**Outcomes and Evidence Painting by the Numbers**

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**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?**
- How well are we doing?
- Do we meet our goals?
- Are children and families doing well?
- Are outcomes/processes within expectations?
- What improvements and/or changes are needed?

**Using Data: From Information to Quality Management**

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

<table>
<thead>
<tr>
<th>Children with Specialty Claims (N=123,308)</th>
<th>Initiation</th>
<th>Engagement</th>
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</thead>
<tbody>
<tr>
<td>Mental health claims</td>
<td>95.7%</td>
<td>48.9%</td>
</tr>
<tr>
<td>Substance use claims</td>
<td>1.7%</td>
<td>60.2%</td>
</tr>
<tr>
<td>Co-occurring claims</td>
<td>3.6%</td>
<td>61.3%</td>
</tr>
</tbody>
</table>

Children identified with substance use disorders in parent self-report: 2.7%

Performance Measurement Shortcomings (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?

**Clinically Informed Outcomes Management (CIOM)**

- 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)

- **Global Distress (symptom/function)**
  - High Impairment
  - Unfavorable
  - 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.
- **Therapeutic Alliance**
- **Social Support**
- **Openness to Change/Motivation**
- **Optimism/hope for Recovery**
  - Favorable
  - Unfavorable
- **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