The Blueprint Quality Index (BQI)

A new way to benchmark behavioral healthcare quality.

Based on the highest fidelity, most distributed, and most robust anxiety and depression outcomes data repository to date.

blueprint

Executive Summary

Background

Within the healthcare industry, quality benchmarks have been successfully established across a variety of different specialty areas. However, outcomes-based benchmarks in behavioral healthcare have historically lagged behind, largely due to the lack of measurement being utilized by the majority of clinicians, thus limiting the amount of data required to develop such benchmarks.

Founded in 2019, Blueprint was designed to help make measurement-based care easier, more accessible, and more actionable for mental health clinicians. Since then, we have partnered with 2,195 organizations which are composed of 9,122 clinicians who have used Blueprint with over 200,000 patients. In doing so, we have accumulated – to the best of our knowledge – the highest fidelity (week-by-week progress monitoring with industry-leading response rates), most distributed (across a variety of organizations, payers, provider license levels, and geographic locations), and most robust (consisting of over two million outcome measure administrations across 200,000 patients) outpatient behavioral health therapy outcomes data repository to date. For comparative context, the largest and most well-known behavioral health clinical study (STAR*D) leveraged data from just 4,041 participants, 1/50th the size of Blueprint's large and continuously growing data repository.

The Problem: Quality of Care in Behavioral Health Varies Widely

In analyzing the data repository, we discovered several key findings that help outline the current state of outpatient behavioral healthcare:

- Only 31% of patients achieve remission for depression, and 38% for anxiety during a 12-week course of care.
- On average, 21% of patients experience clinically meaningful symptom improvement for depression and 24% for anxiety.
- The attainable benchmark representing high-quality outpatient therapy outcomes of anxiety is a 9.3-point reduction in GAD-7 scores within 12 weeks and a 1.29-point rate of change for the first four weeks.
- The attainable benchmark representing high-quality outpatient therapy outcomes of depression is an 11.8-point reduction in PHQ-9 scores within 12 weeks and a 1.23-point rate of change for the first four weeks.

Introducing: The Blueprint Quality Index (BQI)

To begin improving outcomes in behavioral healthcare, we must first align on what high-quality care looks like and how to measure it across a wide range of organizations, populations, treatment settings, and more. Leveraging our unique data repository, we have developed the Blueprint Quality Index (BQI) to help do this. The Blueprint Quality Index (BQI) is based on a

commonly used healthcare benchmarking method, referred to as Achievable Benchmarks of Care (ABCs), which derives a standard of excellence based on existing data from top performers in a given peer group.

The Blueprint Quality Index (BQI) consists of both an *effectiveness* and *efficiency* component and can be used to provide an organization with a 100-point quality composite score for communicating, comparing, and improving quality outcomes within and across behavioral health organizations. In this report, we outline this new benchmark in more detail and welcome feedback from the broader behavioral healthcare industry in the spirit of aligning on a common definition and mechanism to measure quality of care.

Call to Action

The behavioral healthcare field is long overdue for a focus on the quality of outcomes in outpatient care, especially among private and group practices that represent the majority of care being delivered across the United States. Leveraging Blueprint's leading outpatient behavioral health outcomes data repository, the current report outlines the state of affairs regarding the impact that behavioral healthcare has on patients across the nation and highlights the immediate need for the quality improvement of behavioral health services.

The Blueprint Quality Index (BQI) represents what we believe to be a critical first step in establishing transparent benchmarks in behavioral healthcare to help communicate, compare, and improve outcomes at the national level. Healthcare providers can use these benchmarks to track and evaluate quality improvement. As insurance companies move toward performance-based payment structures, smaller organizations who historically struggle to adopt enterprise-relevant quality measures (e.g. HEDIS) may in the future be able to use the BQI as a more scalable and equitable measure of quality outcomes within a network or population of interest. Aspirationally, we hope that the continued development, refinement, and dissemination of this benchmarking methodology will eventually help consumers better choose and receive the highest quality of care possible for them.

Given the reliance of these benchmarks on objective data, it is our strong recommendation that behavioral healthcare organizations that are not currently systematically measuring their outcomes begin to do so, and behavioral healthcare organizations that are measuring outcomes embrace a culture of transparency and quality improvement. Doing so will allow our industry to make great strides in achieving true parity between behavioral health and the broader healthcare landscape and gain recognition for the amazing and life-changing treatments that are delivered day after day.

Introduction of the Blueprint Quality Index (BQI)

The establishment of benchmarks is ubiquitous in nearly all facets of commercial enterprise. From the Net Promoter Score (NPS) to the Wine Spectator Rating System, numeric benchmarks are essential for the communication, comparison, and quality improvement of consumer goods and services.

