



John Peters, PhD

Assoc. Director, Outcomes & Technology  
Regional Mental Health & Chemical Dependency  
Kaiser Permanente, Northern California

# From Depression Monitoring to a Transdiagnostic Approach

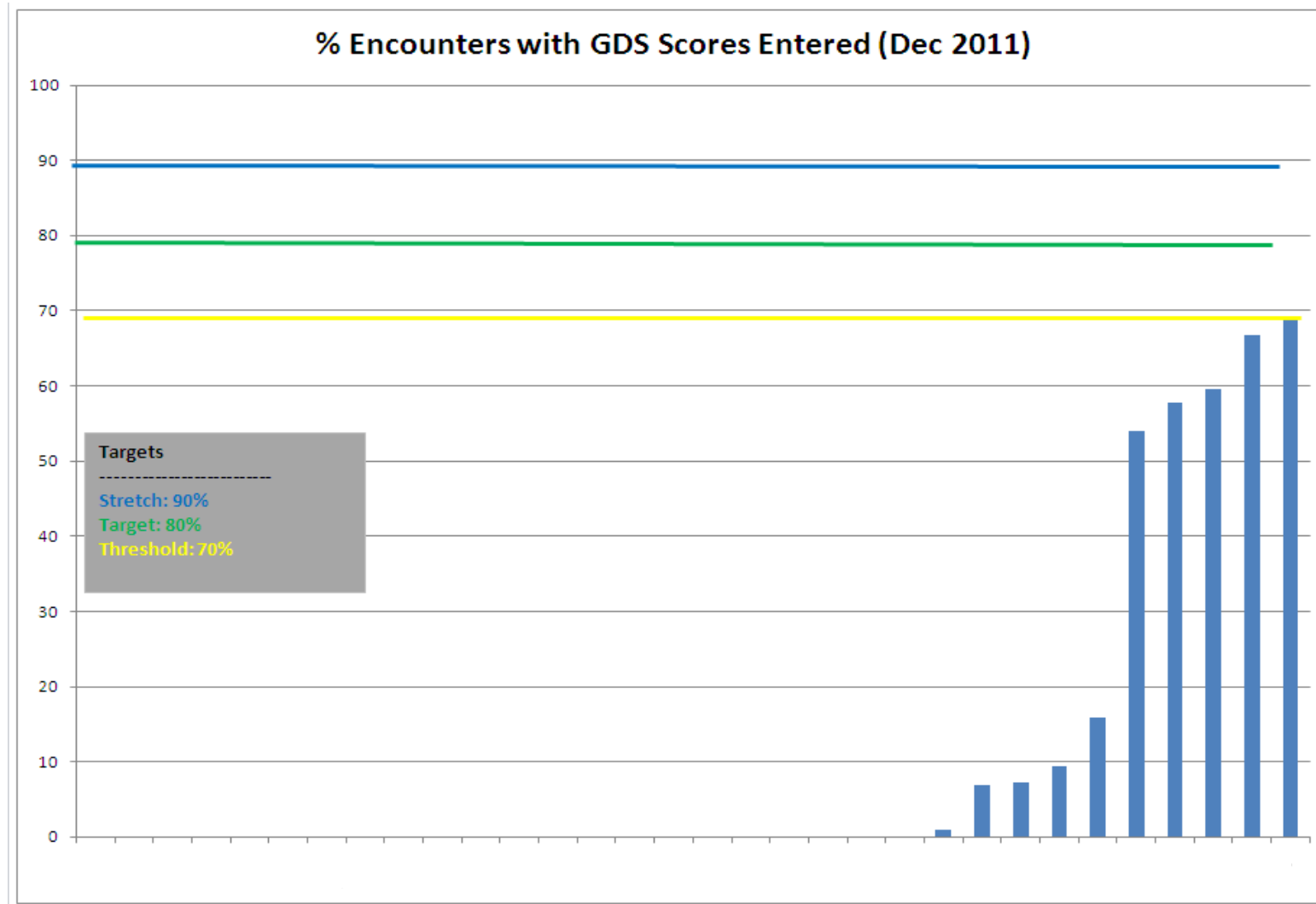
- Priorities: Clinical outcomes, Quality improvement, Research
- Aligning behavioral health care across primary and specialty care
- Shifting focus to implementation: Transdiagnostic tool found to be most feasible in Mental Health
- Developed **AOQ** with PHQ9, GAD2, 2 functioning items
  - + alliance items in MH settings

## 2.3 years of implementation of the AOO

- AOO global distress scores in outpatient Mental Health:
  - In 2013, through Q3: 270,000 global distress scores
    - 70% of all adult MD/NP visits
    - 60% of all adult individual psychotherapy visits
    - 25% of all adult group psychotherapy visits
    - 54% combined

