ATLAS®: Using Data to Measure and Improve Addiction Treatment Quality

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Disclosure Information

- Shannon Biello, MPH
  - No disclosures

- Channah VanRegenmorter, MSSW, PMP
  - No disclosures

- Julie Seibert, PhD, MPH
  - No disclosures

Learning Objectives

◆ Describe how ATLAS, a quality measurement system for addiction treatment facilities, collects and uses data to engage key stakeholders, such as providers and states, in improving the quality of addiction treatment.

◆ Examine the processes used to develop, implement, and analyze the ATLAS data sources, including methods to encourage stakeholder participation in data collection and the multi-step validation protocols employed to promote data accuracy.

◆ Explore how data and findings from ATLAS can be leveraged by providers, states, and other key stakeholders to support facility quality improvement efforts, advance the use of clinical best practices in addiction treatment, and improve patient access to high-quality care.

Speaking Today

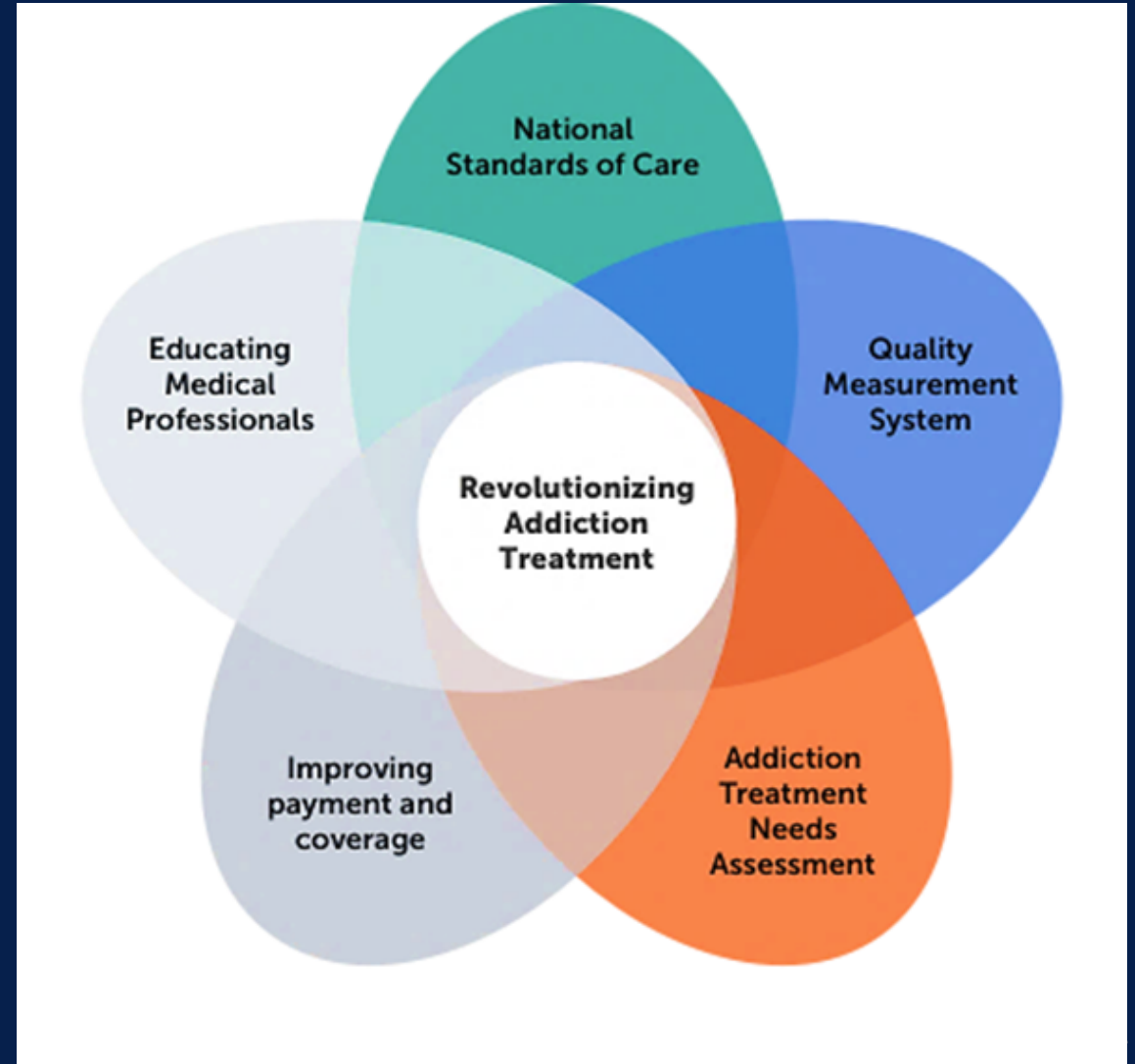**Shannon Biello**
Shatterproof

Channah VanRegenmorter
Eleanor Health

Julie Seibert
RTI International

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Shatterproof

Three Pillars:

◆ Revolutionizing the Addiction Treatment System

◆ Breaking Down Addiction-related Stigmas

◆ Supporting & Empowering Our Communities

Eleanor Health

VISION	Help people affected by addiction live amazing lives

GUIDING PRINCIPLES	We build **uniquely inviting, engaging, and clinically effective environments**

Unmatched access	Evidence-based care	Whole person care	Patient autonomy
Personal connection	Compassion first	Care outside the clinic	Stigma reduction & use reduction

RTI International

delivering **the promise of science** for global good

RTI International is an independent, nonprofit research institute dedicated to improving the human condition. We combine scientific rigor and technical expertise in social and laboratory sciences, engineering, and international development to deliver solutions to the critical needs of clients worldwide.

The Problem: Finding Quality Addiction Treatment is Challenging

?

Where do people (including referral entities) find information on addiction treatment to use when making decisions about care?

Current Sources of Information[1]

- Search engines
- Accrediting bodies:
  - CARF: Find an Accredited Provider
  - Joint Commission
- SAMHSA Behavioral Health Treatment Services Locator
- Word of mouth
- Marketing / advertisements

1. Fox S, Duggan M. The diagnosis difference. Pew Research Center's Internet & American Life Project; 2013. https://www.pewresearch.org/internet/2013/11/26/part-two-sources-of-health-information/. Accessed January 30, 2021

Available in Other Branches of Healthcare

- CMS Compare Websites
  - Nursing Home Compare
  - Hospital Compare
  - Home Health Compare
  - Dialysis Facilities Compare
- LeapFrog Hospital Ratings & Reports
- Specialty Rankings of Quality for Diseases
  - Cystic Fibrosis Foundation
  - US News & World Report Best Hospitals for Cardiology/Cancer, etc.

What was Missing in the Field

- Standardized quality metrics[2,3]
    - Many providers using different quality metrics
    - No clear standards for care widely used in the field
- Clear process and outcomes data for use by providers[4]
- Transparency[3]
- Quick guidance to help people make decisions about appropriate level of care

1. Chen KM, Fiellin DA. Rate Your addiction treatment facility: Exploring the quality chasm online. *J Gen Intern Med* 2020;35:1633–1634. doi: 10.1007/s11606-020-05792-4.
2. Institute of Medicine (US) Committee on Crossing the Quality Chasm: Adaptation to Mental Health and Addictive Disorders. *Improving the quality of health care for mental and substance-use conditions: Quality Chasm Series.* Washington (DC): National Academies Press (US); 2006. http://www.ncbi.nlm.nih.gov/books/NBK19830/. Accessed January 30, 2021.
3. Brandrud AS, Nyen B, Hjortdahl P, et al. Domains associated with successful quality improvement in healthcare - a nationwide case study. BMC Health Serv Res. 2017;17(1):648. Published 2017 Sep 13. doi:10.1186/s12913-017-2454-2.

