

OUTCOME MEASUREMENT WITH A DIFFERENCE: THE VISUAL ALCOHOL AND DRUG OUTCOME MEASURE- REVISED (VISUAL ADOM-R[®])

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Aim of Abstract: The measurement of outcomes and health gains is an ever increasing requirement for health providers, in particular addiction treatment. Outcome measures are tools that assess the impact of health services through describing a client's health status at entry to treatment and also at important/meaningful times throughout a client's treatment journey. Traditionally outcomes data have been used to inform services and/or authorities that the service being provided is effective in achieving health gains and are value for money. Outcome measurement is becoming more and more consumer focused and is aimed at facilitating clients understanding of their own health status so they can make informed choices on their health and recovery. This symposium outlines the development of the Visual-Alcohol & Drugs Outcome measure (Visual ADOM (Galea & Websell, 2011) which is designed to facilitate clients' recovery and person centered planning through the use of a pictorial representation of changes in health status. Presentations will outline each step of the development of the Visual ADOM-R[®] from initial concept development, to consumer involvement, and development of the revised version and then to formal testing of its psychometric properties. The final presentation will discuss the degree to which the Visual ADOM –R[®] enhances value to the client and assists in their 'recovery'.

Galea S, Websdell P. (2011) The Visual ADOM: Looking good. *Drug & Alcohol Review*, Vol. 30, Suppl. 1, pp.35

Nature of interactive element: This symposium will feature a discussion with the audience at the conclusion of the presentations. This discussion will be initiated by asking for queries/discussion related to each of the presentations. Then the central question of 'How do we enhance the value of outcome measurement to the client' will be posed.

Presentation 1: Value laden measures of addiction services: The purpose

Introduction: Health care measure sets are generally aimed at answering a simple question: "are we making a difference?" The purpose of this question is easy to understand: "why invest / continue providing a particular service if no change / difference is achieved?" This thinking has traditionally sat behind the development of outcome measures. Outcome measures are tools that assess the impact of health services through describing a client's health status at entry to treatment and also at important/meaningful times throughout a client's treatment journey.

Approach: Investment in the development of the Visual ADOM-R[®] (VADOM-R[®]) was aimed at answering the effectiveness question but also aimed at taking measurement a step further by making measurement meaningful for clients. In other words: “making a difference for services, authorities and the client”. The VADOM-R[®] measures outcome pictorially, enhancing client and clinician engagement and making measurement a value process for client, clinician, as well as services.

Discussion: This presentation will discuss the importance and value in incorporating pictorial approaches to engage clients in the process of health care outcome measurement.

Implications for Practice or Policy: Highlights the importance of implementing outcome measures that utilize visual elements to enhance client involvement.

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Presentation 2: Development of an outcome tool with a visual element – the Visual ADOM (VADOM)

Introduction and Aims: The VADOM was developed for use by addiction services to facilitate clinician and client understanding of progress. Developed from the ADOM it also presents information in a visual form. This study consisted of Phase 1) Development, Phase 2) RCT comparing the acceptability/ clinical utility of both forms.

Design and Methods: *Phase 1:* Discussion groups with clients/consumer/ experts. *Phase 2:* Participants were attending an outpatient AOD service, were ≥ 18 yrs of age, not at risk and/or undergoing detoxification. They either received the ADOM, or the VADOM, at entry and discharge. Participants answered questions on the impact of the ADOM on their involvement, goal clarification, and understanding of their treatment progress.

Results: *Phase 1:* Feedback addressed aspects of the original ADOM and suggestions for change; i.e., the shape of the target, colour and location of the wording on the cover, and the addition of Goal Identification. *Phase 2:* 35 participants (23 males; 5 Māori, aged 22-59yr). 22 received the ADOM, 13 the VADOM. Feedback indicated a similar pattern of responses to the impact of both forms, indicating that the visual form was well received. A limitation of the existing form was identified whereby respondents can indicate reductions in days used but still be using the same quantity.

Discussion and Conclusions: The VADOM and original ADOM were comparable and engaged clients equally. A revised version of the visual ADOM was created (Visual ADOM-R[®]) that incorporated the suggested modifications and included items to assess lifestyle and quantity/frequency of substance use.

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Presentation 3: The reliability and validity of the Visual ADOM-R[®] (VADOM-R[®])

Introduction and Aims: The VADOM-R[®] was developed with the aim of improving the accuracy, reliability and validity of the items within the original VADOM. This study aimed to ascertain the test-retest reliability, internal consistency and concurrent validity, of the VADOM-R[®].

Design and Methods: Clients accessing groups treatment at Auckland AOD Services were recruited and assessed at entry (Baseline) and at 1 week (for test-retest). At baseline the VADOM-R[®] was administered with gold standards (ADOM, ATOP, ASSIST, WHOQOL-Bref) to determine concurrent validity. Spearman's Rho was used to measure relationships between relevant variables from different measures.

Results: 101 clients were recruited (mean age 37; Males 47%; Māori 19%) and assessed at baseline; 51 were retested at 1 week. *Test-retest* analyses on VADOM-R[®] revealed significant correlations between all drug use (range 0.80-0.94, $p < 0.001$), mental health (0.82, $p < 0.001$) and lifestyle variables (range 0.41-0.76, range $p < 0.01$ - 0.03). *Comparison with ATOP:* significant correlations for alcohol (0.87, $p < 0.001$), cannabis (0.85, $p < 0.001$) and tobacco use questions (0.80, $p < 0.001$). *Comparison with ASSIST:* Significant correlation between Total VADOM-R[®] drugs score and Global ASSIST score (0.80, $p < 0.001$). *Comparison with WHOQOL –Bref:* Significant correlations between degree of physical health problems/Pain (0.82, $p = 0.01$) and degree of mental health problems (0.78, $p = 0.01$). The VADOM-R[®] has a good internal consistency, with a Cronbach alpha coefficient of 0.82.

Discussion and Conclusions: The VADOMR[®] can be considered a reliable and valid outcome tool for use in a community AOD service setting. This will ensure that reliable feedback can be given via the pictorial form.

Implications for Practice or Policy: The validation of this tool will enable reliable feedback to be given to the client of their progress. It will provide a visual summary as well as a conversation point for clinicians to affirm changes made. It will also provide a basis on which new goals can be developed. It can be used as apart of culturally informed practice and can help inform national outcome measures.

Implications for Translational Research (optional)

The development of an outcome tool that is brief and has good psychometric properties.

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Discussion Section: Enhancing value to the client: The implementation of outcome measurement within the field of addiction is a relatively new concept and frequently attracts discussion and debate around the goals of treatment – “What makes a difference? Do we aim to achieve abstinence? Should we measure abstinence as an outcome of treatment provision? Or do we measure what’s of value to the client going through treatment?”

Dr Susanna Galea will open the discussion on the importance of utilizing health care measures based on value propositions and that make a difference to consumers, services as well as authorities.

Disclosure of Interest Statement: Dr Newcombe and Dr Galea have attended CME dinners and workshops sponsored by Reckitt Benckiser. They have no other conflicts of interest (potential or actual) to declare.

Dr Farnsworth has no conflicts of interest to declare.

Ms Galea-Singer has no conflict of interests to declare