

A NEW STATEWIDE STUDY ON IMPROVING TREATMENT PERFORMANCE

OVERVIEW

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Funded by the National Institute on Drug Abuse (NIDA)

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



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BHSIA Behavioral Health and
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PROJECT TEAM

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We would like to also acknowledge the contributions of Alice Huber, Fritz Wrede, Eric Larson, and Elizabeth Merrick in the earlier stages of the project.

PROJECT GOAL

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

- Financial incentives to agencies**
- Client-specific alerts about whether specific clients are meeting performance measures**

BENEFITS TO AGENCIES

- Opportunity for some agencies to earn **financial incentives** based on performance (depending on random assignment)
- Potential to receive **more timely information** to help improve the quality of treatment provided to individuals with substance use problems (depending on random assignment)
- Provide information to BHSIA for possible **future implementation** (incentives and/or alerts)

OVERVIEW

Part I – Context

Part II – Project Design

Part III – Performance Measures

PART I

CONTEXT



PROJECT RATIONALE

- Need to help clients more fully engage in treatment
- Performance measures can help to improve treatment
- Need to test approaches to improving performance

PREMISE

“Performance measures are tools, and as such, do not lead to improvements unless they are well designed, appropriately used and applied in a system or organization that is equipped to implement change.”

Horgan & Garnick (2005) Background paper on performance measurement for the Institute of Medicine report, “Improving the Quality of Health Care for Mental and Substance-Use Conditions: Quality Chasm Series.”

WASHINGTON AND BRANDEIS COLLABORATION

- 2004-2008 (SAMHSA and NIDA) -- Developed and tested performance measures
- 2009-2013 (NIAAA) -- Study of association of process performance measures and outcomes
- 2012-2017 (NIDA) -- Current study on impact of incentives and alerts

NATIONAL CONTEXT – CHANGES IN HEALTH CARE DELIVERY SYSTEM

- Paul Wellstone and Pete Domenici Mental Health Parity and Addiction Equity Act of 2008 (MHPAEA)
- Patient Protection and Affordable Care Act (ACA) of 2010
- State legislation and reform initiatives
- Private sector efforts involving new payment arrangements

WASHINGTON STATE CONTEXT



- Current performance measures in performance-based contract
 - OP/IOP “Retention”
 - One activity per month for each of the first 3 months, or
 - discharge as “complete” within 90 days
 - Residential or Detox “Treatment Completion”
- Other performance measures
 - SCOPE

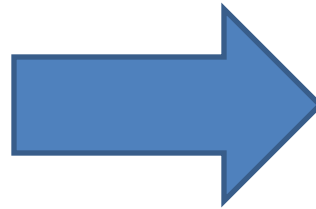
PART II

PROJECT DESIGN

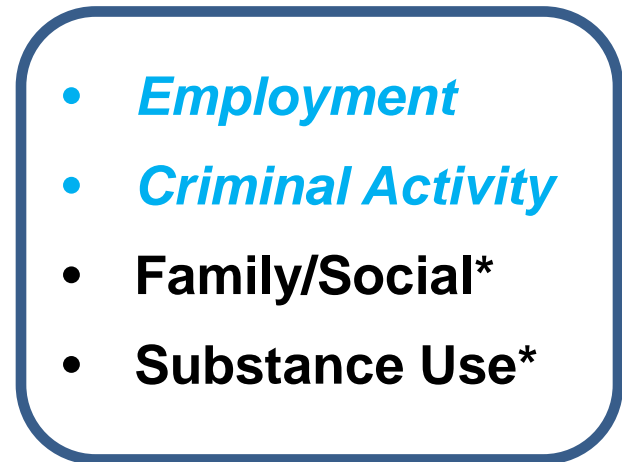


CONCEPTUAL MODEL

PERFORMANCE MEASURES (PROCESS)



OUTCOMES



* Not the focus of this study.

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

EVIDENCE OF IMPACT ON OUTCOMES

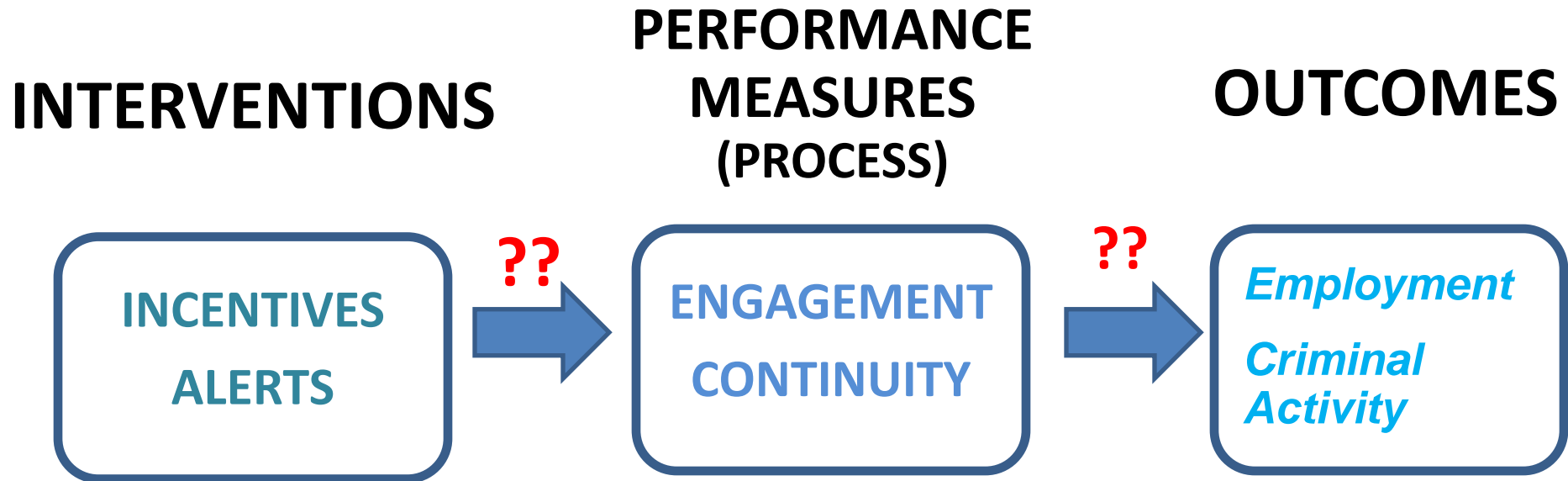
- **Engagement**

- Associated with improved treatment outcomes
 - Lower arrest rates
 - Better employment outcomes
- Used to monitor quality of care in health plans
- Endorsed by the National Quality Forum

