

From Sector Compliance to Ownership: the Next Phase of Outcome Measurement in Public Mental Health Services



**Mental Health Branch - DHS
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Presenters

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The OM Timeline in Victoria

- 1995 Early research commences
- 1996 HoNOS field trial
- 1997-1999 Consultation on suites of measures
- 2000 Round 1 implementation
- 1999-2003 IT development (RAPID, WRT)
- 2002-2004 Implementation
- 2005-2006 Consolidation

What has been achieved

- Increased stakeholder awareness of OM issues
- OM rolled out to all Area Mental Health Services
- NOCC measures are being collected routinely and used in clinical practice to varying degrees
- Increased understanding that Quality Improvement is the driver for OM

What is yet to be achieved (1)

- Improve the compliance rate.
- Review ratings to be conducted every 3 months in compliance with the NOCC protocol
- Provision of regular, timely and informative aggregate reports
- OM data are used routinely in clinical practice and inform treatment planning, case review, discharge planning, supervision, professional development and possibly caseload management

What is yet to be achieved (2)

- Development of carer measure for adult and aged mental health services
- Use OM data for benchmarking
- Explore the link between outcomes and intervention types

Progressing this Agenda

Commonwealth Own Purpose Outlays
(COPO)
\$1.9m non-recurrent for Victoria

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graph TD; A["Commonwealth Own Purpose Outlays (COPO)  
$1.9m non-recurrent for Victoria"] --> B["Quality Through Outcomes (QUATRO) Network  
$1.6m to the sector"]; A --> C["Reporting on Outcome Measurement (ROMP)  
$0.3m to DHS"];
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**Quality Through Outcomes
(QUATRO) Network**
\$1.6m to the sector

**Reporting on Outcome
Measurement (ROMP)**
\$0.3m to DHS

QUATRO Mission Statement

- *(...) to ensure that outcome measurement is integrated within a quality improvement framework and becomes an integral part of the organisational culture in clinical mental health services.*

QUATRO Objectives

- Long-term sustainability of OM
- Integration with Quality Initiatives
- Continue to educate and engage consumers and carers
- Turn the ratings data into information that is relevant to clinicians
- Strengthen training, workforce development
- Foster practice-based research

QUATRO Process

- Project brief distributed December 2004
- Agency submissions received March 2005
- Lead agencies confirmed April 2005
- Statewide Reference Group to be convened
- Work plan to be completed by June 2006

QUATRO Lead Agencies

- **Barwon Health** (Western Cluster)
- **St. Vincent's Health** (North East Cluster)
- **The Alfred** (South East Cluster)
- QUATRO governance arrangements are based on the structure of the Education and Training Partnership clusters established in 2004.

ROMP Mission Statement

- *(...) to ensure that outcome measurement information is available across Mental Health Branch and AMHS in a timely and accessible manner to promote the integration of outcome measurement in the practice of mental health services.*

ROMP Key Objectives

- Identify the need for additional local reports in order to improve access to timely OM feedback.
- Develop OM reporting strategies and facilitate the distribution of OM information across AMHS for the purposes of QI and the development of statewide benchmarks.
- Provide technical leadership to AMHS in establishing local reporting databases.

Overview of the Data

- 196,352 OM records entered on RAPID/CMI as at 6 May 2005
- Participation level improving from low base in 2003-2004
- Reasonable level of participation in self-rating, esp. in CAMHS: 3,546 SDQ ratings in 2003-2004 (across all 6 versions)

Improving Local OM Information

- Since June 2000: HBL reports - Round 1 agencies only
- Since March 2003: Wellbeing Reporting Tool
- Since Nov 2003: rudimentary participation reports showing number of measures completed by campus and subcentre
- Since March 2005: data extracts showing average scores by measure, service setting and reason for collection

Improving National OM Information

- Victoria submits its OM data entered on RAPID/CMI as a 'NOCC data extract' to AMHOCN on a quarterly basis
- 2003-2004 data validated by AMHOCN
- Since April 2005: NOCC standard reports posted on AMHOCN website

