Introduction to the On Track Outcomes Program

Presenters

- Sonny Phipps, MBA
  Program Manager, Beacon Health Options

- Jeb Brown, Ph.D.
  President, Center for Clinical Informatics

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 -

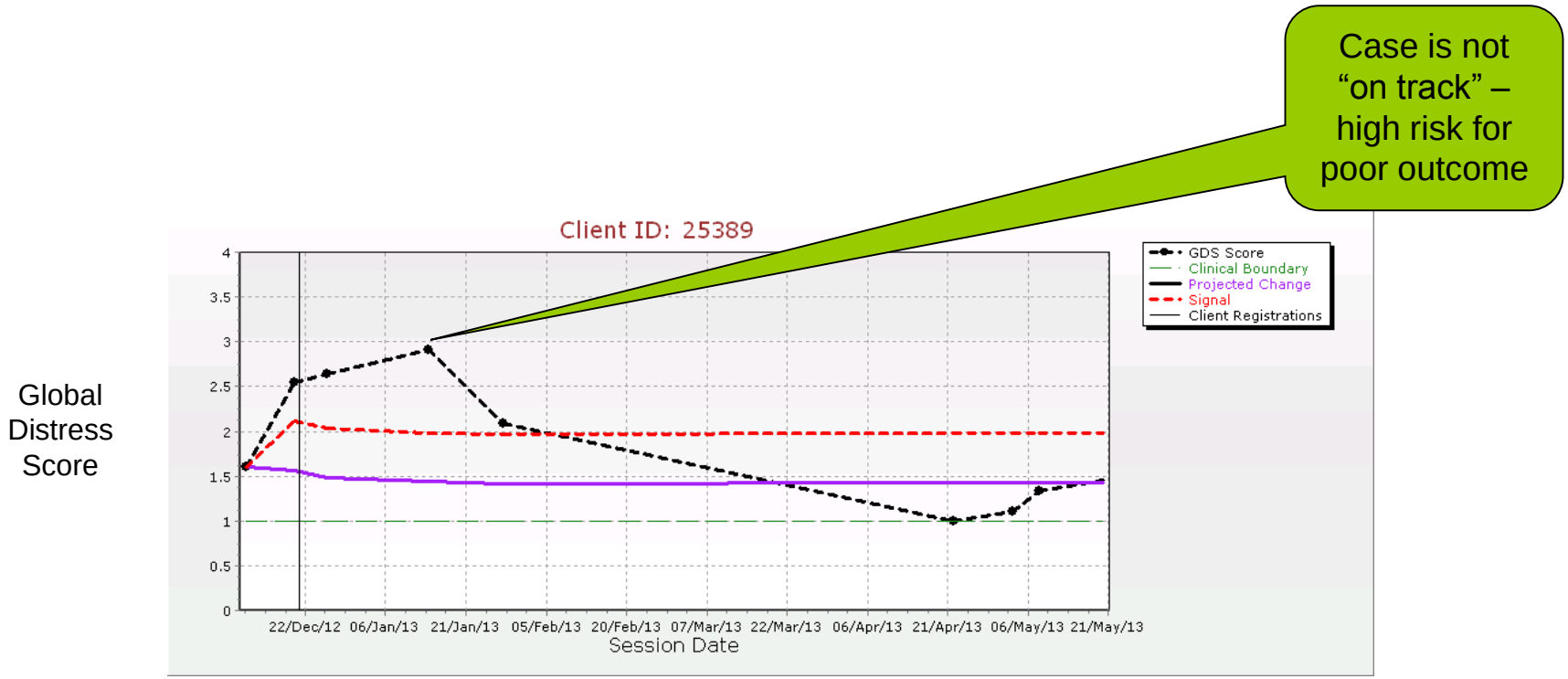
  "Is this treatment working for this patient?"

