

# **WA Primary Health Alliance Outcomes Framework**

## **Outcomes Data Set User Guide**

17 July 2019

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# 1. Background

The Western Australia Primary Health Alliance (WAPHA) Outcomes Framework contains a set of consistent outcomes indicators (the Outcomes Data Set) developed to demonstrate changes in the health outcomes of clients. The consistent set of required and optional 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 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*.

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.

The purpose of this User Guide is to provide information to Contract Managers and service providers on the collection and reporting on the outcomes indicators.

## 2. WAPHA's Required and Optional Outcomes Indicators

There are six outcomes indicators that are required to be reported by providers. Required outcomes indicators are 1, 2, 3, 8, 9 (and choose either 10, 11 or 12). That is, 10 is specific for mental health, 11 is specific for chronic disease and 12 is specific for alcohol and drug treatment services. For all commissioned services that fall into one of those three areas (mental health, chronic diseases or alcohol and drug treatment services) they will be required to incorporate the relevant indicator (10, 11 or 12) into their Outcomes Map.

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 outcome indicator, the service can choose from the list of optional outcome indicators in the relevant domain. If neither the required nor optional outcomes indicators are relevant, the service can apply for an exemption. The policy and process are explained on pages 12 and 13.

Refer to Appendix A for the list of required and optional outcomes indicators to be embedded into the Outcomes Maps.

## 3. WAPHA Preapproved Outcomes Exemptions

Preapproved exemptions exist on two levels for applicable services. These services do not need to put through an exemption request form for approval.

### 3.1 Two Levels of Exemptions

1. Full exemption from the Outcomes Map
2. Partial exemption from elements of the Outcomes Map

### Level 1: Full Exemption from the Outcomes Map

Service types listed below are exempt from the Outcomes Map in its entirety:

- General Practitioner Services
- Comprehensive Primary Care
- Health Care Home
- Headspace
- Integrated Team Care Programs
- Suicide Trial Site Activities

Contracts with the following specifications are also exempt from the Outcomes Map in its entirety:

- Under \$100,000 AND non-recurrent

### Level 2: Partial Exemption from Outcomes Map

Service types and models listed here are exempt from the Required Indicators (for Person and Clinical) but still need to complete an Outcomes Map. These include:

- Contracts specifically for Workforce Building, Training, and Capacity Building

## 4. Client Survey Items

Service providers are to administer a survey to clients for the collection of items in this section.

### 4.1 Required Outcomes Indicators

The following questions and scales are to be used for clients surveyed. All surveys must include the exact wording and scales listed below to ensure all data, across all services and providers, are collected uniformly.

#### Outcome Domain 1: Person

Required Indicator	Question: Thinking about the care you have received from this service within the last 3 months or less, what was your experience in the following areas	Scale
1	Staff showed respect for how you were feeling.	1. Never 2. Rarely 3. Sometimes 4. Usually 5. Always
2	You had opportunities to discuss your support or care needs with staff.	1. Never 2. Rarely 3. Sometimes 4. Usually 5. Always
3	Your culture, beliefs and values were respected.	1. Never 2. Rarely 3. Sometimes 4. Usually

		5. Always
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## Outcome Domain 2: Clinical

Required Indicator	Question: Thinking about the care you have received from this service within the last 3 months or less, how did it impact on you in the following areas	Scale
8	The care that I received will help me manage my condition better.	1. Strongly Disagree 2. Disagree 3. Neutral 4. Agree 5. Strongly Agree
9	I feel that my health will improve after the care that I received.	1. Strongly Disagree 2. Disagree 3. Neutral 4. Agree 5. Strongly Agree

## 4.2 Optional Outcomes Indicators

If a service provider chooses to incorporate any of the optional outcomes indicators into their Outcomes Map, the following questions and scales are to be used for each optional indicator selected. All surveys must include the exact wording and scales listed below to ensure all data, across all services and providers, are collected uniformly.

### Outcome Domain 1: Person

Optional Indicator	Question	Scale
4	How likely are you to recommend our service to friends and family if they needed similar care of treatment?	1. Extremely likely 2. Likely 3. Neither likely nor unlikely 4. Unlikely 5. Extremely unlikely 6. Don't know

Optional Indicator	Question: Thinking about the care you have received from this service within the last 3 months or less, what was your experience in the following areas	Scale
5	You had access to the staff involved in your support or care when you needed it.	1. Never 2. Rarely 3. Sometimes 4. Usually 5. Always
6	You were listened to in all aspects of your support or care.	1. Never 2. Rarely 3. Sometimes 4. Usually 5. Always

Optional Indicator	Question: Thinking about the care you have received from this service within the last 3 months or less, what was your experience in the following areas	Scale
7	Staff worked as a team in your support or care (for example, sharing information and attending meetings with you).	1. Never 2. Rarely 3. Sometimes 4. Usually 5. Always

