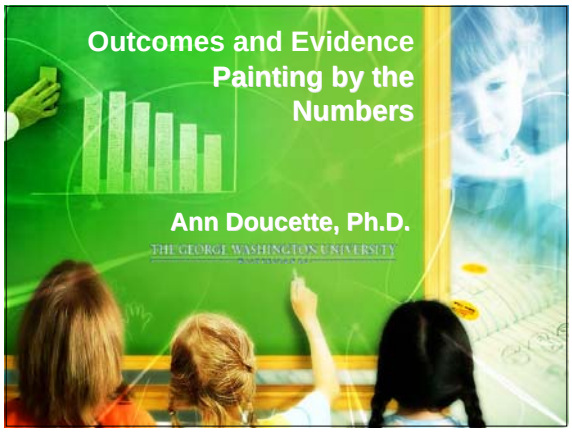


Why Assess System Performance and Outcomes of Care?

- Identifying the goals and objectives for improvement
- Changing the systems and organizations that deliver treatment/services
- Changing the environment that affects organizational and professional behavior
- Changing services, treatment, and care for individuals through
  - **Best practices**
  - **Evidence-based / empirically-supported intervention**
  - **Monitoring outcomes**

What Do We Want To Know?

Using Data: From Information to Quality Management

From		*To*
Compliance driven data collection	→	Outcome-based monitoring
Rule and regulation driven administration	→	Goal driven management
Best-guess decision-making	→	Data-based decision-making
Preference given to distinct professional roles	→	Cooperation across professionals is a priority
System reacts to need	→	Need is anticipated
Information is withheld	→	Information is disseminated, transparent

Ann Doucette, PhD, 1999

Characteristics of Performance Measurement Systems

- A comprehensive and integrated system that uses all available data – administrative and consumer survey
- Minimally burdensome and non-duplicative
- Targets . . .
  - **The process and outcomes of care**
  - **The use and effectiveness of evidence-based models**
  - **To capture information across fragmented service systems**
  - **Cost**
- Flexible methodology
  - **Balance between precision and feasibility/relevance**
- Provide a "*common*" foundation for potential system *standard setting* and *benchmarking*

Administrative Data Advantages

- Availability
- Common elements (UB-92, CMS 1500 etc) for commercial and Medicaid/SCHIP plans
- Flexibility – administrative data measures may be used at the system, group or individual provider levels
  - Ability to identify differential performance among service system components (e.g., preferred provider organizations (PPO) versus health maintenance organizations (HMO), integrated versus carve-out arrangements, etc.
- Measures have the potential to follow consumers through medical and behavioral health treatment as well as prescription drug use

Administrative Data Challenges

- Setting
  - Behavioral health DX may not be identified in primary care
  - Substance abuse clinic may not screen/code for MH and vice-versa
- Diagnostic issues
  - Individuals with milder impairment may not be formally diagnosed with a DSM-IV or ICD-9/ICD-10 code
  - No SU experimentation codes
- Co-occurring disorders
  - Only one DX usually required
  - New codes may be needed for integrated treatment
- Stigma
  - Providers may still be reluctant to use substance use disorder or serious mental health disorder codes for youth

Commercial Health Plan

Children with Specialty Claims (N=123,308)

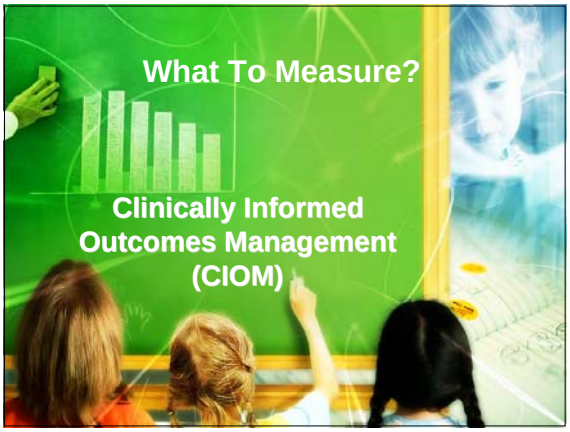
Mental health claims	**95.7%**
Substance use claims	**1.7%**
Co-0ccurring claims	**3.6%**
Children identified with substance use disorders in parent self-report:	**2.7%**

	Initiation	Engagement
Mental Health	48.9%	34.4%
Substance Use	60.2%	55.3%
Co-Occurring	61.3%	55.2%

Performance Measurement Shortcoming (examples)

Many performance measurement efforts cannot . . .

- Identify causality
  - Administrative data records service use/reimbursement
  - Functional improvement may be attributed to the treatment model, therapeutic alliance, social connectedness, optimism/hope about the recovery process, reduction in family stress, etc.
  - If these are not measured no attribution of causality can be made.
- Assure quality of care
  - Quotas, such as time from discharge to see community-based provider says nothing about the quality of care that will be received.
- Capture the entire system
  - Measures reflect only those consumers participating/completing measures.
  - Completed data, especially follow-up data with substantial attrition cannot be generalized as representative of all children served.



