



## **NADA Submission to:**

# **Australian Institute of Health and Welfare Review of the AODTS-NMDS Stakeholder Consultation Questionnaire**

**April 2010**

*The Network of Alcohol and other Drugs Agencies (NADA) is the peak organisation for the non government drug and alcohol sector in NSW.*

*NADA's goal is to support non government drug and alcohol agencies in NSW to reduce the alcohol and drug related harm to individuals, families and the community.*

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## INTRODUCTION

The Network of Alcohol and other Drug Agencies (NADA) is the peak organisation for the non government drug and alcohol sector in NSW, and is primarily funded by NSW Health. NADA's membership comprises approximately 100 agencies across NSW and the ACT, ranging from health promotion, early intervention, treatment, and after-care programs. These agencies are diverse in their approach to service delivery and structure and make up approximately one third of the drug and alcohol sector in NSW.

**NADA's goal is 'to support non government drug and alcohol agencies in NSW to reduce the alcohol and drug related harm to individuals, families and the community'.**

The NADA program consists of sector representation and advocacy, workforce development, information/data management, governance and management support and a range of capacity building initiatives. NADA is governed by a Board of Directors elected from the NADA membership.

Further information about NADA and its programs is available on the NADA website at [www.nada.org.au](http://www.nada.org.au).

## PREPARATION OF THIS SUBMISSION

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NADA welcomes the opportunity to provide input to the Australian Institute of Health and Welfare in relation to the Review of the Alcohol and Other Drugs Treatment Services National Minimum Dataset (from here referred to as the NMDS).

The comments provided in this submission have been prepared by NADA staff following a meeting with the Australian Institute of Health and Welfare (AIHW) on 19 April 2010. Not all issues discussed in detail at that meeting will be reiterated in this submission but NADA would be happy to discuss any of the comments made in this submission or at the meeting further with the AIHW.

## FAMILIARITY/UTILITY WITH THE COLLECTION

### Utility of the NMDS

The NMDS would be most frequently used by NADA and its membership in relation to program reporting and service delivery planning. NADA believes that the NMDS has limited utility in comparing and benchmarking service providers or service types as it does not capture a full or adequate picture of service diversity in terms of treatment activities, client complexity and other environmental impacts to allow these activities to be completed in a fair and unbiased manner. The NMDS cannot measure treatment outcomes beyond crude indicators such as length of treatment stay which does not provide any information on the actual health or social outcomes

for a client or a program and varies widely across programs and organisations even if the treatment type or setting is the same.

There are a number of data quality issues related to the NMDS such as different definitions of treatment episodes and an inconsistent application of treatment type and treatment setting options across the drug and alcohol sector which presents challenges to the utility of the NMDS as a research data set. Data quality issues are related to a lack of ongoing support and training for service providers and collection guidelines are not always clear or well known to those who collect the NMDS. Additionally, there will always be an element of human interpretation of data items and response options.

### NMDS related publications

Although NMDS related publications produced by the AIHW are fairly easy to understand, the NMDS annual bulletins and collection guidelines are not widely used by NADA or its membership. Reasons for this include the high level of detail in some publications and the existence of NSW Minimum Data Set Guidelines which has variations to the NMDS guidelines (the latest version produced by NSW Health was in 2006-07). Neither the NMDS nor the MDS guidelines are well applied as there is no structured or ongoing training available to drug and alcohol service providers in NSW.

NADA supports the AIHW's suggestion of a more succinct bulletin (e.g. 3-4 pages in length) that provides summarised results of NMDS data for each State and Territory.

### The National and NSW Minimum Data Sets

A major issue for collectors of the NMDS in NSW are the variations in the NSW MDS and the NMDS. These include:

1. Different coding options between the two data collection sets (NADA Information Systems Development Manager has provided a mapping document to further explain this).
2. Different options for the same data element available for NMDS and MDS (e.g. therapeutic community and rehabilitation are treatment type options for the NSW MDS but only rehabilitation in a residential treatment setting is included in the NMDS).
3. Additional data items included in the NSW MDS.

Additional data items do not provide a major issue for data collectors. However, the discrepancies in item coding and options for the same data element do create an additional administrative burden for some service providers who need to enter the data differently for State and National reporting purposes whilst providing the same service. NADA believes that the AIHW and NSW Health should explore opportunities for improving the consistency between the NSW and National Minimum Data Sets to ease the additional burden on agencies, particularly non government organisations, which report to multiple funding bodies that have different minimum data set reporting requirements.

