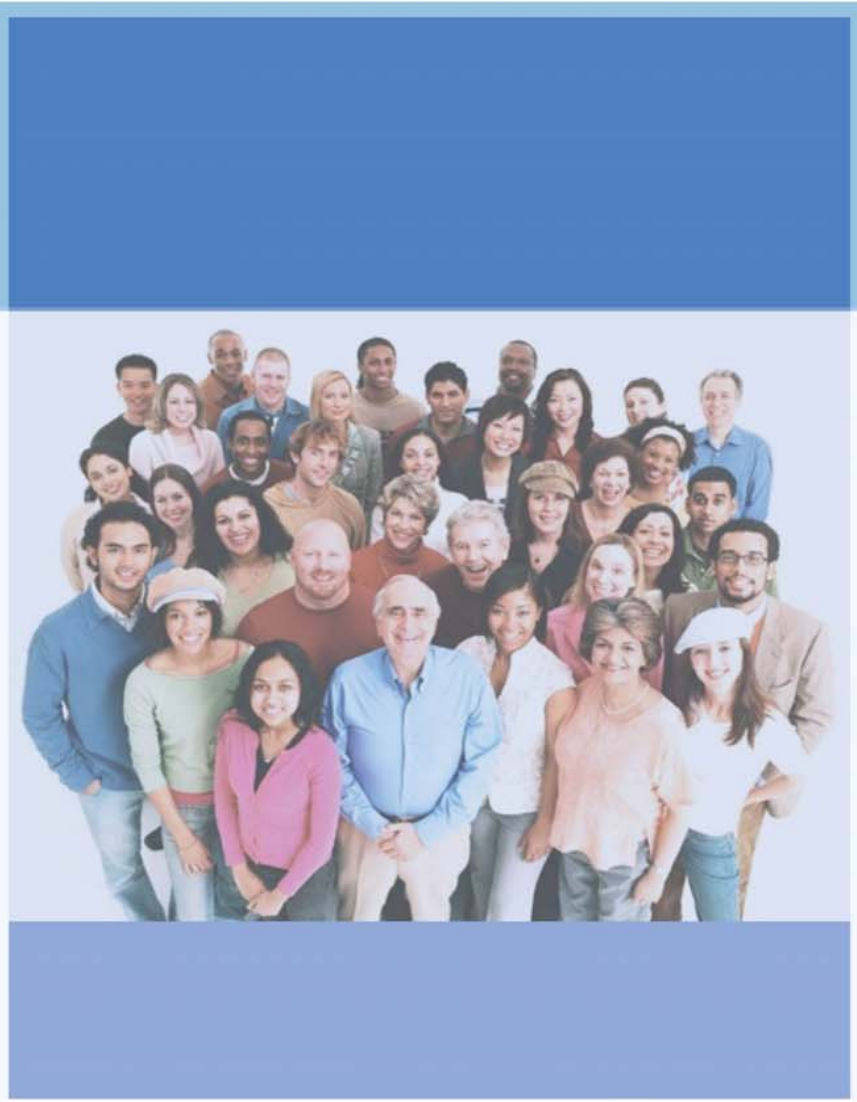
RECOVERY FROM ADDICTION



Re-Thinking Addiction Treatment: Adding Value to Treatment

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

Alberta family wellness initiative

Norlien Foundation

Part I

Does Anything Work?

