Clinical Innovation for Improved Outcomes:
Introduction to Measurement Based Care

COLORADO
Department of Health Care Policy & Financing

HMA
Health Management Associates

Learning Objectives

1. Participants will be able to describe how measurement based care is used by clinicians to improve clinical care.
2. Participants will gain understanding of considerations for selecting measurement tools and be able to apply a set of questions for determining the best tool for the population being served.
3. Participants will practice using measurement based care data to make decisions about care as well as how to use data at a supervisory level to support clinicians with improving quality of care.
4. Participants will be able to recognize how measurement based care can be used at an aggregate level to demonstrate organizational outcomes and quality as well as potentially be used in value-based payment arrangements to show value.

What is Measurement Based Care?

Why is it Important to Behavioral Health?

History of Behavioral Health Quality Measurement

Individual statements of quality, focus on therapeutic relationship and often whether people stayed in care

- ✓ **Rating of relationship**
- ✓ **Number of sessions**

Process metrics that demonstrated best practice

- ✓ **Biopsychosocial assessment**
- ✓ **Service Plan**
- ✓ **Screening data**
- ✓ **Follow-up measures (ED, hospital, etc.)**

Outcome measures are growing but remain a challenge

- ✓ **Depression remission**
- ✓ **Cost**
- ✓ **Patient Experience**

Behavioral Health Value

Provider Perspective

Genuine human impact
Saving lives
Impacting overall health, social determinants of health and wellbeing

But sense of being undervalued and the value of work not being well articulated, documented or understood.

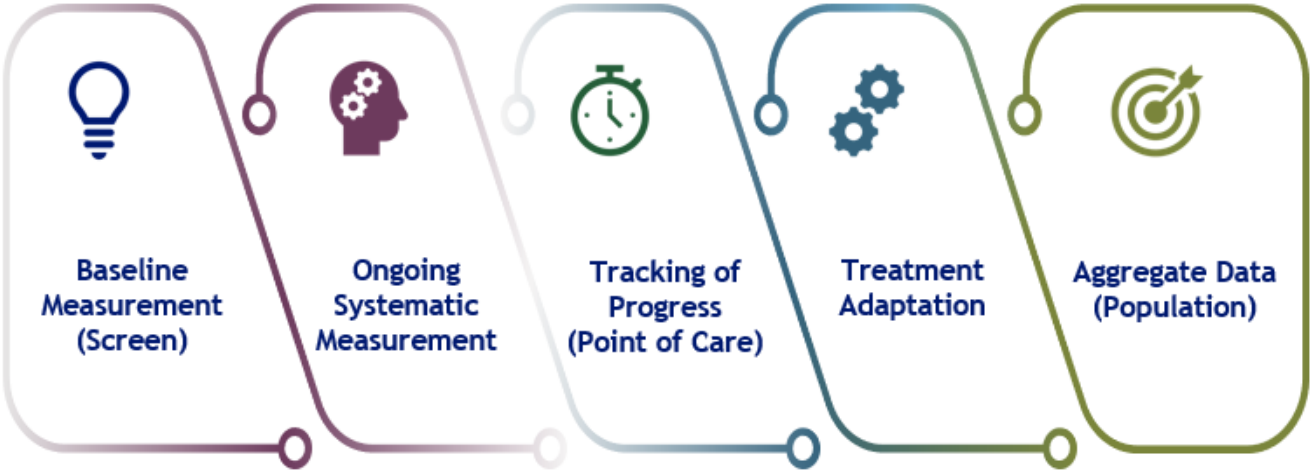
Payor Perspective

How do we determine what impact BH has on health?
What is the value of behavioral health?
Can we measure behavioral health outcomes?

Sense that behavioral health impact is “squishy” and difficult to quantify compared to physical health.

Measurement Based Care is the Future

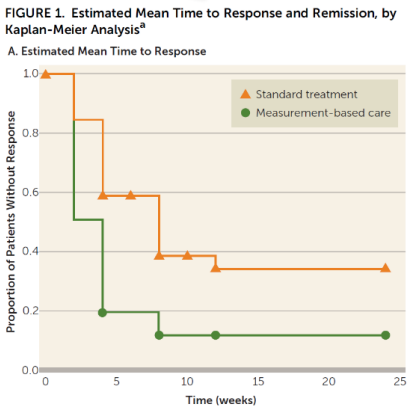
- Systematic administration of validated symptom rating scales to track improvement and more importantly lack of improvement
- MBC is foremost a clinical process not a quality improvement process
- Maximizes treatment to get to enhanced outcomes
- Supports individual engagement in care and recovery



