

Discussion Paper 1:

Development of a Quality Framework Model (DQFM)

1. Background

Turning Point was commissioned as the lead agency in a consortium to develop a model for quality assurance that could be applied to all Alcohol and Other Drug (AOD) treatment providers funded under two Commonwealth Department of Health initiatives:

- Non-Governmental Organisations Treatment Grants Program (NGOTGP)
- Substance Misuse Services Development Grant Fund (SMSDGF)

Overall project design: The project was designed around two phases of activity – Phase 1: a model development phase; and, Phase 2: a consultation and feasibility phase.

Phase 1: Model Development

A DQFM was developed (see Figure 1 below). This was based on a synthesis of:

- A review of the existing literature around quality standards and treatment effectiveness; and,
- New data collection from provider agencies funded under the current funding streams, peak bodies and jurisdictional representatives. By conducting interviews with funded agencies, our aim was to understand the experiences of services in the area of quality standards, quality improvement and evidence-based practice¹ (EBP), and to elicit views on the strengths and drawbacks of their existing processes. A draft model that links quality standards to best practice and outcomes was developed and is outlined below.

Phase 2: Consultation and Feasibility

The DQFM will be thoroughly tested through a series of advisory group discussions with key stakeholders and through a further wave of consultation with providers across all jurisdictions. The project consortium included experts in treatment effectiveness, quality standards and treatment outcomes, as well as clinicians and managers from services funded under NGOTGP. The project expert advisory groups (EAG) for the second phase of the project will include peak bodies, clinical experts and clinicians and managers from services funded under NGOTGP and SMSDGF.

¹ And evidence-informed practice where appropriate

In this way, the DQFM developed in Phase 1 will be tested in consultation with four stakeholder groups:

1. Commonwealth Department of Health as the commissioners of the report.
2. Discussions with consortium members and peak bodies on the overall DQFM and implications for specific service types.
3. Expert EBP working groups to provide expert advice in relation to the applicability of the DQFM to particular intervention types and populations (outlined below).
4. Field consultations with provider agencies to assess their views on the model and to measure what support needs would be required for its implementation.

As such, the aim is to construct a model that is consistent with the needs and capabilities of the field, while enhancing evidence-based quality service provision, and to scope the feasibility and implementation challenges of adopting this model for the diverse range of service providers funded through NGOTGP and SMSDGF.

Key activities undertaken to date

- Review of national and international literature around Quality Framework models currently used across the health sector, but particularly the AOD field, as well as their application and impact on treatment effectiveness;
- Development of a DQFM for discussion and presentation to participating agencies;
- Consultation and structured assessments with funded providers: 104 agencies funded through SMSDGF and NGOTGP have participated in Phase 1 across all eight states and territories; and,
- Key informant and expert interviews conducted in all eight states and territories, including representatives of the state government and peak bodies, who indicated support for the DQFM.

Key findings:

There was a marked diversity in the agencies funded. Four key issues were identified that need to be considered in the DQFM:

- i) Many funded agencies were not primarily AOD services and so a number were accredited as community care or specialist health providers;
- ii) Not all of the agencies funded provided services to 'clients' (typically when they were involved in capacity building activities);
- iii) Some agencies provided multiple interventions, with a clear evidence-based foundation for some interventions but not others; and
- iv) Some agencies received funding through SMSDGF or NGOTGP as an addition to their main funding source, and for these agencies quality processes may be proscribed by their primary funder (often a state health department).

These findings indicated that a comprehensive quality framework needed to consider generic factors relevant to all organisations that provide AOD funded interventions (termed Level 1 factors) and factors specific to a particular type of intervention that the organisation offers (termed Level 2 factors).

Our interviews also identified that 76.9% of participating agencies were certified or accredited, 15.4% were working towards accreditation and 7.7% were neither accredited nor certified.

In addition, most agencies reported that the accreditation process was perceived as a positive experience for their organisation. While organisations reported the importance and benefits of current standards, many agencies identified that there were three areas for the AOD sector that required additional attention:

- a. Adequate consumer involvement;
- b. Clear models for evidence-based and evidence-informed practice (around practice guidance and workforce development); and,
- c. Effective mechanisms for monitoring outcomes.

There was considerable support for the project from a range of stakeholders, with participating agencies overwhelmingly positive about the DQFM. A number of agencies reported that they did not know how to access suitable evidence-based practice, how to evaluate the quality of what they did or how to measure the overall effectiveness of the services they delivered. For this reason, there was considerable appetite for the development of the next stage of the DQFM.

2. Draft Quality Framework Model

Figure 1. illustrates how these components are linked:

