

Fixing Mental Health Care in America

A National Call for Measurement Based Care in Behavioral Health and Primary Care

An Issue Brief Released by The Kennedy Forum



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Executive Summary

The Challenge

Patients with mental health and substance use disorders treated in routine care experience worse outcomes than patients enrolled in clinical trials that have demonstrated the effectiveness of evidence-based treatments. This large gap between routine outcomes and optimal outcomes exists across a wide range of patient populations and treatment settings, including primary care and specialty behavioral health.

Symptom Rating Scales

One of the main contributors to poor outcomes in routine care is that providers do not typically use symptom rating scales in a systematic and quantifiable way to determine whether their patients are improving. Symptom rating scales are brief structured instruments that patients use to report their perceptions about the frequency and/or severity of the psychiatric symptoms they are experiencing. There are a number of validated and practical symptom rating scales (e.g., PHQ-9 for depression) that can reliably measure the change in frequency/severity of psychiatric symptoms over time. Much like using a blood pressure cuff to track treatment outcomes in hypertension, monitoring behavioral health outcomes with a symptom rating scale helps providers determine whether a treatment is working or not. However, only 18% of psychiatrists and 11% of psychologists in the United States routinely administer symptom rating scales to patients to monitor improvement. This is equivalent to treating hypertension without using a blood pressure cuff to determine whether a patient's blood pressure is decreasing. With clinical judgment alone, behavioral health providers frequently fail to detect a lack of improvement or a worsening of symptoms in their patients, and this can lead to clinical inertia (i.e., not changing the treatment plan even though the patient is not benefiting from the current treatment).

Consequences for Quality and Financing

Without systematically monitoring symptoms, providers also miss opportunities to improve their treatments over time and health care systems miss important opportunities for continuous quality improvement. In addition, without the data obtained from routine administration of symptom rating scales, clinical practices cannot demonstrate to payers that their treatments improve outcomes. Thus,

failure to use symptom rating scales may be contributing to the chronic underfunding of behavioral health services in the United States. When aggregated across all patients in a clinical practice or healthcare system, data collected from patients using symptom rating scales can be used to demonstrate the value of behavioral health services to payers, thereby helping to inform reimbursement policies that most benefit patients.

Measurement Based Care

For nearly 20 years, leaders in our field have advocated for measurement based care that systematically uses validated symptom rating scales to drive clinical decision making. Standardized symptom rating scales are not a substitute for perceptive clinicians carefully assessing symptoms and are not intended to replace clinical judgment. Rather, ratings scales are designed to optimize the accuracy and efficiency of symptom assessment in order to improve the detection of non-response and prompt clinicians to change the treatment when patients are not improving.

Timely Feedback of Psychiatric Symptom Severity to Providers

Patients who regularly complete symptom rating scales are likely to become more knowledgeable about their disorders, attune to their symptoms, and cognizant of the warning signs of relapse or reoccurrence, thus enabling them to better self-manage their illness and seek treatment without delay. To be more clinically actionable, rating scales should be diagnostic specific. A number of diagnostic-specific symptom rating scales exist that have been empirically validated to assess the severity of depression, bipolar disorder, anxiety disorders, post-traumatic stress disorder, schizophrenia, and substance use disorders. To inform clinical decision making, data from symptom rating scales must be current, interpretable and easily available during the clinical encounter. Virtually all randomized controlled trials with frequent and timely feedback of patient-reported symptoms to the provider during the clinical encounter found that outcomes were significantly improved compared to usual care. An early meta-analysis of six studies with 300 therapists and 6,000 patients randomized to usual care or measurement based care found that more than twice as many patients randomized to usual care experienced deterioration of symptoms at the end of treatment compared to those randomized to measurement based care. In the context of research, measurement based care has been found to be effective across a wide range of patient populations (e.g., adults, children), diagnoses, and treatment types (e.g., marriage counseling, individual psychotherapy, pharmacotherapy). However, research has

also shown that feeding back outdated symptom severity data to providers outside the context of the clinical encounter (e.g., provider profiling) is not clinically actionable, and therefore, is not considered to be effective measurement based care. In fact, a more recent meta-analysis of 27 studies found that measurement based care interventions which facilitated a structured discussion of symptom rating scale results into the clinical encounter were the most effective.

