

2051: An Outcomes Odyssey

He Kakano: Planting the seed

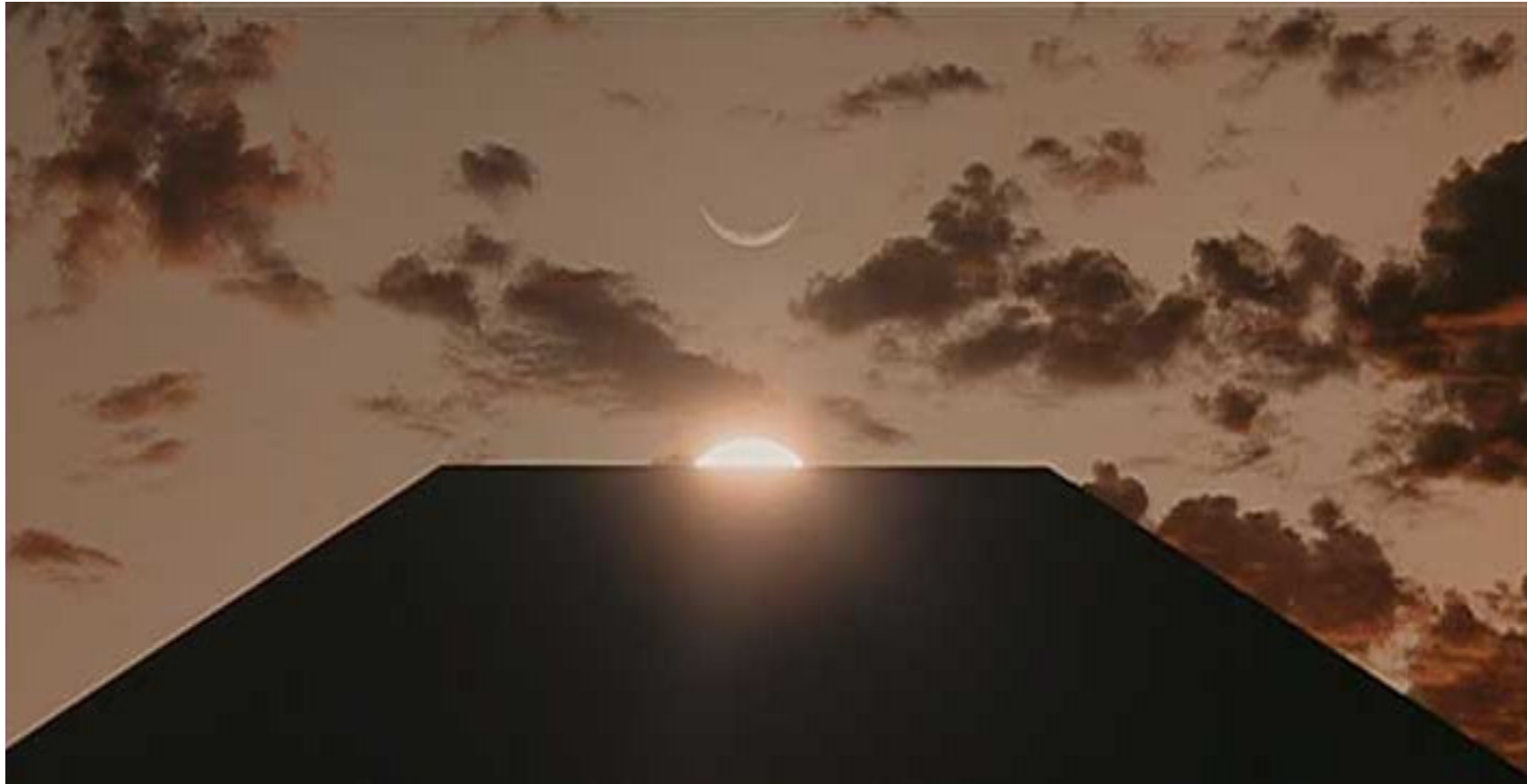
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Phillipa Gaines





Part one: The dawn of 'outcomes'



'Managing for Outcomes'

'Managing for Outcomes' work programme - State agencies working together to maximise results for New Zealanders (State Services Commission: 2001)

Involves all government departments and Crown Agencies:

