

# "Clinical Significance" And The Health Of The Nation Outcome Scales (Honos) Family Of Measures, What Does It Mean?



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A joint Australian, State and Territory Government Initiative

# Overview

- Background
- Study
- Results
- Implications



# Background



## Rating the HoNOS

				Monitor ?	Active treatment or management plan ?
Clinically Significant	4	Severe to very severe problem	Most severe category for patient's with this problem. Warrants recording in clinical file. Should be incorporated in care plan. <i>Note – patient can get worse.</i>	✓	✓
	3	Moderate problem	Warrants recording in clinical file. Should be incorporated in care plan.	✓	✓
	2	Mild problem	Warrants recording in clinical notes. May or not be incorporated in care plan.	✓	Maybe
Not Clinically Significant	1	Minor problem	Requires no formal action. May or may not be recorded in clinical file.	Maybe	✗
	0	No problem	Problem not present.	✗	✗

# Background



- During the national roll-out of the Health of the Nation Outcome Scales (HoNOS) questions have arisen about the definition of ‘clinical significance’ as it applies to the HoNOS/HoNOS65+/HoNOSCA.
- The current survey-based study aimed to improve understanding of what ‘clinical significance’ means in relation to the HoNOS/HoNOS65+/HoNOSCA.

# Method



- We identified 144 potential respondents
- Three Mental Health Outcomes Expert Groups (Adult, Older Persons, Child/Adolescent)
  - advise on the implementation and use of routine outcome data
- Four Mental Health Service Benchmarking Forums (Adult, Older Persons, Child/Adolescent and Forensic)
  - service-level comparisons of, amongst other things, scores on various outcome measures.
- These seven groups comprise senior clinicians, managers and academics.

# Method



- Web based survey
- Rate on each HoNOS (65+/CA) item
  - which represented a clinically significant problem
  - the relative importance of each item in determining overall clinical severity
  - the items which would not be expected to improve between admission and review, admission and discharge, review and review, and review and discharge.
- Consider these questions as they related to acute inpatient and ambulatory settings.

# Results



- Response rate
  - Ninety four useable surveys were received (a 65% response rate).
- Adults (including forensic expertise) 54/84 (64%),
- Children/adolescents 15/30 (50%)
- Older people 25/ 25 (100%)

# Results



- 88 or 94% had received HoNOS/HoNOS65+/HoNOSCA training.
- 48 or 51% had provided training to other clinicians.
- Focus of this presentation Adults and Older Persons

# Assessment of clinical significance (rating on each item representing a clinically significant problem)



HoNOS and HoNOS65+ <sup>a</sup>						
	Acute inpatient			Ambulatory		
Item	Mode	Median	Mean	Mode	Median	Mean
<b>1</b>	3 (2)	2	2.3 (2.0)	2	2	2.1 (1.9)
<b>2</b>	2	2	2.3 (1.7)	2	2	2.3 (1.6)
<b>3</b>	2	2	2.4 (2.2)	2	2	2.3 (1.9)
<b>4</b>	2	2	2.4 (2.1)	2	2	2.1
<b>5</b>	2	2	2.1 (2.3)	2	2	2.2
<b>6</b>	2	2	2.3 (2.0)	2	2	2.3 (1.9)
<b>7</b>	2	2	2.4 (2.1)	2	2	2.3 (1.9)
<b>8</b>	2	2	2.3	2	2	2.2 (2.0)
<b>9</b>	2	2	2.4 (2.3)	2	2	2.2 (2.0)
<b>10</b>	2	2	2.3 (2.0)	2	2	2.2 (2.3)
<b>11</b>	2	2	2.2 (2.0)	2	2	2.1
<b>12</b>	2	2	2.2 (2.0)	2	2	2.2 (2.1)

HoNOS and HoNOS65+ modal, median and mean ratings are the same unless otherwise indicated by a different HoNOS65+ rating in brackets

