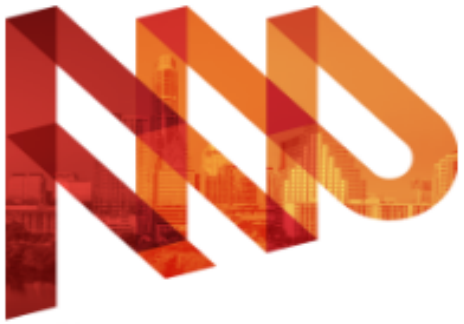


2020 Southwest
First Episode Psychosis
Conference

Building a Learning System of Care: Using Data & Outcomes to Advance Early Psychosis Care

Annette Crisanti, PhD
Professor
University of NM

Molly Lopez, PhD
Director
TX Institute for Excellence in Mental Health

Bess Friedman, MSc
Program Specialist
EARLY FEP Program
University of NM

Deborah Cohen, PhD
Professor
Dell Medical School UT Austin

August 4, 2020
11:00 – 12:00 PM CST

South Southwest (HHS Region 6)
MHTTC
Mental Health Technology Transfer Center Network

Evaluating Coordinated Specialty Care

University of New Mexico
Department of Psychiatry and Behavioral Sciences
Division of Community Behavioral Health

Bess Friedman, MSc
Bfriedman@salud.unm.edu
Annette Crisanti, PhD
Acrisanti@salud.unm.edu

Objectives

- What is program evaluation?
- Why is it important for CSC programs?
- What are the barriers to implementing program evaluation?
- Which data should be collected?
- How should data be collected?

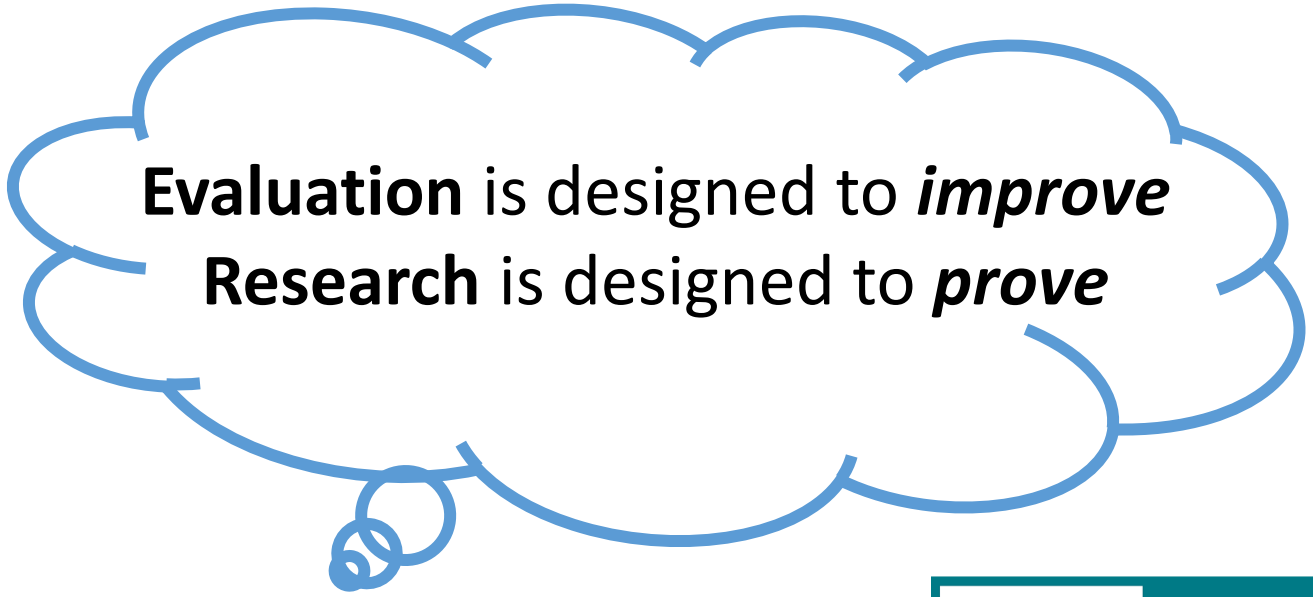
POLL

HEALTH SCIENCES

What is Program Evaluation?

"The systematic collection of information about the activities, characteristics, and outcomes of programs to make judgments about the program, improve program effectiveness, and/or inform decisions about future program development" (CDC, 2012)

- Practical and Feasible
- Useful
- Ongoing
- Systematic
- Collaborative
- Flexible



UNM HEALTH SCIENCES

Why Collect Data for Program Evaluation?

Client level

- Monitor individual progress
- Clinician feedback

Program level

- Identify areas for improvement
- Determine if strategies for improvement are successful (logic model)
- Use results for outreach and advocacy

Challenges and Barriers

Burden is the main barrier to conducting effective program evaluation

- Clinician time
- Client burnout (repetitive questions, extra appointments)
- Coordinating (data entry, management and reporting)
- Cost

Some challenges include…

- Engagement and follow-up completion
- Reliability of data

This is why consideration of which data to collect and how to collect it is so important!

HEALTH SCIENCES

Which Data to Collect

Utilize existing data when possible – what is required clinically

- E.g. most insurance reimbursements require treatment plans at 6 months that include formal assessment of safety risk (suicide)

Get Stakeholder input

- Clients and their families, clinicians, agency/organization supporting the CSC program, county and state level policy makers

Select outcome measures that are useful for multiple purposes

- What is important to families may or may not be important to state level policy makers
- Prioritize outcomes that overlap

Clinician and self report scales

- Reduces redundant interviews with clients by third party
- Can allow for comparison of perspectives

UNM HEALTH SCIENCES

Which Data to Collect

Common domains for CSC evaluation include:

- Referral Processes and DUP
- Clinical Symptoms
- Level of Functioning
- Engagement and Service Utilization
- Demographic and Socioeconomic Characteristics
- Fidelity to CSC Model

Which Data to Collect

Guides for selecting measures or variables based on validity, burden (time for completion), commonality with other reporting requirements…

- SAMHSA – NOMS
- PhenX Toolkit
- NASMHPD – Use of Performance Measures Guide
- Evaluation questions checklist for program evaluation (Wingate & Schroeter, 2007)

How to Collect Data

Utilizing existing Electronic Health Record (EHR) platforms

Pros

- Reduces redundant data entry
- Makes outcomes accessible for clinical use

Cons

- Not all EHR systems allow for this (strictly clinical purposes)
- May take a long time to set up new forms in EHR systems
- May be difficult to extract data in the correct format or when needed
- Multiple programs may not have the same EHR system

