IMPROVE MENTAL HEALTH OUTCOMES WITH MEASUREMENT-BASED CARE

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DISCLOSURES

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LEARNING OUTCOMES

- Articulate the benefits of MBC for individual clinicians and organizations
- Identify and overcome common barriers to getting started with MBC
- Employ practical strategies for keeping clinicians and patients engaged in MBC over time
- Use information gained from MBC to improve care delivery

MEASUREMENT-BASED CARE

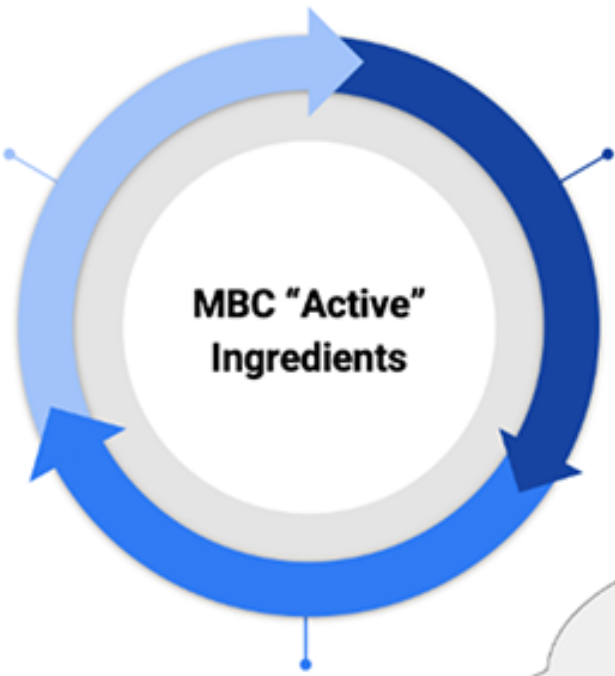
"The systematic evaluation of patient symptoms before or during each clinical encounter to inform behavioral health treatment" *(Lewis et al., 2018)*

Mechanisms of Action

With the graphs, my clinician can now see what I think and feel.

Provider Takes Action

Addresses feedback in session; Uses feedback in case conceptualization; Shows feedback in supervision / treatment team



Engages Patient

Finds completing measures helpful to communicate their experiences

Feedback brings the voice of the client into all aspects of the clinical workflow.

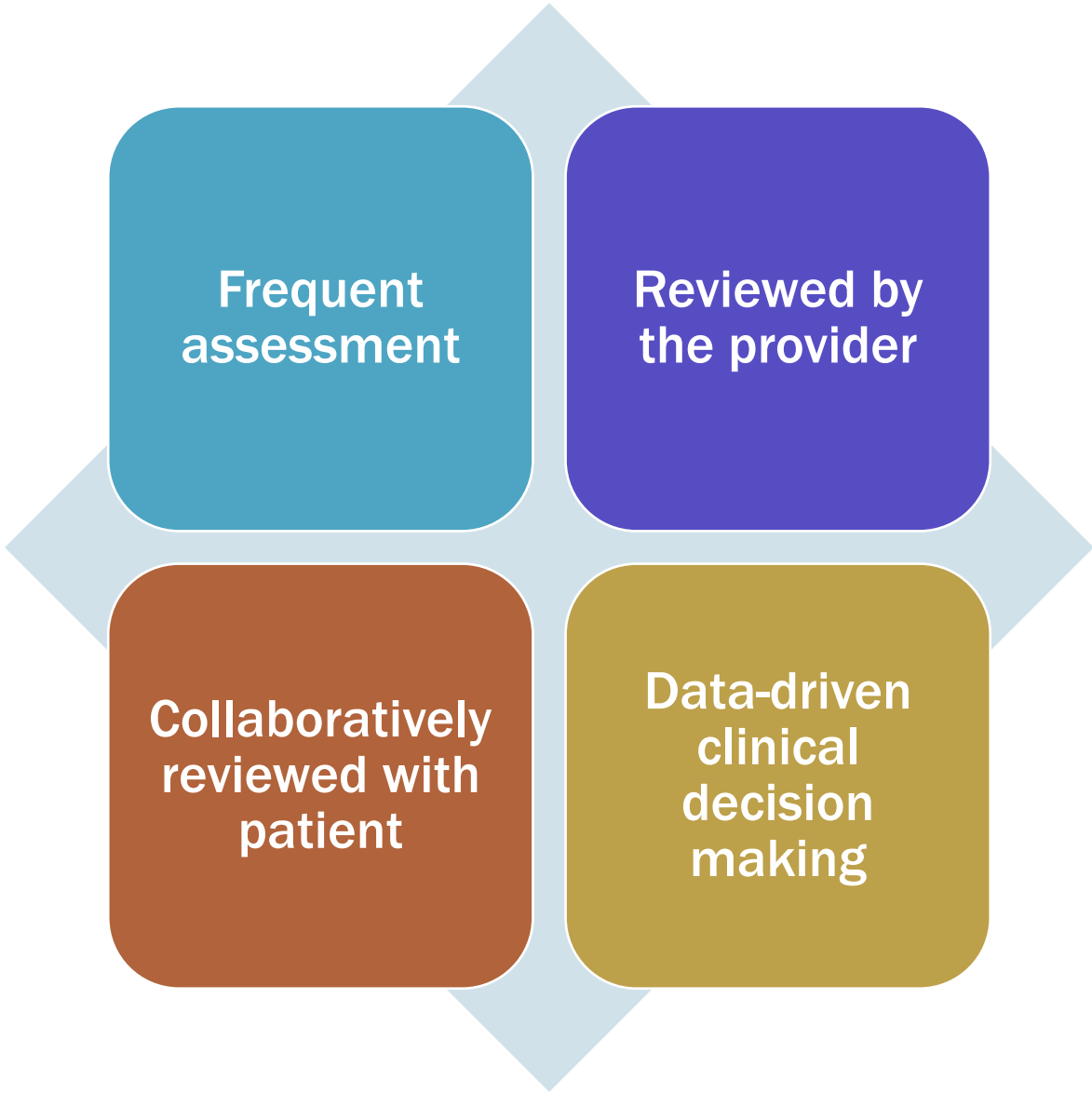
Signals Provider

Notices need for action; can be a positive shift, lack of response, sudden decline or anything unexpected

What the clinician notices drives questions for the session.

Jensen-Doss, Douglas, Phillips, Gencdur, Zalman, & Gomez, 2020

CORE ELEMENTS OF MBC



NOT

MBC

- SCREENING
- OUTCOMES
- TESTING
- PROGRAM EVALUATION
- ROUTINE OUTCOME MONITORING

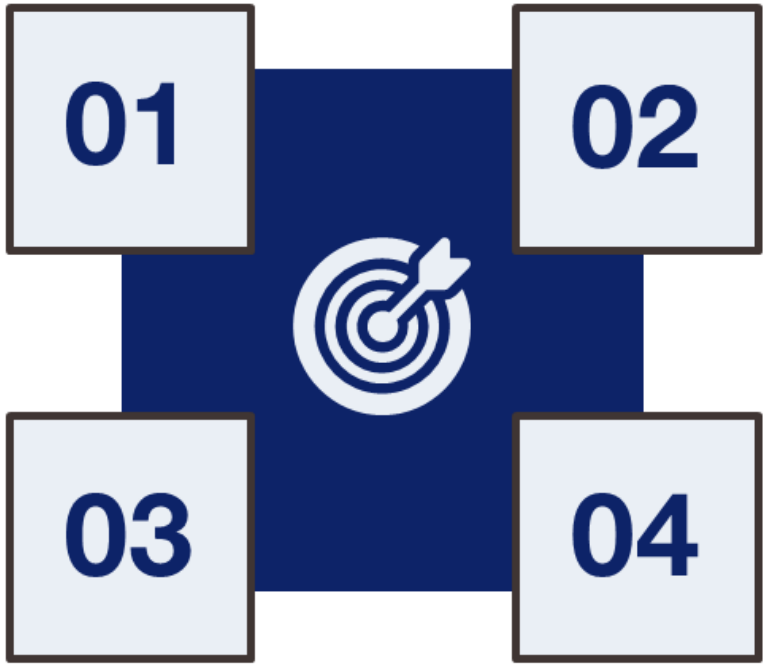
WHY MBC?