- 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



The Importance of Feedback

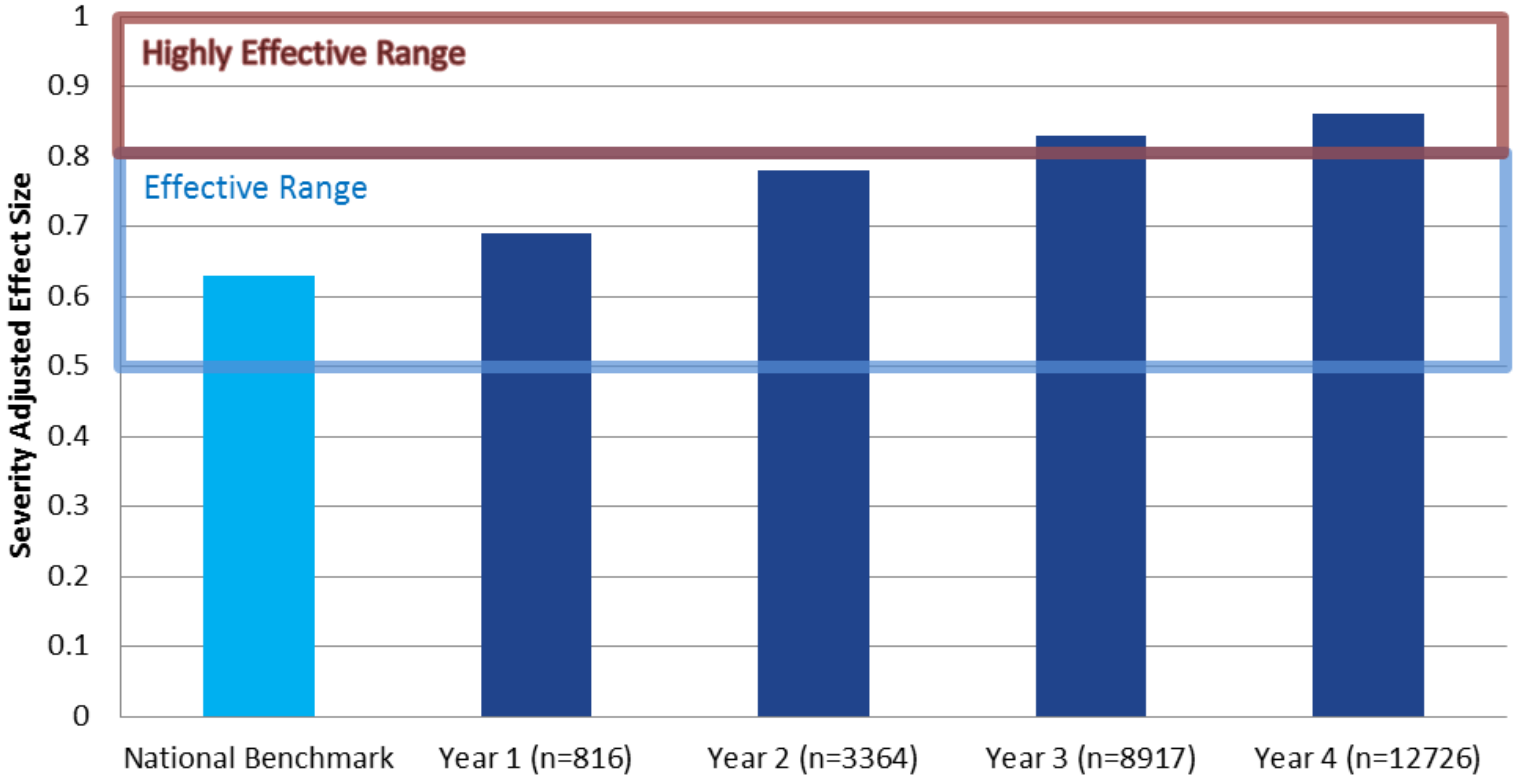
- Studies over the past decade demonstrate that monitoring outcomes and providing feedback to clinicians reduces treatment failures