- 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 II

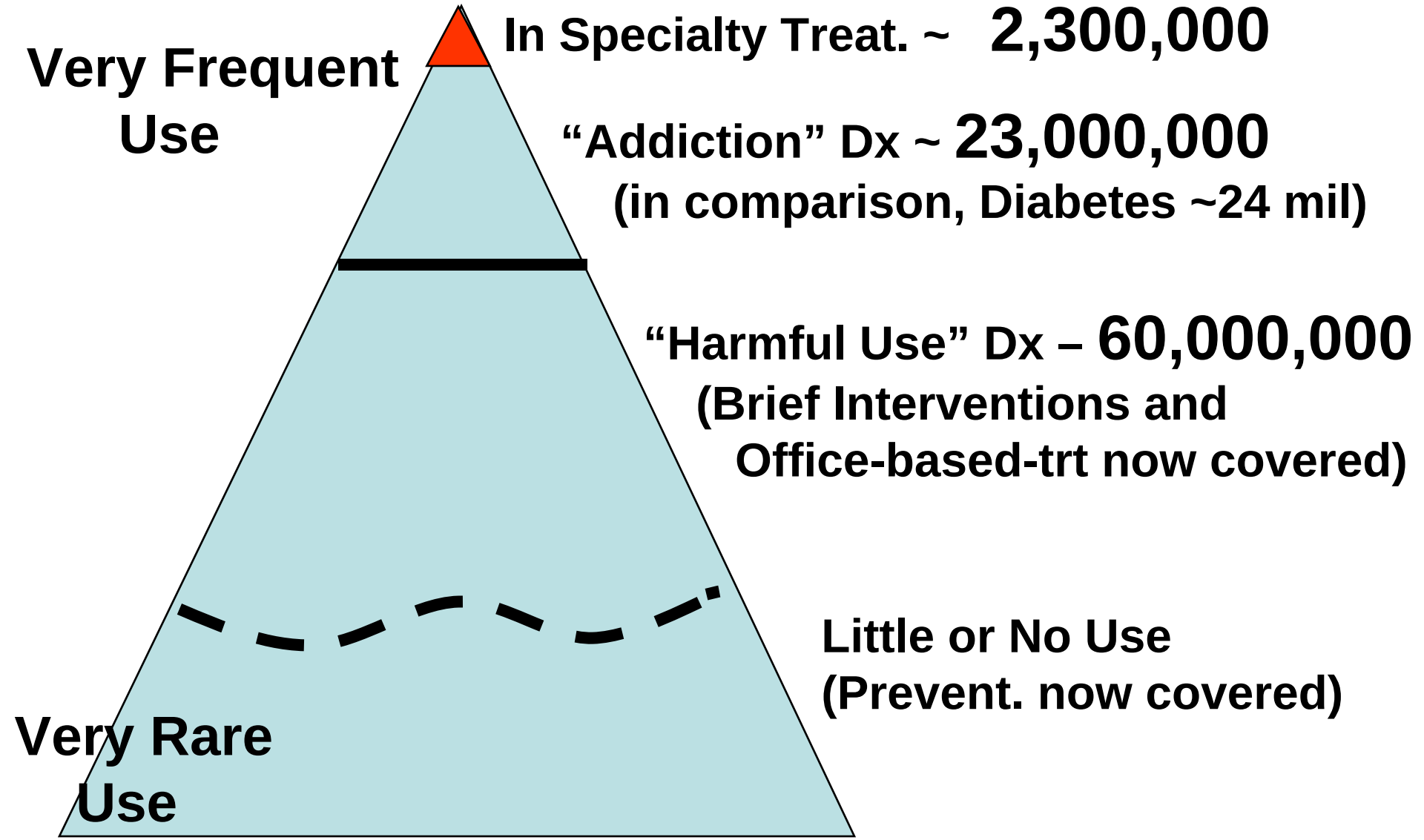
The Specialty Care System:

A “Customer” Perspective

- Patient Survey
- Care Provided
- Infrastructure

Scope of Substance Use in the US

Alcohol, Illicit & non-prescribed drugs



Addiction Specialty Care

13,200 specialty programs in US

- 31% treat less than 200 patients per year
- 65% private, not for profit
- 77% primarily government funded

  Private insurance <12%

Sources – NSSATS, 2002; D'Aunno, 2004

Organization, financing, management problems prevent clinical advances

Inability to adopt better clinical practices

Inability to attract broader range of patients

Inability to create value for purchasers & growth opportunities for field

Vicious Circle

poor quality restricts income,

low income restricts quality efforts

Referral Sources

Source	1990	2008
Criminal Justice	38%	*61%*
Employers/EAP	10%	*6%*
Welfare/CPS	8%	*14%*
Hosp/Phys	4%	3%

What Do Purchasers Want?