How to Collect Data

REDCap or similar web-based platforms (Qualtrics)

Pros

- Can be HIPAA compliant
- Are user friendly
- Survey links can be sent to clients/clinicians
- Set up automatic alerts for re-assessment

Cons

- Additional platform for clinicians
- Requires FTE staff for designing, tracking, IT assistance
- Needs to be re-entered into EHR for clinical use

How to Collect Data

Other considerations…

- IRB and Consents
- Compensation as incentive
- Time frame for collection and entry
- Using MHBG funds for FTE coordinator (non-billable) or include in bundled care/case rate package

Taking Evaluation to the System Level

Presented at the 2020 First Episode Psychosis Conference
August 4, 2020

Molly Lopez, PhD
Research Associate Professor
Director, Texas Institute for Excellence in Mental Health
The University of Texas at Austin
Steve Hicks School of Social Work

Deborah Cohen, PhD, MSW
Assistant Professor
The University of Texas at Austin
Dell Medical School
Department of Psychiatry
Steve Hicks School of Social Work

Objectives

- Why evaluate at a system level
- Elements of a learning healthcare system
- Measuring fidelity to practice models
- Examples from Texas
- The Early Psychosis Intervention Network (EPINET)

POLL

Silos and Sloths

- The promise of early psychosis care
- The challenge of the isolated program
- The traditional research paradigm is costly and slow
- Complexity of integrating new findings
- Cost of care is ever escalating

Need a new way!

A Learning Healthcare System

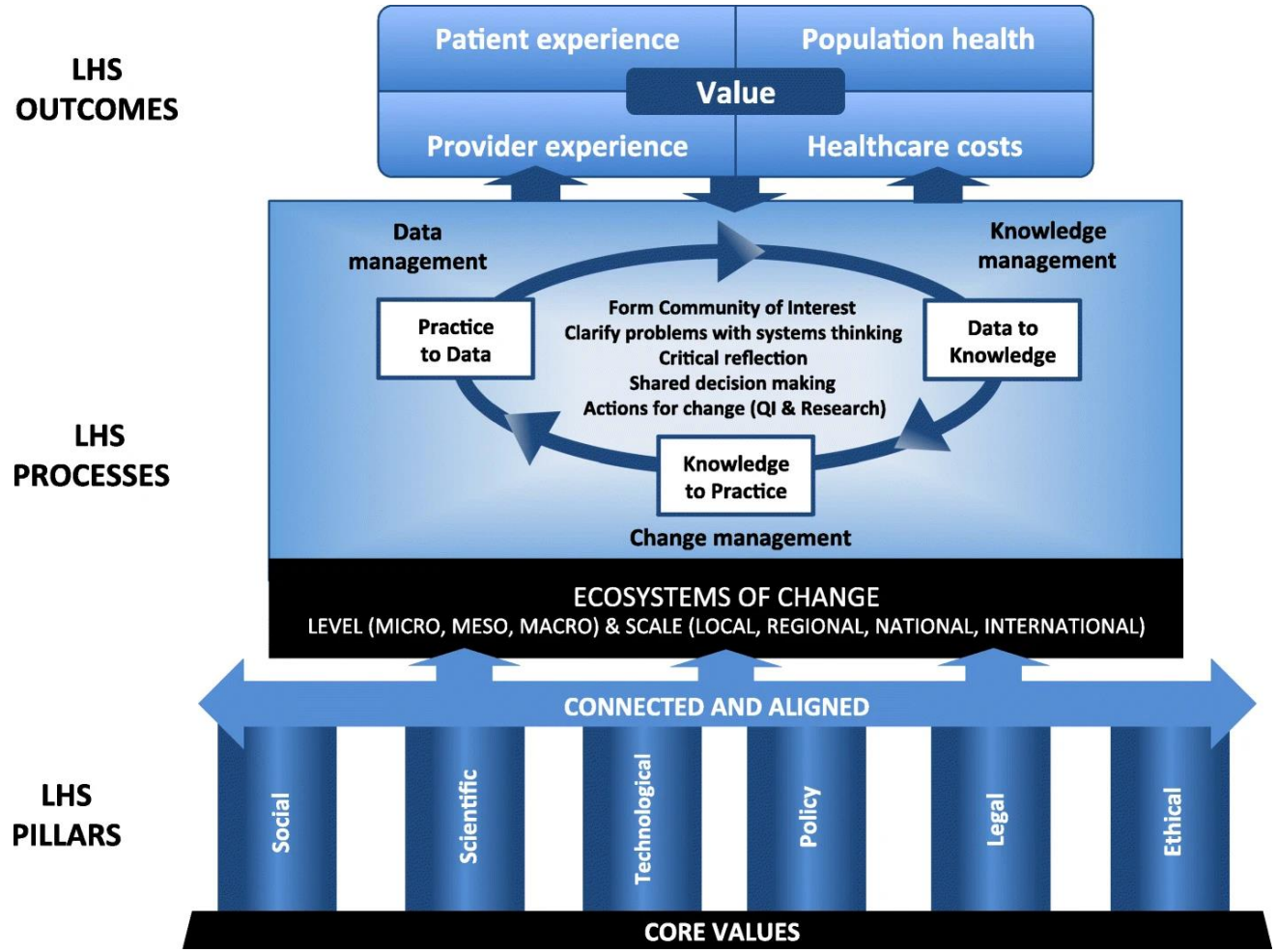
A learning health care system is one in which science, informatics, incentives, and culture are aligned for continuous improvement and innovation, with best practices seamlessly embedded in the care process, patients and families active participants in all elements, and new knowledge captured as an integral by-product of the care experience.

