NADA Position Paper:

Measuring performance of NSW non government alcohol and other drug treatment services

December 2022

The Network of Alcohol and other Drugs Agencies (NADA) is the peak organisation for the non government alcohol and other drugs sector in NSW. We represent 80 organisational members that provide services in over 100 locations across NSW. They provide a broad range of services including health promotion and harm reduction, early intervention, treatment and continuing care programs. Together, we improve the health and wellbeing of people who use, or have used, alcohol and other drugs across the NSW community.

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ABOUT NADA

The Network of Alcohol and other Drugs Agencies (NADA) is the peak organisation for non government alcohol and other drugs services in NSW. We advocate for, strengthen and support the sector. Our decisions and actions are informed by the experiences, knowledge and concerns of our members.

We represent 80 organisational members that provide services in over 100 locations across NSW. They provide a broad range of alcohol and other drugs services including health promotion and harm reduction, early intervention, treatment and continuing care programs. Our members are diverse in their structure, philosophy and approach to alcohol and other drugs service delivery.

We provide a range of programs and services that focus on sector and workforce development, data management, governance and management support, research and evaluation, sector representation and advocacy, as well as actively contributing to public health policy.

NADA has award level accreditation under the Australian Services Excellence Standards (ASES), a quality framework certified by Quality Innovation and Performance (QIP). To learn more, visit www.nada.org.au.

PREPARATION OF THIS POSITION PAPER

NADA has developed the following paper based on extensive research which is documented in the following two peer-review publication and thesis[1]. The research involved the significant engagement of NSW NGO AOD treatment providers, service users and funders.

Stirling, R., Ritter, A., Rawstorne, P., & Nathan, S. (2020). Contracting treatment services in Australia: Do measures adhere to best practice? *International Journal of Drug Policy*, 86. doi.org/10.1016/j.drugpo.2020.102947

Stirling, R., Nathan, S., & Ritter, A. (2022). Prioritizing measures to assess performance of drug treatment services: a Delphi process with funders, treatment providers and service-users. *Addiction*, 16038. doi.org/10.1111/add.16038

Stirling, R. (2023). Performance measurement in alcohol and other drug treatment services. http://hdl.handle.net/1959.4/100975

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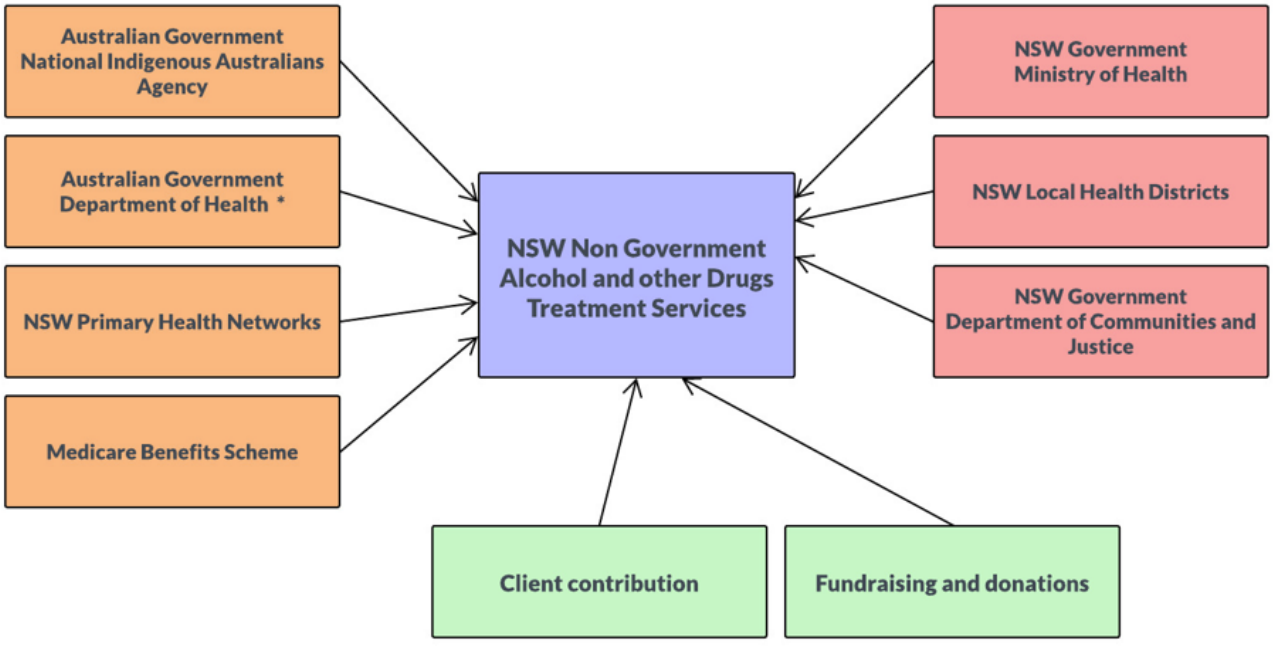
[1] This research was undertaken as part of the UNSW Doctorate of Public Health (DrPH) program supported by an Australian Government Research Training Program Scholarship.

