Measurement-Based Care and NAVIGATE

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Feb. 19, 2021

Learning Objectives

1. To develop an understanding of measurement-based care, its benefits, and barriers
2. To explore stakeholder experiences and perspectives in the use of measurement-based care
3. To examine the use of measurement-based care in early psychosis care and NAVIGATE

Measurement-Based Care (MBC)

- The systematic use of measurement tools at each clinical encounter to monitor patient progress and inform treatment decision-making

- 4 core components:
  - Routinely administered measures
  - Practitioner review of the data
  - Patient review of the data
  - Collaborative re-evaluation of the treatment plan informed by the data

Scott and Lewis *Cogn Behav Pract* (2015) 22(1):49-59; Lewis et al. *JAMA Psychiatry* (2019) 76(3):324-335.

Measurement-Based Care (MBC)

- Standard practice in other areas of health care
  - Heart disease
  - Hypertension
  - Diabetes
  - Cancer
- In mental health care
  - Less than 20% of practitioners engage in MBC
  - ~ 5% use it routinely at every visit

Lewis et al. *JAMA Psychiatry* (2019) 76(3):324-335.

Benefits of MBC

- Benefits for patients:
  - Improves treatment outcomes, functioning, and quality of life
  - Enhances the therapeutic relationship
    - Encourages active engagement in the treatment process and decision-making
    - Better understanding and validation of symptoms
    - Improved self-monitoring
    - Empowers patients through improved communication of their symptoms and experience

Scott and Lewis *Cogn Behav Pract* (2015) 22(1):49-59; Lewis et al. *JAMA Psychiatry* (2019); Fortney et al. *Psychiatr Serv* (2017): 68(2):179-188; Steinfeld et al. *Adm Policy Ment Health* (2016) 43(3):369-378.

Benefits of MBC

- Benefits for patients with schizophrenia spectrum disorders:
  - Improves recognition of side effects
  - Enables early identification of treatment response and resistance
  - Reduction in polypharmacy
  - Enhances alignment with treatment quality standards

Rathod et al. *BMJ Open* (2020) 10:e033711; Abdool et al. *Am J Geriatr Psychiatry* (2019) 27(1):84-90; Kane et al. *J Clin Psychiatry* (2019) 80(2):18com12123; Correll et al. *Clin Ther* (2011) 33(12):B16-39.

Benefits of MBC

- Benefits for clinicians:
  - Alerts clinicians to a lack of progress with treatment, prompting the clinician to alter the intervention accordingly
  - Provides important information about targets for clinical intervention
  - Streamlines the assessment process
  - Enhances the accuracy of clinician judgements through objective assessment of treatment progress
    - Based on clinical judgment alone, mental health providers detect deterioration for only 21.4% of their patients who experience increased symptom severity
  - Facilitate care coordination and collaboration

