

Implementing the Health Outcomes Approach

Rydges Lakeside, Canberra

7 - 8 August 1998

CONFERENCE

EVALUATION

**AUSTRALIAN HEALTH OUTCOMES
COLLABORATION**

September 1998

Implementing the Health Outcomes Approach

CONFERENCE EVALUATION

1. Conference Content

‘Overall, how would you rate the content of the presentations at this conference?’

Rating 1 (not at all informative) to Rating 5 (extremely informative)

- **Mode = 4**
- **Median = 4**
- **Mean = 3.7**
- **% Rating 4 or above = 65%**
- **% Rating 2 or below = 9%**

Participants' Comments: Summary

Praise

There was much praise for the conference content and the relevance of topics covered, and the Plenary session and associated discussion group on Measuring Health Outcomes was particularly well regarded. The Consumer Issues plenary was also popular, although a few delegates felt that the papers in this session were too similar. Nearly every session received votes for the most interesting /useful session, however the sessions on Special Population Groups, Integrated Care, Primary Care, Health Outcomes and Cost Considerations, Rehabilitation, Broader Issues and Applications (1) and Clinical Applications were more consistently rated as useful and interesting. The preconference workshops on Integrated Health Planning, Coordinated Care and Introduction to Health Outcomes also received nominations in these categories. Workshop evaluations are to be found at the end of this report.

Criticisms and Suggestions

Last year we were criticised for too much emphasis on health economics and cost utility, and this year we were criticised for not enough focus on health outcomes and funding issues!

Allied health professionals were concerned that there was not enough focus on allied health. We received little response in the 'call for papers' from such groups and the secretariat rang a number of organisations to see if we could get more papers from such fields. A number of allied health professionals indicated that they would like to present next year but that their work was not ready to present this year. Hopefully we can address the role of allied health professionals in implementing the health outcomes approach in next year's conference, and we would welcome proposals for papers from allied health professionals.

Other participants suggested increased focus on aged care, healthy aging, health of indigenous peoples and child health. There was also a need for chronic disease issues to be explored further, and to examine outcomes monitoring in community and home care settings. Some participants suggested the conference needs more papers presenting actual data rather than papers raising issues; more papers on the actual experience of outcomes monitoring; and more papers on outcomes assessment methods, statistical analysis of data and data linkage. Others would like increased focus on data on specific diseases; specific applications and their results; the relationship between evidence and outcomes; and the limitations of the health outcomes approach with regard to issues of attribution.

Other participants desired more examples of the use of health outcomes monitoring for service planning and review, including an examination of how changes in structure or process can effect outcome. There was also a desire for more information on how to establish an outcomes project and who to contact for assistance. It should be noted that much of this material was covered in the pre-conference workshop **Introduction to Health Outcomes**.

There was a request for a discussion group on health promotion and prevention, and there was a desire for a specific session for the Divisions of General Practice to examine outcomes based funding projects in this field.

Many commented that speakers need to place more emphasis on how to change service practice as a result of health outcomes findings.

Response

The useful suggestions made above will be carefully considered in planning next year's conference. Given the breadth of this field and its multidisciplinary nature it is not always easy to address everybody's needs at each conference, but we do try to rotate particular interest issues across the years. We will certainly try to address most of the issues identified above in coming conferences.

It is agreed that there needs to be more focus on aged care next year and greater discussion of such issues as chronic disease; comorbidity; and multiple outcomes.

We are also considering a greater focus on funding and cost issues, including pharmaco-evaluation.

It is agreed that speakers generally need to focus more on the practical applications of their findings, and we will continue to stress this element in briefings to speakers.

2. Quality of Delivery of Presentations

‘Overall, how would you rate the quality of delivery of papers at this conference?’

Rating 1 (very poor) to Rating 5 (excellent)

- **Mode = 4**
- **Median = 4**
- **Mean = 3.6**
- **% Rating 4 or above = 61%**
- **% Rating 2 or below = 4%**

Participants' Comments: Summary

Praise

A number of speakers were consistently praised. All international speakers were well regarded, and ratings for these speakers are provided in a separate section.

Nominees for the three best presentations

The following Australian speakers were consistently nominated by participants:

Dr Garth Alperstein, Dr Dorothy Broom, Mr David Butt, Prof Robert Cummins, Assoc Prof Kathy Eagar, Mr Richard Eckersley, Mr David Grainger and Mr Bill Montgomery, Ms Lesley King, Dr Rosemary Knight, Mr David Lawrence, Mr Nick Marosszeky, Prof John McCallum, Ms Kathy Mott, Prof Jeff Richardson and Dr Bruce Shadbolt.

Mr Michael Moore, Minister for Health and Community Care (ACT), also received nominations, and delegates were impressed by his active participation in the conference.

Nominees for the three worst presentations.

