Office of Alcoholism and Substance Abuse Services

# Introducing LOCADTR Concurrent Review Module

## The Connection to Value Based Payment, Clinical Standards, and Metrics

December 11, 2017

Office of Alcoholism and
Substance Abuse Services

# SUD Treatment Quality Care Strategies

December 11, 2017

# Access

- Same day; after hours; weekend; immediate access to medication assisted treatment and long term plan
- Relapse as part of SUD TX -No discharge b/c of relapse
- Toxicology Testing as clinical tool
- Integrated Use of Medication Assisted Treatment with individualized counseling - not as a reason to taper and d/c but to engage and connect.
- Language used not judgmental - non-compliance or relapse versus "exacerbation of symptoms".
- Individual not blamed for adherence challenges

Office of Alcoholism and Substance Abuse Services

# Quality

- Strength-Based services
- Evidence of client participation or “Voice” – demonstrating direction and decision making in SUD treatment
- Meeting an individual “where they are”
- Use of MAT to alleviate craving and withdrawal
- Use of Informed Consent as person centered – individual informed of all options + risks / benefits
- COMPASSION

Office of Alcoholism and Substance Abuse Services

# Integration

- External community partnerships towards coordination of SUD + other healthcare service needs
- “In Community” Services to other providers
- ECHO type models to primary care
- Residential Re-design – elements of care include health and mental health capability
- BHCC; CCBHC

Office of Alcoholism and Substance Abuse Services

# Crisis – Withdrawal Management and Stabilization

- Safe taper with monitoring of vital signs and symptoms of withdrawal.
- More emphasis on stabilizing – not all patients should be fully tapered – in many cases it is contraindicated.
- Stabilizing dose when plan is either maintenance or longer term taper.
- Linkage; linkage; linkage – safe taper not enough.  Measures on safety and continuity.  Programs will need to focus on internal practices and connection to providers in community.

# Residential Programs

- Person centered care and treatment planning
- Increased medical direction and leadership
- Variable lengths of stay and focus that is person driven
- Trauma informed
- Measurement driven based on measures of success
- Use of community to meet individual goals
- Incorporation of medication assisted treatment
- Family treatment

Office of Alcoholism and Substance Abuse Services

# Opioid Treatment Programs

- Person centered care and treatment planning
- Variable lengths of stay focus that are person driven
- Generous and clinically determined take home dosing
- Scheduled dosing, counseling and medical services
- Trauma informed
- Measurement driven based on measures of success
- Use of In community to meet individual goals
- Incorporation of recovery & peer support services
- Family treatment towards reducing stigma
- Integration of short-term withdrawal management of not only opioid but also non-complicated benzodiazepine

Office of Alcoholism and Substance Abuse Services

Office of Alcoholism and Substance Abuse Services

# Metrics, Quality and Cost

December 11, 2017

- Access
- Quality
- Integration

Office of Alcoholism and
Substance Abuse Services

# Cascade of Care for Opioid Use Disorders

3000000
2500000
2000000
1500000
1000000
500000
0

OUD severe
1. OUD diagnosed
2. Engaged in Care
3. MAT initiation
4. Retained 6+ months
5. Continuous abstinence

90% goal at each stage
Treatment gap
Current estimates

Source: Williams, et al. 2017. To battle the opioid overdose epidemic, deploy the cascade of care model. Health Affairs.

Office of Alcoholism and
Substance Abuse Services

# NYS DOH Approved SUD Quality Reporting Measures

Office of Alcoholism and Substance Abuse Services

# Initiation and Engagement of Alcohol and Other Drug (AOD) Dependence Treatment (IET)

The percentage of individuals with a new diagnosis of alcohol or other drug (AOD) dependence who received the following:

- *Initiation of AOD Treatment.* The percentage who began treatment within 14 days of initial diagnosis.
  - 2016 – 51.7%
- *Engagement of AOD Treatment.* The percentage who had two or more additional AOD treatment visits or MAT within 34 days of the initial treatment visit.
  - 2016 – 21.6%

*Source: Medicaid Claims data 2016.*

# Continuity of Care (CoC)

Two measures with similar definition:

The percentage of inpatient detox **or** Inpatient rehab discharges with a follow up to a lower level AOD treatment admission within 14 days of the discharge date.

