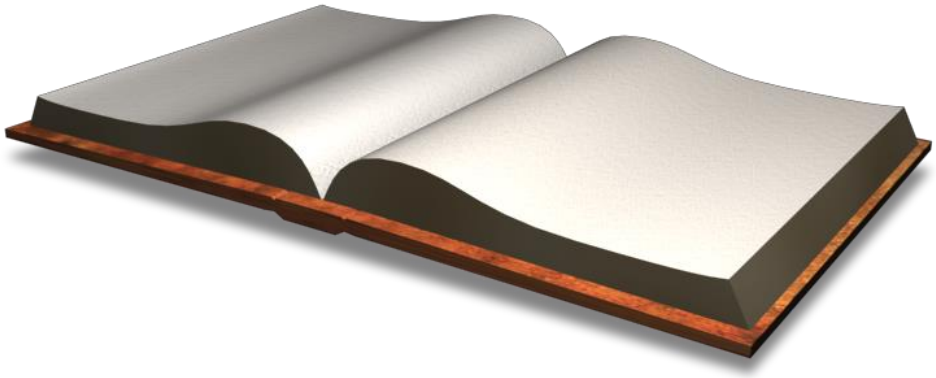
Social Outcome Indicators:

Telling a story with numbers

National Outcomes & Information Forum

Auckland, 27 June 2014

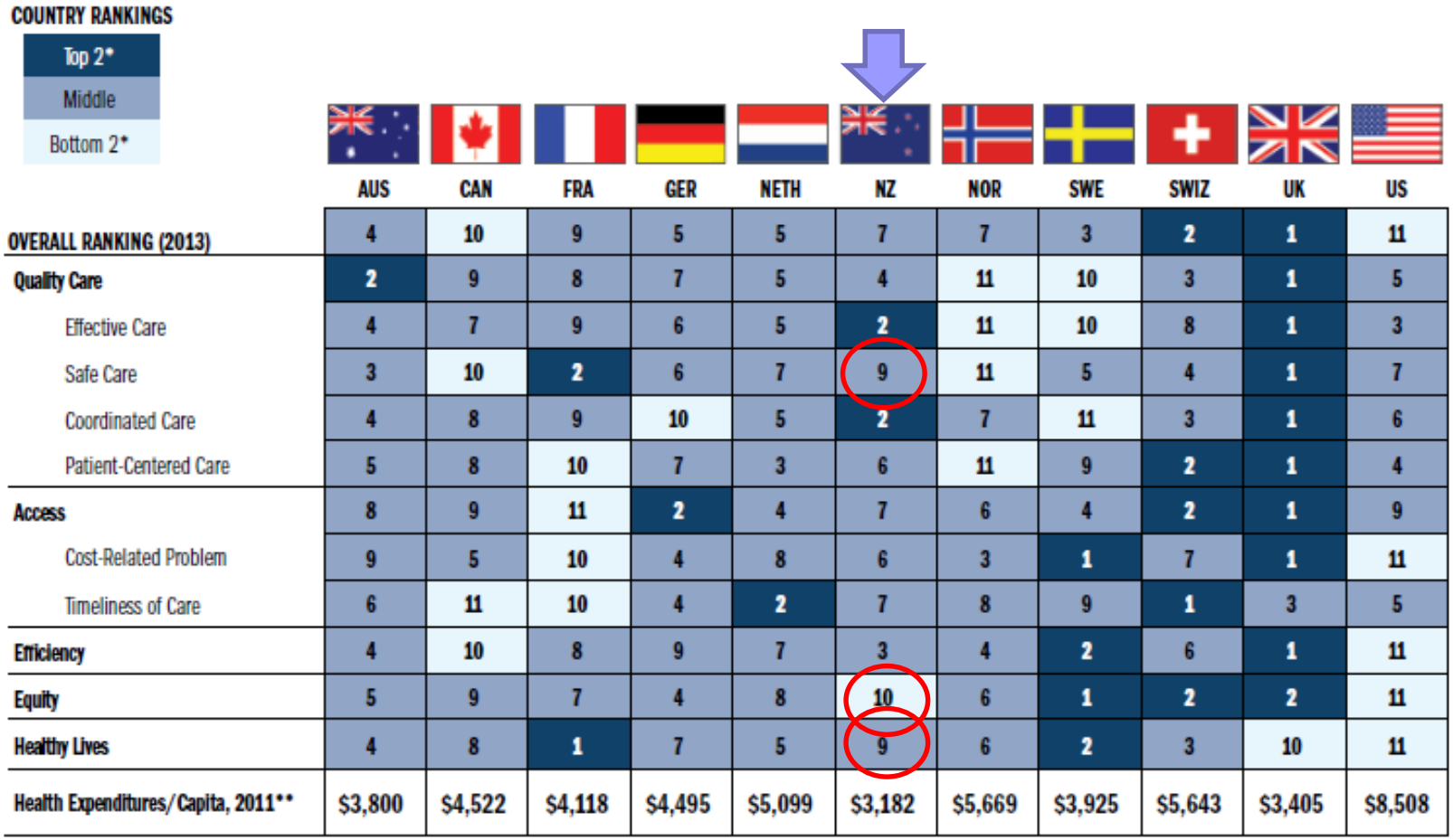
What is the story that we want to tell at a population level about the contribution of primary and secondary MH&A services to the health and wellbeing of local communities, and how best do we tell this story?



Today's MH&A health system

- Unaffordable
- Increasing inequities
- High social cost
- A "*cottage industry*"
- Technologically challenged
- Operating from an illness paradigm
- Payment & accountability systems incentivise a focus on inputs, outputs and processes of care.

How does NZ compare internationally?



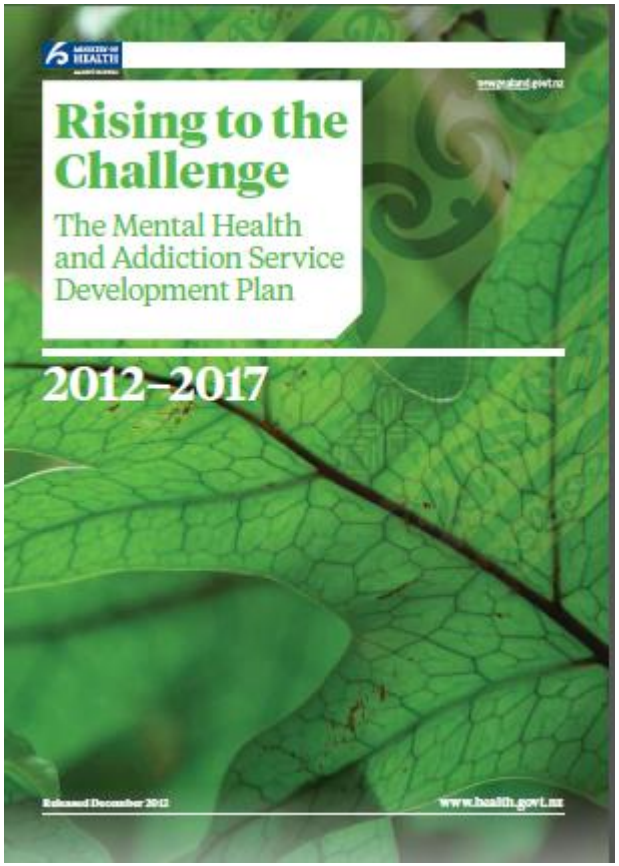
	AUS	CAN	FRA	GER	NETH	NZ	NOR	SWE	SWIZ	UK	US
OVERALL RANKING (2013)	4	10	9	5	5	7	7	3	2	1	11
Quality Care	2	9	8	7	5	4	11	10	3	1	5
Effective Care	4	7	9	6	5	2	11	10	8	1	3
Safe Care	3	10	2	6	7	9	11	5	4	1	7
Coordinated Care	4	8	9	10	5	2	7	11	3	1	6
Patient-Centered Care	5	8	10	7	3	6	11	9	2	1	4
Access	8	9	11	2	4	7	6	4	2	1	9
Cost-Related Problem	9	5	10	4	8	6	3	1	7	1	11
Timeliness of Care	6	11	10	4	2	7	8	9	1	3	5
Efficiency	4	10	8	9	7	3	4	2	6	1	11
Equity	5	9	7	4	8	10	6	1	2	2	11
Healthy Lives	4	8	1	7	5	9	6	2	3	10	11
Health Expenditures/Capita, 2011**	$3,800	$4,522	$4,118	$4,495	$5,099	$3,182	$5,669	$3,925	$5,643	$3,405	$8,508

Notes: * Includes ties. ** Expenditures shown in $US PPP (purchasing power parity); Australian $ data are from 2010.
Source: Calculated by The Commonwealth Fund based on 2011 International Health Policy Survey of Sicker Adults; 2012 International Health Policy Survey of Primary Care Physicians; 2013 International Health Policy Survey; Commonwealth Fund *National Scorecard 2011;* World Health Organization; and Organization for Economic Cooperation and Development, *OECD Health Data, 2013* (Paris: OECD, Nov. 2013).

Source: Davis, K., Stremikis, K., Squires, D. & Schoen, C. (2014) Mirror, Mirror on the Wall: How the Performance of the U.S. Health Care System Compares Internationally. The Commonwealth Fund.

Tomorrow's MH&A health system

- Affordable
- Equitable
- Integrated
- Person-centred
- Technologically agile
- Operating from a social determinants paradigm
- Payment and accountability systems which incentivise a focus on outcomes.



A change of direction

- Mental ill-health and addictions have huge personal, social and economic costs.
- We need to change what we are doing and how we are doing it.

Choosing the right horse for the course

Outcome measures for what purpose & what audience?……..

- Individual service users to help inform care.
- Service/ organisation to inform service improvement activity and/or for accountability purposes.
- Population for general monitoring purposes.

Mental Health Performance Measurement Matrix

LEVEL OF THE MENTAL HEALTH SYSTEM	TYPE OF INFORMATION			
	Input	Process	Output	Outcome
▪ Individual service user				
▪ Team				
▪ Programme				
▪ Organisation				
▪ Region/Area				
▪ State				
▪ National				

Source: Australian Benchmarking Manual, adapted from McEwan & Goldner (2001)

Different Purposes / Different Audiences

FOUR BASIC TYPES OF OUTCOME PATHWAYS

Source: ActKnowledge (2013) *Theory of Change: Technical Papers*

Selecting the area of interest

Shallow to Deep detail	Narrow to Broad scope			
	Mental health	Addictions	Primary care	Social services
▪ National				
▪ State				
▪ Region/area				
▪ Organisation				
▪ Programme				
▪ Team				
▪ Individual service user				

Source: Adapted from McEwan & Goldner (2001)

Six Things

SYSTEMS

EVIDENCE

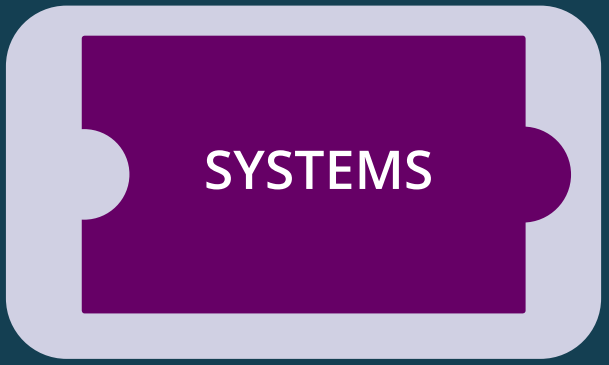
VALUES

INTEGRATION

SUSTAINABILITY

TECHNOLOGY

Systems



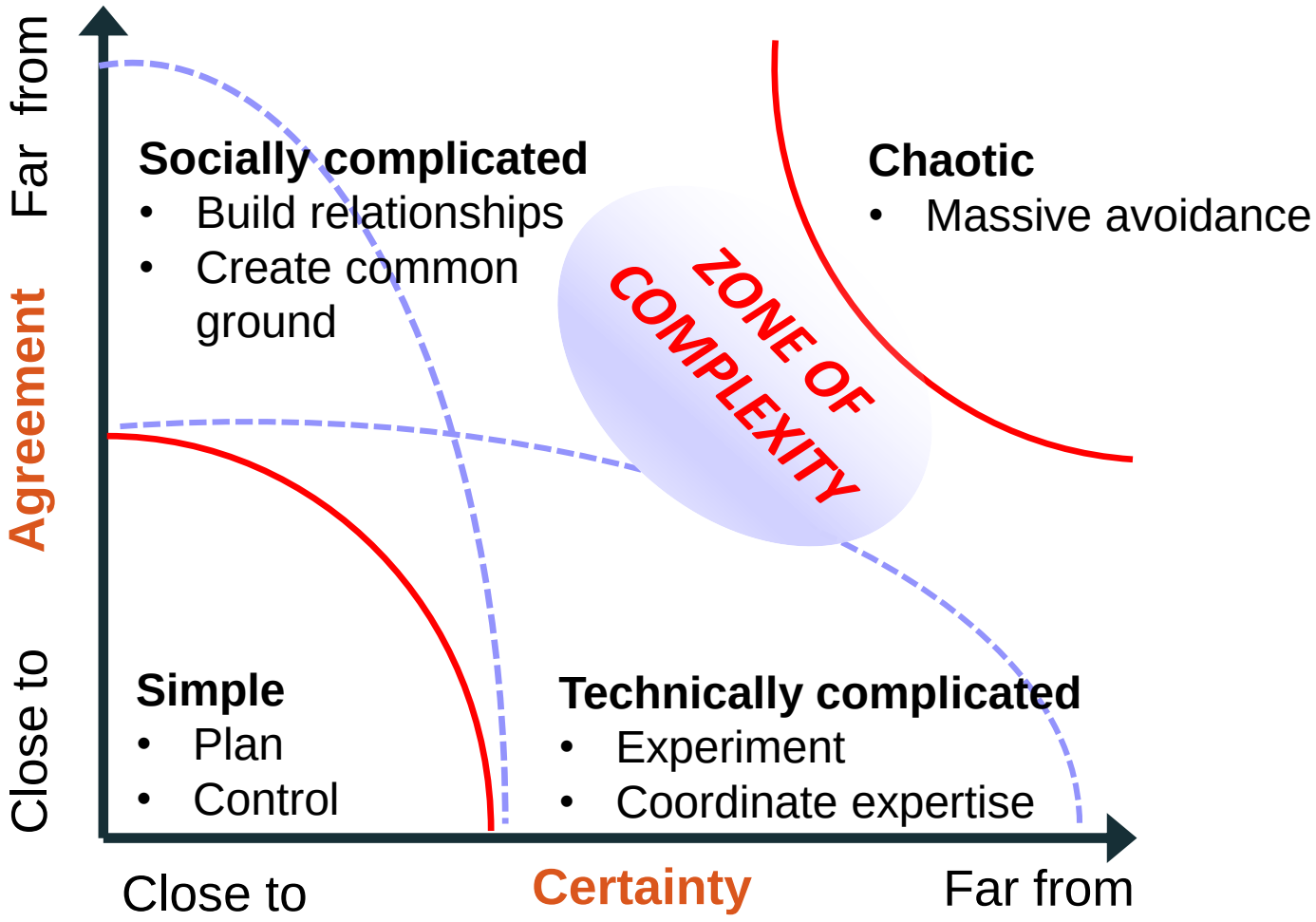
Increasingly, the systems field is being used to describe, and make sense of, complicated and complex situations that are not amenable to simple, easy solutions.