Clearly there will be no names mentioned here! It was ironic that a few of the speakers nominated above for the best presentation by some delegates were occasionally nominated for the worst presentation by others! This probably reflects the diverse backgrounds and interests of our audience.

Two speakers, however, were consistently nominated in this category, reflecting either their inexperience with public presentations or a lack of adequate preparation on this particular occasion. Despite the risks involved, the conference secretariat believes that it is necessary to give new speakers a chance to present as otherwise they will never develop presentation skills. Many such speakers rise to the occasion, but inevitably others will take more time to develop these skills.

Criticisms and Suggestions

Some speakers ran through their slides or powerpoint presentations too quickly and spoke to the screen rather than the audience. It was suggested that a number of speakers need more experience with powerpoint slide design - yellow writing on light blue background is hard to read. One speaker was consistently criticised for the absence of any visual presentation.

As was the case last year, many Chairs were perceived as not being firm enough in keeping speakers to time. A number of Chairs forgot to dim the lighting during powerpoint presentations, which made some slides hard to read. Some speakers went substantially over time, leaving insufficient time for questions and comments from the audience.

Response

Our own view was that the quality of presentation delivery had generally improved since last year, with a couple of notable exceptions. Most speakers are now using data panel presentations, although some clearly need greater experience with this medium. Unfortunately a few presenters did not comply with the instructions given to speakers concerning their visual or written materials. There is still room for improvement here!

Chairing is always difficult, as some speakers ignore warnings that they are over time and, in practice, time restrictions are difficult to enforce. Clearly, this behaviour on the part of some presenters is most discourteous to other speakers, who then have to rush their presentations. Electronic timing devices may be a partial answer, and we will continue to emphasize the importance of respecting time constraints in the briefings for both Chairs and speakers.

3. Conference Organisation

'Please indicate your opinion of conference organisation'

Rating 1 (very poor) to Rating 5 (excellent)

- **Mode = 4**
- **Median = 4**
- **Mean = 4.2**
- **% Rating 4 or above = 92%**
- **% Rating 2 or less = 4%**

Participants' Comments: Summary

Praise

Many positive comments were made concerning the politeness and friendliness of the conference secretariat staff. Overall, most participants felt the conference was extremely well organised, and they also praised the lack of problems experienced with technical equipment.

Criticism and Suggestions

The main criticism was that the area for lunch and morning tea was too crowded.

Suggestions included wider circulation of the 'call for papers', targeting a broader range of newsletters and journals (particularly in the allied health and clinical speciality fields).

Following delegates' comments last year we included discussion groups in this year's conference. These were generally well received, but need to be more tightly structured in future conferences.

Another suggestion which we feel has merit is that of setting up panel(s) of three or four practitioners from diverse backgrounds and/or viewpoints to debate a specific issue(s). For example, a panel could address an issue such as *'Linking health outcomes and funding: is it feasible and/or equitable?'* Each panel member would address three major issues in 10 minutes and then the audience would be invited to participate in the debate. Along the same lines, we might consider setting up a panel of mixed expertise to address a 'hypothetical' in the health outcomes field.

Response

We hope to incorporate these suggestions next year.

It should be noted that the conference secretariat comprised only 1.0 EFTS for most of the year, as we had to work within a stringent pre-conference budget. We do the best we can within these limitations.

4. Venue

'Please indicate your opinion of conference venue'

- **Rating 1 (very poor) to Rating 5 (excellent)**
- **Mode = 4**
- **Median = 4**
- **Mean = 3.6**

- % Rating 4 or above = 65%
- % Rating 2 or less = 14%

Participants' Comments: Summary

Praise

Most people enjoyed the food, the comfort of the location and courtesy of hotel staff.

Criticisms and Suggestions

There were some comments on the morning tea and lunch areas being too crowded, and on the absence of available seating at such times. Some participants disliked the choice of food at lunch, or would have liked more variety in food over the three days (this includes the day of the preconference workshops). Some people suggested the catering would have been improved by more fruit and smaller sandwiches.

A few people felt the venue was too small, that the lighting was poor and the rooms were stuffy. There were also a few complaints about noise from adjacent areas in the hotel.

Response

There are very few venues in Canberra that can cope adequately with 350 - 400 participants, and these venues are more costly than Rydges Lakeside. Unfortunately, alternative venue and associated accommodation costs would result in the conference being more expensive for participants. Given current economic constraints we try to keep the registration fees and accommodation costs as low as possible. This is reflected in the fact that we did not raise registration costs this year, although we experienced a substantial increase in conference costs overall.

With restructuring of the program next year it may be possible to address these issues within the Rydges Lakeside venue. The middle lecture theatre (Lake Huron) could be left empty save for small discussion groups, and this room could provide a larger area for morning and afternoon tea and lunches. It could also be used as a poster display area, enabling poster presentations to be scheduled at appropriate times. This solution may mean a few less papers next year, as we would not be able to have three parallel lecture sessions. Other venue options will also be explored.

