

Public Sector Experience with Washington Circle Measures

Deborah W. Garnick
Constance Horgan
Margaret Lee
Andrea Acevedo

Institute for Behavioral Health,
Heller School for Social Policy and Management,
Brandeis University

Summit: Performance Measurement and Outcomes Monitoring in the U.S.

November 16, 2007

Supported by the Substance Abuse and Mental Health Services Administration (SAMHSA) through a supplement to the Brandeis/Harvard NIDA Center on Managed Care and Drug Abuse Treatment (Grant #3 P50 DA010233), with additional support from the NIDA Center Core



GOALS

- Propose Washington (WC) Circle substance abuse performance measures as a way to use administrative data to understand service delivery and improve quality
 - Briefly outline WC history and rationale for measures
 - Describe collaborative measure specification and pilot testing with states
 - Share pilot test results
 - Relate WC to other initiatives

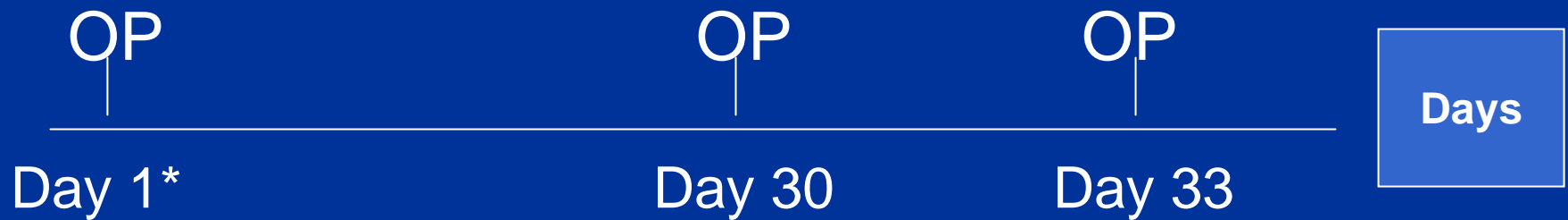
WASHINGTON CIRCLE: HISTORY

- Convened in 1998 by SAMHSA's Center for Substance Abuse Treatment
- Goals:
 - Develop and pilot test performance measures for substance abuse treatment
 - Promote adoption of these measures by public and private stakeholders (McCorry et al., 2000)
- Brandeis works with WC to develop and test performance measures -- beginning with commercial managed care plans (Garnick et al., 2002)
- 2003 NCQA adopts measures, Oklahoma adapts two measures for regional reports
- 2004 Formation of the WC Public Sector Workgroup

THREE PERFORMANCE MEASURES – COMMERCIAL MANAGED CARE

- **Identification** – Percent of individuals in an enrolled population with a SA service on an annual basis.
- **Initiation** – Percent of individuals with a new episode of a SA outpatient service and any additional SA services within 14 days.
- **Engagement** – Percent of individuals that become initiated and receive two additional AOD services within 30 days of initiation.

