

Measuring outcomes in health
settings – concepts to apply to
community care

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Overview

- ◆ What we mean by an outcome
- ◆ Why measure outcomes
- ◆ A brief introduction to our outcome centres
- ◆ How we measure outcomes in our outcome centres
- ◆ Benchmarking cycle
- ◆ What we have learned and how this applies to community care

Outcome

A change in an individual or group of individuals that can be attributed (at least in part) to an intervention or series of interventions

3 key ideas:

- ◆ change
- ◆ attribution
- ◆ intervention

Outcome
 \neq
Health status

Why measure outcomes?

- ◆ Fit with policy environment of personalised care
- ◆ Leads to improved quality
- ◆ Outcomes are an individualised measure linked to a person's needs and goals

Outcomes, Needs and Goals

- ◆ individualised measure
- ◆ linked to a person's needs and goals

Types of Need

- ◆ Normative need
- ◆ Expressed need
- ◆ Comparative need
- ◆ Felt need

(Bradshaw 1972)

Goals

- ◆ A simple statement /s
- ◆ The purpose of care
- ◆ People can have many goals
- ◆ A set of goals needs to be individualised and cannot be assumed

Types of Outcomes

- ◆ Maintenance outcomes
- ◆ Change outcomes
- ◆ Process outcomes

Level of Outcomes

- ◆ Consumer
- ◆ Carer
- ◆ Service provider
- ◆ System / program

Outputs and Need

- ◆ Measured outputs do not equate to meeting people's needs

Outputs vs Outcomes, Miller, 2008

Service Led Output Focused	Outcomes focused
Current tools encourage information gathering through standardised question and answer approaches to assessment, support planning and review	Decision making informed by semi-structured conversations with individuals in assessment, support planning and review
Tick box approach to assessment	Analytical skills involved in assessment
The person's views may be included in decision-making	The person's views/preferences are central to decision making
The person is viewed as a client, service user or patient	The person is a citizen with rights and responsibilities

Outputs vs Outcomes (cont)

Service Led Output Focused	Outcomes focused
Where needs link to strict eligibility criteria, the assessor is required to maximise individual difficulties to access services	Outcomes allow preventive work to take place while services and resources are prioritised for those most in need
If the person is deemed eligible, identified needs are matched to a limited range of block provided services, resulting in service driven approaches	Identifying outcomes involve considering a range of solutions/strategies including the role of the person, family supports and community based resources

Outputs vs Outcomes (cont)

Service Led Output Focused	Outcomes focused
Where needs are tied to eligibility criteria, preventive work with people with low level needs may be excluded	Outcomes allow preventive work to take place while services and resources are prioritised for those most in need
Focusing exclusively on deficits and difficulties, and how needs are to be met, results in a focus on tasks and in services which do things to people	By focusing on strengths, capacities and goals, while mindful of limitations, the role of the person is maximised. Services do things with people

Outputs vs Outcomes (cont)

Service Led Output Focused	Outcomes focused
Matching needs/deficits to services tends to result in static service delivery	Outcomes may change in the person's life journey and so should be revisited
Where outcomes are identified, these tend to be professional or organisational outcomes e.g. improved nutrition, or avoid delayed discharge	Outcomes are what matter to the person, though often consistent with professional and organisational outcomes e.g. being able to get out and about.
Starting from what services are currently available restricts communication and limits options	Starting from the person's priorities supports enabling relationships, creates clarity and identifies goals at an early stage.

How do you assess an 'outcome'?

Whose assessment counts?

The Person

- ◆ Stay at home as long as possible
- ◆ Function as independently as possible
- ◆ Have maximum confidence, choice and control
- ◆ Have friends
- ◆ Have things to do
- ◆ Come to terms with loss
- ◆ Be happy

How do you assess an 'outcome'?

Whose assessment counts? (cont)

The Carer

- ◆ Maximum wellbeing of person and carer
- ◆ Minimum carer burden
- ◆ Choice and control in determining services

The Provider

- ◆ Maximum improvement
- ◆ Minimum burden on the service system

The Payer

- ◆ Maximum improvement at minimum cost?
- ◆ Minimum burden on society?

