

PRELIMINARY RESULTS FROM A RANDOMIZED INTERVENTION OF ALERTS AND INCENTIVES IN WASHINGTON STATE

Addiction Health Services Research Conference
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<https://www.dshs.wa.gov/bhsia/division-behavioral-health-and-recovery/incentives-and-alerts-improving-substance-abuse-treatment-washington-state>

PROJECT TEAM

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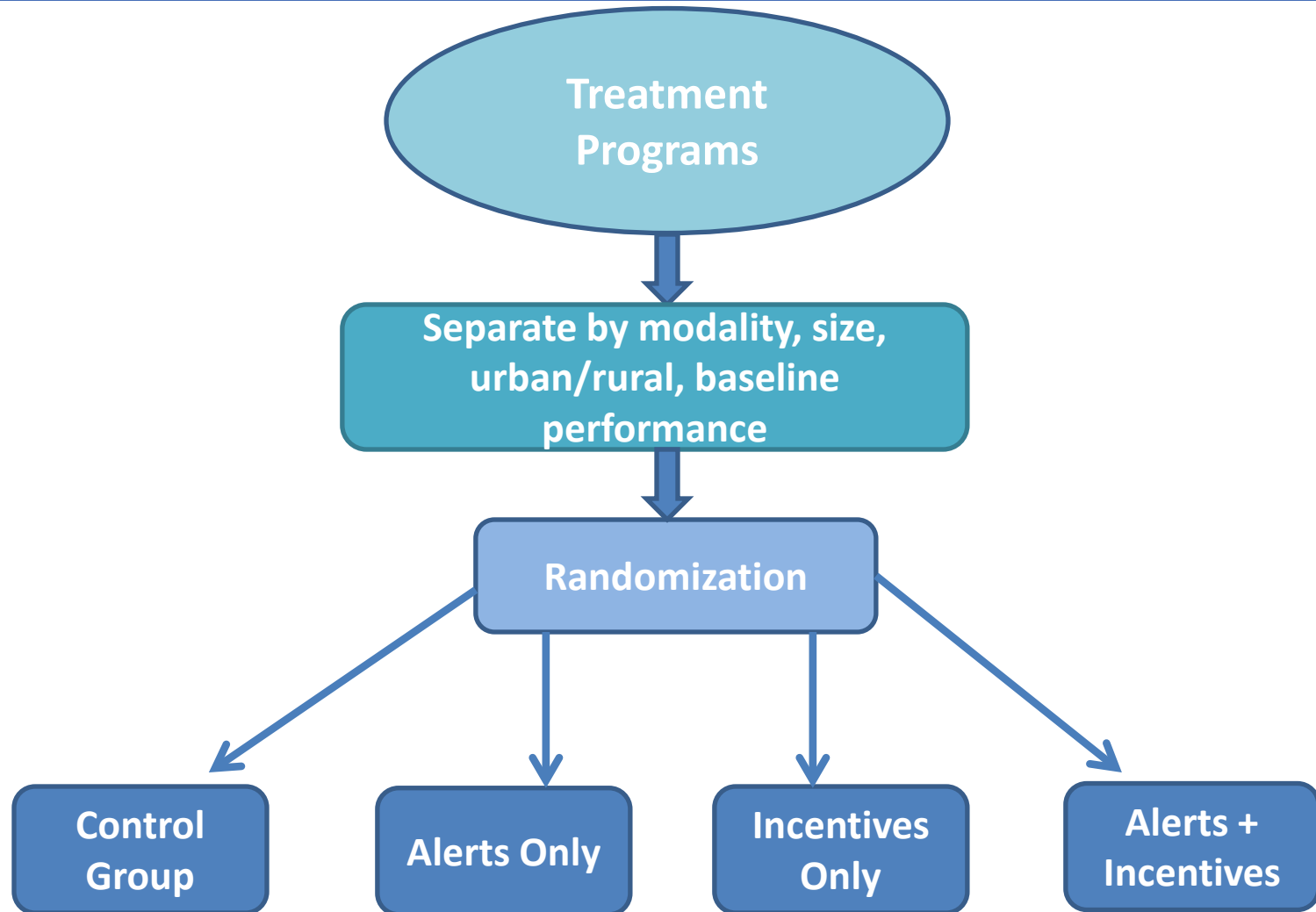
Jason Bean-Mortinsen

