

Better insights and outcomes

Developing a web-based Treatment Monitor

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Introduction

- Evidence based practice and medicine:
 - Value for money
 - Market-oriented health care funding system
 - Diagnosis-treatment-combinations
- Focus on systematic evaluation of treatment outcomes
- A web-based information system
 - Monitor outcomes treatment
 - Effectiveness of treatment
- It should provide valuable data to
 - Patients + clinicians
 - Trauma centers
 - Researchers

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Goals for this presentation

- LCVT and Research
 - Primary research line -> treatment monitoring
 - Secondary research line -> podium for researchers
- Treatment monitor - Routine outcome monitoring
 - Goals of assessment
 - Who will benefit
- Scientific study of treatment outcomes
- Development of the Data system
 - Input
 - Output

Primary research LCTV

- Backgrounds
- Number of therapies very limited
- Valid information on adequate therapies even more limited
- Trauma related disorders come with high personal, medical, and societal costs.
- Therapies take very long time and are very intensive
- Clinical experience shows that with adequate treatment psychopathology will decrease and quality of life will increase
- LCVT studies systematically the outcome of treatments delivered by 11 trauma centers

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Primary research LCTV

- Developing a Treatment Monitor for the longitudinal study of people who suffer from early childhood traumatization
- Multi-center study (11 trauma centers)
- All centers use same validated instruments, both generic and specific.
- All centers take data from patients every 6 months
- All centers deliver data on all patients taken into the LCVT program
- Researchers LCVT analyze these data to answer the most important questions:
 - Do symptoms change (decrease) over time?
 - Does the quality of life of clients improve during treatment?
 - Under which conditions do they improve (covariates, longitudinal modeling the treatment process)?
 - Questions on costs of treatment / economic value of life

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Secondary research

- We want to provide an opportunity to conduct research within the context of the LCVT to third parties
 - Secondary research on the data
 - Original studies for which LCVT can collect data (within strict ranges)
- Original studies
 - Within strict boundaries, judgment by research council
 - One shot studies – projects
 - Examples:
 - DNA testing from blood samples to study relation genes and uptake medication
 - Implementing special therapy modules for certain patients

Routine Outcome Monitor

- Routinely recording the severity of symptoms
 - Longitudinal design
 - Using scientifically validated instruments
 - Generic as well as disorder specific instruments
 - Registration of treatments, effect using diagnostic instruments and explanatory variables
- Goals of assessment
 - Individual outcomes to support treatment / therapy
 - Aggregated outcomes across therapists and trauma centers for bench marking
 - Aggregated data across trauma centers for scientific research of treatment monitor

Outcome Instruments

Symptom Level Self-Report

(Every six months)

Instrument	Symptoms
Davidson Trauma Scale (DTS)	Post traumatic stress symptoms
Dissociative Experiences Scale (DES)	Psychoform dissociative symptoms
Somatoform Dissociation Questionnaire (SDQ-20)	Somatoform dissociative symptoms
Symptom Checklist-90-Revised (SCL-90-R)	General psychopathology

Outcome Instruments

Symptom Level Diagnostic Interviews (Annually)

Instrument	Symptoms / Disorders
Structured Clinical Interview for Dissociative Disorders (SCID-D-R)	Dissociative symptoms / disorders
Clinician-Administered PTSD Scale (CAPS)	Posttraumatic stress symptoms / disorder
Structured Interview for Disorders of Extreme Distress (SIDES)	Symptoms of Complex PTSD

Outcome Instruments

Structural and Functional Level Self-Report (Every six months)

Instrument	Symptoms
Severity Indices of Personality Problems-Short Form (SIPP-SF)	Personality problems
Symptom Checklist-90-Revised (SCL-90-R)	Social functioning (some items)
World Health Organization's Quality of Life Instrument-Short Version (WHOQOL-Bref)	Quality of life
EuroQol Questionnaire (EQ-5D)	General Health related Quality of life (cost utility analysis)
Trimbos and iMTA Questionnaire on Costs Associated with Psychiatric Illness (TiC-P)	Occupational functioning (cost utility analysis)

Creating a win-win situation

- Patients / clients
 - We increase insight in severity and progress of symptoms
 - Results in increased motivation and commitment and therapy dedication
- Therapists
 - Clinical knowledge approved or emasculated
 - Adjustment therapy becomes possible
 - Increased efficiency and efficacy of treatment
- Researcher
 - Scientific research, knowledge will increase
- Health care managers
 - Insight in diagnosis-treatment protocol
 - Insight in EVL

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Structuring instruments: paradise lost

- To make burden for patients as low as possible
 - Good idea 1: Use only validated *screeners* and *diagnostic* instruments
 - Good idea 2: Try to obtain information from other sources (socio-demos, medication, medical history)
- Scales where never made to study outcome effects!
 - Asking for life time prevalence instead of last week / month
- Many secondary sources are not developed for treatment monitoring,
 - Not up-to-date
 - Different formats
 - Privacy concerns

Web-based data system

- Uploading patient / client information
- Longitudinal research, every 6 month upload
- *Dynamic* data-base: T0-T1- Tx-Tend differ across clients
- Downloading information by researchers and clinicians
- Privacy concerns
- Output
 - Patient level
 - Therapist level
 - Trauma Center level
- Graphs- tables

Web-based data system II

- Example from presentation Tom Horemans
- Within one form of therapy different modules
 - Psycho-education
 - Self-care
 - Skillstraining
 - Expressive therapy
 - Art therapy
 - Psychomotor therapy
- How can we make this clear in data base?
 - Many skip and branch patterns
 - No possibility can be omitted
- **Biggest challenge is to be parsimonious and complete. Did it work out? In two years you will hear more from us!**

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