**

**Supporting Leading Better Value Care**

**Grants Scheme**

Round 1 (2019-2020)

APPLICATION FORM

**CLOSING DATE: Wednesday 5th December 2018**

*Maridulu Budyari Gumal*

*“working together to promote better*

*health and wellbeing for our community”*

**INSTRUCTIONS TO APPLICANTS**

All applications must be prepared using this form.

All sections of this form and attachments must conform to the following:

* Left and right margins of at least 2cm
* Font no smaller than 11 point (preferred font is Arial)
* Line spacing of 1.15

When saving this form, and the biographies please use the naming convention:

SPHERE-SLBVC\_<SPHERE partner name>\_<FirstnameSURNAME>\_Application

SPHERE-SLBVC\_<SPHERE partner name>\_<FirstnameSURNAME>\_Biographies

Information provided in this application may be provided to advisors supporting the SPHERE SLBVC Selection Panel for the purpose of assessment.

**Submitting the APPLICATION**

Applications and attachments must be emailed to SPHERE-SLBVC@unsw.edu.au by **17:00 on Wednesday 5th December 2018**.

One electronic version of the application should be submitted

The application must include the endorsement by the SPHERE CAG executive, where applicable

NB electronic signatures will be accepted

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| **SECTION A – OVERVIEW** |  |
| Chief Investigator:  *Please include title/salutation* | Professor Nicholas Lintzeris |
| SPHERE Healthcare Partner (which will receive funds from SPHERE SLBVC Grants Scheme): | SESLHD, Drug and Alcohol Services |
| Project title: | Improving the quality of care in NSW Opioid Treatment Programs |
| Project summary (300 words):  *Summarise your research questions and proposed methods. Outline the potential benefits, including how this project will be translated into practice change that will directly impact on individual patients’ outcomes or population health and wellbeing across SPHERE* | Opioid substitution treatment is based on sound clinical and economic evidence, however services do not currently have routine access to information on the quality of care they provide or program effectiveness (including client outcomes) or efficiencies (cost of services). This project will leverage work led by the COQI Project (a partnership between SESLHD, HNELHD, UNSW (NDARC)) regarding (1) recent changes in NSW Drug and Alcohol clinical information systems, (2) state-wide development of Clinical Care Standards in the AoD sector, (3) consultation on the systems enablers for the implementation of the standards, and (4) ongoing development of outcomes metrics for drug and alcohol services drawn from CHOC-extracted data. We aim to increase the capacity of services to measure the quality of treatment provided and the outcomes achieved for clients  A clinical redesign methodology will be used to engage SESLHD & SV-HN OTP services in implementing systems to enhance adherence with clinical standards of care, routinely measure and report clinical outcomes, and to identify cost of service inputs in OTP, enabling better value healthcare |
| List all sites in which the project will be conducted: | St George Drug and Alcohol, Opioid Treatment Program, SESLHD;  Langton Centre, Opioid Treatment Program, SESLHD; and  Rankin Court, Opioid Treatment Program, SV-HN. |
| Total amount requested, excluding GST (must not exceed $150,000):  *Details should be provided in Section E* | $150 000 |
| Project Duration (up to 24 months): | 24 months |
| Submissions to other funding sources for this project:  *Include all planned and submitted applications. List the funder, expected date of notification of success and the amount(s) requested* | No other funding applications have been submitted for this stage of the project.  This project builds on and extends the broader COQI Project funded by NSW Health to identify clinical outcomes and quality indicators, and led by SESLHD, HNELHD and NDARC (UNSW) |

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| **SECTION B – PROJECT PLAN** |

**B.1 Research plan**

Provide a detailed research plan that includes information under each of the following headings (maximum 5 pages):

Background and research question (maximum 1 page)

* *Describe the problem that is being addressed by the proposal*
* *Describe why this research is a priority for your LHD/SHN, with reference, where appropriate, to relevant NSW Health LVBC clinical initiatives or local priorities*
* *Describe the aims of the research, including a clear statement of the research question(s)*

Research design and methods (maximum 3 pages)

* *Provide a detailed description of the research design and methods, including study type, sites(s), setting, patient/provider population and selection, comparison/reference/control group(s)/site(s), primary and secondary outcome(s), objective process and outcome measure(s) including baseline, intervention and follow-up period(s) as appropriate, data sources or qualitative tools/instruments, power/sample size calculation, and statistical analysis plan, including data linkage plan where required.*
* *Provide details about any costing component or economic evaluation.*

Expected impacts of research (maximum 1 page)

* *Outline what new evidence the research will generate*
* *Describe how the evidence generated through this research is likely to impact on policy and/or practice in population health, patient care or health service delivery across SPHERE. Include consideration of the transferability, sustainability and scalability of the research findings.*