Measurement Based Care's is *Clinical Impact*

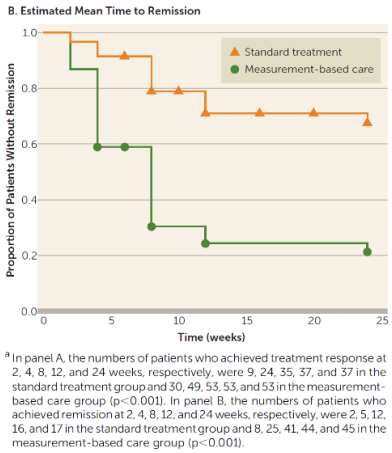
TREAT TO TARGET APPROACH

Response 62.7% vs 86.9%



8.1 vs 4.5 weeks

Remission 28.8% vs 73.8%

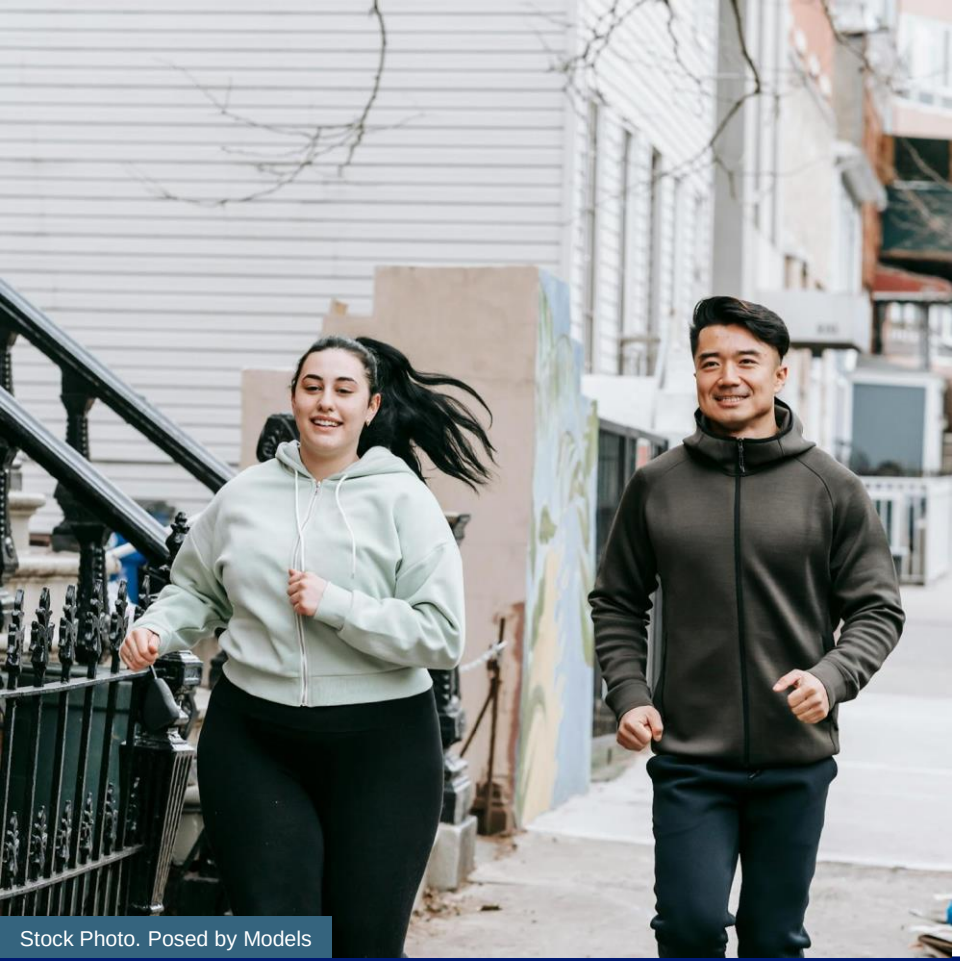


[a] In panel A, the numbers of patients who achieved treatment response at 2, 4, 8, 12, and 24 weeks, respectively, were 9, 24, 35, 37, and 37 in the standard treatment group and 30, 49, 53, 53, and 53 in the measurement-based care group ($p<0.001$). In panel B, the numbers of patients who achieved remission at 2, 4, 8, 12, and 24 weeks, respectively, were 2, 5, 12, 16, and 17 in the standard treatment group and 8, 25, 41, 44, and 45 in the measurement-based care group ($p<0.001$).

14.8 vs 8.4 weeks

- Hamilton-D 50% or <8
- Greater response
- Shorter time to response
- More treatment adjustments (44 vs 23)
- Higher doses antidepressants
- Similar drop out, side effects

Source: Quo T, Correll, et al. American Journal of Psychiatry, 172 (10), Oct, 2015

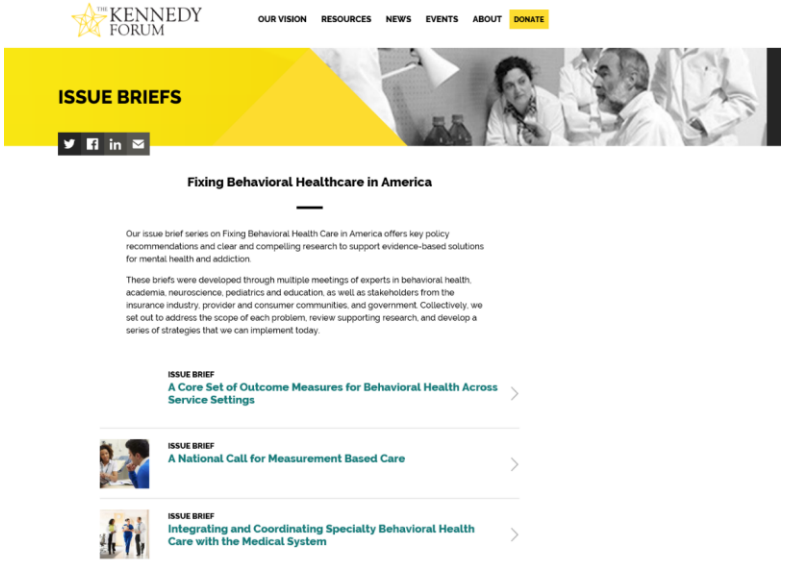


Measurement Based Care is Not New

Treating to a measurement “target” is how most physical health care is done and is common practice in Medicine

- Diabetes is treated with a target of blood sugar (Hemoglobin A1C) below 5.7%
- Blood pressure is treated to be within a target of less than 120/80 (Systolic/Diastolic)
- Body Mass Index has clear targets for underweight, normal weight, overweight, obese

Measurement Based Care in Behavioral Health



Source: Kennedy Forum: Fixing BH Care in America https://www.thekennedyforum.org/app/uploads/2017/06/KennedyForum-MeasurementBasedCare_2.pdf

- MBC in BH has been around for a long time but is not yet standard in care.
- Kennedy Forum launch call to action for national BH MBC in 2017.

