

NQF Voluntary Consensus Standards for Treatment of Substance Use Disorders

Rick Rawson, Ph.D.

September 2009

39th and 40th Semi-Annual SARC
Meetings

UCLA



What Are Standards?

- Clinical and Administrative Standards are the criteria that describe the expected levels of clinical and system behavior and courses of action that are expected to be taken in a system by a clinician based on research and experience.

Clinical Guidelines

Clinical guidelines are recommendations for the appropriate treatment and care of people with specific diseases and conditions, including:

- Identification of key decisions and their effects
- Review of the relevant, valid evidence on the benefits, risks, and costs of alternative decisions
- Presentation of the evidence required to inform key decisions in a simple, accessible format that is flexible to meet stakeholder preferences

What is the NQF?

- The National Quality Forum (NQF) is a voluntary nonprofit membership organization created to develop and implement a national strategy for health care quality measurement and reporting.
- NQF is a public-private partnership that develops consensus measures and standards for a variety of clinical conditions.

What is the NQF?

Broad stakeholder representation and the formal consensus development process implemented by the NQF has given “NQF-endorsed” measures and standards special legal standing with the government and with employers.

NQF Workshop

- A workshop with broad representation and membership was conducted in December, 2004 and identified an initial set of effective treatments covering alcohol, nicotine, and drugs as well as all populations, provider organizations, and clinicians.
- A commissioned paper was used as the basis for establishing evidence-based practices and program attributes in treatment of SUD.

Workshop Goals

- Establish a candidate set of effective organizational and clinical treatment practices
- Recommend practices of highest priority for widespread implementation
- Identify the attributes of treatment programs that are ready to implement evidence-based practices
- Identify barriers and ways to address barriers to accelerate adoption of practices

NQF Consensus Development Project

- A Technical Advisory Panel and a Steering Committee were formed with members from the field, healthcare, and quality improvement for the formal consensus process. Public input was also sought.
- A formal NQF Consensus Development project in 2006 assembled a detailed, fully specified set of evidence-based practices, evaluated them, and achieved consensus about those practices.

Consensus Development Goals

- Improve the quality of care for patients with substance use disorders, incl. outcomes for patients, families, and communities
- Provide guidance for providers on how to achieve desired treatment outcomes
- Provide useful information to purchasers for coverage and reimbursement, and consumers for decision-making about treatment
- Serve as the basis for development of quality measures that can be used for public accountability

