

# Evidence-Based Addiction Treatment Practice

Integrating the Essentials of High-Quality Care

Thomas Britton, DrPH, LPC  
CEO, Gateway Foundation

Annie Peters, PhD, LP  
CCO, Harmony Foundation



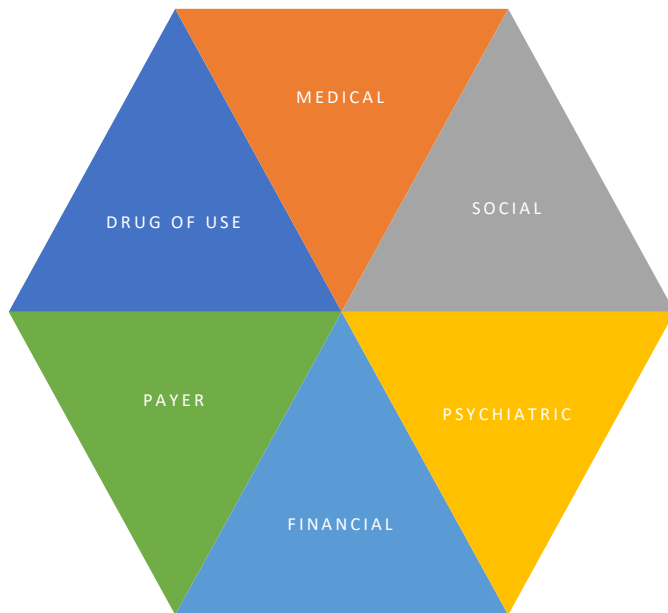
MAY 20-22, 2018  
Omni Interlocken Resort  
Denver, Colorado



# SCIENCE, RESULTS AND OUTCOMES: A CRITICAL IMPERATIVE

# AN EVER CHANGING CLIENT

A confluence of factors are changing the complexity of symptom presentation and consequently required clinical intervention



## MEDICAL

With a shift to opiates and IV drug use, medical symptoms and comorbidity has skyrocketed



## DRUG OF USE

The recent increase in opiate use and consequent overdose forces providers to expand services to include MAT intervention



## SOCIAL

Technology has changed core components of our cultural fabric and resources available to substance users



## PAYER

Historically low income uninsured patients now are insured and commercially funded have increased access but also, increased barriers



## FINANCIAL

High deductible low quality insurance plans have shifted the financial burden from the state and employer to the individual

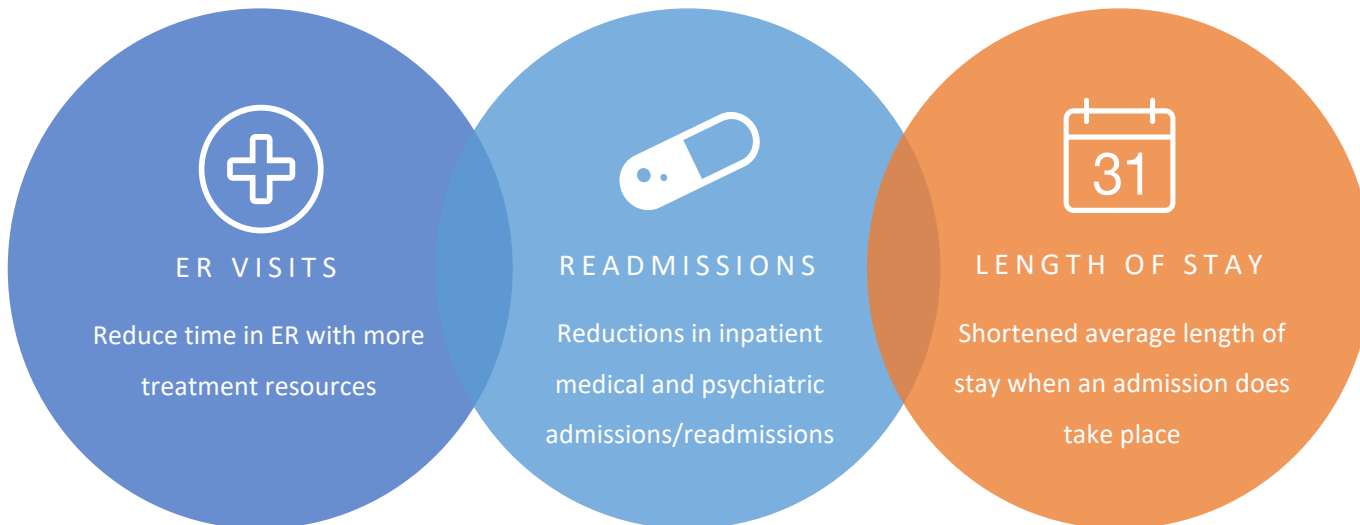


## PSYCHIATRIC

40-60% of substance use patients also have a mental illness requiring treatment

# IMPACT OF THE ADDICTION CRISIS

Research demonstrates that SUDs are a major driver of health care costs and also shows that coordinating and providing care makes for cost reductions.



1:4 HOSPITAL ADMISSIONS INVOLVES SUBSTANCE USE DISORDERS (SUDS)

Estimated Annual Cost of Addiction in US - \$300 Billion to \$1 Trillion



# LEGISLATION

Approved 56 of the 63 opioid bills pending before the Committee in a largely bipartisan fashion.

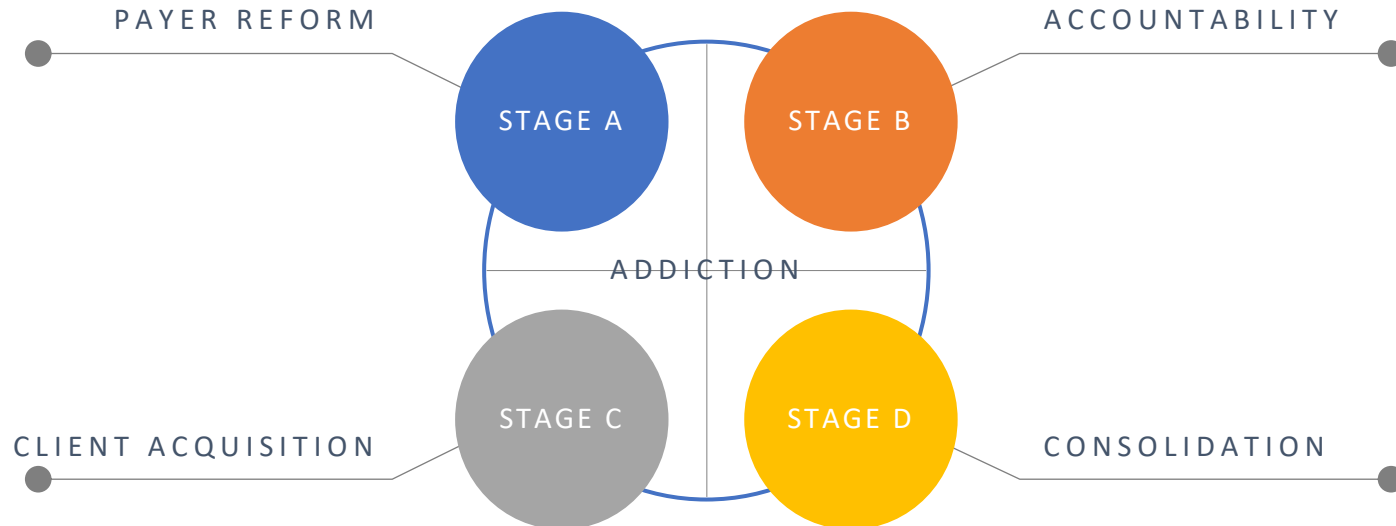
- Telemedicine- Two bills: (1) Permits prescribing of controlled substances via telemedicine; (2) Requires the DEA to establish a registration process for telemedicine providers
- Residential Addiction Treatment- Amend IMD rule – 90 days treatment
- Recovery Housing- Best practices via SAMHSA and TA to implement best practice standards
- Addiction Treatment Workforce- student loan forgiveness for addiction treatment professionals

