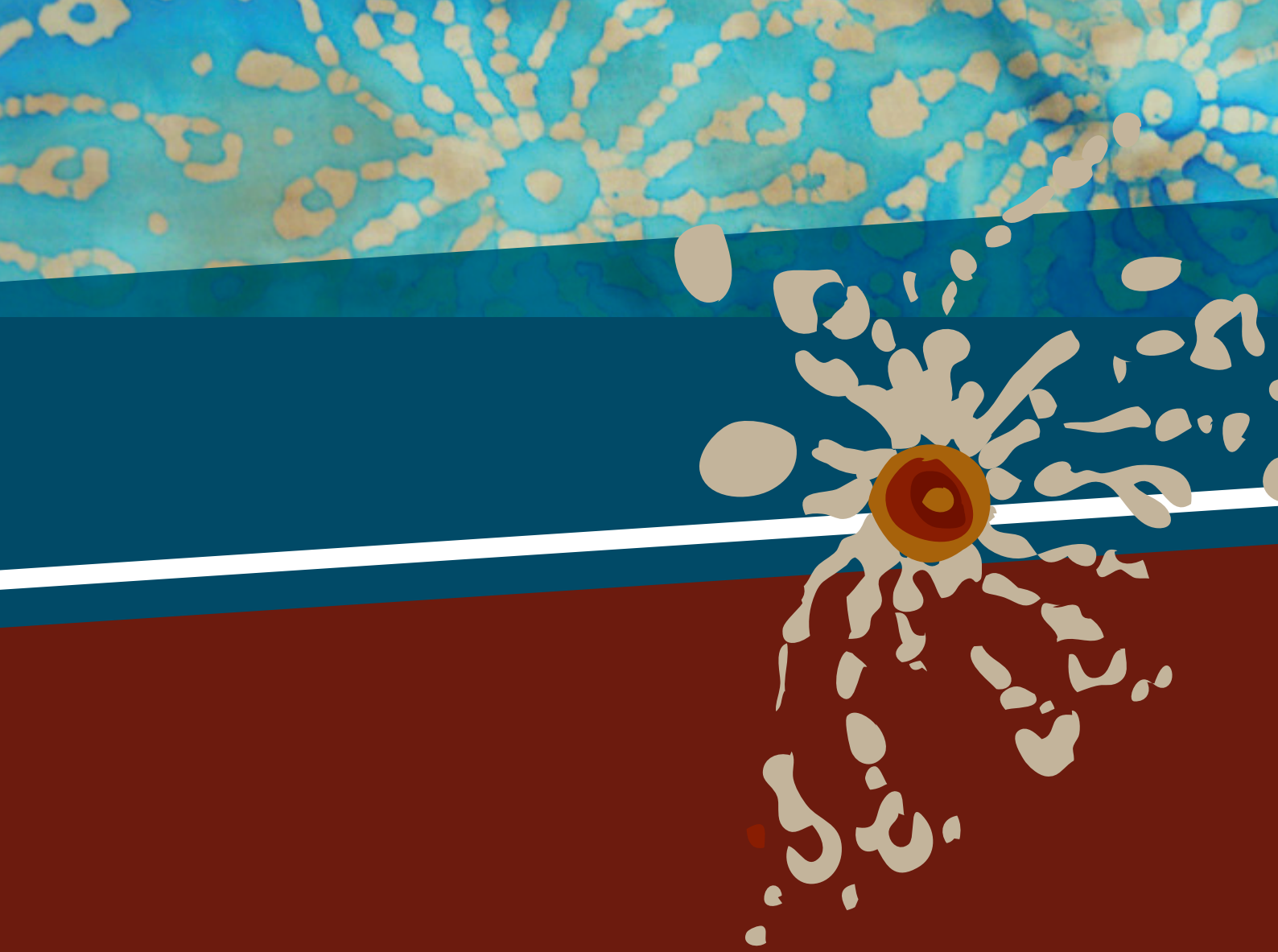

Survey Findings on Reporting Requirements

2013

Report to Aboriginal Community Controlled Health Services

Western Australian Centre for Rural Health

deeble institute

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Background

Many Aboriginal Community Controlled Health Services (ACCHS) have expressed concern that the reporting requirements for funded programs are challenging and take up valuable time that could be better utilised for service delivery.

