HEADS UP…

The Joint Commission

TOPIC: Measurement-based Care: Using results to inform care and treatment
SETTING: Behavioral Health Care and Human Services (BHC) Program

Why is this important?

Organizations that provide care, treatment, or services should continuously strive to improve the quality and safety of their processes. Measurement-based care (MBC) is an essential part of this improvement process. MBC refers to the repeated use of objective data for the purpose of monitoring the impact of care, treatment, or services throughout the care process and has become a high-profile issue in the BHC field. In July of 2018 the Joint Commission implemented standards/EPs related to MBC (CTS.03.01.09). To comply with standard CTS 03.01.09, the organization must demonstrate implementation of the three requirements: 1. Organizations have selected and administer a standardized outcome instrument/tool that is appropriate for measurement-based care, 2. They use the data and results from the tool to monitor progress and inform goals and objectives of care, and 3. They aggregate the data for the entire population to assess organizational performance. While scoring data suggests that organizations' overall compliance is improving, especially with EP 1 (selection of an instrument), using the collected data toward improving care for the individual served can remain a challenge (EP 2).

Scope of the Problem:

Time period: **July 1, 2021 -- March 31, 2022**
Number of full surveys in time-period: **1570**
Number of high and moderate risk findings: **59 (4%)**
Relevant standard/EP: **CTS.03.01.09** The organization assess the outcomes of care, treatment, or services provided to the individual served.
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.

Sample survey observations and contributing factors)

- The organization had selected standardized tools, including the PHQ-9 and the GAD-7, however, they were only administering them at the time of intake and discharge not during the course of treatment. Therefore, the results were not used to inform the treatment goals and objectives.
- In 2 adult client records reviewed in which the DLA-20 was administered, the results were not incorporated into the treatment plan and used to determine goals and objectives.
- In 3 out of 3 client records reviewed, the BAM-R, the BAM-IOP, the PHQ-9 and/or the GAD-7 were given, however the results were not included in the treatment plan to determine progress and/or completion of goals and objectives. Additionally, in 2 out of 3 client records reviewed, the BAM-R which was to be given weekly according to the organization's policy, was given late on several occasions, including at intake and the weekly target.

Potential contributing factors:

- The clinical staff had not adapted to the philosophy of measurement-based care and the clinician(s) did not understand the importance and relevance of each question to the patient's clinical picture.
- Inadequate training, lack of competence in administering the tool, lack of knowledge on requirements and how to select tools and individualize goals and objectives based on results.
- The clinical staff who were supposed to be reviewing the clinical records for clinical documentation and completeness were not doing a thorough enough job to allow the organization to determine its compliance with the tool's questions (specifically, utilization of the organization's identified outcome tool).
- The existing treatment planning process did not make explicit the need to incorporate data, although assessment information is used to inform service planning.

How to identify potential problems in your organization

Review your policies and procedures

☐ Has the organization selected an instrument/tool that meets the following?

- Well-established psychometric properties (e.g., reliability and validity).
- Documented sensitivity to change (e.g., the ability to detect true/meaningful changes over time)
- Can be used as a routine outcome measure (e.g., can detect change from administration to administration) and has established norms
- Meets the organizations unique needs, budget, and technical requirements as well as the needs of staff and individuals served

☐ Does the organizational MBC policy require that the organization uses data from the instrument to track the progress of individuals served in order to inform goals and objectives of care, treatment, and services?

Interview staff

☐ Can staff describe why measurement-based care and using objective data to inform care is necessary (e.g., the "value" of outcomes assessment)?

☐ Have staff received training on the tool(s) and use of data?

- Are staff familiar with the validated instrument(s), how it is used and why it was selected?
- Are staff provided training on use of the tool and how to incorporate results in the care and treatment of the individuals served?
- Are staff aware of how data can be used to demonstrate progress toward goals and objectives?
- If multiple tools are used, are staff aware of the difference in tools based on individuals/populations served?

☐ Do leaders clearly embrace the use of outcomes measures and emphasize the advantages of using objective data throughout the care process for clients, staff, and the organization? Have they addressed questions about the "value" of outcomes assessment and addressed fears and mistrust?

Assess and monitor

☐ Is data periodically monitored to ensure that individuals are demonstrating progress toward goals and objectives? At what intervals?

☐ If data reveals an individual is not responding, is this lack of progress discussed with the individual and used to make changes?

☐ Are MBC instrument/tools periodically monitored to ensure they meet the needs of the individuals/populations served?

Evaluate implementation

☐ Are implementation challenges discussed openly and in a transparent and non-hierarchical approach?

☐ Has individual data been monitored to determine if it has helped/inhibited an individual's progress in achieving treatment goals/objectives?

☐ Review medical records, has documentation of use of the instrument and review of the objective data noted? How have the instrument and results been integrated into the treatment planning process?

☐ Compare the selected tools with individual needs – are the appropriate tools being used for each population?

☐ Interview individuals served, is their data available to them and has it helped them to assess their progress toward goals/objectives?

What are some resources that can assist in mitigating risks in these areas?

Joint Commission website: Outcomes Measures Standards

Joint Commission R3: Complying with CTS.03.01.09

FAQ on measurement-based care: https://www.jointcommission.org/standards/standard-faqs/behavioral-health/care-treatment-and-services-cts/000002332/