



# Introduction to the On Track Outcomes Program

# Presenters

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# Introduction



# What is *On Track Outcomes*?

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- 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**

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- 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

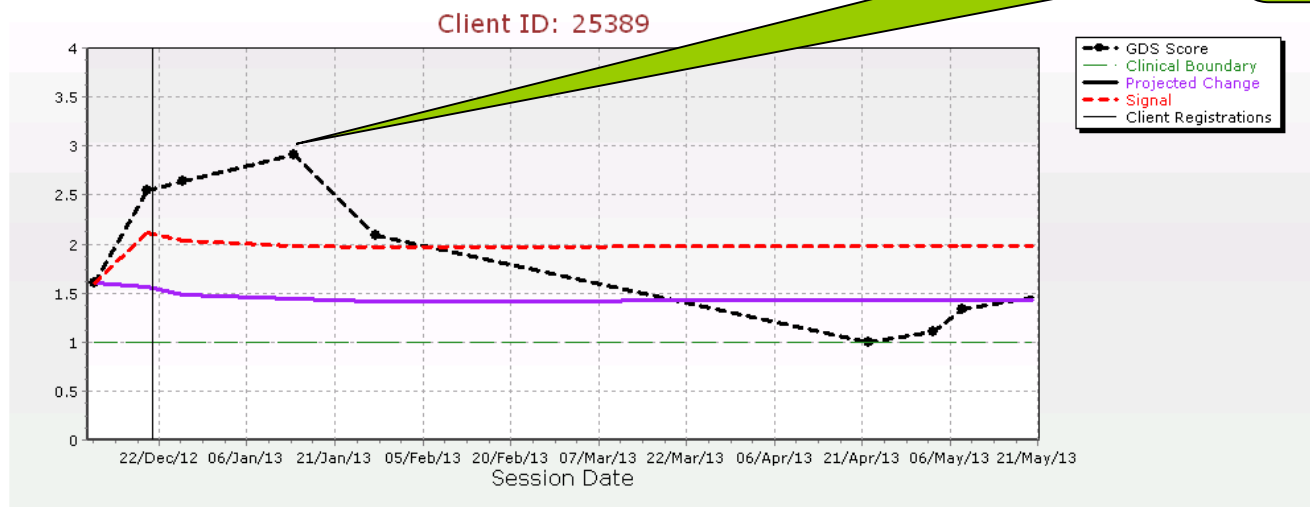
# Feedback-Informed Treatment



# 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

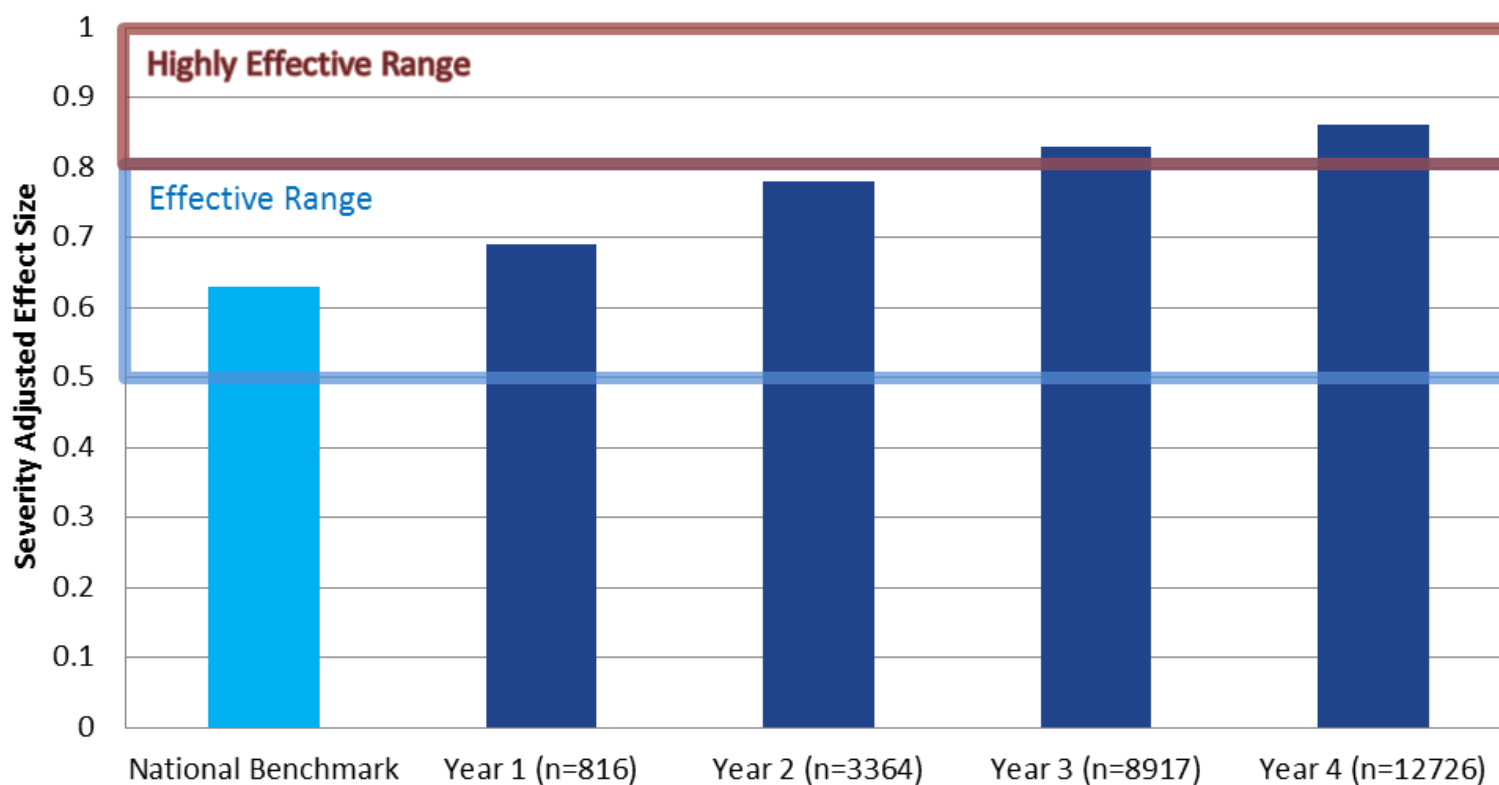
<b>“Off-Track” Cases</b>	Recovered or Improved	No Change	Deteriorated
No Clinician Feedback (n = 286)	60 <b>(21%)</b>	165 <b>(58%)</b>	61 <b>(21%)</b>
Clinician Feedback (n = 298)	104 <b>(35%)</b>	154 <b>(52%)</b>	40 <b>(13%)</b>
Feedback + Support Tools (n = 154)	69 <b>(45%)</b>	73 <b>(47%)</b>	12 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

Source: Lambert, et al. 2005



# Real World Impact of Feedback

- Impact at large BlueCross/BlueShield plan



# Identifying Potential Risks

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- 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

