

VISIONS

JULY, 2001

NAATP Visions is the official newsletter of the National Association of Addiction Treatment Providers (NAATP), the American College of Addiction Treatment Administrators (ACATA), the National Adolescent Treatment Consortium (NATC) and the National Treatment Consortium (NTC).

NOTICE WHAT IS HAPPENING IN MINNESOTA!



While this may not be the final word, it certainly is a "word" that carries with it some hope and a sense of justice for all addiction treatment providers. As addiction treatment providers across the country have lamented the tactics often employed by health insurance organizations, the state of Minnesota, through the State Attorney General's office has waged a battle to correct what many have felt were years of abuse that contributed the denial of treatment for many individuals in Minnesota.

A recent settlement of this litigation has served to put Blue Cross on notice that addiction treatment cannot be denied and that individuals seeking treatment are not to be discriminated against. The following report of this process indicates some of the highlights of the settlement as well as implications.



BLUE CROSS SETTLES SUIT, AGREES TO IMPROVE TREATMENT

Blue Cross and Blue Shield of Minnesota has settled a lawsuit brought against the company by Minnesota Attorney General Mike Hatch by agreeing to lengthen coverage for addiction treatment and improve access to mental health care, the Minnesota Star Tribune reported June 20.

Patient advocates applauded the settlement agreement. "It's kind of like the cigarette companies finally admitting that smoking is related to lung cancer," said Sandra Meicher, executive director of the Mental Health Association of Minnesota. "And when you do that so publicly, it sort of is signaling a sea change."

Hatch sued Blue Cross last fall, stating that the state's largest health insurer denied treatment to children.

In announcing the settlement, Hatch urged other health plans to follow the example of Blue Cross. Under the agreement, Blue Cross will

cover 28-day inpatient treatment for chemical dependency and inpatient treatment for eating disorders.

Prior to the implementation of managed care, 28 days was the standard length of treatment in Minnesota for alcoholism and drug treatment. But most health plans pay for far less.

"The really good news is that there's a clear statement here that says we're going to give treatment when it's needed, and we're going to give enough," said Jane Nakken, an executive vice president at treatment provider Hazelden Foundation, based in Center City, Minn. "That's a huge improvement."

In addition, Blue Cross will create a panel of three experts to review any decision to deny care. The health insurer also will reimburse some families for treatment that it had refused to pay and eliminate practices that critics say are barriers to care. Also, Blue Cross will reimburse the state \$8.2 million for treating patients who had been denied coverage.

"I hope that other states look to this and see it as an opportunity," said Darcy Gruttadaro, an attorney with the National Alliance for the Mentally Ill in Arlington, Va. "Let's hope this is a springboard for future lawsuits that will get people the care they need."

KEY PROVISIONS OF SETTLEMENT AGREEMENT BETWEEN MINNESOTA ATTORNEY GENERAL MIKE HATCH & BLUE CROSS BLUE SHIELD OF MINNESOTA

The following are key provisions of the settlement agreement between The State of Minnesota and Blue Cross and Blue Shield of Minnesota, which resolves the State's October 2000 lawsuit over the company's processing of mental health, eating disorder and chemical dependency claims.

REVIEW COMMITTEE

A three person Review Committee, acting under court jurisdiction, will be implemented within 90 days. One member of the Committee will be appointed by the Attorney General, one by the Chief Judge of Hennepin County District Court (Judge Kevin Burke), and one by Blue Cross.

The Committee will operate in the following way. Under the settlement agreement, Blue Cross must process urgent claims as soon as possible, but in

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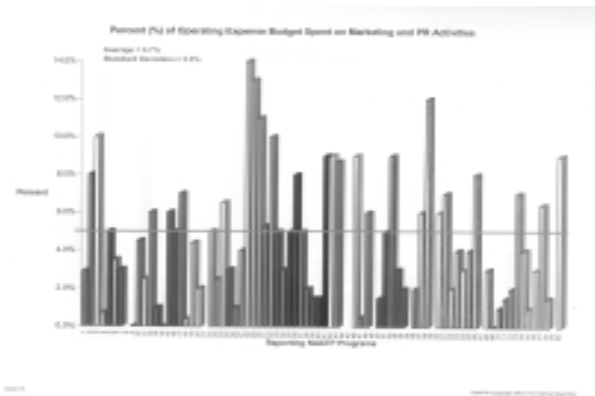
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Forty-Five issues ago (that goes all the way back to February 1997) I began this informal conversation with the members of NAATP and its affiliated sections via this newsletter column. When that began, I am not sure how many of you would have ventured to guess that the conversation would still be going on some forty-five issues later. In fact the number that shared that first column was considerably smaller than the number of members today. Since that day in February 1997 over 100 programs and organizations have become members of NAATP! That's Impressive!

