CROM and PROM data from East London EI Teams

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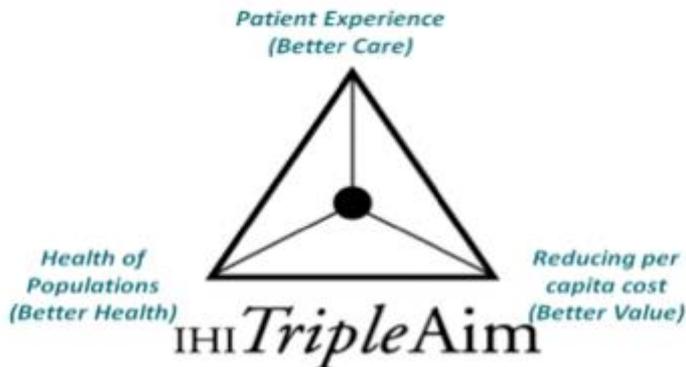Mark Dunne,
Project Manager MH Payment /Outcome
UKRCOM Meeting Monday 2nd July 2018, Birmingham

East London **NHS**
NHS Foundation Trust

Quality Improvement

- In 2014 ELFT launch a major Quality Improvement QI initiative in partnership with Institute of Healthcare Improvement (IHI)

- Three Types of Measures Use a balanced set of measures to measure improvement:

1. Outcome Measures : How do you impact patients' health and wellbeing?

2. Process Measures : Are the parts/steps in the system performing as planned?

3. Balancing Measures :Are changes designed to improve one part of the system causing new problems in other parts of the system?

Outcomes

'In modern services, the ultimate arbiter of the success of treatment should be the service user.' (Slade 2012)

- Clinicians and Patients may have a different perspective on outcome

- 3 types of 'Outcome' measure suggested:

1. Clinician Rated Outcome Measure (CROM)

2. Patient Rated Outcome Measure (PROM)

3. Patient Rated Experience Measure (PREM)

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Background

- April 2017 ELFT agrees to set 5% of its Cluster 10 (EI) budget against an agreed set of outcomes including DIALOG & HoNOS

