

at the University of Kent, the London School of Economics and the University of Manchester





ASCOT Adult Social Care Outcomes Toolkit

Peter Burge

Associate Director, Choice Modelling and Valuation

RAND Europe

Overview

• Why measure outcomes in social care?

- Our indirect measurement approach
- The outcome measures in ASCOT
- The definition of the domains and their levels

• The role of preference weights and their estimation

RAMpdate on work in progress

ASCOT-2 07/12/10

Why measure outcomes?

Outcomes tell us about the value of social care services

... a measure of value is needed for

Policy makers and performance managers	Identify whether policies are achieving aims
Providers to best target resources	Improve services and focus efforts on what most in demand
Outcomes-based commissioning	Move away from needs based or historical allocations and focus on <i>cost-effective</i> services
Regulation	Move away form a focus on inputs and processes
National Accounting	Move away from cost-weighted measures

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Why measure outcomes?

Outcomes tell us about the value of social care services

Guide deployment of services to give people what they really want from those services



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But measuring outcomes is not straightforward

• Problems:

- How much due to social care interventions?
- 'Before' often not true baseline
- People adapt to difficult circumstances
- Many service users unable to communicate
- Resource intensive and burdensome

• Approach:

Directly establish attribution in research

Link validated measures to routine/low burden indicators
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We have developed an indirect approach to measuring outcomes

Capacity for benefit

- What intervention could deliver
- Number of beneficiaries
- Potential outcome for beneficiaries

Quality

Level of outcome achieved

• Outcome gain:

 $? O = CfB \times Q$



Capacity for benefit What the 'perfect' intervention could deliver $? O = CfB \times Q$

- Domains of outcome affected by intervention
- Degree to which users reliant on the intervention
- Difference between need level in absence of services and 'perfect' intervention
- Measure should reflect relative importance of domains and levels of need
- Individuals have capacity to benefit from intervention



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Quality of services What a given intervention achieves $? O = CfB \times Q$

- Degree to which outcomes achieved
- Process quality
- Objective' vs 'subjective'
- Service user perspective
- Context

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ASCOT should ...

- Generate valid and reliable measures of quality weighted outputs
- Apply across client groups & care settings
- Reflect changes in value of social care interventions
- Reflect user perspectives
- Create the right incentives
- Not be too burdensome

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The toolkit has a number of components

Variety of measures

- Current state, expected needs, outcome, CtB
- Self-completion/interview/observation

Preference based weighting

• Map approach to

- Routine data sources e.g. CQC ratings
- Low-burden indicators



ASCOT-10 07/12/10

Within ASCOT, 'social care related quality of life' is defined by a number of domains

Personal cleanliness and comfort

- Food and nutrition
- Safety

Social participation and involvement

Control over daily living

Clean and comfortable accommodation
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In combination these can cover a range of different policy outcomes

Improved quality of life	Measured by
Increased choice and control	 Control over daily life
Inclusion and contribution	 Social participation and involvement Occupation
Improved health and well-being	 Food and nutrition Meeting high level needs in all domains Other aspects not captured
Dignity and safety	 Personal care Clean and comfortable accommodation Dignity Safety



Should the domains be defined to reflect capabilities or functioning?

- Functioning reflects what people actually do
 - e.g. actual level of socialising
- Capabilities reflect what people want to do
 - e.g. whether socialise as much as they want
- But both have problems:
 - Capabilities may reflect expectations/ adaptation to poor circumstances
 - Functioning does not pick up respondents' views

• We have adopted a 'combination' approach

- High level needs not acceptable whatever personal views
- Reflect aspirations at higher levels of functioning

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The levels of 'need' were defined to be sensitive to interventions

- Dimensions: with and in absence of care provided
 - Current need states
 - Needs in absence of care and support
 - Outcome difference between current and expected needs
- Levels:
 - No needs (Desired level)
 - All needs met ('Mustn't grumble')
 - Low needs
 - High needs

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We have a number of phases of work focused on developing preference weights

• QMF preference study 2009 (MOPSU)

- Best-Worst scaling
- Population sample
- Comparing 3 level LLI and 4 level OSCA measure

OSCA preference study 2010 (ongoing)

- Population and service user samples
- Anchoring to 'dead' (generates QALY)

• Current version of ASCOT uses interim weightings

- Measures and wording have moved on
- Three vs four levels of need

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We used a technique called best-worst scaling to calculate the weights for each domain level

Best-worst scaling is a simple choice task

- Respondents are given a list of the domains, with each presented at one of their levels
 - They are then asked to indicate which of the domain levels they rate as best from the list
 - Followed by which is the worst
- The list is then refreshed with different levels for each of the domains and the task is repeated



(i) which of these nine aspects would you rate as the best?

