Progress Made Towards
Implementation of a Performance-Based Measurement System That Focuses on Outcomes

BACKGROUND AND Status

Presentation to the
Joint Legislative and Executive
Mental Health Task Force

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ESHB 2459 Section 714: Proviso

"The joint task force shall assess and make recommendations related to:

(a) Progress made by the department of social and health services and the regional support networks (i) towards implementation of a performance-based measurement system that focuses on outcomes for consumers served by the mental health system..."

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Background – The JLARC Audit

o JLARC was mandated in 1999-01 budget to conduct a broad-based audit of the public mental health system
  • Audit completed in December 2000
o Audit required to examine a variety of issues, including those related to:
  • General effectiveness and efficiency
  • Contracting practices, including whether contracts include measures related to performance and outcomes

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Key Findings

o Accountability activities were focused primarily on *processes* of service, rather than *outcomes* of care

o Fiscal & service data problems made comparisons of service **efficiency** between RSNs and providers difficult

o Near absence of outcome data made comparisons of service **effectiveness** impossible

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Bottom-Line

- *"While a great deal of effort is expended in the name of system accountability, the current … processes do not provide information concerning whether the system as a whole, individual RSNs, or individual providers are operating efficiently or achieving positive client outcomes."*

Audit Provided System Framework

- JLARC retained consultants to develop guidelines for a <u>practical</u> and <u>useful</u> performance measurement system

- Consultants: system should:
  - Balance need for information with costs of collecting it,
  - Be useful to both RSNs and providers, as well as MHD and the Legislature

Four Relevant Recommendations

- MHD should implement an outcome-oriented performance measurement system consistent with the framework described in the report

- MHD should . . . use outcomes information in managing the states mental health system . . . Implementation of a uniform system should be a requirement of each contract between MHD and the RSNs.

Recommendations - continued

- MHD should negotiate with the federal government on how to replace process related requirements with system and client outcomes reporting

- MHD should analyze performance information to identify providers and RSNs that operate efficiently & effectively . . . disseminate information on best practices . . . and create pool of incentive funds . . .

Legislative Action – 2001 Session

- ESSB 5583
  - Affirmed support for recommendations relating to an outcome measurement system, and using such information to provide incentives for best practices
  - Authorized DSHS to allocate up to 2% of RSN funds for incentive payments to reward high achievement
- ESSB 6153 (2001-03 Operating Budget)
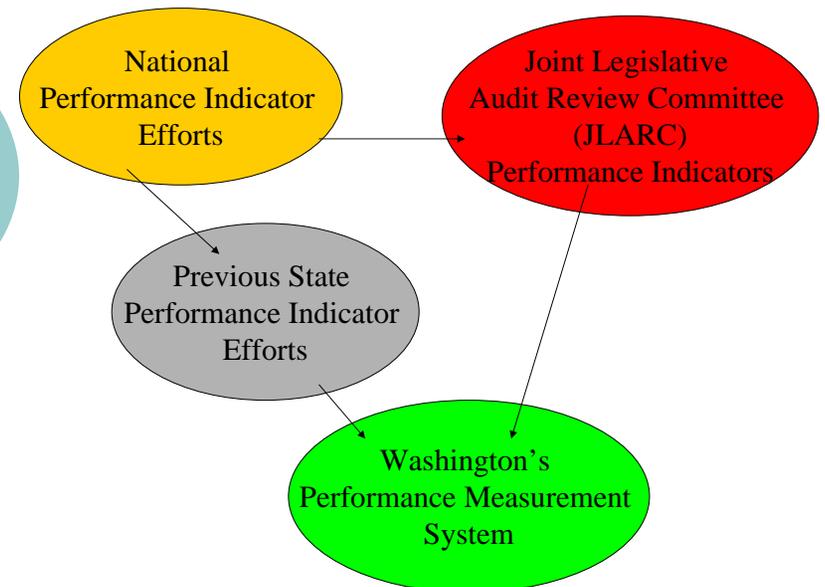 - Appropriated $822,000 to develop & implement an outcome-oriented performance measurement system

