Is my patient getting better?

Implementation of Progress Monitoring System at Group Health

- Overview of our journey: Bradley Steinfeld Ph.D. Group Health Behavioral Health Services Administration.
- Implementation: A clinical perspective. Mariam Sarikhan MA, Therapist, Group Health Tacoma Behavioral Health Services Clinic.
- Implementation: A manager perspective. Allie Franklin MSW, South Regional Manager, Group Health Behavioral Health Services.
- Implementation: An analyst perspective. Brian Mercer, BA analyst, Group Health Behavioral Health Services Administration.
- Implementation recommendations (what works and also what does not work!!!)

What is Progress Monitoring?

- Collecting simple session to session ratings of the progress (or the lack of progress) in treatment
- Provides feedback to which the therapist can adjust treatment in real time, strengthening the alliance and improving the outcome.
- Asks the question, “Is this treatment plan working for this particular client?”
- Contrasted with “outcome measurement” which typically assesses after the fact and is not ‘fed forward’ into a particular ongoing treatment.

What is Progress Monitoring?

- Simple 10 – 15 item rating scale that patients fill out before every session that tracks how patient is doing.
- Due to the high degree of correlation between items, well-constructed questionnaires of 10 – 15 items can have coefficients of reliability and construct validity comparable to measures of 30 or more items.
- Focus is on global distress
- 2 – 4 item scale that patients complete at the end of the session to track how changes in how session went (i.e. therapeutic alliance).

Progress informed clinicians…

- Recognize the importance of patient feedback in providing effective treatments
- Support the desire to improve outcomes by actively ***evaluating*** them, and applying the ***feedback*** to the treatment.
- Use ***practice-based evidence*** to inform the use of ***evidence-based practices*****.**

Why Use a Progress Monitoring Tool?

- Research (by Lambert and others) has found that:
  - providers tends to overestimate progress patients make in therapy.
  - have difficulty identifying patients not progressing in therapy
- Patients whose providers have access to outcome & alliance data are:
  - less likely to deteriorate
  - more likely to stay in treatment
  - twice as likely to achieve a clinically significant change.
- Progress monitoring tools are treatment, discipline, and setting neutral
- Simply adding a PM tool to any treatment by any provider from any discipline in any setting can improve outcomes.
- A key recommendation of the Institute of Medicine Report for BH is use of patient questionnaires to assess progress.

What is Group Health?

- Integrated delivery system (both insure and provide care) to about 600,000 people in Washington State.
- We have 27 medical clinics, about 1000 medical providers and about 8000 total staff.
- A significant portion of behavioral health services delivered through 7 staff model clinics and about 125 mental health providers (masters level therapists, psychiatrists, nurses, psychologists)
- Very limited experience/engagement with use of outcome tools
- Fully integrated electronic medical record

Getting Started/A case for change

- History of focus on patient satisfaction (business driver)
- Beginning efforts to do population based care (care management)
- Quality improvement/Lean becoming part of organization (more data driven culture)
- Jeb Brown/Acorn consulting (its about global distress, customize your own measure, web based reporting system, feedback improves satisfaction)
- Clinic low in satisfaction scores says we want to try something different (January 2009).
- Leaders willing to fund a pilot program

Our pilot experience

- Identifying a measure (standardized tool, custom questions, obsess, obsess, obsess, EMR, what is primary care using)
- Current measure is phq9, gad2, one item functioning, question, one item drug question, audit-C, and 2 alliance questions (present slide with measure)
- Develop process for administration (what does front desk do: every patient over 12, every visit, same measure, same process, fax to acorn)
- What does clinician do (understand measure, integrate measure into visit, enter data into EMR, where to put measure when done, access to external web site to learn about outcomes)

