



**Outcome Measurement in Psychiatry
and Ambulatory Addiction-Treatment
Integrierte Psychiatrie Winterthur**

Christopher Schuetz, Psychologe FSP
Head of Outcome & Statistics Departement ipw

christopher.schuetz@ipwin.ch

3 Domains of Quality (Donabedian 1966)

Key question: what are the results of a health care intervention?

Outcome: Outcome data is collected mainly for strategical purposes/decisions (institutional, regional, national planning)

Key question: (how) do health care interventions (choice of medication, therapy method) influence the process of therapy/treatment? **Process:** Method- and/or disorder-specific approach (i.e. Hamilton Rating Scale for depressions, MALT for alcohol abuse). Direct continuous feedback of therapy-relevant data.

Structure: characteristics of a healthcare setting, resources available to deliver a service

Structure and process measures are important but have to show a **linkage to outcome measures**

Premises of Outcome Measurement in ipw

Main focus on patients perception of quality: how does the patient judge the quality of treatment/interpersonal care.

Use of standard method- and disorder-independent outcome indicators

reliable and valid rating scales for each defined indicator

full data collection covering all treatments in all 16 departments of the ipw. Data Collection since 1 January 2001

All participants in data collection (clinicians, careteams, patients) should have a direct or indirect appropriate benefit

Outcome data is evaluated by an independent institute (HAP) twice a year

Indicators and instruments in psychiatry

disorder- and method-independent outcome indicators

phase model of psychotherapy change, developed by Ken Howard

Assignment of reliable and valid rating scales for each domain

1. subjective well-being (WB-4)
2. current symptoms (BSI, BPRS, GAF, CGI, CR-R-Index)
3. current life dysfunction (WHOQOL, abilities/impairment-Score)

Instruments in ambulatory addiction-treatment

Brief Symptom Inventory BSI/SCL-90-R
n=200 B, n=5 E since 1 Jan 2001)

Patients compliance at the beginning of treatment 70%

At the end of treatment 1%

-> Change of Instruments , main focus on selfassessment not practicable

European Addiction Severity Index (EuropASI)
200-item structured interview (n=18 since 1 Mrz 2004)

Data collection at the beginning and end of treatment and once every year

Indicators in ambulatory addiction-treatment (EuropASI)

Current somatic symptoms

Legal situation

Work and income

Relationship and family background

Current psychiatric symptoms

Current drug abuse

example of graphical output (patients BSI profile)

rating scale- and sociodemographic data are entered into an **online-informationssystem (Qtools)**, which checks the **plausibility** of the collected data and **evaluates the results** of individual patients, free definable patient-groups or departments. The system generates a **graphical output of all evaluations** on all levels in realtime. All data, evaluations and outputs are available for clinicians, therapists and care-teams at any time



Why are we doing this?

Compare cost/benefit of various programs and services

Evaluating the impact of therapy methods/services on patients health status (quality of life)

Identifying populations that are at risk for certain disease conditions or show high readmission rates. Planning and evaluation new treatment strategies (case management, act, mobile teams)

Planning psychiatric services on a regional basis (demands for treatment)

Additional information for treatment/therapy/care-planning and case discussion (supervision, quality circles)

further developement

ongoing introduction of quality monitoring (disorder- & patient-specific) in all 16 departements of ipw

Data evaluation to identify populations that are at risk for certain disease conditions (early detection and intervention)

focusing on outcome measuring of long term treatements and the group of „heavy users“ (persons with high readmission-rates in inhouse-treatment)

Shifting from evaluation a treatment segment to evaluating treatment chains

exchange with other clinics concerning outcome research in treatment of drug addiction specifically (especially cocaine and heroin addiction)

and in questions of outcome in psychiatry

Conference 27.8.2004 in Lucerne

Conference 27.8.2004 in Lucerne

ipw, architects-at-work, Hochschule f. Angewandte Psychologie

Quality measuring and improvement in psychiatry

Presented Models and Realizations:

- Stuttgarter Modell Hans Kordy WebAkuasi
- Winterthurer Modell ipw C. Schuetz Qtools

- Lectures by Dr. Dirk Richter and Dr. Clemens Cording

- panel discussion with representatives of health insurance companies,
Federal Office for health and hospital representatives