Within the healthcare industry, quality benchmarks have been successfully validated and deployed in specialty areas such as surgery, oncology, and primary care. However, the emergence of outcomes-based benchmarks in outpatient behavioral healthcare has historically remained stagnant, largely a result of the under-utilization of measurement-based care (MBC) among privately-owned therapy settings that comprise the majority of the market and best represent the normative care being provided and received in the real world.

Since 2019, Blueprint has established a treatment outcomes data repository consisting of high-quality therapy outcomes data among private and group behavioral health practices across the nation. As a result, Blueprint has accumulated – to the best of our knowledge – the highest fidelity (week-by-week progress monitoring with industry-leading response rates), most distributed (across a variety of organizations, payers, provider license levels, and geographic locations), and most robust (consisting of over two million outcome measure administrations across 200,000 patients) outpatient behavioral health therapy outcomes data repository to date. This data repository represents a best-in-class, ecologically valid dataset that is uniquely equipped to set the industry reference point for quality outcome benchmarks in behavioral healthcare.

Leveraging this data repository, we have developed the **Blueprint Quality Index (BQI).** The BQI is a set of benchmarks that are derived using an Achievable Benchmarks of Care methodology, which sets the standard of excellence based on existing data from top performers in a given peer group. This approach helps ensure that these benchmarks are based on real-world data and are inherently achievable and practical rather than theoretical. The BQI consists of both an Efficiency and Effectiveness component and can be used to provide an organization with a 100-point quality composite score for communicating, comparing, and improving quality outcomes within and across behavioral health organizations.

Across our industry, increasing access to care is a necessary yet insufficient solution to the behavioral health crisis we are experiencing in the nation, and as access continues to increase, quality becomes the differentiator. We are hopeful that the establishment of the Blueprint Quality Index (BQI) is the first step of many in moving our field toward a direction of high-quality, measurement-based behavioral healthcare for all.

Blueprint's Data Repository Overview

The outpatient behavioral healthcare dataset used in the subsequent sections of this report is represented by therapy outcomes data shared by participating organizations that have partnered with Blueprint to measure and manage their quality of care. A brief description of the nature of these data, including the patients, providers, and organizations who represent this data, are presented below.

Patients

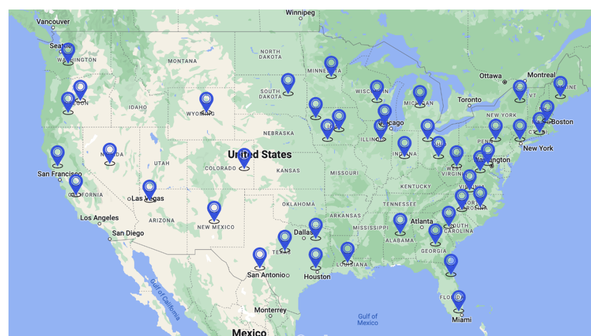
A total of 219,190 individuals seeking outpatient treatment are included in this report. The average patient age is 34 (sd = 15) and patients on average contributed data for 12 weeks of care. Patients entered care with moderate depression symptom severity and mild anxiety symptom severity, on average, as measured by an average baseline score of 10.2 on the Patient Health Questionnaire 9 (PHQ-9) and a baseline score of 9.47 on the Generalized Anxiety Disorder 7 Scale (GAD-7), respectively. Overall, 76% of individuals seeking behavioral healthcare treatment presented with elevated symptoms of anxiety, and 64% of individuals experienced elevated symptoms of depression upon starting care. Furthermore, one-fifth (20%) of patients who completed a PHQ-9 at baseline endorsed thoughts of suicide or self-injurious behavior at least "several days" over the past two weeks, as evidenced by responses to the 9th question of the PHQ-9.

Providers

A total of 9,122 behavioral health providers who use Blueprint to monitor therapy progress as part of their clinical care are included in this report. Providers on average held a caseload of 24 clients. Regarding license level, there were 88 masters-level clinicians for every 1 doctoral (PhD, PsyD) level clinician.

Organizations

The patients and providers mentioned above are represented by 2,195 participating organizations. Only organizations providing outpatient behavioral health services were included in this report. The organizations ranged from solo private practices (1 clinical staff member) to multi-state group practices with 1000+ clinical staff members. The average clinical staff size across this base of organizations was 4 with a standard deviation of 9 across all organizations.



The Current State of Outpatient Behavioral Healthcare Outcomes

The long-term goal of the development of the Blueprint Quality Index (BQI) is to promote quality improvement at a national level, which assumes that there is a need in the field to improve quality outcomes in the first place. As such, the purpose of this section is to establish this need by showcasing the current state of outpatient therapy outcomes for anxiety and depression as observed within Blueprint's data repository.

