for Alcohol and Other Drug Treatment Services

The National Minimum Data Set Project

Phase one report on current data management
Phase two proposal to develop data standards

Judy Rankin & Jan Copeland

NDARC Technical Report No. 46

The National Minimum Data Set Project for Alcohol and Other Drug Treatment Services:

Phase one report on current data management
Phase two proposal to develop data standards

Judy Rankin & Jan Copeland

National Drug and Alcohol Research Centre,
University of New South Wales

Technical Report No. 46
ISBN No. 0 947229 74 4

Table of Contents

1 Introduction

In 1996 the Alcohol and Other Drugs Council of Australia hosted a forum to identify barriers between research and treatment. Together clinicians, researchers and administrators agreed that a lack of comparable alcohol and other drug (AOD) treatment data was undermining the overall effectiveness AOD service provision. In response to this, the Commonwealth Department of Health and Family Services supported *The Minimum Data Set Project for Alcohol and Other Drug Treatment Services*. This project's purpose was to evaluate data collection procedures used in Australian AOD treatment services and to recommended a core set of treatment data items to be standardised. These activities were to be directed towards the establishment of an Australian minimum data set (MDS) for alcohol and other drug treatment services.

A number of literature and consultative sources led to the strategy developed by The Minimum Data Set Project for Alcohol and Other Drug Treatment Services. An important component of the standardisation process will involve documenting relevant quality assurance procedures and accredited standards. Information collected for this purpose will be compiled during data item development. Rather than providing a literature review, this report describes current Australian AOD data collection instruments, the direction of Australian health care information system development and a plan for the alcohol and other drug sector's inclusion in this process.

The The Minimum Data Set Project for Alcohol and Other Drug Treatment Services was funded by the Commonwealth Department of Health and Family Services. The authors wish to thank David Crosbie of the Alcohol and Other Drugs Council of Australia for his contribution to the Project's direction and the following organisations for their technical guidance: the Australian Community Health Association, the Australian Institute of Health and Welfare and NSW Health Information Development Unit.

2 Project Overview

The Minimum Data Set Project for Alcohol and Other Drug Treatment Services has been divided into two phases. Phase one encompassed activities aimed at evaluating the level of compatibility of AOD treatment data and data recording procedures. Based on these findings and recommendations of key consultants, the content of a minimum data set for AOD treatment services was developed. Phase two, is a proposal to standardise AOD treatment data in conjunction with the National Health Information Work Program and Community Health Information Development Project.

2.1 Recommended Data Quality Assurance Instrument

The Community Health Accreditation Standards Program (CHASP) consulted on the development of indicators to monitor the recording and collection of core AOD treatment data. The Minimum Data Set Project for Alcohol and Other Drug Treatment Services recommends that quality assurance procedures for data implementation be guided by *The Manual for CHASP Standards for Alcohol, Tobacco and other Drug Services* (1997). The standards and indicators were developed by the National Community Health Accreditation Standards Program (CHASP) (under the auspices of the Australian Community Health Association) and the Alcohol and Drug Branch of the Queensland Department of Health.

2.2 Recommended Data Standardisation Vehicles

Following consultation with the National Health Data Committee and the NSW Health Information Development Unit, The Minimum Data Set Project for Alcohol and Other Drug Treatment Services submitted a proposal to the National Health Information Management Group to develop AOD data items for inclusion in the *National Health Data Dictionary*. (See Appendix 1)

The National Health Information Management Group recommended that the proposal be revised under the guidance of NSW Health Information Development Unit. The proposed changes allow for AOD treatment item standardisation concurrently within The National Health Information Work Program (NHIWP) and Codeset Development Project (managed by the Community Health Information Management Enterprise (CHIME)). Work activities in the NHIWP would be directed towards developing the purpose and requirements of AOD standardised data items. Furthermore, the NHIWP AOD Project would identify existing National Health Dictionary definitions and those definitions requiring further modification and development. This information would be used to initiate and complete the development of AOD codesets for community services within the Codeset Development Project. Standardised definitions would be published in the National Health Data Dictionary and The Community Health Information (CHIS) System dictionary. This strategy is designed to produce integrated AOD data standards across institutional, ambulatory and community services.

2.3 Evaluation of Data Collection Procedures

Review of Australian AOD services' data collection instruments revealed national and regional disparities in client forms, recording procedures and external requests for treatment agency data. However, the data collected generally contains the same basic client and service delivery information.

2.4 Items Recommended for Minimum Data Set Development

This project recommends that initial development of standardised alcohol and other drug treatment data and standardised item implementation in treatment settings focus on data

that would provide the basis for a national minimum data set. The items listed below were identified through individual consultations and an in-house seminar at the National Drug and Alcohol Research Centre. The list reflects the information content from which standard data items would be developed. Adoption of uniform recording and collection procedures for these items would provide a source for an Australian AOD MDS and initiate a national approach to AOD treatment data management.

Recommended draft minimum data set content.

1. identifier for client record
2. age
3. sex
4. ethnicity
5. aboriginality
6. employment status
7. previous treatment for current problem
8. source of referral to agency
9. type of treatment received
10. length of stay/episodes of contact
11. reason for treatment termination
12. referral to other service
13. agency code
14. principal drug used
15. other drugs currently being used
16. injecting drug use

3 Australian Alcohol & Other Drug Services' Data Management

State and regional area health service managers and non-government AOD treatment agencies provided this project with forms used to collect client treatment data. As well, forms used by funding bodies to collect treatment agency activity and performance data were reviewed. The data collection instruments were evaluated for the degree of client data compatibility at national, state and regional levels.

Review of Australian AOD services' data collection instruments revealed nationally and regional disparities in client forms, recording procedures and external information requests. However, the data collected generally contains the same basic client and service delivery information.

The following provides a brief overview of client data collection instruments used in Australian alcohol and other drug treatment agencies. At present Western Australia (WA), South Australia (SA) and Victoria (VIC) are modifying their centralised collection systems. Comprehensive data collections and standardisation procedures are not implemented in the remaining State and Territory AOD health services.

3.1 The Australian Capital Territory

- The ACT uses the Drug and Alcohol Information System (DAISY) consisting of a registration and episode form. The various versions of these forms used throughout Australia all contain the required content on which to base development of a national minimum data set for AOD treatment services.
- There is no set procedure for filling out forms.
- There is no state data collection.

ACT Form Type	Form Title	Comments
Activity	Alcohol and Drug/National Drug Strategy Cost Shared Grants Program Quarterly Activity Report 199-/9-, Attachment F	Alcohol and Drug Grant Program recipients required reports.
	Budget Submission National Drug Strategy Grants 1996-97	Alcohol and Drug Grant Program recipients required reports.
Registration	DAISy-Registration Form	

le	Episode Form	

3.2 New South Wales

- Residential AOD services use the Clients at Residential Agencies (C.A.R.A.) admission and discharge form.
- There are no State standardised data management procedures.
- Smaller data collections are organised across Australian. For example, New South Wales Alcohol and Drug Association (NADA) is currently co-ordinating an outcome study with a number of AOD treatment agencies through which standardised recording procedures have been developed.

NSW Form Type	Form Title	Comment
Activity	NSW Health Department NGO Grant Program Compliance with General Conditions of Grant Financial Accountability 1994/1995 File No.A11820	Alcohol and Drug Grant Program recipients required reports
	Annual Financial Report Staff and Salaries Return, Schedule (Ei)	
	National Drug Strategy, Service/Project Report Form 1993/1994	financial accountability
	Non Government Organisation Grant Funding Program 1996/1997, Sections C and D	
Admission Residential	C.A.R.A. Form A'91 Form A - Client Admission	
Termination	Clients at Residential Agencies (C.A.R.A.) Form B'91 Form B- Client Discharge	Alcohol and Drug Grant Program recipients required reports

NSW Form Type	Form Title	Comment
	NSW Health Department NGO Grant Program Compliance with General Conditions of Grant Financial Accountability 1994/1995 File No.A11820	Alcohol and Drug Grant Program recipients required reports
	Annual Financial Report Staff and Salaries Return, Schedule (Ei)	
	National Drug Strategy, Service/Project Report Form 1993/1994	financial accountability
Activity	Non Government Organisation Grant Funding Program 1996/1997, Sections C and D	
Admission Residential	C.A.R.A. Form A'91 Form A - Client Admission	

3.3 The Northern Territory

- There is no centralised data collection.
- The Client Outcome Study (funded by Living With Alcohol, AOD Program) for alcohol services is examining qualitative aspects of client needs.

