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

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Objectives

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

Method

- **Design:** Pre and post-test design
- **Setting:** Psychiatric outpatient practice
- **Sample:** Six psychiatric mental health nurse practitioners
- **Measures and Procedures:**
  - Baseline Data Collection: MBC - 64 charts
  - Technology & Education Intervention: MBC - 64 charts
  - EBPAS-15

Sample Demographics

<table>
<thead>
<tr>
<th>Nurse Practitioner</th>
<th>Female</th>
<th>Masters Degree</th>
<th>Doctorate Degree</th>
<th>Experience</th>
</tr>
</thead>
<tbody>
<tr>
<td>100%</td>
<td>100%</td>
<td>83%</td>
<td>17%</td>
<td>6-15 years</td>
</tr>
</tbody>
</table>

Results

**Baseline:**

- Initial: 100%
- Follow-Up: 0%

**Post-Intervention:**

- Initial: 14%
- Follow-Up: 0%

**Patient did not complete**

- Initial: 0%
- Follow-Up: 0%

**Discussion**

- This project demonstrates that when providers are educated and technically 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
- Disrupt intervention leveraging 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.

**References**

- Fixing behavioral healthcare in America: A national call for measurement-based care in the delivery of behavioral health services. [Retrieved from: https://www.nationalbhs.org/]

**Appendix**

- Barriers to MBC: Time and work burden, Lack of education & training, Negative provider attitudes