PROJECT GOAL

Determine the impacts on substance abuse treatment agency performance and client outcomes of:

- Financial incentives to agencies
- Client-specific alerts about whether clients are meeting performance measures
- Combination of both incentives and alerts

RANDOMIZATION AND RESEARCH ARMS



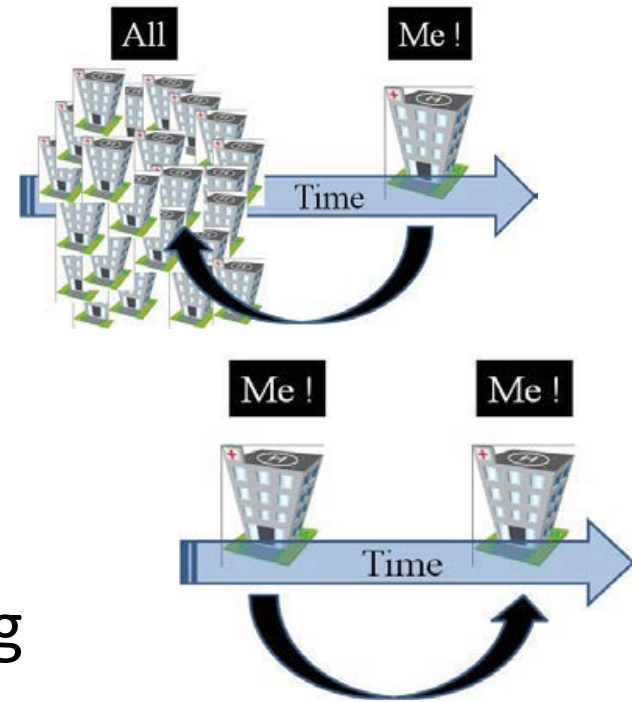
For detox, no group with both alerts and financial incentives.

PERFORMANCE MEASURES

- Engagement in outpatient treatment
 - First client achieves initiation by receiving another service within 14 days after beginning of a new episode
 - Then client is engaged by receiving two additional services within 30 days after the initiation service
- Continuity after detox stay or residential treatment
 - Client receives another service within 14 days after discharge

MIX OF ACHIEVEMENT AND IMPROVEMENT

- Achievement Points
 - Points relative to achievement threshold and benchmark
- Improvement Points
 - Points based on agency improving from its own baseline performance
- **Final Score -- whichever is higher**



