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# Measurement-Based Care Accreditation Requirements

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# The Joint Commission

- Independent, not-for-profit, health care accrediting body
- Founded in 1951
  - *The mission of The Joint Commission is to continuously improve health care for the public, in collaboration with other stakeholders, by evaluating health care organizations and inspiring them to excel in providing safe and effective care of the highest quality and value.*
- Began accrediting Behavioral Health Care settings in 1970

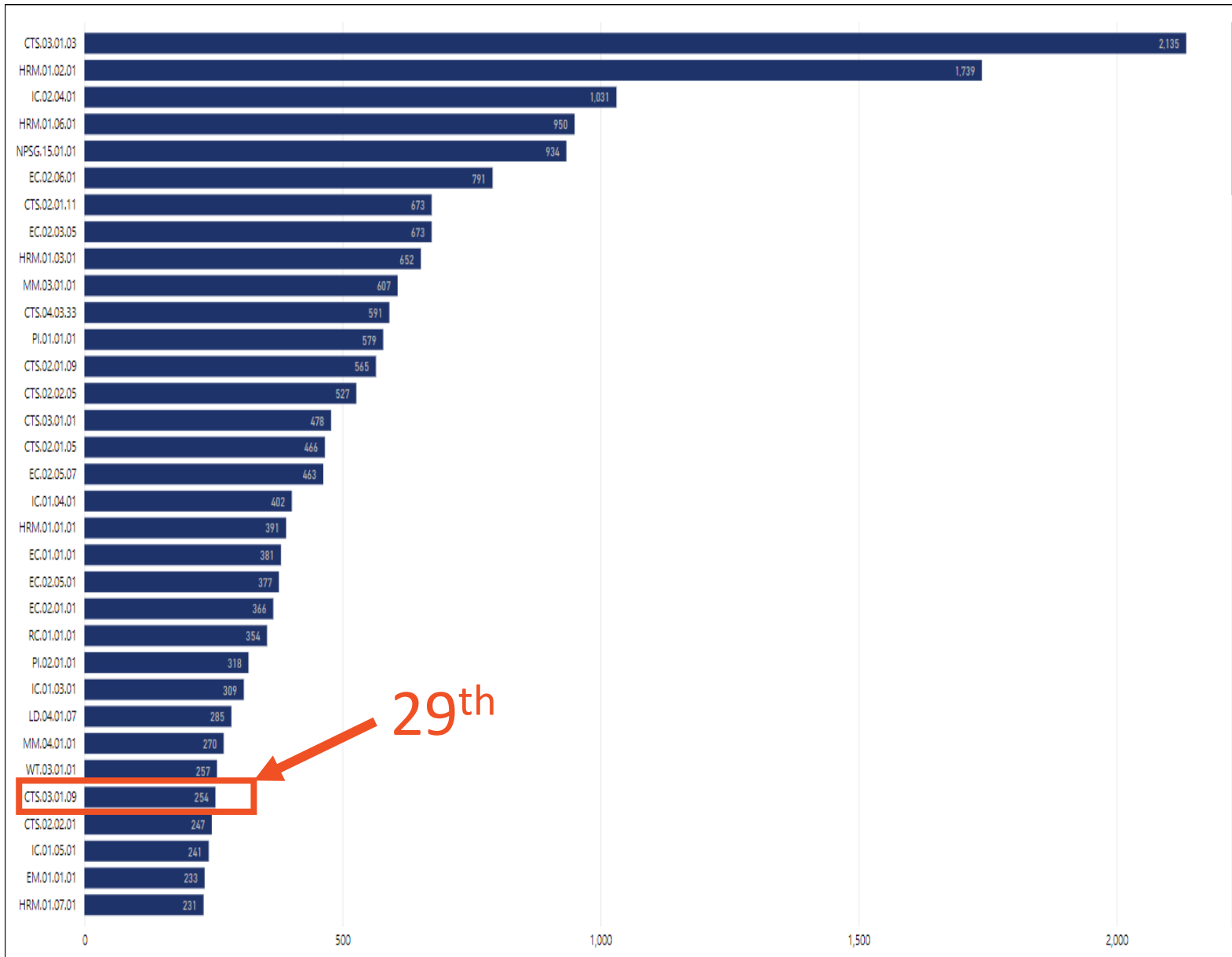
# Joint Commission Standards

- Provide the basis of an objective evaluation process that can help health care organizations measure, assess, and improve performance.
- Developed with input from health care professionals, providers, subject matter experts, consumers, and government agencies
- They are informed by scientific literature and expert consensus
- New standards are added only if they relate to patient safety or quality of care, have a positive impact on health outcomes, meet or surpass law and regulation, and can be accurately and readily measured.

