



Welcome!

Outcomes Measurement: Why, What, and How?

Presented by Charles Curie, ACSW and
Bonni Hopkins, Ph.D.

The webinar will begin shortly.



Webinar Agenda (all times Eastern)

- 2:00 – Welcome, Housekeeping, Instructions to Participants
- 2:05 – Introduction
- 2:10 – Presentation by Charles Curie, ACSW and Bonni Hopkins Ph.D.
- 3:10 – Question and Answer Session
- 3:25 – Instructions for CE Credits
- 3:30 – Webinar concludes

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Learning Objectives

1. Participants will be able to identify why measuring outcomes is important.
2. Participants will be able to identify at least 2 aspects of Health Care Reform relevant to outcomes.
3. Participants will be able to define at least 2 common terms related to outcomes measurement.
4. Participants will be able to recognize at least 5 of SAMHSA's National Outcomes Measures (NOMS) domains.
5. Participants will be able to identify factors when selecting outcomes tools.

About the Presenter

Charles G. Curie is the principal and founder of THE CURIE GROUP, LLC, a management and consulting firm working with leaders in the healthcare field, particularly mental health and substance use, to facilitate the transformation of services and to attain positive outcomes in the lives of people worldwide. Mr. Curie's professional experience spans 30+ years in the mental health and substance use fields. From 1995 to 2001, Curie was appointed by PA Governor Ridge as Deputy Secretary for Mental Health and Substance Abuse Services and implemented a nationally recognized MH and drug and alcohol Medicaid managed care program and a policy to reduce and eliminate the use of seclusion and restraint practices in the state hospital system which won the 2000 Innovations in American Government Award. From 2001 to 2006, he served as Administrator of the Substance Abuse and Mental Health Services Administration. The agency is responsible for improving the accountability, capacity and effectiveness of the Nation's substance abuse prevention, addictions treatment and mental health services, including The President's New Freedom Commission on Mental Health, the Strategic Prevention Framework for substance use prevention, Access to Recovery, National Outcome Measures, and work with post-conflict and war-torn countries mental health and substance use systems.

Curie holds a Master Degree from the University of Chicago's School of Social Service Administration and currently serves on the Board of Directors of the Council on Social Work Education and the American Foundation for Suicide Prevention, among others.

About the Presenter

Dr. Bonni Hopkins is the National Director of Outcomes for Magellan, and focuses on Magellan's self-report web-based outcomes program, including collaborating on implementation, reporting, and internal and external training and communication about how to best tailor Magellan's program to fit individual needs and goals. Magellan's Outcomes360 program was recently highlighted in mental Health Weekly, and is a recovery-based initiative.

Dr. Hopkins obtained her Ph.D. in psychology from the University of Illinois at Chicago, with a developmental and clinical emphasis. An evaluation and research mindset was embedded across all of her work, with an emphasis on empowering individuals and communities to best inform their decisions to create positive change they desired. She has experience in all phases of qualitative and quantitative research in prevention and intervention with children, adolescents, and adults, particularly from traditionally diverse urban communities. Dr. Hopkins has clinical and research experience with children and adults, including comprehensive psychological testing, individual, and group therapy.

Disclosures:

Mr. Curie and Dr. Hopkins have no relevant financial relationship commercial interest that could be reasonably construed as a conflict of interest.



Outcomes Measurement: Why, What, and How?

Outcomes Measurement – Why

Expectations of Policy Makers and Payers

- ❑ U.S. Congress
- ❑ Executive Branch
 - OMB
 - DPC
 - ONDCP
 - DHHS
 - CMS
 - SAMHSA
- ❑ State Legislatures
- ❑ Governors
- ❑ Taxpayers
- ❑ Insurers, i.e. MCOs

Outcomes Measurement – Why

Public and Private Payers expect us to “paint a picture” describing how their investments are realizing positive behavioral health outcomes.

Measuring outcomes helps us assess the effectiveness of our efforts and guides us in making changes.

Outcomes Measurement – Why and What



SAMHSA Priorities: Programs & Principles Matrix

Cross-Cutting Principles

Science to Services/
Evidence-Based Practices

Data for Performance
Measurement &
Management

Collaboration with Public,
Private & International
Partners

Reducing Stigma &
Discrimination & Other
Barriers to Services

Cultural Competency/
Eliminating Disparities

Community & Faith-Based
Approaches

Trauma & Violence (e.g.
Physical & Sexual Abuse)

Financing Strategies &
Cost-Effectiveness

Rural & Other Specific
Settings

Disaster Readiness &
Response

Programs/Issues

Co-Occurring Disorders

Substance Abuse Treatment
Capacity

Seclusion & Restraint

Strategic Prevention Framework

Children & Families

Mental Health System
Transformation

Homelessness

Older Adults

HIV/AIDS & Hepatitis

Criminal & Juvenile Justice

Workforce Development

Suicide Prevention

**A Life
In The
Community
For
Everyone**

**Building
Resilience &
Facilitating
Recovery**

Outcomes Measurement – Why and What

Surgeon General's Report on Mental Health, 1999, "Mental Health treatment works"

The President's *New Freedom Commission on Mental Health Report*

- Affirmed recovery was real and possible for people with mental illnesses.
- Recommended a "transformation" of MH service delivery system based on recovery as the driver in services development and accountability.

