

Transitioning to value-based healthcare: Defining and measuring value in alcohol and other drug treatment services

Chair: Leanne Hides (University of Queensland)

Chair's email: l.hides@uq.edu.au

Authors:

Gabrielle Campbell¹, Nina Pocuca¹, Shaoyang Fan¹, Rhiannon Ellem¹, Leanne Hides^{1,2}, Megan Wells³, Chloe Haynes³, Dennis Kaip⁴, Mei Lin Lee^{3,5}, Robert Stirling^{5,6}, Kristie Mammen^{7,8,9}, Maureen Steele^{7,8,9}, Pete Kelly³

¹National Centre for Youth Substance Use Research, School of Psychology, University of Queensland, ²Lives Lived Well, Brisbane, Queensland, ³School of Psychology, University of Wollongong, Australia, ⁴Odyssey House New South Wales, Sydney, Australia, ⁵Network of Alcohol and Other Drugs Agencies (NADA), Sydney, Australia, ⁶Drug Policy Modelling Program, UNSW, Sydney, Australia, ⁷Centre for Alcohol and Other Drugs, NSW Ministry of Health, Sydney, Australia, ⁸NSW Drug and Alcohol Clinical Research and Improvement Network, Sydney, Australia, ⁹Drug and Alcohol Services, South Eastern Sydney Local Health District, Sydney, Australia.

Aim: Value-based Healthcare improves the quality of healthcare by shifting the focus away from the volume of service delivery, toward achieving the best possible client outcomes relative to the resources and costs required (value). The implementation of patient-reported outcome measures to assess and provide feedback on treatment progress and understanding of client experiences, is the cornerstone of this approach. International research has shown that value-based models, including patient-reported outcome measures and feedback and client experiences, optimise health care delivery in cancer, cardiovascular disease, and mental health settings. Despite over three decades of calls to routinely collect patient-reported outcome measures in Australian alcohol and other drug treatment settings, until now, few attempts have been made to implement them. This symposium aims to update the sector on the progress different teams have made in shifting to a value-based health care model, including the Meaningful Outcomes in Substance Use Treatment Centre for Research Excellence (MO CRE), the Network of Alcohol and Other Drugs Agencies (NADA) and the Alcohol and Other Drug Value Based Health Care Program, Centre for Alcohol and Other Drugs (AOD VBHC program), NSW Ministry of Health.

This symposium includes the following presentations:

1. A stepped-wedge cluster randomised trial to increase the uptake of patient-reported outcome measures in alcohol and other drug outpatient settings (Gabrielle Campbell - MO CRE)
2. Using patient-reported experience measures in research and routine service delivery: Experiences, challenges, and lessons learned (Megan Wells and Chloe Haynes - MO CRE)
3. From data pipelines to actionable insights: Visualising AOD treatment outcomes across NGO services in NSW. (Mei Lin Lee and Robert Stirling- NADA)
4. Enabling Value Based Healthcare in the NSW Alcohol and Other Drugs Treatment System (Kristie Mammen - AOD VBHC program)
5. Engaging people with Lived and Living Experience of AOD Treatment in AOD Value Based healthcare in NSW.(Maureen Steele- AOD VBHC program)

Disclosure of Interest Statement: This work was supported by the National Health and Medical Research Council (NHMRC), Meaningful Outcomes Centre for Research Excellence and the NSW Ministry of Health.

PRESENTATION 1: A stepped-wedge cluster randomised trial to increase the uptake of patient-reported outcome measures in alcohol and other drug outpatient settings

Authors:

Gabrielle Campbell Nina Pocuca, Shaoyang Fan & Leanne Hides

Presenter's email: gabrielle.campbell@uq.edu.au

Background: Routine collection of patient-reported outcome measures (PROMs) enables the monitoring of client progress and assessment of outcomes, however, their use in alcohol and other drug treatment settings has been limited.

Method: We conducted a stepped-wedge cluster randomised trial to increase the uptake of PROMs within a large, non-government alcohol and other drug treatment provider, Lives Lived Well, across services in QLD and NSW. From January 2023 to November 2023, clinicians from 8 geographical clusters were sequentially trained on outcome measures, assessment and provision of feedback to clients. During the trial, there was a shift in procedures from the completion of PROMs with clients in the first session to clients completing PROMs before enrolment.

Results: There were 2938 enrolments in the pre-intervention stage and 5478 in the post-intervention stage. 43% of clients in the pre-intervention group enrolled into treatment, compared with 53% during the trial. Among clients who enrolled in treatment, we found significant increases in the proportion completing baseline (82% vs 59%), one-month (35% vs 24%) and three-month (18% vs 12%). Among those who turned up to treatment, we found baseline (97% vs 91%) and one-month (47% vs 43%) completion significantly increased, but not three-month follow-up (24% vs 22%). Since follow-up rates were still low, we compared proportions of PROM completion of those who were still in treatment at the time the follow-up PROMs were due and found no differences between the one-month (65% vs 68%) and three-month (59% vs 61%).

