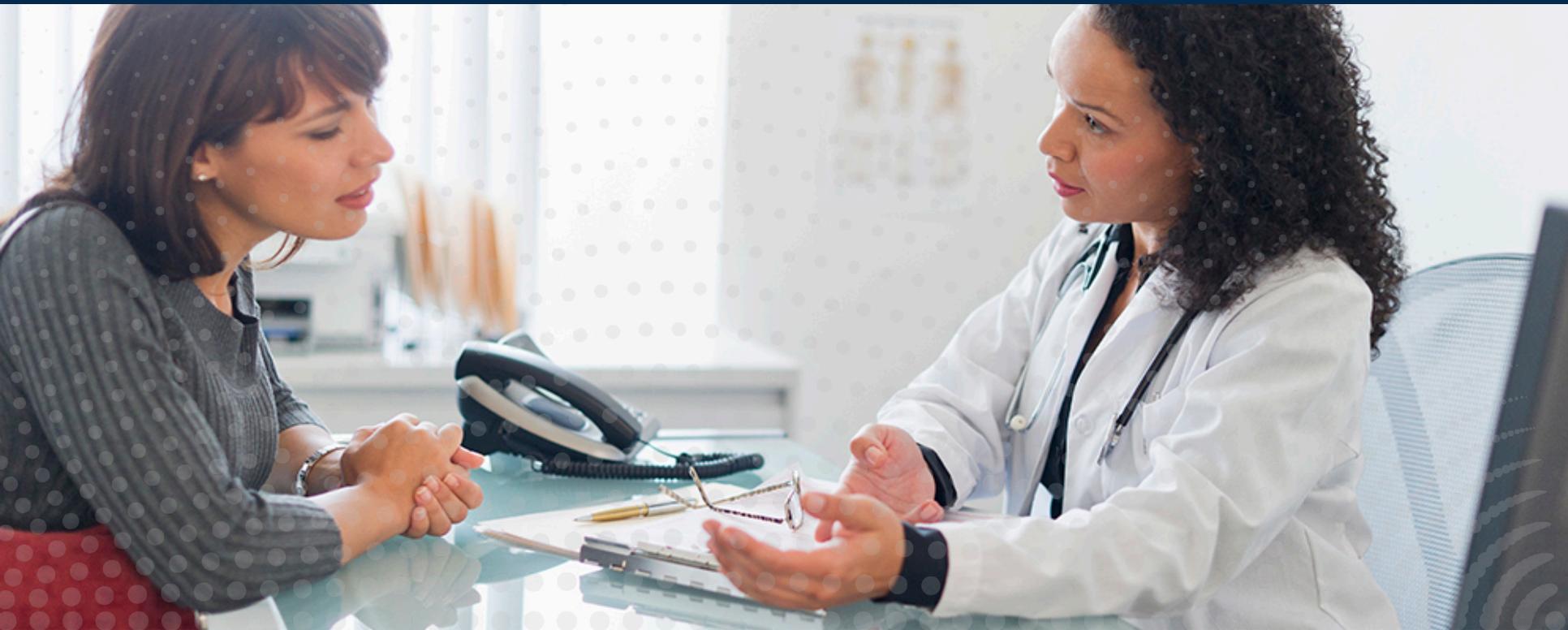




# How to Improve Addiction Treatment by Systematically Tracking Patient Outcomes

Tami L. Mark, Scott Luetgenau, Katherine Fitzgerald, Karin Haberlin





## **Q & A**

You can submit a question on the bottom left of your screen at any point during the presentation. **We will answer questions after each presentation.**

## **Resources**

You can find a PDF of the presentation and additional resources under the headshot image located on the left of your screen.

## **Help**

for assistance, please e-mail Melissa Pangaro at [mpangaro@naccme.com](mailto:mpangaro@naccme.com)



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# Agenda



## **1. Does outcome measurement improve addiction treatment?**

*Speaker: Tami Mark*

## **2. North Carolina Opioid Treatment program implementation of an electronic outcome capture tool**

*Speaker: Scott Luetgenau*

## **3. Massachusetts use of mobile application to track outcomes and improve client engagement**

*Speaker: Katherine Fitzgerald*

## **4. Connecticut Department of Mental Health and Addiction Services provider outcomes dashboard**

*Speaker: Karin Haberlin*

# Does Outcome Measurement Improve Treatment: Summary of Evidence



**Tami L. Mark, PhD, MBA**

RTI International  
Senior Director, Behavioral Health  
Financing and Quality Measurement

# What Is Measurement-Based Care



3. In the past 30 days (or 7 days if Follow-up), how many days have you felt depressed, anxious, angry or very upset throughout most of the day?

<u>Intake (last 30d)</u>		<u>FU (last 7d)</u>	<u>Wk 1</u>	<u>Wk 2</u>	<u>Wk3</u>	<u>Wk4</u>	<u>Wk5</u>	<u>Wk6</u>	<u>Wk 7</u>	<u>Wk8</u>
0	<input type="radio"/>	0 days	<input type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>					
1-3	<input type="radio"/>	1 day	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>				
4-8	<input type="radio"/>	2 days	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
9-15	<input type="radio"/>	3 days	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
16-30	<input checked="" type="radio"/>	4 or more days	<input type="radio"/>							

4. In the past 30 days (or 7 days if Follow-up), how many days did you drink ANY alcohol?

<u>Intake (last 30d)</u>		<u>FU (last 7d)</u>	<u>Wk 1</u>	<u>Wk 2</u>	<u>Wk3</u>	<u>Wk4</u>	<u>Wk5</u>	<u>Wk6</u>	<u>Wk 7</u>	<u>Wk8</u>
0	<input type="radio"/>	0 days (Skip to #6)	<input type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>				
1-3	<input type="radio"/>	1 day	<input type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
4-8	<input type="radio"/>	2 days	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
9-15	<input type="radio"/>	3 days	<input type="radio"/>							
16-30	<input checked="" type="radio"/>	4 or more days	<input type="radio"/>							

Measurement-Based Care is the routine measurement of disease symptoms, signs or biomarkers in clinical practice.

# Why Measurement Based Care in Addiction Treatment?



Improve early detection of risk factors for relapse (e.g. craving)

Detect patients who are not improving and adjust treatment protocols

Improve patient engagement and self-management

Improve patient clinician communication and joint decision making

Communication value to payers and others



Growing evidence based  
says **yes** but not a “**slam  
dunk**” and still lots to learn.

- Fortney et al. A Tipping Point for Measurement-Based Care. Psychiatr Serv. 2016
- Kendrick et al, Routine use of patient reported outcome measures (proms) for improving treatment of common mental health disorders in adults. Cochrane Database of Systematic Reviews. 2016
- Carlier IVE, van Eeden WA (2017) Routine Outcome Monitoring in Mental Health Care and Particularly in Addiction Treatment: Evidence-Based Clinical and Research Recommendations. J Addict Res Ther 8: 332. doi:10.4172/2155-6105.1000332
- Lambert et al. Collecting and delivering progress feedback: A meta-analysis of routine outcome monitoring. Psychotherapy. 2018
- Peterson et al. Outcome Measures for Measurement Based Care in Mental Health Shared Decision-Making. Washington (DC): Department of Veterans Affairs (US); 2018

# Provider Quality Measurement and Feedback



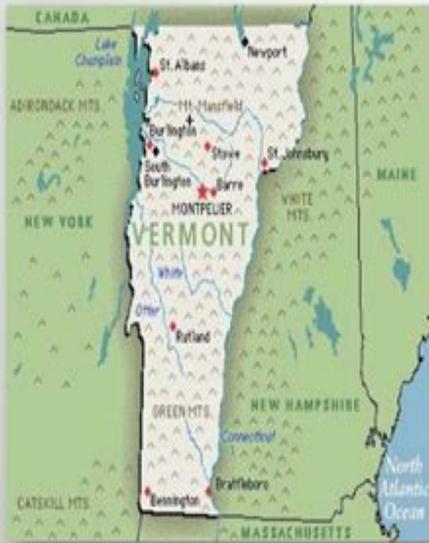
A clinician or provider's clinical outcomes are measured and then fed back, typically in comparison to other providers, standards or targets.

