

Establishing Quality and Outcome Standards for Opioid Use Disorder Treatment; HEALing Communities

Katherine Marks PhD



Kentucky

- 4.4 Million
- 49% Rural
- 22% Medicaid

House Bill 124 Mandate




House Bill 124 Mandate

Comprehensive
review and
revision of state
licensure
standards

- ✓ Structured based on ASAM levels of care
- ✓ Medically monitored inpatient withdrawal management
- ✓ ASAM multidimensional assessment
- ✓ Ambulatory withdrawal management
- ✓ Enhanced licensure standards
- ✓ Trauma-informed care practices

House Bill 124 Mandate



Develop
outcome
measurement
system

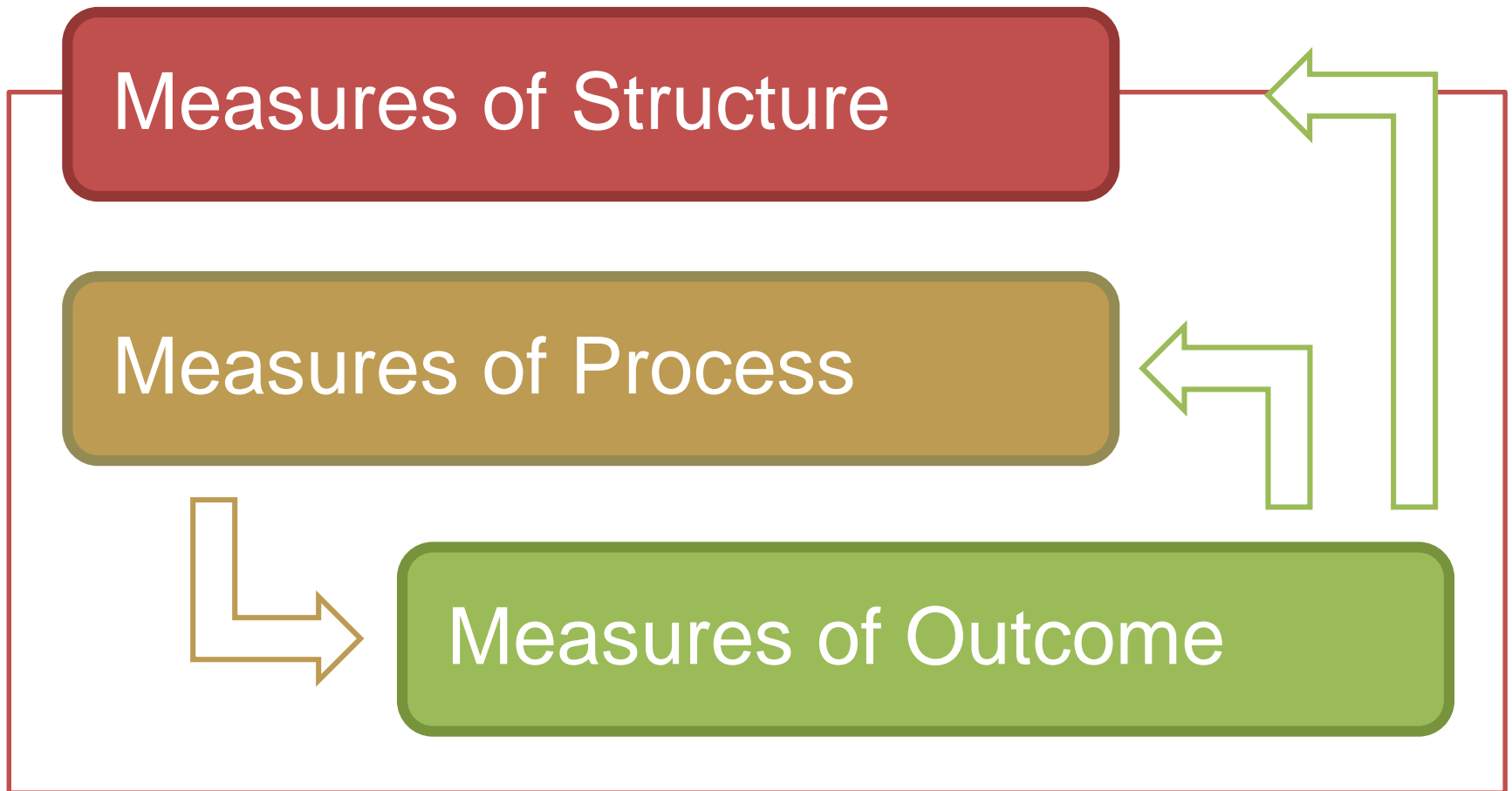
Measurement Levels

Measures of Structure

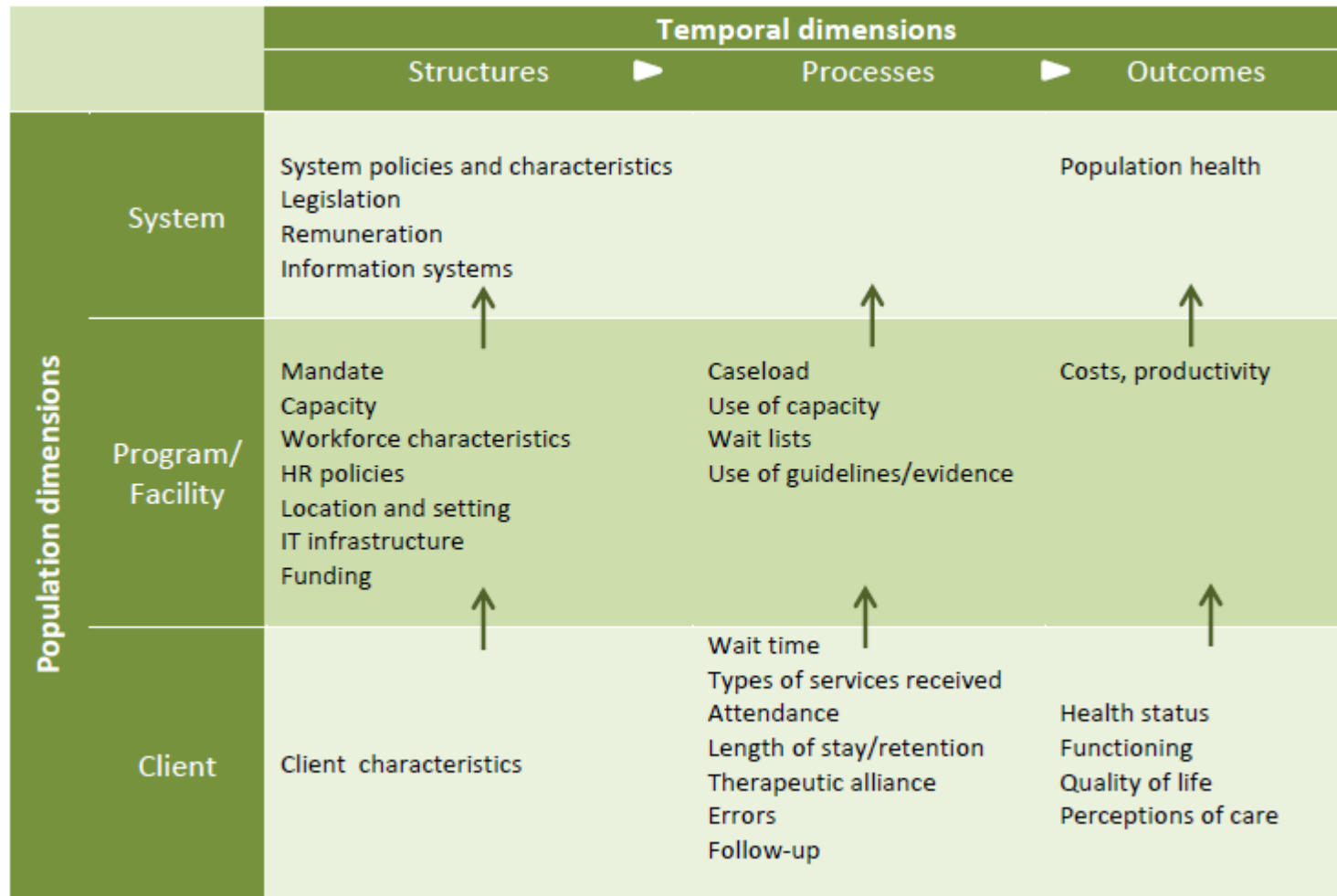
Measures of Process

Measures of Outcome

Measurement Levels



Measurement Dimensions



SUD Measurement Development

AMA Physician Consortium for