- 2016: ~ 45% for detox
- 2016: ~45% for inpatient rehab

*Source: Medicaid Claims data 2016.*

# Initiation and Utilization of Medication Assisted Treatment for Opioid or Alcohol Dependence

- 4 Measures
- Initiation of pharmacotherapy within 30 days of opioid or alcohol diagnosis
  - CY 2016: 41.3% for Opioid
  - CY 2016: 2.1% for Alcohol
- Utilization within year of pharmacotherapy for individuals with opioid or alcohol diagnosis
  - CY 2016: 56.2% for Opioid
  - CY 2016: 5.7% for Alcohol

*Source: Medicaid Claims data 2016.*

# Measures in the Pipeline

Office of Alcoholism and Substance Abuse Services

# Continuing Engagement in Treatment (CET)

- Engagement in treatment 6 months after initiation.
- Under development

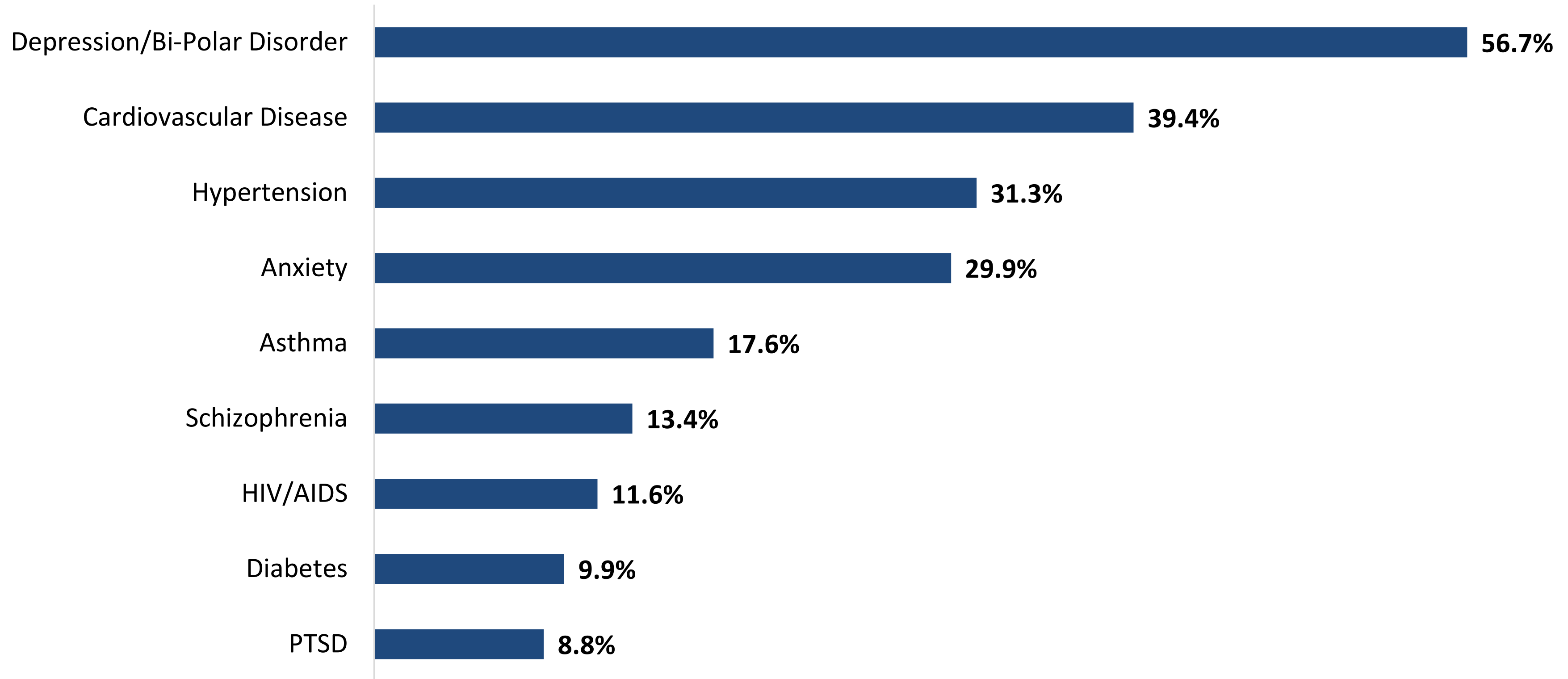
Office of Alcoholism and Substance Abuse Services

