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Psychiatry and Addictions Case Conference

UW Medicine | Psychiatry and Behavioral Sciences

MEASUREMENT BASED CARE (MBC) FOR SUBSTANCE USE DISORDER

UNIVERSITY OF WASHINGTON VA PUGET SOUND

GENERAL DISCLOSURES

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GENERAL DISCLOSURES

UW PACC is also supported by Coordinated Care of Washington

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SPEAKER DISCLOSURES

✓ Any conflicts of interest?

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SPEAKER DISCLOSURES

✓ No conflicts of interest

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OBJECTIVES

Goal is to attain better understanding of Measurement Based Care regarding:

-Usefulness of MBC in treatment of Substance Use Disorders

-Available tools to provide MBC for Substance Use Disorders

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DEFINITION OF MBC

"Enhanced precision and consistency in disease assessment, tracking and treatment to achieve optimal outcomes"

-Harding and colleagues

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FOR EFFECTIVE MBC PROGRAM *(KENNEDY FORUM, 2017):*

- Systematic use of symptoms rating scales in addition to clinical judgement to drive clinical decision making
- Symptoms rating scales used needs to have direct benefit to clinician and patient during clinical encounter
- Rating scale used should be reliable and sensitive to change
- Data collection from patient need to be frequent and shortly before or during clinical encounter

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BENEFITS OF MBC *(KENNEDY FORUM, 2017):*

For Patients:

- Improves patient engagement and knowledge
- Helps patient communicate non-effective treatment
- Earlier feedback to patients (measured symptom improvement)
- Personalized therapeutic interventions
- Better outcomes when assigned to MBC than usual care

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BENEFITS OF MBC *(KENNEDY FORUM, 2017):*

For Providers:

- Improves treatment focus
- Helps monitor quantified treatment response
- Can evaluate treatment effectiveness
- Maximize detection of treatment non-responders
- Enhance therapeutic relationship between patient and providers

- Both patients and providers find MBC helpful

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BENEFITS OF MBC *(KENNEDY FORUM, 2017):*

Healthcare Facility can use aggregate date for:

- Professional development
- Quality improvement of practice
- Help demonstrate value of mental health & substance use treatment services to payers

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NEED FOR MBC IN SUBSTANCE USE TREATMENT(SUT)

- SUD treatment is chronic involving interventions targeted towards substance use, co-occurring mental health disorder and overall functioning improvement
- Need to measure treatment effectiveness in addition to urine toxicology, attendance and abstinence as outcome
- Challenge of demonstrating value of treatment provided without MBC
- MBC improves treatment retention

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MEASURES USED TO TRACK SUT

Addiction Severity Index (ASI), *Ling et al 2012*

- Covers substance use, medical status, psychiatric health, employment/self-support, family relations, illegal activity
- **Baseline ASI**: 227 questions, takes 45-60 mins
- **ASI- Lite**: 111 questions, takes 30-40 mins
- Limitations
  - Needs trained staff
  - Complex & time consuming
  - May not be recovery oriented and not meaningful to patient's treatment goals

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MEASURES USED TO TRACK SUT

Brief Treatment Outcome Measure (BTOM), *J.S. Cacciola et al. 2012*

- Developed for opioid maintenance treatment
- Covers Demographic information, Drug use, Health/ psychological and social functioning, opioid maintenance therapy.
- Administered at intake, follow up intervals ~ 3 months
- Limitations
  - Takes 15-20 mins
  - Limited use in non-opioid users

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MEASURES USED TO TRACK SUT, BTOM:

- Section A (8 items): Age, ethnicity, language spoken, employment, housing
- Section B (15 items): Alcohol and drugs use over last 3 months & 1 month with specific questions on opioid use
- Section C (4 items): General and psychological health in past 3 months
- Section D (8 items): Social aspect of life in past 3 months
- Section E (7 items): Focus on Opioid maintenance pharmacotherapy