## Opioid Crisis Response Act 2018:

- Reauthorization of state grants for prevention, response, and treatment, as authorized in 21st Century Cures, for three more years
- Measures to make it easier to prescribe smaller packs of opioids for limited durations, development of non-addictive painkillers and improved detection of illegal drugs at the border.

# INDUSTRY CHANGE

The rising cost and impact of addiction has driven a massive shift in the industry

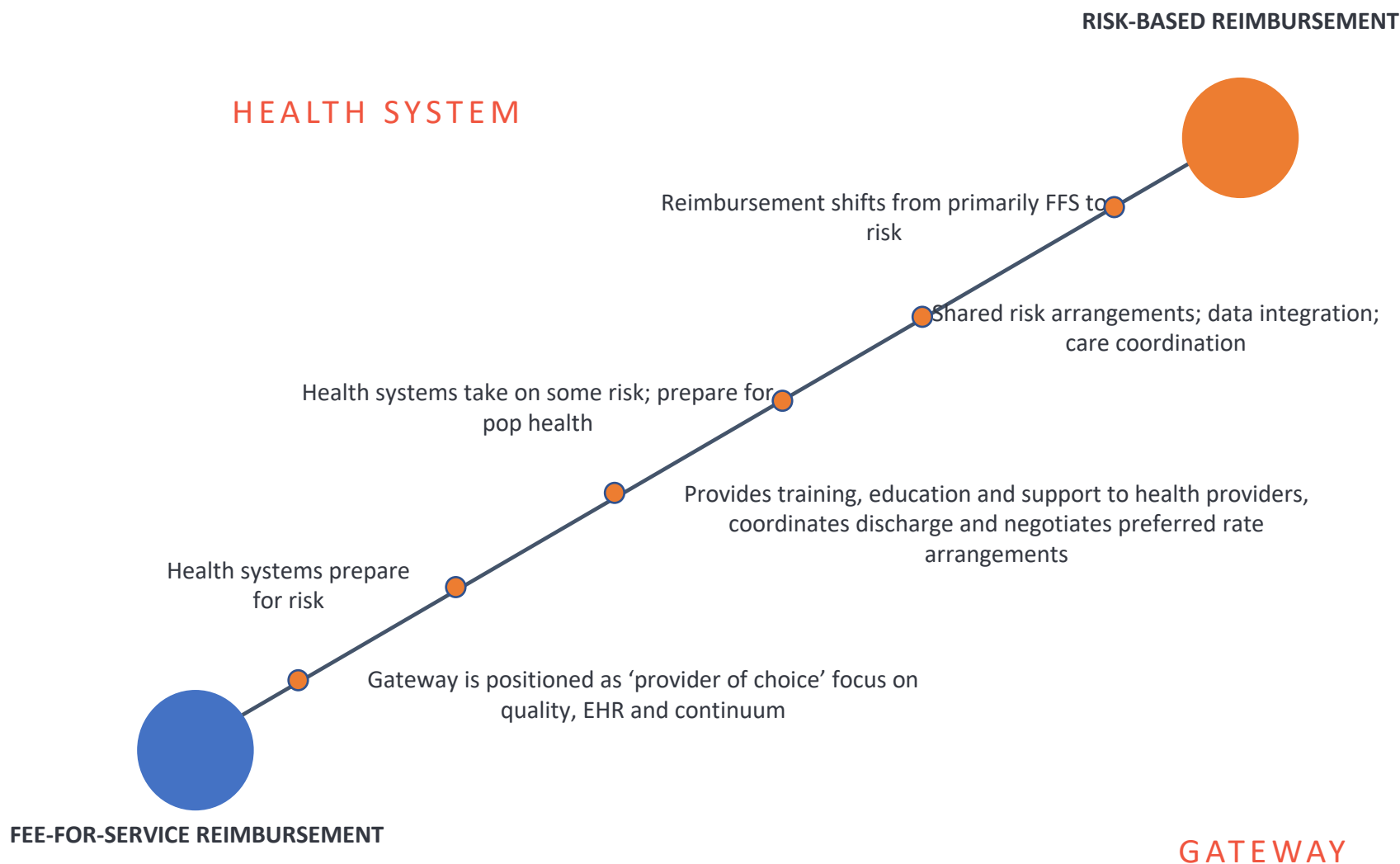


# REIMBURSEMENT MODELS CHANGING

## KEY FINDINGS:

- Payers and the CMS have pushed for more value-based care and payments, but it's been slow going, mainly due to resistance from risk-averse providers
  - Pay for Performance, Bundled Payments, ACOs all expected to increase, albeit slowly
- Payers will be looking for the local stand-outs that can provide a community a full suite of comprehensive care under a capitated or bundled-pay agreement
- According to a study from business intelligence firm ORC International, payers report they are now 58% along the continuum toward full VBP. Payers are also shifting the increased network management: 53% are using tiered networks, and 42% are using narrow networks. **Additionally, 75% of payers stated quality as a driver for network selection.**
  - The study stated that, in five years, 59% of the overall payment models will be a mix of capitation, P4P, and episodes, with bundled payment growing fastest.
- Aetna has committed to moving 75% of its contracts to value-based arrangements by 2020 and is currently at 48%.

