Measurement-Based Care In Psychiatry
Clinician & Administrative Perspectives
Today’s Speakers

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Dr. Greer received his medical degree from Universidad Autonoma De Guadalajara, and completed an internship and residency in psychiatry at Tulane University.

Charlotte Ostman, BA, MSW
Charlotte Ostman, LCSW-R, is the Chief Executive Officer at The Mental Health Association of Westchester Inc. She has extensive administrative and clinical experience developing and delivering behavioral health care in the community. Her areas of interest include crisis intervention, integration of medical and behavioral health, value based reimbursement and telehealth.

Ms. Ostman received a Master of Social Work degree from New York University and a Bachelor of Science degree from Cornell University.
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Objectives

1. Become familiar with the concept of pay-for-value and its connection with measurement-based care

2. Understand how measurement-based care may be used to improve quality in psychiatry

3. Gain awareness of how clinicians and administrators may bring value to psychiatry by using measurement-based care
Paying-For-Value
What Is Value-Based Care?¹

A health care delivery model in which providers are paid based on patient health outcomes.

Potentially Benefits:

- Patients
- Providers
- Suppliers
- Payers
- Society

Value-Based Care / Reimbursement Gaining Momentum

Public Payers\(^1\)

- As of March 2018 CMS implemented 37 models to test new delivery and payment models to reduce spending and improve quality of care\(^1\)

- Medicare shifted an estimated 30% of reimbursement to pay-for-value as of January 2016\(^2\)

Private Payers\(^3\)

- Private payers (commercial plans) have shifted 58% of their business to value-based reimbursement

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Why Value-Based Care In Psychiatry?¹

Prevalence Of Mental Illness
• In 2011, more than 41 million U.S. adults (18 percent) had any mental illness, and nearly 20 million (8 percent) had a substance use disorder

Comorbidity With Physical Health Problems
• In 2002, 49% of all Medicaid beneficiaries with disabilities in the United States had a psychiatric diagnosis and these individuals were in three of the top five most expensive comorbidity groups

Cost Of Services
• Behavioral health disorders were one of the five most costly conditions in the United States in 2006, with expenditures at $57.5 billion.

Improving Quality
Challenge 1: Quality Measures Not Standardized Across Markets

Assessed the extent of alignment across measure sets from 25 state and regional programs.

48 measure sets were analyzed, there was very little alignment across sets.

59% of all measures coming from standard sources (52% from HEDIS), but programs use various subsets.

83% (40 of 48) of programs modify at least one traditional measure from a set; 23% of standardized measures were modified.

40% of the programs created at least one new measure for use, resulting in 198 homegrown measures.

HEDIS = Healthcare Effectiveness Data and Information Set

Challenge 2: Delayed Development & Implementation Of Measures

Worldwide, compared with physical health, mental health has been slow to develop, adopt, and implement standardized performance measures.

Lack Of Evidence To Support Definition Of Specific, Clearly Defined Measures

Lack Of Infrastructure To Gather & Record Necessary Data

Lack Of Strategy For Widespread Implementation Across Settings

Measuring Outcome
Not The Standard Of Care In Treatment Of Depression¹

Scale Use Among U.S. Psychiatrists For Depression (N=314)

- 60.8%: Rarely / Never
- 21.2%: Sometimes
- 11.4%: Frequently
- 6.5%: Almost All The Time

Scale Use Among U.K. Psychiatrists For Depression (N=340)

- 58.2%: Rarely / Never
- 30.5%: Occasionally
- 11.2%: Routinely

US = United States; UK = United Kingdom


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Polling Question

Would your organization consider using scientifically-validated scales via mobile device to capture psychiatric symptoms?

A. Yes
B. No
C. Not Sure
Measurement-Based Care: The Clinical Perspective
What Is Measurement-Based Care (MBC)?

The practice of basing clinical care on client data collected throughout treatment

- Considered a core component of numerous evidence-based practices
- Emerging empirical evidence supports MBC as an evidence-based framework that can be added to any treatment

How Does MBC Work?¹

- Provides insight into treatment progress
- Highlights ongoing treatment targets
- Reduces symptom deterioration
- Improves client outcomes

- Primarily focused on assessing symptoms (e.g., depression, anxiety)
- It can also be used to assess information about
  - Functioning and life satisfaction
  - Readiness to change
  - Treatment process (e.g., session feedback, working alliance)

MBC = Measurement-Based Care

What are some of the desirable features of a depression outcome scale?

Are these desirable features different between a self-report and a clinician administered scale?
How Is MBC Used In Psychiatry?¹

Measurement-based treat-to-target is a principle of integrated care

For Individuals

Providers use behavioral health measurement tools (e.g., PHQ-9) to proactively adjust individual treatment until targets are achieved

- Often provided by an expert consultant to the primary care team

For Populations

MBC may be applied to an entire patient population in combination with other system-level approaches, like:

- Systematic screening of a target population may proactively identify patients in need of care
- Use of a registry to track a defined population of patients with identified behavioral health needs

MBC = Measurement-Based Care; PHQ = Patient Health Questionnaire

Polling Question

Does your organization use any symptom rating scales (e.g. PHQ-9, GAD-7, MDQ) to measure patients’ behavioral health symptoms?

