Evaluating Wellness Evidence-Based Practices

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Assistant Research Professor, Child and Adolescent Psychiatry, Langone Medical Center, NYU

• New York State licensed psychologist
• 30 years of public mental health experience in inpatient and outpatient services
• Co-Director of Evidence-Based Practices with the New York State Office of Mental Health
• Designs rehabilitation programs, works with families and consumer advocacy organizations
• Provides organizational change management consultation to behavioral health organizations
• Lead author of the Wellness Self-Management; Wellness Self-Management Plus and Knowledge Empowers You (KEY) workbooks.
• Consultant to numerous organizations implementing integrated care models for individuals with serious mental health conditions through CIHS
• Consultant with the National Council for Behavioral Health to design and facilitate learning communities on trauma informed care with behavioral health agencies across the United States
• Assists organizations serving impoverished communities to systematically adopt and sustain practice innovations as a faculty and senior research scientist at the McSilver Institute at NYU
Chat Box

Please type in the chat box what you would like to learn from this webinar
Poll Question

Which of the evidence-based practices is your top priority at this time?
A. General Wellness (Nutrition & Physical Activity)
B. Tobacco Use
C. Chronic Disease Self-Management
Evaluating Evidence-Based Practices

A. Understanding Performance Indicators
   1. Process indicators
   2. Outcome indicators
   3. Quantitative data
   4. Qualitative data

B. Process Indicators
   a. Service utilization and client engagement
      1. Attendance
      2. Continuity in services (dosage)
      3. Engagement in the service (completing action steps, participation in sessions)
   b. Practice fidelity (practitioner skills and competencies)
      1. Direct observation
      2. Chart reviews
      3. Consumer feedback (feedback informed treatment)

C. Outcome Indicators
   a. Consumer personalized health outcomes associated with the EBP

D. Measures of EBP and Health Disparities

E. Grantee Example: Porter-Starke Services, Valparaiso, IN
Understanding Performance Indicators

A. Process Indicators
B. Outcome Indicators
C. Quantitative Data
D. Qualitative Data
Measuring Improvement

Two Primary Performance Indicators
  Process Indicators
  Outcome Indicators

Two data sources to measure performance
Quantitative data: type of numerical value to be used to express the indicator (percentage, rate, number of occurrences, etc.)

Qualitative data: Focus groups, expert opinions, interviews, surveys involving written feedback
Performance Indicators: Process Indicators

- These indicators help you monitor and track the degree to which you are implementing your improvement plan strategies as you envisioned.

- Monitoring process improvements is critical to ensure that an organization can determine the connection between what they did and what they got (inputs and outputs).
Performance Indicators: Outcomes

• The degree to which the provision of an EBP improves each client’s key health indicators

• Most important outcomes are those associated with each client’s personally meaningful outcomes that the EBP is expected to improve

The central benefit to the recipient of services

Consider the triple aim of healthcare

• Improves the patient’s experience of care
• Improves population health
• Benefit to cost ratio is high
Quantitative and Qualitative Measures: Mixed Methods

**Quantitative** data: numerical value that measure the performance indicator (how much, how often, how many, percentages, pre and post improvements, duration of a condition, number of occurrences) surveys involving written feedback, etc.

**Qualitative** includes conversations and feedback from clients and staff (adds meaning to data and factors contributing to outcomes and observations)

- Focus groups
- Minutes of meetings
- Interviews
- Client report in individual or group programs
- Staff feedback
- Expert opinions
Performance Indicators: Process Indicators

• These indicators help you monitor and track the degree to which you are implementing your improvement plan strategies as you envisioned.
• These measures are the specific steps in a process that lead — either positively or negatively — to a particular outcome metric.
• Practice fidelity is an example of a process indicator (intervention delivered as designed).
• How clients are informed and engage.
• Monitoring process improvements is critical to ensure the evaluation of outcome indicators.

Example: Implementation of a Chronic Disease Self-Management Program

Quantitative

– Total number of clients identified as having a chronic disease inadequately managed
– Number who are invited vs number who agree to participate
– Number who express disinterest
– Attendance rate

Qualitative

– Response and feedback from the client who expressed disinterest
– Feedback from staff involved in the process
– Feedback re: the clarity, time demands, burden of implementation, interference with other key processes, team adherence to process.
Common Process Indicators

1. Service Utilization and Client Engagement
   A. Attendance
   B. Continuity in services (dosage)
   C. Engagement in the service (completing action steps, participation in sessions)

2. Practice Fidelity (Practitioner skills and competencies typically involving supervisory support)
   A. Direct observation
   B. Chart reviews
   C. Consumer interviews/feedback (feedback informed Treatment)
Performance Indicators: Outcomes

The degree to which the provision of an EBP improves the clients high priority whole health goals

Example: High priority health indicators aligned with the physical health needs of the selected cohort

**Quantitative:**
- Mechanical indicators (BMI, Weight, Blood Pressure, weight circumference) and
- Blood chemistry indicators (A1C, Cholesterol, other physiological measures pertinent to the selected cohort)
- Reduction in tobacco use

**Qualitative**
- Response and feedback from the client
- Feedback from staff involved in the process
- Feedback re: the clarity, time demands, burden of implementation, interference with other key processes, team adherence to process.
## Performance Indicator Categories

<table>
<thead>
<tr>
<th>Quantitative</th>
<th>PROCESS</th>
<th>OUTCOME</th>
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<tbody>
<tr>
<td>- CDSM: # of sessions involving a peer</td>
<td>- % of patients with high risk levels of BP that have remained in normal range for 3 months</td>
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<tr>
<td>- # of sessions that include nutrition and physical activity or homework</td>
<td>- % of clients who lost weight/avg. weight loss/% reduction in BMI</td>
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<tr>
<td>- % of tobacco using clients who use medication assisted approaches</td>
<td>- % who stopped smoking/% who reduced smoking/reduction in # of tobacco products used</td>
<td></td>
</tr>
<tr>
<td>Qualitative</td>
<td>PROCESS</td>
<td>OUTCOME</td>
</tr>
<tr>
<td>- Client interviews who completed or dropped out of a CDSM program/wellness program/smoking reduction program</td>
<td>- Interviews with clients who were very successful/unsuccessful in the specific EBP provided</td>
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<td>- Interview with facilitators designed to assess fidelity/challenges/barriers</td>
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Measurement and Monitoring: Individual Indicators

Best practices include specific progress indicators aligned with the clients felt need and personally meaningful goal.

