



September 2022

# Why You Need Outcomes Data

**Lessons for leaders looking to reduce waitlists, optimize treatment and improve clinical outcomes**

Presented to:



# Outline

- ✓ Why MBC is Critical in Behavioral Health
- ✓ AuMHC Background & Need for MBC
- ✓ Choosing & Implementing the Best Solution
- ✓ AuMHC Outcomes & Data-Driven Efficiencies



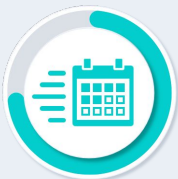
# Why Behavioral Health Executives Choose Owl

**Owl addresses today's challenges by giving clinicians and leaders the actionable data insights they need to make informed clinical or business decisions.**



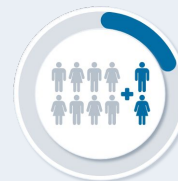
- Reduce waitlists to address increased demand
- High staff turnover
- Inconsistent treatment throughout the organization
- Prove their treatment programs are effective to critical stakeholders
- Deliver the right treatment at the right time to the right person
- Prepare for value-based care

# Better Data. Better Insights. Better Outcomes.



**72.6%**

Reduction in time to remission



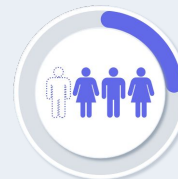
**14.6%**

Increase in capacity with existing resources



**89.5%**

Patient engagement rate



**26%**

Reduction in no-show rate

# Our Panelists



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# Measurement-Based Care

# What is Measurement-Based Care (MBC)?

“The systematic evaluation of patient symptoms before or during each clinical encounter to inform behavioral health treatment” *(Lewis et al., 2018)*



# Why MBC?



**Better  
Care**

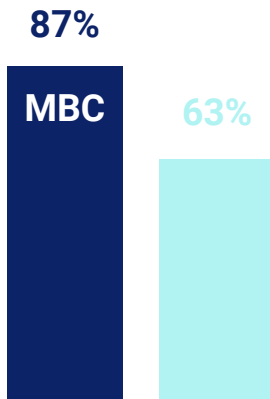
- Improves patient care and outcomes
- Faster symptom improvement & remission
- Fewer required sessions
- Lower dropout
- Decreases cost of care



# Treatment Effectiveness

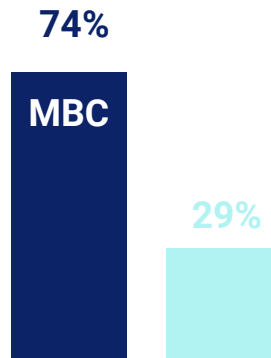


**MBC** is especially effective for catching treatment deterioration, preventing premature dropout, and improving outcomes for patients who are not on track (*Lambert & Shimokawa, 2011*).



## Response to treatment

MBC patients more likely to respond to psychopharmacologic treatment (87% vs 63% controls) (*Guo, 2015*)



## Remission

MBC patients more than 2.5X more likely to reach remission (74% vs. 29% controls) (*Guo, 2015*)

# Treatment Efficiency

 **Fewer Sessions**

Typically progressing clients = fewer sessions with MBC (*Lambert et al., 2003*)

 **Better Outcomes**

Better outcomes with MBC when treatment length equivalent (*Lambert et al., 2003*)

 **50%**

**Reduced time** to treatment response and remission by 50% (*Guo, 2015*)

**Response** - 4.5 vs. 8.1 weeks

**Remission** – 8.4 vs. 14.8 weeks

**Demonstrated dose effect:** more frequent measurement feedback to clinicians led to faster improvement. (*Bickman et al, 2011*)

# Why MBC?



## Clinicians Struggle to Detect:

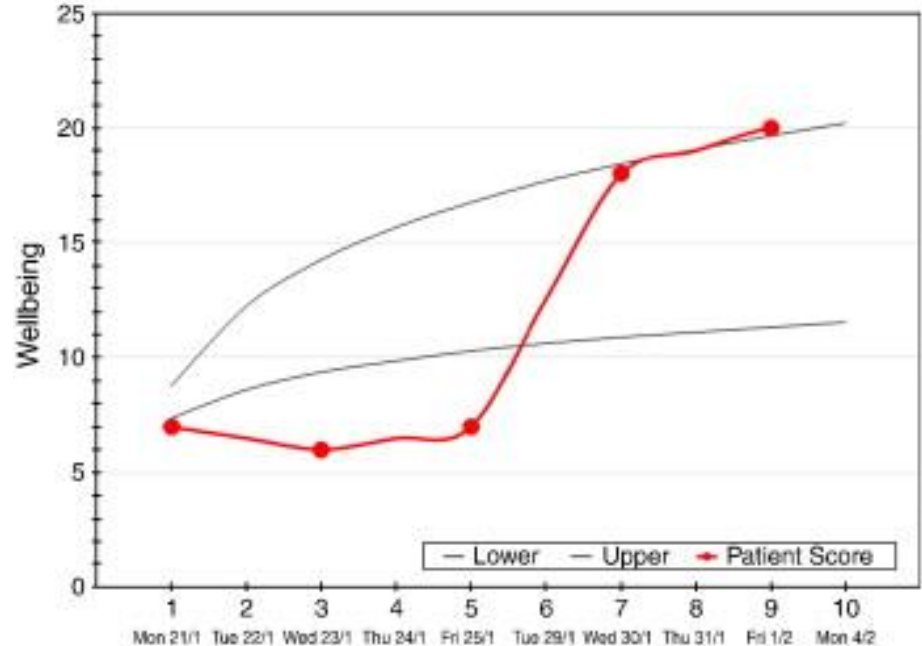
- Lack of treatment
- Treatment deterioration

