



NIATx
The Network for the
Improvement of Addiction Treatment

Payer/Provider Partnerships

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Reduce Waiting & No-Shows • Increase Admissions & Continuation



NIATx

The Network for the
Improvement of Addiction Treatment

Founding Members



Reduce Waiting & No-Shows • Increase Admissions & Continuation



STAR-SI

Strengthening Treatment Access & Retention
-State Implementation



*Funded by the Center for
Substance Abuse Treatment,
Substance Abuse & Mental
Health Services Administration*

<http://www.samhsa.gov/>

<http://chess.chsra.wisc.edu>



Advancing Recovery



Robert Wood Johnson Foundation

<http://www.rwjf.org/>

<http://www.advancingrecovery.net/>



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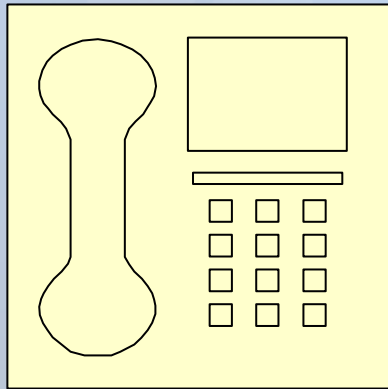
*Funded by the
National Institute on
Drug Abuse*

Reduce Waiting & No-Shows • Increase Admissions & Continuation

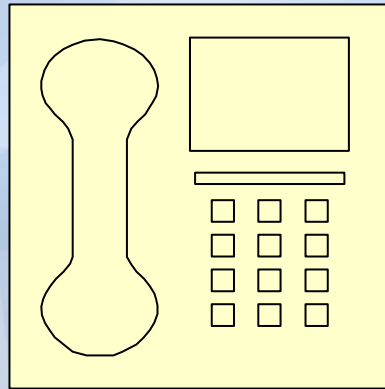
Payer/Provider Partnerships



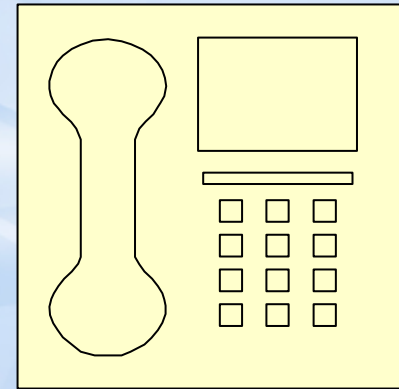
Clinic Scheduling



Maternity



Urgent Care



Routine Care

Clinic Scheduling

15 Slots

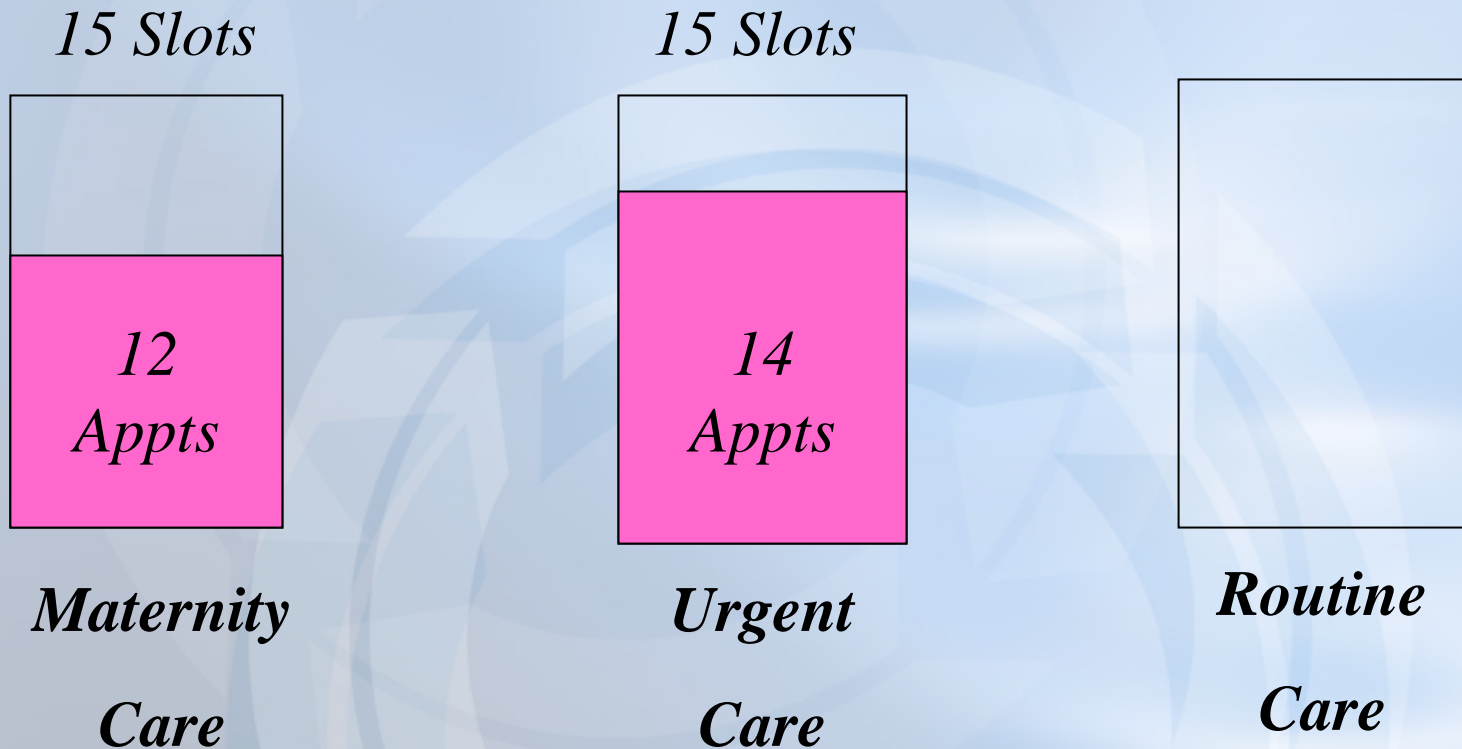


***Maternity
Care***

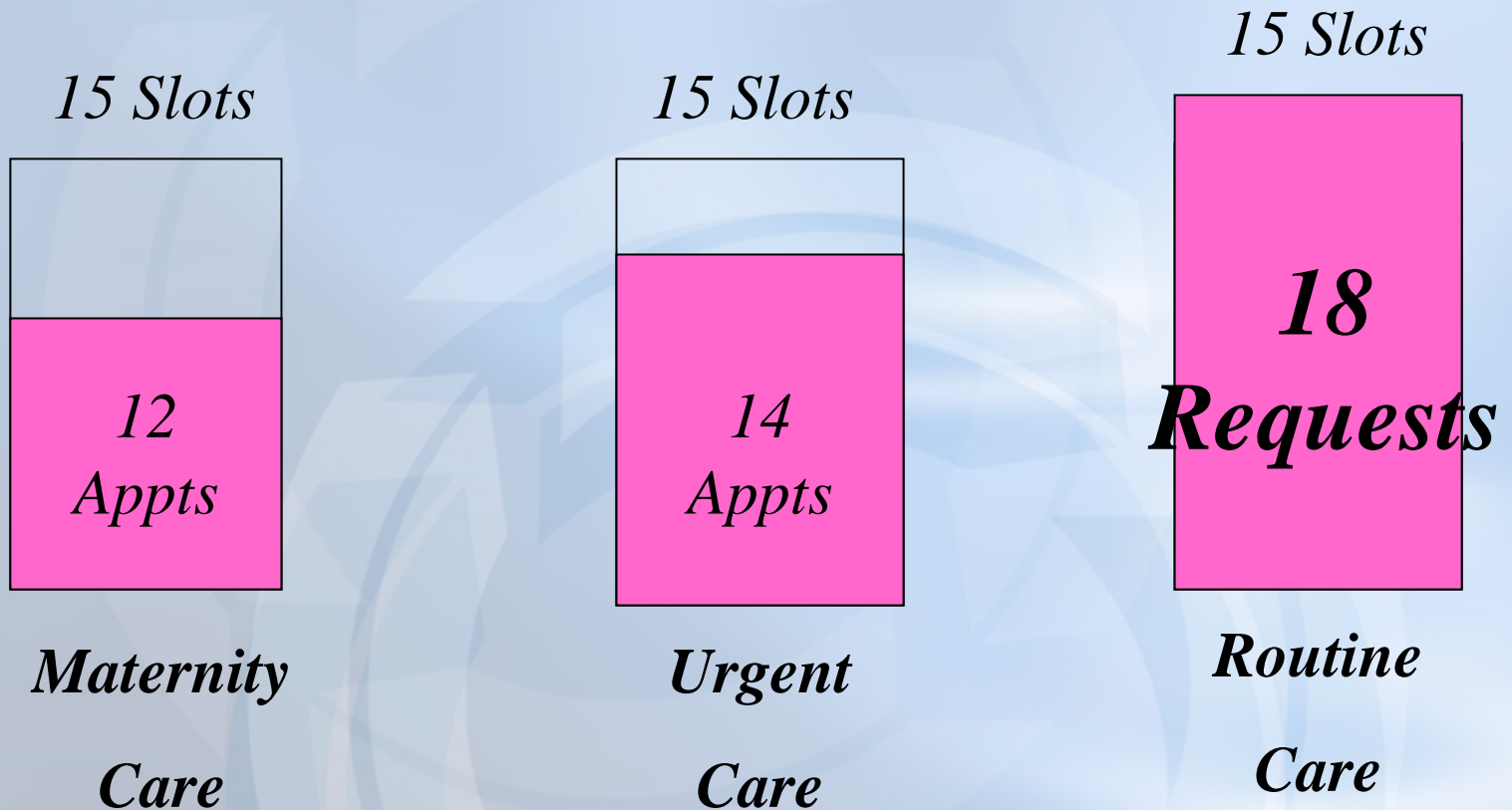
***Urgent
Care***

***Routine
Care***

Clinic Scheduling



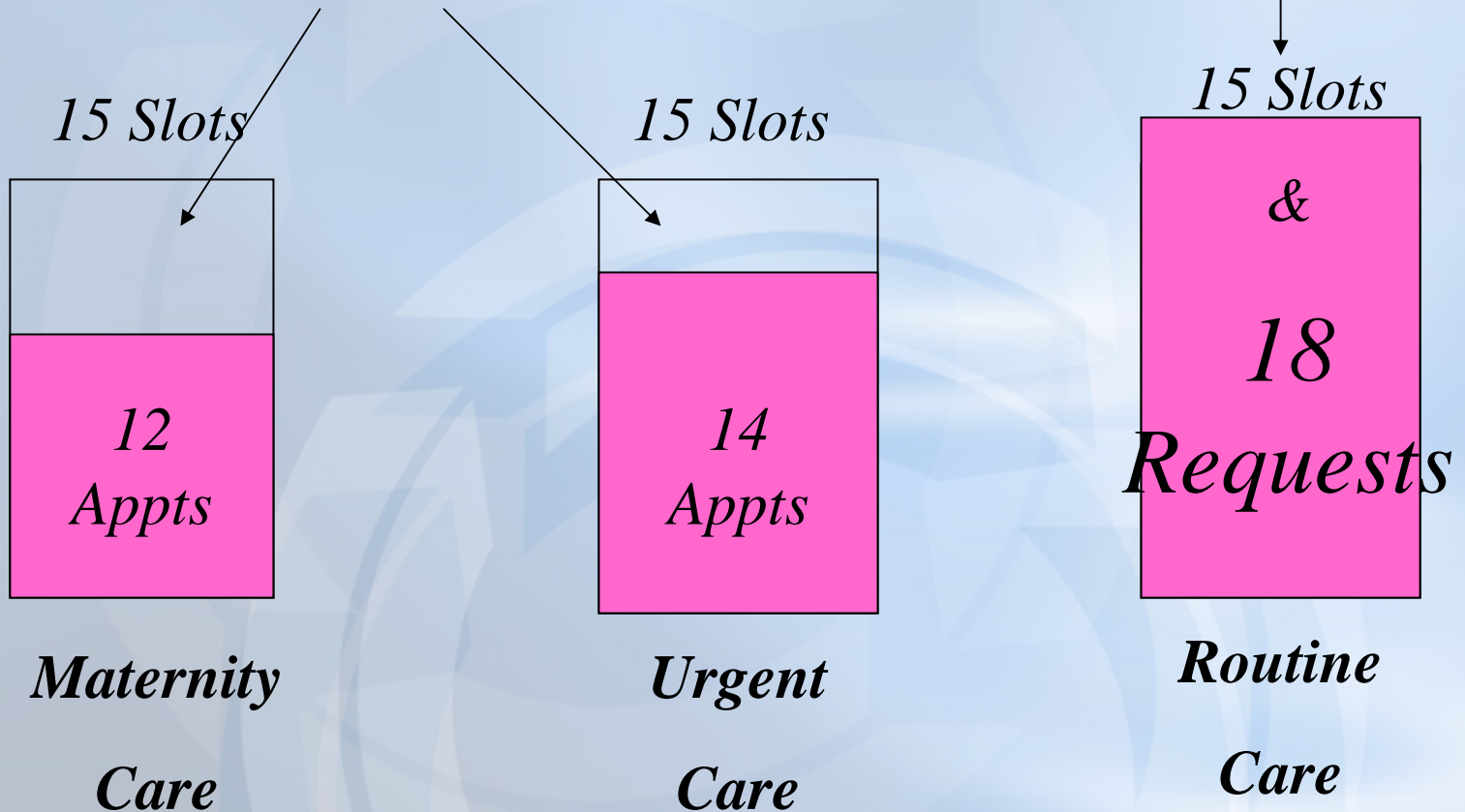
Clinic Scheduling



Clinic Scheduling

Unused Capacity

3 Unmet Demand



The Evidence

A Study of the Adoption of Naltrexone

Carolyn Heinrich

Professor, UW–Madison



Naltrexone Adoption

- Client characteristics?
- Provider characteristics?
- State policy?
- Environmental conditions?

The Outcome?

- 80% of variation (or adoption) explained by provider characteristics
- 20% other factors

For the Remaining 20%...

