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Note: Today’s presentation is being recorded and a replay link & copy of the slides will be sent to you following the webinar. Slides are also available in the Handouts Pane.
Improving Outcomes with Measurement Based Care

Facilitated by:
Colette A. Bukowski, MA, LPCC-S
Associate Director of Behavioral Healthcare and Human Services
November 9, 2021
Agenda:

- Overview of Measurement Based Care
- Measurement Based Care: Successes from the Field
  - UnityPoint Health – UnityPlace
  - Alta Mira Recovery Programs
  - Hazelden Betty Ford
- Questions
Introduction

Scott Williams, PsyD
Director, Department of Research
What is Measurement-Based Care?

- Measurement-based care is an evidence-based process for improving outcomes of care, treatment or services
  - Supported by over 20 years of research
  - Findings are robust (extending across modalities, populations, and settings)
- Successful implementation
  - Benefits nearly all clients/individuals served
  - Creates a data infrastructure that can be used to support
    - quality improvement efforts
    - objective assessment of the impact of services provided
Standard CTS.03.01.09 (a requirement for measurement-based care)

**Standard CTS.03.01.09** – The organization assesses the outcomes of care, treatment, or services provided to the individual served

- **EP 1** – The organization uses a standardized tool or instrument to monitor the individual’s progress in achieving his or her care, treatment, or service goals

- **EP 2** – The organization gathers and analyzes the data generated through standardized monitoring, and the results are used to inform the goals and objectives of the individual’s plan for care, treatment, or services as needed

- **EP 3** – The organization evaluates the outcomes of care, treatment, or services provided to the population(s) it serves by aggregating and analyzing the data gathered through the standardized monitoring effort
Scoring patterns around CTS.03.01.09

- This standard has now been required for over three years (over a full accreditation cycle)
- Evaluating compliance with the standard is relatively easy (i.e., EPs are highly “observable”)

- Survey findings suggest that implementation remains challenging for many accredited organizations
  - Significant practical and cultural challenges
HCOs with CTS.03.01.09 Findings

CTS.03.01.09 has been scored on approximately half of all BHC Full surveys since 2018 (when the standard was changed to encourage Measurement-Based Care)…
HCOs with CTS.03.01.09 Findings

...but scoring patterns have changed significantly since 2018

Initially, organizations were struggling to select and administer objective instruments.
Scoring Among HCOs Completing the Survey Cycle

These trends can be most readily observed among organizations that are now being surveyed for the second time since the standard went into effect.
Scoring Among HCOs Completing the Survey Cycle

Most findings were originally related to selecting an instrument.

Findings during the second survey are primarily related to routinely administering the instrument to all individuals served, monitoring and demonstrating how the data are being used to inform the care process.
Scoring Among HCOs Completing the Survey Cycle

So, what does successful implementation of measurement-based care look like?
Let’s meet our presenters:

- UnityPoint Health - UnityPlace, Illinois
  David Moore
- Alta Mira Recovery Programs, California
  Ian Wolds
- Hazeldon Betty Ford, Minnesota
  John Driscoll
Measurement-Based Care: Using the Brief Addiction Monitor Across Settings

Presentation for The Joint Commission
NOVEMBER 9, 2021
David Moore
UnityPoint Health
Human Service Center
Tazwood Center for Wellness

TOGETHER
WE ARE NOW

UnityPoint Health - UnityPlace
Services
Mental Health & Substance Use Disorders

- Inpatient Mental Health
- Adult Residential Mental Health
- Community-Based Services | Mobile Crisis
- Psychiatry
- Neuropsychological Evaluations
- Counseling
- Substance Use Disorder
Identifying A Tool…

2010 – Involved in a NIAAA study that used smart phones as aids in continuing care. A-CHESS (Alcohol – Comprehensive Health Enhancement Support System). Modified BAM was pushed to participants for on-going measure throughout the study.

2011 – Began using the BAM (modified) as a pilot outside of the study and developed our first database. Data was shared with clients across subsequent BAMs and clinical staff began treatment planning with the client based on risk and protective factor scores. Residential only.
Brief Addition Monitor (BAM)

Expanding Use…

2017 – Developed new database and modified the BAM to serve both Residential and Outpatient. New database has a built-in graphing function for clients to see/use the graph.

