

# Understanding Measurement-Based Care: How It Differs From Program Evaluation and Continuous Quality Improvement

## Introduction

Measurement-Based Care (MBC), Program Evaluation, and Continuous Quality Improvement (CQI) rely on data to inform decisions and improve outcomes. Each process involves ongoing assessment and adjustment based on findings, but they differ in their scope and application. While outcome measures collected as part of MBC can be leveraged for secondary purposes, the primary goal of MBC is to enhance person-centered care.

## Defining Each Core Topic

### MEASUREMENT-BASED CARE

**Measurement-Based Care (MBC)** is a clinical process that uses **patient-reported outcome measures (PROMs)** – brief, validated measures that are sensitive to change – to monitor progress and guide treatment decisions for individual clients. It allows for real-time adjustments to improve client outcomes. MBC is most effective when measures are tailored to the client to support personalized treatment. It can be used to increase transparency, improve engagement in care, and facilitate care transitions and access to services. It introduces the client's voice into the clinical setting and allows for meaningful conversations between the client and clinician about treatment goals and progress. MBC also helps clinicians track progress and adjust treatment in real-time, and it increases their confidence that the treatment being provided is effective.<sup>1</sup>

### PROGRAM EVALUATION

**Program evaluation** assesses the impact of programs or services across an organization or group of organizations. It uses systematic qualitative and/or quantitative data collection and analysis to determine whether a program meets its goals and objectives. Program evaluation helps an organization understand not only if a program or service is successful but why and what is contributing to its success.<sup>2</sup>

### CONTINUOUS QUALITY IMPROVEMENT

**Continuous Quality Improvement (CQI)** uses data to enhance organizational systems, processes, service delivery, and outcomes. It involves iterative cycles of setting goals, enacting changes, measuring effects, and repeating the process until goals are met, sometimes referred to as Plan-Do-Study-Act (PDSA) cycles. CQI ensures that effective programs and practices are integrated, maintained, and continuously improved within an organization.<sup>3</sup>

#### References:

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## Considerations for Using MBC

### USING MBC DATA FOR OTHER PURPOSES

Measurement-Based Care (MBC) is primarily focused on enhancing individual client care, while program evaluation and continuous quality improvement (CQI) aim to assess broader program or organizational goals and outcomes. MBC, program evaluation, and CQI all use data to improve outcomes;<sup>4</sup> however, MBC should be considered a separate and distinct process. PROMs used in MBC are collected to monitor individual progress and inform treatment adjustments; although, they can be secondarily leveraged for broader purposes such as:<sup>5</sup>

- Describing outcomes across populations
- Identifying service delivery trends
- Comparing performance across sites
- Monitoring quality of care
- Highlighting areas for improvement

### USE CAUTION WHEN INTERPRETING AGGREGATED DATA

Organizations may choose to aggregate data to support broader goals like quality improvement or accountability. While this can be a valuable use of PROMs collected as part of MBC, it's important to proceed with caution. Careful consideration should be taken when interpreting client outcome data as individual level factors – such as motivation, symptom severity, and treatment engagement – can significantly influence outcomes.<sup>4</sup> Potential pitfalls include:

- Missing or incomplete data
- Selection bias or dropout
- Insufficient sample sizes for meaningful aggregation
- Lack of skilled analysts to interpret results

## Recommendations<sup>6</sup>

- **Prioritize client care:** Use MBC to strengthen the therapeutic alliance and improve individual outcomes.
- **Train and support staff:** Provide ongoing training to ensure MBC is effectively implemented and integrated into clinic workflows.
- **Align measures and goals:** Select measures that reflect the program's intended outcomes.
- **Ensure data quality:** Monitor for missing, inconsistent, or biased data. Conduct regular reviews of the data.
- **Use a mixed methods approach:** Combine quantitative data with qualitative interviews (e.g., client and staff feedback) for deeper understanding.
- **Communicate purpose and use:** Be transparent with clients and staff about how PROMs will be used, especially if used for purposes outside of individual client care.



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