

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



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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

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



Barbara Starfield

4 Pillars / 4 C's

Contact

Comprehensive care

Continuity of care over time

Coordination

Starfield B. *Primary Care: Concept, Evaluation, and Policy*. New York, NY: Oxford University Press; 1992.



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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**

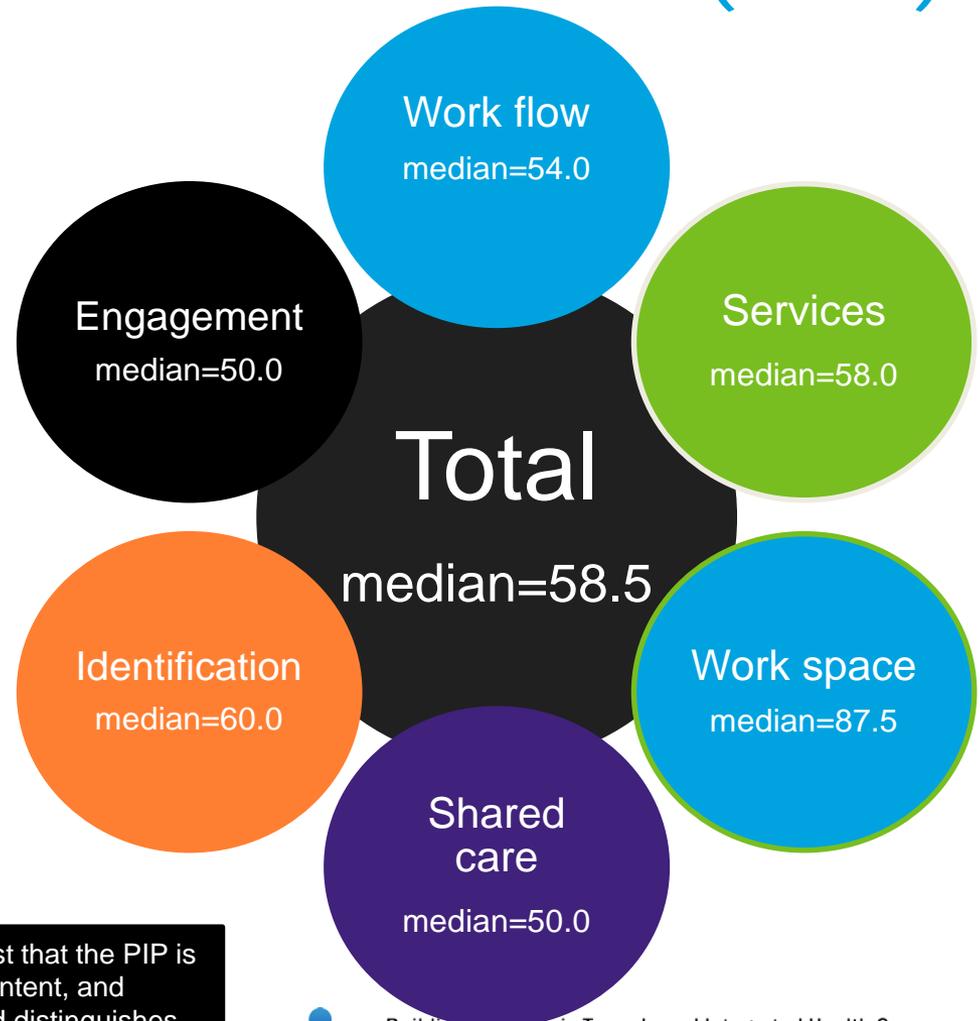
Operationalizing the Lexicon: Practice Integration Profile (PIP)

Why?

- Assisting primary care practice and research

What?

