Best Practices in Administering Patient-Level Outcome Measures

This handout outlines the best practices in administering patient-level outcome measures, including messaging to the patient, patient status and environmental variables to consider, and the do's and don'ts for staff administering and interpreting outcome measures.

Setting the Stage: Messaging to the Patient

Introducing Outcome Metrics to Patients for the First Time:

The first communications about outcome measures usually occur before a patient meets their provider. Clinics often include outcome measures in their intake paperwork packets. Such measures are critical for improving diagnostic accuracy, obtaining baseline assessment of presenting symptoms, and rapidly conveying vital information to providers. This paperwork is usually distributed by behavioral health technicians and/or administrative staff. While it is critical that these front-line staff are well-prepared to competently administer outcome measures, it is equally as important that they know how to introduce these measures in a way that decreases resistance and/or confusion.

Example scripts for introducing the outcome measures in an intake packet:

> *Script #1: "At the back of the packet, there are several questionnaires that ask about your mood and many symptoms that you may or may not have."* {{Point out the section of the packet where they are located.}} *"We ask that everyone completes these questionnaires, as they help us give the best care possible here at our clinic. These questionnaires help give your provider a specific picture of the problems you are experiencing. Your provider will look at these measures as part of the first few sessions to have a better idea about what diagnosis and treatment plan might be best for you. Your provider will also use some of these same measures when you come back in for follow-up appointments to make sure that the treatment is working as it should."*
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> *Script #2: "This packet has several questionnaires we need you to complete in order to make sure that your provider has all of the information they need to provide the best care possible. Part of the intake paperwork is 5 questionnaires that will help us understand what's going on with you. Your provider looks at these and all of the other information you share to come up with an appropriate diagnosis and treatment plan. We will also ask you to fill out some of these questionnaires again when you come back for follow-up appointments to see how you are doing over time."*
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> *For the Behavioral Health Data Portal, if applicable:*
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> *Script #1: "This is a Behavioral Health Data Portal or BHDP tablet. It is a secure system that will ask you a series of questions related to how you are feeling in different areas of your life. The first time you complete will take about 30-40 minutes. Every follow-up appointment will ask similar questions, which will take about 10-15 minutes. It is important that you answer all the questions as honestly and accurately as possible. Your provider will review the results with you during each visit. This is a tool that will help your provider understand how you are doing now and throughout the course of treatment.*

The results can help you and your provider make decisions related to your diagnosis and treatment plan."

Script #2: "This tablet is the Behavioral Health Data Portal, or the BHDP. Your provider would like to see how you are doing now and throughout your time in treatment. The easiest way to do that is through these series of screening questions that will take 30-40 minutes to complete the first time and 10-15 minutes to complete at every additional appointment. Please remember to answer each question as honestly and accurately as possible to help your provider make decisions about your diagnosis and treatment."

Additional instructions for outcome measures to consider using:

"Complete the outcome measures at your own pace. Try your best not to skip any questions or to provide more than one answer for the same question. I will be checking on your progress as you complete the measures, but if you have any questions, please let me know. Most outcome measures ask about your current emotional state or how you have felt over the last week or month. Try your best to answer the questions while thinking about the timeframe indicated, not just how you're feeling today. There is no right or wrong answer."

"Be sure to come in at least 15 minutes early for your follow-up appointments so that you will have time to answer these questionnaires before seeing your provider."

Introducing Outcome Metrics During Follow-up Appointments:

In order to get outcomes data, a patient will need to complete the same measures again at follow-up appointments. This can be a point of frustration for some patients, so clinic staff should do everything they can to make sure that this goes over smoothly. Some points to remember are:

1) The clinic's providers should set the expectation that outcome measures are a necessary part of care. They should reinforce the importance of completing outcome measures regularly. It is important to review the measures with patients, noting changes in symptoms over time and discussing modifications to treatment in light of the scores. For example: "Since your PHQ scores have been going up, I'd like to reconsider a referral to your PCM to see about adding an antidepressant to your treatment." If the provider uses data from the outcome measures to assess and improve the treatment that the patient receives, then patients will be much more likely to want to complete the measures.

2) All staff should emphasize that patients should arrive 20 minutes early for all follow-up appointments. This gives patients enough time to complete the measures without feeling rushed. Avoid getting into the habit of allowing patients to complete these at the end of a session, especially if they habitually show up late. This practice undermines the perception that the measures are needed for therapy and adds in the risk of a patient endorsing an item about homicide or suicide and not being asked about it before leaving.

3) Plan your strategy for collecting outcome measures well. Minimize survey fatigue by having fewer measures at follow-up. Determine how to handle patients with frequent sessions. For example, asking a patient to complete the same forms within a day or two of the last appointment may increase frustration and lead to refusals. As a result, you may choose to administer measures once weekly. This requires coordination across

providers if the patient is seeing multiple types of providers within a clinic.

4) Have a clear policy and plan in place for handling patients who refuse to complete outcome measures. See the following section for guidance on this.

