



Thank you for joining!

We will begin our webinar shortly.

Before we begin please check that the sound levels on your computer or phone are turned up to hear clearly.

April 2021

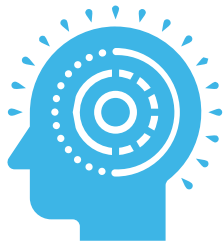
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Measurement Based Care (MBC): Using data in your everyday treatment practice

Robert McAlonan, LCSW
Director of Provider Quality, West Region



Anxiety



Depression

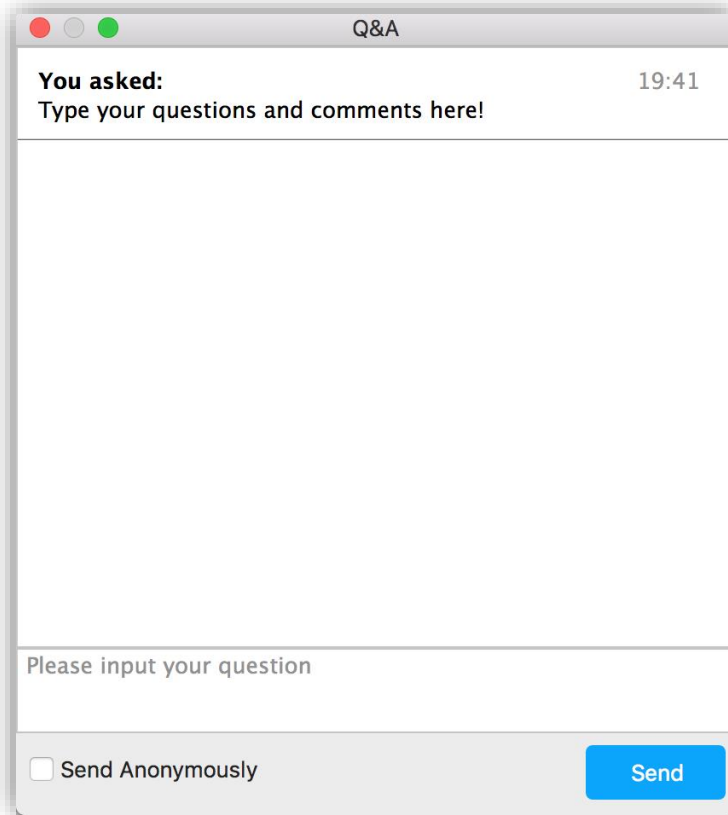


Job loss



**Working
remotely**

Housekeeping Items



1. Today's webinar is 1 hour including Q&A.
2. All participants will be muted during the webinar.
3. Polls will be used during the presentation. Please answer to be part of the discussion.
4. Please use the Q&A function. We will monitor questions throughout and answer as many as possible at the end.
5. This webinar is being recorded and will be posted within 24 hours at www.beaconhealthoptions.com/coronavirus/ so you have continued access to the information and resources.

PLEASE NOTE: This presentation provides some general information that is subject to change and updates. It should not be construed as including all information pertinent to your particular situation or providing legal advice or medical advice, diagnosis or treatment of any kind. For legal advice, we encourage you to consult with your legal counsel regarding the topics raised in this presentation. At all times, please use your own independent medical judgment in the diagnosis and treatment of your patients.

Today's speaker



Robert McAlonan, LCSW
Director of Provider Quality



Learning Objectives

1

Measurement Based Care Overview

2

Culture shift: Clinician and Patient adoption

3

MBC and Telehealth

4

Accreditation and opportunities for alternative payment models

Chapter

01

Measurement Based
Care MBC

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2021**

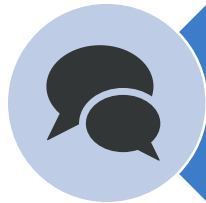
Measurement Based Care Overview

MBC overview: Improving outcomes and reducing costs

The Quadruple Aim



MBC is the use of repeated, validated and reliable measures to track symptoms and outcomes to **monitor progress and inform clinical decision making** ¹



