



Values-Based Care vs Value-Based Care

December 12, 2023

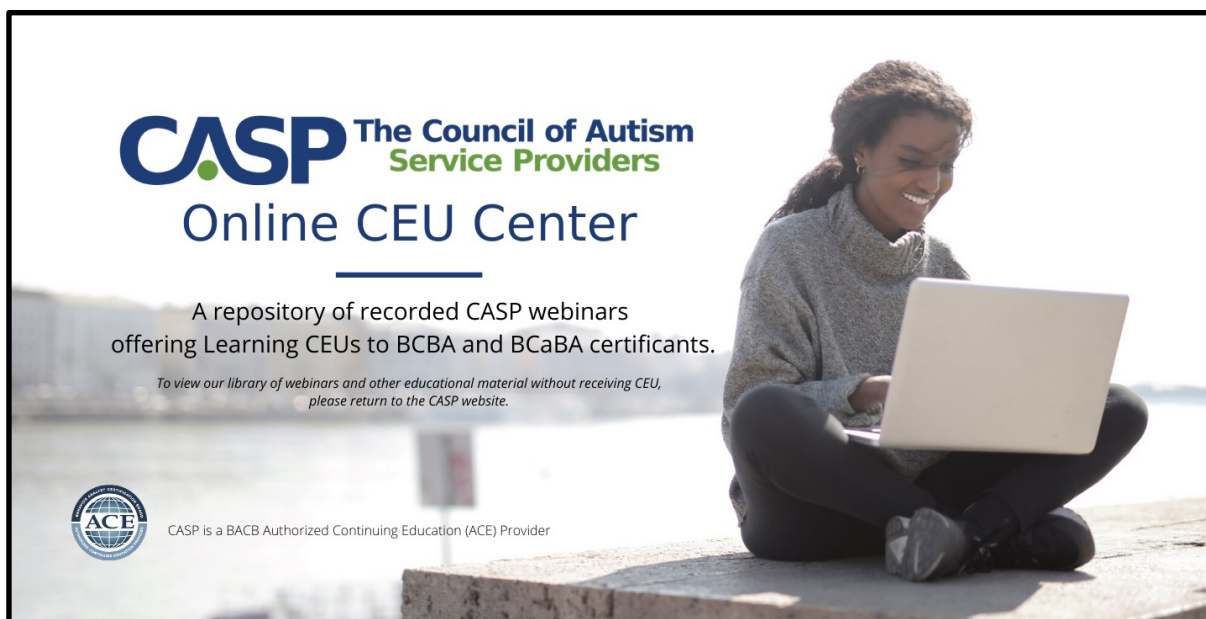
Presented by

Thomas Frazier, Ph.D.

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Thomas Frazier, Ph.D.

- Dr. Frazier is a licensed clinical psychologist who received his Ph.D. from Case Western Reserve University in 2004.
- He joined Cleveland Clinic in 2006 and from 2013-2017 was the director of the Cleveland Clinic Center for Autism and the Lerner School providing assessment and behavioral intervention to children and young adults.
- In 2017, he was hired as the Chief Science Officer at Autism Speaks and is currently a member of the Autism Speaks national board and chair of the medical and science advisory committee.
- He is also a Professor of Psychology at John Carroll University and a Research Professor in Pediatrics and Psychiatry at SUNY-Upstate.



Darren J. Sush, PsyD, BCBA-D (he/him/his)



- Darren J. Sush, PsyD, BCBA-D (he/him/his), is a licensed clinical psychologist and a board-certified behavior analyst (doctoral) with close to 20 years of experience developing and providing services based in applied behavior analysis (ABA) for children and adults diagnosed with autism spectrum disorder (ASD) and developmental disabilities.
- Dr. Sush is Head of Autism and Psychology with Evernorth Behavioral Health, a Cigna corporation, and is the co-author of A Workbook of Ethical Case Scenarios in Applied Behavior Analysis: First and Second Editions.
- He is an Adjunct Faculty member in the Applied Behavior Analysis program at Pepperdine University, and an Associate Professor in the Applied Behavior Analysis and Clinical Psychology programs at The Chicago School of Professional Psychology, teaching doctoral and master's courses in ABA and psychology

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Important

Please submit your questions and monitor for responses in the **Q&A box**

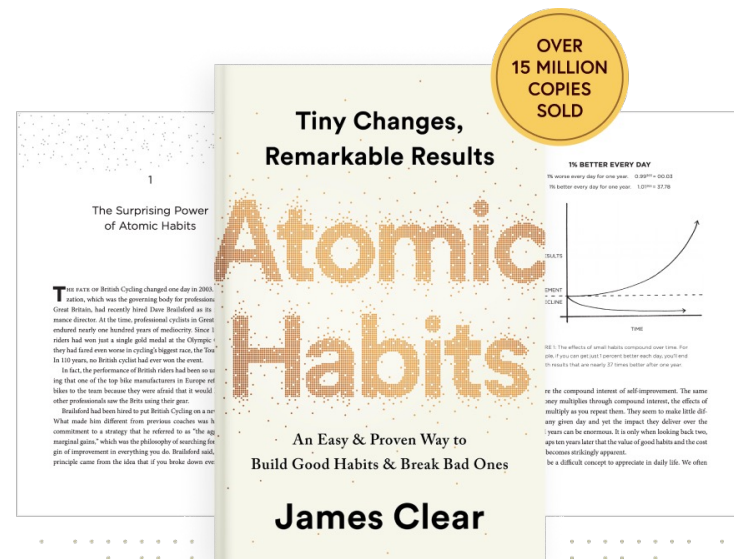
Please limit use of the **chat box** for comments