Remission rate: Remission broadly speaking is defined as the substantial improvement of symptoms to an extent that symptoms no longer interfere with daily functioning. Remission rate is measured as the percentage of patients who began care with clinically elevated symptoms (>= 10 points on the PHQ-9 and GAD-7) and who reach sub-clinical or no symptoms at some point throughout their care journey (< 10 points on the PHQ-9 and GAD-7). Overall, 31% of patients experience remission of their depression symptoms during outpatient therapy, while 38% experience remission of anxiety symptoms. Conversely, an average of 66% of patients who receive outpatient behavioral healthcare do not reach remission for anxiety or depression during a 12-week course of care.

Clinical response rate: Clinical response broadly speaking is defined as clinically meaningful symptom improvement regardless of remission status. Clinical response rate is measured as the percentage of patients who experience a 5-point or greater reduction of depression or anxiety as measured by the PHQ-9 and GAD-7, respectively. Across the population, an average of 21% of patients experience a clinical response to outpatient behavioral healthcare of depression within 12 weeks of care. The clinical response rate for anxiety is 24%. Clinical response rate was greatest among high-severity patients (65% for depression, and 44% for anxiety) and smallest among mild-severity patients (16% for anxiety and depression).

In summary, our results demonstrate that, while some individuals benefit from outpatient behavioral healthcare for depression and anxiety as measured by self-report symptom changes, many do not. Roughly two-thirds of all individuals who begin a 12-week course of outpatient behavioral health services will leave those services with continued clinically elevated symptoms. This number is even more striking considering that the majority of treatment-seeking individuals begin therapy on or very close to the remission cutoff of 10. Moreover, the percentage of individuals who do not experience any clinically meaningful response to therapy, regardless of remission status, is even more common (roughly four in five). Overall, the treatment outcomes results from the existing data repository suggest that the average individual seeking outpatient treatment for anxiety and depression in the United States will likely not experience meaningful symptom reduction within 12 weeks.

The Blueprint Quality Index (BQI): Methodology & Results

The Blueprint Quality Index (BQI) is based on a commonly used healthcare benchmarking methodology designed to set standards of excellence attained by top performers in a group of entities. This methodology, referred to as Achievable Benchmarks of Care (ABCs), was deployed using the existing outcomes data repository to develop a communication, comparison, and quality improvement ranking system that can be easily and reproducibly calculated from existing clinical outcomes performance data.

The Blueprint Quality Index: Methodology

Using this approach, we developed the Blueprint Quality Index in the spirit of being able to generate a 0-100 score for any behavioral health organization by analyzing two critical components of care: *efficiency* and *effectiveness.*

> **Efficiency** measures how quickly change happens. More specifically we looked at the maximum rate of change that occurred within an average 4-week episode of care. Higher efficiency scores represent faster symptom improvements at the beginning of care, which is when the most noticeable changes often occur.
>
> **Effectiveness** measures how significant care was at reducing symptoms. More specifically, we defined effectiveness as the total magnitude of symptom change from highest to lowest levels within a full 12-week episode of care. Higher effectiveness scores represent greater symptom improvements.

The Blueprint Quality Index: Results

The following table represents the effectiveness and efficiency parameters and corresponding Achievable Benchmarks of Care (ABCs) identified within the general population of individuals receiving outpatient behavioral health treatment for depression and anxiety. For depression, the aspirational benchmark of quality outcomes based on data from top-performing organizations in the nation suggests that effective behavioral healthcare is represented by at least a 6.92-point decrease in PHQ-9 scores within 12 weeks of care. Likewise, the aspirational benchmark of quality outcomes for anxiety is represented by at least a 6.45-point decrease in GAD-7 scores within 12 weeks of care.

Anxiety (GAD-7)				Depression (PHQ-9)			
Effectiveness		Efficiency		Effectiveness		Efficiency	
Magnitude	Benchmark score	Rate	Benchmark score	Magnitude	Benchmark score	Rate	Benchmark score
-13.98	50	-2.32	50	-15.00	50	-1.66	50
-12.50	49	-1.94	49	-13.46	49	-1.59	49
-11.62	48	-1.78	48	-13.11	48	-1.57	48
-11.31	47	-1.74	47	-12.55	47	-1.47	47
-10.69	46	-1.55	46	-11.87	46	-1.43	46
-10.46	45	-1.51	45	-11.81	45	-1.39	45
-10.03	44	-1.38	44	-11.50	44	-1.37	44
-9.10	43	-1.37	43	-11.31	43	-1.35	43
-8.32	42	-1.36	42	-10.81	42	-1.30	42
-8.08	41	-1.29	41	-10.46	41	-1.28	41
-7.90	40	-1.28	40	-9.92	40	-1.25	40
-7.41	39	-1.26	39	-9.75	39	-1.24	39
-7.16	38	-1.23	38	-9.51	38	-1.23	38
-6.94	37	-1.17	37	-9.21	37	-1.22	37
-6.81	36	-1.15	36	-8.88	36	-1.22	36
-6.58	35	-1.13	35	-8.53	35	-1.21	35
-6.47	34	-1.12	34	-8.35	34	-1.18	34
-6.36	33	-1.07	33	-8.01	33	-1.17	33
-6.27	32	-1.01	32	-7.78	32	-1.14	32
-6.07	31	-0.98	31	-7.44	31	-1.13	31
-6.03	30	-0.97	30	-6.81	30	-1.10	30
-6.00	29	-0.90	29	-6.51	29	-1.07	29
-6.00	28	-0.88	28	-6.42	28	-1.05	28
-5.96	27	-0.82	27	-6.38	27	-0.99	27
-5.92	26	-0.82	26	-6.26	26	-0.95	26
-5.74	25	-0.81	25	-6.15	25	-0.91	25
-5.53	24	-0.78	24	-5.97	24	-0.89	24
-5.47	23	-0.77	23	-5.84	23	-0.85	23
-5.39	22	-0.75	22	-5.73	22	-0.82	22
-5.31	21	-0.72	21	-5.64	21	-0.81	21
-5.26	20	-0.71	20	-5.61	20	-0.79	20
-5.25	19	-0.70	19	-5.56	19	-0.77	19
-5.10	18	-0.69	18	-5.42	18	-0.75	18

