# *"We're in this 'cause we love the people, we don't love the data, so it's hard"*
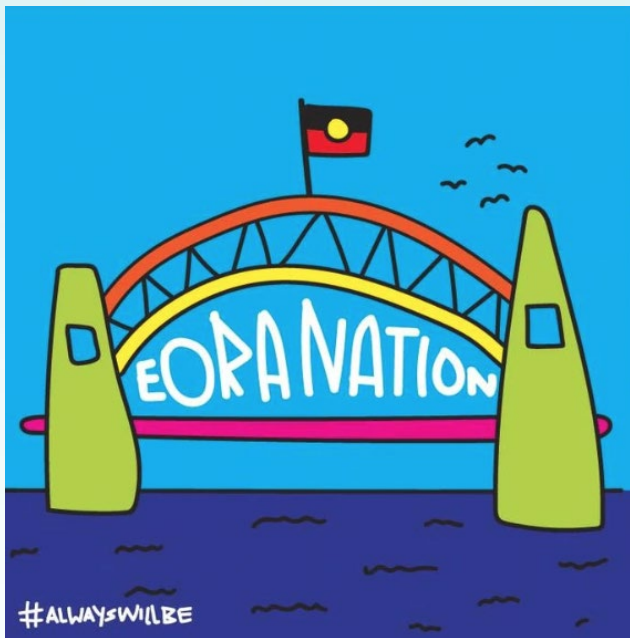# Making measurement matter

**Dr Robert Stirling**
CEO, Network of Alcohol and other Drugs Agencies
Adjunct Lecturer - Drug Policy Modelling Program, UNSW Sydney

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# Acknowledgement



"*But I feel like there should be more rehabs out there for our culture.*"
                    – Aboriginal service user participant

"*… it taught me back my culture, and the spirit of it. I'm proud of my culture…*"
                    – Aboriginal service user participant

# Acknowledgements

# Acknowledgements

- Academic supervisors:
  **Professor Alison Ritter**
  Drug Policy Modelling Program, UNSW Sydney

  **Associate Professor Sally Nathan**
  School of Population Health, UNSW Sydney

- **Professor Peter Kelly**
  University of Wollongong

- All people with lived experience, treatment providers and funders that participated in the research

# Aim of presentation

Highlight work of the NSW NGO AOD sector … it's far from perfect ☺

- A brief history of supporting NGO data collection in NSW

- Challenges with the collection, utilisation, interpretation and reporting of data

- A study to reach consensus on a core set of performance measures

*"I think you can collect all the data in the world but, if you don't use that to tell a story, it's not going to have the impact that you're looking for with a funding body or with the community."*

- Funder participant

# NADAbase

NADAbase is a system for client data collection and reporting, including outcomes data.

NADA provides the database free to members for the collection of:

- the National Minimum Data Set and NSW Minimum Data Set for Alcohol and Other Drug Treatment Services (2000)

- Client Outcomes Measurement System (2010)

