INSTITUTE FOR BEHAVIORAL HEALTHCARE IMPROVEMENT

An Intense Discussion on Outcome Measurement

Operational Best Practices and Benchmarking in Behavioral Health

October 10, 2013

IBHI
INSTITUTE FOR BEHAVIORAL HEALTHCARE IMPROVEMENT

Panelists

- William Wood, MD Senior Medical Director Behavioral Health Amerigroup Corporation, Nashville, TN
- Jim Kupel, B.A. Principal, Crescendo Consulting Group, LLC, Portland, ME
- Jeb Brown Ph.D Center for Clinical Informatics, Salt Lake City, UT
- Moderator - Peter Brown Executive Director Institute for Behavioral Healthcare Improvement

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A Word About the Institute for Behavioral Healthcare Improvement

- Organized in 2005
- Independent Not For Profit (501C3)
- Dedicate to helping organizations serving people with behavioral health problems to get better results
- Website is www.IBHI.net
- Peter C. Brown Executive Director

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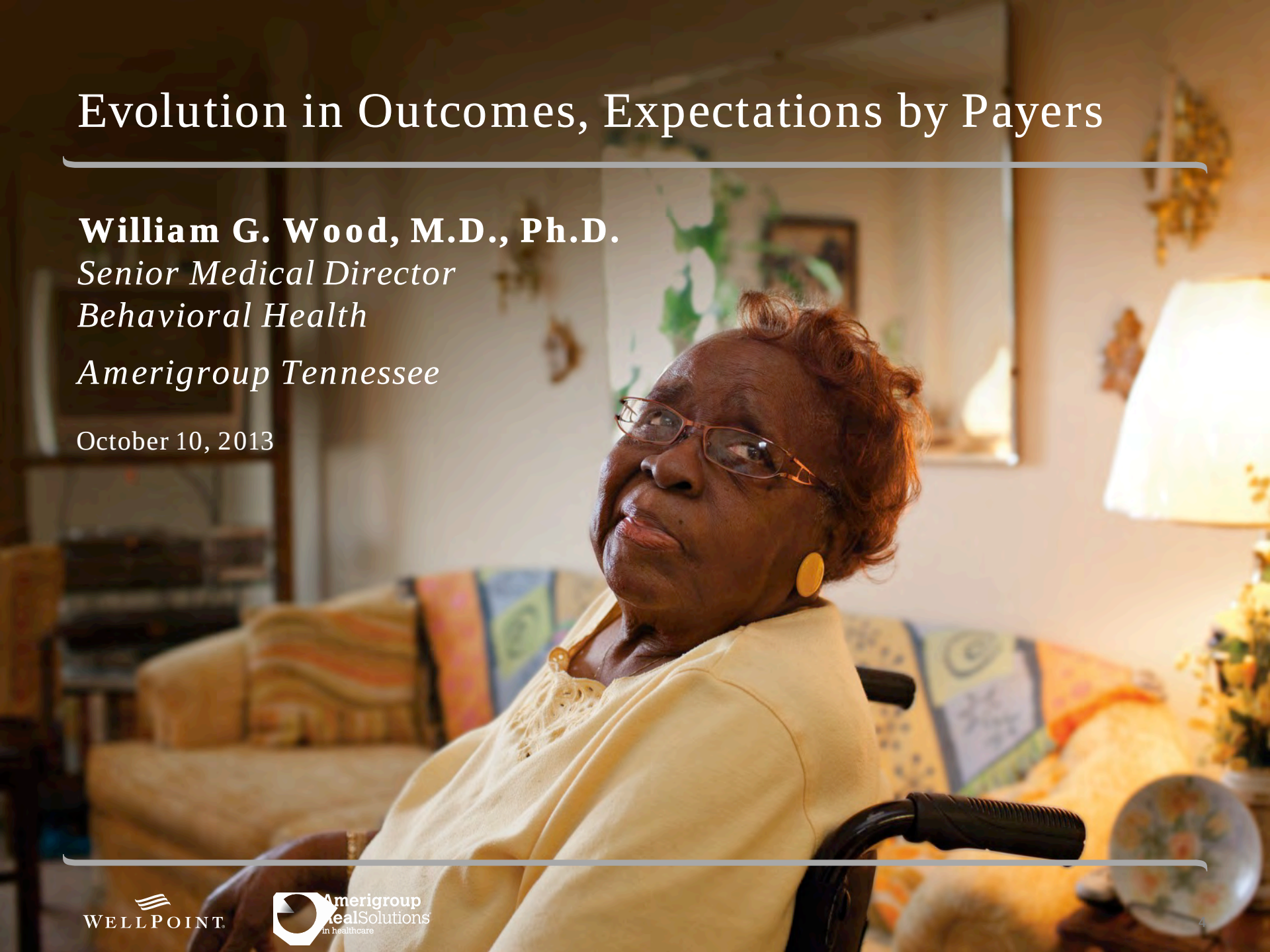
Evolution in Outcomes, Expectations by Payers

