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Data Availability and Use
Productivity Commission
GPO Box 1428
Canberra City ACT 2601

Productivity Commission Inquiry into Data Availability and Use

The Victorian Alcohol and Drug Association (VAADA) welcomes the opportunity to provide a submission to the Productivity Commission's Inquiry into Data Availability and Use.

VAADA is a non-government peak organisation representing publicly funded Victorian AOD services. VAADA aims to support and promote strategies that prevent and reduce the harms associated with AOD use across the Victorian community. VAADA's purpose is to ensure that the issues for people experiencing harms associated with substance use and the organisations who support them are well represented in policy, program development and public discussion.

This brief submission outlines a number of broad issues in relation to data use and availability in the Victorian Alcohol & other Drug (AOD) sector. It focuses on data that is collected by AOD services and reported to funding bodies and the use of that data. It also canvasses some key concerns related to privacy, confidentiality and consent of those accessing AOD services for treatment and the data which is collected about them.

Through VAADA's work on a range of topics, the following data-related issues and themes have emerged:

Quality and integrity of available data: Reliable and consistent data is necessary for good policy and program development. Questions about the quality and integrity of Victorian AOD treatment data have been documented in a number of reports including the Auditor-General's *Managing Drug and Alcohol Prevention and Treatment Services* (the VAGO report) and the Aspex Consulting *Independent Review of New Arrangements for the delivery of Mental Health Community Support Services and Drug Treatment Services*. In 2011, the VAGO report called on the Victorian Government to prioritise replacement of its data collection system and implement data integrity assurance processes. Progress in this area was delayed due to the recommissioning of Victorian AOD services in 2014. A subsequent review of recommissioning¹ again raised concerns around the reliability of data (particularly time-series data) exacerbated by significant changes to the reporting of service activity, brought about by recommissioning.

¹ Undertaken in 2015 by Apex Consulting. Aspex Consulting (2015) *Independent Review of New Arrangements for the delivery of Mental Health Community Support Services and Drug Treatment Services*, Melbourne: Aspex Consulting.

As highlighted in the Aspex report of 2015, the .AOD sector has long expressed frustration and concern at the “lack of robust and efficient IT systems for collection and reporting of service utilisation and performance data.”² Since recommissioning, the AOD sector has relied on a system of spreadsheet based reporting as an interim measure, and it has been argued that this approach has aggravated existing issues with consistency of recording and the integrity of data collected by the Victorian Department of Health and Human Services (DHHS). There are concerns at this point in time about the quality, consistency and completeness of client-level/service activity data across the AOD system.

The development of effective IT and data collection systems was recommended as a priority by Aspex and work has recently commenced to develop new AOD data collection specifications and to implement broader Performance and Outcome Monitoring Frameworks. VAADA remains concerned that robust data systems are necessary to inform evidence-based program and service delivery and policy development. The utility of data as a policy and service development tool is limited if quality and integrity of that data cannot be assured. Investment and resources are needed to ensure that data is of sufficient quality that it can inform decisions about program and service planning in a meaningful way.

Large national datasets such as the Alcohol and Other Drug Treatment Services National Minimum Data Set (AODTS NMDS) are a valuable resource. They provide insight into trends on a national level. State based AOD services have noted the potential in greater access and utilisation of this data source but it is integral that the data being input into these datasets is of sufficient quality as discussed above.

Insufficient data sharing and linkage: This issue is particularly relevant in relation to data reported to funding bodies, namely state and commonwealth governments, and how that data is reported-back to agencies and made available to the AOD sector as a whole after it has been interrogated and analysed by funding bodies. This can vary across regions, with some examples of timely dissemination of information from departmental regional offices, and other instances where this is more limited.

There is insufficient opportunity for AOD agencies to have access to data at local, regional and state-wide levels to enable tracking of trends and to use data in a meaningful and timely manner to inform program and service planning. Data must be made available to service providers to enable services to utilise that for enhancing service delivery; to benchmark performance and to inform future service delivery.³

There are high levels of duplication in data collection and reporting requirements for AOD agencies. For instance, where agencies are funded by both Commonwealth and state bodies, they may be required to navigate complex and onerous reporting requirements and to collate service user data multiple times and in varying ways, with duplication of effort and at considerable expense. Mechanisms to simplify these processes are needed so that data can be utilised with greater ease and efficiency.