"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

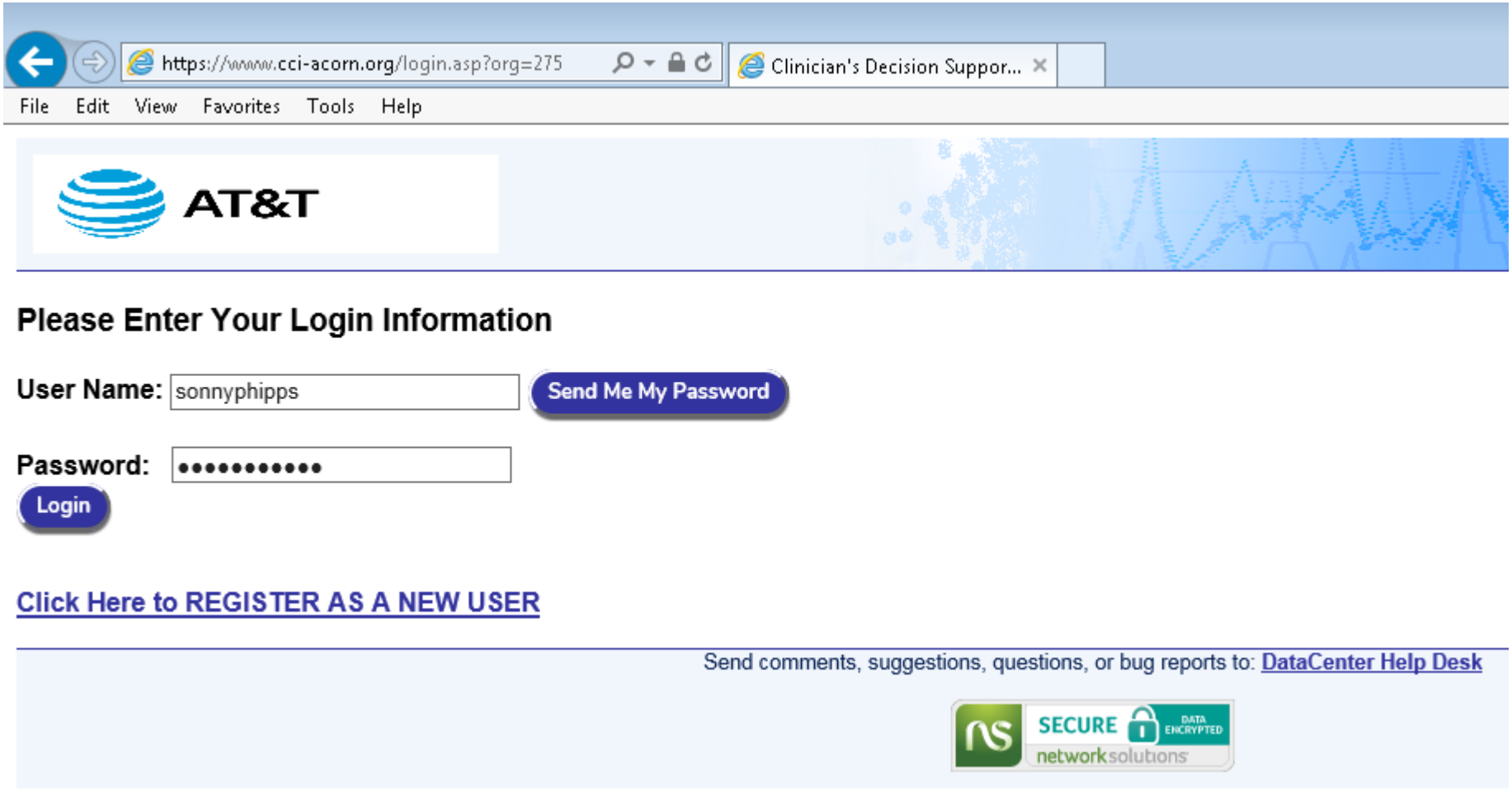
Getting Started with On Track

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 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



