Tools for Behavioral Health Evaluation

October 22, 2014 2:00 p.m. Eastern

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AIMS CENTER
UNIVERSITY of WASHINGTON
Psychiatry & Behavioral Sciences

Evaluating Integrated Behavioral Health Initiatives

Jürgen Unützer, MD, MA, MPH

Integrated Care is a Broad Term

- **Coordinated care**
- **Co-located care**
- **Collaborative care**

- **Existing evidence not equal for all approaches**

Primary Goal of Evaluation

- **Primary aims achieved?**
  - **Patient / provider satisfaction**
  - **Clinical outcomes**

  - **Factors influencing outcomes**
  - **Understand why or why not achieved**

Logic Model

- **Developmental Evaluation**
  - **Suited to implementing an innovation**
  - **Real-time feedback**
  - **Adjustment and reassessment**
  - **Flexible, adaptive**

Logic Model

- **Formative Evaluation**
  - Validate internal goals
  - Purpose is improvement
  - Typically used internally, for a single entity
  - "When a cook tastes the soup that's a formative evaluation, when the guest tastes the soups that's a summative evaluation." – *Robert Stakes*

Logic Model

- **Summative Evaluation**
  - **Evaluates across entities**
  - **Combines data to learn generalizable lessons**

Establishing Evidence for Integrated Behavioral Health

- **Research**
  - RCTs to establish evidence
  - Creates benchmarks
- **Program Evaluation**
  - Pre / Post or similar
  - Compare to published benchmarks
  - Processes of Care
  - Outcomes
  - Implementation / QI Process

Strongest Research Evidence: Collaborative Care

Patient Centered Team

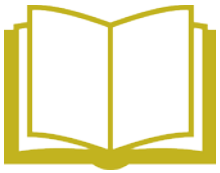
- Team-based care: effective collaboration between PCPs and Behavioral Health Providers

Population-Based Care

- Behavioral health patients tracked in a registry: no one ‘falls through the cracks’

Track and Treat to Target

- Measurable treatment goals and outcomes defined and tracked for each patient
- Treatments are actively changed until the clinical goals are achieved



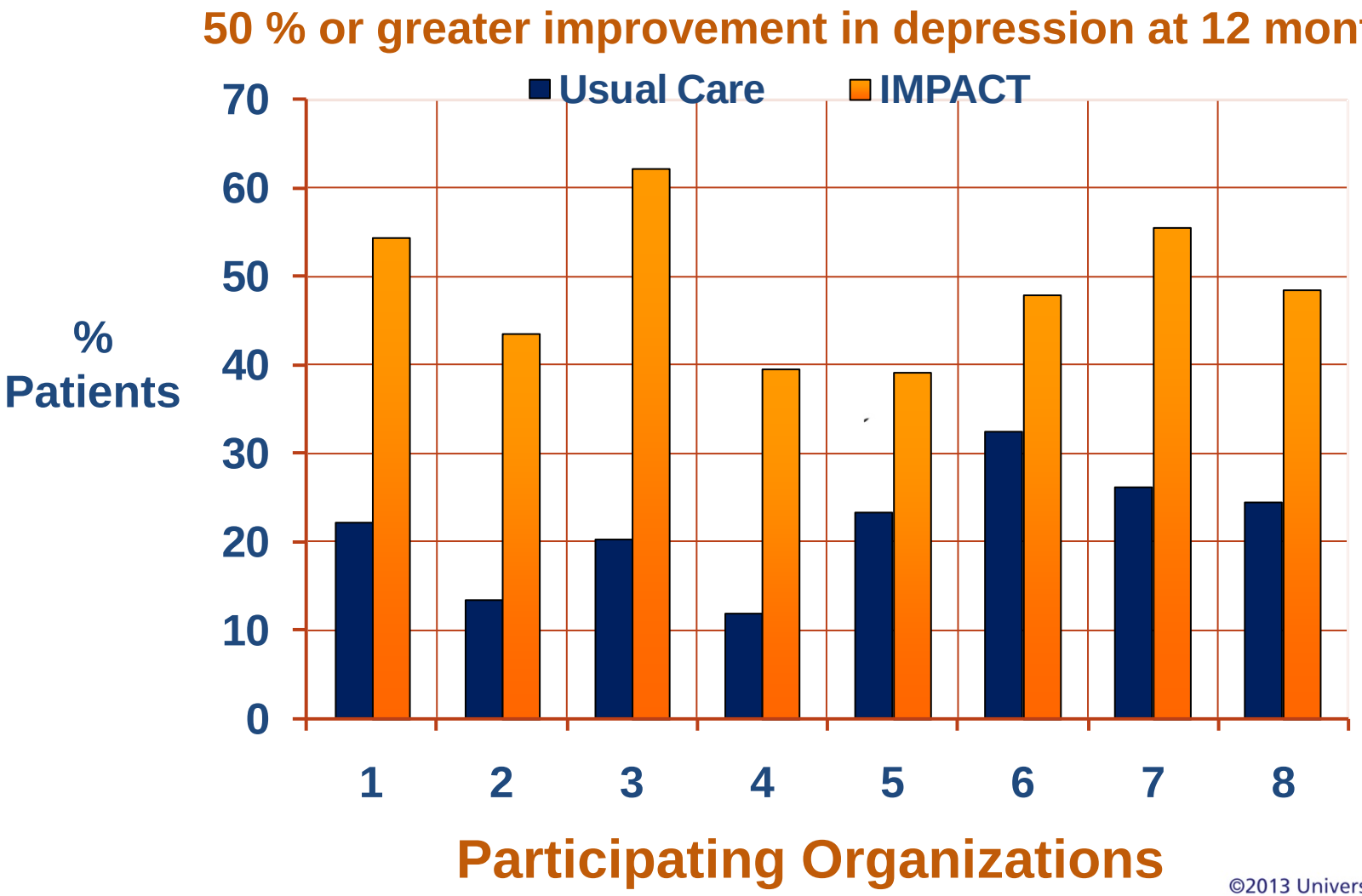
Evidence-Based Care

- Treatments used are evidence-based

Accountable Care

- Providers are accountable and reimbursed for quality of care, clinical outcomes, and patient satisfaction, not just the volume of care provided

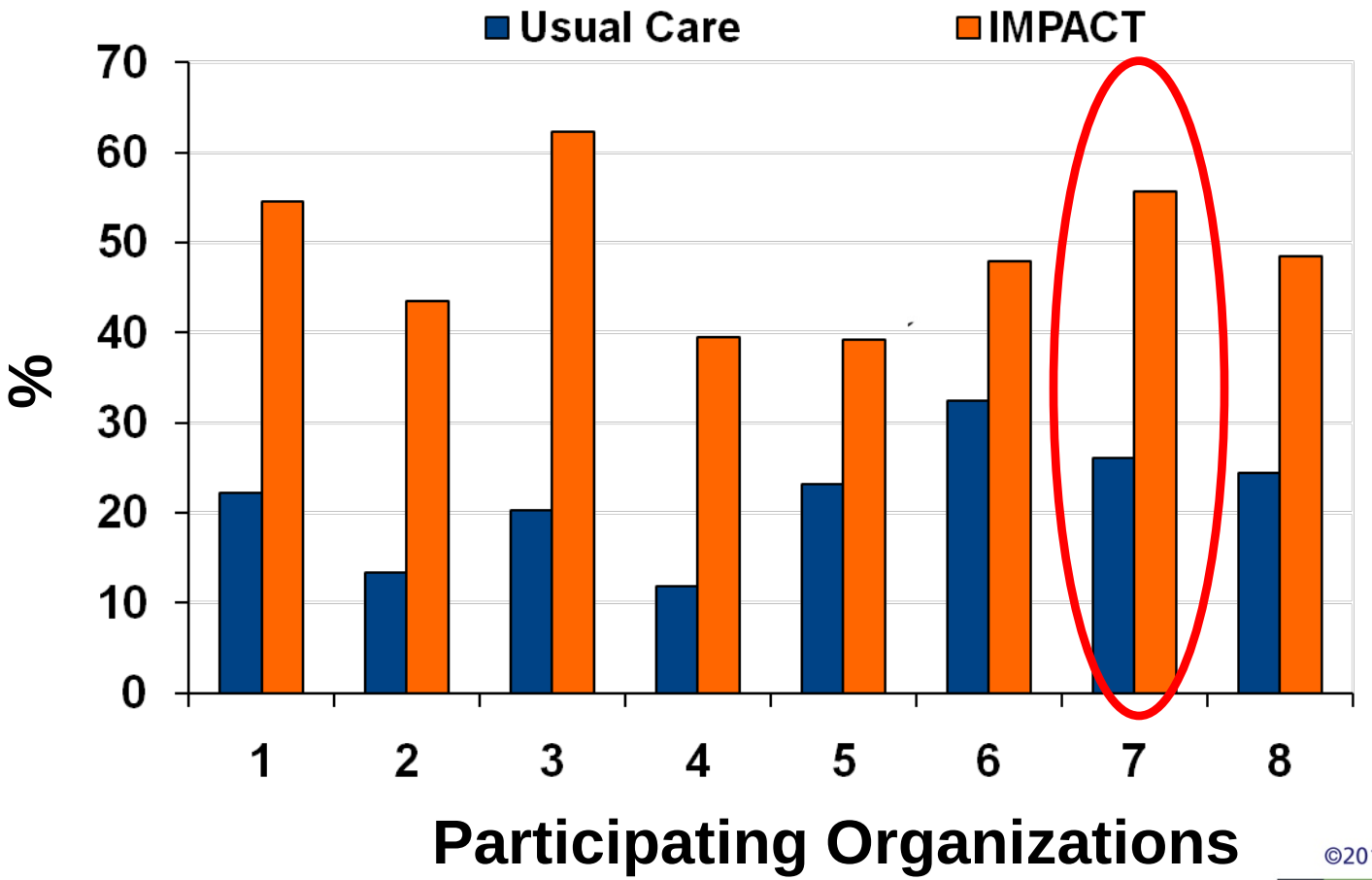
RCT: Collaborative Care Doubles Effectiveness of Care for Depression



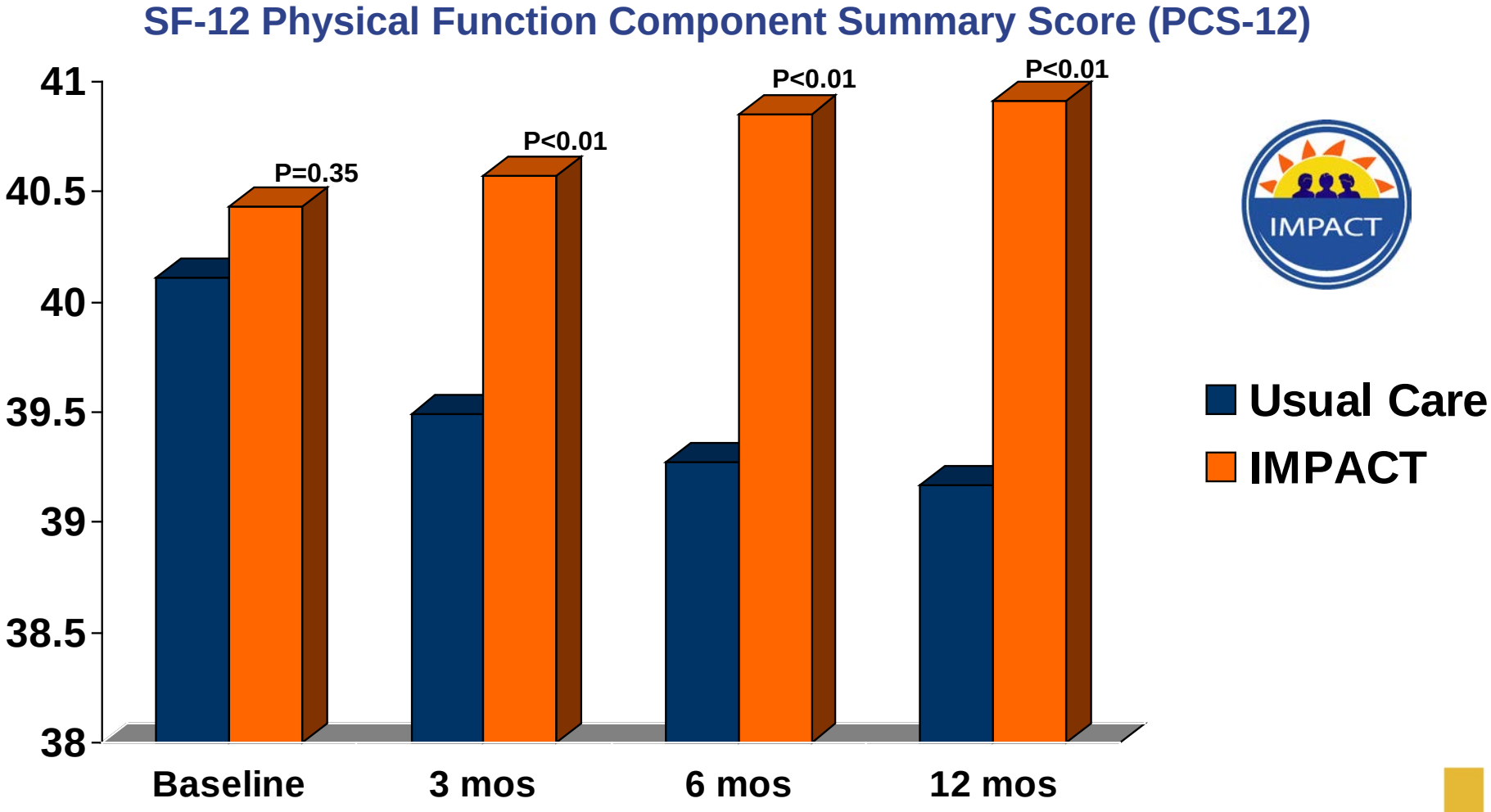
Unützer et al., JAMA 2002; Psych Clin North America 2004

Co-Location is NOT Enough

50% or greater improvement in depression at 12 months



Collaborative Care improves physical function



Callahan et al., *JAGS* 2005; 53:367-373

IMPACT reduces health care costs

ROI: $ 6.5 saved / $ 1 invested

Cost Category	4-year costs in $	Intervention group cost in $	Usual care group cost in $	Difference in $
IMPACT program cost		522	0	522
Outpatient mental health costs	661	558	767	-210
Pharmacy costs	7,284	6,942	7,636	-694
Other outpatient costs	14,306	14,160	14,456	-296
Inpatient medical costs	8,452	7,179	9,757	-2578
Inpatient mental health / substance abuse costs	114	61	169	-108
Total health care cost	**31,082**	29,422	32,785	**-$3363**

Savings

Unützer et al., *Am J Managed Care 2008*.

