Workshop #3
Translating Clinical Science to Enhance Practice:
Programs and Policies

C. Vaile Wright, PhD  @drvailewright
Raquel Halfond, PhD

Practice Research and Policy
American Psychological Association

Jean Carter, PhD
Washington Psychological Center, P.C.

Elyse N. Mowle, MS
Texas A&M University and Saint Elizabeth’s Hospital

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Conflict of Interest Statement

We, or an immediate family member, including spouse or partner, have no financial relationships which could reasonably be considered a conflict of interest relevant to the content of this presentation.
Bringing Psychology’s Science and Practice Together to Help Our Patients

APA’s Policy on Evidence Based Practice in Psychology

• Builds on our science
• Brings strength to our practice
• Supports excellence in patient care
• Provides resources to clinicians
The Three Legged Stool of EBPP

Evidence-based practice in psychology (EBPP) is the integration of
• the best available research with
• clinical expertise in the context of
• patient characteristics, culture, and preferences
What is the role of guidelines?

• Three legs creates stability
• Each leg is essential and all are equal in importance
• APA’s Clinical Practice Guidelines and Professional Practice Guidelines are useful tools to assist both practitioners and researchers
• Policies, advocacy goals and additional resource development are supported by psychological science
• Feedback through assessing outcome and clinical results helps clinicians better use guidelines
What about the clinician?

- Clinical expertise is one of the three components of EBPP
- The clinician is responsible for the treatment, including both relationship and interventions
- Individual clinician expertise; research guidance; and client characteristics, culture, preferences, as well as feedback, are vital
APA Clinical Practice Guidelines

Raquel Halfond, PhD

Practice Research and Policy

American Psychological Association
Evidence-Based Practice in Psychology

• As defined by APA Council, “Evidence-based practice in psychology (EBPP) is the integration of the best available research with clinical expertise in the context of patient characteristics, culture, and preferences.”

Types of Guidelines

Clinical Practice Guidelines
- Aspirational
- Policy of APA
- Guideline audience: multidisciplinary, researchers, policy makers, clinicians, consumers
- Focused on specific interventions or specific health conditions
- Systematic review, rigorous process to develop recommendations

Professional Practice Guidelines
- Aspirational
- Policy of APA
- Guideline audience: primarily psychologists in practice
- Address an area of practice
- Research-informed, consensus based recommendations
Guidelines

• The Institute of Medicine’s definition of clinical practice guidelines expands on APA’s definition:

  “… statements that include recommendations intended to optimize patient care that are informed by a systematic review of evidence and an assessment of the benefits and harms of alternative care options” (IOM, 2011, p. 4).

• All guidelines are considered to be aspirational.
Guidelines are Tools

• Clinical practice guidelines serve to synthesize evidence about clinical efficacy. CPGs do not cover all relevant research evidence for decision making.

• Guidelines inform clinical decision-making.

• Clinical expertise and patient characteristics/preferences/culture combine WITH research evidence (including CPGs) for clinical decision making.
Update on APA Clinical Practice Guidelines
How is APA Developing CPGs?

- In 2010, APA’s major governing bodies agreed it was time to develop clinical practice guidelines
- Cross directorate staff work group meeting for several years
- Board of Directors directed formation of the Guidelines Advisory Steering Committee (ASC)
- ASC meetings and monthly conference calls
How is APA Developing CPGs?

- APA is following the Institute of Medicine’s 2011 standards for guideline development
- Recognized as best practices across health care
- Multidisciplinary guideline development panels include Psychology (clinicians, researchers), Medicine (psychiatry, family, general), Social Work, Nutrition, Nursing, and Patient/Consumer/Community Members
What Makes a Quality Guideline (IOM, 2011)

- Transparency in development and funding
- Resolve conflicts of interest (*disclose and divest*)
- Panels multidisciplinary and balanced (*adversarial collaboration*)
- Based on *systematic reviews* of literature
- *Rate* quality of evidence and recommendation strength
- Frame recommendations as *actionable statements*
- Submit draft guideline for *public review and comments*
- *Update* guideline periodically as necessary
For each recommendation, GDP determines:

- Direction (For or Against);
- Strength (e.g., Strong or Conditional); and,
- Wording (Standardized; Reflects a & b above):
  - “We recommend using…”
  - “We suggest using X for patients with Y.”
  - “We recommend against using…”
  - “We suggest against using X for patients with Y.”

