

The Road Ahead: Using NOCC to Improve Consumer Outcomes and Service Development



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Australian Mental Health Outcomes and Classification
Network

“Sharing Information to Improve Outcomes”

An Australian Government funded initiative



A joint Australian, State and
Territory Government Initiative

Background



- Increasing emphasis on routine outcome measurement in mental health for two reasons:
 - Push to improve quality of care for consumers
 - Financial pressures and a need to demonstrate value-for-money
- Overseas experience:
 - US: Examples of routine outcome measurement being 'rolled-out' across entire states (e.g., Ohio Mental Health Consumer Outcomes System)
 - Europe: Examples of individual services monitoring outcomes (e.g., South Verona Outcomes Project, MECCA Study), but routine measurement hasn't extended to larger areas
- **This is a world wide phenomena!**

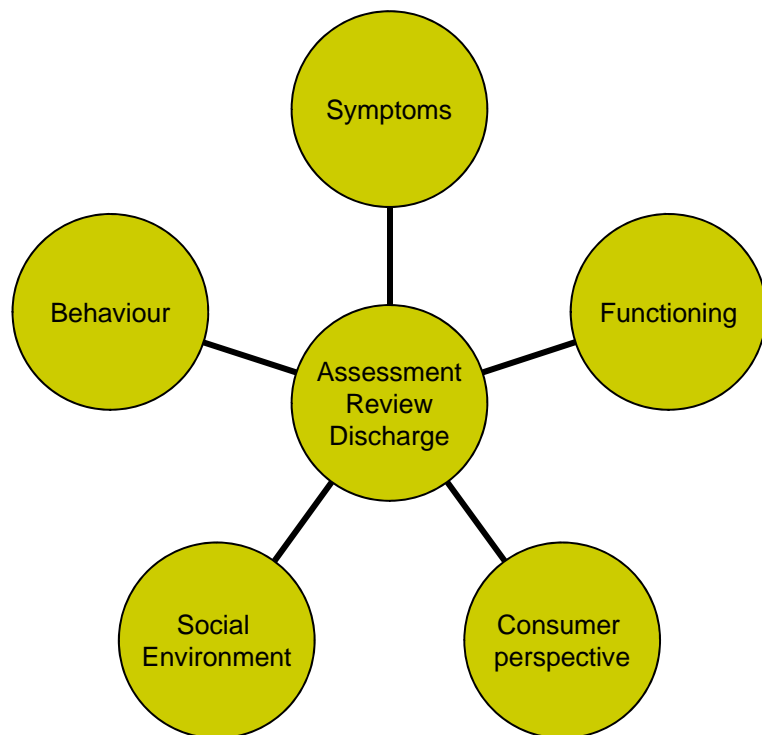
***“WHO gets WHAT services
from WHOM at what COST
and with what EFFECT”***



**How do we ensure
appropriate, effective and
efficient development of
services without this
information?**



We already do this



Developments so far



- State/Territory Governments and Australian Government collaborating in coherent national approach
- 3 Expert Groups have been established
- Australian Government has provided resources to support training & information infrastructure - \$9 million has been made available to embed the routine use of outcome measures throughout 2003-2008 in addition to the \$ 37 million made available initially throughout 1998-2003
- Has established the Australian Mental Health Outcomes and Classification Network (AMHOCN)

AMHOCN



- Funded to provide national leadership in the development of outcome measurement and casemix classification in mental health
- 3 components, contracted in late 2003
 - Data management (Strategic Data Pty Ltd)
 - Analysis and reporting (The University of Queensland)
 - Training and service development (NSW Institute of Psychiatry)



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**Adult
National Outcomes & Casemix Collection
Standard Reports**

1st Edition, Version 1.1
May 2005



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A range of users?

- policy maker,
- a service planner,
- a team leader,
- an individual clinician,
- an individual consumer,
- an academic researcher?



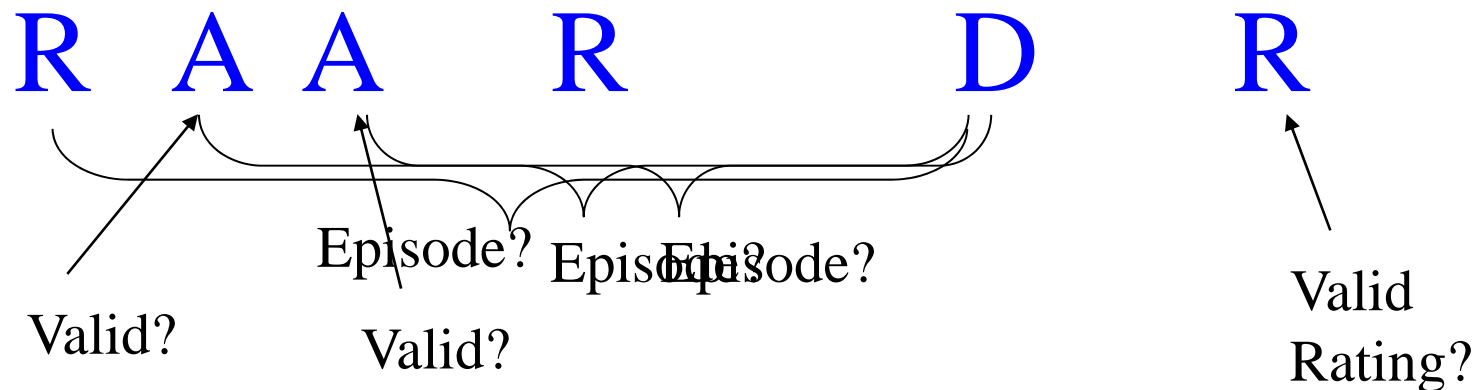
Overview of the Version 1.0 NOCC Outputs

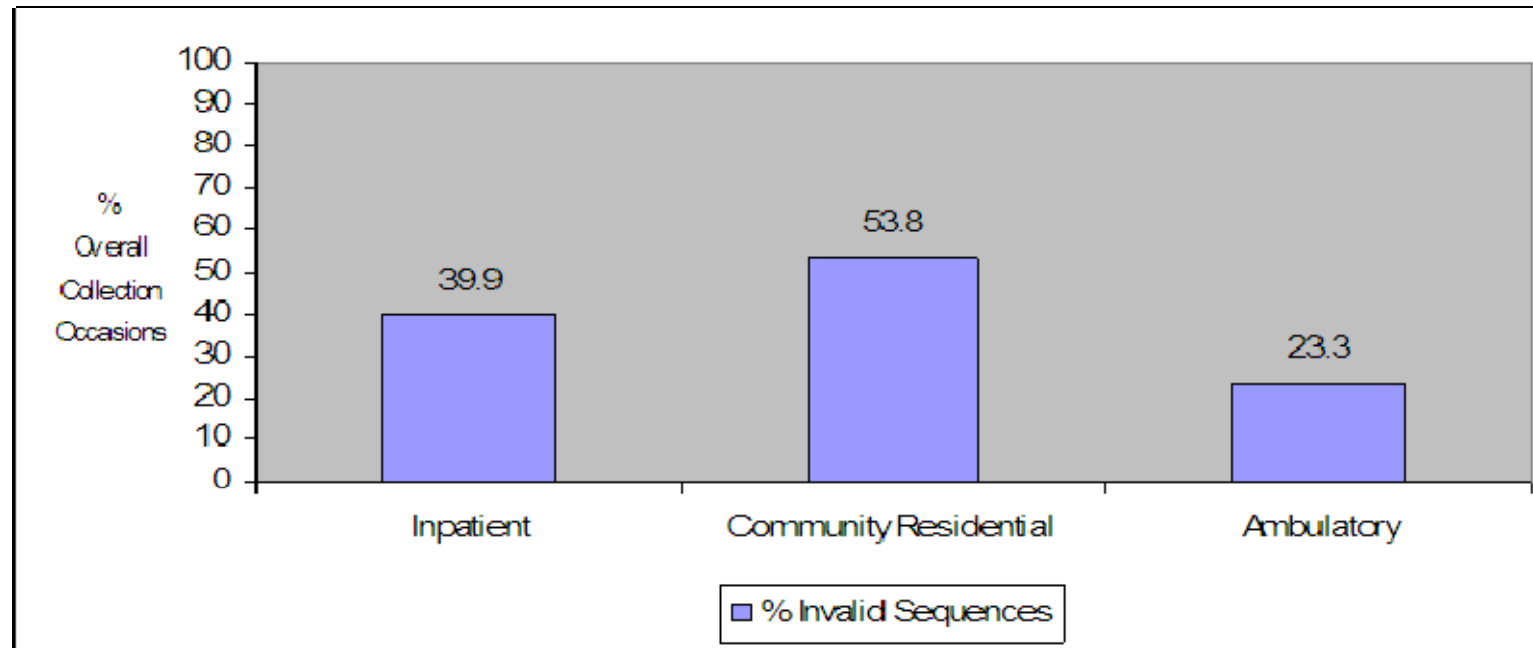


- Data are reported separately at three levels of analysis:
 - 1. Collection Occasion only;
 - 2. Periods of Care; and
 - 3. Episodes of Mental Health Care
- The current set of outputs is based on the highest level of detail, the National 'aggregate'
 - no stratification factors
 - no partitioning factors beyond the basic NOCC Protocol