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| **BACKGROUND**  Alcohol and other drug (AoD) use has considerable health, social and economic impacts on the individual and broader society (AIHW, 2018). It is a leading cause of preventable disease and illness, and is associated with hospital admissions, mental health problems, perinatal complications, harms associated with injecting, overdose and mortality. The most comprehensive attempt to cost the societal burden estimated that in 2004/5 AoD use had a cost of $55.2 billion (Collins et al, 2008). In 2017 there were 37,997 episodes of treatment for problems with alcohol or other drugs in NSW (AIHW, 2018).  Despite the considerable size of the problem, routine AoD treatment data has to-date consisted only of descriptions of the treatment population (Alcohol and Other Drugs Treatment Services, National Minimum Data Set; AODTS NMDS), measures of throughput (AODTS NMDS), and a single measure of treatment completion (AODTS NMDS Treatment Episode Cessation Reason). So, for example, while efficacy and health economics studies provide solid evidence for the value of opioid pharmacotherapy treatment, because services have not been routinely collecting treatment process or outcome measures we do not know if this translates to effective treatment in our services or whether it represents good health value.  Clients with opioid dependence are a particularly vulnerable group at significant risk of harm, with high rates of homelessness, exposure to violence, health related problems, criminal justice system involvement, economic disadvantage, and utilisation of resources across the health and welfare sectors. Additionally, there is high investment in Opioid Treatment Programs (OTP). OTP are an ideal candidate for reflecting on Value Based Health Care (VBHC) given VBHC needs to be considered over the full cycle of care for the condition of interest, and OTP are already integrated long term treatment programs allowing the collection of outcomes and inputs over time.  The recent implementation of electronic medical records (eMR) in NSW Health AoD Services opens up exciting new opportunities to better understand our client population by monitoring their patterns of substance use, health and social outcomes, and to enhance the quality, safety and efficiency of services. This project will, for the first time, allow us to undertake continuous quality improvement in AoD services from a VBHC perspective (Porter, 2010; Koff, 2017)  This project will build on the foundational work of our project team and the recent developments in eMR in NSW AoD treatment services. Our team has led collaborations between clinicians, researchers, consumers, analytics/informatics professionals and government in NSW over the past 10 years. These collaborations have resulted in:   1. Development and implementation of a standardised eMR system, now used across NSW Health AoD sector (the Community Health and Outpatient Care (CHOC) system – led by SESIAHS for the AoD build). This means that the data elements required to evaluate services through a VBHC lens are already in place, embedded in the NSW government Drug and Alcohol Services eMR. 2. The Clinical Outcomes and Quality Indicators (COQI) Framework, which outlines the information and processes required to collect, report and meaningfully interpret clinical information collected within CHOC clinical information system. The COQI team of investigators have:    1. Undertaken key work in the development and implementation the Australian Treatment Outcomes Profile (ATOP; Ryan, 2014), a 21-item patient reported outcome measure that collects past month substance use, social, health and well-being measures, and is used for assessment, care planning, risk screening and treatment monitoring. The COQI team has psychometrically validated the ATOP in clients attending AoD services; implemented statewide workforce development regarding use of the ATOP within clinical care; and embedded the ATOP within the NSW AoD CHOC build (eMR and CHIME);    2. Collaborated with experts across the NSW AoD sector to develop statewide clinical care standards for AoD treatment, that identify the key elements of care clients in AoD treatment should receive. These care standards provide a framework to identify and explore unwanted treatment variation between AoD services.    3. Developed data analytic approaches that enable for the first time reporting of AoD achievement of the clinical care standards (quality indicators) and treatment outcomes, including changes in substance use, physical and psychological health and quality of life outcomes over time;    4. Worked with clinical informatics experts and NSW eHealth to extract and report upon the clinical AoD data discussed above. The COQI project has developed a framework for using, interpreting and reporting information for       1. individual clients regarding their progress over time,       2. clinicians and services regarding how well they are delivering care (e.g. according to clinical care standards, treatment duration and completion rates) and whether services are achieving good outcomes for their clients   The data obtained by the COQI project can be used for quality improvement activities, benchmarking between services, service evaluation and to inform and address clinical research questions.  Figures 1-3 are examples of the type of information that we seek to obtain by linking NMDS with CHOC information. It is information that service managers (for example) could extract to monitor the delivery and effectiveness of treatment. Figure 1 presents actual data of client characteristics from one NSW LHD Drug and Alcohol Service for clients whose principal drug of concern is alcohol. This information is drawn from the ATOP conducted at initial assessment. Number of days of alcohol use in the previous 28 days is shown in the graph at bottom left, ratings on wellbeing and risk items at top right, and proportion of client who met criteria for poor psychological health, physical health, and quality of life at bottom right.  *Figure 1: Client Characteristics from 1 NSW LHD Drug and Alcohol Service for Alcohol PDOC.*    Figure 2 is an example table, showing reports on adherence to clinical care standards that are currently being developed with eHealth.    *Figure 2: Clinical Care Standard adherance in 1 NSW LHD Drug and Alcohol Service*      Figure 3 is actual data showing proportion of clients across the service in question who had ‘Good’ versus ‘Poor’ treatment outcomes based on the four key outcome domains contained in the ATOP: principal drug of concern, psychological health, physical health and quality of life.  *Figure 3: Treatment outcomes from 1 NSW LHD AoD Service for clients with alcohol as primary drug of concern.*    These figures demonstrate early examples of the clinical information that can be used by services, however there is currently a significant gap between the ability to access raw clinical data from an eMR and enabling services to use the information for service evaluation, planning and continuous quality improvement. Therefore, we propose to engage SESLHD and SV-HN Opioid Treatment Programs in a clinical redesign process to implement systems to enhance adherence with clinical standards of care, routinely measure and report clinical outcomes, and to identify cost of service inputs in OTP, enabling better value healthcare.  **PROJECT OBJECTIVES**  Our objective is to implement the COQI framework in OTP services in-order to   1. enhance adherence with AoD clinical care standards to ensure quality health care; 2. enhance routine clinical outcome measurement and feedback through patient reported measures embedded within eMR; 3. identify the costs of service delivery in OTP; and 4. develop an implementation package to allow scale up of the OTP implementation.   **RESEARCH QUESTIONS**   1. What are the enablers and barriers to the implementation of the COQI framework in OTP services? 2. How do we address these barriers and leverage the enablers to increase adherence to the clinical care standards? 3. What are the best ways to report indicators of quality service provision and treatment outcomes to a range of stakeholders? 4. Which key elements of the implementation solution should be included in state-wide scale up?   **RESEARCH DESIGN AND METHOD**  SETTING AND SITES:  Opioid Treatment Programs (OTP) are an ideal setting to pilot an implementation of the COQI framework. OTP are outpatient services for clients who are opioid dependent. In these programs, pharmacotherapy replacement treatments such as methadone or buprenorphine are often prescribed alongside psychosocial treatment (eg. case management, counselling). Clients who access OTP are a highly vulnerable group at significant risk of harm and there is high investment in OTP services with little information on the value. Finally, NSW OTPs operate with similar models of care and have current treatment guidelines to inform practice.  We propose to develop an implementation program initially in SESLHD and SV-HN OTPs with a view to scaling up into NSW OTPs and other treatment types with future funding. In SESLHD the two opioid treatment programs are based in Surry Hills (The Langton Centre) and St George. In SV-HN the OTP is based in Darlinghurst (Rankin Court).  PROCEDURE:  This project will utilise an iterative clinical redesign methodology to engage with services to develop their workforce to deliver treatment consistent with the NSW Drug and Alcohol Clinical Care Standards in OTP Services.  This will include:   1. Identifying change champions within the OTP services who are early adopters or clinical leaders to be part of the clinical redesign team. 2. Facilitate the clinical teams to identify their current (baseline) adherence to the clinical care standards (outlined in box 1 below). These standards and their indicators have been developed as generic standards that could apply to any AoD treatment service. We may need to refine or add treatment type specific indicators for OTP in consultation with individual teams (e.g. medication-related measures). There are eMR reports for services on their standard adherence that are currently being developed, which will support this process. The report development agreement with eHealth has already identified SESLHD as the Cerner CHOC development site.   BOX 1: The Draft NSW AoD Clinical Care Standards.  *Standard 1: Intake*  A person seeking information or treatment for alcohol and other drug use will have access to advice, referral, and timely appropriate treatment  *Standard 2: Comprehensive Assessment*  A patient presenting to an alcohol and other drug service will have a comprehensive bio-psycho-social drug and alcohol assessment.  *Standard 3: Care Planning*  A patient in AOD treatment will be engaged in collaborative care planning to develop a comprehensive care plan which is tailored to their individual goals and needs.  *Standard 4: Identification, Management and Ongoing Monitoring of Risk*  A patient entering AOD treatment will have substance use related risks identified responded to and monitored throughout treatment.  *Standard 5: Monitoring Treatment Progress and Outcomes*  A patient is engaged in ongoing AOD treatment monitoring, that provides opportunity for joint reflection on progress and priorities, and to inform ongoing care planning.  *Standard 6: Transfer of Care*  When a patient is discharged or transferred a detailed transfer of care summary is provided to the patient and all relevant ongoing care providers. It will provide a comprehensive summary of all the treatment provided, outcomes and ongoing treatment needs with a focus on patient safety. The process should facilitate access to a range of professionals and agencies, as required.   1. Assisting teams in identifying the barriers and enablers to standard adherence including ongoing treatment outcome monitoring. Identifying these barriers will inform the content of the subsequent clinical change management program. It will also build on consultations we have already undertaken with statewide clinical leaders in developing the clinical care standards, outcome measure, and the indicators and metrics. These may include enhancing staff clinical competencies and consumer literacy, increasing services analytics capacity, addressing staff or clients attitudes or resistance, IT infrastructure, workflow issues, etc. 2. Developing, in collaboration with the clinical teams, a clinical change management plan to address these barriers and improve the quality of care. Building on state wide consultations with experts in AoD service delivery conducted over the past two years it is anticipated that the response will need to include:    1. Workforce development (WFD) for the clinical skills required to deliver treatment in line with the clinical care standards. This includes the clinical application of information (e.g. ATOP data) in providing feedback to clients, monitoring risk, planning treatment and reviewing outcomes;    2. Enhancing consumer health literacy, including ways to better engage clients in treatment processes such as assessment, care planning, transfer of care and feedback regarding outcomes and experience;    3. developing the services’ capacity to interpret the quality data reports (clinical analytics; this is consistent with the NSW Health Analytics Framework priority of having a “skilled and capable workforce”); and    4. helping to identify service processes or workflows that will support sustained change such as providing ongoing feedback on data completeness and other service questions identified by the OTP staff. 3. Implementing the change management plan. This will include training and other education resources , developing and implementing business rules or quick reference guides, and mentoring services in the processes to extract, analyse, feedback and discuss the clinical care standards reports 4. Feedback and monitoring of data indicators with services. We will provide individual OTP services with specific feedback relating to the level of completeness of the data relating to care standards and outcome measurement, and establish systems for ongoing monitoring of data indicators (e.g. comparing current adherence rates with baseline rates, and make early inroads to benchmarking across services). 5. Continuing to refine the resources and workflow processes developed and refined through this development process will be packaged into a Workforce Development (WFD) Resource.   