Evaluating the Implementation of the Uniform Services Handbook: Metrics and Challenges

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VA Psychology Leadership Conference
Evaluation Strategy Overview

- We will use and/or develop metrics to assess four aspects of the Handbook implementation:

1. Capacity-building (hiring, training, siting, implementing telemedicine)
2. Utilization and Delivery of Handbook-required services
3. Fidelity and Quality of the services delivered
4. Assessment of clinical outcomes
Capacity Building

- Since 2005, we’ve been reporting on increasing hiring under the Mental health Enhancement Initiative – by profession
- In FY 2009, we’ll begin reporting by Uniform Service Program Area
- Challenge: How do we track if the MHEI funds go away?
Capacity-building

New Mental Health Enhancement Positions Filled or Committed

Date

Personnel

0 1000 2000 3000 4000 5000

Dec-06  Jan-07  Feb-07  Mar-07  Apr-07  May-07  Jun-07  Jul-07  Aug-07  Sep-07  Oct-07  Nov-07  Dec-07  Jan-08  Feb-08  Mar-08  Apr-08
Capacity Building

Growth in MH FTEE

FTEE

FY05 FY06 FY07 FY08

Growth in MH FTEE

MHEI

VERA
Capacity Metrics

- 2nd Metric – tracking program start-ups
- Particularly in CBOCs
- “Lights On” reports
## Lights On – PC/MH Integrated Clinics

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<th>Very Large and Large CBOCs</th>
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Lights On - CWT

VAMCs

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Very Large and Large CBOCs

VISN
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Utilization Metrics

- Is supply adequate for demand?
- Issue – demand hard to quantify
- Strategy: relative utilization rates
- Issue – what’s the right / best denominator?
- what’s the “right amount”? 
Utilization Analytic Strategy

- Compare relative utilization rates
- Examine high and low outliers
- First question: are there data reporting errors
- Second question: what’s too low, too high?
### Example – PC/MH “Penetration” Rates

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<tr>
<th>VISN</th>
<th>PC Patients</th>
<th>Number of PC-MH Patients</th>
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Example – PC/MH “Penetration” Rates

PC/MH Penetration
Utilization Tracking

Other new Program areas we’ll be monitoring:

Evidence-Based Psychotherapy in OEF/OIF Veterans with PTSD

- Percent in each VISN who attend a first session of EBT
- Percent who complete the final planned number of EBT sessions
Fidelity and Process Measures

- A workgroup is making good progress in standardizing a templated progress note for each evidence-based psychotherapy.
- Critical elements of the fidelity of each treatment type will be embedded in the template.
Fidelity and Process Measures

- Initial Process Measures will focus on Handbook mandate that:
  - Each patient treated in the specialty MH clinics be assigned a “Principal MH Provider”
  - The Principal Provider reviews and updates the Treatment plan at least once a year
  - The treatment plan includes consideration of the patient’s specific recovery goals.
Process Measures

- Challenge:
  - Tension between the desire for “coverage” of all program areas, and
  - The need to demonstrate a correlation between the presence (or amount) of the process, and a better outcome.
  - Measuring activity invalidates the entire enterprise, and often induces wasteful efforts
Outcomes

- We plan to track
  - Intermediate Outcomes
  - Indirect Outcomes
  - Global Outcomes
Intermediate Outcome Measures

- Recent development and standardizing on a sequential administration schedule for the 17 item “BAM” tool for SUD patients may be a model.
- We are looking at administrating the PCL and PHQ-9 on similar standardized schedules to assess changes in symptom severity.
Intermediate Outcome Challenges

- Should we mandate administration of the instruments before the IT tools are in place?
- What’s the right (de minimus) readministration time interval?
- Should the readministration time interval be the same for each measure?
Indirect Outcomes

- Drop-out rates
- Latency until 2nd treatment episodes
- Re-hospitalizations
Global Outcome Measures

- Should we continue to collect and report GAF scores?
- Is the GAF improvable with behavioral anchors?
Global Outcomes

- Should the GAF be replaced with another, broader spectrum measure?
- Most Often recommended measures:
  - SF12,
  - WHO QoL scale
- Others recommended:
  - WHO DRS / CIQ / GWB / RAS
Next Steps

- Solicit Suggestions / Feedback
- Establish workgroups to bring forward recommendations