What outcomes, whose outcomes?

Two types of quality measures are often referred to: ‘process’ measures, which record whether or not a service or professional carries out a specified type of good practice, and ‘outcome’ measures, either ‘patient related’ or ‘service’ outcomes. Examples of process measures are whether a service audits unexpected untoward incidents, or whether psychiatrists complete electronic CPA forms. These processes are thought to be indicators of a good service, but of course there is no guarantee that the amount of effort or resource that is put into the process is optimal in that context. Since resources are finite, process performance measures and targets can divert resources away from where they are needed.

It is sometimes asserted as a reaction against process targets that it is only the ‘end point’ - the outcome for the service users – that is a valid performance measure, but it must be accepted that some service users can expect a rapid recovery whilst others have conditions which are more difficult to influence, for intrinsic or extrinsic reasons. We can often neither measure nor control the factors that determine those differences. Therefore whilst a good patient-related outcome is certainly what we aim for most, it is not a reliable indicator of the value of the service provided. That is why process measures are retained, besides their relative ease of collection.

Wilson and Cleary (1995) proposed ‘a classification scheme for different measures of health outcome, dividing outcomes into five levels: biological and physiological factors, symptoms, functioning, general health perceptions, and overall quality of life… At each level, there are an increasing number of inputs that cannot be controlled by clinicians or the health care system as it is traditionally defined.’ That is especially true of mental health outcomes, which are dependant upon so many situational and uncontrolled factors. The classification can be readily extended to non-medical fields such as psycho-social care in which levels could be substituted, graded according to the specificity of the problem and intervention. The observation about the increasing number of inputs points to an apparent dilemma, but one that can be resolved easily enough by following the principles.
The dilemma is that service users themselves are most concerned with their overall quality of life outcomes and their feeling of health. Governmental policy statements, and indeed the College and other professional bodies will strongly support the contention that it is the general mental wellbeing of the population that should be the principle objective of a mental health strategy. But those global outcome measures are the least specific indicators of the efficacy of a specific intervention or service, for the reason that Wilson and Cleary point out. It is the other type of measures, quantifying physiological mechanisms, specific psychosocial problems and symptoms, which can best be used as clinical performance indicators of the efficacy of each intervention.

The conclusion is that different patient-related outcome measures are appropriately used at each level of the health service (alongside a range of process measures, which could be similarly classified). The measures are not alternatives but complementary, and a full range of approved measures should be available in each country even if they cannot be mandated. Using Wilson and Cleary’s scheme, the measures to the left must be used to measure the quality of interventions, the measures in the centre should be used to measure the quality of care by a provider organisation (where more than one intervention affects functioning), and the measures to the right will be the best indicator of the local mental health strategy as a whole. It is also worth emphasising that clinicians must be able to see the importance of their own outcome measures.
within the broader picture, and that those whose concern is primarily with the bigger picture should be able to see the detail from which it is composed.

As the CCQI website says: ‘A good measure will be valid, e.g. relevant to a critical aspect of care or critical outcome; reliable, e.g. obtained using multiple sources of information and multiple methods; able to discriminate between high and low performing services; and be derived from a large and representative sample.’

The Care Services Improvement Partnership (England) is currently engaged in an outcomes project which is applying an evidence-based selection and validation process applied to 184 potential instruments for measuring outcome. As the authors say: “It is essential to be clear about the purpose of collecting outcome measures...if the purpose is to audit a particular aspect of a service then the measure selected will need to address the relevant aspects. In other words the content of the measure needs to be appropriate to the purpose for which data is being collected”. One of the products of the project will be a compendium of selected outcome measures. It is strongly recommended that those measures are used for preference.

Besides the distinctions between different types of outcomes measures it is also valuable to consider who reports the outcome. Patient-reported outcome measures (PROMS) are not necessarily designed or chosen by the service user, but they provide the user’s view of what has happened rather than the clinician’s. The nationally-approved guidelines may have been followed, the clinician may have done a good job and achieved their interpretation of the care plan, but the client may not see it the same way.

**Related questions:**

- How can commissioning decisions be based upon quality and outcomes measures as well as levels of activity?
- Why are quality and outcomes issues important in mental healthcare in particular?
- Should various subspecialties, directorates, or service lines be treated differently?
Sources:

CSIP: Routine Outcomes Measures Website


E-Journal articles on funding and quality:  
See article 1  See article 2


NHSNW Advancing Quality Website:  See Website

Royal College of Psychiatrists - College Centre for Quality Improvement:  
College Centre for quality Improvement


The Future Vision Coalition (2008): A New Vision for Mental health