

Improving Opioid Agonist Therapies with System Change



DENNIS MCCARTY
OHSU-PSU SCHOOL OF PUBLIC HEALTH
OREGON HEALTH & SCIENCE UNIVERSITY
PORTLAND, OR 97239

BOOST LAUNCH
VANCOUVER, BC **SEPTEMBER 15, 2017**

Disclosures

76

- Dennis McCarty is a Principal Investigator and co-investigator on awards from the National Institutes on Health (R01 MH1000001; P50 DA018165; R01 DA030431; R01 DA029716; R21 DA031361; R21 DA035640; UG1 DA015815)

Walter Ling, MD

On Addiction and Sin

77

- *““From the very beginning our policy has been: Addicts are sick, they need help; but they also sin and must suffer a little.*
- *So we built treatment programs and put up barriers making it difficult for patients to get into treatment.”*

Overview

78

- System change to promote adoption of oral opioid agonist therapy for opioid use disorders
 - NIATx
 - ✦ Primer on process improvement
 - Advancing Recovery and the Medication Research Partnership
 - Opioid agonist therapy reduces emergency and inpatient care

NIATx: Process Improvement for Addiction Treatment

79

- Network for the Improvement of Addiction Treatment
- Support from the ...
 - Robert Wood Johnson Foundation
 - Center for Substance Abuse Treatment
 - National Institute on Drug Abuse
- Initially 39 community-based treatment organizations
- NIATx 200 = 5 states & 40 programs/state
- See www.niatx.net for tools and details

NIATx overview

80

- Simplified IHI approach for quality improvement
- Plan-Do-Study-Act (PDSA) cycles to improve organizational processes and services
- Strategies implemented in many industries, including health care and substance abuse treatment
- Treatment programs use research to improve practice

NIATx Aims (and Measures)

81



Reduce Wait Times (days to trt)



Reduce No-Shows (% kept appts)



Increase Admissions (# admits)



Increase Continuation Rates
(% returning for next visit)

Process Improvement Principles

82

1. Understand and involve the customer
2. Focus on customer concerns
3. Select an influential change leader
4. Seek ideas from outside the field
5. Use rapid cycle testing:
Plan-Do-Study-Act

Rapid-Cycle Testing

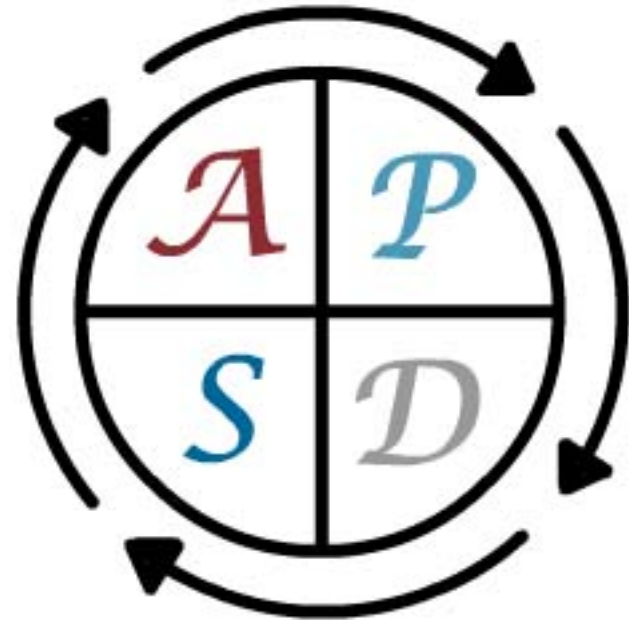
83

Rapid-Cycle changes

- Are quick – a few patients & a short time

PDSA cycles

- **P**lan the change
- **D**o the plan
- **S**tudy the results
- **A**ct on the new knowledge



Rapid Cycles ...

84

- “...reduce staff resistance to change because they engage staff at a low level – the change is temporary and begins small.”