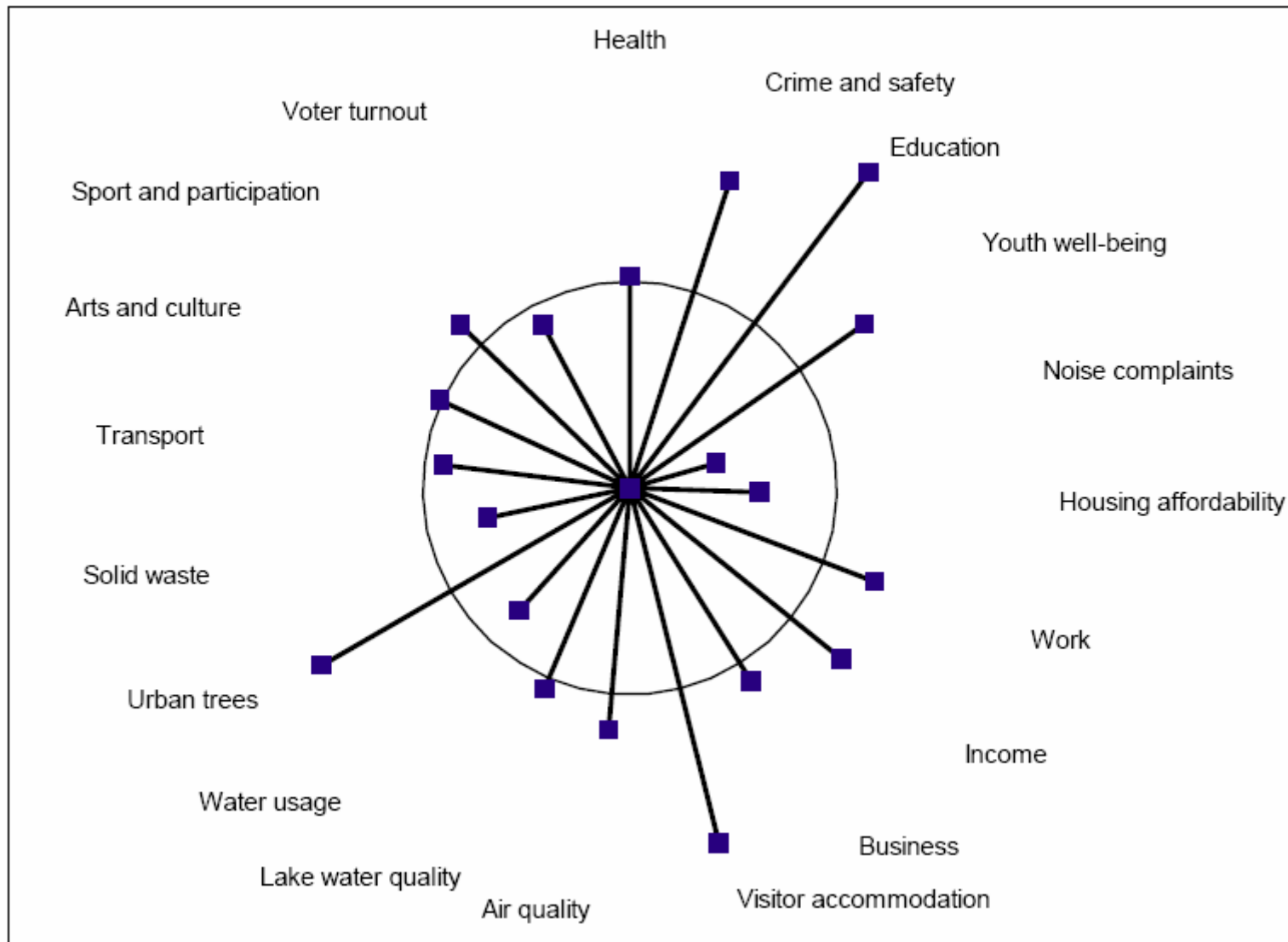
- Identifies the most important results for New Zealand citizens (via their SOIs) and
- Involves them working together to deliver on shared outcomes (whole- of-government approach).

Local Government Act (2002)

- Signalled that central and local government agencies should accept responsibility for the health related outcomes of the population:
 - ss(1) Monitor and, not less than once every three years, report on the progress made by the community of its district or region in achieving the *community outcomes* for the district or region.
- Increases attention on the wider determinants of health for that population.



