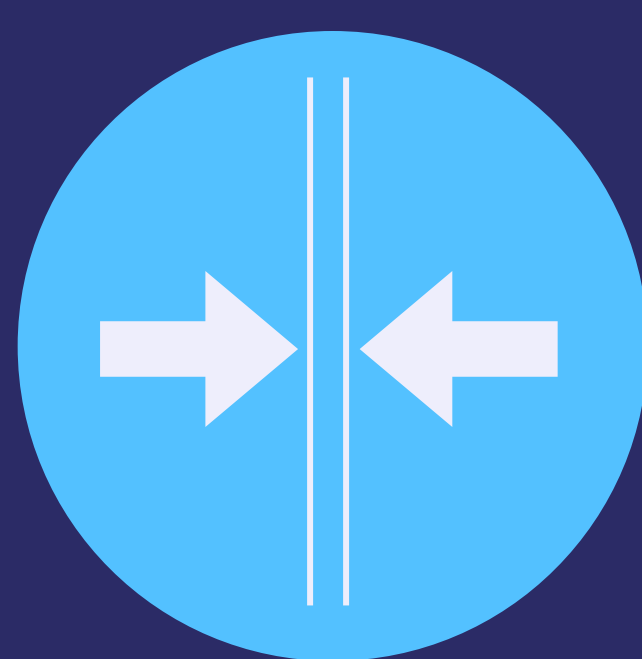


OUTCOMES TOOL SELECTION

With so many outcomes tools to choose from, can data help shed light onto best practices?

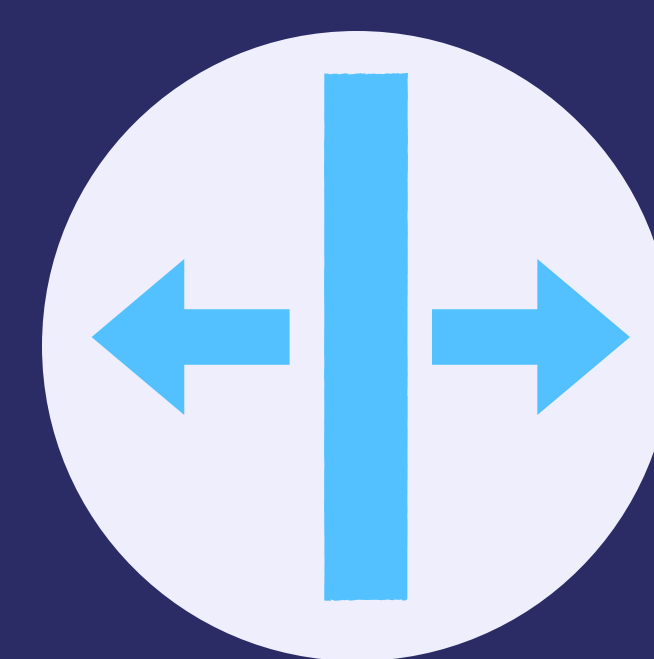
2 TOOL TYPES:

NARROW SCOPE*



Focus on diagnostically specific symptomology

BROAD SCOPE†



Assess a variety of symptoms applicable to many diagnoses

THE DATA

Percent of Patients that Improve

Adolescent



**BOTH DETECT PATIENT IMPROVEMENT
BUT MORE**

Adult

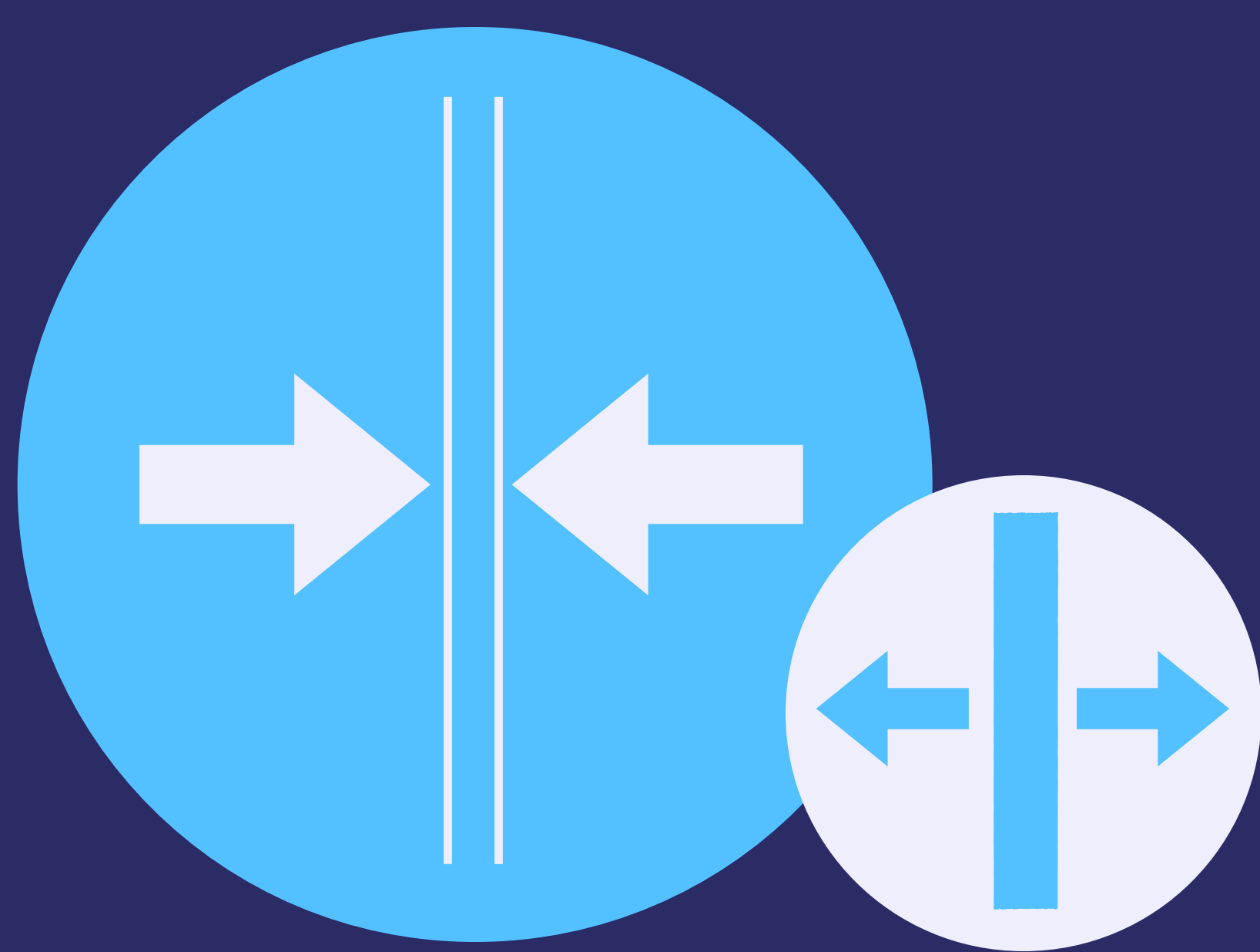


**PATIENTS REPORT IMPROVEMENT USING
← BROAD → TOOLS**

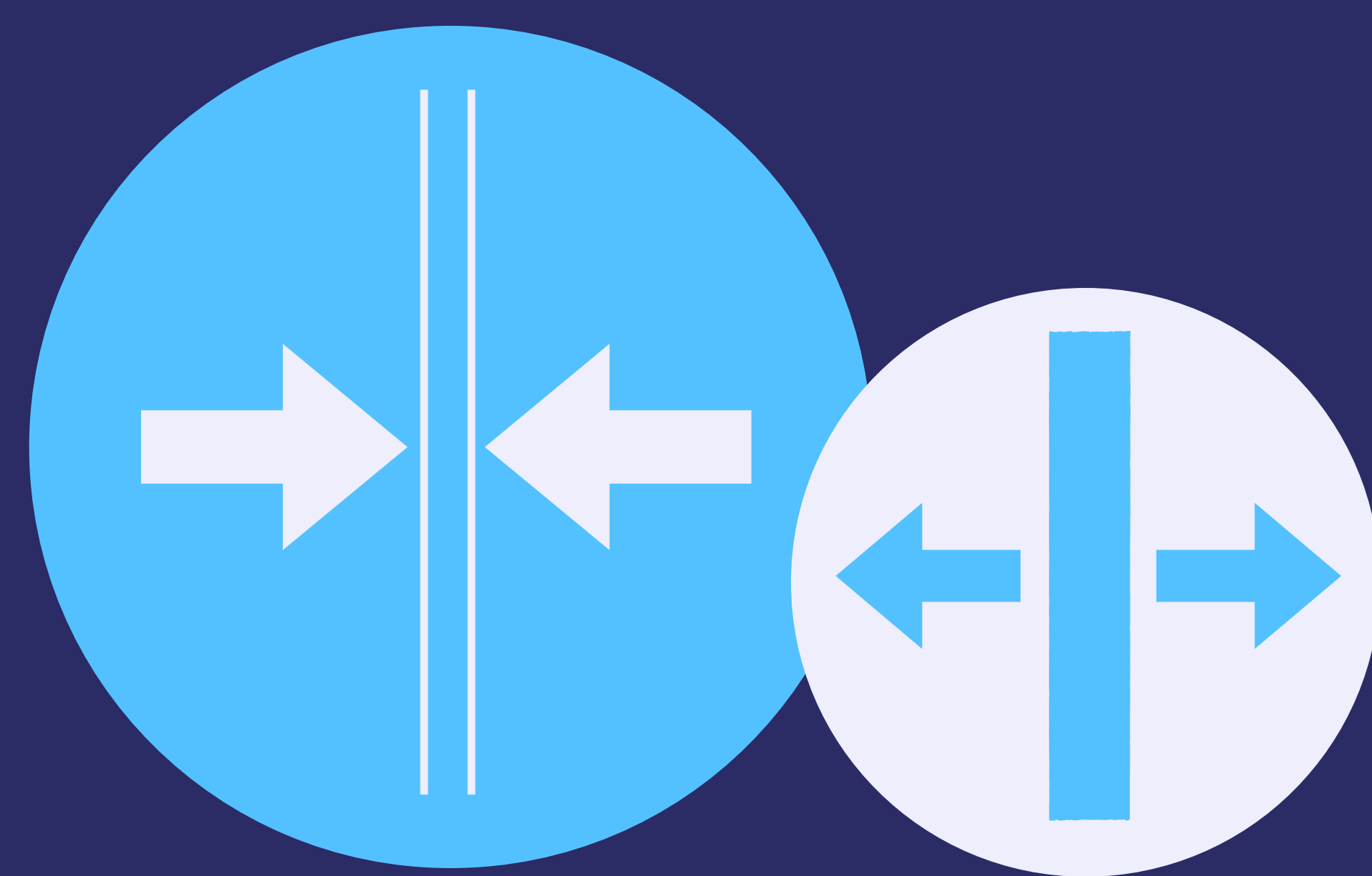
WHY?

Narrow tools are much more likely to capture a score of 0 (no problem) at admission, which indicates the tool did not detect symptomology and the patient has no room for the tool to measure improvement.

Adolescents
3.5X
more likely



Adults
2X
more likely



WRAP UP



Thorough assessment is the foundation of good clinical practice and quality care.



Narrow tools may result in many patients missing the opportunity to report their symptomology.



Broad tools may take more time, but they provide more information for treatment planning.

*(Adults & Adolescents) Patient Health Questionnaire (PHQ-9): a 9-item self-report measure of a patient's depression, scored on a scale of 0 to 27, where higher scores indicate greater severity.

†(Adults) BASIS-32™ - The Behavior and Symptom Identification Scale is a self-report measure of a patient's functioning, scored on a scale of 0 to 4 where higher scores indicate greater severity.
(Adolescents)CABA-Y: Child and Adolescent Behavior Assessment - Youth; scale of 0-3, higher scores indicate greater severity.