Health Care Reform

- Accountability through outcomes
- Financial incentives based on outcomes and costs

Outcomes Measurement – Why and What

New Freedom Commission Goals

Goal 1: Americans Understand that Mental Health Is Essential to Overall Health

Goal 2: Mental Health Care Is Consumer and Family Driven

Goal 3: Disparities in Mental Health Services Are Eliminated

Source: <http://www.mentalhealthcommission.gov/reports/FinalReport/toc.html>

Outcomes Measurement – Why and What

Goal 4: Early Mental Health Screening, Assessment, and Referral to Services Are Common Practice

Goal 5: Excellent Mental Health Care Is Delivered and Research Is Accelerated

Goal 6: Technology Is Used to Access Mental Health Care and Information

Source: <http://www.mentalhealthcommission.gov/reports/FinalReport/toc.html>

Outcomes Measurement – Why & What

SAMHSA convened a national summit in December 2004 with 110 expert panelists

Issued *National Consensus Statement on Mental Health Recovery*

“Mental health recovery is a journey of healing and transformation enabling a person with a mental health problem to live a meaningful life in a community of his or her choice while striving to achieve his or her full potential.”

Source: <http://www.samhsa.gov>

Outcomes Measurement – Why & What

National summit also issued...

The 10 Fundamental Components of Recovery

- Self-Direction
- Individualized and Person-Centered
- Empowerment
- Holistic
- Non-Linear
- Strengths-Based
- Peer Support
- Respect
- Responsibility
- Hope

Outcomes Measurement – Why & What

Recovery is an individualized journey.

Recovery is a process and an outcome.

***Recovery* is
managing one's illness =
managing one's life.**

Recovery

Recovery

Recovery

***Recovery = A life in
the community.***

The new framing for
public policy and
finance.

Recovery

Outcomes Measurement – Why & What

How Recovery Impacts Outcome Measures...

Consumers define their own recovery journey in terms of the pursuit of goals, a decent place to live and connectedness to others.

If central to the concept of recovery is realizing certain goals to be a full participant in the community, then those goals should be the basis of outcome measures.

Outcomes Measurement – Why & What

SAMHSA National Outcomes Measures (NOMS)

- Reduced Morbidity
- Employment/Education
- Crime and Criminal Justice
- Stability in Housing
- Social Connectedness
- Access/Capacity
- Retention
- Perception of Care
- Cost Effectiveness
- Use of Evidence-Based Practices

NOMS Grid

Domain	Outcome	Measures		
		Mental Health	Substance Abuse	
			Treatment	Prevention
Reduced Morbidity	Abstinence from Drug/Alcohol Use	NOT APPLICABLE	Reduction in/no change in frequency of use at date of last service compared to date of first service ▶	30-day substance use (non-use/reduction in use) ▶ Perceived risk/harm of use ▶ Age of first use ▶ Perception of disapproval/attitude ▶
	Improved Level of Functioning	UNDER DEVELOPMENT	NOT APPLICABLE	NOT APPLICABLE
Employment/Education	Increased/Retained Employment or Return to/Stay in School	Profile of adult clients by employment status and of children by increased school attendance ▶	Increase in/no change in number of employed or in school at date of last service compared to first service ▶	Perception of workplace policy ▶ Attendance/enrollment ▶ ATOD-related suspensions and expulsions
Crime and Criminal Justice	Decreased Criminal Justice Involvement	UNDER DEVELOPMENT	Reduction in/no change in number of arrests in past 30 days from date of first service to date of last service ▶	Alcohol-related car crashes and injuries ▶ Alcohol and drug-related crime ▶
Stability in Housing	Increased Stability in Housing	Profile of client's change in living situation (including homeless status) ▶	Increase in/no change in number of clients in stable housing situation from date of first service to date of last service ▶	NOT APPLICABLE
Social Connectedness	Increased Social Supports/Social Connectedness ¹	Clients reporting positively about social connectedness ▶	UNDER DEVELOPMENT	Family communication around drug use ▶
Access/Capacity	Increased Access to Services (Service Capacity)	Number of persons served by age, gender, race and ethnicity ▶	Unduplicated count of persons served ▶ Penetration rate-numbers served compared to those in need ▶	Number of persons served by age, gender, race and ethnicity ▶
Retention	Increased Retention in Treatment-Substance Abuse	NOT APPLICABLE	Length of stay from date of first service to date of last service ▶ Unduplicated count of persons served ▶	Total number of evidence-based programs and strategies ▶ Percentage youth seeing, reading, watching, or listening to a prevention message ▶
	Reduced Utilization of Psychiatric Inpatient Beds-Mental Health	Decreased rate of readmission to State psychiatric hospitals within 30 days and 180 days ▶	NOT APPLICABLE	NOT APPLICABLE
Perception of Care	Client Perception of Care ²	Clients reporting positively about outcomes ▶	UNDER DEVELOPMENT	UNDER DEVELOPMENT
Cost Effectiveness	Cost Effectiveness (Average Cost) ²	UNDER DEVELOPMENT	UNDER DEVELOPMENT	(SAPT) Percent of prevention set-aside funds spent on evidence-based practices; (PRNS) cost per unit improved ³
Use of Evidence-Based Practices	Use of Evidence-Based Practices ²	UNDER DEVELOPMENT	UNDER DEVELOPMENT	Total number of evidence-based programs and strategies ▶