# Patient Reported Outcomes

- Treatment Effectiveness Assessment (TEA)
  - 4 items asking about progress in recovery
- Treatment Progress Assessment 8 Item (TPA8)
  - 8 items assessing symptoms and treatment processes
- Pilot Testing
  - Pilot 1 found good provider acceptability and clinical utility
  - Pilot 2 under way to validate as outcome measures

# Prevalence of Chronic Health Conditions among SUD clients

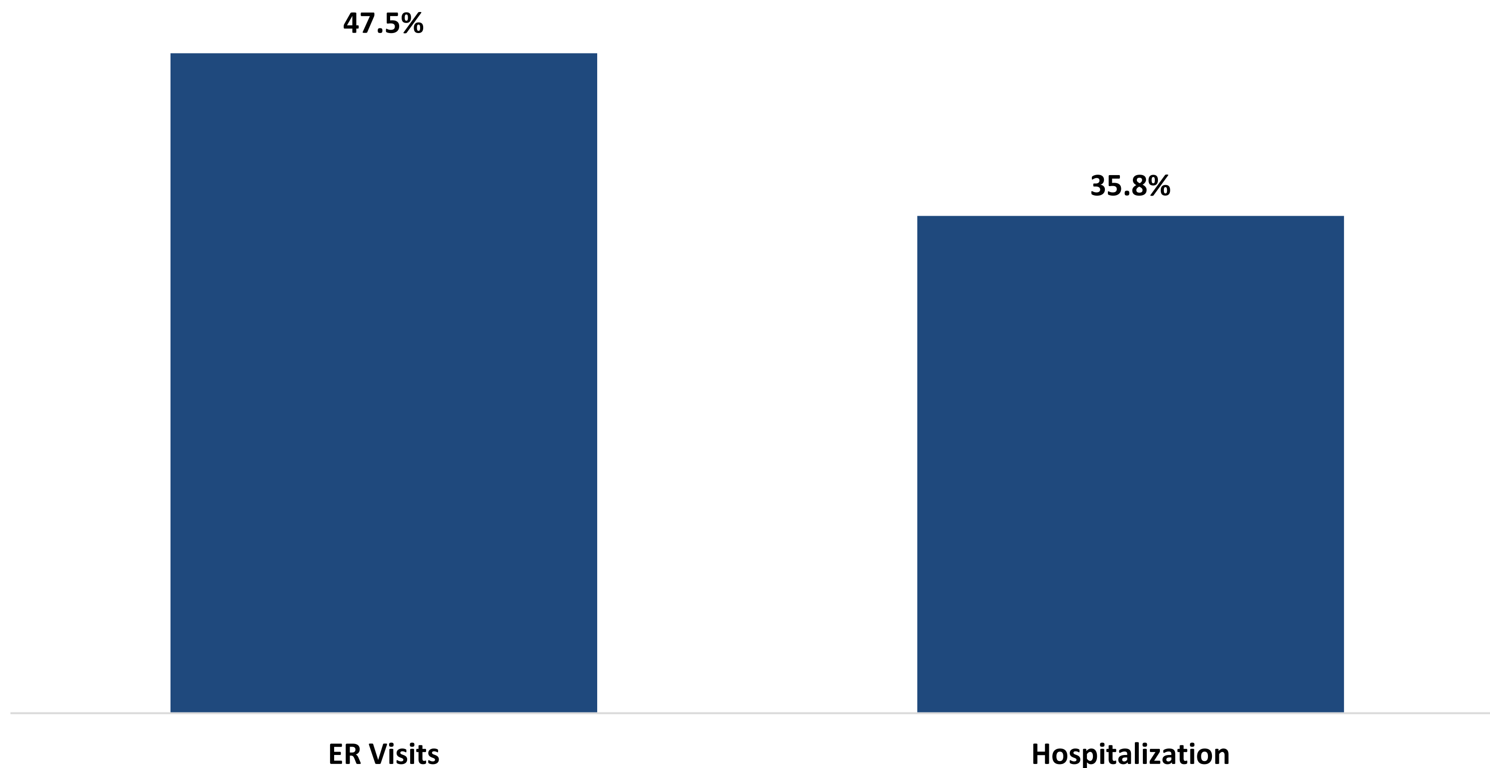
# Prevalence of Chronic Health Conditions among SUD clients




