

MEASUREMENT-BASED CARE In Mental Health



Collect.



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MBC Implementation Planning Worksheet

Quick Start Guide

- You and your site/clinic/team get to decide who/what/where/why/when/how to implement MBC in a way that fits for your setting.
- Working through the document below can help you and your team brainstorm different decision points and create a plan towards successful MBC implementation.
- It is best to fill out the plan with input from everyone on the team who will be involved in MBC. The best way to do that is to complete it collaboratively during staff meetings. If this is not possible, team members and stakeholders can share their input and feedback on the document in an iterative process.
- The plan works best when it is reviewed regularly in team meetings and revised as needed. You should consider it to be a “living document” that changes over time as you learn more about what works for your setting.
- Overwhelmed? Start by circling 2-3 items on the plan that you/your team anticipates can be completed first.
- **REMEMBER: There is no wrong way to fill out the implementation plan!**

MBC Implementation Planning Worksheet

Location/clinic/program:

Identified Lead:

Roles/Tasks	Actionable Items & Examples	Plan (Including timeframe)	Who's in Charge	Potential Barriers & Notes
<p>A. Identify setting & participating Staff</p> <ul style="list-style-type: none"> - Clinic(s) & Team(s) - Lead - Participating providers 	<ul style="list-style-type: none"> - Identify setting(s) - Identify lead - Determine staff to participate: e.g., LCSWs, Psychiatrists, Psychologists, Addiction therapists, Trainees, Admin support staff, etc. <p><i>We strongly encourage participation of as many providers & stakeholders as possible</i></p>	<p><u>Outpatient General Mental Health</u></p> <p>LCSW, psychiatrists, psychologists, APRNs</p>	<p>Enter staff name here (deidentified)</p>	<ul style="list-style-type: none"> - Duplication - Clinicians remembering to do the measures - Do we need a templated note?
<p>B. Engage and Train Staff</p>	<ul style="list-style-type: none"> - Engage all staff through meetings and communications - Ensure all staff complete all MBC training as needed - Determine which staff will be involved in Implementation Planning process - Hold a meeting to complete the rest of this sheet <p><i>We recommend including as many participating stakeholders as possible in the implementation planning meeting</i></p>	<p>Meet with staff several times through various venues including larger all-staff meetings as well as with PTSD staff treatment team.</p> <p>Set up program line MBC email groups.</p> <p>Identified POC is chief psychologist, as well as advanced practice nurse is administrator of department and attends treatment team meetings.</p> <p>MBC staff training will be added to TMS to-do list & as external event for tracking purposes</p>		<ul style="list-style-type: none"> - Reaching consensus on implementation plan - Crafting clinical reminder and note template as needed - Tracking and designing a process to give feedback if measures missed and to obtain missing data

		Advisory council rep, outpatient PTSD program staff, ACOS of Behavioral Health, Chief Psychologist, Behavioral Health admin, SW supervisor, CACs.		
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Roles/Tasks	Actionable Items & Examples	Plan (Including timeframe)	Who's in Charge	Potential Barriers & Notes
C. Determine ways leadership can support MBC	<ul style="list-style-type: none"> - Provide recognition for participating providers - Consider resources that may be available to support implementation such as: admin support, dedicated time for champion or lead during initial implementation phase, budget supports for MBC materials (e.g., color printers), tablets, etc. - Other _____ 	<p>Monthly reports to Behavioral Health Council & minutes to facility administration</p> <p>Recognition certificates to engaged staff</p> <p>MBC updates in weekly treatment team agendas</p> <p>Monthly MBC staff luncheon to share success stories & foster continued engagement</p> <p>Reports on MBC at medical exec meetings</p>		
D. Determine which clients will be current focus	<ul style="list-style-type: none"> - Identify client population to receive MBC All clients served by participating providers/programs or clinics <ul style="list-style-type: none"> o Subset of clients (e.g., those engaged in new episodes of care, group tx, individual tx, those who screen positive for specific diagnoses, etc.) <ul style="list-style-type: none"> ▪ <i>Recommend initiating MBC with clients engaged in a new episodes of care since changes in outcomes are more likely to occur and be reflected in outcome measures</i> o Other _____ 	<p>All new clients in Behavioral Health w/a substance use diagnosis as of kickoff date (January 9th, 2017)</p>		<p>Managing administration of measures in group setting if client not in individual therapy.</p> <p>Managing administration of measures if treatment coordinator isn't only/main provider.</p>