These ‘wicked problems’ are characterised by their messiness, unpredictability and complex interdependencies.

Implication:

In thinking about MH&A outcomes, where should we draw the boundary for the mental health & addiction system?

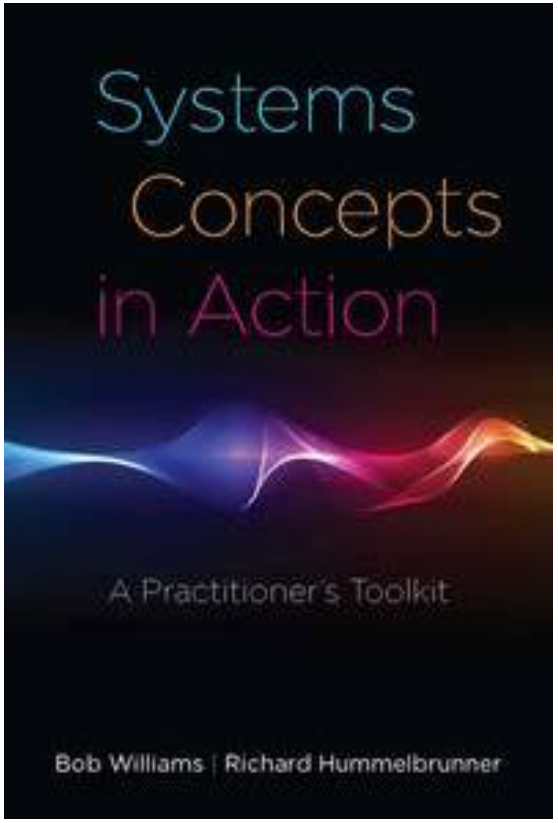
Working at the edge of chaos



Source: Adapted from Quinn Patton, M. (2011) Developmental Evaluation (p94)

SYSTEMS

Systems concepts

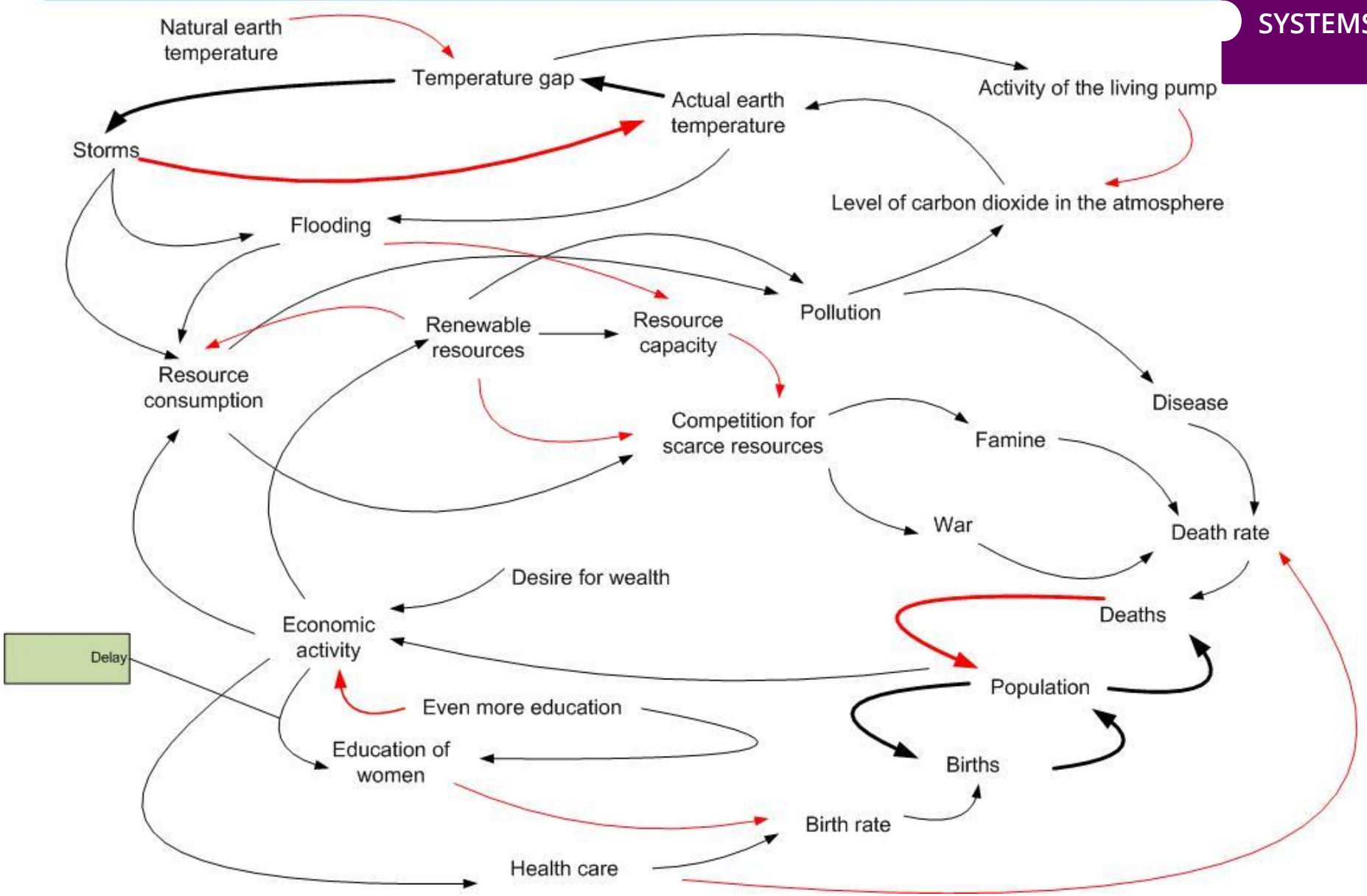


Three features that are common to all systems methods and approaches:

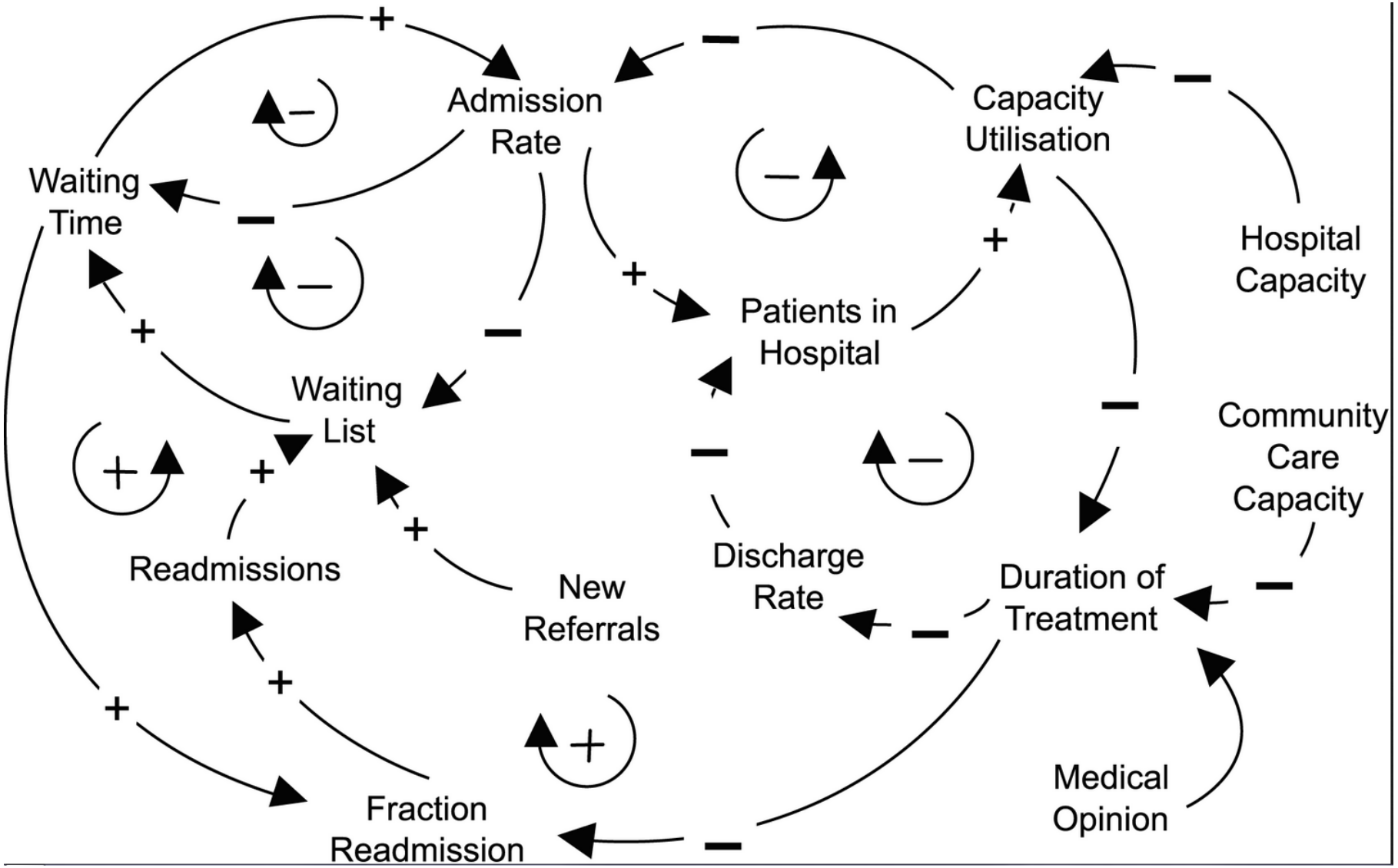
1. Boundaries
2. Multiple perspectives
3. Inter-relationships

Systems thinking applied to matters of public policy (reference: Sherwood, D. 2002, p268)

