Thinking About Treatment, Process, Performance & Outcome

How Should Alberta Build On the Existing Performance Measures?

Goals

Albertans will have:

- **Excellent health and function (outcomes)**
- **An efficient and responsive healthcare system (performance)**

Parts to the Presentation

- Part 1 – Realistic goals for managing the substance use problems in **Alberta**
- Part 2 – How could performance management help – generally?
- Part 3 – Using performance management to reduce **Alberta** substance use problems in School, Healthcare and Justice settings?

3 Facts

1 – You Can Prevent Substance *"Use"*

50% better prevention is possible

2 – You Can Intervene Early in emerging Substance *"Abuse"*

Savings of $4000/patient in healthcare

Important in schools too

3 - You Can Manage Even Serious Chronic *"Addiction"*

Continuing care model is essential

Important in healthcare, justice and welfare

Population Prevalence

Serious

In Treatment ~ 2,300,000

00,000

3. Promote Continuing Addiction Treatment
Quality Indicator = Continuity Measures

2. Identify Substance Problems – Intervene/Refer
Quality Indicator = Identification, Referral, Engagement

1. Prevent/Delay Onset – Intervene/Arrest Early Use
Quality Indicator

Use

Use

Part 2

How is *Performance Management* supposed to work?

- Treatment Processes
- Performance
- Outcomes

Parts of the Performance Model

- **Treatment** is the sum of therapeutic processes: "active ingredients"
- **Performance** is a measure of symptoms and function during treatment
- **Outcome** is a measure of symptoms and function following treatment

How Should This Work?

- Monitoring and managing performance during treatment should produce better outcomes.
- Monitoring and managing treatment processes should produce better performance:

But…this won't work unless it is easy, fast and sensible – people won't do it

You will have measures but no management

Laying the Foundation

Alberta Health Service has:

- **Developed a province-wide strategy – with clear markers for excellence**
- **Identified a comprehensive set of measures = "performance indicators"**
- **Created a culture of measurement**

Data Sources for Alberta PM Framework

- Service Satisfaction Survey
- Client Satisfaction Questionnaire
- Detoxification Feedback Survey
- Client/Family Feedback
- Referral Agent Feedback
- Addiction Severity Index
- Addiction Systems for Info. and Service Tracking
- Client Follow-Up

Data Sources for Alberta PM Framework (Continued)

- Provincial Survey
- Alberta Regional Mental Health Info System
- Hospital Discharge Data Base
- Ambulatory Care Data Base
- Alberta Physicians Claims Database
- Canadian Community Health Survey
- Canadian Alcohol and Drug Use Monitoring Survey
- The Alberta Youth Experience Survey (TAYES)
- Meditech – South

Data Sources for Alberta PM Framework (Continued)

- Regional Access and Intake System
- Calls to Health Link Alberta
- Service Tracking and Outcomes Reporting System
- Mental Health Crisis Response Teams
- Health of the Nation – Outcome Scales
- Global Appraisal of Individual Needs……

IN SUM **~68** information sources – **54** indicators – **36** objectives. Only 6 sources used more than once

Can't This be Simpler?

1. ***Work backwards*** *– How many processes can you manage at once? Pick important issues.*

2. ***Understand and agree*** *on process-performance relationships?*

3. *Use* ***existing measures****!!!*

4. ***What will you do with the information*** *– what is possible, sensible?*

Can't This be Simpler?

5. ***Do NOT measure outcomes until you measure processes –*** *results will not be interpretable*

6. ***Create a Management Dashboard*** *– No more than* ***7*** *measures on important issues.*

7. ***Collecting/reporting measures*** *is part of staff annual review –* ***Performance review/correction*** *is part of managers' annual review*