Arthur Schut, CEO, MECCA, Iowa City, IA, June 27, 2006

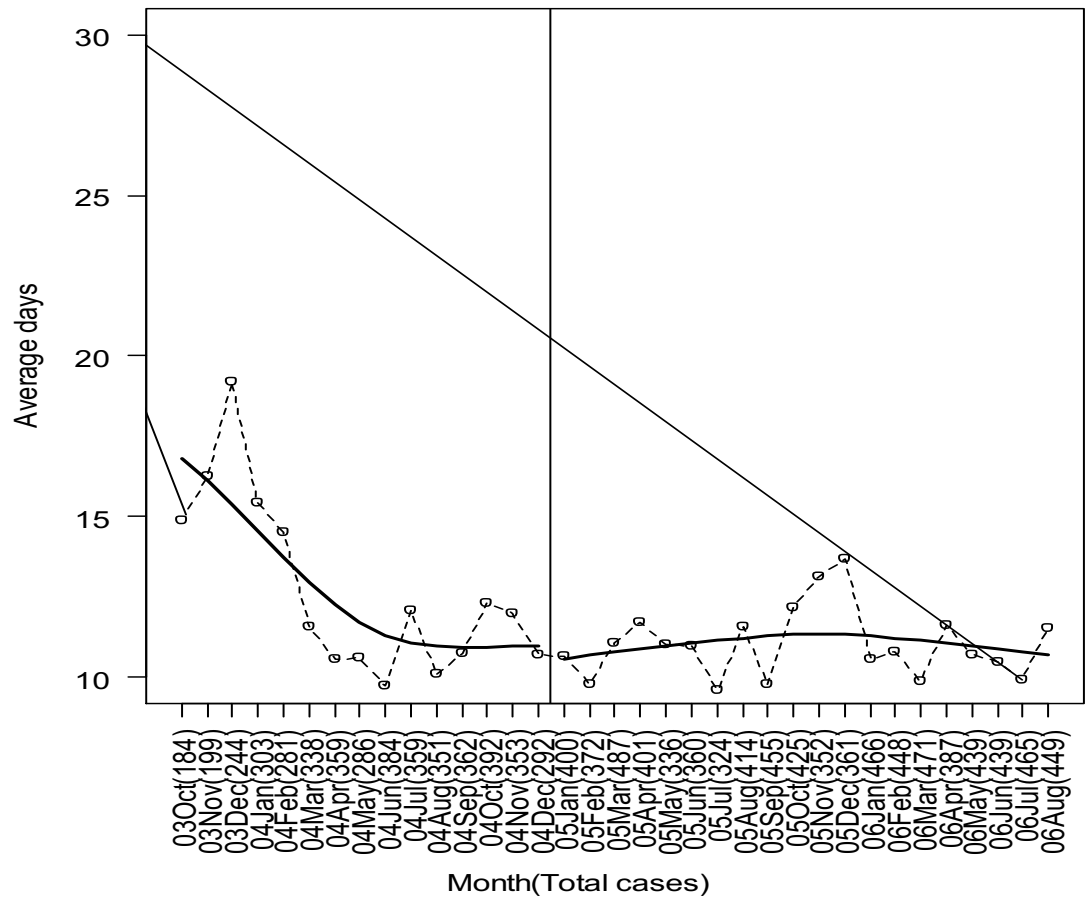
Conduct a Walkthrough

Become a customer

85

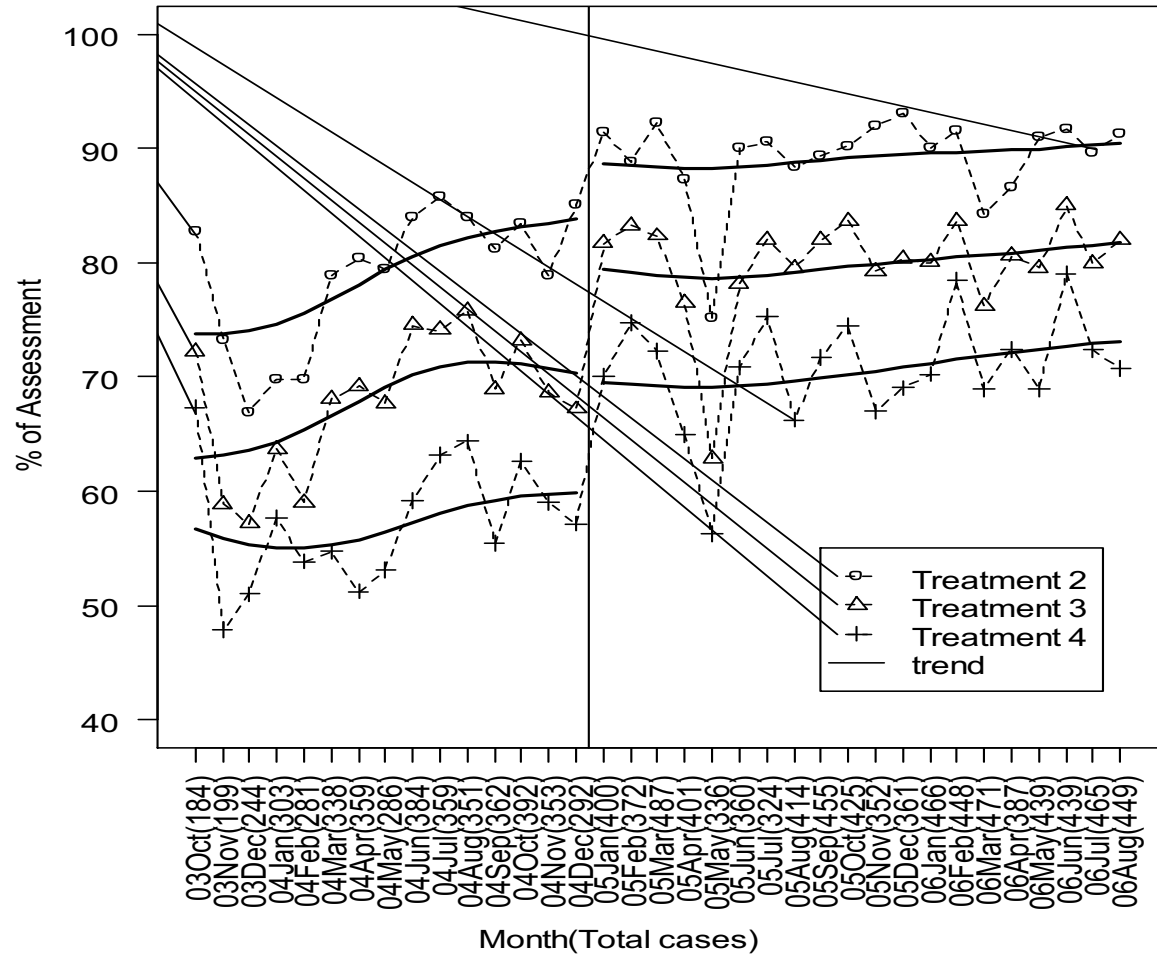
- Role play a “patient”
 - Call for an appointment: What happens?
 - Arrive for the appointment:
 - ✦ How are you greeted?
 - ✦ Were directions clear and accurate?
 - Complete an intake process:
 - ✦ How long does it take?
 - ✦ How redundant are the questions?
 - What did you learn? What will you change?

Access Improvements Sustained (Hoffman et al., 2008, Drug & Alcohol Dependence)



Retention Improvements Sustained

(Hoffman et al, 2008, Drug & Alcohol Dependence)



NIATx Measures: Summary

88

- Simple measures
- Direct indicators of the process being addressed
- Collect automatically or with minimal burden
- Monitor easy processes to begin
- Expand measures with experience
- Limit the number of key measures

NLATx 200: Spreading and Testing

89

- 201 treatment centers in MA, MI, NY, OR, & WA
- Randomized to a) interest circle calls, b) coaching, c) learning sessions, d) all 3 supports
- Days waiting declined
- Coaching increased admissions 20%
- Retention did not improve
- Coaching (change leader advising) was most cost-effective method

- (Gustafson et al, *Addiction*, 2013)

Advancing Recovery Systems Change Model

90

Conditions for Change

- Understand the customer
- Leadership commitment
- Clearly defined aim
- Business case for change

Supports for Change

- Payer and provider partnerships
- Use of PDSA Rapid Change Cycles
- Assistance via coaching and learning sessions.

Levers of Change

- Financial Analysis
- Regulatory and Policy Analysis
- Inter-organizational Analysis
- Operations Analysis
- Customer Impact Analysis

Patients on medication (admissions per quarter)