SYSTEMS

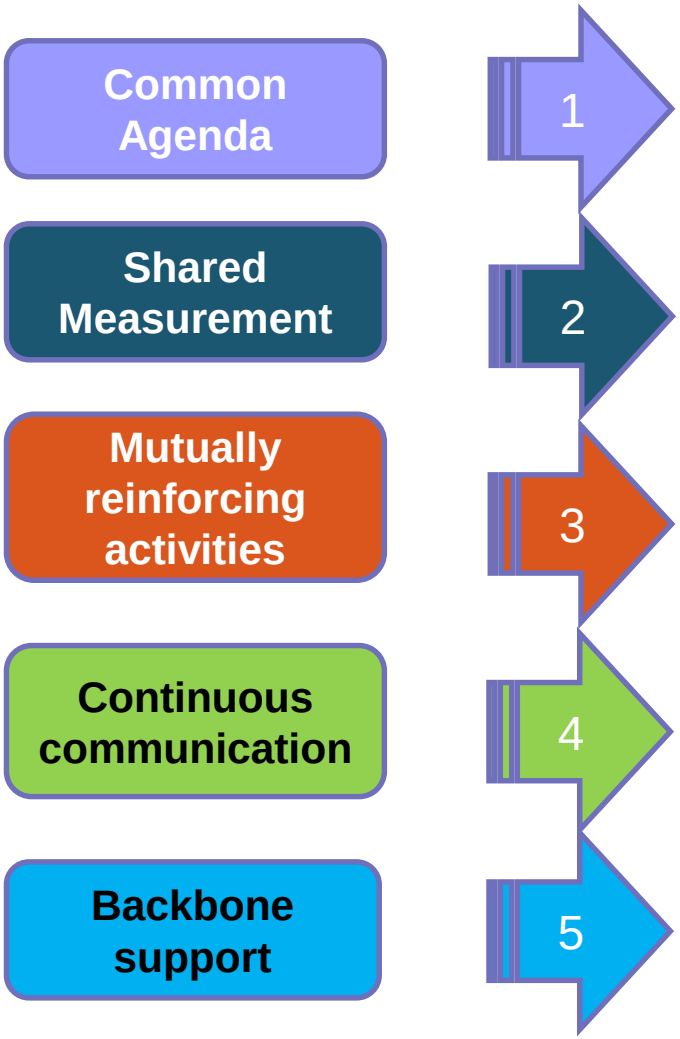


Causal loop diagram - inpatient admissions



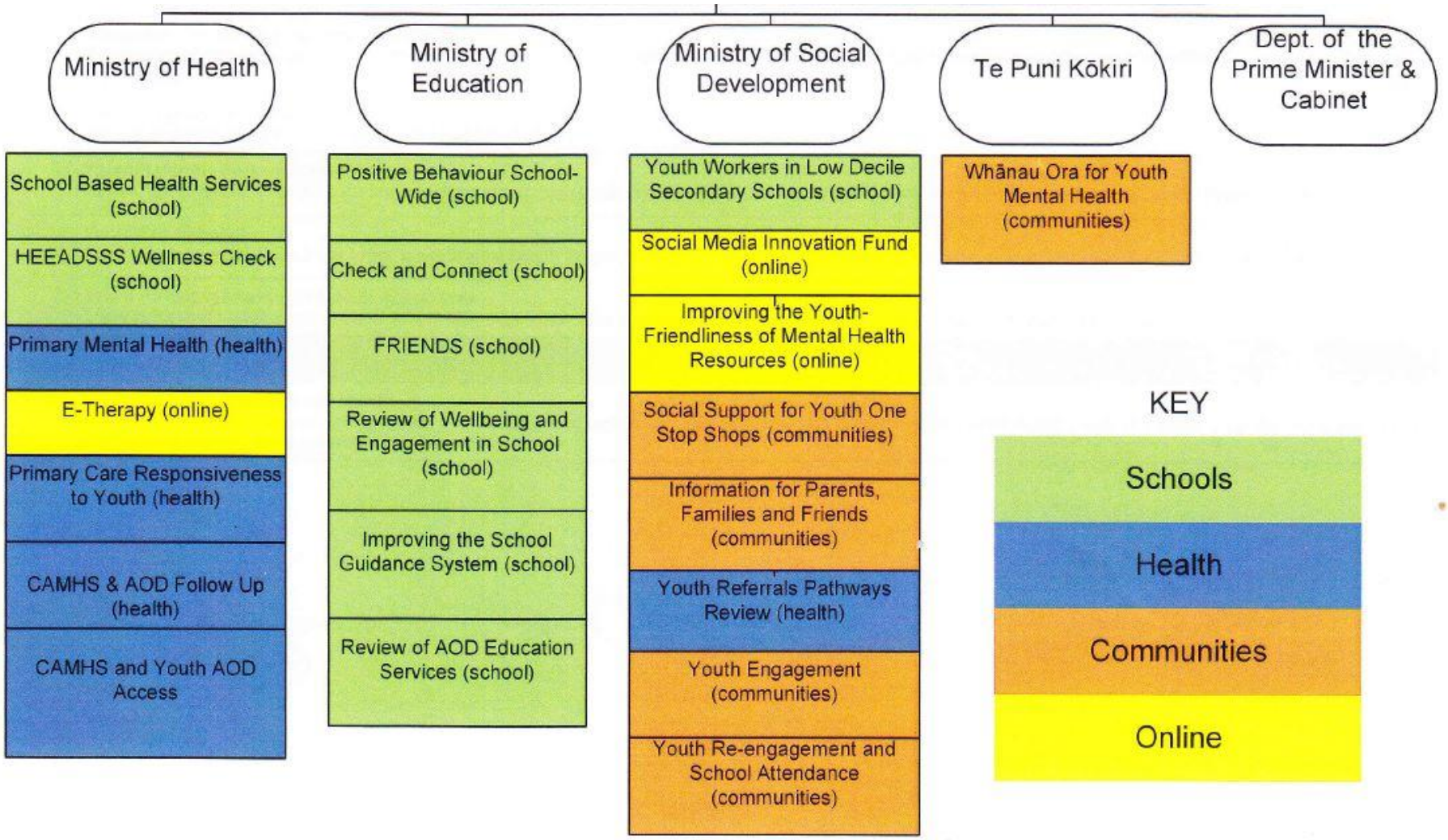
Source: http://www.emeraldinsight.com/content_images/fig/0240221103003.png

The Five Conditions of Collective Impact



Source: Hanleybrown, F., Kania, J., & Kramer, M. (2012). Channelling Change: Making Collective Impact Work. Stanford Social Innovation Review.

Youth mental health project



Problems are identified early	'Gatekeepers' are trained	Care pathways are known	Familes are supported	Treatment is accessible

Evidence

"The topic of what counts as 'credible evidence' is not one where consensus exists at this time in our history."

Donaldson (2009) p245

Implication:

We need to know what works best for whom, under what set of circumstances, and in what context?

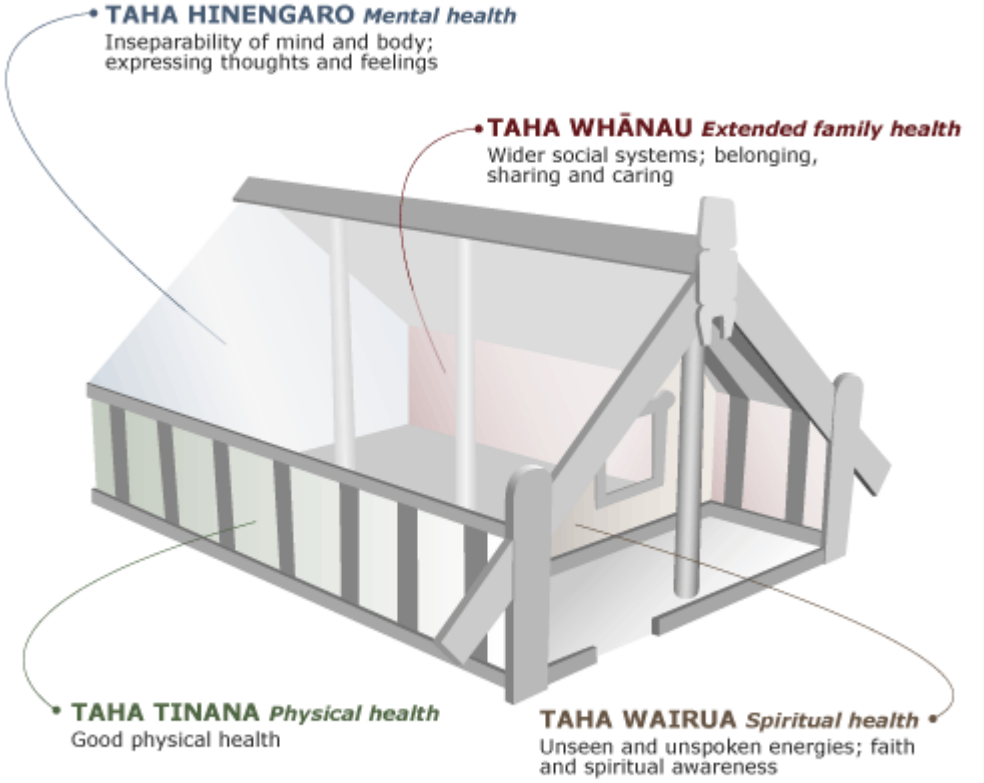
“Reality is frequently inaccurate.”

Douglas Adams (1980) The Restaurant at the End of the Universe.

EVIDENCE

EVIDENCE

What counts as credible evidence?

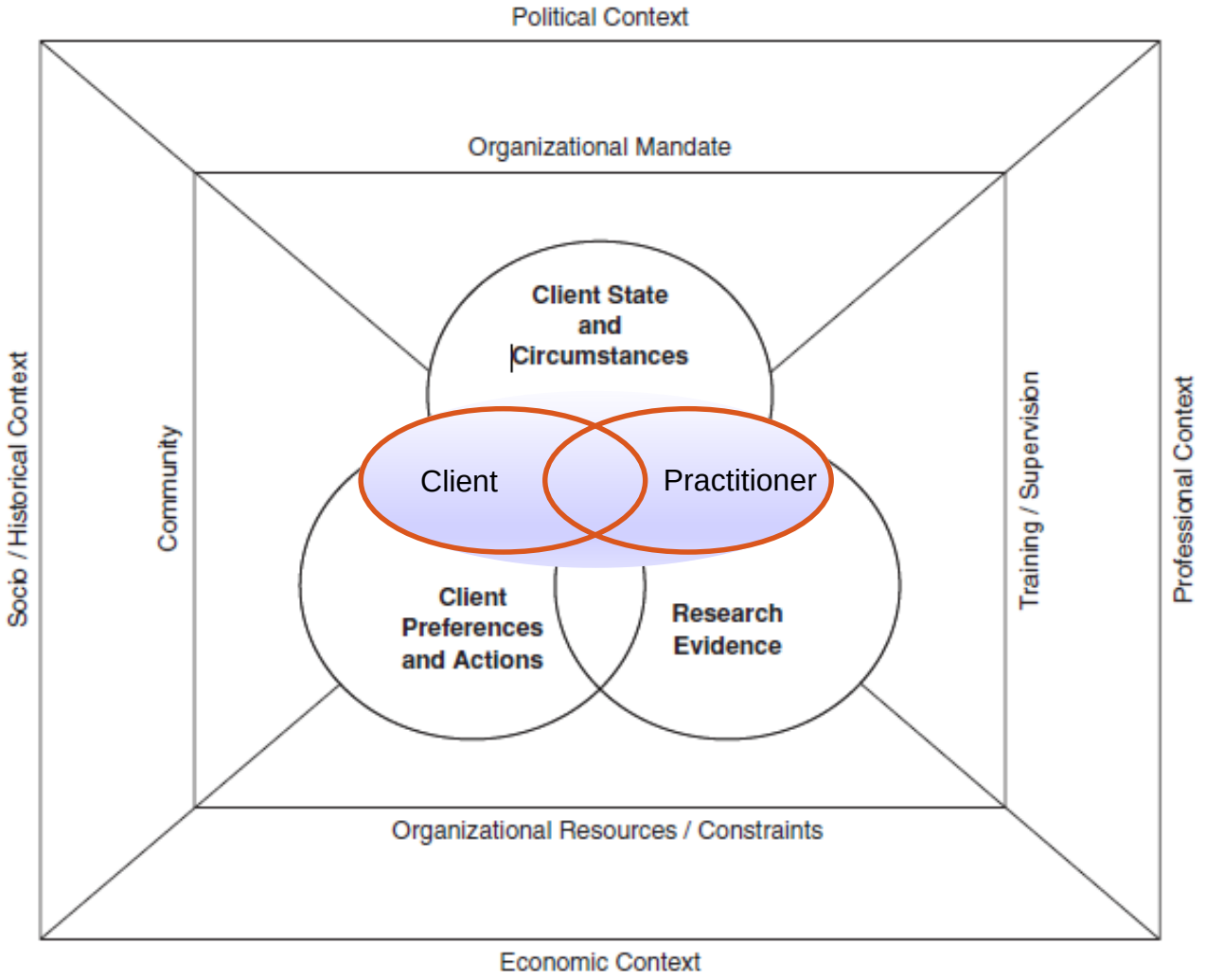


Source: The Encyclopaedia of New Zealand at http://www.teara.govt.nz

"Evidence can then be understood, not as hierarchically ordered by methodology, as in current evidence-based approaches, but rather as a mediation between the context of its use and the method of its production. This avoids ranking strategies that relegate different types of evidence to lesser status."

Upshur (2001) p93

Elements of Evidence-Based Policy and Practice



Source: Regehr, Stern & Shlonsky (2007) Operationalizing Evidence-Based Practice. Research on Social Work Practice. Modified from Haynes, Devereaux, and Guyatt (2002).

EVIDENCE

Implementation Research

"As a field, we have discovered that all the paper in filing cabinets, plus all the manuals on the shelves, do not equal real world transformation of human service systems through innovative practice.

While paperwork and manuals do represent what is known about effective interventions, these tools are not being used effectively to achieve good health outcomes for children, families and adults nationally."

Fixsen et al. (2005)

Download all or part of the monograph at: http://www.fpg.unc.edu/~nirn/resources/detail.cfm?resourceID=31

EVIDENCE

The recipe for success?