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Core Values

James Clear's Core Values List

- Below is a list of core values commonly used by leadership institutes and programs. This list is not exhaustive, but it will give you an idea of some common core values (also called personal values). My recommendation is to select less than five core values to focus on—if everything is a core value, then nothing is really a priority.



- Authenticity
- Achievement
- Adventure
- Authority
- Autonomy
- Balance
- Beauty
- Boldness
- Compassion
- Challenge
- Citizenship
- Community
- Competency
- Contribution
- Creativity
- Curiosity
- Determination
- Fairness
- Faith
- Fame
- Friendships
- Fun
- Growth
- Happiness
- Honesty
- Humor
- Influence
- Inner Harmony
- Justice
- Kindness
- Knowledge
- Leadership
- Learning
- Love
- Loyalty
- Meaningful Work
- Openness
- Optimism
- Peace
- Pleasure
- Poise
- Popularity
- Recognition
- Religion
- Reputation
- Respect
- Responsibility
- Security
- Self-Respect
- Service
- Spirituality
- Stability
- Success
- Status
- Trustworthiness
- Wealth
- Wisdom

Values and Integrity

I use my core values to create my annual Integrity Reports. Writing these reports is a yearly ritual that forces me to think about how I am living out my core values in real life.

- James Clear

Brene Brown on Values

*Daring
leaders who
live into
their values
are never
silent about
hard things.*

SELF-AWARENESS AND
SELF-LOVE MATTER.

*Who we
are is
how we
lead.*

*Integrity
is choosing
courage
over
comfort;*

IT'S CHOOSING WHAT'S RIGHT OVER WHAT'S
FUN, FAST, OR EASY; AND IT'S PRACTICING YOUR
VALUES, NOT JUST PROFESSING THEM.



Building Toward Value(s)-Based Behavioral Intervention Care

Thomas W. Frazier, PhD

November 30, 2023

Disclosures

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Outline

1. Defining value

- Quality / cost
- Including data – research findings
- Including stakeholders

2. Developing a quality measurement strategy

- Identifying domains / content areas
- Choosing measures
- Increasing standardization and efficiency

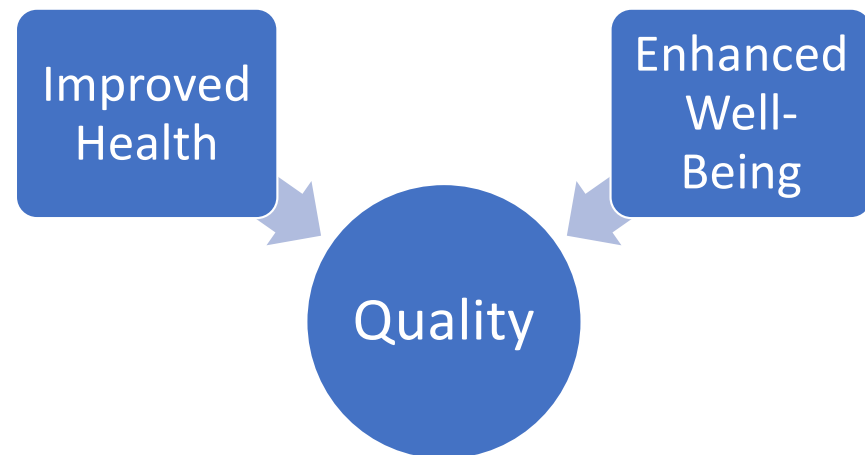
3. A roadmap to value-based care

Defining Value

Will leave defining cost to others – not my area!

Defining quality

What are the pillars of quality



Oh – So you disagree with me – Fine!

What does the literature say?

- Behavioral intervention works
- Children (and adults) receiving behavioral intervention show meaningful improvements in psychological health in several key areas
 - Adaptive function
 - Cognition
 - Behavior

What else are we learning?