NT Form Type	Form Title	Comments
Episode	NTDAISy-Episode Record, Department of Health and Community Services, (DAISY01)	The form is a modified version of WADAISy developed by WA Drug and Alcohol Authority.
Registration	NTDAISy-Registration-Department of Health and Community Services,	Registration and episode records contain information collected on the numerous DAISY form versions.
Activity	Agency activity and performance forms collect information for annual audits of financial statements. Annual reports containing reference to performance indicators contained in service agreement conditions of funding. Activity reports including outreach services such as education and prevention activities.	

3.4 Queensland

- Incorporation of alcohol and other drug service data was pursued within the Community Health Information System. A number of technical difficulties led the abandonment of the system.
- At present there are no standardised forms or procedures for AOD data collection.

QLD Form Type	Form Title	Comments
Episode	Client UP-DATE form (for persons under 25 years)	Demographics and drug history.
Admission	Nursing admission assessment and history UPDATE (<3 months since last assessment)	Includes detailed client AOD use history, admission assessment and management plan.
	Nursing admission assessment and history UPDATE (<2 weeks since last assessment)	Includes detailed client AOD use history, admission assessment and management plan.
	Nursing Admission Assessment and History	Includes detailed client AOD use history, admission assessment and management plan.
Assessment	Youth Program Assessment Form	Client demographics, AOD use history and treatment plan.
	BIALA Assessment Cover Sheet	Contains client demographics and history.
Registration	BNADS Youth Program Statistical Report on New Clients (ONLY)	Totals for demographic characteristics and quality of life indicators.
	Alcohol and Drug Assessment Form (18.8.95)	Descriptive drug use history and medical status record. Includes management plan.

Activity	Monthly chermside community team statistics	Monthly client contact summary information.
	Daily Stat Sheet, March 1995	Includes UR No, patients name sex age M/S, admit from, catch area, 3 main drugs, admit date, discharge date, target population.
	Clients Daily Statistics Sheet	Activity information includes individual counselling and administrative meetings.

3.5 South Australia

- SA uses the Drug and Alcohol Service Council (DASC) system.
- Client data is recorded using Client Data System (CDS) forms. These include a client registration form, attendance/separation form and admission/discharge form.
- There are standardised procedures for recording and storage of data.

SA Form Type	Form Title	Comments
Client Non-registered	DSS: Informal Contact Form	Data collected on DASC Service System (DSS)
Episode	Inpatient Admission/Discharge	Data collected on CDS
	Outpatient Attendance/Separation	Data collected on CDS
Registration	Application For Authority Form	Data collected on Methadone Clinic Management System (MCMS)
	Client registration	Used by clients of Drug and Alcohol Services Council (DASC) and collected on Client Data System (CDS).
Termination	Termination of Methadone Treatment Form	Data collected on the Methadone Clinic Management System (MCMS).
Activity	DASC Services System (DSS): Program Activity Form	Data collected on DSS

	DSS: Program Registration Form	Data collected on DSS

3.6 Tasmania

- TAS uses two recording systems both based on DAISY.
- WA DAISY consists of a Registration and Episode form.
- The A&D Service form is also a variation of DAISY.
- There is no standardised procedure for form completion.
- There are instructions for WA DAISY forms but these are not used consistently.
- There is no central data collection.

TAS Form Type	Form Title	Comments
Activity	Southern Regional Alcohol and Drug Service, WADAISy Community Development Record Sheet	
	Dept. of Community and Health Services, Service Agreement	Service Agreement with Minister for Community and Health Services.
	Alcohol and Drug Service-Staff & Community Development Activity, Draft 4-2/11/93	WADAISy form used by Drug and Alcohol Service, Dept of Community and Health Service.
	Your Place Incorporated Mission Statement	Mission Statement, objectives and programs.
Client Daily Summary	Southern Regional Alcohol & Drug Service, WADAISy Daily Contact Record Sheet	
Episode	WA DAISY-Episode Record, Draft 11 17/12/91	Note different draft than use elsewhere in TAS Southern Region
	Alcohol and Service- Episode Record Draft 6 2/11/93	WADAISy form used by Drug and Alcohol Service, Dept of Community and Health Service

TAS Form Type	Form Title	Comments
Registration	Alcohol and Drug Service- Registration Form, Draft 7-2/11/93	WADAISY form used by Drug and Alcohol Service, Dept of Community and Health Service.
	Pharmaceutical Services Branch, regulatory requirements	Outlines data collected by Methadone Program. Data Collection tool not included.
	WADAISy-Registration Form, Draft 19	Note different draft than use elsewhere in TAS Southern Region
	Alcohol and Drug Service, Methadone Maintenance Assessment	Used at Grove Centre. Includes details on form use and WADAISy
	Client Assessment	Used at Grove Centre. Includes details on form use.
Client Daily Summary	Alcohol & Drug Service-Daily Contact Form, Draft 5-2/11/9	WADAISy form used by Drug and Alcohol Service, Dept of Community and Health Service
Other	A.D.S. Community Team, Miscellaneous Contacts	Southern Region

3.7 Victoria

- VIC has two client record systems.
- The DAISY system is identical to that used in the ACT.
- DAISY has no standardised procedure.
- The Alcohol and Drug Information System (ADIS) is in development and should be installed early in l997. It was developed in response to the short comings of DAISY.
- ADIS consists of a registration and termination form.
- ADIS is testing the INTERIM ADIS to develop procedures.
- DATA from ADIS is entered in the SWITCH data collection system used by the Victoria Health Service.

VIC Form Type	Form Title	Comments

Client Daily Summary	DAISY- Daily Contact Form	
Episode	DAISY-Episode Record	
Registration	Client Registration, Alcohol and Drug Information System (ADIS)	Client form referred to as Interim ADIS form.
	Client Registration Form, Alcohol and Drug Information System (ADIS)	Client form referred to as Interim ADIS
	DAISY-Registration Form	
Termination	Client Termination Form, Alcohol and Drug Information System (ADIS)	
Activity	Funding and Service Agreement 1994-1995	Service Agreement with Dept of Health and Community Services
	Daisy- Community Development Activity	
	1996-97 F&SA-Performance Measures and Targets	Collected and managed by DHS Regional Offices.

3.8 Western Australia

- WA has developed the WADAISY registration/episode form. This form also includes termination of treatment information.
- This is different than the WADAISY form used in TAS. (The TAS being a older version.) There are standardised procedures for using the forms.
- The WADAISY system and procedures are currently in review.
- The WADAISY computer manual provides a tutorial section for using the system and detailed instructions.

WA Form Type	Form Title	Comments
Episode	Episode Contact Form	Records in- person and telephone client contacts. New episode forms created for clients not on database. New episode for EXISTING clients created for registered clients
Registration/Episode Form	WADAISY registration\Episode Form June 20, 1996.	
Activity	Staff and Community Development Activity Form	Outreach services activities contributing to education, prevention, treatment or rehabilitation services.
User Manual	Western Australian Drug and Alcohol Information System, User Manual Version 2.0 Updated 1996	Confidential per request. User Manual currently being refined.

4 Recommended Draft Minimum Data Set Contents

A number of consultations led to the draft minimum data set (MDS). In addition to individual consultations with administrators, researchers and clinicians, The Minimum Data Set Project for Alcohol and Other Drug Treatment Services conducted an in-house workshop at the National Drug and Alcohol Research Centre and participated in National Intensives held by the National Centre for Education and Training on Addiction.

The view was widely held that in order to successfully develop, implement and collect a MDS from AOD treatment agencies a core set of client demographic and treatment data items should be emphasised. A minimum data set should reflect key information currently collected on clients of alcohol and other drug treatment agencies. The items would need to be developed through a national consultative process, be nationally trialed and maintained through quality assurance mechanisms. The Minimum Data Set Project for Alcohol and Other Drug Treatment Services recommends that a minimum data set for AOD agencies cover the AOD client treatment information listed below.