Roles/Tasks	Actionable Items & Examples	Plan (Including timeframe)	Who's in Charge	Potential Barriers & Notes
E. Determine measures & frequency	<ul style="list-style-type: none"> - Select Measures: Below are a few options you might consider. Tailor measures to your clients and their needs <ul style="list-style-type: none"> • PHQ-9 • GAD-7 • PCL-5 • BAM-% • Other _____ - Consider whether all clients will get the same measures and how that will be determined - Determine timing of measurement for each sub-population as appropriate <ul style="list-style-type: none"> • Intake to clinic • Post-treatment • Mid-treatment • Every relevant MH encounter • Clinical judgement • As recommend by a particular treatment protocol clinic is using • Other: _____ 	<p>GAD-7 PHQ-9</p> <p>All clients will receive both measures.</p>		<p>Chosen measures driven by program line rather than diagnosis or current concerns.</p>
F. Determine method of administration & who will administer	<ul style="list-style-type: none"> - Determine method for administering measures <ul style="list-style-type: none"> • Paper survey • Tablet • Client at a computer • Provider reading aloud • Client device • Other _____ - Determine who administers (if different than above) <ul style="list-style-type: none"> • Client (self-administered) • Provider • other staff (e.g., admin support, trainees) • Other: _____ - Determine timing of administration during visit: <ul style="list-style-type: none"> • Lobby, before session • In session with provider • Different at intake/first visit than subsequent visits? • Other: _____ 	<p>Tablets are our preference if our request is approved. 2nd choice is to use a secure desktop.</p> <p>Clients to self-administer using tablets or secure desktop if possible. Otherwise, staff will administer.</p> <p>Lobby before session or in-session with provider</p>		

Roles/Tasks	Actionable Items & Examples	Plan (Including timeframe)	Who's in Charge	Potential Barriers & Notes
G. Determine method of documentation and capturing data in medical record	<ul style="list-style-type: none"> - Establish method to ensure that data is captured in your medical record in appropriate way - If administration method is paper & pencil or otherwise not directly into medical record or other data collection technology, identify who will enter data in appropriate way <ul style="list-style-type: none"> • Provider • Other clinical staff • Administrative support • Other - When will data entry or documentation happen? <ul style="list-style-type: none"> • At time of administration • Other: _____ 	<p>1st preference is tablets; 2nd preference is secure desktop</p> <p>n/a</p> <p>At time of administration</p>		
H. Determine clinical use of MBC	<ul style="list-style-type: none"> - Based on data collection method, determine if scores can be available at time of visit - How will providers make use of data to promote shared decision-making and individualize treatment in this particular setting? <ul style="list-style-type: none"> • Reviewing graphs • Motivational enhancement discussions • Adaptive treatment planning • Linking to other sources of clinical data • Discussing sx change in context of client's identified goals • Facilitating discussions about level of care • Other: _____ - How will you know MBC data is being used in clinical encounters in line with your goals? <ul style="list-style-type: none"> • Ongoing agenda item in team meetings • Share success stories • Brainstorm barriers • Other: _____ 	<p>Yes, available at time of visit.</p> <p>Reviewing scores and changes from last administration as well as discussion of factors impacting scores; facilitating motivational enhancement discussion of barriers and level of care decisions.</p> <p>Agenda item on BH monthly staff meetings; tracking via clinical reminder; agenda item on weekly program line treatment team meetings</p>		

Roles/Tasks	Actionable Items & Examples	Plan (Including timeframe)	Who's in Charge	Potential Barriers & Notes
I. Decide how to engage Clients	Identify how clinic/team will collect and incorporate client input/feedback on implementation of MBC (e.g., random selection of clients to complete a satisfaction survey on the MBC process).	Client Council member is part of core workgroup team, and workgroup members also invited to monthly Council meetings to get feedback. May explore Council doing satisfaction survey at midpoint and at completion of implementation.		
J. Defining MBC success	Identify why this is important; what are your clinic/team's goals and how would you define success?	MBC important to further improve quality & effectiveness of clinical care. Utilizing MBC allows providers to document sx improvement &/or facilitate changes in level of intensity of care to best match client needs throughout treatment. An additional goal is to provide solid clinical rationale for interventions.		
K. Develop implementation support plan	<ul style="list-style-type: none"> - Identify frequency/format of meetings for clinic implementation team to self-assess progress, navigate any barriers, celebrate success (e.g., MBC implementation becomes a standing agenda item for team meetings). - Identify how participating staff can regularly communicate about shared goals - Other ideas: _____ 	<p>Meetings with core workgroup twice monthly.</p> <p>Lead, core workgroup members, program line POCs as schedule permits.</p>		
L. Determine MBC start date	<p>Identify start date for MBC</p> <ul style="list-style-type: none"> - It is okay to have kinks in the plan. This is about learning together, not about doing it perfectly. - Sites with more barriers or more complex implementation plans may opt for a phased approach, starting with a bare bones implementation plan for the first few months and adding to that plan later (e.g., broaden clinical target, more measures, etc.). 	1/9/2017		

<p>M. Determine how to sustain MBC</p>	<ul style="list-style-type: none"> - Develop Standard Operating Procedures (SOP) for MBC (<i>this document can serve that purpose as it evolves</i>) - Recognize high MBC providers - Celebrate implementation of MBC 	<p>Recognition certificates to staff</p> <p>MBC updates on weekly treatment team agendas</p> <p>Monthly MBC staff luncheon to share success stories and foster continued engagement.</p>		
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