

Improving Outcome Measurement in Behavioral Healthcare

There is general consensus that meaningful healthcare system reform requires a focus on increasing value for patients, typically defined as health outcomes achieved per dollar spent. While the transition from a fee-for-service to a value-based model has been underway for many years, effective implementation in the behavioral health discipline has proven to be slow or non-existent. Fortunately, there are some notable exceptions of providers utilizing clinical outcome assessments and comprehensive patient satisfaction data to improve care and demonstrate clinical value.

Earlier this year, The Joint Commission provided a strong and promising model toward increasing value for patients, requiring residential and outpatient psychiatric care providers to implement standardized outcomes assessments of their choosing and to specifically utilize the results in the provision of care. Payers are likewise increasingly expecting behavioral health providers to demonstrate evidence-based value and prioritizing providers who do. However, concerns over potential disruptions of patient care and clinical progress due to an externally mandated, “one size fits all” approach from uncoordinated payers and regulators strongly suggests that providers are those best positioned to re-shape and spearhead improved public quality reporting with patient-reported outcomes.

Inadequate Reporting

Regulatory agency interests in population health currently drive publicly reported measures of quality. However, these measures are often inadequate or inapplicable to behavioral health settings, as they neither address the immediate interests of patients nor reflect the true clinical purpose of behavioral health treatment.

While suicide is a leading cause of death in the U.S, it is not represented in any publicly reported outcome measures. Nevertheless, even a basic measure of suicide rates within inpatient programs, despite low frequency, would align more closely than currently used and largely inapplicable measures such as influenza vaccine rates or tobacco cessation.

“Practice-Based Evidence” vs. “Evidence-Based Practices”

Practice-based evidence is gleaned from real-world clinical practice and observation – assessed and measured at the treatment facility level, allowing patients, providers, and payers to identify best treatment practices. Doing so avoids the pitfalls of highly controlled, evidence-based trials, fidelity concerns relative to such programs, and provider or payer biases when interpreting treatment results, while honoring the philosophy of data-driven, patient-centric care.

“Did the patient get better?”

How we pay for healthcare, risk-adjust patient mix, and provide care are all critical components of the healthcare discussion. In the raucous conversation, the simple parameter, “Did the patient get better?” seems to have been lost. For the patient and the community that supports them, getting better is all that matters.

Capturing patient-reported outcomes is a reasonable solution that combines the transparent reporting of practice-based evidence with the patient’s perspective on symptoms, severity, functioning,

or quality of life. To be sure, this “simple” concept has a complexity not yet fully explored by all stakeholders. Reasonable challenges are driven by what to measure and how. These are fair concerns as clinical outcome measures have potential consequences rooted in extending or declining ongoing care, readmissions, reimbursement, accreditation, or federal regulation.

Beginning the journey

Rather than mandate a single set of measures for all providers, we must provide incentives for patients, providers, and payers to work together to identify desirable clinical outcomes. We must provide a marketplace full of clinically relevant measures and allow a publicly driven rating system to develop, while providers and researchers work to improve the means and methods of measurement. Providers must take the lead in conscientiously assessing patients, evaluating care, and transparently reporting the results.

Demonstrating clinical outcomes, satisfaction, and publicly reported measures

Universal Health Services, the largest provider of freestanding behavioral health hospitals in the U.S., treating approximately 500,000 patients annually, has in recent years dramatically increased its investment in and utilization of a wide variety of respected assessment tools across its network of over 200 facilities. Doing so has greatly enhanced its ability to capture, benchmark, and utilize clinical outcomes and patient satisfaction data to improve clinical care. In 2017, UHS measured outcomes across 571 distinct treatment programs, with results revealing that approximately 75% of patients reported statistically meaningful improvement from admission to discharge and over 85% at 45-day post-discharge.



JOHAN SMITH
VICE PRESIDENT, HEALTH INFORMATICS
MENTAL HEALTH OUTCOMES, LLC.

You can manage only what you measure

Valuing this data-driven approach, we encourage further collaboration and engagement from all stakeholders to promote increased use of behavioral health outcomes to improve treatment. We must start somewhere. Patients deserve it.

Johan Smith heads Mental Health Outcomes, a leading consultancy specializing in the design and implementation of custom outcomes measurement for behavioral health programs.

THIS SPONSORED SECTION WAS
PRODUCED AND BROUGHT TO YOU BY:



To learn more about Mental Health Outcomes, LLC., please visit www.mho-inc.net