#### Outcome Domain 2: Clinical

Optional Indicator	Question: Thinking about the care you have received from this service within the last 3 months or less, how did it impact on you in the following areas	Scale
13	I understood my condition and treatment.	1. Strongly Disagree 2. Disagree 3. Neutral 4. Agree 5. Strongly Agree
14	My care is planned with people who work together to understand me and my carer(s), put me in control, co-ordinate and deliver services to achieve my best outcomes.	1. Strongly Disagree 2. Disagree 3. Neutral 4. Agree 5. Strongly Agree
17	I feel more able to make positive lifestyle choices.	1. Strongly Disagree 2. Disagree 3. Neutral 4. Agree 5. Strongly Agree

Optional Indicator	Question: Thinking about the appointment(s) you have had:	Scale
15	How much effort was made to listen to the things that matter most to you about your health issues?	0. No effort made 1. 2. 3. 4. 5. 6. 7. 8. ↓ 9. Every effort made
16	How much effort was made to include what matters most to you in choosing what to do next?	0. No effort made 1. 2. 3. 4. 5. 6. 7. 8. ↓ 9. Every effort made

## 5. How to collect the client survey items

### 5.1 Process

#### Required Indicators

All clients accessing services commissioned by WAPHA will need to be asked the survey questions aligned with Person outcome indicators 1, 2 and 3, and Clinical outcome indicators 8 and 9. These are the set of *required* outcomes indicators.

#### Optional Indicators

Clients accessing services commissioned by WAPHA may be asked the survey questions aligned with Person outcome indicators 4, 5, 6 and/or 7, and Clinical outcome indicators 13, 14, 15, 16 and/or 17. These are the set of *optional* outcomes indicators that can be chosen by the service provider/Contract Manager.

### 5.2 Timing

As a guide clients are to be surveyed at 3 months from first contact or discharge (whichever comes first).

### 5.3 Data Collections

The options for incorporating WAPHA's survey questions into the service provider's data collections are outlined in the table on page 7 and in Appendix B.

Existing circumstance	Option	Notes and specifications
Service has an existing survey method and already gets client feedback	Add WAPHA's required questions to your existing survey	This will only work if your survey can be consistently given to clients at 3 months after first contact or at discharge/exit (whichever comes first). WAPHA's indicators require this timing for consistency.
Service does not have an existing survey or method to collect client feedback	WAPHA will provide information on how to design the survey form via SurveyMonkey	SurveyMonkey accounts are free and you can use its basic functionality on surveys that have less than 10 questions.

### 5.4 Response rates

The minimum response rates for the collection of client surveys is 30%.

## 6. Required Clinical Outcome Indicators Data Collections

Service providers are to administer a clinical instrument to clients for the collection of items in this section.

For required clinical outcome indicators 10, 11 or 12 the clients are asked to provide responses to items outlined in this section.

Clients are to complete the items at first contact of their treatment and at discharge.

### 6.1 Mental Health

For required outcome indicator 10 (mental health services) outcome items are already collected as part of the national data collection the Primary Mental Health Care – Minimum Data Set (PMHC-MDS). Specifications are available at <https://www.pmhc-mds.com/>

This collection contains the following outcome measures:

- K10+: Adults, clinician discretion for those under 18 years
- K5: Option for Aboriginal and Torres Strait Islander clients
- Strengths and Difficulties Questionnaire (SDQ): Children and young people

At a minimum, collection of outcome data is required at both Episode Start and Episode End, but may be more frequent if clinically indicated and agreed by the client.

Reporting to the PMHC MDS, including clinical outcome collection measurements, is a mandatory requirement directed by the Commonwealth Government. WAPHA has no discretion to exempt mental health service providers from these outcome measures. From July 1, WAPHA will be required to report clinical outcomes for psychological therapy to the Commonwealth, as part of the Primary Health Network (PHN) Performance and Quality Framework.

Contract Managers will be provided resources (reports and remediation plan) to assist mental health service providers in complying with the PMHC-MDS requirements.

Please contact the Data Liaison & Reporting Analysts (e-mail [pmhcmands@wapha.org.au](mailto:pmhcmands@wapha.org.au)) for further information on this data collection.

### 6.2 Chronic Disease

For required outcome indicator 11 (chronic disease treatment services) the following items are to be collected as part of a new data collection:

#### 1. Demographic items and values:

- **Age (in years):**  
Age is collected for each client by subtracting date of birth (dd/mm/yyyy) from the end of treatment date (dd/mm/yyyy).



- **Gender identity:**
  1. Male
  2. Female
  3. Gender diverse
  4. Intersex
  5. Indeterminate
- **Indigenous status:**
  1. Aboriginal but not Torres Strait Islander origin
  2. Torres Strait Islander but not Aboriginal origin
  3. Both Aboriginal and Torres Strait Islander origin
  4. Neither Aboriginal nor Torres Strait Islander

Providers are to refer to the User Manual on how these items are collected.