Challenges

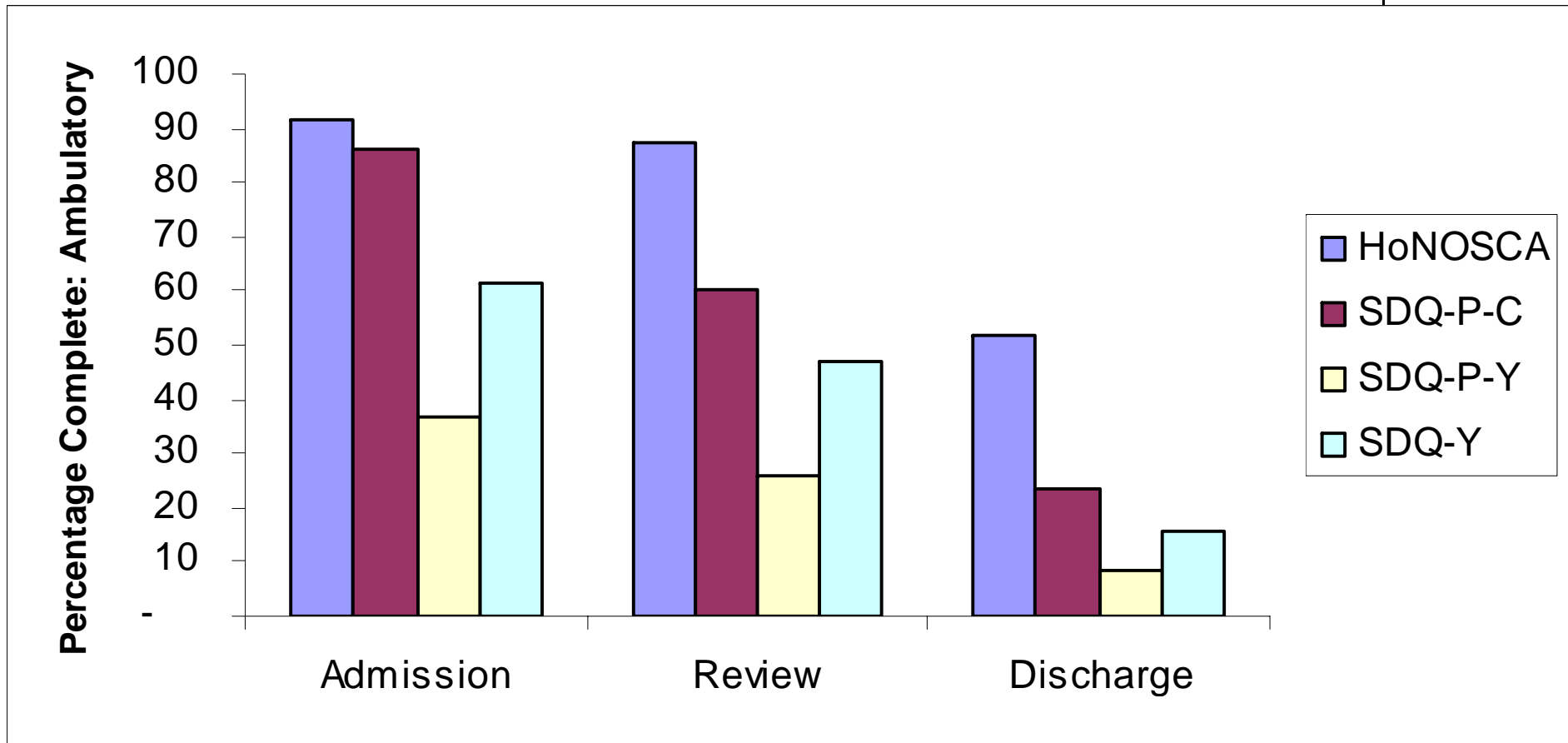
- Data analysis on a real world/ live database – making sense in a timely way
- Issues of data integrity
 - What is a valid rating?
 - Defining an episode of care?





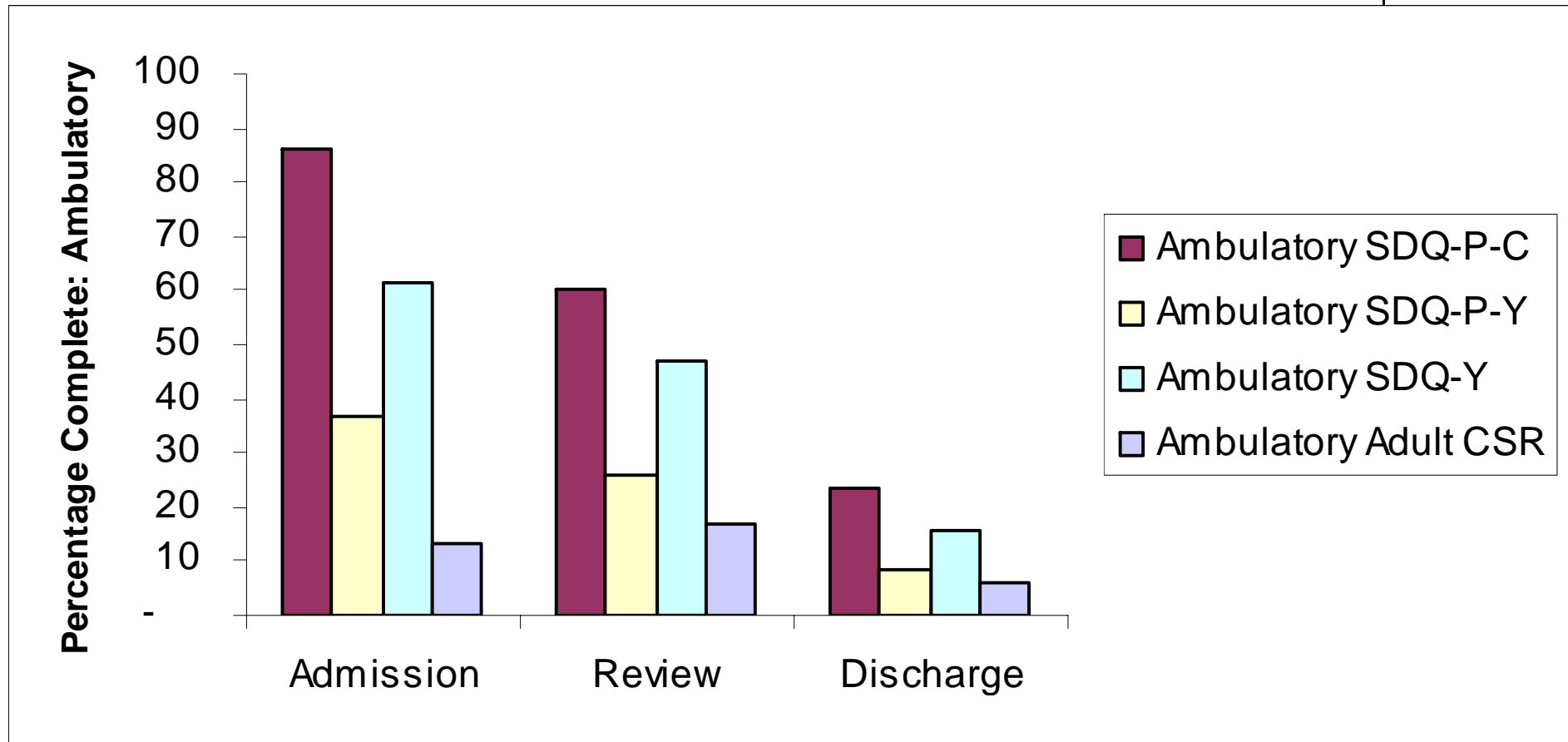
- Table 2.2.1: Comparing across service settings, we see that ambulatory services have a lower percentage of invalid sequences submitted than Inpatient or Community Residential Settings.
- Half of the community residential ratings are removed from Period of Care and Episode of Care data analysis because of these invalid sequences

How complete is the data collected in C&A?



