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The future of psychological therapy

Outcome measurement is central to the future growth and development of psychological therapies, not because it is now healthcare policy with the extension of the Improving Access to Psychological Therapies (IAPT) programme, but because it improves practice, which means improved outcomes for clients and practitioners.

Scott Miller, co-founder of the Institute for the Study of Therapeutic Change, has championed the central importance of outcome measurement in psychological therapy provision for many years. ‘Accountability is the central challenge facing services now’, says Scott. ‘Commissioners and consumers want to know what they are getting for their time and money. Fortunately, there’s a great deal of empirical evidence that what therapists do works. Unfortunately, surveys conducted over the last 10 years have consistently shown that, second to the cost of services, the most significant barrier to clients seeking help is lack of confidence in the outcome’.

‘The question facing practitioners and services is: “How best to answer the call for accountability?”’, says Scott. ‘Most medics and managers of our health services at present believe that the answer lies in “evidence-based practice”. Unlike medicine, however, in which “evidence-based practices” are those demonstrating superior outcomes, in psychological services “evidence-based practice” means only that a particular brand of therapy works. Equivalence of outcome is the rule in comparative studies of different therapies in both adults and children’, says Scott. ‘More to the point, no client is going to be happy if, in response to a lack of improvement, they are told, “you got the best evidence-based treatment we had to offer”. For this reason, we need to focus on practice-based evidence. This means finding out on an ongoing basis whether a therapy works for a particular client at a particular time and place’.

‘The good news is that once you partner with the client, get their feedback and tailor the service specifically to their needs, you improve the outcome by 65 per cent. Good therapy needs feedback. At the Institute, we use a measurement tool called the Outcome Rating Scale, which is different from, but functions similarly to, the CORE-OM. I’m not wedded to any particular tool – anything that gets feedback into the system is a good thing’.

Meeting the IAPT challenge

An efficient IT system is key to PCT participation in the next phase of the IAPT national implementation plan. IAPT defines a minimum data set (MDS) that emphasises the need to measure recovery, and makes recommendations about outcome measurement (OM), monitoring and performance management along the lines that CORE IMS has been recommending for more than 10 years.

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A new approach to outcome management

CORE Net is a web-based system that offers a dynamic, real-time ‘outcomes management’ methodology informed by US insurance-based managed health care. It uses new 10- and 5-item measures that complement the original CORE-OM, to provide session tracking and flag issues (such as risk) and thus help to maximise outcome benefits to the client. In use since 2006 and now running across 12 demonstration sites, CORE Net’s design has been thoroughly tested and shaped by practitioners in real clinical settings for more than two years, making it both client and practitioner-friendly and orientated to ease and speed of use. Here we present feedback from some of the demonstration sites.

Best practice as routine

Dr Geoff Mothersole leads the longest running CORE Net project, which has been going for two and a half years in Sussex Partnership NHS Trust and employs a dozen clinicians. This is where the first experimental trials of CORE Net began, and session-by-session tracking of every client is now routine. With an excess of 1500 cases in the database, we have considerable clinical experience in practising outcome-focused therapy’, says Geoff. This in turn has informed the development of our clinical policies, particularly in the area of risk management. Clinicians have progressively embraced the benefits of the system, and client feedback data indicates exceptional levels of satisfaction. Clients and clinicians seem to work together in a much more collaborative and outcome-focused way than before, while I have the confidence of knowing that risk monitoring is automatically a part of the process’.

Outcome-mindedness

Gisela Unsworth, Head of the Psychological Wellbeing Service within the Occupational Health Department of Kingston Hospital NHS Trust, tells a similar story to Geoff’s. ‘Building on the experience we learned from Geoff’s team, we have been able to rapidly introduce CORE Net into our service’, says Gisela. ‘After only nine months’ use, session tracking has become the norm, and now it is hard to imagine working in any other way. Using CORE Net has encouraged a case management approach, and helped me to develop a new service policy that promotes outcome-mindedness. Already I am seeing how the flags and appraisal tools have brought about a marked improvement in practitioner performance. It’s also clear that having access to these functions themselves empowers clinicians to monitor their own practice’.

Mr W was referred for therapy by his GP for depression and anxiety following a job loss with consequences for his self-esteem and self-image. Over five sessions of counselling there was a steady week-on-week improvement. At week four he crossed the (dotted blue) clinical cut-off line, indicating clinical and reliable improvement. The following week he told the therapist he would not need any more sessions. He later made contact to say that he had found a new job and was continuing to feel good.

