



What do 15 years of review and evaluation projects and routine outcome measurement programs add up to?

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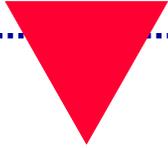
Australian Health Services Research Institute

University of Wollongong

AES Conference Sydney, 31 August 2011

# Overview

- ◆ Centre for Health Service Development (CHSD) and Australian Health Services Research Institute (AHSRI)
- ◆ What we have done in evaluation and routine outcome measurement programs and what we have learned
- ◆ Understanding our own impacts and outcomes
- ◆ Summing up by asking ‘so what?’
  - Qs: Implications for CHSD in a context of ‘health reform’



**CHSD** from 1993 to 2010;

inside Australian Health Services Research Institute

**AHSRI** from May 2011

Director: Professor Kathy Eagar

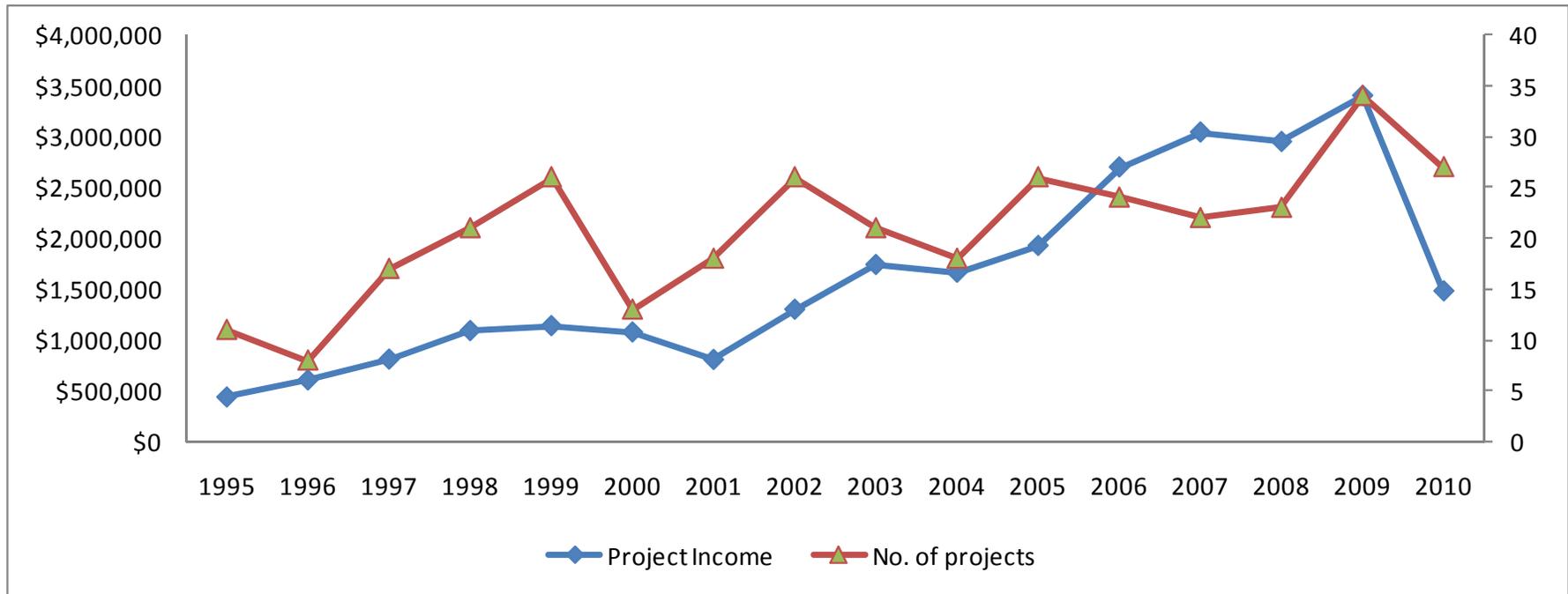
A University of Wollongong research centre that  
investigates how the health system works.

Evaluation projects, tools for service development and  
programs for routine outcome measurement, to make the  
system work better.

