

NSW Ministry Health

Evaluation Intervention Innovation Fund

Summary of key findings and implications for policy and practice

Project title:

Client directed care: An evaluation of the new client centred care model used at Kedesh Rehabilitation Services

Applicant:

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Background and Rationale – what problem were you solving?

Client centred care (or patient centred care) is advocated by the World Health Organisation¹ and Institute of Medicine² to improve the quality of healthcare. Client centred care is defined as an approach to care that is respectful of and responsive to individual client preferences, needs, and values². It requires that clients have the education and support they need to make decisions and participate in their own care and that the role of carers in client's healthcare experience is respected and accommodated^{1,3}.

The Picker Institute has outlined 8 principles of client centred care which were acknowledged by the Institute of Medicine². These principles have been used as a foundation for healthcare organisations globally to transition to client centred care and optimise client experience of healthcare^{4,5}. Previous research has demonstrated relationships between client experience, quality of care, and healthcare outcomes^{6,7}. A systematic review of the Picker Institute principles identified relatively consistent positive relationships between client centred processes and patient satisfaction and well-being⁵. Even in the absence of these relationships, it is emphasised that client centred care is important in its own right. Client centred care fosters ongoing respect and inclusion between healthcare organisations, healthcare providers, clients and their carers⁴. It also promotes fulfilment of the ethical obligations of healthcare organisations and providers to strive for a more holistic and empowering standard of care for all clients^{4,6}.

Table 1. *Picker institute principles of client centred care.*

1. Respect for clients' values, preferences and expressed needs
2. Coordination and integration of care
3. Information and education
4. Physical comfort
5. Emotional support and alleviation of fear and anxiety
6. Involvement of family and friends
7. Continuity and transition
8. Access to care

There is a notable history of paternalism in the treatment and legislation for substance dependence⁸⁻¹⁰. In addition, the presence of systemic stigma and disempowerment for people seeking treatment for substance dependence is well established¹¹⁻¹³. Residential treatment services appear to face particular challenges in these domains. One study identified that clients within residential treatment more commonly reported

experiencing limited involvement in their treatment compared to outpatient settings¹⁴. Clients attributed this to the need for residential services to maintain a relatively structured therapeutic programme because it is based in group and not individual treatment, and also the use of strict rules about behaviour to bring order into their lives and modify any unacceptable and inappropriate conduct¹⁴. Nevertheless, it is recognised that people seeking treatment for substance dependence should expect choice and involvement in decision making about their care^{15,16} and it has been argued that client involvement is achievable even within highly structured programmes¹⁴. People accessing treatment for substance dependence have consistently expressed appreciation for having ‘a voice’ in their care^{17,18} and there have been encouraging developments of patient-reported measures to capture experiences (Patient Reported Experience Measures; PREMs) and outcomes (Patient Reported Outcome Measures; PROMs) of health interventions from the patient perspective¹⁹⁻²³.

Given the substantial impact of substance use disorders on individuals and their families, working on ways to improve the quality and experience of care is of utmost importance. There has been a call for greater client centred evaluation of drug and alcohol treatment²⁴. However, to date there has been a lack of research in the field with no current reviews examining patient centred care in the AOD treatment field.

Kedesh Residential Services is a community-based non-profit organisation that provides residential drug and alcohol treatment in Berkeley. Within the past 2 years Kedesh has transitioned toward a client centred model of care that is consistent with the *Picker Institute principles of client centred care*. While residential rehabilitation services have historically been a ‘one size fits all’ approach, Kedesh now tailors residential care to the unique needs of clients accessing the program such that they each have a unique case plan, agreed length of stay, and intensity of supports. This change has impacted all aspects of Kedesh treatment, from management of clients on the waitlist through to post-residential care.

The primary aim of the project was to evaluate the acceptability and feasibility of the client centred care model used at Kedesh. It also sought to examine the impact of client centred care on substance use outcomes and psychological wellbeing. The project comprised of three components: (1) a systematic review of client centred care in the AOD treatment field; (2) qualitative exploration of feasibility among clients and staff, and (3) a longitudinal quantitative evaluation of client experience, substance use outcomes and psychological wellbeing.