GroupHealth

Behavioral Health Progress Monitoring Tool

Name: _____ Clinician: _____ Date Completed: _____

Over the last 2 weeks, how often have you been bothered by any of the following problems?	Not at all	Several Days	More than half the days	Nearly every day
1. Little interest or pleasure in doing things	0	1	2	3
2. Feeling down, depressed or hopeless	0	1	2	3
3. Trouble falling or staying asleep or sleeping too much	0	1	2	3
4. Feeling tired or having little energy	0	1	2	3
5. Poor appetite or overeating	0	1	2	3
6. Feeling bad about yourself – or that you are a failure or have let yourself or family down	0	1	2	3
7. Trouble concentrating on things, such as reading the newspaper or watching television	0	1	2	3
8. Moving or speaking so slowly that other people could have noticed. Or the opposite – being so fidgety or restless that you have been moving around a lot more than usual	0	1	2	3
9. Thoughts that you would be better off dead or of hurting yourself in some way	0	1	2	3
10. Feeling nervous, anxious or on edge	0	1	2	3
11. Not being able to stop or control worrying	0	1	2	3
12. Have your problems interfered with your work, family or social activities?	0	1	2	3

Please answer these questions about the past four weeks

13. How often do you have a drink containing alcohol? **** If you do not drink mark never and skip to #16****	Never	Monthly or less	2-4 times a month	2-3 days a week	≥4 days a week
	0	1	2	3	4
14. How many drinks containing alcohol do you have on a typical day when you are drinking?	I do not drink	1-2 drinks	3-4 drinks	5-6 drinks	7-9 drinks	10+ drinks
	0	0	1	2	3	4
15. How often do you have 6 or more drinks on one occasion?	Never	Less than Monthly	Monthly	Weekly	Daily or almost
	0	1	2	3	4
16. How often did you use drugs (recreational, marijuana, not prescribed medications) in the past Month?	Never	Less than Monthly	Monthly	Weekly	Daily or Almost
	0	1	2	3	4

If you have had a visit with this provider before, circle the response that best matches your feelings about your most recent visit.

	Never	Seldom	Fairly often	Very often	Always
17. This clinician and I are working on mutually agreed upon goals.	0	1	2	3	4
18. This clinician treats me with care and compassion.	0	1	2	3	4
19 .Group Treatment has been shown to be highly effective in helping people with depression and/or anxiety. Are you interested?	**Yes**	**No**			

GHC DV1 - BVU BHS

Epic | Home | Schedule | Quick Appt | In Basket | Chart | Encounter | Patient Lists | MyEpic | Print | Secure | Log Out

Sumaco,Goldie

EpicCare

Sumaco, Goldie 03090927
Female, 64 yrs, 05/05/1947

EDD: 7/29/12
GA: 26w2d

Allergies
Sulfa(sulfonamide A...

Health Ma...
FYI

PCP: HOCKEISER, ...
PCC: NORTHSHO...

Ins: GROUP HEALTH/GHCGROUP
MyGH: Inactive

Lang: A
Interp: \

SnapShot
Chart Review
Care Everywhere
Flowsheets
Results Review
Visit Report
Allergies
History
Problem List
Demographics
Letters
FYI
More Activities

