

Substance Abuse Treatment Policy Research

Presented by:

Traci Rieckmann, Ph.D., Anne Kovas, MPH, and
Beth Rutkowski, MPH

Oregon Health and Science University
UCLA Integrated Substance Abuse Programs

Translational and Policy Research

- **Goals**

- **Improve quality of care, increase access, reduce disparities in services, enhance retention and improve client outcomes.**
- **Ensure those seeking services receive the most current, effective, and efficient interventions.**
- ***Need to address both for successful implementation***

Translation - Implementation

- Substance abuse treatment research supports the effects of organizational factors on adoption and utilization of EBPs (Garner, 2008; Brown et al., 2002; Knudsen et al., 2006; 2005; Lehman et al., 2002; Roman et al., 2002; Stirman et al., 2004; Rogers 2003).
- Implementation requires attention to both staff characteristics (*e.g.*, training, supervision, and administrative support) and organizational dimensions (*e.g.*, size, mission, systems interventions, use of fidelity tools) (Fixsen, et al., 2005; Thomas, et al., 2003; Simpson, 2002).

Organizational and Systems-Level Change

- The National Quality Forum's (2007) consensus statement on substance abuse treatment EBPs identified categories and strategies to increase use.
- Recommendations include financial incentives and mechanisms, use of regulations and accreditation, and infrastructure development.

Policy Research

- The Policy Process
 - *Agenda-setting, problem recognition and issue selection*
 - *Policy formulation and decision-making*
 - *Implementation*
 - *Evaluation*
- Policy-oriented learning is concerned with changes in beliefs and behaviors of people within policy subsystems and the related impact on the system, services, and future policy decisions.

Policy Research

- Malleability - different paths of resource allocation
- Scope - all major facets of the social phenomenon are compared, basic research focuses on 1 or only a few factors
- Private and confidential – basic research is published to build on findings, and policy studies are often presented in private to one policy maker.

Policy Research, *continued*

- Location – policy research typically occurs in specialized units, government agencies, corporate associations etc.
- Communication: Basic researchers less concerned with sharing with the larger public
- "The Unique Methodology of Policy Research." *The Oxford Handbook of Public Policy*. ed. Michael Moran, Martin Rein & Robert E. Goodin (Oxford University Press 2006) pp. 833-843.

Types of Laws

- At federal, state, and local levels of government:
 - Statutory Law (acts of legislatures),
 - Judicial (or Case Law), and
 - Regulations (or Administrative Law).
- Bills, resolutions, etc. are the forms in which legislation is proposed.

National Research Study: Example 1

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**State levers to advance quality through
promotion of evidence-based practices for
alcohol and drug treatment**

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Introduction

New treatment achieves widespread clinical use when clinicians, staff members, and key decision-makers are convinced of its effectiveness, willing to promote its use, and sufficient funding is available (Ling et al., 2004; Thomas et al., 2003).

As purchasers of public sector treatment, single state authorities (SSA) can require or encourage providers to use evidence-based practices (EBPs) that integrate best research evidence, clinical expertise, and patient values (Miller, Zweben, & Johnson, 2005; McCarty & Edmundson, 2004; Rapp et al., 2005; Rogers, 2003).

State Influence

- SSAs work directly with sub-state entities to provide regional, county, and local services
- Each state, including D.C., has an SSA
- Substantial variation exists in organization, financing, and relative degree of control the SSA has in each state
- Confounding challenges and priorities influence ability to make changes

Ridgely et al., 1987; Gold et al., 2006; Lynde, 2005



Purpose of Study

To identify and describe the priorities, policy levers and organizational change mechanisms states are using (*e.g.*, contracting and funding, formal state laws and regulations, and state standards and plans) to accelerate the use of evidence-based innovations.

Methods

Study Design: Mixed-methods longitudinal study using semi-structured interviews and brief survey.

Study began in 2007, today presenting findings from 2008, and 2009 data collection was completed on September 15th.

Participants: Representatives from each SSA (n=51), including all 50 states and the District of Columbia

Contact person for EBP implementation:

- **state director**: (37%)
- assistant/deputy director, manager/coordinator: (63%)

In many cases more than one person was interviewed.

Instruments and Analysis

- **Quantitative Data Collection**
 - Yes/No items regarding legislative policy mandates, contracting criteria, state funding requirements, regulation/accreditation strategies, etc.
 - Likert-type scale items (1=not at all, 5=very much) to rate the extent to which state is using NQF strategies
- **Qualitative data collection**
 - Participants discussed state's activities toward EBP adoption. When appropriate, they were asked for actual documentation regarding EBP-related legislation, contract language, and administrative rule and regulatory changes.

Project was approved by OHSU IRB

Results

Does your state have any legislative policy in place regarding EBPs for substance abuse treatment?

n=51	SSAs (%)
Yes	5 (9.8%)
No	46 (90.2%)

Results

Contracting: How do funds reach providers?

n=51	SSAs (%)
Direct provider contracts	28 (54.9%)
Managed care administers direct provider contracts	6 (11.8%)
Indirect funding to counties/other sub-state entities	17 (33.3%)

“Contracts” include grants i.e. RFA or RFPs from the state

Results

Do provider contracts/grants include language regarding use of EBPs for SA Treatment?

n=51	SSAs (%)
EBPs Required	16 (31.4%)
Specific EBPs or approved EBP list	5 (9.8%)
No EBPs specified	11 (21.6%)
EBPs Encouraged	16 (31.4%)
No EBP Contract Language	19 (37.2%)

Results

Relationship between provider contracting model and EBP contract/RFP language

	Contract/RFP EBP language			
n=51	Require or encourage EBPs	No EBP language	Total	P-value
Provider contracting model				p=0.03
Direct*	25 (73.5%)	9 (26.5%)	34 (66.6%)	
Indirect	7 (41.2%)	10 (58.8%)	17 (33.4%)	

* Direct contracting includes SSAs that use managed care companies to administer provider contracts.