Efficiency

Fewer sessions, better outcomes

Support clinical judgment

Struggle to detect treatment deterioration



Effectiveness

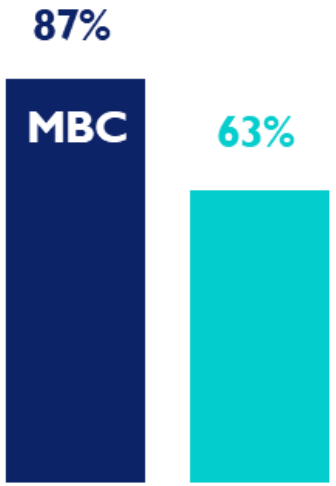
Better response to treatment

Demonstrate value

Use data to show value

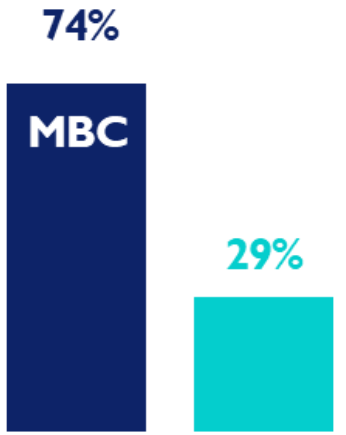
MBC IS MORE EFFECTIVE

MBC is especially effective for catching treatment deterioration, preventing premature dropout, and improving outcomes for patients who are not on track *(Lambert & Shimokawa, 2011).*



Response to treatment

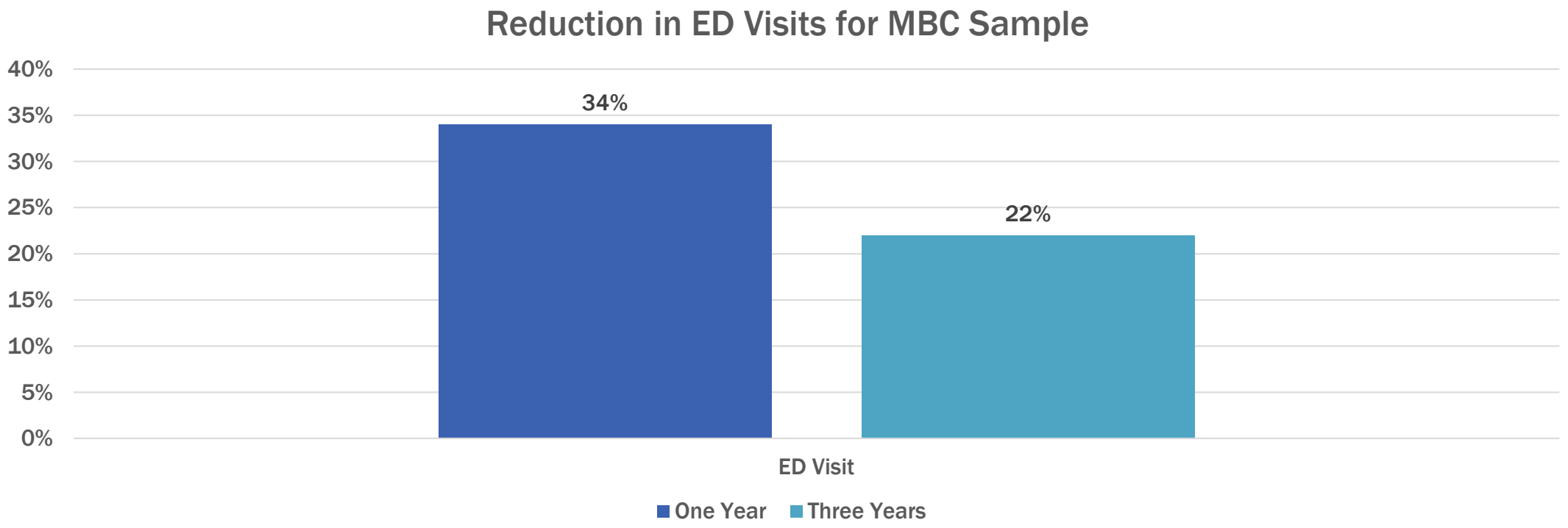
MBC patients more likely to respond to psychopharmacologic treatment (87% vs 63% controls) *(Guo, 2015)*



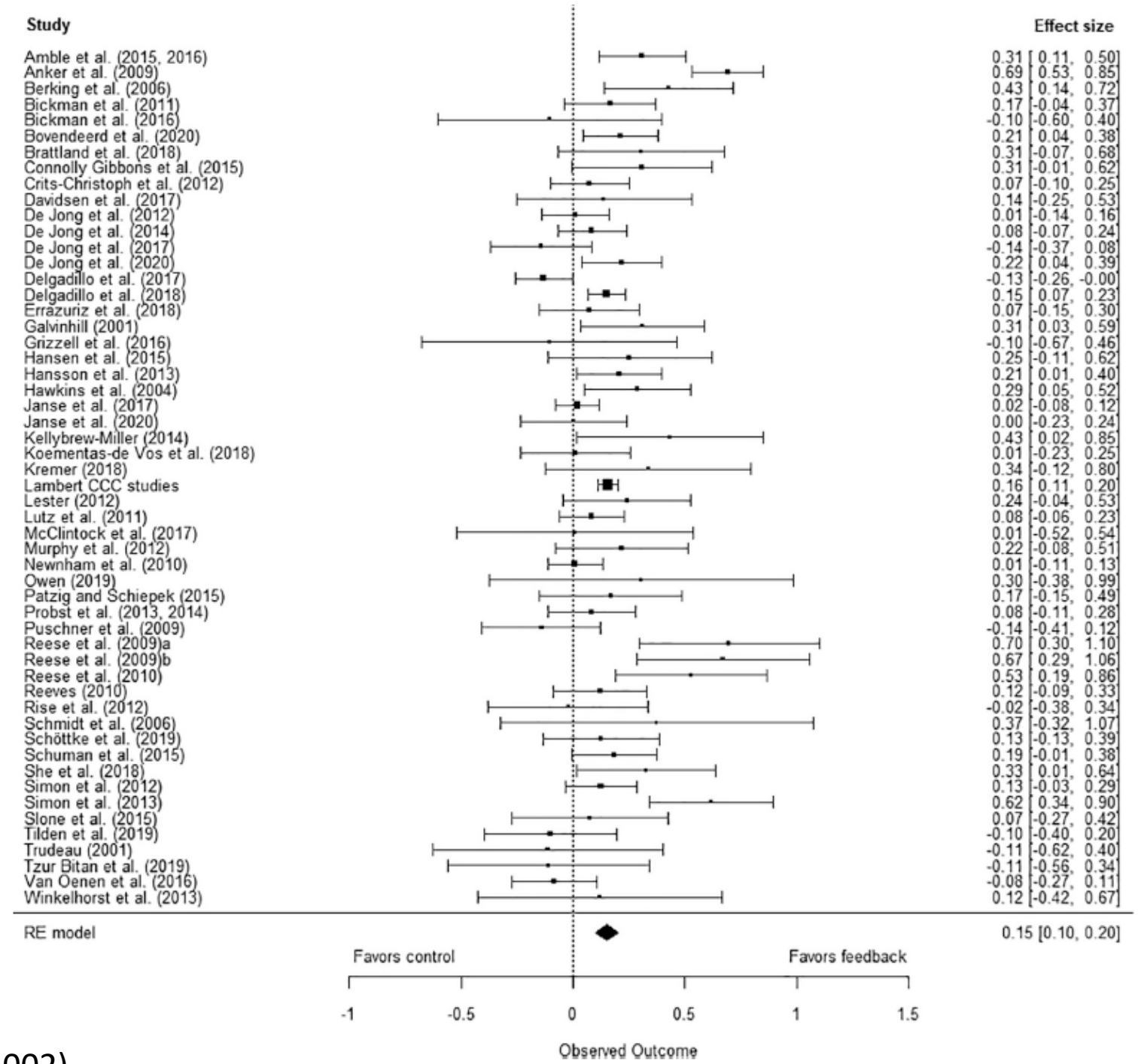
Remission

MBC patients more than 2.5X more likely to reach remission (74% vs. 29% controls) *(Guo, 2015)*

REDUCTION IN ER VISITS



DOES IT REALLY WORK?