2018 – Further implementation across the organization - managers identified salient measures to look at in the aggregate for the various populations.

2020 – Further implementation following UnityPlace merger. Some difficulty with implementation and data tracking due to an inability to provide access to the database.
### Brief Addition Monitor - Modified

<table>
<thead>
<tr>
<th>5 - Risk Factors</th>
<th>5 - Protective Factors</th>
</tr>
</thead>
<tbody>
<tr>
<td>• Physical Health</td>
<td>• Confidence in Ability to Not Use</td>
</tr>
<tr>
<td>• Sleep</td>
<td>• Attendance at Self-help Meetings</td>
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<tr>
<td>• Mental Health</td>
<td>• Religion or Spiritual Support</td>
</tr>
<tr>
<td>• Cravings</td>
<td>• Financial Support</td>
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<tr>
<td>• Family Concerns</td>
<td>• Family Support</td>
</tr>
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</table>

** Level of Satisfaction Toward Achieving Recovery Goals
** Medication Assisted Treatment Question
Frequency

- Each of the programs uses the BAM-R with clients at:
  - Admission,
  - Intervals that correlate with Treatment Plan Reviews
  - Discharge (if the patient is available to complete).

- Treatment plan review cycle is different depending on the level of care - programs may be administering the BAM-R at 14 days, 30 days or 90 days.
• Patients complete the survey and turn it in to staff.

• Once scored, the staff person shares the results (across multiple surveys) and treatment plans with the patient. Specific “risk” or “protective” scores are discussed so that treatment planning objectives and interventions can be targeted towards those areas.

• *Most programs have access to the electronic database which allows the counselor to graph the results for the client.*
Individual BAM Scores

Four Individual Residential Surveys

Risk:

Protection:
### Treatment Plan Reviews

<table>
<thead>
<tr>
<th>Question</th>
<th>Response</th>
<th>Explanation</th>
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<tr>
<td>Was the BAM completed during the review cycle?</td>
<td>Yes</td>
<td>Within this review cycle, Chris described being in good health. Chris described slight difficulty with sleep and reported experiencing considerable struggles with mood (...dep/anx.) Chris endorsed experiencing moderate struggles with cravings/urges. Chris described feeling considerably confident in his ability to abstain from use. Chris described experiencing considerable benefit to his cause through community support meetings and slight benefit to his cause through spirituality. Chris described a calm and extremely supportive familial dynamic. Chris described feeling considerably satisfied with progress he has made towards his treatment goal.</td>
</tr>
<tr>
<td>Was there a significant change?</td>
<td>Yes</td>
<td>Increased cravings/urges; increased support through community support groups.</td>
</tr>
<tr>
<td>Does the Tx plan need to be modified?</td>
<td>Yes</td>
<td>Chris will continue attending group and sessions and completing work through both.</td>
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</table>
Population Level Data

• Program managers receive aggregate data at six-month intervals.

• Aggregate data is shared as a chart showing the average composite score for both “Risk” and “Protection” factors across subsequent surveys within the period.

• Managers have also asked to look at each of the five "risk" questions - in descending order (for each six-month period) so that they could prioritize education efforts for higher priority areas such as sleep or mood.
Aggregate Risk & Protection Scores

Knolls BAM Average Scores: Jan - June

- Protection Average
- Risk Average
Aggregate BAM Scores – Drilling Down on Risks

Knolls BAM (Ave) Risk Questions: Jan - June

Knolls BAM Sleep Measure (Q2): Jan-June
Thank You
• HIPAA-compliant, web-based platform
• Collects data from clients about how they're feeling and summarizes it so our clinicians can use it to inform clinical care and make changes/updates to the treatment plan.
• Client issues related to treatment success can be identified and tracked
  – Co-occurring disorders (depression, anxiety, trauma, eating disorders, etc.)
  – Suicidality and self-harming behaviors
  – Cravings
  – Satisfaction with treatment
• These client issues are monitored up to one-year post-treatment
What drew our interest?

- Independent, and therefore objective, research group.
- Utilization of in-treatment and post-treatment surveys to measure, track, and improve outcomes.
- Validated research methodologies and assessment tools to monitor treatment progress/efficacy.

