



CENTER FOR COLLABORATION
— IN COMMUNITY HEALTH —

Strengthening practice. Stimulating innovation. Demonstrating sustainable impact.

Service Recipient's Voice in Outcomes Measurement: What We Have Learned so Far



NYAPRS: September 14, 2017

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About the Center...



CENTER FOR COLLABORATION
— IN COMMUNITY HEALTH —

Strengthening practice. Stimulating innovation. Demonstrating sustainable impact.



CCSI's Center for Collaboration in Community Health Client Services

Managed Care Readiness Consultation

- Building relationships with Managed Care Organizations
- Developing effective utilization management practices
- Demonstrating impact

Performance Management and Evaluation Services

- Identifying program measures that matter
- Preparing meaningful Performance Profiles
- Building continuous quality improvement practices
- Program evaluation

Revenue Cycle Management

- Revenue Optimization
- Determining cost per episode of care
- Developing a value proposition (cost and quality) to share with clients

Health Information Technology Consultation

- Assessment of technology needs and existing gaps
- Development of technology specifications
- Assistance in vendor selection and HIT implementation

Training, practice development and technical support for the implementation of essential practice models

- Cultural and Linguistic Competence Practice Development
- Trauma Informed Practice Development
- Motivational Interviewing
- Identification of evidence-based practices

Strategic Planning

- Development of logic models
- Development of strategic framework



What I Will Cover Today

- Why we did what we did?
- Overview of some measures in use today
- Describe our survey methodology
 - Where and how the data was collected
- Results
- Offer recommendations about next steps
- Obtain feedback from attendees

Why?

- CCSI wanted to engage those participating in recovery services (past, present & future) to help determine what we ought to measure to demonstrate the impact of recovery and other services being offered. We hoped to capture their:
 - Person-centered, culturally sensitive language
 - Definitions of recovery
 - Experience(s) within their own life
 - Level of agreement with existing measures
 - Feedback on both process and outcome measures related to their recovery experience

Quality Measures in Use Today

- What are the required measures?
 - HEDIS: Healthcare Effectiveness Data and Information Set
 - Set of standardized measures designed by the National Committee for Quality Assurance to evaluate the performance of health plans
 - QARR: Quality Assurance Reporting Requirements
 - Includes HEDIS measures and New York State-specific measures
- Who is responsible for reporting measures in New York State?
 - All managed care organizations and Medicaid HIV special needs plans, Preferred Provider Organizations/ Exclusive Provider Organizations, Qualified Health Plans, Health Homes
- The State continues to refine quality measures

2015 QARR/HEDIS Required Measures with Behavioral Health Focus

- Access to/Availability of Care
 - Use of First-Line Psychosocial Care for Children and Adolescents on Antipsychotics
 - Initiation and Engagement of Alcohol & Other Drug Dependence Treatment
- Use of Services
 - All Cause Readmission
 - Mental Health Utilization
- Effectiveness of Care
 - Antidepressant Medication Management
 - Follow-Up After Hospitalization for Mental Illness
 - Follow-Up Care for Children Prescribed ADHD Medication: Initiation and Continuation
 - Metabolic Monitoring for Children and Adolescents on Antipsychotics
 - Medical Assistance with Smoking Cessation
 - Use of Multiple Concurrent Antipsychotics in Children and Adolescents
 - Adherence to Antipsychotic Medications for People with Schizophrenia
- Satisfaction with Experience of Care
 - Satisfaction Survey

NYS Goals for Healthcare Redesign

- Improved **individual health and behavioral health life outcomes**
- Improved **social/recovery outcomes** including employment
- Improved **member experience** of care
- Reduced rates of unnecessary or inappropriate emergency room use
- Reduced need for repeated hospitalization and re-hospitalization
- Reduction or elimination of duplicative health care services and associated costs
- Transformation to a more **community-based, recovery-oriented, person-centered** service system

What do participants say?

- Participants tend to reject the term 'outcome' when thinking about recovery
 - Recovery defined
- Healthcare shift from treating the problem or ailment to treating the whole person.

SPECIFIC → HOLISTIC



What Does the Research Say?

- Recognition that participant voice are critical to what should be measured to show progression and success.

Each person is the expert of their own life.

- Much of the existing research on what participants see as their goals reflects the **nature** of an outcome such as:
 - Living within a chosen community
 - Working within a chosen community
 - Building and maintaining relationship in their community

*Our Question: How do participants
in services think recovery should be
measured?*

How CCSI Collected Feedback

- Held multiple focus groups with service recipients of the MHA of Rochester, NY
 - These were informal groups to discuss various viewpoints, perspectives, what was important to them in their recovery, etc.
- Created survey based on feedback and piloted at the NYAPRS Conference in Kerhonkson, NY in 2016 (last year at this time)
- There were two versions: a paper version and a digital version that was not utilized
- Respondents could fill out the survey or take with them and bring back
- Responses were anonymous

DID ANY OF YOU PARTICIPATE LAST YEAR?