Part 3

Performance Management in Substance Use Disorders

- Prevention/Early Intervention
- Treatment

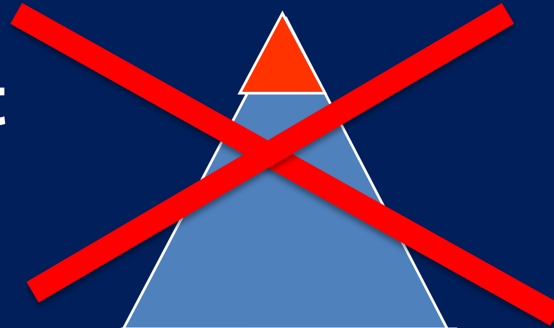
Prevention

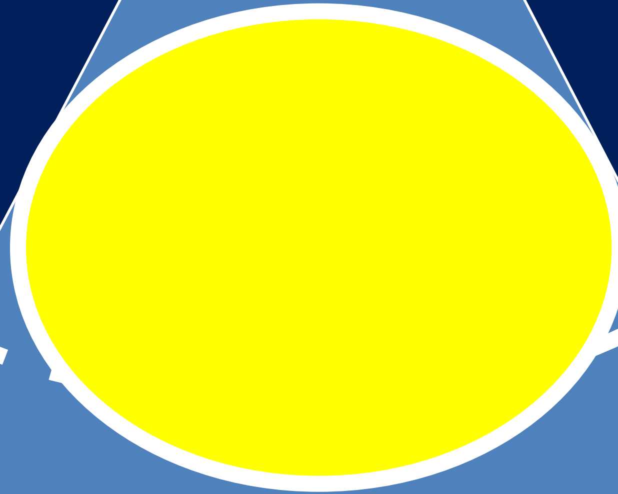
Relates to:

1. Alberta “Father Involvement” program
2. Alberta “Family Wellness Initiative”
3. Children’s MH Science Policy Practice Network
4. Harvard “Center on Developing Child”
5. Family Justice Training
6. Alberta “Measuring Add. & MH Problems” Report Card

Early Intervention

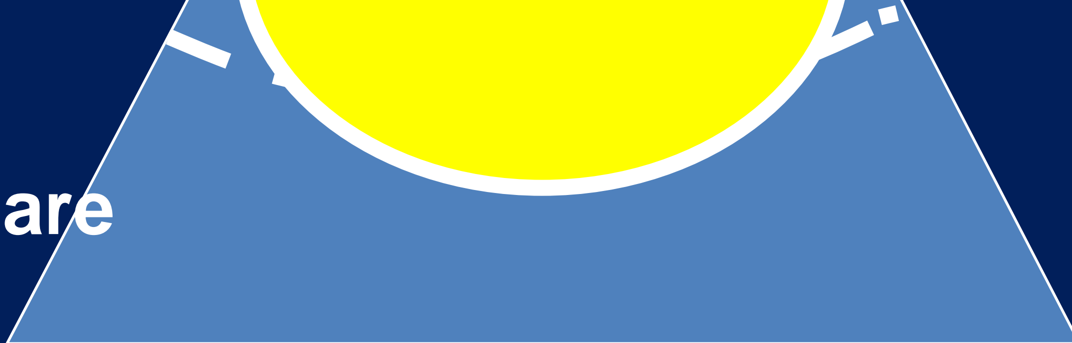
Very Frequent Use





Early Intervention

~ 40,000,000



Very Rare Use

Prevention Science

1. ***Addiction*** *affects ~10% of population - has an "at-risk" period (adolescence) –has 10 yr latency*

2. ***Substance abuse*** *affects ~30% population – pervasive effects in healthcare*