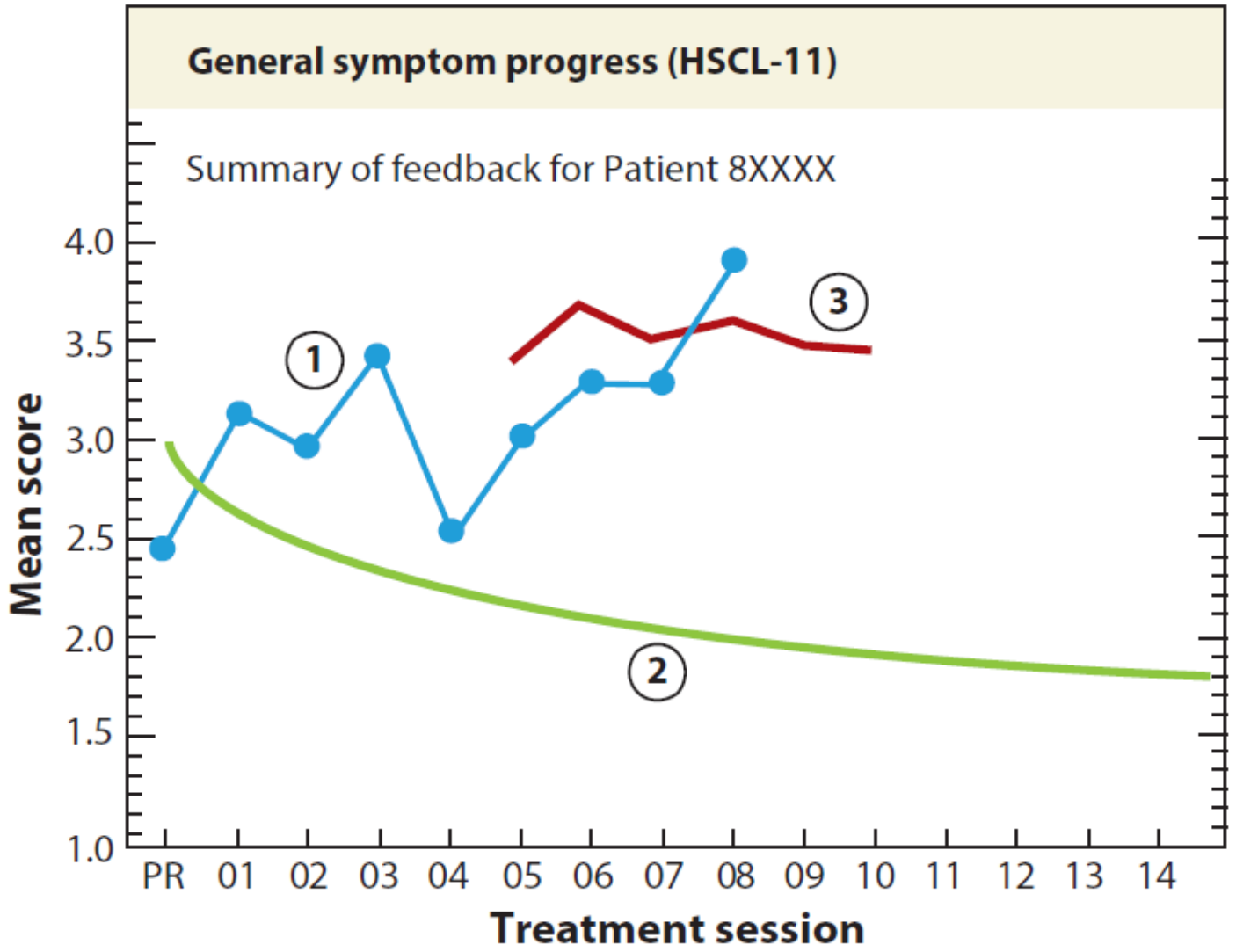


de Jong et al., 2021 (doi: 10.1016/j.cpr.2021.102002)

WHY MBC WORKS

- Increases feedback to patient
- Improves patient satisfaction
- Engages patient in care
- Respects patient’s input/perspective
- Enhancing clinician’s clinical responsiveness
- Increase working alliance

I DON’T NEED NUMBERS!



General symptom progress (4)

⚠ General symptom progress is off track.

Clinical support tools (CSTs) (5)

- ✓ Risk/suicidality
- ⚠ Motivation/therapy goals
- ✓ Therapeutic alliance
- ✓ Social support/critical life events
- ⚠ Emotion regulation/ self-regulation

MBC = TREATMENT PRECISION

Lutz et al, 2022

MBC IS MORE EFFICIENT

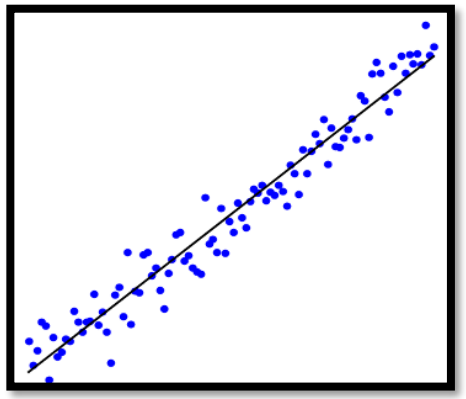
Fewer Sessions

50%

Response - 4.5 vs. 8.1 weeks

Remission – 8.4 vs. 14.8 weeks

Demonstrated dose effect



Lambert et al., 2003; Guo, 2015; Bickman et al., 2011; Bugatti et al., 2024

WHY BE MORE EFFICIENT?

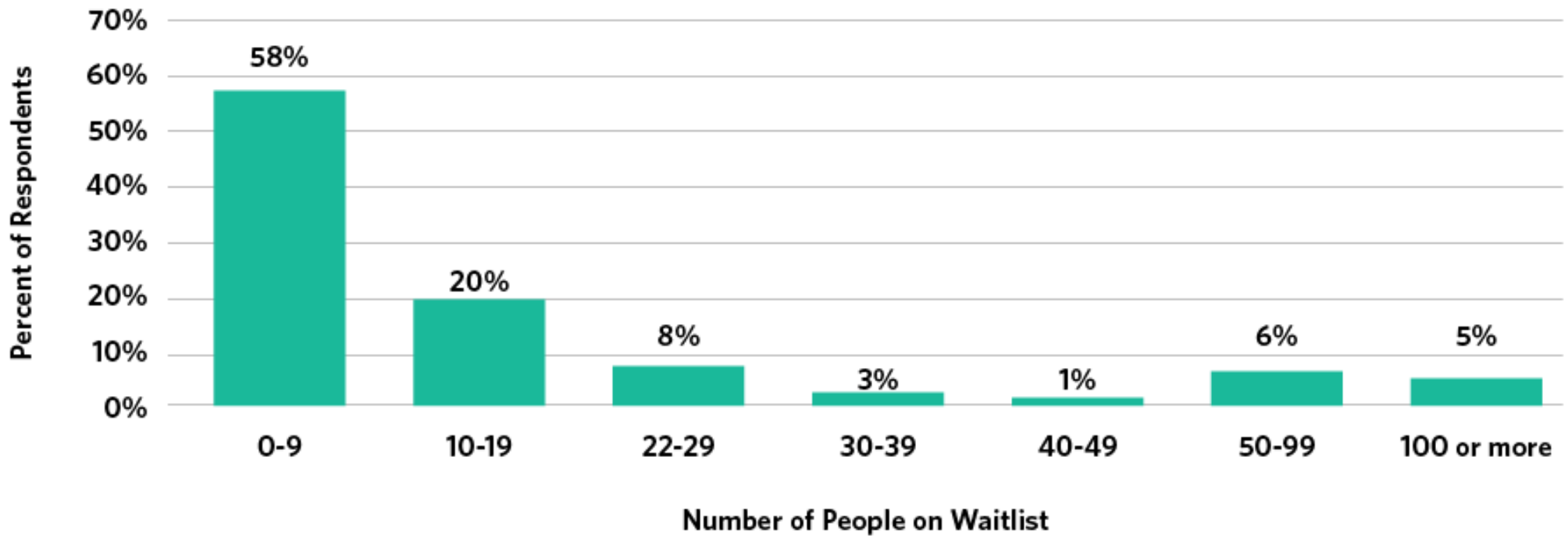
Ninety percent of the public think there is a mental health crisis in the United States today

