



# Quality in Mental Healthcare: Measuring What Matters



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As the healthcare industry moves toward value-based, patient-centered care, measuring quality has become more important than ever. Although there have been important developments in general healthcare, the mental health field has lagged behind<sup>1</sup> when it comes to adopting quality measures that improve health outcomes.

Headspace's measurement-based care model utilizes a data-driven approach to quality monitoring and improvement, ultimately enabling patient-centered care that delivers better outcomes. Central to our care model is regular measurement of our member's symptoms, functioning, and progress, which leads to more effective, personalized, and evidence-based treatment.

## Challenges to Quality Care in Mental Health

Although quality measurement has become increasingly common in general healthcare, mental health has not been as quick to adapt.

A primary challenge has been the difficulty of defining generalizable, standardized treatments for complex, highly individualized disorders<sup>2</sup>. In addition, vast health inequities for marginalized populations and the impact of social determinants of health on mental health has made it difficult to address disparities and achieve equitable mental health outcomes. Outcome measures for mental health tend to look at narrow objectives, such as symptom improvement, while "recovery" of a condition can be more widely defined to include community tenure, quality of life, or return to employment.<sup>1</sup> The CMS Measures Inventory lacks sufficient mental health quality measures that meet standards of being "safe, effective, patient-centered, timely, efficient, and equitable."<sup>1</sup>

With consistent quality measurement and improvement lagging, mental healthcare delivery suffers. As of 2020, almost 25% of adults seeking mental health treatment reported unmet treatment needs due to issues such as lack of access, availability of resources, difficulty navigating the system, or cost.<sup>3</sup> Additionally, performance against HEDIS measures, which look at the rate at which providers comply with the recommended guidelines for care, is far below that of general healthcare.<sup>2</sup>

# Measuring Quality in Mental Healthcare

Improving mental healthcare delivery is possible with targeted and thoughtful quality measurement. Measurement-based care (MBC) – the systematic, longitudinal, and action-oriented tracking of individualized outcomes such as symptom severity and goal attainment<sup>2</sup> – allows organizations and providers to continuously measure and follow up on care, with options to escalate and deescalate care when needed. Today, less than 20% of mental healthcare providers practice MBC.<sup>4</sup>

In addition to widely used symptom measures like PHQ-9 and GAD-7, MBC can be expanded to include recovery-oriented objectives and, specifically, patient-determined goals, which are directly measurable.<sup>2</sup> With this more holistic view of improvement, providers can also incorporate psychosocial interventions that are focused on interpersonal, emotional, environmental, or social dimensions.<sup>2</sup>

When employed to its full ability, MBC ensures that treatment is tailored to the individual's unique needs, is responsive to changes in their condition, and is guided by empirical evidence. This approach ultimately aims to enhance the effectiveness of mental health treatment and improve overall outcomes.

## RECOMMENDATIONS FOR IMPROVING QUALITY OF MENTAL HEALTHCARE

- Implement measurement-based care (MBC) enabled through technology, using validated measures – especially those that measure success
- Measure progress on client-determined goals in order to broaden outcome metrics
- Standardize treatments and care processes while allowing for personalization via MBC
- Utilize natural language processing to collect additional structured data
- Include client experience surveys or interviews among the outcome metrics to guide care process improvement

# The Headspace Quality Approach

Headspace's mental health solution addresses the needs of all unique members with coaching, therapy, and psychiatry.

Our team-based, multidisciplinary care model delivers high-quality, culturally responsive care, centered on social determinants of health and other health disparities of lived experience. Quality care is a key pillar of our model. This includes hiring the highest-quality providers, conducting routine provider evaluation, providing robust provider training on evidence-based interventions, and focusing on culturally-responsive care and regular outcomes measurement.

# Headspace Providers: Qualifications, Supervision, and Training

To address the spectrum of mental health needs, Headspace offers different levels of care using the strengths of three unique disciplines – coaching, therapy, and psychiatry.

With coaching, members get regular support in reaching their goals through self-discovery of strengths, skill building, and sustainable behavior change. They can also work with a therapist to deepen self-awareness, identify and address ineffective patterns of behavior and relating, and process thoughts and feelings. Psychiatrists are available to support those in need of additional care, including by prescribing medications and offering therapeutic intervention. This is all part of an individualized care plan that takes into account each member’s unique lived experiences.

When it comes to hiring care providers, we look for the best of the best. Our care team members have specific qualifications and training to ensure the best possible member care.

**Discipline**

**Qualifications and Training**

## Coach

Minimum of master’s degree in a psychology-related field or coaching certification from an accredited training program (approved by the NBC-HWC);

2+ years of relevant experience, at least 6 months of which must have occurred with direct supervision under a qualified, credentialed, or licensed supervisor; coaches are trained at least 100 hours a year on effective methodologies, such as motivational interviewing, SMART goal setting, assessing stages of change and readiness, and more.

