Using Shared Decision Making and Measurement Based Care: The RAISE-Early Treatment Program Experience

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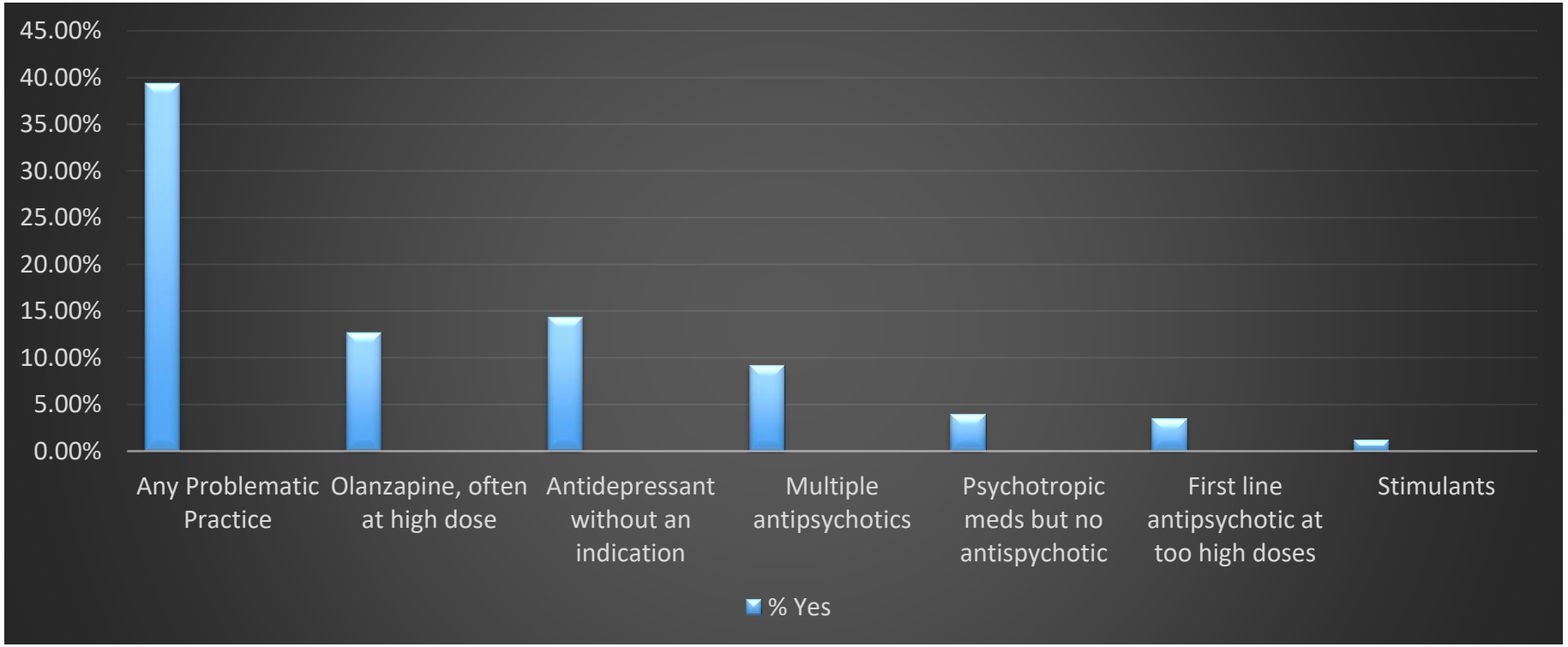
Landmark (1998) Schizophrenia PORT Study: Care for Schizophrenia Lags Behind Science

Schizophrenia PORT Treatment Recommendations	Actual Treatment Rates (%)
Antipsychotic medication for new or relapsed symptoms[1]	89.2
Appropriate dose of antipsychotic medication for new or relapsed symptoms[1]	62.4
Antipsychotic medication on an ongoing basis[2]	92.3
Appropriate dose of ongoing antipsychotic medication	29.1
Antiparkinsonian medication for side effects	46.1
Long-lasting injections of antipsychotic medication	35.0

PORT = patient outcome research team.
[1]Data from inpatients studied.
[2]Data for this box and all remaining categories are from outpatients studied.