IMPACT

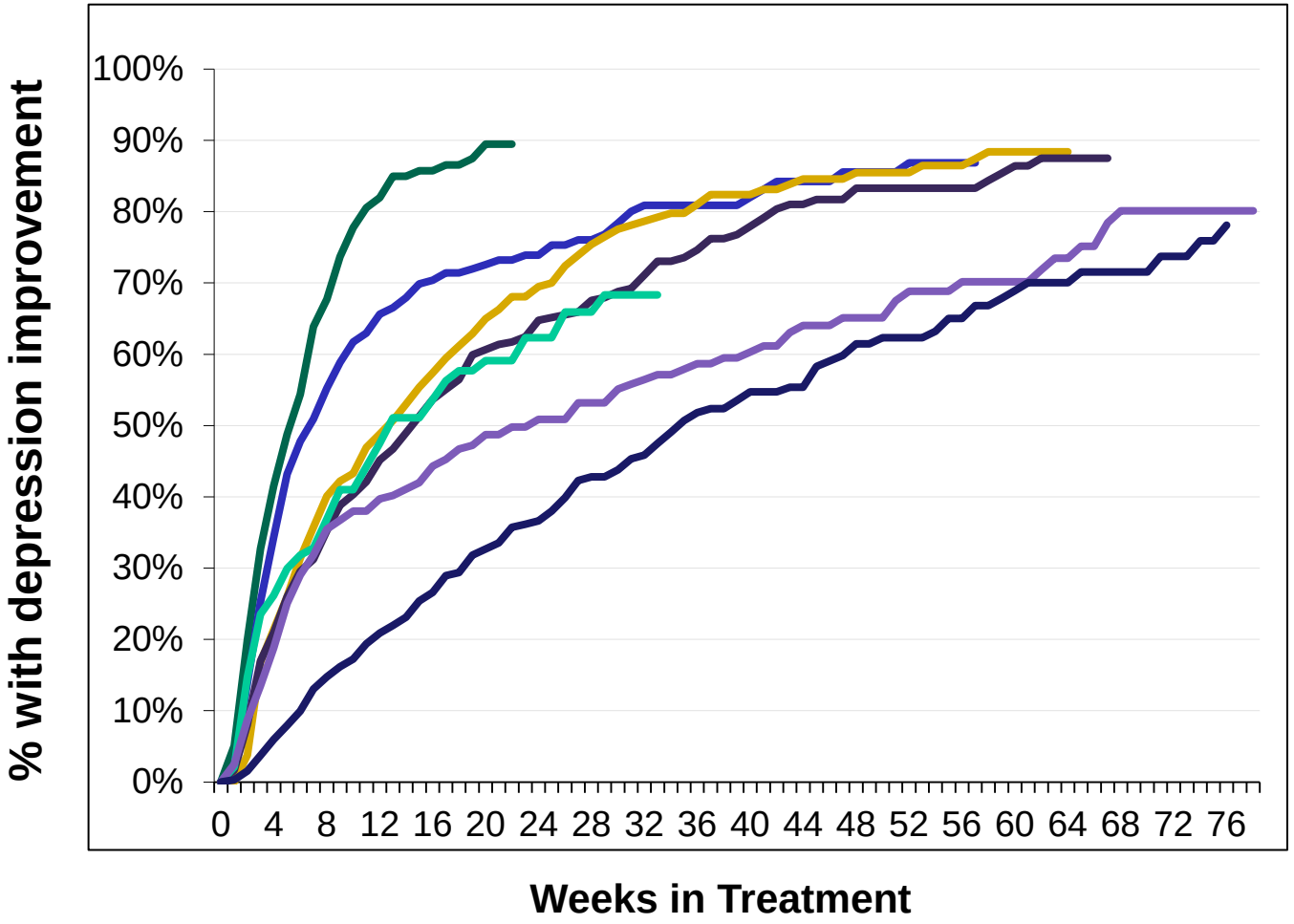
Replication studies show Collaborative Care is robust

Patient Population (Study Name)	Target Clinical Conditions	Reference
Adult primary care patients (Pathways)	**Diabetes** and depression	Katon et al., 2004
Adult patients in safety net clinics (Project Dulce; Latinos)	**Diabetes** and depression	Gilmer et al., 2008 Ell et al 2010
Women in OB/GYN / Women's Health Clinics	Depression	Melville et al 2014
Public sector oncology clinic (Latino patients)	**Cancer** and depression	Dwight-Johnson et al., 2005 Ell et al., 2008
Health Maintenance Organization	Depression in primary care	Grypma et al., 2006
Adolescents in primary care	**Adolescent** depression	Richardson et al., 2009; 2014
Older adults	**Arthritis** and depression	Unützer et al., 2008
Acute coronary syndrome patients (COPES)	**Coronary events** and depression	Davidson et al., 2010

… after the RCT: Implementing Evidence-based Collaborative Care

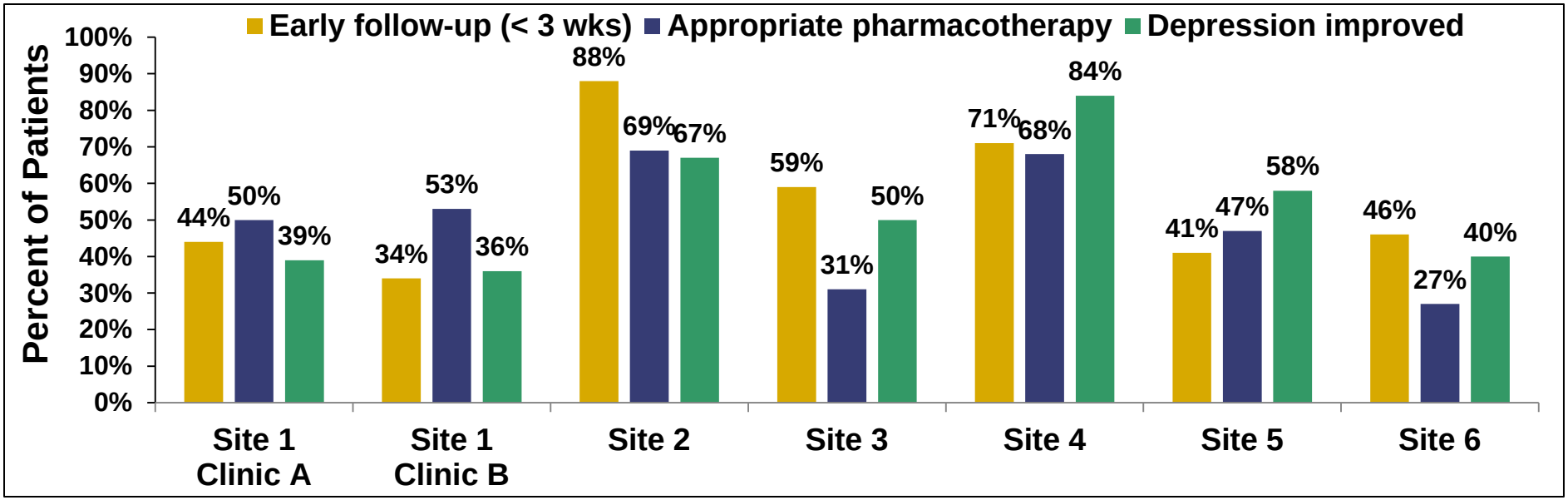
- **Examples**
  - **Texas Hogg Foundation Initiative**
    - Evaluating variations in outcomes
  - **Minnesota DIAMOND Initiative**
    - Mixed methods evaluation: predictors of patient engagement and program effectiveness
  - **Washington MHIP Program**
    - Pay-for-performance initiative

Hogg Foundation Integrated Care Initiative: Significant Site to Site Variation



Bauer AM1, Azzone V, Goldman HH, Alexander L, Unützer J, Coleman-Beattie B, Frank RG. Implementation of collaborative depression management at community-based primary care clinics: an evaluation. Psychiatr Serv. 2011 Sep;62(9):1047-53. doi: 10.1176/appi.ps.62.9.1047.

…clues as to why



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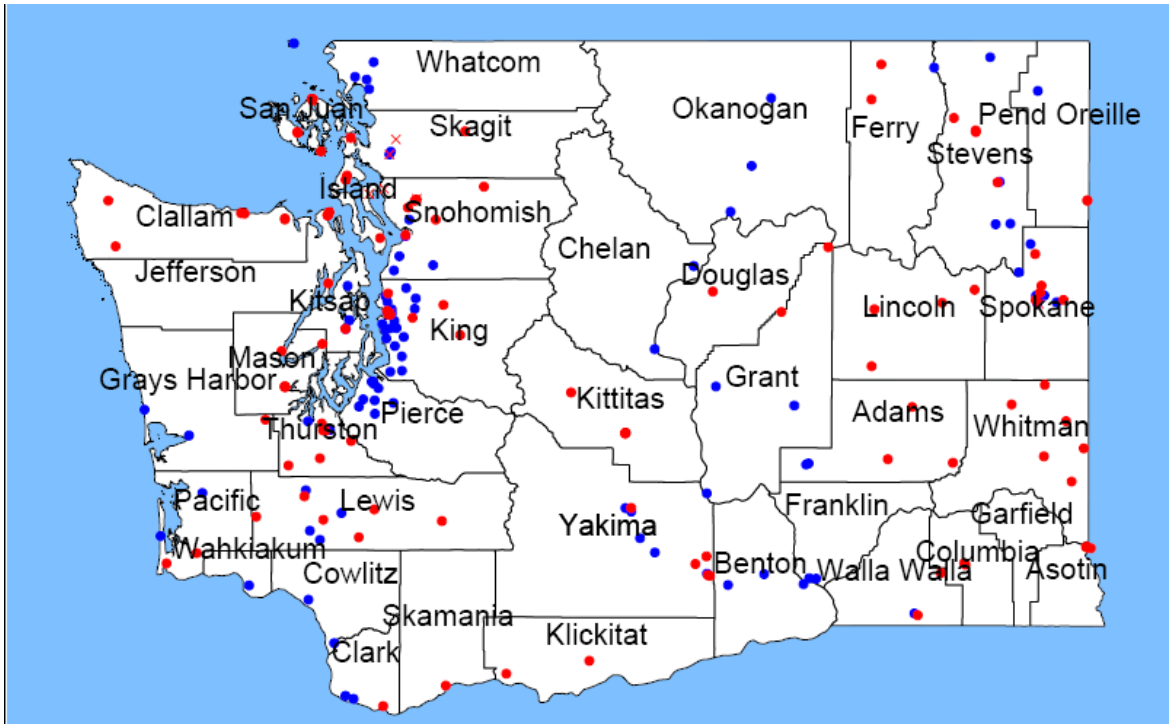
Mixed Methods Evaluation: DIAMOND Initiative

- **Integrated Care for Depression in MN**
  - 14 medical groups
  - >50 clinics
  - 32 care managers
- **Quantitative Data**
  - Patient activation into treatment
  - Remission of depression
- **Qualitative Data**
  - Organizational and implementation characteristics

Mixed Methods Evaluation: DIAMOND Initiative

- **Predictors of Patient Activation into Tx**
  - Strong leadership support
  - Strong care manager
  - Care mgr role well-defined & implemented
  - Care mgr onsite and accessible
  - Strong PCP champion
- **Predictors of Depression Remission**
  - Engaged psychiatrist
  - Warm handoffs
  - Operating costs not perceived as a barrier

Washington State Mental Health Integration Program (MHIP)