- 80% of variation (or adoption) explained by state policies

The New 80/20 Rule

Providers & States Must Work
Together Towards Common Aims...

...the system needs it.



Strengthening Treatment Access and Retention: State Implementation (STAR-SI)

Center for Substance Abuse Treatment
Substance Abuse and Mental Health Service
Administration
&
Robert Wood Johnson Foundation



STAR-SI

- Payer-provider partnerships
- Spread of process improvement practices to improve access and retention

Advancing Recovery

Robert Wood Johnson Foundation (RWJF)



Advancing Recovery

- Payer-provider partnerships
- System Changes



Advancing Recovery

- Creating inter-system linkages
- Innovative funding strategies
- Mitigating unintended consequences of funding or regulatory practices



Medication Assisted Treatment in Maine

Kim Johnson, MSED, MBA

Eric Haram, BS, LADC

Goal: To Increase Use of Available Addiction Medications

- Our aim is to increase MAT at the participating agencies by 15% in order to increase treatment retention and improve outcomes

The Need

- 63% of treatment admissions last year were for alcohol abuse
- 24% were for opiate abuse
- Our focus is on these two categories for which there are FDA approved medications and which make up the majority of the patients seen in Maine's treatment system

The Need

- Based on sample data, fewer than 10% of people admitted for alcohol abuse have been prescribed medication
- The four agencies range from 19% to 67% of people with opiate addiction receiving medication

Barrier: Funding

- While 42% of people in treatment in 2006 were covered by Medicaid or some other insurer, the majority of patients had some combination of self pay and state subsidized funding for services
