

Comprehensive Quality  
Management Systems  
Improving Outcomes for People with  
Psychiatric Disabilities

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# Personal Background

- Family member/Guardian
- Consumer
- Mental Health Advocate
- Mental Health Services Researcher
- Quality Management Specialist
- Clinician/Primary Care/Psychiatry
- Focus on Adults with SPMI

# Negative Outcomes Associated with Psychiatric Illness

- Excess and Premature Mortality
- Excess Morbidity

Co-morbid Psychiatric Illness

Co-morbid Physical illnesses

Physical and Psychological violence

High level of severity, duration and functional impairment

- Poor Quality of Life

# Factors Associated with Good Quality of Life

- Housing stability
- Family and social relationships
- Employment/education/meaningful Work
- Financial independence and adequate income
- Integration into one's community
- Physical and psychological health and safety
- Spiritual beliefs and religious practices
- Talents and interests - leisure activities

# Findings from Systems Level Outcomes Research in the U.S.

## Amount of Services is Unrelated to Mental Health Outcomes

- Ohio DMH Longitudinal Consumer Outcomes Study
- Robert Wood Johnson Nine Cities Demonstration Program on Chronic Mental Illness
- McKinney Research Demonstration Program for Homeless Adults
- Access (Access to Community Care and Affective Service and Supports) Demonstration Program
- Fort Bragg Children's Mental Health Managed Care Demonstration Program

## Service Amount is Unrelated to Consumers' Perceptions of Needs.

- Ohio DMH Longitudinal Consumer Outcomes Study

## Consumer's perceptions of needs being met is the strongest predictor of good outcomes

- Ohio DMH Longitudinal Consumer Outcomes Study

# Evidence from Mental Health Services Research (Effectiveness and Cost-Effectiveness)

- Outcomes that are good or better than usual care are achieved by specific treatment and service interventions with particular groups of clients
- Provide Knowledge Base for Best and Evidence-Based Practices
  - Texas Medication Algorithm Project
  - Schizophrenia PORT Study
    - Medication
    - Assertive Community Treatment and Intensive Case Management
    - Family Psychoeducation
    - Supported Employment
    - Dual Diagnosis Treatment
  - Self-Help and Peer Support Services
  - Post Traumatic Stress Disorder (PTSD) Treatment
  - Evidence-based Psychotherapies (e.g. Dialectical Behavioral Therapy)
  - Multi-Systemic Therapy for Children

# Current Quality Improvement Initiatives

## Evidence based practices

NASMHPD Research Institute - Coordinated State Initiatives

SAMHSA Mental Health Toolkit Development and Dissemination

Surgeon General's Report on Mental Illness - Reviews State of the Science

## Consumer Report Cards

NAMI State MHA Surveys

State MHA Client Satisfaction Surveys

## Organizational and System of Care Principles

President's New Freedom Commission on Mental Health Report

Institute of Medicine Crossing the Quality Chasm Report

## State and Federal Systems Outcomes Monitoring

Ohio Mental Health Consumer Outcomes System

Indiana Hoosier Assurance Plan

Mental Health Statistics Improvement Program Mental Health Quality Report

# Current Quality Improvement Initiatives

## Professional Accreditation Agencies/Oversight of Facilities and Programs

Utilization/State and Federal Laws and Regulations/Major Unusual Incidents

- JCAHCO/ORYX/CAMBHC
- AHRQ/National Inventory of Mental Health Quality Measures
- NCQA/HEDIS/MBHO

## State and National Medical and Professional Licensing Boards

Establish standards for clinical competency

Responsible for oversight and regulation of individual clinicians

## State and Federal Legal Enforcement/Consumer Protection

Protection and Advocacy, Incorporated

California Advocates for Nursing Home Reform

Department of Justice

## Clinical Level of Need/Care Guidelines

LOCUS & CALOCUS (American Association of Community Psychiatrists)

MRC Needs for Care Assessment Schedule (NFCAS-C)

