Complying with Standard CTS.03.01.09
Behavioral Health Care Accreditation Program

On January 1, 2018, The Joint Commission modified Standard CTS.03.01.09 to require that outcomes of care, treatment, or services be monitored using a standardized instrument. Organizations use feedback derived through these standardized instruments to inform goals and objectives, monitor individual progress, and inform decisions related to individual plans for care, treatment, or services. Aggregate data from the tools may also be used for organizational performance improvement efforts and to evaluate outcomes of care, treatment, or services provided to the population(s) served.

STANDARD CTS.03.01.09

THE ORGANIZATION ASSESSES THE OUTCOMES OF CARE, TREATMENT, OR SERVICES PROVIDED TO THE INDIVIDUAL SERVED.

EP 1 – THE ORGANIZATION USES A STANDARDIZED TOOL OR INSTRUMENT TO MONITOR THE INDIVIDUAL'S PROGRESS IN ACHIEVING HIS OR HER CARE, TREATMENT, OR SERVICE GOALS.

EP 2 – THE ORGANIZATION GATHERS AND ANALYZES THE DATA GENERATED THROUGH STANDARDIZED MONITORING, AND THE RESULTS ARE USED TO INFORM THE GOALS AND OBJECTIVES OF THE INDIVIDUAL'S PLAN FOR CARE, TREATMENT, OR SERVICES AS NEEDED.

EP 3 – THE ORGANIZATION EVALUATES THE OUTCOMES OF CARE, TREATMENT, OR SERVICES PROVIDED TO THE POPULATION(S

Commonly referred to as "measurement-based care" or "routine outcome measurement," using objective data to track the impact of care, treatment, or services has become a high-profile issue in the behavioral health care field. The Joint Commission believes that successful implementation of this standard will help accredited organizations simultaneously improve the quality of the care, treatment, or services they provide, and put them in a position to meet the growing demand from stakeholders to demonstrate the value of their services. Nearly twenty years of behavioral health care research has demonstrated the value of measurement-based care as a mechanism for improving the outcomes of care, treatment, or services.[1,2,3,4,5] The findings are robust and extend across modalities, populations, and settings[1,2] (for example, within populations such as individual psychotherapy,[4,5] therapy with couples/families[6,7] and groups,[8] substance use treatment,[4] eating disorder programs,[9] pharmacological treatment,[10] services for children and adolescents,[11,12] and in settings as diverse as outdoor/wilderness facilities[13] to large public behavioral health care settings[14]).

By introducing standardized data into the care, treatment or service process, measurement-based care provides the organization and individual practitioners with an objective source of information that enhances their ability to determine whether what they're doing is having a positive and significant impact on the individual served.[15] This practice, therefore, has been shown to be particularly beneficial as a means to prevent the failure of care, treatment, or services.[1,2,16] There is also some tentative support for measurement-based care providing a direct benefit to the individual served as a means to quantify whether he or she is making progress over the course of care, treatment, or services.[2] When both the organization and the individual objectively see what is happening, it can inform shared decisions about whether to stay the course or make corrections. This leads to better outcomes, which in turn leads to higher quality care, treatment, or services. In short, the use of standardized outcome measures can help organizations to answer the question, how do we know that what we're doing is working?

Choosing an Instrument

The choice of an instrument(s) belongs to the accredited organization; however, any instrument used must meet the criteria listed below for routine outcome measures:

Well-established psychometric properties (i.e., reliability and validity)

- Instruments that are appropriate will have been tested for their reliability (consistency as a measure) and validity (measuring what they are intending to measure). Results of this testing will likely be

high-quality instruments available at no cost to the organization (some instruments are in the public domain, and some are proprietary and require a licensing agreement but are otherwise free to use).

In contrast, a "measurement system" generally refers to a vendor and/or a process for administering, scoring, and aggregating data that has been collected using a specific instrument. A measurement system vendor may utilize one or more instruments (or sometimes a related suite of instruments) and may offer options that include administering an instrument using tablets or smart phone apps, automated scoring, aggregation, and reporting. Many systems can even provide real-time feedback directly to practitioners. The costs vary widely by vendor and that must be considered by organizational leaders as they balance both cost and feasibility (i.e., staff time and effort spent administering, scoring, aggregating, and reporting data).

Using the Data

While selecting an instrument is an important (and easily verifiable) step towards implementing measurement-based care throughout an organization, this act alone is insufficient to comply with the standard. The standard requires that organizations use data from the instrument to track the progress of individuals served in order to inform care, treatment, or services. For many organizations and individual practitioners, this will require a major cultural shift in how they think about data and assess client progress. Organizations should be prepared, therefore, to address the implementation challenges that will inevitably arise. If staff are told they must use an instrument in order to fulfill a Joint Commission requirement, it is unlikely that implementation will be highly successful. Successfully implementing any change takes time and effort, and leadership needs to be committed to making the change.[3] Specifically, leadership needs to clearly embrace the use of outcome measures and emphasize the advantages of using objective data throughout the care process for clients, staff, and the organization.

Assistance for identifying and overcoming challenges associated with making organizational change can be found at The Joint Commission's Center for Transforming Healthcare under the *Education and Training* tab. (http://www.centerfortransforminghealthcare.org/high_reliability_health_care_training_programs.aspx). Also, see the Additional Resources section at the end of this article for helpful information.

Organizations should be prepared to work with clinical staff to address common implementation barriers. Boswell et al. (2013) recommend carefully considering and preparing to address both practical and philosophical challenges.[3] Practical challenges include financial barriers, time constraints, meeting different needs for different stakeholders, and turnover at both the leadership and staff level. While philosophical challenges can be more difficult to address, they are just as important for successful implementation. They include: Addressing questions about the "value" of outcome assessment, directly addressing fears and mistrust (e.g., How will the data be used?), and ensuring that privacy and ethics concerns are acknowledged and satisfied. Boswell et al. suggest that organization leaders work closely with staff and clinicians to develop an implementation strategy that addresses barriers and challenges across three key dimensions: Adding incentives to encourage adoption, simplifying data collection and minimizing disruption, creating flexibility and implementation options (e.g., initially sacrificing some standardization in exchange for increased buy-in and adoption). Implementation efforts that encourage transparency between leaders and staff and take a non-hierarchical implementation approach

as well as real-time feedback displays and statistical benchmarking. Either way, as long as providers are looking at the data and using it to inform care, the organization would be complying with the standard.

Ultimately, accredited organizations are expected to support a care, treatment or service process that uses objective data to *inform* care, treatment

References

[1] Scott K and Lewis CC. Using measurement-based care to enhance any treatment. *Cogn Behav Pract*. 2015;22(1):49-59.
[2] Grondek D, Edbrooke-Childs J, Fink E, Deighton J and Wolpert M. Feedback from outcome measures and treatment effectiveness, treatment efficiency and collaborative practice: A systematic review. *Adm Policy Ment Health*. 2016;43:325-343.
[3] Boswell JF, Kraus DR, Miller SD and