

Addiction Treatment and the Adoption of Best Practices: Opportunities and Barriers

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Presentation Goals

- Identify structural characteristics of community-based treatment programs in the US
- Identify the use of “best practices” and treatment innovations across these programs
- Using statistical analyses, identify some of the predictors of use of innovations
- Using several different indicators, identify counselors’ training needs



“Best Practices” and the Research-To-Practice Gap

- Substantial resources devoted to development and validation of new treatment techniques, yet adoption in real-world settings is slow
- Commonly known as the “research-to-practice gap”
- Multiple ongoing initiatives to reduce this “gap”
 - NIDA’s Clinical Trials Network
 - SAMHSA’s “Science-to-Services” activities
- UGA’s National Treatment Center Study monitors adoption of “best practices” & predictors of innovation



Conceptualizing “Best Practices”

- “Best practices” covers four domains:
 - Use of validated, standardized criteria
 - (e.g. ASAM, ASI)
 - Provision of comprehensive services
 - Pharmacological innovations
 - Behavioral Treatment innovations
- “Innovations” include evidence-based practices described in NIDA’s *Principles of Drug Addiction Treatment* and peer-reviewed research literature



The National Treatment Center Study

- Monitoring the organization, management, delivery, and content of addiction treatment in the U.S.
- Includes public and private community-based treatment programs (representative national samples)
- Data collected from both administrators and counseling staff
- Today's presentation focuses on data collected between late 2002 and early 2004.



NTCS Components

- Privately-funded treatment programs (N=400)
 - Receive <50% annual revenues from public grants & contracts
- Publicly-funded treatment programs (N=400)
 - Receive 50%+ annual revenues from public grants & contracts
- Therapeutic communities (N=400)
 - Any program that self-identifies as a TC
- CTN-affiliated treatment programs (N=130)
 - All programs in NIDA's Clinical Trials Network
- Today's presentation limited to public and private samples only



NTCS Sample Design

- All participating programs:
 - Offer a level of care for addiction treatment at least equivalent to structured outpatient as defined by ASAM
 - Excludes: methadone maintenance-only facilities, clinicians in private practice, DUI-only programs, halfway houses
 - Are available to serve the general public
 - Excludes: VA programs, correctional facilities
- Sample is stratified geographically
 - Includes rural, suburban, and urban programs
- Sample includes a variety of program types:
 - for-profit, nonprofit, and government
 - hospital-based and freestanding
 - Inpatient and outpatient



NTCS Instrument Design

- Multiple data collection methods used:
 - Detailed on-site interviews with program administrator
 - Focuses on organizational characteristics, services offered, and use of innovations
 - Mail questionnaire from program administrator
 - Focuses on leadership and management practices
 - Mail questionnaire from counselors
 - Focuses on services received by clients and attitudes toward innovations
 - Brief telephone follow-ups w/ program administrator at six month intervals
 - Focuses on major changes within the center



Data Sources for these Analyses

- Pooled interview data from:
 - 389 public-funded centers (80% response rate)
 - 332 private-funded centers (88% response rate)
- Pooled questionnaire data from:
 - 1323 public center counselors (61% response rate)
 - 848 private center counselors (62% response rate)
- Data collection continues; findings are preliminary

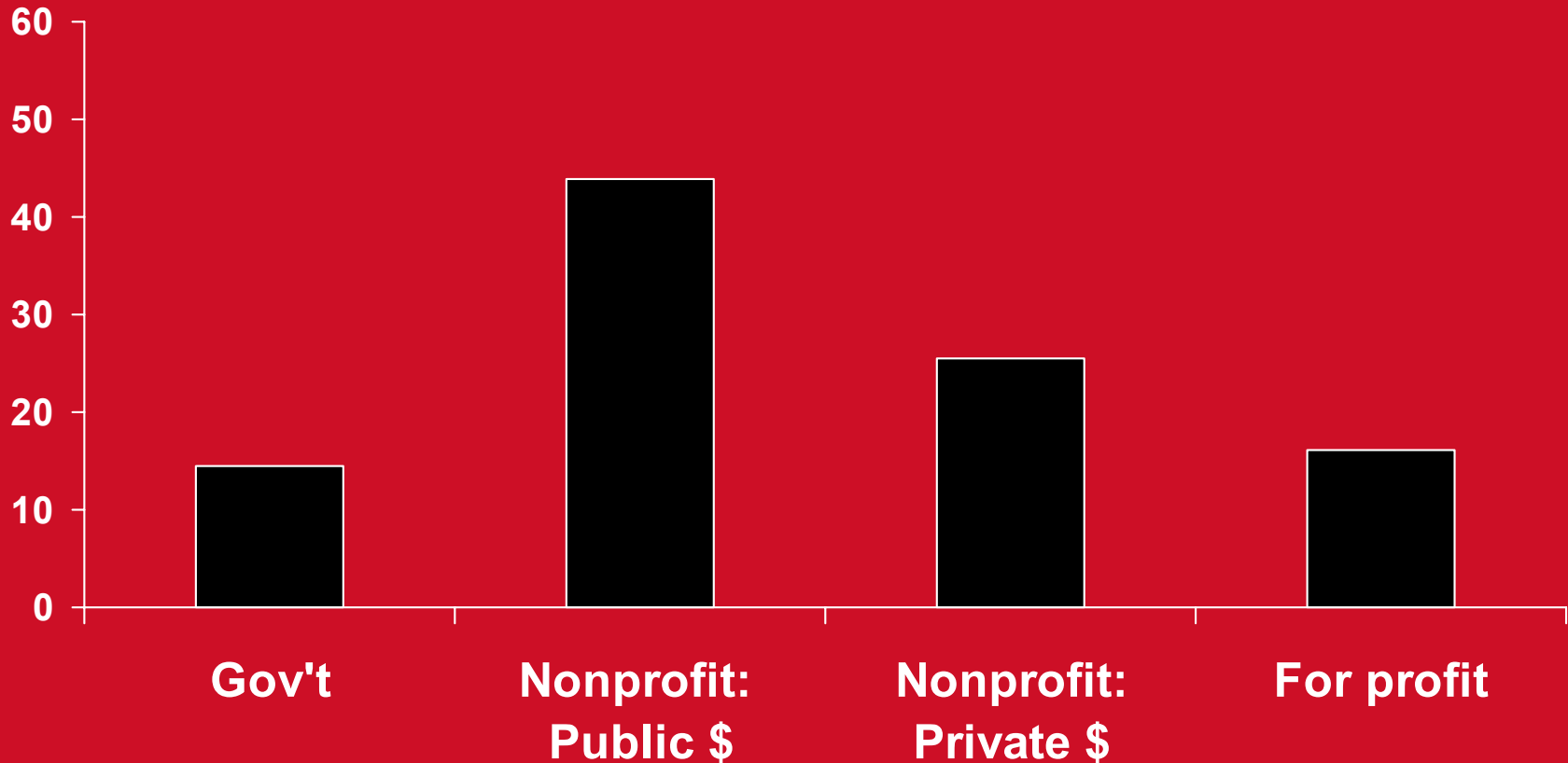


Organizational Structure, Management, and Staffing: An Overview

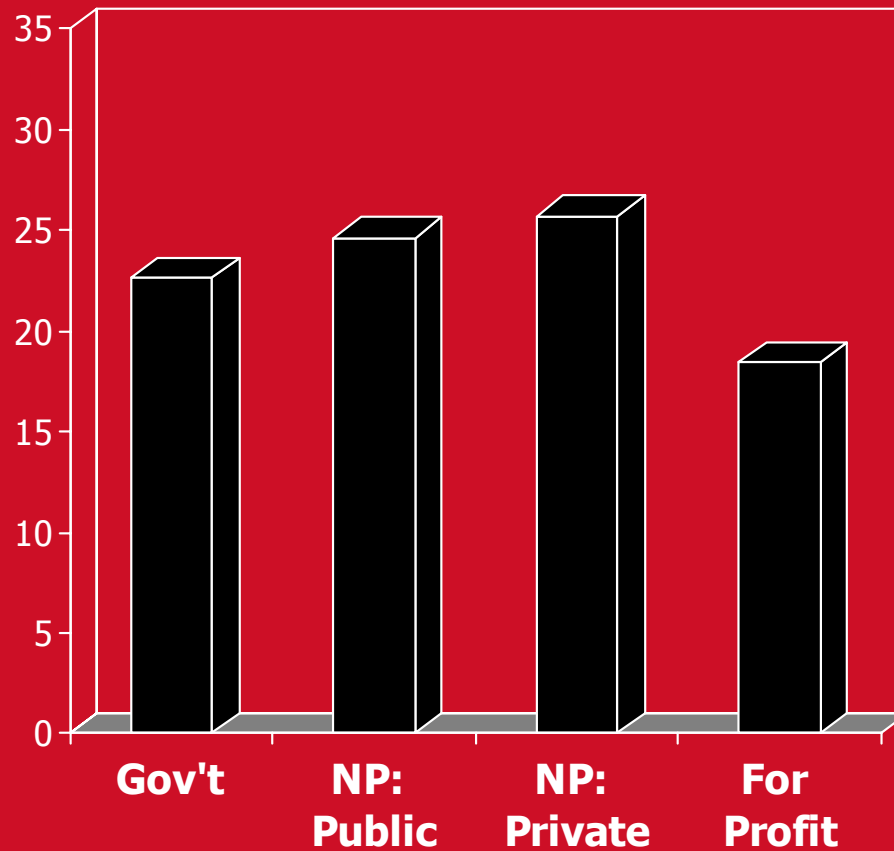


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Program Ownership / Funding



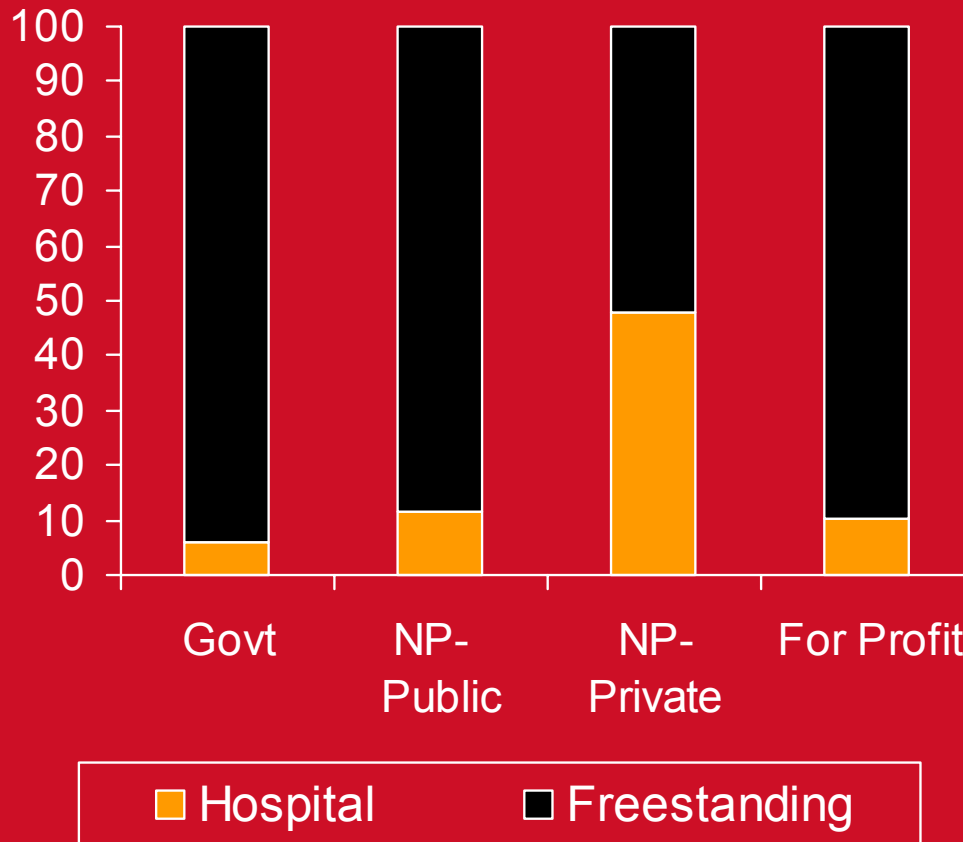
Age of Treatment Center



- Average age of all centers was 24 years
- Only 5% of all centers were in the "start-up" phase (<6 years old)
- For Profits are significantly younger (mean=18 yrs)



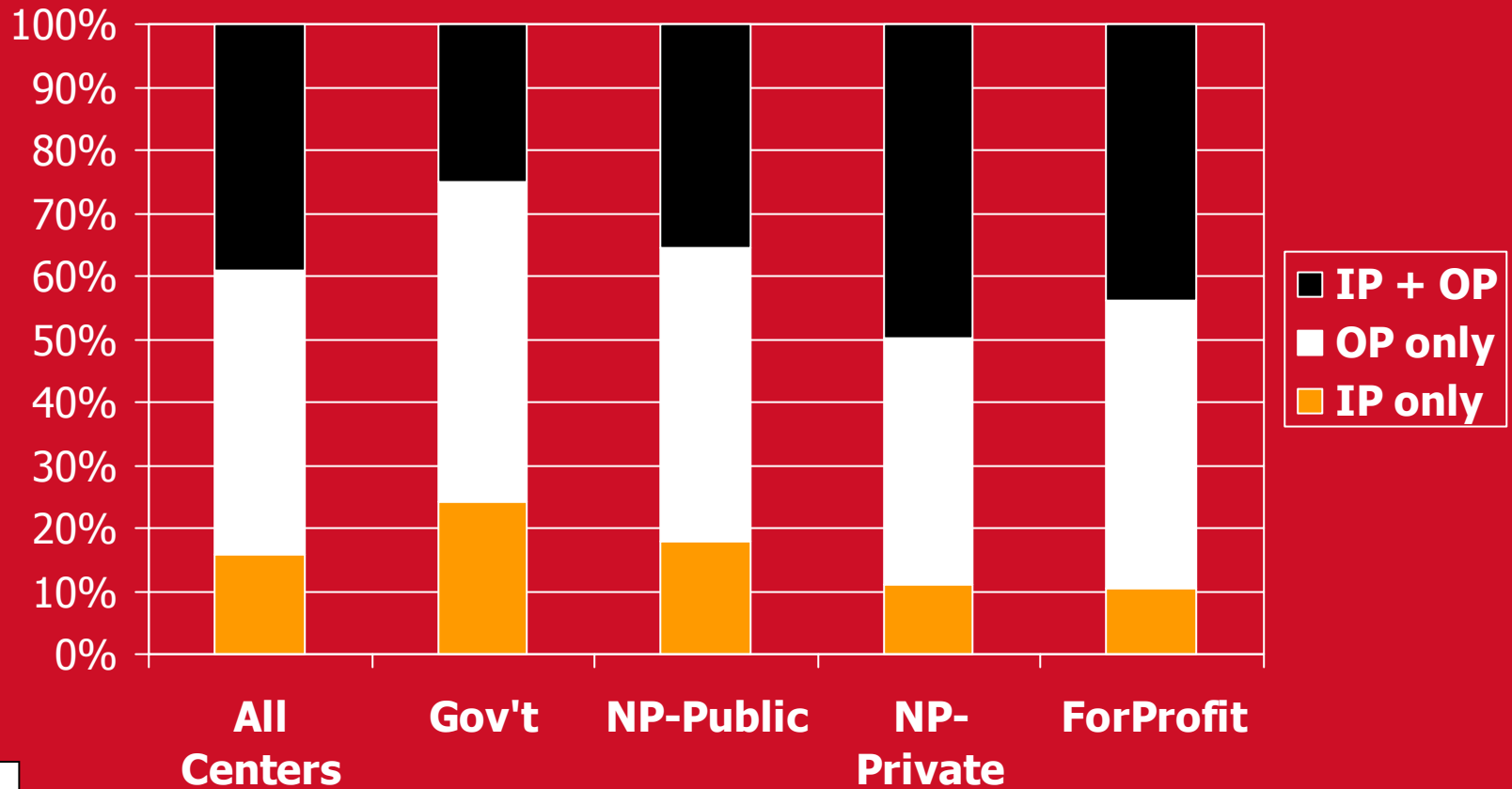
Hospital Affiliation



- About 20% of all centers were based in hospitals
- Most of these are privately-funded nonprofits

