

Using Washington Circle Measures in State Performance Management

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State Systems Development Conference
August 20, 2008

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Supported by the Substance Abuse and Mental Health Services Administration (SAMHSA), the core funds of the Brandeis/Harvard NIDA Center on Managed Care and Drug Abuse Treatment (Grant #3 P50 DA010233), and contributed time from participating states.



OVERVIEW

- Background of Washington Circle (WC)
- Conceptual model
- Measures
 - Data Requirements
 - Definitions
- Pilot test results
- Current measure development
- Relationship to other initiatives
- Conclusions

BACKGROUND

- Clients entering SA treatment may not receive recommended services
- Performance measures are key for accountability and quality improvement
- Process measures are focused on providing the right services at the right time
- Strong research evidence on association of longer treatment and improved outcomes

CONCEPTUAL MODEL

WC PERFORMANCE MEASURES (PROCESS)

- **Initiation**
- **Engagement**
- **Continuity**

Ongoing treatment?



OUTCOMES

- **Substance Use**
- **Healthcare Utilization**
- **Employment**
- **Criminal Activity**
- **Family/Social**

Client Attributes

Facility Attributes

Community Attributes

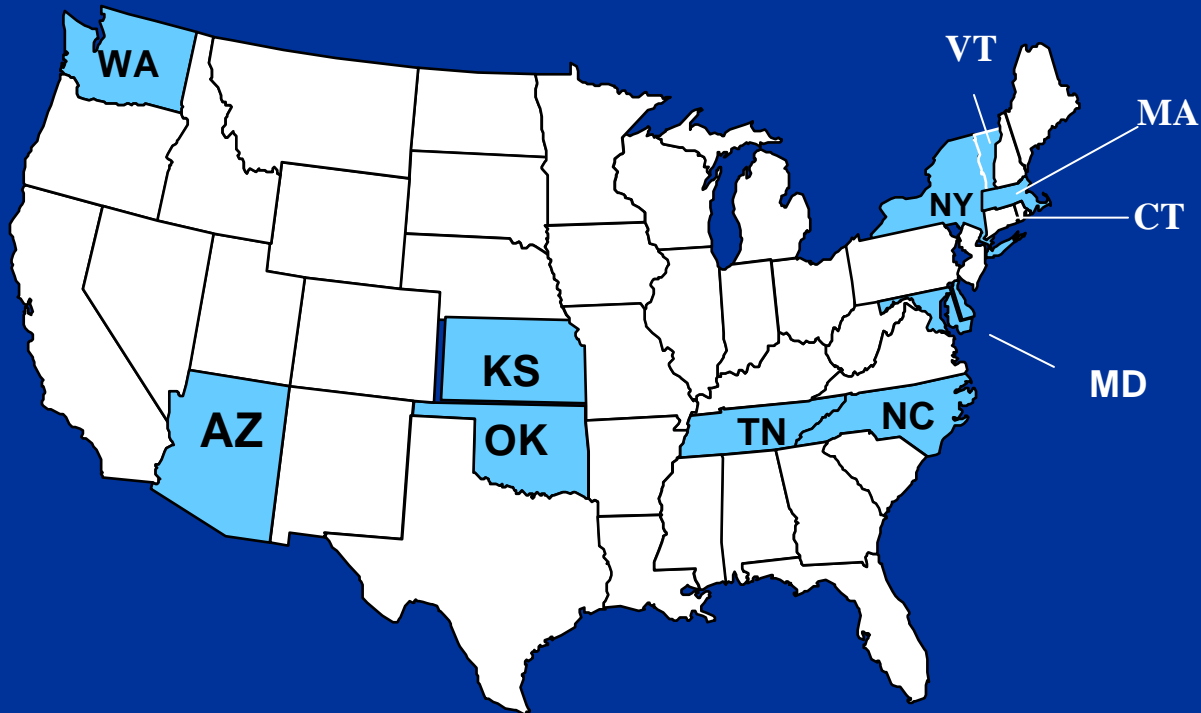
BACKGROUND

- Convened in 1998 by SAMHSA's Center for Substance Abuse Treatment (McCorry et al., 2000)
- Goals:
 - Develop and pilot test performance measures
 - Promote adoption of these measures (McCorry et al., 2000)
- Began with specification for commercial managed care plans (Garnick et al., 2002)
- Used by:
 - National Committee on Quality Assurance
 - Veterans Health Administration
 - States