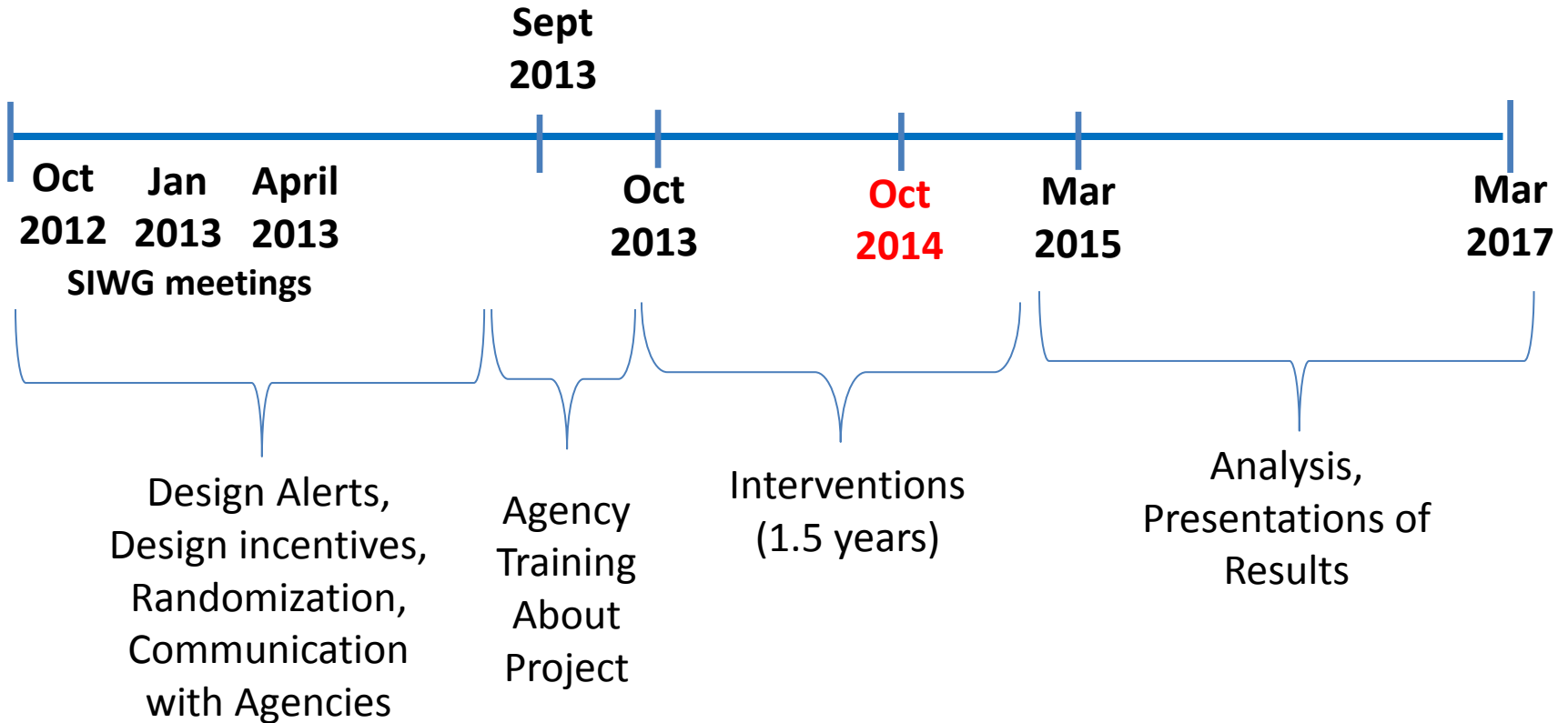
WHAT DOES THIS MEAN FOR WASHINGTON?

- Baseline – July 1, 2012 – June 30, 2013
- Quarterly calculation of agency performance starting October 1, 2013
- Quarterly payment of financial incentives
- Separate performance measures and incentive payments for each level of care (OP/IOP, Detox, Residential)

