Join audio:

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Questions/Comments:

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- Overview of Measurement Based Care
- Measurement Based Care: Successes from the Field
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- Questions

Standard CTS.03.01.09 – The organization assesses the outcomes of care, treatment, or services provided to the individual served

EP 1 – The organization uses a standardized tool or instrument to monitor the individual's progress in achieving his or her care, treatment, or service goals

EP 2 – The organization gathers and analyzes the data generated through standardized monitoring, and the results are used to inform the goals and objectives of the individual's plan for care, treatment, or services as needed

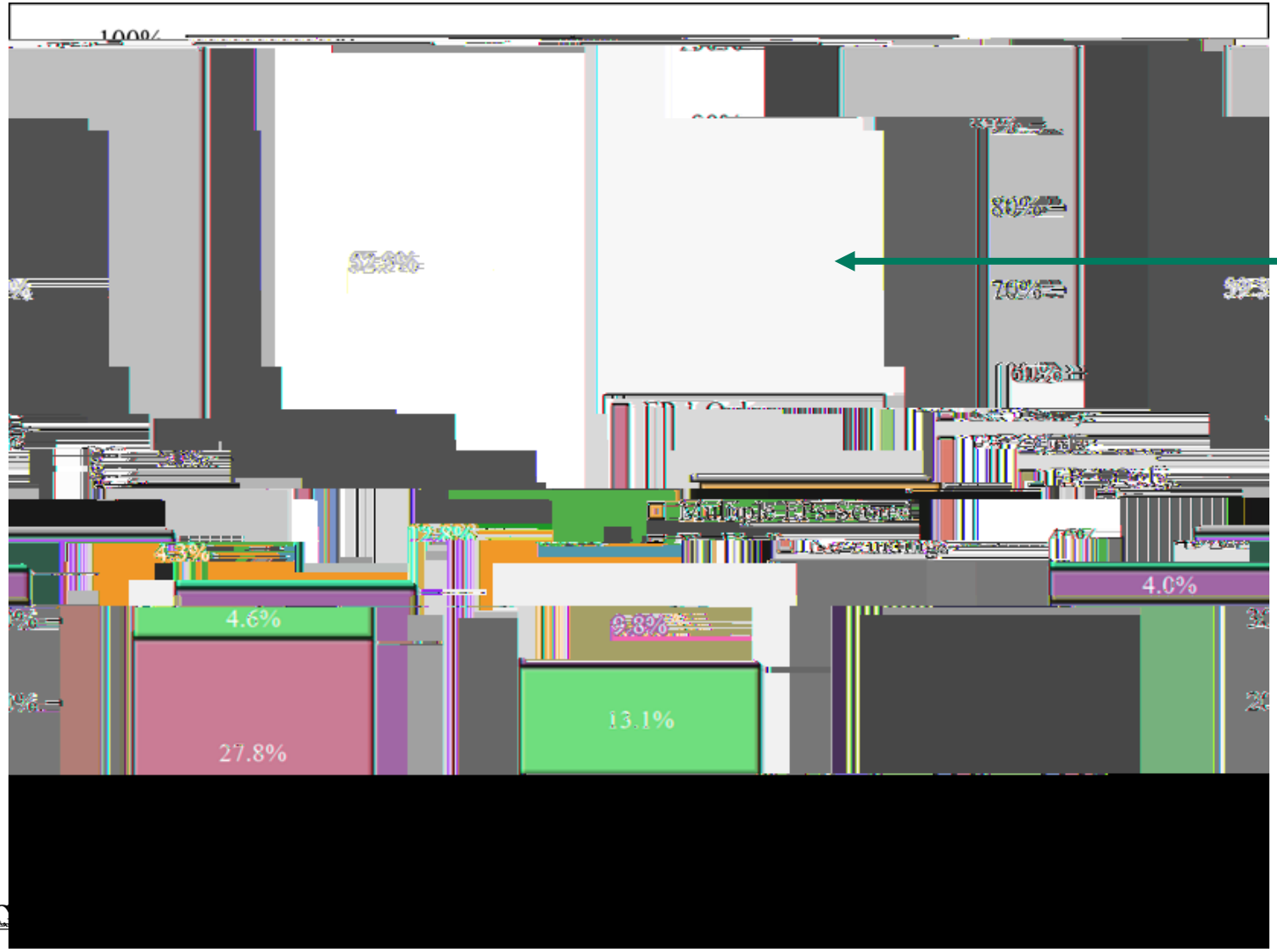
EP 3 – The organization evaluates the outcomes of care, treatment, or services provided to the population(s) it serves by aggregating and analyzing the data gathered through the standardized monitoring effort

This standard has now been required for over three years (over a full accreditation cycle)

Evaluating compliance with the standard is relatively easy (i.e., EPs are highly “observable”)

Survey findings suggest that implementation remains challenging for many accredited organizations