A. Yes
B. No
C. Not Sure
# The Providence Center IHH

## Program Characteristics
- Multi-Disciplinary Team
- Care Coordination
- Integrates Mental & Physical Health
- Chronic Condition Management
- Health Promotion
- Supportive Services

## Target Population
- Chronically Mentally Ill
- ER Visits
- Use High Cost / Low Yield Services
- Frequent Short-Term Inpatient Psych Stays
- Avg. Annual Medical Expenditures: $90,000
- Funding: Medicaid / Managed Medicaid

## Services Provided
- Nursing Care
- Case Management
- Community Supportive Services
- Substance Abuse Therapy
- Psychiatry & Medication Management
- Inpatient Care Coordination
- Peer Support

## Eligible Diagnoses
- Schizophrenia
- Schizoaffective Disorder
- Other Psychotic Disorders
- Bipolar Disorders (I & II)
- Major Depressive Disorders, Recurrent
- Obsessive-Compulsive Disorder
- Schizoid Personality Disorder
- Borderline Personality Disorder

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**IHH = Integrated Health Home**

1. The information is based on the professional experience of the presenter.
Goals of The Providence Center IHH Team

- Reduce Preventable ED Visits
- Improve Care Coordination
- Improve Patient Experience
- Improve Accessibility To Care
- Improve Management Of Chronic Conditions
- Reduce Hospital Readmissions
- Increase Use Of Preventive Services

ED = Emergency Department; IHH = Integrated Health Home

1. The information is based on the professional experience of the presenter.
Discussion Question

Does the Providence Center collaborate with community providers to deliver needed services to its population with complex behavioral and physical health needs?
The DLA is a reliable and valid measure for the purposes of level of care consideration and treatment planning around outcomes.

Completed By Primary Clinician / Case Manager
- Takes ~6-10 minutes to complete

Contributes Valuable Information For:
- Approval of psychiatric Medicaid reimbursement
- Health care reporting standards

Eligible DLA Scores For Inclusion In Providence Center Programs

- < 3.0 → Assertive Community Treatment
- ≥ 3.0 & < 5.0 → IHH Team
- > 5.0 → Outpatient Therapy / Prescriber

DLA = Daily Living Activities; IHH = Integrated Health Home
2. The information is based on the professional experience of the presenter.
Measurement-Based Care: The Administrative Perspective
Mental Health Association Of Westchester

• **1946:** Established Westchester’s first outpatient mental health clinics to help returning WWII veterans and school children\(^1\)

• **Current Mission:** To promote mental health in Westchester County, New York, through advocacy, community education and direct services\(^2\)

• A founding owner/member of Coordinated Behavioral Health Services Inc. (CBHS Inc.)\(^3\)
  – A 501(c)(3) organization comprised of 10 organizations providing behavioral health services to 10 counties in the Hudson Valley
  – CBHS Inc. was formed in order to address the rapidly changing approach to health care in NY State and to develop the critical business relationships necessary for sustainability

NY = New York; WWII = World War II

# MHA Westchester Services (2016)\(^1\)

<table>
<thead>
<tr>
<th>Category Of Service</th>
<th>Number Of Individuals Served</th>
</tr>
</thead>
<tbody>
<tr>
<td>Advocacy, Prevention, &amp; Education</td>
<td>4,603</td>
</tr>
<tr>
<td>Clinical Services</td>
<td>3,559</td>
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<tr>
<td>Housing</td>
<td>194</td>
</tr>
<tr>
<td>Adult Rehabilitative Services &amp; Care Management</td>
<td>2,769</td>
</tr>
<tr>
<td>Youth Services</td>
<td>587</td>
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</tbody>
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Why Include MBC In A Business Model?¹

Provides **evaluative data** for the organization

Serves as an **indicator of overall performance**

Provides **evidence for accreditation** organizations

**Informs funding** decisions

Provides additional **quality-of-care management**

**Improves client care** through the addition of new programs

Encourages clinicians to follow **standardized treatment guidelines**

**Ensures evidence-based care** is provided to all clients

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**MBC = Measurement-Based Care**

Challenges To Implementing MBC

Time Restrictions
- Implementation of MBC may add time-consuming steps to treatment

Limited Organizational Resources
- Finances, access to measures & technology, supervisory support

Client Complexity
- Some clients may not be capable of completing the measure
- Certain measures may not be a good fit for clients with multiple diagnoses

Establishment of MBC Procedures
- Few established protocols (or trainings) exist for using MBC to guide clinical decision-making in the context of psychotherapy

MBC = Measurement-Based Care
MBC “On The Ground”¹

Identify Problems Through Data Collection & Analysis

- Gaps in Care
- High cost / low value services

Identify Best Practices

- Build workflows to address outcome measures and other desired outcomes
- Measure, adjust, repeat

¹. The information is based on the professional experience of the presenter.
QUESTIONS
CLOSING
## Upcoming Virtual Fora*

<table>
<thead>
<tr>
<th>Event</th>
<th>Speaker(s)</th>
<th>Date</th>
<th>Time</th>
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<tbody>
<tr>
<td>Introducing RASP: Relapse Assessment In Schizophrenia Patients</td>
<td>Heidi Waters, MBA, PhD</td>
<td>August 8, 2018</td>
<td>12:00 – 1 pm (EST)</td>
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</tbody>
</table>
| An Update From NCQA®: Focusing On HEDIS® Behavioral Health Measures  | • Junqing Liu, PhD, MSW  
• Lauren Niles, MPH  
• Nora Fritz, BA | August 22, 2018 | 12:00 – 1 pm (EST) |

*Register for these programs at [https://www.PsychU.org/events](https://www.PsychU.org/events)

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