

# Measuring what matters: using the perspectives of service users, providers and funders to establish a core set of performance measures

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*“I think you can collect all the data in the world but, if you don’t use that to tell a story, it’s not going to have the impact that you’re looking for with a funding body or with the community.”*

- Funder participant

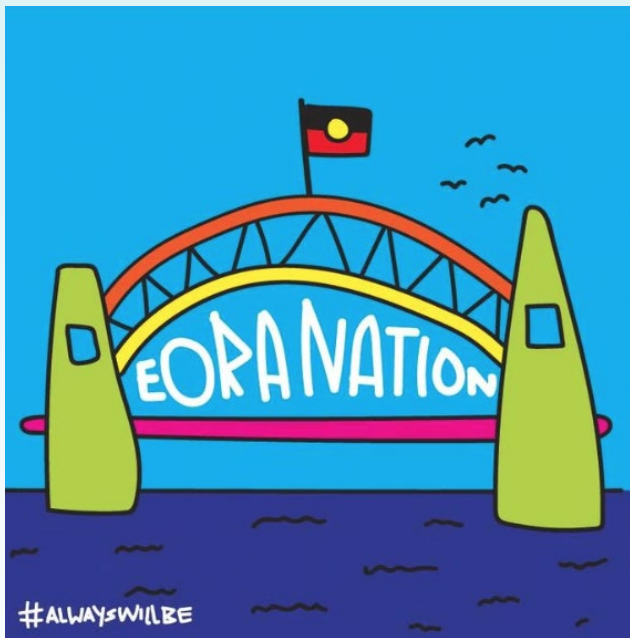


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**UNSW**  
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# Acknowledgement



*“But I feel like there should be more rehabs out there for our culture.”*

– Aboriginal service user participant

*“... it taught me back my culture, and the spirit of it. I’m proud of my culture...”*

– Aboriginal service user participant

# Acknowledgements

NADA proudly recognises people with living and lived experience of alcohol or other drug use, acknowledging their important role in shaping policy, practice and research.

We acknowledge that through their guidance, diverse experience and peer support, lives are saved, and health outcomes are realised. We acknowledge that participation takes courage, gives a voice, and reduces stigma and discrimination in our community.

# Acknowledgements

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# Acknowledgements

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Director, Drug Policy Modelling Program, SPRC, UNSW  
  
**Associate Professor Sally Nathan**  
School of Population Health, UNSW
- All people with living and lived experience, treatment providers and funders that participated in the research