The 2008 Overburden Report recommended that contractual arrangements be changed to a more relational contract form which:

- utilised long-term contracts
- enabled flexibility in the use of funding for local priorities
- simplified data collection and monitoring
- was based on sound performance and health outcome indicators
- shared risk management through enhanced capacity.[1]

As a result of this report, the Commonwealth Department of Health (through the Office for Aboriginal and Torres Strait Islander Health, now known as the Indigenous and Rural Health Division - IRHD) made efforts to improve efficiency and reduce the duplication of reporting. In 2013, the IRHD commissioned a survey which enabled selected ACCHS to provide feedback on their views and recent experience of reporting to gain an understanding of reporting experiences following the changes that were made in response to this report. The survey was undertaken by staff at the Western Australian Universities Centre for Rural Health - WACRH, (formerly known as the Combined Universities Centre for Rural Health), in conjunction with the Deeble Institute for Health Policy Research.

Survey method

The survey utilised telephone interviews conducted between May - June 2013 and focused on:

- current requirements for reporting and where they come from (the nature, size and source of the contracts) and any areas where there is duplication of reporting
- where changes could be made in Commonwealth reporting requirements and what sorts of changes allow ACCHS to focus attention on service delivery
- the nature of the feedback received from funders on their reports, and how it could be improved
- any other changes needed to reduce the reporting burden – by the Commonwealth, by states/territories and by other funders.

[1]Dwyer, J., O'Donnell, K., Lavoie, J., Marlina, U. & Sullivan, P. 2009, The Overburden Report: Contracting for Indigenous Health Services, Cooperative Research Centre for Aboriginal Health, Darwin

Findings

This report has been compiled from the information gained by interviewing 21 Aboriginal Community Controlled Health Services (ACCHS) around Australia.

The findings are discussed in terms of:

1. Surveyed ACCHS - Funding
2. Benefits of feedback and reporting
3. Concerns regarding reporting and feedback
4. Suggestions for improvement of reporting and feedback
5. Comparisons between IRHD and state and territory funding requirements.

1 Surveyed ACCHS - Funding

The ACCHS that participated in the interviews varied in size and were located in each state and territory. There were 9 ACCHS from remote locations; 9 ACCHS from rural/regional locations and three metropolitan-based ACCHS. The amount of Commonwealth funding received ranged from between 15 and 90 per cent of all total funding received. See Figures 1 and 2 (below) for a guide to the amount and percentage of funding and funding source for surveyed ACCHS[2]. (Note that two ACCHS did not provide amounts of funding received and so are not included in Figure 1; one of these did provide the percentages of funding received by source and this is included in Figure 2).