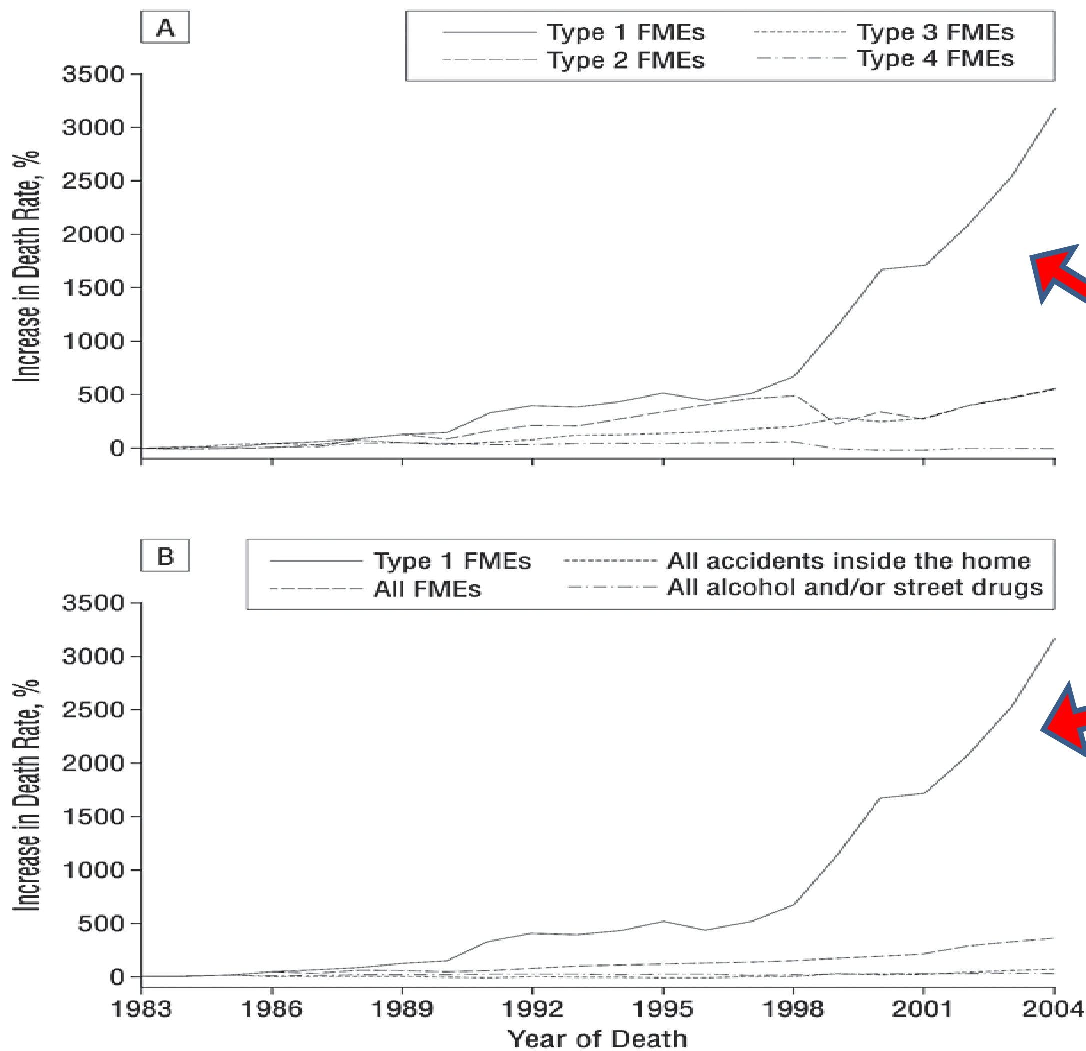
3. *Screening and Brief interventions have demonstrated impact*
   - *Easy, reimbursed, part of most EHRs*

Early Intervention

Relates to:

1. 5-Year Interdisciplinary Strategy: MH and Addiction
2. Alberta “Family Wellness Initiative”
3. Addiction Content in Professional School Curricula
   a. Medical School Curricula – Medical Training
   b. Nursing School Training
4. Royal Societies Synthesis Report

Potential impact on Safety: Fatal Medical Errors



FME Death Rate 1983 - 2004

ARCHIVES OF INTERNAL MEDICINE

Phillips, D. P. et al. 2008;168:1561-1566.

