

## Moda Health's Behavioral Health Incentive Program (BHIP)

# Supplemental Document

This document will augment the resources and discussion opportunities framed in **Moda Health's Behavioral Health Incentive Programs (BHIP)**, both the *BHIP-Phase One* as well as the *BHIP-Phase Two Program Guidelines and Structures*.

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7. Administrative Details of Moda Health's Behavioral Health Incentive Program (BHIP)

7.1. Term and Payment Schedule

7.1.A There are various payment considerations for each year of the different phases of the BHIP.

BHIP	Phase One – 1 <sup>st</sup> year	Phase One – 2 <sup>nd</sup> year	Phase Two – 1 <sup>st</sup> year	Phase Two – 2 <sup>nd</sup> year	Phase Three
Can all contracted BH providers participate?	Yes, for 1 <sup>st</sup> year	Yes, for a single 2 <sup>nd</sup> year	Yes, for 1 <sup>st</sup> year	Yes, for a single 2 <sup>nd</sup> year	Yes, no current time limit
FiCare tools in use	Not likely	Not necessarily	Yes or w/in 9 months	Yes	Yes
FiCare emphasis	YES	YES	YES	YES	YES
FiCare Incentive	4% retrospective	2% retrospective	2% prospective & 4% retrospective	4% retrospective	6% retrospective
FiCare data shared	No	No	Not necessary	Aggregate	Moving toward individualized data
TCoC emphasis	YES	YES	YES	YES	YES
TCoC Incentive – See 5.2.	2% when OHA goals are met	2% when OHA goals are met	2% when OHA goals are met	2% when OHA goals are met	2% when OHA goals are met
Eligible for APM	No	No	Not likely	Yes, possible	Encouraged
<b>PHASE FOUR</b> will follow with APM being primary as will data exchange.					

7.1.B Each Phase of the BHIP will run the calendar year, January to December. Throughout the year, data will be accumulated for the Behavioral Health Roster Reports (see section 7.3) regarding eligible members as noted in section 3. of each Phase of the BHIP Program Guidelines and Structure.

7.1.C There is a prospective payment in the first year of BHIP Phase Two. This will be 2% of a BH Organization's outpatient BH revenue generated in the previous year serving eligible members as outlined in section 7.1.D below. This 2% prospective payment for the first year of BHIP Phase Two will be made within 90 days of the date the attestation is submitted to Moda Health.

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**7.1.D Eligible Members** include all members in the following Oregon commercial Moda Health business segments who have “opted in” are included in this program:

- Fully insured group and individual members including those enrolled through the Marketplace.
- Members of the Oregon Educators Benefit Board.
- Members of the OHSU, Salem Health, and Moda Health Employee Plans.

Moda Health will total the BH outpatient revenue generated by a BH organization on behalf of the eligible Moda Health members in anticipation of pay outs. Quarterly **Behavioral Health Roster Reports** will be rendered as discussed in section **7.3** below.

### 7.2 Incentive Payments

**7.2.C** Depending on when a BH organization completes and submits an **Attestation** in joining the **BHIP** will determine the accumulated BH outpatient revenue eligible in this program.

**7.2.D** BH organizations who submit the completed **BHIP Program Guideline and Structure** paperwork along with the signed **Attestation** within the 1<sup>st</sup> quarter of the participating year, they will be eligible for 100% of the **BHIP** incentives outlined in **7.1.A**.

**7.2.E** The **FiCare** incentives are dependent on the BH organization's engagements outlined in section **5.2** of the **BHIP Program Guidelines and Structure** which are highlighted in section **7.3.D** of this *Supplemental Document*.

**7.2.A** By the end of March of the following year, the payment cycles for the previous year will be complete and Moda Health will close out the books for the previous year.

**7.2.B** Payments for engagement in the **BHIP** will be paid by the end of the 2<sup>nd</sup> quarter of the following year to participating BH organizations for their engagement.

### 7.3 Member Attribution and Reporting

Moda Health will provide regular reporting to help BH organizations succeed in achieving the incentives associated with the **BHIP**. Moda Health's **Behavioral Health Incentive Reports** will be published quarterly and highlight a BH organization's current participation status in the **BHIP** along with a forecast for incentives earned. All [Moda Health Provider Reports](https://www.modahealth.com/riskshare/#/login) will be available at <https://www.modahealth.com/riskshare/#/login>. As a “high-level” summary, the **Behavioral Health Incentive Reports** will not include any Personalized Healthcare Information. Moda Health's **Behavioral Health Incentive Reports** will include:

**7.3.A** Number of eligible members being seen.

**7.3.B** Total BH billing for these members in the previous rolling 12 months.

**7.3.C** Total incentive dollars available.

**7.3.D** Status of the relationship with the BH organization in the **BHIP**. This will include four deliverables:

- <1> Moda Health's receipt of the BH organization's completing section **4**. of the **BHIP Program Guideline and Structure**;
- <2> The submission of the **Attestation**;
- <3> The ongoing engagements between the BH organization and Moda Health in the **BHIP** as described in section **4.8**; and
- <4> The completion of the year end closing report (see section **4.9**).

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### 7.4 Attention to “Target Members”

Moda Health seeks to engage practitioners around risk factors and utilization of services by members with persistent BH conditions compounded by chronic, comorbid and complicated health conditions. Moda Health's monthly **Behavioral Health Roster Reports** provide clinical details on Eligible Members (section 3.) as well as Target Members (section 5.2) for use in managing and coordinating care. Target Members attributed to a BH organization have had at least three visits within a six-month period and will appear in the reports. The delineation will remain in place until the member has six months of enrollment with no visits to the BH practitioner. As described in section 5.2. of the **BHIP Program Guidelines and Structure**, the Target Members have persistent attribution for 9 months during each of two consecutive years. These Target Member are the stimulus for the **Total Cost of Care (TCoC)** incentive. The **Behavioral Health Roster Reports** will also be available on the [Moda Health Provider Reports](https://www.modahealth.com/riskshare/#/login) website at the following address: <https://www.modahealth.com/riskshare/#/login>

The **Behavioral Health Roster Report** will provide clinical data to assist in managing and coordinating these members' ongoing care. This report will be updated monthly with Personalized Healthcare Information identifying:

- 7.4.A Eligible “Target Members”.
  - Total number of Target Members being seen by the BH organization
  - Target Member names
  - Each member's contact information
- 7.4.B Chronic medical conditions and medical specialties
  - General health categories
  - Number of specialists' visits
  - As well as other clinics who serve these Target Members
- 7.4.C Identified Primary Care Physician including visit history
- 7.4.D Emergency Department visits
  - Total number
  - Number of “non-injurious visits”
- 7.4.E Hospital Admissions
  - Total number
  - Behavioral health number
- 7.4.F Medication adherence at or below 80% adherence
  - Medical & psychotropics
- 7.4.G “Risk Score” generated by software
  - Lower number reflects fewer chronic conditions
  - Higher number represents multiple complicating conditions

## 8. Feedback Informed Care (FICare)

### 8.1 What is FICare?

**FICare** is an evidence-based best practice that can be used in a wide variety of BH treatment settings. In **FICare**, the member (client/patient) regularly completes a short questionnaire containing standardized tools to measure treatment progress to address clinical symptoms as well as therapeutic alliance. The practitioner reviews the responses and with the member they use that information to help guide further treatment of care. **FICare** also

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goes by other names, including Feedback-Informed Treatment (FIT), Patient-Reported Outcomes Measures (PROMs), Routine Outcomes Measures (ROM), and Measurement-Informed Care (MIC). These different names all refer to essentially the same set of practices.

