



**WAPHA**  
WA Primary Health Alliance

**phn**

PERTH NORTH, PERTH SOUTH,  
COUNTRY WA

An Australian Government Initiative

# **WA Primary Health Alliance Outcomes Framework**

A Consistent Set of Outcomes Indicators

20 June 2018

## **Introduction**

The WAPHA Outcomes Framework contains a set of consistent outcomes indicators developed to demonstrate changes in the health outcomes of clients. The indicators align with WAPHA's role in achieving outcomes-based contracting in the primary care sector. This is a shift from traditional commissioning that focusses on processes and activities rather than patient/client outcomes and experience.

The consistent set of outcomes indicators have been chosen to align with the 'Person' and 'Clinical' components of the WAPHA Outcomes Framework. This framework is based on the Quadruple Aim Framework founded in the work by the Institute for Healthcare Improvement, Triple Aim, and complemented by Bodenheimer and Sinky's revised approach: *From Triple to Quadruple Aim: Care of the Patient Requires Care of the Provider*.

There are 6 outcomes indicators that are required to be reported by providers. Providers can also choose from a list of 11 optional outcomes indicators. In the event the service has a valid reason to substitute a required outcomes indicator, the service can choose from the list of optional outcomes indicators in the relevant domain. Refer to Figure 1 "WA Primary Health Alliance Outcome Framework – Outcomes indicators.

The outcomes indicators do not set targets for service providers. It is intended to be used as a tool for services to identify priorities for quality improvement and to demonstrate the progress they are making on improved health and wellbeing outcomes for their clients.

## **Embedding Outcomes**

The outcomes indicators are to be embedded into the Outcomes Maps.

## **Comments**

Any queries or comments on the outcomes indicators can be sent to [outcomes@wapha.org.au](mailto:outcomes@wapha.org.au).

## **User Guide**

The set of outcomes indicators will be accompanied by the WAPHA Outcomes Framework User Guide that provides information on how to collect and report on the outcomes indicators.

## **Exemptions**

General Practitioner Services, Comprehensive Primary Care, Health Care Home, Headspace and Integrated Team Care programs are exempt from using the outcomes indicators. Providers can apply for exemptions from some or all of the required indicators by contacting their contract relationship manager.

**Figure 1: WA Primary Health Alliance Outcome Framework – Outcomes Indicators (version 1.6 - 20 June 2018)**

**WA Strategic Outcome: Improving health outcomes**

**WAPHA Objectives: Building capacity within the place, increasing accessibility and reducing inequity, providing care coordination, people receive the right care, in the right place at the right time, delivery of services with a person-centred approach, and creation of locally sustainable health systems**

<p><b>Outcome 1: Person.</b> Improved client experience in care. People are treated well and with respect, and are actively participating in their care in a culturally appropriate environment.</p>	<p><b>REQUIRED Outcome Indicators contributing to Outcome 1</b> (services are required to report on <u>all</u> from this list)</p> <ol style="list-style-type: none"> <li>1. Percentage of clients indicating that staff showed respect for how they were feeling</li> <li>2. Percentage of clients that had opportunities to discuss their support or care needs with staff</li> <li>3. Percentage of clients had their culture, beliefs and values respected</li> </ol>	<p><b>OPTIONAL Outcome Indicators contributing to Outcome 1</b> (services have the <u>option</u> to choose from this list)</p> <ol style="list-style-type: none"> <li>4. Percentage of clients that would recommend the service to friends and family if they needed similar care or treatment</li> <li>5. Percentage of clients that had access to the staff involved in their support or care when they needed it</li> <li>6. Percentage of clients that were listened to in all aspects of their support or care</li> <li>7. Percentage of clients indicating that staff worked as a team in their support or care (for example, sharing information and attending meetings with the client).</li> </ol>
<p><b>Outcome 2: Clinical.</b> Clients feel better and are better. The clinical indicators for their condition have improved. They understand their condition and are active participants in their health. They make positive lifestyle choices.</p>	<p><b>REQUIRED Outcome Indicators contributing to Outcome 2</b> (services are required to report on <u>all</u> from this list – see notes for exceptions)</p> <ol style="list-style-type: none"> <li>8. Percentage of clients indicating that care received will help them manage their condition better</li> <li>9. Percentage of clients feeling that their health will improve after receiving care</li> <li>10. Percentage of clients with improvements in psychological distress and psychosocial functioning: a) Kessler 10+ b) Kessler 5 c) Strengths and Difficulties <sup>a</sup></li> <li>11. Percentage of clients reporting improved health state at the end of their episode of care - based on EQ-5D-5L <sup>b</sup></li> <li>12. Percentage of clients a) who report reducing or ceasing drug use b) reporting improved physical health status c) reporting improved mental health/emotional health status d) who report reducing frequency of use or ceasing drug use (other drug/s of concern) e) who report improved confidence in reducing or ceasing drug use at exit f) with increased rating of skills and knowledge g) reporting improved relationships with other people <sup>c</sup></li> </ol>	<p><b>OPTIONAL Outcome Indicators contributing to Outcome 2</b> (services have the <u>option</u> to choose from this list)</p> <ol style="list-style-type: none"> <li>13. Percentage of clients understanding their condition and treatment</li> <li>14. Percentage of clients indicating that their care is planned with people who work together to understand them and their carer(s), put them in control, co-ordinate and deliver services to achieve their best outcomes</li> <li>15. Percentage of clients indicating effort was made to listen to the things that matter most to them about their health issues</li> <li>16. Percentage of clients indicating effort was made to include what matters most to them in choosing what to do next</li> <li>17. Percentage of clients feeling more able to make positive lifestyle choices</li> <li>18. Percentage of clients whose condition has improved, measured by a validated tool or clinical guideline (e.g., HbA1C)</li> <li>19. Percentage of clients reporting improvements in circumstances <sup>c</sup></li> </ol>
<p><b>Outcome 3: System.</b> All services cooperate and coordinate the planning and delivery of care for people, their families and communities in partnership within teams and across services.</p>	<p>Providers and contract relationship managers to co-design</p>	<p>Providers and contract relationship managers to co-design</p>
<p><b>Outcome 4: Provider.</b> Services are well managed and are both effective and efficient. Clinicians are engaged and are supported within the organisation. Positions are filled with qualified, committed staff. Organisations are well thought of in the local area.</p>	<p>Providers and contract relationship managers to co-design</p>	<p>Providers and contract relationship managers to co-design</p>

**Notes:**

- a. Outcome Indicator 10 is relevant for mental health programs.
- b. Outcome Indicator 11 is relevant for chronic disease programs.
- c. Outcome Indicators 12 and 19 are relevant for alcohol and drug treatment programs.