Effective programmes (the what)

+

Effective implementation (the how)

=

Positive outcomes

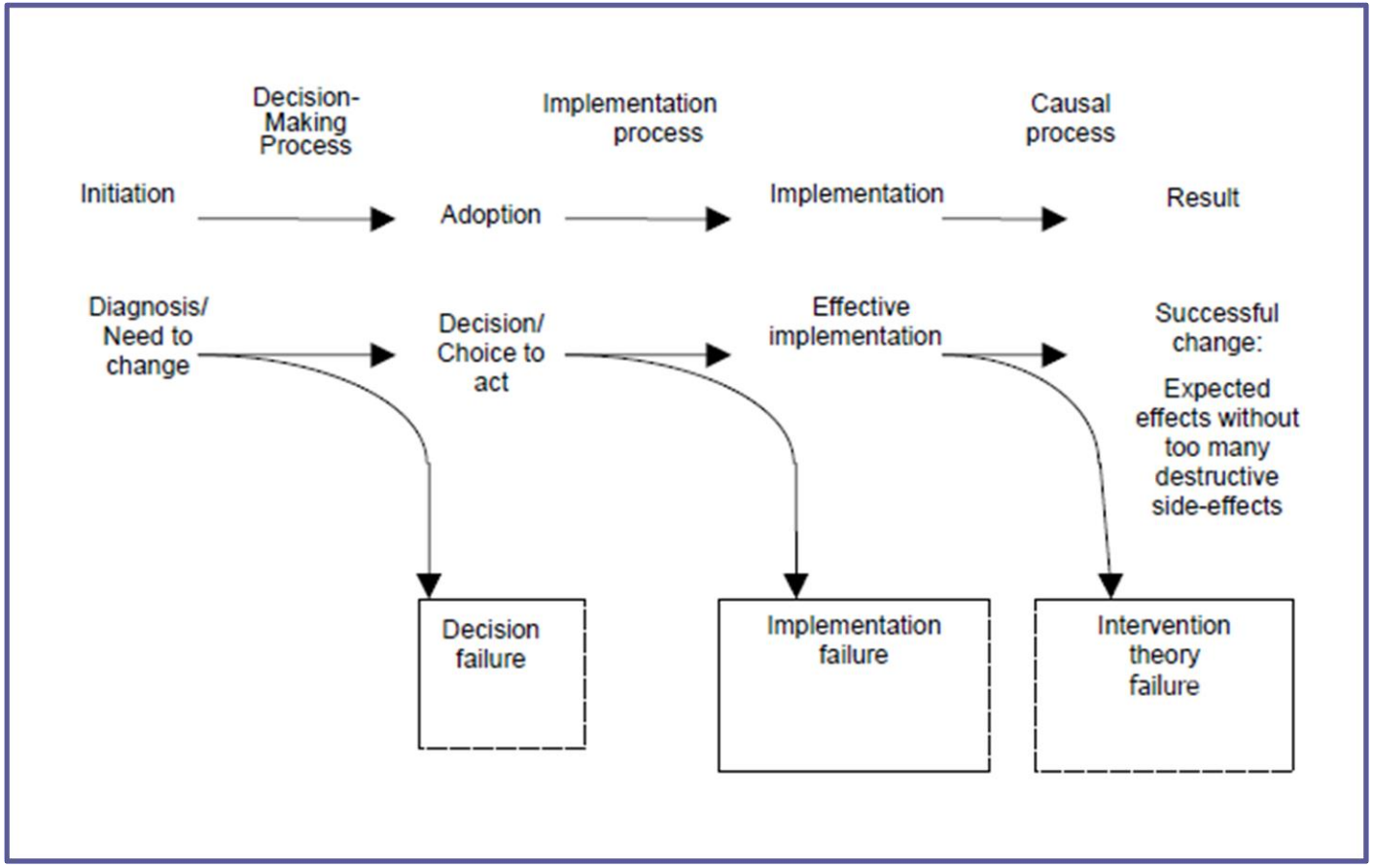
Maybe……

EVIDENCE

"A bad system will trump a good program – every time, all the time"

Source: Patrick T. McCarthy. The Road to Scale Runs Through Public Systems
http://www.ssireview.org/pdf/Spring_2014_Supplement_Road_to_Scale_Runs_Through_Public_Systems.pdf

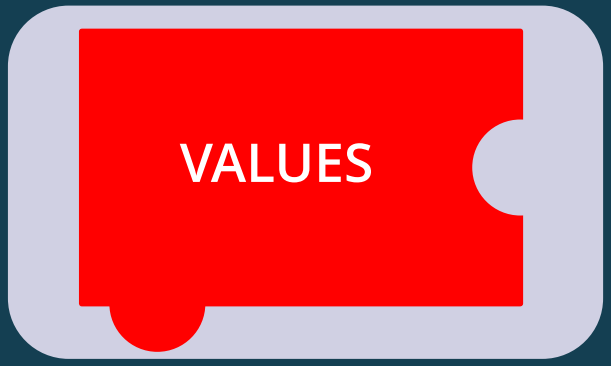
Possible pathways of change & points of failure



Source: Champagne, F. (2002) The Ability to Manage Change in Health Care Organisations

EVIDENCE

Values



“In the realm of ideas, liberal democracy still does not have any real competitors.”

Francis Fukuyama
Political economist

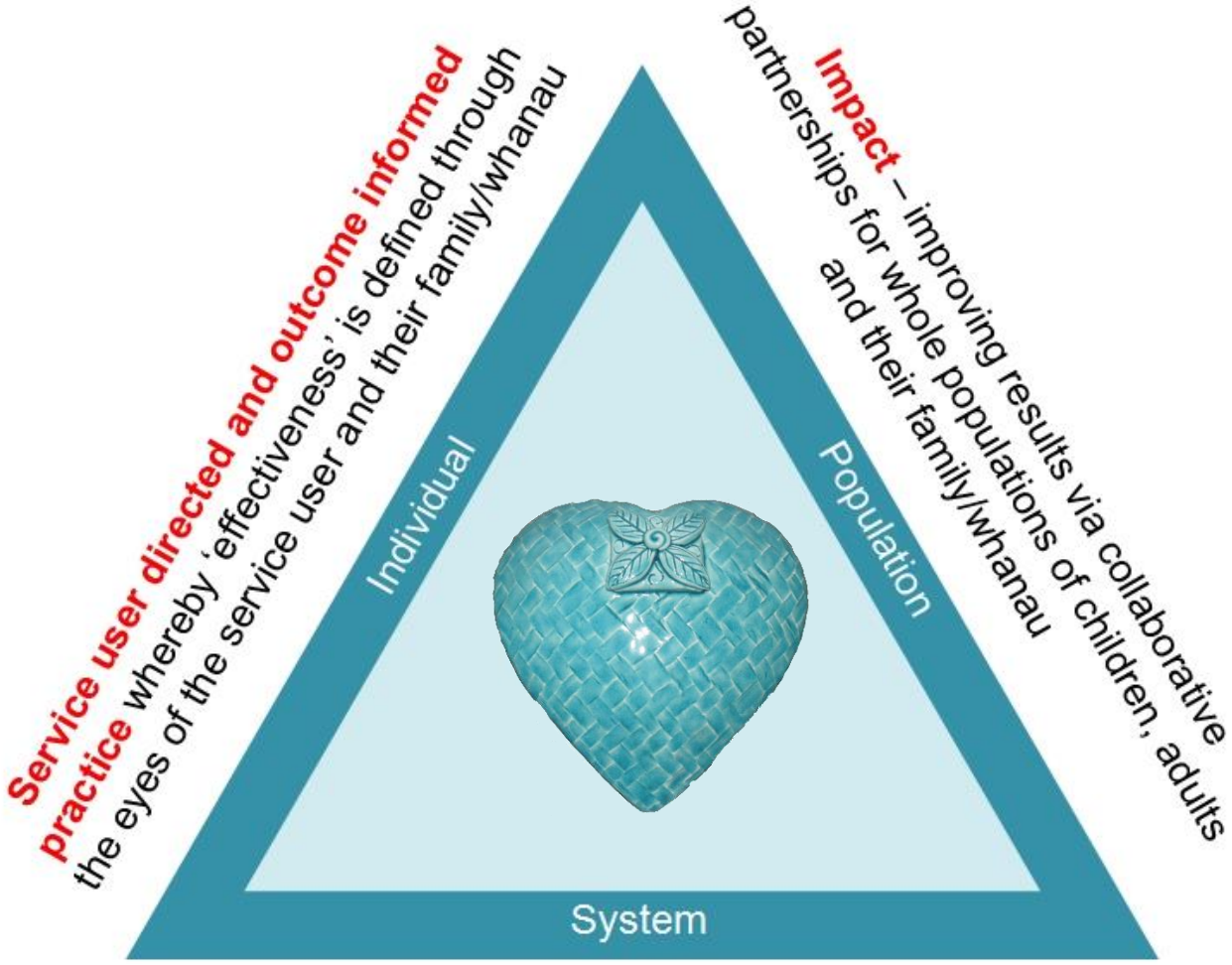
Implication:

The notion of ‘quality’ in mental health & addiction services is also democratised.

VALUES

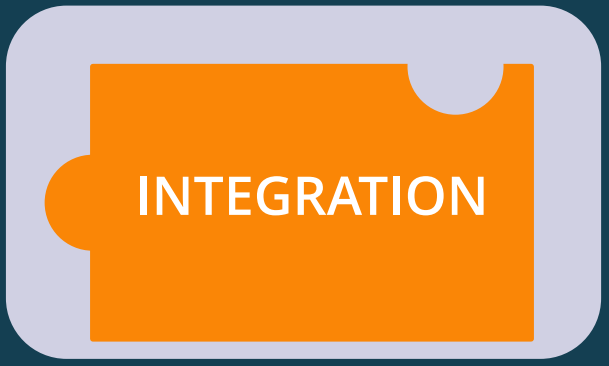
The democratisation of quality

Measuring outcomes under the ‘Triple Aim’



Value – improved service performance as ‘a way of working’ as well as ‘a way of measuring’

Integration



Integration (in its many different forms) will become the norm for the governance, organisation and delivery of all health care and social services.

All services will act as one system.

Implication:

Service user experience of health and social services will be seamless.

The integration imperative

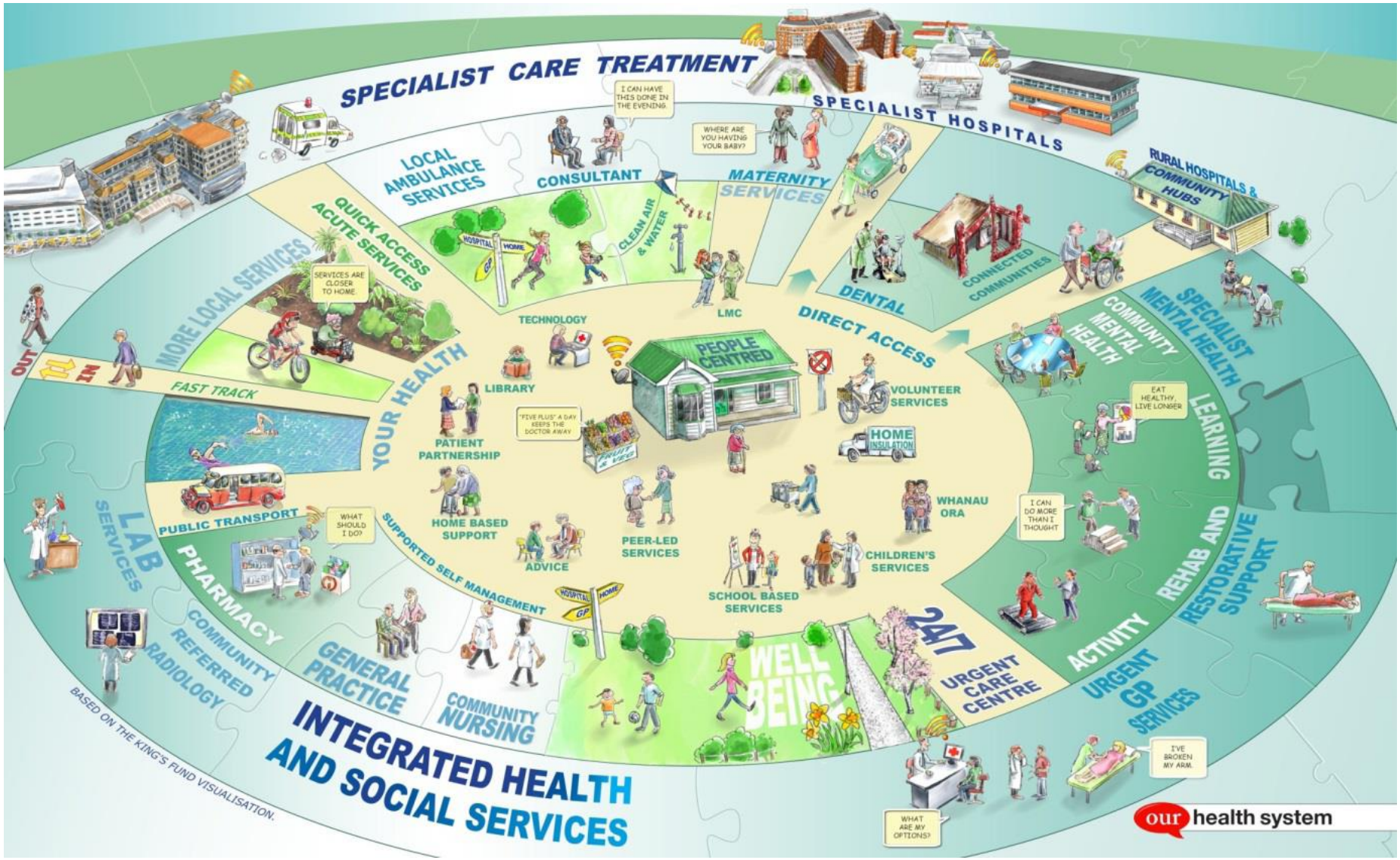
INTEGRATION

Four key enablers:

- Workforce
- Technology
- Legislation
- Funding & contracting models and mechanisms

Source: KPMG International (2013) The integration imperative: Reshaping the delivery of human and social services.