# VALUE PROPOSITION IN RISK-BASED MODELS



# VALUE BASED DELIVERY MODEL

Identify successful models to create strategic partnerships  
that create value and reduce costs



1

Need branded evidence  
based model of care  
appropriate and scalable  
for a multitude of medical  
treatment settings



2

Need for uniform  
application and staff  
development



3

Need infrastructure  
to measure, track  
and communicate  
outcomes



4

Need financial  
acumen to  
accurately forecast  
risk/return to  
engage in  
partnerships



5

Need clear strategic  
plan for ongoing  
evolution

Scale Is an Imperative, but Only a Starting Point

# HEALTH SYSTEM CONSOLIDATION EXPLODING

Announced deals among hospitals and health systems reached unprecedented size and scale in 2017, with 11 transactions involving sellers with net revenues of \$1 billion or greater. Dignity Health and Catholic Health Initiatives (CHI) signed an agreement in late 2017. With more than \$27 billion in annual revenues, this combined organization will be the largest not-for-profit health system in the country and, based on revenue size, would be larger than most publicly traded players, falling second only to HCA.<sup>3</sup>

*"You can't be too big to compete in today's developing healthcare market."*

— KAUFMAN HALL CHAIR KEN KAUFMAN

The collective impact of the standard-breaking activity in 2017 is remarkable. As indicated in Figure 3, the total number of transactions announced in 2015 and 2017 was roughly equivalent, but the aggregated revenue of the transacted organizations is markedly different. The *value* of the partnership activity in 2017 was essentially double that of 2015, given the same *volume* of activity.

**Figure 3.** Transactions and Associated Revenue Per Year, 2013-2017

<i>Year</i>	<i>Transacted Revenue (\$ billions)</i>	<i>Number of Transactions</i>
2017	\$63,186	115
2016	\$31,288	102
2015	\$32,028	112
2014	\$23,098	102
2013	\$31,328	98

Sources: Kaufman Hall Transactions Data, S&P Median Credit Rating Reports, Moody's Median Credit Rating Reports, Moody's Credit Rating Changes Reports.

## Key Strategic and Reinvestment Priorities for the New Dignity/CHI System

- Expansion of community-based care, offering access to services in a variety of outpatient and virtual care settings closer to home
- Clinical programs focused on special populations and those suffering from chronic illnesses to keep people and communities healthier for longer
- Further advancement of digital technologies and innovations like stroke robots and Google Glass, which create a more personalized and efficient care experience

Source: Dignity Health and Catholic Health Initiatives: "Dignity Health and Catholic Health Initiatives to Combine to Form New Catholic Health System Focused on Creating Healthier Communities." Press release, Dec. 7, 2017.

# BEHAVIORAL HEALTH CONSOLIDATION

- Deal volume in the Behavioral Healthcare industry picked up dramatically in 2017, largely due to an increase in private equity activity. Add-on acquisitions continue to be a focus, as treatment centers look to expand geographically.
- The most active buyers in 2017 were BayMark Health Services, Pyramid Healthcare and Summit Behavioral Healthcare. Each of these buyers are backed by private equity firms.
- Financial buyers have made an increasing number of acquisitions YTD, accounting for almost 62% of deals in 2017 compared to 50% in 2016.
- Consolidation of nonprofits expected to increase as healthcare environment becomes increasingly competitive
- 22 deals announced on Mertz Taggart website through 4/15
- **Over \$2 Billion of private equity entered the marketplace**

Source: Mertz Taggart Healthcare Mergers and Acquisitions

# The New Disruptors



- 2016 revenue: \$185 billion
- 150+ Optum locations, 140+ urgent care clinics, 200+ surgery centers, 30,000 physicians
- Recent major acquisitions: Surgical Care Affiliates, DaVita Medical Group



- 2016 revenue: CVS \$153 billion; Aetna \$63 billion
- CVS: 1,100 clinics; retail stores within 10 miles of half of Americans
- CVS: Moving into chronic care for diabetes, asthma, hypertension, depression
- Plan to transform CVS stores into health centers

Sources: Fortune 500; Optum.com/about; UnitedHealth Group: "Surgical Care Affiliates (SCA), OptumCare to Combine." Jan. 9, 2017; UnitedHealth Group: "DaVita Medical Group to Join Optum," Dec. 6, 2017; CVS Health at a Glance, cvs.com; Terlep, S.: "CVS Moves Deeper into Doctors' Turf." *The Wall Street Journal*, Aug. 8, 2017; Nanos, J.: "CVS Is Remaking Itself with \$69 Billion Purchase of Aetna," *The Boston Globe*, Dec. 4, 2017; Mathews, A.W., Mattioli, D.: "CVS Bid for Aetna Followed a Long Hunt," *The Wall Street Journal*, Oct. 27, 2017.



## And Here Come the Tech Giants



- Negotiated to buy two medical clinic companies
- CEO Tim Cook: “There’s much more in the health area. There’s a lot of stuff that I can’t tell you about that we’re working on... I do think it’s a big area for Apple’s future.”



- Licensed wholesale pharmacy in 12 states
- Discussed acquisition of generic drug companies
- Skunkworks project focused on healthcare, including telemedicine

