

Washington Circle Specifications of a Retention Performance Measure

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October 30, 2009

Addiction Health Services Research Conference, 2009

San Francisco, CA

Supported by SAMHSA and the Brandeis/Harvard NIA Center – Grant # DA010233

Addiction Health Services Research Conference
October 28-30, 2009, San Francisco, CA

SUMMARY

- Goal -- to specify a performance measure for retention
- WC Public Sector Workgroup reviewed alternate approaches, drafted specifications and did pilot testing
- Concluded that more information needed – so premature to specify a measure

WHY DEVELOP A RETENTION MEASURE?

- Current outpatient WC performance measures (initiation, engagement) focus on early stages of treatment
- Evidence that longer length of treatment, particularly at least 90 days, is associated with positive outcomes¹⁻⁵
 - reduced substance use
 - reduced criminal justice involvement
 - increased employment/earnings
 - stable housing

1. Hubbard et al., (2003); 2. Arria et al. (2002); 3. Luchansky et al., (2000a);
4. Luchansky et al., (2000b); 5. Luchansky et al., (2006).

WHAT DO WE MEAN BY RETENTION?

- Dichotomous variable (Yes/No)
 - Attendance for a specific number of treatment sessions (Brady et al., 1994; Green et al., 2002)
 - Treatment duration for a specific number of days (Arfken et al., 2001).
- Continuous measure,
 - Length of stay (LOS) e.g., months in treatment (Comfort and Kaltenbach, 2000),
 - Programs with good retention have been defined as those programs that can keep patients in treatment for longer time periods (Brady and Ashley, 2005).
- Ongoing treatment in formal setting

Adapted from: *Greenfield, S. F., Brooks, A. J., Gordon, S. M., Green, C. A., Kropp, F., McHugh, R. K., et al. (2007). Substance abuse treatment entry, retention, and outcome in women: A review of the literature. Drug Alcohol Depend, 86(1), 1-21.*

CONCEPTUAL ISSUES

- No clear target for length of treatment for all clients
- Chronic care model suggests ongoing interaction with treatment system
- No clear boundaries between retention in formal treatment and other continuity activities
- Specification may depend on potential uses of a retention measure

SPECIFICATION QUESTIONS TO BE ANSWERED

1. Include all outpatient episodes or include only episodes in which clients meet the engagement criteria?
2. How long a time period should be examined for retention?
3. Require a minimum number of services in each 30-day interval?

APPROACH

- Focused on index outpatient episodes only
- New episodes in one year (with 60-day “service-free” period)
- Each participant ran their own data:
 - Veterans Affairs (2007)
 - AZ (2007) -- TN (2000)
 - MA (2007) -- WA (2006)
 - NY (2007) -- OK (2007)
- Used administrative data (encounters, service dates, client demographics)

APPROACH (Cont.)

- Time period:
 - Number of OP episodes in which clients received at least one service in **30 day** intervals after index and engagement
- Number of services:
 - For each 30-day interval, examined how many services each client received (1, 2, 3, or 4+)

WC INITIATION AND ENGAGEMENT DEFINITIONS

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

Engagement

Individuals who initiated OP treatment and received two additional services** within 30 days after initiation