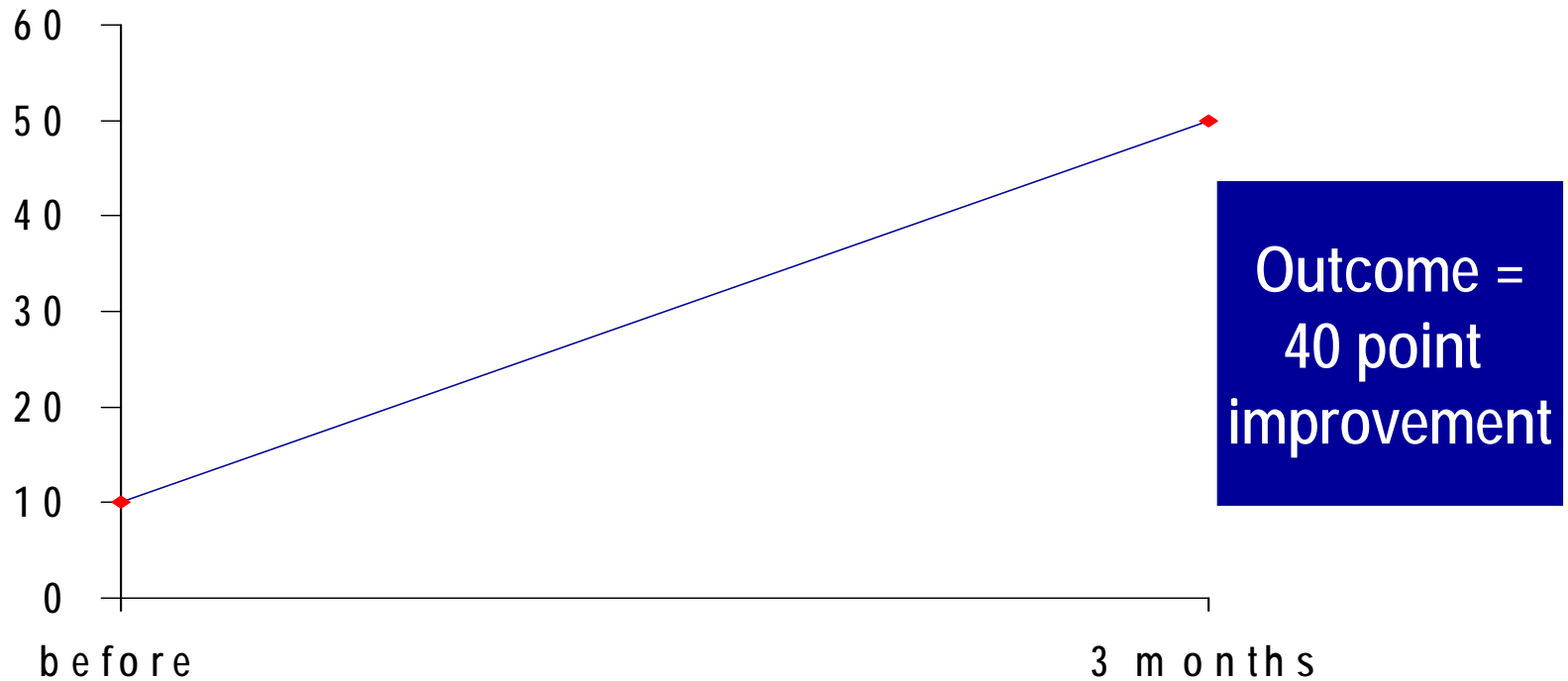
Outcomes assessment can't be a one-off event

- ◆ Need reassessment, based on a protocol:
 - Significant event (e.g., fall, carer crisis, hospital admission)
 - pre-agreed time periods (e.g., 6 or 12 monthly)
- ◆ Types of outcomes at these points:
 - alive or dead (level 1)
 - better or worse (level 2)
 - better or worse than expected (level 3)
 - value for money (level 4)

Before and after

- ◆ Health outcome = difference in health status 'before and after' intervention.
 - grounded in an acute care paradigm in which sick patients receive treatment and, as a result, get better.
 - the way that clinicians (and consumers) typically judge the success of most health care interventions.
- ◆ Of limited value in measuring the outcomes for people with protracted and chronic illnesses.
 - Some people have conditions that last a life time.