We report data on behalf of members to: AIHW, NSW PHNs (x 10), NSW Ministry of Health
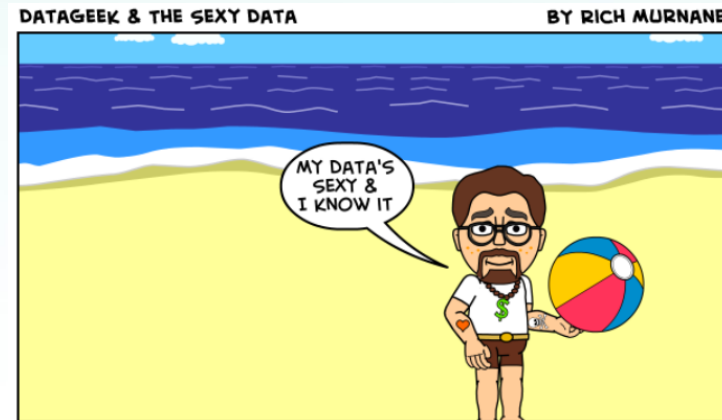
# One system to rule them all?
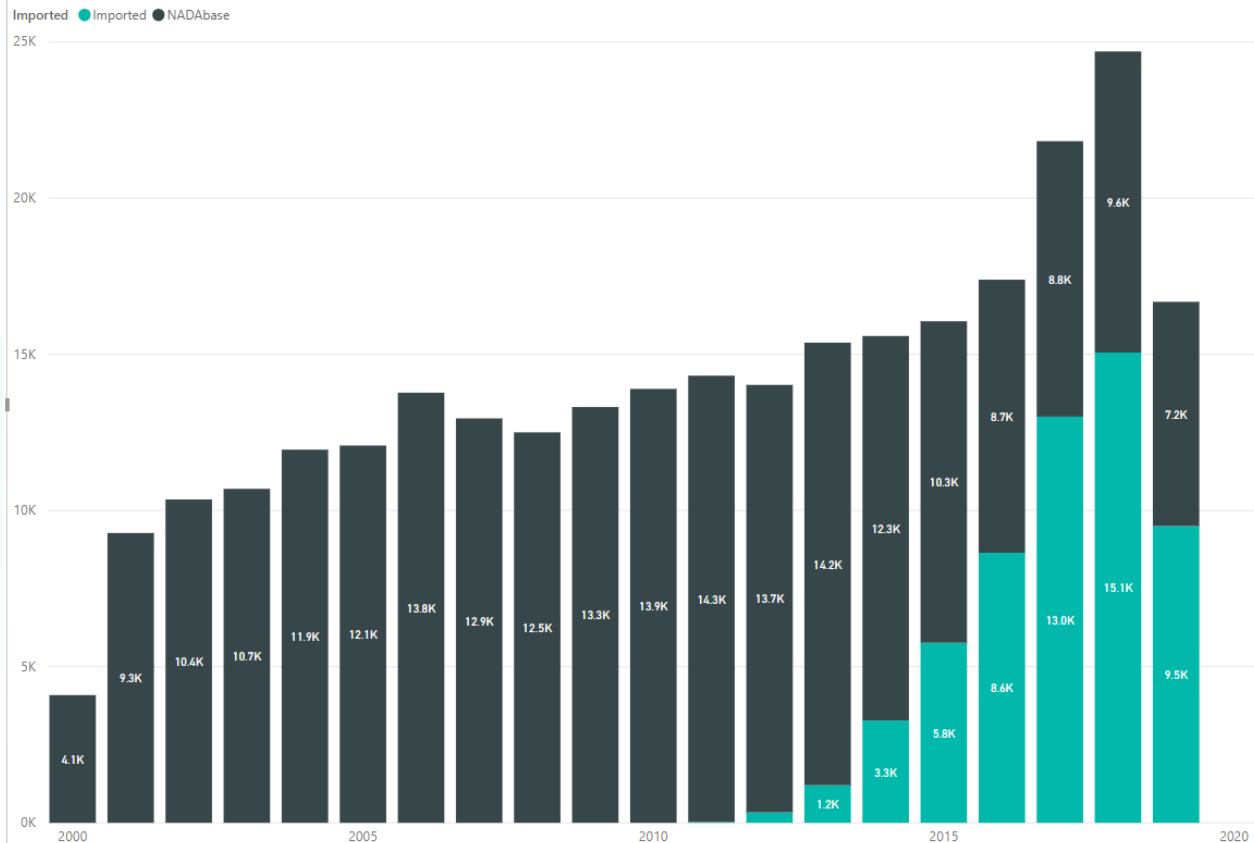
# What's in the NADAbase?

**NSW MDS/NMDS**

**Risk screeners**

- Blood-Borne Virus and Sexual Health

- Domestic & Family Violence

- Suicide

**Client Outcomes Measurement System (COMS)**

| Drug and Alcohol | Health and Social Functioning |
|---|---|
| Substance dependence (SDS) | Quality of Life (WHO QoL-8) |
| Drug, alcohol and tobacco use | Living arrangement, income (3 items) |
| Nicotine dependence (4 items) | Criminal activity (2 items) |

**COMS Domains**

| Psychological distress (K10+) | Injecting drug use and overdose (4 items) |
|---|---|
| **Psychological Health** | **Blood Borne Virus Exposure Risk** |
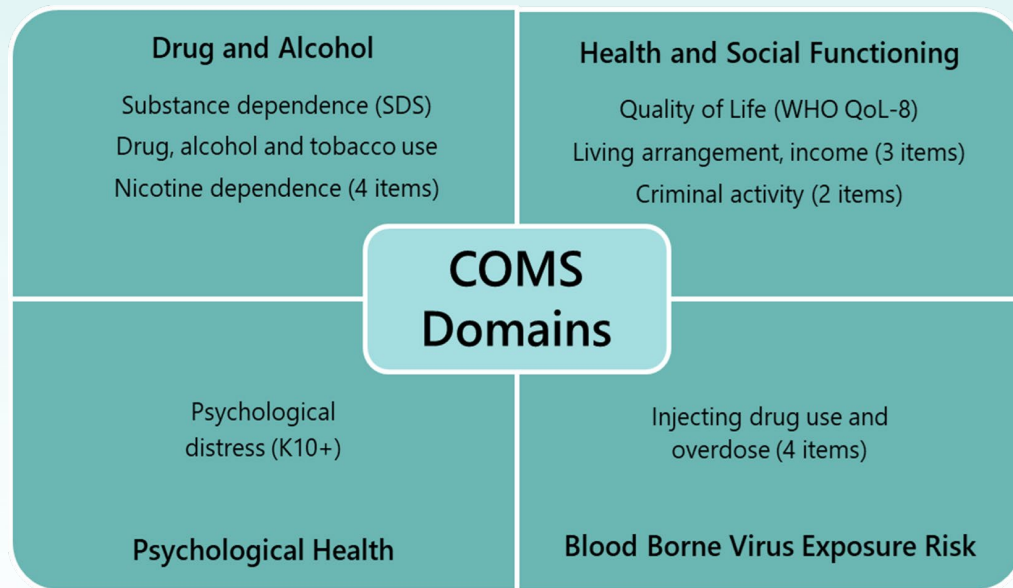
# What's new?