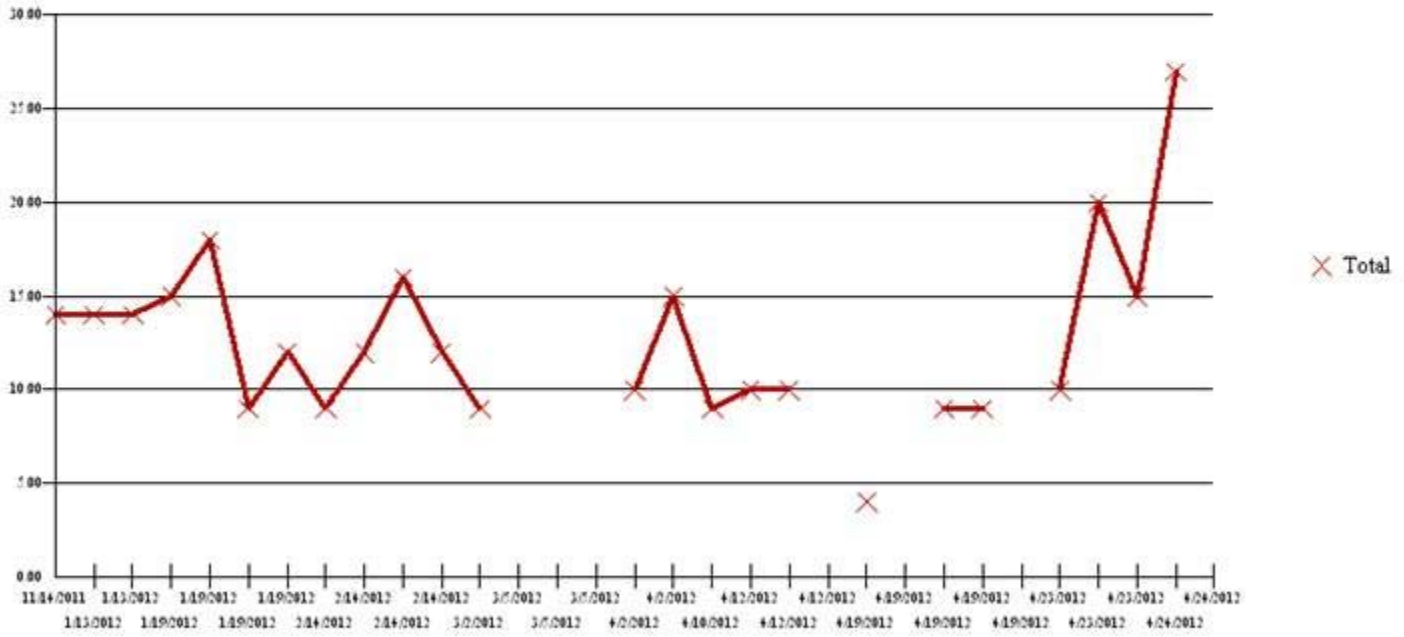
Flowsheet Report

? Close

Select Flowsheets to View
PHQ-9 FLOWSHEET [80]

