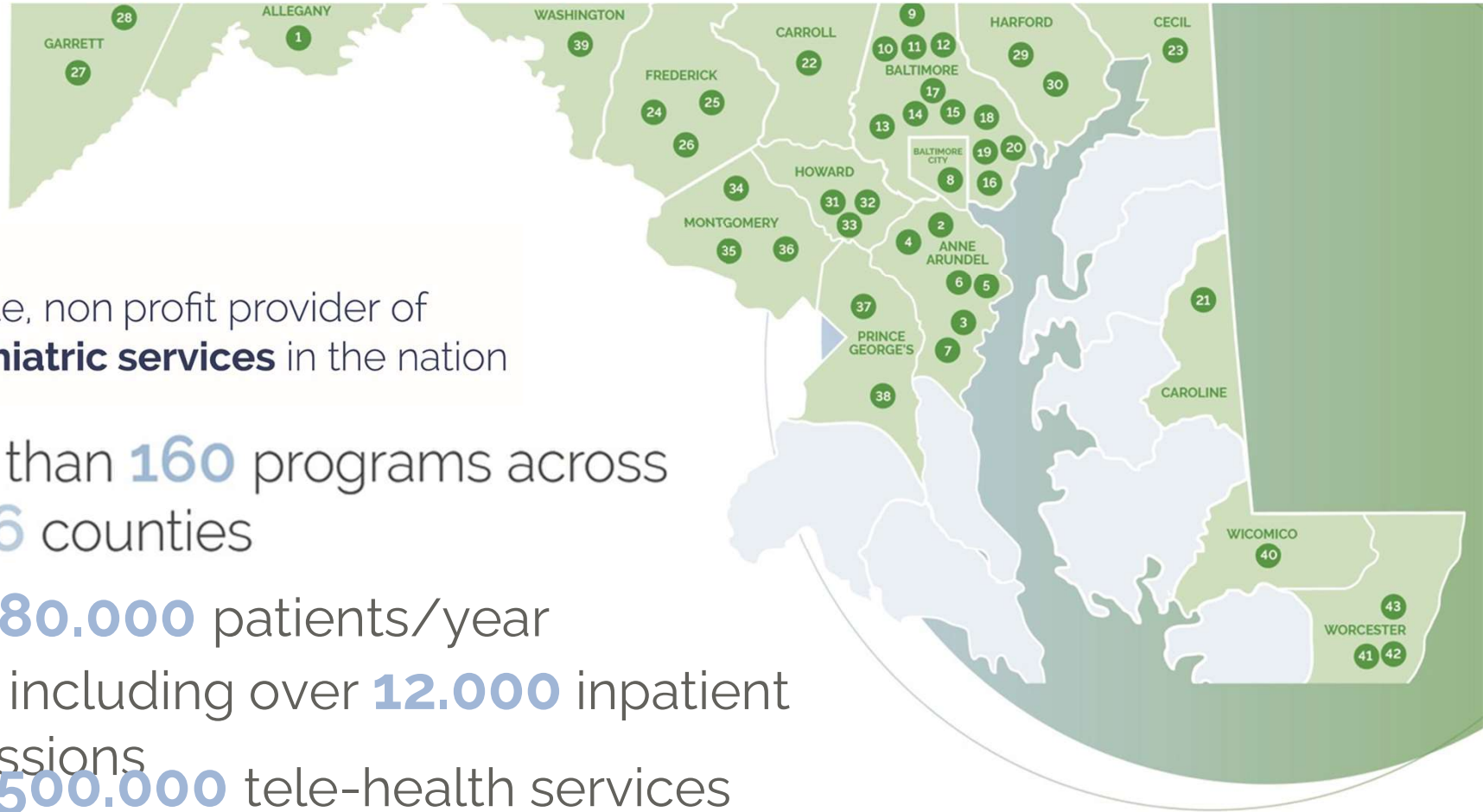


Measurement Based Care@Sheppard Pratt

June 22nd, 2021 – MidAtlantic Path Forward *MBC Forum*



Sheppard Pratt is the largest private, non-profit provider of psychiatric services



#1 private, non profit provider of
psychiatric services in the nation

more than **160** programs across
16 counties

over **80.000** patients/year
including over **12.000** inpatient
admissions
over **500.000** tele-health services
since COVID-19 pandemic