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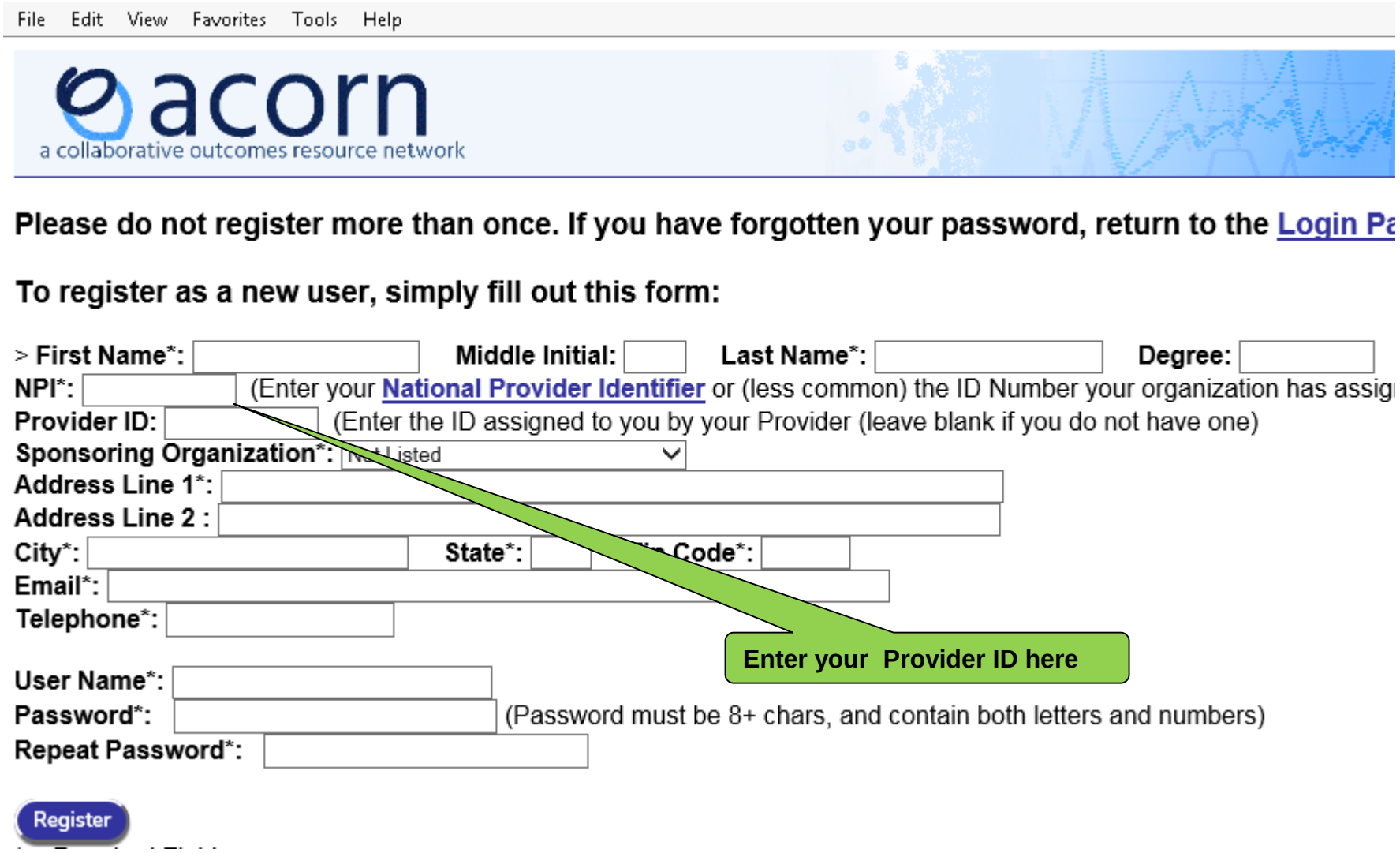

