

Newsletter

August, 2005



New State Benchmarking Initiative

Behavioral Pathway Systems has entered into an agreement with the Utah Behavioral Health Network, Inc. to co-sponsor a state benchmarking initiative. Participating organizations will be afforded a good deal of flexibility in selecting benchmark measures of greatest relevance to them. Process benchmarking, by which best practices can be identified, will also be available to participating organizations. UBHN consists of seventeen full and ex-officio mental health providers. The stated mission of the association is to enhance service quality and capacity, financial viability, and quality of care under the direction of local authorities. BPS is looking forward with anticipation to this new relationship!

Upcoming Conference

BPS President Paul Lefkovitz will be presenting multiple workshops at the annual conference of the Financial Management Group in Columbus, Ohio on September 14. The Financial Management Group is a section of the Ohio Council of Community Behavioral Healthcare Providers. Lefkovitz will open the second day of the conference with a general session on benchmarking. He will then follow-up with two different process benchmarking workshops in the afternoon.

Outcome Measurement: A Thirty Year Retrospective

How far has the practice of outcome measurement come in the past thirty years? Not as far as we would have liked. I was recently browsing through some old files when I came across the first article I published on behavioral health outcomes. It appeared in the premiere issue of Goal Attainment Scaling, which was released in August of 1975, exactly thirty years ago. That prompted me to reflect a bit on the journey that outcome measurement has taken since that time. Of course, the measurement of outcomes was referred to as "program evaluation" back then. Program evaluation was a mandated component of all federally funded community mental health centers and it was a funded activity. Hopes ran high that program evaluation could lead to stunning improvements in the delivery of mental health services. Unfortunately, the federal requirement for program evaluation was lifted a few years later and program evaluation funding and practice retreated into the background. Since then, forward movement has occurred very slowly. The ongoing rhetoric for performance measurement and improvement has echoed loudly for these past thirty years. Yet persuasive and substantive progress as an overall industry has been very modest.

Is there any reason to believe this might change in the future? Perhaps. First of all, I believe the focus of performance measurement will broaden from clinical outcomes to organizational outcomes. I also believe new methods and technologies will emerge to carry the ball forward. Why now? Necessity. Never before has it been more vital to measure organizational performance to maximize the benefits of the limited resources that are available. Behavioral health delivery in all sectors has literally been assaulted by funding and reimbursement reductions over the past ten years. Program closures and cutbacks in services have abounded in all states. More than ever before, survival requires optimal organizational performance in all domains. It is in the context of this necessity that more behavioral health leaders are taking performance measurement seriously. Also, interest in benchmarking is increasing, which illuminates and enhances the value of measured outcomes. If there was ever a time for outcome measurement to come into its own, this is it.

Paul M. Lefkovitz, Ph.D.

Contact Us!

We want to create an active and vibrant community of individuals and organizations interested in performance management, outcomes, and benchmarking. If you have thoughts, ideas, suggestions, tips, or questions, we'd like to hear from you. Please feel free to contact us at info@bpsys.org.