Sheppard Pratt provides a comprehensive continuum of care

HOSPITAL-BASED SERVICES



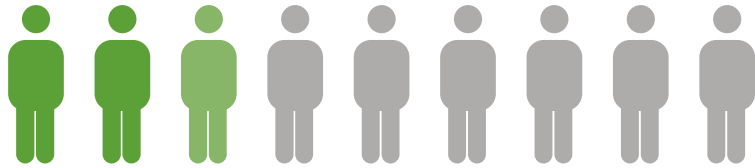
- Urgent Assessment Services
- Acute Inpatient Services
- Day Hospital & Intensive Outpatient Services
- Telepsychiatry Services
- Outpatient Services
- Residential Treatment Centers
- Addiction Services
- Neuromodulation Services

COMMUNITY-BASED SERVICES



- Mobile Crisis
- Crisis Beds
- Telepsychiatry Services
- Services for Serious Mental Illness (SMI)
- Outpatient Services
- Special Education Therapeutic Day Schools
- School-Based Initiatives
- Population Health Initiatives
- Veterans Services
- Domestic Violence & Victim Services
- Residential Services
- Child Development Services
- Supported Employment Services
- Addiction Services
- Intellectual & Developmental Disability Services

Sheppard Pratt is systematically implementing Measurement-based Care



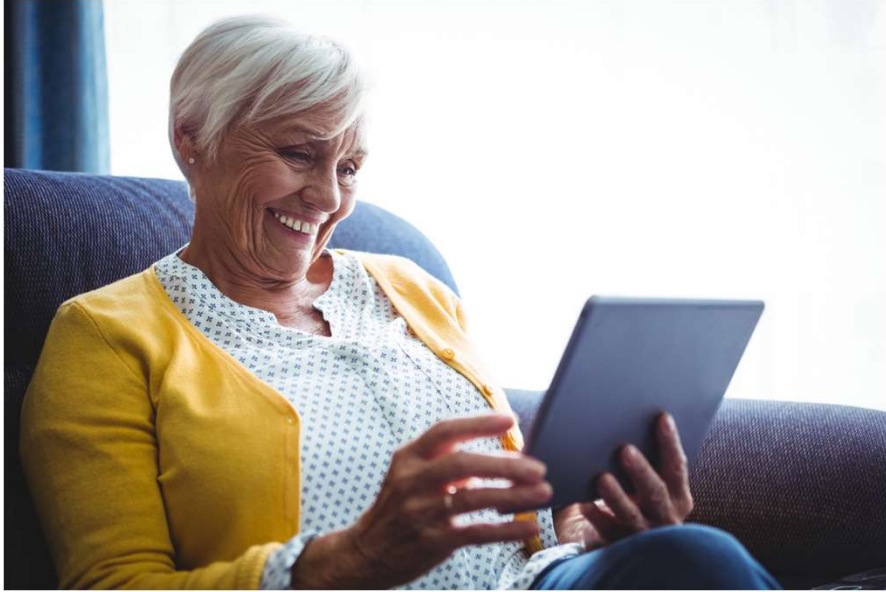
Standard of Care



Measurement-based Care

- *since 2018 Measurement-based Care(MBC) special focus @Sheppard Pratt*
 - *designated team to facilitate MBC at the Point-of-Care*
 - *over 10 active programs (Outpatient Clinics, Day Programs(PHP), inpatient units)*
 - *since COVID-19 pandemic integrated with telehealth*

