

RECOVERY FROM ADDICTION

Effectiveness, Quality, Performance:

What's the Difference?

&

How do you use them?



October 18, 2010 - October 22, 2010
Banff, Alberta



Part I



What are these?

- Effectiveness
- Performance
- Quality



Effectiveness = Results of treatment
- patient symptoms and function

Methods - Patient follow-up 6 – 12 months
post discharge.

Measures - Substance use, employment, crime
& health - “Recovery”.

Characteristics – Definitive, but slow,
expensive, not management-relevant

RECOVERY
FROM
ADDICTION

Performance = System function during treatment, *Indicators* of effectiveness



Methods - Admin. databases show processes and interim results indicative of effectiveness

Measures – E.G. identification, initiation, engagement, retention

Characteristics - Management-relevant fast, face-valid - but not definitive

Quality “Indicators”



Licensing – **indicates safety, legitimacy**

Accreditation – **indicates contemporary standards of care**

Credentials – **indicates proficiency in accepted practices**

Satisfaction – **indicates appeal and value**

Evidence Based Practices – **indicates use of state of the art care**

Performance Indicators



Premise 1 – Patients who stay in treatment longer will have better outcomes.

Premise 2 – Programs or Care systems that better engage and retain patients will have better outcomes

Indicators: Easily collected measures of the care system engagement and retention –

Number of visits, linkage between stages.

Effective Care:



**Produces favorable patient
outcomes.**

“Recovery”

RECOVERY
FROM
ADDICTION

Quality Care:



Uses evidence-based methods,
delivered by credentialed staff,
within licensed, accredited programs,
and meets or exceeds patient/payer expectations.

High Performance Systems:



Identify those who need care;

Initiate care for those who need it;

Engage and retain those who initiate
across modalities and between primary
and specialty types of care.

Part II



Do We Have “Effective” Treatment Components?

- FDA standards of effectiveness
- Do substance abuse treatments meet those standards?

An FDA Perspective



A Drug is Approved for “An Indication”

2 -Randomized Clinical Trials:

Often ask for separate investigators

Placebo Control:

Movement to test vs approved medication

FDA-Level Evidence



- Therapies

- Cognitive Behavioral Therapy
- Motivational Enhancement Therapy
- Community Reinforcement and Family Training
- Behavioral Couples Therapy
- Multi Systemic Family Therapy
- 12-Step Facilitation
- Individual Drug Counseling

FDA-Level Evidence



- Medications

- Alcohol (Disulfiram, Naltrexone, Accamprosate)
- Opiates (Naltrexone, Methadone, Buprenorphine)
- Cocaine (Disulfiram, Topiramate, **Vaccine?**)
- Marijuana (**Rimanoban**)
- **Methamphetamine – Nothing Yet**

Part III



OK – Different ways to use
these to improve “outcomes”

- An Example From Medicine
- An Example From Addiction

But First:



