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Perspectives Brief

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Value-based healthcare in psychology private practice: Paving the way for improved client value

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My journey to value-based healthcare

Value-based healthcare considers the improvement in a patient's health outcomes for the cost of delivering those outcomes; and requires investing in a culture of value, that includes:

- measuring the health outcomes that matter to patients
- a shift in workforce culture to consider the experience of providing and receiving care
- integrated care delivery systems with multidisciplinary and cross-sector teams, and that considers the effectiveness and efficiency of care
- flexible funding models to support cycles of care, and government policy that supports reforming for value

Starting the journey

Value based healthcare is person centred and the best reason to shift to value-based healthcare is your clients. But, as an independent private practitioner, I found that the journey to making this shift was not always easy or clear.

In the beginning, I sought education and training tailored to specifically fit private practice, but this was hard to come by. So, I pursued professional development that included shared knowledge about those methods that can be used to support value-based healthcare delivery. This allowed me to focus on the analysis of client outcome measurements, particular the outcome marker of distress, and track client improvement with a view to improving my understanding of the effectiveness of the treatment that I deliver.

Engaging the clients

Along the way, I have found that involving clients directly in discussions about outcome measures was essential to better outcomes. In the beginning, waiting clients were asked to fill out a form that included the outcome measure for distress and I would check it periodically after sessions. This did not impact outcomes and felt time consuming in an already time-poor profession.

I soon found that integrating outcome measures into treatment was more successful for improving the course of treatment and provided direct value to patients. For example, clients came into their session and were seated next to a coffee table with an iPad, which was ready to go with their outcome measures. The process takes them under one minute to complete and I can immediately bring up the results - which includes a graph of their distress over the course of treatment.

Celebrating the wins

When a client's distress is going down, we celebrate and the client tells me what has been working so we can do more of this in treatment. When their distress is not changing or increasing, we spend more time discussing what is not working and what would need to happen for their distress to come down. This collaborative process ensures the client's voice outlines the agenda of our work.

The new normal

Clients often remark how different this process is to how things have been done previously and how it provides them with more predictability to their treatment. This is the practical implementation of being able to assess client value at the individual level but also across my entire case load. Every 6 – 12 months I put the data in an Excel spreadsheet and calculate my effectiveness, efficiency, and engagement. My goal is not to be the best but to be slightly better than myself each year.

This Perspectives Brief shares my experiences and personal views of how value-based healthcare principles can be utilised in a psychology private practice (Psychology Outcomes); and how the future may look in this space. In particular, and considering my initial reflections, I have focused on how we embraced those value-based healthcare principles of effectiveness, efficiency, and engagement.

Effectiveness

I chose to measure the effectiveness of treatment by measuring the percentage of clients improving. However, the rate of clients improving is often dependent on the caseload and this should be accounted for when analysing outcomes, such as with risk-adjustment methods. For example, a higher number of cases experiencing higher levels of distress can make it more difficult to achieve improvement in this area.

Case Study

Psychology Outcomes private practice found that 67% of clients reliably improve by the end of their defined treatment period. And yet this meant that not all clients were found to improve, with 20% of clients remaining unchanged at the end of treatment, and 13% of clients worse by the end of treatment. These results are consistent with international benchmarks in therapy: approximately 6 out of 10 clients improve, 3 out of 10 clients don't change, and 1 out of 10 clients worsen (Miller et al., 2020).

Reflections

It is a confronting experience assessing your own performance in health care. I felt a strong sense of relief that my results compared to international benchmarks. Although, with this also came a strong urge to identify those clients that had worsened, and I now believe their identification, as a critical part of the secret to future success.

With this in mind, I reviewed all clients that got worse in my care and highlighted unique patterns that occurred. Many clients who attended for relationship therapy got significantly worse. Clients who did not have a clear goal at the outset of therapy also tended to get worse.

Review of these clients created an opportunity to develop a data-driven strategy to

- Refer clients wanting relationship therapy externally to a small network of specialist relationship therapists.
- Increase development of clear goals with all clients within the first session. The next evaluation of results will be a test to see whether these strategies reduced the rate of clients getting worse.

Efficiency

Efficiency is an aspect of psychology treatment that is discussed very little. Efficiency describes the average number of sessions clients attend, as well as the most common number of sessions clients attend (the mode).

The international benchmark for average number of sessions attended is 4-6, and the mode number of sessions attended is one (Baldwin et al, 2009). These two numbers likely indicate that many clients do not attend for enough time to see significant improvement; or worse, they attend once and never return. Consequently, the costs associated with these client's mental health shows up in other aspects of healthcare.

Case Study

Psychology Outcomes found that the average number of sessions attended by a client was 6.2, while the most common session number was one session (the mode). These results are consistent with international benchmarks highlighted above.