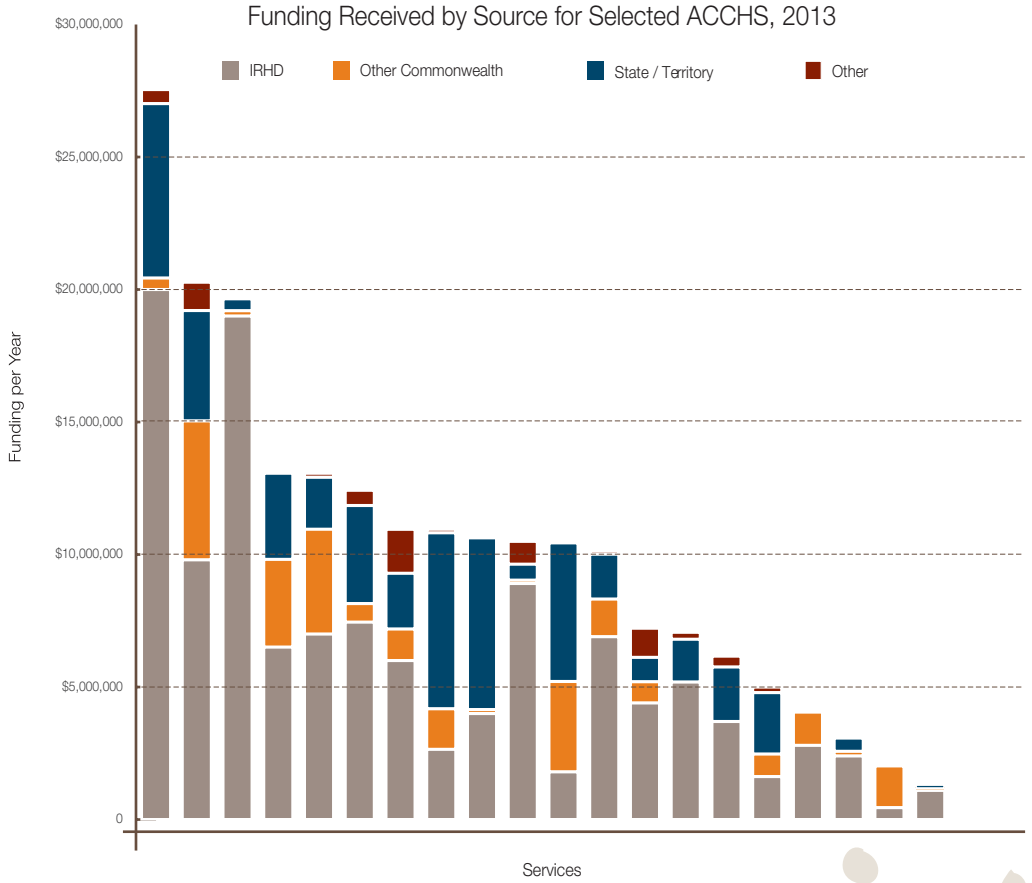


Figure 1 shows the range in total funding received as reported by the ACCHS which ranged from $1.14 to over $25 million.