EXAMPLE 1: NO INITIATION



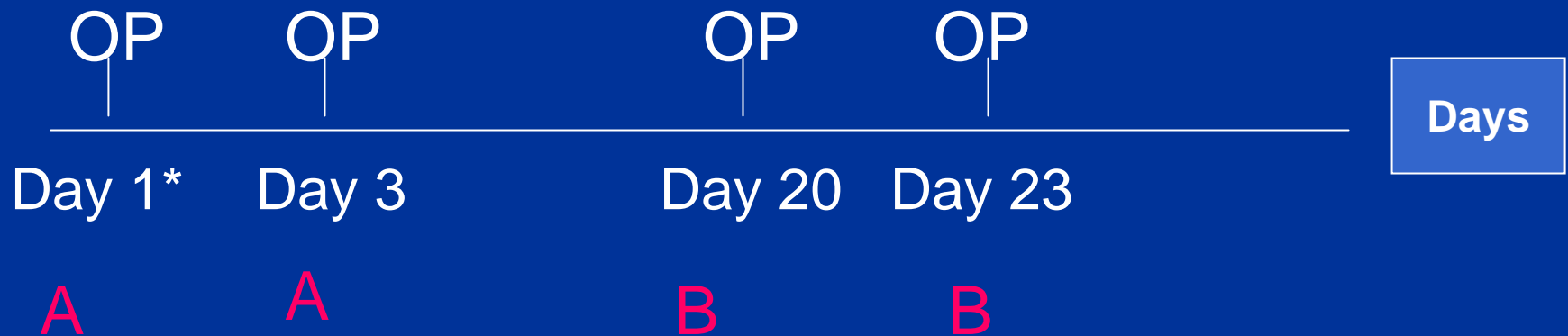
*Start of new episode

EXAMPLE 2: INITIATION ONLY



*Start of new episode

EXAMPLE 3: INITIATION AND ENGAGEMENT



*Start of new episode

RELATIONSHIP BETWEEN PERFORMANCE MEASURES AND OUTCOMES

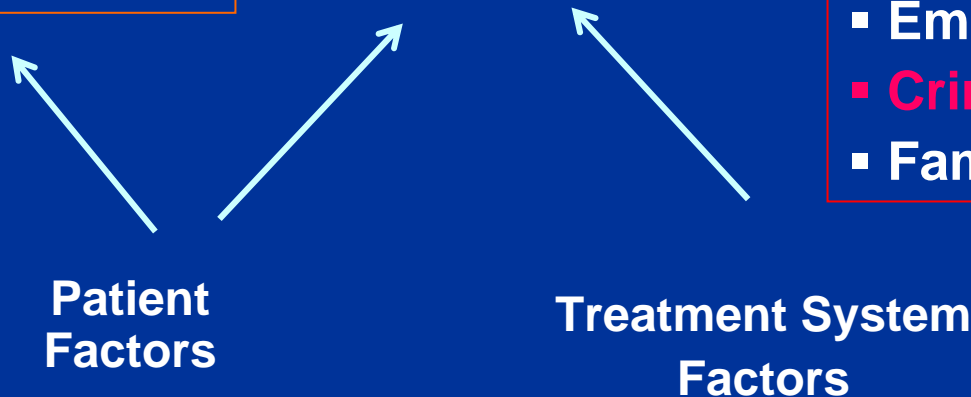
Washington Circle Performance Measures (Process)

- **Initiation**
- **Engagement**

Ongoing treatment?

Outcomes

- **Substance Use**
- **Healthcare Utilization**
- **Employment**
- **Criminal Activity**
- **Family/Social**



RESULTS – ADULTS

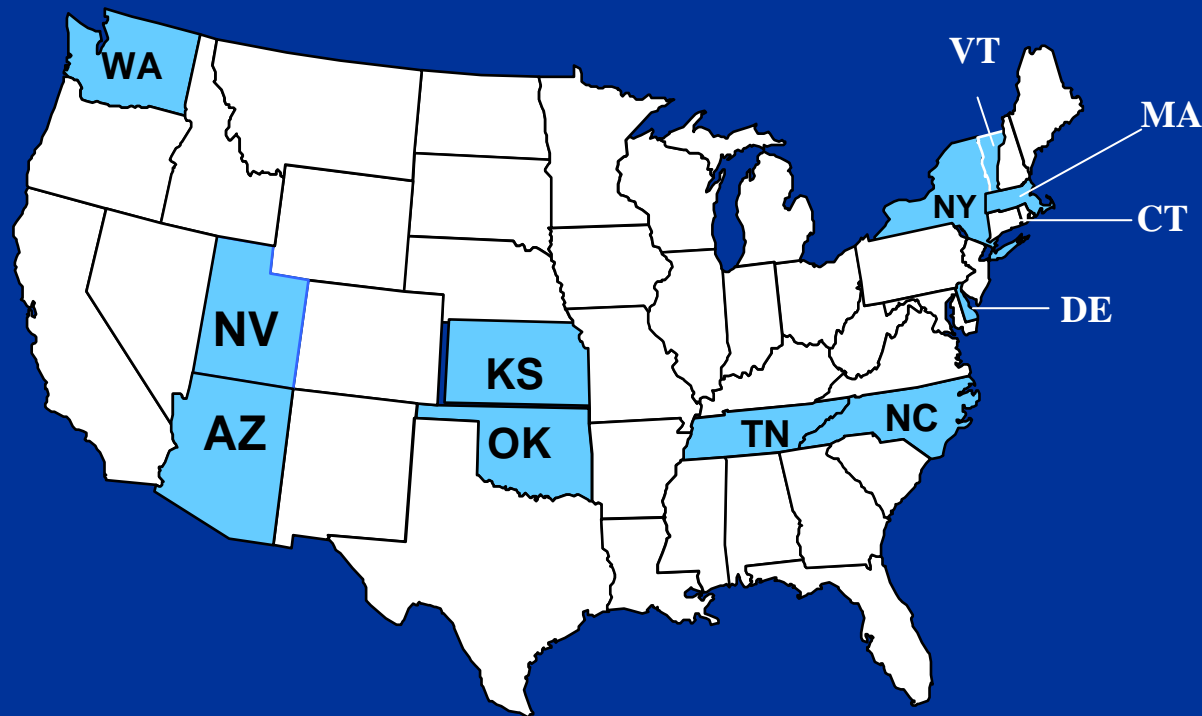
	National Committee on Quality Assurance, 2006		
	Commercial	Medicare	Medicaid
Initiation Rate	45 %	51 %	41 %
Engagement Rate	14 %	5 %	10 %