- Significant practical and cultural challenges

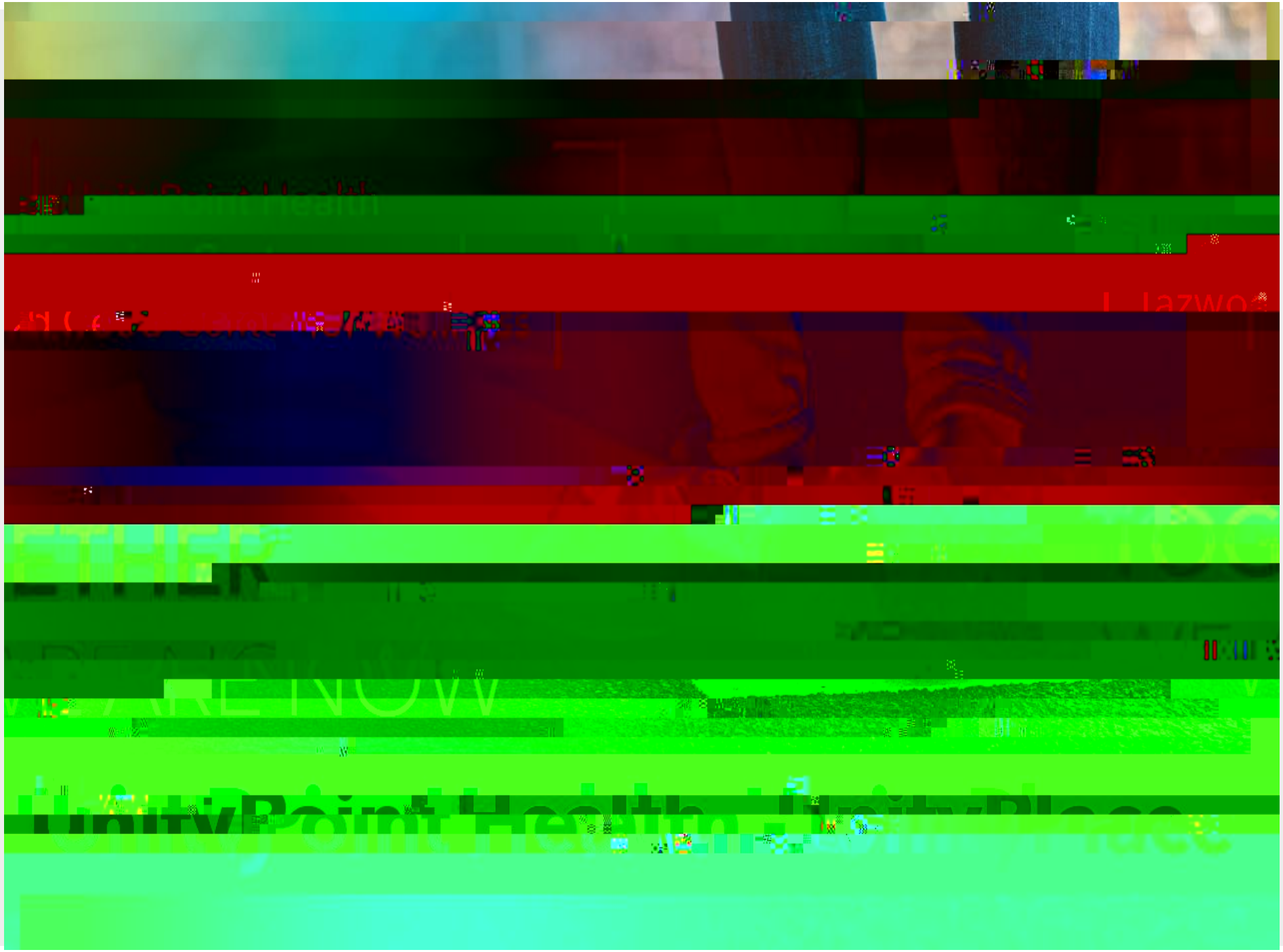


Measurement-Based Care: Using the Brief Addiction Monitor Across Settings

Presentation for The Joint Commission

NOVEMBER 9, 2021

David Moore



Services
Mental Health & Substance Use Disorders

Inpatient Mental Health

Adult Residential Mental Health

Community-Based Services | Mobile Crisis

Psychiatry

Neuropsychological Evaluations

Counseling

Substance Use Disorder

Brief Addition Monitor (BAM)

Identifying A Toolé

2010 – Involved in a NIAAA study that used smart phones as aids in continuing care. A-CHESS (Alcohol – Comprehensive Health Enhancement Support System). Modified BAM was pushed to participants for on-going measure throughout the study.

2011 – Began using the BAM (modified) as a pilot outside of the study and developed our first database. Data was shared with clients across subsequent BAMs and clinical staff began treatment planning with the client based on risk and protective factor scores. Residential only.

Brief Addition Monitor (BAM)

Expanding Useé

2017

Brief Addition Monitor - Modified

5 - Risk Factors

- Physical Health
- Sleep
- Mental Health
- Cravings
- Family Concerns

5 - Protective Factors

- Confidence in Ability to Not Use
- Attendance at Self-help Meetings
- Religion or Spiritual Support
- Financial Support
- Family Support

