

**NAATP**  
NATIONAL 2019





NATIONAL ASSOCIATION  
OF  
ADDICTION TREATMENT PROVIDERS

# Quality Assurance Breakout Session 4: Outcomes Measures and Treatment Philosophy

Tracking Patient Progress and Measuring Outcomes

VOICE.  
VISION.  
LEADERSHIP.

## QA 4: Outcomes Measures and Treatment Philosophy

### Moderator



**Carl Kester**  
Lakeside-Milam  
Recovery Centers

### Panelists



**Julia Finken**  
The Joint Commission



**Holen Hirsh, PhD**  
OMNI Institute



**Greg Hobelmann, MD**  
Ashley Addiction  
Treatment

# Research Perspective

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Holen Hirsh





**Why Outcomes?**



# What is evaluation?

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“ *Evaluation research is the **systematic** application of social research procedures for assessing the conceptualization, design, implementation, and utility of social intervention programs.* [Rossi and Freeman, 1993] ”



IF



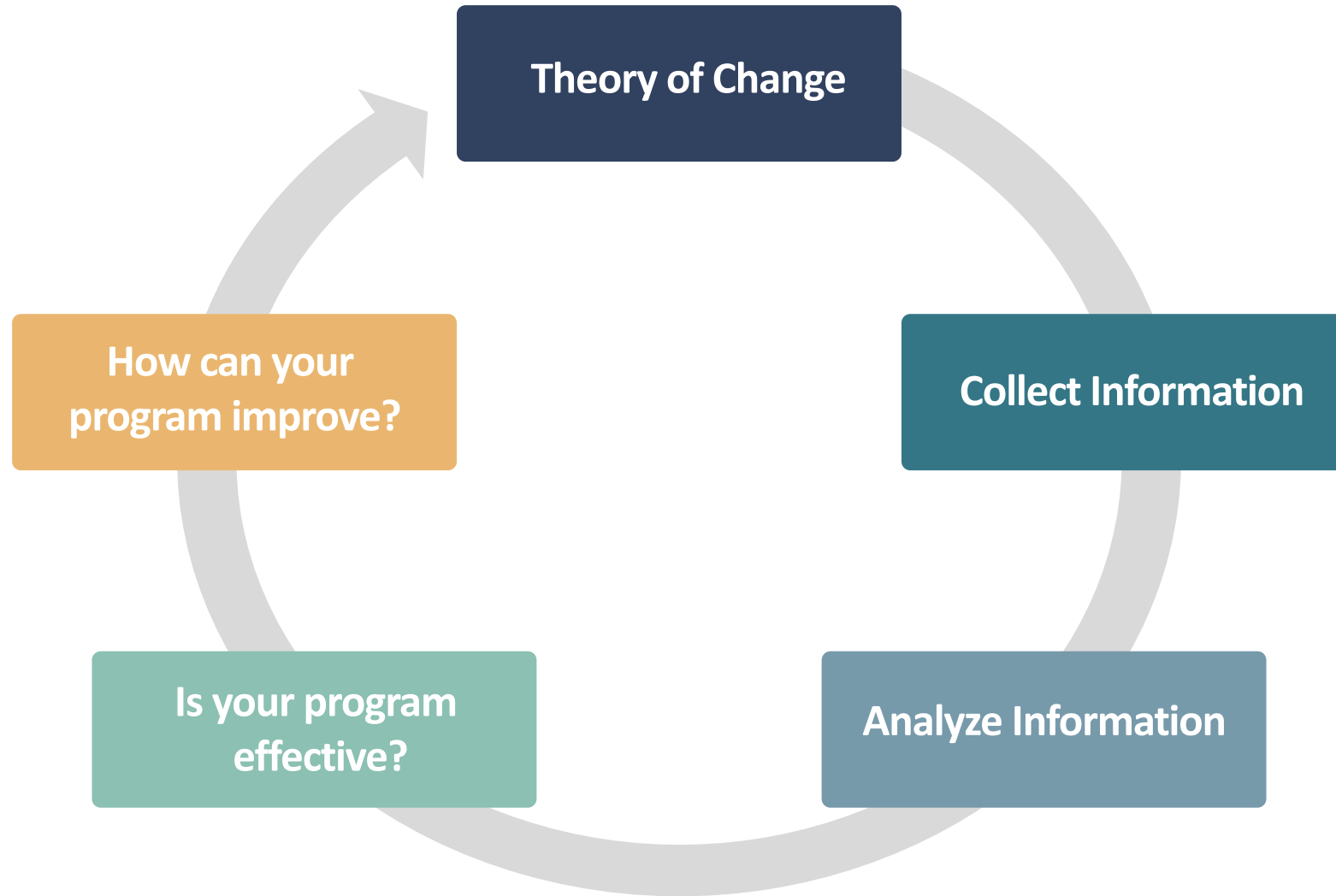
patients receive treatment in  
our program...



THEN

*...patients improve their  
health and wellness, live a  
self-directed life, and strive to  
reach their full potential.  
[SAMHSA]*

# Evaluation helps demonstrate your impact



# How can you use outcomes data?

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**01**

## Program Improvement

- Better treatment for patients



**02**

## Demonstrate Value of Treatment

- Payers
- Grant funding



**03**

## Benchmark Outcomes

- Value of common data collection



# Importance of Accreditation

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**Julia Finken**



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# Measurement Based Care: An Essential Component of High Quality Behavioral Healthcare

Julia Finken, BSN MBA CPHQ CSSBB

NAATP Spring Conference May 6, 2019

# CTS.03.01.09 (Old Version)

(Prior to January 1, 2018)

- **Standard CTS.03.01.09** – The organization assesses the outcomes of care, treatment, or services provided to the individual served
  - EP 1 – The organization monitors the individual's progress in achieving his or her care, treatment, or service goals
  - EP 2 – The organization evaluates the outcomes of care, treatment, or services provided to the population(s) it serves

# So, Why Change the Standard?

- Nearly two decades of research support the benefits of measurement-based care (aka: routine outcome measurement, outcome informed care, feedback informed treatment, etc.).
  - The effects are robust, cutting across treatment modalities, populations and settings
  - The process is especially useful for identifying potential treatment failures
- There is growing emphasis on demonstrating outcomes
- The previous standard was NOT moving the field forward

# Changing the Standard

- Technical Advisory Panel (TAP)
- Field Review (and revisions)
- Focus Groups (and revisions)
- Standard was approved in November 2016.
- Field was given one year to prepare for implementation, beginning on January 1, 2018.



# CTS.03.01.09

(Effective January 1, 2018)

- **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~~s~~ 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**

\*New text

# What is Measurement-Based Care?

**Patient Health Questionnaire (PHQ-9)**

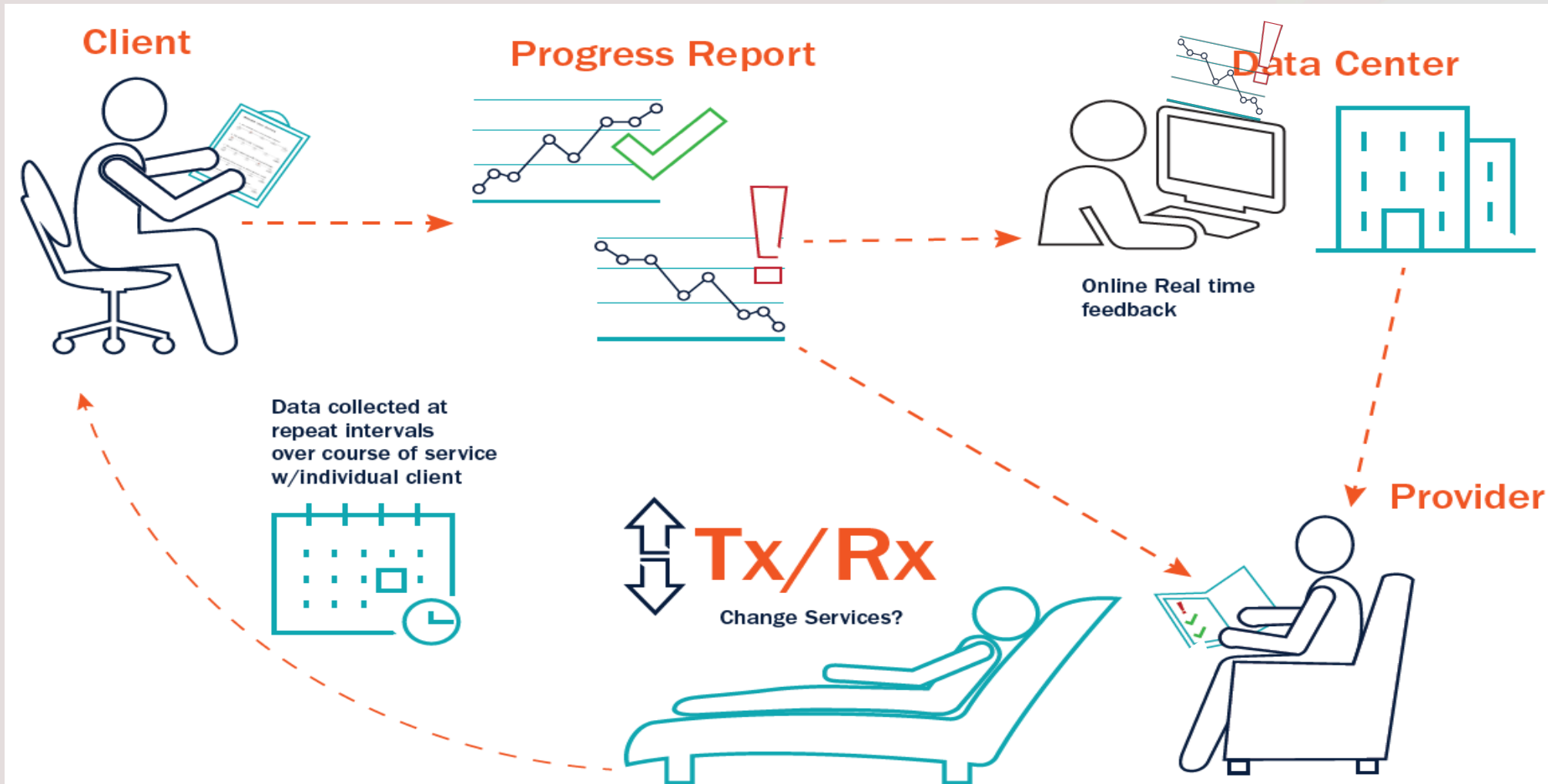
Patient Name: \_\_\_\_\_ Date: \_\_\_\_\_