- It incorporate PROM, PREM and CROM

- It was developed over a 18 month period of engagement

- Combination of Process and Outcomes

IT

CCG

Clinicians

Finance

Reporting

People Partici pation

Inform atics

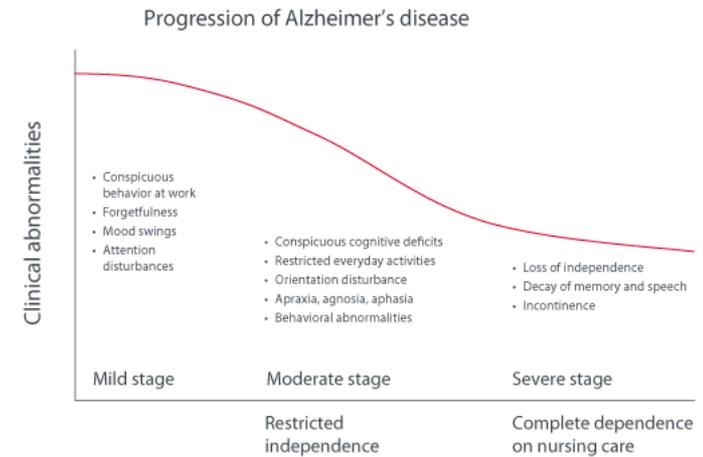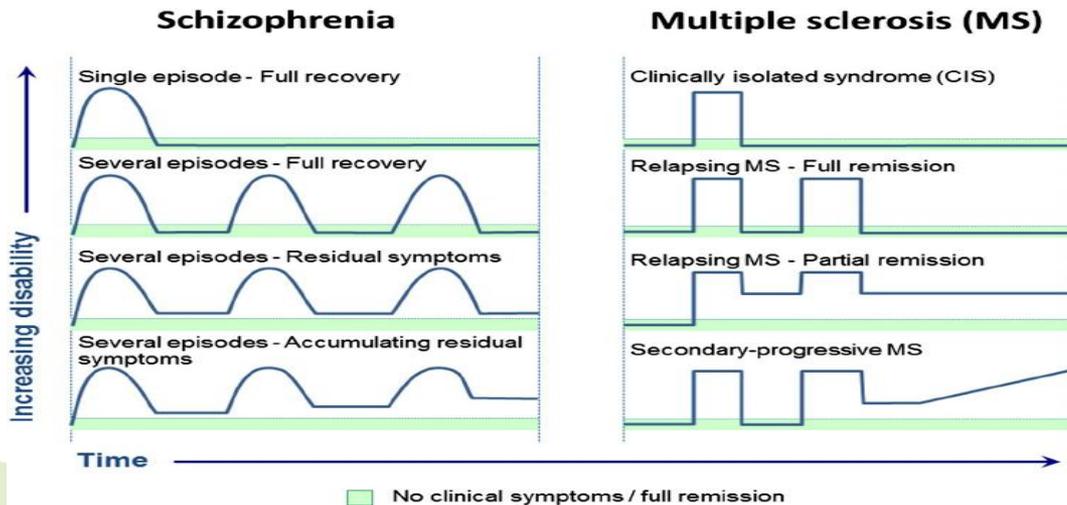Feedback
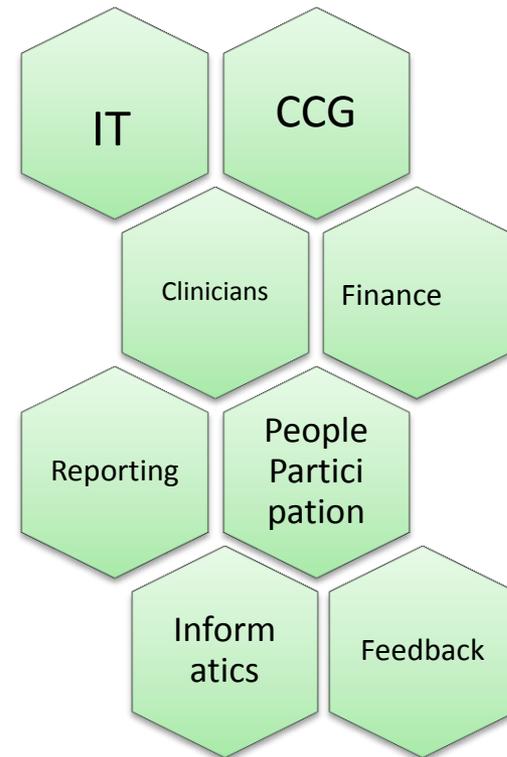
WHEN DO YOU MEASURE PROM?

Things to remember- most of the outcome data literature comes from 'procedural' interventions in acute hospital settings

How do you translate that in Mental Health?

Community Care

Longer term Care

Evidence base is poor

CROM data

HoNOS

- Time line April 2017-April 2018

- Tracking acute episodes only with HoNOS collected through clustering process

- Using HoNOS scores selected within set parameters of Admission and Discharge

- Where there were two completed forms available they were analysed

PROM data

DIALOG

- Time series April 2017-April 2018

- Significant two time points chosen from

  1. Admission to Discharge
  2. Admission to Review
  3. Review to Discharge

- Analysis was carried out only of two point data was available for all domains in DIALOG

DIALOG Scale

- 8 items – excellent measure of subjective quality of life (based on MENSA)

- Additional 3 items - good measure of treatment satisfaction

- Each item meaningful

- Preferred by patients to other scales

- Can be used as a PROM

- Interpretation for individual patients and services

- Incorporated within care-planning tool on RiO

DIALOG Usage

and the incorporation of
DIALOG + care-planning onto the
CPA documentation on the trust EPR (RiO)

