

Research *Brief*

Quality in *Mental Healthcare:* Measuring What Matters

2021



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As the healthcare industry moves toward value-based and patient-centered care, bringing consumer perspective and choice to the forefront, quality measurement is key. What is working? What is not working? Where is there room for improvement? Although there have been important developments in patient-centered and integrated care, the mental health field has lagged in adoption of quality measures compared to other areas of healthcare.¹ Ginger's measurement-based care model incorporates standards of quality measurement, using data to deliver a high-quality and patient-centered (i.e., members first) experience. Central to this process is the ability to collect quantitative and qualitative data directly from patients about their care experience.

Measuring quality in mental healthcare

The healthcare industry is currently undergoing a transition from traditional fee-for-service to value-based payment models. In value-based healthcare delivery, providers are paid based on the actual outcomes of the services provided, so better quality aligns with higher payments to the provider.² The benefits of this service delivery model extend to patients, providers, and payers alike in controlling costs and improving outcomes. This model is not feasible without standards for measuring quality of care and value. Quality measurements can vary widely depending on who and what is being measured, and for what purpose. A good quality measure is easy to capture, scientifically sound, and significant enough to make a difference in care for the population being measured.³ Three key levels at which the healthcare system is measured are structure, process, and outcome.

Healthcare Quality Measures Categories and Examples

CATEGORY	DESCRIPTION	HEALTHCARE INDUSTRY EXAMPLES
Structure	Measures the organization of care: Are there enough facilities, staff, training, quality infrastructure, policies, etc., in place for providing care?	<ul style="list-style-type: none">- Staff-to-patient ratio- Percentage of providers using electronic health records- Availability of mental health providers in primary care clinics
Process	Measures how structure influences the delivery of care by providers: Are evidence-based processes of care delivered?	<ul style="list-style-type: none">- Cancer screening tools- Waiting time to start treatment- Receipt of evidence-based length of psychotherapy treatment
Outcome	Measures care patients receive: Does care improve clinical outcomes? Do patients find the care useful?	<ul style="list-style-type: none">- Change in symptoms (PHQ-9 depression screening)- Control of a chronic condition (e.g., stable blood pressure)- Patient experience surveys

Measuring quality in mental healthcare *(cont.)*

Although quality measurement has become increasingly common in healthcare, mental health has not been as quick to adapt. A primary challenge has been the difficulty of defining generalizable, standardized treatments for complex, highly individualized disorders, including the presence of mental health and medical comorbidities that complicate treatment planning and adherence.⁴ Outcome measures for mental health tend to look at narrow objectives, such as symptom improvement, while “recovery” of a condition can be more widely defined to include community tenure, quality of life, or return to employment.¹ Mental health-specific quality measures make up small percentages of those used in major quality reporting programs and those that have received National Quality Forum endorsement.⁴ Many of the current qualified measures assess screening and medication adherence, such as the Screening for Depression and Follow-Up Plan (CDF-AD), and the Use of Pharmacotherapy for Opioid Use Disorder (OUD-AD).⁵ Less common are measures aimed at mental health treatment progress and outcomes. The CMS Measures Inventory lacks sufficient mental health quality measures that meet standards of being “safe, effective, patient-centered, timely, efficient, and equitable.”¹

With consistent quality measurement and improvement lagging, mental healthcare delivery suffers. As of 2020, almost 25% of adults seeking mental health treatment reported unmet treatment needs due to issues such as lack of access, availability of resources, difficulty navigating the system, or cost.⁶ Performance by HEDIS measures, which look at the rate at which providers comply with the recommended guidelines for care, is far below that of general medicine.⁴

Improving mental healthcare delivery is possible with targeted and thoughtful quality measurement. From a structural perspective, organizations and providers need to have the tools in place to continuously measure and follow up on care, with options to escalate and deescalate care when needed.⁴ Measurement-based care – the systematic, longitudinal, and action-oriented tracking of individualized outcomes such as symptom severity and goal attainment⁴ – enables quality measurement. In addition to widely used symptom measures like PHQ-9 and GAD-7, outcomes for mental health can be expanded to include recovery-oriented objectives and, specifically, patient-determined goals, which are directly measurable.⁴ With this more holistic view of improvement, providers can also

incorporate psychosocial interventions that are focused on interpersonal, emotional, environmental, or social dimensions.⁴

Technology can allow for routine and longitudinal measurement while easing documentation burden for both providers and consumers. Self-reported data can be collected longitudinally through a mobile phone or computer, and can then be centralized within organizations and accessible by the entire care team.⁴ This empowers the consumer to include their own data confidentially and on their own terms, which helps to normalize symptom endorsement and destigmatize seeking support.¹ It also allows consumers to benefit from data collection through targeted follow-up and individualization of care recommendations.¹ With standardized processes, ongoing measurement, and the use of natural language processing to get more structured insights from unstructured data, consumer technology can gain understanding of mental health “vital signs” that allow for care to be timely, appropriate in scope, and tailored to the individual.