During the intervening years, I have been asked many questions about the National Association of Addiction Treatment Providers. Some of those questions have focused on the history of the organization; some questions have focused on the make-up of the membership, but the vast majority of questions I get asked are on the **value** of membership. So this column will highlight some of the membership values inherent in NAATP membership. This is also a great segue for the 2002 NAATP Annual Conference Theme which will feature:

Value Added

However, space dictates that we need to proceed with the litany of NAATP membership values. **First**, as members of NAATP you have access to the only addiction specific benchmark information available! For four years NAATP has collected information and provided professional color graphs for the participants. This grayscale graph is only a "teaser". To have access to the real thing, be sure to join NAATP and complete the next data collection form in January of 2002.



Second, as members of NAATP you receive an electronic delivery of *Alcoholism & Drug Abuse Weekly* as well as a subscription to *Behavioral Healthcare Tomorrow* magazine.



Third, you receive up-to-date information and calls for action via the *NAATP Visions* newsletter. This newsletter is not only a synopsis of important happenings and activities in the addiction treatment field, but it is also the forum for discussion and consensus building.

Fourth, members of NAATP receive discounts and special opportunities to participate in events and activities not available to non-members. (Note the opportunity listed in this issue of the newsletter found on page 6.) Additional opportunities for NAATP members will continue to be announced in the future.

Fifth, NAATP members have a staff resource that is available to members. Note the expression of appreciation from an NAATP member for this service on page 6 of this newsletter.

Six, NAATP is your connection of national issues as well as your participation in collaborative efforts such as *Recovery Month*. NAATP can be where you cannot always be and when NAATP speaks for 200+ members, it does make a difference.

Seven, NAATP provides information, salary surveys, and referrals, networking connections and many more opportunities for its members.

Eight, NAATP provides a highly successful and effective annual conference as well as the SECAD conference each year. What other organization has this much visibility?

I have surprised myself with the list of benefits of membership in NAATP and I have not even exhausted all of the possibilities, but I have run out of space. What you can do is make sure that you continue to renew your membership and also encourage all of your colleagues to become members in NAATP. If you have any questions on the value of membership, a simple call to 717-581-1901 or email me at rhunsicker@naatp.org and I will be pleased to answer any questions.

Forty-Five issues ago this conversation began. I wonder how long the benefit list will be forty-five issues from now. Be sure to mark your calendar for 2006 when the Ninetieth issue should appear and we will re-visit this benefit list.

THAT'S THE PERSPECTIVE OF RJH

no event more than 24 hours and non-urgent claims within two business days. If Blue Cross denies a claim or does not follow these deadlines, the claim will be referred within 24 hours to the Committee for review. If a denial for chemical dependency or eating disorder treatment is made because of lack of medical necessity, Blue Cross will forward the denial to the Committee within six hours.

The Committee, within one business day, may vote to overturn or uphold a claim upon the vote of any two members. The Committee's decision will be binding on Blue Cross but not the patient. Blue Cross will pay the Committee's expenses.

HEALTH CARE AUDITOR

Under the settlement, the Attorney General may appoint an auditor to enter Blue Cross's premises every six months for up to two weeks (except for the first audit, which may last up to 60 days) and obtain full, timely, complete and unrestricted access to its books, records and personnel to assess the information and processing flow with respect to benefits. The Attorney General's auditor may make recommendations that Blue Cross must accept or have arbitrated before Former Federal Magistrate Judge Brian Short. Blue Cross will pay for the costs of the auditor.

PAYMENT TO STATE

As a resolution of claims owed to the State of Minnesota, Blue Cross will pay the State \$8.2 million.

COURT ORDERED TREATMENT

Blue Cross will pay for treatment that is ordered by a court of law based on an evaluation and recommendation of a health professional.

PARITY

Blue Cross will provide "parity" for mental health and chemical dependency treatment so that, when Blue Cross includes such coverage in a contract, the contract must include both inpatient and outpatient treatment at the same level as for medical services.