Standardizing Quality Expectations

Shatterproof National Principles of Care©

#1. Routine screenings in every medical setting

#2. A personal plan for every patient

#3. Fast access to treatment

#4. Long-term disease management

#5. Coordinated care for every illness

#6. Behavioral health care from legitimate providers

#7. Medication for addiction treatment

#8. Recovery support services beyond medical care

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ATLAS: The Platform

Addiction Treatment Needs Assessment

ATLAS Phase 1

$5M pilot implemented in **six states** in partnership with an anchor agency or organization in each state

Included:

- Identifying and testing a **set of quality measures** for addiction treatment

- Formation of **State Advisory Committees** in each state to guide implementation

- Compiling a list of all **specialty addiction treatment facilities**

- Gathering and analyzing **quality data**

- Building **TreatmentATLAS.org**

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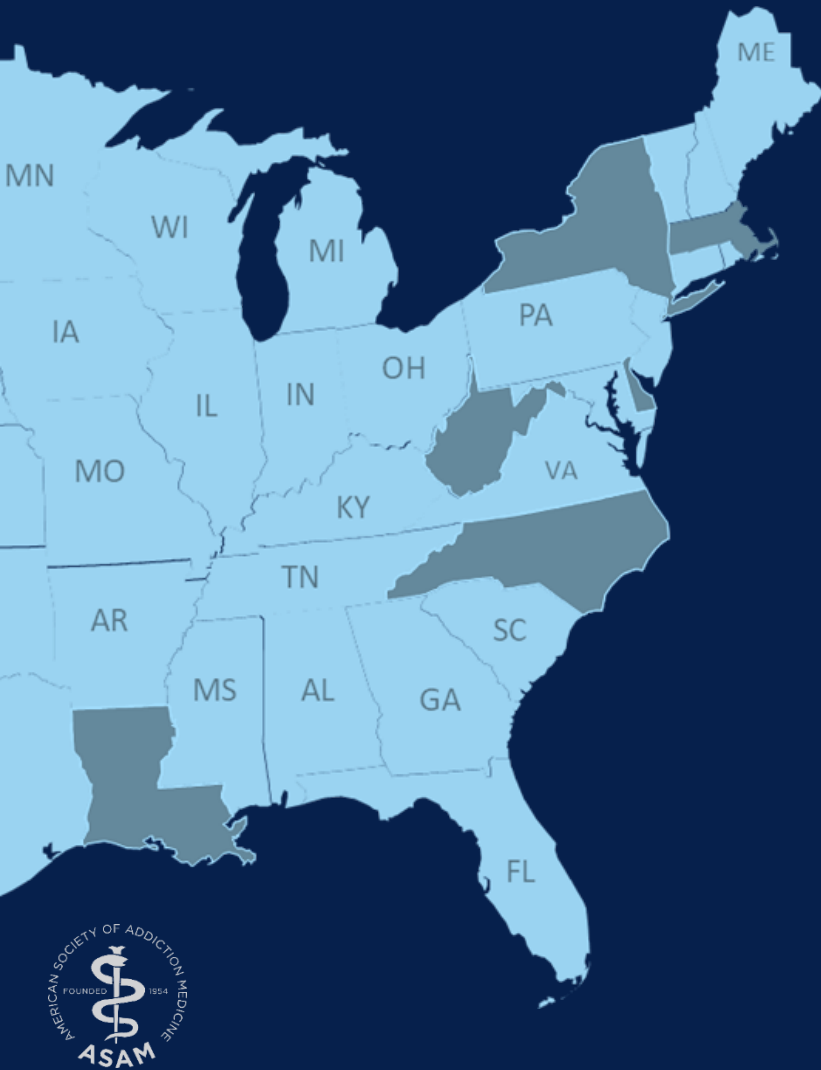
ATLAS Data Sources

Multiple validated data sources were used to assess whether facilities are delivering care consistent with the Principles

Treatment Facility Survey

An online survey administered at the facility level that assesses processes, structures, and services

Patient Experience Survey

A series of multiple-choice questions about use of clinical best practices & perceptions of care & one open-ended question to be completed by patients or loved ones

Claims Measures

Four claims-based measures to be calculated by public and private health insurers in ATLAS states. *Only displayed in password-protected portals*

How data are displayed: ATLAS Facility Profiles

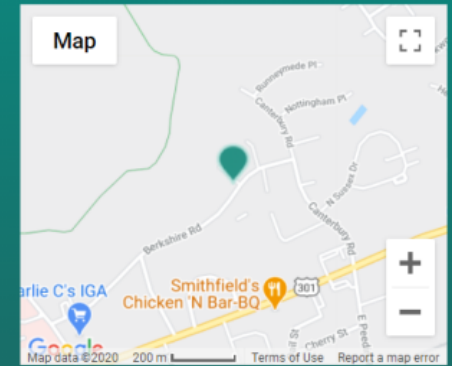## RHCC Cambridge Place

https://www.rhcchealth.org

Mission Statement: Our mission is to improve the health status of our communities by providing an integrated system of high quality primary and preventive health services to all we serve.

109 Cambridge Pl
Smithfield, NC 27577

919-989-8114

+ Add to Compare

Fast Access to Treatment	Offers same day or walk-in appointments	❌	
	Helps patients in other ways if inpatient/residential beds are not available	✅	+ see more
Personalized Evaluation and Treatment Plan	Examines all of the 6 critical factors during the intake process to develop the patient's treatment plan ⓘ	✅	+ see more
Access to Medications for Opioid or Alcohol Use Disorder	Offers FDA-approved medication for **opioid use disorder** ⓘ	➖	Different Location + see more
	Provides Naloxone (e.g., Narcan, Evzio) onsite to patients at risk for overdose ⓘ	✅	
	Offers Naloxone training	✅	For patients
	Offers FDA-approved medication for **alcohol use disorder** ⓘ	➖	Different Location + see more
	Offers medication for mental health	❌	
Effective Behavioral Therapies for Addiction	Offers behavioral therapy that has been shown to help people with addiction ⓘ	✅	+ see more
	Offers individual counseling	✅	
Long-term Treatment and Follow-up	Tracks patient progress over time on all 6 critical factors ⓘ	✅	+ see more
	Uses lab tests to track patient progress ⓘ	✅	
Coordinated Care for Mental and Physical Health	Offers **mental health** care ⓘ	✅	Onsite + see more
	Offers **primary health** care ⓘ	➖	Different Location + see more
Additional Services to Support Recovery	Offers recovery support services ⓘ	✅	+ see more

ATLAS Professional Portals

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Survey Data Collection

◆ Began with list of 2,640 facilities

◆ Emailed each facility explaining project goals, ATLAS development, and participation in Patient Experience Survey and Treatment Facility Survey