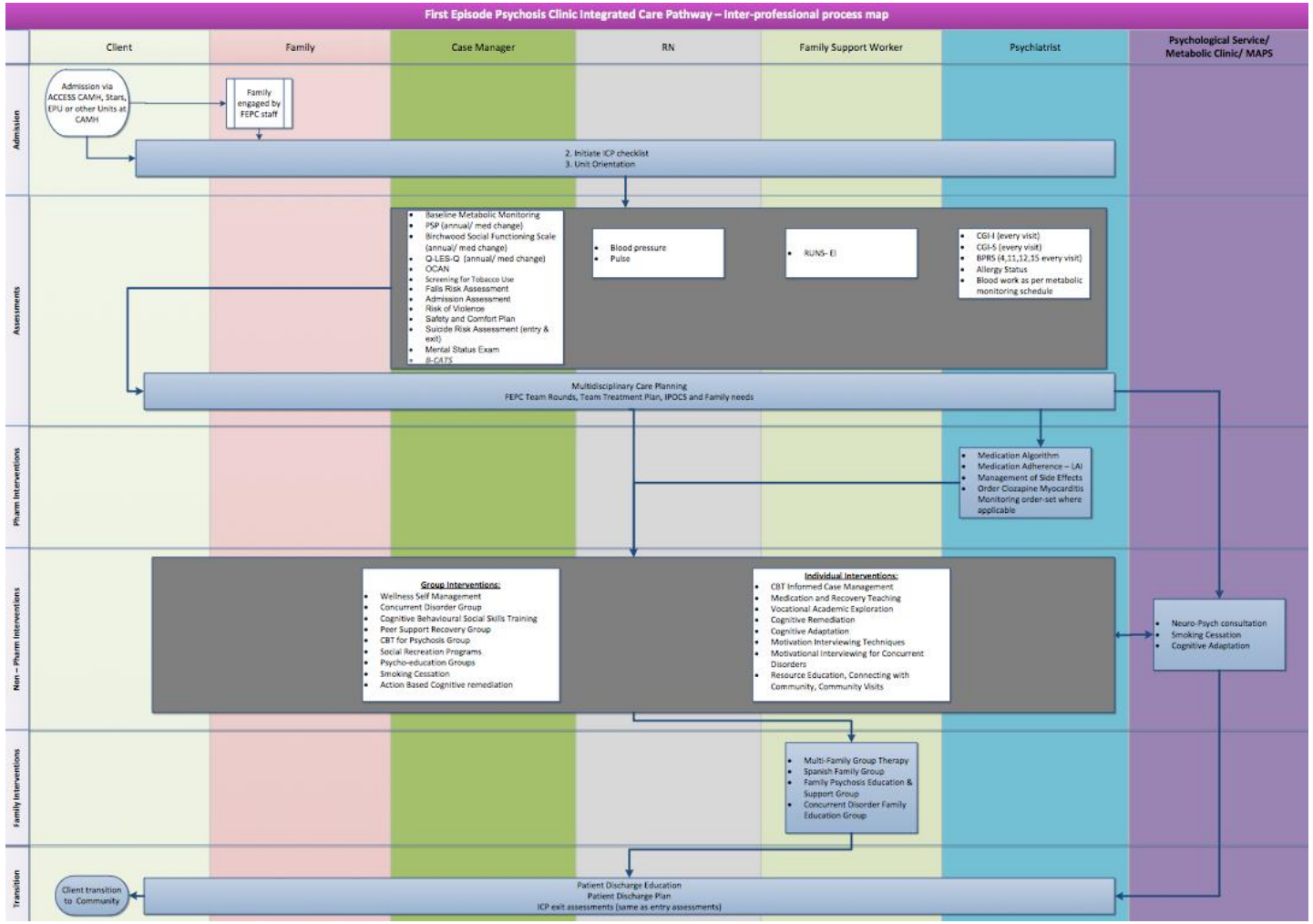
Scott and Lewis *Cogn Behav Pract* (2015) 22(1):49-59; Lewis et al. *JAMA Psychiatry* (2019); Fortney et al. *Psychiatr Serv* (2017): 68(2):179-188.

Challenges and Barriers to MBC

- Time and effort involved
- Lack of training
- Patient symptoms and/or disability
- Negative perceptions of MBC
  - Concerns about impact on therapeutic rapport
  - Perception that measures are not more useful that clinical judgment
  - Perception that measures restrict flexibility and creativity of the clinician
  - Concerns about data being used to inform performance evaluations
- Lack of infrastructure to support MBC (e.g., EHR)

Lewis et al. *JAMA Psychiatry* (2019); Fortney et al. *Psychiatr Serv* (2017): 68(2):179-188.