- Agencies use state grant funding to cover basic costs and medication has never been included except for in residential treatment

Barrier: Funding

- While some older medications are affordable, newer medications are very expensive

Funding

- Our first goal was to ensure that Medicaid covered the available medications as 30% of substance abuse treatment patients are covered by Medicaid

Funding

- Our second goal was to provide grant funding to cover the cost of medication for the uninsured

Funding

- We gave three of the four agencies \$5000 to experiment with methods of providing medication to their clients

Funding

- One agency has an indigent care program that they will use to pay for medication
- One hospital based program will use the hospital pharmacy to dispense medication
- One program has a voucher program in place with a local pharmacy and they will use the funds to support that program

Funding

- The governor's proposed budget includes \$100,000 for SFY '08 and \$500,000 for SFY '09 to pay for medication
- We are looking at two ways of distributing these funds: through provider agencies or through one of the state's pharmacy programs

Addiction Resource Center's Experience

Implementing Medication
Assisted Treatment

April 2005

- Addiction Resource Center's position on the ever rising opiate addiction problems in Maine.
- “We do not know what we are going to do about the whole opiate thing.”
- And our financial situation was poor.

November 2005

NIAT_x

- ARC receives a PI Grant from the Maine Office of Substance Abuse (OSA)
- Objectives:
 - Learn Rapid Cycle Process Improvement
 - Use these tools to decrease client wait times and increase client retention in treatment.
 - Report your data and share your experiences