	Not at all	Several days	More than half the days	Nearly every day
1. Over the <u>last 2 weeks</u> , how often have you been bothered by any of the following problems?				
a. Little interest or pleasure in doing things	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Feeling down, depressed, or hopeless	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
c. Trouble falling/staying asleep, sleeping too much	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
d. Feeling tired or having little energy	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
e. Poor appetite or overeating	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f. Feeling bad about yourself or that you are a failure or have let yourself or your family down	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
g. Trouble concentrating on things, such as reading the newspaper or watching television	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
h. Moving or speaking so slowly that other people could have noticed. Or the opposite; being so fidgety or restless that you have been moving around a lot more than usual.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
i. Thoughts that you would be better off dead or of hurting yourself in some way.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
2. If you checked off any problem on this questionnaire so far, how difficult have these problems made it for you to do your work, take care of things at home, or get along with other people?	Not difficult at all	Somewhat difficult	Very difficult	Extremely difficult
	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>

1
1
3
4

28

# What is Measurement-Based Care?



# What is Measurement-Based Care?

- Implementation will vary based upon:
  - Type of population, service and setting
  - Frequency of repeated administration



# What Kind of Instruments Meet the Requirement?

- The instrument should:
  - Have well-established reliability and validity for use as a repeated measure
  - Be sensitive to change
  - Be appropriate for use as a repeated measure
  - Be capable of discriminating between populations that may or may not benefit from services (if appropriate)
    - e.g., clinical/non-clinical, healthy/non-healthy functioning, typical/non-typical, etc.



# Measures NOT Complying with Standard CTS.03.01.09

- A measure that assesses the use of evidence-based care or clinical practice guidelines
- A perception of care questionnaire or patient satisfaction survey
- A measure of medication/treatment compliance
- An assessment of outcome ***after*** the completion of service, even if it compares a baseline score to a subsequent point of measurement (e.g., intake/termination, admission/discharge)

# Selecting a Standardized Instrument

- In June 2017, The Joint Commission posted a list of instruments that could be used to meet the new standard
  - <https://manual.jointcommission.org/BHCInstruments/WebHome>
- We do NOT endorse any instrument, and the list is NOT intended to be exclusive
- There are currently 64 instruments listed on the Joint Commission site
- Many are non-proprietary, cover a broad range of settings, and Include individual instruments, as well as comprehensive systems

## NIH-PA Author Manuscript



## Author Manuscript

NIH-PA Author Manuscript

*Cogn Behav Pract.* 2015 February 1; 22(1): 5–19. doi:10.1016/j.cbpra.2014.02.002.

Rinad S. Beidas, PhD<sup>a,\*</sup>, Rebecca E. Stewart, PhD<sup>a</sup>, Lucia Walsh, BS<sup>a</sup>, Steven Lucas, MEd<sup>a,b</sup>, Margaret Mary Downey, BA<sup>a</sup>, Kamilah Jackson, MD, MPH<sup>c</sup>, Tara Fernandez<sup>a</sup>, and David S. Mandell, ScD<sup>a</sup>

<sup>a</sup> Department of Psychiatry, University of Pennsylvania Perelman School of Medicine, 3535 Market Street, 3015, Philadelphia, PA 19104, USA

<sup>b</sup> Graduate School of Education, University of Pennsylvania, Philadelphia, PA

<sup>c</sup> Department of Behavioral Health and Intellectual Disability Services, Philadelphia, PA

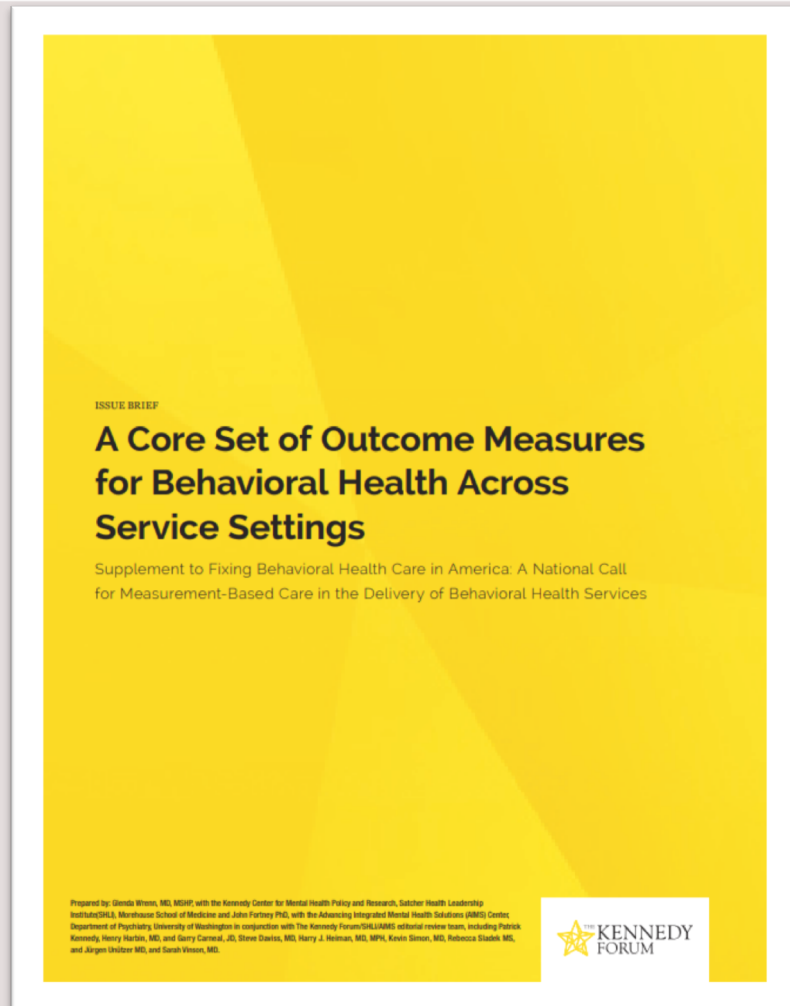
Evidence-based assessment has received little attention despite its critical importance to the evidence-based practice movement. Given the limited resources in the public sector, it is necessary for evidence-based assessment to utilize tools with established reliability and validity metrics that are free, easily accessible, and brief. We review tools that meet these criteria for youth and adult mental health for the most prevalent mental health disorders to provide a clinical guide and reference for the selection of assessment tools for public sector settings. We also discuss recommendations for how to move forward the evidence-based assessment agenda.

Adult Instruments								
Measure	Where to obtain	Number of Items	Age	Reporter	Sensitive to change	Screening	Diagnosis	Tx Monitoring & Evaluation
Anxiety								
The Clinically Useful Anxiety Outcome Scale (CUXOAS)	<a href="http://www.outcometracker.org">http://www.outcometracker.org</a>	20	18+	S	X	X		X
Generalized Anxiety Disorder Screenshot (GAD-7)	<a href="http://www.phqscreeners.com">http://www.phqscreeners.com</a>	7	18+	S	X	X	X	X
Hamilton Rating Scale for Anxiety (HAM-A)	<a href="http://www.outcometracker.org">http://www.outcometracker.org</a>	15	18+	C	X	X	X	X
Lawherts Social Anxiety Scale Clinician Report (LSAS-CL)	<a href="http://healthcare.miami.edu/health/LawhertsSocialAnxietyScale.pdf">http://healthcare.miami.edu/health/LawhertsSocialAnxietyScale.pdf</a>	24	18+	S and C	X		X	X
Lawherts Social Anxiety Scale Self Report (LSAS-SR)	<a href="http://op.miami.columbia.edu/SAD/">http://op.miami.columbia.edu/SAD/</a>							
Panic Disorder Severity Scale (PDSS)	<a href="http://www.outcometracker.org">http://www.outcometracker.org</a>	7	18+	C	X	X	X	X
Fear Questionnaire (FQ)	<a href="http://www.outcometracker.org">http://www.outcometracker.org</a>	24	18+	S	X			X
Panic State Worry Questionnaire (PSWQ)	<a href="http://www.outcometracker.org">http://www.outcometracker.org</a>	16	18+	S	X	X		X
Social Phobia Inventory (SPIN)	<a href="http://www.psychiatrist.com">http://www.psychiatrist.com</a>	17	18+	S	X	X	X	X
Worry and Anxiety Questionnaire (WAIQ)	<a href="http://www.psychology.miami.edu/files/docs/downloads/WAIQ.pdf">http://www.psychology.miami.edu/files/docs/downloads/WAIQ.pdf</a>	11	18+	S	X	X	X	X
Depression								
The Clinically Useful Depression Outcome Scale (CUDOS)	<a href="http://www.outcometracker.org">http://www.outcometracker.org</a>	18	18+	S	X	X	X	X
Hamilton Rating Scale for Depression (HAM-D)	<a href="http://www.outcometracker.org">http://www.outcometracker.org</a>	17	18+	C	X	X		X
The Inventory of Depressive Symptomatology and the Quick Inventory of Depressive Symptomatology (IDS and QIDS)	<a href="http://www.idi-qids.org">http://www.idi-qids.org</a>	30 16	18+	S and C	X	X	X	X
Patient Health Questionnaire-9 (PHQ-9)	<a href="http://www.phqscreeners.com/">http://www.phqscreeners.com/</a>	9	18+	S	X	X	X	X
Eating Disorders								
Eating Disorder Diagnostic Scale (EDDS)	<a href="http://homepage.psy.uconn.edu/homepage/group/studies/scales/beds/">http://homepage.psy.uconn.edu/homepage/group/studies/scales/beds/</a>	22	18+	S	X	X	X	X
Sick, Control, One, Fat, Food Screening Tool (SICOFF)	<a href="http://www.marietta.edu/~com_selling/documents/AQuickAssessmentofEatingCConcerns.pdf">http://www.marietta.edu/~com_selling/documents/AQuickAssessmentofEatingCConcerns.pdf</a>	5	18+	S		X		
Mania								
Altman Self-Rating Mania Scale (ASRM)	<a href="http://www.cstn.org/pdf/Tool_srm.pdf">http://www.cstn.org/pdf/Tool_srm.pdf</a>	5	18+	S	X	X		X
Beck-Rafaelson Mania Scale (BAMS)	<a href="http://tappc.com/images/pdf/MRS.pdf">http://tappc.com/images/pdf/MRS.pdf</a>	11	18+	C	X	X		X
Young Mania Rating Scale (YMRS)	<a href="http://idf.psychiatry.ufl.edu/files/2011/05/Young-Mania-Rating-Scale-Measures-with-background.pdf">http://idf.psychiatry.ufl.edu/files/2011/05/Young-Mania-Rating-Scale-Measures-with-background.pdf</a>	11	18+	C	X	X		X
Overall Mental Health								

