

# Best Practices in Implementing and Utilizing Clinic-Level Metrics

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# Disclaimer

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# Clinic Optimization Toolkit

## Modules



## Types of Resources



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# Learning Objectives

- Differentiate common process metrics from outcome metrics
- Analyze appropriate data sources to track process and outcome metrics
- Distinguish between appropriate and inappropriate uses of clinic metrics

# Clinic vs Patient Level Metrics

## Group vs Individual Data

Average Wait Times

# of Appt Types

EBP Utilization

% of PTs Returned to Duty

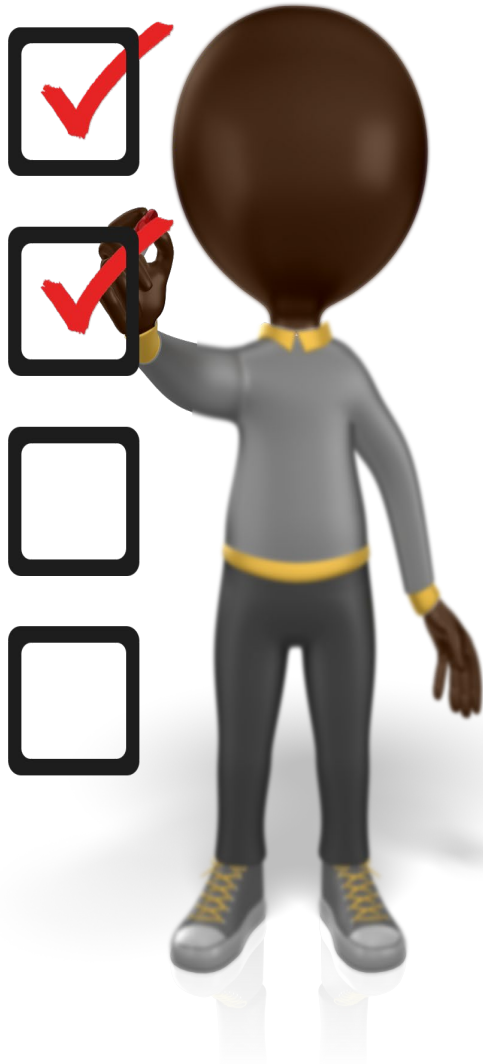
Most Common Dx's



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# WHY TRACK CLINIC LEVEL METRICS?

# Rationale for Tracking



Assess Care Delivery

Process Improvement

Identify Best Practices

# Process vs. Outcome Metrics

## Process Metrics

Measures of What a Program Does (Outputs)

Examples:

- Number of Appointments
- Wait Times
- No-show Rates

## Outcome Metrics

Measures of How Well the Outputs are Working

Examples:

- Reduced Patient Symptom Levels
- Return to Duty Rate
- Satisfaction with Care

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# Common Process Metrics

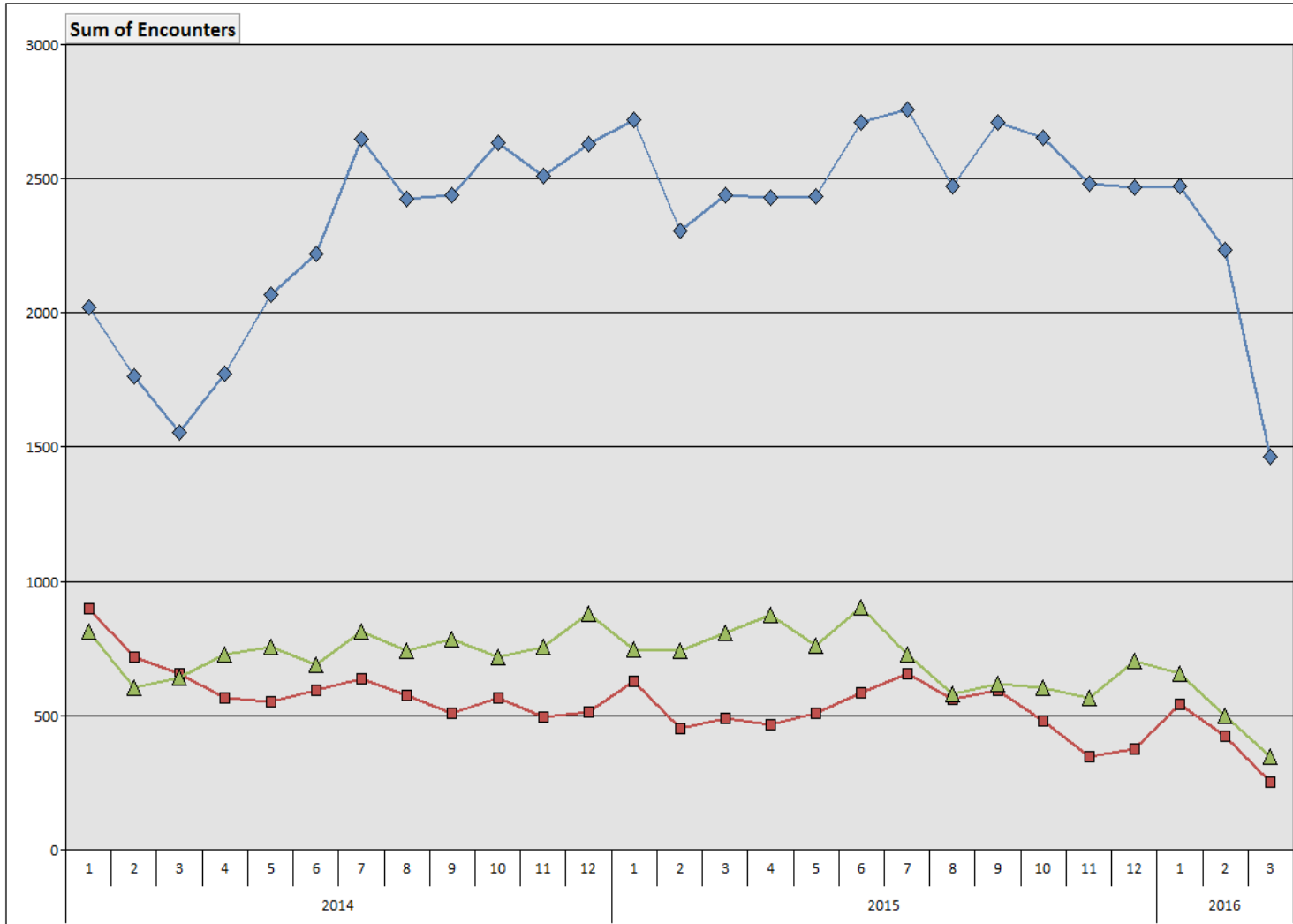
Process Metrics	Source of Information
Patient Volume	EMR/CHCS/MHS Genesis, etc
Length of Stay	EMR/CHCS/MHS Genesis, etc
No Show/Cancellations	EMR/CHCS/MHS Genesis, etc
Wait Times	EMR/CHCS/MHS Genesis, etc
Tricare Network Referrals	Tricare Office
Level of Training in EBPs	Polling Providers
Level of EBP Utilization	Polling Providers/Chart Reviews