- Updated Sex, Gender identity and Sexual orientation items (2016), (2022)

- Addition of the Australian Treatment Outcomes Profile (ATOP)

- Addition of a tool requested by the Aboriginal Drug and Alcohol Residential Rehabilitation Network

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LGBTIQ+
HEALTH AUSTRALIA

**Standard for Sex, Gender, Variations of Sex Characteristics and Sexual Orientation Variables**

**The standard sex question structure is comprised of:**

What was [your/Person's name/their] sex recorded at birth?
Please [tick/mark/select] one box.
☐ Male
☐ Female
☐ Another term (please specify)

**The standard gender question structure is comprised of:**

How [do/does] [you/Person's name/they] describe [your/their] gender?
Gender refers to current gender, which may be different to sex recorded at birth and may be different to what is indicated on legal documents.
Please [tick/mark/select] one box.
☐ Man or male
☐ Woman or female
☐ Non-binary
☐ [I/They] use a different term (please specify)
☐ Prefer not to answer

**The standard variations of sex characteristics question structure is comprised of:**

Were you born with a variation of sex characteristics (sometimes called 'intersex' or 'DSD')?
Please [tick/mark/select] one box:
☐ Yes
☐ No
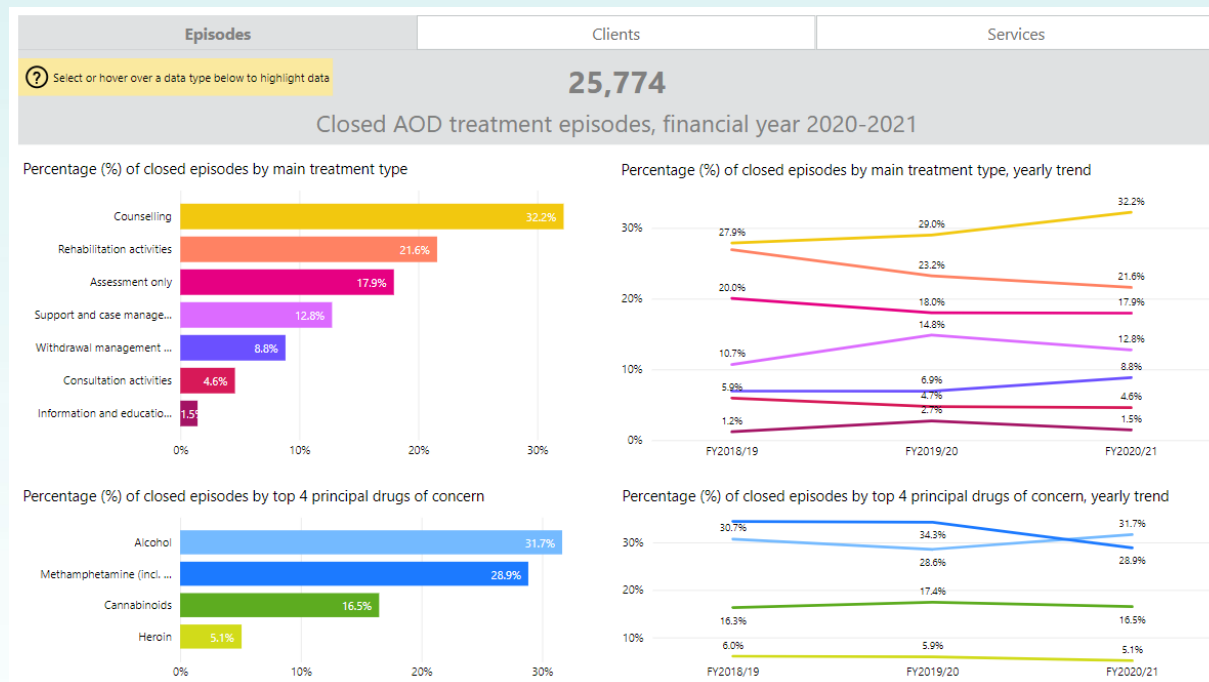☐ Don't know
☐ Prefer not to answer