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Performance Measurement – DSHS Mental Health Division

Washington State
DEPARTMENT OF
SOCIAL & HEALTH
SERVICES

Steps to Implementing Performance Measures

1 Decide what you want to measure
2 Set-up a system to collect the data you want
3 Collect consistent, standardized data
4 Create Performance Indicator Reports
5 Feedback results- use Performance Indicators to manage, track trends, create change

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National Performance Indicator Efforts

Joint Legislative Audit Review Committee (JLARC) Performance Indicators

Previous State Performance Indicator Efforts

Washington's Performance Measurement System

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MHD Performance Measurement System

- Decided on Performance Measures

- Created Performance Indicator Reports
  - Performance Indicator Work group
  - Technical Review Group (TRG)
- Reviewed data and improved quality of reports

- Published 1st Performance Indicator Report in FY2002.

Clients Receiving COD Services

Outpatient Clients who Received DASA and MHD Services
Quality VI.A.   Calc. 12/2002 RDA

RSN	FY00			FY01		
	# of MHD Clients Served	# of DASA Clients Served	% of Clients Served by MHD and DASA	# of MHD Clients Served	# of DASA Clients Served	% of Clients Served by MHD and DASA
Northeast	1,435	129	9.0%	1,457	133	9.1%
Grays Harbor	2,170	227	10.5%	2,274	196	8.6%
Timberlands	2,827	210	7.4%	2,995	257	8.6%
Southwest	3,226	402	12.5%	4,068	505	12.4%
Chelan / Douglas	1,935	196	10.1%	2,308	268	11.6%
North Central	2,124	162	7.6%	2,624	193	7.4%
Thurston / Mason	3,900	354	9.1%	4,519	506	11.2%
Clark	5,691	630	11.1%	7,257	838	11.5%
Peninsula	5,922	623	10.5%	6,580	649	9.9%
Spokane	8,234	811	9.8%	9,915	922	9.3%
Greater Columbia	11,647	1,249	10.7%	12,392	1,391	11.2%
Pierce	16,269	1,601	9.8%	17,801	1,795	10.1%
North Sound	18,176	1,616	8.9%	17,416	1,768	10.2%
King	23,097	2,209	9.6%	27,929	2,989	10.7%
Statewide	**106,653**	**10,419**	**9.8%**	**119,535**	**12,410**	**10.4%**

Consumer Outcomes

- As part of the Performance Measurement System:
  - The Legislature directed MHD to measure consumer outcomes
  - Appropriated implementation funds for two years

- This implementation has been a **much longer** and **more difficult** process

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General Consumer Outcomes

- Many systems measure consumer improvement during treatment

- Measure consumers when they begin treatment, and at some later date to see change or improvement

- In mental health no physical tests to look at improvement
  - So therapists or consumers complete surveys.
  - These surveys are known as **outcome instruments** or measures.

General Consumer Outcomes- Continued

- Early outcome systems looked at reducing negative events- symptoms, hospitalizations, homelessness, poor life functioning

- Newer systems look at positive improvements-gaining and maintaining employment, living independently, gaining social relationships

- Additional outcomes include; reduced alcohol or drug use, reduced emergency room use, and increasing people's management of their mental illness.

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Consumer Outcomes

"actual measures of consumer outcomes are the most difficult to implement and present the greatest challenge, from the choice of measures to data collection to statistical analysis and reporting"

-Jeb Brown, JLARC report, 2001

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MHD Consumer Outcome System - History I

- Consumer Outcomes workgroup formed with RSN, Provider, Consumer & MHD representatives
  - This workgroup created a set of criteria which became the RFP
- RFP bidding process was used to select the outcomes vendor
- RSN, provider agencies, consumers, and MHD staff evaluated proposals and selected consumer outcome vendor
- Vendor: TeleSage, Inc.
- Contract awarded in May 2002

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MHD Consumer Outcome System - History II

- Instrument developed over 3 months, by small workgroup.
  - Piloted instrument with consumer focus groups. Many changes.
- Pilot sites recruited and trained in September, October, 2002.
  - Pilot complete May-June, 2003
- Implementation workgroup convened in January, 2003. Continues.