What To Measure?

- Increase or decrease in **symptomatology**
- Increase or decrease in **functional status**
- Increase or decrease in **risk factors** (prevention)
- Level of **service need**
  - **Case complexity**
- Quality of the **therapeutic relationship**
- **Motivation** to change (stages of change)
  - **Engagement in the recovery process**
- Increase or decrease in **quality of life**
- Perceptions of **service access**
- Perceptions of **service quality**
- **Social connectedness**
- **Satisfaction**

The most common mistake organizations make is measuring too many variables. The next most common mistake is measuring too few.

Mark Graham Brown
Keeping Score (1996)

Data Collection Periodicity

- **Baseline and follow-up**
  - **Reported information is "after the fact" – information is retrospective, consumers at follow-up may no longer be in the service system**
  - **Information may improve the system, but likely not for consumers represented in the data**
- **Concurrent Clinical Feedback**
  - **Near "real-time" information is provided to administrators, clinicians, and consumers to . . .**
    - Improve and/or modify access, service array, etc.
    - Target treatment planning, refining diagnosis, identifying potential treatment failure and premature termination of services, etc.
    - Informed consumer decision-making about treatment, service and clinician choices

Concurrent Data Collection and Clinical Feedback

- Consumers (adolescents/family members) complete brief questionnaire at selected standardized intervals (e.g., each treatment session, once a week, every other week, etc.) to monitor:
  - **Perceived improvement**
    - Functional status
    - Symptomatology
    - Reduction of risk
  - **Quality of the therapeutic alliance**
  - **Expectations of treatment**
  - **Openness to change (stages of change)**
  - **Optimism, hopefulness**
  - **Social support**
- Data collected concurrent with treatment

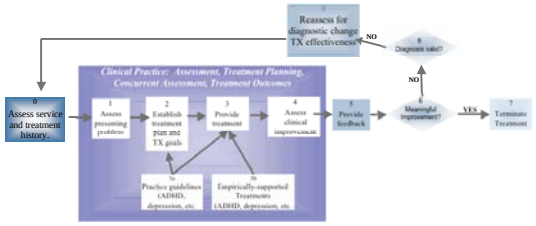
Sharing Results Providing Feedback

- Profiles are established based on data
- The counselor/therapist is *alerted* about
  - **Consumer status across several dimensions**
    - Improvement
    - Stability
    - **Deterioration**
    - **Likelihood of prematurely leaving treatment**
- Suggestions and recommendations tailored to specific areas of concern and provided to the counselor/therapist/case manager, etc.
  - **Training and coaching are used to support the effective use of recommendations.**

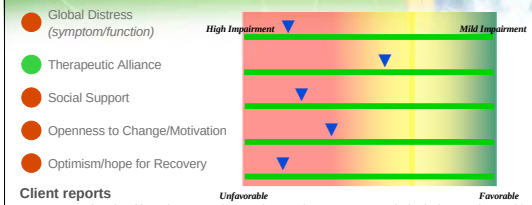
Clinically Informed Outcome Management (CIOM)©

- Counselor/therapist/case manager is prompted to
  - **Consider diagnostic accuracy and potential complexity**
  - **Assess the quality of the therapeutic relationship**
  - **Use motivational techniques to increase consumer engagement in treatment**
    - Stages of change
    - Expectation of treatment, active engagement in treatment planning, identification of treatment goals and objectives
  - **Examine social resources, e.g., social support**
    - Quality of family relationships
    - Quality of school experience
- Counselor/therapist/case manager is provided training and education supports to effectively use and respond to feedback

Improving Outcomes Decision Flow



Summary Report (example)



Client reports

- Severe levels of impairment – depression, sadness, worry, and alcohol use, along with an inability to accomplish things. Sporadic school attendance and unstable housing
- Favorable alliance with treatment team
- Limited social support, some openness to change, but without a belief in eventual recovery or that things will get better.

Suggestions

- Build on the good relationship the treatment team has established with the client
- Use motivational strategies to increase retention in treatment
- Consider linkage with peer-to-peer groups – teen recovery specialist
- Connect family with housing specialists

Benefits of a Feedback and Clinical Support Systems

- Consumer directed care: treatment is responsive to what the child and family is experiencing
- Ability to make mid-course changes in treatment planning
- Ability to target resources to engage consumers in treatment
- Identification of
  - **"What works for whom"**
  - **"Under what conditions"**
- An opportunity to gather data that supports the effectiveness of the treatment provided – ***practice-based evidence***
- Supportive of Quality Circles and Learning Communities