MEASURING THE QUALITY OF SOUTH AFRICAN SUBSTANCE ABUSE TREATMENT SERVICES: THE SERVICE QUALITY MEASURES (SQM) PROJECT

Nuraan Fakier, Rehana Kader, Bronwyn Myers & Charles Parry
Alcohol & Drug Abuse Research Unit, Medical Research Council

BACKGROUND

At present, substance abuse services in South Africa do not routinely measure the quality of services that they provide. Yet information on service quality can help service providers and policy makers identify opportunities for service improvement, implement system change strategies, and evaluate the success of improvement initiatives.

The Alcohol and Drug Abuse Research Unit, Medical Research Council (Cape Town), is embarking on a project that will address the need for quality improvement initiatives in substance abuse treatment settings and the need to support the integration of substance abuse and HIV services. The primary aim of this project is to develop a system of Service Quality Measures (SQMs) for South Africa's substance abuse treatment services with an added focus on the provision of HIV-related services in these settings. This is important given

strong linkages between substance use and sexual risk behaviour and findings that individuals with substance use disorders are particularly vulnerable to HIV.

These SQMs will help South Africa improve the quality of its substance abuse services by creating the means to empirically measure the results achieved in the specified areas. This will create a platform to guide policy and service improvements.

STEERING COMMITTEE MEETING: NOVEMBER 2008

The initial task of this project was to establish a steering committee to guide the formation, implementation and monitoring of SQMs in South Africa. The first steering committee meeting was held at Lagoon Beach Hotel, Cape Town, on 25 and 26 November 2008.

Individuals working in substance abuse, policy and HIV/AIDS sectors were invited to attend this meeting and be part of the steering committee. As this project will be rolled out in the Western Cape, Gauteng and Kwa-Zulu Natal, representatives from all three provinces were present.

At the meeting, participants:
- agreed that service quality measures for substance abuse and HIV is important and lacking in South African treatment centres.
- agreed on the importance, relevance and appropriateness of integrating substance abuse and HIV services.
- emphasised the important roles the Department of Social Department and Department of Health play, especially in relation to policy development and implementation.

In addition to the SQM Steering Committee, the project team includes three consultants from the U.S.A. They are:
1. Ron Manderscheid – Director, Mental Health and Substance Use Programmes, SRA International, Inc.
2. J. Randy Koch – Executive Director, Institute for Drug and Alcohol Studies, Virginia Commonwealth University
3. John Bartlett – Principal consultant, the AVISA Group

The three consultants have extensive experience in national and international projects on performance measurement. The consultants' role is to give framework and guiding principles/examples to the steering committee regarding SQMs.

Figure 1: Project consultants from the U.S.A. facilitating a discussion at the meeting in November, 2008

BUILDING A HEALTHY NATION THROUGH RESEARCH

WHERE THE PROJECT IS AT…

A video conference was held on 31 March 2009. A Delphi survey examining the feasibility and relative importance of proposed indicators for each of the five domains of service quality was circulated to steering committee members prior to the video conference. Results of this survey were discussed in the conference. A mini work-group was formed to revise the indicators and translate the selected indicators into a measurable format.

INDICATORS FROM THE DELPHI SURVEY

Effectiveness domain:
- Decreased substance use (reduced use/abstinence)
- Increased/retained employment or return to/stay in school
- Increased retention in treatment (e.g. length of stay, completion/drop out rates)
- Reduced sexual (HIV) risk behaviour (e.g. improved condom use, uptake of VCT services, reduction in number of partners)

Efficiency domain:
- Cost effectiveness
- Treatment delay (time to first & time to second meeting)
- Percentage of available treatment slots used

Person-centred domain:
- Proper assessment of client occurs (e.g. screening/assessment for mental illness & HIV/AIDS)
- Client participation in the development & execution of the treatment plan
- Treatment is personalised to fit individual client's needs
- Client received programme with linguistically & culturally appropriate content

Access domain:
- Length of time from request for services to first service
- Affordability
- Equity-access to services is equitable for different age, race, & gender groups
- Access to VCT & HIV risk reduction services

Quality domain:
- Client engages with the treatment programme
- Clients' perceptions of services received are positive

NEXT STEPS

- Review literature on development of SQMs in other countries and local initiatives
- Set up SQM web site
- Steering Committee Meeting: 3 and 4 August 2009

STEERING COMMITTEE:

Ané Carelsen	Elim Clinic
Mark Colvin	Maromi Health Research
Carol Du Toit	SANCA KwaZulu-Natal
Ray Eberlein	Central Drug Authority
David Fourie	SANCA Western Cape
Shamim Garda	SANCA National
Grant Jardine	Cape Town Drug Counselling Centre
Mogotsi Kalaeamodimo	Department of Health
Crick Lund	University of Cape Town
Cecilia Maphai	Department of Health
Sifiso Phakathi	Department of Health
Basil Pillay	University of KwaZulu-Natal
Debbie van Stade	Department of Social Development
Lize Weich	University of Stellenbosch

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GLOSSARY
Watch out for this feature in every issue!

Outcome (Goal) – A desired future state.
Example: An outcome of the performance measurement initiative is the identification and referral to appropriate treatment for persons in South Africa who both abuse substances and are HIV positive.

Measure – A quantitative (numeric) evaluation of progress toward a goal.
Example: The percentage of HIV positive persons in substance abuse treatment who access VCT (voluntary counselling and testing) and HIV risk reduction services.

Standard – A non-quantitative/qualitative characteristic of programme quality.
Example: Availability of VCT services at programme level with specific design features.

Objective (Target): The specified degree to which an outcome will be achieved within a defined period of time. Objectives can be established for both measures and standards.
Example 1: 80% of all substance abuse clients within a 12-month period will be referred for VCT (objective/target for a measure: person is the unit of analysis).
Example 2: Every substance abuse programme has VCT services available for at least 50% of clients (objective/target for a standard: programme is the unit of analysis).

Benchmark – Quantitative (numeric) measure of current programme performance averaged across multiple programmes. Comparing a single programme's performance to the benchmark calculated for all programmes allows opportunities for performance improvement at the programme level.
Example: If the benchmark performance across multiple programmes is 65%, then a programme referring only 35% of clients for VCT services knows that better performance is possible.

Future issues of this newsletter will discuss the use of benchmarks as a process for programme improvement.

For any queries, please contact: Rehana Kader: rehana.kader@mrc.ac.za / 021 938 0417
Nuraan Fakier: nuraan.fakier@mrc.ac.za / 021 938 0364

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