


Proving Value: Using Reliable and Valid Outcome Measures to Prove Positive Impact on Daily Life and Trauma Symptoms



BRIDGING ACCESS to CARE, Inc.


Nadine Akinyemi, MHA  
Esther Obanero, MBA  
Loretta Samuels, BA

## Introduction

- Background
- Project Goal
- Method
- Result
- Case Study Comparison



BAW4



BRIDGING ACCESS to CARE, Inc.  
www.bac-ny.org

## Background


- Measurable outcomes are required by JCAHO, CARF, CMS Medicaid, and payers. Measurement-based care (MBC) is routine practice throughout the medical and behavioral health fields, yet only a small portion of behavioral health routinely administer simple measurement tools, such as symptoms and functional rating scales to monitor patient progress. The use of decision Tree assessments combined with standardized symptom tools and a behavioral health functional rating scales such as the DLA-20 are suitable approaches to deliver MBC and to guide the assessments for treatment necessity.

BRIDGING ACCESS to CARE, Inc.  
www.bac-ny.org


## Project Goal

- The primary goal of the project was to use a standardized symptom tool as well as behavioral health functional rating scale to optimize the accuracy and efficiency of symptom assessment in order to improve the detection of clients that are not responding to the current clinical interventions.



## Measurement Based Approach

# METHOD

## Method

- Client cohort—HRM, HCBS, HH, OMH, Linkage/Navigation & Prevention Education Programs
- Clinically actionable interventions
- Standardized measurement scales/Tools
- Measurement-based care in a trauma-sensitive manner.
- Augmented by technology using decision tree assessment
- Treatment Wizard in the EHR track treatment outcomes and trend client/patient wellness

### Slide 3

---

**SAW4** You might be able to state this rather than include on a slide  
Susan A Weigl, 9/30/2016

## Prove it! Value-Based Service & Medical Necessity

- VBS requires integration of our clinical, quality and financial information.
- Measurement-Based Treatment: Medically Necessary Treatments are actively changed until the clinical goals are achieved.
- Identify qualitative outcomes that provide a shift from "providing care and services" to focus on "VALUE of Care".
- Medical necessity begins by evaluating a client or patient to identify the problem/issue and authorizing or rendering services that fall within the scope of care.
- Medically necessary services are those that prevent the client from getting worse (either deteriorating or prolonging the illness) or developing new problem.

## How Do You Prove Value?

**Measurable Person-Centered Outcomes add VALUE:**

"Symptom focused" Tools: **fewer "Symptoms"** are a positive expression of a disease entity, e.g., PCLS, PCL5, CAPS5

And

**Higher "Functionality":** higher functioning is a positive expression of improved daily life, e.g., DLA-20.

## Focus On Measurement-Based Care (MBC)

**What is MBC?**  
Measurement Based Care in behavioral health includes current Axis Diagnosis plus needs assessment.

**MBC:**

- ✓ Use objective standardized outcome measure
- ✓ Use measure in a standardized process
- ✓ Use to measure impact & drive client change

Assess Function—Daily Living Activities (DLA) & Symptoms.  
Measure the impact of the Social Determinants of Health on DLA.

## How Do You Measure Outcomes (Wellness)?

### Measures of Clients Getting Better

Clinical Elements to Measure	DLA-20	PCL-5	PCL-5	LEC	CAPS-5
<b>Social Determinant of Health</b>					
Economic Stability (managing income, employment, expenses, debt, support)	Anchor 6				Criterion G
Neighborhood and Physical Environment (housing, transportation, safety)	Anchor 2, 4, 12		Q18		Criterion E3, E4
Education (literacy, language, vocational training, higher education)	Anchor 15		Q12, Q19		Criterion D5, Criterion G
Food (hungry, access to health options)	Anchor 7	Q1 - Q6	Q13, Q14, Q15		Criterion C2, D5, D6, G
Community and Social Context (communication, social integration, support systems, community engagement, stress, time)	Anchor 3, 5, 9, 11, 12, 13, 17				
Health Care Systems and Health Practices	Anchor 1, 8, 7, 14, 18, 19, 20				
<b>Diagnosis</b>					
Trauma Symptoms		Q1 - Q6	Q1 - Q20		Criterion A - Criterion G
Trauma Severity					Criterion A - Criterion G
Trauma Exposure				Events 1 - 17	Criterion A - Criterion G
Coping Skills	Anchor 16		Q1 - Q20		Criterion A - Criterion G
Self-Harm & Substance Use	Anchor 1, 4, 10, 16, 17		Q16		Criterion E2