Research reveals that psychotherapy is effective. Unfortunately, not all members realize full benefit from therapy. Premature dropout rates vary from 10% - 50% ([Hanevik, et.al. 2023](#)) while some 30% of member do not improve and 10% worsen during treatment ([Barkham and Lambert, 2021](#)). **FiCare** has emerged as a relevant clinical tool to identify those members who do not progress over the course of treatment ([Lambert and Harmon, 2018](#)). Utilizing the data collected during treatment to give practitioners feedback has been shown to significantly contribute to the improvement of psychotherapy. This additional and continuous information may prevent treatment failure, which is poorly identified by practitioners who tend to overestimate their own therapeutic performance ([Lambert and Shimokawa, 2011](#)). **FiCare** ensures the member's voice is centered in the treatment by systematically seeking the member's feedback and perspective.

### 8.2 What are the benefits of **FiCare**?

Clinical studies over more than 20 years have demonstrated the value of **FiCare**. A comprehensive meta-analysis ([De Jong et. al. 2021](#)) found that **FiCare** improves treatment outcomes and reduces treatment dropouts. **FiCare** has also been found to improve the efficiency of treatment, helping people recover more quickly ([Janse et. al. 2017](#)). In addition, it can help establish a common language across medical and BH providers to enhance coordination of care. It also aids policymakers in evaluating the effectiveness of healthcare delivery systems. **FiCare** has the potential to augment BH delivery. Even so, it is not a magic bullet. Realizing its benefits requires careful investments in provider training, technology, culture change as well as on going support and an engagement with the broader healthcare industry, clinical peers, associated stakeholders in addition to members' input.

Appreciating each member's well-being and their experiences in therapy can make the difference in care. In concrete ways, **FiCare** provides a measure of change in clinical symptoms as well as monitoring the therapeutic alliance through the course of treatment. With the member's voice as an active ingredient in treatment, there is more investment, more engagement, as well as a potential for the maturing of a member's social capacity.

### 8.3 Augmenting Clinical Practice

**FiCare** continues to gain traction in research (see [APA's FiCare website](#)) as well as standards of care ([Boswell, et al. 2023](#)). Despite **FiCare**'s "demonstrated ability to enhance usual care by expediting improvements and rapidly detecting members whose health would otherwise deteriorate, it is underused, with typically less than 20% of BH practitioners integrating it into their practice" ([Lewis, Boyd, et al. 2019](#)).

In the absence of some crisis or charismatic director, change happens slowly, if at all. A couple of exceptions are incentivization and/or peer champions. [Morena \(et al. 2022\)](#) has suggested that "Clinical Champions" can be enough, under the right conditions, to effect lateral change toward the evidence-based practice of **FiCare**.

Through a literature review and meta-analysis [Rognstad, et al. \(2023\)](#) found that routine feedback was most effective with "not-on-track" members who would "usually not benefit much from treatment."

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[Lambert, Whipple, et al. \(2018\)](#) found that “Feedback practices reduced deterioration rates and nearly doubled clinically significant/reliable change rates in members who were predicted to have a poor outcome.”

Most members who ultimately benefit from psychotherapy reflect positive effects within three to six sessions ([Duncan and Reese, 2015](#)). For this reason, too, **FICare** can monitor progress and engagement. There is also “a growing body of evidence to support the implementation of [**FICare**] in youth mental health care” ([Parikh et al, 2020](#)).

The curative factors effective practitioners bring to their trade can be supportive for their members while also complementing ongoing member assessment. Optimism, hopefulness, and a positive regard for practitioners’ members can enhance the remedial attributes of treatment and may undergird effectiveness. But these same attributes can sometimes blind practitioners to the realities of a member’s low investment in therapy. **FICare** “analytics outperform clinical judgment in predicting patients who are on or off track for treatment success, which can help psychotherapists plan and responsively adjust their interventions” ([Muir, Coyne, et al. 2019](#)).

Moda Health seeks to engage providers with sufficient resources to nurture a culture of **FICare** within their practice. With the member’s voice a primary element in treatment, **FICare** serves as a “‘guardrail’ to keep treatment on track and alert ineffective therapy and a lack of change” ([Jason Seidel](#)). Seidel goes on to say that **FICare** “gives the therapist the opportunity to repair damage or small rifts that they might not know about otherwise ([Feedback-Informed Treatment: Empowering Clients to Use Their Voices](#)).

### 8.4 Clinical Measures

Identifying the clinical symptoms that drive members to seek treatment is not enough. It is necessary to appreciate and differentiate symptoms based not only on their specificity but also considering their frequency, severity and duration as these factors significantly impact a member’s awareness and capacity to function in the face of such dis-ease.

Psychometrics have influenced the ability to gain a deeper understanding of a history and even forecast symptom developments. The tools to measure clinical symptoms vary in specificity and availability. The [Canadian Psychological Association \(2018\)](#) highlights “increasing the efficiency of services by allowing patients to get better faster and by allocating sessions based on patient need.” They found that when monitoring clinical symptoms, members experience a measure of empowerment and that using psychometrics facilitates collaboration in treatment ([Solstad et al., 2017](#)).

There is a vast array of sources to discuss this work and enhance the mental health industry including this [Interview with Michael J. Lambert about "Prevention of Treatment Failure" \(APA.org\)](#). Michael Lambert identifies social support as a predictive factor of outcomes in his [Routine Outcome Measuring in Psychotherapy: Reflections on a Research Career](#).

It can be said, the statistical methods have no pride involved. This is where outcome measures cut through the delusions of efficacy, providing us with a more objective benchmark for identifying the specific areas of concern for members and determining whether change is occurring or not.



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[The Kennedy Forum](#) has a number of resources to influence and enhance our health system, specifically the BH delivery in this country. Here are a few:

- [A Core Set of Outcome Measures for Behavioral Health Across Service Settings](#)
- [A National Call for Measurement-Based Care in the Delivery of Behavioral Health Services](#)

Following the lead of [The Kennedy Forum](#), [The Joint Commission](#) issued their [Behavioral Health Care Accreditation Program](#). This serves as a well-defined foundation of research that bolsters the emphasis Moda Health is working to underscore. Within this Joint Commission document, you will find a reference to their maintenance of a [Behavioral Healthcare Instruments Listing](#) showcasing a wide range of reliable tools available to facilitate this work. They have done a nice job of describing, differentiating, qualifying, validating and accessing this array of options.

Among the listings of freely available mental health measures of youth and adults, a listing is provided by [Beidas, Stewart, et al. \(2015\)](#), which is robust and accessible.

Additionally, [Psychology Tools](#) has a readily available source of clinical measures.

Two instruments stand out in their common usage in the public domain as ready access to depressive and anxious measures.

- The [Patient Health Questionnaire \(PHQ-9\)](#) has shown itself to be a mainstay in tracking clinical depression. According to the literature, a decrease of five points or more is expected as reliable evidence of change:
  - [Enhancing the clinical utility of depression screening - PMC \(nih.gov\)](#)
  - [PHQ-9 Assessment Resources developed by the VISN 4 MIRECC \(va.gov\)](#)
- When it comes to the [General Anxiety Disorder-\(GAD-7\)](#), there is some variation in the literature when it comes to sustainable change. Some studies point to six points, while others are looking for a four-point drop:
  - [Establishment of a Reliable Change Index for the GAD-7 \(byu.edu\)](#)
  - [Sensitivity to change and minimal clinically important difference of the 7-item Generalized Anxiety Disorder Questionnaire \(GAD-7\) - PubMed \(nih.gov\)](#)
  - [Generalized Anxiety Disorder 7-Item \(GAD-7\) Scores in Medically Authorized Cannabis Patients—Ontario and Alberta, Canada - Cerina Lee, Jessica M. Round, John G. Hanlon, Elaine Hyshka, Jason R.B. Dyck, Dean T. Eurich, 2022 \(sagepub.com\)](#)

### 9.1 Therapeutic Alliance – What is it?

Individuals seek assistance do so when they are experiencing symptoms that complicate their welfare and/or functioning. “The concept of alliance reflects the collaborative relationship between a practitioner and a patient, defined as consisting of three elements: a) the agreement on the goals of treatment; b) the agreement on a task or series of tasks; c) the development of a bond” ([Wampold and Flückiger, 2013](#)). The therapeutic alliance serves as the catalyst for member investment and enduring commitment, aligning with what [Bordin \(1979\)](#) refers to as “the change agent of psychotherapy.”

