Kaiser Permanente Mental Health & Wellness

*Using Patient Reported Outcomes to Promote Shared Decision Making, Privilege the Patient Voice, and Deliver Exceptional Care*

Cosette Taillac, LCSW
National Strategic Leader for Mental Health & Wellness
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Our Strategy to transform KP mental health and wellness: 2018—2020

Our model for mental health and wellness

- **Feedback Informed Care**
- **Anti-stigma Campaign**
- **National Advocacy Groups**

- **Continuous**
  - Exceptional Care Delivery
  - Focus on Wellness
  - Patient Member Customer
  - Technology & Innovation
  - Effective Partnerships
  - Learning and Improvement
The good news: Behavioral health treatment works

- Average treated person is better off than 80% of the untreated sample
- As effective (or often better) than widely accepted medical treatments
The bad news: Much room for improvement

• Dropout rates in psychotherapy are high (60% with substance use tx)
• We don’t identify patients who aren’t getting better, or are getting worse
• Clinicians are not good at identifying when patients are getting worse, but insist they can tell!
• On average, clinicians do not get better outcomes as they gain experience, but do gain confidence that they are more effective
The evolution of psychotherapy

- The largest study to date on the effect of experience on outcome
- 75 therapists followed over 17 years
- On average outcomes declined over time

Feedback informed care is foundational

- Soliciting feedback from every patient, every session using standardized outcome measure
- Outcome monitoring and feedback is an evidence-based practice
- Atheoretical and Transdiagnostic – enhances other treatment (including other EBPs)
- Patient progress graphed over time and compared to “expected” response - treats to a target

Experience 5, 10, 15, 25 years
Training MFT, LCSW, PhD, MD
Model CBT, DBT, ACT, EMDR etc.
What is the answer?
Why feedback informed care?
The evolution of psychotherapy
Lambert’s twelve trials

- All 12 RCT’s showed significant gains for feedback condition
Lambert and Shimokawa (2011) meta-analysis

- Feedback condition had **3.5 times higher** odds of experiencing reliable change

- Feedback condition had **less than half the odds** of experiencing deterioration
Substance use treatment and feedback informed care

- Efficacy of patient feedback in group psychotherapy with soldiers referred for substance abuse treatment
  – 2014 RCT, Psychotherapy Research

- Feedback condition:
  - Better clinician & commander ratings
  - Reduced dropouts
  - Better outcomes
Southwest behavioral health public behavioral health clinic

After implementing feedback informed care:

Public behavioral health clinic achieved outcomes comparable to randomized control trials of depression and feedback

Measurement-Based Care vs Standard for Medication Treatment of MDD

- Randomized controlled trial with blind raters
- Results: Feedback condition led to:
  - More patients achieving response (86.9% vs 62.7%)
  - More patients achieving remission (73.8% vs 28.8%)
  - Shorter time to response and remission (response: 5.6wks vs 11.6wks; remission: 10.2wks vs 19.2wks)
  - More dosage adjustments (44 vs 23) and higher dosages, but no increase in visits, side effects, or attrition

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A Core Set of Outcome Measures for Behavioral Health Across Settings

Issued: June 16, 2016

The Substance Abuse and Mental Health Services Administration (SAMHSA) has released a new quality measures standard designed to improve the quality of care for individuals with mental health and substance use disorders. The standard, titled "New Outcome Measures Standard," aims to help providers and organizations assess and improve their performance in delivering care.

The standard includes measures related to access to care, treatment outcomes, and care coordination. It is intended to be used by organizations to ensure that they are meeting the needs of their clients and to help them identify areas for improvement.

The Joint Commission, a nonprofit organization dedicated to improving the quality and safety of healthcare, has revised the standard to ensure that it aligns with the latest research and best practices in the field.

Sam H. Briskman, M.D., M.P.H., SAMHSA's Associate Administrator for Treatment, said: "This new standard is a critical step in improving the quality of care for individuals with mental health and substance use disorders. By providing a standardized set of measures, we hope to help organizations better assess their performance and improve the quality of care they provide."
Therapeutic alliance
Therapeutic alliance

“I’m right there in the room, and no one even acknowledges me.”
Therapeutic alliance measures

- Agreement on goals
- Agreement on treatment plan
- Mutual understanding, trust and respect between a clinician and a patient
“I have found little that is good about human beings on the whole. In my opinion, most of them are trash.”
— Sigmund Freud

“I keep my ideals, because in spite of everything I still believe that people are really good at heart.”
— Anne Frank
Value and respect achieves better outcomes

- Asking about the therapeutic alliance communicates value and respect toward the patient

- Allows for mid course corrections

- Promotes retention and enhances outcomes
It’s not the what – it’s the who

- Over 1000 RCTs on the Alliance
- Consistent Findings: Therapeutic alliance is a more robust predictor of outcome than:
  - Theoretical orientation
  - Years of experience
  - Professional discipline

1 Orlinsky, Rønnestad, & Willutzki, 2004
Relationships matter

• Treatment of depression collaborative research program (TDCRP) – compared IPT, CBT, medication, and placebo

• Patient’s perception of alliance at session #2 was the best predictor of outcome across all treatment conditions.

• Top third of psychiatrists giving a placebo got better outcomes then bottom third giving meds.