Outcomes: Before and After



The difference before and after the intervention

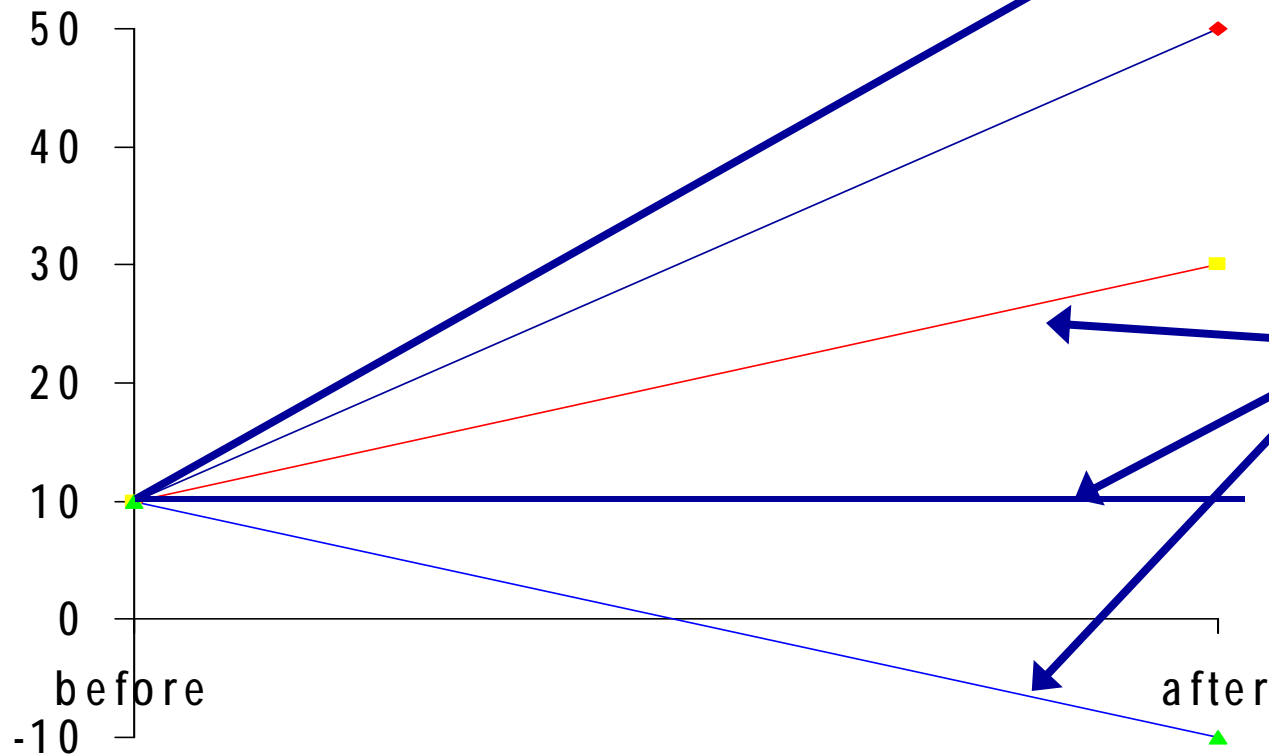
Measuring outcomes - before and after

- ◆ 2 or more points of time
- ◆ 'Outcome' is the difference between the two
- ◆ Two possible outcomes at these points:
 - alive or dead (level 1)
 - better or worse (level 2)

With and without

- ◆ Health outcome = the difference between the person's quality of life and health status if they had received no intervention (or another type of intervention) and that person's expected quality of life and health status with the intervention.
- ◆ Includes outcomes for both consumers and carers.

Outcomes: With and Without



Outcome with this intervention is now either -20, 20, 40 or 50 points improvement, depending on what might have happened with no intervention or another type of intervention

The expected difference with and without an intervention

Measuring outcomes - with and without

- ◆ 2 or more points of time
- ◆ ‘Outcome’ is the difference between the two points in time, taking into account what might have happened without the intervention
- ◆ Four possible outcomes at these points:
 - alive or dead (level 1)
 - better or worse (level 2)
 - better or worse than expected (level 3)
 - value for money (level 4)

Why measure consumer outcomes?

◆ For research and clinical learning

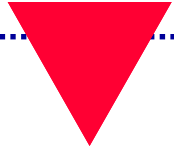
- What works for which consumers

◆ To support communication

- Between service providers and across sector (common language)
- Between service providers and consumers

◆ For use in service delivery

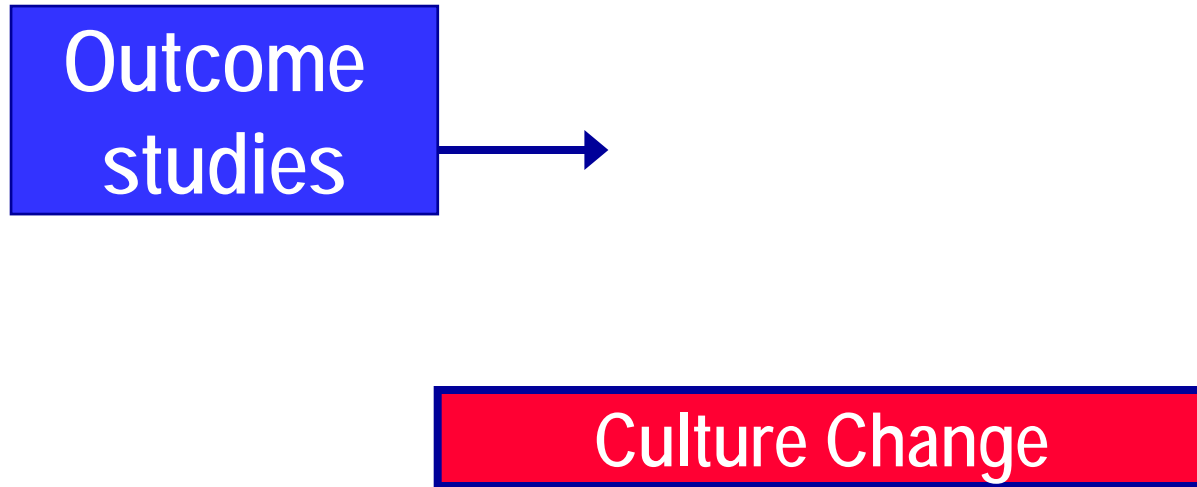
- To assess and monitor consumer progress and outcomes
- To demonstrate to purchasers that service provision is effective and value for money