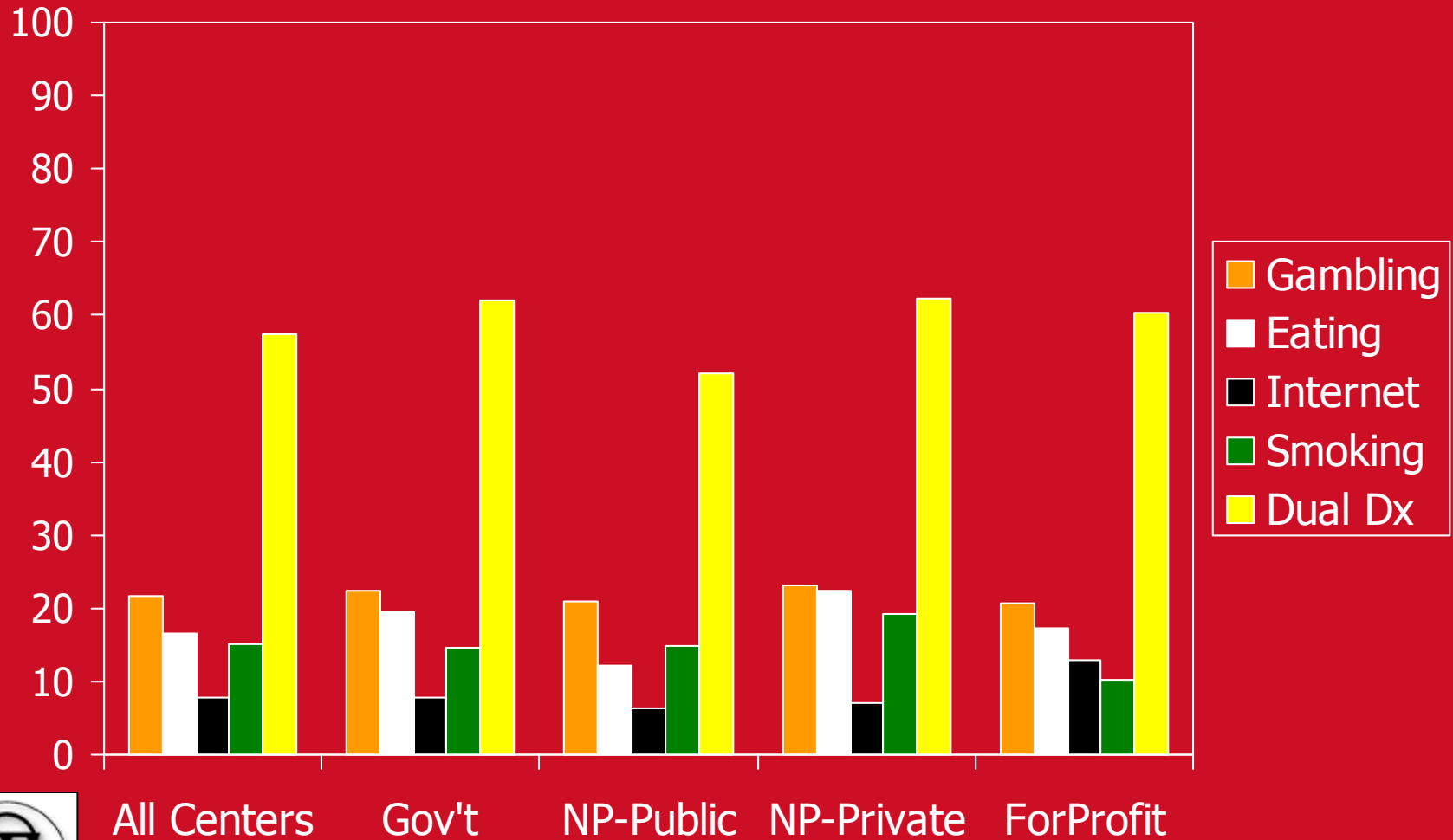


Levels of Care Available

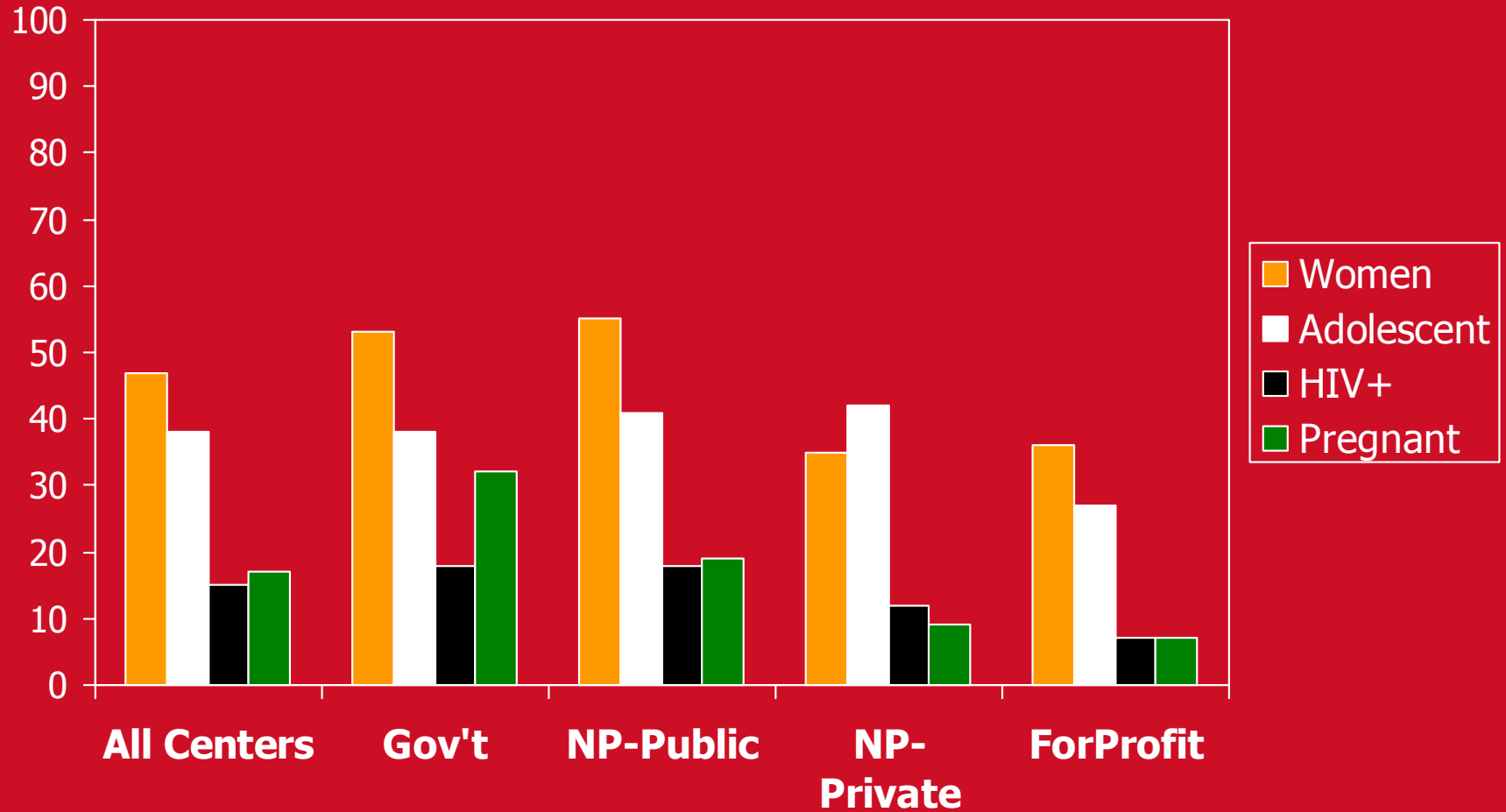


Treatment Programs Offered

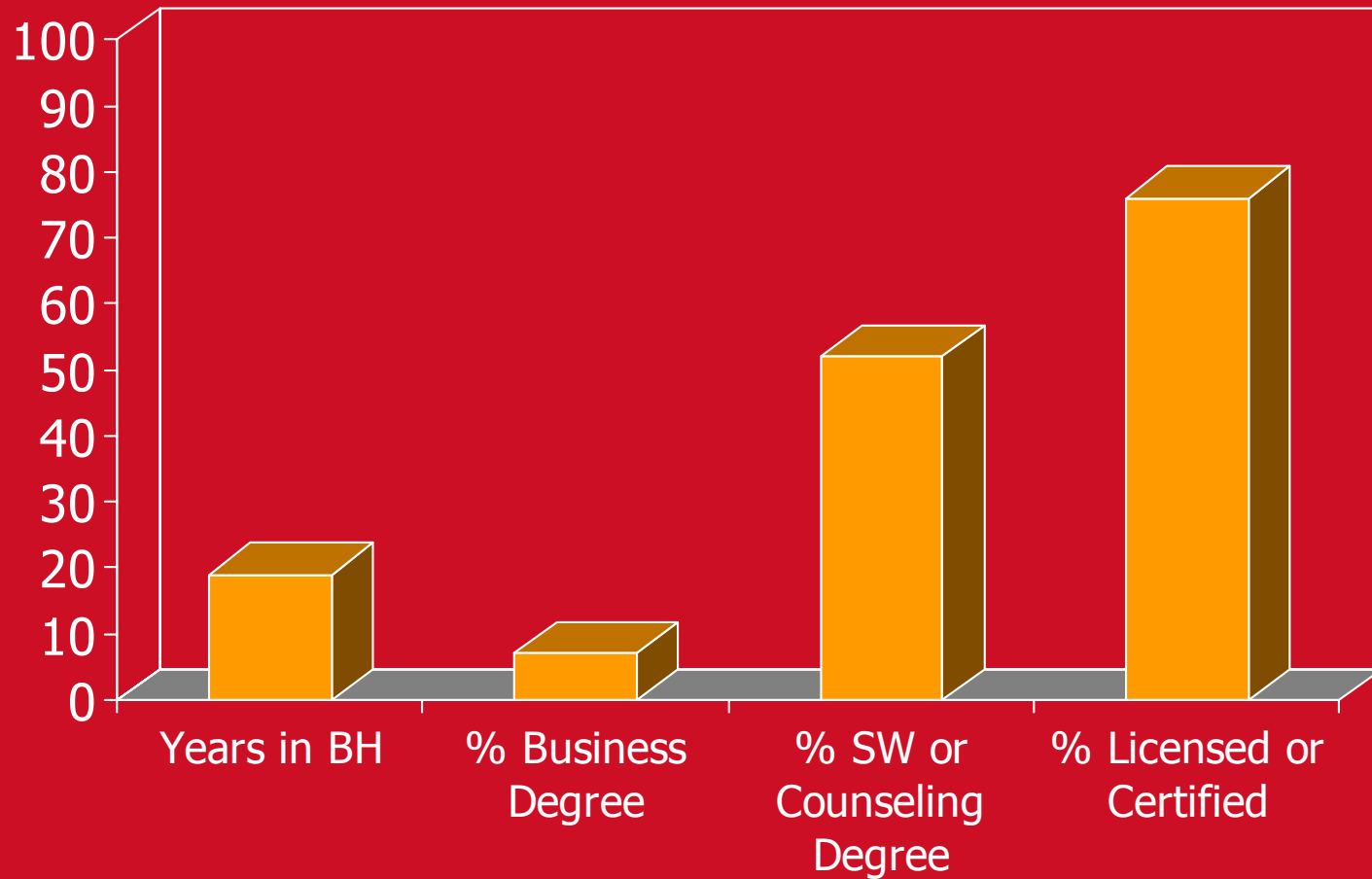
in addition to substance abuse tx



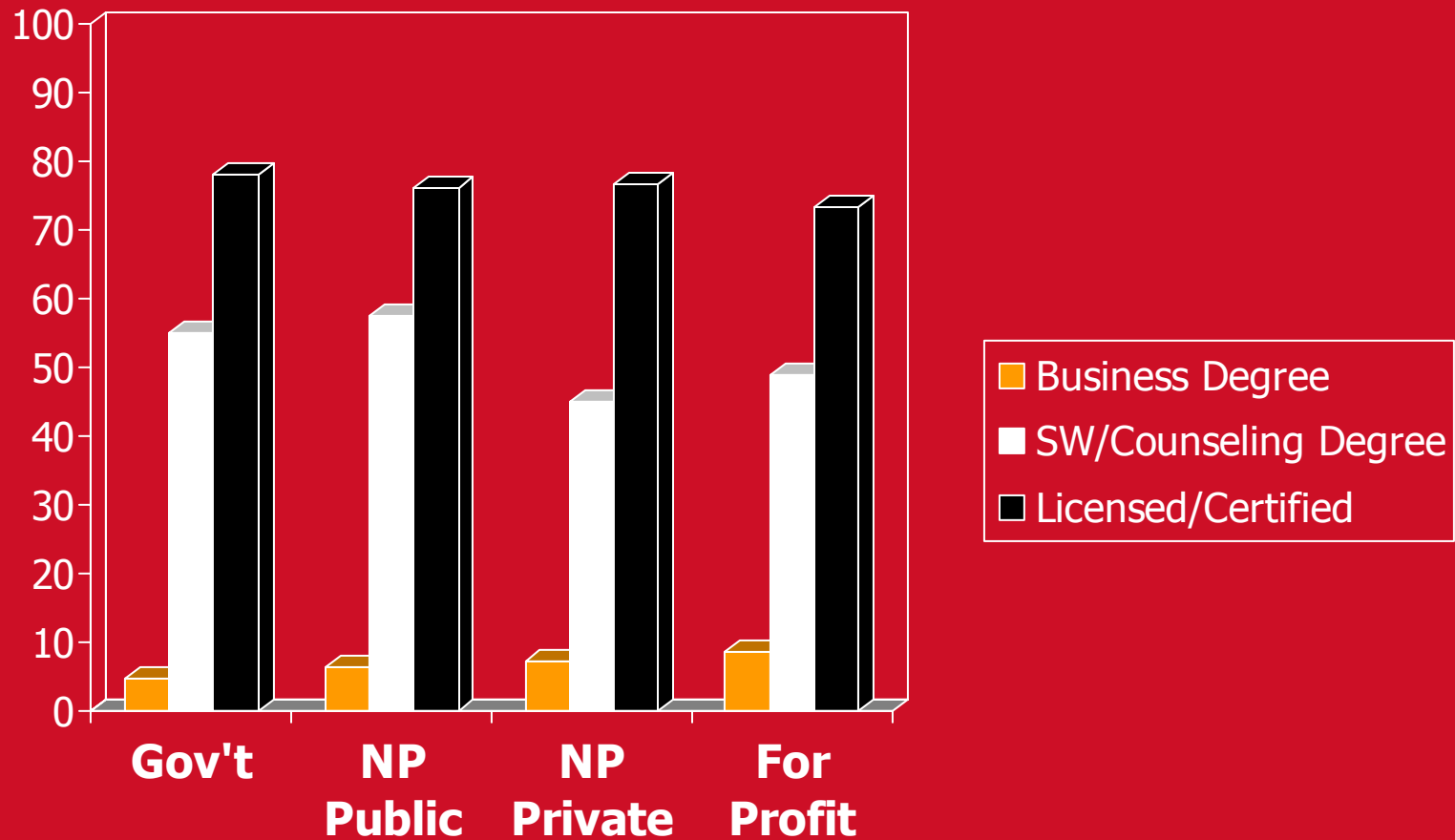
Specialty Treatment Tracks



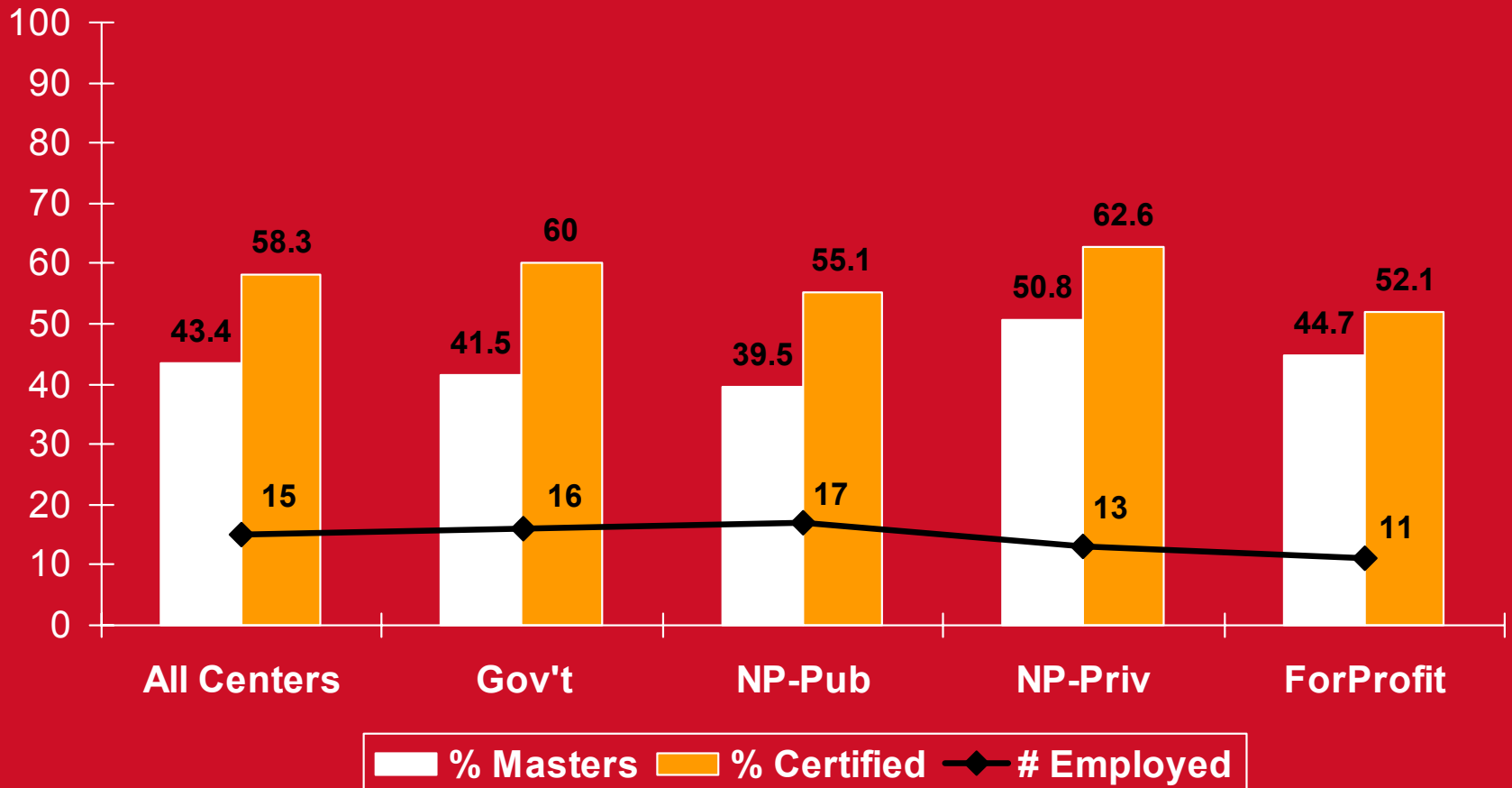
Program Staff: Administrators



Program Staff: Administrators

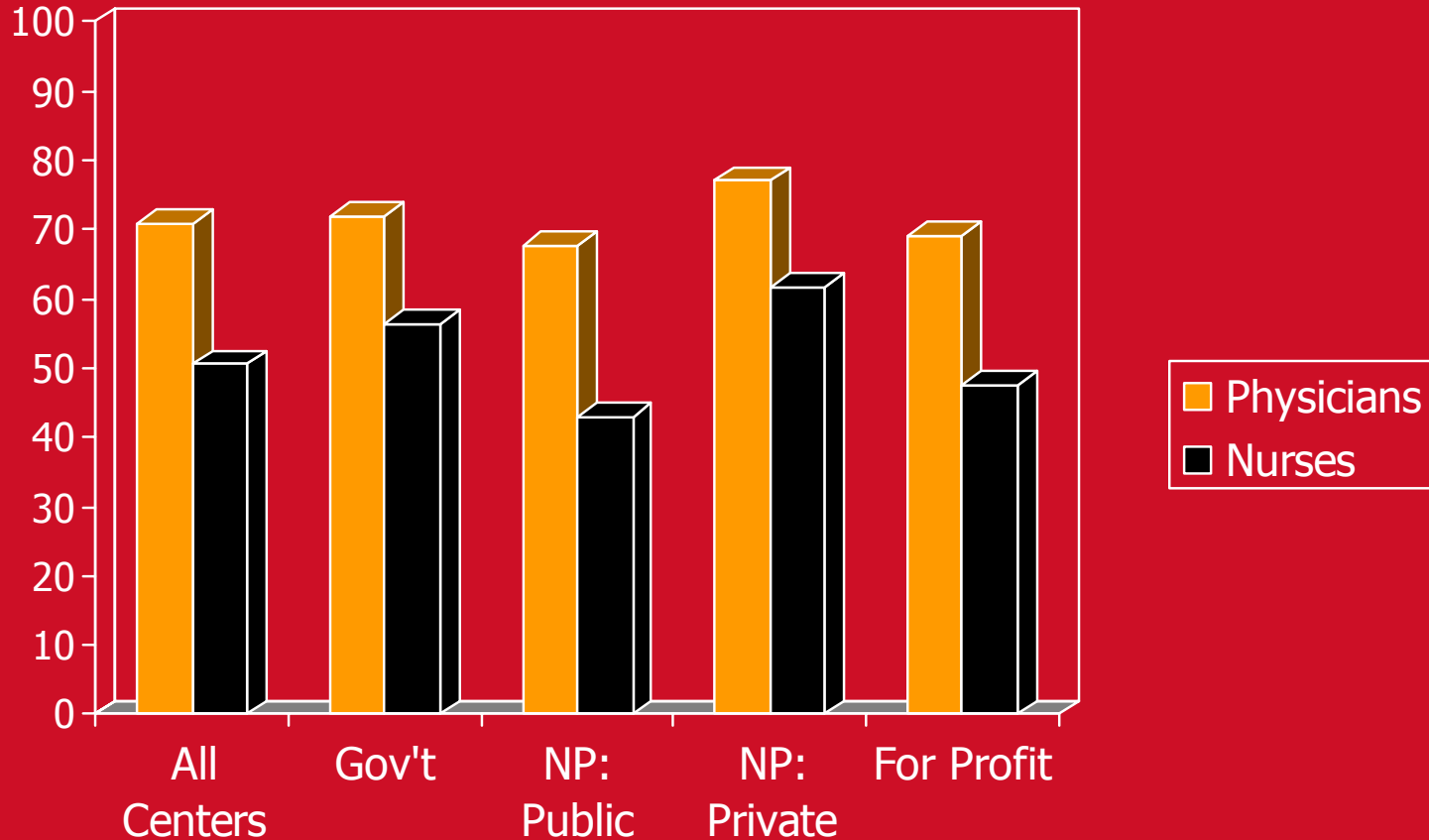


