Benchmarks:

Using Benchmarks to create a High-Performing System

Union Point Group
helping systems help people

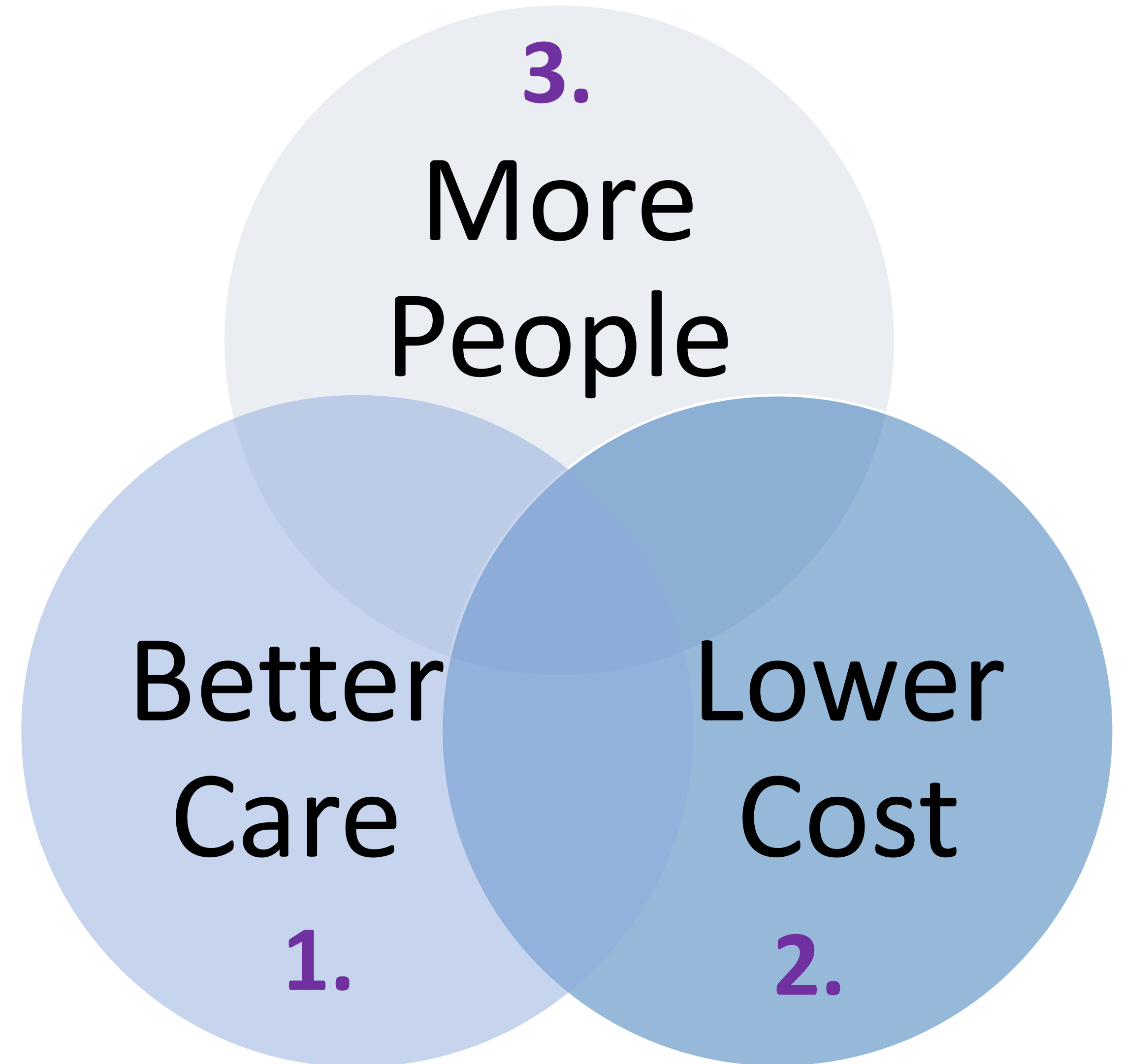
Agenda

- ***Our Ultimate Goal***
- **Types of benchmarks**
- **Uses of benchmarks**
- **Examples of benchmarks…in ACTION!**

all information copyright UPG, LLC.

Ultimate Goal

"The goal is to provide affordable health care by rewarding providers for healthy outcomes rather than volume," Jeppesen said.