BACKGROUND

The NSW NGO alcohol and other drug (AOD) treatment sector receives over $120 million in public funding per annum via multiple sources across two levels of government in Australia, in combination with smaller amounts from donations and other sources. Much like the complexity of broader AOD treatment funding described by Ritter et al. (2014), Figure 1 provides an overview of the income sources for NSW NGO AOD treatment providers. Treatment providers typically receive funding from both the federal government (shown in orange in Figure 1), via the Department of Health and Aged Care, National Indigenous Australians Agency and/or Primary Health Networks, and the NSW state government (shown in red in Figure 1) via the NSW Ministry of Health and/or Local Health Districts (LHDs). Additionally, treatment providers may also receive funds from social services and justice-related funders such as the NSW Department of Communities and Justice and Department of Social Services. NGOs may receive further funding via client contributions, donations and fundraising (shown in green in Figure 1). However, these sources usually represent a small component, with NGOs reliant on government funding as the primary source of income (Network of Alcohol and other Drugs Agencies, 2014; Ritter et al., 2014).

Figure 1: Income sources for NSW Non-Government Alcohol and Other Drugs Treatment Services



To demonstrate accountability to these various funders, treatment providers are required to provide a range of data outlined by performance measures, more commonly referred to as KPIs, within

contracts with each funder. In addition to the contractual requirement of all publicly funded treatment providers in Australia to provide a set of minimum data on their client population and associated treatment activity, NGOs are required to report on a range of other measures. These may be determined by, or negotiated with, each funder. However, there is no consistent approach to performance measurement of AOD treatment in NSW, or nationally. As a result, NGOs are subject to a wide range of measures that differ between funders.

As part of an inquiry into the contribution of the not-for-profit sector more broadly in Australia, NGOs noted unnecessary reporting burden, calling for all levels of government to develop consistent approaches to reporting (Productivity Commission, 2010). This issue has also been documented with specific reference to the AOD sector as part of a large review of funding models, and in a subsequent study by the same authors, with treatment providers and funders (Ritter et al., 2014; van de Ven, Ritter, Berends, Chalmers, & Lancaster, 2020). The issues were also documented as part of a NSW Government inquiry with two recommendations for the NSW Government that relate to collaboration across all AOD funders and alignment of performance reporting requirements (State of NSW, 2020). At NADA, this issue has been one raised by treatment providers for many years, with providers calling for standardisation of KPIs in contracts with funders to reduce reporting burden and ensure that reporting is meaningful (Network of Alcohol and other Drugs Agencies, 2021).

Aboriginal Community Controlled AOD treatment providers make up 15% of NADA members and experience further performance reporting burden. Aboriginal Community Controlled services are "initiated and operated by the local Aboriginal community to deliver holistic, comprehensive, and culturally appropriate health care to the community who controls it, through a locally elected Board of Management" (NACCHO, n.d). The added burden these services face is due to additional funding sources, as well as broader government policy to address aspects of health and wellbeing among Aboriginal and Torres Strait Islander communities that results in additional performance measures (such as 'Closing the Gap'[2]). Aboriginal and Torres Strait Islander people, hereafter referred to as 'Aboriginal people' (NSW Health, 2019b) account for 17% of all AOD treatment episodes in Australia (Australian Institute of Health and Welfare, 2022) and receive services from both mainstream and

[2] https://www.closingthegap.gov.au/

Aboriginal Community Controlled treatment providers. Government policy and research undertaken with the network of Aboriginal AOD residential rehabilitation services, known as the Aboriginal Drug and Alcohol Residential Rehabilitation Network[3] (ADARRN), have identified the need for Aboriginal people to be included in the development of culturally appropriate measures (Intergovernmental Committee on Drugs, 2014; James et al., 2020).

