

Push for PROMs Patient-Reported Outcomes Are Necessary for Evidence-Based & Client-Centered Community Mental Health Treatment

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SUMMARY

Patient-reported outcome measures (PROMs) are useful tools for clinicians and researchers working in behavioral health fields, as well as for the clients they serve. These measures allow programs and treatment to be tailored carefully to the client's needs and offer a necessary client-centered perspective for developing evidence-based practices. **Therefore, we advocate for routine measurement and monitoring of patient-reported outcomes.**

In this paper, we detail how OhioGuidestone has implemented and developed PROMs in community mental health treatment, what domains we focus on and why, which barriers to implementation have arisen and how we've addressed them, what goals organizations should keep in mind when implementing PROMs, and what implications for future treatment and research PROMs data can offer.

WHO SHOULD USE THIS PAPER

- Behavioral health & primary care providers
- Clinicians & mental health workers
- Researchers in health-related fields
- Policymakers & program directors
- Behavioral health clients & client advocates

TAKEAWAYS & ACTION ITEMS

- Patient-reported outcome measures (PROMs) offer a necessary, client-centered component to program evaluation and treatment planning.
- Develop PROMs that assess essential mental health-related domains, including life functioning, to improve service delivery and research.
- Implement routine measurement and monitoring of patient-reported outcomes across health fields, including behavioral and mental health services.
- Use client-centered PROMs data for developing evidence-based practices.

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WHERE NEW PATHS BEGIN

Push for PROMs: Patient-Reported Outcomes Are Necessary for Evidence-Based & Client-Centered Community Mental Health Treatment

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Introduction

Patient-reported outcome measures (PROMs) are a promising tool for clinicians to gain accurate information about their patients' health in lieu of more burdensome psychological measures that may cause confusion and frustration. We assert that mental health intervention effectiveness and improvements in client-centered care can be demonstrated through carefully measured and monitored patient-reported outcomes using short PROMs. As more mental health treatments are demonstrated as evidence-based practices, we must continue to consider and give power to the most important element of evidence: the client.

We therefore advocate for routine measurement and monitoring of patient outcomes to assess for improvements in symptomology and, most importantly, functioning over time. We also seek to contribute to the research of PROMs in community mental health settings by developing and validating our agency's own measures in order to prioritize the client's own perspective and opinions of their symptoms, functioning, and care.

About Patient-Reported Outcome Measurements

With the emerging focus on clients as the center of healthcare research and clinical care, patient-reported outcomes and measures have the opportunity to serve as useful tools in ensuring the maximum benefit of treatment and care for clients. However, measuring client outcomes in mental healthcare can seem a confusing task due to the availability of several different measures for the same concept, varying psychometric quality, and difficulty comparing measures across different populations. Furthermore, current available measures are often lengthy and require a reading level that make them inaccessible to some clients. Often, these measures are also difficult to incorporate into clinical practice due to the need for increasing analytical skills for clinical use or interpretation (Bevans et al., 2014). **Patient-reported outcome measures (PROMs) seek to reduce these concerns by being precise and efficient in measuring patient-reported functioning and symptoms of interest, in addition to being accessible and flexible to the needs of the patient and clinician. Furthermore, patient-reported outcomes support client-centered care and integrate an expert voice into treatment: the client's.**

PROMs present questions relevant to conditions that affect a particular area(s) of the body or specific domain(s) of functioning (Devlin & Appleby, 2010). They offer a systematic method to engage clients and clearly assess how they have progressed since their last visit (Bevans et al., 2014). Periodic PROM completion over the course of treatment offers the opportunity to measure

treatment effectiveness over time and even recognize the fluid nature of life as humans. Life presents a range of experiences, followed by a range of responses within our bodies and demonstrated in our affect (measured as symptoms) and behavior (measured as functioning). PROMs provide a model that we change over time and space for acceptance and reflection of these changes—a critical element of psychotherapy.

Patient-reported outcome data have many beneficial functions including informing treatment decisions, determining treatment effectiveness, improving accuracy of symptom and functioning assessment, and capturing clients' health-related quality of life (Deshpande et al., 2011). Additionally, the use of patient-reported outcomes has been found to improve clinician-patient communication and validate the patient's experiences while reinforcing their autonomy (Bevans et al., 2014). We concur with research findings that demonstrate the best way for clients to judge the effectiveness of treatment is by perceived changes in their symptoms, distress, or functioning (Cella et al., 2010).

PROMs have several useful functions in clinical practice. Research has demonstrated that PROMs facilitate symptom discussions between clients and clinicians and guide informed treatment planning. Research also points to seemingly increased awareness of clients' own perceptions of chronic illness, which was correlated with improved symptoms and overall health, including improvements in physical and behavioral functioning (Shortell et al., 2017).

