SOVEREIGN HEALTH

A Better Way to a Better Life

Using Measurement-Based Care to Enhance Substance Abuse and Mental Health Treatment

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The Problem

- 5 to 10% of adults and 14 to 25% of child patients deteriorate in therapy
- What shall we do about it????

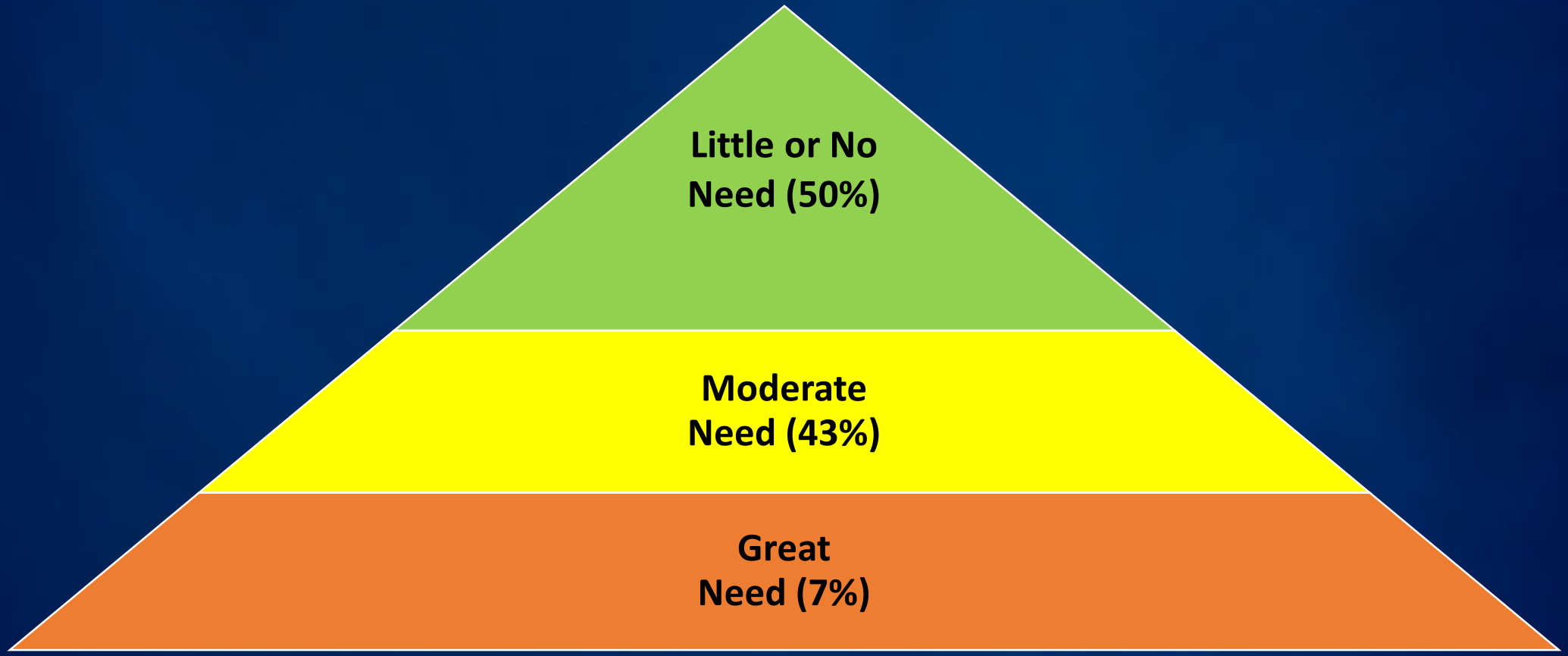
General Outcomes in Clinical Trials vs. Routine Care: The extent of the problem

- Meta-analysis shows in 28 studies, 2109 patients, and 89 treatment conditions an average recovery rate of 58%, improvement rate = 67% (M=12.7 sessions).
- Routine adult care outcomes for 6072 patients were 14.1% and 20.9% (M=4.3 sessions). Child outcomes = 14-24% deterioration.