Load More

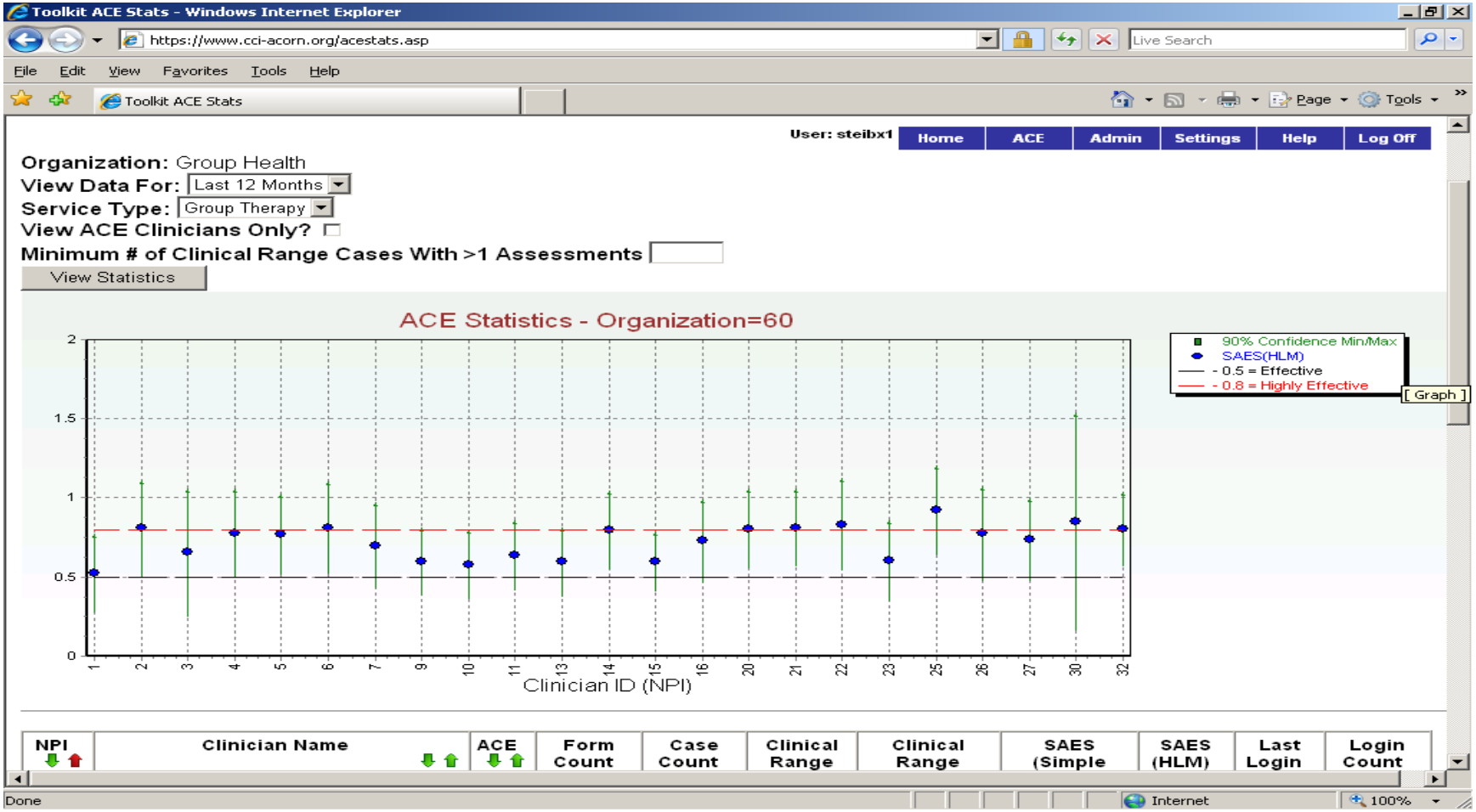
Flowsheet Data



Bar Chart | Line Graph | Refresh | Print Graph | Show Flowsheet

BEHAVIORAL HEALTH P... | Cosign - Meds | Addendum Notification Copy | Future/Standing Orders | My Open Encounters | Open Charts | 11:22 AM

Acorn Group Therapy Results



Our pilot experience continued

- Training involved typical stuff (presentation, demonstration, with a couple of follow-ups)
- Came back for follow-up in one year
- Staff including MDs found the tool valuable (Mariam will talk more about this but comments were helped focus the session, track change). This was most critical factor in going forward.
- That it takes time to simply learn the administrative steps (reading the form, what it means, entering the data)
- The data staff did look at indicated their patients were getting better which was tremendously reinforcing.
- Difficult to translate severity adjusted effect size to something clinically relevant to providers.
- That an external web site not integrated into EMR was not used.

Our spread/dissemination strategy

- At clinic level, used local clinic champions to engage other clinicians
- At leadership level, sharing the data that our patients are getting better. Leaders are actually very interested in this.
- This has helped with sponsorship of getting dept to identify outcomes as foundational to all clinical improvement activities.
- Generally this has been an initial voluntary process with organizational sponsorship.
- Focus of implementation has been on simply the admin process of using the tool, less on how to “use it clinically.”
- Use of “lean tools” to support implementation (standard work, job aids, job breakdowns)
- Shifted away from external vendor to process fully integrated with EMR.

Current Status

- All patients at all clinics over age of 12 receive progress monitoring tool for all visits (therapy visits, med visits, group visits, CM visits).
- Providers enter data in EMR which enables them to graphically display data over time
- We are now capturing data for about 30,000 visits per quarter.
- We have just begun to gather data on improvement of our patients (Brian to share more about this later)
- About 50% of our patients see both a psychiatrist and a therapist so we have been extremely cautious in sharing overall effectiveness data at the individual provider level.

Lets hear from the people who did the “real work”

- Mariam Sarikham, therapist at Tacoma Group Health Behavioral Health Services will talk about her experiences as a clinician using a progress monitoring tool.
- Allie Franklin, regional manager of Behavioral Health Services, South region will talk about issues/challenges in implementation from perspective of manager.
- Brian Mercer, analyst, Behavioral Health Administration will talk about taking data and getting making sense of it.

Mariam Sarikhan, MLT

Tacoma Clinical
Behavioral Health Services
Group Health Cooperative

The Paradigm Shift of Clinical Work with Progress Monitoring Tools: Status Quo

- Clinicians are often trained to measure patient progress though a patient's subject felt sense of their progress rather than with an objective measure.
- Clinicians often view progress monitors tools as time taken away from the actual work of treatment.
- Clinicians often lack the training to understand how to use progress monitoring as part of treatment planning or ongoing work.
- Clinicians often view progress monitoring tools as a barrier to building rapport and contrary to basic humanistic principles for therapeutic work.
- Therapists are often trained to value the art more than the science of therapy and to resist quantification of their work.