1) GDP completes decision tables/grids for each relevant treatment option.

2) GDP formulates treatment recommendations, considering:
   - Strength of evidence
   - Balance of benefits/harms (Net Benefit)
   - Patient values and preferences
   - Applicability of evidence to real patients

Systematic Review Process

1) Rate quality of evidence per critical outcomes (benefits & harms), for all relevant treatment decisions

   Evidence Quality Domains:
   - Risk of bias
   - Consistency
   - Directness
   - Precision
   - Publication bias
   - Effect size
   - Dose-response

2) Rate strength of evidence (SOE) for each PICOTS question (all comparisons), aggregated across all critical outcomes:

   SOE graded as:
   - High
   - Moderate
   - Low
   - Very Low/Insufficient

Adapted from: Falck-Ytter & Schünemann (2009); Schünemann & Berkman (2011); Owens et al. (2009)
Goals of Clinical Practice Guidelines

• Help providers and patients make **informed choices** about treatment by offering recommendations based on a systematic review of the evidence about treatment efficacy
  • Not a standard of care
  • Clinicians can use this information in addition to their clinical judgment and information about patient preferences and individual differences

• Support the larger APA mission of promoting evidence-based care
Update: Current and Future Topics

Guidelines Completed

• Treatment of Posttraumatic Stress Disorder (PTSD) in Adults (February, 2017)

• Multicomponent Behavioral Treatment of Obesity and Overweight in Children and Adolescents: Current State of the Evidence and Research Needs (March, 2018)

• Treatment of Depression Across Three Age Cohorts (February, 2019)

Next Topics

• Chronic Pain (released call for nominations Dec. 2018)

• We nominated to Agency for Healthcare Research and Quality a new systematic review for Couples Distress and may propose in area of suicide, sleep, personality disorders and Generalized Anxiety Disorder
Update: Additions to Guidelines

- Guidelines currently focus on *efficacy* of interventions in particular, considering applicability, patient preferences, harms and burdens.

- Future guideline documents address:
  - Diversity of samples included in reviews
  - Comorbidity of samples included in reviews
  - Guidance on how to individualize the guideline for a given patient
  - Research on principles/processes of change (e.g., therapeutic alliance, behavioral activation)
  - Treatments that were reviewed, even if there was not yet enough high quality evidence to make a recommendation.
Clinical Practice Guideline for the Treatment of Posttraumatic Stress Disorder (PTSD)

The guideline recommends interventions for the treatment of PTSD in adults. Recommendations are based on a systematic review of the scientific evidence, a weighing of the benefits and harms of interventions, consideration of what is known about patient values and preferences, and consideration of the applicability of the evidence across demographic groups and settings.

Download Guideline (PDF, 1.0MB)
Download Appendices (PDF, 3.7MB)
Treatments
Case Examples
Assessment Instruments
For Patients & Families
• Treatment manuals, assessments
• Training and Continuing Education (webinars, online courses, etc.)
• Case examples
• Books, videos, lectures & podcasts
For Patients & Families

Posttraumatic stress disorder affects patients and families alike. The information here will help you understand PTSD, its causes, its effects — and most importantly, its treatment.

What is PTSD?
Posttraumatic stress disorder (PTSD) is an anxiety problem that develops in some people after extremely traumatic events, such as combat, crime, an accident or natural disaster.

MORE ▼

What is the Clinical Practice Guideline for PTSD?
APA developed its PTSD guideline after careful review of the effectiveness of different PTSD treatments.

MORE ▼

Symptoms of PTSD
Common PTSD symptoms include unwanted recurring memories, avoidance of people or events that remind one of the original trauma, negative emotions and feelings of agitation.

MORE ▼

PTSD is Treatable
Effective treatment is available, and it can be tailored to fit the differing needs of patients.

MORE ▼

Getting Help for PTSD
How to determine if you need help, and how to identify the type of professional who will serve you best in treatment of PTSD.

MORE ▼

Treatments
Treatment plans are the result of discussion between the patient and the health care provider. Treatment can be a combination of recommended therapies and medication, based on the patient's experience, history and symptoms.

