

Confidence in treatment results

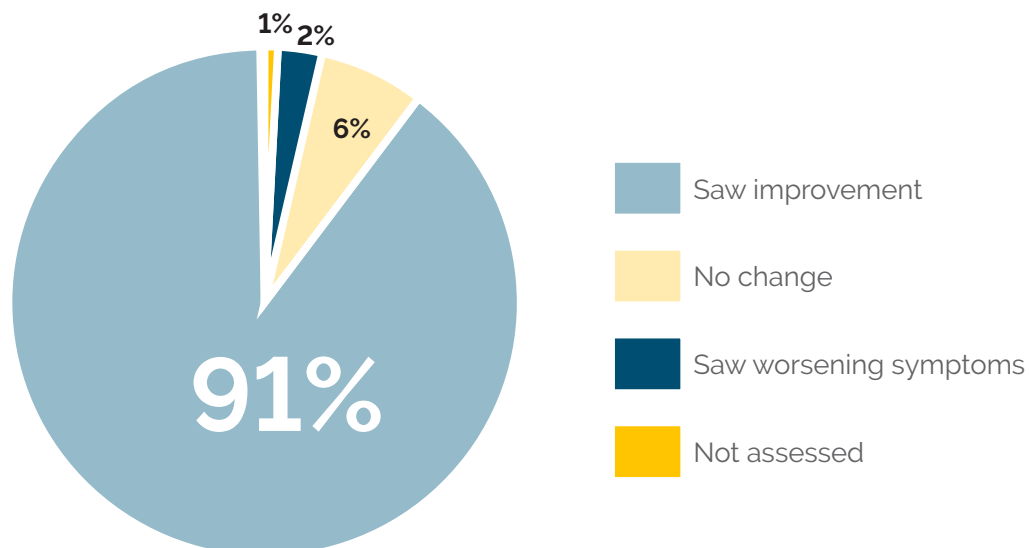
When you choose Rogers, you can be confident you're selecting highly effective evidence-based treatment.

For more than 20 years, Rogers has been measuring treatment outcomes and sharing the results in the most transparent, scientifically reliable way possible. More than 30,000 patients have participated to date. Rogers conducts approximately one million patient assessments each year: taken at the start of treatment, at various points of care, at discharge, and 12 months after care to show that gains made in treatment are maintained.

Outcomes data is used to drive improvement in three ways:

- Multi-disciplinary teams make real-time adjustments to individual treatment plans based on the patient's progress relative to the expected pace of improvement.
- Our research team uses statistical analysis to evaluate the effectiveness of each program by location which helps us to make adjustments to achieve the best overall results.
- By aggregating data across the Rogers System, we are also able to identify and replicate the therapies and approaches that get the best results for our patients. Through Rogers' Cerner electronic health record, we are gaining additional understanding of clinical effectiveness across service lines, levels of care and throughout our system, including regional outpatient centers.

Clinical Global Impressions-Improvement



Treatment that works

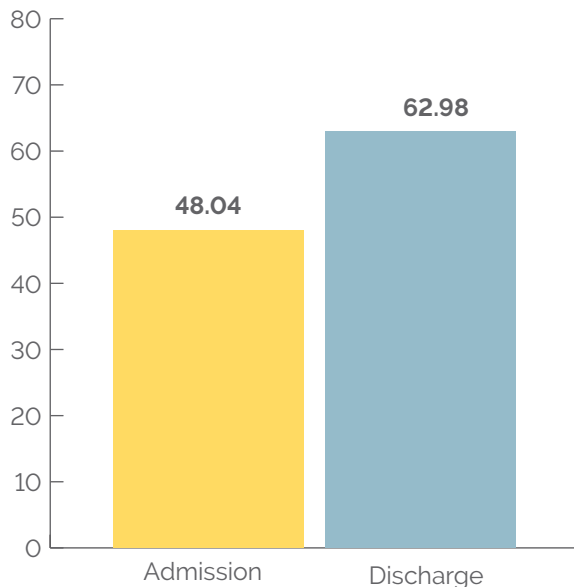
Rogers is known for our strong therapeutic and physician-directed approach to care with cognitive behavioral therapy, dialectical behavior therapy, and related therapies. Outcomes data consistently demonstrate that our care is highly effective.

As a national leader in outcomes studies, much of this research has been published in peer-reviewed medical and scientific journals and presented at national and international conferences.

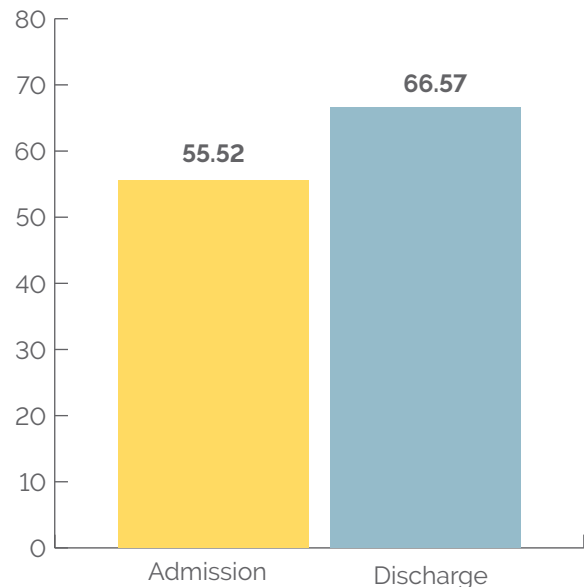
Rogers uses nearly 90 assessment tools such as:

- Quality of Life Enjoyment and Satisfaction Questionnaire (Q-LES-Q and PQ-LES-Q for children and adolescents)
- Quick Inventory of Depressive Symptomatology (QIDS)
- Yale Brown Obsessive Compulsive Scale (YBOCS and CYBOCS for children and adolescents)
- Eating Disorder Examination-Questionnaire (EDE-Q)
- Difficulties in Emotional Regulation Scale (DERS)
- Clinical Global Impressions Scale (CGI)

Quality of Life and Enjoyment Scale-Adult



Quality of Life and Enjoyment Scale-Child and Adolescent



Though there is not an industry standard for interpreting score results, Rogers uses the following categories to evaluate our patients' assessment of their quality of life.

80 - very good **64** - good **48** - fair **32** - poor **16** - very poor

To see the results of Rogers' evidence-based treatment by program and level of care, visit rogersbh.org/outcomes.