**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: Standard Operating Procedure (SOP) for Patient-Level Outcome Measures at the [Behavioral Health Clinic] at [Medical Center]

Purpose: To identify procedures in the collection, storing, and safeguarding of patient-level outcome measures in an outpatient behavioral health treatment clinic, in support of providing Evidence-Based Psychotherapy (EBP).

References:

* Memorandum for Assistant Secretary of the Army; Assistant Secretary of the Navy; Assistant Secretary of the Air Force, regarding Military Treatment Facility Mental Health Clinical Outcomes Guidance dated September 09, 2013, from Jonathon Woodson, M.D., Assistant Secretary of Defense for Health Affairs (Enclosure 1).
* BHDP Operations Manual and User Guide & Patient Kiosk Instruction Sheet
* Add any clinic SOPs or Operating Instructions that should be referenced in this document

1. Objectives.
   1. To include the use of patient-level outcome measures in providing EBPs.
   2. Standardize clinic procedures related to patient-level outcome measures.
   3. Provide patient-level outcome measures to monitor symptoms, track patient progress, provide feedback to patients, and demonstrate effectiveness of EBP treatment.
2. Responsibilities.
   1. [Clinic Manager] has overall responsibility for the provision of services and their method of delivery within the clinic.
      1. [Clinic Manager] will determine the list of measures, frequency of administration, and method to implement patient-level outcome measures in the clinic.
      2. [Clinic Manager] will assign responsibility to Behavioral Health Technicians (BHTs) to address procedures for implementing plans of patient-level outcome measures in EBP groups.
   2. [Providers] will implement the procedures below for their individual and group EBP treatment sessions. Providers are responsible for ensuring their patients understand the necessity for routine assessment of clinical outcomes and should support the clinic’s overall policy on patient-level outcome measures.
   3. [Behavioral Health Technicians/Administrative Staff] will provide support for this process as outlined in this SOP.
3. General.
   1. Patient-level outcome measures are available to monitor symptoms, track patient progress, provide feedback to patients, demonstrate effectiveness of the treatment, and improve overall treatment outcome. Patient-level outcome measures support EBPs and can be used as a therapeutic tool to guide treatment and enhance collaboration with patients to improve treatment. These tools can also give providers and clinic managers information on how to improve clinic procedures and services.
   2. This SOP applies to providers and BHTs in the application of individual and group EBP treatment.
4. Procedures.
   1. Selection of Patient-Level Outcome Measures: The clinic has standardized the basic set of patient-level outcome measures that patients are expected to complete to allow for comparison of outcomes for the clinic as a whole.
      1. Clinic staff should utilize the following patient-level outcome measures: {Clinics may customize this area to designate the measures that its providers should use.}
         1. General Measure: BASIS-24
         2. Diagnosis specific measures:
            1. PTSD: PCL-5
            2. Depression: PHQ-9
            3. SUD: AUDIT-C
      2. Additional measures can be added by providers based on their clinical judgment and the patient’s needs.
   2. Frequency of Administration: Clinic staff should use patient-level outcome measures at the following intervals: {Clinics may customize this area to designate the frequency of the administration of measures.}
      1. Patient-level outcome measures will be completed with every initial intake (SPEC/ROUT) and follow up behavioral health encounter.

* + 1. Initial intake (SPEC/ROUT) appointments: Patients will be asked to arrive 30 minutes prior to their scheduled appointment time to complete intake paperwork. The clinic uses a standard set of patient-level outcome measures in its intake paper work.
       1. The patient-level outcome measures included in the intake packet: BASIS-24, PCL-5, PHQ-9 and AUDIT-10.

{Another option may be to schedule a 90-minute initial intake appointment, with the first 30 minutes set aside for the completion of the patient-level outcome measures. The provider will be notified once the measures are completed.}