Survey

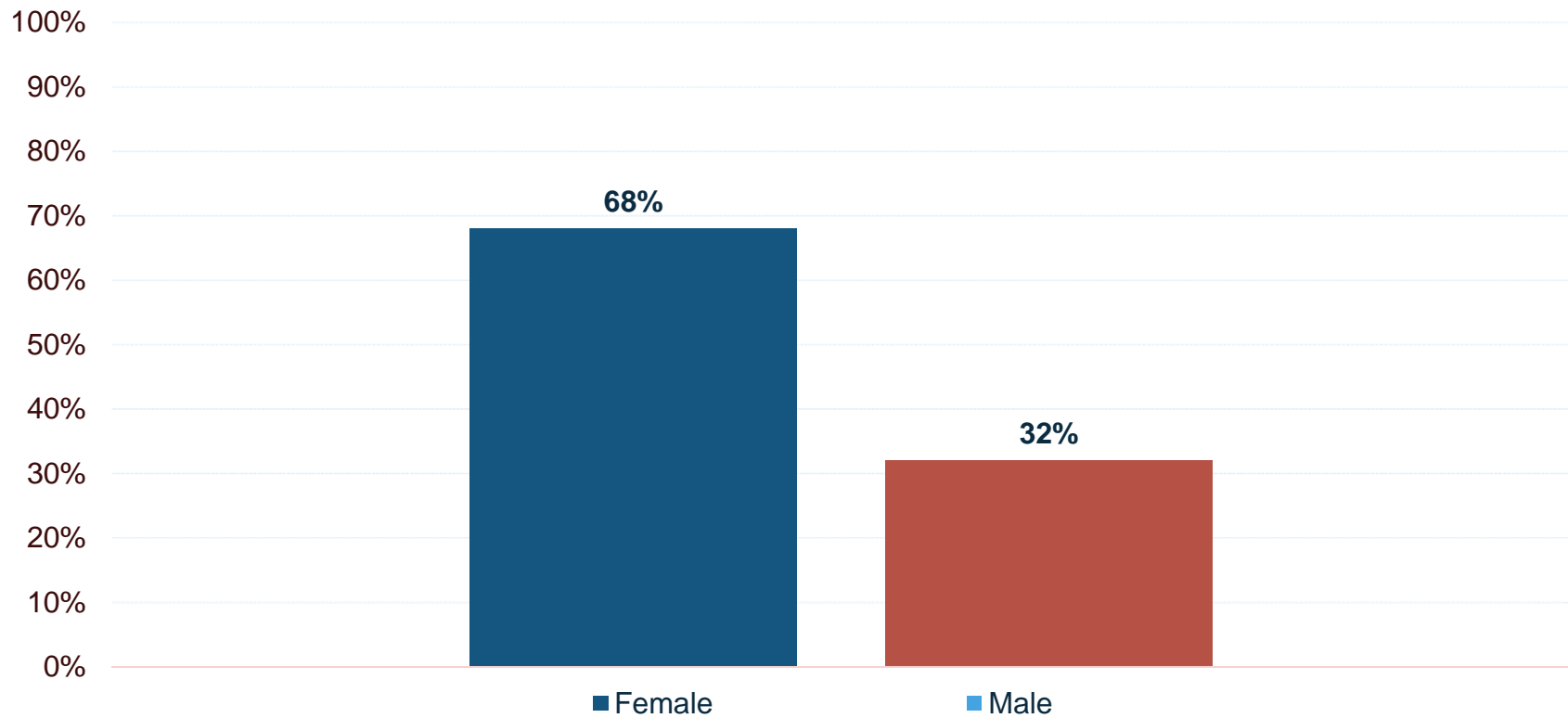
- The survey consisted of the following sections:
 - Demographic and environmental questions
 - Recent and lifetime history of service utilization
 - A Five-point Likert Scale rating respondent agreement with process and outcome measures related to recovery services (Strongly Agree to Strongly Disagree)
 - A series of open-ended questions asking respondents about their recovery

Characteristics of Respondents

Why do we want to look at the characteristics of those responding?

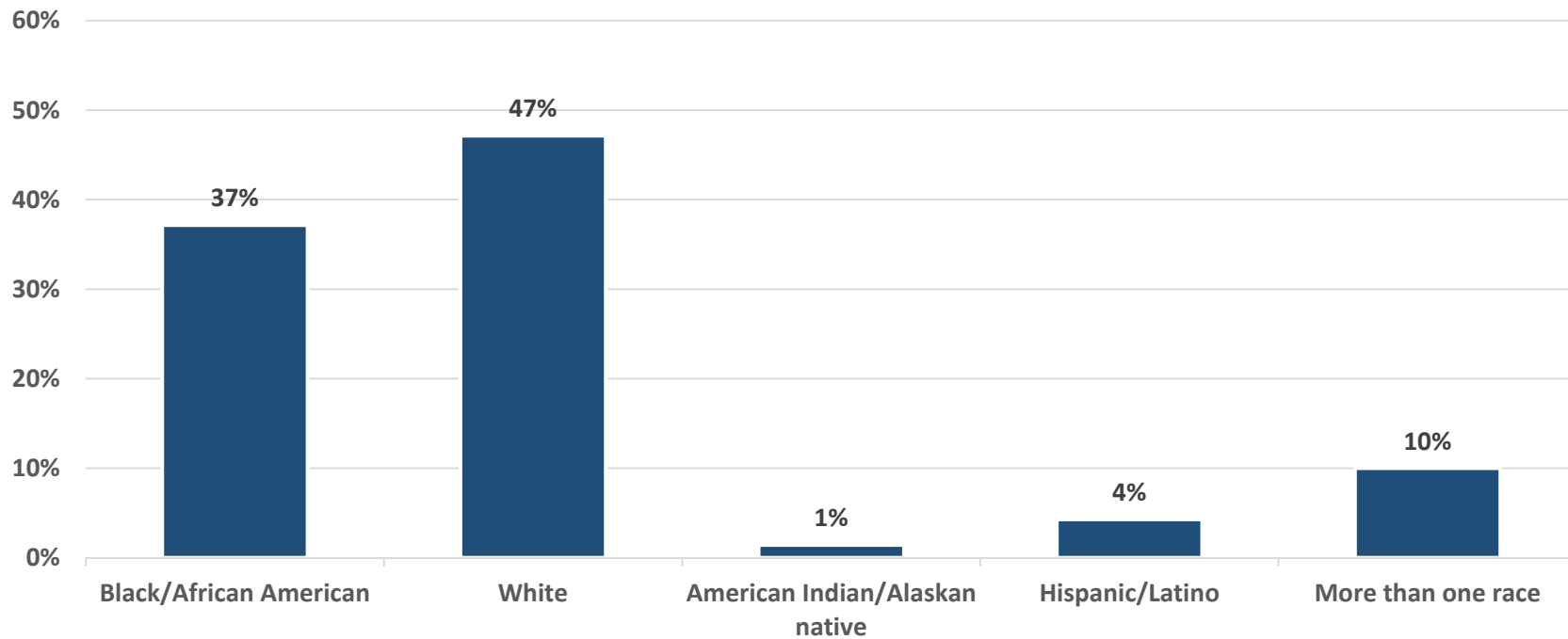
Demographics

Gender (N= 67)