It is important that we enhance implementation of clinical care standards in our services – not only as a means of enhancing safety and quality of care; but also adherence to care standards (assessment, treatment monitoring and review) increases the clinical information (e.g. ATOP data) available to routinely assess treatment outcomes, and provides us the key building blocks to implement VBHC objectives. The ability to routinely measure treatment outcomes ‘opens the door’ to better engage clinicians and consumers in clinical and quality improvement initiatives. We will work with clinical teams and consumer workers to identify the quality improvement (clinical or service) questions they would like to use the outcomes data to answer. It is anticipated that future ‘quality improvement’ questions will be able to examine any element of the following data items from AoD CHOC data sources:   1. What are the characteristics of clients accessing SESLHD OTPs?  |  |  | | --- | --- | | Information | Data source | | Demographics:  age, gender, Aboriginal or Torres Strait Islander Status,  postcode, usual accommodation, source of income,  living arrangements, | MDS (beginning episode) | | Primary drug of concern, other drugs of concern (up to 3); Injecting drug use status (lifetime) | MDS (beginning episode) | | Substance use, injecting drug use (days used, %abstinent for each drug) & BBV risk past 28 days  Psychosocial factors   * Children in care * Risk factors in past 28 days (BBV, violence) * Vocational engagement (days work/study) * Housing issues past 28 days (homeless, risk of eviction)   Physical/Psych/QOL (0-10) | ATOP (assessment/entry) | | Intake – priority access | Intake Form in eMR  CHOC Comprehensive Assessment |  1. What are the treatment inputs for SESLHD OTP clients?  |  |  | | --- | --- | | Information | Data Source | | Number & types of episodes of care opened &/or closed | MDS | | Number of clients | MDS | | Occasions of service.   * Direct (patient contact) and indirect (no patient contact) occasions of service (OOS) * Professional / staff providing each OOS (e.g. Dr, nurse, psychologist, HEO etc…) * Time involved in each OOS | Non Admitted Patient (NAP) OOS data from eMR |  1. What are the treatment outcomes of SESLHD OTP clients?  |  |  | | --- | --- | | Information | Data source | | Episode closure status  “Referred to” at episode closure. | MDS | | Patient Reported Outcomes:   * Substance use & injecting: days used, %abstinent for all drugs and for PDOC * Risk factors (BBV, violence) * Vocational (days work/study) * Housing (homeless, risk eviction) * Physical/Psych/QOL (0-10): mean +/-SD and % of ‘cases’ | ATOP repeated |   EXPECTED IMPACTS  The development of clinical information systems that facilitate the routine collection and utilization of clinical information, such as the NSW CHOC system, has the capacity to greatly improve the quality of clinical care, client outcomes, and change the way we approach clinical research and improvement activities. Whilst there has been significant development in these approaches in many areas of healthcare, we are still in the early stages of development within the AoD sector in Australia, with NSW Health AoD system perhaps the closest to realizing this goal. The NSW Health treatment system is the largest in the country, with approximately 20,000 treatment episodes per annum, delivered across 15 LHDs and LHNs.  However, the significance of this project is not restricted to NSW based AoD services. The work done by the COQI project to develop the Clinical Care Standards and the Outcomes framework through collaboration with clinical services and by incorporating existing workflow has been fundamental in ensuring it has good user acceptance by clinicians and clients, which ultimately means we get ‘data in’ as part of routine clinical care. Importantly, the COQI Project has led work in NSW to also understand how we can use the data (‘data out’) to enhance clinical care, assign outcomes for individual episodes, and begin a process of benchmarking across services.  Whilst built for the NSW Health AoD system, this work can easily by adopted and used by other health service systems that may use different electronic data platforms other than those used by CHOC (eg Cerner, CHIME). The principles developed by COQI on how to use data from routine clinical processes (such as completion of an ATOP) to better describe our clients, the services they receive, and the outcomes of treatment, can be used to inform similar endeavours across Australia.  The evidence generated by this research will allow us to develop: (a) a model for implementing clinical care standards and outcomes measurement in NSW AoD services; (b) descriptions of clients currently in OTP treatment (previously this was only routinely and systematically collected at initial assessment and for chronic care models this provides little information about client current status; and (c) treatment outcomes for clients in OTP.  Project sustainability has been carefully considered in the project design. We will attempt to meet this goal by:   1. Leveraging existing infrastructure to develop a platform to allow AoD services to measure and respond to VBHC metrics 2. Developing a clinical change management program that builds on existing state consultations and is refined through an iterative development process with SESLHD and SV-HN Clinical teams. This will involvement both clinical staff and service managers and will build upon their existing workflows and service structures 3. Developing eMR reports and data extracts that will remain in the eMR systems and can be accessed by teams in other LHDs 4. Data in/data out: this project will attempt to improve the information reported back to clinicians and service managers for their direct clinical work, planning or evaluation.   The outputs of this project will have excellent transferability:   1. The consistent model of care for public OTP services across NSW Health means it is reasonable to expect that an implementation package would transferable and scalable 2. The data processes including reports will have been developed in the two eMR environments that exist for NSW government drug and alcohol services, Cerner and CHIME. Following this project the reports required to engage services in a clinical change management process will have been developed for both environments.   **References**  Collins D & Lapsley H (2008). The costs of tobacco, alcohol and illicit drug abuse to Australian society in 2004/05. National Drug Strategy Monograph Series No. 64.).  Porter, M. (2010). What is value in health care? New England Journal of Medicine, 363 (26). Lintzeris N, Mammen K, Deacon R, Holmes J. Building Clinical Outcomes and Quality Indicators for the NSW AoD treatment system. Presented at NDARC Annual Symposium, 2018, Sydney.  AIHW 2018. *Alcohol and other drug treatment services in Australia* *2016–17: key findings*. Retrieved from <https://www.aihw.gov.au/reports/alcohol-other-drug-treatment-services/aodts-2016-17-data-visualisations/contents/principal-drug-of-concern>  Ryan A, Holmes J, Hunt V, Dunlop A, Mammen K, Holland R, Sutton Y, Sindhusake D, Rivas G, Lintzeris N. (2014) Validation and implementation of the Australian Treatment Outcomes Profile in specialist drug and alcohol settings. Drug Alcohol Rev. 33(1):33-42. |

