HEROIC
HONORABLE
DEDICATED
DUTY
SERVICE
BRAVE
READY
COMMITMENT
COURAGEOUS
SELFLESS
INTEGRITY
VALIANT
MISSION
PATRIOTIC
RESPECT
ALWAYS
COUNTRY
SEMPER
DEFEND

Cohen Veterans Network

MEASUREMENT-BASED CARE

Training Overview

Part 1: Introduction to MBC

- Introduction to MBC model
- Benefits of MBC
- Barriers to MBC

Part 2: Implementation Troubleshooting

- Introducing new measures
- Reviewing measures
- Troubleshooting
- Roleplay

Options for Continued Learning

- Review of MBC Training Toolkit

MBC Training Toolkit

MBC Clinical Guide

Video Demonstrations

Practice Guide

What is **MBC**?

"Measurement Based Care entails the **systematic** administration of symptom rating scales and uses the results to drive clinical decision making at the level of the individual patient"

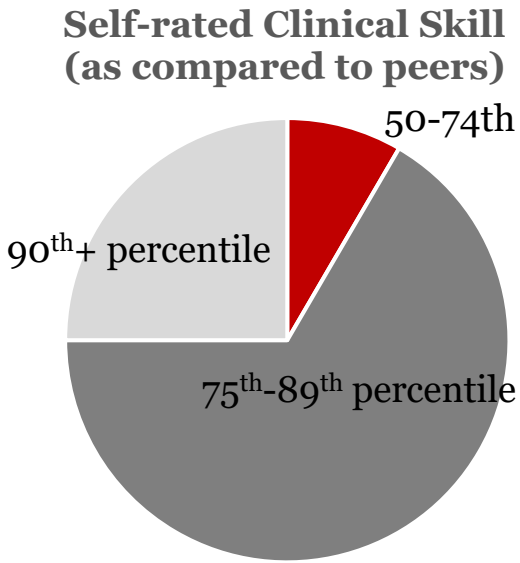
(Fortney et al., 2017)

Contrast to alternatives like:

- outcome measures alone
- intuition
- non-systematic data collection
- and general client satisfaction

Measurement Matters

It is hard to know how well we are doing without measurement



Clinical Skill

- Asked to rate overall clinical skills and performance compared to peers, in terms of a percentile
- "Illusory Superiority": We're **all** above average (and most in top 10%!)

Client Outcomes

- Almost half the sample indicated that **none** of their clients regressed
- 21.2% of clinicians believed that 90% or more of their clients improved as a result of psychotherapy

Walfish S1 , McAlister B, O'Donnell P, Lambert MJ. (2012). An investigation of self-assessment bias in mental health providers. Psychol Rep., 110(2):639-44.

Awareness of **Blind Spots**

Without accurate objective information:

- May assume we do NOT need to make changes or try alternative approaches (**clinical inertia**)
- Patients may be deteriorating and we won't act to change course before they drop out
- Our patients may be showing reliable recovery and should be discharged to another level of care

Slide source: Smith, T and Kearney, L.K. Measurement-based care [PowerPointslides]. Retreived from https://conference.avapl.org/pubs/2018%20Conference%20Presentations/MBC%20Slides%20for%20VAPL%20-%20Kearney%20%20Smith%205-23-18.pdf

How Does MBC Work?

1. ASSESS: Clinically appropriate, evidence-based measures* administered during screening, intake and at regular intervals throughout treatment.

2. USE: With the information collected from standardized measures, clinicians and patients **review together** and **work collaboratively** to make informed decisions about patients' care including tailoring treatment to address patients' specific needs.

3. SHARE: Information gathered from standardized measures are shared not only with patients but with other clinicians involved in treatment to better coordinate care.

*may additionally include idiographic/individualized measures where appropriate

Targeted **Treatment**

MBC is a natural fit for any targeted treatment model:

Choosing measures helps to identify a **problem focus**

Assessment tools help us to **measure improvement** in target area

Weekly repetition **simplifies** data collection

Why MBC: Improved Outcomes

- **Over 20 RCTs of MBC with at least 9 review articles demonstrating improved outcomes compared to UC, including:**
  - Greater improvement in specific symptom and general outcome rating scores pre to post treatment
  - Greater % of clients demonstrating clinically significant and reliable change (couples and indiv)
  - Faster initial response to treatment and faster overall rate of improvement
  - Fewer clients demonstrating no change or deterioration at 6 week mark

- **Findings are robust and have been demonstrated across:**
  - multiple settings
  - diagnosis
  - age
  - provider type

(Lewis et al., 2019; Fortney, 2015)

Benefits of **MBC**

Client

- Helps clients better understand their symptoms
- Allows clients to more easily quantify and communicate their experience
- Encourages active involvement in treatment process

Clinician

- Alert us to lack of progress
- Direct us to recognize important treatment targets
- Observe factors associated with change
- Inform treatment decisions
- Facilitate care coordination or collaboration

Organization

- Aggregate data can yield practice-based evidence, data for accreditation or insurance bodies, and objective measures of quality improvement efforts.
- Can facilitate a population health approach

(Lewis et al., 2019)

Acceptability to **Clients**

Clients tend to *like* measurement!

