

How can we ensure the quality of training and support the use of outcome measurement in mental health?



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"Sharing Information to
Improve Outcomes"

Overview

- What have we been doing
- Training, what type of training and how?
- Exploring the utility of outcome measurement
- Creating something beautiful
- This is going to involve work

Outcomes and Casemix Measurement



- What are outcomes?
 - Change
- What is casemix?
 - Variability

What might we measure?

- Changes can be measured in different outcome 'areas' for example:
 - Clinical status
 - Functioning
 - Social relationships
 - Employment
 - Living conditions
 - ADL
 - Impact
 - Quality of life
 - Spiritual wellbeing
- Changes can also be measured from different perspectives
 - Consumer
 - Mental health worker
 - Family or significant others

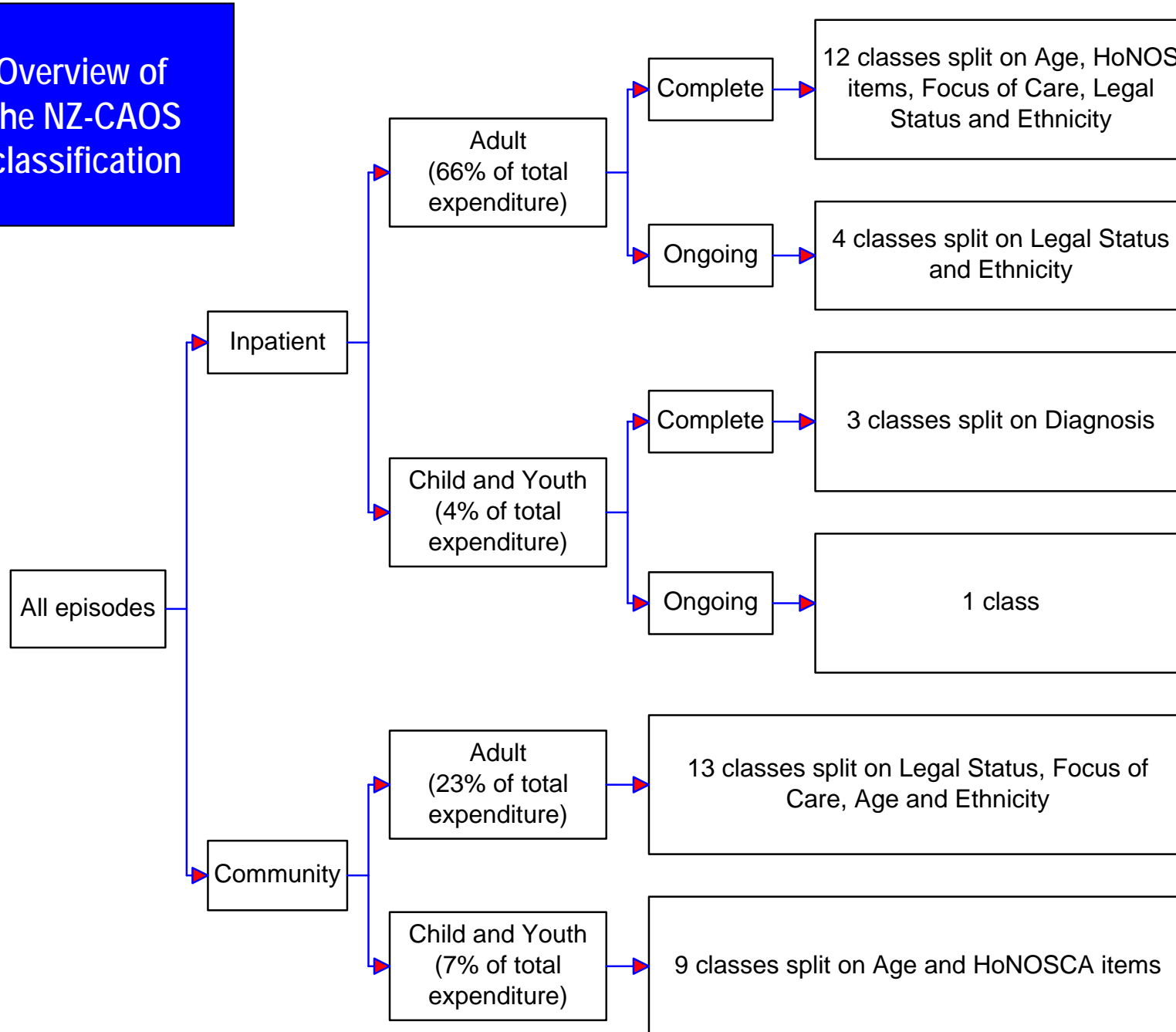
What are outcomes?