Source: Ivers et al. Audit and feedback: Effects on professional practice and healthcare outcomes. Cochrane Database of Systematic Reviews, 2012

# Provider Feedback Stimulated by Wennberg's Pioneering Work on Practice Variations



## Practice Variation: Rediscovery by Wennberg

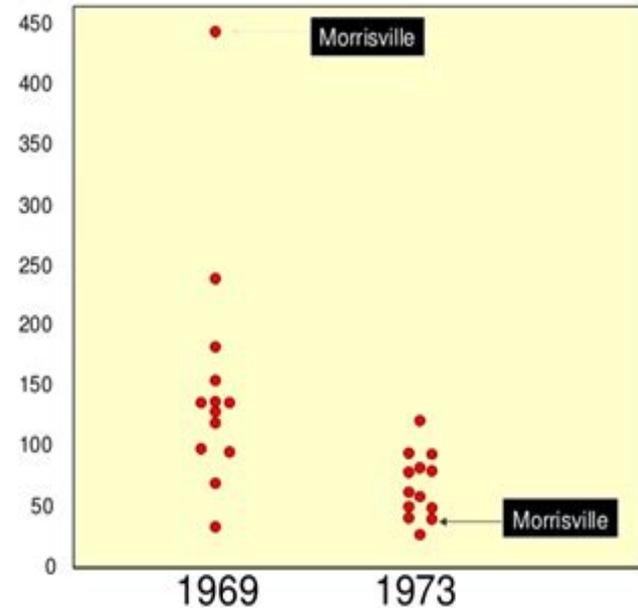


John E. Wennberg, 1973

### Variations in:

- Tonsillectomy: 17-fold
- Hysterectomy: 6-fold
- Prostatectomy: 4-fold
- 'The need for assessing outcome of common medical practices'
- 'Professional uncertainty and the problem of supplier-induced demand'

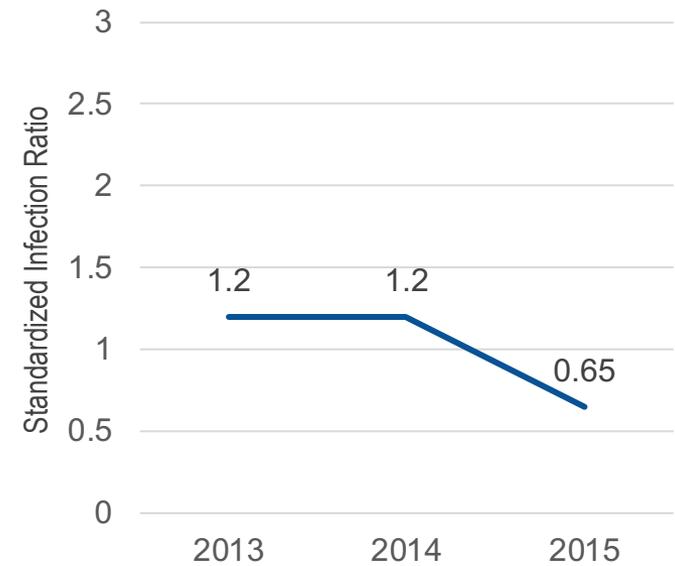
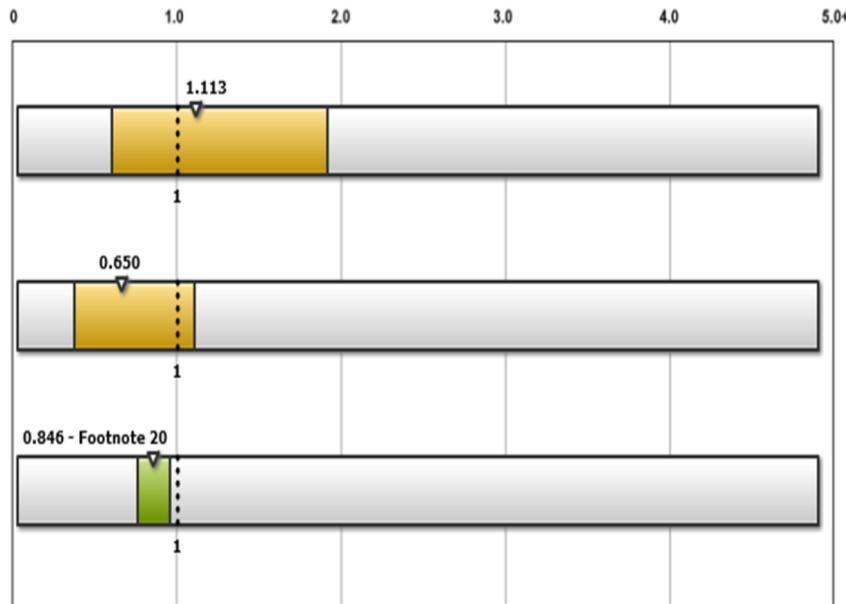
## Tonsillectomy rate per 10,000 children among 13 Vermont Hospital service areas



# Example From CMS Quality Measures Strategies: Catheter-Associated Urinary Tract Infections



← Lower Numbers are Better ←  
Hover over the caret for estimated range of results



# Challenges to Measurement Based Care and Provide Quality Measurement Feedback

WHAT TO  
**measure?**

*Domains and  
instruments*

HOW TO  
**measure and report?**

*Technological infrastructure,  
formatting, frequency,  
comparisons*

HOW TO  
integrate into  
**clinical  
practice?**

*Cultural change*

How to efficiently collect outcome measures with minimal burden on clinicians and/or patients

How to use **OUTCOME MEASUREMENT** to facilitate patient engagement and shared-decision making?

Is there room for  
**IMPROVEMENT?**

Is there a clear  
**ACTION PLAN** for  
improvement?

# Opioid Treatment Program Use of Standardized Electronic Patient Reported Outcome Measures



**Scott Luetgenau, MSW, LCAS**

SouthLight Healthcare in Raleigh,  
NC Medication-Assisted Treatment Director

OPIOID  
TREATMENT  
PROGRAM  
ESTABLISHED IN 1970



- Private, non-profit with extensive service lines
- Opioid Treatment Program serves approximately 600 individuals with severe opioid use disorders
- Complex comorbidity & social determinants of health
- Redefined our internal mission statement in 2016
- Cost of stigma around medication-assisted treatment

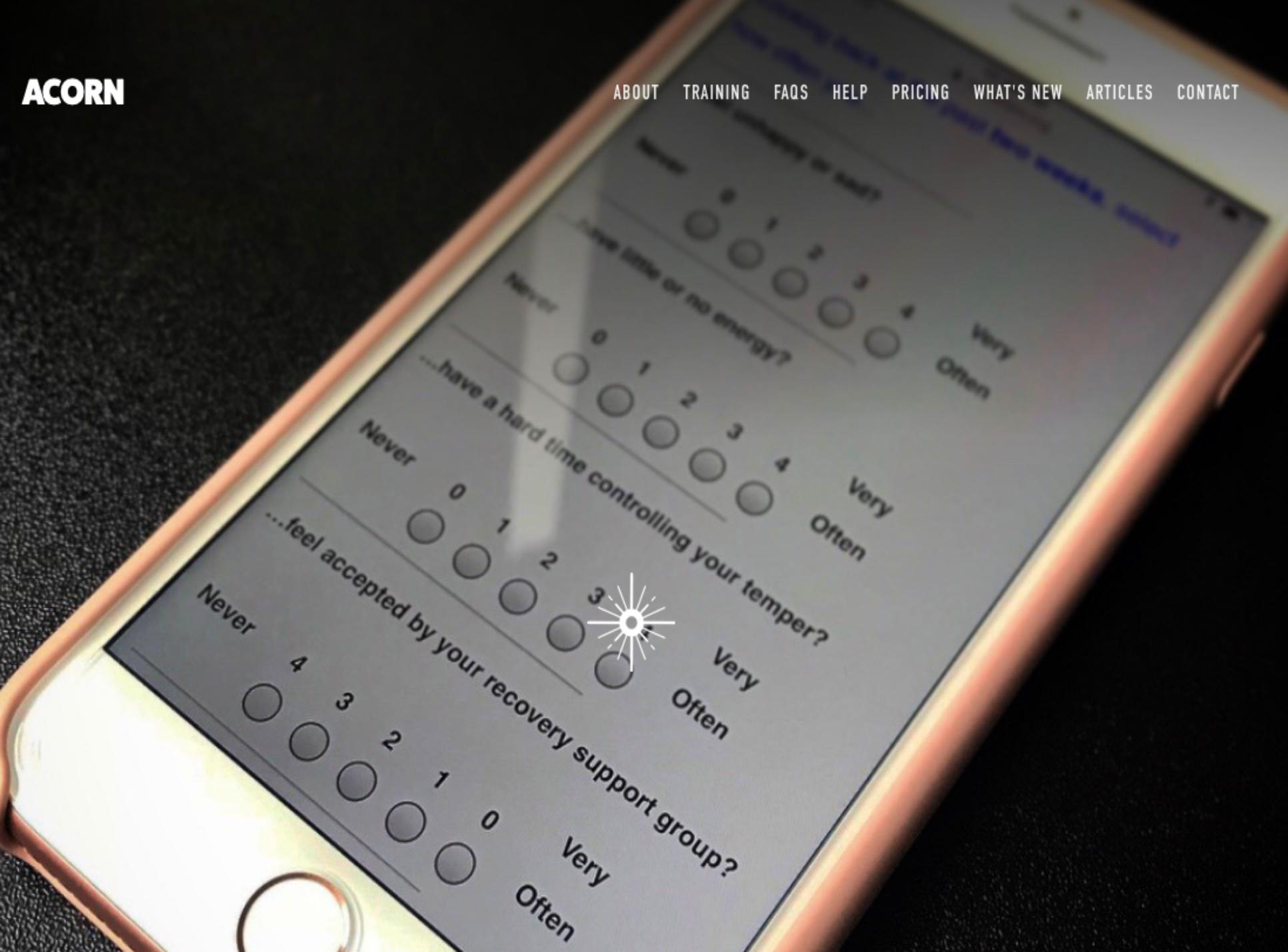
ARE YOU ANY  
GOOD AS A  
THERAPIST?