** Level of Satisfaction Toward Achieving Recovery Goals

** Medication Assisted Treatment Question

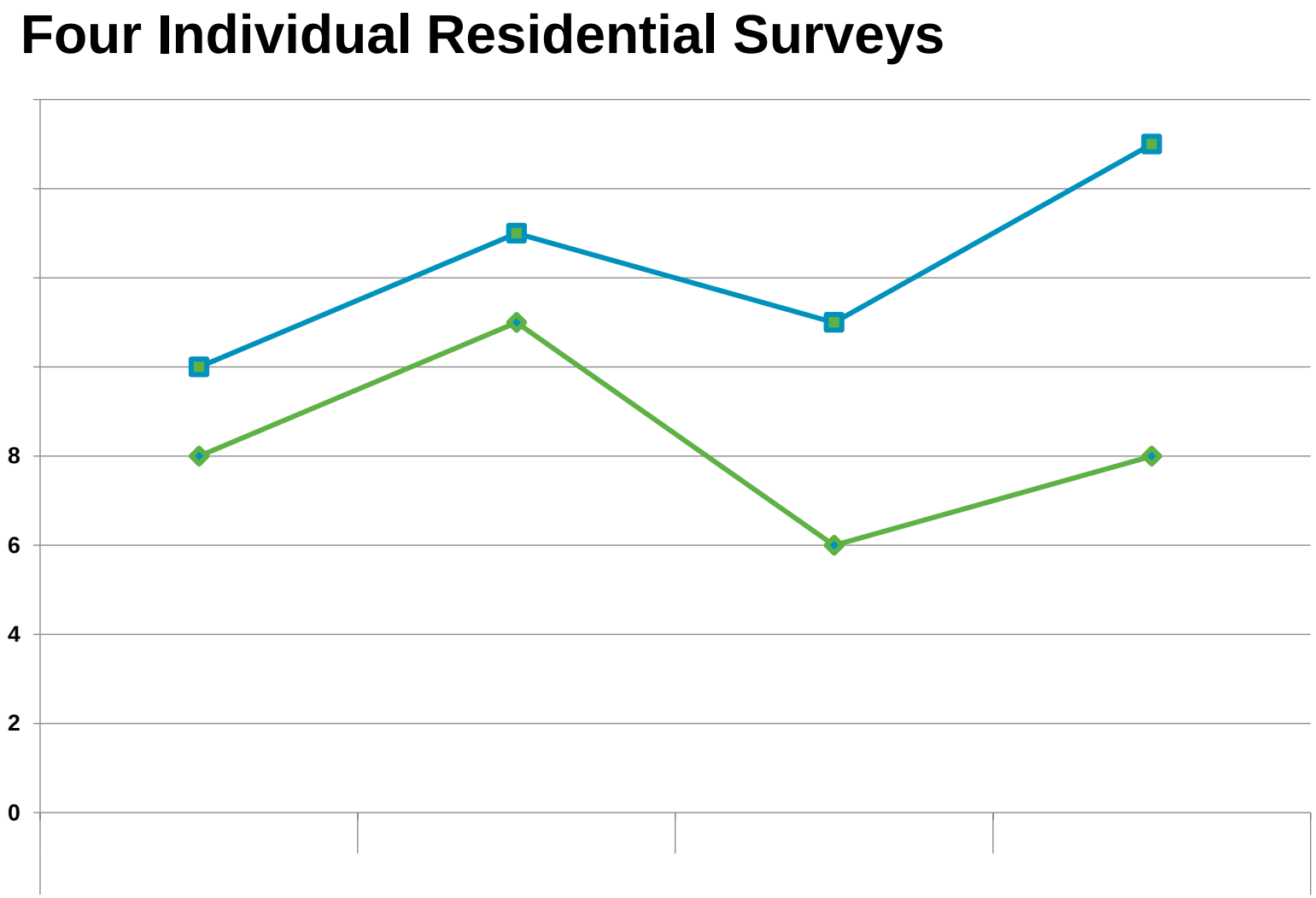
BAM Implementation

FrequencyM Implementation

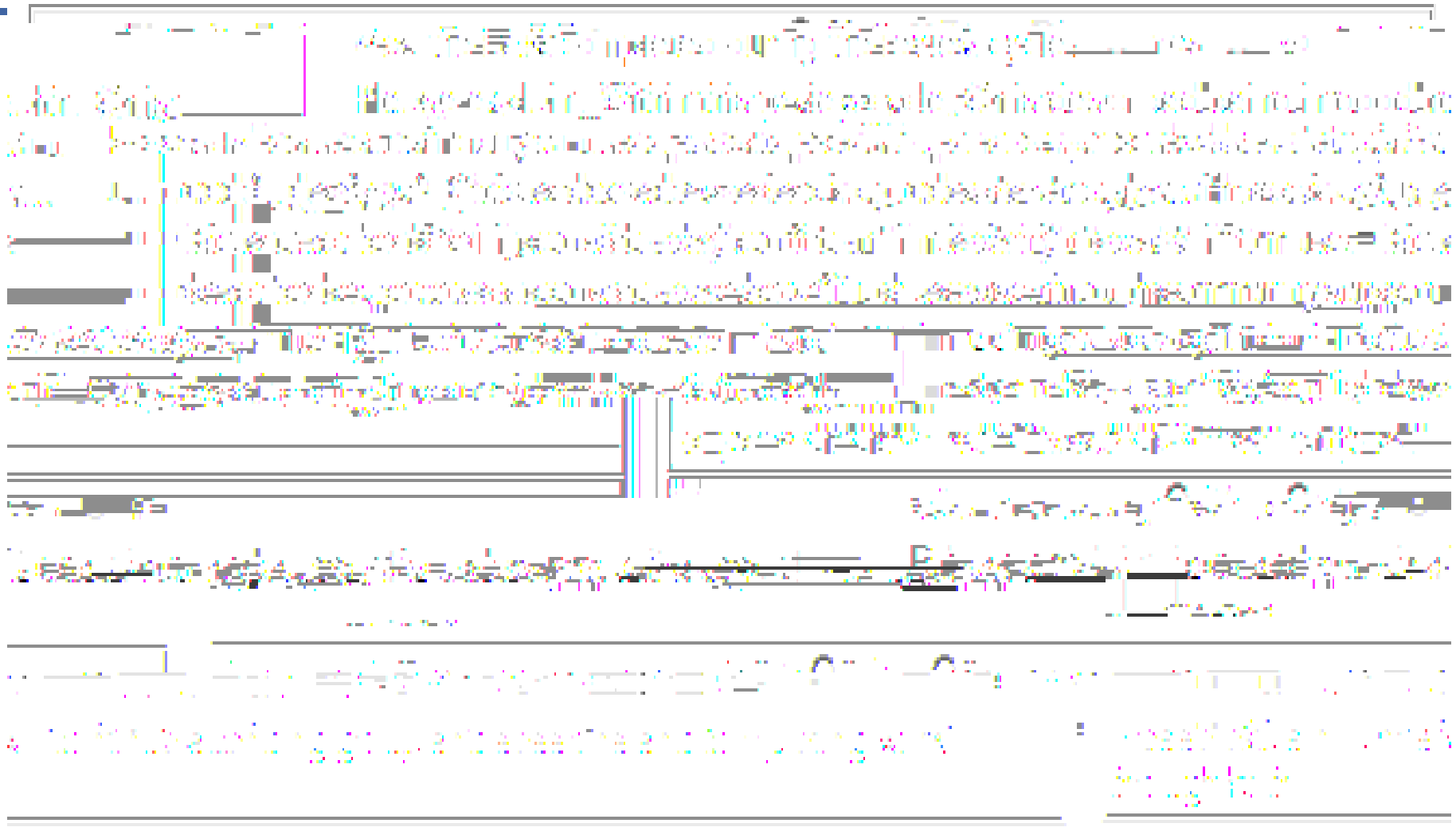
Patient Participation

- Patients complete the survey and turn it in to staff.
- Once scored, the staff person shares the results (across multiple surveys) and treatment plans with the patient. Specific “risk” or “protective” scores are discussed so that treatment planning objectives and interventions can be targeted towards those areas.
- *Most programs have access to the electronic database which allows the counselor to graph the results for the client.*

Individual BAM Scores



Treatment Plan Reviews



Population Level Data

- Program managers receive aggregate data at six-month intervals.
- Aggregate data is shared as a chart showing the average

Thank You

Unityplace.org

Alta Mira Recovery Programs

J WJR JSY J WJ

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Vista Research Group - Survey Data Utilization

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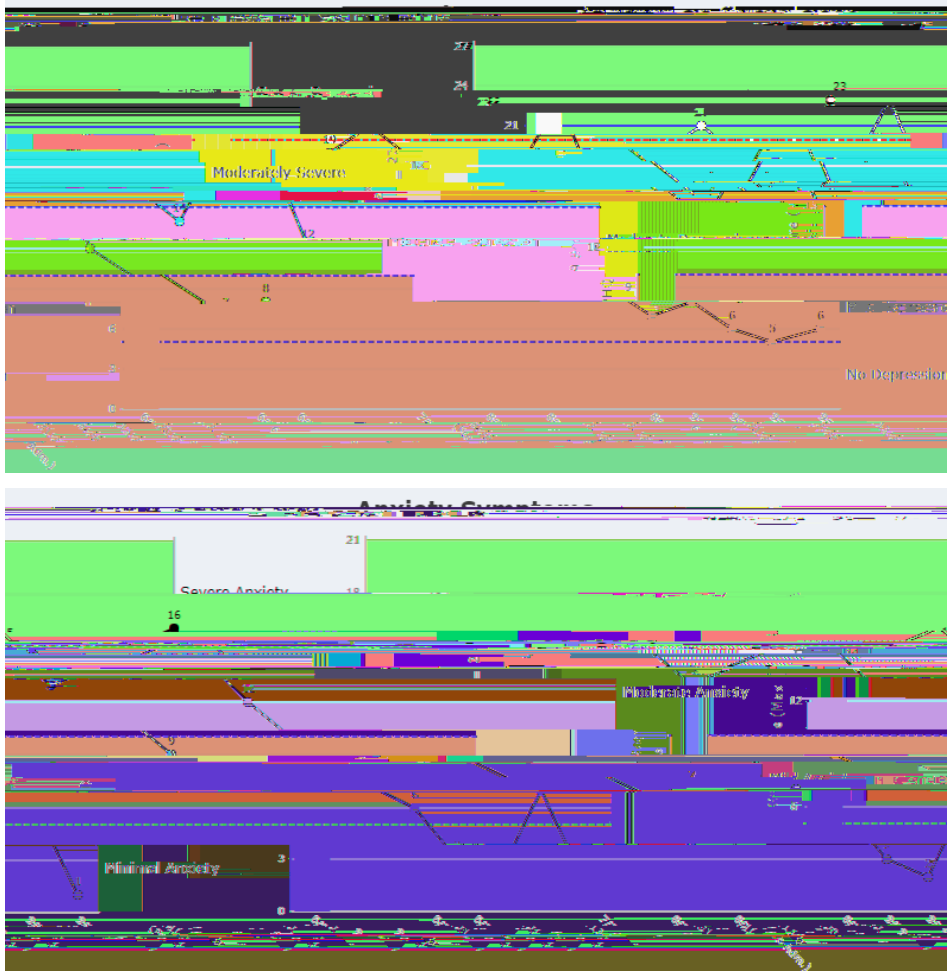
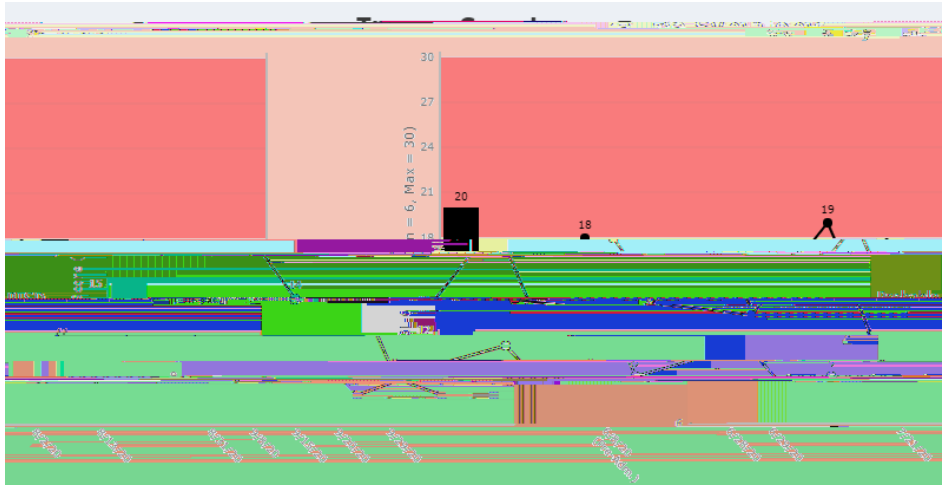
Client 2

