MEASUREMENT-BASED CARE FOR VBP

Presented By:
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AGENDA

I. What is Measurement-Based Care (MBC)
II. MBC in Behavioral Health
III. How to initiate MBC in practice
IV. Using MBC Data
V. A Future in VBP
VI. Validated Screening Tools

Learning Objectives

1. Explain the rationale for Measurement-Based Care
2. Identify the criteria for selecting a standardized instrument
3. Describe practical applications for the use of data collected from standardized instruments
4. Identify effective and ineffective approaches to measuring outcomes

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WHAT IS MEASUREMENT-BASED CARE?

WHAT IS MEASUREMENT-BASED CARE

- Measurement-Based Care is an evidenced-based process for improving outcomes of care, treatment, or services
  - Over 20 years of research
  - Robust clinical literature across modalities, populations, and settings
- Successful Implementation
  - Benefits nearly all patients/individuals served
  - Creates a data-infrastructure that can be used to support
    - Quality efforts
    - Objective assessment of the impact of services
    - Clinical decision tools

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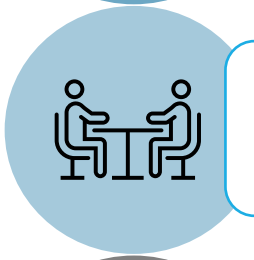
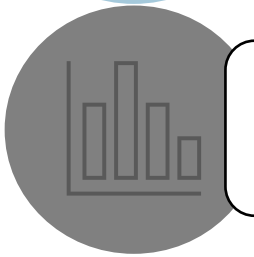
DEFINING MEASUREMENT-BASED CARE

MBC is the systematic administration of repeated, validated, and reliable measures to track symptoms and outcomes to monitor progress and inform clinical decision making



MBC improves therapeutic alliance, mutual understanding, and increases patient engagement



MBC allows for data to be used at the patient level (treatment adjustment), provider level (training), clinic level (quality), and payers (value)

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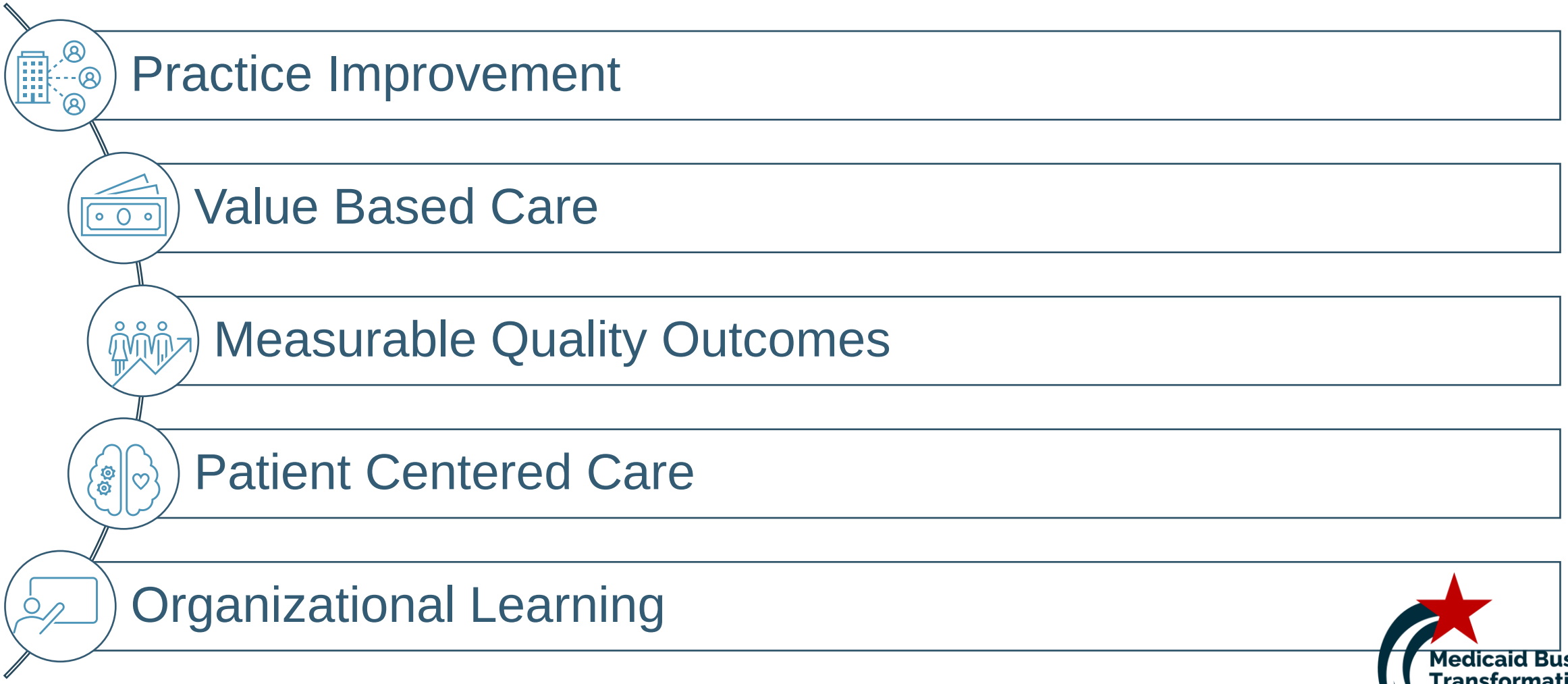
MBC IS A DIFFERENTIATOR FOR BH PROVIDERS