# HUMILITY (noun)

The characteristic of being humble; humbleness in character and behavior.



...little or no energy?

Never 0 1 2 3 4 Very Often

...have a hard time controlling your temper?

Never 0 1 2 3 4 Very Often

...feel accepted by your recovery support group?

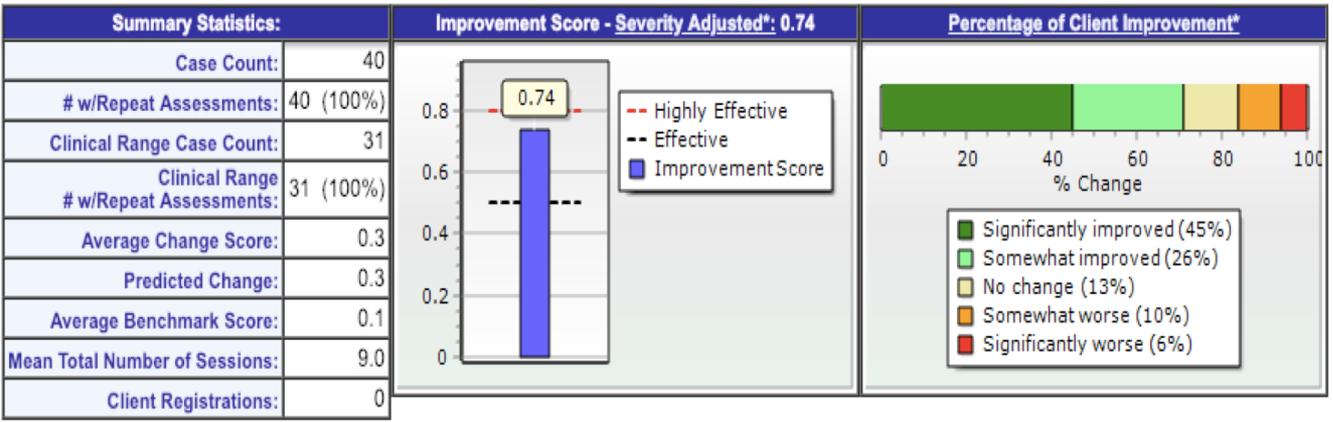
Never 4 3 2 1 0 Very Often

Date Range (Recent Sessions) - Start: 11/24/2018 End: 1/23/2019 OR (Select Date Range)  
 Organization: SouthLight Opioid Treatment Program Site: ALL Clinician ID: [REDACTED] Client ID (Type 'ALL' for all clients): ALL

Advanced Search Filters: [Show/Hide](#) \*Hold down CTRL to Select Multiple Options

### All Episodes of Care

[EXPORT](#)



\* Note: Severity Adjusted Improvement Score and Percentage of Client Improvement graphs are based on cases with intake scores in the clinical range with 2 or more assessments. The sample size for these graphs is 31 cases, which is 77.50 % of all cases with multiple assessments.

**Graphing Scores:** To view the graph of scores for a specific client, click on the Client ID #.

=Client Registration Form Received. =Youth/Child survey completed by Parent or Caregiver.

Client ID	Assessment Count	Most Recent Date	Most Recent Clin ID	Most Recent Clinician Name	GDS	Self Harm	Substance Abuse	Alliance	Clinical Message	Status	Change Score	Benchmark Score
<a href="#">79896</a>	13	1/15/2019	79820	[REDACTED]	2.8	2.0	0.0	0.0	3060	Off track	-1.0	-1.4
<a href="#">73769</a>	13	1/18/2019	79820	[REDACTED]	2.8	0.0	0.5	0.0	3060	Off track	-0.7	-1.2
<a href="#">128</a>	11	1/17/2019	79820	[REDACTED]	2.7	0.0	2.0	0.0	3320	Off track	-0.4	-1.0
<a href="#">121</a>	7	1/11/2019	79820	[REDACTED]	2.0	0.0	0.8	0.0	2035	Off track	-0.8	-0.9
<a href="#">79441</a>	9	1/16/2019	79820	[REDACTED]	1.9	0.0	1.5	0.0	3270	Off track	-0.5	-0.7
<a href="#">796</a>	9	1/7/2019	79820	[REDACTED]	1.5	0.0	0.5	0.0	2035	Off track	-0.5	-0.6

Client ID	Assessment Count	Most Recent Date	Most Recent Clin ID	Most Recent Clinician Name	GDS	Self Harm	Substance Abuse	Alliance	Clinical Message	Status	Change Score	Benchmark Score	
<a href="#">79896</a>	13	1/15/2019	79820		2.8	2.0	0.0	0.0	3060	Off track	-1.0	-1.4	
<a href="#">844</a>	8	1/14/2019	79820		1.7	0.0	2.0	0.0	2430	As expected	-0.1	-0.4	
<a href="#">837</a>	6	1/7/2019	79820		1.8	0.0	0.3	0.0	1600	As expected	0.5	-0.1	
<a href="#">81045</a>	12	1/17/2019	79820		0.1	0.0	0.0	0.0	1011	Better than expected	1.3	1.0	
<a href="#">80712</a>	10	11/29/2018	79820		1.3	0.0	2.3	0.0	2430	As expected	0.7	0.2	
<a href="#">79897</a>	9	12/31/2018	79820		1.1	0.0	0.0	0.0	1600	As expected	0.5	0.2	
<a href="#">79874</a>	16	12/31/2018	79820		2.3	0.0	2.0	0.0	2430	As expected	0.1	-0.5	
<a href="#">79851</a>	21	1/14/2019	79820		1.0	0.0	0.5	0.0	1041	Better than expected	1.4	0.8	
<a href="#">79799</a>	9	1/23/2019	79820		1.7	0.0	2.0	1.0	2430	As expected	0.3	-0.1	
<a href="#">796</a>	9	1/7/2019	79820		1.5	0.0	0.5	0.0	2035	Off track	-0.5	-0.6	
<a href="#">79441</a>	9	1/16/2019	79820		1.9	0.0	1.5	0.0	3270	Off track	-0.5	-0.7	
<a href="#">792</a>	7	11/27/2018	79820		1.0	0.0	1.0	0.5	1600	As expected	-0.1	-0.1	
<a href="#">78924</a>	12	12/26/2018	79820		0.0	0.0	0.0	0.0	1011	Better than expected	0.6	0.6	
<a href="#">78719</a>	2	12/17/2018	79820		1.4	0.0	1.3	0.0	1600	As expected	0.5	0.1	
<a href="#">78682</a>	10	1/11/2019	79820		0.3	0.0	1.5	0.0	1400	Better than expected	1.6	1.2	
<a href="#">77581</a>	9	1/2/2019	79820		0.8	0.0	1.8	0.0	2010	As expected	0.7	0.4	
<a href="#">76178</a>	14	1/17/2019	79820		1.3	0.0	1.3	1.0	1601	As expected	0.1	-0.1	

# Alliance

## Q: How does the alliance section work?

A: Therapeutic alliance has been found to predict psychotherapy outcomes more than treatment approach or experience of the therapist. But, there are a few things to know about making the most of your alliance feedback.

