Quality Framework Model
ATCA Conference 2013

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Turning Point Alcohol and Drug Centre
The Australian Government, Department of Health has commissioned the Turning Point Drug and Alcohol Centre to continue the development of a quality framework for Australian Government funded drug and alcohol treatment services over the next twelve months.

The quality framework aims to complement work completed or currently underway by governments within the drug and alcohol treatment services sector, to better understand and improve service quality and inform future planning needs.

The intention is for the quality framework to be developed in collaboration with the alcohol and other drug sector and lead the drive towards quality improvements in AOD treatment service delivery and improved client outcomes.
Acknowledgements

- Department of Health
- Consortium members
  - Professor Steve Allsop
  - Dr Stefan Gruenart
  - Associate Professor Lynne Magor-Blatch
  - Jigi Lucas
  - Wendy Casey
  - Dr Mark Daglish
Areas to be covered

- Current thinking in quality assurance and the development of quality models
- Outline of project specification
- Range of services to be covered
- Draft Quality Framework Model
- Methods
- Partnerships
Background

- There were around 150,000 closed episodes of alcohol and other drug (AOD) treatment in Australia in 2010/11 (1).
- There is large variability in the types of organisations providing AOD services and treatment modes used across Australia (1).
- This diversity indicates the need for a national system to assure the quality of treatment services.
- This is echoed by The National Drug Strategy which lays out a number of structural priorities including “planning and quality frameworks for treatment services.... to incorporate evidence into successful drug treatments” (2)


Current Commonwealth funding

- A wide variety of treatment services, programs and projects are funded nationally
- From large national and international organisations to very small NGOs
- This has impact on capacity to bear financial and human resource burden of accreditation
- What standards?
- What processes for ensuring best practice and implementation fidelity?
Issues to be addressed

- Determining a method: such as guidelines for guidelines, determining evidence to assess effectiveness, expert consensus
- Problems include inter-observer reliability in interpretation of guidelines, limited applicability of recommendations and unknown effects on patient outcomes
- Problems of translation to field settings
  Schaub and Uchtenhagen (2013)
EU Framework for Minimum Quality Standards and Benchmarks

QUALITY OF INTERVENTION

- Having intended effects
- Minimising unintended effects
- Making best use of resources

QUALITY OF A SERVICE

- Having adequate resources
- Having clear instructions for staff to follow
- Having a satisfactory rate of positive outcomes
- Satisfactory ratio between resources and population served
QUALITY OF A SYSTEM

- Complying with the legal and ethical framework
- Satisfactory cooperation between services
- Satisfactory coverage of the population in need
- Having a satisfactory ratio between resources and overall intervention effectiveness
<table>
<thead>
<tr>
<th></th>
<th>LEVEL 1: INTERVENTIONS</th>
<th>LEVEL 2: SERVICES</th>
<th>LEVEL 3: SYSTEMS AND POLICIES</th>
</tr>
</thead>
<tbody>
<tr>
<td>STRUCTURAL QUALITY</td>
<td>Type of settings needed for interventions</td>
<td>Resource standards</td>
<td>Legal and ethical adequacy standards</td>
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<tr>
<td>PROCESS QUALITY</td>
<td>Implementation standards</td>
<td>Procedural standards</td>
<td>Standards for networking and cooperation among services</td>
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<tr>
<td>OUTCOME QUALITY</td>
<td>Effectiveness standards</td>
<td>Effectiveness standards</td>
<td>Coverage standards</td>
</tr>
<tr>
<td>BENCHMARKS</td>
<td>Cost-benefit ratio</td>
<td>Cost-utilisation ratio</td>
<td>Cost-effectiveness ratio</td>
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Current approaches to quality assurance within the AOD sector across states and territories vary considerably.

WA is the only state to have developed a specific quality framework for the AOD sector: The Standard on Culturally Secure Practice (Alcohol and other Drug Sector) (3).

Contains seven performance expectations, each comprised of between 1 and 8 standards:

- Defining and understanding the target community; Rights & responsibilities; Consumer-focussed practice; Evidence-based practice; Staffing, development & support; Agency management; Organisational governance.

In the absence of stand alone AOD quality frameworks, services frequently utilise other primary health quality accreditation bodies.

- E.g. Turning Point has recently been assessed against the 10 National HealthCare Standards and 5 EQuIP standards.
- In essence this means assessment against 256 indicators.