Reflections

Early on in this journey, my prediction was that my mode number of sessions attended by a client would be two sessions. I was genuinely surprised that most often clients were attending for only one session. This was my greatest concern. If my clients don't come back, I do not even have a chance of helping them.

I further investigated these clients who only attended for a single session and identified this occurred 12% of the time. This was significantly lower than many other mental health services who have an average of 30% of clients attending a single-session and never returning (Baekeland and Lundwall, 1975; Barrett et al., 2008).

Nevertheless, I feel that 12% is too high, so I reviewed any patterns and identified that most of these clients had high distress in the initial session that required containment.

Upon reflection, what was likely to be missing from these sessions was any concrete education about what their treatment would look like into the future and how long it may take to feel better?

In other words, many of these clients walked away with no higher confidence in expectations of how treatment would help them and how long this would take.

As a result, I developed a strategy that meant that all clients leave their initial session with written treatment plan, which outlines:

- the cycle of their issue
- their goals
- what treatment will be used to achieve their goals
- predicted length of time until their outcomes should improve

The next evaluation of results will be a test to see whether the most common session becomes two.

Engagement

While there are different ways to assess client engagement, I feel that from a value-based healthcare perspective, considering whether a client chose to have a final session and end their treatment should be a key metric. In mental health care, this is often termed a "collaborative ending". This is important because:

- if no further treatment is required; it provides an indicator that the client has completed a full cycle of care
- only 50%-64% of clients have a collaborative ending (Miller et al., 2020)

This indicates that half of clients never finish their treatment. This is shockingly low and as expected, those clients without a final session demonstrate less improvements from treatment (Miller et al., 2020).

Case Study

55% of clients at Psychology Outcomes have a collaborative ending. This is in line with the international benchmark indicated above. However, this is a "cup half full" interpretation as the results still showed 45% of clients did not have a final session.

Reflections

I feel that if a treatment is going to have the most value, then the client should be empowered at every step of care, including the last session. A final session is a chance to celebrate a client's achievements or, if they haven't improved, to find them a service that will get them the results they deserve.

Not content with meeting international benchmarks, I decided to create a strategy for my practice where I benchmarked against myself. My baseline collaborative endings were 55% but, I planned to do better.

I started reflecting on "moments" that may indicate a final session was about to occur. These included a client having less to say, maintaining significant improvements on an outcome measure, reaching a goal or discussing an alternative service they are interested in.

Over the course of the next 2 years, every time one of these moments occurred, I asked the same question to elicit whether a final session was required:

"I want to check-in as to whether we are at the beginning, middle, or end of treatment? Clients who have a last session feel better for longer. Do you think it's time for your final session?"

This strategy was difficult to implement at first, but with time it was more nuanced and flexible to the clients' sensitivities. The next evaluation of results will be a test to see whether collaborative endings have improved past my own benchmark.

Value-based healthcare in a psychology private practice

More Australians than ever are seeking psychological treatment, with the majority of people attending a private psychology practice in their area for this purpose. However, demand for psychological treatment exceeds supply with many private psychology practices closing their books or having long waiting times.

This means client value needs to be at the forefront of private psychology practice. If it is difficult to obtain treatment, ensuring it is effective when treatment occurs must be a priority. For treatment to be effective, it needs to be measured for outcomes and discussed with clients.

Barriers and benefits

I have found that creating further sophisticated mental health treatment models does not improve treatment effectiveness -this is because these new models don't account for client preferences in treatment delivery. I have also found that matching mental health treatment to client diagnosis also does not improve treatment effectiveness. Nor does matching professional expertise to client diagnosis. This is because diagnosis is not a good predictor of professional relationship and, using the principles of value-based healthcare, effective treatment sometimes requires multiple professionals (Barkham et al., 2021).

I believe that demonstrating the benefits of psychological treatment through reporting outcomes (as a consequence of the effectiveness, efficiency of treatment and engagement with clients) will only enhance services over time. I also believe that professionals will be key to assisting translation into policy and practice. After all, simply monitoring mental health has shown to have no improved outcomes for clients.

How do we move into the future?

The future needs to address and resolve the following questions to ensure the effectiveness of mental health treatment improves client value into the future:

- How do we create methods to monitor client preferences during treatment and tailor an individual's treatment in real-time?
- How do we move away from a static view of client care, such as matching treatment to client diagnosis, and shift to a dynamic view of client care by monitoring the probability of that client improving over the course of treatment?
- How do we create a model that leverages the expertise of many different professionals that are tailored to the client's needs whilst prioritising continuity of care and engagement across the care cycle?

Final remarks

I believe the answers to these questions are on the horizon. But to get there, a solid infrastructure of data-driven psychology services is required. We need to continue to learn from our strengths and address our weaknesses.

But I implore psychologists in the field, don't wait. Start now, learn early, and then adapt quickly.

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