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## Research Study on Incentives and Alerts for Improving Substance Abuse Treatment in Washington State

### Overview

Information on clients' treatment processes (e.g., engagement, and continuity of care measures) and outcomes can be useful to specialty substance abuse treatment programs for tracking their performance and targeting areas for quality improvement. Payers also can use performance measures to incentivize improved performance. To respond to incentives, however, treatment programs need information on their performance. A new approach is for payers to pro-actively offer programs real-time alerts on specific clients' progress in terms of meeting recommended levels of services.

The overall study goal is to determine the impacts on program performance and client outcomes of two interventions: financial incentives and a client-specific alert and support system.

Funded by the National Institute on Drug Abuse (NIDA), the study is a collaboration between researchers at the Institute for Behavioral Health at Brandeis University and at the Behavioral Health and Service Integration Administration (BHSIA) in Washington State with input from Washington's Systems Improvement Workgroup (SIWG).

For outpatient/intensive outpatient, detoxification, and residential agencies, the weekly alerts provide programs with information to help meet performance goals. Financial incentives are based on achievement of benchmark levels of performance and on improvement. The study addresses the following questions:

- Does offering incentives only or providing client-specific alerts only lead to improved agency performance and client outcomes?
- Do client-specific alerts in combination with incentives lead to additional improvement in agency performance and client outcomes beyond that of incentives only or alerts only?
- Is there a differential impact of incentives only, alerts only, or incentives plus alerts on agency performance by subpopulations (e.g., racial/ethnic minorities and rural clients)?
- Are there client and agency level factors associated with agencies' ability to achieve and maintain good performance?

### Project Design

Agencies were randomly assigned to groups separately by level of care as shown below:

- **Group A (Control)** receive notification reminding them about the features of the state's ongoing information system, TARGET, and the value of improving performance.
- **Group B (Incentives Only)** receive the same notification, but are also eligible to receive incentives for performance, both achievement and improvement.
- **Group C (Alerts/Support Only)** receive the same notification, but also receive client-specific alerts regarding clients requiring additional attention in order to reach performance targets and support on how to meet these targets.
- **Group D (Incentives and Alerts)** is only for outpatient treatment and agencies receive the same notification, are eligible for incentives for performance on substance abuse measures and receive client-specific alerts.

To evaluate the impact of incentives and alerts (alone and in combination), the project originally planned to compare performance changes for different groups for 18-months starting on October 1, 2013 and continuing through March 2015. Subsequently, the project timeline was revised to

continue for three more quarters through December 2015. With this extension, a third intervention, an outpatient retention toolkit collaborative, was added in April 2015.

**Performance measures.** We use the Washington Circle (WC) process measures expressed as the percent of suitable candidates for a particular treatment who receive treatment in an appropriate timeframe:

- *Engagement after admission to outpatient or intensive outpatient treatment.* Clients are engaged if they receive a treatment service within 14 days of admission and at least two additional treatment services within the next 30 days.
- *Continuity after residential treatment or detoxification.* Clients have continuity if they receive a treatment service within 14 days after discharge.

We also use outcome measures of employment and arrests as part of the evaluation.

**Alerts/Support.** Agencies in the alerts/support intervention group receive weekly alerts with a listing of clients whose service profiles are in danger of negatively impacting the program’s performance indicator. This information is built from TARGET. Agencies also receive performance reports that graphically track trends in their performance indicators. Support is in the form of suggestions sent weekly that offer links to information sources on improving treatment.

**Financial incentives.** Agencies in the incentives group are allocated financial incentives based on a points system in which a score is calculated as a combination of achievement of benchmark levels of the performance measures and improvements from their agency’s own performance since the baseline period (the previous year). Agencies in this group have the opportunity to receive quarterly payments based on their scores, adjusted for program size.

**Significance**

Incentive-based payment has been tried only in a handful of states for the treatment of individuals with substance use disorders. This project will increase knowledge about the influence of incentive-based payment and client specific alerts and support on meeting performance targets focused on the quantity and timing of treatment services. This research is a unique opportunity for a state agency, treatment providers, and a University to work together to test new approaches to improving treatment performance and outcomes. The results will support policymakers in Washington and elsewhere as they consider incentive-based payment programs and use of electronic data to support quality improvement. For more information, please go to the project website: <https://www.dshs.wa.gov/bhsia/division-behavioral-health-and-recovery/incentives-and-alerts-improving-substance-abuse-treatment-washington-state>

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