Even in the Current Decade, Care Issues Persist: 39.4% of Patients Received Problematic Psychotropic Medications at Entry Into the RAISE-ETP Study



Some patients received more than one problematic prescription

Robinson et al. American Journal of Psychiatry, 2015

Can We Do Better?

Of course, medical treatments always improve.

The real question is when will treatment improve

Image Source: Library of Congress

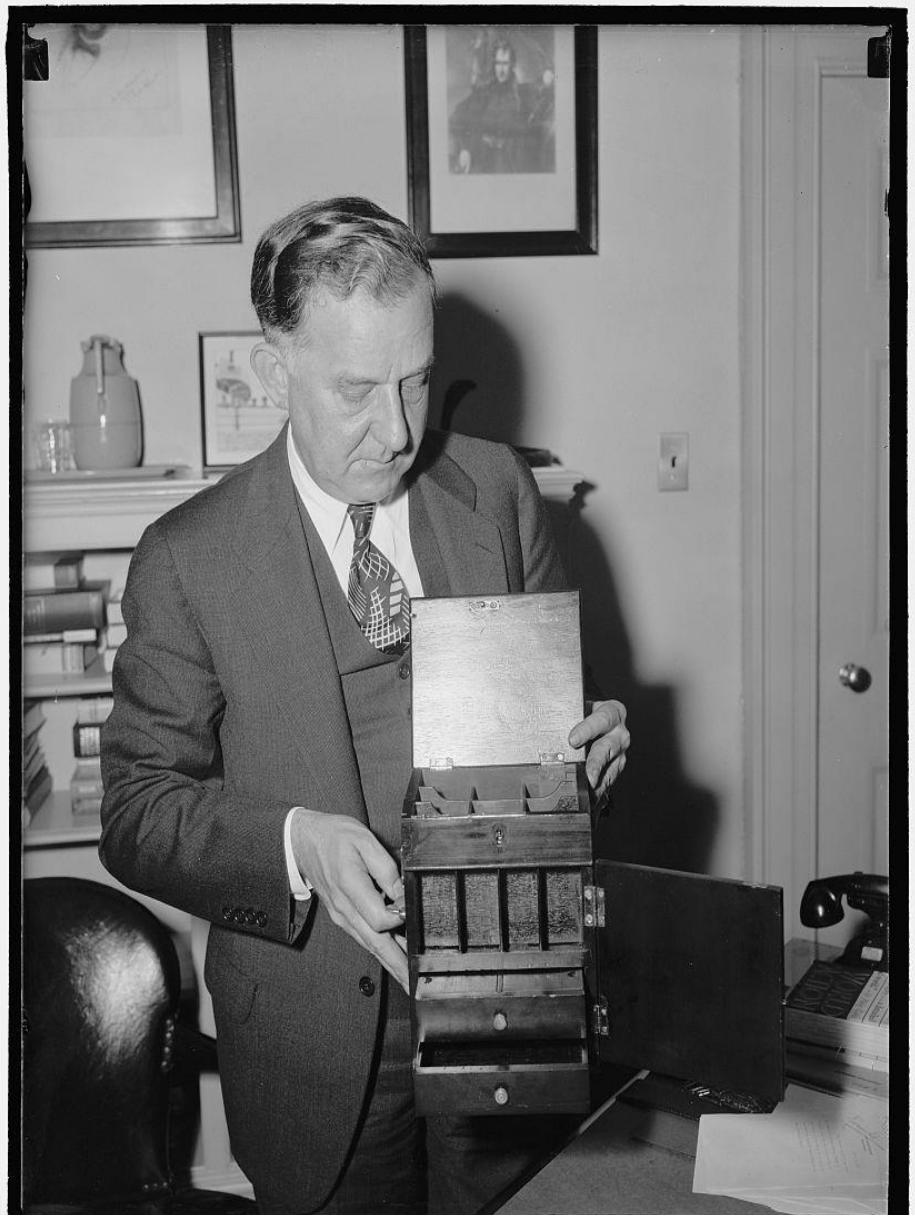
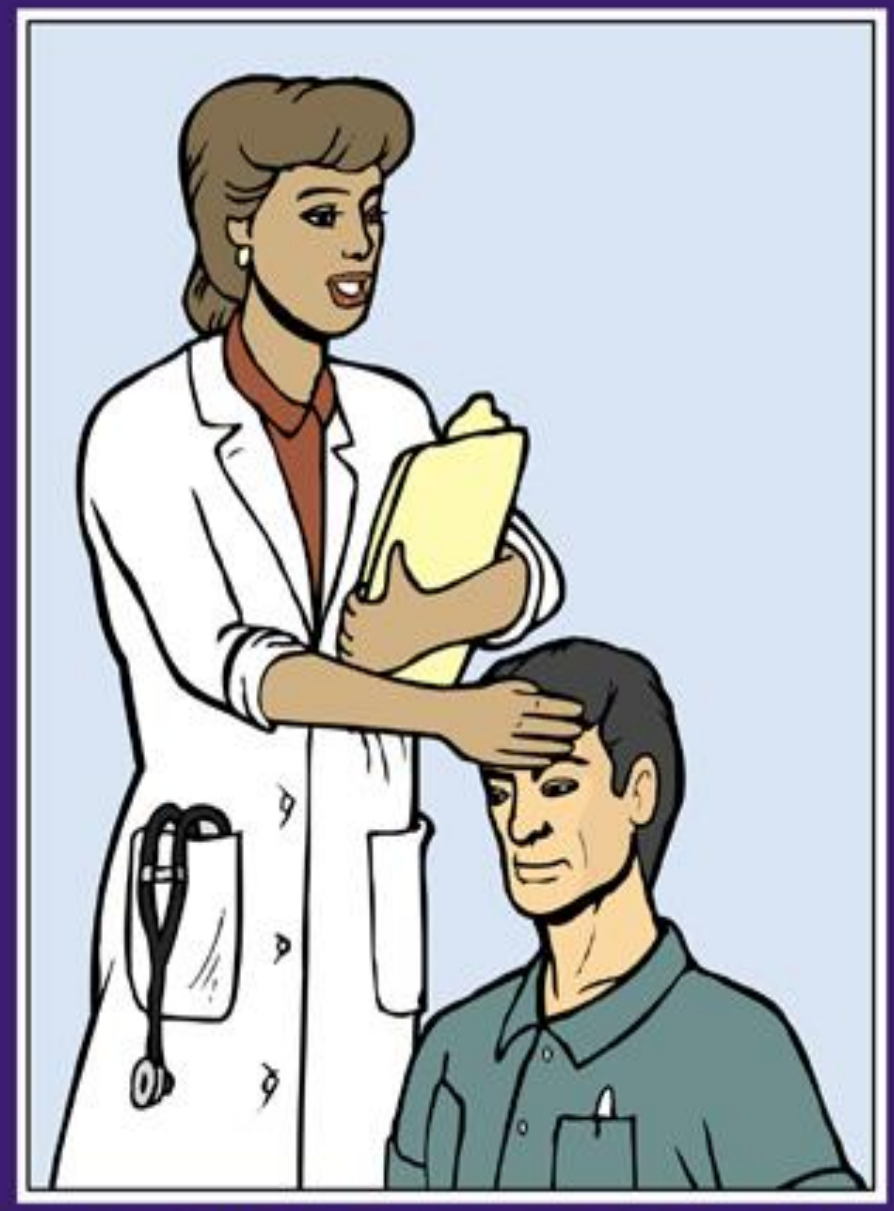


Image Source: Library of Congress, White House Medicine Cabinet during the Madison administration