# Common Outcome Metrics

Outcome Metrics	Source of Information
PT Satisfaction	MTF or Clinic Surveys
Symptom Reduction	Patient Outcome Measures
Return to Duty Rate (RTDR)	Patient Administration Office/ Clinic Data
Hospitalization Rate	Admissions and Discharge Log

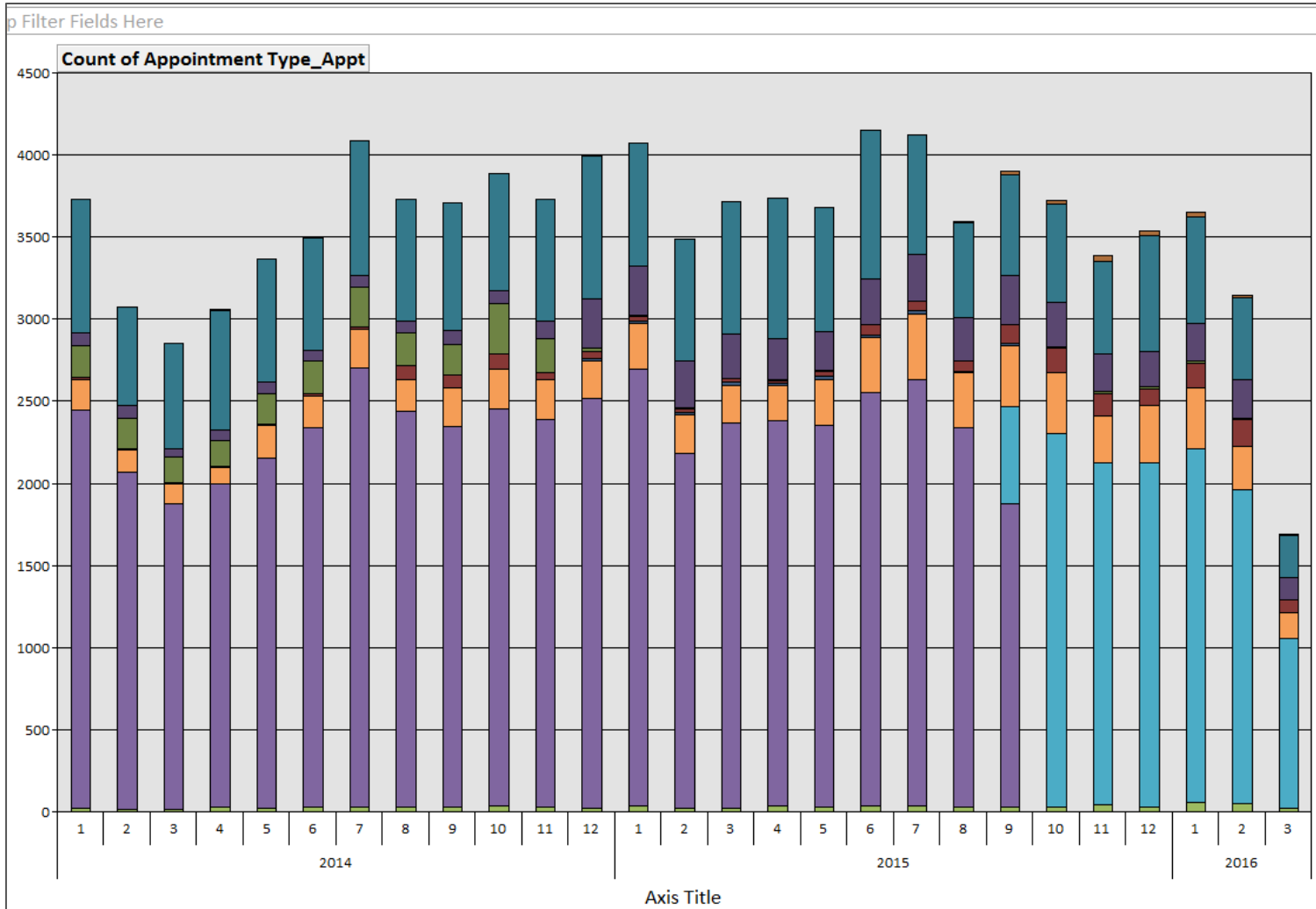
# CLINIC LEVEL PROCESS METRICS

# Patient Volume



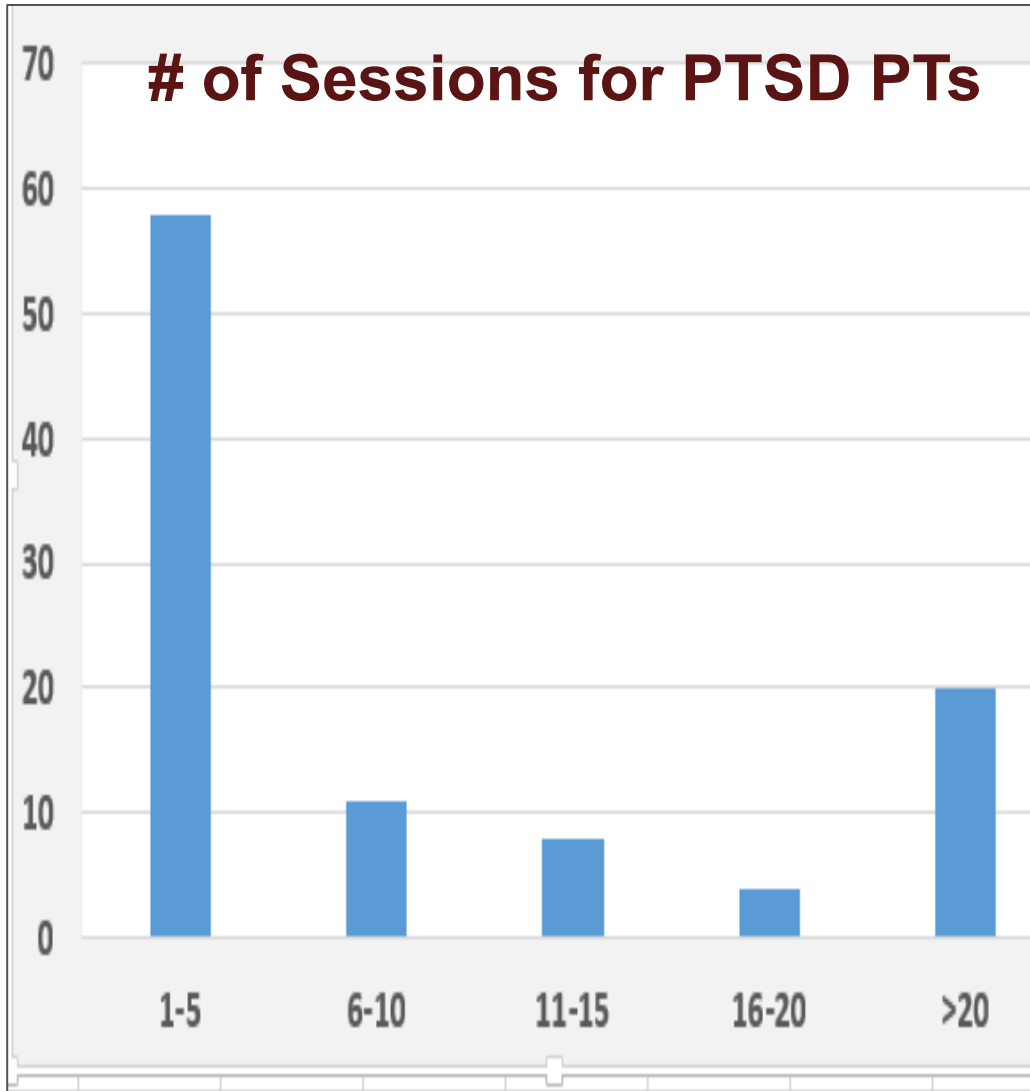
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# Patient Volume by Categories



