TURNING NIGHTMARES INTO SILVER
Whether we like it or not, provider profiling is here

- Healthcare reform is rewarding systems that make provider performance data available to the public
- Health plans are profiling their providers for:
  - Referrals
  - Rate structures
- How can we turn this reality into $25,000 extra compensation for each full-time practitioner?
25 years ago, the Gold-Star method of provider profiling was my nightmare. Could it be yours too?

The Gold Star Method

- Poor
- Average
- Excellent

Dr. Average Joe

16 - 33%
What's wrong with the gold-star method, besides the poor odds of finding success

- On what dimension are we being judged?
  - Who would be proud of an average length of stay of 1 session?
  - cost, quality, or some “indicator”

- Risk-adjustment and case-mix
  - My specialty is working with abused children.
  - How do we compare my outcomes to yours?

- One-dimensional
  - Who is better at treating depression than substance abuse?
  - The Australian “Super Shrink”

The Rapid Responder construct poses a serious problem for Gold Star methods of profiling

Validating the Rapid Responder Construct Within a Practice Research Network

Samuel S. Borelberg,1 Louis S. Castengergy,2 Aaron J. Fisher,3 James F. Borowjetl and David Kraus3

1 The Center for Healthcare Organization and Implementation Research
2 D. Pennsylvania State University
3 University of California, Berkeley
4 State University of New York
5 Outcome Referrals
For the past 25 years, I’ve been working on a simple VISION

- Let’s build a future where the unique strengths of virtually every clinician can be:
  - Identified
  - Celebrated
  - Rewarded

- I like these odds of success better!
  - 96% with multiple dimensions vs.
  - 16-33% with the Gold Star Method

So the goal for today is...

- To walk through the building blocks of a more
  - equitable,
  - scientific and
  - lucrative process that
  - accepts that transparency and outcomes is hear to stay
OUTLINE

• The Problem – The Science of Provider Profiling
• About David Kraus
• The Components of a Solution
  – Defining Harm
  – Validity
  – Feedback and Multi-dimensionality
  – Sensitivity to Change
  – Risk Adjustment
• The Facts to Integrate
  – Patient Needs
  – Therapist Competencies
  – Prevalence of Harm
• How a Potential Solutions Looks
• Next Steps

Academic Collaborations

Professor Louis G. Castonguay
Past President, Society for Psychotherapy Research

June 19, 2014
The topics that we will cover today are reviewed in the literature


June 19, 2014

Outcome Referrals is the oldest and largest behavioral health outcomes management firm

- 20 years, of patient assessments and improved treatment outcomes.
- Used by clinicians in 34 states and Medicaid providers in 18 states.
- World’s largest database of behavioral health outcomes.
  - More than 1.2 million patients and 40,000 clinicians.

Significant funding and endorsement from:

- The Annie E. Casey Foundation
- The Duke Endowment
- JPMorgan Chase & Co.
- The M.S. Dupont Foundation
- FreedomCare Foundation
- Acero, Inc.
- Beatty Health
- Centerstone Health Care
- Children’s Home Society of Nevada
- Children’s Health Fund
- Denver Health and Hospital Authority
- Easter Seals of Colorado
- The Friendly House
- The Genesis Fund
- Girls Inc.
- Health Care for the Homeless
- Healthy Start
- Jewish Family Service of Metropolitan Denver
- LightHouse
- New York City Housing Authority
- Oregon Health & Science University
- Prevent Child Abuse America
- Prevent Child Abuse Arizona
- Prevent Child Abuse Florida
- Prevent Child Abuse Georgia
- Prevent Child Abuse Illinois
- Prevent Child Abuse Maryland
- Prevent Child Abuse National Coalition
- Prevent Child Abuse New Mexico
- Prevent Child Abuse New York
- Prevent Child Abuse North Carolina
- Prevent Child Abuse North Dakota
- Prevent Child Abuse Ohio
- Prevent Child Abuse Oklahoma
- Prevent Child Abuse Pennsylvania
- Prevent Child Abuse Utah
- Prevent Child Abuse Washington
- Prevent Child Abuse Wisconsin
- Prevent Child Abuse Wyoming

June 19, 2014
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Defining Harm and Effectiveness

Training Implications of Harmful Effects of Psychological Treatments

Lewis G. Compton and James F. Boswell
Michael J. Canitano
Mavis R. Goldsman
Cara E. Hill
Purdue University
University of Massachusetts at Amherst
Siena College
University of Maryland

January 2010 • American Psychologist
© 2010 American Psychological Association 0003-066X/10/512.00
Vol. 65, No. 1, 34–49 DOI: 10.1037/a0017330
Harm
Jacobson & Truax, 1991

Jacobson & Truax define reliable change for a single case.