Performance Improvement

Pharmacy Quality Alliance

The Washington Circle

Joint Commission

National Quality Forum

CMS

SAMHSA

NIAAA

National Committee for
Quality Assurance

NIDA

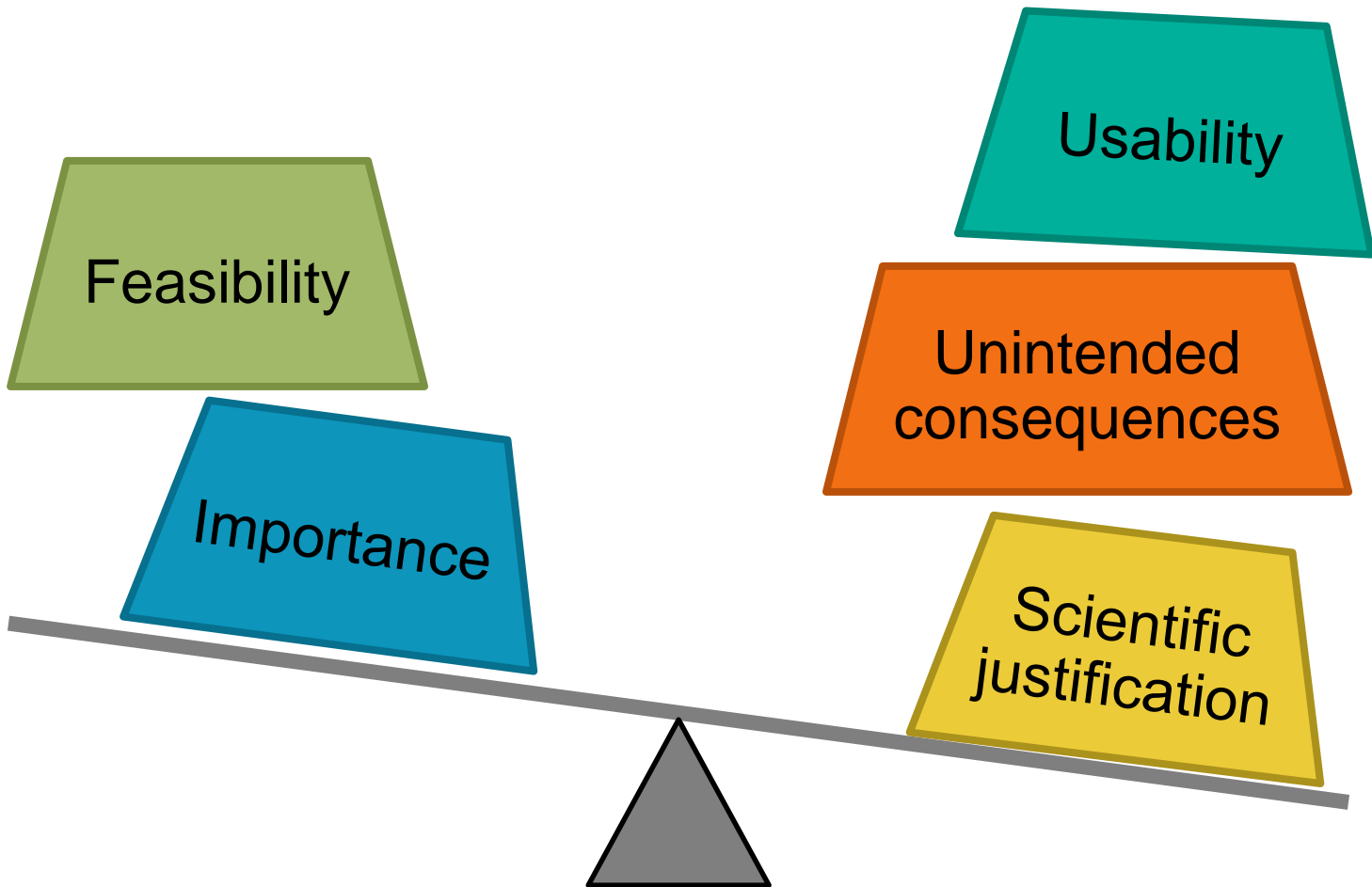
ASAM

Shatterproof

Federal Agency for
Healthcare Research
and Quality

Network for the Improvement of
Addiction Treatment

Measure Selection



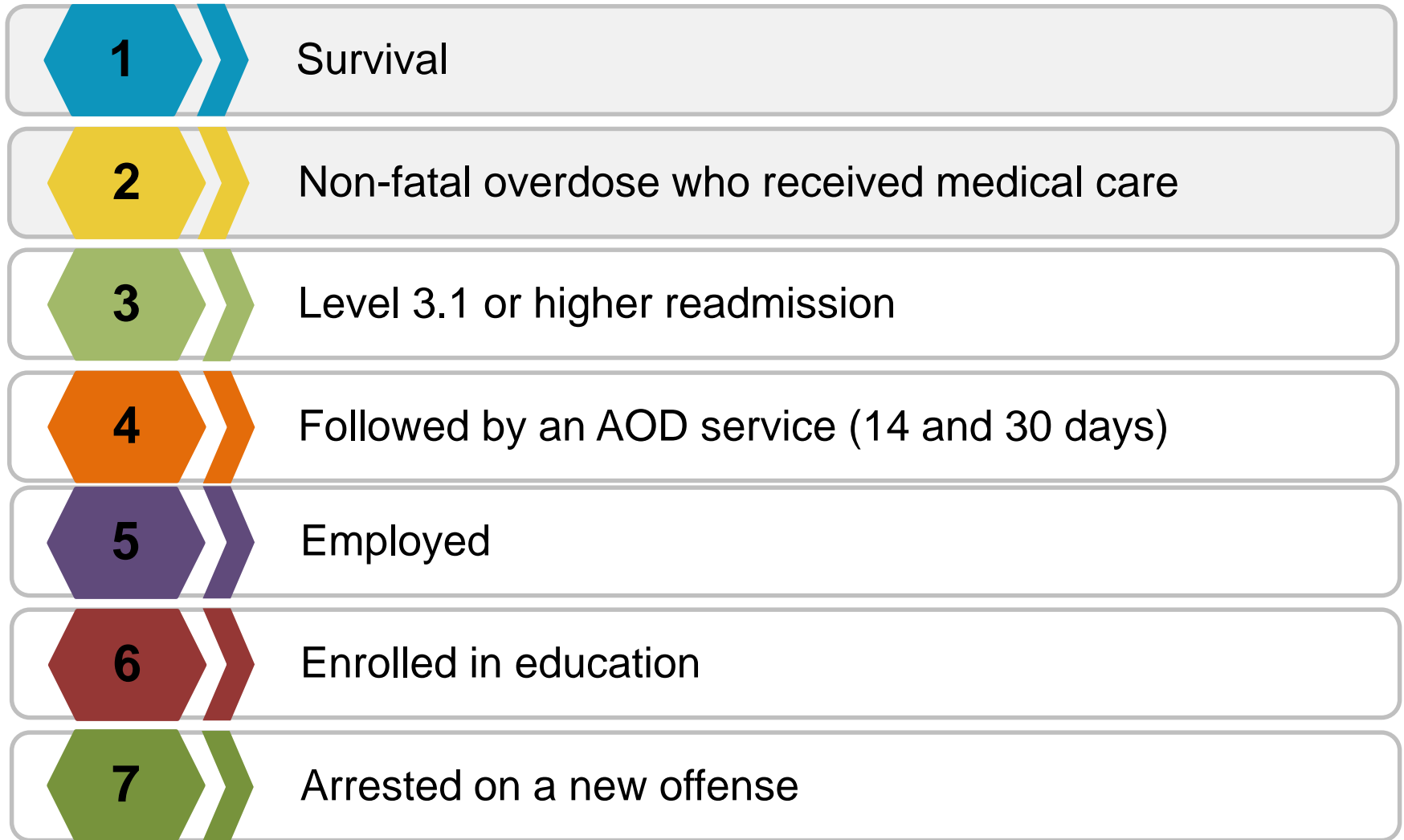
Program/Facility Dimensions

	Structure	Process	Outcomes
Measures:	<ul style="list-style-type: none"> • Level of care • Location • Licensed capacity • Workforce qualifications and characteristics • HR policies • IT infrastructure • Payer sources • Training policies 	<ul style="list-style-type: none"> • Operating capacity • Time from assessment to treatment • Days on waitlist • Screening and assessment instruments • EBPs 	