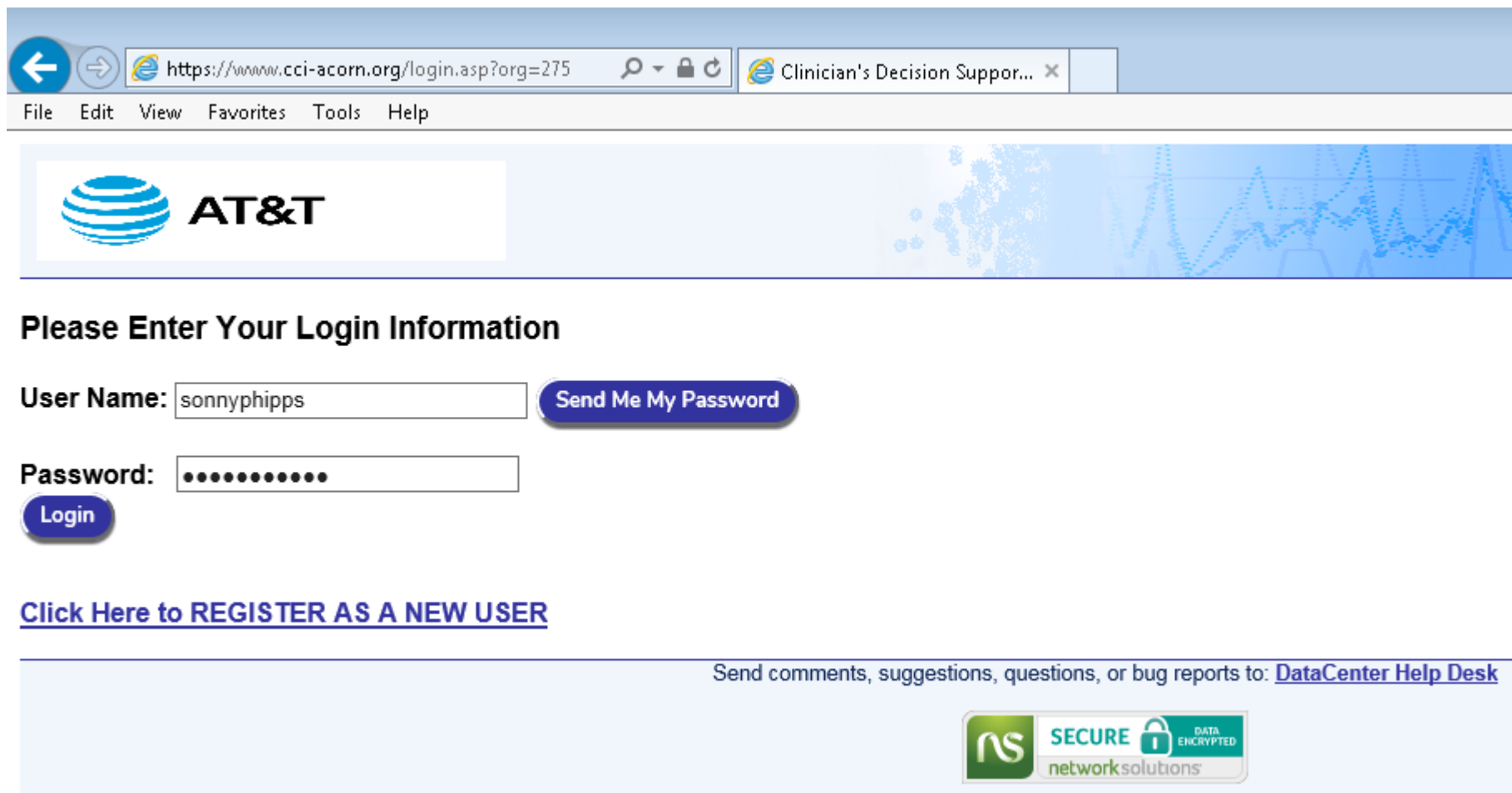
1. **Login** to the On Track website (<https://www.cci-acorn.org/login.asp?org=275>)
  - If you are not already registered for the On Track program, click on the link to register as a new user
  - First-time On Track users are asked to confirm key information and then will receive a confirmation email, with all On Track forms attached, from the Center for Clinical Informatics.

*Note:*

*Group practices should send email to [ontrack.outcomes@beaconhealthoptions.com](mailto:ontrack.outcomes@beaconhealthoptions.com) for information about how to access On Track. Informatics.*

- **Generate** the Client Feedback Forms (CFF) for your Mobile Devices or **Print** the form
- **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** Results online.
  - Electronically submitted CFF results are available within minutes. Results for faxed forms are typically available within one business day.

# https://www.cci-acorn.org/login.asp?org=275



The screenshot shows a web browser window with the address bar displaying the URL <https://www.cci-acorn.org/login.asp?org=275>. The browser's menu bar includes File, Edit, View, Favorites, Tools, and Help. The page header features the AT&T logo on the left and a decorative blue background with a network diagram on the right. The main content area is titled "Please Enter Your Login Information". It contains a "User Name:" label followed by a text input field containing "sonnyphipps", a "Send Me My Password" button, a "Password:" label followed by a masked password input field (represented by dots), and a "Login" button. Below the login fields is a link that says "Click Here to REGISTER AS A NEW USER". At the bottom of the page, there is a footer area with the text "Send comments, suggestions, questions, or bug reports to: [DataCenter Help Desk](#)" and a "network solutions" logo with a "SECURE" badge indicating "DATA ENCRYPTED".

**Please Enter Your Login Information**


User Name:  [Send Me My Password](#)

Password:

[Login](#)


[Click Here to REGISTER AS A NEW USER](#)

Send comments, suggestions, questions, or bug reports to: [DataCenter Help Desk](#)

 **SECURE** DATA ENCRYPTED

# https://www.cci-acorn.org/register

File Edit View Favorites Tools Help

 **acorn**  
a collaborative outcomes resource network

Please do not register more than once. If you have forgotten your password, return to the [Login Page](#)

To register as a new user, simply fill out this form:

> First Name\*:  Middle Initial:  Last Name\*:  Degree:

NPI\*:  (Enter your [National Provider Identifier](#) or (less common) the ID Number your organization has assigned)

Provider ID:  (Enter the ID assigned to you by your Provider (leave blank if you do not have one))