Roundtable on Value and Science-Driven Health Care, 2012

Qualities of a Learning Healthcare System

Menear, Blanchette, Demers-Payette, Roy, 2019

Qualities of a Learning Healthcare System

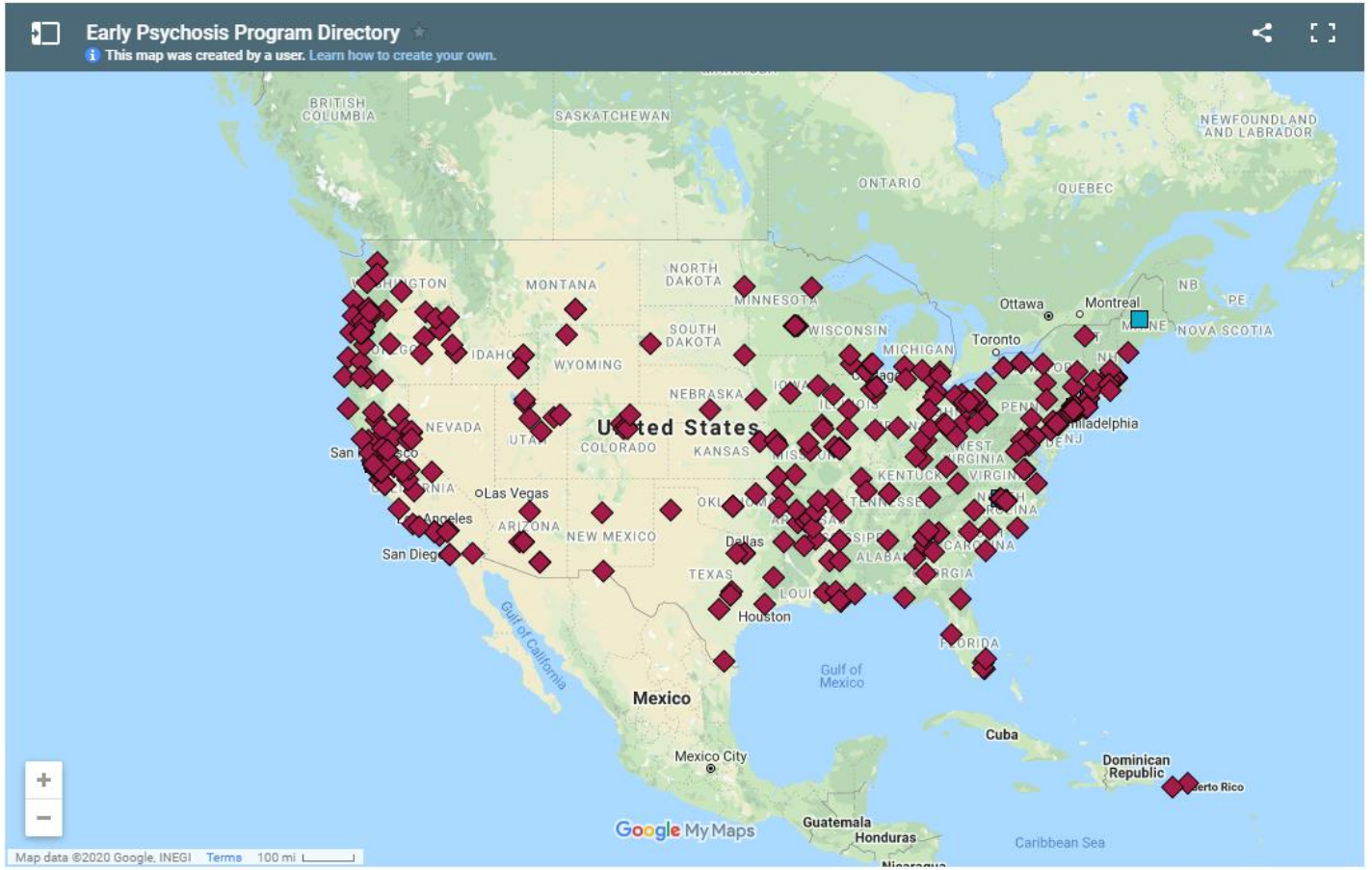


Menear, Blanchette, Demers-Payette, Roy, 2019

How Do We Begin?

- Collaborative partnerships between providers, researchers, individuals in care and their families, and funders
- Shared measurement and data structures
- Data available in real-time to inform decision-making
- System for knowledge development
- Processes/structures for organizing, disseminating, incorporating knowledge in practice
- Structures to incorporate knowledge into shared decision making
- Policies and funding that aligns with best practice and promotes value

Where Do We Start to Understand our System for Early Psychosis Care?