Data Sources:	<ul style="list-style-type: none"> • Licensure & Certifications • Survey • Monitoring and compliance reviews 		

Client Dimensions

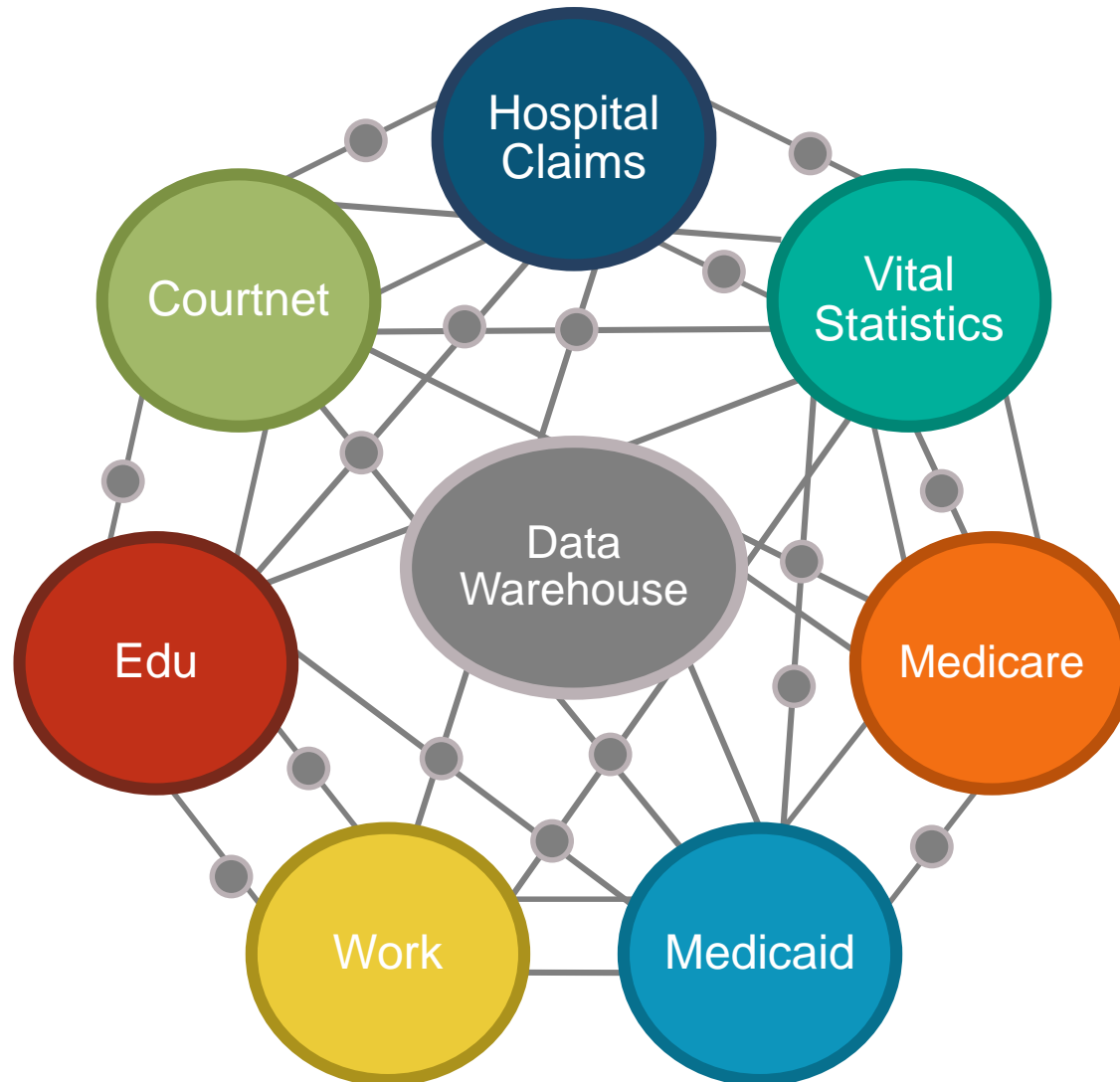
	Structure	Process	Outcome
Measures:	<ul style="list-style-type: none">• Client characteristics	<ul style="list-style-type: none">• Wait time• Services received• Length of stay• Reason for discharge• Discharge follow-up and services	<ul style="list-style-type: none">• Recovery Capital<ul style="list-style-type: none">• Human• Social• Physical• Cultural• Perceptions of care
Data Sources:	<ul style="list-style-type: none">• Administrative data• Survey		

Selected Residential Outcomes: Administrative Data



30 days, 6 months 12 months

Data Infrastructure



Non-Fatal OD Following Discharge

Residential Provider	Beneficiaries	OD Claim Within 30 Days		OD Claim 31 days to 6 months	
	#	#	%	#	%
A					
B					
C					
D					
E					