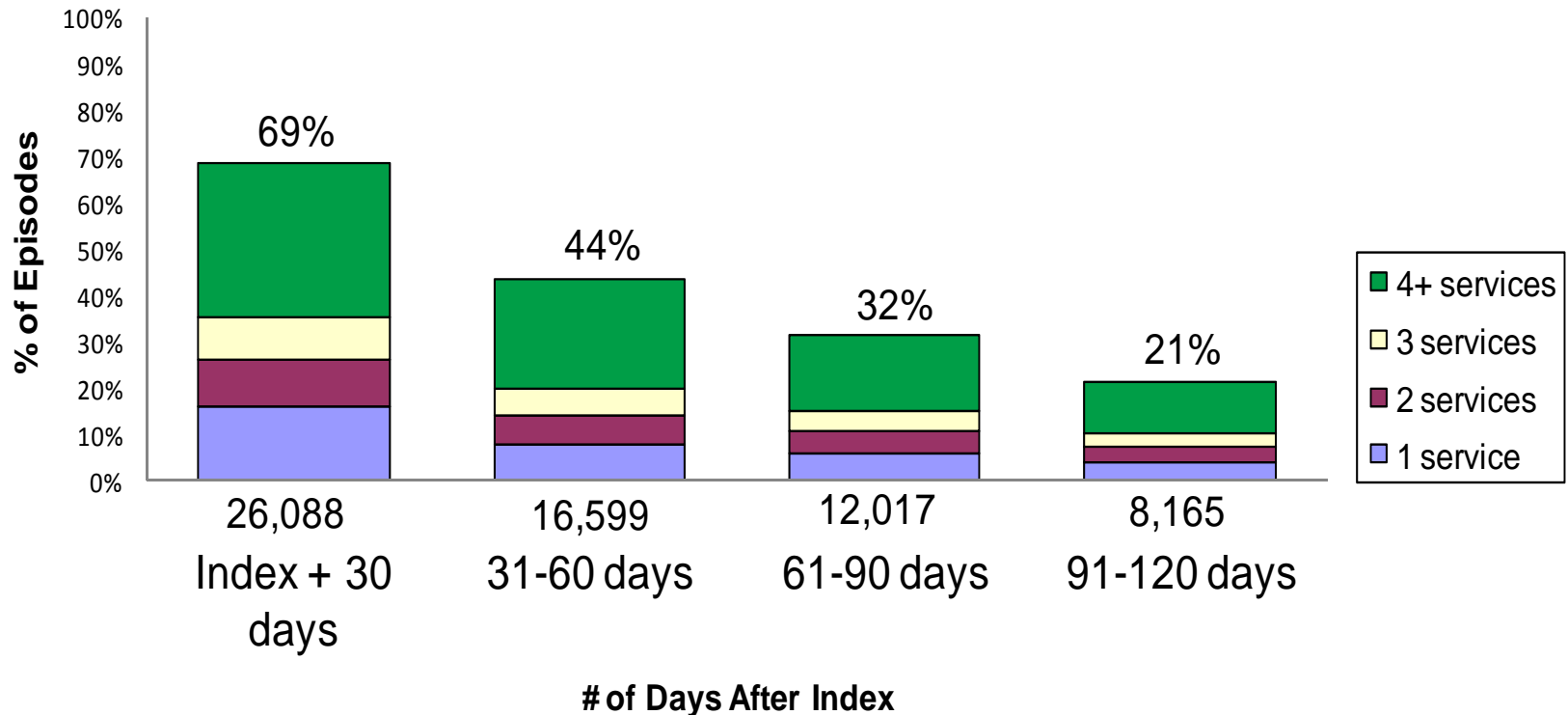
Individuals with an OP index service

*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

OUTPATIENT—ALL OP EPISODES

Denominator = All OP Episodes (N=37,985)