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MEASURES USED TO TRACK SUT

Addiction Severity Assessment Tool (ASAT), *J.S. Cacciola et al. 2012*

- Uses arbitrary metrics, difficult to use for clinical decision making

Treatment Outcome Profile (TOP), *J.S. Cacciola et al. 2012*

- Covers Substance use, injecting risk behavior, crime, health & social functioning over past 4 weeks.
- Has 23 items with multiple components
- Administered at baseline, 5-25 wks, 27-52 wks, 53-78 wks
- Limitations
  - Does not cover protective factors
  - Takes ~ 15 mins
  - Requires staff training

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EFFICIENT MBC TOOL FOR SUT NEEDS TO BE

- Brief
- Easy to administer
- Requiring minimal staff training or can be self administered
- Covers Substance use, Psychiatric distress, Physical health, Risk factors and Protective factors
- Sensitive to changes in follow up

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TREATMENT EFFECTIVENESS ASSESSMENT (TEA) FOR SUT, *LING ET AL. 2012*

- Four items (self-administered)
  - Substance use
  - Health
  - Lifestyle (housing, employment, relationships)
  - Community (obeying laws)
- Each domain rating from, score 1 = “not better at all” to score 10 “much better”
- Score range: 4 (no improvement) to 40 (significant improvement)
- Patient can add more details relevant to each score from their perspective
- Patient centered and recovery oriented
- Data suggests correlation between TEA scores and Urine drug screens
- Simple to administer and Brief (takes 2-3 mins)
- Does not require trained staff to administer

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Treatment Effectiveness Assessment (TEA)

The TEA asks you to express the extent of changes for the better from your involvement in the program to this point (or how things are if it's your first TEA or baseline) in four areas: substance use, health, lifestyle, and community. For each area, think about how things have become better and circle the results on the scale below: the more you have improved, the higher the number – from 1 (not better at all) to 10 (very much better). In each area write down the one or two changes most important to you in the Remarks section. Feel free to use the back of this page to add details, explain remarks, and make comments.

Substance use: How much better are you with drug and alcohol use? Consider the frequency and amount of use, money spent on drugs, amount of drug craving, time spent being loaded, being sick, in trouble and in other drug-using activities, etc.

None or not much — Better — Much better

1 2 3 (4) 5 6 7 8 9 10

Remarks:

Health: Has your health improved? In what way and how much? Think about your physical and mental health: Are you eating and sleeping properly, exercising, taking care of health problems or dental problems, feeling better about yourself, etc?

None or not much — Better — Much better

1 2 3 4 (5) 6 7 8 9 10

Remarks:

Lifestyle: How much better are you in taking care of personal responsibilities? Think about your living conditions, family situation, employment, relationships: Are you paying your bills? Following through with your personal or professional commitments?

None or not much — Better — Much better

1 2 3 (4) 5 6 7 8 9 10

Remarks:

Community: Are you a better member of the community? Think about things like obeying laws and meeting your responsibilities to society: Do your actions have positive or negative impacts on other people?

No or not much — Better — Much better

1 2 3 4 (5) 6 7 8 9 10

Remarks:

Name: ____________________ Date: _______ First TEA?: [ ]

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USING DSM-5 OPIOID USE DISORDER (OUD) CRITERIA TO PROVIDE MBC, *JOHN MARSDEN ET AL. 2019*

- DSM-5 OUD criteria focus on
  - Six items: Physiological and cognitive aspects
  - Five items: Risks of harm and social consequences
- Use DSM criteria as part of care planning and follow up
- Include evaluation about concurrent sedative, stimulant, alcohol use
- Evaluate cravings & illicit drug use at 2 weeks
- Evaluate for opioid remission status at 3,6 and 12 months
- For patient's perspective include patient report outcome (PRO)

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BRIEF ADDICTION MONITOR (BAM) FOR MBC,