This type of progress tracking curve is quite typical of simple single-issue cases that respond well to brief counselling in a primary care setting. They have become known as ‘ski slope’ trajectories because of the characteristic curve.

‘Using CORE Net has encouraged a case management approach, and helped me to develop a new service policy that promotes outcome-mindedness’
CORE Net in general practice

Originally conceived as an outcome measure for psychological therapists, CORE Net has found application across the breadth of mental health services. Dr Al Thompson, a mental health lead GP in Wigan, was so impressed by benefits gained from using the system in his own practice that he convinced his local PCT to roll it out across the entire district. ‘In less than a year we got all 62 GP practices using it’, says Al. ‘That’s 150 GPs along with their clinical staff of nurses, counsellors and graduate workers, making over 500 staff in all and over 7,000 patients assessed – an incredible achievement’.

Time-effective

‘The biggest impact of CORE Net has been in making my appointments more time-effective’, says Al. ‘What was once 25–30 minutes for an initial consultation is now 10–15 minutes, and it takes less than two minutes to do the online questionnaire. It seems that a combination of the questions and the real-time graphical feedback engages patients in such a way that we get to the heart of their issues much quicker. Seeing the chart gives them another perspective on themselves’.

‘Follow-up sessions with patients are also quicker, and the use of repeated session-by-session measures displayed on the chart gives both the patient and me greater confidence in knowing where we are up to’, says Al. ‘I get to see at any earlier stage when a treatment is working and when I need to be trying something else. The chart also helps with continuity of care across the team since we are all working with the same clear and simple picture, which shows on a single page who has been doing what and to what effect’.

Outcome monitoring in ‘stepped care’

As stepped-care approaches to delivering psychological treatment become widespread, a number of CORE Net demonstration sites are keen to explore how they can track the effectiveness of different levels of intervention. ‘Being able to track intervention level against outcome will be essential to us in clarifying effective pathways and where to concentrate training and supervision’, says Graham Tate, a psychologist leading the implementation of CORE Net in the primary care mental health team at Heywood, Middleton & Rochdale PCT. ‘We particularly want to know more about the degree to which cases are stepped up or down after an initial referral’.

Lorian Rein, Operations Director at leading psychological therapies provider, Oakdale, agrees. ‘We are committed to demonstrating the value for money and effectiveness of our services’, says Lorian. ‘Administering the CORE Net outcome measure at assessment and measuring and tracking outcomes at each intervention provides a tool that helps us to match the step, as well as the pathway within the step, to the needs of each client’.

‘Sharing outcomes with clients throughout their treatment also results in a transparent, collaborative process that empowers them and keeps everyone’s focus on yielding the desired results’, says Lorian. ‘This enables our practitioners to be responsive to progress in each case, and enables Oakdale to manage the effectiveness of the therapeutic services we deliver’.

The advent of the CORE-10 screening measure combined with the CORE Net tracking system has proved effective in helping GPs to assess, monitor and treat patients with mental health problems.
CORE net flags: managing risk and clinical deterioration

Coordinator for the Human Givens Institute Practice Research Network, Bill Andrews’ original motivation was to use the CORE Net system to gather evaluation data on therapists in different settings. In the process, Bill found his own therapy practice transformed.

Real-time feedback
The CORE Net progress chart is a powerful form of real-time feedback that facilitates a dialogue with clients and opens up the whole therapeutic process’, says Bill. ‘The use of outcome measures session by session enables a conversation that can help people to approach topics that might not otherwise get addressed – and clients find it easier to unpack their story at an earlier stage in therapy.’

‘The progress chart encourages reflection with a client about their initial expectations of therapy, as well as sharing their session-by-session progress’, says Bill. ‘The dispassionate observation of change through ongoing feedback facilitates the attribution of progress to the client. When there is no change, or deterioration, it allows a different sort of conversation. Maybe the therapeutic approach is not the most suitable, or maybe I am not the most suitable therapist’.

Staying on track
‘CORE Net allows me to get my ego out of the way and to acknowledge that I simply can’t help everybody’, says Bill. ‘Being outcome-informed, session by session paves the way for transparency. Likewise, having immediate access to information about risk opens up this subject and helps the necessary conversations to take place. Such benefits emerge simply out of integrating CORE Net into routine practice.