Why it is so important:

- Research shows that **BH providers only detect 19% of patients who are worsening** with judgement and standard practice
- Detection is even lower for those whose symptoms are not improving as expected. **We don't always know that people aren't improving.**

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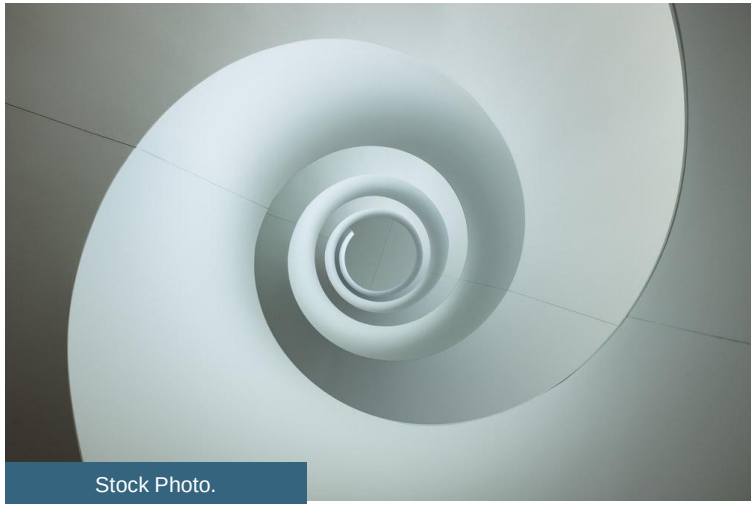
Measurement Based Care—A Win, Win, Win

What's right for the individual, the clinician, the provider organization, the health plan and the state.

Measurement based care provides an enormous opportunity to demonstrate value, genuine impact on outcomes, and data to inform clinical model efficiency.

Exercise-Spiral Journal

- Take a blank piece of paper.
- Draw a spiral in the middle of the circle and just focus on the spiral.
- Draw a line from top to bottom and side to side to create quadrants.



Stock Photo.

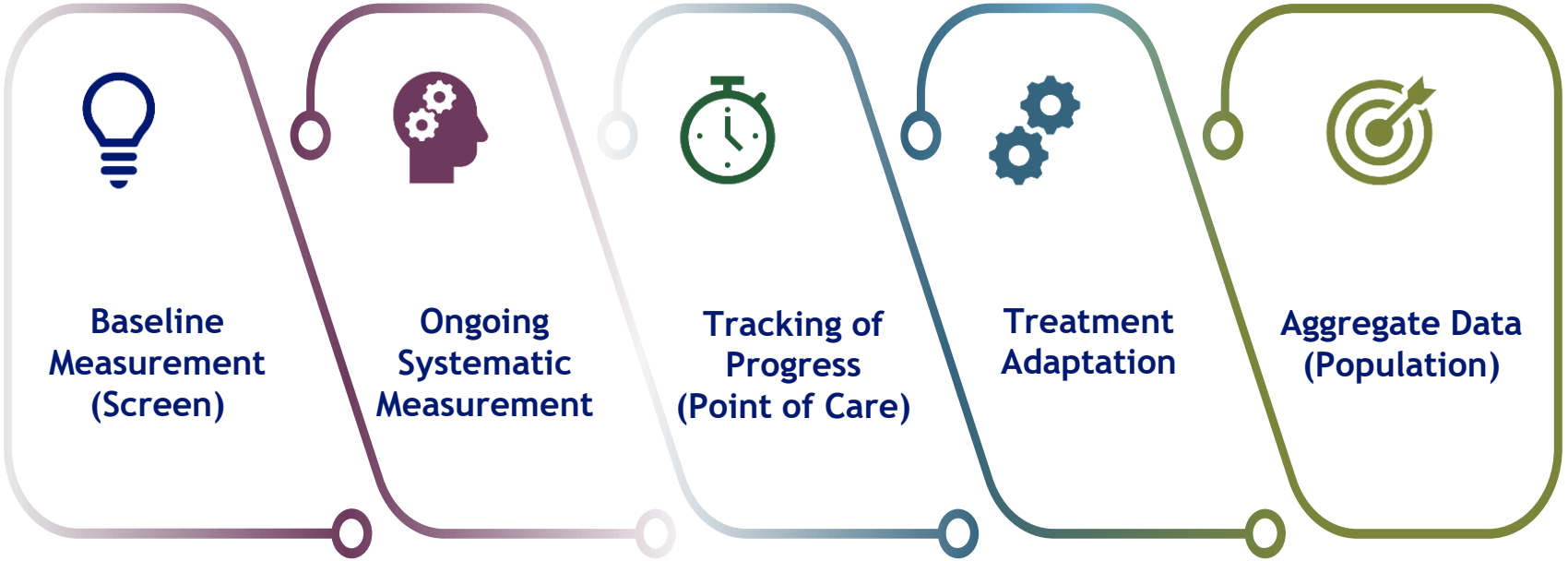
- Consider your experience of evaluating whether people are getting better or worse.

I generally evaluate whether people improve by….	Sometimes, it feels impossible to….
What I want to try is…	What I hope I'll learn is…

Process of Measurement Based Care

Let’s Walk Through the Nuts and Bolts

Measurement Based Care is the Future



Measurement Based Care Process

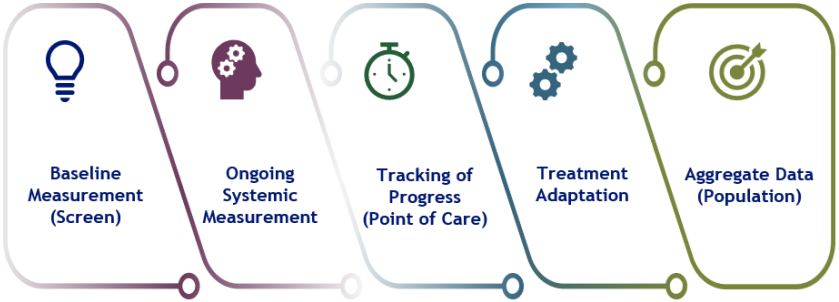
1. Baseline Measure of symptom (often called screening)

1. Using validated *measurement tool* to systematically measure symptoms on a schedule
   - best practice is two times per month or could be once a month
   - Why infrequent measurement doesn't work?