◆ For PES, disseminated a patient-facing letter to each facility and asked each treatment facility to distribute it to their patients

◆ For TFS, facilities completed online via link with unique pin

◆ Ran Help Desk to offer ongoing support

◆ Direct outreach by Shatterproof's State Engagement Team

Treatment Facility Survey Validation Approach

◆ **During Survey Submission:**

 ◆ Supporting documentation

 ◆ Survey logic

 ◆ Attestation

◆ **After Survey Submission:**

 ◆ Two-week review period

 ◆ Identifying outliers, responses for additional verification

 ◆ Random sample

Claims Measures

Calculated by select Medicaid agencies in ATLAS states:

◆ Use of medication for the treatment of opioid use disorder (adapted from NQF #3400);

◆ Continuity of medication use for OUD (adapted from NQF #3175);

◆ Follow up after inpatient or residential treatment within 30 days (adapted from NQF #3453); and

◆ Overdoses and adverse events

Stakeholder Engagement in Data Collection

◆ Treatment providers in participating states were contacted multiple times to participate

◆ State & payer partners provided reinforcement and encouragement to participate

◆ Post-survey, providers were able to use Principles of Care framework and data for improvements to care models

◆ Providers also engaged in encouraging patient experience survey data collection

Phase 1 Analysis

Claims Measures:
- ◆ Engaged in data validation procedures
- ◆ Conducted validity and reliability testing

Treatment Facility Survey:
- ◆ Conducted pilot test of facility survey questions
- ◆ Engaged in multi- step validation process
- ◆ Conducted overall, state and level of care analysis

Patient Experience Survey:
- ◆ Conducted pilot test
- ◆ Conducted within and across facility analysis
- ◆ Conducted analysis of open-ended responses

ATLAS Phase 1 Data Summary Findings

51% of facilities provided data across the six pilot states via the Treatment Facility Survey

8,600+ patients submitted feedback on their experiences of care at facilities via the Patient Experience Survey

Demonstrate differences in care across facilities, states, and levels of care that may be used to explore facility performance and make data-driven quality improvements and programmatic and policy decisions as well as drive innovations

Treatment Facility Survey Participation

State	Submitted Surveys
Delaware	48 surveys **72%**
Louisiana	77 surveys **33%**
Massachusetts	209 surveys **49%**
New York	559 surveys **74%**
North Carolina	195 surveys **27%**
West Virginia	158 surveys **63%**

1,200+ facilities, or **51%** across all Phase 1 states

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Patient Experience Survey Participation

State	Number of Responses
Delaware	475
Louisiana	523
Massachusetts	1,111
New York	5,132
North Carolina	628
West Virginia	773

+8,600 responses *as of March 31*st across all Phase 1 states

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Fast Access to Treatment

Proportion of Facilities Offering Same-Day Access for Outpatient Services, By State

Delaware
83%

New York
87%

Louisiana
68%

North Carolina
81%

Massachusetts
60%

West Virginia
67%

Council C, Seibert J, Dowd W, Besser A. Treatment Facility Survey: 6-State pilot survey response analysis. Report to Shatterproof. 2020.

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Fast Access to Treatment

Proportion of Inpatient / Residential Facilities that Offer Additional Assistance to Potential Patients if a Bed is Not Available, *Across ATLAS Phase 1 States*

[SERIES NAME]
86%

[SERIES NAME]
62%

[SERIES NAME]
36%

1. Council C, Seibert J, Dowd W, Besser A. Treatment Facility Survey: 6-State pilot survey response analysis. Report to Shatterproof. 2020.

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Fast Access to Treatment

How often were you able to see someone from the treatment program as soon as you wanted?

60% of patients overall answered **"always"**

However, of facilities with at least 20 PES responses, a **quarter** had **50% or fewer** patients answer "always"

Zuckerbraun S, Eicheldinger C, Thornburg V, Carley-Baxter L, Owens R, Seibert J, Mark,T. Patient experience of care: 6-State pilot survey response analysis. Report to Shatterproof. 2020.

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Personalized Evaluation & Treatment Plan

Assessing Patients on the Six ASAM Dimensions of Care across All Facilities

19% assessed **fewer than six**
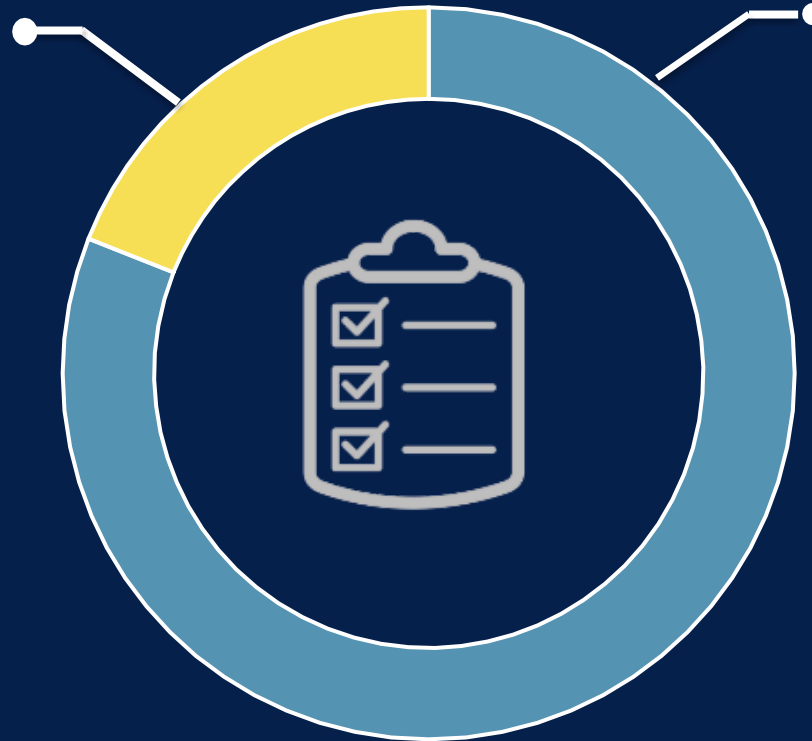
81% of facilities assessed **all six dimensions**

Council C, Seibert J, Dowd W, Besser A. Treatment Facility Survey: 6-State pilot survey response analysis. Report to Shatterproof. 2020.