## Therapist

Minimum of a master’s degree in psychology, social work, counseling, marriage and family therapy, or other relevant field;

License to practice (e.g., LCSW, LMFT, Licensed Psychologist) in good standing;

3+ years of experience providing clinical psychotherapy to individuals, couples, or families is preferred;

Quarterly training on protocols, evidence-based care, and best practices in telehealth; monthly training to enhance clinician skill relative to particular populations and diagnoses.

## Psychiatrist

A minimum of an MD with completion of accredited psychiatry residency (board eligible/board certified);

3+ years of experience providing clinical psychiatry services; a license to practice psychiatry;

Quarterly training on protocols, evidence-based care, and best practices in telehealth; monthly training to enhance clinician skill relative to particular populations and diagnoses.

# Collaboration and the Headspace Care Hub

It's not just the quality of each individual provider – it's the way they all work together to deliver a dynamic treatment plan that is tailored to each member. When more than one coach or clinician is involved in treating a member, providers work to ensure a shared understanding of member needs and goals. Within the Headspace Care Hub, providers can share appointment notes, updates, and treatment needs with the entire care team.

Headspace's Care Hub has all the necessary capabilities of a traditional EMR while also going beyond industry standards with AI-informed coach response recommendations, auto-generated session summaries, easy scheduling, and structured clinical note templates to consistently track member data and share with others involved in the member's care journey. Our Care Hub ensures continuity of care and helps to get members better, faster.

## Data collection

Headspace captures and analyzes upstream data to understand a member's progress and journey through the Headspace system in addition to clinical outcomes. These data provide key insights into overall system operations, including capacity and quality of care.

Category	Metrics	Rationale
<b>Access</b>	<ul style="list-style-type: none"> <li>• Coach response time (minutes)</li> <li>• Time to first available clinical appointment (hours)</li> <li>• Time to first available clinical appointment and follow-up (days)</li> <li>• Barriers to access or receiving care</li> </ul>	<p>Typical wait times in most healthcare settings are weeks to months. Delaying access to care can lead to condition deterioration and slower recovery.<sup>5</sup></p>
<b>Engagement and Utilization</b>	<ul style="list-style-type: none"> <li>• Number of coaching sessions</li> <li>• Number of clinical appointments</li> <li>• Number of interactions with app content</li> <li>• No-shows and cancellations</li> </ul>	<p>Premature discontinuation of care is a concern. These metrics can also provide insights into dose response effects, i.e., the relationship between utilization and clinical outcome.<sup>6</sup></p>
<b>Member Satisfaction</b>	<ul style="list-style-type: none"> <li>• Coach star rating</li> <li>• Clinical star rating</li> </ul>	<p>Patient experience and satisfaction are important parts of holistically assessing healthcare quality. In psychotherapy, there is particular evidence that a patient's preference, perceptions, and therapeutic alliance are correlated with clinical outcomes.<sup>7</sup></p>

## Outcomes

In addition to the metrics outlined above, Headspace regularly collects a variety of outcome measures. Outcomes measures we utilize include:

### DEPRESSION

Headspace assesses depression via the Patient Health Questionnaire (PHQ-9). The PHQ-9 is one of the most validated assessments in mental health and is commonly used by clinicians in diagnosing depression and monitoring treatment response.

### ANXIETY

To assess and track anxiety outcomes, Headspace uses the Generalized Anxiety Disorder Screener (GAD-7), which is also well validated in the general population.

### RESILIENCE AND ADAPTABILITY

Headspace uses the Perceived Stress Scale (PSS), which is the most widely used psychological tool for measuring the perception of stress.

Assessments of these outcomes are shared with the care team, which enables coaches and clinicians to iterate on member care plans. The data is also shared with our product, operations, research, and data science teams to support the implementation of new enhancements and improvements to the member experience. Finally, this aggregated and anonymized data is shared directly with employers to help them understand the overall health of their organization and make informed decisions on their mental health benefits strategy.

We go beyond just sharing outcomes with employers – we also guarantee them. With our robust performance guarantees, we put fees at risk against members' improved outcomes.<sup>8</sup> Through evidence-based outcome measures and guarantees, employers can expect to see tangible symptom improvement among their employees.

## Headspace's Quality Assurance (QA) Program

Headspace's QA team monitors these diverse data sources and metrics to ensure the following:

- Members receive appropriate treatment
- Providers follow both Headspace protocols and relevant laws, regulations, and ethical requirements
- Treatment is working: symptoms are reduced and goals are being met
- Members are satisfied with their care

This information is then shared with coaches and clinicians through individual reviews, QA reporting sessions, and clinical rounds so that the care team incorporates feedback into future care. Such data may be used to alter a treatment plan, including increasing or decreasing the level of care, as needed. If coaches or clinicians are identified as lacking in any area, managers monitor them through regular meetings, provide them with ongoing feedback and training, and reevaluate them on a monthly basis, as needed, to offer support and ensure improvement. Headspace encourages and supports access to continuing education programs, and offers its own internal continuing education program, which is accredited by the APA.

