

The Partners for Change Outcome Management System A New Paradigm for Quality and Efficiency Improvement



Introduction

The call for consumer empowerment, family directed care, and the drive for accountability have been key planks in the decade-long campaign to transform the behavioral health care system. Achieving the full extent of quality and efficiency improvement promised by greater empowerment and accountability will require the behavioral health care system to embrace a new paradigm of consumer-driven outcomes management.

Partners for Change Outcome Management System

The Partners for Change Outcome Management System (PCOMS) is a well-researched, application of consumer-driven outcomes management. Four randomized clinical trials (RCT) conducted by the clinical developer, Dr. Barry Duncan, and researchers at the Heart and Soul of Change Project (<https://heartandsoulofchange.com>) have shown PCOMS to significantly improve effectiveness in real clinical settings as well as substantially reduce costs related to length of treatment and provider productivity. Because of these RCTs, PCOMS is recognized in the Substance Abuse Mental Health Services Administration's (SAMHSA) National Registry of Evidence-based Programs and Practices. PCOMS has been implemented by hundreds of organizations in all 50 states.

PCOMS uses two, four item scales to solicit consumer feedback regarding factors proven to predict success regardless of treatment model or presenting problem: client assessment of early progress (using the Outcome Rating Scale) and the quality of the alliance or match with the provider (using the Session Rating Scale). PCOMS:

- Provides objective, quantifiable data on the effectiveness of providers and systems of care;
- Uses measures that are valid and reliable, but feasible for each clinical encounter; and
- Provides a formalized mechanism for consumer preferences to guide choice of intervention.

Consequently, unlike other methods of measuring outcome, this system truly assigns consumers key roles in determining how services are delivered while honoring the time demands of front-line clinical work and documenting proof of value.

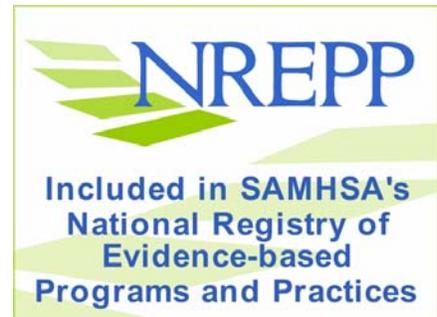
Conclusions

PCOMS has been shown to be consumer-friendly, highly feasible for clinicians, and importantly, repeatedly demonstrated to dramatically improve the quality and efficiency of services in peer-reviewed, published studies conducted across a range of settings, including public behavioral health. To move consumer empowerment beyond wishful thinking and truly enable improvements in the quality of the behavioral health care system while ensuring return on investment, policymakers and regulators should explore legislative and regulatory actions that promote evidence-based, consumer-driven outcomes management.



Top Ten Things to Know about PCOMS

1. PCOMS is listed in SAMHSA's National Registry of Evidence Based Practices and Programs. <http://www.nrepp.samhsa.gov/ViewIntervention.aspx?id=250>
 2. PCOMS can be integrated into any treatment model and applies to all diagnostic categories. One size does fit all. PCOMS provides a cost effective way to be evidence based across all services and clients.
 3. Proof of Value: Four randomized clinical trials (RCTs; and counting) have been conducted by researchers (B. Duncan, J. Reese, B. Bohanske, J. Sparks, M. Anker) at the Heart and Soul of Change Project demonstrating that PCOMS dramatically improves outcomes while increasing efficiency.
 4. An independent meta-analysis of the RCTs revealed that individuals using PCOMS had a 3.5 times more chance of achieving reliable change and a 50% less likelihood to deteriorate.
 5. The largest benchmarking study ever conducted in public behavioral health
6. Return on Investment: Studies have shown that PCOMS reduced: total program cost by 10% to 35%; length of stay by 40% to 50%; and cancellation and no show rates by 40% and 25%, respectively.
 7. A recent study demonstrated that these same gains generalize to children and adolescents.
 8. Several other studies are in process that demonstrate other benefits such as reduced recidivism after psychiatric hospitalization.
 9. The PCOMS measures were co-developed by the director of the Heart and Soul of Change Project, Dr. Barry Duncan, who is also the developer of the clinical processes of PCOMS.
 10. Long before research validated its benefits, PCOMS was designed to privilege the consumer in all facets of service delivery. While consumer-driven, recovery-oriented, and individually tailored services are often given lip service, PCOMS operationalizes these central values in each and every service encounter with each and every client.



found that PCOMS delivered comparable outcomes to RCTs of depression, proving it to be a viable quality improvement strategy.