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# Length of Stay



## Treatment Duration

% of Long-Term Pts

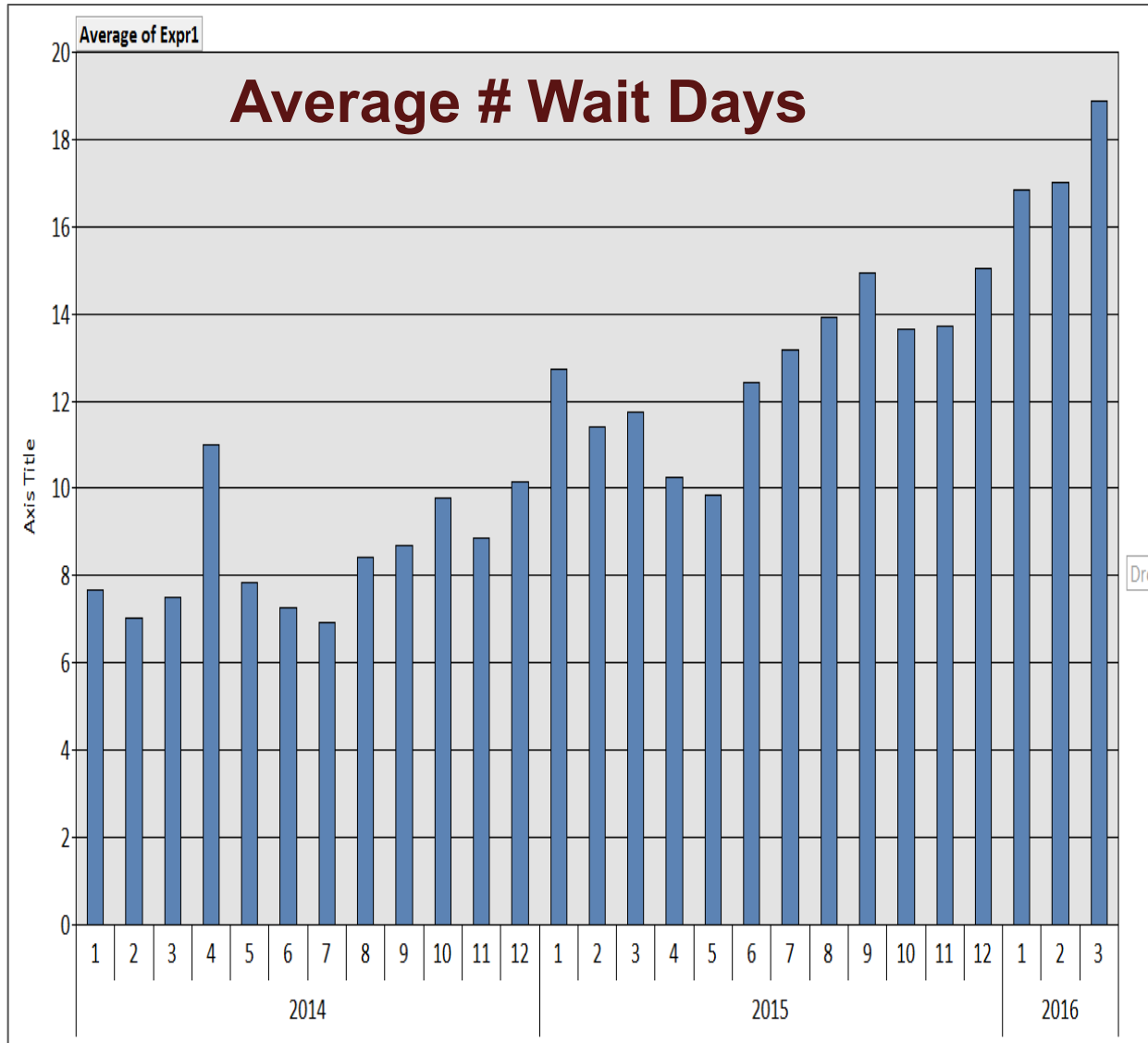
Diagnosis

Providers

Outcomes

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# Wait Times



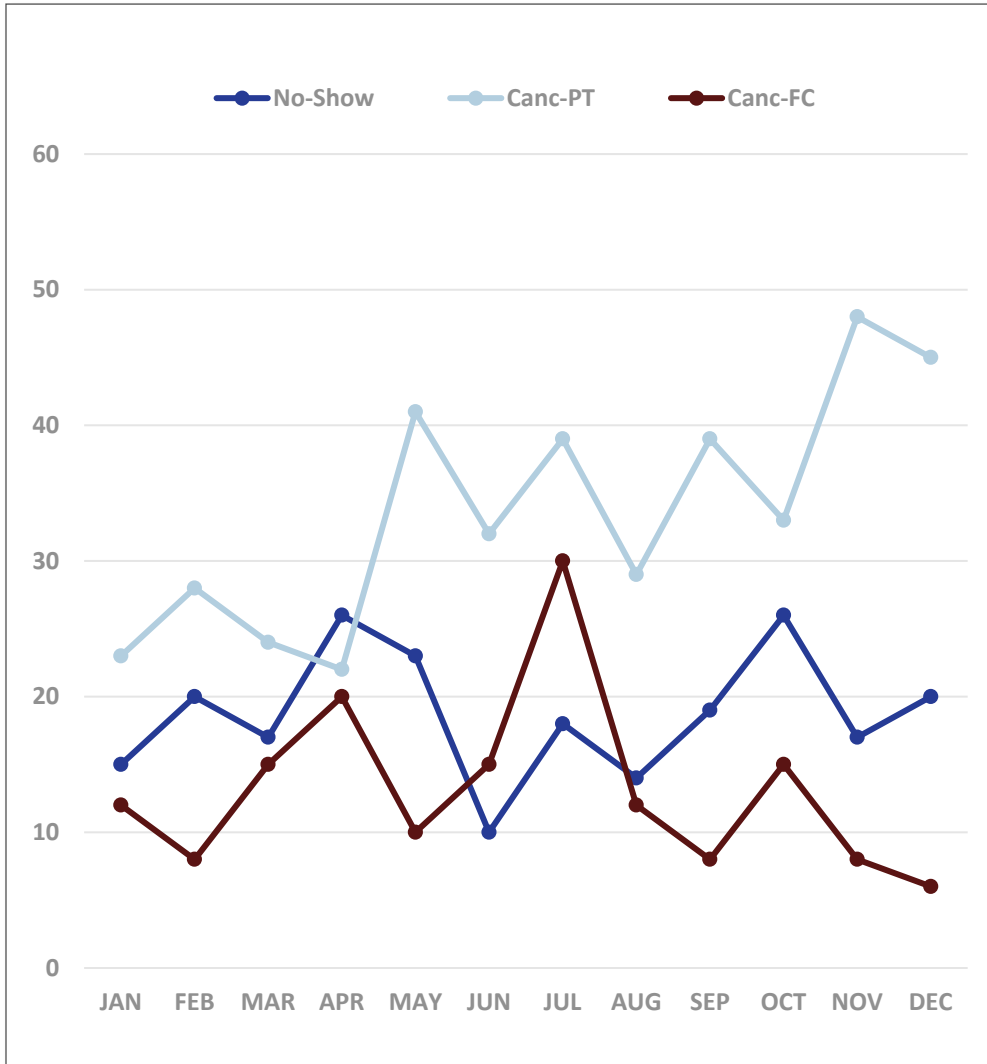
Intakes

Follow-Up  