Hansen, Lambert, Forman, 2003

Warren, et. al., 2010

Identifying Cases for Review



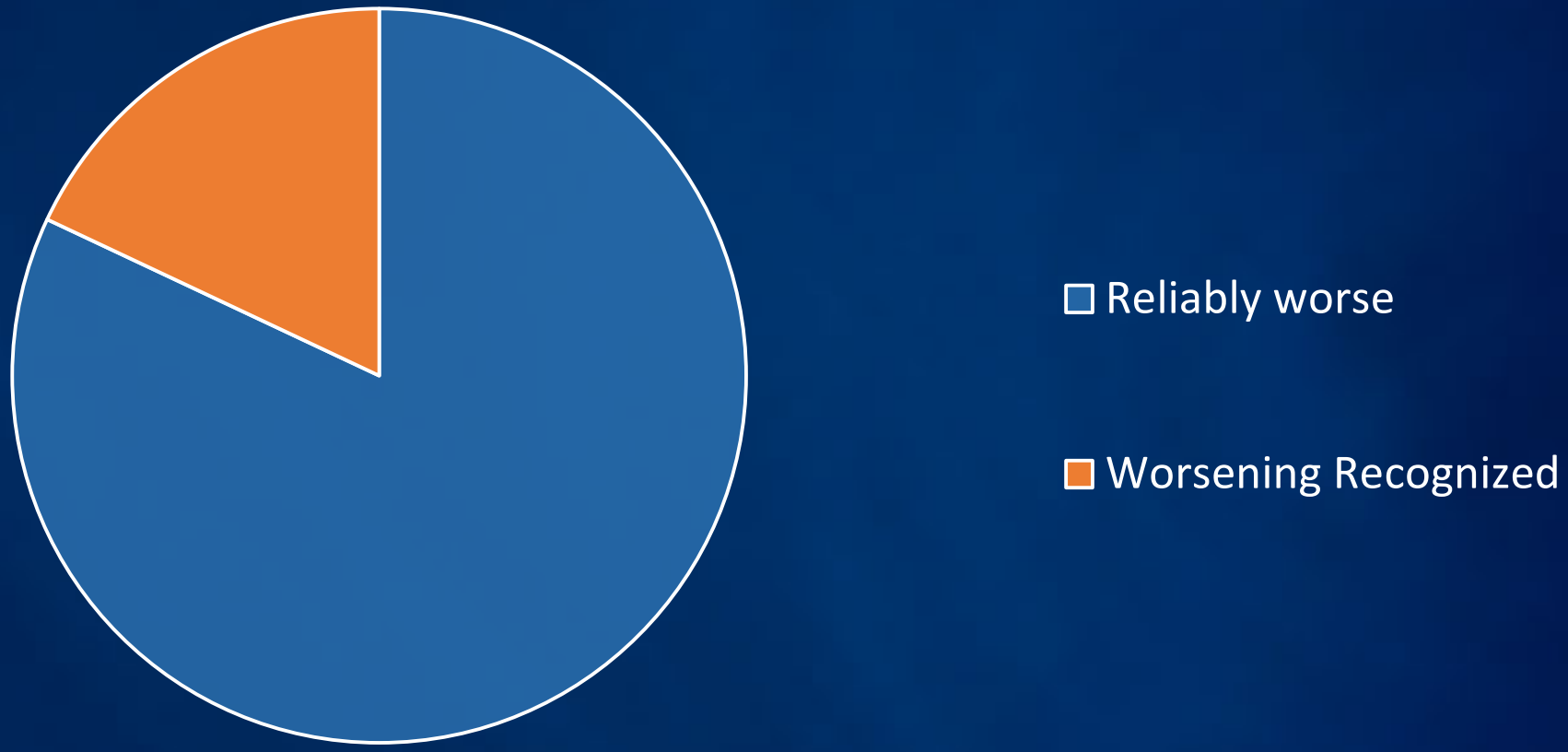
How Well do Practitioners Predict Treatment Failure?