MORE ▼
How to Get Involved and Stay Up to Date with CPGs

- Submit a comment during Public comment periods for topic selection, scoping, initial draft of guideline
- Attend to updates in the *Monitor*, listservs, other communications
- Apply to serve on a guideline panel or the Advisory Steering Committee

Email: cpg@apa.org
http://www.apa.org/about/offices/directorates/guidelines/clinical-practice.aspx
Promoting Measurement-Based Care and Quality Measure Development

C. Vaile Wright, PhD

*Practice Research and Policy*

*American Psychological Association*
Overview

• Healthcare landscape and regulatory influences
• Quality Reporting and Measure Development
• Measurement-based care in behavioral health
• APA Resources for Psychologists
Healthcare Landscape

- Health care costs reached $3.3 trillion in 2016, consuming 17.9% of the nation’s Gross Domestic Product (GDP; Hartman et al., 2018)

- Increased demand for cost containment

- Value-based programs reward health care providers with incentive payments for the quality of care they give to people

- Measurement-based outcomes in psychological practice can contribute both to increasing the efficiency of care and improving the quality of psychological services
Regulatory Influences

Centers for Medicare and Medicaid Services (CMS)

- The 2015 Medicare Access and CHIP Reauthorization Act (MACRA) established two value-based payment models within Medicare’s Quality Payment Program (QPP)

- The Merit-based Incentive Payment System (MIPS) requires Medicare providers to report quality measures on all patients

- Failure to report and/or falling below the performance threshold will result in reimbursement penalties

Joint Commission

- Revised Standard CTS.03.01.09 to explicitly require organizations to use a standardized tool or instrument to monitor outcomes of care, treatment, or services provided to individuals being served
Accountability and Quality are here to stay
What is Quality Mental and Behavioral Healthcare?

Quality healthcare refers to “the degree to which health services for individuals and populations increase the likelihood of desired health outcomes and are consistent with current professional knowledge” (IOM, 1990, p. 21).
Multiple Methods for Measuring Quality

- Clinical Judgment
- Client Self-Report
- Progress toward treatment goals
- Standardized Outcome Measures
- Collateral Reports

Waltman et al., 2013; 2017
The problem with relying solely on *clinical judgment*

- Therapists are often ineffective at detecting client deterioration and potential treatment failure (Hannon et al., 2005)

- May not be the best reporters of their own abilities – competence & adherence (Creed et al., 2016; Machieson et al., 2009)
Why is this the case?

• Relevance paradox (Andrews, 1986)
• Cognitive biases (Ruscio, 2007)
  • Better-than-average (Brown, 1986)
• Therapist Drift (Waller & Turner, 2016)
• Therapist Burnout (Maslach et al., 2001)
  • 21-67% reported rate of burnout (Salyers et al., 2015)
The problem with relying solely on client self-report

- Large majority of clients report being dishonest about therapy-relevant material (Blanchard & Farber, 2016)

- Common therapy-related lies included:
  - Pretending to like their therapist’s comments
  - Reasons for why they were late or missed sessions
  - Pretending to find therapy effective
APA Ethical Principles of Psychologists and Code of Conduct (2017)

Principle A: Beneficence and Nonmaleficence

- Psychologists strive to benefit those with whom they work and take care to do no harm...

2.01 Boundaries of Competence

- (a) Psychologists provide services, teach, and conduct research with populations and in areas only within the boundaries of their competence, based on their education, training, supervised experience, consultation, study, or professional experience.
Measurement-based Care

• Involves the use of standardized, objective instruments to track care and the impact of that care over time

• Rich history in the psychological literature of measurement-based care

• Multiple terms to describe this practice including routine outcome monitoring, feedback-informed treatment, deliberate practice, and quality reporting
Measurement-based Care (cont.)

- Multiple benefits for both patients and providers in the form of health care outcomes (Carlier et al., 2012; Fortney et al., 2017; Goodman, McKay, & DePhilippis, 2013)

- Especially salient for patients at risk for prematurely dropping out of treatment due to lack of progressing or deterioration, by allowing the clinician to make adjustments to the treatment plan as appropriate (Lambert et al., 2003; Swift, Greenberg, Whipple, & Kominíak, 2012)

- Only 39% of psychologists surveyed indicated they use some form of outcome assessment to measure therapeutic progress (Wright et al., 2017)
Systems for Tracking Outcomes

• Better Outcomes Now
  • Partners for Change Outcome Management System (PCOMS) by Barry Duncan

• OQ-Analyst
  • The Outcome Questionnaire (OQ-45; Lambert & Colleagues)

• Owl Insights
  • Library of patient-reported outcome measures
But what happens when measurement-based care is used to assess the performance of providers, and then that performance influences reimbursement?
Quality Measure Development