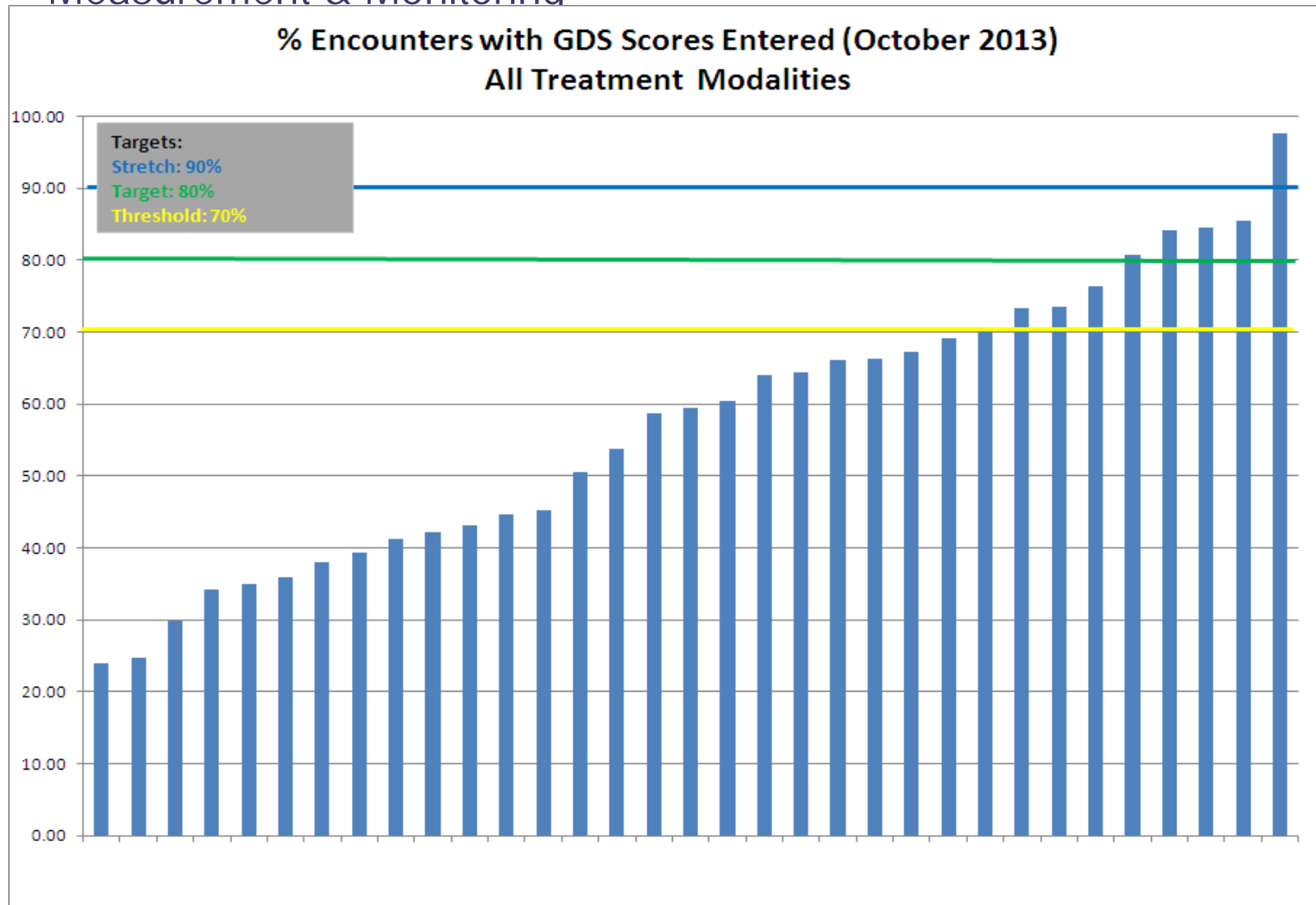
# Progress Data Drives MH Implementation