¹ For ATR, "Social Support of Recovery" is measured by client participation in voluntary recovery or self-help groups, as well as interaction with family and/or friends supportive of recovery.
² Required by 2003 OMB PART Review.
³ SACT=Substance Abuse Prevention and Treatment Block Grant; PRNS=Program of Regional and National Significance.

Outcomes Measurement – What & How

Tools, Modalities and Process

“Prediction and evaluation of health care outcomes is an essential task for health care”.

Outcomes Measurement – Common Terms

Clinical Measurement

Use of standardized measures to assess such areas as clinical severity, health status and functioning

Outcomes Measurement

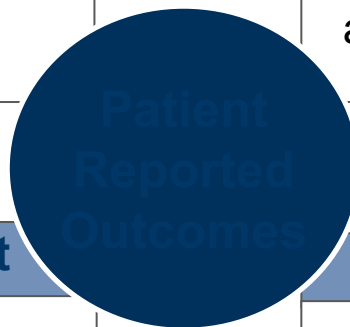
Indicator of change and requires at least two data points, ideally one at the start of treatment and another at some later time

Outcomes Management

Systematic effort to improve the effectiveness of treatment services throughout a health care system

Clinical Outcomes

Measured effects of interventions, or lack of interventions, on primary and secondary consumers



Measurement Objectives

Consumers

- Empowerment
- Recovery-improved health status & productivity

Providers

- Evidence-based treatment support
- Profiling/R4Q

Care Management / Coaching

- Empirically driven reviews
- Engagement/risk management

System Improvement

- Measure/monitor treatment effectiveness
- Efficiencies – process improvement

Value Added

- Competitive advantage
- Health care accountability

Return on Investment

- Medical cost reduction
- Improved worker productivity

Tool Selection

- Measurement domains – what type of outcomes – NOMs as an example
- Purchase or build
- Scientific rigor of instruments
- Appropriateness for population – cultural sensitivity
- Users and stakeholders
- Type of reports
- Administrative burden
- Technical support
- Cost

Modes of Administration



Paper (& Pencil)



Phone (IVR)



Computer (Desktop, Online,
Enterprise)



Fax



PDA (Tablet)

Magellan's Experience: Case Study in Tool Selection, Modalities and Process

Magellan's Outcomes360 Program

Outcomes360 is Magellan's branded name for its comprehensive clinical assessment and reporting program. While specific assessment tools are used for specialized programs, the core tools for outpatient members are the:

- Behavioral Health Assessment (SF-BH)
- Consumer Health Inventory
- Consumer Health Inventory – Children (CHI-C)

Magellan/Quality Metric Partnership

History

- 2004-2005 Magellan pilots various clinical outcome approaches
- Magellan selects *Quality Metric*
 - Nationally recognized developer of the SF-12
- Health Survey & SF suite
- 2006 SF-BH proprietary instrument created
 - Oriented to behavioral & health outcomes
 - Provider process outcomes
- 2006 Magellan implements routine & systematic measurement of outpatient clinical outcomes

Instrument Requirements

•Reliable and valid items

•Empirical norms available for relevant populations

•Behavioral and health focus

Outcomes360 system

- A voluntary program for providers & consumers
- Not tied to the authorization or claims payment processes
- Reporting tools for member and provider
- Computerized and private for ease of administration
- Population health measurement
- Tools available free: for adults and children in English & Spanish
- HIPPA compliant
- Multiple modes of delivery

Administrative Modalities

- Email push out
- Provider office – provider web portal
- Consumer web portal
- Fax = off site locations

3 – 5 minutes to complete

CHI & CHI-C Domains – Strengths & Recovery Oriented



CHI Domains:

- Strengths
- Behavioral Symptoms
- Substance Use
- Physical Health
- Emotional Health
- Work/school Participation
- Provider Relationship

CHI-C Domains:

- Strengths
- Physical Health
- Psychosocial Health
- Distress Symptoms
- School Absences

CHI Scoring

- The assessment tool has two global composite scores:
 - Mental Component Summary (MCS)
 - Physical Component Summary (PCS)
- National mean of 50, standard deviation = 10 (range is 1 to 100; higher scores are better)
- Summary reports indicate change in status within each domain, since last administration

Timing of Administration: Process

- CHI & CHI-C:
 - Consumers reflect on functional health in the past four weeks, minimum time between assessments
 - Intake
 - Remeasurement: when updating treatment or service plan
 - If possible, at discharge

SAMPLE TOOLS & REPORTS

Consumer Health Inventory (CHI)



To view the rest of the page,
click the scroll bar on the right.