3. Track progress at individual level and across caseload

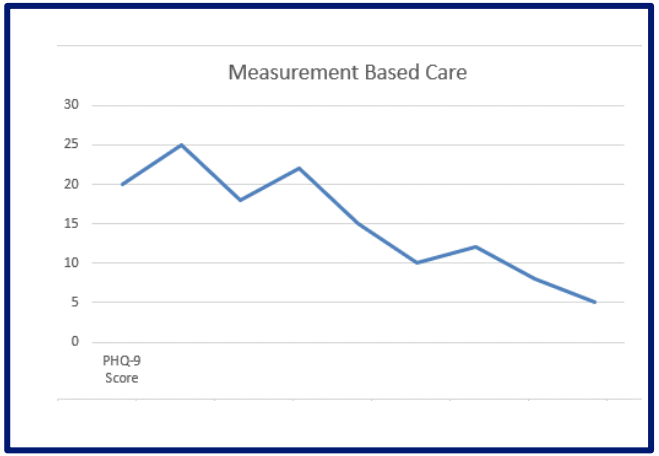
4. Adapt treatment as necessary to ensure treatment is progressing

5. Aggregate data for quality improvement and outcome measurement



Measurement is Not the Same as Screening

- ✓ Single point in time measure
- ✓ Designed to identify need for care or support diagnostic decisions



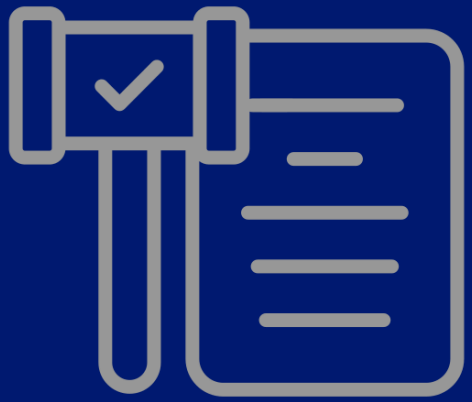
- ✓ Systematic measurement over time
- ✓ Designed to inform treatment adaptation and decisions about level of care needed.

Do's and Dont's of Measurement Based Care

- Only one time measurement (screen)
- Infrequent measurement (quarterly, 6 months, year)
- Only for data and not for clinical providers and clinical care
- No training on MBC

- Defined systematic measurement (e.g., once every two weeks, every month)
- Registry or database to track measurement at the caseload level (ideally within or aligned with Electronic Health Record)
- Data at the provider level
- Training for providers
- Engagement of individuals in the measurement process

Selecting *Measurement* Tools



- Use only validated tools
- Many screening tools are also measurement tools
- Ensure that in addition to screening, the tool is validated for measurement
- Select for population
- Select for core symptoms and challenges
- Consider universal tools and specific tools

Examples of Validated Tools

Indicates a measurement tool

Mood Disorders

- PHQ-9 Depression
- MDQ: Bipolar Disorder
- CIDI: Bipolar Disorder
- PMQ-9: Mania

Anxiety Disorders

- GAD-7: Anxiety
- PCL-C: PTSD
- SCARED: Anxiety (Child and Youth Measure)
- Mini Social Phobia: Social Phobia

Psychotic Disorders

- Brief Psychiatric Rating Scale
- Clinician-Rated Dimensions of Psychosis Symptoms Severity

Substance Use Disorders

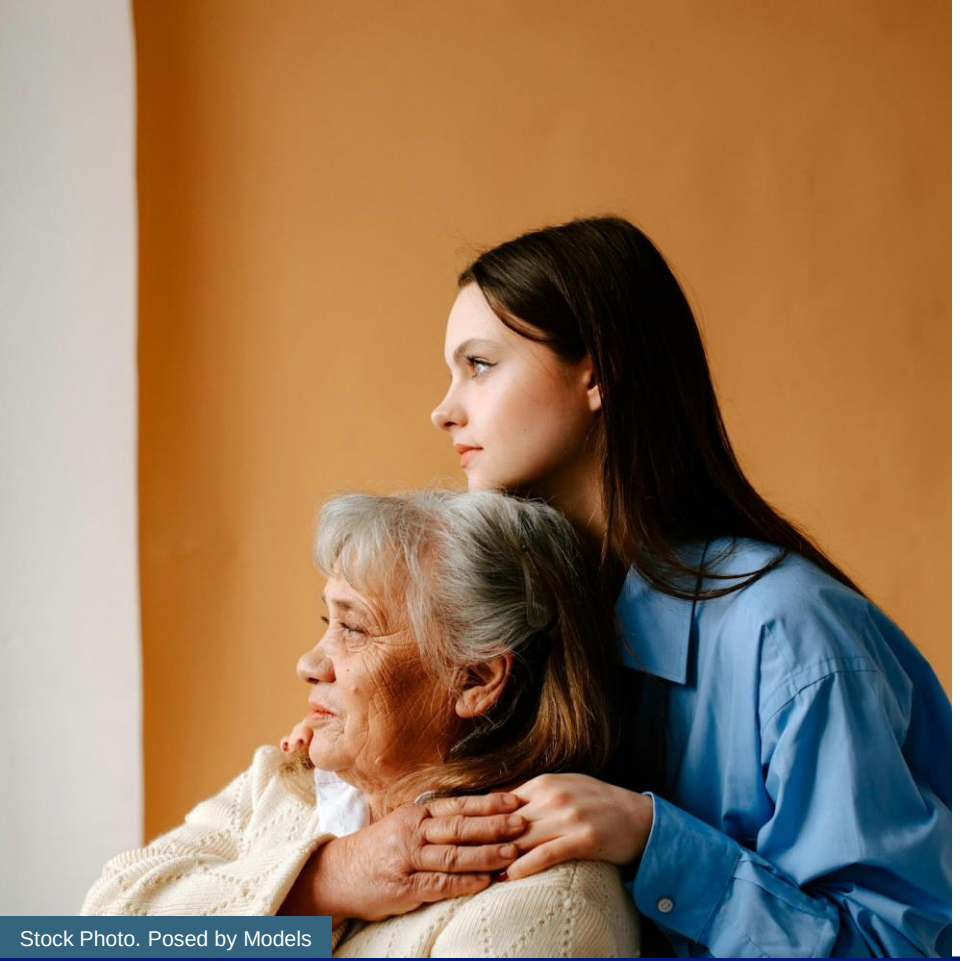
- CAGE-AID
- AUDIT-C
- DAST
- CRAFFT (Adolescent)
- Brief Addiction Monitor

Developmental Screening

- ASQ
- Vineland -3
- CHAT
- PEDS

Functional Assessment tools

- Often providers want to explore functional assessment, especially for individuals with serious mental illness
  - SF-12, 24,
  - Daily Living Activities (DLA-20,
  - WHO Quality of Life
  - WHO Disability Assessment Schedule (12 item)
  - Dartmouth Illness Management & Recovery Scale (Dartmouth)
  - Employment Ratings
  - Housing Stability
  - Quality of Life



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How Does the Caseload Tracking Help?