Example scripts for introducing the outcome measures at follow-up appointments:

"Here are the measures your provider needs you to fill out." {{Hand the patient a clipboard with a pen or the BHDP tablet.}}

"Your provider needs an update on where you're at in terms of symptoms. He/she would like you to fill out these forms. You can hand them back to me once you finish them." {{Hand the patient a clipboard with a pen or the BHDP tablet.}}

Addressing Patient Refusal to Complete Outcome Measures at Follow-up Appointments:

Clinic staff should do everything they can to ensure that patients understand the rationale for outcome measures and should set the expectation that these measures are a routine part of care. There will be times when a patient will avoid completing outcome measures. This situation must be handled delicately. It is best addressed by having a "united front," meaning that providers, technicians and administrative staff maintain the same consistent message about the significance of outcome measures.

It is important to fully explore the patient's hesitancy and reasons behind his or her reluctance to complete the outcome measures. You do not want to assume that the patient is being unreasonable, resistant, has a strong need to control, or is uncertain about the prospect of engaging in psychotherapy. Rather, be sure to get a clear understanding of the barriers to completing outcome measures before modifying the requirement. The patient may have concerns about the use of testing results, confidentiality of testing results, or the overall purpose of completing and tracking outcome measures. Understanding the patient's reluctance will help inform your next course of action.

Below are some points to remember about administering outcome measures:

1. Try to eliminate common reasons for patients becoming frustrated with outcome measures, such as choosing measures that don't apply to them at all, choosing too many measures, and not making it clear that the measures are actually being looked at by the provider. Also, encourage patients to arrive early and make sure staff give them the measures right away, so they don't feel rushed in completing the measures.

2. Know your clinic's policy on patient refusal to complete outcome measures and follow it. Some clinics set this as a requirement for receiving care within their setting, much like requiring the signing of a privacy act statement. Other clinics may allow patients to opt out of completing them based on a clinician's discretion and/or a clinic manager's approval. Peer review or Service level requirements typically spell out the minimum standards.

3. If your clinic allows some patients to opt out of taking these measures, then be aware of the possibility for behavioral contagion. This means that if some patients recognize that their peers do not have the same requirements for the completion of outcome measures, then they may feel less inclined to complete them as well.

4. Ensure that discussions regarding reluctance to complete outcome measures occur privately (i.e., away from the check-in area), preferably with the patient's provider. This will help to minimize behavioral contagion and allow the provider to reinforce the importance of completing outcome measures.

5. Whenever possible, ask the patient to compromise and meet you halfway regarding outcome measures. For example, if the clinic asks patients to fill out a BASIS-24, PHQ, and PCL weekly, and the patients are tired of competing all these forms, then ask them to at least complete one measure per week. You can also negotiate a number of weeks that you'd like to have more data, such as "Would you complete them for the next three weeks, just until we hear back about your medical board?"

6. Make sure that your staff buy-in to the use of the measures and convey this to patients. Staff should not feel the need to apologize to patients for asking them to fill out outcome measures, as this undermines the process. Saying "I'm sorry I have to ask you to do this again" only prompts the patient to ask, "Well, why are you doing it?"

7. Administrative staff should reinforce the idea that the provider/treatment team needs the information but should be careful not to imply that they are "just doing what I'm told to do." A statement like, "I don't know why they make me hand these out, but the doc says so, so you have to fill it out," undermines the value of the measure and sets up a split regarding the measures. All staff giving these measures out should be fully onboard with the rationale and be able to state why they are necessary for good patient care.

8. Avoid appealing to "policy" when discussing the rationale for administering outcome measures. Telling a patient they have to do something because it's "hospital or clinic policy" makes it sound like a bureaucratic requirement, which can foster resentment. As much as possible, make the use of the scores relevant to them. This can be done during the explanation, such as "Your provider uses the scores to help plan your treatment." More important than just telling a patient this relevance is actually showing it to them in practice. Whenever a provider sits down with a patient and reviews the changes in the week's outcome measures, it reinforces the sense that the forms are valuable to the patient's treatment.

Example scripts for handling a patient refusal to complete outcome measures:

Script 1: Scenario - *Covers a patient refusing to complete measures who is handed off to provider reinforcing the need for the measures.*

Behavioral Health Technician *- "Here are the measures your provider has asked us to have you fill out."* {{Hand the patient a clipboard with a pen or the BHDP tablet.}}

Patient *- "I don't want to fill those out any more. Do I have to do this?"*

Behavioral Health Technician *- "This helps your provider track your progress in treatment, so we'd really like to have you complete them."*

Patient *- "Well, I'd rather not do it anymore."*

Behavioral Health Technician *- "Since your provider is asking for these, it would be best to discuss it with him/her." {{BHT contacts provider and lets them know about the issue.}}*

Provider *- {{Walks patient into office}} - "I understand that you aren't feeling up to completing the measures today. Help me understand what is bothering you about the measures?"*

Patient *- "It is just a waste of time."*

Provider *- "I get that it can be frustrating, but the information is really helpful to me and the rest of the treatment team, so I'd really like to have you complete them. Would you be willing to fill them out this time and then talk through it more during our session?"*

Patient *- "Ok, but I still hate doing these every week!"*

Provider *- "Thank you; I appreciate your meeting us halfway." {{Provider spends some time in session exploring the underlying reasons for refusing to complete the measures and providing tailored education to address any misconceptions.}}*