## **Key Points and Recommendations**

1. *The NMDS was designed as an administrative data collection and should not be used to inform service benchmarking, comparison or funding.*
2. *NADA supports the AIHW's review of current publications and agrees that shorter NMDS bulletins will increase their accessibility and use by service providers.*
3. *The AIHW and NSW Health should explore opportunities for improving the consistency between the NSW and National Minimum Data Sets in relation to data items, item coding and response options.*

## **TREATMENT**

*(This section contains comments relating to the heading in the consultation questionnaire, 'What is treatment?', 'Breadth and volume of treatment,' 'Treatment setting' and 'Issues pertinent to treatment provision.')*

In line with the goal of our organisation (as detailed in NADA's Strategic Plan 2009-11), NADA adopts a broad definition of treatment that includes any activity or intervention that aims to reduce the alcohol and drug related harm to individuals, families and communities.

Regarding breadth and volume of treatment, NADA does not consider 'information and education only', and 'assessment only' as stand-alone treatment types. Additionally, 'support and case management only' rarely or should not occur as a drug and alcohol treatment, this is usually part of a more comprehensive treatment program.

The current terms used to define treatment types do not capture group activities, creative, recreational and physical activities that can form part of treatment and may be particularly relevant to some client groups (such as young people). Additionally, there is much activity related to a treatment intervention that is currently not captured such as detailed case management activity, case conferencing and client and family support, referral and liaison. This issue is particularly relevant for episodes that are part of programs of a longer duration (such as 12 month rehabilitation in residential settings) that are not reported on until closure, so it may appear that there is little treatment activity being undertaken.

In relation to current specifications of treatment settings may be difficult for service providers to define because:

- Many organisations provide a range of services from a single setting. Each treatment episode would be recorded individually as per the treatment type and treatment setting.
- Some organisations provide treatment programs in a residential setting that can be undertaken as an in-client or an out-client (there may be discrepancies in the way that this is coded by different organisations).

NADA supports the idea put forward by the AIHW during the meeting with NADA regarding the collection of organisational information (such as range of treatment types, treatment settings, treatment activities, funding sources, workforce, etc) on an annual basis rather than attaching this information to every NMDS episode. This information would allow for a more detailed picture of the national drug and alcohol sector to be developed which can better inform policy development, service delivery and planning.

### **Key Points and Recommendations**

- 4. In order to provide a better picture of the drug and alcohol treatment sector whilst not introducing an additional large data collection burden on service providers, NADA supports the introduction of an annual data collection snapshot to capture more detailed information on drug and alcohol services including range of treatment types, treatment settings, treatment activities, funding sources and workforce profile.*

## **DATA COLLECTION, TRANSMISSION, REPORTING AND DATA REQUESTS**

Among NADA's membership, data collection is completed on paper and then entered electronically (to the NADA on-line database or other software). A range of staff within non government drug and alcohol services are responsible for entering data including both collection and entry being completed by clinical staff or a combination of clinical and administrative staff collecting and entering data.

In NSW, policy indicates that the relevant Area Health Service is to provide training in the NMDS and MDS collection to all drug and alcohol services (including non government organisations). In practice, there is no structured training program that is undertaken in any Area Health Service and the consistency and availability of training varies widely across the State. This can affect the quality of the MDS/NMDS data collected and increase variation in the way individuals define and collect data items.

### **Key Points and Recommendations**

- 5. NADA recommends that the AIHW further investigate the provision of training in the NMDS collection and specifications in each State and Territory. This will allow examples of good practice to be identified and possibly introduce standardised or consistent training on a national scale.*

## **STRATEGIC DIRECTION AND DECISION MAKING**

It is very unclear who, why and for what reasons, decisions are made about the NMDS. It is not clear how changes are made to the collection or how any changes are communicated.

NADA was encouraged by the AIHW's willingness to further communicate with NADA's members including through presentation at relevant member forums and believes that this would

be an effective way to raise the AIHW's profile among non government service providers (especially the ability to complete data requests for agencies and seek feedback from service providers on what would be useful for them in terms of AIHW publications on the NMDS).