Improving State Level OM Information

- Proposed suite of standard reports
- Sample reports re clinical trends
- Sample reports re agency profiles
- Reports at AMHS level – with corresponding statewide data to allow comparison of local patterns with statewide trends

Issues

- Some OM data outside NOCC protocol
- Identifying episodes
- Need to complement, not duplicate AMHOCN reports
- ROMP: recruitment process under way

Proposed Suite of Standard Reports (1)

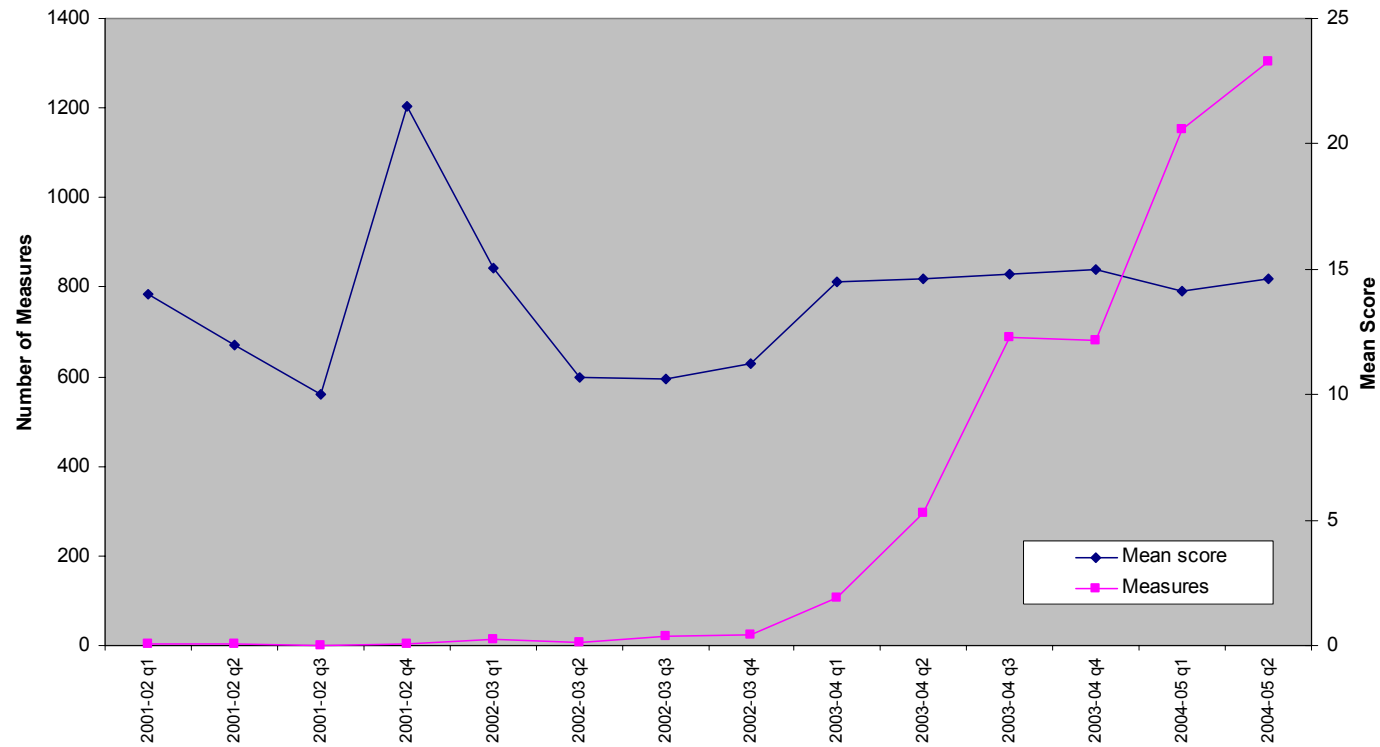
1. Severity at Intake/Admission
2. Severity at Closure/Discharge
3. Client profile at Intake/Admission
4. Client profile at Closure/Discharge
5. Average outcome of episode

