



Measurement-Based Care: Legitimizing What We Do

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Objectives



Learn why Measurement-Based Care is relevant to Behavioral Health



Name at least three benefits of Measurement-Based Care



Identify ways to implement Measurement-Based Care

Current State of Behavioral Health Treatment

Treatment is siloed between mental health and substance use even though majority of individuals have significant co-morbidity

Diagnosis, treatment planning, and delivery is neither precise nor person-centered

Treatment is focused on facility-based care and is not continuous or integrated despite mental health and substance use disorders being chronic illnesses of the brain that require ongoing treatment

Care does not adequately support families, care takers and social determinants

What is Measured Based Care?



Measurement-based care (MBC) is an evidence-based practice in which individuals routinely complete standardized measures throughout treatment to help monitor clinical progress and inform clinical decision-making (1).

A step-by-step approach for assessing, treating, and reviewing outcomes, then altering their approach when individuals are not responding to treatment

Provides insight into treatment progress, highlights ongoing treatment targets, reduces symptom deterioration, and improves health outcomes (2)

Source: Despite its potential benefits, MBC is rarely used in community- Hallgren KA, Cohn EB, Ries RK, Atkins DC. Delivering Remote Measurement-Based Care in Community Addiction Treatment: Engagement and Usability Over a 6-Month Clinical Pilot. *Front Psychiatry*. 2022 Apr 7;13:840409. doi: 10.3389/fpsy.2022.840409. PMID: 35463505; PMCID: PMC9021526. based substance use disorder (SUD) treatment

Scott K, Lewis CC. Using Measurement-Based Care to Enhance Any Treatment. *Cogn Behav Pract*. 2015 Feb;22(1):49-59. doi: 10.1016/j.cbpra.2014.01.010. PMID: 27330267; PMCID: PMC4910387

Traditional Care



Measurement-based Care

- ◆ **MBC outperforms traditional care and is also associated with decreased costs and a lower likelihood of deterioration** while in treatment (Lewis, C. C., et al., 2019).
- ◆ Compared to the traditional care, MBC has been shown to do the following:
 - Improve health outcomes
 - Monitor symptom reduction in individuals with psychiatric disorders
 - Improve role functioning, satisfaction with care, quality of care, and quality of life
 - Enhanced therapeutic relationship with provider
 - Improve collaborative efforts among providers
 - Improve accuracy of clinical judgement
 - Enhance clinician's decision-making process
 - Enhance individualized treatment
 - Feasible to implement on a large scale

The WHY behind Measurement-Based Care



Routine Monitoring—Best practices for measurement-based care include routine progress monitoring.

Screening alone [does nothing to improve outcomes](#).

Instead, clinicians need to have systems in place to monitor responses throughout treatment.

Person-centered—Self-reported symptom rating scales support a person-centered approach to treatment, and individuals are the best informants regarding their mental well-being.

Whole-person—People are complicated and often a single rating scale does not give the entire picture of a person.

Timely Feedback— Symptoms and severity fluctuate over time. To properly implement Measurement-based care, therapists need up-to-date symptom data.

Research indicates that asynchronous feedback is ineffective. [In one study](#), patients who filled out symptom scales via mail every three months did not improve. It is better to have clients complete rating scales during (or right before) sessions.

MBC is a More Accurate and Person-Centered Approach by:

Systematically giving everyone a brief validated symptom assessment before or during every visit

Having the individual and provider review the data together

Then using that evaluation—and trends relative to prior ones—to inform discussion between the individual and provider, including about which direction future treatment should take.

It can surface points when it might be time for an individual to switch medications, change dosing, change skills or be ready to discharge treatment because they have achieved their goals.