- What are mental health outcomes?
 - They are changes in the mental health of individuals or populations using mental health services

Casemix

- ◆ a summary way of describing the mix of cases
- ◆ the classification of patient episodes based on those patient attributes that best explain the resources needed by those patients

Overview of the NZ-CAOS classification



- Problem Severity
 - Health of the Nation Outcome Scales
 - Health of the Nation Outcome Scales 65+
 - Health of the Nation Outcome Scales Child and Adolescent
- Functioning
 - Life Skills Profile -16
 - Children's Global Assessment Scale
- Additional Information
 - Factors Influencing Health Status
 - Resource Utilization Groups
 - Activity of Daily Living
 - Focus of Care
 - Principle Diagnosis
 - Mental Health Legal Status
- Consumer Rated Measures
 - BASIS -32, MHI, K-10
 - Strengths and Difficulties Questionnaire

What is the aim of collecting all this information?



The aim is to build an informed mental health system where information is available to guide decisions at all levels to:

- involve consumers/carers
- support clinicians in their treatment decisions
- help managers manage
- inform policy makers in planning for services



- Individual and Aggregate

Demonstration Reports Portal Web decision support tool



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Morning Tea

Donald Rumsfeld

- as we know, there are known knowns; there are things we know we know. We also know there are known unknowns; that is to say we know there are some things we do not know. But there are also unknown unknowns -- the ones we don't know we don't know."



Approaches to training so far



- Train the trainer
 - Weak
 - Strong
- Train the troops
 - Trained trainers
 - Training team

Online Training Demonstration



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Victoria 2000

Program

Time	Content
12.45 pm	Registration, House keeping, introductions
1:00 pm	Introduction to the Victorian Outcome Measurement Strategy, covering: National and Victorian Context Outcomes Assessment Protocol Consumers as Participants in Outcomes Assessment
1:45 am	Health of the Nation Outcome Scales Overview Background General Guidelines for Administration Item Clarifications and Elaborations Scoring Missing Data Video Vignette: if training acute inpatient staff, use Ian or Margot. If training a mixed audience, use Victor or Nikki - First Assessment General discussion and frequently asked questions
3.00 pm	Afternoon Tea
3:15 pm	Life Skills Profile and Focus of Care Overview Background General Guidelines for Administration Item Clarifications and Elaborations Scoring Missing Data Video Vignette 2: Use Victor or Nikki - 1 st and 2 nd ratings. General discussion and frequently asked questions
4:00	Summary session and general discussion Training in your local area and options for structure of training Program Evaluation

- Half day training

New South Wales 2002

Time	Content
0-15 mins	Context within Second National Mental Health Plan What are Outcomes? What is Casemix?
15-20 mins	Review MH-OAT Documentation SM1/SM2/SR1/SR2
20-40 mins	MH-OAT Outcomes and Casemix data collection protocols
40-60 mins	Discuss local implementation issues. Correct misconceptions

Time	Content
0-5 mins	Review SM1 and SM2 Modules. Note Shared Data Collection
5-10 mins	Review Mental Health Service Setting and Collection Occasion
10 – 15 mins	Review episode start and episode end
15 – 25 mins	Principle Diagnosis
25 – 45 mins	Focus of Care
45 – 55 mins	RUG – AD
55- 60 mins	Review Codes for Collection Status and Mode of Administration

Time	Content
0-20 mins	Background to HoNOS/overview of rating rules and scales Compare and Contrast HoNOS and HoNOS 65+
20-30 mins	Read vignette Rate the consumer based on case notes
30-50 mins	Feedback ratings and discuss
50-60 mins	Overview of LSP