The Paradigm Shift of Clinical Work with Progress Monitoring Tools: In Practice

- Using a standardized measure
  - Provides more accurate representation of patient progress
  - Makes treatment more effective and efficient
  - Assists with rapport building and patient centered care by enabling more accurate validation of the patient, focusing the treatment on their distress, and enabling care that is more responsive to patient symptoms and needs
  - Improves opportunities for the art of therapy to happen by enabling the feedback needed for more nuanced and responsive treatment interventions
  - Provides feedback for clinicians on their efficacy to allow them to grow and improve as clinicians

Progress Monitoring Tools: What do people say?

- Feedback from clinicians
  - Provides better treatment
  - Improves the work
  - Enables better coordination between members of the treatment team
  - Improves clinician satisfaction.
- Feedback from patients
  - Like being able to track their symptom levels and to see changes in a clear understandable way.
  - Love being able to see something concrete about their treatment.
  - Feel validated and cared for

How to Convince Clinicians

Benefits to consistent use of tools in session include:

- Improved patient care
  - Quicker identification of ineffective interventions and changing patient needs
  - Consistent opportunity to improve patient insight of their symptoms and factors influencing them symptom levels (use of interventions/skills, substance use, stressors, etc.)
  - Better transition to the work of the session
  - Quick and consistent monitoring of suicidality
  - Enables more collaborative care between the patient and clinician
- Improvement of clinician efficacy and skill
  - Clear feedback about individual clinician and intervention efficacy
  - Allows development of a personal standard for symptom improvement

Implementation with Clinicians

- Focus the underlying paradigm shift as well as providing logistical training.
- Emphasize that progress monitoring does not dictate clinician choices for treatment.
- Provide information about feedback from actual patients and how they have found it useful.
- Underscore the ultimate significant improvement in patient care.

Implementing Progress Monitoring: "Managing the Process"

Allie Franklin
South Region Manager
Group Health Cooperative

Translating Research Into Practice

- Get staff engaged (they do want to know if there patients are getting better)
- Sharing positive experience from other clinics (use of conference call/videoconference with staff from other clinics)
- Identify local clinic champions
- Use of lean management principles (standard work, job breakdowns, visual systems)

Creating a stable process

- Educate providers on what new tool means through use of desk top job aid. (see job aid)
- Job breakdown to describe what support staff are to do (see PAR job breakdown) as well as scripting in terms of what to tell patients.
- Job breakdown to describe what clinical staff are to do (see Provider job breakdown) as well as scripting in terms of how to talk to patients
- Training (staff meeting with visual aids appears to be sufficient)
- Pick a start date
- Monitor and support through visual systems and daily huddles

What has worked well

- Easy to get clinical staff engaged (relates to what is important to them)
- Because its done with every adult patient, easy for support staff to remember when to administer tool
- Tool is brief enough that does not delay start of session
- This tool has been incorporated into other clinical processes (Suicide Risk, Drug/alcohol screening) which has helped to promote its use
- Tool is integrated into EMR

Continued opportunities/challenges

- Providers not using it for treatment planning (i.e. treat to target)
- How to incorporate progress monitoring into professional development (how do you get certain providers to improve outcomes).
- Incorporating progress monitoring into program outcomes/evaluation (is group tx really equal to individual tx, how helpful is CM or DBT).
- How do you address outcomes when multiple providers are involved with same patient.
- Providers seem more uncomfortable addressing “alliance” portion of the scale.
- Lack of child progress monitoring measure.
- This type of outcome is not a HEDIS measure so still not seen as key quality indicator by senior leaders/health plan exec.

Brian Mercer, Analyst, Application Systems Programmer III

Behavioral Health Administration
Group Health Cooperative

Reporting

- How do we measure success?
- How do we present results in an understandable way?