## Adult Instruments

Adult Instruments								
Measure	Where to obtain	Number of Items	Ages	Reporter	Sensitive to change	Screening	Diagnosis	Tx Monitoring & Evaluation
<b>Anxiety</b>								
The Clinically Useful Anxiety Outcome Scale (CUXOS)	<a href="http://www.outcometracker.org">http://www.outcometracker.org</a>	2Q	18+	S	X	X		X
Generalized Anxiety Disorder Screener (GAD-7)	<a href="http://www.phqscreeners.com">http://www.phqscreeners.com</a>	7	18+	S	X	X	X	X
Hamilton Rating Scale for Anxiety (HAM-A)	<a href="http://www.outcometracker.org">http://www.outcometracker.org</a>	15	18+	C	X	X		X
Liebowitz Social Anxiety Scale Clinician-Report (LSAS-CR)	<a href="http://healthnet.umassmed.edu/mhealth/LiebowitzSocialAnxietyScale.pdf">http://healthnet.umassmed.edu/mhealth/LiebowitzSocialAnxietyScale.pdf</a>	24	18+	S and C	X	X		X
Liebowitz Social Anxiety Scale Self-Report (LSAS-SR)	<a href="http://asp.cumc.columbia.edu/SAD/">http://asp.cumc.columbia.edu/SAD/</a>							
Panic Disorder Severity Scale (PDSS)	<a href="http://www.outcometracker.org">http://www.outcometracker.org</a>	7	18+	C	X	X	X	X
Fear Questionnaire (FQ)	<a href="http://www.outcometracker.org">http://www.outcometracker.org</a>	24	18+	S	X			X
Penn State Worry Questionnaire (PSWQ)	<a href="http://www.outcometracker.org">http://www.outcometracker.org</a>	16	18+	S	X	X		X
Social Phobia Inventory (SPIN)	<a href="http://www.psychtoolkit.com">http://www.psychtoolkit.com</a>	17	18+	S	X	X		X
Worry and Anxiety Questionnaire (WAQ)	<a href="http://www.psychology.concordia.ca/fac/dugas/downloads/en/WAQ.pdf">http://www.psychology.concordia.ca/fac/dugas/downloads/en/WAQ.pdf</a>	11	18+	S	X	X	X	X
<b>Depression</b>								
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Patient Health Questionnaire-9 (PHQ-9)	<a href="http://www.phqscreeners.com/">http://www.phqscreeners.com/</a>	9	18+	S	X	X	X	X
<b>Eating Disorders</b>								
Eating Disorder Diagnostic Scale (EDDS)	<a href="http://homepage.psy.utexas.edu/homepage/group/sticelab/scales/#edds">http://homepage.psy.utexas.edu/homepage/group/sticelab/scales/#edds</a>	22	18+	S	X	X	X	X
Sick, Control, One, Fat, Food Screening Tool (SCOFF)	<a href="http://www.marquette.edu/counseling/documents/AQuickAssessmentforEatingConcerns.pdf">http://www.marquette.edu/counseling/documents/AQuickAssessmentforEatingConcerns.pdf</a>	5	18+	S		X		
<b>Mania</b>								
Altman Self-Rating Mania Scale (ASRM)	<a href="http://www.cqaimh.org/pdf/toolasmr.pdf">http://www.cqaimh.org/pdf/toolasmr.pdf</a>	5	18+	S	X	X		X
Bech-Rafaelsen Mania Scale (MAS)	<a href="http://opapc.com/images/pdfs/MRS.pdf">http://opapc.com/images/pdfs/MRS.pdf</a>	11	18+	C	X	X		X
Young Mania Rating Scale (YMRS)	<a href="http://dcf.psychiatry.ufl.edu/files/2011/05/Young-Mania-Rating-Scale-Measure-with-background.pdf">http://dcf.psychiatry.ufl.edu/files/2011/05/Young-Mania-Rating-Scale-Measure-with-background.pdf</a>	11	18+	C	X	X		X
<b>Overall Mental Health</b>								

# Other Resources for Validated Instruments



**Table 1:** Adult Symptom Rating Scales for Core Outcome Measures

MEASURE	DOMAIN	# OF ITEMS
PHQ-9	Depression	9
Altman Scale	Mania	5
GAD-7	Anxiety	7
PCL	PTSD	17
PDSS_SR	Panic attacks	5
Audit-C	Alcohol	10
DAST-10	Drug abuse	10
PHQ-15	Somatization	15

**Table 5:** Proprietary Rating Scales for Assessing Multiple Domains

NAME	DOMAIN	POPULATION	WEB LINK/NOTES
OQ <sup>®</sup> -45.2	Symptom distress (depression and anxiety); interpersonal relationships (loneliness, conflict with others and marriage and family difficulties); social role (difficulties in the workplace, school or home duties)	Adults	oqmeasures.com/measures/adult-measures/oq-45/
M-3 Checklist™	Depression, bipolar, anxiety disorders, PTSD, functional impairment, SUD	Adults (3 minutes to complete)	Whatsmym3.com (public domain for individual use) m3information.com
BH-Works™	Demographic, medical, school, family, safety, substance use, sexuality, nutrition and eating, anxiety, depression, suicide risk, psychosis, and trauma and abuse	Child, adolescent (length varies based on results)	bh-works.com

The Kennedy Forum:

[http://thekennedyforum-dot-org.s3.amazonaws.com/documents/MBC\\_supplement.pdf](http://thekennedyforum-dot-org.s3.amazonaws.com/documents/MBC_supplement.pdf)



# Provider Perspective Comparing General Medicine

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**Greg Hobelmann**

# Importance of Measuring Outcomes- Provider Perspective

- Addiction Divide
  - Not considered a medical disorder until fairly recently
  - Treatment did not evolve for addiction like it did for other medical disorders
  - Gap between abstinence based-treatment and harm reduction
- Evidence in Addiction Medicine is ill-defined
  - Not all evidence is the same
  - Real statistics are difficult to obtain

# Importance of Measuring Outcomes- Provider Perspective

- We need standardization to truly compare treatment modalities
  - Consensus about outcomes to measure
  - Study designs that produce accurate statistics
- Primary function- to inform treatment
- Secondary function- partner with payers