Source:
https://www.idahopress.com/eyeonboise/new-idaho-h-w-chief-many-people-have-asked-me-why-i-took-this-job/article_be64bf7f-9306-5321-9f30-94d30835c33c.html

all information copyright UPG, LLC

Benchmark Types

Benchmark Types

Two major types:

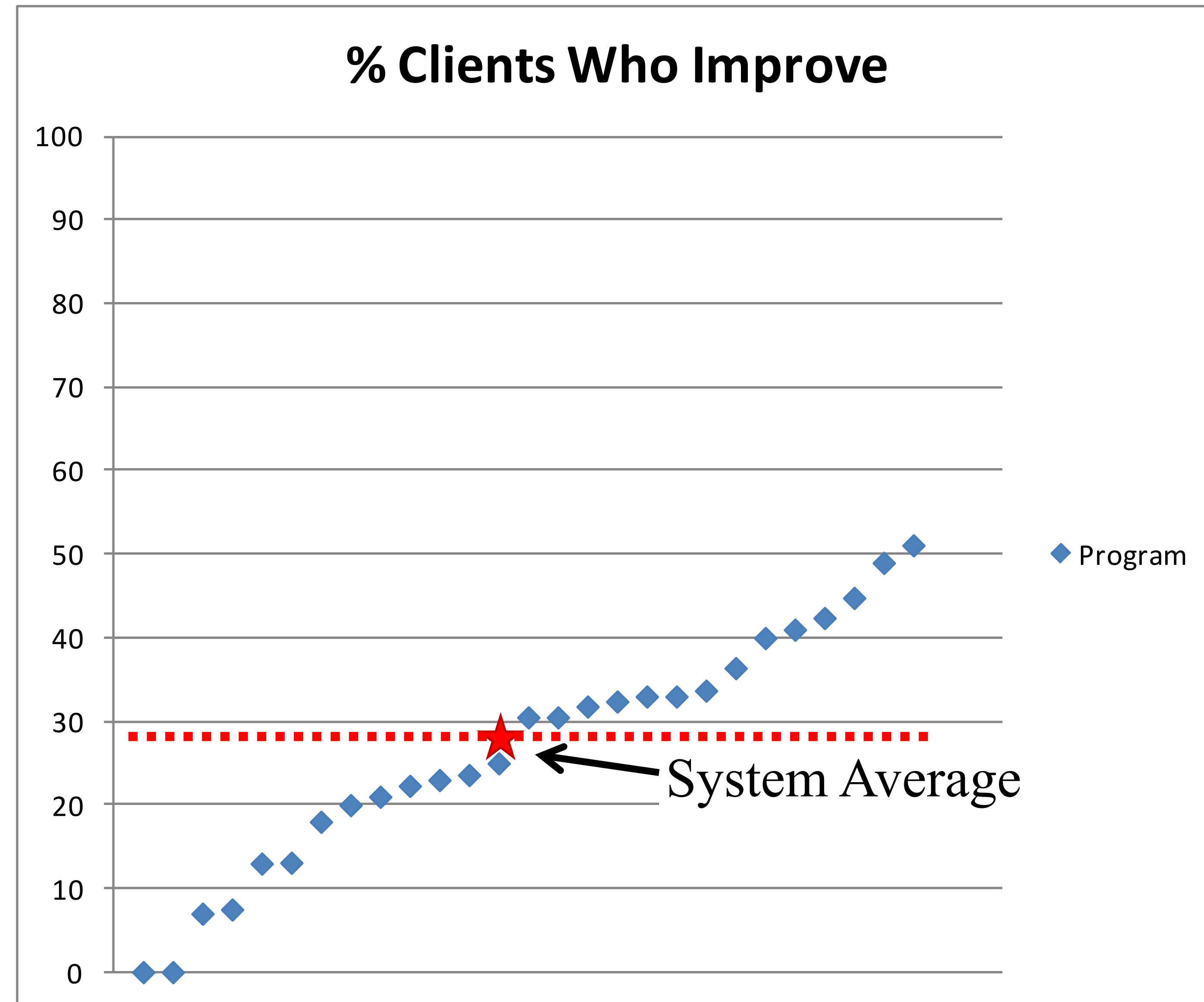
- **Norm-referenced**
- **Criterion-referenced**

all information copyright UPG, LLC.

