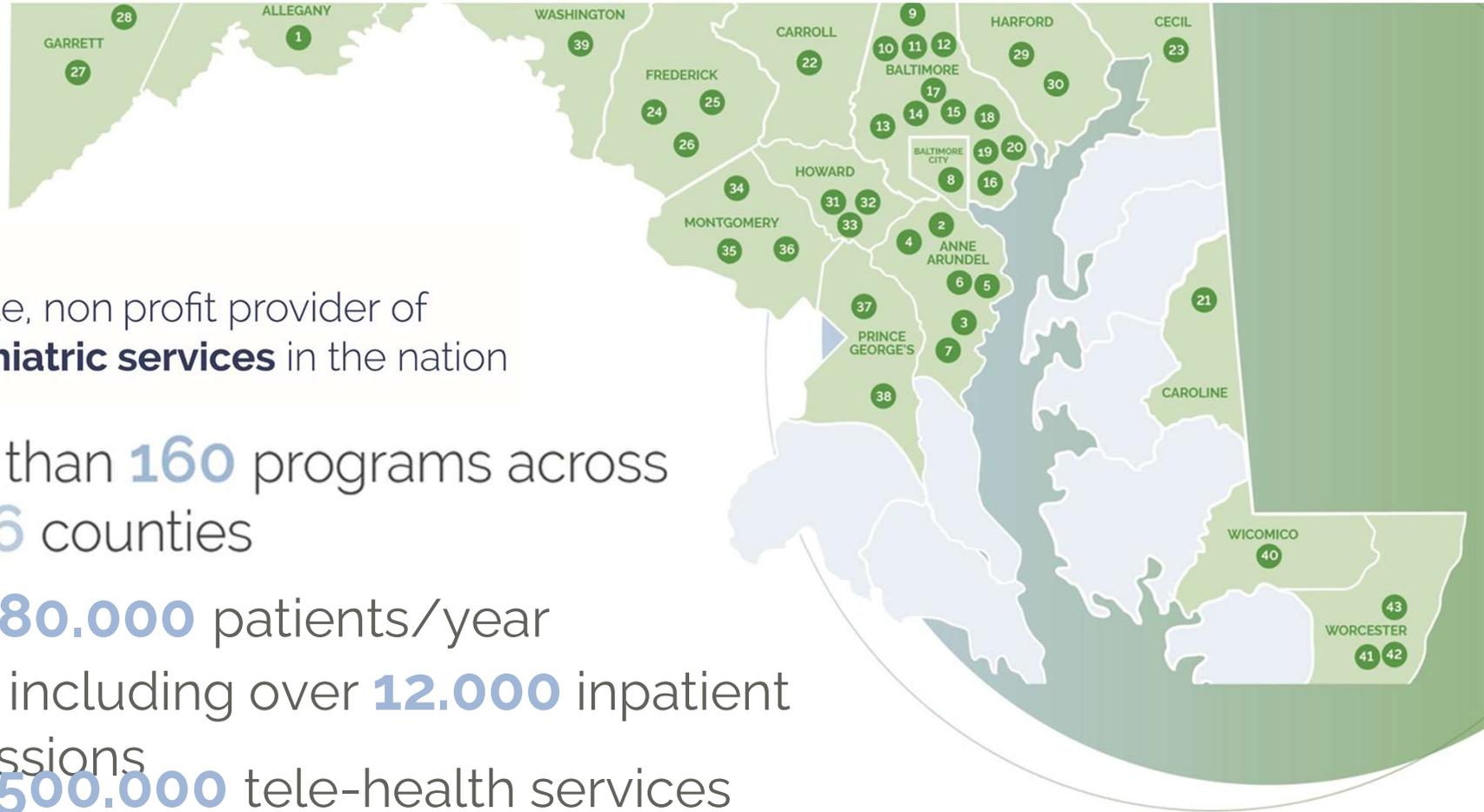


Measurement Based Care@Sheppard Pratt

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

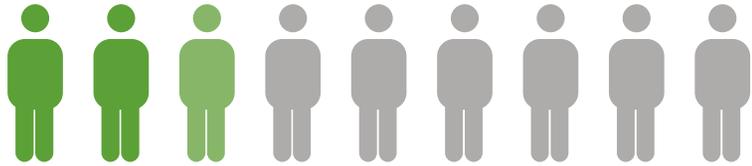
HOSPITAL-BASED SERVICES

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

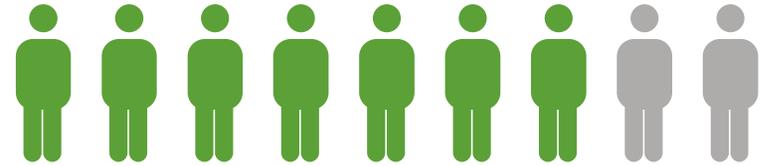