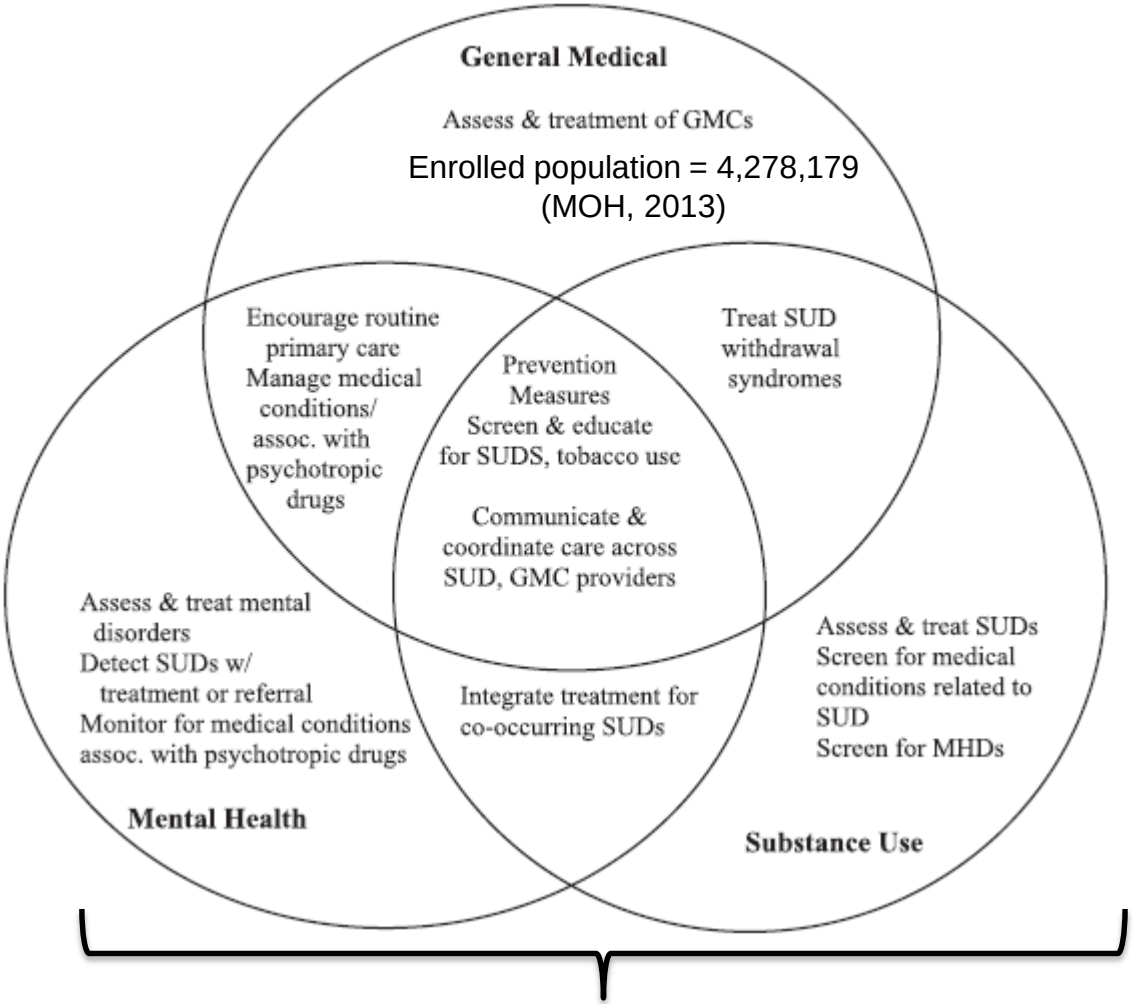
Pictogram of health care system in Canterbury



Source: Timmins & Ham (2013) The quest for integrated health and social care: A case study in Canterbury, New Zealand. The Kinds Fund.

Spheres of influence & accountability

Total population = 4,242,048 (Statistics NZ, 2013)

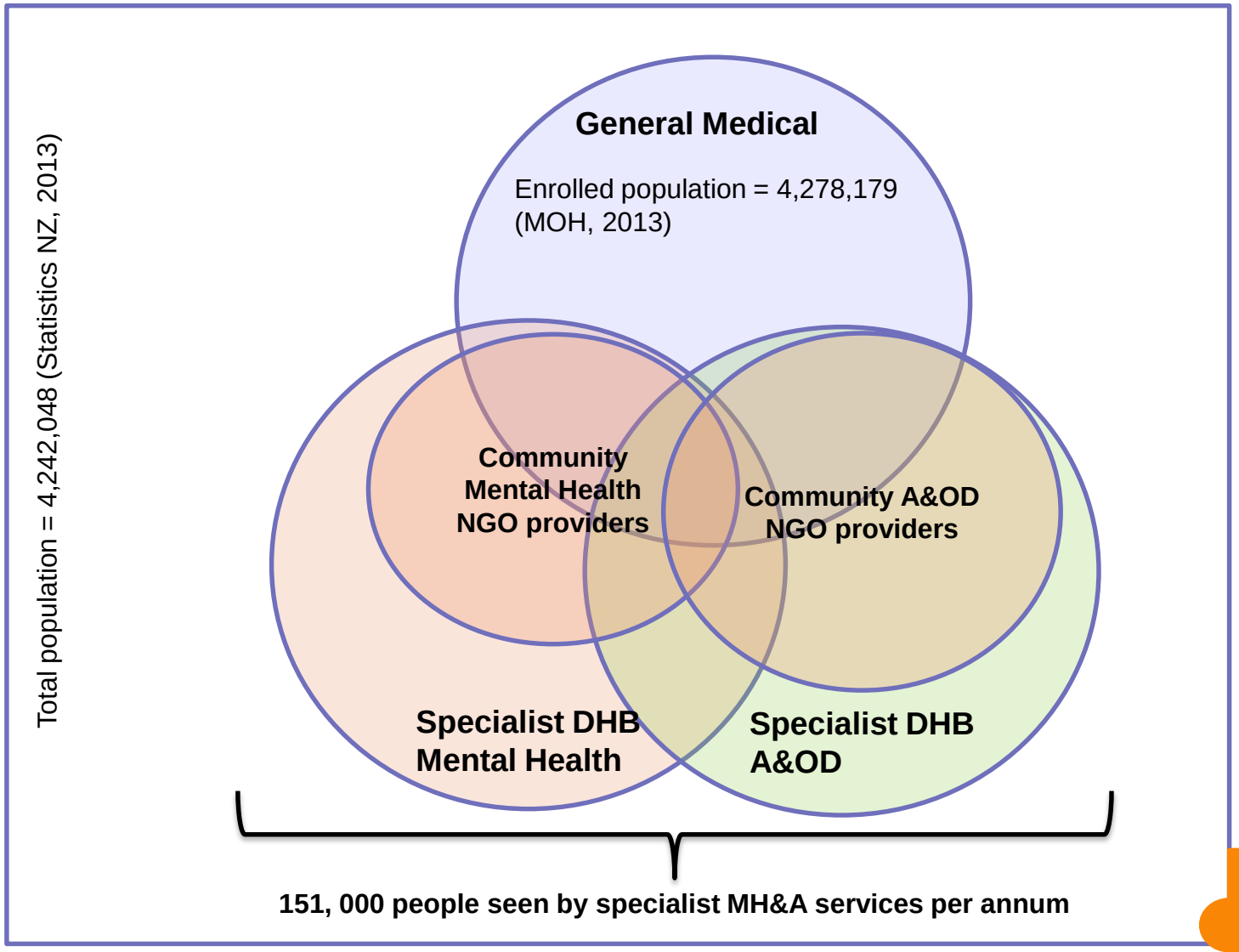


151, 000 people seen by specialist MH&A services per annum (MoH, 2012/13)

Source: Adapted from Kilbourne et al. (2010) A framework for measuring quality and promoting accountability across silos.

INTEGRATION

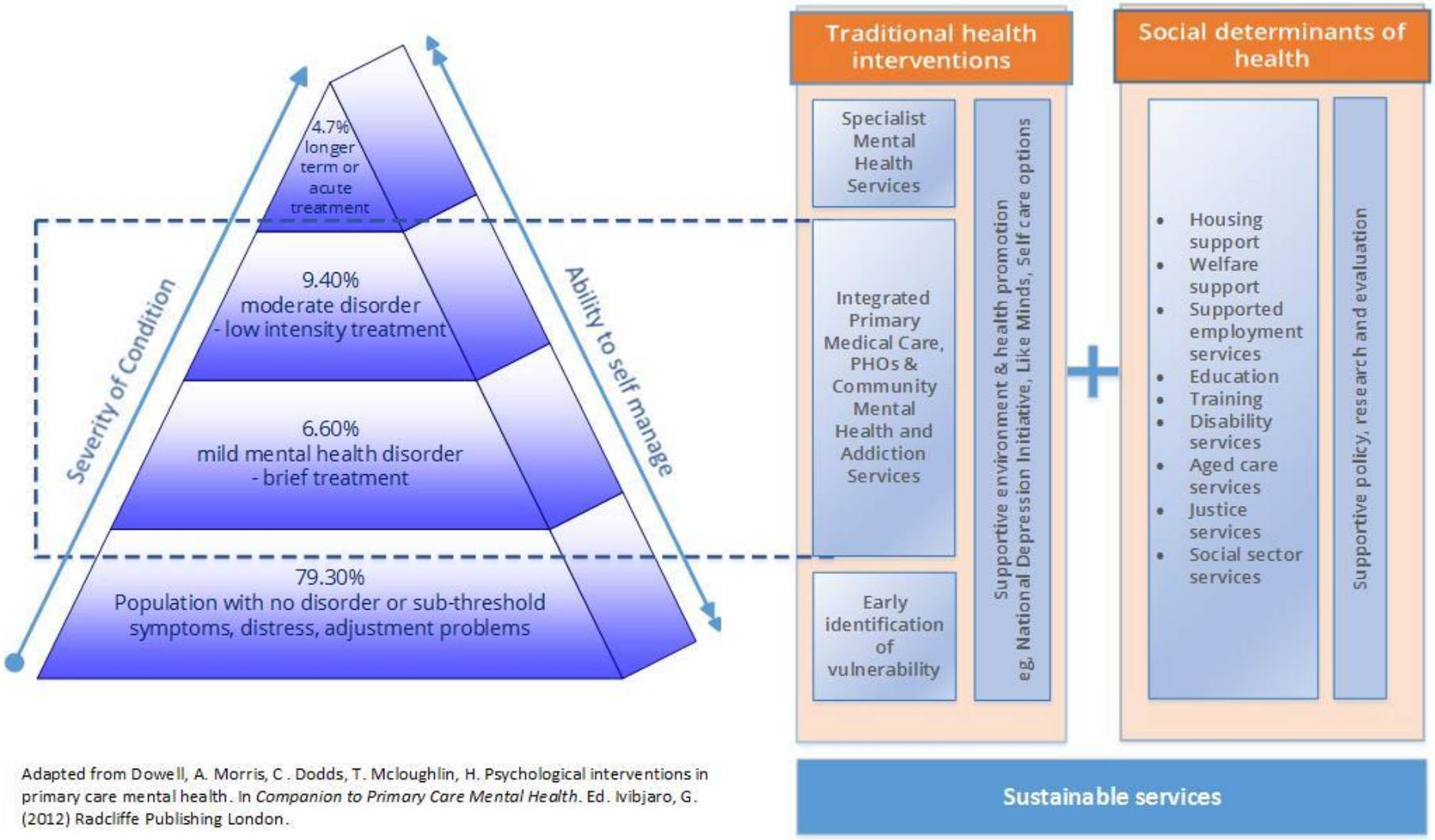
Spheres of influence & accountability



Source: Adapted from Kilbourne et al. (2010) A framework for measuring quality and promoting accountability across silos.

INTEGRATION

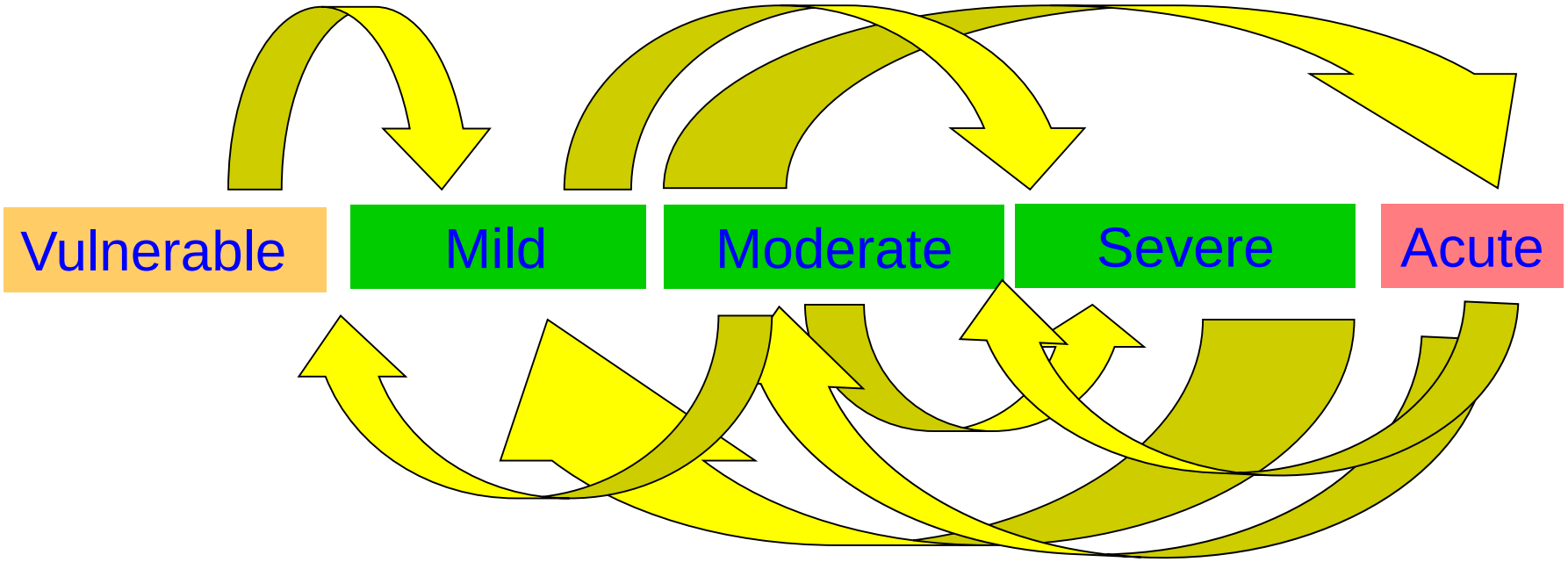
A conceptual model – stepped care



Adapted from Dowell, A. Morris, C. Dodds, T. Mcloughlin, H. Psychological interventions in primary care mental health. In *Companion to Primary Care Mental Health*. Ed. Ivibjaro, G. (2012) Radcliffe Publishing London.