Personalized Evaluation & Treatment Plan

Utilization of the Six ASAM Dimensions of Care across All Facilities
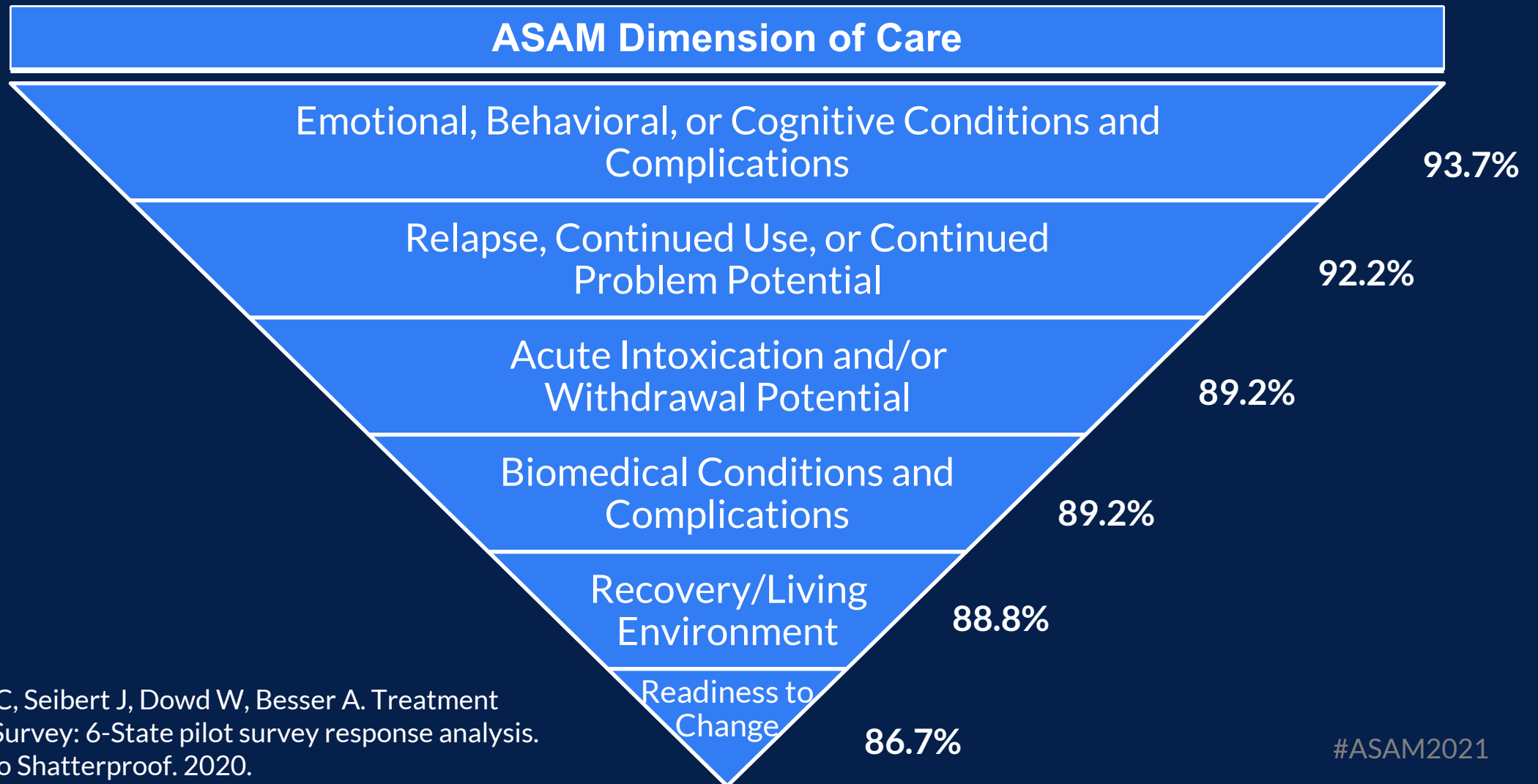
ASAM Dimension of Care

Emotional, Behavioral, or Cognitive Conditions and Complications — 93.7%

Relapse, Continued Use, or Continued Problem Potential — 92.2%

Acute Intoxication and/or Withdrawal Potential — 89.2%

Biomedical Conditions and Complications — 89.2%

Recovery/Living Environment — 88.8%
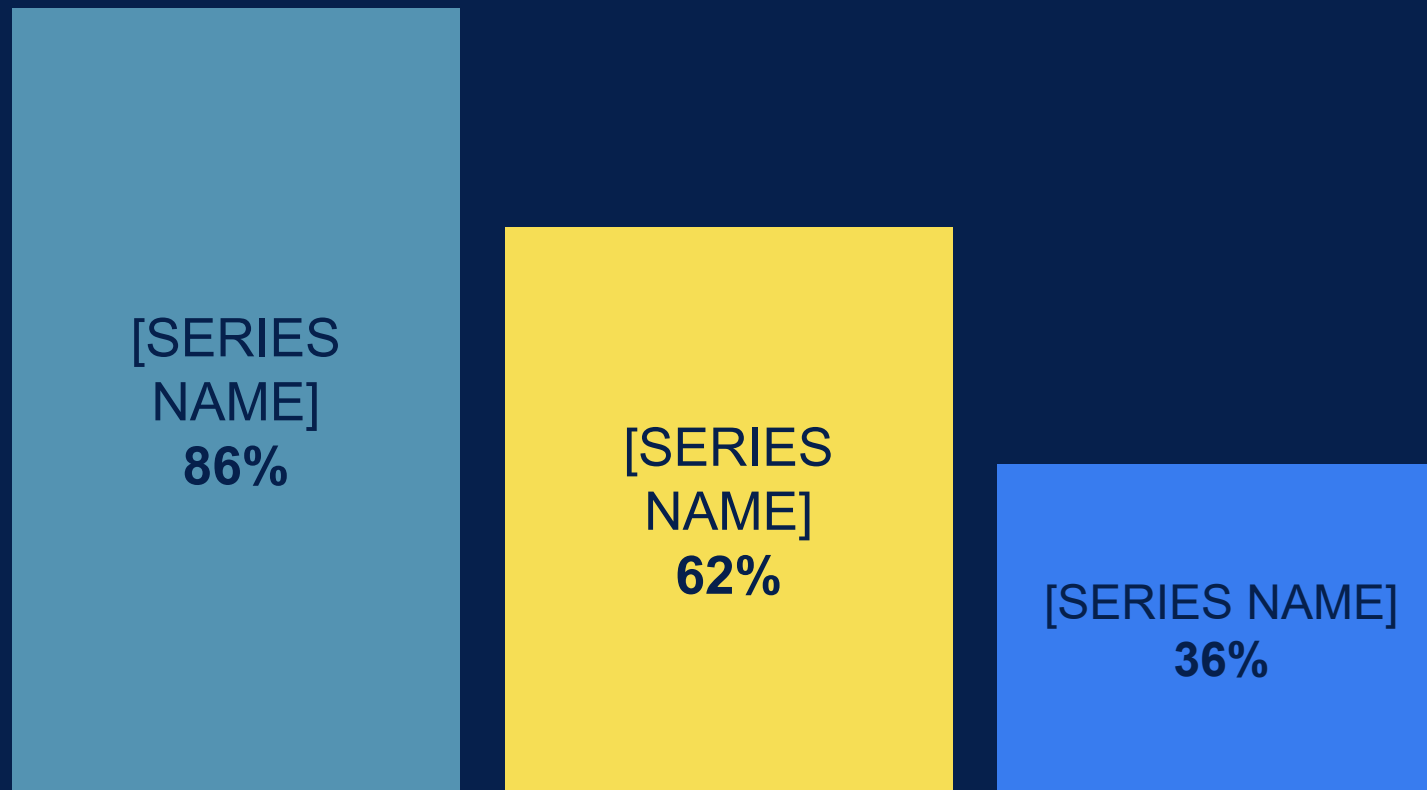
Readiness to Change — 86.7%

Council C, Seibert J, Dowd W, Besser A. Treatment Facility Survey: 6-State pilot survey response analysis. Report to Shatterproof. 2020.