Demographics

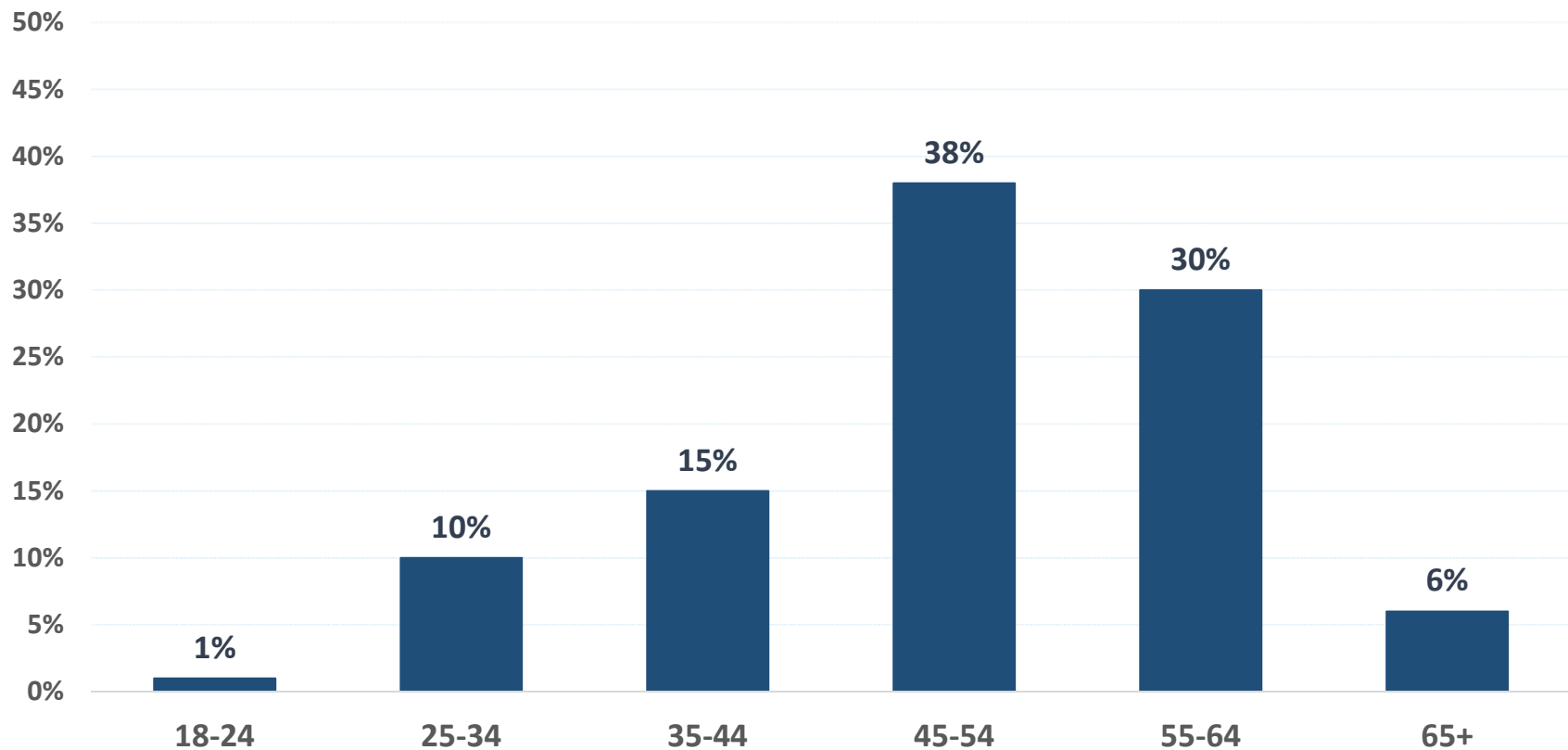
Race (N = 70)



**Note: Those that indicated they were more than one race identified as Black/African American and Hispanic; American Indian or Alaska Native and Black/African American.*

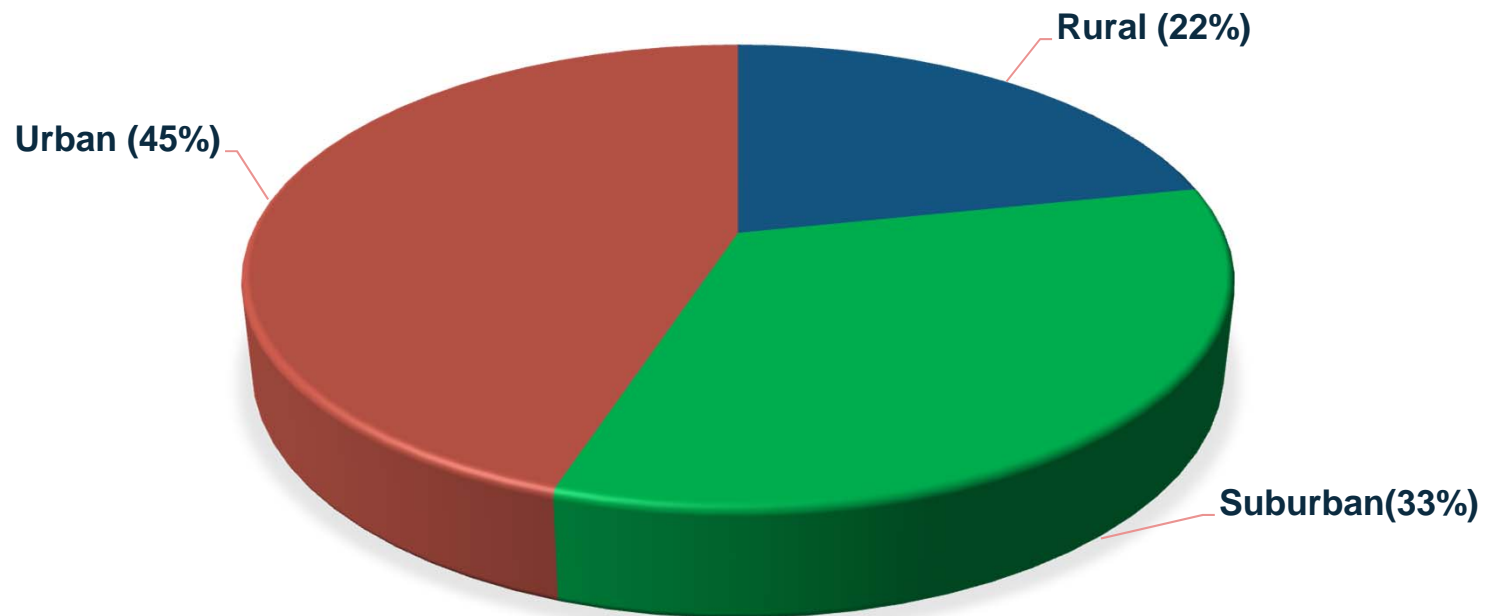
Demographics

Age (N=71)