We use the same concept for a therapist’s average outcomes across all cases.

“Reliable Effectiveness” = exceeding this threshold in the positive direction.

“Reliable Harm” = exceeding this threshold in the negative direction.

---

We Shouldn’t Give Lip Service to Validation

FOUR TYPES OF VALIDITY

<table>
<thead>
<tr>
<th>Construct</th>
<th>Content</th>
<th>Concurrent</th>
<th>Predictive</th>
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Solid Foundation

Holy Grail

June 19, 2014
For all 12 behavioral health problems, a report of the patient’s number of standard deviations from “normal” is generated.
Sensitivity: New bars are added each time a patient completes another TOP assessment.

First bar is initial measurement; second and third bars are follow-up measurements.

If bars go down, patient is getting better; if bars go up, patient is getting worse.

Severity level: Yellow = Mild, Orange = Moderate, Red = Severe.

A major threat to provider profiling are outcome tools sensitivity to measuring reliable change.

---


Providers should be given access to benchmarking to identify their areas of strength...
Providers should be given tools to help them improve on areas of weakness.

We need to understand the types of patients the clinic treats poorly.

Quartile Analyses highlight the source of poor outcomes.

Demographics

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<tr>
<th>Category</th>
<th>TOP quartile</th>
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Stressful Events

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Client Defined Goals

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Libraries of evidence-based treatments should be accessed to build quality improvement roadmaps for the providers’ specific issues

- For this specific agency, the prototypical patient was:
  - Involuntarily forced into treatment
  - More likely male
    - Someone who endorsed few problems, including those that stated their quality of life was great
    - ...BUT who, ironically, endorsed clinically significant suicidal ideation

Outcome results should be integrated with EBTs

- An excellent Continuous Quality Improvement (CQI) process
  - Continuously measure outcomes of all clients
  - Don’t change areas where outcomes are above average
  - Integrated Evidence Based Treatments (EBTs) for below average areas

- Following this process generates rapid results
  - JCAHO (the Joint Commission’s) highest quality award
    - Ernest Amory Codman Award
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Source of Data

*Psychology Research, May 2011; 21(3): 267-276*

**Therapist effectiveness: Implications for accountability and patient care**

DAVID R. KRAUS1, LOUIS CASTONGUAY2, JAMES F. BOSWELL3, SAMUEL S. NORDBERG2, & JEFFREY A. HAYES3
Participants

June 19, 2014

Therapist skill in one domain does not predict skill in another

June 19, 2014
Problem: Most clients have multiple issues

- Many behavioral health assessments are incomplete, focusing on just one presenting issue.
- But 2/3 of clients have 3 or more of the 12 major problems listed below:

  - Depression
  - Mania
  - Panic/anxiety
  - Psychosis
  - Quality of life
  - Sexual functioning
  - Substance abuse
  - Suicidal tendency
  - Sleep
  - Social functioning
  - Violence
  - Work functioning

  Frequency Distribution of Patient's by # of Problems

  1Analysis by Urban Wallace Associates, Inc. of Outcome Referrals 1.1 million patient database of behavioral health treatment outcomes.

Virtually all clinicians have areas where they consistently achieve good outcomes

Most therapists produce successful outcomes in 3-7 of the twelve major problems

  96% have at least one area of excellent success.

  1Analysis by Urban Wallace Associates, Inc. of Outcome Referrals 1.1 million patient database of behavioral health treatment outcomes.
Every clinician has at least one area where he/she is harmful

Most therapists cause significant harm when treating 2-4 of the twelve major problems\(^1\)

\[\text{Average 3.0}\]

\(\% \text{ of all Therapists}\)

\# of Harmful Treatment Areas per Therapist

\(^1\)Analysis by Urban Wallace Associates, Inc. of Outcome Referrals 1.1 million patient database of behavioral health treatment outcomes.

Therapist Effects by Classification

<table>
<thead>
<tr>
<th>TOP* domain</th>
<th>Harmful therapists</th>
<th>Unclassifiable therapists</th>
<th>Effective therapists</th>
<th>All therapists</th>
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<td>Sexual functioning</td>
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<tr>
<td>Work functioning</td>
<td>0.44</td>
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<tr>
<td>Violence</td>
<td>0.31</td>
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<tr>
<td>Social functioning</td>
<td>0.48</td>
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<td>Quality of life</td>
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<td>Suicidality</td>
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<td>Depression</td>
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\(^*\)Treatment Outcome Package (TOP).