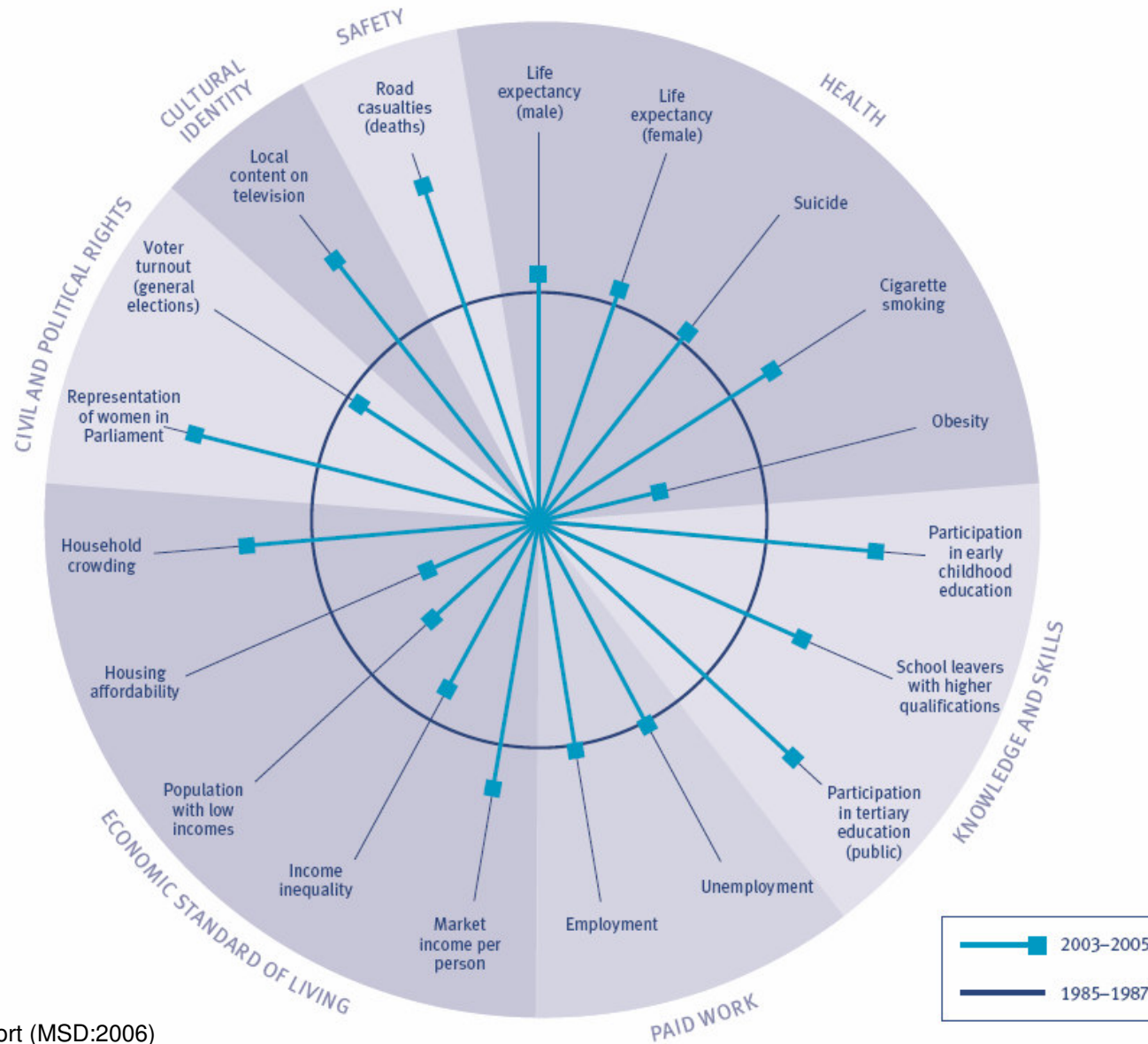
How's Hamilton Doing?



[Source: Hamilton's Sustainability Indicators, 2005 Update]



