

Evidence-Based Systems of Care:

How Do We Get There From Here?



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Services

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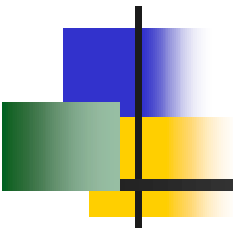
Overview

- Why should we be interested in developing an *Evidence-Based System of Care*?
- What is evidence?
- What does an *Evidence-Based System of Care* look like?
- Moving towards an *Evidence-Based System of Care* ?



Why should we be interested in developing an *Evidence-Based System of Care*?

- We need to:
 - Improve Policy Development and Decision-Making
 - Address health disparities
 - Improve care quality within limited resources
 - Serve clients with the most complex problems
 - Address increased Acuity/Chronicity
 - Support providers who are under intense pressure to Perform
 - Address the need for Increased Accountability



EBPⁿ ≠ EBSC

- EBP-Evidence-Based Programs
- EBSC-Evidence-Based Systems of Care



What is evidence?

- Scientific evidence - What can it tell us?
 - Helpful, but with limitations
 - Outside the “lab” too many variables are uncontrolled
 - experimental effect diluted due to changes in
 - resources, staffing, training, shifts in client population
 - Delays in dissemination of research findings to applied settings



What is evidence?

- Evidence is information used to assist in Decision-Making and Evaluation
 - Highly Controlled Studies
 - Evaluation Research
 - Data from State or Program Databases
 - Consumer Input and Feedback
 - Consensus Panels



What is an *Evidence-Based System?*

- A system that:
 - Promotes implementation and maintenance of evidence-based practices
 - provides support and incentives for use of EBPs and monitors fidelity
 - Focus at Multiple Levels of Analysis
 - Eg, Practitioner, Program & System
 - Uses Data as Basis for Decision-Making throughout the System



What is an *Evidence-Based System?*

- A system that:
 - That is Oriented to Using Evidence and Has the Infrastructure to do so
 - Expectations of Stakeholders, the Predominant Paradigm, Tools, Language, Evaluation is Routine, etc.
 - Is recovery-orientation
 - Involves consumers in the selection and monitoring of evidence-based practices
 - Makes system adjustments based on consumer feedback
 - Improves treatment outcomes and the quality of life for consumers



Broad Uses of Evidence

- Evidence should guide Program Design and Policy Development
- Evidence should guide what Program Directors and Policy Makers Pay Attention to
 - Eg., Health Disparities, Co-Occurring, etc.
- Evidence should inform Evaluation Strategies



Some evidence-based practices are known, but are they being followed?

- Schizophrenia PORT

- Although most patients were treated with antipsychotics, 1/3 were over-medicated and 1/3 were under-medicated
- Antidepressants were prescribed to only 1/2 despite known suicide risk in this population
 - 15% of people with schizophrenia commit suicide
- African Americans were twice as likely to be over-medicated and twice as likely to be denied antidepressants as Whites



Why hasn't research moved more quickly to practice?

- Most research to practice/treatment efforts have focused on practice effectiveness
- But effectiveness is often not a major consideration in determining what people actually do



Why hasn't research moved more quickly to practice?

- Host of Reasons Determine Practice Patterns
 - Funding Mechanisms
 - Payor & Regulator Policies
 - Staffing
 - Program Culture and Philosophy
 - Cost & Resources



Why hasn't research moved more quickly to practice?

- Need:

UTILITY STUDIES

Information that provides guidance around the practical aspects of implementation as well as effectiveness

A good Regression Equation

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THE REAL REASON

**ANY DEAD HORSES IN
YOUR ORGANIZATION?**



Dakota tribal wisdom says that when you discover you are riding a dead horse, the best strategy is to dismount.

However, in human services, we often try other strategies with dead horses, including the following:

Saying things like "This is the way we have always ridden this horse."