- **Continuity of care**

- After detox: associated with longer periods of abstinence, reduced readmissions to detox
- After residential treatment: predictor of recovery status at follow-up

CONCEPTUAL MODEL FOR THIS STUDY



INTERVENTION – FINANCIAL INCENTIVES

- Historically, health care has offered few financial rewards for performance regardless of quality or outcome
- High and low quality providers earn the same at the same volume levels, while in most other markets higher quality fetches a higher price
- Pay-for-performance (P4P) efforts offer financial incentives/rewards to health care providers to meet defined targets

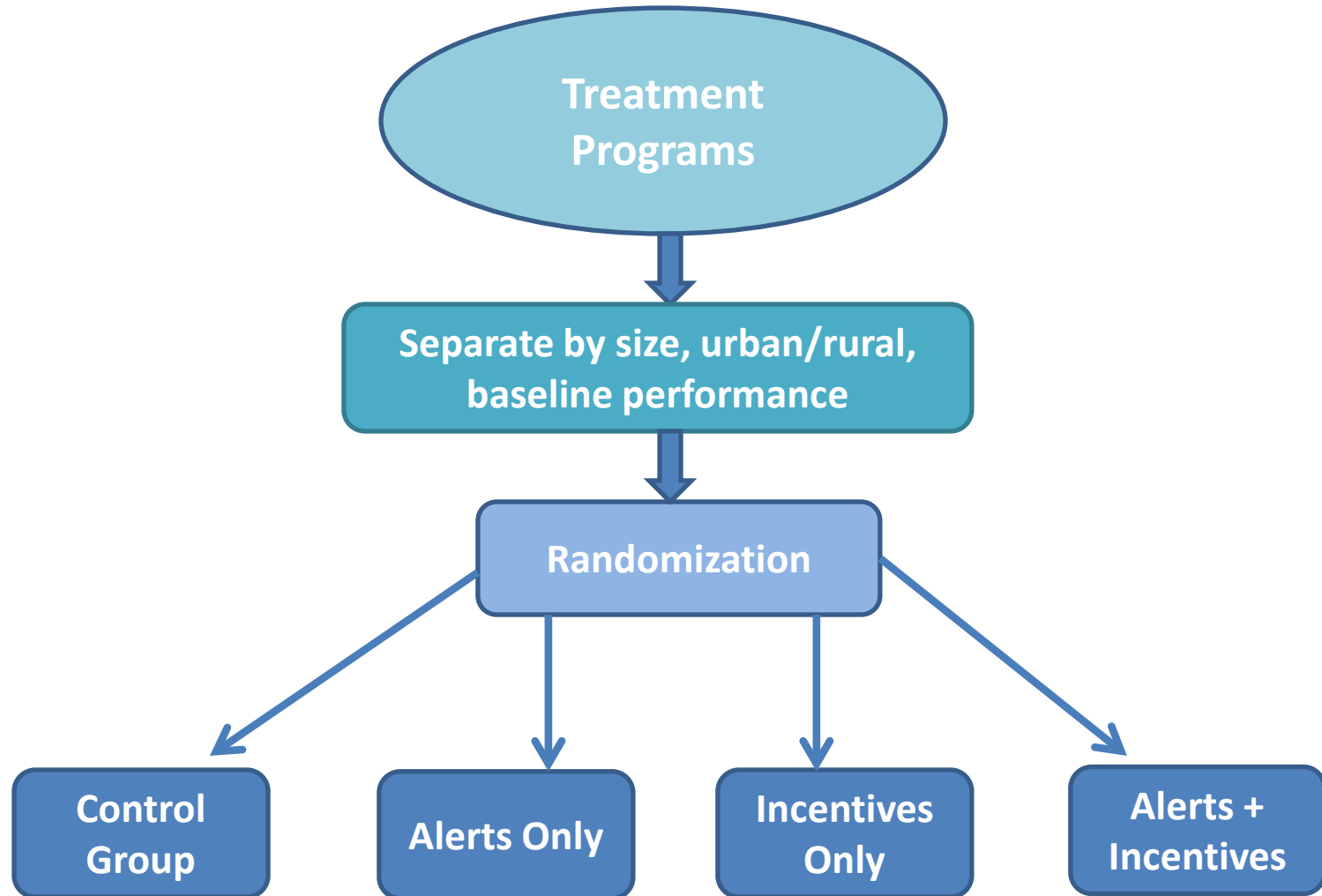
INTERVENTION – PROVIDER ALERTS

- Audits and feedback (similar to our alerts) can be effective in improving healthcare practices
- Can be used alone or as a component of a multifaceted quality improvement initiative

WHAT INTERVENTIONS ARE EFFECTIVE?

- Which of these interventions is associated with improved performance over time?
 - Financial incentives only
 - Client-specific alerts only
 - Financial incentives and client-specific alerts together

RANDOMIZATION AND RESEARCH ARMS



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

PART III

PERFORMANCE MEASURES



PERFORMANCE MEASURES -- ENGAGEMENT AND CONTINUITY

- Engagement in outpatient treatment
- Continuity after detoxification stay
- Continuity after residential treatment

WHO USES THE INITIATION/ ENGAGEMENT MEASURES?

- National Commission for Quality Assurance (NCQA) for commercial and Medicaid health plans
- National Quality Forum endorsement
- Medicare and Medicaid incentives for electronic health record adoption
- Veterans Health Administration
- States