BACKGROUND

- 2004 Formation of WC Public Sector Workgroup
- Ongoing SAMHSA support through the Brandeis/Harvard National Institute on Drug Abuse (NIDA) Center
- Goals:
 - Improve delivery of substance abuse treatment services in public sector
 - Adapt WC performance measures for states' use in continuous quality monitoring
 - Develop common approach among states

WC PUBLIC SECTOR WORKGROUP PARTICIPANT STATES



Arizona, Connecticut, Kansas, Maryland, Massachusetts, New York, North Carolina, Oklahoma, Tennessee, Vermont, Washington – also Veterans Health Administration

TRANSLATING WC MEASURES FOR PUBLIC SECTOR APPLICATIONS – OPPORTUNITIES AND CHALLENGES

- Opportunities
 - Importance of public sector
 - Current interest in performance measurement
 - Details available about types of services
- Measurement Challenges
 - No enrolled population
 - Data completeness influenced by some clients' multiple funding sources
 - Variability in states' data reporting capabilities

APPROACH

- Expanded original WC measures for initiation and engagement into nine measures
- Technical specifications publicly available
- 7 states pilot tested in 2005
 - 1 state, adolescent data only
 - 1 state, used admission/discharge data
- Iterative process of refining specifications based on states' analyses

REVISIONS TO SPECIFICATIONS – EXPANDED TO NINE MEASURES

1. Initiation after Outpatient
2. Engagement after Outpatient
3. Initiation after Intensive Outpatient
4. Engagement after Intensive Outpatient
5. Continuity of care after Assessment Service
6. Continuity of care after Detoxification
7. Continuity of care after Short-term Residential
8. Continuity of care after Long-term Residential
9. Continuity of care after Inpatient

DATA REQUIREMENTS

- To calculate measures
 - Date of treatment service
 - Type of treatment service (e.g., outpatient)
 - Client ID
 - Provider ID
- To use for performance management
 - Client characteristics (e.g., gender, race/ethnicity)
 - Provider characteristics (e.g., location, ownership)

INITIATION MEASURE DEFINITION

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

Note: Same formula used for Intensive Outpatient services

ENGAGEMENT MEASURE DEFINITION

Engagement = Individuals who initiated OP
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