[2] In some cases based on only rough estimates

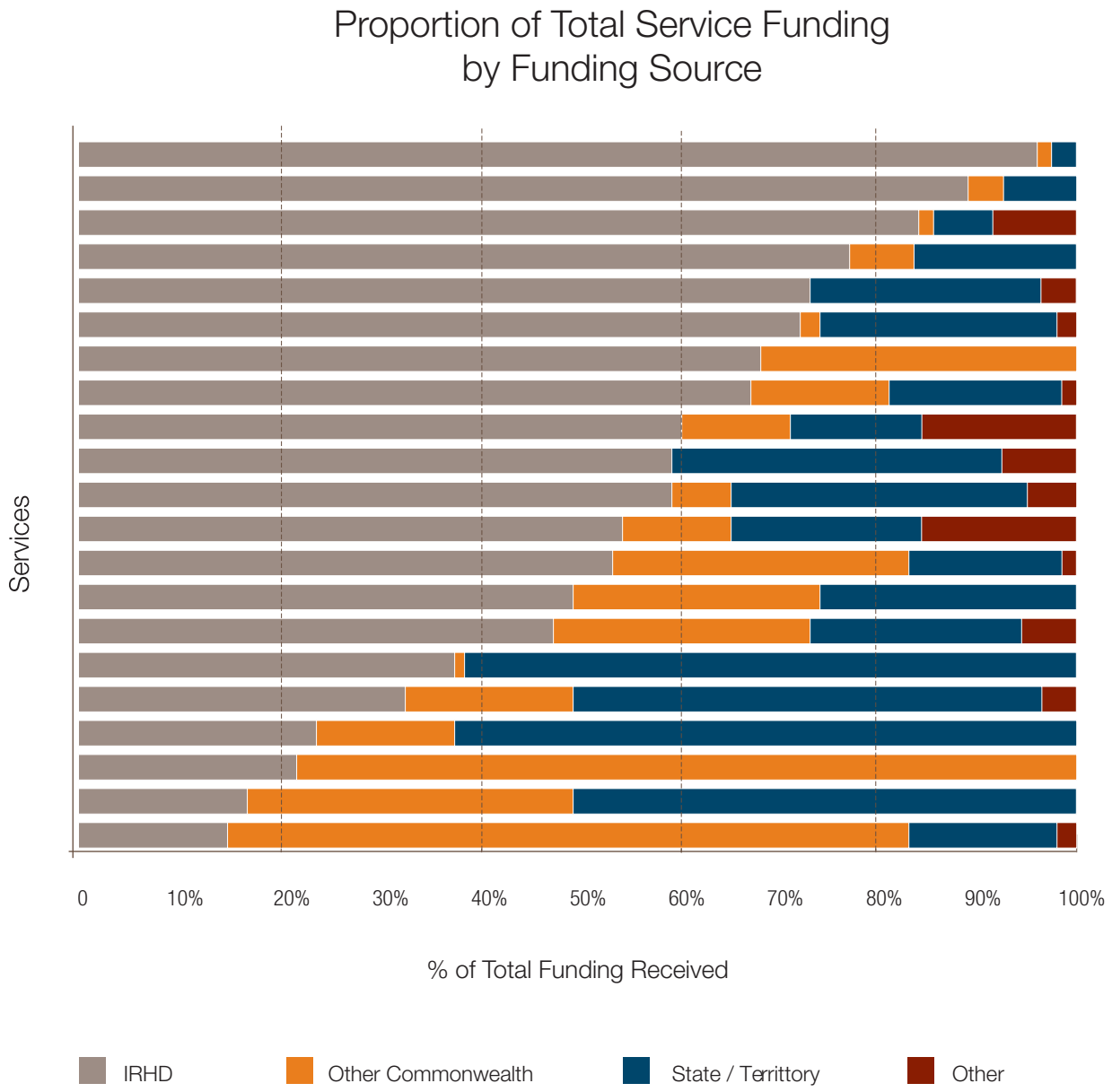


Figure 2 shows that the contribution of IRHD proportional to total grant income varied substantially across different ACCHS, ranging from 22% to 96% of total funding. The proportion of state/territory funding similarly contributed very differently across ACCHS, ranging between no contribution, to 74% of total funding.

The resourcing from individual ACCHS for reporting varied considerably. While some of the interviewees from the larger ACCHS said that they had at least one dedicated staff member for data collection and reporting, many of the smaller ACCHS relied on clinical staff to compile and submit their program area data for reporting purposes. The value of a dedicated staff member was apparent in the survey process as they were usually better able to answer the questions, or answer them in more depth. Not having a dedicated data staff member generally meant interviewees found it difficult to estimate the amount of time allocated to organisational reporting as the reports require input from multiple individuals across the organisation. January and July / August were generally the busiest months for reporting.

2 Benefits of reporting and feedback

2.1 Benefits of reporting

Overall, most ACCHS felt that there had been improvements in the reporting requirements and format. Almost all interviewees felt that there were benefits in reporting to funders particularly when they could use the information for other purposes such as short term action plans, long term strategic planning, program evaluation, staff performance appraisals, reporting outcomes to the community, and competing for grants and funding. For some ACCHS another benefit of general staff involvement in reporting was the embedding of data collection into everyday practice.

Reporting was also seen as helpful in identifying:

- program and service needs
- gaps in services provided
- staff training needs
- skill shortages.

Some of the comments made by interviewees are quoted below.