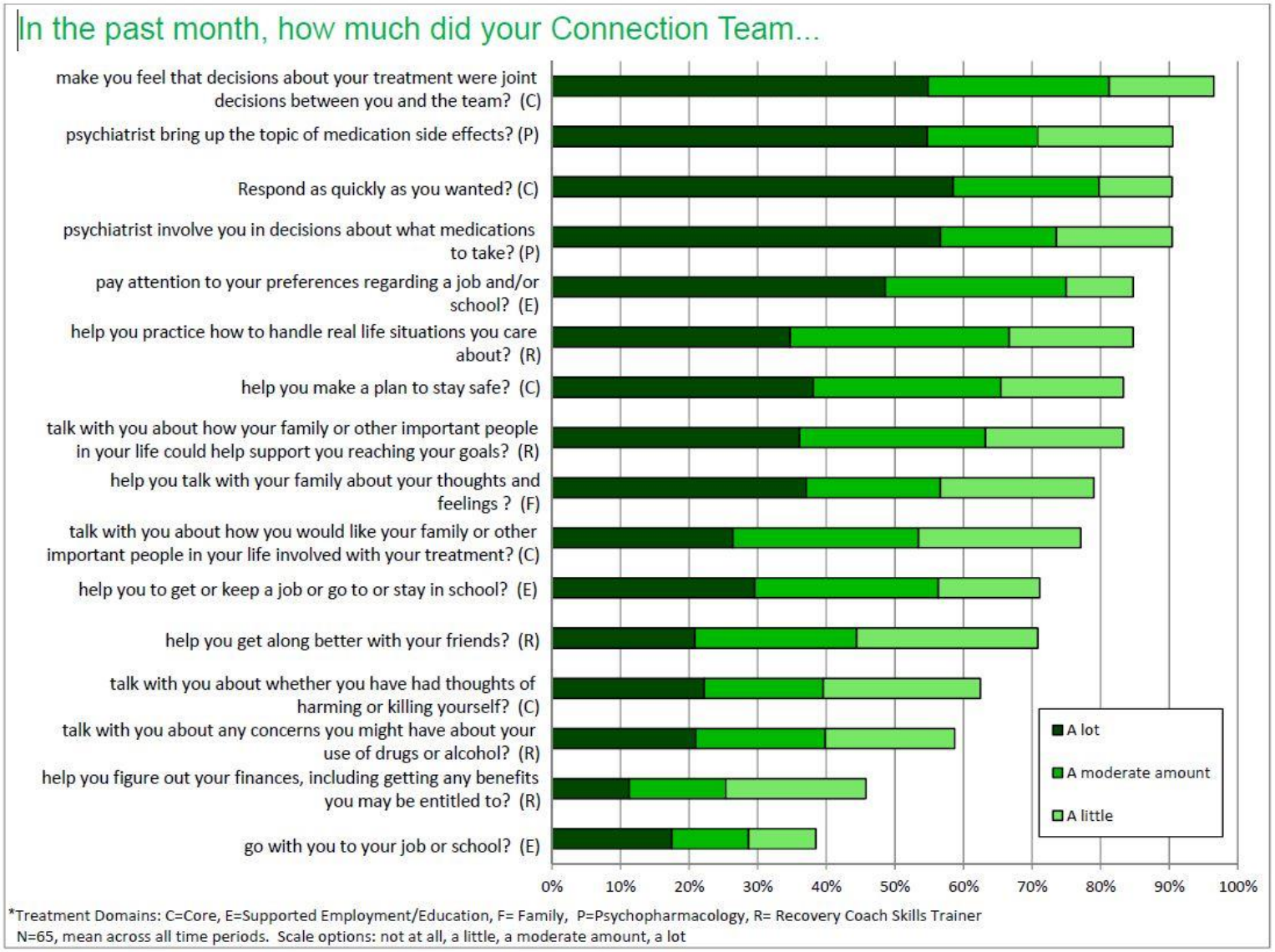


PEPPNET, 2020

Understanding Program Qualities: Exploring Fidelity

- Coordinated Specialty Care
  - First Episode Psychosis Fidelity Scale (FEP-FS; Addington, et al., 2016)
  - EASA Practice Guidelines (Melton, et al., 2013)
  - OnTrackNY
  - RAISE Connections (Essock, et al., 2015)
  - EDEN (Birchwood, et al., 2006)
- Specific Intervention-Level
  - IPS for Young Adults (IPS-Y)
  - Fidelity to IRT
  - CBT-P
  - Medication guidelines

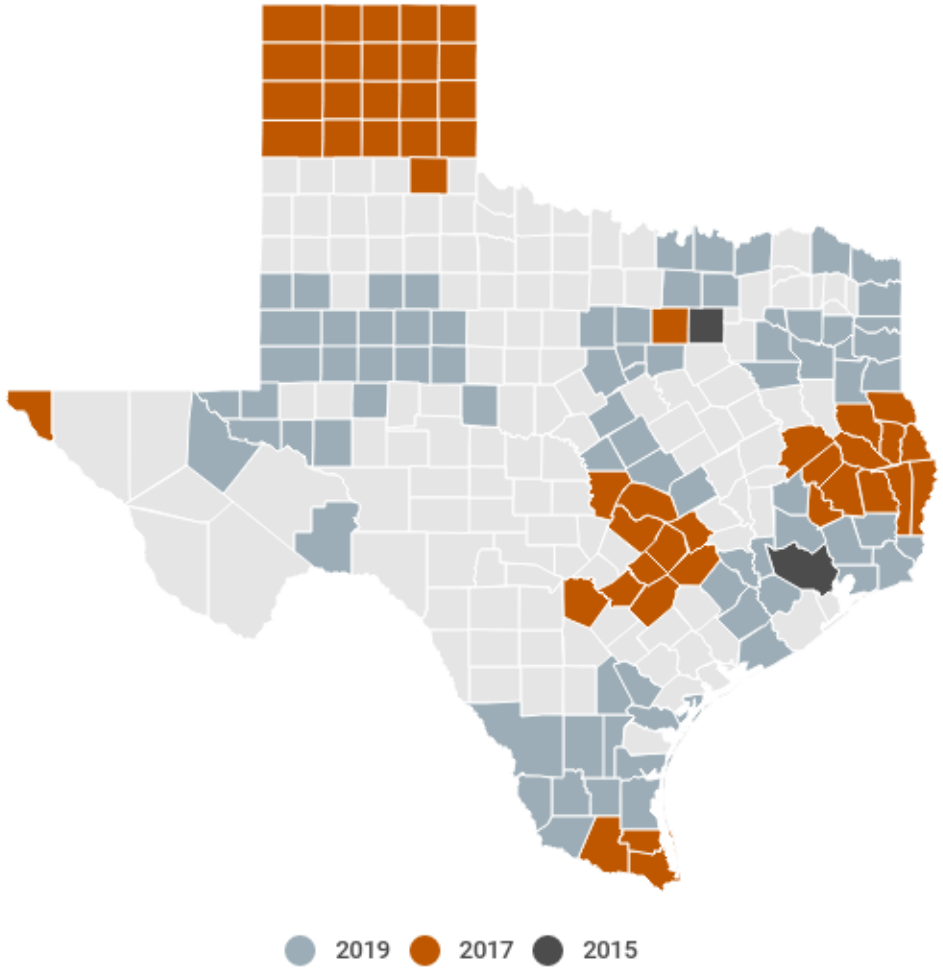
Measuring the Perspectives of Young People