# How Research Can Inform Improved Practice

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Holen Hirsh





**What can you learn from outcomes evaluation?**

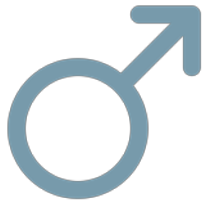




**Who are our patients?**



# NAATP Outcomes Pilot: Participants



**58%**

were male



**47%**

were employed



**91%**

identified as White

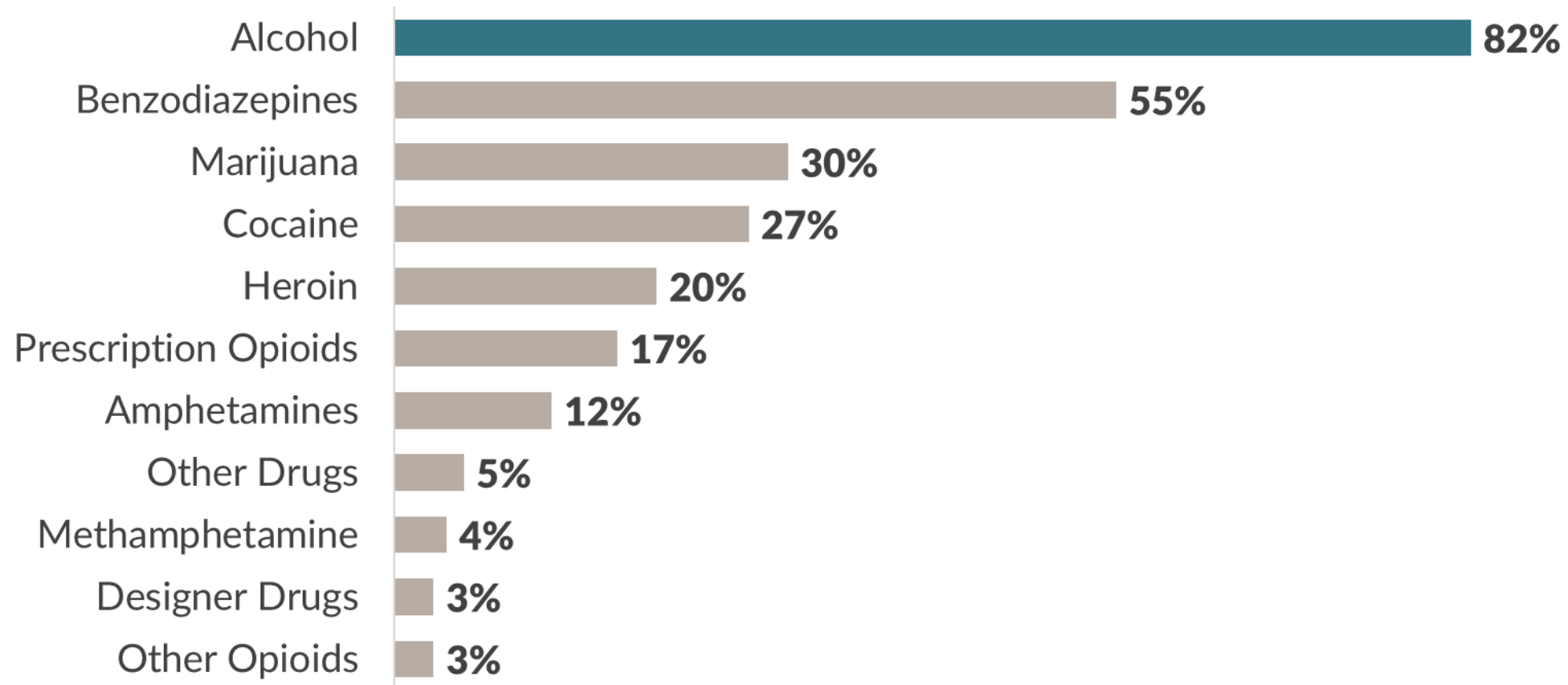


**33%**

were married

# Substance Use History

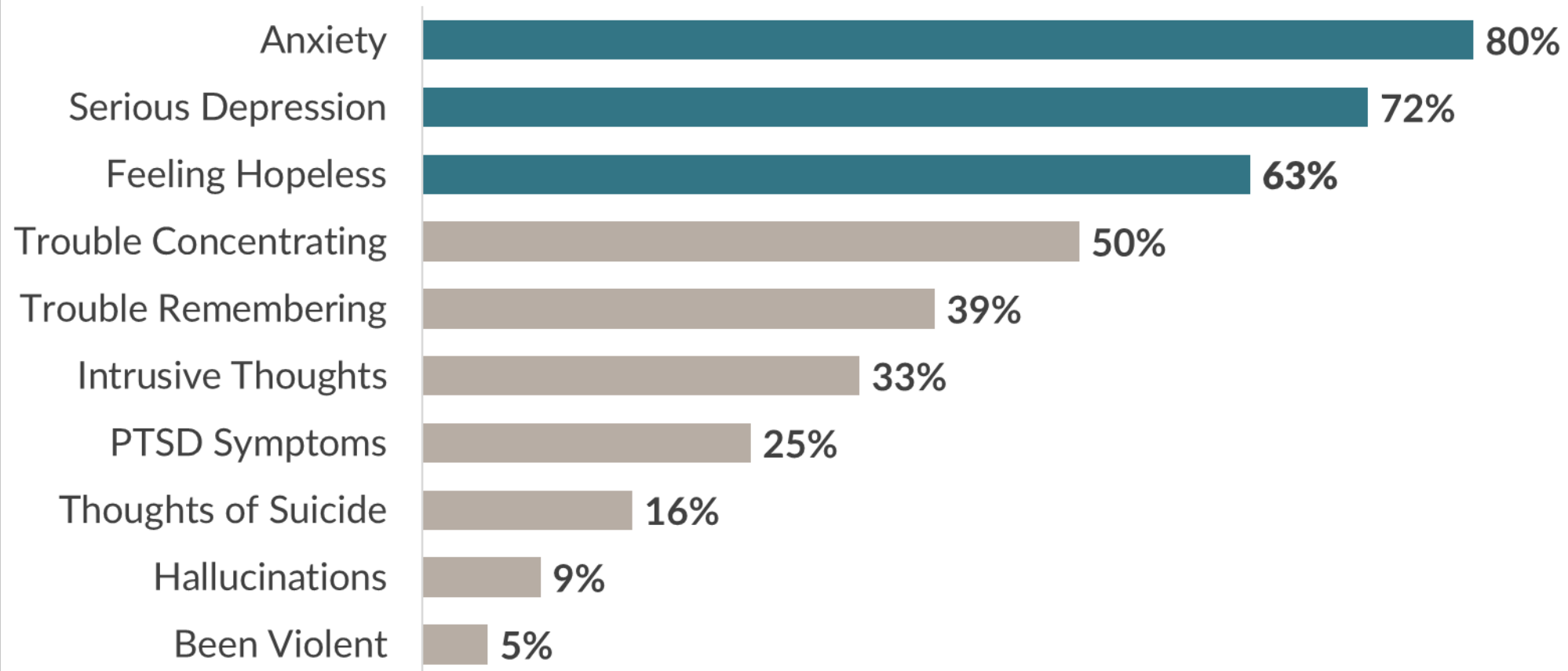
Nearly all patients used alcohol in the past month at intake to treatment.





# Mental Health History

The majority of patients experienced anxiety, depression, and hopelessness in the past 30 days.







**What are our patients' experiences in treatment?**

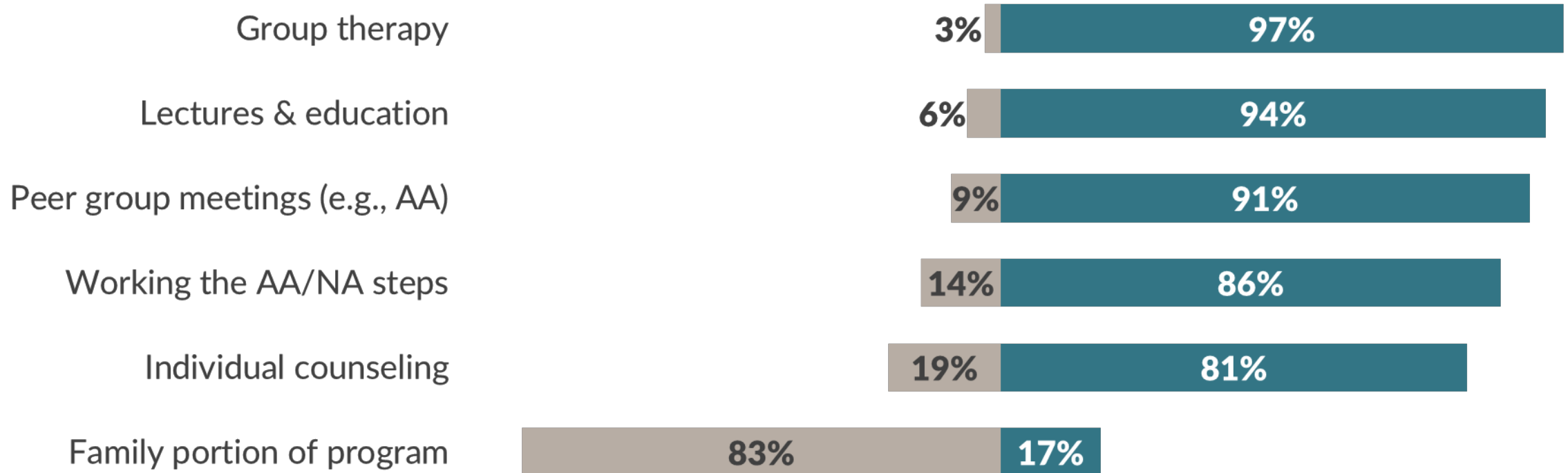


# NAATP Outcomes Pilot: Treatment Components Utilized

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More than 90% of participants attended group therapy, lectures, and peer group meetings weekly or several times per week.