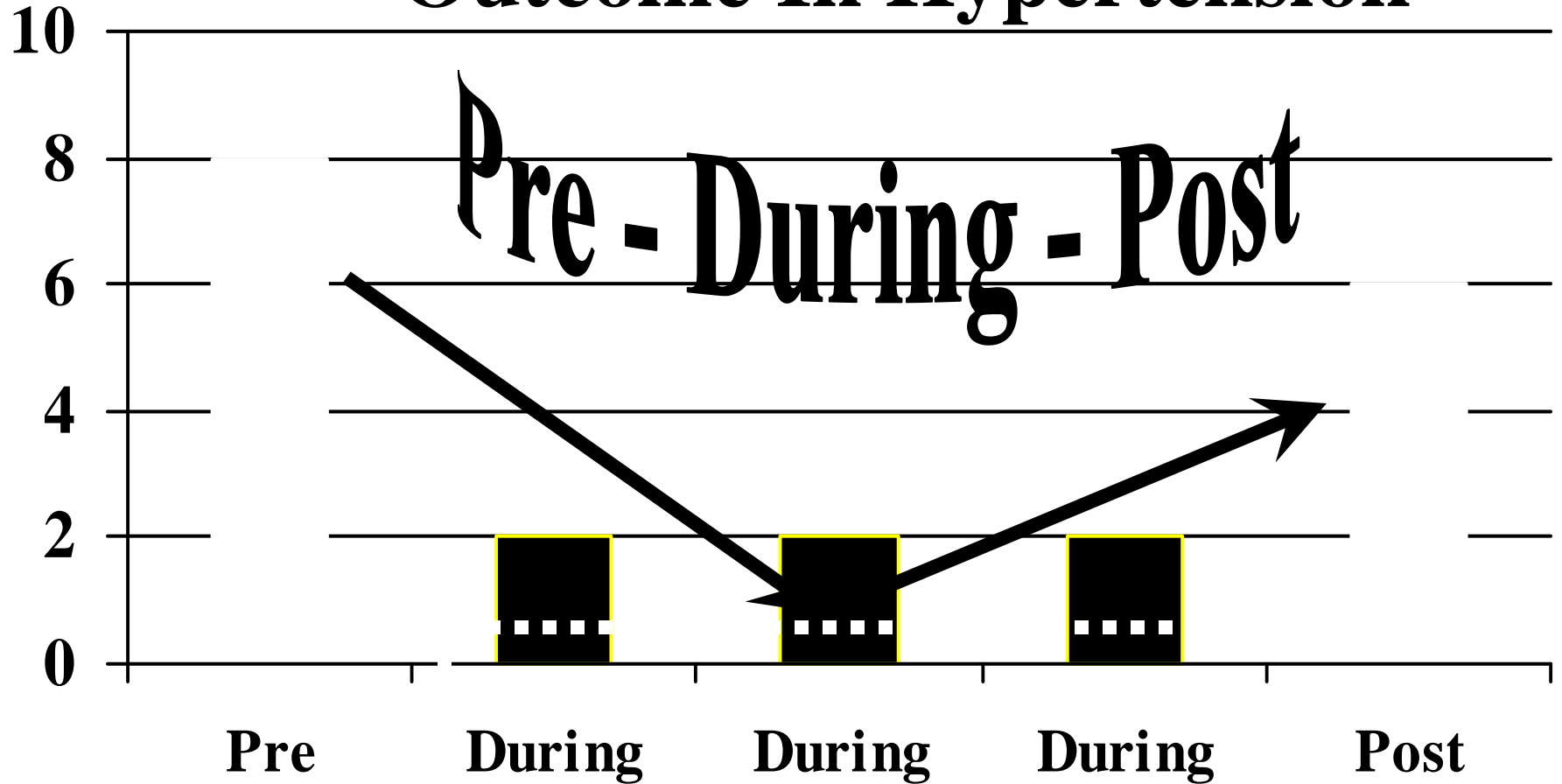
Why Outcomes Differ Depending Upon What You Expect

Studies show few
differences between...



