Progress Measurement in Mental Health

Agenda

1. **Greenspace Overview**

2. **Defining Measurement Based Care**

3. **Questions for the Group about Current Practice**

4. **How Organizations are Leveraging the Data**

5. **Greenspace Platform Demo -** *Therapist / Client / Organization*

6. **Community of Practice Proposal**

Greenspace Overview

Improve the **measurement and evaluation** of patient care.

The Le **Royal**
Mental Health – Care & Research
Santé mentale – Soins et recherche

St. Michael's
Inspired Care.
Inspiring Science.

Mount Sinai Hospital

Waypoint
CENTRE *for* MENTAL HEALTH CARE
CENTRE *de* SOINS *de* SANTÉ MENTALE

Homewood
Health | Santé

FAMILY SERVICE ONTARIO
We're stronger together

Location: Toronto and New York
Traction:

- 3,000 + therapist users;
- 150 + organizations

Advisors:

Dr. Ryan Van Wert (Stanford University)

Mary Deacon (Chair, Bell Let's Talk)

Dr. Vicky Stergiopoulos (Physician-in-Chief, CAMH)

Dr. Sylvain Roy (President, OPA)

Dr. Linda Maxwell (St. Michael's Hospital)

Measurement in Mental / Behavioral Health

1. **Why should we measure?**

2. **Defining 'effective measurement'?**

3. **Outcome Measurement vs. Progress Measurement.**

3.5x   higher likelihood that a client experiences reliable change

42%   higher overall improvement in clinical symptoms

40%   lower dropout or cancellation rates and 25% lower no-show rate

- Slade, et al., "Improving Psychotherapy Outcome: The Use of Immediate Electronic Feedback and Revised Clinical Support Tools" (2008)
- Michael J Lambert, "Outcome in Psychotherapy: The Past and Important Advances" (2013)
- Bohanske, R. T., & Franczak, M., "Transforming public behavioral health care: A case example of consumer-directed services, recovery, and the common factors" (2010)

Current State / Challenges

Key Questions

1. How are you measuring outcomes today?
2. What are the major challenges?

Issues Raised at NJHSA Conference Session

1. Clinician and admin time.
2. Managing multiple assessments and requirements.
3. Generating good data and having benchmarks.
4. Finding the time to implement and prioritize this.

Making the Data Actionable

1. **Care Coordination**: Shared file on each client with objective data.

2. **Case Management:** Identify off-track or high risk cases based on client results.

3. **Supervision and Training:** Objective data on each client to include in case consultations.

4. **Program Evaluation**: Understand which programs are most effective. And for which clients.

