

Washington Circle Public Sector Workgroup

Pilot Test for Adolescents

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on behalf of the Washington Circle Public Sector Public Workgroup



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Joint Meeting on Adolescent Treatment Effectiveness, Washington, D.C., April 27, 2007

Supported by: SAMHSA, CSAT through a supplement to the Brandeis/Harvard NIDA Center on Managed Care and Drug Abuse Treatment (Grant #3 P50 DA010233)

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OVERVIEW

- Discuss importance of developing performance measures focused on adolescents
- Describe the Washington Circle
- Present results for adolescents using 2005 data
- Conclusion and next steps

IMPORTANCE OF PERFORMANCE MEASURES FOR ADOLESCENTS

- Treatment gap for adolescents in entering SA treatment and in receiving recommended services
- Process measures are focused on providing the right services at the right time
- Washington Circle performance measures are process measures
- Performance measures key for tracking quality improvement efforts

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
- Brandeis works with Washington Circle to develop and test performance measures for substance abuse beginning with application in commercial managed care plans
- NCQA adoption of measures in 2003

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
- Representatives from 12 states and some local jurisdictions have participated

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

ADOLESCENT POPULATION (AGES 12-17)

	MA	NC	OK	TN	WA
N	482,812	695,274	284,112	454,406	527,665
% below poverty	12.8%	20.2%	16.4%	18.5%	14.3%
% abuse/dependence of any illicit drug/alcohol	9.9%	7.2%	10.7%	7.5%	9.0%

Sources: U.S. Census Bureau/2004 American Community Survey; 2003 and 2004 National Survey on Drug Use and Health

