

Practitioner performance at its best: the integration of CORE data into case management

Stephen Hubbard demonstrates the value within an employee wellbeing programme

Value for money, quality evaluation, accountability and best practice are words and phrases commonly used in the modern workplace. They are indicative of a significant shift in working practices and corporate expectations. Return on investment is particularly relevant to companies in times of financial difficulty. Knowing that all services purchased deliver to expected standards is important, even in relation to employee wellbeing programmes (EWP). This article briefly outlines one EWP's journey towards greater accountability.

AXA ICAS provides employee wellbeing programmes to more than 900 companies worldwide. About 7,000 client calls are taken each month, with around 10,000 clients going on to face-to-face counselling in a year. The counselling service in the UK is provided by about 750 affiliates – counsellors, psychotherapists and psychologists who work independently on a contract basis, many in remote locations. In the UK the affiliate network ranges from Thurso in the north of Scotland to the islands of Jersey and Guernsey in the south.

A key challenge for AXA ICAS is to know and be secure about the type of service it is providing remotely. Managing the network of affiliate counsellors effectively is a key element of quality control. In an increasingly competitive industry sector, AXA ICAS was faced with the challenge of adapting its recording systems to provide more accurate, quantitative data – hard evidence to support the quality of its work. Evidence-based practice has become the norm throughout industry. The question AXA ICAS was faced with asking itself was, 'How can we demonstrate that what we are doing works?'

It was decided from the beginning to set the development of the monitoring, recording and evaluation processes in an action research framework. This cyclical approach of defining the problem, planning, learning, reflecting and moving forward, involves all stakeholders in a community

of practice. The key stakeholders in the project are the affiliates, case consultants, clients and organisations.

The purpose of the project was defined as an exploration of the impact of introducing outcomes feedback and benchmarking into case management in an EWP. It also serves to demonstrate the quality of work AXA ICAS does in an increasingly sophisticated market. AXA ICAS' need to provide a means for monitoring and maintaining continuous improvement was also identified as a development need.

After an initial period of planning and research into the various outcome measures currently in use (such as HoNoS, HADS and the Beck Inventories etc) management (including international representatives) took a decision to implement the use of Clinical Outcomes in Routine Evaluation (CORE). CORE was selected as an evaluation tool because of its integrity, clinical robustness, benchmarking capability and workplace specificity. CORE also presented itself as being adaptable to an international arena, having been translated into nine different languages for use in different countries.

While aware of the possible associated difficulties (most importantly a possible fracture to the sound relationship between AXA ICAS and its affiliates), a mandatory implementation was decided on. Recent research in the NHS suggests a possibility of resistance from therapists to this type of mandatory change. Challenges to therapist self-perception may induce fears of exposure and evaluation¹. The urgent need to produce sound evidence in support of effective service delivery made mandatory implementation a necessity. Trust in the strength of relationship between affiliates and AXA ICAS was a key factor in the decision to introduce CORE in this way.

A pilot project was run in Scotland to assess the full impact of embedding CORE as a standard feature of AXA ICAS clinical case management. In particular, it was anticipated the pilot would provide information on how the implementation of CORE would affect AXA ICAS culturally,

Stephen Hubbard is a clinical case consultant at AXA ICAS, a counsellor in NHS primary care and in private practice, and a supervisor. stephen.hubbard@AXA-ICAS.com

commercially and operationally. The pilot was launched in September 2005 with 20 in-house affiliates taking referrals from a large, public sector organisation, which was based in Glasgow. The pilot ran for 12 months. Eight case consultants took feedback, mostly about the effect that introduction of the measure had on the initial process of counselling.