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THE MEASUREMENT-BASED CARE PROCESS

- MBC allows the ability to track trends and fluctuations across time so that adjustments to therapeutic approach can be made
- This form of Feedback-Informed-Treatment increases a clinician's ability to personalize treatment to the specific patient needs by using objective data to regularly monitor progress or regression across key clinical areas
- Empowers patients to raise issues not comfortable addressing aloud and focus treatment on issues that are important to them
- Supports the therapeutic alliance through identification of critical issues and declining status allowing for enhanced clinical decision making and judgment

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MBC IS REGULARLY USED IN PHYSICAL HEALTH

- Measuring weight, blood pressure, respiratory rate, cholesterol levels are regular, ongoing measurements that occur in medical care
- These measures assist in guiding providers to identify potential risk, obtain feedback from patients and monitor and tailor treatment

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MEASUREMENT-BASED CARE IN BEHAVIORAL HEALTH

MEASUREMENT-BASED CARE IN BEHAVIORAL HEALTH

- On average, how long does it take for patients with moderate to severe depression symptoms to improve in your practice?

Source: iStock

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THE NEED FOR MEASUREMENT-BASED CARE IN BEHAVIORAL HEALTH

5% The percentage of the global population living with depression

25% The percentage of adults with a mental illness reporting unmet need for treatment

70% The percentage of process measures used to assess quality in Behavioral Health

75% The percentage of lifelong mental illness that presents by age 24

90% The percentage of those with a diagnosable mental health condition who committed suicide

Those with serious mental illness die 25 years sooner than the general population

Sources: World Health Organization, Mental Health America, County Mental Health Rankings

BEHAVIORAL HEALTH MEASURES AS "VITALS"

- Behavioral health measures are like monitoring vitals in physical health
  - Identify a problem exists
  - Additional information (assessment) to understand the cause of the problem
  - Assists with ongoing monitoring to measure response to treatment including how each symptom is responding to treatment

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HISTORY OF MEASUREMENT IN PSYCHOTHERAPY

1900 – 1970s

Psychodynamic approach does not favor measurement

Expert clinical judgment endorsed

1937

MMPI Introduced

An objective aid in the routine psychiatric case work-up of patients and as a method of determining the severity of the conditions. Takes hours to administer and score.

2005

Lambert et al.

Treatment as usual versus measurement/ feedback, finding improved treatment response with measurement.

2010s

Computer Assessment

Measurement time reduced

Feedback Informed Treatment

2015

Measurement-Based Care defined

Systematic use of symptom monitoring scales (Scott & Lewis, 2015)

2025?

MBC widespread

Bayesian statistics and artificial intelligence used to aid formulations and make recommendations

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THE ROLE OF MEASUREMENT-BASED CARE IN BEHAVIORAL HEALTH

In Behavioral Health, to achieve an expected outcome, MBC follows a process of care that includes

- Behavioral Health Screening
- Diagnostic Interviewing
- Diagnostic Decision-Making
- Treatment Decision-Making
- Series of Monitoring Events

This process tracks and measures a patient's improvement over time.

EVIDENCE FOR THE EFFECTIVENESS OF MBC IN BEHAVIORAL HEALTH

Study	Findings
Bickman, et al. (2000)	Youth clients with clinicians who received feedback about treatment progress from MBC demonstrated faster improvement in symptoms than clients with clinicians who did not receive feedback
Lambert, et al. (2003)	Significant improvement in client outcomes with respect to psychological disturbance, interpersonal problems, social role functioning, and quality of life – especially for clients identified as likely to experience treatment failure
Dowrick, et al. (2009)	Patients found symptom rating scales to be efficient, complimentary of provider's clinical judgment, evidence that PCP was taking mental health seriously, increased understanding of illness, and helped with expressing themselves to provider
Guo, et al. (2015)	Significantly more patients in the measurement-based care group than in the standard treatment group achieved response (86.9% compared with 62.7%) and remission (73.8% compared with 28.8%). Similarly, time to response and remission were significantly shorter with measurement-based care (for response, 5.6 weeks compared with 11.6 weeks, and for remission, 10.2 weeks compared with 19.2 weeks).
Lewis, et al. (2015)	MBC outperforms usual care with significantly improved outcomes particularly for "nonresponders" and also associated with less deterioration in treatment and lower cost of care
Fortney, et al. (2016)	All RCTs with frequent and timely feedback of patient-reported symptoms to the provider during the medication management and psychotherapy encounters significantly improved outcomes. Ineffective approaches included one-time screening, assessing symptoms infrequently, and feeding back outcomes to providers outside the context of the clinical encounter.
Jensen-Doss, et al. (2018)	Only 13.9 % of clinicians reported using standardized progress measures at least monthly and 61.5 % never used them