## Breaking News: Amazon, Berkshire Hathaway, and Chase

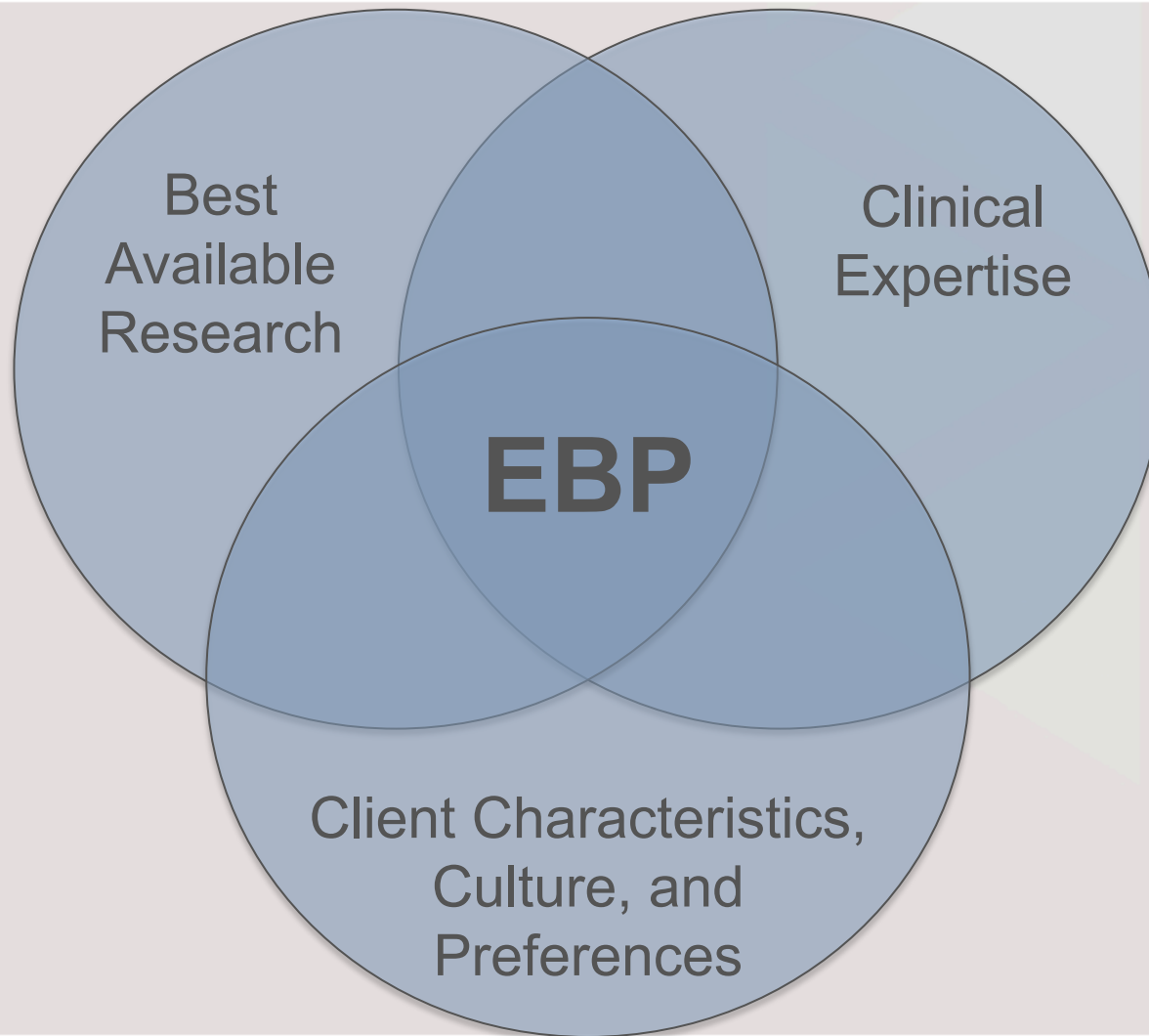
Sources: Farr, C.: “Apple Explored Buying a Medical-Clinic Start-Up as Part of a Bigger Push into Health Care.” *CNBC*, Oct. 16, 2017; Lashinsky, A.: “Tim Cook on How Apple Champions the Environment, Education, and Health Care.” *Fortune*, Sept. 11, 2017; Liss, S.: “Amazon Gains Wholesale Pharmacy Licenses in Multiple States.” *St. Louis Post Dispatch*, Oct. 27, 2017; Farr, C.: “Amazon Is in Exploratory Talks with Generic-Drug Makers.” *CNBC*, Nov. 30, 2017; Kim, E.: “Amazon Has a Secret Health Tech Team Called 1492...” *CNBC*, July 26, 2017.

# Defining Evidence-Based Practice

---



# Evidence-Based Practice



# Definitions

Evidence-  
based  
practice

Empirically-  
supported  
treatment

Best practices

Practice  
guidelines

Practice-  
based  
evidence

# Best available research: History of defining the evidence base

- Clinical trial
- Randomized controlled trial (RCT)
- Meta-analysis
- Empirically validated methods
- What makes treatment work?
  - Specific factors
  - Common factors
- Dose-response
- Cost containment
- Need for clearer picture of “what works” – fastest

# Outcomes: What Defines Recovery?

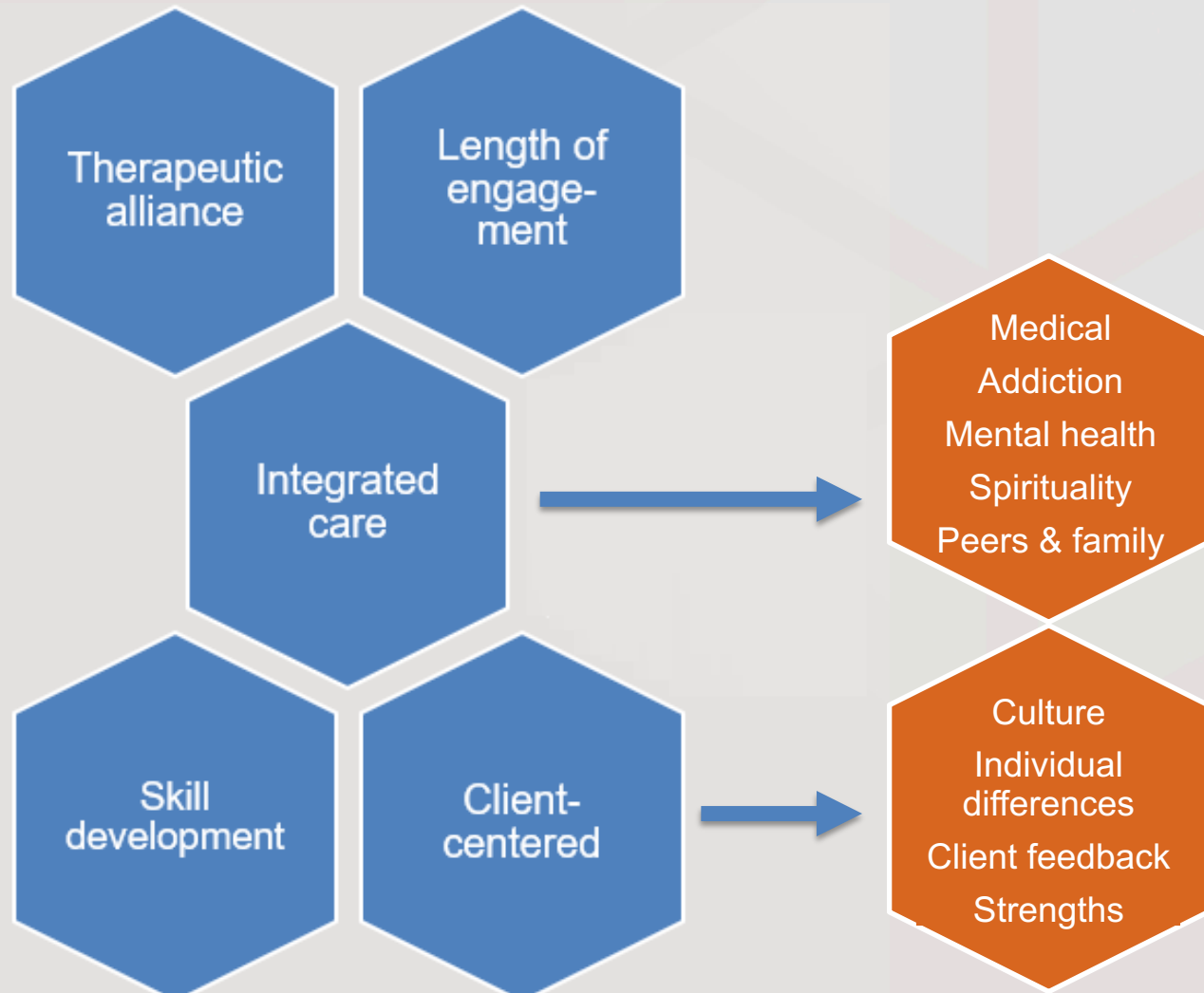
## Recovery

- Improvement in health and wellness, a self-directed life, and reaching one's full potential (SAMHSA, 2018)
  - Health
  - Home
  - Purpose
  - Community