Recommended draft minimum data set content for AOD treatment services

1. identifier for client record.

2. age
3. sex
4. ethnicity
5. aboriginality
6. employment status
7. previous treatment for current problem
8. source of referral to AOD agency
9. type of treatment received
10. length of stay /episodes of contact
11. reason for treatment termination
12. referral to other service
13. agency code
14. principal drug used
15. other drugs currently being used

16. injecting drug use

5 Phase 2 Proposal for AOD Treatment Data Standardisation

The remainder of this report is devoted to describing a long term strategy for the development and implementation of standardised AOD treatment definitions. During the second phase of the National Minimum Data Set Project for AOD Treatment Services, draft AOD MDS items recommended from
Phase 1, would be standardised through the adoption, modification and development of National Health Data Dictionary items within the National Health Information Work Program (NHIWP) and The Codeset Development Work Program (under CHIME). The NHIWP AOD Project activities would focus on developing AOD draft MDS items for inclusion in the National Health Data Dictionary. The NHIWP AOD Project would provide the necessary information and planning for the initiation of Codeset Development Work Program activities. In order to initiate, develop and reach agreement on code sets in the allotted time, activities in the two projects may overlap.

The National Minimum Data Set Project for AOD Treatment Services recommends that standardisation efforts be initiated through the National Health Information Program. This will enable the AOD standardisation process to progress prior to the commencement of the Codeset Development Project. Concurrent development complements the planned activities of the Codeset Development Project as outlined below.

The AOD Work Project within the National Health Information Work Program would review existing definitions corresponding to the draft AOD MDS content. Preliminary review indicates that a subset of AOD MDS items will be adopted from current National Health Data Dictionary definitions. Consultation with other NHIWP Projects will be directed toward identifying their AOD information requirements.

The AOD NHIWP Project would provide the AOD Codeset Project with recommendations on key issues to be addressed in the Codeset Project including the purpose, objectives and requirements of AOD data development within institutional, ambulatory and community health care settings.

The production of uniform codesets and information systems will reduce information duplication and unify encoding, storage and retrieval procedures. Due to the ongoing nature of NHIWP and Codeset Development Work Program Projects, coordination and ongoing consultation must be maintained at a high level throughout Phase 2 of

the National Minimum Data Set Project for Alcohol and Other Drug Treatment Services.

6 Australian Health Information Management

Australian health care information management and development is guided by the National Health Information Agreement and its supporting structures. This section of the report describes these vehicles and their relevance to AOD treatment data standardisation. Phase 2 of the National Minimum Data Set Project for AOD Treatment Services would involve developing standardised AOD treatment items through participation in The National Health Information and Codeset Development Work Programs. These progams are coordinating standardisation activities and information management in Australian health care.

6.1 The National Health Information Work Program

The National Health Information Work Program is overseen by the National Health Information Management Group. Through the Work Program the Management Group guides the development of Australian health information. The National Health Information Work Program includes health information activities which are consistent with agreed national priority areas and have a national focus or national implications. National Health Data Dictionary definitions are developed by National Health Information Work Program Projects.

For projects to be included in the Work Program the following criteria must be met:

- Projects must be concerned with agreed national priorities and have national focus or implications;
- Projects must be coordinated and managed directly or in conjunction with the Responsible Agency. The project's Responsible Agency must be a National Health Information Agreement signatory; and
- The Responsible Agency must have or be able to draw on financial resources and the expertise to undertake and complete the project.

6.2 The National Health Information Agreement

The National Health Information Work Program operates within the framework of the National Health Information Agreement (NHIA). The Agreement commenced on June 1, 1993 for a five year period and is held between the Commonwealth Department of Health and Family Services, State and Territory health authorities, the Australian

Institute of Health and Welfare and the Australian Bureau of Statistics. The NHIA will be reviewed by these parties after five years and it will be extended for a period agreed to by all signatories.

6.3 The National Health Information Development Plan

The National Health Information Development Plan was developed by the Australian Health Ministers's Advisory Council (AHMAC) and the Australian Institute of Health and Welfare (AIHW). The Plan outlines AHMAC priorities for NHIA related activities. The National Health Information Management Group, composed of NHIA signatory representatives, directs the implementation of the Plan through the National Health Information Work Program and the National Health Data Committee (NHDC). The Data Committee is responsible for the development and revision of the National Health Data Dictionary and the national minimum data sets in all areas of health. The AIHW provides technical and administrative support to the National Health Information Management Group.

6.4 The National Health Data Dictionary Procedure Manual

The Manual outlines the National Health Information Agreement aims, objectives and operating procedures.

6.5 The National Health Data Dictionary

The National Health Data Dictionary was first published as the National Minimum Data Set- Institutional Health Care (September 1989) and has evolved into the authority on Australian health care data management. Data items in the dictionary are identified by the letters P,A,E C and S, and are organised numerically. Definitions are grouped according to:

- person level data definitions-P items
- establishment-level activity definitions-A items
- establishment-level resource definitions-E and C items
- system-level definitions-S items

Draft AOD MDS content was compared to existing National Health Data Dictionary definitions to get an indication of the amount of definitional development required to complete standardisation of AOD MDS items. The table below summarise these findings.

6.5.1 Comparison of Draft AOD minimum data set with National Health Data Dictionary (NHDD) definitions

Comparison of Draft AOD minimum data set with National Health Data Dictionary (NHDD) definitions

Draft MDS content	NHDD definitions/item #
1. identifier for client record	person identifier/P2
2. age	date of birth/P5 and admission date/P24
3. gender	sex/P4
4. ethnicity	country of birth/P6
5. aboriginality	aboriginality/P7
6. employment status	employment status/P14
7. source of referral to AOD agency	source of referral/P29
8. previous treatment for current problem	problem status/P23
9. type of treatment received	principal procedure/P37 additional procedure/P38 type of episode of care/P21 type of admission/P28 *type of admitted patient episode* alcohol and drug/A8.2 non-medical and social support/A8 mental health/A8.1 *treatment mode (in-patients)* same-day/A7.1 short-stay/A7.2.1 long-stay/A7.2.2

Comparison of Draft AOD minimum data set with National Health Data Dictionary (NHDD) definitions	
Draft MDS content	NHDD definitions/item #
	type of non-admitted patient care (acute hospitals) drug and alcohol/A9 emergency services/A9.1 pharmacy/A9.10 community health services/A9.12 other outreach .services/A9.14 *type of non-admitted patient care (public psychiatric hospitals and alcohol and drug hospital)* emergency and outpatient/A10.1 outreach/community/A10.2 individual/group session/A12
10. length of stay or episodes of contact	intended length of stay/P53 separations/A1 admission date/P24 discharge date/P26 total leave days/P27a number of leave periods/P27b number of leave periods exceeding 10 days/P27c date of first contact with community nursing service/P105 date of referral to community nursing service/P106 date of first visit/P107 date of last contact with client/family/P108
11. reason for treatment termination	mode of separation/P31
12. referral to other service	referral to further care/P32

Comparison of Draft AOD minimum data set with National Health Data Dictionary (NHDD) definitions	
Draft MDS content	NHDD definitions/item #
13. agency code	establishment identifier/P1 establishment type/E1 specialised service indicators obstetric/maternity unit/E4.1 psychiatric unit/ward/E4.3 alcohol and drug unit/E4.9 infectious diseases unit/E.25 AIDS unit/E4.26 rehabilitation unit/E4.28
14. injecting drug use	
15. principal drug used	
16. other drugs currently used	

6.6 The National Health Information Model

An information model is used to identify, organise, relate and classify information. The National Health Information Model uses entity-relationship diagrams (E-R diagrams) to map Australian health data. It is a person centred model with persons viewed individually and as family, group and community members. The model emphasises the individual or community and their state of wellbeing. Information contained in the model creates a link between the health and welfare sectors.