HOW TO INITIATE MBC IN PRACTICE

HOW TO INITIATE MBC INTO PRACTICE

Step 1	• Identify target condition/population
Step 2	• Identify the measure set validated for the setting
Step 3	• Engage and train staff
Step 4	• Establish and implement standard operating procedures for MBC
Step 5	• CQI to evaluate implementation and fidelity
Step 6	• Clinical decision tools: monitoring of treatment/symptom feedback and treatment adjustment
Step 7	• Implementation & sustainability plan

STEP 1: IDENTIFY TARGET CONDITION/POPULATION

- Select a condition that aligns with your organizational priorities or a population with a specific need or gap
- Select outcome measures that are connected to your treatment goals
  - Reduction in symptoms
  - Eliminating maladaptive behavior
  - Improving overall wellbeing, quality of life, or relationship satisfaction
- MBC can be applies to *any* form of treatment as long as the appropriate outcome measures are utilized

STEP 2: IDENTIFY MEASURE SET

- Key considerations for selecting screening tools and outcome measures:
  - Demonstrated validity and reliability for measuring symptoms of the condition of interest
  - Diagnostic efficacy
    - Measure sensitivity, specificity, brevity
  - Ease of scoring and interpretation

CHECKLIST FOR MBC MEASURE SELECTION

- ✓ Brief
- ✓ Cost-effective
- ✓ Available/Readily accessible
- ✓ Valid and reliable
- ✓ Sensitive to change
- ✓ Clinically meaningful benchmarks
- ✓ Relevant to clinicians
- ✓ Acceptable to clients
- ✓ Useful in aggregate as a Key Performance Indicator (KPI) for leadership
- ✓ Adds organizational value
- ✓ Suitable to EHR/EMR integration
- ✓ Captures high priority data elements

- Scale must be perceived to have **direct clinical benefits for patients**
- **Data must be actionable**, current, interpretable, and readily available
- Rating scales must be **reliable and sensitive**
- Should **facilitate collaboration** and coordination
- Data used for continuous **quality improvement**

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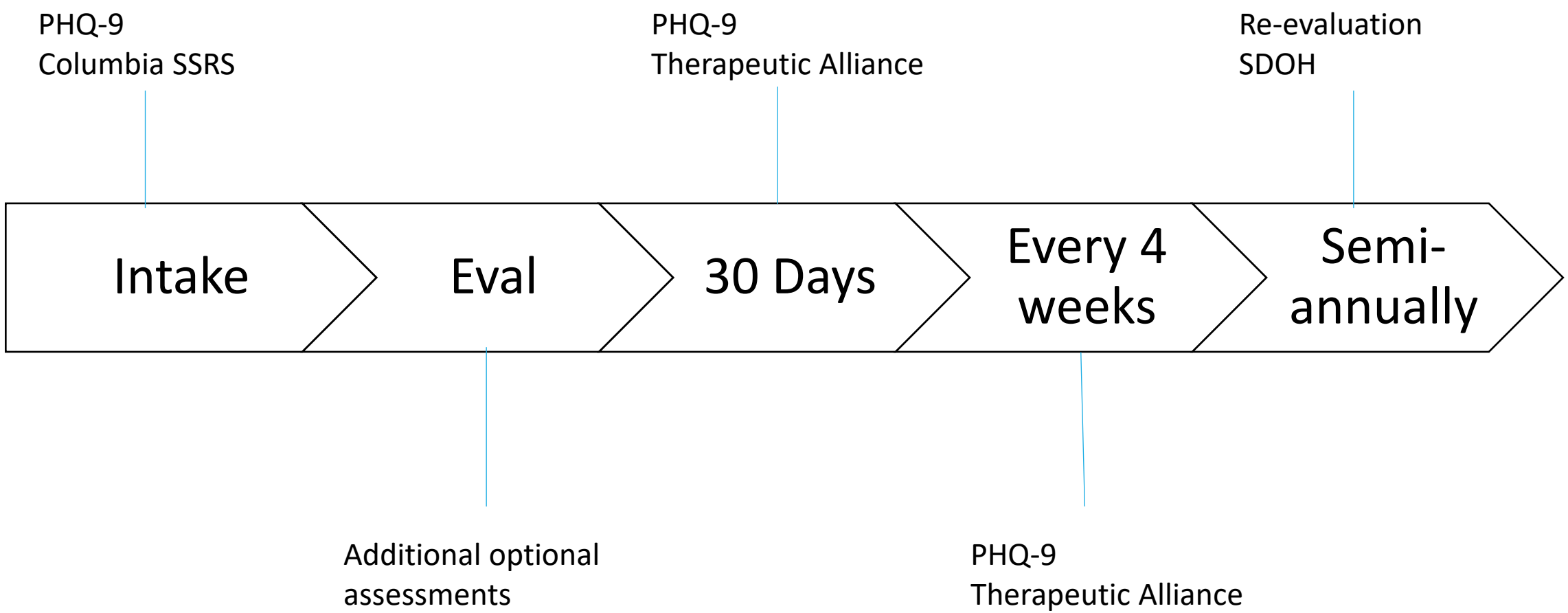
STEP 3: TRAIN/ENGAGE STAFF