William G. Wood, M.D., Ph.D.
Senior Medical Director
Behavioral Health

Amerigroup Tennessee

October 10, 2013



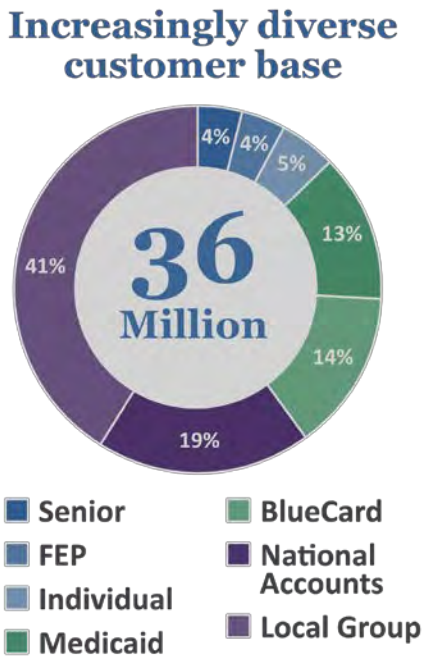
About WellPoint

WellPoint, Inc. was formed through the 2004 merger of WellPoint Health Networks, Inc. and Anthem, Inc

Purpose Statement: Together, we are transforming health care with trusted and caring solutions

Vision: To be America's valued health partner

Values: Trustworthy; Accountable; Innovative; Caring; Easy-to-do Business With



Serves approximately 36 million people in branded health plans and approximately 66 million people through subsidiaries

Ranks No. 45 on Fortune 500; No. 2 on Fortune 500 health care companies listing

Historical Perspective

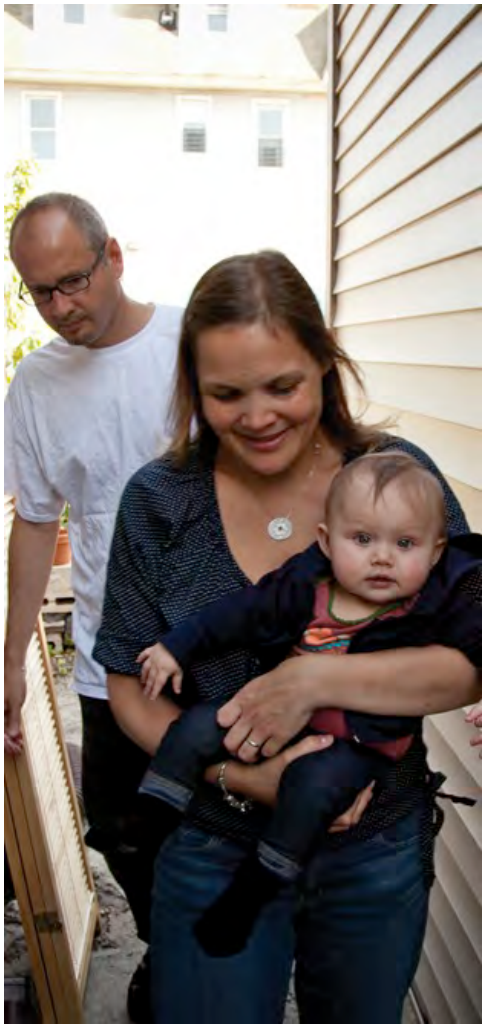
Initially payers were focused on reducing costs