MBC leads to enhanced therapeutic alignment, mutual understanding, and increased engagement ²



MBC allows for patients to identify problems and goals in their own words and provide ratings over time

MBC unlocks the potential for BH providers to differentiate themselves and showcase outcomes to payers

PRACTICE IMPROVEMENT

Utilize MBC for continuous quality improvement by evaluating care with outcome data¹

VALUE BASED CARE

Use real-time data to inform decisions, direct case mix, and measure both treatment effectiveness and quality of care¹

BETTER OUTCOMES FASTER

Allow patients to progress more promptly and appropriately to lower service intensity or even discharge

PATIENT CENTERED CARE

Improve clinician job satisfaction and reduce staff turnover while increasing patient engagement in therapy⁴

ORGANIZATIONAL LEARNING

Facilitate increased clinical competency and provide targeted professional development¹



MBC is not a new concept for the medical side of healthcare, less common in behavior health



MBC exists in **physical health** for a variety of conditions¹

Measuring weight, blood pressure, respiratory rate, cholesterol levels, etc. are examples of ongoing measurement on the medical side¹

Assists in **identifying risks, monitoring and tailoring** treatment²

MBC is becoming a critical part of behavioral health care

Data informs treatment decisions

Helps to **overcome clinical inertia**⁴

Prompts consultation, collaboration, referrals, and/or change in treatment¹

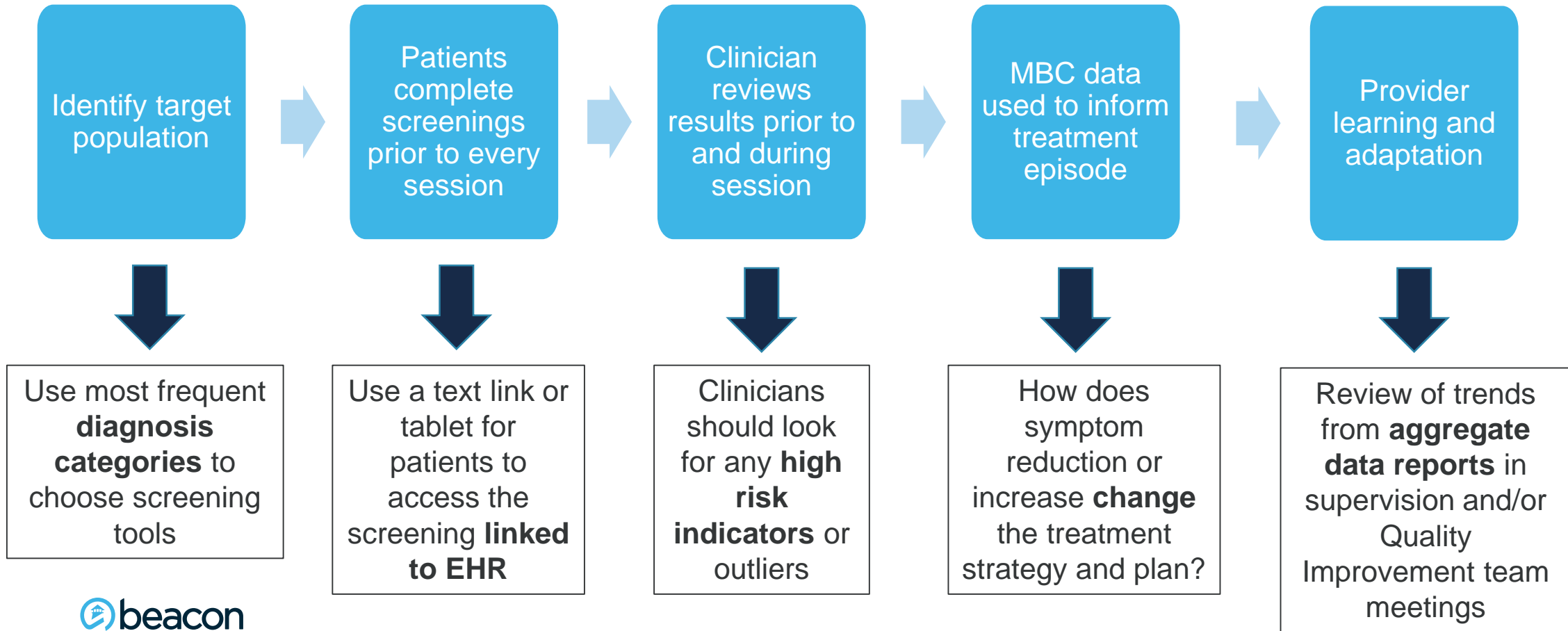
Informs potential opportunities to **impact SDOH**