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Access to Medications for Opioid Use Disorder

Percentage of Facilities Providing MOUD by Medication

Naltrexone

57%

Buprenorphine

59%

Methadone

17%

Council C, Seibert J, Dowd W, Besser A. Treatment Facility Survey: 6-State pilot survey response analysis. Report to Shatterproof. 2020.

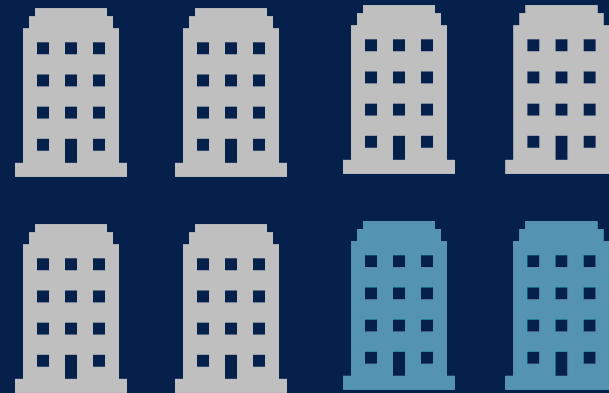#ASAM2021

Access to Medications for Opioid Use Disorder

In the average facility, **37%** of patients with an opioid use disorder receive a medication within 30 days of visiting that facility

>= 75% Top 10% of facilities

<= 13% Bottom 10% of facilities

Dowd W, Mark T, Barch D, Popovic J, Seibert J. Claims-based Measure Analysis. Report to Shatterproof. 2020.

Continuity of Medications for Opioid Use Disorder

In the average facility, **24%** of patients who filled an opioid use disorder medication used it for 180 days or more
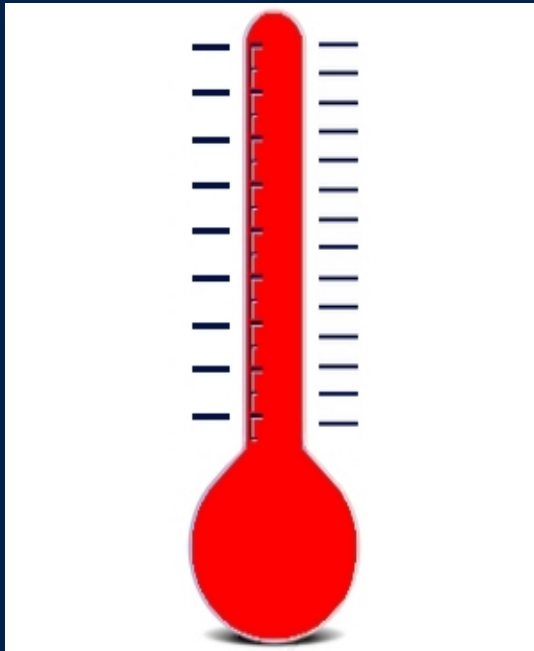
>= 39%   Top 10% of facilities

<= 9%   Bottom 10% of facilities

Dowd W, Mark T, Barch D, Popovic J, Seibert J. Claims-based Measure Analysis.
Report to Shatterproof. 2020.

Let's Discuss: Provide Your Comments in the Chat Functionality!

?

Did any of these findings surprise you?

How might we use these findings in 2021 and beyond?

Effective Behavioral Therapies for Addiction

Evidence-based Behavioral Therapy Utilization across All Facilities by Specific Therapy
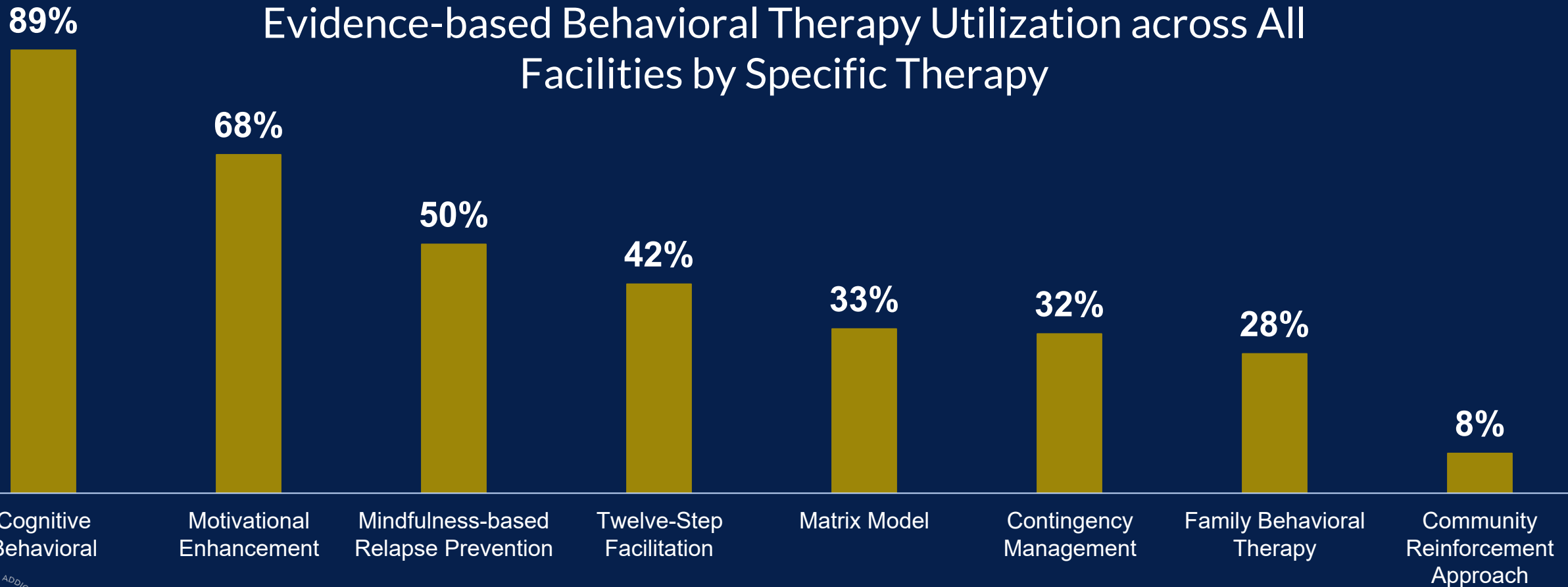
- Cognitive Behavioral — 89%
- Motivational Enhancement — 68%
- Mindfulness-based Relapse Prevention — 50%
- Twelve-Step Facilitation — 42%
- Matrix Model — 33%
- Contingency Management — 32%
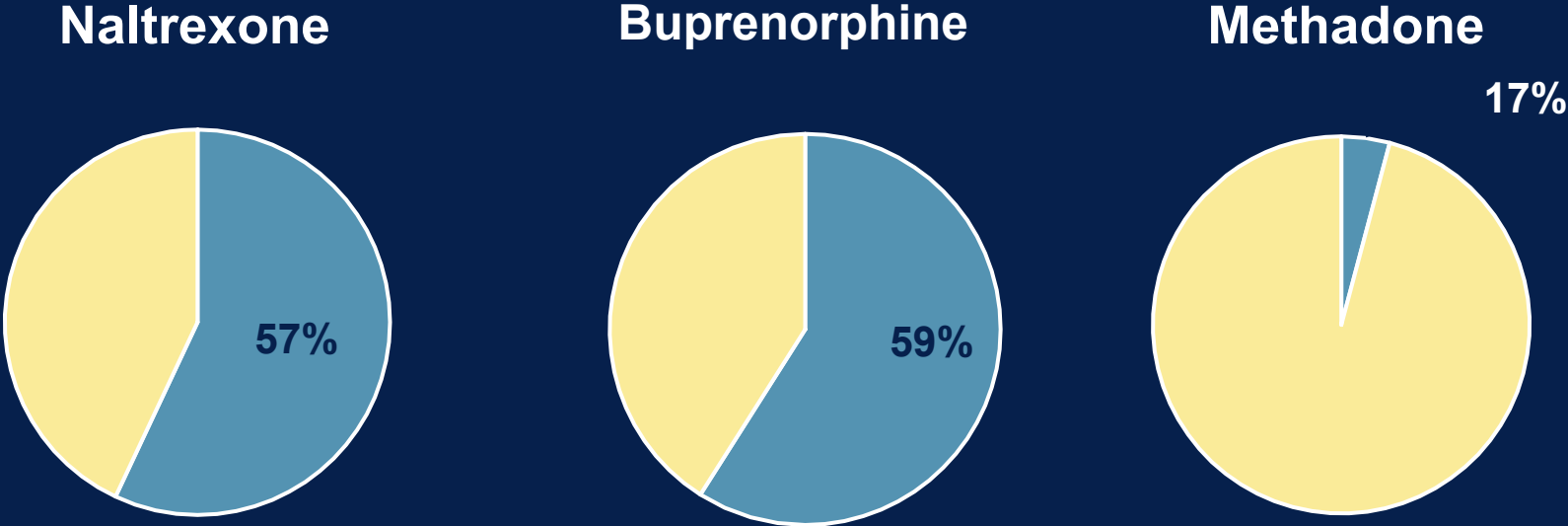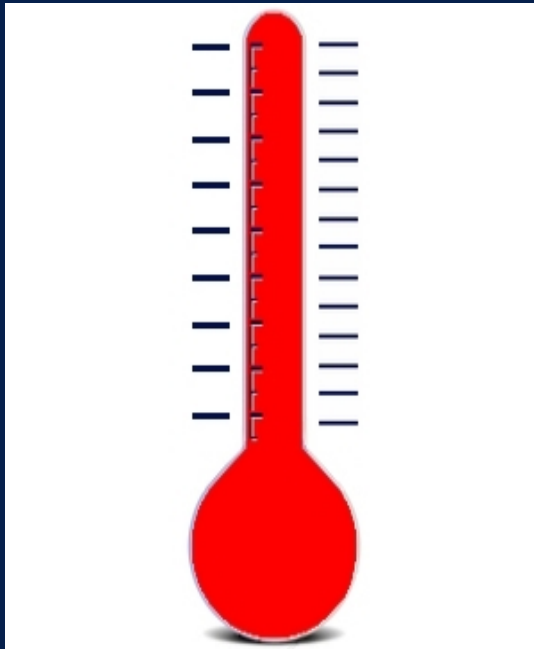- Family Behavioral Therapy — 28%
- Community Reinforcement Approach — 8%