Figure C01 Changes in social wellbeing, 1985–1987 to 2003–2005

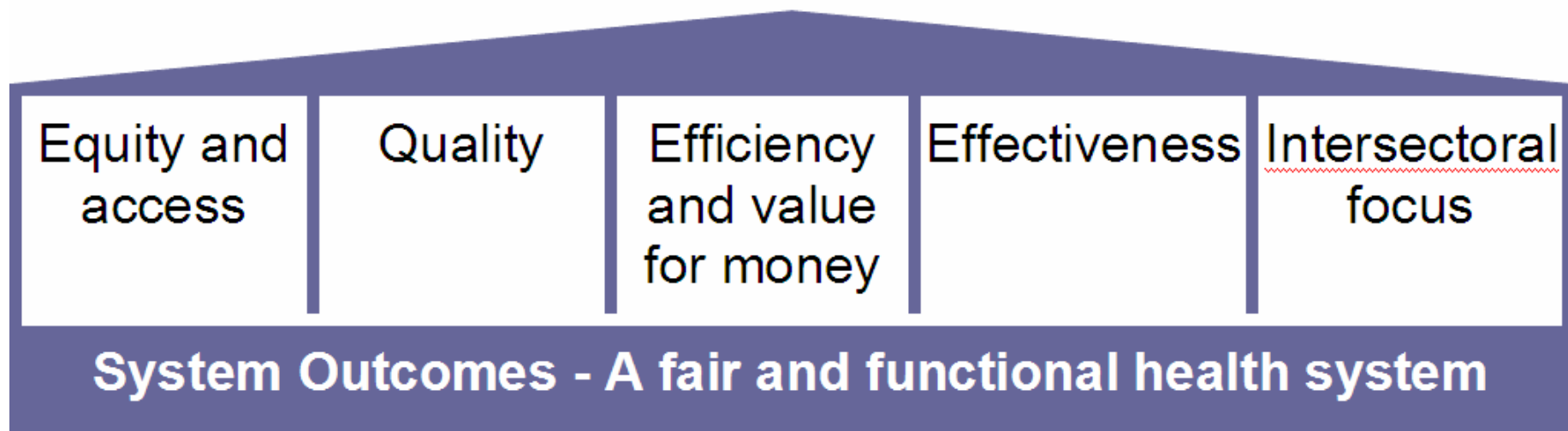
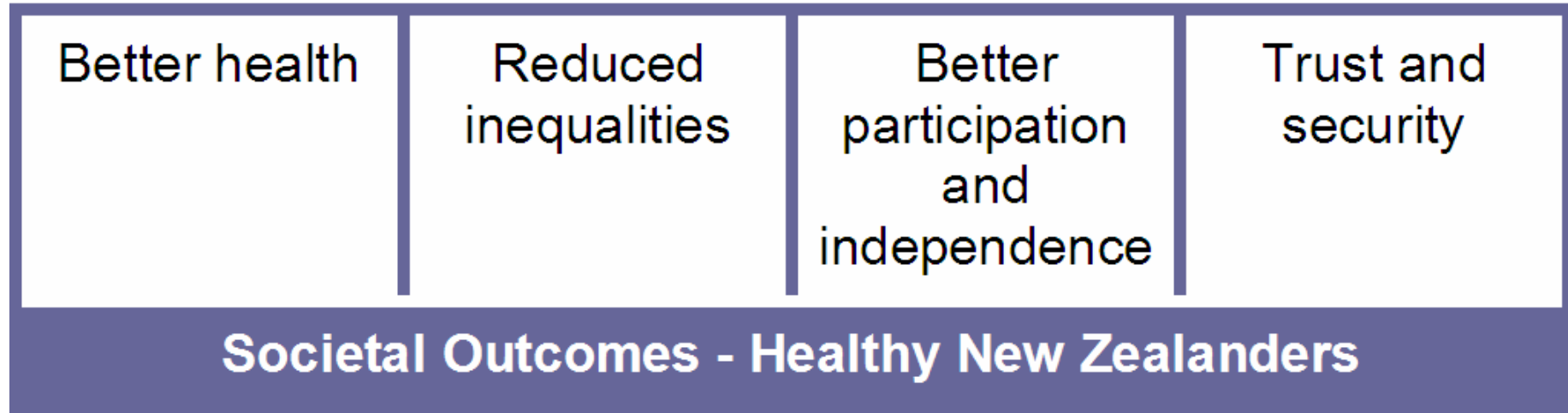


Source: The Social Report (MSD:2006)

Funding for Outcomes Project (MSD:2004)

- A new approach to government contracting with the not-for-profit sector that enables separate bi-lateral contracts to be brought together into one agreement.
- One integrated contract with one set of reporting requirements that focuses on the outputs and the results of the whole service – what difference did we make?
- Sounds good in theory but presents some challenges in practice.