The rational for the research

1. The existence of multiple funders with differing expectations and measures, resulting in a burden of reporting, and concerns about attributing performance and outcomes related to different funding sources and streams.
2. Balancing the needs and expectations of community, service users, treatment providers, governing bodies, funders, and policy makers. This included a lack of clarity on what constitutes an effective treatment outcome, which may vary between stakeholders.
3. The use of multiple data systems (including some paper based), issues with data quality and treatment providers fears about the interpretation of data and comparison with other providers that does not consider the complexity of people who access treatment.

The purpose of this position paper

1. Provide an overview of the research undertaken to identify a core set of performance measures.
2. Outlines NADA's position on policy, practice and future research
3. Provide recommendations to improve performance measurement for NSW NGO AOD treatment services.

[3] https://www.adarrn.org.au/

RESEARCH OVERVIEW

The primary aim of this research was to establish a list of performance measures that are acceptable to service users, treatment providers, and funders; explore approaches to improve implementation of performance measures; and make recommendations to funders of non-government AOD treatment.

The research approach involved three phases: 1) an assessment by three independent raters of existing measures used in contracts against best practice; 2) focus groups with service users, treatment providers, and funders (n=10 focus groups) to identify the most important performance measures among diverse stakeholders and explore the challenges associated with implementation; 3) a Delphi process with a purposeful sample of service users, treatment providers, and funders to prioritise a finite list of performance measures.

Phase One found over 500 unique measures used in contracts for AOD treatment services, with most not adhering to best practice against the criteria from the Australian Health Performance Framework. Further, the majority were output and process measures. In Phase Two, focus groups identified that access, outcome, and experience measures were the most important measurement types across all stakeholder groups, with structural measures also important to service users. In Phase Three, 17 performance measures reached consensus. In contrast to Phase One, the final set were mostly outcome, access, and structural measures (n= 11/17) with only one measure each for output and process. Further, key findings from the focus groups highlighted that identification of measures is only part of a robust performance measurement system. Support systems for collecting, analysing, interpreting, and reporting performance data are also needed.

At the policy-level, implementation of the final set of measures can improve accountability of public funds and support the collection of standardised performance-related data to inform funding decisions and treatment planning. At the practice-level, the measures have the potential to reduce reporting burden, improve organisational efficiency, and inform quality improvement initiatives.

A CORE SET OF PERFORMANCE MEASURES

Performance measures – service level

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
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 • # 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

Performance measures – system level

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

The paper describing the consensus process to arrive at the core set of performance measures is available here: https://doi.org/10.1111/add.16038

POLICY, PRACTICE AND FUTURE RESEARCH

The research undertaken provides empirical evidence that shift the focus of performance measurement from outputs and processes to outcomes-based measures and address the needs of service users, treatment providers and funders alike. However, the core set of measures identified cannot exist in isolation and need to align to broader Australian Government policy and practice for performance measurement. This section outlines NADA's position on what is required to progress efforts to inform and improve approaches to measuring performance. It includes the development of:

- an AOD performance framework
- specifications for the core set of measures
- contract and performance management guidelines
- resources required for performance measurement
- future measure development, including measures for priority populations
- further research

The development of an AOD performance framework

NADA believes there is a need to develop of a national AOD-specific performance framework to ensure that the performance of treatment services directly align with overarching policy objectives for the AOD sector. The Australian Health Performance Framework (AHPF) is the overarching health framework for Australia (The National Health Information and Performance Principal Committee, 2017). The AHPF directs specific areas of health, such as AOD, to develop their own performance frameworks that link directly to the overarching framework. Within the AHPF is the Australian Health System Conceptual Framework (Figure 2), which uses health system domains (e.g. effectiveness, safety) to build on the Institute of Medicine (IOM) framework for healthcare quality (Institute of Medicine, 2001).