**B.2 Milestones**

Provide a timetable for key project milestones (e.g. ethics approval, site/participant recruitment, completion of data collection, data analysis, final reporting). Add rows as necessary.

| **Key milestone** | **Achievement date (mm/yyyy)** |
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| Ethics approval – existing ethics approval will allow the commencement of the project in SESLHD.  A subsequent ethics application will be required to include SV-HN OPT. | Complete  June 2019 |
| Engagement with OPT teams  Identifying their individual data needs  Initial identification of barriers/enablers | Mar 2019 |
| Engagement with Consumer workers and feedback on outcomes and care standard reporting to clients. | Mar 2019 |
| Developing initial eMR reports with eHealth.  Reports for outcomes data and intake care standards have already been developed; the remaining reports are underway. | June 2019 (this has commenced and is on track). |
| Facilitate teams reflecting on and applying clinical data (outcomes and quality indicators) - providing reports, discussing interpretation, facilitating new questions | To commence by June 2019  Ongoing through to Dec 2020 |
| Ongoing analysis of client descriptors, treatment provided, treatment outcomes (compliance with tools and outcomes data) | Aug 2019 – Dec 2020 |
| Develop local WFD and Clinical Change Management resources | Aug 2019 – Dec 2020 |
| Develop/refine workflow and other quality assurance processes to support ongoing use of ATOP and application of clinical data (eg. Reminder processes, reflecting on ATOP scores in clinical review meetings; data completeness reports) | Jan 2020 – Dec 2020 |
| Progress and funding report to SPHERE | Feb 2020. |
| Revise eMR reports if required | June 2020 |
| Analyse pre and post implementation data | June 2020 |
| Review and refine local WFD and Clinical Change Management resources for scale up | Aug – Dec 2020 |
| Gradual withdrawal and handover to clinical leaders/service manager | Jun – Dec 2020 |
| Final report to services and funders | Jan 2021 |

**B.3 Governance structure**

Provide a brief description of the governance structure for the project, including project Steering Committee and links to the SPHERE healthcare partner(s) (150 words)

Include the research oversight function within the governance structure, identifying members of the team(s) that will steer the research from an operational perspective and note how and when they will be involved.

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| This project will become part of the COQI Program of work and will be supported by the existing Governance Structures. This consists of the Project Team; the Project Advisory Group (statewide representatives tasked to provide strategic advice for the development and implementation of the COQI framework); Clinical Consultation Group (statewide representation of clinicians and service managers); NSW AoD Information Systems Working Group (a MoH working group); and COQI research group (includes researchers from SESLHD; Uni Tasmania; NDARC, UNSW; and USyd).  A working group consisting of clinical leaders and early “data informed care” adopters from SESLHD OTP will be formed to drive the development of the implementation package and support the implementation. SESLHD D&A Governance Group (DAGG) will also be consulted and updated as they are a critical driver of change in SESLHD D&A services. |

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| **SECTION C – RESEARCH TEAM** |

**C.1 Chief Investigator details**

The Chief Investigator (applicant) must be employed by the SPHERE partner.