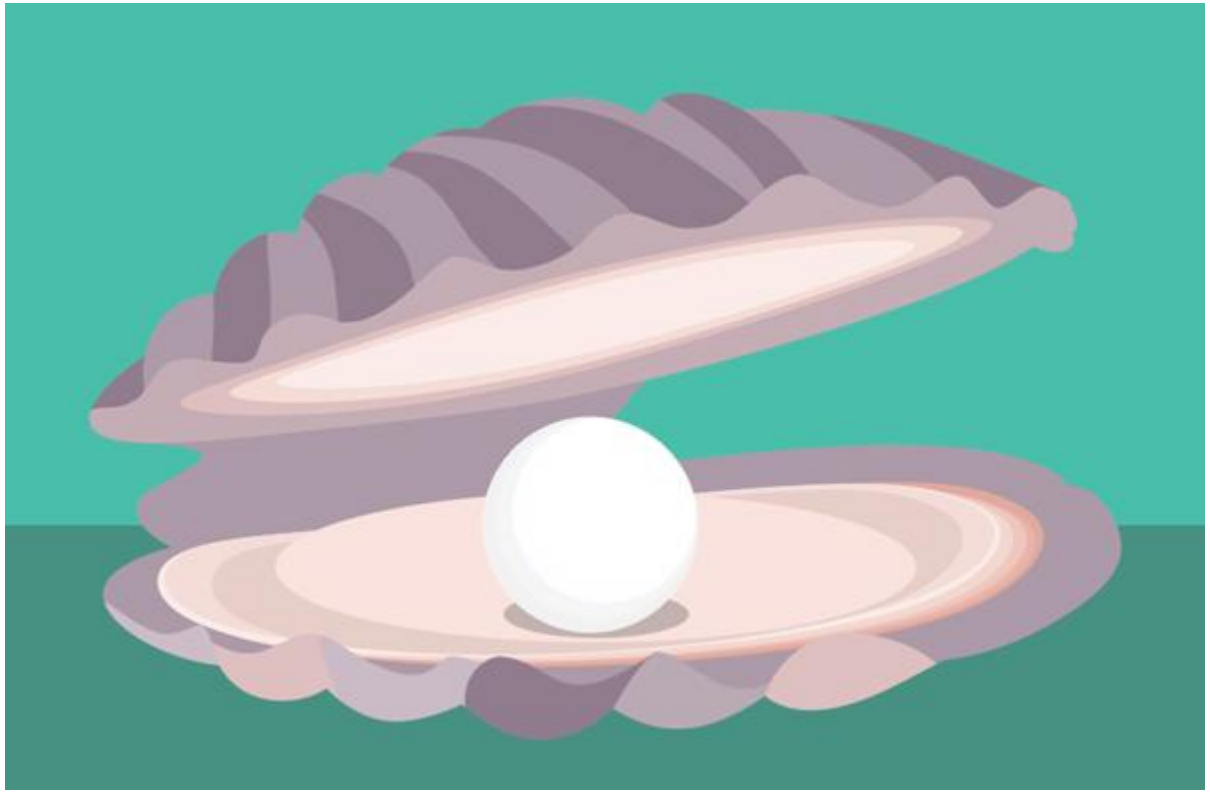
We tend to focus on what we don't yet have in treatments…

Maybe we should also focus on using better what we already have



The antibiotics seem to be working,
Mr. Jones, you're feeling less flushed today.

Better Treatment Strategies



Shared Decision Making Is the Basic Model

- Shared decision making means that you and your patients make treatment choices within the evidence base.
  - For example, if a group of medications have equivalent effectiveness evidence, choice within that group is based upon patient preferences (e.g. side effect differences)

Do You Know The Information to Needed to Present Your Patients Their Evidence-Based Treatment Options?