- Clinician reports generated

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Technology Options for Survey Administration


IVR
WEB
SCANNING

→

PC

ODBC Database

Immediate Reports

Export in any format
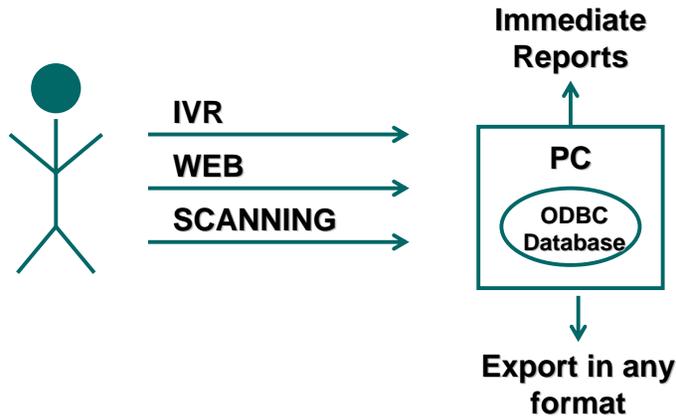
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MHD Consumer Outcome System - History III

o National expert reviewed outcome system and instrument –August, 2003

"Logic and derivation of COS appear appropriate to mandate"

"Strengths include: strong team, work in progress, Legislative commitment, appears aimed at broader system concerns"*

o Statewide training began for additional sites
- October, 2003 through January 2004

o Outcome instrument and system revisions/ improvements
- April, 2004 through May 2004

o Statewide implementation
- Target: July 2004

*Dr. Gregory Teague, Florida Mental Health Institute, August 2003   21

Participation:Implementations per Month
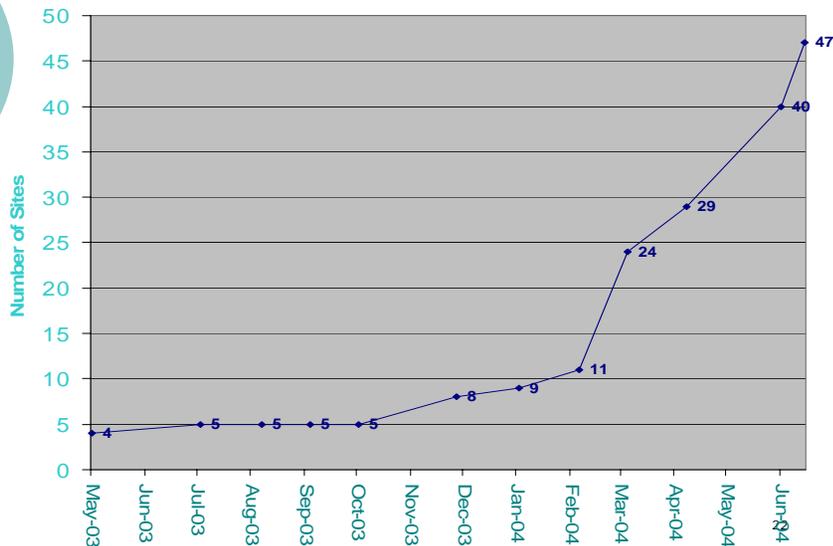
Administration of Outcomes Instrument

o As of July 21st, 6,061 clients have completed the initial assessment
   o 3199 Adults
   o 1564 Parents
   o 1298 Youths

o 1195 follow-up assessments completed

o Median completion time
   o 16 minutes for Adult instrument
   o 8 minutes for Parent instrument
   o 9 minutes for Youth instrument

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The Domains of the Consumer Outcome Instrument