Improved quality of care and outcomes

Use of **repeated, validated rating scales** leads to improved mental health and substance use treatment outcomes^{1,4,8}

Aggregate Provider reports **quantify symptom improvement** and operationalize decision points¹

The practical application of MBC will look different from provider to provider but has similar components



Chapter

04

Measurement Based
Care MBC

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Culture shift: Patient and Clinician adoption

Patients benefit from MBC is several ways

More knowledgeable
about their
diagnosis^{1,4}

Recognize
improvement early in
the course of
treatment^{1,4,9}

Attune to their
symptoms⁴

Validates feelings^{4,6}

Empowers the
patient^{1,4,6}



Tips for improving patient adoption

Information gained should **direct a change and evolution of the treatment plan**

Patients need to understand the “**why**” when being asked to complete a set of screenings at every session

The ability for the patient to **access a portal** to complete the measures is a key component¹

Address **confidentiality, technical challenges, time and frequency** of survey completion

Readable **data feedback** for patient audiences

Clinical adoption requires a cultural shift

Tips for Clinical Adoption

- Scale must be perceived to have **direct clinical benefits for patients**
- **Data must be actionable**, current, interpretable, and readily available¹
- Rating scales must be **reliable and sensitive**²
- Should **facilitate collaboration** and coordination
- Data used for continuous **quality improvement**
- **Strategies include:**
 - Leveraging local champions
 - Learning collaboratives
 - Training leadership
 - Incentives⁷



There are multiple ways to initiate MBC into your practice



In-house vs. third party vendor

Third-party developers have been actively engaged in developing an MBC tool, to integrate into any EHR¹



Implementation resources vary based on several factors, but the benefits are massive



MBC should be integrated seamlessly into every component of the clinic's workflows



Externally-facing portal to collect patient reported data

Chapter

02

Measurement Based
Care MBC

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MBC and Telehealth

MBC is a critical component to patient engagement in the virtual service delivery space

In response to COVID-19, mental health clinicians have quickly integrated tMBC (telemental health Measurement Based Care)²



Guides therapeutic interventions, improves clinician responsiveness to critical concerns in virtual settings²

Web-based MBC platforms allow clinicians to **review results and implement necessary care immediately** based on new information

tMBC is a differentiator in virtual care



Opportunities for **independent, between session communication**, that can guide next session preparation/expectations²

Some platforms can **send clinician alerts** when patient provides high risk feedback²

Therapeutic alliance monitoring is a key component to tMBC ²

Clinical trials with tMBC have shown success with evidence that providing services with **tMBC can outperform traditional office-based treatment**²

Chapter

03

Measurement Based
Care MBC

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Accreditation and opportunities for alternative payment models

Increased requirements at the regulatory level is accelerating quality outcome implementation



Centers for Medicare and Medicaid Services (CMS)

- There are over 1,000 different quality measures utilized across all CMS programs; 49 of them focus on BH care¹
- Most payers rely on measures used by CMS- many of which NQF endorses^{1,7}



The Joint Commission (TJC) and Utilization Review Accreditation Commission (URAC)

- Have recently started to incorporate the use of MBC into accreditation standards
- TJC is now requiring MBC for specialty MH and SU facilities that want to be accredited¹