Breaking Out Populations

- Routine patients (seen for six months or less)
- Chronic patients (seen for more than six months)

Defining Success

- Routine patients have a 50% or better reduction in PHQ-9 scores
- Chronic patients are divided into three categories:

PHQ-9 scores > 10 – Unimproved

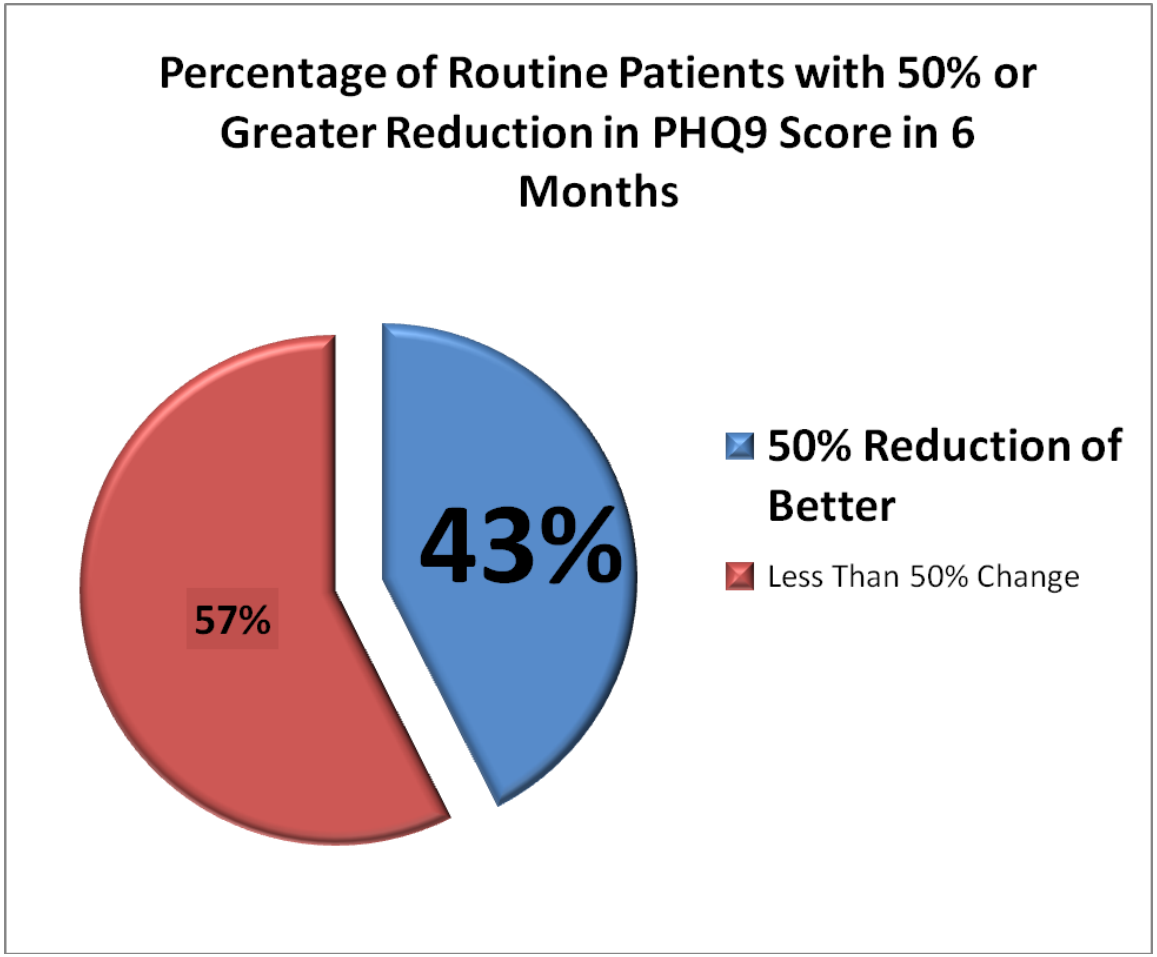
PHQ-9 scores between 5 and 10 – Partial Remission

PHQ-9 scores < 5 - Remission

Routine Patients

- Patient must be 12 years or older
- Seen less than six months
- Patient must have PHQ-9 filled out at first visit
- Initial PHQ-9 of 10 or greater
- Patient must have a second PHQ-9 filled out within 6 months of visit