One-third of all adults report that they have felt anxious either always or often in the past year

One-third of respondents could not get the mental health services they needed

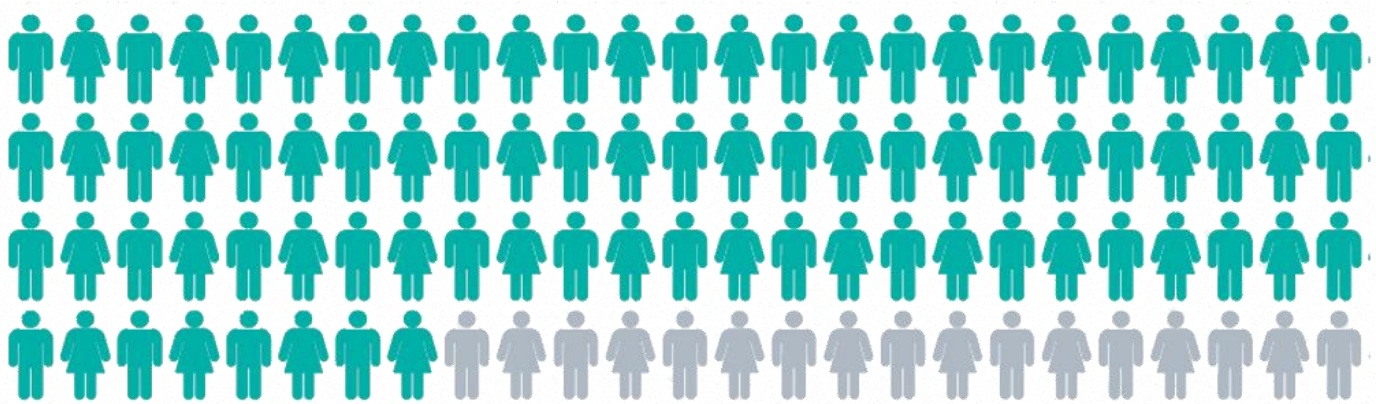
2022 survey conducted by the Kaiser Family Foundation and CNN

BACK DOOR PROBLEM



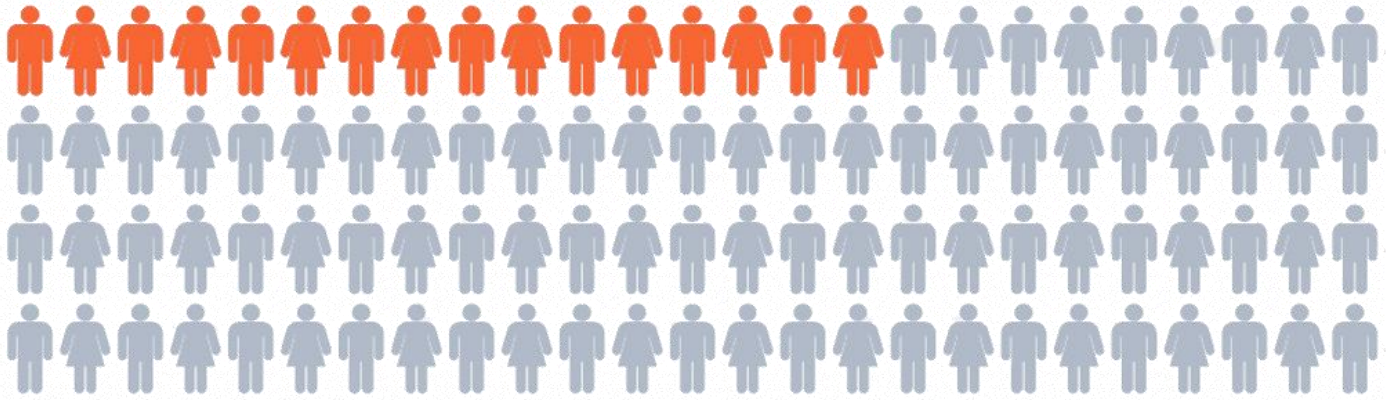
APA, 2025; Serrano et al., 2025

BUT WE AREN'T USING MBC!



83%

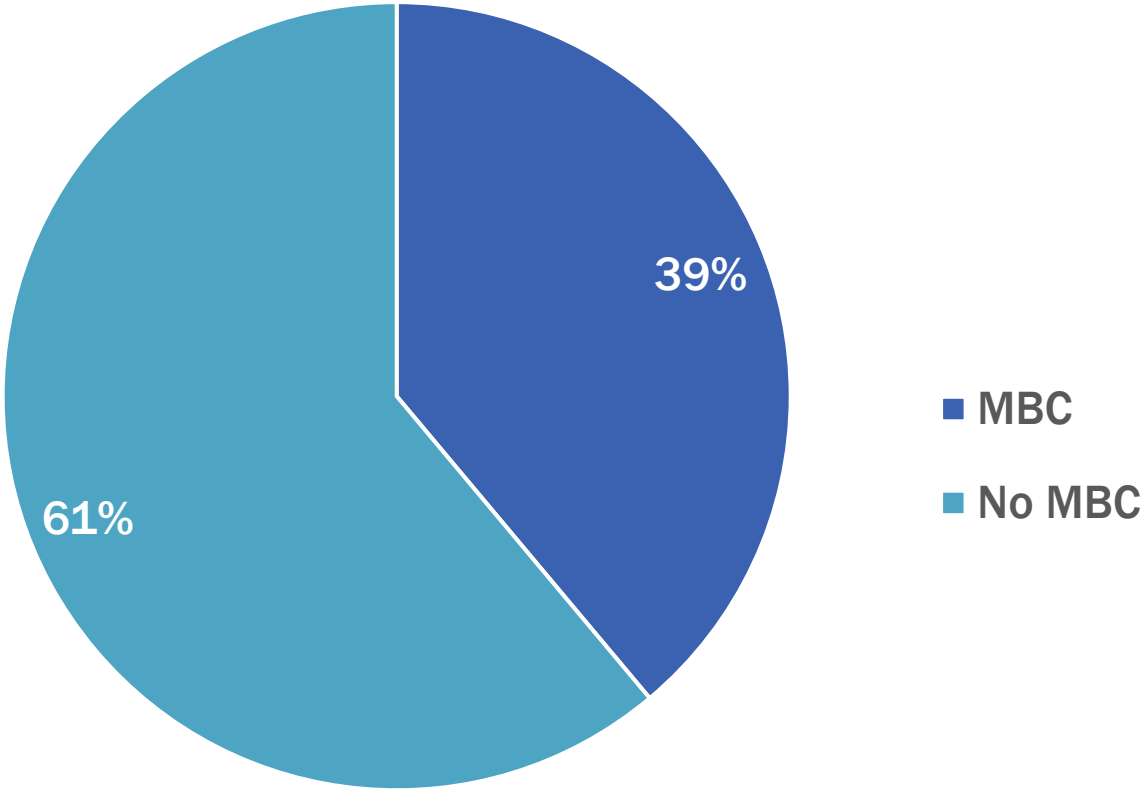
Report knowledge of MBC



16%

Consistently using MBC

WE AREN'T TRAINING FOR MBC!