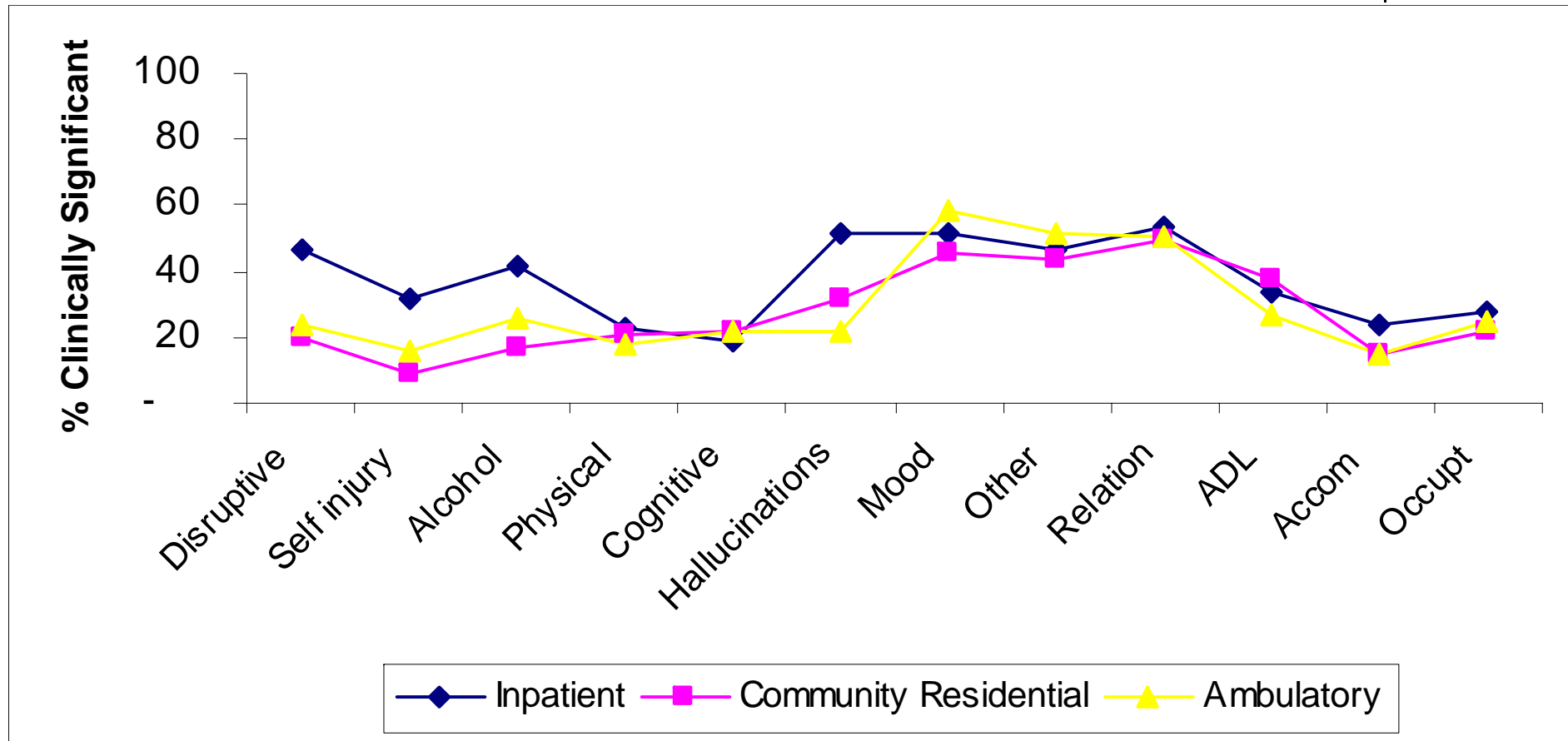
Data Source: AMHOCN First Edition Reports 1.1

How does completeness compare across age groups?