## Outcomes

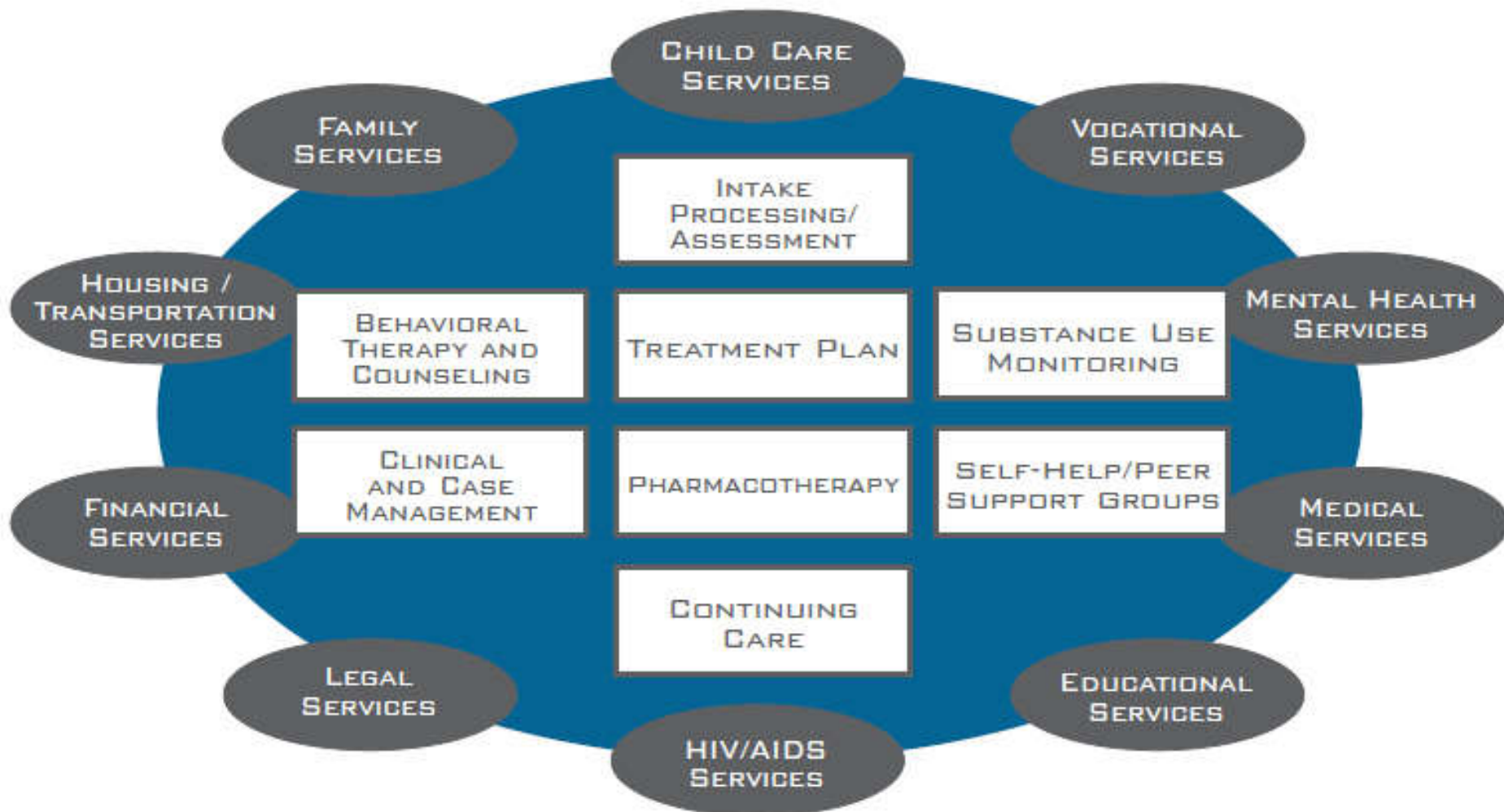
- Abstinence or reduction in substance use
- Treatment Retention
- Psychiatric Symptom Severity
- Medical Problems
- Legal Problems
- Family/Social Relationships
- Occupational Functioning
- Client Satisfaction

# Transtheoretical curative elements (common factors) for effective addiction treatment





## *Components of Comprehensive Drug Abuse Treatment*



*The best treatment programs provide a combination of therapies and other services to meet the needs of the individual patient.*



# Empirically-Supported Treatments for SUDs

- CBT – most researched of all therapies for SUDs
- Motivational Interviewing/MET
- Twelve Step Facilitation
- Contingency Management
- Community Reinforcement Approach
- Medication Assisted Treatment
- Relapse Prevention
- Behavioral Couples Therapy & other family therapies
- Seeking Safety
- Mindfulness-based therapies: DBT, ACT

# NAATP EBP Resource Guide

- Deeper discussion of concepts in this presentation
- Guide to resources for EBPs
  - **SAMHSA**
    - NREPP – <https://nrepp.samhsa.gov>
      - No longer being updated – “skewed” registry
      - Example:  
<https://nrepp.samhsa.gov/Legacy/ViewIntervention.aspx?id=346>
    - Evidence-Based Practice Resource Center (new):  
<https://www.samhsa.gov/ebp-resource-center>
  - **APA:** <https://www.div12.org/treatments/>
  - **UW ADAI:** <http://adai.uw.edu/ebp/> - last updated 2013

# PRACTICE GAP

“The vast majority of people in addiction treatment do not receive anything that approximates evidence-based care”  
(CASA Columbia, 2012)

# Implementation of EBPs and Organizational Change



- Define problem
- Survey stakeholders
- Select EBP
- Determine fit, feasibility, funding
- Identify resources, barriers
- Determine outcome measures

- Personnel, supplies, technology
- Staff training
- Policies and procedures
- Client materials

- Evaluate outcomes
- Evaluate model fidelity

- Disseminate findings
- Address fidelity shortfalls
- Identify next steps
- Continuous process improvement