Slaight Centre Early Intervention Service – Measurement-Based Care Pathway



	Assessment	Baseline[1]	3 Months	1 Year	2 Year	Discharge	
Clinician	Metabolic Monitoring[2]	✓	✓	✓	✓	✓	CAMH Required Assessments
	Screening for Tobacco Use	✓					
	Falls Risk for Outpatient	✓					
	Admission Assessment (Outpatient)	✓					
	Risk for Violence to Self/Others	✓					
	Safety and Comfort Plan[3]	✓	✓	✓	✓	✓	
	Suicide Risk Assessment and Re-Assessment[3]	✓	✓	✓	✓	✓	
	Mental Status Exam[3]	✓	✓	✓	✓	✓	
	Discharge Form					✓	
	Personal and Social Performance Scale (PSP)	✓		✓	✓	✓	
	Brief Cognitive Assessment Tool (B-CATS)	✓		✓	✓	✓	
	Service Engagement Scale (SES)[4]		✓	✓			
	Quality of Life Enjoyment Satisfaction Questionnaire (Q-LES-Q)	✓		✓	✓	✓	Self-Report Assessments
	Birchwood Social Functioning Scale	✓		✓	✓	✓	
	Adolescent Alcohol and Drug Involvement Scale (AADIS)	✓		✓	✓	✓	
	Contemplation Ladder – Substance Use	✓		✓	✓	✓	

[1] *Baseline assessments should be completed as close to entry to Slaight services (ideally within first month)*
[2] *Blood glucose (random and fasting) is to be repeated at 3 months*
[3] *Assessment should be completed at every visit, or as clinically indicated*
[4] *The SES should be completed within the first 3 months (once the initial level of engagement is clear) and then again around 6 months later, once the longer-term engagement is established*

	Assessment	Baseline[1]	0-3 Months	1 Year	2 Year	Discharge
Physician	Clinical Global Impression Improvement Scale (CGI-I)[2]	✓	✓	✓	✓	✓
	Clinical Global Impression Severity Scale (CGI-S)[2]	✓	✓	✓	✓	✓
	Brief Psychiatric Rating Scale (BPRS)[2] + Negative Symptoms Rating[2]	✓	✓	✓	✓	✓
	Simpson-Angus Scale (SAS)[2]	✓	✓	✓	✓	✓
	Barnes Akathisia Rating Scale (BAS)[2]	✓	✓	✓	✓	✓
	Abnormal Involuntary Movement Scale (AIMS)	✓		✓	✓	
	Young Mania Rating Scale (YMRS)[5]	✓	✓	✓	✓	✓
	Quick Inventory of Depressive Symptoms (QIDS)[5]	✓	✓	✓	✓	✓

[1] *Baseline assessments should be completed as close to entry to Slaight services (ideally within first month)*
[2] *To be completed once a month at minimum or every visit, if preferred*
[5] *To be completed once a month at minimum or every visit, if preferred, until symptomatic remission as per the Bipolar Disorder Medication Algorithm; to be completed yearly once stable*

Clinician Perspectives on MBC

Initial challenges to bring Measurement-Based Care into practice

- Too many unknowns
  - What is measurement based care? What does it mean in practice? How does it impact our care and client's wellbeing?
- Too many checklists
  - Measurement-Based Care vs. Navigate
  - Too many assessments to complete between IRT and the measurement tools
- It is separate from our model of care
  - This is a common belief
  - What is more important? How does this improve my practice?
  - How does it integrate within our model?
- What comes first?
- A common belief that this could impede client-clinician relationship
  - Due to the checklists
  - Robotic care