Program Staff: Counselors

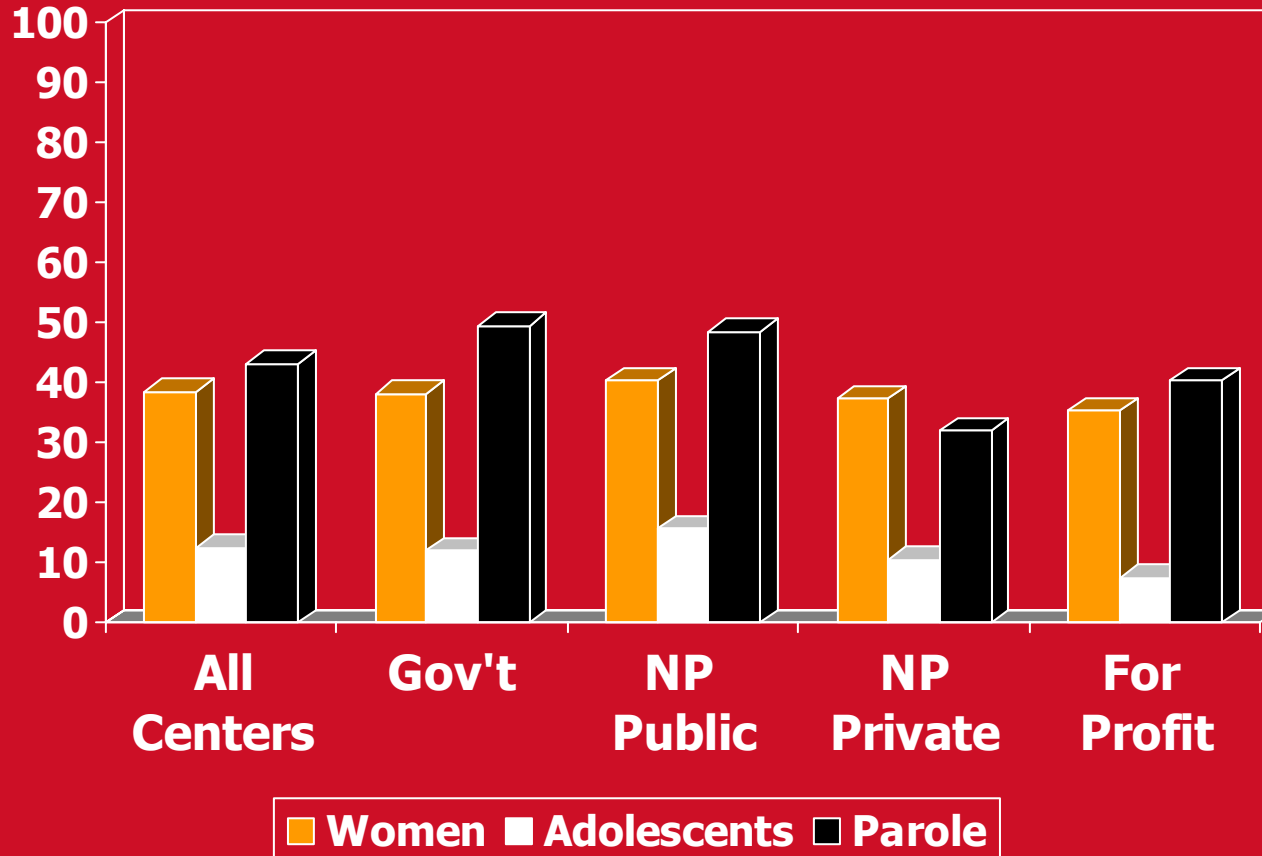


Program Staff: Physicians/Nurses

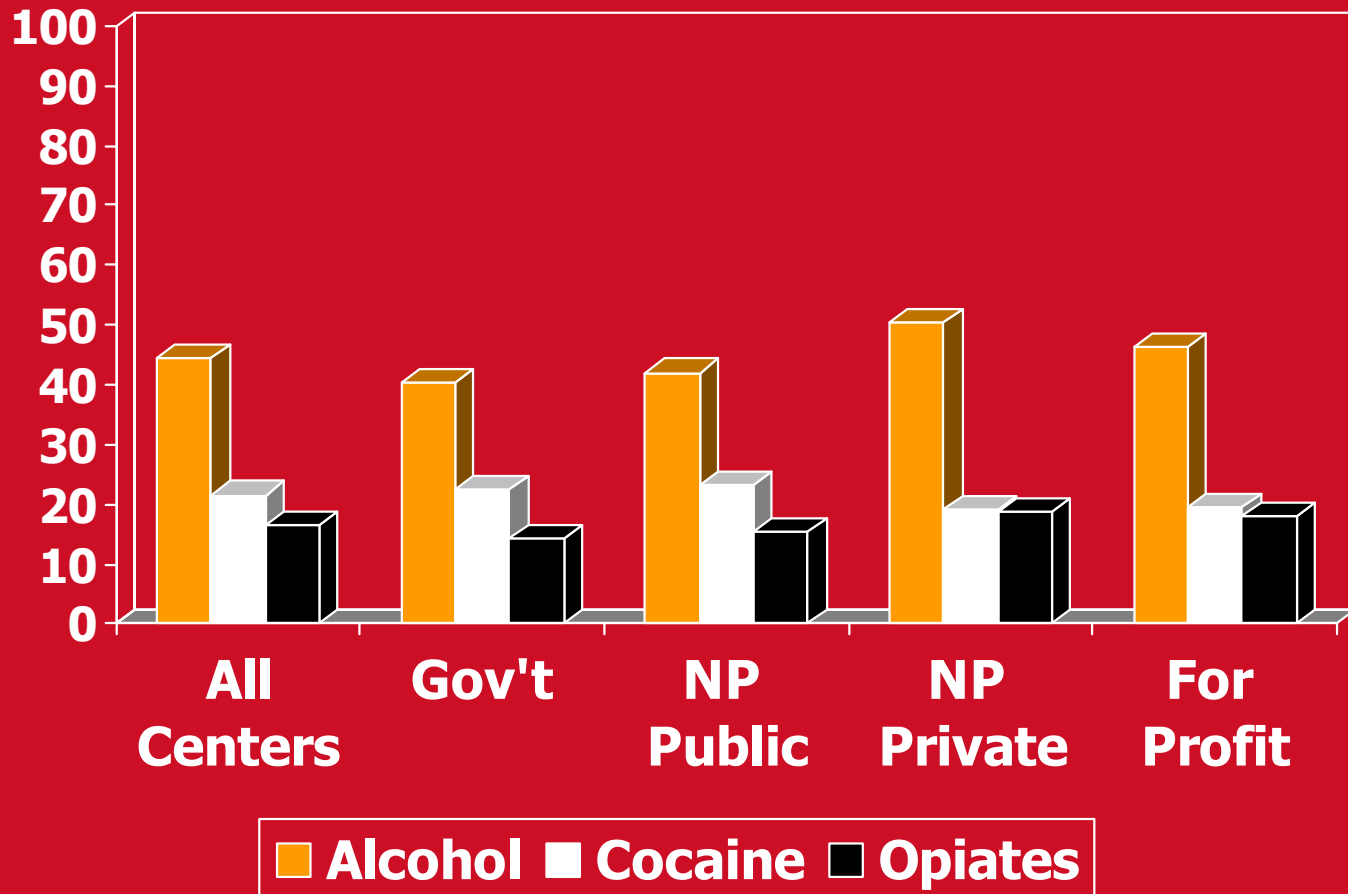
% having on staff or contract



Caseload Characteristics



Clients' Primary Diagnoses

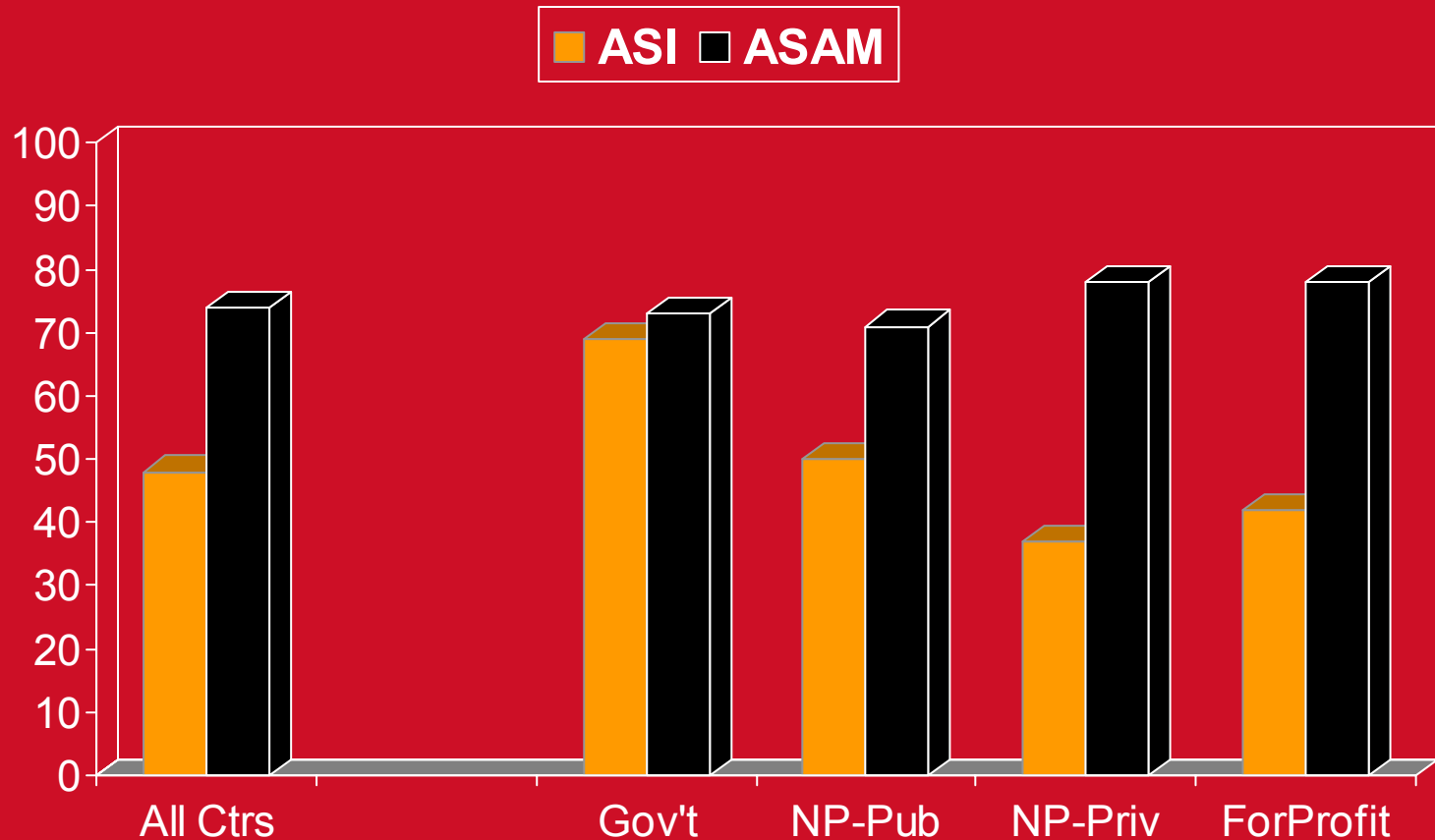


The Use of “Best Practices” in Substance Abuse Treatment



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Use of Standardized Criteria