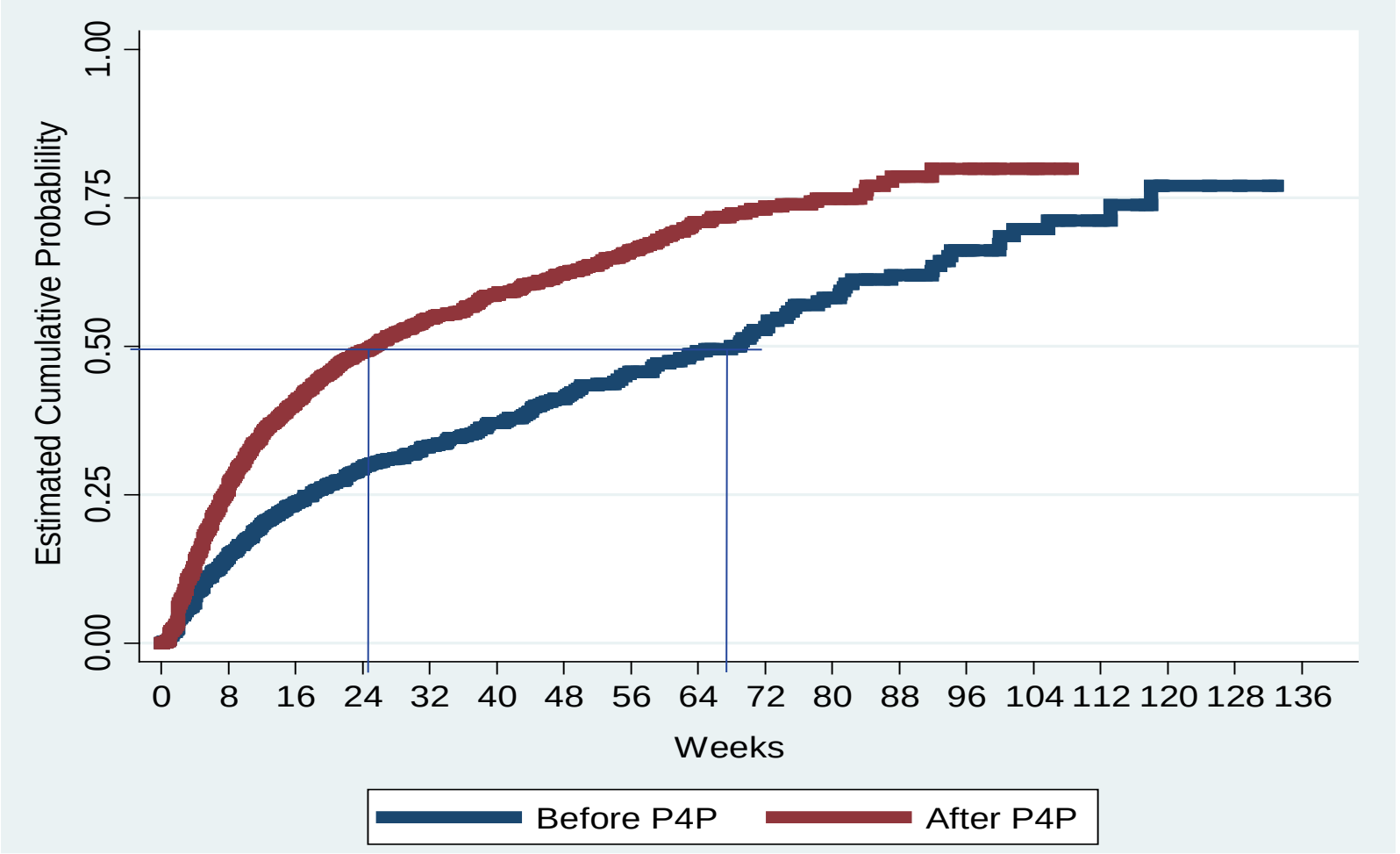


2008
Pilot initiated in King & Pierce Counties

2009
Expanded state-wide to over 100 CHCs and 30 CMHCs

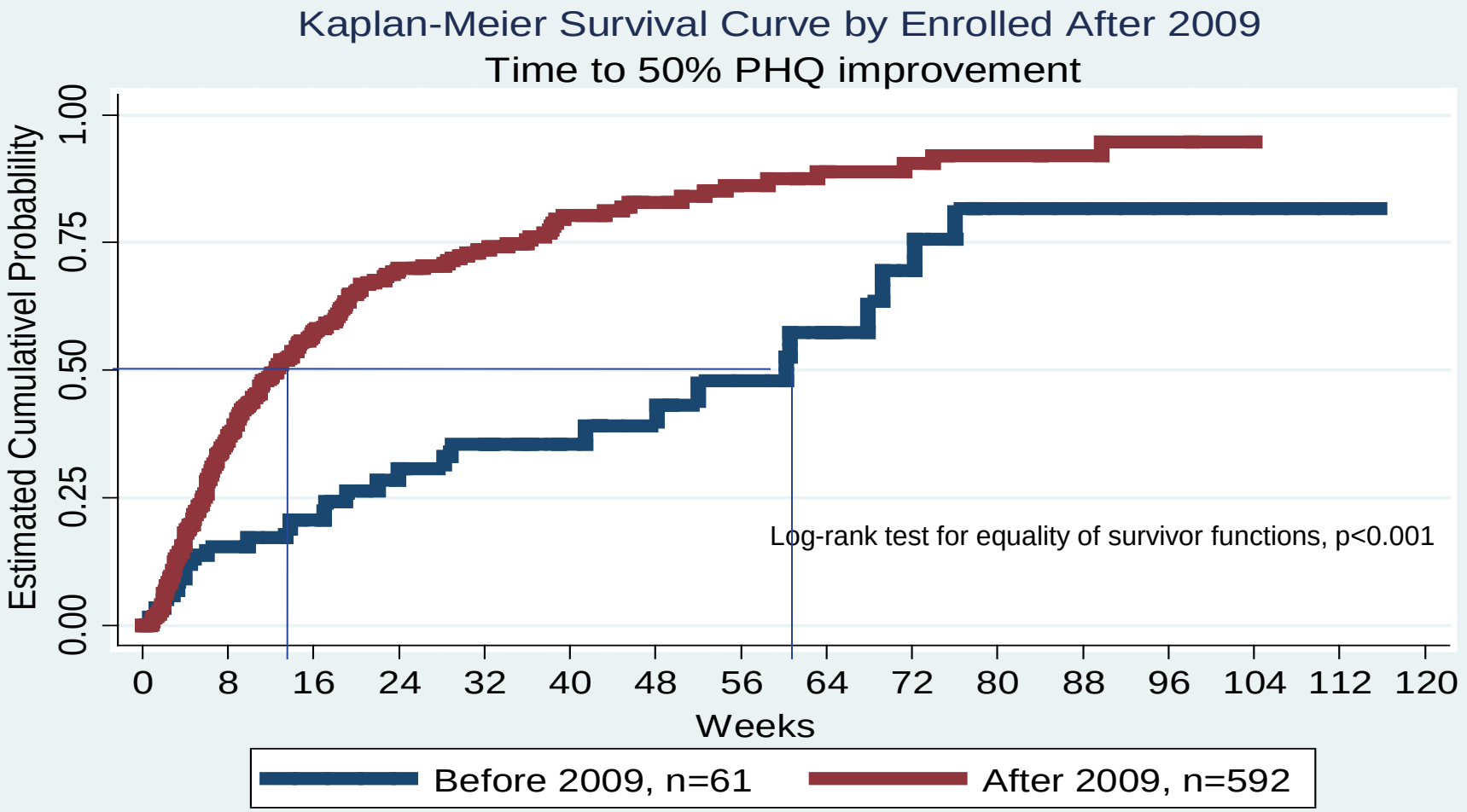
- Funded by State of Washington and Public Health Seattle & King County (PHSKC)
- Administered by Community Health Plan of Washington and PHSKC in partnership with the UW AIMS Center

Pay-for-performance cuts median time to depression treatment response in half



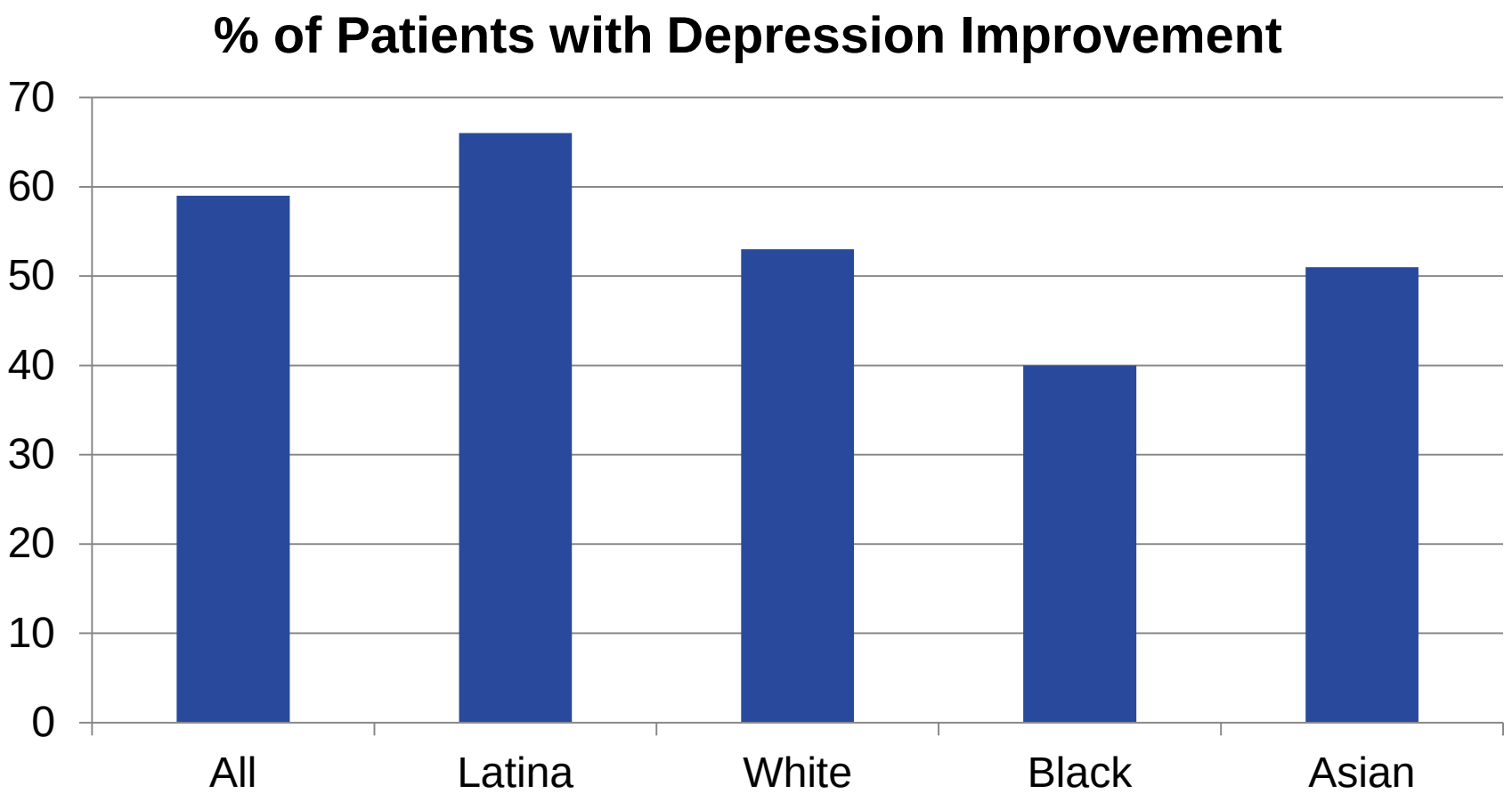
Unützer et al. Am J Public Health 2012

Particularly effective in high risk mothers



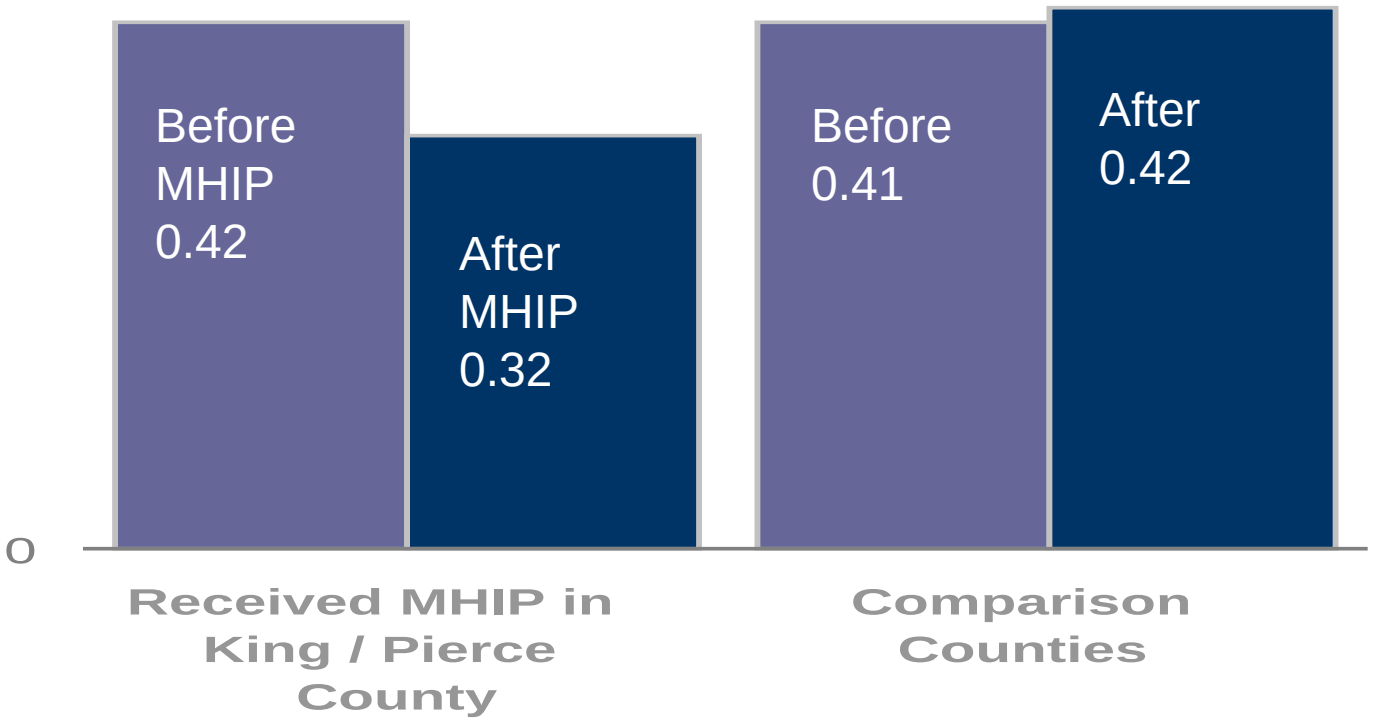
Among Mom Population (African American, Asian, Latino & White) with baseline PHQ9>=10 (n=653)

MHIP High-Risk Mothers Program



Huang et al. Family Practice 2012 20:394-400.