There is “strong support for a predictive relation between alliance and psychotherapy outcomes” ([Flückiger, 2018](#)). For this reason, **FiCare** is best nurtured by:

- Measures of both *CLINICAL SYMPTOMS* and *THERAPEUTIC ALLIANCE*.

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- Measures which become a routine part of therapy – woven into the experience and culture of therapy.
- Measures that are employed to guide treatment, track progress and foster member engagement. They also serve as an effective summary of wellness and provide an opportunity to incorporate the member's voice.

Clinical manifestations can be measured and tracked. However, it is not the address of clinical symptoms alone which keeps a member engaged in treatment long enough to reach their identified goals. Measuring the member's experience with clinical measures will indicate how their symptoms respond to treatment. However, clinical symptoms alone will miss the capacity of the member to realize the benefits of treatment.

Take for example a situation where the symptoms recede. Without regard for habituating effective treatment management, the member MAY suggest, "AH ... I feel so much better, I don't have to return." It is also common for buried trauma and increased self-awareness to lead to members feeling worse. And without internal constructs of knowing how to sustain one's engagement with unfortunate histories, the member MAY suggest, "I am feeling worse. I don't need this. I was better off before I tried 'dealing with it.' I am out of here."

It should be noted that psychometrics are often designed, validated and researched with clinical diagnostics in mind. What is not often considered, nor included, are the therapeutic alliance considerations at the heart of psychotherapy. Fortunately, the high face validity of therapeutic alliance makes it is easy to add questions to a standardized instrument to complement the clinical measure of **FICare**. For example, when using an instrument which focuses its measures only on clinical symptoms it is common to add some questions to supplement these traditional measures to gather a measure of therapeutic alliance as well. These include:

**Please indicate how much you agree:**

- 1. My Clinician "gets" me.**  
 Always  Very Often  Often  Sometimes  Seldom
- 2. We are focusing on things that are important to me.**  
 Always  Very Often  Often  Sometimes  Seldom
- 3. I am making progress because of treatment**  
 Always  Very Often  Often  Sometimes  Seldom

Here is where the member's voice gives measure to their therapeutic alliance. As a member's engagement is monitored, room is given for the member's voice to reflect their experience of the treatment experience.

Another example of a useful adaption is [Jason Seidel's](#) instrument, [ROSES](#), which demonstrates how easily a simple tool can be useful and even essential in the delivery of care.



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### 10. The Integration of Therapeutic Alliance with Clinical Measures

To highlight this wash of information, what follows are a few established instrument models. These are clinically based in their measures of symptoms as well as therapeutic alliance.

Think of the blood pressure cuff and how standardized it is in association with a PCP visit. Few people would resist the time and imposition of its regular use knowing its benefit to represent and inform their overall treatment and wellbeing. The embedded reliability of care delivery can also be true of **FiCare**.

As clinically helpful and hardy as the [DSM-5 Self-Rated Level 1 Cross-Cutting Symptom Measure](#) can be, eventually it would need to have a therapeutic alliance piece added, expanding its length. Depending on how frequently such an instrument is administered, “buy in” needs to remain high. With routine measures, **FiCare** is best represented by brief < 15 or so questions which can be regularly surveyed with minimal time and consternation of “one more piece of paperwork” to be managed either by support staff, member or the practitioner.

The [Partners for Change Outcome Management PDF summary](#) lists the questions used to ascertain the clinical features of the member’s overall well-being (ORS – Outcomes Rating Scale), as well as the alliance considerations of the member’s appraisal of a given therapy appointment (SRS – Session Rating Scale). This table shows the instruments’ orientations to adults as well as to children.

In the SRS there is focus on the members’ experience of:

Adult > 12 yo	“Relationship”	Child 6 – 12 yo	“Listening”
	“Goals and Topics”		“How Important”
	“Approach or Method”		“What We Did”
	“Overall”		“Overall”

A YouTube video, [Introducing FIT -- ORS/CORS & SRS/CSRS -- with a 7 Year Old Boy & Father](#), may be a helpful.

[DeAngelis \(2019\)](#) offers a resourceful outline of the landscape of therapeutic alliance and academic handles on how to access it. “Based on its 16 meta-analyses on aspects of the therapy relationship, the APA (Divisions 12 & 29) Task Force on Evidence-Based Therapy Relationships ([Norcross and Wampold, 2011](#)) concludes that a number of relationship factors—such as agreeing on therapy goals, getting client feedback throughout the course of treatment and repairing ruptures—are at least as vital to a positive outcome as using the right treatment method.”

#### [A COLLABORATIVE OUTCOME RESOURCE NETWORK \(ACORN\)](#)

This instrument has a rich history of adaptation, research and practitioner usability. Jeb Brown and his associates have a usable display of [resources](#), [articles](#), and pragmatic [videos](#). According to Brown, this is both a psychometric tool and a pan theoretical asset, adaptable to each unique member based on the practitioner’s approach. His research repeatedly suggests that just soliciting the data, even if it, unfortunately, does not inform treatment can be engaging for the member. Further, the more often the practitioner even passively reviews the data enhances therapy. The most effective approach, of course, is when a discussion is rooted in the member’s perspective, involving them actively in the data review process.

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[ACORN](#) has a vast question bank that crafts creative customized tools tailored to specific interests and practice requirements—for example, [youth-question-bank](#). And their system allows the assignment of specific inventory tools to individual members, thereby customizing the measures to meet the diverse needs of various populations.

[Blueprint](#) consistently rates at the top of our industry's innovation and engagement to address clinicians' needs. While **FiCare** is at the core of their work, they offer a host of cutting-edge resources to facilitate and foster a variety of BH practice models. The collection of useful data and its ability to render clinical results is what Blueprint is about. Moda Health has been found energy, insights and commitment in our engagements with them. It is easy to get drawn into the practicality and unique resources they are bringing to the forefront of BH care delivery.

[Greenspace](#) provides a robust understanding of, commitment to, and implementation of **FiCare**. They are a premier resource for fully assisting provider groups to access, manage and utilize data necessary in our industry to implement the kinds of cultural shifts we see on the horizon. Greenspace works with expansive and the smallest healthcare systems. They are flexible with plug and play resources to fit every practice need when it comes to data. They are committed to ensuring clinicians and provider administrators have what they need to deliver the most effective care in an environment of the highest practice standards. Moda Health has found them to be innovative, adaptive and committed to this work.

### [LightQ](#)

This Oregon-home-grown group has a national reach with implementations across the country. In short, they assert “Measures that can inform clinicians about patterns of concern and of change are essential for individuals, families, human systems, and population subgroups.” It would be hard to overstate how clinically-centric LightQ is. They are research based and strong advocates for the integrity of practice models that support the practice and practitioners of psychotherapy. They go so far as to say, “Mental health professionals will be wise to develop habits of standardized assessment and follow up to improve client satisfaction, clinical outcomes and communication with other health care professionals.”

