Victorian Alcohol and Drug Collection (VADC)
End-to end review 2020

Summary

Context

In 2020 an end-to-end review was undertaken to document data quality issues persisting in relation to the Victorian Alcohol and Drug Collection (VADC), and to develop a strategically targeted plan for their resolution.

The department engaged data and information analytics company Data Agility to work with stakeholders to confirm a common understanding of issues with the VADC and their root causes, and to recommend achievable short (tactical), medium and long-term (strategic) solutions.

The department appreciates and thanks all those who participated in the review.

Process

Key documentation such as VADC specifications and guidelines were reviewed. Consultation aimed to capture the breadth of service providers that make up the sector. Of the approximately 86 unique VADC-reporting service providers, 18 were consulted on a one-on-one basis and 14 in a combined workshop. Consultations were undertaken with service providers whose combined work is delivering over 65% of annual service events. Four of the major system vendors for client management systems to the sector were interviewed.

The review mapped the end-to end data flow from service provider data entry, data extract, load and validation, department processing, to reports produced by the Victorian Agency for Health Information (VAHI), identifying the process features, strengths and weaknesses in detail at each point.

Findings

The following issues across five key areas were identified and articulated in detail:

Incomplete/incorrect data being entered by clinicians was identified as the primary reason for target performance reporting not matching expectations. Common issues include: incorrect funding source or target population code; service event not closed; and reporting without ACSO identifier or not meeting DTAU/EOC derivation rules.

Causes relate to the implementation of the VADC impacting the way Client Management Systems (CMS) operate which is variable across the sector. There can be a lack of validation systems and user guides, and many service providers are not utilising processes to address errors. Churn in the workforce means that benefits of training are not always sustained. Impacts include poor data quality and perpetual need for service providers to remediate data which is costly and can divert resources from service delivery.

Key person dependencies and lack of specialist staff present a further challenge. There is limited funding for and availability of staff with the specialist knowledge required to support strategies and practices to ensure data quality.

The **Service Event Statement** is used inconsistently across the sector as a tool to improve data quality. Its effective use requires a level of sophistication in understanding and systems which does not exist in all providers.

Compliance and data reconciliation report requirements, which are internal departmental reports, are not defined by the AOD Commissioning team. While the submission process is monitored by the department, there is no monitoring of, or articulation of processes to ensure that inaccurate data has been rectified.

Issues with the timeliness of service providers' **access to performance reports** impairs their awareness of data accuracy issues and therefore their ability to take necessary remedial action.

Recommendations and DHHS Response

Detailed recommendations have been outlined across the following five elements:

Recommendation	Response

Continual improvement program
• The department, working closely with service providers and vendors, undertakes a continual improvement program to address the data quality issues targeting the key data quality issues as identified above.
• Rollout of the continual improvement program to be prioritised with consideration of factors such as service providers experiencing the most issues and issues most affecting benchmarking and outcome measurement.
• Attention should also be paid to each service provider's nuance of the data quality issues affecting them that impact on outcome measurement and not funding.
• The continual improvement program contains:
   o Increased communication, education and consultation with service providers and vendors. This is via group forums and one-on-ones for service providers who have significant data issues.
   o Improvements to CMS platforms with regards to clinical workflows and data validation to improve data quality at the point of entry.
   o Creation of easier to understand instructions related to the VADC specification and how this relates to clinical practice.
	The Department **supports** the recommendation and will commence planning to identify priorities and staging, taking into account resource requirements to fully implement all recommended actions.

Service event statements (SES) • The department consults with the sector on changes to the statements with regards to adding descriptions in addition to codes contained in the statements. This will assist service providers who currently need to reference other documents for interpretation when analysing the SES. • The department provides the ability for service providers to download or receive more than one SES per month. This will allow service providers to validate their changes in a more timely manner rather than waiting for the following month.	The department **supports in principle** the recommendation subject to timing and resourcing.

Reporting
 	
• The department, together with VAHI, undertake the following:
 	
    o   Address the inconsistency of reports being provided to service providers – including how they are provided and to whom they are provided within a service provider.
 	
    o   In line with what is now a monthly VADC collection, the VAHI performance reports move from a quarterly to a monthly report.
 	
    o   As soon as practical, develop and release required benchmark and outcome reporting to the sector.
	The department **supports in principle** the recommendation further to discussion with VAHI regarding timing and resourcing.

Compliance and Reconciliation • The department review the current internal compliance reports (reports are not visible to the sector) around submissions and reconciliation and confirm with the department whether they meet business requirements. These compliance reports are aimed at providing assurance that all data is being received and processed by the department.	The department **supports in principle** the recommendation subject to funding and resource requirements.
Changes to VADC Specifications • Consideration to pause changes based off what the department may 'like to have' should be undertaken until such a time that there is some stability in the quality of the data being received. This may be new data types to be collected that may be valuable for the department in understanding the sector but may cause significant changes to how providers need to collect data from both a process and system perspective – high impact to sector.	The department **supports in principle** the recommendation subject to consideration of key priority areas and any essential refinements to the funding models, national reporting obligations and data quality improvements This recommendation was taken into account when considering the *VADC 2021-2022 specifications for revision*. Only critical additions were recommended.

Next Steps

A detailed and prioritised implementation plan will be developed.

Findings and other insights from the review will be discussed with stakeholders in meetings to be held in February-March 2021. These discussions will inform the implementation plan. Further advice around the schedule will be forthcoming.

Further Information

Any questions on the above may be forwarded to: aod.enquiries@dhhs.vic.gov.au