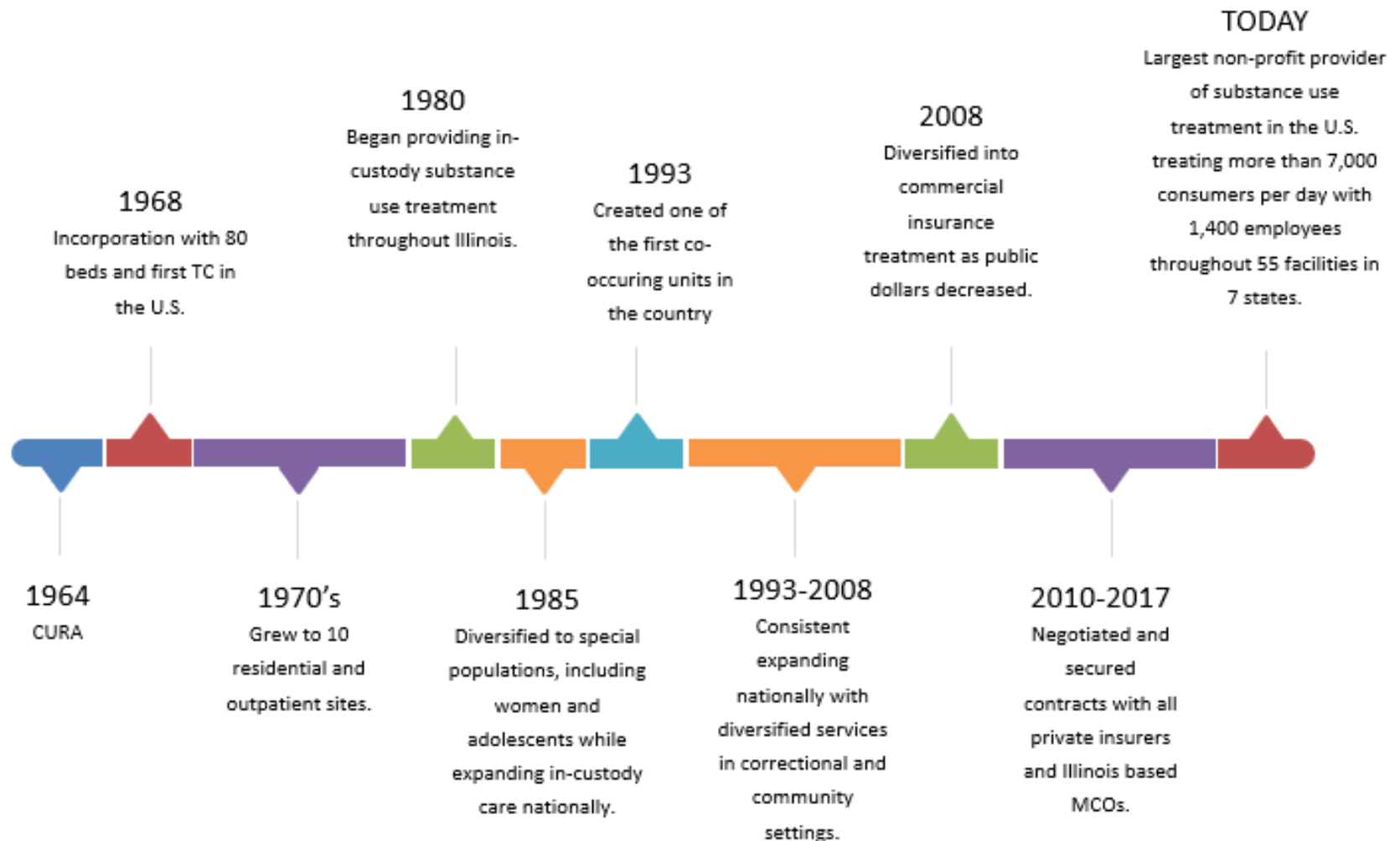


## CASE STUDY

Who  
Mo<sup>🧀</sup>ved  
My  
cheese?



# CONSTANT EVOLUTION



# DUAL DIAGNOSIS TREATMENT



## CENSUS DATA

Illinois Adults 18-66 3,963,548  
6 County Area Adults 2,387,802  
(Cook, Lake, DuPage, Will  
McHenry, Kane)

### **SAMHSA STATS: ILLINOIS**

8.4% SUD 332,938  
5.1% Co-occurring 202,140  
10.8 receive SUD treatment 35,957  
10.8 of Dual Dx 21,831

### **SAMHSA STATS: 6 COUNTY AREA**

8.4% SUD 200,575  
5.1% Co-occurring 121,777  
10.8 receive SUD treatment 21,662  
10.8 of Dual Dx 13,151



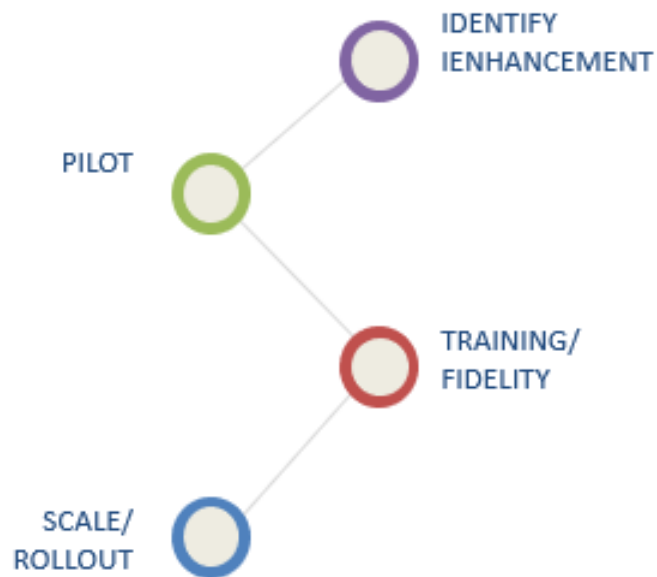
## RECOMMENDATIONS

Fully integrating mental health and SUD  
treatment is a nationwide trend  
among-leading edge providers and  
improves overall outcomes