Data items are known as Attributes. Attributes can be either elementary or derived data items. Elementary Attributes can not or do not need to be broken down into smaller elements. Derived Attributes are constructed from elementary Attributes or computed from elementary or other derived data items. For example, age would be derived from the current date and date of birth.

Attributes are classified according to model Entities. Entities are things of importance encountered during service delivery. Rules have been developed to govern the usage and application of Entity definitions. Entities become less specific at high level views of the information model. International and Australian data stardardisation tools (NHIM Types) are available for many high level NHIM Entities. A Classification System indicates how Entities should be classified and attributes defined within the Classification Type.

The table below shows preliminary mapping of draft AOD MDS items to NHIM Entities. Relationships between entities and their constituent attributes can vary depending on the needs of the model user. The table shows some subgrouping of entities but does not indicate entity-relationships contained in the Model.

6.6.1 Mapping of draft alcohol and other drug minimum data set content to high level NHIM Entities

Mapping of draft alcohol and other drug minimum data set content to high level NHIM Entities	
NHIM Enitity	**AOD MDS Item**
state of wellbeing	1. principal drug problem 2. other drugs currently being used 3. injecting drug use
person characteristic person identifier	4. unique identifier
person characteristic demographic characteristic	5. sex 6. aboriginality
person characteristic labour characteristic	7. employment status
event birth event	8. age 9. country of birth
setting organisational setting	10. agency code
event health and welfare service event	11. source of referral to treatment agency 12. previous treatment for current problem 13. reason for treatment termination 14. referral to other service
event	15. length of stay/episodes of

health and welfare service event care plan	contact
care plan	16. type of treatment received

The National Health Information Model can be used to define and develop an information base for specific health programs. Within the NHIM, the following framework is provided for developing alcohol and other drug treatment agency treatment data:

- the person's or group's state of wellbeing exists independently of a health or welfare system
- different event entities are viewed as they may influence a state of well being
- policy and planning attributes, services, resources available, resources used are depicted for health and welfare services
- situations and events are represented as they occur over time through the inclusion of the time and date element in the model
- major parts of the models have classification systems

It is expected that during definitional development as part of the National Information Work Program that the model will also aid to:

- organise information and aid in the development of data and the design of other information systems;
- ground AOD definitions in a framework that will facilitate the stable and consistent storage and expression of data;
- identify current gaps and shortcomings of information collections, systems and strategies; and
- coordinate AOD data standardisation activities with related health and welfare agencies.

The model will logically guide the necessary stages to AOD MDS development.
The model is particularly useful for identifying data relationships and information overlaps.

6.6.2 Stages of data standardisation using the National Health Information Model.

1. Identify relevant information for inclusion in the MDS and the level of definition required.

2. Map exisiting information systems against the NHIM to identify available data sources for relevant information and the extent of overlap of information.

3. Determine NHIM Entities that will provide the basis for the MDS. The level of Entity specificity may require refinement for some AOD MDS items (eg. principal drug problem and other drugs currently being used).

4. Identify relationships between Entities. This process allows for developing rules for usage and information storage. As well information is linked together so that it may serve required information needs.

5. Attributes/MDS items required for each Entity are compared to NHDD definitions. Definitions are adopted where possible, modified or developed following NHDD requirements.

6. Classification systems recognised by the NHIM and the NHDD will be adopted to guide standards of data coding, storage and retrieval. Classification systems may be developed within the context of the NHIM.

6.7 Community Health Information Development Project

The Community Health Information Development Project is overseeing the standardisation of data used in community services settings. The Project is sponsored by the Australian Capital Territory, New South Wales , South Australia and Queensland Health departments. At present, the Codeset Development Work Program is being planned to develop data code sets for Australian community services. The development of standardised AOD treatment definitions for community services will complement and expand on definitional development completed as part of the with the National Health Information Work Program.

6.8 The Community Health Information Model

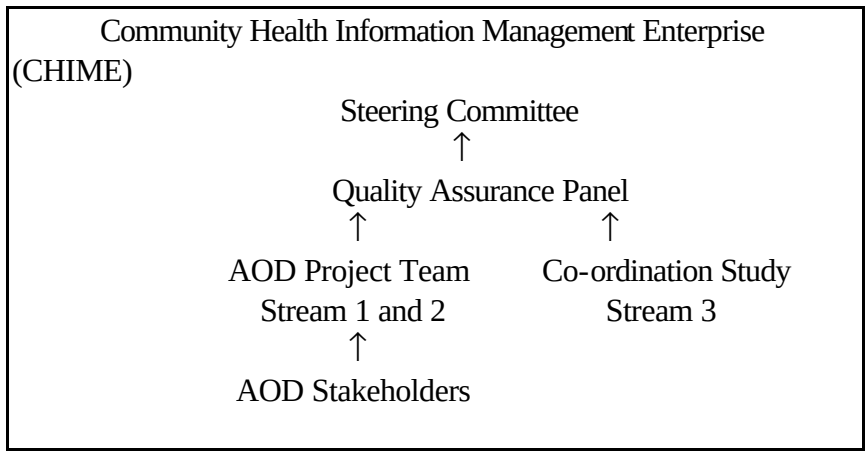
The Community Health Information Model (CHIM) will be developed by Codeset Development Work Program Projects. The Community Health Information Development (CHID) data model will provide a starting point for CHIM development. In a manner similar to described for the NHIWP strategy, the CHID model will be used to identify existing information sources, project overlap and required definition development.

The model consists of entity-relationship diagrams similar to that described by the NHIM. To allow flexibility in managing community service information, multiple classification schemes will be possible. Entities in the model can be divided into transactional and classification data. Transactional data includes information concerning health care delivery. Classification data are code sets and classification schemes use to manage of transactional data.

6.9 Codeset Development Work Program

The Community Health Information Development Project (under CHIME) will coordinate the standardisation of community health data through the Codeset Development Work Program. Code sets are critical for managing and organising data. Due to the fluid nature of community health utilisation, identification of data relationships and their overlap requires a high level of consultation with other community services areas. The following provides an overview of the organisational structure for community services data standardisation within the Codeset Development Work Program.

6.9.1 Codeset Development Work Program Organisational Structure



The list below summarises the topic areas contained in Streams 1 and 2
of the Codeset Development Work Program.

Stream 1 Topic Areas

Group 1: Generic and Common

1. client description
2. provider description
3. provider time management
4. client issue description
5. external funding programs

Group 2: Generic and Local

6. communication
7. resource supply
8. budgeting
9. employment contract

Stream 2 Topic Areas

Group 3: Specific and Common

10. issue description.
11. issue management and service delivery
12. client prioritisation guideline
13. non clinical and population group service activities

Group 4: Specific and Local

14. provider profile definition
15. client registration recording
16. data security

The Codeset Project is divided up into four topic groups. Topics in Groups 1 and 2 will constitute Stream 1. Groups 3 and 4 topics make up Stream 2 topics. Stream 1 includes topics that will be mainly generic across community service areas. Topics in Stream 1 will be developed as one project. The Community Health Information Development (CHID) Steering Committee has recommended that Stream 2 be incorporated into the National Health Information Development Work Program as a single project . Stream 2 will be made up of twelve different community service areas.

Each of the sixteen topic areas will make up a unit of work in the Codeset Project. Codesets developed for common reporting requirements (Groups 1 and 3) must be based on international or nationally recognised classifications. Codesets for local requirements (Groups 2 and 4) do not have this requirement but where possible standardised classification schemes should be used.

Following completion of Stream 1 and 2, a Co-ordination Study (Stream 3) will review and integrate code sets developed by Stream 1 and 2 Projects. A quality assurance panel composed of CHID key

stakeholders will help to identify common issues, data overlap and topic for further code set development.

7 Community Health Accreditation Standards Program (CHASP) Standards for Alcohol, Tobacco and Other Drug Services

Due to the high level of project integration required to ensure nonoverlapping codesets, fundamental standards must guide the standardisation process and monitor the implementation and maintenance stages. The following section describes an important source of standards that was developed for AOD treatment services. This Project recommends that it be used to monitor relevant information system quality assurance processes.