DEFINITION: OUTPATIENT INITIATION

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

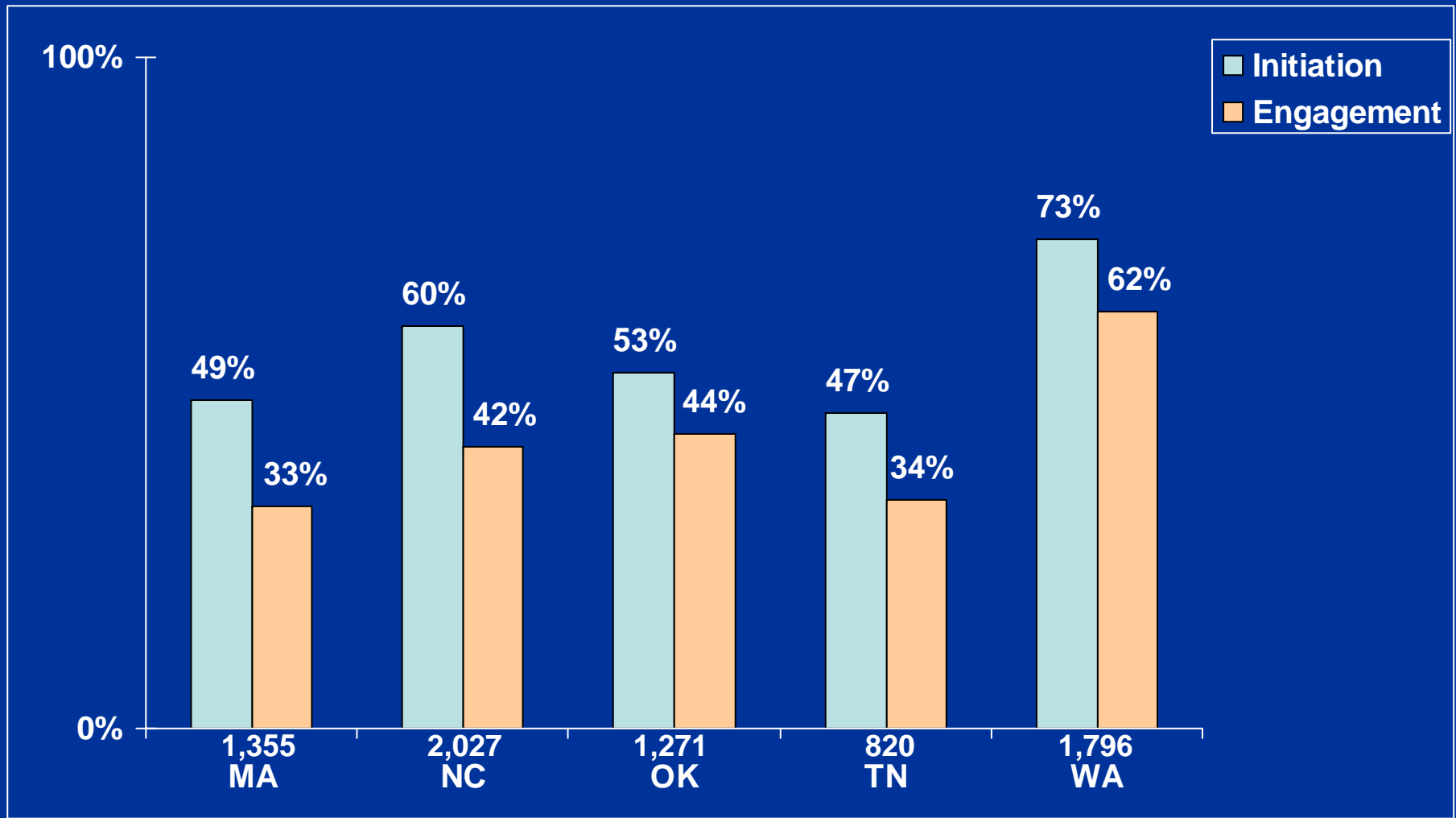
DEFINITION: OUTPATIENT ENGAGEMENT

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

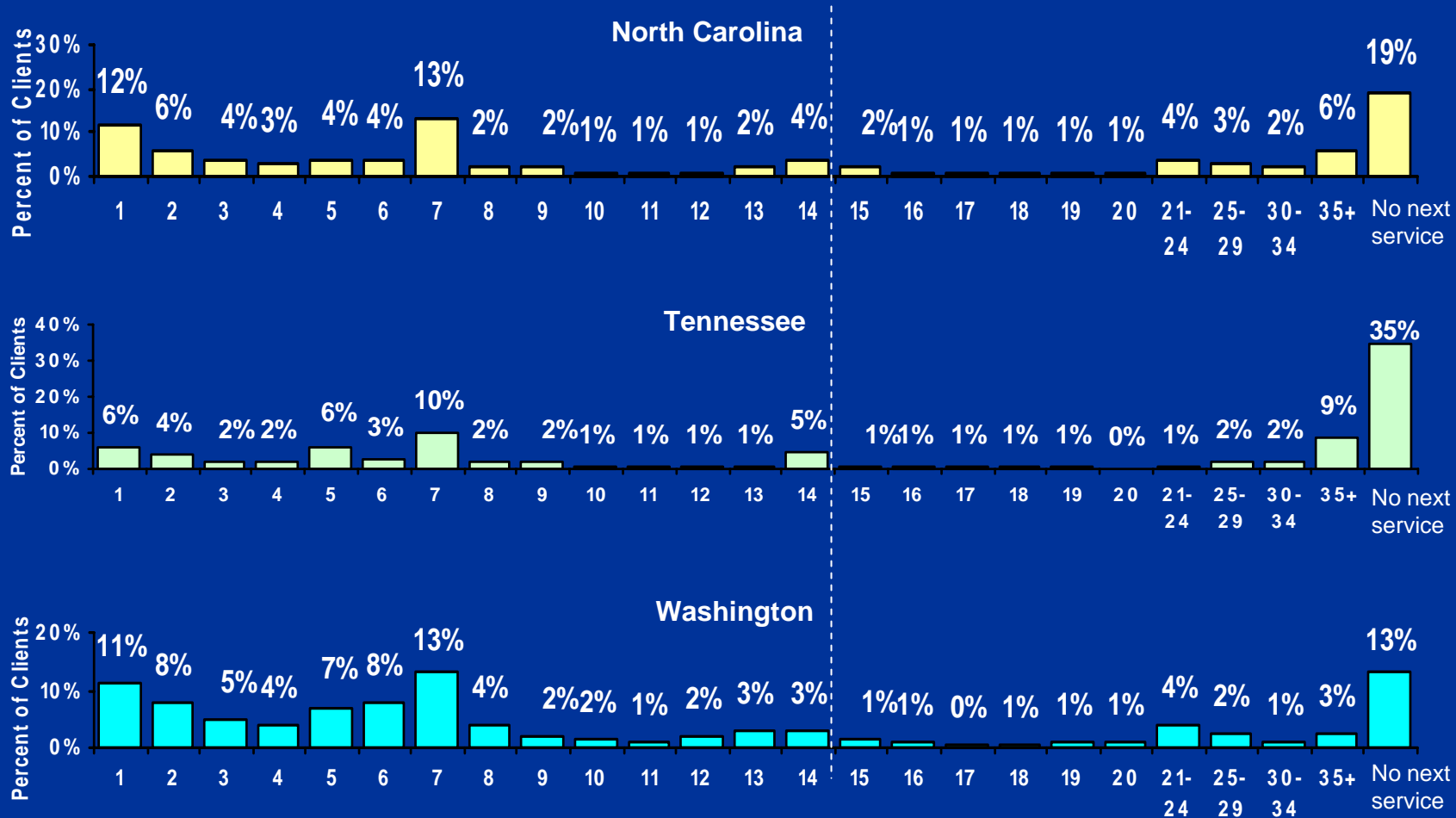
RESULTS: ADOLESCENT OUTPATIENT INITIATION AND ENGAGEMENT



Note: Numbers below bars are denominators for measures.

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

Days to next service after index:



DEFINITION: INTENSIVE OUTPATIENT INITIATION

Initiation = Individuals with an IOP index* service
who received a second service**
within 14 days after the index service
Individuals with an IOP 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: INTENSIVE OUTPATIENT ENGAGEMENT