MEASURES - OP/IOP - ENGAGEMENT

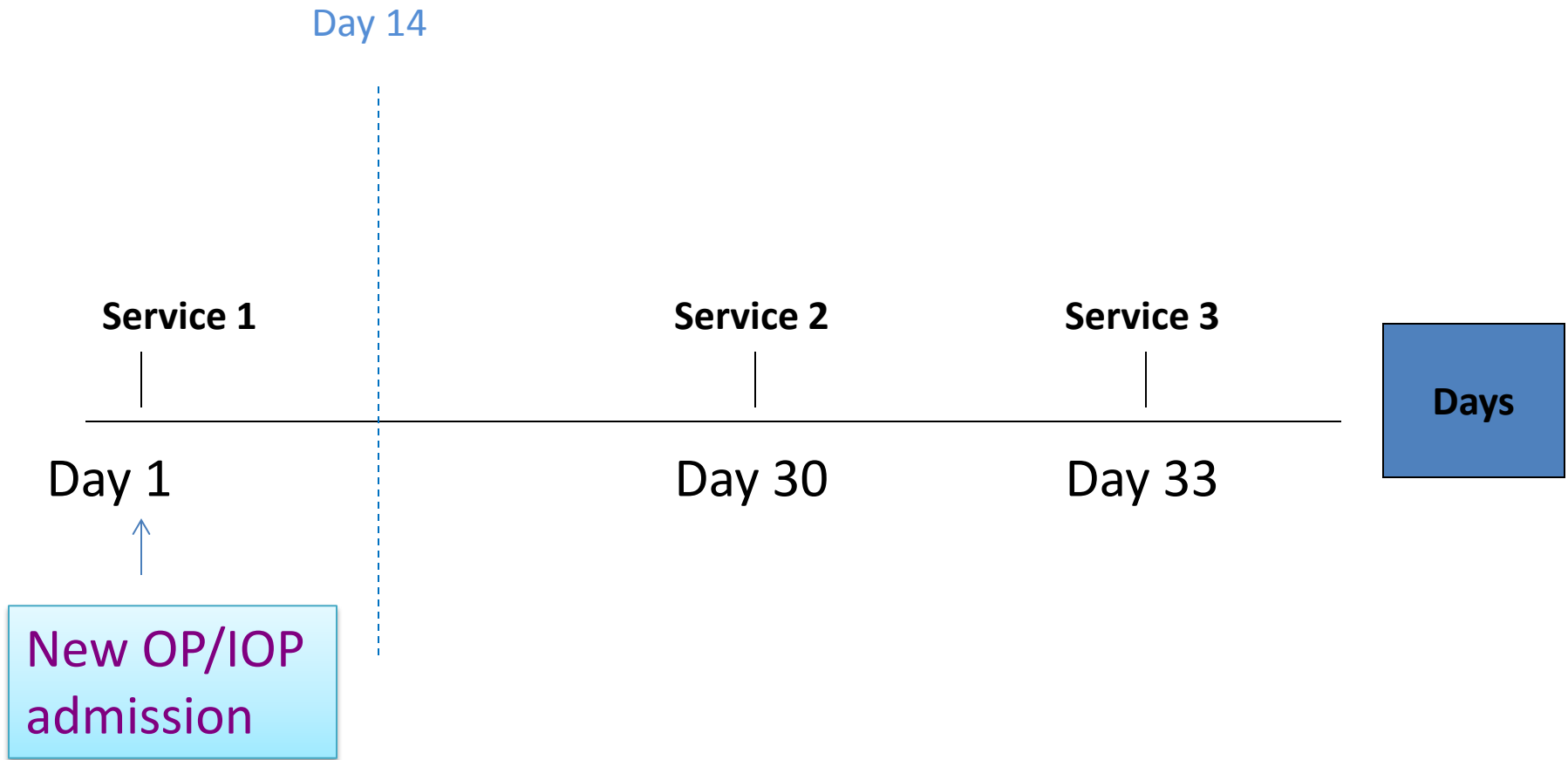
- OP/IOP agencies
- Adult clients (ages 18+)
- Client is engaged if:
 - he/she receives a treatment service within 14 days of beginning a new admission
 - and at least two additional treatment sessions within the next 30 days.
- Agency Engagement Rate:
$$\frac{\text{\# of clients engaged}}{\text{Total \# of new admissions in a quarter}}$$

Note: Treatment on the same day as admission to OP/IOP does not count towards initiation.

TREATMENT SERVICES THAT COUNT TOWARD ENGAGEMENT MEASURE

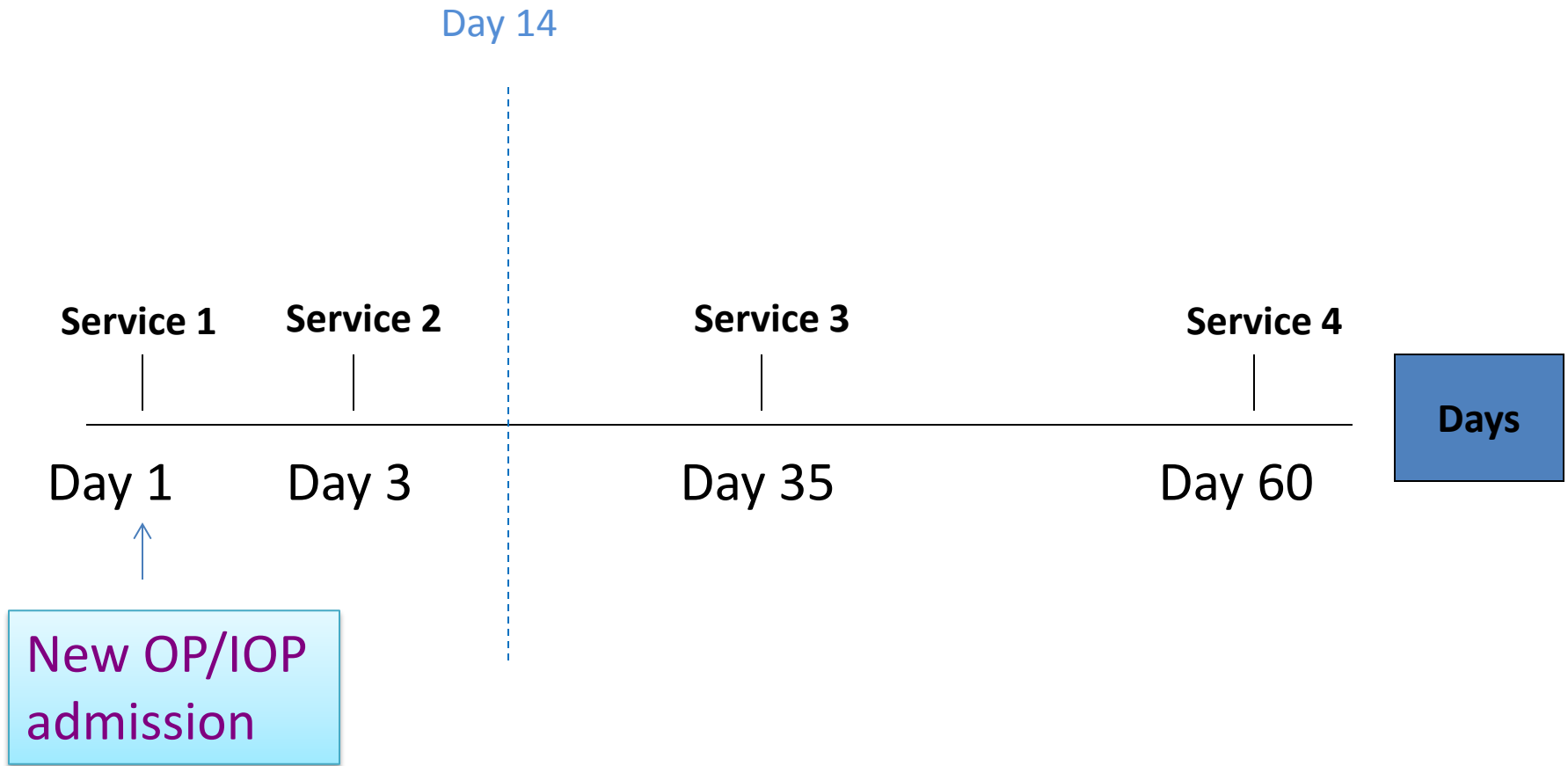
- Treatment Services
 - Case Management (face-to-face)
 - Group
 - Individual
 - Conjoint (with client)
- Support Services
 - Individual Brief Therapy
 - Group Brief Therapy
 - Conjoint Brief Therapy
- Only services which client attended (no-shows do not count)
- Includes “private pay” services