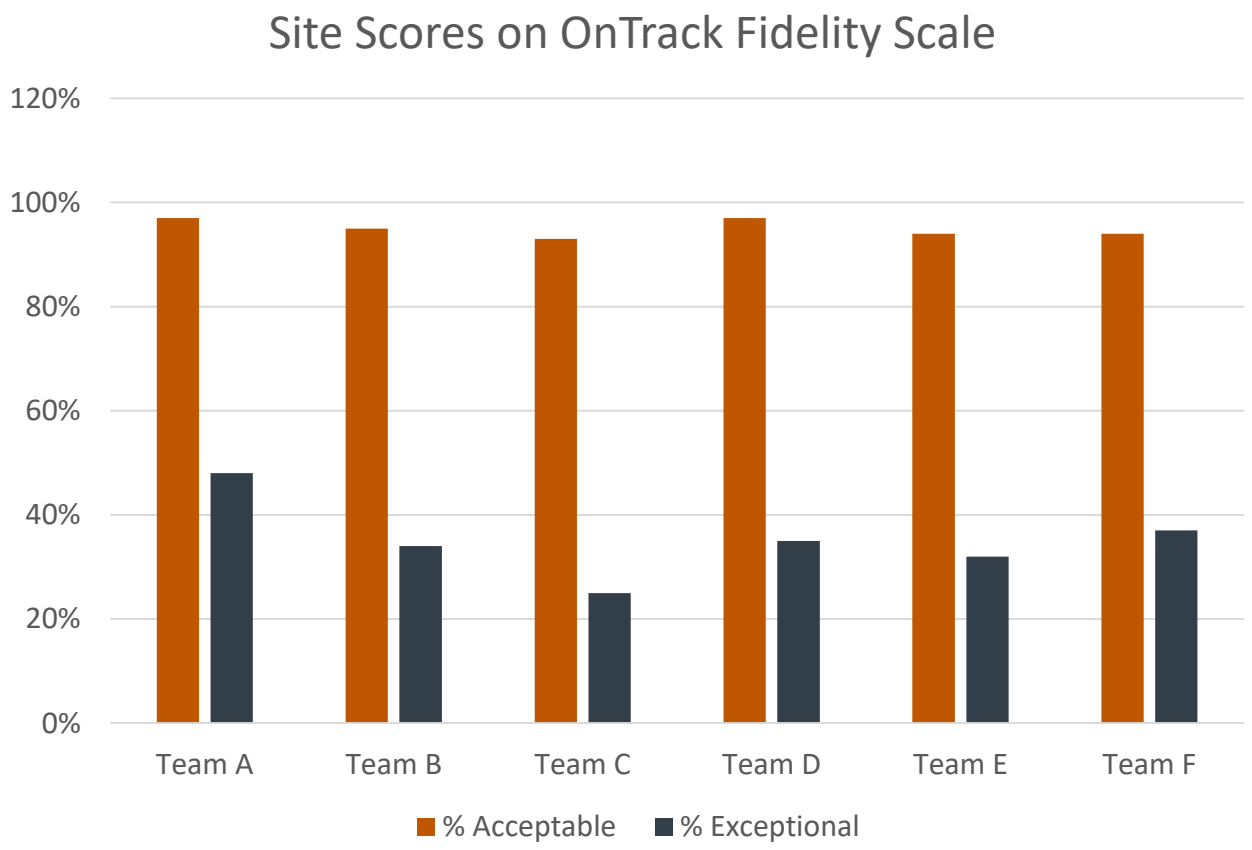
Essock, et al., 2015

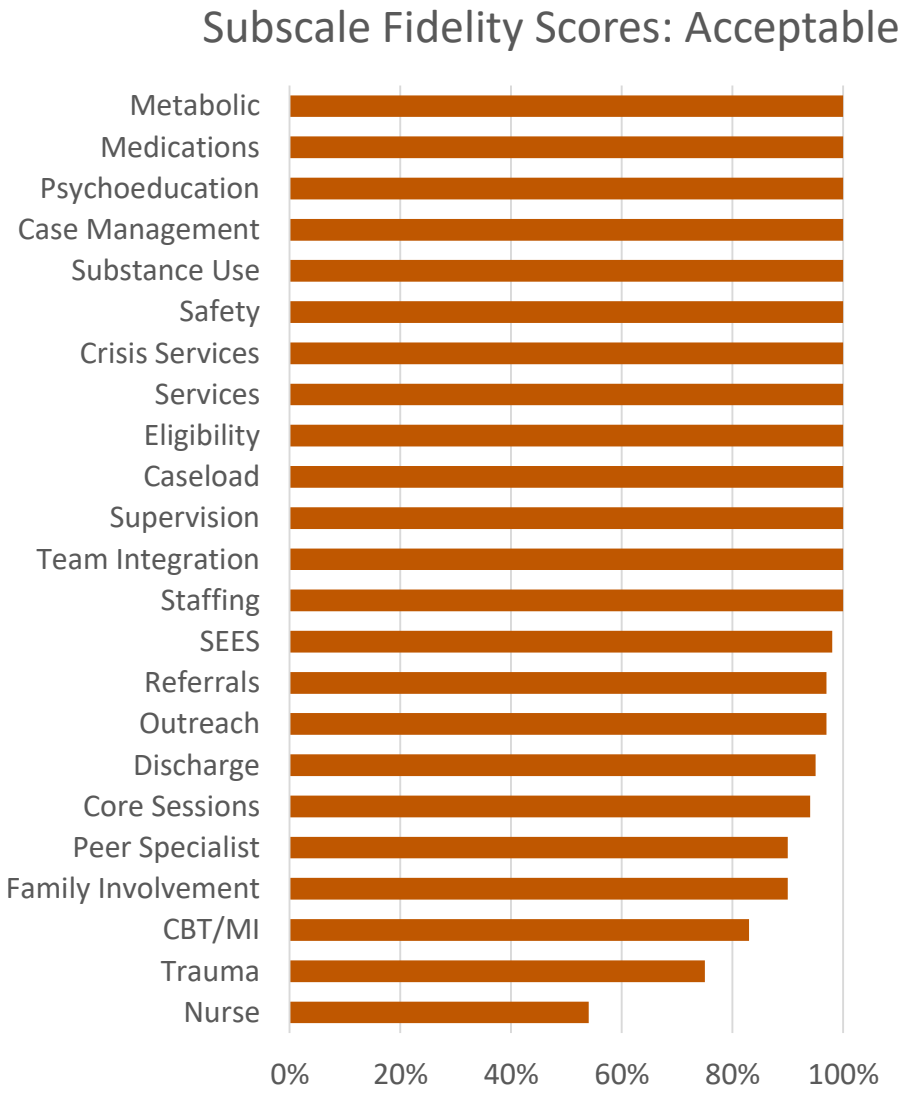
Case Study: Early Psychosis in Texas

- 23 CSC programs (27 teams)
- OnTrack model
- MHBG funding
- Ages 15-30
- Include affective psychosis
- Beginning the evaluation journey