- Final Outcome was predicted for 550 patients
- 3 were predicted to have a negative outcome
- 40 had a negative outcome
- Staff identified only one case
- Algorithms predicted 85% of those who had a negative outcome early in treatment but false alarm signals were given at a 2:1 ratio.

Hatfield (2010)

- Examined case notes of patients who deteriorated to see if therapists noted worsening at the session it occurred.
- If the patient got 14 points worse was there any recognition? 21%
- If the patient got 30 points worse was there recognition? 32%

Case Note Recognition



What Is Measurement-Based Care?

- Measurement-based care (MBC) is the philosophy and method of providing treatment and care that is informed by **outcomes** reported by patients

- MBC can also be defined as the practice of basing clinical care on patient data collected **throughout** treatment

The Case for Measurement-Based Care Regardless of Therapeutic Approaches

BENEFITS:

- **MBC provides insight into treatment progress**
- **It highlights ongoing treatment targets, reduces symptom deterioration, and improves patient outcomes**
- **As framework to guide treatment, MBC has trans-theoretical and trans-diagnostic relevance with a broad reach across clinical settings**

*Reminder - MBC is the practice of basing clinical care on patient data collected throughout treatment

And, Yes, There Are More Benefits of MBC in the Therapeutic Intervention

- MBC Provides insight into how treatment is progressing
- MBC Highlights and identifies ongoing treatment targets
- MBC Gathers vital information about:
  - Patients' symptoms
  - Their ability to function and their satisfaction with life
  - Their readiness to change
- Furnishes feedback about patients' therapy sessions and their relationships with their therapists

BONUS!

Research shows: Adding MBC to routine care produces notable improvement in psychological disturbance, interpersonal problems, social role functioning and quality of life

In youth patients, MBC produces improvement at a faster pace than treatment methods with no feedback system .

In both adult and youth patients, MBC is particularly effective in patients who are identified as most likely to fail treatment

Is MBC Really that Good?

As a matter of fact...YES!

- MBC is effective across theoretical orientations - cognitive-behavioral therapy, psychodynamic, experiential, eclectic
- MBC is user-friendly for a wide-range professionals, from graduate students to seasoned psychotherapists
- Patients report a greater sense of involvement in treatment decisions
- By having the chance to rate their symptoms, they gain a better understanding of their disorder and treatment goals

MBC Is Good for Providers Too!

- It allows the healthcare team to be alerted to a lack of progress
- Patient feedback provides important information about previously unidentified targets so that adjustments to the intervention can be made.
- MBC can streamline the assessment process and alert clinicians to differential diagnoses.
- Since MBC is driven by data from patient feedback, it provides an objective assessment of the patient's progress

The Institutional Value of MBC

Pass the Data, Please!

- Studies show that sharing assessment results with the entire healthcare team improves outcomes
- Studying data gathered by MBC can be used to take a facility's or practice's "temperature," valuable for internal assessment and identifying strengths/weakness
- It can guide decisions about adding new programs and modifying extant ones
- It has financial implications - MBC data can be submitted for funding streams or to accreditation
- Data-based decisions can be made about adding new programs and establishing standardized treatment protocols within a treatment facility
- informed and active in addressing treatment challenges

How Do We Implement MBC?