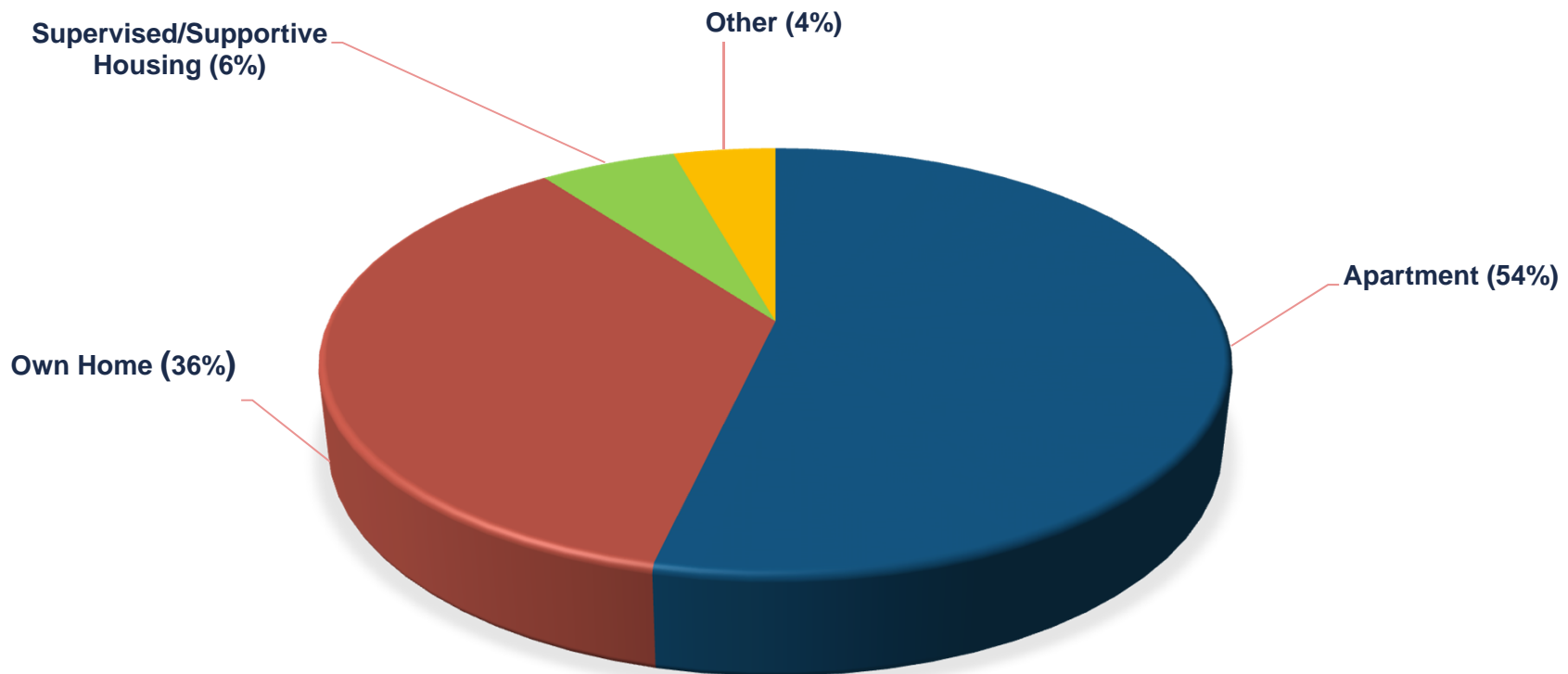
Demographics

The community I live in is mostly: (N=69)



Demographics

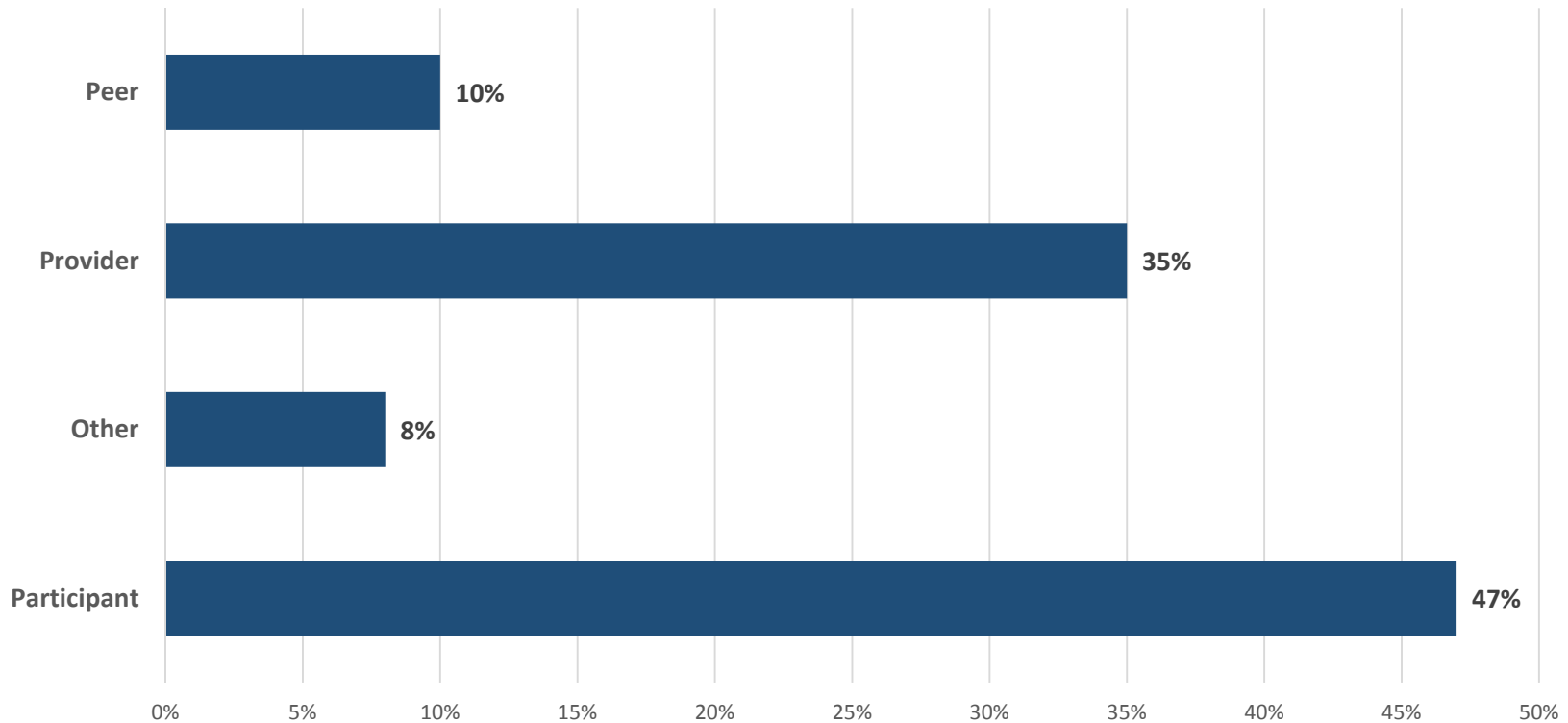
My current residence is: (N=69)



