COMC
Outcomes Management Implementation

Fayette County, PA
In considering how COMC might influence systems change to foster an environment that encourages proper implementation of outcomes management, we look to organizational development and healthcare quality improvement research [1-3]. An NIMH consensus panel has suggested that adoption of new behaviors is dependent on only a handful of fundamental conditions: (1) favorable attitudes or intention to change, (2) requisite skills, and (3) absence of environmental constraint [4-8]. To foster these 3 conditions, the Implementing Evidence-Based Practice study has found six primary “levers”: (1) consumer demand for service; (2) education; (3) local peer influences; (4) financial incentives and penalties; (5) administrative rules and regulations; and (6) feedback on practice patterns [9]. Complex change efforts (such as influencing the adoption of outcomes management in service delivery settings) require particularly intense collaborative and reiterative efforts to “switch on” as many of these levers as possible [4, 9]. COMC’s Implementation initiative work to mobilize as many of the “levers” as possible using specific enabling strategies to enact this change.

Theoretical Framework for Adoption of Outcomes Management

- Favorable attitudes or intention to change
- Requisite skills
- Absence of environmental constraint
- Systems change outcomes: Conditions favorable to adopting new behaviors
- Adoption
- Youth & Family Outcomes

Levers for change: Factors that affect mental healthcare practice
- Consumer demand for services
- Financial incentives
- Local peer influences
- Education of stakeholders
- Rules & regulations
- Feedback on practice patterns

Feasible, acceptable, valuable, and effective enabling strategies

Stakeholder groups
- Providers: Administrators, Program Directors, Oil Officers
- Clinicians, Supervisors
- Youth & Families
- Payor & Policy Makers
- Stakeholder groups

Customized outcomes management tools, process guidelines, reports

Theoretical Framework

Process for Implementing Outcomes Management
COMC’s Process

The process comprises three phases as described next:

**Phase 1: Engagement**

**STEP 1: CREATING SHARED VISION** – Site-related activity begins with consensus building at each of the selected provider organizations and includes introductory meetings with administrators and key contact persons, congratulatory meetings, formation of a stakeholder/leadership team, and the identification of multiple champions throughout the organizational hierarchical structure to enable and drive implementation processes.

**Team Development:** Senior leadership positions are an integral part of the design and decision making in relation to team development. COMC’s mission is to generate a value-added ideology within the senior leadership staff to assist in the facilitation and execution of the entire implementation process. In consultation with COMC, senior leadership will identify and delegate implementation responsibilities to middle management, e.g. program coordinators, quality assurance managers, to ensure maximize optimal implementation processes are woven into the thread of the daily infrastructure and routine at the direct care programmatic level. Duties and responsibilities of senior leadership often require attention to agendas and tasks external to the daily workings of an organization. In turn, senior leadership is a crucial proponent of the initial vision in the creation of an organizational culture that enhances learning, and a gatekeeper of quality performance. Leadership is key in the development of a collaborative stakeholder forum in phase one and information feedback sessions to be described in phase three.

**Collaborative stakeholder** forums will be used to engender a “shared vision” of improving quality of care and outcomes. These stakeholder forums, working closely with COMC staff, will collect input regarding outcomes management needs specific to the provider organization, examine KIDnet for best “fit” components and needed customization, assess the organizational readiness of programs and clinicians within the provider organization to adopt KIDnet, and surface barriers. Such initial stakeholder forums provide high levels of expertise and decision-making clout, foster a positive learning community, and improve the likelihood of fostering favorable attitudes and intention to change [11]. There is evidence that staff values and practices can be directly modified based upon the communication of expectations from internal and external stakeholders [12]. The following questionnaire may be used to facilitate the evaluation of a best fit assessment.
Provider Baseline Assessment

Commitment to Collecting Outcomes

Who are the one or two people in top management in your agency who are enthusiastic about collecting outcome information?

_________________________  ______________________________

Has the Executive Director committed to this project?

Has the Executive Director discussed this commitment with staff?

To the Board of Directors?

Has the organizational culture of your organization developed so that staff understand the importance of measuring outcomes?

☑ Yes  ☐ No

Does staff see the value in collecting data regarding outcomes?

