

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

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Evaluation Strategy Overview

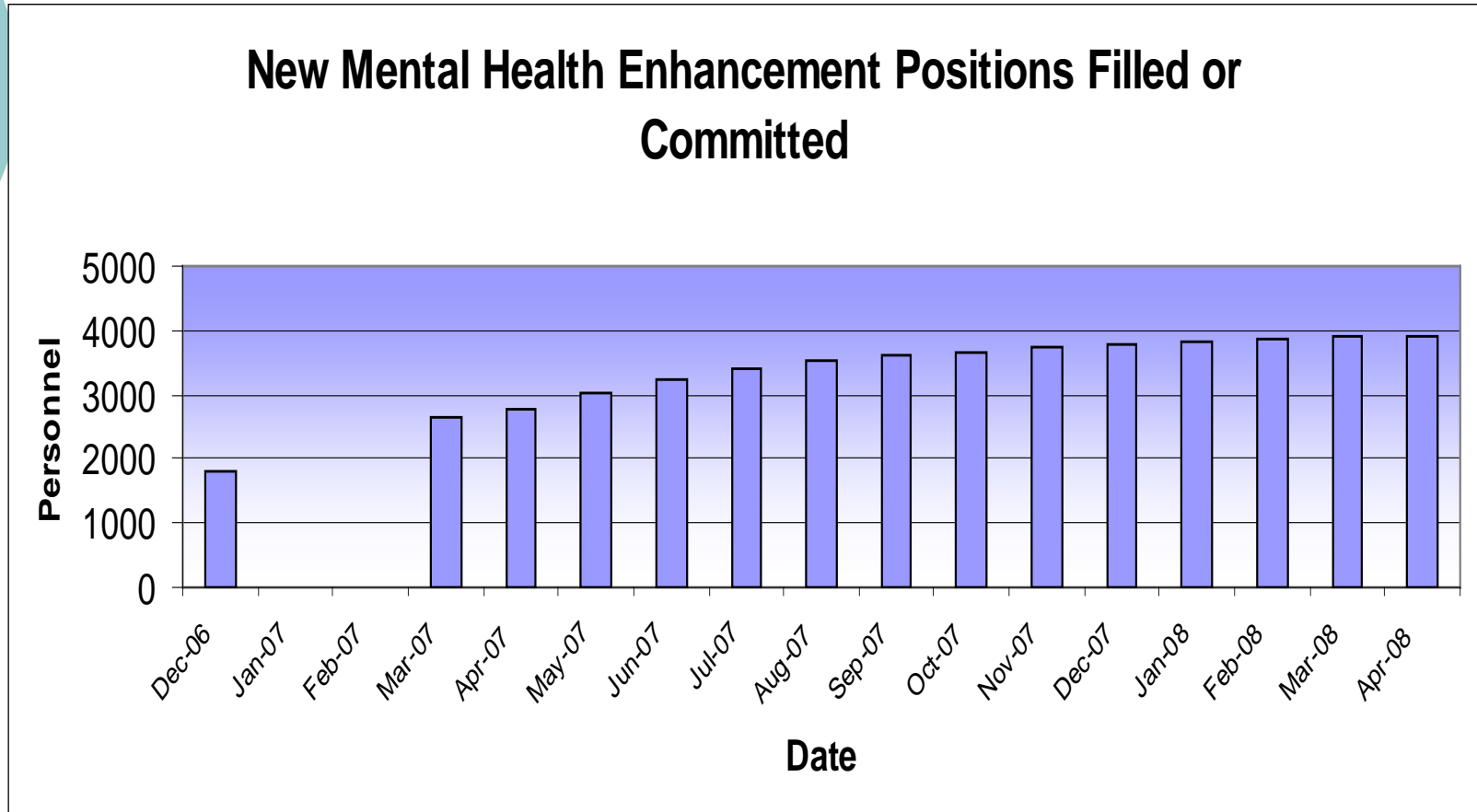
- We will use and/or develop metrics to assess four aspects of the Handbook implementation:
 1. Capacity-building (hiring, training, siting, implementing telemedicine)
 2. Utilization and Delivery of Handbook-required services
 3. Fidelity and Quality of the services delivered
 4. Assessment of clinical outcomes