Recommendations for improving quality of mental healthcare

- Implement measurement-based care (MBC) enabled through technology, using validated measures (structure, process, and outcome), especially those that measure success
- Measure progress on client-determined goals in order to broaden outcome metrics
- Standardize treatments and care processes while allowing for personalization via MBC
- Utilize natural language processing for additional structured data
- Include client experience surveys or interviews among the outcome metrics to guide care process improvement

Ginger's care model

Ginger is an on-demand mental health company providing its members with text-based behavioral health coaching, video-based therapy, and psychiatry, along with self-guided content and assessments. Distinct from many traditional mental health services, Ginger's care is immediate, personalized, measured, and collaborative. Ginger provides on-demand care through a structure that includes teams of coaches, therapists, and psychiatrists who collaborate based on the clinical needs of each member. Quality measurement is a pillar of this model and includes routine evaluation, oversight, and training of providers in addition to regular outcome measurement collection.

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Ginger providers: qualifications, supervision, and training

To address the spectrum of mental health needs, Ginger offers different levels of care using the strengths of three unique disciplines – coaching, therapy, and psychiatry. With coaching, members get regular support with building skills and working toward their goals. They can also work with a therapist to deepen self-awareness, identify and address ineffective patterns of behavior, and process thoughts and feelings. Psychiatrists are available to support those in need of additional care, including by prescribing medications.

Ginger providers: qualifications, supervision, and training

DISCIPLINE	QUALIFICATIONS AND TRAINING
Coaches	<p>Minimum of master’s degree in a psychology-related field or coaching certification from an accredited training program (approved by the NBC-HWC);</p> <p>2+ years of relevant experience, at least 6 months of which must have occurred with direct supervision under a qualified, credentialed, or licensed supervisor; coaches are trained 200+ hours a year on effective methodologies, such as motivational interviewing, SMART goal setting, assessing stages of change and readiness, and more.</p>
Therapists	<p>Minimum of a master’s degree in psychology, social work, counseling, marriage and family therapy, or other relevant field;</p> <p>License to practice (e.g., LCSW, LMFT, Licensed Psychologist) in good standing;</p> <p>3+ years of experience providing clinical psychotherapy to individuals, couples, or families is preferred;</p> <p>Quarterly training on protocols, evidence-based care, and best practices in telehealth; monthly training to enhance clinician skill relative to particular populations and diagnoses.</p>
Psychiatrists	<p>A minimum of an MD with completion of accredited psychiatry residency (board eligible/board certified);</p> <p>3+ years of experience providing clinical psychiatry services; a license to practice psychiatry;</p> <p>Quarterly training on protocols, evidence-based care, and best practices in telehealth; monthly training to enhance clinician skill relative to particular populations and diagnoses.</p>

Collaboration and the Ginger Care Hub

When Ginger members are escalated to therapy or psychiatry, they may continue working with a coach, who can support them in addressing everyday goals and challenges, and help them stay on track with the care plan put in place by their therapist or psychiatrist. For example, Ginger coaches may help with “homework assignments,” such as working on strategies for managing anxiety, in between therapy sessions and send comprehensive session notes to therapists on the member’s progress.

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When more than one coach or clinician is involved in treating a member, providers work to ensure a shared understanding of member needs and goals. Within the Ginger platform, providers can share appointment notes, updates, and treatment needs with the entire care team. Ginger’s Smart Care Hub has all the necessary capabilities of a traditional EMR while also going beyond industry standards with AI-informed coach response recommendations, autogenerated session summaries, easy scheduling, and structured clinical note templates to consistently track member data and share with others involved in the member’s care journey.

With a member’s consent, Ginger clinicians are able to collaborate with external care providers when deemed useful. Ginger also reports on population insights when working with other health system and health plan partners.

Data collection

Ginger captures and analyzes upstream data to understand a member’s progress and journey through the Ginger system in addition to clinical outcomes. These data provide key insights into overall system operations, including capacity and quality of care.