Meta-Analysis of Predictors of Outcome from Behavioral Intervention

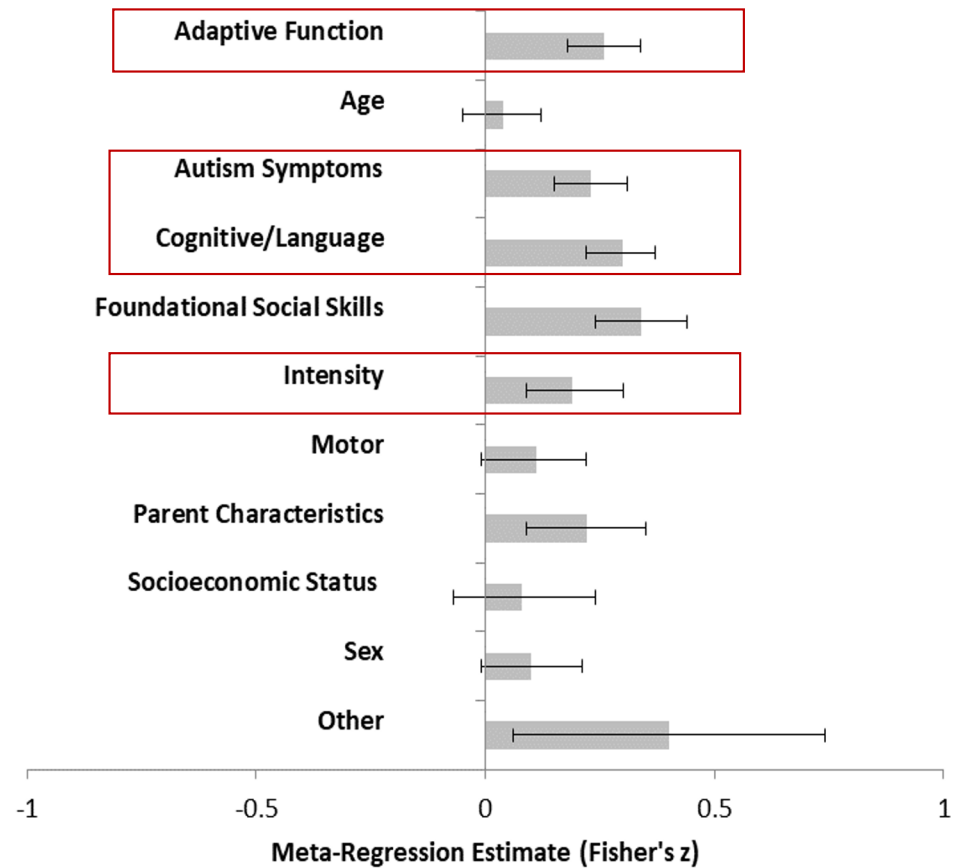
*Under review

39 studies

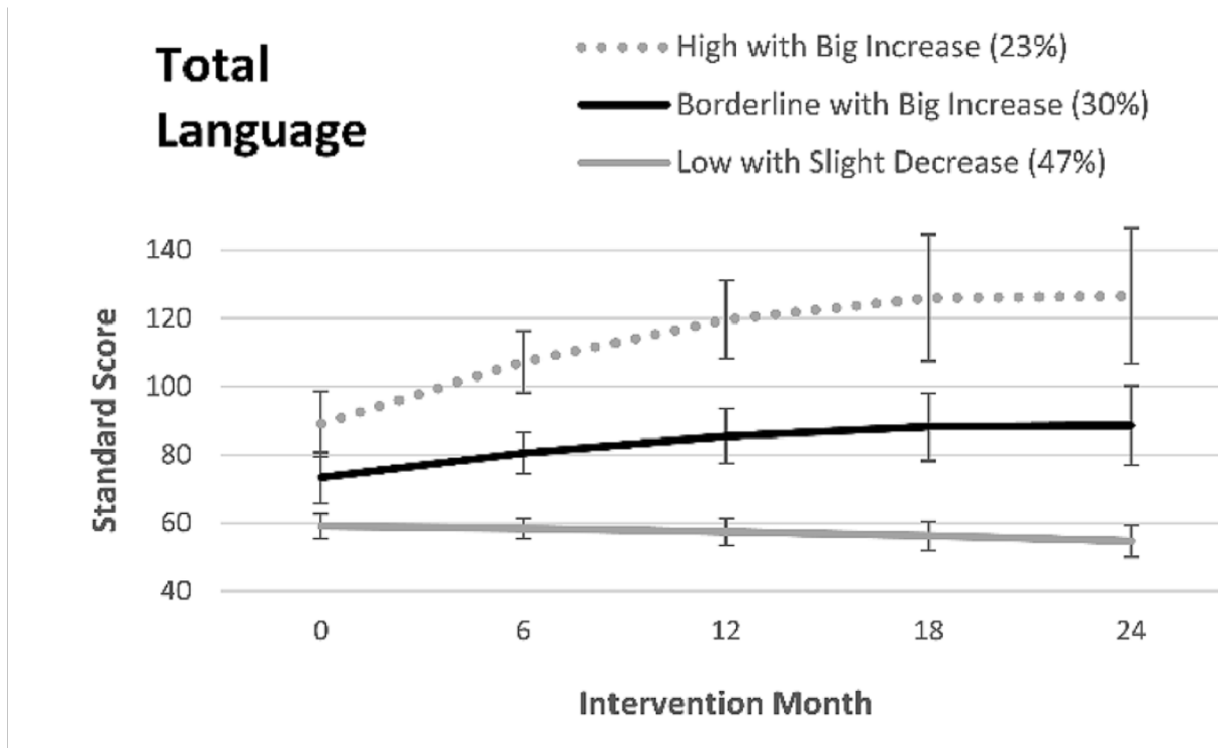
1278 effect sizes describing predictor-outcome relationships