Source NCQA: The State of Health Care Quality, 2006, www.ncqa.org

WC PUBLIC SECTOR WORKGROUP

- Formed in Fall of 2004
- Goals
 - Improve delivery of substance abuse treatment services in public sector at state level
 - Adapt WC performance measures for use in states for continuous quality monitoring
 - Develop common approach among states
- Underlying Principles
 - Use existing billing system data
 - Parsimonious set of measures

WC PUBLIC SECTOR WORKGROUP PARTICIPANT STATES



Arizona, Delaware, Connecticut, Kansas, Massachusetts, Nevada,
New York, North Carolina, Oklahoma, Tennessee, Vermont,
Washington

TRANSLATING THESE MEASURES FOR PUBLIC SECTOR APPLICATIONS – OPPORTUNITIES AND CHALLENGES

- Opportunities

- Importance of public sector in treatment of substance use disorders - majority of treatment \$\$\$
- Current interest in performance measurement
- More detail about types of services on some public sector data sets

- Challenges

- No enrolled population for substance abuse agencies
- Data completeness influenced by some clients' multiple funding sources, e.g., state agency & Medicaid
- Variability in states' data reporting capabilities

DATA REQUIREMENTS (ENCOUNTER DATA)

- Date of treatment service
- Type of treatment service
- Client ID
- Provider ID
- (Enrolled population)

APPROACH

- Expanded original WC measures for initiation and engagement into nine measures
- Technical specifications developed through states' collaborative effort are publicly available
- 7 states generated data tables
 - 1 state conducted analyses with adolescent data only
 - 1 state's results different; encounter data not available
- Results from 5 states' adult data for 2005 presented

REVISIONS TO SPECIFICATIONS – EXPANDED TO TEN MEASURES

1. Identification
2. Initiation after Outpatient
3. Engagement after Outpatient
4. Initiation after Intensive Outpatient
5. Engagement after Intensive Outpatient
6. Continuity of care after Assessment Service
7. Continuity of care after Detoxification
8. Continuity of care after Short-term Residential
9. Continuity of care after Long-term Residential
10. Continuity of care after Inpatient

DEFINITION: OUTPATIENT INITIATION

Individuals with an OP index* service
who received a second service** within
14 days after the index service
Individuals with an OP index service

*Index service defined as first service after a 60-day
“service-free period.” Can have assessment or detox
during service-free period.

**Not detox or crisis care

DEFINITION: OUTPATIENT ENGAGEMENT

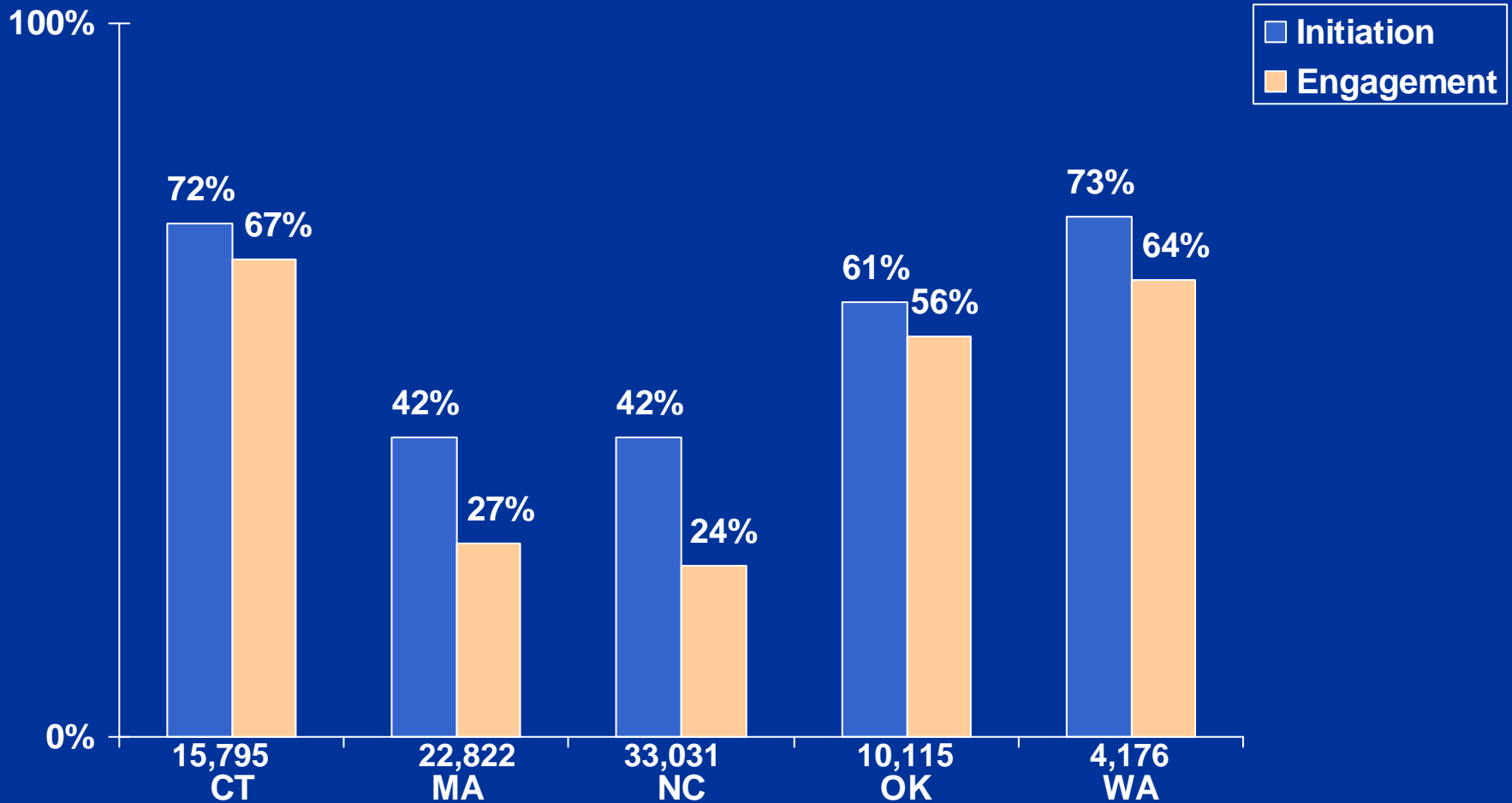
Individuals who initiated OP SA
treatment and received two additional
services** within 30 days after initiation

