



Specifications for Washington Circle Public Sector Performance Measures:
Initiation, Engagement, and Continuity of Care Measures for State
Substance Abuse Agencies

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This document outlines specifications for state substance abuse performance measures. The measures are adapted from the Washington Circle (WC)/National Committee for Quality Assurance (NCQA) measures of initiation and engagement.²

This document is based on the work of the Washington Circle Public Sector Workgroup and is organized as follows:

- *Measure summary*—brief description of the rationale for the measures and listing of the ten measures
- *Data issues*—explanation of the necessary data, inclusion criteria for services and clients, and key definitions of aspects of the measures.
- *Detailed definitions*—specifications for each of the measures
- *Illustrative examples*—brief description of how the measure specifications would be applied in various scenarios.

MEASURE SUMMARY

The performance measures fall into four major categories: identification, initiation, engagement, and continuity of care. Below are the definitions and the rationale for each.

Identification—Identification in the public sector refers to the percent of individuals in need of substance abuse treatment services that are eligible for publicly-funded treatment in that state who receive substance abuse treatment services in the public sector. *Please note that because there are complex specification issues related to the Identification measure, including the wide variations in service eligibility criteria across states, this document does not include specifications for the Identification measure.*

Initiation of AOD services—This measure is the percent of individuals who have an index outpatient (OP) or intensive outpatient (IOP)³ service with no other Alcohol or Other Drug⁴ (AOD) services in the previous 60 days and receive a second AOD service (other than detoxification or crisis care) within 14 days after the index service. Studies indicate that only a

¹ See Appendix for other Washington Circle Public Sector Working Group participants.

² See www.washingtoncircle.org and www.ncqa.org. Differences from the original measures include: calculation of measures by level of care; different definition of “index service”; initiation and engagement measures applied to outpatient care only; new concept of continuity of care after levels of care, other than outpatient.

³ IOP level of care is designed to bridge the gap between medically managed or medically monitored intensive inpatient treatment and traditional outpatient services of low intensity. This level of care has been adapted to several models such as day treatment, evening programs, and partial hospitalization programs (SAMHSA, TIP 8). <http://www.ncbi.nlm.nih.gov/books/bv.fcgi?rid=hstat5.chapter.28581>. Different states may provide different services under IOP services.

⁴ In this document Alcohol or Other Drug (AOD) is used as synonymous to Substance Abuse

small fraction of the population with AOD disorders enters treatment. Identification of individuals with AOD disorders is an important first step in the process of care, but one that does not routinely lead to initiation of treatment. Treatment systems must also ensure that individuals who enter treatment initiate treatment.

Engagement—The percent of individuals, who initiated outpatient treatment and received two additional services within 30 days after initiation. Treatment engagement is an intermediate step between initially accessing care (in a first visit) and completing a full course of treatment. Studies of treatment retention indicate that patients who remain in treatment for a longer duration of time have better outcomes. However, studies also indicate that many clients with AOD disorders leave treatment prematurely.

Continuity of Care—Continuity of care refers to the percent of individuals who receive AOD services within 14 days after being discharged from a detox, residential, or inpatient stay, or after an assessment that results in a diagnosis of AOD disorders. Continuity of care will be assessed for each type of service or level of care separately. A positive assessment indicates that the individual is in need of AOD treatment services. Having to wait for services to be available could reduce the individuals' motivation to enter treatment. Detoxification is most effective when it is viewed as a first step to active treatment and is followed by assessment and referral to ongoing alcohol or drug treatment. Without linkage to treatment after detoxification, there are no significant improvements that are discernable from untreated withdrawal. Finally, when a client leaves residential or inpatient treatment, regardless of whether the residential/inpatient stay was at the beginning an episode or at a later stage of treatment, there should be follow-up care in order to prevent relapse.

