

Treatment Outcome Benchmarking Data for Private Practice Settings

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The above current and former psychologists at Chris Mackey and Associates have all contributed to the compilation of the following outcome evaluation data which reports on treatment outcomes of clients seen through the Better Access (Medicare rebate) scheme funded by the Australian Federal Government

**The following slides are based on a research presentation at the 33rd
National Conference of
the Australian Association of Cognitive and Behavioural Therapy
at the Grand Hyatt Hotel in Melbourne
on 19th, April, 2010**

The outcome data presented may be used as a reference point by other mental health practitioners to compare the before and after scores on relevant questionnaires of the clients they have treated. Those who obtain similar results are likely offering effective and efficient treatments.

Do psychological therapies work under clinically representative conditions?

- ➔ Qn. of effectiveness v. efficacy

-Effectiveness relates to how well treatments work in real-world settings such as everyday private practice settings; efficacy relates to how well treatment interventions are found to work with carefully selected client groups under carefully controlled conditions, e.g. in randomised control trials conducted in academic research settings. There are questions as to how representative and generalizable the latter findings may be.

- ➔ Are efficacious treatments transportable?

- ➔ - Shadish et al., Psych Bulletin, (2000)

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(Relevant articles from the journal of the APS College of Clinical Psychologists)

- ➔ Outcome Rating Scale and Session Rating Scale in psychological practice: Clinical utility of ultra-brief measures

- Campbell & Hemsley

(describes brief practical measures for assessing treatment outcome and therapeutic alliance)

- ➔ What does \$AUD27,650,523.80 worth of evidence look like?

- Carey, Rickwood & Baker

(raises question of the effectiveness of psychological treatments offered through the Medicare rebate scheme and highlights the lack of relevant data - the following slides present such outcome data)

Media references

- ➔ Sunday Age newspaper on 30 Jan, 2010 stated under heading
Mental health fund blow-out on page 3,

Despite the huge investment (\$1.5 billion by 2011 for the Medicare-based scheme) - three times original estimates - the Federal Government has not released any evidence that the consultations are improving mental health.

- ➔ A similar issue was raised on 774 radio, Melbourne on 26 Feb, 2010.
- ➔ More detailed quotes from the Sunday Age article are reported on the next slide.
- ➔ There are therefore calls for evidence of the effectiveness of this scheme from both professional and mainstream media circles.

Sunday Age, 30 Jan, 2010

- ▶ Increased psychological consultations are welcome if they re reducing mental illness or creating flourishing people, [but] we don t know that.
 - David Crosby, CEO of MHC of Aust

- ▶ [The scheme] discriminates by money, geography and age . It squeezed funding for proven services, such as mental health funding.
 - Ian Hickie, Director, Brain & Mind Res Inst.

Evidence for effectiveness of psychological treatments

- ➔ The following slides report on outcome evaluation data collected at this practice using a rigorous evaluation process. They provide direct evidence of the effectiveness of psychological treatments offered through the Better Access (Medicare rebate) scheme to 349 adult clients. This research has been accepted for presentation at national scientific conferences.

Principles of Outcome Measurement

(These principles were used as guidelines for the current research)

- Define goals & objectives
- What is important to consumers?
- What is possible and practical?
- Choose existing relevant measures
- Use reliable, valid, brief measures
- Decide who should conduct Ax.
- Measure at earliest possible time
- Measure on a fixed schedule

Measures

- Beck Anxiety Inventory (BAI; Beck, 1990)
- Beck Depression Inventory (BDI; Beck, 1978)
- Positive and Negative Affect Scale (PANAS; Watson et al, 1988)
 - Positive Affect Subscale (PA)
 - Negative Affect Subscale (NA)
- Satisfaction with Life Scale (SWLS; Diener et al., 1985)
- Outcome Rating Scale (ORS; Miller and Duncan, 2000)
- Session Rating Scale (SRS; Miller et al., 2000)
- Global Assessment of Functioning Scale (GAF; in DSM-IV)

Evaluation Process

- Give BAI, BDI, PANAS at Session 1

For each course of therapy

- ORS and SRS every session

- BAI, BDI, PANAS, SWLS at S 5 & 10

- Repeat measures at final session

Can use recent data as final if 75% into therapy and representative

Use GAF and ORS scores if no other final data

- *Can then check course of change and generalizability of results*

Systemic strategies for reliable data

- ➔ Sophisticated computer program incorporates diary and outcome data
- ➔ Archive sheet in file documents questionnaire results throughout therapy
- ➔ Admin to collect data, recall clients, post letters, request files for archiving
- ➔ Clinicians review and refine decision rules
- ➔ Practice principal and doctoral student systematically check records and data
- ➔ Missing data systematically identified and requested from clinician