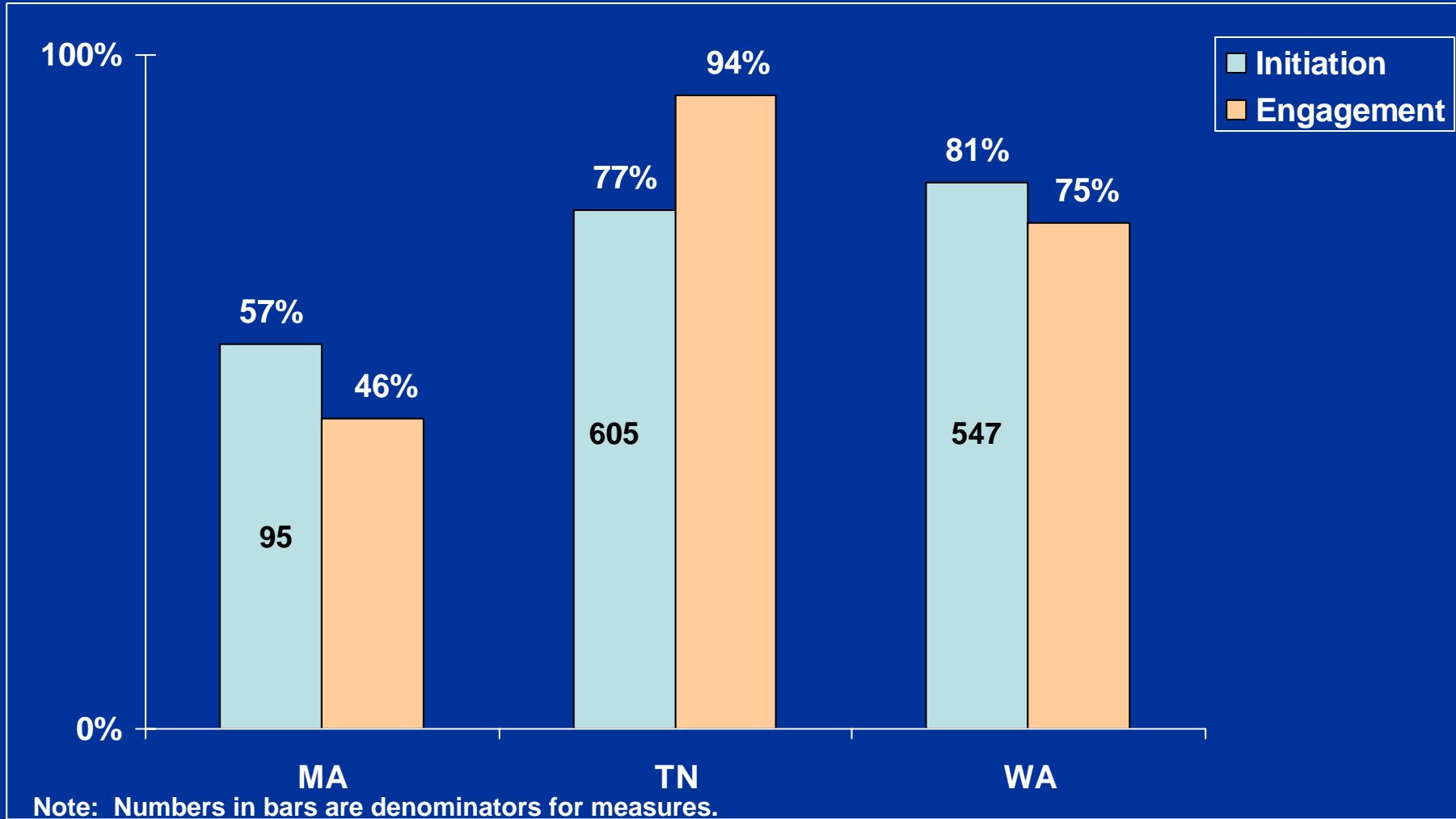
Engagement = Individuals who initiated IOP SA tx
and received two additional services**
within 30 days after initiation