## IMPROVEMENT PROCESS



## DDCAT TIMELINE



# DDCAT ELEMENTS

## PROGRAM STRUCTURE

General organizational factors

## PROGRAM MILIEU

Culture and physical environment

## TREATMENT

One of the clinical process dimensions

## CONTINUITY OF CARE

Long-term treatment and external supportive care

## STAFFING

Staffing patterns and operations support

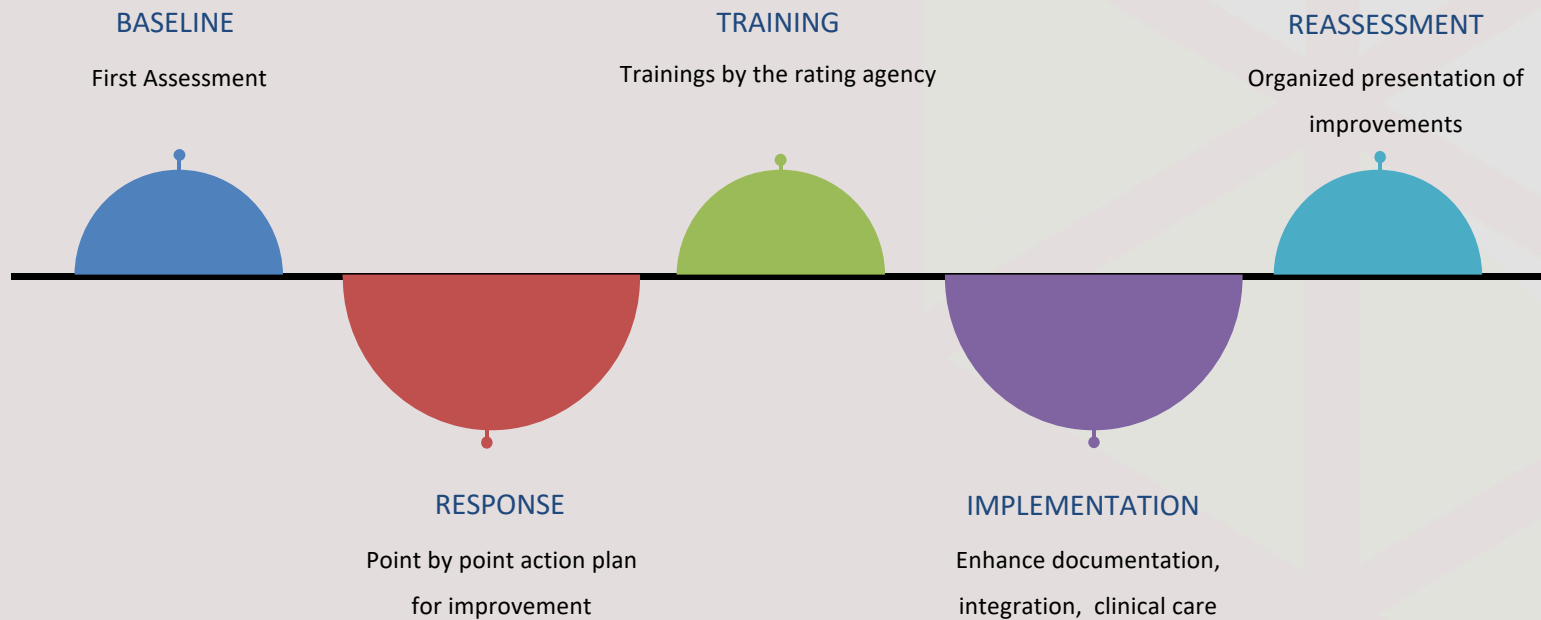
## TRAINING

Appropriateness of training and supports

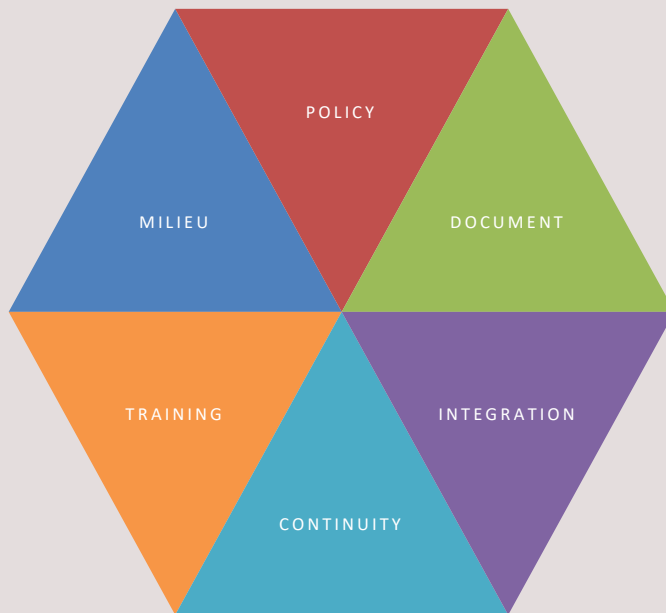
## ASSESSMENT

The second clinical process dimension

# SEQUENCE



# KEY ENHANCEMENTS



## **POLICY**

The program's policies were updated in identified areas



## **DOCUMENTATION**

Improvements in treatment planning, progress notes, and discharge planning



## **MILIEU**

The physical space was enhanced to reflect emphasis on co-occurring disorder treatment.



## **INTEGRATION**

Enhanced integration of clinical, psychiatric, and nursing subsystems



## **TRAINING**

Staff participated in internal and external training



## **CONTINUITY**

Discharge planning to ensure comprehensive continuity of care



# Case Study

---



# Medication Assisted Treatment (MAT) is an Evidence-Based Practice

- MAT definition: The use of medications, in combination with counseling and behavioral therapies, to provide a whole-patient approach to the treatment of substance use disorders (SAMHSA)
- MAT outcomes: Improved retention in treatment, reduced opioid use, reduced overdose
- MAT level of evidence: High

# MAT Implementation Resources

- ASAM: National Practice Guideline for the Use of Medications in the Treatment of Addiction Involving Opioid Use (2015)
- SAMHSA
  - Clinical Guidelines for the Use of Buprenorphine in the Treatment of Opioid Addiction, TIP 40 (2004)
  - Medications for Opioid Use Disorder, TIP 63 (2018)
  - MAT Implementation Checklist
- NIATx: Getting Started with Medication-Assisted Treatment (2010)

# Key MAT Questions (National Council, 2017)

- To whom will you offer services?
- What MAT services will you offer?
- Can your clients afford the cost of the medications?
- Does your agency have an appropriately trained team to administer medication AND the associated behavioral health services?
- Do you have relationships with other organizations that can provide additional treatment supports and resources?
- Are there client/caregiver barriers to the use of MAT?
- How will you educate patients and caregivers about the risks and benefits of MAT and its place within the treatment continuum?



# Implementation of EBPs and Organizational Change



- Define problem
- Survey stakeholders
- Select EBP
- Determine fit, feasibility, funding
- Identify resources, barriers
- Determine outcome measures

- Personnel, supplies, technology
- Staff training
- Policies and procedures
- Client materials

- Evaluate outcomes
- Evaluate model fidelity

- Disseminate findings
- Address fidelity shortfalls
- Identify next steps
- Continuous process improvement

# HOPE Timeline



# HOPE Timeline

Implement use of  
Narcan and staff,  
client, family education



Develop client  
materials



Implement fidelity  
and outcomes  
measurement plan



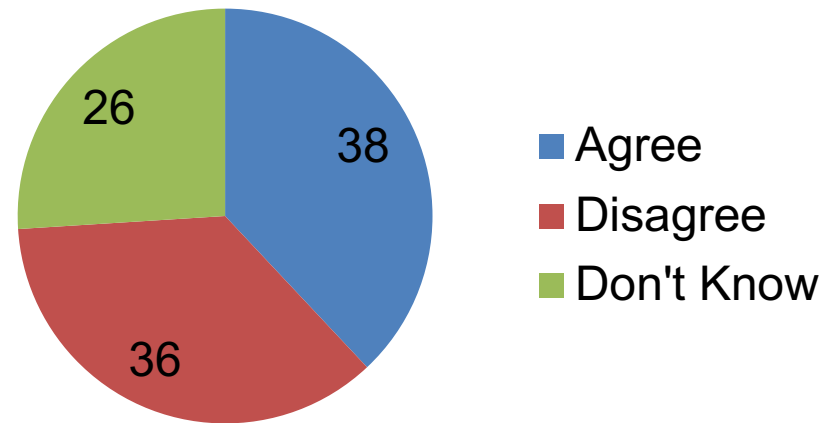
Develop referrals for  
ongoing MAT and  
wraparound services