The nine measures included in this document are listed below:

1. Initiation after outpatient (OP)
2. Engagement after outpatient (OP)
3. Initiation after intensive outpatient (IOP)
4. Engagement after outpatient or intensive outpatient (IOP)
5. Continuity of care after assessment service (ASSESS)
6. Continuity of care after detoxification (DETOX)
7. Continuity of care after Short-term Residential (STR)
8. Continuity of care after Long-term Residential (LTR)
9. Continuity of care after Inpatient (INP)

DATA ISSUES

In this section, we outline the data requirements, inclusion of services and clients, which services qualify for initiation, engagement and continuity of care, and definition of “index” services.

Data Requirements

The specifications outlined in this document apply to states where encounter data are collected that include, at a minimum client specific data on unique client ID (across service providers), dates of service, type of service provided (e.g. HCPCS codes), and level of care or treatment setting. Also, to select clients for inclusion in the analytic file, information is needed on diagnosis or presenting problem at admission, diagnosis on each service record, or payment source.

In addition, to apply these specifications, states will need to have linked data across treatment sites with each client having a unique ID.⁵

Calculation of performance rates will be on an annual basis. Encounter data for one year with at least 60 days before the target year and 45 days after will be used for analysis. Thus, for states that have data for the previous year and for the year after, there will never be a service that is too early or too late in the year as to not be included in the analytic file due to inadequate time before the service to check for a service-free period (see below for more on definition of index service with a “service-free period”) or inadequate time after the service to allow for engagement or continuity of care.

Inclusion of Services and Clients

For states that have diagnosis codes on each encounter, include all services with either a primary or secondary AOD diagnosis. Encounters with only mental health diagnoses should not be included in the analytic file. For states with diagnosis or payment source, include all clients with an indication of substance abuse.

Assessments will be included in the analytic file when there is an indicator of need for services (in states that have the capacity to do this).

Exclude private pay only clients; however, include them if the state pays for any of the services even if not all services.

Analysis will be conducted for adults (ages 18+) and adolescents (ages 12-17) separately. Although this document focuses on analyses with adult data, the same specifications can be used with adolescent data for states that have this capability.

Which Services Qualify For Index, Initiation, Engagement, And Continuity of Care?

One key decision is which of the service codes qualifies for inclusion in the initiation, engagement, and continuity of care measures. This issue was addressed by a subcommittee, consisting of a subset of the Workgroup members, that focused on the HCPCS codes.

The Health Insurance Portability and Accountability Act (HIPAA) contains electronic transaction regulations requiring a national procedure code set. These requirements, which were

⁵ The issue of how to calculate performance measures in states without encounter data will be addressed separately and is not within the scope of this document.

implemented as of 2003, have the potential for solving the problem of the lack of treatment codes for services related to substance use disorders. Not only has HIPAA standardized procedures and durations of treatment, but the services code set has been expanded through the HCPCS Level II codes to reflect the wide range of existing types of services for substance use disorders more precisely.^{6 7}

Level II of the HCPCS is a standardized coding system that is used primarily to identify products, supplies, and services not included in the CPT codes, including behavioral services. A full listing of the HCPCS Level I codes (CPT codes) and Level II codes can be found on the SAMHSA website.⁸

HIPAA standardization also eliminated the need to do state-specific mapping of local procedural codes. However, some agencies may not have fully complied with HIPAA having not considered themselves as a “covered entity.” Thus, these states may need to crosswalk those state-specific codes into the HCPCS codes.

For calculations of the initiation, engagement and continuity of care measures, the Workgroup HCPCS subcommittee have assigned HCPCS behavioral health codes to one of four categories:

- Qualifies for index only;
- Qualifies for index, initiation, and engagement, and continuity of care;
- Exclude (qualifies for none of above),
- State variation allowed.

Decision rules, and lists of HCPCS codes and categories selected, were developed by the HCPCS subcommittee of the Washington Circle Public Sector Workgroup, e.g., detoxification could qualify for an index service but not for an initiation or engagement service. Some services may differ in how they are provided from state to state, therefore, the state variation category was formed. Each state will determine if the service qualifies and note the rationale for the decision. For example, services such as treatment planning or case management may be services that are provided either with the client present or without the client present. A guideline is that if the service is provided with the client present, then it should qualify for index, initiation, engagement, or continuity of care. Another example is group home and halfway house services may vary by state. Often, but not always, there are AOD treatment services that are associated with these services, thus the states will decide whether such services would qualify or not.