Note: Same formula used for Intensive Outpatient services

EXAMPLE 1: NO INITIATION



*Start of new episode

EXAMPLE 2: INITIATION ONLY



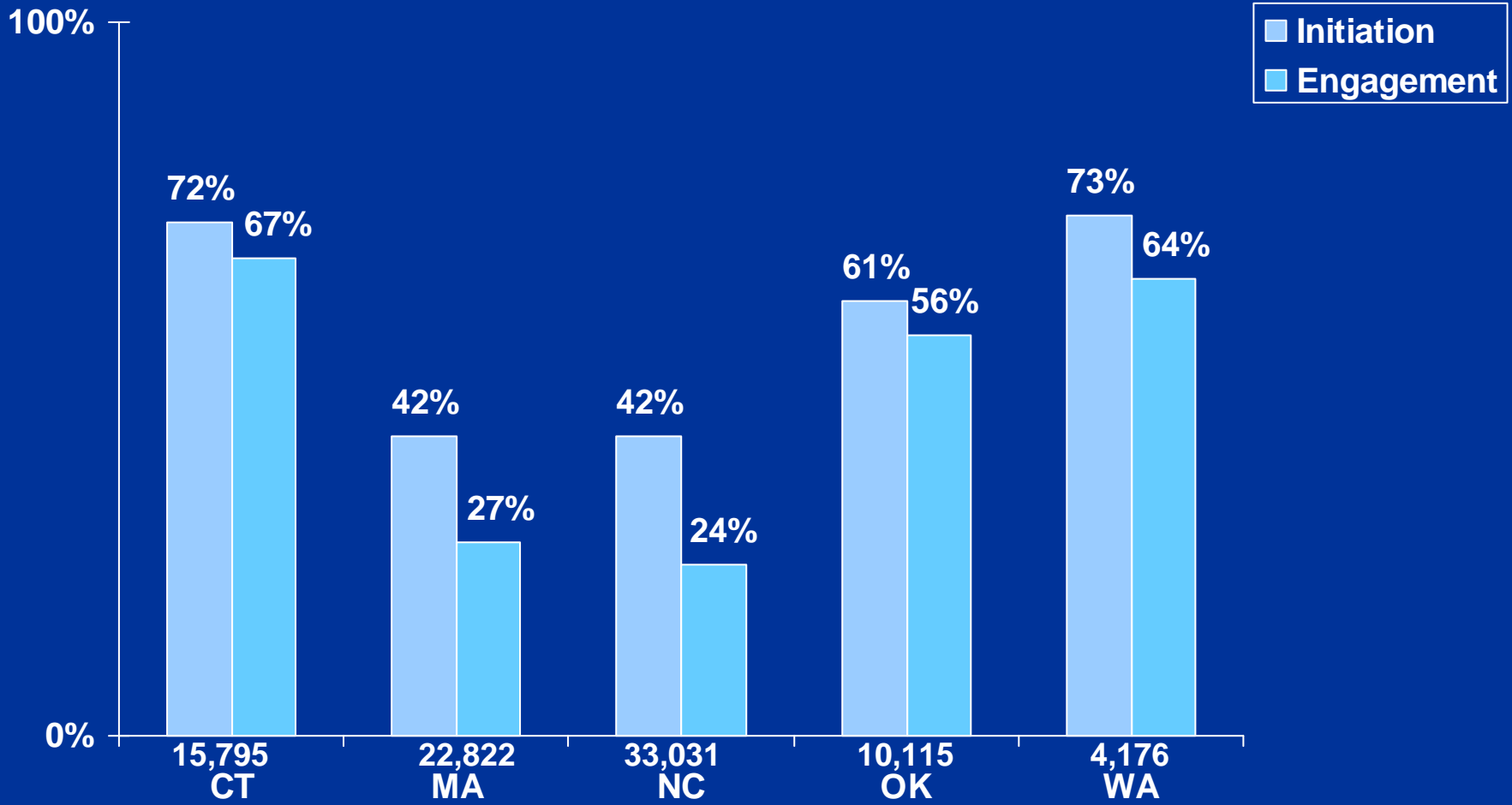
