



The Use of Evidence-Based Standards for Addiction Treatment

Tracking the use of NQF Standards in addiction treatment programs

SUMMARY

In 2007, the National Quality Forum (NQF) published voluntary consensus standards on 11 evidence-based practices in substance abuse treatment. (See [Appendix 1](#) for a list.) The Open Society Institute subsequently led a project to:

- Build awareness of the NQF standards for substance abuse treatment.
- Develop and test measures to track the adoption and use of at least two standards.

Results

- The term "NQF standards" is now commonly heard in the lexicon of the addiction treatment field.
- The NQF standards were the focus of numerous workshops and conferences that reached some 3,000 thought leaders in the addiction treatment field.
- The National Association of State Alcohol and Drug Abuse Directors (NASADAD) tested the usability of operational measures for medication-assisted treatment of substance abuse and found that "states' technological capacity does not seem ready for widespread adoption."

Funding

The Robert Wood Johnson Foundation (RWJF) provided a grant of \$767,467 to the Open Society Institute.

CONTEXT

There are effective, evidence-based methods for treating people with substance abuse conditions, but these methods are not used consistently in the field. RWJF has funded two previous projects aimed at identifying such practices:

- In December 2004, the NQF convened a workshop to recommend evidence-based practices that merited widespread implementation. For more information, see the [Program Results Report](#) on ID# 049909.
- In 2007, the NQF published a report, *National Voluntary Consensus Standards for the Treatment of Substance Use Conditions: Evidence-Based Treatment Practices*, which identified 11 standards for evidence-based treatment of substance abuse conditions. See [Appendix 1](#) for a list of the standards. For more information, see the [Program Results Report](#) on ID# 052638.

A strong dissemination effort was needed to get uptake of the standards in the substance abuse treatment field. And the standards—which are broad descriptions of best practices—needed to be translated into measures that treatment programs could use to track the quality of their work.

RWJF also funded *Advancing Recovery: State/Provided Partnerships for Quality Addiction Care*, a program focused on increasing the adoption and use of evidence-based treatments by substance abuse treatment organizations.

More recently, RWJF has shifted its funding in the area of addiction to focus on vulnerable populations such as former prisoners dealing with issues of re-entry into society.

THE PROJECT

In August 2007, RWJF awarded a grant to the Open Society Institute in New York to:

- Build awareness of the NQF standards for substance abuse treatment.
- Develop and test measures to track the adoption and use of at least two standards.

Victor A. Capoccia, PhD, directed the project.¹ The Open Society Institute awarded subgrants to carry out most of the work.

Promoting the NQF Standards

To disseminate the standards to the field, the Open Society awarded subgrants to:

- The Treatment Research Institute, a Philadelphia research firm, to promote the standards among "key transmitters"—i.e., people and organizations that are influential in broader networks in the addiction field. Stakeholders targeted by this effort included:
 - Representatives of federal agencies

¹ Capoccia was formerly a senior program officer at RWJF, directing the Foundation's work in improving substance abuse treatment.

- Addiction policy and research experts
- State and local officials addressing substance use
- Community Advocates, a Milwaukee nonprofit, to identify opportunities for states to reference the standards as they establish health insurance exchanges, one of the key provisions of the 2010 Affordable Care Act, the federal health care reform law.

Developing and Testing Measures

The Open Society Institute chose two standards for measurement development and testing:

- Continuing care management
- Medication-assisted treatment

Continuing Care

Open Society awarded a subgrant to the NQF to define the elements of continuing care that are essential to establishing a measure. Continuing care was chosen because, although it is widely practiced, it was not well defined.

The forum commissioned a background paper on measuring continuing care management and held a workshop on November 4, 2009, to identify the key measurable elements of continuing care. The workshop did not identify specific measures. More details on the workshop are available [online](#).

Medication-Assisted Treatment

Open Society awarded a subgrant to the National Association of State Alcohol and Drug Abuse Directors (NASADAD) to identify and test a measure for medication-assisted treatment in public-sector treatment programs. Medication-assisted treatment was chosen because the weight of evidence supports its use for alcohol and opiate addiction.

NASADAD began by surveying state substance abuse agencies to assess their data capacity and their use of both medication-assisted treatment and performance measures. Researchers conducted qualitative interviews with officials of four states to further illuminate their findings.

NASADAD then developed an initial set of performance measures and conducted a survey in five states to determine whether states could extract public data to calculate the use of the draft measures.

Other Funding

The Substance Abuse and Mental Health Services Administration provided:

- \$39,000 to the NQF for its work on the continuing care standard.
- \$25,000 to the Treatment Research Institute for its work on promoting the standards (also supported by RWJF, as described above).

RESULTS

Promoting the NQF Standards

The project director reported these results of the dissemination effort:

- **The term "NQF standards" is now commonly heard in the lexicon of the addiction treatment field, according to Project Director Capoccia.** For example:
 - A Google Scholar Search of "NQF Substance Use Conditions" identified 1,060 citations in articles.
 - An array of federal policy reports and directives, including those concerned with implementing the 2010 Affordable Care Act, have cited the NQF standards. For example:
 - Federal agency guidance and resource materials available to states, purchasers and providers of treatment for substance abuse disorders
 - A 2010 Office of National Drug Control Policy strategy document
 - Many U.S. Department of Health and Human Services documents, including *Description of a Modern Addictions and Mental Health Service System*. This paper outlines a framework to define core behavioral health benefits mandated by the 2010 Affordable Care Act.
- **The NQF standards were the focus of numerous workshops and conferences that reached some 3,000 thought leaders in the addiction treatment field.** These include:
 - Twelve meetings of state substance abuse agency directors and other stakeholders conducted by Treatment Research Institute
 - Ten national presentations for state officials, heads of treatment organizations and county directors of treatment programs
- **Community Advocates identified more than 30 opportunities under the 2010 Affordable Care Act to improve addiction treatment.** A report, *Health Care Reform and Addiction: An Exploration of "Pressure Points" Within the Patient Protection and Affordable Care Act*, detailed these opportunities, including:

- A web of new agencies, task forces and institutes
- New research and prevention initiatives
- An expansion of health delivery and coverage systems including the adoption of state health care exchanges
- New coverage plans and plan requirements

Developing and Testing Measures

Capoccia reported this result to RWJF:

- **The researchers conducted a five-state survey examining states' capacity to track measures for medication-assisted treatment.** For the survey, they devised a set of 15 measures—eight for treating opioid abuse and seven for alcohol abuse. The study found that:
 - Most of the five states that participated in the pilot study were able to capture performance data related to opioid medications. States were better at capturing information about methadone than buprenorphine.
 - Unlike opioid treatment, most states appeared quite limited in their ability to capture services related to medications to treat alcohol abuse and alcoholism.
 - States appeared more able to capture data on the use of measures when patients are early in the treatment process than when they taper or stop medication maintenance.

The surveys found that with few exceptions, states' technological capacity was not ready for widespread adoption of medication-assisted treatment. (See [Appendix 2](#) for more details on findings.) The researchers concluded:

"Regardless of whether SUD [substance use disorders] treatment continues to be provided through traditional specialty care programs or whether there is a shift to community health centers, there is a need for a much stronger federal role to support the implementation of data infrastructures that can monitor evidence-based treatment services for public clients."

LESSONS LEARNED

1. **Take advantage of a "fertile context" to disseminate quality measures.** The dissemination project was able to interest an array of stakeholders in the work for three reasons: (1) public opinion recognized addiction as primarily a health issue, (2) discussions of health reform on the national level raised questions about integrating addiction in the mainstream health care, and (3) there was significant growth in the research and science base for addiction treatment. "Together these forces represented

a fertile context in which NQF standards could be presented, discussed and employed," Capoccia reported.

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APPENDIX 1

National Voluntary Consensus Standards for the Treatment of Substance Use Conditions: Evidence-Based Treatment Practices

Identification of Substance Use Conditions

Screening and Case Finding

1. During new patient encounters and at least annually, patients in general and those in mental health care settings should be screened for at-risk drinking, alcohol use problems and illnesses, and any tobacco use.
2. Health care providers should employ a systematic method to identify patients who use drugs that considers epidemiologic and community factors and the potential health consequences of drug use for their specific population.

Diagnosis and Assessment

3. Patients who have a positive screen for—or an indication of—a substance use problem or illness should receive further assessment to confirm that a problem exists and determine a diagnosis. Patients diagnosed with a substance use illness should receive a multidimensional, biopsychosocial assessment to guide patient-centered treatment planning for substance use illness and any coexisting conditions.

Initiation and Engagement in Treatment

Brief Intervention

4. All patients identified with alcohol use in excess of National Institute on Alcohol Abuse and Alcoholism guidelines and/or any tobacco use should receive a brief motivational counseling intervention by a health care worker trained in this technique.

Promoting Engagement in Treatment for Substance Use Illness

5. Health care providers should systematically promote patient initiation of care and engagement in ongoing treatment for substance use illness. Patients with substance use illness should receive supportive services to facilitate their participation in ongoing treatment.

Withdrawal Management

6. Supportive pharmacotherapy should be available and provided to manage the symptoms and adverse consequences of withdrawal, based on a systematic assessment of the symptoms and risk of serious adverse consequences related to the withdrawal process. Withdrawal management alone does not constitute treatment for dependence and should be linked with ongoing treatment for substance use illness.

Therapeutic Interventions to Treat Substance Use Illness

Psychosocial Interventions

7. Empirically validated psychosocial treatment interventions should be initiated for all patients with substance use illnesses.

Pharmacotherapy

8. Pharmacotherapy should be recommended and available to all adult patients diagnosed with opioid dependence and without medical contraindications. Pharmacotherapy, if prescribed, should be provided in addition to and directly linked with psychosocial treatment/support.
9. Pharmacotherapy should be offered and available to all adult patients diagnosed with alcohol dependence and without medical contraindications. Pharmacotherapy, if prescribed, should be provided in addition to and directly linked with psychosocial treatment/support.
10. Pharmacotherapy should be recommended and available to all adult patients diagnosed with nicotine dependence (including those with other substance use conditions) and without medical contraindications. Pharmacotherapy, if prescribed, should be provided in addition to and directly linked with brief motivational counseling.

Continuing Care Management of Substance Use Illness

11. Patients with substance use illness should be offered long-term, coordinated management of their care for substance use illness and any coexisting conditions, and this care management should be adapted based on ongoing monitoring of their progress.

APPENDIX 2

Findings of the State Surveys on Medication Assisted Treatment

The initial state surveys found that:

- Three quarters (72.5%) of all states collected patient diagnosis suggesting that a majority of single state agencies for substance abuse services (SSAs) capture information that will be essential as health reform advances.
- Fourteen states (27.5 %) captured whether patients received medication-assisted treatment (MAT) and eight (16%) were able to identify the type of MAT received.
- Twelve (23.5%) states reported that they use an electronic health record system.

- Of the 40 states that responded to the SSA inquiry, many SSA's reported that MAT was available in their states (naltrexone, 53%; vivitrol and anatabuse, 45%; and acamprosate, 35%).
- A majority of states reported that they do not require or mandate that a prescribing professional be on site at least once for either outpatient (80%) or residential (67.5%) treatment programs.

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