### [Owl Practice](#)

The fundamental reliance of Owl on data signifies a commitment to the credibility of outcome measures as the primary guiding force in effective therapy. Their distinctive incorporation of progress monitoring within traditional psychotherapy allows for a dynamic, real-time engagement with members.

### [Partners for Change Outcome Management \(PCOMS\)](#)

This instrument is inspired by Michael Lampert's classic [OQ®-45.2](#) inventory. Scott Duncan ([Better Outcomes Now](#)) and Scott Miller ([ICCE Home Live](#)), authors of this tool, each have their own websites with which to engage this work. The [ICCE Site](#) has a helpful tool titled the [Feedback Readiness Index and Fidelity Measure \(FRIFM\)](#) used by agencies to enhance and bolster **FiCare** fidelity, even if they are not using the PCOMS instruments. The FRIFM has been a gold standard with useful, specific and detailed survey considerations. At the time of this writing it is being redrafted, updated and reinstated.

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There is a growing number of useful measurements which are evidence based and can be effectively used to facilitate **FiCare**.

- [ACORN](#)
- [Audit](#)
- [GAD-7](#)
- [Blueprint](#)
- [OQ-45](#)
- [OWL](#)
- [Greenspace](#)
- [PCOMS](#)
- [PHQ-9](#)
- [SMART Health](#)
- [PROMIS](#)
- [LightQ2](#)
- [CAMHS](#)
- [Outcome Referrals](#)
- [Outcome Measures Standard for BH Accreditation - The Joint Commission](#)

### 10.1 Instrument Discernment

When a tool is implemented besides its clinical validity, it needs to be efficacious by

- Assisting practitioner and member to identify goals for therapy.
- Implementing practice-based modalities that are effective.
- Providing an understanding of the member's engagement with treatment and alliance with their practitioner(s) and treatment environment.
- Rendering a common language across medical and BH practices to effectively coordinate treatment.

### 10.2 More Tools & Resources

- ❖ Two of the best websites for **FiCare** and its implications
  - <https://darylchow.com/>
  - <https://www.scottdmiller.com/>
- ❖ [The Yale School of Medicine](#) has several resources for implementing and understanding **FiCare** including:
  - [Measurement Based Care Demonstration Videos](#)
  - [Clinician Self-Paced Skill-Building Toolkit](#)
  - [Implementation Tools as well as One-Page Printable FiCare Guides](#)
- ❖ ACORN
  - YouTube Videos
    - [ACORN Basics - Introduction to ACORN](#)
    - [Why Measure Outcomes?](#)
    - [Using Alliance Measures Effectively](#)
    - [ACORN Basics - Viewing Your Data](#)
- ❖ [ICCE Home Live - ICCE Site](#) is the home to the Outcomes Rating Scales & Session Rating Scales
  - <https://hhs.iowa.gov/> has a one page description of [Feedback-Informed-Treatment](#).
    - <https://www.seaetc.com/> has put together an [ORS & SRS "Mini" Administration and Scoring Manual](#)
  - YouTube Videos
    - [Introducing FIT -- ORS/CORS & SRS/CSRS -- in Family Therapy](#)
    - [Introducing FIT -- ORS/CORS & SRS/CSRS -- with a 7 Year Old Boy & Father](#)

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- [How to use the Session Rating Scale: Counseling role-play](#)
- [Feedback-Informed Treatment, explained by Scott D Miller in under 5 minutes](#)
- “Every research study, book chapter or article about Feedback Informed Treatment are catalogued in [this downloadable spreadsheet.](#)”
- ❖ [Joint Commission](#) requires BH organizations to access outcomes for the individuals they serve through the use of a standardized tool or instrument. And, they have a [Outcomes Measures Website](#) with
  - [Introduction to FICare](#)
  - [Standardized Tools and Instruments](#)
  - Building on [The Kennedy Forum’s Fixing Behavioral Health Care in America](#), [The Joint Commission](#) issued their [Behavioral Health Care Accreditation Program](#).
- ❖ American Psychological Association’s website:
  - [Measurement-Based Care](#)

## 11 Discussion Points for FICare & TCoC



The following Sections of this Supplemental Document include shaded in colors. These specific sections will give BH organizations an opportunity to consider and assess engagement in various expansions of the **BHIP Phases**. Moda Health does not obligate the completion of these sections. The entirety of this Supplemental Document, including these following sections, is offered to help deepen and track **FICare** and **TCoC** work.

**FICare** is about ensuring a culture of primacy for the member’s voice.

<b>11.1.</b>	OUR BH ORGANIZATION HAS POLICIES AND PROCEDURES GUIDING OUR COMMITMENT TO FEEDBACK INFORMED CARE ( <b>FICARE</b> ).				
<b>11.1.A</b>	NOT APPLICABLE - OR - W/O CONSIDERATION	CONTEMPLATING	PREPARING TO ACTUALIZE	ACTIVELY IN PLACE	EVALUATING RESULTS
	○	○	○	○	○
	THESE GUIDING DOCUMENTS ARE ANNUALLY AND FORMALLY REVIEWED BY OUR BOARD, MANAGEMENT AND/OR ADMINISTRATION.				
<b>11.1.B</b>	NOT APPLICABLE - OR - W/O CONSIDERATION	CONTEMPLATING	PREPARING TO ACTUALIZE	ACTIVELY IN PLACE	EVALUATING RESULTS
	○	○	○	○	○
	THESE DOCUMENTS SPECIFICALLY GUIDE THE TRAINING AND USAGE OF <b>FICARE</b> BY OUR PRACTITIONERS.				
<b>11.1.C</b>	NOT APPLICABLE - OR - W/O CONSIDERATION	CONTEMPLATING	PREPARING TO ACTUALIZE	ACTIVELY IN PLACE	EVALUATING RESULTS
	○	○	○	○	○

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11.1.D	THEY ALSO GUIDE THE TRAINING AND WORKFLOW OF <b>FICARE</b> IMPLICATIONS BY OUR SUPPORT STAFF.				
	NOT APPLICABLE - OR - W/O CONSIDERATION	CONTEMPLATING	PREPARING TO ACTUALIZE	ACTIVELY IN PLACE	EVALUATING RESULTS
	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
11.1.E	THESE ALSO OUTLINE THE IMPORTANCE AND THE ACCESS MEMBERS HAVE OF THEIR OWN CHART NOTES INCLUDING <b>FICARE</b> DATA IN REAL TIME.				
	NOT APPLICABLE - OR - W/O CONSIDERATION	CONTEMPLATING	PREPARING TO ACTUALIZE	ACTIVELY IN PLACE	EVALUATING RESULTS
	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
11.1.F	THESE FURTHER INFORM SUPERVISORS' WORK TO HIGHLIGHT PRACTITIONERS USE OF <b>FICARE</b> DATA.				
	NOT APPLICABLE - OR - W/O CONSIDERATION	CONTEMPLATING	PREPARING TO ACTUALIZE	ACTIVELY IN PLACE	EVALUATING RESULTS
	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
11.1.G	THESE POLICIES AND PROCEDURES NORMALIZE AND GUIDE REGULAR LATERAL CASE CONSULTATION AMONG PRACTITIONERS BASED ON <b>FICARE</b> FIDELITY.				
	NOT APPLICABLE - OR - W/O CONSIDERATION	CONTEMPLATING	PREPARING TO ACTUALIZE	ACTIVELY IN PLACE	EVALUATING RESULTS
	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
11.1.H	ANY EMPLOYEE AT OUR BH ORGANIZATION CAN DESCRIBE THEIR ROLE IN FACILITATING <b>FICARE</b> .				
	NOT APPLICABLE - OR - W/O CONSIDERATION	CONTEMPLATING	PREPARING TO ACTUALIZE	ACTIVELY IN PLACE	EVALUATING RESULTS
	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
11.1.I	STAKEHOLDERS ARE REGULARLY INFORMED AS TO OUR BH ORGANIZATION'S MEASURABLE EFFECTIVENESS.				
	NOT APPLICABLE - OR - W/O CONSIDERATION	CONTEMPLATING	PREPARING TO ACTUALIZE	ACTIVELY IN PLACE	EVALUATING RESULTS
	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
11.1.J	OTHER COMMENTS WE WOULD LIKE TO ADD AROUND OUR BH ORGANIZATION'S VISION OF <b>FICARE</b> IMPLEMENTATION INCLUDE:				
	<input type="text"/>				
11.2.	THERE IS A CADRE OF PERSONS AT OUR BH ORGANIZATION WHO REGULARLY MEET TO ADDRESS THIS <b>FICARE</b> AND/OR <b>TCOC</b> WORK.				
11.2.A	NOT APPLICABLE - OR - W/O CONSIDERATION	CONTEMPLATING	PREPARING TO ACTUALIZE	ACTIVELY IN PLACE	EVALUATING RESULTS
	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
11.2.B	THESE WORK MEETINGS INCLUDES OUR BH ORGANIZATION'S DIRECTOR.				
	<input type="radio"/> YES		<input type="radio"/> NO		
11.2.C	OTHER PRACTITIONERS DIRECTLY INVOLVED IN OUR <b>BHIP</b> IMPLEMENTATION INCLUDE:				
	<input type="text"/>				