**The standard sexual orientation question structure is comprised of:**

How do you describe your sexual orientation?
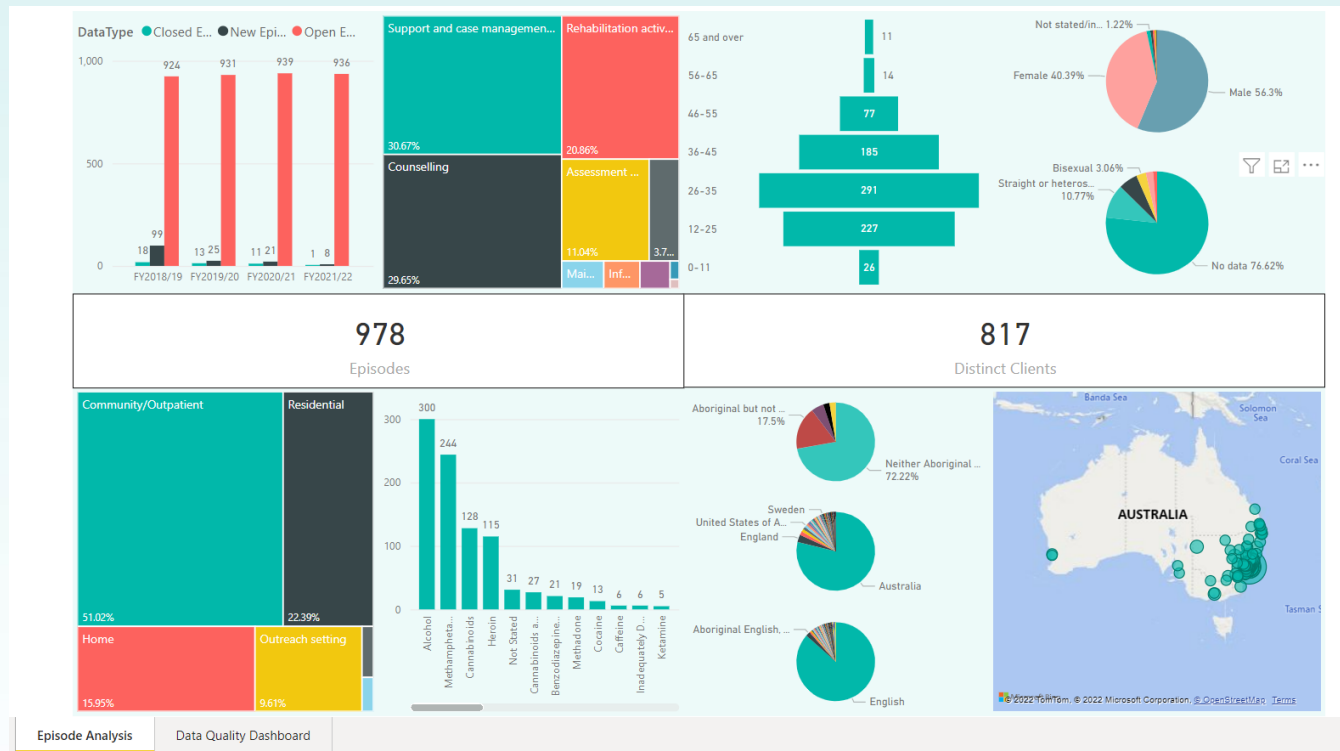Please [tick/mark/select] one box:
☐ Straight (heterosexual)
☐ Gay or lesbian
☐ Bisexual
☐ I use a different term (please specify)
☐ Don't know
☐ Prefer not to answer
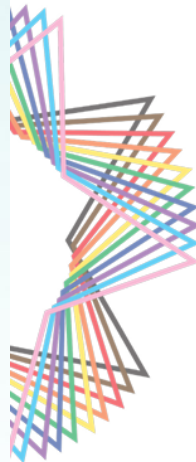
# Dashboards - public

# Dashboards - members

# Supporting data quality
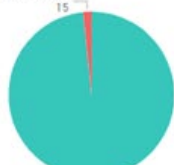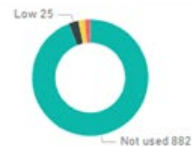
# Annual data snapshots



Figure 8 Distribution of completed NADA COMS across stages of treatment, by year
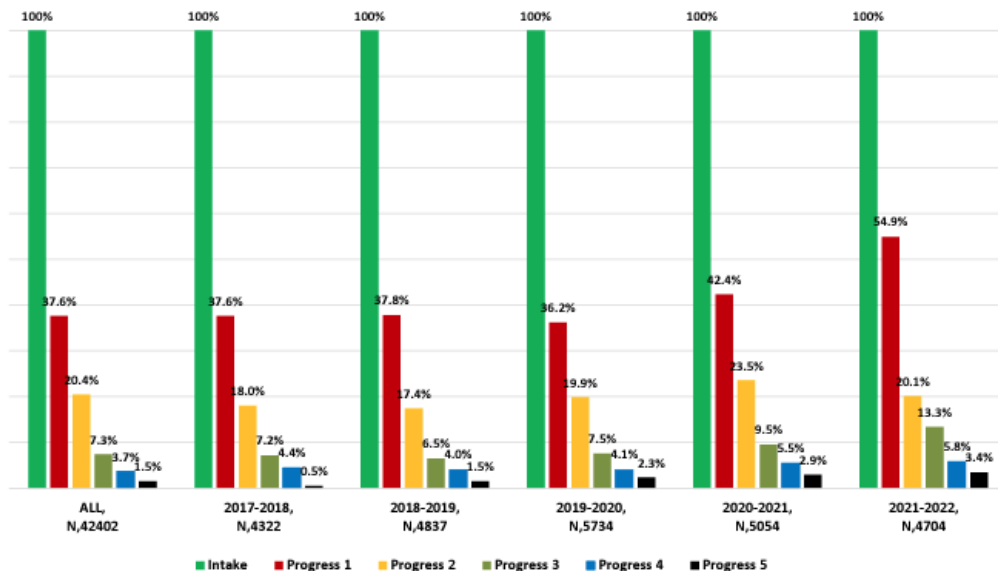
*The proportion for baseline (intake) assessments across all time periods is 100%, as the analysis focused on people who completed an baseline assessment.