Individuals with an OP index* service

*Index service defined as first service after a 60-day “service-free period.”
Can have assessment or detox during service-free period.

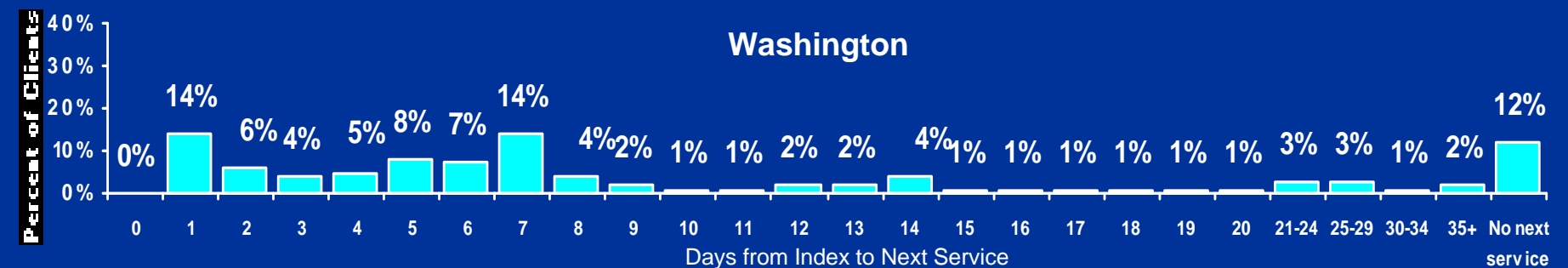
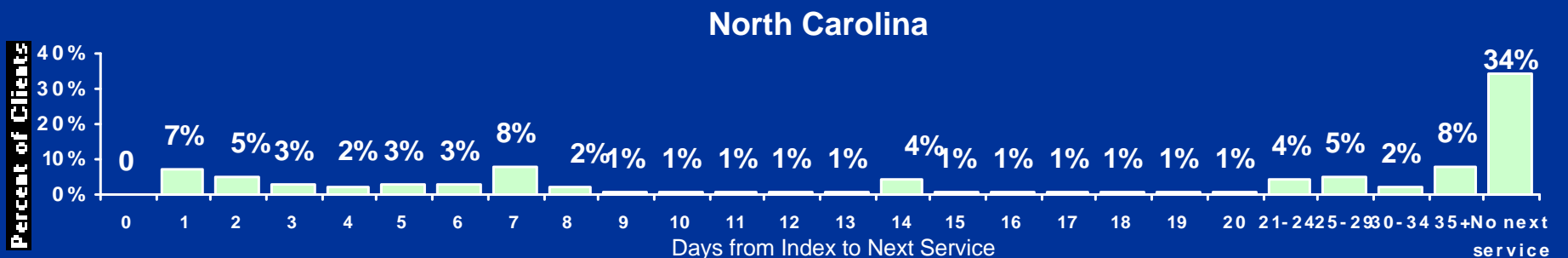
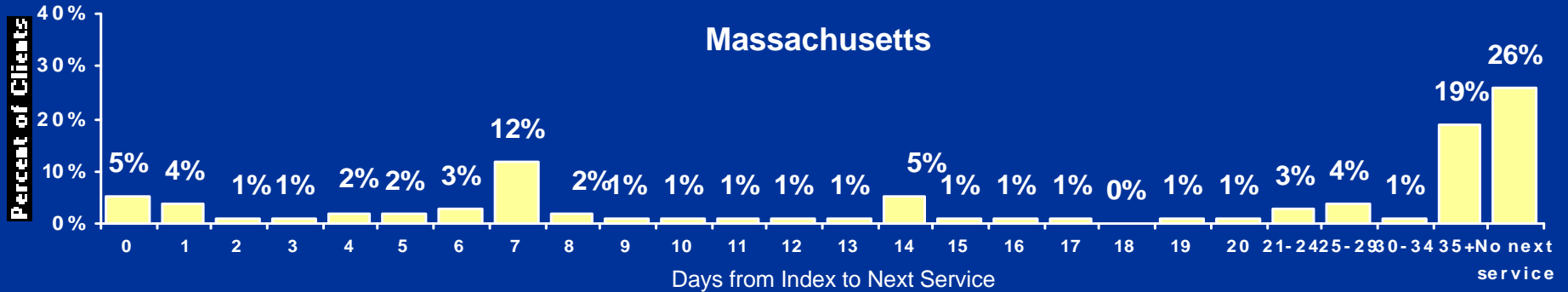
**Not detox or crisis care