Implementation of NQF categories of EBPs

Implementation rated on Likert-type of 1 – 5, where

1=“not at all implemented”, 5=“extensively implemented”

NQF EBP category	SSA response	Mean	S.D.
Screening & brief intervention	50	2.32	0.94
Psychosocial interventions*	50	3.84	0.82
Access to Medications	50	3.13	0.99
Wraparound services	50	3.23	0.84
Aftercare and Recovery management	49	3.04	0.86

* Mean implementation of Psychosocial interventions increased **18.5%** from 2007 to 2008 (p<0.01 by paired samples t-test)

Utilization of NQF strategies to increase implementation of EBPs

Utilization rated on Likert-type of 1 – 5, where 1=“none”, 5=“extensive”

NQF strategy category	SSA response	Mean	S.D.
Infrastructure & development	49	3.47	0.79
Regulatory strategies	49	2.91	1.14
Financial factors	49	2.84	1.14
Education and training	49	3.96	0.74

Discussion: Project findings

- ▶ The SSAs in each state have the potential to significantly impact services and the use of EBPs
- ▶ Few states have current or planned legislative mandates
- ▶ Majority of SSAs contract directly with providers
- ▶ Majority of SSAs include EBPs in contract language
- ▶ State representatives report that contract languages is easier to change than other policy/regulatory options
- ▶ Many states are using rules, regulations and state plans to impact services

Adoption of Medications in Substance Abuse Treatment: Access, Integration, and Workforce Development

- ▶ There is ample evidence that medication assisted treatment (MAT), especially when combined with psychosocial therapy, is effective and can improve treatment outcomes. (Anton et al. 1999; Monti et al. 2001; O'Malley 1992; Volpicelli 1992; Johnson et al. 1995; Ling et al. 1998)

Factors Influencing Adoption of MAT

- Treatment philosophy, treatment provider education levels, experiences with and exposure to MAT, length of time in the addiction field, attitudes towards the use of medications
- Access to prescribing physicians
- Knowledge and understanding about medications
- Financial factors

To facilitate adoption of MAT a clear understanding of the role of the state authority is warranted. This study documents the SSAs' MAT implementation efforts in 2007 and 2008

(Knudsen et al. 2006; Fuller et al. 2005; Thomas et al 2007; Mark et al., 2003; Thomas et al., 2003; Barnett, 2009)

Results

- Prioritization and implementation of medications assessed using a 1–5 Likert-type scale (1=not at all, 5=extensively).
- Of medications offered, SSAs reported highest implementation of methadone, followed by buprenorphine, naltrexone, & Antabuse.

	SSA response	Mean	S.D.
Access to Medications is a Priority	50	3.70	1.02
Access to Medications has been Implemented	50	3.13	0.99
Methadone	49	3.90	1.05
Buprenorphine	49	2.67	1.01
Naltrexone	49	2.31	0.85
Antabuse	48	2.19	1.10

Results

- Comparative data from 2007 suggest that progress has been made to increase access to medication for those in substance abuse treatment.

- **Prioritization of MAT:**

2007: M (S.D.) = 3.42 (1.14)
2008: M (S.D.) = 3.70 (1.02) } 8.19% increase

- **Implementation of MAT:**

2007: M (S.D.) = 2.65 (0.97)
2008: M (S.D.) = 3.13 (0.99) } 17.98% increase *

* $p < 0.01$, $t = -3.13(48)$

Strategies for adopting EBPs

- 2008 data suggest that states' **use of infrastructure development** to promote EBPs is significantly correlated with:
 - MAT prioritization ($r=0.35$; $p=0.01$)
 - MAT implementation ($r=0.35$; $p=0.01$);
 - Buprenorphine implementation ($r=0.41$; $p<0.01$); and
 - Naltrexone implementation ($r=0.31$; $p=0.03$).
- Use of **financial factors** to promote EBPs is significantly correlated with naltrexone implementation ($r=0.29$; $p=0.05$).

Qualitative Analysis: Barriers to adopting medications

- **Thematic analysis suggests multiple factors limit implementation**
 - Lack of financial resources and cost of medications
 - Reimbursement complexities
 - Very few doctors willing to provide medications
 - Workforce and community ideology and attitudes
 - Client level discomfort about 'swapping addictions' and potential shame from the public and patients about being a client of such a clinic.

Discussion

- ▶ Longitudinal data from 2007 to 2008 suggest that states are making strides in prioritization and implementation of key addiction medications.
- ▶ Accelerating the adoption of medications in substance abuse treatment requires changes in funding, state policy, provider organization, workforce development and shifts in service delivery patterns, documentation and provider attitudes and beliefs.
- ▶ By promoting evidence-based medications, states continue to improve quality of care for substance abuse treatment clients.

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For information, please contact *rieckman@ohsu.edu*