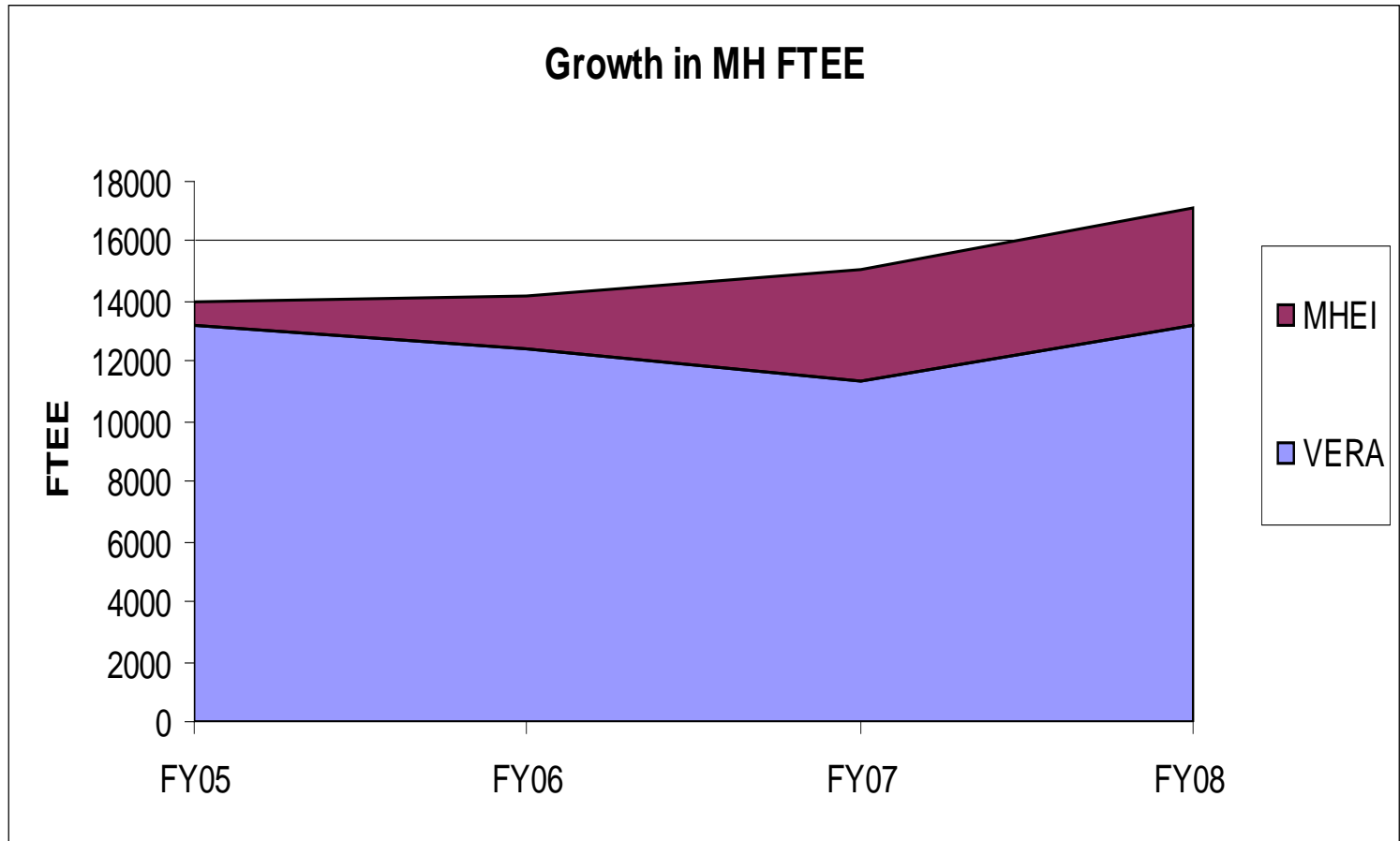
Capacity Building

- 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



Capacity Building





Capacity Metrics

- 2nd Metric – tracking program start-ups
- Particularly in CBOCs
- “Lights On” reports

Lights On – PC/MH Integrated Clinics

VAMCs
(Arrayed by Size - Largest to Smallest)

VISN	1	2	3	4	5	6	7	8	9	10
1	1379	2765	1967	2875	439	380	2058	7301		
2	13									
3	3556	0	4912	2707	1297	865				
4	2784	5344	1679	1983	957	0	331	282	205	
5	5593	0	813							
6	5257	3407	1383	0	3163	2957	0			
7	456	5002	3946	3779	0	0	555	371		
8	0	5333	1293	4069	7173	239				
9	0	0	2328	0	0					
10	2070	0	0	2216	0					
11	5214	474	0	0	0	0	0			
12	0	597	0	961	2708	972	286			
15	4207	0								
16	2359	4826	446	2216	60	133	2668	659	0	832
17	1185	4150	0							
18	0	4071	0	296	2258	0				
19	2092	1364	1442	25	0	294				
20	9424	3812	57	3255	5963	0	50			
21	1824	795	2711	3402	1198					
22	2771	2227	1152	0	150					
23	0	0	0	1371	0					

Very Large and Large CBOCs
(Arrayed by Size - Largest to Smallest)

	1	2	3	4	5	6	7
1	326	3692	2835	439	380	0	
2	4	567	0	1571			
3	4912						
4	1983						
5	23						
6	3347	977					
7	2193	3661	2698	0	0		
8	0	455					
9	0						
10	1606	1129	0	0	5379	2629	118
11	1527	2242					
12	0	903					
13	57						
14	0	0	0				
15	642	105					
16	0	2679					



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"?