Feasibility and Acceptance

Symptom rating scales are feasible to administer in a range of clinical settings and are highly acceptable to patients and providers. Measurement based care can be incorporated into routine care regardless of the characteristics of the patient population, or the treatment philosophy and training background of providers. Patients perceive symptom rating scales to be efficient, complementary of their provider's clinical judgment and as evidence that their providers are taking their behavioral health problems seriously. Virtually all providers find symptom rating scales helpful in monitoring response to treatment and prompting treatment changes such as change in antidepressant dose, adding or switching medications, starting psychotherapy, or asking more questions about suicide. The Group for the Advancement of Psychiatry now officially endorses the use of standardized symptom rating scales to supplement clinical interviews. The National Council for Behavioral Health endorses the use of a research-backed outcomes measurement tool to help clinicians address functional deficits of individualized care plans. The United States Army Branch routinely uses a tablet based symptom rating scale system in its specialty mental health clinics. Federally Qualified Health Centers in the state of Washington routinely use a web-based patient outcomes tracking system to assess symptom improvement among their integrated mental health primary care patients. The National Committee for Quality Assurance (NCQA) has proposed depression symptom monitoring and feedback as health plan performance measures for the 2016 Healthcare Effectiveness Data and Information Set (HEDIS). Despite the evidence for effectiveness, acceptability, feasibility, and professional endorsement of measurement based care, widespread uptake is still lacking.

Overall Recommendations

Without routine outcomes monitoring, millions of patients seeking help for their behavioral health disorder will miss important opportunities to have their treatments adjusted if they are not improving

with the initial treatment. Their lack of improvement or worsening of specific symptoms may go undetected by many of their providers. The time is long overdue for our field to embrace the concept of measurement based behavioral care and live up to the standard set by other medical specialties. While the primary advantage of measurement based care is improved outcomes for patients, a secondary benefit is the potential to use aggregated symptom rating scale data to enhance professional development, practice improvement, and purchasing decisions. The cost of administering patient-reported symptom rating scales is minimal, yet the benefits of measurement based care accrue to patients, providers and payers. The only stakeholders who do not stand to gain from the routine implementation of measurement based care are those providers who deliver ineffective behavioral health treatment and are unwilling to improve their care.

The Kennedy Forum strongly endorses the following policy:

All providers including both primary care and behavioral specialists treating mental health and substance use disorders should implement a system of measurement based care whereby validated symptom rating scales are completed by patients and reviewed by clinicians during encounters. Measurement based care will help providers determine whether the treatment is working and facilitate treatment adjustments, consultations, or referrals for higher intensity services when patients are not improving as expected.

Recommendations to Stakeholders for Expanding the Use of Measurement Based Care

Patients and Patient Advocacy Groups

Patients and patient advocacy groups can play a key role in the widespread dissemination of measurement based care. Patients can demand that their providers use symptom rating scales. Patient advocacy groups, such as the National Alliance of the Mentally Ill and Depression and Bipolar Support Alliance, can educate their membership about the benefits of measurement based care and urge clinical leaders, regulators, and accreditation officials to adopt standards that require the use of these instruments.

The use of symptom rating scales has many benefits for patients.

- First, completing symptom rating scales and reviewing the information with providers validates the way patients are feeling and can ameliorate the self-blame that some patients experience.

- Second, the use of symptom rating scales empowers patients by giving them a new role in their treatment by helping them communicate with their providers and making them feel more involved in clinical decision making.
- Third, the routine use of symptom rating scales may help patients more fully understand their behavioral health problems and variations over time.
- Fourth, and most importantly, measurement based care helps providers determine when treatments are not working and leads to the delivery of more effective treatment for patients.

Given these benefits, patients, family members, and patient advocacy groups should demand that measurement based care be implemented in their provider’s clinical practice. Patients can be a catalyst for change by asking their providers to start using symptom rating scales so they can better describe their symptoms during encounters and follow their own progress over time. For instance, patients could identify symptom rating scales online and bring completed forms to their next appointment.

Providers and Provider Organizations

Providers and provider organizations can also play a key role in the uptake of measurement based care. Providers can demand that healthcare organizations adopt the use of symptom rating scales and develop the health information technology needed to support measurement based care. Provider organizations such as the National Council for Behavioral Health, American Psychiatric Association, American Psychological Association, and American Medical Association, can educate their membership about the benefits of measurement based care and provide training opportunities for learning best practices in measurement based care.