Remember the therapeutic variables, the Common Factors, that need to be assessed for effective MBC:

- **Symptoms**
- **Functioning and satisfaction with life**
- **Readiness to change**
- **Session feedback and working alliance**

I. Symptoms

The goal of collecting data on patients' symptoms is to characterize symptom severity over the course of treatment. This data on allows the clinical team to understand the patient's perception of symptom severity in order to calibrate treatment and alleviate or at least mitigate the patient's symptoms. Some scales are:

- Patient Health Questionnaire-9 (PHQ-9): Establishes depressive disorder diagnoses and grades depressive symptom severity
- GeneralizedAnxietyDisorder-7 or (GAD-7): Screens for anxiety and can be used to establish a diagnosis and the severity of generalized anxiety disorder
- Brief Social Phobia Scale (BSPS): Uses 3 subscales—fear, avoidance, and physiological arousal—to assess common presenting problems such as depression, anxiety disorders, and phobias

This is just a sample of cost-free tools for assessing patient symptoms; there are many more

II. Functioning and Satisfaction with Life

- **Functioning: Measure impairment in a patient's ability to function in various environments such as work, social activities and familial settings. A good measurement tool is the Social Adaptation Self-evaluation Scale (SASS), which covers different aspects of social interactions, global social attitude, and self-perception.**
- **Satisfaction with Life (or Quality of Life): Any gains over the course of therapy are considered a health improvement; scores may vary over treatment**

A common and effective tool for gauging this variable is the Quality of Life Inventory (QOLI), a 5-minute test that assesses well-being and satisfaction with life.

III. Readiness to Change

- A 4-stage process that patients move through over the course of treatment—Pre-Contemplation, Contemplation, Action and Maintenance; assessment helps to identify/discuss barriers to change
- Can be applied to a wide array of behaviors beyond drug and alcohol use such as readiness to take medications to broader-based behavior, such as following a proscribed treatment plan

One simple and very quick test is the Readiness-to-Change-Ruler, a simple and effective tool to assess willingness or readiness to change; it can determine where patients fall in the spectrum, from "not prepared to change" on one end to "already changing" on the opposite end.

IV. Session Feedback and Working Alliance

- Maybe the **most** important variable to **measure**! It is the most predictive factor of **outcome**; there is a positive correlation between the patient-provider alliance and symptom change across a broad range of psychotherapeutic interventions, regardless of the patient's presenting issue

Tests include:

- Outcome Rating Scale (ORS); measures 3 dimensions—personal or symptomatic distress, interpersonal well-being, social role
- Session Rating Scale (SRS) encourages routine conversations on the patient/therapist alliance and rates each therapeutic session so that barriers can be identified and adjustments made to treatment

- Working Alliance Inventory (WAI) assesses 3 key aspects of the therapeutic alliance—agreement on the tasks of therapy, agreement on the goals of therapy, development of an affective bond

Help the Process Along!

Set Your and Your Patient Up for Success!

- Listen to your patient
- Privilege the patient's experience
- Request feedback on the therapy relationship
- Avoid critical or pejorative comments
- Ask what has been most helpful in this therapy

ALERTS are Essential Because Clinicians are Overly Optimistic

- Walfish, et al survey found therapist estimates of positive outcome to be 85%
- 90% of therapists rated themselves above the 75th%ile
- No Therapist rated themselves below average

Criteria for Selecting an Outcome Instrument

- Good Psychometrics
  - Internal Consistency Reliability
  - Test-Retest Reliability
  - Concurrent Validity
- Practical
  - Easy to administer
  - Brief
  - Reports patient's status in a simple, objective fashion

Criteria for Selecting an Outcome Instrument Continued..

- Suitable for the patient population under care
- Sensitive to meaningful change
  - Accurately delineates the dose effectiveness of treatment
  - Differentiates symptomatic improvements from functional improvements

Outcome Is:

- Symptom Distress—internal pain
  - e.g., I feel hopeless about the future
- Interpersonal Problems
  - e.g., I feel lonely
- Social Role Functioning
  - e.g., I feel angry enough at work to do something I may regret
- Positive Well being--

The value of monitoring and systematic feedback through psychological assessments **hinges on the degree to which the information provided to clinicians goes beyond what a clinician can observe and understand about patient progress without such information.** It is important for the information to add something to the therapist's view of patient well being.