Discussions and Conclusions: The vast majority of clients were able to self-complete PROMS before treatment. Training clinicians in PROM assessment and feedback increased completion rates for PROM.

Implications for Practice or Policy: PROMs can be collected and self-completed by clients in AOD treatment settings. Further attention on understanding how PROMS are used in treatment will assist in increasing the uptake of follow-up PROMS.

Disclosure of Interest Statement: GC, NP and SF are funded by the Meaningful Outcomes in Substance Use Treatment, National Health and Medical Research Council Centre for Research Excellence. GC is also funded by the National Centre for Youth Substance Use Research (NCYSUR). NCYSUR is supported by funding from the Australian Government Department of Health, under the Drug and Alcohol Program. Funding bodies had no role in study design, data analysis, data interpretation, data collection, or writing of the abstract.

Presentation 2: Using patient-reported experience measures in research and routine service delivery: Experiences, challenges, and lessons learned

Megan Wells, Chloe Haynes

Presenter's email: mw578@uowmail.edu.au / cjh893@uowmail.edu.au

Background: Health care's shift towards person-centred and value-based care has led to a greater appreciation of client needs, preferences, values, and experiences. Patient-Reported Experience Measures (PREMs) are one approach to capturing client's experiences of alcohol and other drug (AOD) treatment. We report on our experiences using PREMs in collaboration with a non-government AOD service, including challenges and suggestions for future use.

Method: We supported a project initiated by a NSW non-government AOD service examining their client's experiences of care, with the goal of facilitating service quality improvement. We administered a range of validated PREMs to residential and outpatient clients in 2021 and 2024, collected both in person/on paper and online via Qualtrics.

Key findings: We collected a total of 421 responses (54% outpatient) and identified a significant clustering of high-satisfaction responses across all PREMs administered. Overall, 91% of participants reported high-very high satisfaction with treatment (Client Satisfaction Questionnaire), with the outpatient sample reporting higher satisfaction compared to the residential sample ($M=28.5$ vs $M=24.6$). Other PREMs highlighted specific experiences of treatment rated the highest (e.g., "Staff showed respect for how you were feeling") and the lowest (e.g., "Access to peer support"). Challenges to administering PREMs included open/revolving therapy groups with variable attendance, multiple locations, varying schedules and potential perceptions among clients that their responses would impact their treatment. Some measures/items were not applicable to all clients.

Discussion and conclusions: The implementation and use of PREMs can be complex, impacted by time/resource constraints, applicability of different measures, and a bias towards positive results. Considerations include PREMs selection and how/when measures are to be administered (balancing feasibility/convenience with methods to maximise honest feedback).

Implications for practice or policy: Insights gained from PREMs can support service delivery through service improvements. Embedding PREMs within routine service delivery requires collaboration with clients to prevent tokenism, and future projects could explore peer-led data collection.

Disclosure of Interest Statement: This work was funded by the Meaningful Outcomes in Substance Use Treatment, National Health and Medical Research Council Centre for Research Excellence. Funding bodies had no role in study design, data analysis, data interpretation, data collection, or writing of the abstract.

PRESENTATION 3: From data pipelines to actionable insights: Visualising AOD treatment outcomes across NGO services in NSW

Presenting Authors

Mei Lin Lee, Robert Stirling

Presenter's email: mei@nada.org.au, robert@nada.org.au

Background: Monitoring AOD treatment outcomes such as psychological health, quality of life, and substance use measures, is important for informed clinical decision-making and long-term service planning. With increasing data volume and complexity, visual tools like Microsoft Power BI are essential for translating raw data into actionable insights. To support this, NADA developed a Power BI dashboard to track and visualise AOD treatment outcomes across 325 NGO services in NSW. The dashboard aims to: (a) Enable clinicians and managers identify real-time patterns in client outcomes over time, (b) Support managers in performance reporting to funders, and (c) Support data-driven improvements in AOD care delivery.

Approach: NADABase is an online, database system that collects treatment episode data including the National Minimum Dataset (N/MDS) and outcomes measures. The dashboard integrates directly with NADABase, automating data flow from clinical episodes and outcome assessments. The Power BI outcomes dashboard is designed to visualise seven key treatment domains: psychological health (Kessler-10, ATOP), quality of life (WHO QOL, ATOP), severity of dependence, physical health (ATOP) indicators & days of using substances (for six substances). At the service level, it aggregates episodes data into an interactive tool for real-time tracking. At the sector level, it continuously refreshes data from all 325 services using NADABase.

Implementation: Key features include interactive charts, real-time score distributions (e.g. histograms) to display outcome variability across treatment episodes, and drill-down functionality to help clinicians identify patterns in client outcomes. Sector-level filters allow comparison by service type. To support uptake, training was offered through webinars, recorded tutorials, and one-on-one support.