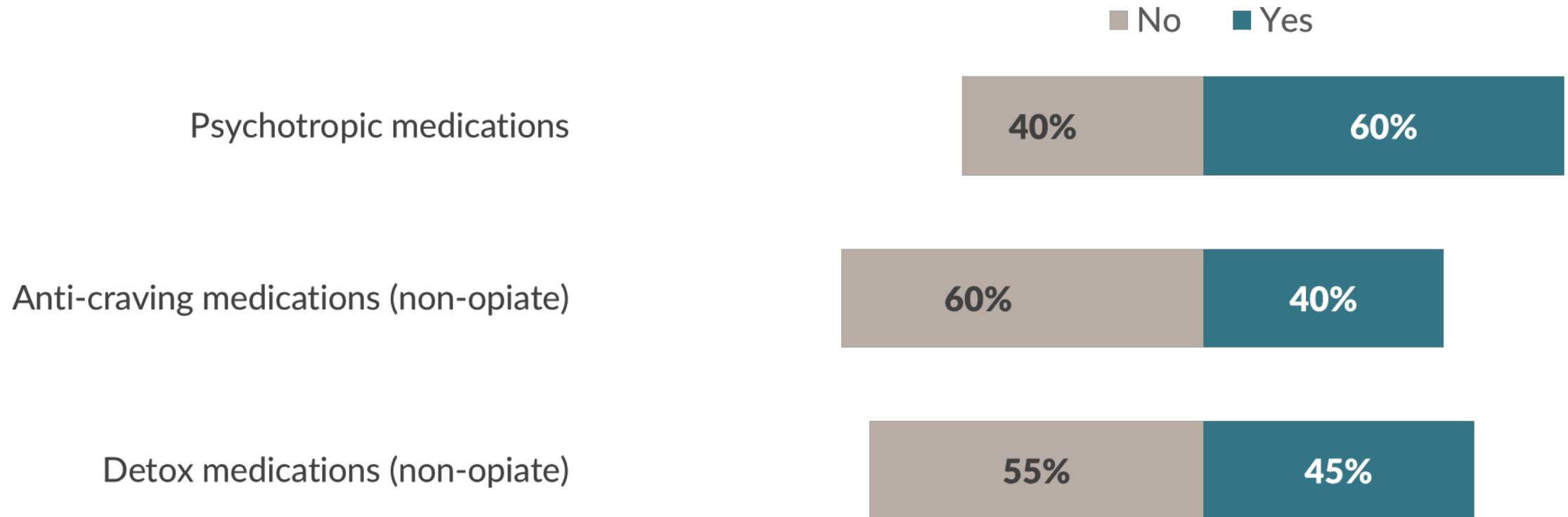
■ Less than weekly ■ Weekly or more



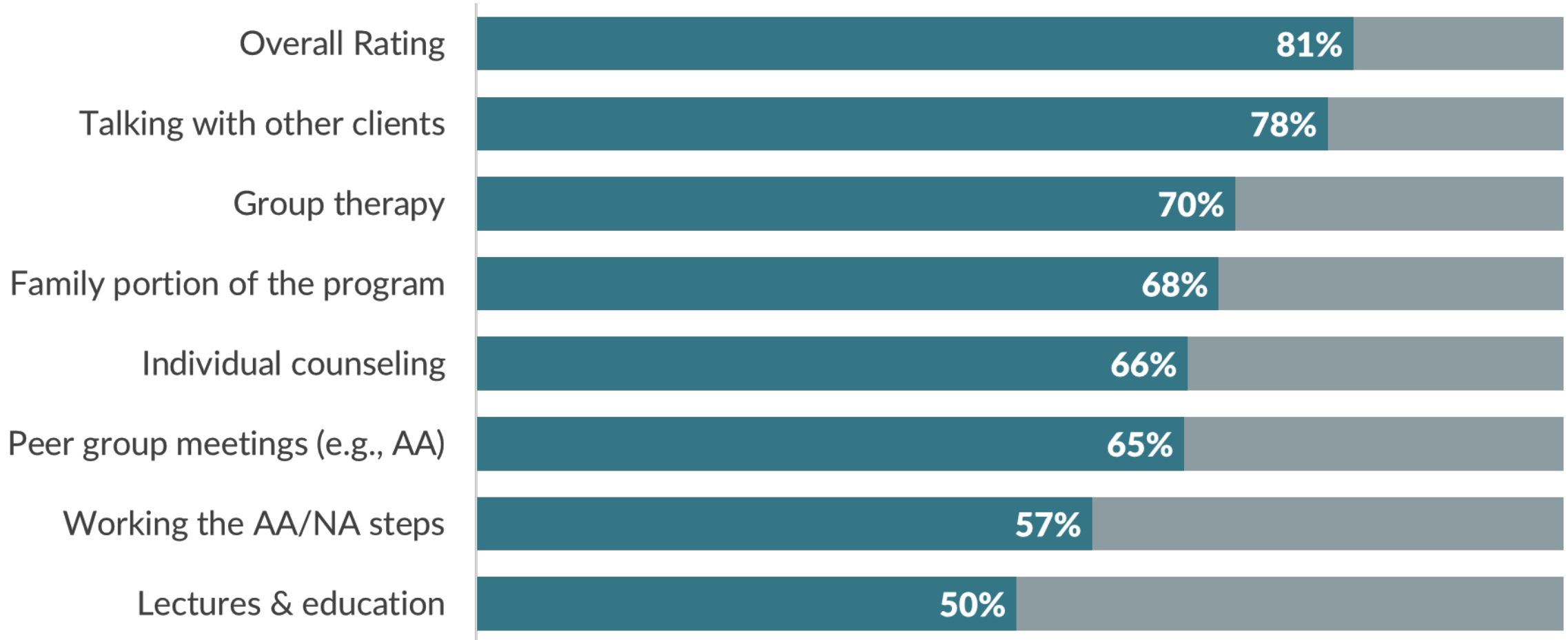
# Medication During Treatment

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More than half of participants report taking psychotropic medications during treatment.



# NAATP Outcomes Pilot: Participant Ratings of Helpfulness of Treatment



# Participant Experiences

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*“ [What will keep me from using is]...creating a large support group from AA, my church and other friends that are not using. Talking with my sponsor regularly and having accountability...it will be very important for me to start getting back into the things that I love...filmmaking, producing and directing, music... ”*