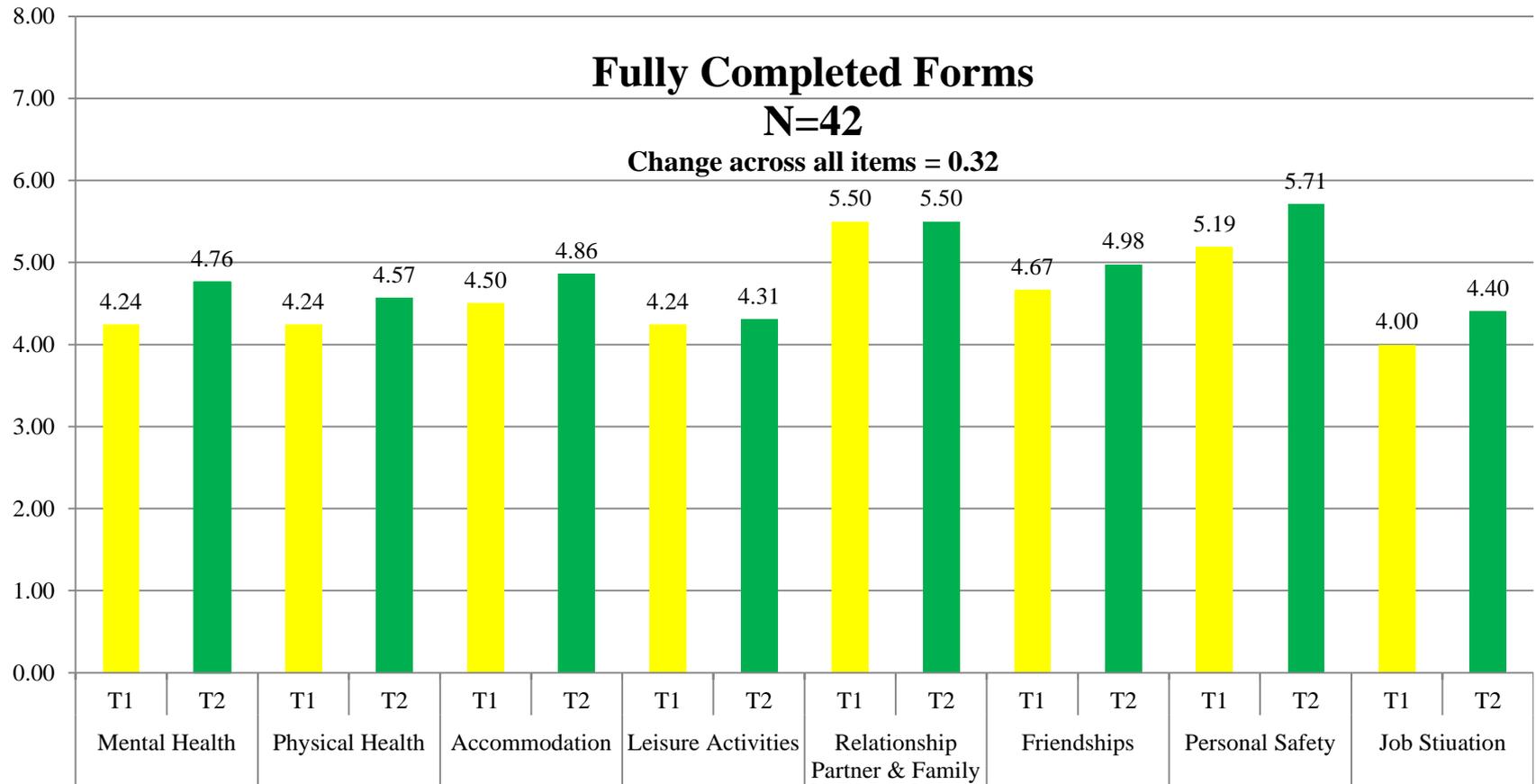**DIALOG Year to date monthly completion rates**
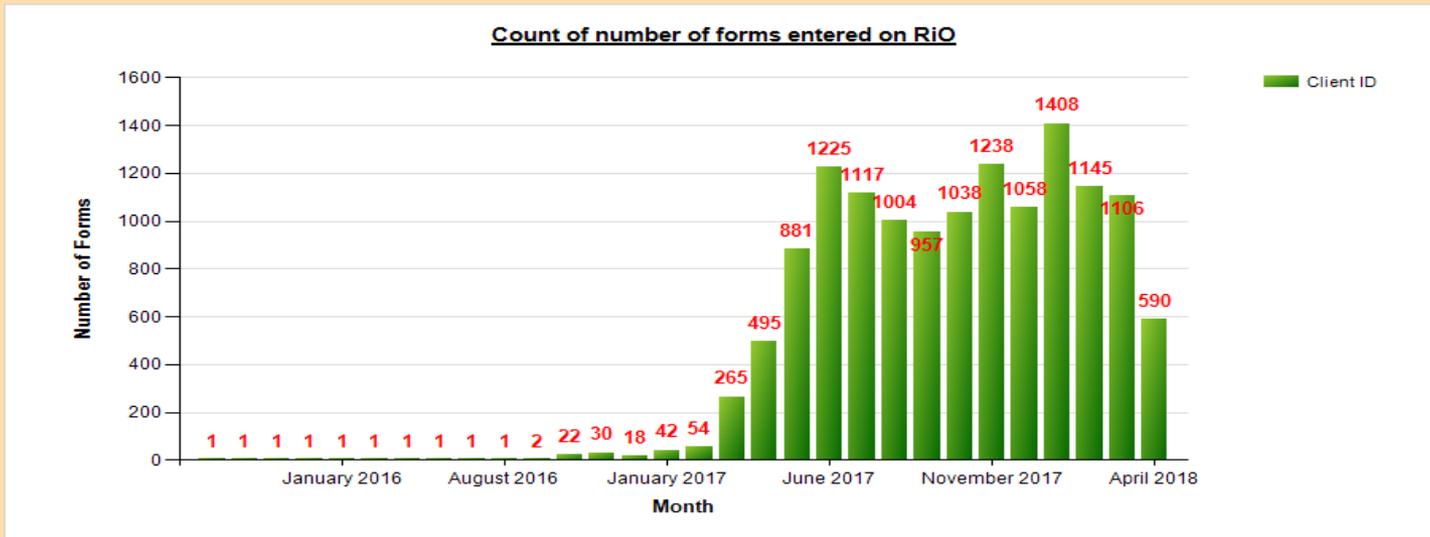
HoNOS and DIALOG