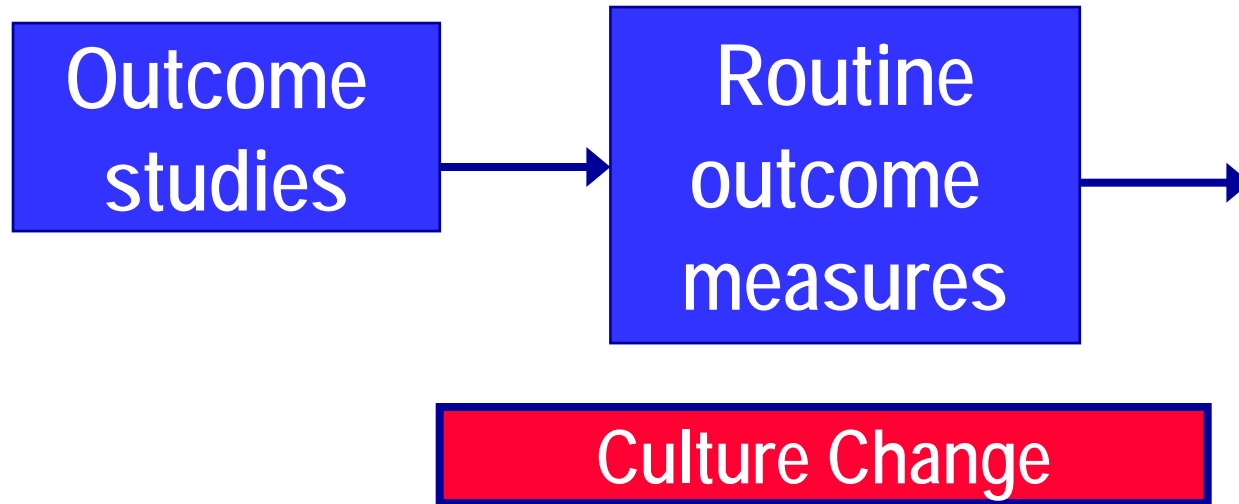
A development cycle for outcomes
assessment and benchmarking

But it's a bit more chaotic in practice!