Ministry of Health's outcomes framework



Mental Health outcomes – the NZ context

- 'Looking Forward' (1994)
- 'Moving Forward' (1997)
- National MH Research & Development Strategy (1997 - ongoing)
- "Blueprint for MH Services in NZ" (1998)

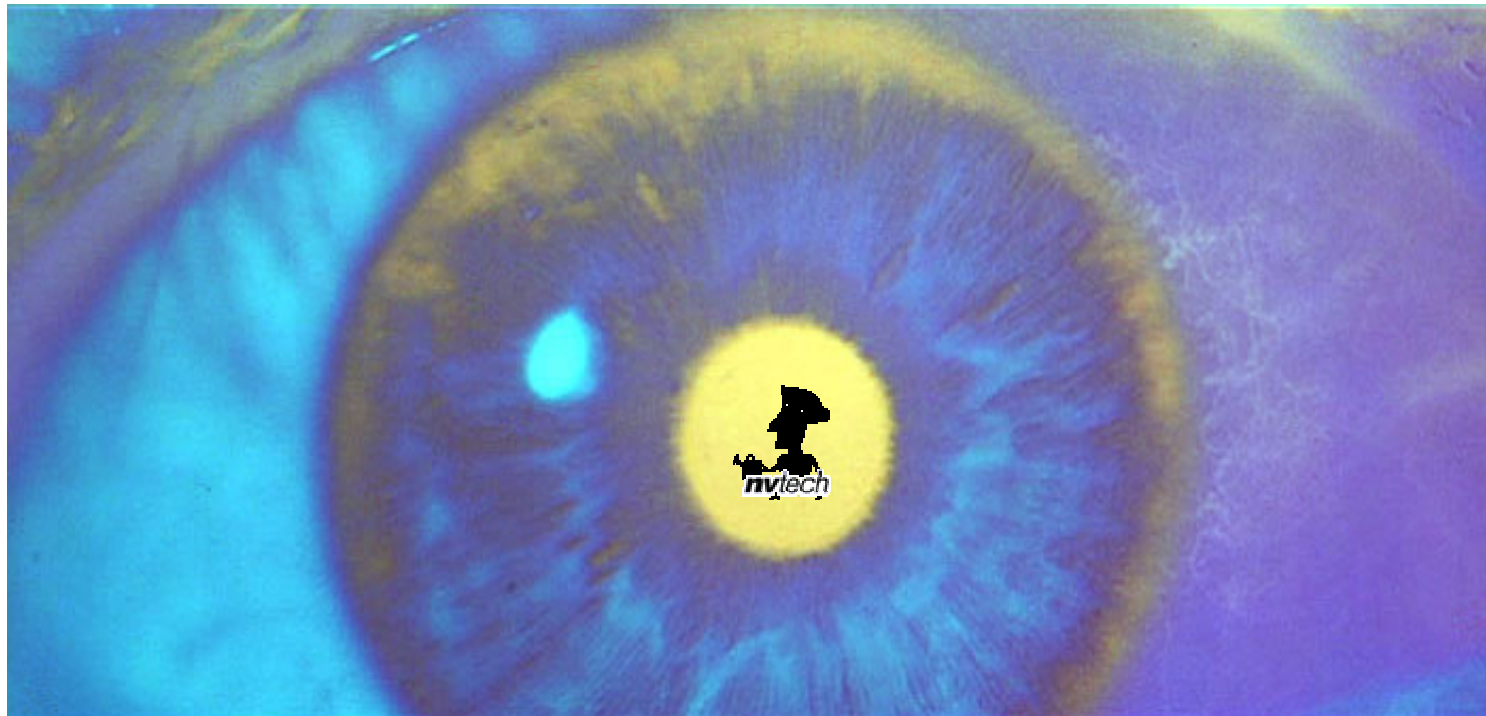
- 'Hua Oranga' (1997 - ongoing)
- Mental Health Outcomes Research Conference (2000)

- National MH Standards – R&D standard 12.19 (2001)
- Crown Funding Agreement with DHBs (2001) stipulated 2 outcome tools
- 'Te Puawaitanga' (2002)
- 'Te Tahuhu: Improving Mental Health 2005 – 2015' (2005)
- 'National Mental Health Information Strategy' (2005)

- MH-SMART Implementation starts (2002 - ongoing)
- Mental Health Classification & Outcomes Study (2000 - 2003)
- He Kakano (2007)



Part two: The current situation



Mental Health Information Strategy (2005):

Question	Answer	Information source
Who needs what?	Epidemiological information about the population with specific information about Māori and Pacific peoples.	National Mental Health Survey
Who receives?	Demographic and clinical characteristics of mental health consumers/tāngata whaiora.	Mental Health Information National Collection (MHINC)
What services?	Details of mental health services delivered (volume and type); consideration of aspects such as safety and cultural competency.	MHINC
From whom?	Service characteristics and details of the mental health workforce.	MHINC for service types and information on workforce by survey
At what cost?	Mental health service expenditure.	Costing systems National Service framework
With what effect?	Consumer outcome data such as severity of symptoms and continuity of care.	Mental Health Standard Measures of Assessment and Recovery (MH-SMART) MHINC Knowing the People Planning Key performance indicator development

Source: Leginski W, Croze C, Driggers J, et al. (1989).