Non-Fatal OD Following Discharge

Residential Provider	Beneficiaries	OD Claim Within 30 Days		OD Claim 31 days to 6 months	
		#	%	#	%
A	874				
B	132				
C	66				
D	1055				
E	39				

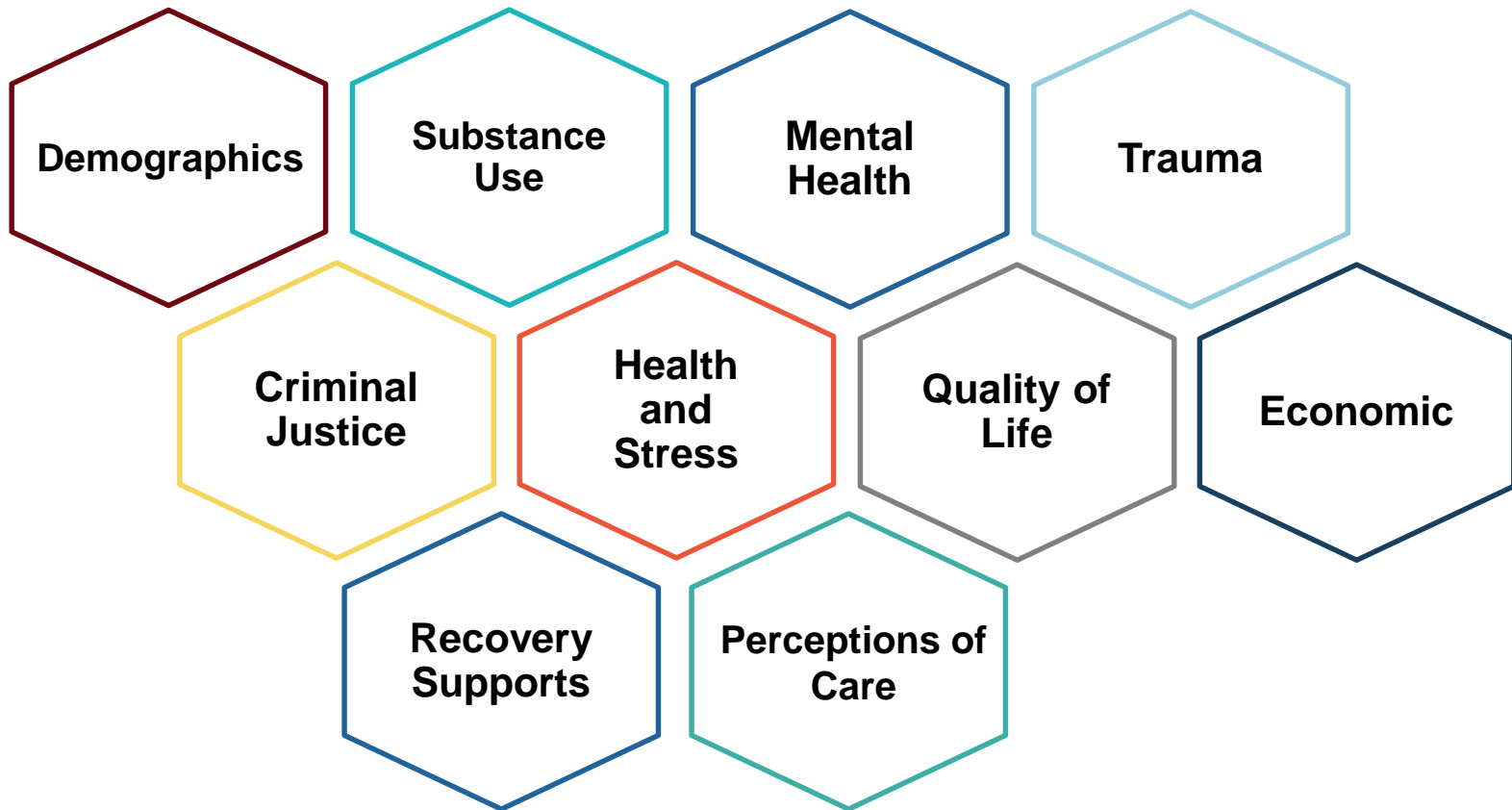
Non-Fatal OD Following Discharge

Residential Provider	Beneficiaries	OD Claim Within 30 Days		OD Claim 31 days to 6 months	
		#	%	#	%
A	874	10	1.1	28	3.2
B	132	0	0	0	0
C	66	0	9	1	1.5
D	1055	29	2.7	59	5.6
E	39	0	0	2	5.1