Conclusions and Next Steps: The outcomes dashboard has improved visibility of client needs and enabled more responsive care for people accessing AOD treatment. Future updates will include benchmarking tools to compare outcomes within and across organisations and support sector-wide improvement. There are also plans to make the dashboards publicly available to promote sector outcomes to a broader audience.

Disclosure of Interest Statement: No pharmaceutical grants were received in the development of this study. This work was supported by funding to NADA by the NSW Ministry of Health.

PRESENTATION 4: Enabling Value Based Healthcare in the NSW Alcohol and Other Drugs Treatment System

Presenting Authors:

Kristie Mammen

Presenter's email: kristie.mammen@health.nsw.gov.au

Introduction: Value Based Healthcare (VBHC) provides a framework to consider how healthcare is organised and evaluated. The approach aims to maximise 'value', defined as the outcomes and experiences that matter most to the people receiving and delivering care, relative to the cost of achieving those outcomes. To benefit from the approach several enablers are needed in the treatment system; these range from digital technology infrastructure, sector culture, workforce capability, and mechanisms involving providers and people with lived and living experience of AOD use in the collection and application of VBHC data. The Centre for Alcohol and Other Drugs (CAOD), NSW Health is incorporating this approach into the AOD Treatment System and working to build the sector's capability to realise the benefits.

Approach: Influenced by learnings from research¹, stakeholder consultations, and experiences from programs in other areas of health, the implementation process involves the integration of enablers at the individual, service and system level through multiple strategies including:

- involving the people who are affected by and can influence change throughout the process
- building a culture conducive to improvement and innovation
- encouraging relationship building and collaboration between stakeholders
- implementing standard processes of care,
- building workforce capability,
- developing data assets, and
- facilitating a collaborative benchmarking program.

Conclusions and Next Steps: Value Based Healthcare (VBHC) provides an innovative framework to support the delivery of high value Alcohol and Other Drug (AOD) treatment. The CAOD is embedding the enablers of VBHC to allow the AOD treatment system to apply the VBHC approach to service system design and measure and respond to the VBHC quadruple aims: health outcomes that matter to people in treatment, experiences of receiving and providing care, and effectiveness and efficiency of care

Disclosure of Interest Statement: No commercial funding was received for this work. It is funded by the NSW Ministry of Health.

1. Zanotto, Bruna Stella; Etges, Ana Paula Beck da Silva PhD; Marcolino, Miriam Allein Zago PT; Polanczyk, Carisi Anne PhD, MD. Value-Based Healthcare Initiatives in Practice: A Systematic Review. *Journal of Healthcare Management* 66(5):p 340-365, September-October 2021. | DOI: 10.1097/JHM-D-20-00283

PRESENTATION 5: Engaging people with Lived and Living Experience of AOD Treatment in AOD Value Based healthcare in NSW.

Presenting Authors:

Maureen Steele

Presenter's email: maureen.steele@health.nsw.gov.au

Introduction: Delivering care that is person-centered, safe, equitable and 'high value' is at the core of Value Based Healthcare. High-value care involves striving to achieve the outcomes and experiences that matter most to the people receiving and delivering care, and examining this in relation to the cost of achieving those outcomes. Partnering with people with Lived or Living Experience (LLE) of Alcohol and Other Drugs (AOD) treatment is essential to embedding VBHC in NSW AOD treatment system.

Approach: From the outset, partnering with people with LLE has been prioritised in the AOD VBHC Program. Program establishment included an LLE identified Consumer Engagement Coordinator position and a program governance requires at least two people with LLE on all advisory and working groups. The Consumer Engagement Coordinator has developed and consulted on a Strategic Plan for the Engagement of people with LLE of AOD use. The plan outlines five priority areas for engagement and the actions that will be undertaken by the team. Importantly it recognises that (i) consumer engagement is on a spectrum from being engaged in your own care through to contributing at a system level, and (ii) consumer engagement is not only the responsibility of the Consumer Engagement Coordination.

Implementation

Plan implementation is underway. This includes producing a series of videos and brochures for people coming to treatment; the development of these was led by the consumer engagement coordinator with people with lived and living experience of AOD treatment and aim to communicate the six core processes of AOD treatment (the AOD Clinical Care Standards).

Discussions

Meaningful partnerships with people with Lived or Living Experience of treatment provides an important opportunity for defining and achieving high value care in the AOD treatment sector.

Disclosure of Interest Statement: No commercial funding was received for this work. It is funded by the NSW Ministry of Health.

Discussion Section: This symposium will offer participants the latest insights into the implementation of value-based healthcare in alcohol and other drug settings, along with the opportunity to discuss future directions for advancing this approach. Participants will discuss and debate the importance of value-based health care in alcohol and other drug treatment and the usefulness of patient-reported outcome measures and experience measures from the perspective of clients, clinicians, services, and funders.

Discussant: Peter Kelly

Discussants email: pkelly@uow.edu.au