



Introduction to the On Track Outcomes Program

Presenters

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Introduction



What is *On Track Outcomes*?

- A client-centered, feedback-informed treatment program
- Designed to support clinicians as they help clients achieve their goals
- Utilizes a standardized, client-completed questionnaire and rapid feedback to provider

Disclaimer: The Beacon Health Options On Track Outcomes program does not make recommendations or decisions about appropriate clinical care or service. Any questionnaires, reports, guidelines and other material related to this program are intended as an informational aid to network clinicians. They do not substitute for or limit in any way the use of other resources and the clinician's own professional judgment in the delivery of counseling services.

***On Track* Benefits for Clinicians**

- Compare client progress to benchmarks -

“Is this treatment working for this patient?”

- Assist identification of potential self-harm and substance abuse risk
- Aggregate outcomes: evidence of value and effectiveness of counseling services
- Recognition: Beacon Select designation

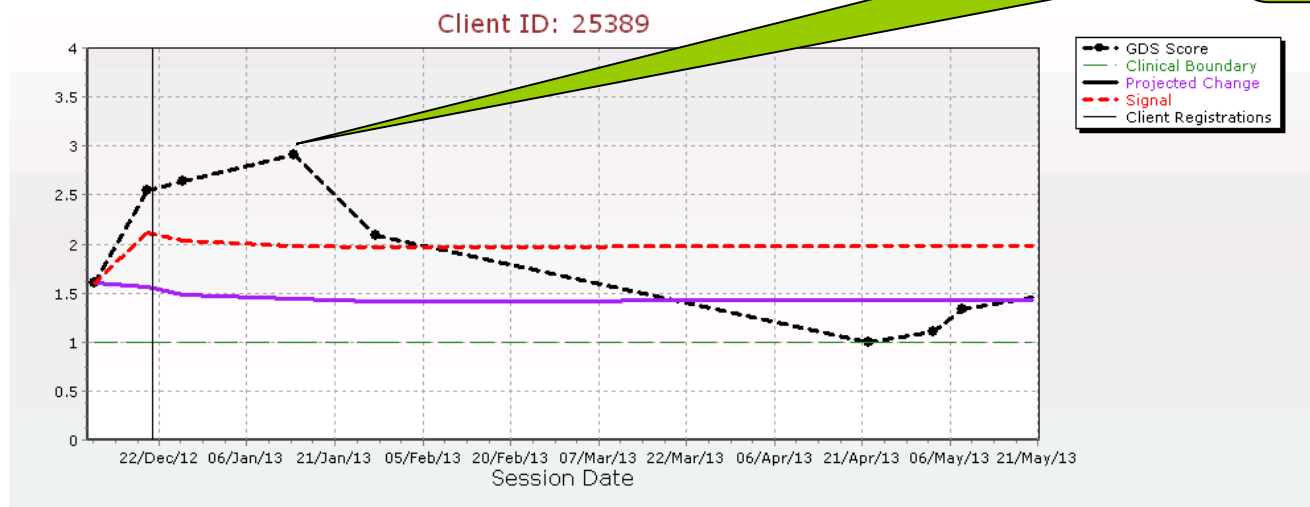
Feedback-Informed Treatment



Feedback-Informed Treatment: Key Elements

- Using an outcome measure that is sensitive to patient change
- Repeated patient assessment
- Ability to track patient change and compare to “typical” profile