RESOLUTION OF INDIVIDUAL CLAIMS

Blue Cross will review the claims of patients who have filed complaints with the Attorney General's Office and shall, within 60 days, attempt to resolve such claims. If a patient's claim is not resolved, that patient can submit the claim to Retired Judge Patrick Fitzgerald for arbitration and resolution. The cost of any such arbitration will be paid for by Blue Cross.

ACCESS TO TREATMENT

Blue Cross will take a number of steps concerning access to necessary treatment, including the following:

- ◆ Blue Cross will ensure that a sufficient number of appropriate health care providers are available to provide treatment within a medically appropriate period of time, not to exceed 10 days.
- ◆ If a denial is made because of lack of medical necessity, Blue Cross will inform the patient of what treatment it will pay for.
- ◆ Blue Cross will not sanction any health care provider for providing medically necessary benefits and will not provide any financial or other incentive to its claim reviewers to deny coverage.
- ◆ Blue Cross will not compensate its affiliate, Behavioral Health Services, Inc. (BHSD), through capitation payments.

YOUR VOICE IS ONCE AGAIN NEEDED ON PARITY!

Recent conversations with staffers from Senator Wellstone's office and also staffers from Senator Domenici's office about both the mental health parity bill and Sen. Wellstone's substance abuse parity bill, known as the Fairness in Treatment Act continue to suggest that advocates for treatment could really make a difference.

At a recent hearing chaired by Senator Kennedy on the Domenici Mental Health Equitable Treatment Act, Senator Domenici announced that the Congressional Budget Office had advised him that it anticipated that the enactment of the bill would result in only a 1 percent increase in costs. Hopefully this will ease concerns and win more support for the bill. It continues to pick up support (currently has 44 cosponsors).

Although Senator Gregg (R) NH, the ranking minority member, walked out of the hearing complaining about the lack of advance notice and insisting on another hearing, Kennedy declared the committee is ready to mark the bill up so that it will be ready for a floor debate and vote.

Although Domenici's staff suggest they won't be surprised if Wellstone offers floor amendments to include substance abuse, this is not likely to happen since Wellstone doesn't want to hurt the chances of this bill passing.

There is a possibility that a Republican opponent might try to introduce such amendments in an attempt to kill the bill if they aren't successful in greatly weakening it by amending it to limit coverage to only the severely mentally ill and mandating coverage only for employers of 50 and more employees.

Senator Wellstone is looking for signs from the substance abuse treatment community that they are serious about building support for his Fairness in Treatment Act. They need people to ask their senators to sign on as co-sponsors. He particularly wants Republican Senators Chaffee of RI and Spector of PA. Asking our senators and Congressmen to sign on to sponsor bills is important, although not something many of us think of doing.

On the House side -

H.R. 162, Mental Health and Substance Abuse Parity Amendments sponsored by Rep. Marge Roukema now has 151 cosponsors (129 Democrats and 21 Republicans). There was a meeting about this bill during the last week of July, so it appears it is viable.

H.R. 1194 Hughes/Emerson S.A. Parity Bill is lagging with only 32 sponsors.

It has been almost four years since NAATP first went to its membership and urged support for a piece of legislation that would provide for *parity* in terms of coverage offered by health insurance plans. The need for that clear and strong voice in support of parity is still needed. Contact your Senators and legislators today and urge them to become active, to be supportive and to ensure that this country removes as many barriers as possible for individuals needing addiction treatment. Your voice does and will count!

CAREER OPPORTUNITY IN BERMUDA!

FAIR HAVENS CHRISTIAN CARE ASSOCIATION BERMUDA EXECUTIVE DIRECTOR

Fair Havens Christian Care Association is engaged in an exciting process of transitioning from a custodial care, residential facility for chemically dependent women to a chemical dependency treatment center built upon the 12 Steps of Alcoholics Anonymous and Narcotics Anonymous.

The Board of Directors is currently recruiting for the position of Executive Director. We are seeking, an enthusiastic, energetic behavioral health care professional. The responsibilities of the position include...