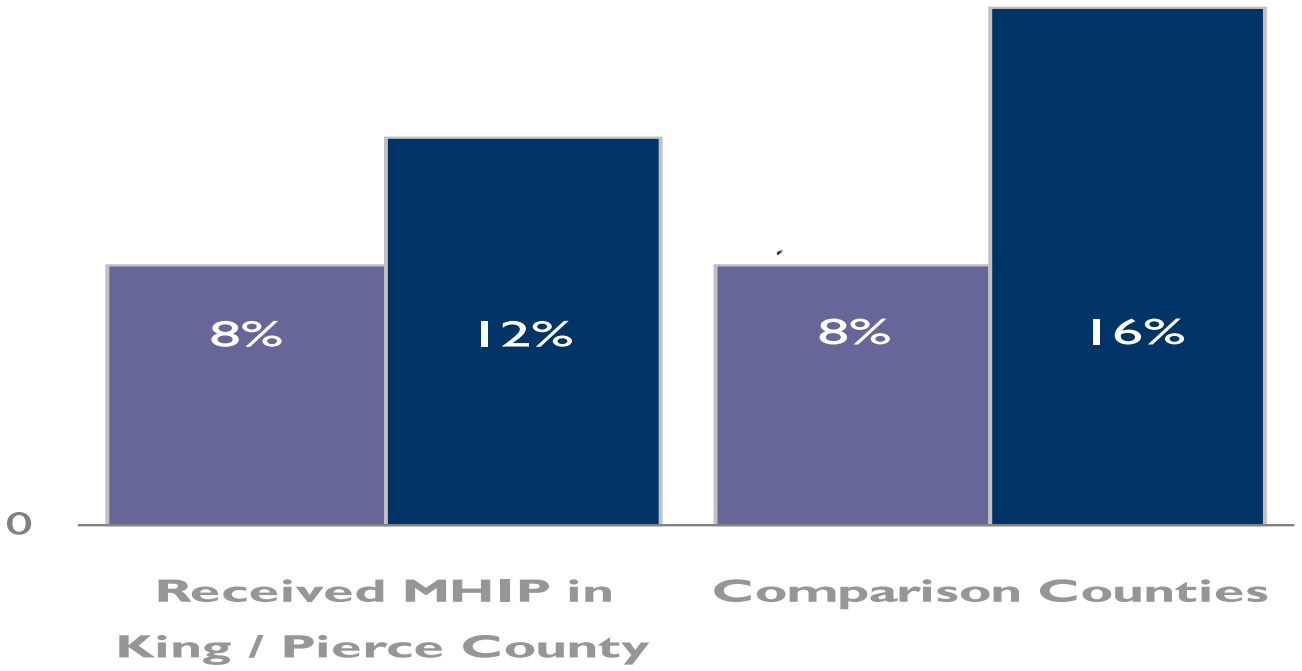
Reduced arrest rates* in counties implementing MHIP



CHAMMP; Jan 27, 2011; http://www.chammp.org/Program-Evaluation/Reports-and-Publications.asp

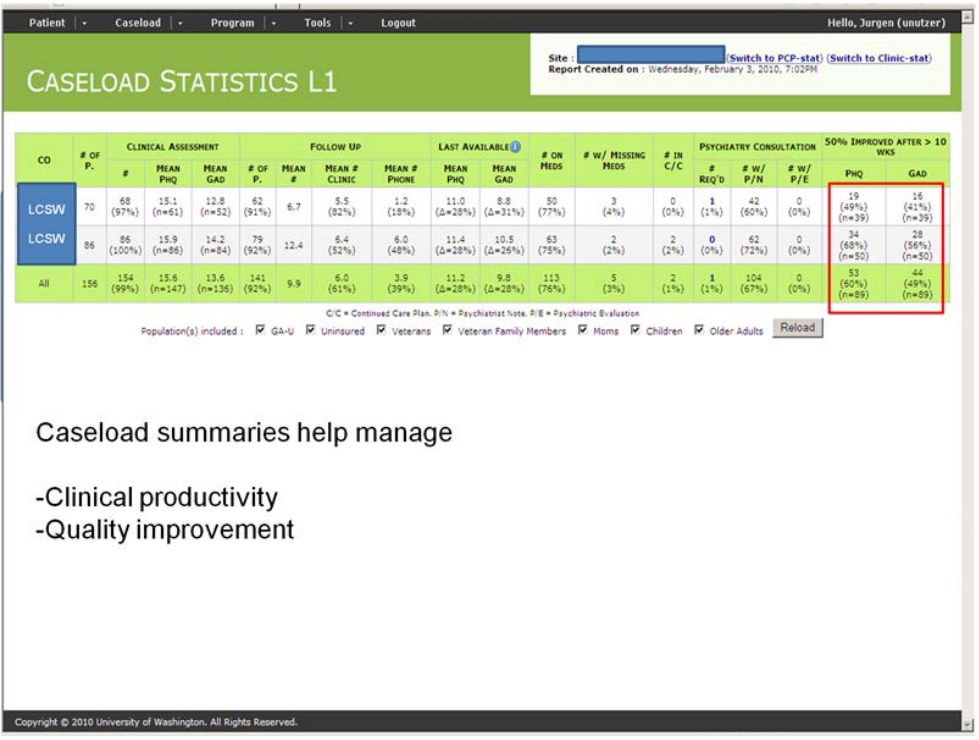
* Arrests / 1,000 member months

Lower increases in homelessness in counties implementing MHIP during difficult economic times

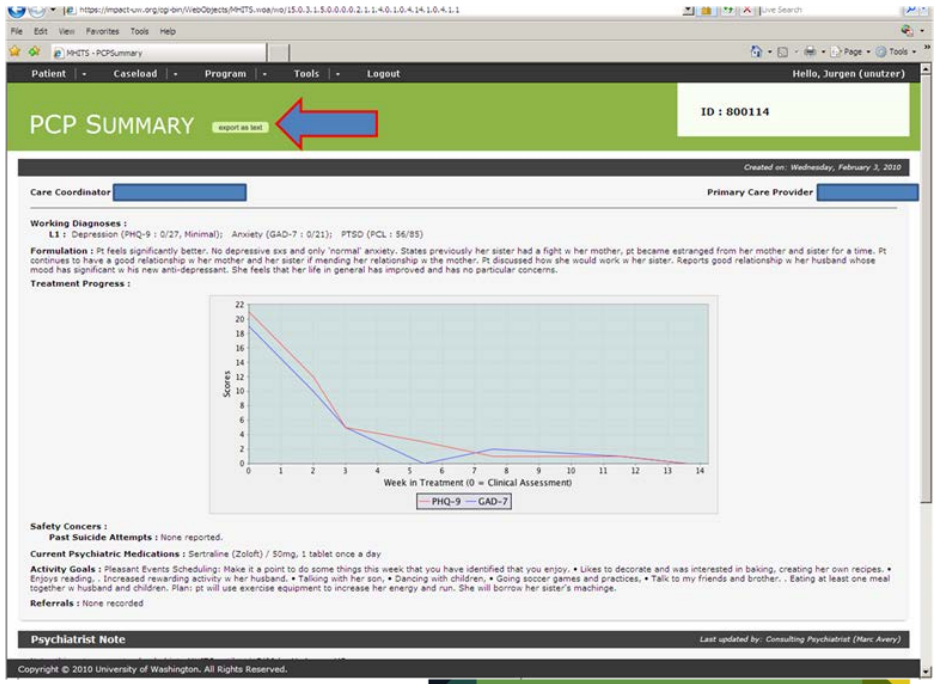


CHAMMP; Jan 27, 2011; http://www.chammp.org/Program-Evaluation/Reports-and-Publications.aspx

Care Management Tracking System Registry (CMTS©)

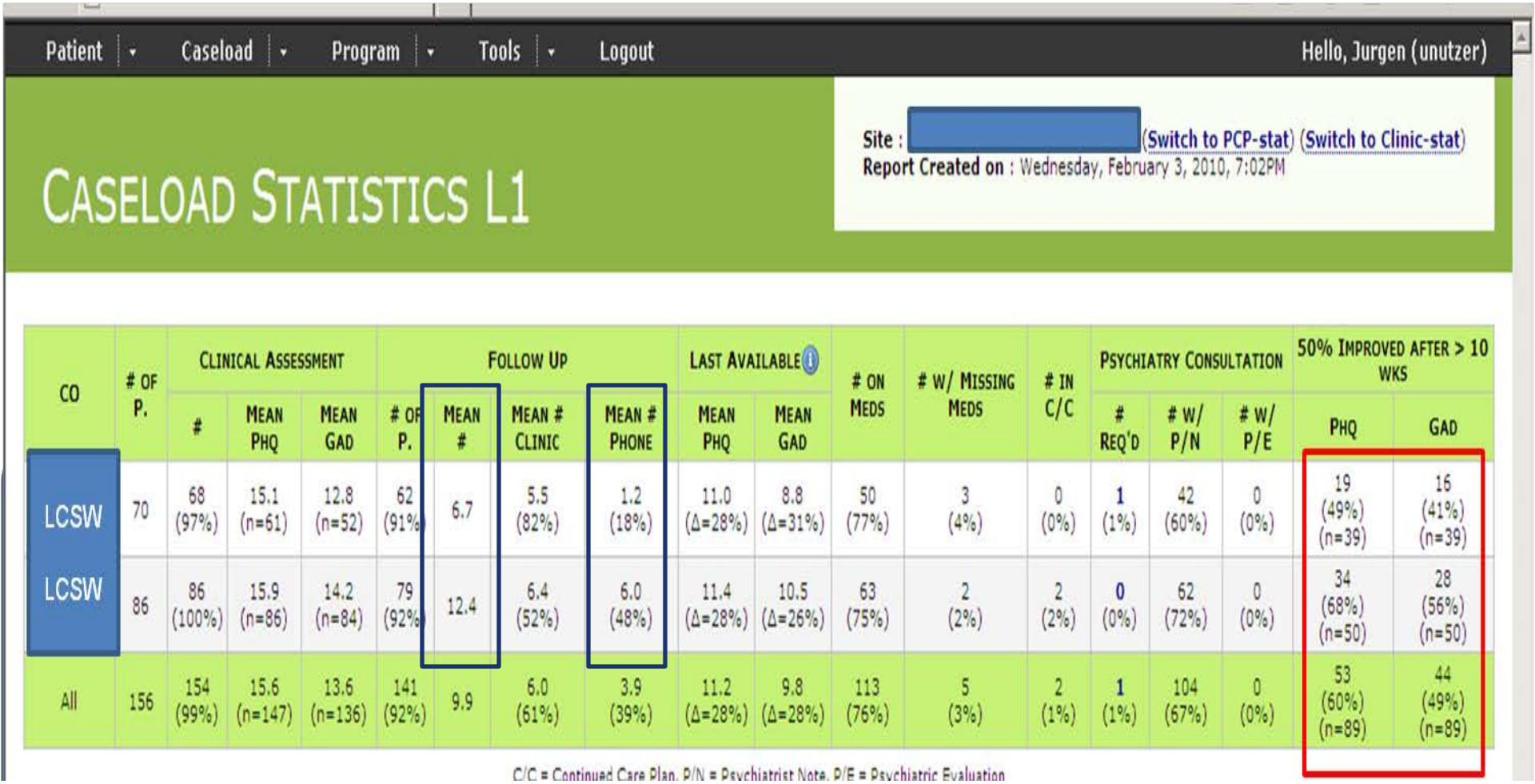


- **Web-based: access from anywhere**
- **Population-based**
- **Supports effective care**
- **Keeps track of caseloads.**
- **Facilitates psychiatric consultation.**
- **Supports population-based quality improvement and payment**



- Tracks clinical outcomes (e.g., PHQ-9) and processes of

Monitoring Processes of Care



Patient | Caseload | Program | Tools | Logout — Hello, Jurgen (unutzer)

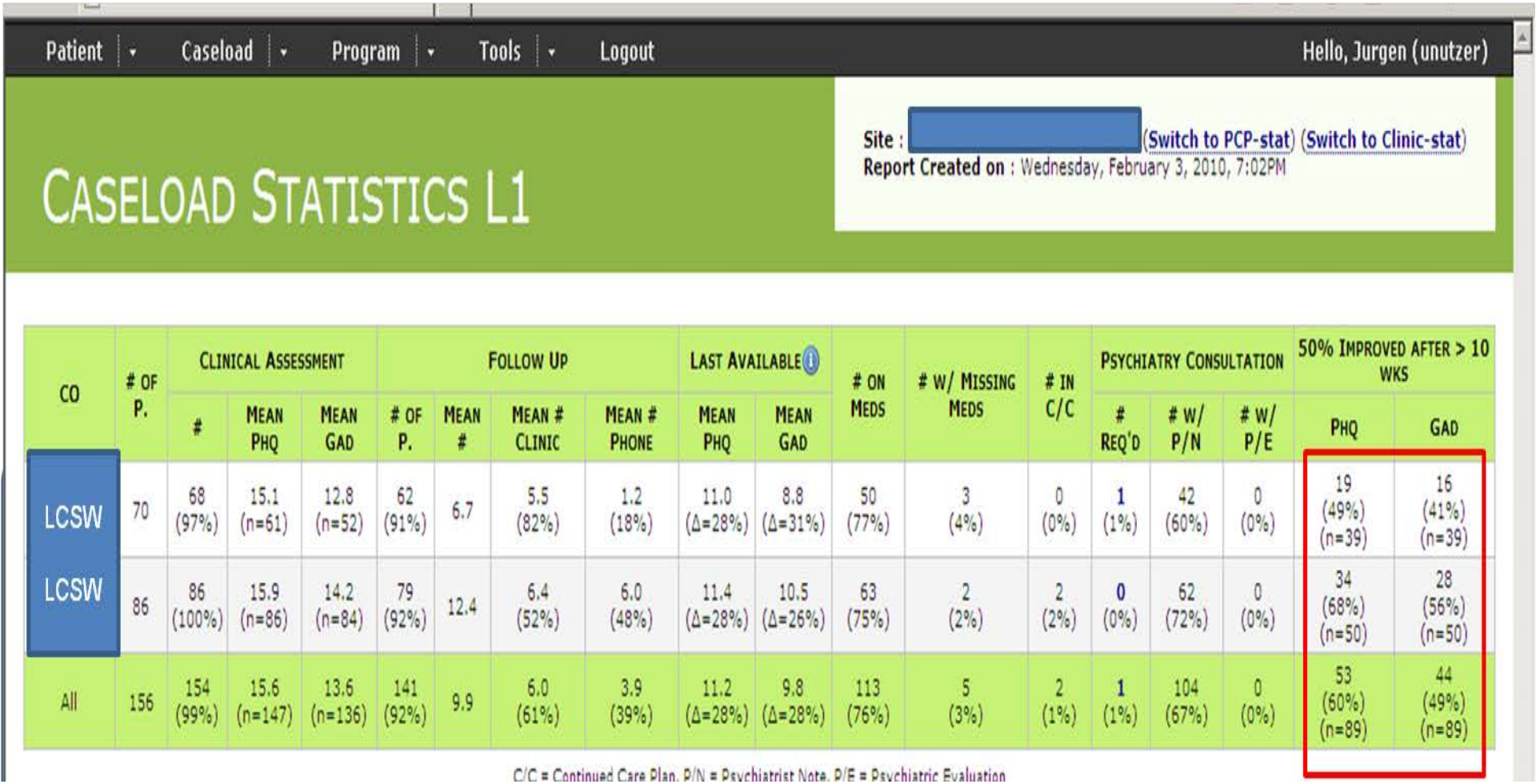
Site : [redacted] (Switch to PCP-stat) (Switch to Clinic-stat)
Report Created on : Wednesday, February 3, 2010, 7:02PM