Proposed Suite of Standard Reports (2)

6. Outcome by diagnosis
7. Outcome by length of stay
8. Outcome by legal status
9. Outcome by client profile
10. Outcome by focus of care

Sample # 1: Admission Ratings Adult Acute

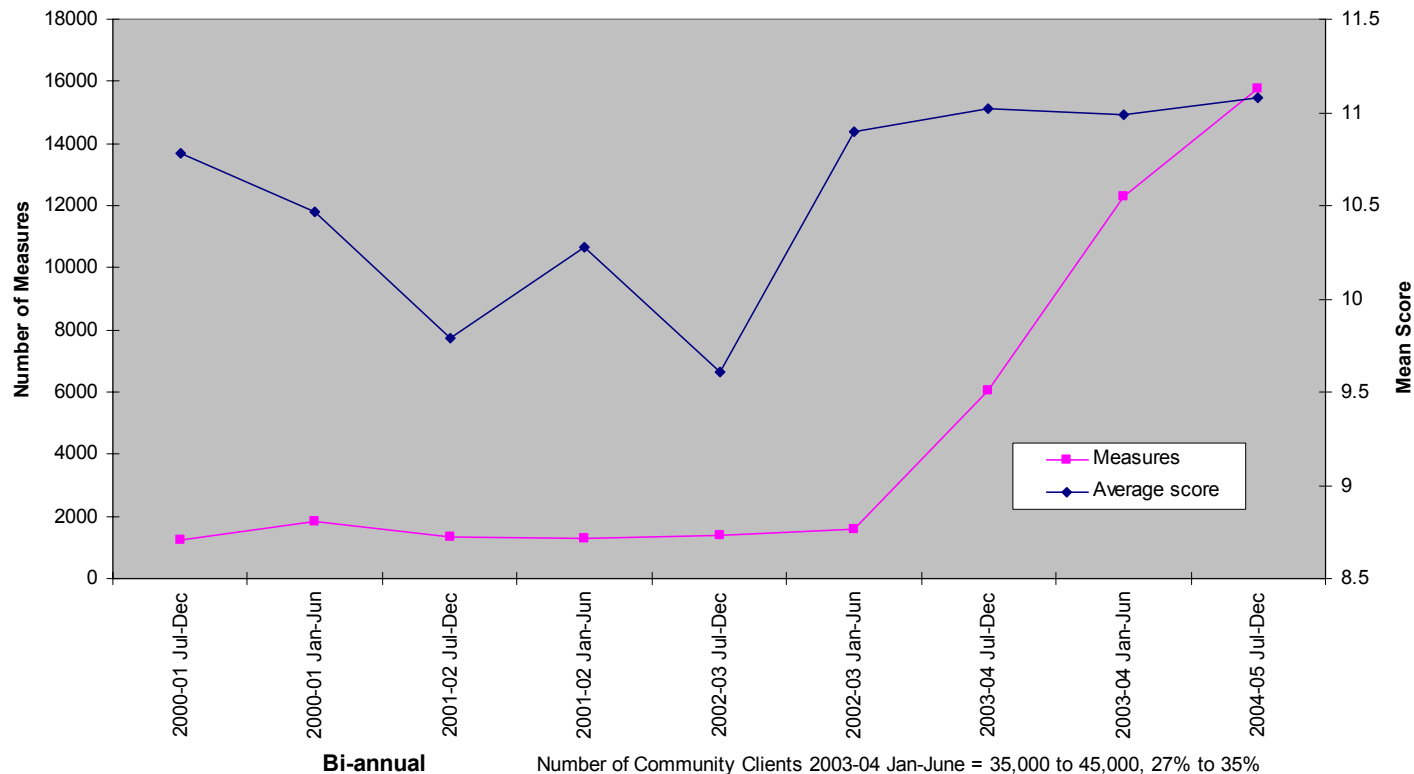
Adult Acute Formal Admission Inpatient HoNOS