**Note: Those indicating other responded that they lived with their parents; in a hotel room; or did not define their current living situation*

Demographics

Please select the role that best represents you: (N=72)

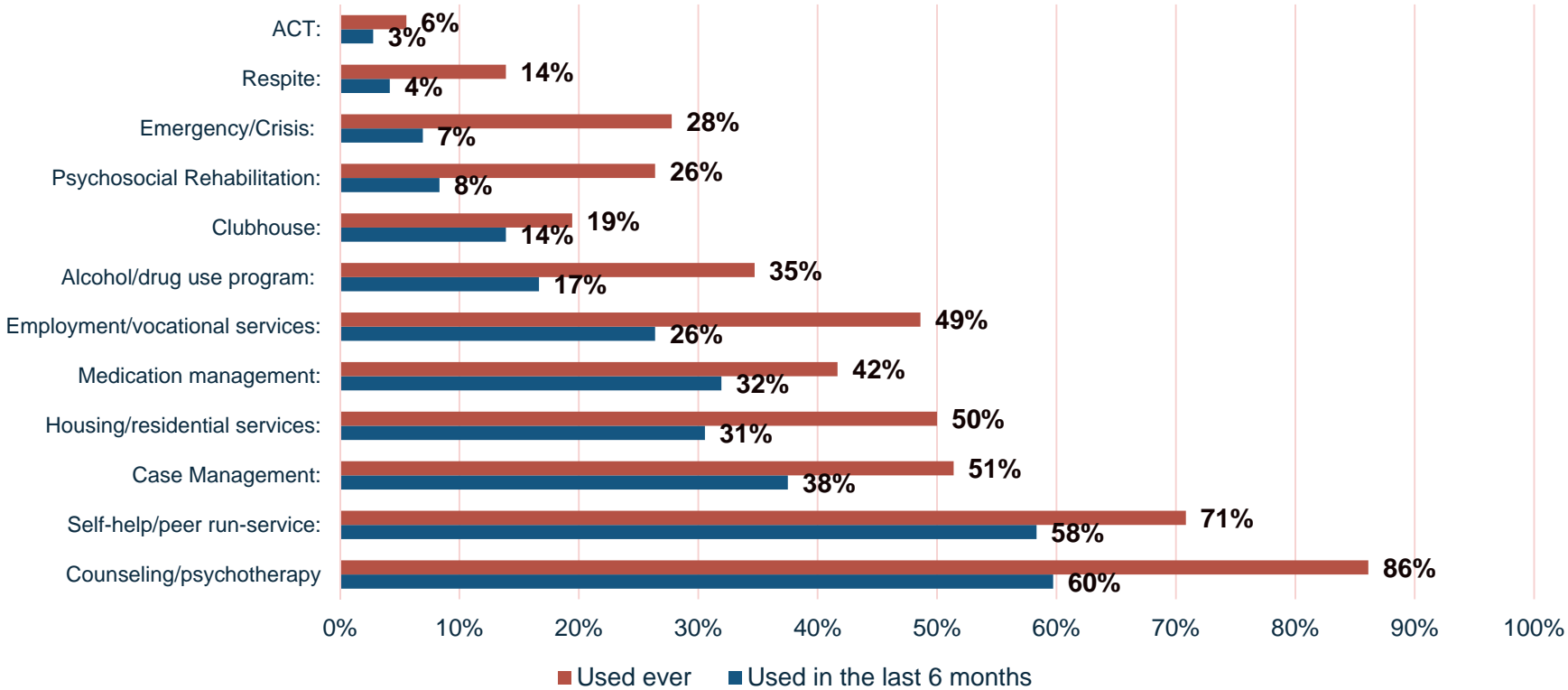


Note: Those listing other included staff from NYAPRS; OMH; Vocational Rehabilitation; and Benefits Advisor

Service Utilization

Service Utilization

Please select all services that you have used in the previous six months and lifetime



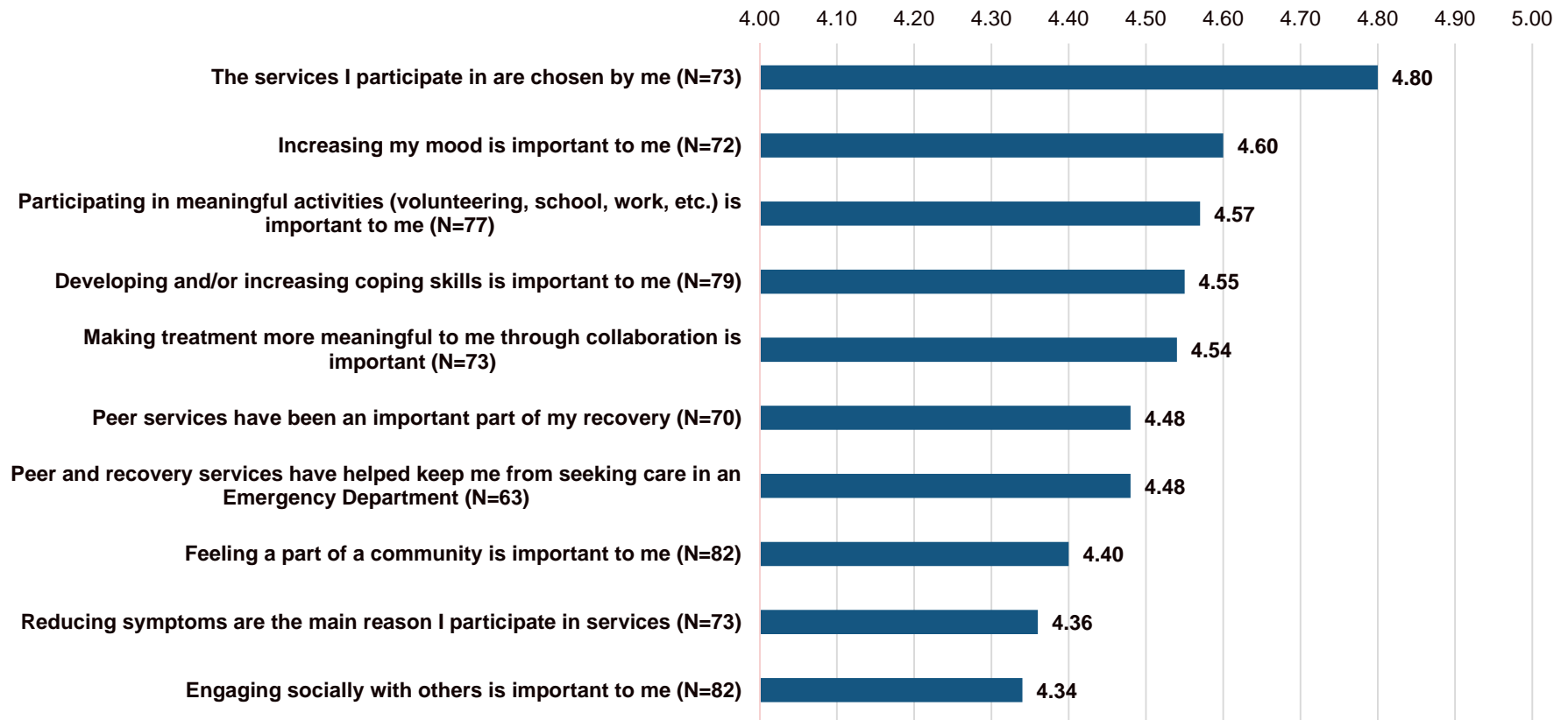
Participant Feedback on Services and Impact of Services

