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Quality of Opioid Treatment Programs:
Findings from the Evaluation of Opioid Treatment Programs
Accreditation Study

Presented by
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Focus of Presentation

- Examine indicators of quality treatment in opioid treatment
- Examine changes in quality of care post-accreditation
- Discuss Summary/Implications

Concerns for Opioid Treatment

- Congressional concerns about the “strict” but failing model of Federal oversight of OTPs and the quality of care provided by OTPs led to a series of GAO reports and a 1995 Institute of Medicine report, “Federal Regulation of Methadone Treatment”
- IOM and GAO recommendations guide the Federal response and the Evaluation of Opioid Treatment Accreditation Study

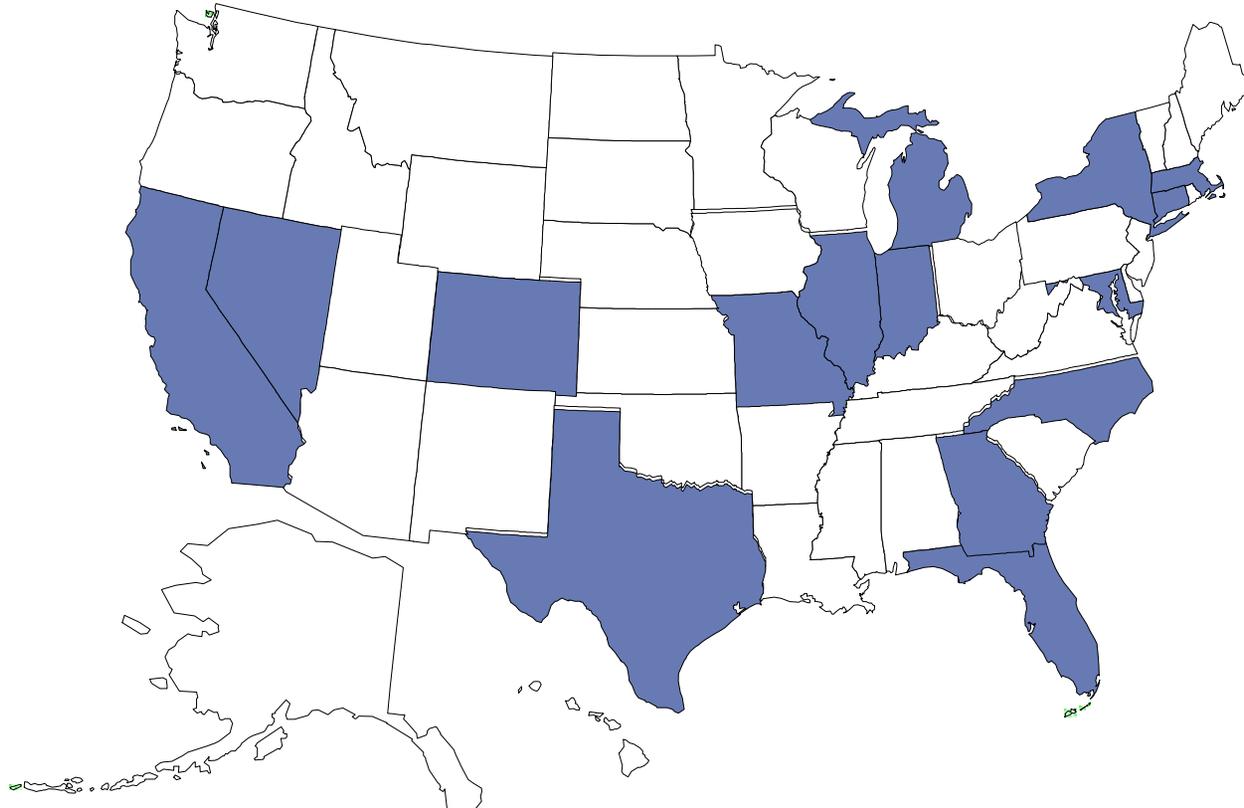
Design for the Evaluation of Accreditation Study

- Pre- and post-randomized stratified design with random assignment to control and experimental groups
- 172 sites in 15 states
- 144 sites included in change analysis

Sampling

- First Sampling Stage: Selection of States
- Second Sampling Stage: Selection of OTPs within each State
- Sites Excluded: hospital-based detoxification programs, DVA/VHS programs, corrections-based programs

States Participating in the Evaluation Study



Methodology

- On-site data collection
- 12 instruments
- Data analysis by
 - Organizational Characteristics
 - Staff Characteristics
 - Patient Characteristics
 - Comprehensive Services
 - Professional Discretion
 - Quality Assurance

Quality of Care in Substance Abuse Treatment

Quality assessed using:

- Operational status of programs
- Background and training of Program Directors
- Percent effort of Program Directors
- Tenure of Program Directors
- Complement and tenure of treatment staff
- Admission/intake process
- Computer and information resources¹

McLellan, A.T., Carise, D., & Kleber, H.D. (2003). Can the national addiction treatment infrastructure support the public's demand for quality care? *Journal of Substance Abuse Treatment*, 25, 117-121.

Summary of Quality in OTPs Prior to Accreditation

- Similar to other substance abuse treatment programs
 - OTPs demonstrated instability in organizational structure and staffing
- Counselors and direct care staff in OTPs report limited experience in methadone treatment and limited on-going training
- Direct care staff reported only 50% of their time spent working directly with patients

Summary of Quality in OTPs Prior to Accreditation

- There is extreme variability in placement criteria and patient assessment across OTPs.
- There is great variability regarding the level and access of services available through OTPs.
- Associations found between patient race and organizational structure – white patients reported being treated in for-profit, small, urban or nonurban programs. Conversely, African American patients reported being treated in non-profit, large, urban programs.

Overview of Change Analysis

- Three relationships tested:
- Experimental versus Control Site differences at Baseline
- Experimental versus Control Site differences at Follow-up
- Differences in Change over Time in Experimental versus Control Sites

Impact of Accreditation

- Majority of OTPs are achieving accreditation, however, at a price almost three times greater than estimated in the *Final Rule*
- No diminution in treatment capacity
- Staff retention increased significantly in sites that underwent accreditation
- Trend toward an increase in 24-hour emergency services

Impact of Accreditation

- Sites that underwent accreditation offered significantly more training opportunities
- Review by an accreditation body does not appear to lead to an increase in methadone diversion
- No change in patient assessment
- A significantly greater number of core services were offered by non-profit/public and larger sites

Impact of Accreditation

- Average maintenance dose increased slightly from baseline to follow-up
- Level of 3 or more take-home privileges did not change significantly
- Urban and non-urban sites significantly practiced more QA procedures than sites in a large urban area after undergoing accreditation
- OTPs undergoing accreditation offer staff training at a higher level than those who did not

Implications to Accreditation Process

- The majority of OTPs will pass accreditation
- Accreditation is only one piece of a complex process to improve quality of care — internalizing responsibility self regulation
- “Field” must take responsibility for quality and develop a set of core indices specific to opioid treatment for performance measure and quality improvement

Where is Opioid Treatment Headed?

Can OTPs themselves work to achieve professional credibility by taking responsibility for developing and utilizing standardized, evidence-based practices for patient assessment, dosing, comprehensiveness of services emphasizing?

Can OTPs take a lead role in emphasizing and encouraging staff training, staff certification, and quality improvement?