

Re-Considering Addiction Treatment

**Quality, Accountability
and Outcomes in a
Chronic Care Perspective**



Quality & Accountability

- **Performance Indicators**
 - HEDIS, JCAHO, Wash Circle
- **Evidence Based Practices**
 - NREPP, Various Prof. Groups, CTN
- **Outcome Domains & Measures**
 - SAMHSA

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How do they all relate?

- **Relationships among**
 - Different quality measures?
 - Evidence Based Practices, quality and outcome?
 - Quality/Outcomes and Reimbursement?
- **Is There a Practical Approach?**

Public Expectations of Substance Abuse Interventions

- **Safe, complete detoxification**
- **Reduced use of medical services**
- **Eliminate crime**
- **Return to employment/self support**
- **Eliminate family disruption**
- ***No return to drug use***

Outcome Expectations!

- Are **SAMHSA** Domains
- Are measured in most **Outcome** studies
- Are expected by Drug Courts, Legislatures and the Public

But,...

how to meet expectations?

Assumptions:

- **Clinicians** who use **Evidence Based Practices** will have better outcomes
- **Programs/Health Plans** who do more **JCAHO, CARF, Wash Circle** procedures will have better outcomes

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When to Expect?

- **12 Months After Discharge?**
- **6 Months After Discharge?**
- **By the Time of Discharge?**
- **During Treatment?**

How to Measure?

- Health Plan/Prog Database?
- Accreditation Report?
- TEDS or GPRA?
- Patient Follow-Up?

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Same Expectations for:

- Detoxification?
 - Brief Interventions?
 - Residential Programs?
 - Intensive Outpatient?
 - Methadone?
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How is Treatment Supposed to Work?

What is the model ?

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A Nice Simple Rehab Model

Substance Abusing Patient

Treatment

Medications,
Therapies,
JCAHO, CARF, WC
Ev. Based Prac.



Non- Substance Abusing Patient

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What is the Evidence So Far?



Treatment Compliance Is Low

- >50% of outpatients drop out of treatment within one month.
 - >40% of court-ordered patients do not complete treatment
 - Prop 36, Drug Courts, TASC
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Relapse Rates Are High

About 60% use drugs within 6 mos. following treatment discharge

About 45% apply for re-treatment within 12 months





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Studies show few differences between...

- **Brief and Intensive Treatments**
- **Inpatient and Outpatient Treatments**
- **Conceptually Different Treatments**
- **“Matched” and “Mismatched” Trt.**
- **Gender or Culturally Oriented Trt.**



Points

- **Public Expectations have not been met**
 - **Either treatment is not very good...or**
 - **We have the wrong model**
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Let's Look at the Model Again?

Are Expectations and Evaluation Methods Appropriate?

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A Nice Simple Model

Substance Abusing Patient



Treatment

Review sample of
250 Programs



Non- Substance Abusing Patient



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ASSUMPTIONS

- Some fixed amount or duration of treatment will resolve the problem
- Match patients to the right treatment
- Get patients to complete treatment
- Evaluation is an audit or research duty – it is done following completion
 - **Poor outcome means failure**

How Do Other Treatments Work?

Chronic Illness &
Continuing Care

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In Chronic Illnesses.....

1 – There is no Cure - the effects of treatment do not last very long after care stops

2 – Patients who are out of treatment/contact are at elevated risk for relapse

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So, in Continuing Care

- 1** – One goal is to retain patients
 - 2** – Early stages prepare patients for less intense care – ultimately **Self-Management**
 - 3** – Patient symptoms and function determine movement across stages
 - 4** - Evaluation is a clinical duty during treatment – poor results mean change care
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A Continuing Care Model

Primary Care



Specialty Care



Duration
Determined by
Symptoms and
Function

**Primary
Continuing Care**



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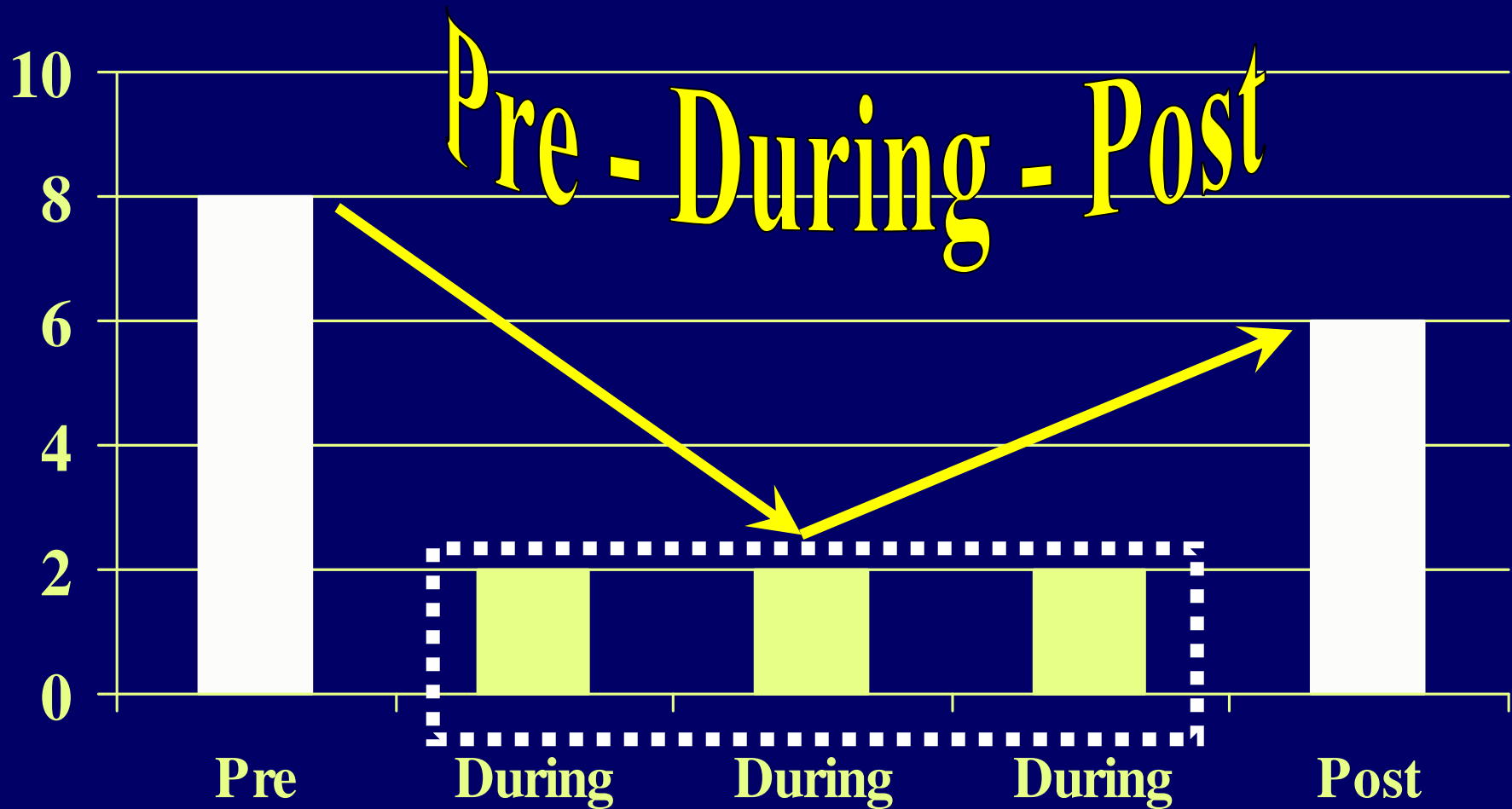
ASSUMPTIONS

