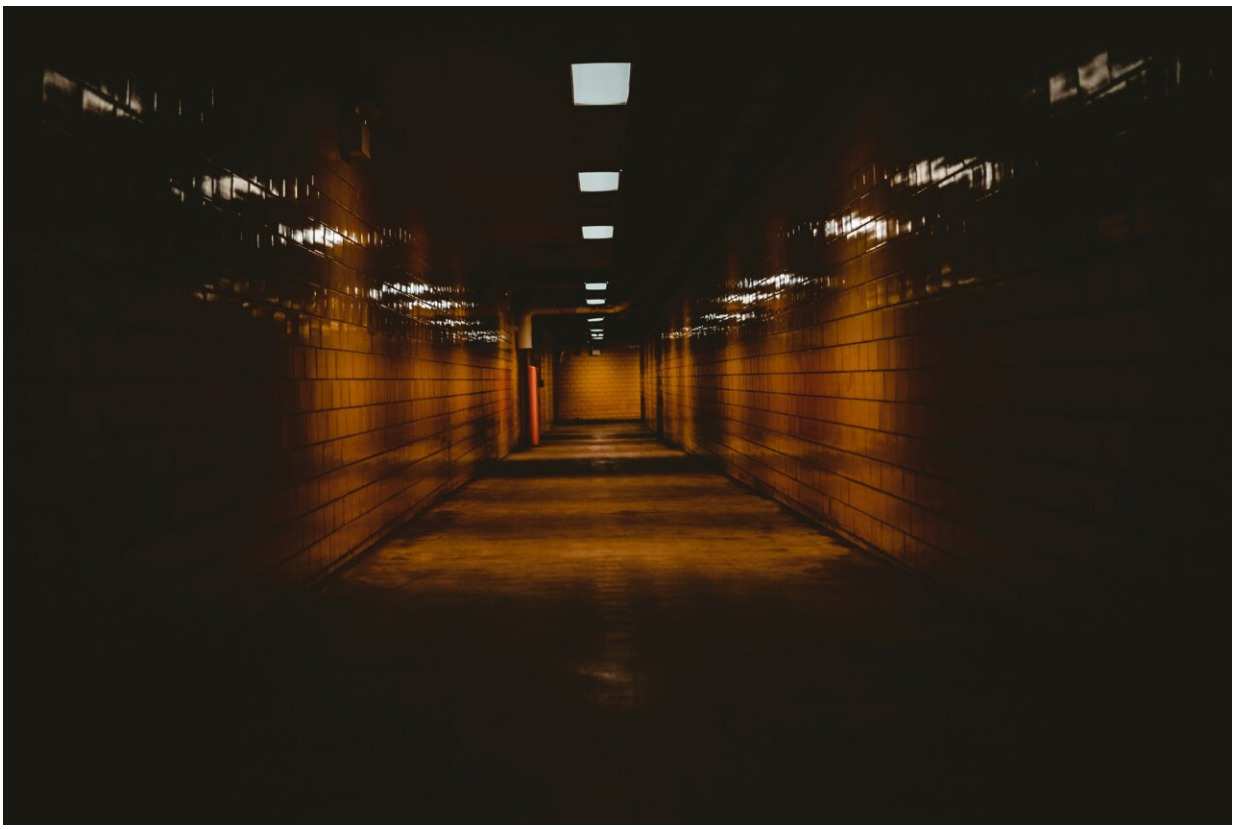
Quality measures don't match patient-reported outcomes in inpatient behavioral health

November 10 2021



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At psychiatric hospitals and other inpatient behavioral health facilities, good performance on routine quality measures does not necessarily lead

to improvement in symptoms and other patient self-reported outcomes (SROs), reports a study in the November/December issue of the *Journal for Healthcare Quality* (JHQ), the peer-reviewed journal of the National Association for Healthcare Quality (NAHQ).

"[O]ur analyses suggest there is a gap in the data regarding the quality of patient experience and symptom improvement, with little supporting evidence that the current measures directly relate to such constructs," according to the research by Rachel B. Nowlin, MS, and colleagues of Mental Health Outcomes, LLC (MHO), in Lewisville, Texas. They believe that quality assessment in behavioral inpatient care "has room for increased value return"—particularly by adding SROs or other direct measures of patient improvement.

Researchers call for adding SROs to quality assessment in behavioral healthcare

Quality measurement is a major focus for healthcare organizations, with the idea that improving performance on routine care measures will lead to improved patient outcomes. Compared to medical and surgical care, behavioral healthcare has lagged in establishing evidence-based quality measures and quality improvement.

How well does the current quality measurement framework reflect patient outcomes in inpatient behavioral health settings? Ms. Nowlin and colleagues analyzed quality data submitted by 142 US psychiatric hospitals or departments to the Centers for Medicare and Medicaid Services and The Joint Commission. The 16 measures reflected assessment, screening, treatment, and transition steps considered to be important indicators of the quality of inpatient mental and behavioral healthcare.

Performance on quality measures was evaluated for association with improvement in SROs, reflecting outcomes reported by patients themselves. The study included widely used assessments of behavioral health functioning and depression symptoms, as well as assessments targeting children and adolescents and older adults.

Scores on most of the quality measures were closely interrelated with each other: facilities that performed well on some measures tended to perform well on others. Four of the 16 measures—particularly those related to routine screening at admission and screening for alcohol and tobacco use—had reported rates of 90 percent or higher, with little room for improvement.

For 9 of the 16 measures, higher scores for quality of care were significantly associated with patient improvement on SROs. However, the correlations ranged from weak to moderate and did not fall into clear groupings. The single quality measure with the greatest impact on patient-rated improvement was providing medication or offering referrals for further treatment for substance use disorders at discharge.

The remaining 7 measures were unrelated to improvement in SROs. For most of these quality indicators—for example, routine admission assessments, influenza vaccinations, or recordkeeping steps at discharge—it is "difficult to discern" a direct link to improvement in patient-reported outcomes.

The researchers liken the current approach to quality measurement in behavioral healthcare to "a stool with two legs: Organizational and procedural measures are present, but outcome measurement is missing." Ms. Nowlin and coauthors conclude: "We encourage an expansion of the current framework of behavioral health quality measurement beyond process and organization and suggest the addition of patient outcomes such as SROs as quality measures to directly assess patient

improvement."

More information: Rachel B. Nowlin et al, Quality Measurement and Patient Outcomes in Inpatient Behavioral Health: Assessing the Current Framework, *Journal for Healthcare Quality* (2021). DOI: 10.1097/JHQ.0000000000000319

Provided by Wolters Kluwer Health