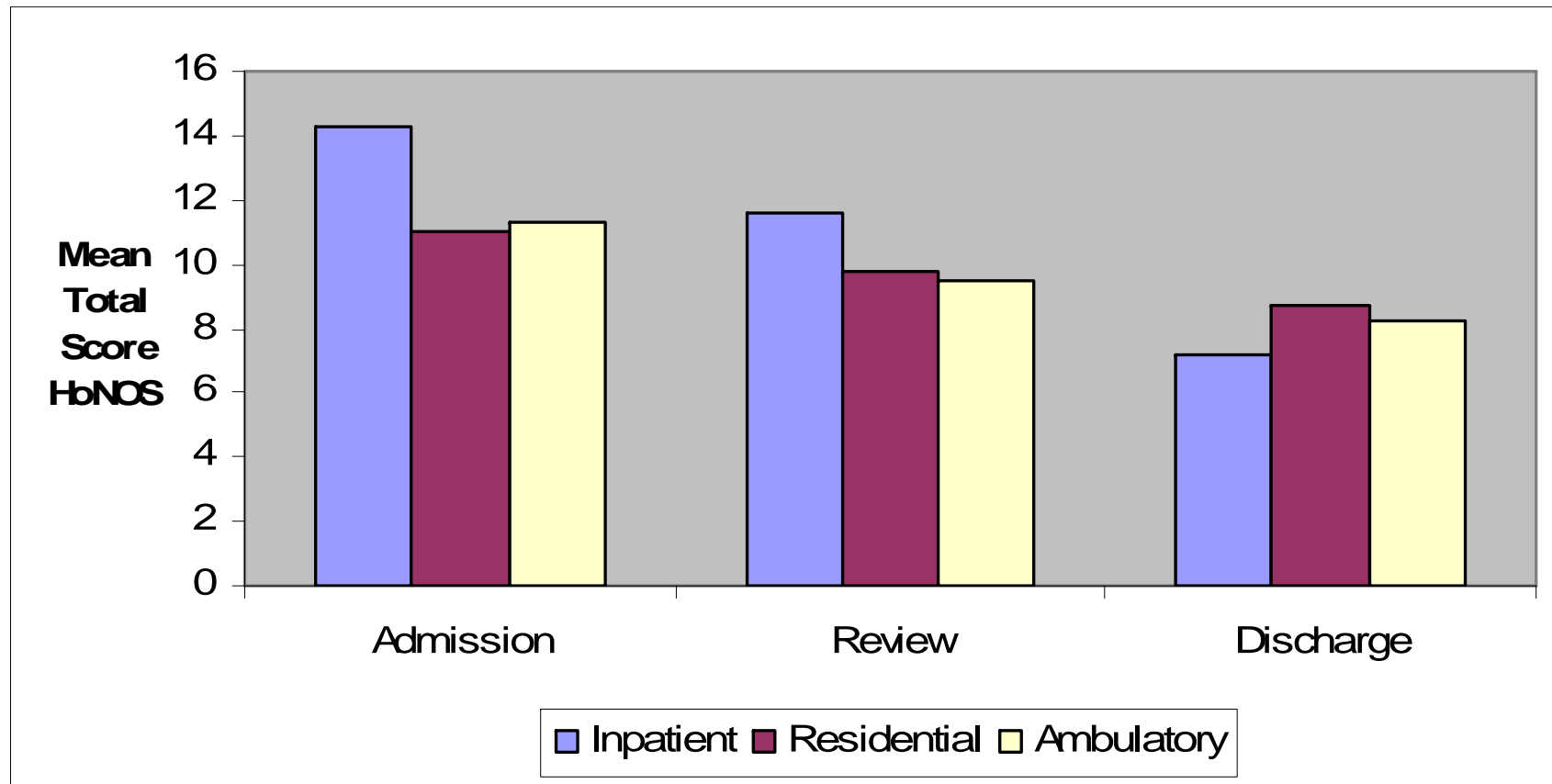


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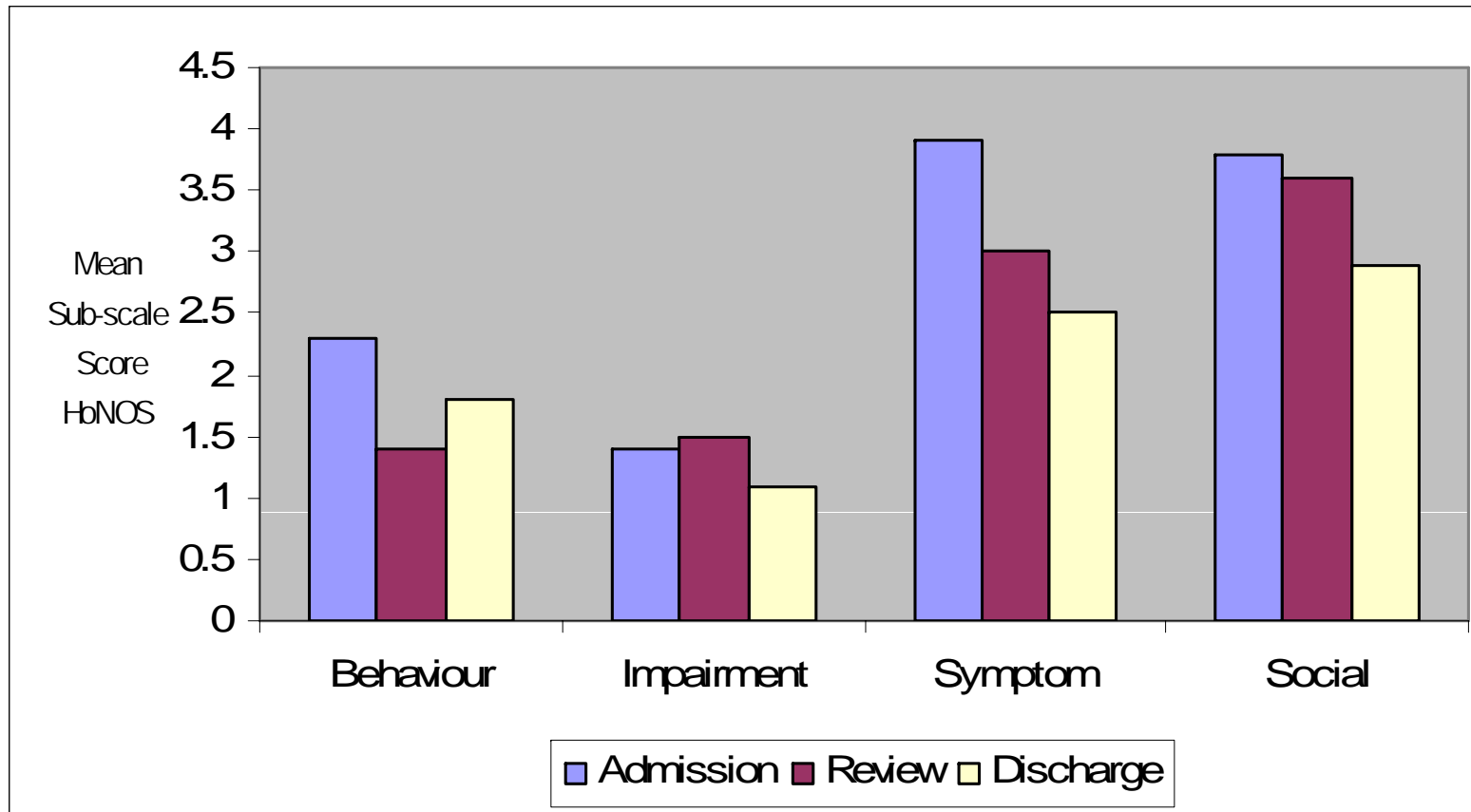
What is our consumer profile across settings in Adult Services at Admission?



How do our consumers compare in Adult services?



What is our consumer profile in Ambulatory Adult Services?



Data Source: AMHOCN First Edition Reports 1.1

Table 2.1.4.1: Distribution of HoNOS Total Scores by Mental Health Service Setting for each Reason for Collection for all data reported to April 2005 for Adults with all Mental Health Summary Diagnostic Groups for all Demographic Groups within Age Group for all Jurisdictions



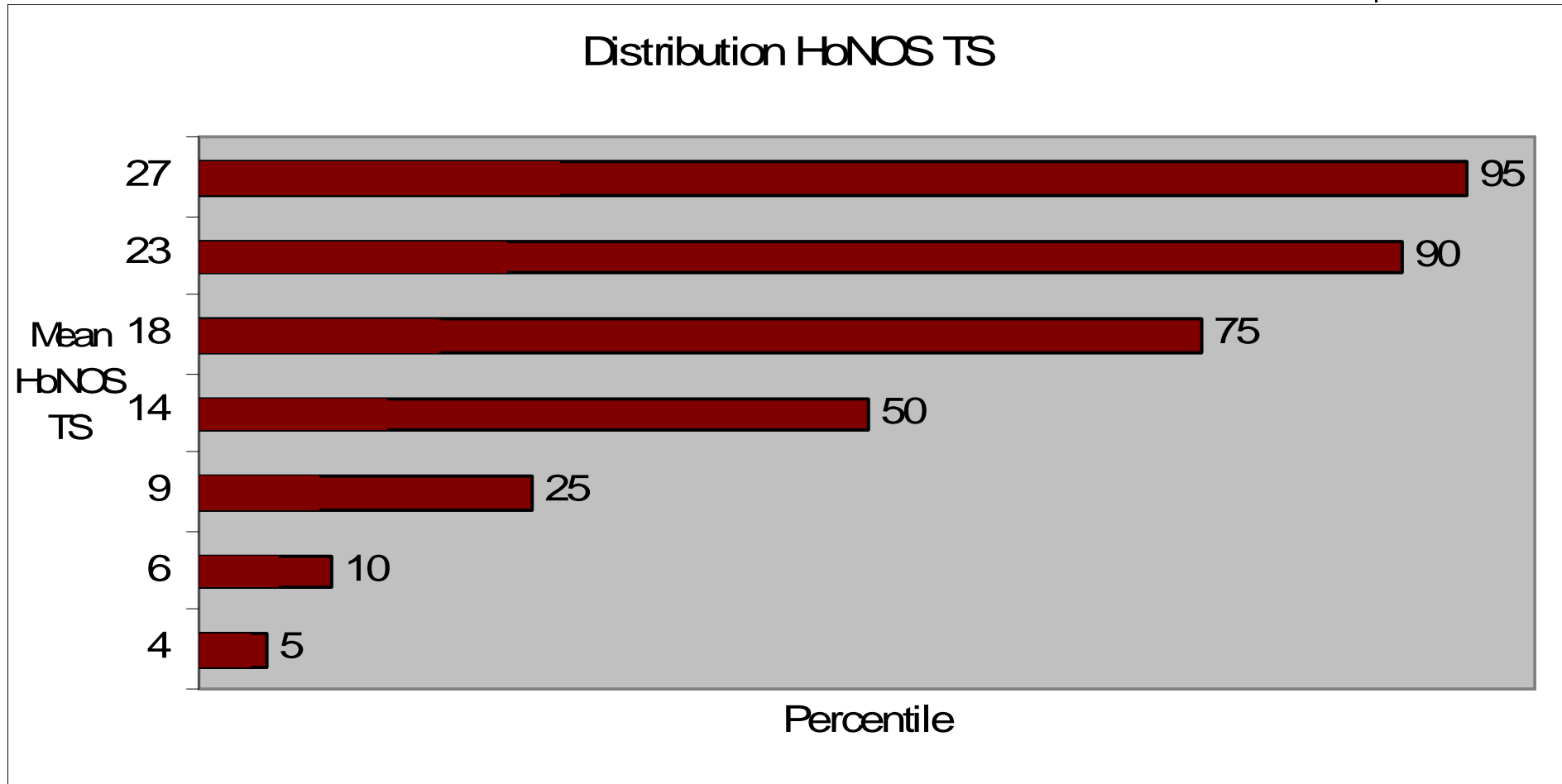
	N	HoNOS-12						
		P5	P10	P25	P50	P75	P90	P95
<i>Psychiatric Inpatient</i>	80877	1	2	6	11	16	21	25
Admission	42166	4	6	9	14	18	23	27
New referral	25640	5	6	9	14	19	23	27
From other setting	13735	4	6	9	13	18	23	26
Other	2791	4	6	10	14	19	24	26
Review	8400	2	3	7	11	16	21	24
91-day review	5430	2	3	7	11	15	20	23
Other	2970	1	3	6	11	16	21	24
Discharge	30311	-	1	3	6	10	15	19
No further care	4889	-	1	3	6	10	16	19
Change of setting	23728	-	1	3	6	10	15	19
Death	25	0	2	8	18	22	28	28
Other	1669	1	2	4	7	11	14	17
<i>Community Residential</i>	5550	1	2	5	9	14	19	22
Admission	1424	2	4	6	10	15	19	23
New referral	832	2	4	7	10	15	20	23
From other setting	516	2	3	6	11	14	19	22
Other	76	1	2	6	12	17	19	22
Review	3249	1	2	5	9	14	19	22
91-day review	2723	1	2	5	8	13	18	21
Other	526	2	4	7	11	16	22	25
Discharge	877	1	2	4	8	12	17	21
No further care	253	-	1	2	4	8	13	18
Change of setting	607	1	3	5	9	13	18	21

Utility?