Council C, Seibert J, Dowd W, Besser A. Treatment Facility Survey: 6-State pilot survey response analysis. Report to Shatterproof. 2020.

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Long-term Treatment and Follow-up

In the average residential or inpatient facility, 24% of patients received outpatient treatment within 7 days of discharge

>= 39% Top 10% of facilities

<= 9% Bottom 10% of facilities

Dowd W, Mark T, Barch D, Popovic J, Seibert J. Claims-based Measure Analysis.
Report to Shatterproof. 2020.

Coordinated Care for Mental & Physical Health

Provision of Mental Health Treatment across All Facilities
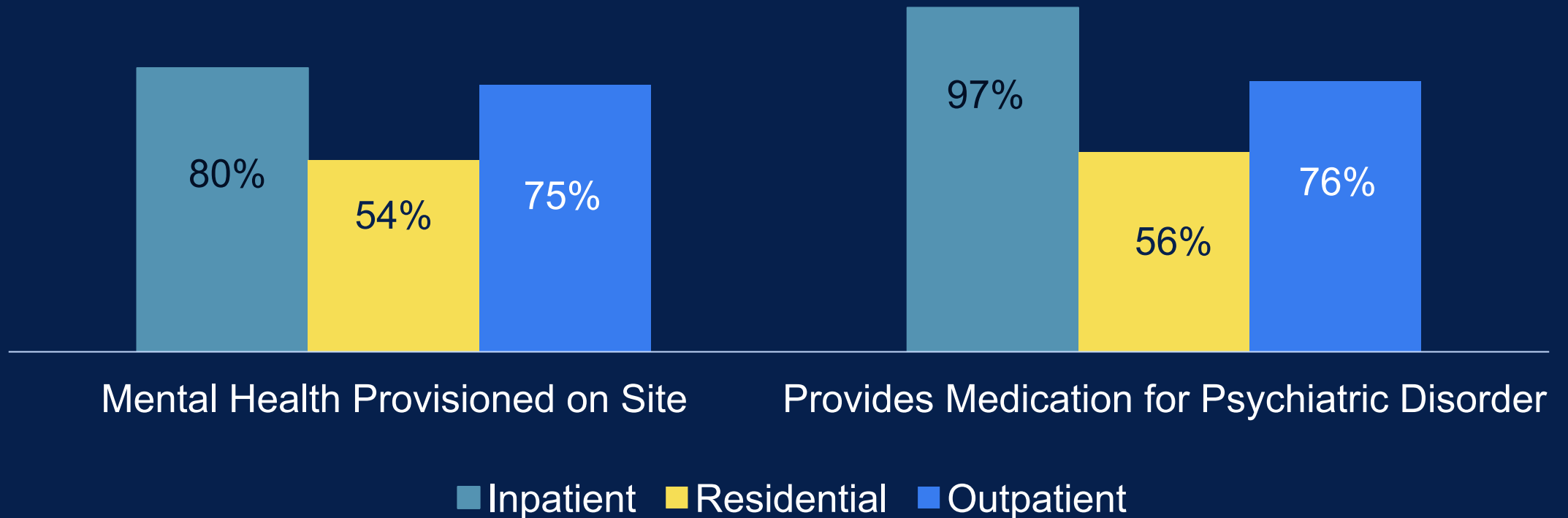
Mental Health Provisioned on Site — Inpatient 80%, Residential 54%, Outpatient 75%

Provides Medication for Psychiatric Disorder — Inpatient 97%, Residential 56%, Outpatient 76%

Legend: ■ Inpatient ■ Residential ■ Outpatient

Council C, Seibert J, Dowd W, Besser A. Treatment Facility Survey: 6-State pilot survey response analysis. Report to Shatterproof. 2020.