What interviewees said about the benefits of reporting:

"Reporting and data analysis also highlights the overburden on staff, correct staff utilisation and patient outcomes that have improved or may need improving"

"The staff have embedded that data collection process into their everyday practice and are regularly made aware of how important it is at both clinic management level and at an individual level, to know performance levels. Service delivery ultimately impacts on the whole community including staff and their families."

2.2 Benefits of feedback

Organisations that had developed a sound relationship with their Department of Health local grant officer felt that feedback received at the quarterly review process was useful and:

- assisted ACCHS to recognise areas of strength in service delivery, identify gaps and future funding needs; and,
- enabled ACCHS to provide additional information about data and explain unusual variations.

3 Concerns about reporting and feedback

3.1 Reporting concerns

Some interviewees commented that reporting required by external funding bodies did not always meet internal reporting requirements. Interviewees felt that reporting that allowed comparisons between ACCHS and were consistent from year to year would allow meaningful information sharing and analysis of trends over time. In addition, reporting on individually funded programs often meant that a siloed approach to reporting had to be adopted even when programs were delivered alongside other programs, not necessarily health programs. This reflects the commitment of the ACCHS to a holistic, patient centred model of care, and their partnership / brokerage role in supporting external agencies to deliver services through the ACCHS.

Other concerns raised by interviewees were that:

- data did not always adequately reflect outcomes, and they wanted opportunity to provide narrative that explained the process and effort that had occurred
- even though data extraction has improved, it is dependent on the quality of data collected
- while there may be strong commitment to reporting, its usefulness is limited in ACCHS without adequate resources to implement the necessary program changes or improvements that may be required as evident from the data
- national Key Performance Indicators (nKPIs) do not adequately reflect the ability of an individual ACCHS to deliver good health care
- reports do not adequately allow ACCHS to explain discrepancies and gaps, especially when funds from different sources were pooled to improve service delivery
- there were numerous auditing processes as well as internal financial audits and CQI processes. In particular the IRHD's[3] risk assessment process was seen as an unnecessary duplication without due recognition of the high level of accountability that exists in large organisations
- at least half the ACCHS reported submitting five or more reports every 6 months. Some interviewees reported on funders who required quarterly or even monthly activity report such as Carers Queensland and some smaller funding grants from Country Health Services in Western Australia and South Australia.

[3] Note that interviews were conducted prior to the establishment of Grant Services Division in the Department of Health. Funding agreements between ACCHS and the Department of Health are now managed through Grant Services Division.

3.2 Feedback concerns

Several interviewees expressed concerns about the lack of feedback provided on the Online Service Reports (ORS) submitted to the IRHD[4]. They said that feedback was seldom received following submission of their report unless something had been omitted or an explanation for expenditure was required. ACCHS also expressed concern that queries from funding agencies sometimes took months to surface. This created an extra workload for the ACCHS because information required to address the query was not always readily available.

Some interviewees also complained that the feedback provided to them lacked meaning when it focused on financial concerns rather than outcomes.

Some specific comments made by interviewees are outlined below.

Interviewees' comments on feedback to their reports:

"Project Officers[7] are process driven and not sufficiently qualified to give meaningful feedback..."

"The detail that they apply to finances outweighs the interest in the outcomes."

"If we don't get feedback, we don't know how the data is interpreted..."

"The quarterly review process that occurs with the regional OATSIH manager[5] is useful and feedback is meaningful."

4 Note that interviews were conducted prior to the establishment of Grant Services Division in the Department of Health. Funding agreements between ACCHS and the Department of Health are now managed through Grant Services Division.

5&6 Note that interviews were conducted prior to the establishment of Grant Services Division in the Department of Health. Funding agreements between ACCHS and the Department of Health are managed through Grant Services Division.

7 Project Officers mentioned here refer to the recipients of the reports at both Commonwealth and State/Territory. "Project Offers" in this context differ from the IRHD Managers, who many respondents suggested were more insightful.