- ❖ Managing the administrative, clinical, programmatic, performance improvement, human resources, financial, budget, and fund raising function of Fair Havens.
- ❖ Implementing marketing and public relations activities with referral sources, churches and community groups in order to maintain a high positive community image, effective communication and maximum client census.
- ❖ Successfully implement and ensure conformance with all aspects of agency policies, procedures, accreditation standards and plans.
- ❖ Provides thorough and accurate human resources function related to staff recruitment, hiring, supervision, compensation, benefits, performance evaluation, training and termination.
- ❖ Providing clinical and administrative supervision of all staff.
- ❖ Responsible for all aspects of the physical plant including supplies, food, maintenance and repair, heating and air conditioning and health and safety practices.

Qualifications for the position include...

- ❖ Knowledge, training and experience in alcohol and drug or mental health administrative practices to include supervision, program planning, marketing, public relations, human resources, and performance improvement;
- ❖ Ability to plan and prioritize work, meet and deal effectively with staff and clients solve problems, and establish and maintain effective working relationships with associates;
- ❖ A combination of education and experience equivalent to a Masters degree in counseling, social work or clinical psychology or Bachelor's Degree in human services with at least four years experience in a human service or medical field;

- ❖ Knowledge and experience in alcohol and drug treatment and Twelve-Step programs.

Please send a cover letter describing your interest and qualifications, resume and the names and telephone numbers of three references to Fair Havens Search Committee, PO Box 753, Devonshire DV BX, Bermuda or e-mail to Vaughan A. Sullivan at: vasullivan@tyco.com.

JOB ANNOUNCEMENT POLICY ASSOCIATE

The Washington, DC, office of the Legal Action Center is seeking to hire a policy associate whose responsibilities will include advocacy and research.

The Center is a non-profit law and policy firm working for sound policies on behalf of people with alcohol and drug dependencies, HIV disease, and criminal records. The Center also advocates for consumers and providers of publicly funded alcohol and drug treatment and prevention services. *The Center is a progressive, Equal Opportunity Employer, and all interested parties are encouraged to apply.*

The position is available in August, 2001.

Qualifications

- Public policy experience, preferably in the areas of health, federal appropriations, and/or criminal justice issues. Hill experience and/or knowledge of alcohol and drug issues a plus.
- Strong communication and oral advocacy skills.
- Excellent research, analysis, and writing skills, including the ability to review and summarize legislation, regulations and research.
- Strong organizational skills to handle multiple tasks.
- Desire and ability to work in small (5-6 people), busy office.

Salary Range

Commensurate with experience and qualifications, plus generous benefit package.

To Apply

Send a resume with cover letter by July 31st, 2001, to: Legal Action Center, 236 Massachusetts Ave., NE, #505, Washington, DC 20002. Or fax materials to 202-544-5712.



GET IN SHAPE FOR VANGUARD'S NATIONAL RUN FOR RECOVERY® SEPTEMBER 16

Start getting in shape now for Vanguard Foundation's 6th annual RUN FOR RECOVERY®, Sunday, September 16, 2001, 9:00 am, in Pentagon City.

The course is flat and fast, and anyone, regardless of ability or age, is welcome to join us. To attract lots of participants, we offer cash prizes to the top three finishers overall and in each 5-year age category. We also offer dozens of random prizes, a goodie bag with coupons and gift certificates, a nice T-shirt, and a sumptuous post-race picnic courtesy of Fresh Fields and local vendors. If you prefer a more leisurely pace, a 5K walk starts at 9:05, 5 minutes after the run.

Our race is Arlington's biggest 5 kilometer (3.1 mile) race and one of the country's largest National Recovery Month events. This year's National Recovery Month theme is "We Recover Together — Family, Friends, Community," coordinated nationwide by U.S. Department of Health and Human Services (HHS) Substance Abuse and Mental Health Services Administration (SAMHSA) Center for Substance Abuse Treatment (CSAT) (www.health.org/RecoveryMonth). Please ask YOUR family, friends, and community to join this year's RUN FOR RECOVERY®.

Your entry fee and the contributions you collect support an important cause — helping chemically-addicted people return to their families, friends, and communities for another chance at a healthy, productive life. The race celebrates recovery from addiction by involving recovering people, their friends and family members, treatment providers, and the community in a highly-visible public event activity. In addition, the race helps raise money for drug and alcohol rehabilitation programs nationwide, and for one of the Washington area's largest treatment programs in particular. With your help, Vanguard will complete a new building on North Quincy Street in Arlington, Virginia, to house its Phoenix Program new treatment center and corporate headquarters.