## 2. Chronic condition:

The following item is to be collected for each client relating to their primary (or main) chronic disease condition (choose **one** only):

1. Diabetes
2. Asthma
3. COPD
4. Cardiac
5. Other (specify) \_\_\_\_\_

## 3. Chronic Condition Assessment (using the EQ-5D-5L):

The items (as listed on pages 9 and 10) are to be collected for each client using the EQ-5D-5L questions and scales. The required survey items are outlined the EuroQol EQ-5D-5L questionnaire located at:

[https://euroqol.org/wp-content/uploads/2016/10/Sample\\_UK\\_English\\_EQ-5D-5L\\_Paper\\_Self\\_complete\\_v1.0\\_ID\\_24700.pdf](https://euroqol.org/wp-content/uploads/2016/10/Sample_UK_English_EQ-5D-5L_Paper_Self_complete_v1.0_ID_24700.pdf)

**Registration of the use of the EQ-5D-5L questionnaire is required before the survey can be administered.** EQ-5D™ is a trade mark of the EuroQol Research Foundation. WAPHA has applied for registration on behalf of our commissioned services and will provide the following tools once registration has been approved by EuroQol:

- English (Australia) / EQ-5D-5L Self complete - Digital - Tablet
- English (Australia) / EQ-5D-5L Self complete – Paper

Further information on the use of the EQ-5D-5L questionnaire is located at:

[https://euroqol.org/wp-content/uploads/2016/09/EQ-5D-5L\\_UserGuide\\_2015.pdf](https://euroqol.org/wp-content/uploads/2016/09/EQ-5D-5L_UserGuide_2015.pdf)

Under each heading, please tick the **ONE** box that best describes your health **TODAY**

**MOBILITY**

- I have no problems in walking about ☐
- I have slight problems in walking about ☐
- I have moderate problems in walking about ☐
- I have severe problems in walking about ☐
- I am unable to walk about ☐

**SELF-CARE**

- I have no problems washing or dressing myself ☐
- I have slight problems washing or dressing myself ☐
- I have moderate problems washing or dressing myself ☐
- I have severe problems washing or dressing myself ☐
- I am unable to wash or dress myself ☐

**USUAL ACTIVITIES** (e.g. work, study, housework, family or leisure activities)

- I have no problems doing my usual activities ☐
- I have slight problems doing my usual activities ☐
- I have moderate problems doing my usual activities ☐
- I have severe problems doing my usual activities ☐
- I am unable to do my usual activities ☐

**PAIN / DISCOMFORT**

- I have no pain or discomfort ☐
- I have slight pain or discomfort ☐
- I have moderate pain or discomfort ☐
- I have severe pain or discomfort ☐
- I have extreme pain or discomfort ☐

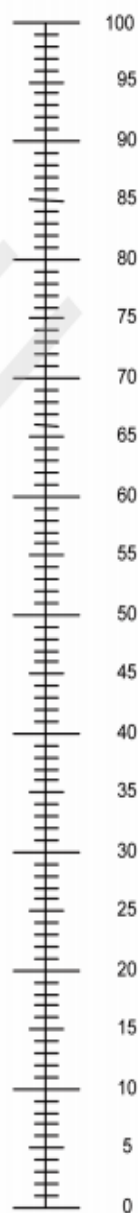
**ANXIETY / DEPRESSION**

- I am not anxious or depressed ☐
- I am slightly anxious or depressed ☐
- I am moderately anxious or depressed ☐
- I am severely anxious or depressed ☐
- I am extremely anxious or depressed ☐

- We would like to know how good or bad your health is **TODAY**.
- This scale is numbered from **0** to **100**.
- **100** means the best health you can imagine.  
**0** means the worst health you can imagine.
- Mark an **X** on the scale to indicate how your health is **TODAY**.
- Now, please write the number you marked on the scale in the box below.

YOUR HEALTH TODAY =

The best health  
you can imagine



The worst health  
you can imagine

Source: EQ-5D™ is a trade mark of the EuroQol Research Foundation. EQ-5D-5L questionnaire (sample)

## 6.3 Alcohol and Other Drug

The following outcome indicators for alcohol and other drug (AOD) treatment programs are based on the Mental Health Commission's (MHC) alcohol and drug treatment outcome measures.

### Required Outcome Indicator 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.

### Optional Outcome Indicator 19

Percentage of clients reporting improvements in circumstances.

To reduce the reporting burden WAPHA has chosen to use the MHC outcome measures as most of our AOD treatment services are co-funded with the MHC.

#### **1. SIMS for co-funded Mental Health Commission (MHC) services**

SIMS is a data collection developed by the Mental Health Commission (MHC) that includes items for the mandatory collection of national data (the AODT-NMDS) as well as the collection of the MHC alcohol and drug treatment outcome measures. Most of our AOD services already report on the SIMS data collection. Contact the Mental Health Commission for further information on SIMS.

#### **2. Options for AOD treatment service providers who are not jointly funded with MHC**

For AOD treatment service providers who are not jointly funded with MHC, they are also required to collect and report items for the mandatory collection of national data (the AODT-NMDS). In addition, these services are required to use the following questions and scales for clients surveyed. All surveys must include the exact wording and scales listed in the table on page 14 and demographic items outlined on page 15.