- 1) Patient will continue in treatment
- 2) Early stages prepare for later stages
- 3) Patient symptoms and status determine movement over stages
- 4) Evaluation is an essential clinical task, it is done during treatment.
 - Poor results mean change in treatment content

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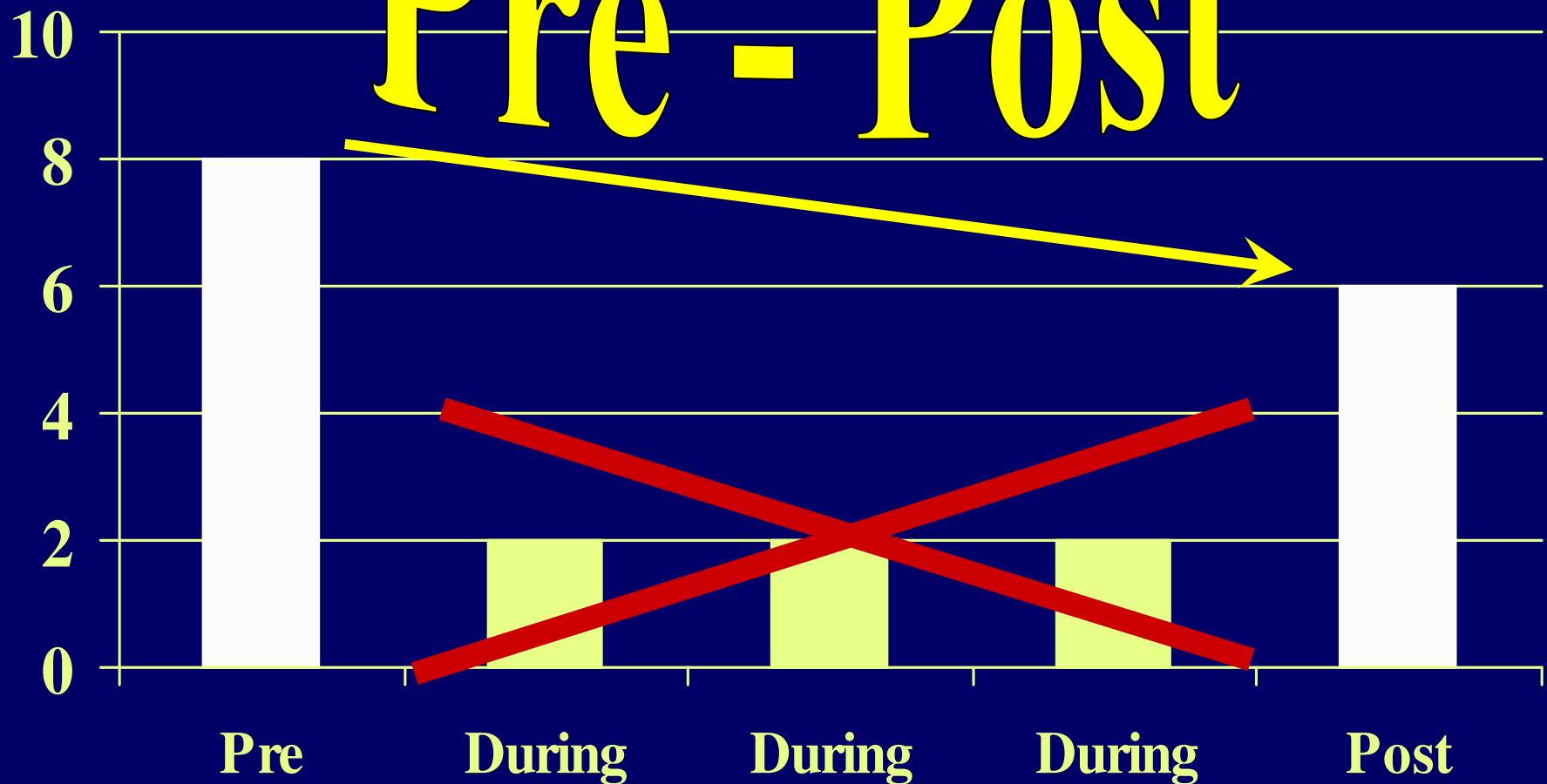
So What?

Outcome In Hypertension



Outcome In Addiction

Pre - Post



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Consider.....

**If – in addiction treatment -
effects are also significant but
not long lasting after
discharge...**

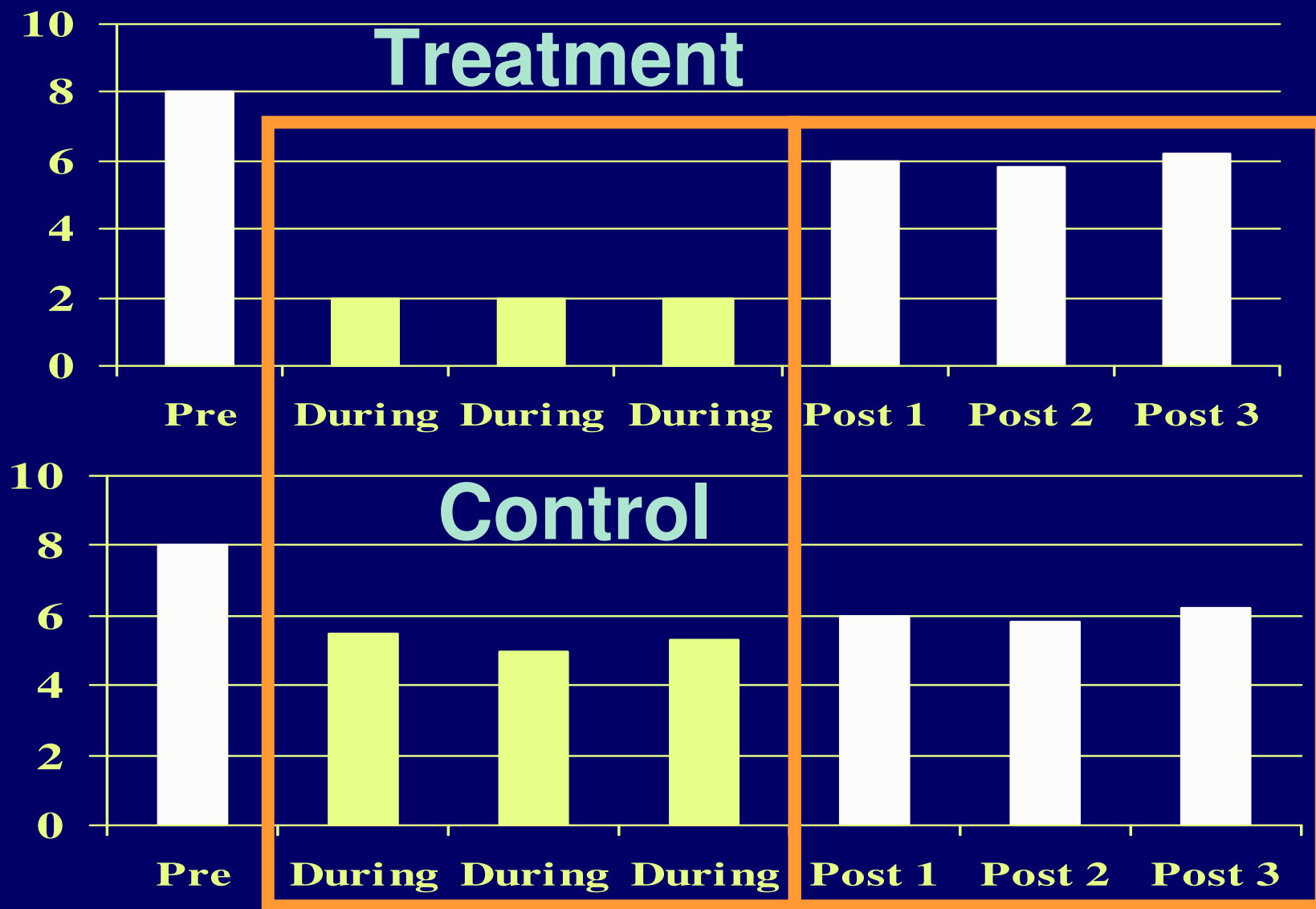
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Then....