Clinician Report Red Alert – Part 1

Name: Adult, Melanie, R **ID:** ASDF0195
Session Date: 2/16/2006 **Session:** 5
Clinician: Clinician, Bob **Clinic:** North Clinic
Diagnosis: Panic Disorder
Algorithm: Empirical

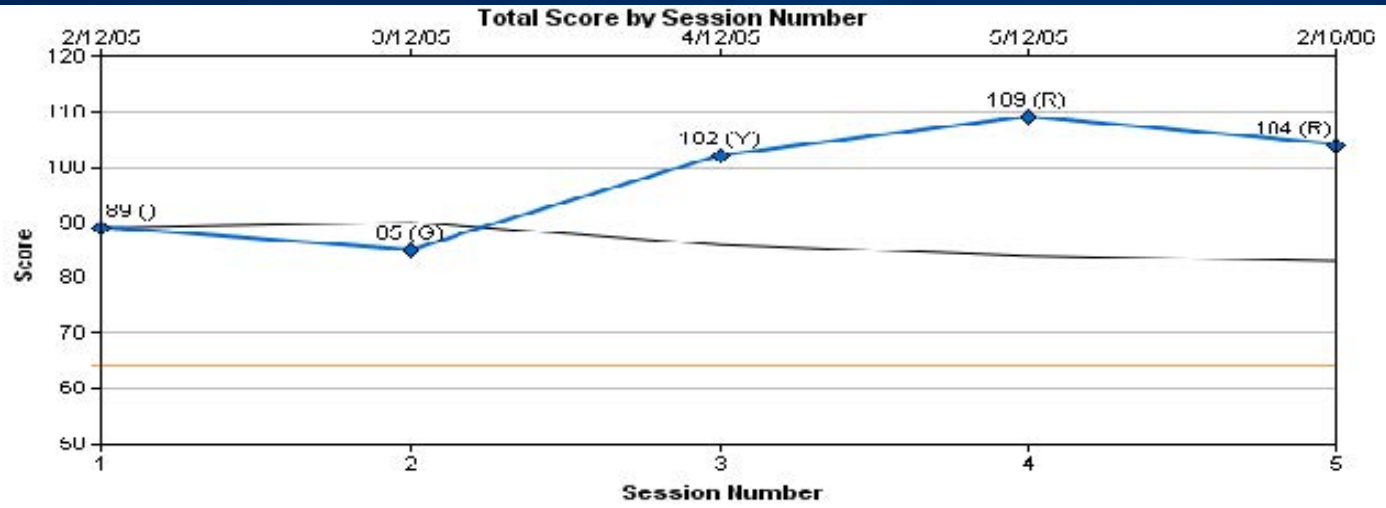
Alert Status: Red
Most Recent Store: 104
Initial Score: 89
Change From Initial: Reliably Worse
Current Distress Level: Moderately High

Most Recent Critical Item Status:

8. Suicide - I have thoughts of ending my life.	**Sometimes**
11. Substance Abuse - After heavy drinking, I need a drink the next morning to get going.	**Frequently**
26. Substance Abuse - I feel annoyed by people who criticize my drinking.	**Almost Always**
32. Substance Abuse - I have trouble at work/school because of drinking or drug use.	**Almost Always**
44. Work Violence - I feel angry enough at work/school to do something I might regret.	**Sometimes**

Subscales	Current	Outpat. Norm	Comm. Norm
Symptom Distress:	63	49	25
Interpersonal Relations:	25	20	10
Social Role:	16	14	10
Total	**104**	**83**	**45**