Madsen et al., 2023

CLINICIAN BARRIERS TO MBC

- Distrust in the data
- Limited time for MBC
- Fear of limiting care
- Fear of monitoring effectiveness

Penix-Smith et al., 2026; Yule et al., 2023

CLINICIAN BARRIERS TO MBC

- System challenges
- Specific Populations
- Lack of Training & Experience with MBC
- Clinician Beliefs & Knowledge

Penix-Smith et al., 2026; Yule et al., 2023

OVERCOMING BARRIERS

Be practical

Use technology

Integrate with current workflow

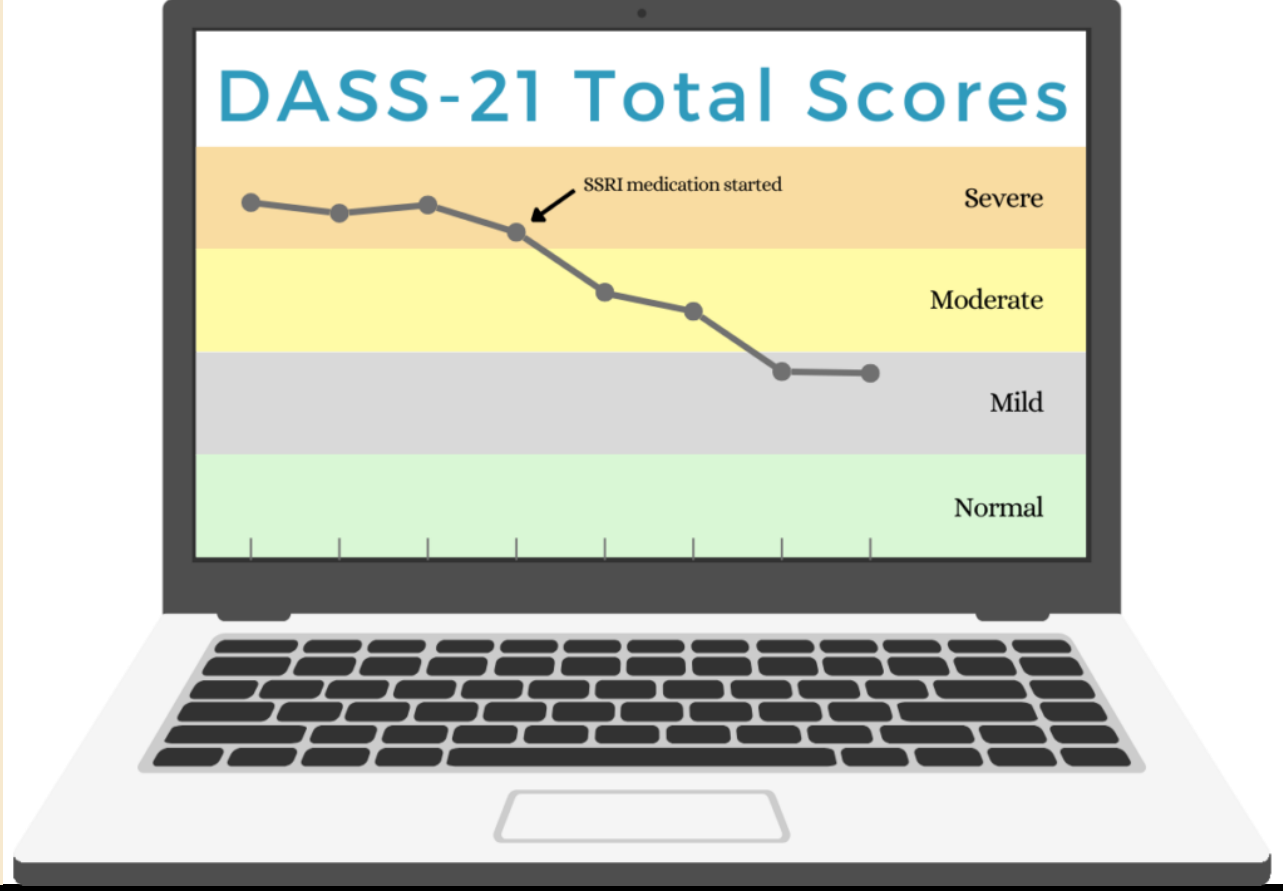
Provide training

Support implementation

Address concerns

Motivate use


BE PRACTICAL



MAKE IT EASY WITH TECH!

FOCUS ON TRAINING & WORKFLOW

- Develop a workgroup
- Train workgroup in MBC
- Map out workflow
- Address pain points & inefficiencies
- Convert workgroup to champions
- Champions train their colleagues
- Address pain points & inefficiencies

COMMUNICATION IS KEY

- Executive Leadership
- Managing Leadership
- Frontline Clinicians
- Support Staff

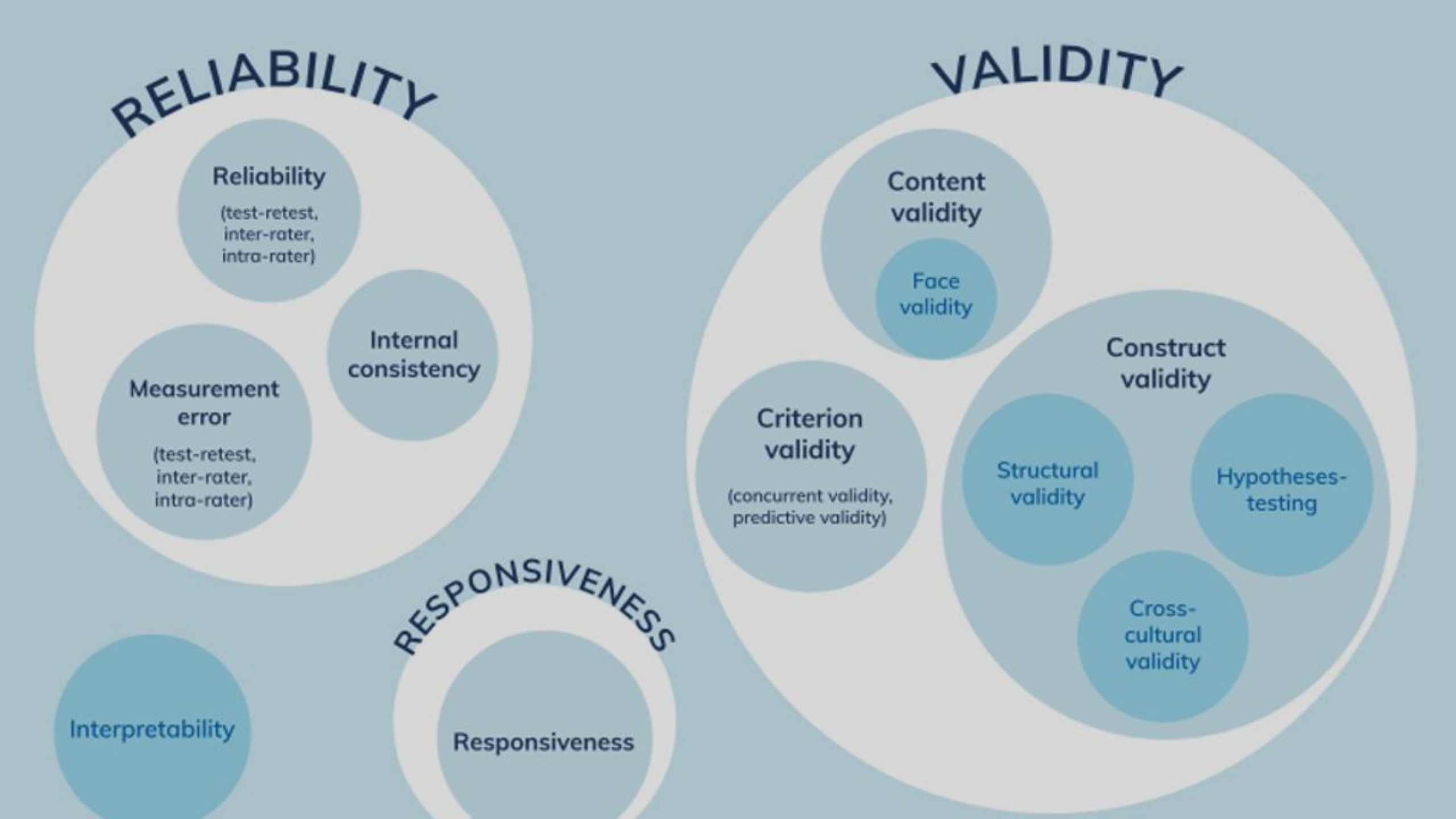
MULTIPLE TOUCHPOINTS

- Standing Agenda Item
- Team Meetings
- Reviews
- Supervision

PROVIDE SUPPORT

- Guidelines
- Protocol
- Trainings
- Orientation
- Tips/Lessons Learned
- Office Hours