5. **Reporting to External Stakeholders:** Prove impact to funders. Stay ahead of VBP models.
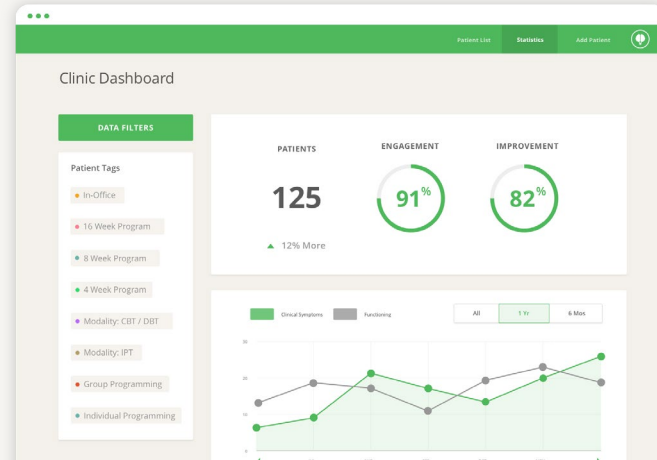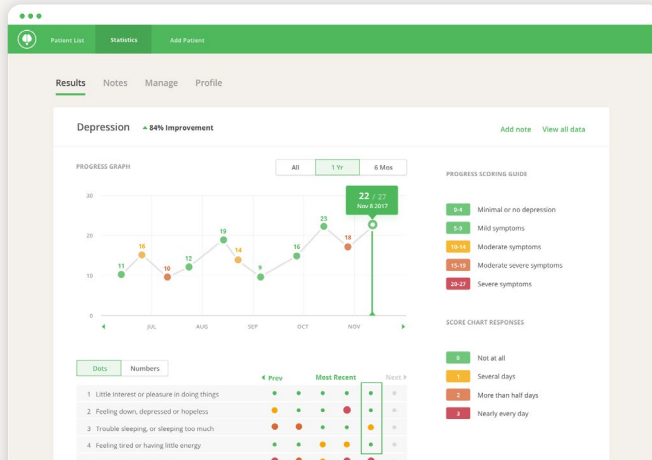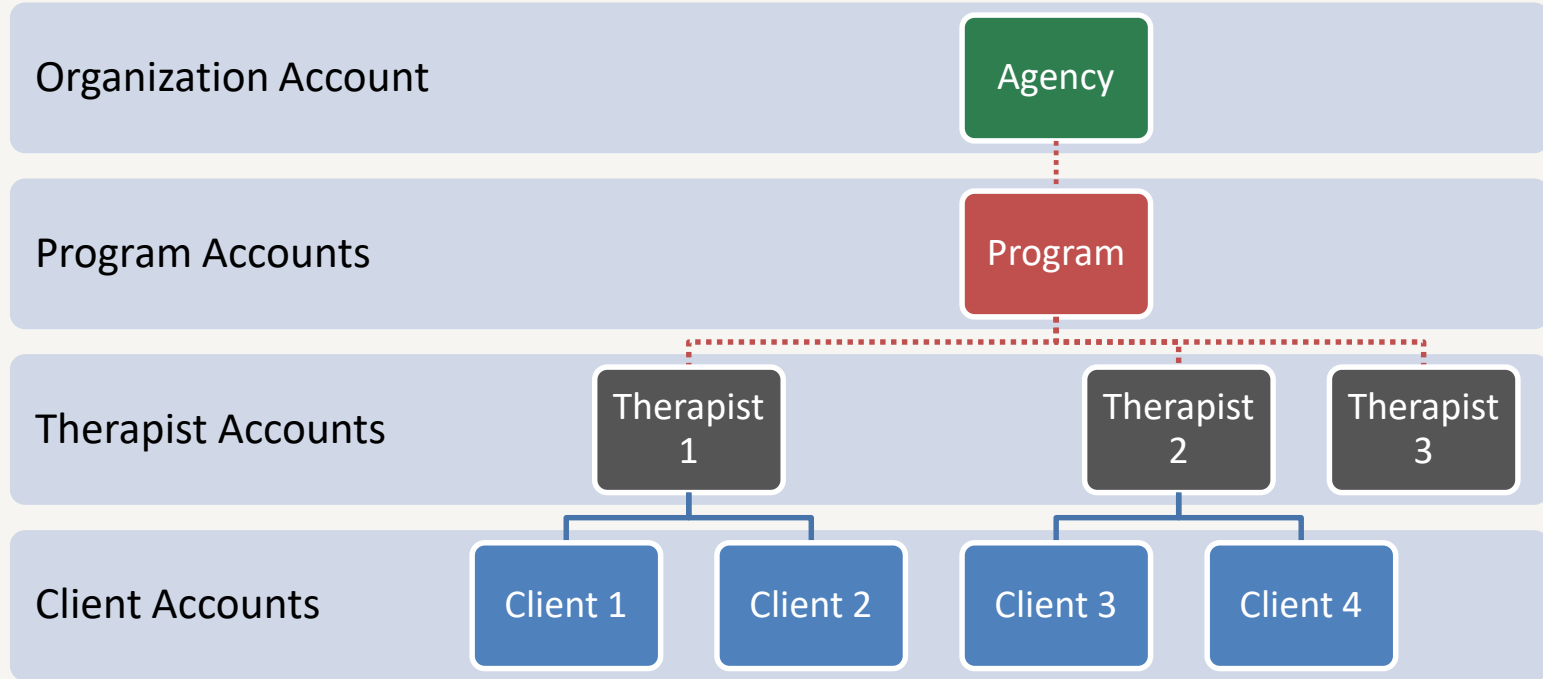
NJHSA Community of Practice

As discussed with several NJHSA agencies:

1. <u>Shared learning</u> on agency change management and best practices.

2. <u>Shared data</u> on the clinical outcomes of programs / services to create benchmarks.

3. <u>Shared aggregate data</u> to increase the sample size when advocating externally.

4. Drive <u>product change</u> and customization.

Thank You

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