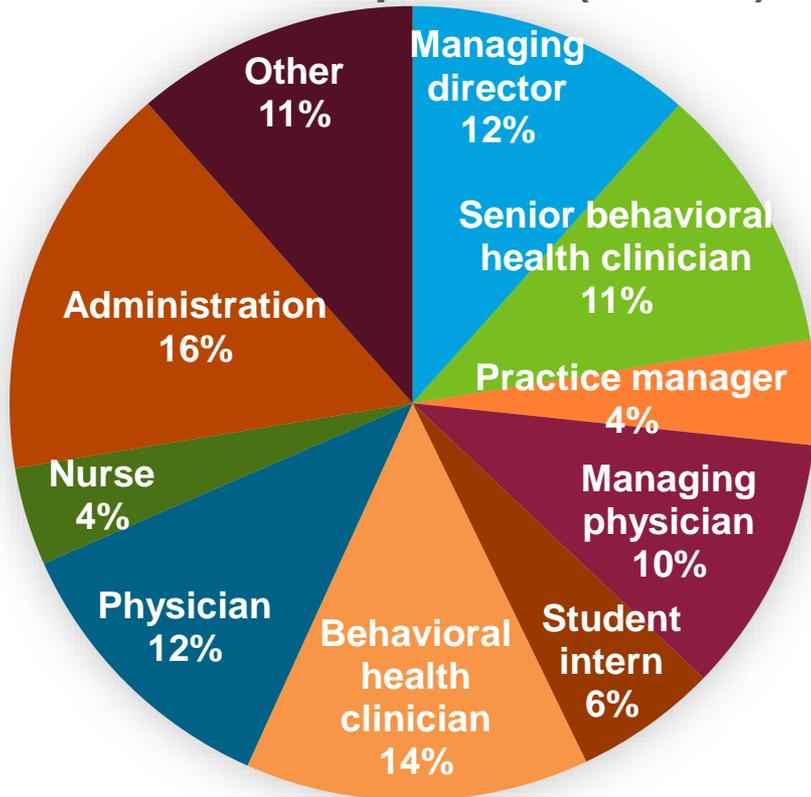
- 30-item, electronic self-report measure of processes for IBH
- $N = 1143$ practices
- 6 domains
- <10 mins to administer



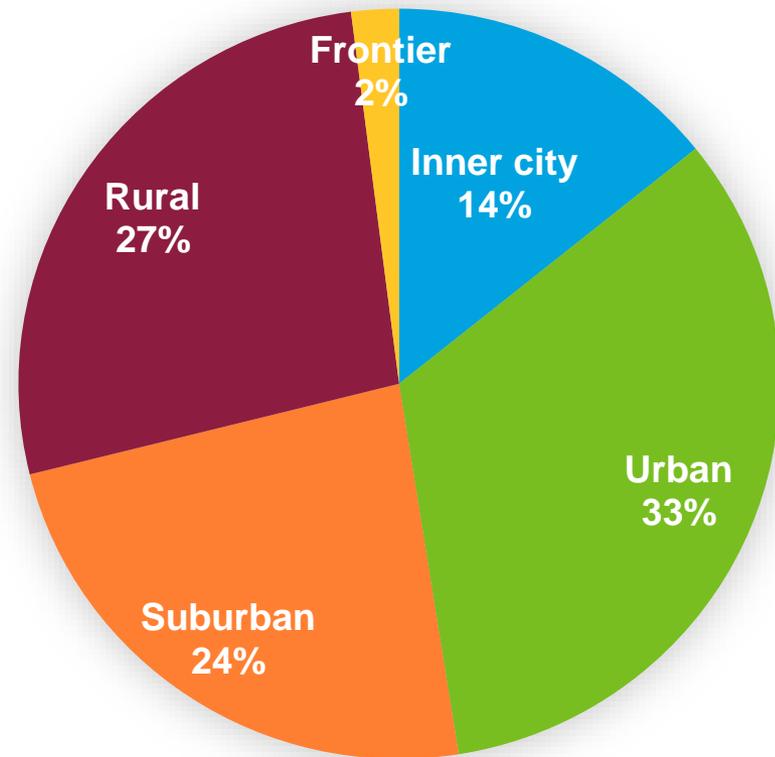
“These data suggest that the PIP is useful, has face, content, and internal validity, and distinguishes among types of practices with known variations in integration.”

PIP Summaries

Position in the practice (n=1079)



Practice location (n=1139)



Sunflower Foundation Metrics Project



Sunflower Foundation
HEALTH CARE FOR KANSANS



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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)

Health risk assessment/ health behavioral risk assessment

- Presence of > 1 chronic medical condition and >1 behavioral condition
- Behavioral Health Risk Assessment

Clinical and biological indicators

- Persistent non-improving medical illness and behavioral condition(s) with evident signs/ symptoms
- Biomedical lab data specific to medical condition(s) of interest

Functional indicators

- Choose one of the following general functional indicator measures:
 - SF-12
 - Duke Health Profile
 - QDIS
- Condition-specific improvement



