



Breakthrough  
Behavioral

# Breakthrough's Quality Program: Proven Effective Online Care

WHITE PAPER

by Edward R. Jones, Ph.D. | August 2014

“These are noteworthy results which suggest two things, first, that the Breakthrough provider network is a **superior group of clinicians**, and second, that the **video counseling modality is just as powerful as in-person counseling**; it is impressive that Breakthrough launched their services with a commitment to outcome-informed care, using a **valid and reliable measurement tool**.”

— *Jeb Brown, Ph.D., CEO, Center for Clinical Informatics*

## Introduction

Breakthrough has been providing secure, online video psychotherapy sessions since 2012. Recent studies have shown that online psychotherapy can be as effective as face-to-face sessions.<sup>1,2</sup> Breakthrough has further undertaken research to demonstrate that these online services were either comparable to or superior to face-to-face sessions, implementing a robust quality outcome program in 2013. The two major questions to be addressed were: 1) whether patients utilize these services at a level similar to in-person services, and 2) whether patients experience clinical results that are comparable to in-person services.

## A Select Provider Network

The Breakthrough provider network is a select group of clinicians who have been thoroughly screened and trained for the unique modality of online counseling. The available clinicians consist of licensed psychotherapists at the masters and doctoral level, as well as psychiatrists who can prescribe psychotropic medications in addition to psychotherapy. There are clinicians with office locations which may be accessible to patients, but fundamentally, these are clinicians who can provide treatment using secure, online technology. Online sessions are preferred by many patients for its convenience and privacy, and the only technical requirement is for a patient to have a computer, webcam, and broadband internet access.

<sup>1</sup> Linda Godleski, M.D.; Adam Darkins, M.D.; M.P.H.; John Peters, M.S., Outcomes of 98,609 U.S. Department of Veterans Affairs Patients Enrolled in Telemental Health Services, 2006–2010. *Psychiatric Services*, April 1, 2012.

<sup>2</sup> Birgit Wagner, Andrea B. Horn, Andreas Maercker. Internet-based versus face-to-face cognitive-behavioral intervention for depression: A randomized controlled non-inferiority trial. *Journal of Affective Disorders*, July 23, 2013.

## Strategic Partnership for Data Analytics

Breakthrough utilizes the analytic services of Center for Clinical Informatics (CCI), both as a means of analyzing its own data and comparing it with other populations. CCI provides similar services to major national payers of behavioral healthcare services and to regional provider groups. Under the leadership of chief executive, Jeb Brown, Ph.D., CCI has been providing data analytic services for behavioral systems of care for over 15 years. The following analysis will report on results for Breakthrough and compare them to other populations which are receiving face-to-face services.

Breakthrough has provided treatment for 423 individuals over the last 12 months and their results will be analyzed first from a utilization perspective and then from an outcomes perspective. As a preview to these findings, it can be stated that the data indicate

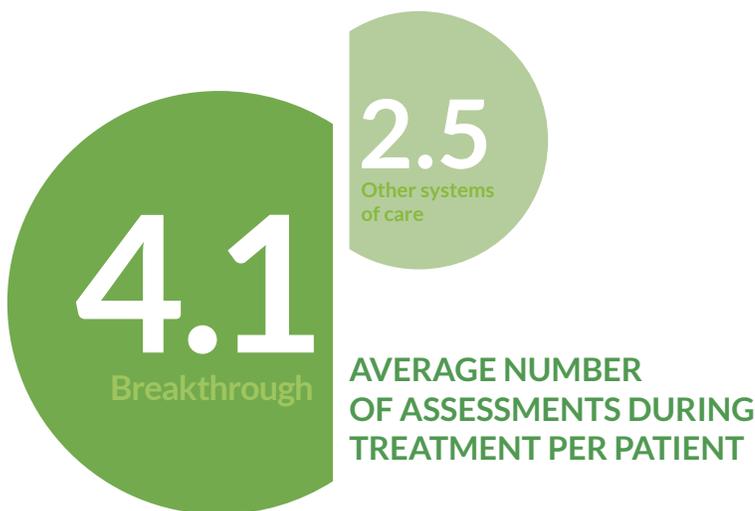
Breakthrough patients are utilizing services to the extent they need them and are achieving clinical outcomes that are superior to populations receiving in-person services.

## Valid and Reliable Clinical Assessment

The Breakthrough Outcome Questionnaire was developed in partnership with CCI from their data on multiple questionnaires and over 200,000 patients. The questionnaire is designed for adults (18 and over), and it contains 13 items in total, with two sub-scales, the Global Distress Scale (10 items) and the Substance Abuse Scale (3 items).

The Global Distress Scale is a reliable and valid measure of problems common to people seeking mental health services, including symptoms of depression and anxiety, problems with concentration and productivity, conflict/emotional isolation in personal relationships, and self-harm.

