Level of Care Utilization System: Extended Applications

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LOCUS Overview

- Balance of Quality and Resource Use
- Defines Complete Continuum of Flexible Service Arrays – Individualized Planning
- Comprehensive Functional Rating System
- Integrated MH and Addiction Parameters-Not Diagnostically Bound
- Uncomplicated- User and Consumer Friendly
LOCUS Overview (cont.)

- Quantifiable rating scales-simplified decision support
- Dynamic Assessment – Eliminates Continuing Stay and Discharge Criteria
- Adaptable- Universal Applicability
- Reliably Applied, Valid Results
- Supports Recovery Oriented Services
Clinical Efficiency

- Increasing Demands for Coherent, Streamlined Clinical Systems
- Integrated Elements
- Eliminate Fragmentation, Redundancy, Lack of Clarity
- Reduce Administrative Burden
- Generation of Useful Information
- LOCUS as an Organizational Tool
Elements of Clinical Systems

- Assessment
- Placement
- Service Planning
- Service Guidelines (Pathways)
- Progress Documentation
- Outcome Monitoring
Assessment

- LOCUS Semi-Structured Interview
- Traditionally Structured Interview

Relationship to Rating Domains:

- HPI: Dim I & II
- Psych Hx: Dim III & V
- Substance Hx: Dim III & V
- Medical Hx: Dim III & IV
- Social Hx: Dim IVA & IVB
- MSE and Plan: Dim II & VI
Assessment (cont)

- Alternatively, Revise Assessment to Coincide with LOCUS Dimensions

- Functional Assessment:
  - Dim I: HPI emphasizing high risk behaviors
  - Dim II: HPI emphasizing alterations in ADL
  - Dim III: HPI - Psych, Addiction, and Med Sx
  - Dim IV: Social History
  - Dim V: Psych, Addiction, and Med Hx & Rx
  - Dim IV: Mental Status Exam
Assessment

- Either way, LOCUS ratings are completed simultaneously with assessment.
- Integrated approach allows reduction in time and greater clarity in thought process.
- Eliminates redundancy.
- Potential for consumer participation in assessment process.
Need and Service Matching: Systems Issues

- Placement is the primary role of LOCUS
  - Intensity of need for treatment and support services
  - Consistent, Equitable, Rational

- Pooled Data on Placement Recommendations
  - Allows analysis of utilization of system resources
  - Provides opportunity for quality improvements
Program/Service Planning

- What is system capacity to meet needs?
- What needed services are unavailable?
- Where are gaps greatest and most costly?
- What are the priorities for service development?
Information Available

- Number of people recommended for each level of care in current assessment
- Number of people assigned to each level of care in current assessment
- Length of stay per level of care
- Variances between raters
- Separate by demographics and diagnosis
Reconceptualization of Service System

- Service arrays allow tailoring to individual needs rather than vice versa
- Indistinct boundaries allow for thinking of gradual transitions and collaboration between elements
- Opportunity for consumer – provider collaboration in shaping the system and meeting community needs
Treatment/Service Planning

- LOCUS differentiates problems in six domains
- Develops problem profile unique to individual and moment in time
- Establishes intensity of need for services
- Identifies priorities for interventions
- Establishes objectives for transitions
Treatment Planning Elements

- Problem definition
- Short and long term goals
- Determination of immediate objectives
- Interventions to achieve progress
- Measurable indicators of progress
Problem Identification

- Six dimensions define problem areas
- Highest dimensional scores focus for intervention
- Criteria selected determine problem qualifiers (specifics)
Short and Long Term Goals

- Level of care determines short term goal
  - Transition to less restrictive/intensive level of service
  - Characteristics required to make transition
- Long term goal related to course of illness and return to health
  - Recovery!
  - Non-specific
Problem Specific Objectives

- Converse relationship to problem qualifiers
- Direct relationship to short term goals
- Measurable
Interventions

- Concrete elements of plan to achieve progress
  - What will be provided?
  - How often?
  - Who will be responsible?

- May provide assistance with several objectives
Indicators

- Observable behaviors or expressions that can be quantified
- “Suffix” of Objective – that which will be measured, counted or observed.
- Indicates progress toward stated objective
- May be used for objectives related to more than one level of care - phase specific
LOCUS Treatment Planning System

- Dimensional ratings identify problems and priorities for transition
- LOC recommendation determines short term goal
- Specific criteria selections determines qualifiers
- Qualifiers determine objectives menu
- Objectives determine indicator menu
- Interventions selected from a gen. menu
Participatory Planning

- Consumer participation in criteria selection
- Consumer participation in selection of interventions and indicators from menus
- Develop consumer investment in and understanding of what he/she is attempting
Pathways

- Structured management of “typical” case
- May be programmatically or diagnostically bound- often both
- Quality tool to assure that all relevant tasks are completed in a timely manner
- Deviation from the pathway becomes impetus for inquiry and change
LOCUS Pathways

- Pathways are level of care specific
- Related to treatment plan interventions
- Expectations for change and accomplishing objectives
- Elements of pathway essentially the same, but frequently more flexible
- Outcome driven
Progress Documentation

- Problem oriented progress note
- Assists in ongoing ratings and transition decisions
- Focus attention on measurable behaviors
- Ongoing re-evaluation of the treatment plan
- Tied to pathway, identification of deviation
- Provides a concise, coherent, clinical report
Outcome Monitoring

- Not yet validated for outcomes….but
- Well suited for outcome measurement
- LOCUS scores over time represent course of illness and recovery
- Sustained reduction of need indicate good outcome
- Overall, gives good indication of function, engagement in change process, and social connection
Summary

- LOCUS based integration of clinical systems
- Results in greater coherency, efficiency, and quality of care
- Improves access to information
- Provides opportunities for quality improvement
- Consumer engagement and involvement in recovery process