The National Community Health Accreditation Standards Program (CHASP) (under the auspices of the Australian Community Health Association) and The Alcohol and Drug Branch of the Queensland Department of Health have produced standards to reflect basic primary health care and AOD treatment principles. The purpose of the The CHASP Manual of Standards for Alcohol, Tobacco and Other Drug Services is to improve AOD treatment by providing a vehicle for evaluation and review.

The Standards cover the following aspects of treatment provision:

1. assessment, treatment and care
2. early identification and intervention
3. health promotion and harm prevention
4. community liaison and participation
5. rights and responsibilities of clients
6. client and program records
7. education, training and development
8. planning, evaluation and quality improvement
9. management
10. work and its environment

In conjunction with the National Community Health Accreditation Standards Program, the National Minimum Data Set Project for Alcohol and Other Drug Services developed indicators for adequacy of content of client records and effective information systems. These indicators will be further refined as AOD data standardisation evolves and an AOD MDS is established. The indicators can be used to evaluate whether AOD services are collecting data that is consistent with an established minimum data set and whether the agency contributes to state and national data systems.

Through its description of the ultimate AOD service standards, The Manual can be used to guide the development of AOD data standards and identify AOD specialist data requirements. As an quality assurance and evaluative tool, the Manual will guide the standardisation, implementation and maintenance of AOD standard definitions.

8 Conclusion

The National Health Data Dictionary (NHDD) offers the most expedient and efficient mechanism for developing information linkage and transfer across a broad range of alcohol and other drug treatment settings. Furthermore, inclusion of minimum data sets (MDS) in the NHDD complements the long term objective of the AOD sector to establish a periodic national collection of an alcohol and other drug treatment minimum data set. As a first step towards this goal, this Project recommends the proposed content of a AOD minimum data set be standardised through the National Health Information Work Program and the Codeset Development Work Program. Participation will offer important opportunities for the AOD field to strengthen its ties with non-specialist services currently providing treatment to substance misusers.

Uniform data standards underlie the quality assurance process. As such, they underpin the evolution of output based funding and outcome oriented evaluation. It is foreseeable that systematic evaluative mechanisms will become a reality of funding. Reaching national consensus on the AOD standard definitions and working towards a MDS prior to the imposition of stricter forms of accountability will enable the AOD field to prepare for emerging trends in health service provision. Abiding closely to the National Health Information Agreement's provisions for national focus, consultation and consensus during item development will facilitate the acceptability of definition adoption and collection.

APPENDIX 1

National Health Information Work Program 1997-98 Project Proposal: Development of National Health Data Dictionary Definitions for Alcohol and Other Drug Treatment Services*

Prepared by the *National Minimum Data Set Project for Alcohol and Other Drug Treatment Services* Project Team: Judy Rankin and Jan Copeland, National Drug and Alcohol Research Centre and David Crosbie, Alcohol and Other Drugs Council of Australia.

March, 1997

* This proposal was endorsed by the National Health Information Management Group in March, 1997. The Commonwealth Department of Health and Family Services funds the project and acts as the NHIWP Responsible Agency and its NHIWP Lead Agency is NSW Health Information Development Unit. For further information contact the National Drug and Alcohol Research Centre, 02 9398 9333.

TABLE OF CONTENTS

1 Project Description

In 1996 the Alcohol and Other Drugs Council of Australia hosted a forum to identify barriers between research and treatment. Together clinicians, researchers and administrators agreed that a lack of comparable alcohol and other drug (AOD) treatment data was undermining the overall effectiveness AOD service provision. In response to this, the Commonwealth Department of Health and Family Services supported phase one of *The Minimum Data Set Project for Alcohol and Other Drug Treatment Services*. The purpose of the first phase of the Project was to evaluate data collection procedures used in Australian AOD treatment services and to recommended a core set of treatment data items to be standardised. These activities were to be

directed towards the establishment of an Australian minimum data set (MDS) for alcohol and other drug treatment services.

The proposed activities for phase two of The Minimum Data Set Project for Alcohol and Other Drug Treatment Services involve standardising sixteen data items the Project has recommended be developed as a minimum data set for AOD treatment services. The Project has recommended to the Commonwealth that standardisation efforts be pursued through the National Health Information and Codeset Development Work Programs (under the Community Health Information Management Enterprise (CHIME)). Standardised definitions would be published in the National Health Data Dictionary and The Community Health Information (CHIS) System dictionary. This strategy is designed to produce integrated AOD data standards across institutional, ambulatory and community services. To this end, The Minimum Data Set Project for Alcohol and Other Drug Treatment Services (under the sponsorship of NSW Health Information Development Unit) submitted a proposal to the National Health Information Management Group to standardise the recommended AOD minimum data set items within the National Health Information Work Program (November 1996). The proposal that follows has been revised to address concerns that AOD data item development be coordinated with community service data standardisation as it evolves through the Codeset Development Work Program. In addition, the NSW Health Information Development Unit and The Minimum Data Set Project for Alcohol and Other Drug Treatment Services recognise that sponsorship of the NHIWP AOD data project may be transferred to the Commonweatlh to enhance the national focus of project activities.

The NSW Health Information Development Unit would continue to provide technical support as the project's lead agency. The proposed changes allow for AOD treatment data standardisation concurrently within The National Health Information Work Program (NHIWP) and Codeset Development Project. Concurrent development complements

the Codeset Development Project Plan to develop codesets for twelve community service areas as a project within the NHIWP.

Work activities in the NHIWP would be directed towards developing the purpose and requirements of AOD standardised data items. The NHIWP AOD Work Project would review existing definitions corresponding to the sixteen data items The Minimum Data Set Project for Alcohol and Other Drug Treatment Services has recommended be developed as a minimum data set. Through a national consultative process a subset of data items will be adopted or modified from existing National Health Data Dictionary definitions. Specialist AOD treatment definitions will be developed through national workshops within the guidelines set out by the NHIWP. The AOD NHIWP Project would provide the AOD Codeset Project with recommendations on key issues to be addressed in the Codeset Project including the purpose, objectives and requirements of AOD data development within institutional, ambulatory and community health care settings. The items adopted, modified and developed by the Project would be used as a basis for further data standardisation activities within the Codeset Development Project.

The production of uniform code sets and information systems will reduce information duplication and unify encoding, storage and retrieval procedures. Due to the ongoing nature of National Health Information Work Program and Codeset Development Work Program Projects, coordination and ongoing consultation will be maintained at a high level throughout Phase 2 of the National Minimum Data Set Project for Alcohol and Other Drug Treatment Services**.**

2 Project Justification

The exorbitant cost of substance misuse, emerging trends in Australian health care and a shift towards brief alcohol and other drug treatment interventions by non-specialist health and welfare workers indicate the need for uniform AOD data standards across specialist AOD and related health and welfare services.

Through providing an overall improvement in AOD related service provision, evaluation and effectiveness, uniform data standards would contribute to a reduction in the cost of substance misuse. Collins and Lapsley's estimate of the total economic costs of drug abuse for 1988 was almost $17 billion. In the table below (adapted from Commonwealth Department of Health and Family Services, 1995), a breakdown of the costs are provided. Tangible costs are those borne by losses in community consumption or investment (eg. lost productivity, health care costs). Intangible costs are real (eg. loss of life, human suffering) but do not demand community resources. Non-allocable drug type costs result from drug abuse but can not be allocated to a particular drug type.

Total economic costs of drug abuse 1988, (measured in millions of 1994 dollars).

Drug type	Tangible costs	Intangible costs	Total costs	% of total costs
Alcohol	3797	3255.1	7052.1	41.9
Tobacco	951.4	7053.1	8004.6	47.05
Illicits	1219.6	466.6	1686.1	10
Non-allocable	94	-	94	0.6

All Drugs	6062	10774.8	16836.8	100

The development of uniform AOD data would improve estimates of economic costs associated with substance abuse. Cost studies are important for evaluating data quality, research requirements and program effectiveness. However, evaluating program effectiveness is precluded by the need to develop baseline data. Without appropriate accounting of AOD related service provision, it is not possible to fully evaluate policy and program effectiveness in Australian health, welfare and law enforcement sectors. The table below taken from Collins and Lapsley (1996) provides a list of the causes of mortality and morbidity associated with AOD consumption. A vast number and range of conditions are shown giving an indication of the extent of under reporting of AOD related service provision. Tobacco, alcohol and illicit drugs are associated with death and illness caused by cardiovascular disease, cancer, injury and mental health. These conditions are identified in *Better Health Outcomes for Australians: National Goals, Targets and Strategies for Better Health Outcomes into the Next Century* (1994) as key areas for improving Australian health outcomes.