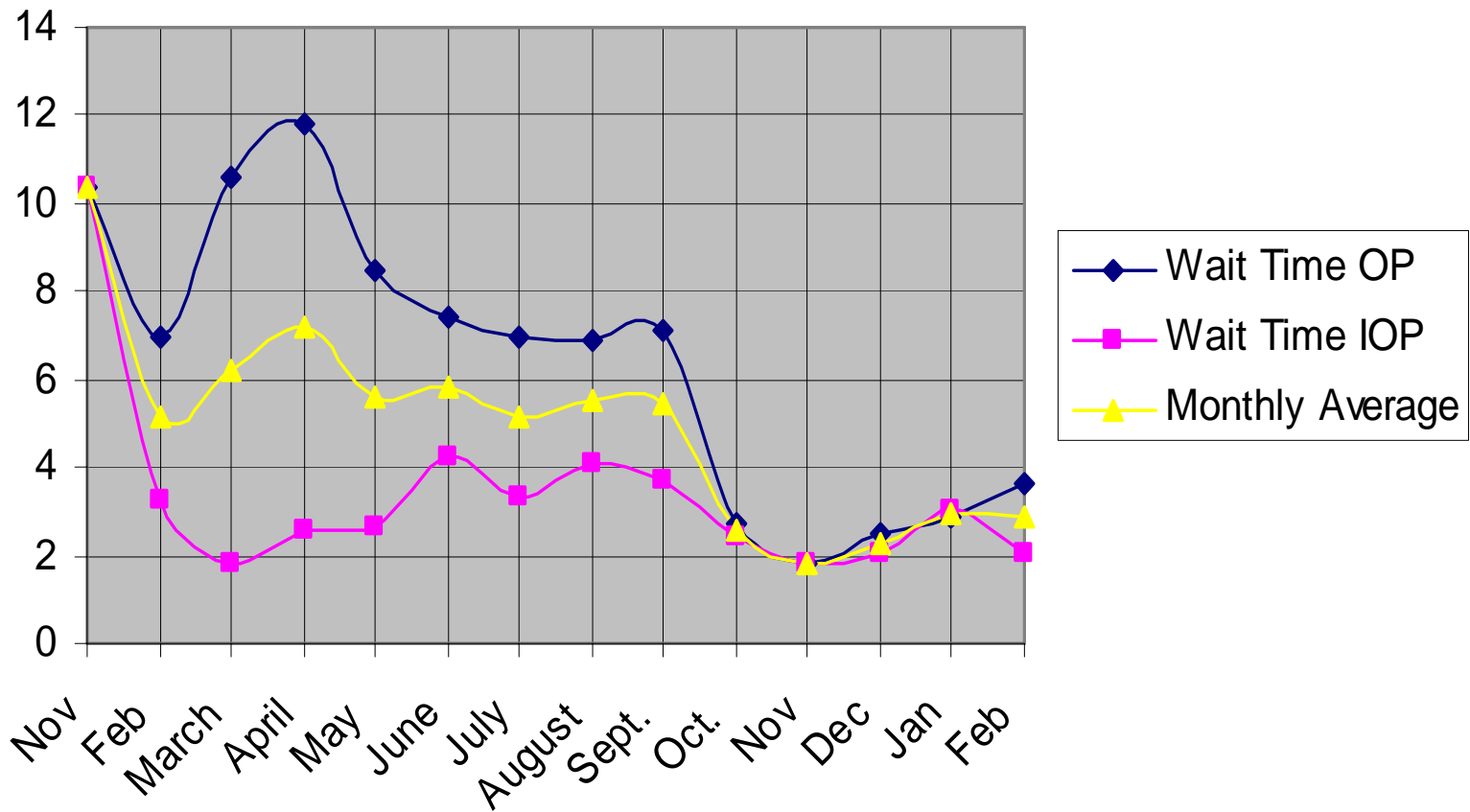
Plan, Do, Check, Act



STAR SI

ARC Business Case

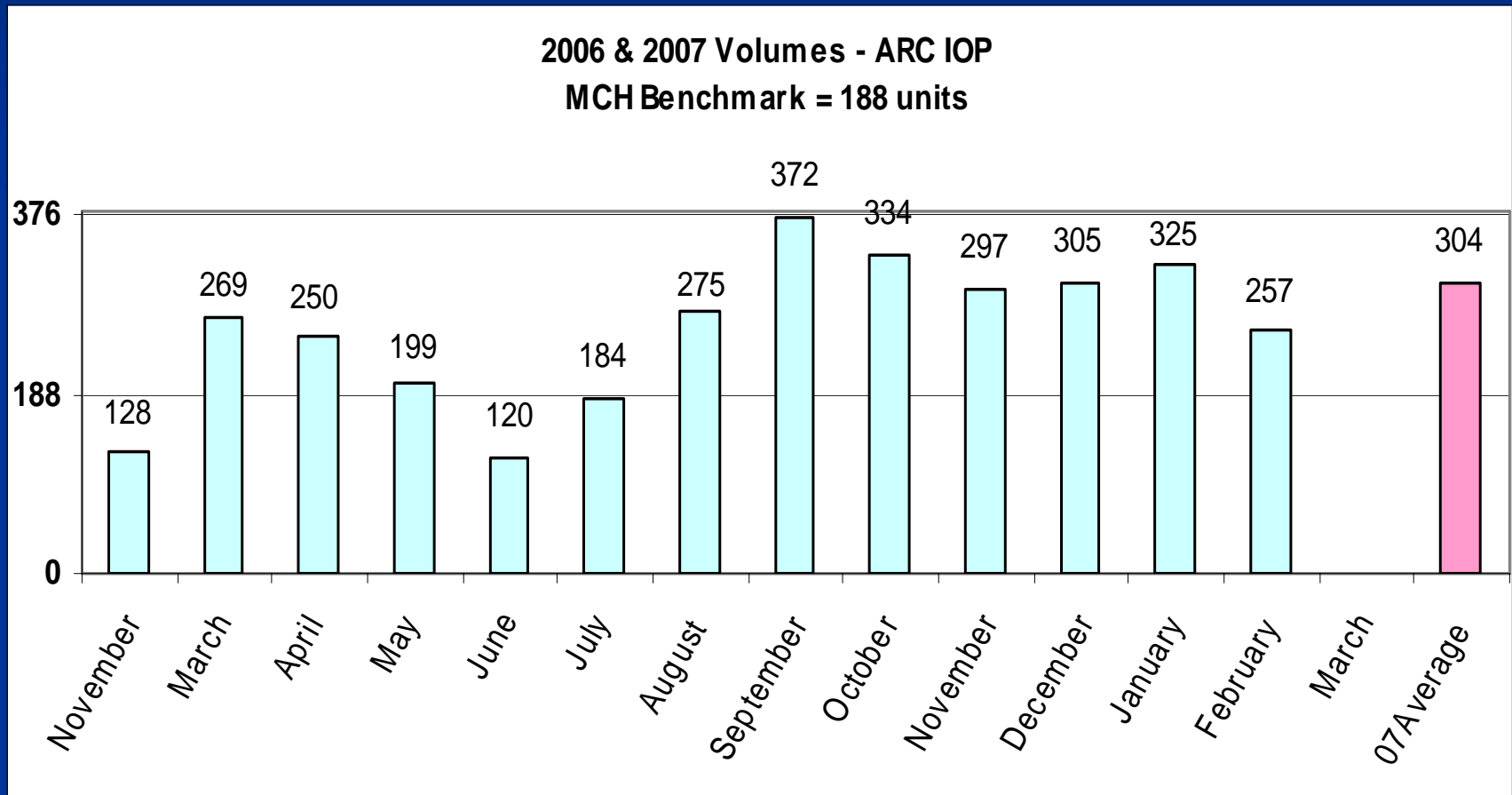
Wait Times Are Down 77% From Baseline



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ARC Business Case

IOP Volume Is Up 137.5% Over Baseline

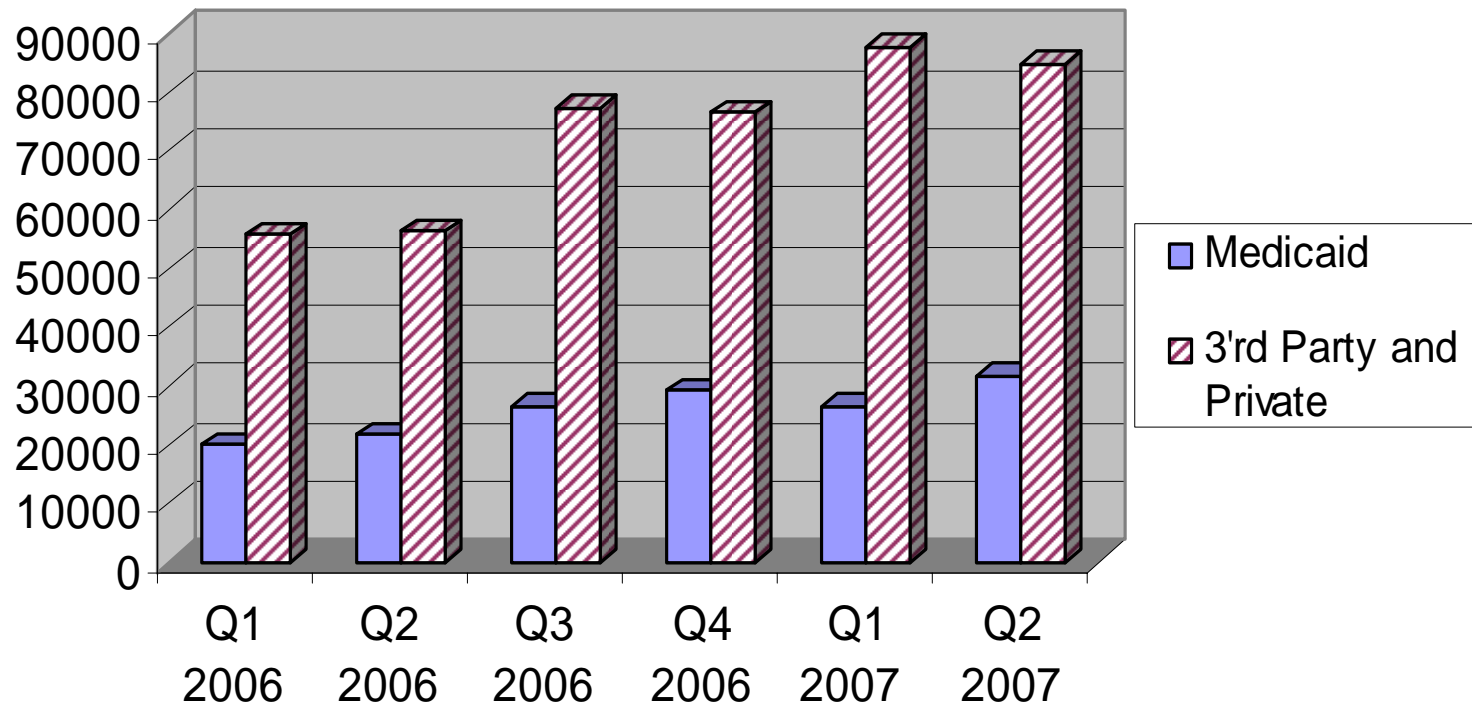


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ARC Business Case

Medicaid Net is up 52% Over Baseline 3rd Party and Private
Net Is Up 46% Over Baseline

Net Revenue



A Model for Change

- The RWJF and Maine OSA investment in Performance/Process Improvement has provided ARC three key assets which enable larger systems change:
 1. Tools to manage change.
 2. Experience being successful. (Access and Retention)
 3. Institutional Credibility.

November 2006

- We still had an opiate problem!
- Needed to make a big change!

November 2006

- We wanted implement Subozone
- Not with 20 consumers, but 400.
- We needed a PLAN!

Key Activities

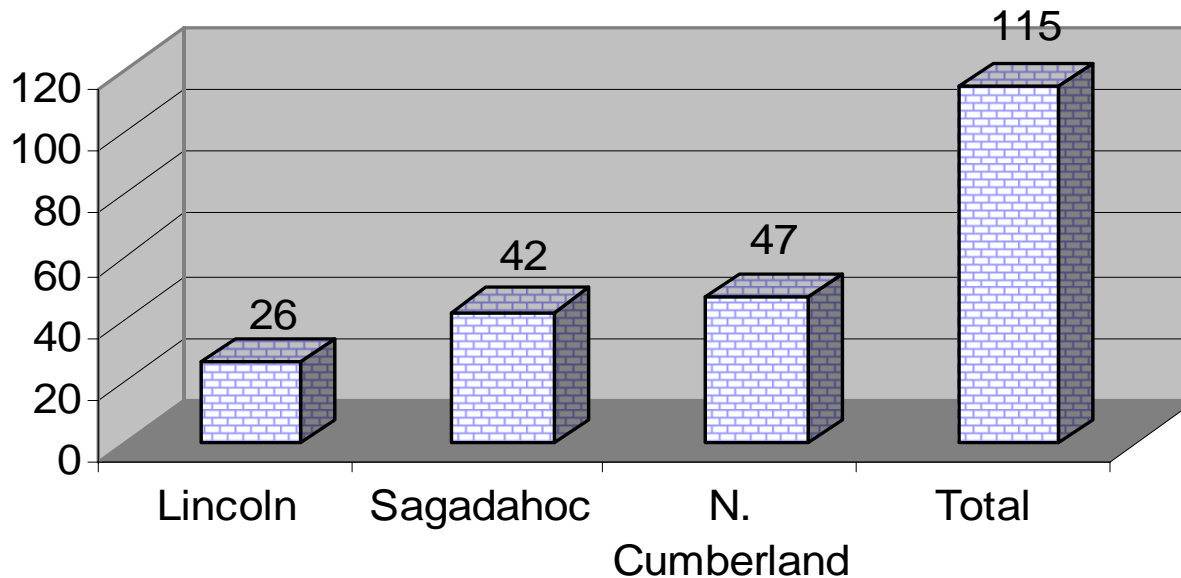
- Form team to work on needs, barriers, staffing model.
- Complete draft of “Mission Fit” and “Business Case.”
- Borrowed from Aroostock’s Mental Health model
- Present business plan to Behavioral Health Management Team