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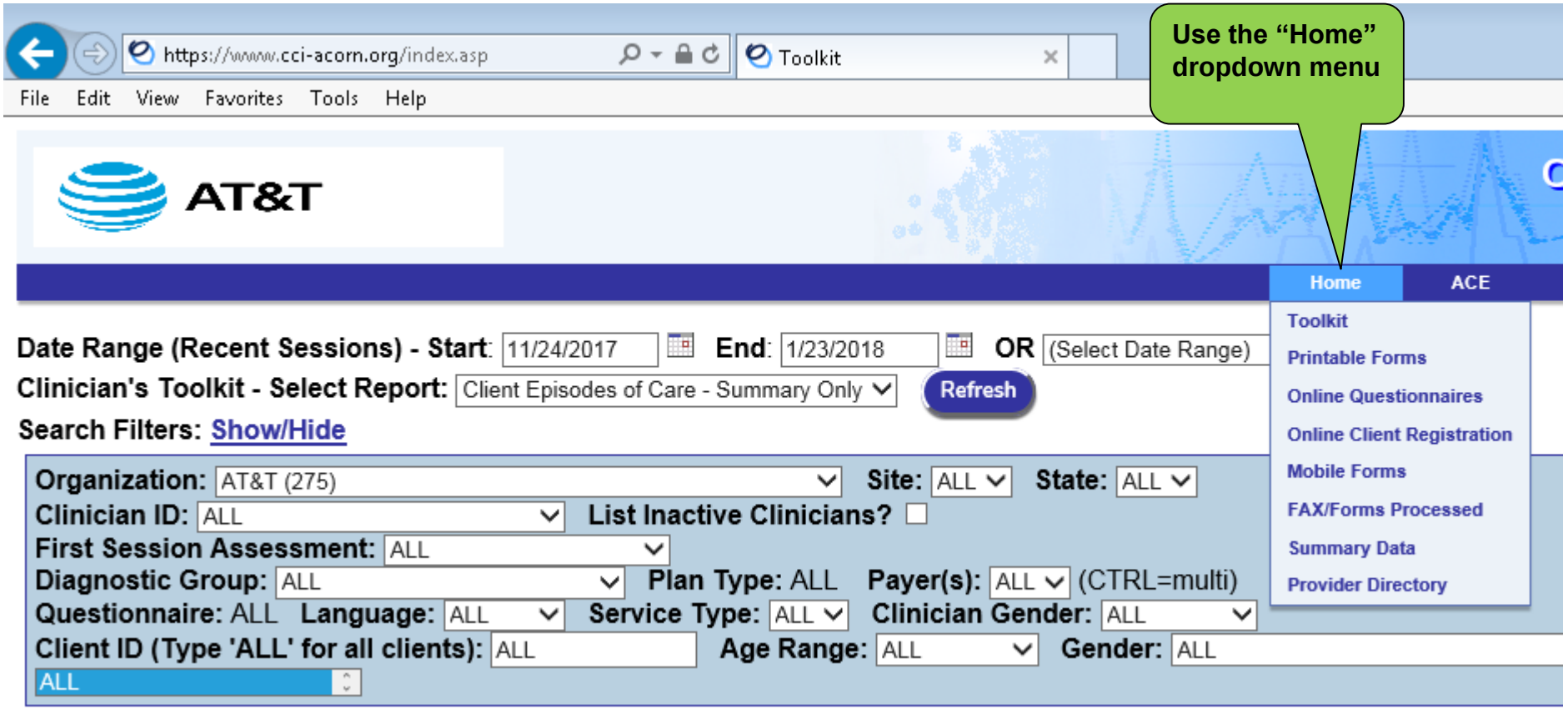
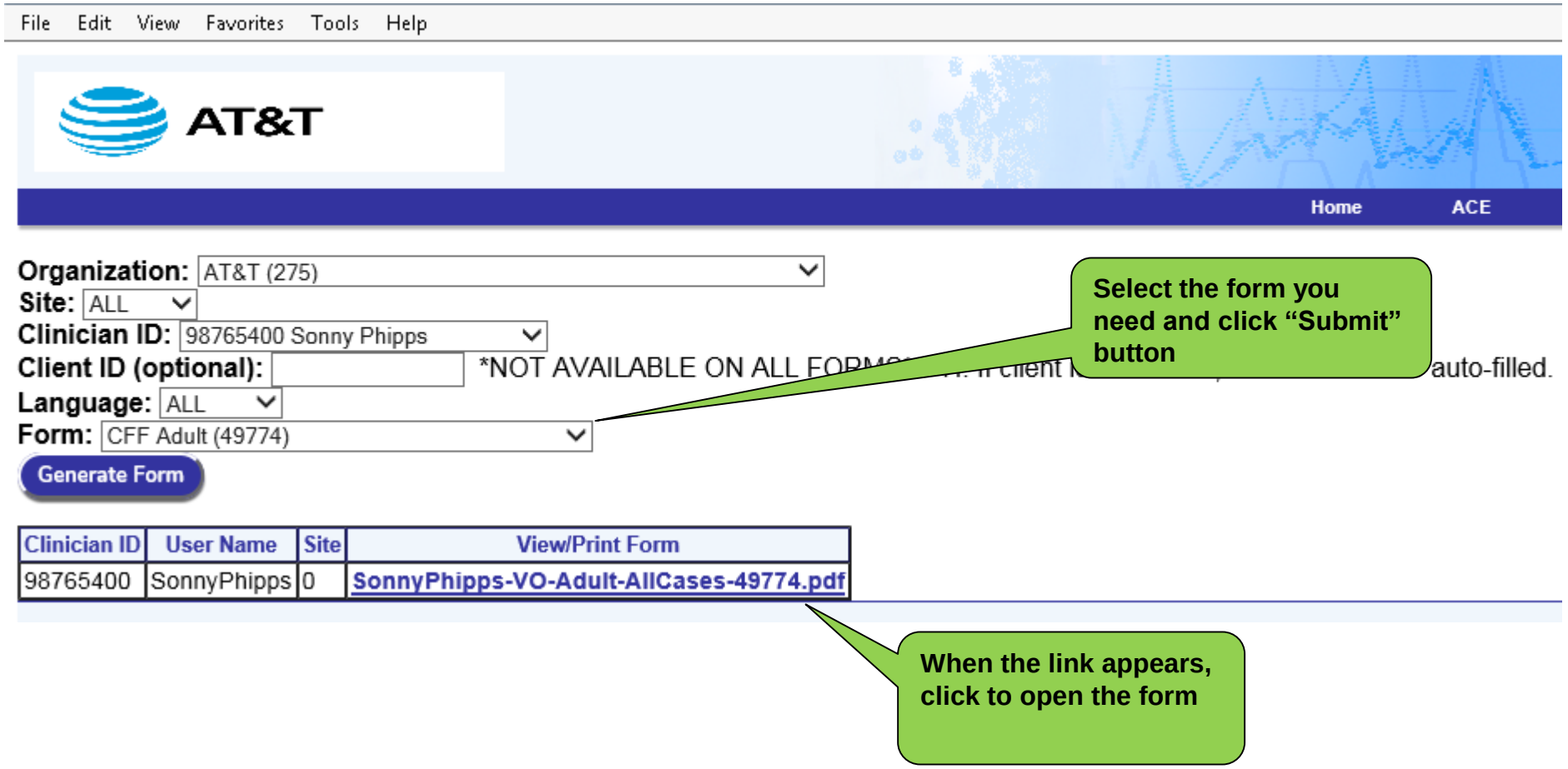


