



Penn Medicine
Psychiatry

Penn Medicine Ambulatory Psychiatry Newsletter

Issue 2

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Olga Barg, MD
Associate Professor of Clinical Psychiatry

Welcome to the Penn Medicine Ambulatory Psychiatry
Newsletter!

This month is a **Special Issue**, dedicated to:

Measurement-Based Care (MBC)



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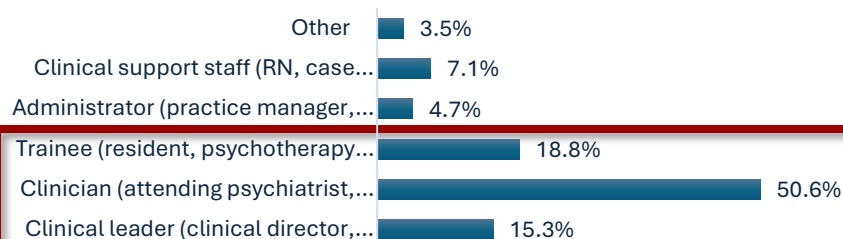
Measurement Based Care

An evidence-based approach that utilizes standardized measures to track outcomes over time.

Survey

A survey was sent in November 2024 to assess which programs were using standardized assessment tools to measure patient outcomes. The survey was sent to clinical leaders, clinicians, trainees, administrators and support staff.

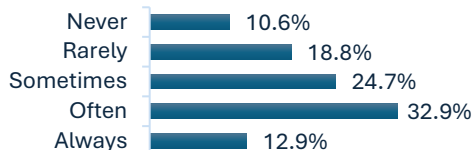
What is your role in the department?



Current State

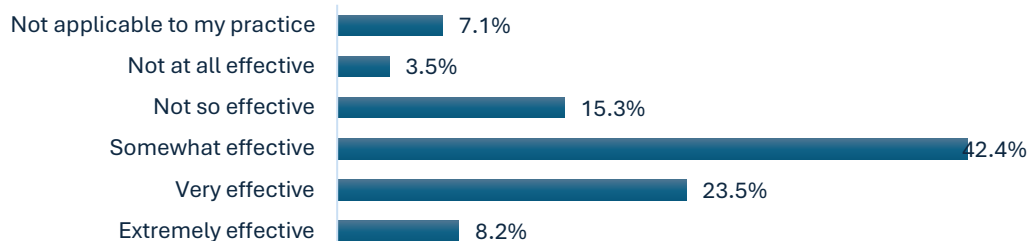
70.5% currently use assessment tools sometimes, often or always.

How often do you currently use standardized assessment tools (e.g., PHQ-9) to measure patient outcomes?



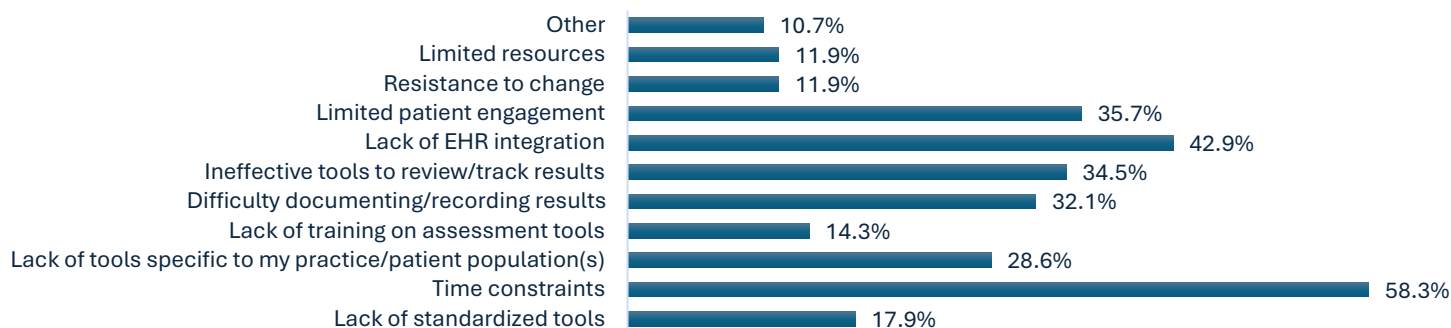
74.1% feel the assessment tools are somewhat, very or extremely effective in monitoring patient progress and guiding treatment, assessment tools sometimes, often or always.