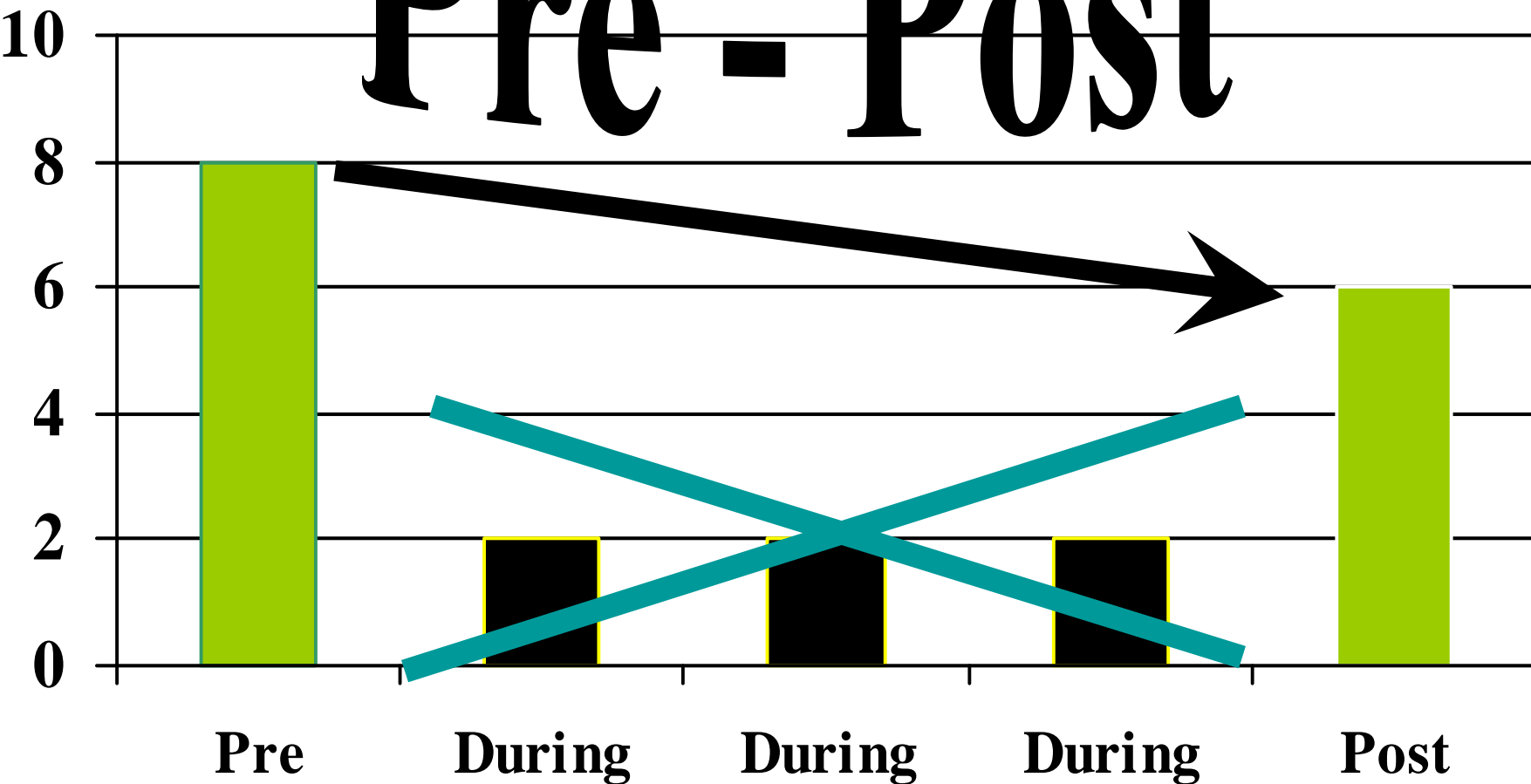
- Brief and Intensive Treatments
- Inpatient and Outpatient Treatments
- Conceptually Different Treatments
- “Matched” and “Mismatched” Trt.
- Gender or Culturally Oriented Trt.