Global
Distress
Score



Case is not
“on track” –
high risk for
poor outcome

The Importance of Feedback

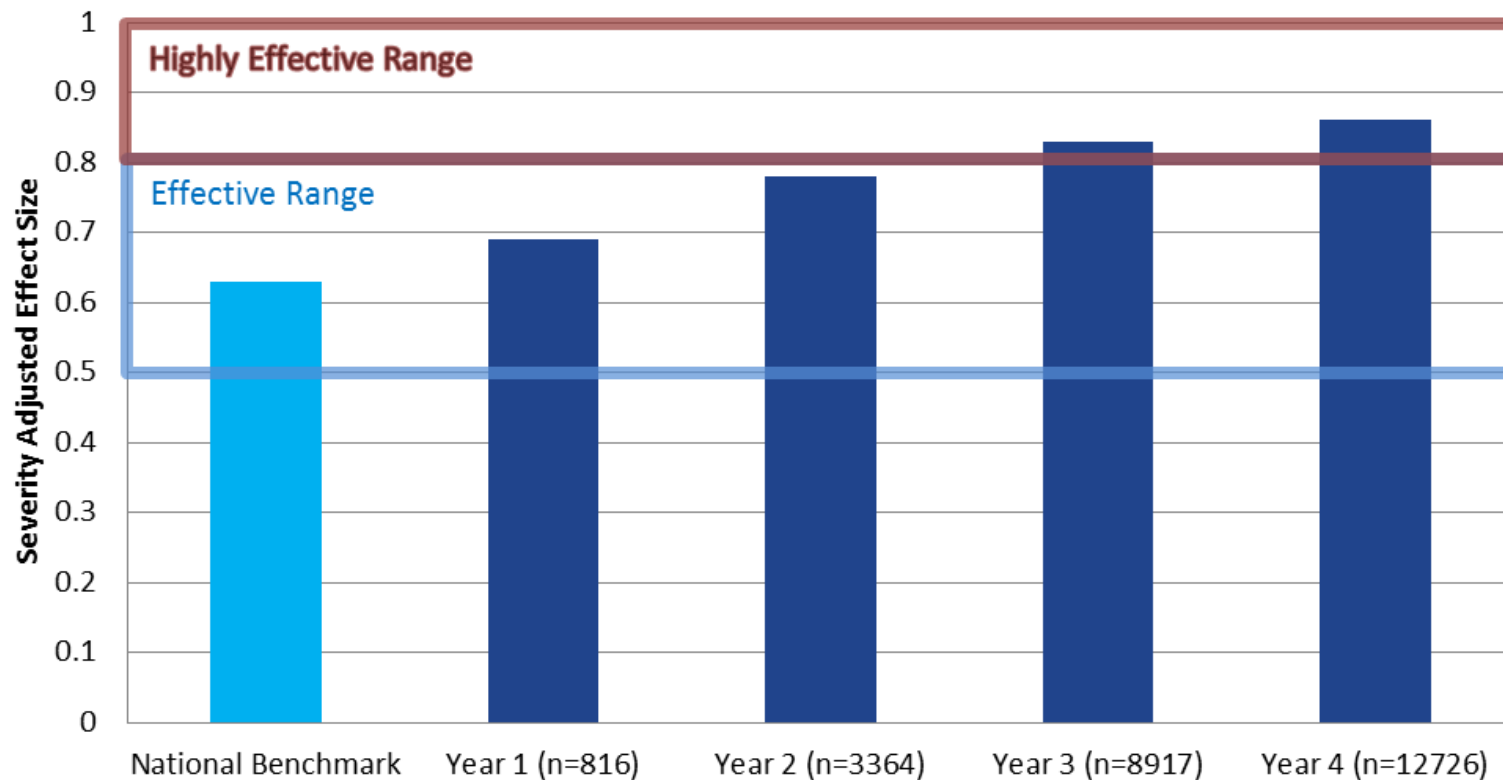
- Studies over the past decade demonstrate that monitoring outcomes and providing feedback to clinicians reduces treatment failures

“Off-Track Cases	Recovered or Improved	No Change	Deteriorated
No Clinician Feedback (n = 286)	60 (21%)	165 (58%)	61 (21%)
Clinician Feedback (n = 298)	104 (35%)	154 (52%)	40 (13%)
Feedback + Support Tools (n = 154)	69 (45%)	73 (47%)	12 (8%)

Source: Lambert, et al. 2005

Real World Impact of Feedback

- Impact at large BlueCross/BlueShield plan



Identifying Potential Risks

- Suicide risk identification in managed care
 - For clients self-reporting frequent ideation, providers reported no suicidal ideation 52% of the time
 - With routine feedback rate improved to 37%