Community Response-Mission Fit

- ARC took a 4 month snap shot to trend volumes of clients seeking treatment for opiate dependence.
- On average 15-20 callers per month request Suboxone assisted treatment.
- Of 15 assessments Dx. with opioid dependence in Jan. and Feb. 2007, five have admitted to treatment programs. Five of five are currently involved in MAT.
- Anticipated volume of new ARC clients per year is **100-150 clients**

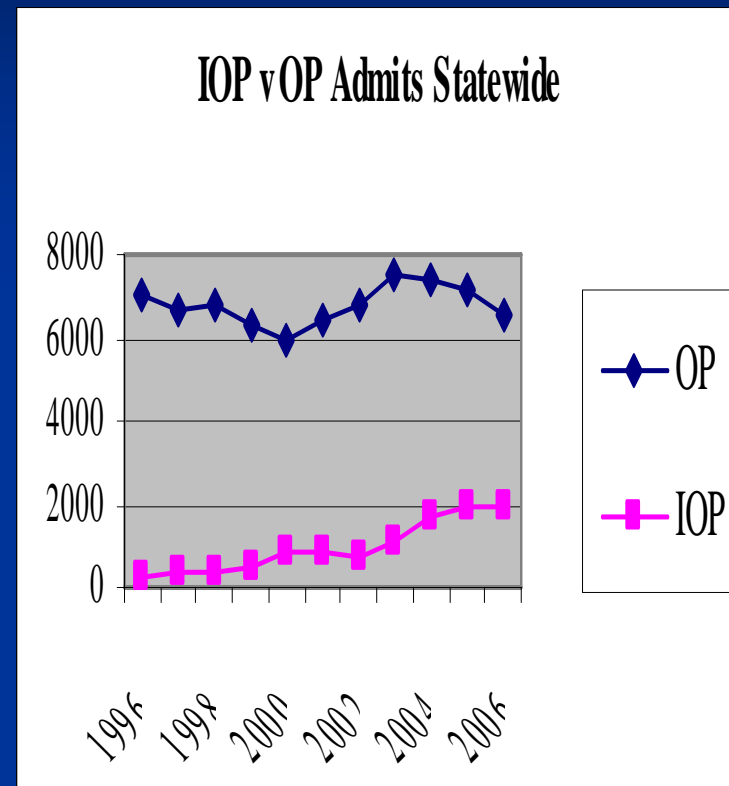
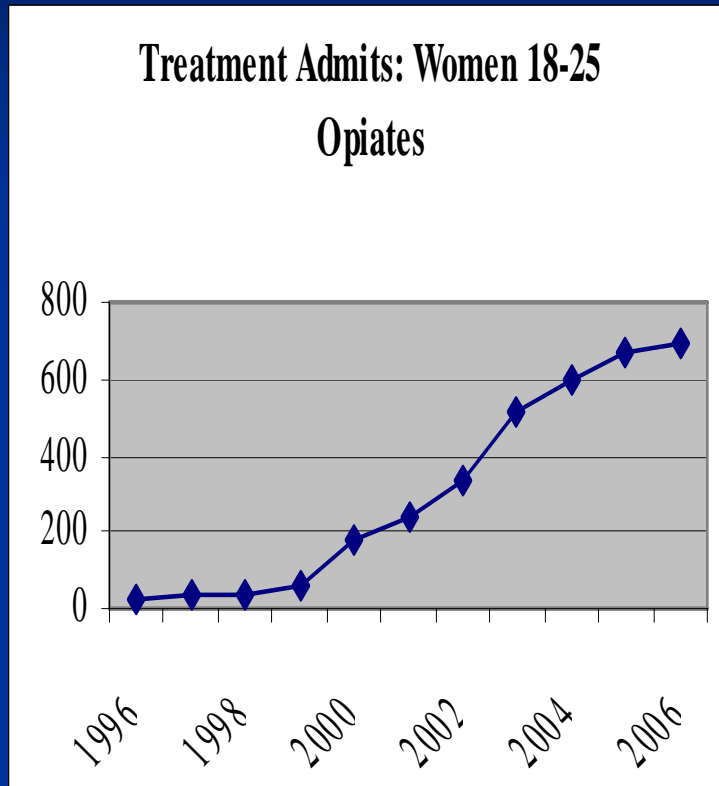
Community Response-Mission Fit

**Opioid Admits outside ARC Service Area from
w/in ARC Service Area- 2005**



Community Response-Business Case

not sure if this slide still fits



Key System Changes

- Start clinic where physicians will be accessible.
- Working with recovery community to change attitudes.
- Now have mechanisms to bill for medications via Medicaid and designated block grant revenues.
- Others?

Community Response-Business Case (Cost)

FTE's	Salary	Fringe	G&A	Total Cost
1.75	\$72,800.00	\$24,024.00	\$18,493.38	\$115,317.38
MD Contracts 8 hrs/wk@ \$100/hr.	\$41,600.00		\$7,945.00	\$49,545.60
Equipment Auto BP Cuff 2 Couches Exam Table	\$2,420.00 \$1644.00 \$804.00			\$4868.00
Total Cost				\$169,730.98

Community Response- Business Case (Revenue)

Service	Code	Deliverable	Volume	Charge	Gross	Net
Induction 1	99205	Office Visit-New 60 min.	120	-	-	-
Induction 2	99204	Office Visit-New 45-60 min	120	-	-	-
Subsequent Visits	90862	Med Management	532	-	-	-
	99213	Office Visit 15 min	67	-	-	-
	99214	Office Visit 25 min	67	-	-	-
ARC Treatment						
IOP	90853	3 hrs/day 2-5 days/wk.	1536	225	345,600	155,520
OP Group	90853	90 min. 1x/wk.	924	60	55,440	24,948
Assessment	90801	60 min. multi-axial	120	100	12000	5,400
Totals gross * .45						185,868

Payer/Provider Partnership?

- Support for rapid cycle change approach.
- State is wants to know barriers to MAT implementation.