Progress Monitoring Surveys

- Serve as the basis of measurement-based care
- Conducted at intake and every 1-2 weeks thereafter throughout the course of treatment
- Tailored to symptom areas endorsed by each client and/or selected by staff
- Survey domains include:

  - **Depression** - Patient Health Questionnaire (PHQ)-9
  - **Anxiety** – General Anxiety Disorder (GAD)-7
  - **Trauma** – PTSD Checklist (PCL)-6
  - **Mania** – Altman Self-Rating Mania Scale
  - **Psychosis** - PRIME Screen Revised Score
  - **Suicide Risk Severity Scale**
  - **Eating Disorder Scales** – Fasting, Intense Exercise, BMI
  - **Substance Use Scales** – Current Use, Frequency/Severity of Cravings
  - **Quality of Family Relationships**
  - **Satisfaction with Treatment**
Vista Research Group - Survey Data Utilization

• Graphical representation of survey results allows us to:
  – Integrate survey data into weekly Treatment Team Meetings - reviewed as team, on screen
  – Track treatment response across domains
  – Determine proactive responses to persistent or increasing symptom profiles - therapeutic engagement or intervention strategies, medication management, treatment plan changes
  – Bring the client's voice via comments/self-report into treatment team discussion (Feedback-Informed Treatment)
  – Track client satisfaction closer to real-time - identify, strategize, and respond to ruptures in a manner that can demonstrate attunement and responsiveness to the client, facilitate repair, and support stronger alignment with client on treatment goals/objectives.

• Benefits experienced by our clients:
  – Highly validating to see progress over time and reflect on gains/improvements
  – Increased sense of collaboration with therapist and medical providers regarding how to address specific areas of treatment
  – Tangible demonstration of the benefits of their efforts in treatment
Client 1
Demonstrates spikes in specific areas, allowing for targeted focus
Client 2

Demonstrates ability to track trends and fluctuations across time that can mobilize various responses (medications, therapeutic intervention, modifications to treatment plans, etc.)
Client 3
Demonstrates ability to respond to overall treatment satisfaction and identify/address issues that emerge regarding a person’s experience of treatment.
Support for Program Development

Measurement-based improvements to support evolution of our programming, in order to benefit current and future clients.
Pre- and Post-Treatment Analytics

Patient Progress On Depression Symptoms (PHQ-9)
(Among 116 patients in treatment between 7/1/2020 and 6/30/2021 with at least 1 progress survey response)

Patient Progress On Anxiety Symptoms (GAD-7)
(Among 116 patients in treatment between 7/1/2020 and 6/30/2021 with at least 1 progress survey response)

Patient Progress On Trauma Symptoms (PCL-6)
(Among 116 patients in treatment between 7/1/2020 and 6/30/2021 with at least 1 progress survey response)

Source: Vista Research Group, Alta Mira Treatment Effectiveness Report July 1, 2020 – June 30, 2021
Outcomes Data Across Intervals

Alta Mira Abstinence Rates vs Vista Norms

- One month: Alta Mira 62%, Vista 45%
- Six months: Alta Mira 42%, Vista 39%

Progress on Feeling Overall

- Scale: Good, Excellent

Moderate to Severe Depression Symptoms (PHQ-9)

- At Intake: Moderate, Prior to Discharge: Severe, At 1 Month: Moderately Severe, At 6 Months: Moderate

Moderate to Severe Anxiety Symptoms (GAD-7)

- At Intake: Moderate Anxiety, At 1 Month: Severe Anxiety, At 6 Months: Moderate Anxiety

Moderate to Severe Trauma Symptoms (PCL-6)

- At Intake: Severe PTSD, At 1 Month: Probable PTSD, At 6 Months: Likely PTSD
Comparative Data and Trends over Time

Demonstration of improvements in two targeted areas of performance:

- Survey Enrollment
- Satisfaction Rates

This year’s satisfaction rate is consistent with that of the previous year, and higher than the satisfaction rate recorded for 2018/19:

Source: Vista Research Group, Alta Mira Treatment Effectiveness Report July 1, 2020 – June 30, 2021
Measurement Based Care

John Driscoll
Sr. VP Recovery Services
Why:

Measurement based treatment, embedded within the clinical process, ensures objective data is utilized in care decisions, ultimately improving quality and outcomes for our patients.