5. INTERNATIONAL SPEAKERS

How would you rate the quality of the content of the international speaker's presentations?

Rating 1 (very poor) to Rating 5 (excellent)

Prof. Allen Hutchinson

Mode = 4, Median = 4, Mean = 4.1

Dr Andrew Garratt

Mode = 4, Median = 4, Mean = 3.8

Dr Brian Williams

Mode = 5, Median = 5, Mean = 4.3

Ms Jean Slutsky

Mode = 4, Median = 4, Mean = 3.9

How would you rate, overall, the quality of the delivery of the international speaker's presentations?

Rating 1 (very poor) to Rating 5 (excellent)

Prof. Allen Hutchinson

Mode = 4, Median = 4, Mean = 4.1

Dr Andrew Garratt

Mode = 4, Median = 4, Mean = 3.75

Dr Brian Williams

Mode = 5, Median = 5, Mean = 4.4

Ms Jean Slutsky

Mode = 4, Median = 4, Mean = 3.96

Comment.

The international speakers should be congratulated for an excellent contribution to our conference. Given the diverse nature of our audience and their different needs, one can appreciate that ratings as high as those above are extremely difficult to achieve!

FURTHER COMMENTS

If you have not yet submitted your evaluation form please feel free to do so. We are interested in your comments, and use them to improve the conference. You may contact us at <jan_sansoni@dpa.act.gov.au> or at <jansan@atrx.net.au>

Subject to sponsorship we are tentatively planning the next conference to be held in late July 1999. If you would like your name to be added to our mailing list please contact us at the address below. If you attended the conference this year you will automatically be included in any mail out of information about next year's conference.

If you would like to present a paper at the conference next year please send us an outline of your proposed presentation, and the committee will consider it for inclusion in the program. You are also invited to make suggestions for international speakers for next year's conference.

CONFERENCE PROCEEDINGS

All conference delegates will automatically receive a CD-Rom of the *Conference Proceedings*, and we hope to mail these to you by November. For those unable to attend this year's conference the Proceedings will be available from Allison Aylward,

Centre for Health Service Development, University of Wollongong,

Tel: 02 42214411, Fax 02 4221 4679. The cost will be \$60 and cheques should be made payable to the University of Wollongong but marked Attention: Allison Aylward.

Pre-Conference Workshops

Thursday, 6 August 1998

Rydges Lakeside, Canberra

WORKSHOP EVALUATION

For all aspects of the workshops the following scoring was adopted:

Rating 1 (very poor) to Rating 5 (excellent)

Workshop 1. Introduction to Health Outcomes

Jan Sansoni and Dr Bruce Shadbolt

- Quality of Content = 5 (mode, median), 4.4 (mean)
- Quality of Presentation = 4 (mode, median), 4.2 (mean)
- Quality of Organisation = 4 (mode, median), 4.00 (mean)
- Quality of Venue = 4.00 (mode, median), 4.2 (mean)

Workshop 2. Developing and Evaluating 'Person-Centred' Health Services

Dr Brian Williams

- Quality of Content = 5 (mode, median), 4.5 (mean)
- Quality of Presentation = 5 (mode, median), 4.6 (mean)
- Quality of Organisation = 4 (mode, median), 4.1 (mean)
- Quality of Venue = 4 (mode, median), 4.2 (mean)

Workshop 3. Implementing a Health Outcomes Approach in Coordinated Care

Libby Kalucy, Dr Malcolm Battersby, Dr Peter Frith, and Andrew McAlindon

- Quality of Content = 5 (mode, median), 4.5 (mean)
- Quality of Presentation = 4/5 (bimodal), 4.5 (median), 4.4 (mean)
- Quality of Organisation = 5 (mode, median), 4.5 (mean)
- Quality of Venue = 3.00 (mode), 4.00 (median), 3.9 (mean)

Workshop 4. Selecting Measurement Tools for Health Outcomes Evaluation

Dr Andrew Garratt

- Quality of Content = 4 (median, mode, mean)
- Quality of Presentation = 4 (median, mode), 3.73 (mean)
- Quality of Organisation = 4 (median, mode), 3.65 (mean)
- Quality of Venue = 4 (median, mode), 3.88 (mean)

Workshop 5: Routine Health Outcome Assessment in Primary Care

Professor. Allen Hutchinson

Unfortunately this speaker failed to distribute the evaluation forms provided for this workshop, so limited information is available. We would be interested in further comment from participants.

Workshop 6: Incorporating Health Outcomes in Integrated Health Planning

Dr Garth Alperstein and Jennifer Thompson

- Quality of Content = 5 (mode, median), 4.14 (mean)
- Quality of Presentation = 4 (mode, median, mean)
- Quality of Organisation = 4 (mode, median, mean)
- Quality of Venue = 4/5 (bimodal), 4 (median, mean)