1. People will be polite and this is a problem. Those who report an excellent alliance early in treatment, and then mark it worse (even by a small amount) at the end of treatment (about 14%) have the worse results (average effect size of .6).
2. The pattern associated with the best outcomes is that the client gives feedback early in therapy that the alliance was not perfect...there is room for improvement in some area. As treatment progresses, the alliance scores then get better. Overall, about 41% of cases fit this pattern, with a mean effect size of .85. Those who report excellent alliance throughout therapy (about 45%) have a mean effect size of .78.

Client ID	This patient reports a severe level of global distress and improvement is significantly less than average in treatment compared to similar patients.								Clinical Message	Status	Change Score	Benchmark Score
<a href="#">79896</a>	This is a pattern associated with premature termination with a poor outcome. However, if the clinician addresses patient concerns and succeeds in keeping the patient engaged in treatment, the probability for significant improvement remains good.								3060	Off track	-1.0	-1.4
<a href="#">844</a>									2430	As expected	-0.1	-0.4
<a href="#">837</a>									1600	As expected	0.5	-0.1
<a href="#">81045</a>									12	1/17/2019	79820	[REDACTED]
<a href="#">80712</a>	10	11/29/2018	79820	[REDACTED]	1.3	0.0	2.3	0.0	2430	As expected	0.7	0.2

- High-level look at individual progress in treatment
- Resource Optimization Intelligence (ROI)
- Benchmark comparisons
- Incredible supervision tool
- Value-based healthcare

# Questions and Answers



# Use of a Mobile Phone Application to Allow Patients to Share Their Feelings in Real Time



**Dr. Katherine Fitzgerald, DO**

Dana Day Treatment Center, in  
Petersham, MA Medical director

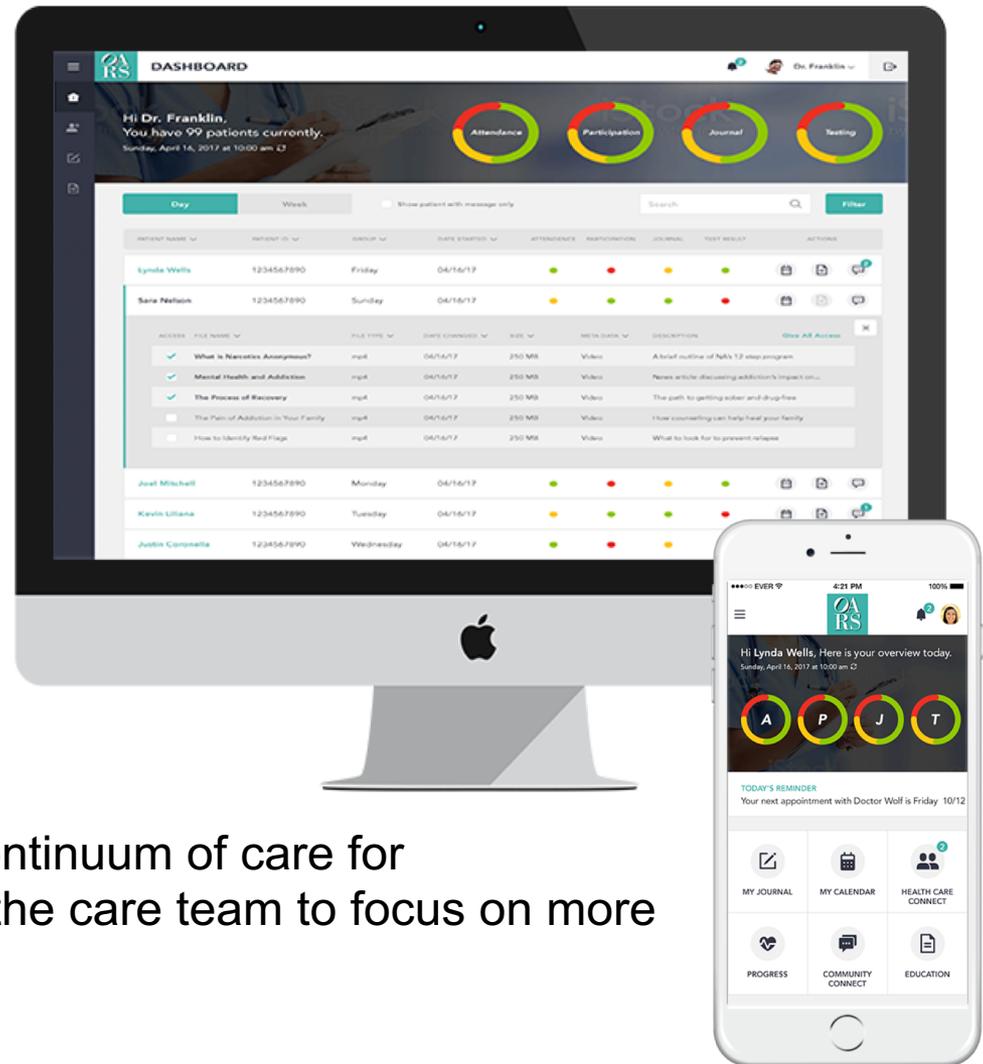
# Connectedness and Using Patient Outcome Data to Improve Treatment Effectiveness

- The more connected the patient feels, the more likely they are to achieve and maintain sobriety
- The more isolated a patient feels, the more likely they are to relapse
- Ways to combat that?
  - Create a relationship with your patient (accountability)
  - Communicate
  - It's not about punishment
  - Meet patients where they are

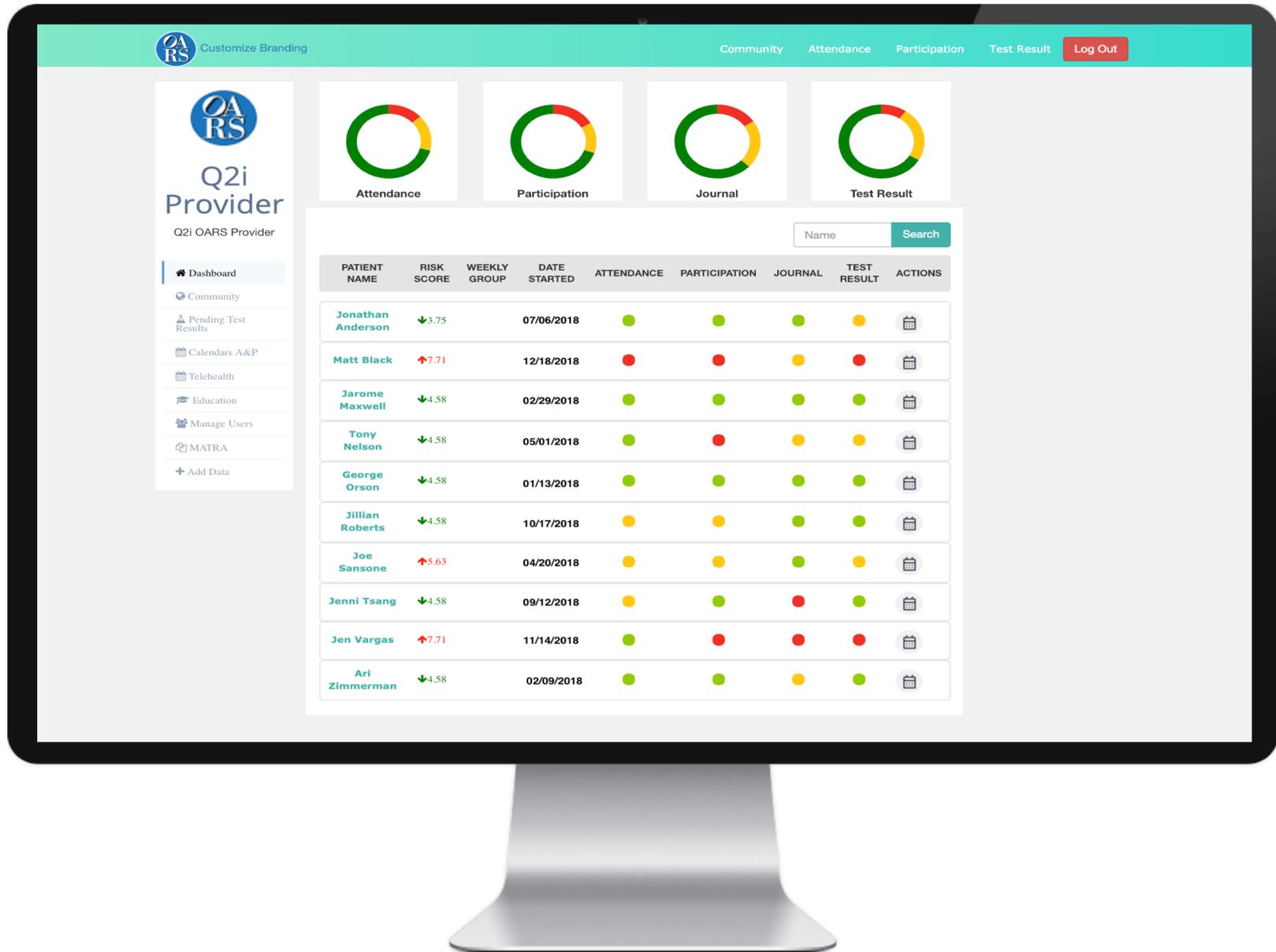
# OARS (Opioid Addiction Recovery Support) Technology and Patient Outcome Data