*Start of new episode

EXAMPLE 3: INITIATION AND ENGAGEMENT



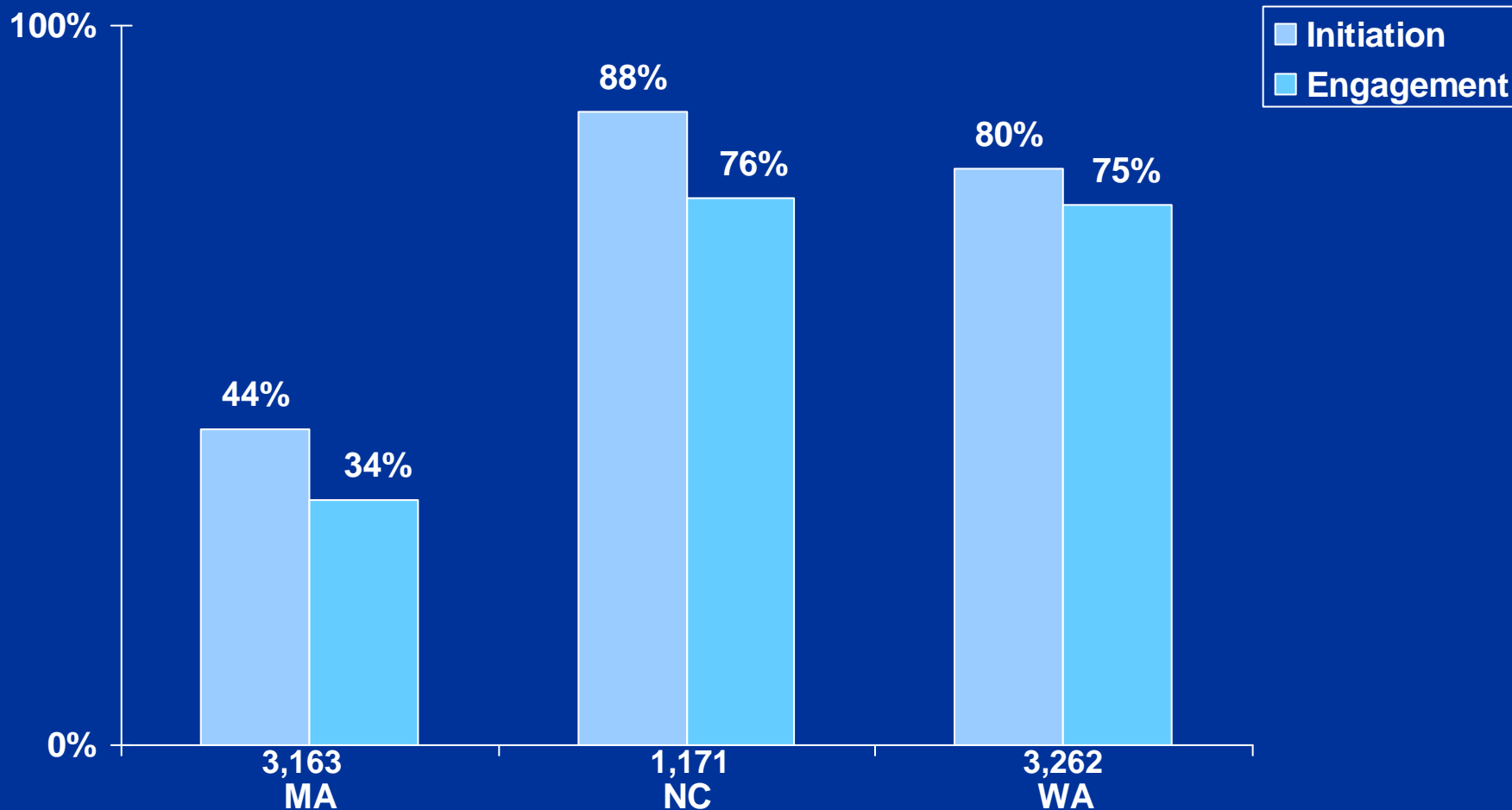
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OUTPATIENT INITIATION AND ENGAGEMENT, 2005