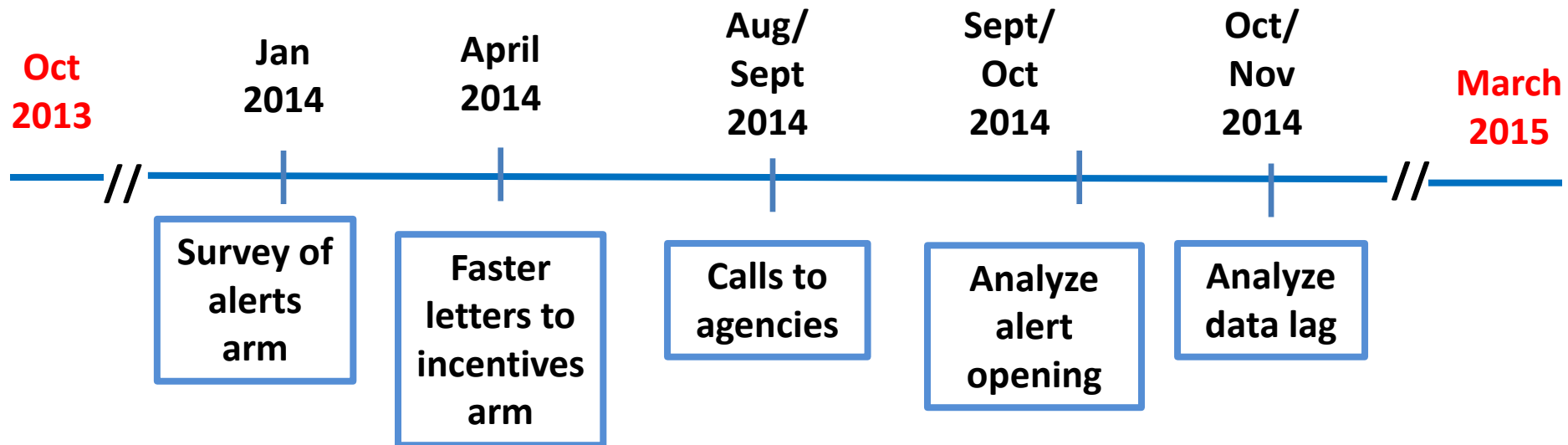
INTERVENTION - ALERTS

- Sent weekly to agencies
 - Through secure e-mail
 - To recipients agency designates
- Includes
 - Listing of clients whose deadline for meeting performance measures is coming up
 - Charts showing performance rates
 - Support information for improving performance

PROJECT TIMELINE



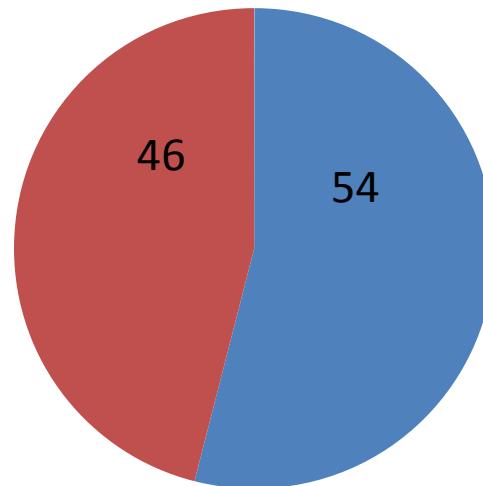
“MID COURSE” ACTIONS TIMELINE



SURVEY OF ALERTS ARM

- Purpose: to gather feedback on alerts after Q1
- Among 50 respondents (approx 54%)
 - 80% viewed alerts regularly
 - 76% found alerts helpful

Alert Opening in January-February 2014



- Opened at least half the alerts received
- Opened less than half the alerts received

SURVEY OF ALERTS ARM

- Comments
 - Timeliness of data entry
 - Simplify alerts
 - Less frequent alerts
 - Send alerts to multiple staff at agency
- Revision to alerts system
 - Only send alerts/emails when a provider has clients at risk of missing a performance deadlines
- Feedback report to agencies

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FASTER INCENTIVE NOTIFICATION LETTERS

- Incentives work best if received soon after earning them
 - Data lag prevents calculations soon after quarter ends
 - Providing an estimate sooner may help
- Began in Quarter 2
- 3 versions of letters
 - Earned funds—with estimate of awards earned
 - No funds
 - Too few clients
- Used as a boost for agencies not getting awards

CALLS TO AGENCIES

- Rationale
 - Increase awareness of interventions
 - Answer questions mid-way in intervention period
 - Tell incentive agencies what funds they might receive if they improved performance
- Implementation
 - Investigators called all 138 agencies in August/September
 - Left at least two voice mail messages
 - Spoke with 65 % of agencies