Required Indicator	Client group	Question	Scale
12.a	The question is asked of non-residential consumers attending for own drug use	Over the last week, have you used your primary drug of concern?	1. Several times a day 2. Daily 3. Most days of the week 4. One to two times a week 5. Not at all
12.b	The question is asked of all consumers including family/significant others	Over the last week, how has your physical health been?	1. Very poor 2. Fair 3. Satisfactory 4. Good 5. Very good
12.c	The question is asked of all consumers including family/significant others	Over the last week, how has your mental health been (e.g., your emotional wellbeing/stress level)?	1. Very poor 2. Fair 3. Satisfactory 4. Good 5. Very good
12.d	The question is asked of non-residential consumers attending for own drug use	Over the last week, have you used other drug/s of concern?	1. Several times a day 2. Daily 3. Most days of the week 4. One to two times a week 5. Not at all
12.e	The question is asked of all consumers attending for own drug use	Today, has your confidence in being able to reduce or stop your alcohol/drug use increased?	1. Not at all 2. A little 3. Moderately 4. A lot 5. Extremely
12.f	The question is asked of all consumers participating in education/training sessions	Have your skills and knowledge increased after participating in this education/training session	<i>Providers can develop their own scales to the question. An example is provided below:</i> 1. Not at all 2. A little 3. Moderately 4. A lot 5. Extremely
12.g	The question is asked of all consumers including family/significant others	Over the last week, how have your relationships with other people been	1. Very poor 2. Fair 3. Satisfactory 4. Good 5. Very good

## Demographic items and values:

- **Age (in years):**  
Age is collected for each client by subtracting date of birth (dd/mm/yyyy) from the end of treatment date (dd/mm/yyyy).
- **Gender identity:**
  1. Male
  2. Female
  3. Gender diverse
  4. Intersex
  5. Indeterminate
- **Indigenous status:**
  1. Aboriginal but not Torres Strait Islander origin
  2. Torres Strait Islander but not Aboriginal origin
  3. Both Aboriginal and Torres Strait Islander origin
  4. Neither Aboriginal nor Torres Strait Islander

## 7. Optional Clinical Outcome Indicator Data Collection

Service providers can choose to administer a clinical instrument to clients for the collection of items in this section.

Clients are to complete the items at first contact of their treatment and at discharge.

For optional indicator 18 the service providers/Contract Manager can choose a clinical measure they want to use or already use. One such example is diabetes services that commonly use the HbA1C clinical measure. The clinical indicator would be stated as the percentage of clients whose condition has improved, measured by the HbA1C.

For optional indicator 19 (applies to AOD treatment services only) the service providers/Contract Manager can choose to collect the following items, if desired.

Optional Indicator	Client group	Question	Scale
19	The question is asked of all consumers including family/significant others	Has your circumstances improved?	<i>Providers can develop their own scales to the question. An example is provided below:</i> <ol style="list-style-type: none"><li>1. Not at all</li><li>2. A little</li><li>3. Moderately</li><li>4. A lot</li><li>5. Extremely</li></ol>

## 8. Reporting

The WAPHA Health Planning team will design and supply templates to assist providers in adding up their data and results for reporting.

Refer to Appendix C for examples of reporting templates for the collection of required and optional outcomes indicators.

Counting rules will also be provided to assist users in understanding how to add up data and results.

The outcomes indicators will be reported in the data plan with the Outcomes Map. The Data Plan is an additional document that will need to list all indicators chosen within the Outcomes Map (refer to template in Appendix D).

## 9. How to apply for exemptions from some or all of the required indicators

The WAPHA Outcomes Exemptions Policy set outs the principles and rules to the granting of exemptions or substitutions from required outcomes in the WAPHA Outcomes Framework. This Policy applies to existing and new service providers commissioned by WAPHA.

WAPHA will exempt a provider if the following criteria apply:

- Relevancy - outcome measure is not relevant to the type of service being offered by the provider. For example, the provider is a client referral or workforce development service.
- Appropriateness – outcome measure is not appropriate to the client group (e.g., a cultural group or age-specific population groups) that is receiving healthcare services exclusive from that provider.
- Practicality – the outcome measure is not practical to use as the provider is involved in an existing outcome measure program along with other PHN providers, where evaluation is long-term and is overseen by a recognised institute. The outcome measure is rigorously reviewed and tested and aligns to the WAPHA outcome.
- Reporting burden – outcome measure to be collected will provide a significant burden to the provider in their current data collections or a small organisation does not have capacity to collect the data.

### Process for applying for exemptions

Contract Manager (the requestor) on behalf of the provider can apply for exemptions or substitutions from:

- Outcomes Map including required indicators
- Some or all of the required indicators

- Individual indicator where it cannot be substituted with an optional indicator
- Substitution from a required indicator with an optional indicator from relevant domain

The exemption form is to be completed by the Contract Manager (the requestor) on behalf of the provider and submitted to the Outcomes Framework Steering Committee (Steering Committee) for a recommendation.

The Chair of the Steering Committee submits the exemption recommendation to the Commissioning Coordination Committee for a decision and provides feedback to the requestor.

The storage of forms and exemption decisions are to be maintained by the Health Planning Team.

The WAPHA Exemption Outcomes policy and exemption form are located at:

- Appendix E (exemption policy) and Appendix F (exemption form) of the User Guide
- WAPHA Shared drive at S:/Outcomes Mapping/Exemptions/

## **10. Planned annual review of the Outcomes Framework process and outcomes indicators**

To assist in the annual review of the outcomes indicators you can forward your comments via [outcomes@wapha.org.au](mailto:outcomes@wapha.org.au). The Health Planning team will respond to your comments. All information will be kept on a feedback register to be considered in the annual review of the process and suite of outcomes indicators.