Individuals with an IOP 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

RESULTS: ADOLESCENT INTENSIVE OUTPATIENT INITIATION AND ENGAGEMENT



DEFINITION: CONTINUITY OF CARE AFTER ASSESSMENT

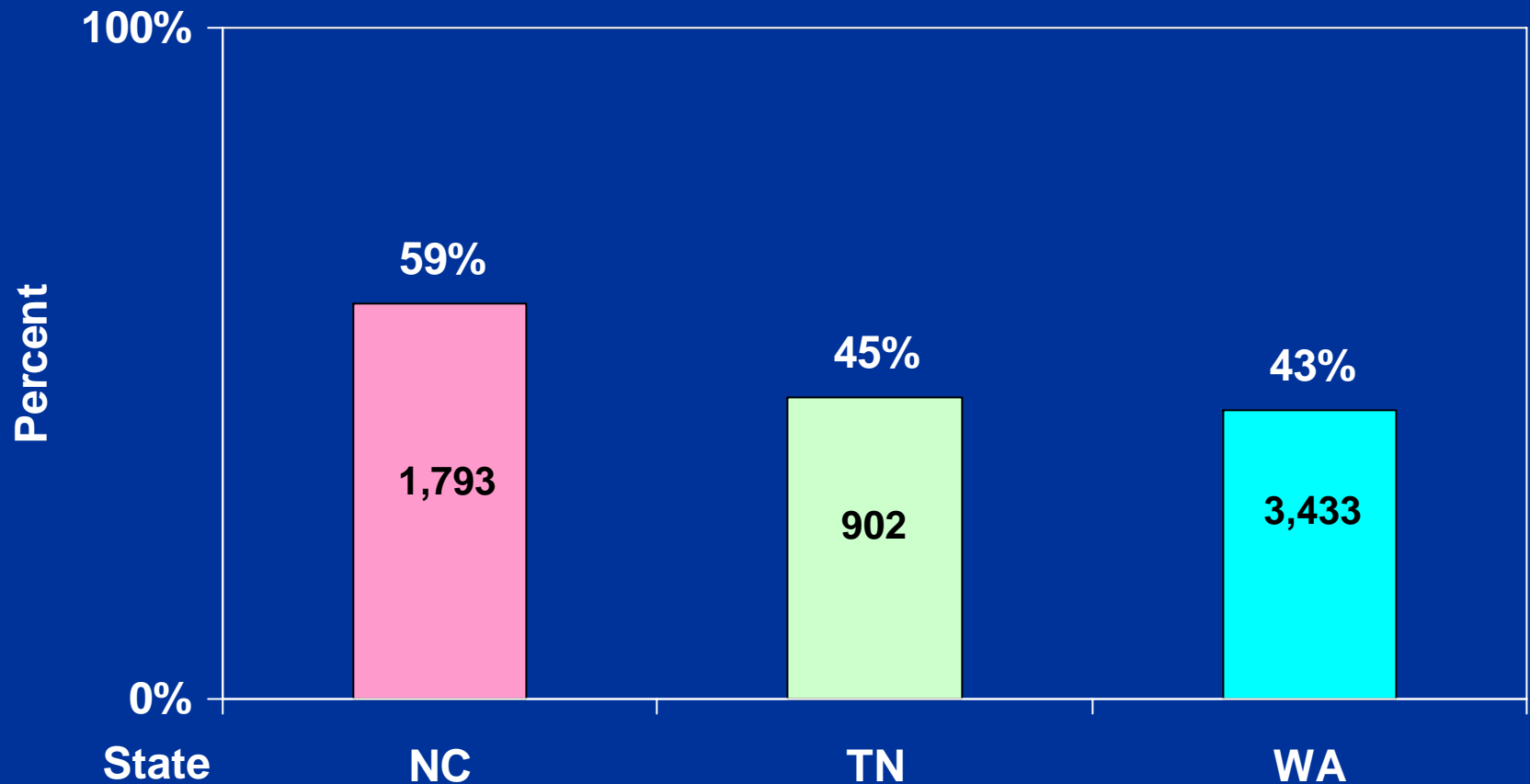
Assessment Continuity =

Individuals with positive assessment
who received another service* within 14 days

Individuals with positive assessment

*Not detox or crisis care

RESULTS: ADOLESCENT CONTINUITY OF CARE AFTER POSITIVE ASSESSMENT*



Note: Numbers in bars are denominators for measures.

* Shows states that have assessment data.