- Length of stay
- Reducing admissions
- Fewer services = lower cost

Quality factors emerged

- HEDIS indicators
- Readmissions as indicator of quality of in-patient care
- Admissions as indicator of quality of out-patient care
- Emergency department utilization

New Focus on Quality



Utilization over time, more reflective of quality of care

Paradigm shift

Person focused care

Integrated care

Physical and behavioral care

Social factors emerge as significant issues to address

Length of inpatient stay

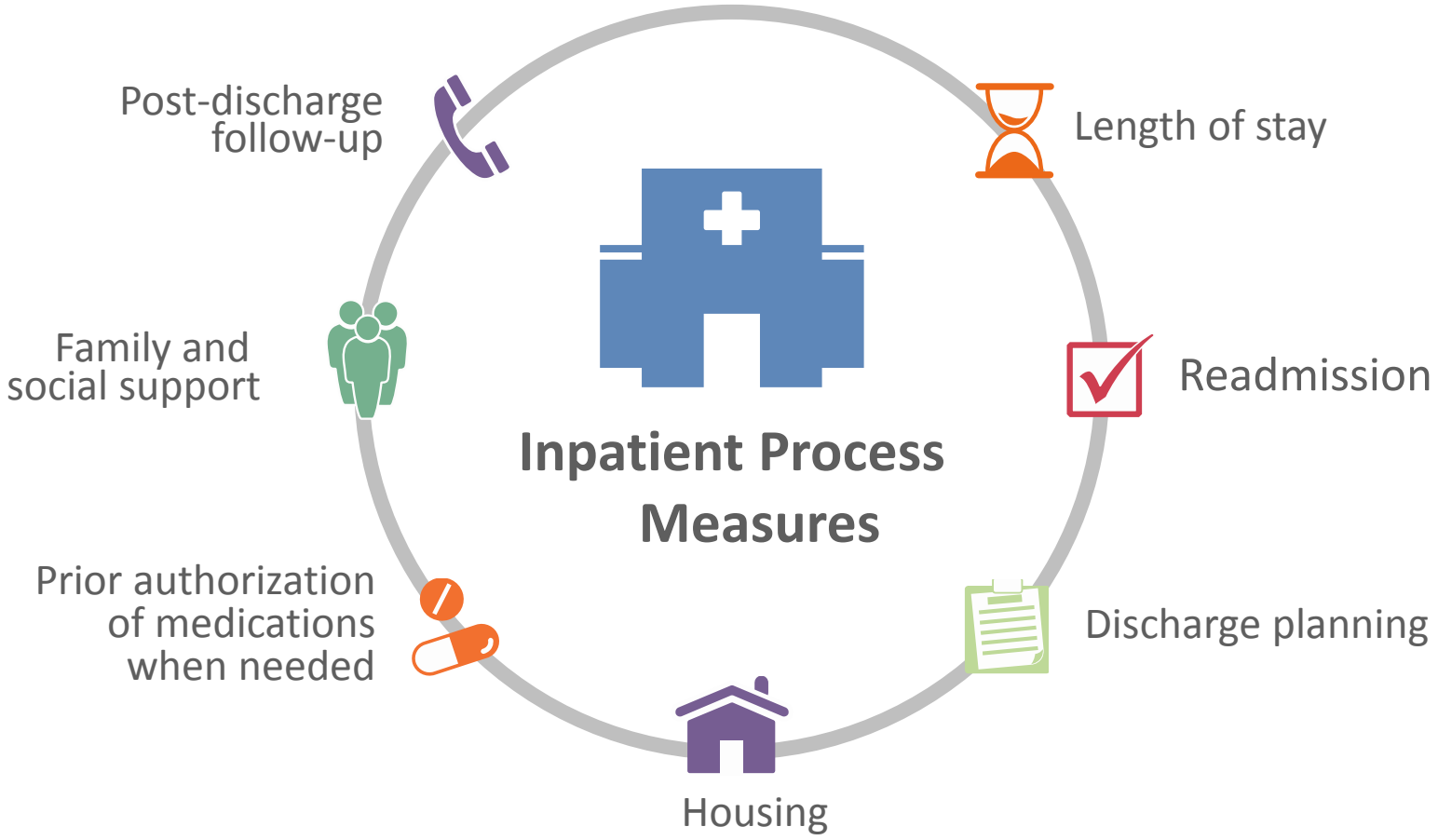
Determined by needs of person

Recognition that readmissions may be reflective of:

Needs of individual

Quality of care

Multiple Factors Now Important



Current Factors of Importance

- Outpatient process measures
- Physical measures
- Breast cancer screening
- PCP visits
- Diabetic screening
- HgA1C
- Eye exam

Goals

Enhance recovery process

Reach maximum functional status

Achieve long-term stability


WELLPOINT
Amerigroup
RealSolutions
in healthcare
New Focus: Improving Life Function and Enjoyment
Q-and-A
William.Wood@Amerigroup.com

Harbor Performance Initiative

Operational Best Practices and Benchmarking in Behavioral Health from Maine to San Diego

Operational Best Practices and Benchmarking Program Background

- HPI participants include a dozen select peer organizations across the country.
- The original purpose was to identify best practices within relevant peer organizations.
- The overarching goal was, and is, to enable organizations to improve patient care and operate more effectively in the changing healthcare environment, e.g. bundled payments, ACOs, value-based contracting.
- Participants are using key benchmarks as a tool for an on-going learning community that tracks and shares performance on key metrics.
- The group believes that sharing our individual performance, knowledge and expertise in a candid and collegial environment can improves performance for all members.

Method and Approach

- The original study utilized a four-part approach
- Crescendo aggregated and "de-duped" a list of 75+ key measures collected in peer group institutions.
- Refined and standardized metric definitions.
- Identified a common set of core measures and collects data quarterly.
- Executed participant agreements
- The group refuses to let the perfect become the enemy of the good.
- The focus is upon ideas and actions that can be operationalized
- We are all "leaders" and "learners."

Data Benchmarks Review

Participation

- Very high rate of participation
- Organizational data and reports are individually password protected and being held on an encrypted server

Time based trends

- Most data ranges are reasonably similar – 2012Q1 and 2012Q4
  - Participant composition changed somewhat
  - Not all measures were collected in both periods

Internal consistency

- Organizations that were leaders (or learners) in 2012Q1 tend to still maintain that role
- There are lots of opportunities for everyone

Data Profiles

Measures	2013Q1 Median	2013Q1 Min	2013Q1 Max
Occupancy rates	89%	82%	94%
Readmission rates	8%	4%	11%
Denials to inpatient care facilities	45%	23%	124%
HBIPS			
a. Admission screening	99.5%	82%	100%
b. Hours of physical restraint used	0.24	0.09	0.79
c. Hours of seclusion use by unit	0.30	-	2.47
d. Patients discharged on multiple antipsychotic medications	8%	0%	12%
e. Patients discharged on multiple antipsychotic medications with justification	83%	25%	100%
f. Post discharge continuing care plan created	97%	87%	100%
g. Post discharge continuing care plan transmitted to next level of care provider	90%	66%	99%

Data Profiles

Measures	2013Q1 Median	2013Q1 Min	2013Q1 Max
Medication errors - Doses	0.0179%	0.0030%	0.0880%
Medication errors - Severity A	23%	0%	96%
Medication errors - Severity B	23%	4%	33%
Medication errors - Severity C	35%	0%	64%
Medication errors - Severity D	9%	0%	20%
Medication errors - Severity E	0%	0%	0%
Medication errors - Severity F	0%	0%	0%
Patient falls - With Injury	0.57	0.10	1.65
Patient falls - Without Injury	2.93	0.58	4.59
Patient safety incidents	1.43	-	3.46

Data Profiles

Measures	2013Q1 Median	2013Q1 Min	2013Q1 Max
Staffing ratios			
Medical	0.84	0.67	1.64
Psychologist	-	-	0.04
Nursing	5.37	3.18	6.70
Psych Techs	5.31	0.29	7.35
Other clinical / direct care	1.95	1.62	3.87
Administrative	3.23	1.15	3.60
Operations	2.47	1.91	5.60
Average cost per patient day	$1,004	$715	$1,596
Average Length of Stay	10.17	8.90	15.50

Contact Information

- Jim Kupel, 207.774.2345 ext-11;
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- Scott Good, 207.774.2345 ext-15;
  scottg@crescendocg.com

Outcomes Informed Care

An Introduction

Contents:

- Slideshow on Outcomes Informed Care
- Tutorial on Getting Started

What is Outcomes Informed Care?