4 Suggestions for improved reporting and feedback

4.1 Improving Reporting

Most interviewees acknowledged that a number of improvements to reporting requirements had been implemented by the IRHD[6]. However, there was still a feeling that there was room for further improvement. Some interviewees offered suggestions such as:

- improving online systems and communication
- reducing repetition through better coordination, both within the Department of Health, and between federal and state/territory departments
- recognising that many funded programs overlap and that funding sources for a particular program overlap
- Including other types of data in reporting that would make the reporting process more outcome-focused and worthwhile to organisations. Suggestions were for more qualitative data (including case studies), workforce issues and the value of partnerships
- streamlining the funding application process
- incorporating auditing processes into reporting requirements, thereby reducing unnecessary duplication.

4.2 Suggestions for future feedback

Some ACCHS also provided some suggestions on how the feedback process could be improved. They included:

- providing more comparative feedback on the nKPIs and how their service is faring within the region, the state and nationally
- providing more feedback on benchmark indicators they should be aiming for and how they contributed to population level changes
- providing feedback on positive outcomes and improvements
- ensuring feedback is meaningful, insightful, and comparative without creating extra work.

[5&6] Note that interviews were conducted prior to the establishment of Grant Services Division in the Department of Health. Funding agreements between ACCHS and the Department of Health are managed through Grant Services Division.

5 Commonwealth reporting versus state and territory government reporting

A number of interviewees commented on the different experiences they had reporting to the IRHD[8] compared with the State and Territory Government based funding bodies. While most interviewees felt that there had been improvements in the ACCHS reporting requirements and format to IRHD[9], many of the requirements at the state/territory level remained problematic. A general comment made by interviewees which was not directed at any particular contract funding body was that some program officers lacked experience and were unsure of what was required in terms of their reports. Combined with changes that occurred in funding body requirements, this added extra confusion around reporting requirements.

Interviewees explained that most of the reports for the states and territories were required to be submitted in Word format or Excel spread sheets. This was both time consuming and resulted in a number of duplications across the different reports.

Of major concern to some interviewees was the mismatch between the amount of funding and the complexity of reporting. This often deterred ACCHS from applying for some of the smaller funding grants. Similarly, small organisations that received smaller amounts of funding were required to submit the same detail in their reports for both state/territory and the Commonwealth as larger ACCHS who often had dedicated staff employed to deal with reporting to funders.

Another concern was that the nKPIs did not always reflect local and regional initiatives. Some states and territories had developed their own local performance measures, in addition to the national KPIs. While this increased the reporting burden, organisations in two separate states/territories felt that these nKPIs were relevant and useful when used to map trends in the region. Similarly, some ACCHS had their own measures to assess the quality of their service delivery.

Overall there was recognition that while the Commonwealth Department of Health had improved their reporting requirements, other Commonwealth departments had not, with many still requiring quarterly reports. Overall, the reporting requirements for contracts with state and territory governments remained problematic.

Some of the comments made by interviewees are outlined below.