SF-CHI™ Assessment Tool

What is your gender? What is your date of birth?

1. How strongly do you agree or disagree with the following statement:

I think that I can deal well with daily problems.

Strongly Agree	Agree	I am Neutral	Disagree	Strongly Disagree
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

2. How confident are you about bouncing back from problems?

Extremely	Quite a Lot	Somewhat	Little	Not at All
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

3. During the past 4 weeks, how often have you made and followed a plan to take care of your physical or mental health?

Always	Often	Sometimes	Rarely	Never
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

4. In general, would you say your health is:

Excellent	Very Good	Good	Fair	Poor
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

5. The following questions are about activities you might do during a typical day. Does your health now limit you in these activities. If so, how much?

	Yes, limited a lot	Yes, limited a little	No, not limited at all
a. moderate physical activities, such as getting groceries or going to the mailbox.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
b. climbing several flights of stairs.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

6. During the past 4 weeks, how much of the time have you had the following problems with your work or other activities because of your physical health?

	All of the time	Most of the time	Some of the time	A little of the time	None of the time
a. achieve less than you would like.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
b. were limited in the kind of work or other activities.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

7. During the past 4 weeks, how much of the time have you had any of the following problems with your work or other activities because of your mental health?

	All of the time	Most of the time	Some of the time	A little of the time	None of the time
a. achieve less than you would like.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
b. were less careful than usual.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

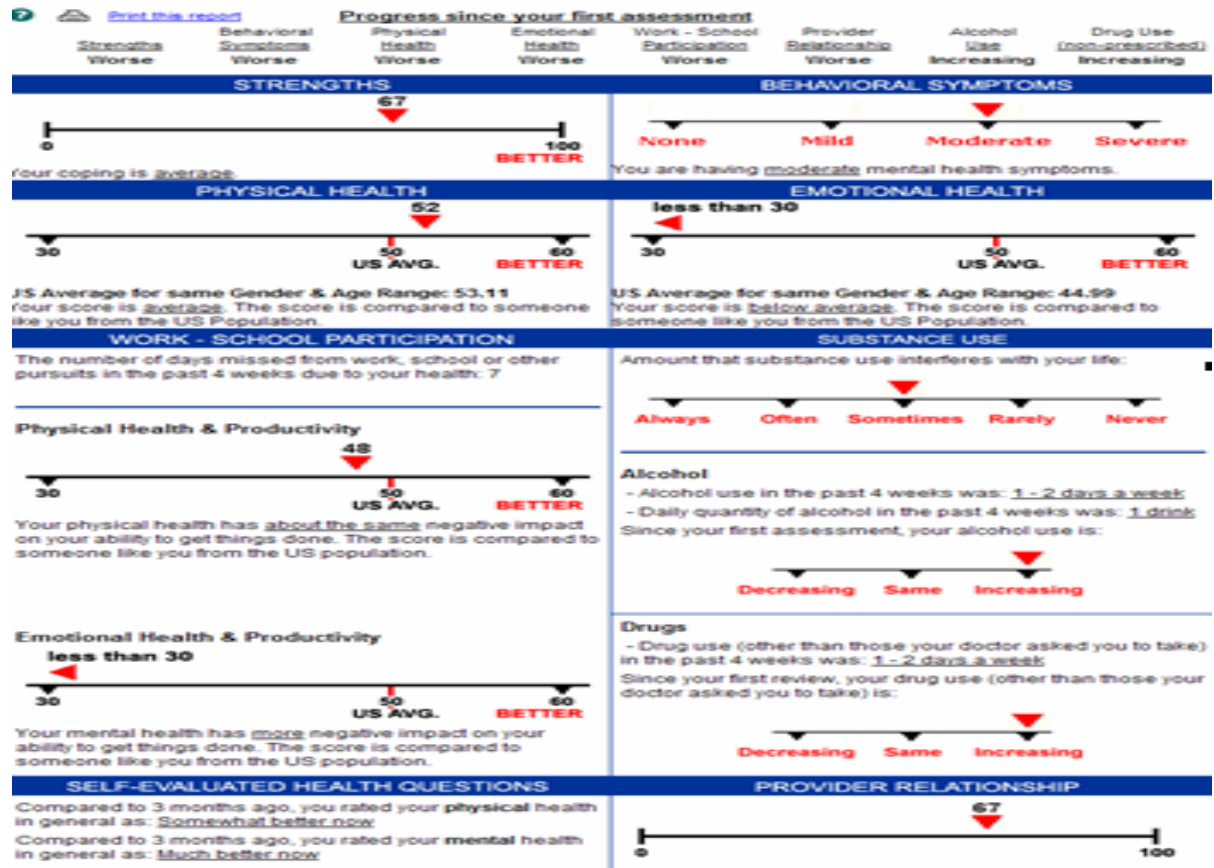
CHI Member Report



Report Date: 5/30/2008
 Consumer Health Inventory - Member Report
 Member: public07
 Age: 19 Gender: F
 Assessment Date: 5/30/2008

Global Score: 38

The global score represents your general well-being. Look below to see the progress made in each health area.