Who needs? – what do we know?

- Te Rau Hinengaro: The NZ Mental Health Survey (2006)
 - 46.6% of the population are predicted to meet criteria for a disorder at some time in their lives.
 - Younger people have a higher prevalence of disorder in the past 12 months and are more likely to report having ever had a disorder by any particular age.
 - For disorder in the past 12 months, the prevalences are by ethnic grouping:
 - Maori 29.5%
 - Pacific people 24.4%
 - Others 19.3%

Who receives?

Generational groupings of clients seen by ethnic grouping


Year	Age	Generation	Total	Maori	Pacific	Asian	Other
1982 - 2007	0-25	Millenials	27,298	5,576	1,006	627	20,089
1961 - 1981	26 - 46	Gen X	35,724	7,361	1,472	886	26,005
1943 - 1960	47-64	Boomers	17,404	2,005	434	421	14,544
1925 - 1942	65 +	Silent	8,114	340	160	133	7,481
			88,540	15,282	3,072	2,067	68,119

Year	Age	Generation	Total	Maori	Pacific	Asian	Other
1982 - 2007	0-25	Millenials	31%	20%	4%	2%	74%
1961 - 1981	26 - 46	Gen X	40%	21%	4%	2%	73%
1943 - 1960	47-64	Boomers	20%	12%	2%	2%	84%
1925 - 1942	65 +	Silent	9%	4%	2%	2%	92%
			100%	17%	3%	2%	77%

The next 20 years: How customer and workforce attitudes will evolve

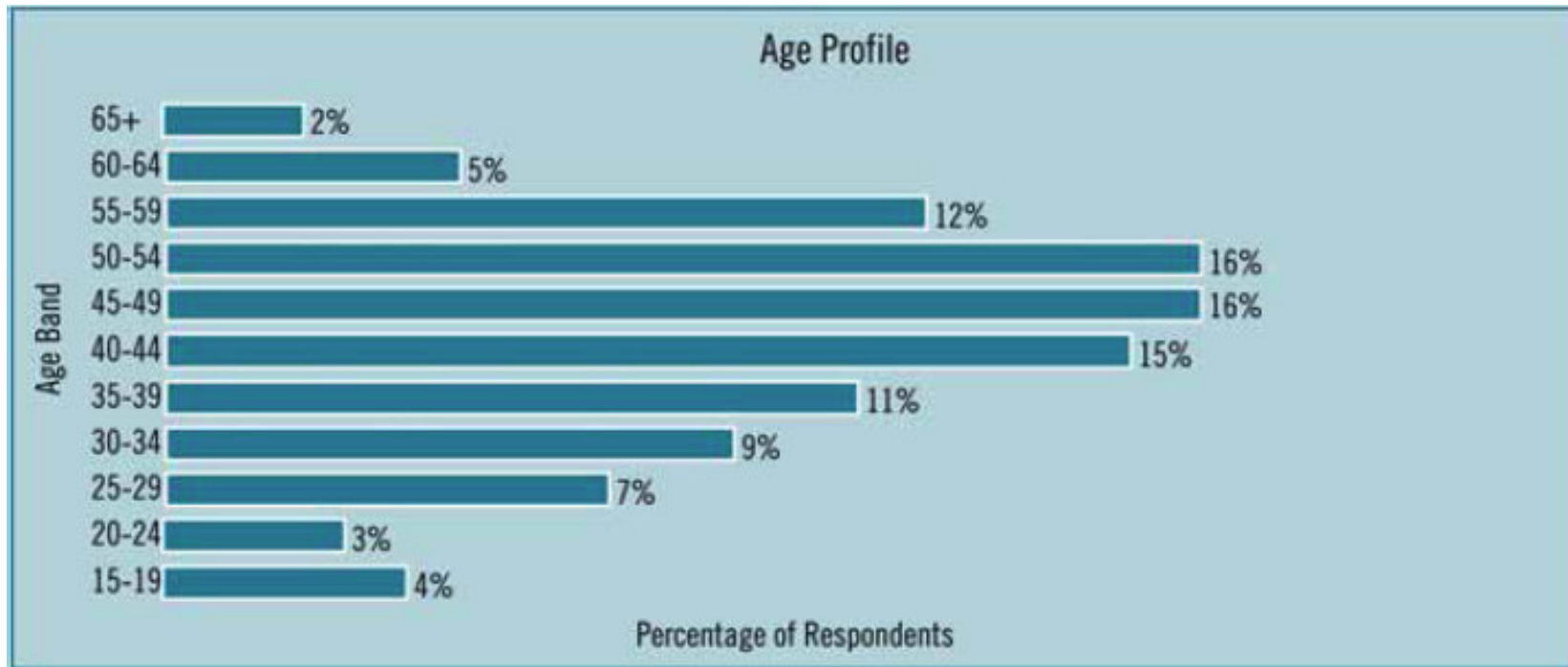
ERA	1908-1909	1929-1946	1946-1964	1964-1984	1984-2005?	2006?-2025?
		(CRISIS)		(AWAKENING)		(CRISIS)
KEY EVENTS	Women's suffrage World War 1 Roaring Twenties Scopes trial	Crash of '29 New Deal Pearl Harbour D-day	McCarthyism Levittown Affluent society Little Rock	Kent State Woodstock Watergate Tax revolt	Morning in America Culture wards Long Boom Y2K	Post-9/11 America
entering ELDERHOOD age 63-83	Progressive (artist) empathic	Missionary (prophet) wise	Lost (nomad) tough	GI (hero) civic	Silent (artist) empathic	Boom (prophet) wise
entering MIDLIFE Age 42-62	Missionary (prophet) moralistic	Lost (nomad) pragmatic	GI (hero) powerful	Silent (artist) indecisive	Boom (prophet) moralistic	Generation X (nomad) pragmatic
entering YOUNG ADULTHOOD Age 21-41	Lost (nomad) alienated	GI (hero) heroic	Silent (artist) sensitive	Boom (prophet) visionary	Generation X (nomad) alienated	Millennial (hero) heroic
entering YOUTH Age 0-20	GI (hero) protected	Silent (artist) suffocated	Boom (prophet) indulged	Generation X (nomad) abandoned	Millennial (hero) protected	Homeland (artist) suffocated