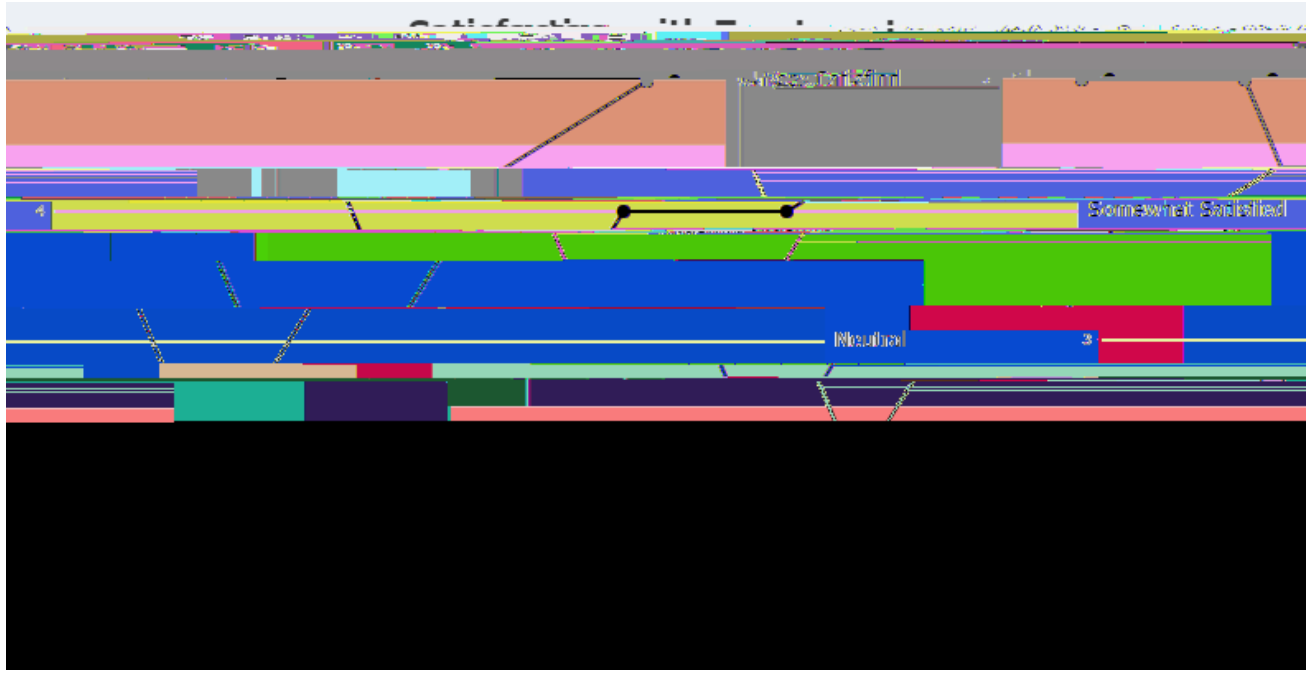
Demonstrates ability to track trends and fluctuations across time that can mobilize various responses (medications, therapeutic intervention, modifications to treatment plans, etc.)