How effective do you feel the current assessment methods are in monitoring patient progress and guiding treatment?



The leading challenge faced with assessment methods are time constraints followed by a lack of integration with EPIC PennChart.

What challenges, if any, do you face with the current assessment methods? Select all that apply:

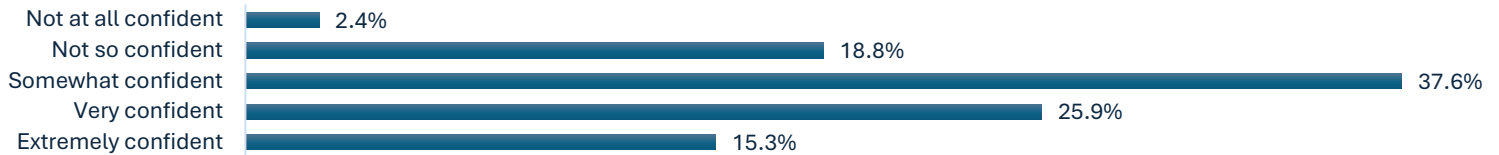


Future State

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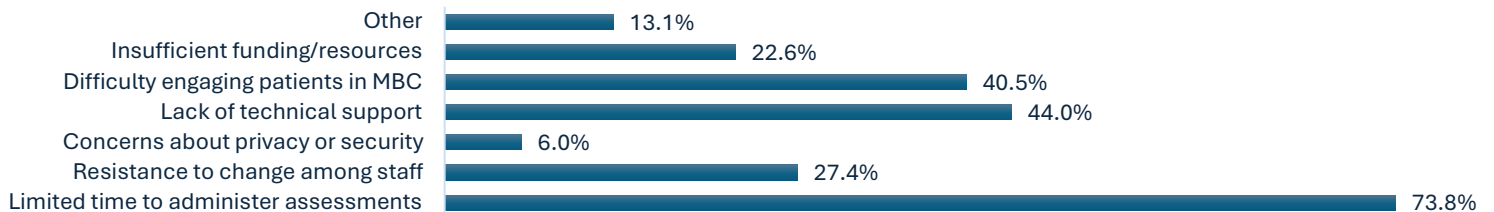
78.8% feel somewhat, very or extremely confident.

How confident are you that integrating MBC into daily practice will improve patient outcomes?



People, process & technology

What barriers do you anticipate for successful implementation of MBC in your setting? Select all that apply:



This survey informed the decision to move forward with the Measurement-Based (MBC) program.

Measurement-Based Care (MBC) program

Introducing a new initiative within Penn Ambulatory Psychiatry that we believe will significantly enhance our patient care model. Our team is developing a Measurement-Based Care (MBC) program designed to improve patient outcomes by incorporating standardized clinical measurement tools into routine psychiatric evaluations and follow-up appointments.

The MBC program will leverage structured clinical data to inform clinical decision-making, track progress over time, and ultimately optimize treatment strategies for our patients. We anticipate that by implementing evidence-based screening measures, regularly assessing patient-reported outcomes, and integrating these findings into care workflows, we can advance the quality of our outpatient psychiatric services and support improved patient engagement and satisfaction.

Problems

Opportunities

Absence of standardized framework to guide clinical decisions, track patient outcomes and monitor treatment progress

Use objective data to support clinical decisions and monitor treatment progress to improve patient outcomes

Variability in patient communication across ambulatory practices

Enhance patient care by facilitating patient-provider communication and improving patient satisfaction

Inefficient patient access protocols

Streamline access tailored to patient needs

Lack of mechanisms to monitor population health

Develop a platform to track population health data

Paucity of objective data to support continuous improvement

Support a culture of continuous improvement, position the department as a leader in data-driven psychiatric care and align with evolving healthcare standards

Project Goals

Why are we doing this?