## PROVES VALUE!

### Decision Tree Assessments plus DLA-20 Standardized Functional Assessment

## Decision Tree for Treatment Wizard® for Trauma Informed Care

## Standardized Outcome Measures RESULTS

## Result

- 123 PTSD Screens (PCLS) and DLA 20 Functional Assessments
  - Average DLA-20 score - 6.1 (adequate dependence)
  - Average PCLS score - 10.2 (asymptomatic for PTSD)
    - 94 clients (76%) screened; score  $\leq 13$  (Asymptomatic trauma symptoms) with a DLA score of 6.3 (adequate independence)
    - 29 clients (23%) screened; scored  $\geq 14$  (one or more trauma symptoms present) with an average DLA 20 score of 5.6 (mild impairment)

## Result

- Indicated for additional PTSD assessment:
  - Of the 29 clients who scored  $\geq 14$ , 28 received the PCL-5 and 16(57%) completed the CAPS-5 (to confirm PTSD diagnosis)
    - » CAP-5 Assessment
      - » Avg. Severity of 10.6 and Avg. Symptoms of 3.38

## Achieving Wellness

*Using Outcome Measures to Drive Treatment Decisions: Proving Value in Achieving Wellness*

Metric	Baseline	Follow Up 1	Follow Up 2
DLA-20	~5	~5	~5
PCL-5	~35	~28	~28
CAPS-5 PTSD Severity	~25	~12	~2
CAPS-5 Trauma Symptoms	~10	~5	~2

## Achieving Wellness

Metric	Baseline	Follow Up 1	Follow Up 2
CAPS-5 PTSD Severity	25	12	2
CAPS-5 PTSD Symptoms	8	2	0
Visual Loud (VU)	43	17	18
Hb-A1C	8.5	8.1	8.2
Cholesterol	127	119	117

## Achieving Wellness

### DLA-20: Moderate Impairment- Baseline

**DLA-20 Scoring Rules**

Sum (max. 140)	91
Average DLA	6.5
Imp. modif	65
Severity of Illness	1

Moderate impairment in functioning

## Achieving Wellness



### DLA-20: Mild Impairment- Follow up

© W.S. Presmanes, M.A., H.Ed., and R.L. Scott, Ph.D.

Instructions: Using the scale below, rate how often or how well the consumer independently performed or managed each of the 20 Activities of Daily Living (ADLs) in the community during the last 30 days.

If the consumer's level of functioning varied, rate the lower score. Consider impairments in functioning due to physical limitations as well as those due to mental impairments. Do not consider environmental limitations (e.g., "no jobs available").

Strengths are scored as 1 in an activity and indicate functioning "within normal limits" (WNIL) for that activity. Enter N/A only if the activity was not assessed & do not exceed 5 N/A DLA's.

1	2	3	4	5 (WNIL)	6 (WNIL)	7 (WNIL)
None of the time; extremely severe impairment of problems in functioning; pervasive level of continuous paid supports needed	A little of the time; severe impairment or problems in functioning; continuous paid supports needed	Occasionally; serious to moderately severe impairment or problems in functioning; moderate level of continuous paid supports needed	Some of the time; moderate impairment or problems in functioning; low level of continuous paid supports needed	A good bit of the time; mild impairment or problems in functioning; moderate level of intermittent paid supports needed	Most of the time; strength w/very mild impairment or problems in functioning; low level of intermittent paid supports needed	All of the time; independently managed DLA in community; no impairment or problem in functioning requiring paid supports

Questions 1-5 | Questions 6-10 | Questions 11-15 | Questions 16-20 | Score | Severity of Illness | DLA-20 Scoring Rules

Scoring Instructions: Ratings for all 20 DLAs can be added then divided in half to estimate mDAF or