Public Expectations of Addiction Treatment

Public Expectations of Substance Abuse Interventions

- Safe, complete detoxification
- Reduced use of medical services
- Eliminate crime
- Return to employment/self support
- Eliminate family disruption
- *No return to drug use*

Addiction Severity Index

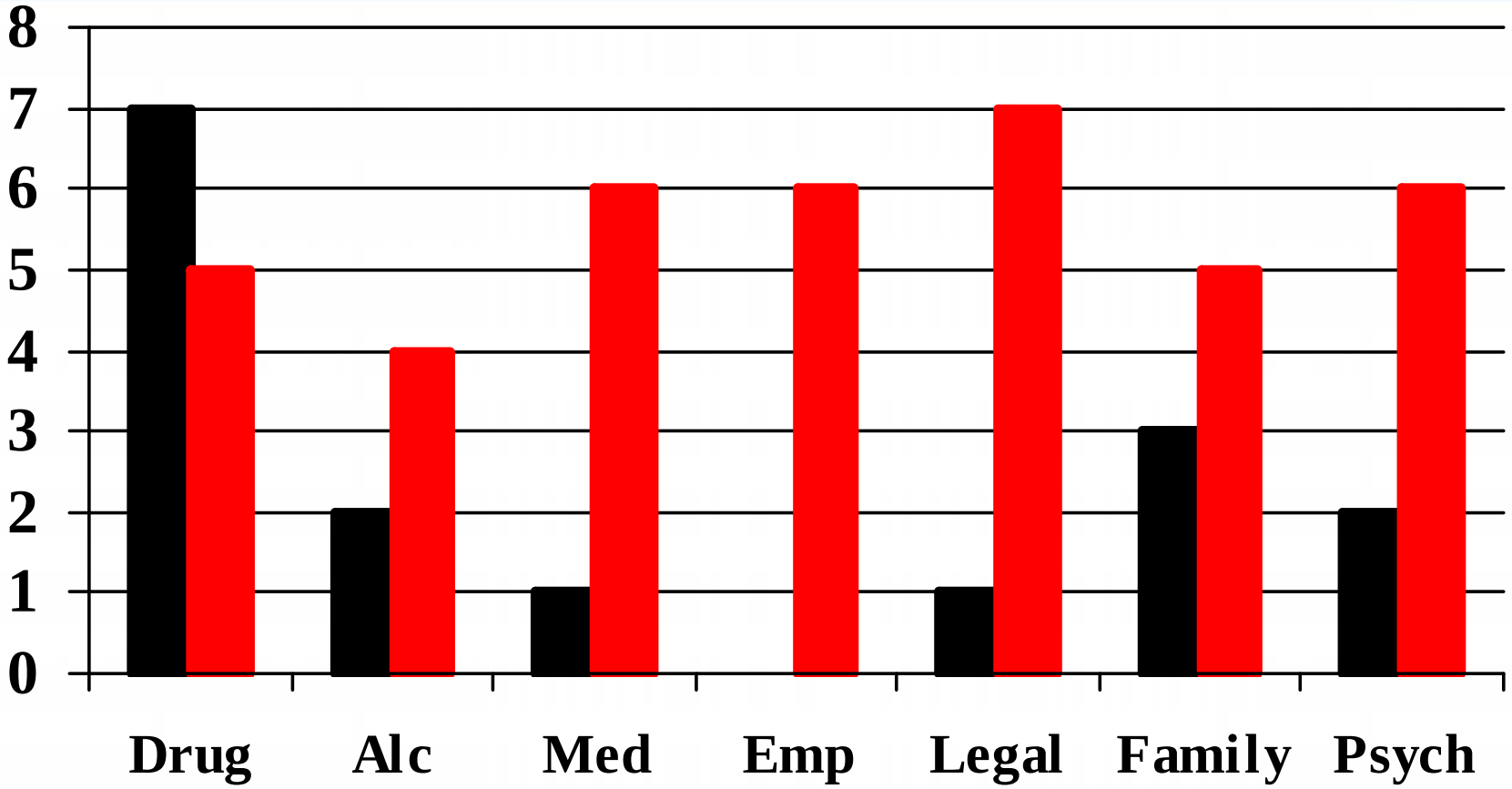
45-60 Minute, structured interview of
Lifetime and recent (past 30 days) problem severity