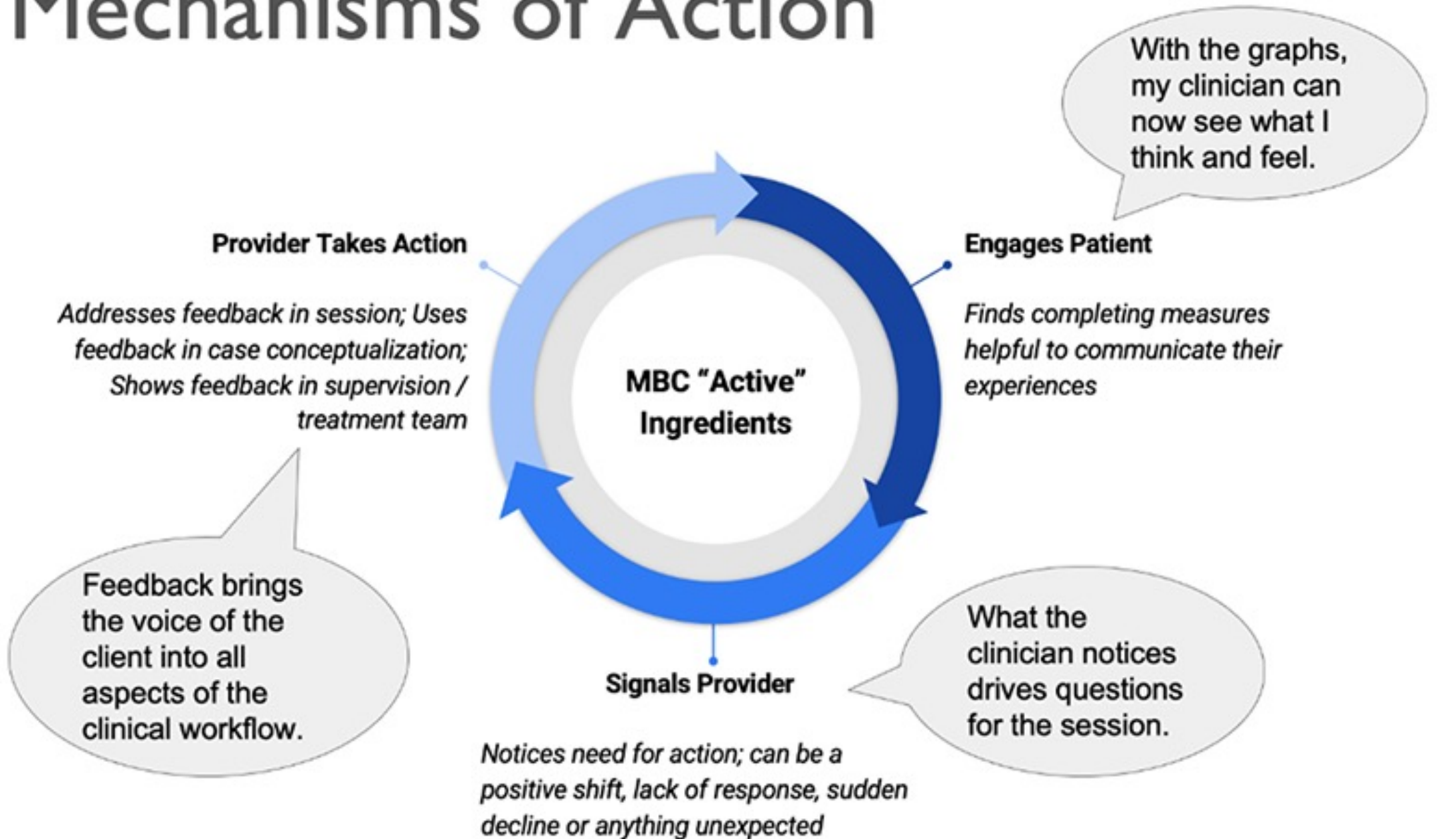
Measurement-based care can also help teams coordinate care and know when additional training staffing might need

Reducing Barriers To Care: What Can Counselors and Administrators Do?

Use	person-centered approaches
Offer	harm-reduction treatments in addition to abstinence-based services
Make	integrated care a priority
Use	a staged approach to interventions tailored to their readiness to change

Sources: Priester et al. (2016); SAMHSA (2009a).

Mechanisms of Action



Jensen-Doss, Douglas, Phillips, Gencdur, Zalman, & Gomez, 2020

Organizational Shift to MBC



Trauma informed

Brain and Skills based

Data Collection

Measurable evidence-based tools

Guiding Principles of Trauma Informed Care

SAMHSA's Concept of Trauma and guidance for a Trauma-Informed Approach, 2014 <http://store.samhsa.gov/shin/content/SMA14-4884/SMA14-4884.pdf>

Safety

Throughout the organization, staff and the people they serve feel physically and psychologically safe.