Framework

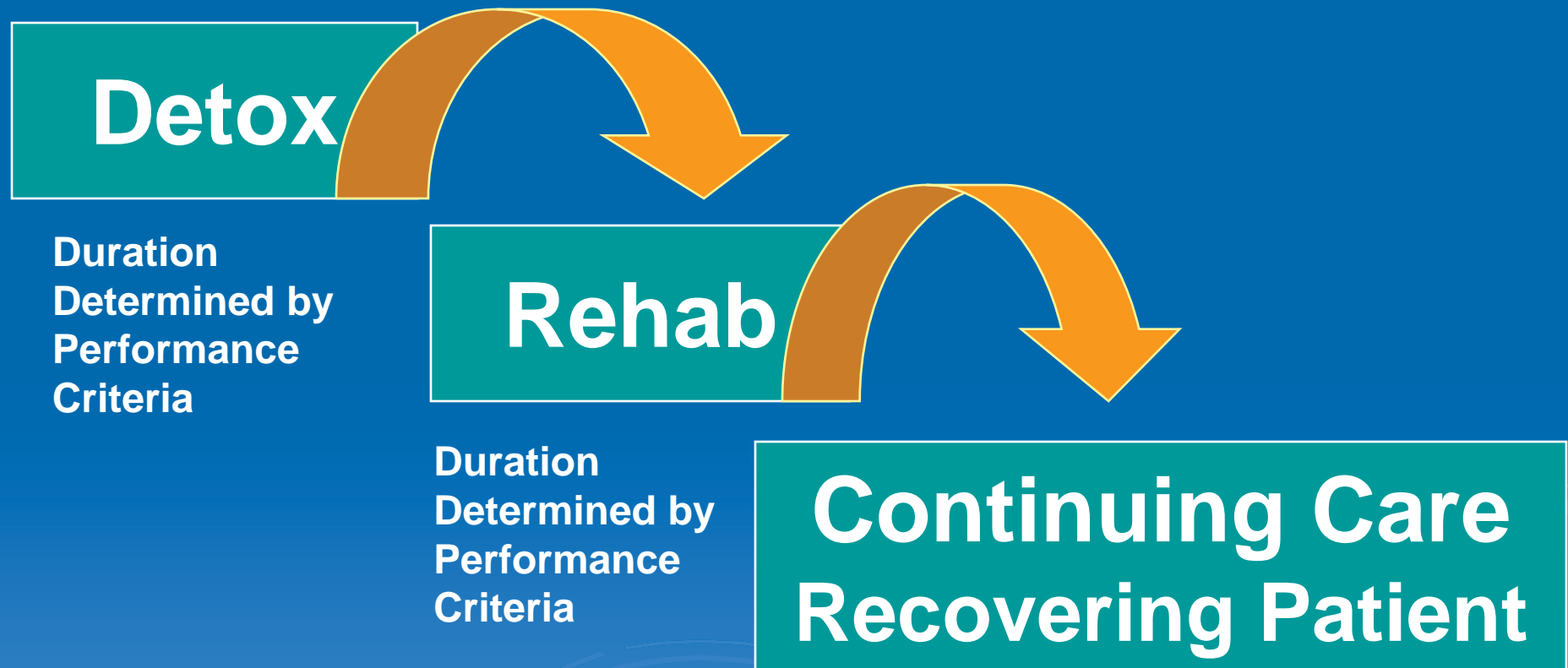
- The NQF standards are focused on improving quality of care using the aims for high-quality treatment identified by the IOM *Crossing the Quality Chasm (2001)* report:
 - Safe
 - Timely
 - Effective
 - Efficient
 - Patient-centered

Basic Principles

- Treatment of SUD involves a *continuum of care* and a long-term perspective that is based on a *chronic care model* for individuals who are more severely ill.
- Treatment of severe SUD requires comprehensive services with multiple interventions.