- Andrew is a 27 year old man assessed in the accident and emergency department. His HoNOS total score is 24.
- What does that mean?

Adult Inpatient Admission



Are our services making a difference?



AMHOCN



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In order to compare

Apples  **with**  **Apples**

**You have to find useable
pairs**

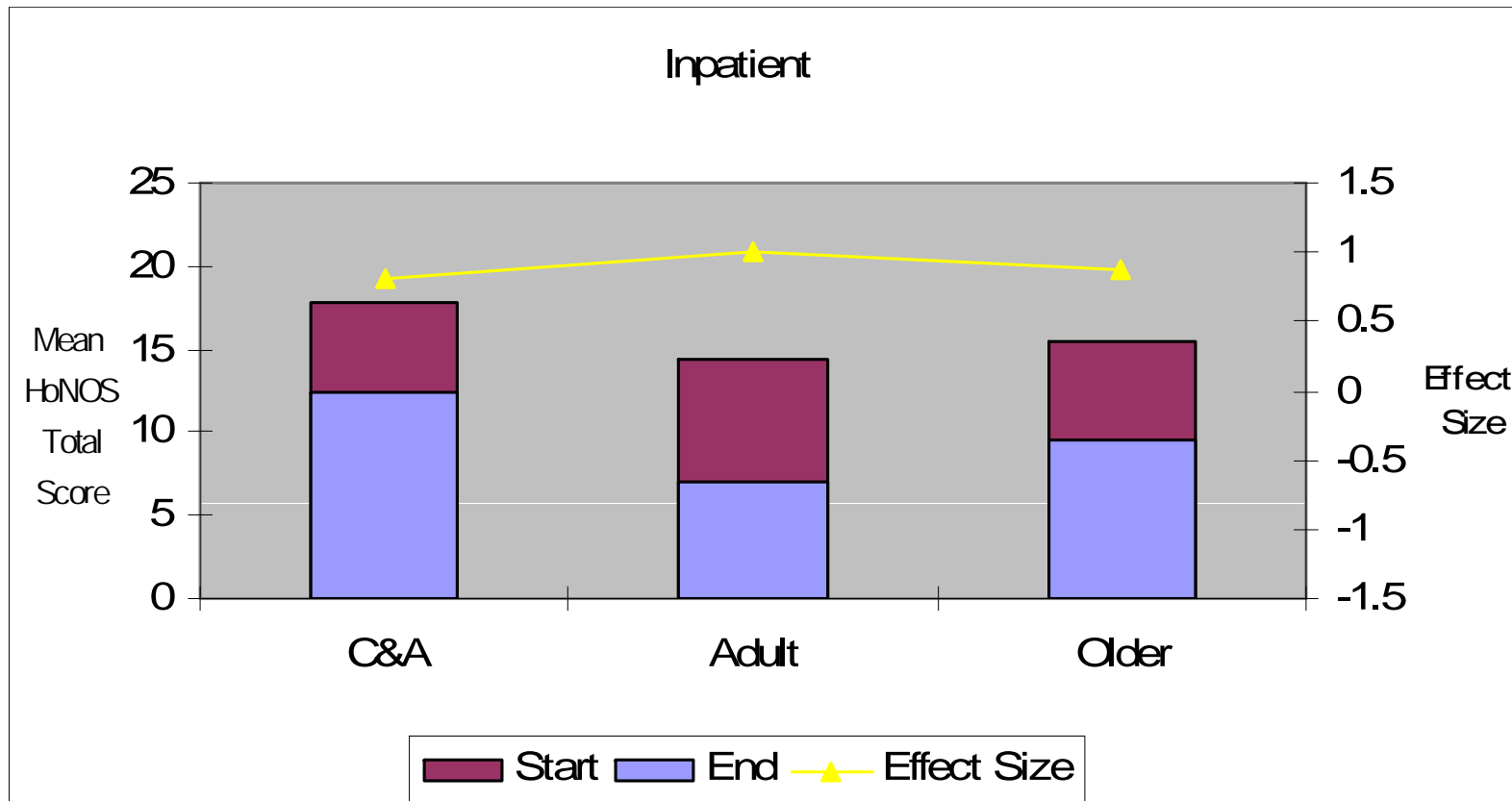


Understanding effect sizes

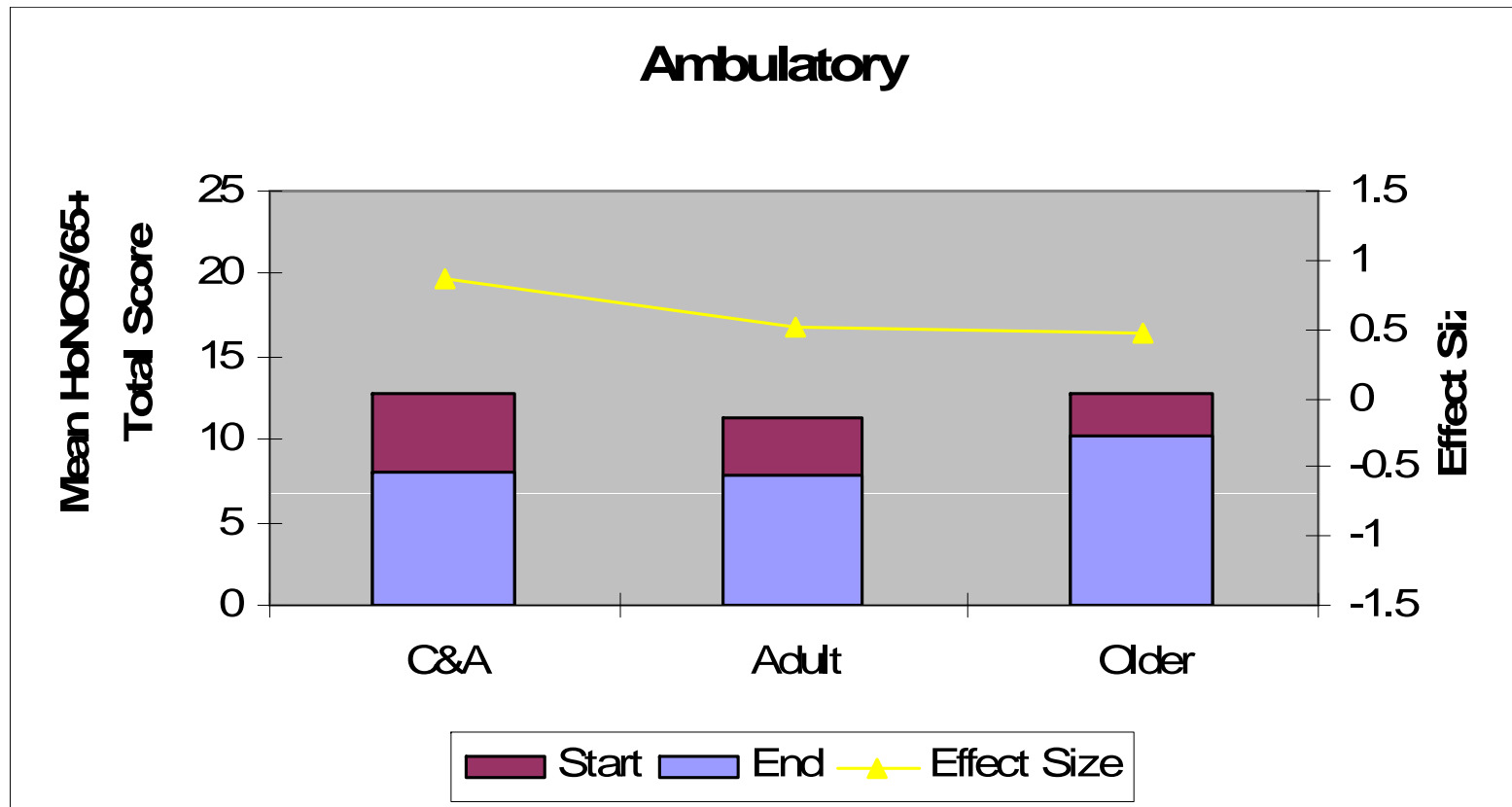


- A change score of **0.2** described as a '**small**' effect size.
- A change score of **0.5** described as a '**moderate**' effect size.
- A change score of **0.8** described as a '**large**' effect size.

