

The following table sets out the core features required to enable a successful Measurement-Based Care (“MBC”) implementation within community-based behavioral health organizations – **particularly organizations with multiple service lines and multiple payers** – that are delivering in-person and virtual care. While MBC technology platforms might have additional components, this rubric is focused on the core features and depth of functionality needed to implement MBC successfully at scale.

Functional Area	Details
<p><b>1. Flexibility of assessment completion</b></p>	<p>This relates to how clients can receive and complete assessment tools. A range of options are needed to accommodate a clinic’s workflows, clinician preferences, and client access to technology. Teams involved in the CBH MBC implementation project typically leverage 2 or 3 methods as part of a successful implementation. Below are a number of the recommended methods to make available:</p> <ul style="list-style-type: none"> <li>• Email</li> <li>• Text message (SMS)</li> <li>• In-session on clinician or administrator's device</li> <li>• Kiosk (waiting room). This would present the assessment on a tablet or computer in the waiting room.</li> <li>• Kiosk (remote). This is a custom URL that clients can access remotely and enter a unique code (such as phone number). This makes it easy to include a link to assessments within appointment reminder emails, within a patient portal, or via a virtual care platform. And does not require integration work.</li> <li>• QR code – this leverages the Kiosk function and can be placed in waiting rooms.</li> <li>• Client’s online account.</li> </ul> <p>API based delivery – this allows the organization to directly control the delivery of assessment tools (whether sending via their own email or embedding within a patient portal). The key distinction from Kiosk (remote) is that clients will not be required to enter a code to surface their assigned assessment tools.</p>
<p><b>2. Customization and automation of assessment delivery</b></p>	<p>Flexibility over the way in which assessments are scheduled and delivered is important to reduce clinician and administrative burden.</p> <ul style="list-style-type: none"> <li>• Automation – Setting a recurring schedule for an assessment to be completed (1 week, 2 weeks, etc.)</li> <li>• Start Date – Setting when the first assessment delivery on the schedule will occur for the client.</li> <li>• Time of Delivery – day and time for a client to receive assessments.</li> <li>• Reminder Notifications – Adjusting the timing and expiry options.</li> <li>• Total Number – Set the total # of times a measure will be delivered before it automatically stops.</li> </ul>

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<b>3. Client account / access</b>	Client access to a visual of their progress is a core component of MBC. This has been proven to impact client engagement, assessment completion, and outcomes. There should be an option to provide clients with an independent user account with access to their own results and progress; or to share this information via an existing patient portal.
<b>4. Available assessment tools that align with organizational needs</b>	A pre-created bank of assessment tools available to clinicians. Assessments should be evidence-based and represent best practice tools for your organization's client population / programming.
<b>5. Flexibility to add assessment tools to the platform</b>	Assess the ability of an organization to implement new evidence-based or custom assessment tools. There should be a level of flexibility to this approach. The following are factors to consider: <ul style="list-style-type: none"><li>• Timeline to implement.</li><li>• Question types and formatting.</li><li>• Customizing the visuals and colour scheme of the assessment.</li><li>• Different options for visualizing results.</li><li>• Nested logic within the assessment tools</li></ul>
<b>6. Intake assessments (also referred to as bundled assessments, complex assessments, or point-in-time assessment).</b>	There are situations where the completion of assessments is intended to inform treatment planning or triage. This may require the completion of a battery of assessments; and the visualization of a snapshot of a client's symptoms at a point in time (as opposed to showing longitudinal change-over-time). Consider the following features: <ul style="list-style-type: none"><li>• Ability to create custom intake assessments (or point-in-time assessments) that can embed multiple underlying assessments tools.</li><li>• These assessments can be set up with multiple sections and nested logic (e.g. depending on responses, different assessments are presented).</li><li>• Customizable summary report that visually displays the intake assessment results. This report must show a snapshot of a client's results at that point in time across a range of measures (to easily inform triage or treatment planning), as opposed to displaying longitudinal change on individual scales.</li></ul>
<b>7. Visualization of assessment results</b>	Immediately visualize assessment results and client progress over time. This information and visualization is available to all members of client's care team, including the client. The visualization of results must be impactful for a clinician and client and enable the following core functions: <ul style="list-style-type: none"><li>• Separate presentation for each assessment tool to visualize longitudinal change.</li><li>• Support for different visualizations to match the scoring model for the assessment.</li><li>• Clear and color-coded insight into the breakdown of underlying items (showing client progress by question / symptom). This is a key clinical use case.</li></ul>