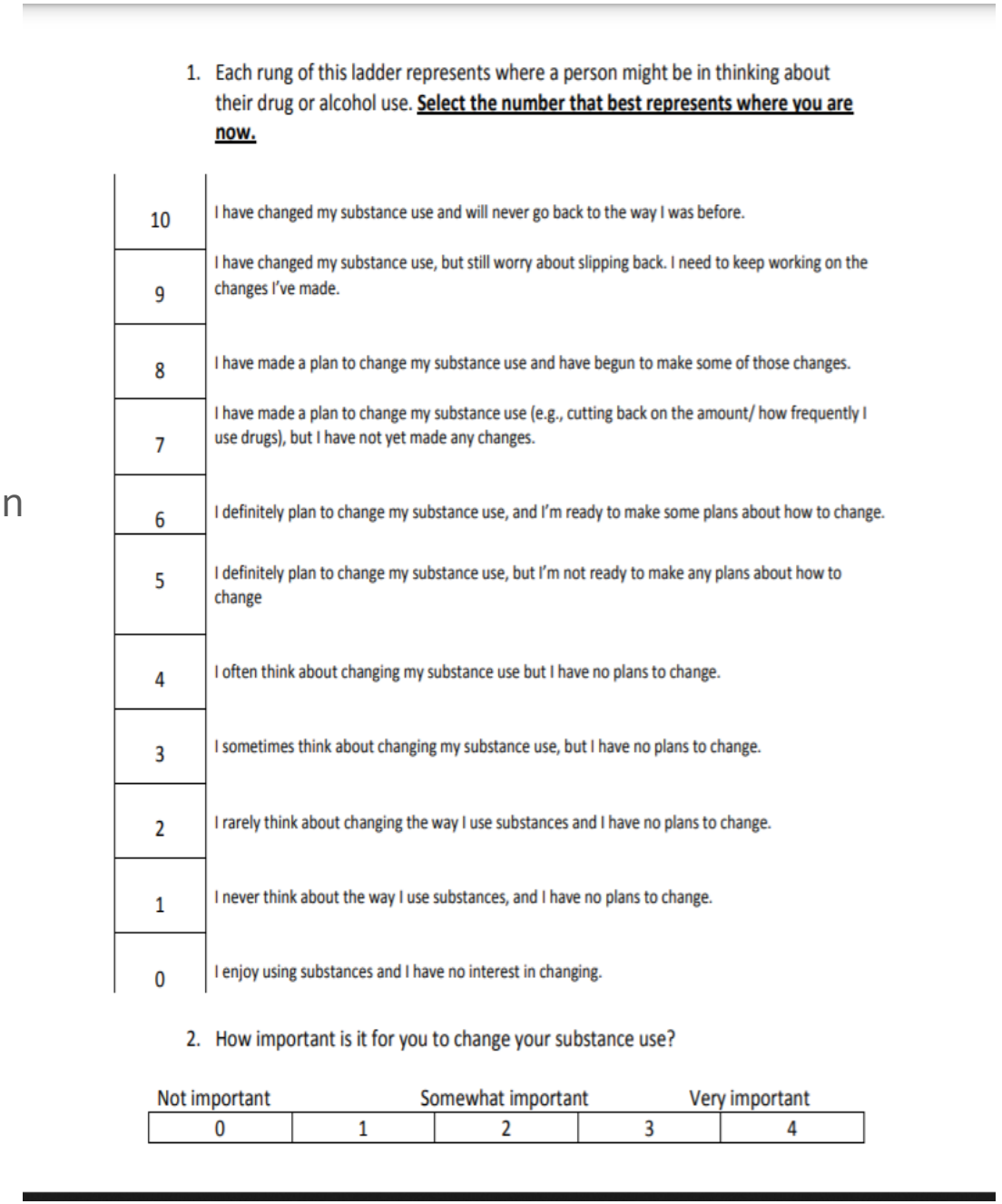
Systematic Barriers

- Some Measurement-Based tools are outdated and haven't been modernized
- Pandemic
  - Some ask questions related to an individual's level of socialization, how outgoing they are etc
  - Broadening the questions to match with the pandemic: instead of focusing on if clients are meeting people or going outside, it could be focused on if they are chatting with people online or on zoom
  - BCATS is a paper-based assessment which can only be done in person
- How are these assessments measured? Who is keeping track of this? How can we view client's progress or their setbacks?
- Navigate (model of care) and measurement-based care are currently seen as separate entity

How we are connecting Measurement-Based Care and Navigate

1) Contemplation ladder:

- Could show a clinician if a client is ready for a module on substance use
- Could provide evidence for why a module was or wasn't started



1. Each rung of this ladder represents where a person might be in thinking about their drug or alcohol use. **Select the number that best represents where you are now.**

10	I have changed my substance use and will never go back to the way I was before.
9	I have changed my substance use, but still worry about slipping back. I need to keep working on the changes I've made.
8	I have made a plan to change my substance use and have begun to make some of those changes.
7	I have made a plan to change my substance use (e.g., cutting back on the amount/ how frequently I use drugs), but I have not yet made any changes.
6	I definitely plan to change my substance use, and I'm ready to make some plans about how to change.
5	I definitely plan to change my substance use, but I'm not ready to make any plans about how to change
4	I often think about changing my substance use but I have no plans to change.
3	I sometimes think about changing my substance use, but I have no plans to change.
2	I rarely think about changing the way I use substances and I have no plans to change.
1	I never think about the way I use substances, and I have no plans to change.
0	I enjoy using substances and I have no interest in changing.