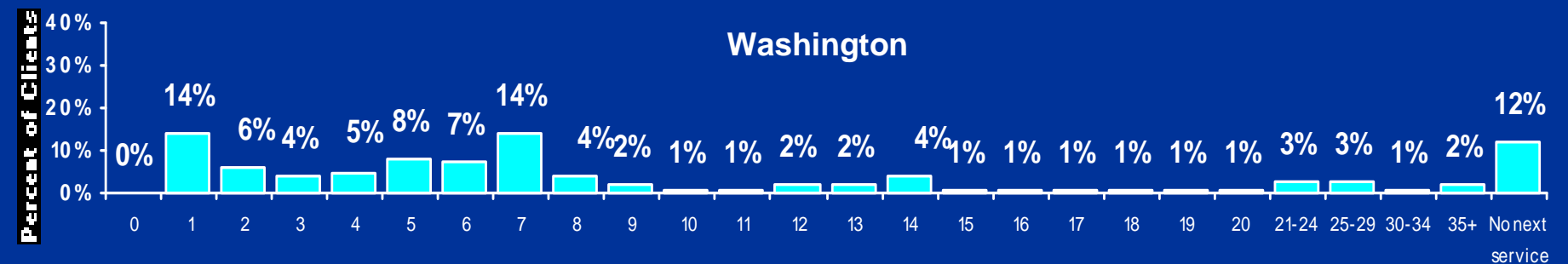
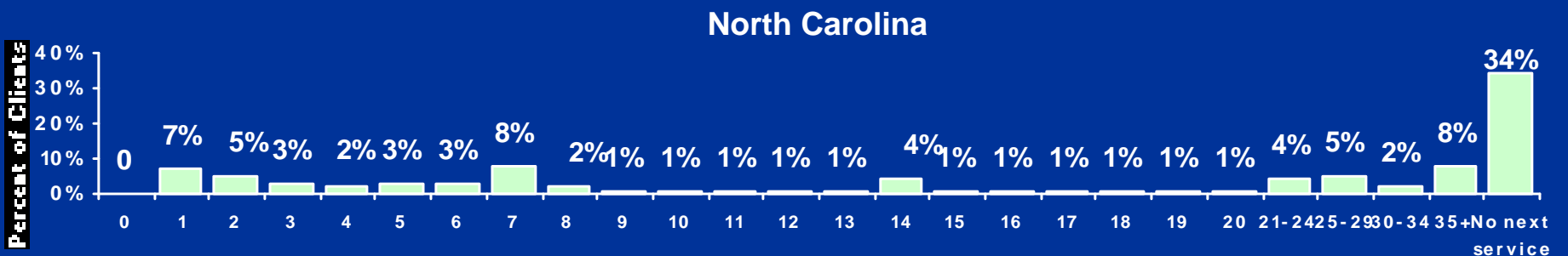
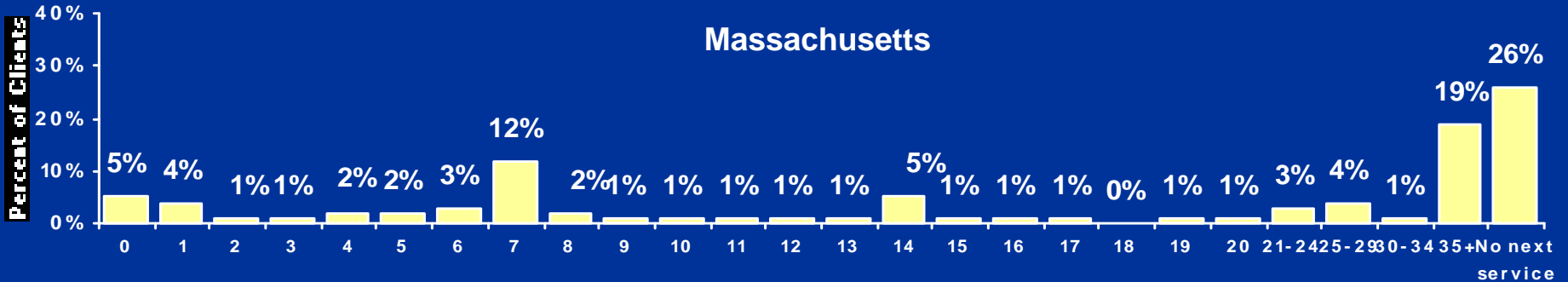
Notes: CT's data include OP and IOP. Numbers below bars are denominators for measures.

INTENSIVE OUTPATIENT INITIATION AND ENGAGEMENT, 2005



Note: Numbers below bars are denominators for measures.

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



CONTINUITY MEASURE DEFINITIONS

Detox = Individuals with a detox service who received
another service* within 14 days after discharge
Individuals with a detox service

*Not detox or crisis care

MULTIPLE DETOXIFICATIONS IN SHORT TIME FRAME

- Issue – which of multiple detoxifications within a short time frame should be used
- Solution – State selects method
 - Method 1 - Group multiple detox that occur within a short period of a few days as one service. Look for another service within 14 days of the discharge from the last detox in the string of multiple detox.
 - Method 2 – Each detox service is viewed as a separate service if there is any gap of days between services.

