



# Measurement-Based Care

## MidAtlantic Path Forward Measurement Based Care Forum

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# Disclaimers

- No conflicts of interests to disclose
- My comments may not necessarily reflect the views of NIMH/NIH
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# Proactive, Measurement-Based Care

- Regular screening
- For identified cases, start appropriate treatment
- Regular assessment of clinical status, using standard measures
- If patient isn't improving adequately, adjust treatment
- Track (& incentivize/reward) case-finding & outcomes

# Evidence review

## Psychiatric Services

### A Tipping Point for Measurement-Based Care

John C. Fortney, Ph.D., Jürgen Unützer, M.D., M.P.H., Glenda Wrenn, M.D., M.S.H.P., Jeffrey M. Pyne, M.D., G. Richard Smith, M.D., Michael Schoenbaum, Ph.D., Henry T. Harbin, M.D.

**Objective:** Measurement-based care involves the systematic administration of symptom rating scales and use of the results to drive clinical decision making at the level of the individual patient. This literature review examined the theoretical and empirical support for measurement-based care.

**Methods:** Articles were identified through search strategies in PubMed and Google Scholar. Additional citations in the references of retrieved articles were identified, and experts assembled for a focus group conducted by the Kennedy Forum were consulted.

**Results:** Fifty-one relevant articles were reviewed. There are numerous brief structured symptom rating scales that have strong psychometric properties. Virtually all randomized controlled trials with frequent and timely feedback of patient-reported symptoms to the provider during the medication management and psychotherapy encounters significantly improved outcomes. Ineffective approaches included one-time

screening, assessing symptoms infrequently, and feeding back outcomes to providers outside the context of the clinical encounter. In addition to the empirical evidence about efficacy, there is mounting evidence from large-scale pragmatic trials and clinical demonstration projects that measurement-based care is feasible to implement on a large scale and is highly acceptable to patients and providers.

**Conclusions:** In addition to the primary gains of measurement-based care for individual patients, there are also potential secondary and tertiary gains to be made when individual patient data are aggregated. Specifically, aggregated symptom rating scale data can be used for professional development at the provider level and for quality improvement at the clinic level and to inform payers about the value of mental health services delivered at the health care system level.

*Psychiatric Services in Advance (doi: 10.1176/appi.ps.201500439)*

SOURCE: <https://pubmed.ncbi.nlm.nih.gov/27582237/>



# Resources



## Measurement-Based Care in the Treatment of Mental Health and Substance Use Disorders

March 2021

MEADOWS  
MENTAL HEALTH  
POLICY INSTITUTE



**SOURCE:** [https://mmhpi.org/wp-content/uploads/2021/03/MBC\\_Report\\_Final.pdf](https://mmhpi.org/wp-content/uploads/2021/03/MBC_Report_Final.pdf)



## Enabling Measurement-Based Care, e.g.,

- Pay for delivery of MBC – in particular, for the Collaborative Care Model (CPT 99492/3/4)
  - Track use of relevant billing codes
- Incentivize meeting MBC accreditation standards
- Expand reporting of outcome-based quality measures

# Questions

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