2. How important is it for you to change your substance use?

Not important		Somewhat important		Very important
0	1	2	3	4

How we are connecting Measurement-Based Care and Navigate

2) Module 2 is completed with: Q-LES-18 (Satisfaction)

- this can be sent to client via the portal so they can complete on their own

- the results are automatically auto-populated

- it can be integrated with what clients are currently satisfied with, what they feel is unchanging; the questionnaire asks questions related to physical health concern which could be an indication for module 4 on healthy lifestyles

How we are connecting Measurement-Based Care and Navigate

3) **Module 2 is completed with: Social Functioning Scale**

- Barrier: it is long and a reason why clinicians have difficulty with using it
- It asks questions based on these 4 categories:
  - Independence
  - Recreation
  - Pro-Social
  - Independence: Competence
- This could allow the clinician to understand if there any anxiety related to social settings or leaving the house; could have evidence to talk about module 12: having fun and developing good relationships
- Self report: can be sent through the portal

How we are connecting Measurement-Based Care and Navigate

4) **Safety and comfort plan:**

- Can be completed while working on module 2
- Could be integrated and aligned with module 5: wellness plan

Currently: it is difficult to understand for clinicians what is the purpose of this assessment if we have a wellness plan

- working on how to integrate safety and comfort plan with the wellness plan

Overcoming Challenges

- Understanding the importance of the measurement tools and how they guide practice
  - Explanation of why these are important is crucial: how the clinician explains the measurement tool is very important for clients to understand the benefits of it
- Understanding the feasibility of use
- Integrating more with IRT: including these as assessments as part of different IRT modules
- Overcoming fear that clients won't participate:
  - This could be related to our own personal dislike for Measurement-Based Care: cumbersome, feels like double the tools, we have our clinical tools and then the ones in IRT
- Working with the team on how best to visualize it for documentation purposes: graphs, dashboard etc

Overcoming Challenges

- Acknowledging that this is a shift and a difference
- It can feel clunky
- The clinicians are not always entirely sure about them
- But it is important to know that these are important to inform practice and intervention
- Measurement based care is new to mental health

Evaluation of MBC in Early Psychosis Care

First Episode Psychosis Integrated Care Pathway

- Patient, family, clinician, and psychiatrist perspectives
- Themes
  - Implicit negative assumptions by providers
    - Assumed client's perspectives of MBC were negative
    - Time consuming and negatively impacted therapeutic relationship
    - Patients however, were almost universally positive about MBC, especially when used to engage them in shared decision-making and communication
  - Relevance and utility to practice
    - Establishing a baseline, detecting symptoms early and guiding treatment decisions
  - Equity and flexibility
    - Standardizing care and access to resources for all
    - Ensuring flexibility to account for individual variability
  - Shared decision-making
    - Empowering patients in treatment decisions
    - Facilitating patient communication of symptoms or difficulties
    - Facilitating communication within the treatment team

Cuperfain et al. *Can J Psychiatry* (under review)

MBC in NAVIGATE

RAISE
Recovery After an Initial Schizophrenia Episode
A Research Project of the NIMH

NAVIGATE

- Prescribers
  - Treatment side effect monitoring
  - Treatment progress and optimization
- IRT
  - Strengths, Satisfaction, Goal planning
  - Resilience, Savouring, Negative feelings, Substance use
- SEE
  - Coping with cognitive difficulties
  - Follow along supports
- FE
  - Coping with stress – Life events, Daily hassles

Discussion and Questions