Causes of mortality and morbidity associated with the consumption of:		
Alcohol	Tobacco	Illicit Drugs
Acute pancreatitis	Anal cancer	Accidental poisoning
Alcohol dependence	Antepartum haemorrhage	(Psychostim.)
Alcohol abuse	Atherosclerosis	Accidental hallucinogen
Alcoholic beverage poisoning	Bladder cancer	poisoning
Alcoholic psychosis	Cardiac dysrhythmias	Accidental opiate
Alcoholic cariomyopathy	Cervical cancer	poisoning
Alcoholic poly neuropathy	Chron. obstr. pul. dis.	AIDS
Alcoholic gastritis	Crohn's disease	Amphetamine dependency
Alcoholic liver cirrhosis	Ectopic pregnancy	Amphetamine abuse
Aspiration	Endometrial cancer	Anabolic steroid poisoning
Assault	Fire injuries	Antepartum haem.
Child Abuse	Heart failure	(cocaine
Choleolithiasis*	Hypertension in pregnancy*	Cannabis dependency
Chronic pancreatitis	Ischaemic heart disease	Cannabis abuse
Drowning	Laryngeal cancer	Cocaine dependency
Epilepsy	Low birthweight	Cocaine abuse
Ethanol toxicity	Lung cancer	Drug psychoses
Fall injuries	Oesophageal cancer	Hallucinogen abuse
Female breast cancer	Orophangeal cancer	Hallucinogen dependence
Fire injuries	Pancreatic cancer	Hallucinogen poisoning
Gastro-oesoph. haemorr.	Parkinson's disease*	Hepatitis Non-A non-B
Hypertension*	penile cancer	Hepatitis B
Ischaemic heart disease*	Peptic ulcer	Infective endocarditis
Laryngeal cancer	Pneumonia	Low birth with (cocaine)

Liver cancer	prem. rupt. of membranes	Maternal dependence
Low birth wight	Pulmonary circulatory disease	Newborn drug toxicity
Methanol toxicity	Renal pelvic cancer	Opiate dependency
Occupation and machine injuries	Renal parenchymal cancer	Opiate abuse
Oesophageal varices	Respiratory carcinoma in situ	Opiate poisoning
Oesophageal cancer	SIDS	Other psychotropic poisoning
Orophangeal cancer	Spontaneous abortion	Psychostimulant poisoning
Other eth.. and meth. poisoning	Stomach cancer	Suicide
Psoriasis	Stroke	
Road injuries	Tobacco abuse	
Spontaneous abortion	Ulcerative colitis*	
Stroke*	Vulvar cancer	
Suicide		
SV cardiac dysrhythmias		

* drug consumption is associated with a reduction in the incidence of the condition.

The nature and extent of AOD contribution to these illnesses would be better understood if core AOD treatment data was uniformly collected across institutional, ambulatory and community services. For example, the Burdekin Inquiry Report of the National Inquiry into the Human Rights of People with Mental Illness estimated that 40 to 50% of people with AOD problems are also affected by mental illness. However, a recent report (Hall, 1996) revealed that treatment for co-morbid substance abuse and mental illness occurs usually in only the most severe cases.

A possible spin off of the collection of uniform AOD data may be to increase AOD intervention opportunities for clients who would otherwise be treated only for the illness for which AOD use is associated. In addition, the information gained could be used to identify programs that were effective at reducing the harms associated with alcohol, tobacco and other drug use and to refine prevention and treatment programs aimed at achieving national health outcome goals and targets.

The figure below gives an overview of services providing AOD specialist treatment and also generic services where AOD intervention opportunities exist.

Scope of Alcohol and Other Drug Treatment

a e ment and referral
needle exchange program
outpatient coun elling
outreach coun elling
peer upport and elf help group
obering up helter
youth ervice

women's services
telephone information and advice
community support and development
inpatient rehabilitation therapeutic communities
methadone and counselling
inpatient detoxification
youth residential programs

AOD services

Generic services

Substance misusers, their families and friends

AOD services

Generic services

ho pital
pri on
ob tetric ervice
community ba ed correction
mental health ervice
court ervice
juvenile ju tice ervice centre

general practice
pharmacies
welfare services
accident and emergency services
ambulance services
police

The heterogeneous nature of AOD related service utilisation predetermines the need for AOD data to be extractable from a 'generic' information system. It is expected that as the new public health model evolves in clinical settings that AOD related treatment will be increasingly performed by non-specialists such as medical practitioners, community nurses, social workers and probation officers (Ali, Miller,Cormack, 1992). The new public health model emphasises the implementation of

early intervention and prevention in the initial stages of dependence and the need to address problems stemming from acute intoxication and regular excessive drug use. The harm minimisation framework of the National Drug Strategy and empirical evidence on the effectiveness of early intervention provide further support for the adoption AOD treatment in generalist services.

At present, few AOD agencies provide treatment data as a requirement of funding. Considering the diversity of treatment settings, the sanctioning of data collection by funding agencies may have little practical utility. Abiding closely to the National Health Information Agreement's (NHIA) provision for national focus, consultation and consensus during item development will facilitate the acceptability of definition adoption and collection. It is foreseeable that systematic evaluative mechanisms will become a reality of funding. Reaching national consensus on the AOD standard definitions and working towards a MDS prior to the imposition of stricter forms of accountability will enable the AOD field to prepare for emerging trends in health service provision.

The National Health Data Dictionary (NHDD) offers the most expedient and efficient mechanism for developing information linkage and transfer between services providing AOD related treatment. The inclusion of minimum data sets in the NHDD complements the long term objective of the AOD sector to establish a periodic national collection of an alcohol and other drug treatment agency minimum data set (MDS). The acquisition of baseline AOD treatment data will facilitate the implementation of evaluative processes in treatment settings and contribute to better health outcomes for Australians.

3 Project Plan

The NSW Health Department Information Development Unit has sponsored this proposal to the National Health Information Work Program.[1] The Unit's involvement in a diversity of health information system architecture is strategically beneficial to the project's success. However, both this Project and NSW Health recognise that the role of project sponsor may be transferred to the Commonwealth to enhance the national focus of project activities. If this transfer occurs, then NSW Health Information Development Unit would act as the project's lead agency.

3.1 Organisational Structure

The project team would be composed of members of the National Minimum Data Set Project for Alcohol and Other Drug Treatment Services. The steering committee will be composed of expert from the alcohol and other drug sector. Key stakeholder groups will contribute to standardisation through submissions to the steering committee and participation in workshops. The Codeset Development Project will be incorporated into project activities as they develop.

1

onsorship of the project was transferred to the project's NHIWP Responsible Agency, The mmonwealth Department of Health and Family Services prior to endorsement of this proposal the National Health Information Management Group in March 1997.

3.2 Project Method

Where possible stages of data standardisation will be guided by the National Health Information Model (NHIM) as follows:

1. Identify relevant information for inclusion in the MDS and the level of definition required.

2. Map exisiting information systems against the NHIM to identify available data sources for relevant information and the extent of overlap of information.

3. Determine NHIM Entities that will provide the basis for the MDS. The level of Entity specificity may require refinement for some AOD MDS items (eg. principal drug problem and other drugs currently being used).

4. Identify relationships between Entities. This process allows for developing rules for usage and information storage. As well, information is linked together so that it may serve required information needs.

5. Attributes/MDS items required for each Entity are compared to NHDD definitions. Definitions are adopted where possible, modified or developed based on NHDD requirements.

6. Classification systems recognised by the NHIM and the NHDD will be adopted to guide standards of data coding, storage and retrieval. Classification systems may be developed within the context of the NHIM.