Trustworthiness and transparency

Organizational operations and decisions are conducted with transparency and the goal of building and maintaining trust among staff, clients, and family members of those receiving services.

Peer support and mutual self-help

These are integral to the organizational and service delivery approach and are understood as a key vehicle for building trust, establishing safety, and empowerment.

Collaboration and mutuality

There is recognition that healing happens in relationships and in the meaningful sharing of power and decision-making. The organization recognizes that everyone has a role to play in a trauma-informed approach. One does not have to be a therapist to be therapeutic.

Empowerment, voice, and choice

Organization aims to strengthen the staff, client, and family members's experience of choice and recognizes that every person's experience is unique and requires an individualized approach. This builds on what clients, staff, and communities have to offer, rather than responding to perceived deficits.

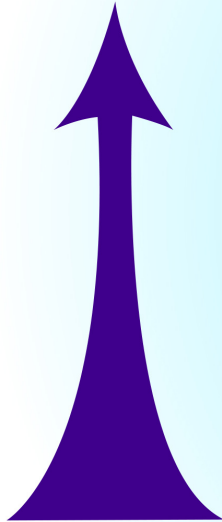
Cultural, historical, and gender issues

The organization actively moves past cultural stereotypes and biases, offers culturally responsive services, leverages the healing value of traditional cultural connections, and recognizes and addresses historical trauma.