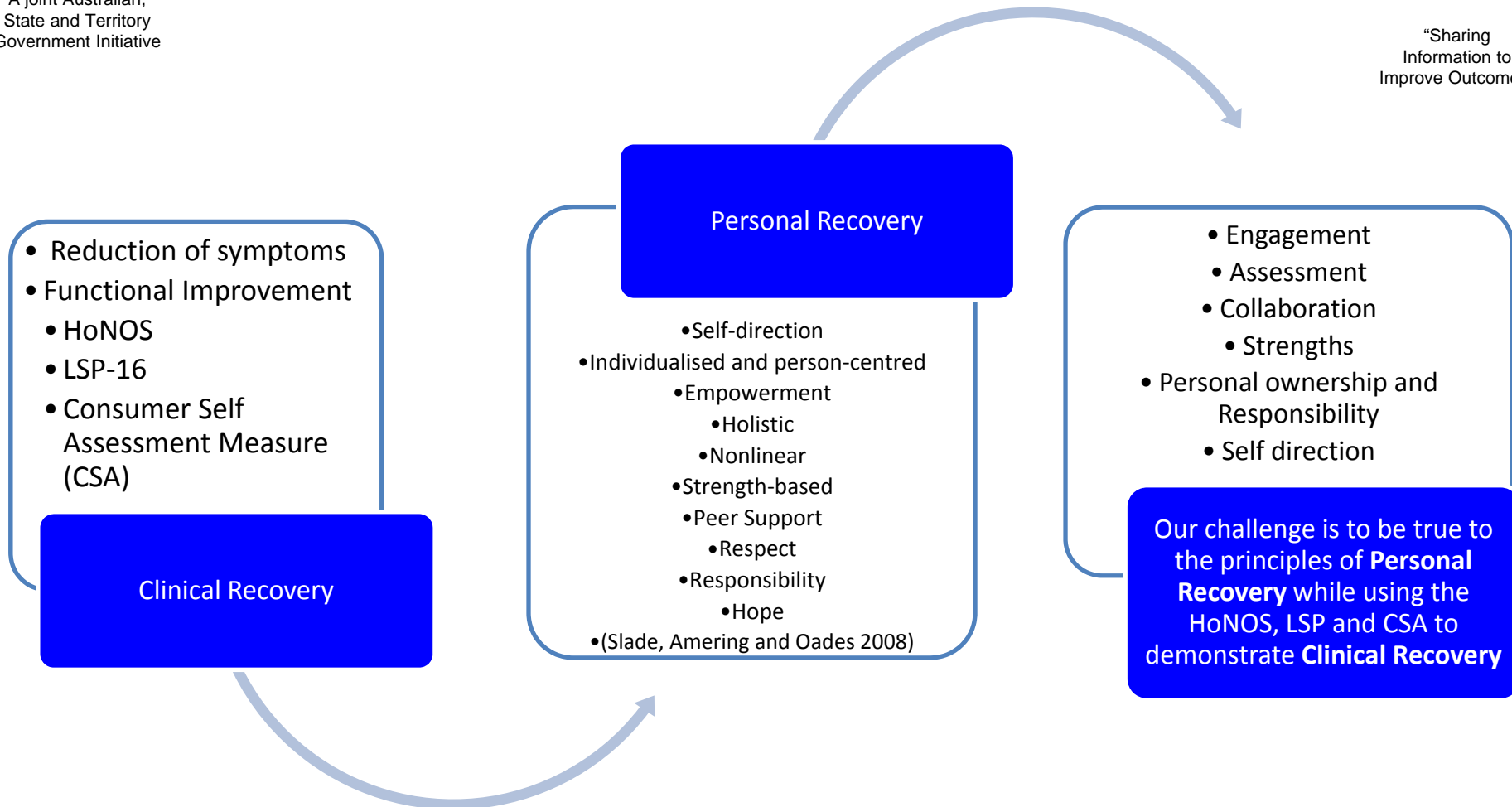
Time	Content
0-15 mins	Overview of the K-10
15-20 mins	Overview of SR1 and SR2
20-30 mins	Exercise: Offering a consumer rated measure
30-40 mins	Consumers views
40-60 mins	I'll show you mine if you show me yours? Sharing information.

Modular Approach

AMHOCN 2005

Approximate Timing	Content
15 minutes	Introduction <ul style="list-style-type: none"> • Formation of teams and team naming • Nomination of spokesperson and scribe • Objectives of Workshop
45 minutes	Refresher HoNOS Rating Play Vignette Read Vignette Material
45 Minutes	HoNOS Feedback/discussion of ratings Review of HoNOS and clarification of rating rules
	Morning Tea
10 Minutes	LSP-16 (as appropriate)
15 Minutes	Review other Measures <ul style="list-style-type: none"> • Focus of Care • Diagnosis • Legal Status
60 minutes	Consumer Self Assessment <ul style="list-style-type: none"> • Consumer Self Assessment Fidelity Checklist • Discussion
	Lunch
20 minutes	Making Sense of the Numbers <ul style="list-style-type: none"> • Exploring reference material
45 minutes	Care and treatment planning <ul style="list-style-type: none"> • Preparation, action and expectations
	Afternoon tea
30 minutes	Understanding Variation across Teams <ul style="list-style-type: none"> • What additional information is required?