- Maximum need in the last 2 weeks rated between 1-5
- (lower score towards recovery)

1. Aggressiveness
2. Non-Accidental Injury
3. Substance Misuse
4. Cognitive Problem
5. Physical Health
6. Psychosis
7. Depression
8. Other Neurosis
9. Relationship
10. Activities of Daily Living
11. Living conditions
12. Occupation

- "How satisfied are you with your…"
  Rating of each domain from 1-7
- higher score –recovery

1. mental health
2. physical health
3. job situation
4. accommodation
5. leisure activities
6. partner/family
7. friendships
8. personal safety
9. Medication (PREM)
10. practical help received (PREM)
11. Meetings (PREM)

Approach

- Acute episodes provide the best opportunity to measure change within a short period of time considering the potential long term and fluctuating course

- Though there has been a start at looking at outcomes there is still little routine triangulation of CROMs and PROMs

- Triangulation of domains allows further validation of outcome

- Domain wise analysis allows maximum transparency of data in absence of standardised and universal approaches

Cluster 10 DIALOG Data

Fully Completed Forms
N=42
Change across all items = 0.32

	Mental Health		Physical Health		Accommodation		Leisure Activities		Relationship Partner & Family		Friendships		Personal Safety		Job Stiuation
T1	4.24	T2 4.76	T1 4.24	T2 4.57	T1 4.50	T2 4.86	T1 4.24	T2 4.31	T1 5.50	T2 5.50	T1 4.67	T2 4.98	T1 5.19	T2 5.71	T1 4.00	T2 4.40

