MBC isn’t data for data’s sake; it’s data for care’s sake—using scores to optimize collaboration and tailoring of treatment to meet the client’s goals.

You don’t have to re-administer a patient-reported outcome measure if another provider has done so recently.

Even if you don’t collect and capture the measure yourself, you can still act on a recent score from another provider’s visit in your encounter.

The heart of acting in MBC lies in the transparent, collaborative conversation you have with the client about the measures, what the scores mean, and how/if you want to adjust treatment.

**MBC basics**

**SPOTLIGHT ON ACT**

**COLLECT**
patient-reported outcome measures regularly as part of care.

**SHARE**
with the client and capture the data in the medical record.

**ACT**
by using the process Appraise, Brainstorm, Choose.

**APPRAISE**
The scores on the patient-reported outcome measures inform your evaluation of how treatment is going.

Do you see improvement, worsening, or lack of change?

**BRAINSTORM**
Together with the client, generate possible steps or adjustments in treatment you can make in light of your appraisal.

Utilize all the clinical data—the scores, the client’s input, and your own clinical impressions—to generate ideas.

**CHOOSE**
Engage the client in a conversation to collaboratively decide on a plan of action from among the possibilities.

Both you and the client get to weigh in on this decision.

**WHAT DO THESE RESULTS MEAN FOR THIS CLIENT, SPECIFICALLY?**

**THE CONVERSATION IS KEY.**

**WHAT OPTION BEST MEETS YOUR SHARED GOALS OF TREATMENT?**

“It helped orient the sessions, helped to guide the sessions, helped to make decisions …” – Mental Health Provider