Norm Referenced

- Benchmark based on group performance
- The ‘norm’ typically refers to a performance average
- May also refer to an accepted industry standard

Source: Institute for Healthcare improvement

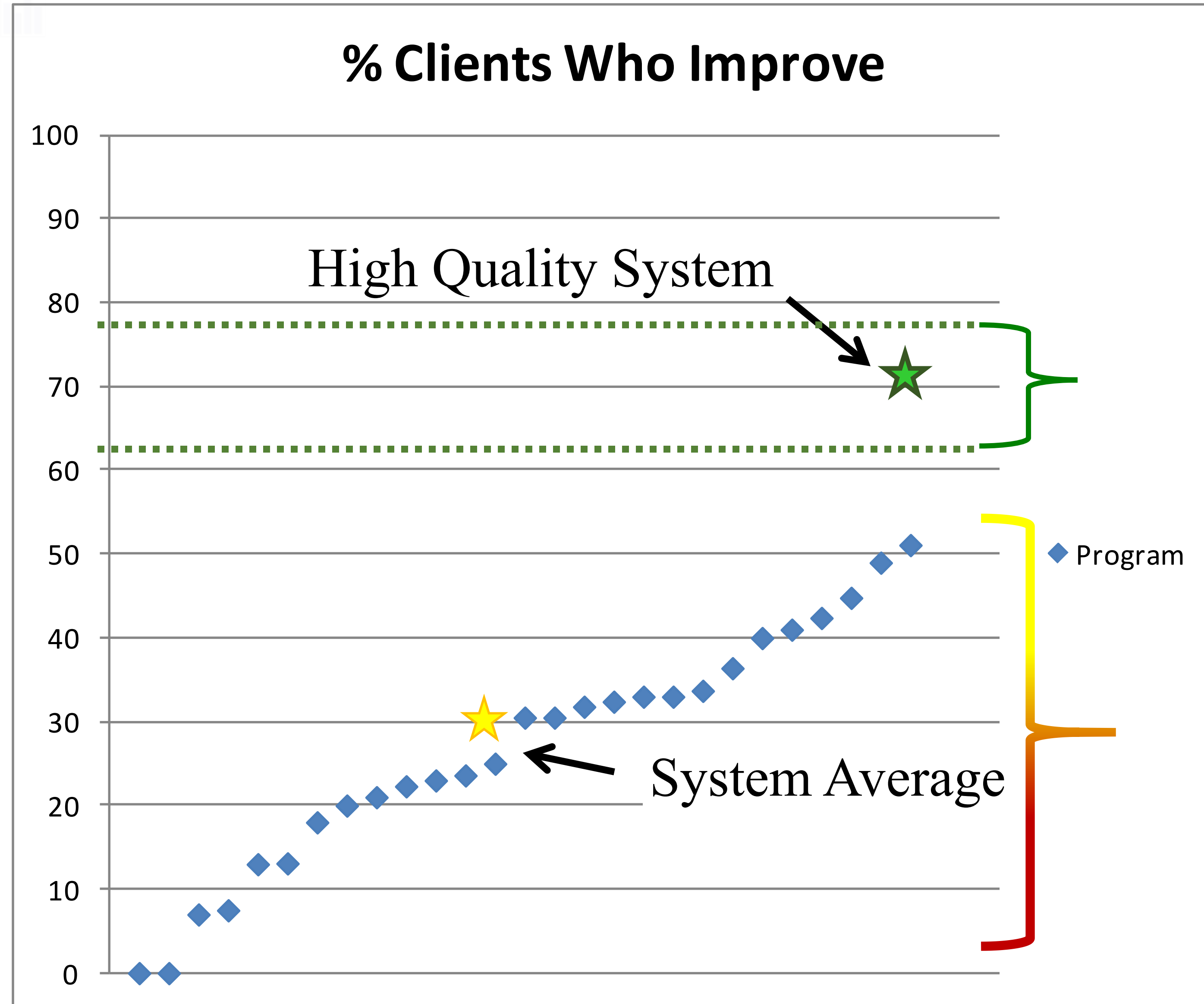


all information copyright UPG, LLC

Criterion Referenced

- Benchmark based on external criterion
- Typically, this criterion is, or predicts, a meaningful outcome

Source: Institute for Healthcare improvement



all information copyright UPG, LLC

Unpacking Benchmarks

- **In this example, if our standard was the system norm, half the programs *would not have to improve* even though <u>none</u> are at the Criterion**
- **Even worse, we would likely never reach the Criterion Benchmark of an effective system**
- **So how do we effectively use these two types of benchmarks to improve system performance?**

all information copyright UPG, LLC.