**OARS consists of a patient mobile app and healthcare team portal.**

- Generates, then synthesizes data previously not available, or difficult to obtain
- Provides real-time insight, analytics and trend analysis
- Calculates a patient risk score and indicates the likelihood of a patient to drop out of the program/ relapse
- Flags areas of concern along the continuum of care for investigation/intervention, enabling the care team to focus on more at-risk patients



# Key Features of OARS – Provider Portal

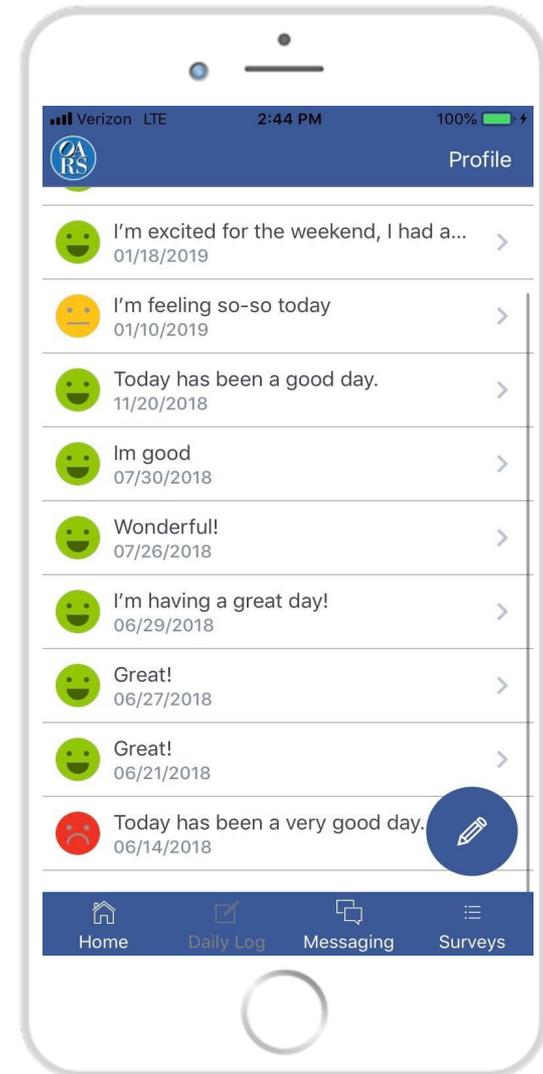
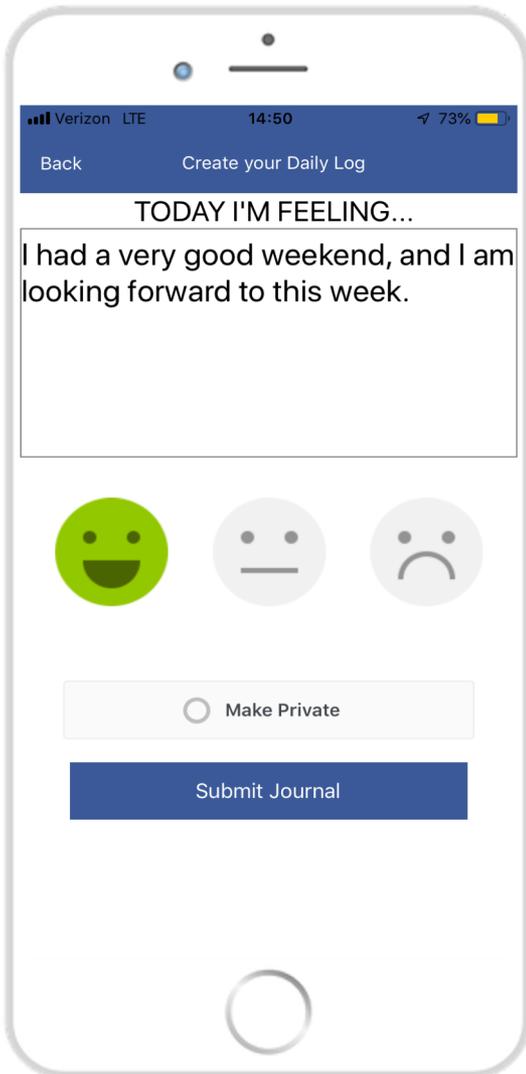


# Key Features of OARS – Patient Mobile App

## Daily Journal

- This application allows patients to share their triggers and feelings real time with their physician, therapists, and or group members (if so desired).
- These entries can then be transferred directly to the EHR, if deemed appropriate by the provider.
- I hope to show that the ability to journal, share cravings, and triggers real time will help to foster mindfulness in these patients.

# Key Features of OARS – Patient Mobile App Daily Journal



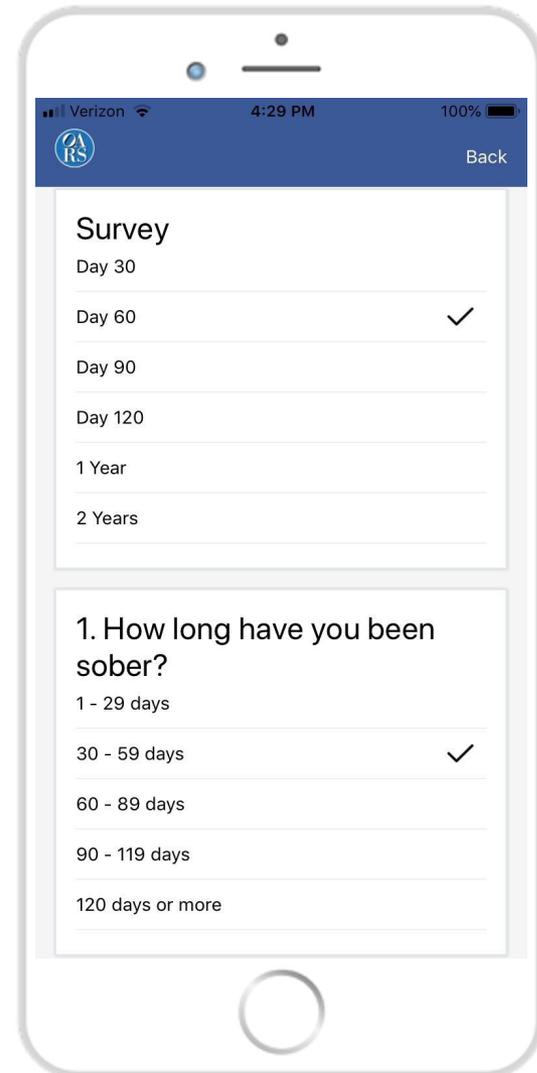
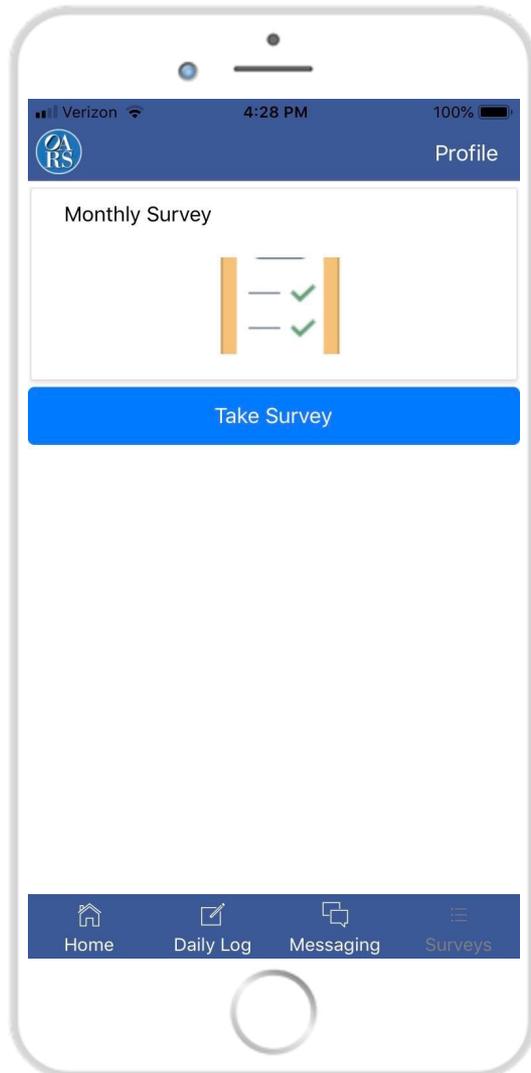
# MATRA