Script 2: Scenario - *Covers a patient who refuses to complete measures altogether and a clinic with a SOP/OI that requires that patients to complete weekly outcome measures.*

Patient *- {{Refused to complete measures; provider is contacted and brings patient back to the office.}}*

Provider *- {{Walks patient into office}} - "I understand that you aren't feeling up to completing the measures today. Help me understand what is bothering you about them?"*

Patient *- "I am done filling the same ones out every time I come in; it's ridiculous."*

Provider *- "Help me understand what part is frustrating you?"*

Patient *- "I just think it's stupid. You already know what I scored from last week. Why do you keep making me fill them out?"*

Provider *- "Well, the scores do change from week to week, and even when they don't change much, that's still good information because it means that things are steady. If they are steadily in the good range, then we know we're on track. If they aren't in a good range, then we know we need to modify something. Does that make sense?"*

Patient *-"I can just tell you how I'm doing, like I did when seeing my last provider in the civilian program. She never made me fill anything out."*

Provider *- "I actually need you to complete the measures. They are a requirement for the clinic, one that I fully support and understand the need for."*

Patient *- "What happens if I don't want to do it anymore?"*

Provider *- "Well, you have that choice. We can't make you fill anything out, and it has to be your choice. Since it's a rule for getting care here in the clinic, we would of course provide you*

with a referral for care somewhere else if you aren't okay with completing them. Before we get to that point though, can I ask more about why you dislike them so much?"

{{Provider takes time in session to explore the patient's resistance and beliefs regarding the measures. Provider reaffirms the rationale for the clinic policy and ties this rationale into the patient's own circumstances, especially the fact they may need a medical board soon.}}

Patient *- "Well, I still don't like doing it, but I understand it's a rule and all the stuff about it being useful for disability ratings and such."*

Provider *- "I am glad you are sticking with treatment here with us. We've seen some progress and I'd hate to see you start over somewhere else. I promise that the information we get every week will be useful for you as well as us."*

Setting the Stage: Patient Status and Environmental Variables

Be sure to check the patient's status and testing environment before administering outcome measures.

Patient variables - Be aware of the following factors, as they may negatively affect results:

- Excessive fatigue
- Apprehension
- Severe apathy
- Severe agitation
- Drug/alcohol intoxication
- Heavy pain medications
- Psychotic processes

If any of these variables are present, then consider if it is better to administer outcome measures at a later time. When in doubt, consult with the provider.

Environmental variables - There are a number of environmental variables that can also negatively affect scores on outcome measures. Look at the testing environment and consider the following questions for patients:

- Are they seated comfortably?
- Do they have a pen/pencil to complete the measures?
- Is the setting quiet enough?
- Is their privacy ensured?
- Are they free from distractions?
- Do they have enough lighting?

If the answer is no to any of these variables, then try to modify the setting to remove or minimize the negative variable (e.g., reduce noise in waiting area).

The Do's and Don'ts for Staff Administering and Interpreting Outcome Measures

Do's	Don'ts
Before • Make sure administrators are properly trained. • Make certain the testing environment is quiet, has appropriate lighting, and is free from distractions. • Clarify test instructions; read instructions if clinically indicated. • Read manuals and supporting articles related to the outcome measures you are administering. • Familiarize yourself with interpretive guidelines, including cut-off scores, critical items, and qualifiers. • Practice administration of outcome measures with colleagues to increase familiarity. • Personally complete outcome measure, if appropriate, to familiarize yourself with the tests and to get a sense of the patient experience. • Explain how the results will be used. • Use the most up-to-date outcome measures. During & After • Take time to build rapport. • Make behavioral observations before and during administration. Be attentive to level of effort applied, excessive fatigue, apprehension, apathy, severe agitation, drug/alcohol intoxication, and psychotic processes - all of which can negatively affect results and completion rates. • Convey a positive attitude about outcome measures. • Ensure confidentiality of the results. • Ask patients to answer questions straightforwardly, thoughtfully, and honestly. • Be available for questions throughout administration. • Check-in with the patient during administration. • Offer regular feedback regarding results during therapy sessions.	Before • Assume that patients do not want to complete outcome measures. • Predict that outcome measures will harm the therapeutic relationship. • Allow outcome measures to replace clinical expertise; they are only one type of data point out of many. • Presume your administrator has been properly trained. • Hand patients a set of outcome measures to complete without letting them know how to properly fill them out. • Select so many measures that patients feel it is a large burden to complete them. • Minimize the importance of outcome measures. • Exaggerate the importance of outcome measures. During & After • Administer the measures without using the results to inform the treatment plan. • Withhold testing results from patients. • Rush through the administration of outcome measures. • Use outcome measures mechanically, in the absence of good clinical judgment. • Avoid the use of outcome measures due to frustrations with feasibility (e.g., time burden, paperwork, etc.). • Assume that every patient is over endorsing symptoms for secondary gain. • Assume that every patient is under endorsing symptoms to maintain their fitness for duty status. • Automatically make concessions in response to a patient declining to complete outcome measures.

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