*Source: Medicaid Claims data 2015*

NEW YORK STATE | Office of Alcoholism and Substance Abuse Services

# ED visits and Hospitalization of People with SUD




NEW YORK STATE | Office of Alcoholism and Substance Abuse Services

*Source: Medicaid Claims data 2015.*

# 2014 non-Dual Medicaid Members: Cost among Substance Use Disorder (SUD) Members vs. Non-SUD Members

| **SUD *Per Member* Total Cost** | **Non-SUD *Per Member* Total Cost** |
| --- | --- |
| **$13,091** | **$3,836** |

Office of Alcoholism and Substance Abuse Services

# Healthcare Performance Targets

**HEDIS Measures**

- e.g., HbA1C testing for diabetes
- e.g., ARV medication use for HIV

**Emergency Department Visits**

- All-cause
- Potentially Avoidable

**Hospitalizations**

- All-cause
- Potentially Avoidable
- Readmissions

**Potentially Avoidable Costs**

- SUD specific
- Other conditions

Office of Alcoholism and Substance Abuse Services

Office of Alcoholism and Substance Abuse Services

# An Update on LOCADTR 3.0

December 11, 2017

# LOCADTR - Total

| HCS_ORG_TYPE | Frequency | Percent |
|---|---|---|
| Missing | 3 | 0 |
| County DOH | 361 | 0.05 |
| Hospital (pfi) | 11,817 | 1.79 |
| Managed Care | 36,024 | 5.47 |
| County Agency | 432 | 0.07 |
| DATC (pfi) | 3,750 | 0.57 |
| County DSS | 819 | 0.12 |
| Individual Practitioners | 209 | 0.03 |
| NY Exchange Insurers | 6 | 0 |
| OMH clinics | 4,813 | 0.73 |
| OASAS Programs | 599,807 | 91.1 |
| American Indian Nations | 79 | 0.01 |
| Health Home CMA | 133 | 0.02 |
| Health Service Review Company | 170 | 0.03 |
| Total | 658,423 | |

Office of Alcoholism and Substance Abuse Services

# LOCADTR –Update

Among the 621,294 LOCADTRs that were completed by the treatment providers there were 61,719 (9.9%) Overrides.

**Following were the reasons for the overrides:**

- LOC not available in community = 19,935 (3.2%)
- Clinical Justification for a different LOC = 31,513 (5 %)
- Client Mandated to another LOC = 13,998 (2.2 %)

Office of Alcoholism and Substance Abuse Services

# LOCADTR Inter-rater Reliability

**Study Method**

- Participants: 139 State-registered LOCADTR users who 1) were making LOC decisions and 2) had some LOCADTR experience
- Procedure:
  - Participated in a 1-hour training refresher via live or recorded webinar
  - Reviewed 4 case vignettes and completed the LOCADTR for each

**Findings**

- Good Content-Related Validity
  - Average agreement across all vignettes with the study team was 80%
    - The inpatient detox vignettes showed the highest frequency of agreement with the study team
- Acceptable Inter-rater Reliability among Participants
  - Inter-rater reliability statistics a indicate that that the tool has intermediate to good reliability (i.e., Fleiss' Kappa = .58; 95% CI = .42 to 74)