91

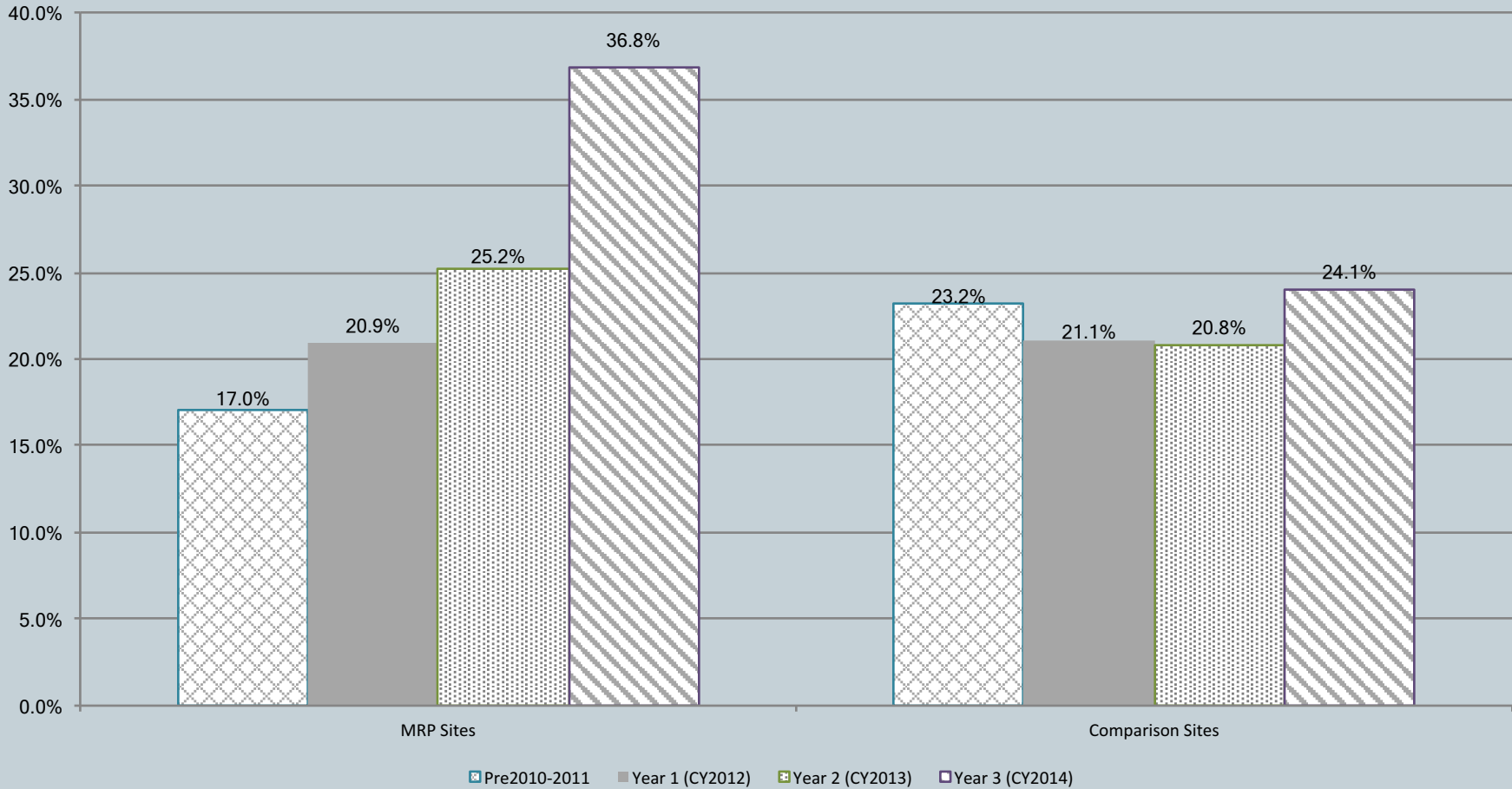
Quarter	Colorado	Dallas	Maine	Missouri	West VA
	XR-Ntx	Bup	Bup	Etoh meds	Bup
Q1			39	13	57
Q2			41	48	63
Q3			77	48	59
Q4			87	61	63
Q5	20	27	97		68
Q6	45	19	95		64
Q7	16	20	82	111	76
Q8	13	33	78		
Total	94 patients	99 patients	596 patients	281 patients	450 patients

Medication Research Partnership

92

- Advancing Recovery extended to commercial health plan
- Clinics increased use of alcohol and opioid meds
- Health plan incentivized use of XR-NTX
 - Allowed 25 days of inpatient care
- Programs increased slowly but steadily
 - New physicians that support use of meds
 - Corporate support
 - Staff training and linkages with community physicians