Printing Forms

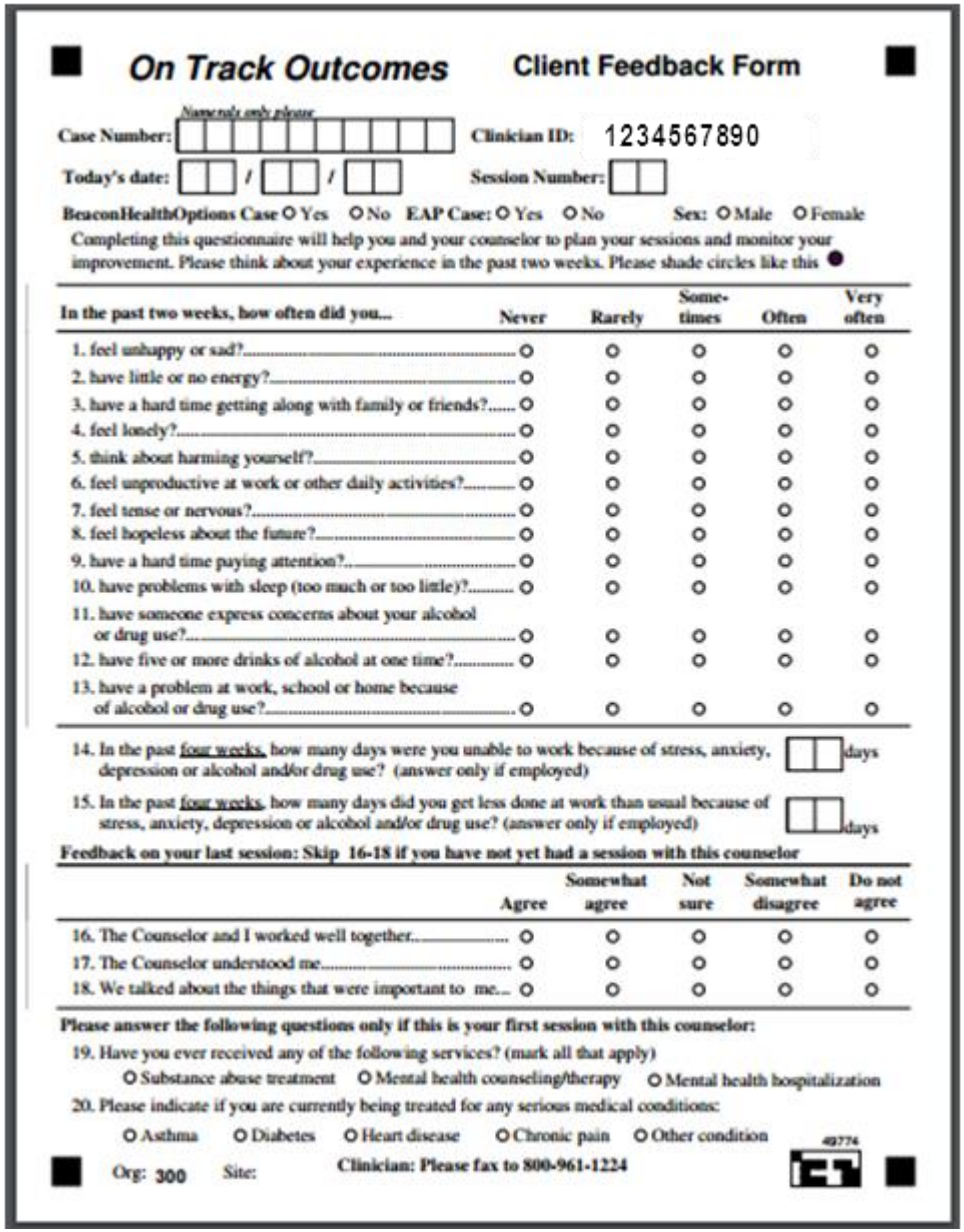


Client Feedback Form (CFF) - Adult

- 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

Case Number: Clinician ID: 1234567890

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?	○	○	○	○	○
2. have little or no energy?	○	○	○	○	○
3. have a hard time getting along with family or friends?	○	○	○	○	○
4. feel lonely?	○	○	○	○	○
5. think about harming yourself?	○	○	○	○	○
6. feel unproductive at work or other daily activities?	○	○	○	○	○
7. feel tense or nervous?	○	○	○	○	○
8. feel hopeless about the future?	○	○	○	○	○
9. have a hard time paying attention?	○	○	○	○	○