Figure 2: Australian Health System Conceptual Framework

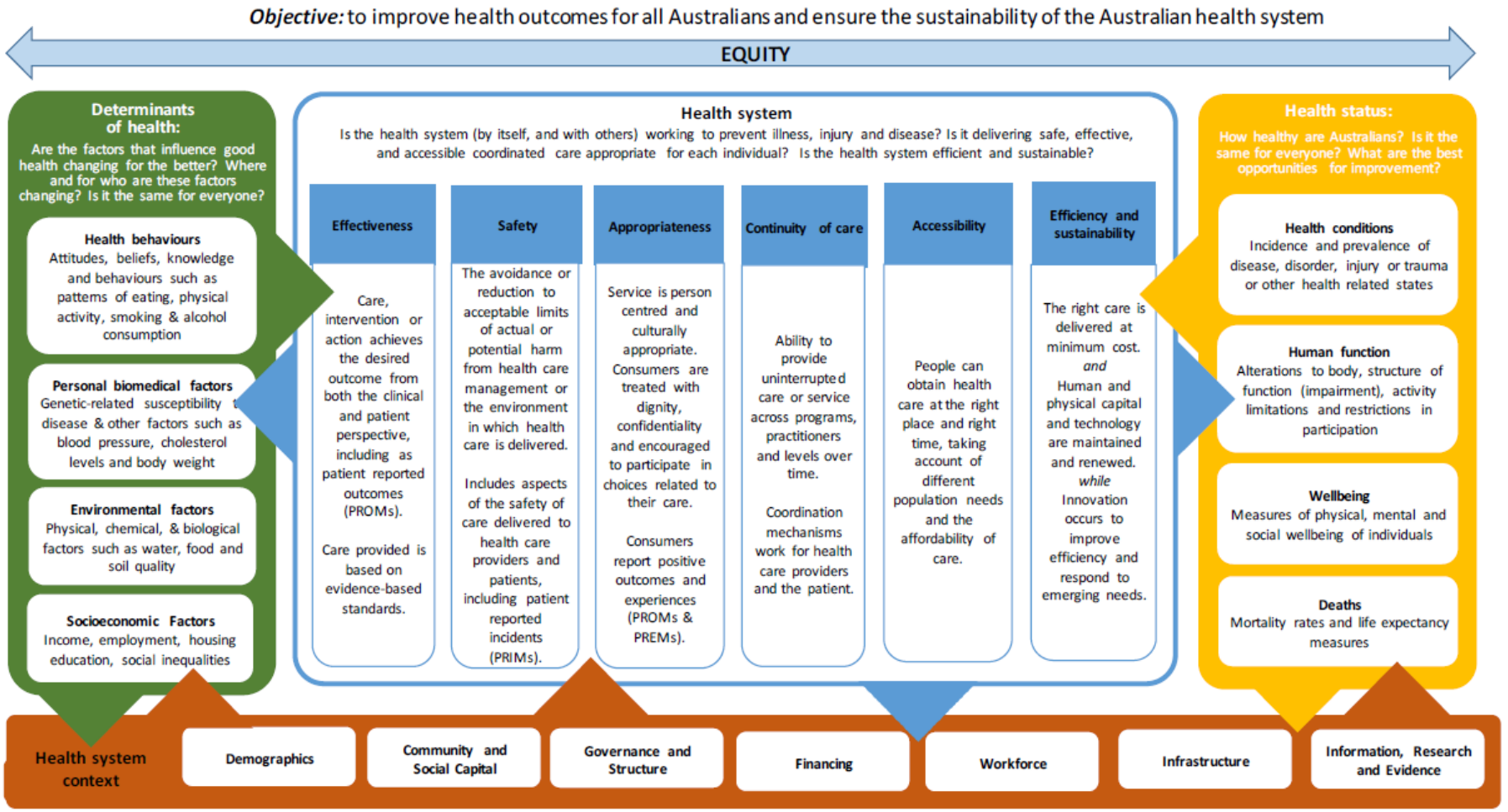


Figure is taken directly from The Australian Health Performance Framework (The National Health Information and Performance Principal Committee, 2017).

The AHPF details that measures will be progressively developed against each of the health system domains in the centre of the figure, adding that measures should be viewed from both the service user and treatment provider perspective. Additionally, the Health System Context provided at the bottom of Figure 2, details important elements of the Framework essential for implementation, such as governance and structure, workforce, financing and infrastructure (The National Health Information and Performance Principal Committee, 2017).

It is essential that contracting of AOD treatment services across all funders aligns with a national AOD performance framework to ensure that all funders have a consistent approach to performance measurement. One of the challenges of performance measurement in NGO AOD treatment in Australia is funding via a federated health system, whereby funders at both levels of government contribute funds to the same treatment providers. Funder participants in the research undertaken by NADA spoke of the challenges of being able to attribute performance to particular funding sources. Reaching agreement among funders through a collaborative process to develop a performance framework may address the challenges of attributing funds from multiple sources by having a shared understanding of their co-contribution to AOD treatment services. There was strong engagement of AOD treatment funders in the research which indicates a motivation to improve approaches to performance measurement, which can be capitalised upon to develop a performance framework. For example, in the final round of the Delphi process, a funder participant provided the following feedback in the 'additional comments' section of the survey instrument.