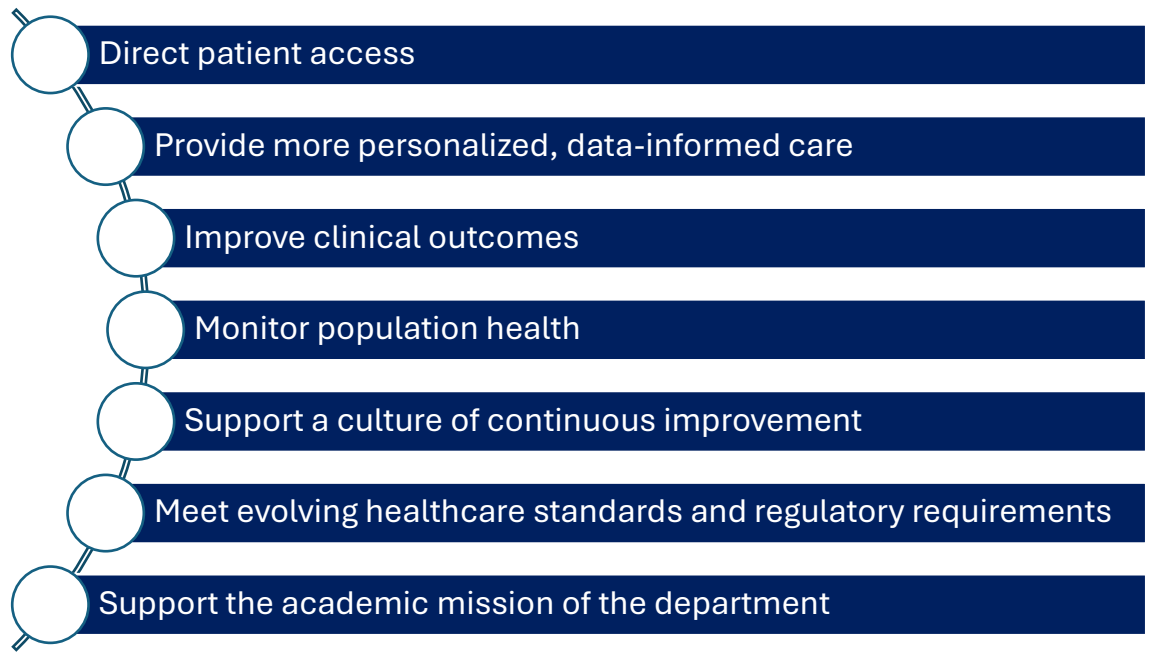
Clear – Easy to understand and communicate