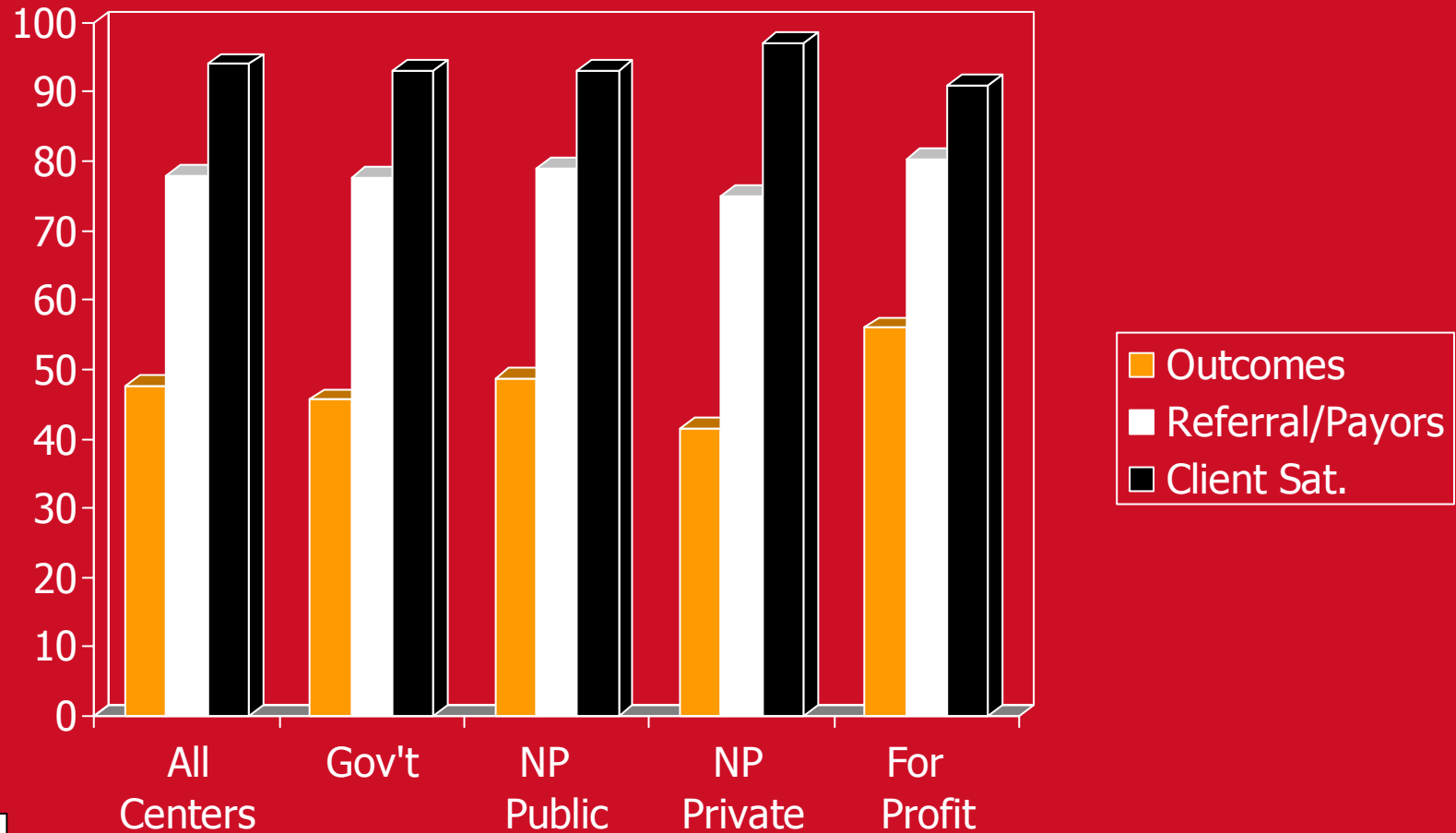


Private centers significantly less use of ASI, $p < .01$

IP + OP centers significantly more use of ASAM, $p < .05$



Collection of Performance Data

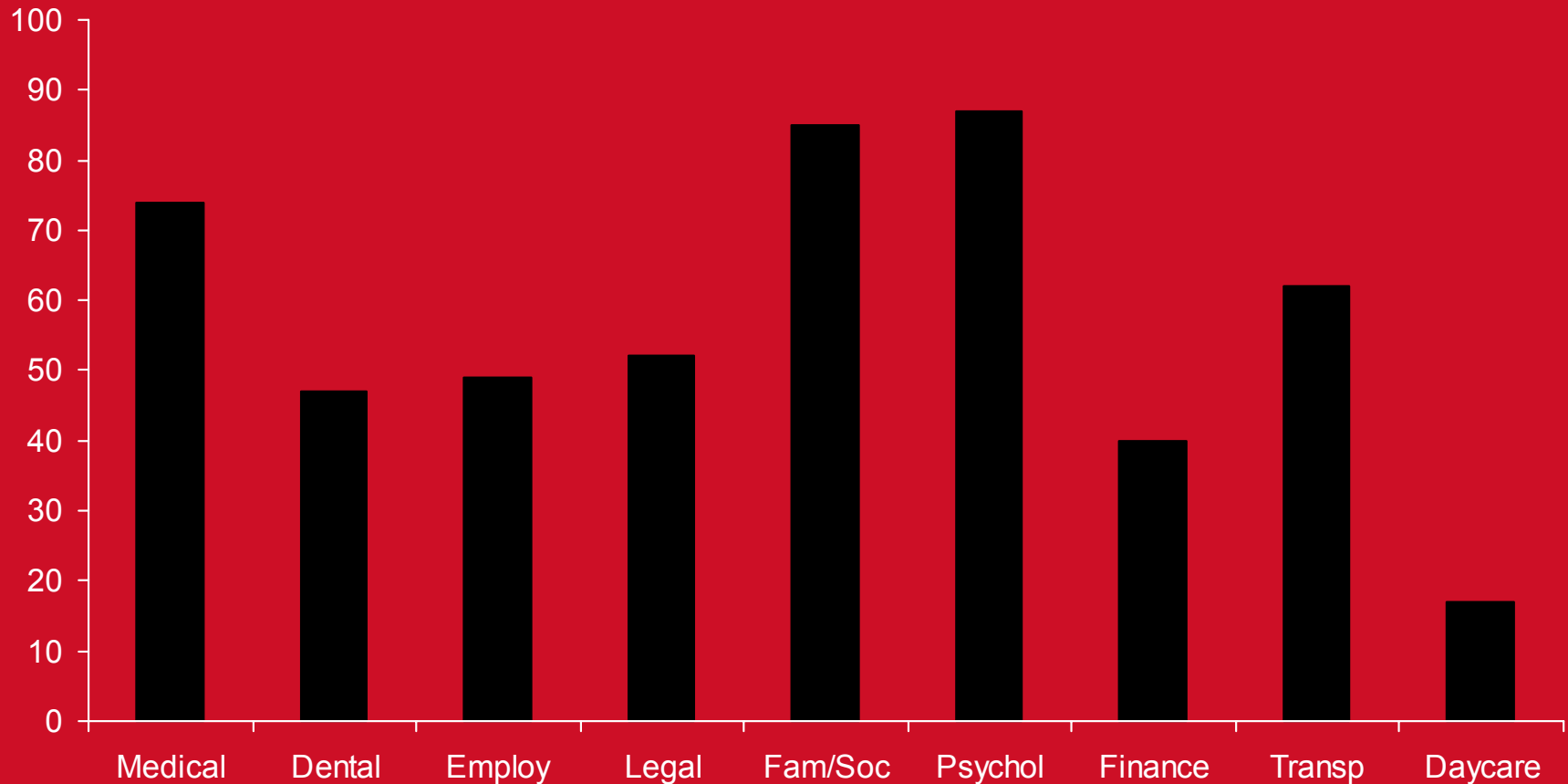


Provision of Wraparound and Supportive Services

- Program administrators rated on 0 to 5 scale the extent to which their program ensures clients with following problems receive appropriate services:
 - Medical problems
 - Dental problems
 - Psychological problems
 - Legal problems
 - Family/social problems
 - Employment problems
 - Financial problems
- Also reported availability of transportation and child care services.



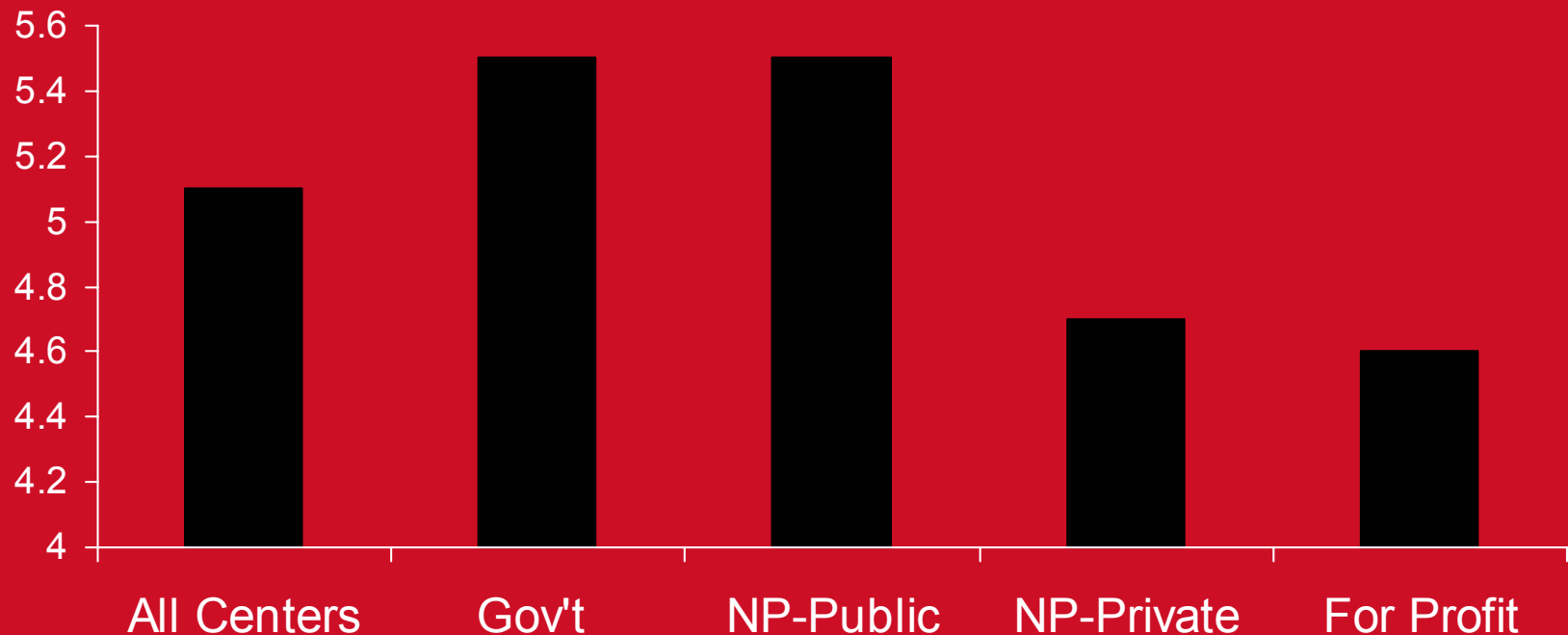
Provision of Wraparound Services (% reporting "extensive" efforts)



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Comprehensiveness of Services by Center Type

Average Number of Services Provided



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Private sector = significantly fewer, $p < .01$

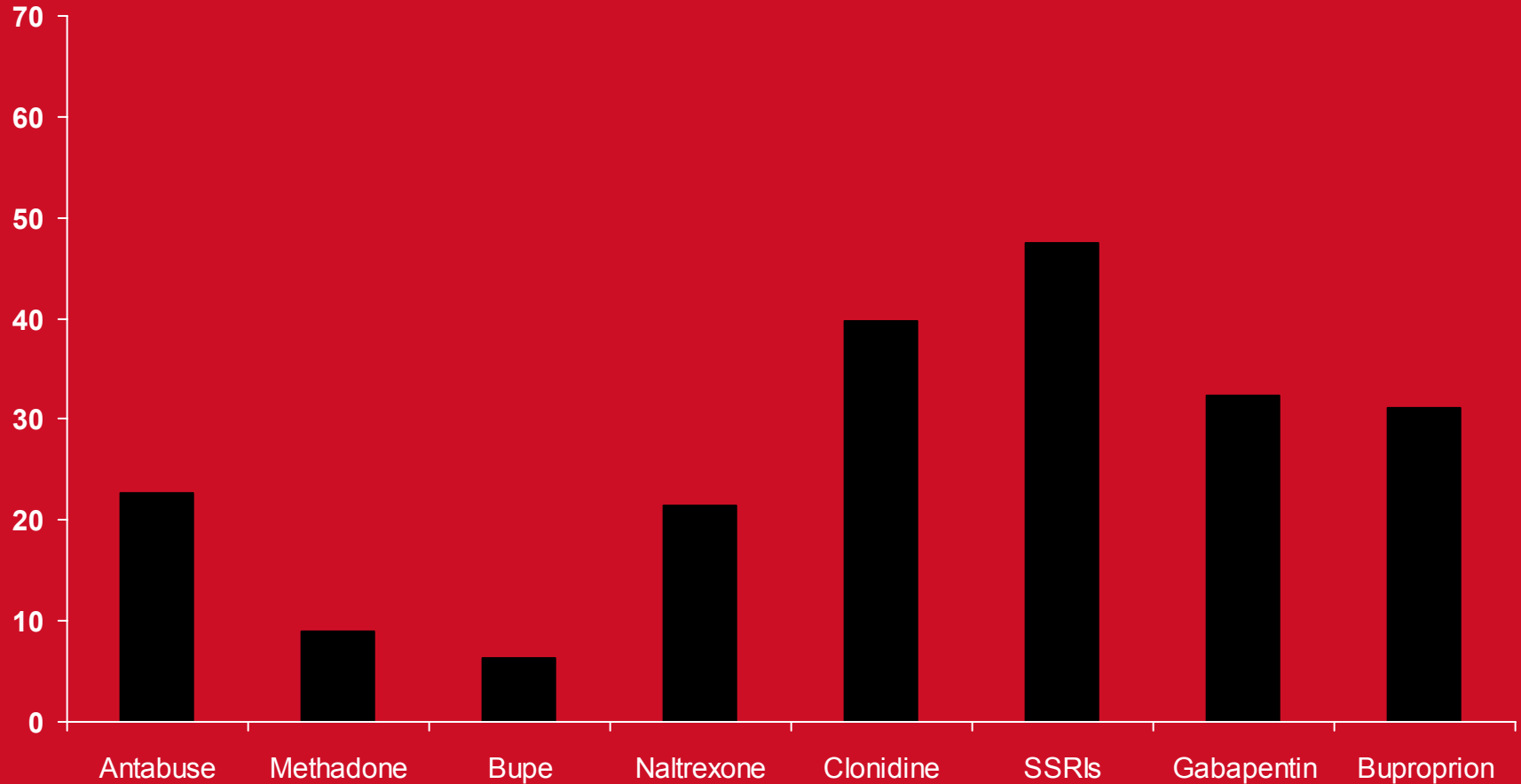
Centers using ASI = significantly more, $p < .05$

Use of Pharmacotherapies

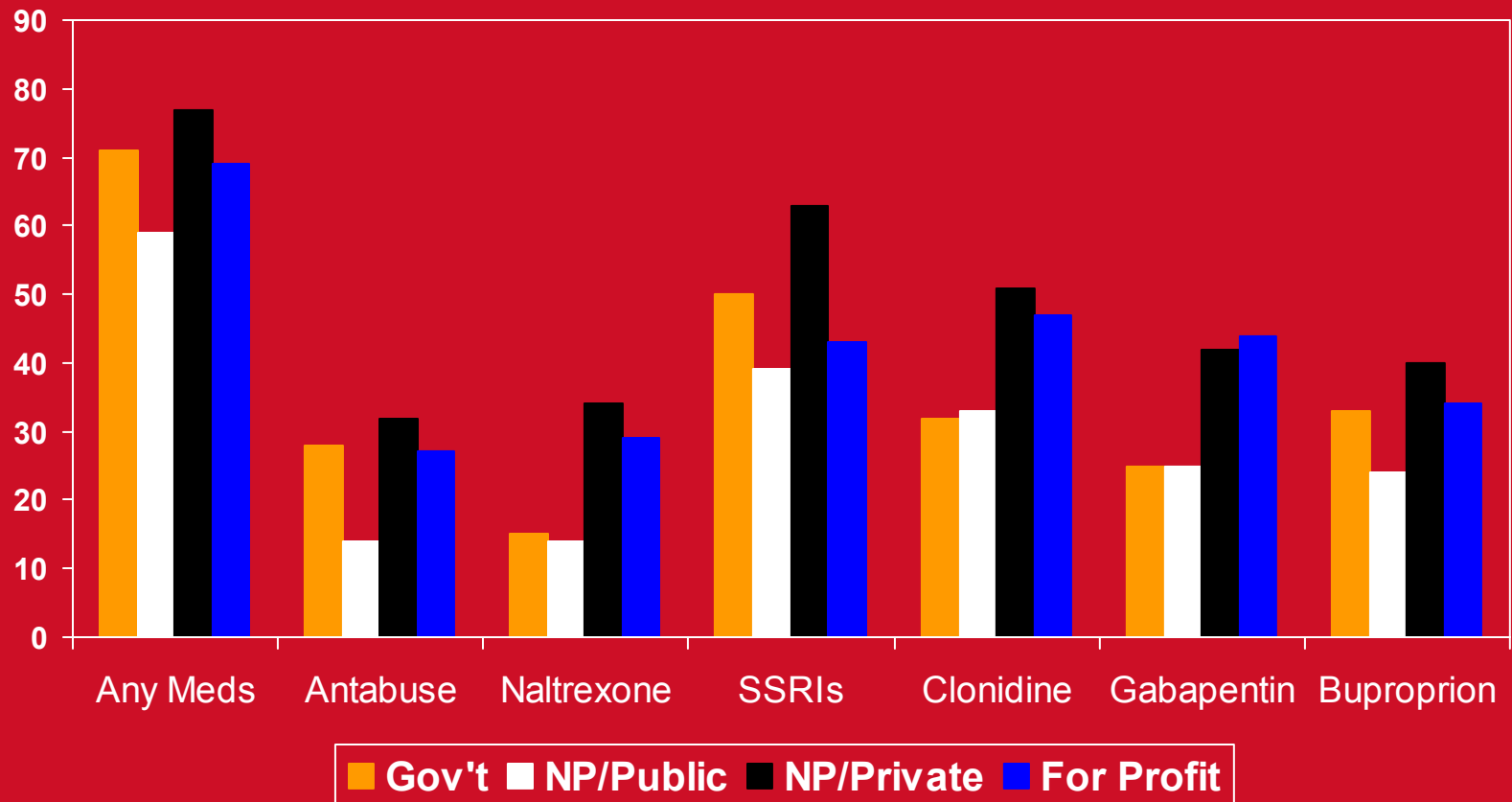
- Administrators reported whether the center currently uses any of a variety of medications in its substance abuse program:
 - Antabuse
 - Methadone
 - Buprenorphine
 - Naltrexone
 - SSRIs
 - Clonidine
 - Gabapentin
 - Bupropion