To sign up, please visit our web site (www.vanguardservices.org) and print out the entry form, or contact Vanguard Foundation (see below) for an entry form by mail. Use the back of the entry form to collect contributions. This year, the RUN FOR RECOVERY® goes national. Participants from any National Recovery Month partner can register for the race and then collect donations for their own organizations. All we ask is to know the total collected for each organization via our race. Inviting participants from organizations all over the U.S. will make this year's run the best yet.

For Vanguard fund-raisers, we offer rewards: a hat if you collect \$100-\$249; a golf shirt for \$250-499; a sweatshirt for \$500-\$999; and a warm-up jacket for \$1000 or more. We also offer grand prizes for the top fund-raisers and the teams with the most participants.

If you live far away, or you can't be in town September 16th, you can still register for RUN FOR RECOVERY® and collect contributions. We'll mail your T-shirt and goodie bag to you. Just let us know on your entry form.

This year, we also offer the FitSense CyberRace™ for our out-of-

town participants. You can measure your own 5K course anywhere on Earth with a FitSense FS-1 speedometer watch, run it anytime, and submit your best time to your personal webpage on www.FitSense.com any time before Saturday, September 15, at 5 pm. We will award prizes to our three fastest CyberRacers, too! On your entry form, check the box "FitSense CyberRace™." RUN FOR RECOVERY® entrants can buy the FS-1 speedometer watch for 50% off, with proof of race registration, by calling 800-419-3667. (Limit one per customer, not available for the Trainer model.)

Don't miss the coupons on the entry form for Joe's Pizza and Pasta Restaurant — two-for-one until August 31, then 10% off with 50% of your bill going to Vanguard in September 2001.

We look forward to our best race yet. We hope to see you on Sunday, September 16. For more information about the National RUN FOR RECOVERY®, or to learn how to sponsor this year's race, call 703-841-0703 x 97, e-mail racedirector@vanguardservices.org, or write to Vanguard Foundation, 2924 Columbia Pike, Arlington VA 22204.

WHERE WILL YOU BE NOVEMBER 28 - DECEMBER 1, 2001?

SECAD 2001 is only a few short months (four to be exact) away! This gathering of over 1,000 addiction treatment professionals and 100+ exhibitors promises to be a high energy information packed and once-a-year networking opportunity. Already over half of the exhibit spaces have been reserved and the remaining spaces are going rapidly.

The speaker lineup is second to none, so be sure to attend. All NAATP members receive a discount on exhibit and registration prices! Call 888-506-7394 or go on line at www.naatp-secad.com to register today. Where will you be November 28-December 1, 2001? Plan to be in Atlanta!

Save these dates for SECAD/2001!

November 28 - December 1, 2001

With a day-long, pre-conference Ethics Workshop — Nov 27, 2001

Please be advised: SECAD/2001 is one of the world's most important conferences for the field of alcohol and drug abuse treatment. Attendees who can not attend a wealth of critical subject matter, internationally recognized presenters and the most extensive exhibit area in the industry. SECAD/2001 offers all these in our atmosphere of cooperation, learning and competence. For more, see "SECAD Experience" — something you only have to see to believe! Plan today to attend an extraordinary educational event: SECAD/2001!

The United Speakers

Robert Anderson, Ph.D.	DR. MARY PATE
Christopher Anderson, Ph.D.	John M. Jones
Andrew Bamber, M.D.	James Montgomery, M.D.
David B. B. Berman, M.D.	C.C. Nockle, Ph.D.
W. J. (Bill) Berman, M.D.	Anna Bush-Bell, Ph.D., M.A.
Federico L. Berman, M.D.	Robert Kline, M.D.
Thomas C. Berman, M.D.	Max Kline, Ph.D.
Philip Berman, M.D.	Mark Kline, Ph.D.
Bill Berman, M.D.	Shelley Kline, M.D.
The Hon. Dr. Barbara Berman	Arthur Kline, Ph.D., J.D.
William Berman, Ph.D.	William Kline, M.D.
F. H. Berman, M.D.	John Kline, Ph.D.

Plan: An exciting and extraordinary event with high standards. The registration fee includes the services of our member of our facility. Daily dinner meetings and more.

Exhibitors: SECAD/2001 is one of the largest, most active exhibit opportunities in the world and it is a pleasure to have SECAD/2001 in your facility. We provide the space, labor for computer screen and network, with our own screen, doors, tables, chairs and computers. Call us for details.