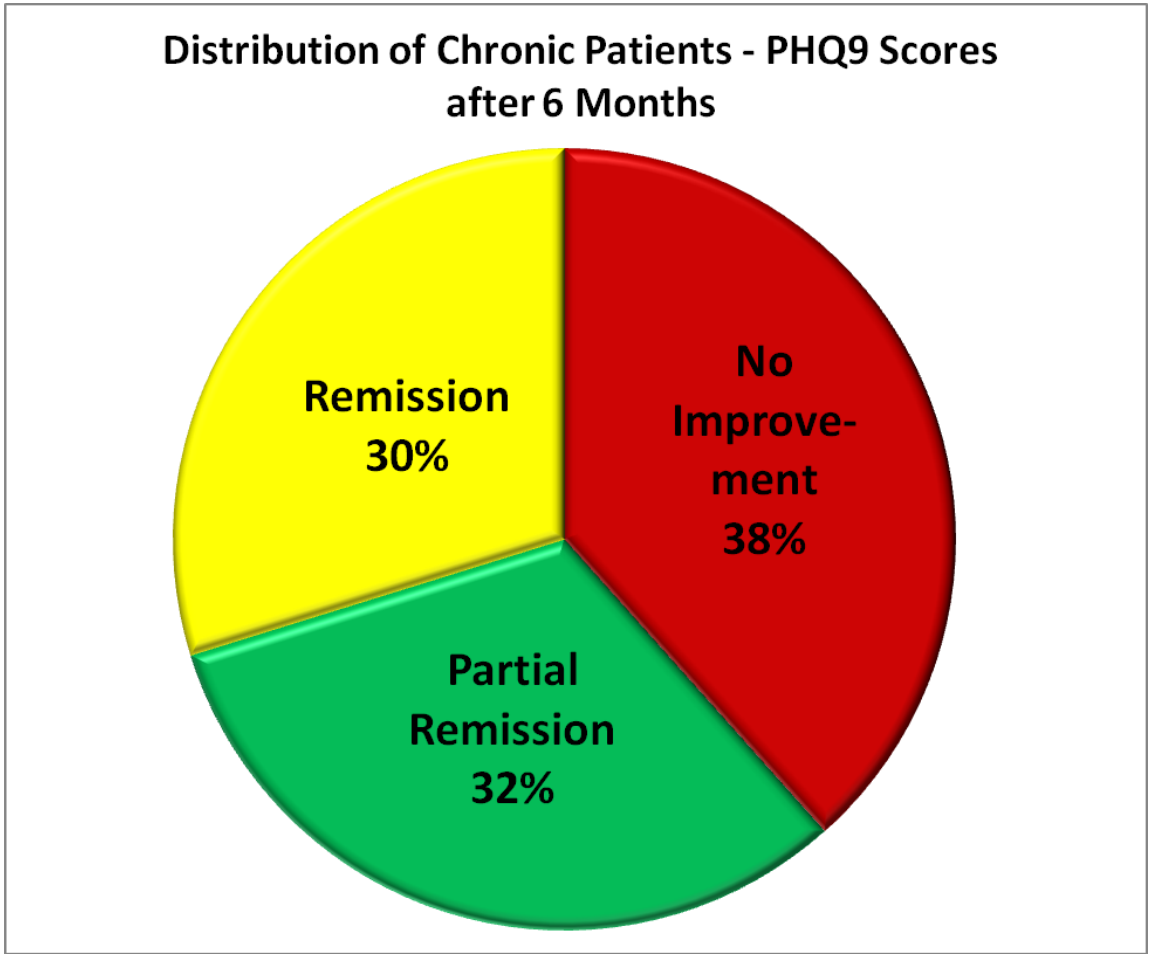
Routine Patient Results



Chronic Patients

- Patient must be 12 years or older
- Seen for more than six months
- PHQ-9 filled out after six month mark

Chronic Patient Results



Caseload Report Findings

- Caseload Summary (statistics of panel)
- Caseload Report Detail (detailed list of patients)
- Group all patients together (Routine and Chronic)
- Have their PHQ-9 scores improved?
- Identify patients who are off track