# About CHSD

*‘Combining Realism with Rigour’*

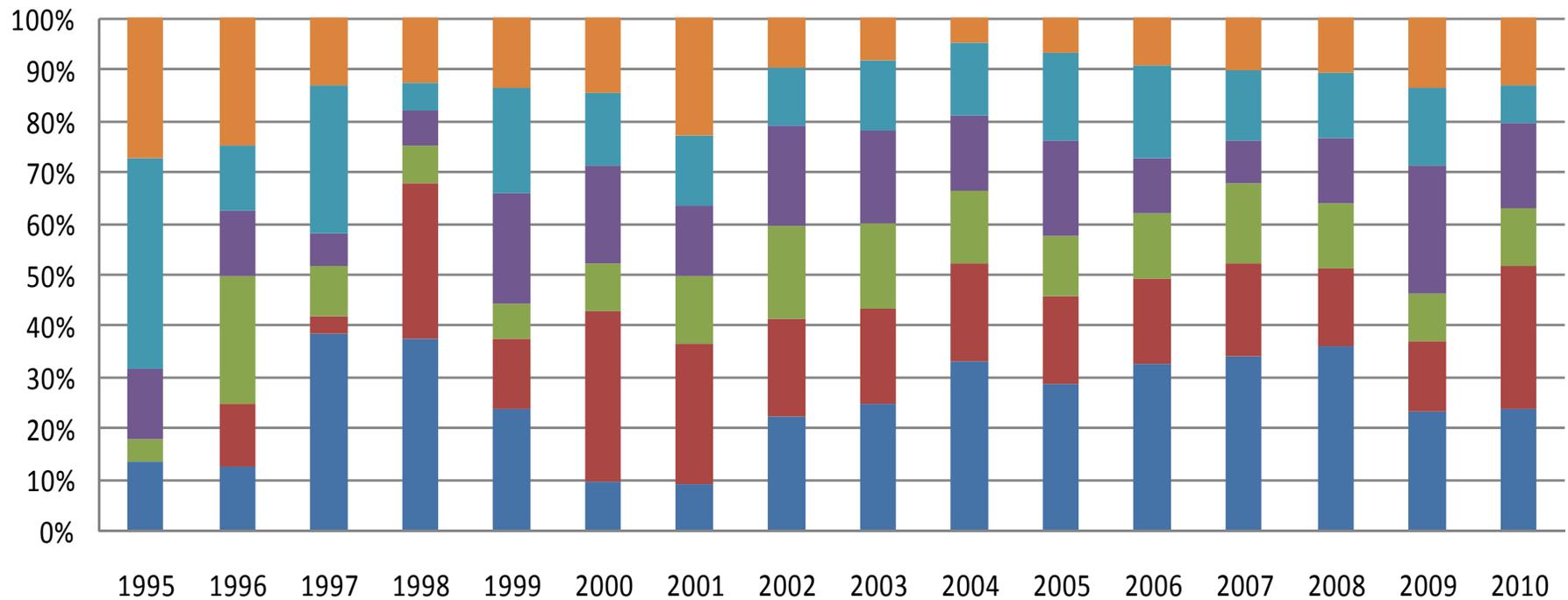
- ◆ Self-funded health services R&D centre - applied research
- ◆ 335 R&D *projects* over 15 years - mix of big and small, international, national, state and local projects



# Consistent research themes

## Percentage of Projects by Themes

- HS delivery, organisation & performance
- Care coordination & integration
- Health care outcomes
- Health policy & management
- Health & community care financing
- Casemix classification across settings



# 100 Evaluation Projects since 1995

## Big National Programs (>3 years)

- Mental Health Integration
- Illawarra Coordinated Care Trial
- Rural Palliative Care/Caring Communities/Care Planning
- Best Practice in Residential Aged Care
- Asthma Management Program
- Stephanie Alexander Kitchen Garden, etc

## Medium sized State based e.g. in demand management

- Sub-Acute Fast Track Elderly (NSW 2007)
- NSW Community Health Review (2008)
- Gold Coast Hospital Avoidance (Qld 2009), etc

## Small scale local– new models and organisational reviews

- Community midwifery, ED primary care usage
- Southern Suburbs Integrated Case Management
- Review of headspace Illawarra, etc