Appts

Groups

Disciplines

# No Show/Cancellations



Work Demands

Motivation Levels

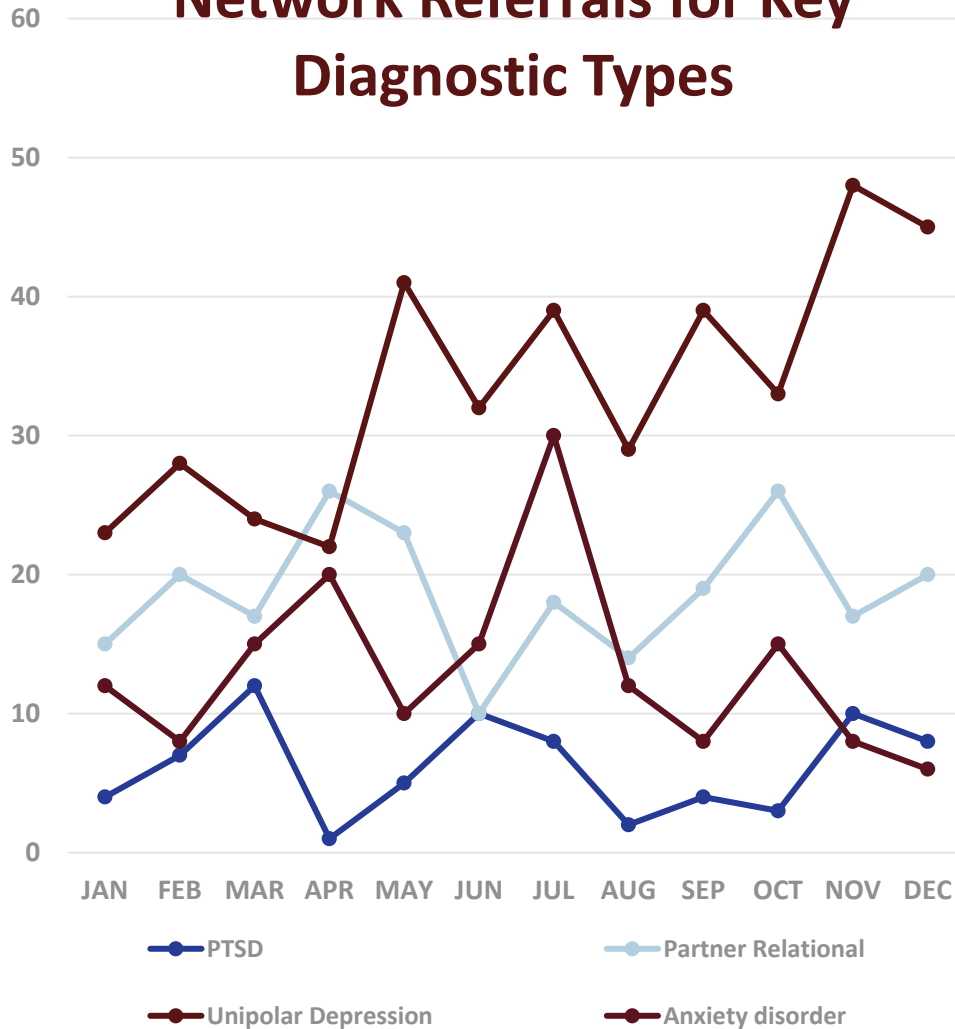
Diagnosis

Providers



# Network Referrals

## Network Referrals for Key Diagnostic Types



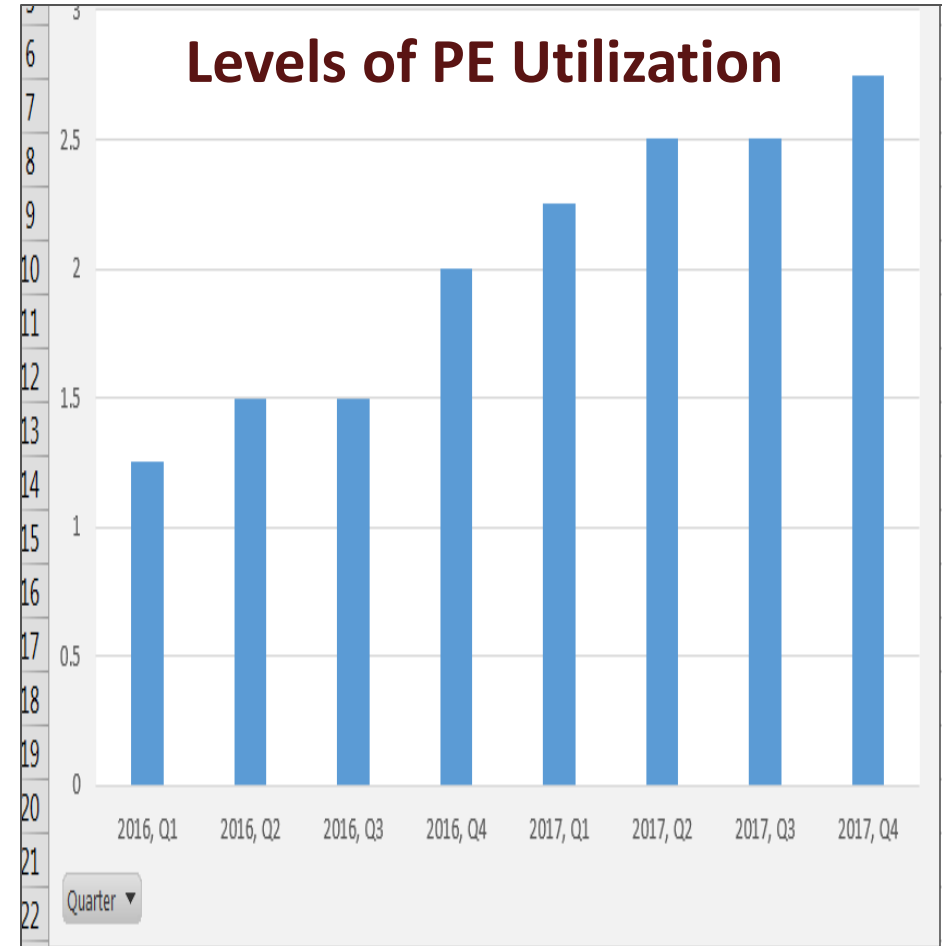
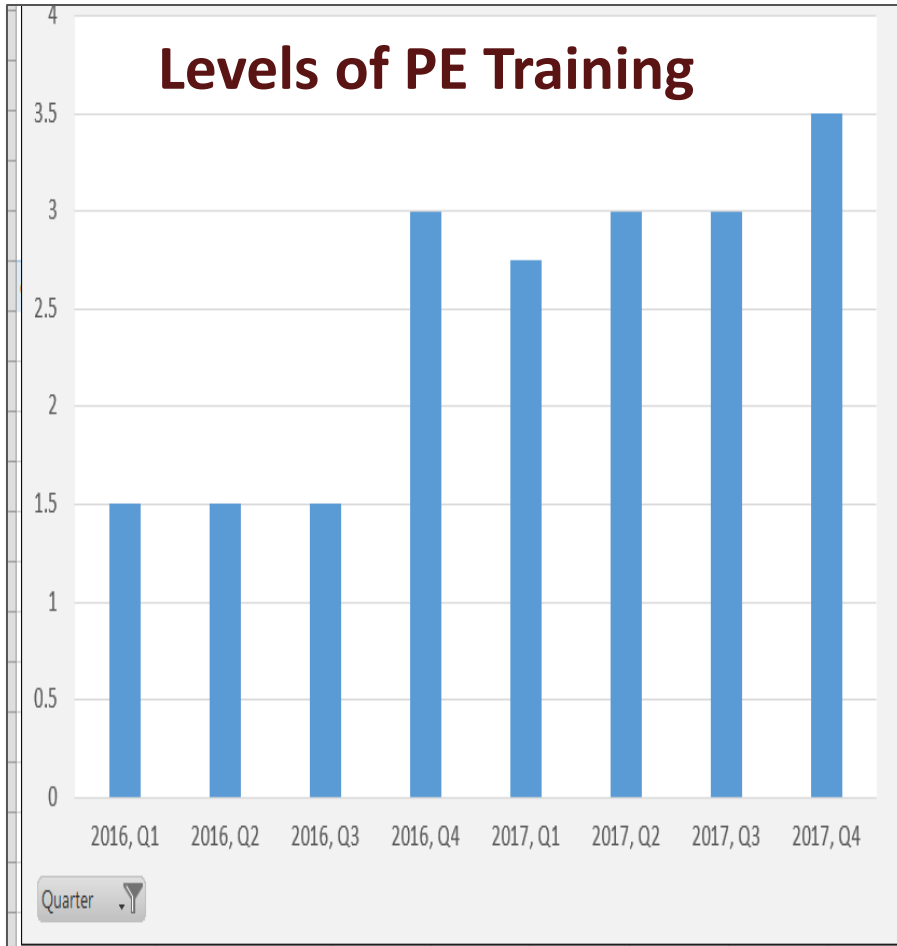
Total # Referrals