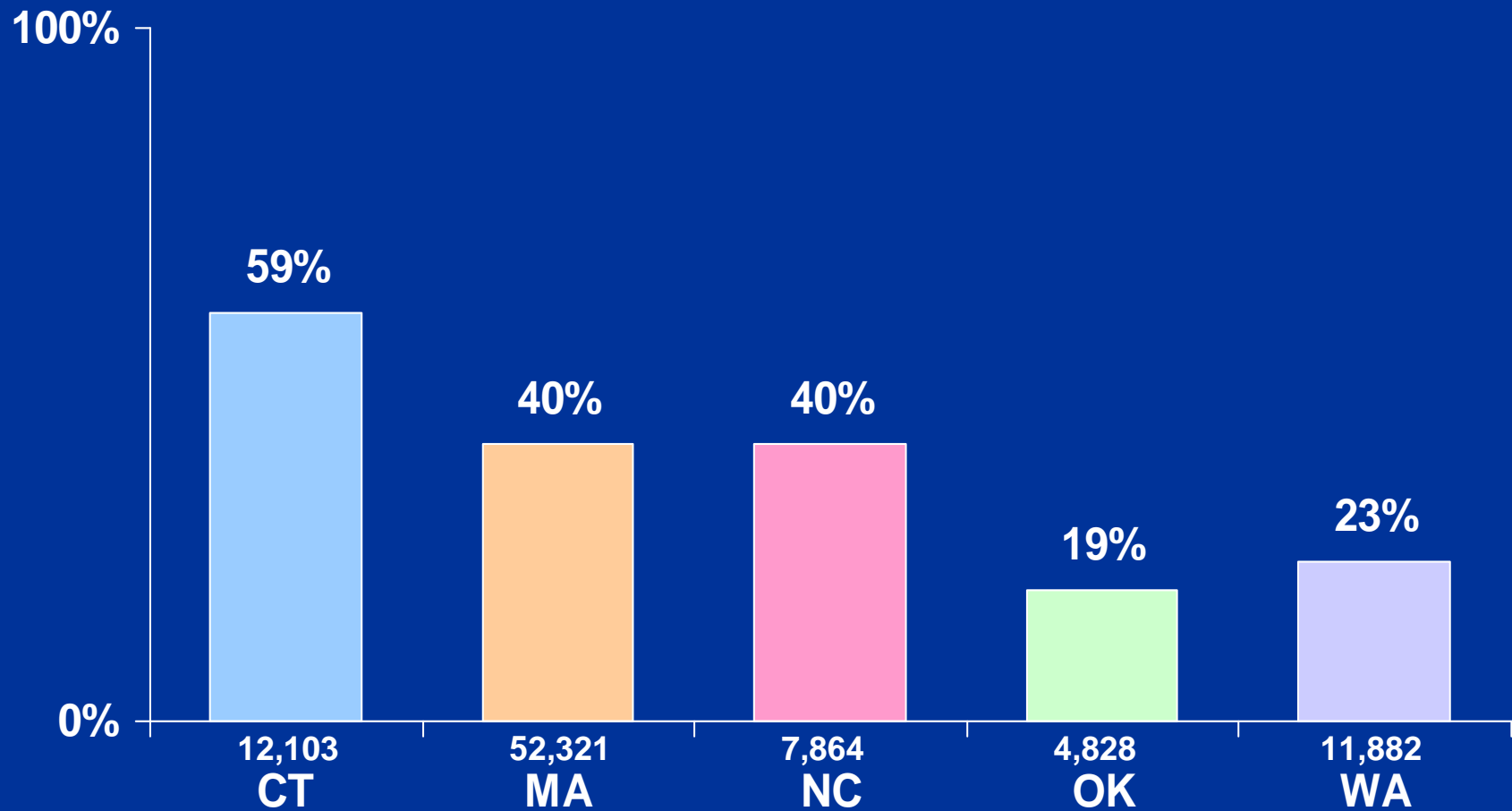
CONTINUITY MEASURE DEFINITIONS (Cont'd)

Residential= Individuals who had a Residential service that was followed by another service* within 14 days after discharge
Individuals discharged from a Residential stay