Intensity improves outcome

Cognition/language, adaptive function, and autism symptoms predict outcome



We Can Identify Unique Sub-groups of Progress in Behavioral Intervention



Subgroups require different doses to achieve placement outcome

High: Total possible hours = 1740, Months = 15
 *Estimated hours per week received to achieve placement outcome = 12

Borderline: Total Hours = 2784, Months = 24,
 *Estimated hours per week received to achieve placement outcome = 19

Low: Total Hours = 3712, Months = 32,
 *Estimated hours per week received to achieve placement outcome = 26

*Note. Estimated hours are based on projection to 3 years of intervention. This was done to calibrate each group to the same duration of intervention.

Frazier, T. W., Klingemier, E. W., Anderson, C. J., Gengoux, G. W., Youngstrom, E. A., & Hardan, A. Y. (2021). A Longitudinal Study of Language Trajectories and Treatment Outcomes of Early Intensive Behavioral Intervention for Autism. *Journal of Autism and Developmental Disorders*, 51(12), 4534-4550. <https://doi.org/10.1007/s10803-021-04900-5>

What Does This Tell Us?

Children with ASD should be offered a behavioral intervention strategy with significant intensity

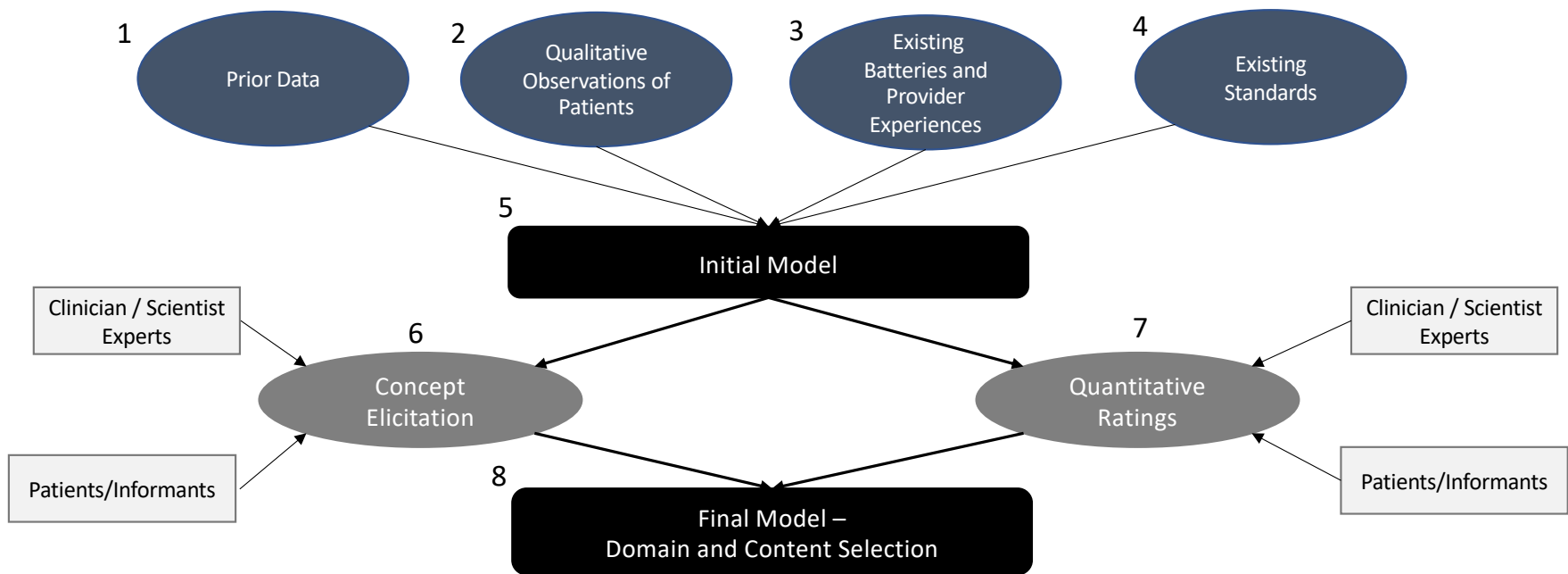
- Exactly what intensity for each child we don't know yet, better to be conservative, especially in younger children

We should be using the child's characteristics to tailor the treatment AND titrate the dosage