- Consider input from all relevant stakeholders in the process
- Consider performing a needs assessment to gain buy-in
- Organize a multidisciplinary implementation team
- Train both clinical and non-clinical staff
- Offer ongoing support and education

STEP 4: ESTABLISH & IMPLEMENT STANDARD OPERATING PROCEDURES FOR MBC

- Clinical administration benefits from creating SOPs to guide application of screening and repeated measures
- SOPs should clearly outline clinical decision points based on clinical practice guidelines for treatment
- SOPs should include the following:
  - Training requirements for those administering screening tools
  - Timelines for initial and subsequent screenings
  - Process for administration within normal workflow
  - Reference evidence-based guidelines for all critical decision-making points of care
  - Process for scoring of instrument and data capture
  - Requirements for managing screening results
  - Utilization of feedback of results with the individual patient and tracking outcomes over time to guide evidence-based decision making
  - Population-level outcome tracking and quality improvement use
  - Methods for monitoring compliance with guidelines of SOP

SAMPLE TIMELINE



STEP 5: CONTINUOUS QUALITY IMPROVEMENT EVALUATION & FIDELITY MONITORING

- A large benefit of MBC is to evaluate program-level outcomes in addition to individual patient symptom change
- Important aspects to monitor for evaluating outcomes at a program level
  - Unmet care needs – positive screen rates for various mental health conditions
  - Outcome disparities – differences by sex, race/ethnicity, etc.
  - Data to define benchmarks for treatment – rates of remission by treatment, indicators of stepped-up or stepped-down care
- Fidelity and adherence to process
  - When beginning MBC, is common for staff to need coaching before measurement is to fidelity. QA measures will initially identify where coaching, or re-education is needed.
  - QA helps identify if the initially established SOP for flow of work is working or if tweaks are needed for agency efficiency

STEP 6: CLINICAL DECISION TOOLS: MONITORING OF SYMPTOM FEEDBACK & TREATMENT ADJUSTMENT

- Monitor trends in progress over time
- Each instrument has unique cut-off scores and change metrics
- Treatment progress is often defined through significant improvement, response, and remission
- Various definitions have been proposed and tested
- Respond by changing or adding to treatment

Common PHQ-9 Treatment Metrics (Unutzer et al, 2020)	
Depression Significant Improvement	PHQ-9 Score Change from Baseline of >= 5 points
Depression Response	PHQ-9 Score Change from Baseline of >= 50%
Depression Remission	PHQ-9 Score of <5

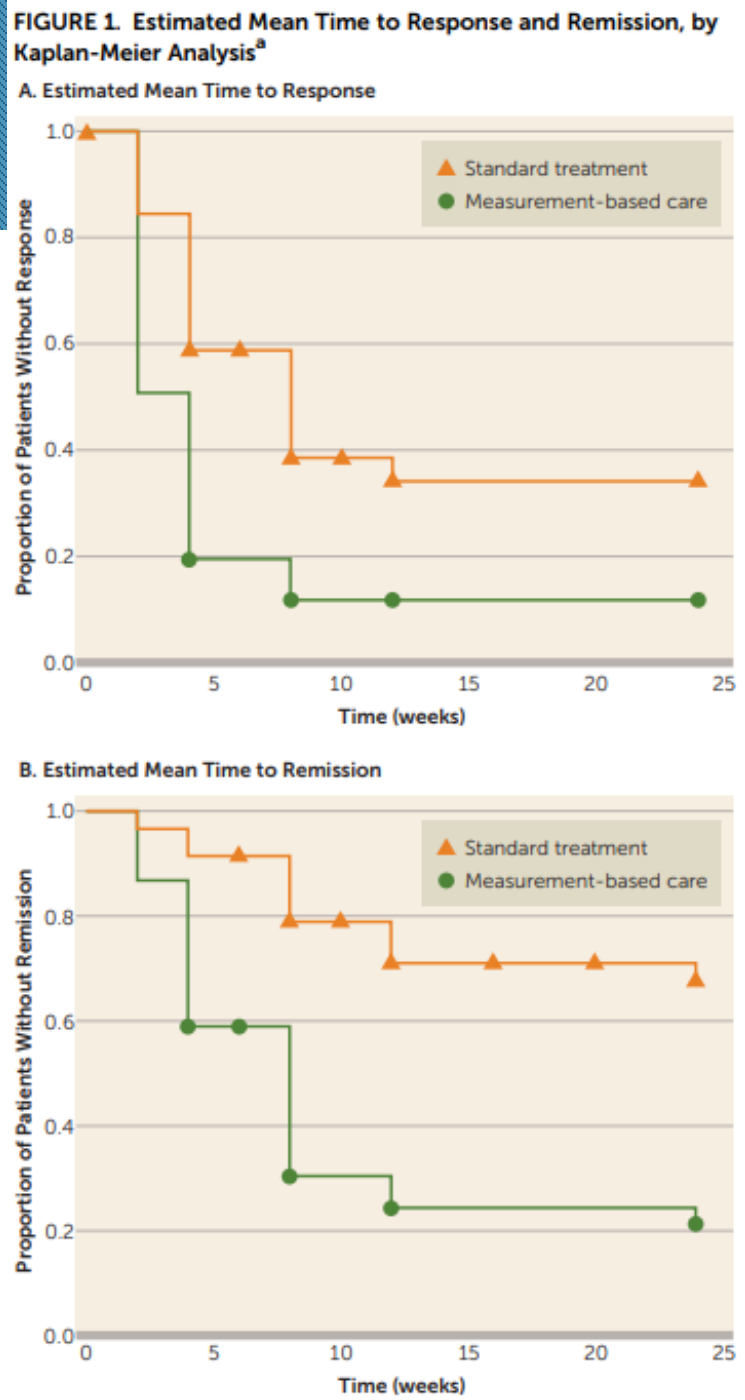
STEP 7: IMPLEMENTATION & SUSTAINABILITY PLAN