☑ Yes  ☐ No

Do staff understand the purpose of using a system for measuring outcomes?

☑ Yes  ☐ No

How does your organization use outcomes information? (Circle more than 1 if applicable)

☐ Quality Assurance/Improvement Activities
☐ For individual patient treatment plan
☐ Staff performance measurement
☐ To meet regulatory/licensing/accreditation requirements
☐ Other:

Who, if anyone, uses outcomes data collected? Check all that apply.
Hardware/Software/Internet Connection

Does staff who will be collecting outcomes information have regular access to computers connected to the Internet to facilitate data entry of information?

- Yes
- No

Do these staff all have Internet access on their specific computers?

- Yes
- No

If no, how many staff need Internet access to use the system?

Could such access be provided?

- Yes
- No

What is your administrative staff/computer ratio?

What is your clinical staff/computer ratio?

Does your staff actively use the Internet?

Would you and your staff be interested in training that focuses on the Internet?

How many staff have access to your organization’s outcomes system?

Who is your ISP provider (for example: Erols, Mindspring, AOL)?

Which Browser do you use (for example: Microsoft Internet Explorer, Netscape, AOL)?

Which method do you use to connect to the internet (DSL line, Modem, ISDN)?
Phase 1: Continued

STEP 2: ASSESSING PROGRAM PROFILE/BASELINES – Concurrent with these consensus-building activities, COMC will conduct baseline assessments at the organization level. The baseline assessments are designed to elicit as much information as possible regarding the organization’s culture and community characteristics. Stakeholder/leadership forums will use this information to tailor on-site training, technical assistance, and ongoing consultation to program leaders, clinicians, youths and family members to ensure faithful adoption and implementation of outcomes management processes. The following is a list of areas assessed for program profile/baseline development:

- Accreditation requirements
- Licensure achievements
- Level(s) of care
- Target treatment population(s)
- Average length of stay
- Primary program functions
- Therapeutic services offered
- Time-frame parameters for outcome form completion

STEP 3: REDUCING OBSTACLES AND DEFINING CHAMPIONS – Stakeholder/leadership forums will articulate plans for addressing logistical obstacles and for procuring necessary support resources for providers to effectively implement KIDnet. Champions will be defined in multiple and strategic venues throughout the organization. The role of champion is constructed to act as a purveyor/facilitator of information, support, communication, and mastery of a particular aspect of the outcomes implementation project. Champion roles hold key liaison relationships with COMC throughout the implementation process. There is some evidence to suggest that facilitation, within an implementation process initiated by a central change agency, is a deliberate and valued process of interactive problem solving and support that occurs in the context of a recognized need for improvement and a supportive interpersonal relationship. The facilitator or champion may further be described primarily as a distinct role with a number of potentially crucial behaviors and activities (Stetler, et. al. 2006). Examples of champion roles are as follows:

- Data champion
- Outcomes champion
- Technical assistance champion
- Information feedback champion
STEP 4: SELECTING MANAGEMENT PROCESSES – COMC and the stakeholder/leadership forum will develop guidelines that prescribe a set of potential approaches for completing outcomes management processes. Such guidelines can both educate as well as be tied to administrative regulations, fostering incentives for change. In partnership with COMC, delegated leadership (champions) are required to educate staff, give them a chance to evaluate KIDnet and outcomes management processes, and participate in adapting it to their needs [13, 14]. Scheduling trainings, developing timelines for initial system data entry, identifying reasonable start dates, agreed upon milestone events, and understanding the recursive nature of the implementation process are crucial to the management process.

STEP 5: PREPARING CLINICIANS FOR KIDNET – Special clinician training will be required that provides the hands-on education necessary to move from training to implementation. CEU’s will be offered when possible. Clinical supervisors will receive training in case management and data-directed treatment planning using KIDnet tools. Training for KIDnet involves multiple system and reliability considerations. Clinicians may be trained on the use of any and all of the following:

- Outcomes system use
- Outcomes and treatment planning use
- Inter-rater reliability, examples include CANS, CAFAS, CASSII, ATEC
- Administrative use
- Report use (information feedback)

Phase 2: Implementation

STEP 1: LAUNCHING OUTCOMES MANAGEMENT – A Kick-Off formally launches each provider on the dissemination/implementation course as well as further builds commitment and support from stakeholders, particularly family caregivers. Raising stakeholders’ awareness of the benefits of outcomes management is a major part of the Kick-Off.