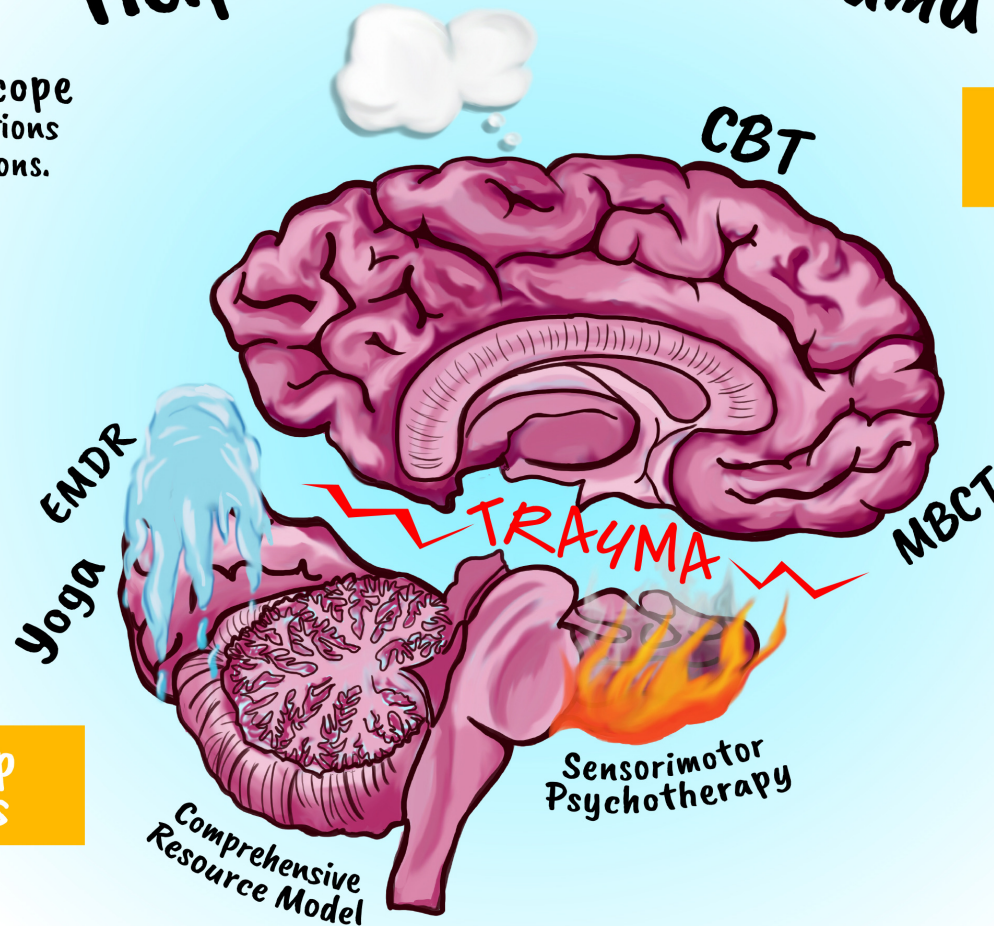


Brain-Based Approaches to Help Clients After Trauma

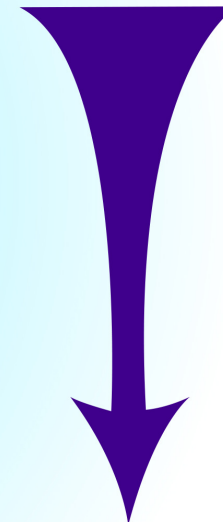
How to help clients cope with their raw emotions and defense reactions.



Bottom - Up Approaches



Top-Down Approaches

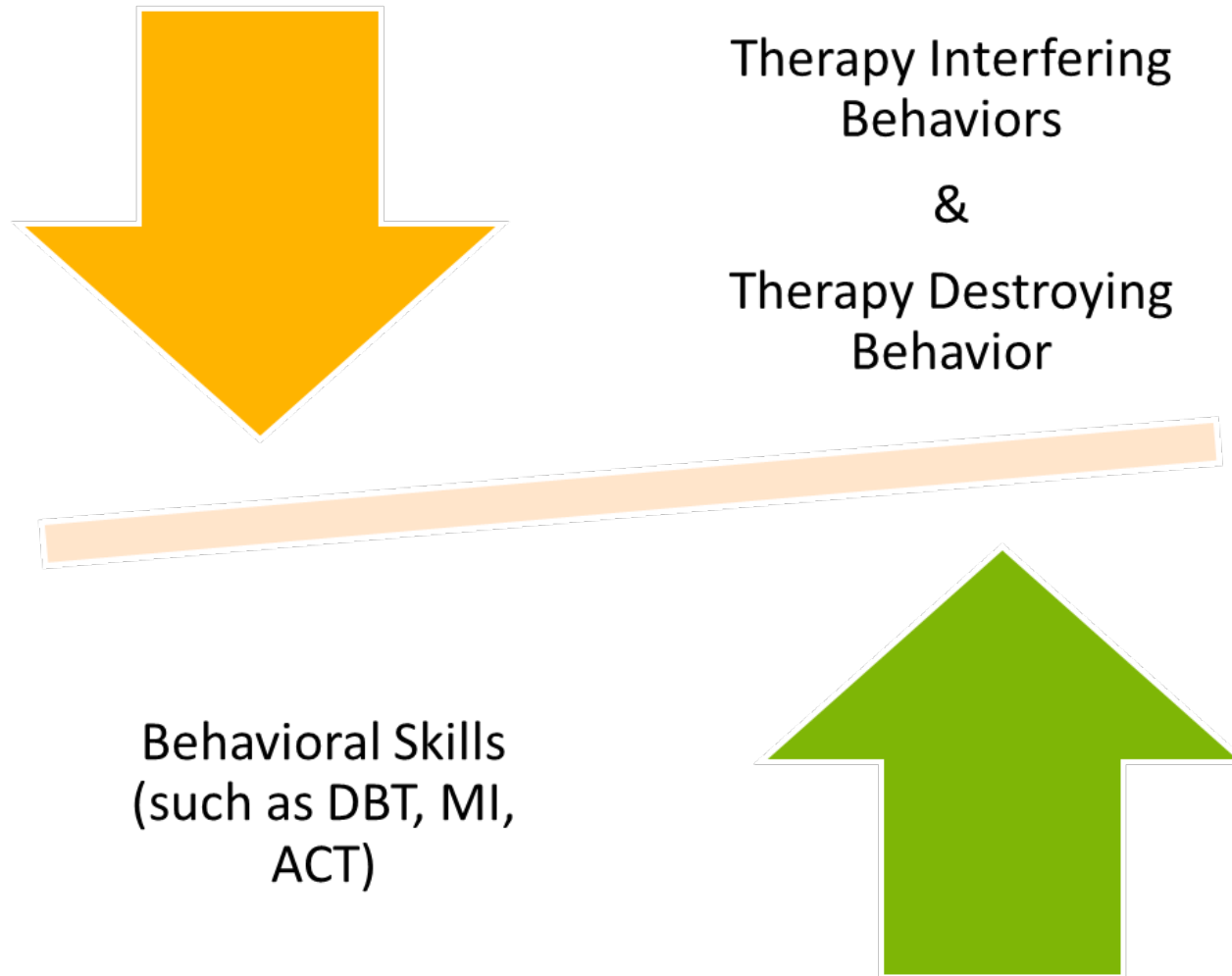


How to help clients think differently.