Substance Abuse: Alcohol/Drug use

Personal Health: Medical status
Psychiatric condition

Social Functioning: Employment
Family relationships
Legal status

ASI PROFILES AT ADMISSION



Treatment Research Institute

New Purchasing Methods

Performance Contracting In Delaware

Recovery From Addiction

Addiction Specialty Care

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Delaware Situation 2002

- 11 Outpatient Providers
- Limited Budget
- No success with outcome evaluation
- Providers won’t/can’t use EBPs

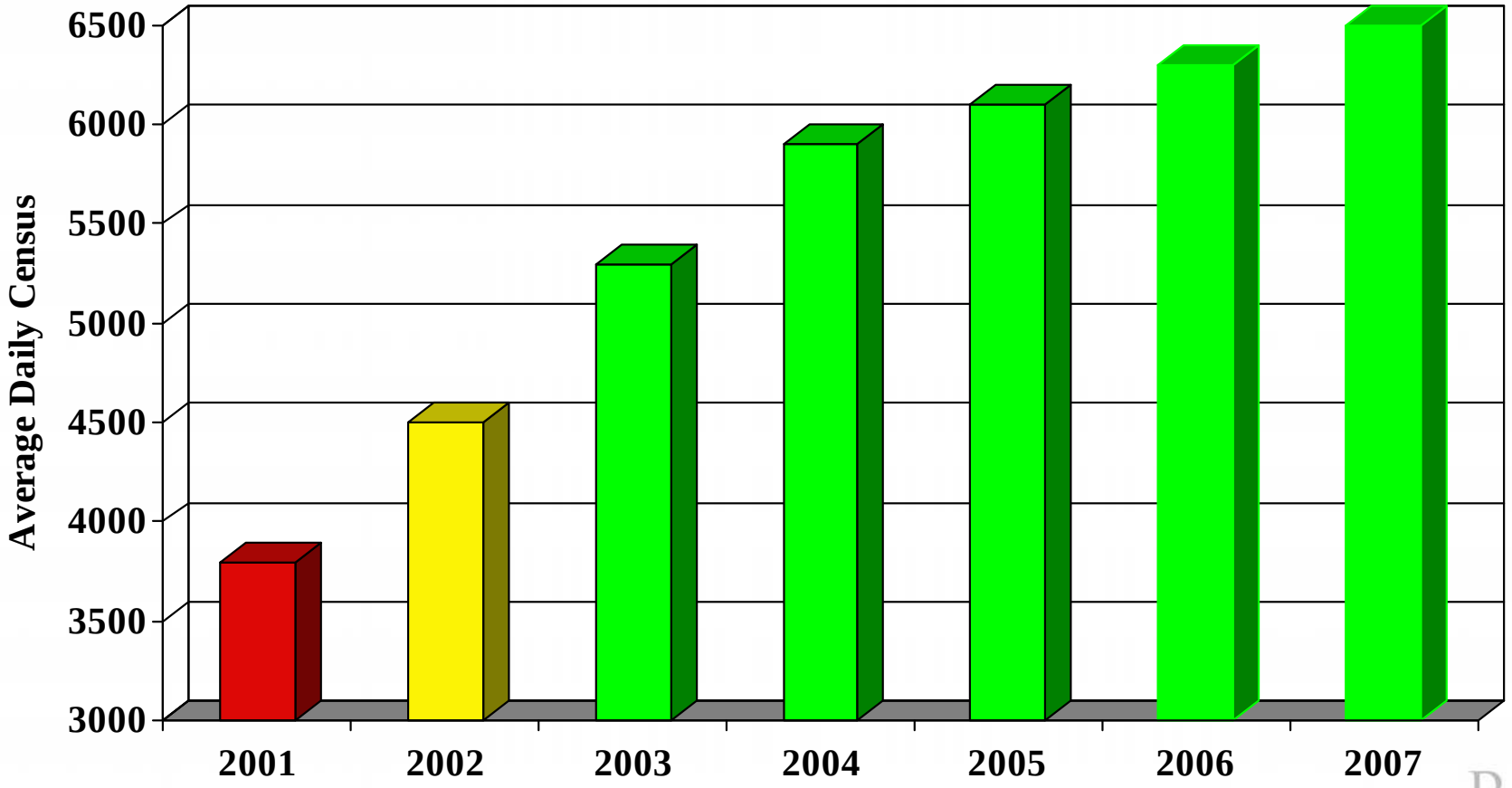
Delaware's Performance Based Contracting