## **11. Resources**

1. WAPHA Outcomes Framework website: <http://www.wapha.org.au/outcomes-framework/>
  - WAPHA Outcomes Indicators – outlines the set of required and optional outcomes indicators.
  - Webinar - message from WAPHA CEO Learne Durrington about implementation of the WAPHA Outcomes Framework.
2. WAPHA Outcomes User Manual.  
The manual includes information on how to download the survey monkey tool, its costs, screen shots and instructions on how to administer the survey to collect clients' responses to the survey items. Please contact your Contract Manager to request a copy of this manual if you are a commissioned service provider.



## 12. Frequently Asked Questions – or who to ask if I need help?

### Question 1: Who can I contact if I need more information or to explain the requirements to the Providers?

Answer:

A. If you would like more information on how to *collect* and *report* on required and optional outcomes indicators you can contact:

- Susan Pearce, Senior Data Analyst, Health Planning Team, Tel: (08) 6278 7936, email: [susan.pearce@wapha.org.au](mailto:susan.pearce@wapha.org.au)

B. If you would like more information on how to *apply for exemptions*, *embed* the required and optional outcomes indicators into the outcomes maps, or who to contact to meet with service providers:

- Desiree Nangle, Project Officer, PHN Coordination Team, Tel: (08) 6278 7945, email: [desiree.nangle@wapha.org.au](mailto:desiree.nangle@wapha.org.au)

C. Information about the Primary Mental Health Care Minimum Data Set collection, response rates or reporting:

- Kaylie Toll, Project Officer - Primary Mental Health Care Minimum Data Set, Health Planning Team, Tel: 08 6278 7925, email: [kaylie.toll@wapha.org.au](mailto:kaylie.toll@wapha.org.au)

### Question 2: Are the surveys to be completed by the client anonymous?

Answer:

The client feedback surveys are anonymous. Providers are to collect survey data without identifying the client.

Surveys to assess Clinical client outcomes for alcohol and drug, mental health and chronic disease clinical outcome measures are not anonymous and will identify the client so that clinicians can track the progress of their clients' clinical outcomes.

### Question 3: Are we still adding outcomes indicators to the new Outcomes Map?

Answer:

For Outcome Domain 1 - Person and Outcome Domain 2 – Clinical:

- Required and optional outcome indicators apply to these domains. The required outcome indicators are to be embedded into the outcome maps for all commissioned services.

- Providers/Contract Managers can choose from the optional outcome indicators in the relevant Outcomes Domain (1 or 2) and can also incorporate co-designed outcomes that are important for their specific service. This co-design is to be done by providers with Contract Managers.

For Outcomes Domain 3 – System and Outcome Domain 4 – Provider:

- Required and optional outcome indicators do not apply to these domains.
- Providers/Contract Managers are to co-design and add outcomes indicators that are specific to their programs.

**Question 4: What would be a realistic number of outcomes indicators for Outcomes 3 and 4 that the providers are required to co-design with the Contract Manager?**

Answer:

The number of outcomes indicators per domain is dependent of the programs. However, there should be enough indicators to capture the main areas of impact the service is focused on. Limit the numbers to what's absolutely necessary to allow the program to have a realistic evidence base of indicators that will give information on the impact of services being delivered while giving Contract Managers the ability to manage the contract meaningfully.

Overall, the main purpose is to ensure the outcome indicators align well to the outcome statements that reflect the main goals of the service. The indicators should be relevant, achievable, timely and realistic, including data that can be collected with the minimal amount of reporting burden possible. Quality of indicators over quantity of indicators is the focus where less indicators means better targeted ones.

**Question 5: Are the existing outcomes indicators in the outcome maps acceptable for inclusion?**

Answer:

Previous indicators, if they add value beyond the required indicators should absolutely be included. We want to capture what makes this program special in terms of the impact it's achieving. If you and the provider believe the required indicators do not fit with the service, Desiree Nangle (email [Desiree.Nangle@wapha.org.au](mailto:Desiree.Nangle@wapha.org.au)) can help you to apply for the relevant exemptions. One example of this is care coordination not being positioned to measure clinical outcomes as it's not a treatment service.

**Question 6: When are providers able to commence collection of the survey items?**

Answer:

Collection is to commence officially on 1 January 2019. However, it is encouraged that collection, if its practical to do so, commences well before this timeframe so that any issues can be sorted prior to this go-live date. Anticipated problems that may need resolving can include compliance/adherence rates for clients being surveyed and/or technical issues in the collection of the survey data.

**Question 7: When are the providers able to report on the outcomes indicators that use the survey items?**

Answer:

Reporting is to commence officially on 1 July 2019 for the survey item collection period of 1 January 2019 to 30 June 2019, and every six months that follows.