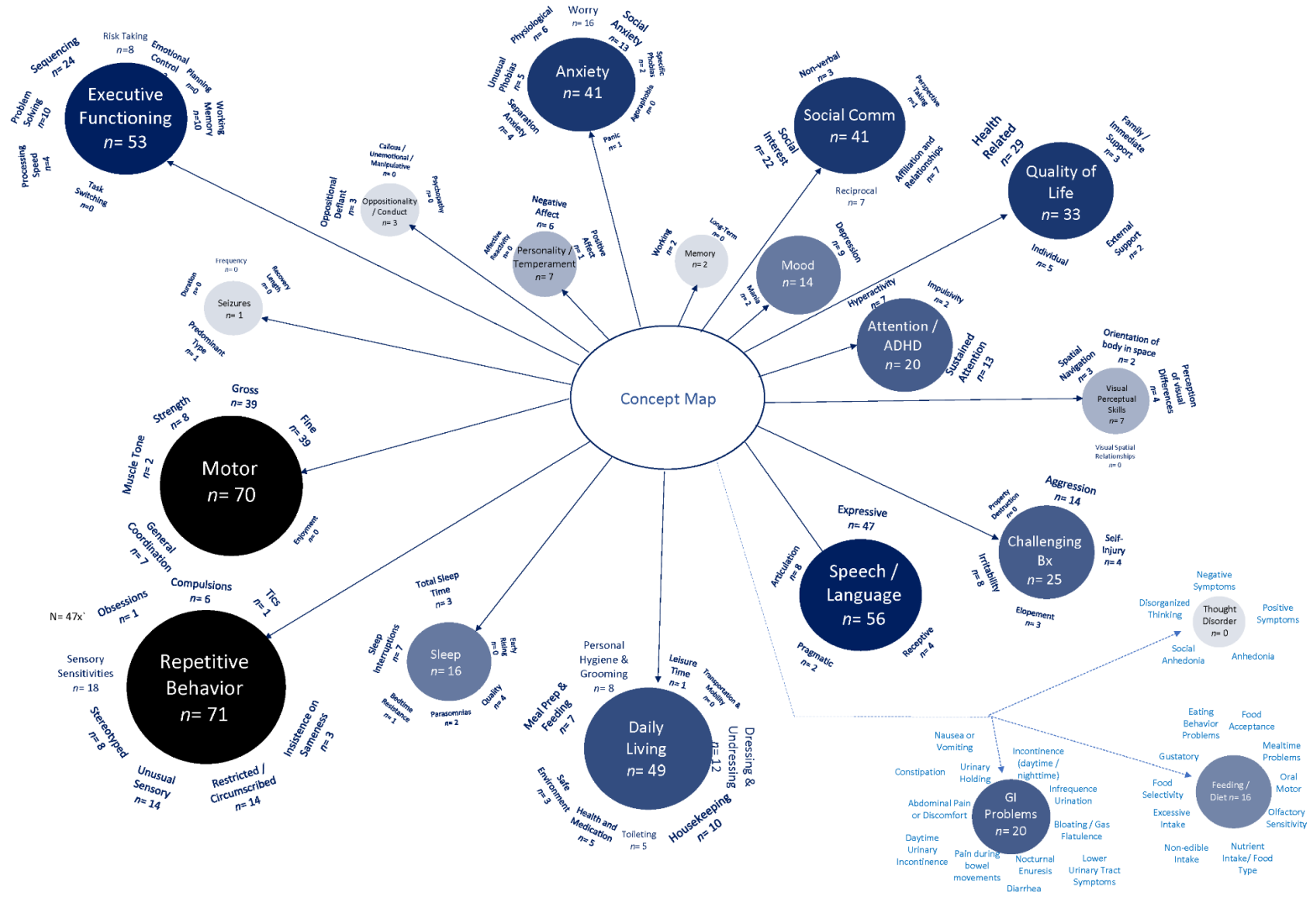
- Not provider preference

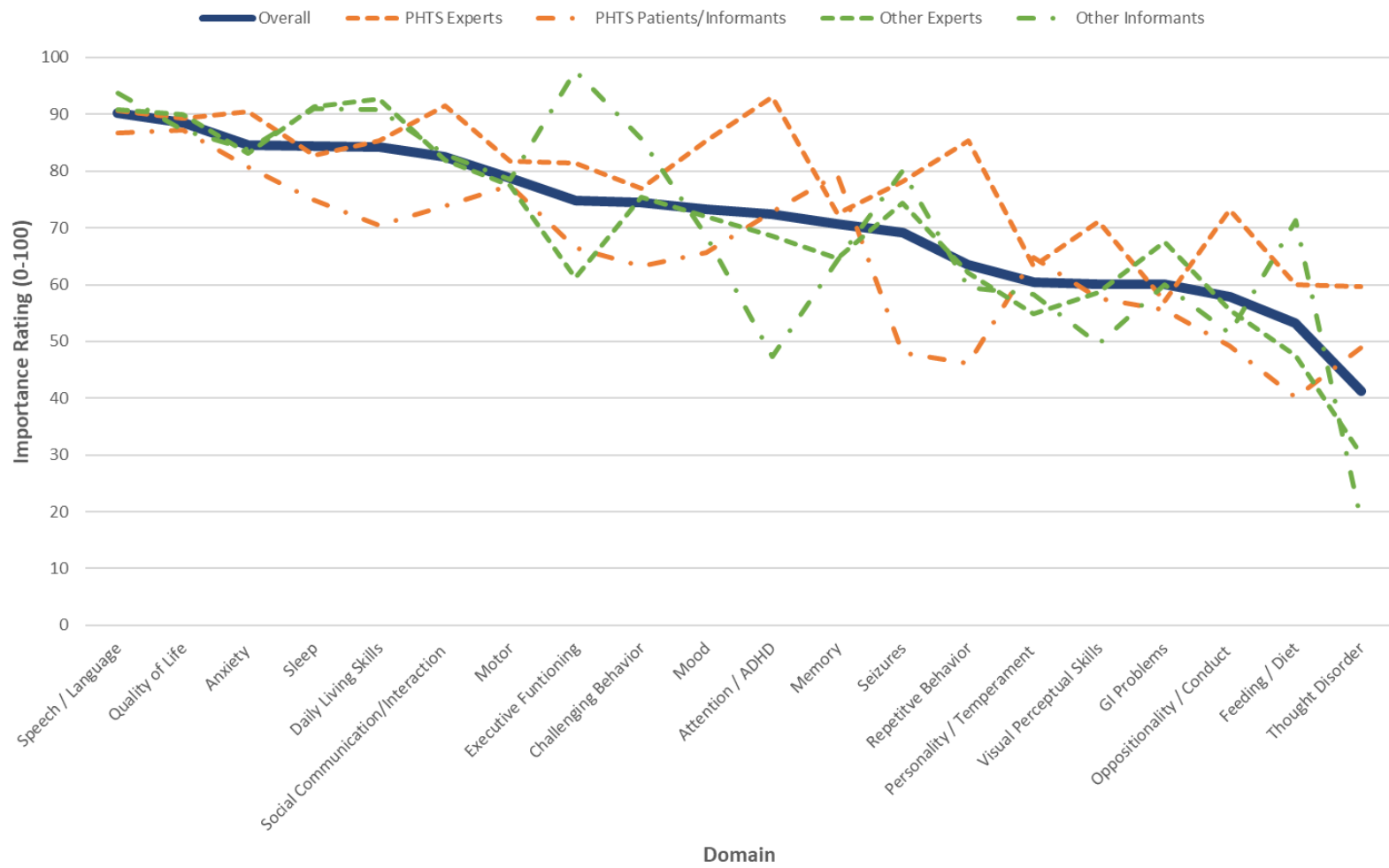
We should be identifying areas