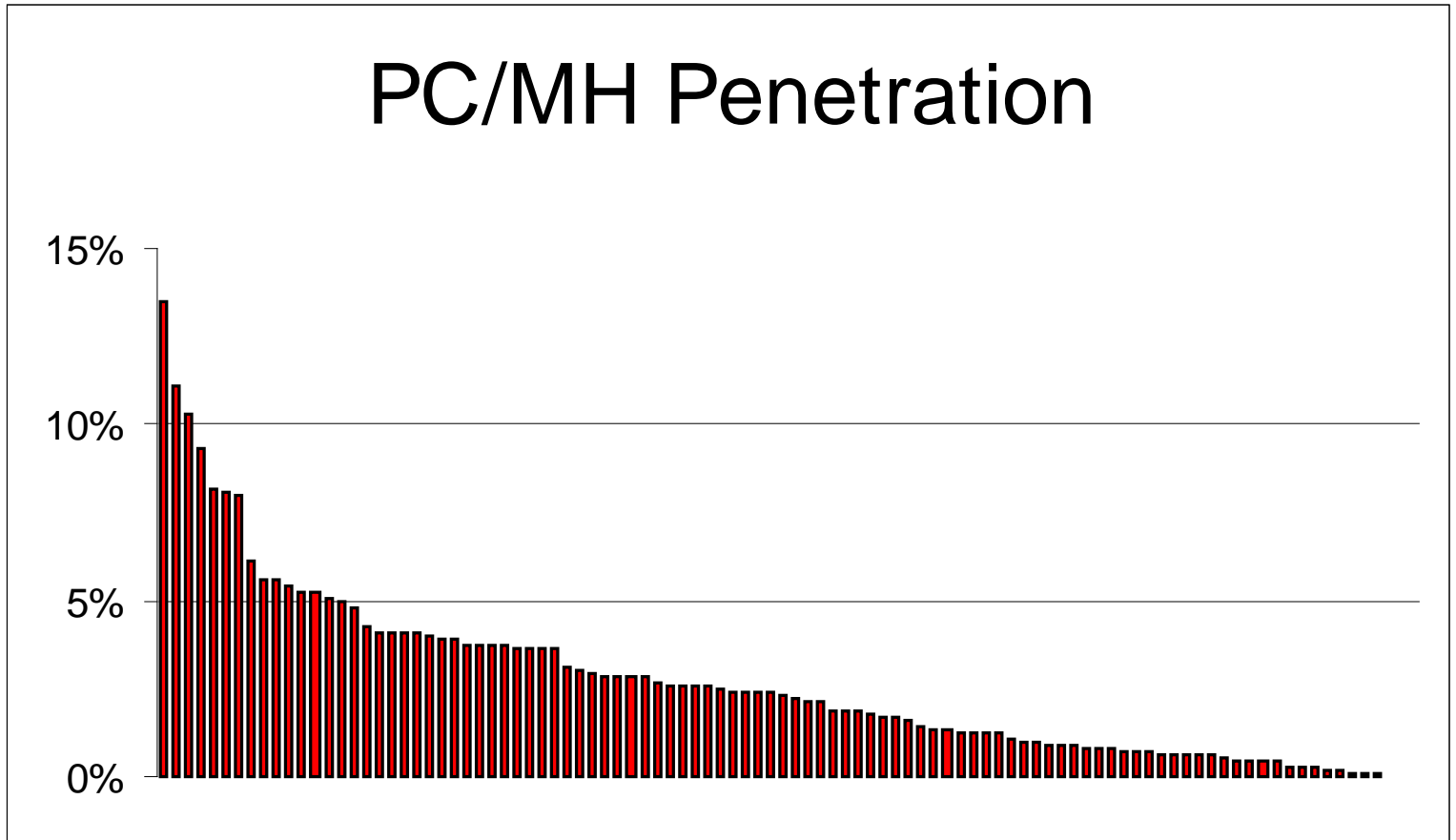
Utilization Analytic Strategy

- 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

VISN	PC Patients	Number of PC-MH Patients	PC/MH Penetration
1	142,214	2,904	2.04%
2	30,743	11	0.04%
3	164,203	3,661	2.23%
4	165,111	4,796	2.90%
5	101,453	1,125	1.11%
6	150,300	4,462	2.97%
7	225,444	4,700	2.08%
8	283,587	3,534	1.25%
9	129,370	620	0.48%
10	131,016	1,097	0.84%
11	128,225	1,083	0.84%
12	168,710	2,897	1.72%
15	183,476	4,622	2.52%
16	263,877	4,464	1.69%
17	137,003	2,155	1.57%
18	128,713	1,263	0.98%
19	93,970	594	0.63%
20	162,016	3,715	2.29%
21	123,615	3,296	2.67%
22	178,423	2,593	1.45%
23	130,049	2,262	1.74%
Total	3,221,518	55,854	1.73%

Example – PC/MH “Penetration” Rates





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 administering 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