Office of Alcoholism and Substance Abuse Services

Office of Alcoholism and Substance Abuse Services

# Changes to LOCADTR 3.0

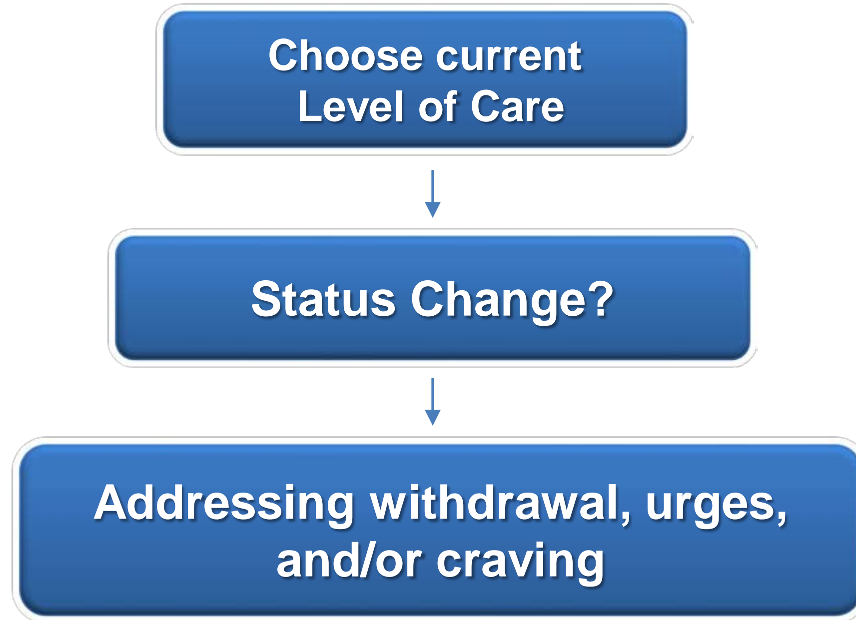
December 11, 2017

Office of Alcoholism and Substance Abuse Services

# **Concurrent Review:**
# LOCADTR as a Tool for Review

December 11, 2017

# Continued Stay Module - Overview




** If not in detox*

Office of Alcoholism and Substance Abuse Services

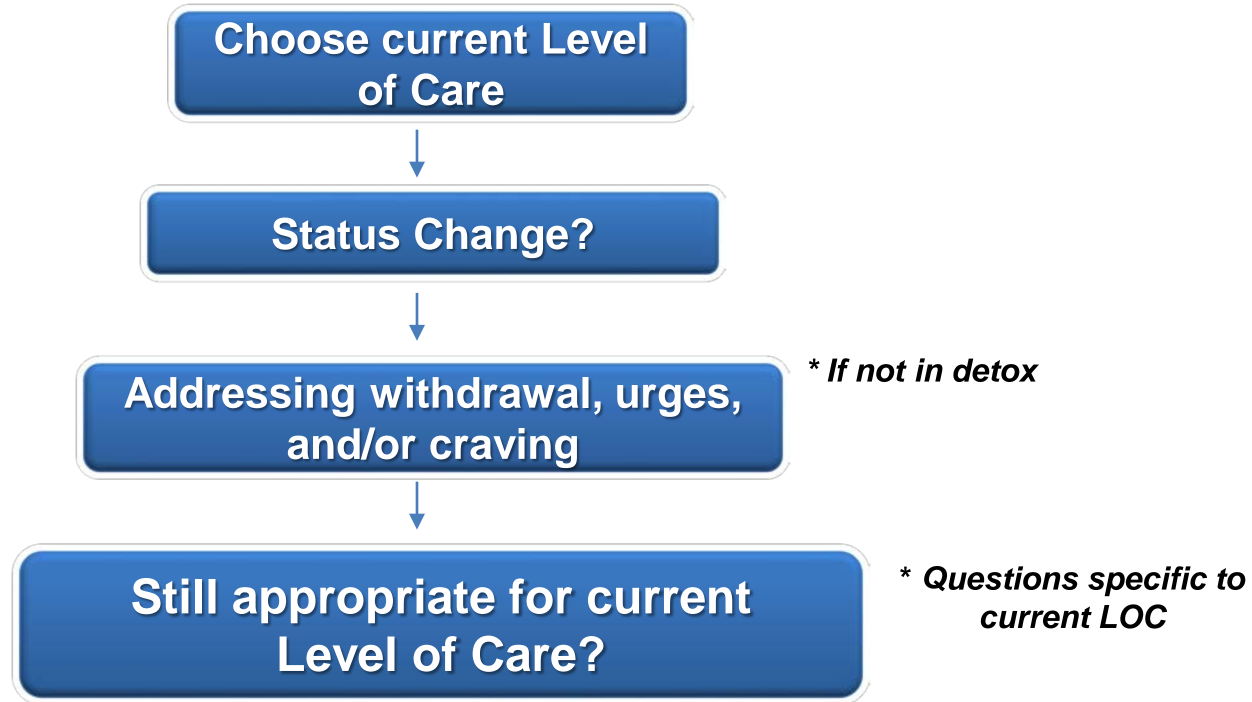
# Addressing withdrawal, urges, and/or cravings