Strengthening Treatment Access and Retention-State Implementation (STAR-SI):

The Foundation of the Florida Learning System



Presentation by
Stephenie W. Colston, M.A.
Director of Substance Abuse
Sheila Barbee
Project Director



Background

- Florida Learning System launched in 2006.
 - Goals:
 - strengthen client access to, and retention in substance abuse treatment services; and
 - increase efficiency of services
 - Pursued two grants:
 - Strengthening Treatment Access and Retention -State Implementation (STAR-SI)
 - Robert Wood Johnson- Advancing Recovery
-



Measures – Ongoing Review

Measure	Target	EOY 0506 Performance	Gap
Percent of adults who are drug free during the 12 months following completion treatment	70.0	68.0	-2.0
Percent of adults in child welfare protective supervision who have case plans requiring substance-abuse treatment who are receiving treatment	55.0	N/A	N/A
Percent of adults who complete treatment	73.0	77.0	+4.0
Percent of adults employed upon discharge from substance abuse treatment services	79.0	84.0	+5.0
Substance usage rate per 1,000 in grades 6-12.	325.0	354.0	-29.0
Average age of first substance abuse	14.5	14.1	-0.4
Percent of children with substance abuse who are drug free during the 12 months following completion of treatment	60.0		
Percent of children with substance abuse under the supervision of the state receiving substance-abuse treatment who are not committed to the Department of Juvenile Justice during the 12 months following treatment completion	75.0	N/A	N/A
Percent of children with substance abuse who complete treatment	74.0	80.0	+6.0

DCF Business Plan Fiscal Year 2006 -2007

Mission Statement: "Protect the Vulnerable, Promote Strong and Economically Self-Sufficient Families, and Advance Personal and Family Recovery and Resiliency."

Customer Population: "The Florida Taxpayer is a significant customer and stake-holder in the provision of social services and requires evidence of efficiency and effectiveness of service delivery and agency operations."

Objective

Success Indicators

Performance Measures

Strategies & Action Steps

Lead

Due Date

0-12

Continuous
Performance
Improvement



SI-25A

**Increased efficiency in
the delivery of client
SAMH services.**

Strategy

**S-.Develop and implement a quality
service delivery system.**

Actions

Implement the Florida Learning
System.

Apply for and implement the
Strengthening Treatment and
Retention.



STAR Partners

- ❑ The Department of Children and Families
 - ❑ The Florida Alcohol and Drug Abuse Association (FADAA)
 - ❑ The Office of Drug Control
 - ❑ SCATTC
-



State-Level STAR-SI Staff

- ❑ Project Director- Stephenie Colston
 - ❑ Project Manager- Sheila Barbee
 - ❑ Systems Performance Improvement Coordinator- Fredrick Hicks
 - ❑ Project Coordinator - Pauline Ryan
 - ❑ Administrative Assistant- Ximena Johnson
 - ❑ NIATx Coach- Pauley Johnson
-



STAR Project Participants

- STAR Advisory Workgroup
 - Central Florida Behavior Health Care (Network)
 - Drug Abuse Comprehensive Coordinating Office, Inc. (DACCO) (Provider)
 - Manatee Glens (Provider)
 - Northeast Florida Network (Network)
 - Stewart-Marchman Center (Provider)
 - Meridian Behavioral Health
 - South Florida Provider Coalition (Network)
 - The Village (Provider)
 - Lakeview Center, Inc. (Provider)
 - Southwest Florida Addiction Service (Peer Coach)
 - Center for Drug-Free Living (Peer Coach)
-

Florida STAR-SI
Participants





Statewide Goals

The three primary aims are:

- Reduce the average time between an individual's first contact for outpatient treatment and an initial screening/assessment by 25%;
 - Reduce the average time between initial screening/assessment and delivery of first outpatient treatment service by 25%; and
 - Increase the number of persons who complete detoxification and then enter outpatient treatment services by 50%.
-



Expected State Level Outcomes

- Improve performance on key three access and retention measures.
- Standardize and institutionalize data collection and reporting on these measures.
- Establish a new learning community that supports the ongoing transfer of knowledge.
- Eliminate regulatory and policy barriers to improved access and retention.
- Adjust the state's data system to focus on client-based outcomes.



Key Activities

The State addressing access and retention issues through these initiatives:

- Rule Revision Workgroup reinvigorated
 - TASC (Treatment Alternatives for Safer Communities). Improvements are focused on:
 - Reducing time to conduct assessment
 - Reducing time from referral to TASC to actual assessment and the time from assessment to reporting results
 - Partnering with the National Black Alcoholism and Addictions Council to increase awareness and referrals between agencies.
 - Revisions to current state data base
 - Initiating contract requirements to better track treatment completions from detox.
-



Provider Aims

Each of the participating provider agencies identified aims that support the achievement of the statewide aim.



Florida Facts

- More than 40,000 adults receive outpatient services annually.
 - 90 agencies provide outpatient treatment services.
 - The six STAR provider agencies provide approximately 1/3 of the outpatient treatment services.
 - Four provider networks.
-



Lakeview Center

Aim: Increase the percent of clients completing detox who receive, and continue, outpatient treatment 22% to 44%.

- Completed more than 6 change cycles.
 - Increased completion of outpatient intake documents from 44% to 100%.
 - Client continuation in outpatient treatment – attending 3 consecutive sessions.
 - The percentage of clients receiving outpatient treatment services has improved.
-



Drug Abuse Comprehensive Coordinating Office (DACCO)

Aim: Increase the number of clients moving from assessment to outpatient services by 5%.

- ❑ 54% clients - no show for 1st appointment.
 - ❑ 60 minutes on intake paperwork
 - ❑ Average wait time after assessment = 11.8 days
 - ❑ Intake paperwork/assessment revised
 - ❑ Removed arbitrary wait time
 - ❑ Wait time reduced to 8.4 days
 - ❑ No show dropped by 4%
-



Manatee Glens

Aim: Increase admissions to outpatient from detox by 20%.

Baseline – 43% persons leaving detox admitted to
OT

- Change cycles implemented
 - Met with clients prior to discharge from detox
 - Recovery coaches met with and engaged with clients
 - Reminder calls for appointments
 - Consistent improvement achieved with each cycle.
 - Admissions increased to 63%
-



Meridian Behavioral Healthcare

Aim: Decrease the time between initial screening/assessment and first outpatient appointment by reducing the no-show rate by 10%.