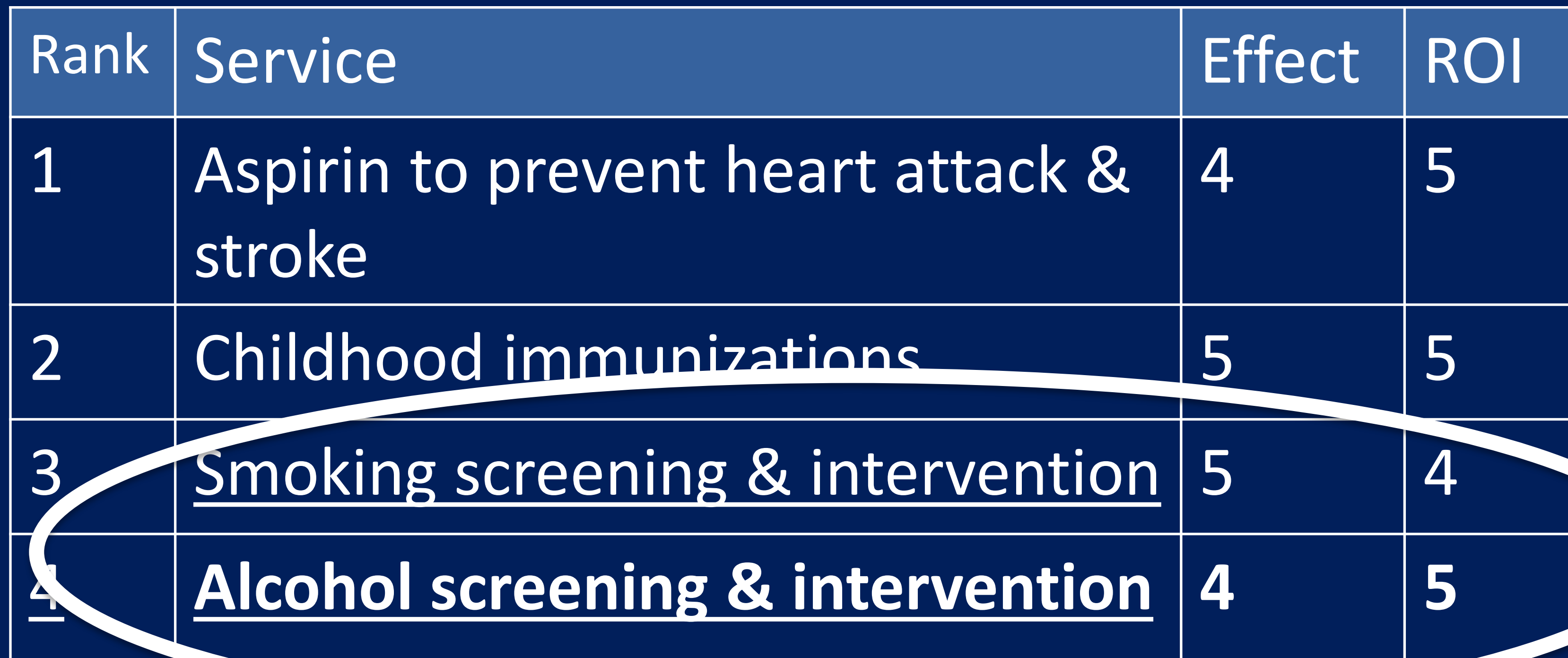
Alc/DrgRelated Fatal Errors

Potential impact on Care Quality

- Alcohol consumption @ ANY DOSE accelerates tumor growth in breast and prostate cancer.
- Alcohol @ more than 2 drinks/day reduces treatment response in hypertension & diabetes.
- Alcohol @ ANY DOSE within 2 hours of bed time reduces sleep quality
- Alcohol use @ 3 or more drinks/day produces 30 – 50% worse medication adherence

BUT - Simply asking the patient to reduce his/her use can improve clinical outcomes/costs.

Rankings of Top Preventive Services Recommended by the USPSTF



Rank	Service	Effect	ROI
1	Aspirin to prevent heart attack & stroke	4	5
2	Childhood immunizations	5	5
3	Smoking screening & intervention	5	4
4	**Alcohol screening & intervention**	**4**	**5**

Maciosek, *Am J Prev Med. 2006; Solberg, Am J Prev Med. 2008;*
http://www.prevent.org/content/view/43/71

What is SBIRT?

SBIRT identifies risky substance use to prevent addiction and complications/costs to other diseases.

3-simple questions on Tobacco, Alcohol, Other Drugs

Research shows Brief Advice produces :

- 20 – 60% reductions @ one year in 'harmful use'
- Decreases in health care costs $4,000 per patient

Can be done by nurse, NA, Counselor, Health Educat.

Bray, Cowell, Hinde, *Med. Care 2011;* Kraemer, *Subs Abuse 2007*

Prevention/Brief Intervention in NYC Schools

Adaptation to Schools:

Fit into education work flow, culture, ethics

Medical Clinic in school – separate, ethical, professional

Develop Computer-delivered “tailored prevention messaging” and counseling protocol for Brief Interventions

Build in billing, progress reporting formats to self-sustain

Implementation Research in two schools:

Work with parents, teachers union, admin, insurance

Iterative implementation of screening and counseling

Revise, re-test protocols – assure acceptability

Controlled Cost-Effectiveness Trial in Progress

Performance Measures For Prevention

Using existing billing records

1. ***Penetration -*** *% of patients 10 – 40 who have been screened for "unhealthy substance use"*
   - *By Site, Service and Setting*

2. ***Identification*** *- % of positively screened patients who receive a brief intervention or referral*
   - *By Site, Service and Setting*

If performance is low

1. **Penetration -** *By Site, Service and Setting*

- *Examine sites/settings using PDSA techniques*
- *Consider training as last resort*