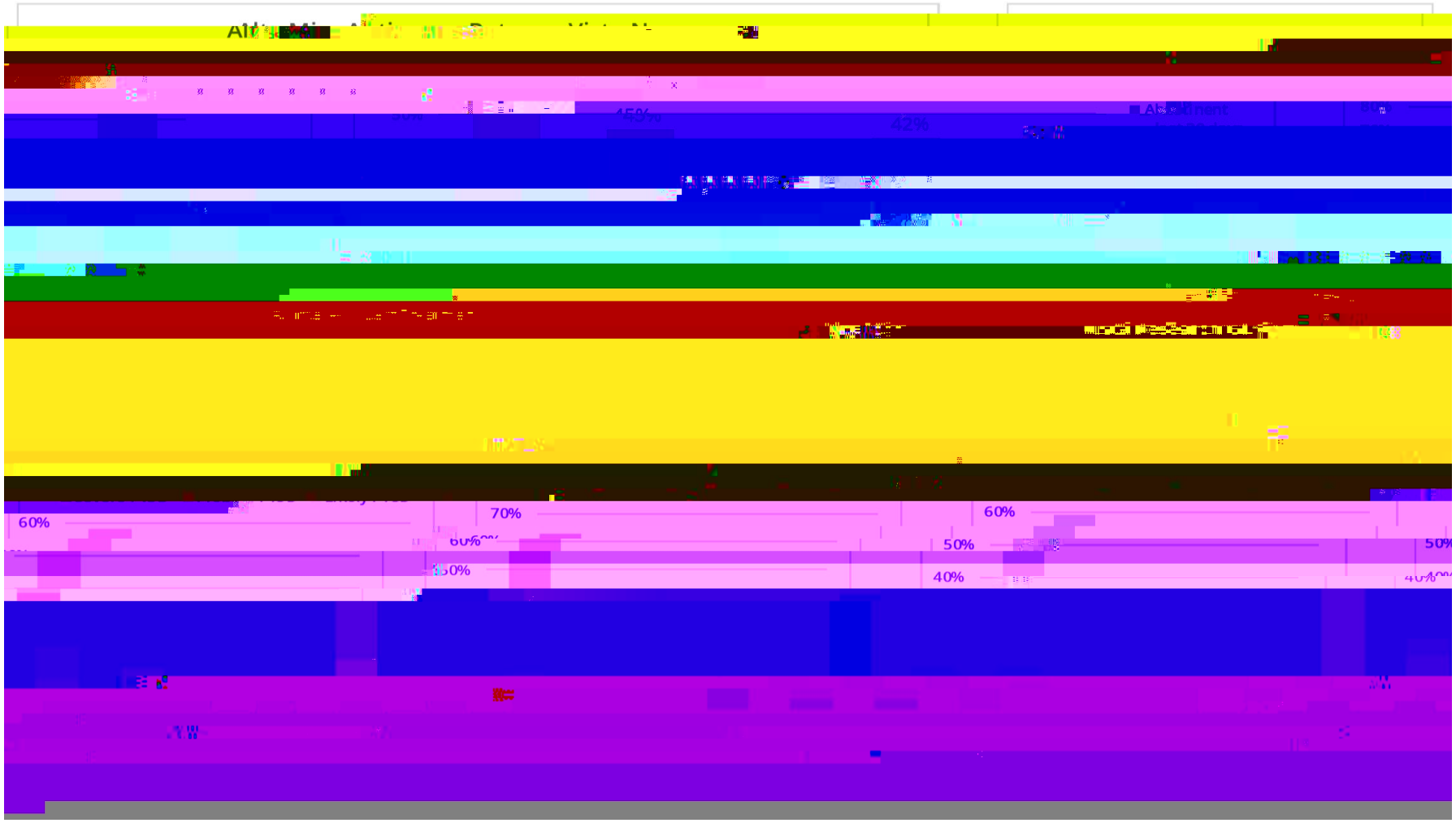
Client 3

Demonstrates ability to respond to overall treatment satisfaction and identify/address issues that emerge regarding a person's experience of treatment.



Support for Program Development

Outcomes Data Across Intervals



Comparative Data and Trends over Time

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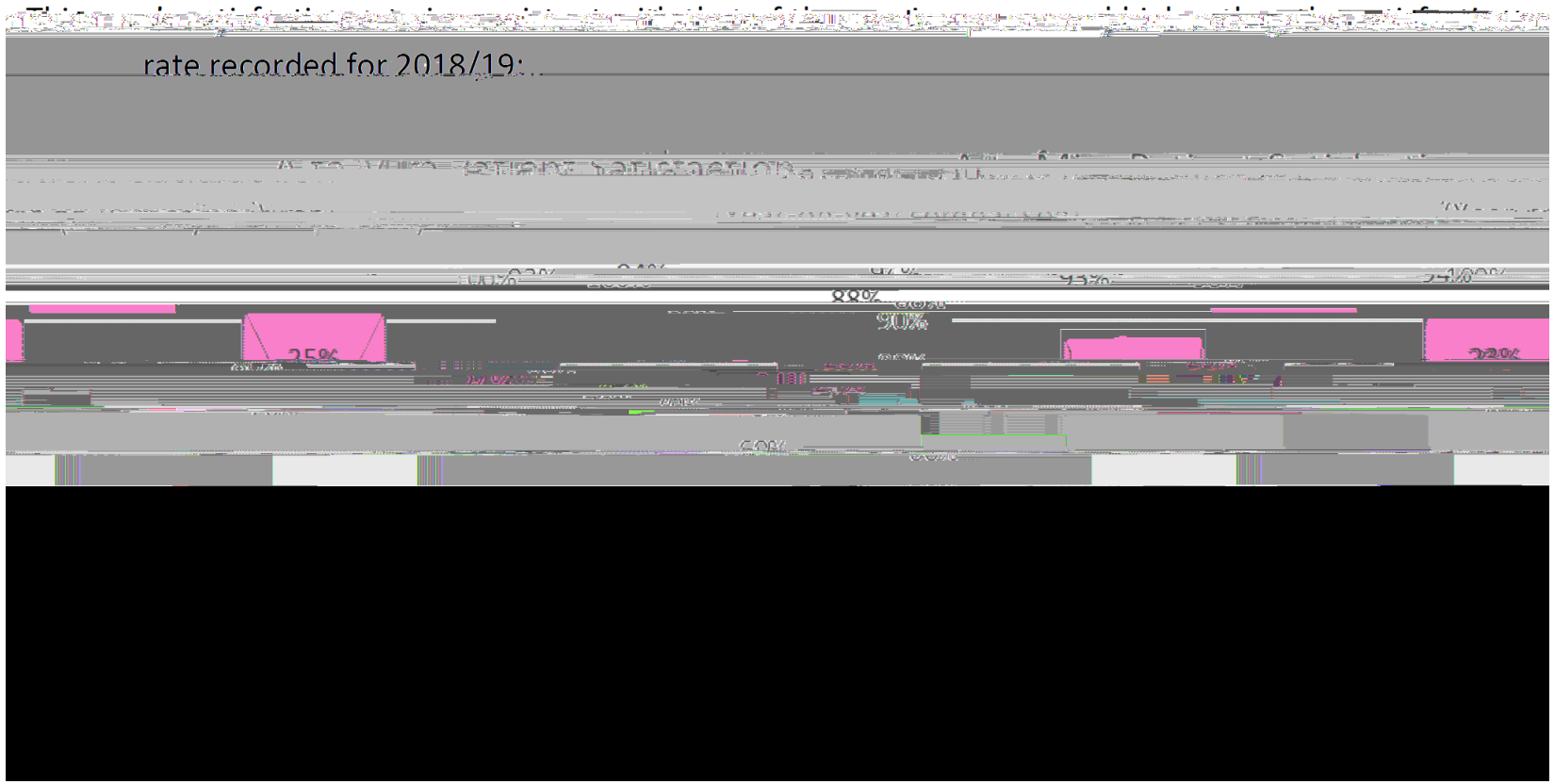

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Measurement based treatment, embedded within the clinical process, ensures objective data is utilized in care decisions, ultimately improving quality and outcomes for our patients.

FIT (Feedback Informed Treatment) increases the provider's ability to personalize treatment to specific patient needs by using objective data to regularly monitor progress or regression in key clinical areas. This helps to inform:

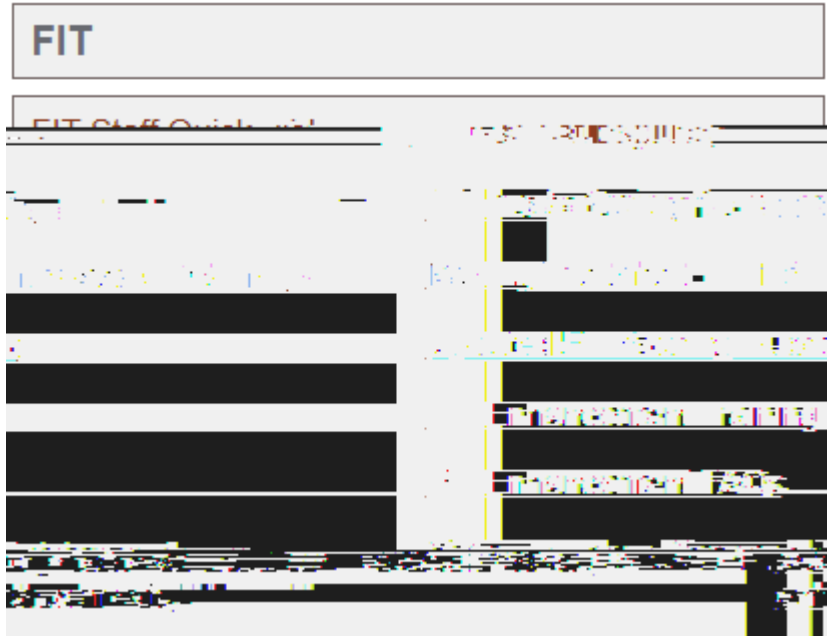
- The need to add or change treatment interventions
- Length of stay and readiness for level of care transitions
-