J.S. CACCIOLA 2012

- Focus on Risk factors, Substance use and protective factors
- 17 items
- Takes 5-10 mins
- Not subject to individual determination
- Requires minimal staff training
- Administered by Provider or Self
- Good test-retest reliability

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BRIEF ADDICTION MONITOR (BAM) FOR MBC

In past 30 days:

- Risks (scored 0-24)
  1. Physical health rating (0-4)
  2. Days of trouble sleeping (0-4)
  3. Days of psychological problems (0-4)
  8. Days of cravings/urges (0-4)
  11. Days in risky situation (0-4)
  15. Interpersonal problems (0-4)

- Substance use (scored 0-12)
  4. Days of alcohol use (0-4)
  5. Days of heavy alcohol use, > 5 drinks (man)/>4drinks(woman) (0-4)
  6. Days of other substance use (0-4)
  7. Days of specific substance use (0-4)

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BRIEF ADDICTION MONITOR (BAM) FOR MBC

In past 30 days:

- Protective factors/strengths (scored 0-24)
  - 9. Confidence about abstinence over **Next** 30 days (0-4)
  - 10. Days of self-help group attendance (0-4)
  - 12. Religious or spiritual support (0-4)
  - 13. Days of structured activities (0-4)
  - 14. Adequate income (0 or 4)
  - 16. Days with supportive family/friends (0-4)

  - 17. Satisfaction with recovery (4-0) (not scored)

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USING BAM TO PROVIDE MBC

- Helps identify and track changes in:
  - Problematic substance use
  - Risk factors
  - Co-occurring psychiatric & physical health problems
- Identify patient's strengths while helping track any changes in follow up
- Can be used to set treatment goals, objectives and plan interventions
- Provides measurable assessment of progress (baseline & 3 months)
- Helps with therapeutic responsibilities & measuring effectiveness of treatment

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EXAMPLE OF BAM AS TOOL FOR MBC:

Problem: Patient reports increased Substance use over past 30 days, BAM rating for substance use – 4, Cravings rating-3, Confidence about abstinence over next 30 days rated – 1, Days in risky situation rated as – 4. Days of self-help group attendance rated – 0

Goal: Patient will lead a sober lifestyle

Objective 1: Will demonstrate 50% reduction in risk score in next 30 days.

- Interventions:
  - Over next 30 days will provide training in cravings management skills
  - Will prescribe medication to help with withdrawals

Objective 2: Patient will attend self-help group 16 out of next 30 days

- Intervention:
  - Will provide list of 12-step meetings within walking distance from Patient's home.

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EXAMPLE OF BAM AS TOOL FOR MBC:

- Problem: BAM scoring over past 30 days, secondary to chronic pain physical health rating – 4, Trouble sleeping-4, Psychological problem/low mood-3
- Goal: In next 30 days
  1. Improved pain control
  2. Improved mood and sleep
- Objective: In next 30 days
  1. Will report 50% reduction in active pain symptoms
  2. Will report 50% improvement in mood symptoms and insomnia
- Intervention:
  1. Referral to primary care physician for pain management
  2. Will evaluate for mood and insomnia, engage in CBT for Mood and Insomnia or prescribe medications targeted for mood symptoms and insomnia

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UTILIZATION OF AGGREGATE DATA FROM MBC,

DUNCAN ET AL.

Development of clinic-based registry to track:

- Adherence to medications
- Self reported continued substance use
- Urine drug screen
- Maintenance dose (buprenorphine, methadone) for OUD
- Tracking Psychiatric disorder with help of standardized scales
- Attendance for follow up appointments
- Review of PMP

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UTILIZATION OF AGGREGATE DATA FROM MBC,

DUNCAN ET AL.

- Benefits to patients from clinic-based registry:
  - Identifying individuals at risk of treatment discontinuation or relapse
  - Early personalized interventions for treatment retention
- Systems based benefits from clinic-based registry:
  - Help identify effectiveness of treatment interventions provided by facility
  - Identify population trends
  - Help demonstrate value of care provided to payers

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