MAKING THE CASE FOR MEASUREMENT BASED CARE USING THE DLA-20 ANALYTICS OUTCOMES PACKAGE

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LEARNING OBJECTIVES:

• Examine how managed care organizations measure response to treatment and the value produced within care.

• Define how measurement-based care improves treatment and outcomes.

• Demonstrate how the DLA-20 Analytics system collects meaningful data for treatment to target, quality improvement and learning.

• Demonstrate how measurement-based care is applied through the treatment process using the DLA-20 and DLA-20 self report tool.
MEASUREMENT-BASED CARE IS BETTER CARE

• Help you to objectively identify client needs quicker
• Provides clinical guidance in order to treat to target and use resources and care more efficiently
• Collect meaningful data for quality improvement & functional measurement
• Prepare you for integrated service arrangements with the broader healthcare system (e.g. health homes, accountable care organizations, etc.)
MEASUREMENT-BASED CARE IS NOT NEW

• Health Care measures have been around for decades.
• Tracking blood pressure, respiration, glucose, PSA, A1C, DLA-20 functional indicators, etc. are all signs that have been tracked and measured over time with changes indicating a worsening, stabilizing or improving condition.
• We have been slower to use these in behavioral health care.
• Can our systems display the trends and results without high levels of effort?
RESEARCH TELLS US WHAT WE KNOW ABOUT IMPROVEMENT OR WORSENING

• Research shows that BH providers only detect 19% of clients who are worsening with judgement and standard practice*.

• Detection is even lower for those whose symptoms are not improving as expected. We don’t know that people aren’t improving?

• Does this surprise you?

*The Kennedy Forum – Fixing Behavioral Healthcare in America
MEASUREMENT-BASED CARE IS BECOMING THE STANDARD

• The revised standard will help organizations improve the quality of their care, treatment, or services.

• The standard will help organizations to know whether what they’re doing is working.
Why Does Measurement-Based Care Improve Outcomes?

- Clients more knowledgeable about their disorders
- Attune to their symptoms – Aware of symptom fluctuation over time – Cognizant of the warning signs of relapse or reoccurrence.
- Recognize improvement early in the course of treatment
- Empowers patients – Helps them communicate more effectively with their providers – Enhanced therapeutic relationship.
EMBRACING MEASUREMENT-BASED CARE: WHY THE AMBIVALENCE?

• Measurement of symptoms or function leads to response to treatment.

• Detailed measures about which symptoms/functions are improving and which are not if there is a partial response to treatment.

• Adjustment in treatment like all healthcare
The Use of Rating Scales Is Growing

Measurement Based Care entails the systematic administration of symptom rating scales and uses the results to drive clinical decision making at the level of the individual client.

- Intended to be adjunctive to clinical judgment
- Used as a starting point in the clinical evaluation
- Used as a periodic measuring point throughout an episode of care
- Encourages more structured thought of an episode of care – as opposed to more unlimited and open-ended treatment plans, goals and objectives.
- Frequently considered by payers
RIGHT SERVICE, RIGHT TIME, RIGHT INTENSITY/FREQUENCY, AND RIGHT COST?

What Data Are We Sending To Payers Used To Measure Quality of Care?

• Do the level of care indicators match with the medical necessity need of the client?
  E.g. Evaluation and Management Levels – more complex client = more complex care.

• Is the client is improving, stabilizing, worsening?

• Does the frequency of the encounters match with the symptoms and response to treatment?

• What functional indicators are we sending based on the client’s response?
RIGHT SERVICE, RIGHT TIME, RIGHT INTENSITY/FREQUENCY, AND RIGHT COST?

How frequently does the ICD-10 Diagnosis change based on the response to treatment of the client? E.g. the sensitivity to changes among diagnostic criteria is very high with ICD-10 compared to DSM-5 or earlier ICD version…more aligned like physical health conditions. This is a challenge to traditional treatment planning….6 month or 12 - month renewal.
RIGHT SERVICE, RIGHT TIME, RIGHT INTENSITY/FREQUENCY, AND RIGHT COST?

- Does the frequency of the encounters match with the symptoms and response to treatment?

- What functional indicators are we sending based on the client’s response? E.g. we need to measure functional improvements and adaptations….this is very engaging for clients.
Rationale: Changes Will Lead to Treatment Changes

- Engagement
- Symptom presence, changes or absence
- Functional changes – improvement or decline
- Cost of treatment
DYNAMIC CYCLE AND PROCESS

• Assessment
• Diagnose – Joint Goals and Objectives with client/family
• Start treatment
• Measure treatment response
• Track outcomes
• Adjust treatment if needed
• Feedback results to team
• Reassess
Integrate the DLA-20 into the required intake/ comprehensive assessment to reduce redundancy and streamline the assessment process.