Types of Beneficiaries

Diagnosis Type

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# EBP Training and Utilization



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# CLINIC LEVEL OUTCOME MEASURES

# Patient Satisfaction Measures

## Patient Satisfaction

Care Provided

Wait Times

Available  
Services



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# Staff Satisfaction Measures



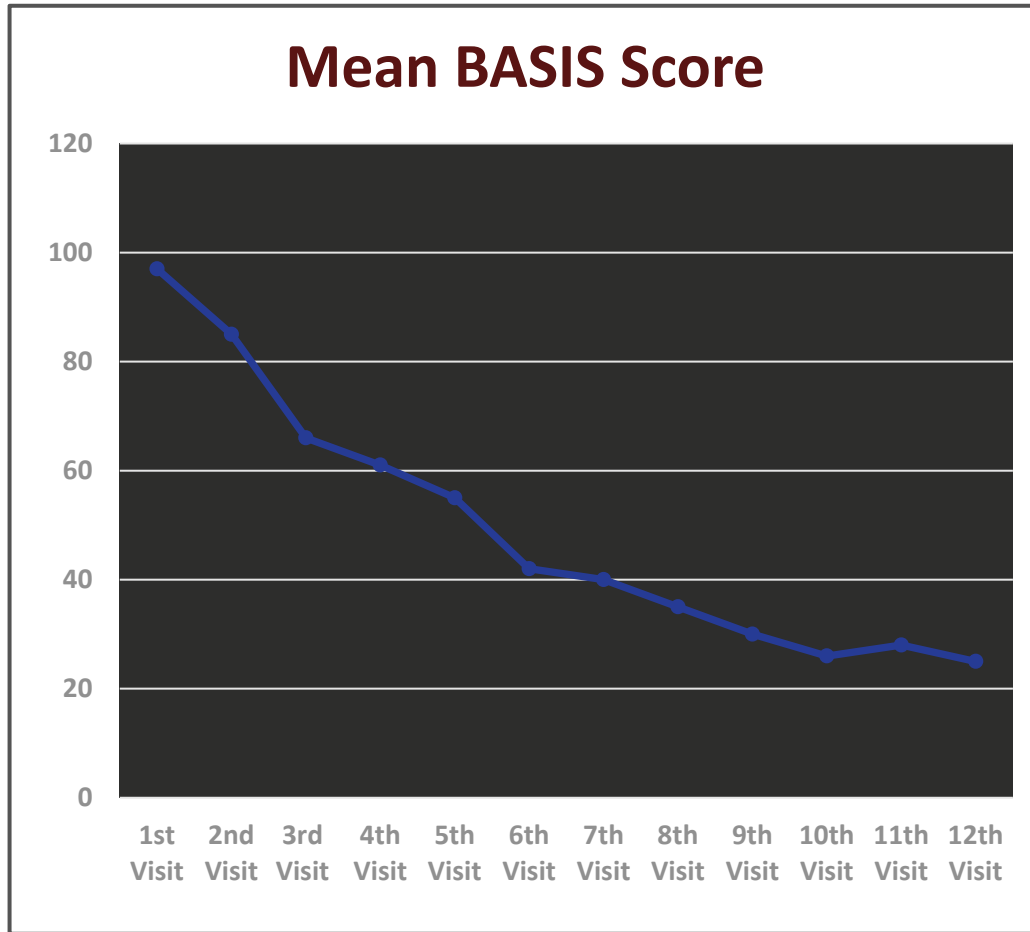
Provider Satisfaction

BHT Satisfaction

Support Staff  
Satisfaction

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# Symptom Reduction Measures



Global Measure of Psychopathology

Diagnosis-Specific Measures

# Return to Duty Rate

Behavioral Health Patient Disposition Tracking Sheet	
Provider Name (Last, First)	
Patient Name (Last, First, MI)	
Last Four Patient SSN:	
Date initiated (Mon, Day, Year)	
Diagnosis/es-Complete for all ADSEP and Boards	1) _____ 2) _____ 3) _____ 4) _____ 5) _____
Flag as a Key Diagnosis: (check box if patient has one of these conditions)	<input type="checkbox"/> PTSD diagnosis <input type="checkbox"/> Unipolar Depression condition (MDD, Dysthymia, Depression NEC, Adjustment Disorder with Depression, )
Type of action:	<input type="checkbox"/> ADMINSEP* <input type="checkbox"/> LIMDU/Profile <input type="checkbox"/> MEB
For ADMINSEPs, List specific type: (Checking all that apply)	<input type="checkbox"/> Adjustment Disorder (Specify: _____) <input type="checkbox"/> Personality Disorder (Specify: _____) <input type="checkbox"/> Fraudulent Enlistment _____ _____
For Profiles and MEBs, list the Start and End dates:	Start date: (Mon, Day, Year) _____ End Date: (Mon, Day, Year) _____ (_____) (_____)
Number of previous periods of limited duty/profile:	
Outcome: Circle the outcome	MEB- separated, not separated. Profile- RTFD, another LIMDU period, MEB ADMINSEP-separated, not separated
Was the patient treated with a full course of EBPs before being separated?	Yes / No / Uncertain