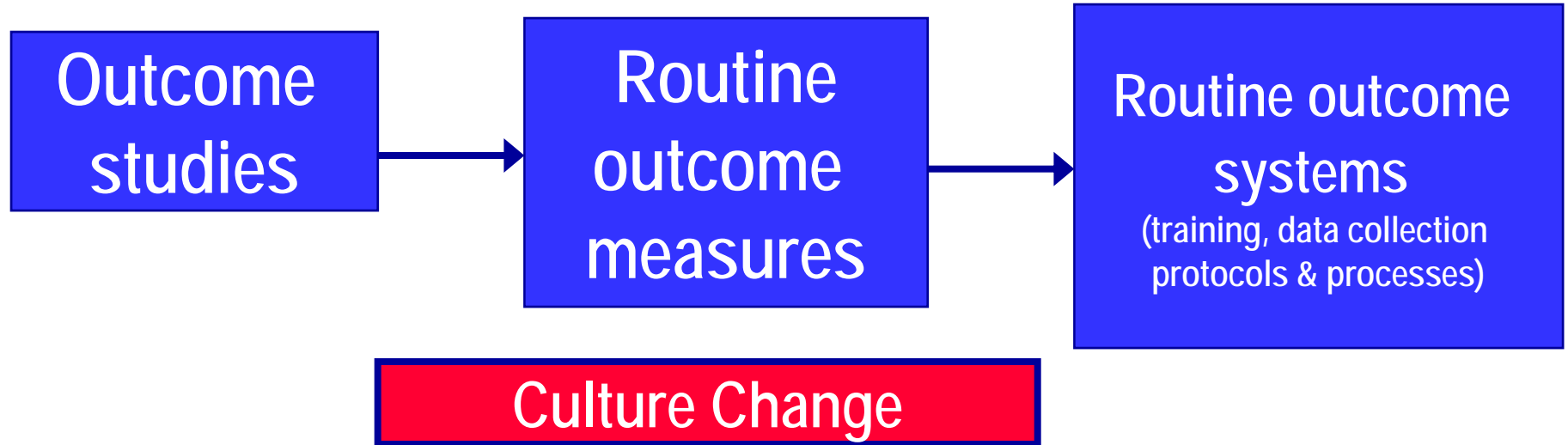
One off studies



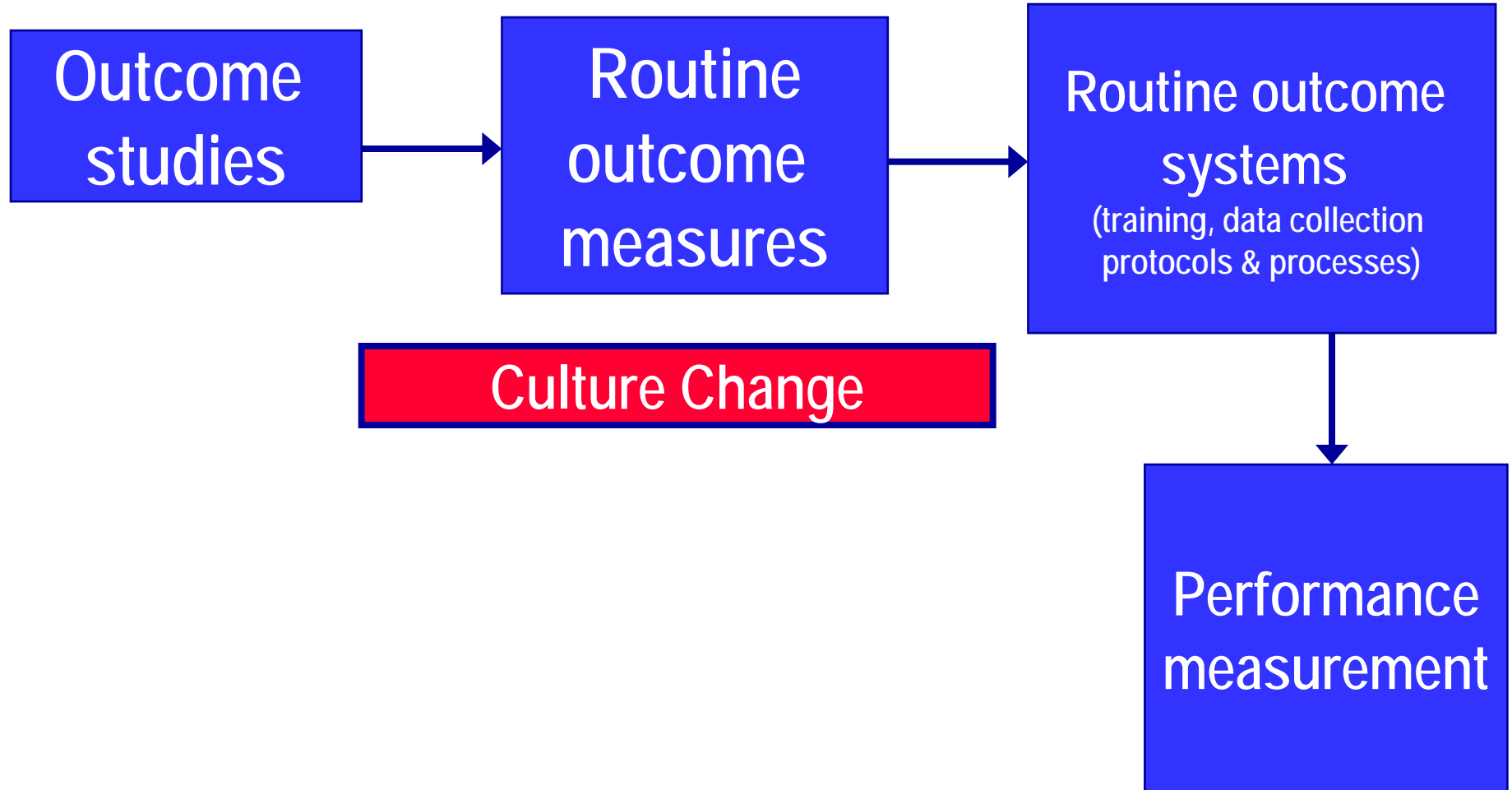
Routine measures



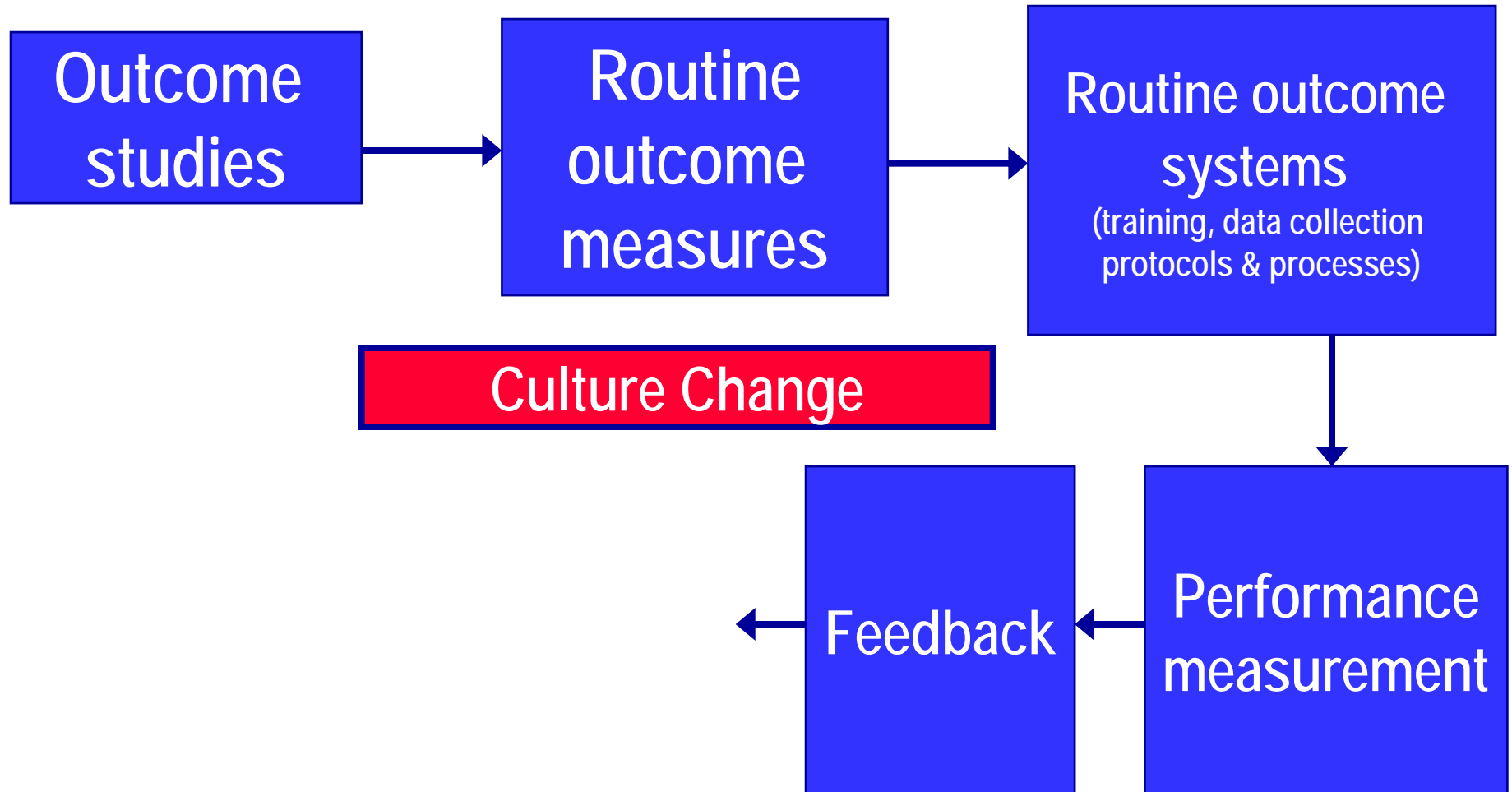
Establish systems



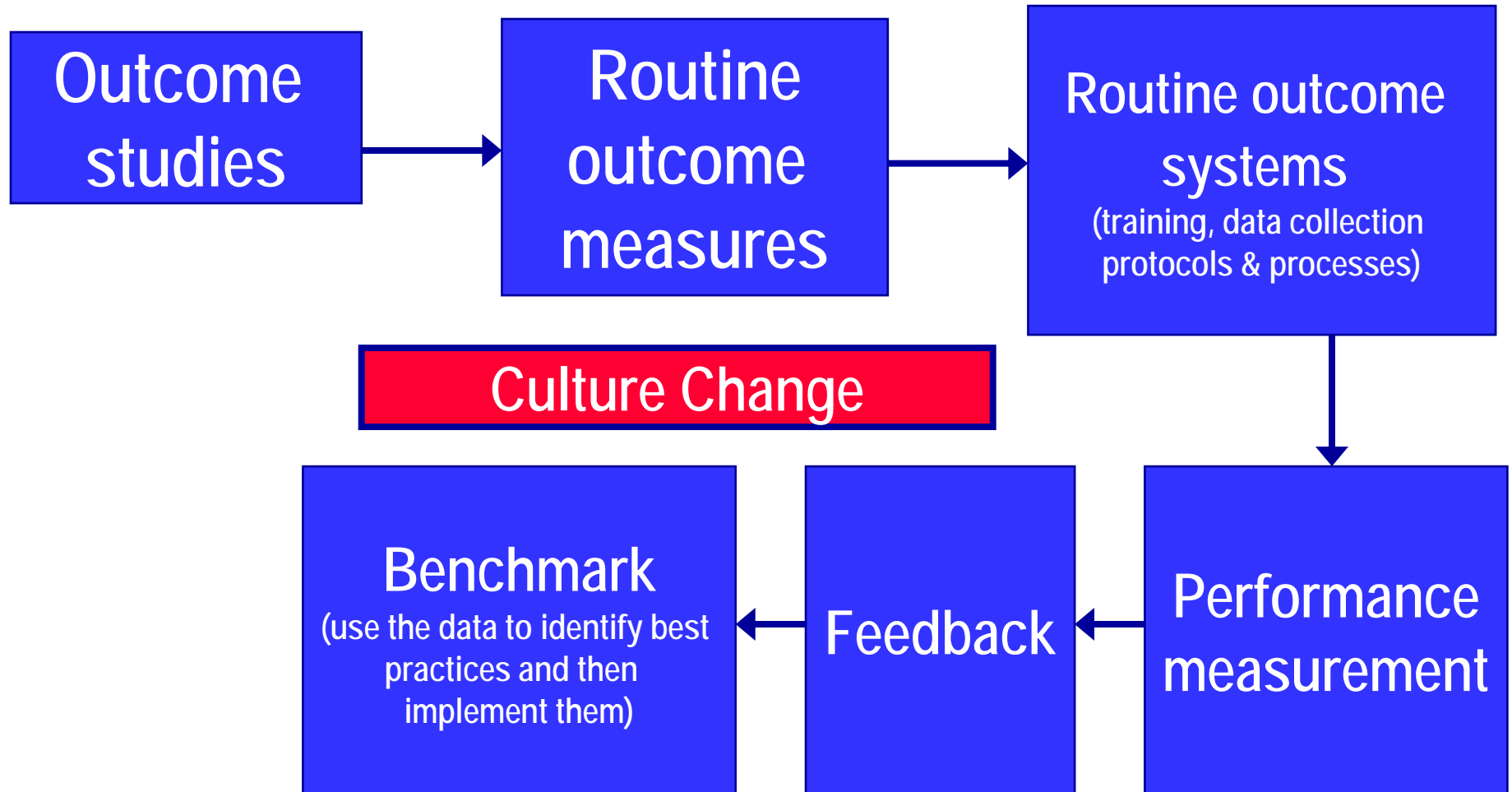
Measurement



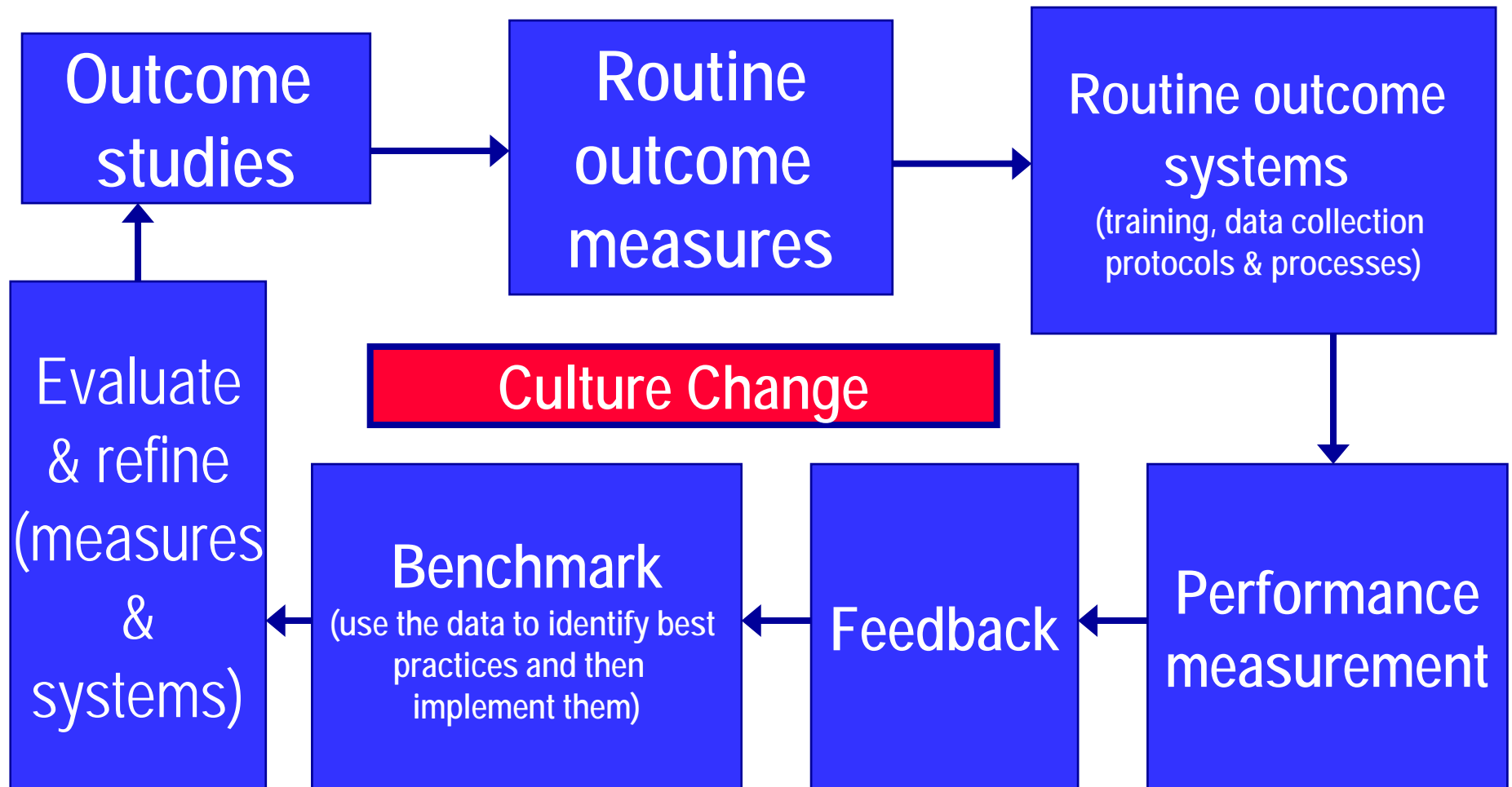
Feedback



Benchmarking



The benchmarking cycle

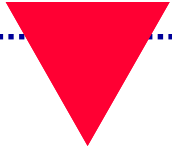


Clinical registries & benchmarking initiatives

- ◆ Increasing evidence that clinical registries in acute and sub-acute care lead to improved clinical outcomes
- ◆ International momentum is gathering to develop new clinical registries as quality-improvement measures. (McNeil et al, 2010)

AHSRI clinical repository & benchmarking initiatives

- ◆ Australasian Rehabilitation Outcome Centre (AROC) Started in 2002. Participating services: 372
- ◆ Palliative Care Outcomes Collaboration (PCOC) Started in 2005. Participating services: 130
- ◆ electronic Persistent Pain Outcomes Collaboration (ePPOC) Started in 2013. Participating services: 33



PCOC and ePPOC

The Palliative Care Outcomes Collaboration (PCOC)

- ◆ Initiated by federal Department of Health
- ◆ Four university collaboration
- ◆ Scope is multidisciplinary specialist palliative care services (public, private and NGO) in Australia

PCOC collaboration

- ◆ Australian Health Services Research Institute University of Wollongong (Professor Kathy Eagar)
- ◆ Institute of Health & Biomedical Innovation Queensland University of Technology (Professor Patsy Yates)
- ◆ Department of Palliative & Supportive Services Flinders University (Professor David Currow)
- ◆ Cancer & Palliative Care Research & Evaluation Unit University of Western Australia (A/Professor Claire Johnson)

The electronic Persistent Pain Outcomes Collaboration (ePPOC)