> *"We also advocate for collaborative work with the sector to ensure where possible uniform rollout of the new KPI set in terms of timing, and to work through governance aspects, including potential for future sharing of the data. Also, to test the sector and (broader) jurisdictional view to the feasibility of national application."*

The above comment was also articulated by both funders and treatment providers in expressing issues with implementation of performance measures. In order to ensure coordination and consistency, governance structures are required to monitor the performance of publicly funded AOD treatment and to monitor the performance of the broader AOD system against the National Drug Strategy. The only national governance structure currently in place that examines data is a national

working group, which has a narrow focus of informing changes to minimum data set requirements for AOD treatment nationally. At a higher level, participants in the funder focus group from the research reported essential elements that need to be considered in the development of a framework, such as: articulating the governance arrangements; data collection systems; measure specifications, and how performance data are reported back to treatment providers and the community. Additionally, while it is implicit that future developments would involve funders and treatment providers, the research has demonstrated that meaningful engagement with service users is also important, as the ultimate recipients of treatment. It is therefore critical that the development of such a framework is a collaborative process and involves a diverse range of stakeholder groups.

Measurement specifications

Findings from each phase of the research recommended the development of measure specifications. The first published paper from the research (Stirling et al, 2020) outlined a process for assessing measures against best practices. A challenge reported by raters as part of that process was the lack of technical information, making the assessment difficult and resulting in low scores for current measures used in contracts. Additionally, both funder and treatment provider participants in this study spoke to the challenges related to collecting and interpreting performance data. This was well articulated by a funder participant in the focus group as the rationale for the development of measure specifications:

> *"Clear counting rules and good communication. So, everybody's reporting with the same understanding of the requirements against each of the measures."*

NADA believes that the development of measure specifications are essential for ensuring that both treatment providers and funders have shared definitions to support interpretation of both the measures and the associated data. Development of measure specifications for the core measure should follow the same process used in Phase One, assessing each measure with the associated specification against best practices. The measure specifications would ideally be packaged together with a clear alignment to national AOD policy and matched to health system domains as in Figure 2.

Example from another area of health: mental health

One area of health in Australia that has used the AHPF as the basis to inform a performance framework is mental health. The National Mental Health Performance Framework has adapted the Framework in Figure 2 for the mental health context (Australian Institute of Health and Welfare, 2020). Brown and Pirkis (2009) describe the strategic approach taken by the mental health sector to improve the quality and outcomes of mental health services within the context of the Australian federated health system (Brown & Pirkis, 2009). Authors outline the interconnected structures that have been required to improve mental health service performance monitoring, such as national plans (including the preceding AHPF, the National Mental Health Strategy, and the National Mental Health Performance Framework), standards and guidelines (such as the Australian Council on Healthcare Standards, National Standards for Mental Health Services), performance measures, benchmarking, reporting and governance structures (Brown & Pirkis, 2009). It is important to note that the governance structures in mental health include: the Mental Health Information Standing Committee (providing advice on information and data issues), National Mental Health Performance Subcommittee (overseeing the development and implementation of the mental health performance framework) and National Mental Health Data Set Subcommittee (overseeing the development and implementation of the mental health minimum data sets). Representation on these committees include policy makers, funders, academics, treatment providers and people with lived experience.

Further, mental health has documented the 'key performance indicators' that are aligned to the National Mental Health Performance Framework and provide detailed measure specifications (National Mental Health Performance Subcommittee, 2013). Each measure corresponds to the health system domains as directed by the AHPF, with sub-domains developed that relate specifically to mental health services (Australian Institute of Health and Welfare, 2020d; National Mental Health Performance Subcommittee, 2013). The specifications document details that the Framework development process for mental health has been an iterative one and measures have evolved from analysis and reflection. It also shows that measures are still required for some domains – noting lack of consensus and lack of availability of suitable data (National Mental Health Performance Subcommittee, 2013). In addition to the governance structures mentioned, there is an Australian Mental Health Outcomes and Classification Network that supports data analysis and reporting, as well as training and development support for treatment providers.