## Examples

- Is the person on Medication Assisted Treatment (MAT)?
- Is there a plan to continue medication assisted treatment as needed at next level of care?
- Is the person experiencing urges and/or cravings to use?
- Does the treatment plan include strategies for managing withdrawal and cravings?

Office of Alcoholism and Substance Abuse Services

# Continued Stay Module - Overview



# Still appropriate for current Level of Care?

## Examples

* Inpatient Rehabilitation LOC

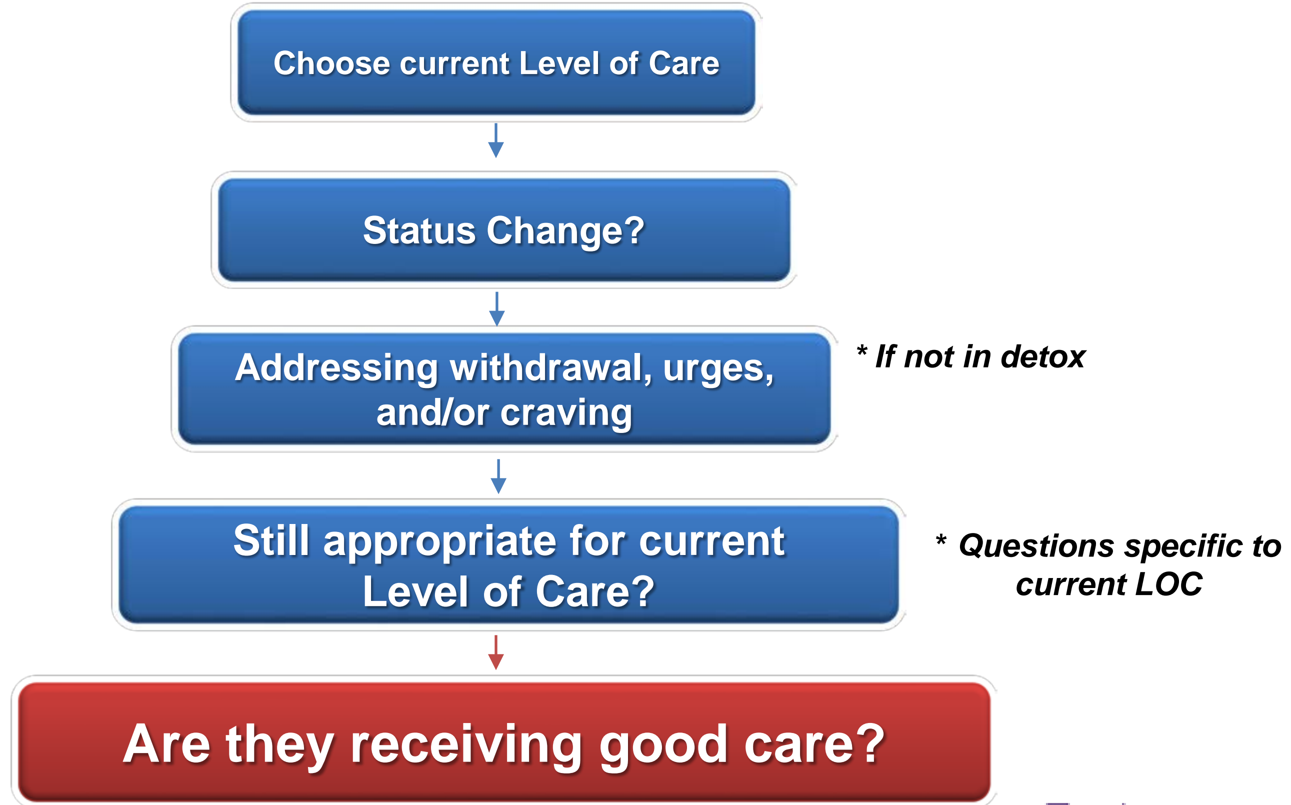
- Does the person have serious medical symptoms that are not stable and continue to need to be managed in an inpatient rehabilitation setting for SUD treatment to be effective?

