Measuring outcomes in community care: an exploratory study for ADHC NSW

Presenter: Alan Owen
Date: 21 July 2010

This exploratory study makes a case for outcome measurement being reliant on better ways to classify clients, based on their goal of care and the main characteristics that drive their need for care and support. The recommended ways of adopting a more systematic approach should start with initial agreement on a common interest in, and shared understanding of the value of, adopting a common outcomes-oriented classification approach.

A set of data elements on client and carer outcomes along with recommended items on other measures such as social isolation, should be incorporated in the ADHC CIS 2 to form Version 1 of a Core Community Care Data Item Pool for supporting outcome measurement, classification and information sharing across programs, service types and agencies. Most of the listed items are already in place as a result of previous work in these areas. We recommend using an adaptation of Computer Adaptive Testing (CAT) - a computer algorithm is used to pre-select the items that will be administered to a specific client based on responses to previous items.

The aim of a client outcomes focus is to ensure that meaningful comparisons are possible for the purposes of service development, for example:

- a capacity to compare aggregated person-level outcome measures within an organisation can answer questions at the agency level about the relative effectiveness of interventions;

- a capacity to compare common data across agencies for benchmarking purposes can answer questions at the system level about the relative effectiveness of agencies and the way they provide services.

In addition to incorporating the data element pool in the NSW ADHC CIS2, a systematic and relatively long term plan needs to be developed for building a consistent approach. For efficiency and consistency and to make an effective work program, promoting a national framework for this work would be important, and would conserve resources including those needed for an education and training strategy. This could be either by progressive implementation on a jurisdiction-by-jurisdiction basis or by progressive implementation within a national intake assessment system.