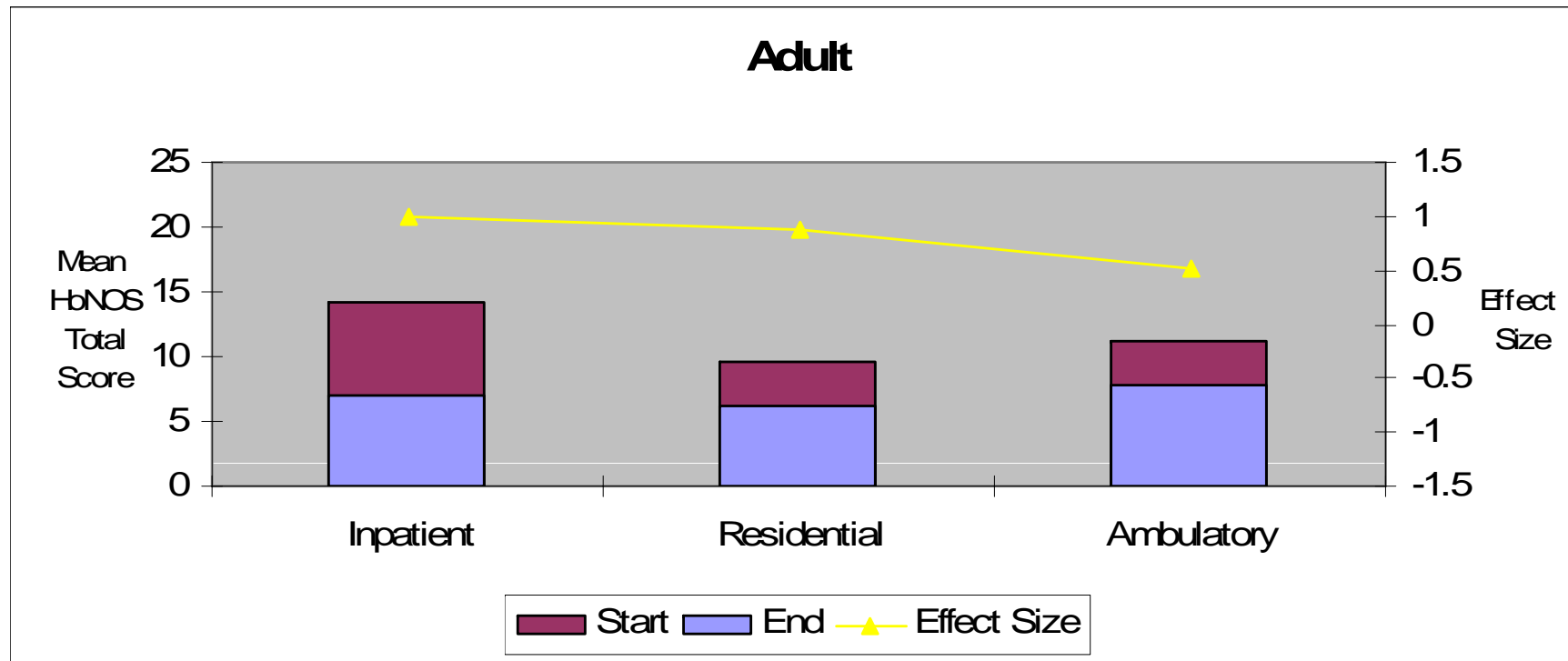
Comparisons Across Age Groups



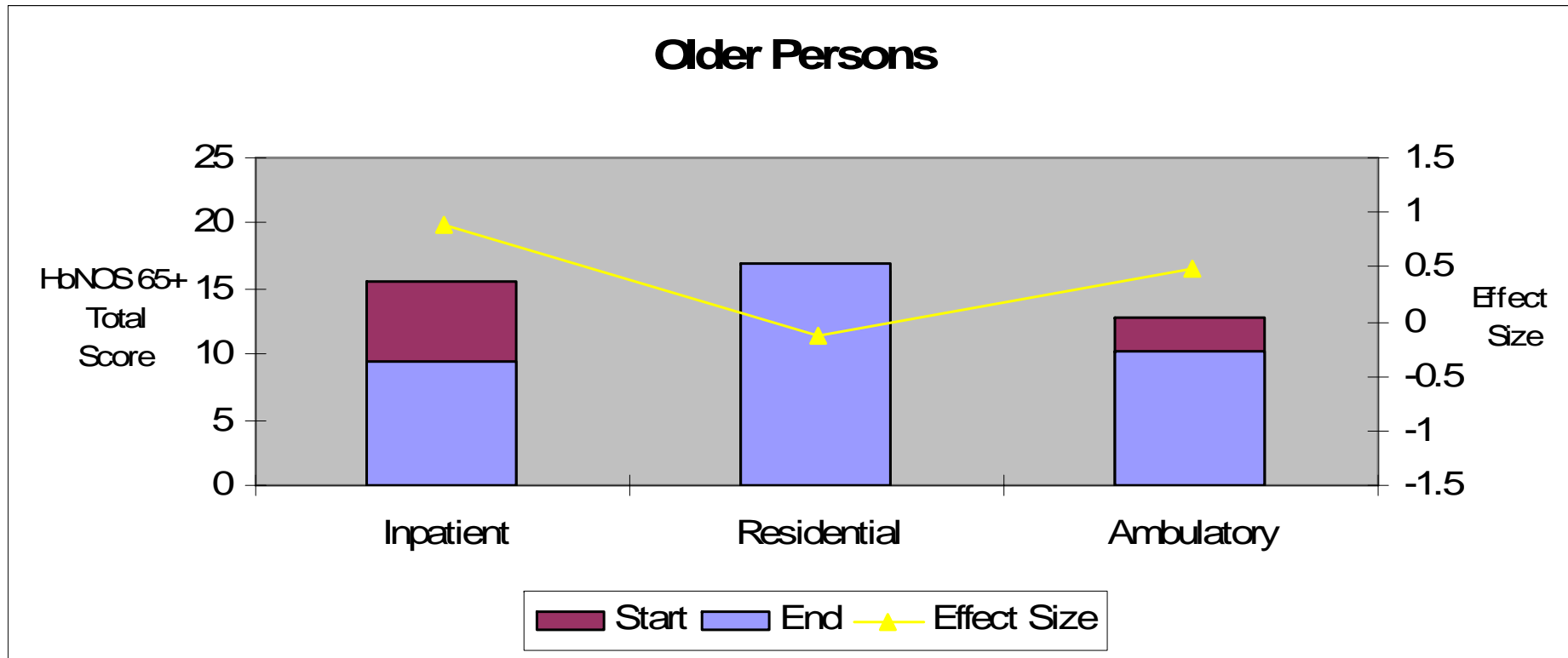
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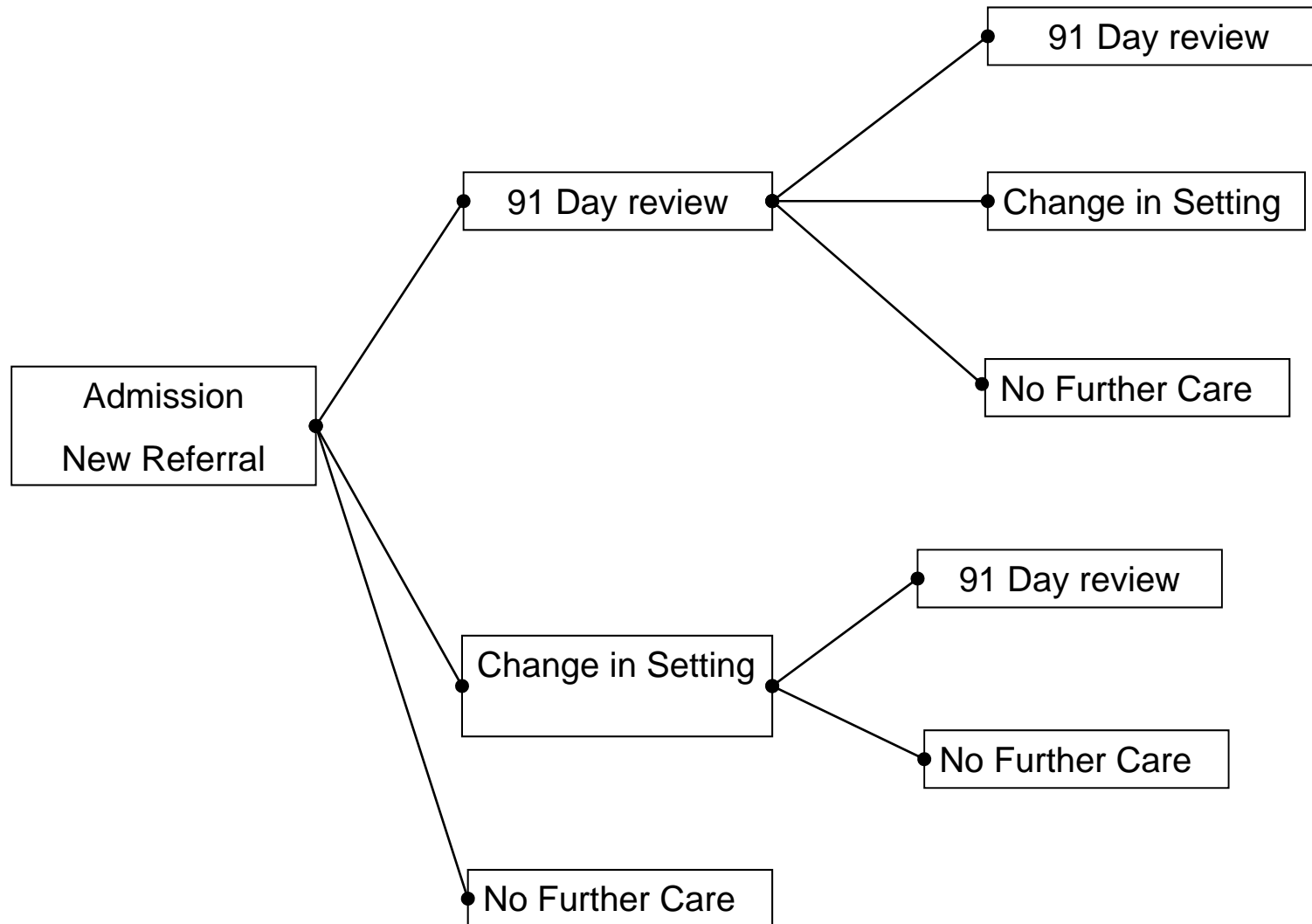
Comparison Across Service Settings



