Establishing a Measurement-Based Care Office Protocol in a Psychiatric Outpatient Setting

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Introduction/Background

- 1 in 5 U.S. adults live with a mental illness = 57.8 million
- The quality of care for psychiatric disorders has not improved to the same extent as other medical conditions
- The usual standard care (USC) in psychiatry is an unstructured approach that relies heavily on the psychiatric interview ➡ variations in practice and inconsistency in treatment
- MBC uses symptom rating scales to track patient outcomes over time.
- MBC enables providers to individualize treatment decisions based on objective, quantifiable data.
- MBC is evidenced-based and endorsed by national agencies, such as the American Psychiatric Association, yet less than **20%** of mental health providers regularly use MBC

Barriers: Time and work burden → Lack of education & training → Negative provider attitudes

Purpose and Aims

Purpose: To develop, implement, and evaluate a 12-week evidence-based MBC office protocol in a psychiatric outpatient setting

- **Aim 1.** Determine the impact of an educational intervention on provider compliance by conducting chart reviews
- **Aim 2.** Determine the impact of a technology intervention on provider compliance by conducting chart reviews
- **Aim 3.** Determine the feasibility of the MBC office protocol by assessing provider attitudes with the Evidence-Based Practice Attitude Scale (EBPAS-15)

Methods

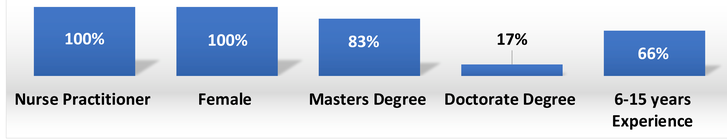
- **Design:** Pre and post-test design
- **Setting:** Psychiatric outpatient practice
- **Sample:** Six psychiatric mental health nurse practitioners
- **Measures and Procedures:**

Baseline Data Collection: MBC
- 44 charts

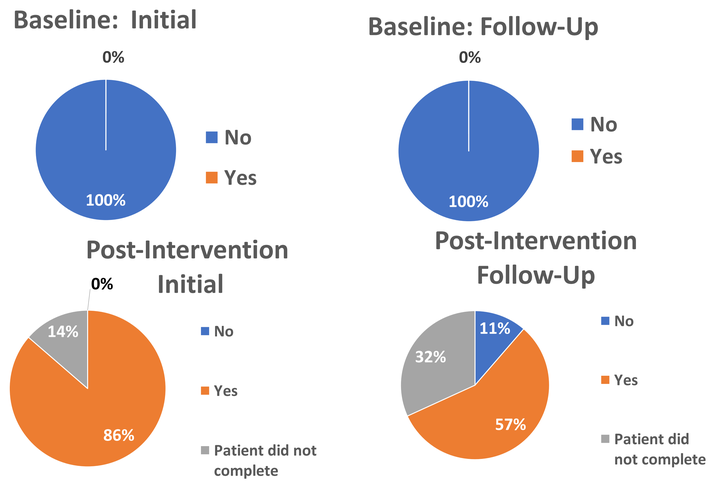
Technology & Education Interventions

Outcome Data Collection: MBC
- 44 charts
- EBPAS-15

Sample Demographics



Results



	Divergence N=6	Requirements N=6	Appeal N=6	Openness N=6	Overall Survey N=6
Mean	3.4167	3.1111	3.0417	2.9167	3.1222
Median	3.2500	3.0000	3.0000	2.8750	3.0667
SD	.49160	.45542	.55715	.90370	.51193
Minimum	3.00	2.67	2.50	1.50	2.60
Maximum	4.00	4.00	4.00	4.00	4.00

Discussion

- This project demonstrates that when providers are educated and technologically supported, they are willing to implement new EBPs.
- MBC offers a unique opportunity to support quality improvement efforts across practices and organizations and ultimately improve patient outcomes.
- Future initiatives should focus on educational efforts in various arenas to familiarize mental health clinicians with MBC.
- Effort should be made to identify or develop technology solutions for a wide range of practices, even those with limited resources.
- This project unveiled patient level barriers that warrants further exploration.

Limitations

- **Small-scale project, single location, homogenous sample**
  - may not generalize to other populations
- **Intervention leveraged existing technology**
  - may not generalize to other practices with limited technological capacity
- **Time limitation of 12 weeks**

Conclusion

- A comprehensive approach to address barriers that impede MBC must include addressing organizational, provider, and patient level barriers.
- This project effectively remedied many of the main barriers to MBC.
- Theses interventions improved workflow, eliminated additional time and work associated with MBC and enhanced providers confidence in routinely using MBC.
- While these changes may take time, technology and education interventions are solid first steps in addressing this practice gap.

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