HUMILITY


RELIABILITY
Reliability
(test-retest, inter-rater, intra-rater)
Internal consistency
Measurement error
(test-retest, inter-rater, intra-rater)
VALIDITY
Content validity
Face validity
Criterion validity
(concurrent validity, predictive validity)
Construct validity
Structural validity
Hypotheses-testing
Cross-cultural validity
RESPONSIVENESS
Responsiveness
Interpretability

MBC AS A CLINICAL COMPETENCY

- ❑ Introduce MBC in a way that fosters collaboration and patient buy-in
- ❑ Interpret score patterns in light of clinical judgment and patient narrative
- ❑ Use repeated measurements to track changes and commodify treatment accordingly
- ❑ Normalize ups and downs while reinforcing therapeutic progress
- ❑ Use scores as a part of the decision-making around dosing and titrating care
- ❑ Become adept at introducing tools at various times


RECRUIT FOR IT!

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Leadership & Organizational Change for Implementation

LEADERSHIP & ORGANIZATIONAL CHANGE FOR IMPLEMENTATION

1 Assessment & Feedback

Data from 360-degree assessments are synthesized into detailed feedback reports and used in the co-creation of system, organization, and clinic climate development plans and clinic leader development plans.

2 Leadership Trainings

Three interactive trainings for first-level leaders provide background on leadership behaviors to support EBP implementation through the creation of a positive EBP implementation climate.

3 Coaching

Ongoing leadership support is provided to first-level leaders via individual and group coaching calls.

4 Organizational Strategy Meetings

Focused on identification and implementation of strategies that support EBP implementation and sustainment at the organization level.

5 System Strategy Meetings

Focused on identification and implementation of strategies that support EBP implementation and sustainment at the system (state) level.

6 Full System Meetings

Problem-solving and fostering system-organization level alignment to advance implementation effectiveness.

LEADERSHIP & ORGANIZATIONAL CHANGE FOR IMPLEMENTATION

Implementation Climate

1. Incorporate MBC into established processes
2. Align message communicating the importance/value of MBC
3. Ensure all appropriate staff are trained on MBC system, including new hires
4. Incorporate visual tools into communicating workflow

LEADERSHIP & ORGANIZATIONAL CHANGE FOR IMPLEMENTATION

Implementation Climate

5. Increase acknowledgement of staff members' use of MBC
6. Recognize progress toward goals
7. Develop group incentives
8. Consider EBP knowledge/proficiency in promotion structure

LEADERSHIP & ORGANIZATIONAL CHANGE FOR IMPLEMENTATION

Implementation Leadership

1. Create a process for implementation with front desk staff and clinicians
2. Create workflow on how implementation is going to happen with system
3. Executive to become familiar with MBC system in order to assess how MBC can be used across the clinic
4. Increase peer influence within the clinic to re-engage and re-energize
5. Delegate MBC-related tasks to maintain progress amidst difficult circumstances/“rough patches” at the clinic

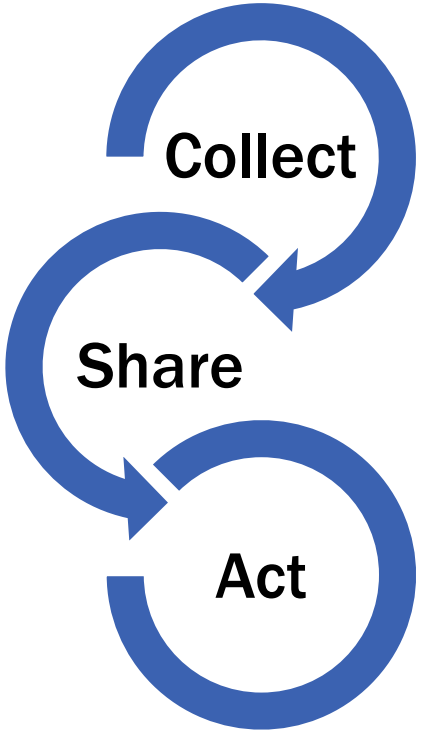
LEADERSHIP & ORGANIZATIONAL CHANGE FOR IMPLEMENTATION

Transformation Leadership

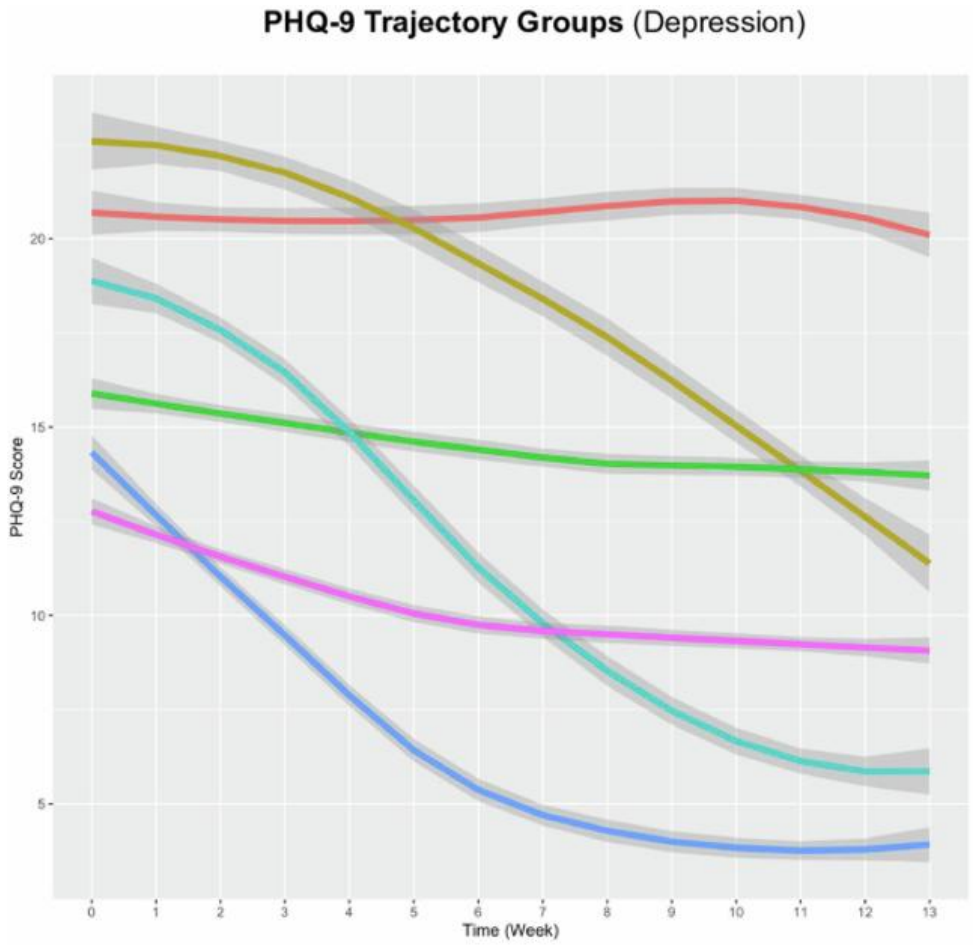
1. Communicate value and collective mission
2. Work with early adopters to develop MBC plan that can be rolled out with staff (minimizing chaos)
3. Include staff in creating and problem solving MBC implementation workflow
4. Identify what training and protected time is needed
5. Create protected times with individual staff members to speak about implementation of MBC System and ongoing information.
6. Alleviate anxieties about implementation of MBC
7. Have 1-on-1 or small group conversation with each staff re MBC