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| Full Name: | Prof Nicholas Lintzeris |
| Position: | Director |
| Organisation: | Drug and Alcohol Services |
| Contact phone number: | 9332 8777 |
| Email: | [Nicholas.lintzeris@health.nsw.gov.au](mailto:Nicholas.lintzeris@health.nsw.gov.au) |
| Postal address: | c/o The Langton Centre, 591 South Dowling St, Surry Hills |

**C.2 Chief Investigator role**

Outline the Chief Investigator’s role in the research and describe why the Chief Investigator’s involvement is critical to the success of the research. (250 words)

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| As a clinician, researcher and LHD Director, NL is ideally placed to lead this project.  NL is the SESLHD Director of AoD Services with overall governance for the clinical and operational aspects of OTP services. He is an Addiction Medicine senior staff specialist who works clinically in OTP services (The Langton Centre) and has a ‘hands on’ clinical perspective. He is an internationally recognised authority and clinical researcher in opioid treatment, having led the development of the current NSW OTP Guidelines (2018) during his term as the NSW Chief Addiction Medicine Specialist, and is a co-author of the National Guidelines on Medication Assisted Treatment of Opioid Dependence (2014). He has led numerous clinical research projects and has over 100 peer review publications relating to opioid dependence. For example, he is currently Chief Investigator of the DEBUT study – a national multisite Phase 3b RCT of depot buprenorphine products compared to standard care.  NL as also led the COQI Project (2013-19) and earlier developmental work with the ATOP (2009-12). He has an understanding of the important elements required for developing and implementing a clinical information system, and a vision for how information can be used to enhance patient care, treatment outcomes and efficiency of services.  He will provide oversight, strategic direction and hands on clinical and research skills in leading this collaboration of researchers, service managers, clinicians and consumers across LHD/Ns, NSW MoH, consumer and universities organisations. |

**C.3 Co-Investigator(s)**

Include other proposed investigators in this section (maximum 10).

An investigator is expected to steer the project and is actively involved in the research. Ideally the team of investigators needs to include senior researchers, managers, policy makers and clinicians from a range of organisations

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| **#** | **Full Name** | **Position** | **Organisation** | **FTE and role in project** |
| 1 | Kristie Mammen | Project Manager | Drug and Alcohol Services, SESLHD | 0.4FTE  The Project Manager will coordinate all aspects of the project including consultations, feedback and WFD with clinical teams and consumer workers; they will work along side the investigators to develop the implementation package |
| 2 | Jennifer Holmes | Senior Program Manager, Data and Informatics | Drug and Alcohol Services, SESLHD | * 1. FTE   JH is the liaison between eHealth and the Clinical Teams for data extraction and reporting. JH also brings clinical, managerial, and analytics expertise to the team. |
| 3 | Dr Rachel Deacon | Senior Researcher | Division of Addiction Medicine, Faculty of Medicine, University of Sydney and SESLHD | FTE 0.2  Dr Deacon will be responsible for data management and data governance for the project including extracting the clinical information and producing reports on data completeness, standard adherence, and treatment outcomes. She will also work with the project officer to aid clinical teams in identifying treatment/evaluation questions and providing tailored reports to them. |
| 4 | A/Prof Nadine Ezard | Clinical Director | Alcohol and Drug Service, SVHN. | 0.1FTE  As the clinical director of Alcohol and Drug Service SVHN and a researcher, A/Prof Ezard will provide oversight and leadership for the project at Rankin Court SVHN. |
| 5 | A/Prof Raimondo Bruno | Associate Professor    Conjoint Associate Professor | School of Medicine, University of Tasmania  National Drug and Alcohol Research Centre, UNSW | 0.1FTE  A/Prof Bruno has provided leadership in the development of the outcomes metrics for the ATOP. He will contribute to the design, provide advice throughout the project, and contribute to the data analysis. |
| 6 | Prof Anthony Shakeshaft | Deputy Director | National Drug and Alcohol Research Centre, UNSW | 0.1FTE  Prof Shakeshaft will contribute to the project design, assist in developing the methodology for the consultations with clinical teams, consumer workers and aboriginal stakeholder, and project implementation. |
| 7 | Dr Llewellyn Mills | Research Fellow, | Division of Addiction Medicine, Faculty of Medicine, University of Sydney and SESLHD | 0.1FTE  Dr Mills will contribute to data management and data governance, including extracting the clinical information and producing reports. |
| 8 | Prof Adrian Dunlop | Director | Drug and Alcohol Clinical Services, HNELHD | 0.1FTE  As a clinical director of Drug and Alcohol Clinical Services in HNELHD, recent NSW MoH Chief Addiction Medicine Specialist, and COQI project team member, Prof Dunlop will provide contribute to all aspects of the project: design, consultation methodology, interpreting feedback on barriers/enablers, developing solutions to the barriers, and developing a scalable implementation package. |
| 9 | Prof Michael Farrell | Director | NDARC | 0.1FTE  Prof Farrell will contribute to the project design, assist in developing the methodology for the consultations with clinical teams, consumer workers and aboriginal stakeholder, and project implementation. |
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**C.4 Biographies**

Please provide an attachment that includes a brief biography for each member of the research team (maximum one page per investigator). Investigators with policy or practice experience on the research team will be considered for the explicit value that expertise brings. Achievements relevant to the research proposal should be included in the biography.