FIT (Feedback Informed Treatment) increases the provider’s ability to personalize treatment to specific patient needs by using objective data to regularly monitor progress or regression in key clinical areas. This helps to inform:

- The need to add or change treatment interventions
- Length of stay and readiness for level of care transitions
- Ongoing recovery support recommendations
How:

- Integrated FIT functionality within Compass/EHR supports FIT processes so clinicians have efficient, intuitive, and simplified clinical tools
- Ongoing staff training and messaging to create a culture of measurement based care within addiction treatment
- Patients easily access and complete FIT assessments in the patient portal (MyRecoveryCompass)
- Strategies to improve patient engagement in measurement based care include weekly automated reminder messages to complete FIT as a part of their care
- Yearly strategic FIT goal to measure FIT Integration across all levels of care
FIT Assessments

- Patient Health Questionnaire (PHQ-9)
- Generalized Anxiety Disorder 7 item scale (GAD-7)
- Desire for Substances Questionnaire (DSQ)
- Commitment to Sobriety Scale (CSS-5)
- Working Alliance Inventory (WAI)
Implementing FIT with Patients

- Patients take FIT assessments in MyRecoveryCompass; patient portal
- Register and orient patients to portal and FIT using key messages
  - Ideally registration takes place during pre-entry process
  - Admissions team registers any that are not done pre-entry
  - Patients refusing registration are referred to counselor to discuss as a clinical issue for resolution
- Once admitted, email/Message Center automated reminder is sent weekly, every Sunday
Tracking Patient Adherence to FIT

- **Overall:** 86% of patients across all of HBFF took at least one FIT assessment in September 2021
- **Range:** 75% to 98%

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<th>Total</th>
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<tr>
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</table>
Implementing FIT with Staff

- Trained on FIT as part of clinical model during onboarding process
- Reviewed in supervisory shadowing/record review
- Multiple reference tools available on Fusion (HBFF intranet)
- Continually enhancing functionality to EHR to streamline integration of FIT into patient care
- Monthly data collected and shared re: utilization/integration
- Strategic plan goal with annual targets tied to performance reviews for line staff, incentives for impacted leaders

FIT

<table>
<thead>
<tr>
<th>FIT Staff Quickguide</th>
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<tbody>
<tr>
<td>FIT How to Assign Scorecard</td>
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<td>Making Treatment FIT for Improved Outcomes</td>
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<td>Updated FIT Scoring Rubric</td>
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<td>FIT Enhancement Training</td>
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<tr>
<td>FIT Enhancement FAQs</td>
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<tr>
<td>Video: Leaders Discuss FIT vision and new enhancements</td>
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</table>
Efficient, Intuitive, Simplified Clinical Workflow

- “At a glance” dashboard view of key FIT information visible across caseload/unit
- Quicker/clearer recognition of completed assessments and “red zone” scores indicating a need for action
- Alert notifications/visuals to direct attention to high risk responses to prompt intervention
- Improved graph representation of results for observing trends/changes to be used for progress monitoring
FIT Dashboard (home screen for all clinicians)

<table>
<thead>
<tr>
<th>Patient Name</th>
<th>FIN</th>
<th>Admitted Date</th>
<th>Unit</th>
<th>Alerts</th>
<th>Last Assessment</th>
<th>CSS5</th>
<th>DSQ</th>
<th>GAD7</th>
<th>PHQ9</th>
<th>WAI</th>
<th>Communicate with patient using Message Center</th>
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<td>11</td>
<td>12</td>
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</tbody>
</table>

- Click to open patient chart
- Open and review answers on most recent FIT Assessment
- Headers ALL allow to sort by ascending or descending order
- Columns display scoring ranges in color: Mild, Moderate and Severe
- Refer to FIT Rubric for next steps
- Communicate with patient using Message Center
- View 3 and 6 month FIT scoring trends
- Direct link to Patients Results Review tab

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FIT Graphs: Progress Over Time

