

Online Supplement: Ultra-brief Outcome Questionnaire

The ultra-brief outcome questions were piloted by nine providers on a trauma-focused treatment team over 1.5 months. In addition to the primary outcome item responses, clinicians could also waive a response (“Failed to gather this information”). The latter response was included so that if clinicians could only gather data from one item, or if they were uncertain about a given response, they would not be forced to enter less valid data. Two hundred twelve Minneapolis VA outpatients were seen over 254 visits. The average age of the sample was 50 ($SD = 15$). Ninety percent of the sample was male. EMR mental health diagnoses included PTSD (69%), depression (35%), substance use disorder (25%), bipolar disorder (4%), any Axis II disorder (4%), and schizophrenia (<1%), and most patients were engaging in trauma-focused treatment.

Discussions with clinicians were conducted to gauge what providers thought of the questions after administering them and providing ratings themselves. Table S1 of this supplement presents representative feedback received after the short pilot was complete. As shown in Table S1, clinicians provided both positive feedback and concerns relating to outcome items. Clinicians largely appreciated the questions and felt that the wording facilitated productive conversations with their clients about recovery. One clinician made the observation that questions were easy to understand and easy to use. Within this pilot study, clinicians stated that these items did not interfere with treatment orientation or implementation. Administrative staff provided the questions to patients upon check-in, and the patients handed responses to providers, and providers reported that this system of administration was efficient. Furthermore, templated entry of the items into the EMR was efficient, taking much less than a minute per patient.

One concern arose relating to some patients' reluctance to simply rate a "yes" or "no" to whether they were living life the way they wanted. Some clinicians had concerns related to whether they would be evaluated based on these outcomes, and whether the added documentation would be worth the effort in the long run. One clinician asked whether these items were appropriate for all patients, given each patient is unique.

Across providers, patient/provider agreement varied slightly, but each of the nine providers evidenced good agreement with patient ratings (generally above a kappa of 0.6). Table S2 of this supplement presents the complete contingency table for the second question we tracked. Table 1 of the main text contains the analogous contingency table for the first question. Clearly, patients and providers generally agreed on how the patient was doing, although there was some obvious bias, with clinicians rating patients higher than the patients rated themselves.

Table S1. Mental Health Provider Feedback

Positive Comments	Concerns
<ul style="list-style-type: none"> • Items are nice and brief • Administration of items often led to discussion of progress <p><i>"I had one patient apologize to me about having to say his life was not as he wanted, and that he was the same as last visit."</i></p> <p><i>"My...intake today wrote that he was living life the way he wanted--this was clearly not true in talking with him"</i></p> <ul style="list-style-type: none"> • Items orient patients to therapy goals • Items can be collected across teams • Outcome can be mapped to therapy modality <p><i>"The idea of a dashboard has been a valued goal in health care for many years and I hope some day we will pull it off here."</i></p>	<ul style="list-style-type: none"> • Some patients requested a greater range of response choices (i.e., a scale of 1-5) <p><i>"For the MH Outcome question about whether the person is living life the way they want, two patients...wanted to give an "in-between" response."</i></p> <ul style="list-style-type: none"> • Need to coordinate frequency of administration when patient is seeing multiple providers • Concern about added documentation • Questions about being evaluated <p><i>"Will this be used to evaluate us?"</i></p> <p><i>"These questions are irrelevant for my patient"</i></p> <ul style="list-style-type: none"> • My patient is massively impaired and has used our services for years now just to stay afloat. He was distressed when he had to admit that he had not improved since his last visit.

Table S2. Contingency Table of Agreement between Patients and Providers: "Are you living the life you want to live?"

Patient Rating	Clinician Rating		Total
	Yes	No	
Yes	80	20	100
No	7	143	150
	87	163	250

Note: Overall Agreement $\kappa = 0.78, p < 0.001$