***The Vision** - MBC at the Point-of-Care*



collection



utilization

***The Reality - Implementation** of MBC at the Point-of-Care.*



collection



utilization

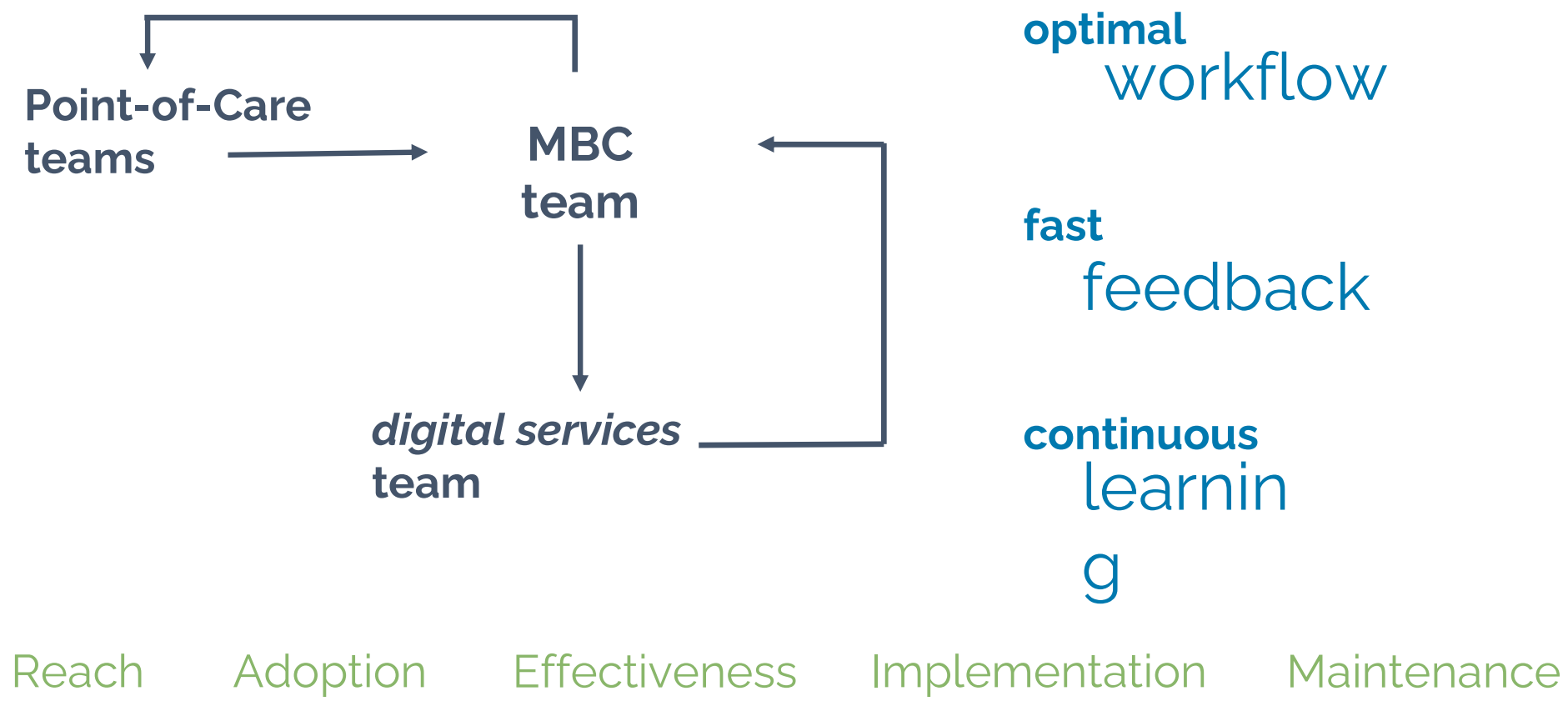
Implementation of MBC at the Point-of-Care must **minimize burden** to patients, staff and providers and **ensure clinical utility**.