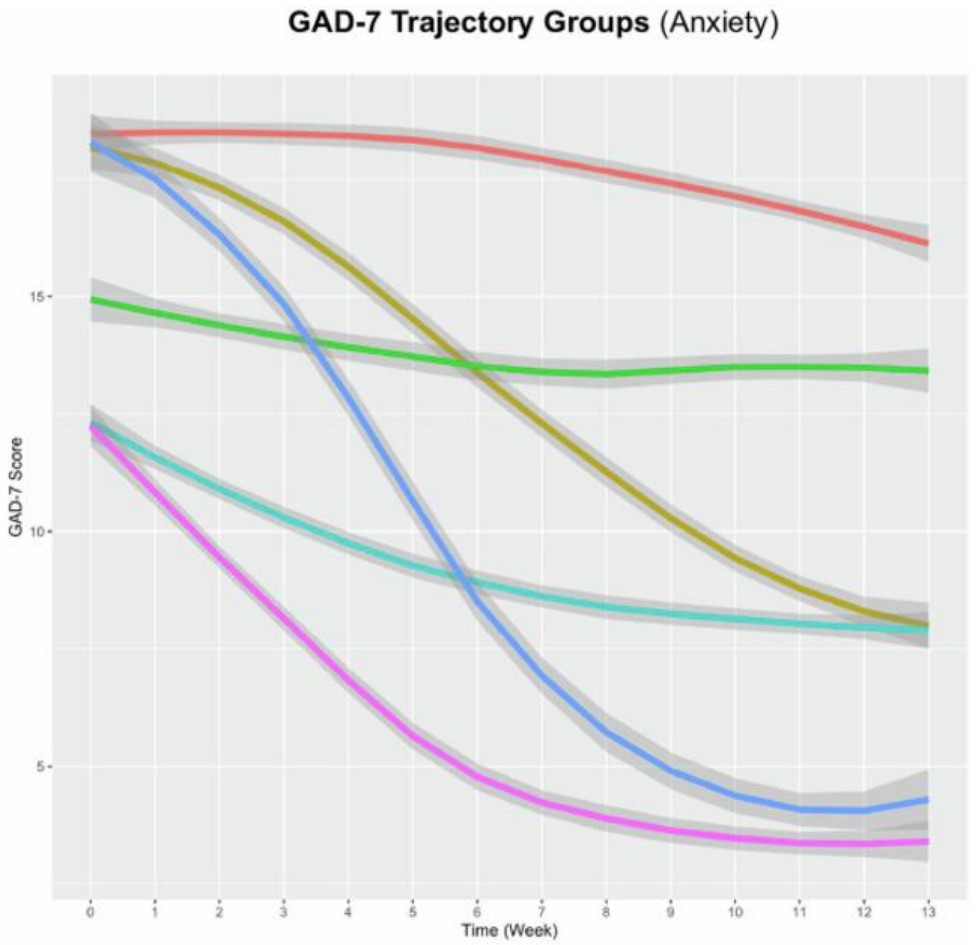
IMPROVING CARE

VA MODEL



MAKE THE DATA ACTIONABLE





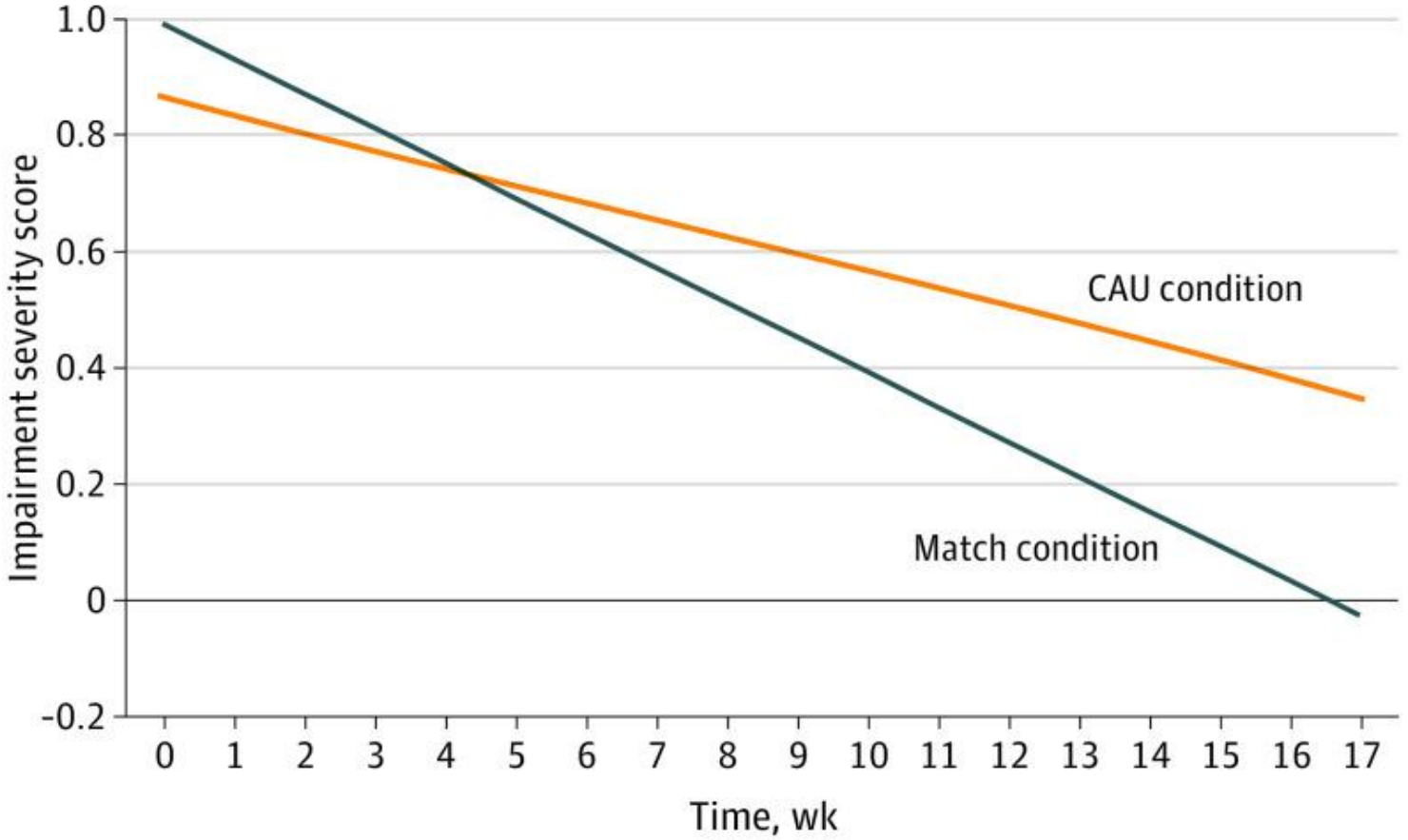
RESPONDING TO THE DATA

Individual
(Case Consultation)

Panel
(Provider feedback)

Population
(Strategic Initiatives)