CASELOAD STATISTICS L1

CO	# OF P.	CLINICAL ASSESSMENT			FOLLOW UP				LAST AVAILABLE		# ON MEDS	# W/ MISSING MEDS	# IN C/C	PSYCHIATRY CONSULTATION			50% IMPROVED AFTER > 10 WKS	
		#	MEAN PHQ	MEAN GAD	# OF P.	MEAN #	MEAN # CLINIC	MEAN # PHONE	MEAN PHQ	MEAN GAD				# REQ'D	# W/ P/N	# W/ P/E	PHQ	GAD
LCSW	70	68 (97%)	15.1 (n=61)	12.8 (n=52)	62 (91%	6.7	5.5 (82%)	1.2 (18%)	11.0 (Δ=28%)	8.8 (Δ=31%)	50 (77%)	3 (4%)	0 (0%)	1 (1%)	42 (60%)	0 (0%)	19 (49%) (n=39)	16 (41%) (n=39)
LCSW	86	86 (100%)	15.9 (n=86)	14.2 (n=84)	79 (92%	12.4	6.4 (52%)	6.0 (48%)	11.4 (Δ=28%)	10.5 (Δ=26%)	63 (75%)	2 (2%)	2 (2%)	0 (0%)	62 (72%)	0 (0%)	34 (68%) (n=50)	28 (56%) (n=50)
All	156	154 (99%)	15.6 (n=147)	13.6 (n=136)	141 (92%)	9.9	6.0 (61%)	3.9 (39%)	11.2 (Δ=28%)	9.8 (Δ=28%)	113 (76%)	5 (3%)	2 (1%)	1 (1%)	104 (67%)	0 (0%)	53 (60%) (n=89)	44 (49%) (n=89)

C/C = Continued Care Plan, P/N = Psychiatrist Note, P/E = Psychiatric Evaluation

Monitoring Clinical Outcomes



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Fit For Purpose: Matching Evaluation Approach to Strategy Stage

Principle 1

Accountability, evaluation, and performance questions should match:

- *The nature of the grantmaking strategy*
- *The lifecycle stage of the grantmaking strategy*

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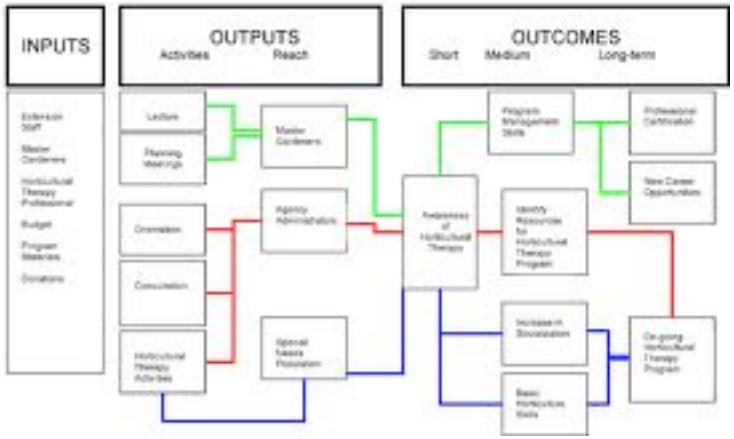
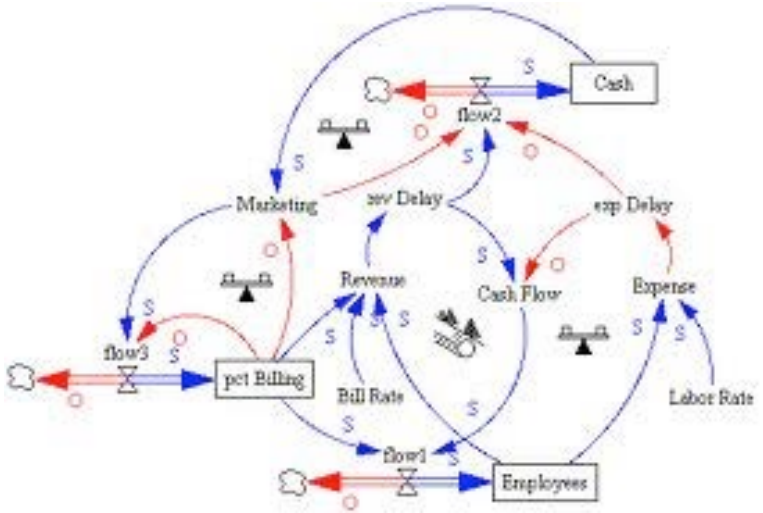
Two Kinds of Grantmaking Strategies





MODELS

ADAPTIVE INITATIVES

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MODELS

CORE ASSUMPTION

If implemented correctly and with quality, a pre-determined set of activities can be expected to produce a predictable chain of outcomes over time and in different settings.

Program delivery:
- Client-based interventions
- Training and education
- Capacity building

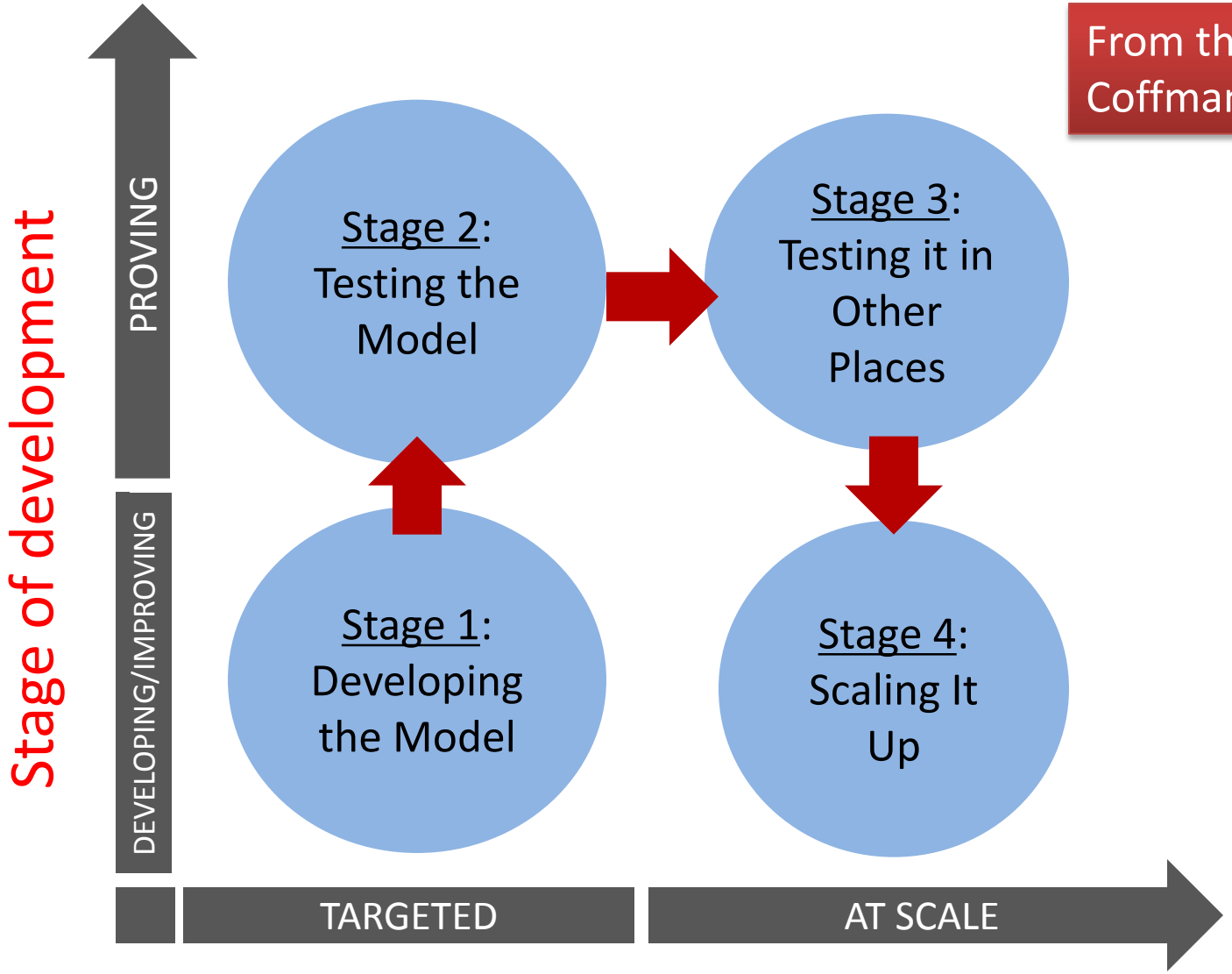
ADAPTIVE INITATIVES

CORE ASSUMPTION

Dynamic conditions and multiple factors require adaptation along the way, so both the pathway to change and the outcomes themselves may change over time.

- Systems change
- Advocacy & policy change
- Program Innovations
- Emergency Response

Four Stages of Model Development and Scale-Up



Source: Britt, H., & Coffman, J. (2012). Evaluation for models and adaptive initiatives. *The Foundation Review,* 4(2), 44-58.

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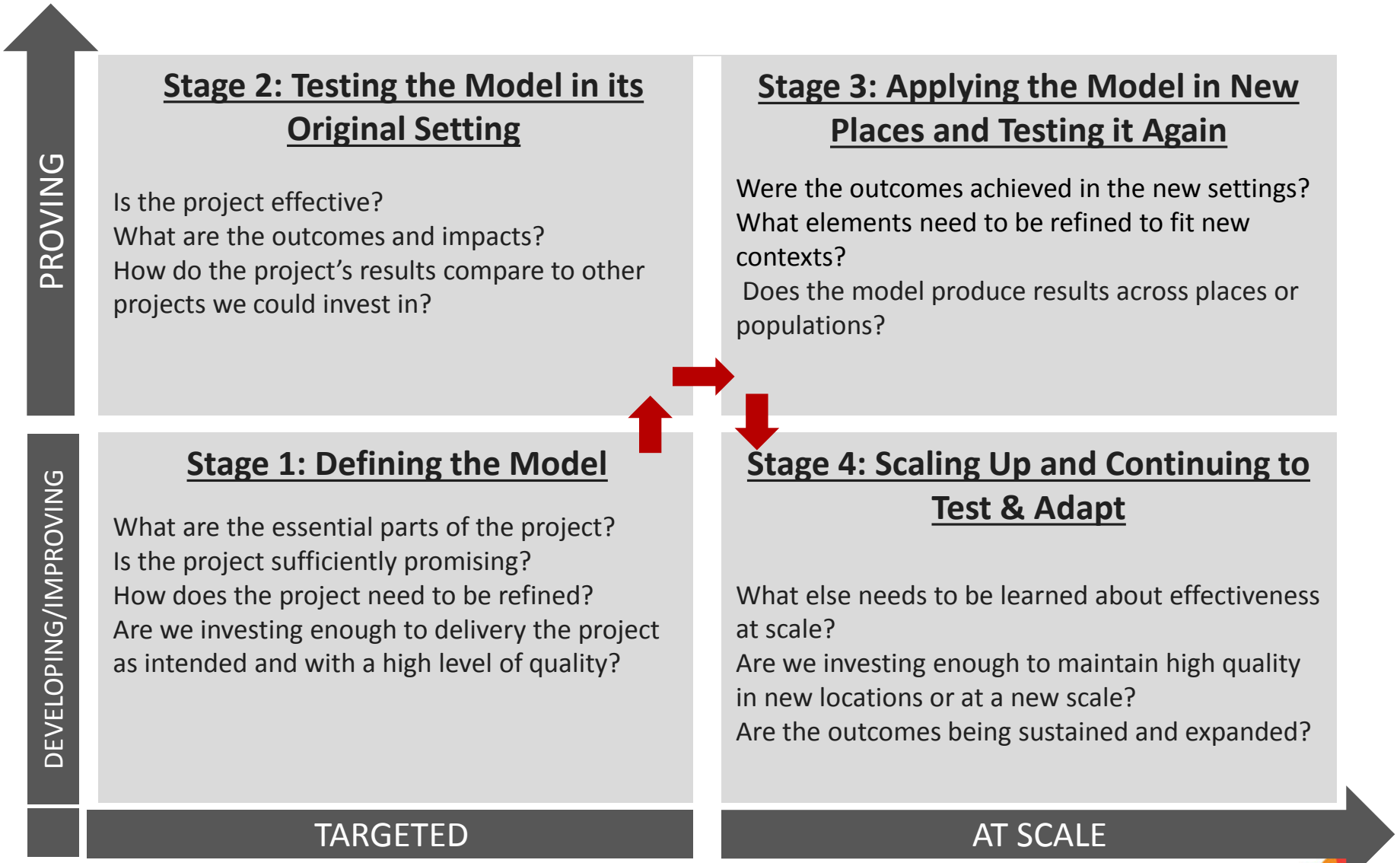
Matching Evaluation Questions to Model Stage and Scale



Source: Britt, H., & Coffman, J. (2012). Evaluation for models and adaptive initiatives. *The Foundation Review,* 4(2), 44-58.