- The objective of the Quality Framework project is to develop a framework that describes nationally consistent standards for the delivery of best practice quality alcohol and other drug treatment services.
Current approaches – ATCA standards

- Appropriate and timely service provision;
- Leadership and management principles;
- Consumer participation;
- Strategic human resource management;
- Information management and appropriate use/evaluation of data;
- Holistic health approach; and
- Continuous quality improvement.
Draft Quality Framework
Model - principles

- Build on existing learning
- Build a collaborative partnership
- Do not add to burden
- Celebrate achievements
- Build evidence-based practice
- Identify gaps
- Build a consensus
- Improve the consistency and quality of the client experience
Draft Quality Framework Model - what is the aim?

For Commonwealth funded services:

- Ensure basic organisational standards and appropriate certification
- Analyse the translation of generic health standards to the needs of the AOD field - system, service and intervention levels
- Apply these within the frameworks established in each jurisdiction
- Assess against best practice indicators for populations and for treatment types
The framework rests on the assumption that the delivery of quality assured and evidence-based practice requires evidence of activity at three levels:

- Level 1: Organisational standards
- Level 2: Organisational standards applied to working with AOD populations
- Level 3: Service specific standards
  - Context
  - Population
  - Treatment type
All organisations should have generic QA activities relating to organisational governance and management

- Leadership and management
- Physical resources
- Financial management
- Knowledge management
- Risk assessment and management
- Legal and regulatory compliance

Additionally, all organisations should have QA activities specifically related to their AOD service provision

- Consumer, carer & community involvement
- Evidence-based practice
- Co-ordination with external organisations
- Diversity responsiveness
- Individualised provision of care
- Service access
- Workforce planning, development & support

Depending on the **LOCATION** of the service, **POPULATIONS** served or **MODALITY** of services provided, additional quality assurance activities might be appropriate:

<table>
<thead>
<tr>
<th>3a: LOCATION</th>
<th>3b: POPULATIONS</th>
<th>3c: MODALITY</th>
</tr>
</thead>
<tbody>
<tr>
<td>ACT</td>
<td>Aboriginal &amp; Torres Strait Islander</td>
<td>Prevention, health promotion and addressing stigma and discrimination</td>
</tr>
<tr>
<td></td>
<td>Adult</td>
<td>Harm reduction</td>
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<tr>
<td>NSW</td>
<td>CALD (Culturally &amp; Linguistically Diverse)</td>
<td>Early identification and intervention</td>
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<tr>
<td>NT</td>
<td>Comorbid mental illness</td>
<td>Provision of information, engagement and linkage supports</td>
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<tr>
<td>QLD</td>
<td>GLBTI</td>
<td>Problem identification, assessment of strengths and needs, and individualised treatment and support planning</td>
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<td>SA</td>
<td>Older adults</td>
<td>Delivery of substance use and specific and biophysical interventions and supports</td>
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<td>TAS</td>
<td>Veterans</td>
<td>Continuing care / recovery monitoring</td>
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<tr>
<td>VIC</td>
<td>Youth</td>
<td>Delivery of substance use specific and highly integrated psychosocial, medical and psychiatric interventions and supports</td>
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DQF process - partnership

- Department of Health and jurisdictional offices – review of contracts
- Peak bodies
- State health departments
- Providers
- Experts and stakeholders
DQF process - Phase 1

- Literature review
- 2-day site visits
  - Peaks / state health / providers
  - Jurisdictional mapping of quality standards and good practice models
  - Innovation and implementation experience
- Survey of providers
- Synthesis of materials
- Gap analysis
DQF process - Phase 2 process

- Overall Expert Advisory Group
- EAGs to address specific modalities and populations based on the gaps
- Draft QFM
- Second jurisdictional visits
- Development of an appropriate implementation plan will be considered and discussed during the second round of jurisdictional visits and final consultations
- The Project Team will then report and provide an agreed final quality framework model and initial implementation plan to the Commonwealth for consideration
THANK YOU

TO YOU FOR LISTENING

TO OUR PROJECT TEAM

- Dr Mairtin McDermott (Research Fellow)
- Sarah Flynn (Research Administrator)
- Melissa Elliott (TP quality lead)
- Professor Dan Lubman (Director)

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