PRESENTER SYMPOSIUM:

Implementation of routine outcome monitoring: What is currently known?

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Aim: There is accumulating evidence that the use of routine outcome measures and feedback (ROMF) in clinical practice can have positive effects on client treatment adherence, completion and outcomes. Despite this evidence and decades of calls for AOD services to undertake ROMF, few attempts have been made to implement this approach. The symposium explores the collection and use of client data. It begins with the current state of ROMF in AOD services and clinician perceptions of the range of client variables, including outcome measures, that are routinely collected and reported by services. Presenters will then examine and describe the barriers and facilitators from a client and staff perspective. Participants will gain insight into the ways in which to increase the uptake of ROMF in AOD services.

This symposium includes the following presentations:

1. Maximising clinical impact using routine outcome monitoring among people who use alcohol and other drugs (Alison Beck)
2. New South Wales alcohol and other drug service providers' perceptions of the relative importance of client casemix variables (Briony Larance)
3. Barriers, facilitators, and key attributes driving routine outcome monitoring and feedback uptake - client and staff perspectives. (Rhiannon Ellem)
4. Characteristics associated with baseline and follow-up completion of outcome measures in alcohol and other drug treatment services. (Gabrielle Campbell)

Discussion: Restructuring care delivery around client outcomes through ROMF, has been found to improve the quality and cost effectiveness of healthcare for a range of health conditions. Participants will discuss the barriers and facilitators to the uptake of ROMF in AOD services and discuss opportunities to enhance client outcomes utilising this approach from, both a client and staff perspective.

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PRESENTATION 1: Maximising clinical impact using routine outcome monitoring among people who use alcohol and other drugs

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Background: Evidence supports the benefits of routine outcome monitoring (ROM) and feedback for mental health outcomes. Comparatively less is known about ROM and feedback for the treatment of substance use. How best to develop and use feedback for maximum clinical effect is also unclear. This presentation will provide a comprehensive overview of the development, characteristics and use of feedback from ROM for adults accessing treatment for alcohol or other substance use.

Description of Model of Care/Intervention: ROM is the systematic, and repeated assessment of client progress across treatment. ROM is recommended during treatment for a range of chronic conditions, including addictive behaviours. ROM data is clinically important for informing treatment planning and quality assurance. Providing progress feedback to the clinician and/ or client such that they can adjust their behaviour as indicated, is central to the demonstrated clinical benefits of ROM.

Effectiveness/Acceptability/Implementation: Published findings from mental health interventions point to the clinical benefits of feedback that is immediate and personalised, reflects change over time, and is delivered in an engaging and collaborative fashion. We will discuss the benefits of these and other features of feedback when working with adults accessing treatment for alcohol or other substance use.

Conclusion and Next Steps: The NHMRC Meaningful Outcomes in Substance Use Treatment CRE is dedicated to working with consumers, providers and organisations to improve the clinical utility of ROM and feedback. We aim to use our findings to support clinical decision making and the delivery of evidence-based, cost-effective care.

Disclosure of Interest Statement: This work is supported by the National Health and Medical Research Council (NHMRC) Meaningful Outcomes in Substance Use Treatment Centre for of Research Excellence.

PRESENTATION 2: New South Wales alcohol and other drug service providers' perceptions of the relative importance of client casemix variables

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Introduction/Issues: Casemix classifications provide healthcare systems with consistent methods of classifying types of clients, their treatment and associated costs. This study examines alcohol and other drug (AOD) service providers' perceptions of the most important variables (client complexity and demographic) for determining treatment need and intensity of intervention.

Methods/Approach: Online cross-sectional survey of N=191 clinicians/service managers working in government and non-government AOD treatment services in New South Wales. Participants ranked the importance of demographic and family factors, substance use, physical health, mental health, functioning and activities of daily living and youth-specific variables in identifying treatment need and intensity (5-point Likert scales).

Results/Key findings: >90% of participants ranked 43/56 potential variables as 'very important'/ 'essential' in identifying treatment need. The ten variables most ranked as 'very important'/'essential' were 'pregnant or breastfeeding' (95.2%) 'suicide/self-harm' (95.2%), 'overdose risk' (94.7%), 'abuse/neglect' (among youth/adolescent populations; 94.1%) , 'mental health severity' (93.6%), 'dependent children' (93.1%), 'co-existing mental health concerns' (93.0%), 'hospitalisations due to mental health' (92.5%) , 'child protection concerns' (among youth/adolescent populations; 92.2%) and 'disability'(91.5%). The ten variables most commonly ranked as 'slightly important'/'not at all important' included 'citizenship' (63.3%), 'sex' (59.6%), 'country of birth' (54.8%), 'highest education' (50%), 'sexual orientation' (44.1%), 'relationship status' (33.5%), 'gender' (31.4%), 'transport', 'employment' (23.9%) and 'refugee status' (24.0%). There were some differences according to geographic location (metropolitan vs. regional/rural), and job role.