that matter to stakeholders and measuring them regularly

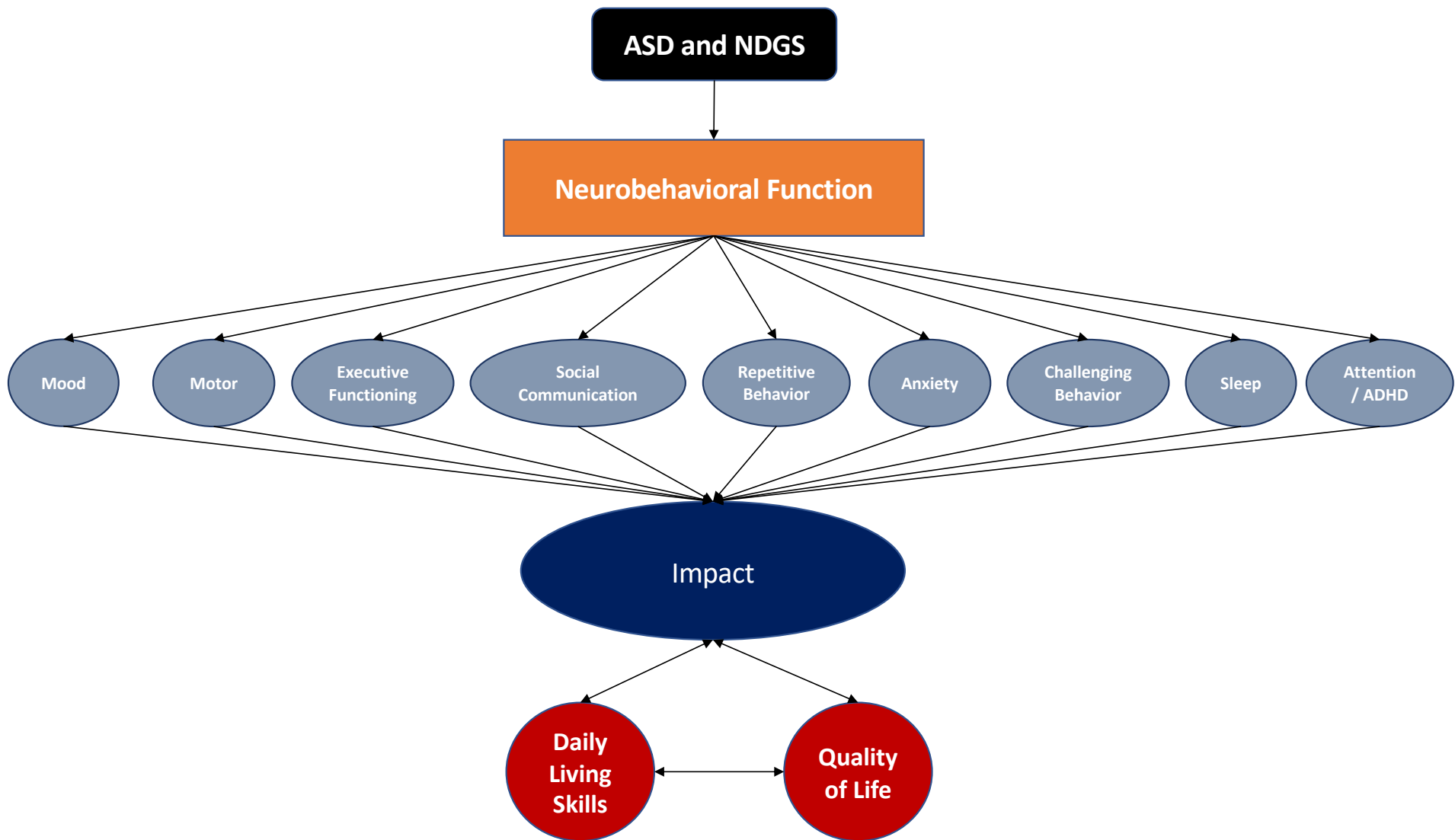
A Process for Determining What to Measure