- Does the person have serous psychiatric symptoms that need to be managed in an inpatient rehab setting for SUD treatment to be effective?

- Is there risk of substance use in hazardous situations in amounts or frequencies that is likely to cause severe physical or emotional harm to self or other if inpatient setting discontinued?

Office of Alcoholism and Substance Abuse Services

# Continued Stay Module - Overview




NEW YORK STATE | Office of Alcoholism and Substance Abuse Services

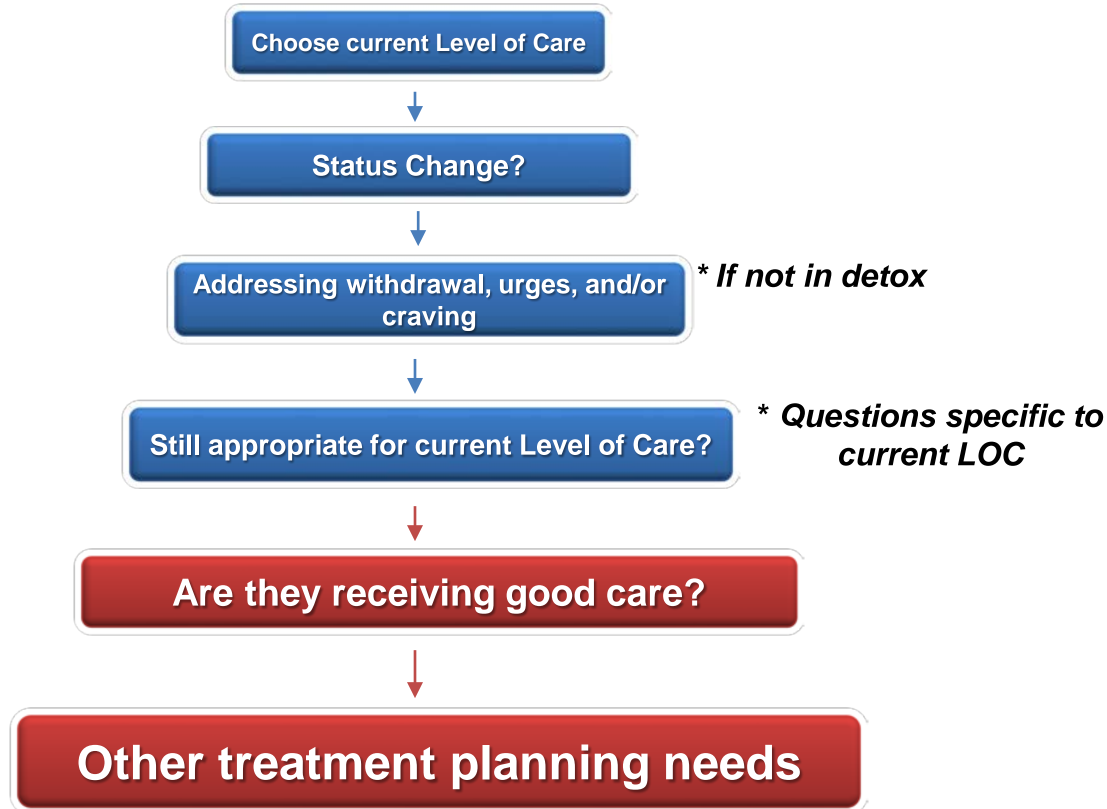
# Are they receiving good care?