- ❑ Baseline no show = 41%
 - ❑ Wait time for assessment = 4 weeks
 - ❑ Intervention – Family Intervention Specialist will complete intakes at shelter hearings.
 - ❑ Results – wait time 0
-



Stewart Marchman Center

Aim: Reduce wait time between screening and assessment from 12 weeks to 14 days.

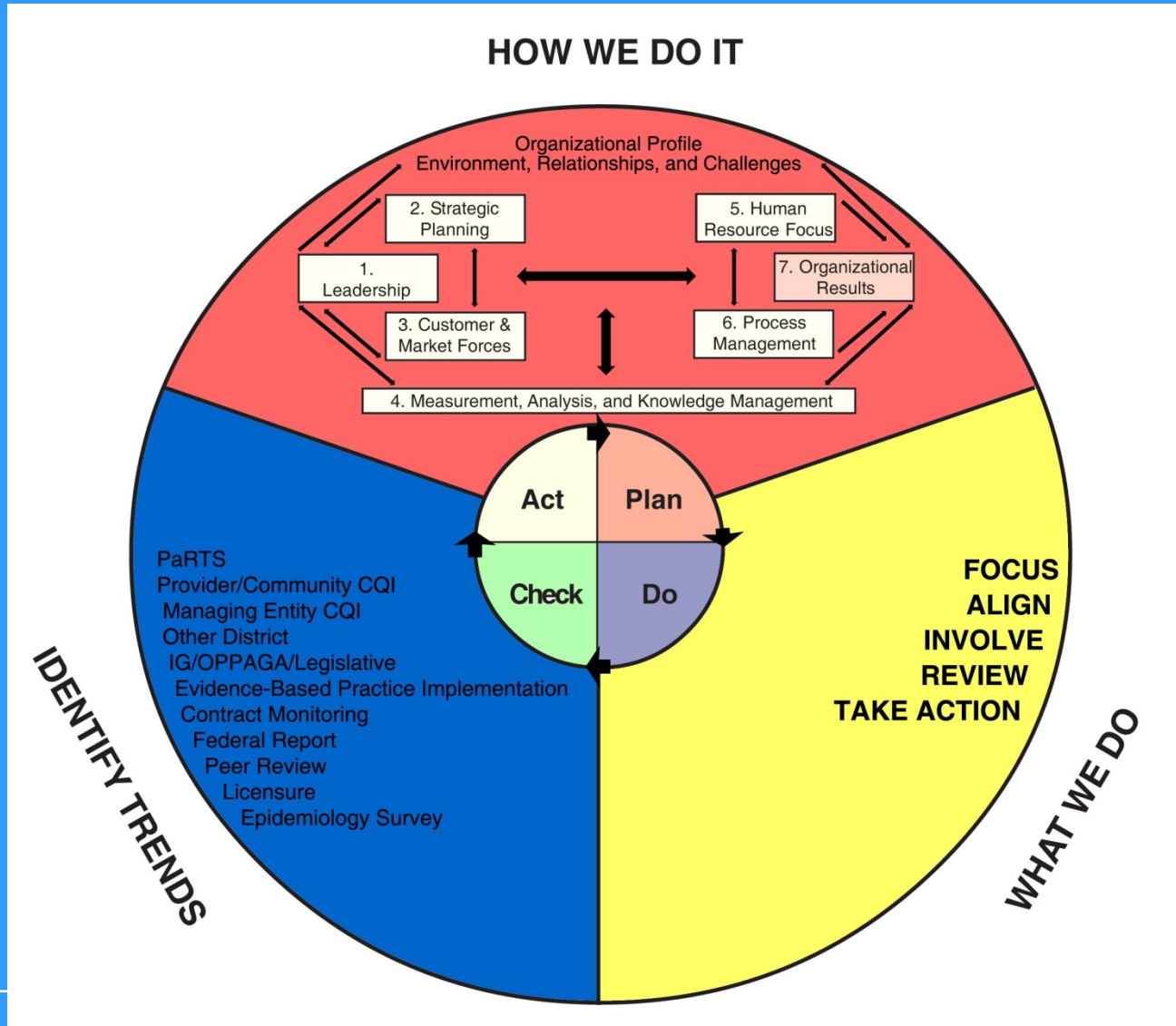
- Agency conducted four change cycles.
 - Waiting time decreased during the 2nd and 3rd cycles.
-



What have we learned?

- ❑ About substance abuse treatment practices at the provider level!
 - ❑ Improvements are made quickly and demonstrate improvements quickly at the provider level.
 - ❑ State level change is slower - but not impossible.
 - ❑ State budget and procurement practices are a bigger barrier than expected.
-

Florida Learning System



Florida Substance Abuse Program



Advisory Workgroup

- Established as required by the STAR
 - Provide guidance for the grant
 - Monitor data collection & reporting
 - Provide input regarding policies and regulations
 - Support development of peer learning network
 - Disseminate project results
 - Serves as the foundation for the Florida Learning System
-



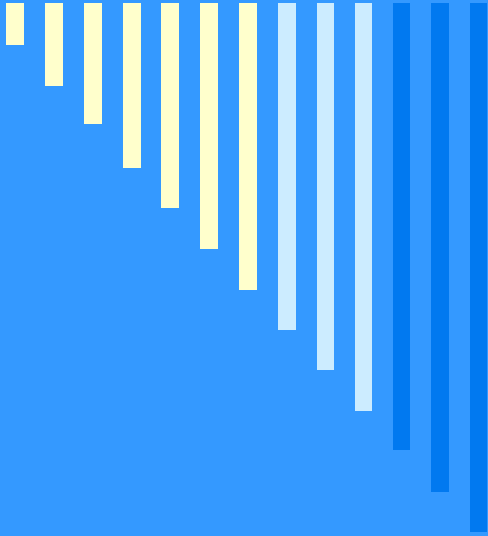
Strategy

- Each year of the STAR-SI grant:
 - Engage networks
 - Bring five to six provider agencies onboard
 - Recruit and train additional peer mentors
 - At the end of the grant:
 - Participation by all four networks
 - Engaged with at least 16 provider agencies
 - Capacity to perform process improvements
-



Where are we going?

- Identify practices at provider level that can be disseminated statewide
 - Continue to initiate process improvements
 - Integrate activities of STAR and Advancing Recovery
-



Thank You !