KI Assessment: the 2015 data quality assessment of the TDI

Linda Montanari

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TDI/Treatment meeting
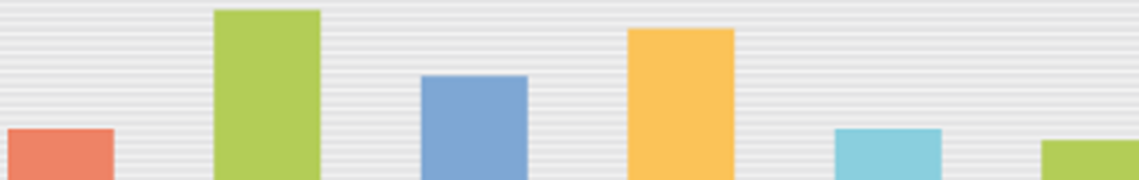
Background

- **AIM: to improve implementation and data quality of KIs**

- **Objective: to have a harmonised, structured and agreed system to assess KIs**

- **Criteria established in 2008**
  - *Process*
  - *Data Quality*

- **3 detailed assessments:**
  - **2009 on data 2007 (reported in 2008)**
  - **2012 on data 2010 (reported in 2009)**
  - **2015 on data 2013 (reported in 2014)**

- **Dialogue with countries**

Criteria: common to all indicators

Process:

- **National Activities**
- **Respect of deadlines**
- **Resources**
- **Assessment of data quality**
- **Legislation/Legal basis**
- **Progress on-going**

Data Quality:

- **Data availability at national level**
- **Harmonisation with EMCDDA guidelines**
- **Timeliness**
- **Coverage**
- **Consistency**

Operational definitions	Rating	Minimum Requirements-Desirable implementation

Process

CATEGORIES	OPERATIONAL DEFINITIONS	RATING (YES/NO or HIGH/MEDIUM/LOW/ NOT EXISTING- UNKNOWN- NOT APPLICABLE)
National activities	Working group in place;	
	Organisation of national meetings by indicator	
Respect of deadlines	Respect of deadlines as requested by the EMCDDA: a) On time b) Within one month from deadlines c) After one month from deadlines	
Resources (staff, funding)	Financial resources directly dedicated to indicator implementation at national level	
Assessment of data quality	Existence of structured activities or system for the control of data quality	
Legislation/Legal basis	Existence of a legal basis or of a national plan for KI data collection at national level	
Progress on-going	Major progress obtained in last 5 years	
	Major obstacles to the further the Key Indicator implementation	
	Recent efforts made implement indicator	

Data Quality (1)

CATEGORIES	OPERATIONAL DEFINITIONS
Data availability at national level	Data collection at national level by type of treatment centre according to the typology provided in the TDI Protocol (outpatient, inpatient, low threhsold, prison, GPs)/existence of treatment provision in those types of centre at national level 3 levels of data availability: - At least three types of treatment centres (if providing treatment in the country) - Outpatient and another type of treatment centre - Outpatient (or inpatient) treatment centres

|	
Harmonisation with EMCDDA guidelines (repeated for data set by type of treatment centre: outpatient, inpatient, low threhsold, prison, GPs)	Case definition SAME as case definition in the TDI ver.3.0
	All variables included in the TDI protocol covered by the data collection, according to the following priority variables: (A) First priority variables: centre type, year of treatment, treatment status, age, sex, primary drug, route of administration, frequency of use, age at first use (B) Second priority variables: source of referral, living status (where and with whom), labour status, educational level, ever injected any drug, secundary drugs by primary drug (C) Third priority variables: polydrug use, OST, age at first OST, age at first injection, HIV testing, HCV testing, needles sharing
	Percentage of clients with not known/missing primary drug - >40% not known/missing cases out of the total number of clients - 11-40% not known/missing cases out of the total number of clients - 0-10% not known/missing cases out of the total number of clients
	Double counting control: - at national level - at treatment centre level - no double counting control
Timeliness	Data on the reporting year according to EMCDDA guidelines (year before the year of EMCDDA reporting)

Data Quality (3)

Coverage (repeated for data set by type of treatment centre)	Information on data coverage for units and clients reported in the tables - Data reported on units covered - Data reported on units covered and units in the country - Data reported on units covered, units in the country and percentage of clients covered
	Percenatge of units covered out of those existing: >90%; 50-90%; <50%
	Percenatge of clients covered out of those estimated: >90%; 50-90% ; <50%
Consistency	Internal consistency in the TDI tables: - between 0% and 5% of provided tables with a grandtotal different from the related figure in Table 9.1 (FONTE) - between 6% and 25% of provided tables with a grandtotal different from the related figure in Table 9.1 (FONTE) - more than 25% of provided tables with a grandtotal different from the related figure in Table 9.1 (FONTE)