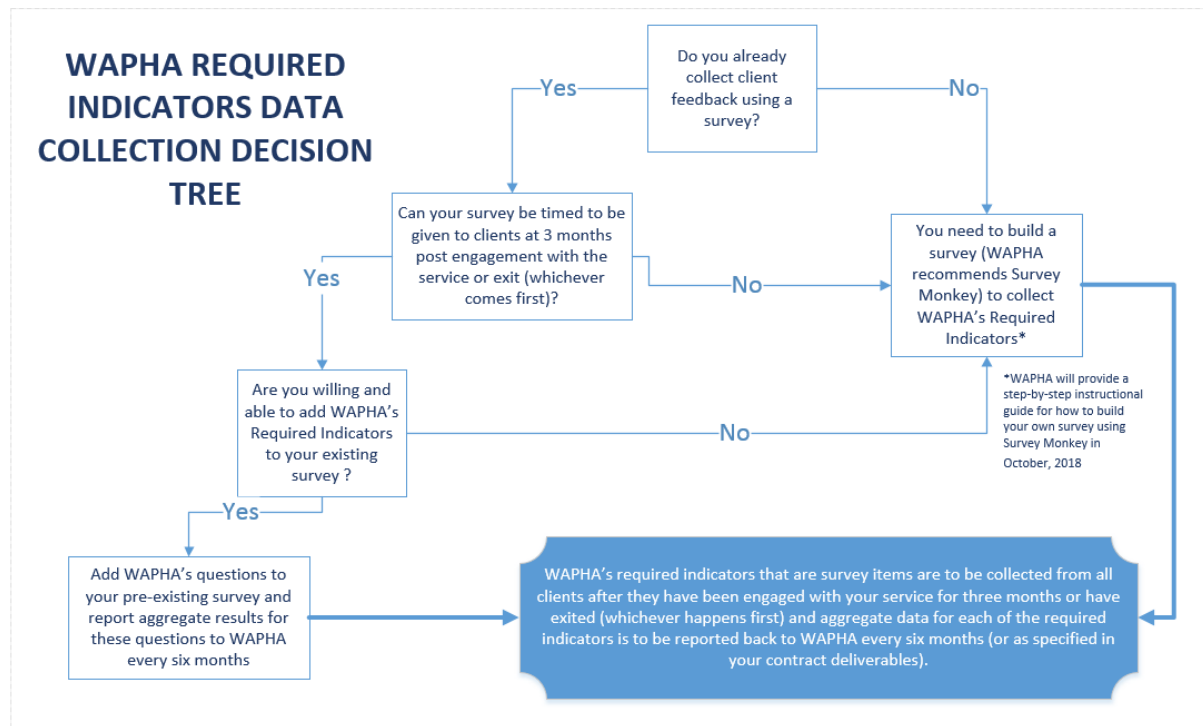
# Appendix A: WA Primary Health Alliance Outcome Framework – Outcomes Indicators (version 1.6 – 20 June 2018)

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		
<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.	<b>REQUIRED Outcome Indicators contributing to Outcome 1</b> (services are required to report on <u>all</u> from this list) <ol style="list-style-type: none"><li>Percentage of clients indicating that staff showed respect for how they were feeling</li><li>Percentage of clients that had opportunities to discuss their support or care needs with staff</li><li>Percentage of clients had their culture, beliefs and values respected</li></ol>	<b>OPTIONAL Outcome Indicators contributing to Outcome 1</b> (services have the <u>option</u> to choose from this list) <ol style="list-style-type: none"><li>Percentage of clients that would recommend the service to friends and family if they needed similar care or treatment</li><li>Percentage of clients that had access to the staff involved in their support or care when they needed it</li><li>Percentage of clients that were listened to in all aspects of their support or care</li><li>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>
<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.	<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) <ol style="list-style-type: none"><li>Percentage of clients indicating that care received will help them manage their condition better</li><li>Percentage of clients feeling that their health will improve after receiving care</li><li>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>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>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>	<b>OPTIONAL Outcome Indicators contributing to Outcome 2</b> (services have the <u>option</u> to choose from this list) <ol style="list-style-type: none"><li>Percentage of clients understanding their condition and treatment</li><li>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>Percentage of clients indicating effort was made to listen to the things that matter most to them about their health issues</li><li>Percentage of clients indicating effort was made to include what matters most to them in choosing what to do next</li><li>Percentage of clients feeling more able to make positive lifestyle choices</li><li>Percentage of clients whose condition has improved, measured by a validated tool or clinical guideline (e.g., HbA1C)</li><li>Percentage of clients reporting improvements in circumstances <sup>c</sup></li></ol>
<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.	Providers and Contract Managers to co-design	Providers and Contract Managers to co-design
<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.	Providers and Contract Managers to co-design	Providers and Contract Managers to co-design

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.