A Chronic Care Model

Substance Abusing Patient



A Continuum of Care



Hospital
Detox

Residential
Rehab

IOP
Care

Outpatient
Cont Care

AA -Tele
Monitoring

Tele
Monitoring

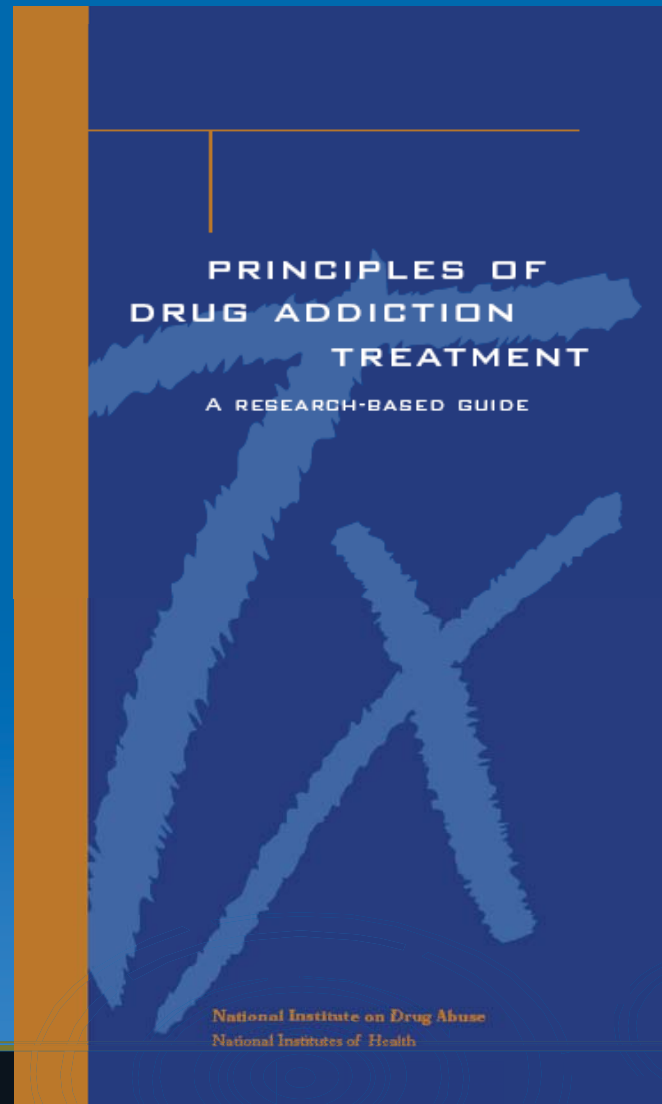
Basic Principles

- Treatment should be coordinated with general and mental health care settings (as appropriate).
- Treatment should incorporate the NIDA Principles of Addiction Treatment and the approach identified in the NIAAA Clinician's Guide.

Service Settings Where AOD Care Services Should be Delivered

- Primary Care and Public Health System: Hospitals, Clinics, MD offices: Family practice; internal medicine, other medical specialists, Nursing and medical support staff
- Substance Abuse Service System: Therapeutic communities, Hospital based care, Methadone programs, Outpatient clinics: Modest number of MDs and Ph.D.s Many paraprofessional workers
- Mental Health Treatment Services: Hospitals, clinics, practitioner offices. Psychiatrists, psychologists, social workers, marriage and family therapists
- Social Service System: Agencies to provide support for food, housing, child welfare and other services. Social workers and paraprofessionals

Principles of Addiction Treatment



Priority Areas

- Apply broadly to multiple populations and age groups
- Have a substantial evidence base
- Support immediate improvement and are appropriate for widespread adoption
- Have potential as the basis for measurement
- Have the greatest effect on people's lives if the practice is implemented

Criteria for Evaluation of Practices

- **Evidence of Effectiveness:** will improve outcomes based on research studies, broad expert opinion or professional consensus, and data from other settings
- **Generalizability:** able to be used in multiple clinical settings with multiple types of patients
- **Benefit:** will improve patient outcomes or the likelihood of improved outcomes if more widely utilized

Domains

- **Identification of SUD:** screening/case finding, diagnosis and assessment
- **Initiation and Engagement in Treatment:** brief interventions, engagement in treatment, and withdrawal management
- **Therapeutic Interventions:** psychosocial interventions and pharmacotherapy
- **Continuing Care Management**

Identification

Screening and Case Finding

New patients and at least annually, patients in general and mental health settings should be screened for at risk use

Healthcare providers should use a systematic method to identify patients who use substances

Diagnosis and Assessment

Patients who have a positive screen for substance use disorders should receive a further biopsychosocial assessment to guide patient-centered treatment planning, incl. for coexisting conditions

Initiation and Engagement

Brief Intervention

All patients identified with unhealthy use of substances should receive a brief intervention by a trained healthcare clinician

Promoting Engagement in Treatment

Healthcare providers should systematically promote patient initiation of and engagement in treatment, including use of supportive services to promote engagement.

Withdrawal Management

Supportive pharmacotherapy should be available and provided for withdrawal based on a systematic assessment of symptoms and risks; withdrawal management is not treatment

Therapeutic Interventions

Psychosocial Interventions

Empirically validated psychosocial treatment interventions should be used for all patient with substance use disorders.

Pharmacotherapy

Medications should be recommended and available to all adult patients with opioid dependence or alcohol dependence and directly linked with comprehensive clinical services

Medications should be recommended and available to all adult patients with nicotine dependence and directly linked with brief counseling.

Continuing Care

Management of Substance Use Disorders

Patients with substance use disorders should be offered long term, coordinated management of their care, incl. care for coexisting conditions

Care management should be adapted based on ongoing monitoring of patient progress.