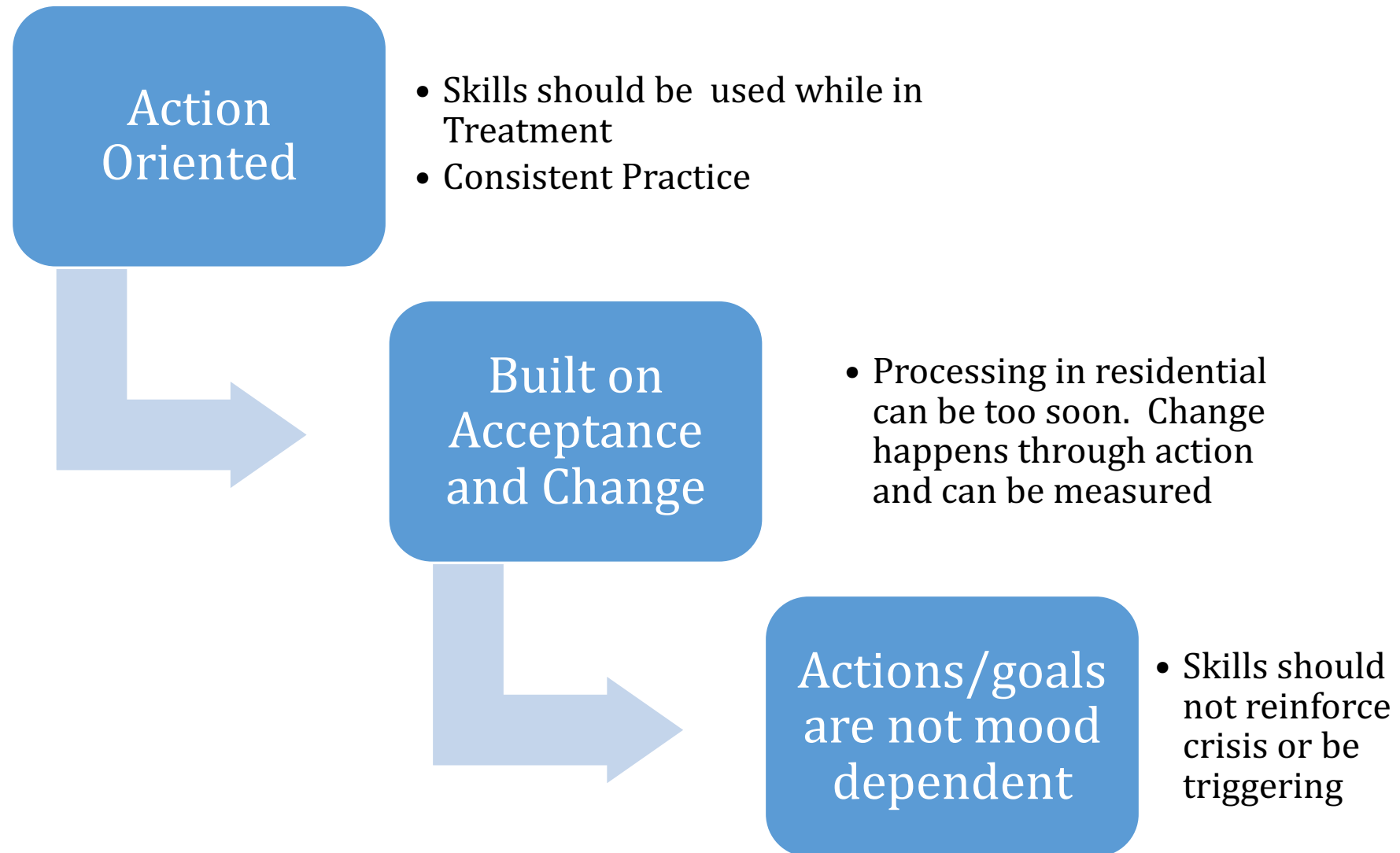
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Skills