Sponsoring Organization\*:

Address Line 1\*:

Address Line 2:

City\*:  State\*:  Zip Code\*:

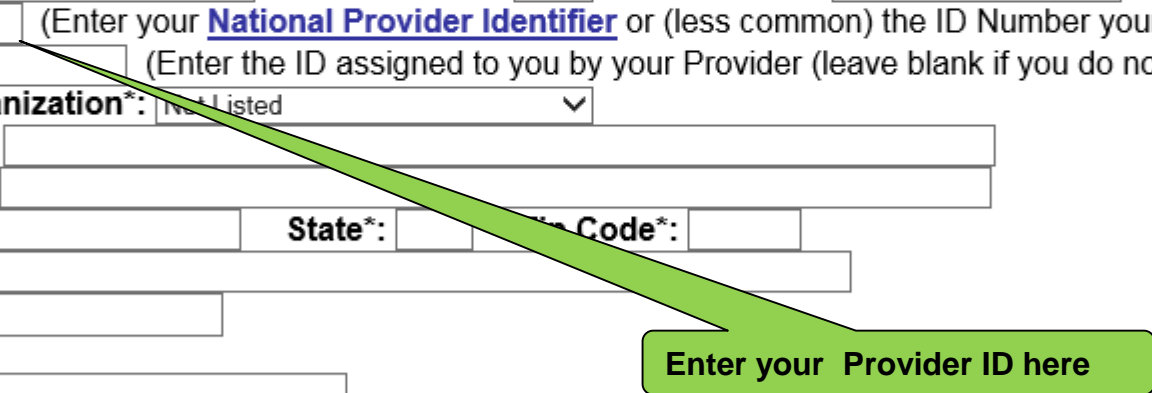
Email\*:

Telephone\*:

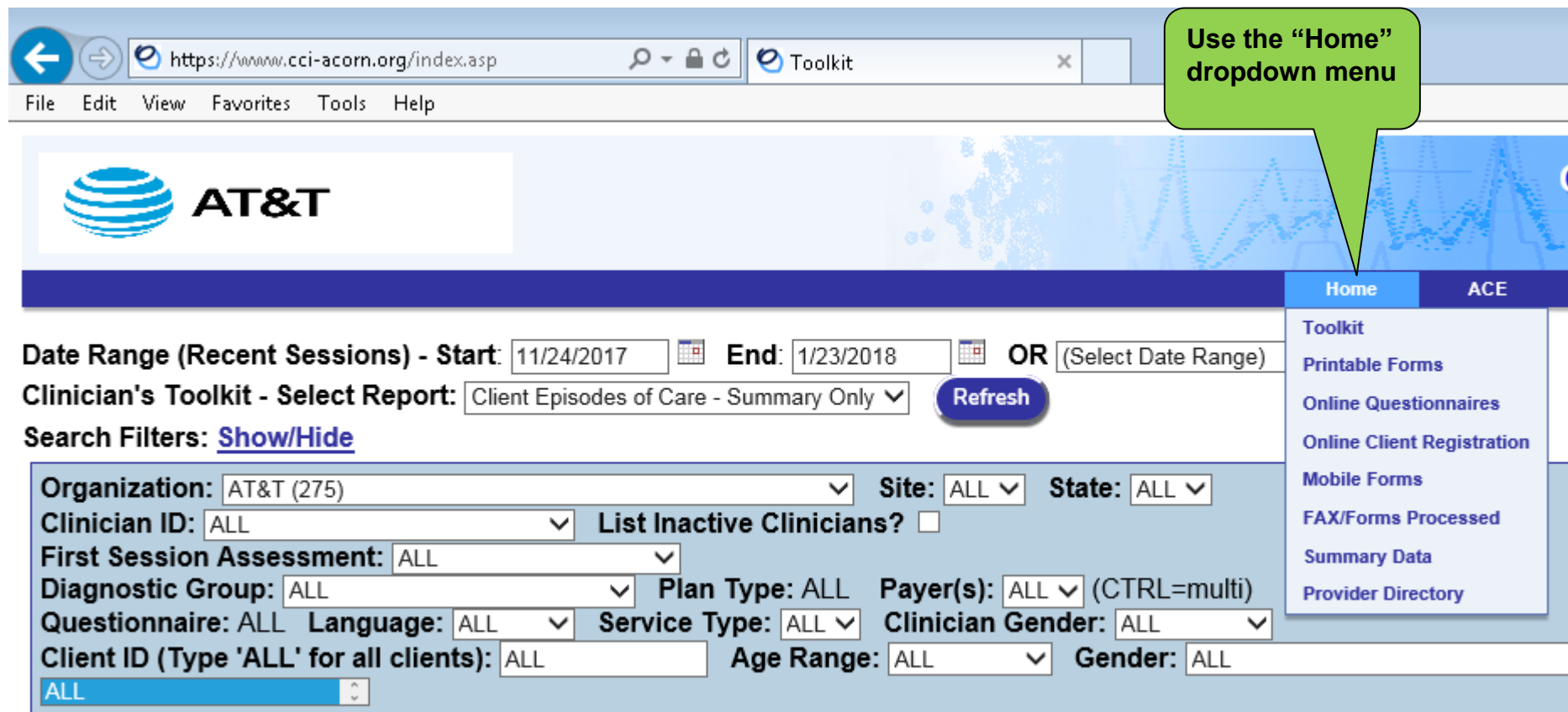
User Name\*:

Password\*:  (Password must be 8+ chars, and contain both letters and numbers)

Repeat Password\*:



# https://www.cci-acorn.org/login.asp?org=275



Use the "Home" dropdown menu

https://www.cci-acorn.org/index.asp Toolkit

File Edit View Favorites Tools Help

AT&T

Home ACE

Date Range (Recent Sessions) - Start: 11/24/2017 End: 1/23/2018 OR (Select Date Range)

Clinician's Toolkit - Select Report: Client Episodes of Care - Summary Only Refresh

Search Filters: [Show/Hide](#)

Organization: AT&T (275) Site: ALL State: ALL

Clinician ID: ALL List Inactive Clinicians? ☐

First Session Assessment: ALL

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

Questionnaire: ALL Language: ALL Service Type: ALL Clinician Gender: ALL


Client ID (Type 'ALL' for all clients): ALL Age Range: ALL Gender: ALL

ALL

- Toolkit
- Printable Forms
- Online Questionnaires
- Online Client Registration
- Mobile Forms
- FAX/Forms Processed
- Summary Data
- Provider Directory

# Printing Forms

File Edit View Favorites Tools Help

 **AT&T**

Home ACE

Organization: AT&T (275) ▼

Site: ALL ▼

Clinician ID: 98765400 Sonny Phipps ▼

Client ID (optional): \*NOT AVAILABLE ON ALL FORMS. If client ID is auto-filled.

Language: ALL ▼

Form: CFF Adult (49774) ▼

**Generate Form**

Select the form you need and click "Submit" button

Clinician ID	User Name	Site	View/Print Form
98765400	SonnyPhipps	0	<a href="#">SonnyPhipps-VO-Adult-AllCases-49774.pdf</a>

When the link appears, click to open the form



# 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

*Names only please*

Case Number:           Clinician ID: 1234567890

Today's date:  /  /  Session Number:

BaconHealthOptions 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

# View Online Results: Clinician's Toolkit

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

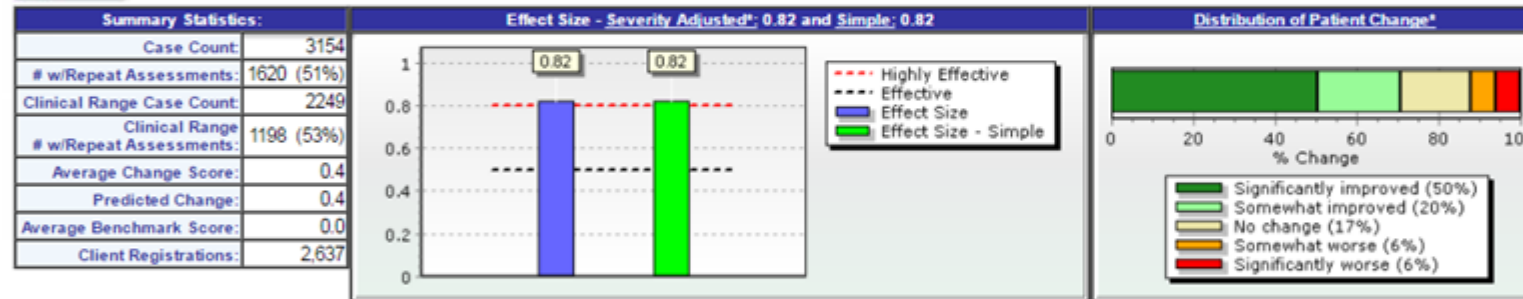
Clinician's Toolkit - Select Report: Client Episodes - Data and Summary Refresh