COMMUNITY-BASED SERVICES

-
- 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

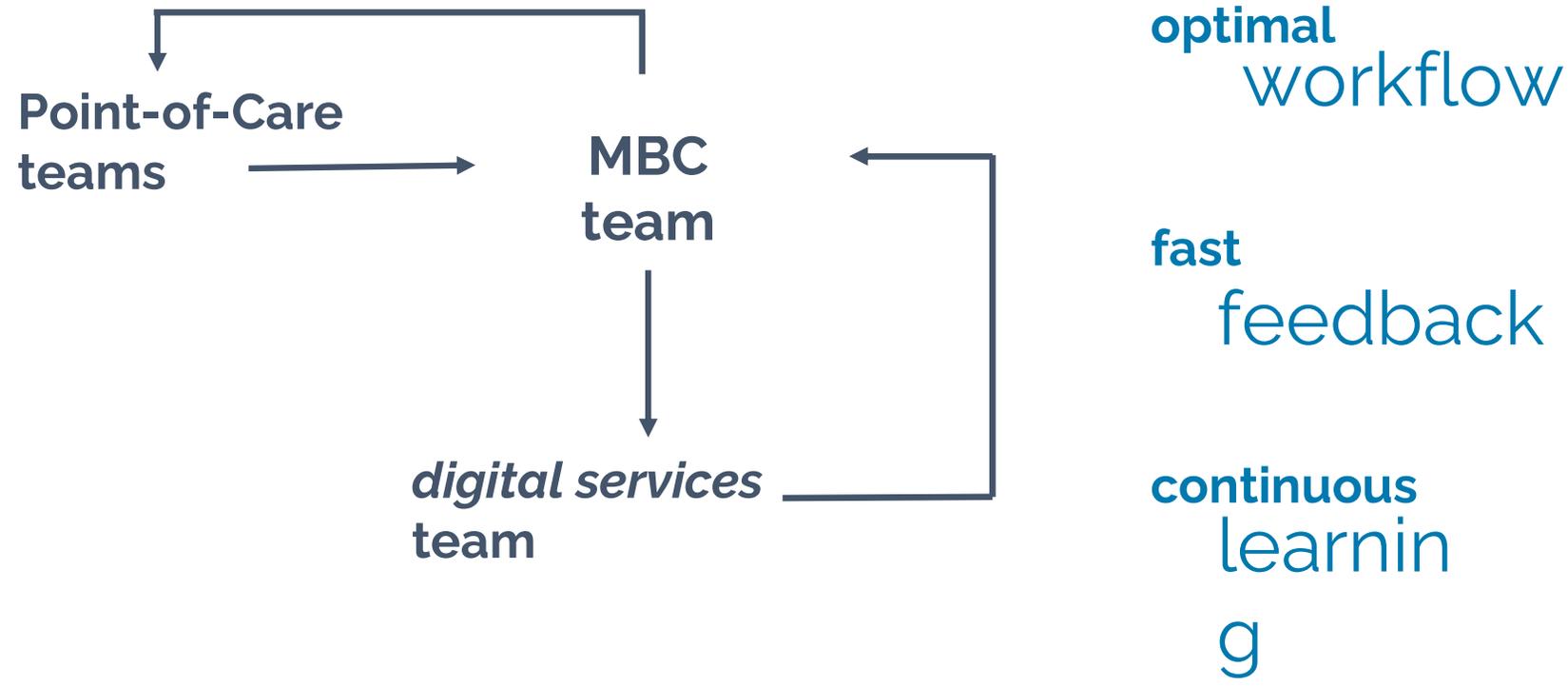
Implementation of MBC at the Point-of-Care must **minimize burden** to patients, staff and providers and **ensure clinical utility**.