Use of Pharmacotherapies



Pharmacotherapy Adoption by Center Type (% indicating use)

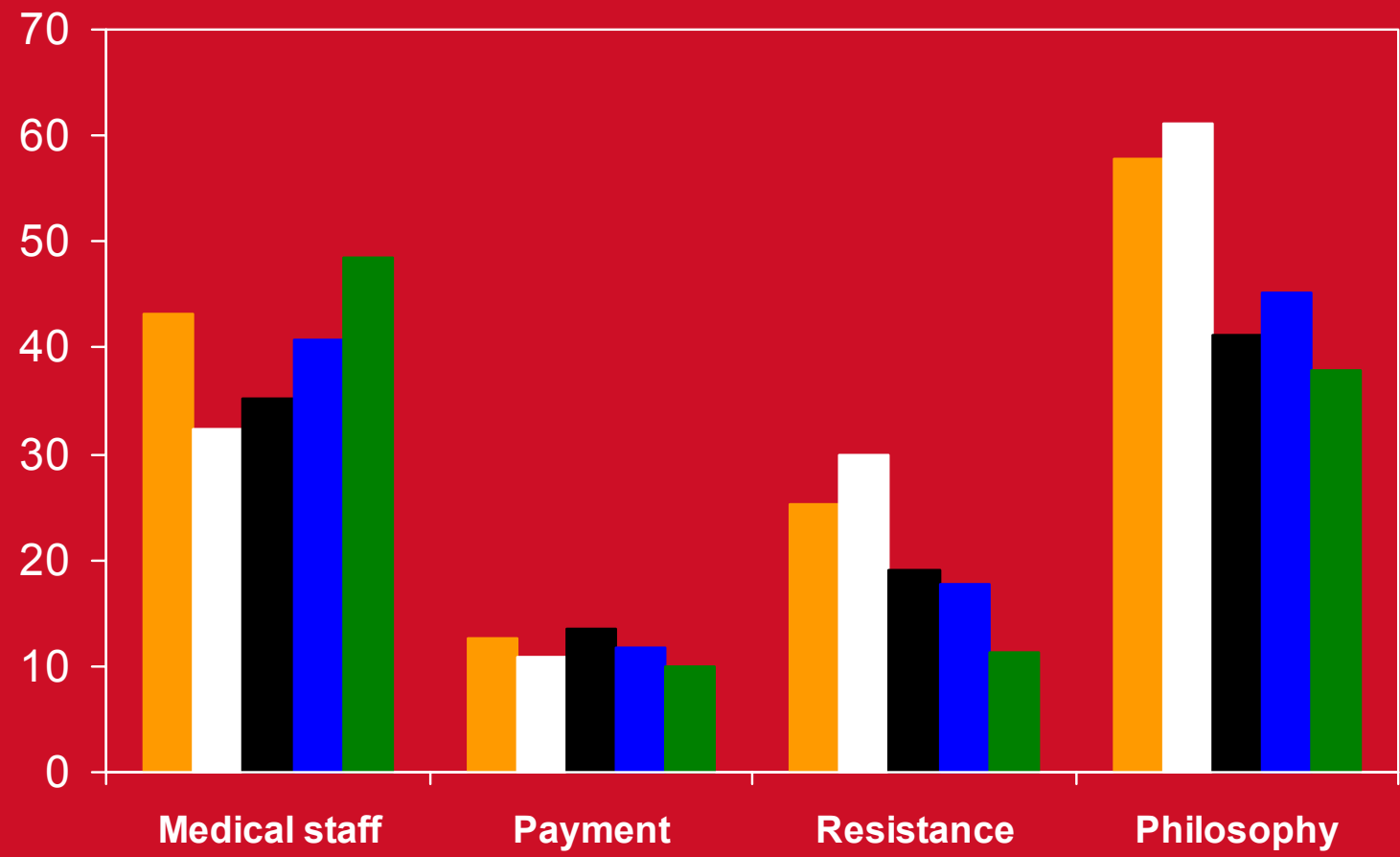


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All NP/Public vs NP/Private differences significant at $p < .01$

Reasons for not Adopting Meds

(% citing as significant reason)



Antabuse Methadone Bupe Naltrexone SSRIs



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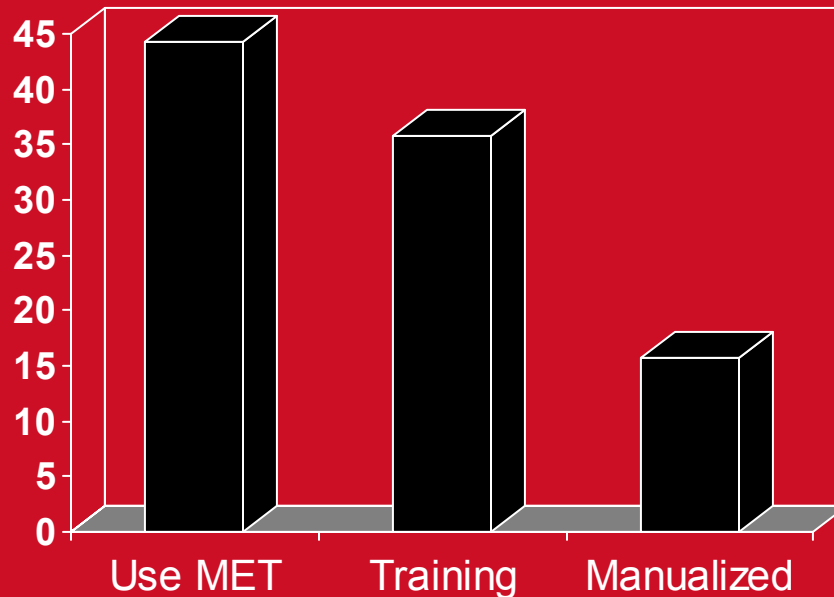
Use of Behavioral Therapies

- Administrators reported whether the center currently uses any of a variety of behavioral therapies in its substance abuse program:
 - Motivational Enhancement Therapy
 - Supportive Expressive Psychotherapy
 - Dual-focus schema therapy
 - Multi-systemic therapy
 - Community Reinforcement Approach
 - Vouchers/Motivational Incentives



Measurement Issues to Consider

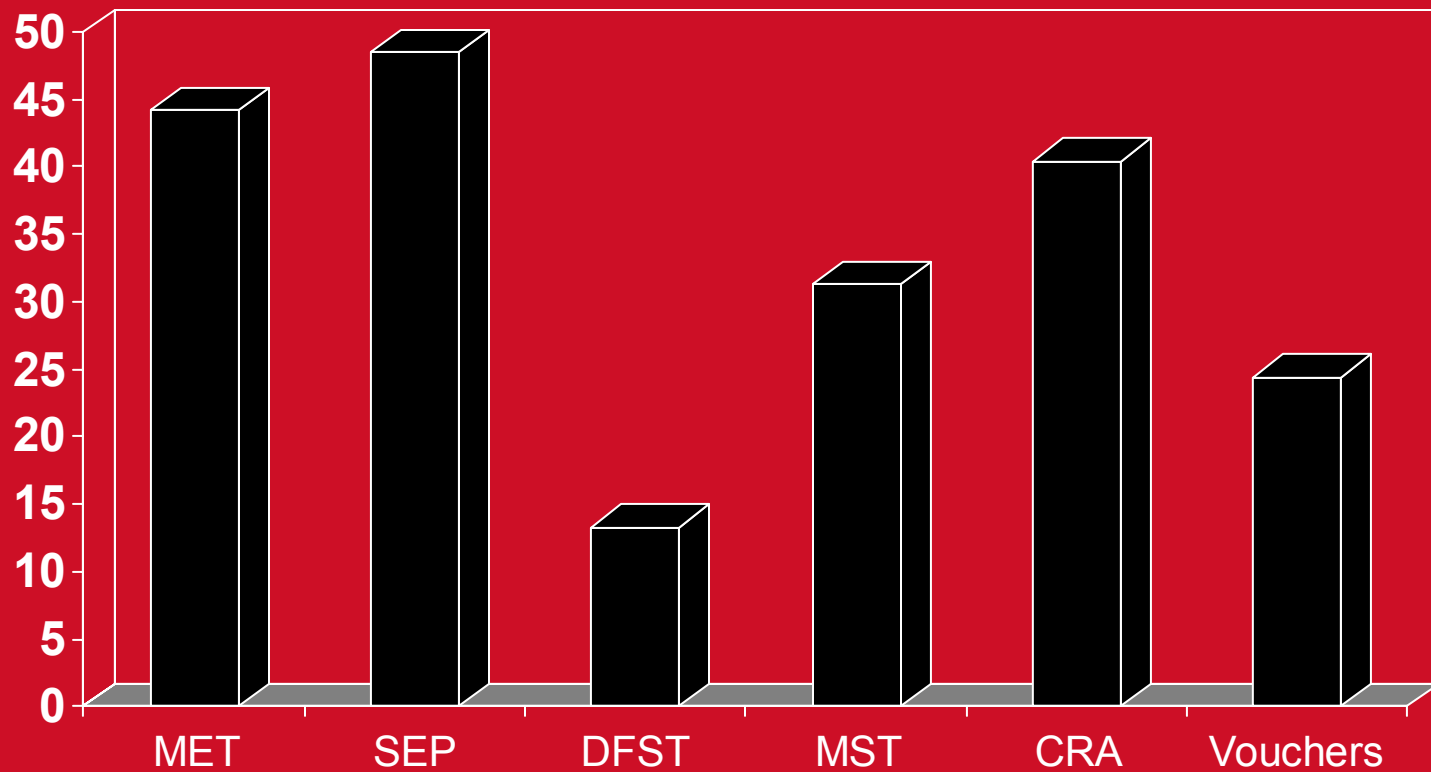
Motivational Enhancement Therapy



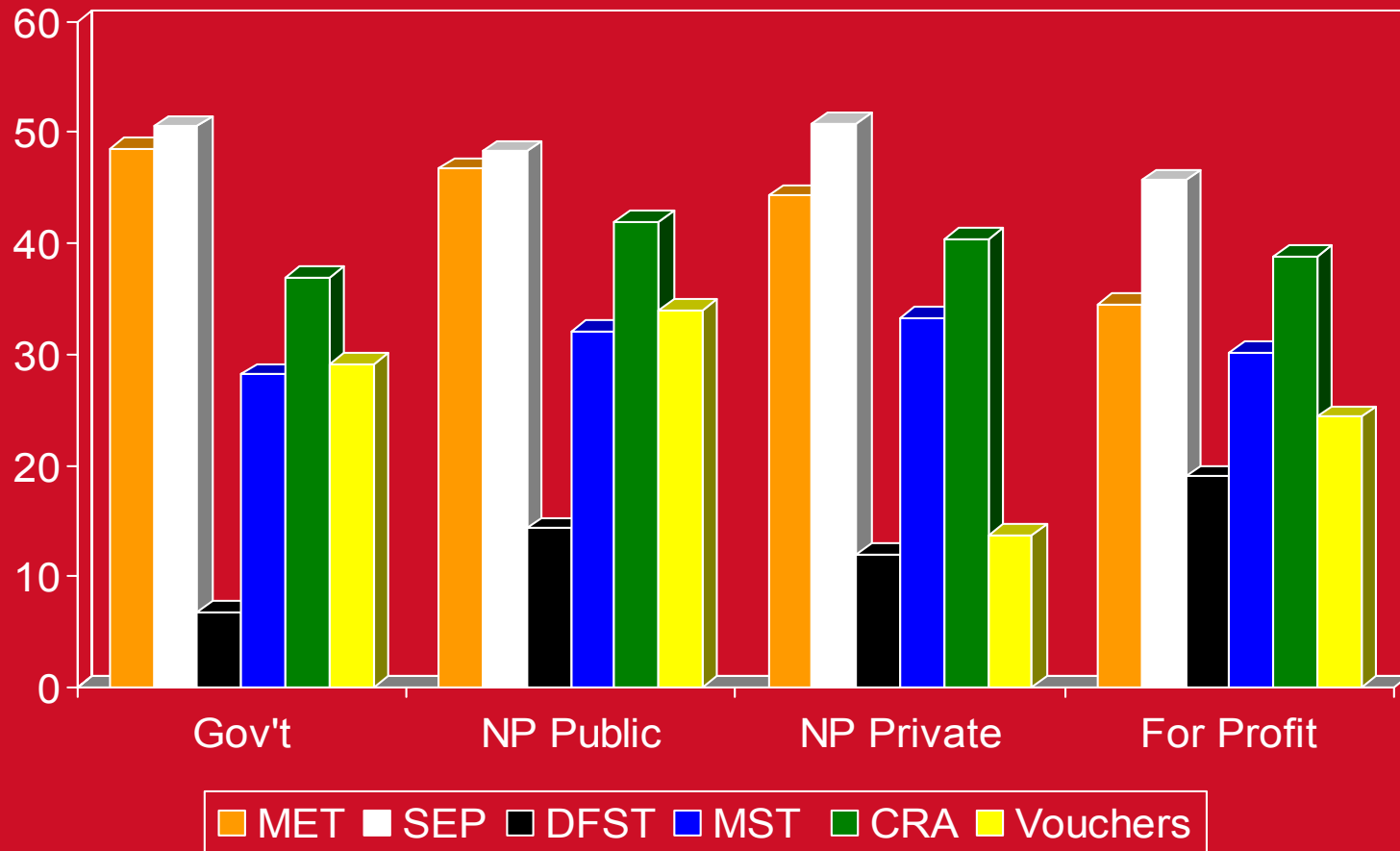
- Measures do not account for formal staff training or fidelity of approach
- Therapy names are often ambiguous
- Data may reflect over-reporting of actual use



Use of Behavioral Treatment Innovations



Use of Behavioral Tx Innovations by Center Type

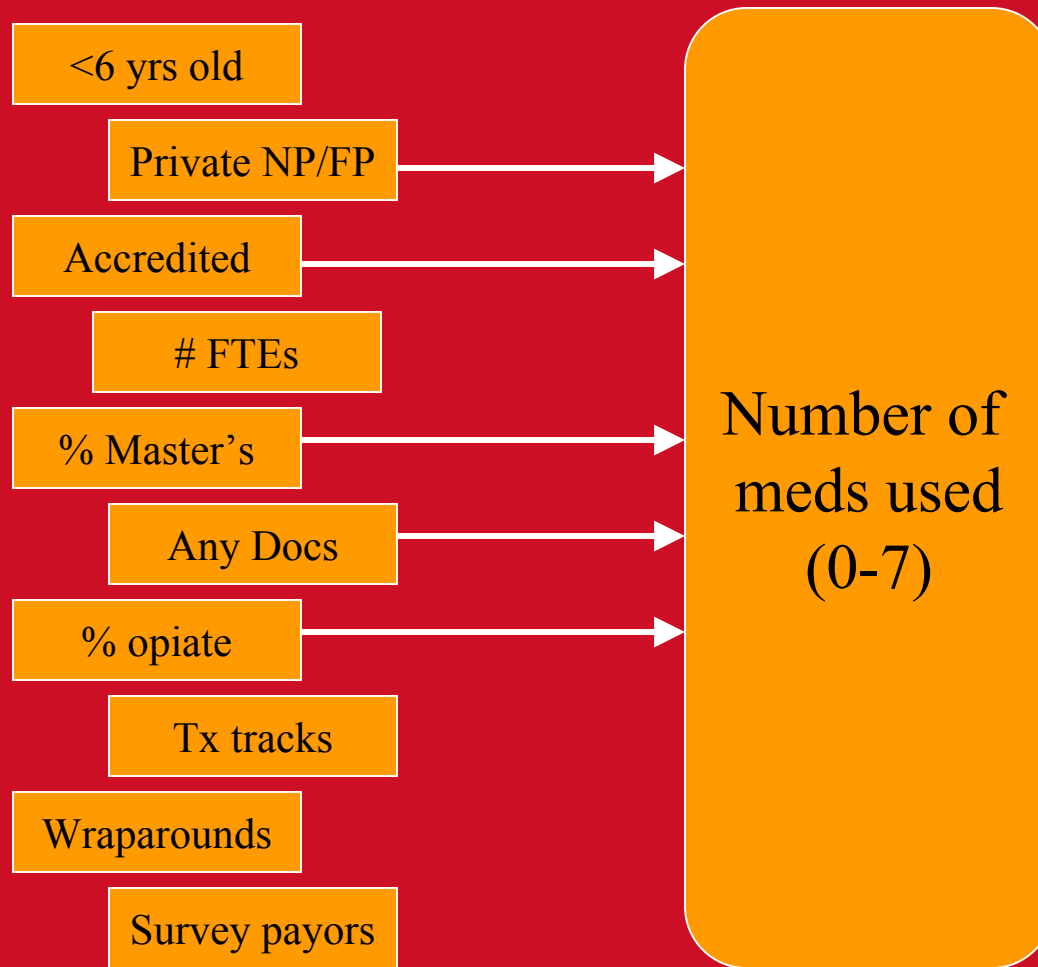


Predicting the Use of Innovations

- Model 1 - Additive index of 7 medications (range: 0-7)
- Model 2 – Additive index of 6 behavioral tx (range: 0-6)
- Possible Predictors:
 - Organizational characteristics
 - Primary funding source (1=primarily private)
 - Startup (age < 6 years)
 - Size (full-time equivalents)
 - Staffing
 - Physician(s) on staff (1 = at least one physician)
 - % counselors with Master's degree or higher
 - Environmental scanning
 - Collect satisfaction data from payors or referral sources
 - Treatment comprehensiveness
 - Number of wraparound services offered (0 to 7)
 - Special population tracks offered (1=offers special tracks)
 - Case Mix control variable
 - % clients with primary drug = opiates