How: The only full registration is available. Registration is held at ground and conference centers and provide lounge for the pre-conference meeting, Wednesday, November 28 through Saturday, December 1, 2001. The fee for the day-long, pre-conference Ethics Workshop (Nov 27) will be reported at the same time as SECAD.

Register Today! For the latest information on speakers, exhibitors, or go to our website: www.naatp-secad.com

SECAD Leads our complete agenda and registration made in early September. For more information call us at **1-888-506-7394** or (770) 474-2502 • secad@naatp.org For the latest SECAD information or to register online visit our website: www.naatp-secad.com

Naatp SECAD is proudly presented by NAATP — The National Association of Addiction Treatment Providers

KEY APPOINTMENTS NEED TO BE ASKED...

As we reach the mid point of summer, names are beginning to back up in terms of nominations to fill key positions within the Bush administration. While some names receive fast track action, a number of names key and critical to the addiction treatment field have an uncertain timetable for confirmation.

Several months ago, President Bush nominated John Walters to serve as Director of the White House Office of National Drug Control Policy (ONDCP). With the recent re-organization of the Senate Judiciary Committee under the now Democratic majority, that nomination has been delayed.

Then in early July, President Bush announced his intention to nominate Charles Curie to serve as Administrator of the Substance Abuse and Mental Health Services Administration (SAMHSA). This appointment would require Senate confirmation.

Mr. Curie has a background in behavioral health and is presently the Deputy Secretary for Mental Health and Substance Abuse Services at the Pennsylvania Department of Public Welfare. He is a graduate of Huntington College and received a Master's degree from the University Of Chicago School Of Social Service Administration. Prior to working for the State of Pennsylvania, Mr. Curie served as President and CEO of the Helen H. Stevens Community Mental Health Center in Carlisle, PA from 1990 to 1995 and from 1988 to 1990; he was the Director of Risk Management Services for Henry S. Lehr, Inc., a national organization that provides insurance products and services for families and businesses.

It is unclear when the confirmation process for Mr. Curie's nomination will occur. It is possible that the Senate will not hold a confirmation hearing on Mr. Curie's nomination until this fall.

Both of these individuals will hold key positions in the administration that will shape public policy as well as public opinion impacting addiction treatment. When the confirmation hearings are held in the Senate Judiciary Committee and in the entire Senate, it is critical that both of these nominations have their responses to the following questions on record:

- ❖ Do you and will you support addiction treatment as the primary response to this nations public health problem brought about by the use of legal and illegal drugs?
- ❖ Do you and will you support addiction treatment as a recognized specialized field of expertise?
- ❖ ONDCP has long provided the policy direction against illegal drug use in this country. Will you support efforts to, at a minimum, include the issues of under age drinking within the prevue of ONDCP? (Continued on right column)

NAATP STAFF TRAVELS TO OHIO

It was a pleasure to meet personally with Dr. Ronald

Hunsicker during his recent visit to Glenbeigh Hospital in Rock Creek, Ohio. As Executive Director of the hospital, I had the opportunity to learn about the exciting initiatives in which NAATP is involved. The in-service that he presented was very informative!

Dr. Hunsicker provided an overview of clinical and administrative trends in the chemical dependency field and methods providers are utilizing to deal with the current challenges and opportunities. During his visit, he also assisted us in networking with resources that can help us in achieving some short and long term goals. I would like to thank Ron for taking time out of his busy schedule to meet with us and to provide a direct link between NAATP and our staff.

Pat Weston-Hall

MONTHLY PLANNER AVAILABLE TO NAATP MEMBERS

One of the really "hot" items that were included in the conference registrant packet at the recent annual conference was the beautifully bound monthly planner. This is an item that was designed by La Hacienda Treatment Center in Hunt Texas and is a member of the National Association of Addiction Treatment Providers. The monthly planner is an 8.5 x 11 inch booklet that opens up to a two page presentation for each month. The planner contains 14 months beginning with December, then the next twelve months plus January of the following year!

A number of organizations made an inquiry as to how they might access them for distribution in their particular area. Discussions between La Hacienda and NAATP have now resulted in the availability of this monthly planner for NAATP members. Any NAATP member who is interested in ordering a quantity of these planners should contact Gena Teer from La Hacienda at 1-800-749-6160, ext. 508 for additional information and ordering directions.