ADULT OUTPATIENT INITIATION AND ENGAGEMENT



Notes: CT's data include OP and IOP. Numbers below bars are denominators for measures.

WHAT IS THE SENSITIVITY OF THE 14-DAY SPECIFICATIONS FOR OUTPATIENT INITIATION?



DEFINITIONS: CONTINUITY OF CARE

Residential/Inpatient Continuity =

Individuals who had a residential/Inpatient service that was followed by another service* within 14 days after discharge

Individuals discharged from a residential/Inpatient stay

Detox Continuity =

Individuals who had a detoxification service that was followed by another service* within 14 days

Individuals with detoxification services

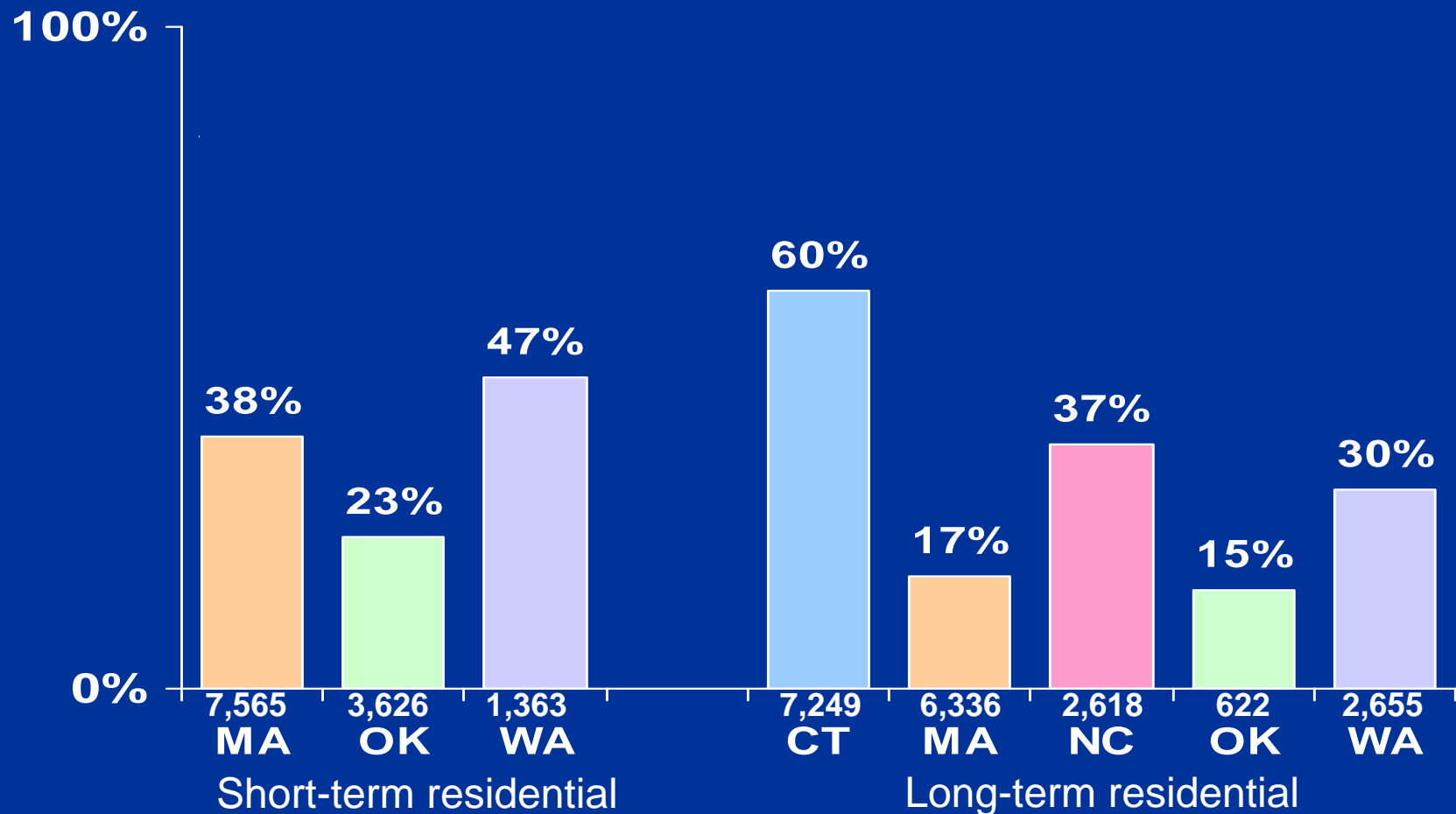
Assessment Continuity =

Individuals who had a positive assessment that was followed by another service* within 14 days after discharge

Individuals with positive assessments

* Not detox or crisis care

CONTINUITY OF CARE AFTER RESIDENTIAL*



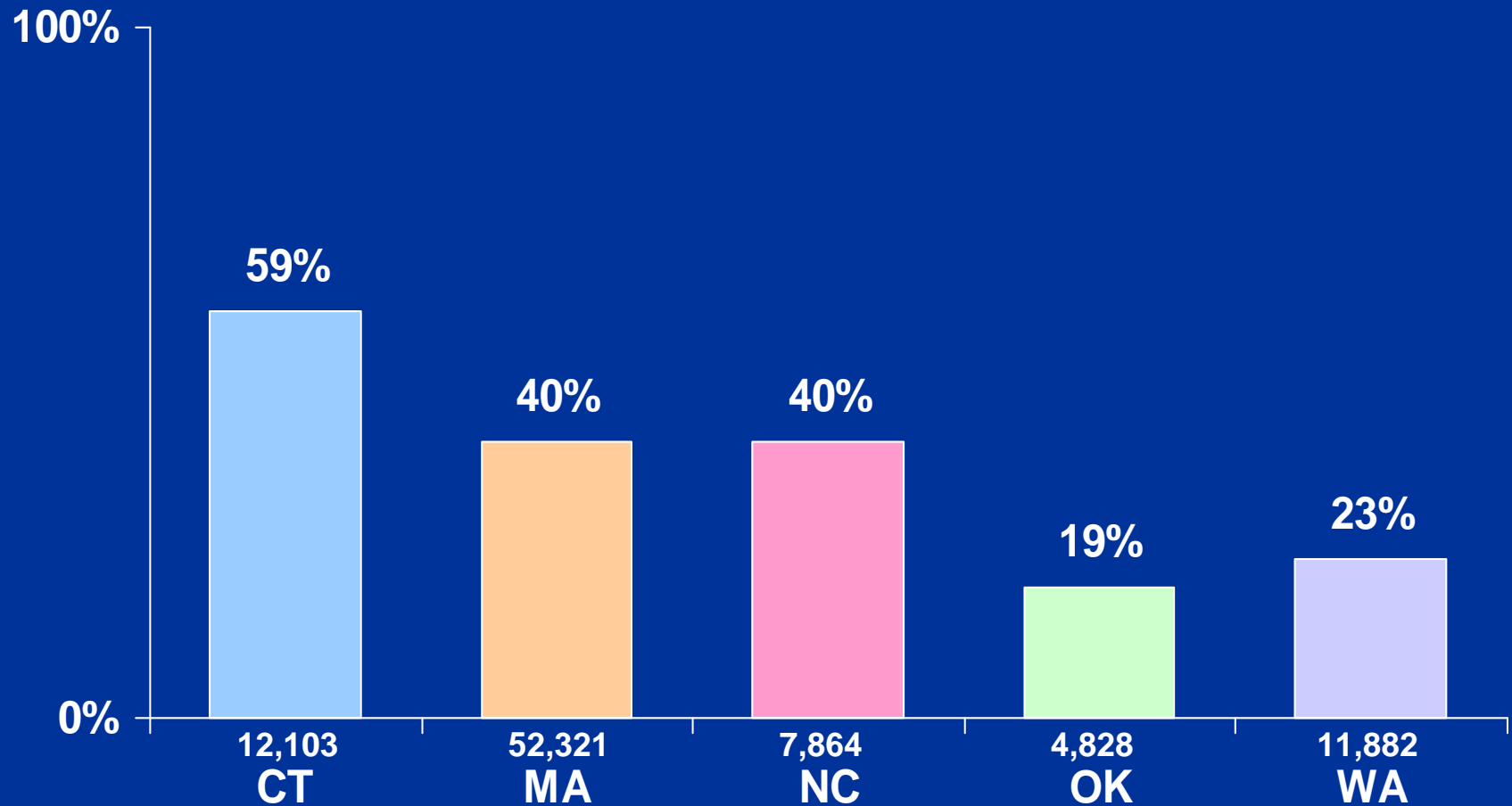
Note: Numbers below bars are denominators for measures.

