

Future Directions for Collecting Consumer Self-Rated Outcome Measures

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Overview

This presentation will cover:

- Who we are
- What we've achieved to date in the OM sphere
- What the Touch-Screen Trial was and what we learnt
- What we think might be the way ahead
- What we feel may be the challenges we need to overcome or issues to consider?

Why did we begin?

“The challenge for the mental health sector is clear. The use of performance indicators and the movement towards benchmarking is becoming routine in the Australian health care system. The challenge for the mental health sector is to develop a set of meaningful performance measures and to develop the culture and the processes so that benchmarking becomes the norm”

Eagar et al (2003) *Towards National Benchmarks*

What we've achieved to date

- NOCC introduced across all public clinical MHS in 2003-04.
- Department team:
 - conducted a 4 site trial
 - commenced the roll-out of routine OM clarified protocol
 - developed training resources
 - provided sector support and resources

What we've achieved to date (2)

- QTO1 (2004-2006) aimed to ensure the sustainability of the NOCC through:
 - the establishment of a QTO Network
 - enhanced reporting via the ROMP

What we've achieved to date (3)

- QTO2 initially focused on 4 priority areas:
 1. establishing a single state-wide implementation support service
 2. consumer self rating
 3. web-based OM reporting capability
 4. enhancing the utility of consumer measures for collaborative planning

What we've achieved to date (4)

- The focus then moved to MH sector capacity building:
 - Project 1 - Strengthening jurisdictional consistency in developing resources for progressing OM
 - Project 2 - Enhancing sustainable systems for workforce development
 - Project 3 - Developing the application and use of OM data within a quality improvement framework

And more recently.....

- In 2009/2010 the focus has been on finalising Project 3.
- Corporate reporting, web-based tools and whole-of-health eBusiness approaches feature
- The Touch-Screen Pilot was the last remaining task and the project was finalised in April 2010.

Piloting Touch-Screen Technology

What we did:

- 6 week pilot - 28th Sept-6th November 09
- 7 mental health services - 5 metropolitan and 2 regional
- Touch screen technology enabling printed reports of consumer responses to the BASIS-32.

What did we want to know?

- Does using the technology improve consumer experience by providing an interactive process for entering ratings?
- Does increasing consumers autonomy, awareness and capacity to complete BASIS 32 improve completion rates?
- Does this medium enhance the opportunity for discussions between consumer and clinician?

What did it offer?

- Used a computer kiosk based in waiting rooms that registers commands at the touch of the screen, rather than using a keyboard.
- Used a step by step 'screen per question' platform that requires no computer knowledge to use.
- Provided consumers with an alternative to paper-based questionnaires.
- Provided a print out of the completed BASIS 32 questionnaire along with the experience of care survey tool, and consumer touch-screen questionnaire

What we found

- 597 attempts at the BASIS 32 was registered via the touch screen
- 231 (39% of attempts) resulted in a completed BASIS 32 registered via the touch screen
- Average time to complete the BASIS 32 was 4 minutes 13 seconds
- 45% of consumers had used touch screen technology before

What we found (2)

- 87% of consumers completing the consumer experience questionnaire found the kiosk either positive or very positive
- 56% of consumers who completed the consumer experience questionnaire had never completed a hard copy of the BASIS 32
- 80% did not receive help from staff when using the touch-screen
- 32% of consumers who completed the consumer experience questionnaire would prefer touch screen to other methods

Limitations of the study

- Wireless connectivity performance which wasn't always reliable
- Duration of the trial
- Lack of standardised procedures across sites
- Device not portable so limited to in-reach clients
- Required basic levels of literacy and numeracy and was only offered in English

What we would do differently

- Experience of care survey too long 53 questions. 75% decline in consumers answering all questions from 32 to 53.
- Audio options
- More languages
- Target services with lower levels of compliance or validation

Overall, creating more options appears to be a good thing

Questions for the next phase

1. What is the literature saying now about the use of technology in clinical mental health practice?
2. Did the trial decrease consumers anxiety around collection of the BASIS 32 data .
3. Did it improve the process from the Area Mental Health service point of view i .e lessen the burden.
4. Does further local analysis of individual ratings prior and during the trail detect any more positive effects?
5. Does the client rating on their own without clinician prompting / presence influence the clients response?

Always wary of unintended outcomes....



Pondering the way forward.....

- Three areas of possible focus are emerging:
 - Increase demand, embed use at all levels – beginning with **us**
 - Technology – explore the needs of the clinical interface, imagine the possibilities
 - Looking out, getting out

The bottom line

“The introduction of outcome measures in particular is likely to be resisted and the value of the data generated diminished if they cannot be integrated into clinical practice and found to be of value to clinicians”

(Callaly & Hollis 1997)

Increase demand

- Improve the OM literacy of policy and service development officers and build consideration of OM data in all relevant projects
- Develop new KPIs
- Where needed, improve the use of OM data at the service level
- Identify and promote local champions and services where OM is flourishing

Use technological developments

- Refine information systems so that information can be delivered to the workplace in a suitable form (verbal, graphical and/or numerical, according to the preference of the recipient) in a timely fashion
- Consider next steps for the Touchscreen Pilot

Looking out, getting out.....

- Renew relationships with the sector
- Identify current challenges and needs
- Test ideas with the people who understand what it will **actually mean**

...and avoiding pitfalls.....



Other emerging areas.....

- Scoping and implementing a carer measure
- Scoping outcome measures for use in the AOD sector
- Thinking about how how we know whether the measurement of outcomes leads to interventions that in turn make a difference – building the evidence base on what works....

Policy directions that may drive us....

- Reform strategy, new Mental Health Act....
- The language of recovery
 - measuring the recovery orientation of services
 - measuring an individual's recovery
- Reviewing psycho-social rehabilitation and the use of OM in these service types
- Victorian MH Quality Guide
 - raising the profile
- National developments

Over to you.....



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