*Not detox or crisis care

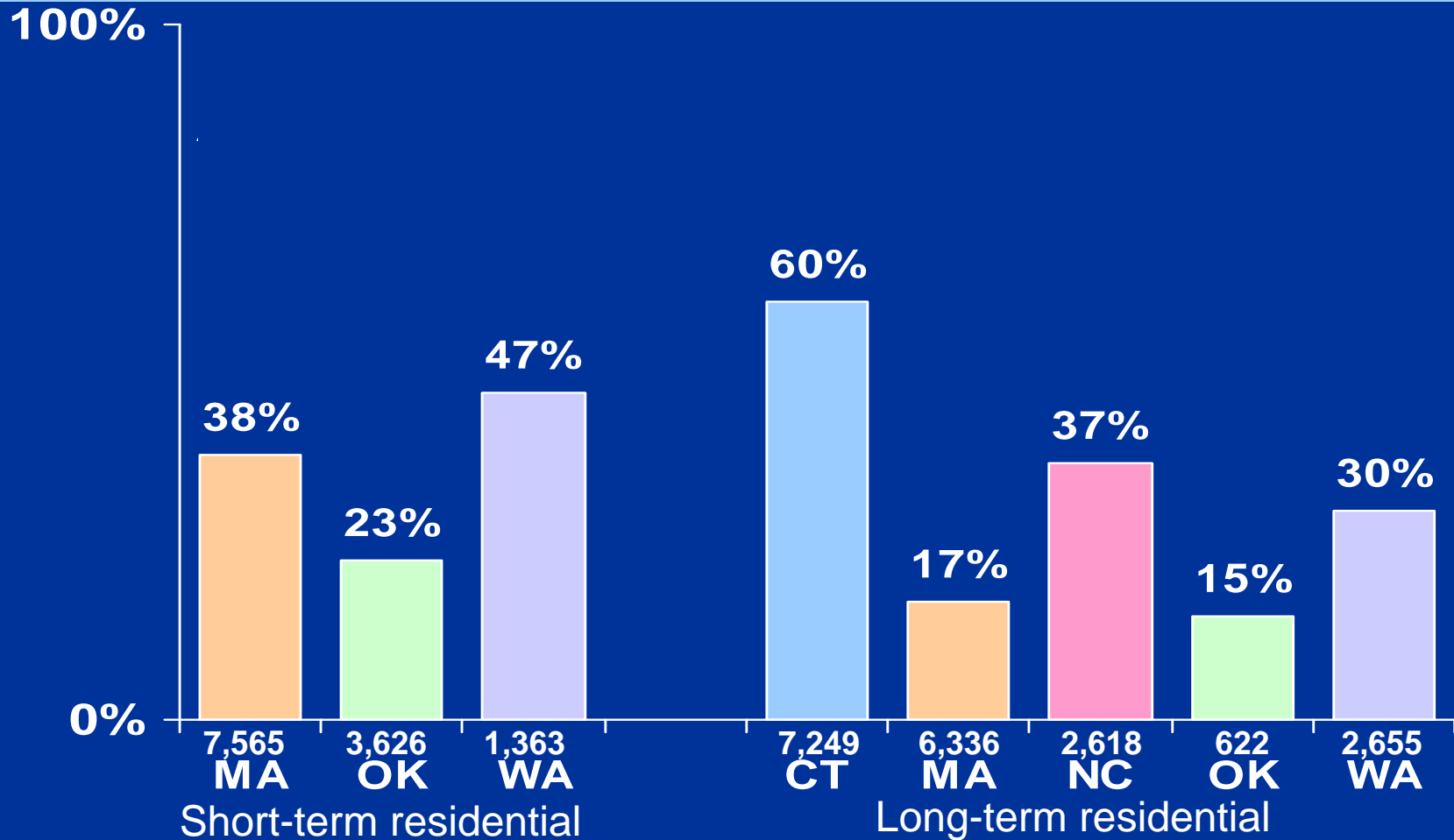
Note: Calculations made separately for short-term residential, long-term residential, and inpatient services

CONTINUITY OF CARE AFTER DETOX, 2005



Note: Numbers below bars are denominators for measures.

CONTINUITY OF CARE AFTER RESIDENTIAL, 2005*



Note: Numbers below bars are denominators for measures.

*CT and NC cannot differentiate between LTR and STR; all calculated as LTR.

