

Measuring Clinician Performance in Integrated Care Settings

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WHAT ARE METRICS AND WHY ARE THEY IMPORTANT?

Fidelity and Clinical Outcomes metrics are both important



Fidelity Metrics

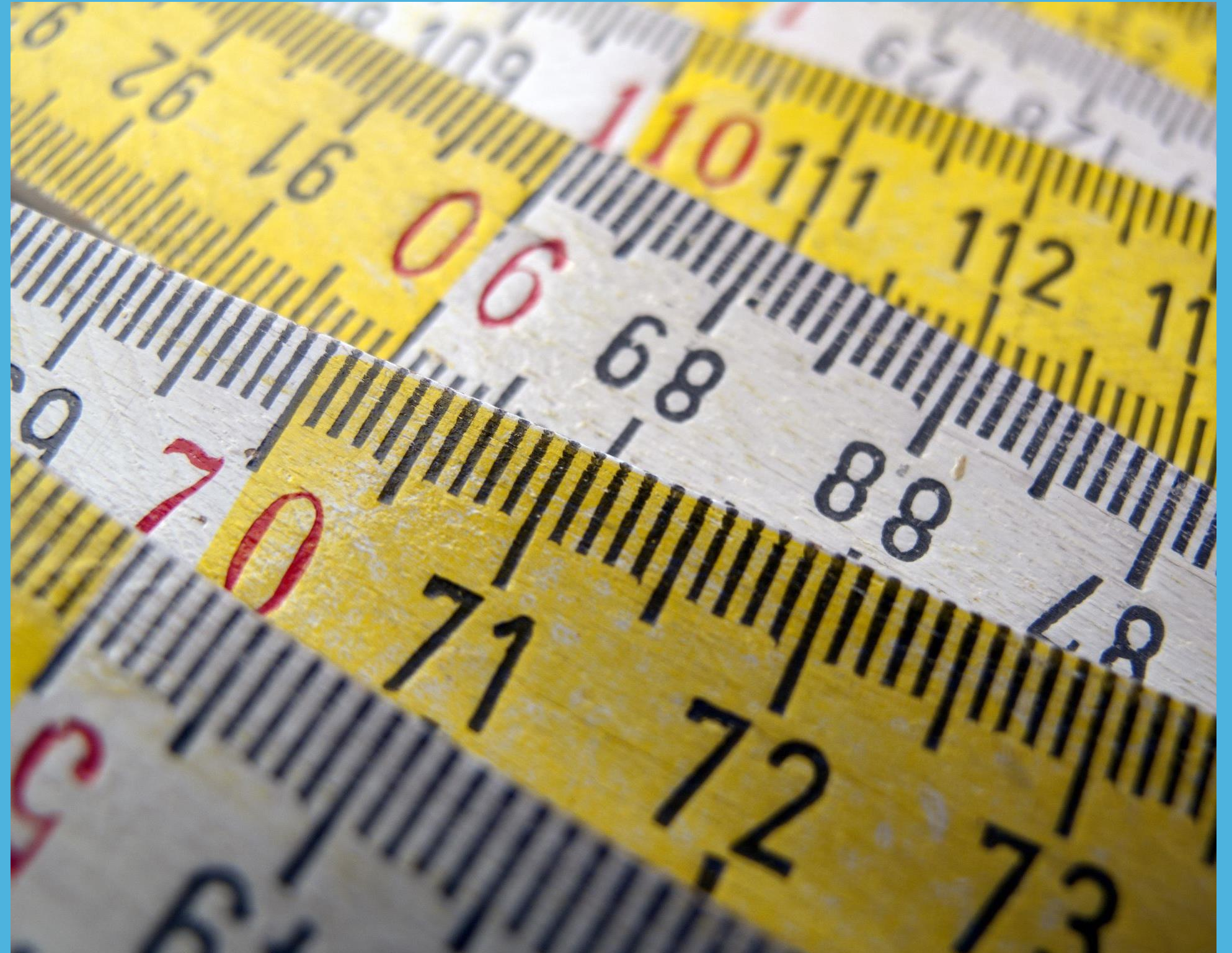
- Indicate the extent to which a model is being practiced as intended
- Value
 - Ensure individual BHCs are practicing as intended
 - Allow for accurate comparison of BHCs, clinics, systems
 - Identifies potential QI initiatives
 - Facilitates research
 - Promotes clear communication within the system

Clinical Outcomes Metrics

- Data points that provide insight into a clinician's/clinic's/system's effects on the health of individual patients or specified populations
- Value
 - Indicator of effectiveness of a BHC/clinic/system on health outcomes of interest
 - Allow for objective comparison of BHCs/clinics/systems
 - Identifies potential QI initiatives
 - Facilitates research
 - May generate support for integration