- Real-World MBC Implementation Barriers
  - ~100% patient reported
  - Competing priorities in clinical settings
  - Screening and follow-up may be time intensive
  - Lack of options for patient
  - Administrative burden
- Success and Sustainability Factors
  - Leverage technology
  - Measure what you treasure
  - Develop a MBC delivery system that is easy, actionable, and embedded
  - Implement Care Pathways to augment patient needs as they arise from screenings

USING MBC DATA

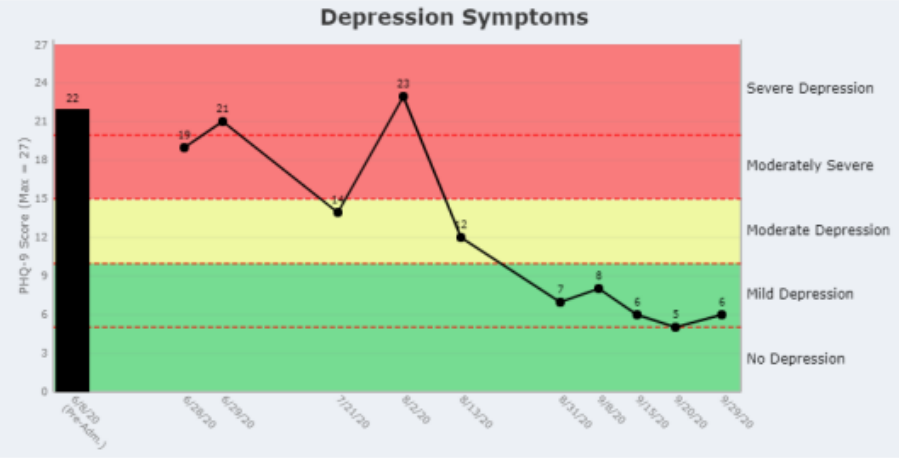
LACK OF DATA AFFECTS CLINICAL DECISIONS

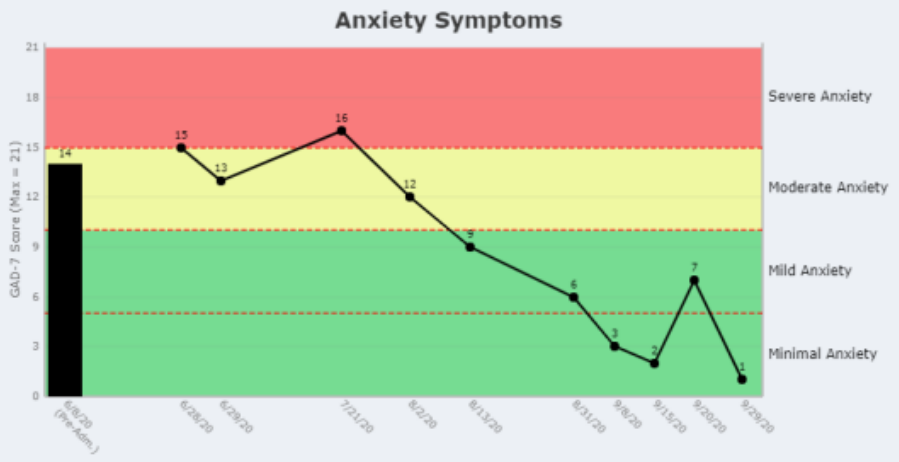
- Many diagnoses today rely on assessments and screening protocols
- Subjective assessments are difficult to scale and may lead to misdiagnoses, particularly for females
- Through data, treatment impact can be monitored and validate a patient's lived experience
- Data supporting clinical decision-making offers a reliable baseline from which treatment adjustments can be made

