



Position Statement on Measurement Based Care

Introduction

The Collaborative Family Healthcare Association (CFHA) recognizes the utility and potential for Measurement Based Care (MBC) as a core feature of high-quality integrated healthcare. MBC supports optimal clinical practice, demonstrates the value of integrated care teams, and improves outcomes. MBC is much more than simply administering behavioral health measures. Rather, it is an evidence-based, collaborative process that mirrors the well-established framework of using physical symptom monitoring (e.g., vital signs, bloodwork laboratory findings, and other physical test data) as a means of guiding care over time. Despite research evidence, MBC is not yet fully embraced by behavioral health professionals, including those in integrated care settings. This position statement is intended to clarify and inform all members, partners, and the public regarding CFHA's organizational stance on MBC.

What is MBC?

- MBC is a clinical process that includes repeated measurement to monitor treatment progress and to inform collaborative treatment planning over the course of care.¹
- MBC entails equal emphasis on the phases of *Collect*, *Share*, and *Act*, which include repeated data gathering, communication/review of the data with the patient and team, and adjusting treatment based on this information.²
- As a clinical process, MBC is distinct from other important healthcare concepts, such as behavioral health screening, diagnostic clarification, or program evaluation.^{3, 4}

Why is MBC important?

- There is a robust evidence base regarding the use of MBC to support optimal patient outcomes, and enhance team-based care within diverse settings, age groups, and populations.^{3, 5, 6}
- The full process of MBC (Collect, Share, and Act) supports a shared decision-making framework that is inherently therapeutic, with the aim of improving treatment outcomes as well promoting the overall wellness of individuals and populations.^{2, 7}
- MBC helps clinicians, teams, and patients to better understand when treatment adjustments may be needed, at the earliest possible indication, and assists with treatment planning and episode-of-care decisions.^{1, 8, 9}
- MBC enhances therapeutic alliance and improves culturally informed care to diverse patient groups.^{10, 11}
- MBC is considered a best practice or program requirement by many major professional associations, healthcare organizations, payors, and accrediting bodies.¹²⁻¹⁹

What is CFHA's position on MBC?

- CFHA endorses MBC as an integral component of high-quality integrated healthcare and encourages all clinicians and organizations to adopt MBC as part of routine clinical operations.
- MBC is highly consistent with our CFHA Mission, Vision, and Values. Specifically, MBC aligns with the best possible evidence and can act as a corrective to differential treatment of culturally diverse patient populations.

- c. MBC can and should be applied to all models of integrated healthcare, current or emerging.
- d. Systems of care, organizations, and payors are called upon to prioritize financial investment in training programs, electronic tools, or other infrastructure to support effective implementation of MBC as part of routine care.
- e. MBC implementation efforts should engage and include all relevant stakeholders within behavioral health and physical medicine, as well administrative leaders, to maximize collaboration and support successful adoption of MBC.
- f. Health technology tools, such as electronic health records with embedded MBC capabilities, digital platforms for automated symptom tracking, data analytics (e.g., Artificial Intelligence), etc. will be crucial for improving efficiency and large-scale implementation of MBC.

Conclusion

CFHA believes that MBC is a critical process that guides, informs, and enhances clinical practices at all levels of integrated care systems. MBC supports optimal outcomes and interdisciplinary care of all patients in their pursuit of health and healing. As such, we call upon all individuals, teams, and organizations to support and pursue the widespread adoption of MBC in the delivery of integrated healthcare.

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References:

1. Boswell, J. F., Hepner, K. A., Lysell, K., Rothrock, N. E., Bot, N., Childs, A. W., et al. (2023). The need for a measurement-based care professional practice guideline. *Psychotherapy*, 60(1), 1. <https://doi.org/10.1037/pst0000439>
2. Barber, J. B., & Resnick, S. G. (2023). Collect, share, act: A transtheoretical clinical model for doing measurement-based care in mental health treatment. *Psychological Services*, 20(S2), 150-157. <https://doi.org/10.1037/ser0000629>
3. Fortney, J. C., Unützer, J., Wrenn, G., Pyne, J. M., Smith, G. R., Schoenbaum, M., & Harbin, H. T. (2017). A tipping point for measurement-based care. *Psychiatric Services*, 68(2), 179-188. <https://doi.org/10.1176/appi.ps.201500439>
4. Liebmann, E. P., Resnick, S. G., Hoff, R. A., & Katz, I. R. (2023). Outcomes for treatment of depression in the Veterans Health Administration: Rates of response and remission calculated from clinical and survey data. *Psychiatry Research*, 324, 115196. <https://doi.org/10.1016/j.psychres.2023.115196>
5. de Jong, K., Conijn, J. M., Gallagher, R. A., Reshetnikova, A. S., Heij, M., & Lutz, M. C. (2021). Using progress feedback to improve outcomes and reduce drop-out, treatment duration, and deterioration: A multilevel meta-analysis. *Clinical Psychology Review*, 85, 102002. <https://doi.org/10.1016/j.cpr.2021.102002>
6. Duncan, B. L., Reese, R. J., Lengerich, A. J., DeSantis, B., Comeau, C. V., & Johnson-Esparza, Y. (2021). Measurement-based care in integrated health care: A randomized clinical trial. *Families, Systems, & Health*, 39(2), 259-268. <https://doi.org/10.1037/fsh0000608>
7. Jensen-Doss, A., Douglas, S., Phillips, D. A., Gencdur, O., Zalman, A., & Gomez, N. E. (2020). Measurement-based care as a practice improvement tool: Clinical and organizational applications in youth mental health. *Evidence-Based Practice in Child and Adolescent Mental Health*, 5(3), 233-250. <https://doi.org/10.1080/23794925.2020.1784062>
8. Lambert, M. J., Whipple, J. L., & Kleinstäuber, M. (2018). Collecting and delivering progress feedback: A meta-analysis of routine outcome monitoring. *Psychotherapy: Theory, Research, & Practice*, 55(4), 520-537. <https://doi.org/10.1037/pst0000167>
9. Carlier, I. V., Meuldijk, D., Van Vliet, I. M., Van Fenema, E., Van der Wee, N., & Zitman, F. G. (2012). Routine outcome monitoring and feedback on physical or mental health status: Evidence and theory. *Journal of Evaluation in Clinical Practice*, 18(1), 104-110. <https://doi.org/10.1111/j.1365-2753.2010.01543.x>
10. Anderson, K. N., Bautista, C. L., & Hope, D. A. (2019). Therapeutic alliance, cultural competence, and minority status in premature termination of psychotherapy. *American Journal of Orthopsychiatry*, 89(1), 104-111. <https://doi.org/10.1037/ort0000342>
11. Duncan, B. L., & Reese, R. J. (2024). The evolution of feedback: Toward a multi-cultural orientation. *Psychotherapy*, 61(2), 101-109. <https://doi.org/10.1037/pst0000524>
12. American Psychiatric Association. (2023). Position Statement on Utilization of Measurement Based Care. <https://www.psychiatry.org/getattachment/2079de44-fb6c-47da-ad13-ef18e6d00908/Position-Utilization-of-Measurement-Based-Care.pdf>
13. American Psychological Association. (2024). APA Professional Practice Guidelines on Measurement-Based Care. <https://www.apaservices.org/practice/measurement-based-care>
14. The Kennedy Forum. (2015). Fixing Behavioral Health Care in America. A National Call for Measurement-Based Care in the Delivery of Behavioral Health Services. https://thekennedyforumillinois.org/wp-content/uploads/2017/05/KennedyForum-MeasurementBasedCare_2.pdf
15. Substance Abuse and Mental Health Services Administration (SAMHSA). Use of Measurement-Based Care for Behavioral Health Care in Community Settings. <https://www.samhsa.gov/sites/default/files/ismicc-measurement-based-care-report.pdf>
16. Meadows Mental Health Policy Institute. (2021). Measurement-Based Care in the Treatment of Mental Health and Substance Use Disorders. https://mmhpi.org/wp-content/uploads/2021/03/MBC_Report_Final.pdf
17. Joint Commission. <https://www.jointcommission.org/standards/standard-faqs/behavioral-health/care-treatment-and-services-cts/000002332/>
18. National Council for Mental Wellbeing. Advancing Measurement-Informed Care in Community Behavioral Health. <https://www.thenationalcouncil.org/news/national-council-introduces-measurement-informed-care/>
19. Commission on Accreditation of Rehabilitation Facilities (CARF) International. <https://carf.org/accreditation/programs/behavioral-health/>