## Clinicians Overestimate:

- Clinical skills
- Rate of success

# Analyze and Adjust with MBC

- Assess process & outcomes
- Adjust treatment if needed
  - Adjust for specific patients
  - Adjust overall approach
  - Adjust programming



# Effective MBC Requires Routine Monitoring

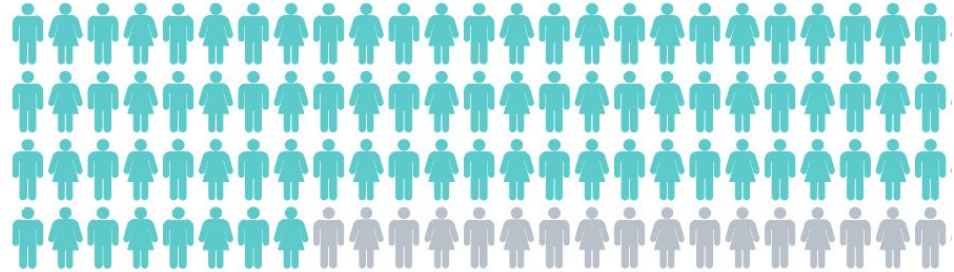
- Occasional outcome monitoring or screening doesn't improve care
- Improved care involves:
  - **Frequent** assessment
  - Assessment that **coincides** with the treatment session
  - **Review** by the provider
  - Review by the **patient**
  - Collaborative, data-driven **reevaluation** of the treatment plan



# But We Aren't Using MBC

83%

of respondents report their organization has a knowledge of MBC



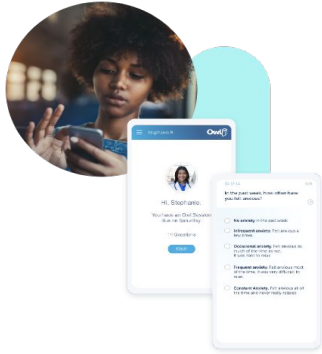
Respondents overwhelmingly believe a MBC solution could help them with their current priorities and initiatives

16%

Yet only 16% of respondents are consistently using MBC

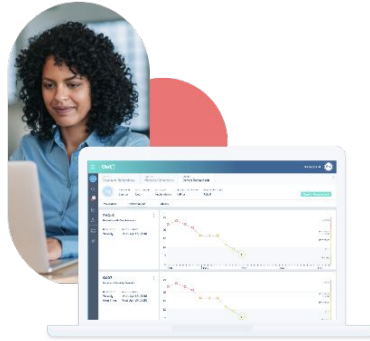


# MBC Helps Patients, Clinicians & Organizations



## Engage Patients

**Patient** completes evidence-based measures when they want, how they want



## Guide Care

**Collaborative** review of progress informs treatment decisions;  
Real-time alerts for high risk situations.



## On-Demand Reports

**Aggregated Data** provides population-level insights (patient, provider, program, enterprise trends)

# Aurora Mental Health Center Background



# History of Outcomes Tracking

Attempt	Challenge
Statewide with CBHC using CCAR, ORS/SRS, PCOMS	Lacked reliability, validity, inconsistency, aggregation
Aurora Research Institute measures	Lacked reliability, validity, low completion rate
AuMHC prescriber green sheet (PHQ9 on paper)	Lacked system integration, not trackable
Multiple grant measures	Lacked data aggregation
MyOutcomes	Lacked consistency, aggregation, reliability

# Path Forward with CCBHC Innovation

Grant application focus on data collection, reporting and tracking

## *5.A.1 Data Collection, Reporting and Tracking*

- The CCBHC has the ability (for, at a minimum, all Medicaid enrollees) to collect, track, and report data and quality metrics as required by the statute and criteria.*
- The CCBHC has the capacity to collect, report, track encounter, outcome, and quality data, including but not limited to data capturing: 1) consumer characteristics; 2) staffing; 3) access to services; 4) use of services 5) screening, prevention, and treatment; 6) care coordination; 7) other processes of care; 8) costs; and 9) consumer outcomes.*

# Choosing & Implementing the Best Solution

# Solution Requirements

## Overall

- Covers all ages
- Covers all conditions
- Can be implemented flexibly depending on need
- Uses valid and reliable measure(s)
- Uses a MBC approach, i.e. measuring functioning at narrow and regular intervals
- Actively impacts client care
- Reports overall progress and outcomes
- Easy to aggregate data at multiple levels: client, clinician, team, division, organization
- Able to integrate into EHR
- Has a wide variety of measures so there would be appropriate measures for all of our specialty populations

## Availability of Data

- Ability to access raw data in order to analyze and use for advancing clinical care

## Ease of Use for Clients

- Possible to complete measures on multiple devices, either client owned or center owned
- Ability to see progress regularly

## Ease of Use for Clinicians

- Ability to see client-completed data within the EHR
- Easy to find and review progress to date on measures
- Ability to review progress or regression with clients in session

# Why We Chose Owl

**300+**

clinically-validated  
measures

**89.5%**

patient  
engagement rate

**95%**

clinician  
engagement rate

# Implementation Best Practices

## Phase 1 (Pilot)

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Two teams with excited champions

Outcomes results led to organization-wide acceptance

## Integration

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EHR integration with SmartCare

Clinical/IT/Owl partnership

## Team-By-Team Approach

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Clinical program buy-in

Customizable approach

Learning & development training, including new employee orientation

Clinical leadership training on Owl Analytics

# Data & Outcomes

*(to be presented)*

# Thank You!

