



How to Talk to Your Patients About Measurement-Based Care in AMNet

Have you wondered:

1. how to talk to your patients about measurement-based care (MBC)?
2. why you are asking them to complete questionnaires throughout their care?
3. how to incorporate MBC into your practice?
4. how to incorporate the results into your treatment?

To answer these questions, a provider will role-play some example situations. Here the provider introduces measurement-based care to his new patient in a way that supports shared decision making.

Provider: We have a system in our practice where we ask you to fill out questionnaires that are helpful for us to monitor your recovery. This way, we can focus on improving your life. As part of this process, we may ask you to complete some of these questionnaires to see how our work together is helping you and make adjustments if needed.

Patient: Ok...what kind of questionnaires?

Provider: The questionnaires will give me your views on your alcohol and drug use, your mental health, and how things are going in other important areas of your life. Your answers to these questionnaires will help me understand how you are doing, and we can use them to adjust your treatment as we go along.

It's a way for me to keep up with you because sometimes those things don't come out as much during appointments. And so, we ask you to fill out these questionnaires as we start treatment and during the course of your treatment.

Patient: Ok.

Provider: Can you see anything, like not checking your email regularly (or not having an email address) that might get in the way of your being able to fillout these questionnaires on an ongoing basis?

Patient: I only check my email once in a while. Maybe doing them on my own time as I get busy. I can be a bit forgetful. I have lots of things on my schedule, and I would try, but...

Provider: Got it. Well, actually, it's good you brought that up because we have a number of ways to help you fill out the questionnaires. If you aren't able to fill them out online, you can come to your appointment a little early and fill them out here. You can complete them on your phone, or we have tablets in the waiting or reception area that you could use to fill out the questionnaires in private. We can also complete them together during your appointment. Or, if you have questions about completing them, we have receptionists/nurses who are available to help. So maybe you could do whichever way works for you, and if we have any problems that come up, we can chat about it. I'll just bring it up at the beginning of each session and just see if there's something we can change. Sound alright?

Patient: Yeah

Provider: Do you have any question/s? And, do you understand why we are asking you to complete the questionnaires?

Patient: No, I have no questions. What you just explained is clear. I understand that you are asking me to complete the questionnaires so you can use the information to understand how I am doing and use it to help plan steps to take in my care.

After a few sessions, the provider has noticed that the number of days the patient reported using heroin has been steadily increasing. He talks with the patient about it to see if they need to change the treatment focus.

Provider: Thank you for completing the questionnaire. I noticed that the number of days you say you're using heroin has increased since your last visit. So, I just wanted to get a sense of what's been going on.

Patient: I've just been craving heroin more and feeling stressed because of COVID and not getting out much.

Provider: Let's see if we can work together to find ways that can help with that. Would you like to hear about some ways to reduce craving?

Patient: Sure, but would I have to see you more often?

Provider: We can certainly meet more often if you would like. We can go over some steps to help you with craving, like realizing it comes and goes like a wave that will pass, that you can distract yourself, call someone to talk, and things like that. We can also increase your buprenorphine dose for the time being. How does that sound to you?

Patient: I think it would be worth trying

Provider: Ok. We will make these adjustments and see how things are going at your next visit.

Patient: Ok. Sounds good.

A few weeks later, the patient has not been completing the questionnaires, and the provider is wondering what might be getting in the way. In this session, they work together to find a solution.

Provider: I just wanted to check in because I noticed you haven't filled out your questionnaires during our last few visits. There's no worry. I just wanted to get a sense of what's been going on. So, can you tell me a little bit about what's been getting in the way of doing them?

Patient: Yeah, I've just been really busy, and I kind of forget to check my email. Then all of a sudden, it's time for our appointment, and it hasn't been done.

Provider: So, most likely, it's about forgetting and being busy?

Patient: Yeah, it's just hard to remember to fit it in when I'm not here.

Provider: It's mostly about fitting it in. Thank you for sharing that. I wanted to get your general feelings about filling them out. How do you feel about having to add them on to the other things you're doing?

Patient: I don't mind. I definitely see the reason for doing them, and it helps me to see and track how I am doing.

Provider: So, our next step is to figure out how to make it easier for you to fill them out so we can continue to track your progress. Maybe we can chat about that for a minute?

Patient: Sure.

Provider: So, there are different ways we typically have people do this. One is to come a few minutes before your session. We have tablets in the lobby so you can fill them out here just before you meet with me. That's an option some people prefer because it's on their mind, so they just do it. Now that the office is also offering tele-visits due to COVID, some people like to do it at home, and they use email reminders to do that. So, I guess I'm wondering which of those options might work best for you.

Patient: Yeah, we've been mainly meeting virtually, so I think maybe the best course of action for me would be to fill them out at home. I will try to set myself reminders in addition to the email reminders I get.

Provider: Ok. Why don't we try that and see how it goes? There's no pressure, I just want to make sure that we're checking in on it because your answers to the questionnaires really help me understand how you are doing so I can work with you to give you the best quality care.

Patient: Ok, I understand and I will do my best to get the questionnaires done on time.

Provider: Ok, let's talk about what we were doing last week.

After many sessions, the provider notices a steady reduction in the patient's heroin use (based on both self-report and drug tests) and improvement in other areas of the patient's life. The provider talks to the patient about the next steps of treatment.

Provider: It's good to see you today.

Patient: It's good to see you too.

Provider: Glad you're here. I was just reviewing the questionnaires you had filled out. I've been monitoring your progress and it seems things have been improving gradually over time. I want to make sure that fits with your experience of treatment.

Patient: Yeah, definitely.

Provider: And what's your sense of what's been making things better? Is it because you are having less craving or maybe because you're feeling like you're coping better or what?

Patient: Yeah, I feel like I am having less cravings.

Provider: Yeah.

Patient: I think some of the things we've been doing have been helping, like how to deal with my triggers by keeping away from people, places, and things and distancing myself when I feel a craving. Also, after my buprenorphine dose went up to 12 mg and I used heroin, I hardly got high, so that helped me think I didn't want to throw my money away.

Provider: That is great. I'm glad you've been able to deal with your cravings in other ways than getting high.

Patient: Yeah, the things we worked on have been pretty helpful.

Provider: Well, I'm happy to hear that. How about we keep up this course of treatment because it seems to be working for you. This is important because sometimes some people experience improvement and then relapse. We want to work with you, so this doesn't happen. I'll keep sending you the questionnaires before your next appointments to check-in. Of course, if in between our appointments you want to talk with me, we can arrange a televisit or an in-person check-in. Meanwhile, please continue to take your medication every day, and we'll monitor your progress. What do you think about this course of action?

Patient: I have relapsed before. I like the idea of working together and monitoring my progress to help prevent that from happening again.

Provider: Great. If your improvement continues over time, we can start to talk about reducing the frequency of your sessions. Does this sound good?

Patient: Yes, this sounds really good.

If you need more help or you have suggestions, please send us an email at AMNet@psych.org.