**NADAbase Snapshot Report 2021-2022**

February 2023

The Network of Alcohol and other Drugs Agencies (NADA) is the peak organisation for the non government alcohol and other drugs sector in NSW. We represent 80 organisational members that provide services in over 100 locations across NSW. They provide a broad range of services including health promotion and harm reduction, early intervention, treatment and continuing care programs. Together, we improve the health and wellbeing of people who use, or have used, alcohol and other drugs across the NSW community.

Mail    Gadigal people of the Eora Nation, PO Box 1266, Potts Point NSW 1335
Tel     02  9698 8669
Email   admin@nada.org.au
Web     www.nada.org.au

# Reporting on sector outcomes



Figure 18 Distribution of mean SDS scores across different time-points, NGO AOD, 2012-2022
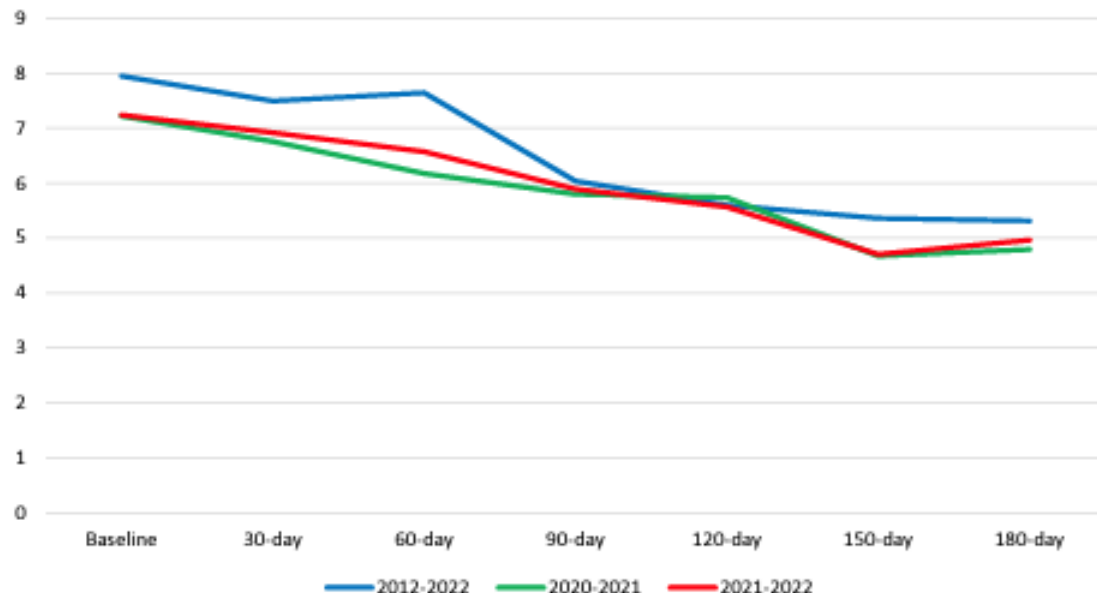
- Service reports

- Individual graphs

# The bigger picture

## Outcomes, performance, and quality—What's the difference?

A. Thomas McLellan, (Ph.D.)[a,b,*], Mady Chalk, (Ph.D.)[a], John Bartlett, (M.D., M.P.H.)[c]

[a]Treatment Research Institute, Public Ledger Bldg., 150 Independence Mall, Philadelphia, PA 19106, USA
[b]Department of Psychiatry, The Center for Studies of Addiction, University of Pennsylvania School of Medicine, Philadelphia, PA, USA
[c]National Forum on Performance Measures in Behavioral Healthcare, Avisa Group, Berkeley, CA, USA

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# Measurement types

| Type | What it measures | Example KPI from contracts |
|---|---|---|
| Access | Whether a person who needs care is able to access it | Average waiting time per treatment type during the reporting period |
| Experience | Persons views of the treatment they received | % of people who report being satisfied with the service they received |
| Input | The resources required to deliver treatment (e.g. funding, staff) | Average cost of treatment per person |
| Outcome | The results of treatment | % of people with reduced days of AOD use at 4 weeks post exit |
| Output | The services delivered in treatment | # of treatment episodes in the reporting period |
| Process | What a treatment provider does to deliver on an outcome | % of people who complete an outcome measure at admission, 30 days and 90 days |
| Structural | The capacity required to deliver services (e.g. qualified staff, program) | # of Aboriginal staff and the total number of staff |

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# Context: funding and measures



**Australian Government National Indigenous Australians Agency**

**Australian Government Department of Health** and Aged Care

**Australian Government Department of Social Services Community Grants Hub ***

**NSW Primary Health Networks**

**Medicare Benefits Scheme**

**NSW Non Government Alcohol and other Drugs Treatment Services**

**NSW Government Ministry of Health**

**NSW Local Health Districts**

**NSW Government Department of Communities and Justice**

**Client contribution**

**Fundraising and donations**

* Department of Social Services provides funds, but also provides grants management for Department of Health AOD treatment grants via the Community Grants Hub.

