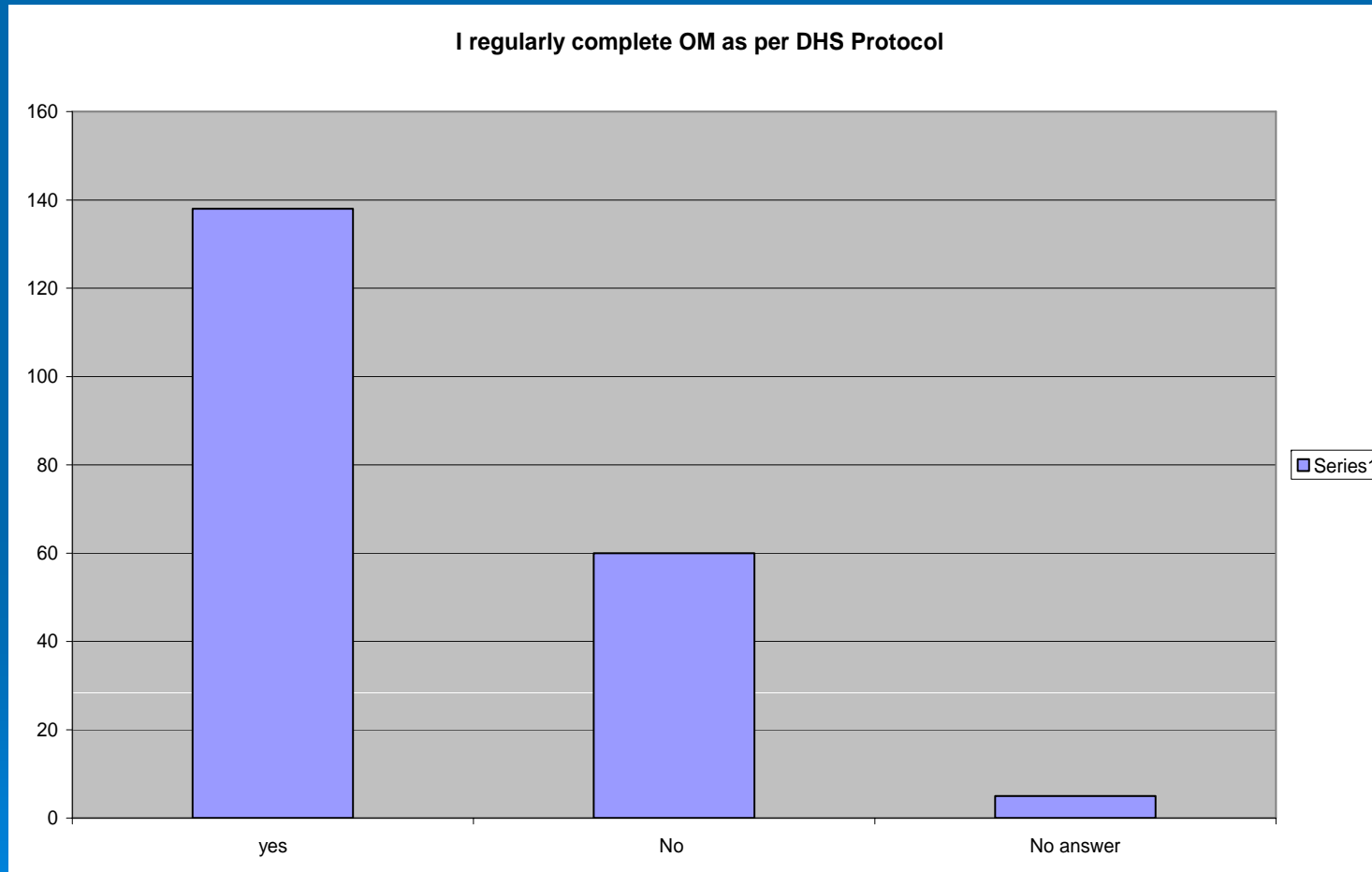
# QUATRO clinician attitude surveys

203 surveys returned