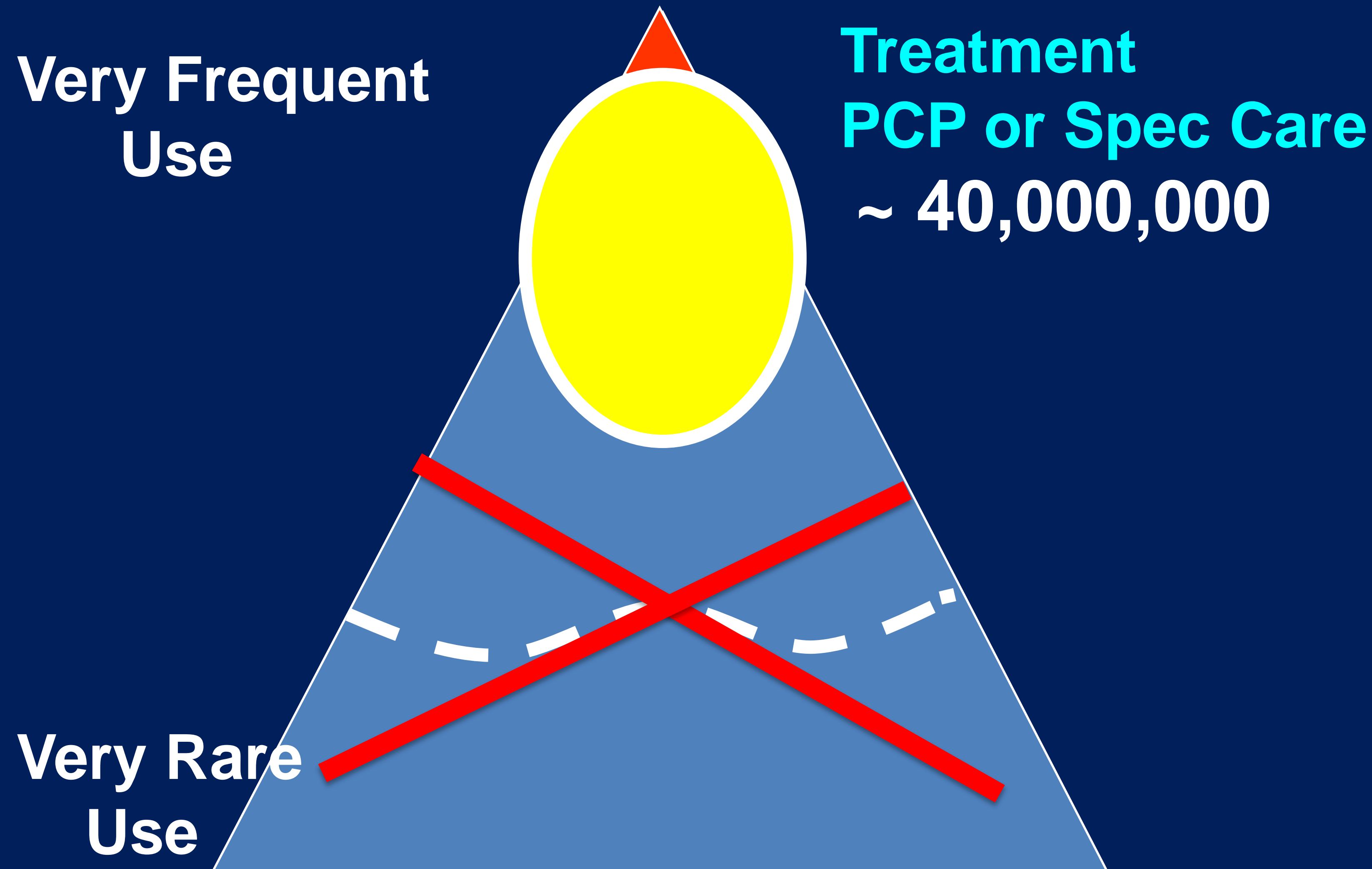
2. ***Identification*** *- By Site, Service and Setting*

- *Examine sites/settings using PDSA techniques*
- *Consider fit of intervention into setting*
- *Consider attractiveness of “next steps” in process*

Treatment

1. Addiction is a chronic illness
2. Integrate/harmonize management of addiction into CCM model

Abuse/Addiction Treatment



Treatment
PCP or Spec Care
~ 40,000,000

GOOD OLD FASHIONED REHAB

Substance Abusing Patient

↓

Treatment

↓

Non- Substance Abusing Patient

Continuity of Healthcare

Screen
Intervene
Monitor
Refer

Stabilize
Motivate/Medicate
Self-Mgmt/Refer

Re-Intervene
Monitor/Support

Chronic Care Science

1. ***Chronic illnesses don't have cures – but they can be managed***

2. ***Goal is "disease control" thru self-management***

   – ***Clinical measures can be performance indicators***

3. *Care is NOT formulaic – requires management*

   – ***Clinical measures can guide care management***

Performance Measures In Treatment

3. ***Engagement -*** *% of diagnosed "addicted" patients who *actively participate* in OPT care for at least 60 days*
   - *By gender, age, drug of choice, site*