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<p><b>8. Real-time client data for clinical supervisors / program managers</b></p>	<p>Provide table or list views for supervisors and managers to review client results across a program or defined cohort. This list view can be customized based on key factors that are relevant to review. It will enable the easy identification of off-track or high-risk cases, improved clinical supervision and better insight for managers.</p>
<p><b>9. Customizable view of aggregate data</b></p>	<p>Provide designated users (such as program leadership) with access to <b>real-time</b> analytics dashboards to review outcomes. It is important that these dashboards be <b>customizable</b> to the organization - since there is no one-size-fits-all approach. Outcomes should be defined based on an organization’s programs, client population, assessments used and reporting obligations. And separate dashboards might be required to serve different purposes – such as for VBP reporting, implementation management and risk management.</p> <p>Some key features that ensure the dashboard / analytics functionality is impactful for organizations:</p> <ul style="list-style-type: none"> <li>● Dashboards are fully configurable specific to your organization (custom data visuals, tables, filters, etc.)</li> <li>● Ability to easily filter data by multiple factors (such as program, clinician, demographics, dates, etc.)</li> <li>● Ability to highlight high-risk or off-track cases, based on parameters you define.</li> <li>● Ability to display the key outcomes or reporting metrics for different programs / care pathways.</li> <li>● Ability to develop multiple custom dashboards – tailor to program, location, etc.</li> <li>● Ability to make dashboards available at different levels of an organization (clinical supervisors vs. executives).</li> </ul>
<p><b>10. Reporting and access to data</b></p>	<p>An organization should have easy access to their data within the application. Some of the key considerations:</p> <ul style="list-style-type: none"> <li>● Ability to export customized aggregate data tiles and data tables.</li> <li>● Ability to develop custom exported reports with logic.</li> <li>● Ability to programmatically export all data elements using a REST API.</li> </ul>
<p><b>11. Ability to operationalize Value-Based Purchasing (VBP)</b></p>	<p>There are several key elements needed to operationalize a value-based purchasing arrangement that includes MBC data (or other external reporting commitments). These include:</p> <ul style="list-style-type: none"> <li>● Foundational structure: Ability to segment data by factors such as payor, program, location, etc. Contracts will apply to specific client populations and specific courses of treatment. To enable segmentation, there will need to be a foundational elements such as stacked account structures, multiple episodes of care, customizable client data fields, etc.</li> <li>● Leadership views: Ability to support multiple custom dashboards for an organization – with different access permissions. This will allow for tailored VBP dashboards to support and track specific contracts.</li> <li>● Manager / Supervisor Views: Ability to support custom VBP dashboards for clinic managers and supervisors that are filtered to the specific client population they oversee. This will allow managers to understand whether a specific client population is on-track the organization’s commitments and be more proactive with client care.</li> </ul>

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<b>12. Actionable insights and clinical decision support</b>	<p>It is important to ensure the data presented is actionable and can guide the decision-making of a team. There are two ways to support this.</p> <p>Aggregate Level: This involves the ability to shift from a review of aggregate data to an action at the client level. Some key features / examples are below:</p> <ul style="list-style-type: none"><li>• The ability drill down from aggregate data views. For example, identifying that 12% of clients within a certain program are showing reliable deterioration, and then clicking into that group of clients to see additional detail and review individual cases.</li><li>• The ability to define parameters by which you will flag clients for a certain intervention. For example, presenting an aggregate data tile that identifies clients that have been in a program for X amount of time, have not shown improvement, and have a therapeutic alliance below X%.</li></ul> <p>Client Level: There is value in translating a client’s results into insights and clear direction for a clinician. This is primarily accomplished via the visualization of client results (Item 7). This visualization of results might incorporate actionable insights and treatment recommendations to guide a clinician’s decision making. To the extent that treatment recommendations are a component of the technology, these should be configurable by the participating organization to fit their model of care.</p>
<b>13. Interoperability</b>	<p>This involves interoperability with an EHR, identity provider, or other technology systems (such as a data warehouse). Product should have:</p> <ul style="list-style-type: none"><li>• Ability to support bi-directional data flow using standards-based frameworks, such as HL7 or FHIR.</li><li>• Ability to support bi-directional data flow using REST API.</li><li>• Ability to support single sign-on for providers.</li><li>• Consider the size of the engineering team focused on integrations. Typically, an EHR integration will require development work specific to the organization (as opposed to being a one-size fits all approach to the EHR).</li></ul>
<b>14. Custom branding</b>	<p>Ability to customize the look and feel of the system to match the organization’s brand. This might include color scheme, logos, URL, client-facing communications, assessment kiosk, etc. This feature is particularly relevant for organizations looking to deliver assessments remotely.</p>
<b>15. Support complex (stacked) account Structures and User Roles</b>	<p>The structure of accounts should support the creation of different clinic / program accounts, under a top-level organization account. This allows greater control over access to information, and greater customization of the implementation for each clinic or program. This is needed to effectively support an organization with multiple levels of care, programs, or locations.</p>

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	<p>In addition, users can be set up with specific permissions appropriate for their role and level of access. Role-based permissions are a valuable feature when supporting more complex implementations; and reflect strong privacy practices.</p>
<b>16.Child/Parental Permissions</b>	<p>Parental Permission: Ability to capture parental permission within the platform, and turn this requirement on/off based on requirements of that specific organization, ie if on Intake, the parent has already provided their approval, this requirement should be able to be toggled 'off' for patients.</p> <p>Parental Access: Flexible permissions to allow parents access to child outcome data, when necessary.</p> <p>Parent-Completed Assessments: Ability to add parents to a child's account to have them complete parental focused assessments and/or help their child complete their assessments.</p>
<b>17.Privacy and security</b>	<p>Consider the following factors:</p> <ul style="list-style-type: none"><li>• External security and privacy audits, such as the completion of a SOC 2 Type II audit report; and annual penetration testing.</li><li>• Privacy governance and accountability framework.</li><li>• Administrative, technical and physical safeguards.</li></ul>
<b>18.Implementation and customer support</b>	<p>The approach to implementation and ongoing support is an important driver of success. Consider the following factors as keys elements of success:</p> <ul style="list-style-type: none"><li>• No cap on hours provided for implementation, training and ongoing support.</li><li>• A dedicated phase and structured approach to implementation planning (prior to training providers).</li><li>• Flexibility over training hours and scheduling.</li><li>• Significant investment in hours, resources and training options following launch. This post-launch phase is crucial to effective change management and iteration of workflows, integration, and other elements of the solution.</li><li>• Ongoing access to customer support channels for all user types.</li><li>• Online help center for self-guided support and education.</li></ul>
<b>19. Experience and scale of the team</b>	<p>Consider the number of successful MBC implementations that have been supported by a vendor, particularly with respect to organization type and client population. Also consider the size of the vendor's team that will enable participating organization's success, particularly the customer success, product and engineering teams. This will directly impact providers' implementation support, and the ability to deliver on any new functionality, customization, and technical support.</p>