*CT and NC cannot differentiate between LTR and STR; all calculated as LTR.

RESIDENTIAL DISCHARGE SAME DAY SERVICES

- **Issue** – Second service on the same day as discharge
- **Solution** – Include OP or IOP service that occurs on the same day as discharge since residential facility has made the connection with the next level of care.

CONTINUITY OF CARE AFTER DETOX

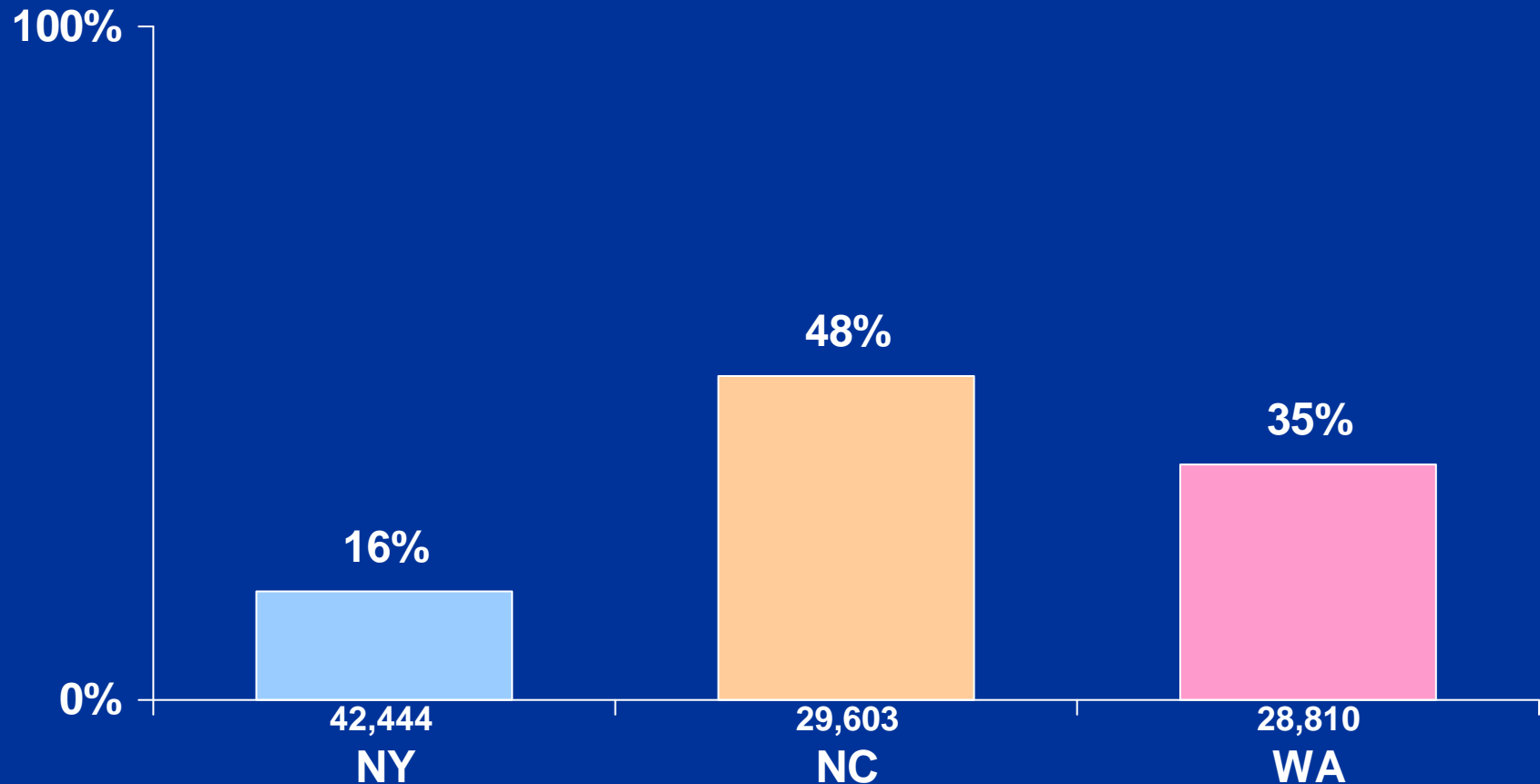


Note: Numbers below bars are denominators for measures.

MULTIPLE DETOXIFICATIONS IN SHORT TIME FRAME

- **Issue** – which of multiple detoxifications within a short time frame should be used
- **Solution** – State selects method
 - Method 1 - Group multiple detox that occur within a short period of a few days as one service.
 - Method 2 – Each detox service is viewed as a separate service if there is any gap of days between services.

CONTINUITY OF CARE AFTER POSITIVE ASSESSMENT*



Note: Numbers below bars are denominators for measures.

*Shows states with assessment data

CONCLUSIONS

- Feasible to calculate WC performance measures from routinely available information in some state public sector programs
- Useful at both centralized (State) and decentralized (County, provider) levels
- WC measures relate to other initiatives
 - Quality improvement
 - National Outcome Measures (NOMs)
 - Pay-for-performance

RELATIONSHIP TO OTHER INITIATIVES: QUALITY IMPROVEMENT

- State initiatives
 - Visual displays to communicate results and targets
 - Aggregation by provider type, level of care, client characteristics
 - Timely feedback – quarterly data
 - Transparent information on data and methods
 - Clinician involvement in interpretation
- Similar to NIATx measures

RELATIONSHIP TO OTHER INITIATIVES: NATIONAL OUTCOME MEASURES (NOMs)

- Direct
 - Improved engagement rates and retention
NOM
- Indirect
 - Research evidence on association of WC engagement and decreased criminal justice involvement after new episodes of outpatient treatment (Garnick et al 2007)

RELATIONSHIP TO OTHER INITIATIVES: PAY-FOR-PERFORMANCE

- Potential performance measures as states plan P-4-P