Benchmark Uses

Benchmarks typically used for *change*

- **Benchmarks are used to see how far a program is from a standard for care**
- **Then we can see how much change is necessary to meet the standard**
- **A frequently forgotten variable in the rush to use benchmarks for change is….Resources**

all information copyright UPG, LLC.

Benchmarks typically used for *change*

- It's hard for people to shift habits, even harmful habits
- The more different the practice standard is from people's current habits, the more time and effort needed to change current habits
- New practices have to *compete* with current ones

all information copyright UPG, LLC.

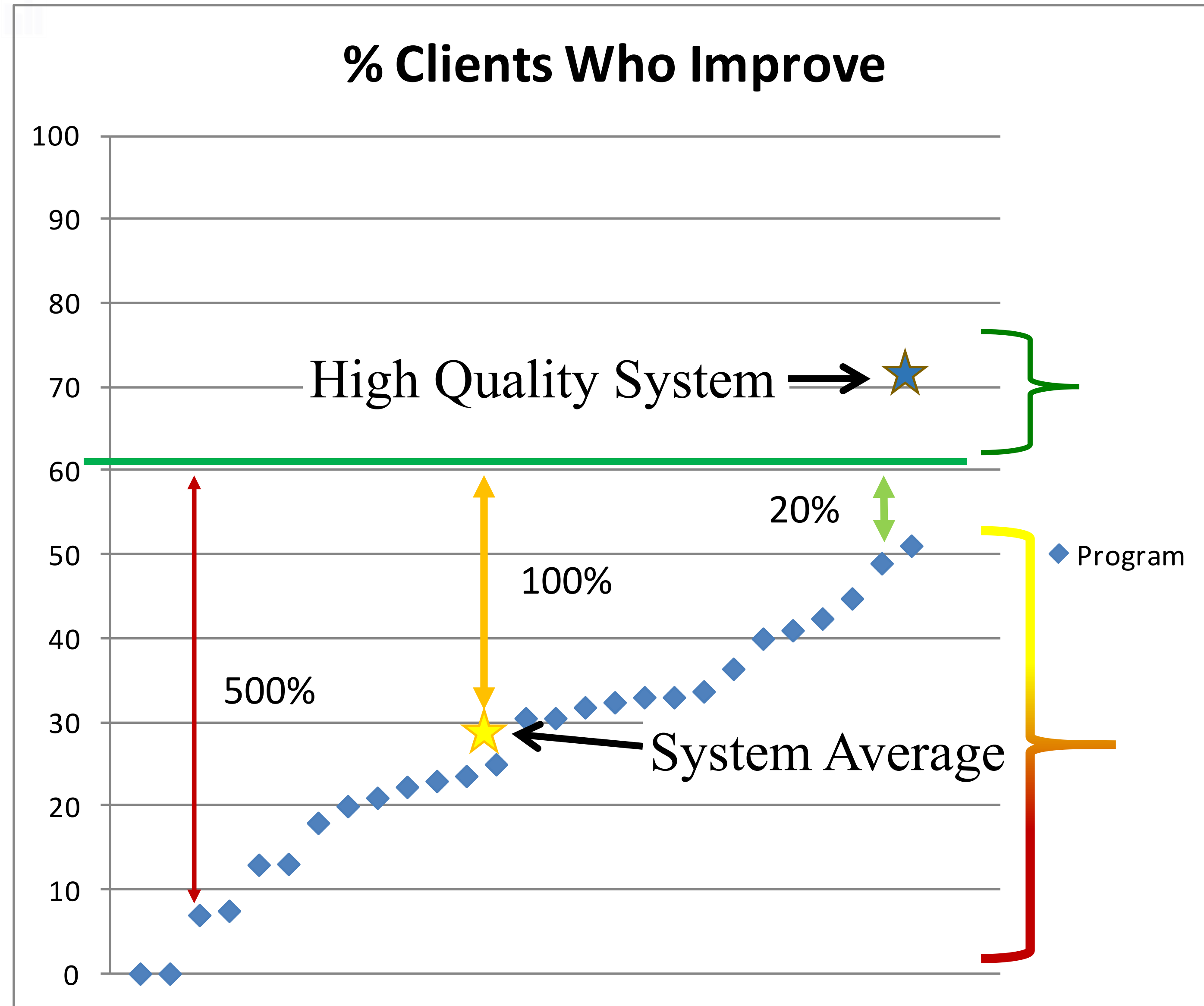
Matching Resources to Change

Systems consistently underestimate the need for clear messaging, policy review and improvement, and ongoing re-skilling of practitioners