Patients take FIT assessments in MyRecoveryCompass; patient portal

Register and orient patients to portal and FIT using key messages

- Ideally registration takes place during pre-entry process
- Admissions team registers any that are not done pre-entry
- Patients refusing registration are referred to counselor to discuss as a clinical issue for resolution

- Trained on FIT as part of clinical model during onboarding process
- Reviewed in supervisory shadowing/record review
- Multiple reference tools available on Fusion (HBFF intranet)
- Continually enhancing functionality to EHR to streamline integration of FIT into patient care
- Monthly data collected and shared re: utilization/integration
- Strategic plan goal with annual targets tied to performance reviews for line staff, incentives for impacted leaders

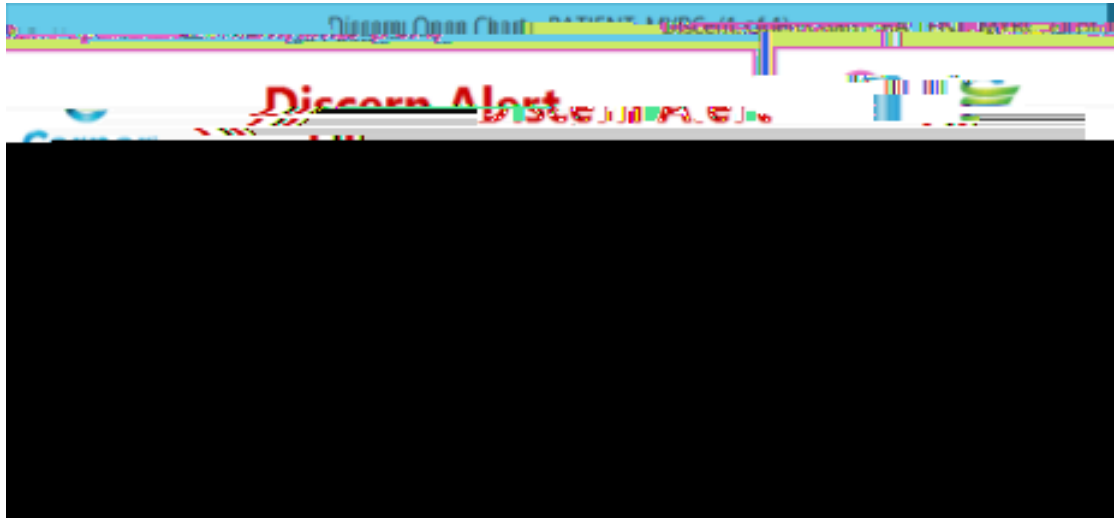


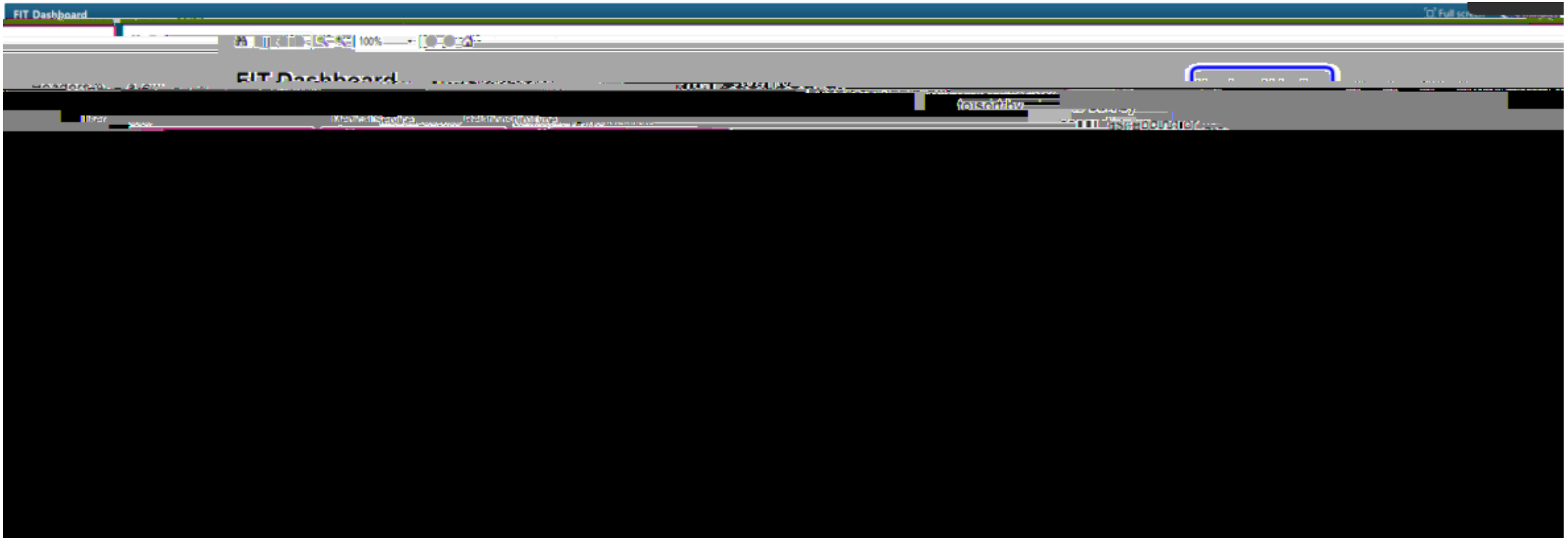
“At a glance” dashboard view of key FIT information visible across caseload/unit

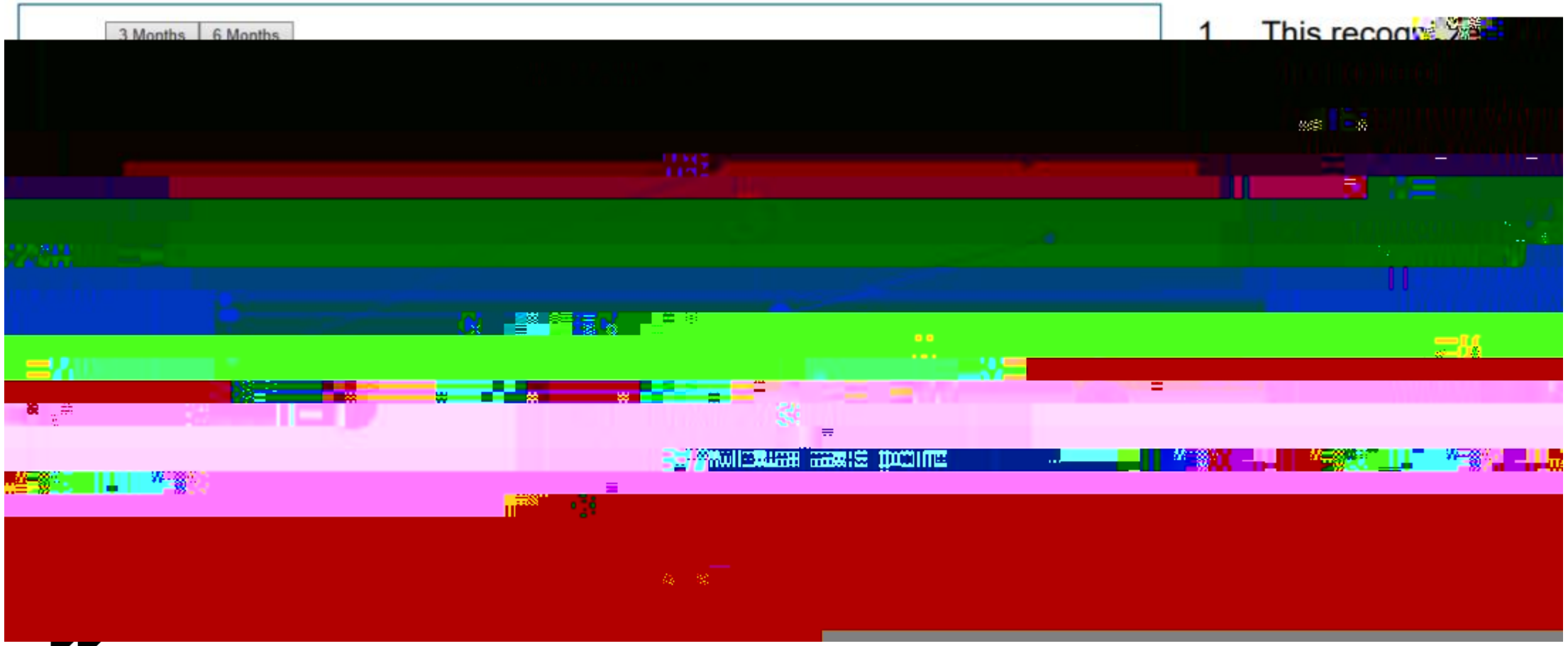
Quicker/clearer recognition of completed assessments and “red zone” scores indicating a need for action