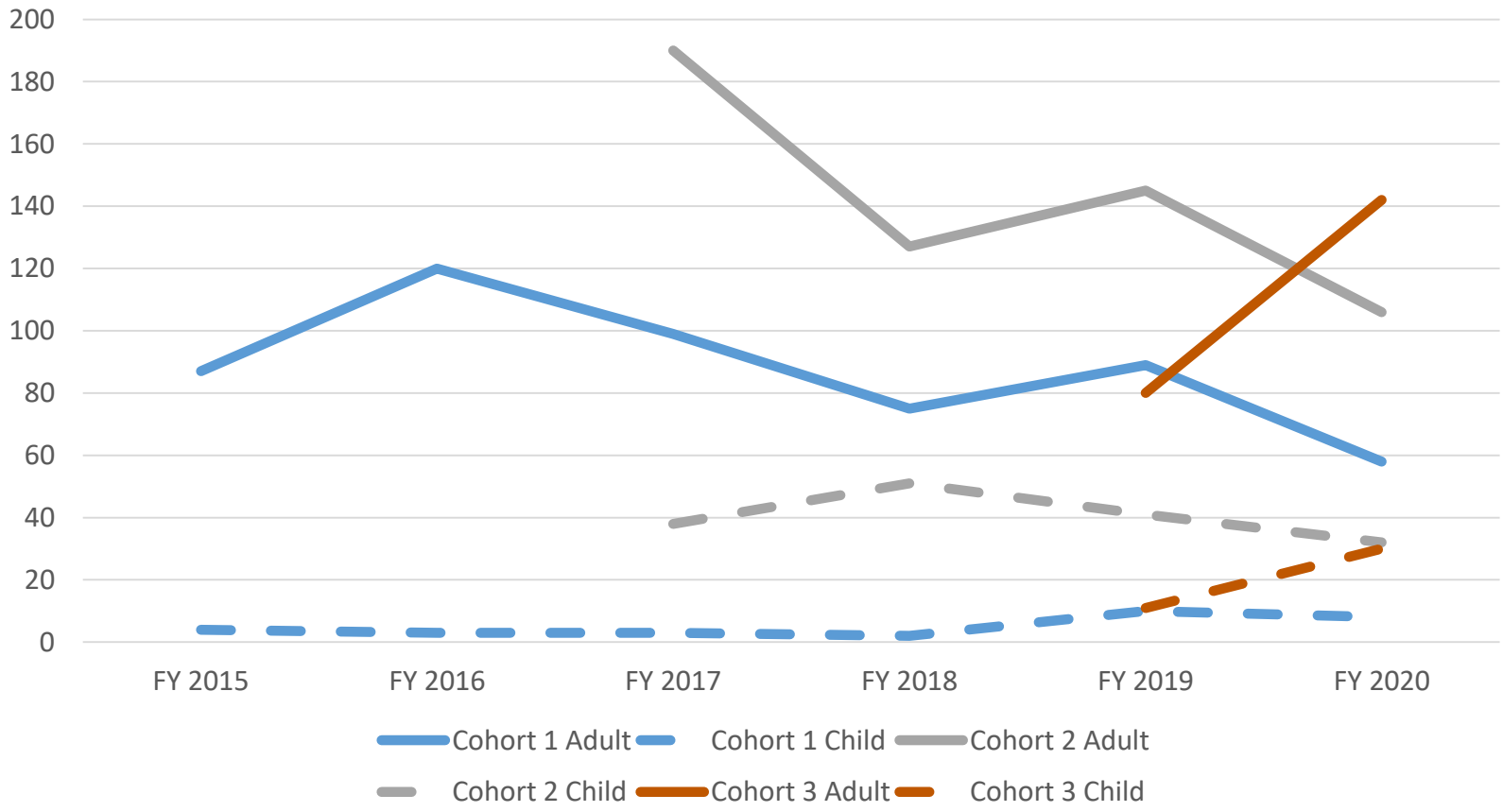
Program Fidelity





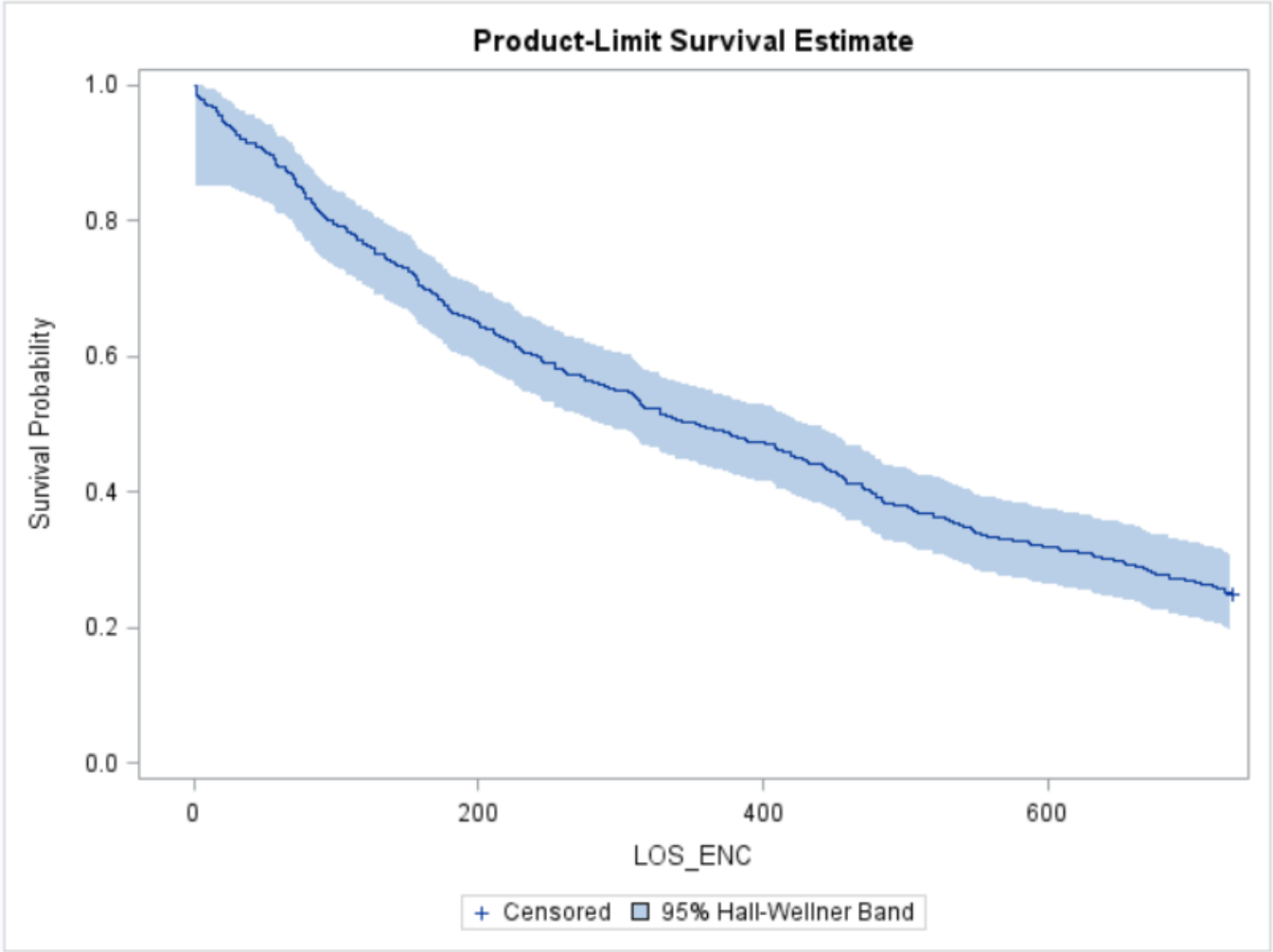
Enrollment of Youth in CSC

Qualitative interview data suggested that participants in newest cohort were more seriously impaired.