Table 1: Selected mental health and addiction occupational group workforce numbers, 2004

Occupational group	Total number	Māori	Pacific	Source
Addiction practitioners	950	22%	4%	Matua Raki 2005 ^a
Nurses (active registered)	3052	13.2%	2.7%	New Zealand Health Information Service Workforce Statistics 2004
Support workers 	1423	33.0%	8.2%	New Zealand Qualifications Authority ^b
Psychiatrists and other medical practitioners working in mental health and addiction services	528	3.0%	0.4%	Medical Council of New Zealand Annual Workforce Survey 2003 ^c
Psychologists	1404	4.3%	0.2%	New Zealand Health Information Service Workforce Annual Survey 2004 ^d
Social workers	311	–	–	Hatcher et al 2005
TOTAL	7668			

Source: Tauawhitia te Wero (MOH: 2005)

NGO Workforce by age groupings



Average age = 44.7 yrs

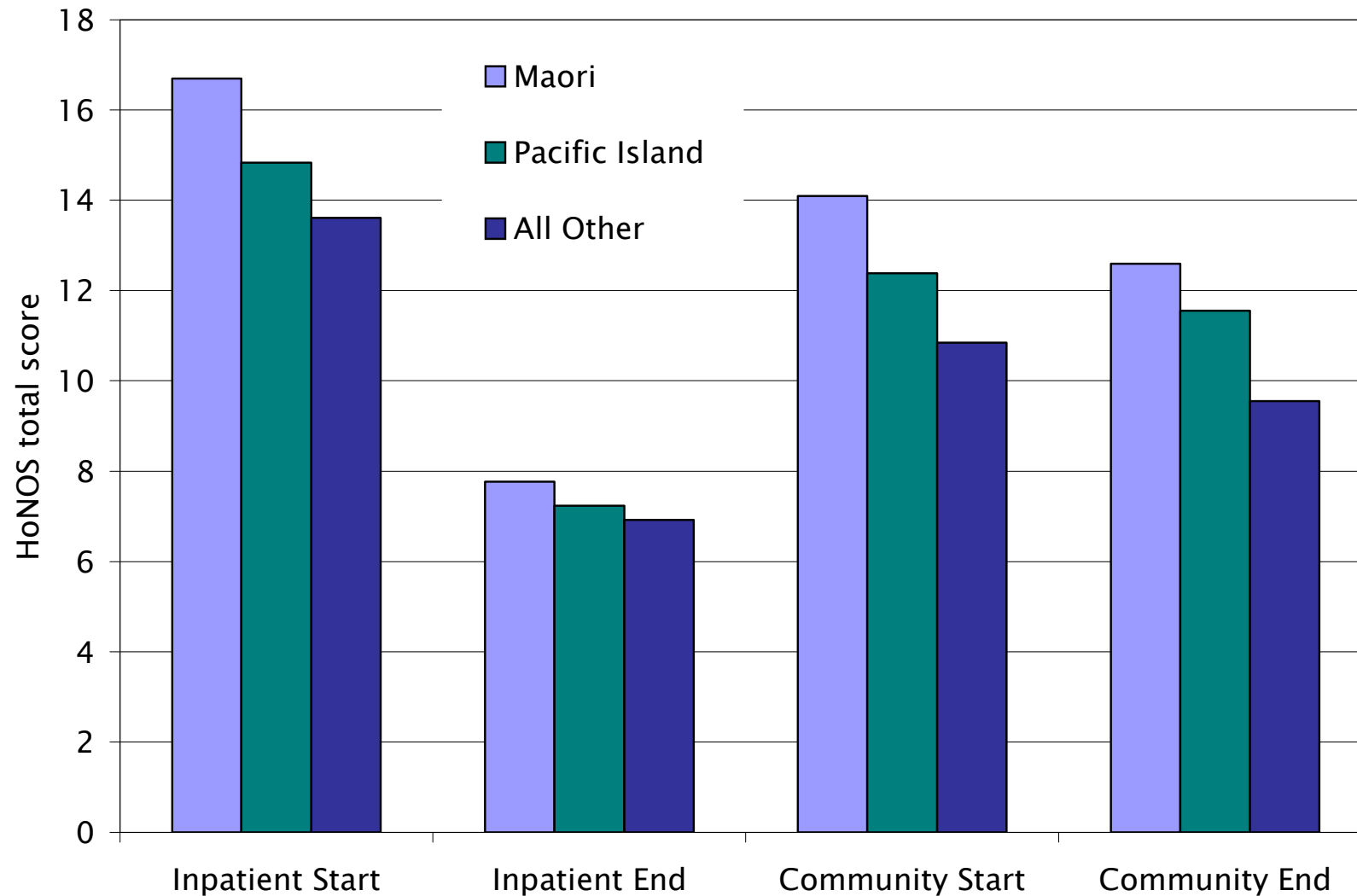
NGO Workforce by ethnicity

Workforce	Maori	NZ European	Other European	Pacific Peoples	Indian	Asian	Minority Ethnicities
Support Services	0.22	0.61	0.07	0.05	0.01	0.03	0.02
Administration	0.23	0.58	0.06	0.06	0.02	0.03	0.01
Management	0.17	0.67	0.09	0.04	0	0.01	0.02
Clinical Staff	0.13	0.67	0.11	0.04	0	0.02	0.04
Complementary							
Total Workforce	0.19	0.63	0.08	0.05	0.01	0.02	0.02
NZ Census	0.13	0.68	0.06	0.06	0.02	0.02	0.03

Source: NgOIT 2007 Workforce Survey (Platform)

With what effect?

HoNOS start and end scores for inpatient services (Eagar et al: 2004)



Things to consider:

- Whose outcomes anyway?
- Social plurality and social capital
- Outcomes - measurement and attribution