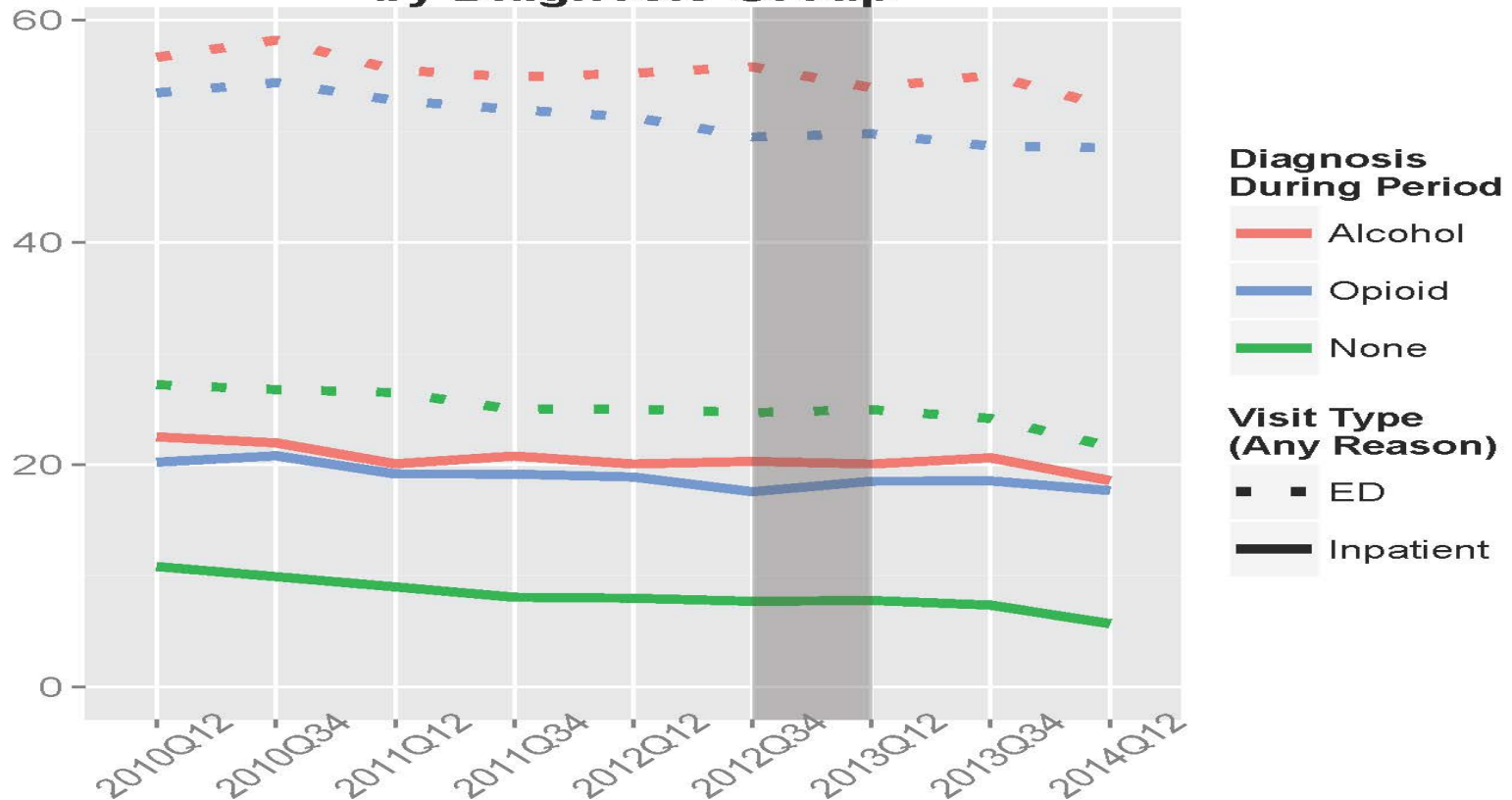
OUD patients on medication by year



ED Visits and Inpatient Days by Diagnosis



Percent of Adults with an ED/Inpatient Visit, by Diagnosis Group

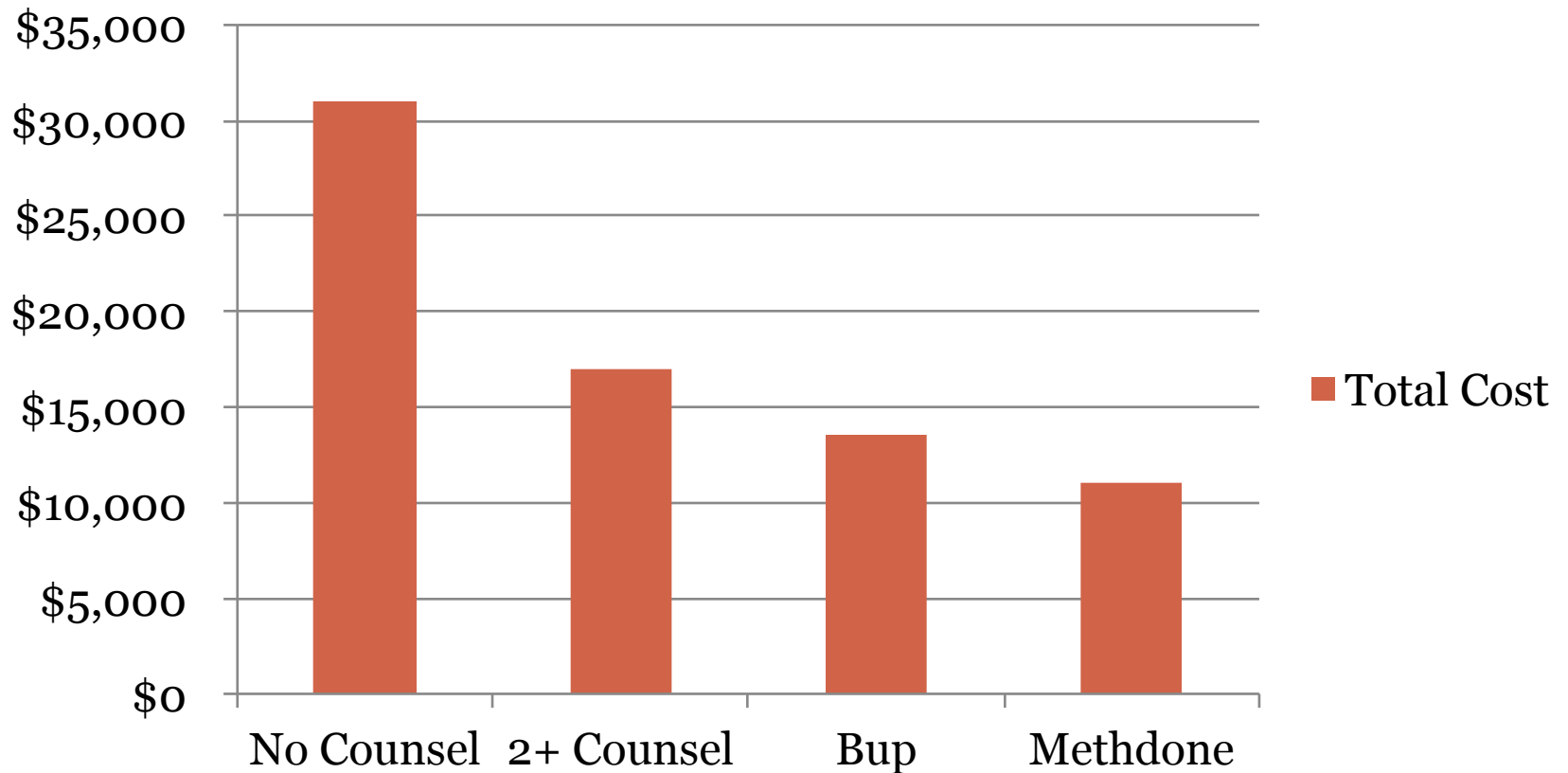


Highlighted timeframe denotes CCO implementation.
 Each period includes members with 6 months of enrollment.
 Source: Oregon Medicaid data.

OUD Costs of Care: Bup Costs Similar to Counseling Only (Lynch et al 2014; 2008 \$)

95

Total Cost



Primary Care Models for treating OUDs

96

- Hub and Spoke – specialty clinic stabilizes patient on buprenorphine and transitions to regular care
- Project Echo – telemedicine coaching and support
- Nurse Care Manager – nurse leads screening and intake, assists in induction, and manages future care
- ED initiation – patients in emergency care, inducted on buprenorphine & transferred to continuing care
- Inpatient initiation – inpatients stabilized on bup and transitioned to primary care when discharged
- Korthuis et al (2017) *Annals of Internal Medicine*

Walter Ling, MD On Detoxification

97

- “Detoxification is good for many things.
- Staying off drugs is not one of them.”