## Measurement & Monitoring



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## Measurement & Monitoring



# Future Directions

Overall improvement of outcomes

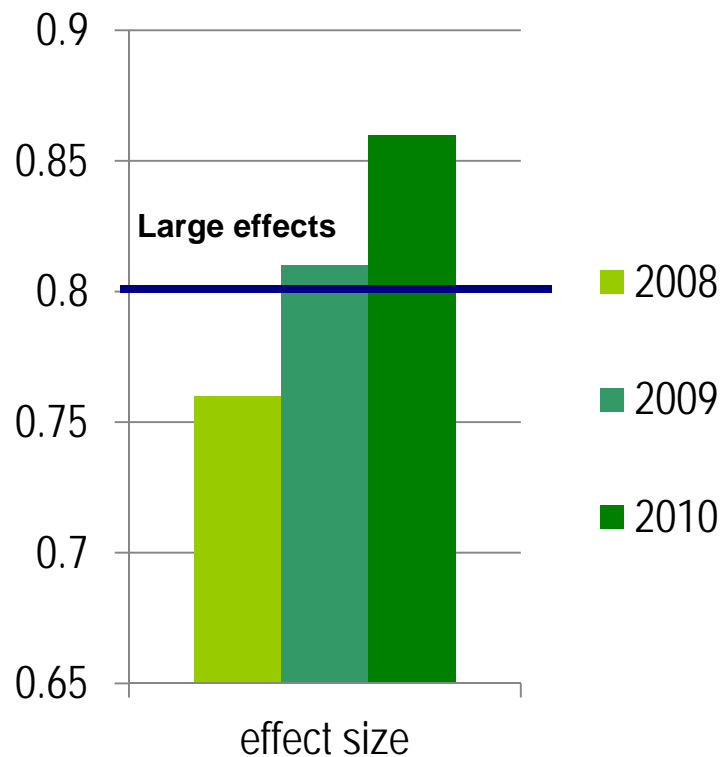
Understand outcomes of specific programs

Identify bright spots in the program

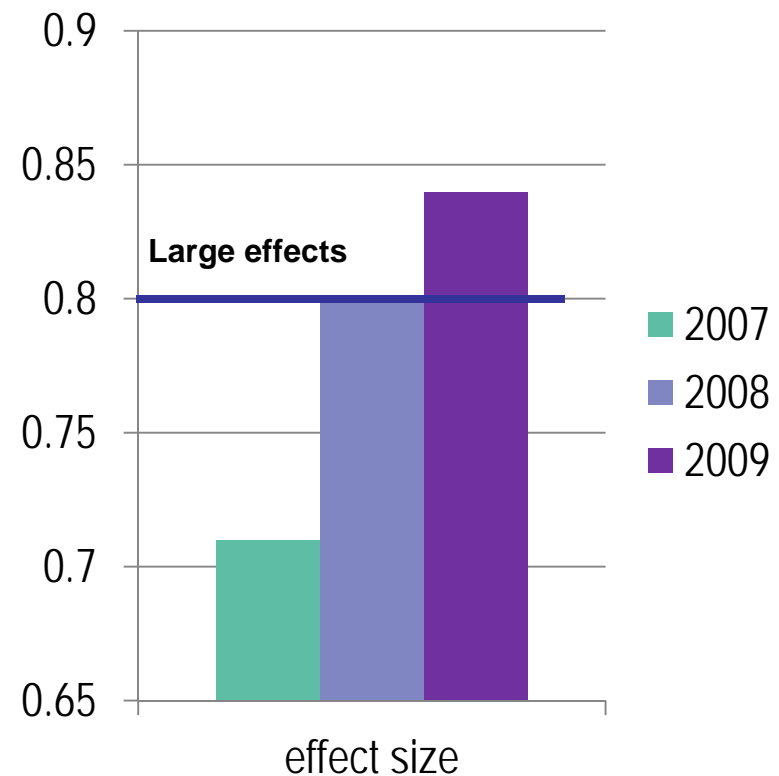
New knowledge about care modalities and pathways

# 1. Overall improvement of outcomes: Feedback improves outcomes

KP NCAL pilot (3 sites)