Point-of-Care Implementation

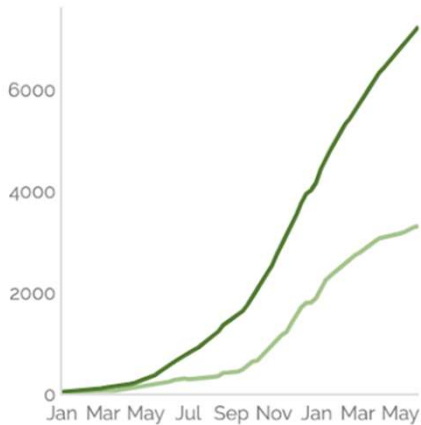
 **burden**
workflow-time-effort

 **clinical utility**
relevant-current-available-interpretable

Our approach: combine *Quality Improvement* and *Implementation Science*



Results: Reach&Adoption

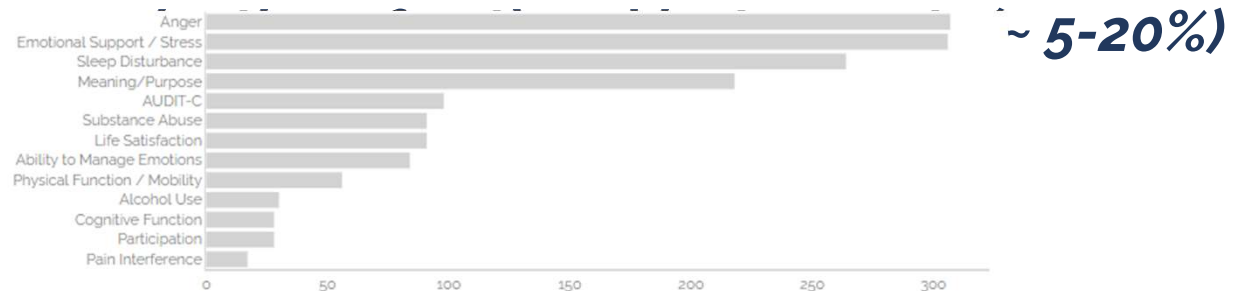


- **Reach**

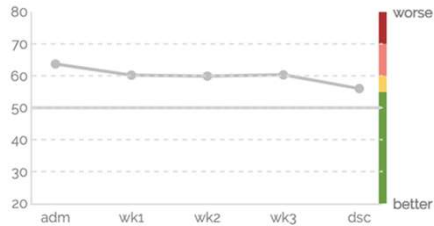
- **over 10000 total patients enrolled into MBC**
- **more than 5000 currently active patients**
- **over 25000 questionnaires completed**
- **variable completion rates (up to 100%)**

- **Adoption**

- **increasing utilization of PRO data by clinicians as measured by**
 - **user activity in PRO system (information pages)**
 - **download of PRO report into clin.doc (~30-60%)**

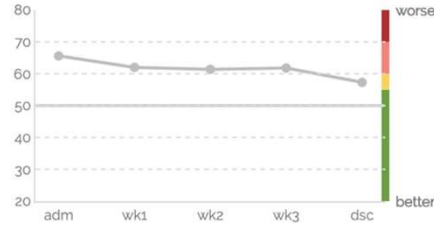


Results: Effectiveness



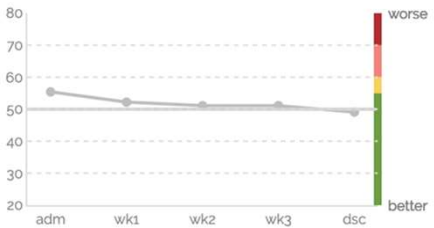
Depression (*PROMIS*)

means: adm 63.53 | dsc 55.99 [Δ 7.54]
 effect size (d): 0.88 large | p : < 0.01*
 avg. duration: 27.95 seconds



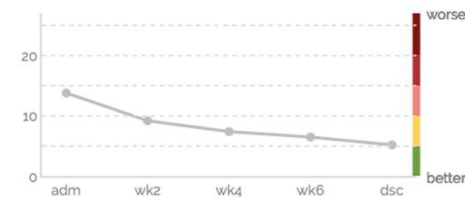
Anxiety (*PROMIS*)

means: adm 65.5 | dsc 57.35 [Δ 8.15]
 effect size (d): 0.97 large | p : < 0.01*
 avg. duration: 31.57 seconds



Sleep Disturbance (*PROMIS*)

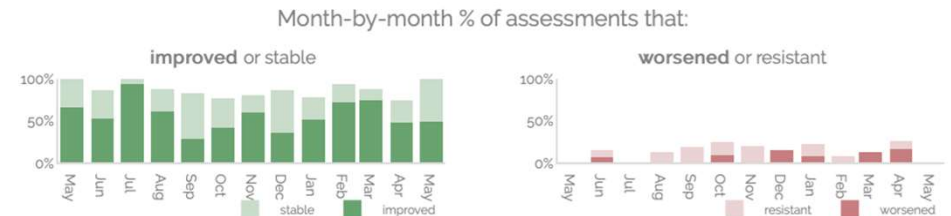
means: adm 55.5 | dsc 49.15 [Δ 6.35]
 effect size (d): 0.71 medium | p : < 0.01*
 avg. duration: 27.15 seconds



Depression (*PHQ9*)

means: adm 13.99 | dsc 5.63 [Δ 8.36]
 effect size (d): 1.4 large | p : < 0.01*
 avg. duration: 99.05 seconds

- **Effectiveness:**
 - **we haven't yet analysed data to evaluate effectiveness of MBC vs legacy standard of care**
 - **for short-term programs (admission-discharge - e.g. PHP, inpatient) PRO measures show significant improvement in symptoms**



Thank you!



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