While the example from mental health has been used to demonstrate an area of health that aligned its performance framework to the AHPF, it is not suggested that the model should be exactly replicated for AOD or that AOD be included as part of existing mental health structures. However, there is an opportunity for the AOD sector to learn from the mental health experience and establish an overarching framework, structures and support to guide performance measurement in the AOD field. In considering the needs of the AOD sector based on the research findings, NADA has proposed a structure to improve performance measurement of publicly funded NGO AOD treatment services has been developed in Figure 3.

The figure highlights three areas for development: governance structures to monitor performance against the National Drug Strategy, including AOD treatment services; a national AOD performance framework; and national AOD treatment performance measure specifications. These structures could also support the establishment of a report card to demonstrate accountability to the public. Further, undertaking a national process allows for testing whether the core set of performance measures can be generalised to other jurisdictions.

Figure 3: Policy landscape required to improve performance measurement

_ _ _ indicates area for development

It may seem remiss for research and a position paper driven by the NSW peak body not to mention NSW AOD policy. However, there has been no AOD policy in NSW since 2010. This gap was made clear in the recent NSW inquiry that not only recommended the development of a NSW whole of government AOD strategy, but also recommended improved collaboration between the NSW Government and Australian Government Department of Health and Aged Care to improve contracting and performance for AOD treatment (State of NSW, 2020). The policy implications in respect to governance and the AOD performance framework suggested here are focused at the national level to ensure that it includes all funding sources, including the Department of Health and Aged Care, National Indigenous Australians Agency and NSW Ministry of Health, as well as the Primary Health Networks and Local Health Districts at a local level.

While there is no AOD strategy in NSW, the core set of performance measures that reached consensus in the research align with the value-based healthcare approach outlined in the NSW Health Commissioning for Better Value Framework by placing emphasis on the outcomes and experience of care (NSW Health, 2021). The NSW Ministry of Health has also established the NSW NGO AOD Reference Group as a governance structure that includes representation from all NSW NGO AOD treatment funders. The Group has been key to informing policy such as the NSW AOD NGO Service Specification Guideline, which sought to standardise funded activity descriptions and requirements for contracts managed by NSW Health (NSW Ministry of Health, 2021). The Group provides a good example of how governance structures can be operationalised at the jurisdictional level to feed into national structures.

Contract and performance management guidelines

While national governance arrangements, the development of a national AOD performance framework and measure specifications will not resolve all implementation issues described in the research, these three elements will go a long way to support consistency in performance measurement. Support for contract managers and treatment providers will be critical in the analysis and interpretation of performance-related data, once the performance measures are included in funding contracts.

Based on feedback from treatment providers and funder participants, alignment (or development) of contract and performance management guidelines may also support consistency in approaches

between funders, as well as develop a shared understanding between the contract manager and treatment provider on what to expect from both contract management and performance management processes. Guidelines should provide clarity on how feedback is provided to treatment services, including the process followed if it is assessed that a treatment service has not met contract expectations. Relationships between treatment providers and contract managers are a critical component of contract management that can enable effective performance measurement, whereby a trusting relationship is established and two-way feedback forms part of performance assessments. Some treatment provider participants in the research requested for contract managers to visit treatment services to understand the context and programs being delivered. Further, both funders and treatment providers reported that providing a narrative along with performance reports can support interpretation and should be included as an essential component of performance reporting templates. Such reporting templates could be standardised as part of contract and performance management guidelines.

Resourcing performance measurement

The resourcing of appropriate IT infrastructure and a skilled workforce were also reported by participants in the research as supporting improved approaches to measuring performance and reducing treatment provider burden. Effective performance measurement requires financial resources and people with the right to skills to analyse and report on the data. NADA believes that this should be considered in the development of a performance framework and, the associated costs acknowledged and embedded in future funding contract negotiation with treatment services. Additionally, feedback from participants in this study suggests that performance measurement approaches should also be supplemented by independent assessment that takes place at different time points to corroborate performance data provided by treatment providers. While one of the core performance measures requires an independent assessment of quality and safety via external accreditation standards, funding should also be available to commission independent evaluation of services and programs. Independent evaluation may inform the identification or adaptation of performance measures in the future.