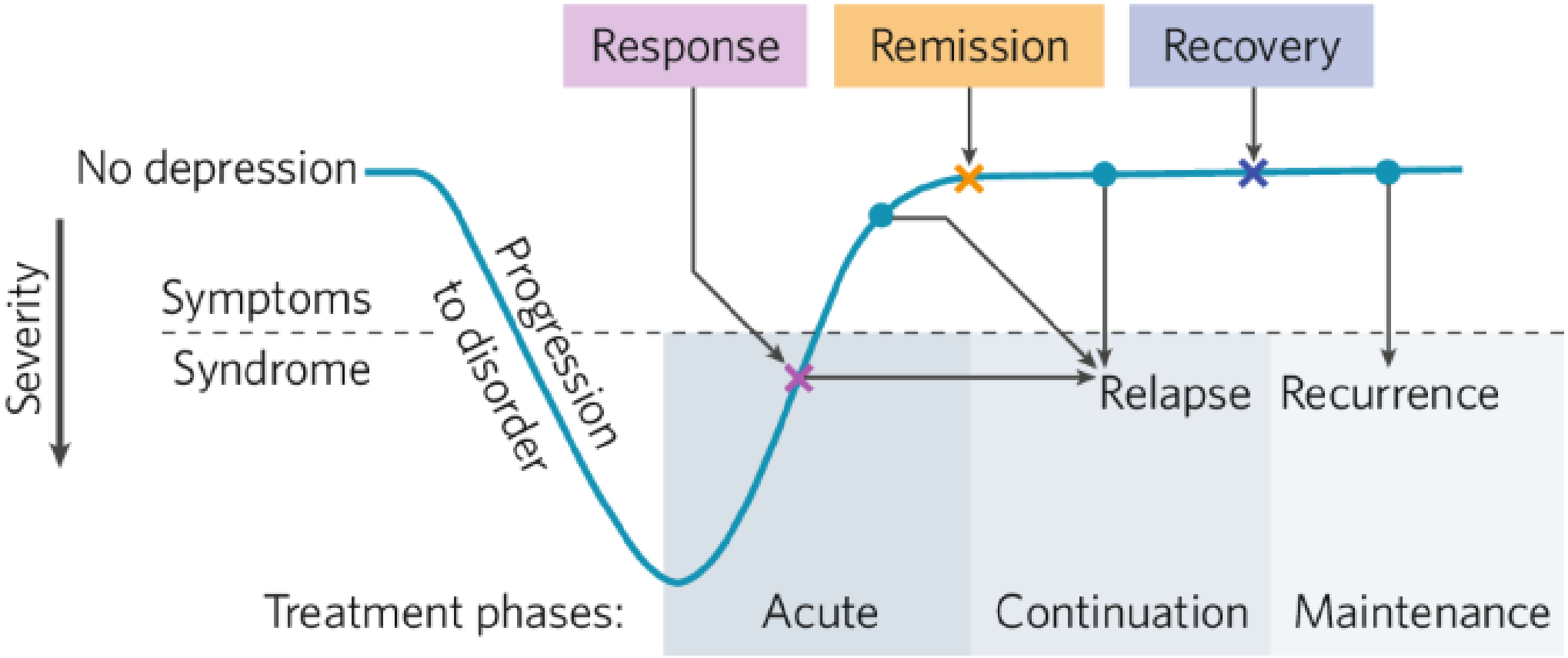
Babins-Wagner, 2026; Serrano et al., 2025



THERAPIST MATCHING

Constantino et al., 2021; 2024

PRACTICE-BASED EVIDENCE



ANSWER REAL WORLD QUESTIONS

What are areas that need improvement? What are the gaps in care?

Who is affected by this problem–patients, families, and/or clinicians?

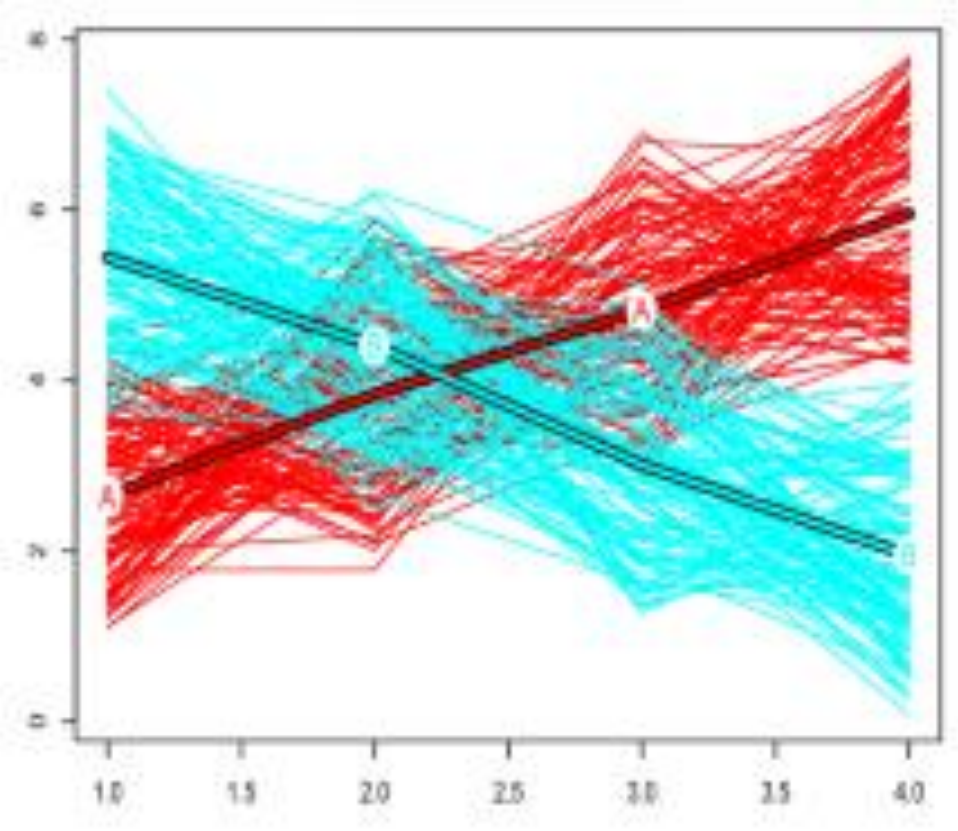
What is the data telling us?

How will we know if a change is an improvement?

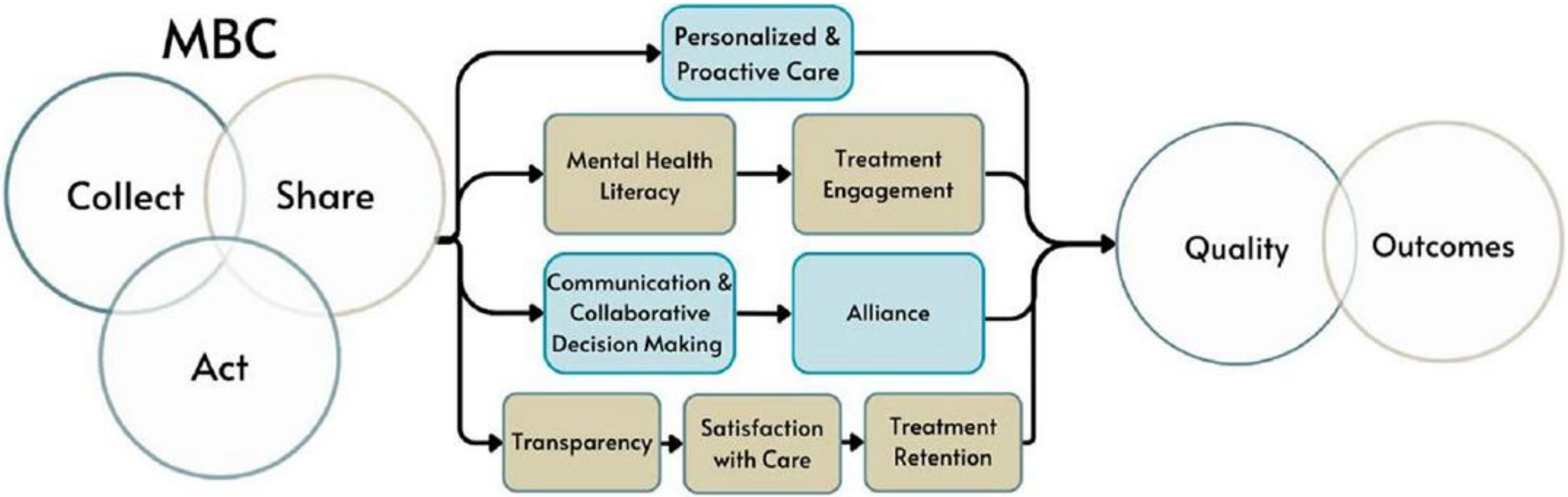
If successful, how can we scale and implement this improvement in other care settings?

Bipolar *Action* Network

STRATEGIC DECISION MAKING



SUMMARY



Barber et al, 2024


QUESTIONS, CONCERNS,
OR INSULTS?
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