## Appendix B: Data Collection Method for Survey Items



## Appendix C: Reporting on Survey Items – Templates

### Required Outcome Indicators for Outcomes Domains 1 – Person and 2 – Clinical

Required Indicator	# Clients responded 1 on the scale	# Clients responded 2 on the scale	# Clients responded 3 on the scale	# Clients responded 4 on the scale	# Clients responded 5 on the scale	Total number of clients responded (1, 2, 3, 4 or 5 on the scale)	# clients responded 4 or 5 on the scale	% of clients responded 4 or 5 divided by total clients who responded x 100
1	<i>Example 10</i>	<i>Example 5</i>	<i>Example 0</i>	<i>Example 25</i>	<i>Example 10</i>	<i>Example 50</i>	<i>Example 35</i>	<i>Example 70%</i>
2								
3								
8								
9								

### Optional Outcome Indicators for Outcomes Domains 1 – Person and 2 – Clinical

Optional Indicator	# Clients responded 1 on the scale	# Clients responded 2 on the scale	# Clients responded 3 on the scale	# Clients responded 4 on the scale	# Clients responded 5 on the scale	# Clients responded 6 on the scale	Total number of clients responded (1, 2, 3, 4 or 6 on the scale)	# Clients responded 1 or 2 on the scale	% of clients responded 1 or 2 divided by total clients who responded x 100
4	<i>Example 25</i>	<i>Example 10</i>	<i>Example 0</i>	<i>Example 10</i>	<i>Example 5</i>	<i>Example 0</i>	<i>Example 50</i>	<i>Example 35</i>	<i>Example 70%</i>

Optional Indicator	# Clients responded 1 on the scale	# Clients responded 2 on the scale	# Clients responded 3 on the scale	# Clients responded 4 on the scale	# Clients responded 5 on the scale	Total number of clients responded (1, 2, 3, 4 or 5 on the scale)	# Clients responded 4 or 5 on the scale	% of clients responded 4 or 5 divided by total clients who responded x 100
5	<i>Example 10</i>	<i>Example 5</i>	<i>Example 0</i>	<i>Example 25</i>	<i>Example 10</i>	<i>Example 50</i>	<i>Example 35</i>	<i>Example 70%</i>
6								
7								
13								
14								
17								

Optional Indicator	# Clients responded 1 on the scale	# Clients responded 2 on the scale	# Clients responded 3 on the scale	# Clients responded 4 on the scale	# Clients responded 5 on the scale	# Clients responded 6 on the scale	# Clients responded 7 on the scale	# Clients responded 8 on the scale	# Clients responded 9 on the scale
15	<i>Example 5</i>	<i>Example 5</i>	<i>Example 0</i>	<i>Example 15</i>	<i>Example 10</i>	<i>Example 10</i>	<i>Example 10</i>	<i>Example 10</i>	<i>Example 5</i>
16									

Optional Indicator (continued)	Total number of clients responded (1, 2, 3, 4, 6, 7, 8 or 9 on the scale)	# clients responded 6, 7, 8 or 9 on the scale	% of clients responded 6, 7, 8 or 9 divided by total clients who responded x 100
15	50	35	70%
16			

## Appendix D: WAPHA Outcomes Map Data Plan

WAPHA OUTCOMES MAP DATA PLAN							
SERVICE:				PROVIDER:			
Domain	Outcome	Outcome Indicator	How will you measure this data	Method of collection (i.e. survey in survey monkey)	When will you measure (obtain) this data	Where is this data kept?	Responsibility (who will collect this data)
Person	Improved patient experience in care. People are treated well and with respect, and are actively participating in their care in a culturally appropriate environment.	Staff showed respect for how you were feeling	Client survey		When client has been engaged for 3 months or discharge		
		You had opportunities to discuss your support or care needs with staff	Client survey		When client has been engaged for 3 months or discharge		
		Your culture, beliefs and values were respected	Client survey		When client has been engaged for 3 months or discharge		
Clinical	People feel better and are better. The clinical	The care that I received will help me manage my condition better	Client survey		When client has been engaged for 3 months or discharge		



	indicators for their condition have improved. They understand their condition and are active participants in their health. They make positive lifestyle choices.	I feel more positive that my health with improve after the care that I received	Client survey		When client has been engaged for 3 months or discharge		
		Mandatory clinical indicator based on service type (K10/ AOD/ Chronic conditions)	Client survey				
System	All services cooperate and coordinate the planning and delivery of care for people, their families and communities in partnership within teams and across services.						
System							
System							

Provider	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.						
Provider							
Provider		Co design option					
<b>Domain</b>	<b>Activity</b>	<b>Activity Indicators</b>	<b>How will you measure this data</b>	<b>Method of collection</b> (i.e. survey in survey monkey)	<b>When will you measure (obtain) this data</b>	<b>Where is this data kept?</b>	<b>Responsibility</b> (who will collect this data)
Person							

Clinical							
System							
Provider							

# **Appendix E: WAPHA Outcomes Exemption Policy**

## **1. Introduction**

This Policy sets out the principles and rules to the granting of exemptions for required outcomes in the WAPHA Outcomes Framework.

## **2. Purpose**

The purpose of the policy is to ensure that the:

- 2.1 integrity and consistency of the standard of outcome measures is upheld;
- 2.2 granting of exemptions is transparent and equitable;
- 2.3 process for obtaining an exemption for eligible providers is efficient; and
- 2.4 outcome of an application for exemption is decided in a timely manner.

## **3 Scope**

This Policy applies to existing and new providers commissioned in WAPHA funded programs.