Key Indicator Assessment 2015
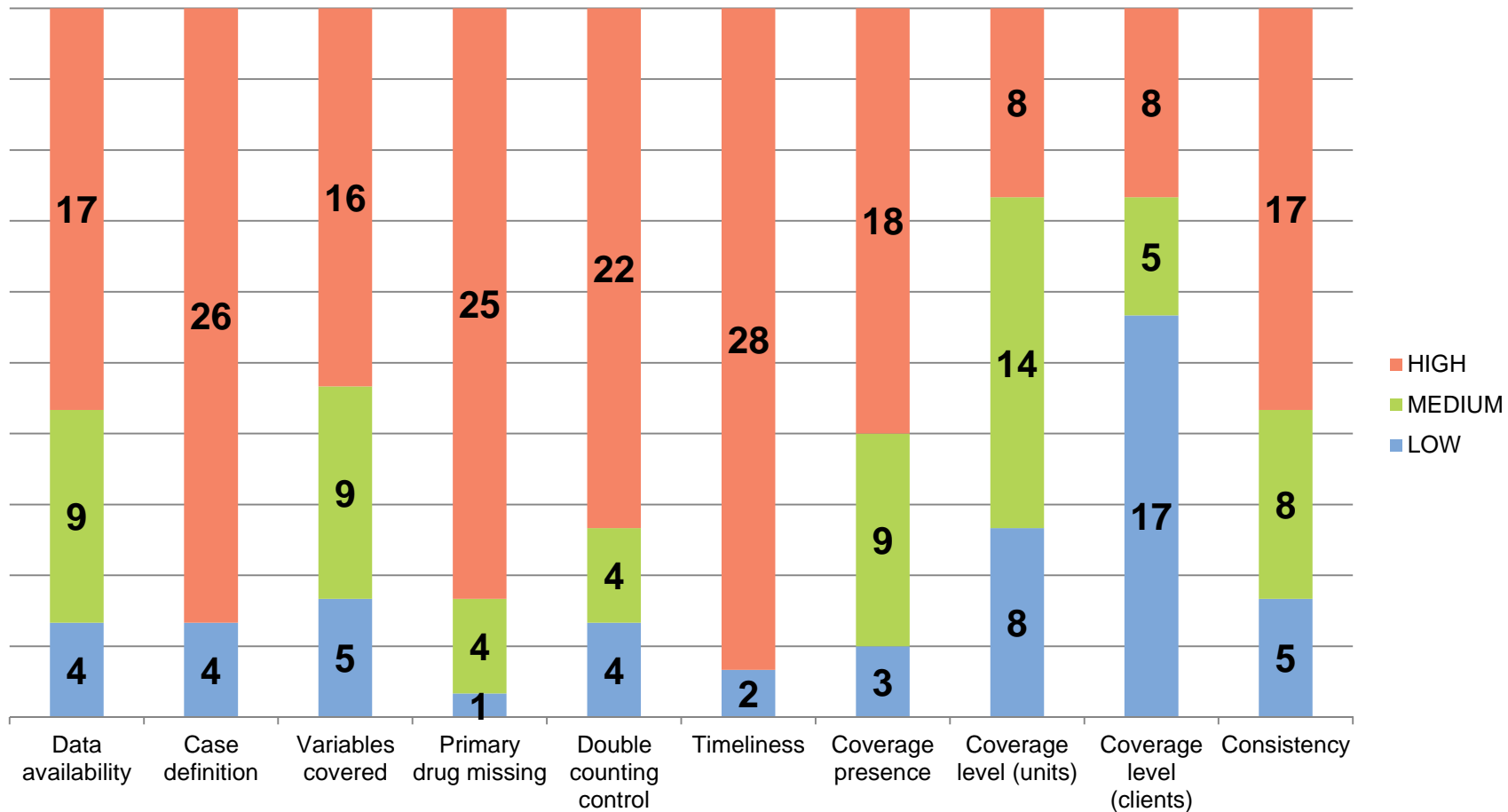
Number of countries

Main achievements and issues

- **General positive results:**

  - Good level of implementation

  - Improved data availability

  - Improved data comparability

  - Increase knowledge and clarity on methodologies implemented

- **General critical issues:**

  - Country's specific problems

  - Timeliness

  - Data compatibility across countries

  - Effect of economic context on National Focal Point and data collection

- **Specific achievements :**

  - Completeness

  - Internal consistency (totals)

  - Harmonisation with TDI ver 3.0

- **Specific issues :**

  - Coverage of units and clients

  - Representativeness of treatment system

  - New variables

  - Improvement of data reporting system VS trend consistency

Moving forward.....

- Are criteria fit for purposes? Need to make necessary adaptations to the assessment process: what about trends?

- How to further increase awareness on data quality?

- Address critical points, working towards improvement: coverage, completeness, new variables, etc.

- Address specific issues bilaterally with countries, including availability of resources and of data in some areas

- Consider emerging needs and changing context (e.g. GPs, New drugs, Internet role in treatment, etc..)