- Track all clients so no one “falls through the cracks”
- Tells us who needs additional attention
  - High risk individuals in need of immediate attention
  - Clients who are disengaged
  - Clients who are not improving
- Facilitates communication, specialty consultation, and care coordination
- Helps to concentrate resources and stratify caseloads by risk

Example of Tracking Progress

	Treatment Status				PHQ-9				GAD-7				Treatment Consult	
Name	Date of Initial Assessment	Date of Most Recent Contact	Number of Follow-up Contacts	Weeks in Treatment	Initial PHQ-9 Score	Last Available PHQ-9 Score	% Change in PHQ-9 Score	Date of last PHQ-9 Score	Initial GAD-7 Score	Last Available GAD-7 Score	% Change in GAD-7 Score	Date of last GAD-7 Score	Flag	Most recent Psychiatric Review
Susan Test	9/5/2015	2/23/2016	10	26	22	14	-36%	2/23/2016	18	17	-6%	1/12/2016	Safety Risk	1/27/2016
Albert Trial	8/13/2015	12/2/2015	7	29	18	17	-6%	12/2/2015	14	10	-29%	12/2/2015	Supervision	
Joe Example	11/30/2015	2/28/2016	6	14	14	10	-29%	2/28/2016	10	6	-40%	2/28/2016	Discharge Plar	2/26/2016
Bob Testy	1/5/2016	3/1/2016	3	9	21	19	-10%	3/1/2016	12	10	-17%	3/1/2016	Safety risk	2/18/2016
Nancy Fake	9/15/2015	3/6/2016	10	25	20	2	-90%	3/6/2016	14	3	-79%	3/6/2016	Discharge Plar	2/20/2016

Exercise for Learning to Use Data

Flags	Patient ID	PHQ-9		Contacts					
		First Score	Last Score	Date of Initial Visit	Date of Last Follow-up	Psychiatric Case Review	Relapse Prevention Plan	# Sessions	# Weeks in Treatment
🚩	1	23	10*	4/1/2018	7/12/2018	7/20/2018		14	25
	2	17	4	10/14/2017	8/30/2018	3/9/2018		18	46
	3	16	7	4/13/2018	9/6/2018	8/30/2018	9/6/2018	14	24
	4	25	25	7/28/2018	9/7/2018	8/3/2018		4	5
	5	20	12	10/12/2017	8/28/2018	5/11/2018	7/28/2018	16	46
	6	19	9	4/27/2018	8/9/2018	5/25/2018		7	18
	7	11	12	7/19/2018	9/6/2018	7/20/2018		3	6
	8	21	5	7/7/2018	8/13/2018	8/10/2018		8	10
	9	9	8*	7/16/2018	8/27/2018	8/27/2018		2	7
	10	17	13	2/9/2018	8/13/2018	7/20/2018		15	36
	11	19	13*	7/8/2018	9/2/2018	8/28/2018		3	8
	12	18	6	4/30/2018	8/11/2018	8/12/2018		14	20
	13	11	0	3/10/2018	8/30/2018	7/20/2018	5/27/2018	8	25
	14	17	9	10/28/2017	8/18/2018	2/17/2018		13	45
	15	13	20	6/30/2018	8/29/2018	8/11/2018		7	10

Key

🚩 Indicates patient has been flagged for discussion during next psychiatric consultation

* Score in the Last column will have an asterisk (*) if it is older than the specifications for that clinical measure (e.g., if the PHQ-9 is older than 30 days)

Today's date is 9/7/2018

1. Which patients are not improving? How do you know?
2. Which patients need engagement? How do you know?
3. Which patients are ready for relapse prevention or planning for a step down in care? How do you know?

Answers for Exercise

Flags	Patient ID	PHQ-9		Contacts					
		First Score	Last Score	Date of Initial Visit	Date of Last Follow-up	Psychiatric Case Review	Relapse Prevention Plan	# Sessions	# Weeks in Treatment
🚩	1	23	10*	4/1/2018	7/12/2018	7/20/2018		14	25
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	6	19	9	4/27/2018	8/9/2018	5/25/2018		7	18
	7	11	12	7/19/2018	9/6/2018	7/20/2018		3	6
	8	21	5	7/7/2018	8/13/2018	8/10/2018		8	10
	9	9	8*	7/16/2018	8/27/2018	8/27/2018		2	7
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	11	19	13*	7/8/2018	9/2/2018	8/28/2018		3	8
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1. Which patients are not improving? How do you know?

PT IDs:

- Pt 4 (5 weeks in care and no movement)
- Pt 7 (getting worse)
- Pt 15 (getting worse and haven't seen in almost a month)

Answers for Exercise

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		First Score	Last Score	Date of Initial Visit	Date of Last Follow-up	Psychiatric Case Review	Relapse Prevention Plan	# Sessions	# Weeks in Treatment
🚩	1	23	10*	4/1/2018	7/12/2018	7/20/2018		14	25
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2. Which patients need engagement? How do you know?

Pt IDs:

- 1 hasn't been seen in a while and has an old measurement
- 9, also need another measurement
- 5 wonder about engagement with 46 weeks of care and only 16 sessions—may need more frequent care.