- Routinely administered questionnaires in which patients report on various stressors in their lives.
- Clinicians are given access to continuous feedback on patients' improvement.

Why are we doing this?

- Research in the last 10 years has demonstrated that a higher percentage of clients improve with Outcomes Informed Care.
- Multiple studies have shown that therapists are unable to achieve the same results without the use of questionnaires.

Advocacy

- Outcomes let us demonstrate the value of human based mental health services (as opposed to drug based)
- Makes the case for increase in funding and reimbursement rates
- It empowers you, the clinician.
  - Practice based evidence **lets you demonstrate** to payers and policy makers **what works**, rather than them tell you what to do.

Outcomes Informed Care Works

"The combination of measuring progress (i.e. monitoring) and providing feedback consistently yields clinically significant change… Rates of deterioration are cut in half, as is drop out. Include feedback about the client's formal assessment of the relationship and the client is less likely to deteriorate, more likely to stay longer, and twice as likely to achieve a clinically significant change."

- Duncan, Miller, Wampold & Hubble (2009); From Introduction in *Heart & Soul of Change*; page 39

The therapist matters…

"The variance of outcomes due to therapists (8%-9%) is larger than the variability due to treatments (0%-1%), alliance (%5) and the superiority of empirically supported treatment to placebo (0%-4%)."

-Wampold (2005); From The psychotherapist in *Evidence-Based Practices in Mental Health*, Norcross, Beutler & Levant (Eds), p. 204

"… when effects to treatments are noted, who provides the treatment, the quality of the alliance, and the clinician and recipients expectations of success provide a far better explanation of the results than any presumed specific effects due to the medications."

-Sparks et al. (2009) Psychiatric drugs and common factors: An evaluation of risks and benefits for clinical practice in *Heart & Soul of Change*; Duncan, Miller, Wampold & Hubble (Eds); page 221