Point-of-Care Implementation

 **burden**
workflow-time-effort

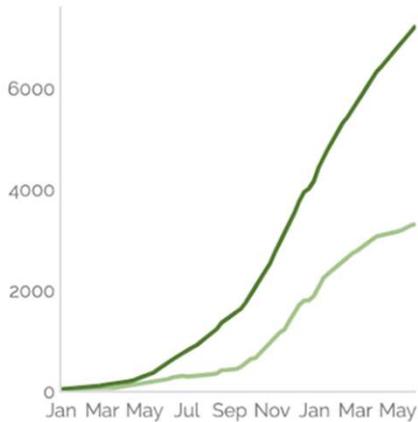
 **clinical utility**
relevant-current-available-interpretable

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



Reach Adoption Effectiveness Implementation Maintenance

Results: Reach&Adoption

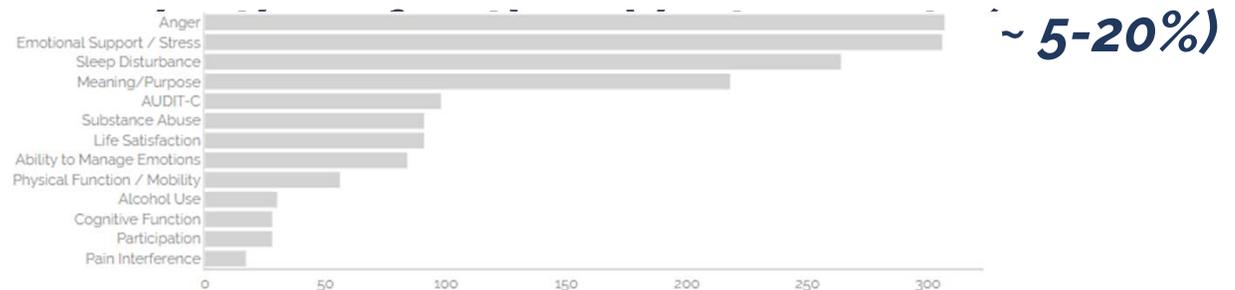


- **Reach**

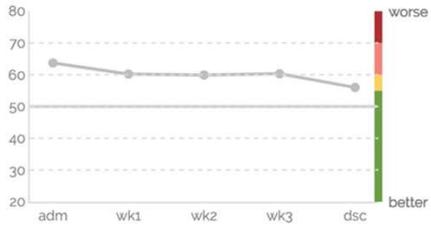
- **over 10000 total patients enrolled into MBC**
- **more than 5000 currently active patients**
- **over 25000 questionnaires completed**
- **variable completion rates (up to 100%)**

- **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%)**

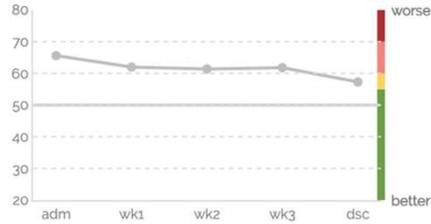


Results: Effectiveness



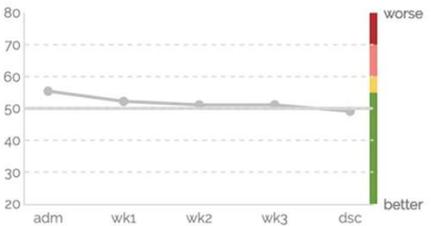
Depression (*PROMIS*)

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



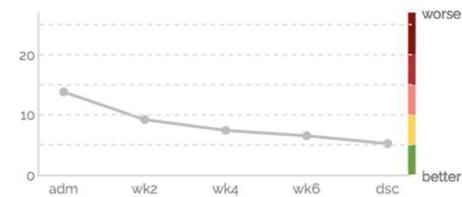
Anxiety (*PROMIS*)

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*)

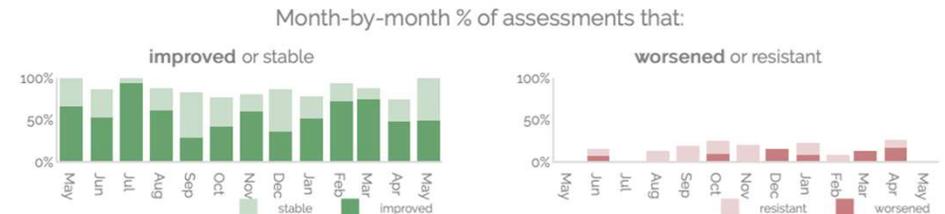
means: adm 55.5 | dsc 49.15 [Δ 6.35]
 effect size (d): 0.71 medium | p: < 0.01*
 avg. duration: 27.15 seconds



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!



*contact:
Robert J. Schloesser, MD
rschloesser@sheppardpratt.org*