Measuring Outcomes to Improve the Delivery of Care, Treatment and Services

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How many of you are familiar with accreditation?

How many of you are working in accredited organizations?

Joint Commission accredited organizations?
Mission and Vision

- **Our Mission**
  To continuously improve health care for the public, in collaboration with other stakeholders, by evaluating health care organizations and inspiring them to excel, in providing safe and effective care of the highest quality and value.

- **Our Vision**
  All people experience the safest, highest quality, best-value health care across all settings.
Reputation Behavioral Health

- Oldest and largest accrediting body in Behavioral Health Care (since 1969)
- Widely respected as the "Gold Standard" in behavioral health evaluation
- Providing accreditation across a broad range of settings/services
- Over 2,900 Accredited Organizations
  - Over 10,000 sites
  - 38% not-for-profit
  - 40% for profit
  - 22% governmental agencies/facilities
The Joint Commission’s Revised Outcome Standard
Special Preview Issue

Mental Health Weekly
Essential information for decision-makers

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In 2017, organizations must show progress on meaningful outcomes

Organizational trends that have re-

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Understanding the rationale that supports measurement based care
A Tipping Point for Measurement-Based Care

• There is mounting empirical evidence from trials that both pharmacotherapy and psychotherapy patients randomly assigned to MBC have better outcomes than patients randomly assigned to usual care.

• Growing consensus from accreditation organizations, purchasers, and payers that MBC should be incorporated into performance measures and payment reforms.

• Without MBC, providers may not recognize the lack of improvement of hundreds of thousands of patients nationwide, and the patients will endure ineffective treatment.

• The cost of routinely administering symptom severity scales is minimal, yet the benefits of MBC accrue to all the stakeholders involved, including patients, providers, purchasers and payers.

A Tipping Point for 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
Measurement-Based Care is NOT...

- A measure that assesses the use of evidence-based care or clinical practice guidelines
- A perception of care questionnaire or patient satisfaction survey
- A measure of medication/treatment compliance
- An assessment of outcome *after* the completion of service, even if it compares a baseline score to a subsequent point of measurement (e.g., intake/termination, admission/discharge)
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
Old 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.
Rationale for the Revised Requirement

Monitoring individual progress is a long-standing requirement, but the standard provided little direction for how to do this.

Organizations were always expected to measure outcomes, but The Joint Commission did not say how that was to be done.

Increasing emphasis on measurement-based care in the behavioral health care field helped to provide direction for the change.

The revision focuses on the use of data to help organizations to know whether what they’re doing is working.

Emphasizes continuous quality improvement at both an individual and organizational level.
Rationale for the Revised Requirement (cont..)

SAMHSA has recognized measurement-based care as an evidence-based practice

One of the main contributors to poor outcomes is the lack of systematic measurement to determine whether individuals are responding to treatment

Evidence suggests:

- Outcomes were significantly improved across a wide variety of mental health disorders when measurement-based care was used

- Without an objective and valid measure of progress, it is difficult to reliably determine which individuals are improving and which are not
Why the change?

Help organizations:

- improve the quality of their care, treatment, or services.
- to know whether what they’re doing is working.
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.
- **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?

- Literature Review
- Technical Advisory Panel
- Conducted a “field review” of proposed revisions
- Focus Group Calls
- Using feedback provided, made final edits to revised standard
- Standard was approved in November 2016
- Field given one year to prepare
- Went into effect January 1, 2018
For more information:

www.jointcommission.org

- Accreditation...
- Behavioral Health Care...
- “New outcome measures standard” (in the left sidebar)
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

The Joint Commission provides a list of instruments that could be used to meet the new standard. This is a resource list developed with the input of Joint Commission accredited organizations.


- We do NOT endorse any instrument(s)
- The list is NOT exclusive or exhaustive
- Organizations should use their discretion in choosing any product based on their needs and the needs of the population(s) they serve.
Selecting a Standardized Instrument

Some good instruments can be found here:


- 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. ([http://thekennedyforum-dot-org.s3.amazonaws.com/documents/MBC_supplement.pdf](http://thekennedyforum-dot-org.s3.amazonaws.com/documents/MBC_supplement.pdf))
Using Your Selected Instrument

Collect data *routinely* and at *multiple points in time* over the course of service delivery

- 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.)

Each point of measurement provides an opportunity to assess progress by

- Comparing current scores with past scores
- Comparing individual scores with instrument norms
- Comparing actual progress to expected progress using a statistical model
Using Data From Your Selected Instrument

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.
Aggregating Data

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
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
Implementation of the Standard

There are many free resources on facilitating change at the Joint Commission’s Center for Transforming Healthcare:

http://www.centerfortransforminghealthcare.org/
Evaluating the Standard

- Instrument(s) selected and used by organization

  Tracer Methodology:
  
  ▪ 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)

    o Do notes indicate that progress (or deterioration) was discussed with the individual served?

    o Are changes in treatment goals or objectives related to or associated with data?

- Care, Treatment or Service team or supervision activity reviews or is informed by data

- Quality Improvement activity informed by aggregate data
Evaluating the Standard

*Ultimately*, it comes down to:

- Does the organization have an instrument that is appropriate for measurement based care?
  - Do they administer it consistently at multiple intervals in the care process?
    - Do they look at the data and do something in response to it?
Find an Accredited Provider at:
www.jointcommission.org
Fail Early

*Seek and get comfortable with failure*

Fail Often

*Failure is where the lessons are*

Fail Forward

*Learn from the lessons to get better*
Questions
Behavioral Health Care Accreditation
Business Development Team – We’re here to help!

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See you soon on the road to accreditation!