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Coordinated Care for Mental & Physical Health

Across all states:

20% of facilities offer primary health treatment, including via telemedicine, on-site

10% of facilities offer off-site primary care at a facility operated by the same organization or in the same delivery system or network.
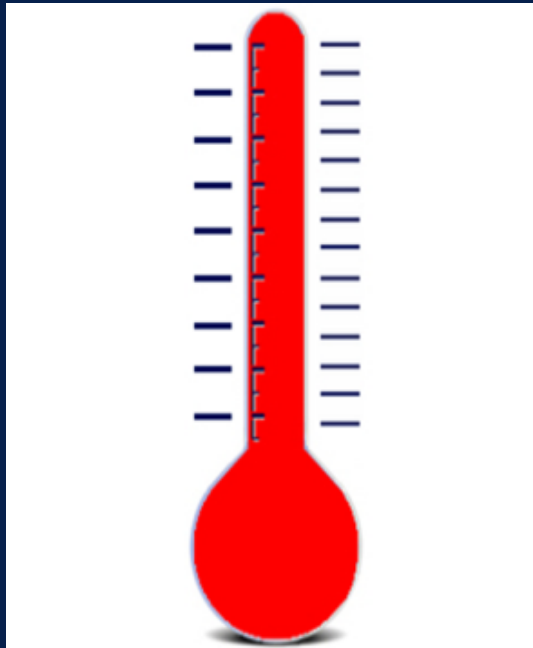
Council C, Seibert J, Dowd W, Besser A. Treatment Facility Survey: 6-State pilot survey response analysis. Report to Shatterproof. 2020.

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Additional Services to Support Recovery

Percentage of Facilities Providing Recovery Support Services
Across ATLAS Phase 1 States
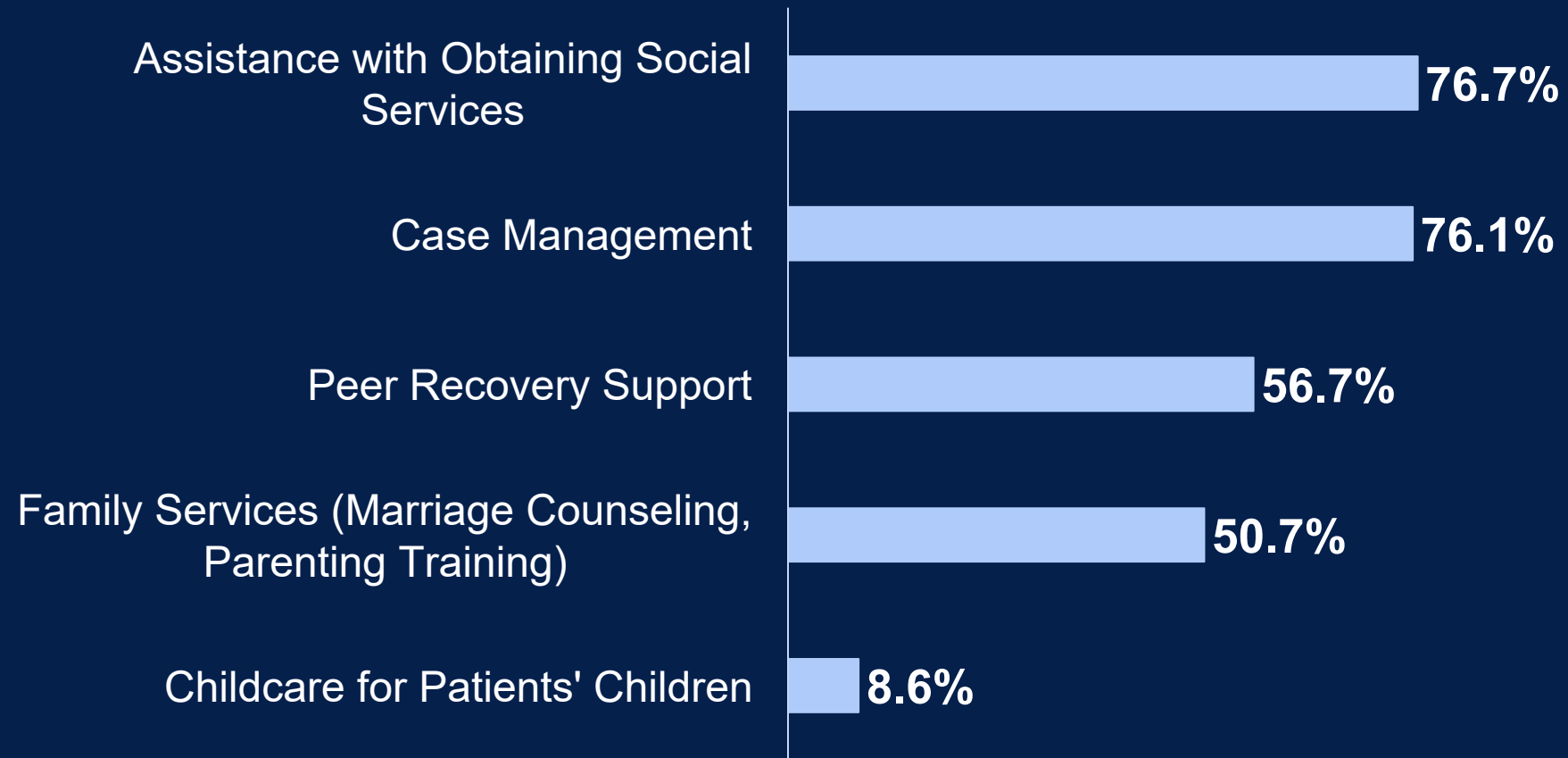
Service	Percentage
Assistance with Obtaining Social Services	76.7%
Case Management	76.1%
Peer Recovery Support	56.7%
Family Services (Marriage Counseling, Parenting Training)	50.7%
Childcare for Patients' Children	8.6%

Council C, Seibert J, Dowd W, Besser A. Treatment Facility Survey: 6-State pilot survey response analysis. Report to Shatterproof. 2020.
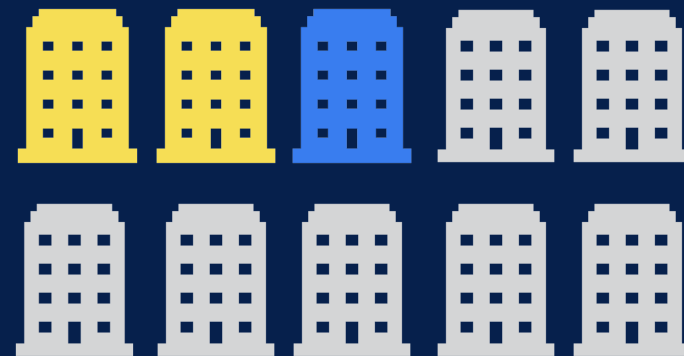
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Outcomes

How much have you been helped by the treatment you received here?

5% "a little"

15% "somewhat"

80% overall answered **"a lot"**

Zuckerbraun S, Eicheldinger C, Thornburg V, Carley-Baxter L, Owens R, Seibert J, Mark,T. Patient experience of care: 6-State pilot survey response analysis. Report to Shatterproof. 2020.