Post Discharge Evaluations will
NOT be able to differentiate
conceptually or procedurally
different treatments

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Comparing Rehabilitation Treatments





So maybe this is
why...



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Addiction Continuing Care Model

Detox

Duration
Determined by
Symptoms and
Function



Rehab

Duration
Determined by
Symptoms and
Function



**Co-occurring
Conditions**





**Aftercare
Program**

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Two Studies:

A Comparison of
Acute vs Chronic
Care Perspectives



Comparing Treatments

Example

Testing Three Treatments in
a Rehabilitation Model

Project MATCH

- **RCT - 3 Research-Derived Therapies**
 - **\$27 Million Dollar NIAAA Study**
- **Different Mechanisms of Action**
- **Fixed Interventions – All Patients**
- **Goal – Achieve Lasting Abstinence Post Completion**

MATCH Results

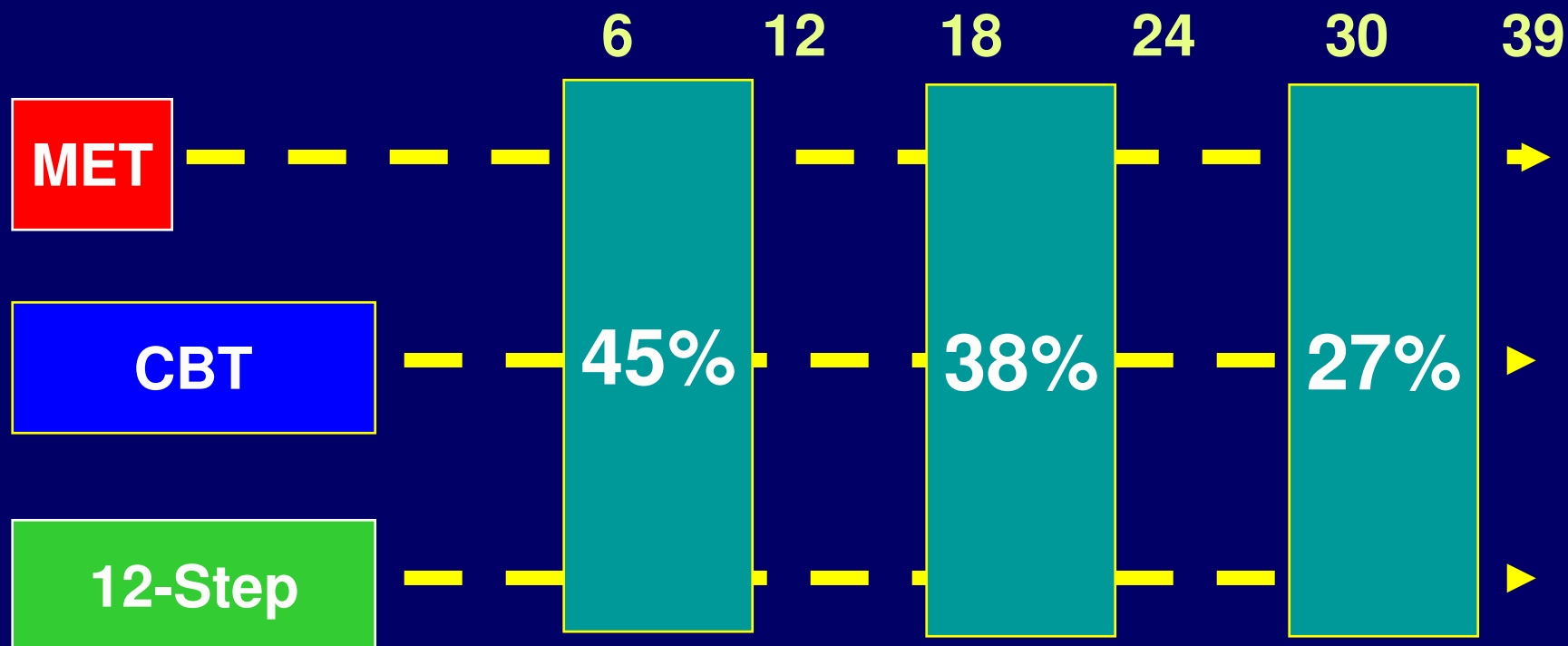
- Significant but **Equal** Improvements
- **Equal** Outcomes at all points
- **No** Significant Matches Confirmed
- What does this say about treatment?

Project Match

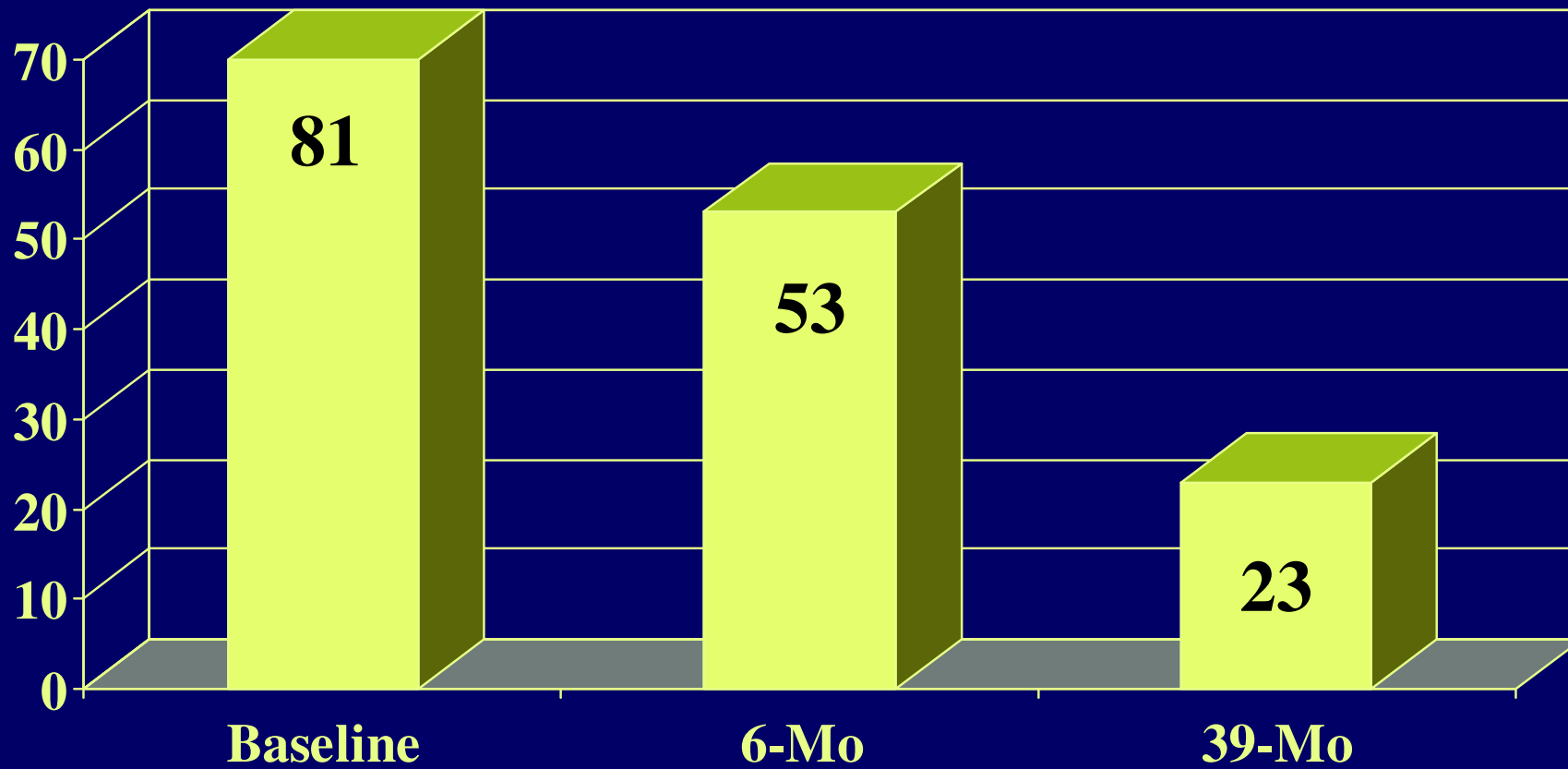
Fixed Time - Fixed Content – Rehab Oriented