Focus on Skills rather than Process



Skills Development- Crisis Survival Skills

Crisis survival skills are short term skill solutions to a painful memory or a triggering event. These skills help to not make things “worse”

These skills are taught to patients (and staff) to help them **recognize** when they are activated and engage in a quick high intensity skill to help break the emotional arousal that often leads to decisions that they later regret (using, aggression, leaving treatment etc.).

When should I use Crisis Survival skills: When you are highly stressed or emotional to not make things worse

Source: Linehan, M., M., (2014). DBT Training Manual. New York, NY: The Guilford Press.

Base-line Data



Answer these questions:

- What outcomes do you want to track?
- Do you have access to the data?
- How are you going to track it?
- Who is responsible?

Promises Behavioral Health's Approach:

- Hired Program Integrity Specialist
- Developed data collection tools
- Collected data for 6 months

How to Measure - Assessments

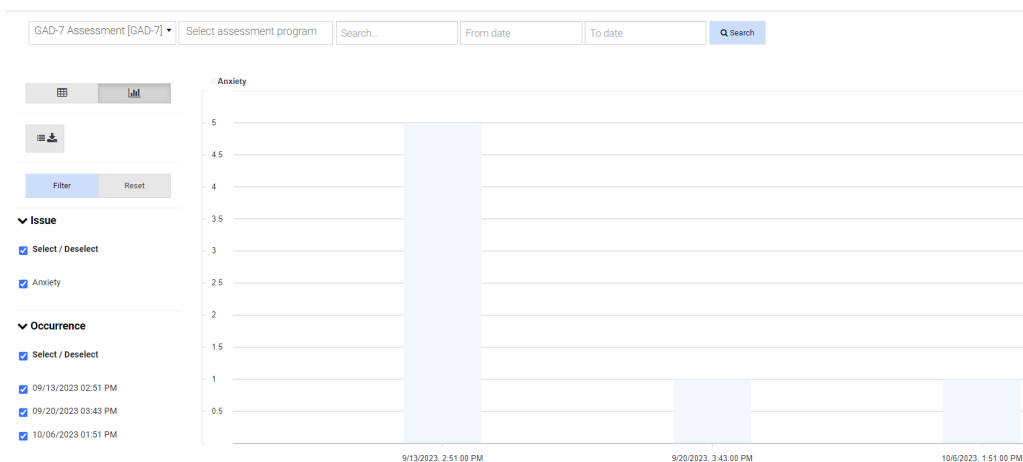


- Identify evidence-based assessments to use
- Provide training and support to staff who will complete assessments
- Determine frequency of Assessments – pre, post, weekly
- Document Assessment results
- Review Assessment results regularly in session

- Examples:
 - PHQ-9
 - BAM
 - PCL-5
 - GAD-7

How to Use Results

- Review in session
- Involve individual in analysis
- Develop goals and plan with information
- Repeat



The screenshot shows a PHQ-9 Assessment [PHQ-9] interface. It includes a search bar, a date range selector, and a search button. Below the search bar, there are two tabs: a grid view and a table view. The table view is selected, showing a table of issues. The table has three columns for dates: 09/13/2023 02:50 PM, 09/20/2023 03:45 PM, and 10/06/2023 01:52 PM. The rows are Depression and Impairment. The scores are 4, 1, 0 for Depression and 0, 1, 0 for Impairment.

Issues	09/13/2023 02:50 PM	09/20/2023 03:45 PM	10/06/2023 01:52 PM
Depression	4	1	0
Impairment	0	1	0

Overall Benefits to Skills and Measurement Based Care

Clinical outcomes: improvement and recovery

Value-Based Care: standardized way to assess, treat, and review outcomes with the individual that directs care

Meet Regulatory and Payor Requirements: improve documentation, Tx planning streamlined for efficiency

Professional development: train counselors to build competency and improve retention

Staff engagement: simplify workflows allowing more time for direct care

Questions & Comments