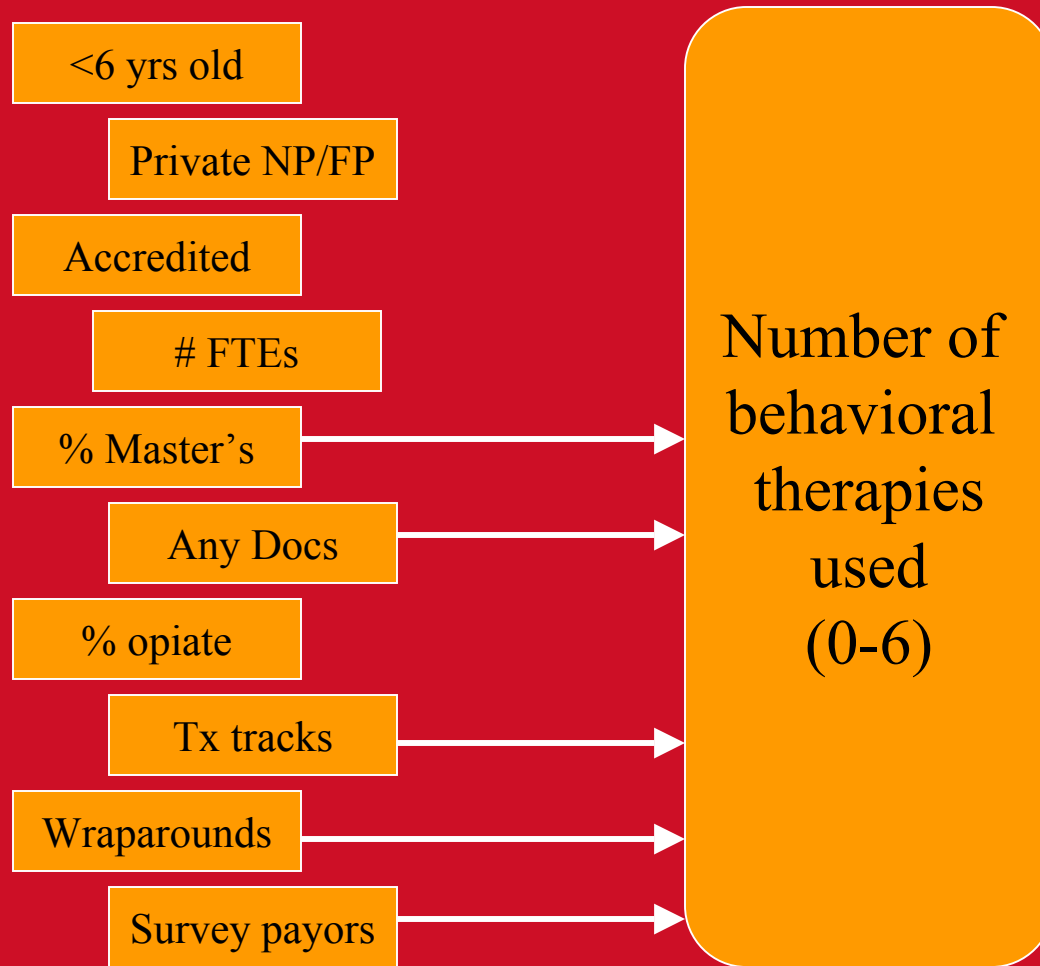
Predictors of Pharmacotherapy Adoption



Arrows indicate positive association ($p < .05$); $R^2 = 0.25$



Predictors of Behavioral Tx Innovations



Identifying Additional Best Practices

- What other factors might predict adoption of these innovations?
- What are other barriers to adoption?
- Aside from the evidence-based practices identified earlier what are some other “best practices” that are of interest to the field?

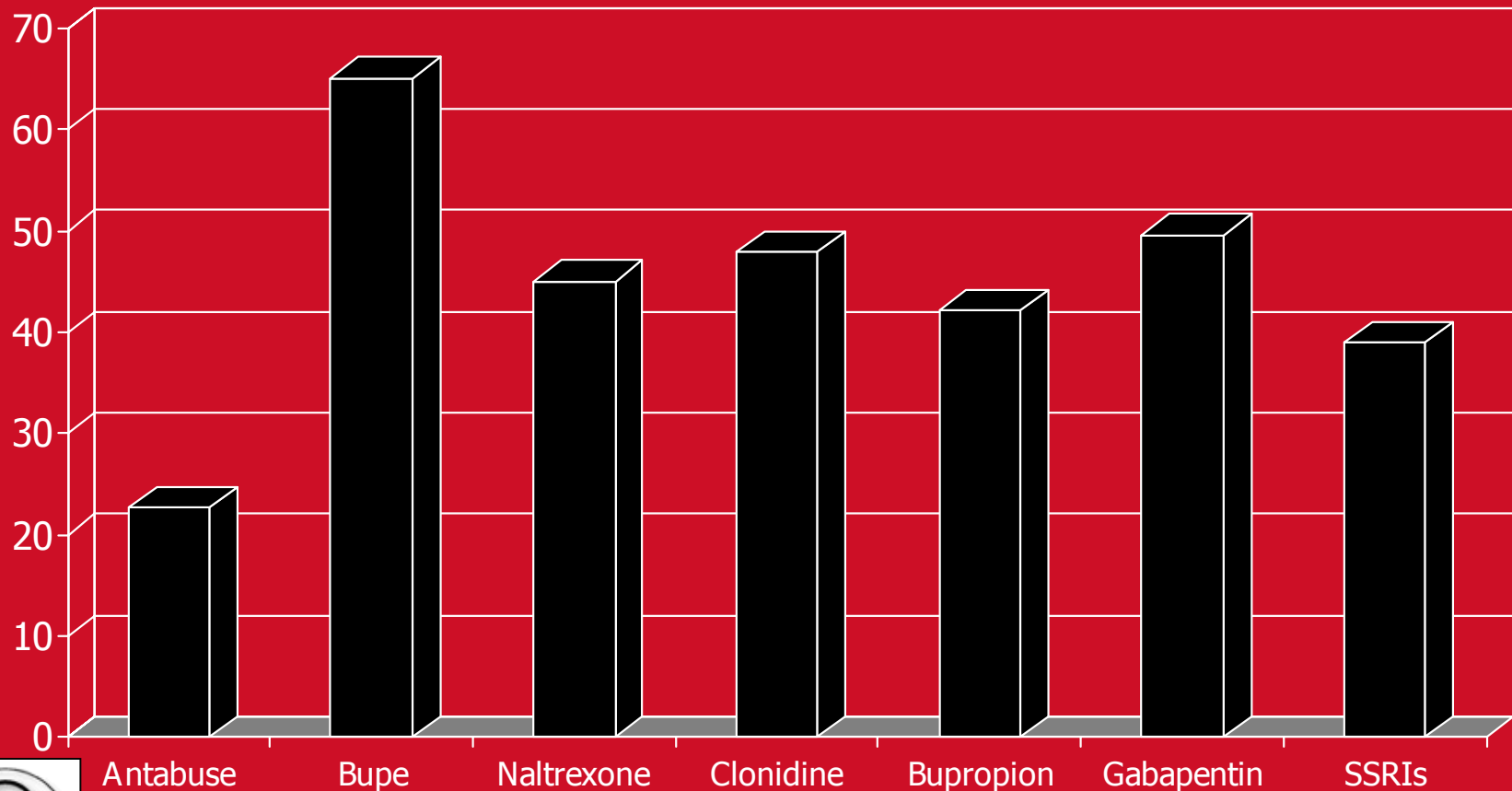


The Need for Counselor Training on “Best Practices”

- Rating Effectiveness of Innovations
 - Option: “Don’t Know”
- Provision of training for current job skills, promotion, medications, behavioral therapies
- Training dollars per FTE (program administrator)
- Formal training within/outside program
- Provision of and use of computers