EXAMPLE 1: NO INITIATION



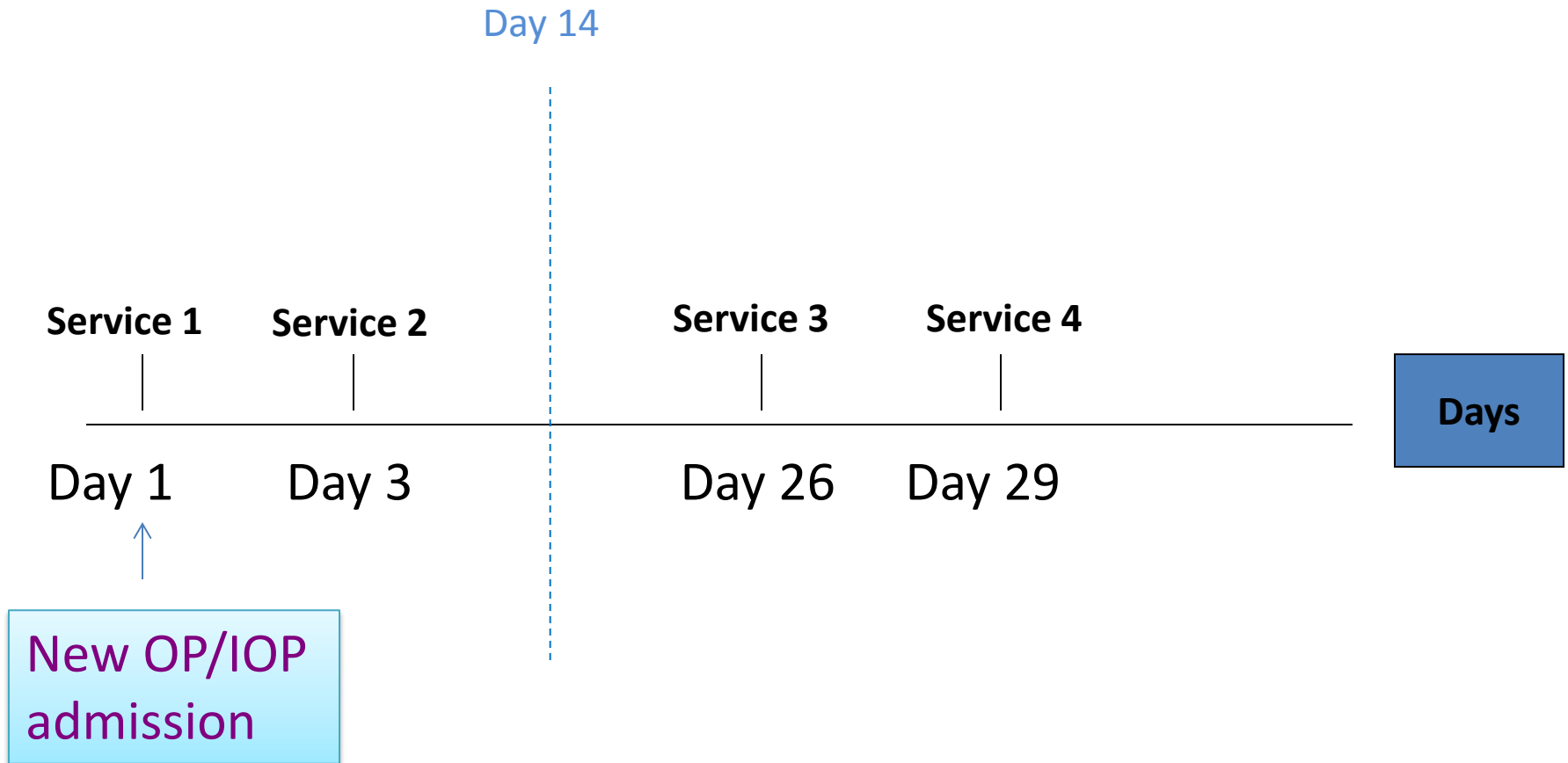
- No initiation because longer than 14 days from admission/Service #1 to next Service

EXAMPLE 2: INITIATION BUT NO ENGAGEMENT



- Initiation because Service #2 on day 3 is within 14 days.
- No engagement because Service #3 is not within the next 30 days.