FDA. Patient-reported outcome measures: use in medical product development to support labeling claims. 2009.







Determining a Measurement Strategy

Not to be taken literally – just calling out a process

Domains / Constructs to Consider for Progress Monitoring

Autism Symptoms	Functioning	Other Concerns	Well-Being
Social Communication / Interaction	Daily Living Skills / Practical Functioning	Anxiety	Satisfaction with Therapy
Restricted/Repetitive Behavior	Motor Skills	Attention / ADHD	Quality of Life / Flourishing
ASD subdomains	Leisure Skills	Irritability / Challenging Behavior	External Environmental Supports
	Executive Functioning	Mood / Affective Experience	Access to Medical and Behavioral Health Services
	Language / Speech	Sleep Problems	
	Family Functioning	GI Problems	
		Feeding Challenges	

Proposed Psychometric Criteria for Outcome Measure Prioritization

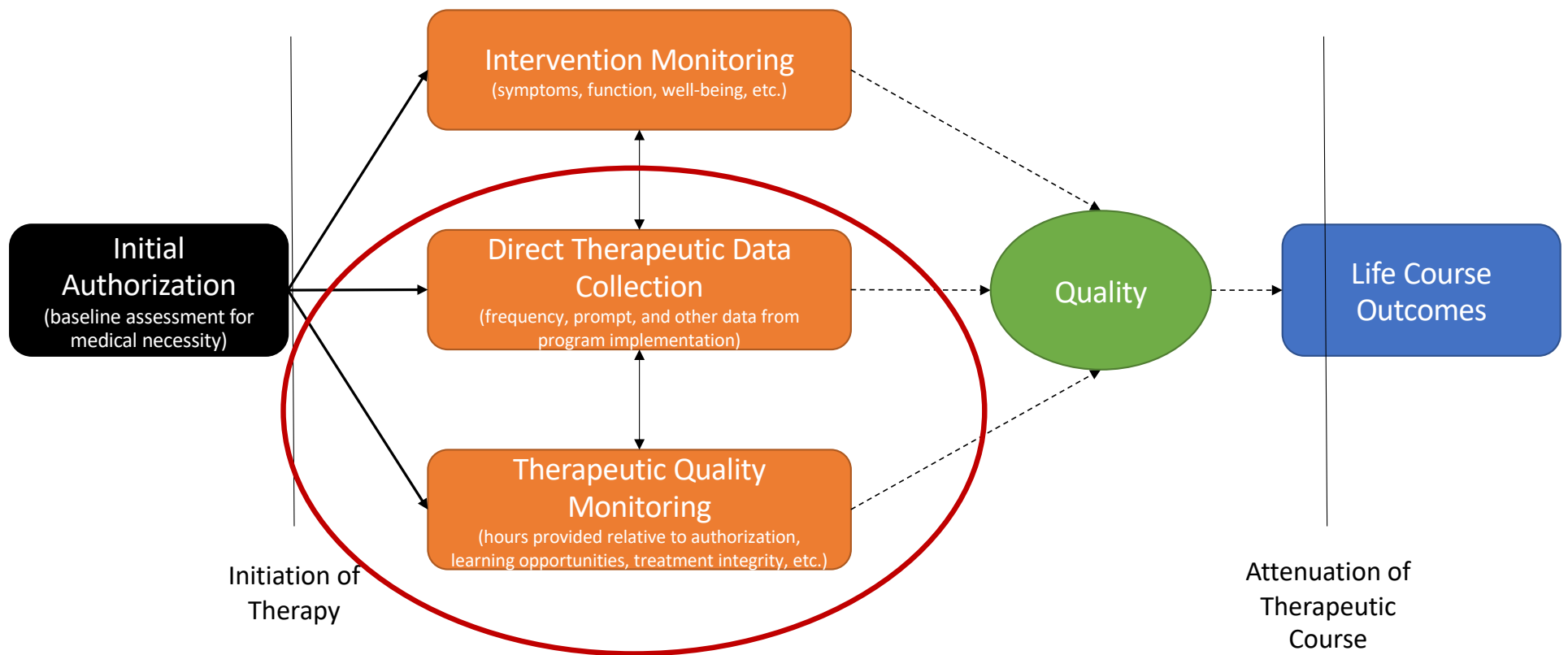
Development Process	Structure / Measurement	Reliability
Stakeholder inclusion	Replicable factor structure	Scale reliability
Consideration of NDD population	Measurement invariance	Conditional reliability
Concept elicitation	Measurement model guides scoring	Test-retest reproducibility
Cognitive interviewing		Test-retest stability
Quantitative assessment of items / content		