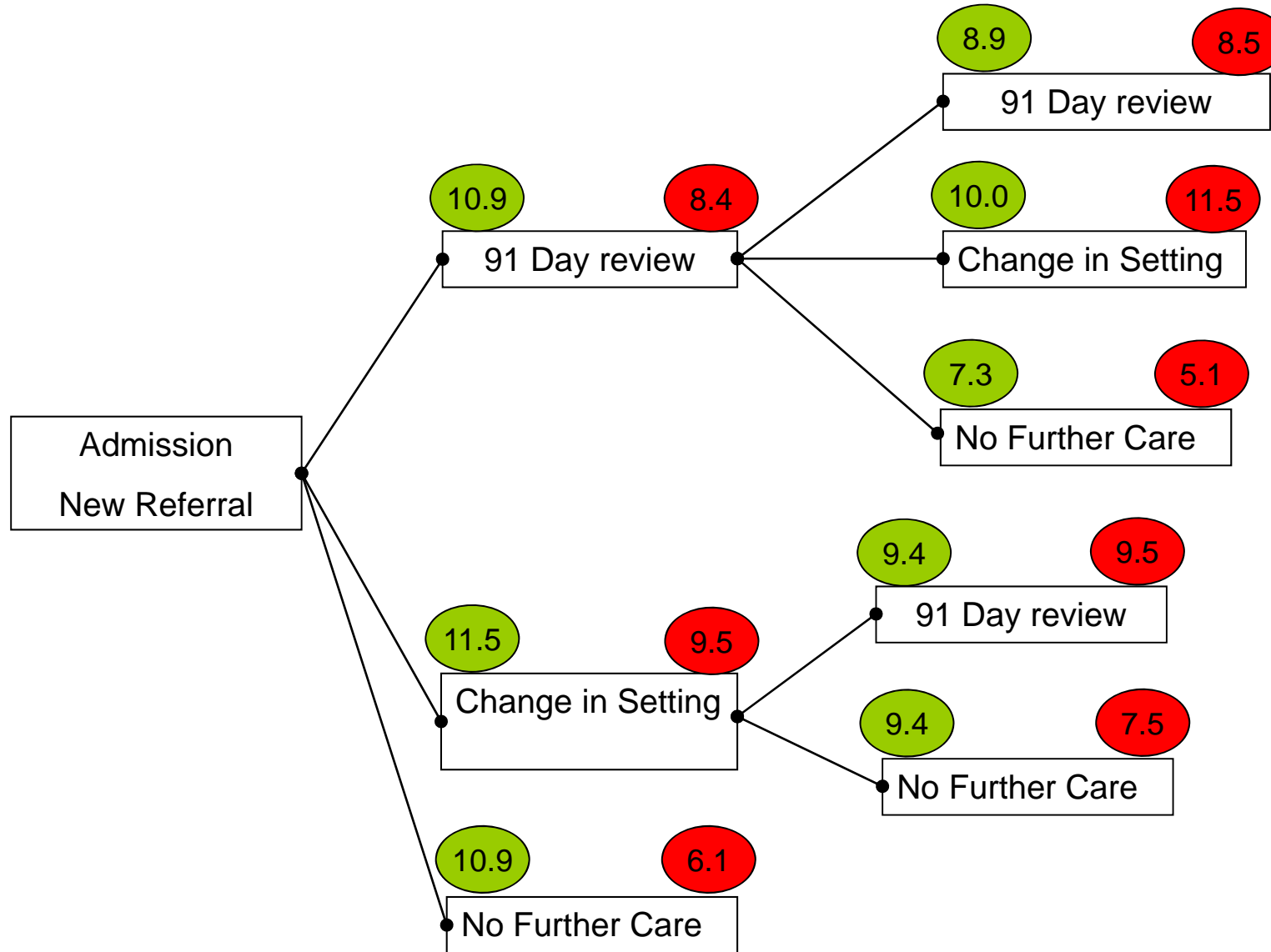
Comparison Across Service Settings



How do groups of consumers change? Table 2.2.4.3 page 44



How do consumers change? Table 2.2.4.3

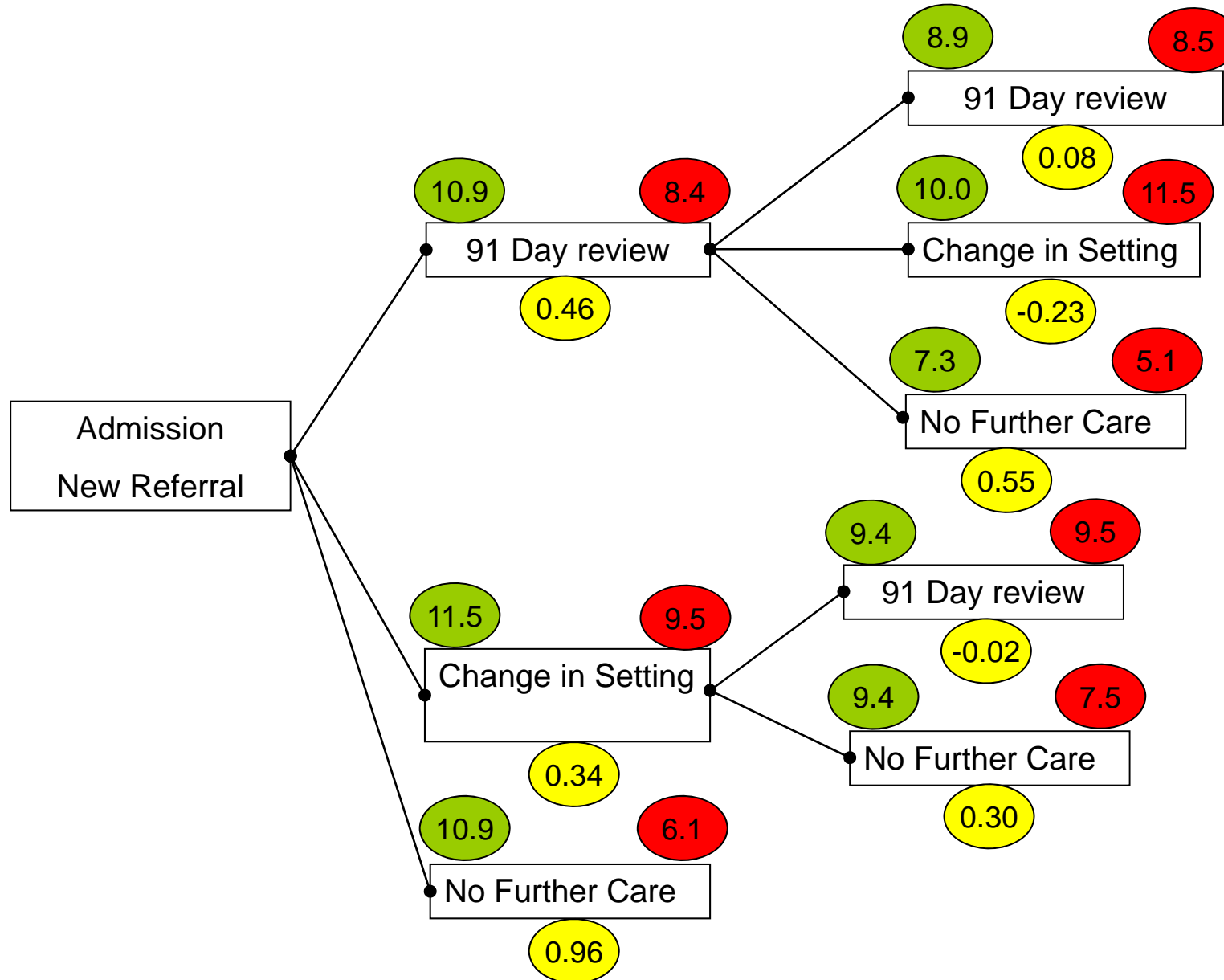


Understanding effect sizes



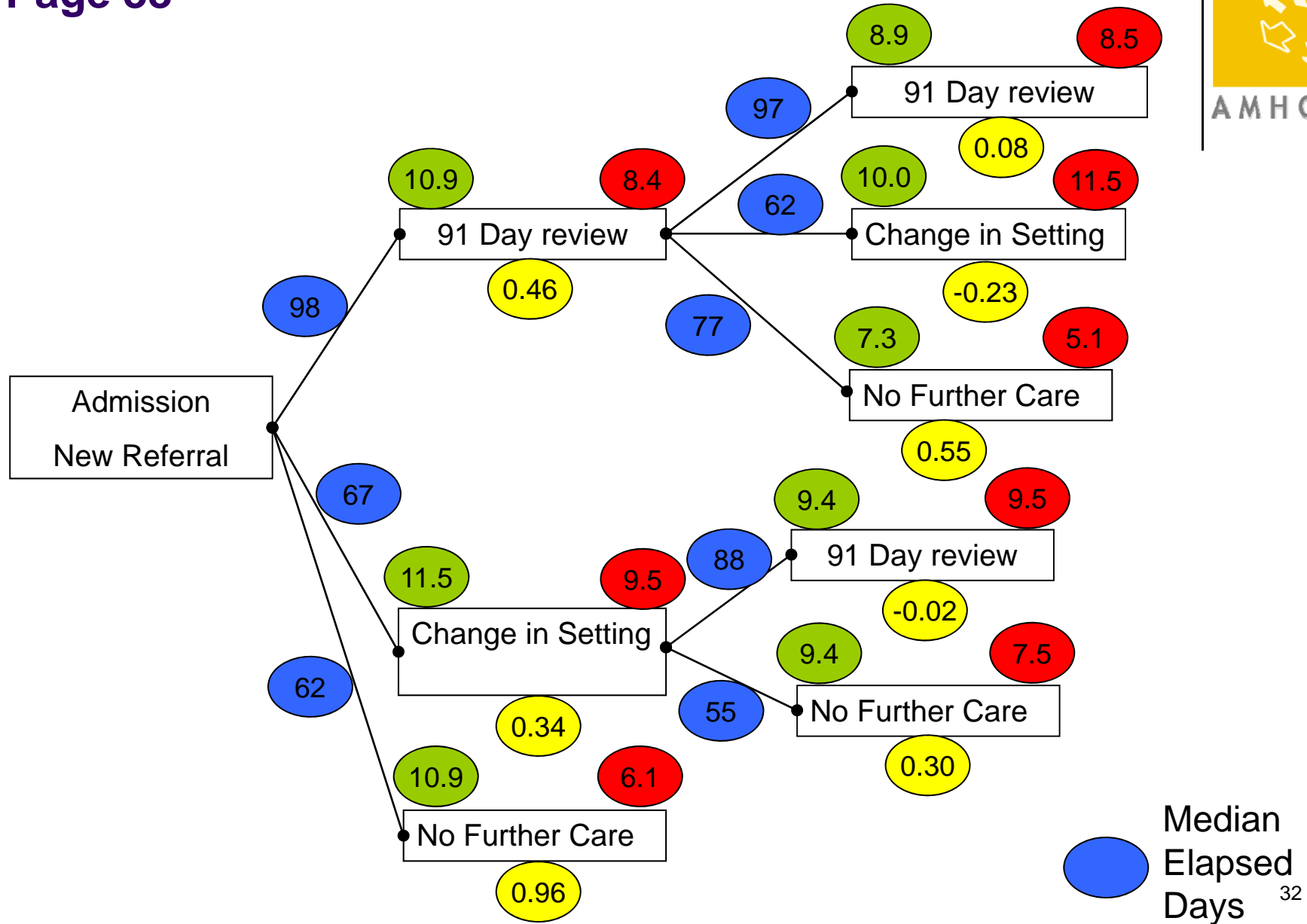
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How do groups of consumers change? Table 2.2.4.3



How do groups of consumers change? Table 2.2.2.3

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Conclusions



- Australia has made an impressive start to implementing routine outcome measurement in mental health services across the nation
- Data integrity and data quality are a significant issue
- Data is being produced that describes the variation in presentation of consumers at different collection occasions
- Data is being produced that describes the change in health status of consumers who have contact with mental health services





For information, news and an online forum see www.mhnocc.org



Mental Health National Outcomes and Casemix Collection

national mental health strategy

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MHNOCC.ORG - Home

Introduction

Welcome to the MHNOCC website. This site is continually under development and should be seen as a work in progress. Your input is sought and welcomed. Currently the best way of providing feedback is to email feedback@mhnocc.org.

This site aims to support the implementation of routine consumer outcome measurement in Australia's public mental health sector. The purpose of outcomes measurement is to improve the quality of mental health services through better understanding and use of information about the outcomes for consumers of mental health services.

This site provides key resources on mental health outcomes and case complexity measurement and provides a forum for sharing ideas, views and experience. The site is intended to be used by clinicians, managers, consumers, carers, policymakers, researchers and all other interested stakeholders.

Please refer to the [news](#) page to get an idea of the current status of the site. Major additions to the content and updates about the functionality of the site will be posted there.

The [resources](#) section contains both links to documents directly downloadable from this site and links to relevant external sources of information.

There is also an online forum to provide clinicians, managers and interested stakeholders with the opportunity to discuss issues around the implementation of outcome measurement to mental health services.

Feedback