4. ***Disease Control*** *- % of engaged patients who achieve at least 8 weeks of *disease control**
   - *By gender, age, drug of choice, site*

If performance is low

3. **Engagement -** *By gender, age, drug, site*

- *Use PDSA & Patient Satisfaction to examine attractiveness of care*
- *Consider telephone counseling*
- *Consider the effectiveness of clinical processes*

3. **Disease Control** *- By gender, age, drug, site*

- *Consider the effectiveness of clinical processes*
- *Share with clinical staff – develop new protocols*

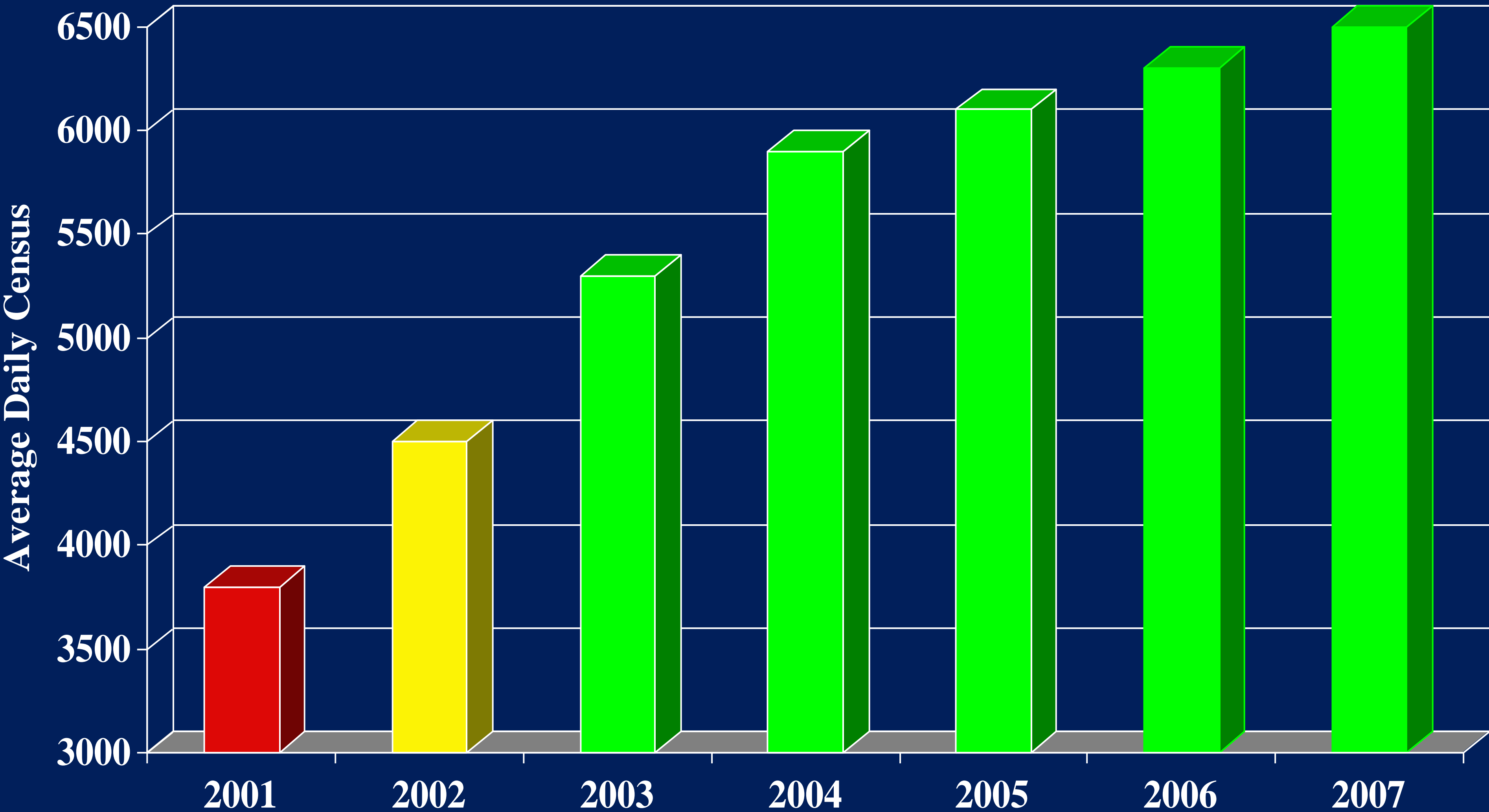
Delaware's Efforts In Performance Contracting