# Methodology

| Study phase | Research questions | Method |
|---|---|---|
| Phase I | What are the current approaches to the measurement of performance in the NSW NGO AOD sector and how do they align with best practice? | Expert review and ranking of measures by representatives from a funder, treatment provider and peak body |
| Phase II | What are the most important measures to stakeholders?<br><br>How much concordance exists between the stakeholders?<br><br>What are the challenges associated with the implementation of performance measures? | Focus group discussions with service users, treatment providers and funders |
| Phase III | What are the priority performance measures for NSW NGO AOD treatment? | Delphi process |

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**Ethics:** UNSW, Human Research Ethics Committee, HREC Project Number: HC:190321
Aboriginal Health and Medical Research Council of NSW, HREC Project Number: 1585/19

# Phase one: results

Number of measures and mean scores by measurement type.

| Measurement type | Number of measures | % of measures | Mean score |
|---|---|---|---|
| Access | 39 | 7.26 | 1.95 |
| Experience | 16 | 2.98 | 1.81 |
| Input | 10 | 1.86 | 1.91 |
| Outcome | 41 | 7.64 | 2.03 |
| Output | 222 | 41.34 | 2.02 |
| Process | 127 | 23.65 | 1.88 |
| Structural | 49 | 9.12 | 1.84 |
| Demographic | 33 | 6.15 | 2.34 |
| **Total** | 537 | 100.00 | |

# Impact of over 500 measures

| Collection of data | Utilisation of data | Interpretation of data | Systems that support |
|---|---|---|---|
| • Managing multiple funding relationships and measures<br><br>• A resource burden – multiple systems and workforce expectations | • Accountability to different stakeholders<br><br>• Utilisation of data for service improvement | • A lack of clarity and context to what is being measured<br><br>• Measuring and attributing outcomes for a complex health issue | • Making it meaningful to service users<br><br>• A standardised approach to performance measurement<br><br>• Independent evaluation of services |

*Having the different funders that we report to and having all different measures that we're having to do, two different outcome measures … so our [funder] want the ATOPs and [other funder] take the COMS … the team are having to do two lots of two outcomes just to tick boxes.* - Treatment provider participant

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- Managing multiple funding relationships and measures
- A resource burden – multiple systems and workforce expectations

# Collection of data

*I manage five different contracts and they're all a bit different in terms of targets and KPIs … we're one team and all the workers in the team are essentially doing the same job. But funding from the five different sources which all have their own ideas about what they would like us to report.*

- Treatment provider participant

*Some of the challenges is actually trying to embed these measures within the existing IT infrastructures that some of the services have … a lot of them say, "We'll just have to do it paper-based," and I think that that's gonna be a challenge, how we actually embed it into their normal practice, where the support is, you know, from our end to help them get this within their actual infrastructure, their IT services.*

- Funder participant

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- Accountability to different stakeholders
- Utilisation of data for service improvement

# Utilisation of data

*From a funding point of view, the challenges that we have is, identifying in, given the different funding streams, we often get asked the question, so how many clients did the [funding source] funding see? Like, how many clients did that help? And reports on different funding streams providing funding and the outcomes that the funding has achieved is difficult from a funding point of view.* - Funder Participant

*We get all the numbers, we can get all the stats but, at the end of the day, how is that coming back to us? How is that helping our communities, the ones that we work with? How are we able to use this, the data or the outcomes to improve services, to get more workers, to build a bigger service, to whatever we might need? Because, otherwise, what's the point of it? It's just the point of us just checking boxes and doing numbers, and handing it in when we're meant to hand it in.* - Treatment provider participant

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# Interpretation of data

*They don't know what they're purchasing so they're asking for all of these things, for outcomes and measures and analysing data. They don't understand it. They ring me and say, "But what does that mean? You've given this great data. I love the graphs. But what does it mean?" "So why ask the question if you don't know what a K10 is?".*

- Treatment provider participant

*… there's always that tension between measuring things that we can measure within the timeframes and actually getting to the outcomes, which is what the program is designed to address. And I don't think I've ever seen that done, that balance handled well because, because of the timeframes inherent in achieving outcomes, particularly in a program like this. It's not gonna happen within the six months of the reporting timeframe or, potentially, even within the three years of the activity.*

- Funder participant

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# Systems that support

- Making it meaningful to service users
- A standardised approach to performance measurement
- Independent evaluation of services

*… the same questions every single like time, they do it as well for the 30-day, 60-day one… Have you injected, yes, no? And it's the same question. It's like, "You asked me this 30 days ago. It's a load of shit"... I don't care answering truthfully at all.*

- Service user participant

*The different perspectives and expectations, and accountability in terms of funders versus providers, versus consumers. But also around that is governance and data collection, methodology and consistency.*

- Funder participant

*If we had one clear set of measures, we would actually be able to focus our resources on actually being able to report against those measures, rather than a whole load of different measures and different values.*

- Treatment provider participant

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# Phase two: Focus groups



What did service users, providers and funders think is important to measure?