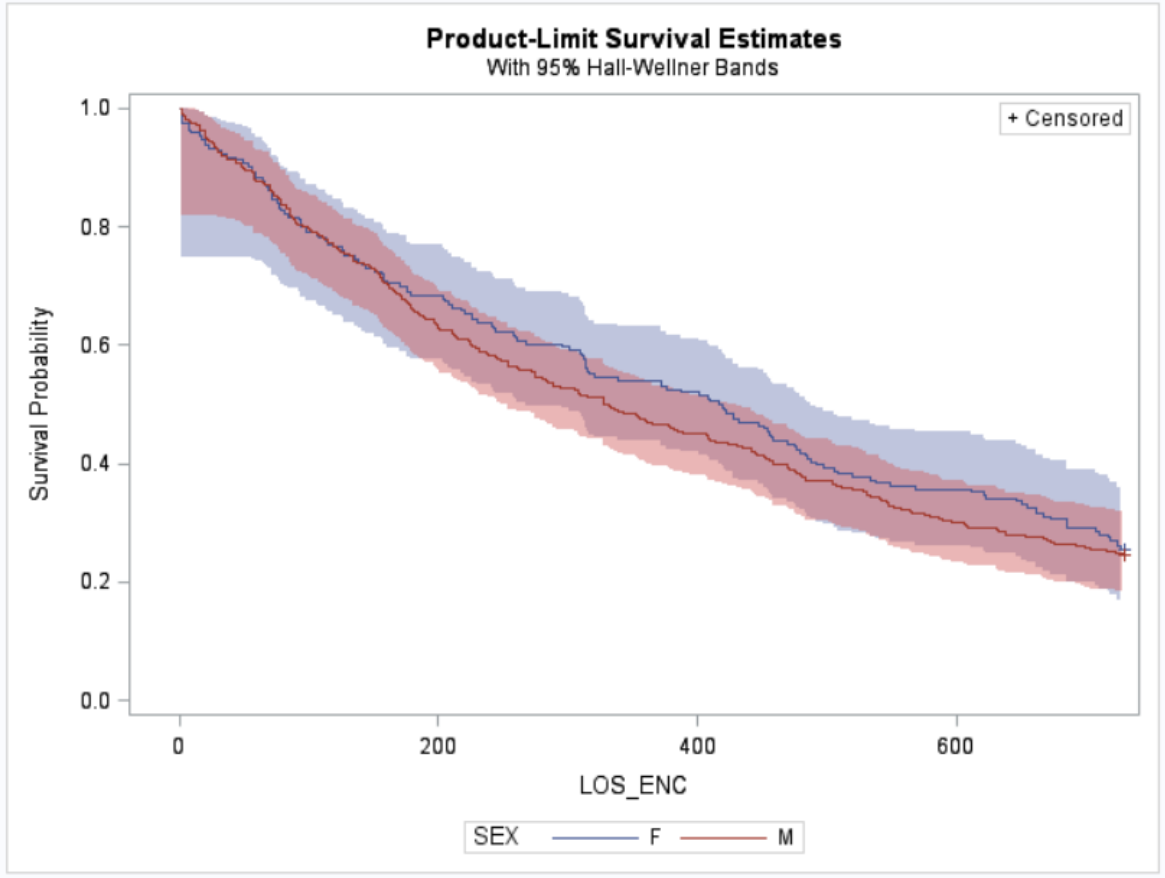


Program Retention

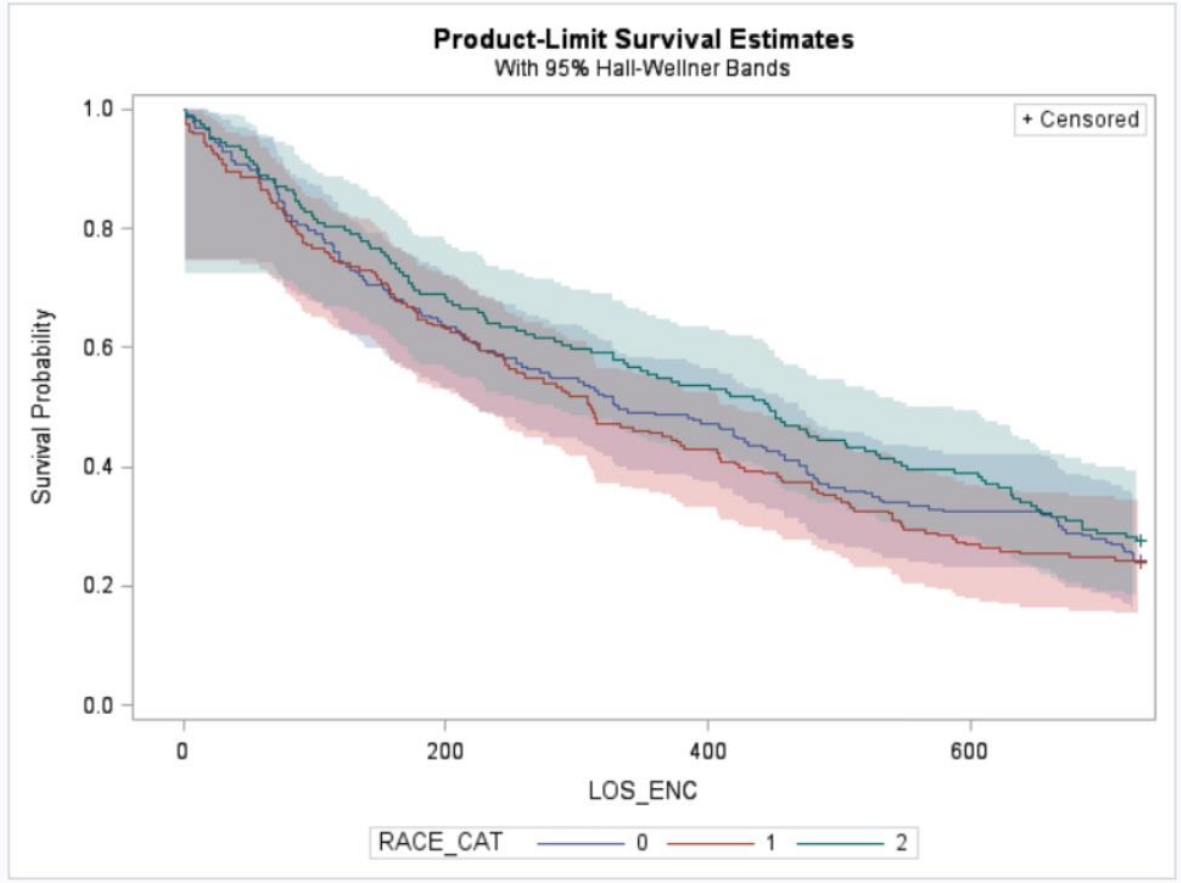
- Retention in the program for up to 2 years (censored after 2 years)
- 25% drop out by Day 134
- 50% drop out by Day 354
- 75% drop out by Day 730 (end point) / 25% continue beyond 2 years