- Response to treatment
  - E.g. Positive and Negative Symptom Remission
  - Functional Remission
- Relapse rate
- Substance use
- % non-adherent
- For medication treatment, you also need to know
  - Side effect burden
  - Metabolic parameters
  - Use of recommended medications by illness stage
  - Dose range
  - Number of medications

Measuring for Success

Measurement Based Care

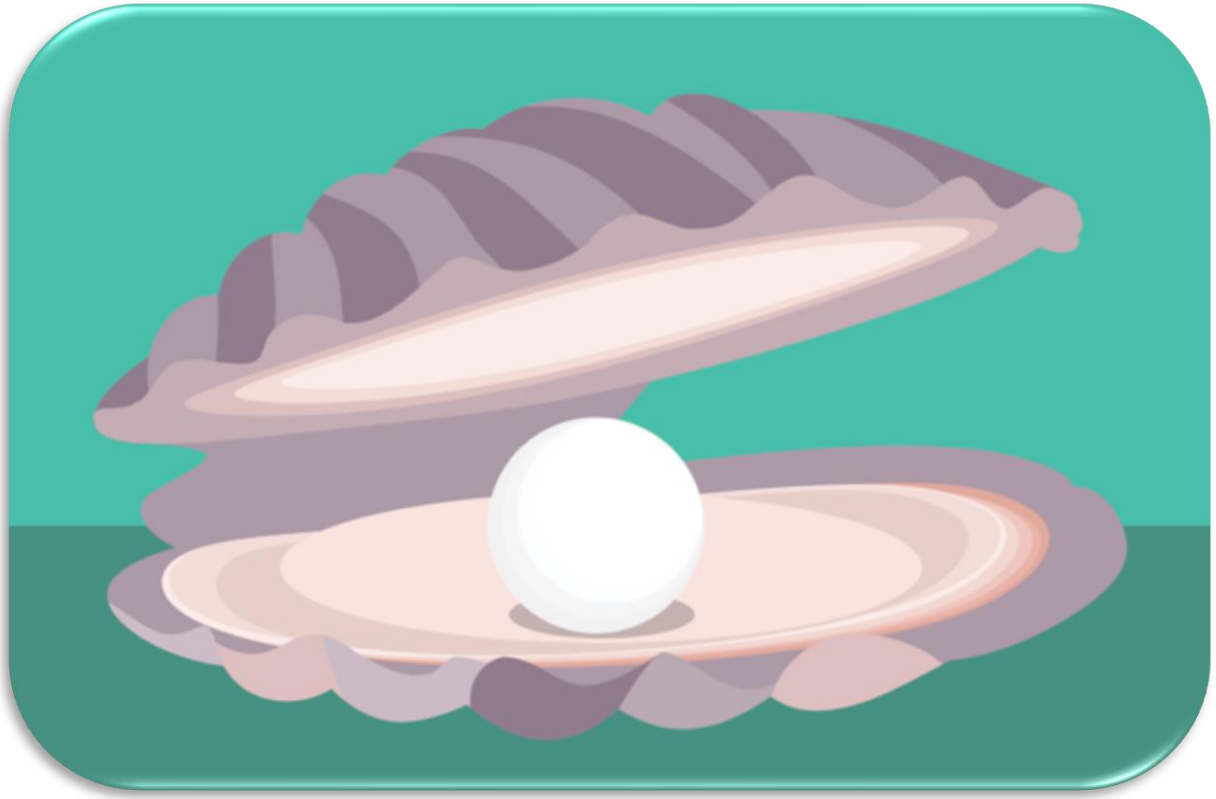
- Systematic administration of scales and their use to drive clinical decision making at the level of the individual patient
- Supports making clinical judgements, does NOT substitute for clinical judgment
- Helps patients become more aware of their clinical status
- Can facilitate patient-provider communication
- Helps to decrease clinical inertia, not changing treatment despite substantial remaining symptoms

Provider Concerns About Measurement Based Care

- Not useful
- Practical factors
  - Adds to paperwork
  - Takes too much time
  - Not enough resources
  - Burden to patients
- Lack of know-how
  - Lack implementation knowledge
  - Unable to interpret scores

