

Applying the Washington Circle Performance Indicators for Substance Abuse Services to Adolescents: Using Adult vs Child Performance Specifications

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Assessing Performance Among Service Systems: Washington Circle

- McCorry, Garnick, Bartlett, Cotter, Chalk & the Washington Circle Group (2000) in *Journal of Quality Improvement*
- Domains of Performance Measures
 - Prevention/Education
 - Recognition/Identification (Access)
 - Treatment (Initiation, Linkage to detox, Engagement, Family intervention)
 - Maintenance of Treatment Effects
- Included in HEDIS 2004

Washington Circle Performance Indicators Using Administrative Data

- % Identified as having a new service/episode
- % Initiated
 - Having a 2nd outpatient service within 14 days
 - Automatically "initiated" if inpatient or residential (since 2 days or more)
- % Engaged (within 30 days)
 - Having a 3rd or 4th service if outpatient
 - Having a follow-up visit after discharge from IP/Res
- Programming specifications available on www.washingtoncircle.org

Washington Circle Indicators

- Adult specifications (available on web)
 - Focus on SA exclusively
- Child specifications (in progress)
 - Mental Health
 - Substance Abuse
 - MH/SA

Washington Circle Indicators

- Published results for adults
- Garnick, Lee, Chalk, Gastfriend, Horgan, McCorry, McLellan, & Merrick (2002) in *Journal of Substance Abuse Treatment*
 - Public and private managed care organizations
 - Identification (access) 0.7% to 1.5%
 - Initiation rate 26% to 46%
 - Engagement rate 14% to 29%

Washington Circle Indicators

- Published results for adolescents
- Lee, Garnick, Miller & Horgan (2004) in *Psychiatric Services*
 - Private health plans
 - Identification (access) 0.5%
 - Male 0.7%
 - Female 0.4%
 - Did not include info on Initiation or Engagement
- Lower rate for adolescents

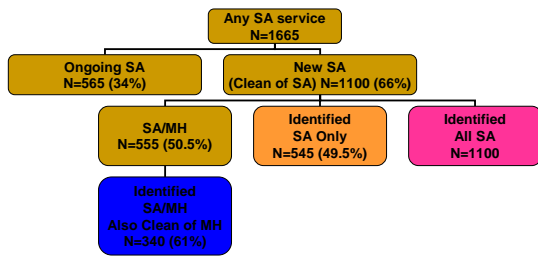
Washington Circle Indicators: Our Approach

- Focused on publicly-funded youth in one state's Medicaid program
- Compared adult and child indicators for SA services
 - ALL SA (Adult specs)
 - SA only v. MH/SA (Child specs)
- Did NOT use the 12 month criteria for eligibility
 - Suitability for public v. private plans
 - Medicaid was "held accountable" for any youth who had eligibility for 60 days after identification
 - Prior analyses showed similar follow-up rates, just lower base number to work from

Methods

- Medicaid/ TennCare
 - Fiscal Years 1994 - 2000
 - All 12-17 year olds enrolled
 - N=130,000 to 190,000 per year
 - MH and SA claims identified by primary/secondary diagnosis
 - CPT/UB92/HCPC services coded

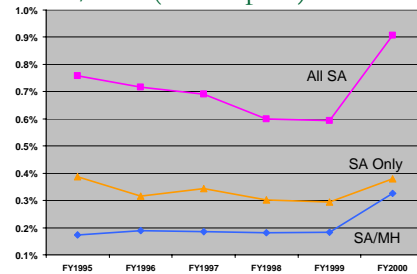
The Algorithm for Identification: Example FY 1999



	Public Sector			Private Sector	
	Adult SA	Teen SA	Teen SAMH	Adult SA	Teen SA
Identified <small>- 1st new episode yr</small>					
Initiated <small>(service with 14 days) - 1st service after identification</small>					
Engaged 1 <small>(with 30 days or post-discharge 90) - 2nd service after identification</small>					
Engaged 2 <small>(with 30 days) - 3rd service after identification</small>					

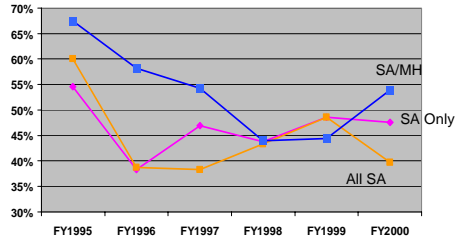
	Public Sector			Private Sector	
	Adult SA	Teen SA	Teen SAMH	Adult SA	Teen SA
Identified <small>- 1st new episode yr</small>					
Initiated <small>(service with 14 days) - 1st service after identification</small>					
Engaged 1 <small>(with 30 days or post-discharge 90) - 2nd service after identification</small>					
Engaged 2 <small>(with 30 days) - 3rd service after identification</small>					