Treatment
Type

Post Treatment Evaluations



Improvement in Project MATCH



■ % Days Abstinent

ALLHAT

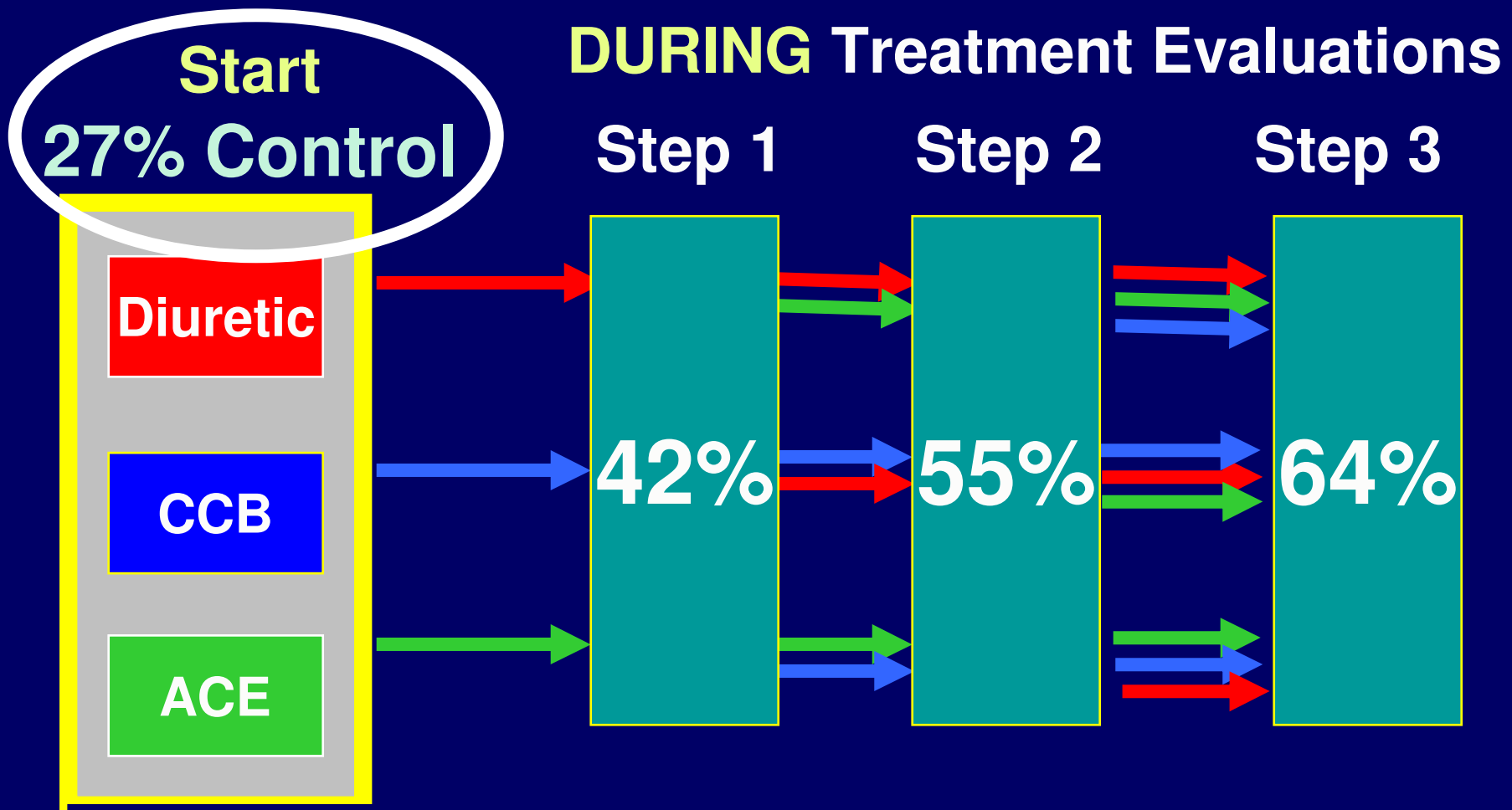
**The Antihypertensive and
Lipid-Lowering Treatment to
Prevent Heart Attack**

ALLHAT

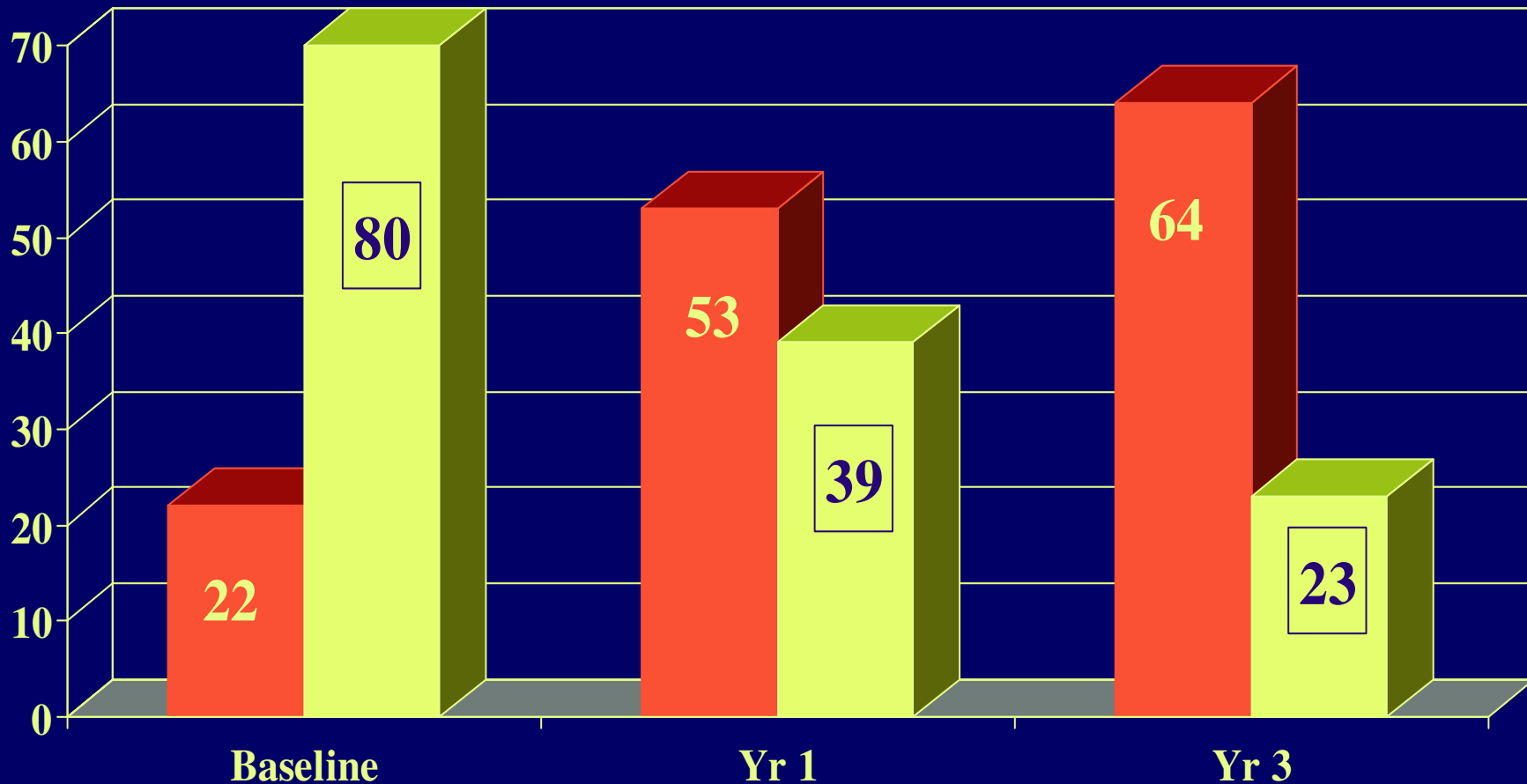
- \$63 million – 61 sites
- Three Groups – Different drug actions, Different drug costs
 - Diuretic - \$0.10 / pill
 - Calcium Channel Blocker - \$1.50 /pill
 - Ace Inhibitor - \$4.00 /pill
- Goal – Improvement on Pre-Specified Criterion DURING TREATMENT