10. have problems with sleep (too much or too little)?	○	○	○	○	○
11. have someone express concerns about your alcohol or drug use?	○	○	○	○	○
12. have five or more drinks of alcohol at one time?	○	○	○	○	○
13. have a problem at work, school or home because of alcohol or drug use?	○	○	○	○	○

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.	○	○	○	○	○
17. The Counselor understood me.	○	○	○	○	○
18. We talked about the things that were important to me.	○	○	○	○	○

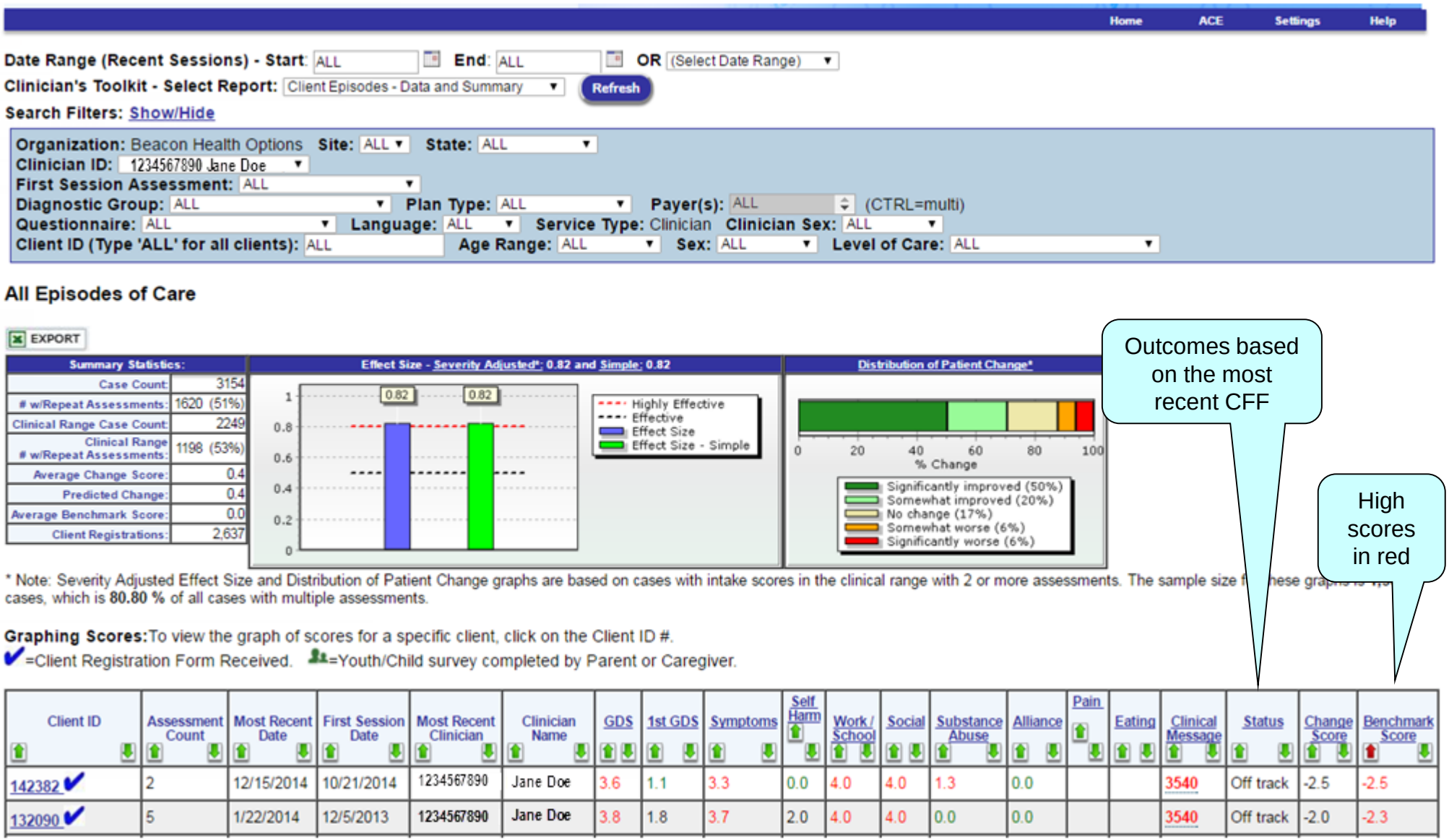
Please answer the following questions only if this is your first session with this counselor:

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**

View Online Results: Clinician's Toolkit



Client Outcomes Toolkit: Change Graph

Close This Graph

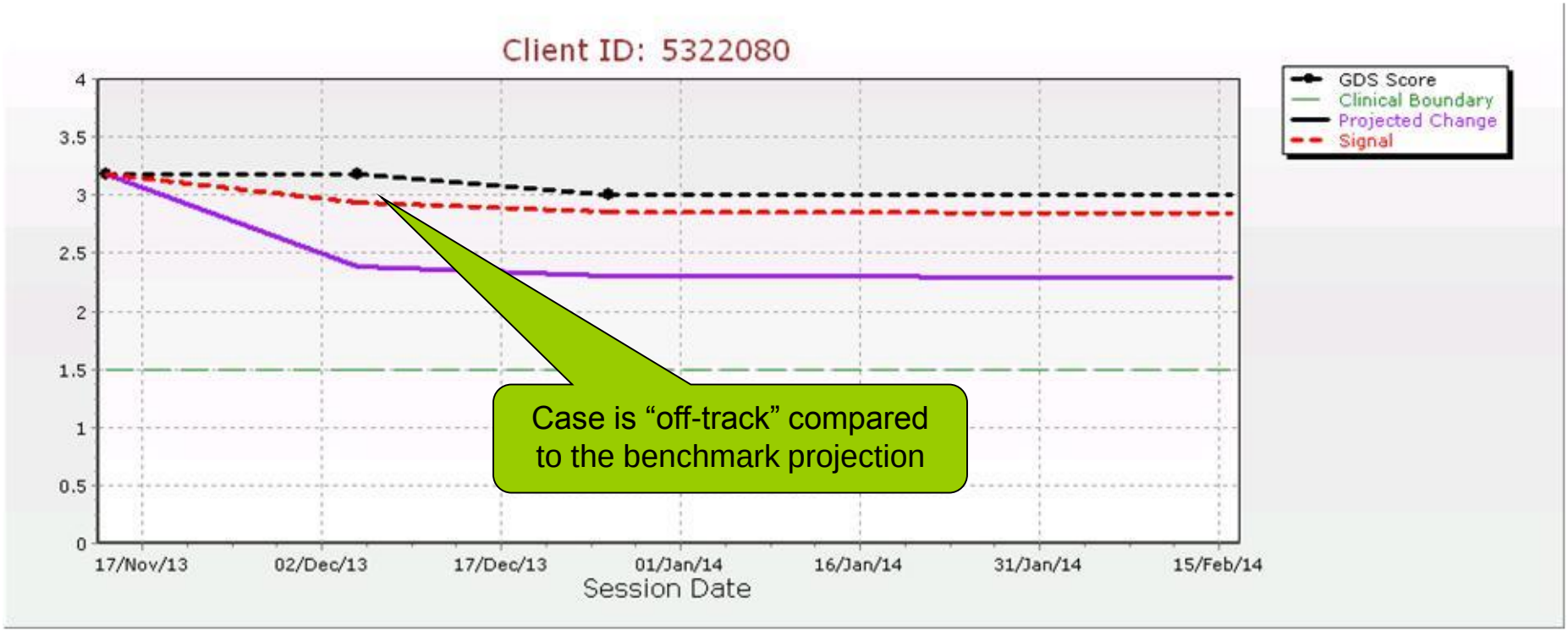
Client ID:	5322080
First Date:	11/14/2013
First GDS Score:	3.2
Most Recent Date:	2/16/2014
Most Recent GDS Score:	3.0
Total Assessments:	4

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