Summary of Key Research Findings

Please summarise findings from the research below in abstract format (maximum 300 words)

Kedesh Rehabilitation Services have been proactive in reviewing and updating their residential AOD treatment to better reflect international standards in client centred care. The purpose of this evaluation was to examine the extent to which client centred care was being delivered at Kedesh and the impact that this new model of service delivery was having on people accessing their service.

Systematic review: To inform the design of the evaluation, a systematic review was conducted. A total of 25 articles were identified, of which only five included a patient-centered indicator other than satisfaction. Indicators of patient-centered care showed a generally positive association with improved outcomes, particularly between satisfaction with treatment and substance use. The review concluded that there were demonstrable relationships between patient-centered indicators and outcomes. However, conclusions were limited due to underrepresentation of patient-reported experience measures.

Patient Reported Experience Measure (PREM): As highlighted in the systematic review, a difficulty with examining client centred care in the AOD treatment field was the lack of a specific PREM. To address this gap, and to facilitate the evaluation of the Kedesh program, our team conducted a qualitative study to examine the views of people accessing AOD treatment regarding client centred care (led by graduate

research student at UOW). Five focus groups were conducted with people accessing AOD treatment services in New South Wales, Australia (N = 39). Data were analysed using iterative categorisation²⁵. A draft PREM was developed based on focus group findings and was modified following a subsequent review by consumers and service providers. From these interviews, our team developed the PREM for Addiction Treatment (PREMAT). Psychometric evaluation of the scale identified 7-subcales. The total score for the PREMAT demonstrated high internal consistency.

Evaluation of the Kedesh client centred care model: Participants accessing Kedesh between April 2018 to February 2019 were invited to participate (N = 70). Throughout their stay, participants completed a series of outcome measures (e.g. NADA COMS) and an experience measure (i.e. PREMAT). Qualitative data was also collected from participants (4 focus groups, n = 18 participants) and Kedesh staff members (n = 8). The study demonstrated, that across all outcome measures, participants reported improvement across their stay in the residential program. Likewise, at 1-month follow-up, participants continued to demonstrate improvements compared to their score at baseline. This is an encouraging result and suggests that the Kedesh is having a positive impact on people accessing the service. Measures of client satisfaction and patient experience were consistently high across the treatment period, demonstrating that participants are satisfied with their care and have a positive experience throughout their treatment episode. During the qualitative interviews and focus groups, clients and staff shared predominantly positive views on the client centered model, with an emphasis on the satisfaction in providing and receiving what felt like more authentic and comprehensive care. Shared themes emerged for clients and staff on the challenge of striking a balance between flexibility and structure, and managing comprehensive and individualized care within existing knowledge, skills and resources.

Implications for policy and practice

The results of this evaluation have been invaluable to informing Kedesh service development, strategic planning & future activity. Informed by the evaluation, Kedesh have continued to amend policy and procedures to reflect their client centred care model. Additionally, management and staff met for a strategic planning day in Aug 2019, which resulted in a revised vision statement supporting their commitment to client centred care. The Kedesh Vision is now:

To lead in the provision of client centred, flexible AOD care, empowering client's health & wellbeing.

The evaluation provides valuable information that is likely to inform policy and procedures more broadly. For example:

- A major outcome of the project was the completion of the first systematic review examining patient-centred care and outcomes in the AOD sector (Davis, Kelly, Deane, Baker, Buckingham, Degan & Adams, 2019). We are hopeful that this review will be used to inform policy and practice within NSW.
- The evaluation demonstrates that it is possible for residential rehabilitation services to deliver client centred care that is consistent with the Picker Institutes principles of client centred care. The qualitative work associated with this project provides a rich description of the attitudes and views of staff and clients regarding client centred care. We suspect that this information will be particularly useful for other services considering implementing models of client centred care models.

Recommendations:

- To improve the implementation of client centred care models within the AOD sector, it is important that guidance is provided to service providers. It is likely that the broader sector would benefit from a guidance document with an articulated framework of how to deliver client centred care in AOD treatment.
- It is important for healthcare providers, researchers and policy makers to prioritise inclusion of patient centered measures in service evaluations. Both satisfaction and patient experience measures provide

unique and specific information on ways to improve service provision and reveal the potential impact of patient centered practices on outcomes.