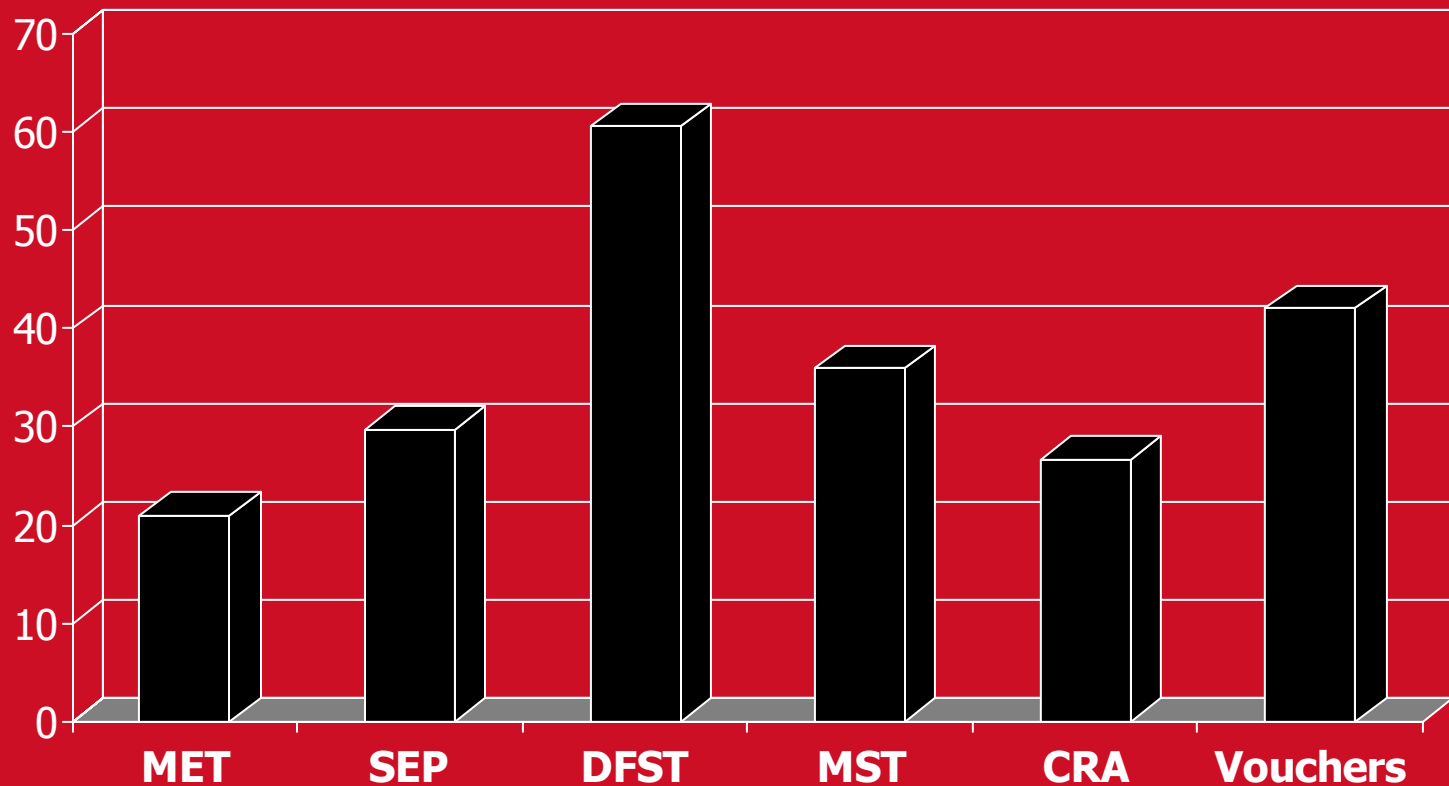


Percent Responding "Don't Know": Pharmacological Innovations

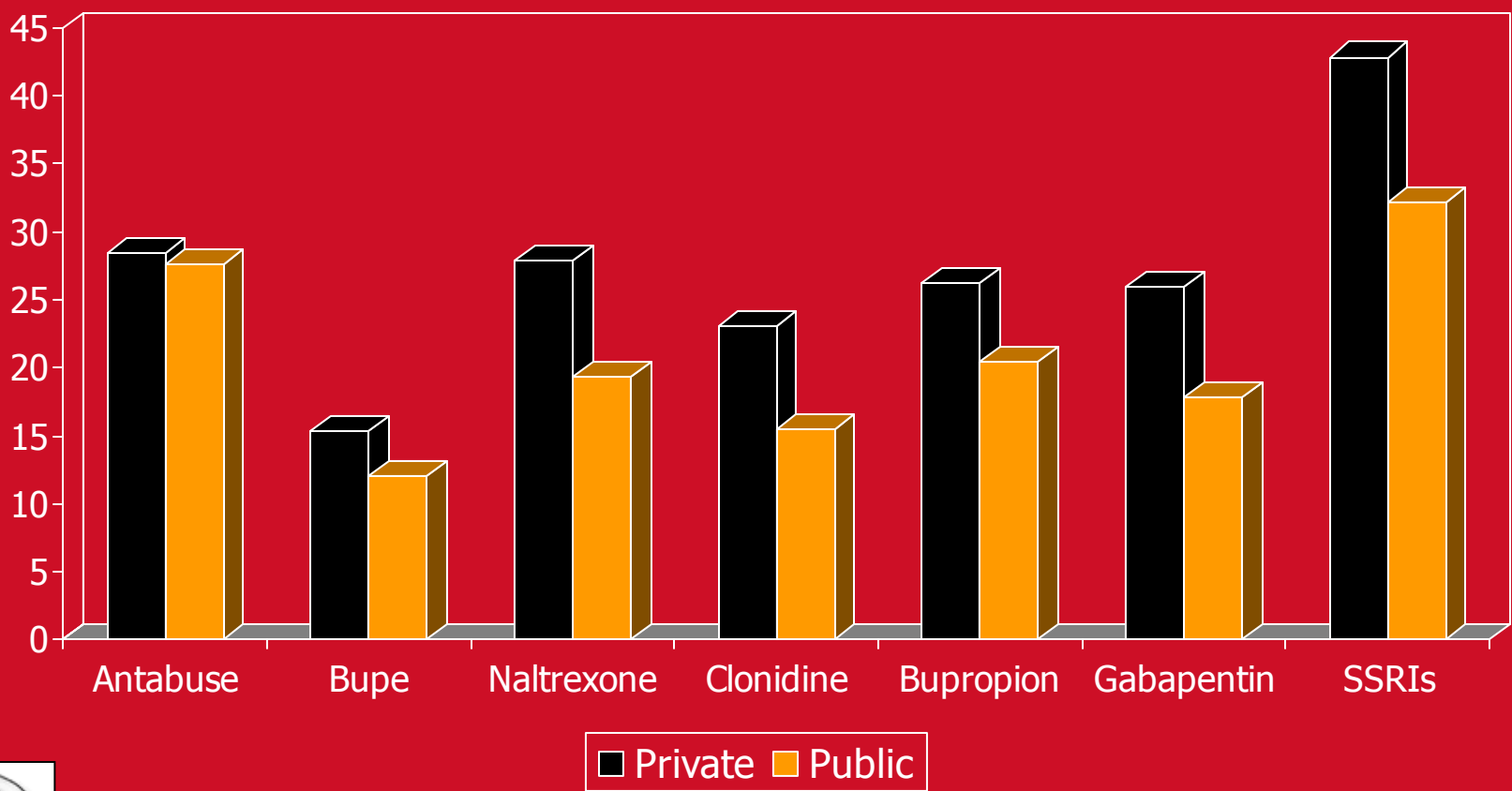


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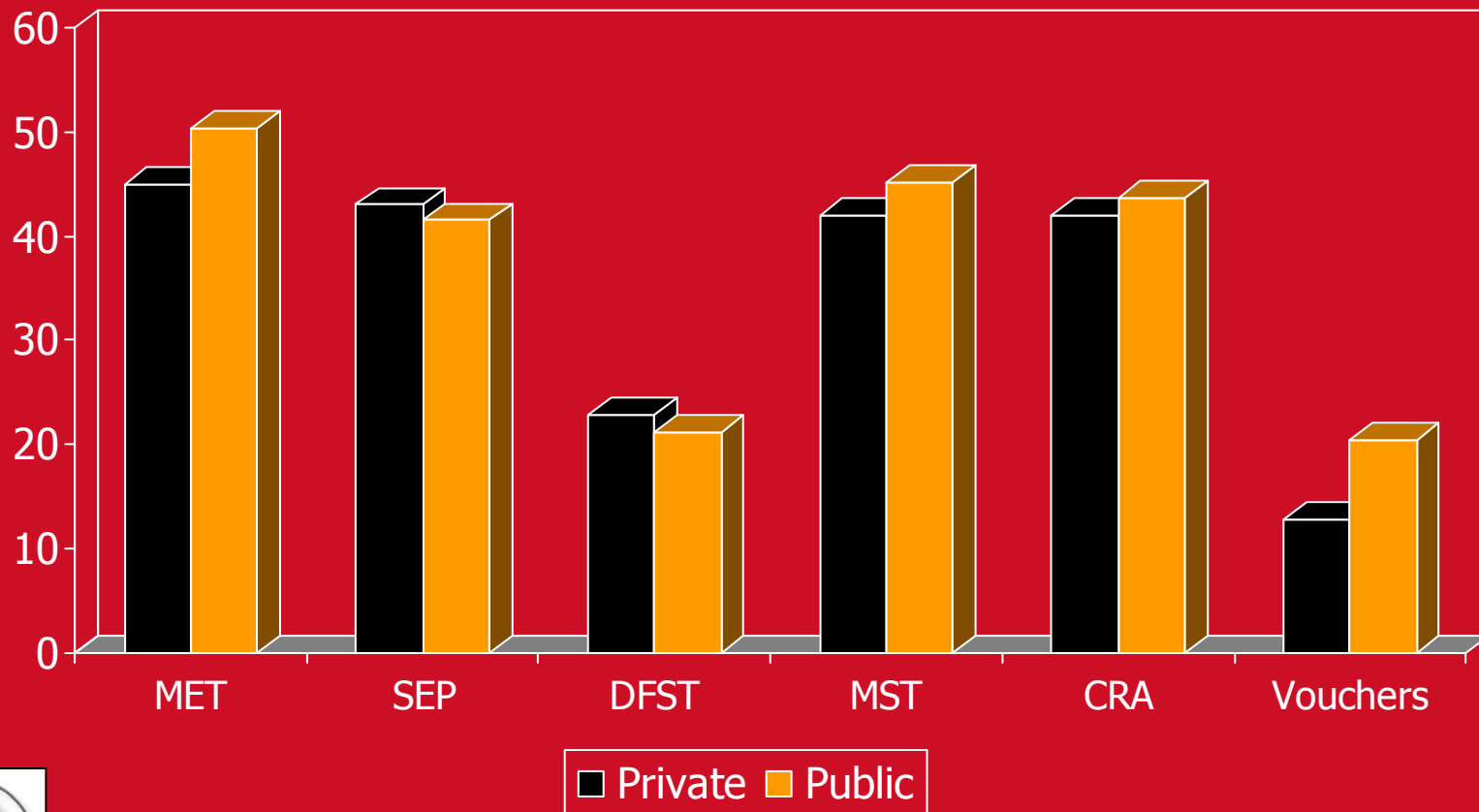
Percent Responding "Don't Know": Behavioral Tx Innovations



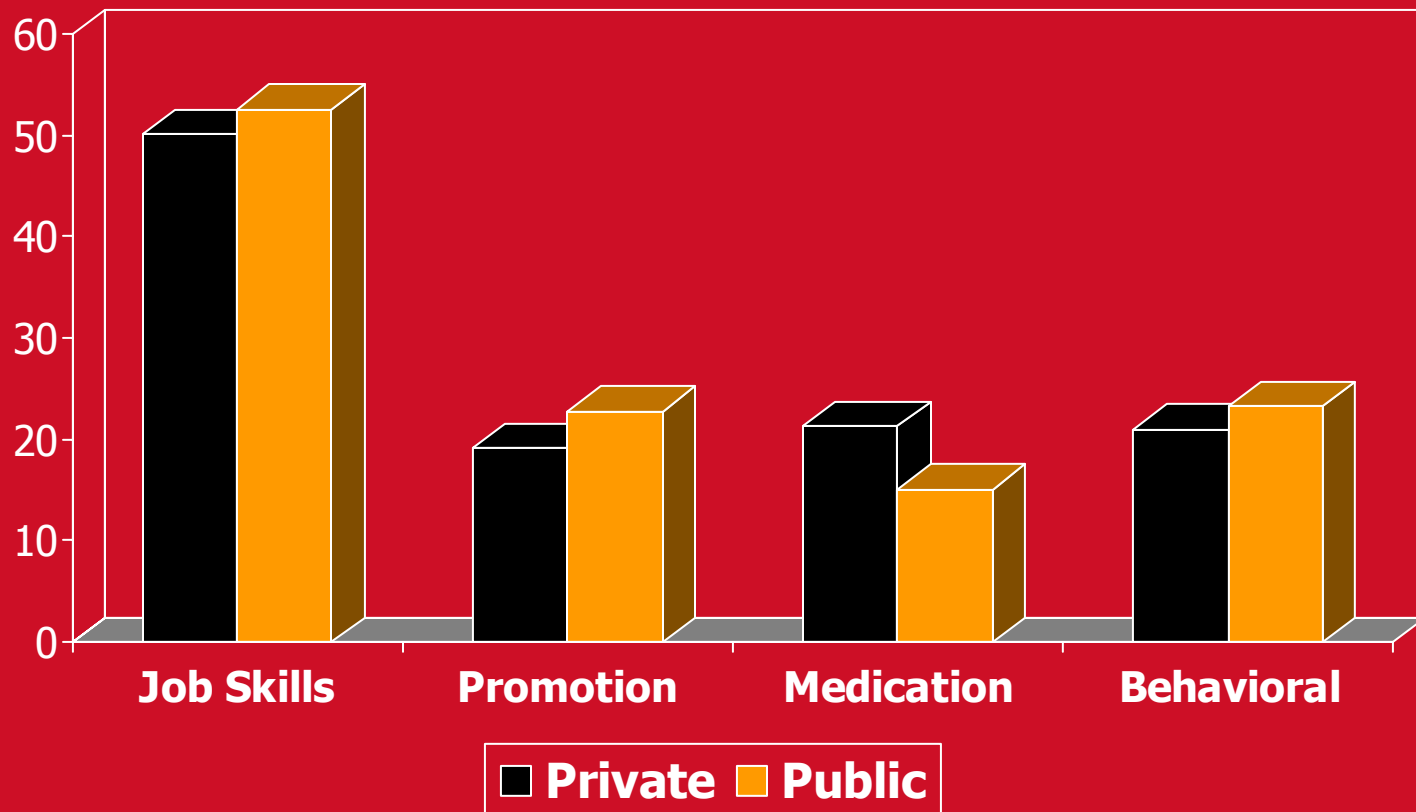
% Reporting "Moderate" to "Strong" Effectiveness: Pharmacological Innovations



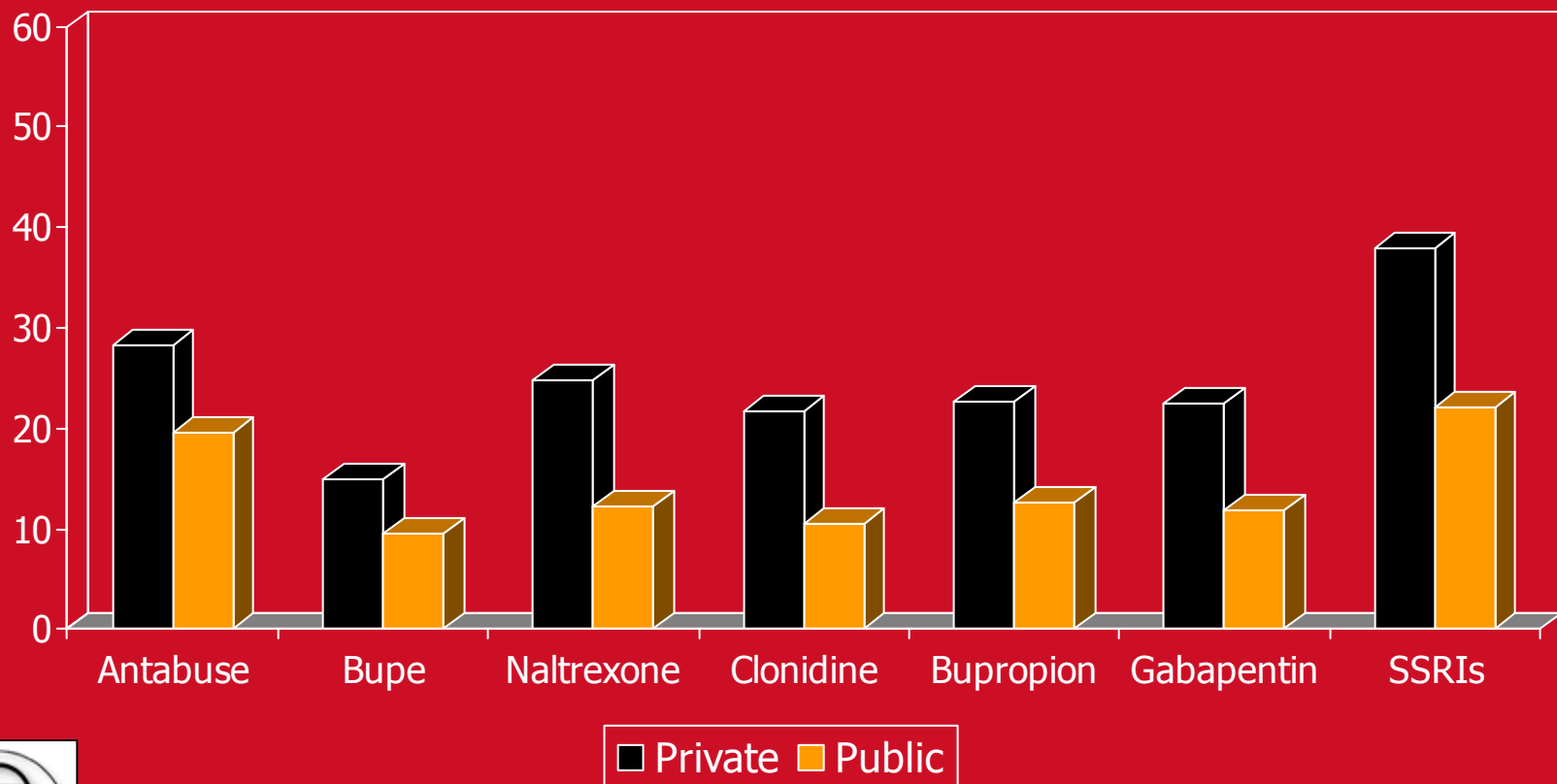
% Reporting "Moderate" to "Strong" Effectiveness: Behavioral Innovations



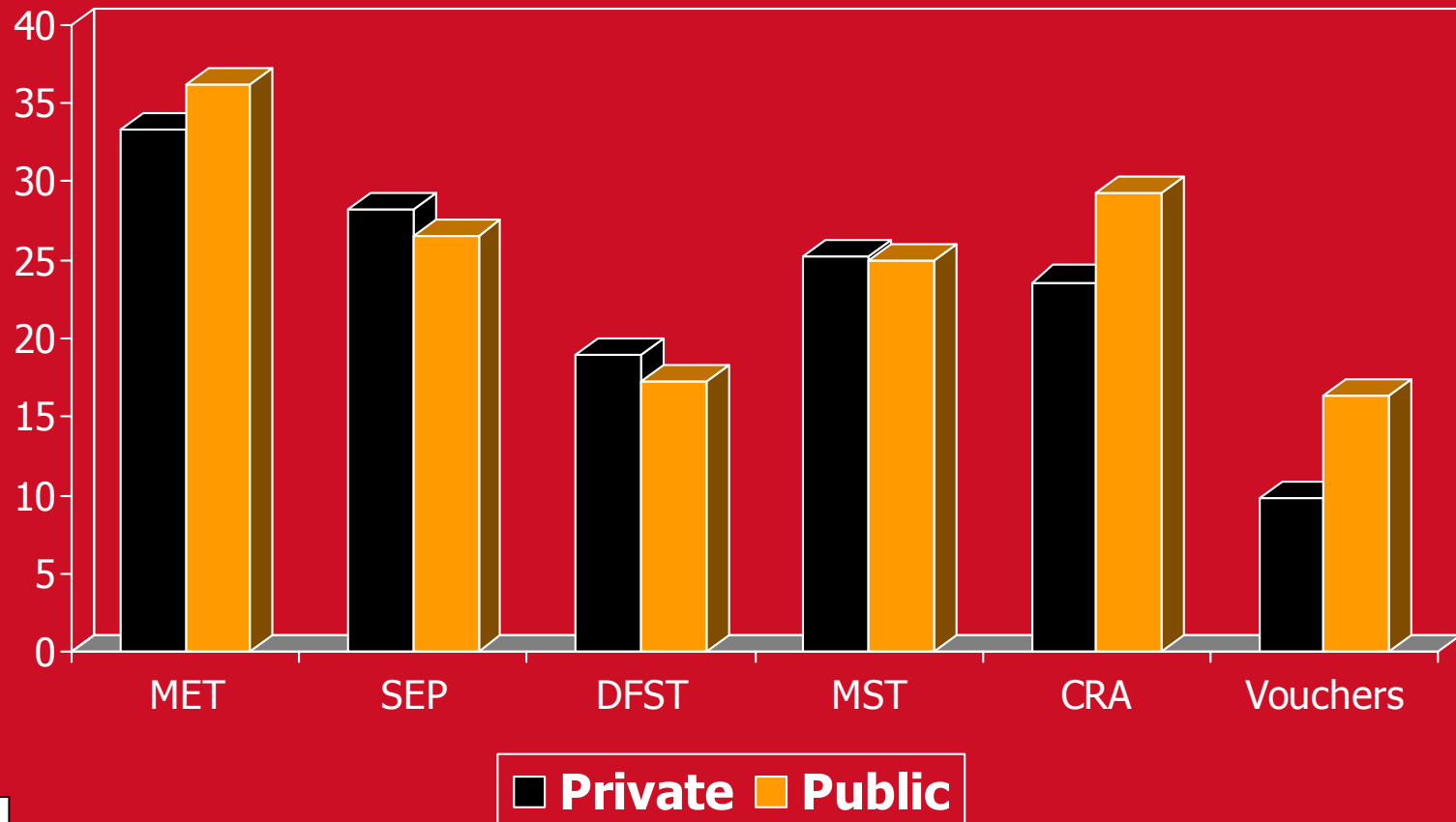
Counselor Training: % Reporting 'Extensive' Training for . . .



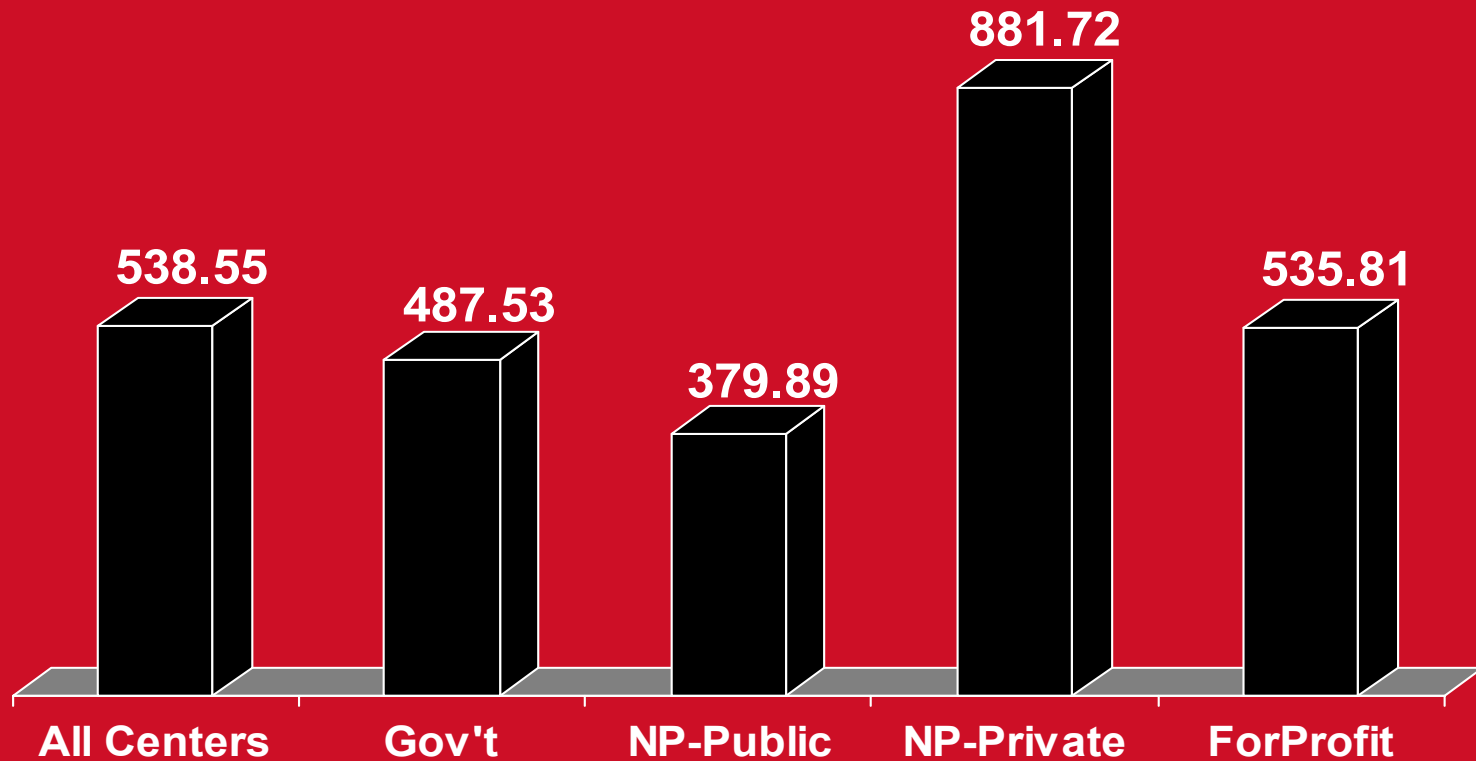
% Reporting 'Moderate' to 'Extensive' Training: Pharmacological Innovations