The use of symptom rating scales also has many benefits for providers.

- First, measurement based care can help providers streamline assessments by focusing the discussion on symptoms identified as most severe by the patient.
- Second, measurement based care can help patients recognize improvement early in the course of treatment that they might not notice without symptom rating scales. Patient recognition of even small decreases in symptom severity may help them feel more optimistic and hopeful, and to maintain better adherence to the treatment plan.
- Third, measurement based care can help providers objectively assess the effectiveness of various treatments or treatment components in a range of clinical contexts and use this information to become a better clinician.

The potential exists for using aggregated symptom rating scale data to make comparisons between providers, and some providers may not be comfortable reconciling their personal assessment of their effectiveness with objectively measured outcome data. Moreover, it may not be possible to adequately adjust for potential case mix differences in the patients of providers. Therefore, it will be important for providers and provider organizations to advocate against penalizing providers based on aggregated outcome data generated by measurement based care. At the same time, providers should be held accountable if their patients are experiencing poor outcomes and they are not revising the treatment plan or getting additional consultation.

Training - Providers and provider organizations must also advocate for training in measurement based care. Psychiatric residency programs and psychology graduate programs must begin providing measurement based care training. Ideally, measurement based care should be used as a benchmark for residents' and interns' growing clinical competence during training. In addition, measurement based care should also be provided as part of continuing education and required for maintenance of certification.

Technology - Providers and provider organizations should work with electronic health record, care management software and other information technology vendors to incorporate validated psychiatric symptom rating scales into their systems that are reliable, sensitive to change, and interpretable. Many validated rating scales are available in the public domain. Providers and provider organizations should also invest in technology that enables patients to complete symptom rating scales prior to their encounter on handheld devices in the waiting room and upload the data to the electronic health record.

Payers

Payers, such as private insurance companies, state and federal government purchasers (e.g., Medicaid, Medicare, Tricare, VA) and self-insured employers can incentivize the use of measurement based care by providers and healthcare systems. Payers should reform existing payment systems that do not incentivize measurement based care. Options for incentivizing measurement based care include paying for the development of health information technology that supports measurement based care, paying for symptom rating scale assessments within the fee-for-services framework (perhaps the quickest and easiest way to encourage the adoption), and pay-for-performance.

Parity - The use of symptom rating scales also has many benefits for payers. Not only does measurement based care inform clinical decision making by providers, it generates evidence for payers that behavioral

health treatment works. Under the *Mental Health Parity and Addiction Equity Act*, payers are held accountable to offer equivalent benefits for behavioral health and physical health. Symptom rating scale data can be easily aggregated across patients to make outcomes more transparent and to enable payers to observe the outcomes of treatments they are legally required to reimburse providers to deliver. Having transparent outcomes allows payers to hold provider organizations accountable for the quality of care they deliver. Aggregating symptom rating scale data at the provider or provider organization level will give payers the information they need to identify providers who are generating the best outcomes and the highest value, and to make purchasing decisions accordingly. By contracting with providers and provider organizations that deliver the highest quality care, payers are better able to serve their customers. Moreover, if providers can demonstrate improved patient outcomes, they should gradually see increases in the proportion of health care expenditures allocated to treating behavioral health disorders. Finally, payers should allow provider organizations to choose validated symptom rating scales that their providers believe best inform their clinical decision making. Requiring providers to use rating scales that are not perceived to have clinical utility will likely result in the reporting of outcomes data that have not been clinically verified for accuracy.

Regulators and Accreditation Organizations

Regulators and accreditation organizations should develop objective quantifiable performance measures for health care systems, managed care organizations, and health insurance companies that support the adoption of measurement based care. Specifically, the following organizations should develop and deploy performance measures of measurement based care:

- Accreditation Association for Ambulatory Health Care (AAAHC)
- Accreditation Commission for Healthcare (ACHC)
- Commission on Accreditation of Rehabilitation Facilities (CARF)
- Consumer Assessment of Healthcare Providers and Systems (CHAPS) Survey (sponsored by U.S. Department of Health and Human Services, Agency for Health Research and Quality)
- Joint Commission
- National Committee for Quality Assurance's (NCQA) Healthcare Effectiveness Data and Information Set
- U.S. Department of Veterans Affairs' External Peer Review Program