This pilot was successful in highlighting the practical implications of implementing CORE. There were issues relating to internal procedures and to external relationships with affiliates, reflecting the findings of McInnes in his wide experience of introducing CORE as a measure in psychological therapy services². Within and without the organisation, it would mean a big change to ways of working. Internally, developing new administration procedures, defining staff responsibilities and identifying resources were some of the more practical issues. The development of information technology support systems, CORE guidelines and distribution systems were also functions requiring change. Training of case consultants in the use of CORE and CORE PC was crucially important. Case consultants would need to understand CORE and CORE PC and also effectively interpret the figures produced. Externally, communication with affiliate counsellors was an important focus. A training need for affiliates in the use and comprehension of CORE was also identified. Time would be needed for affiliates and staff to adjust to the new system. Case consultants would need to help affiliates overcome any fears and to see how useful and helpful CORE can be in clinical work, particularly at assessment.

Reflection on the feedback from stakeholder experience informed development of the next phase of the project – the roll out of CORE to all affiliate counsellors, covering all client companies. This began in November 2006. Case consultants were pivotal in the roll out of the system. Roadshows with John Mellor-Clark from CORE IMS were organised around the UK for affiliates and case consultants were invited to a series of CORE masterclasses.

Each case consultant was allocated a group of about 50 affiliates to mentor through the introduction of CORE. Affiliates experienced many 'teething troubles' including difficulty using PCs, issues with media incompatibility ('Why doesn't my CD work in my car!?!') and difficulties understanding the scoring of CORE – all real concerns when trying to adapt to a new system.

Just over a year after the initial roll out began sufficient data has been collected to begin



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assessing the integrating of CORE into case management practices. Systems can be reviewed and refined. A preliminary interrogation of the data gathered provided some interesting statistics:

- 78 per cent of clients were above clinical cut-off at assessment (same as within NHS)
- 80 per cent of clients self-referred (contrasting with NHS)
- average age of clients was 38-41 (similar to NHS clients)
- average waiting times were also well within service level agreements.

Other figures supported the overall effectiveness of the service offered.

Many affiliates reported using CORE was an extra demand on their time. Some made the decision to leave the network because of this. Many of those who chose to leave reported their main reason being discomfort with the increased use of information technology. Other affiliates reported that CORE was a good tool to help understand client problems at assessment. Some ways in which therapists have used CORE are as follows:

- as a starting point with reluctant/resistant clients
- as way to explore risk if a client displays or talks about distress
- as a way to focus on a specific topic – if scores/severity are high/long lasting
- couples use CORE as a tool from which to work – ie when outcome measure (OM) responses are different – sharing answers
- as a tool when OM responses do not match client's situation, words, language or body language
- to demonstrate to client how far client has come/improved
- as way to identify client groups and problems that may be specific to the affiliate
- as a way to learn and share with clients – section on self-help/positive interventions
- as a tool to assist therapist to identify areas for development and issues to take to supervision.

One affiliate reported a reluctance to engage with CORE in the beginning but has found it to be an extremely useful tool at assessment, so much so that the therapist has been instrumental in introducing CORE into a local healthcare setting.

Early in the project, when the role of the case consultant was explored, it became apparent that a delicate balance existed between their case management responsibilities and the supportive role they play in relation to affiliates. The introduction of CORE has highlighted this balance. Affiliates generally report this supportive element to be one of the positive elements of working with AXA ICAS.

Many questions have arisen from using CORE during the past year or so, some relating to the use and accuracy of the data and others to the role of CORE data in the process of clinical supervision.

Affiliates assess for a number of organisational risks: grievance, harassment, bullying, disciplinary, disability discrimination, safety sensitivity and behavioural risk. CORE data can record these risks and help AXA ICAS identify themes and trends

within companies, allowing us to report back and offer solutions. AXA ICAS operates in all major commercial sectors: oil and transport industries, manufacturing and heavy industry, public and financial sectors. Using CORE scores during post-assessment feedback of cases has allowed for a more focused approach to the management of risk. An ability to benchmark AXA ICAS success in helping companies manage risk is also an important component of CORE.

A significant body of data has been amassed and it is now possible to begin using it to feed back to client companies and to form the basis of performance reviews with affiliates. It has become possible to compare data from different affiliates and to begin interrogating the data. Discussion with affiliates about the meaning of data offers them an opportunity to reflect on their AXA ICAS casework. It is anticipated that this kind of exploration will become part of regular performance reviews based on collated CORE statistics.