Performance Contracting

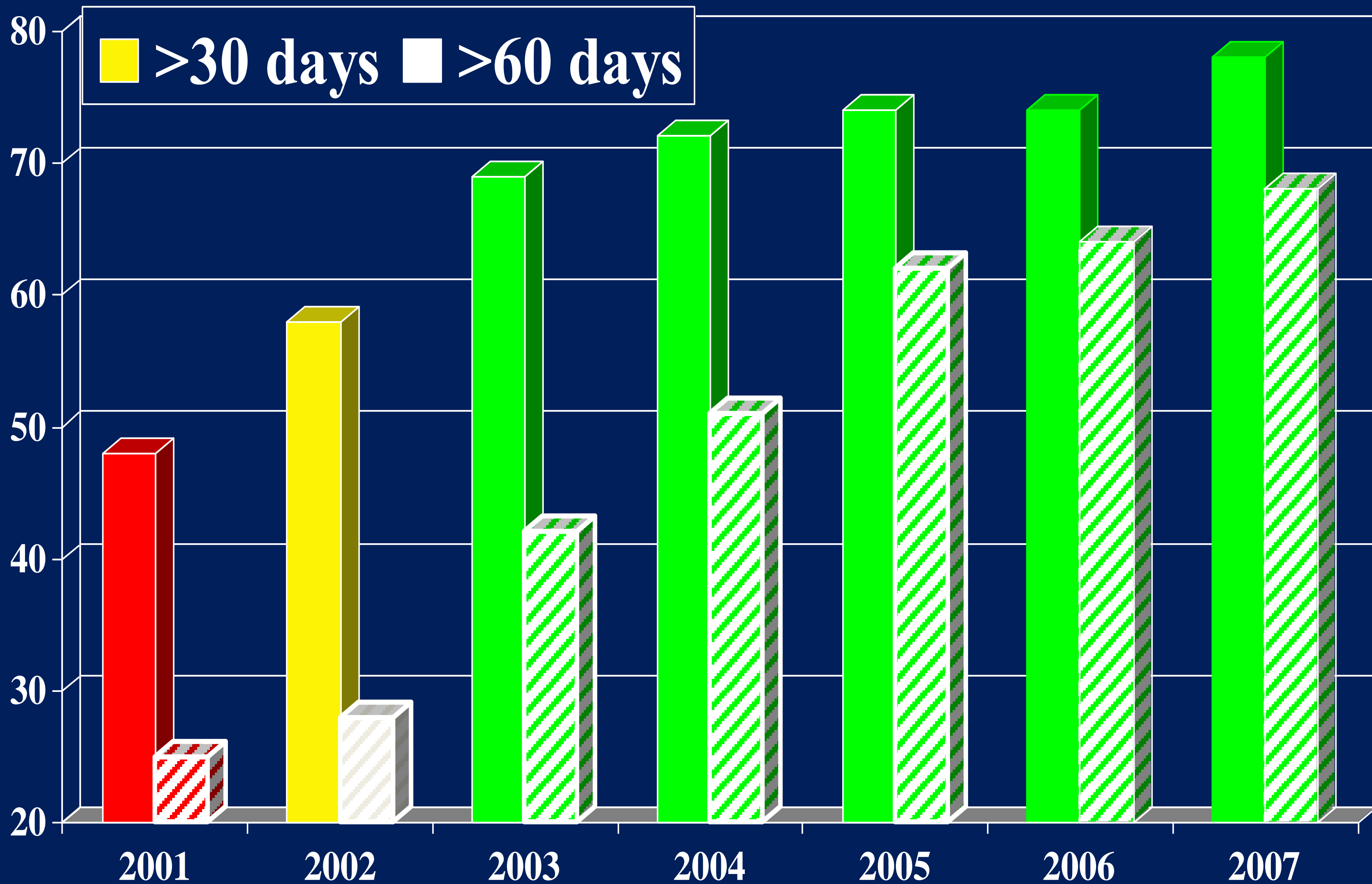
Delaware's Performance Based Contracting