Focus groups: 5 service user groups, 4 provider groups, 1 funder group
Participants: 42 service users, 25 providers, 7 funders

# Phase two: results

Table 4: Overall votes against each measurement type across all groups

| Measurement type | % (n) [a] | Rank |
|---|---|---|
| Access | 22.5 (161) | 1 |
| Experience | 18.4 (132) | 2 |
| Outcomes | 17.7 (127) | 3 |
| Structural | 14.1 (101) | 4 |
| Process | 11.6 (83) | 5 |
| Input | 8.9 (64) | 6 |
| Output | 6.7 (48) | 7 |
| Total | 100.0 (716) | |

Phase one

| Measurement type | % of measures | Rank |
|---|---|---|
| Output | 41.34 | 1 |
| Process | 23.65 | 2 |
| Structural | 9.12 | 3 |
| Access | 7.26 | 4 |
| Outcome | 7.64 | 5 |
| Experience | 2.98 | 6 |
| Input | 1.86 | 7 |
| Demographic | 6.15 | - |
| Total | 100.00 | 100.00 |

Table 5: Comparison of votes by measurement types for each stakeholder group

| Measurement type | Service user groups (N=5) | | Treatment provider groups (N=4) | | Funder group (N=1) | |
|---|---|---|---|---|---|---|
| | % (n) [a] | Rank | % (n) [b] | Rank | % (n) | Rank |
| Access | 27.0 (110) | 1 | 17.2 (41) | 3 | 14.3 (10) | 3 |
| Experience | 15.0 (61) | 3 | 22.7 (54) | 1 | 24.3 (17) | 2 |
| Outcomes | 13.0 (53) | 4 | 22.7 (54) | 1 | 28.6 (20) | 1 |
| Structural | 18.4 (75) | 2 | 9.2 (22) | 6 | 5.7 (4) | 6 |
| Process | 12.3 (50) | 5 | 10.1 (24) | 5 | 12.9 (9) | 4 |
| Input | 8.6 (35) | 6 | 10.9 (26) | 4 | 4.3 (3) | 7 |
| Output | 5.9 (24) | 7 | 7.1 (17) | 7 | 10.0 (7) | 5 |
| Total | 100.0 (408) | | 100.0 (238) | | 100.0 (70) | |

# Phase three: Delphi

What did service users, providers and funders think are the most important measures to use in contracts with funders?

**Participants**
10 funders
10 treatment providers
10 people with lived experience

**Input**
- Provision of annual audited financial statement
- Actual expenditure against annual budget

**Structural**
- Organisation holds current and valid accreditation against approved health and community service standards
- # and % of staff trained in Aboriginal cultural competence
- # and % of staff who have undertaken relevant continuing professional development

**Output**
- Provision of an electronic extract of the Minimum Data Set data report - episodes of care

**Access**
- Treatment capacity during reporting period (bed occupancy, use of available counselling or group sessions)

**Process**
- # of new clients assessed and accepted into the service that have a treatment plan

**Outcome**
- # and % of people that report an improvement in overall quality of life – the most important
- # and % of people with reduction in severity of dependence
- # and % of people that report a reduction in AOD use
- # and % of people that report a reduction in risk behaviour related to AOD use
- # and % of people that report that they achieved their own treatment goals

**Experience**
- # and % of people that report the service was culturally safe and appropriate
- # and % of people that report they were linked up with other services to support them when they leave the program

# System level measures

## Access

- Number of people that were eligible and suitable that couldn't be accepted for treatment due to capacity issues

- Average waiting time (days) per treatment type for eligible and suitable people

Specification development to commence late 2023

# Compliance measures?

| | |
|---|---|
| **Input** | • Provision of annual audited financial statement<br>• **Actual expenditure against annual budget – most likely to be removed** |
| **Structural** | • Organisation holds current and valid accreditation against approved health and community service standards |
| **Output** | • Provision of an electronic extract of the Minimum Data Set data report - episodes of care |

# Service level measures

**Structural**
- # and % of staff trained in Aboriginal cultural competence
- # and % of staff who have undertaken relevant continuing professional development