# Examples of Evaluation Projects in *2010*

large

- ▶ National Asthma Management Program (3 years)
- ▶ National Best Practice in Residential Aged Care (3 years)
- ▶ Dementia Quality Care Initiative (3 years)
- ▶ Cancer Australia - Gynaecological Cancers (series over 3 years)
- ▶ Caresearch Evaluation (latest in a 3 yr series)
- ▶ Private Rehabilitation programs (6 months)
- ▶ **Measuring Outcomes in Community Care (>10 year summary)**
- ▶ **Disability - Assessment of the 2010 school leavers (from 2003 >)**
- ▶ The Effect of Student Placements on GP Income (6 months)
- ▶ Southern Suburbs Integrated Case Management (Year One)
- ▶ Triple Care Farm - Integrated Intervention Project (ongoing)

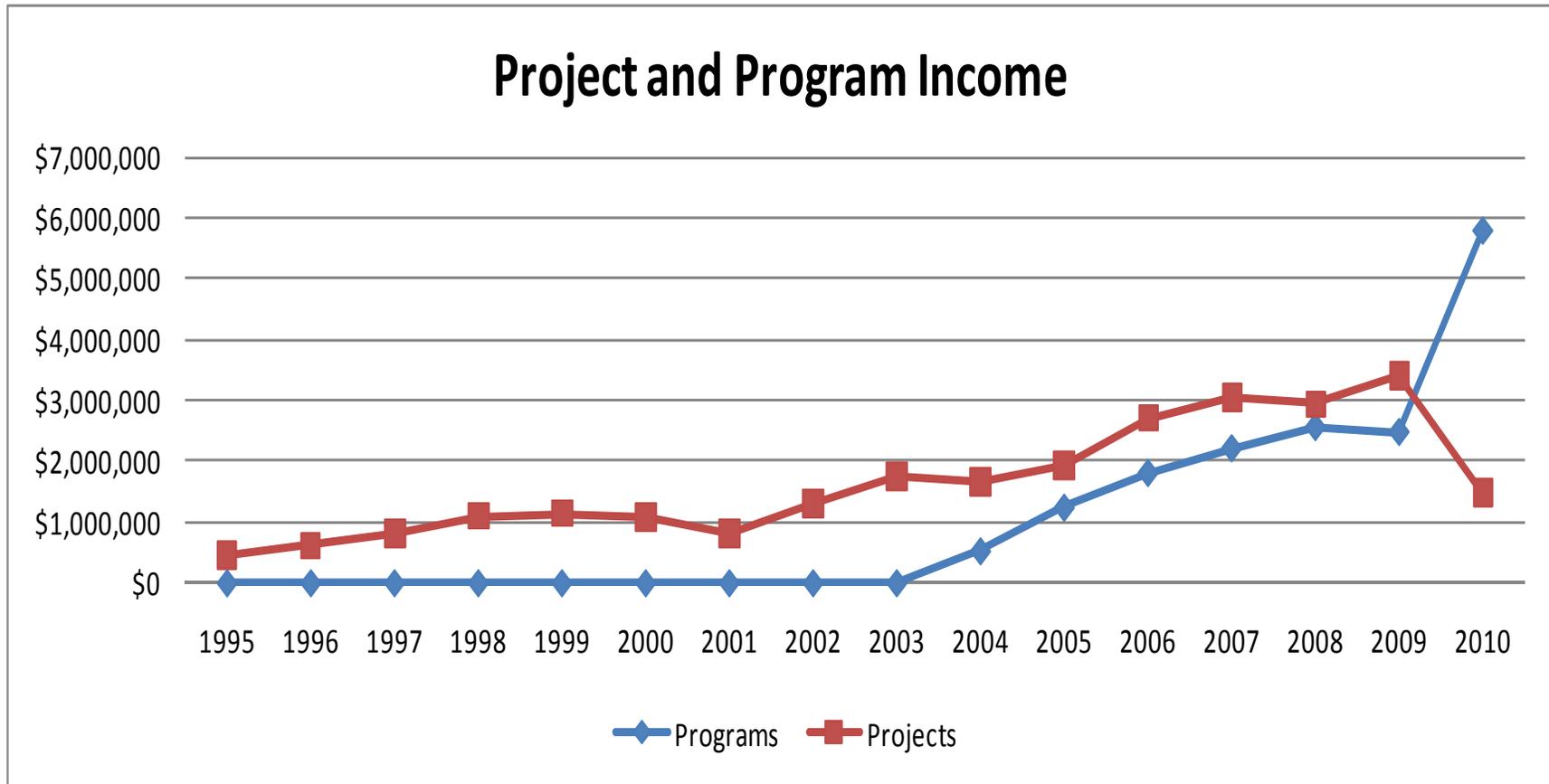
small

National

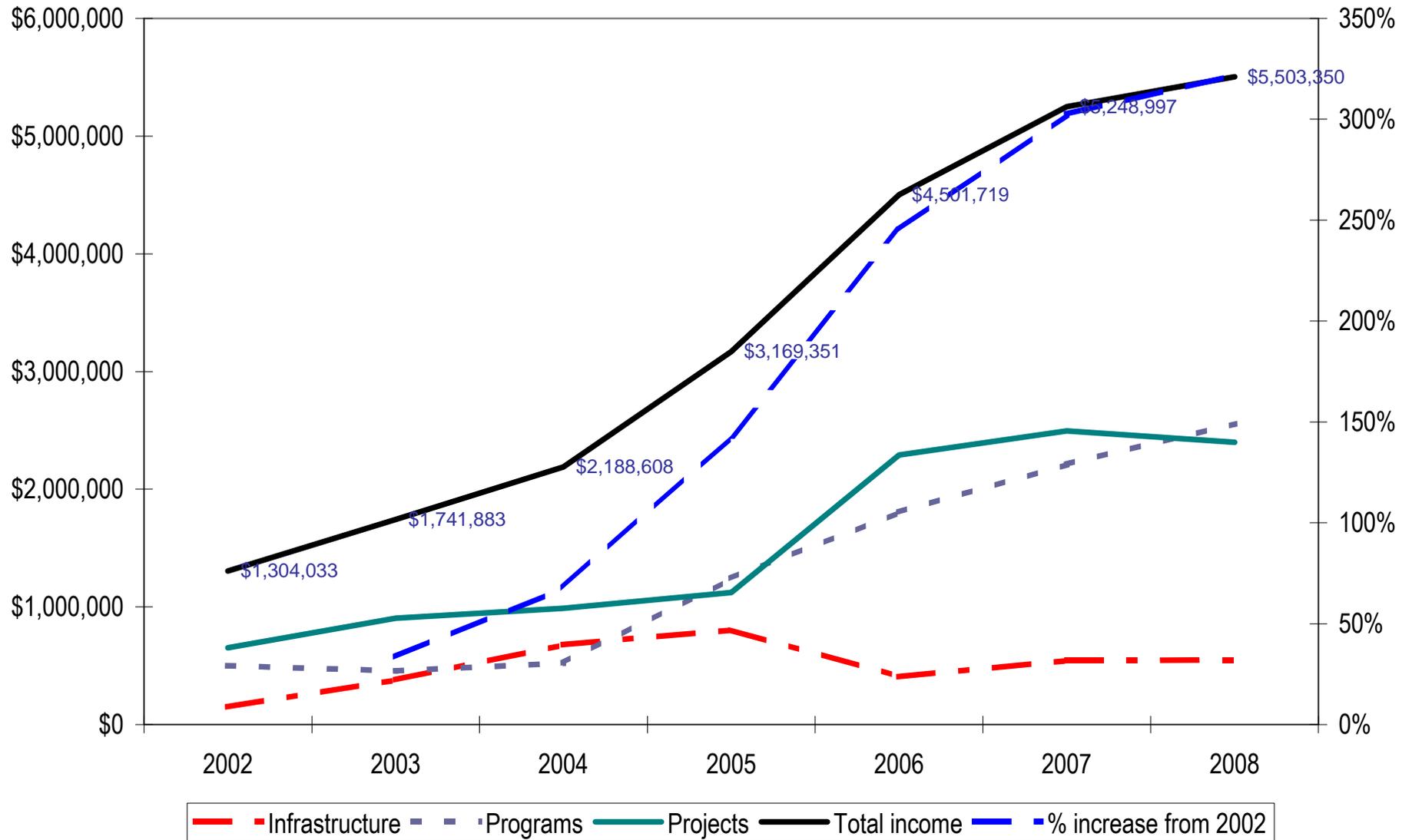
State

Local

# From Projects to Programs



# Planned rapid growth period: CHSD R&D income 2002-2008



# Summing up CHSD

That's a nice bunch of projects, and we've kept very busy ... but so what?