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11.2.D	THERE ARE SUPPORT STAFF, NOT LICENSED OR RENDERING BILLABLE SERVICES TO MEMBERS, WHO ARE ALSO INVOLVED IN THESE MEETINGS.	<input type="radio"/>	YES	<input type="radio"/>	NO
	THERE ARE MEMBERS (CLIENTS/PATIENTS) WHO HAVE BEEN SERVED BY OUR BH ORGANIZATION WHO ARE DIRECTLY HELPING US WITH CONSIDERATIONS AND IMPLEMENTATIONS OF THE WORK DESCRIBED IN THIS BHIP.	<input type="radio"/>	YES	<input type="radio"/>	NO
11.2.F	THIS WORK ALSO SOLICITS AND UTILIZES INPUT FROM COMMUNITY MEMBERS WHO MAY OR MAY NOT BE DIRECTLY SERVED BY OUR BH ORGANIZATION.	<input type="radio"/>	YES	<input type="radio"/>	NO
	OTHER COMMENTS WE WOULD LIKE TO ADD AROUND OUR BH organization's ADMINISTRATION OF BHIP INCLUDE:	<input type="text"/>			

11.3.A	OUR BH ORGANIZATION'S FICARE INCLUDES THE COLLATION OF EACH MEMBER'S CLINICAL SYMPTOMS AND SUPPORTING DIAGNOSTIC DATA.	NOT APPLICABLE - OR - W/O CONSIDERATION	CONTEMPLATING	PREPARING TO ACTUALIZE	ACTIVELY IN PLACE	EVALUATING RESULTS
		<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
11.3.B	CLINICAL SYMPTOMS AND SAFETY CONSIDERATIONS ARE ASSESSED IN THE INITIAL ENGAGEMENT WITH MEMBERS. THIS ESTABLISHES EACH MEMBER'S BASELINE FOR COMPARISON WITH ONGOING MEASUREMENTS.	NOT APPLICABLE - OR - W/O CONSIDERATION	CONTEMPLATING	PREPARING TO ACTUALIZE	ACTIVELY IN PLACE	EVALUATING RESULTS
		<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
1.3.C	FICARE DATA ARE ROUTINELY ACCUMULATED AT EVERY MEMBER INTERSECTION.	NOT APPLICABLE - OR - W/O CONSIDERATION	CONTEMPLATING	PREPARING TO ACTUALIZE	ACTIVELY IN PLACE	EVALUATING RESULTS
		<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
11.3.D	THE FICARE MEASUREMENTS WE ARE USING OR ARE CONSIDERING FOR ROUTINE OUTCOMES MEASURES INCLUDE:	<input type="text"/>				
	EACH OF OUR SERVICE MODALITIES RELY UPON FICARE DATA TO ASSESS UTILIZATION, CLINICAL EFFECTIVENESS AND MANAGE MEMBER WELFARE.	NOT APPLICABLE - OR - W/O CONSIDERATION	CONTEMPLATING	PREPARING TO ACTUALIZE	ACTIVELY IN PLACE	EVALUATING RESULTS
11.3.E		<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
11.3.F	EACH PRACTITIONER AT OUR BH ORGANIZATION IS FAMILIAR WITH THE RESEARCH SUPPORTING THE TOOLS, MEASURES, METHODS AND APPROACHES THEY ARE USING.	<input type="radio"/>	YES	<input type="radio"/>	NO	

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	EACH MEMBER'S <b>FICARE</b> DATA ARE INTEGRATED INTO THEIR HEALTH RECORD AND ARE GRAPHED SIGNIFYING THE EVOLUTION OF THEIR MODALITY UTILIZATION, TREATMENT ENGAGEMENT AND PROGRESSION TOWARD MEMBER IDENTIFIED OUTCOMES.				
11.3.G	NOT APPLICABLE - OR - W/O CONSIDERATION <input type="radio"/>	CONTEMPLATING <input type="radio"/>	PREPARING TO ACTUALIZE <input type="radio"/>	ACTIVELY IN PLACE <input type="radio"/>	EVALUATING RESULTS <input type="radio"/>
	<b>FICARE</b> DATA ARE USED IN REAL TIME TO PREVENT DROP-OUT AND TO FACILITATE MEMBER ADVANCEMENT TOWARD THEIR IDENTIFIED OUTCOMES.				
11.3.H	NOT APPLICABLE - OR - W/O CONSIDERATION <input type="radio"/>	CONTEMPLATING <input type="radio"/>	PREPARING TO ACTUALIZE <input type="radio"/>	ACTIVELY IN PLACE <input type="radio"/>	EVALUATING RESULTS <input type="radio"/>
	OUR BH ORGANIZATION HAS IDENTIFIED <b>FICARE</b> DATA STANDARDS WHICH HIGHLIGHT EXPECTED NORMS FOR MEMBERS' EVOLUTION TOWARD STATICALLY AND CLINICALLY SIGNIFICANT CHANGE.				
11.3.I	NOT APPLICABLE - OR - W/O CONSIDERATION <input type="radio"/>	CONTEMPLATING <input type="radio"/>	PREPARING TO ACTUALIZE <input type="radio"/>	ACTIVELY IN PLACE <input type="radio"/>	EVALUATING RESULTS <input type="radio"/>
	MEMBERS' MEASURES WHICH FALL OUTSIDE OF OUR BH ORGANIZATION'S PROTOCOLS ARE GIVEN SPECIAL ATTENTION BY THEIR PRACTITIONERS IN ORDER TO AVERT LIKELY DROPOUT RATES AND BE PROACTIVE IN ADDRESSING SYMPTOM COMPLICATIONS.				
11.3.J	NOT APPLICABLE - OR - W/O CONSIDERATION <input type="radio"/>	CONTEMPLATING <input type="radio"/>	PREPARING TO ACTUALIZE <input type="radio"/>	ACTIVELY IN PLACE <input type="radio"/>	EVALUATING RESULTS <input type="radio"/>
	IF A SEAMLESS DATA EXCHANGE WERE IN PLACE, OUR BH ORGANIZATION WOULD ESTABLISH WAYS TO EXCHANGE <b>FICARE</b> DATA WITH MODA HEALTH.				
11.3.K	NOT APPLICABLE - OR - W/O CONSIDERATION <input type="radio"/>	CONTEMPLATING <input type="radio"/>	PREPARING TO ACTUALIZE <input type="radio"/>	ACTIVELY IN PLACE <input type="radio"/>	EVALUATING RESULTS <input type="radio"/>
11.3.L	OTHER COMMENTS WE WOULD LIKE TO ADD REGARDING <b>FICARE</b> AND MANAGEMENT OF CLINICAL SYMPTOMS INCLUDE:				
	<div style="border: 1px solid black; height: 30px;"></div>				
11.4	THERAPEUTIC ALLIANCE IS AN ESSENTIAL MEASURE IN OUR BH ORGANIZATION'S <b>FICARE</b> .				
11.4.A	NOT APPLICABLE - OR - W/O CONSIDERATION <input type="radio"/>	CONTEMPLATING <input type="radio"/>	PREPARING TO ACTUALIZE <input type="radio"/>	ACTIVELY IN PLACE <input type="radio"/>	EVALUATING RESULTS <input type="radio"/>
11.4.B	OUR THERAPEUTIC ALLIANCE MEASURES INCLUDE THESE MEASURES/QUESTIONS:				
	<div style="border: 1px solid black; height: 60px;"></div>				