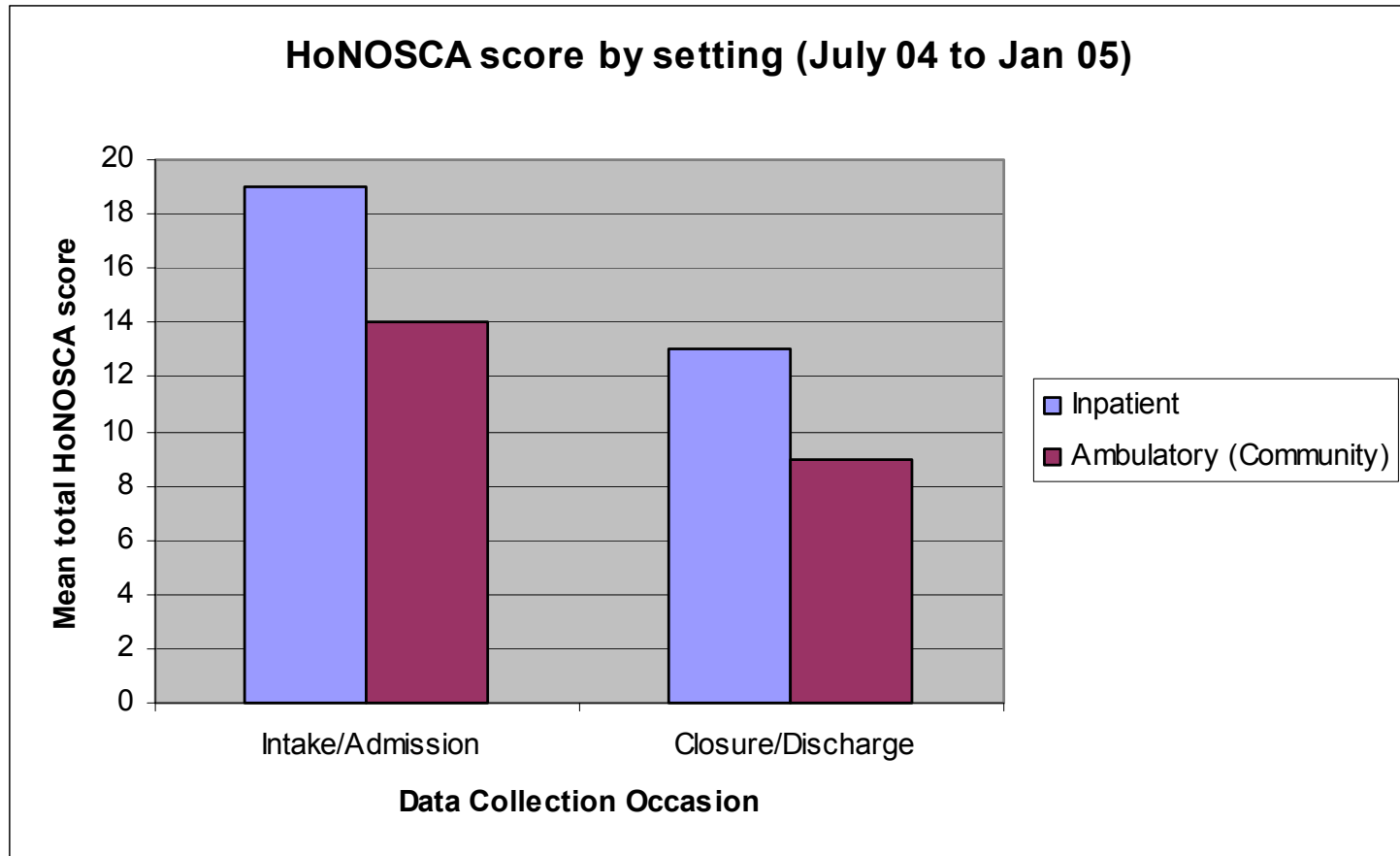
Formal Admissions- Adult Acute 2003-04 = 12,000 (Measures =1770, 15%)