Medicare and Medicare SSP-NQF-418

- Requires depression screening - does not specify a particular tool or require a follow up in the core set¹



HEDIS

- Includes 6 and 12-month depression screenings, which specifically include the PHQ9¹

MBC may become the basis for quality measure reporting linked to reimbursement

“95% of quality measures used to assess quality or as the basis for reimbursement incentives, are process measures not outcome measures”¹

Ongoing shift to payment strategies based on clinical outcomes

Additional reimbursement mechanisms required

MBC is a differentiator along with Value Based Payment and/or Preferred Provider Networks



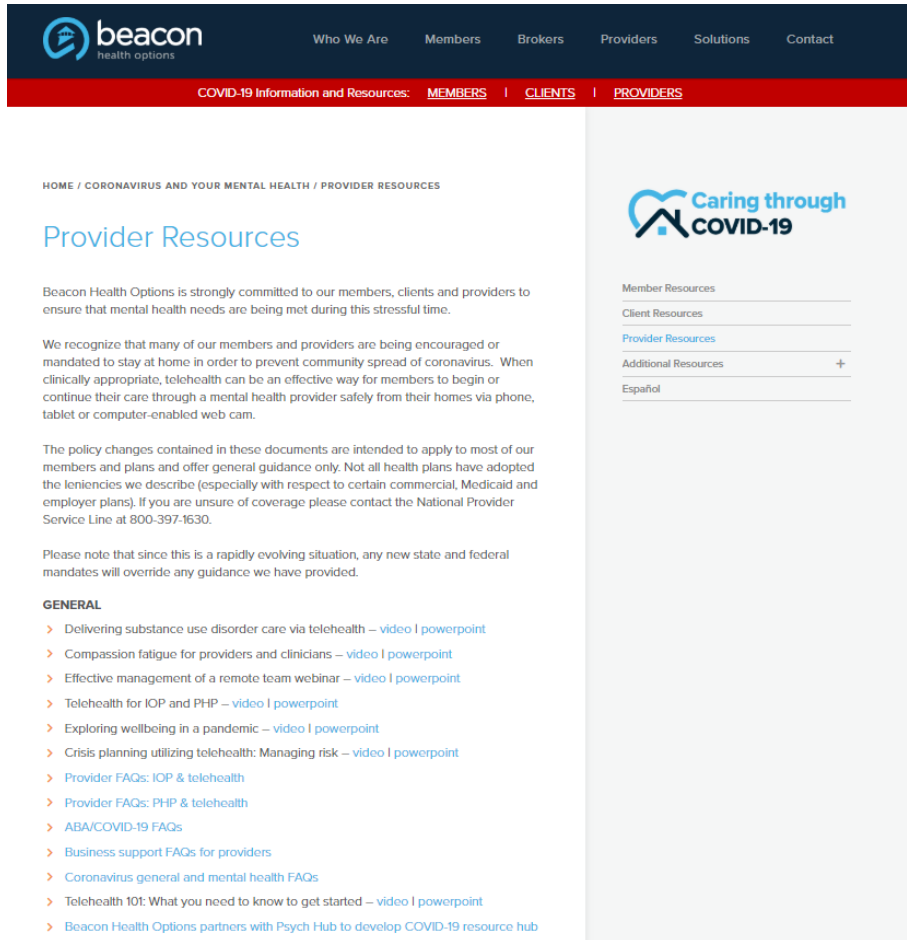
Questions & Discussion



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Refer to Beacon's COVID-19 webpage for the most up-to-date information



The screenshot shows the Beacon Health Options website. The top navigation bar includes links for Who We Are, Members, Brokers, Providers, Solutions, and Contact. A red banner below the navigation bar highlights "COVID-19 Information and Resources" with sub-links for MEMBERS, CLIENTS, and PROVIDERS. The main content area is titled "Provider Resources" and includes a paragraph about Beacon's commitment to members, clients, and providers. It also features a section for "GENERAL" resources, which includes links to various telehealth and COVID-19 related documents and videos. On the right side of the page, there is a sidebar with a "Caring through COVID-19" logo and a list of resources: Member Resources, Client Resources, Provider Resources (highlighted), Additional Resources, and Español.