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	THE MEMBER’S PERSPECTIVE OF HOW THINGS ARE GOING WITH THEIR PRACTITIONER(S) IS STATISTICALLY MEASURED EACH SESSION AND REVIEWED BY THEIR PRACTITIONER(S).				
11.4.c	NOT APPLICABLE - OR - W/O CONSIDERATION <input type="radio"/>	CONTEMPLATING <input type="radio"/>	PREPARING TO ACTUALIZE <input type="radio"/>	ACTIVELY IN PLACE <input type="radio"/>	EVALUATING RESULTS <input type="radio"/>
	THE MEMBER’S INVESTMENT TO REACH THEIR IDENTIFIED OUTCOMES IS ROUTINELY MEASURED.				
11.4.d	NOT APPLICABLE - OR - W/O CONSIDERATION <input type="radio"/>	CONTEMPLATING <input type="radio"/>	PREPARING TO ACTUALIZE <input type="radio"/>	ACTIVELY IN PLACE <input type="radio"/>	EVALUATING RESULTS <input type="radio"/>
	MEMBER DATA ARE ROUTINELY TRACKED TO ASSESS THE LEVEL OF ENGAGEMENT IN THERAPY AND VIABILITY OF CONTINUED PROGRESS.				
11.4.e	NOT APPLICABLE - OR - W/O CONSIDERATION <input type="radio"/>	CONTEMPLATING <input type="radio"/>	PREPARING TO ACTUALIZE <input type="radio"/>	ACTIVELY IN PLACE <input type="radio"/>	EVALUATING RESULTS <input type="radio"/>
	OUR BH ORGANIZATION SEES THE BENEFIT IN SHARING THE THERAPEUTIC ALLIANCE DATA WITH MODA HEALTH.				
11.4.f	NOT APPLICABLE - OR - W/O CONSIDERATION <input type="radio"/>	CONTEMPLATING <input type="radio"/>	PREPARING TO ACTUALIZE <input type="radio"/>	ACTIVELY IN PLACE <input type="radio"/>	EVALUATING RESULTS <input type="radio"/>
	OTHER COMMENTS WE WOULD LIKE TO ADD AROUND <b>FICARE</b> AND SPECIFICALLY THERAPEUTIC ALLIANCE INCLUDE:				
11.4.g					
11.5.	THE META DATA OF CLINICAL OUTCOMES FOR EACH PRACTITIONER’S PORTFOLIO ARE USED BY THE PRACTITIONER IN THEIR ADVANCEMENT OF DELIBERATE PRACTICE.				
11.5.a	NOT APPLICABLE - OR - W/O CONSIDERATION <input type="radio"/>	CONTEMPLATING <input type="radio"/>	PREPARING TO ACTUALIZE <input type="radio"/>	ACTIVELY IN PLACE <input type="radio"/>	EVALUATING RESULTS <input type="radio"/>
	EACH PRACTITIONER KNOWS THEIR EFFECT SIZE.				
11.5.b	NOT APPLICABLE - OR - W/O CONSIDERATION <input type="radio"/>	CONTEMPLATING <input type="radio"/>	PREPARING TO ACTUALIZE <input type="radio"/>	ACTIVELY IN PLACE <input type="radio"/>	EVALUATING RESULTS <input type="radio"/>
	EACH PRACTITIONER KNOWS THE DROPOUT RATE OF THE MEMBERS THEY SERVE.				
11.5.c	NOT APPLICABLE - OR - W/O CONSIDERATION <input type="radio"/>	CONTEMPLATING <input type="radio"/>	PREPARING TO ACTUALIZE <input type="radio"/>	ACTIVELY IN PLACE <input type="radio"/>	EVALUATING RESULTS <input type="radio"/>
	EACH OF OUR PRACTITIONER HAS IDENTIFIED THEIR OWN				
	<ul style="list-style-type: none"> <li>✓ BASELINE EFFECTIVENESS.</li> <li>✓ PERFORMANCE CHALLENGES.</li> <li>✓ DELIBERATE PRACTICE PLAN THEY ARE WORKING ON OUTSIDE OF SERVICE DELIVERY.</li> </ul>				
11.5.d	NOT APPLICABLE - OR - W/O CONSIDERATION <input type="radio"/>	CONTEMPLATING <input type="radio"/>	PREPARING TO ACTUALIZE <input type="radio"/>	ACTIVELY IN PLACE <input type="radio"/>	EVALUATING RESULTS <input type="radio"/>

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A CULTURE OF TRANSPARENCY AROUND THERAPEUTIC “MISSTEPS” IS NURTURED WHEREBY OUR BH ORGANIZATION’S PRACTITIONERS CAN LEARN AND IMPROVE TOGETHER.					
11.5.E	NOT APPLICABLE - OR - W/O CONSIDERATION	CONTEMPLATING	PREPARING TO ACTUALIZE	ACTIVELY IN PLACE	EVALUATING RESULTS
	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
OTHER COMMENTS OUR BH ORGANIZATION WOULD LIKE TO ADD CONSIDERING DELIBERATE PRACTICE INCLUDE:					
11.5.F					

### 12. Service Engagement

The demand for mental health services has been increasing in recent years. This has put a strain on the capacity to meet the recognized needs of Moda Health members. Searching for a practitioner is a discerning process for members with a sensitivity around a specific demographic or desired treatment modality or some other alignment between member and practitioner attributes. Interestingly, even amidst the shortfall of available practitioners, our society has been nurtured to assert their preferences and needs into these searches. This intentionality serves to benefit the therapeutic alliance.

To address this need for members to be able to search for and enhance their view into the attributes of various practitioners, Moda Health has created an online search of contracted service practitioners. [Moda Health Find Care \(modahealth.com\)](https://modahealth.com) has practitioners listed with all the members aligned Moda Health networks. Additionally, the Centers for Medicare & Medicaid Services also requires us to update the provider directory every 90 days. Further, [Better Doctor](#) has been contracted to reach out to in network providers to facilitate this documentation. Do respond to them when they seek input.

