

“Are we there yet?”: Routine Outcomes Measurement (ROM) in Australian specialist AOD treatment settings

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Aim: The symposium will showcase examples of routine outcomes measurement (ROM) in the AOD sector. It will use case studies to explore how outcome data are being used in clinical practice with people that access AOD treatment, the experiences of workers in ROM, utilising ROM at the service and system level, and reaching consensus on outcome tools internationally. It seeks to understand the progress that has been achieved, and explore where the AOD sector needs to head in order to ensure that ROM is meeting the needs of people what access AOD treatment, the AOD workforce, policy makers and funders.

PRESENTATION 1: Using technology to digitally disrupt the delivery of outcome measures in Alcohol and Other Drug (AOD) services

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Introduction: The demand for AOD treatment in Australia greatly outweighs the available resources. Consequently, AOD services tend to prioritize the volume of AOD service delivery over quality. Value-based Healthcare (VBHC) which shifts the focus away from the volume of service delivery towards client outcomes, provides a potential solution to these problems. The implementation of Core Outcome Measures (COMs) is at the cornerstone of VBHC. However, relatively few efforts to implement COMs have succeeded due to the challenges involved. This presentation describes how technology has been used to streamline the delivery of COMs in a large AOD service.

Method: Over the past 5 years we worked in partnership with Lives Lived Well (LLW) staff and clients to identify a standard set of COMs, address individual, organizational and system barriers to their adoption, and developed a novel online system which collects COM data directly from clients at service entry, 1 and 3 months follow up.

Results: The COM system was implemented into 167 LLW programs across 426 staff in April 2020. Between September 2020 and May 2021, 7,335 clients completed 13,024 COMS (5,952 in outpatient services). Overall, 73% of outpatient clients completed COMs at service entry, 42% and 19% of whom completed the 1 and 3 month follow ups. The system potentially saved 6000 hours of counsellor time (at \$31-34/h), representing an estimated cost saving of \$186,000-204,000. Strategies for increasing COM completion (e.g., automatic client/staff feedback, progress mapping, personalized emails) are currently being trialed.

Discussion: The implementation of an online client COM system had a large impact on the capacity of LLW services to assess client outcomes. The impact of this on client, staff and service outcomes will be reported.

Implications for Practice or Policy: The collection of COMs directly from clients could increase the efficiency, efficacy and cost-effectiveness of AOD services.

PRESENTATION 2: Foundations for the future: Development and implementation of clinical outcomes and quality indicators for public sector AoD services in NSW

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Introduction: The NSW Clinical Outcomes and Quality Indicators (COQI) Framework is based on a collaboration between AoD services, consumers and university groups since 2009. It aims to develop systems to identify, monitor, and benchmark

- (a) characteristics of clients attending AoD services
- (b) whether services are being delivered according to clinical care standards, and
- (c) client reported outcomes regarding substance use, health and social conditions

The COQI Framework positions the measurement and feedback of outcomes and quality indicators within routine treatment delivery relating it directly to client centred care.

Approach: Outcomes and quality measures are embedded in the electronic medical record system to allow for data to be collected at point of care and be made available for use by clients, service managers, and policy makers. The two central element of the COQI Framework are the Australian Treatment Outcomes Profile (ATOP), a validated 21-item clinical tool assessing substance use, clinical risks, social conditions, and client-rated measures of psychological and physical health and quality of life; and the Clinical Care Standards (CCS) for AoD Treatment.

Key Findings: The ATOP has been validated across a range of clinical populations and has clinical cut off scores. An ATOP outcomes metric has been developed using data driven approaches (eg RCI), paired with clinician and consumer consultation; this identified the amount of 'change' required to be considered both statistically and clinically meaningful.

Discussions and Conclusions: The COQI framework provides a basis for clinical benchmarking and for the development of AoD focused Better Value Health Care approaches.

Implications for Practice or Policy: The CCS implementation package will support services to ensure staff competence (through a Competency based workforce development package) and ongoing application of the clinical care standards including outcomes measurement (through a clinical informatics). Consumer focused resources are also in development.

