

A Path Forward to Measuring Continuing Care Management for Substance Use Disorders:

Applying the NQF Patient-Focused Episodes of Care Approach

Amy K. Rosen, PhD and James R. McKay, PhD

November 4, 2009

- 1) Define key elements and goals of continuing care management;
- 2) Apply episodes framework to the conceptualization of continuing care management for substance use disorders (SUD);
- 3) Identify challenges in applying episode framework to continuing care management and important gaps in measurement; and
- 4) Propose methods for assessing the quality and efficiency of continuing care management provided within episode framework.

- Any treatment intervention provided to patients post intensive, initial phase of treatment
 - Weekly group counseling post residential or intensive outpatient treatment
 - Intensive outpatient or outpatient treatment post brief detox intervention
 - Low intensity monitoring and linkage to community resources post outpatient treatment
- Different modalities: group, individual, couples/family therapy
- Delivered in specialty clinics, other settings, remotely

- Easing transition from more intensive to less intensive treatment
- Regular monitoring of patients' behavior
- Addressing relapse risks
- Providing support for co-occurring issues
- Facilitating ongoing participation in self-help programs
- Providing and linking to social support
- Adapting treatment over time as needed

“Series of temporally contiguous healthcare services related to treatment of a given spell of illness or provided in response to a specific request by the patient or other relevant entity.” (Hornbrook, Hurtado, and Johnson, 1985)

Relates health care inputs (events, processes of care) to health care outputs (outcomes: patient-level, overall resource use).

- Key Elements of an Episode
 - Beginning
 - Duration
 - Endpoint
- Stages within an Episode
- Diagnostic evaluation
- Treatment intervention
- Continuing Care

How easily can it be adapted for SUD?

- In what ways is SUD similar to diabetes and cancer, two chronic diseases endorsed by NQF for an episode of care framework?
- How does SUD differ from these 2 diseases, making adaptation of episode framework challenging?

Episode Framework for Continuing Care Management: Challenges (1)

- What is the population at risk (e.g., everyone vs. selected high risk individuals)? (Phase 1?)
- When does an episode of SUD continuing care management begin? (Phase 2)
- What is included in the continuation of maintenance treatment phase? How long should the episode duration be? (Phase 2)
- When does the episode end? (Phase 3) (e.g., formal end of treatment)
- How can the end be evaluated? (which outcomes? How long should period of remission be?)

- Continuing care treatment of SUD is a maintenance episode—
 - Should it be separate episode or incorporated into larger episode of SUD?
- Accounting for data elements necessary for episode:
 - Patient characteristics, Multiple Encounters, Overlapping Episodes, Patients' Preferences, Patient-Level Outcomes, Resource Use (are these readily available and feasible to use?)
- Accounting for processes of care at each episode stage (are these readily available?)

- Is episode length standard or flexible? How long?
- Can the current organizational structure adapt to an episode approach? Are appropriate mechanisms/data currently in place?
- Which outcomes are most appropriate to evaluate? Patient-level, resource use?
- What are the difficulties in incorporating patients' preferences?
- How can family involvement be incorporated?
- How can patients' psychosocial needs be folded in?

The Episode Framework - Summary of the Challenges

Challenges	Issues
Separate or nested episode	Maintenance episode has different features than typical episode
Incorporation of domains into episodes	Patient-level outcomes, overall resource use, processes of care
Structure of SUD treatment system	Fragmentation, multiple providers, settings of care
Data availability	Obtaining relevant outcomes of care; and incorporation of patient preferences, comorbidities, family involvement, and psychosocial needs of patient
Administrative data limitations	Lack of available data elements; system limitations; coding issues
Determining episode start and stop and length	Begins with continuing care management; no consensus on length of remission

- Overall Guidelines
 - Use of evidence-based psychosocial and pharmacological interventions
 - Any treatment should be delivered with empathic, supportive approach
 - Active involvement with community supports should be stressed

- Continuing Care Quality Standards
 - Long-term, coordinated management of care for SUD and co-existing conditions
 - Care should be adapted based on ongoing monitoring of progress
 - Other features
 - Evidence-based interventions
 - Patient preference important in tx planning
 - Multi-dimensional assessment
 - Linkage to other needed services
 - Sharing Dx and Tx information with other service providers

- Often not available
- Lack of options other than 12-step oriented group counseling
- Little use of FDA approved pharmacotherapy
- Little use of measurement-based care approaches
- Limitations more pronounced for adolescents