- Casemix adjustment
- Avoiding the potential for misuse of information
- Workforce capability building – core competencies



Part three: 'Outcomes' in the future



Three world changing transitions

1. Population growth is slowing.
2. Prosperity is spreading.
3. Carbon dioxide emissions are increasing.

Predicted social changes in NZ (2051)

1. NZ population projected to reach 5.05 million.
2. Population growth will slow down.
3. Half of NZs population will be 46 years +
4. One in four people will be aged 65 and over.
5. Labour force will peak in 2027 before declining.
6. The number of children (0-14) in the Maori, Pacific and Asian populations will continue to increase.
7. A more diverse society.
8. Trends suggest that society will become more unequal.
9. We will have forged a new national identity.
10. Huge technological advances.

Citizenship – a new paradigm of progress

- Social capital
 - Social inclusion
 - Civic participation
- Democracy
- People centredness
- Valuing diversity

Preparing for the future

- All of our individual efforts around improving individual consumer and societal outcomes will make a difference that is incremental and cumulative.
- Continue to find innovative ways to equip the mental health workforce with the necessary knowledge and skills so that they are better able to use information to improve service delivery.
- Focus on creating knowledge and promoting understanding rather than getting stuck on taking credit or apportioning blame.
- Actively engage with our local communities of interest.