## (Medication Assisted Treatment Recovery Assessment)

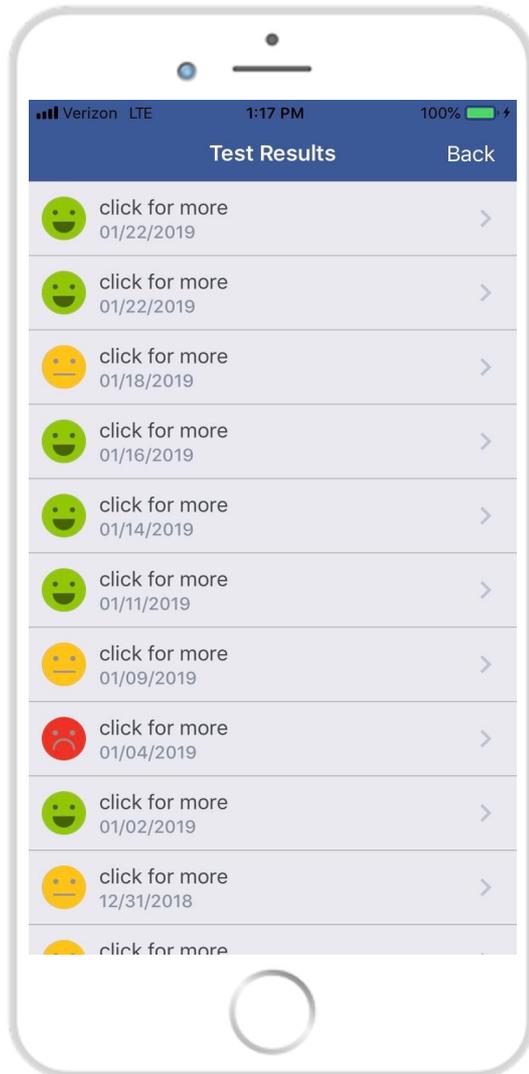
- **MATRA** is a propriety algorithm that utilizes data previously not available, or difficult to obtain, to calculate a patient risk score and indicates likelihood of a patient to dropout of program/ relapse.
- **MATRA** flags areas of concern for investigation/ intervention, enabling the care team to focus on more at risk patients.