Hatfield and Ogles, Adm Policy Ment & Ment Health Serv Res 34: 283-291, 2007

Some Suggestions on Overcoming Barriers



Provider Concerns About Measurement Based Care

- Not useful Many RCTs have shown that this is not true. RCTs show the opposite-measurement based care improves outcomes

Hatfield and Ogles, Adm Policy Ment & Ment Health Serv Res 34: 283-291, 2007

Provider Concerns About Measurement Based Care

- Practical factors
  - Adds to paperwork
  - Takes too much time
  - Chose a proper mix of patient self-rating and clinician rating
  - The scales are chosen to assess important clinical outcomes of treatment
    - You don't have to repeat in your clinical interview the questions in the scales
  - All clinical skills take time to learn—don't assume that the time it takes for you to do the first assessment will be the time it takes to do an assessment once your become proficient
  - Not enough resources
    - Data are critical for program evaluation and planning. Get your administrators onboard
  - Burden to patient
  - Patients often perceive assessments as a positive aspect of their treatment
  - Technology provides new assessment methods beyond just "paper and pencil"

Hatfield and Ogles, Adm Policy Ment & Ment Health Serv Res 34: 283-291, 2007

Provider Concerns About Measurement Based Care

- Lack of know-how
  - Lack implementation knowledge
  - Unable to interpret scores
  - There are many resources now that present the available measures
    - For example, the APA publishes a Handbook of Psychiatric Measures
  - The NAVIGATE items were chosen to be clinically meaningful and easy to interpret

Hatfield and Ogles, Adm Policy Ment & Ment Health Serv Res 34: 283-291, 2007

Lets Review the Patient and Clinician Forms

Talking to Patients About the Forms #1

- FE patients have no or little background about the mechanics of outpatient visits
  - They need guidance from you
  - They do not have preconceived ideas about visit flow
- We usually first describe that they will have vital signs takes at each visit
  - This is done so that we don’t miss any medical issues
- We next go over the patient form with them
  - The form is done so that we don’t miss any symptoms or side effects
  - The form is done every visit so that we don’t miss any symptoms or side effects

Talking to Patients About the Forms # 2

- We next go over the patient form with them
  - The form is done so that we don't miss any symptoms or side effects
  - The form is done every visit so that we don't miss any symptoms or side effects
    - We know that it may seem repetitious to do the same form every visit. We wish that we had a better way to not miss an important issue but this is the best way we have now
- At every visit, the prescriber will go over with the patient the form the patient just completed
  - We do that in order that the prescriber knows exactly what the patient has been experiencing

Using The Patient and Clinician Forms In Your Interview #1

- Arrange your desk so that you can simultaneously see the form and the patient
  - Having the form on a clipboard sometimes is useful
- Use the patient and clinician forms to guide your interview
  - For example, the first question on the patient form is what problems that patient is having functioning. Instead of asking an open-ended question about functioning, you can begin your visit by talking about the specific problem the patient described
- The order of the questions in the patient and clinician forms are the same

Using The Patient and Clinician Forms In Your Interview #2

- The order of the questions in the clinician form were determined using feedback from patients about preferred interview order
  - The order thus works for the majority of interviews
  - If a patient wants to discuss problems in a different order, do that
    - It takes more time to use a different order of questions as you need to go back and forth with the questions
- Patients tend to over endorse the side effect questions. If the patient says they have not been experiencing a particular side effect on the patient form, you can usually not discuss it (unless you otherwise have information that the side effect might be present)

Using The Patient and Clinician Forms In Your Interview #3

- The clinician form has suggested probe questions for each item
  - After getting a response to the probe question, ask any other questions you need to assess the symptom
  - Your final rating is your best final estimate of the severity/presence of an item
- The one EPS and one TD item on the Clinician form are useful screens for EPS and TD. If the patient has the screening symptom, you will then need to do a full assessment of EPS or TD symptoms

Questions