Aspect	of life
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1 M	My home is	less clean	and com	fortable	than I	want
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2 🔰 l feel	as safe as	I want
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3	I don't alwa	vs eat the right meals	I want, and I	think there is a	risk to my health
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- 4 | I feel much less clean than I want, with poor personal hygiene
- 5 Sometimes I don't feel I have as much control over my daily life as I want
- 6 | Sometimes I feel my social situation and relationships are not as good as I want
- 7 | I would be treated by other people with the dignity and respect that I want
- 8 I don't do any of the activities I want to do
 - 9 I sometimes feel worried and concerned

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(ii) which of these eight aspects would you rate as the worst?

Aspect of life

- 1 My home is less clean and comfortable than I want
- 3 | I don't always eat the right meals I want, and I think there is a risk to my health
- 4 | I feel much less clean than I want, with poor personal hygiene
- 5 Sometimes I don't feel I have as much control over my daily life as I want
- 6 Sometimes I feel my social situation and relationships are not as good as I want
 - 7 I would be treated by other people with the dignity and respect that I want
 - I don't do any of the activities I want to do
 - I sometimes feel worried and concerned



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Example

(iii) which of these seven aspects would you rate as the next best?

Aspect of life

- 1 My home is less clean and comfortable than I want
- 3 | I don't always eat the right meals I want, and I think there is a risk to my health
- 4 | I feel much less clean than I want, with poor personal hygiene
- 5 Sometimes I don't feel I have as much control over my daily life as I want
- 6 Sometimes I feel my social situation and relationships are not as good as I want
 - I would be treated by other people with the dignity and respect that I want
 - I sometimes feel worried and concerned



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(iv) which of these six aspects would you rate as the next worst?

Aspect of life

1	M	y home is	less clean	and com	fortable	than I	want
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3	I don't always eat the right meals I want, and I think there is a risk to my I	health

- 4 | I feel much less clean than I want, with poor personal hygiene
- 5 Sometimes I don't feel I have as much control over my daily life as I want
- 6 Sometimes I feel my social situation and relationships are not as good as I want
- 9 I sometimes feel worried and concerned



In the QMF study we interviewed 1,000 members of the general public

Face-to-face surveys

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- Sought nationally representative sample
 - Sample found to be broadly representative on gender, age, social grade and marital status
- Study aimed to test some methodological issues over definition of domain levels
 - Half of the sample shown a version with four levels
 - Half of the sample shown a version with three levels
- Responses on diagnostic questions
 - 88% could put themselves in the imaginary situation
 - 97% understood the descriptions in the choices

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Responses from the best-worst scaling allowed us to estimate preference weights

• A choice set of domains at their presented levels

- An indication of which the respondent found to be the best
- They have chosen the domain level with the *highest utility*

Followed by a reduced choice set

- With an indication of which the respondent found to be the worst
- They have chosen the domain level with the *lowest utility*

This data is amenable to the estimation of discrete choice (logit) models

 Each domain is described by a utility function, with coefficients that represent the weights placed on each domain level

Probability functions for each domain along with data on chosen
 RAND alternative allow construction of likelihood function

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The model coefficients provide estimates of the preference weights for each domain level



We are interested in the value placed on differences in needs met within each domain



The preference weights play an important role in the ASCOT measure

• Model shows that

- Not all domains are equally important
- And the transitions between the different levels of need are not valued equally

 Results used to weight capacity for benefit within the outcome measure

Incorporating the preference weights in ASCOT allows
 RAthe toolkit to reflect the relative importance of domains^{07/12/10}

This research is still ongoing

- Current phase of OSCA (Outcomes of Social Care for Adults) due to report in January
 - Larger sample for estimating population preference weights
 - Additional work to test extent to which preferences differ for service users
 - Anchoring of measure to scale of 'death' 'perfect life'

• Will provide a measure for social care equivalent to the

 Could allow Similar resource allocation judgements to be made both between and across areas of public service delivery

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What contribution does ASCOT make to evaluating social care interventions?

- Most quality 'toolkits' about process, ASCOT focuses on outcomes
- A common metric
 - Allows comparison across services
 - Potential for continuity when changing routine data
 - Variety of users and purposes
- Distinguishes what services could do and are doing
- Validated approach
- Incorporates population preferences
- Low burden?
 - Designed to be easy to use/answer. Uses markers existing data where possible e.g. Inspection data

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http://www.pssru.ac.uk/ascot/

PSSRU - ASCOT lead

Ann Netten Julien Forder a.p.netten@kent.ac.uk j.e.forder@kent.ac.uk

RAND Europe - preference weighting

Peter Burge Dimitris Potoglou burge@rand.org dimitris@rand.org

Accent - data collection

Rob Sheldon Beryl Wall

rob.sheldon@accent-mr.com beryl.wall@accent-mr.com