Outcome In Hypertension



Outcome In Addiction

Pre - Post



**Now Let's See How
We Can Use This**



Two Similar Studies With Very Different Interpretations

Project MATCH



Testing Three Versions of the Rehabilitation Model in Alcohol Dependence

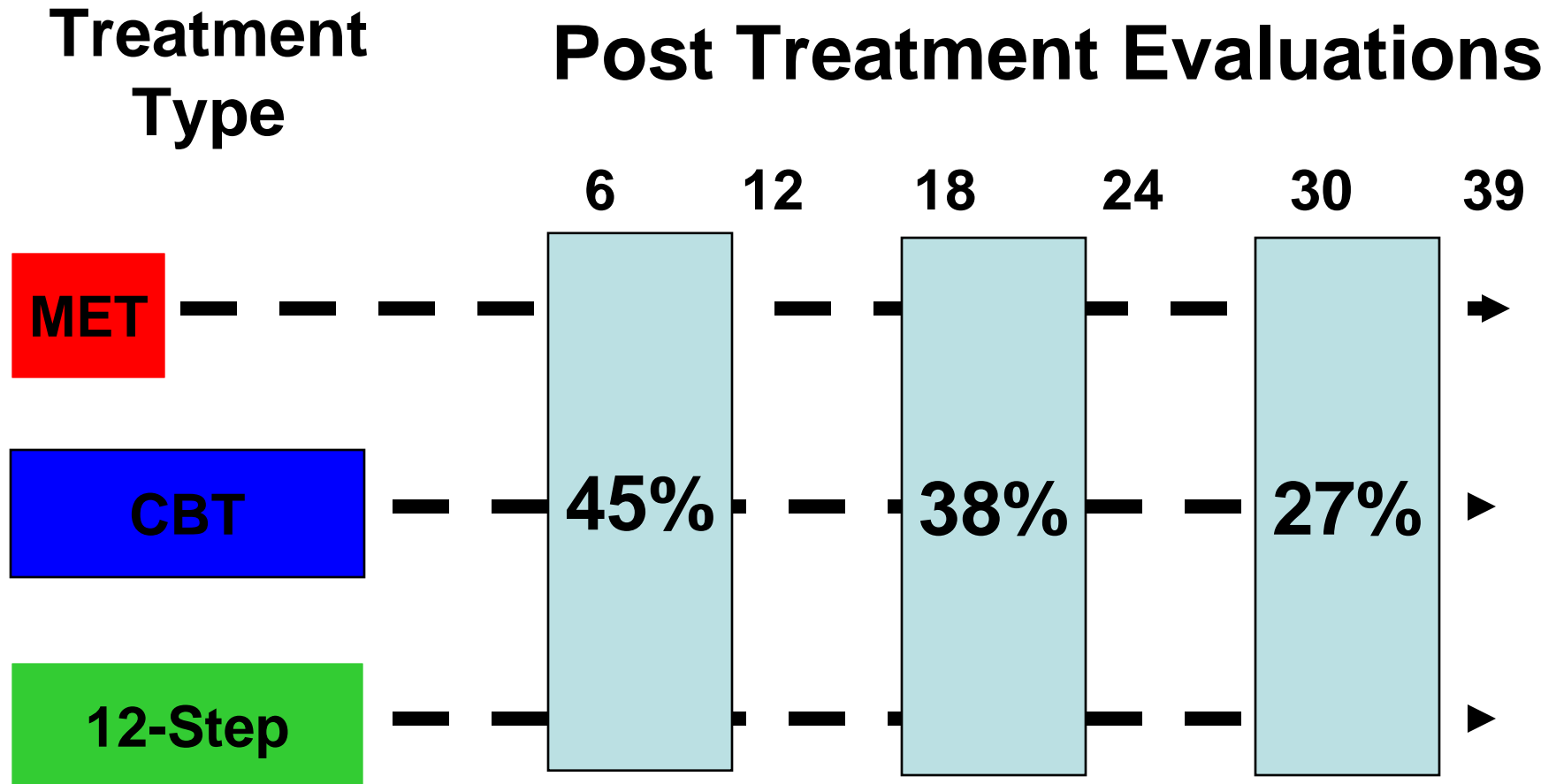
Project MATCH



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

Project Match

Fixed Time - Fixed Content – Rehab Oriented