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CATEGORY	METRICS	RATIONALE
Access	<ul style="list-style-type: none"> - Coach response time (minutes) - Time to first available clinical appointment (hours) - Time to first available clinical appointment and follow-up (days) - Barriers to access or receiving care 	<p>Typical wait times in most healthcare settings are weeks to months. Delaying access to care can lead to condition deterioration and slower recovery.⁷</p>
Engagement and utilization	<ul style="list-style-type: none"> - Number of coaching sessions - Number of clinical appointments - Number of interactions with app content - No-shows and cancellations 	<p>Premature discontinuation of care is a concern. These metrics can also provide insights into dose response effects, i.e., the relationship between utilization and clinical outcome.⁸</p>
Member satisfaction	<ul style="list-style-type: none"> - Coach star rating - Clinical star rating 	<p>Patient experience and satisfaction are important parts of holistically assessing healthcare quality. In psychotherapy, there is particular evidence that a patient’s preference, perceptions, and therapeutic alliance are correlated with clinical outcomes.⁹</p>

Outcomes

In addition to the metrics outlined above, Ginger regularly collects a variety of outcome measures:

- **Depression:** Ginger assesses depression via the Patient Health Questionnaire (PHQ-9). The PHQ-9 is one of the most validated assessments in mental health and is commonly used by clinicians in diagnosing depression and monitoring treatment response.
- **Anxiety:** To assess and track anxiety outcomes, Ginger uses the Generalized Anxiety Disorder Screener (GAD-7), which is also well validated in the general population.
- **Resilience and adaptability:** Ginger uses the CD-RISC-10, which has demonstrated robust validity, reliability, and practicality in measuring resilience. A multidimensional construct involving variables such as temperament and personality, resilience relies on problem-solving skills that enable individuals to cope with traumatic life events.

Ginger's Quality Assurance (QA) Program

Ginger's QA team monitors these diverse data sources and metrics to ensure the following:

- Members are receiving appropriate treatment;
- Providers are following Ginger protocols along with relevant laws, regulations, and ethical requirements;
- Treatment is working: symptoms are reduced and goals are being met;
- Members are satisfied with their care.

This information is then shared with coaches and clinicians through individual reviews, QA reporting sessions, and clinical rounds so that the care team incorporates feedback into future care. Such data may be used to alter a treatment plan, including increasing or decreasing the level of care, as needed. If coaches or clinicians are identified as lacking in any area, managers monitor them through regular meetings, provide them with ongoing feedback and training to remedy any skill or knowledge deficits, and reevaluate them on a monthly basis, as needed, to offer support and ensure improvement. Ginger encourages and supports access to continuing education programs.

A summary of Ginger's structure, process, and outcome metrics are provided in the table on page 12, with more details in the appendix.

Ginger's Quality Assurance (QA) Program *(cont.)*

Ginger Quality Measures Categories and Examples

CATEGORY	DESCRIPTION	GINGER EXAMPLES
Structure	Measures the organization of care: Are there enough facilities, staff, training, quality infrastructure, policies, etc., in place for providing care?	<ul style="list-style-type: none"> - Qualifications, training of coaches and providers - Staff/member ratio - Volume of member appointments - Access times
Process	Measures how structure influences the delivery of care by providers: Are evidence-based processes of care delivered?	<ul style="list-style-type: none"> - No shows/cancellation rate - Note completions - Survey (PHQ9, GAD7) completions - Transcript reviews - Length of service
Outcome	Measures care patients receive: Does care improve clinical outcomes? Do patients find the care useful?	<ul style="list-style-type: none"> - Member satisfaction scores (members are asked to give a star rating, from 1 (poor) to 5 (excellent) after each session) - PHQ9 and GAD7 improvements

Conclusions

In a field that has historically relied on providers' psychoanalytic perspectives to determine outcomes, mental healthcare has been slow not only to adopt but also to define quality measurements. Challenges in data collection and a lack of standardized objective measures due to the complex and multidimensional nature of mental health make measuring quality particularly difficult. To overcome these challenges, technology-enabled solutions can incorporate validated measurement tools and processes that support individualized recovery patterns. As the broader healthcare field moves further toward value-based care, not only will payment models demand higher quality, but consumers will also expect innovations that deliver a better care experience.

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Today, the Ginger system captures and analyzes a diverse set of key metrics relating to access, engagement, satisfaction, and clinical outcomes to monitor quality. In contrast to other fully virtual mental health solutions, Ginger functions as a healthcare provider. This means that full-time Ginger clinicians and coaches use the same tools and abide by the same quality standards, ensuring a consistent member experience and a standardized method to measure and track provider quality over time. For more than 10 years, Ginger has taken a multidisciplinary approach (including clinical practitioners, research, computer and data science, product development) to build a system that has established a new standard for mental healthcare, and continues to build on it.