Harmony Opioid  
Programming  
Experience (HOPE)

# STAFF SURVEY RESULTS

*People who are taking buprenorphine long-term are not in recovery.*

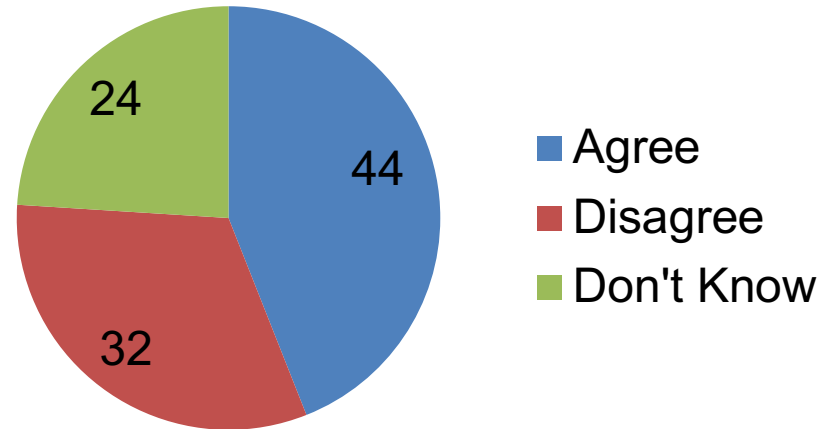


Comments were varied:

- “Still under the influence of an opioid.”
- “I don't think we get to decide what someone's recovery is.”

# STAFF SURVEY RESULTS

*Harmony is abstinence-based, so we cannot prescribe buprenorphine long-term.*



Again, comments varied:

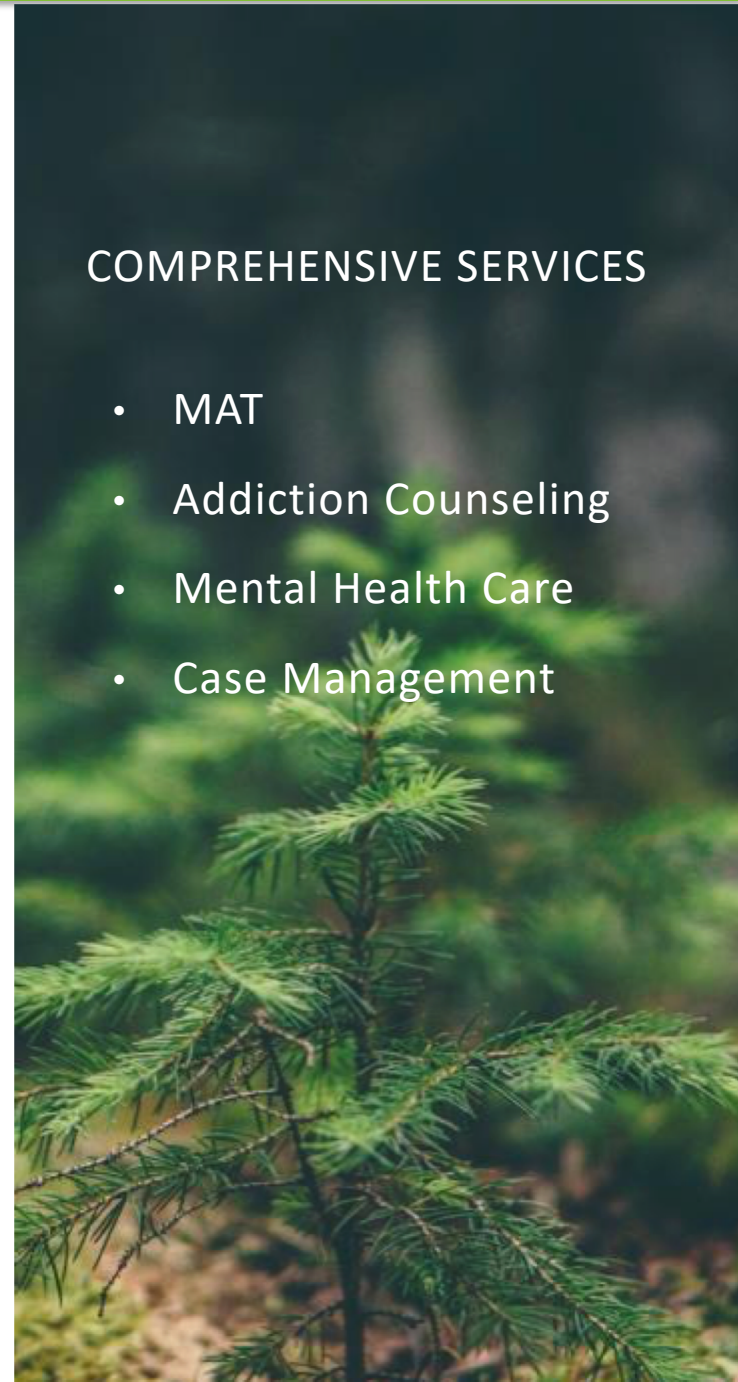
- 🔄 “According to our current abstinence based standards, I do not believe we should be giving the drug.”
- 🔄 “Not everyone can be expected maintain sobriety with 30 days and a couple of steps.”

# HOPE Components

- MAT Multidisciplinary Team Meetings – involve the care team, the client, and family/referent if appropriate
- Criteria for a Buprenorphine Extension
- Expectation of client participating in long-term care
- Opioid Support Group
- Random drug screens
- Pain management
- Trauma-informed care

## COMPREHENSIVE SERVICES

- MAT
- Addiction Counseling
- Mental Health Care
- Case Management



# DISCUSSION

## ➤ MEDICATION ASSISTED TREATMENT

MAT has been controversial – where are you and your organization developmentally and philosophically in implementing?

## ➤ LEGACY

What cultural and organizational barriers and bias present challenges in implementing EBP and new interventions?

## ➤ FIDELITY

How do you measure fidelity and at what point is it unethical to represent yourself as a provider, delivering a specific EBP?

Thomas Britton, DrPH, LPC  
CEO, Gateway Foundation  
[tbritton@gatewayfoundation.org](mailto:tbritton@gatewayfoundation.org)

Annie Peters, PhD, LP  
CCO, Harmony Foundation  
[apeters@harmonyfoundationinc.com](mailto:apeters@harmonyfoundationinc.com)