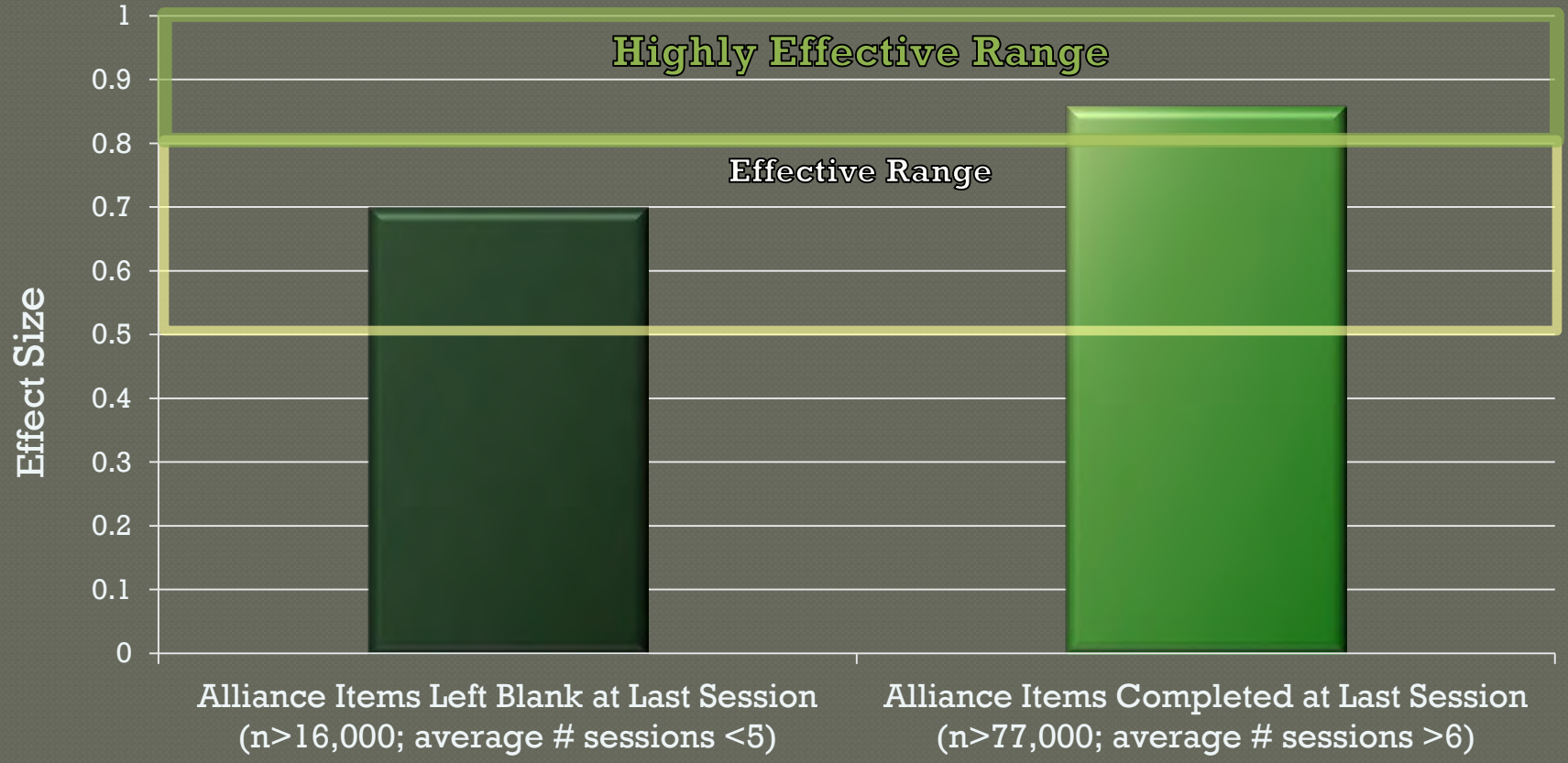
Concept of Therapeutic Alliance

Three Components:

- **Tasks:** Behaviors and processes within the therapy session that constitute the actual work of therapy
- **Bonds:** The positive interpersonal attachment between therapist and client of mutual trust, confidence, and acceptance.
- **Goals:** Objectives of therapy that both client and therapist endorse.