Search Filters: Show/Hide

Organization: Beacon Health Options Site: ALL State: ALL  
 Clinician ID: 1234567890 Jane Doe  
 First Session Assessment: ALL  
 Diagnostic Group: ALL Plan Type: ALL Payer(s): ALL (CTRL=multi)  
 Questionnaire: ALL Language: ALL Service Type: Clinician Clinician Sex: ALL  
 Client ID (Type 'ALL' for all clients): ALL Age Range: ALL Sex: ALL Level of Care: ALL

## All Episodes of Care

EXPORT



Outcomes based on the most recent CFF

High scores in red

\* 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

# Client Outcomes Toolkit: Change Graph

[Close This Graph](#)

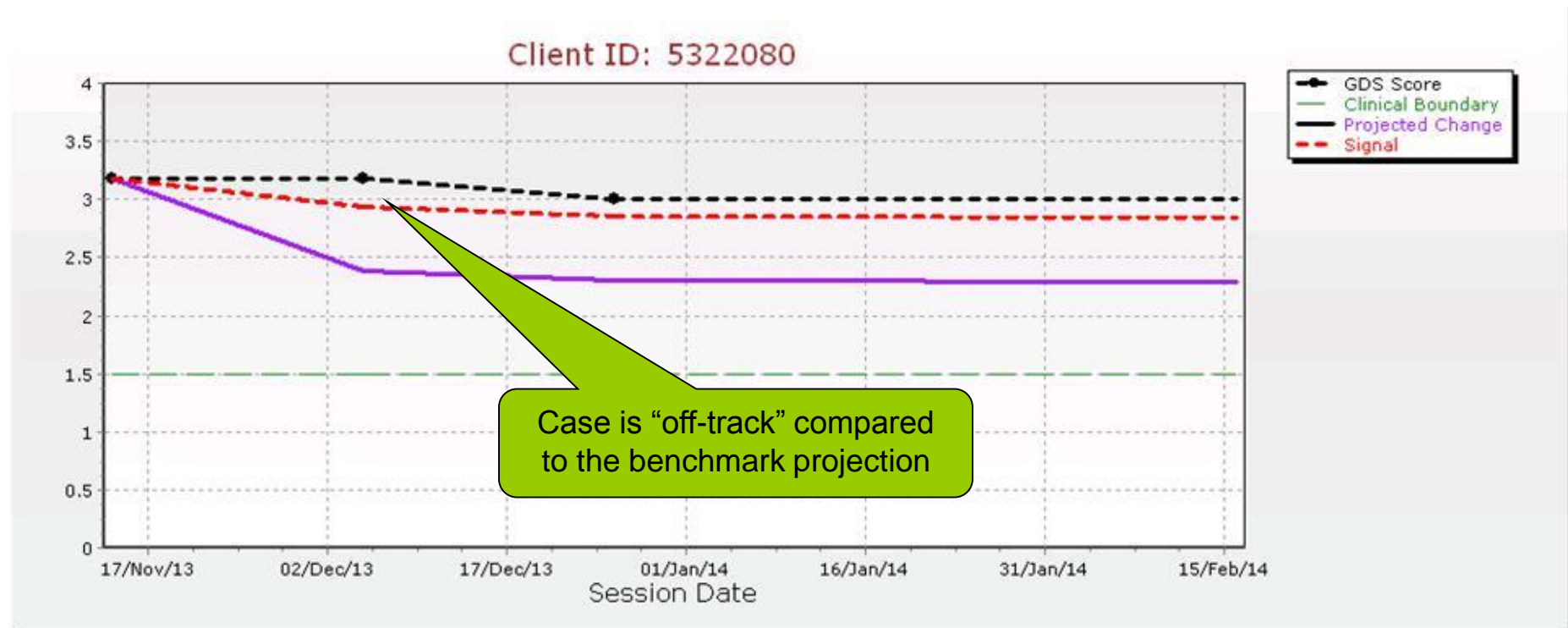
Client ID:	5322080
First Date:	11/14/2013
First GDS Score:	3.2
Most Recent Date:	2/16/2014
Most Recent GDS Score:	3.0
Total Assessments:	4

## 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](mailto:datacenter@clinical-informatics.com)

### General comments or questions:

Email to [OnTrack.Outcomes@beaconhealthoptions.com](mailto:OnTrack.Outcomes@beaconhealthoptions.com)



# Thank you