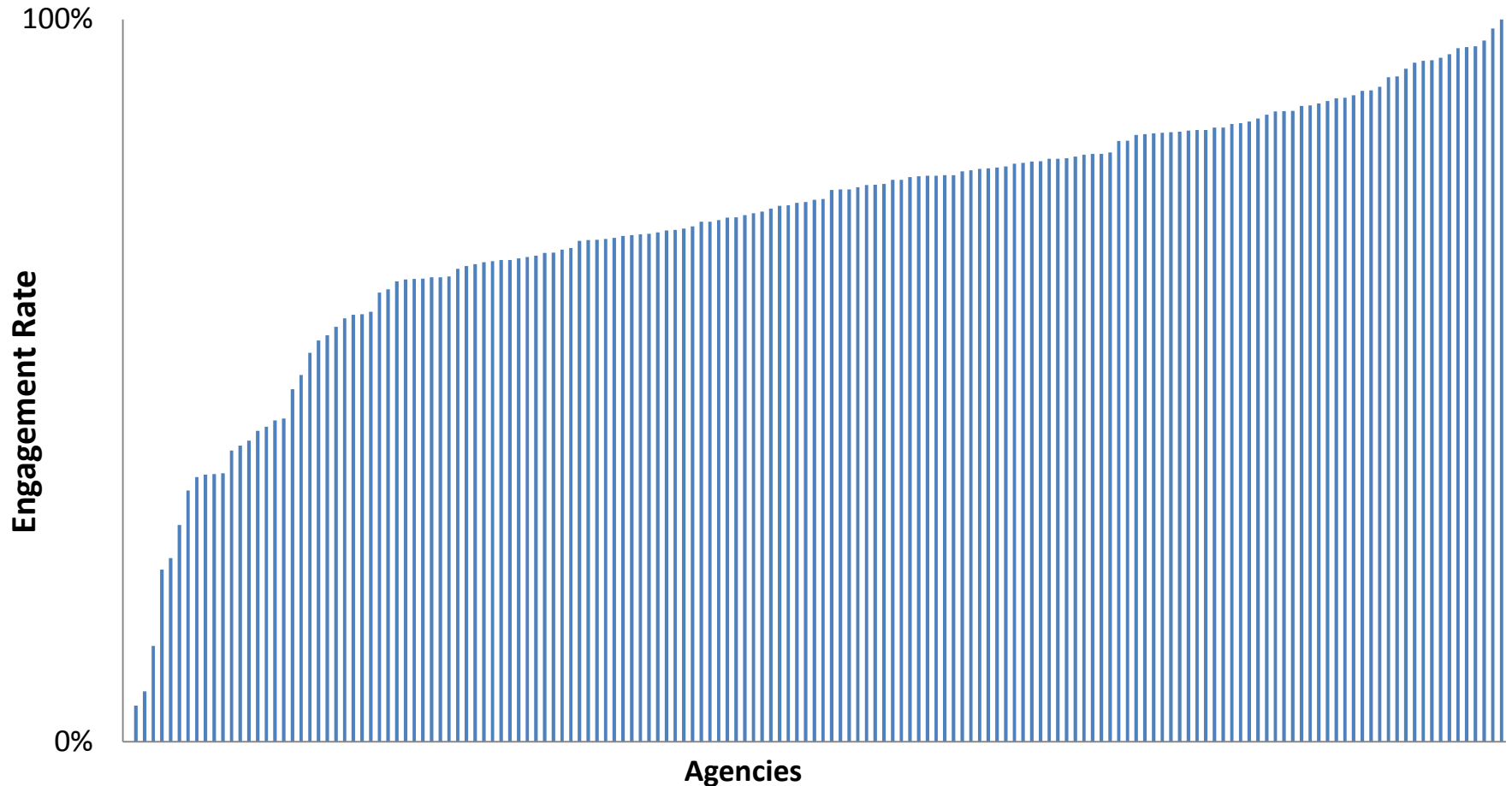
EXAMPLE 3: SUCCESSFUL ENGAGEMENT



- Initiation because Service #2 is within 14 days.
- Successful engagement because Services 3 & 4 are within the next 30 days after initiation.

OP/IOP ENGAGEMENT RATES – 7/1/2012 - 6/30/2013

N = 159 agencies (those which had at least 25 admissions during the baseline year)



CALCULATION OF QUARTERLY ENGAGEMENT RATES

	Quarter 1	Quarter 2	Quarter 3	Quarter 4
# of new admissions	53	55	53	58
# of clients engaged	31	28	32	28
Engagement rate	58%	51%	60%	48%

MEASURES – CONTINUITY AFTER DETOX

- Client has continuity of care if:
 - he/she receives a treatment service* within 14 days of being discharged

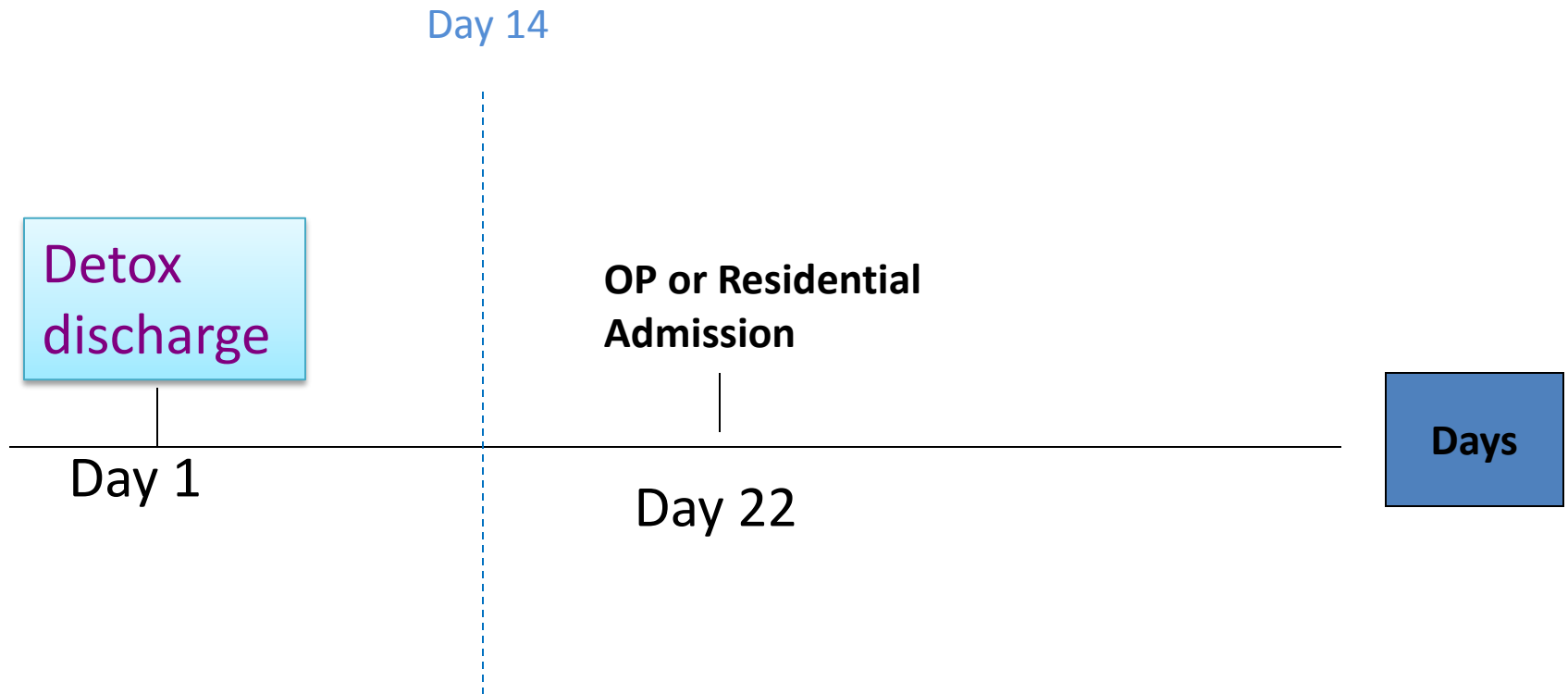
- Agency Continuity Rate:

of clients who met continuity of care criteria

Total # of Clients Discharged

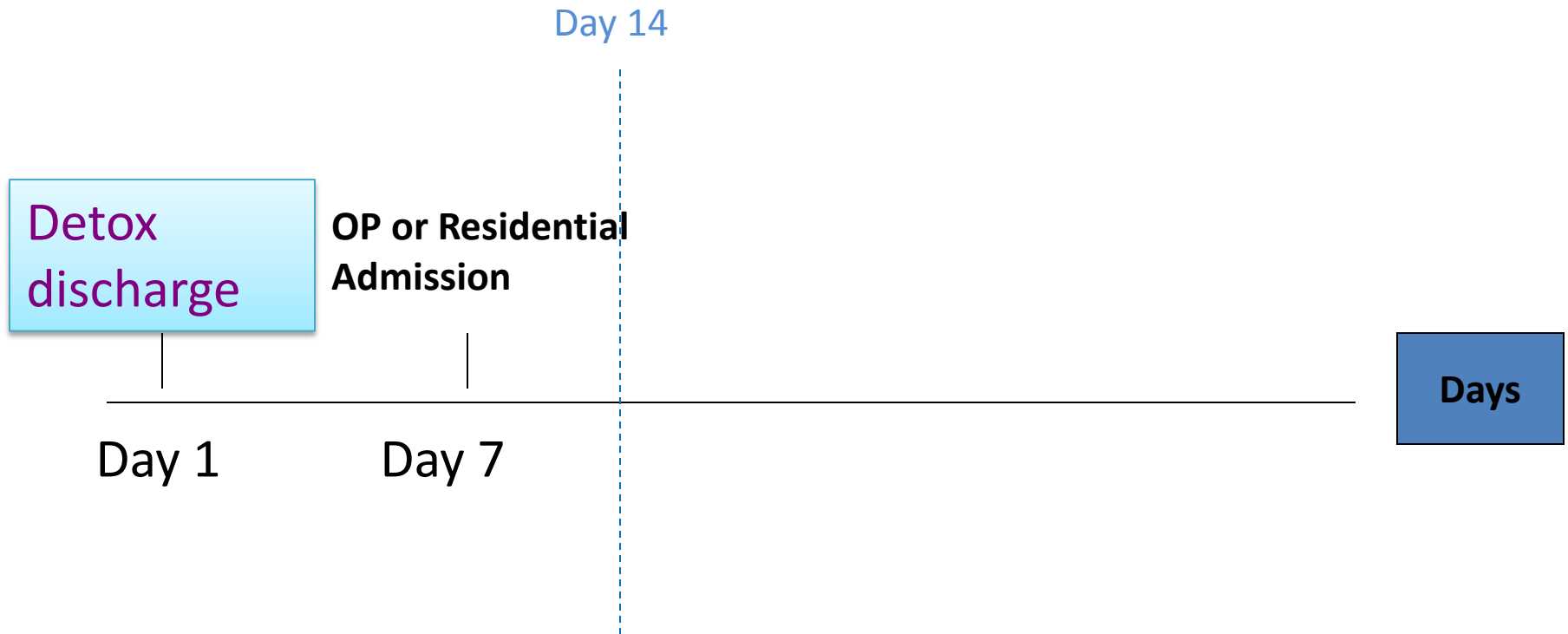
*Services include OP/IOP or residential treatment. Another detox service does not count. Admission to OP/IOP or RESIDENTIAL on same day as discharge from DETOX does count toward continuity.

EXAMPLE 4: NO CONTINUITY AFTER DETOX



- No continuity since OP or residential admission is not within 14 days of detox discharge.

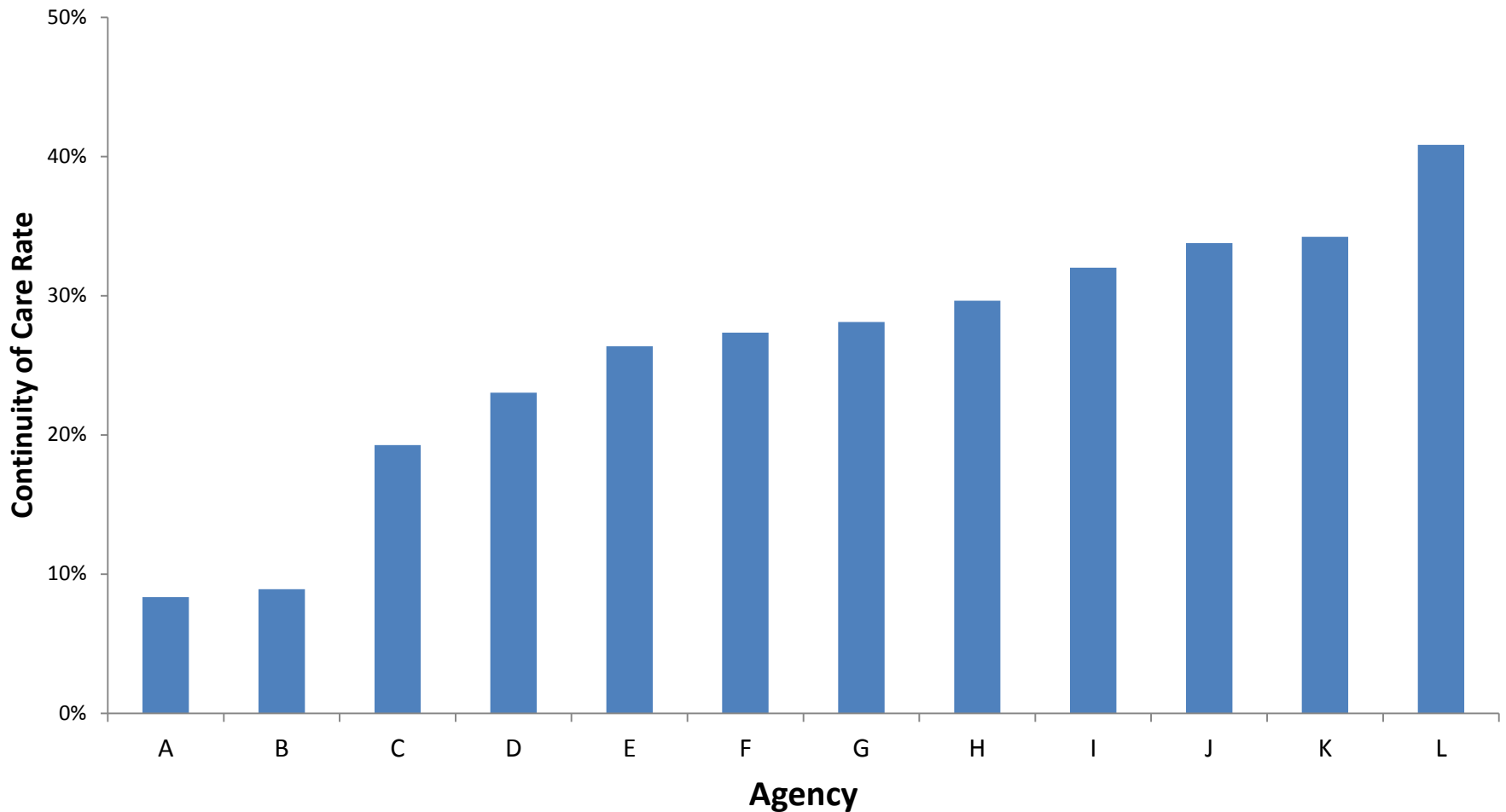
EXAMPLE 5: SUCCESSFUL CONTINUITY AFTER DETOX



