

Outcomes Tools Selection  
Committee Meeting  
June 10, 2015

In Attendance: Keith Noble, Patricia Gann, Jenny Jerozal, Clay Mitchell, Donna Reed, Bridget Akins, Noelle Stimach, Ryan Williams, Debbie Roberson, Serhan Al-Serhan, Melissa Ortega, Kerri Brazzel, Shari Willding, Nicole May, Jason Turner, Kendell Camp, Cyndi Coleman, Joyce Cloud, Linda Nelson, Amanda Allen, Holly Greber, Kristi Kennedy, Peter Jenson, Derek Spiegel, A. Lassitet, Alan Kaufman, Brook Meier, Dr. Elizabeth Childers, Julie Meyer, Paula Stone, and Robbie Nix

Julie Meyer called the meeting to order on June 10, 2015 at 1:05 p.m.

**1. Chair and Co-Chair Selection**

Jason Turner volunteered as Chair and Roland Irwin as Co-Chair. All was in favor.

**2. Facilitated discussion:**

Division of Behavioral Health Services (DBHS) staff facilitated a discussion to identify the most important factor in selecting a outcomes tool from multiple perspectives:

- Family/Consumer/Youth
- Clinicians
- Clinical Directors
- Quality Assurance Directors
- State

Committee members and audience members contributed to the following lists:

**Family/Consumer/Youth**

- Frequency
- Goal Oriented
- Strength Based
- Easy to use
  - Font
  - Short
  - Literacy Level
- Meaningful/Beneficial
- Feedback Informs Care
- Portability
- Use of Data
- Choice of Use
- Identify Intervention Opportunities
- Individualized / Different Versions
- Impacts Treatment
- Outcome Efficacy

**Clinicians**

- Time / Frequency
- Ease of Use

- Less Paperwork
- Clinician fills out (or is part of process)
- Meaningful use
  - Score / Scale
- Assists in treatment and treatment planning
- Efficient
- Opens up conversation for feedback
- Individualized
- Captured time frame
- Quick Feedback
- Common Data platform
  - EMR compatible
- Specified categories
  - Subcategories
  - Screens for domains
- Treatment plan and outcomes instrument coincide
- Integration

### **Clinical Directors**

- Ability to group by clinicians and by problem area
- Assists in treatment plan
- Clinician time
- Clinician buy-in
- Linked to training
- Sustainable
- Quantifiable
- Clients as a whole and ability to sort by variables
- Consistent with facility / business mission
- Infrastructure and equipment cost
- Alignment with National and State measures

### **QA Directors**

- Cost
- Training
- Compliance
- Completion of Instrument / Measures
- Score inter-reliability
- Data informs Quality Improvement
- Valid
- Reliable
- Reporting Capability
- Query / Sort Data
- Platform
  - Automatic
  - Integrated
- Nationally recognized
- Align with other payors
- Environment
- Level of care

### **State**

- Platform
- Ongoing assessment
- Gauge Quality Performance
- Determine Case Mix
- Guide Policy
- Cost of Tool
- Cost to get Outcomes
- Compliance
- Reimbursement for completing instrument
- Accountability
- Training
- Technical Assistance
- Provider Report Cards
- Integrate with QIO
- Flexibility
  - Suite of instrument options to use
- Some level of standardization.

The attendees agreed to allow DBHS to compile the above lists and prioritize the list. The top priorities will be voted on at the next meeting.

### **3. Goal Purpose of Outcomes Tool Matrix Discussion**

Julie Meyer presented the idea of utilizing the selected priorities to build a matrix to assist in the selection of an outcomes measurement tool. This was agreed upon by the committee.

### **4. Instruments to be evaluated**

The committee was asked to list outcome measurement tools to be evaluated by the group. The following list has been identified:

1. CANS
2. CAFAS
3. AR Indicators
4. ATOM
5. DSM-5
6. Strengths and Difficulties Questionnaire
7. Basis 24
8. MyOutcomes.Com (PCOMS system – SRS (Session Rating Scale), ORS (Outcome Rating Scale), CORS (Children Outcome Rating Scale)
9. Vanderbuilt
10. SNAP IV for children
11. DLA-20 for CMI population
12. WHODAS World Health Organization
13. SF – 36 Health Status
14. PANSS (Positive and Negative Symptom Scale)
15. SAS (Simpson Angus Scale)
16. GAF (from DMS-IV)
17. RAND 36
18. PHQ9
19. PQRS Measures