CALLS TO AGENCIES - FEEDBACK *

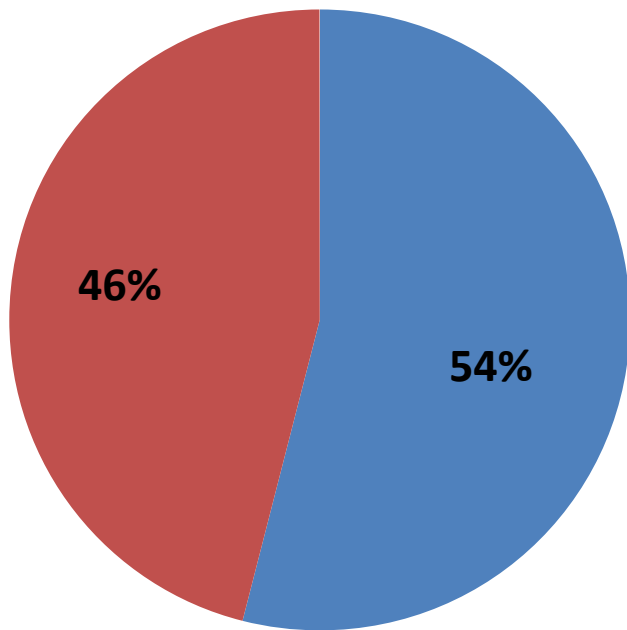
- Positive feedback (21%)
 - Alerts are shared with clinical staff, department head, and managers
 - Alerts are helpful for monitoring clients
 - Graphs of the rates are useful
- Negative feedback (22%)
 - No time to look at alerts
 - Took a long time to figure out how to read/interpret alerts information
 - Does not give new information -- we monitor with our own data system
- Neutral/ Informational (32%)
 - Don't pay too much attention to alerts since not in the incentive group.
 - We have no influence over performance rates

CALLS TO AGENCIES – ISSUES UNCOVERED

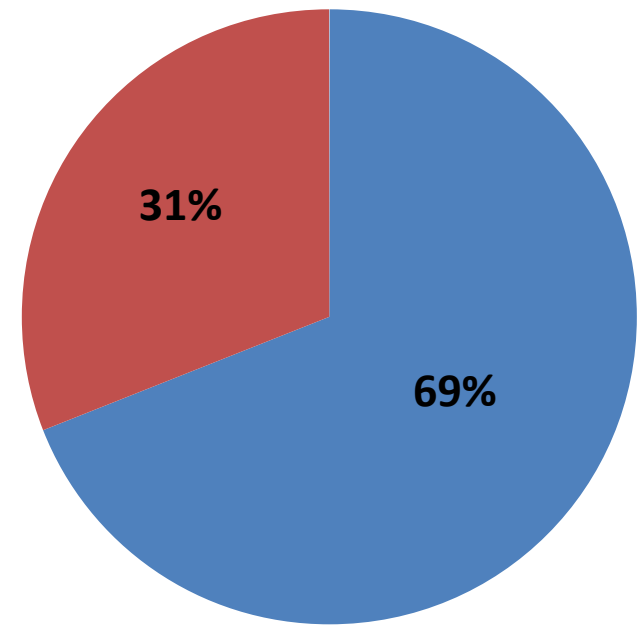
- Change in personnel
 - Agency directors
 - Receivers of alerts
- Data lag
 - Some agencies have their own tracking system that is more current than the DBHR alerts
- Difficulty understanding alerts

OUTPATIENT ALERT OPENINGS

Alerts Only
(N=37)