⁶ Centers for Medicare and Medicaid Services. (2003). *HEALTHCARE COMMON PROCEDURE CODING SYSTEM (HCPCS) LEVEL II CODING PROCEDURES*. April 3, 2005, from <http://www.cms.hhs.gov/medicare/hcpcs/codpayproc.asp>

⁷ SAMHSA. (2004). Health Insurance Portability and Accountability Act: What it Means for Mental Health and Substance Abuse Services, Substance Abuse and Mental Health Services Administration. November 4, 2004, from <http://hipaa.samhsa.gov/hipaacodes2.htm>

⁸ SAMHSA. (2005a). *Approved HCPCS and CPT Codes and Modifiers Relating to Substance Abuse Treatment, Mental Health and Behavioral Health.*, 2005, from www.hippa.samhsa.gov/HCPCSCodesNumericList2005.doc

Index Services

Performance measures will be calculated separately by level of care. Thus the index service is the service that defines which measure is being calculated. As described below, for OP and IOP, the index begins a new episode of care while for assessment, short-term residential, long-term residential, inpatient, and detox, a new episode is not required. (See table below.)

These measures all capture information on either:

- Additional AOD treatment after a new OP/IOP episode **OR**
- Continuity of care after any assessment, detox, short-term residential, long-term residential, or inpatient care, regardless of whether that care starts a new episode.

New Treatment Episode.

Defining a service that begins a new episode of care is essential for OP and IOP services to ensure that we are not measuring services in the middle or near the end of a treatment episode where frequent services may not be clinically appropriate. To qualify as a new episode, there must be a period of 60 days, referred to as a “service-free period”⁹ during which the client had no AOD treatment as evidenced by claims or encounters with any diagnoses or services related to alcohol or drug abuse or dependence treatment. Detox or assessment can occur within this 60-day “service-free” period. If a person has more than one episode in the year (that is, more than one service-free period in the year), **all** episodes should be included in the analysis. Table 1 at the end of this document summarizes the definitions of an index service for each of the measures.

For clients with multiple detox services, see detailed definition below.

Detailed definitions of each measure follows below. For a brief summary of the measures, please see Table 1 at the end of this document.

DETAILED DEFINITIONS

In this section, we outline definitions for each measure.

1. **OUTPATIENT (OP) INITIATION**

The percent of individuals, who have an index outpatient service with no other AOD services in the previous 60 days and received a second AOD service (other than detox or crisis care) within 14 days after the index service.

Numerator: Individuals with an OP index service who received a second service (not detox or crisis care) within 14 days after the index service.

⁹ “Service-free period” is also sometimes called a “negative diagnosis history” or “clean period”. For consistency, we use “service-free period” in this document.

Denominator: Individuals with an OP index service.

NOTE: For calculation of initiation and engagement rates when the index service is OP, each OP or IOP or each day of residential care will count as one day of service. Two or more OP or IOP services on the same day will count as one service.

2. OUTPATIENT (OP) ENGAGEMENT

The percent of individuals, who initiated OP substance abuse treatment and received two additional services within 30 days after initiation.

Numerator: Individuals who initiated OP substance abuse treatment and received two additional services (not detox or crisis care) within 30 days after initiation.

Denominator: Individuals with an OP index service.

3. INTENSIVE OUTPATIENT (IOP) INITIATION

The percent of individuals, who have an index intensive outpatient service with no other AOD services in the previous 60 days and received a second AOD service (other than detox or crisis care) within 14 days after the index service.

Numerator: Individuals with an IOP index service who received a second service (not detox or crisis care) within 14 days after the index outpatient service.

Denominator: Individuals with an IOP index service.

NOTE: For calculation of initiation and engagement rates when the index service is IOP, each OP or IOP or each day of residential care will count as one day of service. Two or more IOP or OP services on the same day will count as one service.

4. INTENSIVE OUTPATIENT (IOP) ENGAGEMENT

The percent of individuals, who initiated IOP substance abuse treatment and received two additional services within 30 days after initiation.