The reliability of the Global Distress Scale, typically measured with the statistical calculation called “coefficient alpha,” falls in the range considered excellent with a specific score of .91. It should be noted that a coefficient alpha of  $>.90$  is considered excellent. Concurrent validity, as measured by correlation with other widely used outcomes measures, is also impressive with correlations falling within a range of  $.80$ . The Substance Abuse (SA) scale contains three items that are face valid as screening items for possible substance abuse problems, and the reliability of this scale is very good with a specific score of  $.76$ .



## Efficient Care

One of the core values of Breakthrough is routine monitoring of clinical outcomes during the course of the treatment episode. The data support the conclusion that the Breakthrough online therapy system gathers more systematic outcomes data than other systems of care. The *average number of assessments during treatment per patient is 4.1 for Breakthrough*, while for other organizations analyzed in the CCI database (nearly 1000 times more patients across multiple systems of care) *only 2.5 assessments are completed on average. The average length of time from first to last assessment is approximately 6 weeks for Breakthrough patients and 9 weeks for other systems of care.* Both durations represent an adequate treatment episode, and yet the greater efficiency of the Breakthrough network will be clarified as we now turn to the clinical results.

Breakthrough

**6 WEEKS**

**9 WEEKS**

Other systems of care

**AVERAGE LENGTH OF  
TIME FROM FIRST TO  
LAST ASSESSMENT**



## Effective Care

Clinical results in studies of psychotherapy are generally measured using the statistic called Effect Size. The Effect Size is a standardized method for reporting the magnitude of change from the beginning to the end of treatment. Effect Sizes of 0.8 or larger are considered large, while Effect Sizes of 0.5 to 0.8 can be considered moderately large. Effect Sizes of less than 0.3 are small and might well have occurred without any treatment at all.

It must be clarified to begin with that an Effect Size only applies to patients who completed more than one clinical measure, and 51% of Breakthrough patients completed more than one administration of the Breakthrough Outcome Questionnaire. There are few real-world clinical settings in which outpatients are completing *any* outcome questionnaires, let alone settings in which more than half of the patients are completing multiple

administrations. *The Effect Size for the Breakthrough population is 0.99, a very large measure of change which indicates that Breakthrough patients are achieving clinical results at benchmark levels.*

These results can be further analyzed by isolating those patients who began treatment with a level of distress that exceeds the “normal” level, or in other terms, the level experienced by people in the community who are not receiving psychotherapy services. Many people seek psychotherapy services due to life stressors or circumstances that create a slightly elevated level of distress. It is perhaps more important to assess the clinical results for Breakthrough patients with distress levels comparable to patients studied in clinical research studies.

When results are analyzed for Breakthrough patients in the clinical range of distress, the Effect Size is even larger, at 1.12, and 59% of the patients can be described as significantly improved and another 22% as somewhat improved.

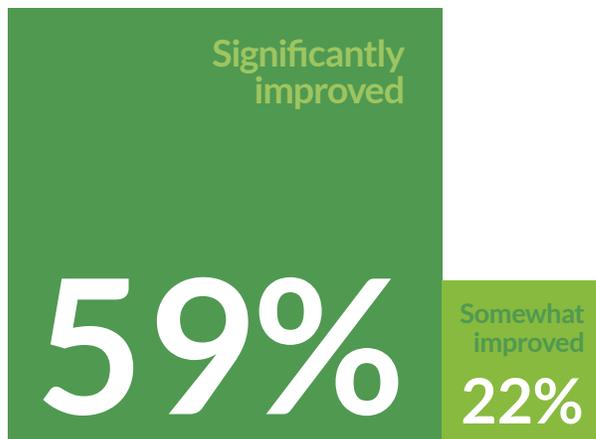
It is difficult to compare these results to other real-world systems of care since few are dedicated to the measurement of outcomes, and yet these results compare favorably to the research literature and indicate that Breakthrough clinicians are achieving superior clinical results.

## Conclusion

The research literature indicates that patients end treatment when they have achieved the improvement they need. The impressive clinical improvement for Breakthrough patients is driving *efficient* treatment episodes whereby the final outcome questionnaire is completed at 6 weeks on average.

### ***Treatment in the Breakthrough system of care is both effective and efficient.***

Breakthrough has selected high quality clinicians to provide treatment on a secure, online video platform, and the quality data indicate that patients are taking full advantage of this convenient, confidential modality and achieving superior clinical results.



### DISTRIBUTION OF PATIENT CHANGE

**Edward R. Jones, Ph.D.** serves as a health care consultant and the owner of ERJ Consulting, LLC, based in Los Angeles, California. He also serves as senior vice president for strategic planning for the Institute for Health and Productivity Management. Dr. Jones previously was the president of the commercial division of ValueOptions, Inc., with responsibility for 15 million members nationally. Prior to that role, he served as chief clinical officer for PacificCare Behavioral Health, with responsibility for 4 million members. He is a clinical psychologist who has worked in private practice and also directed a large group practice in Southern California. He earned his B.A. from Cornell University and his Ph.D. from Northwestern University.

**Breakthrough Behavioral** is the leading telehealth provider of mental health care. Breakthrough contracts with insurance companies for Commercial and Medicaid populations to provide HIPAA compliant, online video counseling service to consumers.