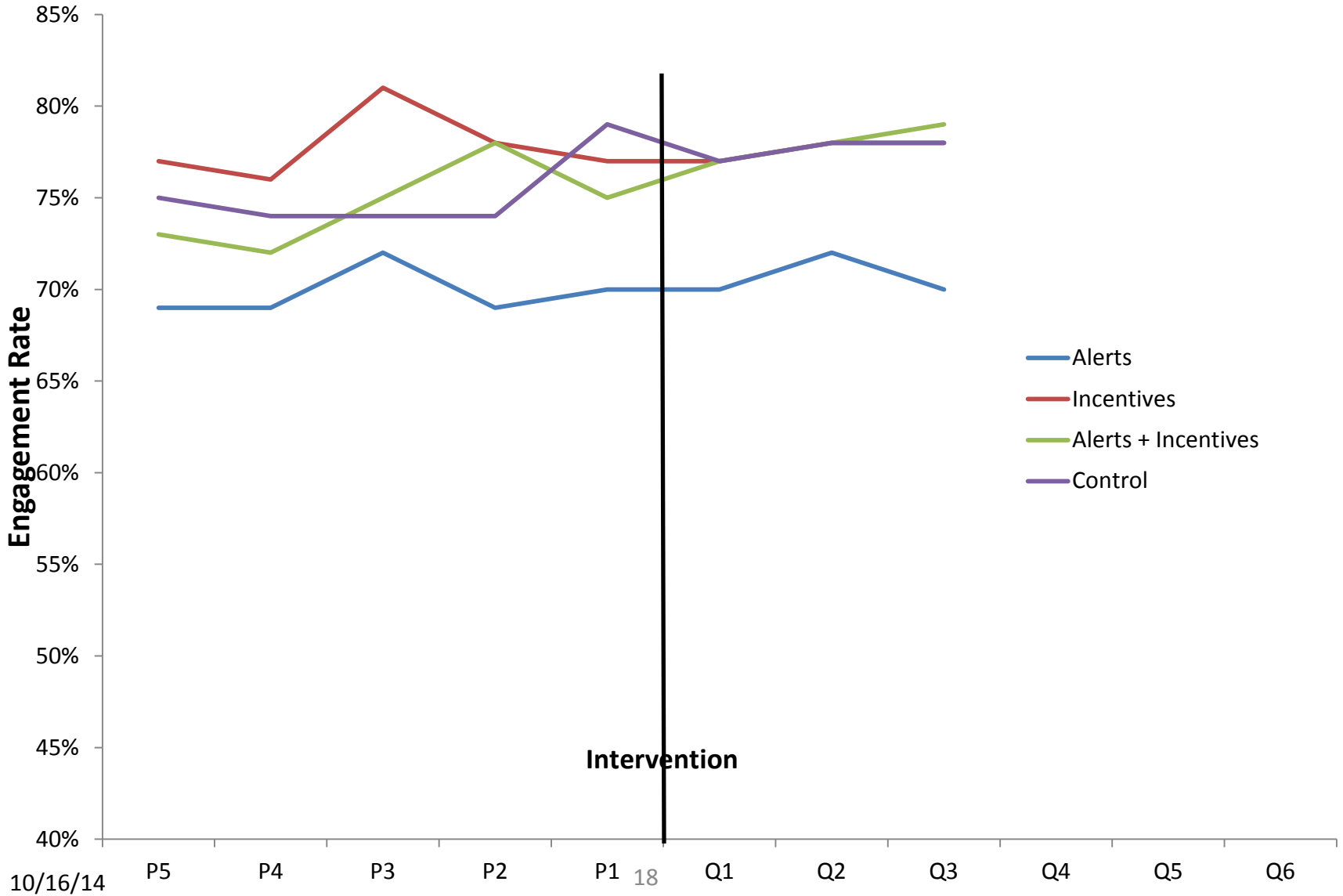


Alerts + Incentives
(N=39)



- Opened at least half of the alerts received
- Opened less than half of alerts received

PRELIMINARY TRENDS IN OUTPATIENT ENGAGEMENT



SUMMARY

- Preliminary implementation insights
 - Agency buy-in critical
 - Challenges for agencies with limited budgets
 - Data lag
 - Difference between State-agency contract performance measures and project performance measures
- Potential additional analyses
 - Qualitative focus on agencies reactions to interventions
 - Distance, referral patterns, and co-occurring mental health services