# Context



NADA is the peak organisation for NGO alcohol and other drugs services in NSW

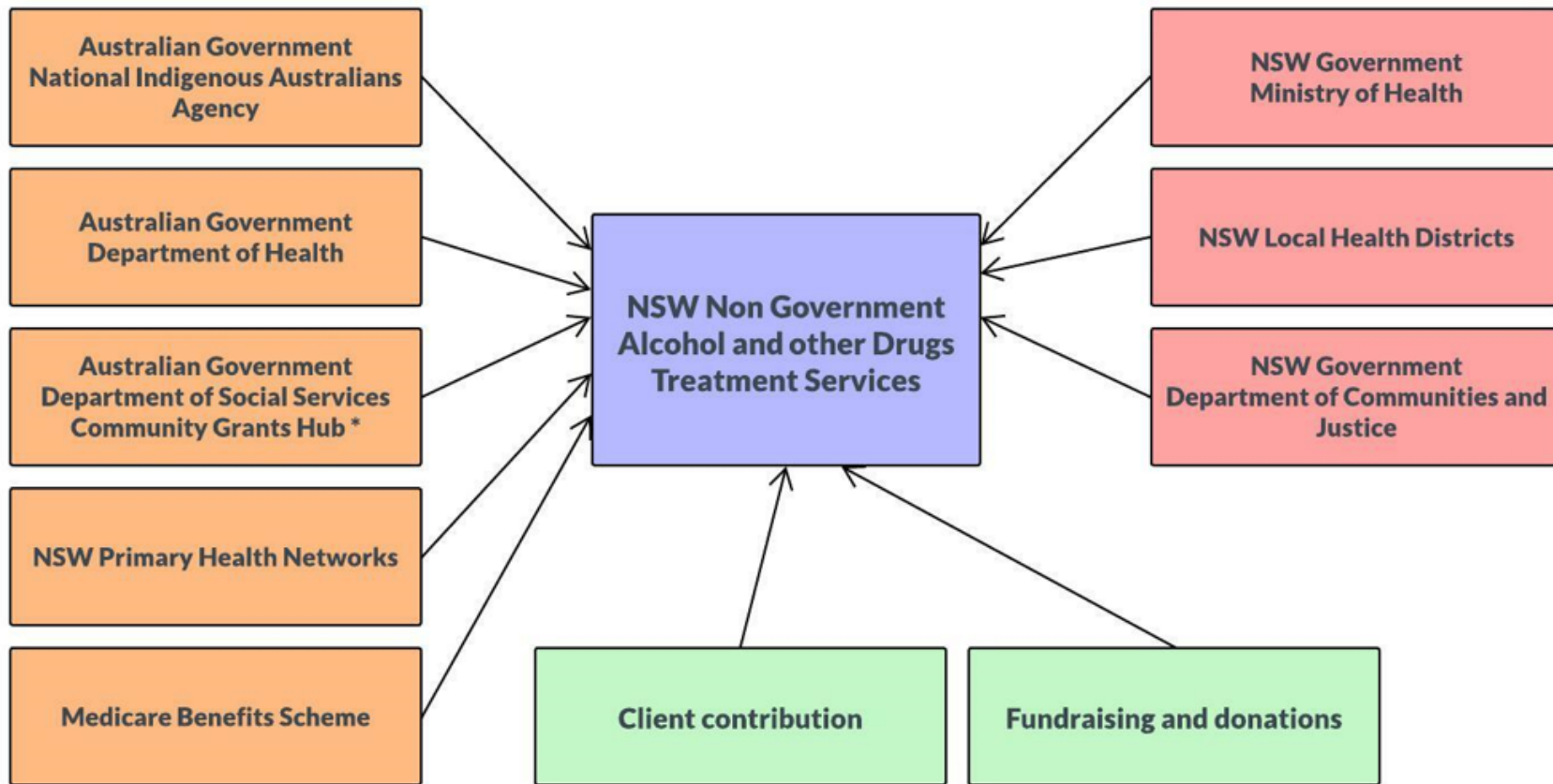
80 organisational members that provide services in over 100 locations

They provide:

- Prevention and early intervention
- Harm reduction
- **Treatment**
- Continuing care programs

NADA members are diverse in their structure, philosophy and approach to service delivery

# Context: funding and measures



\* Department of Social Services provides funds, but also provides grants management for Department of Health AOD treatment grants via the Community Grants Hub.

# Methodology

Study phase	Research questions	Method
Phase I	What are the current approaches to the measurement of performance in the NSW NGO AOD sector and how do they align with best practice?	Expert review and ranking of measures by representatives from a funder, treatment provider and peak body
Phase II	What are the most important measures to stakeholders?  How much concordance exists between the stakeholders?  What are the challenges associated with the implementation of performance measures?	Focus group discussions with service users, treatment providers and funders
Phase III	What are the priority performance measures for NSW NGO AOD treatment?	Delphi process



# Measurement types

Type	What it measures	Example KPI from contracts
Access	Whether a person who needs care is able to access it	Average waiting time per treatment type during the reporting period
Experience	Persons views of the treatment they received	% of people who report being satisfied with the service they received
Input	The resources required to deliver treatment (e.g. funding, staff)	Average cost of treatment per person
Outcome	The results of treatment	% of people with reduced days of AOD use at 4 weeks post exit
Output	The services delivered in treatment	# of treatment episodes in the reporting period
Process	What a treatment provider does to deliver on an outcome	% of people who complete an outcome measure at admission, 30 days and 90 days
Structural	The capacity required to deliver services (e.g. qualified staff, program)	# of Aboriginal staff and the total number of staff

# Phase one: results

Number of measures and mean scores by measurement type.

Measurement type	Number of measures	% of measures	Mean score
Access	39	7.26	1.95
Experience	16	2.98	1.81
Input	10	1.86	1.91
Outcome	41	7.64	2.03
Output	222	41.34	2.02
Process	127	23.65	1.88
Structural	49	9.12	1.84
Demographic	33	6.15	2.34
<b>Total</b>	<b>537</b>	<b>100.00</b>	

Use of existing data sets

1

2

3

4

5

Fig. 1. Mean score for each criterion.

