

Feedback Informed Care (FIC) and the TPI

Kaiser Permanente seeks to retain contracted providers who are consistent with KP's treatment philosophy, treatment goals and objectives. We are committed to improving the care of our members by utilizing Feedback informed Care (FIC) in treatment and working towards treatment progress. Goals should be formulated with the patient collaboratively with graduation as the end goal. **Therefore, discussion of graduation should start at the first session, and continue to be discussed frequently during treatment to establish an expectation of progress and improvement.**

Feedback Informed Care (FIC) is a collaborative process of engaging patients in discussions about outcomes, the therapeutic alliance, progress in treatment and all decisions that affect a patients' care.

- FIC is not just a measurement process. It uses measurement to inform and help focus clinical conversations.
- FIC helps us better identify those patients who are not improving so we can better engage them and change course.
- FIC is not just about symptoms; it connects symptoms and other variables to what the patient's treatment expectations and goals are.
- FIC privileges the patient's voice about what is working for them and the alliance.

The **Treatment Progress Indicator (TPI)** is the online assessment tool that helps you and the patient monitor progression their symptoms, functioning, subjective well-being, as well as other areas. TPI is the clinical questionnaire that KP uses for providing FIC, it is conducted on the Lucet platform.

- You will administer the TPI to your KP patients before every session, no more than once per week.
- Progress should happen soon in treatment.
- Research shows if improvement does not happen by session 8, then progress is not likely to happen (Baldwin et al., 2009)
- If there is no treatment progress within the first few sessions, the treatment needs to be adjusted to promote progress.
- A critical alert will be generated in Lucet when a patient receives a Columbia-Suicide Severity Rating Scale (CCRS) score of 3 or higher. **A safety plan is required for a patient with a CCRS score of 3 or higher.**
- Please also use the Safety Plan Template when indicated for patients with **homicidal ideation**.

TPI Tips and Best Practices:

With very few exceptions, patients' willingness to engage with TPI/FIC mirror the extent to which clinicians communicate that it is a useful part of treatment.

- Describe the TPI as a snapshot of "mental health vital signs" relative to their reason for attending treatment.
- Discuss results every time a client completes it.
- Link results to the patient's reason for coming in (e.g. "If we start to accomplish your goals for treatment, where will we see is change on the TPI?").
- Discuss trends over time, using graphs.
- Confirm that the score fits with the patient's experience, if there is a discrepancy help them connect their reason for seeking service to the way they complete the TPI questions.
- Set expectations from the first visit, the focus of the treatment is goal attainment.
- Continue to normalize graduation throughout the episode of care.
- If there is a lack of progress, start preparing patients that a change in treatment, (e.g. treatment modality/ structure/interventions or provider change may be appropriate.
- Use the notes section of Lucet to indicate changes in goals or the treatment plan.

Regarding Levels of Care:

- **Generally, 2 x per week sessions are provided for a temporary time frame** as clinically indicated, for purposes of stabilization. If **clinically indicated for more than 4 weeks**, patients should be referred for clinical discussion of care and additional resources.
- Reach out to the KP WH Team if a patient needs increased services due to clinical need (for non-Woodland Hills Service Area patients contact HUB scal-bh-panel@kp.org).