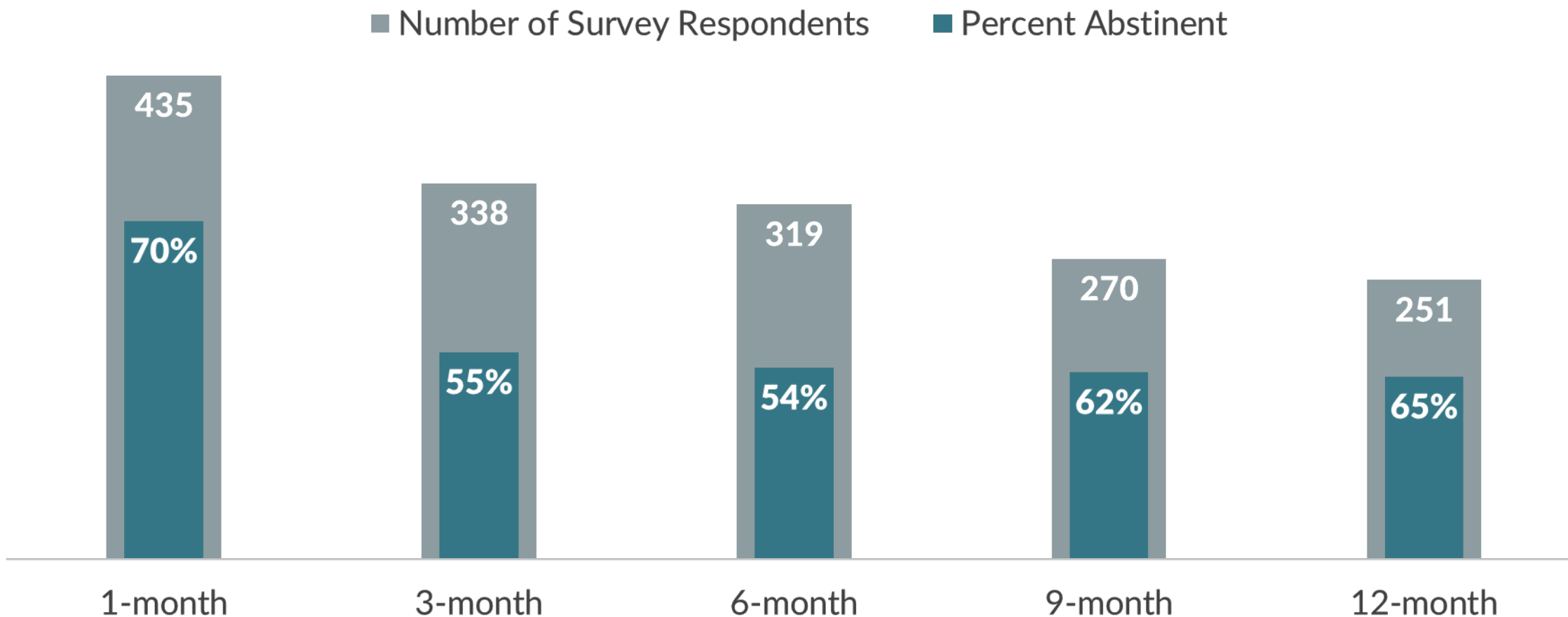




**What are our patients' experiences after treatment?**

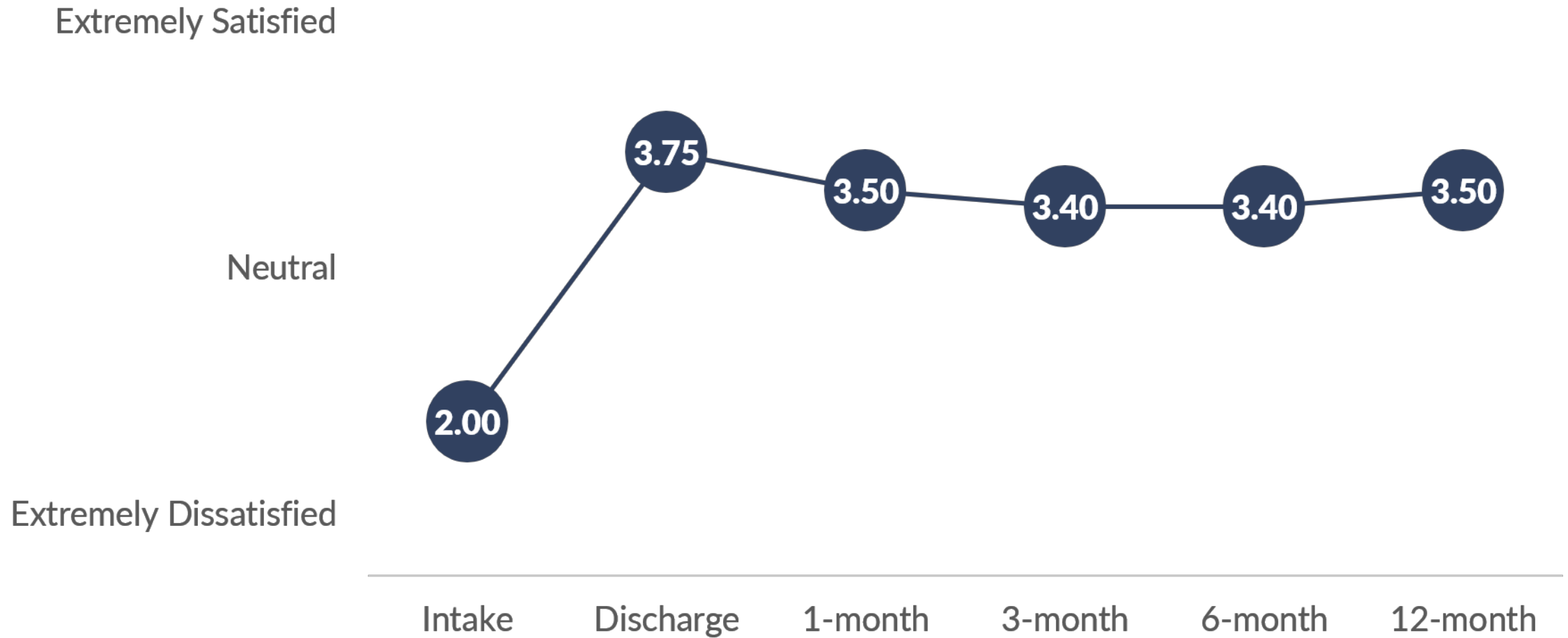


# NAATP Outcomes Pilot: Participant Abstinence

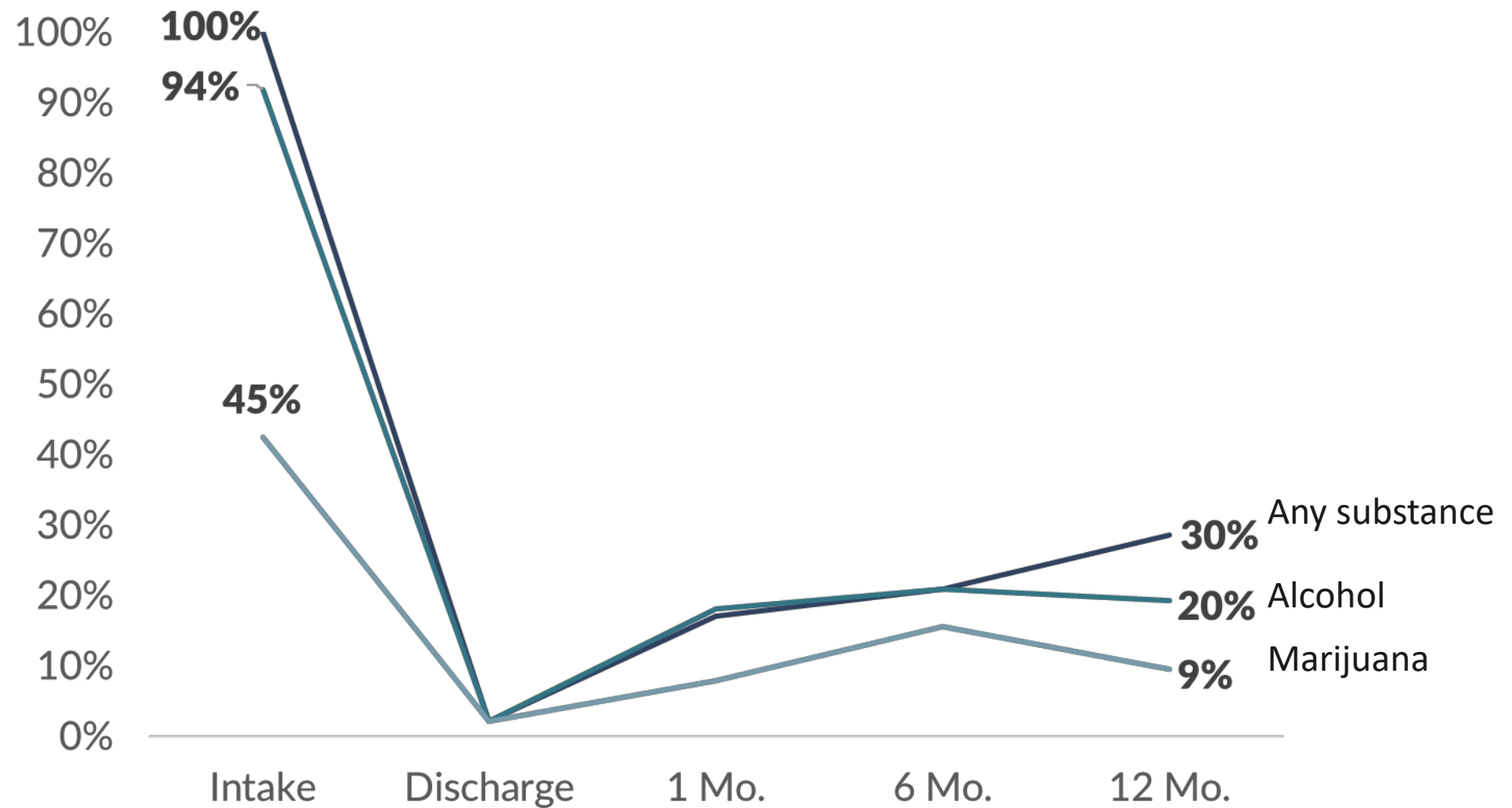




# Patient Life Satisfaction



# Trends in Use for Different Substances





**Thanks!**

**Want to know more?**

[hhirsh@omni.org](mailto:hhirsh@omni.org)

<https://omni.org/naatp>

# Practical Applications for Using the Data

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**Julia Finken**



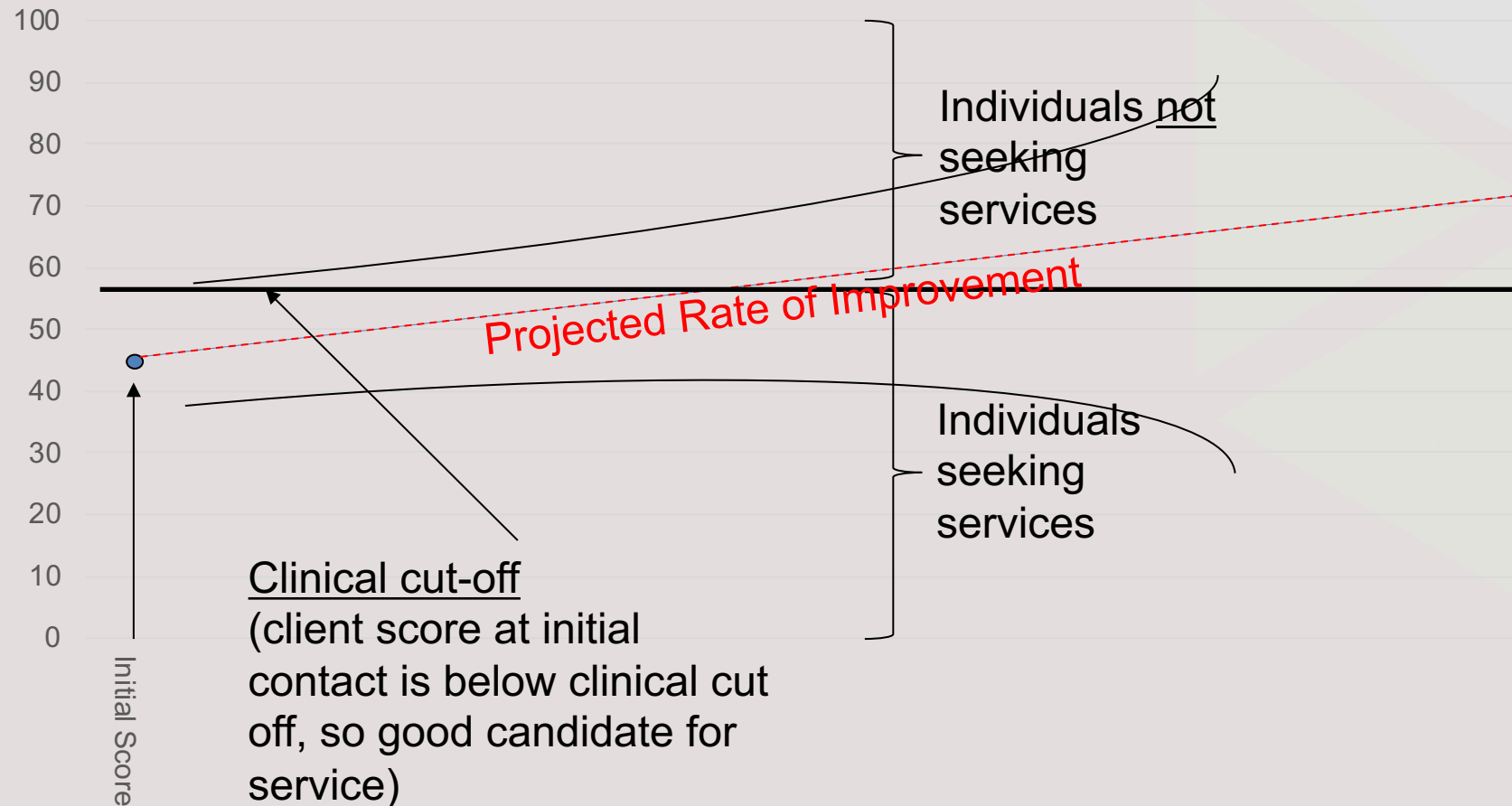
# Selecting and Implementing the Right Instrument(s)

- Do organizational leaders understand the instrument's focus and purpose
- Why this instrument?
- How did the organization implement the instrument(s)/system across the organization?
- How were staff involved and trained?
- Administration, Scoring, Interpretation