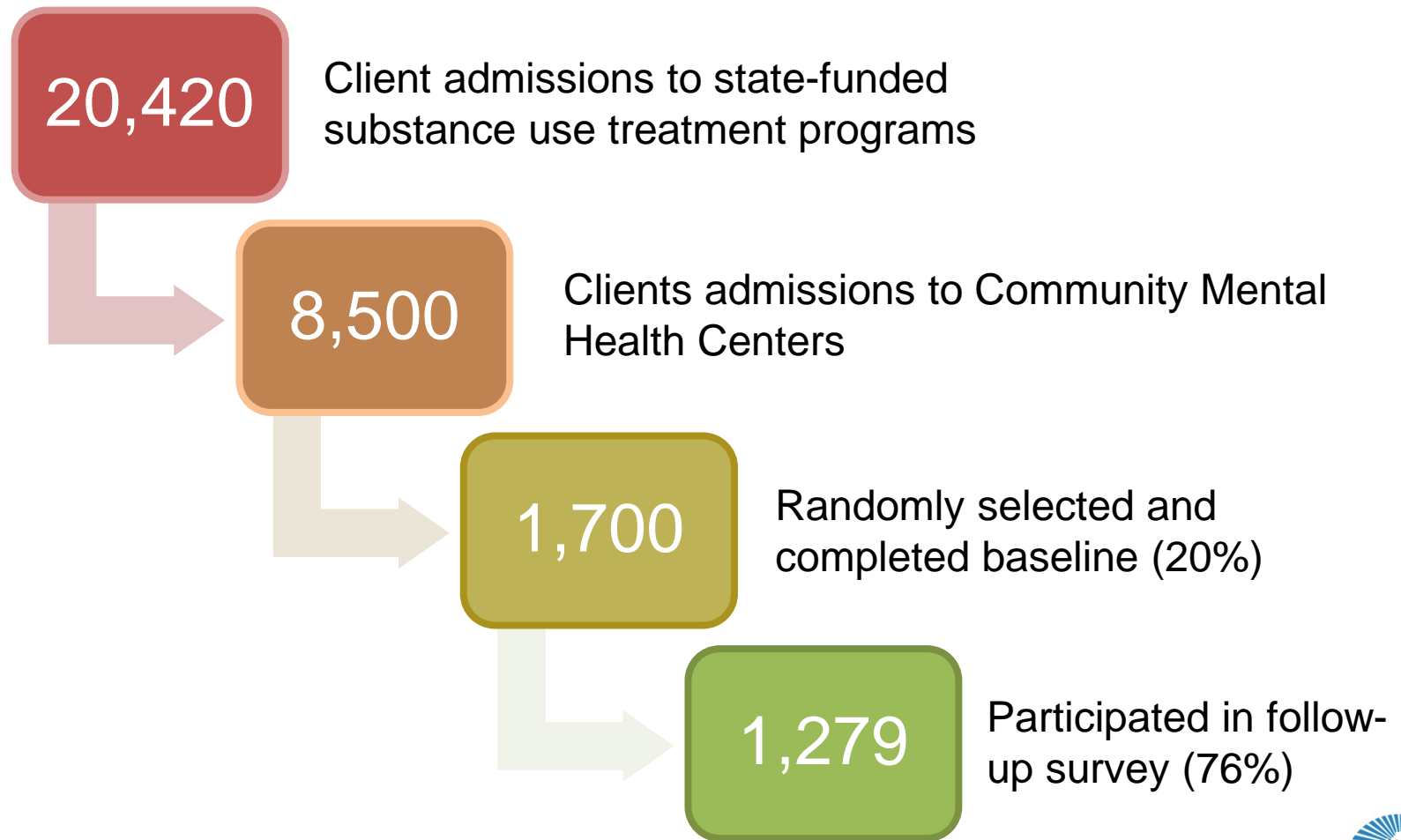
Residential Provider Outcomes

Provider	Survival (6-month)	Non-fatal OD (6-month)	Re-Admit (6-month)	Follow-up BH service (30-days)
A	96.8%	3%	31%	49%
B	100%	0%	33%	42%
C	98.5%	2%	29%	64%
D	94.4%	5%	19%	45%
E	94.9%	6%	44%	64%

Outcomes: Client Self-Report



Kentucky Treatment Outcomes Study



Past-30-day Recovery Supports

Compared to intake, significantly more individuals reported they had attended mutual help recovery group meetings in the past 30 days at follow-up and had more people they could count on for support.



36% at intake | **52%** at follow-up

WHAT WILL BE MOST USEFUL IN STAYING OFF DRUGS/ALCOHOL AT INTAKE AND FOLLOW-UP

INTAKE

FOLLOW-UP



31%

employment



27%

children



26%

support from family



21%

mutual help recovery group



21%

support from family



18%

faith or religion

*** p < .001; statistically significant difference from intake to follow-up.

Program Satisfaction

KTOS clients were satisfied with the overall program service and agreed that:

At follow-up, clients were asked to rate their level of satisfaction with the treatment program on a scale from 1 (worst treatment imaginable) to 10 (best treatment).

8.7
Average rating



Clients felt safe while in the program



Staff helped them obtain information so they could take charge of managing their drug/alcohol problems



The client was encouraged to talk about and decide their program goals



Even if they had other choices, they would go to the same treatment program again if they needed to



Clients felt better about themselves as a result of treatment



The client received all the services needed from involvement in the program

Program-Specific Reports

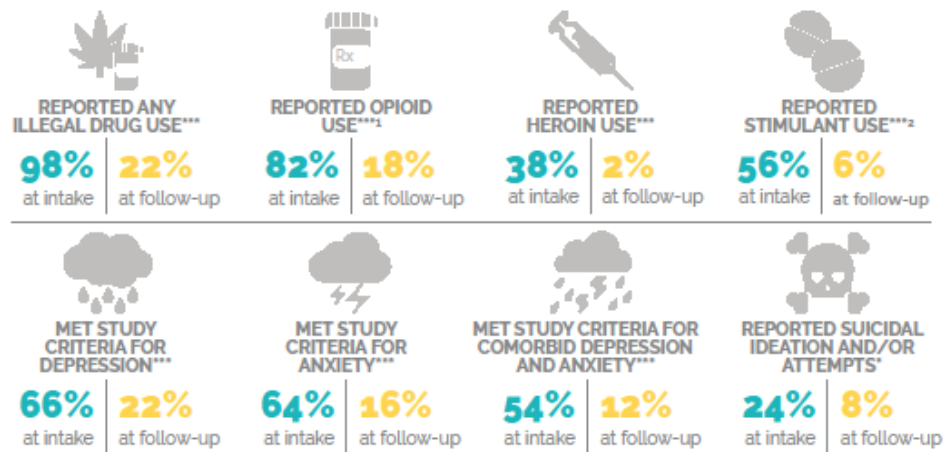
	Structure	Process	Outcome
Program	Provider Survey		
Client	Intake Interview	Intake & 45-day Satisfaction Survey	Follow-Up Interview & Administrative data

After Substance Abuse Treatment

OUTCOME STUDY FACT SHEET DRAFT - 2019

Kentuckians benefit from substance abuse treatment in multiple ways: reducing their substance use, increasing their employment, reducing mental health problems, decreasing their involvement with the criminal justice system, and increasing their recovery supports. Below are treatment outcomes for a sample of 50 clients who participated in the Independence House treatment program between July 2014 and June 2017 and then completed a follow-up interview about 12 months later.

Significant reductions in past-6-month Substance Use and Mental Health Problems



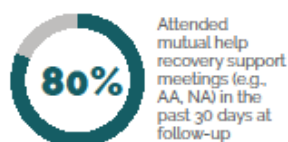
Significant reductions in past-6-month

Economic Indicators



Significant improvements in past-30-day

Recovery Supports and Program Satisfaction



* p < .05, ***p < .001

* Not a significant change.

* Misuse of opioids other than heroin, including prescription opiates, methadone, and buprenorphine-naloxone.

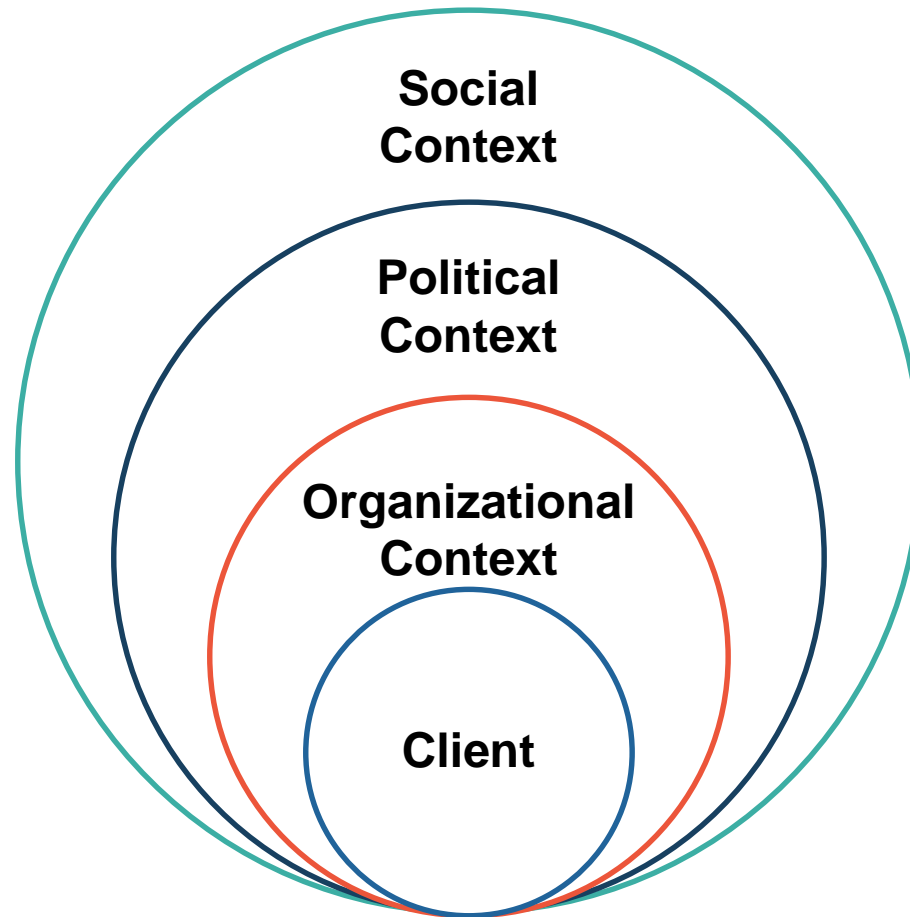
* Amphetamine, methamphetamine, Ecstasy, Ritalin.