# Have you ever attended OM training?

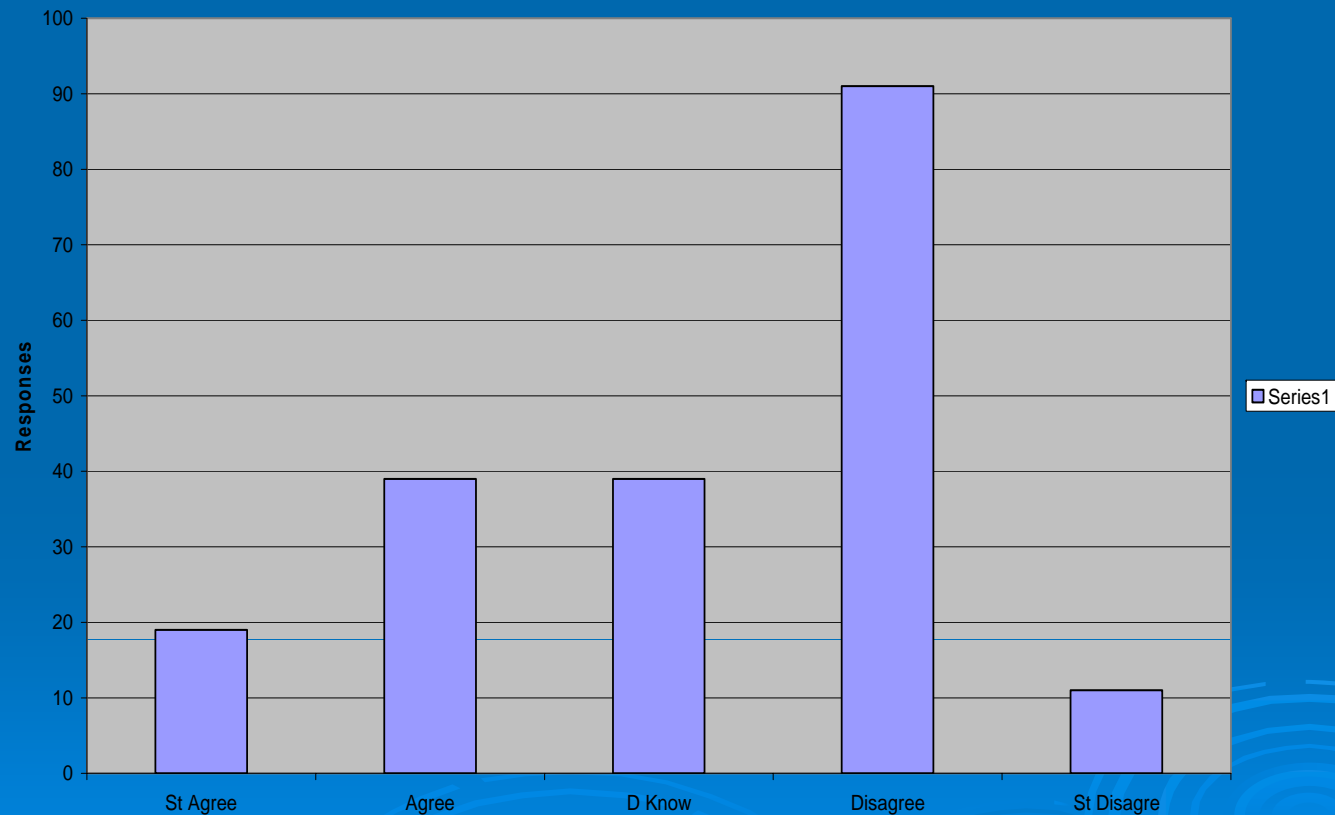


# Completion as per