### **Key Points and Recommendations**

6. *Currently the processes for making decisions about the NMDS are not transparent and could benefit from being clarified, particularly with service providers.*
7. *As it is a new department, NADA recommends that the AIHW increase the profile of the Drug Surveys and Services Unit including their role, the surveys that the Unit is responsible for coordinating and customised services they provide.*

## **PRIVACY AND CONSENT**

NADA is aware of the NMDS Enhancement Project that trialled the use of a statistical linkage key and also the use of unique identifiers in NSW for mental health. Whilst NADA recognises that being able to count individuals and determine access to different drug and alcohol services by the same individual would be useful for planning and service development, NADA believes that the introduction of any statistical linkage process should include thorough consultation and communication with NMDS collectors so that they fully understand the process and what is and is not possible through statistical linkage (e.g. client identification).

### **Key Points and Recommendations**

8. *Thorough consultation and communication with NMDS collectors should be undertaken prior to the introduction of any NMDS statistical linkage processes. This will ensure processes are transparent and fully understood by service providers particularly with respect to client privacy and confidentiality.*

## **CURRENT/POTENTIAL NMDS DATA ELEMENTS/CONCEPTS**

NADA is concerned that this review may see the NMDS turn into something far bigger than a 'minimum' data set, particularly as the NSW MDS already has a number of additional items.

It is difficult to comment on the usefulness and importance of some of the data elements/concepts suggested without further clarification. NADA's broad comments in relation to potential new items are:

- The importance and usefulness of items to the needs of government, service providers and researchers should be carefully considered before the introduction of any new data items to the NMDS.

- Constant or extensive changes to the NMDS risk losing the good will of service providers who collect the NMDS with no or little additional administrative support to undertake this task. This will affect the quality and reliability of the data produced if people are unclear about the collection and collection guidelines.

At this point there are few items in the 'potential' list that NADA believes should be included in the NMDS (bearing in mind that some items related to living circumstances and client income are already included in the NSW MDS). NADA members have expressed a desire to routinely collect more information related to a client's mental health but further clarification of 'potential' items relating to mental health is required as well as further consultation to determine what information would be most useful to all users of the NMDS data (in terms of service provision, policy and research).

As discussed above, NADA is supportive of the collection of further data about an organisation and its programs (separate to the NMDS) on perhaps, an annual basis, which would provide important information for policy and service planning.

### **Key Points and Recommendations**

9. *Further clarification and consultation regarding data items or concepts that are seriously being considered for inclusion in the NMDS should be undertaken to allow organisations to provide informed and meaningful comments.*

## **KEY POINTS AND RECOMMENDATIONS**

NADA makes the following key points and recommendations:

1. The NMDS was designed as an administrative data collection and should not be used to inform service benchmarking, comparison or funding.
2. NADA supports the AIHW's review of current publications and agrees that shorter NMDS bulletins will increase their accessibility and use by service providers.
3. The AIHW and NSW Health should explore opportunities for improving the consistency between the NSW and National Minimum Data Sets in relation to data items, item coding and response options.
4. In order to provide a better picture of the drug and alcohol treatment sector whilst not introducing an additional large data collection burden on service providers, NADA supports the introduction of an annual data collection snapshot to capture more detailed information on drug and alcohol services including range of treatment types, treatment settings, treatment activities, funding sources and workforce profile.
5. NADA recommends that the AIHW further investigate the provision of training in the NMDS collection and specifications in each State and Territory. This will allow examples

of good practice to be identified and possibly introduce standardised or consistent training on a national scale.

6. Currently the processes for making decisions about the NMDS are not transparent and could benefit from being clarified, particularly with service providers.
7. As it is a new department, NADA recommends that the AIHW increase the profile of the Drug Surveys and Services Unit including their role, the surveys that the Unit is responsible for coordinating and customised services they provide.
8. Thorough consultation and communication with NMDS collectors should be undertaken prior to the introduction of any NMDS statistical linkage processes. This will ensure processes are transparent and fully understood by service providers particularly with respect to client privacy and confidentiality.
9. Further clarification and consultation regarding data items or concepts that are seriously being considered for inclusion in the NMDS should be undertaken to allow organisations to provide informed and meaningful comments.

## **NADA CONTACT DETAILS**

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