# Phase two: results

What did service users,  
providers and funders think  
is important?



# Phase two: results

#	When	Who	Facilitators
1	Feb-20	Service users: adults, mixed gender (n=11)	Robert Stirling, Annie Madden
2	Feb-20	Service users: adults, mixed gender (n=9)	Robert Stirling, Annie Madden
3	Feb-20	Service users: young people, mixed gender (n=4)	Robert Stirling, Annie Madden
4	Feb-20	Service users: adults, Aboriginal men (n=9)	Robert Stirling, Doug James
5	Feb-20	Service users: adults, Aboriginal women (n=9)	Raechel Wallace, Sally Nathan
6	Mar-20	Aboriginal Community-Controlled services (n=6)	Robert Stirling, Raechel Wallace
7	May-20	Youth services (n=5)	Robert Stirling, Sally Nathan
8	May-20	Community-based services (n=8)	Robert Stirling, Sally Nathan
9	May-20	Residential services (n=6)	Robert Stirling, Sally Nathan
10	Mar-20	Funders of AOD treatment (n=7)	Robert Stirling, Sally Nathan

Zoom

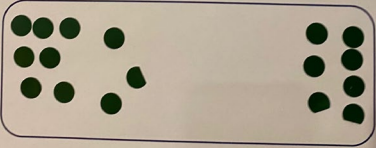
# Phase two: results

## Structural Measures

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The capacity required to deliver services (e.g. qualified staff, program)  
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% of staff trained in overdose management

Number of Aboriginal staff and the total number of staff  
*cultural confidence/safety*



## Access Measures

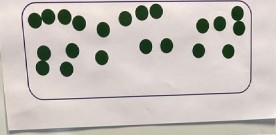
-----  
Whether a person who needs care is able to access it  
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Average waiting time

*For example. How long did most people wait to get into treatment?*

Number of times person has entered the service after exiting / repeat presentations

*For example. How many times has a person been provided with treatment more than once?*



- Reduce wait time
- Let other agencies know that you're on a waiting list
- More for young people
- Access to detox
- Eligibility requirements (charges)
- Access to Aboriginal treatment (Information, encourage them to access)
- Pathways to

# Phase two: results

Table 4: Overall votes against each measurement type across all groups

Measurement type	% (n) <sup>a</sup>	Rank
Access	22.5 (161)	1
Experience	18.4 (132)	2
Outcomes	17.7 (127)	3
Structural	14.1 (101)	4
Process	11.6 (83)	5
Input	8.9 (64)	6
Output	6.7 (48)	7
<b>Total</b>	<b>100.0 (716)</b>	

## Phase one

Measurement type	% of measures	Rank
Output	41.34	1
Process	23.65	2
Structural	9.12	3
Access	7.26	4
Outcome	7.64	5
Experience	2.98	6
Input	1.86	7
Demographic	6.15	-
<b>Total</b>	<b>100.00</b>	<b>100.00</b>

Table 5: Comparison of votes by measurement types for each stakeholder group

Measurement type	Service user groups (N=5)		Treatment provider groups (N=4)		Funder group (N=1)	
	% (n) <sup>a</sup>	Rank	% (n) <sup>b</sup>	Rank	% (n)	Rank
Access	27.0 (110)	1	17.2 (41)	3	14.3 (10)	3
Experience	15.0 (61)	3	22.7 (54)	1	24.3 (17)	2
Outcomes	13.0 (53)	4	22.7 (54)	1	28.6 (20)	1
Structural	18.4 (75)	2	9.2 (22)	6	5.7 (4)	6
Process	12.3 (50)	5	10.1 (24)	5	12.9 (9)	4
Input	8.6 (35)	6	10.9 (26)	4	4.3 (3)	7
Output	5.9 (24)	7	7.1 (17)	7	10.0 (7)	5
<b>Total</b>	<b>100.0 (408)</b>		<b>100.0 (238)</b>		<b>100.0 (70)</b>	

# Phase two: results

## Measurement type

### Access measurement

access to information  
the availability of treatment  
access across the continuum of care  
equity in access to treatment

*"People die when they have to wait. Honestly, it happens all the time."* – Service user participant

### Experience measurement

the persons overall experience of treatment  
if people felt safe and respected  
therapeutic alliance  
if people felt that treatment was person centred  
the persons experience of navigating the treatment and support system