ALLHAT

Pre-Specified Criteria – Adjustment Oriented



Improvement Comparison



■ ALLHAT ■ MATCH

Can These Concepts Be Implemented?

One Example:

The State of Delaware



State of Delaware

Performance Contracting

&

Concurrent Recovery Monitoring



Delaware Mandate 2003:

Legislature and Drug Courts

- Manage Addiction Patients
keep them in treatment
- Reduce Drug/Alcohol Use
- No new arrests
- Off Welfare
- Reduce ER and Inpatient days

Delaware Situation 2003

- 11 Outpatient Providers
- Limited Budget
- No success with outcome evaluation
- Providers won't/can't use EBPs
- Pressure to increase admissions

Delaware's Performance Based Contracting

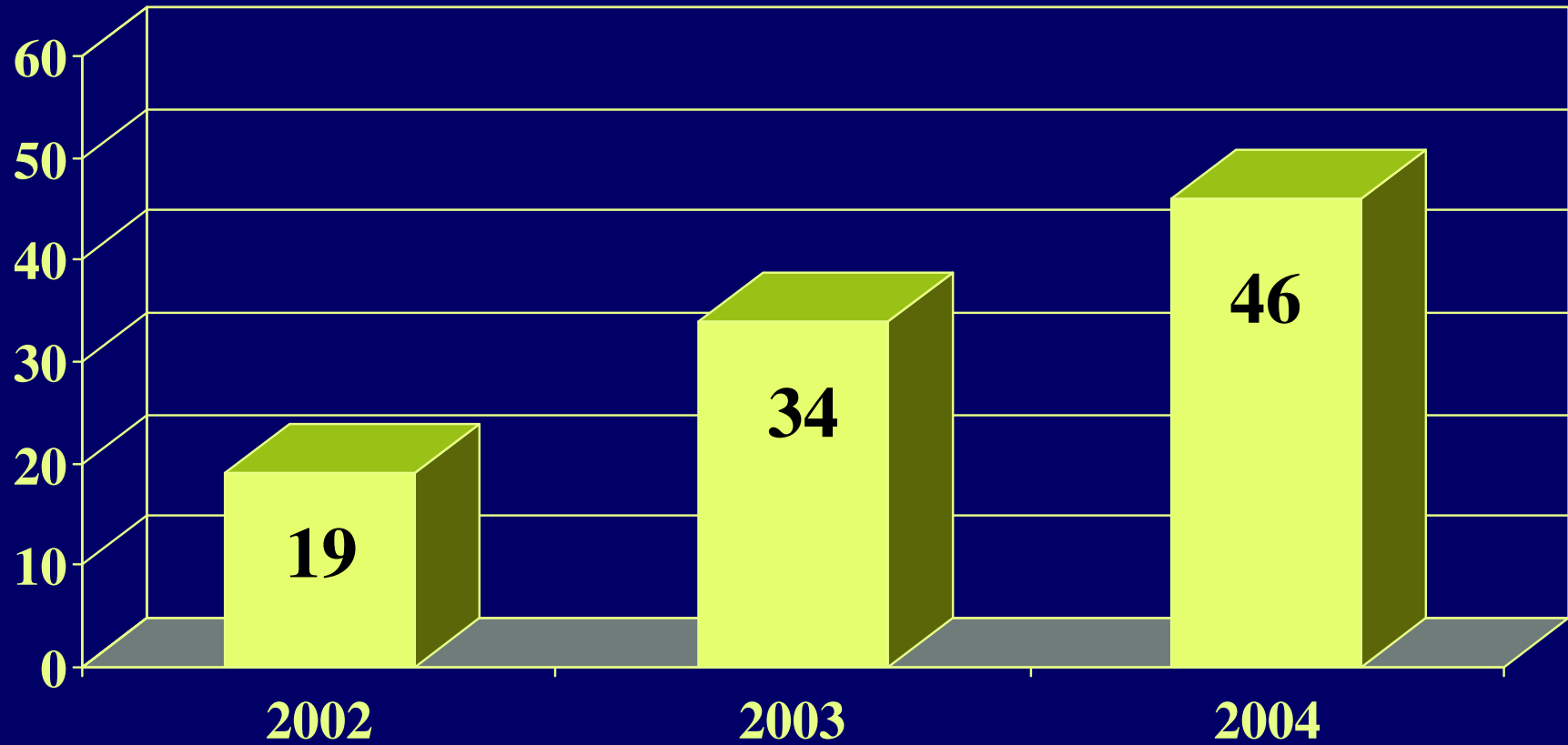
- 2003 Budget – **90% of 2002 Budget**
- Opportunity to Make **105%** of 2002
- Implement ASI system-wide
- One Criterion – **Retention/Participation**
- Audit for accuracy and access
- Develop Clinical Information System