NAATP members will be able to choose from five different colors for the cover of the planner as well as placing their logo on the front cover of the planner and on alternating pages of the months themselves. The planner comes standard with AA and recovering events noted on appropriate days and any ordering program can add up to 15 total events to the calendar for activities specific to their organization.

This makes a great holiday "gift" so be sure to follow immediately if you are interested. The cost for this item will be based on the volume that you wish with a fraction of this cost being rebated to NAATP as the sole distributor licensed by La Hacienda. The NAATP office will also be pleased to address any additional questions you might have on this item. Below is a listing of the quantity and prices. Make that call today and order your monthly planner.

Quantity	Cost/Book	Total
500	\$8.68	\$4,340.00
1000	\$5.53	\$5,530.00
1500	\$4.49	\$6,735.00
2000	\$4.16	\$8,320.00
2500	\$3.76	\$9,400.00
3000	\$3.49	\$10,470.00

**These prices do not include shipping charges...As you can see the larger the quantity you order the lower the price per book. Order today for the holiday season and have your 15 individual events listed in this planner!

- ❖ Will you support the continued recognition of the Center for Substance Abuse as a separate and distinct Center of SAMHSA and not move to merge it with the Center for Mental Health?
- ❖ What is your understanding of addiction as a primary disease?

NAATP members are urged to contact members of the Senate Judiciary Committee and provide them with the above questions as they prepare for the yet to be scheduled confirmation hearings and then also provide all Senators with copies of these questions to be used in the entire Senate confirmation process. It is very important that we have the responses to these questions on record!

BECAUSE IT MATTERS!

Norman G. Hoffmann, Ph.D.
NAATP Board Member

It never ceases to amaze me how many people avoid the issue of differential diagnosis. Some colleagues and I recently published an article in *Substance Use and Misuse* wherein we found that even researchers often failed to specify what conditions they were studying. In a sample of studies from the more prestigious journals, over 20% of the randomized clinical outcome studies failed to note the diagnoses of the subjects and an additional 47% mentioned the diagnoses, but not how they verified them. That means that only a bit over a third of the researchers indicated the diagnosis and how they reached their diagnostic impressions. How do you study and document what treatments work if you don't know what you are treating?

When talking with clinicians, the same "know-nothing" attitude occasionally surfaces. At one conference a person who was self-identified as a program director had a startling response when I pointed out some of our diagnostic assessment tools. The reaction was, "We don't make diagnoses." Imagine an oncologist telling a patient that he or she needs to undergo radiation or chemotherapy for an apparent growth, but adding, "We don't make a diagnosis here." I don't know about you, but I would want to know what they were treating and why I had to undergo an unpleasant course of therapy.

The debate of addiction's status as a disease is grounded largely in two issues. First is the lack of clearly defined terms; the second concerns the differential diagnosis between DSM-IV defined dependence and abuse, misuse, or overuse. Mounting biological and clinical evidence suggests that dependence does meet the critical criteria for the definition of a disease, even if other manifestations of substance misuse may not.

We need to be diligent about determining whether a person meets diagnostic criteria for dependence because it matters. It matters for proper treatment, and it matters for determining whether treatment outcomes are appropriate. Having spent the better part of my adult life studying treatment outcomes, I can attest to the fact that diagnosis and prognoses are essential to determining whether treatment in general or at a particular program is performing up to expectations.

Beyond the diagnosis, a proper assessment of prognostic factors including clinical severity, demographics, family relationships, social networks, and other environmental influences is critical. Such an assessment need not take hours. For example, four demographic characteristics (age, education level, employment, and marital status) can account for up to a 30% differential in the probability of relapse. Someone who has injected any drug to get high will have a greater risk for relapse than someone who has never injected, other factors being equal.

Prognosis is for the individual what case-mix is for a given treatment population. When we consider the collective prognostic base rates for a given program or treatment population, we can formulate case-mix adjusted expectations. For example, we would expect better abstinence rates for a program treating alcohol dependent middle age employed professionals with generally stable family

environments than a program treating young unemployed high school dropouts who are dependent on marijuana and cocaine.

An assessment consisting of diagnosis and case-mix prognostic variables opens up an entirely new prospect for addictions programs—outcomes based treatment and contracting for healthcare services. So long as treatment services are funded on the bases of capitation and access driven systems, whether or not treatment works is essentially irrelevant.