Development of protocols will be important, particularly where CORE statistics indicate an individual therapist consistently underperforms. The information gained from CORE must be seen as additive to qualitative data gained from therapist/case consultant interactions. Obviously, there will be much discussion around the variables involved and much for the therapist to explore in the safety of their own supervision. Difficult questions may need to be asked. Reviewing practitioner performance is a collaborative enquiry, requiring trust and openness. In this context it will provide extra supervision for the affiliate. Further emphasis is placed on the strength of the relationship between case consultants and therapists. Ultimately, matters of practitioner performance affect the quality of company service delivery.

In this first round of performance reviews the template available in CORE PC forms the basis of the review information. Completeness of data and other data provide key performance indicators:

- clinical and/or reliable change – indicating client improvement
- endings – planned, unplanned or DNA (did not attend)
- suitability for therapy
- average waiting times
- below cut-off at assessment.

The implementation CORE Net is the next phase in the process of integrating CORE into case management practices. CORE Net is the online version of CORE. It provides the same data as the paper-based forms but offers increased accessibility to data for affiliates. It permits affiliates to track

their own cases and to review their own work. As in other cycles of the project, practice will inform refinement and development of our systems.

A small number of affiliates have voluntarily been using CORE Net for several months and their feedback has been positive. Ease of use and the facility for clients to complete the outcome measures directly on a PC are positive aspects of feedback received so far.

Many of AXA ICAS' experiences of incorporating CORE into case management are similar to those already documented by Botella³, McInnes², McNaughton¹ and Mothersole⁴ in their work within the NHS. Questions raised by therapists in these early research studies are echoed in the experiences of AXA ICAS affiliates.

So far in this process it is possible to say that CORE provides a robust and adaptable measure of the effectiveness of AXA ICAS counselling services. The potential for use as a management tool, for performance reviews and quality management, is becoming obvious. For affiliates, it offers a great learning opportunity in relation to their casework with AXA ICAS. Further developments will certainly raise further questions. ■

References

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- 4 Mothersole G. The use of CORE system data to inform and develop practitioner performance assessment and appraisal: an experiential account. *European Journal of Psychotherapy and Counselling*. June 2006;8(2).

Further reading

CORE Partnership. Impact of the use of the CORE System on service quality. CORE Partnership Occasional Paper, No 3. Rugby: CORE IMS; 2007.

CORE Partnership. Assessing the effectiveness of a psychological therapy service. CORE Partnership Occasional Paper, No 2. Rugby: CORE IMS; 2007.

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For more information about CORE, visit the CORE IMS website: www.coreims.co.uk

Letters

Karl Gregory responds to an article in the last issue of *Counselling at Work*

On reading Angela Patmore's article in the previous issue of this journal on 'the bogus "stress" concept' which followed after my colleague's and my experiences of working with managers on this subject I felt it important to make some comments. The article begins very promisingly on the debate about stress – a debate incidentally that all serious researchers on the subject recognise. It appears to me that the author takes her arguments from the very comments being discussed in this field as if they are her own, ie look at the subject of stress in organisational psychology books, papers on social psychology and publications on organisational stress, some of which I have referenced below. This then led me to be concerned about the author's agenda and motives. So to put some balance to this article, I'd like to respond with my own thoughts.

■ It is my understanding that Hans Selye was building on the work of Cannon² who originally pioneered this work in 1929 trying to find a medical approach to a concept that had been around since the 18th century (and before in various disguises – see Samuel Pepys on the Fire of London). So it was not Selye's concept; he did try to research it and most researchers looking at stress believe that his model was too simplistic.

■ Selye's research, like all research, was instructive in what it did not prove as much as what it tried to prove. What it taught us was that stress and strain are different concepts that are closely linked and that animal experiments used to define human experiences are not useful as humans have more complex systems (remember this was the 1930s).



Karl Gregory is a workplace counsellor, trainer and supervisor in Gloucestershire and the South West region. karlgregory@tiscali.co.uk