

Attachment One: Group-Level Testing Results

Reliability

Table a. provides the point estimate of mean signal-to-noise reliability, its standard error, and the 95% CI for the clinician group. The reliability estimate is 0.997, and the 95% CI is (0.992, 0.999), indicating very good reliability, which passes the scientific acceptability threshold of 0.7 from Endorsement and Maintenance Guidebook from Battelle (Endorsement and Maintenance Guidebook (p4qm.org)

Table a. signal-to-noise reliability: point estimate of mean, its SE, and the 95% CI

Number of groups	Number of Eligible participants per group	Mean	SE	95% CI	
10	48-2495	0.997	0.003	0.992	0.999

Table b summarizes the distribution of clinician group-level signal-to-noise reliability estimates for the measure. The estimates range from 0.96 to 1.00. The minimum is 0.96, indicating very good reliability.

Table b. Distribution of signal-to-noise reliability

Number of Groups	min	p10	p25	median	p75	p90	max
10	0.96	0.98	0.99	1.00	1.00	1.00	1.00

Performance

Table c summarizes the distribution of group-level performance for the measures.

Table c. Distribution of performance

Number of Groups	Number of eligible participants	min	P10	median	P90	max	mean	std
10	7867	18.10%	36.28%	89.50%	100.00%	100.00%	75.13%	31.14%

Evidence of performance gap

This is a pioneering measure in goal-directed care. We tested this measure in different settings. While the average and the median of the performance were high (avg. 75.13%; p50=89.5%) across 10 testing sites. However, we observed a big variation (STD 31.14%) in the performance across different settings. The performance in the primary care/LTSS setting is lower compared to CCBHCs (average: 51.8% vs.98.4%). This indicated that there is room for improvement in goal-directed care and person-centered care and implementing this measure can help to promote the goal setting and action plan development in goal-directed care.