

## Program Metrics for Collaborative Care

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The purpose of identifying metrics for assessing your BH program is to be able to align your [Shared Vision](#) for the program with measurable data that informs your progress. This data can help the team focus improvement efforts on the areas that need it most, whether you are just starting out or have been providing care for years.

This is a list of potential process, outcome, satisfaction and financial measures that you may wish to consider for your collaborative care implementation. This list is not comprehensive nor is it expected that any clinic system would measure all of these domains. This is only to provide ideas of the types of metrics you may wish to monitor. Your team should choose metrics that align with your program vision.

Most programs prioritize 3-6 metrics to track and review on a regular basis. Metrics should be both meaningful to the program and reasonably easy to gather accurate data for. It is also important to set initial targets that are achievable for the context in which you are delivering care. These measures and targets can always be adjusted as your program matures or re-focuses efforts towards new goals.

Domain	Measure	Example Metrics
<b>Process Measures</b>	Screening and referral	Percent of total patient population screened annually for BH problems <ul style="list-style-type: none"> <li>• % of identified sub-populations – perinatal, adolescents, older adult</li> </ul>
		Number (or %) of eligible patients identified by each Primary Care Provider in the practice
		Percent of eligible patients who have Initial BH visit
	Care	Percent of patients on active caseload seen at least twice per month in first 3 months of care
		Percent of patients who have a psychiatric consultation during the course of active treatment
		Percent of patient contacts with a completed scale
<b>Patient Outcomes</b>	Access	Number of patients on caseload at any point in time
		Number (or %) of total patients in treatment for behavioral health
		Wait time for access to behavioral health assessment, MAT or other effective engagement in behavioral health treatment
		Time to first [or third] appointment for BH treatment <ul style="list-style-type: none"> <li>• Measure in EHR</li> <li>• By hand on a sample of patients</li> </ul>
	Outcomes	HEDIS Measures: <ul style="list-style-type: none"> <li>• Screening for Depression</li> <li>• Depression Remission or Response</li> </ul>

		<ul style="list-style-type: none"> <li>• Antidepressant or ADHD Medication Management</li> </ul>
		Depression/Anxiety treatment response <ul style="list-style-type: none"> <li>• PHQ-9 50% reduced</li> <li>• GAD7 5 point decrease</li> <li>• Functional measures (WHODAS)</li> </ul>
		Substance use treatment response <ul style="list-style-type: none"> <li>• Days abstinent</li> <li>• Reduced mortality</li> <li>• Brief Addiction Monitor –Revised (BAM-R)</li> </ul>
		Suicide prevention <ul style="list-style-type: none"> <li>• Total number of suicide deaths</li> <li>• Decrease in suicidal ideation reported in standard measures (such as PHQ-9 Question 9)</li> </ul>
<b>Patient Satisfaction</b>	Standardized Measures	HCAHPS (limited by lack of specificity to behavioral health)
	Organization derived	Pre/Post survey of satisfaction with care delivery
		Number of patients declined to participate and why
		Qualitative experiences of patients
<b>Provider Satisfaction</b>	Standardized Measures	Mayo Clinic Leadership Dimensions Assessment
		Maslach Burnout Inventory
		Mini Z Burnout Survey (AMA Steps Forward)
		Pulse Surveys
	Organization derived	Pre/Post survey of satisfaction with care delivery
		Qualitative experiences of providers
		Provider turnover rate
<b>Responsible Spending</b>	Health Care Costs	Overall medical spending for behavioral health patients before, during and after interventions
		Costs to implement behavioral health treatment, such as collaborative care
		Total emergency room utilization (especially pre vs post intervention)
	Organizational Efficiencies	Mean clinic time per patient
		Number of visits for providers (increase PCP efficiency with more integration of behavioral health)