- ◆ Initiated by Faculty of Pain Medicine
- ◆ Australian Pain Society, PainAustralia and other stakeholders all involved in development and implementation
- ◆ Scope is multidisciplinary chronic pain management services (largely hospital outpatient) in Australia and New Zealand

How PCOC and ePPOC work

- ◆ Work with services to incorporate patient outcome measures **into routine practice**
- ◆ Provide ongoing support through training and assistance with IT
- ◆ Analyse the data and provide feedback on the results to individual services - reports every 6 months
- ◆ Facilitate benchmarking with other services
- ◆ Assist services with practice quality changes
 - Quality Improvement Facilitators (QIFs)

Approach to pain management

Pain management is core business in both palliative care and chronic pain management, however strategies and approaches differ

PCOC

- ◆ Aim is for patient to be pain-free
- ◆ Opioids are used routinely in clinical practice

vs

ePPOC

vs

- ◆ Aim is often to help patient live with the pain
- ◆ Goal is to minimise use of opioids

Validated tools used

PCOC

- ◆ PC Phase
- ◆ SAS
- ◆ PCPSS
- ◆ AKPS
- ◆ RUG-ADL

ePPOC

- ◆ Brief Pain Inventory (BPI)
- ◆ Depression Anxiety Stress Scale (DASS21)
- ◆ Pain Self Efficacy Questionnaire (PSEQ)
- ◆ Pain Catastrophising Scale (PCS)

Patient rating and proxy ratings

PCOC

- ◆ Varies by service and setting but about:
 - Patient – 50%
 - Family / carer – 40%
 - Clinician – 10%

ePPOC

- ◆ All assessment tools are patient rated (with parents rating young children)

Patient outcome measures - PCOC

- ◆ Time between ready for care and episode start
- ◆ Time in unstable phase
- ◆ Change in pain and symptoms (from start to end of phase)
 - Adjusted for client classification system

Unit of counting - PCOC

- ◆ Episodes of care broken up into Palliative Care Phases (stage of illness):
 - Stable
 - Unstable
 - Deteriorating
 - Terminal
- ◆ The 'outcome' is the change from the beginning to the end of each phase

Patient outcome measures - ePPOC

- ◆ Pain interference, intensity and frequency
- ◆ Mood and cognition
- ◆ Opioid and other drug use
- ◆ Health service utilisation (e.g. ED, hospital admissions)
- ◆ Ability to work/study

Unit of counting - ePPOC

- ◆ Outcomes measured from:
 - Referral to episode start
 - Episode start to episode end
 - Start to end of each treatment ‘pathway’ within an episode
 - ◆ Group program, individual appointments
 - 3 months after discharge from the service

Benchmarking

- ◆ Service providers want to know how they are going compared to other service providers
- ◆ Need to compare similar service delivery to similar consumers (apples to apples, not oranges)
- ◆ Need for a classification system for consumers, more sophisticated than level of Home Care Package (e.g., low function, no carer, no cognitive impairment)

Benchmarking (Cont)

- ◆ Need to provide opportunities for service providers to learn ‘best practice’ from each other, e.g.,
 - * confidential reports comparing one service’s results to similar services,
 - * benchmarking workshops, where service providers can meet with others to discuss improvements
- ◆ Challenge of improving outcomes in a competitive tender culture

Benchmarking (Cont)

- ◆ Has led to significant improvements in performance in PCOC, ePPOC still in early stages

What we have learned

- ◆ More focus on consumer reported measures as the three centres have developed
- ◆ Sustainability depends on having clinically useful measures capable of routine collection
- ◆ Importance of measuring and reporting clinically significant change
- ◆ Importance of national approach and Quality Improvement Facilitators for quality improvement, not just for training

Outcomes in community care

- ◆ More complex environment
- ◆ More variability
- ◆ Availability and sustainability of carer is a critical factor
- ◆ Process of measuring outcomes in community care can build on the logic of health based outcome measurement systems

What to measure / when to measure?

- ◆ Information for outcome measurement should be a by-product of the information collected for care planning, not an additional piece of work.
- ◆ What is best practice care planning? i.e.: process, cycle, 'phases of care', what triggers a change in care plan, when to review etc.

What to measure / when to measure? (cont)

- ◆ What information is needed for ‘best practice’ care planning?
- ◆ Are we measuring outcomes for the care recipient, carer or the ‘carer dyad’ or a combination of all of these?

Conclusion

- ◆ The jury is in - measuring patient outcomes and benchmarking has been demonstrated to drive improvements in patient care
- ◆ There is much more to do in community care
 - Improving the evidence base
 - Implementing the evidence
 - Learning from each other

Further information

AHSRI - <http://ahsri.uow.edu.au>

PCOC - <http://ahsri.uow.edu.au/pcoc/>

ePPOC - <http://ahsri.uow.edu.au/eppoc/>

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- ◆ Bradshaw, J (1972). "The concept of social need." **New Society** 496: 640-643
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- ◆ Miller, E, Cooper, SA, Cook, A, and Petch, A (2008) "Outcomes important to people with intellectual disabilities" **Journal of Policy and Practice in Intellectual Disabilities** 5, 3, pp. 150-158
- ◆ Owen, A, Samsa, P, Fildes, D, Grootemaat, P and Eagar, K (2010) **Measuring outcomes in community care: an exploratory study** Centre for Health Service Development, University of Wollongong
[Link](#)