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

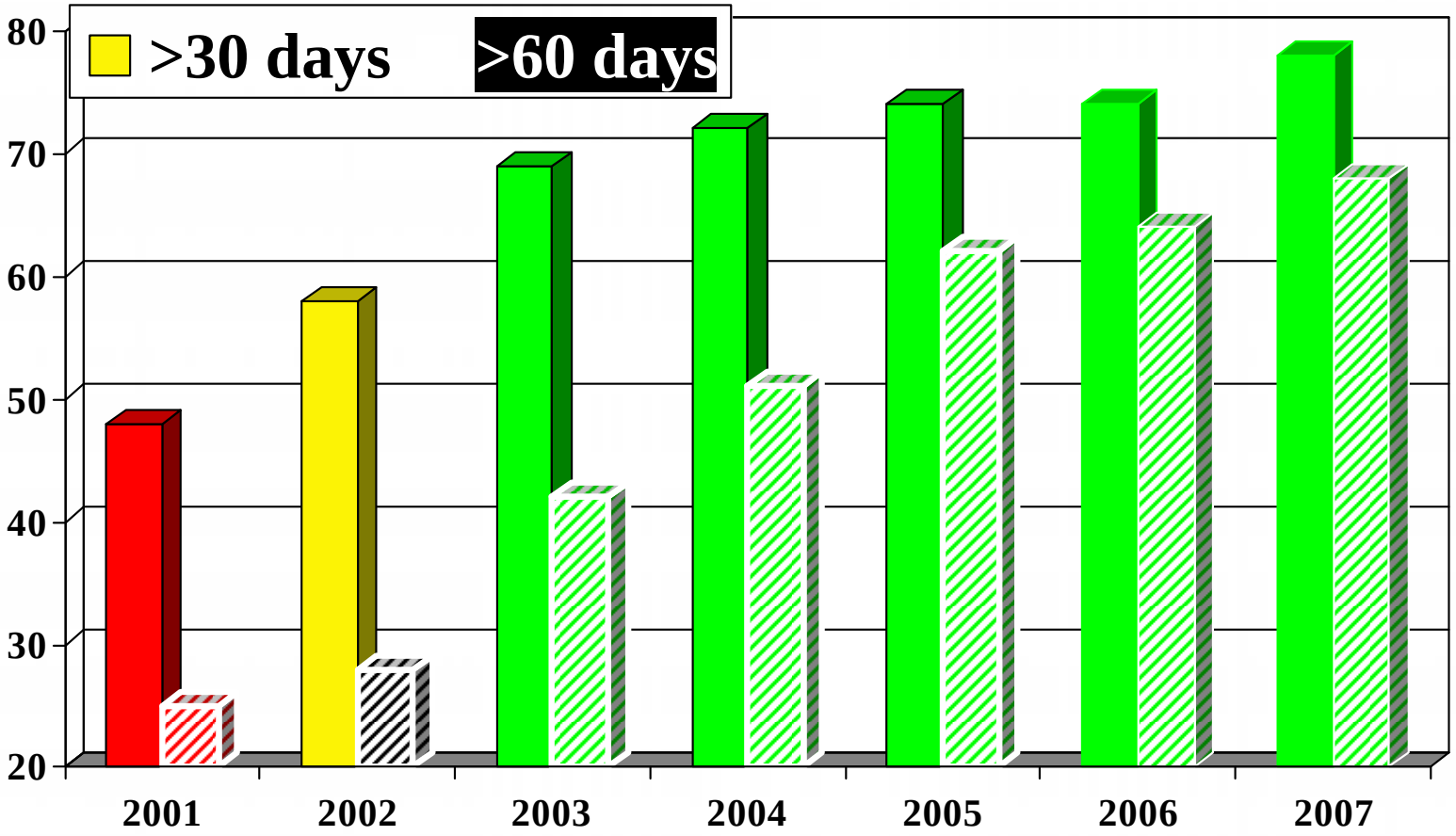
Delaware's Results
Years 1 & 2

- **One program lost contract**
- **Two new providers entered, did well**
  - **Mental Health and Employment Programs**
- **Programs worked together**
  - **First, common sense business practices**
  - **Second, incentives for teams or counselors**
- **5 programs learned MI and MET**

Utilization



% Attending



But – Remember, you get what you get what you pay for!

Buying Continuity: Paying for Better Referral

Delaware Situation 2008

- Two Detoxification providers (Hosp)
- Very Expensive (25% of all expense)
- Very few continued any kind of care
- 15% of patients had 3+ detoxes/yr

Delaware's Effort: Incentives for Better Linkage

- 2008 Budget – Contingencies in place
- 90% based on 90%+ census and on "Medical Completion"
- 10% plus $500/patient bonus based on:
  - Referral (2 visits) to continuing care (Res or Opt)
  - Active participation for 30 days care
- Audit for accuracy and access