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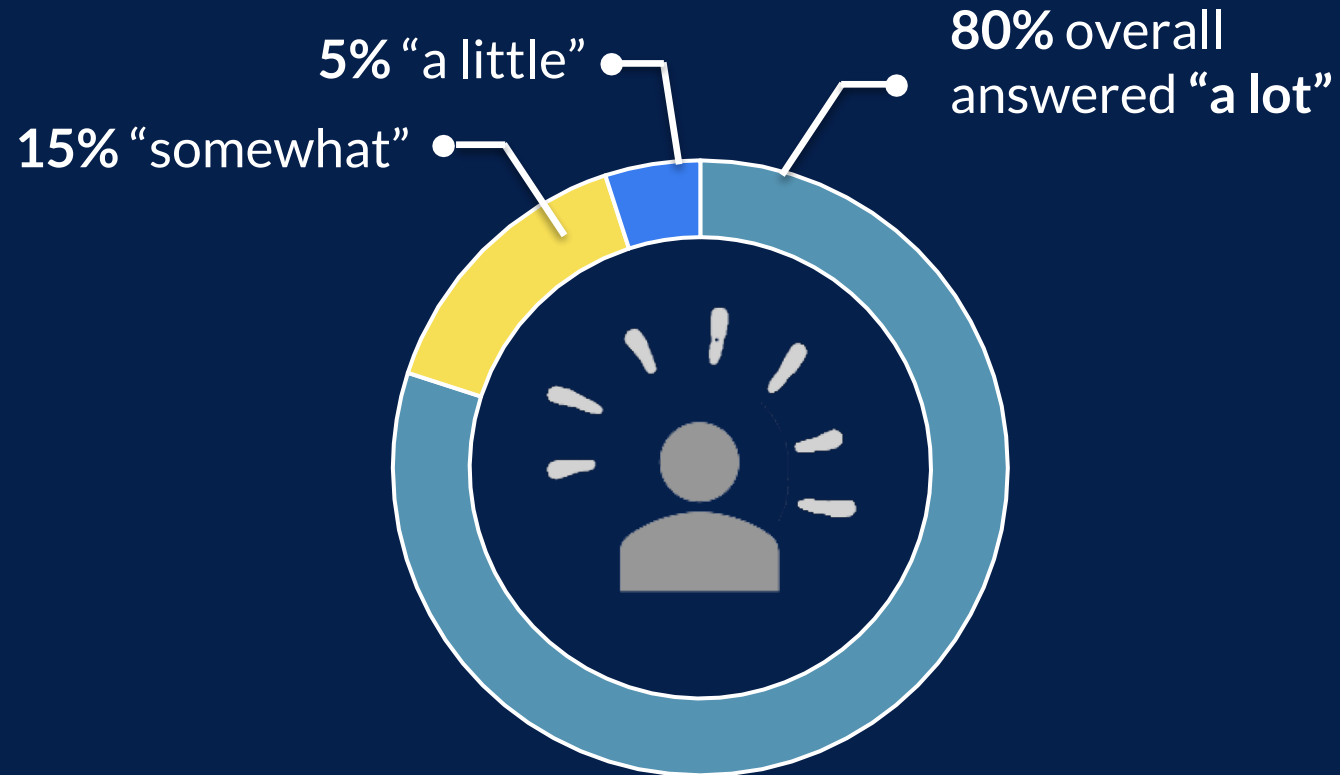
Outcomes

How much have you been helped by the treatment you received here?

What does this look like among facilities with at least 20 responses?

The bottom **10%** of facilities had **65% or less** of patients say they were helped "a lot."

The top 10% of facilities had **ALL** patients report they were helped "a lot" by treatment.

Zuckerbraun S, Eicheldinger C, Thornburg V, Carley-Baxter L, Owens R, Seibert J, Mark,T. Patient experience of care: 6-State pilot survey response analysis. Report to Shatterproof. 2020.

Let's Discuss: Provide Your Comments in the Chat Functionality!

?

Did any of these findings surprise you?

How might we use these findings in 2021 and beyond?

How ATLAS Data Can Be Leveraged

Patients

- Have transparent and reliable information on the quality of addiction treatment facilities, services available, and feedback from other patients
- Are empowered to navigate the addiction treatment system

Providers

- Can use data to inform quality improvement initiatives
- Can benchmark quality objectively
- Generating patient referrals

- Can steer members to high-quality, in-network care
- Can identify high-performing providers and support adoption of best practices among others
- Opportunity to align benefits with quality

Health Insurers

- Can direct technical assistance resources based on needs and gaps shown in the ATLAS data
- Can make data-driven decisions about payment and policy changes

State Agencies

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How States Can Use ATLAS Data

◆ Understand and track facility alignment with clinical best practices (e.g., identifying gaps in care, benchmark progress longitudinally)

◆ Optimize resource allocation & technical assistance based upon data and findings

◆ Reference as a tool for constituents

◆ Integrate ATLAS with existing state resources

Addiction Treatment Continuous Quality Improvement Series

Goal: Empower and support providers in building quality improvement infrastructures that enable ongoing improvements and delivery of care aligned with the Principles of Care

The series supported the following Core Addiction Treatment Provider Competencies:

1. Understanding the National Principles of Care and Goals for Making Related Care Delivery Improvements (based on ATLAS data)
2. Data and Quality
3. Patient Engagement
4. Leadership
5. Demonstrating Value

Areas of focus for the Series were determined based on **ATLAS Phase 1 data findings**

Eleanor Health

- Participant in ATLAS program in NC
- Participant in the Shatterproof State Advisory Committee
- Used the Shatterproof National Principles of Care to inform care model improvements
- Uses quality metrics to inform quarterly care plans, including:
  - Craving Scale (multi-substance craving scale based on Opioid Craving scale & Cocaine Craving Scale)
  - Phq9
  - Gad7
  - Recovery Capital Scale

Eleanor Health's Care Model

Eleanor Health's integrated care model ensures a patient's **physical, behavioral, and psychosocial needs are met**, delivering **better outcomes** and a **higher quality of life**. Every component of our care model can be delivered **virtually, in the clinic or in the community** in order to reduce barriers to access.

Treatment for SUD

Medication Assisted Treatment (MAT) and individually tailored plans to **build recovery capital** and meet a community member's individual needs and goals

Treatment for Mental Health

Medication management and individual, group, and family therapy for **co-occurring mental health conditions** such as depression and trauma

Treatment for Physical Health

Nurse Care Managers support **physical health** and ensure all community members are **connected to PCPs** and other specialists as needed

Community Recovery Partners

CRPs provide **proactive mobile-engagement** in the community and remove barriers to access to treatment and **reduce unnecessary ED / inpatient utilization**

Next Steps

◆ Use lessons learned from ATLAS Phase 1 to enhance data collection efforts

◆ Expand ATLAS in 2021 to new states

◆ Collect 2021 data from existing and new states

◆ Engage with stakeholders to facilitate ATLAS data use

Final Takeaways

◆ Shatterproof and RTI, in partnership with ATLAS stakeholders, were able to successful collect quality data using three approaches

◆ ATLAS data are useful indicators of quality that can be used to differentiate facility alignment with clinical best practices

◆ Various opportunities exist for stakeholders to use ATLAS data in their work

◆ Quality measures will be updated and refined as the addiction treatment landscape changes (e.g., COVID-19)

Want to bring ATLAS to your state?

Email us:
ATLAS@shatterproof.org

References

1. Fox S, Duggan M. The diagnosis difference. *Pew Research Center's Internet & American Life Project; 2013.* https://www.pewresearch.org/internet/2013/11/26/part-two-sources-of-health-information/. Accessed January 30, 2021
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7. Dowd W, Mark T, Barch D, Popovic J, Seibert J. Claims-based Measure Analysis. Report to Shatterproof. 2020.