Types of Continuing Care

- Self/mutual help programs
- Medications
- Traditional counseling visits
- Home visits
- Recovery “check-ups”
 - Specialty care-based
 - Primary care-based
- Telephone-based protocols
 - Monitoring
 - Monitoring and counseling
- Other stuff



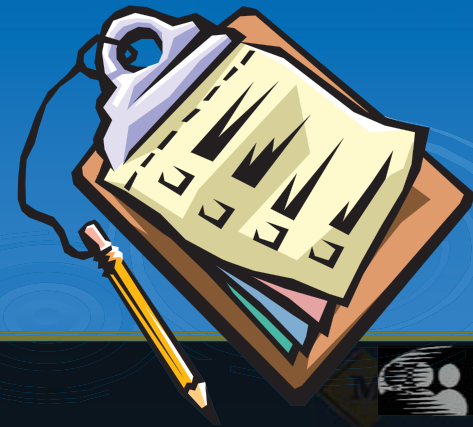
Recovery Management Checkups

- Protocol developed by Dennis, Scott et al.
 - Interview patients **every quarter for 2 years**
 - *If patient reports any of the following.....*
 - Use of alcohol or drugs on ≥ 2 weeks
 - Being drunk or high all day on any days
 - Alcohol/drug use led to not meeting responsibilities
 - Alcohol/drug use caused other problems
 - Withdrawal symptoms
- ...Patient transferred to linkage manager*



Recovery Management Checkups

- Linkage Manager provides the following:
 - Personalized feedback
 - Explore possibility of returning to treatment
 - Address barriers to returning to treatment
 - Schedule an intake assessment
 - Reminder cards, transportation, and escort to intake appointment



Telephone as a continuing care tool

- Potential to promote better long-term engagement and participation because:
 - Convenient for client
 - Reduces stigma of weekly trips to the treatment program
 - Individualized attention
 - Can be automated (Helzer, Searles et al.)
 - Lower costs of ongoing care (?)



Practice Specifications

For implementation specification should include:

- Description of the care to be provided
- Target outcomes/desired results
- What the practice entails
- For whom it is indicated
- Who should perform it
- Settings in which it should be implement

N.B. This should not be taken to imply that there is a direct causal relationship between implementation of a practice and a desired outcome.

Other Recommendations

- *Further Research* to improve the NQF-Endorsed Practices
- *Development of Performance Measures* based on each of the practice standards, target outcomes, and specifications and the necessary systems for reporting on performance measures

Measuring the Performance of California's AOD Treatment Programs

- Some specific issues for discussion
 - Which CalOMS data elements, alone and in combination, provide meaningful performance and outcomes measures?
 - Are there data elements that need to be added to CalOMS data set to optimally measure performance and outcomes?
 - Is it possible to operationally define “treatment success” and how can this issue be communicated to the public and policy makers?

Possible Performance Measures

- Treatment Initiation (within 14 days)
- Treatment Engagement (within 30 days)
- Treatment Retention (90 days).
- Continuity of Care Measures (% of clients who successfully transfer to next level of care.
- Treatment “Completion”
- NIATx Measures
- Measures for different modalities may be different (eg. NTPs vs short term residential)

Power of Performance Measurement

- There is a link between effective performance measurement and successful service results.
- Performance measurement is a necessary first step to using data to evaluate and improve program performance.
- There is no “one fits all” approach to using performance measures for different services.

Methods to promote effective performance improvement

- Proceed in a step wise manner:
 - Monitor performance; give programs feedback
 - Manage; set benchmarks; acknowledge good performance and technical assistance for others
 - Improve performance: provide technical assistance.
 - Contract for performance; reimburse programs based on performance

Methods to promote effective performance improvement

- Encourage staff to understand and use program data.
- Promote evidence-based practices as part of TA and training activity
- Employ process improvement techniques (eg. NIATx)
- Flexibility: allow room for innovation
- Don't forget to recognize and reward good performance

Strategies for improving AOD program performance

- Reduce staff turnover
- Increase staff knowledge of other forms of care to promote a “system of care” rather than isolated programs
- Increase staff knowledge and use of evidence-based practices
- Employ process improvement (NIATx)

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Other Recommendations

- *Implementation* of the full set of EB-practices with adequate training and provider support for adoption, including clinical supervision
- *Policy Development*, including alignment of payment/reimbursement and coverage, legal and regulatory policies and management in primary care

For More Information

The National Quality Forum

www.qualityforum.org

rrowson@mednet.ucla.edu