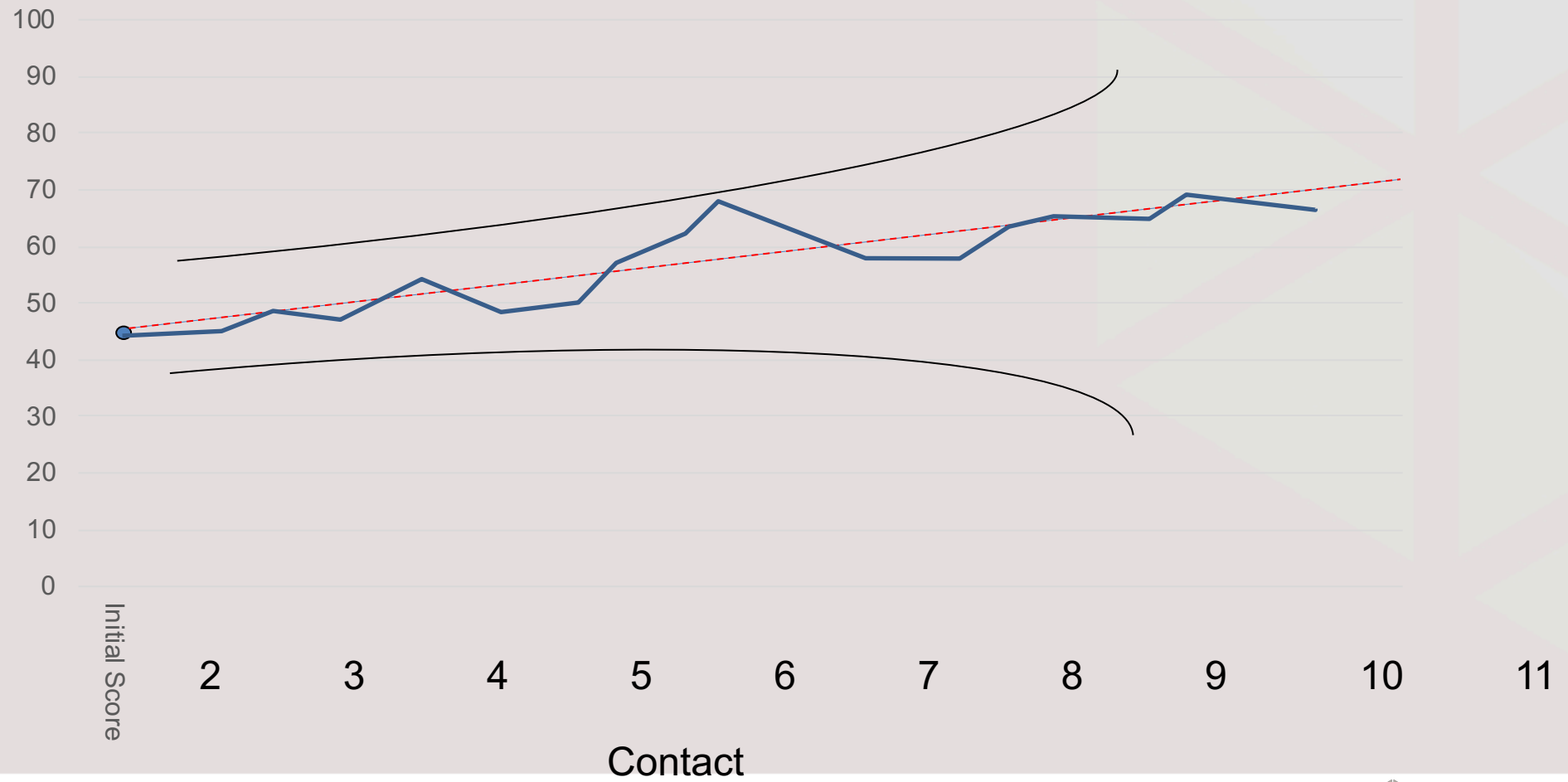
# Using the Data

- Use the Patient Tracer to determine how data are used to monitor and inform progress
- Record Review
- Conversations with clients
- Conversations with clinicians
- Treatment Teams and Supervisors

# An example:

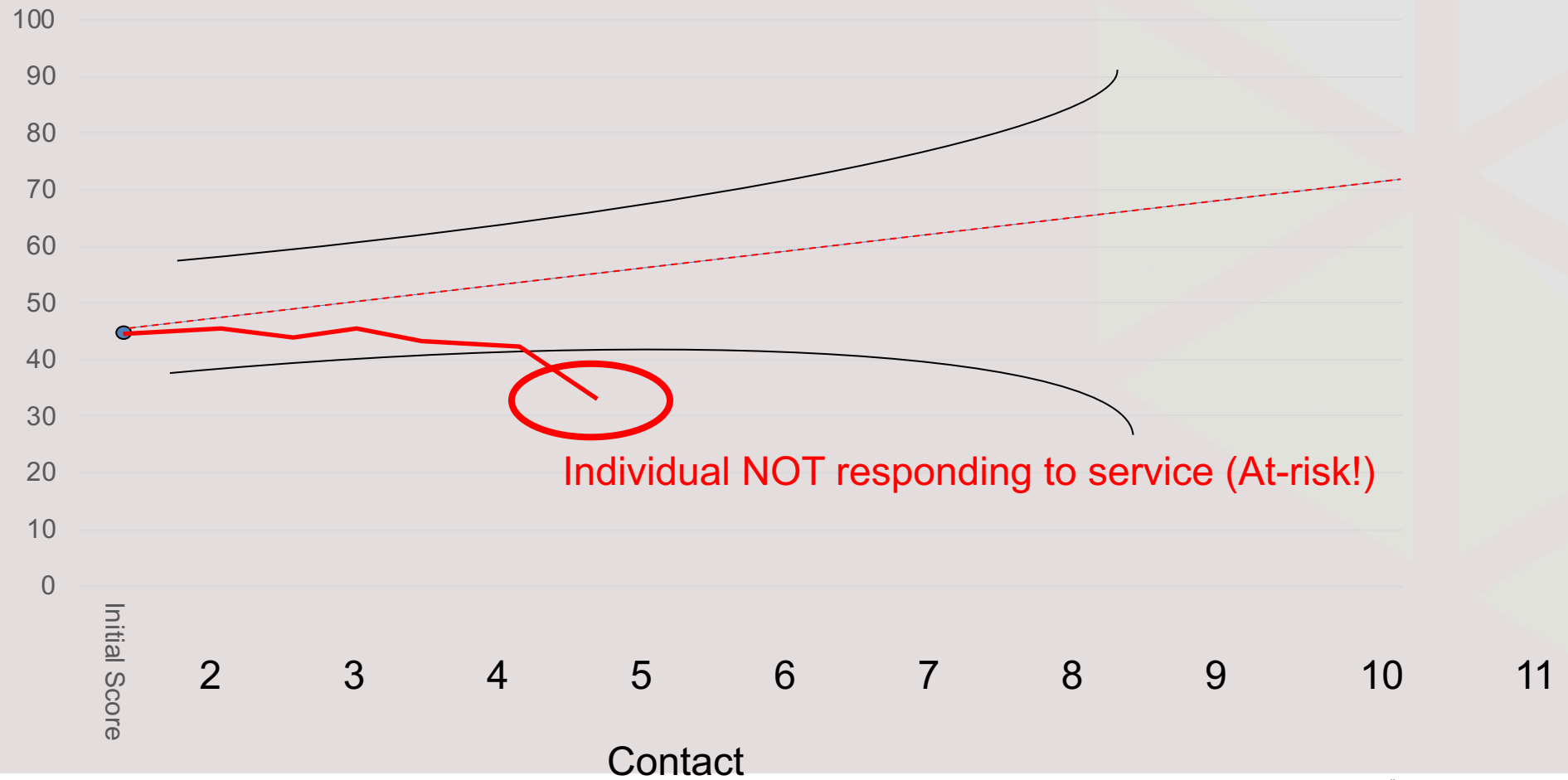


# An example:





# An example:



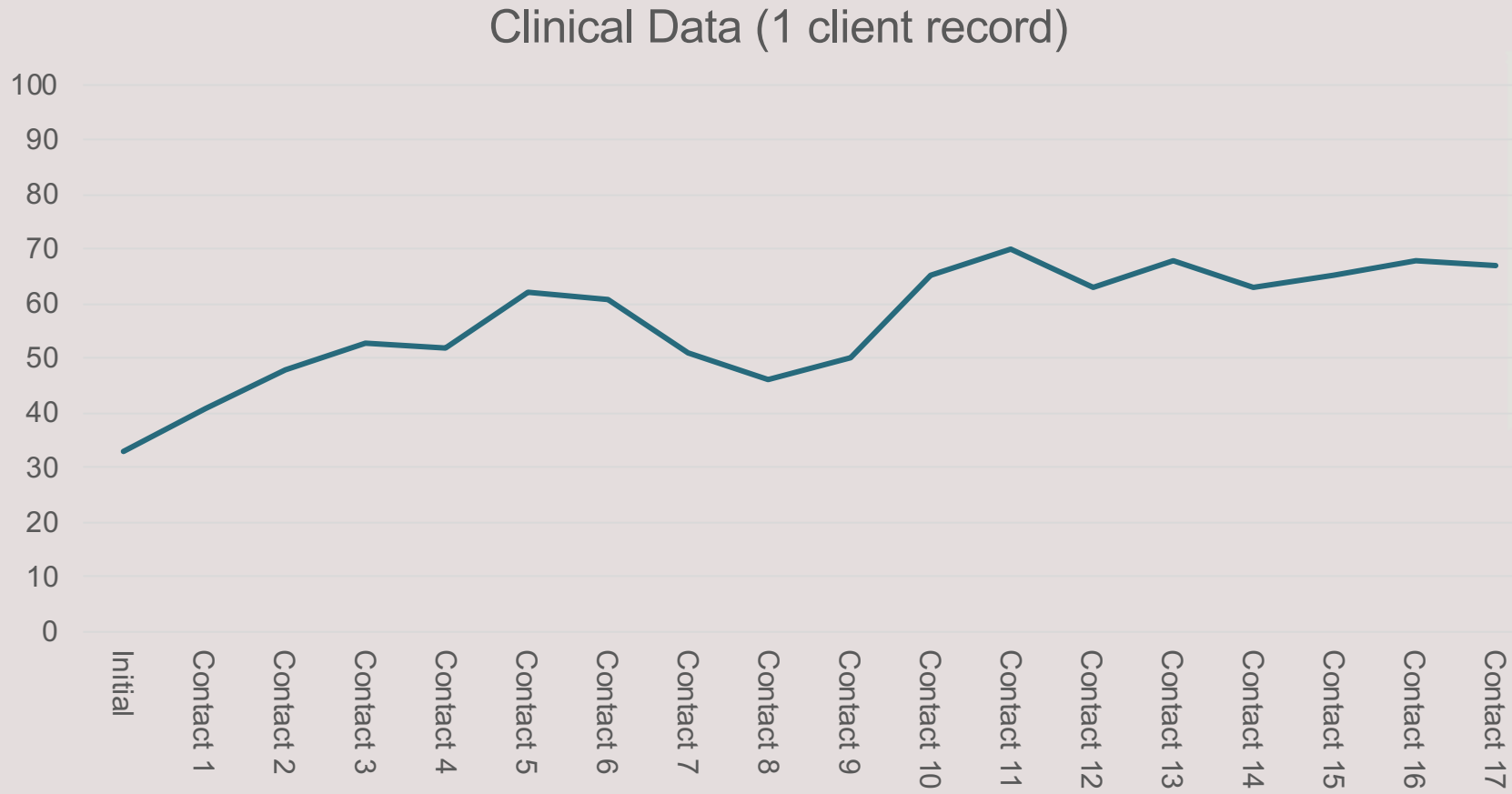
# Using the Data

- Data may (or may not) be graphed, but there should be evidence that:
  - Individual client data are analyzed and delivered to the service provider as objective feedback
  - The provider is using this feedback to monitor progress, inform goals and objectives
  - When a lack of progress or deterioration is observed, the data was used to inform decisions related to changes in individual plans for care, treatment, or services.