ONGOING MEASURE DEVELOPMENT 2008

- Retention in treatment through 90 days
- Ongoing Analyses
 - Distribution of length of treatment by level of care
 - Patterns of treatment (e.g., services without a 30-day gap)
 - Variation across client factors (age, gender, race/ethnicity, reported alcohol and/or drug problems) within level of care

RETENTION IN TREATMENT

Results from two initial states:

- Among clients who initiate treatment
 - approximately: 50% have services in 30 days after initiation, 11-30% in next 31-60 days, and 7-20% in next 61-90 days.
- Among clients who engage
 - approximately: 95% have services in 30 days after engagement, 80% in next 31-60 days, and 70% in next 61-90 days.

RELATIONSHIP TO OTHER INITIATIVES: NATIONAL OUTCOME MEASURES (NOMs)

- Direct
 - Improved engagement rates and retention domain
- Indirect
 - Research evidence on association of WC measures and outcomes
 - Decreased criminal justice involvement after engagement in outpatient treatment (Garnick et al 2007)
 - Increased abstinence after continuity of care for adolescents in residential treatment (Garner et al 2008)

RELATIONSHIP TO OTHER INITIATIVES: PAY-FOR-PERFORMANCE

- Potential performance measures as states plan P-4-P
 - Engagement concept included in Delaware incentive payment system
 - Other states in planning stages

RELATIONSHIP TO OTHER INITIATIVES: QUALITY IMPROVEMENT

- Similar to NIATx and STAR-SI measures
- State initiatives
 - Visual displays
 - Aggregation by provider, level of care, client characteristics
 - Timely feedback – quarterly data
 - Transparent information on data and methods
 - Provider involvement in interpretation

CONCLUSIONS

- Measure key points when actions can be taken to engage and retain clients
- Feasible to calculate from routinely available information in some states
- Useful at centralized (State) and decentralized (County, provider) levels
- Relate to other initiatives
 - National Outcome Measures (NOMs)
 - Pay-for-performance
 - Quality improvement

ADDITIONAL INFORMATION - PUBLICATIONS

Garnick, Lee, Horgan, Acevedo, and the Washington Circle Public Sector Workgroup. (forthcoming 2008). Adapting Washington Circle Performance Measures for Public Sector Substance Abuse Treatment Systems. *Journal of Substance Abuse Treatment*.

McCorry, Garnick, Bartlett, Cotter, Chalk (2000). Developing performance measures for alcohol and other drug services in managed care plans. Washington Circle Group. *The Joint Committee Journal of Quality Improvement*, 26(11): 633-643.

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Garnick, Horgan, Lee, Panas, Ritter, Davis, Leeper, Moore, Reynolds (2007). Are Washington Circle performance measures associated with decreased criminal activity following treatment? *Journal of Substance Abuse Treatment*, 33(4):341-352.

ADDITIONAL INFORMATION - PUBLICATIONS

Lee, Garnick, Miller, Horgan (2004). Datapoints: Adolescents with substance abuse: Are health plans missing them? *Psychiatric Services*, 55(2):116.

Garnick, Horgan, & Chalk (2006). Performance measures for alcohol and other drug services. *Alcohol Research and Health*, 29(1), 19-26.

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Jones, D. L., Heflinger, C. A., & Saunders, R. C. (2007). The ecology of adolescent substance abuse service utilization. *American Journal of Community Psychology*, 40(3-4), 345-358.

McLellan, A. T., Kemp, J., Brooks, A., & Carise, D. (2008). Improving public addiction treatment through performance contracting: The Delaware Experiment. *Health Policy*.

Harris, A. H., Humphreys, K., & Finney, J. W. (2007). Veterans Affairs facility performance on Washington Circle indicators and casemix-adjusted effectiveness. *Journal of Substance Abuse Treatment*, 33(4), 333-339.

ADDITIONAL INFORMATION - WEBSITES

- **The Washington Circle** <http://www.washingtoncircle.org>
- **SAMHSA/National Outcome Measures**
<http://nationaloutcomemeasures.samhsa.gov/>
- **Brandeis/Harvard Center on Managed Care and Drug Abuse Treatment**
<http://nidacenter.brandeis.edu>
- **Oklahoma Department of Mental Health and Substance Abuse Services**
<http://www.odmhsas.org>
- **North Carolina Department of Health and Human Services**
<http://www.ncdhhs.gov/mhddsas/statpublications/reports>
- **National Committee on Quality Assurance** <http://www.ncqa.org>