The Camberwell Assessment of Need



# Institute of Medicine's *Crossing the Quality Chasm* Report cites five aims for improvement

- Safety
- Effectiveness
- Patient-Centeredness
- Efficiency
- Equity
- Timeliness

# MHSIP Mental Health Report Card

## Delineates Five Domains for Performance Indicators

- Access
- Appropriateness
- Outcomes
- Efficiency
- Performance indicators reflect EBPs and consumer preferences
- Within each setting and population “Quality of Treatment” is a discrete performance indicator
- Recovery Indicators are placed within domain of appropriateness

# Achieving Good Outcomes

- The most important predictor of good outcomes relative to services provided is whether clients perceive that their needs are being met.
- Most quality management strategies only look at a limited scope of principles, measures or outcomes: principles utilization, satisfaction, EBPs
- Implementation of Best and Evidence Based Practices only address the short-term effectiveness and efficacy of discrete interventions for specific populations
- Comprehensive Quality Management Systems must incorporate a range of functions, levels of application and decision making supports.

# LINKING EVIDENCE, EFFECTIVENESS, & ACCOUNTABILITY

- Outcomes management represents the only evidence-based approach to evaluating the effectiveness of services and systems of care
- Outcomes management represents the critical component in ensuring system accountability for the fiscal and clinical management of our public health resources

# Quality Management Technologies with the Potential to Expand into Comprehensive Quality Management Systems

- Ohio Department of Mental Health Quality Agenda Triangle
  - Consumer Outcomes System (Outcomes Rule)
  - Quality Improvement (Performance Improvement Rule)
  - Best Practices (Centers of Excellence)
- Total Clinical Outcomes Management
  - Child and Adolescent Needs and Strengths (CANS-MH)
  - Adult Needs and Strengths Assessment (ANSA)
  - Young Adult Needs and Strengths Assessment (ANSA-Transitional)
- Cluster Based Planning and Outcomes Management (CPOM)  
formerly Cluster Analytic Planning and Evaluation (CAPE)
- Level of Need Care Assessment Method (LONCA)

# Comprehensive Quality Management Systems

MUST incorporate a wide range of principles, functions, technology, methods, levels of application, and decision making supports

# Comprehensive Quality Management Systems

## PRINCIPLES

- Consumer preferences for needs, services, and outcomes determine domains and desired system outcomes through inclusion and active participation
- Client level clinical needs and level of care assessment, services matching criteria, and goals for outcomes are articulated and aligned
- Levels of interest are well and widely articulated
- Methodology, technology and analytical tools address all levels of interest
- Principles, processes, and technology are well integrated at all levels
- Meaningful decision support, conflict management and oversight policies and procedures for the design, development and maintenance of the system are articulated at each level of interest

# General Technology Requirements

- The technology is non-proprietary
- The technology is designed to support coordination across multiple systems of care, supports, and benefits
- The methodology, technology and analytical tools address all levels of interest
- The technology can accommodate existing clinical and administrative assessment and reporting needs
- The methodology, technology analytical tools address “utility” to help achieve cultural competency and equity within any system environment
- Domains, measures, and instrumentation for needs and outcomes applications are Mental Health/Substance Use Disorder sensitive, specific, and valid



# Potential Technology Applications

- Individual and aggregate client needs assessment - levels of need
- Matching of services, supports, and benefits with client needs - levels of care
- Estimating costs associated with matching services with client needs - cost of matching
- Expected/anticipated outcomes associated with matching of services with client needs
- Evaluation of applied cost-effectiveness for each and all levels of care

# Outcomes Monitoring for Comprehensive Quality Management

The technology provides a methodology for evaluating outcomes as an iterative process of quality management with the capacity to:

- Guide practical design of what a community's "ideal" system of care should look like
- Provide the tools and process for the reconfiguration, development, and transformation of the existing system to move towards the "ideal"
- Guide evidence-based decision making and resource allocation within the system
- Provide clinicians, policy makers, and clients short, intermediate, and long-term outcomes data to help guide clinical and system level service delivery policy making and resource allocation
- Improve individual and aggregate outcomes for clients
- Increase cost-effectiveness of services at the individual and system level