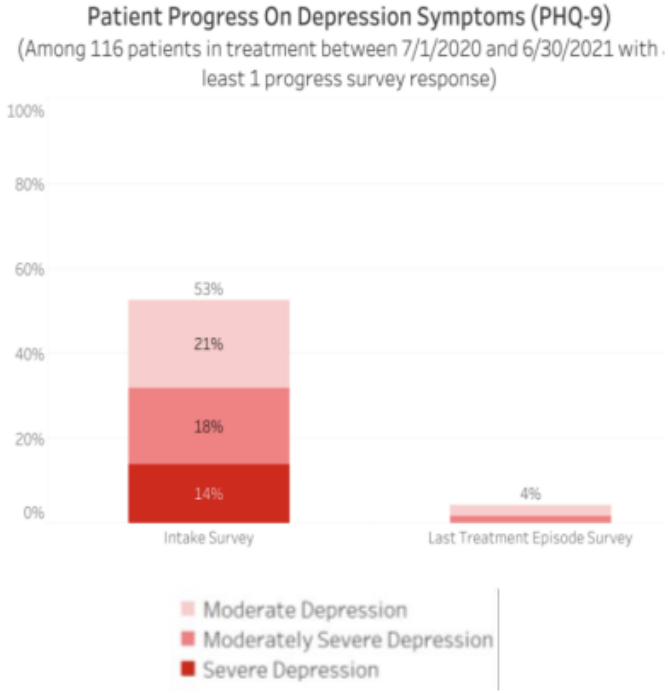


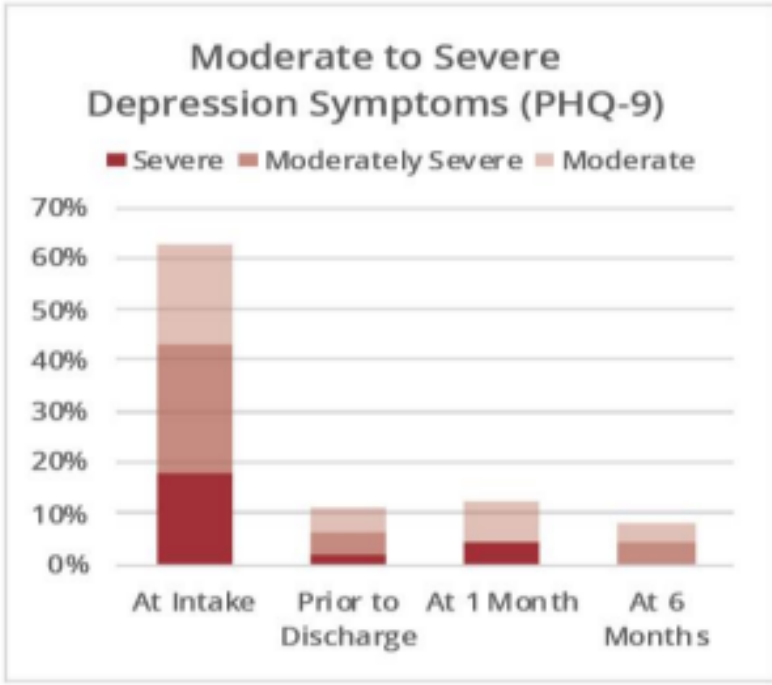
Source: Fortney, J. C., Unützer, J., Wrenn, G., Pyne, J. M., Smith, G. R., Schoenbaum, M., & Harbin, H. T. (2017). A Tipping Point for Measurement-Based Care. *Psychiatric services (Washington, D.C.)*, *68*(2), 179–188. https://doi.org/10.1176/appi.ps.201500439