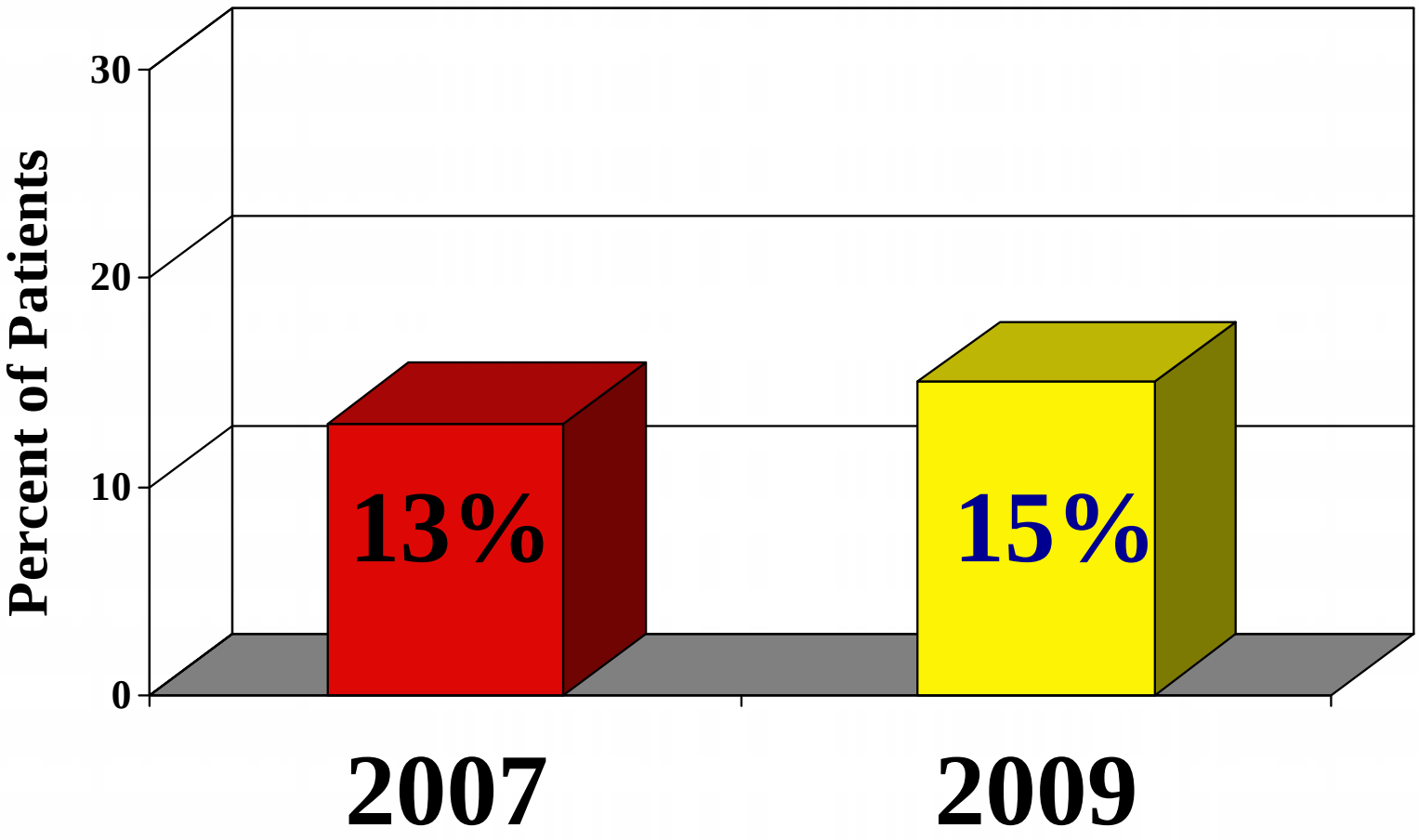
Delaware's Good News
Years 1 & 2

- **Utilization increased to ~98%**
  - **No change in patient characteristics**
- **Case Managers Hired by Detox Unit**
  - **Motivational Interviewing plus transportation**
- **Active efforts to stimulate continuity**
  - **OPT programs did admissions during Detox**
  - **Transportation directly to OPT programs**

Delaware's Bad News
Years 1 & 2

- **No Change in Continuation Rates:**
  - **Small negative change for 3+ patients**