## **4 Policy Statement**

4.1 WAPHA will exempt a provider if the following criteria apply:

- 4.1.1 Relevancy - outcome measure is not relevant to the type of service being offered by the provider. For example, the provider is a client referral or workforce development service.
- 4.1.2 Appropriateness – outcome measure is not appropriate to the client group (e.g., a cultural group or age-specific population groups) that is receiving health care services exclusive from that provider.
- 4.1.3 Practicality – the outcome measure is not practical to use as the provider is involved in an existing outcome measure program along with other PHN providers, where evaluation is long-term and is overseen by a recognised institute. The outcome measure is rigorously reviewed and tested and aligns to the WAPHA outcome.
- 4.1.4 Reporting burden – outcome measure to be collected will provide a significant burden to the provider in their current data collections or a small organisation does not have capacity to collect the data.

## **5 Policy Framework**

This policy takes into account the following legislation, agreements with external bodies and internal policy: WAPHA Information Management Governance Policy

## **6 Roles and Responsibilities**

The Health Planning Manager (or their Delegate) has the responsibility to develop and implement relevant guidelines in relation to this policy.

## **7 Implementation**

- The Contract Manager (the requestor) on behalf of the provider can apply for exemptions or substitutions.
- The exemption form is located on WAPHA shared drive at S:/Outcomes Mapping/Exemptions/. The form is to be completed by the Contract Manager and submitted to the Outcomes Framework Steering Committee (Steering Committee) for a recommendation.
- The Chair of the Steering Committee submits the exemption recommendation to the Commissioning Coordination Committee for a decision and provides feedback to the requestor.
- The storage of forms and exemption decisions are to be maintained by the Health Planning team.

## **8 Policy Review**

This policy is due for review 12 months from the first date of effect of the first version of this policy, and every 12 months or as required.

## Appendix F: Outcomes Exemption Form

<b>Service Title</b>			
<b>Contract Number</b>		<b>Date completed</b>	
<b>Provider</b>		<b>Contract Manager</b>	
<b>Funding Stream</b>	<input type="checkbox"/> Drug and Alcohol Treatment Services (DATS) <input type="checkbox"/> Drug and Alcohol Treatment Services for Aboriginal and Torres Strait Islander People (DATSATS) <input type="checkbox"/> Integrated Team Care (ITC) <input type="checkbox"/> PHN: After Hours Primary Health Care (AHPC) <input type="checkbox"/> PHN: Flexible <input type="checkbox"/> PHN: Indigenous Mental Health (IMH) <input type="checkbox"/> PHN: Innovation <input type="checkbox"/> PHN: Mental Health and Suicide Prevention (MHSP) <input type="checkbox"/> PHN: Mental Health and Suicide Prevention (MHSP) Suicide Prevention Trial Site (Kimberley/Midwest)		
<b>PHN</b>	<input type="checkbox"/> Country <input type="checkbox"/> Perth South <input type="checkbox"/> Perth North		
<b>Model of Service Delivery</b>	<input type="checkbox"/> Treatment <input type="checkbox"/> Care Coordination <input type="checkbox"/> Client Education <input type="checkbox"/> Referral <input type="checkbox"/> Community Education <input type="checkbox"/> Workforce Development <input type="checkbox"/> Community Education <input type="checkbox"/> Workforce Development <input type="checkbox"/> Other (specify)		
<b>Health Conditions</b>	<input type="checkbox"/> Aboriginal Health <input type="checkbox"/> Alcohol and Other Drugs <input type="checkbox"/> Mental Health <input type="checkbox"/> Suicide Prevention <input type="checkbox"/> Health workforce capacity <input type="checkbox"/> Chronic Conditions (specify) <input type="checkbox"/> Other (specify)		
<b>Exemption or Substitution applying for</b>	<input type="checkbox"/> Exemption from Outcomes Map <input type="checkbox"/> Exemption from PERSON & CLINICAL Required Indicators <input type="checkbox"/> Exemption from Choose an item. Required Indicators <input type="checkbox"/> Exemption from individual indicator Choose an item. where it cannot be substituted with Optional Indicator(s) Substitution from Required Indicator Choose an item. for optional indicator form relevant domain Choose an item.		
<b>Reason for exemption request</b>	<input type="checkbox"/> <b>Relevancy</b> – outcome measure is not relevant to the type of service being offered. For example, the provider is a client referral or workforce development service, not a treatment service. <input type="checkbox"/> <b>Appropriateness</b> – outcome measure is not appropriate to the client group (e.g., a cultural group or age-specific population group) that is receiving services. <input type="checkbox"/> <b>Practicality</b> – the outcome measure is not practical to use as the provider is involved in an existing outcome measure program along with other PHN providers, where evaluation is long-term and is overseen by a recognised institute. The outcome measure is rigorously reviewed and tested and aligns to the WAPHA outcome. <input type="checkbox"/> <b>Reporting burden</b> – outcome measure to be collected will provide significant burden to the provider in their current data collections or a small organisation does not have capacity to collect the data.		
<b>Explanation of reasoning (be specific)</b>			

Signatures	Name	Position	Approved	Date
Regional/Program Manager			<input type="checkbox"/>	
Commissioning Committee Chair			<input type="checkbox"/>	