Future measure development

The identification of measures in the research is the start of an evolving journey as the AOD sector utilises, reviews and acts on performance data. The AHPF suggests that a range of performance

measures are required across the health system domains in Figure 2 to support the identification of measures. The core performance measure set from the research are mapped to the AHPF health system domains in Table 1. While the research did not set out to achieve measures in each health system domain, the core set does include measures in every domain. The majority of measures have been mapped to the effectiveness domain (7 of 17), which is described as "care, intervention or action achieves the desired outcome from both the clinical and patient perspective, including as patient reported outcomes (PROMs). Care provided is based on evidence-based standard". While some measures were mapped across two domains, at least three measures have been mapped to each domain, except for the continuity of care domain, which only has one measure.

Table 1: Core performance measure set against AHPF health system domains

Performance measures - service level	**Health system domain**
- Provision of an electronic extract of the Minimum Data Set data report	Efficiency and sustainability
- Provision of annual audited financial statement	Efficiency and sustainability
- Actual expenditure against annual budget	Efficiency and sustainability
- Organisation holds current and valid accreditation against approved health and community service standards	Safety, Effectiveness
- # and % of people that report the service was culturally safe and appropriate	Safety, Appropriateness
- # and % of staff trained in Aboriginal cultural competence	Safety, Appropriateness
- # of new clients assessed and accepted into the service that have a treatment plan	Appropriateness
- # and % of staff who have undertaken relevant continuing professional development	Effectiveness
- # and % of people that report an improvement in overall quality of life	Effectiveness
- # and % of people with reduction in severity of dependence	Effectiveness
- # and % of people that report a reduction in AOD use	Effectiveness
- # and % of people that report a reduction in risk behaviour related to AOD use	Effectiveness
- # and % of people that report an improvement in mental health *	Effectiveness
- # and % of people that report that they achieved their own treatment goals	Effectiveness
- # and % of people that report they were linked up with other services to support them when they leave the program	Continuity of care
- Treatment capacity during reporting period (bed occupancy, use of available counselling or group sessions)	Accessibility
Performance measures - system level	
- Number of people that were eligible and suitable that couldn't be accepted for treatment due to capacity issues	Accessibility
- Average waiting time (days) per treatment type for eligible and suitable people	Accessibility

Since the research has been completed, engagement with NADA members indicated an outcome measure related to the improvement in mental health (* included in Table 1) should be added. This measure missed out on reaching consensus by 1% and is a commonly used outcome measure in the NGO AOD sector. Formal processes will need to be in place to support the identification and development of new measures, or the adaptation and removal of redundant or problematic performance measures in the future. Using the health system domains and analysis of performance data resulting from the core measure set may support this process. For example, if a high proportion of performance data indicates that all people have treatment plans in place, it may be that this process measure is no longer required to assess performance by funders. The measure set will need to be regularly reviewed to ensure that measures continue to align with the needs of people who access treatment and address overarching policy objectives.

Measure development with priority populations

Equitable access to AOD treatment for priority populations was an important theme drawn from focus group discussions in the research. Further, it was suggested that the approach used in this research could support the identification of additional performance measures for specific populations that could supplement the core set as part of contract negotiations with funders.

The focus group data suggests that future engagement with young people is required. A South African study utilised focus groups to adapt PREMs and PROMs for use with adolescents as part of a broader AOD treatment performance measurement system (Myers, Johnson, et al., 2019). While some of Myers, Johnson, et al. (2019) themes are similar to those reported by young people in the focus groups, the approach may be useful to guide the adaptation or creation of measures to supplement the core set that are meaningful and appropriate for young people.

Engaging Aboriginal service users and treatment providers was an important aspect of the methodology employed and it is encouraging that two consensus measures assess cultural appropriateness for Aboriginal people. However, data reported in the research, as well as in the literature, suggest that Aboriginal people should lead the adaptation or creation of additional measures to ensure that the role of culture in treatment, and specifically cultural safety and connection, are included to assess performance (Hill et al., 2022; James et al., 2022; James et al., 2020). The Aboriginal participants in the research reported having Aboriginal workers (particularly

those with lived experience), access to Aboriginal Community Controlled treatment services and ensuring that mainstream services have cultural components in treatment were needed for positive treatment outcomes. This is supported by recent research undertaken within NSW NGO AOD treatment services and should inform future work (Farnbach et al., 2021; Hill et al., 2022).

