Metrics for Evaluating Integrated Care: Learnings from Three Metrics Focused Projects

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LEARNING OBJECTIVES

At the conclusion of this session, the participant will be able to:

Learning Objective 1: Participants will review 3 reasons to use metrics evaluation in integrated care.

Learning Objective 2: Participants will identify the domains of the PIP.

Learning Objective 3: Participants will distinguish the differences between disease specific and overall function metrics.
Starfield’s Model of Enhanced Primary Care

4 Pillars / 4 C’s

Contact
Comprehensive care
Continuity of care over time
Coordination

A practice based model to evaluate the effectiveness of behavioral care to support enhanced primary care

**Structure**
- PIP every 6 months
  - National questions:
    - What do practices engaged in BH look like?
  - Local questions:
    - Where are we?
    - Where are we going?
    - Do we have structures in place to support outcomes?

**Processes**
- If structure is in place, what processes are needed to support care delivery?
  - Core standard process metrics collected at set interval
  - Set of process metrics tailored to each practice
  - Operational questions:
    - Are we performing processes at a satisfactory level to selves, patients, and external monitors?

**Outcomes**
- Consistent patient reported measures
  - Determine outcome from the panel
  - Compare across practices and clinical populations
  - Select targeted disease specific measures to be used at set intervals
  - Questions:
    - Is the care, patient response, and utilization occurring successfully?

IT and informatics support is not optional in any category

Background

• Practice Integration Profile
• Sunflower Metrics Project
• IBH-PC trial
Operationalizing the Lexicon: Practice Integration Profile (PIP)

Why?
- Assisting primary care practice and research

What?
- 30-item, electronic self-report measure of processes for IBH
- \( N \) = 1143 practices
- 6 domains
- <10 mins to administer

"These data suggest that the PIP is useful, has face, content, and internal validity, and distinguishes among types of practices with known variations in integration."

**Position in the practice (n=1079)**

- Managing director: 12%
- Senior behavioral health clinician: 11%
- Practice manager: 4%
- Managing physician: 10%
- Student intern: 6%
- Behavioral health clinician: 14%
- Administration: 16%
- Physician: 12%
- Nurse: 4%
- Other: 11%

**Practice location (n=1139)**

- Urban: 33%
- Rural: 27%
- Suburban: 24%
- Inner city: 14%
- Frontier: 2%
15 clinical and behavioral conditions with targeted outcomes

**Chronic medical conditions:**
- Cardiac disease
- COPD/respiratory/asthma
- Diabetes
- Chronic pain

**Risk behaviors:**
- Tobacco use
- Diet, physical activity, weight
- Insomnia
- Co-existing physical/mental disorders

**Mental health and substance abuse:**
- Depression
- Anxiety
- Traumatic stress
- Alcohol misuse
- Opioid dependence

**Other medical conditions:**
- Somatic disorders
- Cancer
Co-existing physical and mental disorders (1 BH and 2+ medical)

<table>
<thead>
<tr>
<th>Health risk assessment/health behavioral risk assessment</th>
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</thead>
<tbody>
<tr>
<td>• Presence of &gt; 1 chronic medical condition and &gt;1 behavioral condition</td>
</tr>
<tr>
<td>• Behavioral Health Risk Assessment</td>
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<table>
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<tr>
<th>Clinical and biological indicators</th>
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<tbody>
<tr>
<td>• Persistent non-improving medical illness and behavioral condition(s) with evident signs/ symptoms</td>
</tr>
<tr>
<td>• Biomedical lab data specific to medical condition(s) of interest</td>
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<thead>
<tr>
<th>Functional indicators</th>
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<tbody>
<tr>
<td>• Choose one of the following general functional indicator measures:</td>
</tr>
<tr>
<td>• SF-12</td>
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<tr>
<td>• Duke Health Profile</td>
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<tr>
<td>• QDIS</td>
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<tr>
<td>• Condition-specific improvement</td>
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## Sunflower Foundation Metrics Project

### Process measures

<table>
<thead>
<tr>
<th>Measure</th>
<th>Description</th>
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<tbody>
<tr>
<td>Process documenting evidence-based care access</td>
<td>Evidence of a system for recording targeted clinical, behavioral, and functional symptoms/health outcomes</td>
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<tr>
<td>Wait times for scheduled visits</td>
<td>ER use; hospitalizations</td>
</tr>
<tr>
<td>Evidence of use of clinical decision support to all involved in the patient’s care</td>
<td>Evidence of a process to jointly develop an integrated care plan accessible to and followed by both behavioral and medical providers</td>
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<tr>
<td>Use of registries to track clinical and functional outcome improvement longitudinally</td>
<td>Evidence of treatment adjustment and/or approach to supporting functional improvement when symptoms persist or desired clinical and functional outcomes are not achieved</td>
</tr>
<tr>
<td>Use of standardized tool to track clinical and functional symptoms/outcomes</td>
<td>Evidence of triaging approach for targeted population participation</td>
</tr>
<tr>
<td>% referrals resulting in arrived visit</td>
<td>Total population cost analysis</td>
</tr>
<tr>
<td>Evidence of timely availability of evidence-based psychotherapy on site or with a warm hand-off</td>
<td></td>
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</table>
Sunflower Foundation Metrics
Project: Cost measures

Practice costs
- Service hours
- Hourly staff cost
- Cost/visit
- Clinic cost report
- Targeted complex, chronic illness patient sub-analysis

Patient costs
- Self-pay payments
- Patient debt

System costs
- ER use
- Hospitalizations
- Total population cost analysis
PCORI Pragmatic Trial: IBH-PC

**Research Question:** Does increased integration of evidence-supported behavioral health and primary care services, compared to simple co-location of providers, improve biomarkers and quality of life?

- **Aim 1:** Compare co-location and IBH to see which one has better outcomes for patients

- **Aim 2:** Evaluate whether a structured intervention help practices move from simple co-location of providers to integration of behavioral health

- **Aim 3:** Explore how type of practice and its characteristics and the local health care system influence how well integration works
IBH-PC trial: 40 Primary Care practice sites

Key:
- States Involved
- Cluster Site Locations
- Cluster Site Leaders

Hosted by Arizona State University's Doctor of Behavioral Health Program
IBH-PC Trial: Intervention

IBHPC Intervention

Stage 1: Plan
Stage 2: Design
Stage 3: Implement
Implementation Continues

Onboarding, Randomization
Start Up Guide
3 mos
6 mos
9 mos
18 mos

Education
Required
Optional

Toolkit
Workbook 1
Workbook 2
Current State
Future State
Workbook 3
8 core tactics
6 supplemental tactics

Coaching

Building the Team in Team-based Integrated Health Care
2018 Integrated Health Care Conference
Hosted by Arizona State University’s Doctor of Behavioral Health Program
Outcomes

• Biomarkers of HTN, diabetes, cardiac mortality (EHR)
• PROMIS measures – health status, mental health function (PRO)
• Integration process (PIP)
• Implementation of the intervention (quantitative and qualitative assessments)
Discussion