Numerator: Individuals who initiated IOP substance abuse treatment and received two additional services (not detox or crisis care) within 30 days after initiation.

Denominator: Individuals with an IOP index service.

5. CONTINUITY OF CARE AFTER ASSESSMENT

The percent of individuals who receive a positive assessment for substance abuse and received another AOD service (other than detox or crisis care) within 14 days.

Numerator: Individuals with a positive assessment service who received another service (not detox or crisis care) within 14 days.

Denominator: Individuals with a positive assessment.

NOTE: Include assessments when there is an indicator of need for services (in states that have the capacity to do this).

6. CONTINUITY OF CARE AFTER DETOX

The percent of individuals who receive a detoxification service and received another AOD service (other than detox or crisis care) within 14 days of discharge from detox.

Numerator: Individuals with a detox service who received another service (not detox or crisis care) within 14 days of discharge .

Denominator: Individuals with a detox index service.

Based on how data are maintained on the state database, each state can decide between two methods to calculate the detox measure when there is a string of multiple detox services. The two methods are presented below. States should document which method they used.

Method 1 - group multiple detoxes 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 this string of multiple detoxes.

Method 2 – each detox service is viewed as a separate service if there is any gap of days between services. For each detox, look for a follow-up service within 14 days that would qualify as continuity of care. For example, in the case where there is a detox service on Day 1, another detox on Day 5 and an outpatient service on Day 8. The outpatient service would count as continuity of care for both detox services.

7. CONTINUITY OF CARE AFTER SHORT-TERM RESIDENTIAL (STR) CARE

The percent of individuals, who have a short-term residential service that is followed by another service within 14 days (other than detox or crisis care).

Numerator: Individuals with a short-term residential service that was followed by another service (not detox or crisis care) within 14 days after discharge. Include service (OP,

IOP) that occurs on the last day of the residential stay. The rationale is that the residential facility has made the connection with the next level of care. Also, a step-down or step-up in care qualifies for continuity of care.

Denominator: Individuals discharged from a short-term residential stay. Count all short-term residential stays, including those that occur after assessment, OP, IOP, or detox. For this measure, there does not need to be a new episode with a “service-free period.” Also, STR is determined by type of program and not by how long the client stayed.

8. CONTINUITY OF CARE AFTER LONG-TERM RESIDENTIAL (LTR) CARE

The percent of individuals, who have a long-term residential service that is followed by another service within 14 days (other than detox or crisis care).

Numerator: Individuals with a long-term residential service that was followed by another service (not detox or crisis care) within 14 days after discharge. Include service (OP, IOP) that occurs on the last day of the residential stay. The rationale is that the residential facility has made the connection with the next level of care. Also, a step-down or step-up in care qualifies for continuity of care.

Denominator: Individuals discharged from a long-term residential stay. Count all LTR stays, including those that occur after assessment, OP, IOP, or detox. For this measure, there does not need to be a new episode with a “service-free period.” Also, LTR is determined by type of program and not by how long the client stayed.

9. CONTINUITY OF CARE AFTER INPATIENT (INP) CARE

The percent of individuals, who have an inpatient service that is followed by another service within 14 days (other than detox or crisis care).

Numerator: Individuals who had an INP service that was followed by another service (not detox or crisis care) within 14 days after discharge. Include service (OP, IOP) that occur on the last day of the inpatient stay. The rationale is that the inpatient facility has made the connection with the next level of care. Also, a step-down or step-up in care qualifies for continuity of care.

Denominator: Individuals discharged from an inpatient stay. Count all inpatient stays, including those that occur after assessment, OP, IOP, or detox. For this measure, there does not need to be a new episode with a “service-free period.”

ILLUSTRATIVE EXAMPLES

The examples shown here are intended to demonstrate how the measures work in different client scenarios.

Example 1:

60 days without a AOD service → OP → OP → OP → OP
Day 1 Day 3, Day 30 Day 33

Example 1 shows a client with a new episode of OP. This OP is followed by initiation of care on Day 3 and engagement (OP on Days 30 and 33 are two additional services within 30 days of the Day 3 OP initiation).