3.3 Project Output

The project will develop alcohol and other drug definitions for inclusion in the NHDD. These will meet NHIA and NHDD criteria and will be consistent with the National Drug Strategy. The focus of standardisation will be items to be collected as a national minimum data set for alcohol and other drug treatment services. The list reflects the content of a MDS and not the actual items and is referred to here as *draft MDS content*. The proposed items were identified through consultation with key experts and at an in-house seminar at the National Drug and Alcohol Research Centre. The table below compares draft MDS content with existing NHDD items giving an indication of the amount of definitional development to be completed within the NHIWP.

Data items identified for AOD treatment agency adoption will be agreed to and trialed in the following order:

- Items directly adopted from current National Health Dictionary definitions
- Items modified from current National Health Dictionary definitions
- Items for which definitions are developed

A preliminary comparison of the items shown below with existing NHDD definitions indicates that items 1-5 would be directly adopted, 6-13 modified and 14-16 developed.

Comparison of alcohol and other drug data items for adoption, modification and development during the National Health Information Work Program 1997-98 with existing National Health Data Dictionary Definitions (NHDD)

Recommended Item	NHDD Definition Item #
1. age	P2
2. sex	P5 and P24
3. ethnicity	P6
4. aboriginality	P7
5. employment status	P14
6. source of referral to agency	P29
7. previous treatment for current problem	P23
8. length of stay/ episodes of contact	A1 P: 24, 26, 27a, 27b, 27c, 105, 106, 107 108
9. reason for treatment termination	P31
10. type of treatment received	P: 21, 28, 37,38 A: 7.1, 7.2.1, 7.2.2 A: 8, 8.1, 8.2 A: 9, 9.1, 9.10, 9.12, 9.14 A: 10.1, 10.2, 12
11. referral to other service	P37
12. agency code	P1 E: 1, 4.1, 4.3, 4.9, 4.25, 4.26, 4.28
13. identifier for client record	P2
14. injecting drug use	--
15. other drugs currently used	--

Comparison of alcohol and other drug data items for adoption, modification and development during the National Health Information Work Program 1997-98 with existing National Health Data Dictionary Definitions (NHDD)	
Recommended Item	**NHDD Definition Item #**
16. principal drug used	-

3.4 Project Milestones and Related Activities

The Project team will initiate data standardisation activities through the process of recruiting steering committee members and workshop participants. The report of the National Minimum Data Set Project for Alcohol and Other Drug Services (Rankin, Copeland, Crosbie 1997) will be used to provide key consultants with background on current data collection instruments and the role of the National Health Information Work Program in the standardisation of Australian AOD treatment data. The Steering committee in conjunction with the project team and lead agency will the define the project's goals and scope.

The project team will disseminate the projects purpose and plan in a format that invites key stakeholders to make comments and involve themselves in project activities. Publication of project updates in AOD

specialist and health care journals will be directed toward treatment workers. Adoption of AOD definition by treatment agencies will be voluntary. Consequently, broad based agreement on definitions is critical to eventual definition implementation and adoption. Throughout the project, ongoing consultation will be conducted in order to build consensus within AOD sector. To this end, general information on the role of the NHDD in AOD data standardisation and the ongoing activities of the AOD work groups will be disseminated through:

- state government and health services
- AOD sector newsletters
- AOD forums and seminars
- treatment agencies
- related NHIA work projects
- The National Drug Strategy Committee and
- community groups

The table below lays out the projects milestones and related tasks.

Overview of Project Activities

Project Milestones	**Task Leaders**	**Key Tasks**
Project Initiation	project team	Recruitment of steering committee and workshop participants.

Overview of Project Activities

Project Milestones	Task Leaders	Key Tasks
	steering committee and project team	Recruit agencies to trial definitions.
	project team	Dissemination of project plan to AOD specialist and non-specialist services through government and non-government peak bodies.
	steering committee and project team	Evaluate feedback from key stakeholders.
	steering committee and project team	Finalise project objective, resources and plan.
Agreement on NHDD adopted definitions.	steering committee and project team	Identify items to be adopted from NHDD.
		Distribute item definitions to key stakeholders.
		Negotiate agreement through workshops and ongoing consultation with key stakeholders groups.
		Document key issue raised during negotiation and report these to lead agency.
Trial of adopted definitions	project team	Trial adopted items through their inclusion in external requests for AOD treatment data, research project data collection instruments and treatment service client record forms.
	project team, steering committee and lead agency	Establish quality assurance procedures for definition trial including on going documentation of issues raised in trial.
Agreement on	steering committee, workshop	Identify items to be modified from existing

Overview of Project Activities

Project Milestones	Task Leaders	Key Tasks
modified definitions	participants and key consultants.	NHDD. Develop modified definitions. Distribute modified definitions to key stakeholders. Negotiate agreement through workshops and ongoing consultation with key stakeholders.
Trial of modified definitions	project team	Add modified definitions to trial of adopted NHDD definitions.
Agreement on developed definitions	steering committee, workshop participants and key consultants. project team	Identify items to be modified from existing NHDD. Develop modified definitions. Distribute item definitions to key stakeholders Negotiate agreement through workshops and ongoing consultation with key stakeholders.
Trial of developed definitions	project team	Add developed definitions to trial of adopted and modified definitions
Evaluate definition trial	steering committee	The trial of definitions will be monitored on an ongoing basis. Issues raised during the trial will compiled and included in the project's final report to its sponsoring agency.
Final agreement	steering committee, project	Submit final report to sponsoring agency.

Overview of Project Activities

Project Milestones	Task Leaders	Key Tasks
on standardised AOD treatment items	team and lead agency	Deliver modified and developed definitions to NHIMG.

3.5 Timeframe*

Project milestones and expected time to complete related activities are show in the table below.

	Months

Project Milestones	1 -2	3 - 4	5 - 6	7 - 8	9 -10
Project Initiation					
Agreement on NHDD adopted definitions					
Trial of adopted definitions		age sex ethnicity aboriginality employment status source of referral to agency			
Agreement on modified definitions					
Trial of modified definitions			previous treatment for curre problem length of stay/ episodes of c reason for treatment termina type of treatment received referral to other service agency code identifier for client record		
Agreement on developed definitions					
Trial of developed definitions				injecting drug use other drugs currentl principal drug used	
Ongoing evaluation of definition trial					
Final agreement on standardised AOD treatment items					

*Project commencement date: May, 1997.

4 Consultative Links

Issues to be addressed during national consultation include the following:

1. ownership and purpose
2. definition development
3. codes

4. computerisation
5. paper based system
6. confidentiality and security
7. staff acceptance
8. staff training
9. evaluation of implementation

National AOD treatment data standardisation workshops will be conducted where recommendations and organised responses will be presented. Planned workshop groups will break to resolve key issues. Groups will summarize recommendations and findings. Developed definitions and project findings will be published and proposed definitions of the work project will be sent on to the AIHW, National Coding Centre, NHIA Management Group and Data Committee. These findings will also be used to guide activities in the Codeset Development Work Program under CHIME.

The National Health Data Committee will be closely consulted during the development of definitions. Prior to work project commencement the Committee will be asked to provide comments on the structure and content of planned activities.

Output of project activities will be summarized and sent on to the Data Committee for review. Recommendations of the Committee will be used to refine project outputs and to direct further project activity. Agreed items will be sent on to NHIA Management Group.

Timing of contacts will be coordinated to meet NHIA Management Group's timetable for data dictionary review and commencement of the Codeset Development Work Program.

The following consultants have provided information on existing data collection systems. They will be contacted for input into data item development. Australian programs will be invited to participate in workshops and will be involved in ongoing project activities.