Please save the biographies **as a single file** using the following naming convention:

SPHERE-SLBVC\_<SPHERE partner name>\_<FirstnameSURNAME>\_Biographies

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| **SECTION D – POTENTIAL IMPLEMENTATION ACTIVITIES** |

**D.1 Partners**

List essential partners required for successful conduct of the research and implementation of the findings. For each identified partner, outline their contribution to the project including when and how they will be engaged in the research (e.g. in defining the problem, designing and/or delivering the intervention) and translation activities (e.g. dissemination of research outputs or findings, implementation of findings in policy or practice). *Note that all partners listed should be confirmed at the time of submitting this Full Application*.

The list should also include essential partners required for successful conduct of the project and implementation of the outcomes (e.g. LHD Director of Clinical Governance, Director of Nursing, Director of a University Research Centre)

Applicants are encouraged to partner with other Local Health Districts and Specialty Health Networks to improve the generalisability of research findings. Justification is required if this is not considered appropriate for the research project.

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| **Name** | **Position** | **Organisation** | **Contribution to project** |
| Kathleen Sutherland | Consumer Worker | DAS SESLHD | Peer leadership and consumer consultation and engagement in the project |
| Ben Steele | Consumer Worker | DAS SESLHD | Peer leadership and consumer consultation and engagement in the project |
| Andrew McDonnel | Consumer Worker | DAS SESLHD | Peer leadership and consumer consultation and engagement in the project |
| Kate Finsterer | Nurse Unit Manager | DAS SESLHD | Kate is the NUM of the Langton Centre OTP and will have a key role in providing leadership to the OTP team throughout the project |
| Tracey Cowan | CNS | DAS SESLHD | Clinical Nurse Specialist for the Langton Centre OTP and will have a key role in providing leadership to the OTP team throughout the project |
| Julie Fagan | Nurse Unit Manager | DAS SESLHD | Julie is NUM of the St George OTP and will have a key role in providing leadership to the OTP team throughout the project |
| Sachin Patil | Senior Staff Specialist | DAS SESLHD | Medical Clinical Lead for the St George OTP and will have a key role in providing leadership to the OTP team throughout the project |
| David Hedger | Service Manager | Alcohol and Drug Service, SVHS | Service manager, key to ensuring project implementation and translation of findings into practice |
| Julie Dyer | Nurse Unit Manager | Alcohol and Drug Service, SVHS | Julie is NUM of the Rankin Court OTP and will have a key role in providing leadership to the OTP team throughout the project |
| Craig Rodgers | Senior Staff Specialist | Alcohol and Drug Service, SVHS | Medical Clinical Lead for Rankin Court OTP and will have a key role in providing leadership to the OTP team throughout the project |
| Maureen Steele | Consumer Worker | Alcohol and Drug Service, SVHS | Peer leadership and consumer consultation and engagement in the project |
| Omobonike Aina | Data Manager | Alcohol and Drug Service, SVHS | Engagement in identification of barriers and facilitators, data entry and extraction for the project at the SVHS site. |
| Annie Malcolm | Senior Nurse Manager | DAS SESLHD | As the Senior Nurse Manager, Annie is key to ensuring project implementation and translation of findings into practice |
| Tonina Harvey | Senior Policy Officer | Quality and Safety Team, Centre for Population Health, MoH | Tonina will work with the project team to ensure that the project aligns with the CPH, MoH agenda for the improvement of quality and safety in NSW OTP. |
| Garry Bell | Aboriginal Drug and Alcohol Service Coordinator Coordinator | DAS SESLHD | As the Aboriginal Service Coordinator, Garry will work with the project team to ensure that the needs of our Aboriginal clients are considered throughout all stages of the project. |

**D.2 Potential implementation activities**

The list should also include essential partners required for successful conduct of the project and implementation of the outcomes (e.g. LHD Director of Clinical Governance, Director of Nursing, Director of a University Research Centre) Applicants are encouraged to partner with other Local Health Districts and Specialty Health Networks to improve the generalisability of research findings. Justification is required if this is not considered appropriate for the research project.

Describe the activities that will be undertaken to support the translation of findings from the research project into policy and/or practice. Activities may relate to all stages of the project; from knowledge and expertise that informs project planning and development; to dissemination of findings to relevant audiences; and the implementation of findings in policy and practice. For each activity, identify who will be engaged, when, and how, as well as the intended impact of each engagement and how it will support successful implementation.