ALLHAT



The Antihypertensive and Lipid-Lowering Treatment to Prevent Heart Attack

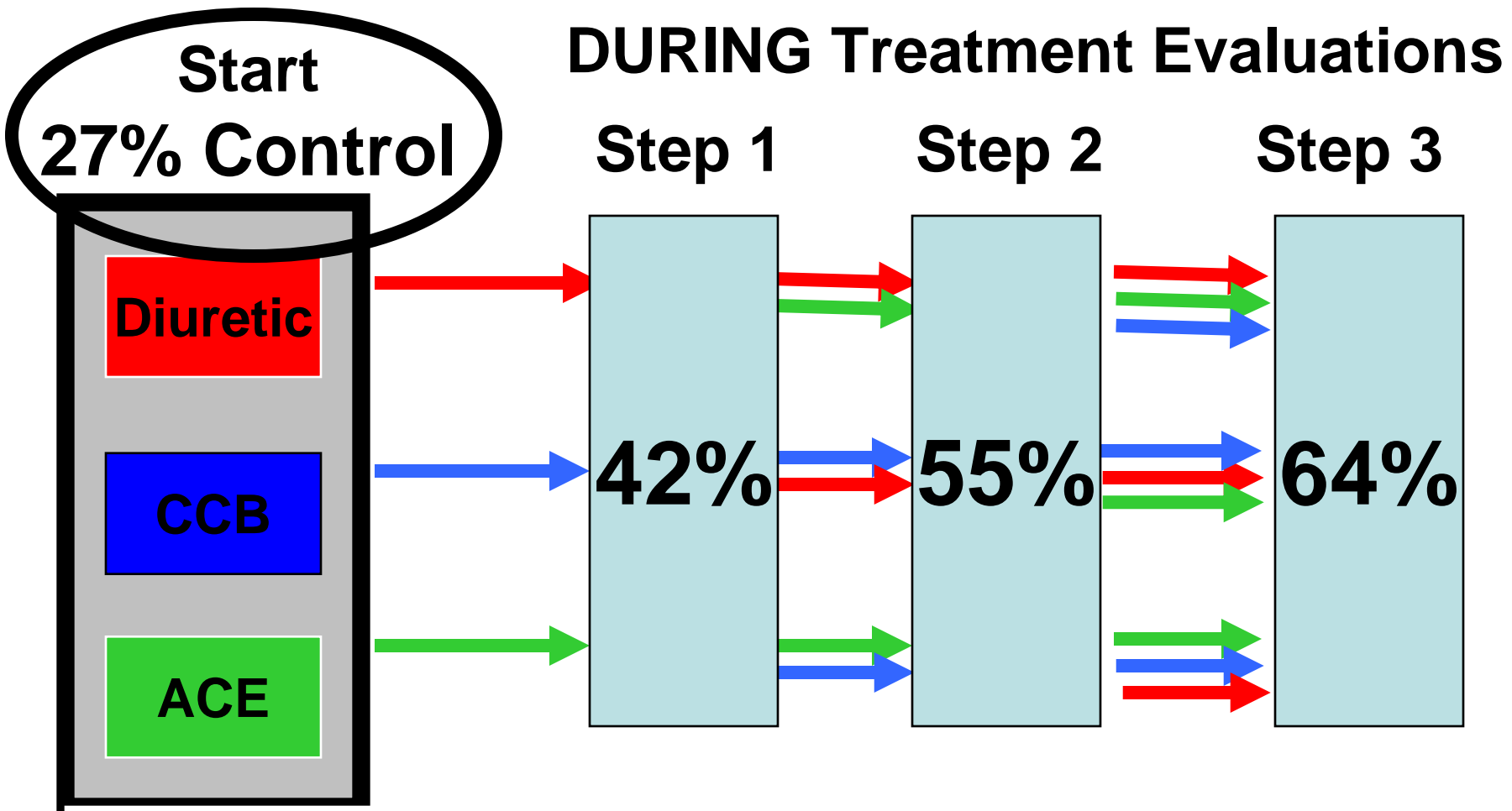
ALLHAT



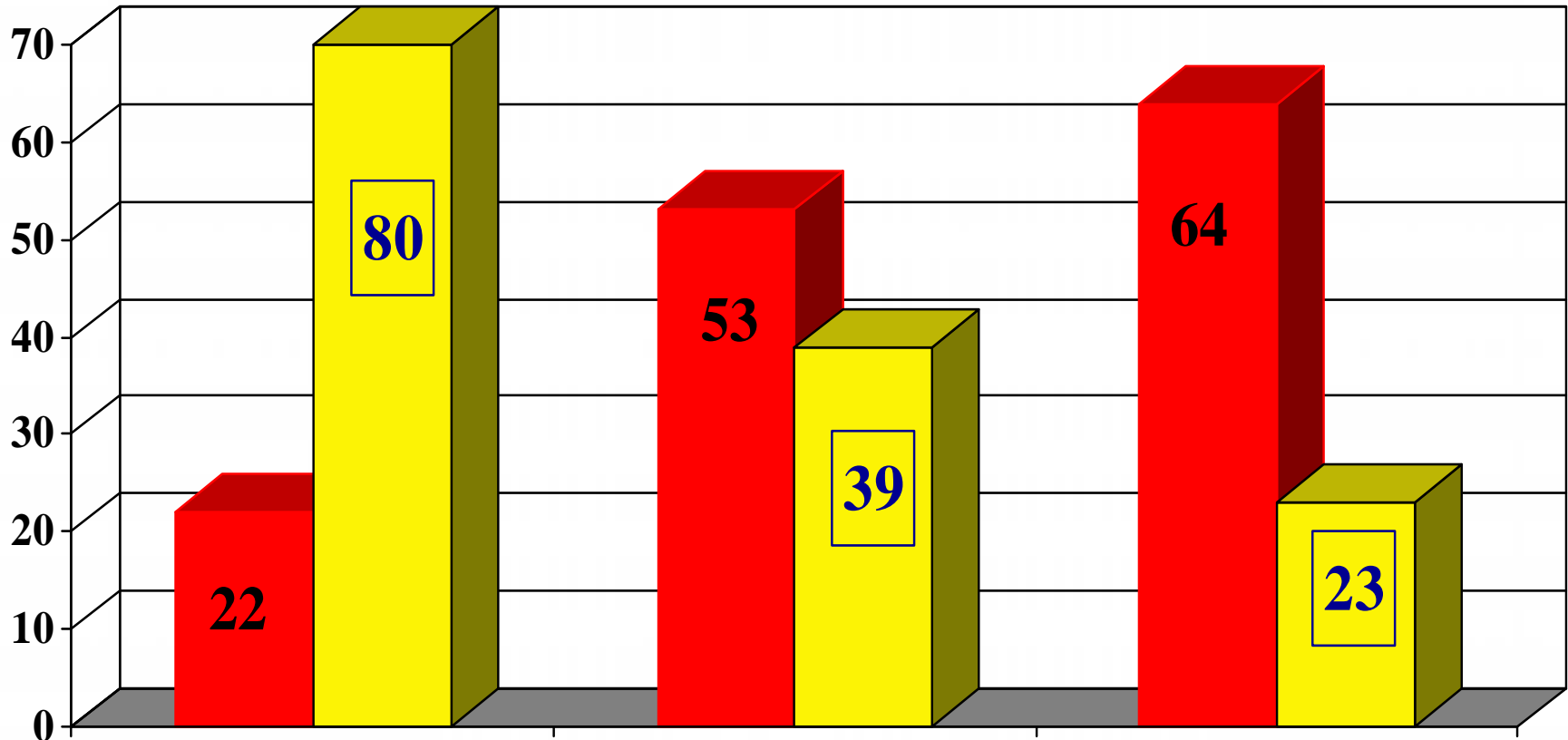
- \$63 million – 61 sites
- Three Groups – Different drug actions, Different drug costs
 - Diuretic - \$0.10 / pill
 - Calcium Channel Blocker - \$1.50 /pill
 - Ace Inhibitor - \$4.00 /pill
- Goal – Improvement on Pre-Specified Criterion
DURING TREATMENT