DEFINITION: CONTINUITY OF CARE AFTER RESIDENTIAL AND INPATIENT

Residential Continuity =

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

Individuals discharged from a residential stay

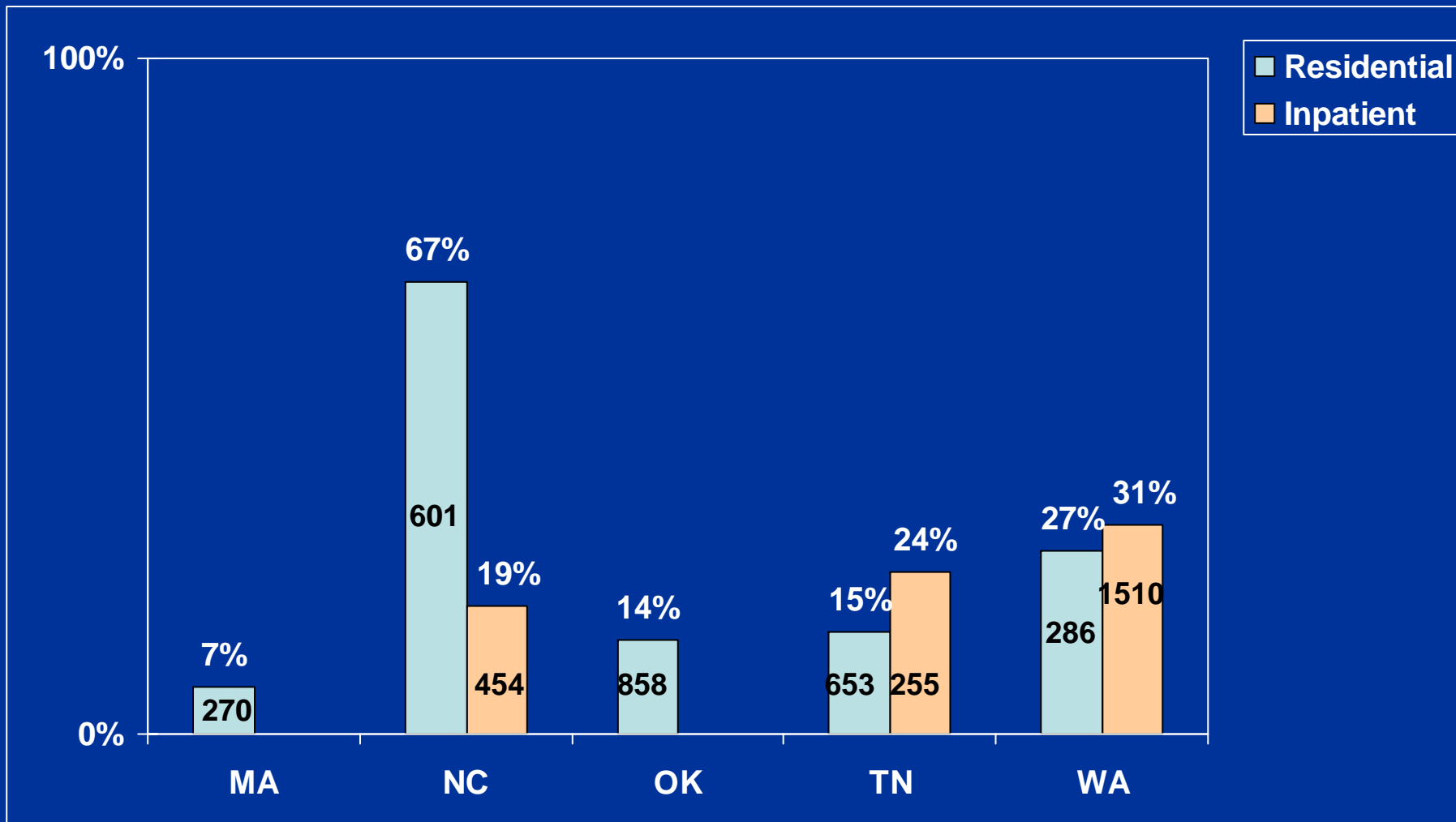
Inpatient Continuity =

Individuals who had an inpatient service that was followed by another service* within 14 days after discharge

Individuals discharged from an inpatient stay

* Not detox or crisis care

RESULTS: ADOLESCENT CONTINUITY OF CARE AFTER RESIDENTIAL AND INPATIENT



Note: Numbers in bars are denominators for measures. MA and OK do not provide inpatient services.

COMPARISONS WITH ADULTS

		MA	NC	OK	WA
<i>OP Initiation</i>	<i>Adol.</i>	49%	60%	53%	73%
	<i>Adult</i>	42%	42%	61%	73%
<i>OP Engagement</i>	<i>Adol.</i>	33%	42%	44%	62%
	<i>Adult</i>	27%	24%	53%	64%
<i>Residential Continuity of Care</i>	<i>Adol.</i>	7%	67%	14%	27%
	<i>Adult</i>	28%	37%	22%	36%

Note: TN did not analyze adult data

CONCLUSIONS

- Feasible to calculate Washington Circle performance measures for adolescents from routinely available information within public sector programs
- Measures can be used to estimate basic quality of care
- Variable results across states
- Not possible to determine reasons for the results
 - Could be due to: Client motivation, quality improvement needs, financial issues, and/or other factors
- Ongoing work and next steps
 - Reporting to providers
 - Dissemination