For more information about KIOS contact Maggie Schroeder at the Department of Behavioral Health, Developmental and Intellectual Disabilities (502-564-4456)

Report prepared by the University of Kentucky Center on Drug and Alcohol Research. Findings from the full report can be downloaded from: cdar.uky.edu/kios

Suggested citation: Logan, T., Scrivner, A., Cole, J. & Miller, J. (2019). *Adult Kentucky Treatment Outcome Study Program Fact Sheet: Independence House*. Lexington, KY: University of Kentucky, Center on Drug and Alcohol Research.

Policy-Ecology Framework





HEALing Communities **STUDY**

PI: Sharon L. Walsh, Ph.D.

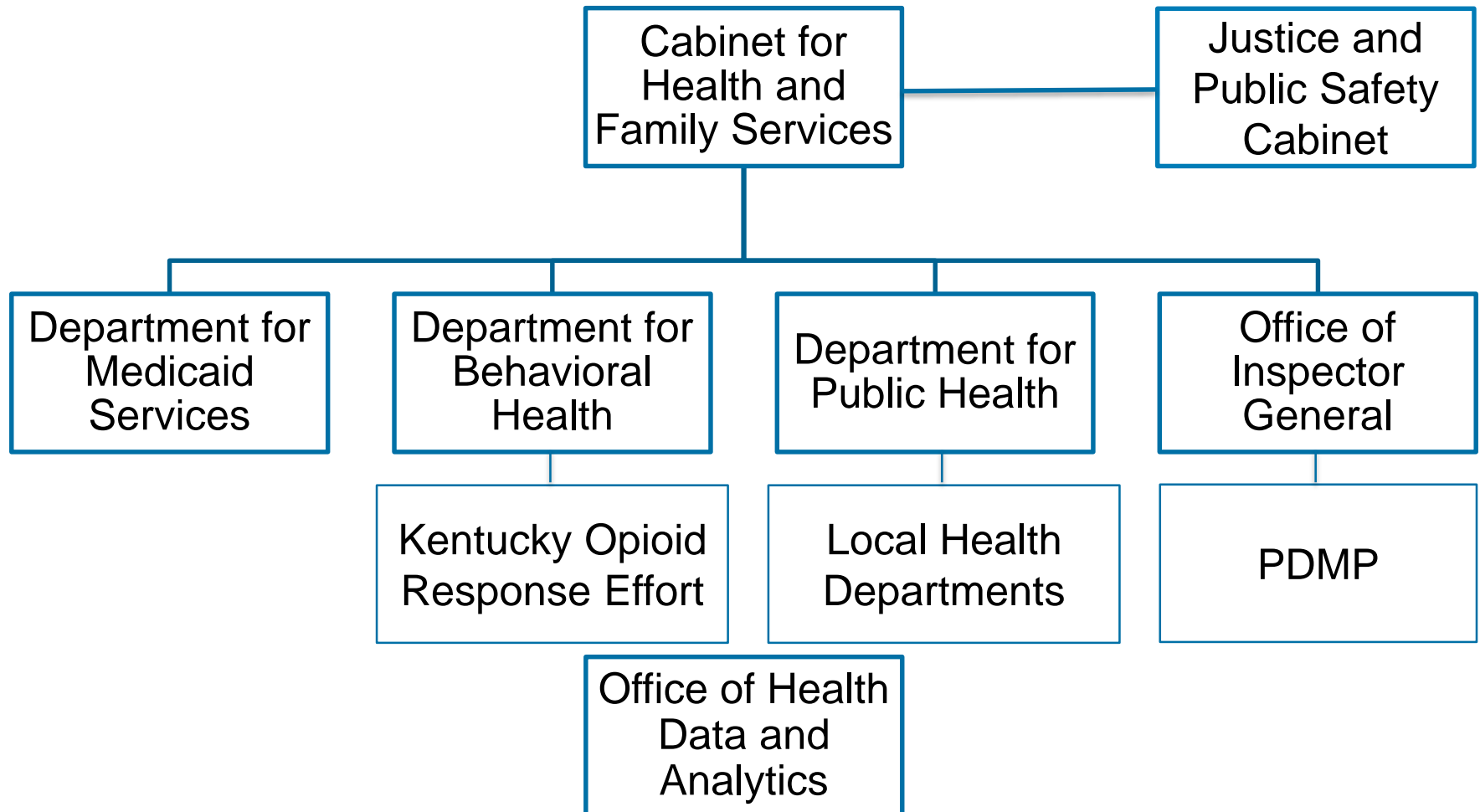
Co-I: Katie Marks, Ph.D.

University of Kentucky

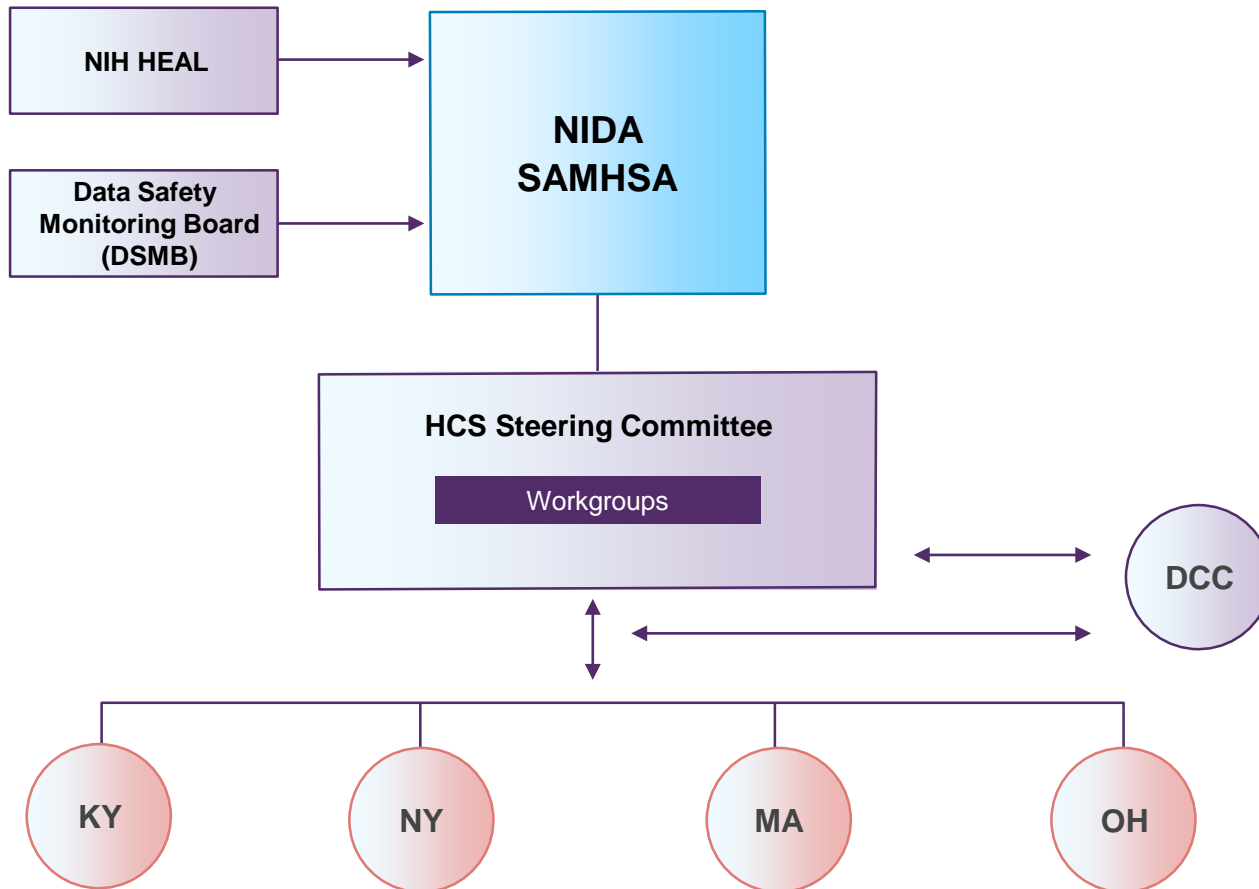
HEALing Communities Study (HCS)