Approach

- The Survey questions were developed based on findings from the literature review; feedback from service recipients; focus group participants; and other stakeholder feedback
- Respondents were asked to rate their agreement on a Five point Likert scale (Strongly Agree to Strongly Disagree)
- Consisted of 10 items or statements rating:
 - What was most important in seeking services
 - What was important to each individual and their recovery and
 - More traditional outcome measures such as ED use and symptom reduction

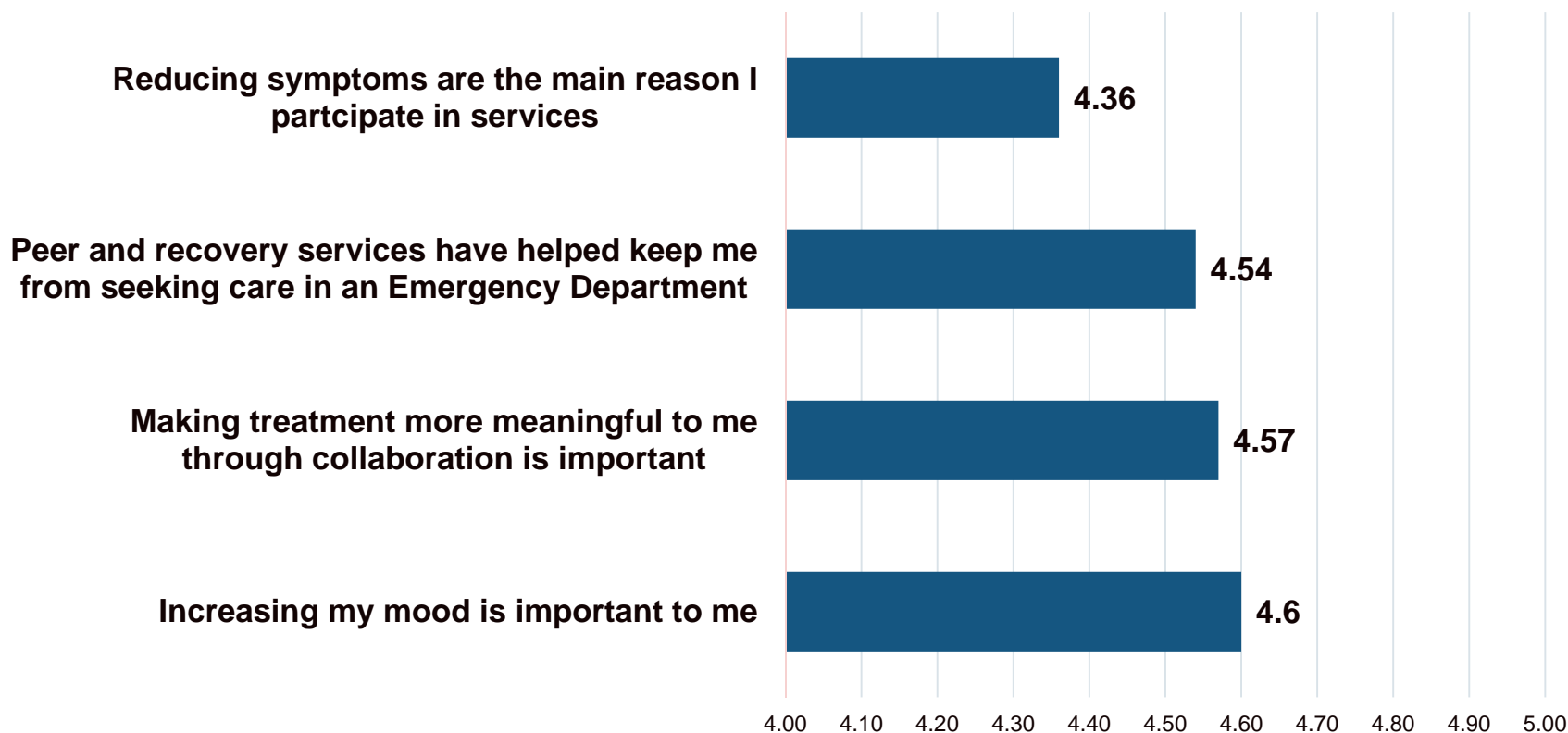
Feedback: What is Most Important When Seeking Services?