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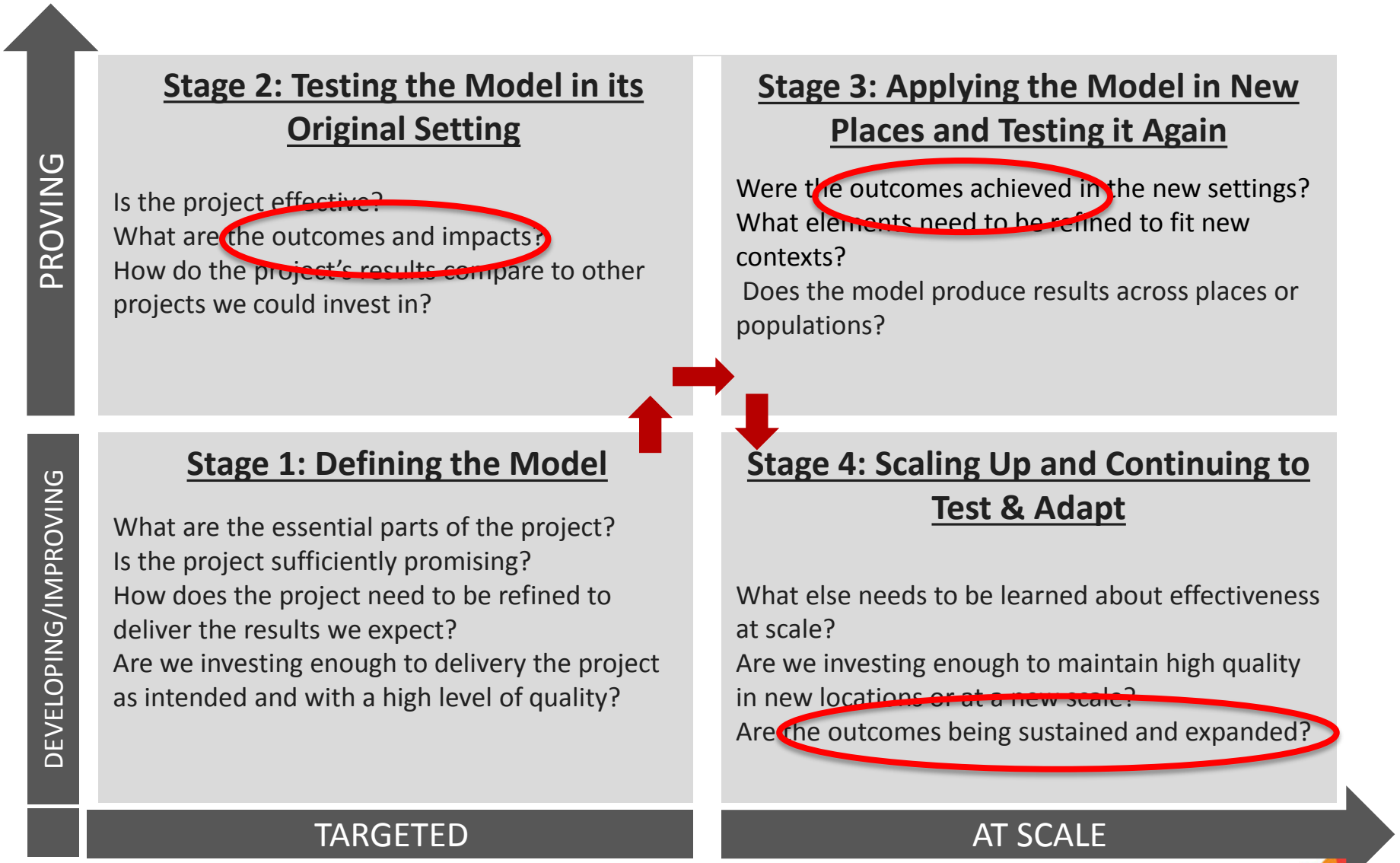
Matching Board-Level Evaluation Questions to Model Stage and Scale



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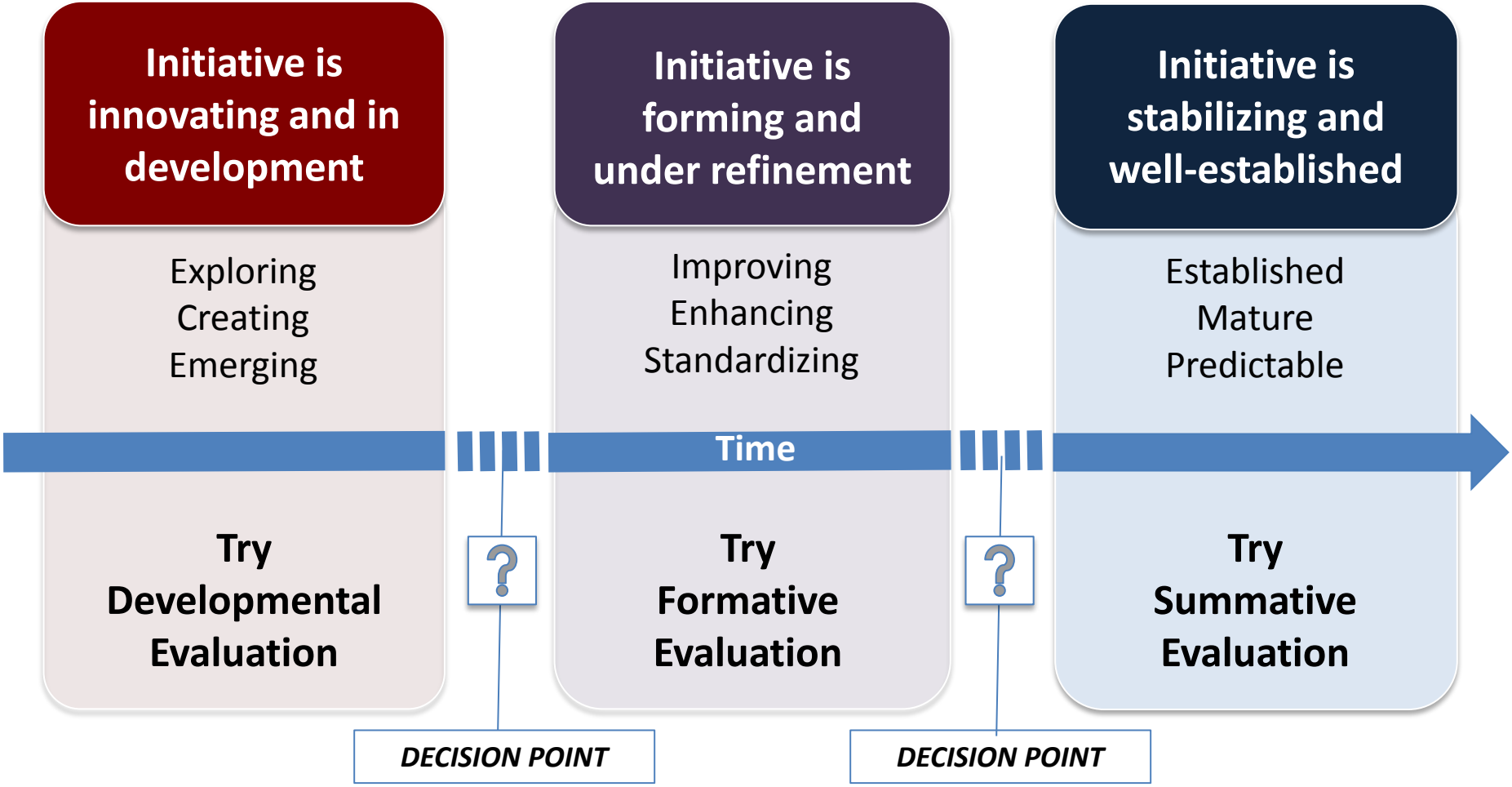
Leadership-level Evaluation Questions about Adaptive Initiatives

- ✓ How is the system responding to our efforts *now*?
- ✓ Are we triggering new ways of thinking, new patterns of interaction between institutions, organizations, and/or individuals?
- ✓ What do initial results reveal about expected progress?
- ✓ What elements merit more attention, investment, or changes?
- ✓ How have changes in the environment affected our results and the system as a whole?
- ✓ To what kinds of results, both expected and unexpected, are we contributing?
- ✓ What has produced the results so far and how can we continue to produce the results we seek?

Principle 2

Regularly re-visit the design and purpose of the evaluation to ensure it matches the social change strategy as it evolves



Is the initiative changing from emergent to more stable and consistent?

Are you ready to stop revising the initiative and judge its impact or worth?

NOTE: some initiatives are never intended to stabilize into a model!

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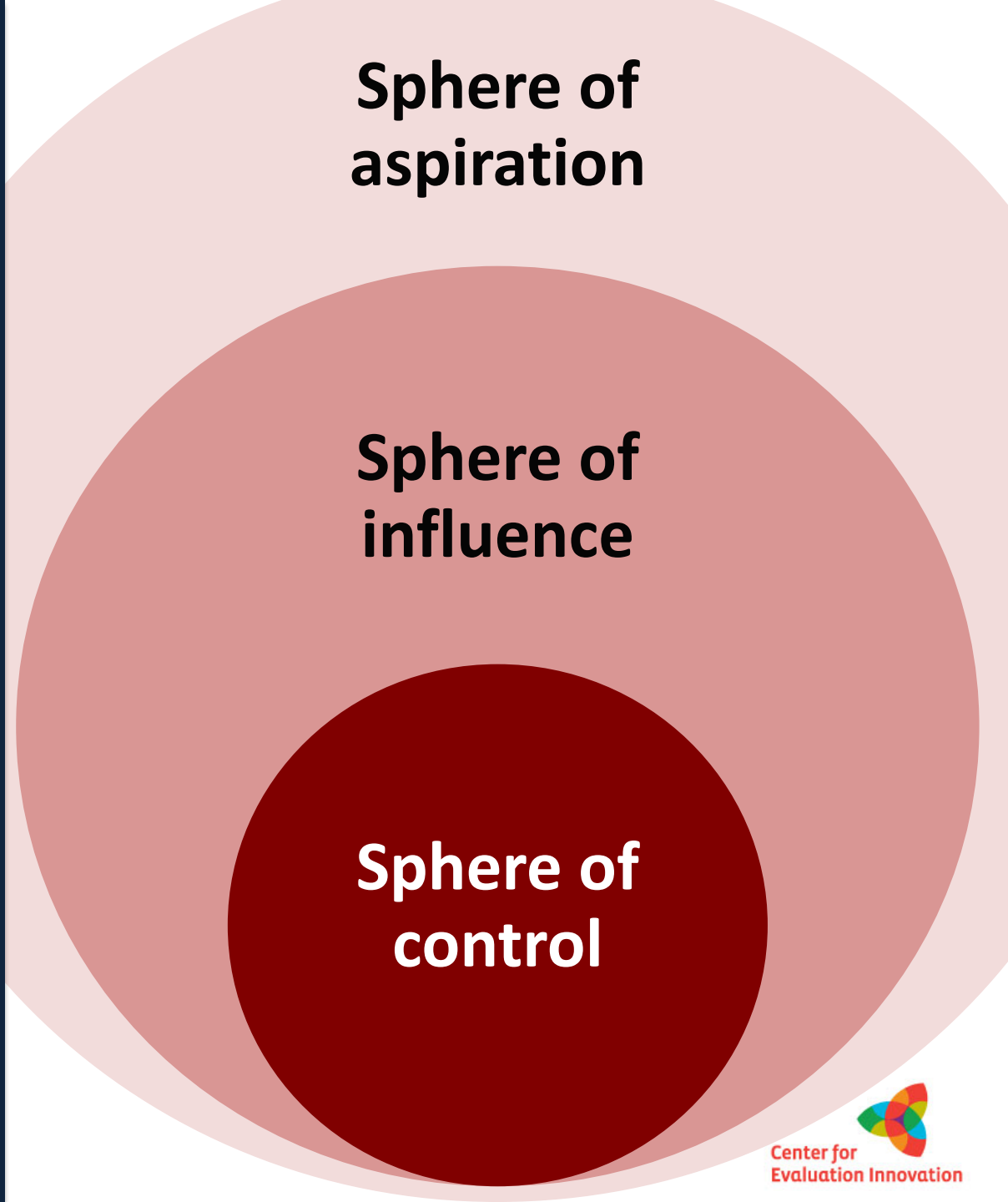
Principle