Quantitative Outcome Examples:
1. Weight reduction: regular weigh ins, personal recording of weight
2. Physical activity: number of steps (pedometer or fitbit); distance walked in specific number of minutes.
3. Nutrition: recording food intake; increase in intake of healthy foods; decrease in intake of specific unhealthy foods
4. CO monitor measures overtime
5. Recording of number of cigarettes smoked
6. Change in mechanical/blood chemistry health indicators

Client self monitoring is a critical element of a successful practice designed to improve specific health outcomes. Measurement as performance feedback is a component of health behavior change.

Examples:
- Use of person centered health tracking dashboard that is accessible to each client
- Health goals identified and tracked via progress monitoring forms, pedometers, food diaries, weight logs

* The Dartmouth Health Promotion Research Team, led by Project Director Stephen Bartels, MD, MS, Professor of Psychiatry, Community and Family Medicine, the Dartmouth Institute, and Project Research Assistant Rebecca Desilets, Centers for Health and Aging, Dartmouth College
Practical and Relevant Self-Report Measures of Patient Health Behaviors for Primary Care Research

Let’s take a quick look


*ANNALS OF FAMILY MEDICINE ♦ WWW.ANNFAMMED.ORG ♦ VOL. 3, NO. 1 ♦ JANUARY/FEBRUARY 2005
Summary of measures discussed in the article

Physical Activity
Physical activity logs, recalls, weekly assessments, and screening questions included
Physical Activity Scale for the Elderly
Diabetes Self-Care Activities
National Health Interview Survey (NHIS)
Risk Factor Surveillance System

Risky Drinking
Self-Monitoring- Number of alcoholic drinks per week, quantity of drinks, social aspects of drinking
Five Shot questionnaire
Alcohol Use Disorders Identification Test (AUDIT)
Summary of measures discussed in the article

**Cigarette Smoking**
Self-Monitoring of current smoking behaviors (number of tobacco products used/day/week)
CO monitor data
Self report of improvement in breath capacity and functioning (less gasping for breath, less coughing episodes)

**Eating Patterns**
Food diaries, logs, 24-hour dietary recall, and nutrition intake questionnaires

Summary of Diabetes Self-Care Activities
Block Brief 2000 Questionnaire
“Rate Your Plate”
Mini Quiz

To fully assess our efforts to implement an evidence based practice it would be important to measure....

A. The health outcomes only
B. Practice fidelity only
C. Both practice fidelity and outcomes
D. The only important measure is rates of reimbursement for the practice
Poll Question

What best describes your measurement plan for your selected EBP?

A. We have identified both a process and outcome measure for our EBP
B. We have only identified a process measure
C. We have identified only an outcome measure
D. We have not yet selected any measures.
Chat Box

If you have selected a measure (either process or outcome), please type in the EBP area and the measure selected.
Identifying health and service utilization disparities by relevant demographic, process and outcome indicators

Requires knowing your population (a BHICA standard)

- Ethnic/racial breakdown of your population vs % engaged/retained/successful in an EBP service.
  - May indicate a disparity that requires further examination
  - Just a starting point to diagnoses problems/barriers and test out improvement efforts
EBP Related Indicators: Population Improvement

It’s about moving your dot over time

# who quit smoking  Avg. weight loss  % no longer at risk  distance walked in 6 min  # of fit bit steps  veg and fruit servings
Grantee perspective on measuring the impact of evidence based practices

J. Todd Van Buskirk, MSW, LCSW, LCAC
Director, Integrated Care
Project Director, SAMHSA-PBHCl Cohort VI Grantee
Porter-Starke Services
Valparaiso, IN
What EBPs are you providing?

Nutrition & Exercise for Wellness and Recovery (NEW-R; Dr. Brown, University of Illinois at Chicago)
- 8-weekly sessions
- Rotating Schedule

Simplified Intervention to Modify Physical Activity, Lifestyle, & Eating Behavior (SIMPLE – Yale University)
- 16-weekly sessions

InSHAPE (Dartmouth University – Ken Jue)
- Health Mentor – ACSM Personal Trainer
- Caseload 30
How do we know the EBP is resulting in positive health outcomes?

Clinician/Group Facilitator collects data (e.g., weight, attendance)
  - Tracks progress toward wellness goals
  - Real-time data
  - Organizing and reporting on this data is not billable service

Data Dashboard (an evolving tool)
  - In-House SQL Database
  - Patient Report Card
  - Group Outcomes (sorted by: location, activity, clinician, etc.)
  - Participation
  - Services provided
  - Length of stay
Lessons learned that may be helpful to other grantees?

Change takes time (Relationship, relationship, relationship)

- Patient behavior change
  - Health behaviors are tough to change
  - Consistent staff increases engagement
  - Motivational Interviewing

- Organizational Change
  - Types of data collected (e.g., Health Information)
  - Systems – this work touches every part of your organization (billing, front desk, clinical operations, IT)
  - Health Information Technology – building systems requires time, effort, attention to detail, patience