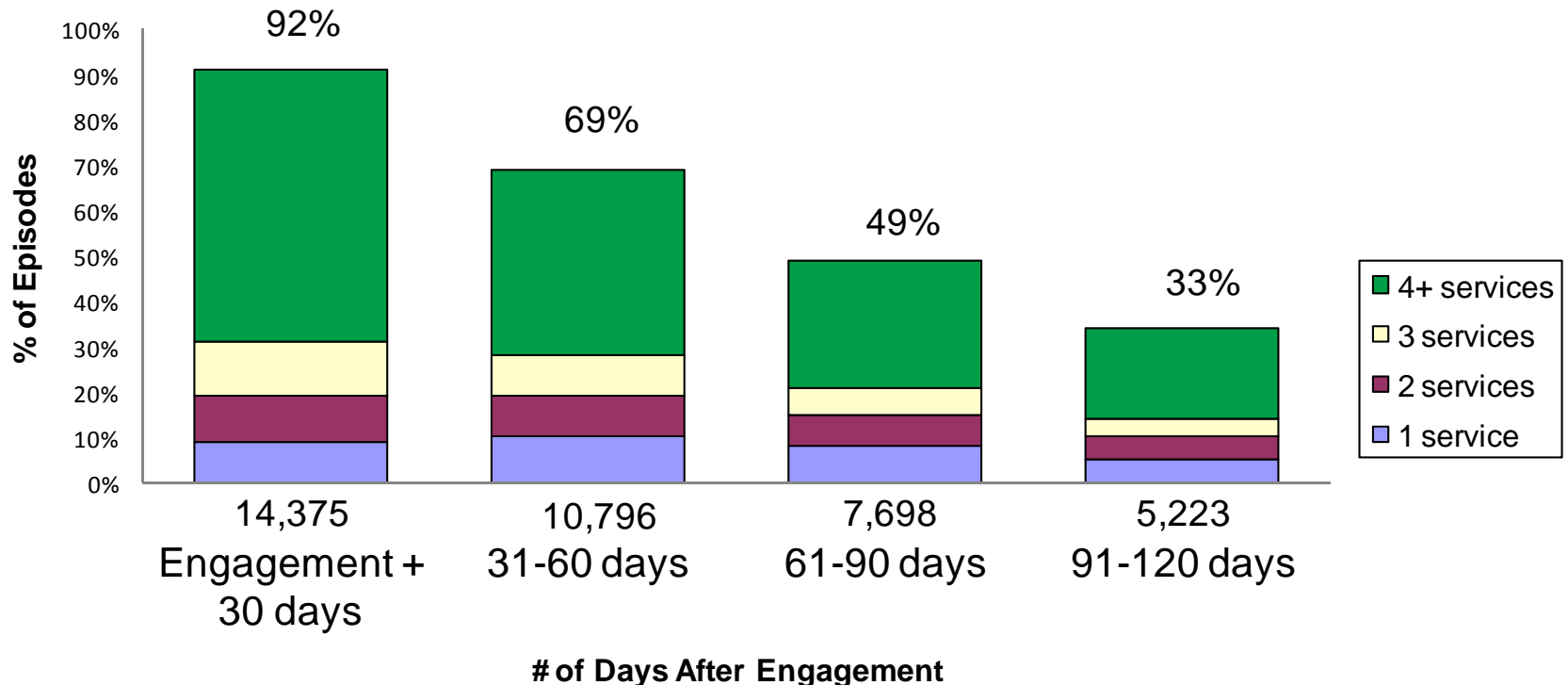


ALL OP EPISODES

	1+ service 30 days after index	1+ service days 31-60 after index	1 + service days 61-90 after index	1+ service days 91-120 after index
A	69%	44%	32%	21%
B	59%	34%	23%	16%
C	81%	66%	54%	45%
D	65%	39%	24%	14%
E	78%	67%	57%	47%
F	23%	11%	7%	5%

ENGAGEMENT 1: Denominator = Total # of Episodes That Met Engagement Criteria

Engagement Rate = 41%
Denominator = # engaged (N=15,703)