Measurable – Can be tracked or evaluated

Achievable – Realistic given the timeline and resources

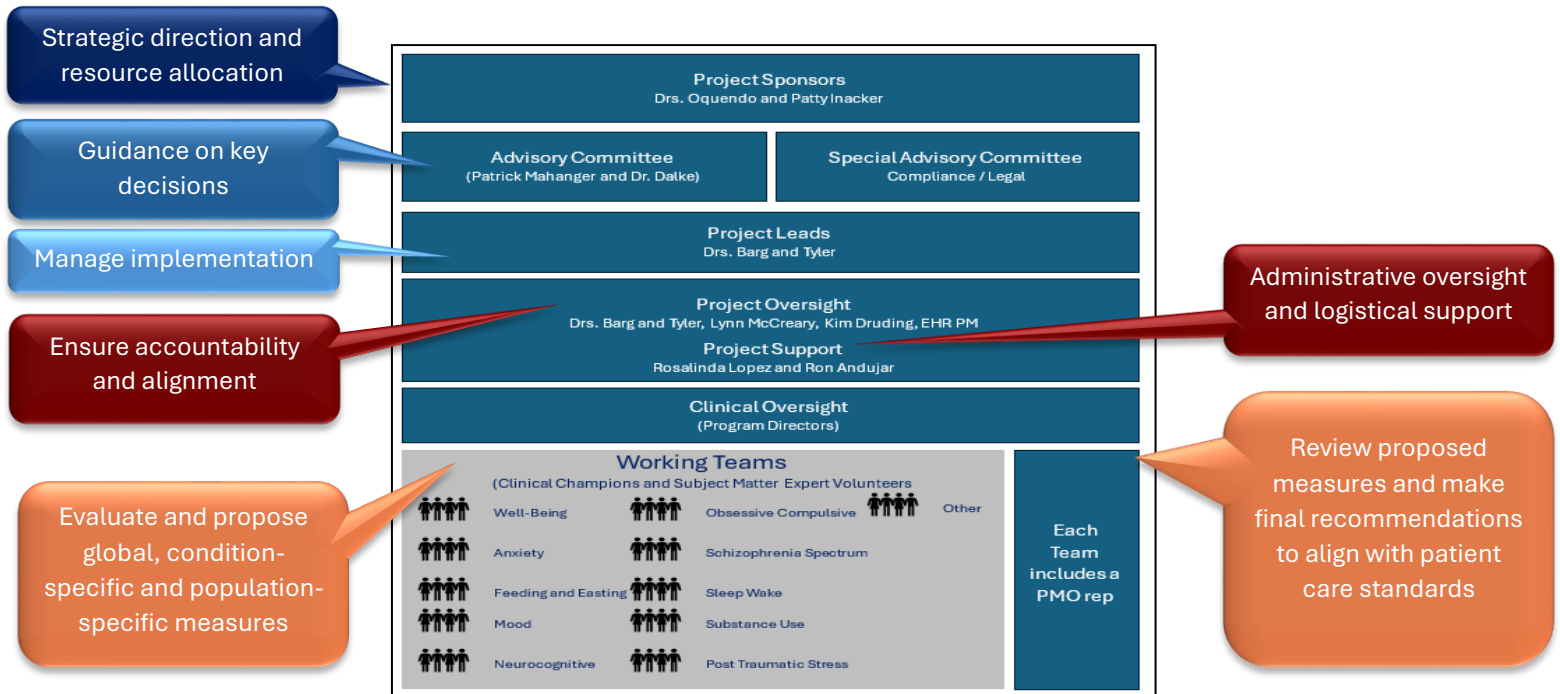
Relevant – Tied to broader organizational or strategic objectives