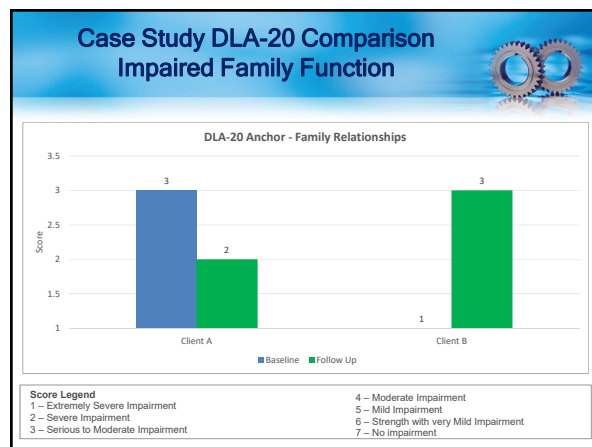
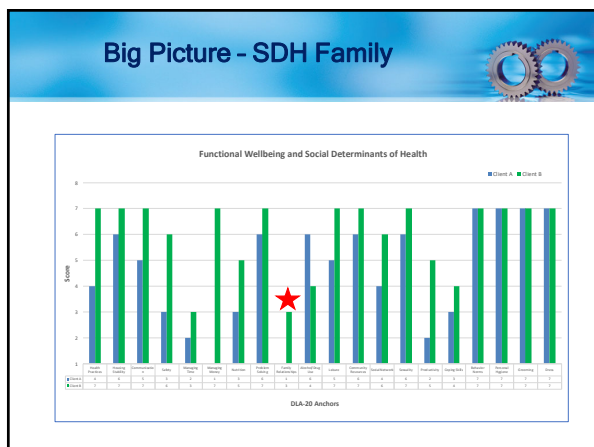
Sum (max.140)	50
Average DLA	5.0
Est. mDAF	50
Severity of Illness	1

Step 1: Add scores from applicable column.  
 Step 2: Divide sum by number of activities actually rated. This is the average DLA score.  
 Step 3: To count disturbances for DSM-5, compute mCAF; multiply the average DLA by 10. Range of error is DLA's 3-points for Modified GAF (mCAF).  
 Step 4: Severity of Illness is correlate for ICD-10 4th digit modifier of 0, 1, 2, 3 (see DLA-20 conversion)


Moderate impairment in functioning



## CASE STUDY COMPARISON



### Case Study DLA-20 Comparison Impaired Family Function




#### Client A—55 y/o African American Female

- Large Family with many siblings but lack strong family structure
- Generational substance abuse and mental health issues.
- Strained relationship with her adult children
- Trauma experience—being raised poor; losing her children
- Recent progress-reconnection with one child; provide a sense of being able to rebuild relationship. However, apprehensive to commit whole heartedly.
- Baseline DLA score (Family Anchor) = 1 (Severely Impaired)

#### Client B—57 y/o Guyanese Descent MSM

- Large family with many siblings
- Started substance use in his early 20s
- Strong bond with mother (now deceased) but Strained relationship with siblings
- Trauma experience—molested as a child by older brother over several years.
- Recent Progress-contacted one of his sisters; with therapy and AOD services, client no longer traumatized; 2 years clean and currently employed.
- Baseline DLA score (Family Anchor) = 3 (Moderately Impaired)




## Conclusion

- Standardized measurement tools help track functional outcome measures. For example: "How well am I doing?"
- Provides wellness scores based on behaviors exhibited by the client.
- Holistic approach to wellness - measures full range of mental, physical, behavioral, and social functional impairments on a continuum of wellness/illness.
- Functionality and Trauma Symptoms provide "The Big Picture".
- Decreased symptoms result in increased function.
- Results drive Plan of Care (POC) goals that lead to improved wellness and better health outcomes.




### Lesson Learned

- Standardized tools used had “value” for treatment planning.
- Standardized symptom tools optimized the accuracy and efficiency of symptoms assessment
- With MBC, providers were empowered to more quickly modify treatment plans when clients are not improving.



### Questions and Comments



### Contact Information

Nadine Akinyemi, MHA  
347-505-5115  
[nakinyemi@bac-ny.org](mailto:nakinyemi@bac-ny.org)

Esther Obanero, MBA  
347-505-5198  
[eobanero@bac-ny.org](mailto:eobanero@bac-ny.org)

Loretta Samuels, BA  
347-505-5166  
[lsamuels@bac-ny.org](mailto:lsamuels@bac-ny.org)