Identification: All SA (Adult specs), SA vs SA/MH (Child specs)



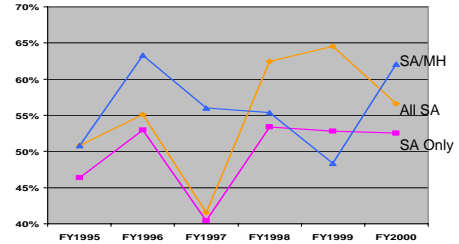
• Less than 1% of Enrolled Youth Were Identified with SA or SA/MH Medicaid 12-17 yrs

Initiation: All SA (Adult specs),
SA vs SA/MH (Child specs)



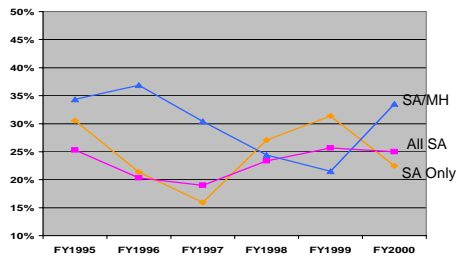
• Half or Less Get Follow-Up Visit \leq 14 Days
Medicaid 12-17 yrs

Engagement*: All SA (Adult specs),
SA vs SA/MH (Child specs)



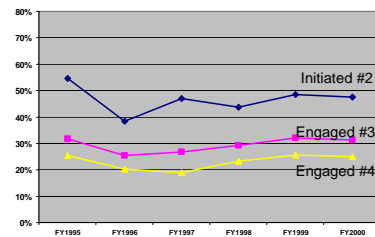
• For youth with a follow-up, 1/2 to 2/3 stay in treatment for at least 2 more visits
Medicaid 12-17 yrs * 3rd Follow-Up within 30 Days
Engagement as % of Initiation

Engagement*: All SA (Adult specs),
SA vs SA/MH (Child specs)



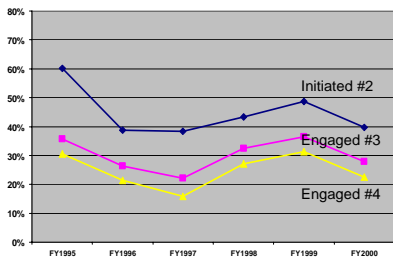
• Less than 1/3 of those identified become engaged in treatment within 30 days
Medicaid 12-17 yrs * 3rd Follow-Up within 30 Days
Engagement as % of Identification

Treatment Rate as Percent of Those
Identified: All SA (Adult Specs)



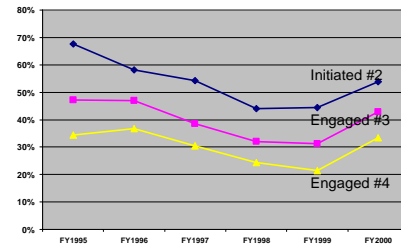
• Less than 1/4 of those identified become engaged in treatment
Medicaid 12-17 yrs

Treatment Rate as Percent of Those
Identified: SA Only (Child Specs)



• Less than 1/4 of those identified become engaged in treatment
Medicaid 12-17 yrs

Treatment Rate as Percent of Those
Identified: SA/MH (Child Specs)



• Approximately 1/3 of those identified become engaged in treatment
Medicaid 12-17 yrs

Summary of SA Engagement* by Treatment Type and Diagnosis

	<u>Ip/Res</u>	<u>Detox</u>	<u>OP</u>	<u>Crisis</u>	<u>Total</u>
SA (all)	5.4%	<1%	41.7%	1.9%	32.0%
SA Only (49.5%)	10.3%	<1%	47.3%	2.0%	36.5%
MH/SA (50.5%)	3.6%	<1%	36.1%	1.7%	27.6%

Medicaid 12-17 Years, FY1999

* 2nd Follow-Up within 30 Days
Engagement as % of Identification

Summary of Findings

- Low proportion of youth identified
- Engagement rates ranged from <1% to 47%
- Outpatient treatment had highest engagement
- Youth who were identified through detox, or crisis services had very low rates of engagement
- Differing methods for calculating rates produced different results

Next Steps

- For our research team
 - Adding next years of data
 - Including another state
 - Linking with the Block Grant
- For the field
 - Expand the monitoring of treatment
 - Focus on public sector accountability
 - Include focus on adolescents
 - Review other performance indicators used
 - Decide on standard/comparable procedures