Resource – Change Alignment
Small Change (5-10% improvement)
Outcome monitoring, ongoing multi-level discussions, local responsibility for solutions
Medium-sized Change (10-15% improvement)
Outcome monitoring, multi-level consultation w/ outside experts, specific evidence-based practices targeted for use
Large Change (15-20% improvement)
Fidelity and outcome monitoring, multi-level competency-based training with ongoing consultation (CoP), buy-out of staff time, evidence-based practices with local adaptations, state policy alignment with new practices

Benchmarks at Work

- **System** would need high resources and effort for **five-six years** to hit criterion benchmark
- Some programs could get there in as little as **a year**; others would take **25 years**



all information copyright UPG, LLC

Change Timeline =
(Criterion Benchmark – Normative Benchmark)
/ Level of Resources

Improve from 30% effectiveness to 60% effectiveness

Means *doubling* current effectiveness

100% Change / 20% Change per Year = 5 Years
(based on High Resources for change)

CURRENT NORM

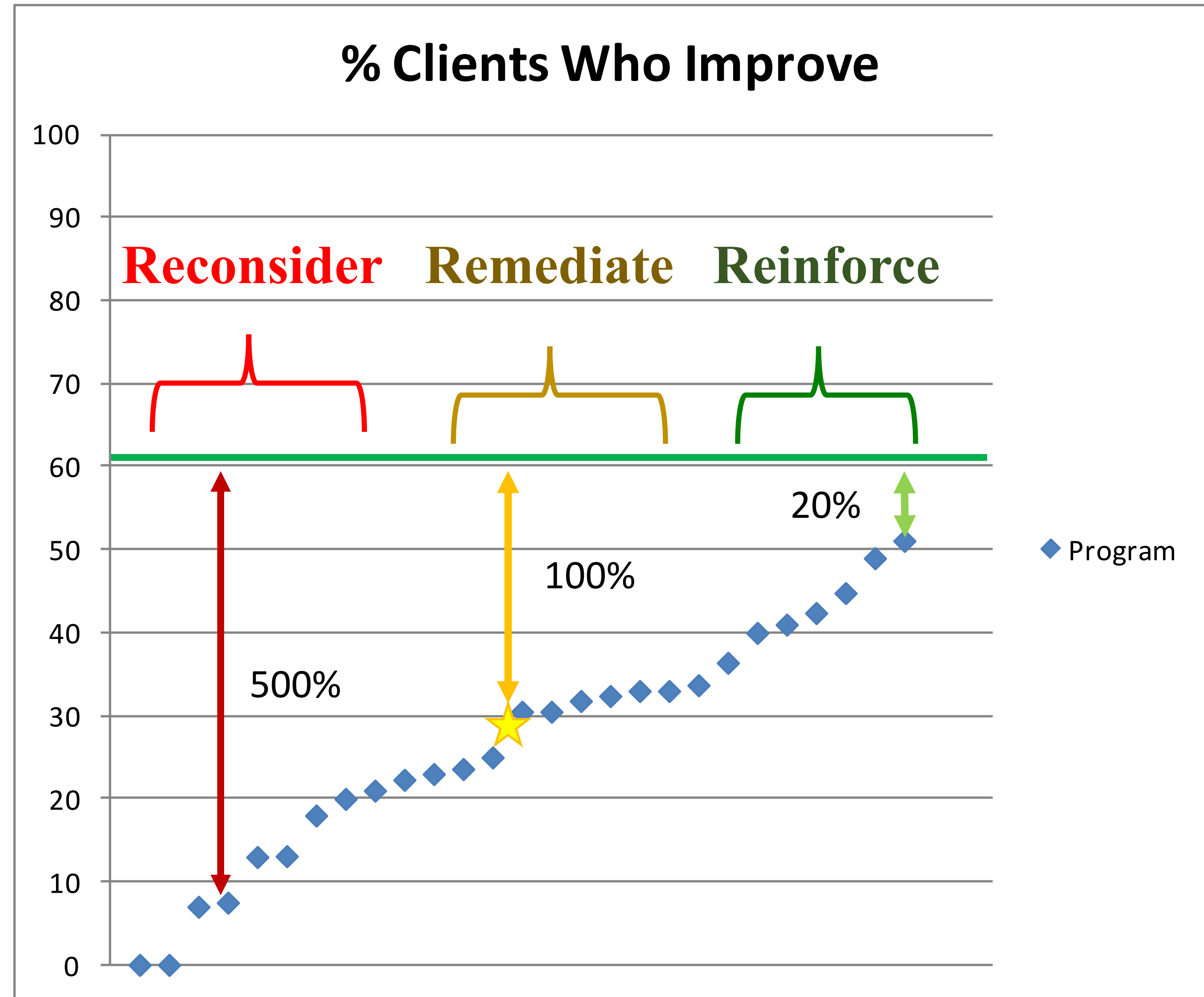
The NORMS based benchmark tells us that
as a *system*
we need to generate sustained effort at change
for the next five years
to become a high-performing system.