Delaware's Results

Years 1 & 2

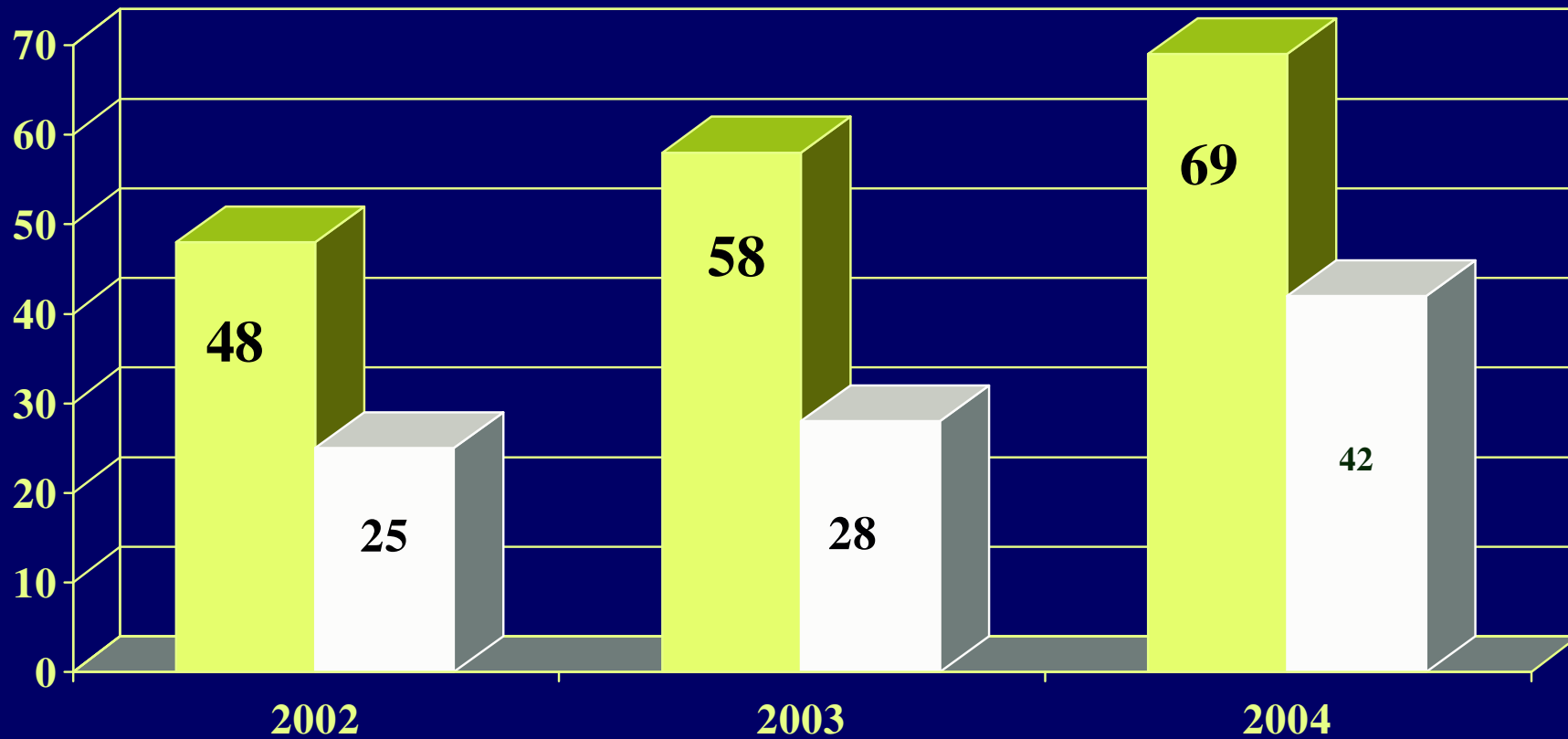
- Two programs lost contract
- Two new providers replaced them
 - **Mental Health and Employment Programs**
- Programs worked together
 - **First, common sense business practices**
 - **Second, incentives for teams or counselors**
- 5 programs learned MI and MET

Average Days Attending Care



■ Days Attended

% Attending



■ >30 days ■ >60 days

Delaware Mandate 2005:

Legislature and Drug Courts

- Continue to Manage Addiction Patients
keep them in treatment

ADD TWO MEASURES

- Reduce Drug/Alcohol Use
- No new arrests

Delaware Situation 2005

- Added Dollars from Justice Department Awarded on “Earnings”
- Still Limited Resources
How to Add Services
- Program Decision to add CASPAR
- Add Concurrent Recovery Monitoring

Computer Assisted System for Patient Assessment and Referral **CASPAR**

- **Start with Computer Assisted ASI**
 - **Reduced training & administration time**
 - **Generates, state forms, JCAHO narrative and treatment plan**
- **Add Free or Low Cost Service Referral**
 - **From United Way's First Call for Help**
 - **Easy match of services to problems**