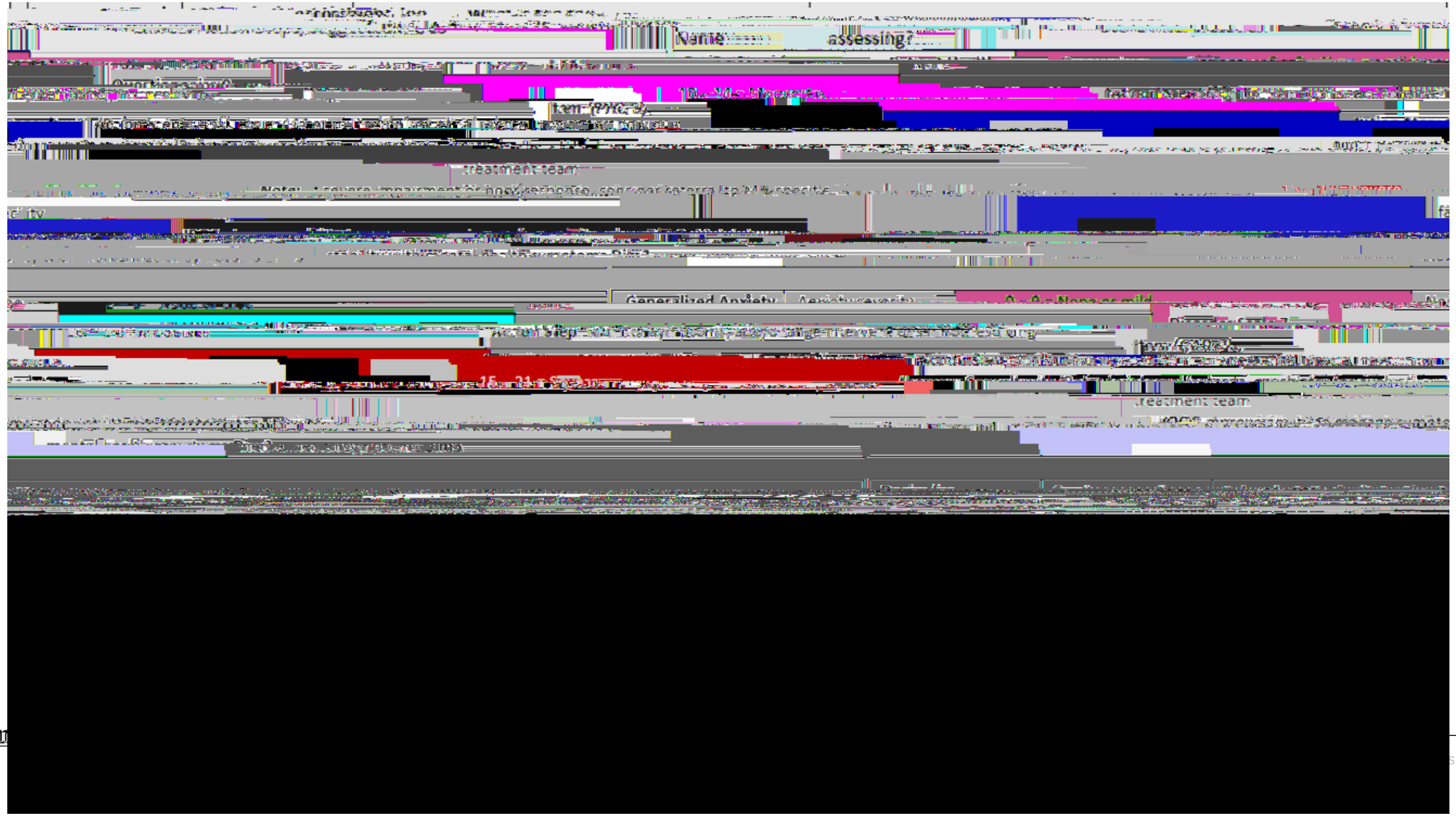
Alert notifications/visuals to direct attention to high risk responses to prompt intervention

Improved graph representation of results for observing trends/changes to be used for progress monitoring