12.1	WE ARE COMMITTED TO POSTING OUR PRACTITIONERS’ DEMOGRAPHICS AS WELL AS CLINICAL EXPERTISE, POPULATIONS SERVED, AVAILABILITY FOR IN-OFFICE VISITS, ACCESSIBILITY FOR NEW APPOINTMENTS, ETC. BY REGULARLY UPDATING MODA HEALTH’S <a href="#">FIND CARE PROVIDER PROFILE</a> .				
	NOT APPLICABLE - OR - W/O CONSIDERATION	CONTEMPLATING	PREPARING TO ACTUALIZE	ACTIVELY IN PLACE	EVALUATING RESULTS
12.1.A	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

12.1.B	THIS IS MANAGED BY	
	NAME:	EMAIL:
12.1.c	A PRIMARY CONTACT FOR MODA HEALTH REGARDING NEW APPOINTMENT ACCESSIBILITY:	
	NAME:	EMAIL:

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<b>12.1.D</b>	THERE ARE ADDITIONAL COMMENTS WE WANT TO BE CLEAR ABOUT WHEN IT COMES TO ACCESS AND OUR PRACTITIONERS’ DEMOGRAPHICS:

**12.2** BH organizations are encouraged to communicate and coordinate with other health care entities to further enhance members’ overall treatments and outcomes. Unless a member declines, other health care entities are likely to include substance use programs, primary care clinics, Moda Health and other medical facilities addressing additional health treatments of Moda Health members.

### 13 Coordination of Care

BH organization’s communication and collaboration with Moda Health’s BH staff regarding practitioners’ appointment availability is greatly appreciated.

<b>13.1</b>	IN ADDITION TO MEMBERS’ USE OF OUR SERVICES, OUR BH ORGANIZATION HAS ACCESS TO MEMBERS’ MEDICAL DATA WHICH HIGHLIGHT THE EXTENT OF COMPLEXITY, MULTIMORBID CONDITIONS AND CHRONIC MANIFESTATIONS WHICH SHED LIGHT ON A GIVEN MEMBER’S <b>TOTAL COST OF CARE (TCOC)</b> AND OBFUSCATING THEIR WELLBEING.										
	<table border="1" style="width: 100%; text-align: center;"> <tr> <td style="background-color: #f28b82; color: white;">NOT APPLICABLE - OR - W/O CONSIDERATION</td> <td style="background-color: #f28b82; color: white;">CONTEMPLATING</td> <td style="background-color: #f28b82; color: white;">PREPARING TO ACTUALIZE</td> <td style="background-color: #f28b82; color: white;">ACTIVELY IN PLACE</td> <td style="background-color: #f28b82; color: white;">EVALUATING RESULTS</td> </tr> <tr> <td style="background-color: #f28b82; color: white;"><input type="radio"/></td> <td style="background-color: #f28b82; color: white;"><input type="radio"/></td> <td style="background-color: #f28b82; color: white;"><input type="radio"/></td> <td style="background-color: #f28b82; color: white;"><input type="radio"/></td> <td style="background-color: #f28b82; color: white;"><input type="radio"/></td> </tr> </table>	NOT APPLICABLE - OR - W/O CONSIDERATION	CONTEMPLATING	PREPARING TO ACTUALIZE	ACTIVELY IN PLACE	EVALUATING RESULTS	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
NOT APPLICABLE - OR - W/O CONSIDERATION	CONTEMPLATING	PREPARING TO ACTUALIZE	ACTIVELY IN PLACE	EVALUATING RESULTS							
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>							
<b>13.1.A</b>	<p>IN ADDITION TO THE <a href="#">MODA HEALTH PROVIDER REPORTS</a>, WE UTILIZE SUPPORT SERVICES SUCH AS <a href="https://pointclickcare.com/">HTTPS://POINTCLICKCARE.COM/</a> (FORMERLY COLLECTIVE MEDICAL – PREMANAGED CARE)</p> <p>- OR -</p> <p><a href="https://connectivehealth.io/">HTTPS://CONNECTIVEHEALTH.IO/</a></p> <p>- OR -</p> <p>SOME OTHER MEDICAL INFORMATION PLATFORM TO TRACK AND INTEGRATE WITH MEMBER CARE BEYOND OUR OWN BH ORGANIZATION.</p>										
<b>13.1.B</b>	<table border="1" style="width: 100%; text-align: center;"> <tr> <td style="background-color: #f28b82; color: white;">NOT APPLICABLE - OR - W/O CONSIDERATION</td> <td style="background-color: #f28b82; color: white;">CONTEMPLATING</td> <td style="background-color: #f28b82; color: white;">PREPARING TO ACTUALIZE</td> <td style="background-color: #f28b82; color: white;">ACTIVELY IN PLACE</td> <td style="background-color: #f28b82; color: white;">EVALUATING RESULTS</td> </tr> <tr> <td style="background-color: #f28b82; color: white;"><input type="radio"/></td> <td style="background-color: #f28b82; color: white;"><input type="radio"/></td> <td style="background-color: #f28b82; color: white;"><input type="radio"/></td> <td style="background-color: #f28b82; color: white;"><input type="radio"/></td> <td style="background-color: #f28b82; color: white;"><input type="radio"/></td> </tr> </table>	NOT APPLICABLE - OR - W/O CONSIDERATION	CONTEMPLATING	PREPARING TO ACTUALIZE	ACTIVELY IN PLACE	EVALUATING RESULTS	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
NOT APPLICABLE - OR - W/O CONSIDERATION	CONTEMPLATING	PREPARING TO ACTUALIZE	ACTIVELY IN PLACE	EVALUATING RESULTS							
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>							
<b>13.1.c</b>	OUR BH ORGANIZATION HAS THE TECHNICAL MEANS TO SEAMLESSLY DISPENSE SUCH DATA TO PERTINENT PRACTITIONERS WITHIN AND BEYOND OUR ORGANIZATION TO OTHER CLINICS.										
	<table border="1" style="width: 100%; text-align: center;"> <tr> <td style="background-color: #f28b82; color: white;">NOT APPLICABLE - OR - W/O CONSIDERATION</td> <td style="background-color: #f28b82; color: white;">CONTEMPLATING</td> <td style="background-color: #f28b82; color: white;">PREPARING TO ACTUALIZE</td> <td style="background-color: #f28b82; color: white;">ACTIVELY IN PLACE</td> <td style="background-color: #f28b82; color: white;">EVALUATING RESULTS</td> </tr> <tr> <td style="background-color: #f28b82; color: white;"><input type="radio"/></td> <td style="background-color: #f28b82; color: white;"><input type="radio"/></td> <td style="background-color: #f28b82; color: white;"><input type="radio"/></td> <td style="background-color: #f28b82; color: white;"><input type="radio"/></td> <td style="background-color: #f28b82; color: white;"><input type="radio"/></td> </tr> </table>	NOT APPLICABLE - OR - W/O CONSIDERATION	CONTEMPLATING	PREPARING TO ACTUALIZE	ACTIVELY IN PLACE	EVALUATING RESULTS	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
NOT APPLICABLE - OR - W/O CONSIDERATION	CONTEMPLATING	PREPARING TO ACTUALIZE	ACTIVELY IN PLACE	EVALUATING RESULTS							
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>							
<b>13.1.D</b>	THERE ARE POLICIES AND PROCEDURES IN PLACE TO FLAG, ENGAGE AND RESPONSE TO OTHER SPECIALTY CLINICS IN ADDRESSING MEMBERS’ MULTIMORBIDITIES.										
	<table border="1" style="width: 100%; text-align: center;"> <tr> <td style="background-color: #f28b82; color: white;">NOT APPLICABLE - OR - W/O CONSIDERATION</td> <td style="background-color: #f28b82; color: white;">CONTEMPLATING</td> <td style="background-color: #f28b82; color: white;">PREPARING TO ACTUALIZE</td> <td style="background-color: #f28b82; color: white;">ACTIVELY IN PLACE</td> <td style="background-color: #f28b82; color: white;">EVALUATING RESULTS</td> </tr> <tr> <td style="background-color: #f28b82; color: white;"><input type="radio"/></td> <td style="background-color: #f28b82; color: white;"><input type="radio"/></td> <td style="background-color: #f28b82; color: white;"><input type="radio"/></td> <td style="background-color: #f28b82; color: white;"><input type="radio"/></td> <td style="background-color: #f28b82; color: white;"><input type="radio"/></td> </tr> </table>	NOT APPLICABLE - OR - W/O CONSIDERATION	CONTEMPLATING	PREPARING TO ACTUALIZE	ACTIVELY IN PLACE	EVALUATING RESULTS	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
NOT APPLICABLE - OR - W/O CONSIDERATION	CONTEMPLATING	PREPARING TO ACTUALIZE	ACTIVELY IN PLACE	EVALUATING RESULTS							
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>							