* + 1. Follow-up FTR appointments: Patients will be asked to arrive 10-15 minutes prior to their scheduled appointments to complete the patient-level outcome measures. The provider will be notified once the measures are completed and scored.
  1. Method of administration**:** Patient-level outcome measures within the clinic are administered via: {Clinics may choose what method they are using - BHDP versus paper and pencil - and delete the section on the other method.}
     1. Behavioral Health Data Portal (BHDP):
        1. Administration: Trained behavioral health staff follow recommended start-of-day procedures to account for and power devices. They provide patients with the BHDP tablet or inform them where the BHDP kiosk is located.
        2. Scoring: The BHDP provides automated scoring.
        3. Collection: Patient enters responses to outcome measures on the BHDP device, which is consolidated into the secured, online BHDP database. The provider interprets the scoring and enters the information into the patient medical record.
        4. Storing: Responses are stored and available for the behavioral health provider through secured access of the BHDP database. This allows for information to be centrally stored. Staff will follow the end-of-day BHDP guidelines to ensure tablets and/or kiosks are secure and powered off/on appropriately.
        5. Safeguarding: Outcome measure results are secured and maintained within the BHDP online database system, which is in compliance with Protected Health Information (PHI) guidelines. Staff will follow BHDP user guide recommendations for locking power carts with appropriate LAN and power connectivity to receive IMD updates.
     2. Paper- and pencil-based Outcome Measure forms:
        1. Administration: Trained behavioral health staff provides administration of patient-level outcome measures on paper format.
        2. Scoring: Trained behavioral health staff scores each measure, placing the total score on the top of the measure.
        3. Collection: Trained behavioral health staff enters scores into a centrally located database.
        4. Storing: After they have been collected and scored, the total scores from the clinic’s outcome measures are stored in a centrally located database that is in compliance with HIPPA and PHI guidelines. The original hardcopy of outcome measures are stored for XXX months and then appropriately discarded. {These documents may also be required to be scanned and placed into the patient’s EMR}
        5. Safeguarding: Outcome measure results are maintained and secured according to PHI guidelines.
  2. Procedures for documentation of patient-level outcome measures scores in the patient’s medical record:
     1. Trained behavioral health staff enters the patient-level outcome measure score into the patient’s medical record.
     2. Providers should make note of any significant change in scores for a patient-level outcome measure since the last administration, especially for scores that lead to a change in treatment plan. They should also note any critical items that are endorsed, such as for suicidal or homicidal thoughts or behaviors, and how this was addressed with the patient.
     3. If a separate hard copy behavioral health record is maintained, then patient-level outcome measures should be signed and stored per applicable clinic instructions. In addition, patient-level outcome measure scores should be documented in both the electronic medical record and the separate behavioral health record.
  3. Procedures for patients who refuse to complete patient-level outcome measures:
     1. The clinics’ official stance on patient-level outcome measures is that they are an integral part of care within the organization and are required of all patients. Patient-level outcome measures are treated the same as other routine aspects of care, such as signing a limits of confidentiality agreement and Privacy Act statement. These are expected of all patients who receive care at the clinic.
     2. When a patient refuses to complete patient-level outcome measures, the following actions can be taken:
        1. Explain to the patient that these measures help the provider and the entire clinic deliver better care.
        2. Alert the patient’s provider, who will discuss the need for patient-level outcome measures with the patient. The provider should use the clinic handout with talking points for explaining the value of patient-level outcome measures within their individual treatment plan.
        3. If the provider cannot convince the patient that patient-level outcome measures should be completed, the Clinic Manager should be notified and given the opportunity to discuss with the patient.
        4. Patients who do not agree to complete patient-level outcome measures as part of their care may be referred to another treatment location. {This should be a last resort if used.}
  4. Utilization of patient-level outcome measures: Patient-level outcome measures are useful at the individual/patient level and, once aggregated, can also serve to inform clinic-level decisions.
     1. Patient-level uses for outcome measures include:
        1. Psychoeducation: Scores on patient-level outcome measures provide patients with education about the levels of symptoms they are currently experiencing and individual items on patient-level outcome measures can be used to show patients how they meet or do not meet specific diagnostic criteria.
        2. Treatment planning: Providers use patient-level outcome measure scores, patient preference, and clinical judgment to guide decisions on the length and intensity of behavioral health treatment. Providers should always discuss the results of patient-level outcome measures with their patients, which reaffirms the fact that these measures are valuable. Patterns of scores on patient-level outcome measures may suggest the following courses of action:
           1. Re-evaluating diagnosis
           2. Assessing level of treatment compliance
           3. Making changes in treatment type or intensity
     2. Clinic-level uses for patient-level outcome measures: In addition to the benefits patient-level outcome measures convey in treatment planning and patient education, scores on patient-level outcome measures provide valuable information at the clinic-level.
        1. Process improvement: Patient-level outcome measures can be used to evaluate the effects of specific changes within a clinic, such as a shift in the format or length of a group therapy.
        2. Program evaluation: Patient-level outcome measures can be used as part of the evaluation process examining the overall effectiveness of the clinic’s services.

1. Point of contact for this SOP: POC name, title, phone number, and email address.