Provider Report Bar Graphs

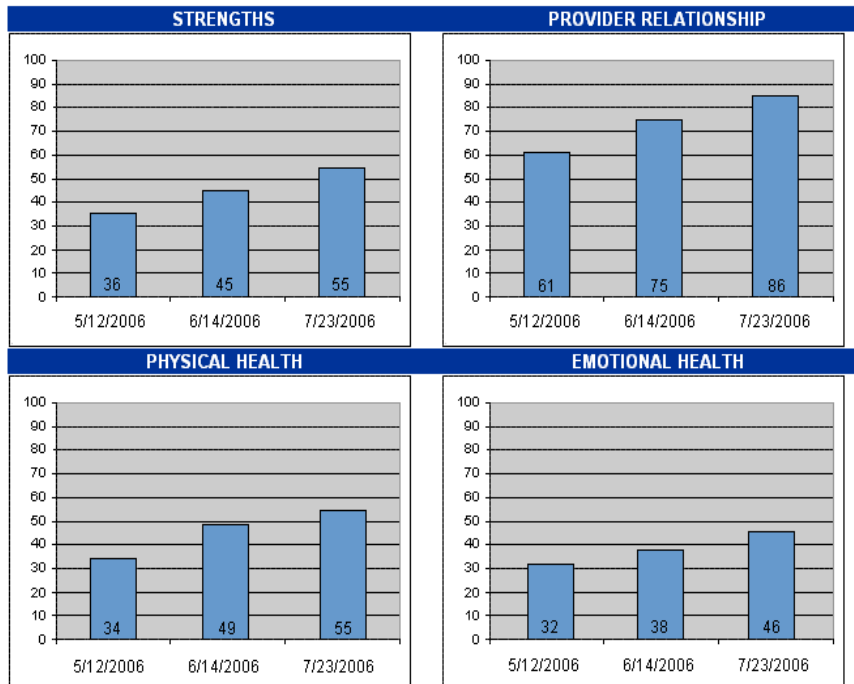


Provider Report

Member: XXXX
Age: 51 Gender: M
Assessment Date: 7/23/2006



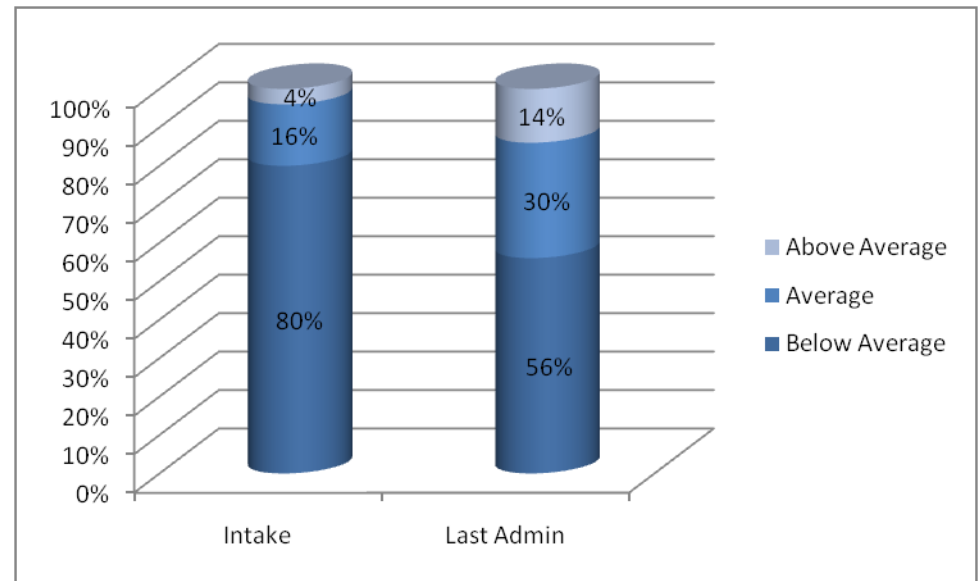
The following graphs portray a history of the member's assessment scores over time.



[Previous](#) [Close](#)

Population Health Improvement = Emotional Health: Example of Subpopulation

- At Outpatient intake 80% scored below average¹ on emotional health
- At Outpatient intake 20% scored at or above average¹
- With Outpatient counseling the number below average¹ decreased from 80% to 56%
- With Outpatient counseling the number at or above average¹ increased from 20% to 44%