Mean Likert-Items



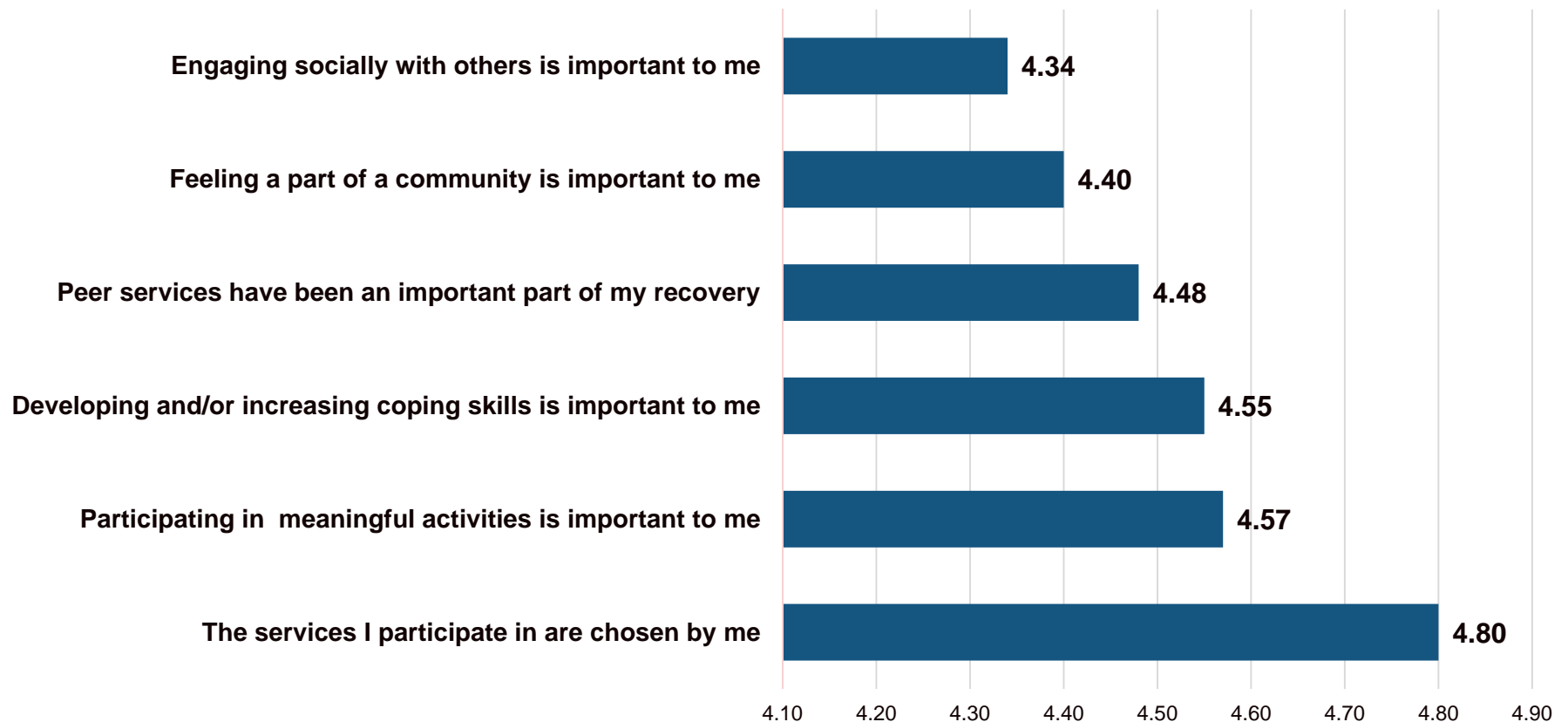
Feedback: What are Important Results from Services Provided?

Mean item scores reflect outcome



Feedback: What is Important to Me and My Recovery?

Mean item scores reflect choice and process



What Did We Learn?

- Overall those responding reported agreeing with all the statements
 - A mean range of ~4.3 – 4.8 indicating above moderate agreement with all the statements.

Higher End of Agreement Scale	Lower End of Agreement Scale
Personal choice in services	Reducing symptoms
Increase in mood is important	Engaging socially with others
Developing/increasing coping skills is important	Feeling part of a community

Open Ended Questions

Other Questions Asked

The following questions were asked of respondents:

- 1) If you have participated in services provided by peers, what were the benefits to you?
- 2) Why would you recommend services provided by peers to others?
- 3) What other areas not listed above are/were meaningful and important to you and your personal health and recovery journey?
- 4) How do you define recovery?
- 5) Is your definition different from other viewpoints (e.g. family, therapist, doctor, etc.)? (**YES** or **NO**)

Three coders independently evaluated responses for themes and placed responses accordingly. Coders placement of responses were then compared. Where there was disagreement between coders two of the coders met to review and came to agreement.

**Of note, responses may have fit into multiple categories*

Feedback

Q1) If you have participated in services provided by peers, what were the benefits to you?

Themes	Categorical percentage response
Greater Sense of Socialization/ Connectedness	30%
Understanding/Empathy	27%
Feeling Supported	20%
Increase Skills (coping, life etc.)	12%
Education/Employment	11%

Examples: If you have participated in services provided by peers, what were the benefits to you?

- "Social, increases well-being, independence, become stable and able to live in the community successfully"
- "Self improvement, education in managing my mental health"
- "...saved my life..."
- "Bringing out my artistic ability"
- "Empathy, commitment, identification, non judgment, relationship, challenge, love, hope, no quit, fun, accountability, support, kindness, respect, concern...encouragement"

Feedback

Q2) Why would you recommend services provided by peers to others?

Themes	Categorical percentage response
Shared Experience	40%
Feeling Supported	23%
Understanding/Empathy	13%
Relationship Building	9%
Greater Education	9%
Recommend to Others	6%

Examples: Why would you recommend services provided by peers to others?

- “Because of the lived experience aspects”
- “They have had to navigate the system and know who to see to get needs met and can empathize with my situation”
- “It's a great way to reduce stigma and promote acceptance”

Feedback

Q3) What other areas not listed above are/were meaningful and important to you and your personal health and recovery journey?

Themes	Categorical percentage response
Mental Health Services	25%
Being Part of a Community/Building Relationships	16%
Increased Wellness (Overall Wellbeing)	16%
Improved Physical Health	10%
Volunteer/Education/Employment	7%
Feeling Supported	7%
Creative Pursuits	6%
Spirituality (Sense of Purpose)	4%
Stable Housing	4%
Achievement of Goals	1%

Examples: What other areas not listed (above) are/were meaningful and important to you and your personal health and recovery journey?

- "Ability to do what others do without anyone labeling me"
- "Being motivated to move on"
- "Socialization in a group of peers and in society"
- "Art/music/writing"
- "Physically fit mentally awake morally straight mindset"

Feedback

Q4) How do you define recovery?

