JOINT COMMISSION

R3 Report

REQUIREMENT, RATIONALE, REFERENCE

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Published for Joint Commission-accredited organizations and interested health care professionals, R3 Report *provides the rationale and references that Joint Commission employs in the development of new requirements. While the standards manuals also may provide a rationale,* R3 Report *goes into more depth. The references provide the evidence that supports the requirement.* R3 Report *may be reproduced if credited to Joint Commission. Sign up for email delivery.*

Revised outcome measures standard for behavioral health care

Effective Jan. 1, 2018, new requirements related to standard CTS.03.01.09 will be applicable to all Joint Commission-accredited behavioral health care organizations. While this standard has always required organizations to assess outcomes of care, treatment, or services, organizations will now be required to accomplish this through the use of a standardized tool or instrument. Feedback derived through these standardized instruments may be used to inform goals and objectives, monitor individual progress, and inform decisions related to individual plans for care, treatment, or services. Aggregate data from the tools may also be used for organizational performance improvement efforts and to evaluate outcomes of care, treatment, or services provided to the population(s) served.

Frequently referred to as "measurement-based care" or "routine outcome measurement," using objective data to track the impact of care, treatment, or services has become a high-profile issue in the behavioral health care field. Joint Commission believes that these standards enhancements will help accredited customers meet the growing demand to demonstrate value and increase the quality of the care, treatment, or services they provide.

Nearly 20 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 (for example, within populations such as individual psychotherapy, therapy with couples/families and groups, substance use treatment, eating disorder programs, services for children and adolescents, and in settings as diverse as outdoor/wilderness facilities to large public behavioral health care settings). Measurement-based care allows the organization and individual practitioners to determine whether what they're doing is having a positive and significant impact on the individual served and to detect patients who are not improving as early as possible. It also helps the individual served to evaluate, in some quantifiable way, whether he or she is making progress. When both the organization and the individual objectively see what is happening, it can inform shared decisions about whether to stay the course or make changes in the plan of care, treatment, or services.

Engagement with stakeholders, customers, and experts

In addition to an extensive literature review and public field review, research undertaken included the following:

- A technical advisory panel (TAP) representing experts in the field of outcome measures and measurement-based care.
- Five focus groups comprised of representatives from behavioral health care organizations.

- Discussion with the Behavioral Health Care Professional and Technical Advisory Committee (PTAC).

As of Jan. 1, 2018, the revised standard may be accessed through E-dition or the Behavioral Health Care accreditation manual.

Care, Treatment, and Services

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

Requirement

Element of performance (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.

Note: Ideally, the tool or instrument monitors progress from the individual's perspective. The tool or instrument may be focused on a population or diagnostic category (such as depression or anxiety), or the tool or instrument may have a more global focus, such as general distress, functional status, quality of life (especially in regard to intellectual/developmental disabilities and other physical and/or sensory disabilities), well-being, or permanency (especially in regard to foster care).

Rationale

Using a standardized tool or instrument to monitor progress provides objective evidence as to whether the individual is making progress.

Reference*

- Brown GS, et al. Pushing the quality envelope: A new outcomes management system. *Psychiatric Services.* 2001; 52(7):925-934.
- The journal, *Integrating Science and Practice,* provides a 45-page issue that summarizes 10 well-established and frequently used instruments (or suites of instruments). Ten tools for progress monitoring in psychotherapy. *Integrating Science and Practice*. 2012:2(2):1-45. http://mpprg.mcgill.ca/Articles/10%20tools%20PDF.pdf
- The Kennedy Forum provides a list of dozens of instruments that are appropriate tools for measurement-based care categorized by type, setting, and other factors. Wrenn G and Fortney J. *Core Set of Outcome Measures for Behavioral Health Across Service Settings.* Washington, D.C.: The Kennedy Forum, ca. 2015. http://thekennedyforum-dot-org.s3.amazonaws.com/documents/MBC_supplement.pdf
- Goodman JD, et al. Progress monitoring in mental health and addiction treatment: A means of improving care. *Professional Psychology: Research and Practice.* 2013; 44(4):231-246.
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- Davidsen AH, et al. Feedback versus no feedback in improving patient outcome in group psychotherapy for eating disorders (F-EAT): Protocol for a randomized clinical trial. *Trials*. 2014;15:138. https://trialsjournal.biomedcentral.com/track/pdf/10.1186/1745-6215-15-138?site=
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- Kwan B and Rickwood DJ. A systematic review of mental health outcome measures for young people aged 12 to 25 years. *BMC Psychiatry*. 2015;15:279. https://bmcpsychiatry.biomedcentral.com/track/pdf/10.1186/s12888-015-0664-x?site
- Russell KC. An assessment of outcomes in outdoor behavioral healthcare treatment. *Child & Youth Care Forum*. 2003;32(6):355-381.
- Reese RJ, et al. Benchmarking outcomes in a public behavioral health setting: Feedback as a quality improvement strategy. *Journal of Consulting and Clinical Psychology*. 2014;82(4):731-42.

Requirement

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. (See also CTS.03.01.03, EP 4)

Rationale

If the data indicate that the individual is not making progress, then the organization takes steps to improve the individual's progress, such as modifying the plan for care, treatment, or services.

Reference*

- Miller S, et al. The secrets of supershrinks: Pathways to clinical excellence. *Psychotherapy Networker Clinical Guide*. Washington, D.C.: Psychotherapy Networker, ca. 2014. http://www.scottdmiller.com/wp-content/uploads/2014/06/Supershrinks-Free-Report-1.pdf
- Miller SD, et al. Making treatment count: Client-directed, outcome-informed clinical work with problem drinkers. *Psychotherapy in Australia*. 2005;11(4):42-56.
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- Brown GS and Jones ER. Implementation of a feedback system in a managed care environment: What are patients teaching us? *Journal of Clinical Psychology*. 2005;61(2):187-98.
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- Shimokawa K, et al. Enhancing treatment outcome of patients at risk of treatment failure: Meta-analytic and mega-analytic review of a psychotherapy quality assurance system. *Journal of Consulting and Clinical Psychology*. 2010;78(3):298-311.

(Cont.)

Requirement

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. (For more information, refer to Standard PI.02.01.01)

Rationale

The data gathered through use of the standardized tool or instrument can also be used to improve the organization's performance.

Reference*

- Chow DL, et al. The role of deliberate practice in the development of highly effective psychotherapists. *Psychotherapy*. 2015;52(3):337-345.
- De Jong K. Challenges in the implementation of measurement feedback systems. *Administration and Policy in Mental Health*. 2016;43(3):467-470. https://www.ncbi.nlm.nih.gov/pmc/articles/PMC4831990/
- Boswell JF, et al. Implementing routine outcome monitoring in clinical practice: Benefits, challenges, and solutions. *Psychotherapy Research*. 2015;25(1):6-19.

Requirement

EP 4: **For organizations that provide eating disorders care, treatment, or services:** The organization assesses outcomes of care, treatment, or services based on data collected at admission. ***(Please note: EP 4 is applicable only to eating disorders programs; no revisions have been made to this requirement).***

(End)

*Not a complete literature review.