Specifically, clients perceive use of assessment scales as:

- Efficient
- Complementary of their provider's clinical judgment
- Evidence that clinician is taking their problems seriously
- Helpful to them in better understanding their illness
- Helpful to them in expressing themselves to their provider

Dowrick C, et. al., BMJ, 2009

Barriers to MBC

Client

- Time for completing measures
- Concerns that responses might affect clinical relationship
- Patient symptoms (e.g., suicidality, psychosis) and/or disability (e.g., cognitive impairment, visual impairment)
- Concerns about breach of confidentiality

Clinician

- Admin burden; time, human resources
- Attitudes
- Lack of clarity on the clinical utility
- Concern with how the data will be used (e.g., performance review)

Organization

- Resources for training
- Guidance on selecting standardized self-report measures
- Staff turnover
- Leadership support
- Organizational norms, culture, and climate

(Lewis et al., 2019)

Addressing Barriers: *CVN Examples*

- Pilot process to allow us to learn more (we expect bumps in the road)
- Two network-wide clinical trainings to review benefits and begin practice
- Development of MBC Toolkit to support additional tailored clinic-based training
- Ongoing consultation to clinic by CVN Clinical Programs and identified MBC leaders across network
- Process support from CQI team and NIS

Addressing Barriers: Clinicians

*What **concerns** do you have and what **barriers** do you anticipate in implementing*

MBC?

Implementing **MBC**

- **Choosing measures**
  - Standardized measures
  - Developing idiographic (client-specific) measures
- **Introducing measures**
  - How to introduce in a way that improves buy-in
- **Troubleshooting**

Adding Additional **Measures**

- **Additional idiographic/client-specific measures**
  - Behavioral monitoring outside of standardized measures will typically be tracked within the note in most EHR systems (e.g., # of drinks)

Remember: Measures must be **clinically actionable** to be useful

- Measure most important symptoms
- Current (ideally day of session)
- Easily interpretable
- Readily available during the encounter
- Scales must be reliable and sensitive to clinical change

Next time…

PART II

- *Introducing Measures*
- *Reviewing Measures*
- *Troubleshooting*
- *Roleplay practices*

PART II

- *Introducing Measures*
- *Reviewing Measures*
- *Troubleshooting*
- *Additional practice*
- *Wrap-up*

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Introducing **Measures**

What Works:

- Remember your commitment and attitude is **contagious**!
- **Link** use of measure to client's major symptoms and treatment goals
- **Communicate utility** of repeated measures for clinical care
- **Normalize** MBC as an effective gold-standard of care, and part of treatment
- **Address questions** and concerns in empathetic manner, while maintaining commitment to MBC model
- **Familiarize** yourself with all standard measures in advance so you can move fluently and efficiently through them

What DOESN'T Work:

- "Supervisor/CVN told me we have to do this"
- "I don't really want to either"

Pop Quiz:

So what are the benefits of MBC?

Introductory **Scripts**

From TherapyMeetsNumbers.com

'In addition to us talking here about what's brought you today, I also use a standard scale that's used widely in therapy. This helps us get a wider sense of the areas you're facing right now and how much they're affecting you. I'll ask you to fill one in now, and if it seems appropriate, to complete one at the beginning of each session to see how you seem to be progressing. That can help us to know whether we're focusing on what is really going to make a difference for you. How does that sound to you?'

Introductory **Scripts**

How I might introduce measurement:

"It's really important to me that we're doing all we can to help you make the most progress possible. And one of the best ways to know if we are making progress in treatment is to regularly measure it. So we're going to start that measurement today and then repeat it at every session so that we can assess whether things are moving in the right direction, or whether we need to make adjustments to our approach.

As you start making progress, we'll get to watch these numbers shift. And if it ever feels like we're not making the progress you're hoping for, or if the things we're focusing on in our assessments don't reflect your top treatment goals, that'll be important for us to discuss too. My only goal is to help you reach yours, and regularly assessing progress helps me do my very best as well. How does all that sound? (answer) What questions do you have for me at this stage?"