STEP 2: IDENTIFYING YOUTH – COMC will assist providers in setting up KIDnet to track individual patient data (process and outcome). COMC will work with clinicians to determine the best way to provide cues about the need for updates and to facilitate use of outcomes data in clinical decision-making and documentation.

STEP 3: ROLLOUT – Clinicians will implement outcomes management with eligible youths as part of their normal caseload. Supervision and continual clinical monitoring essential to ensuring fidelity to the guidelines will be incorporated into regular clinical supervision.
STEP 4: ONGOING CONTACT – COMC staff will continue to maintain direct scheduled communication with the outcomes champion(s) identified in phase one. Additionally, technical support is available daily to all staff using the outcomes system, via email, telephone, and via the web-site.

STEP 5: FOLLOW UP - Approximately three to six months into the implementation process, COMC will return to the program site to conduct another formal training with the clinical staff to further educate clinicians on the use of the outcome measures in the treatment process. This follow up approach will build off the baseline training the clinicians received in step two of this phase by using real clinical information in a case presentation style setting to enhance the understanding of real time clinical decision making. The training will review outcome reporting features, interpretation of outcome measures as they apply to authentic cases, and will discuss the importance of stakeholder involvement in the report review process.

STEP 6: STRESSING INFORMATION SHARING – Phase two concludes with revisiting the stakeholder group and designing communication strategies around information sharing at the clinical/treatment level. Sharing information with parent/caregivers, youth, and treatment team members is essential to the complete and effective use of the outcomes process. Clinicians will have an opportunity to share thoughts and ideas in consultation with COMC staff to develop strong alliances with stakeholders involved in the sharing of information in the outcome system.

STEP 1: MONITORING OUTCOMES AND INITIATING ROUTINES –

Years of qualitative and quantitative research show that to be meaningful feedback must be timely, specific and focus on outcomes that recipients can control. Feedback must provide a metric for evaluating the information either through comparing outcomes with goals, with the results of other providers/projects, or as a trajectory of results produced over time [15, 16]. Such feedback has been established as a central element of goal success [14], a powerful instigator and maintainer of the process for change [17, 18], and a central aspect in theoretical models about the forces that stimulate systems to initiate change [19]. “Generating evidence on treatment outcome in actual clinical practice, the kind of evidence clinicians need most in order to assess the likely utility of the treatment for their settings [20] p. 304-305)” is necessary. COMC’s infrastructure allows data collection on conformance to practice standards and individual level treatment outcomes and is tied to ongoing feedback mechanisms that provide clinically useful information and promote behavior change [21].

Middle Management Feedback

COMC will guide organizational leadership in developing high level management venues for information feedback. Examples include the development of quarterly outcomes meetings where middle management
reports “lessons learned”, or the initiation of comparative quality assurance benchmarking, or process improvement initiatives using outcomes measures.

**Senior Management Feedback**
At the end of Year one, COMC will finalize the feedback process by working with senior management to communicate outcomes findings back to the entire organization. The sharing of information will complete the development of a learning organization, built on a platform of information sharing at all levels of the organization, monitored by a cycle of feedback loops built into an outcomes infrastructure.

**STEP 2: LEARNING FROM EXPERIENCE** — Finally, recursive assessments will be used to evaluate the effectiveness of outcomes management, to gain an improved understanding of the strategies used by providers to overcome the usual barriers to successful implementation of new practices, and to evaluate whether the use of outcomes management practices “take root”. Throughout this process, these assessments serve as a resource in examining system barriers to faithful implementation of these practices and strategizing solutions. These assessments will be conducted so that each can inform the development of the subsequent one. Four types of assessments will be used to describe and inform the re-iterations of the process: organizational surveys, interviews of staff, observation of stakeholder meetings, and review of documents. As implications and recommendations emerge, such knowledge will be transferred such that empirical lessons learned add to the theoretical literature upon which the current project is built.