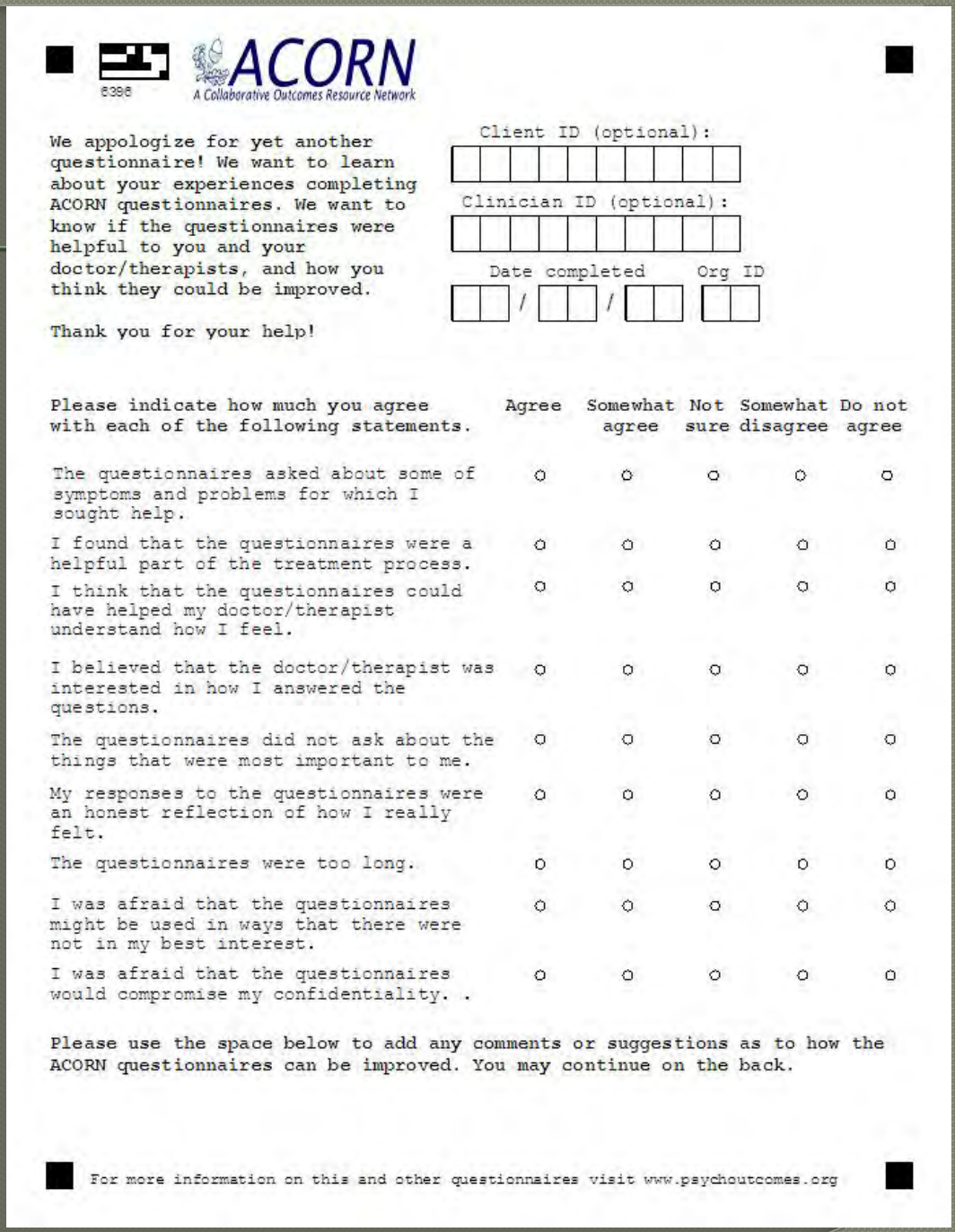
Alliance Results

Feedback makes a difference



Meta Questionnaire

- Were the questionnaires helpful in your treatment?
- Did you have concerns about their use?
- Was your doctor/therapist interested in your responses?
- Were you honest?
- Matched with outcomes questionnaires to check frequency of Alliance items completion



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ACORN
A Collaborative Outcomes Resource Network

We appologize for yet another questionnaire! We want to learn about your experiences completing ACORN questionnaires. We want to know if the questionnaires were helpful to you and your doctor/therapists, and how you think they could be improved.

Thank you for your help!

Client ID (optional):

Clinician ID (optional):