USING MBC DATA







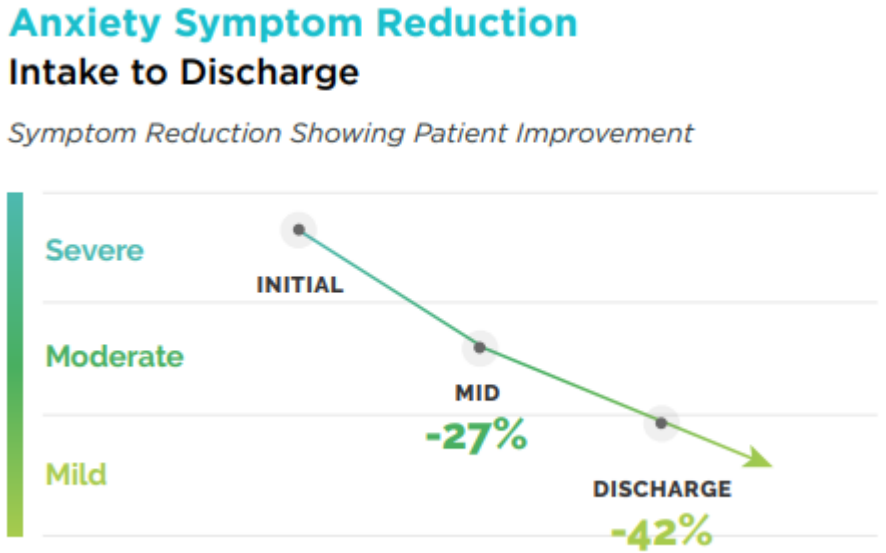


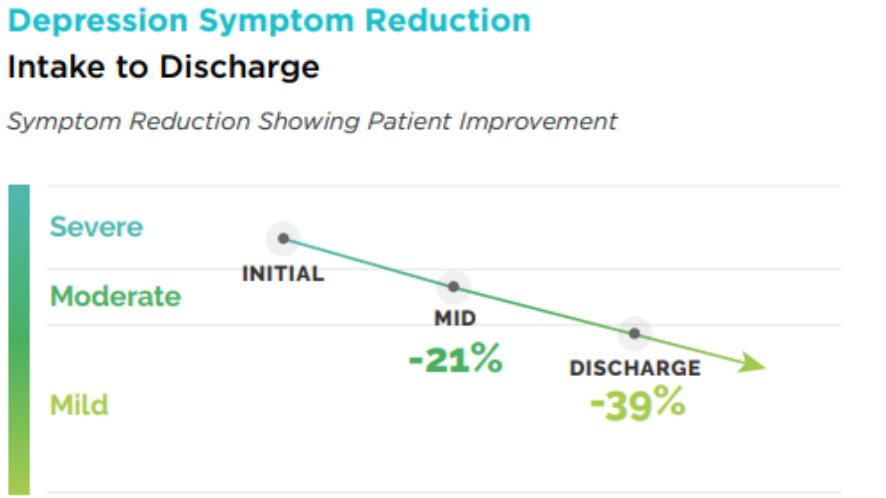
Source: 2022 Anxiety Institute Clinical Outcomes Report

MBC OUTCOMES

MBC has led to significant improvements in clinical outcomes for behavioral health

- Reduced time to reach depression remission
- Improved patient engagement in treatment
- Reduction in HbA1c levels
- Increased feedback to therapists from clients





Source: 2022 Anxiety Institute Clinical Outcomes Report

A FUTURE IN VBP

REGULATORY EMPHASIS ON QUALITY OUTCOMES

Centers for Medicare and Medicaid Services (CMS)

- More than 1,000 different quality measures utilized across all CMS programs
  - 49 of them focus on BH care
- Most payers rely on measures used by CMS- many of which NQF endorses

The Joint Commission (TJC) and Utilization Review Accreditation Commission (URAC)

- Started to incorporate the use of MBC into accreditation standards
- TJC is now requiring MBC for specialty MH and SU facilities that want to be accredited

Medicare and Medicare SSP-NQF-418

- Requires depression screening - does not specify a particular tool or require a follow up in the core set

HEDIS

- Measures include 6 and 12-month depression screenings, which specifically include the PHQ9 and other validated assessments

Sources:
https://www.cms.gov/Medicare/Quality-Initiatives-Patient-Assessment-Instruments/QualityMeasures
https://www.jointcommission.org/what-we-offer/accreditation/health-care-settings/behavioral-health-care/outcome-measures-standard/
https://www.urac.org/accreditation-cert/measurement-based-care-designation/
https://www.qualityforum.org/Qps/MeasureDetails.aspx?standardID=1716&print=0&entityTypeID=1
https://www.ncqa.org/hedis/

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MBC IS A LIKELY CANDIDATE FOR APM – RELATED INCENTIVES

95% of measures used to assess quality or used as the basis for APM incentives are ***process*** measures and not outcomes measures

BH shift to payment strategies based on clinical outcomes

Innovative reimbursement mechanisms required

MBC is a differentiator in Value Based Care and Alternative Payment Models

Source: RTI Health Advance

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MBC ASSESSMENT TOOLS

MEASUREMENT-BASED CARE STANDARDIZED INSTRUMENTS (ADULT)

Instrument	# of Items	Conditions	Dimensions measured
Patient Health Questionnaire-9 (PHQ-9)	9	Depression	Depressed severity; based on diagnostic symptoms from the DSM-5
Generalized Anxiety Disorder-7 (GAD-7)	7	Anxiety	Anxiety severity; based on diagnostic symptoms from the DSM-5
PROMIS Depression	4 to 12	Depression	negative mood, view of self, decreased positive affect, engagement, social cognition
PROMIS Anxiety	4 to 12	Anxiety	Hyperarousal, fear, anxious misery, somatic symptoms
Panic Disorder Severity Scale- Self Report (PDSS-SR)	7	Panic Attacks	frequency of and distress during panic attacks, anticipatory anxiety, avoidance, impairment in functioning
PROMIS Alcohol	4 to 12	Alcohol	Drinking patterns, cravings to drink, indicators for problematic drinking
US-Alcohol Use Disorders Identification Test	3 to 10	Alcohol	Drinking frequency and quantity
Brief Addiction Monitor (BAM-R)	17	Substance use	Type & frequency of substance used, relapse risk, recovery oriented Bx
Substance Abuse Outcomes Module	22	Substance use	Patient characteristics, diagnosis, prognosis, outcomes, process of care
Post-Traumatic Stress Disorder Checklist (PCL)	17	Trauma	PTSD symptoms based on the DSM-5
Columbia-Suicide Severity Rating Scale (C-SSRS)	17	Suicide	Suicidal ideation, intensity, and suicidal behavior
Ask Suicide Screening Questions (ASQ)	4	Suicide	Acute suicidal ideation and intent
Brief Pain Inventory	11	Pain	Severity of pain and pain related interference
Positive and Negative Syndrome Scale-6 (PANSS-6)	6	Psychosis	Symptoms of psychosis
Brief Psychiatric Rating Scale (BPRS)	24	Psychiatric severity	Mood disturbance, reality distortion, activation, apathy disorganization, and somatization