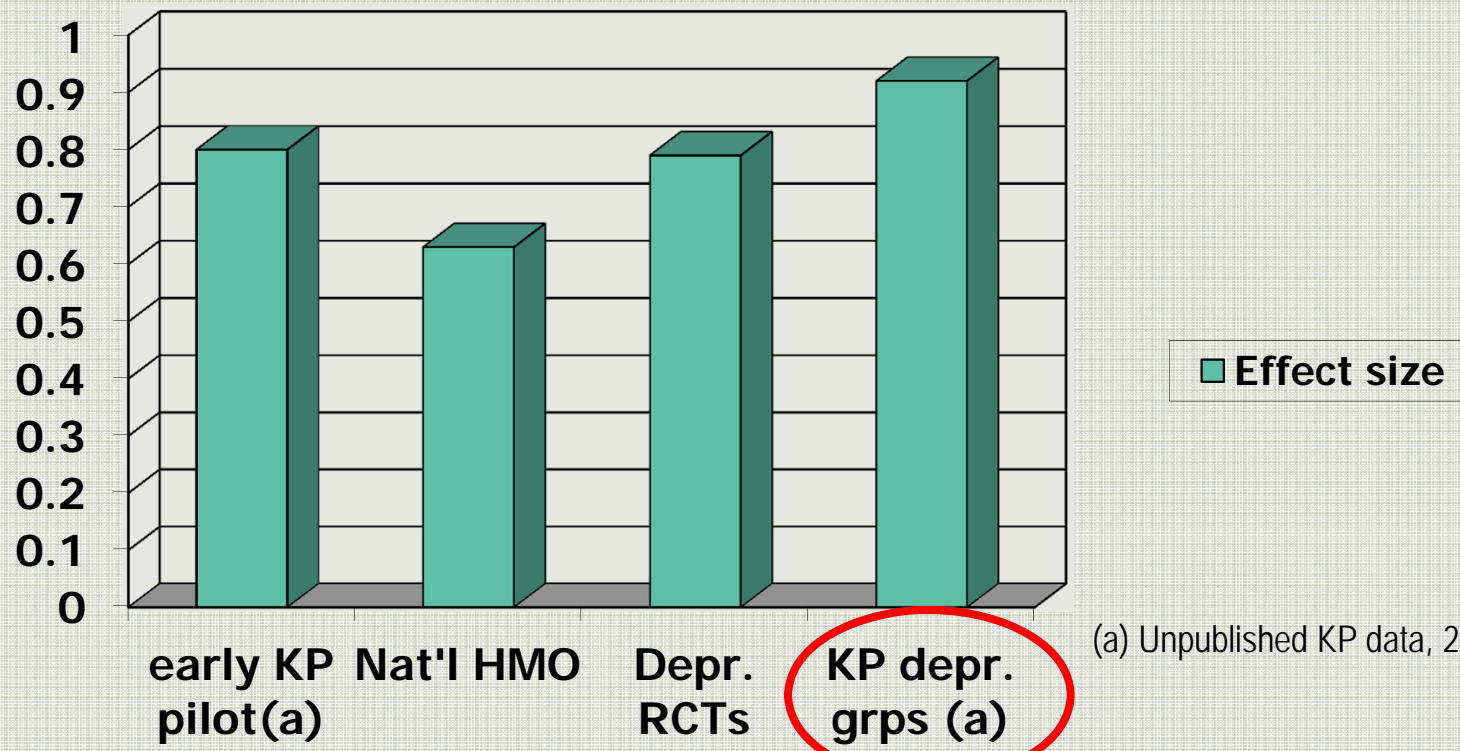


A non-KP PPO network



# Future Directions

## 2. Understand outcomes of specific programs



(a) Unpublished KP data, 2009



# Future Directions

3. Identify bright spots in the program

Medical Sites	N	Severity-Adjusted Effect Size
1	542	0.77
2	385	0.89
3	858	0.91
4	944	0.91
5	1,707	0.95
6	1,462	1.00
7	1,570	1.01
8	625	1.04
9	423	1.08
10	376	1.35

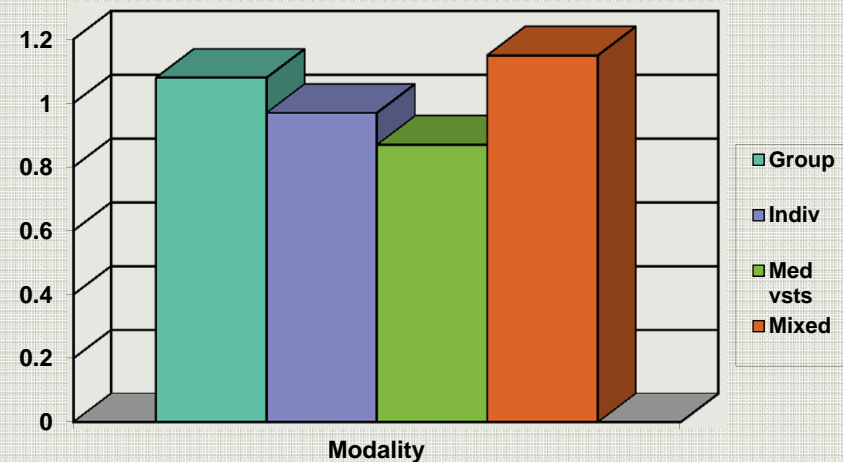


# Future Directions

## 4. New knowledge about internal care modalities and pathways, ex. 1

### Effect size of predominant treatment modalities

2800 cases with 3 or more assessments at 3 clinics



# Future Directions

## 4. New knowledge about internal care modalities and pathways, ex. 2

### Impact of assessing “Goodness of Fit”

2400 cases with no GoF  
scores, vs. repeated Gof  
scores

