

# Framework for Routine Outcome Measurement in Liaison Psychiatry

(FROM-LP)

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# Background

- Increasing focus on measuring outcomes/performance
- LP services at varying stages re: measuring outcomes...
- Mounting evidence for economic benefit of LP
- Relative lack of info/evidence re: clinical outcomes
- Various options/approaches considered – FOR YEARS!

# Faculty of LP / Centre for MH

- Faculty Exec meetings
- LP Annual Conference workshops
- Attempts to customise existing / generic measure
- Work by/with the Centre for Mental Health
- Outcomes and Performance in Liaison Psychiatry:  
developing a measurement framework  
(Fossey & Parsonage, 2014)

## Issues identified <sup>(1)</sup>

- OM in LP variable in content and quality
- Range of settings/environments
- Range of activities/interventions
- Complexity/heterogeneity “rules out any (single) very simple, all-purpose approach”

## Issues identified <sup>(2)</sup>

- Best strategy: “balanced scorecard” approach
- Drawing upon the “logic model”:
  - Structure
  - Process
  - Outcomes

# Routinising data collection in LP

- NHS quality agenda (2011)
  - Effective services
  - Safety
  - Positive patient experience
- Types of outcome measures:
  1. CROMS - Clinician-Rated Outcome Measures
  2. PROMS - Patient-Rated Outcome Measures
  3. PREMS - Patient-Rated Experience Measures

# Routinising data collection

- Pragmatic / enabling approach
- Clear need for an explicit framework
- Simple and easy to use
- Consistently deliverable
- Seen as a matter of some urgency
  - “To continue to discuss and attempt to find a “perfect” approach before introducing anything would be unwise.”

# FROM-LP

- Structure (inputs) is an issue for local services, and PLAN
- FROM-LP will focus upon:
  - Process and, in particular, Outcomes
  - Spanning:
    - clinician-rated clinical outcomes
    - patient-rated clinical outcomes
    - patient-rated satisfaction
    - referrer-rated satisfaction
- Aiming for brief, simple, easy and deliverable data collection

# FROM-LP

- Defines only two clinical case types:
  - **Type 1: single** clinical contact
  - **Type 2: series** of clinical contacts
- “For routine and simple outcome measurement, the setting need not determine the measurement approach.”

# CASE TYPE 1 - SINGLE CONTACT

(ED, SH assessments, in-reach assessment, etc)

## **Process**

- Response time (routine/urgent/emergency - avoidance of breaches)
- Identify the aim / rate achievement of the aim (see “IRAC” tool below)

## **Outcomes (clinician-rated)**

- CGI-I

## **Outcomes (patient-rated)**

- Generic - Nil
- Condition specific - Nil

## **Patient satisfaction**

- Patient satisfaction scale
- Friends and family test

## **Referrer satisfaction**

- Referrer satisfaction scale (case by case or as a regular survey - see below)

# CASE TYPE 2 - SERIES OF CONTACTS

(Clinics, brief or longer-term interventions, in-reach interventions, etc)

## **Process**

- Response/waiting time (waiting list - avoidance of breaches)
- Identify the aim / rate achievement of the aim (see “IRAC” tool below)

## **Outcomes (clinician-rated)**

- CGI-I

## **Outcomes (patient-rated)**

- Generic - CORE-10
- Condition specific (?...)

## **Patient satisfaction**

- Patient satisfaction scale
- Friends and family test

## **Referrer satisfaction**

- Referrer satisfaction scale (case by case or as a regular survey - see below)

# FROM-LP: summary table

	CASE TYPE	
MEASUREMENT	SINGLE CONTACT	SERIES OF CONTACTS
<b>PROCESS:</b>	1) Response time 2) IRAC	1) Response/waiting time 2) IRAC
<b>OUTCOMES (clinician-rated)</b>	3) CGI-I	3) CGI-I (at beginning and end of series of contacts)
<b>OUTCOMES (patient-rated)</b>		4) CORE-10 (at beginning and end of series of contacts)
<b>PATIENT SATISFACTION</b>	4) Patient satisfaction scale 5) Friends and family test	5) Patient satisfaction scale 6) Friends and family test
<b>REFERRER SATISFACTION</b>	6) Referrer satisfaction scale (as a regular survey if frequent referrers)	7) Referrer satisfaction scale (as a regular survey if frequent referrers)