- RWJ Advancing Recovery
 - Rhode Island, Delaware, Arkansas
- SAMHSA Access to Recovery
 - Continuing care for adolescents in CA
- Connecticut's move toward a recovery oriented system of care

- Patient-level Outcomes
 - Health status (e.g., substance use, physical and emotional health)
 - Quality of life
 - Social and occupational functioning
 - Patient satisfaction
- Cost and resource use
 - Cost of individual services (hospitalization, provider fees, clinical visits, medications)
 - Resource use: number of visits, number and type of services
- Processes of Care
 - Receipt of evidence-based treatment
 - Engagement in treatment
 - Retention (e.g., proportion of patients retained for 90 days)

- SUD is chronic disease, similar to diabetes/cancer
- Treatment of SUD involves continuum of care and longitudinal perspective
- Applicable to chronic care model
- Multiple settings/providers allows integration of three domains: patient-level outcomes, overall resource use, processes of care
- Can link processes to outcomes (better understanding of adherence to evidence-based guidelines and implications for treatment, outcomes)

- Move toward measurement-based care
 - Patients should be assessed at regular intervals
 - Information used to adapt or modify treatment over time
 - Requires guidelines that suggest:
 - Frequency of measurement
 - Measures to be used
 - Other interventions to be tried when adequate progress is not being made

<u>Domain</u>	<u>Available Measures</u>	<u>Gaps in Measurement</u>
Patient-level Outcomes	<ul style="list-style-type: none"> • Substance Use • Consequence of Use • Social Functioning • Occupational functioning • Involvement with legal system 	<ul style="list-style-type: none"> • Standardized protocols that link regular assessments of progress to clinical decision making • Patient preference • Quality of life • Patient satisfaction • Case-mix adjustment strategies
Cost and Resources	<ul style="list-style-type: none"> • Costs of individual services • Number of visits, services received, sessions, etc. 	<ul style="list-style-type: none"> • Overall costs and services delivered across episode of care • Structural elements needed to implement and sustain continuing care management model • Performance contracting and other innovative payment mechanisms
Processes of Care	<ul style="list-style-type: none"> • Engagement and retention • Progress toward treatment goals 	<ul style="list-style-type: none"> • Standardized protocols that link regular assessments of process to clinical decision making • Positive recovery goals • Case-mix adjustment strategies

- Patient Level
 - Substance use and consequences
 - Addiction Severity Index
 - Time-Line Follow-Back
 - Inventory of Drug (alcohol) Use Consequences
- Processes of Care
 - Continuity of care
 - Washington Circle
 - VHA
 - ASAM

- Patient Level
 - Patient preference
 - Registries
- Costs and Resources
 - Measures of structure
 - How patients are managed across levels of care
 - Availability/wait times for each level of care
 - Type of service providers at each level of care
- Processes of care
 - Progress toward positive recovery goals
 - Occupational and social functioning

High-Level Issues to be Considered:

1. How easily can an episode of care model be adapted as a conceptual framework for continuing care management of SUD?
2. What changes to the existing treatment system are needed to support quality continuing care management?
3. What changes to measurement strategies are needed to support quality continuing care management?
4. Should measures of quality be Individualized?
5. To obtain an accurate assessment of quality during continuing care, is it necessary to also assess quality in the initial phases of care?

Issues to be Considered Within the Context of Episodes:

Patient-level Outcomes

- Measures used by programs and systems to assess patient outcomes often differ from the measures used in research to capture outcomes. What are the implications of this for the measurement of quality and outcome in continuing care?
- How should measurement of quality and outcome in patients with significant co-occurring disorders be accomplished? What should the focus be within an episode of care?

Issues to be Considered Within the Context of Episodes:

Cost and Resource Use

- Assessment of communication across settings of care
- How can confidentiality be maintained as patients move through the continuum of care and receive treatment in different setting and systems?
- Research vs. clinical measures of quality and outcome

Issues to be Considered Within the Context of Episodes:

Processes of Care

- Role of recovery support services: Differences between these services and treatment-oriented continuing care
- Role of mandated care in the continuum of care: Do mandated patients need different outcome/quality measurement scheme?

Additional Issues to be Considered:

Policy Issues Regarding Quality Measurement

- Are SU quality measures ready to be used for pay-for-performance or public reporting? Or are they better suited for quality improvement?
- Are the databases available for developing episodes of care for continuing care management of SUD?
- Can evidence-based guidelines be formulated from existing “standards” in order to better assess the linkage between processes and outcomes within the episode?

Which Stakeholders Should we Engage

- To improve quality measurement in SU?
- To obtain buy-in on using episodes as a framework for continuing care management of SUD?