Outcomes Based Care in Mental Health Treatment: Keeping the patient voice at the center of care

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OUR FOUNDING VISION

Good health means more than just not being sick. It also means leading your life with an overall sense of wellness and taking charge of your health so you feel empowered to get the most out of every stage of your life.
Desired Outcomes

01. Awareness of what Feedback Informed Care is

02. Understanding of why we have chosen an approach to MH and SA treatment that is different from what is still most commonly practiced in the field

03. Awareness of the steps of implementation of Feedback Informed Care and where we are in that journey

04. Finally, awareness that though the road may be long, the journey challenging, and the tools imperfect, once you understand and embrace that journey, there is profound satisfaction and meaning all along the way, for both providers and consumers of mental health and substance use treatment.
Can I give you some feedback?

“It’s time we talked about the Carl in the room.”
People come through our door...

... to get a good outcome
Why Feedback Informed Care?

Benefits

Although the average treated client in psychotherapy is better off than 80% of people who receive no treatment, not everyone benefits\(^1,2\)

Variability

We providers vary a lot\(^3\)

Drop-Out Rates

Drop-out rates in psychotherapy are high\(^1,2\)

Experience vs. Effectiveness

On average, we providers do not get better outcomes as we gain experience, but we gain confidence that we are getting better\(^4\)

Improves Overall Outcomes

Systematic feedback about progress and therapeutic alliance reduces treatment failures and improves overall outcomes\(^3\)

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We therapists think we know how our clients are doing...

“I DON’T NEED FORMAL FEEDBACK – I KNOW MY PATIENTS…”

- 550 clients, 48 therapists
- Consumers completed a gold-standard outcome questionnaire at every visit throughout treatment, but providers did not see the scores
- At the 2nd and 3rd session, therapists were asked: “Considering this client’s initial session with you, rate this client’s progress as of today’s session. Base your rating on your clinical judgment and clinical experience alone.”

... but not so much!

During these first 3 weeks of therapy, 26 clients had deteriorated by their own report, but therapists only identified 5 of these.
How well do we predict our effectiveness?

WE ARE VERY OPTIMISTIC

The Good News: Lambert’s Twelve Trials

All 12 RCTs showed significant gains for Feedback condition

Feedback Effects for At Risk Cases

- 22: No Feedback
- 39: Collaborative Feedback
- 45: Collaborative Feedback with Support Tools (e.g., Alliance)

IMPROVEMENT

- Treatment As Usual
- With Feedback to Client and Therapist
- With Support Tools (Alliance)

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

• Feedback condition had **less than half the odds** of experiencing deterioration

Still More Good News: “Measurement + Feedback = Improved Outcomes” – Brown & Minami*

*https://psychoutcomes.org/DecisionSupportToolkit/ToolkitUsageAndOutcomes
Shifts in Culture and Practice

“Nearly twenty years of behavioral health care research has demonstrated the value of measurement-based care as a tool for improving the outcomes of care, treatment, or services. The findings are robust and extend across modalities, populations, and settings.”

- Joint Commission
Shifts in Culture and Practice

“One of the main contributors to poor outcomes in routine care is that providers do not typically use symptom rating scales in a systematic way to determine quantitatively whether their patients are improving.”
In life as in work...
What is Feedback Informed Care?

• Feedback Informed Care is a collaborative process of engaging clients in discussions about outcome, the therapeutic alliance, and all decisions that affect their care.

• Feedback Informed Care is not just a measurement process; it uses measurement to inform and help focus clinical conversations.

• It is not just about symptoms; it connects symptoms and other variables to what the client wants from our care. It privileges the client’s voice about what is working for them.
The Therapeutic Alliance ("Goodness of Fit")

- Agreement on goals
- Agreement on method / treatment plan
- Consumer feels understood and respected

The consumer’s perspective about the Alliance is more predictive of the outcome of treatment than the provider’s perspective
Therapeutic Alliance

• 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

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


“Well, right now I’m feeling a little uncomfortable.”
The Importance of Checking

Amount of Change and “Goodness of Fit”

% of visits in episode with GOF scores
N of episodes = 61,301

SAES
OUR IMPLEMENTATION
PROCESS AND LEARNINGS
The Perils of Change Efforts

Roger’s Innovation Adoption Curve

- Innovators: “I found this really awesome tool...”
- Early Adopters
- Early Majority: “I wish I’d tried using this earlier. It’s great!”
- Late Majority
- Laggards: “I suppose I can try... Will you help me?”
The Kaiser Permanente Northern California Experiment

- Began in 2008
- Recruited early adopters at 3 medical centers
- Monitored results for 3 years
Improvement Over Time

Effect Size (average amount of change)

3 clinics\(^1\) piloted Feedback Informed care from 2008 - 2010

\(^1\)Hayward, Redwood City, and South San Francisco Medical Centers
Leadership at all levels (clinic/organization) needs to be supportive.

Recruited champions who were aligned with the vision and respected by their peers.

Worked to build trust with champions e.g., Fears and Facts Sheet, Policy on never using outcomes punitively.

Embarked on long term training in Feedback Informed Care.

Developed model for peer supervision via case consultation groups, shifting the model to focus on clients who are not progressing.
Our Implementation: NCAL

Percent of Encounters with Global Distress Scores - Therapist Only

- AOQ form added to EMR
- Physician department heads agreed to targets for participation rates (% of visits with scores in EHR)
- Outcomes implementation rate reports start to be sent to clinic leaders
- Recruited therapist champions from every clinic who meet quarterly as a Performance Excellence Group
- Instituted trainings in Feedback Informed Care across NCAL KP region
- Feedback Informed Care training for Chiefs and Directors
- Instituted weekly small case conferences using a Feedback Informed Care model.
- Approximately 1200 therapists trained in Feedback Informed Care by the end of Aug 2016

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Where are we now?

- Used our own data to build a business case to hire many more providers, especially therapists
- Continuing to develop and train for doing deliberate practice in case consultation groups
- Engaging champions and frontline providers in continued skill building with clinical colleagues, and beginning suicide prevention work
- Data show continued improvement in outcomes in recent years, comparable with benchmarks in the literature
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For Providers

- If you are an agency, involve providers in the process from the beginning: Choose your measure!
- Use early adopters, do small tests of change
- Engage support at the top
- Champions on the front line
- Training – with realistic expectations about its impact
- Make time for weekly case consultation – critical for sustainability
- Exercise patience; maintain the long view!
For Providers

- Websites, training, peer support:
  - https://betteroutcomesnow.com/
  - https://www.centerforclinicalexcellence.com/
  - http://psychoutcomes.org/COMMONS/OutcomesInformedCare
For Consumers

• Look for questionnaire on provider’s website

• Ask provider how they’d feel about tracking progress systematically

• Get clear on goal and write it down. Rate on your own how you feel you’re progressing towards that goal

• Ask how the provider assesses the therapeutic alliance; “Do you use any tool to track the therapeutic alliance?” If not, how flexible are they, and willing to try one out?

• You don’t have to stay in care where you are not progressing!
  • Liking your therapist, and feeling respected by them, is important – but it’s not enough to get benefit from treatment.
The Promise of Feedback Informed Care...

Out the door with better outcomes
Discussion.

Questions?