ALLHAT

Pre-Specified Criteria – Adjustment Oriented



Improvement Comparison



Baseline

Yr 1

Yr 3



RECOVERY
FROM
ADDICTION

Adaptive Care in Addiction



Lessons from Physician Health Plans

RECOVERY
FROM
ADDICTION

Physician Health Plans



- **49 PHPs**
 - All authorized by state licensing boards
 - Most treat many types of health professionals
- **Continuously Manage treatment**
 - Assess, Intervene, Evaluate, Refer, Monitor, Report and Advocate
 - All under authority of Board

DuPont et al., 2008, (in review).

RECOVERY
FROM
ADDICTION

Formal Treatment



- **Signed contract 3 – 5 years**
 - **Protection from adverse actions**
 - **Diagnostic evaluation – w/Family**
 - **Monitoring with report to Board – 4 yrs**
- **Formal Treatment ~1 yr**
 - **Residential 60 days – IOP ~ 6 months**
 - **Return to practice ~ month 3**
 - **Aftercare ~ 6 months**

Monitoring & Support



- **Monitoring & Support 4 yrs**
 - **AA**
 - **Caduceus Society**
 - **Worksite visits**
 - * **Personal Therapist**
 - * **Family Therapy**
- **Urine Drug Screenings**
 - **Weekly (random during weekdays)**

Results During Contract

**802 Physicians
Consecutively Enrolled into
16 state Physician Health Programs**

Completed

448 - No Longer Being Monitored

67 - Completed but monitored voluntarily

515 (64%)

Continuers

132 - Still being monitored

132 (16%)

Non-Completers (Failed)

85 - Voluntarily stopped / Retired

48 - Failed, License Revoked

22 - Died (6 suicides)

155 (20%)

Results Through Five Years



**No Positive Urine Over
5 Years**

78%

RECOVERY
FROM
ADDICTION

Results Through Five Years



Second Positive Urine After One Slip

26%

RECOVERY
FROM
ADDICTION

Results After Five Years



Practicing Medicine

Completers **92%**

Continuers **73%**

Non-Completers **28%**

Results After Five Years



Revoked License

Completers 2%

Continuers 11%

Non-Completers 32%

Results After Five Years



Untoward Patient Incidents

~ 500 Physicians 6,000,000 Patients

Recorded incidents 55

Patient Harm 5

Conclusions



- Performance, Effectiveness and Quality
 - All important – not the same
- All Require Active Information
 - Clinical Information Systems a MUST
- Purchasing Methods Influence Quality
 - Performance Monitoring and Contacting