- A partnership with the NIH, NIDA, and SAMHSA
- \$87 million was awarded to the University of Kentucky
- Other institutions funded:
 - Columbia University, NY
 - Boston Medical Center, MA
 - The Ohio State University, OH

KY HCS & State Government Partnerships



HCS Organizational Structure



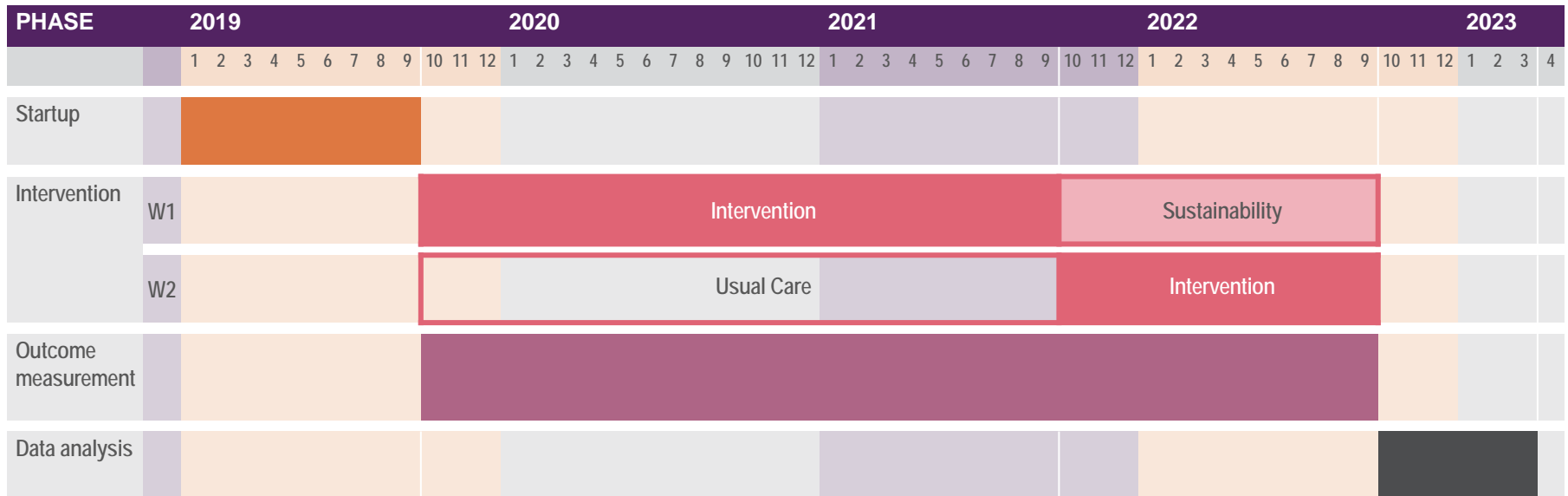
Aim and Primary Outcome

- Test the impact of the Communities that Heal intervention:

A community-engaged intervention that produces a comprehensive, data-driven community response plan to deploy evidence-based practices across multiple sectors

- Reduce opioid-related overdose deaths by **40%** over 3 years within 67 highly affected communities in KY, MA, NY, and OH

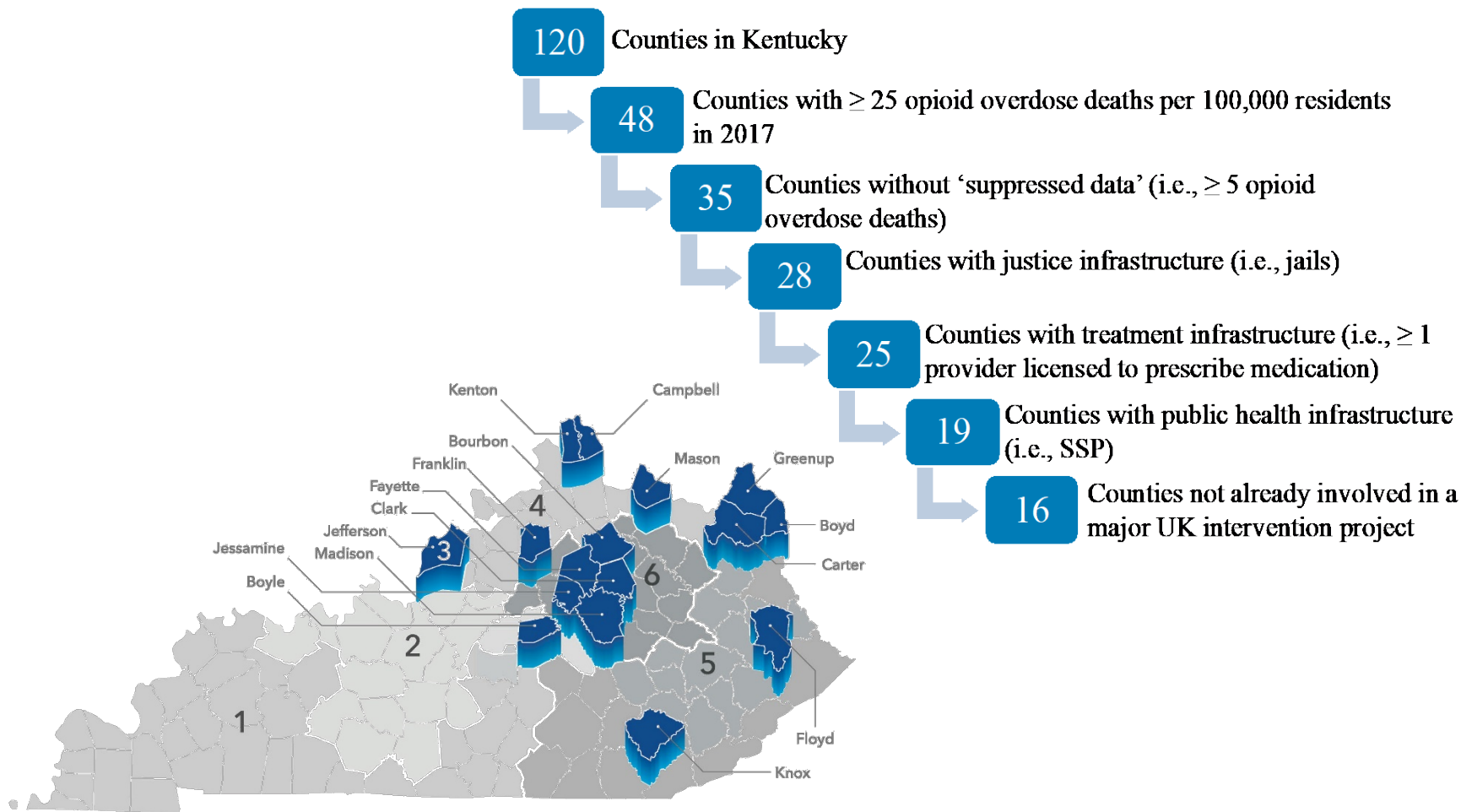
HEALing Communities Study: Design & Timeline



