

Telephone-CBT Evaluation: Information for Divisions

The team at The Centre for Health Policy, Programs and Economics from the University of Melbourne are conducting the evaluation of telephone-CBT. The patient data that are collected as part of the general ATAPS projects will stay the same. Some minimal changes will be made to the 'referral' section of the MDS, these have not been finalised yet. The main change for T-CBT is the collection of session-based data; this will now be collected and entered by the allied health professional. In the first instance this will be paper-based and sent to Strategic Data for data entry. The rationale for this is that more substantial session data is being collected and in the future the allied health professional will be able to login to the MDS to input this data directly online, in a separate area to the mainstream MDS. The data that coincides with the general MDS fields will be populated automatically, so that the data and reports that you have access to via the MDS will remain the same.

Either the 21- or 42-item version of the Depression, Anxiety, Stress Scale (DASS) is the outcome measure to be used for T-CBT and it will be collected and entered by the allied health professional. This does not prevent Divisions from using other outcome measures as well if they choose. Importantly, if your Division has not previously used the DASS, you will need to select the relevant DASS subscales on the measures list.

How to select outcome measures

1. Login to the MDS
2. Click on the 'Admin' tab
3. Select 'Measures List'
4. Tick the relevant outcome measures from the list (e.g., DASS-21 Depression, DASS-21 Anxiety, and DASS-21 Stress or the equivalent if your Division is using the DASS-42)

The training that allied health professionals received for T-CBT included a section on the Evaluation and took them through step-by-step what they need to do. A checklist for allied health professionals has also been developed and provided to them.

To facilitate the evaluation data collection from allied health professionals, there are a number of things that they will need from their Divisions;

1. The allied health professional's unique code that is used by the Division for the MDS
2. When referrals are made, the allied health professional will need to be informed, prior to their first contact with the client, of the following;
 - a. The GP referral date
 - b. The Patient Key/ID generated by the Division

All of this information will be used to match client data in the MDS whilst maintaining client confidentiality from the evaluation team.

Allied health professionals will be provided with a user name and password for the MDS, they will only have access to their own clients, they will not 'see' all the Division's data. As the allied health professional will be entering data after each session, it is important for the Division to enter the 'patient' and 'referral' information regarding each client when the referral is made, so that allied health professionals enter data in the appropriate position on the MDS. They will look up the clients based on the 'patient Key/ID' that is provided by the Division.

Checklist for Divisions Providing T-CBT services

1. Ensure the DASS subscales (either 21 or 42 item versions) are selected from the outcome measures list on the MDS.
2. Tell your T-CBT trained AHPs what their AHP code is.
3. When referrals come in for T-CBT
 - a. Promptly enter patient and referral data on to MDS
 - b. Provide 'patient key/ID' to AHP.