Using Measures in Clinical Practice, Administration and Training

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Use of Measures: Varying Goals

- Clinicians or administrators may use standardized measures to guide treatment or resource decisions (i.e. level of care, covered benefit)
- Systems rely on standardized outcomes to identify best practices and areas for improvement
- Rating scales in community-based participatory research may be used for eligibility screening or to measure change (or both)
- Training programs can use standardized instruments to coach child fellows in developing valid assessment skills
- Providers can bring measures of results to funders, legislators

Implementation Experience

- Measurement use is affected by practice setting – but solo/small group practice may still face measures they did not select (i.e. CANS required for Medicaid payment)

- Healthcare Organization – required instrument use by employees, standard or customized measures: Patient Assessment Tool (PAT) rolled out to improve "value"

- Standardized Measures – available for a fee, e.g. AACAP Child and Adolescent Service Intensity Instrument (CASII), or as part of public domain, e.g., Child Global Assessment Scale (CGAS), across states and delivery systems

- Measures should be used as intended (screens are not appropriate for outcomes, recurrent measures should not be used only as eligibility criteria); measures not useful if disconnected from treatment decisions

- Families and youth are more likely to reveal information via structured data collection, whether self-administered or not

Challenges

- Adoption of measures in practice requires training; reliable and valid use requires re-training

- Organizational culture needs to value measure use, and use results, or process will be "gamed"

- Clinicians free to include measures to guide care, and QI projects allowed; some external use of data may require IRB

- Instrument use is an important skill for trainees to learn, but have to negotiate for program time

- Need easy ways to access information after it's recorded; even EMR's may not be programmed yet for measure retrieval or trend reports

Opportunities

- Screening instruments offer practice support for documentation of initial presentation and treatment selection

- Recurrent measures help keep care focused and clarify trends (for patients and clinicians) that might otherwise be missed, and build collaboration

- Documentation (consents, adverse effects, etc.) protects the patient re: future med choices, and protects the clinician with regard to Rx decisions

- New payment systems may require functional outcome measures to be done

- Community-based participatory research, involving reporting from families and providers, helps guide improvement in child psychiatry

Toolbox Feedback

Beta tester comments (Nick Carson, MD; Deb Rosenblum, MD; others):

- We use Vanderbilt for ADHD treatment, so SNAP-IV-C will have a hard time gaining traction, but easy to administer and parent had no problem completing it

- QIDS-SR easy to administer; fitting to one page will be easier for EMR access

- CMRS: also easy to administer but no scoring sheet so it's unclear what the scores mean

- Good use of waiting room time; real-time info

- My families liked knowing that we were adding a more formal aspect to the med check visits

And Early User Testimonials!

- "Good morning, I had a parent complete a SCARED and SNAP-IV-C last week. Both were easily completed in the waiting room while I met with the patient. The parent wondered if she needed to tally up the scores as well, which was intimidating for her! The answer seems obvious (no) but was a good lesson for me to be clear with instructions."

- "The scores on the SCARED confirmed my clinical impression of GAD and school avoidance. The SNAP scores helped me see that the medication for ADHD treatment was helping."

Using YOUR feedback!

Let us know your thoughts about using the Toolbox to help with development of 3.0 version ?

- Hey, I used a formal instrument with a kid I know really well and was surprised that I learned something new!

- Want to use _____ measure but wording not perfect for my use, can I change it?

- I could really use a measure about _____ but I didn't see one; is there one you could recommend?

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