We also need to target expected change based on current performance.

One size does NOT fit all.

Variation in Approach

- The same approach will not work for programs at different levels of performance.
- Using same approach would mean some never change, others never achieve.



all information copyright UPG, LLC

20% / High Resources = 1 Year
20% / Medium Resources = 2 Years
20% / Low Resources = 4 Years

HIGH

100% / High Resources = 5 Years
100% / Medium Resources = 10 Years
100% / Low Resources = 20 Years

MEDIUM

500% / High Resources = 25 Years
500% / Medium Resources = 50 years
500% / Low Resources = 100 years

LOW

As a system you have to define your approach for
high performing
average-performing
and
deeply underperforming
programs.
You kill the will to change when you treat a high-performing program like an underperforming program.

Benchmarks in Action

Benchmarking Ex.: Initial Tx Dose

What type of benchmark would we use to figure out where we're at right now?

- **Normative or Criterion**

What type of benchmark tells us where we want to be?

- **Normative or Criterion**

all information copyright UPG, LLC.

Benchmarking Ex.: Initial Tx Dose

Right now we're at:

- **30% of youth receive 3+ Tx sessions in the first 30 days of care *(normative benchmark – our average across all providers)***

We want to be at:

- **60%+ of youth receive 3+ Tx sessions *(because it predicts effectiveness, and high-performing systems effectively treat 60%+ of the youth they serve – a criterion benchmark)***

all information copyright UPG, LLC.

Benchmarking Initial Tx Dose

What do we still need to know to begin to set up an effective system improvement response?

a)

b)

c)

all information copyright UPG, LLC.

Benchmarks: Our Goal

- **Criterion-based** benchmarks focus attention on creating effective care (healthy outcomes)
- **Norm-based** benchmarks help us gauge the effort needed to get to the criterion

"The goal is to provide affordable health care **by rewarding providers for healthy outcomes** rather than volume," Jeppesen said.

all information copyright UPG, LLC

References

- https://www.idahopress.com/eyeonboise/new-idaho-h-w-chief-many-people-have-asked-me-why-i-took-this-job/article_be64bf7f-9306-5321-9f30-94d30835c33c.html
- Angold, A., Costello, E. J., Burns, B. J., Erkanli, A., & Farmer, E. M. (2000). Effectiveness of nonresidential specialty mental health services for children and adolescents in the "real world". *Journal of the American Academy of Child & Adolescent Psychiatry*, *39* (2), 154-160.
- Sawyer, M. G., Reece, C. E., Sawyer, A. C., Hiscock, H., & Lawrence, D. (2019). Adequacy of treatment for child and adolescent mental disorders in Australia: A national study. *Australian & New Zealand Journal of Psychiatry*, *53* (4), 326-335.
- Dossett, K.W., Reid, G.J. Defining Dropout From Children's Mental Health Services: A Novel Need-based Definition. *J Child Fam Stud* **29**, 2028–2038 (2020). https://doi.org/10.1007/s10826-019-01631-1

For more information:

nisrael@unionpointgroup.com