- **Symptoms** – like feeling depressed or irritable, hearing voices.
- **Functioning** – how well a person is managing their life, work, school, or relationships
- **Recovery** – how well a person is managing their illness and symptoms, how hopeful they feel about their chances at getting better.
- **Quality of Life** – how safe a person feels in their home, comfort in relationships, how they rate their health and well-being
- **Substance Use** – is a person using drugs or alcohol
- **Employment/attending school/working as a volunteer**

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Benefits of Current Consumer Outcome System

- Short instrument to minimize patient burden
- Minimal use of provider time
- Long intervals between administrations
- User-friendly technology
- Simple distribution of reports and reminders
- Cost to providers minimized-no new software or hardware needed

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Reports Available From MHD Consumer Outcome System

- Clinician: feedback on consumers, current survey compared to previous surveys
- Agency Manager: overall agency report, facilities or programs comparisons, comparison to RSN and statewide average

- RSN Administrator: agency comparison reports, and overall RSN report

- MHD Administrator: Overall system and RSN comparison reports, reports for different groups of consumers.

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Successes

- Variety of technologies currently available
- Strength and ease of the web-based system
  - Speed of implementation
  - Ease of access to data
  - Minimal staff time spent in data processing
- Inclusion of stakeholders in decision making

- Broad array of Consumer Outcomes information available from this system
  - Preliminary Consumer Outcomes information available

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Challenges

- Use of one instrument to meet needs of all stakeholders
  - Different definitions of outcomes
  - Some agencies/RSN unsure of the utility of the outcomes information for their programs
  - Some agencies with existing consumer outcome systems forced to change
- Concerns about confidentiality
- Resistance to the outcomes measurement mandate
  - Concern about the State having access to outcomes data
- Decreasing state funding

Next Steps

- Continue Implementation across the state
- Translate instrument for non-English speakers
- Modify instrument for older adult population
- Produce Agency/RSN/MHD reports
- Train agencies how to use outcome information to improve services
- Develop Performance Incentive system

Potential Uses of Data

- **Consumer:** empowerment in recovery process; treatment planning with clinician
- **Clinician:** identify client strengths and areas to work on in treatment; monitor changes over time
- **Agencies:** quality improvement; meet requirements of certification, accreditation and/or payer organizations
- **RSNs:** planning and quality improvement; identify best practices
- **MHD/State:** planning and quality improvement; develop best practices and state benchmarks; demonstrate accountability for resources; performance incentives

Consumer Outcome System as a Clinical Tool

- Treatment Planning tool
- Identifying consumer strengths and weaknesses
- Setting goals with consumer

- Monitor consumer change in treatment
- Alert clinician to pending crisis
- Identify clinician strengths and weaknesses

Consumer Outcome system as a Management System

○ **Identify characteristics of service population**
○ **Monitor program effectiveness**
○ **Fund and develop new services programs**
○ **Identify training needs**

○ **Instill outcomes-based performance improvement technology throughout service system**
○ **Meet external requirements**
  • **CMS, Federal Block Grant, Accreditation organizations**

○ **Incentive contracting**

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## Benign Outcomes Contracting*

○ **Provide rewards for progress in improving outcomes**

○ **Include performance on specific, appropriate outcome measures in contracts**

○ **Optimize potential for improvement and learning**

○ **Minimize perverse incentives**

*Dr. Gregory Teague, Florida Mental Health Institute, August 2003

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Percent of Consumers who Report MH Symptoms at Intake
(N=3480)