Day workshop or modules



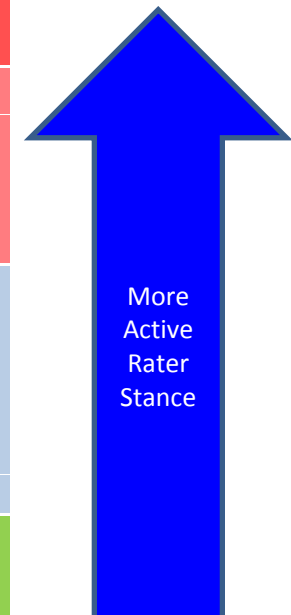
Rating the HoNOS



				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	x
	0	No problem	Problem not present.	x	x

Rating the LSP and its implications

Rating	Clinicians perspective	Discussed with consumer	Difference in perspective?	Goal Setting (SMART)
3	Generally has a significant impact on consumer functioning in a variety of areas over rating periods	A significant issue for the rater	Raters obligations in contrast to consumer perspective?	
2	Generally has a significant impact in one area of consumers functioning or moderate impact in a variety of areas over the rating period	Seen as an issue by the rater that requires attention	Raters concerns in contrast to consumer perspective?	
1	Generally has a moderate impact in one area of consumers functioning or mild impact in a variety of areas over the rating period	An issue that may require attention or an area that identifies the consumers strengths	Raters observation of strengths and deficits in contrast to consumer perspective?	
0	Generally has no impact on consumers functioning over the rating period	An area of strength	Raters observation of strengths encourages personal ownership and responsibility	





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Consumer Self Assessment Exercise



- ❑ Clinician presents consumer self assessment as positive experience and a genuine attempt to engage the consumer in treatment planning
- ❑ Clinician assesses for potential difficulties the consumer may have in completing the self assessment
- ❑ Clinician presents rationale for completion of the consumer self assessment measure including
 - o Genuine attempt to understand consumer perspective
 - o Genuine attempt to involve consumer in assessment and care planning
 - o Tool for clinician to monitor progress
 - o Tool for consumer to monitor progress
 - o Information can be used for service development and quality improvement processes