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THERE ARE SUPPORT SERVICES, FINANCIAL STRUCTURES, INTERDISCIPLINARY ENGAGEMENT AND ONGOING EXPLORATIONS FOR MANAGING THESE CASE WITH COMPLEX CHRONIC AND MULTIMORBID CONDITIONS.					
13.1.E	NOT APPLICABLE - OR - W/O CONSIDERATION <input type="radio"/>	CONTEMPLATING <input type="radio"/>	PREPARING TO ACTUALIZE <input type="radio"/>	ACTIVELY IN PLACE <input type="radio"/>	EVALUATING RESULTS <input type="radio"/>
13.1.F	OTHER COMMENTS WE WOULD LIKE TO ADD AROUND <b>TCoC</b> INCLUDE:				
	<input type="text"/>				

13.2.	OUR BH ORGANIZATION HAS A PROCESS TO ASSESS, EXPLORE WITH MEMBERS, AND ADDRESS THROUGH CASE MANAGEMENT A ROBUST ATTENTION TO <b>SOCIAL DETERMINANTS OF HEALTH (SDoH)</b> .				
13.2.A	NOT APPLICABLE - OR - W/O CONSIDERATION <input type="radio"/>	CONTEMPLATING <input type="radio"/>	PREPARING TO ACTUALIZE <input type="radio"/>	ACTIVELY IN PLACE <input type="radio"/>	EVALUATING RESULTS <input type="radio"/>
13.2.B	DATA ARE COLLECTED BY WAY OF A VARIETY OF SOURCES FOR EACH MEMBER'S <b>SHoD</b> . OUR BH ORGANIZATION USES THE FOLLOWING TO COLLECT <b>SHoD</b> :				
	<input type="text"/>				
13.2.C	<b>SDoH</b> ARE CULTURALLY CONTEXTUALIZED ALONGSIDE THE MEMBER TO APPRECIATE SHORT- AND LONG-TERM EFFECTS ON THE MEMBER'S SELF-IDENTIFIED NEEDS.				
13.2.C	NOT APPLICABLE - OR - W/O CONSIDERATION <input type="radio"/>	CONTEMPLATING <input type="radio"/>	PREPARING TO ACTUALIZE <input type="radio"/>	ACTIVELY IN PLACE <input type="radio"/>	EVALUATING RESULTS <input type="radio"/>
13.2.D	<b>SDoH</b> ARE INTEGRATED INTO EACH MEMBER'S CASE MANAGEMENT AND INFORM THEIR INTENDED TREATMENT OUTCOMES.				
13.2.D	NOT APPLICABLE - OR - W/O CONSIDERATION <input type="radio"/>	CONTEMPLATING <input type="radio"/>	PREPARING TO ACTUALIZE <input type="radio"/>	ACTIVELY IN PLACE <input type="radio"/>	EVALUATING RESULTS <input type="radio"/>
13.2.E	OUR BH ORGANIZATION HAS AN APPRECIATION FOR THE IMPACTFUL INTEGRATION OF <b>SDoH</b> INTO THE LIFE AND HEALTH OF MEMBERS' WELLBEING. SO MUCH SO THAT WE HAVE IDENTIFIED A MANAGER WHO ADDRESSES AND FACILITATES THESE DATA AND MEMBERS' NEEDS.				
13.2.E	NOT APPLICABLE - OR - W/O CONSIDERATION <input type="radio"/>	CONTEMPLATING <input type="radio"/>	PREPARING TO ACTUALIZE <input type="radio"/>	ACTIVELY IN PLACE <input type="radio"/>	EVALUATING RESULTS <input type="radio"/>
13.2.F	NAME:		EMAIL:		
	<input type="text"/>		<input type="text"/>		

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**13.2.G** ADDRESSING **SDoH** NECESSITATES REGULARLY ENGAGING WITH COMMUNITY RESOURCES AND INCLUDES THE FOLLOWING PROCESSES IN OUR BH ORGANIZATION:

**13.2.H** THERE ARE OTHER PAYORS OR OTHER GOVERNMENTAL ENTITIES WHO ARE ASKING OUR BH ORGANIZATION TO COLLECT **SHoD** OR SOCIAL NEED SCREENING AND INTERVENTION (SNS-E).

	<input type="radio"/> YES	<input type="radio"/> NO
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**13.2.I** WE DO, ALREADY, SHARE THESE **SHoD** DATA WITH SOME OF THESE OTHER ENTITIES.

NOT APPLICABLE - OR - W/O CONSIDERATION	CONTEMPLATING	PREPARING TO ACTUALIZE	ACTIVELY IN PLACE	EVALUATING RESULTS
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

**13.2.J** WE ARE ABLE AND WILLING TO SHARE THESE **SDoH** DATA SEAMLESSLY WITH MODA HEALTH.

NOT APPLICABLE - OR - W/O CONSIDERATION	CONTEMPLATING	PREPARING TO ACTUALIZE	ACTIVELY IN PLACE	EVALUATING RESULTS
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

**13.2.K** OTHER COMMENTS WE WOULD LIKE TO ADD AROUND **SDoH** INCLUDE:

**14.1.** OUR BH ORGANIZATION RECOGNIZES THE NEED FOR ONGOING SUPPORT AND TREATMENT FOR MEMBERS BETWEEN SESSIONS. TO AUGMENT OUR SERVICES WE PROMOTE, MONITOR AND ASSESS THE USE OF APPS TO FACILITATE CARE BEYOND TRADITIONAL "SESSIONS" AND MEMBERS' ADVANCEMENT TOWARD IDENTIFIED TREATMENT OUTCOMES.

**14.1.A**

NOT APPLICABLE - OR - W/O CONSIDERATION	CONTEMPLATING	PREPARING TO ACTUALIZE	ACTIVELY IN PLACE	EVALUATING RESULTS
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

**14.1.B** AS FOR THE USE OF THESE TOOLS, WE ASSESS THIS AUGMENTATION OF TREATMENT BY:

**14.1.C** WE FURTHER RECOGNIZE THE GROWING USEFULNESS OF AUGMENTED INTELLIGENCE (**AI**).

NOT APPLICABLE - OR - W/O CONSIDERATION	CONTEMPLATING	PREPARING TO ACTUALIZE	ACTIVELY IN PLACE	EVALUATING RESULTS
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

**14.1.D** WAYS WE ANTICIPATE USING **AI** IN DATA MANAGEMENT, CLINICAL OVERSIGHT, OR SERVICE DELIVERY IN THE NEXT TWO YEARS INCLUDE:

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OTHER COMMENTS WE WOULD LIKE TO ADD AROUND AUGMENTATION OF TRADITIONAL SERVICES INCLUDE:

14.1.E

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