(Then introduce specific measure, tying to treatment goals)

Exercise

- Write up your own script
- What are the key points to convey?
- Find the language that feels authentic

Reviewing **Measures**

- **Normalize** starting with assessment
  - Can put as first line of agenda if you typically begin with a treatment agenda, or can review measure prior to setting agenda

- **Review collaboratively**
  - Link current scores to previous scores and overall trend
  - Link measurement back to client's original goals for treatment

- **Adjust treatment if needed**
  - If measure feels irrelevant, brainstorm what could be added to better capture client's main concerns
  - If scores aren't improving, brainstorm/suggest change of course

Troubleshooting

4 Common challenges:

1. Improving buy-in (both for initial completion of measure and weekly)
2. Measures not completed prior to session
3. Suspected over or under-reporting
4. Minimal change

Troubleshooting

Improving Buy-In

Troubleshooting

Improving Buy-In

Client hesitant to complete or skeptical of measures:

- Reiterate utility of repeated measures for clinical care
  - Helps clinician be the best they can be
  - Helps client maximize progress
- Move along quickly without over-explanation
- Link use of current measure to client's major symptoms and treatment goals or even to in-session behaviors
- Address client's questions and concerns in empathetic manner, while maintaining commitment to measurement-based care
- Validate client's preferences and reaction, while maintaining allegiance to MBC

Troubleshooting

Improving Buy-in

Once client agrees to complete together:

- Move through assessment quickly and fluently

- Reinforce!
  - Link responses back to original client goals and treatment plan
  - Demonstrate utility to set stage for continue use of repeated measures

Troubleshooting:
Improving Buy-In (GAD-7)

Troubleshooting

Measures not completed in advance

Troubleshooting:
Not Completed In Advance

- **Immediately complete in session**, if not done in advance:
  - This is not a punishment, but can be an aversive natural consequence
  - Early on, validate and move quickly into the assessment

  - Briefly troubleshoot what got in the way of completion

  "What do you think got in the way of completing this measure before today's session? I want to understand where our plan broke down so we can be sure to troubleshoot that going forward"

  - can adjust when forms are sent
  - can have client schedule the 15m before appt to complete measure
  - reminders on client's phone

  - Maintain commitment and find reinforcers to increase buy-in.
    - can remind client completing in advance means more session time focused on other interactions
    - connect measurement back to client's goals
    - reiterate that measurement helps us to maximize treatment progress

Troubleshooting:
Not Completed In Advance(PHQ-9)

Troubleshooting

Suspected over/underreporting

Troubleshooting:
Suspected Over/Underreporting

- **Stay curious and non-judgmental**
  - Can help to review client's answers as a question or ask "does that still sound right?" Check voice tone!
  - "You mentioned at intake that you have a drink of alcohol 2 to 3 times a week?"

- **Attempt to clarify** whether misunderstanding or motivated under/overreporting
  - Clarify measurement terms
    - E.g., in SUD clients frequently underreport due to misunderstanding/comparison to group norms

- **Assess possible motivations** for over/underreporting
  - Normalize such motivation given real reinforcers

Troubleshooting

Suspected underreporting(AUDIT-C)

Troubleshooting

Minimal changes

Troubleshooting

Minimal changes on assessment

- Use as opportunity to reflect, learn, and course-correct
- Validate client's frustration and barriers to progress
- Reinforce their honesty
- Demonstrate curiosity
- Align with shared goals of improvement and demonstrate willingness to shift course to meet their needs

Troubleshooting

Minimal changes (PCL-5)

How to **Improve**

- Clinicians do **NOT** reliably improve over time

  (Goldberg et al., 2016; Owen, Wampold, Rousmaniere, Kopta, & Miller, 2016; Erekson, Janis, Bailey, Cattani, & Pedersen, 2017)

Improvement takes focused **practice…**

not just repeated **performance**

Deliberate **Practice**

- **"Deliberate Practice"** is:
  - Purposeful and systematic
  - Requires focused attention
  - Is conducted with the specific goal of improving performance

- Opportunities for deliberate practice:
  - Formal self-monitoring on specific areas for improvement
  - **Role plays** – in supervision, in team meetings, with peers

Roleplay:
Introducing Assessment

Groups of 3: Clinician, Client, Observer

Repetitions: Run through at least 2 times (can do a third after all turns if time). Pause enough between reps to reflect on what you want to improve.

Observer: Take notes on wording

Feedback: After last repetition. “Two likes and a wish” format

Roleplay:
Introducing Assessment

CLINICIAN

Present your introductory script, including rationale for doing weekly assessment.

E.g., "It's really important to me that we're doing all we can to help you make the most progress possible…"

CLINICIAN

Responds

CLIENT

"So I'm going to have to do this every session?"

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QUESTIONS?