# Key Features of OARS – Patient Mobile App

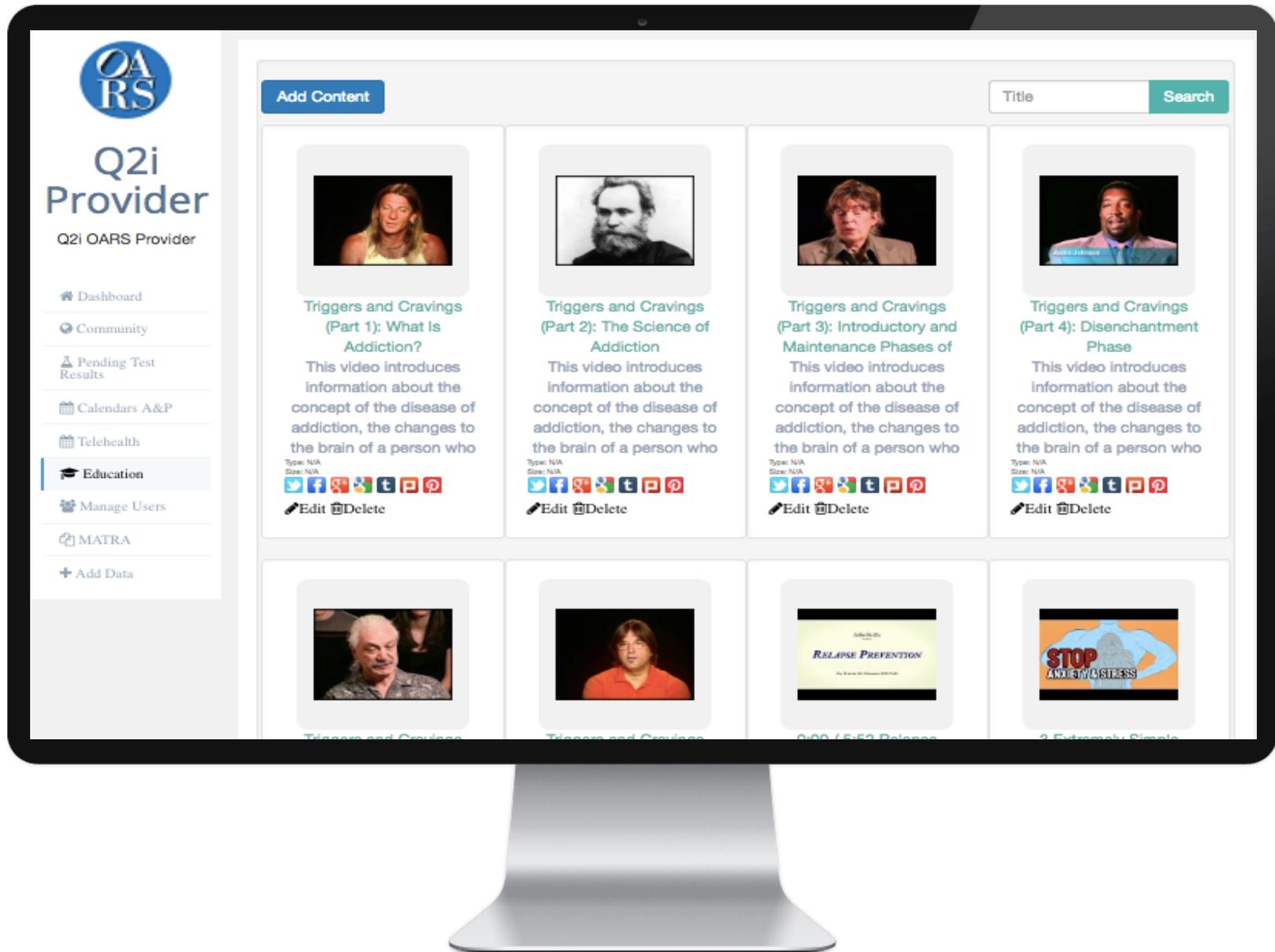
## Patient Surveys



# Key Features of OARS – Patient Mobile App Utox Results



# Key Features of OARS – Provider Portal

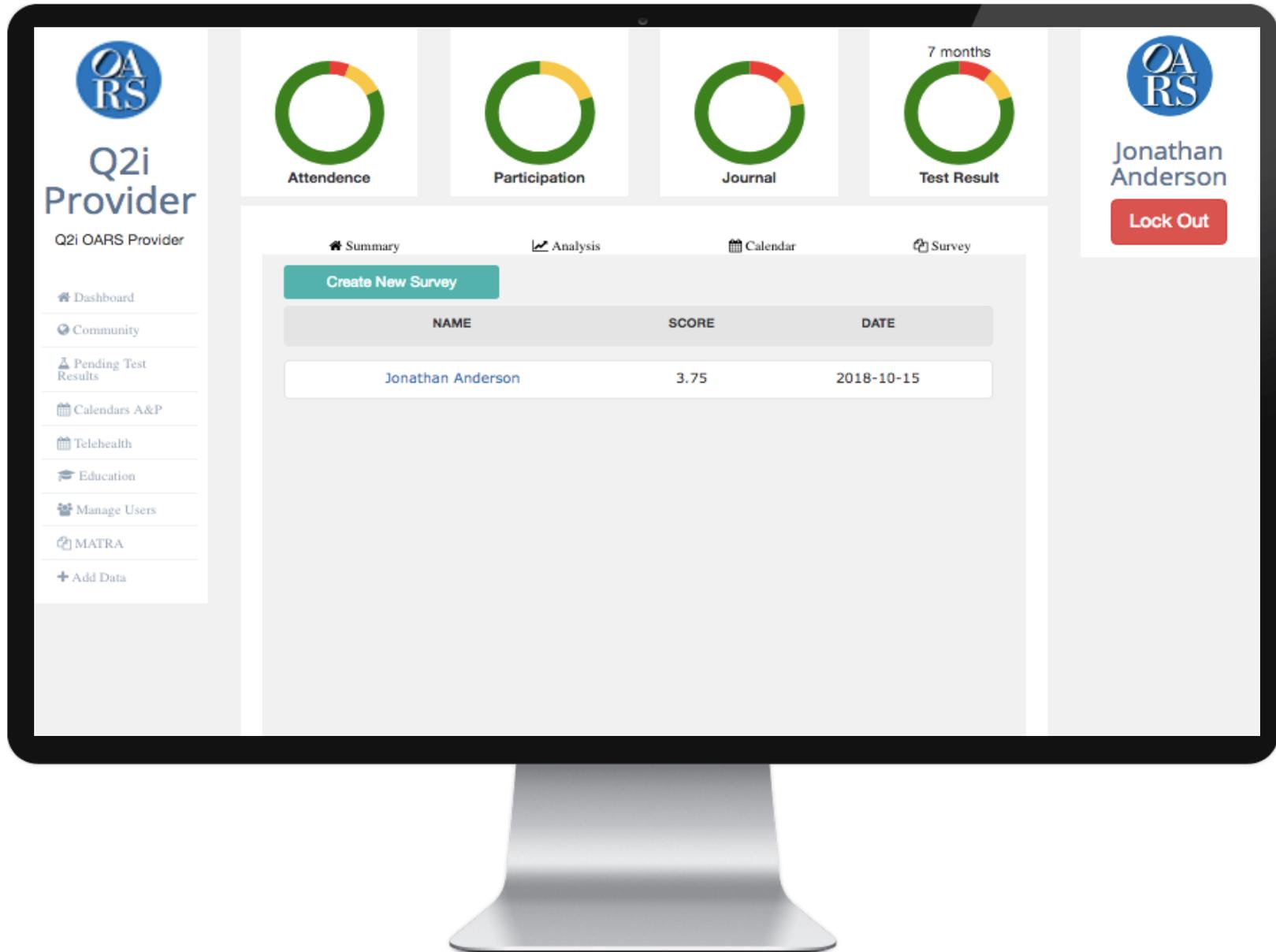


# Using Patient Outcome Data to Improve Treatment Effectiveness: Results

**OARS technology provides our healthcare team and patients with many features to provide patient outcome data that:**

- Improves patient engagement by increasing connection and support between our healthcare team and our patients
- Improves the connection and communication across our multidisciplinary healthcare team to ensure optimal coordinated care
- Promotes ownership and increased adherence to treatment plans
- Reduces program dropouts/relapse

# Key Features of OARS – Provider Portal

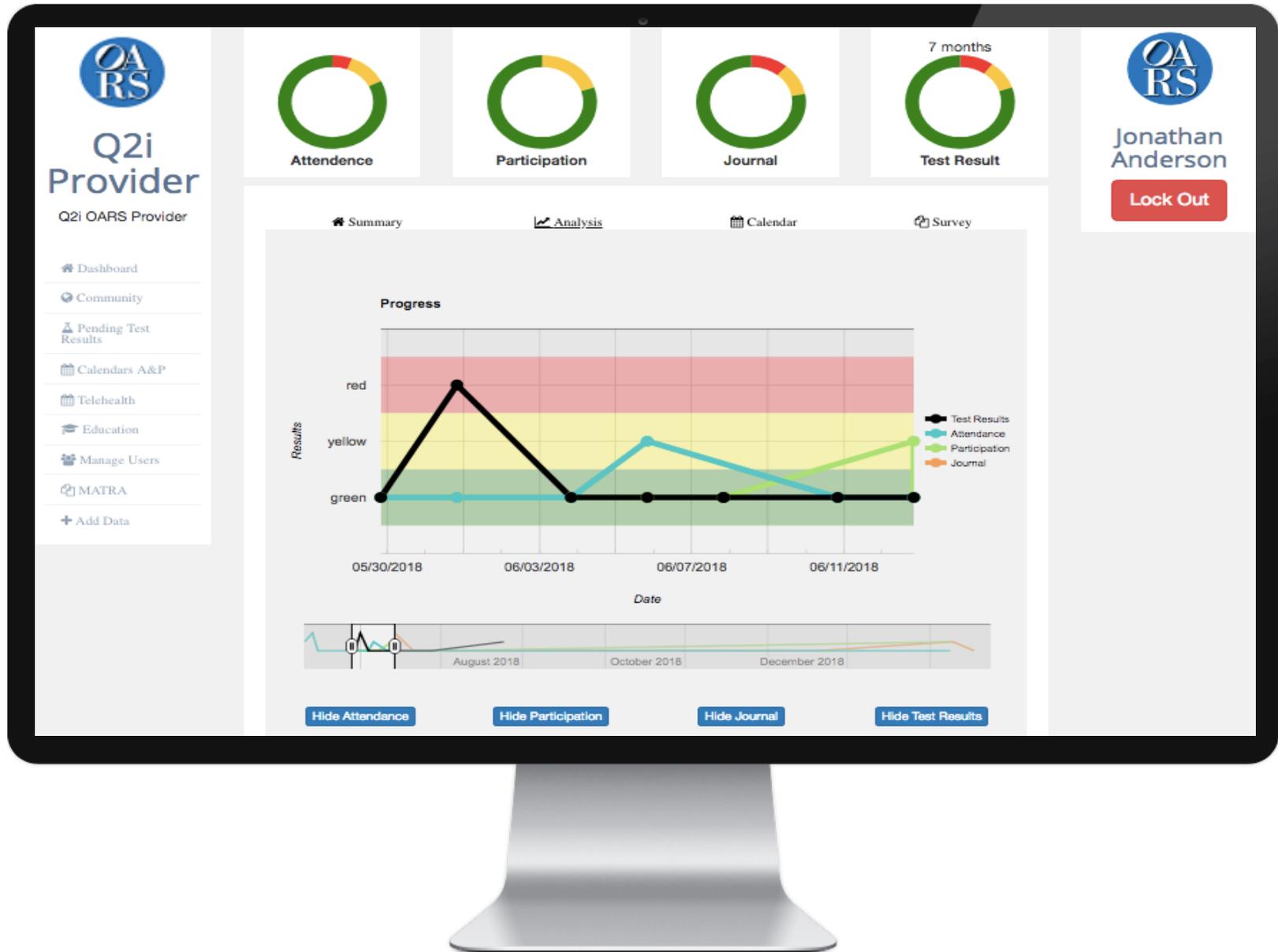




Based on the calculated risk score on the left, the provider can decide how "risky" and thus, how acute the patient is.

The **hope** is that we can use this score to predict, and eventually, prevent relapse.

# Key Features of OARS – Provider Portal



# Questions and Answers



# Connecticut Addiction Provider Outcomes Dashboard



## **Karin Haberlin, MA**

Evaluation, Quality Management, and  
Improvement Division Connecticut  
Department of Mental Health and  
Addiction Services

[Karin.Haberlin@ct.gov](mailto:Karin.Haberlin@ct.gov)

# DMHAS Addiction Services

- CT Department of Mental Health and Addiction Services (DMHAS) is the state's lead agency for the prevention and treatment of substance abuse
- Over **300 programs** in 50+ private non-profit providers
- Provides treatment services on a regional basis- services include detox, long-term rehab, residential, medication assisted treatment, outpatient, case management, partial hospitalization, and recovery supports
- Medically managed detox and intensive residential services are provided by state-run facilities, particularly Connecticut Valley Hospital

# Historical Background for Provider Quality Reports

- In 2009, DMHAS, along with other state agencies in Connecticut, participated in Results-Based Accountability activities that highlighted the need for identifying and developing cross-cutting outcome measures that can be easily tracked and graphed.
- Original reports were very dense with numbers and percentages; many people, if they were not already involved with data quality efforts, were intimidated by them.
- DMHAS developed a process where draft reports are issued for provider review and feedback before final production. This has allowed for stakeholders to identify errors on both ends of the process, and has been an important trust building exercise.