- Continuity since OP or Residential Admission is within 14 days of detox discharge.

CONTINUITY AFTER DETOX RATES - 7/1/2012 - 6/30/2013

N = 12 (those which had at least 25 admissions during the baseline year)

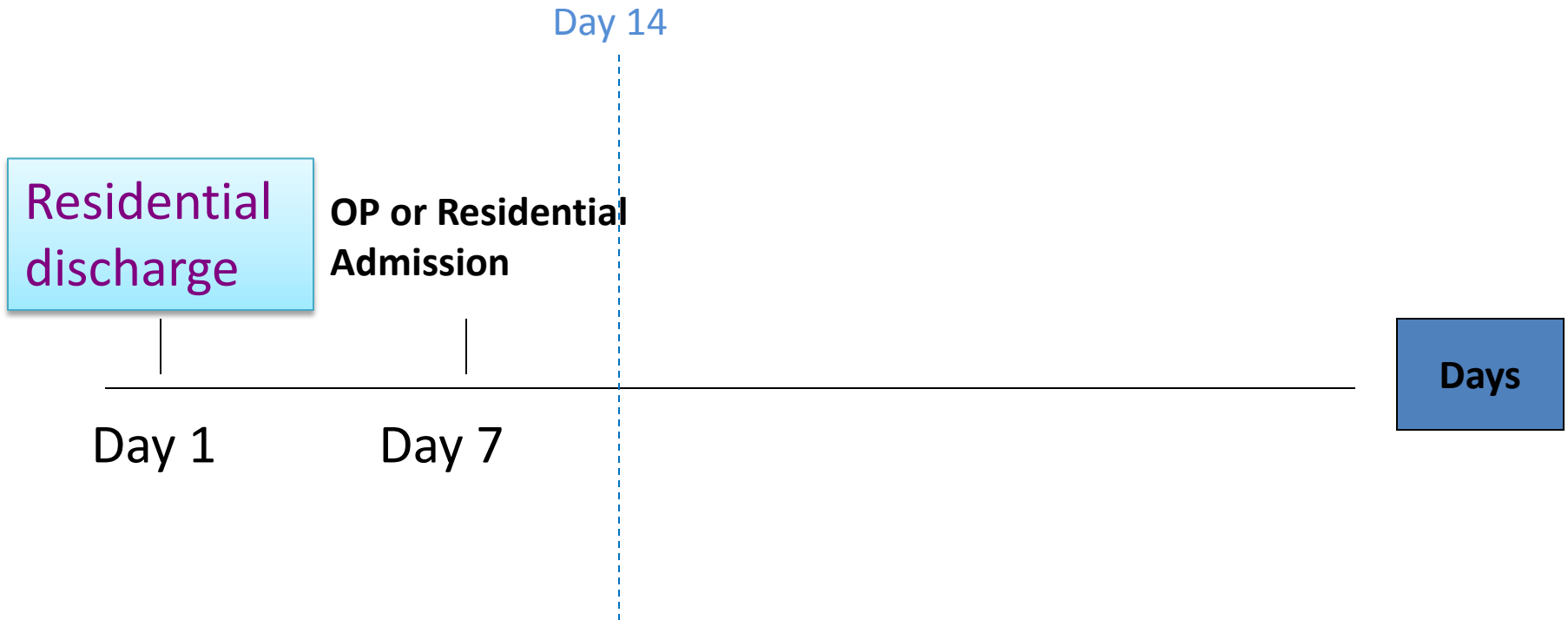


MEASURES – CONTINUITY AFTER RESIDENTIAL

- Residential includes: Intensive Inpatient, Long-Term Residential, and Recovery House
- Client has continuity of care if:
 - he/she receives a treatment service* within 14 days of being discharged
- Agency Continuity Rate:
$$\frac{\text{\# of clients who met continuity of care criteria}}{\text{Total \# of Clients Discharged In Quarter}}$$

*Services include OP/IOP or residential treatment. Admission to OP/IOP or RESIDENTIAL on same day as discharge from RESIDENTIAL does count toward continuity.