*"It's important because you need to stay here to get better. If you're not satisfied, you're disgruntled, then you're more likely to get up and leave, right?"*

– Service user participant

### Outcome measurement

substance use and associated risk  
person centred outcomes  
the social determinants of health  
improvement in mental health  
outcomes for specific populations

*"We have to accept that not everybody's gonna have an abstinence outcome."*

– Treatment provider participant



# Phase two: results

## Structural measurement

the workforce

the program being delivered

the quality of treatment

## Process measurement

continuity of care

routine assessment and outcome monitoring

## Input measurement

Financial performance

## Output measurement

how much treatment is provided

*“that the service itself is internally reflecting on outcomes data and on client experience data internally, and making use of that information. And then, thirdly, some indication with regards to the management of their own workforce and supporting their own workforce and how things are tracking in that regard.” – Funder participant*



# Phase three: results

What did service users, providers and funders think are the most important measures to use in contracts?



# Phase three: results

## Participants

10 funders  
10 treatment providers  
10 people with lived  
experience

Measures with a  
median score >7 and  
agreement above 70%  
were the criteria for  
inclusion in the final set

Participation and number of measures in each round

	Response rate		Service level	Measures	Total
				System level	
Round 1	100% (n=30)	Rated	87	6	93
		Removed	24	2	26
		New	8	3	11
Round 2	93.3% (n=28) <sup>1</sup>	Rated	71	7	78
		Removed	40	2	42
		Consensus	4	-	4
		Consensus	11	2	13
Round 3	96.7% (n=29) <sup>2</sup>	Rated	27	5	32
		Removed	16	3	19
		Consensus	11	2	13

<sup>1</sup> One funder didn't participate due to managing COVID-19 response, and one service user was unwell.

<sup>2</sup> The same funder participant was on leave from work.

# Results: system level measures

## Access

- Number of people that were eligible and suitable that couldn't be accepted for treatment due to capacity issues
- Average waiting time (days) per treatment type for eligible and suitable people

## Input

- **Provision of annual audited financial statement**
- Actual expenditure against annual budget

## Structural

- **Organisation holds current and valid accreditation against approved health and community service standards**
- **# and % of staff trained in Aboriginal cultural competence**
- # and % of staff who have undertaken relevant continuing professional development

## Output

- **Provision of an electronic extract of the Minimum Data Set data report** - episodes of care

## Access

- Treatment capacity during reporting period (bed occupancy, use of available counselling or group sessions)

## Process

- # of new clients assessed and accepted into the service that have a treatment plan

## Outcome

- # and % of people that report an improvement in overall quality of life – the most important
- # and % of people with reduction in severity of dependence
- # and % of people that report a reduction in AOD use
- # and % of people that report a reduction in risk behaviour related to AOD use
- # and % of people that report that they achieved their own treatment goals

## Experience

- # and % of people that report the service was culturally safe and appropriate
- # and % of people that report they were linked up with other services to support them when they leave the program



# Results: implementation

## Collection of data

- Managing multiple funding relationships and measures
- A resource burden – multiple systems and workforce expectations

## Utilisation of data

- Accountability to different stakeholders
- Utilisation of data for service improvement

## Interpretation of data

- A lack of clarity and context to what is being measured
- Measuring and attributing outcomes for a complex health issue

## Systems that support

- Making it meaningful to service users
- A standardised approach to performance measurement
- Independent evaluation of services

# Recommendations

1. Development of a national AOD performance framework
2. Performance measure specifications to be developed for the core set of measures
3. All funders of NSW NGO AOD treatment providers include the measures in contracts
4. Additional performance measures to supplement the core set of measures that respond to the needs of specific priority populations
5. Establish governance arrangements to monitor performance against the national AOD performance framework, with clear alignment to the National Drug Strategy
6. Future research on utilisation and interpretation of the data collected

# Next steps

- Study results versus NADA advocacy: *Me as DrPH student, researcher and CEO of NADA*
- Views of NADA members: *the inclusion of a mental health outcome measure*  
**# and % of people that report an improvement in mental health**
- Development of additional measures outside of core set: For First Nations people, women with children (3 measures), young people, criminal justice - in progress
- Development of measure specifications - in progress

# Are we measuring what matters?





# Any questions

Contact me: [robert@nada.org.au](mailto:robert@nada.org.au)



## References:

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