June 15, 2014
Prevalence of Effectiveness by Domain

<table>
<thead>
<tr>
<th>TOP* domain</th>
<th>% Effective therapy</th>
<th>% Unclassifiable therapy</th>
<th>% Harmful therapies</th>
</tr>
</thead>
<tbody>
<tr>
<td>Sexual functioning</td>
<td>29%</td>
<td>59%</td>
<td>12%</td>
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<tr>
<td>Work functioning</td>
<td>35%</td>
<td>50%</td>
<td>7%</td>
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<tr>
<td>Violence</td>
<td>38%</td>
<td>46%</td>
<td>16%</td>
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<td>Social functioning</td>
<td>45%</td>
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<td>14%</td>
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<td>Personality</td>
<td>45%</td>
<td>47%</td>
<td>10%</td>
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<tr>
<td>Substance abuse</td>
<td>47%</td>
<td>45%</td>
<td>14%</td>
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</table>

Psychois            | 46%               | 43%                      | 9%                 |

Quality of life    | 42%               | 43%                      | 5%                 |

Sleep              | 51%               | 31%                      | 9%                 |

Suicideity        | 58%               | 32%                      | 7%                 |

Depression         | 67%               | 30%                      | 3%                 |

Mania              | 8.7%              | 99%                      | 6.3%               |

n = 696.

* Treatment Outcome Package (TOP).

With a rather random therapy referral process, there is a greater chance of harming a patient than helping $^{1,2,3}$

Probability that a Patient with 3 Disorders receives Effective Treatment

- Effective: 14%
- Harmful: 34%
- Ineffective: 52%


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Let's look at the residential referral options for "Johnny Danger"

Traditional Assessment
TYPICAL ASSESSMENT FOCUSES ON PRIMARY DIAGNOSIS

TOP Assessment
(Size of box represents degree of severity of issue)
### Benchmarked, risk-adjusted outcomes for all residential programs in one New England state

**KEY:**
- Top 10% (++)
- Above average (+)

<table>
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<th>Providers</th>
<th>Assertiveness</th>
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<th>Psychosis</th>
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This data represents all children in residential care in the subject state, N = 1,174 over a 2 year period.

The report shows the effectiveness of residential treatment providers in achieving improvements in children’s behavioral health issues; the same analysis works for all types of placements and providers.

June 19, 2014

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**In order to get a well-matched referral, the patient takes 5 minutes to answer about 50 questions**

**Indicate how much of the time during the past two weeks you have....**

- ○ ○ ○ ○ ○ ○ been satisfied with your relationships with others
- ○ ○ ○ ○ ○ ○ been satisfied with your daily responsibilities
- ○ ○ ○ ○ ○ ○ been emotionally hurt by someone
- ○ ○ ○ ○ ○ ○ felt someone else had too much control over your life
- ○ ○ ○ ○ ○ ○ had trouble falling asleep
- ○ ○ ○ ○ ○ ○ felt tired, slowed down, or had little energy
- ○ ○ ○ ○ ○ ○ worried about things
- ○ ○ ○ ○ ○ ○ noticed your thoughts racing ahead

Click to receive a list of recommended therapists

June 19, 2014
Well-Matched results are displayed as a normal on-line referral service

<table>
<thead>
<tr>
<th>Well-Matched to YOU</th>
<th>In network</th>
<th>Rates to Travel</th>
<th>Therapist Name</th>
<th>Discipline</th>
<th>City</th>
<th>Phone Number</th>
<th>Gender</th>
<th>Age</th>
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<td>Psychiatrist</td>
<td>Welham</td>
<td>617-456-5673</td>
<td>M</td>
<td>45-55</td>
<td>Asian</td>
<td></td>
</tr>
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OUTLINE

• The Problem – The Science of Provider Profiling
• About David Kraus
• The Components of a Solution
  – Defining Harm
  – Validity
  – Feedback and Multi-dimensionality
  – Sensitivity to Change
  – Risk Adjustment
• The Facts to Integrate
  – Patient Needs
  – Therapist Competencies
  – Prevalence of Harm
• How a Potential Solutions Looks
• Next Steps
Next Steps

• First RCT in any field of medicine to assess the outcomes of making provider performance data available to consumers of healthcare
  – With University of Massachusetts (M. Constantino) and SUNY Albany (Boswell)

• With the Annie E. Casey Foundation and Duke Endowment we will be testing the outcomes of using this data to make placement decisions for disadvantaged children.

• With payers, we are looking for innovators who are willing to pay more (fee-for-service) for well-matched treatment.
  – $15 more per session is about $25,000 per year.

How should we be REWARDED?

• If I can demonstrate that I achieve superior outcomes with a certain type of client...

• I should receive 10 – 20% more per session

• The benefit to the employer or health plan are much greater
  – Good treatment takes less time
  – Work performance increases
  – Medical costs are reduced through greater medical compliance