Legend:
- Trouble with thinking: 68
- Trouble with Mood: 77
- Trouble handling Stress: 80
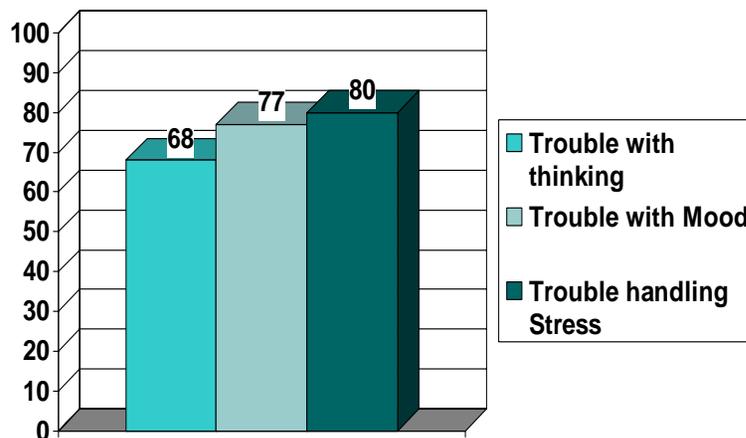
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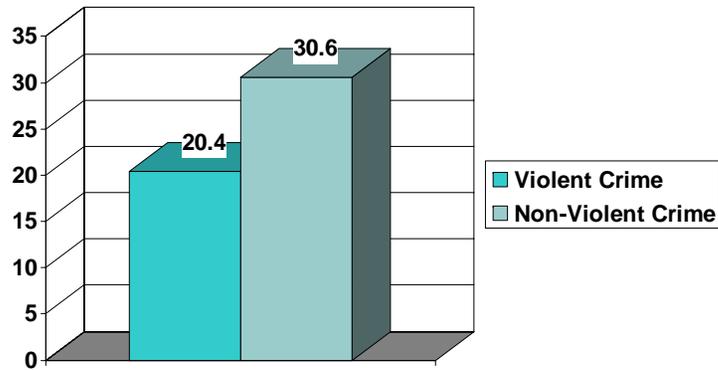## Consumers Living Situation at Intake
(N=3462)

Happy in current living situation	74%
Feel safe in living situation	72%
Trouble Managing Money	51%
Trouble with self-care (dressing, eating, keeping house)	31%

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Percent of Consumers who were crime victims in the last 30 days
(N=3463)

Bar chart:
- Violent Crime: 20.4
- Non-Violent Crime: 30.6

% of Consumers with Medication and Substance Abuse Issues
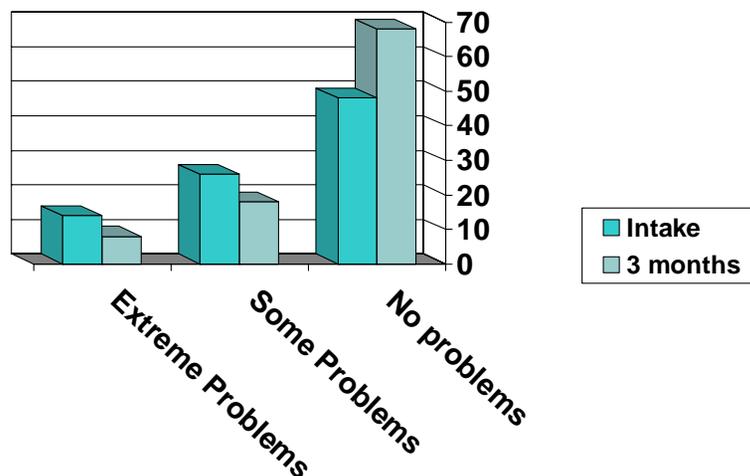(N=3400)

Don't take Medications as Prescribed	14%
Bothered by Medication Side-Effects	58%
Abused drugs or alcohol in last 3 months	19%

Percent of Youth Reporting Schools Problems
(N=118)

Bar chart with categories: Extreme Problems, Some Problems, No problems. Legend: Intake, 3 months.

Questions the Performance Measurement system can answer

○ How does the overall MH system (structure and processes) fit with what is known about services that improve consumer outcomes?

- Evaluation of effectiveness of MH services
- Introduction of Evidence Based Practices
- Assessment of mental health benefit package

Questions the Performance Measurement system can answer

○ What needs do our consumers present to the system?

- Needs assessment
- Projection and forecasting

Questions the Performance Measurement system can answer

○ How do outcomes produced by this system compare with what we should expect?

- Quality Improvement
- Performance Goals
- Performance Incentives

Questions the Performance Measurement system can answer

○ What capacity exists for self-evaluation and quality improvement within the MH system?

- RSN Accountability
- Training and Technical Assistance