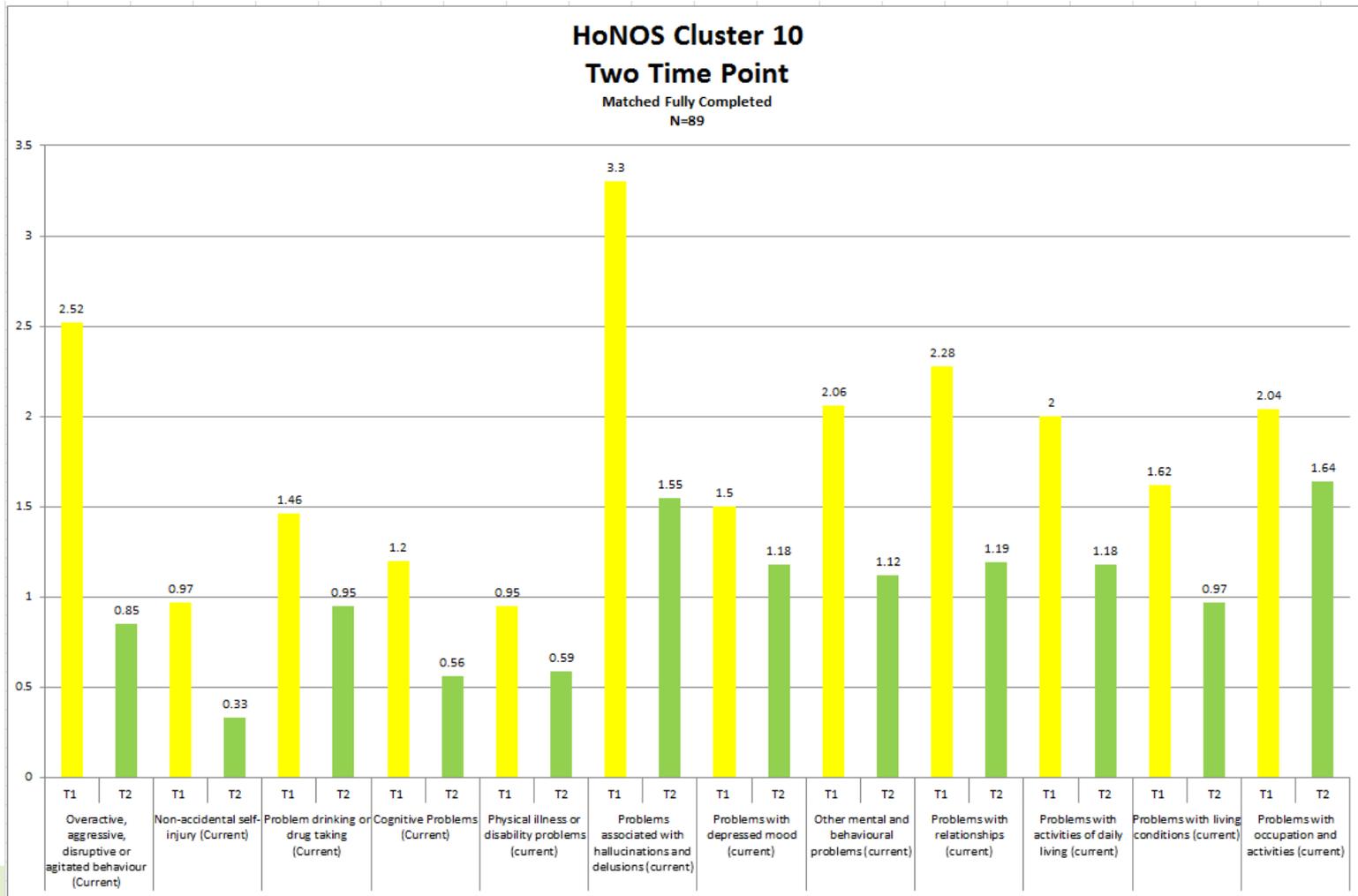We care   We respect   We are inclusive

Analysis of DIALOG

- That a Case load of 966 with a two point data rate of 70%

- However only 42 (all domains) completed forms at two time points (4.3%)

- That there is improvement seen across all domains

- That there is a average 0.32 improvement seen across all eight domains.

- What is a 'good improvement'?

*The rate of improvement is likely to have been bolstered by the inclusion of acute spells

Cluster 10 HoNOS Data

HoNOS Cluster 10
Two Time Point
Matched Fully Completed
N=89

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Analysis of HoNOS

- Same case load of Case load of 966 rate

- 89 Fully completed Two point data forms (9.2%)

- That as with DIALOG there is improvement across all domains.

- Interesting impact on all domains through an acute spell

Findings

- As would be expected the largest improvements are in Aggression and self injury in HoNOS is corroborated with high self rated improvement of safety by patients in DIALOG

- Subjective (DIALOG) improvement of mental wellbeing is also significantly correlated with improvement of psychosis (remember EI cohort), as well as depression and other mental health condition (HoNOS)

- There is modest improvement of job situation, activities to a lesser extent in relationship in patients receiving the EI package of care (HoNOS and DIALOG)

Learnings

- In absence of standardised methods to analyse outcome data it is important a baseline is gathered

- Premature analysis and 'measuring' improvement and comparing or benchmarking introduces risk of 'Goodhart's Law' ("When a measure becomes a target, it ceases to be a good measure.")

- Involvement of clinicians and teams into outcome gathering is key. Incorporation of DIALOG (+) to generate care plan was a success

- More active feedback or data, individual (EPR) as well as pooled (reporting) to clinicians improve data quality and engagement

Learnings- 2

- Unless HoNOS is uncoupled from Clustering true CROM collection will remain a challenge

- Obtaining two point data in a relatively short period of time remains a challenge even with high levels of form filling

- With PROM/ DIALOG there is lower levels of two point data as data gathering is dependent of patient willing and able to fill in all domains on the two occasions

- Unless analysis methods AND data gathering time-points are standardised developing an evidence base would continue to remain a struggle

Questions?

Thank you