Measurement-Based Care in Behavioral Health

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What Makes The Joint Commission Stand Out?

- Reputation/Recognition
- High Touch/High Tech
- Surveyor Cadre
- Tracer Methodology
- SAFER Matrix
- Transparency
What Makes The Joint Commission Stand Out?

Guidance for Good Practices
Measurement Based Care

and

Outcome Measures Standard
Today we will...

- Review current requirements regarding outcome measures.
- Talk about the revised requirements, and how and why they were developed.
- Review the rationale behind the change.
- Cover some frequently asked questions about instrument selection and implementation.
- Respond to any additional questions.
Current Requirement

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

- **EP 1** – The organization monitors the individual’s progress in achieving his or her care, treatment, or services goals.
- **EP 2** – The organization evaluates the outcomes of care, treatment, or services provided to the population(s) it serves.
Current Requirement

- Long standing requirement
- Organizations were always expected to measure outcomes, but The Joint Commission did not say how that was to be done.
Why the change?

- Recently, more focus has been placed on measurement-based care in the behavioral health care field.
- The Kennedy Forum has made available a paper on this subject and a list of tools.
Why the change?

- The revised standard will help organizations improve the quality of their care, treatment, or services.
- The standard will help organizations to know whether what they’re doing is working.
- More detail on this in a few minutes...
What is changing?

- **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.
What is changing? (continued)

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.
How did we make this change?

- Conducted research and literature review to learn about the value of using standardized tools in regard to outcome measures.
- Convened Technical Advisory Panel (TAP) consisting of experts in the field – very supportive of this effort.
Conducted “field review” of proposed revisions:

- Six week review by the behavioral health field
- Respondents supported use of a tool or instrument
- Some concerns were raised about how to implement and comply
How did we make this change? (Cont’d)

- Held five focus group calls with field review respondents to discuss types of support that would be helpful; suggestions included:
  - List of tools; variety of tools
  - Starter kit
  - Case studies
  - Series of webinars/town hall meetings
  - Guidance from experts
Using all of this information, made final edits to revised standard.

Standard was approved in November 2016.

Field was given one year to prepare for implementation, which is January 1, 2018.
What’s next?

- We are in the process of developing support materials and other resources for the field.
- An introductory document is currently available on the Joint Commission’s website, visit https://www.jointcommission.org/accreditation/bhc_new_outcome_measures_standard.aspx
- Working on providing a list of instruments to assist organizations in their search.
Understanding the Rationale that supports Measurement-Based Care
What is Measurement-Based Care?

- Refers to the use of an **objective** measure to track the impact of care, treatment, or services over the course of those services.
  - Data are routinely collected at multiple points in time
    - Data are typically collected at first contact and then at regular intervals (i.e., each subsequent point of contact, every “nth” contact, weekly, monthly, etc.)
  - Progress (i.e., toward the desired outcome) is monitored and evaluated
    - Progress can be compared with instrument norms or through use of a statistical model
What is Measurement-Based Care? (Cont’d)

- After data are collected through a standardized instrument:
  - They are analyzed and delivered to the service provider as objective feedback
  - Analysis can be used to inform goals and objectives, monitor individual progress, and inform decisions related to changes in individual plans for care, treatment, or services.
  - Can be used to identify individual cases that may benefit from treatment team discussion and supervision
What is Measurement-Based Care? (Cont’d)

- At the organization-level, data collected through standardized instruments can be aggregated to:
  - Inform quality improvement priorities
  - Evaluate progress on organizational performance improvement efforts
  - Demonstrate the effectiveness of organization services with:
    - Stakeholders in the community
    - Prospective clients and families
    - Payers/Insurers/Employers
Why now?

- Measurement based care is not new (although the name has repeatedly changed)
  - Nearly two decades of research suggest that the effects are robust, cutting across treatment modalities, populations and settings
- Especially useful for identifying potential treatment failures
  - Reduce the un/intentional influences of provider bias
  - Justify changes in treatment plans and levels of service
- Growing emphasis on demonstrating outcomes
Selecting a Standardized Instrument

An instrument should:

- Have well-established reliability and validity for use as a repeated measure
- Be sensitive to change
- Be appropriate for use as a repeated measure
- Be capable of discriminating between populations that may or may not benefit from services (if appropriate)
  - e.g., clinical/non-clinical, healthy/non-healthy functioning, typical/non-typical, etc.
Selecting a Standardized Instrument

Other factors to consider:

- **Feasibility**
  - Time and effort spent administering, scoring, aggregating and reporting data

- **Cost**
  - Public vs. proprietary
  - Instrument vs. measurement system

- **Automation and integration**
Selecting a Standardized Instrument

- In June 2017, The Joint Commission will provide a list of instruments that could be used to meet the new standard.
- We will NOT endorse any instrument
- The list will NOT be exclusive
- To see if your instrument will work, visit https://manual.jointcommission.org/BHCInstruments/WebHome
In the meantime, you can find some good instruments here:

- The Journal, Integrating Science and Practice provides a 45-page issue that summarizes 10 well-established and frequently used instruments (or suites of instruments).  

- The Kennedy Forum provides a list of dozens of instruments that are appropriate tools for measurement-based care categorized by type, setting, and other factors.  
Implementation of the Standard

- For many organizations, implementation of this standard will be a significant change.
- Success will be highly dependent upon leadership’s ability to manage change
  - Creating a shared need
  - Shaping a vision
  - Mobilizing commitment
  - Making change last
  - Monitoring progress
- Many free resources on facilitating change are available at the Joint Commission’s Center for Transforming Healthcare at http://www.centerfortransforminghealthcare.org/
Evaluating the Standard

- Instrument(s) selected and used by organization
- Patient Tracer
  - Is there evidence that a standardized instrument was used to assess and monitor the individual served?
  - Is there evidence that data derived from the instrument was used to inform care? (when appropriate)
    - Do notes indicate that progress (or deterioration) was discussed with the individual served?
    - Are changes in treatment goals or objectives related to or associated with data?
- Treatment team or supervision activity reviews or is informed by data
- Quality Improvement activity informed by aggregate data
References


QUESTIONS?
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