Exploration of Factors Impacting Retention

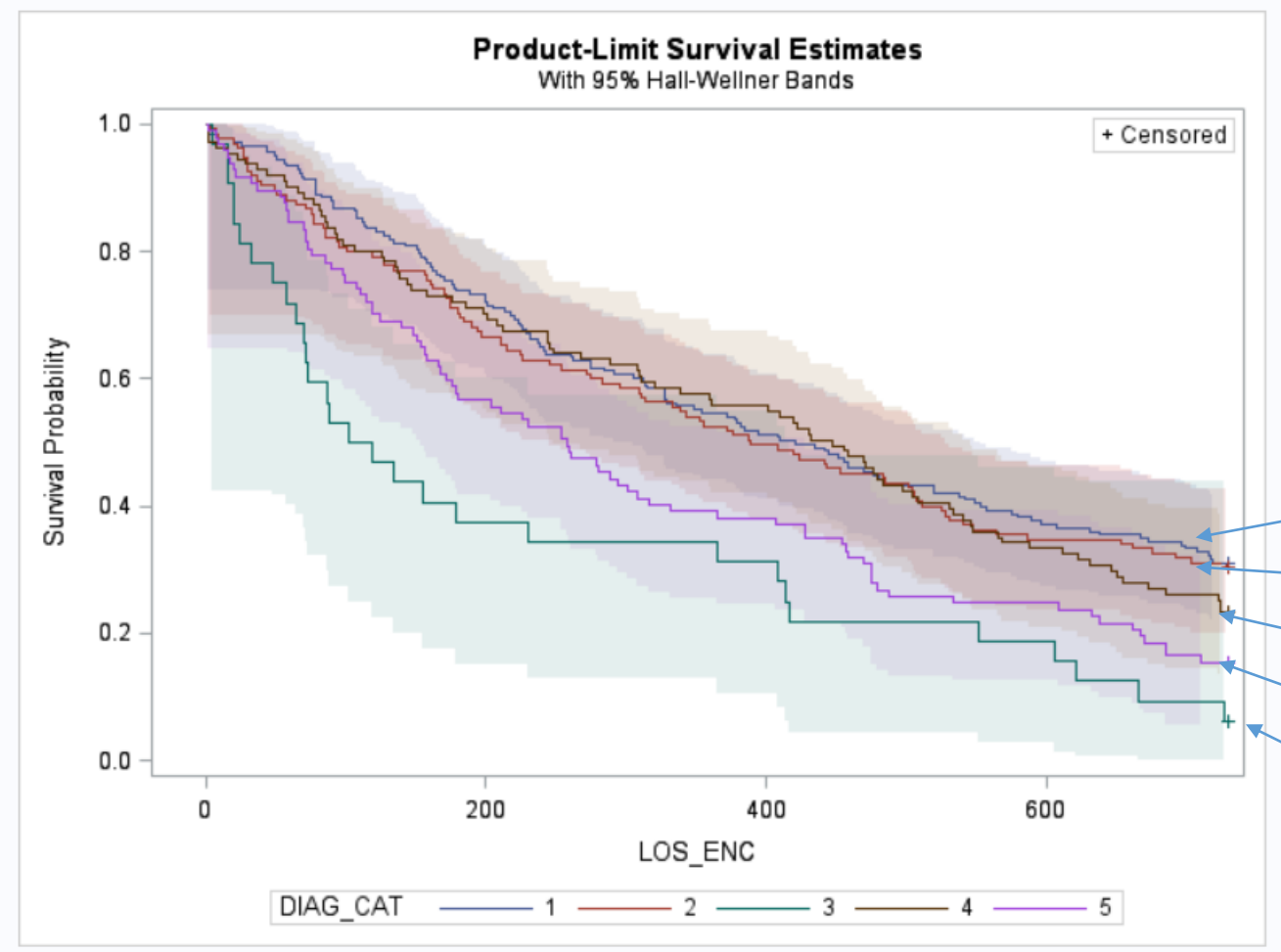


Gender: Blue: Female; Red: Male



Race/Ethnicity: Blue: White; Red: Black; Green: Hispanic

Exploration of Factors Impacting Retention



Schizophrenia & Schizophreniform (*n*=183)

Schizoaffective Disorder (*n*=135)

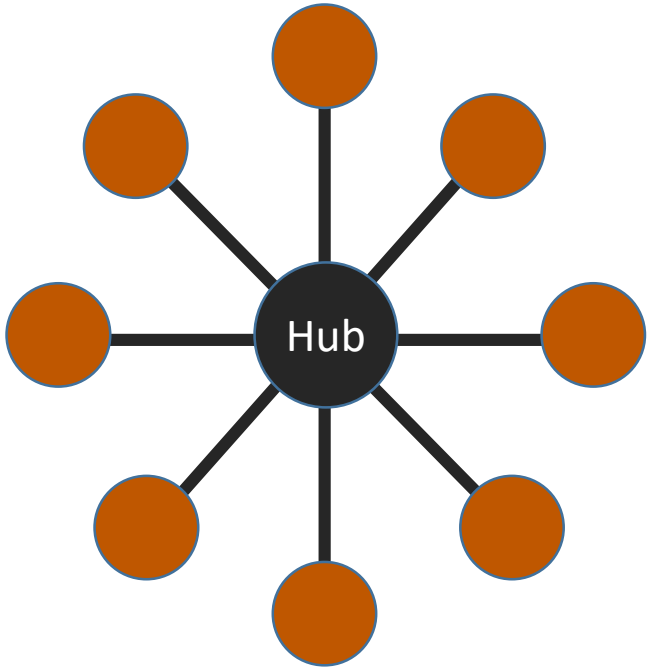
Bipolar Disorder (*n*=111)

Major Depression (*n*=97)

Other Psychoses (*n*=32)

Early Psychosis Intervention Network (EPINET)

- Concept outlined in 2015
- Regional networks of early psychosis programs – hub and spoke model
- Harmonization of measures – PhenX Toolkit
- Informatics tools to collect de-identified person-level data
- Promote measurement-based care
- Continuous improvement and innovation
- Practice-based research to drive scientific discovery
- Inclusive of pilot services research project



2019 EPINET Sites

- EPI-CAL (12 clinics in California)
- ESPIRITO (11 clinics in 4 states)
- LEAP (clinics in Massachusetts)
- OnTrackNY (21 clinics in New York)
- Targeting Cognition & Motivation (6 teams in Minnesota)

- EPINET National Data Coordinating Center

Some Research Efforts

- Develop a measure of DUP
- Reducing DUP through outreach
- App to support treatment adherence
- Electronic treatment interventions to reduce disengagement
- Examine clinical heterogeneity and its impact on outcomes
- Develop a suicide prevention protocol
- Mobile intervention targeting cognition & motivation