Example 2:

60 days without a AOD service → Assessment → Detox → OP
Day 1 Day 3 Day 6

In example 2, we would examine the continuity of care after the assessment on day 1. The OP service on Day 6 is the continuity of care within 14 days; detox services does not qualify for continuity after assessment.

The Day 3 Detox will be examined for continuity of care. The Day 6 OP service qualifies as continuity of care after detox.

Additionally, the OP on Day 6 would serve as an index because it is a new episode as neither the assessment nor detox count to prevent a “service-free period.” In this example, there is no initiation of care after the Day 6 OP.

Example 3:

60 days without a AOD service → OP → OP → residential (LOS>2days)
Day 1 Day 3 Day 29-Day32

In example 3, Day 1 OP would be an index service. Day 3 OP service would qualify for initiation and the residential service starting on day 29 would qualify for engagement since residential stays of two or more days after OP initiation count as full engagement (2 additional services within 30 days of initiation).

The residential service ending on Day 32 will be checked for continuity of care after residential. In this example, there is not another service within 14 days, so no continuity of care.

Example 4:

60 days without AOD service → Assessment → OP → residential (LOS 7 days) → OP → OP →

Day 1 Day 2 Day3-Day9 Day 32 Day 39

In example 4, the assessment is followed with continuity of care.

The Day 2 OP is followed by an initiation service on Day 3 with a residential stay of 7 days that qualifies for engagement since it is more than two days.

After discharge from the residential stay, the OP service on Day 32 does not qualify for continuity after residential since it is more than 14 days after discharge.

The OP service on Day 32 is not another index service since there is no 60-day service-free period prior to it.

Example 5:

60 days without AOD service → Assessment → OP → OP → Residential (LOS 5)
Day 1 Day 3 Day 5 Day 7-11

In example 5, the assessment shows connection to another service. The Day 3 OP is viewed as an index. Day 5 OP qualifies as initiation after the OP on Day 3. The residential stay qualifies as engagement since it is two days or more.

Table 1. Measure Definitions

Measure	Index Service Definition	Measure Formula
Initiation/Engagement		
Outpatient (OP) Initiation	New episode of OP with a 60-day service-free period. Can have assessment or detoxification during service-free period.	Individuals with an OP index service who received a <u>second service* within 14 days after the index service</u> Individuals with an OP index service
Outpatient (OP) Engagement	New episode of IOP with a 60-day service-free. Can have assessment or detoxification during service-free period.	Individuals who initiated OP treatment and received <u>two additional services* within 30 days after initiation</u> Individuals with an OP index service
Intensive Outpatient (IOP) Initiation	New episode of OP with a 60-day service-free period. Can have assessment or detoxification during service-free period	Individuals with an IOP index service who received a <u>second service* within 14 days after the index service</u> Individuals with an IOP index service
Intensive Outpatient (IOP) Engagement	New episode of IOP with a 60-day service-free period. Can have assessment or detoxification during service-free period	Individuals who initiated IOP treatment and received <u>two additional services* within 30 days after initiation</u> Individuals with an IOP index service
Continuity of Care After:		
Assessment	Any assessment, no need for a service-free period.	Individuals with a positive assessment who <u>received another service* within 14 days</u> Individuals with positive assessment
Detoxification	Any detoxification, no need for a service-free period.	Individuals with a detox service who received <u>another service* within 14 days after discharge</u> Individuals with a detox index service
Short-term Residential (STR)	Discharge from any STR service, no need for a service-free period.	Individuals who had a STR service that was followed <u>by another service* within 14 days after discharge</u> Individuals discharged from a STR stay
Long-Term Residential (LTR)	Discharge from any LTR service, no need for a service-free period.	Individuals who had a LTR service that was followed <u>by another service* within 14 days after discharge</u> Individuals discharged from a LTR stay
Inpatient (INP)	Discharge from any inpatient service, no need for a service-free period.	Individuals who had an INP service that was followed <u>by another service* within 14 days after discharge</u> Individuals discharged from an inpatient stay

*Not detox or crisis care

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