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Problem-Services Linkage

•Alcohol

•Drugs

•Medical

•**Employment**

•Family

•Psychiatric

•Legal

From United Way

GED training

Resume Development

Job Finding

Mentoring Sessions

Training Loans

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Problem-Services Linkage

•Alcohol

From United Way

•Drugs

•Medical

•Employment

•Family

•Psychiatric

•Legal

Domestic Violence

Parenting Skills

Specialized Babysitting

Safe Housing

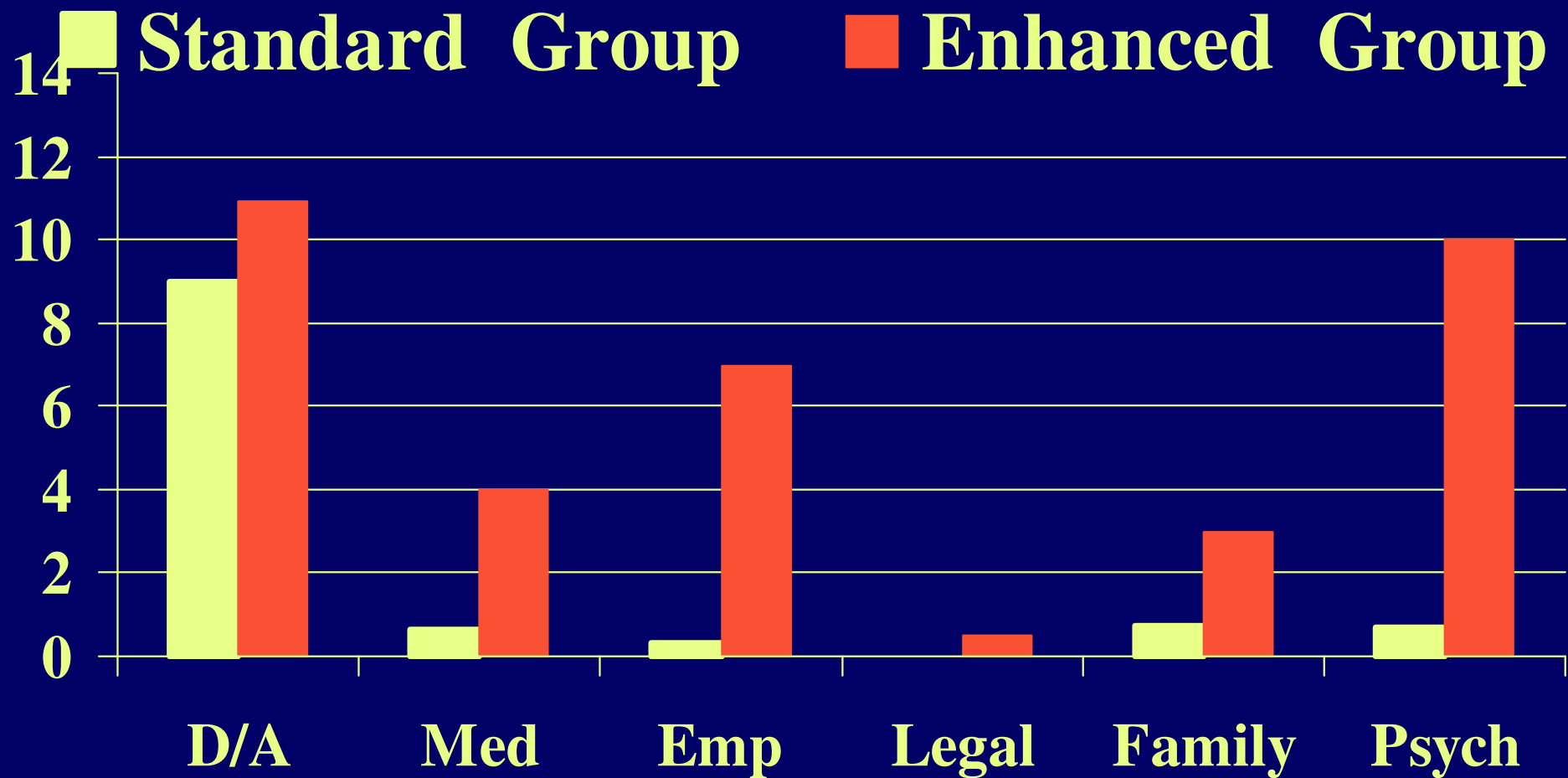
Legal Aid

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Results of CASPAR Training

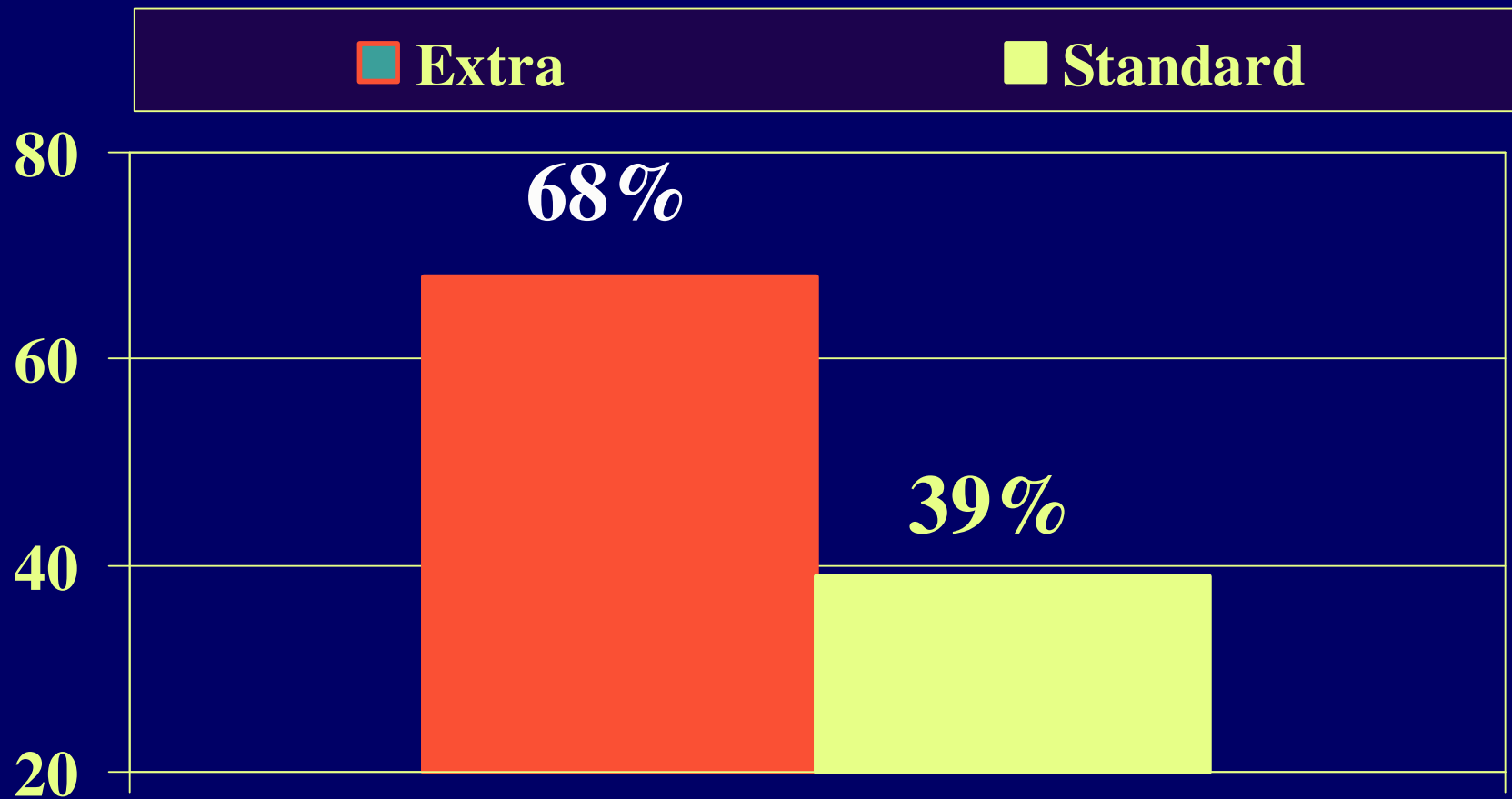
- Counselors now “get” ASI
 - Very few ASI errors
 - Now seen as part of engagement
- They love United Way services
 - Most counselors use it for most patients
 - Many counselors use it themselves
 - Patients who get more services stay longer

Mean Number of Services Received



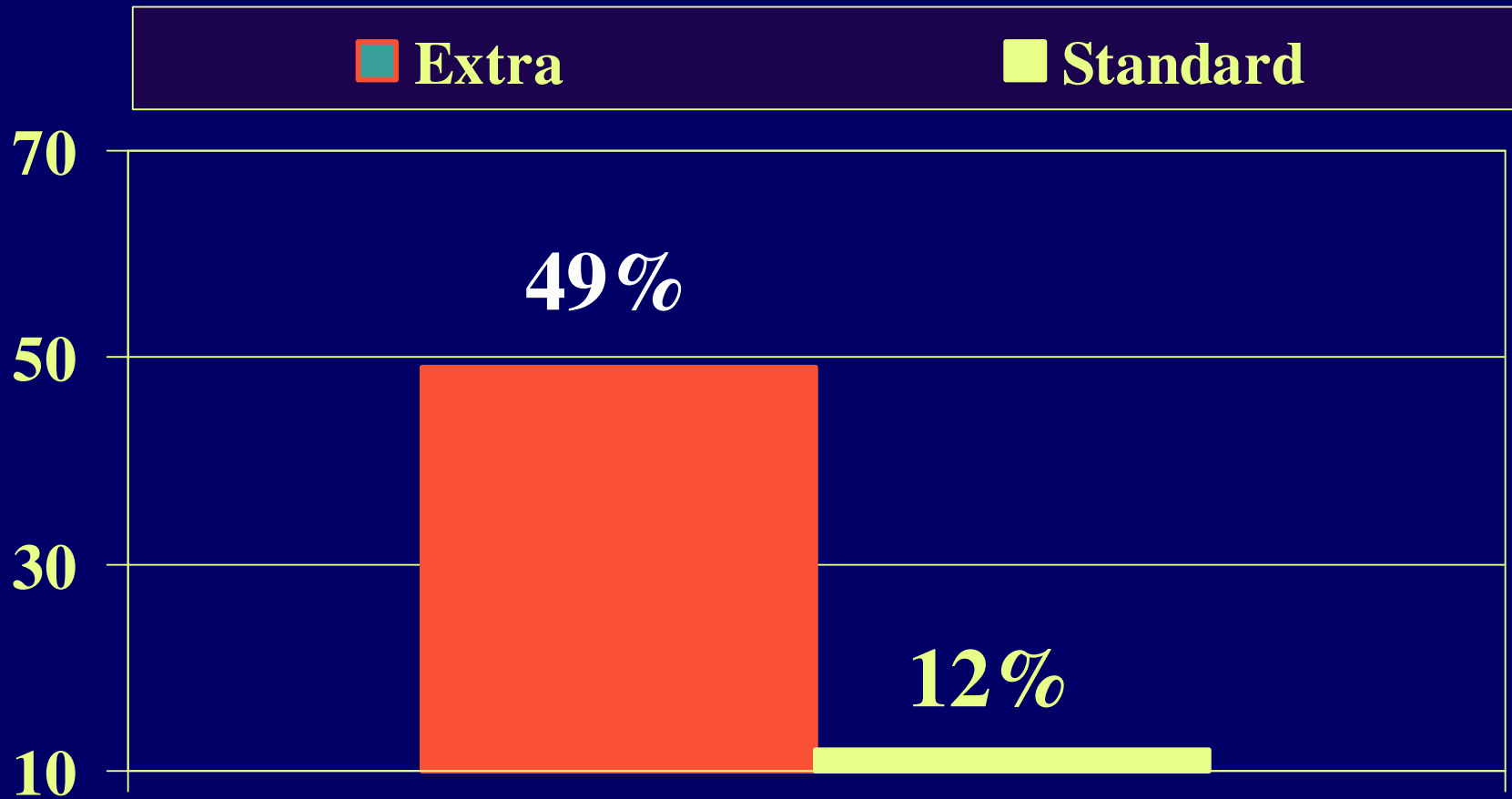
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Percent Retained at 30 Days