FIDELITY METRICS

Indicators of fidelity to the integrated
care approach



GATHER the Data

PCBH Model Features (GATHER)	Details
<u>G</u> eneralist	All ages, any behavioral issue
<u>A</u> ccessible	Goal is same-day access
<u>T</u> eam-based	Bi-directional help between BHC, team
<u>H</u> igh productivity	Aim of high patient volume
<u>E</u> ducator	Teaching behavior change and resilience strategies to the team
<u>R</u> outine	Perceived (by patients and team) as a regular part of health care

How to GATHER the Data

- EHR data
- Billing data
- Patient satisfaction surveys
- PCP satisfaction surveys
- BHC self-tracking
- 360 team evaluations

GATHER the Data

- Generalist
 - Conditions and demographics of BHC patients
 - Ages of patients
 - Conditions
 - Relevant patient demographics, e.g.:
 - Primary language spoken
 - Gender
 - Race/Ethnicity
 - Beneficiary category
 - Compare to PCP metrics

GATHER the Data

- Accessibility
 - Average number of same-day visits per day
 - Billable encounters initiated via warm handoff (or scheduled same day)
 - Consider same-day appointment type to be used as needed
 - Satisfaction with access to the BHC
 - From PCPs
 - From patients
 - 3rd Next Available (?)

GATHER the Data

- Team-based
 - Average number per day of co-occurring PCP and BHC visits (i.e., same day)
 - Percent of BHC visits for which PCP feedback is given

GATHER the Data

- High productivity
 - Average number of BHC visits per day *

(GOAL is based on PCP goal)

* Martin, M.P., Bridges, A.J. & Cos, T. (2021). Measuring productivity in Primary Care Behavioral Health: A delphi study. *Journal of Clinical Psychology in Medical Settings*, <https://doi.org/10.1007/s10880-021-09814-z>

GATHER the Data

- Educator

- Self-reports from PCPs and other team members of:
 - Competence for working with health-interfering behaviors
 - Consider asking team members to rate other team members (or team in general)
 - Confidence for working with health-interfering behaviors
 - Comfort for asking about health-interfering behaviors
- Patient satisfaction
 - In general
 - With specific indicator (e.g., “perceived PCP listening”)
- Number of formal training efforts by BHC
 - Tracked and self-reported by BHC
 - Includes:
 - 1:1 or group
 - Any duration
 - Spontaneous or formal

GATHER the Data

- Routine
 - Number of unique patients per year
 - Population penetration
 - Number of patients referred by each PCP

(GOAL is based on PCP goal)

Additional Fidelity Tools

- Core Competency Tool (CCT)
 - Caution: Various versions exist
 - See handout accompanying this session
- The Primary Care Behavioral Health Provider Adherence Questionnaire (PPAQ-2) *
 - Caution: Developed prior to GATHER publication
- Administration of CCT, PPAQ-2
 - Used for individual BHC
 - Can be used for “BHC certification” with new hires and/or for periodic evaluation

* Beehler, G.P., Funderburk, J.S., King, P.R. et al. (2020). Validation of an expanded measure of integrated care provider fidelity: PPAQ-2. *Journal of Clinical Psychology in Medical Settings*, 27, 158-72.

CLINICAL METRICS

Measuring clinical effects in an
integrated care setting



General Considerations

- Tool characteristics
 - Brevity
 - No (or acceptable) cost
 - Multiple language translations
 - Normed for primary care
 - Global rather than condition-specific
 - Presence of suicide risk screening
 - Can be used for both screening and monitoring
- There is no perfect tool - choose what works for your system

Commonly Used Measures

Dimension	Behavioral Health Measure-20 (BHM-20)	DUKE Health Profile	Pediatric Symptom Checklist-17 (PSC-17)
Number of items	20	17	17
Domains measured	Wellness, function, psych symptoms	6 health and 4 dysfunction scales	Global behavioral concerns
Screens suicide risk?	Yes	No	No
Normed in primary care?	No	Yes	Yes
Free?	Ask author	Ask author	Yes
Multiple translations?	No	Yes	Yes

Additional Considerations

- Examine also the BHC's effect on clinic metrics
 - Use pre-post measures (pre-BHC, post-BHC)
 - Outcomes of pilot QI initiatives involving BHC
- Consider also measuring
 - No-shows
 - Patient satisfaction with BHC
 - PCP confidence in BHC

TIPS FOR PROGRAM DIRECTORS

- Consider reviewing at team meetings
 - Catalyst for QI discussions, learning best practices
 - Celebrate wins
- Review at helpful intervals (at least quarterly)
- Judicious use of goals/standards
 - There is no clear “gold standard” for most metrics
- Use metrics just as data points – interpret in context
 - Recent changes in clinic? BHC:PCP ratio? Patient population differences? Clinic layout differences?
- Publish successes (meetings, newsletters)



Questions?

Thank You for Attending!

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