Sunflower Foundation Metrics Project

Process measures

Process documenting evidence-based care access

Evidence of a system for recording targeted clinical, behavioral, and functional symptoms/health outcomes

Wait times for scheduled visits

Evidence of use of clinical decision support to all involved in the patient's care

ER use; hospitalizations

Evidence of a process to jointly develop an integrated care plan accessible to and followed by both behavioral and medical providers

Use of registries to track clinical and functional outcome improvement longitudinally

Evidence of treatment adjustment and/or approach to supporting functional improvement when symptoms persist or desired clinical and functional outcomes are not achieved

Use of standardized tool to track clinical and functional symptoms/outcomes

Evidence of triaging approach for targeted population participation

% referrals resulting in arrived visit

Total population cost analysis

Evidence of timely availability of evidence-based psychotherapy on site or with a warm hand-off



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



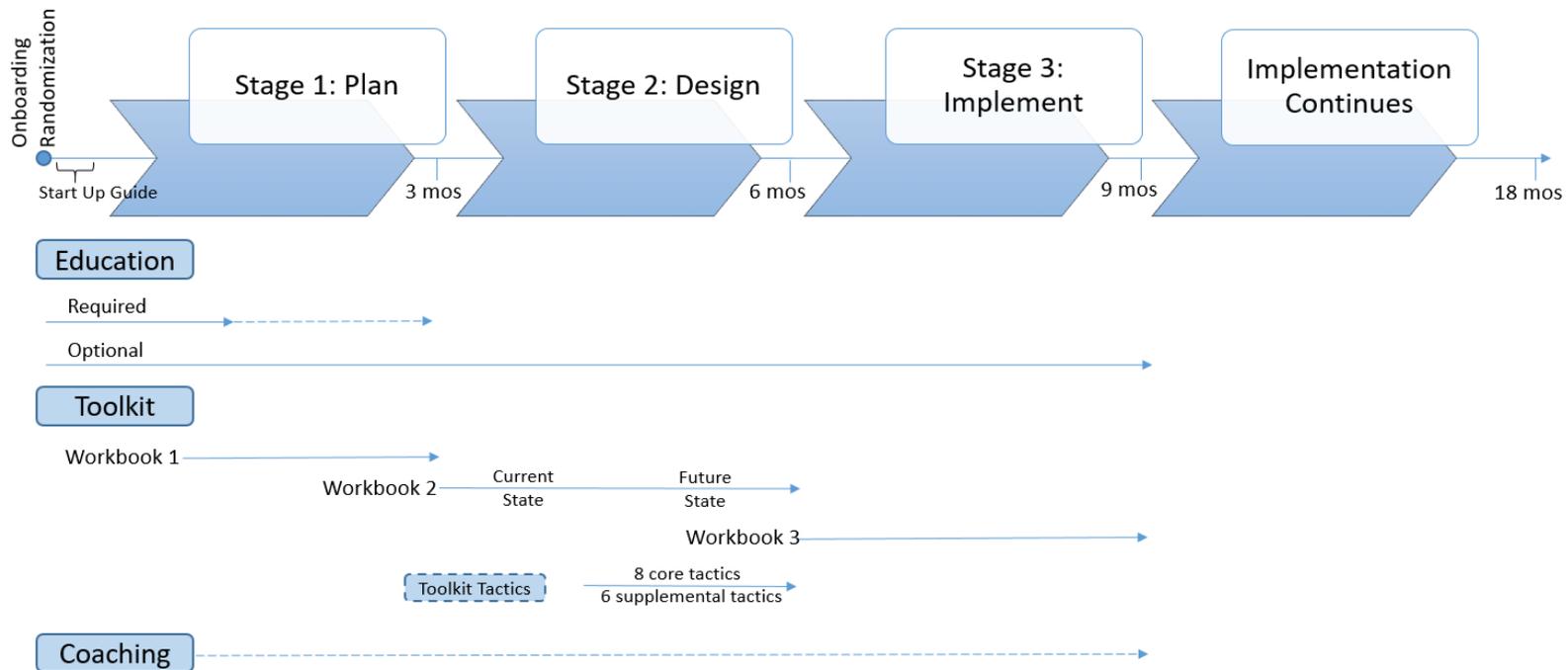
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IBH-PC Trial: Intervention

IBHPC Intervention



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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