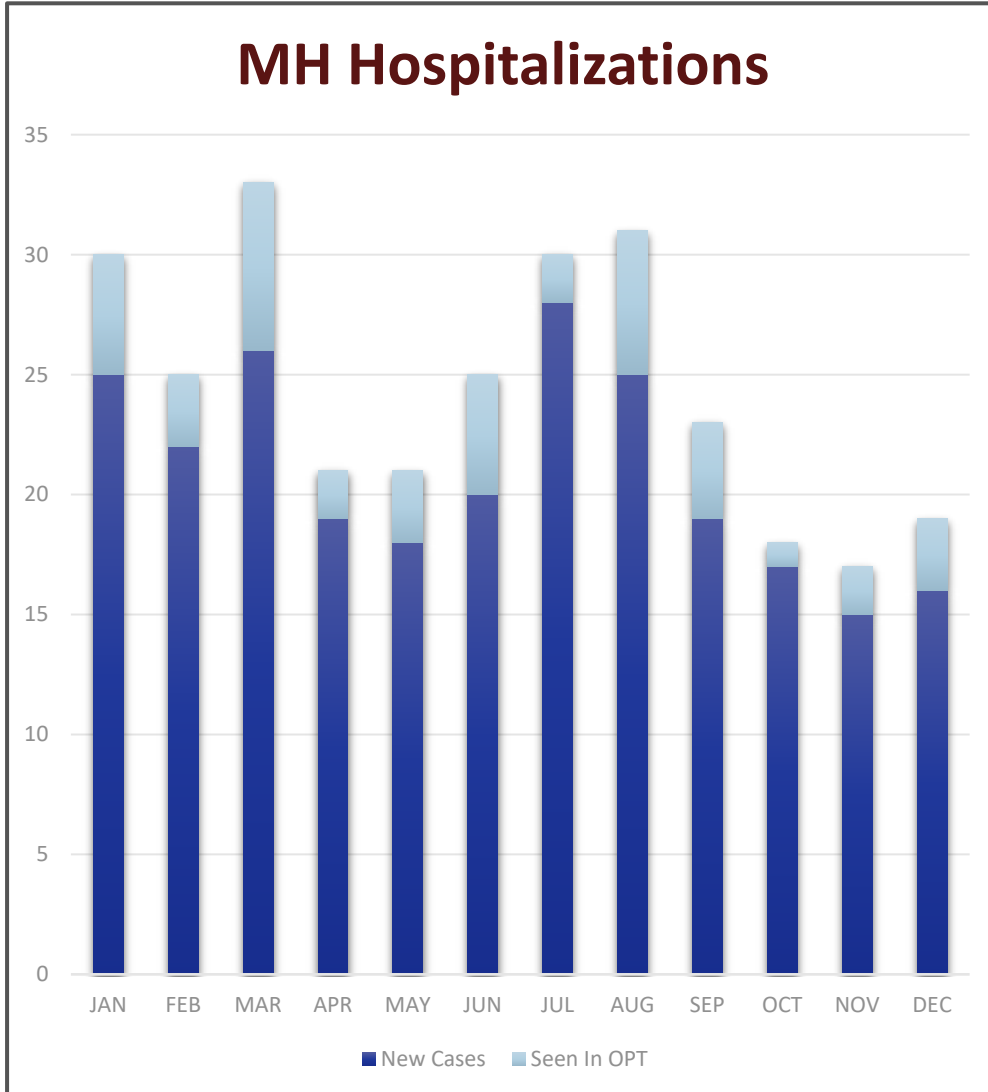
- Only complete these forms for ADMINSEPs initiated in mental health, e.g., for adjustment disorders. When a patient is separated by their command for issues like pattern of misconduct, commission of a serious offense, etc., it should not be counted in this data.

Medical Board

Administrative Separations

Limited Duty/Profile

# Hospitalization Rates



Total #  
Hospitalizations

Established Patients  
Requiring  
Hospitalization

Diagnosis

Provider



# HOW TO GET STARTED

# Selecting the Metrics

Requires Metrics

Clinic Goals

Ease of Access

Phased Approach



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# Manage Provider Concerns



Provider-Level Data

Not Used for Staff Evaluations

Context is Key

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# Data Storage

What Type of Data

Where to Store Data

Data Access



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# USING EMR DATA FOR CLINIC LEVEL METRICS

# Reasons to Use EMR Data

Data Availability

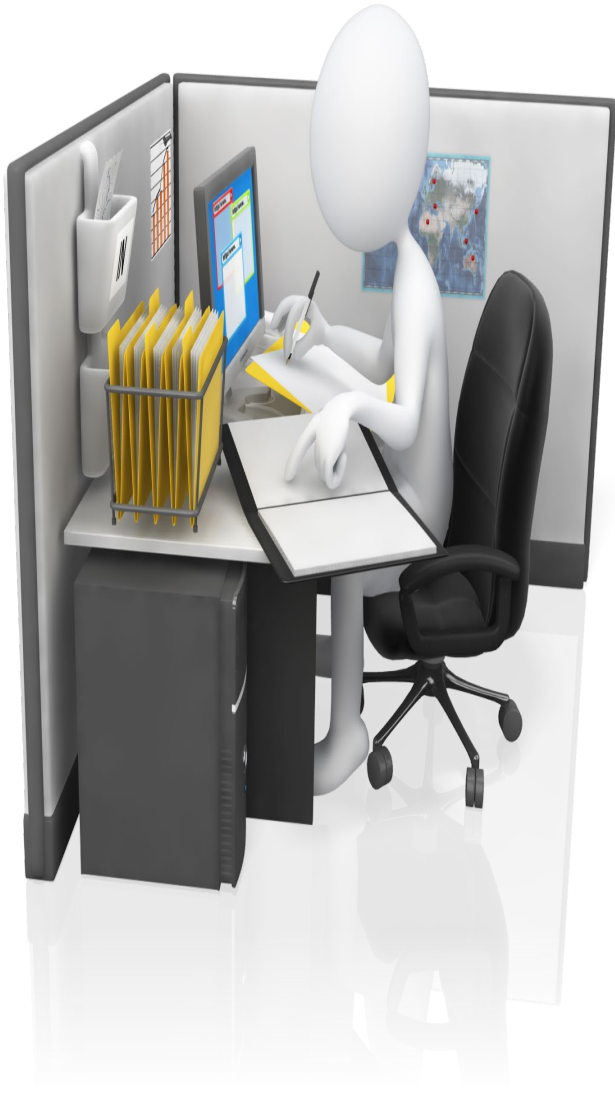
Ability to Track Over Time

Accurate Reflection



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# EMR Data



Dates of Care & Scheduling

Diagnosis

Appointment Type

Provider/Patient ID

Consult EMR Administrator

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# DoD and M2

## MHS Mart (M2)

Stores All Clinical Data

DC Prof Encounters  
(CAPER)

