

The Adoption of SSRIs in Public and Private Drug Treatment

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Co-Occurring Disorders: Substance Abuse & Psychiatric Conditions

- Given the high rate of co-occurring psychiatric conditions among substance abuse clients, clinical outcomes may be improved through the delivery of integrated care that provides substance abuse treatment and mental health care in the same setting
- The availability of psychiatric medications in community-based substance abuse treatment settings represents one aspect of integrated care
 - Specifically, we examine the availability of SSRIs in substance abuse treatment centers
- To date, there is little research on the organizational-level predictors of medication adoption in these settings



Medical Resources and Practices in Substance Abuse Treatment Centers

- One potentially relevant organizational factor encompasses the “medical resources and practices” within a treatment center
- We draw on Rogers’ theory about innovation adoption:
 - Innovations that fit with an organization’s resources are more likely to be adopted
 - Example: Centers with physicians on-staff have the infrastructure to include prescription medications as part of their treatment programming
 - Innovations that are compatible with an organization’s norms/values are more likely to be adopted
 - Example: Accreditation is a sign of a center’s commitment to quality, which should translate into the use of evidence-based treatment techniques



Research Questions

- To what extent have community-based substance abuse treatment centers adopted SSRIs?
- Does the availability of SSRIs vary across types of treatment centers (e.g. for-profit, privately funded non-profits, publicly funded non-profits, government-owned facilities)?
- Are organizational characteristics, such as medical resources and practices, associated with SSRI adoption? And if so, do they account for differences in SSRI availability across center types?



Sample: The National Treatment Center Study

- Two nationally representative samples of community-based treatment centers constructed
 - *Private centers* receive <50% revenues from government block grants/contracts
 - *Public centers* receive >50% revenues from government block grants/contracts
- Data collected via face-to-face interviews with center administrators
 - Private center response rate = 80%
 - Public center response rate = 88%
- Complete data available from 313 private centers and 365 public centers (n = 678)



Measures & Analysis

- ***Dependent variable:*** Center currently uses SSRIs
- ***Independent variables:***
 - ***Center Type*** (for-profit, private non-profit, public non-profit, government-owned)
 - ***Basic Organizational Characteristics*** (age, size, rural/urban county location)
 - ***Medical Resources and Practices***
 - Location in hospital setting
 - JCAHO-accreditation
 - Offers integrated care for dually diagnosed clients
 - Conducts psychiatric assessments by psychiatrist/psychiatric nurse
 - Center's emphasis on medical model of addiction
 - Employs at least 1 physician
- ***Analysis:*** Logistic regression using the Stata 8 software package