# Headspace Quality Measures Categories and Examples

Category	Description	Headspace Examples
<b>Structure</b>	Measures the organization of care: Are there enough facilities, staff, training, quality infrastructure, policies, etc., in place for providing care?	<ul style="list-style-type: none"> <li>• Qualifications, training of coaches and providers</li> <li>• Staff/member ratio</li> <li>• Volume of member appointments</li> <li>• Access times</li> </ul>
<b>Process</b>	Measures how structure influences the delivery of care by providers: Are evidence-based processes of care delivered?	<ul style="list-style-type: none"> <li>• No shows/cancellation rate</li> <li>• Note completions</li> <li>• Survey (PHQ-9, GAD-7) completions</li> <li>• Transcript reviews</li> <li>• Length of service</li> </ul>
<b>Outcome</b>	Measures care patients receive: Does care improve clinical outcomes? Do patients find the care useful?	<ul style="list-style-type: none"> <li>• Member satisfaction scores (members are asked to give a star rating, from 1 (poor) to 5 (excellent) after each session)</li> <li>• PHQ-9 and GAD-7 improvements</li> </ul>

## Conclusion

Mental healthcare has been slow not only to adopt but also to define quality measurements.

To overcome these challenges, technology-enabled solutions can incorporate validated measurement tools and processes that support individualized recovery patterns. As the broader healthcare field moves further toward value-based care, not only will payment models demand higher quality, but consumers will also expect innovations that deliver a better care experience.

Today, Headspace captures and analyzes a diverse set of key metrics relating to access, engagement, satisfaction, and clinical outcomes to monitor quality. For more than 10 years, Headspace has taken a multidisciplinary approach (including clinical practitioners, research, computer and data science, and product development) to build a system that has established a new standard for mental healthcare.



Future product development will enhance our ability to understand behaviors, progress, and health and functional outcomes. These include goal tracking, subjective measures of well-being and functioning, and provider assessments. Data science efforts, including natural language processing (NLP) of messages between coach and member, could also contribute to our understanding of mental health quality as we build our understanding of mental health “vital signs” to track and treat.

Headspace is also spearheading a new path for future clinicians in digital health with the Headspace Training Institute, which provides an equivalent experience to current practicum and postdoctoral fellowships, but with the added benefit of specialization in our collaborative, DEI-focused, fully digital program. The Headspace model offers a pioneering solution in continuing to develop quality measurement tools and processes, while providing a direct benefit of ongoing improvement to clients and members.

**Interested in learning more about how Headspace’s quality-focused approach to mental health can support your employees?**

**Contact us [here](#).**

<sup>1</sup> Kilbourne, A.M., Beck, K., Spaeth-Rublee, B., Ramanuj, P., O’Brien, R.W., Tomoyasu, N. and Pincus, H.A. (2018), Measuring and improving the quality of mental health care: a global perspective. *World Psychiatry*, 17: 30-38. <https://doi.org/10.1002/wps.20482>

<sup>2</sup> Quality Measures For Mental Health And Substance Use: Gaps, Opportunities, And Challenges

Pincus, H. A., Scholle, S. H., Spaeth-Rublee, B., Hepner, K. A., & Brown, J. (2016, June). Quality Measures For Mental Health And Substance Use: Gaps, Opportunities, And Challenges. *Health Affairs*, 35(6). doi: <https://doi.org/10.1377/hlthaff.2016.0027>

<sup>3</sup> 2020 Access to Care Data. (2021). Mental Health America. Retrieved from <https://mhanational.org/issues/2020/mental-health-america-access-care-data>

<sup>4</sup> Lewis CC, Boyd M, Puspitasari A, Navarro E, Howard J, Kassab H, Hoffman M, Scott K, Lyon A, Douglas S, Simon G, Kroenke K. Implementing Measurement-Based Care in Behavioral Health: A Review. *JAMA Psychiatry*. 2019 Mar 1. <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC6584602/>

<sup>5</sup> McLaughlin, C. G. (2004). Delays in Treatment for Mental Disorders and Health Insurance Coverage. *Health Services Research*, 39(2), 221–224. <https://doi.org/10.1111/j.1475-6773.2004.00224.x>

<sup>6</sup> Swift, J. K., & Greenberg, R. P. (2012). Premature discontinuation in adult psychotherapy: A meta-analysis. *Journal of Consulting and Clinical Psychology*, 80(4), 547–559. <https://doi.org/10.1037/a0028226>

<sup>7</sup> Ardito, R. B., & Rabellino, D. (2011). Therapeutic Alliance and Outcome of Psychotherapy: Historical Excursus, Measurements, and Prospects for Research. *Frontiers in Psychology*, 2. <https://doi.org/10.3389/fpsyg.2011.00270>

<sup>8</sup> Performance Guarantees available to organizations with >1,000 employees.