We think there are measurable ways of looking at our own impacts and outcomes as applied researchers & evaluators:

1. Evidence of standardising outcome measures in routine practice
2. Evidence of building capacity and sustainability in the Centre and in the health and community care sectors

Hawe, P., King, L., Noort, M., Gifford, S., and Lloyd, B. (1998). *Working invisibly: health workers talk about capacity-building in health promotion*. Health Promotion International, 13, 285-295.

Pluye, P., Potvin, L., and Denis, J. (2004). *Making public health programs last: conceptualizing sustainability*. Evaluation and Program Planning, 27: 121-133.

# Theory: more sustainable impacts by promoting a program focus on outcomes

Grown out of the 1994 sub-acute and non-acute  
classification study (AN-SNAP) using data from 104 sites  
and

**Australian Health Outcomes Collaboration (AHOC)**

first sub-centre, papers, conferences, evaluation

**Australasian Rehabilitation Outcomes Centre (AROC)**

Joint venture with College of Rehab Physicians

**Palliative Care Outcomes Collaboration (PCOC)**

Four Universities, quality improvement,

In 2011

## 8 Research Centres grown out from CHSD and now organised as Programs within AHSRI:

*(in order of appearance)*

Centre for Health Service Development (CHSD)

Australian Health Outcomes Collaboration (AHOC)

Australasian Rehabilitation Outcomes Centre (AROC)

Palliative Care Outcomes Collaboration (PCOC)

Australasian Occupational Science Centre (AOSC)

Australian Centre for Clinical Terminology and Information (ACCTI)

National Casemix and Classification Centre (NCCC)

Centre for Applied Statistics in Health (CASiH)



# Evidence of making an impact: ahsri

## *National Partnership Agreement on Hospital and Health Workforce Reform (2009)*

- ◆ National and State & Territory five-year sign-off via the Council of Australian Governments
- ◆ Schedule A (Activity-based funding - A13) requires common casemix classification and costing methodology in ED, sub-acute, O/P and Community Health (p.12 Stage 3 from 2012-2013 )
- ◆ Schedule C (Sub-acute care – C5) (p.24 - commence from 2009 ) *“Agreements ... in working with national data collection agencies (such as AROC and PCOC)”*

## ... 'so what?'

- ◆ We can show we have measurable improvements in *standardisation* and *routine clinical monitoring systems*
- ◆ In our evaluation frameworks we use indicators of *capacity building and sustainability*.
  - Adapted to our own CHSD tools - we also use crude consensus methods to assess ourselves over time in our Annual Report
  - Solving real world problems in the health sector and in populations is another matter - capacity building factors can be measured, as seen in our Palliative Care Evaluation toolkit (derived from Hawe et al. 2000)
- ◆ Measuring *knowledge transfer* is a continuing challenge
  - Universities are changing their systems for measuring research quality
  - Traditional publication output is necessary, but not sufficient
  - Web-based dissemination systems are evolving faster than we are!

# Indicators of impact and outcomes

To answer the question of what it all adds up to, we need evidence about the changes to routine practice that we can attribute to our efforts.