There are also challenges with sharing of data between services, particularly in an environment of increasing competition and marketization of community services including AOD services.

² Aspex Consulting (2015) *Independent Review of New Arrangements for the delivery of Mental Health Community Support Services and Drug Treatment Services*, Aspex: Melbourne, p.13.

³ These issues were canvassed in the Productivity Commission’s 2010 Inquiry into the contribution of the Not-for-Profit Sector

Recommissioning in 2014 introduced a competitive tendering approach which adversely affected relationships between some agencies in the Victorian AOD sector. VAADA has canvassed these issues in greater detail in our submission to the Productivity Commission's Inquiry into Human Services, but it is important to note that these broader environmental challenges impact on issues relating to sharing of data at an individual service level.

There is potential for linkage of other types of data to provide insight into harms associated with alcohol and other drug misuse and to inform the development of public policy and interventions in the AOD space. This could involve data from the Coroners, Police, Corrections, Hospital ED and admissions. Together, these types of data provide greater insight into the complexity of AOD-related harms and build on the evidence base.

An example of how private sector data could be utilised in this area is the work undertaken by FARE in relation to accessing alcohol sales data to estimate per capita alcohol consumption at national, state and local levels.⁴ FARE argues this would enable greater analysis of alcohol consumption across different regions, which can inform effective and tailored public policy interventions across different regions and for different populations. This type of data could be of great benefit to the community if made available for such purposes.

Data systems across the Victorian community sector are not linked and there is currently no capacity to 'track' a client's journey across multiple service systems as they access and utilise multiple health and community services. While there is potential for improving service delivery, policy development and client outcomes through greater access to and utilisation of data, there must be careful consideration of the risks and benefits of linking different data sets and a thorough review of which datasets should be linked and for what benefit.

It would also be critical to ensure that clients can provide 'informed consent' to any data and information that is collected, stored and shared about them, and their service access and utilisation.

Lack of meaningful client outcome data: At the present time, data that is collected in the AOD sector generally measures 'activity' rather than 'outcomes'. Measuring client outcomes is not an easy task, particularly when talking about complex issues such as alcohol and other drug misuse. At the present time, most data that is available in the AOD sector speaks to the numbers of people accessing treatment and the types of treatment provided. It provides little insight into the experiences of people in treatment or the outcomes of that treatment. While quantitative data is incredibly valuable, there is also an important place for qualitative data which provides insights into people's experiences of treatment and the impact of support received for their AOD problems.

Questions relating to privacy, confidentiality and ownership of data: People accessing AOD services are among the most stigmatised in the community. The sensitive and personal nature of much of the information and data collected about people accessing AOD services is a significant challenge. Consent may not always be informed or meaningful and it can be difficult for people to understand what information is being collected about them and what that information is being used for. VAADA would like to see the Commission give consideration to the notion of informed consent for marginalised, stigmatised and vulnerable populations including people who use substances and the mechanisms required to protect the personal information of these members of the community.

⁴ Rankin, G., Livingston, M. (2016) *Understanding Alcohol Sales Data in Australia*, Canberra: FARE.

Moreover, it is currently quite onerous for individuals to access data and information about themselves and their involvement in different service systems. Opportunities to simplify these processes for individuals to obtain data about themselves should be explored.

Building capacity across AOD sector to utilise existing data: VAADA would like to see investment in building capacity across the AOD sector, and the community sector more broadly, to understand the value of robust data collection and to enhance capacity across services to manage, utilise and analyse existing data to inform service planning and development. Existing planning structures should be enhanced, with clear mechanisms available to ensure current data is available for utilisation.

Thank you for the opportunity to contribute to this important Inquiry. If you have any questions, please contact Sam Biondo

Yours sincerely,

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