The development of more tailored measures for priority groups could be complemented by stratifying the minimum data set, a core performance measure agreed in the research, by socio-demographics triangulated with other measurement types (e.g. outcomes and structural measures). This analysis may provide a better picture of how treatment services address the needs of specific populations, such as Aboriginal people and young people. However, not all populations identified by participants in the focus groups can be identified in the minimum data set. For example, there are currently no data items for gender and sexuality diverse people in the minimum data set (Freestone, Mooney-Somers, & Hudson, 2022). A review of the data set will need to be undertaken to ensure there is an ability to measure equitable access and outcomes of treatment across specific populations.

Further research

While the research has built on existing policy and literature to progress efforts to improve approaches to measure the performance of NGO AOD treatment services, there is still further work required to ensure that the measures selected in this research will meet the ongoing needs of the diverse stakeholders involved.

Understanding the relationship between measures to assess overall performance

This research has been successful in reaching agreement on a range of measurement types that differ from current measures dominated by output and process measures, which are often administratively easier to collect (Sirotich et al., 2019b; Urbanoski & Inglis, 2019). While the collective use of a range of performance measures and types will ensure a more complete assessment of performance, little research has been conducted to understand the relationship between measures, as well as the relationship between measures under health system domains (e.g. effectiveness, safety). This challenge has been discussed by Urbanoski and Inglis (2019), who reported that research has yet to specify and validate the relationships between performance measurement domains and measures (Garnick et al., 2012; Urbanoski & Inglis, 2019). Such future research will be

particularly important in the context of measures that crossed over multiple measurement types as part of the research, such as person-centred care (outcomes and experience); continuity of care (access, experience, process); and culturally appropriate care (access, experience, outcomes, structural).

Using person reported measures to understand treatment provider performance

The use of PRMs (PROMs and PREMs) as part of performance measurement is a priority for the Australian Government through the AHPF, as well as the NSW Government through Commissioning for Better Value Framework (NSW Health, 2021; The National Health Information and Performance Principal Committee, 2017). The utilisation of PRMs to inform routine care should be standard practice, however, there is still further work needed to support development and application. The use of PRMs in service improvement and benchmarking is an emerging field, with few examples of how they can be used to assess the performance of treatment services and the service system (Kelly et al., 2022; Kelly et al., 2020; Myers, Johnson, et al., 2019; Myers, Koch, Johnson, & Harker, 2022). A recent study by Myers et al. (2022) used PROMs and PREMs in South African AOD treatment services to develop targets to improve service quality – such approaches could be adapted to improve service and system performance in Australia.

These interrelated areas of future research will require significant time and investment. However, as this is a policy priority for both levels of government, with the use of multiple measures to assess performance being a key component of the value-based healthcare model, it would be a wise investment by government to further progress approaches to measure performance (NSW Ministry of Health, 2020b; Teisberg et al., 2020). This research agenda would support funders and treatment providers to use performance data to inform service improvement, sector benchmarking and policy, planning and funding decisions. Further, future research should be undertaken collaboratively with academics, peak bodies, treatment providers and people with lived experience.

RECOMMENDATIONS

A number of recommendations arise from the findings of the research. NADA recommends that:

1. The Australian Government Department of Health and Aged Care develop a national AOD performance framework that aligns with the Australian Health Performance Framework. The development of a national AOD performance framework should involve policy makers, funders, peak bodies, treatment providers, people with lived experience and academics.

2. Performance measure specifications are developed for the core set of measures that reached consensus. The development of measure specifications should involve policy makers, funders, peak bodies, treatment providers, people with lived experience and academics. This process should include assessment of the final set of measures against best practice to ensure compliance with the Australian Health Performance Framework.

3. All funders of NSW NGO AOD treatment providers implement the core set of performance measures within future contracts based on the measure specifications. The core set should replace all existing measures currently in use. Further, through a process of monitoring and evaluation the measure set be reviewed regularly to ensure they meet the needs of key stakeholders and ultimately support improved performance.

4. Additional performance measures are adapted or created to supplement the core set of measures that respond to the needs of specific priority populations. This should be a collaborative process with representation of priority populations, such as Aboriginal people, young people, women with children in their care, and the treatment providers who deliver services to these groups.

5. The Australian Government Department of Health and Aged Care establish governance arrangements to monitor performance against the national AOD performance framework, with clear alignment to the National Drug Strategy. Structures should be put in place to support performance data analysis, reporting, training and assistance for treatment providers and contract managers.

6. Government prioritise and fund future research, including understanding the relationship between measures and the utilisation of person reported measures to assess treatment provider performance, through collaboration with academics, peak bodies, treatment providers and people with lived experience.