Validity	Norming	Scoring / Reporting
Content / construct coverage	Sample representativeness	Validity indicators
Convergent validity	Appropriate demographic adjustment	Raw scores
Discriminant validity	Traditional vs. continuous norming	Norm-referenced scores
Sensitivity to change		Growth / developmental scores
Sensitivity to treatment effect		Reliable change scores

Proposed Practical Criteria

- i. Automated administration
- ii. Automated scoring
- iii. Visual display of measure results
- iv. Automated interpretative statements, with clinician selection/modification
- v. Automated connection of results with intervention target identification, with clinician selection/addition/modification
- vi. Automated clinical guidance for additional assessment, intervention strategy, and referral with clinician selection/modification
- vii. Automated progress monitoring
- viii. Connection of target identification with goals/objectives and teaching plan selection
- ix. Aggregation of measures and reporting to facilitate clinical workflow

Lets Not Forget About Intervention Data Collection and Therapeutic Quality Metrics



Possible Life Course Outcomes

- Educational status and attainment
- Employment status and level of supports
- Daily support needs
- Community access and involvement
- Quality of life / flourishing
- Perceived physical health
- Perceived mental health
- Medical / mental health service utilization
- Engagement with emergency services / police
- **Other?**

Indicators of Progress to Measurement-Based Care

Domains captured are meaningful to stakeholders

Measures are purpose-built or at least have demonstrated strong applicability and value to the ASD intervention population

- Not chosen for largely arbitrary reasons – “that’s what people use”, “everyone uses that”

Assessment process works for real world clinical practice

Assessment-driven intervention

Patients and caregivers are receiving regular progress feedback

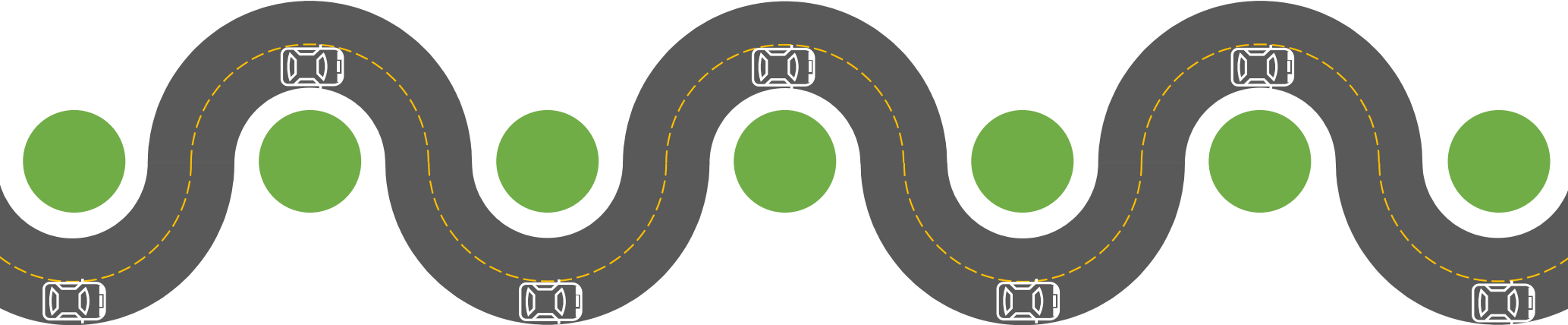
Metrics have meaning across patients, clinicians, clinics, etc.

Road to Value(s)-Based Care

Rapid Clinical Decision Support

Identify Useful Indicators of Progress and Outcome

Appropriate Adjustments to Indicators to Facilitate Interpretation



Scalable Data Captures Across Patients

Common Data Platform for Ongoing Local QI Analysis

Collect Normative Data to Benchmark Indicators

Develop Individual and Aggregate Indicators of Value Relative to Cost

Thanks!

Questions?

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