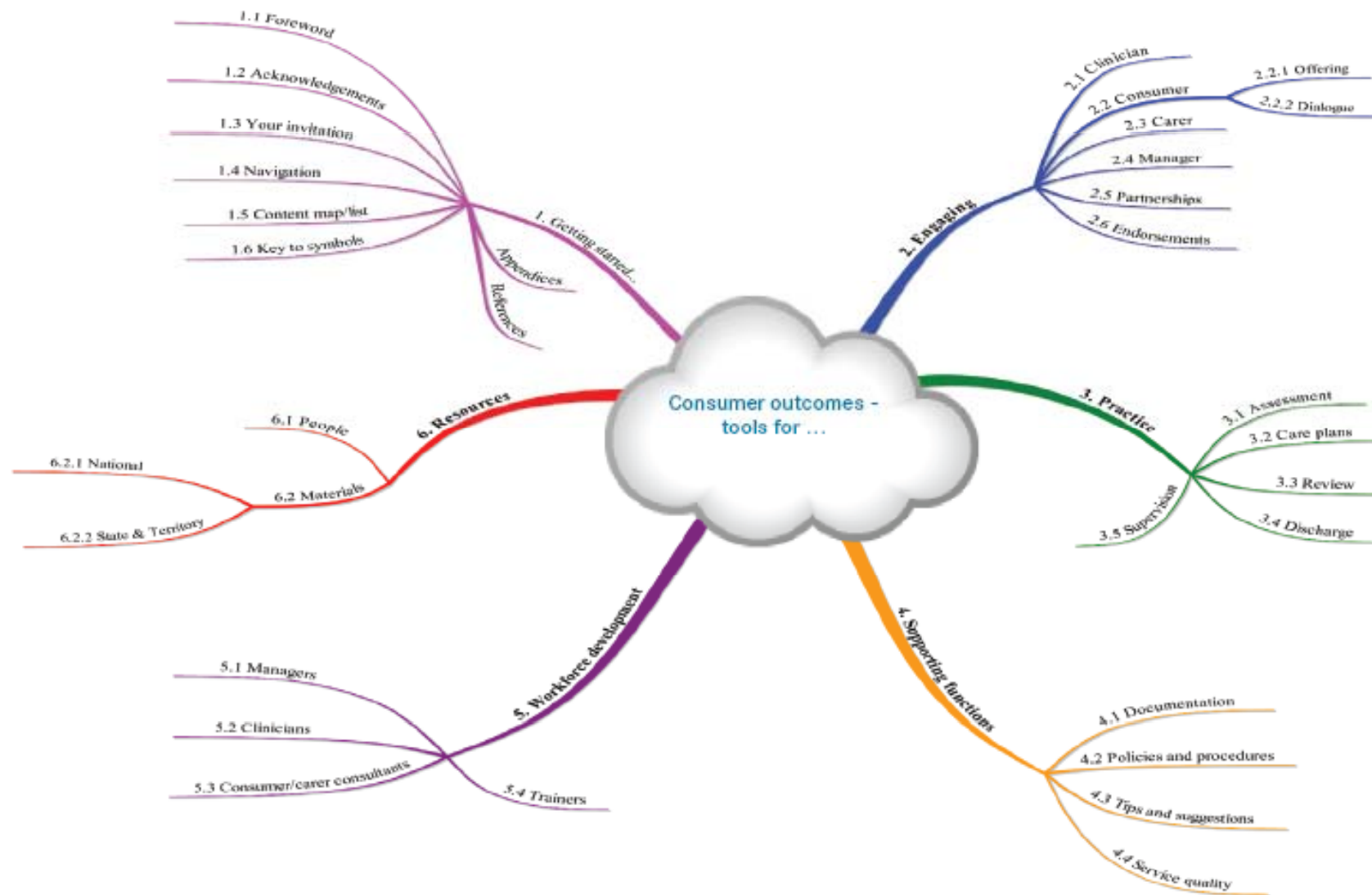
Consumer Self Assessment Exercise



- ❑ Clinician reinforces consumer ownership and personal responsibility for completion of self assessment, promoting personal responsibility for illness self management
- ❑ Clinician explains the self assessment is part of the medical record and subject to the same protections of privacy and confidentiality
- ❑ Clinician supports and encourages the consumers completion of the self assessment in an appropriate manner
- ❑ Provides appropriate assistance and prompting during completion of the measure
- ❑ Clinician provides positive reinforcement for completion of the measure
- ❑ Clinician offers appropriate assistance if consumer becomes distressed or cannot complete the measure

Comments/Feedback:

1.5 Contents map





Linking HoNOS to case manager response

- HoNOS score of + 12 indicates referral to “Acute Care” - team visits
- HoNOS score of 10 - 12 high contact weighting (time consuming and significant workload)
- HoNOS score of 6 - 10 medium contact between weekly - fortnightly but with agency liaison & support
- HoNOS score of 4 - 6 low contact and relatively stable
- HoNOS score of 4 or less consider shared care or discharge

Linking LSP to care packages

Disability Support programme	Total score LSP	LSP subscale 'Withdrawal'	LSP subscale 'Self care'
CSI (Community support inc) 2-4 hours/week	Less than 12	2-6	3-7
Supported Accommodation programme 6-15 hours/week	12 - 20	4 -8	5 - 9
Strategy 6 10 – 20 hours/week	Greater than 20	5 - 9	6 - 10

Attitudes towards routine outcome measurement



- Clinicians
- participants endorsed the collection and utilization of outcomes data, many raised questions about the merits of the initiative. Ambivalence, competing work demands, lack of support from senior medical staff, questionable evidence to support the use of outcome measures, and fear of how outcomes data might be used emerged as key issues (Meehan 2006)
- Across clinicians the percentage of clinicians who indicated it was not possible to quantitatively measure change in treatment was roughly equal to the percentage who indicated it was possible (Garland 2003)
- 67% of respondents indicated they would not collect outcome measures even if it improved the outcomes of care (Walter 1998)
- Consumers
- consumers see the benefit of routine outcome measurement and believe it leads to improved care. More information about outcome measures, including the clinician-rated outcome measures, needs to be provided to consumers if they are to be engaged constructively in this exercise (Guthrie et al 2008)

HoNOS

- The Roman deity of morality and military honor. There were several temples devoted to him in Rome. Honos is depicted as a young warrior bearing a lance and a Cornucopia ("horn of plenty").