1. This recognizes the first date of assessment within the 3 or 6 month view.
2. Denotes subsets of scoring. In this case there are two different subsets in the DSQ.
3. Hover over the individual axis point to view the overall date and time of the FIT Assessment.
<table>
<thead>
<tr>
<th>Assessment Tool Name</th>
<th>What is the tool assessing?</th>
<th>Score Interpretation</th>
<th>Clinical Action Steps/Suggested IPOCS</th>
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</table>
| **Patient Health Questionnaire 9 Item (PHQ 9)** | Depression severity | 0 – 9 = None or mild  
10 – 14 = Moderate  
15 – 27 = Severe |  
Action Step: Monitor symptoms, add/change interventions if not resolving  
Action Step: Consult with/Refer to internal/external Mental Health for individual therapy; Consult with/Refer to internal/external psychiatry for evaluation; Update treatment team  
**Note:** If severe impairment or poor response, consider referral to MH-specific facility  
IPOC: Improve ability to manage symptoms of mood disorders Dim3; Maintain stability with mental health symptoms Dim3 |
| **Generalized Anxiety Disorder Scale 7 Item (GAD-7)** | Anxiety severity | 0 – 9 = None or mild  
10 – 14 = Moderate  
15 – 21 = Severe |  
Action Step: Monitor symptoms, add/change interventions if not resolving  
Action Step: Consult with/Refer to internal/external Mental Health for individual therapy; Consult with/Refer to internal/external psychiatry for evaluation; Update treatment team  
IPOC: Improve ability to manage symptoms of anxiety Dim3; Maintain stability with mental health symptoms Dim3 |
| **Desire for Substances Questionnaire (DSQ)** | Cravings severity | Subscale 1: Desire/Intention to Use  
0 – 2 = Low risk  
3 – 4 = Moderate risk  
5 – 7 = High risk  
Subscale 2: Negative Reinforcement  
0 – 2 = Low risk  
3 – 4 = Moderate risk  
5 – 7 = High risk |  
Action Step: Monitor symptoms, add/change interventions if not resolving  
Action Step: Consult with/Refer to internal/external medical provider for MAT; Assess for atypical discharge risk; Update treatment team  
IPOC: Incorporate medication assisted treatment into recovery plan Dim1; Reduce cravings for substances and manage symptoms of withdrawal Dim1  
Action Step: Monitor symptoms, add/change interventions if not resolving  
Action Step: Consult with/Refer to internal/external health and wellness activities; Update treatment team  
IPOC: Increase use of coping skills for craving Dim5 |
Goal: Integration into Patient Care

- Monthly Data
- % of patients TAKING the FIT assessments
- % of INTEGRATION into the patient care
  - Target is at least 75% in 2021
  - Target will increase in 2022

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<th>July FIT Integration</th>
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Determining “Integration”

- Getting to “yes”:
  - FIT assessment taken
  - Results reviewed and documented
  - Action taken for concerning results

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<th>Patient ID</th>
<th>Was a FIT assessment completed within the seven days prior to the randomly selected date?</th>
<th>Where the FIT assessment results reviewed within 7 days of completion? (424 days for those that do not require weekly IPS) as identified in the IPS?</th>
<th>Yellow (concerning), or red (critical) and identified within two weeks of the test results.</th>
<th>Action taken if required for red zone score, with two weeks of the test results?</th>
<th>FIT Integration</th>
<th>FIT Review dates 9/7-9/14</th>
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Overall Site Score 80.00%
Highlights

- Dashboard has helped streamline entire process
- Clinicians that have integrated FIT into care model seeing benefits such as catching clinical issues to intervene sooner, potentially preventing atypical discharge, poor outcome
- Helps clinicians explain progress and/or areas of focus for patient to work on, through objective data that the patient provided
- Patients like seeing progress on the graphs
- Utilization with managed care, objective, measurable data helps with additional days authorized for care
Challenges

- Inconsistent integration across locations
- Shifting clinicians to using FIT as part of clinical practice vs a “bolt on” or “box to check”
- Ensuring documentation of FIT integration occurs in a timely way AND in a standardized location
- Patients not able to access mobile phones at several residential locations (changing soon!) makes taking assessments more difficult
- Some patients do not have email addresses (required for registration)
- Working on ways to aggregate the data to help with informing programmatic changes (coming soon!)
QUESTIONS
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