protocol



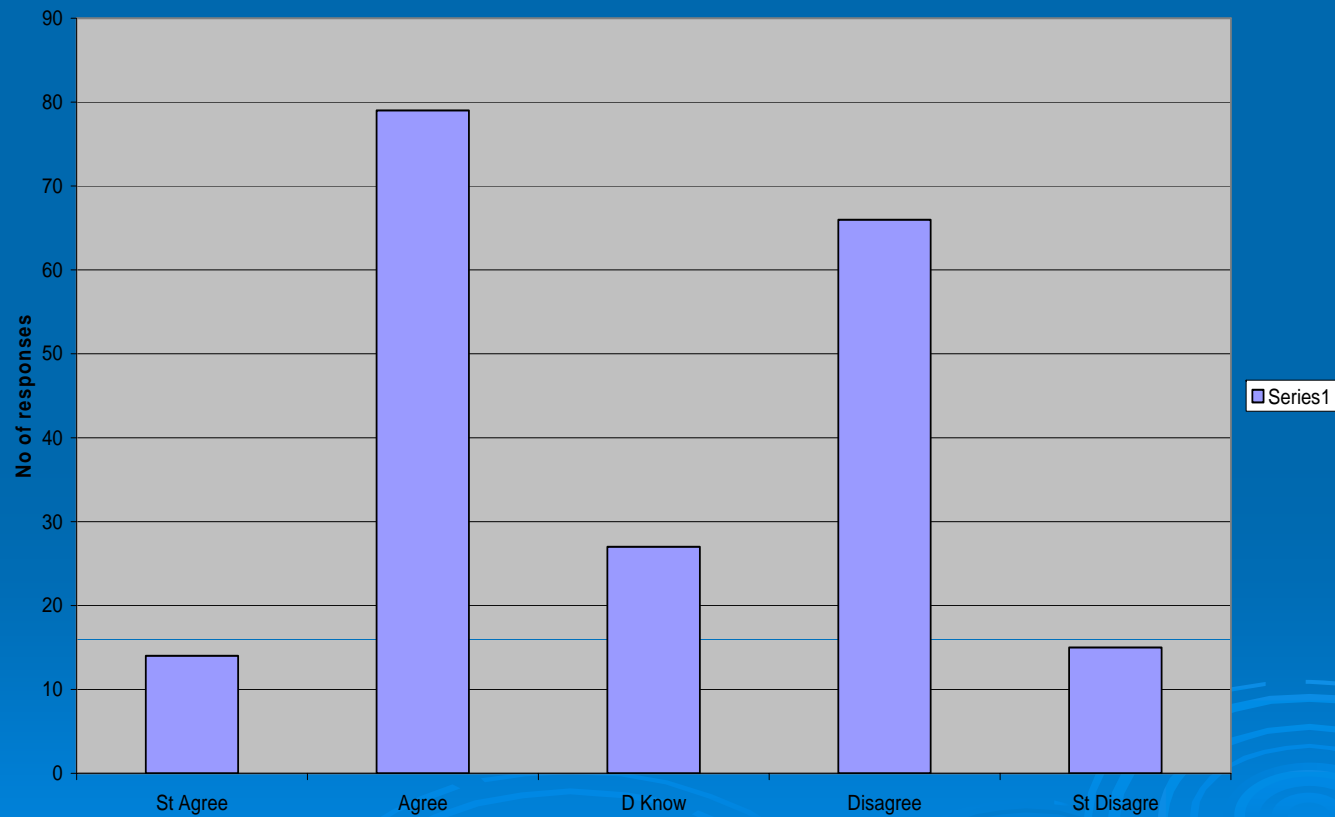
# Collecting OM involves more effort than it is worth