Implications for Translational Research: The embedded COQI framework provides the foundation for pragmatic trials.

PRESENTATION 3: What is a 'good' outcome? Using routine outcomes measurement to benchmark

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Introduction and Aims: The Network of Alcohol and Other Drugs Agencies (NADA) is the peak body representing non-government AOD treatment services in New South Wales. For over 10 years NADA has supported its member services to select, implement and embed routine outcomes measurement (ROM) into client treatment. The NSW NGO AOD treatment sector is in a unique position to demonstrate how ROM can shape treatment at the individual, service, and system level.

Design and Methods: NADAs engagement of the NGO sector and strong research partnerships have seen the collection of ROM embedded in therapeutic practice. Review of validated measures and consultation with service providers contributed to the establishment of the ROM data set. NADA built and modified an online data system and provided implementation training and ongoing data support. Research partnerships informed reporting functions in the database and effectiveness indicators were developed.

Results: Since 2010, 21 572 unique people have completed at least one NADAbase Client Outcome Measure. NADA organisations have had the opportunity to explore individual, service, and sector-level data. Conclusions have been drawn about treatment types, how substances shape a person's response to treatment and the differences that gender, age and length of treatment can have. Calculated effectiveness indicators for measures of symptom distress (Kessler-10), substance dependence (Substance Dependence Scale), and quality of life (EUROHIS Quality of Life Scale) were also established for the total sample - residential rehabilitation ($n = 8161$) and community-based ($n = 10\,306$) treatment services.

Discussion and Conclusions: The volume of data and establishment of effectiveness indicators provides the opportunity to establish clinically significant change benchmarks. Establishing benchmarks assists in shaping treatment in real-time for people accessing treatment, inform service-level interventions and shape policy approaches.

Implications for Practice or Policy: Benchmarking with ROM data has the potential for AOD treatment provision to become more responsive to the people accessing support, improve the quality of the interventions a service provides and enhance accountability at a systems level.

PRESENTATION 4: International Consortium for Health Outcome Measurement (ICHOM) A Tobacco, Alcohol, other drug and behavioural addiction instrument, The development of a broad and inclusive international outcome measurement consensus approach.

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Introduction and Aims: Value-based healthcare focuses on achieving the best outcomes for patients relative to the associated costs. We aimed to develop consensus for a globally applicable, minimum Standard Set of outcome measures for people who seek treatment for addiction

Design and Methods: An international, multidisciplinary Working Group of 26 addiction experts was convened by the International Consortium for Health Outcomes Measurement (ICHOM). Over eight teleconferences (December 2018-March 2020), we followed a structured, consensus-building process. At each teleconference, evidence-based proposals for the minimum Standard Set content were discussed. Evidence was generated through a systematic review of empirical studies, a scoping review of related grey literature and existing measurement initiatives, and input from service-user representatives. Consensus was reached using Delphi and anonymous voting methods. The Standard Set was reviewed by 157 professionals and people with lived experience internationally.

Results: The final Standard Set covers alcohol, substance, and tobacco use disorders, gambling disorder, and gaming disorder in people aged 12 years and older. Recommended outcome domains are quantity-frequency, symptom burden, health related quality of life, global functioning, psychosocial functioning, and overall physical and mental health and wellbeing. Standard case-mix (moderator) variables and measurement timepoints are also recommended.

Discussion and Conclusions: Implementation of the minimum Standard Set will facilitate shared decision-making, quality improvement, and cost reductions. The Set is freely available for adoption in healthcare settings globally to improve consistency of routine outcome measurement and evidence synthesis in addiction treatment. Anyone treating people with addiction can adopt the Set. It is being implemented in a number of international settings to date.

Symposium Discussion

Discussion Section: The interactive component of the symposium aims to engage those attending to share any differing perspectives on ROM based on their own treatment setting, research, and/or jurisdiction. It will seek to understand the views of diverse participants, such as consumers, practitioners, researchers, policy makers and funders on ROM. We will explore if there is a shared national view of ROM and how this can be best used at the person, service and system level.

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