People's health needs are not linear

Many feedback loops and multi-dimensions



INTEGRATION

Porirua Action Plan
Tumai Hauora ki Porirua
July 2013 – June 2015

Trialling new approaches to social sector change

CompassHealth
Working together, towards healthy and flourishing communities

MINISTRY OF HEALTH
MANATŪ HAUORA

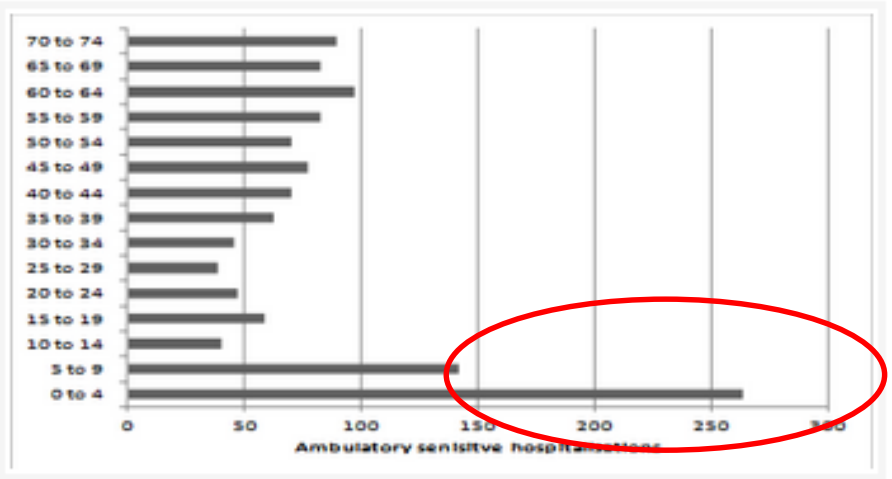
MINISTRY OF SOCIAL DEVELOPMENT
Te Manatū Whakahiato Ora

New Zealand POLICE

MINISTRY OF EDUCATION

MINISTRY OF JUSTICE
Tāhū o te Ture

Ambulatory Sensitive Hospitalisations



Ambulatory Sensitive Hospitalisations in 2011/12, by age cohort, among Porirua residents aged 0–74 years (source CCDHB)

- Why are so many people from Porirua going to ED?
- What are the main pathways people take to get to ED?
- What can be done to reduce the number of Ambulatory Sensitive Hospitalisations?
- How can we ensure people are cared for appropriately closer to home? Properly linked in to their primary health care home?
- Are the right services available to meet the health needs of people in Porirua?
- How can we collectively look after our infants better?

Source: http://www.compasshealth.org.nz/HealthServices/PoriruaSocialSectorTrial.aspx

Outcome measures

The measures for monitoring and evaluating progress against outcomes are set out in the table below. Sub-project measures will also be developed and monitored.

1. Improved self management, resilience and wellbeing for communities in Porirua	2. A well start to life for children in Porirua	3. Improved access to appropriate primary care in Porirua East and Titahi Bay	4. An aligned inter-agency response to targeted communities	5. Supportive environments	Social Sector Trial
Measures	Measures	Measures	Measures	Measures	Measures
Dissemination of key message packs to primary care, schools and ECE	Increased % of the population aged 2 years enrolled in dental, GP and Well Child Services	Increased number of nurse-led clinics being provided	An inter-agency referral pathways developed	Reducing the number of outlets contravening the sale and supply provisions of the Alcohol Act 2012	Change to ASH rates
People attending healthy lifestyle programmes	Reduced skin disorders in children being admitted to hospital	Utilisation rates by Māori, Pacific and low income earners	Number of shared campaigns in Porirua eg: youth expo, family violence	Number of homes with improved heating increased each quarter in Porirua East, Elsdon, Takapuwahia and Titahi Bay	Change to ED attendance rates
Number of people having an alcohol intake screen in primary care increases	Increased enrolment in ECEs for Māori and Pacific children	Participation in CCDHB Integrated Care Collaborative programme		Number of household wellness self-assessments distributed	
Increased % of people given brief alcohol intervention advice	Child wellness plans in place for 100% of school referrals from Porirua East and Titahi Bay	Increased cardiovascular risk assessments for Māori and Pacific men aged 55-64			
Increased participation and learning opportunities for Māori and Pacific	Monitor distribution of tooth brushes to ensure they are accessible for children	Increased number of Work and Income satellite services and increase utilisation			
Community feedback agrees that the reasons for accessing hospital identified at the beginning of the Trial are reduced		Number of general practice plans in place to support outcomes			

"Koētau ako mo ngaue fakataha ē tokoni ia ki he mo'ui ā ho tau kakai."

"Together we can learn to improve our people's wellbeing"

- Tongan Saying

Source: http://www.compasshealth.org.nz/HealthServices/PoriruaSocialSectorTrial.aspx

Technology

TECHNOLOGY

We live in a time of accelerating change, driven by heightened consumer expectations and new technological developments that put the power to connect and to control different aspects of our lives in the palm of your hand.

Implication:

Health care ….but not as you know it.

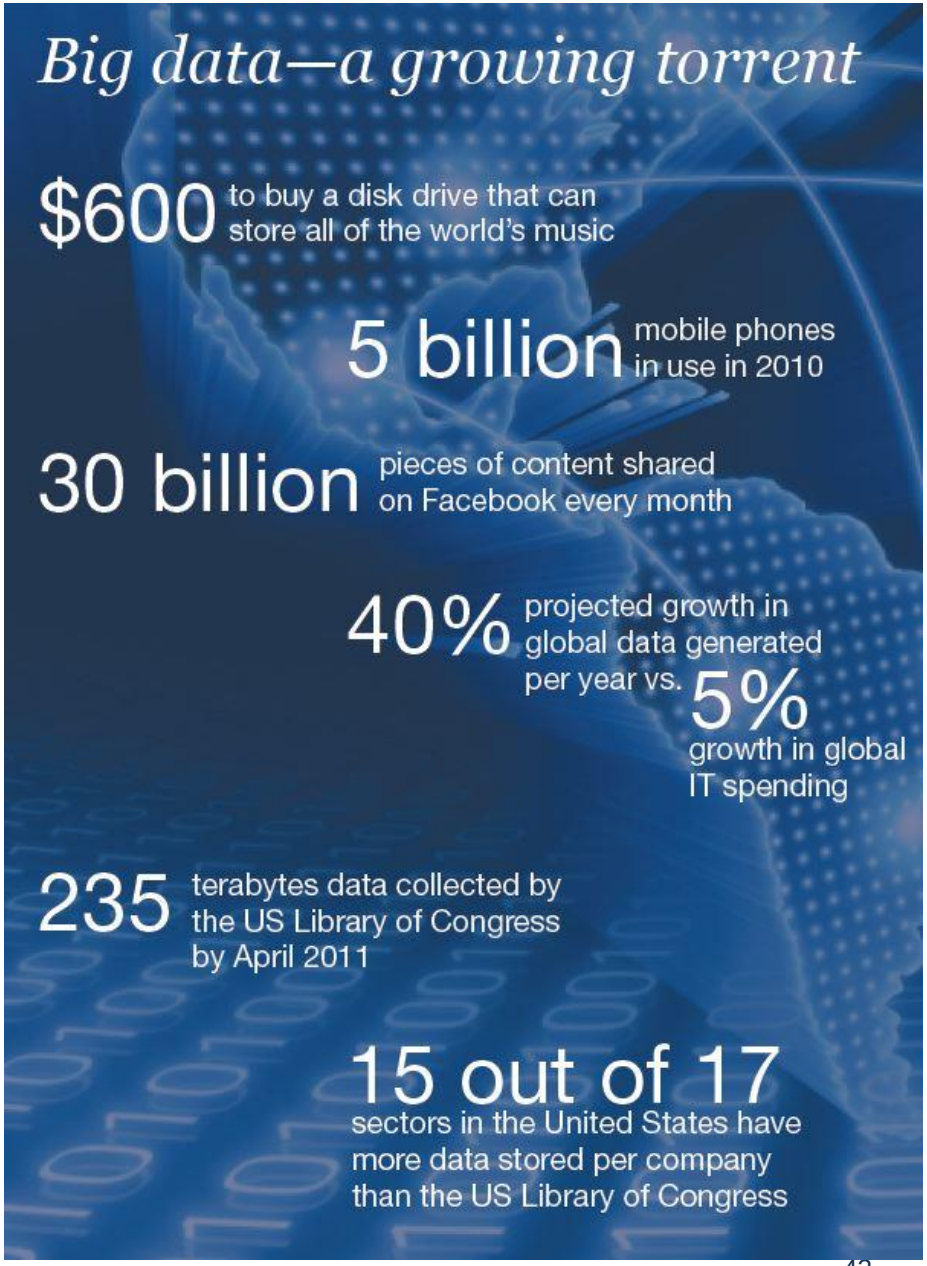
People assessing their own health

Source: Isonea at http://isoneamed.com

AirSonea & AsthmaSenseCloud App – the world's first asthma management programme and application.

- Uses a smartphone.
- Connected to a web-based portal.
- Provides users with all kinds of information to help them monitor and manage their own asthma.
- Enables uses to share real-time data with other selected people.

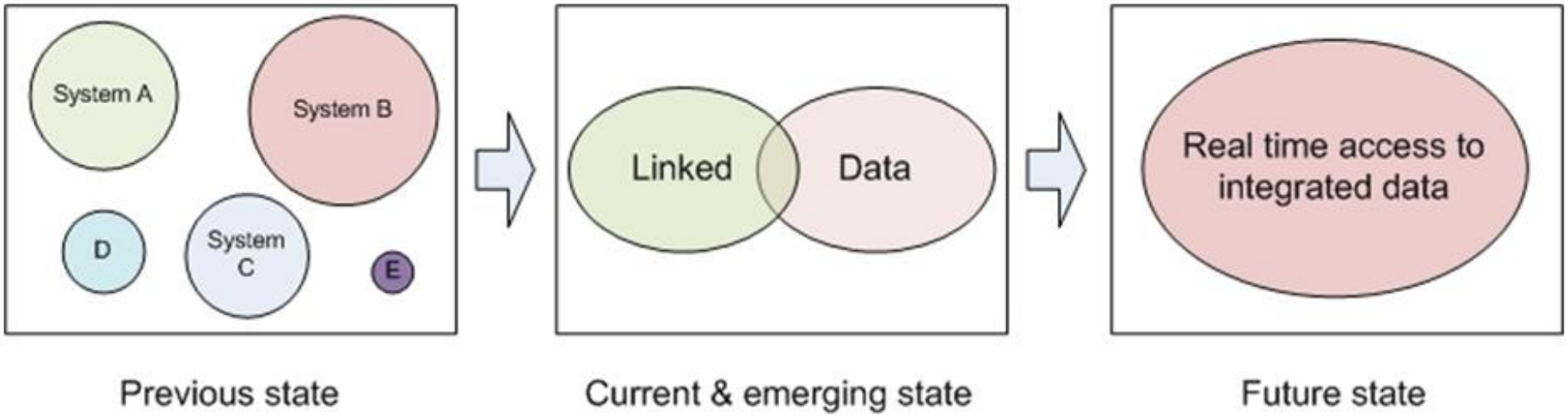
Big data: We have it – now what do we do with it?



Source: McKinsey Global Institute (2011) Big data

‘Open data’ initiatives in New Zealand

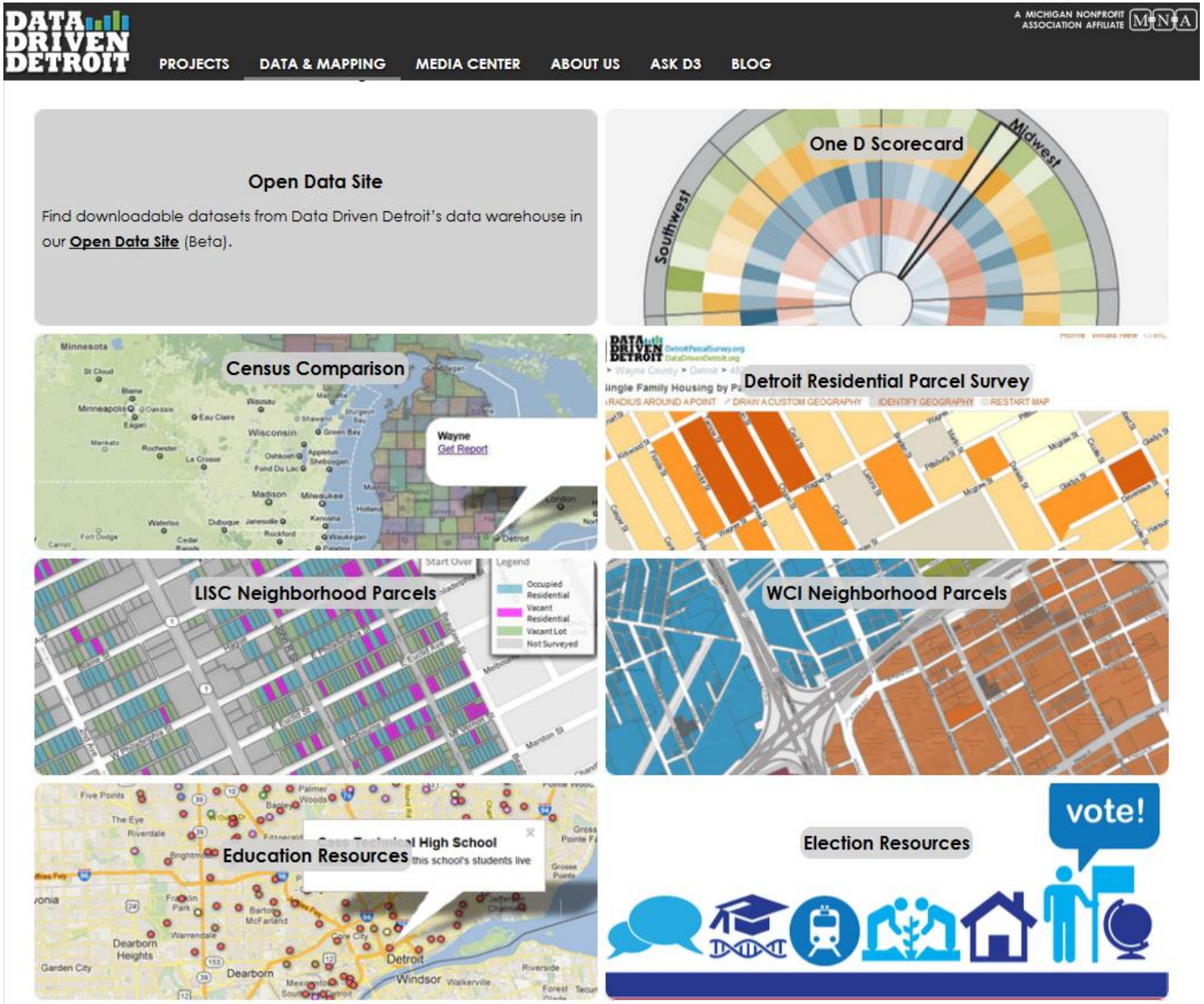
The rapidly evolving use of administrative data to help advance national policy initiatives in New Zealand:



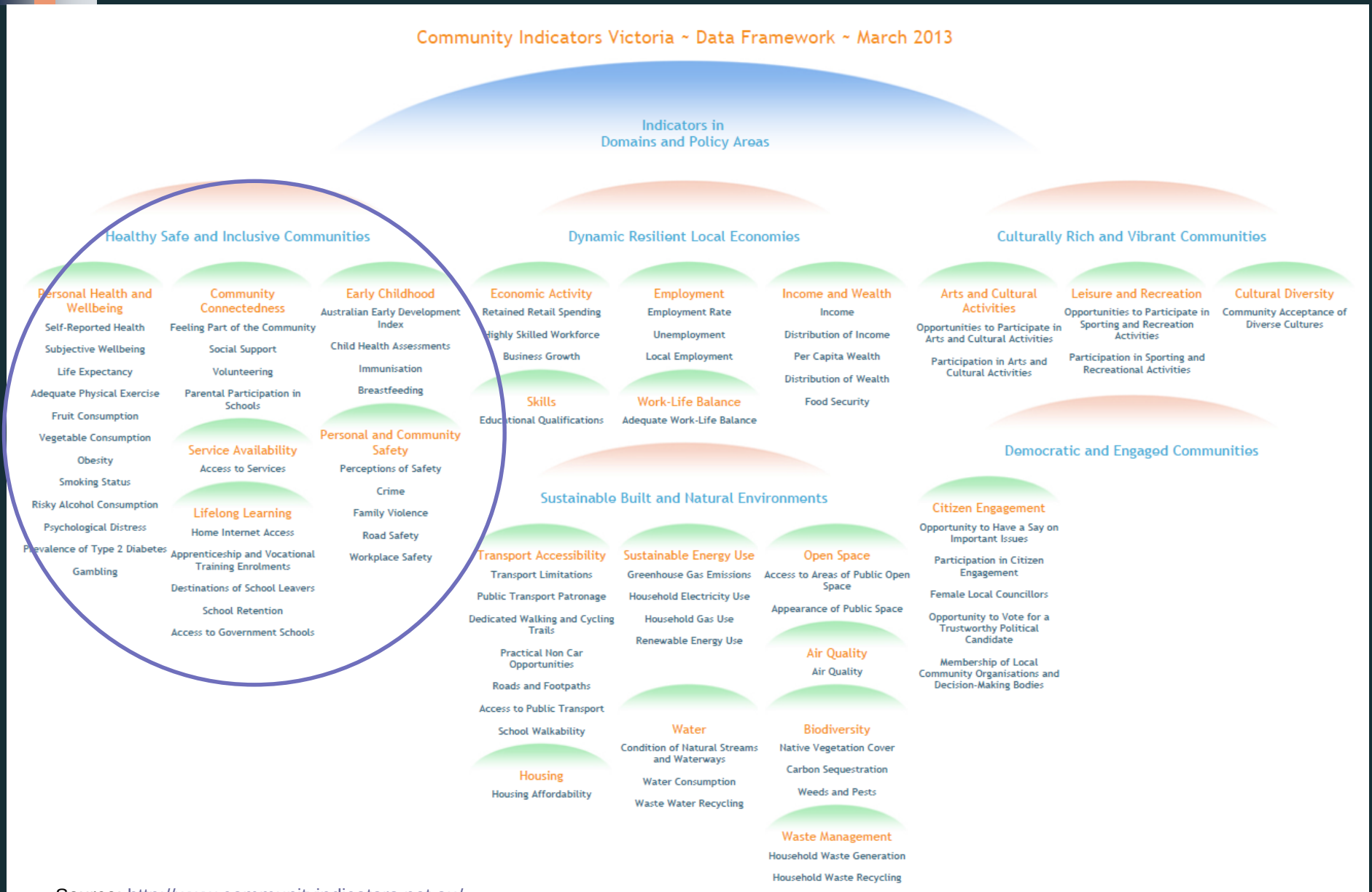
- Declaration on Open and Transparent Government Data in NZ (signed 2011)
- “Data without borders” - http://www.datakind.org/

TECHNOLOGY

Using Big Data



Source: http://datadrivendetroit.org/data-mapping/interactive-tools/



Source: http://www.communityindicators.net.au/

Source: http://www.communityindicators.net.au/

Sustainability

The ‘new economy’ will measure more than just Gross National Product (GNP).

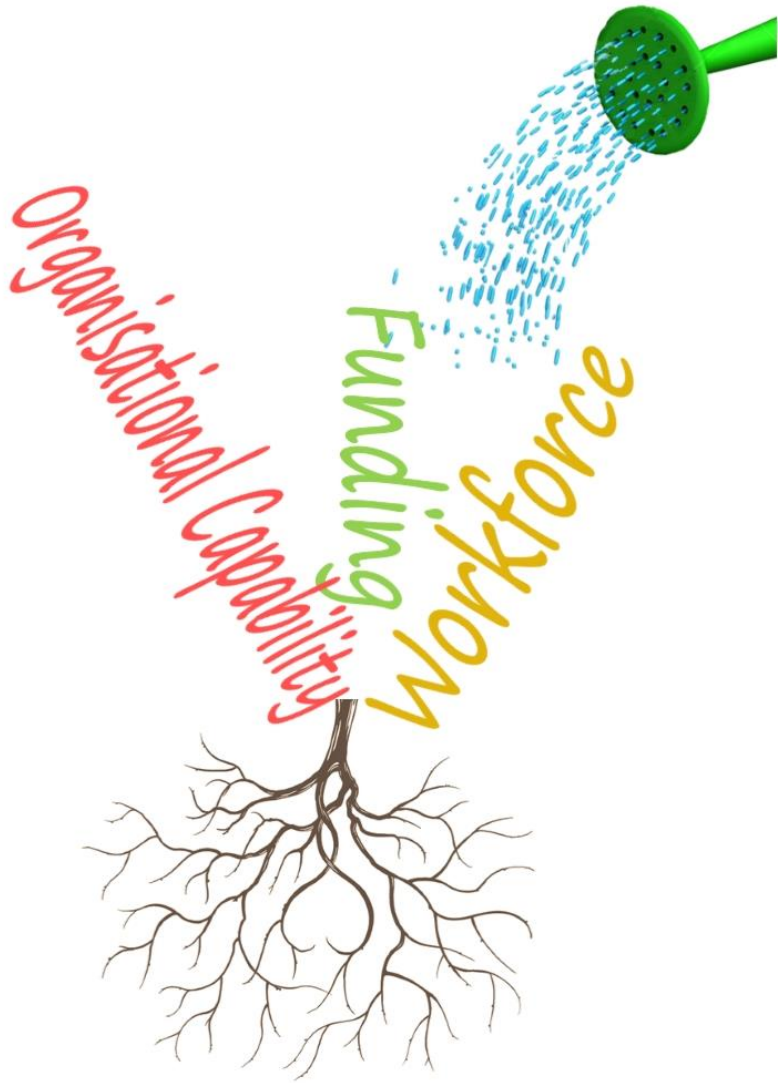
The economic story of a country will be placed in a broader context that takes into consideration wider social and environmental issues, as well as distributional consequences.

Implication:

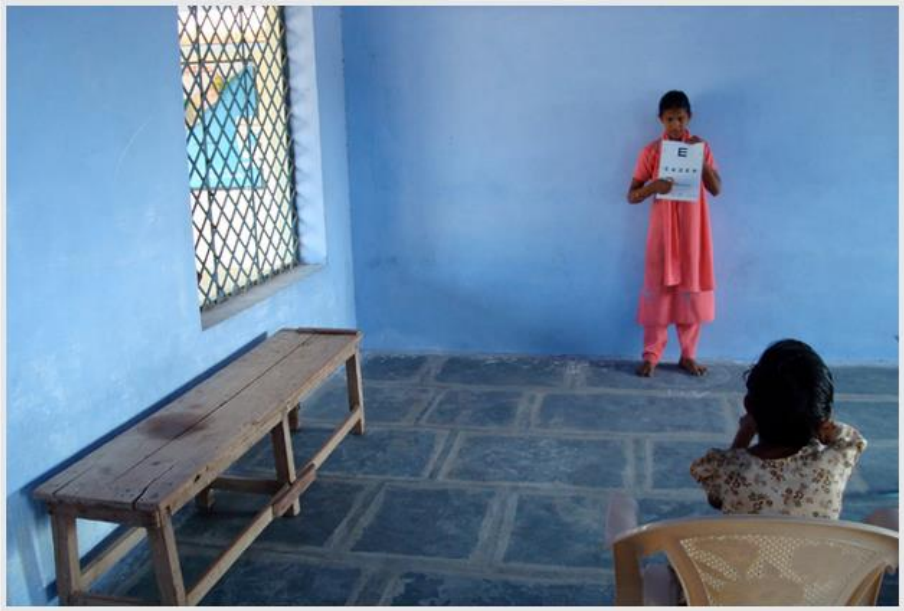
Living systems – focus on people and the planet.

Innovate in order to succeed & survive.

Sustainability



Sustainability & disruptive innovation



"Kids feared screening by adults, but they liked checking each other's vision".

Source: http://Ideo.com/expertise/social-innovation

HANDLE the JANDAL

By youth, for youth

"Everyday we face struggles, but I learnt that there are others who are sharing the same struggles and we are not alone. There is always a way out!"

Pacific high school student

Source: http://koawatea.co.nz/handle-the-jandal/

Unintended consequences of innovation

“I want change”

Source: Banksy

- Short term fixes or long term solutions?
- The principle of ‘do no harm’- we have a duty not to experiment on vulnerable populations.

SUSTAINABILITY

Putting it all together

Six Things

SYSTEMS

EVIDENCE

VALUES

INTEGRATION

SUSTAINABILITY

TECHNOLOGY

Measuring recovery

“So an overall outcome evaluation strategy would measure two things.

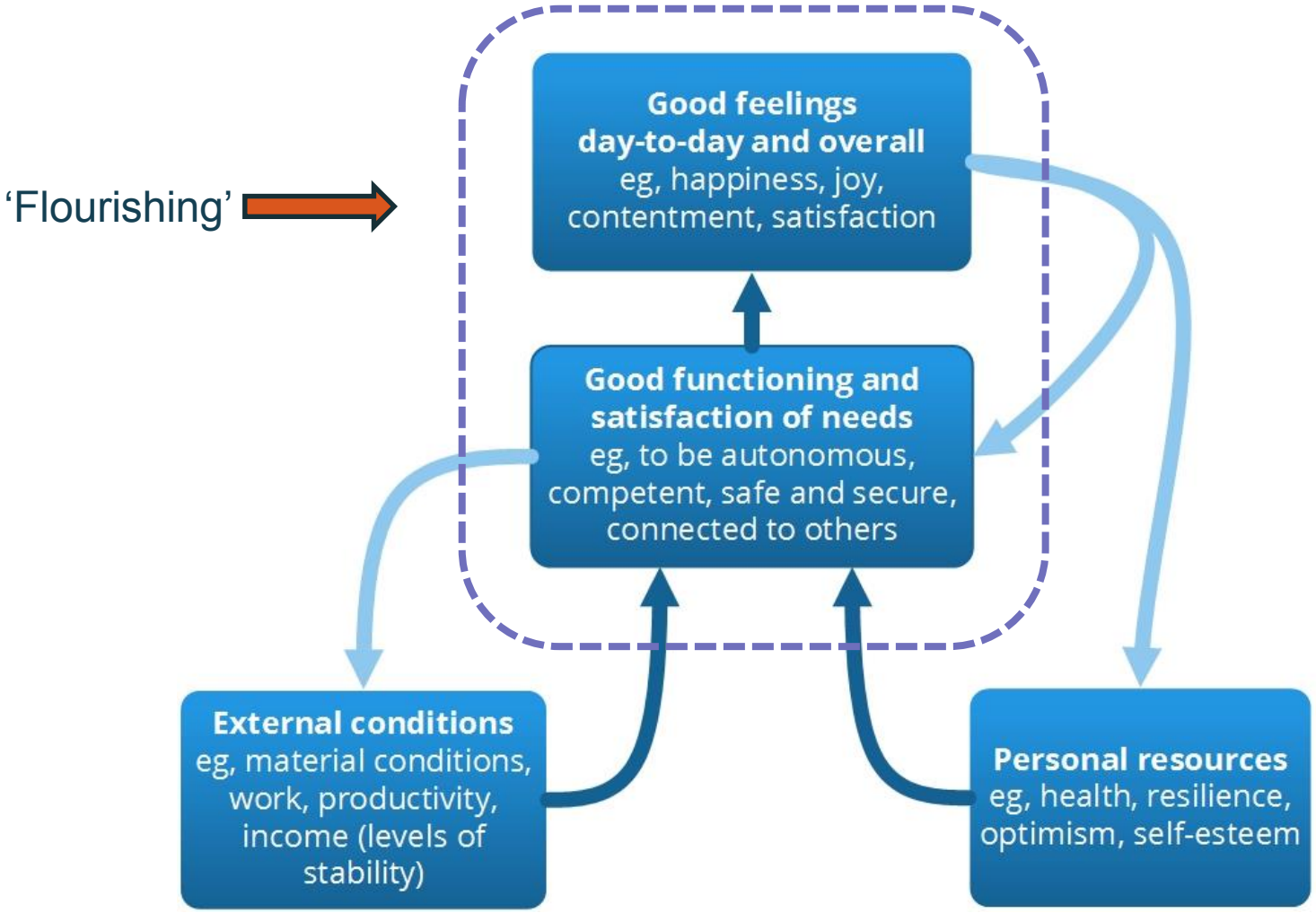
First, objective quality of life indicators, such as adequacy of housing, friendship, safety and employment and close relationships.