Answers for Exercise

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		First Score	Last Score	Date of Initial Visit	Date of Last Follow-up	Psychiatric Case Review	Relapse Prevention Plan	# Sessions	# Weeks in Treatment
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	5	20	12	10/12/2017	8/28/2018	5/11/2018	7/28/2018	16	46
	6	19	9	4/27/2018	8/9/2018	5/25/2018		7	18
	7	11	12	7/19/2018	9/6/2018	7/20/2018		3	6
	8	21	5	7/7/2018	8/13/2018	8/10/2018		8	10
	9	9	8*	7/16/2018	8/27/2018	8/27/2018		2	7
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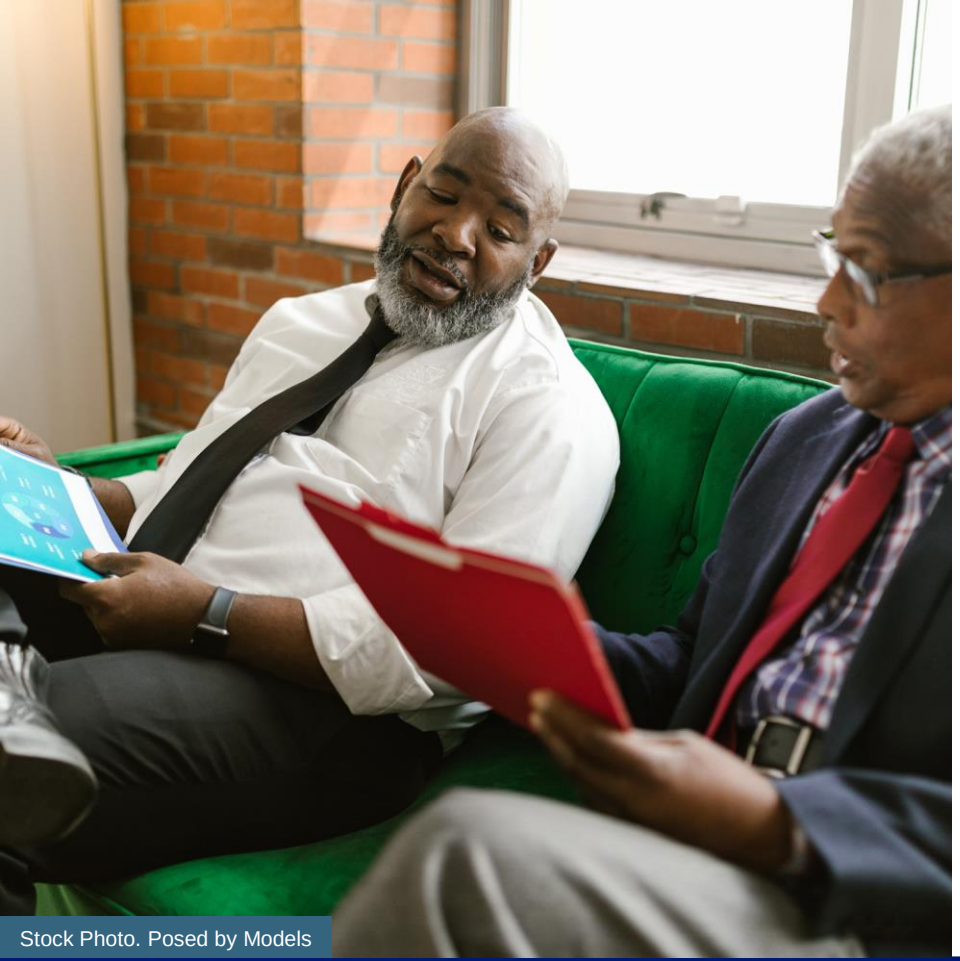
2. Which patients are ready for relapse prevention or planning for a step down in care? How do you know?

Pt IDs:

- 2 and 13 recent measure and symptoms in remission based on measurement
- 3 and 8 may also be ready with scores below target
- 12 may be but should have a more recent visit to confirm progress

Engagement of Individuals in Measurement

MBC Can Be a Powerful Tool for Increasing Patient and Provider Satisfaction



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Engagement is Key to Success

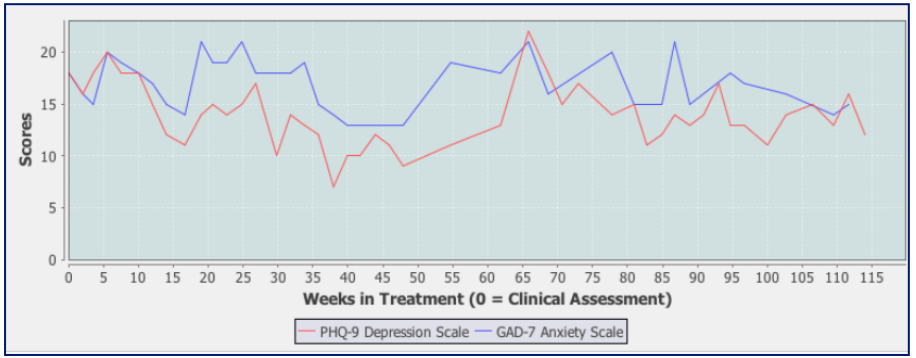
Providers are often worried that individuals in treatment will dislike or resist the frequent measurements.

- Providers need to view **MBC as a clinical tool and part of the clinical process rather than an administrative tool**
- **Focus on engaging individuals in measurement and explaining the WHY** and then showing individuals how the measurement informs their care
- Can be a tool for **increasing motivation, validation, and visible progress**
- **Patient satisfaction is increased with MBC** and often patients enjoy tracking progress and end up learning more about their symptoms through the process

Exercise: Let's Explore this Data

What does this measurement data tell you about the person's care?

- They have been in treatment for 115 weeks.
- The PHQ-9 and GAD-7 scores continue to go up and down but largely have not improved.
- Take a few minutes to write down thoughts on why this person is not improving and **potential questions** you'd ask the individual or the provider working with them?
- **What would you recommend**?