The Journal of Crisis Intervention and Suicide Prevention. Vol. 24, No. 2, 2003, pp. 49-55

- Substance abuse also under-reported
 - For clients screening positive for SA on a self-report, providers reported no SA problem 80% of the time
 - Significant reduction with introduction of feedback

Joint Commission Journal on Quality and Safety, Vol. 30 (8), August 2004, pp. 448-454

How *On Track* Works



Getting Started with On Track

- **Login** to our online ProviderConnect portal, located under Beacon Health Options (formerly ValueOptions) Providers
 - Not already a ProviderConnect user? Click the Register button under “New User.”
 - Under “Clinical Support Tools” click on “View My Outcomes with On Track.”
 - Note: First-time On Track users are asked to confirm key information and then will receive a confirmation email, with all On Track forms attached, from the Center for Clinical Informatics.

Special Note: Group practices should email ontrack.outcomes@beaconhealthoptions.com

- **Generate** the Client Feedback Forms (CFF) for your Mobile Devices or **Print** the form and Information for Clients sheet
- **Administer** the CFF at every session
 - On Track can also be used with non-Beacon Health Options clients.
- **Submit** CFF from your mobile device or fax to 800-961-1224
- **View** CFF with ProviderConnect: Click on “View On Track Results”
 - Electronically submitted CFF results are available within minutes. Results for faxed forms are typically available within one business day.

Client Feedback Form (CFF) - Adult

- Client-completed 20-item questionnaire designed for adults
- Customized using items from an item bank
- Child and Youth versions also available

Item Groups

- Global Distress: 1-10
- Risk of self-harm: 5
- Substance use: 11-13
- Therapeutic alliance: 16-18

On Track Outcomes

Client Feedback Form

Non-emergency only please

Case Number: Clinician ID:

Today's date: / / Session Number:

BeaconHealthOptions Case: ☐ Yes ☐ No EAP Case: ☐ Yes ☐ No Sex: ☐ Male ☐ Female

Completing this questionnaire will help you and your counselor to plan your sessions and monitor your improvement. Please think about your experience in the past two weeks. Please shade circles like this ●

In the past two weeks, how often did you...	Never	Rarely	Some- times	Often	Very often
1. feel unhappy or sad?.....○	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
2. have little or no energy?.....○	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
3. have a hard time getting along with family or friends?.....○	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
4. feel lonely?.....○	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
5. think about harming yourself?.....○	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
6. feel unproductive at work or other daily activities?.....○	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
7. feel tense or nervous?.....○	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
8. feel hopeless about the future?.....○	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
9. have a hard time paying attention?.....○	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
10. have problems with sleep (too much or too little)?.....○	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
11. have someone express concerns about your alcohol or drug use?.....○	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
12. have five or more drinks of alcohol at one time?.....○	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
13. have a problem at work, school or home because of alcohol or drug use?.....○	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

14. In the past four weeks, how many days were you unable to work because of stress, anxiety, depression or alcohol and/or drug use? (answer only if employed) days

15. In the past four weeks, how many days did you get less done at work than usual because of stress, anxiety, depression or alcohol and/or drug use? (answer only if employed) days

Feedback on your last session: Skip 16-18 if you have not yet had a session with this counselor


	Agree	Somewhat agree	Not sure	Somewhat disagree	Do not agree
16. The Counselor and I worked well together.....○	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
17. The Counselor understood me.....○	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
18. We talked about the things that were important to me...○	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Please answer the following questions only if this is your first session with this counselor:


19. Have you ever received any of the following services? (mark all that apply)
☐ Substance abuse treatment ☐ Mental health counseling/therapy ☐ Mental health hospitalization

20. Please indicate if you are currently being treated for any serious medical conditions:
☐ Asthma ☐ Diabetes ☐ Heart disease ☐ Chronic pain ☐ Other condition

Org: 300 Site: Clinician: Please fax to 800-961-1224

49774 


BeaconHealthOptions.com

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Provider Dashboard

Select from the options below:




Health plan, contract, and program information

NETWORK-SPECIFIC INFO




Appendices, clinical criteria, and treatment guidelines

PROVIDER HANDBOOK



Helpful resources, guides, and login information

PROVIDERCONNECT



Clinical, administrative, and EAP forms

LEARN MORE

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On Track Outcomes Program

The Beacon Health Options (Beacon) **On Track** Outcomes Program is based on the evidence-based practice known as feedback-informed treatment. Feedback-informed treatment refers to the practice of providing psychotherapy treatment that is informed by patient-reported treatment outcomes. Providing client health status feedback to clinicians has been shown to significantly improve outcomes, especially for clients who are not doing well in therapy.

The goal of On Track is to provide clinicians with state of the art, easy-to-use tools that promote improved client outcomes. On Track is designed to support clinicians as they help their clients achieve their goals. Beacon clinicians may use On Track for all of their EAP counseling or outpatient psychotherapy clients, including, if they choose, those clients who are not Beacon members!


Additional Resources


- Need a copy of the training slides?
 - [Introduction to On Track Outcomes](#) 
 - [Introduction to On Track Outcomes \(WMV\)](#) 
- [Frequently Asked Questions](#) 
- [Quick Guide to On Track for Providers](#) 
- [On Track Outcomes Overview](#) 
- [Information for Clients](#) 
Give this information sheet to clients the first time they complete the CFF
- [Instructions for Using Mobile Forms](#) 
- [Client Feedback Form Manual](#) 
- [Learn More about Feedback-Informed Treatment](#)


PROVIDERS

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[ProviderConnect](#)

[Forms](#) 

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ProviderConnect Page: After Login

PROVIDERCONNECT
BEACON HEALTH OPTIONS

Switch Account 123456-General Account

Home
Specific Member Search
Register Member
Authorization Listing
Enter an Authorization Request
Enter a Treatment Plan
View Clinical Drafts
Enter a Special Program Application
Complete Provider Forms
Enter a Comprehensive Service Plan
Claim Listing and Submission
Enter EAP CAF
Manage Users
Enter an Individual Plan
Enter Case Management Referral
Enter a Referral
Review Referrals
Enter Bed Tracking Information
Search Beds/Opening
EDI Homepage
Enter Member Reminders
On Track Outcomes Reports
Print Spectrum Release of Information Form
My Online Profile
My Practice Information
Provider Data Sheet
NEW Performance Report

Welcome **PETER TUMNUS** . Thank you for using Beacon Health Options ProviderConnect.

YOUR MESSAGE CENTER (8 **NEW**) Message

Click on inbox to view your messages

WHAT DO YOU WANT TO DO TODAY?

- ▶ [Link/Unlink Accounts](#) **NEW**
- ▼ [Eligibility and Benefits](#)
 - [Find a Specific Member](#)
 - [Register a Member](#)
- ▼ [Enter or Review Authorization Requests](#)
 - [Enter an Authorization Request](#)
 - [Enter an Individual Plan](#)
 - [Enter a Special Program Application](#)
 - [Enter a Comprehensive Service Plan](#)
 - [Enter a Treatment Plan](#)
 - [Review an Authorization](#)
 - [Update Monthly Wage Information](#)
 - [View Clinical Drafts](#)
- ▶ [Enter Member Reminders](#)
- ▶ [Enter Case Management Referral](#)

CLINICAL SUPPORT TOOLS

- ▶ [View My Outcomes with On Track](#)
- ▶ [Print Spectrum Release of Information Form](#)

INBOX SENT

- ▼ [Enter or Review Claims](#)
 - [Enter a Claim](#)
 - [Enter EAP CAF](#)
 - [Review a Claim](#)
 - [View My Recent Provider Summary Vouchers](#)
 - [PaySpan](#)
- ▼ [Enter or Review Referrals](#)
 - [Enter a Referral](#)
 - [Review Referrals](#)
- ▶ [Enter Bed Tracking Information](#)
- ▶ [Search Beds/Opening](#)
- ▶ [Update Demographic Information](#)
- ▶ [Update Roster Information](#)
- ▶ [Update ABA Paraprofessional Roster Information](#)
- ▶ [View My Recent Authorization Letters](#)
- ▶ [Complete Provider Forms](#)

Links to the On Track Tools



Connect to On Track Outcomes Tool

Please click on the icons below to access the On Track Outcomes forms or results, or to access more information about this service. First time users of On Track should click on the "Print" icon to activate your On Track toolkit.