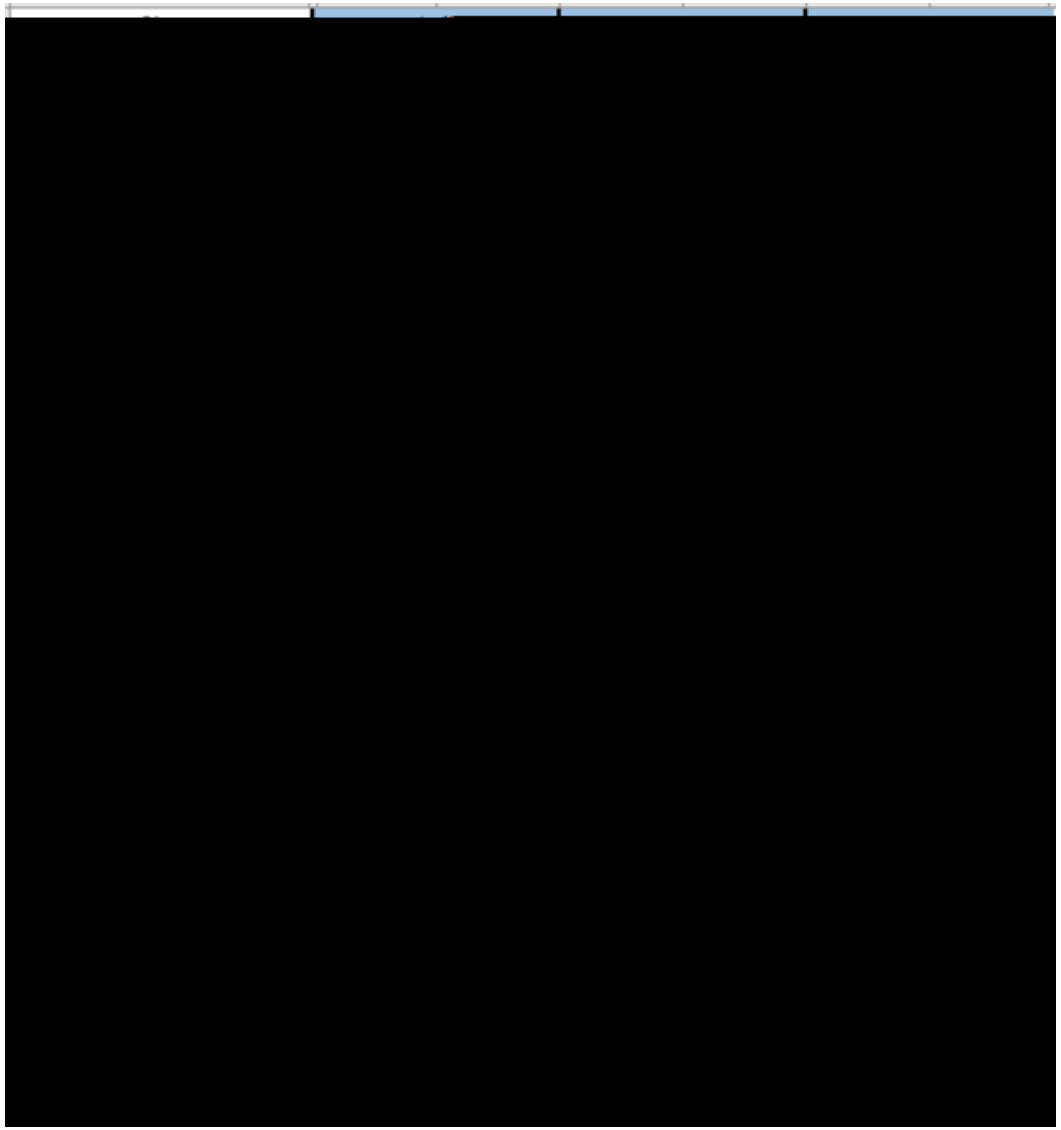


Monthly Data

% of patients TAKING the FIT assessments

% of INTEGRATION into the patient care

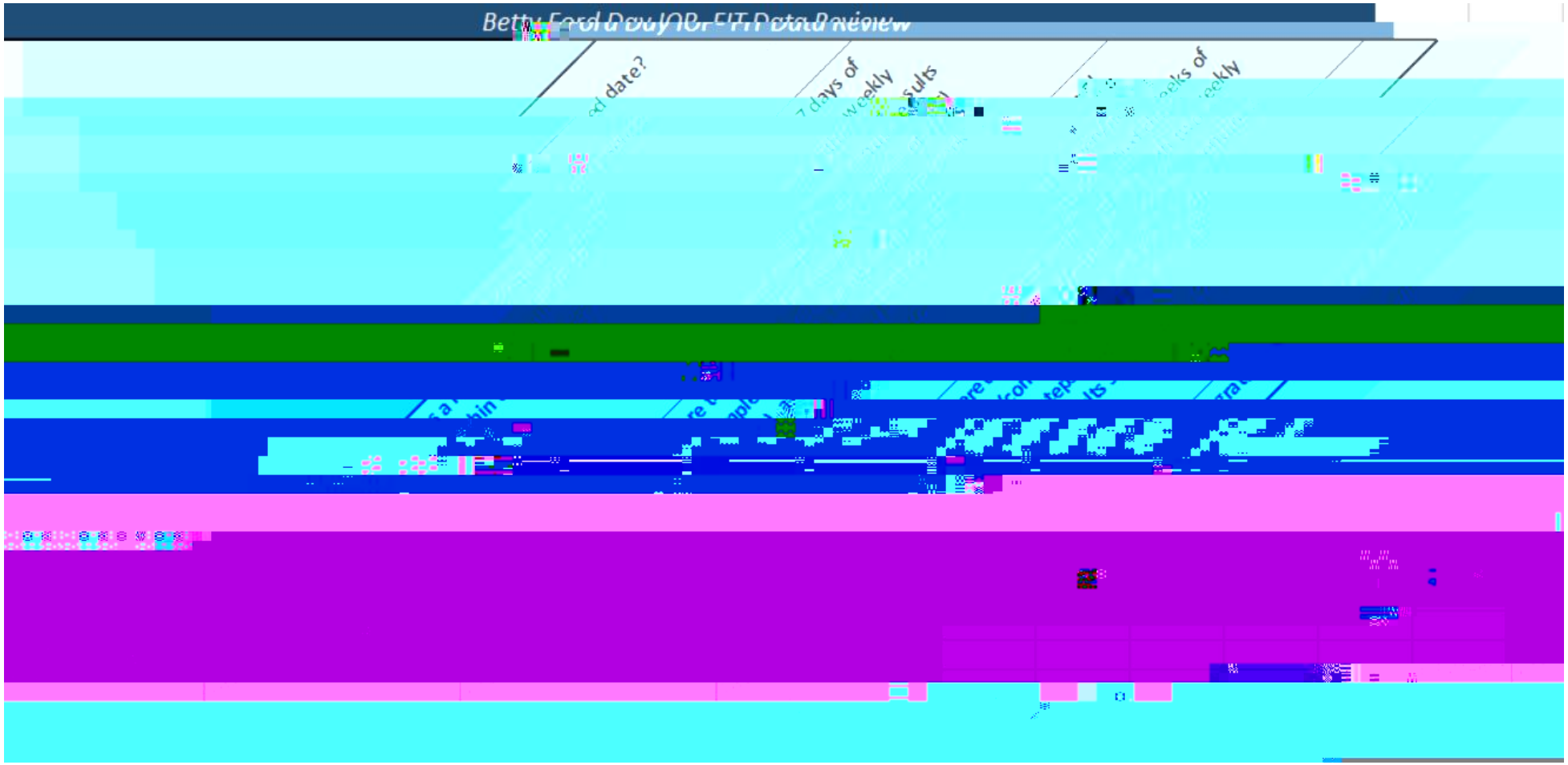
- Target is at least 75% in 2021
- Target will increase in 2022



The Joint Commission

Getting to “yes”:

- FIT assessment taken
- Results reviewed and documented
- Action taken for concerning results



- Dashboard has helped streamline entire process
- Clinicians that have integrated FIT into care model seeing benefits such as catching clinical issues to intervene sooner, potentially preventing atypical discharge, poor outcome
- Helps clinicians explain progress and/or areas of focus for patient to work on, through objective data that the patient provided
- Patients like seeing progress on the graphs
- Utilization with managed care, objective, measurable data helps with additional days authorized for care

Inconsistent integration across locations

Shifting clinicians to using FIT as part of clinical practice vs a “bolt on” or “box to check”

Ensuring documentation of FIT integration occurs in a timely way AND in a standardized location

Patients not able to access mobile phones at several residential locations (changing soon!) makes taking assessments more difficult

Some patients do not have email addresses (required for registration)

Working on ways to aggregate the data to help with informing programmatic changes (coming soon!)

QUESTIONS