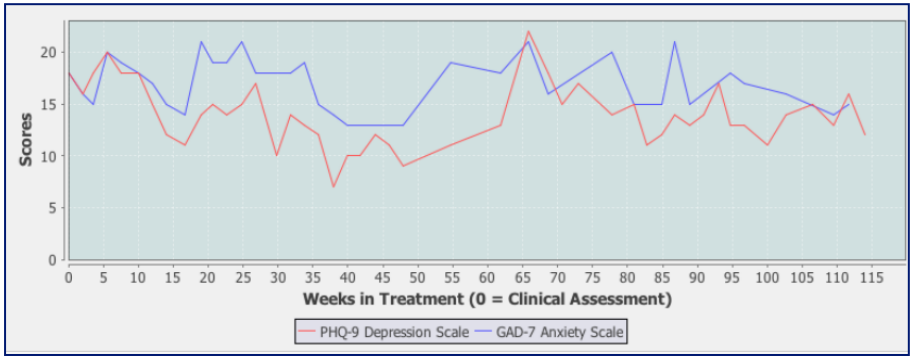
Source: Washington AIMS Center

Exercise: Let's Explore this Data

What does this measurement data tell you about the person's care?

Potential questions (you may have other good questions):

- Is there something missing? Undiagnosed substance use? Undiagnosed mania or other diagnosis? Trauma or lack of safety at home that has not been discussed?
- Is the person engaged in care?
- Has the person had a psychiatric evaluation? Is the person taking prescribed medications?
- Would a more targeted measurement tool support better identification of symptoms?



Source: Washington AIMS Center

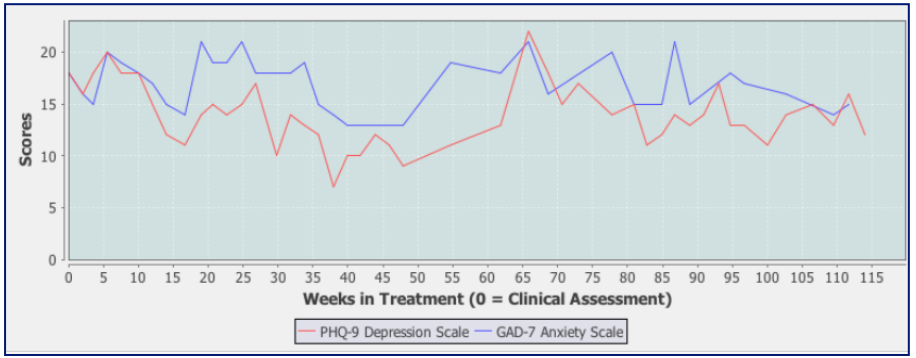
What would you recommend?

- Consider another level of care? More intensive services or a different approach?
- Team consultation and potentially more exploration diagnostically?
- Change in Medications or psychiatric evaluation if not yet on Medications?

Let's Explore Engagement and Utility of the Measurement

How might this data be an opportunity for engagement?

- Something is not working for improving care for this individual and the data and visualization can be both validating and an opportunity for exploration. Can validate and empathize with the intensity of challenges present.
- Explore what is being missed? May open the door for the individual to say what's not working in care or share new information.
- Does the individual know what drives the changes?
- Create more a shared partnership for what steps to take.

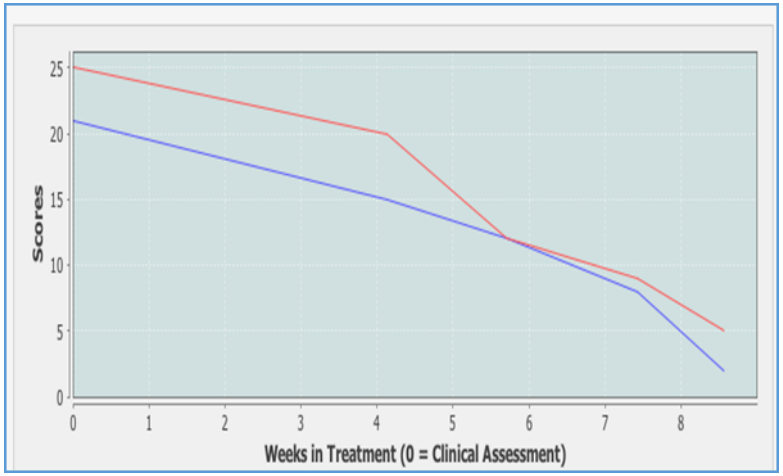


Source: Washington AIMS Center

Let’s Explore Engagement and Utility of the Measurement

What does this measurement data tell you about the person’s care? How might this be an engagement process?

- Validation of intense depression and anxiety (high scores on symptom tool)
- Showing the changes in score (even mapping it visually) to demonstrate immediate response to care with visual changes in scores within first few weeks.
- Explore how the changes are felt by the individual? What changes in their day to day? What do they notice as symptoms improve?
- What symptoms improved first? What symptoms stay the longest? How can that provide information for relapse and maintenance planning?

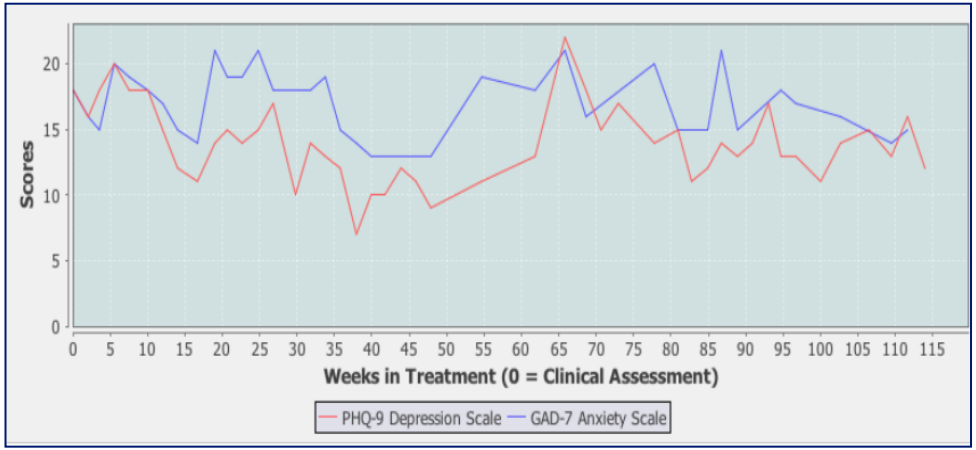


Source: Washington AIMS Center

Measurement Based Care and Level of Care Decisions

Measurement Based Care is another source of information to inform clinical decision making about changes in approach to care or determining that a person needs another level of care.