- Multisite, parallel-arm, cluster randomized waitlist-controlled trial
- Evaluating the impact of the CTH intervention compared to usual care

HEALING COMMUNITIES STUDY: KENTUCKY

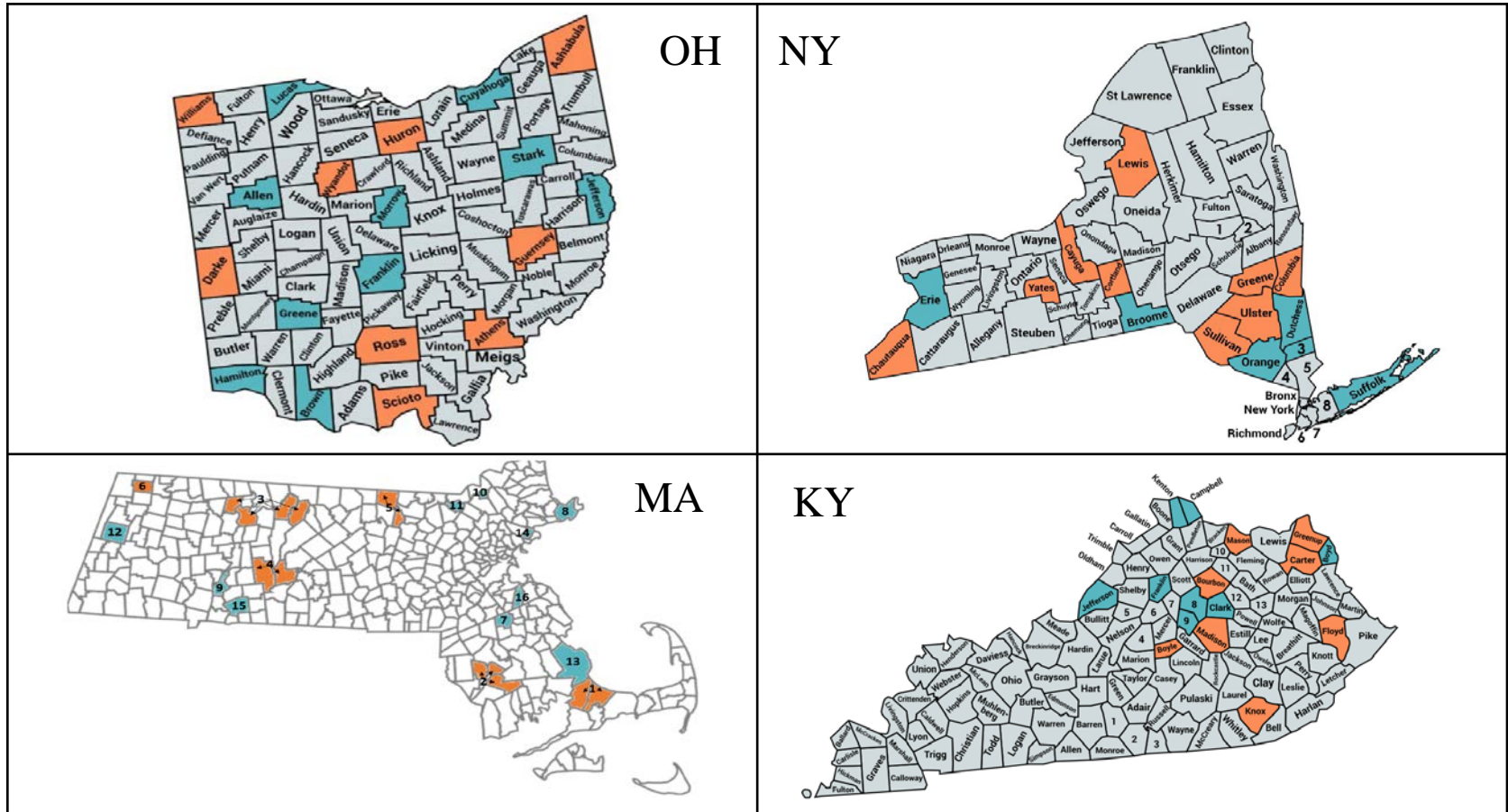
County Selection and How Data was used to Inform Design



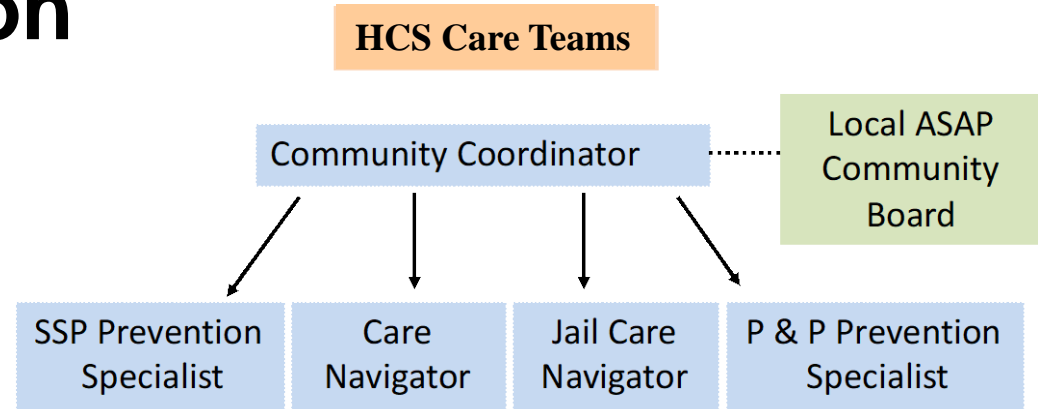
HEALING COMMUNITIES STUDY SITES

 Rural Communities

 Urban Communities



KY Care Navigation



- Develop an integrated care network within the local community, reach those at highest risk and increase access to evidence-based care
- Can help overcome historical silos in substance use disorder care
- Opportunity to collect data on effectiveness of community navigation models

For more information:

- <https://www.nih.gov/research-training/medical-research-initiatives/heal-initiative/healing-communities-study>

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