HOME / CORONAVIRUS AND YOUR MENTAL HEALTH / PROVIDER RESOURCES

Provider Resources

Beacon Health Options is strongly committed to our members, clients and providers to ensure that mental health needs are being met during this stressful time.

We recognize that many of our members and providers are being encouraged or mandated to stay at home in order to prevent community spread of coronavirus. When clinically appropriate, telehealth can be an effective way for members to begin or continue their care through a mental health provider safely from their homes via phone, tablet or computer-enabled web cam.

The policy changes contained in these documents are intended to apply to most of our members and plans and offer general guidance only. Not all health plans have adopted the leniencies we describe (especially with respect to certain commercial, Medicaid and employer plans). If you are unsure of coverage please contact the National Provider Service Line at 800-397-1630.

Please note that since this is a rapidly evolving situation, any new state and federal mandates will override any guidance we have provided.

GENERAL

- > Delivering substance use disorder care via telehealth – video | powerpoint
- > Compassion fatigue for providers and clinicians – video | powerpoint
- > Effective management of a remote team webinar – video | powerpoint
- > Telehealth for IOP and PHP – video | powerpoint
- > Exploring wellbeing in a pandemic – video | powerpoint
- > Crisis planning utilizing telehealth: Managing risk – video | powerpoint
- > Provider FAQs: IOP & telehealth
- > Provider FAQs: PHP & telehealth
- > ABA/COVID-19 FAQs
- > Business support FAQs for providers
- > Coronavirus general and mental health FAQs
- > Telehealth 101: What you need to know to get started – video | powerpoint
- > Beacon Health Options partners with Psych Hub to develop COVID-19 resource hub

[Beacon COVID-19 provider resources & webinars LINK](#)

Thank You



Thank you.



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Addendum – Adult measures

| Instrument | Number of Items | Conditions | Dimensions measured |
|--|---------------------------|--|--|
| Patient Health Questionnaire-9 (PHQ-9) | 9 | Depression | Depressed severity; based on diagnostic symptoms from the DSM-5 |
| Generalized Anxiety Disorder-7 (GAD-7) | 7 | Anxiety | Anxiety severity; based on diagnostic symptoms from the DSM-5 |
| PROMIS Depression | 4 to 12 | Depression | negative mood, view of self, decreased positive affect, engagement, social cognition |
| PROMIS Anxiety | 4 to 12 | Anxiety | Hyperarousal, fear, anxious misery, somatic symptoms |
| Panic Disorder Severity Scale- Self Report (PDSS-SR) | 7 | Panic Attacks | frequency of and distress during panic attacks, anticipatory anxiety, avoidance, impairment in functioning |
| PROMIS Alcohol | 4 to 12 | Alcohol use disorder | Drinking patterns, cravings to drink, indicators for problematic drinking |
| US-Alcohol Use Disorders Identification Test (USAUDIT-C) | 3 (short form); 10 (full) | Alcohol use disorder | Drinking frequency and quantity |
| Brief Addiction Monitor (BAM-R) | 17 | Substance use disorders | type and frequency of substance used, relapse risk, recovery oriented behaviors |
| Substance Abuse Outcomes Module | 22 | Substance abuse | Patient characteristics, diagnosis, prognosis, outcomes, process of care |
| Post-Traumatic Stress Disorder Checklist (PCL) | 17 | Trauma | PTSD symptoms based on the DSM-5 |
| Columbia-Suicide Severity Rating Scale (C-SSRS) | 17 | Suicide | Suicidal ideation, intensity, and suicidal behavior |
| Ask Suicide Screening Questions (ASQ) | 4 | Suicide | Acute suicidal ideation and intent |
| Brief Pain Inventory | 11 | Pain | Severity of pain and pain related interference |
| Positive and Negative Syndrome Scale-6 (PANSS-6) | 6 | Psychosis | symptoms of psychosis |
| Brief Psychiatric Rating Scale (BPRS) | 24 | Psychiatric severity | mood disturbance, reality distortion, activation, apathy disorganization, and somatization |
| Altman Self-Rated Scale (ASRM) | 5 | Mania | elevated mood, increased self-esteem, decreased need or sleep, pressured speech, psychomotor agitation |
| Eating Disorder Examination- Questionnaire Short (EDE-QS) | 12 | Eating disorder pathology | concerns about dietary restraint, eating, weight, and shape |
| Eating Attitudes Test (EAT-26) | 26 | Eating disorder pathology | dieting, bulimia, food preoccupation, oral control |
| Florida Obsessive Compulsive Inventory (FOCI) | 20 | Obsessive Compulsive symptomology | assess the presence of obsessions and compulsions; if needed, there is an additional 5 item severity scale |
| Edinburgh Post Natal Depression Screen | 10 | Maternal depression | frequency of depressive symptoms and indicators of positive emotions |
| Medical Outcomes Study Short-Form Health Survey (SF-12) | 12 | Health-related quality of life/functional status | physical functioning, general health, energy/fatigue, social functioning, role limitations, body pain |
| World Health Organization Disability Assessment Schedule (WHODAS II) | 12 and 36 | Functional status | cognition, mobility, self-care, interacting with others, life activities, and participation in society |