Organizations reduce total assessment time and data points when they cross walk the DLA-20 into their assessment.
Presenting Problem Text: (Include these questions and score DLA-20)

- Are you managing your mental health symptoms such as anxiety, racing thoughts, depression, memory lapses or stressful repetitive behavior?  Yes □  No □
- How well do you feel you are managing your moods such as anger, sadness, or happiness?
- Are you managing your routine health care and do you have any physical health care concerns?
- Are you taking all your medication as prescribed?
DIAGNOSE AND DEVELOP TREATMENT PLAN GOALS AND OBJECTIVES

• The consumer and provider will prioritize and develop the treatment plan goals based on the current needs and severity on the DLA-20.

• Use the anchors and self report to assist in the development of measurable goals and objectives.
**Diagnose and Develop Treatment Plan Goals and Objectives**

### Physical Health and Mental Wellness

During the last 30 days...

<table>
<thead>
<tr>
<th>I managed my mental health symptoms such as anxiety, racing or disturbing thoughts, depression, memory lapses or stressful repetitive behaviors.</th>
<th>1</th>
<th>2</th>
<th>3</th>
<th>4</th>
<th>5</th>
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<td>Other symptoms/comment:</td>
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| I managed my moods such as anger, sadness or happiness. | | | | | |
|---|---|---|---|---|

| I managed my physical health such as problems with pain, high blood pressure, weight or diet restrictions. | | | | | |
|---|---|---|---|---|
| Other symptoms/comment: | | | | | |

| I took all my medications as prescribed. | N/A (not on medication) | | | | |

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**Health Practices:**

1. **Evidence of danger to self/other due to MH:** No self-care, evidence of breaks in reality, requires pervasive interventions (e.g.: multiple or lengthy stays in crisis, jail)

2. **Marked limitations in self-care & may have physical complications:** Extensive help for very severe mental impairments, concern for danger to self/other

3. **Limited self-care & compliance, serious impairments in moods, symptoms, mental status, maybe physical issues prompting continuous help for health care.**

4. **Marginal self-care and compliance with health issues or prescriptions, managing moods is moderate problem; requires scheduled low level mental health assistance.**

5. **Moderately self-sufficient, manages moods but relies on intermittent some routine assistance or home visits by helping persons, in private or self-help residences.**

6. **Independent self-care, compliant with treatment, meds - minimal support, some assistance ok from family, friends, other helping persons.**

7. **Optimally independent in taking care of physical & mental status; makes good health care decisions, no assistance needed in self care.**
START AND PROVIDE TREATMENT

• Ensure the consumer is receiving the correct services at the needed frequency, intensity and duration.
• The provider will need to ensure the interventions are supported by treatment plan goals and justified by the assessment.
TRACK OUTCOMES AND ADJUST TREATMENT IF NEEDED

- Administer at treatment plan reviews and determine response to treatment using the DLA-20 change scores by examining trends over time.
  - Positive change- Achieved and being removed from the treatment plan.
  - Positive change- Continue current interventions to improve functioning further and ensure stability.
  - Partial response/No response or decline in functioning- reevaluate goals and interventions with the consumer to determine what changes are necessary based on the data.
CONSUMER OUTCOMES GRAPH
FEEDBACK AND RESULTS TO TEAM

• How do we ensure the whole treatment team is involved in the reassessment process and receives feedback on the consumer progress?
  • There is a lead provider assigned to administering the DLA-20 however it is critical they consult with the team before and after administering the DLA-20.
  • The treatment team must demonstrate fluency in the tool!
  • Share the outcomes with the treatment team and continue to use data driven clinical decision making.
3/14/2018  
First DLA Date

9/6/2019  
Last DLA Date

1  
Total Persons Assessed

4  
Total Assessments

DLA Scores by Date

Overall DeltaScore

DELTA SCORE HISTORY

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<th>TotalAssessments</th>
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REASSESS

• Reassess the treatment at frequent intervals and adjust treatment as needed.

OPTIMAL SUCCESS and RECOVERY!!!
8,425
Total Assessments

5,341
Total Persons DLA

5.21
Avg DLAScore

2/21/2017
First DLADate

9/29/2019
Last DLADate

DLA Assessments by Case and Date
THANK YOU FOR ATTENDING AND WE LOOK FORWARD TO SEEING YOU NEXT YEAR!

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Thank you!