Identification & Adoption of PROMs

OhioGuidestone sought to better align client outcome measurement with best practices, theory and research, and its own clinical model. Our outcome measurement modification process focused on identifying tools that would demonstrate the effectiveness of mental health intervention on client wellness. Our concept of wellness revolves around reduction of dysregulating psychological symptoms balanced with improvement in life functioning.

An additional element of “life satisfaction” was also adopted (Seligman, 2013). Symptoms of interest were narrowed down to anger, anxiety, and depression, as these are common symptoms across a multitude of mental health diagnoses and presenting problems (Sahu, 2014; Kelm et al., 2009). These are currently measured using the corresponding National Institutes of Health-commissioned Patient-Reported Outcomes Measurement Information System (PROMIS) items. PROMIS questionnaires were developed and validated through the use of state-of-the-science methodology and

statistical models, ensuring psychometrically soundness and accuracy. Life satisfaction is also measured using a PROMIS questionnaire that assesses a client’s perception of meaningfulness and hope.

We were unsuccessful in finding a sufficient tool to measure the functioning domains specific to the agency’s theory of change. Therefore, a novel functioning tool was developed. OhioGuidestone is in the final stages of validating a tool that considers changes in symptoms against client functioning across key domains that contribute to resiliency and well-being. Preliminary findings of the tool’s evaluative capabilities are positive, and items capture important life domains associated with the agency’s theory of change such as family functioning, social interactivity, self-care, crisis management, and substance use.

For more information on PROMIS instruments and validation scientific standards, visit healthmeasures.net

Evaluation & Innovation

At our agency, outcomes are interpreted to demonstrate client response to or effectiveness of treatment as: reliable improvement, no reliable change, and reliable worsening. This allows clinicians to promptly adjust treatment to be responsive and based on client outcomes (i.e., client-centered and data-informed). Collection and reporting of individual client PROMs have been integrated into concurrent documentation processes via

the agency’s electronic health record (EHR). Aggregated outcomes across the client population, programs, and service are also interpreted through quarterly and annual program evaluation to demonstrate effectiveness of clinical care across the agency.

PROMs data are continually monitored, as well as client, clinician, and clinical supervisor satisfaction as part of performance and

quality improvement (PQI) initiatives. Additionally, PROMs contribute to the agency's applied and formative research and innovation priorities within its Institute of Family & Community Impact (IFCI). Current research priorities include evaluation and establishment of novel innovations' evidence bases as preventative and treatment practices, such as IFCI's Joyful Together[®] and CBT Plus[®]. Research trials evaluating Joyful Together are on-going via randomized clinical trial for internal and external participants, as well as program evaluation using PROMs for current clients. CBT Plus is a novel model that infuses elements of trauma- and toxic stress-informed care, social determinants of health, spirituality, neurobiology, and interpersonal neurobiology with the evidence-based practice of cognitive behavioral therapy (CBT). OhioGuidestone clinicians utilize a series of manualized psychotherapy and therapeutic-support interventions for children (6 years old and above) and adults to address common presenting problems in settings of community mental health practice, such as: anxiety, depression, attention deficit-hyperactive disorder (ADHD), posttraumatic stress disorder (PTSD), substance use disorder (SUD) and recovery, school-based interventions, family psychotherapy, and even crisis intervention. PROMs are currently used to assess

preliminary effectiveness of the interventions and feasibility to conduct randomized control trials (RCT) to establish each novel model as an evidence-based treatment for community mental health.

PROMs have also contributed to the genesis of innovations. A short study was conducted to identify the most prominent presenting symptom for mothers receiving maternal depression services based on the new PROMs. As of the publication of this paper, findings from the study are being submitted for publication and have driven the creation of OhioGuidestone's novel Maternal Depression Treatment Protocol and associated manual. The protocol is expected to be implemented and studied within the next year.

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Clinician Feedback & Challenges to Consider for Successful Implementation of PROMs into Community Mental Health Practices

Although the integration of PROMs has paved the way for the increased use of out-

come measures in our and others' clinical practices—particularly in the medical field—

and even driven innovation, these advancements do not come without a cost. Some of the limitations and challenges for community-based mental health organizations around PROMs implementation that deserve consideration include: costs, access to technology, integration with electronic health records, and health privacy concerns. Increased use of and reliance on client voice and standardized assessments to monitor changes and progress in mental healthcare and drive data- and symptom-based treatment is a substantial paradigm shift.

The implementation of PROMs at OhioGuidestone has brought about changes in the supervision and treatment planning processes. In a survey conducted at Ohio-Guidestone, 75% of supervisors believe they are confident in integrating PROMs into

their supervision and 83% of clinicians believe there is value in developing their skills to provide feedback to clients. Supervisors are now charged with coaching staff to approach PROMs as complementary components of quality treatment, and not competing tasks for a clinical session. PROMs can drive decision-making in many areas of the organization, including personalized care, program planning, budgeting, strategic planning, and quality assurance. However, implementing PROMs does not come without challenges. Learning how to use PROMs is an interactive process that cannot be sufficiently understood by simply reading a handout. Implementation requires a large shift in supervisory and treatment processes, as it requires technology that can support clinicians' use of data available from PROMs and additional support and coaching for newer clinicians.