Time-bound – Set within a defined timeframe



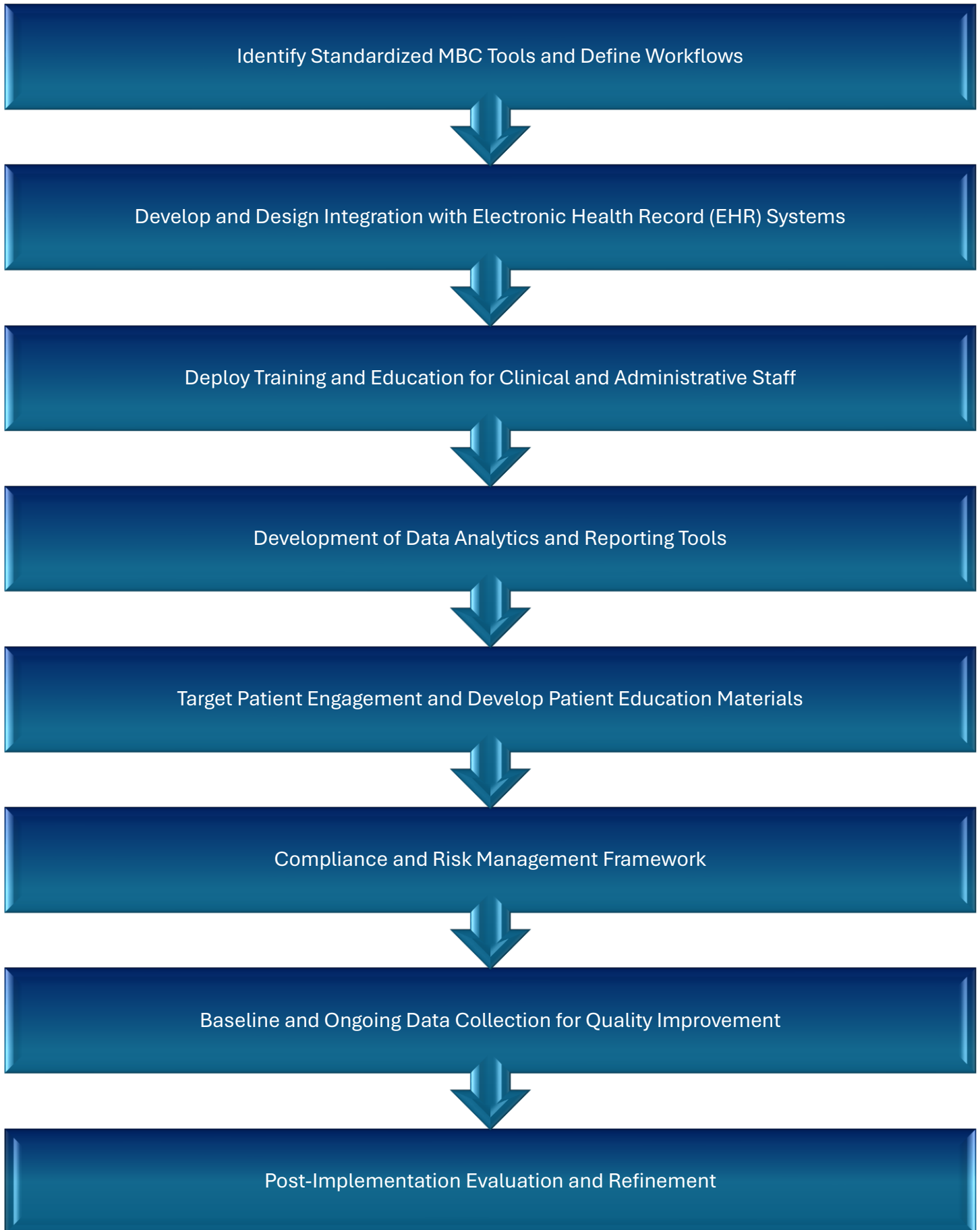
Project Team Structure

The **project team structure**, including oversight, is critically important because it defines **roles, responsibilities, and accountability**, which are essential for successful execution and governance.



Milestone Chart

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Update from the Measurement-Based Care Work Groups

The success of our measurement-based care implementation relies on the expertise and engagement of our clinical and operational staff. We are fortunate to have subject matter experts from across our ambulatory psychiatry practices working collaboratively to identify the most appropriate, evidence-based assessment tools for our outpatient population. These work groups are currently reviewing and recommending batteries tailored to the common clinical presentations we encounter. Their contributions are instrumental in shaping the future of care within our department and offer meaningful opportunities for professional development and cross-site collaboration.

Anxiety, OC, and Trauma-Related Disorder

First Meeting - April 23, 2025



Joanna Goldstein, LCSW

Staff Psychotherapist
Penn Psychiatry Outpatient Psychiatry Clinic
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Clinical Director,
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Mood Disorders

Meeting One - April 30, 2025



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Ashley Un, MD

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Neurocognitive Disorders

First Meeting - May 12, 2025



Arushi Kapoor, MS, MD

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Jenny Rodriguez, MD

Board Certified Geriatric and Adult Psychiatrist, Assistant Professor of Clinical Psychiatry, Co-Medical Director
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Neurodevelopmental Disorders

First Meeting – April 25, 2025



Keiran Rump, PhD

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William & Noreen Hetznecker
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Personality and Disruptive Behavior Disorders

Meeting One - April 29, 2025



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Substance Related and Addictive Disorders

First Meeting – May 1, 2025



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Angela M. Burdick-McPhee, LPC-S, CAADC

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Behavioral Health Total Recovery Program
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Schizophrenia and Other Psychotic Disorders

Meeting One - April 21, 2025



Monica E. Calkins, PhD

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Somatic Symptom, Eating, and Sleep Wake Disorders

Meeting One – April 25, 2025



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Rebecca G. Boswell, PhD

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Global Measures and Quality of Life

Meeting One – May 1, 2025



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Stay tuned for the assessment recommendations!