# Assessment of clinical significance (rating on each item representing a clinically significant problem)



HoNOSCA						
	Acute inpatient			Ambulatory		
Item	Mode	Median	Mean	Mode	Median	Mean
1	2	2	2.3	2	2	2.1
2	3	3	2.5	3	2.5	2.3
3	2	2	1.9	2	2	1.6
4	2	2	2.0	2	2	1.8
5	2/3	2.5	2.5	2	2	2.3
6	2	2	2.3	2	2	2.2
7	2	2	2.2	2	2	1.8
8	2	2	2.4	2	2	2.1
9	2	2.5	2.7	2/3	2	2.3
10	2	2.5	2.6	2	2	2.3
11	2	2	2.6	2	2	2.4
12	2	2	2.4	2	2	2.1
13	1/2/3	3	2.6	1/2/3	2	2.0
14	2	2	2.3	2	2	2.1
15	2	2	2.3	2	2	2.2

# Assessment of importance (% endorsing each item as 'important' or 'very important' in determining overall clinical severity)



HoNOS and HoNOS65+				
Item	Acute inpatient		Ambulatory	
	HoNOS	HoNOS65+	HoNOS	HoNOS65+
1	100	100	100	100
2	100	100	100	100
3	98	90	100	94
4	91	95	97	83
5	91	85	77	89
6	81	100	100	100
7	98	100	100	100
8	93	100	97	100
9	89	85	91	100
10	84	95	91	82
11	79	95	89	89
12	74	79	80	94

# Assessment of importance (% endorsing each item as 'important' or 'very important' in determining overall clinical severity)



HoNOSCA		
Item	Acute inpatient	Ambulatory
1	93	100
2	57	82
3	92	100
4	92	100
5	46	73
6	77	73
7	100	100
8	92	92
9	100	100
10	85	92
11	77	82
12	100	100
13	67	100
14	85	90
15	77	92

# Expectation of improvement across selected collection occasion pairs (% endorsing each item as expected to show no improvement)



HoNOS and HoNOS65+				
Item	Acute inpatient: Admission to discharge (A-D)		Ambulatory: Review to review (R-R)	
	HoNOS	HoNOS65+	HoNOS	HoNOS65+
1	2	4	0	8
2	4	4	7	16
3	11	12	7	16
4	22	40	19	40
5	20	36	13	32
6	2	4	2	8
7	2	12	4	8
8	6	8	4	8
9	30	24	17	28
10	17	24	15	28
11	32	20	19	12
12	43	16	15	24
<b>Mean</b>	16	17	10	19 <sup>13</sup>

# Expectation of improvement across selected collection occasion pairs (% endorsing each item as expected to show no improvement)



HoNOSCA		
Item	Acute inpatient: Admission to discharge (A-D)	Ambulatory: Review to review (R-R)
1	7	0
2	13	0
3	0	0
4	0	0
5	27	20
6	40	13
7	0	7
8	0	0
9	0	0
10	40	0
11	0	7
12	13	0
13	7	7
14	13	0
15	13	0
Mean	12	4

# Conclusions



- Strong consensus among experts that a score of 2 is a reasonable indicator of clinical significance, across all items on all three instruments in both acute inpatient and ambulatory settings.
- The scoring algorithms for each instrument ascribe equivalent weights to all items, such that they contribute equally to the total score. The fact that the majority of respondents viewed all items but one as ‘important’ or ‘very important’ vindicates the original development of the HoNOS/HoNOS65+/HoNOSCA.
- Respondents regarded Impairment items (and, to a lesser extent, Social items) as unlikely to demonstrate improvement.

# Future research



- undertake empirical work to determine whether particular scores on given HoNOS/HoNOS65+/HoNOSCA items differentially predict service use, on the assumption that clinical significance equates in some way to the intensity of care required
- AMHOCN which is seeking expert opinion on the ‘clinical prompts’ that might flow from particular scores on given items. Scores that reach a notional threshold of ‘clinically significance’ are likely to generate specific prompts about active monitoring and intervention, whereas scores below this threshold are likely to generate more passive prompts.