Access driven systems with emphasis on qualifications and authorizations for services tend not to be driven by outcomes. Rather, they are driven by cost containment rather than value for the treatment investment. Many of these systems are concerned with satisfaction and clinically irrelevant issues such as whether phones are answered within a prescribe number of rings rather than the extent to which providers are achieving positive outcomes.

Outcomes-based approaches are much more suited to providing quality care and delivering value for the treatment investment. With the use of appropriate assessments and the cumulative literature of almost 1000 articles published on treatment outcomes, providers can contract with payers on the bases of performance rather than access.

Perhaps an example illustrates how this could be done. A corporation with 10,000 employees will typically have about 600 workers with some type of addiction issue. According to a previous NAATP commissioned study, about 30 workers from this company are likely to get treatment in a given year. The corporate goal could be to identify 60 workers with a problem and retain at least 40 of them as productive employees a year after treatment. This approach sets clear and documentable goals. It also removes the issue of authorizations and gives the provider discretion in how to provide the treatment. It also holds the provider accountable for being efficient as well as effective.

Similar models could be developed for a range of public sector clients. Providers contracting to treat welfare-to-work clients could develop services such that the welfare recipients do not fail their vocational pursuits due to relapse. A range of corrections populations could also be served where the desired outcome is that they do not reoffend due to alcohol and drug use.

Outcomes based treatment strategies using appropriate assessments offer a real prospect of overcoming the overriding preoccupation with costs and achieving a perspective on value and return on investment. This change would facilitate better care for those afflicted and more realistic reimbursement for those providing the services. In addition, the payers would finally have some realistic expectations for what is accomplished for the dollars spent.

Why should we care about whether dependence is recognized as a disease? Why should we care about assessments and outcomes-based treatment? Because it matters.

UPCOMING EVENTS FOR YOUR CALENDER

The **National Institute on Drug Abuse** will present "MDMA/Ecstasy Research: Advances, Challenges, Future Directions" **July 19 and 20 in Bethesda, MD.** For more information, call (301) 443-6245.

The **Ohio State University** will present "Summer Institute of Addictions Studies" **July 24-28, 2001 in Columbus, Ohio.** Dr. Ronald J. Hunsicker, President/CEO of NAATP will be the Plenary/Keynote speaker on **July 25, 2001.** For more information, call 614-292-8571.

The **National Academy for State Health Policy** will hold its 14th annual State Health Policy Conference **Aug. 12 to 14 in Charlotte, N.C.** For more information, call (207) 874-6524 or visit www.nashp.org.

Haymarket Center will present the seventh annual Summer Institute on Addictions Conference **Aug. 22 to 24 in Chicago.** For more information, contact Carol Blyskal at (312) 226-7984, ext. 396 or visit www.hcenter.org.

The **American Society of Addiction Medicine** will hold its 13th National Conference on Tobacco Dependence **Sept. 13 to 16 in Atlanta.** For more information, call (301) 656-3920.

North River Foundation Inc. will present the 14th Cape Cod Symposium on Addictive Disorders, "Recognizing Diversity for Optimum Diagnosis, Treatment and Healing," **Sept. 20 to 23 in Hyannis, Mass.** For more information, call (800) 767-9061 or (781) 834-0005, or visit www.ccsad.com.

The **Alcohol and Drug Problems Association of North America** will hold its 14th annual Women's Issues Conference, "Creating Our Lives," **Sept. 30 and October 1 in Tucson, AZ.** For more information contact Kittie Robertson at (573) 368-4377; email kittie@fidnet.com.

Comprehensive Neuroscience Inc., the **Annenberg Center for Health Sciences** and **Manisses Communications Group** will present the Behavioral Healthcare Tomorrow/Behavioral Informatics Tomorrow conference **October 8 to 10 in Washington, D.C.** For more information, call (415) 435-9821.

The **New York State Association of Alcoholism & Substance Abuse Providers** will hold its fifth annual statewide conference, "Advancing the Conversation in the Empire State," **Oct 21 to 24 in Saratoga Springs, NY.** For more information, call 518-426-3122.

The **National Association of Addiction Treatment Providers** presents **SECAD 2001 November 28 - December 1, 2001 at the Sheraton Atlanta Hotel, Atlanta, GA.** Plan to be with us as SECAD marks 26 years as one of the world's finest educational conferences in the field of alcohol and drug addiction treatment. For more information, call 888-506-7394 or visit our website at www.naatp-secad.com.

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