-4.93	17	-0.59	17	-5.23	17	-0.72	17
-4.85	16	-0.57	16	-5.03	16	-0.71	16
-4.71	15	-0.56	15	-4.79	15	-0.68	15
-4.54	14	-0.55	14	-4.63	14	-0.67	14
-4.50	13	-0.48	13	-4.57	13	-0.66	13
-3.99	12	-0.45	12	-4.26	12	-0.66	12
-3.78	11	-0.45	11	-3.99	11	-0.65	11
-3.59	10	-0.42	10	-3.53	10	-0.63	10
-3.31	9	-0.40	9	-2.74	9	-0.59	9
-3.00	8	-0.31	8	-1.72	8	-0.55	8
-2.98	7	-0.29	7	-1.01	7	-0.51	7
-2.65	6	-0.28	6	-0.97	6	-0.50	6
-2.32	5	-0.26	5	-0.54	5	-0.49	5
-1.89	4	-0.25	4	-0.32	4	-0.47	4
-1.50	3	-0.24	3	-0.12	3	-0.44	3
-1.22	2	-0.20	2	-0.09	2	-0.20	2
-0.56	1	-0.15	1	-0.04	1	-0.12	1
0.00	0	0.00	0	0.00	0	0.00	0

Summary and Call To Action

The behavioral healthcare field is long overdue for a focus on the quality of outcomes in outpatient care, especially among private and group practices that represent the majority of care being delivered across the United States. Access to reliable outcomes data among this majority population has historically prevented the measurement and systematic improvement of outcomes quality at a national scale. However, the rising awareness of measurement-based care, a shifting reimbursement landscape that values quality over quantity, and an increase in patient demand for tech-enabled, personalized care are just some of the ecological factors that have significantly increased the availability of high-quality therapy outcomes datasets.

Leveraging Blueprint's leading outpatient behavioral health outcomes data repository, the current report outlined the state of affairs regarding the impact that behavioral healthcare has on patients across the nation and highlighted the immediate need for the quality improvement of behavioral health services. While roughly one in three individuals who receive three months of outpatient therapy will reach remission, two in three will not. This finding is significantly lower than what we know is possible from high-quality, evidence-based treatments conducted to

fidelity and denotes the reality that as we move away from a behavioral health access crisis, we are moving into a crisis of quality.

The Blueprint Quality Index (BQI) represents a critical first step in helping our field establish norms and criteria for communicating, comparing, and improving outcomes at the national level. Healthcare administrators and practice owners can leverage the Blueprint Quality Index to track their quality improvement over time as well as evaluate the effect of programmatic (e.g., new service lines) or infrastructure changes (e.g., new provider types) on patient outcomes. They can also be used for public demonstration of quality within specialty areas of care that make specific organizations uniquely qualified to provide. Likewise, as insurance companies move further toward performance-based payment structures, small to mid-sized organizations who historically struggle to adopt enterprise-relevant quality measures (e.g., HEDIS) may in the future be able to use the Blueprint Quality Index as a more scalable and equitable measure of quality outcomes within a network or population of interest. We hope that the continued development, refinement, and dissemination of this benchmarking methodology will eventually help consumers better choose and receive the highest quality of care possible for them.

In light of these findings, it is our strong recommendation that healthcare organizations who are not currently systematically measuring their outcomes begin to do so, and healthcare organizations who are measuring outcomes embrace a culture of transparency and quality improvement. Doing so represents a critical step in achieving true parity between behavioral health and the broader healthcare landscape and will help our industry become recognized for the amazing and life-changing treatments that we deliver day after day.