Continuing Past Detox



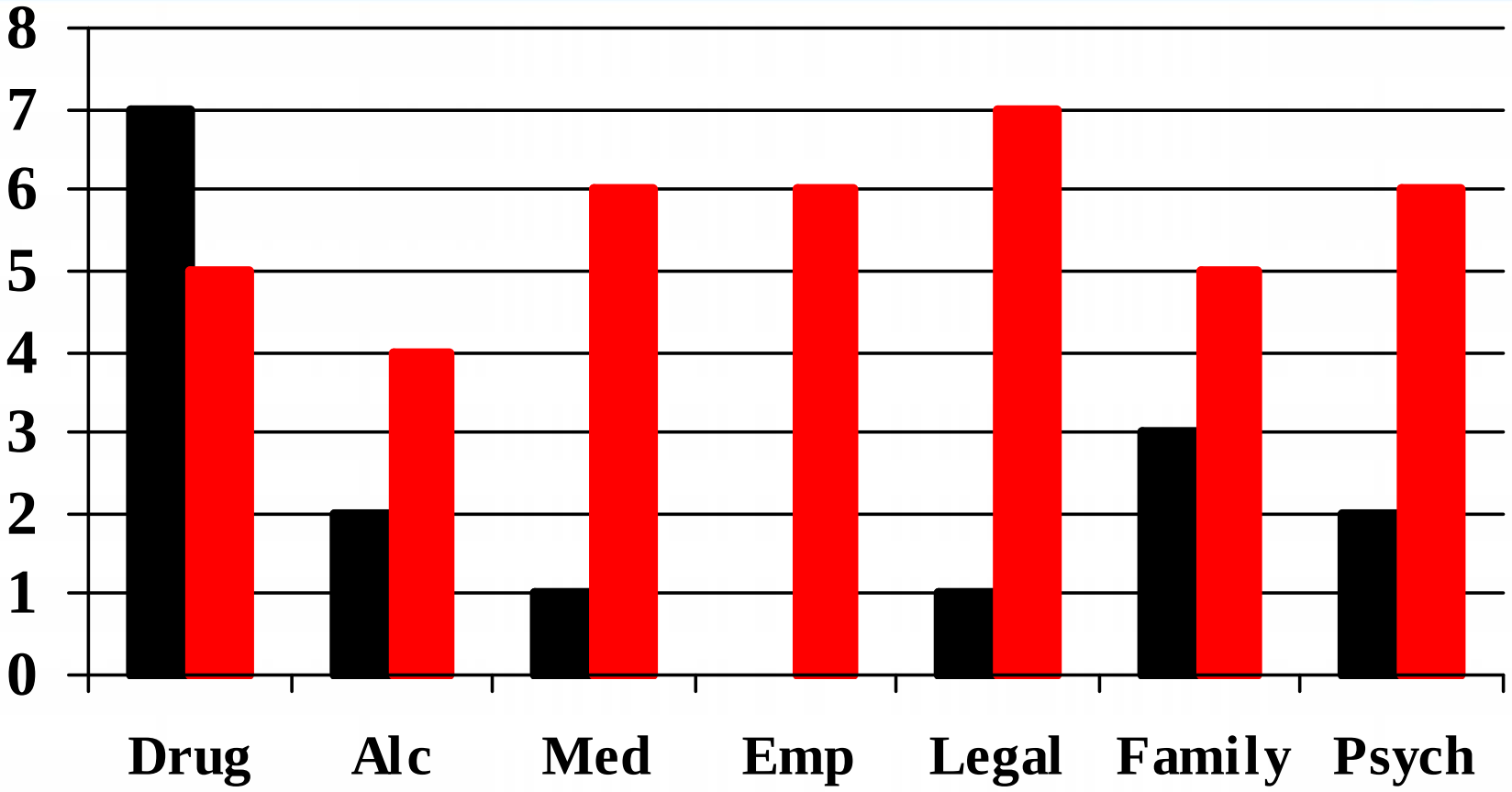
Why?

- **Patients were very sick**
  - Majority had medical, psych, emp l and housing needs
- **Residential facilities were full - OPT facilities lacked services**
- **Delaware paid for referral – not for retention in continuing care**
  - Paradoxical result of earlier success

Other Applications of New Purchasing

Buying a Continuum of Care: Not the Pieces!

ASI PROFILES AT ADMISSION



Treatment Research Institute

The Current Continuum of Care

Continuing Care

2x per mo.

Outpatient Care

1 – 2 x per wk.

Purchaser

Intensive OP

3x per wk.

Residential Care

7 – 30 days

Functional Continuum of Care

Purchaser

Continuing Care

2x per mo.

Outpatient Care

1 – 2 x per wk.

Intensive OP

3x per wk.

Residential Care

7 – 30 days

Sober Housing

Conclusions

- Specialty care system is in trouble
  - Customers Do Not Want the Product
  - Ruled by Gov, Not Market Forces
- The System Must Change:
  - Is isolated and insular
  - Restricts population willing to enter
  - Cannot produce quality care

Conclusions

Purchasers CAN Change

- Meet Customer Needs – Offer New Options
- Public Health Value thru Patient Value

- The End -

Recovery From Addiction