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| **Activity** | **Who will be engaged?** | **Timing and purpose** | **Intended impact** |
| *(e.g. meetings with individual stakeholders; inclusion of stakeholders in project governance structures; development of educational resources, guidelines, toolkits and checklists; publication of findings on open access platforms; dissemination workshops)* | *(e.g. patients or ‘end users’; clinicians; policy makers; researchers; health service managers; patient advocacy groups; peak organisations)* | *(e.g. initial planning phase to help define the problem and develop research questions; during the research to identify potential implications and applications of findings; when disseminating findings to support scaling and implementation in practice)* | *(e.g. to improve the relevance of the research and its findings to practice for more effective implementation; to support the scaling up of research findings; to ensure research findings are translated into policy and clinical practice)* |
| Consumer consultation on reports for clients with the purpose of identifying what information is valuable to clients and how should this be reported. | Consumer representatives | March 2019  To develop/refine reports that are appropriate and beneficial for clients  To consult on the communication power of the tool  To ensure that client experience is considered in the development of the reports and in workflows to collect the information. | To improve the quality and effectiveness of the reports by considering the expertise of staff with lived experience of AoD treatment. |
| Meeting with MoH | COQI team and MoH | Mar 2019  To ensure alignment with AoD Branch, CPH, MoH and this project. | Joint understanding of priorities and approach. |
| Ongoing consultation and mentoring meetings with OTP services | OTP clinical staff and service managers | Throughout the whole project with the purpose of:   1. Engaging the teams in the project 2. Presenting and facilitating their engagement with their service data through increasing their understanding of the information and supporting them to ask meaningful questions to enhance care provision. The information will include:  * care standard attainment, * client characteristics * clinical outcomes * treatment provision  1. Identifying service specific indicators for OTP in addition to the generic Clinical Care Standards. 2. Identifying challenges to care standard attainment and working with teams to address these (eg WFD, workflow issues, attitudes/resistence) | Service provider engagement with their clinical information.  Identifying which OTP specific indicators are a priority for system generated quality reports.  An understanding of local barriers and enablers for delivery of care consistent with clinical care standards. |
| Develop Clinical Change Management Plan to address barriers identified with the teams.  This is expected to include WFD resources, local business rules, and tools for engaging in clinical analytics. The final contents will be responsive to the consultation with the OTPs. | SESLHD & SV-HN change champions or clinical leaders | Aug 2019  Develop and implement a change management plan and resources for improving the quality of treatment as measured by clinical care standards attainment. | Increased clinical care standard attainment.  Greater understanding and application of clinical information for service planning and delivery. |
| Review and refine Clinical Change Management Plan to address barriers identified with the teams.  This is expected to include WFD resources, local business rules, and tools for engaging in clinical analytics. The final contents will be responsive to the consultation with the OTPs. | SESLHD & SV-HN change champions or clinical leaders  MoH representatives  COQI Clinical Consultation Group representatives | Jun 2020  To revise the package with a view to statewide scale up. | Have a clinical change management plan and resources for NSW OPTs. |

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| **SECTION E – REQUESTED BUDGET** |

Please insert details of requested SPHERE SLBVC funds and co-contributions. The SPHERE SLBVC funds requested should include **all anticipated SPHERE SLBVC funding required for the research project**. For salaries of staff supporting research components of the project only, please specify the **research role**, salary level, on-costs (max 15%) and their full-time equivalent hours (FTE). *Please note the budget must be expended within two years of its issue.*

**E.1 SPHERE SLBVC Grants Scheme funding requested**

Grants up to $150,000 over two years.

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| **Budget Item**†  *e.g. Salary (CI, AI, research assistant)* | **Funding requested (excl. GST)** | | **Description**  *(<100 words per item)* |
| **Year 1 (2019)** | **Year 2 (2020)** |
| Project Officer | 45000 | 45000 | HSM 2 FTE 0.4  The project officer will coordinate all aspects of the project including consultations, feedback and WFD with clinical teams and consumer workers; they will work along side the investigators to develop the implementation package. |
| Statistician/analyst | 25000 | 25000 | FTE 0.2  The analyst will extract the clinical information and produce reports on data completeness, standard adherence, and treatment outcomes. They will also work with the project officer to aid clinical teams in identifying treatment/evaluation questions and providing tailored reports to them. |
| Change management resources | 5000 | 5000 | Developing training and communication materials, running training, refining materials. May include cost for an instructional designer to develop training. |
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| **TOTAL** | 75000 | 75000 |  |

†SPHERE SLBVC funding may be used for costs associated with the research project and translation activities, but cannot be directed towards capital works, general maintenance costs, telephone/communication systems, basic office equipment such as desks and chairs, rent and the cost of utilities.

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| **SECTION F – CERTIFICATION BY Chief Investigator and CAG Leader (if applicable)** |

I certify that:

1. All funds awarded to the SPHERE partner organisation as part of the SPHERE SLBVC grants scheme will be used only for the purpose for which they were awarded.
2. I note that this application will be reviewed by the SPHERE SLBVC Grants Scheme Selection Panel, sub-committee and other advisors to the assessment process.
3. I note that if alternative funding is received for this project, SPHERE SLBVC funding support may need to be adjusted allowing other successful SPHERE SLBVC applicants to be supported.

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<Insert Name>

Chief Investigator, <Insert SPHERE Partner name>

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Date

**CAG Leader, if applicable:**

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

<Insert Name>

<Insert CAG name Name>, <Insert SPHERE Partner Name>

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Date

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| **SECTION G – ENDORSEMENT BY SPHERE PARTNER LHD/SHN Director of Research** |

I endorse that the research proposal referenced in this application is aligned with the SPHERE healthcare partner’s leading better value care initiatives or other local strategic priorities.

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<Insert Name>

Director of Research, <Insert SPHERE Partner LHD/SHN>

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Date