Challenges for Implementing PROMs

Challenge	Client or Clinician	Resolution/Response/Action
Questions can seem intrusive when first meeting clinician.	Both	Therapeutic alliance: Emphasize importance of relationship building between clinician and client to build trust and openness.
Questions are not specific enough.	Client	Revised to current edition and added new questions; revised functioning subscales.
Data collection/Frequency	Clinician	More PROMs administered to client more frequently.
Engagement can be a struggle for client/clinician.	Both	Encourage clients to stay involved in the process; let them know their feedback is important for their treatment; use personalization and commitments from management to encourage clinicians.
Confounding variables are a concern.	Clinician	Keep in mind that PROMs are the client's perspective and that PROMs may not be suitable for every individual's treatment.

3 Goals for Implementing PROMs

Goal 1: Support Clinician-Client Communication & Care	Goal 2: Measure Change & Evaluate Programs	Goal 3: Further PROMs Research
<ul style="list-style-type: none"> • Drives culture change in how value is demonstrated by improving data collection and use in clinical practice. • Clinician and client understand purpose and value of treatment. • Provides an opportunity for client voice to be shared and validated from their own perspective. • Coaches clinician to actively show and discuss changes over time with client. • Requires assurance from management that client outcomes will not be used as a punitive tool for clinicians. 	<ul style="list-style-type: none"> • Provides a snapshot of patient-reported health at a particular moment. • Creates a starting point for understanding the reason for program performance and identifying areas for improvement. • Reveals variations in symptoms and functioning (between programs and program locations). • Provides understanding for the reasons associated with good and poor outcomes. • Identifies and shares best practices. 	<ul style="list-style-type: none"> • Better data means better insight. • Ad hoc outcomes-based research on clinical interventions helps us understand what does/does not work. • Allows researchers to obtain a detailed understanding of how clinical indicators relate to patients' self-reported health.

Additional Opportunities for PROMs in Community Mental Health Practices

Adopting PROMs into community health practices is important for all of the aforementioned reasons: providing client-centered, data-informed care; allowing for assessment of effectiveness; and tracking client changes over time. It is additionally important for the advancement of the field, as well as future workforce training and preparation. As of publication, we could only find a single paper offering a meta-analysis of just 17 available studies on the use of PROMs in mental health settings (Kendrick et al., 2016). Of these 17 studies analyzed in the review, nine were from mental health settings, six from psychological therapy, and two from primary care settings. Results from this review study indicate a glaring gap in the liter-

ature and a pressing need for quality research of PROMs in community mental health settings. Overall, the quality of the reviewed studies ranged from “low” to “moderate.”

This presents an opportunity for community mental health organizations to add to the body of knowledge of PROMs usage in clinical practice. Expanding the use of patient-reported outcome measures in community mental health settings—where the majority of common mental health orders are treated—will also bring much needed attention to the social determinants of health that can often be barriers to client improvement or treatment effectiveness (Boehme, 2018, p.

22). In addition, it will inform evidence-based practices and treatments that are so often required by funders. An oft-cited shortcoming of many evidence-based practices is that they were not analyzed in the settings, among the populations, or even with the constraints present for community mental health providers . And burgeoning mental health clinicians while in their undergraduate and graduate programs have limited opportunity to be informed by theory and re-

search grown from community settings while in their undergraduate and graduate programs. Adoption of PROMs and incorporation of community-based mental health program evaluation into bodies of evidence present opportunities to respond to validity issues of published theories and practices, as well as better inform and inculcate burgeoning mental health clinicians (Stone et al., 2016).

Conclusion

Patient-reported outcome measures are necessary components of best practice in community-based mental healthcare. By promoting and centering client voice and active participation in treatment direction and evaluation, PROMs can help increase equity for underserved, underprivileged, and marginalized clients. Client perspective and empowerment are absolutely necessary for reaching treatment goals, improving whole-health outcomes, and raising clients' quality of life.

For clinicians, PROMs emphasize the role of building therapeutic relationships, guide

treatment planning and goals, organize sessions, demonstrate effectiveness, and uncover opportunities for growth. Through program evaluation and data collection, agencies, researchers, and program directors are able to use PROMs in a myriad of ways. These measures can demonstrate quality of care, establish evidence bases and best practices, drive innovation, support or defer common theories and practice, and give a glimpse into blind spots that need more examination and empirical research so we can continue to learn more about humans and lived experiences.



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