Addendum – Adolescent measures

| Instrument | Number of Items | Conditions | Dimensions Measured |
|---|--|-----------------------------------|---|
| Patient Health Questionnaire for Adolescents (PHQ-A) | 9 | Depression | severity of symptoms based on symptoms from the DSM-5 |
| PROMIS Depression | 6 (parent-reported), 8 (adolescent-reported); 4-12 using computer adapted test | Depression | negative mood, view of self, decreased positive affect, engagement, social cognition |
| Suicide Behavior Questionnaire-Revised (SBQ-R) | 4 | Suicide Risk | self-report of lifetime and current suicidal ideation and history of events |
| Vanderbilt Attention Deficit Hyperactivity Disorder (ADHD) Rating Scale | 55- parent; 43-teacher | ADHD | symptoms of ADHD, symptoms related to other conditions such as ODD, conduct disorder, anxiety, depression, and learning disorders |
| Pediatric Symptom Checklist | 17 and 35 | Psychosocial Functioning | Behavioral health-related health and functioning, including aspects of attention and symptoms of internalizing and externalizing problems |
| Screen for Child Anxiety Related Emotional Disorders (SCARED) | 41 | Anxiety disorders | Symptoms of generalized anxiety disorder, several specific phobias, separation anxiety disorder, panic disorder, social phobia, school-related phobia |
| PROMIS Anxiety | 8 (parent reported), 8 (adolescent-reported), 4-12 using computer adapted test | Anxiety disorders | Fear, hyper arousal, somatic symptoms, anxious misery |
| Mood and Feelings Questionnaire (MFQ) | 33 (long form) 13 (short form) | Depression, dysthymia | Symptoms of depression based on the DSM-5 criteria |
| Brief Addiction Monitor (BAM) | 17 | Substance Use disorders | Type and frequency of substance used, relapse risk, recovery oriented behaviors |
| PROMIS Anger | 8 (adolescent-reported); 4-12 using computer adapted test | Anger | Severity of anger symptoms |
| Altman Self-Rated Mania Scale (ASRM) | 5 | Mania | Elevated mood, increased self-esteem, decreased need for sleep, pressured speech, psychomotor agitation |
| Children's Version of Eating Attitudes Test-26 (ChEAT) | 26 | Eating Disorder Pathology | Dieting, bulimia, food control, oral control |
| Children's Florida Obsessive-Compulsive Inventory (C-FOCI) | 17 | Obsessive Compulsive Symptomology | Time occupied, interference, distress, degree of avoidance, degree of control |