The On Track outcomes program is designed to support clinicians providing outpatient psychotherapy or EAP counseling services to our commercial membership.



Print an On Track Outcomes Client Feedback Form
First time users click here to activate your On Track Toolkit



On Track Outcomes Program Information

If needed, print
personalized
CFFs



View On Track Results



Click here to return to the ProviderConnect homepage

View
Clinician's
Toolkit

Printing the CFF: Using the Forms Tool

- Select the form you need or “All On Track Forms”
- Click links to open the CFF in your browser
- You can print forms and save them to your computer

Print Clinician Forms

Organization: Beacon Health Options

Site:

Clinician ID:

Client ID (optional): *NOT AVAILABLE ON ALL FORMS* FYI: If client id is entered, session # will be auto-filled.

Language:

Form:

Clinician ID	User Name	Site	View/Print Form
1234567890	Jane Doe	0	JaneDoe-VO-Adult-AllCases - 49774.pdf

Select the form you need and click "Generate Form"

...when the link appears, click to open the form

View Online Results: Clinician's Toolkit

[Home](#) [ACE](#) [Settings](#) [Help](#)

Date Range (Recent Sessions) - Start: **End:** **OR** (Select Date Range) ▼

Clinician's Toolkit - Select Report: [Refresh](#)

Search Filters: [Show/Hide](#)

Organization: Beacon Health Options **Site:** **State:**

Clinician ID:

First Session Assessment:

Diagnostic Group: **Plan Type:** **Payer(s):** (CTRL=multi)

Questionnaire: **Language:** **Service Type:** **Clinician Sex:**

Client ID (Type 'ALL' for all clients): **Age Range:** **Sex:** **Level of Care:**

All Episodes of Care

[EXPORT](#)

Summary Statistics:

Case Count:	3154
# w/Repeat Assessments:	1620 (51%)
Clinical Range Case Count:	2249
Clinical Range # w/Repeat Assessments:	1198 (53%)
Average Change Score:	0.4
Predicted Change:	0.4
Average Benchmark Score:	0.0
Client Registrations:	2,637

Effect Size - Severity Adjusted*: 0.82 and Simple: 0.82

Distribution of Patient Change*

* Note: Severity Adjusted Effect Size and Distribution of Patient Change graphs are based on cases with intake scores in the clinical range with 2 or more assessments. The sample size for these graphs is 1620 cases, which is 80.80 % of all cases with multiple assessments.

Graphing Scores: To view the graph of scores for a specific client, click on the Client ID #.

✓ = Client Registration Form Received. 👤 = Youth/Child survey completed by Parent or Caregiver.

Client ID	Assessment Count	Most Recent Date	First Session Date	Most Recent Clinician	Clinician Name	GDS	1st GDS	Symptoms	Self Harm	Work / School	Social	Substance Abuse	Alliance	Pain	Eating	Clinical Message	Status	Change Score	Benchmark Score
142382 ✓	2	12/15/2014	10/21/2014	1234567890	Jane Doe	3.6	1.1	3.3	0.0	4.0	4.0	1.3	0.0			3540	Off track	-2.5	-2.5
132090 ✓	5	1/22/2014	12/5/2013	1234567890	Jane Doe	3.8	1.8	3.7	2.0	4.0	4.0	0.0	0.0			3540	Off track	-2.0	-2.3

Outcomes based on the most recent CFF

High scores in red

Client Outcomes Toolkit: Change Graph

[Close This Graph](#)