# Why Require a Standard on Measurement-Based Care?

- Nearly two decades of research support the benefits of measurement-based care (aka: routine outcome measurement, outcome informed care, feedback informed treatment, etc.).
- The effects are robust, cutting across treatment modalities, populations and settings
- The process is especially useful for identifying potential treatment failures
- There is growing emphasis from stakeholders on demonstrating outcomes
- A previous standard (which required accredited organizations to monitor an individual's progress during service and to measure the outcomes of care for the populations served by the organization) was NOT moving the field forward

# Scoring Standard CTS.03.01.09



## 2015-2017

- CTS.03.01.09 was scored on just **8%** (249 of 3,029) of full survey events from January 1, 2017 – December 31, 2017.
- 15% of findings were related to monitoring progress
- 85% were focused on population outcomes

BHC Program, Full Survey Events,  
January 1, 2015 – December 31,  
2017

# Changing an Existing Standard

- Technical Advisory Panel
- Field Review (and revisions)
- Focus Groups (and revisions)
- Standard was approved in November 2016.
- Field was given one year to prepare for implementation, beginning on January 1, 2018.

# Revised Standard CTS.03.01.09

(Effective January 1, 2018)

- **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) it serves **by aggregating and analyzing the data gathered through the standardized monitoring effort**

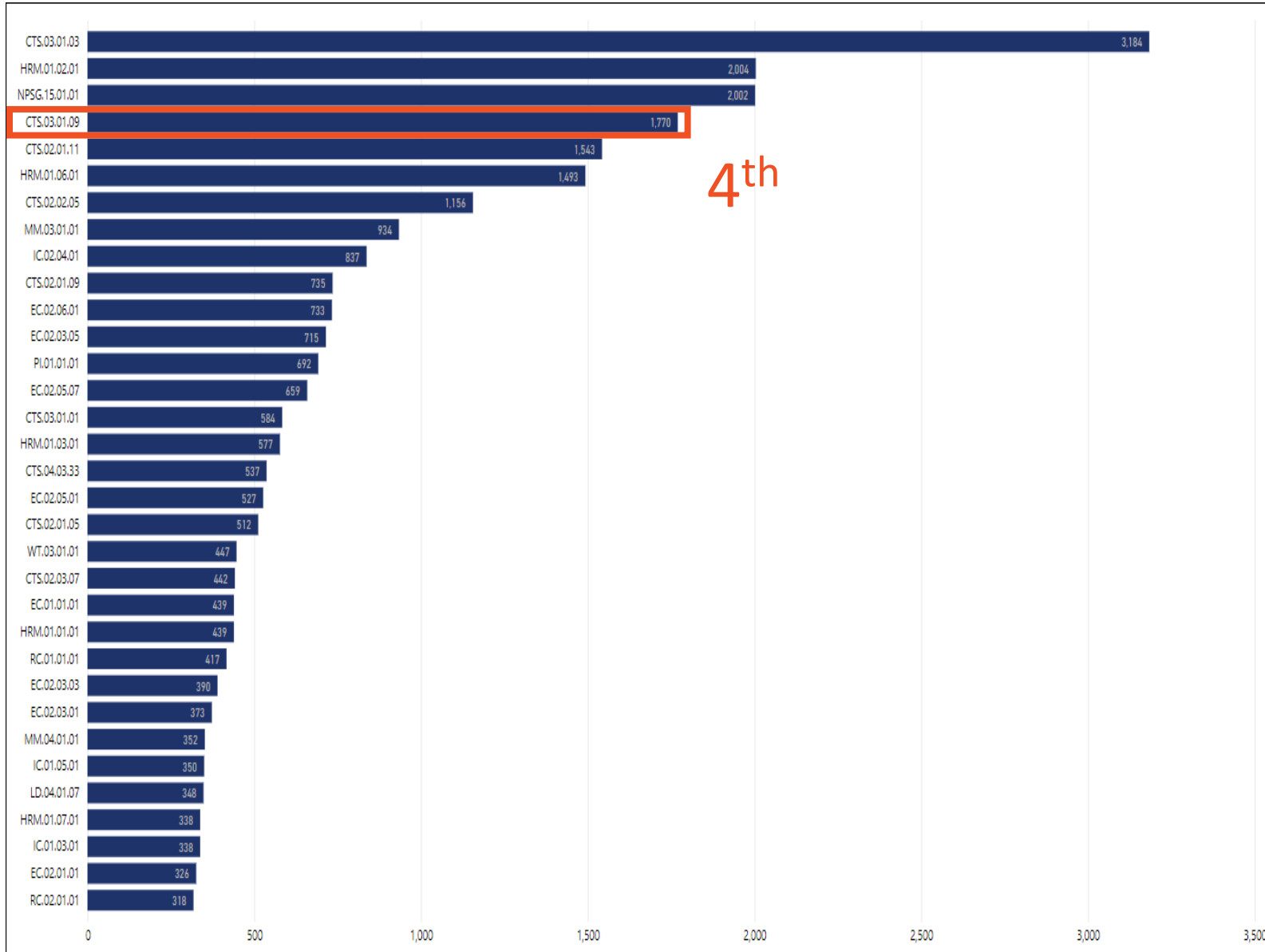
## More simply stated:

- To comply with the standard, accredited behavioral healthcare organizations need to:
  - Select a standardized instrument that is appropriate for their setting and the objectives of services they provide
  - Administer it consistently throughout the course of service
  - Consistently review the data and do something in response to it (at both the individual and organizational level)



# Scoring Standard CTS.03.01.09

## 2018 - 2021

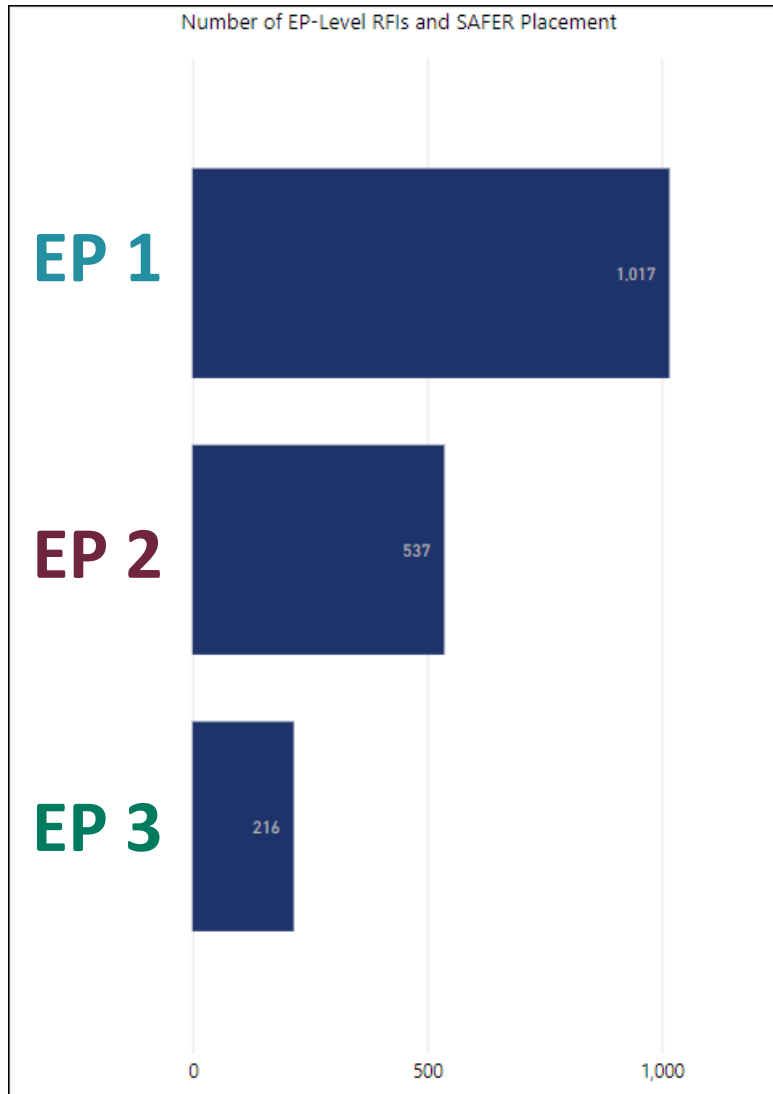


- 2,118 compliance issues were identified for standard CTS.03.01.09 on **50%** (1,884 of 3,753) of full survey events from January 1, 2018 – June 1, 2021.
- **4<sup>th</sup>** most frequently scored standard in the BHC Program

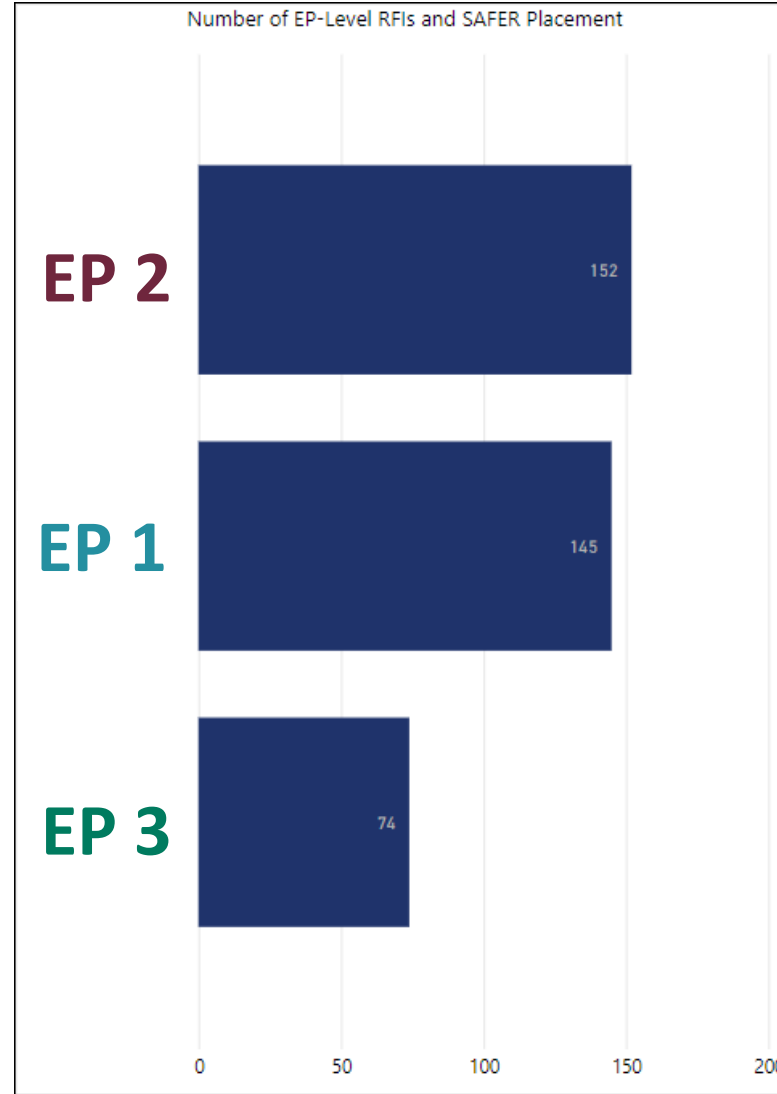
BHC Program, Full Survey Events, January 1, 2018 – June 1, 2021

# Shifting Scoring Patterns

2018 - 2020



2021



EP 1 – Uses an instrument

EP 2 – Using the data to monitor progress and inform care

EP 3 – Aggregate and track population outcomes

# Final Notes:

- The current standard applies to organizations (>3,000) accredited under the Behavioral Health Care and Human Services program
  - Some segments within Human Services are excluded (e.g., adoption services)
  - Mental Health services provided in organizations accredited under the Hospital or Ambulatory Accreditation programs are NOT required to implement the measurement-based care standard
- The Joint Commission is currently exploring if/how to expand the requirement to these programs.