Sample # 2: Community Rating Trends

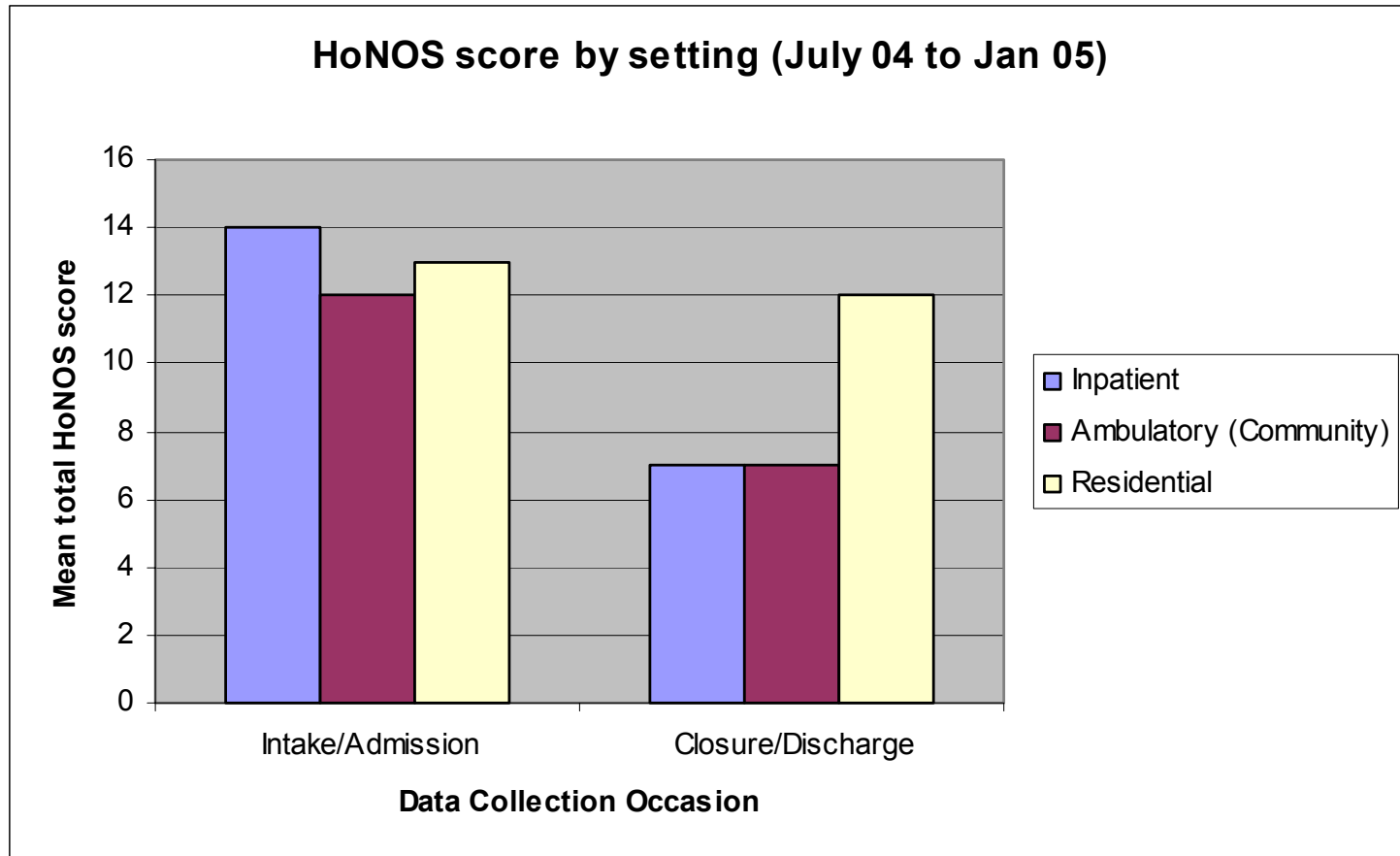
Community HoNOS/65/CA



Sample #3: CAMHS Change over Time



Sample # 4: Adult Change over Time



Sample # 5: APMHS Change over Time