Appointment Detail  
(Direct Care)



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# Using Microsoft Excel for Reports



Data from M2 in Excel

Excel Analysis Tools

Statistical Analysis

Pivot Charts & Tables

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# Clinic Data Analysis Guide

Template for  
Requesting M2 Data

Preparing Data from M2

Instructions for Creating  
Pivot Tables/Charts

Instructions for  
Creating Reports



Handout

## Guide to Creating Clinic Level Reports in Excel

### Introduction

#### Microsoft Excel and Mental Health Data

The goal of this tool is to provide a basic template for how clinic data can be analyzed in Microsoft Excel to be able to see things like clinic volume, top diagnosis, etc. These methods also allow for you to be able to see trends over time.

The steps that will be covered in this guide include

- 1- Submitting the request from Appendix A to local M2 Account holder
- 2- Preparing the spreadsheet for analysis (check names, delete unnecessary columns/rows)
- 3- How to create/use a PivotTable and PivotChart
- 4- Instructions for each chart or report to build your own

### Accessing your Clinic's Data

The data needed to produce these reports resides in the M2 Data Repository. There are two tables you will get information from. The first table that contains the needed information is the DC Prof Encounters (CAPER). This table contains all of the data regarding kept encounters within the hospital. The next table needed is the Appointment Detail (Direct Care). This table houses fields that relate to all scheduled appointments, which include appointments that were not kept. (See Appendix A for a detailed request that can be provided to your local data analyst). Appendix C contains a detailed listing of the fields in this table and associated descriptions.

**ACTION NEEDED:** Review and submit the data request in Appendix A. Ensure proper parameters are specified. It is recommended that you use 2-3 years' worth of clinic data in order to get an accurate picture of what is occurring.

### Prepare Data for Analysis

You should receive an Excel file with two tabs, one for each table from above. There will need to be a few steps to prepare the data to ensure the report generation goes smoothly. After receiving the file, choose a secure location to store that file so that it does not have general access. Although there is no PHI/PII in the data, it should be kept in a location that does not have general access.

Remove extra columns and rows:

The extracted data should look similar to this with the Row 1 being the names of the data fields and the data starting in Column A:

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# DO'S & DON'TS OF USING CLINIC LEVEL DATA

# DO Use Clinic Level Data For:

Briefing Leadership

Quality Improvement

Patient Brochures

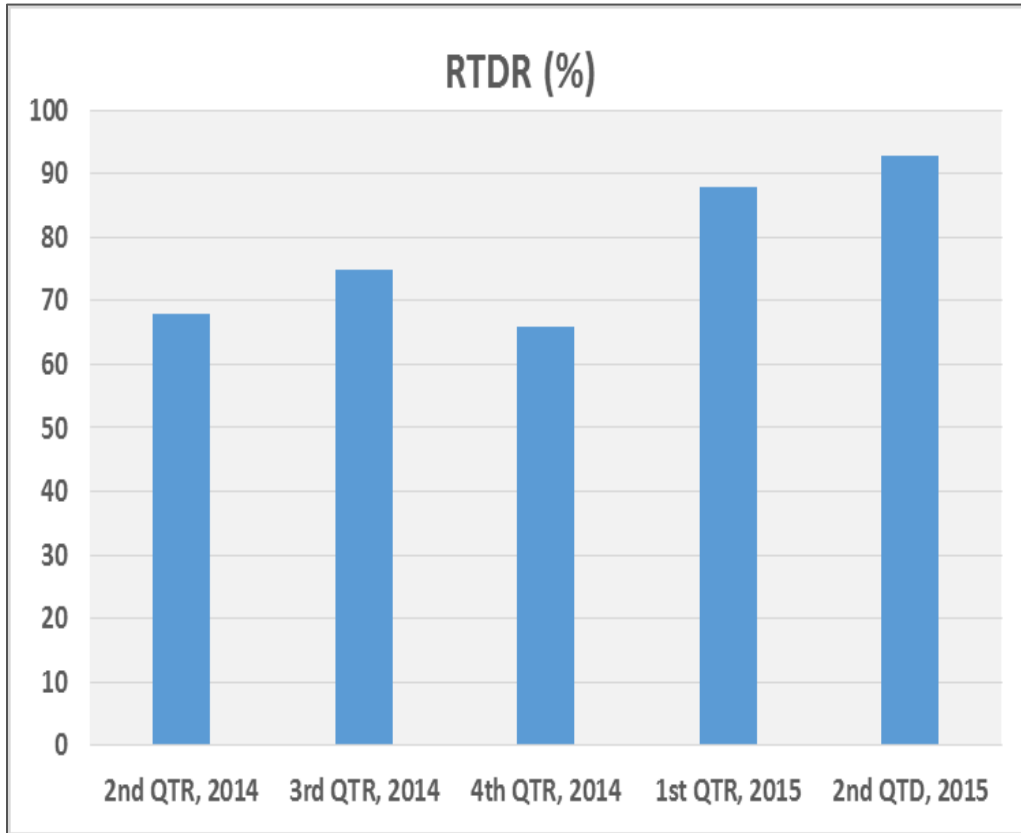
Data Calls



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# PI & PE: Connection to Clinic Goals



Goal:  
Increase Readiness

Track RTDR

Adjust Services

Formal Treatment Team MTGs

EBP Groups available

# DON'T Use Data For



Research/Publications

IRB Approval

Publicly Shaming Staff

# Toolkit Resources: Metrics II

- *Training Deck*
- *Forms*
- *Data Tracking Tools*
- *SOP/OI*

## Best Practices in Implementing and Utilizing Clinic-Level Metrics



# Toolkit Resources: Metrics II

➤ *Training Deck*

➤ *Forms*

➤ *Data Tracking Tools*

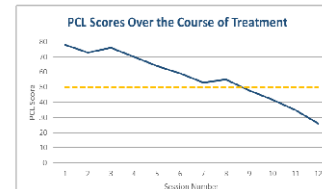
➤ *SOP/OI*

## Benefits of Using Outcome Measures

Patients seek behavioral health treatment to get better. In turn, providers want to see improvement in their patients. Using outcome measures before, during, and at the conclusion of treatment is an easy way to monitor symptoms, track patient progress, provide feedback to patients, and demonstrate the effectiveness of the treatment.