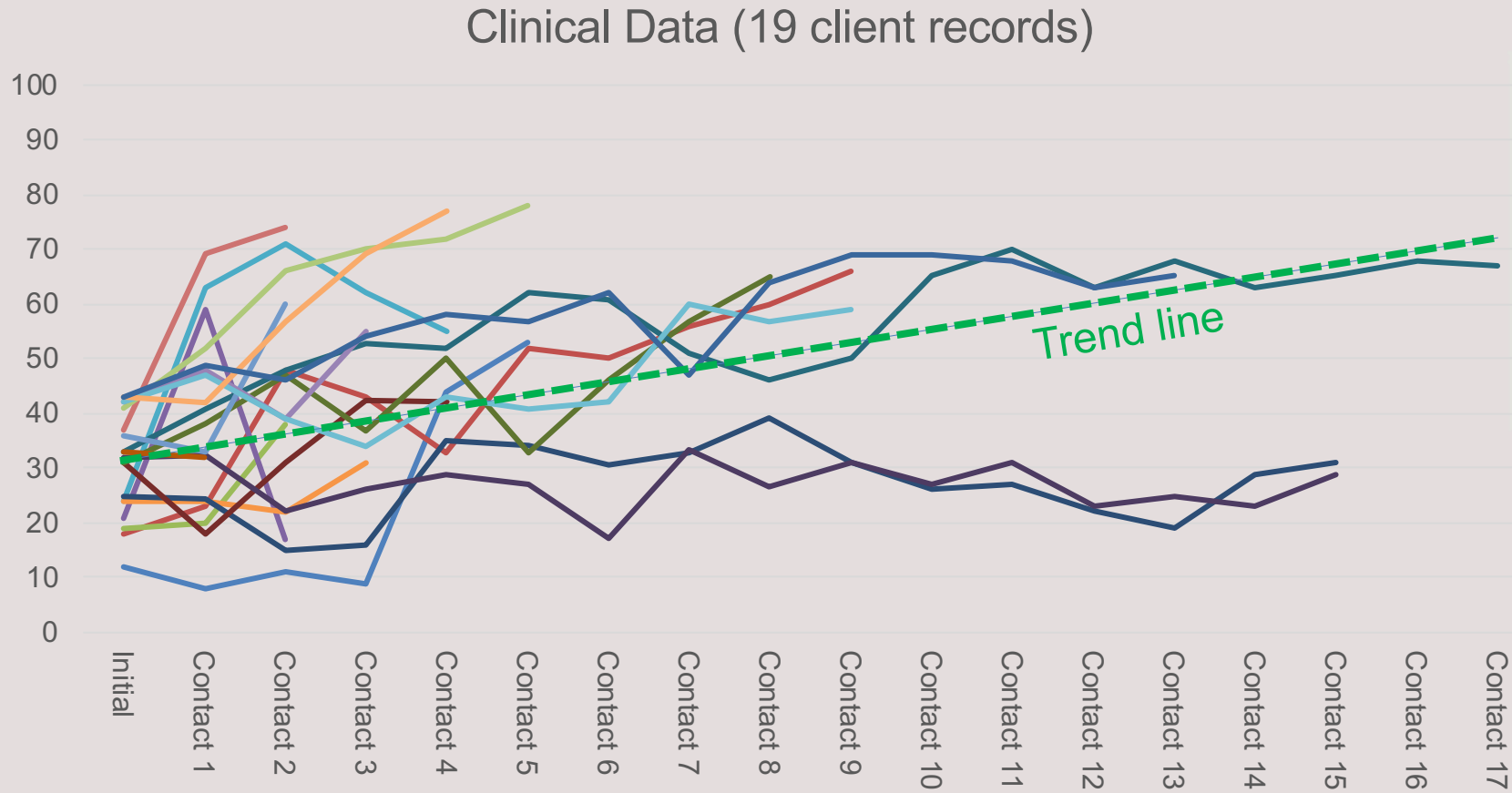
# Organizational Use of the Data

- Are data aggregated and evaluated by the organization?
- Are data used to identify performance improvement opportunities?
- Are data used to evaluate clinician performance?
- What other ways has the organization used the data?

# An example... Aggregating the data



# An example... Aggregating the data





# An example... Aggregating the data

Client	Pre	Post	Diff
1	12	53	41
2	18	66	48
3	19	38	19
4	21	17	-4
5	24	55	31
6	24	31	7
7	25	31	6
8	31	42	11
9	31	65	34
10	32	29	-3
11	33	67	34
12	33	32	-1
13	36	60	24
14	37	74	37
15	41	78	37
16	42	55	13
17	42	59	17
18	43	77	34

- Using objective data to track client progress produces a valuable byproduct – the ability to evaluate outcomes.
- Using a standardized instrument allows us to interpret the data (e.g., what does *reliable* change look like?)

# An example... Aggregating the data

## Clinical Scorecard:

Total Clients: 19

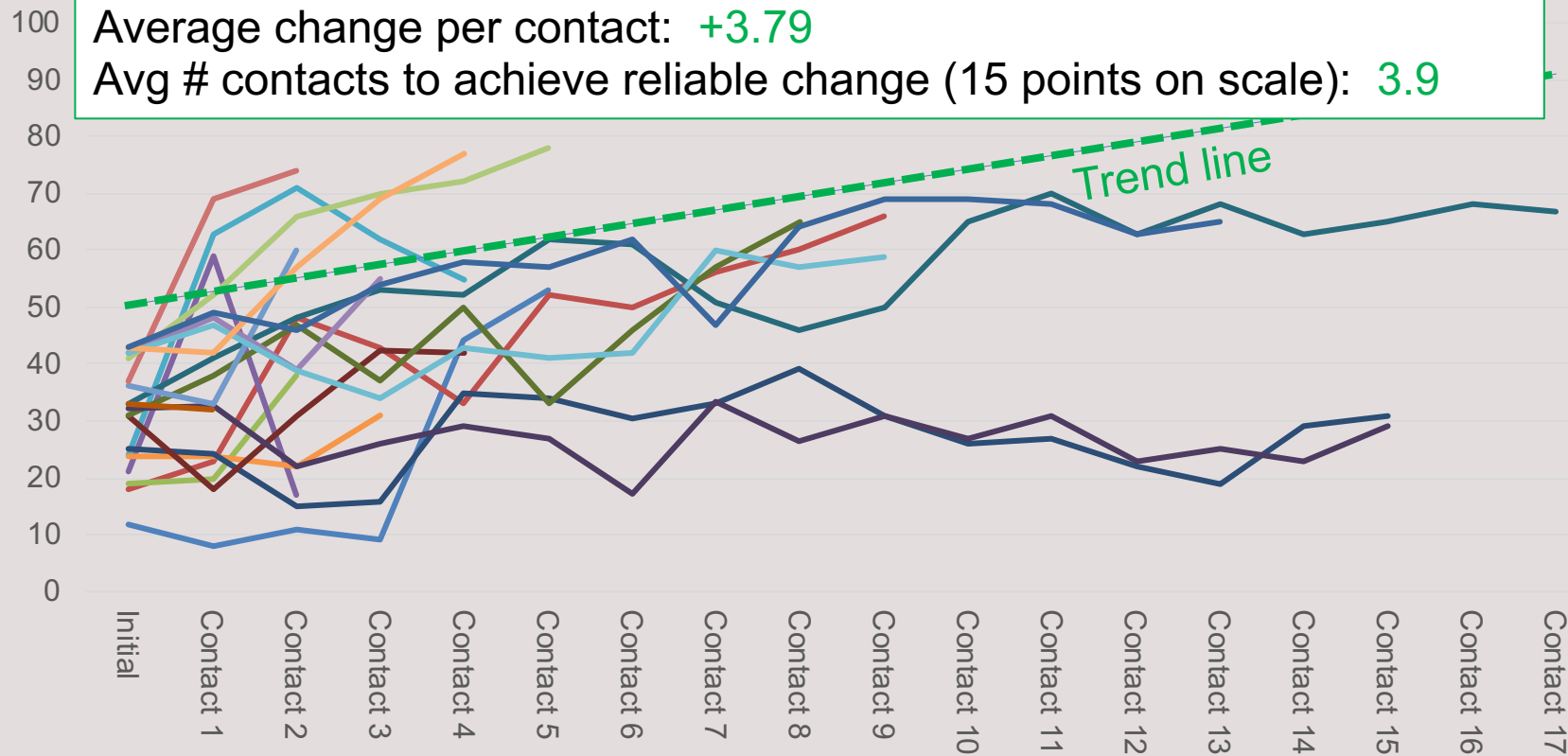
Mean # of Contacts: 7.4

Mode # of Contacts: 3

Average change: +21.4

Average change per contact: +3.79

Avg # contacts to achieve reliable change (15 points on scale): 3.9



# Organizational Use of the Data

- Once aggregated data can be used to
  - Evaluate individual provider performance and identify areas of strength and weaknesses
  - Identify organization quality improvement opportunities
  - Assess the impact of quality improvement initiatives
  - Demonstrate and communicate the effectiveness of programs and services to stakeholders

# Review and Conclusion

- Rationale for measurement-based care and revision of the standard.
  - Purpose of MBC and why the standard was revised
  - Criteria for MBC instruments
- Expectations for USING the data to monitor and modify treatment
  - How we evaluate compliance with the standard
  - Practical applications of MBC data

# Review and Conclusion

- Successful implementation of measurement-based care:
  - Requires the adoption and use of MBC instruments (but this is not sufficient)
  - USING the data to monitor and modify treatment requires cultural change and patience

# Specifics of Provider Implementation and Goals

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**Greg Hobelmann**



# Specifics of Provider Implementation and Goals

- Large task for providers to track outcomes in a meaningful way
  - Expensive
  - Small margin in addiction treatment
  - Minimal guidance/expertise in many facilities

# Specifics of Provider Implementation and Goals

- Ideas about how to implement
  - Outsource
  - In-house team
  - Partnerships
  - Creative funding



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Thank you!

National Association of  
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