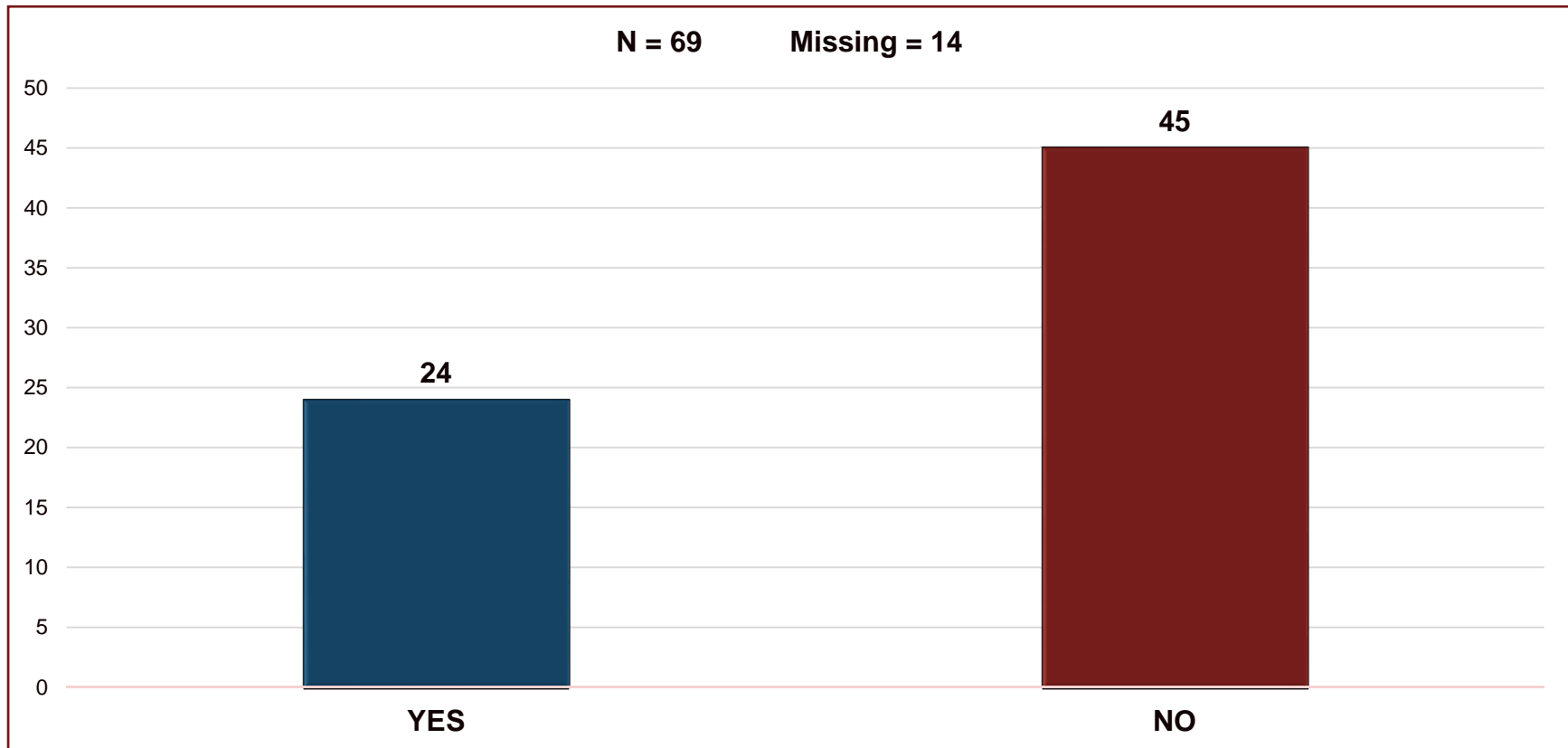
Themes	Categorical percentage response
Increased Wellness (Overall Wellbeing)	28%
Growth as an Individual	17%
Self-determination	14%
Coping Skills	13%
Being Part of a Community	10%
Life has Meaning	8%
Sense of Hope	5%
Acceptance (of Self, of Journey)	4%

Examples: How do you define recovery?

- "Taking each day as it comes, staying in the moment, being kind to myself, less self criticism"
- "Growth despite economic challenges, enhanced self-respect, loving others freely, gaining standing in my community and family by getting "it" together"
- "Build up of coping skills to sustain balance"
- "Recovery is a remission state to where in there is no cure by can become symptom free, medication free, stability"
- "Wellness in all dimensions of recovery with less use of professional supports"
- "The ability to reach your best you and face the challenges in day to day life..."

Feedback

Q5) Is your definition different from other viewpoints (e.g. family, therapist, doctor, etc.)?



Conclusions

- Recovery and peer support services are important to people
- Participant responses CAN become measures:
 - Wellness Evaluation of Lifestyle (WEL Inventory) measures themes such as spirituality, friendship, work, leisure activities, and self-determination using a 5 point Likert scale.
 - a. Sample statement from WEL:
 1. I am satisfied with how I cope with stress.
 2. I value myself as a unique person.
- Responses do tie to state outcomes
- Ground up approach—inclusivity, being apart of the narrative

Limitations

Limitations

- Sample
 - Although the response we received at the conference was encouraging the sample size limits the generalizability of the results
 - Sample was not random and may not be representative of the larger population of service recipients
- Site
 - The respondents that participated in the survey may have Response Bias
 - That is, those that participated in the survey may have been more likely to respond and respond either favorably or unfavorably

What Do You Think?

Next Steps

- Survey:
 - Collect more responses from participants
 - Continue to refine the language and questions
 - Look at patterns and differences based on demographics
- Share information with providers
- Share information with Managed Care Organizations

Questions and Discussion

For more information about this presentation or CCSI's Center for Collaboration in Community Health...



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References

Anthony, W. A. (1993). Recovery from mental illness: The guiding vision of the mental health service system in the 1990s. *Psychosocial rehabilitation journal*, 16(4), 11.

Gordon, S. E., Ellis, P. M., Siegert, R. J., & Walkey, F. H. (2013). Development of a self-assessed consumer recovery outcome measure: my voice, my life. *Administration and Policy in Mental Health and Mental Health Services Research*, 40(3), 199-210.

<http://www.samhsa.gov/wellness-initiative/eight-dimensions-wellness>