Client Base

- ▶ **1074 Adult rebate client treatments post 2007 & pre 2010 offered via Medicare rebate scheme**
- ▶ Exclude 80 parents, ABI clients, hospital patients, unwilling attenders, juv. justice clients, those seen in couple or group.
- ▶ Exclude 52 clients from non cognitive-behavioural therapy psychologist whose data was less reliable
- ▶ **n=942**
- ▶ **196 recorded as data not collected (21%)**
 - 162 noted as discontinued Tx
 - 24 failed to complete qnaires (1 directly refused)
 - 10 clinician didn't give questionnaires
- ▶ Estimate approx 200 clients are ongoing - Tx not completed
- ▶ Approx 200 clients unclear so far, but many not treated. Will review relevant files in coming months.
- ▶ **Have currently collected 546 pre and post GAF scores (58%), 349 BAI & BDI scores (37%)**
- ▶ 12 clients seen for multiple therapies
- ▶ **Proportion of outcome data collected: 2007 (33%), 2008 (48%), 2009 (32%) for BAI & BDI**
- ▶ These percentages will increase as more clients complete therapy

Average scores pre- and post-treatment and T-Test results

	Pre		Post	
	Mean	SD	Mean	SD
BAI (n=349)	18.8	(10.6)	7.81	(8.3)****
BDI (n=349)	20.2	(9.5)	8.4	(8.3)****
PA (n=161)	21.3	(7.6) 10%ile	32.0	(9.4)**** 52%ile
NA (n=161)	27.1	(7.7) 93%ile	16.9	(7.7)**** 69%ile
SWLS (N=176)	17.6	(7.4)	23.0	(7.8)****
GAF (N=546)	57.9	(6.9)	69.3	(9.9)****

**** All significant changes on each measure at $p < .0001$

Effect Size Statistics

	ES	%	
BAI (n=349)	1.06	85%	(i.e., average client at end of treatment was better off than 85% of those at start of treatment on this measure)
BDI	1.28	89%	
PA (n=161)	-1.15	87%	
NA	1.18	88%	
SWLS (n=172)	-1.15	87%	
GAF (n=546)	-1.31	90%	

Change For Individuals

(% of clients whose scores significantly increased or decreased)

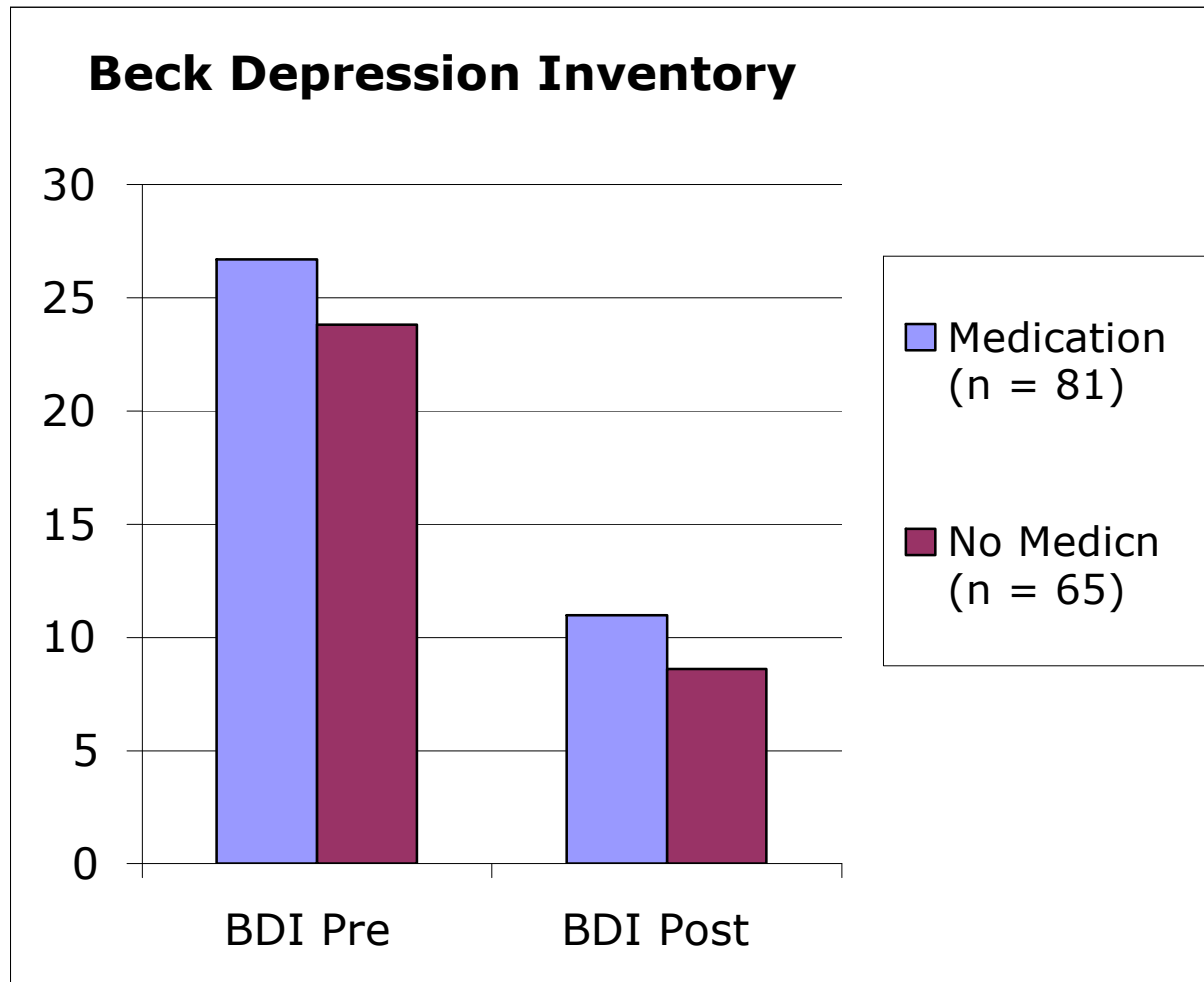
BAI n=349	48.1% ↓	1.1% ↑	(reported at least a 10-point difference)
BDI	57.3% ↓	<1% ↑	(reported at least a 10-point difference)
PA n=164	<1% ↓	81.7% ↑	(reported at least a 7-point difference)
NA	46.3% ↓	<1% ↑	(reported at least a 10-point difference)
SWLS N=176	2.3% ↓	33.5% ↑	(reported at least a 7-point difference)
GAF N=546	58% ↓	.04%% ↑	(reported at least a 10-point difference)