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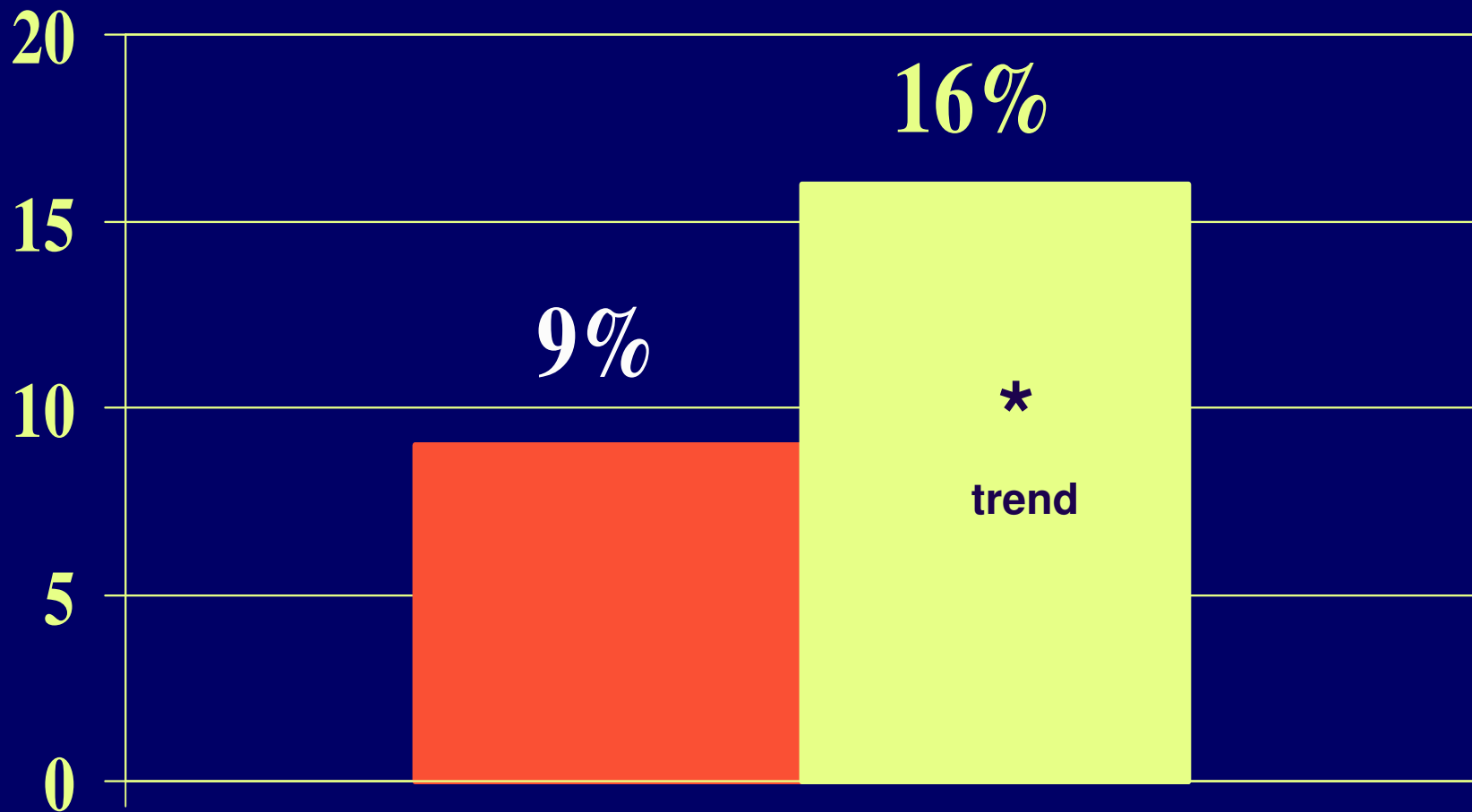
Percent Retained at 60 Days



Average Percent Positive

■ Extra

■ Standard



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trend

Concurrent Recovery Monitoring

- The Basic Assumptions
- The Clinician as Evaluator
- The Measures
- The Measurement Points

The Assumptions

- Program is held responsible for Outcomes DURING Treatment
- Outcome Measurement is a Clinical Activity
- Every Patient - Every Month
- Patient works on a FEW Measures
- Simple (No Burden)

The Evaluation Points

Weekly or Monthly
From the Start of Outpatient Care

- **As Brief “Check Up” to Start Treatment Sessions**
- **Clinician as Evaluator**

Standard Domains

- Retention/Participation (\$)
- Substance Use (\$)
- Basic Needs
(Safe Housing Adequate Food/ Clothing)
- Physical and Mental Health
- Crime (\$)
- Self-Support

Standard Measures

- Substance Use
Urine Test-Cup or Oral Swab
Test for all NIDA 5
- Basic Needs
Days of:
Safe Housing
Adequate Food
Adequate Clothing



Standard Measures

- Health
 - Days of Significant Phys/Ment Probs
 - Admissions to ER or Inpatient Hosp.
- Self Support
 - Days Employed or in School/Training
- Crime
 - New Arrests

Standard Recovery Monitoring Procedure

So Bill, How have things been going since we talked last month?.....”

How much trouble have you had avoiding drugs and alcohol since we last talked?

What have you tried, how has it worked?

Let's talk about some options....



Standard Recovery Monitoring Procedure

Options for reducing alcohol use

- More counseling sessions – Ind or grp
- Different type of counseling – new counselor
- AA – possibly a different AA group
- Medications
 Antabuse, Naltrexone, Campral
- Telephone monitoring

Standard Recovery Monitoring Procedure

Options to Increase Employment

- If you have skills, training
 - Group counseling focused on jobs
 - Referral to Job Center
 - Ask at AA meetings for ideas
- If you don't have skills or training
 - Formal Schooling – Job Training
 - Referral to Job Center

Clinical Considerations

Not Just More of Standard Care

- **Questions:**
 - Which interventions produce the target changes?
 - How soon do they work – when to try something else?

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Wrap Up



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What Continuing Care Does NOT Imply

- **Not every case of abuse or addiction needs Continuing Care**
- **Some Patients Do Show Continuing Benefits Even From Acute Care**
 - **Brief Interventions**
 - **Untreated Individuals**
 - **Also Happens in Other Illnesses**

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What Continuing Care Does NOT Imply

- A Continuing Care Strategy Does Not Imply Lack of Responsibility
 - **Just the Opposite**
 - **Purpose is to Teach Self Management**



Lessons From Chronic Care

- Patient Retention is Critical
 - Make Treatment Attractive
 - Offer Options/Alternatives
 - Increase Monitoring/Management



Lessons From Chronic Care

- Monitoring is Part of Health Care
 - Telephone and Internet Useful
 - Reduces Number and Severity of Relapses
 - Not Currently Reimbursed



- The End -



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OK, How Should
We Evaluate
Treatment?



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