Clinician Report Red Alert – Part 2



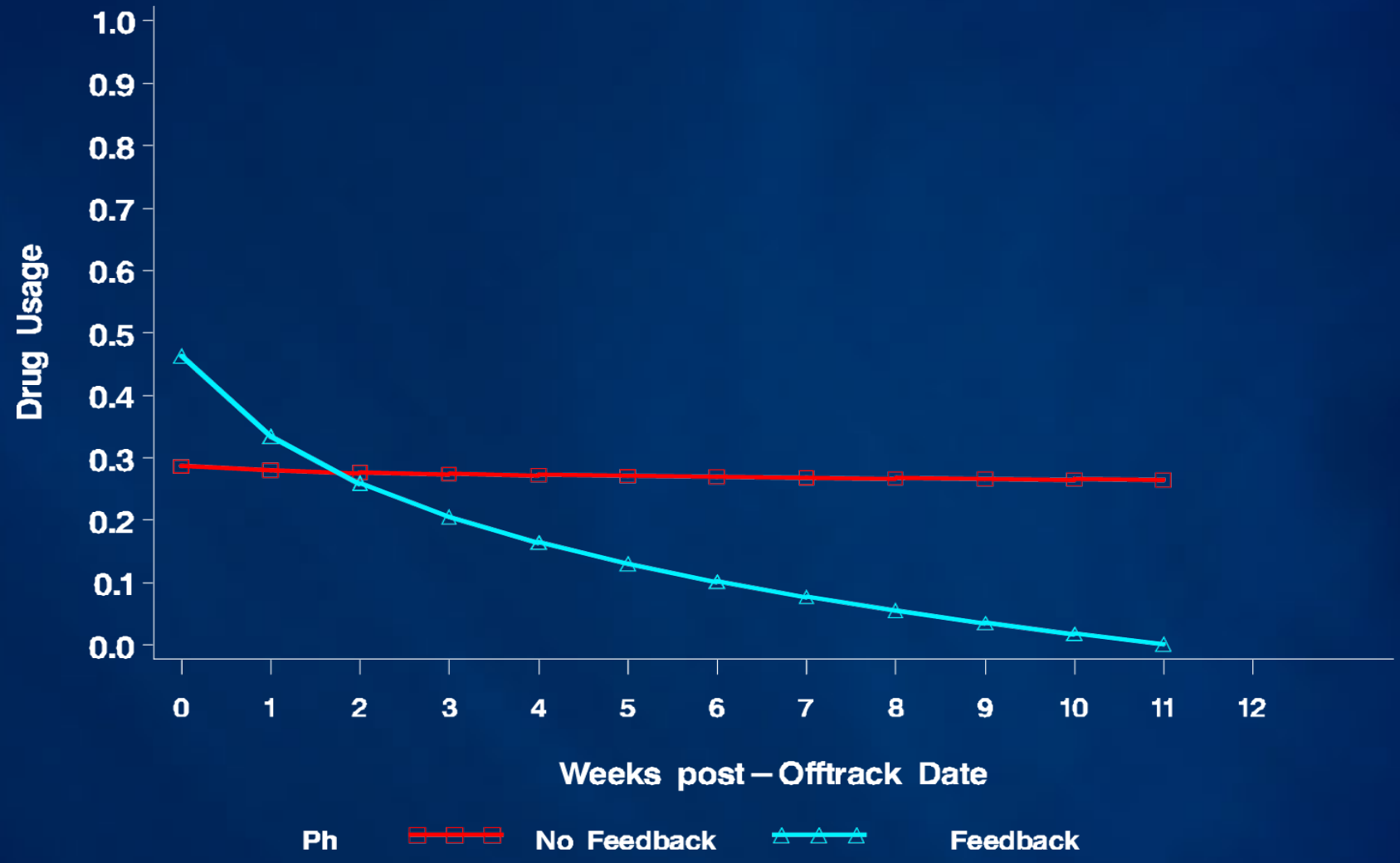
Graph Label Legend:

(R) = **Red**: High chance of negative outcome (Y) = **Yellow**: Some chance of negative outcome

(G) = **Green**: Making expected progress (W) = **White**: Functioning in normal range