**Access**
- Treatment capacity during reporting period (bed occupancy, use of available counselling or group sessions)

**Process**
- # of new clients assessed and accepted into the service that have a treatment plan

**Experience**
- # and % of people that report the service was culturally safe and appropriate
- # and % of people that report they were linked up with other services to support them when they leave the program
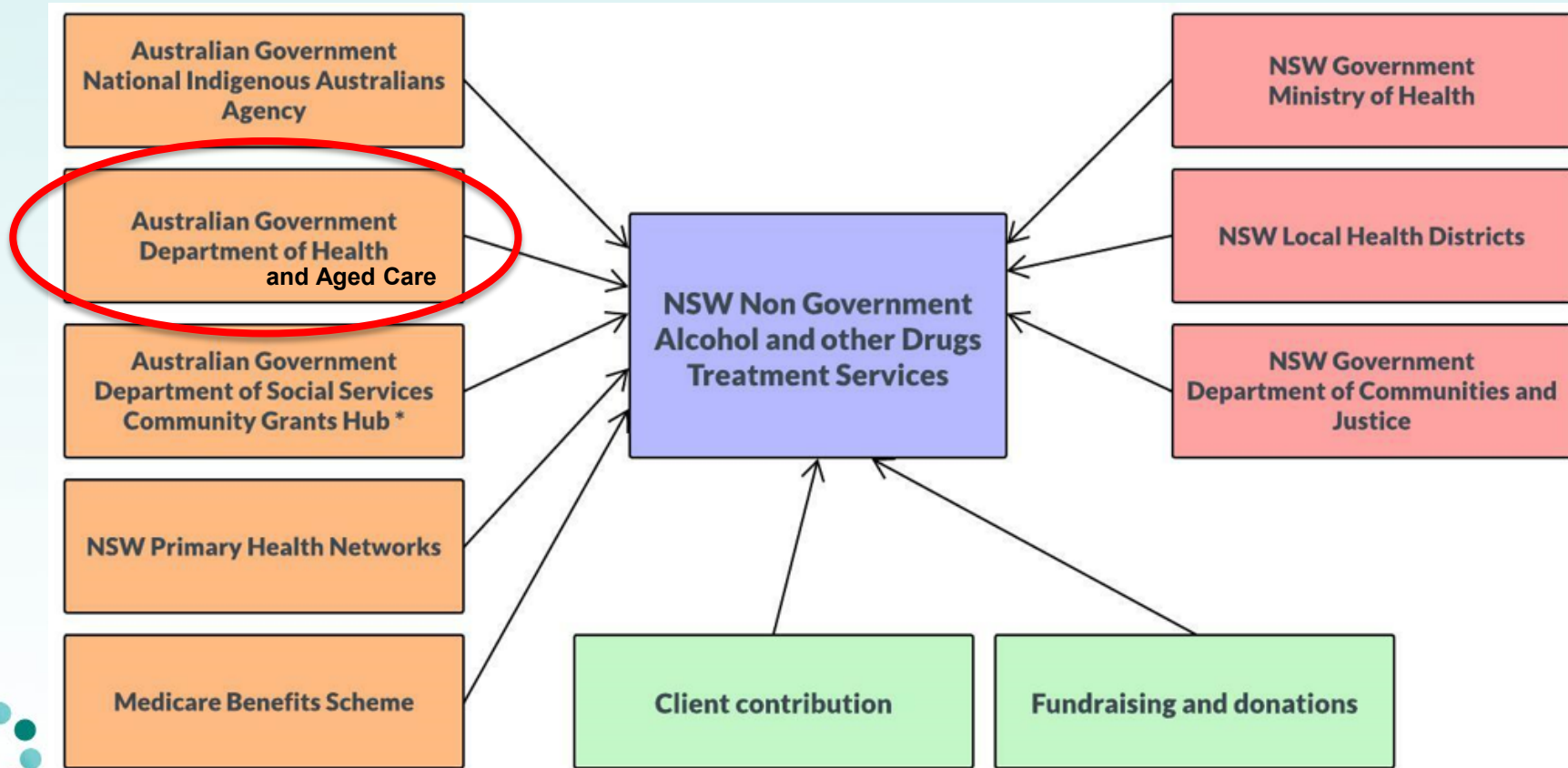
# Service level measures

**Outcome**

- # and % of people that report an improvement in overall quality of life – the most important
- # and % of people with reduction in severity of dependence
- # and % of people that report a reduction in AOD use
- # and % of people that report a reduction in risk behaviour related to AOD use
- # and % of people that report that they achieved their own treatment goals

- # and % of people that report an improvement in mental health

What tools to use?

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# Context: funding and measures



* Department of Social Services provides funds, but also provides grants management for Department of Health AOD treatment grants via the Community Grants Hub.

# Recommendations

1. Development of a national AOD performance framework

2. Performance measure specifications to be developed for the core set of measures

3. All funders of NSW NGO AOD treatment providers include the measures in contracts

4. Additional performance measures to supplement the core set of measures that respond to the needs of specific priority populations

5. Establish governance arrangements to monitor performance against the national AOD performance framework, with clear alignment to the National Drug Strategy

6. Future research on utilisation and interpretation of the data collected

# Are we making measurement matter?

# What we are not measuring

- Does the profile of workforce reflect the people accessing our services?

- Do we have a strong living and lived experience workforce?

*More indigenous workers, you know, for the indigenous community. They have a better understanding and understanding where they're coming from 'cause the white man can't understand where the black man's coming from and what is going through his life.*

*The workers there they don't look down on you for relapsing, eh? You know, they support ya. It's good that the counsellors are there as well. Like also ex-addicts. And so they can walk us through where we're going through 'cause they've been through it themselves.*

- Service user participants

# Any questions

Contact me: robert@nada.org.au

**References:**
Stirling, R., Ritter, A., Rawstorne, P., & Nathan, S. (2020). Contracting treatment services in Australia: Do measures adhere to best practice? *International Journal of Drug Policy*, 86. https://doi.org/10.1016/j.drugpo.2020.102947

Stirling, R., Nathan, S., & Ritter, A. (2023). Prioritizing measures to assess performance of drug treatment services: a Delphi process with funders, treatment providers and service-users. *Addiction*, 118(1), 119-127. https://doi.org/10.1111/add.16038

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