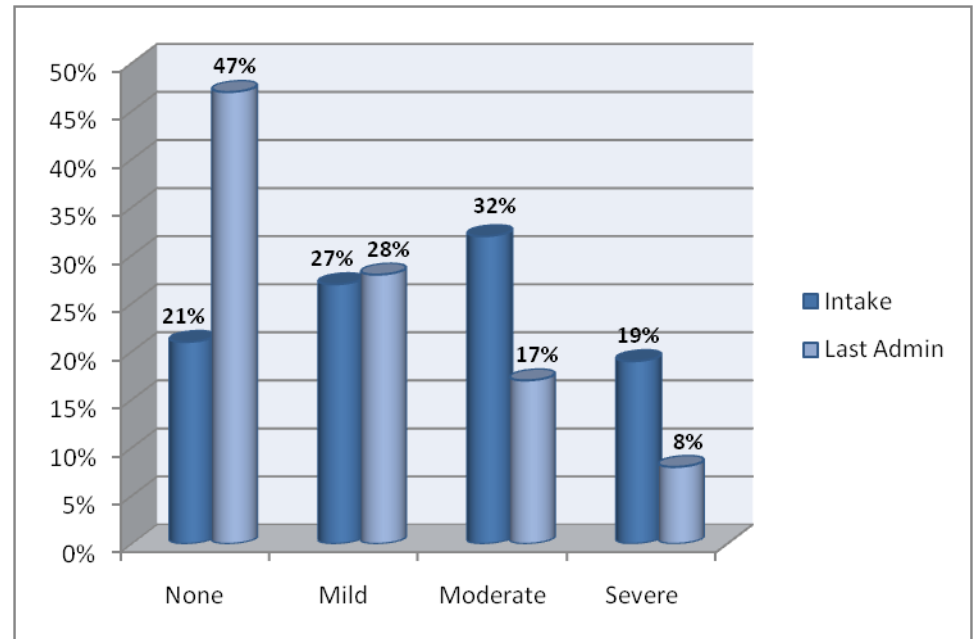


A positive shift in emotional health

¹ Average based on US norm of 50

Population Health: Reduced Symptoms

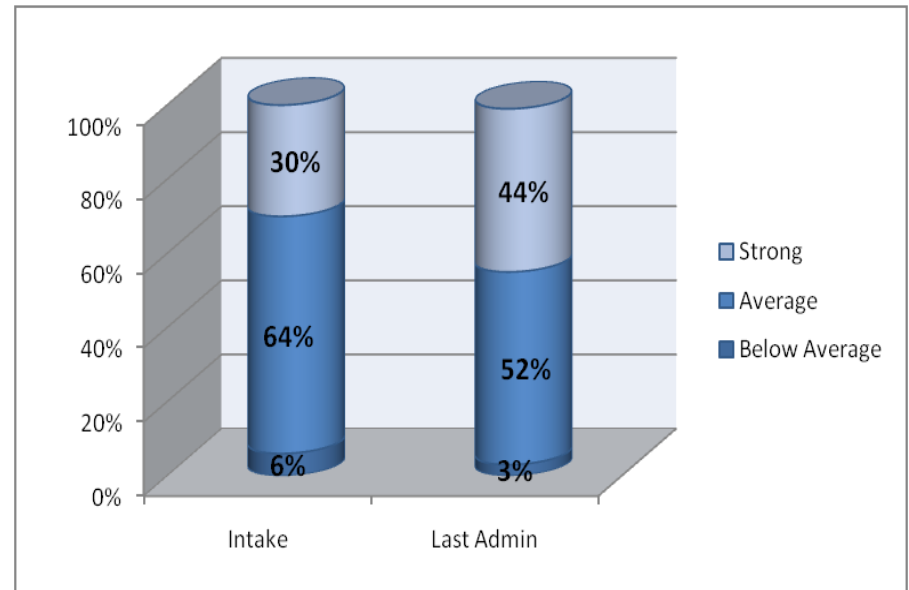
- The percent of Outpatient users with no positive behavioral symptoms increased from 21% to 47% with Outpatient counseling
- After Outpatient counseling the percent of users with moderate symptoms decreased from 32% to 17%
- The percent with **severe behavioral symptoms** dropped from 19% to only 8%



All symptoms severity categories decreased

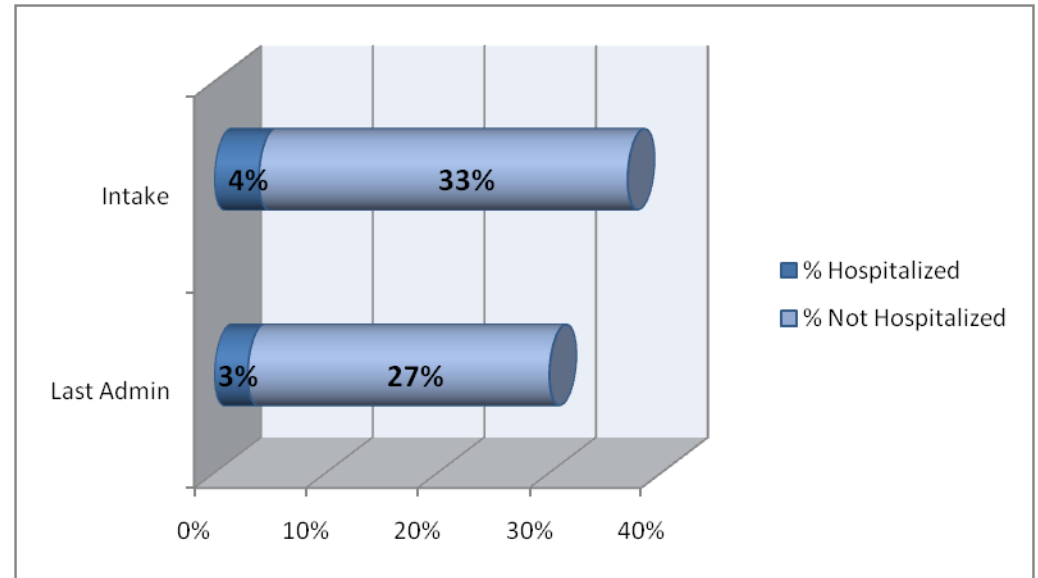
Population Health: Strengths Improvement