Collecting OM involves more effort than it is worth

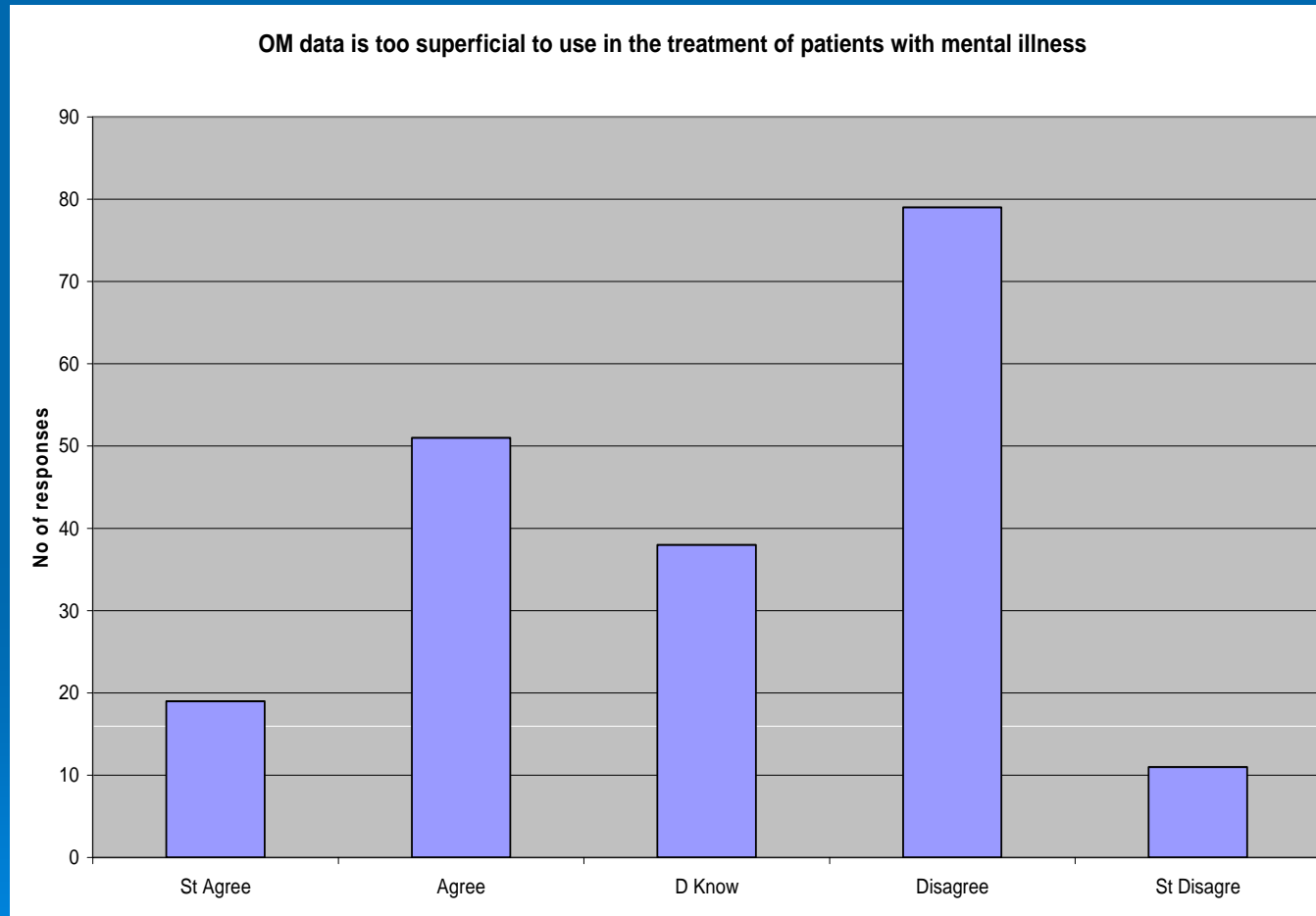


# OM is helpful in engaging patients

OM Helpul in engaging patients

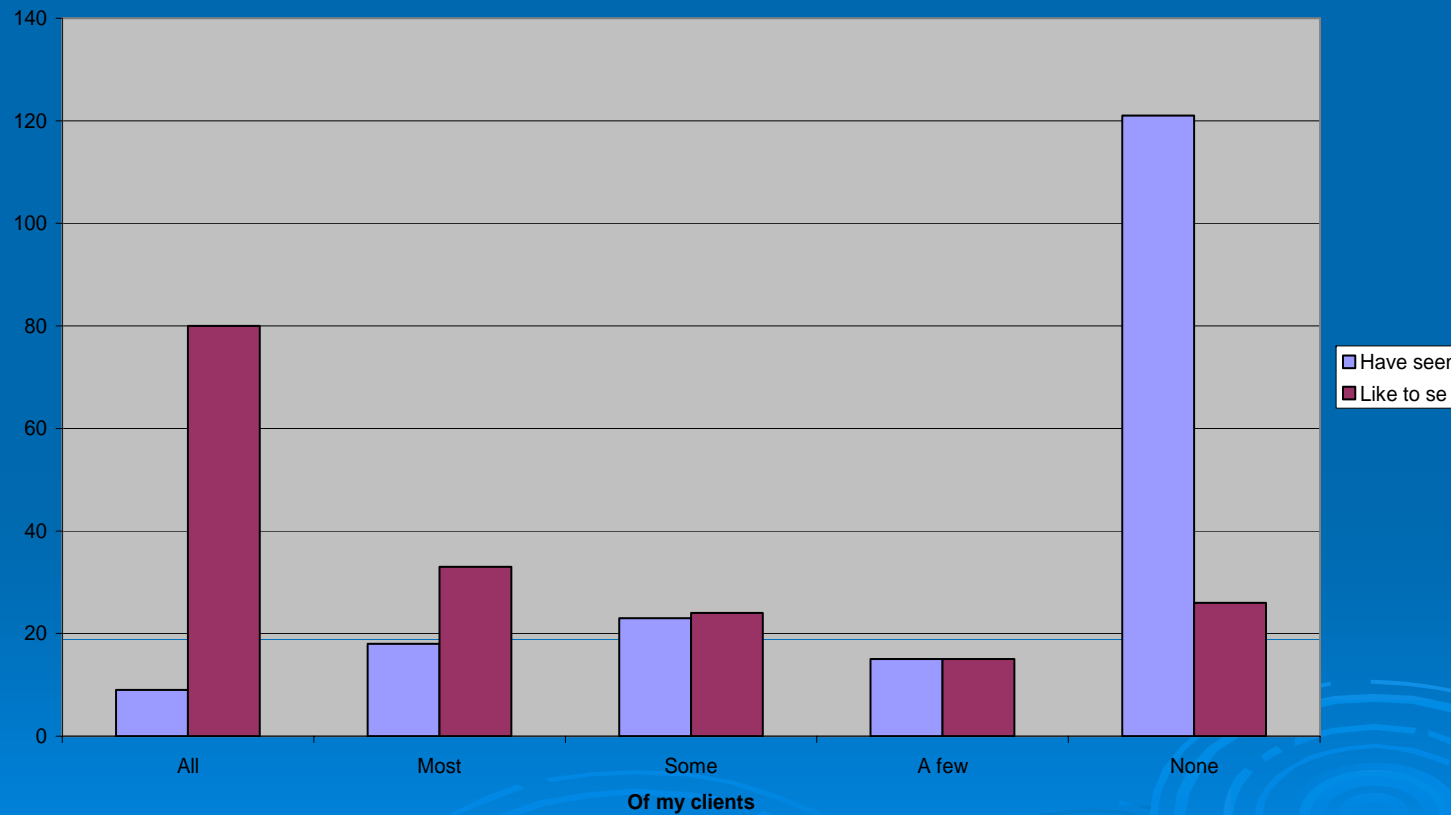


# OM data is too superficial



# Seen/would like to see graphs

Seen Vs Would like to see Graphs



# Consumer attitudes – summary

1. Overall while consumers have many reservations about particular measures and particular questions they believe that the process is helpful
2. Want to be consulted on implementation/ future developments
3. When considering the value of outcome measures, consumers focus on dialogue, having a say in care planning, being heard.

Value in supplying Government with useful data is 'last on the list'.

4. If offered BASIS-32, about 70% will complete it
5. Want case managers to discuss clinician ratings (HoNOS and LSP) with them.

# Clinician attitudes – summary

1. Clinicians split on usefulness – but half think they are useful even though they believe they don't have user-friendly feedback, supports for using them to enhance clinician-consumer dialogue
2. Want to be consulted on implementation/ future developments. Want concerns heard.
3. When considering the value of outcome measures, consumers focus on dialogue, having a say in care planning, being heard.

Value in supplying Government with useful data is 'last on the list'.

4. Want help with 'meaning', understanding ratings

# Concluding comments

1. Much in common between clinicians and consumers
2. Entire focus of comments is on enhancing the clinician-carer therapeutic relationship and providing 'meaning' for ratings. It seems obvious that leverage with clinicians (and consumers) will be gained by focusing on and supporting this – examples: improving technology, developing care plans electronically, having rating compared with benchmark data for that diagnosis, gender, age group etc.
3. OMs represent an important opportunity as a catalyst for
  - a) clinicians to modernise/ enhance the clinical interaction and to give consumers more meaningful/ tangible involvement in their own care
  - b) organisations to enhance their relationship with consumers by including them in future planning and evaluation

# 'A chain is as strong as it's weakest link'

**Clinicians and consumers:**  
must complete and use measures in daily practice



**Commonwealth:**  
analysis, feedback and support for policy/ funding arrangement changes

**Local AMHS:**  
must provide leadership, resources, timely feedback

**State:** must provide direction, resources, arrange feedback from Commonwealth to local AMHS.  
Use data to modify policy/funding arrangements