Treatment outcome for Major Depressive Disorder

- ➔ The following slide documents outcomes for clients with Major Depressive Disorder offered psychological interventions for depression through the Better Access (Medicare rebate) scheme

81 clients were on medication & seen for an average of 9.9 sessions

65 clients were not on medication & seen for an average of 7.9 sessions



Treatment outcome for Major Depressive Disorder (cont.)

- The previous slide therefore demonstrates that many clients with Major Depressive Disorder benefit from psychological interventions which are not only efficient (clients were seen on average for just under ten sessions), but also commonly just as effective whether or not the client was using prescribed medication. This does not mean that antidepressant medication is not of benefit for many individuals. But it does prove that there are many individuals who recover well from Major Depressive Disorder in response to psychological treatment, even when they are not on medication. The average BDI score at post-treatment for clients treated without medication was in the non-clinical range, reflecting a relatively full recovery.

ORS Data from Dec 2008

N=502 adult rebate clients

ORS 1 data for 96% of those

n = 199 (40%) recorded completers

	ES	%
ORS	-1.66	94%

(i.e. average client at end of treatment was better off than 94% of those at start)

In av. 5.7 sessions (s.d. = 3.4)

(But probably includes quickest and best responders
- see this webpage for updated reports in future)

Future plans

➔ Continue to improve reliability of data

Further refine decision rules

Further scour and review files and records

Use ORS as check on representativeness of other outcome data

➔ Investigate changes across sessions

Use ORS and S5/10/Final/FU data

➔ Updated benchmark data to be posted on website

- N.B. we shall continually update our outcome evaluation data, probably every six months or so. Refer to this section of website for representative benchmarks for client outcomes.

Conclusions

- Extensive benchmarking is doable
- Extensive benchmarking is difficult
- Academic research is not enough
- We can show that
 - Psychological treatments work well
 - For a large number of people
 - With significant depression and other mental health problems
 - In reducing symptoms and enhancing wellbeing
 - Often without medication
 - In everyday clinical settings
- We need more examples of that

How generalizable are these findings?

- All the psychologists involved in providing treatment in this research were specialist psychologists. They have all undertaken extensive postgraduate training (at least Masters or Doctoral degrees) in Clinical Psychology, Counselling Psychology or Health Psychology. Such postgraduate training, conducted over two or three years, focuses on the development of sophisticated skills in applying psychological interventions. The results obtained from this research might be considered to be most representative of the work of psychologists who have undertaken such specialist training.
- We shall continue to update our clinical research in years ahead and report on outcome of therapy for those with different conditions. Our findings can then serve as more representative benchmarks for the treatment of those with similar mental health problems. See our other presentation slides in the research page of website, [Outcome data for clients with trauma reactions](#) , for benchmark data for those treated for post-traumatic stress reactions.

Website

➔ www.chrismackey.com.au

➔ See research page

- ➔ Feel free to email Chris Mackey at cm@chrismackey.com.au to discuss these findings or any related issue of interest. We are especially interested to hear from others about findings from similar research related to outcome evaluation.