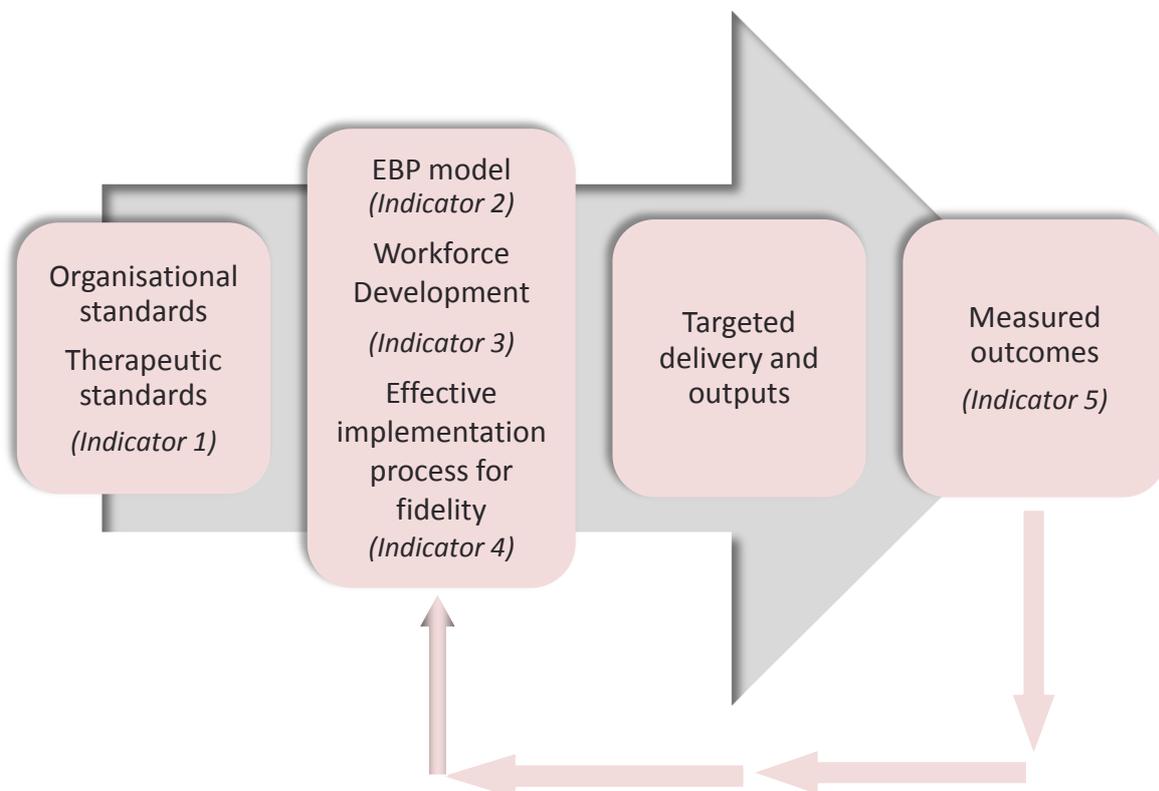


Figure 1: Dynamic model of evidence-based practice, measured outcomes and quality improvement

Based on meeting an agreed set of basic quality standards that would apply to all AOD treatment services (Indicator 1 of our DQFM), the model rests on demonstrating evidence-based practice (Indicator 2), delivered by a suitably trained and supported workforce (Indicator 3), appropriately implemented and evaluated (Indicator 4) using an agreed set of outcomes (Indicator 5). Discussion paper #2 in this series will provide a more detailed discussion of how the model will be developed and applied for organisations funded to deliver AOD interventions. A separate model will be developed subsequently for providers and interventions where there is not care planned treatment delivered at the individual client level (Discussion paper #3). Discussion paper #4 will then address how this model applies to three specific populations – Aboriginal, CALD and young people. We will collate content for discussion papers 2-4 from consultation with the sector and through expert advisory group consultation processes (both telephone and online).

The effectiveness of this model rests on the assumption that an agreed set of basic organisational standards are achieved in all funded services and that they deliver activities and interventions in line with national AOD strategies. In doing so, this creates a platform for the delivery of evidence-based practice, linked to a set of agreed outcomes that demonstrate the program is achieving its goals. This creates a cyclical process of testing, measuring and reviewing within a continuous quality improvement model that is responsive to changes in populations, policies and current practice.

3. Embedding this model in a diverse array of services

While Quality Standards (QS) vary in the extent to which they address therapeutic issues related to particular types of AOD activity and populations, the QFM will apply a hierarchical and a modular approach to the development and implementation of good practice based on two core activities:

Activity 1: Mapping common domains and standards across existing quality mechanisms

Activity 2: Mapping QFM indicators (standards, evidence-based practice, workforce, implementation and outcomes)

As outlined in the findings in section 2, the diversity of providers and activities funded under SMSDGF and NGOTGP means that these quality indicators need to be considered at two different levels of provision:

Level 1 relates to all organisations that provide AOD funded interventions that are consistent in the areas of (i) quality standards, (ii) workforce development, (iii) evidence-based practice, (iv) implementation and evaluation, and (v) monitoring effectiveness and outcomes.

Level 2 provides the specific requirements for each type of intervention provided. Thus, it will look at specific indicators for each of the above domains of (i) quality standards, (ii) workforce development, (iii) evidence-based practice, (iv) implementation and evaluation, and (v) monitoring effectiveness and outcomes.

Level 1	<i>All AOD funded interventions²</i>
Level 2	Residential treatment
	Withdrawal: inpatient and outpatient
	Pharmacotherapy
	Counselling
	Care coordination
	Structured day programs

Table 1: AOD funded intervention types

However, it is important that indicators developed for this model are also relevant for service provision to specific populations. For Commonwealth funded services, there are three key populations that need to be included as a minimum – Aboriginal and Torres Strait Islanders, CALD³ and Youth. This is not to assume that these are the only populations for whom this work will be undertaken, therefore, other population groups such as forensic, children and families and older adults are subject to future consideration.

The focus of our expert groups will be to assess what the current best approaches are around standards, evidence-based practices, workforce development initiatives, implementation and monitoring effectiveness and outcomes at each level. In doing so, indicators for the DQFM will be developed through a series of 3 steps as shown in the figure below:

² An AOD intervention is considered to be any structured intervention aimed specifically at addressing an individual's alcohol and other drug use. Because of the focus on the individual (whether delivered in individual or group settings) this excludes interventions aimed at communities or society at large; and because the definition focuses on use, rather than harms, it excludes harm reduction interventions (Gomez & Ritter, 2014).

³ The definition of CALD will be reviewed by our expert group and reviewed in Discussion Paper #3 on populations