- CMS encouraging specialty societies to develop their own quality measures
- Expensive and resource-intensive process
Moving from outcome to performance metric

PRO
Patient reported outcomes (information on the patient, told by the patient, without interpretation)

Symptom: Anxiety

PROM
Instrument, tool, single-item measure (way to collect information told by the patient without interpretation)

Generalized Anxiety Disorder (GAD-7), a standardized tool to assess anxiety

PRO-PM
PRO-based performance measure (way to aggregate the information that has been shared & collected into a reliable, valid measure of performance)

Percentage of patients with diagnosis of anxiety and initial GAD-7 score >8 with a follow-up score reduced by 25% or greater
New APA Resource for Quality Reporting: The Mental Health and Behavioral Health Registry

Overview
• Definitions
• Advisory Committee
• Benefits
Data Registries

• A clinical data registry records information about the health status of patients and the health care they receive over varying periods of time (AMA, 2014)

• A QCDR is a CMS-approved entity that collects medical and/or clinical data for the purpose of patient and disease tracking to foster improvement in the quality of care provided to patients (CMS, 2017)

• CMS is encouraging specialty associations (like APA) to develop their own QCDRs in order to report to MIPS
Mental and Behavioral Health Registry

• Received approval by CMS to participate in MIPS for 2019 as a “qualified clinical data registry”

• APA partnered with a CMS-approved outside vendor, Healthmonix, to develop a cloud-based platform to upload and submit MIPS data to CMS

• APA can include new mental and behavioral health specialty measures developed by psychologists to the registry
MBHR Advisory Committee

Chair: Carol Goodheart, EdD

- David Bard, PhD, University of Oklahoma Health Sciences Center
- Bruce Bobbitt, PhD, LP, retired from Optum (United Health Group)
- Zeeshan Butt, PhD, Northwestern University Feinberg School of Medicine
- Nathaniel Counts, JD, Mental Health America
- Kathleen Lysell, PsyD, VA Central Office
- Dean McKay, PhD, ABPP, Fordham University
- Kari Stephens, PhD, University of Washington
Benefits of the APA MBHR

Psychology as Leaders
• Define, develop, and/or select the measures that are of the most interest and importance

*MBHR measures developed and approved by CMS thus far:*
• Anxiety process and outcome measures (GAD-7)
• Pain Interference Response Outcome (PROMIS)
• Sleep quality screening and outcome (ISI)
• Social Role functioning outcome (PROMIS)
• Screening and monitoring of psychosocial problems in children and youth (PSC-17)
Benefits of the MBHR (cont.)

Improved Reimbursement
• MIPS reporting
• Negotiating with 3rd party/commercial payment programs

Quality Improvement/Tracking Client Outcomes
• Real-time dashboard
• Benchmarking
Benefits of the MBHR (cont.)

Meet behavioral health providers’ data needs
• Licensure, CE, credentialing or board certification MOC requirements
• Marketing/Badging/Demonstrate “value-add”

Clinical Research
• Largest naturalistic, psychotherapy outcomes database
• Make de-identified data available to members in clinical science community
Measuring quality behavioral health care in the United States appears to be at the edge of the precipice and is in need of strong leadership.
Questions and Discussion

For additional information, contact:

• Vaile Wright, PhD
• Email: cwright@apa.org
• Twitter: @drvailewright
• Website: https://www.apaservices.org/practice/reimbursement/health-registry
• To access the registry: www.mbhregistry.com
Dissemination and Implementation

- Website
- Dedicated microsites with relevant materials and tools
- *American Psychologist* publications
- E-newsletters
- Webinars
- Presentations
- Case books
Evaluating Reach and Impact

- Surveys
- Web analytics
- Aggregated data

- Much harder to determine if practice actually changes
- Even harder to know if the end game-client improvement-is achieved
Controversies and Challenges

- Lack universal agreement
  - Leading edge, not cutting edge
  - E.g., Dueling online petitions
- Do methods match our science?
- Do regulations fit our needs?
- Potential for misuse
- Not enough resources
Build on Strengths

• Effective partnerships between researchers, practitioners and patients

• Communication to colleagues, policy makers, and public

• Work across organizations to reach mutual aims
Questions?

Raquel Halfond – rhalfond@apa.org
Vaile Wright – vwright@apa.org

Clinical Practice Guidelines Team – cpg@apa.org
Mental and Behavioral Health Resources Team – mbhr@apa.org