# Relevant scales...

- IRAC
- CGI-I
- Patient satisfaction
- Friends and family test
- Referrer satisfaction
- CORE-10

# IRAC: Identify and Rate the Aim of the Contact

(Trigwell, 2015)

Specify the <u>main</u> aim of the contact (tick one box):	Was this achieved?
Assessment and diagnosis/formulation <input type="checkbox"/>	Fully achieved 2
Providing guidance / advice <input type="checkbox"/>	Partially achieved 1
Signposting / referring on <input type="checkbox"/>	Not achieved 0
Assessment and management of risk <input type="checkbox"/>	
Assessment of mental capacity <input type="checkbox"/>	
Assessment re: Mental Health Act <input type="checkbox"/>	
Medication management <input type="checkbox"/>	
Management of disturbed behaviour <input type="checkbox"/>	
Brief psychological interventions <input type="checkbox"/>	
Treatment (other) <input type="checkbox"/>	

# CGI-I: Clinical Global Improvement scale

(Guy, 1976)

Compared to the patient's condition at the start of assessment, his/her condition is:

Very much improved	Much improved	Minimally improved	No change	Minimally worse	Much worse	Very much worse
1	2	3	4	5	6	7

# Patient satisfaction scale

(Persaud, Pearson, Oates, Strathdee, et al, 2008)

How would you rate the service you have received from (name of service)?

Excellent	Good	Average	Poor	Very poor
4	3	2	1	0

What has been good about the service you have received?

What could be improved?

# Friends and family test

(Department of Health, 2012)

How likely are you to recommend this service to friends and family if they need care or treatment?

Extremely likely	Likely	Neither likely nor unlikely	Unlikely	Extremely unlikely	Don't know
1	2	3	4	5	6

# Referrer satisfaction scale

(Trigwell, 2015 (after Persaud, et al 2008))

## For an individual case:

In relation to this patient's care, how would you rate the service received from (name of service)?

Excellent	Good	Average	Poor	Very poor
4	3	2	1	0

## For a referrer survey:

In general, how would you rate the service received from (name of service)?

Excellent	Good	Average	Poor	Very poor
4	3	2	1	0

**(Plus what has been good?... / what could be improved?...)**

# CORE-10

(Barkham et al, 2013)

 <p><b>CORE - 10</b></p>	<b>Site ID</b> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <b>Male</b> <input type="checkbox"/>
	<small>letters only</small> <input type="text"/> <input type="text"/> <small>numbers only</small> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<b>Age</b> <input type="text"/> <input type="text"/> <b>Female</b> <input type="checkbox"/>
	<b>Client ID</b> <small>Therapist ID</small> <input type="text"/> <input type="text"/> <small>numbers only (1)</small> <input type="text"/> <input type="text"/> <small>numbers only (2)</small> <input type="text"/> <input type="text"/>	<b>Stage Completed</b> S Screening <input type="checkbox"/> <b>Stage</b> R Referral <input type="checkbox"/> A Assessment <input type="checkbox"/> F First Therapy Session <input type="checkbox"/> P Pre-therapy (unspecified) <input type="checkbox"/> D During Therapy <input type="checkbox"/> L Last Therapy Session <input type="checkbox"/> X Follow up 1 <input type="checkbox"/> Y Follow up 2 <input type="checkbox"/>
	<b>Sub codes</b> D D / M M / Y Y Y Y <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<b>Episode</b> <input type="checkbox"/>
<b>Date form given</b> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>		

**IMPORTANT – PLEASE READ THIS FIRST**  
 This form has 10 statements about how you have been OVER THE LAST WEEK.  
 Please read each statement and think how often you felt that way last week.  
 Then tick the box which is closest to this.  
 Please use a dark pen (not pencil) and tick clearly within the boxes.