3

Focus on outcomes that are within the control or influence of the initiative



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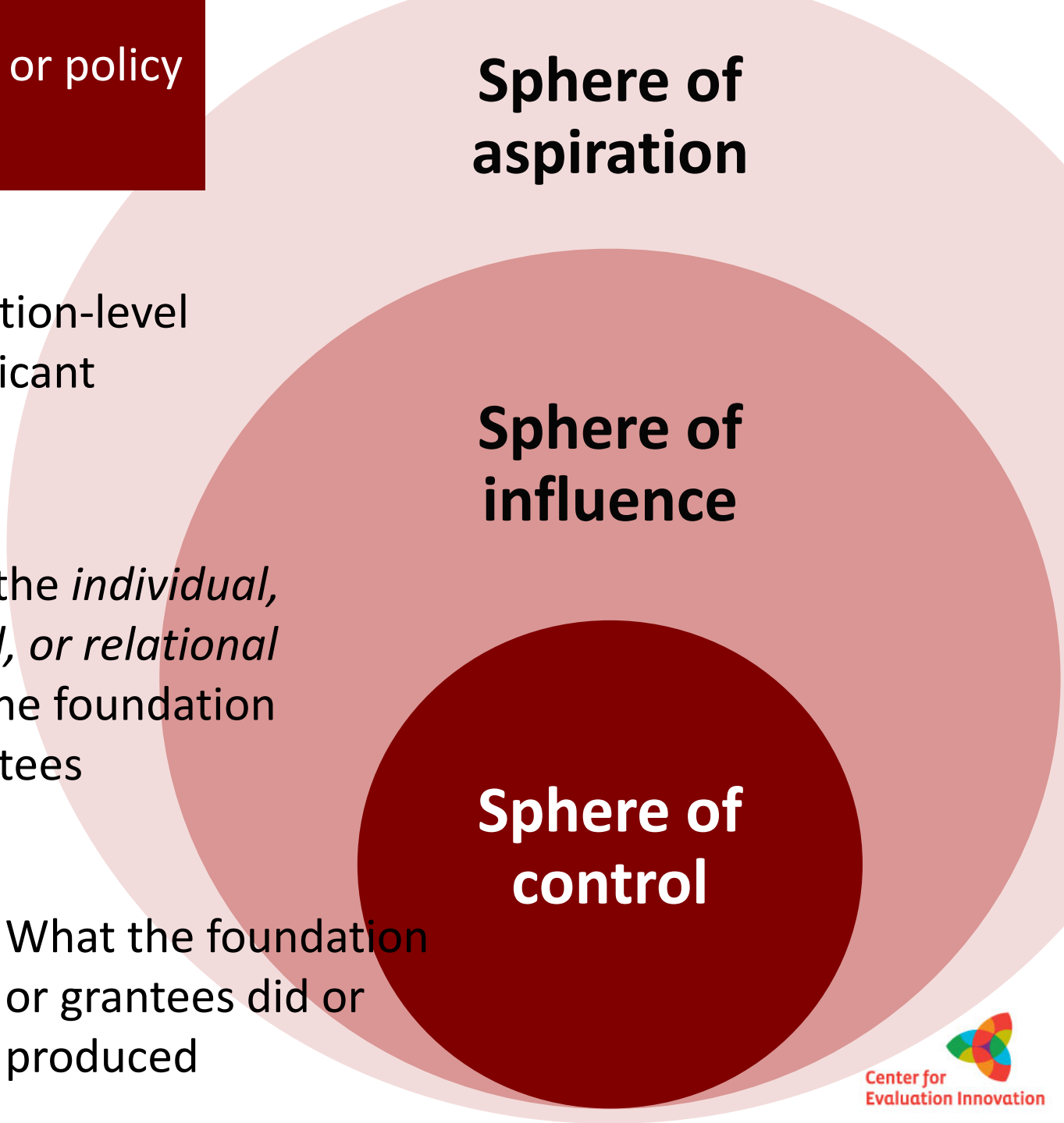
For systems change or policy change initiatives…



Changes in population-level wellbeing or significant policy wins

Changes in the *individual, institutional, or relational* ***targets*** of the foundation and its grantees

What the foundation or grantees did or produced

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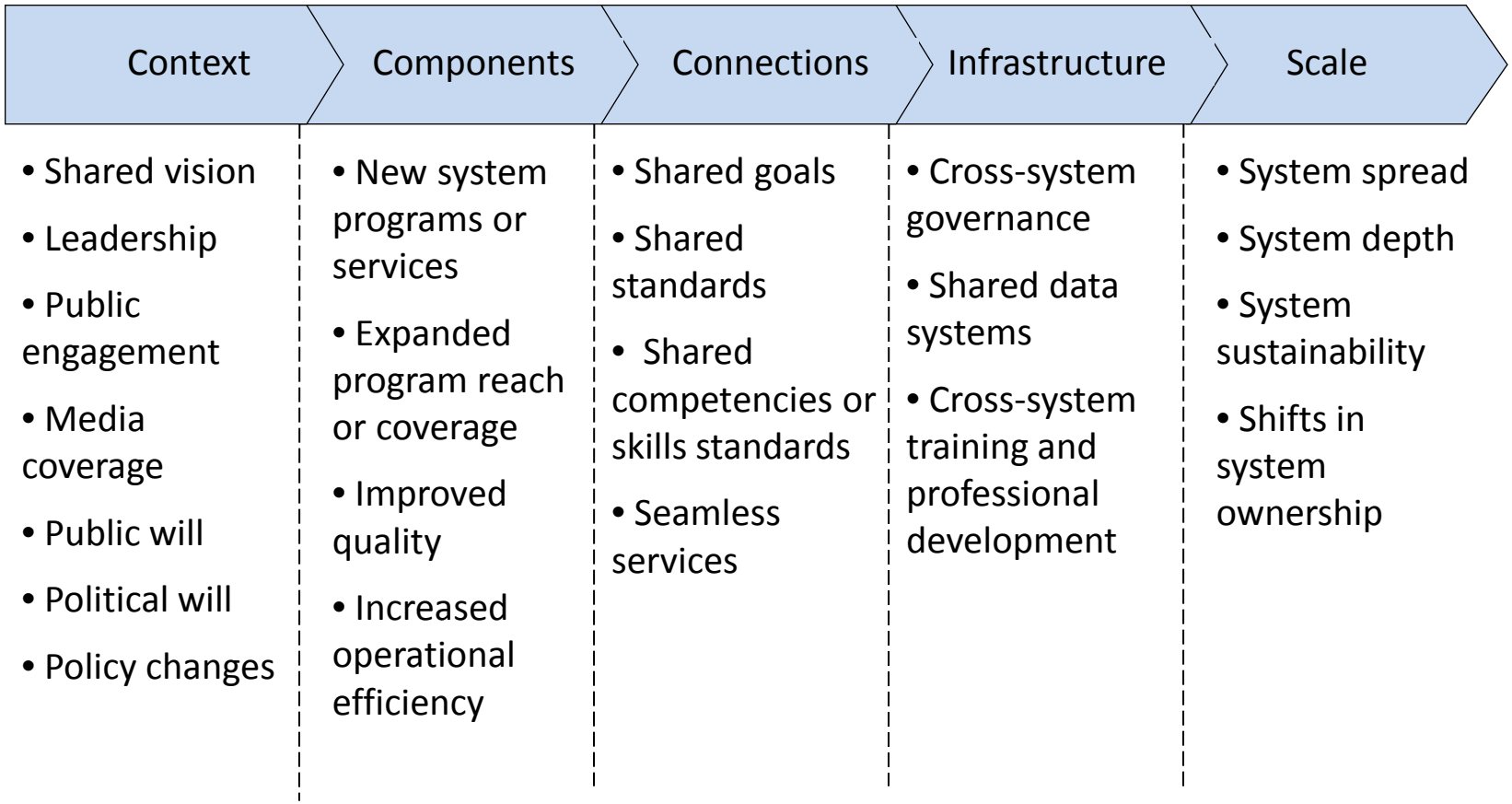
EXAMPLE: Five Elements of Systems Building

From the Build Initiative Brief…

Context	Improving the political context that surrounds the system so it produces the policy and funding changes needed to create and sustain it
Components	Establishing high-performance programs and services that produce results for the target populations
Connections	Creating strong linkages across system components that further improve results for target populations
Infrastructure	Developing the supports systems need to function effectively and with quality
Scale	Ensuring a comprehensive system is available to as many people as possible

Expected System-Level Outcomes



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Expected System-Level Impacts

Context	Components	Connections	Infrastructure	Scale
Initiatives typically are not expected to demonstrate how context-related outcomes causally connect to target population impact	Better impacts for target populations *related to specific programs or practices*	Better impacts for target populations *where or when connections are made compared to when they are not*	Initiatives typically are not expected to demonstrate how infrastructure outcomes causally connect client-level impacts	Better impacts for beneficiaries *across a broad spectrum of domains and on a system-wide population level (e.g., on community or state indicators)*

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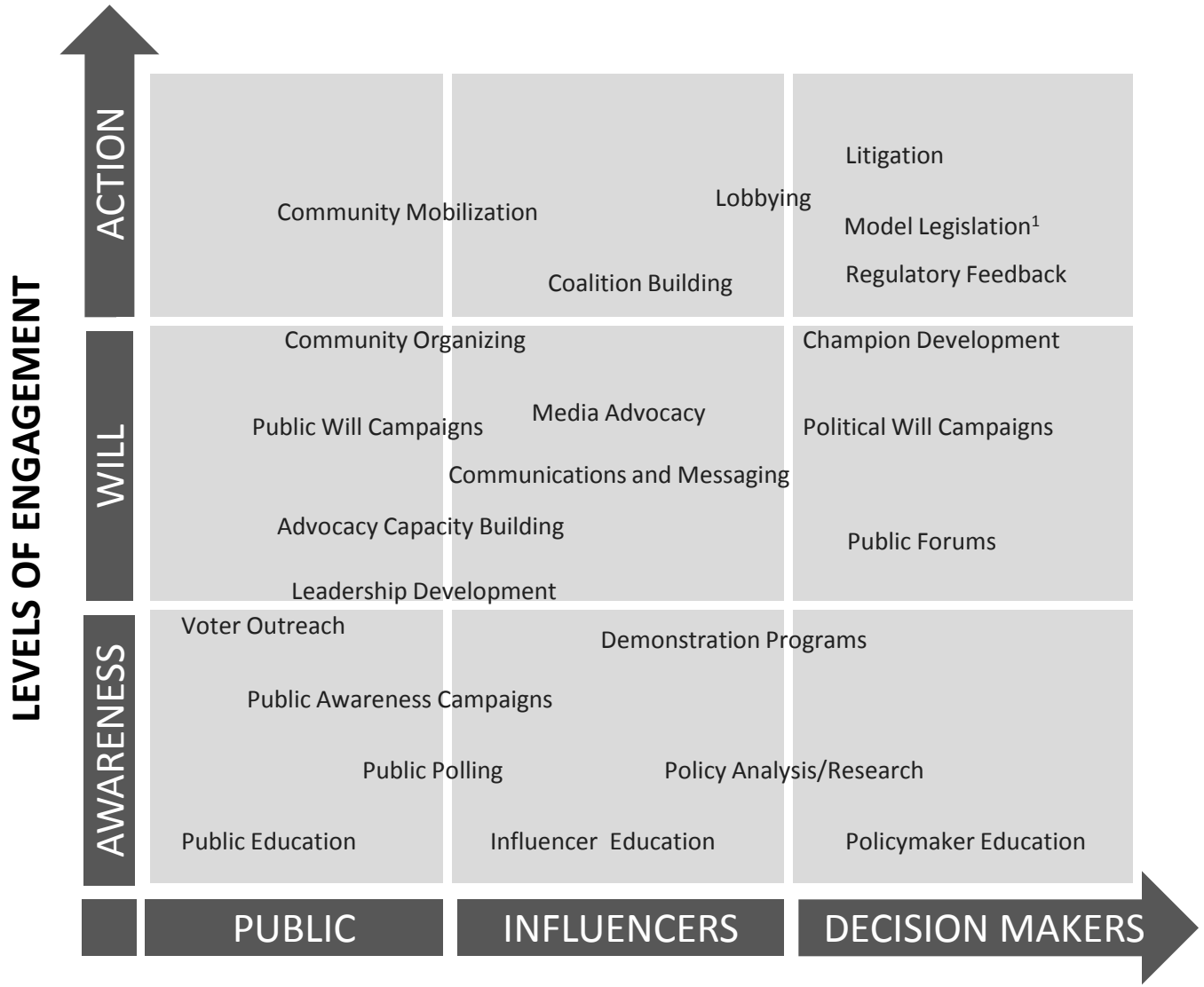
EXAMPLE: Advocacy and Policy Change Outcomes



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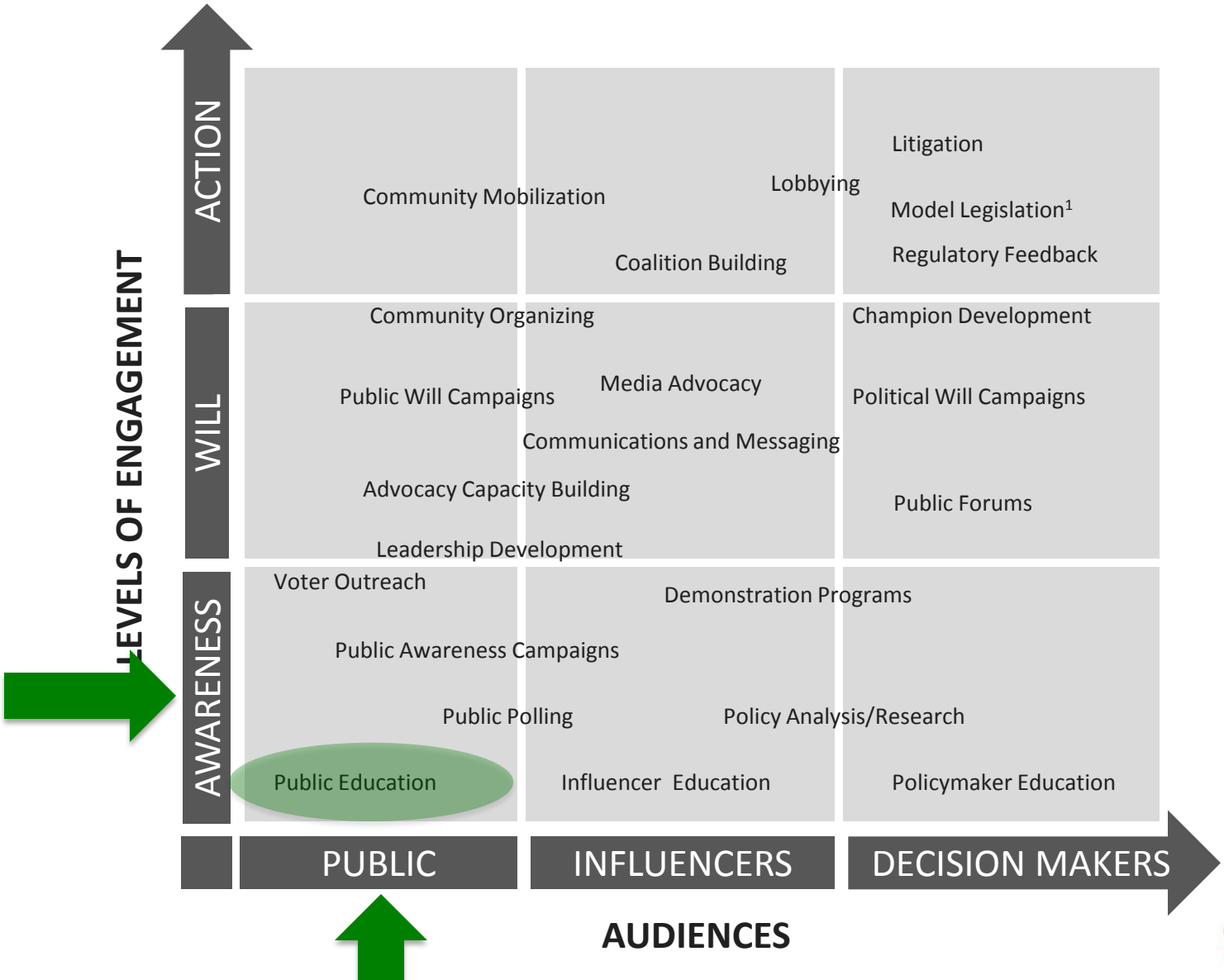