4.1 International Consultants

Ms. Jane Maxwell, Director of Research,
Client Oriented Data Acquisition Process (CODAP)
Texas Commission on Alcohol and Drug Abuse
Texas, USA

Dr John Marsden
National Treatment Outcome Research Study and The SETRHA Regional Drug Misuse Database
Maudsley Hospital, London England

4.2 Australian Consultants

Mr. John Searl, Director
Alcohol and Drug Grant Program
Department of Health and Community Care
Australian Capital Territory

Mr. Barry Evans, Director
The Buttery Incorporated
Chemical Dependance Therapeutic Community
New South Wales

Ms. Julia Campbell, Project Evaluator
Client Outcome Study
Northern Territory Health Services

Mr. Graham Strathearn, Chief Executive Officer
Drug and Alcohol Services Council
South Australia

Mr. Nelson D'Silva, Senior Program Officer
Alcohol and Drugs, Child Family and Community Support
Community and Health Services
Tasmania

Mr. Mark Blackburn, Manager
Drug Strategy and Operations
Health and Community Services
Victoria

Ms. Penny Drysdale
Alcohol and Drug Service Mapping Project, Drug Strategy and Operations
Department of Health and Community Services, Victoria

Mr. Chris McDonald, Director
Western Australian Network of
Alcohol and Other Drug Agencies and Health Department of Western Australia

Brisbane North Alcohol and Drug Services, Queensland

4.3 Evaluation Consultants

The following project has provided guidance and incorporated indicators for client record systems and information systems standards in *The Manual of Standards for Alcohol Tobacco and Other Drug Services*. These indicators will be further refined to reflect the output of the data development work project. In addition, the project will be invited to assist in the developing strategies for implementation and definition maintenance in AOD treatment settings.

Mr. Mark Griffiths, Australian Community Health Association

Mr. Keith Evans, State Manager
Alcohol and Drug Branch Queensland Department of Health
Community Health Accreditation and Standards Program (CHASP)
CHASP Standards for Alcohol, Tobacco and Other Drug Services

4.4 Expert Consultants

A number of expert consultants in the AOD sector have assisted in identify key issues for data standardisation. They will be invited to participate in workshops and to provide ongoing advice and to recommend other key consultants.

Prof. Wayne Hall, Director
National Drug and Alcohol Research Centre
University of New South Wales

Prof. James Rankin, Chairman
Drug and Alcohol Services
Central Sydney Area Health Service NSW

4.5 Related Work Program Activities

The table below provides a summary of existing NHIA work projects which have potential relevance to AOD definition development. Generally, these can be divided into:

- projects representing sectors that have treatment contact with AOD misusers,
- projects collecting data related to AOD treatment and misuse, and
- projects concerned with information development and linkage.

Initially the project coordinators will be contacted to determine the extent of relevance of the project to AOD sector data standardisation. The nature and timing of contacts, to be arranged, will be based on the outcome of these initial consultation.

Related Work Program Activities

Linkage/Issue	NHIA Project	ProjectContact
Sectors having contact with AOD misusers.	L.3 Injury surveillance	James Harrison, AIHW National Injury Surveillance Unit
	C.3 National mental health data definitions, minimum data set and national survey of mental health services	Janis Shaw, AHMAC national work group on mental health policy and AIHW
	L.4 Communicable diseases surveillance	Helen Longbottom Commonwealth Dept Human Services and Health
	F.1 Pharmaceutical utilisation and expenditure	Analysis Section, Commonwealth Dept Human Services and Health

Related Work Program Activities		
Linkage/Issue	**NHIA Project**	**ProjectContact**
	L.2 Heart disease surveillance	Stan Bennett, AIHW
Data collection relevant to AOD misuse.	C.5 National mental health population survey	Dermot Casey, AHMAC National Working Group on Mental Health Policy
	K.5 Survey of the population's mental health status (being undertaken in C.5)	Marelle Rawson, Australian Bureau of Statistics
	J.1 National vital statistics collections	Mr John Paice Australian Bureau of Statistics
	K.1 National health survey	Mike Langan Australian Bureau of Statistics
	F.2 Pharmaceutical-characteristics of users	Analysis Section, Commonwealth Dept Human Services and Health
	A.1 National Hospital Morbidity Collection	Michael Cook, AIHW

Related Work Program Activities			
Linkage/Issue	**NHIA Project**	**ProjectContact**	
	D.2 Medical services- Characteristics of users and providers	Mr. Ross Saunders, Commonwealth Dept Human Services and Health	

Related Work Program Activities		
Linkage/Issue	**NHIA Project**	**ProjectContact**
Information development and linkage.	N.5 Linkage of health records in Australia	Ian Rouse, Health Department of Western Australia
	E.2 Health service outcome measures	Lesley Paton, Commonwealth Dept Human Services and Health
	A.17 National hospital data quality project	Peter Williams, NSW Department of Health
	C.1 Mental health measures of consumer outcomes	Leonie Young, AHMAC National Working Group (NWG) on Mental Health Policy
	H.1 Standard reporting of national health expenditure	John Goss, Australian Institute of Health and Welfare
	N.3 National Health Information Model (NHIM)	Tony Greville AIHW

Related Work Program Activities		
Linkage/Issue	**NHIA Project**	**ProjectContact**
	N.1 National Health Information Agreement and NHIA Work Program- implementation and management	Tony Greville AIHW
	A.7 Ambulatory care reform program data collection	Warren Talbot Commonwealth Dept of Human services and Health
	A.15 National data definition development for institutional based ambulatory care services	Peter Williams NSW Dept. of Health
	B.6 Primary and community health services, national information management project	Peter Williams NSW Dept. of Health

5 Project Team

Chief Investigator: Dr. Jan Copeland, National Drug and Alcohol Research Centre

Officer: Ms. Judy Rankin, National Drug and Alcohol Research Centre,
Phone: 02 9 398 9333, Fax: 02 9 399 7143

6 References

Ali, R., Miller, M., and Cormack S. (eds), 1992, Future directions for alcohol and other drug treatment in Australia, National Campaign Against Drug Abuse, Monograph Series No. 17, Commonwealth of Australia, Canberra.

Australian Community Health Association and Queensland Health Alcohol and Drug Branch, 1997, The Community Health Accreditation Standards Program Manual of Standards for Alcohol, Tobacco and Other Drug Services, Brisbane,Australia.

Australian Institute of Health and Welfare, 1996, National Health Data Dictionary, Version 5.0, Commonwealth of Australia, Canberra

Australian Institute of Health and Welfare, December 1995, National Health Information Agreement, Procedure Manual, October 1994, Commonwealth of Australia, Canberra.

Australian Institute of Health and Welfare, 1995, National Health Information Model, Version 1, Commonwealth of Australia.

Australian Institute of Health and Welfare and Australian Health Ministers' Advisory Council, 1995, National Health Information Development Plan, Commonwealth of Australia.

Doll Martin Associates and NSW Health, October 1996, Community Health Information Development Project Report: Codeset Development Work Program Project Plan, New South Wales, Australia.

Hall, W., 1996, What have population surveys revealed about substance use disorders and their co-morbidity with other mental disorders, Alcohol and Drug Review 15,157-170.

Rankin, J., Copeland, J., and Crosbie, D., The National Minimum Data Set Project for Alcohol and Other Drug Treatment Services: Phase one report and Phase two proposal, Report to the Commonwealth Department of Health and Family Services, 1997.

6.1 Selected Reading

Collins, D., and Lapsley, H., 1996, The Social costs of drug abuse in Australia in 1988 and 1992, National Drug Strategy Monograph Series No. 30, Commonwealth Department of Humana Services and Health.

Cresswick Glenda, 1996, National directory of data collections in health welfare and housing, Australian Institute of Health and Welfare, Canberra.

Dillon, P. (ed), 1996, The National Drug Strategy: The First 10 years and Beyond, Proceedings from the Eighth National Drug and Alcohol Research Centre Annual Symposium, NDARC Monograph No. 27, The National Drug and Alcohol Research Centre, University of New South Wales, Sydney.

Government of Western Australia, 1995, Protecting the Community, The Report of the Task force on Drug Abuse, Volume Reviews and Recommendations, Western Australia.

Longabaugh, R. and Clifford, R., 1992, Program Evaluation and Treatment Outcome, Annual Review of Addiction Research and Treatment.

Premier's Drug Advisory Council, 1996, Drugs and Our Community, Report of the Premier's Drug Advisory Council, Melbourne, Victoria.

Task Force on Drug Abuse, The Report of the Task Force on Drug Abuse, Volume II, September 1995, Government of Western Australia, Australia.