## Examples

- Have goals and treatment methods been developed in partnership with the person?
- Is discharging planning occurring?
- Has the individual's commitment to recovery been addressed with motivational interviewing?
- Has trauma been assessed to inform treatment planning?

Office of Alcoholism and Substance Abuse Services

# Continued Stay Module - Overview

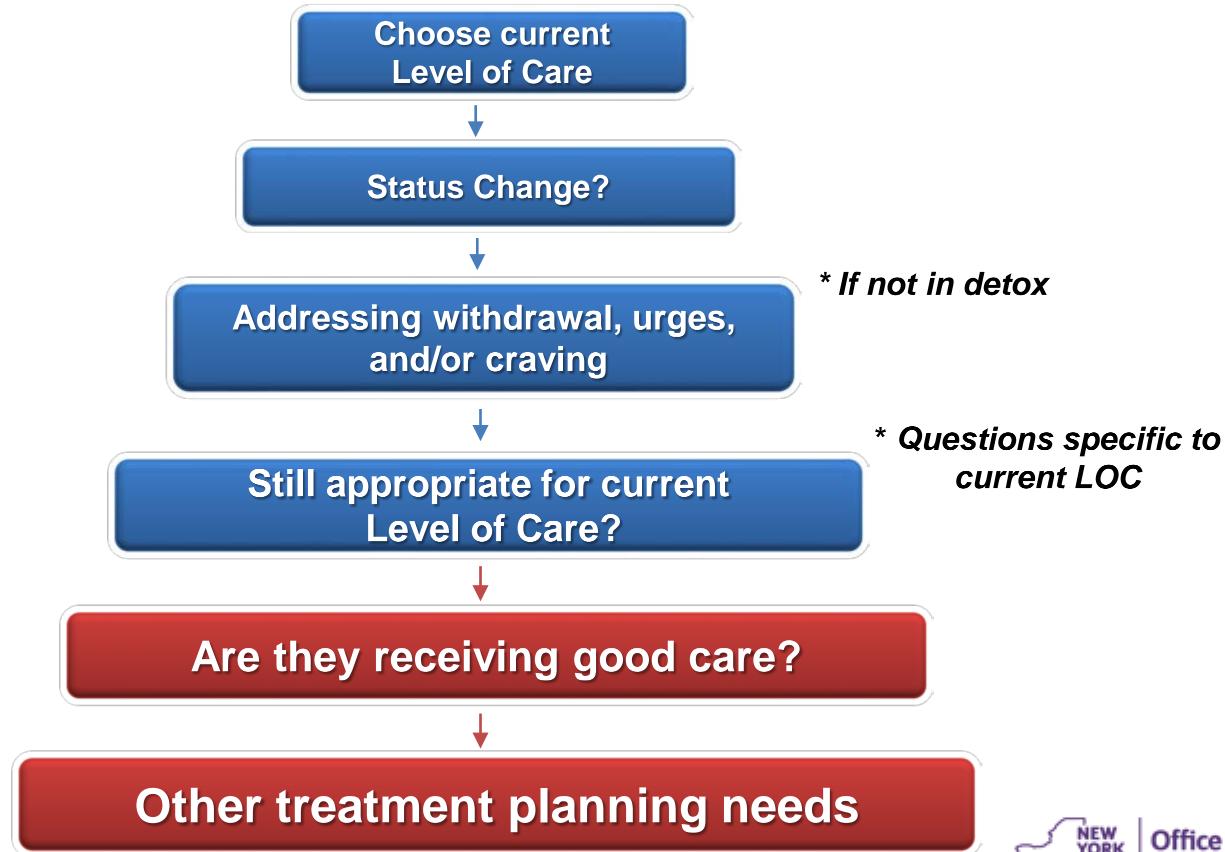


# Other treatment planning needs

## Examples

- Has the person been screened for psychiatric symptoms?
- Has there been an assessment of physical health needs?
- Is the person in need of housing?
- Is there a plan to connect the person to recovery supports?

# Continued Stay Module - Overview




** If not in detox*

** Questions specific to current LOC*

NEW YORK STATE | Office of Alcoholism and Substance Abuse Services

Office of Alcoholism and
Substance Abuse Services

# Demonstration of the Concurrent Review Module

December 11, 2017