Position Statement on Utilization of Measurement Based Care

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Issue:
As health care focuses increasingly on the value of services rather than volume, it is essential for healthcare clinicians (including psychiatrists, other physicians, and behavioral health clinicians) to demonstrate the provision of quality care and the subsequent impact on individualized patient outcomes. Measurement-based care (MBC), described as "the systematic administration of symptom rating scales and use of the results to drive clinical decision making at the level of the individual patient" has been shown to improve patient outcomes (Fortney et al. 2016). Psychiatrists utilizing MBC use standardized, objective measurements at regular intervals in the assessment and treatment of patients to inform clinical decision-making and provide tangible evidence of treatment benefits across a variety of settings and psychiatric conditions. Rating scales have been developed that measure symptoms, side-effects, functioning, and patient experience. Some of these have been automated for computerized delivery to the patient. However, consistent implementation of valid and reliable measurement tools has not yet become universal in mental health care.

Variation between typical and optimal outcomes creates an opportunity to improve psychiatric care. Support of Measurement Based Care (MBC) by the American Psychiatric Association (APA) would encourage its broader adoption and facilitate development of new measurement tools as well as clearer standards for how they should and should not be used.

APA Position:

It is the position of the American Psychiatric Association (APA) that the use of Measurement Based Care (MBC) by psychiatrists is effective in promoting evidence-based treatment of mental health conditions. Use of MBC should be streamlined, efficient and not negatively impact the clinical interaction. MBC can, when implemented appropriately, support clinical care, improve patient outcomes, and demonstrate the value of psychiatric care.

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