Second, progress towards personal goals.

This has relevance to both scientific research and routine practice.”

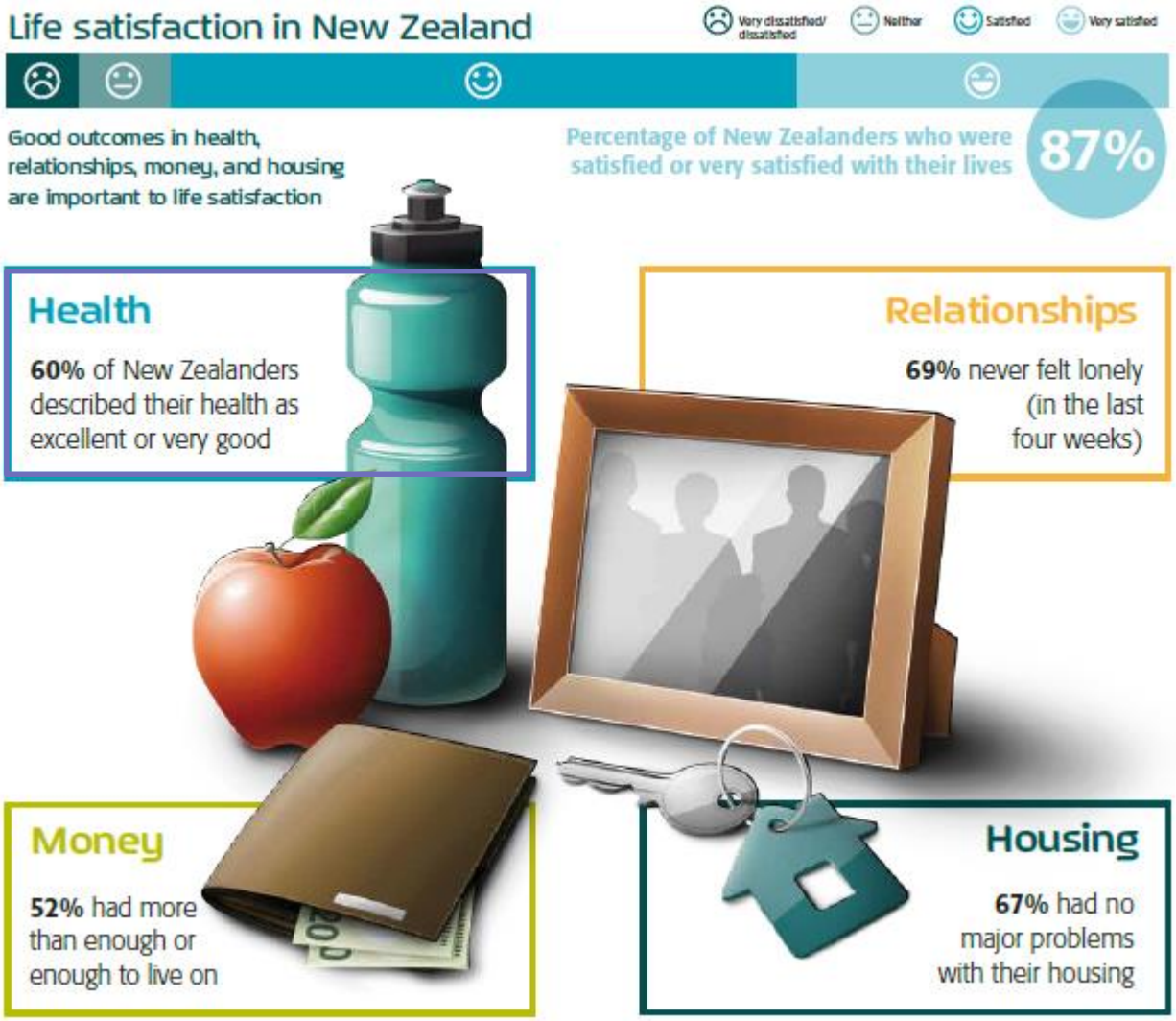
Mike Slade (2010)

NEF Dynamic model of wellbeing



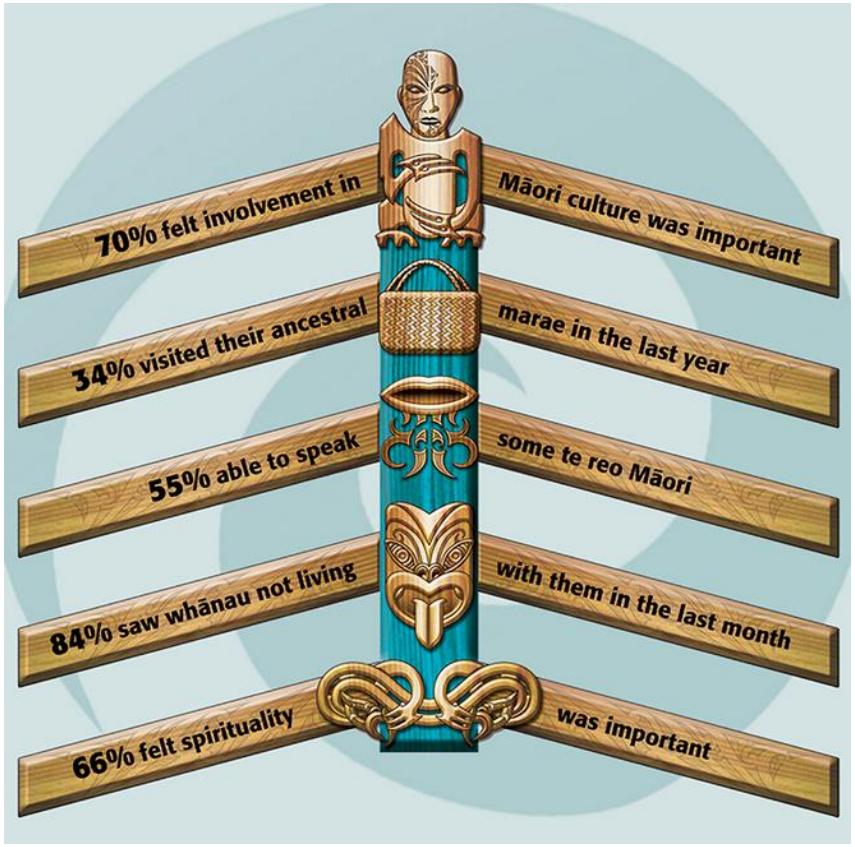
Source: New Economics Foundation (2013) Measuring well-being: A Guide for practitioners

Important aspects of life satisfaction in NZ



Source: Statistics NZ: The NZ General Social Survey (2012) at
http://www.stats.govt.nz/browse_for_stats/people_and_communities/Households/nzgss_HOTP2012.aspx

Results from Te Kupenga (2013)



- Te Kupenga is Statistics NZ's first survey of Māori well-being.
- It contains some new measures on the Māori concept of 'wellbeing', which are all based on the key principle of 'connecting'.

Source: Statistics NZ: The NZ General Social Survey (2012) at http://www.stats.govt.nz/browse_for_stats/people_and_communities/maori/TeKupenga

Good outcomes have a cumulative effect

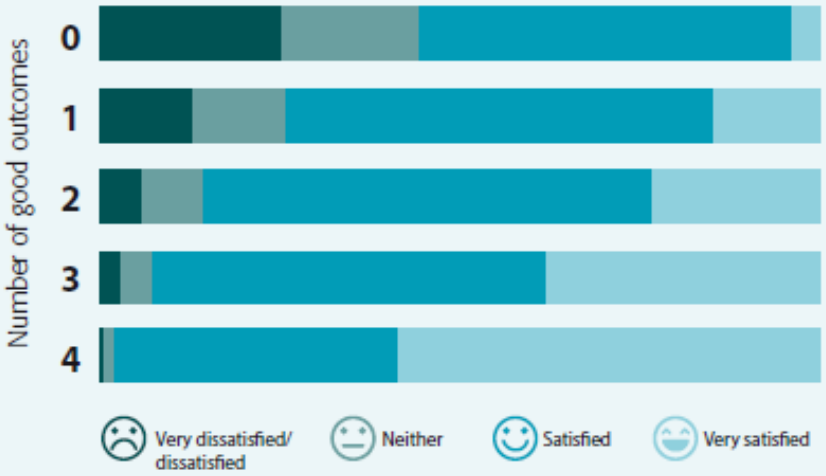
Distribution of outcomes

- **5%** of New Zealand's population had no good outcomes: ie they had poor health, felt lonely, did not have enough money, and had a major housing problem
- **16%** had one good outcome
- **26%** had two good outcomes
- **31%** had three good outcomes
- **21%** had four good outcomes: ie they had good health, didn't feel lonely, had enough money, and had no major housing problems

(Due to rounding, figures do not add up to 100%)

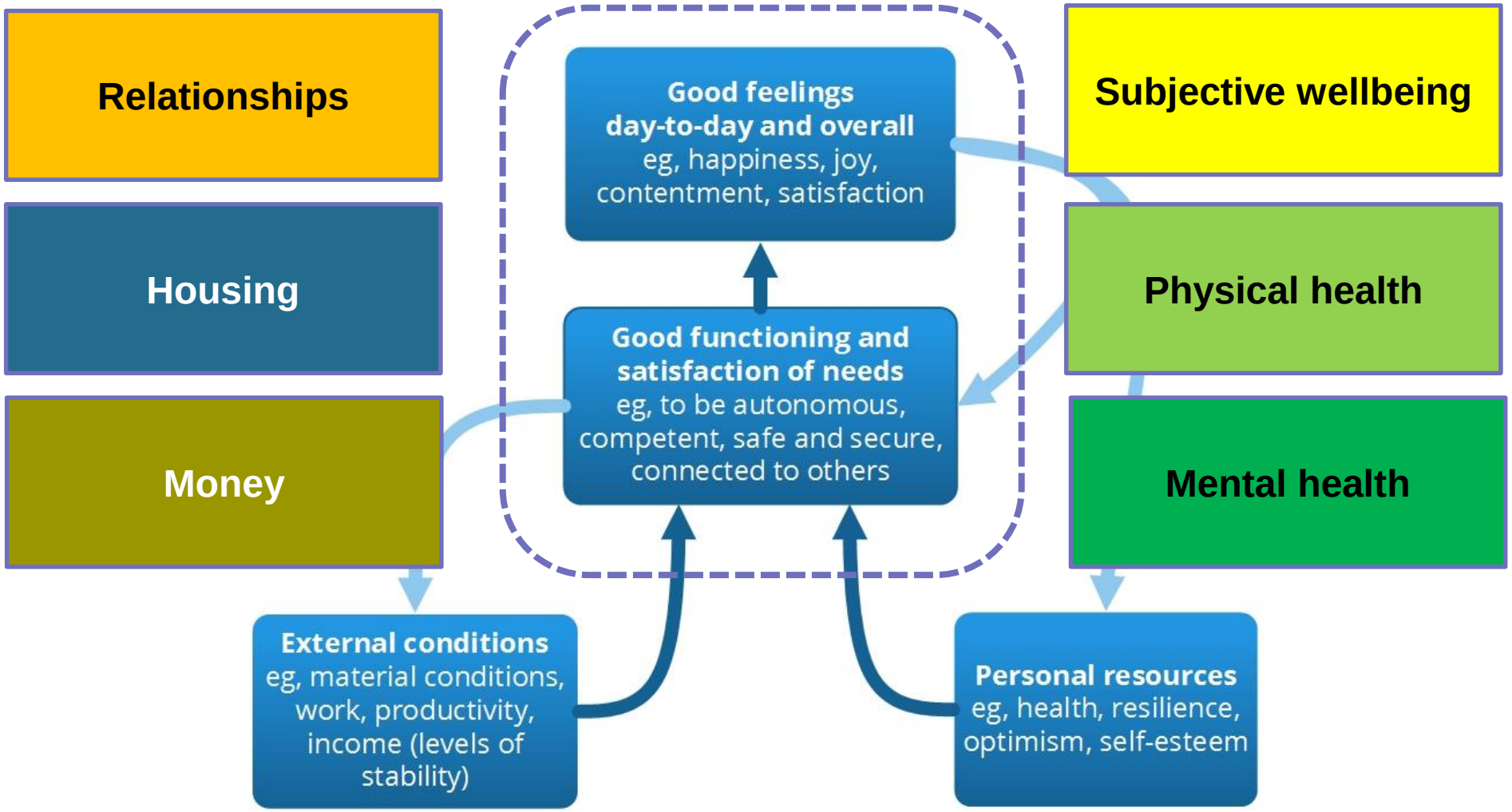
More good outcomes ▶ more satisfaction

How combinations of good outcomes affect overall life satisfaction



Source: Statistics NZ - NZGSS

Dynamic model of wellbeing



Source: Adapted from New Economics Foundation (2013) Measuring well-being: A Guide for practitioners.

A few questions

- What outcomes do we expect to get from the mental health, addiction and wellbeing system?
- If success was completely guaranteed, what bold steps might we choose to take in order to achieve these outcomes?
- What conversation, if begun today, could ripple out in a way that helps prepare the ground for these bold steps?

“The soul never thinks without a picture”
Aristotle