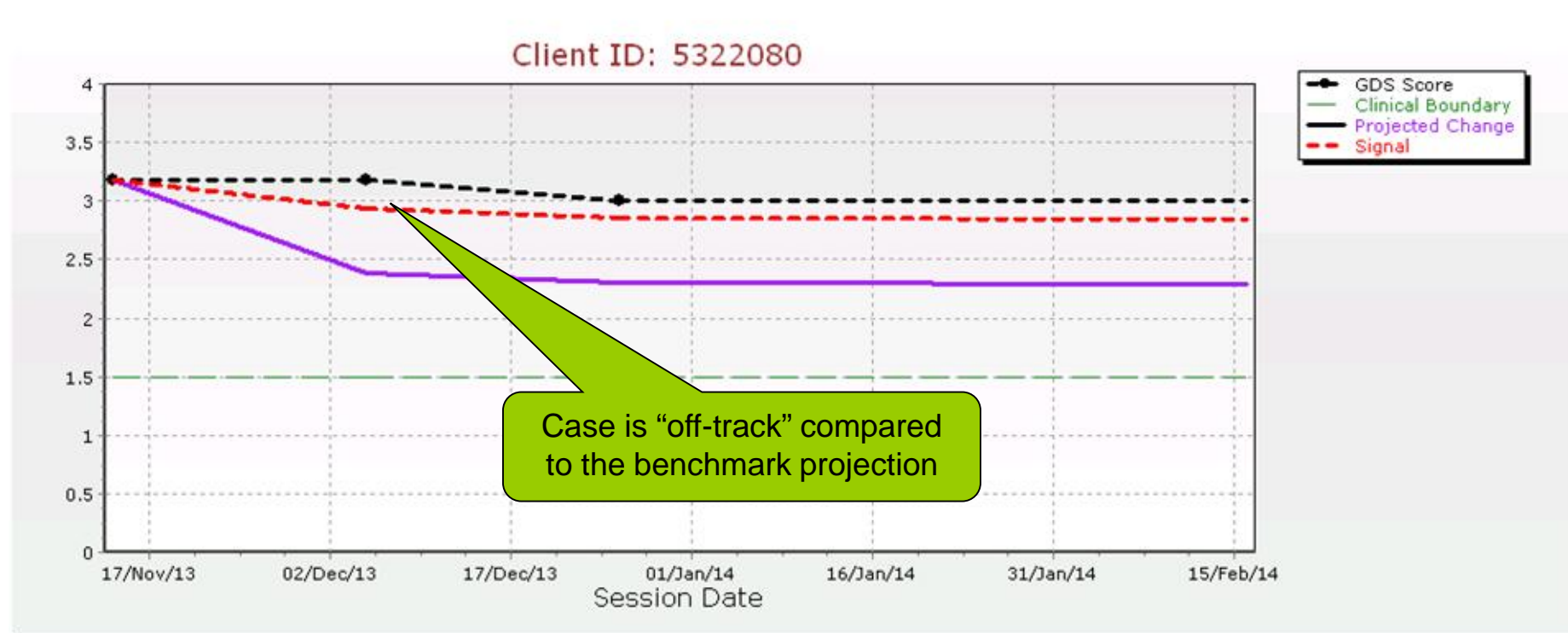
Client ID:	5322080
First Date:	11/14/2013
First GDS Score:	3.2
Most Recent Date:	2/16/2014
Most Recent GDS Score:	3.0
Total Assessments:	4

Display Variables on Graph:

☒ GDS Score ☒ Clinical Boundary ☒ Projected Change ☒ Signal Score ☐ Benchmark Target
☐ Symptoms ☐ Self Harm ☐ Work/School ☐ Social ☐ Substance Abuse ☐ Alliance ☐ Target
☒ Client Registration Date(s)

[Refresh](#)

Graph 1 - All Client Sessions by Date:



Questions?

Resources for Questions

Frequently Asked Questions

On the web site, near bottom of the On Track page

Technical/Data/Web:

Email to datacenter@clinical-informatics.com

General comments or questions:

Email to OnTrack.Outcomes@beaconhealthoptions.com



Thank you