- Concept of engagement included in Delaware incentive payment system

WASHINGTON CIRCLE – NEXT STEPS

- Work with states and providers to develop user-friendly approaches to dissemination
- Collaborate with other initiatives, e.g., P-4-P
- Research
 - Association between WC measures and outcomes
 - Applications in electronic health records
- Additional measure development
 - Medication Assisted Treatment (MAT)
 - Screening
 - Continuing care

ADDITIONAL INFORMATION - PUBLICATIONS

- Garnick, Horgan, Lee, Panas, Ritter, Davis, Leeper, Moore, Reynolds (2007). Are Washington Circle performance measures associated with decreased criminal activity following treatment? *Journal of Substance Abuse Treatment*, 33(4):341-352.
- Garnick, Lee, Chalk, Gastfriend, Horgan, McCorry, et al. (2002). Establishing the feasibility of performance measures for alcohol and other drugs. *Journal of Substance Abuse Treatment*, 23(4), 375-385.
- Garnick, Horgan, & Chalk (2006). Performance measures for alcohol and other drug services. *Alcohol Research and Health*, 29(1), 19-26.
- McCorry, Garnick, Bartlett, Cotter, Chalk (2000). Developing performance measures for alcohol and other drug services in managed care plans. Washington Circle Group. *The Joint Committee Journal of Quality Improvement*, 26(11): 633-643.
- Lee, Garnick, Miller, Horgan (2004). Datapoints: Adolescents with substance abuse: Are health plans missing them? *Psychiatric Services*, 55(2):116.

ADDITIONAL INFORMATION - WEBSITES

- **The Washington Circle**
<http://www.washingtoncircle.org>
- **Brandeis/Harvard Center on Managed Care and Drug Abuse Treatment**
<http://nidacenter.brandeis.edu>
- **Oklahoma Department of Mental Health and Substance Abuse Services**
<http://www.odmhsas.org>
- **North Carolina Department of Health and Human Services**
<http://www.ncdhhs.gov/mhddsas/statpublications/reports>
- **National Committee on Quality Assurance**
<http://www.ncqa.org>

CONTACT INFORMATION

Deborah Garnick
Institute for Behavioral Health
The Heller School for Social Policy and Management
Brandeis University

garnick@brandeis.edu