- The percent of Outpatient users with strong strengths increased from 30% to 44% (14% increase)
- This shift occurred by moving 3% of Outpatient users who had below average strengths up to average strengths and by moving 11% of those with average strengths up to above average strengths

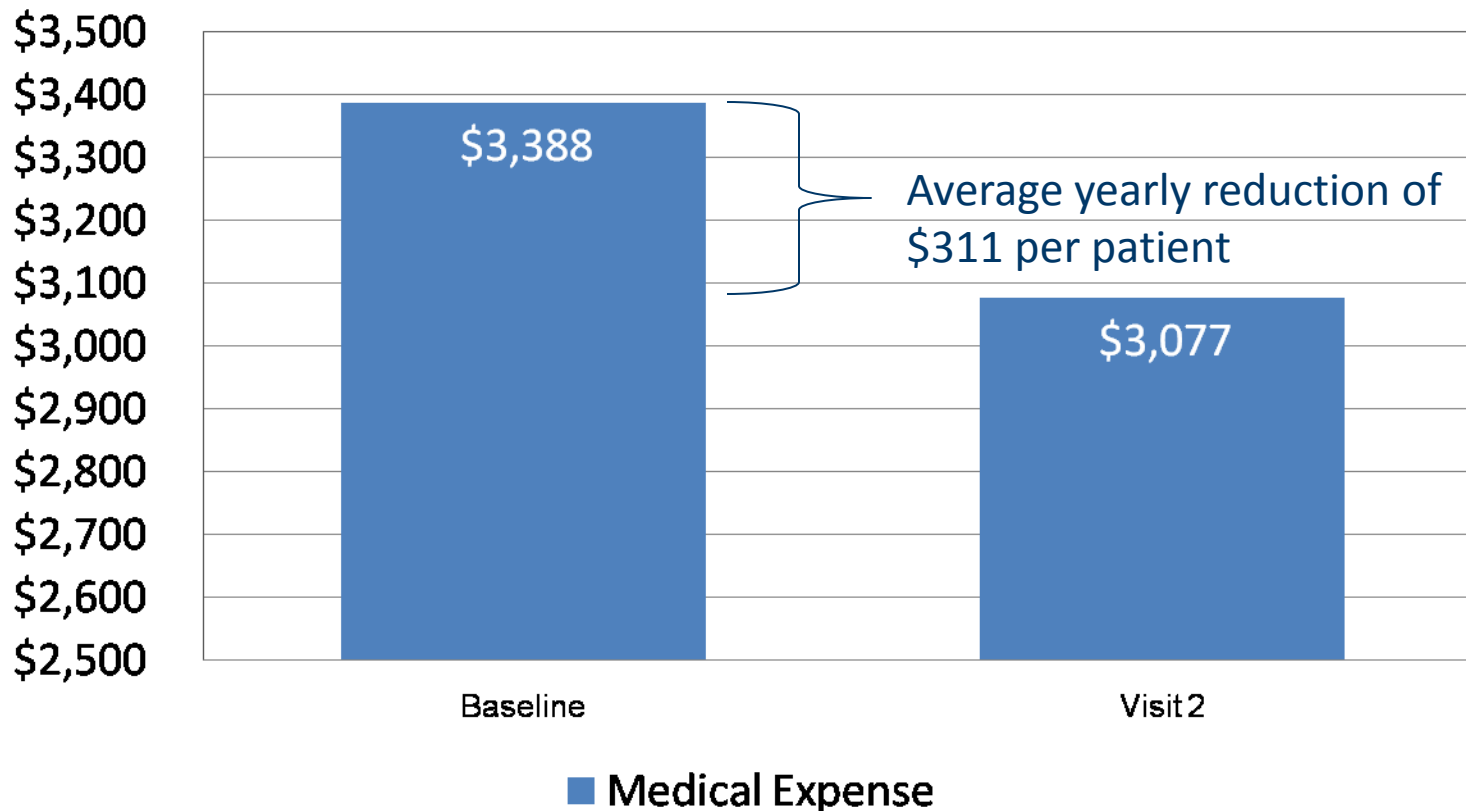


Population Health: Improved Productivity

- The percentage of members with days missed at work or school missed decreased by 7 percent between intake and last administration, and on average patients who reported missed days report 1.8 fewer missed days from intake to last administration.