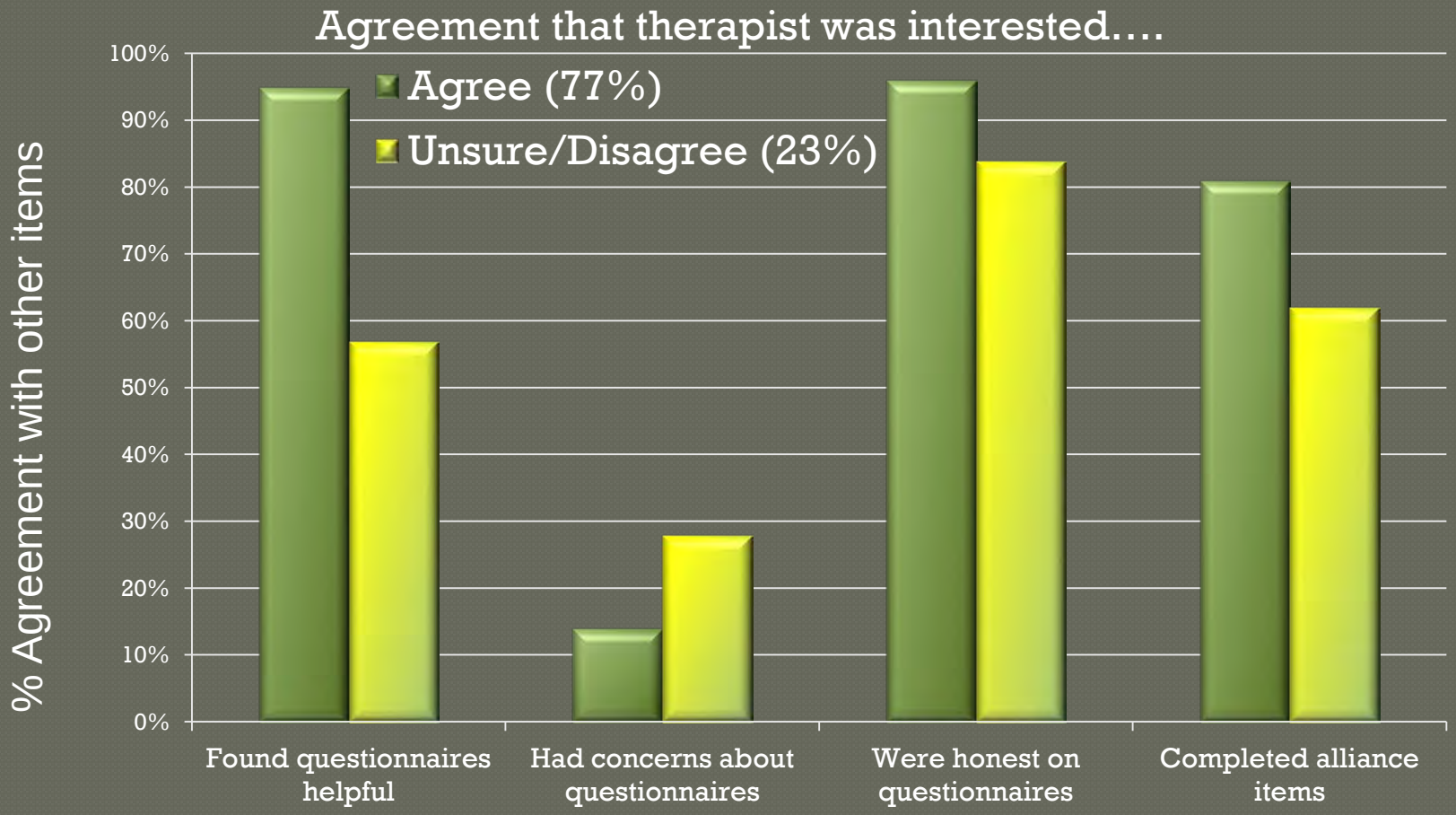
Date completed / / Org ID

Please indicate how much you agree with each of the following statements.	Agree	Somewhat agree	Not sure	Somewhat disagree	Do not agree
The questionnaires asked about some of symptoms and problems for which I sought help.	o	o	o	o	o
I found that the questionnaires were a helpful part of the treatment process.	o	o	o	o	o
I think that the questionnaires could have helped my doctor/therapist understand how I feel.	o	o	o	o	o
I believed that the doctor/therapist was interested in how I answered the questions.	o	o	o	o	o
The questionnaires did not ask about the things that were most important to me.	o	o	o	o	o
My responses to the questionnaires were an honest reflection of how I really felt.	o	o	o	o	o
The questionnaires were too long.	o	o	o	o	o
I was afraid that the questionnaires might be used in ways that there were not in my best interest.	o	o	o	o	o
I was afraid that the questionnaires would compromise my confidentiality. .	o	o	o	o	o

Please use the space below to add any comments or suggestions as to how the ACORN questionnaires can be improved. You may continue on the back.

For more information on this and other questionnaires visit www.psychoutcomes.org

I believed the therapist was interested in how I answered the questions…



Sample size = 255 respondents

Tips to achieve good outcomes

- Use questionnaires routinely
  - Frequent assessments associated with better outcomes
  - Explain purpose, encourage honest responses
  - Thank the client
- Take advantage of alliance items
  - Clients who complete Alliance items consistently tend to have better outcomes
  - Clients willingness to give honest feedback on Alliance is associated with better outcomes
  - Higher Alliance scores early in treatment with decreasing scores over time are associated with better outcomes
- Get Feedback. Use your Clinician's Toolkit
  - Monitor off track cases – strive to keep them in treatment
  - Monitor risk indicators – substance abuse, thoughts of self harm, increase in alliance scores

Who do I contact for help?

- Questions about missing or incorrect data

  Datacenter@clinical-informatics.com

  Contact the Datacenter directly at (801)993-2683

- Clinician to clinician consultation & help

  Joanne Cameron, PhD

  joanne@clinical-informatics.com

  (801)739-6268

- Technical questions

  Jeb Brown PhD

  Jebbrown@clinical-informatics.com