# Methadone Maintenance Program

Addiction - Medication Assisted Treatment - Methadone Maintenance

Reporting Period:

## Program Activity

Measure	Actual	1 Yr Ago	Variance %
Unique Clients	311	288	8%
Admits	93	99	-6%
Discharges	62	73	-15% ▼
Service Hours	6,911	5,886	17% ▲

## Data Submission Quality

Data Entry	Actual	State Avg
Valid NOMS Data	100%	99%
Valid TEDS Data	100%	99%
On-Time Periodic		
6 Month Updates	81%	76%
Cooccurring		
MH Screen Complete	100%	96%
SA Screen Complete	100%	96%
Diagnosis		
Valid Axis I Diagnosis	100%	100%
Valid Axis V GAF Score	99%	100%

## Data Submitted to DMHAS by Month

	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	% Months Submitted
Admissions	■	■	■	■	■	■	■	■	■	■	■	■	100%
Discharges	■	■	■	■	■	■	■	■	■	■	■	■	100%
Services	■	■	■	■	■	■	■	■	■	■	■	■	100%

■ 1 or more Records Submitted to DMHAS

## Discharge Outcomes

	Actual % vs Goal %	Actual	Actual %	Goal %	State Avg	Actual vs Goal
Treatment Completed Successfully		29	47%	50%	48%	-3%

## Recovery

National Recovery Measures (NOMS)	Actual % vs Goal %	Actual	Actual %	Goal %	State Avg	Actual vs Goal
Not Arrested		320	97%	75%	95%	22% ▲
Abstinence/Reduced Drug Use		197	60%	50%	73%	10%
Improved/Maintained Axis V GAF Score		267	90%	75%	85%	15% ▲
Stable Living Situation		308	94%	90%	94%	4%
Self Help		200	61%	60%	51%	1%
Employed		132	40%	40%	44%	0%

## Service Utilization

	Actual % vs Goal %	Actual	Actual %	Goal %	State Avg	Actual vs Goal
Clients Receiving Services		246	92%	90%	76%	2%

## Service Engagement

Medication Assisted Treatment	Actual % vs Goal %	Actual	Actual %	Goal %	State Avg	Actual vs Goal
Length of Stay over 1 Year		226	73%	50%	69%	23% ▲

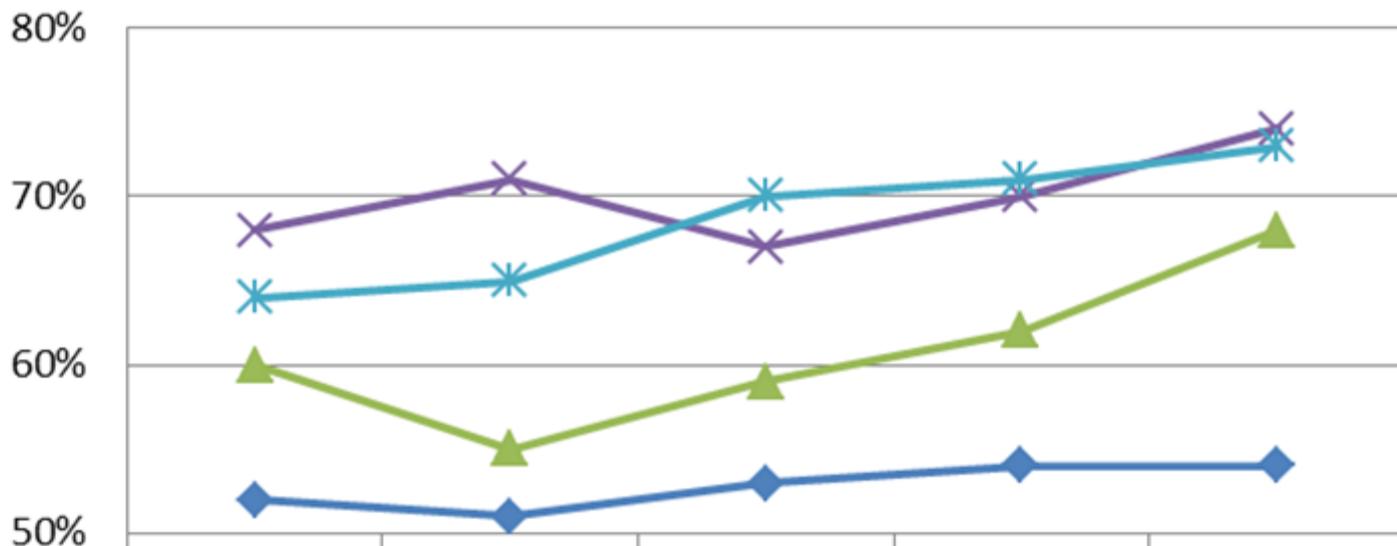
▲ > 10% Over ▼ < 10% Under

■ Actual | Goal ✓ Goal Met ● Below Goal

\* State Avg based on 27 Active Methadone Maintenance Programs

# Treatment Completion Rates, 2014-2018

## Treatment Completion Rates, 2014 - 2018



	2014	2015	2016	2017	2018
OP	52%	51%	53%	54%	54%
IOP	60%	55%	59%	62%	68%
Residential 3.5	68%	71%	67%	70%	74%
Transitional/HH	64%	65%	70%	71%	73%

# Key

 > 10% Over       < 10% Under

 Actual       Goal       Goal Met       Below Goal

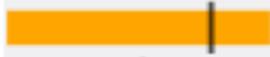
\* State Avg based on 27 Active Methadone Maintenance Programs

## Program Activity

Measure	Actual	1 Yr Ago	Variance %
Unique Clients	311	288	8%
Admits	93	99	-6%
Discharges	62	73	-15% ▼
Service Hours	6,911	5,886	17% ▲

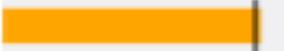
- The **Program Activity** section displays basic frequencies of unique clients, admits, discharges, and service hours.
- This is an end of year report, and here, these counts are being compared against those from the previous year for this program.
- This pattern suggests growth and stability in the client base.

## Recovery

National Recovery Measures (NOMS)	Actual % vs Goal %	Actual	Actual %	Goal %	State Avg	Actual vs Goal
✓ Not Arrested		320	97%	75%	95%	22% ▲
✓ Abstinence/Reduced Drug Use		197	60%	50%	73%	10%
✓ Improved/Maintained Axis V GAF Score		267	90%	75%	85%	15% ▲
✓ Stable Living Situation		308	94%	90%	94%	4%
✓ Self Help		200	61%	60%	51%	1%
✓ Employed		132	40%	40%	44%	0%

- In the **Recovery** section, we look at the National Recovery Measures, which are part of the NOMS.
- Goals for the NOMS (as well as for the other measures) are determined for each level of care (i.e., MM, Standard Outpatient, etc.) and reassessed periodically if state averages indicate that they may need adjustment.
- In this case, this program is meeting or exceeding each goal.

## Service Utilization

	Actual % vs Goal %	Actual	Actual %	Goal %	State Avg	Actual vs Goal
✓ Clients Receiving Services		246	92%	90%	76%	2%

Not all levels of care within the DMHAS treatment system require **service** reporting, but methadone maintenance does.

This indicator shows the number and percentage of clients receiving at least one service during the reporting period. The count excludes deleted services, cancellations, and no shows.

## Discharge Outcomes

	Actual % vs Goal %	Actual	Actual %	Goal %	State Avg	Actual vs Goal
● Treatment Completed Successfully		29	47%	50%	48%	-3%

**Discharge Outcomes** examines the rate of successful treatment completion in this program.

Successful treatment completions are discharges with the following Discharge Reasons: Recovery Plan Completed, Discharged to New Service (Facility Concur), Discharge to Another Facility Program, Transferred to Another Program within the Facility (*Deaths are not included in this calculation*)

## Service Engagement

Medication Assisted Treatment	Actual % vs Goal %	Actual	Actual %	Goal %	State Avg	Actual vs Goal
✓ Length of Stay over 1 Year		226	73%	50%	69%	23% ▲

- Medication Assisted Treatment has a **Service Engagement** measure where we examine the number and percentage of people who stay active in the MAT treatment program for over one year.
- As MAT is a long term treatment, stays of over one year tend to be indicative of successful treatment.
- DMHAS is currently testing a new measure that counts the number of people who have dropped out of treatment (discharged without successful treatment completion) in fewer than 30 days.

# Tips for Implementing Your Own Dashboard

- Make the process **non-threatening**
- Involve as many stakeholders as possible, particularly staff from the programs you plan to assess
- Build in a “draft review” period to obtain feedback within *each* reporting cycle
- Visual elements, such as color and layout, are important
- Adjust goals as necessary

# Questions and Answers





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