Discussion and Conclusions: Some variables perceived by AOD clinicians as important are not captured in routinely-reported data collections. This study provides insight into service providers' perceptions of treatment need and intensity associated with a range of client factors.

Implications for Policy or Practice: Understanding clinician perspectives is a first step towards improvements in routine data collections and the evaluation of AOD treatment activities to promote services that are better tailored to the needs of clients.

Disclosure of Interests Statement: This research was funded by, and conducted in collaboration with, the Centre for Alcohol and Other Drugs, NSW Ministry of Health.

PRESENTATION 3: Barriers, facilitators, and key attributes driving routine outcome monitoring and feedback uptake - client and staff perspectives.

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Background: *Routine outcome monitoring and feedback (ROMF) is crucial for effective evidence- and value-based healthcare in the alcohol and other drug (AOD) treatment sector. However, implementing ROMF into practice is challenging. We studied the barriers, facilitators, and key attributes associated with ROMF completion from AOD treatment staff and client perspectives.*

Method: *A series of semi-structured interviews exploring attitudes and experiences with ROMF were conducted with 23 staff (M_{age}=42.83, SD_{age}=11.45; 78% female) and 26 clients (M_{age}=36.12, SD_{age}=10.29; 50% female) from Lives Lived Well outpatient and residential AOD treatment programs. Staff and clients also responded to a brief online survey about key attributes relating to ROMF uptake.*

Results: *Thematic analyses identified the following themes for clients: (1) Perceived value of ROMF to inform treatment; (2) Power in reflection and storytelling; (3) Emotionally challenging but beneficial in retrospect; (4) Room for improvement in survey design; (5) Desire for visual and immediate ROMF. While staff also recognised the value of ROMF, barriers were more prominent, including: (1) Resource management and workload issues; 2) Client burden; 3) Client and clinician resistance towards ROMF. In the survey, staff self-reported an increased likelihood to support ROMF delivery if automatic risk alerts were generated for clients after ROMF completion and clear organisational processes existed to manage these risks. Clients reported increased likelihood of completing ROMF if they were provided feedback on progress from the beginning of treatment.*

Conclusions: *Different barriers and facilitators to ROMF uptake and key attributes associated with completion were identified by staff and clients. Gaining insight into these preferences and differences aids in the development of strategies to increase the uptake and completion of ROMF in AOD settings.*

Implications for Practice or Policy: *Clients: ROMF should be timely, practical, and relevant to the treatment process; Staff: Education regarding clinical benefits of ROMF and integration into treatment may be needed, and ongoing organisation support provided.*

Disclosure of Interest Statement: *RE and this work was supported by the National Health and Medical Research Council (NHMRC) Meaningful Outcomes in Substance Use Treatment Centre of Research Excellence.*

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PRESENTATION 4: Characteristics associated with baseline and follow-up completion of outcome measures in alcohol and other drug treatment services.

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Background: Value-based health care (VBHC) aims to deliver the best possible outcomes relative to the resources or costs required. This is achieved by shifting the focus of care to health outcomes (value), rather than the volume of service delivery (e.g., number of clients seen). Routine Outcome Measures (ROM) are the cornerstone of VBHC. This study examines the socio-demographic and clinical characteristics associated with ROM completion at baseline and follow-ups.

Method: Data will be presented from people seeking treatment at Lives Lived Well (LLW) Alcohol and Other Drug (AOD) treatment services from May 2021 to November 2022. Rates of ROM completion at baseline, one-month and three-month follow-up, and socio-demographic and clinical characteristics associated with completion, will be examined.

Results: Between May 2021 and November 2022 approximately 10,000 people enrolled in a LLW service and approximately 70% of enrolees completed the baseline outcome measures. Outcome measure completion at follow-up was lower, with approximately 40% completing the one-month follow-up and 22% completing the three-month follow-up. Completion of ROM measures at baseline was more common in older people (35 years +, completion rate 74%) compared with younger people (25 years and under; 69%). Additional comparisons of socio-demographic and clinical characteristics, including substance use, mental health, and quality of life, between people that completed the baseline and follow-ups, compared with people who did not complete, will be presented.

Conclusions: Three-quarters of treatment entrants completed baseline ROM. Rates for follow-ups were lower. Understanding the client characteristics associated with ROM completion over time allows us to develop strategies to increase its uptake.

Implications for Practice or Policy: Completion of ROM in AOD treatment is essential to deliver VBHC and is likely enhanced by tailoring delivery of ROM according to client characteristics.

Disclosure of Interest Statement: GC and this work was supported by the National Health and Medical Research Council (NHMRC) Meaningful Outcomes in Substance Use Treatment Centre for of Research Excellence.