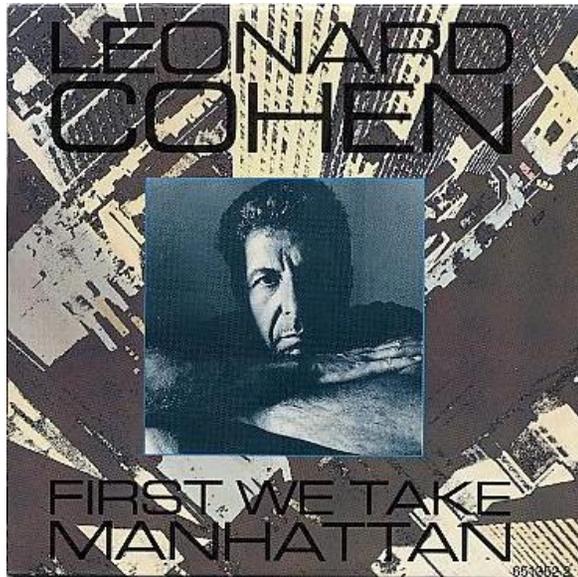
- ◆ Routine clinical data on outcomes in pall care and rehab, benchmarking, functional screen in HACCC MDS
- ◆ Getting paid for projects delivered on time and getting more work as a result is a good indicator –that may just be fashion - sustainable programs are better
- ◆ But, some outcomes can take years to become evident
- ◆ Academic publications – but hard to find the time and not our preferred audience

# Indicators of impact and outcomes

- ◆ Formative evaluations - build prototypes and tools, test and refine them
  - ◆ e.g. evaluation frameworks from coordinated care to palliative care to aged care to asthma management to kitchen gardens
  - ◆ Rural Palliative Care Program, Caring Communities, Care Planning, PC Evaluation Toolkit and PC evaluation ethics booklet
- ◆ Leave tools behind
  - ◆ SNAP software in sub-acute and non-acute care, functional screen, ONI/ACCNA in community care assessment systems
  - ◆ Literature reviews e.g. *Effective Caring* on DoHA website, *Family Matters* and Benevolent Society *Research into Practice Briefing; Victorian Child and Adolescent Monitoring System*

# Summing up

‘They sentenced me to twenty years of boredom, for trying to change the system from within ...’

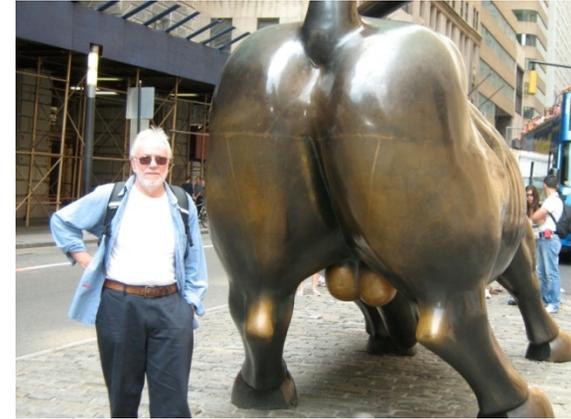


From the 1988 album *I'm Your Man*

- Making an impact through evaluation and applied research takes a long time.
- Evaluation projects are a necessary test bed, but not sufficient. Hard to overcome ‘pilotitis’. CHSD Evaluation Special Interest Group has helped.
- Designing tools and building systems for routine outcome measurement has been our preferred development strategy.

# '... First we take Manhattan...'

Starting with classifications in the *back end* of the hospital system - sub-acute and non-acute care - and in the community.



Now we are mixing with the *big end* of town – now the biggest AHSRI program is the National Casemix and Classification Centre (NCCC)

Re-developing the acute care DRGs for *Activity Based Funding* under the health reform; links to sub acute

The NCCC was awarded the contract to develop and release the 2012 Australian Refined Diagnosis Related Group (AR-DRG) Classification System that consists of the Australian Modification of the International Statistical Classification of Diseases and Related Health Problems (ICD-10-AM), the Australian Classification of Health Interventions (ACHI), and the Australian Coding Standards (ACS).

# ... then we take Berlin.'

- ◆ How does the Illawarra make it all fit together under the health reforms?
- ◆ Integration in Regional circumstances:
  - Illawarra Shoalhaven Local Health District + Medicare Local
  - Common identifier + data linkage across the mosaic of data sets
  - Aged care front end + after hours + hospital demand management
  - City Country Coast GP training
  - University of Wollongong specialists + informatics gadgets
  - GPs, NGOs, community health services, etc, etc, etc

... or maybe we should start in Wollongong?

'(people) make their own history, but they do not make it ... under circumstances chosen by themselves...'



Hawe, P., King, L., Noort, M., Gifford, S., and Lloyd, B. (1998). *Working invisibly: health workers talk about capacity-building in health promotion*. Health Promotion International, 13, 285-295.

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