- As highlighted across this project, qualitative results have provided extremely rich descriptions of client centred care and the patient experience. Although more labour intensive, we have found that interviews and focus groups are an extremely effective way to evaluate and understand the impact of client centred care.
- Collaboration and exchange of knowledge and experience between services would also be of immense value and potentially go some way to ameliorating the increased logistical challenges associated with an enhanced client centred approach.
- Findings from the qualitative interviews suggest that implementing client centred care models requires more staffing. This is a considerable challenge given that maintaining adequate staffing and managing budgetary constraints are common issues in the sector. It would therefore be beneficial for services and future research to include cost analyses to determine whether benefits to clients and staff may offset any increase in cost.

Please comment on the particular significance of this project to NSW including customer focus

See above.

Research Impact

Has this research study led to further investigations or collaborations that led to other funding applications?

Yes

NO

Whilst this evaluation has not led to further funding applications, we were able to enhance this project by incorporating student researchers at the University of Wollongong. This included Ms Kathryn Hinsley (Clinical Masters Student) and Ms Emma Hatton (undergraduate psychology student) who were able to lead the development and psychometric evaluation of the PREM for Addiction Treatment.

Dissemination Activities completed and planned

Five conference presentations have been delivered.

1. Hinsley, K. & Kelly, P.J. (2018, April). *“Real connection with a real person”*: Exploring what matters to people accessing treatment for drug addictions. Paper presented at Patient Experience Symposium 2018, Sydney, Australia.
2. Davis, E.L, Kelly, P.J., Hinsley, K., Deane, F.P., Buckingham, M. (2018, June). *How can we make alcohol and other drug treatment more client centred?* Paper presented at NADA Conference 2018, Sydney, Australia.
3. Davis, E.L, Kelly, P.J., Deane, F.P., Buckingham, M. (2019, Apr). *“The sky’s the limit with this stuff”*: Client and staff perspective on client centred care in residential treatment. Paper presented at the Patient Experience Symposium 2019, Sydney, Australia.
4. Kelly, P.J., Hinsley, K., Davis, E.L. (2019, May). Validation of the Patient Reported Experience Measure for Addiction Treatment (PREMAT). Poster presented at ICHOM 2019 Conference, Rotterdam, Netherlands.

5. Kelly, P.J., Davis, E.L., Hinsley, K., Deane, F.P., Buckingham, M., Breeze, D., Adams, S. (2019, Nov). *Exploring the landscape of client centred care in the treatment of substance dependence*. Paper presented at APSAD 2019 Conference, Hobart, Australia.

An additional presentation is planned for the upcoming NADA Conference 2020: Enhancing Connections.

Two articles have been published.

1. Hinsley, K., Kelly, P. K., Davis, E. L. (2019). Experiences of patient centred care in alcohol and other drug treatment settings: A qualitative study to inform design of a patient reported experience measure. *Drug and Alcohol Review*. Epub Jul 2019.
2. Davis, E. L., Kelly, P. K., Deane, F. P., Baker, A., Buckingham, M., Degan, T., & Adams, S. (2019). The relationship between patient centered care and outcomes in drug and alcohol treatment: A systematic literature review. *Substance Abuse*. Epub Oct 2019.

One publication presenting the qualitative results of the evaluation is under review.

3. Davis, E.L., Kelly, P.J., Deane, F.P., Buckingham, M., Breeze, D., Degan, T. (2019). The benefits and challenges of implementing client centered care in a substance dependence rehabilitation service. Under review.

Two other manuscripts are currently in preparation for submission in early 2020.

The first reports on the quantitative component of this evaluation and the second presents the psychometric testing of the PREMAT.

4. Kelly, P.J., Davis, E.L, Deane, F.P., Buckingham, M., Breeze, D., Adams, S. (2019). Longitudinal evaluation of a client centred care model in a residential drug and alcohol service. *Manuscript in preparation*.
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