MEASUREMENT-BASED CARE STANDARDIZED INSTRUMENTS (ADULT)

Instrument	# of Items	Conditions	Dimensions measured
Altman Self-Rated Scale (ASRM)	5	Mania	Elevated mood, increased self-esteem, decreased need or sleep, pressured speech, psychomotor agitation
Eating Disorder Examination- Questionnaire Short (EDE-QS)	12	Eating disorder	Concerns about dietary restraint, eating, weight, and shape
Eating Attitudes Test (EAT-26)	26	Eating disorder	Dieting, bulimia, food preoccupation, oral control
Florida Obsessive Compulsive Inventory (FOCI)	20	OCD symptomology	Assess the presence of obsessions and compulsions; if needed, there is an additional 5 item severity scale
Edinburgh Post Natal Depression Screen	10	Maternal depression	Frequency of depressive symptoms and indicators of positive emotions
Medical Outcomes Study Short-Form Health Survey (SF-12)	12	Health-related quality of life	Physical functioning, general health, energy/fatigue, social functioning, role limitations, body pain
World Health Organization Disability Assessment Schedule (WHODAS II)	12 and 36	Functional status	Cognition, mobility, self-care, interacting with others, life activities, and participation in society

MEASUREMENT-BASED CARE STANDARDIZED INSTRUMENTS (PEDIATRIC)

Instrument	# of Items	Conditions	Dimensions Measured
Patient Health Questionnaire for Adolescents (PHQ-A)	9	Depression	Severity of symptoms based on symptoms from the DSM-5
PROMIS Depression	4-12	Depression	Negative mood, view of self, decreased positive affect, engagement, social cognition
Suicide Behavior Questionnaire-Revised (SBQ-R)	4	Suicide Risk	Self-report of lifetime and current suicidal ideation and history of events
Vanderbilt ADHD Rating Scale	43-55	ADHD	Symptoms of ADHD, symptoms related to other conditions such as ODD, conduct disorder, anxiety, depression, and learning disorders
Pediatric Symptom Checklist	17 and 35	Psychosocial Functioning	Behavioral health-related health and functioning, including aspects of attention and symptoms of internalizing and externalizing problems
Screen for Child Anxiety Related Emotional Disorders (SCARED)	41	Anxiety disorders	Symptoms of generalized anxiety disorder, several specific phobias, separation anxiety disorder, panic disorder, social phobia, school-related phobia
PROMIS Anxiety	4-12	Anxiety disorders	Fear, hyper arousal, somatic symptoms, anxious misery
Mood and Feelings Questionnaire (MFQ)	13	Depression	Symptoms of depression based on the DSM-5 criteria
Brief Addiction Monitor (BAM)	17	Substance Use disorders	Type and frequency of substance used, relapse risk, recovery oriented Bx
PROMIS Anger	4-12	Anger	Severity of anger symptoms
Altman Self-Rated Mania Scale (ASRM)	5	Mania	Elevated mood, increased self-esteem, decreased need for sleep, pressured speech, psychomotor agitation
Children's Version of Eating Attitudes Test-26 (ChEAT)	26	Eating Disorder Pathology	Dieting, bulimia, food control, oral control

WRAP-UP/NEXT STEPS

BRIEF EVALUATION

1. Overall rating:

1. Poor 2. Fair 3. Average 4. Good 5. Excellent

2. Content Level:

1. Too Easy 2. Just Right 3. Too Advanced

3. Which TA modalities are you interested in for additional TA? *(Select all that apply)*

1. Webinars 2. Individual Coaching 3. Group Coaching

4. Which domains are you interested in receiving additional TA in? *(Select all that apply)*

1. Financial 2. Clinical 3. Legal 4. Business

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UPCOMING SESSIONS & MORE INFORMATION

Upcoming Cohort Sessions:

- **Getting to an advanced APM as a PH Provider**

(Sept. 6, 1 – 2 pm ET)

- **Managing High-Cost Need Individuals**

(Sept. 14, 1 – 2 pm ET)

Visit the Medicaid Business Transformation DC web page for more information and upcoming events:

www.integratedcaredc.com/medicaid-business-transformation-dc/

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