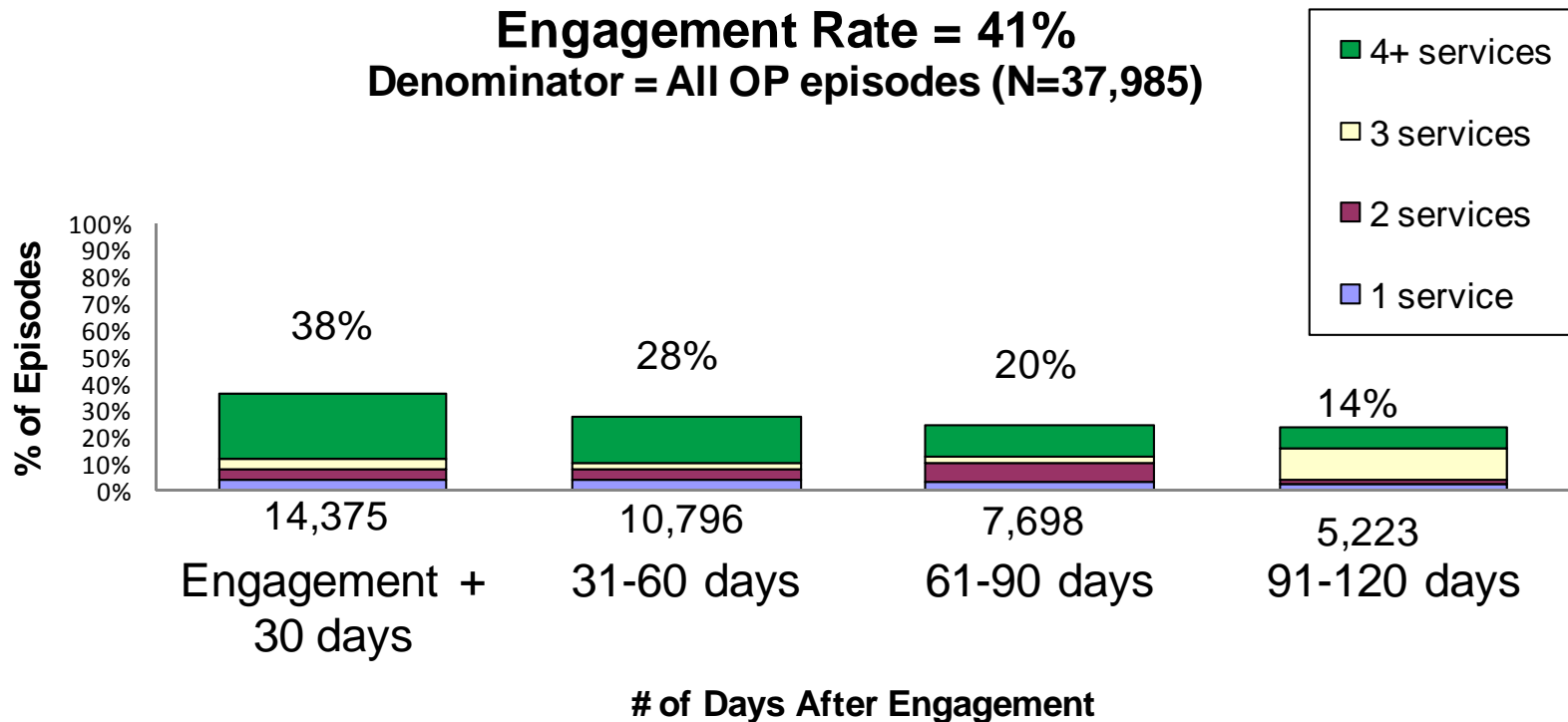


ENGAGEMENT 1

	Engage- ment Rate	1+ services 30 days after eng.	1+ services in days 31-60 after eng.	1 + services days 61-90 after eng.	1+ services days 91-120 after eng.
A	41%	92%	69%	49%	33%
B	32%	100%	59%	41%	29%
C	61%	95%	81%	69%	58%
D	33%	93%	54%	32%	18%
E	64%	94%	81%	69%	56%
F	8%	88%	64%	47%	34%

ENGAGEMENT 2:

Denominator = Total # of Episodes



ENGAGEMENT 2

	Engage- ment Rate	1+ services 30 days after eng.	1+ services in days 31-60 after eng.	1 + services in days 61-90 after eng.	1+ services in days 91-120 after eng.
A	41%	38%	28%	20%	14%
B	32%	32%	19%	13%	9%
C	61%	58%	49%	42%	35%
D	33%	31%	18%	11%	6%
E	64%	61%	52%	44%	36%
F	8%	7%	5%	4%	3%

CONCLUSION: A RETENTION MEASURE IS IMPORTANT

- Some recent research shows that retention is associated with better treatment outcomes
- Not promoting retention sends message that the WC thinks engagement is sufficient or treatment does not work
- Retention measure may be useful for making a case to legislatures for funding support
- Goal of a measure would be to establish a floor of treatment services for appropriate retention rather than attempt to define optimal services

HOWEVER...

- New directions in treatment
 - Alternative delivery sites (e.g., primary care) or treatment approaches (adaptive treatment, medication assisted treatment)
- VA results (Harris et al 2009)
 - Overall, retention as specified similarly to the measures WC Public Sector pilot tested is not associated with better outcomes
 - Retention was associated with better outcomes only for those who use alcohol alone or in combination with drugs (not for those with drug only)
 - Retention negatively correlated with facility-level outcomes

RECOMMENDATION – CONTINUE THE JOURNEY

- Study the relationship between retention and outcomes
- Tailor definitions of retention for different groups (e.g., by extent of drug/alcohol use at admission)
- Exclude individuals for which retention may not be an appropriate goal (e.g., MAT, low severity)
- Consider chronic care model and continued monitoring outside of specialty treatment settings
- Examine the content of treatment visits (e.g., EBPs?)
- Explore reasons for low retention (e.g., limits on authorization, lack of capacity)