### How Do Outcome Measures Benefit Your Clinic?

- Give providers an objective method by which to establish baseline symptoms for each patient and to monitor progress session by session
- Are easy to administer and score and do not subtract from valuable treatment time
- Act as a supplement to providers' diagnostic assessment and treatment planning
- Help providers determine if treatments are working and if adjustments are needed
- Can be shared with patients and used as a therapeutic tool in session to provide feedback to patients on their progress, and to show patients their improvement
- Using outcome measures has been found to lead to improved patient outcomes (Lambert et al., 2003)
- Track progress at a clinic-wide level and demonstrate the overall effectiveness of clinic treatment for a variety of disorders. Readily identify strengths and opportunities for growth in a clinic.
- Outcome measures are required at all MTFs using the Behavioral Health Data Portal (BHDP)



"Clinical outcomes based on measures standardized for patient cohorts and validated in scientific, peer-reviewed literature will be documented at all points of mental health care at MTFs." (0450, 2012)

**NOTE:** Despite some misconceptions, a provider or clinic does not need Institutional Review Board (IRB) approval to use outcome measures. These measures can be used for tracking individual patient progress, or at the clinic level, for process improvement and/or program evaluation.

### References:

- Deputy Assistant Secretary of Defense. (September 9, 2013). *Military treatment facility mental health clinical outcomes guidance*. [Memorandum]. Washington, DC: Office of the Assistant Secretary of Defense.
- Lambert, M. J., Whipple, J. L., Hawkins, E. J., Vermeersch, D. A., Nielsen, S. L., & Smart, D. W. (2003). Is it time for clinicians routinely to track patient outcome? A meta-analysis. *Clinical Psychology, 10*, 288-301. <https://psycnet.apa.org/doi/10.1037/1076-898X.10.3.288>



# Toolkit Resources: Metrics II

- *Training Deck*
- *Forms*
- *Data Tracking Tools*
- *SOP/OI*

### Building Graphs and Reports with PivotTables (Data Analysis)

Within MS Excel, a PivotTable is a powerful tool to calculate, summarize, and analyze data that lets you see comparisons, patterns, and trends in your data. A full tutorial on PivotTables can be found at [this Microsoft support link](#).

In this section will provide a brief summary of the basic steps needed to create the reports described.

**Create a PivotTable from the clinic data**  
**Step 1:** Select the Data Range you would like to include in your analysis

The simplest way to do this is to click in the upper right corner of the worksheet.

1	2	3	4	5	6	7	8	9	10	11	12
1	2	3	4	5	6	7	8	9	10	11	12
2019	4	2019	1	EMC MCHS MRRNBAR	BFDA						
2019	4	2019	1	EMC MCHS MRRNBAR	BFDA						
2019	4	2019	1	EMC MCHS MRRNBAR	BFDA						
2019	4	2019	1	EMC MCHS MRRNBAR	BFDA						
2019	4	2019	1	EMC MCHS MRRNBAR	BFDA						
2019	4	2019	1	EMC MCHS MRRNBAR	BFDA						
2019	4	2019	1	EMC MCHS MRRNBAR	BFDA						
2019	4	2019	1	EMC MCHS MRRNBAR	BFDA						
2019	4	2019	1	EMC MCHS MRRNBAR	BFDA						
2019	4	2019	1	EMC MCHS MRRNBAR	BFDA						
2019	4	2019	1	EMC MCHS MRRNBAR	BFDA						

This selects all of the data in the worksheet

**Step 2:** Once you have selected the data you would like to analyze, choose the "Insert" menu and click on "PivotTable"

**Step 3:** The range of data that you want to analyze will appear in the window below, select "New Worksheet" and then click OK.

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### Encounters by Type by Month

**Description:** This PivotChart shows a count of all encounters, sorted by appointment type. Data is displayed by month to allow you to note trends over time.

**Data Used:** Encounters

**How to create this report:**

- 1) Open the spreadsheet that has your clinic data
- 2) Go to the Tab with Encounters Data
- 3) Follow instructions on pages 6-10 for creating a pivotChart
- 4) Add "CPI" and "CM" to "ROWS"
- 5) Add "Record ID" to "VALUES"
- 6) Add "Appointment Type, Appt" to "COLUMNS"
- 7) Add "Provider Appt\_ID" to "FILTERS"

**Graphic of Report Output:**

**Available Filters:** You can narrow down by provider, so you could look at just a single provider's appointments, or select a subset of the clinic's providers, such as all social workers. You can also narrow down by calendar year and calendar month (i.e. you could choose to display only one year's data instead of 2-3). You can also select by MEPRS4 codes, in case you have more than one clinic in your dataset.

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# Toolkit Resources: Metrics II

➤ *Training Deck*

➤ *Forms*

➤ *Data Tracking Tools*

➤ *SOP/OI*

NOTE TO USER- This template is intended to give your clinic a head start on developing its own SOP for this topic. The template can quickly be adapted to fit your clinic's needs, dropping content you do not need and adding anything you feel is relevant. Note that there are several highlighted areas, which should be addressed as you customize this template for your clinic.

Subject: **Standing Operating Procedure (SOP)** for Administering the EBP Training & Utilization Provider Questionnaire at the **Behavioral Health Clinic** at **Medical Center**

Purpose: To establish a structured, efficient process for utilizing an EBP Training & Utilization Provider Questionnaire within the clinic to assist with making clinic-level decisions.

References: **Add any clinic SOPs/OIs that are referenced in this document**

## 1. Objective.

1.1. To utilize provider data regarding EBP training and utilization from a regularly administered clinic-wide provider form with the goal of improving clinic optimization.

## 2. Responsibilities.

2.1. **Clinic Manager** has the overall responsibility for ensuring that the EBP Training & Utilization Provider Questionnaire [see attached] is distributed on a regular schedule and that data from the forms are utilized to make clinic-level decisions.

2.2. **Clinical/Staffing Supervisors** will work with the Clinic Manager to ensure the EBP Training & Utilization Provider Questionnaire is administered, completed, and returned to the EBP Behavioral Health Technician or other designated POC.

2.3. **Providers** are responsible for completing the EBP Training & Utilization Provider Questionnaire upon distribution and returning to the EBP Behavioral Health Technician or designated POC.

2.4. **EBP Behavioral Health Technician/Designated POC** is responsible for distributing the EBP Training & Utilization Provider Questionnaire to providers and entering data into the EBP Training & Utilization Tracking spreadsheet [see attached].

## 3. General.

3.1 The EBP Training & Utilization Provider Questionnaire will be distributed to all clinic providers on a regular basis. Refer to the "Instructions for Administering the EBP Training & Utilization Provider Questionnaire" handout regarding how to administer, complete, and score the form as well as for the recommended frequency of distribution.

3.2. Data from the completed forms will be entered into the EBP Training & Utilization Tracking spreadsheet and forwarded to the Clinic Manager for review.

# Summary

- Differentiate common process metrics from outcome metrics
- Analyze appropriate data sources to track process and outcome metrics
- Distinguish between appropriate and inappropriate uses of clinic metrics

# Clinic Optimization Toolkit

## Modules

- Clinic Gap Analysis
- Patient Management
- EBP Utilization
- Group Therapy Expansion
- Technician Support
- Metrics
- Evaluation

## Types of Resources

-  Training Decks
-  Fact Sheets & Handouts
-  Forms & Templates
-  Spreadsheets & Supporting Documents
-  Standard Operating Procedures



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# Center for Deployment Psychology

Department of Medical & Clinical Psychology

Uniformed Services University of the Health Sciences

4301 Jones Bridge Road

Bethesda, MD 20814-4799

## Contact Us

Email: [cdp-ggg@usuhs.edu](mailto:cdp-ggg@usuhs.edu)

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