- The data can support the clinician in consultation with teammates, Medication prescribers and supervisors to show an individual's progress or lack of progress
- It can be valuable for the next team or set of professionals who will pick up care
- It can be an important way of engaging the individual or a family member in seeing that a change is needed to reach goals



Source: Washington AIMS Center

Stock Photo.

Success with Measurement Based Care

- Improved patient and provider satisfaction
  - Data driven care supports for providers at the clinical level and not separate from clinical care
  - Validation of clinical intuition
- Improves use of evidence-based practice
- Improves client engagement and education about BH conditions
- Can improve equity and reduce disparities in care

Using data at the Aggregate Level

Data Can Inform Quality Programming and Payment at the Organizational and Regional Level

Aggregate Measurement Data Can Support Organizational Quality Strategy and Supports

Supervisor dashboard with data about clinician level changes in care

Supports:

- Increased training and support across providers
- Caseload analysis
- Identification of workforce trauma
- Which providers to increase supervision supports

CO	# OF P.	CLINICAL ASSESSMENT			FOLLOW UP				50% IMPROVED AFTER > 10 WKS	
		#	MEAN PHQ	MEAN GAD	# OF P.	MEAN #	MEAN # CLINIC	MEAN # PHONE	PHQ	GAD
LCSW	70	68 (97%)	15.1 (n=61)	12.8 (n=52)	62 (91%)	6.7	5.5 (82%)	1.2 (18%)	19 (49%) (n=39)	16 (41%) (n=39)
LCSW	86	86 (100%)	15.9 (n=86)	14.2 (n=84)	79 (92%)	12.4	6.4 (52%)	6.0 (48%)	34 (68%) (n=50)	28 (56%) (n=50)
All	156	154 (99%)	15.6 (n=147)	13.6 (n=136)	141 (92%)	9.9	6.0 (61%)	3.9 (39%)	53 (60%) (n=89)	44 (49%) (n=89)

C/C = Continued Care Pla

Aggregate Measurement Data Can Inform Quality Metrics and Quality Improvement Efforts

Support Process Measures in Quality:

- % of patients screened for depression (NQF 712)
- % of patients engaged in measurement based care

Support Outcome Measures and showing value:

- % of patients with a 50% reduction in PHQ-9
- % of patients reaching remission
- Average number of sessions to reach target outcome for key diagnoses
- Patient Satisfaction

Measurement Based Care for Value Based Payment

Pay for Reporting Tier 1

- Provider uses a validated measurement tool for defined population with at least monthly measurement
- Provider can demonstrate tracking of measurement at the caseload level.
- Flat fee incentive

Pay for Reporting Tier 2

- Tier 1 metrics met
- Provider can report aggregate symptom rating change for target population (e.g., 50% of population had an average of 40% reduction in symptoms
- No benchmark
- Flat fee incentive for reporting
- Additional incentive for making positive changes

Pay for Performance

- Meeting benchmark of symptom reduction
- Aggregate data that 60-70% of population reached 50% reduction in depression
- For MBC population, reduction of ED visits by 10% or more.

To better inform our future trainings as well as request topics for office hours, please complete this short survey. Use the QR code or short URL to access it. Your feedback is important. Thank you!

https://bit.ly/bhprovidertrainingsurvey

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Department of Health Care Policy & Financing

HMA
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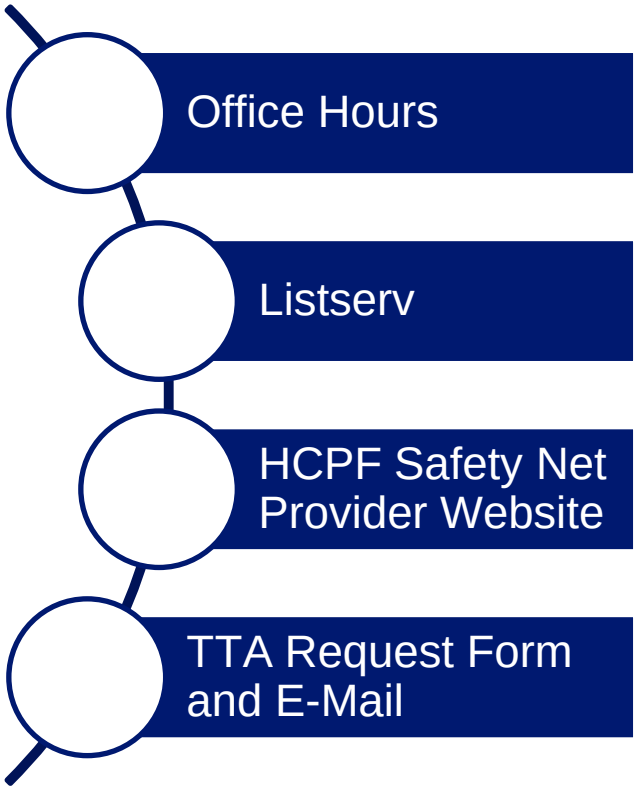
Appendix A: Additional Resources



Office Hours are offered on the last Friday of every month (through September 2024) at noon MT! Please visit the HCPF Safety Net Landing Page for details & registration information.

Join the Listserv to receive notifications of trainings, technical assistance, and other stakeholder engagement opportunities: Register Here

Visit the website for details on upcoming training topics and announcements, training recordings and presentation decks, FAQs and more: https://hcpf.colorado.gov/safetynetproviders

Request TTA support or share your ideas, questions and concerns about this effort using the TTA Request Form or e-mail questions and comments to: info@safetynetproviders.com

Appendix B: Resources

- SAMHSA Report on MBC for Behavioral health Care in Community Settings
- Kennedy Forum Measurement Based Care Call to Action
- Article "A Tipping Point for Measurement Based Care" on empirical support for MBC in behavioral health
- Quo T, Correll, et al. American Journal of Psychiatry, 172 (10), Oct, 2015
- Kennedy Forum: Fixing BH Care in America https://www.thekennedyforum.org/app/uploads/2017/06/KennedyForum-MeasurementBasedCare_2.pdf