Feedback Message:

The patient is deviating from the expected response to treatment. They are not on track to realize substantial benefit from treatment. Chances are they may drop out of treatment prematurely or have a negative treatment outcome. Steps should be taken to carefully review this case and identify reasons for poor progress. It is recommended that you be alert to the possible need to improve the therapeutic alliance, reconsider the client's readiness for change and the need to renegotiate the therapeutic contract, intervene to strengthen social supports, or possibly alter your treatment plan by intensifying treatment, shifting intervention strategies, or decide upon a new course of action, such as referral for medication. Continuous monitoring of future progress is highly recommended.



What to do if the patient Signals Red or Yellow?

- The patient will be given the ASC (Assessment for Signal patient)
- You will be given a report of the results
- You will have a Decision Tree to organize your problem solving
- You will have a list of possible interventions

What is the Decision Tree?

- If the patients is progressing poorly the decision tree suggests you first assess the quality of the **relationship** and consider action for RED items
- Next you consider poor **motivation**
- Next you consider poor **social support**
- Next you consider problematic **life events**

What is in the ASC?

- The ASC asks patients questions about
  - Their relationship with you--
  - Their motivation for change
  - Their social supports
  - Recent life events
- RED items on the report may call for some action

Alliance Interventions

- Pay careful attention to the amount of agreement between you and your patient concerning overall goals and the tasks necessary to achieve those goals
- Work with resistance be retreating when necessary and being supportive
- Provide a therapeutic rationale for your techniques, actions and behaviors
- Discuss the here and now therapeutic relationship – do not explain or defend yourself
- Spend more time exploring patient feelings

Implementation

- Planning
  - Well organized, sensible
  - Involve staff, ask for commitment
  - Pilot test, get feedback from committed & resistant

Anticipate turnover in staff, but be especially careful to have a backup plan for the local champion

Implementation

- Training & support
- Reporting
  - Provider profiling
  - Plan/facility/group report card
- Data analysis
  - Case mix adjust
  - Statistical significance does not equal clinical significance
- Data integration
  - Clinical management
  - Organizational QI efforts

- Receptionists
  - See themselves as protecting patients from the system and may sabotage by "forgetting" to administer, or demeaning the measure
- Patients
  - Generally present little problem with their attitudes reflecting clinician and staff attitudes. They are likely to become resentful over time if the clinician does not provide some feedback explanation. NOT research but a routine survey to monitor wellbeing/distress, e.g. blood sugar or blood pressure
  - Used with ALL consumers, they're not being singled out
  - Complete in honest, conscientious manner
  - Attitude of consumer is highly correlated with attitude of provider!

Presenting to Consumer

- NOT research but a routine survey to monitor wellbeing/distress, e.g. blood sugar or blood pressure
- Used with ALL consumers, they're not being singled out
- Complete in honest, conscientious manner

- **Attitude of consumer (patient) is highly correlated with attitude of provider!**

Implementation (con't)

- Staff Training
  - In all aspects that will effect their work
  - Procedures manual/work flow diagram
- Find a person who will be in charge of quality and completeness of data
  - Monitor/identify/correct operational problems
  - Facilitate collection/processing of data
  - A local champion or group of champions is a highly respected mature individual who has experience with feedback and can help with day-to-day problems and trouble shooting.

Implementation (con't)

- Encourage staff participation during data collection
  - Share results so aware of benefits
  - Encourage familiarity with reports so they are aware of how (their efforts) are being used
  - Share process improvements

Challenges to Implementation

- Clinicians
  - (Individuals) are reluctant to change – Innovations take 10-15 years to become routine
  - Over valuing of personal effectiveness
  - Doing the unfamiliar
  - Loss of autonomy by having others dictate/innovate
  - Personal threat/fear of being evaluated
  - Distrust of administrative use of data
  - Skepticism of "science/research"
  - Philosophical disagreement

Thank You!

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