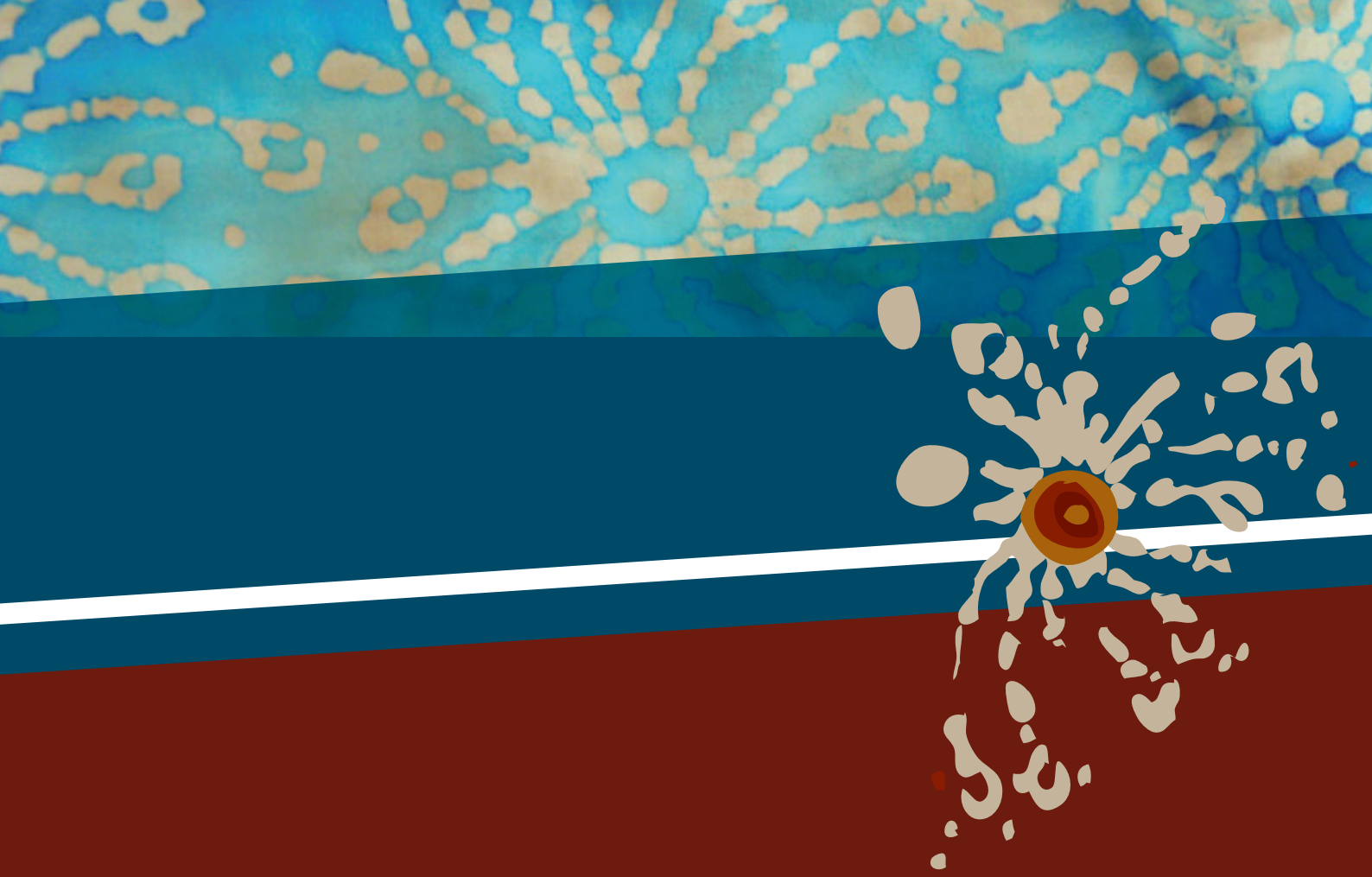
Comments from interviewees:

"We do holistic health care, so there is crossover (in reporting). Until we get a consistent reporting framework for the whole sector, they are not going to get consistent data ….some of the information gathered for reports is used across multiple reports so it is difficult to quantify time between State and Commonwealth."

"The electronic OCHRE stream reports are quicker but there are still some bugs that need to be fixed and this can take time to get around. The narrative reports take longer to write but they enable the service to give some better evidence-based outcomes to substantiate the KPI and service level activity data."

"The state questions are sometimes unclear or ambiguous and are not easily accessible through the PIRS system....There is at times a lack of consistency of requirements."

[8&9] Note that interviews were conducted prior to the establishment of Grant Services Division in the Department of Health. Funding agreements between ACCHS and the Department of Health are now managed through Grant Services Division.



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