• Patients of the best therapists improved 50% more and dropped out 50% less

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Therapeutic alliance and substance use treatment

- Project match – compared Cognitive Behavioral Therapy, 12-Step, and Motivational Interviewing
- No differences in outcome between models
- Patient’s rating of the alliance predicted:
  - treatment engagement
  - drinking during treatment
  - drinking at 12-month follow up

Points to consider

• In cases where therapist opts out of collecting data on alliance, patients were:
  - Twice as likely to drop out
  - 3–4 times as likely to get worse or fail to improve
The importance of checking
Real life example: Annie

Annie’s condition:

- Annie, 40 y/o, at intake outcomes measure is **moderately severe**
- Experiences severe anxiety, panic and IBS several times a week while at work
- Avoids desired social interactions due to anxiety
- Says that her anxiety has gotten so bad that she feels crippled by it

Annie’s background:

- Stressful job as public defender
- Boss is unprofessional and rude
- History of periodic depression since middle school
- Anxiety became significantly worse when she began law school 5 years ago
- Traumatic childhood
- Valedictorian and earned scholarship to college
Annie’s road to recovery
The importance of formal feedback

- Formally collecting feedback Improves outcomes 1,2,3
- IDs patients at risk for treatment failure/dropout 3,4
- Decreases chances of patient deterioration 3
- Improves therapeutic alliance 3,5
- Allows us to demonstrate the effectiveness of our services

1 Anker, Duncan, & Sparks, 2009; Kraus, Castonguay, Boswell, Nordberg, & Hayes, 2011 2 Lambert and Shimokawa (2011)
Feedback informed care at Kaiser Permanente
Improvement over time

- Three clinics piloted a global distress measure (ACORN) based on the OQ-45 from 2008-2010

\[ \text{Effect size} \]

Hayward, Redwood City, and South San Francisco Medical Centers
Improvement over time (continued)

- Three clinics piloted a global distress measure (ACORN) based on the OQ-45 from 2008-2010
- 2011, switched to AOQ (new global distress measure, based on the PHQ9 and GAD2); AOQ & ACORN track identically over time.
- Severity adjusted effect sizes computed in the same way across time & measures
Patient improvement

- Kaiser Permanente Northern and Southern California regions are collecting patient reported outcomes on 84% of individual visits – over 120k/month
Feedback informed care

Leadership and Culture

Systematic Assessment
Ongoing monitoring with transdiagnostic tool

Clinical Incorporation
Using data in clinical conversation to drive care

Outcomes Management
Decision support

Measurement and Continuous Learning
Clinician training: making measures meaningful

- Describe as a “mental health lab test” or test of vital signs
- Discuss results every time a patient completes it
- Confirm that today’s score fits with patient’s experience
- Link results to the patient’s reason for coming in (“if we start to accomplish your goals for treatment, where will we see a change in your scores?”)
- Discuss trends over time, using the graph
Ask for an iPad®
to fill out your Treatment Progress Indicator

Your Treatment Progress Indicator (TPI) helps your provider understand your progress and customize your treatment.

Try to arrive 15 minutes early so you can complete your TPI before your session. Even if you arrive on time or late, still remember to complete the TPI.

For more information, see the FAQ flyer.
How well have you been getting along emotionally?

- Quite poorly
- Fairly poorly
- So-so
- Fairly well
- Quite well
- Very well

NEXT
**Treatment Response**

**Behavioral Health Impairment (Percentile)**

*How is this patient responding to treatment?*

- **Expected**
- **Actual**

**Graph:***

- X-axis: Weeks since initial assessment
- Y-axis: Percentage

- **MORE SEVERE**
- **LESS SEVERE**

- **80**
- **36**
- **90**

- Worsened
Have you been seen before by the provider you are seeing today?  Yes

In my last session, we worked on and talked about what was really on my mind.  Agree

In my last session, I felt heard, understood, and respected.  Slightly disagree

I understand and agree with how we are approaching my concerns.  Slightly agree
Patient feedback

“It's helpful since it gives me a moment to reflect back”

“I like being able to track my mood and how I'm doing – kind of keeps me in check”

“I’m a visual person and I like to see my progress graphed over time…when it doesn’t change, it prompts me to think about what I need to do differently”

“At first it was frustrating but then I saw it as opportunity to be truthful with myself, when I started to see improvement I really understood why I was doing it”

“It’s much more scientific than asking ‘how are you doing today buddy?’”
Suicide prevention
Columbia suicide severity rating scale

<table>
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<th>Critical Alerts</th>
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<tr>
<td>Current Suicidal Thoughts</td>
<td>Yes</td>
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<tr>
<td>Current Suicidal Attempts</td>
<td>No</td>
</tr>
<tr>
<td>Alcohol in the last 24 hrs</td>
<td>No</td>
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<tr>
<td>Risk for Non-Engagement</td>
<td>Yes</td>
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<tr>
<td>Suicide Risk</td>
<td>1 - Passive wish; no behavior</td>
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Assessment Date: 10/27/2017
Practice:
Name: LauraFourSATS
Birthdate: 07/13/1968
MRN#: 400002126

Time to Complete: 6 min
Columbia suicide severity rating scale scoring risk satisfaction

• 0-2 low risk
  - Passive ideation
  - Active ideation, but nonspecific
  - No current history or suicidal behavior

• 3 moderate risk
  - Active ideation with method, but no intent or plan
  - History of suicidal behavior, more than 3 months ago

• 4-6 high risk
  - Active ideation with a method and intent but no plan
  - Active ideation with a method, intent and plan
  - Suicidal behavior within the last 3 months

Safety Plan needed for any CSSRS Score of 3 or higher. (Moderate or high risk.)
From evidence-based practice to practice-based evidence

- **Evidence-based practice asks:** *What treatments work with what diagnoses, in general?*
  - Examine pre-post outcomes in RCTs; clinical practice guidelines, manualized treatments

- **Practice-based evidence asks:** *How is this treatment with this clinician working at this time with this patient?*
  - Examine real-time outcomes throughout each treatment
  - Examine the therapeutic alliance in real time throughout each treatment
Thank you