- 2002 Budget – 90% of 2001 Budget
- Opportunity to Make 106%
- Two Criteria:
  80% Utilization/Occupancy
  Active Participation
- Audit for accuracy and access

Utilization



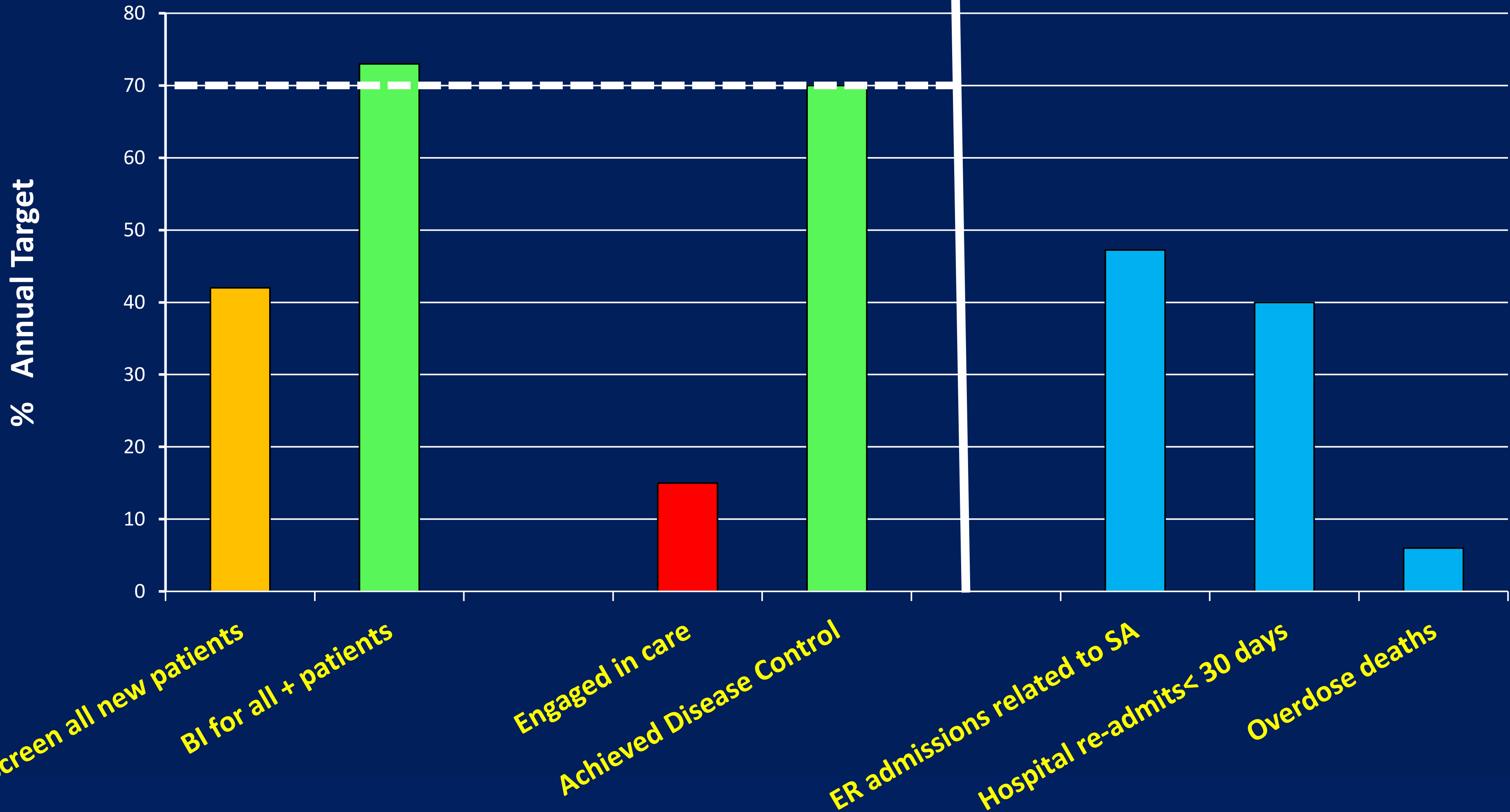
% Attending



CONCLUSIONS

- Substance use problems **CAN** be managed
  - Extreme value to healthcare, justice, welfare
- Most performance measures comport well with the rest of healthcare and pop. health
- Alberta is poised to create better system:
  - Integration – Beh Health & Gen Med
  - Evidence informed policies

A Simple Performance Dashboard



Thank You