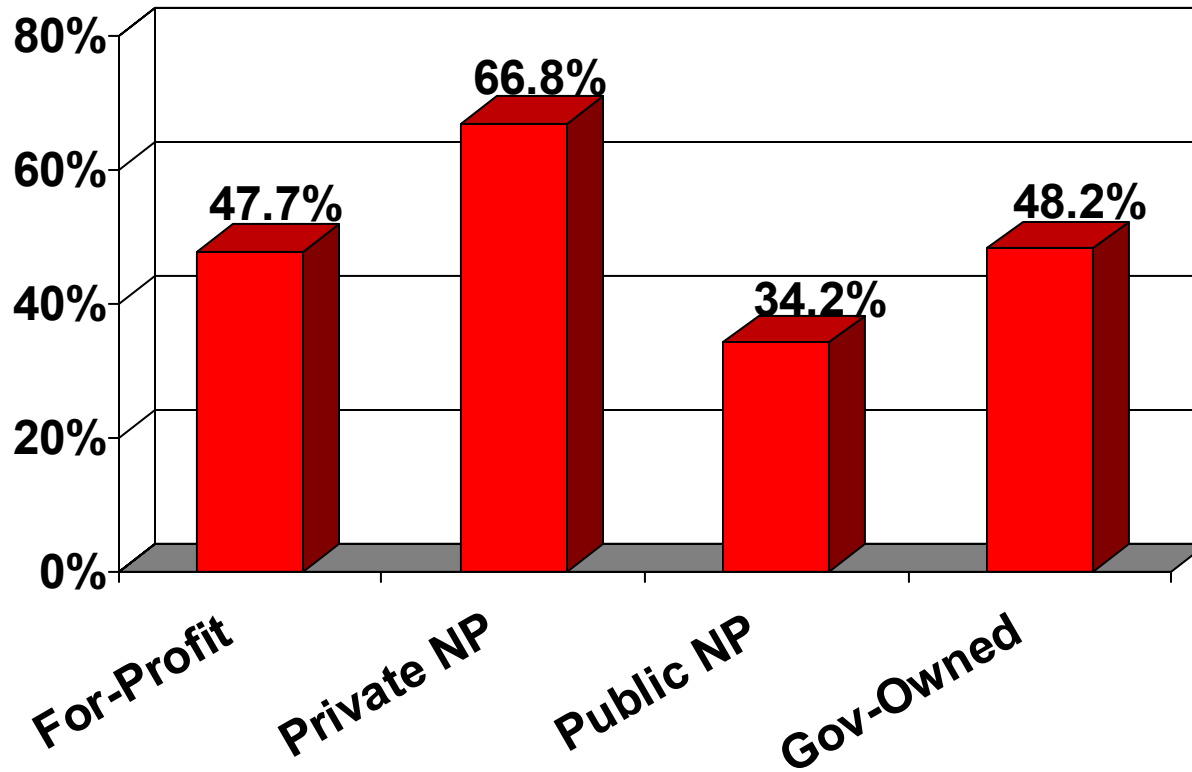


Descriptive Statistics

Variable	Mean (SD) or %	Variable	Mean (SD) or %
Center Uses SSRIs	48.8%	Medical Resources & Practices	
Center Type		Hospital-Based	27.4%
<i>For-Profit</i>	15.8%	JCAHO-Accredited	38.1%
<i>Private Non-Profit</i>	32.9%	Psych Assessments by Dr or Psych Nurse	60.9%
<i>Public Non-Profit</i>	38.8%	Emphasize Medical Model of Addiction (range 0-5)	3.30 (1.68)
<i>Government-Owned</i>	12.5%	At Least 1 Physician On Staff	42.0%
Age in Years	23.85 (17.31)	Offer Integrated Care For Dually Diagnosed	57.5%
Rural Location	14.5%		
Center Size			
<i>Small (1-10 FTE)</i>	30.8%		
<i>Medium (11-30 FTE)</i>	39.2%		
<i>Large (>30 FTEs)</i>	30.0%		



Current Use of SSRIs by Center Type



Logistic Regression Results (Odds Ratios)

	Model 1	Model 2	Model 3
For-Profit	-----	-----	-----
Private Non-Profit	2.21**	2.20**	1.33
Public Non-Profit	.57*	.55*	1.19
Government-Owned	1.02	.91	1.48
Small Center		.29***	.47**
Medium Center		.50**	.76
Large Center		-----	-----
Age		.99	.99
Located in Rural County		.96	.86
Hospital-Based			1.99*
JCAHO-Accredited			2.51***
Psychiatric Assessments			2.11***
Medical Model of Addiction			1.19**
At Least 1 Physician			1.76**
Integrated Care			4.08***



Variation in Medical Resources & Practices by Center Type

	For-Profit % or Mean	Private NP % or Mean	Public NP % or Mean	Govt-Owned % or Mean
Hospital-Based	15.0%	65.5%	3.8%	16.5%
JCAHO Accreditation	40.2%	74.4%	14.5%	12.9%
Psychiatric Assessments	63.6%	72.7%	51.0%	57.7%
Medical Model of Addiction	3.40	3.58	3.03	3.26
Physician(s) on Staff	46.7%	54.7%	29.3%	42.4%
Integrated Care for Dual Diag.	62.6%	66.8%	46.8%	60.0%

All chi-square or ANOVA analyses significant,
p<.05 (two-tailed)



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Summary of Results: Center Type

- About half of the substance abuse treatment centers currently use SSRIs
- There was considerable variation in current use of SSRIs by center type at the bivariate level
 - Relative to for-profit facilities:
 - Private non-profits were twice as likely to use SSRIs
 - Public non-profits were 43% less likely to use SSRIs
- Controlling for basic organizational characteristics did little to mediate these differences
- The addition of medical resources and practices completely attenuated the associations, rendering the previous comparisons non-significant



Summary of Results:

Medical Resources & Practices

- All six measures of medical resources and practices were significantly associated with SSRI adoption
 - Consistent with Rogers' argument about the need for compatibility between an innovation and organizational values & practices, these MR&P were positively associated with the likelihood of SSRI adoption
- There were some notable differences in the presence of these resources/practices across the different types of centers
 - Publicly funded non-profits were particularly disadvantaged in terms of these resources/practices
 - Privately funded non-profits consistently scored highest on these medical resources
 - These differences highlight the importance of not grouping all non-profit facilities together in health services research



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More information about the National Treatment Center Study can be found at:

<http://www.uga.edu/ntcs>