‘The flags feature automatically keeps track of my caseload, brings my attention to clients who are at risk or off track, and ensures that I stay on track too’, says Bill. ‘Before CORE Net I had to rely largely on memory to keep track of my clients’ progress. By making use of the flags and scatter-plot features, I now have an accurate and more reliable overview of how everyone is doing. Integrating CORE Net data into my supervision brings the voice of the client with me and enriches the process, while the flags feature allows the supervision to be more focused on clients I am concerned about’.

Mrs B was initially referred because of depression and problems at work. In the early stages of therapy she was fearful and paranoid, with relatively low CORE scores and apparently no risk. As trust and rapport grew she admitted to not answering the questionnaire honestly at first for fear that she might be ‘locked up’.

Mrs B had sustained major injuries in a serious road accident the previous year, resulting in chronic pain and severe symptoms of post-traumatic stress disorder (PTSD). The picture was complicated by underlying personality difficulties and a rigid belief system. In due course she agreed to a psychiatric assessment and the therapist’s role became one of facilitating the transition to specialist therapy and developing strategies to help cope with strong suicidal thoughts. The risk score (red line) was a particularly useful aid, and supervision was a significant feature of managing this complex case.
Service level appraisals

Ian Lennard, Senior Performance Manager at South Essex Partnership NHS Foundation Trust, is currently leading a phased implementation of CORE Net right across his Trust’s primary, secondary and tertiary therapy services. Having worked with CORE Net for some months, Ian sees the benefits at four levels.

‘At an individual level, CORE Net provides an interactive tool that actively promotes patient-centred care’, says Ian. ‘At the team level it informs us about different client groups and types of intervention. This in turn allows us to model and plan services for the future. Finally, at the top level, we get to see how we perform against other providers through the use of national benchmarks. This multi-level approach to service appraisal is unprecedented’.

Bringing transparency

‘The implementation process has been an eye-opener’, says Ian. ‘Management is gaining some really important insights into the differences between our various services. It is bringing transparency in a way we have never seen before, from operational issues right through to the philosophical underpinnings. The key seems to be in having a single standardised system that is easy for everyone to use and yet captures the complexity of the field’.

‘The system is allowing us to move forward in our approach to appraising performance and to strike a balance between quality and quantity’.
Enhancing EAP services

As a leading provider of employee assistance programmes (EAPs), AXA-ICAS is well-experienced in using CORE to monitor outcomes across their network of 700 affiliates, and so was an obvious choice as an early demonstration site for CORE Net.

‘AXA-ICAS has been using CORE Net for over a year now, and the reaction of the 40 participating clinicians has been enthusiastic’, says project lead, Angelika Meachen. ‘The system has proven quick and easy to use and brings clinicians closer to their data, so not surprisingly the affiliates are pretty keen on it, and word is spreading’.

Supervision with CORE Net

‘Our service model orients around case consultants supervising teams of affiliates who provide the therapy, and it’s in the area of supervision that we are finding CORE Net especially useful’, says Angelika. ‘The immediacy of data and the fact that it can be accessed from anywhere allows our case consultants to be far more in touch with what’s going on than was possible previously. Through seeing a client’s progress chart and observing their individual response, a supervisor can gain a better sense of any difficulties, but in a way that’s not intrusive to therapy. Being able to share objective data in this way is helping to bring a greater focus to the supervisory function’.

Alison Cox is the clinical manager of a team of 10 case consultant supervisors at AXA-ICAS. ‘With 2,000 clients receiving therapy from our service at any one time, it’s essential to have tools in place that highlight critical information’, says Alison. ‘The flags feature is going to make it much easier to quickly see when cases are off track or exhibiting high risk, which helps us to target our attention to where it is most needed. We plan to roll it out across all our affiliates in the coming months’.

CORE IMS has spent 10 years learning to understand these complex needs – and we are still learning’.

CORE Net v3 is IAPT/MDS compliant and meets commissioning needs for IT support across the range of stepped-care interventions’, says John. ‘Commissioners can have confidence that the CORE Net system will meet the needs of patients, mental health workers, therapists, supervisors, team leaders, service managers and GPs. CORE IMS has spent 10 years learning to understand these complex needs – and we are still learning’.

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