Future product development will enhance our ability to understand behaviors, progress, and health and functional outcomes. These include mood check-ins, goal tracking, subjective measures of well-being and functioning, and provider assessments. Data science efforts, including natural language processing (NLP) of messages between coach and member, could also contribute to our understanding of mental health quality as we build our understanding of mental health "vital signs" to track and treat. Ginger is also spearheading a new path for future clinicians in digital health with the Ginger Training Institute, which provides an equivalent experience to current practicum and postdoctoral fellowships, but with the added benefit of specialization in our collaborative, DEI-focused, fully digital program. The Ginger model offers a pioneering solution in continuing to develop quality measurement tools and processes, while providing a direct benefit of ongoing improvement to clients and members.

Definitions

Agency for Healthcare Research and Quality (AHRQ): An agency within the United States Department of Health and Human Services (HHS) focused on enhancing the quality, appropriateness, and effectiveness of healthcare services and access to care by conducting and supporting research, demonstration projects, and evaluations; developing guidelines; and disseminating information on healthcare services and delivery systems.

National Quality Forum (NQF): A United States-based nonprofit membership organization that promotes patient protections and healthcare quality through measurement and public reporting.

Healthcare Effectiveness Data and Information Set (HEDIS): Healthcare Effectiveness Data and Information Set is a widely used set of performance measures in the managed care industry, developed and maintained by the National Committee for Quality Assurance.

Centers for Medicare and Medicaid Services (CMS): A federal agency within the United States Department of Health and Human Services (HHS) that administers the Medicare program and works in partnership with state governments to administer Medicaid, the Children's Health Insurance Program (CHIP), and health insurance portability standards.

Substance Abuse and Mental Health Services Administration (SAMHSA): A branch of the U.S. Department of Health and Human Services (HHS) charged with improving the quality and availability of treatment and rehabilitative services in order to reduce illness, death, disability, and the cost to society resulting from substance abuse and mental illnesses.

Clinical services

THERAPY	PSYCHIATRY
Member ratings/comments	Member ratings/comments
Completion of therapist's notes within 24 hours	Completion of psychiatrist's notes within 24 hours
Member safety assessment (required as part of intake; ongoing as necessary)	Member safety assessment (required as part of intake; ongoing as necessary)
PHQ9 and GAD7 (or other measures, as appropriate) are reassessed regularly and referenced as part of care	Diagnosis given every session
Diagnosis given/updated every session	Diagnosis within Ginger scope of practice given/updated every session
Diagnosis within Ginger scope of practice given/updated every session	Symptoms and behaviors documented to establish diagnosis
Symptoms and behaviors documented to establish diagnosis	CPT code matches level of documentation
Interventions are documented and match diagnosis	Drug allergies assessed in each note: Sufficient Past Medical History (PMH) documented in evaluation and updated as needed in follow-up notes
Objectives identified every session	Evidence-based pharmacologic management and documentation of risks and benefits of medications chosen

Clinical services (cont.)

THERAPY	PSYCHIATRY
<p>Therapists' notes suggest legal/ethical guidelines are followed</p>	<p>Appropriate lab monitoring with atypical antipsychotics and with classic mood stabilizer medications, appropriate dosing in geriatric population, and limited use of anticholinergic/antihistamine medications</p>
<p>Collaboration documentation regarding meaningful member interactions updated after every session</p>	<p>Collaboration note updated after each session regarding meaningful member interactions/updates</p>
<p>Treatment plan updated at least every three months, more often if needed, which includes:</p> <ul style="list-style-type: none"> - Goals to be addressed - Specific objectives (steps) - Progress toward goals - Number of sessions anticipated - Planned frequency of sessions, based on severity of presentation - Interventions to be used - Modality employed - Additional care recommended 	<p>Treatment plan updated after intake and after every three months; more often as needed</p> <ul style="list-style-type: none"> - Goals to be addressed - Specific objectives (steps) - Progress toward goals - Number of sessions anticipated - Planned frequency of sessions, based on severity of presentation - Interventions to be used - Modality employed - Additional care recommended

Clinical services

1. Each transcript is evaluated

Transcripts are evaluated based on these categories:

- Courteous & Friendly
- Reflective Listening
- Expectations & Boundaries
- Responsive & Follow-Up Care Plan/Goals Established
- Progress Review & Ongoing Plan
- Notes/Documentation, Appropriate Clinical Referrals (if applicable)
- SI & Other Safety Concerns (if applicable)

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2. Each category is rated

Each category is rated on a four-point scale (with four being the highest), and ultimately an overall percentage is calculated from all of the available points in the transcript reviews. Coaches are grouped into three different categories based on the quantitative combination of the transcript percentages and member rating (on a five-point scale). We also evaluate the impact individual caseloads have on the quality review for each coach.

3. Coaches are then classified

Coaches are classified into green, yellow, and red categories based on their transcript review scores and member ratings.

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