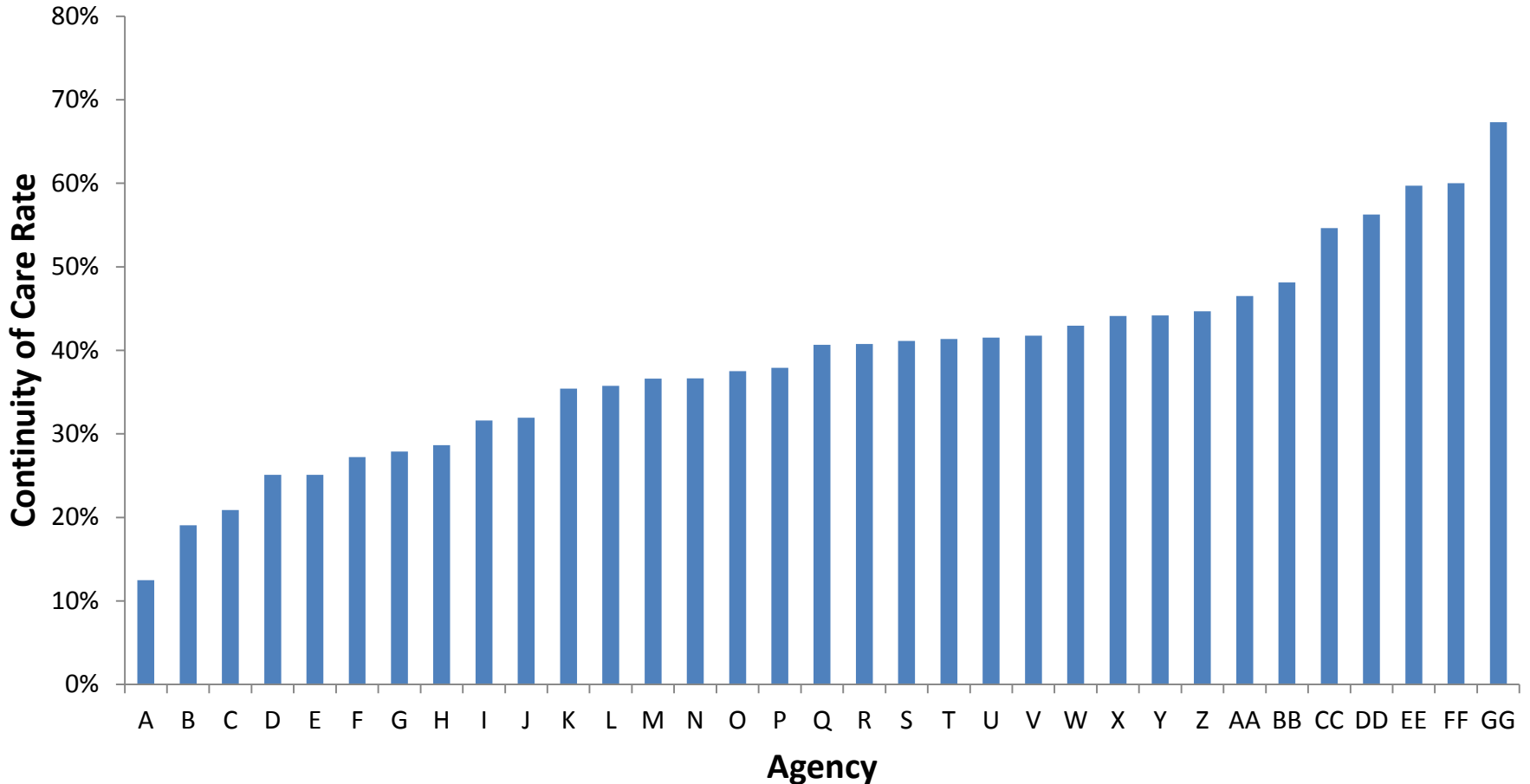
EXAMPLE 6: SUCCESSFUL CONTINUITY AFTER RESIDENTIAL



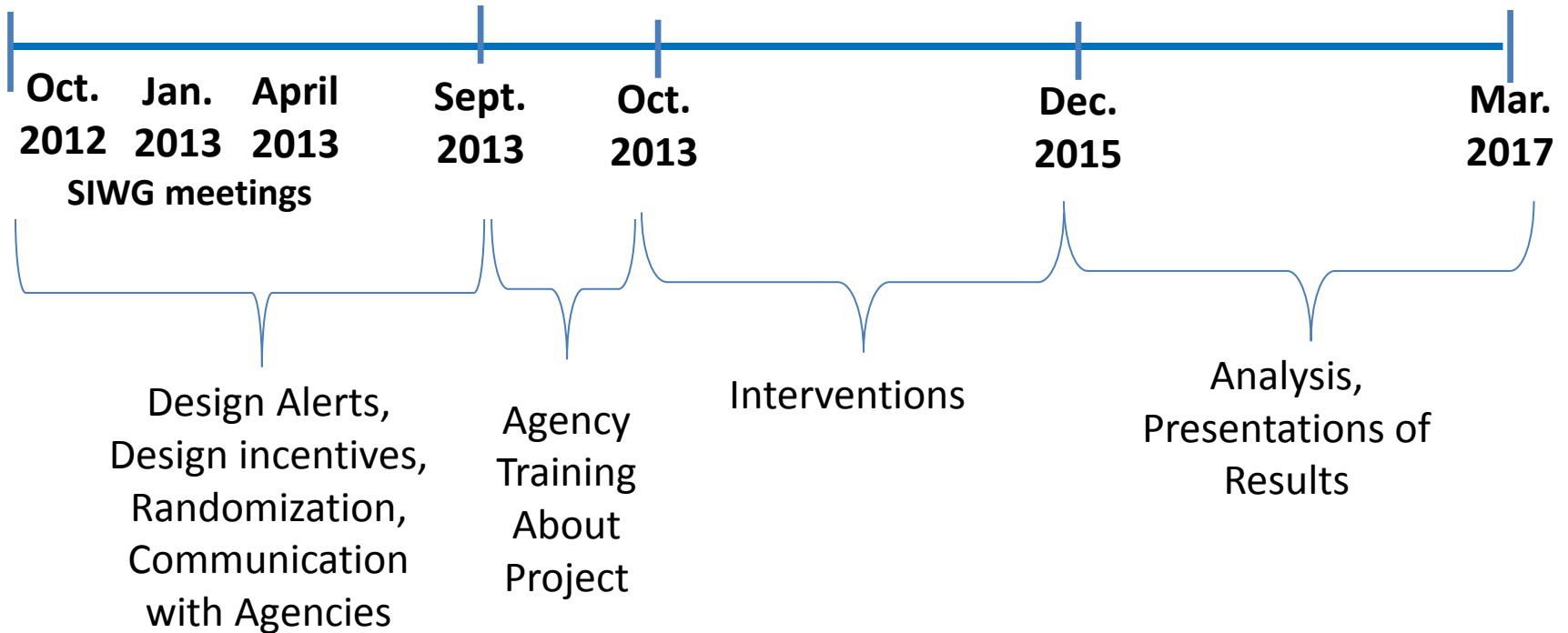
- Successful continuity since OP or Residential Admission is within 14 days of Residential discharge.

CONTINUITY AFTER RESIDENTIAL RATES - 7/1/2012 - 6/30/2013

N = 33 (those which had at least 25 admissions during the baseline year)



PROJECT TIMELINE



SUMMARY

- New imperatives (i.e., health reform and parity) now call for an even greater focus on use of performance measures to drive quality improvement
- Study will determine impact of incentives and alerts on key measures of care
- Our research will inform policy on financing and delivery of substance abuse services
- Success relies on timely data submission
- Collaboration between research team and agencies is key

WRAP UP

Questions and Contact Information



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