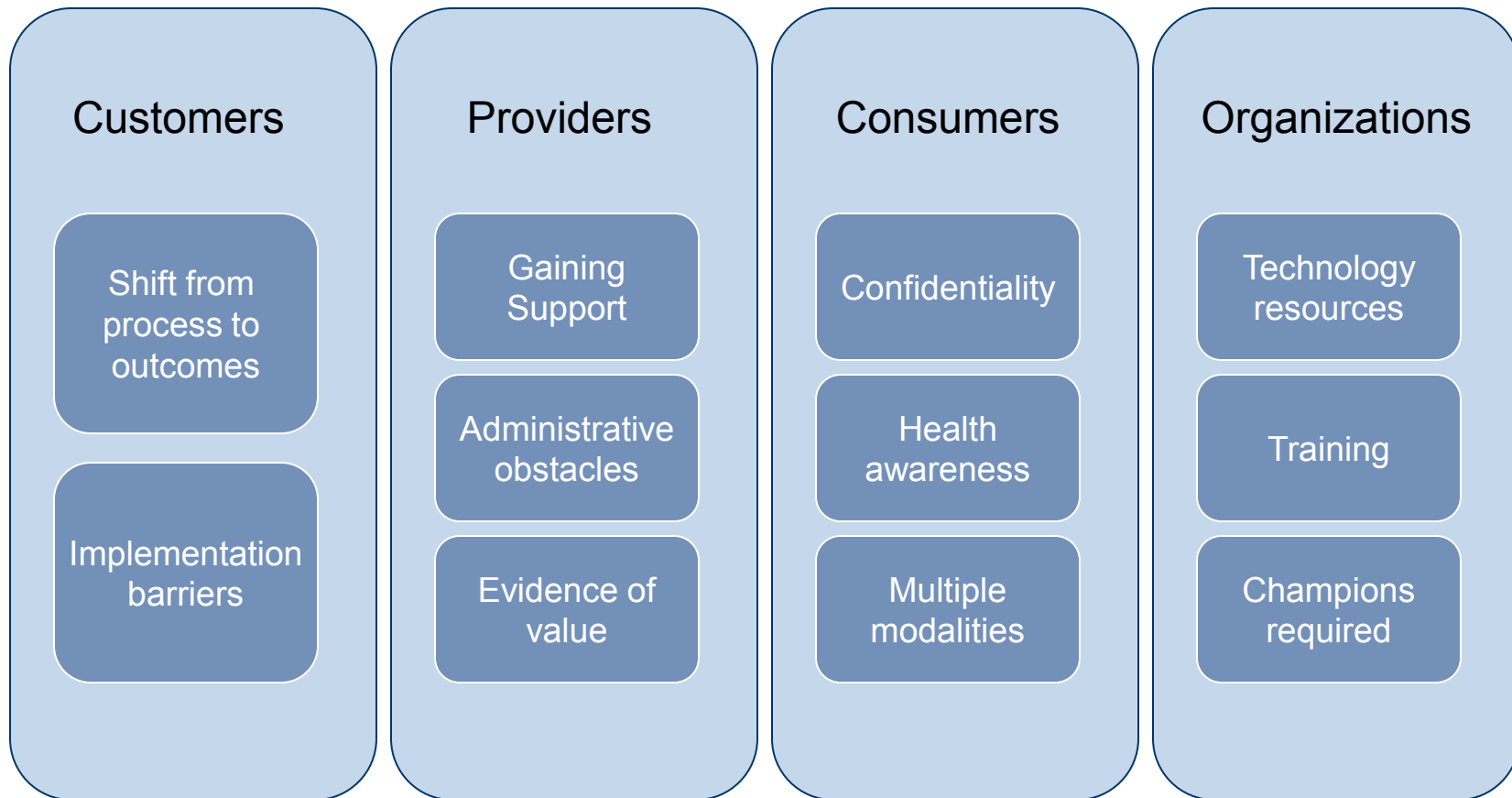


Predicted Medical Expenses Decreased ROI



Sample 2, n=9,661

Implementation & Sustainability Challenges



Question and Answer Session

- We will attempt to address as many questions as possible.
- Follow the operator's instructions for submitting questions to the presenters.
- Questions submitted during the presentation via chat feature will be addressed first.

Please note that sending a question does not guarantee its inclusion in the webinar.

CE Credits – Post Test and Evaluation

Please use the link provided to take the post-test and complete the required CE evaluation.

<http://www.surveymonkey.com/s/5PW5WTT>

Note there are multiple pages. Be sure to look for and use the 'Next' button until you have completed all pages.

You must complete the post-test and CE evaluation **by 6 p.m. Eastern today.**

Thank you for
participating in today's
webinar!

Upcoming webinars:

October 28 – Substance Use
Disorder Treatment, New
Technology, and Care Coordination

November 18 – Recovery
Coaches, Peer Support, & Whole
Health