% Reporting 'Moderate' to 'Extensive' Training: Behavioral Innovations

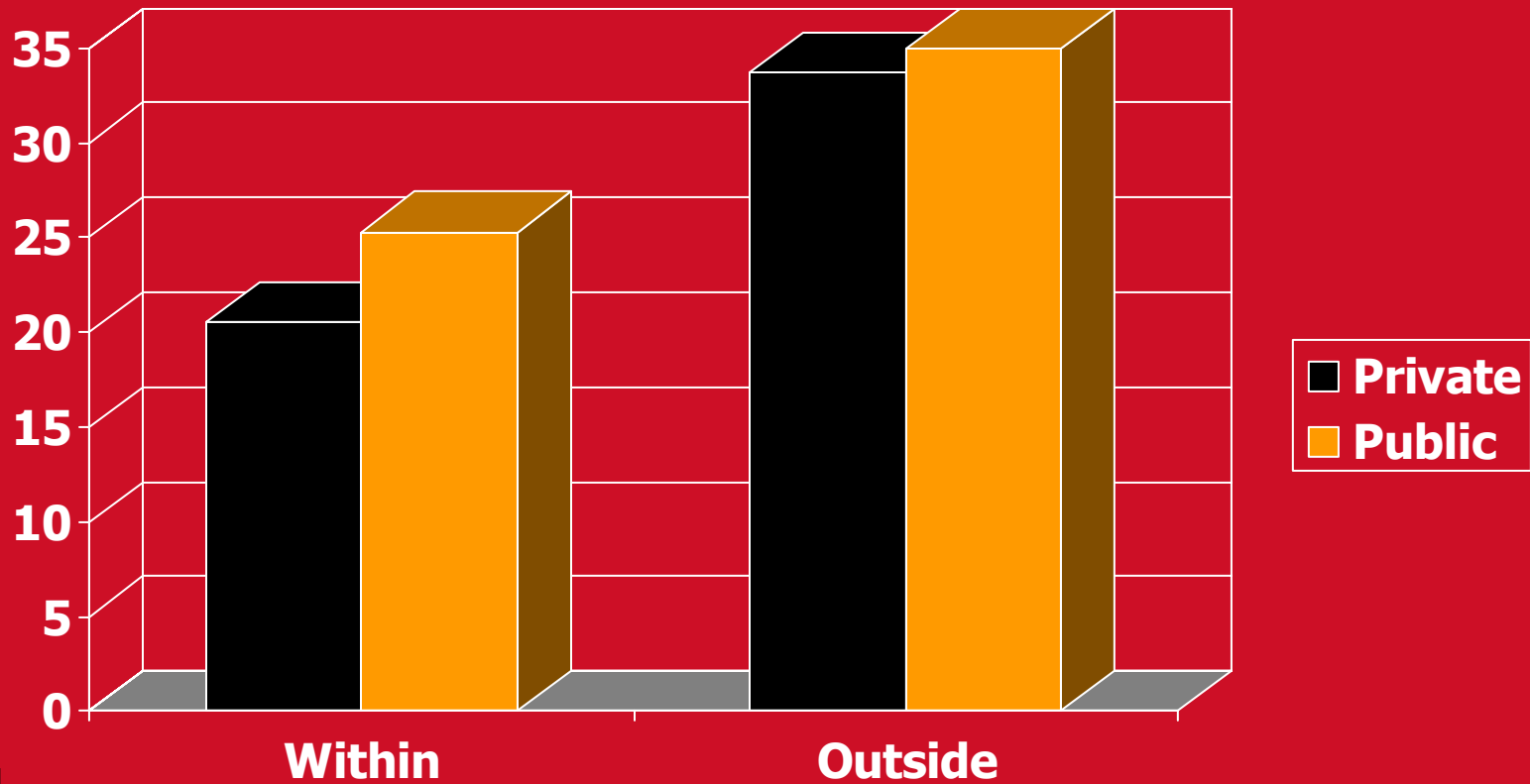


Training Dollars per Employee



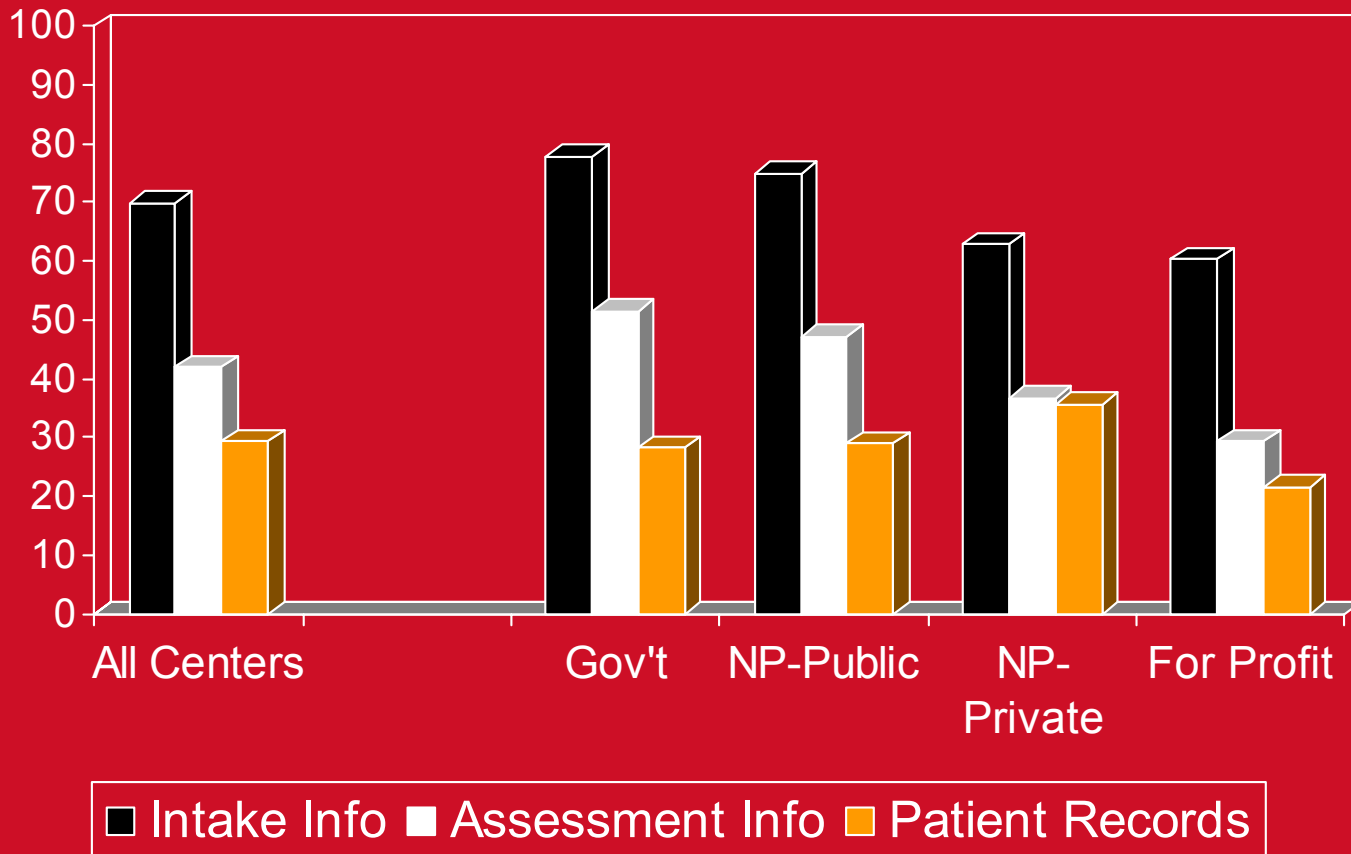
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Hours of Training: Within and Outside Program

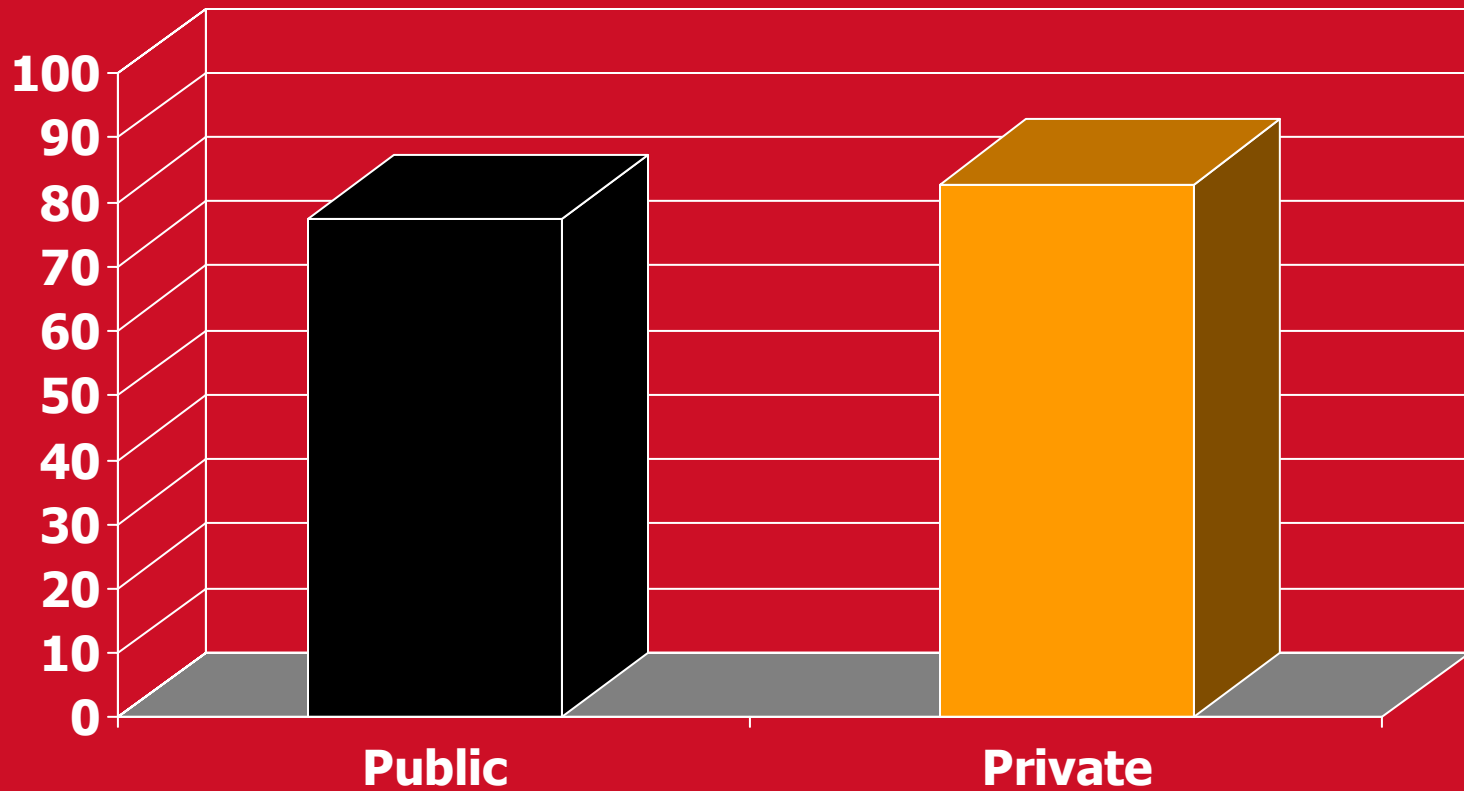


IT Infrastructure

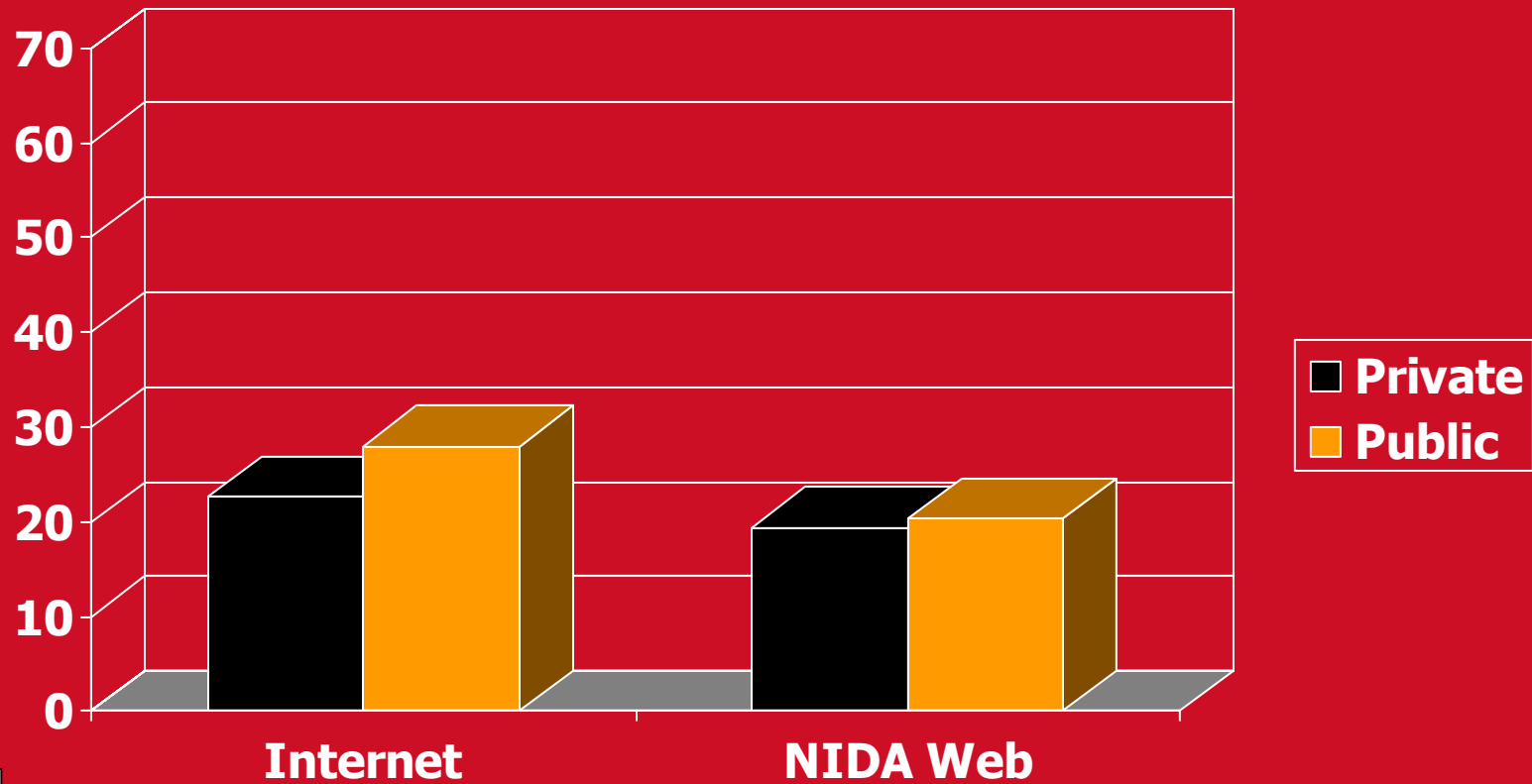
What patient information is computerized?



Computerization: % Counselors Reporting Center Provides Computer



Use of Internet for Learning: % Reporting 'Extensive Use'



Conclusions

- Private NFP and Private For profit more likely to offer mixture of levels of care, but less likely to offer comprehensive wraparound services (use of ASI in public sector)
- Publicly funded programs more likely to offer separate tracks for special populations (targeted funding)
- Case mix varies across types of programs, but not as extensively as often assumed



Conclusions

- Use of medications appears high but is varied
 - Resources and Treatment philosophy are barriers
- Use of “innovative” behavioral therapies is comparatively low
- Adoption is related to:
 - Professional staff
 - Collecting performance data from payors/referral sources
 - Service comprehensiveness
 - Case mix



Conclusions

- Public/Private Gap in Innovation Adoption
 - Private centers - pharmacological focus
 - Public centers – behavioral focus
- Funding differences are critical to “best practices”
- Additional differences likely driven by insurance reimbursement, staffing, accreditation



Conclusions

- Counselors are frontline innovators
- Training funds and time devoted to training appear limited, internet is underutilized
- Training resources devoted more to “treatment as usual” instead of new methods
- Counselors who know about innovations have positive views of their effectiveness
- Staff receptivity to change promotes organizational innovativeness



Using Data to Assist the Treatment Provider

- Study includes data from over 1300 programs across the country (public, private, and TC).
- Data from approximately 4000 substance abuse treatment counselors
- What are questions that you'd like to see us address?
- How can we best use this information to address the issues that are important to you?



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