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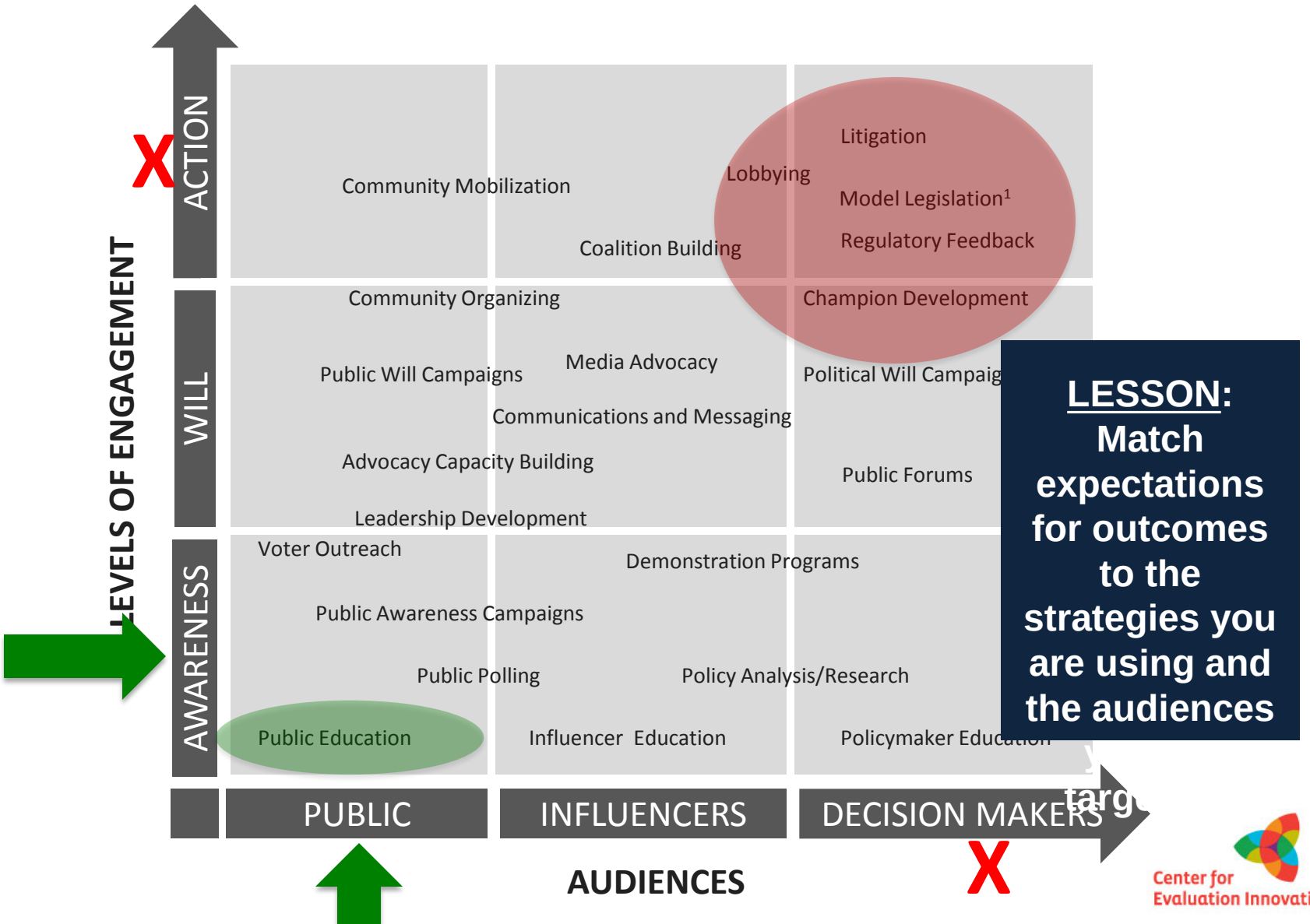
EXAMPLE: Advocacy and Policy Change Outcomes



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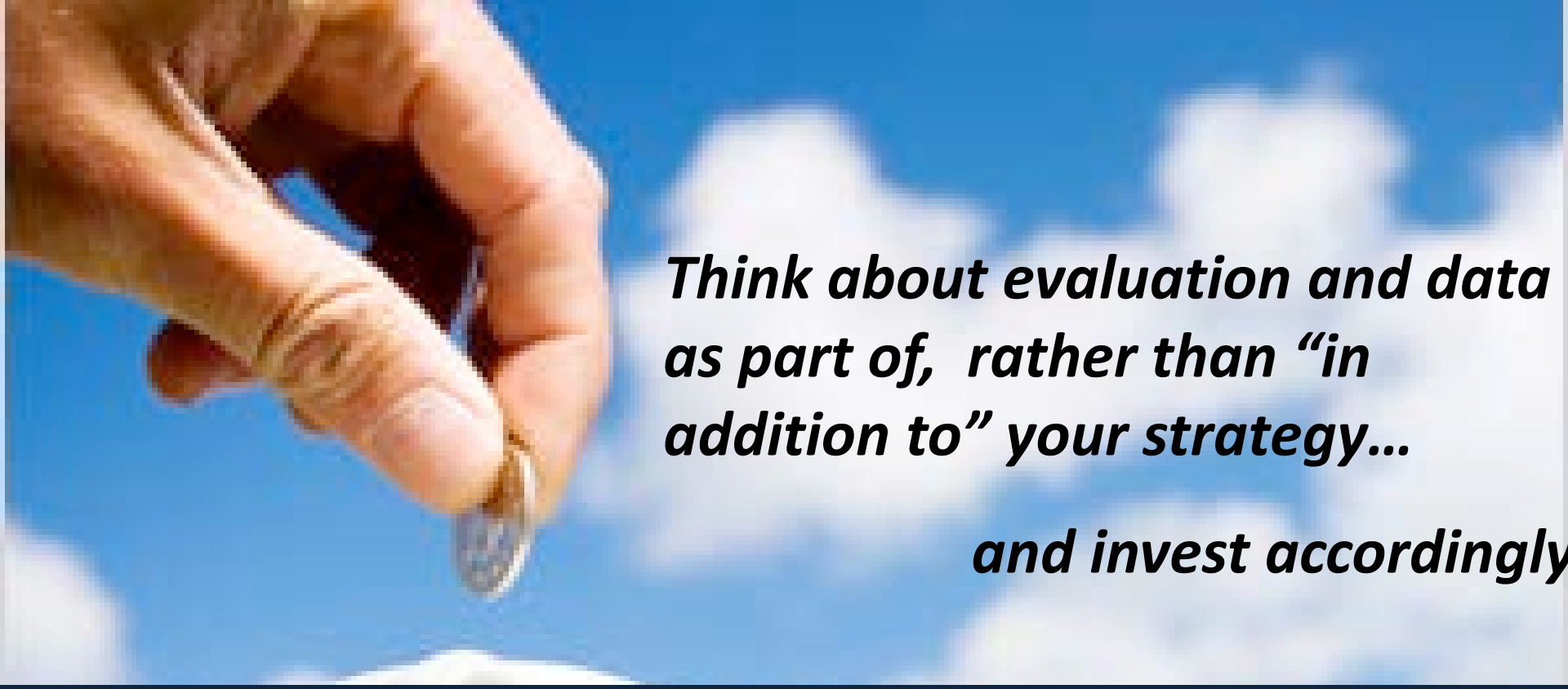
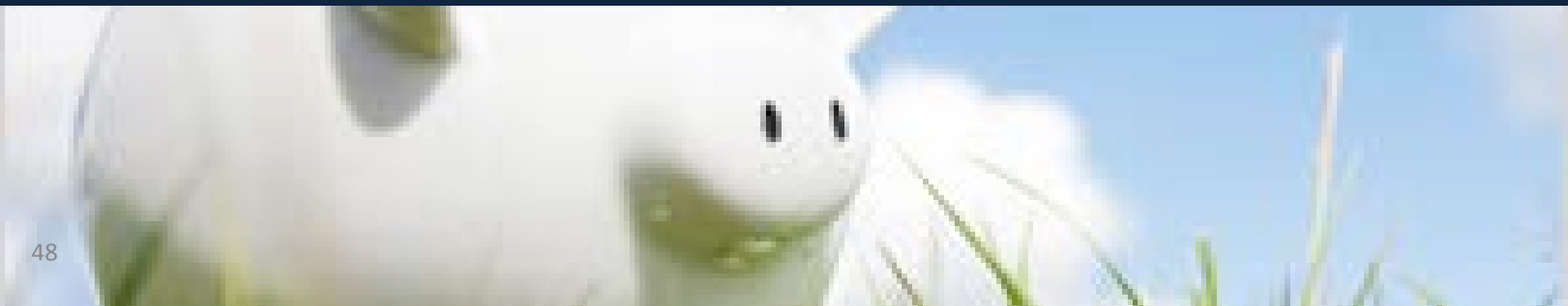


Think about evaluation and data as part of, rather than "in addition to" your strategy…

and invest accordingly

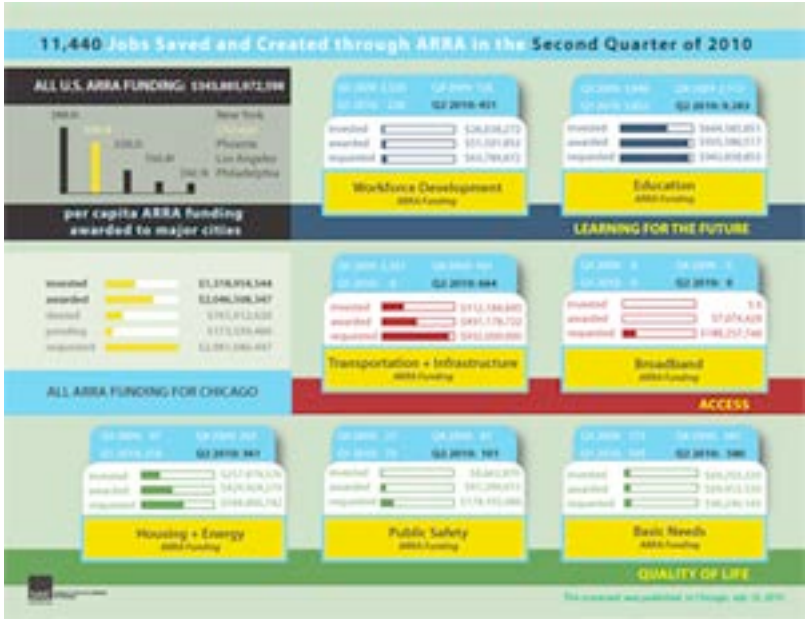
Principle 4

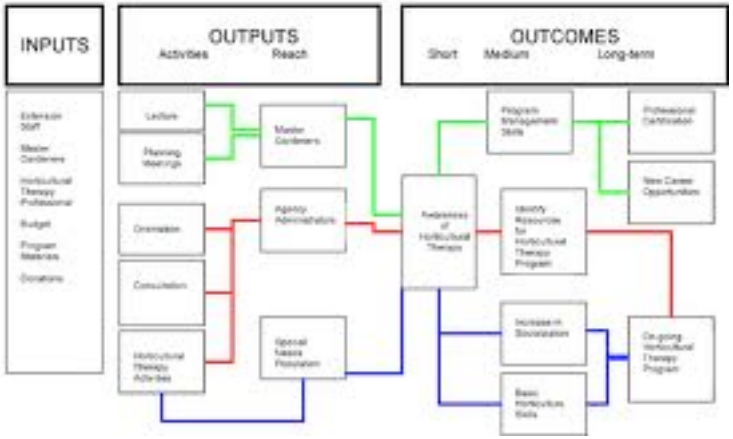


Principle

5

Consider how the processes, tools, and even the language you use affect staff, grantee, and your own decision making and behavior





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- ✓ Logic models
- ✓ Formative & Summative Evaluation
- ✓ Metrics aggregated from individual grantee reports
- ✓ Straightforward “progress dashboards” tracking a fixed set of metrics over time
- ✓ Questions about client- or population-level outcomes (once the model is mature)

Model-based strategies are well-suited to many common foundation practices

But adaptive initiatives are often stifled by these same practices…

For adaptive initiatives, consider trying…

- ✓Theories of change that are actively revised & have "fuzzy spots"
- ✓Developmental Evaluation
- ✓Evolving metrics
- ✓"Situation Analyses" rather than (or in addition to) dashboards
- ✓Learning agendas
- ✓Rethinking "accountability"

Let’s Discuss!

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Question?

Please type your question into the Chat Box or press *6 to unmute your phone line and ask a question

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- More webinars on this topic?
- New topics you want to tackle or learn more about?
- Innovative work that you want to share?
- A question you want to pose to your colleagues?

Contact us at bh@gih.org