Over the last week	Not at all	Only Occasionally	Sometimes	Often	Most or all the time
1 I have felt tense, anxious or nervous	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
2 I have felt I have someone to turn to for support when needed	<input type="checkbox"/> 4	<input type="checkbox"/> 3	<input type="checkbox"/> 2	<input type="checkbox"/> 1	<input type="checkbox"/> 0
3 I have felt able to cope when things go wrong	<input type="checkbox"/> 4	<input type="checkbox"/> 3	<input type="checkbox"/> 2	<input type="checkbox"/> 1	<input type="checkbox"/> 0
4 Talking to people has felt too much for me	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
5 I have felt panic or terror	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
6 I made plans to end my life	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
7 I have had difficulty getting to sleep or staying asleep	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
8 I have felt despairing or hopeless	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
9 I have felt unhappy	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
10 Unwanted images or memories have been distressing me	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4

**Total (Clinical Score\*)**

\* **Procedure:** Add together the item scores, then divide by the number of questions completed to get the mean score, then multiply by 10 to get the Clinical Score.  
**Quick method for the CORE-10 (if all items completed):** Add together the item scores to get the Clinical Score.

**THANK YOU FOR YOUR TIME IN COMPLETING THIS QUESTIONNAIRE**

(Register free to use CORE-10 and to download forms at:  
[www.coreims.co.uk/Downloads\\_Forms.aspx](http://www.coreims.co.uk/Downloads_Forms.aspx))

# Condition specific measures?...

(NOT part of FROM-LP)

Possibilities / recommendations?... (Appendix 2 / NICE Guidance...)

- |                         |               |
|-------------------------|---------------|
| 1. Dementia             | ACE-R         |
| 2. Depressive disorders | PHQ-9         |
| 3. Postnatal depression | Edinburgh PDS |
| 4. Anxiety disorders    | GAD-7         |
| 5. Psychosis            | HoNOS         |
| 6. Alcohol              | AUDIT-C       |
| 7. Eating disorders     | BMI           |
| 8. MUS                  | EQ-5D-5L      |

- (etc... future piece of work?...)

# Operational points to note <sup>(1)</sup>

## Case Type 1

- Referrer Satisfaction Scale:
  - Infrequent referrers – on every occasion
  - Frequent referrers – as a regular survey, eg quarterly

## Case Type 2

- PROMS:
  - Generic – CORE-10
  - Condition specific?...

# Operational points to note <sup>(2)</sup>

## **Cases not involving direct patient contact**

(ie interventions at a systemic / team level):

- IRAC
- Referrer Satisfaction Scale

## **Other measurement will be via local monitoring systems**

- Patient demographics, referral source, discharge destination, etc.
- Structure (resources / inputs) and Process (broader ; activity, etc)
- Education/training of general hospital staff
- Impact on local health service use
- etc...

# FROM-LP purpose

## **To enable:**

- Consistent data collection / effective reporting of outcomes
- In individual liaison psychiatry services
- To allow 'customers' of liaison psychiatry to understand and have confidence in the beneficial effects of our services
- At a critical time/ as a matter of some urgency

## **But:**

- Not introduced as mandatory
- Not designed for pooling of data (CORE-10)...

# Response so far

- “Launched” May 2015 – RCPsych Faculty Report
- Liaison Psychiatry Faculty and Annual Conference
- Multiple services / teams starting to use it
- DH/RCPsych ERG on OM – action for RCPsych Faculties...
- Scottish Govt (LP / MH?)
- PLAN interest?...
- Bulletin paper
- A range of generally positive feedback

# Feedback... (1)

- Oct 2015 brief JISCMail discussion
  - triggered by “substantial challenges anticipated...”
- Question posed re: uptake and usage
  - “no major problems” / “no real problems” / “working well”
  - “feedback from patients and staff is pretty good” / “team like it”
  - “not time-consuming or difficult”
  - “not beating ourselves up” / “persevering”

vs

- “people in ED not returning feedback”
- “delirious patients”
- “Trust systems not supporting the collection and/or before-after analysis of the data...”

# Feedback... (2)

- IRAC
  - issue of only specifying one Aim of the contact
  - “misses” the extent of the intervention
  - there are often several aims, and may be several clinicians involvedvs
  - purpose is intentionally limited
  - a chance to capture something about impact
  - Process Measure rather than CROM, but clinical team’s perspective
- Questions re: uptake in LPSE 2016
- Condition-/NICE pathway-/ICD coding-specific measures for future use?...
- Another go at a single LP measure (Else and Co.)?

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