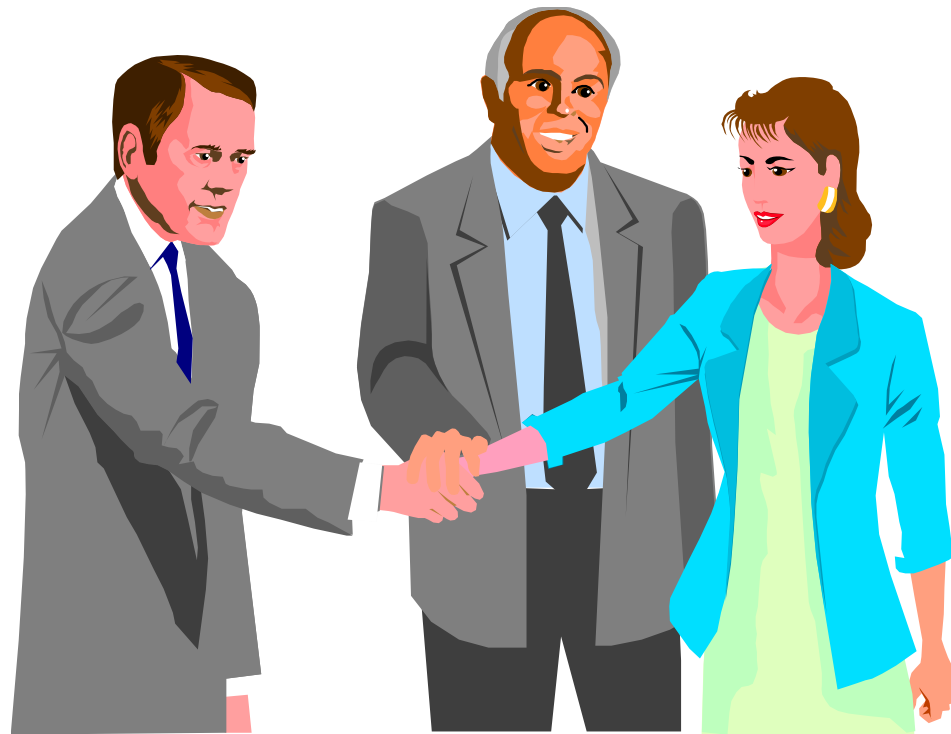


Appointing a committee to study the horse.



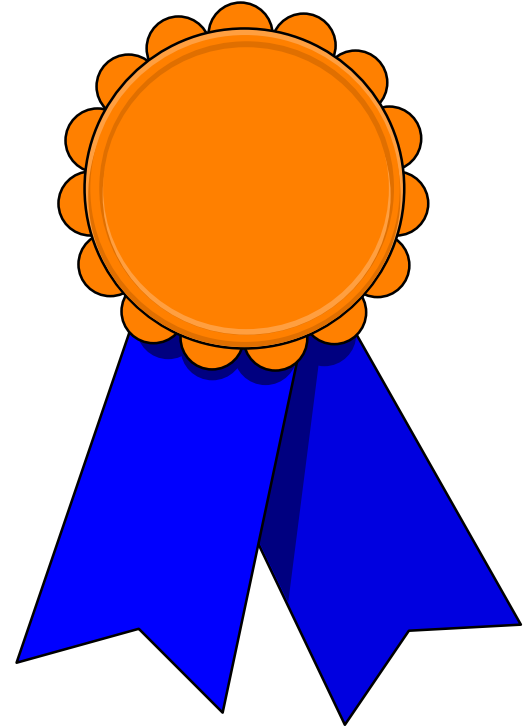
**Providing additional funding
to increase the horse's
performance.**

Arranging to visit other sites to see how they ride dead horses.

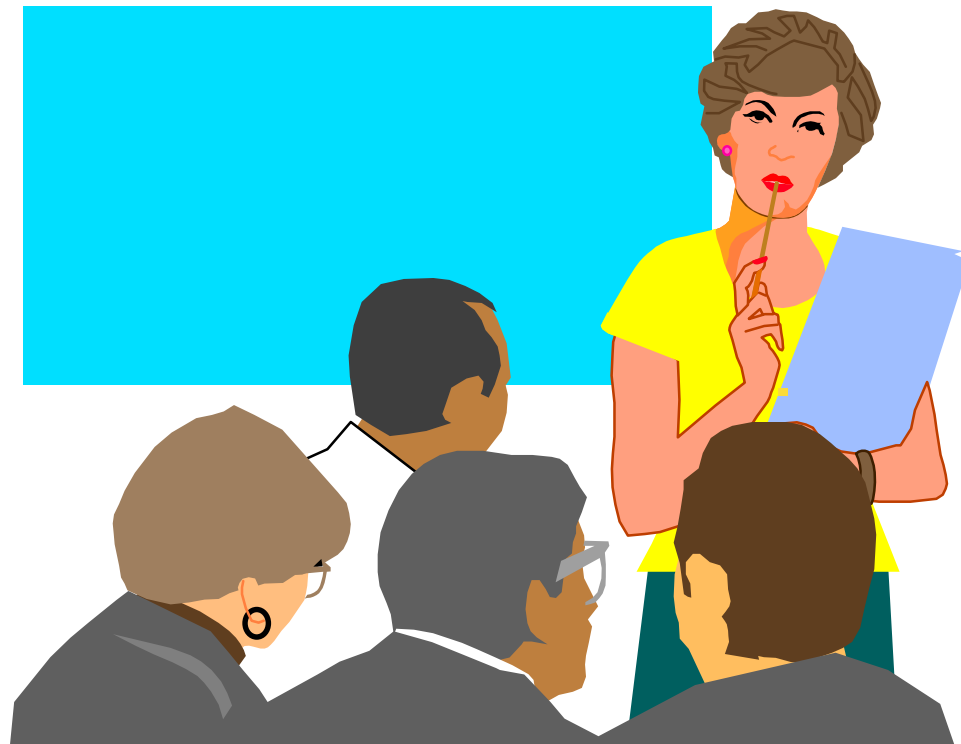


**Harnessing several dead
horses together for
increased performance.**

**Increasing the
standards to ride
dead horses.**



Creating a training session to increase our riding ability.



Changing the requirements;
declaring “this horse is not
dead.”



Declaring the
horse
is “better,
faster and
cheaper” dead.



**Finding a consultant
knowledgeable about dead
horses.**



Promoting the dead
horse to a supervisory
position.





Strategy for Developing an Evidence-Based System of Care

- Shaping the Culture
- Increasing the Use of Evidence-Based Practices
- Focusing on System Interventions and Policy Development

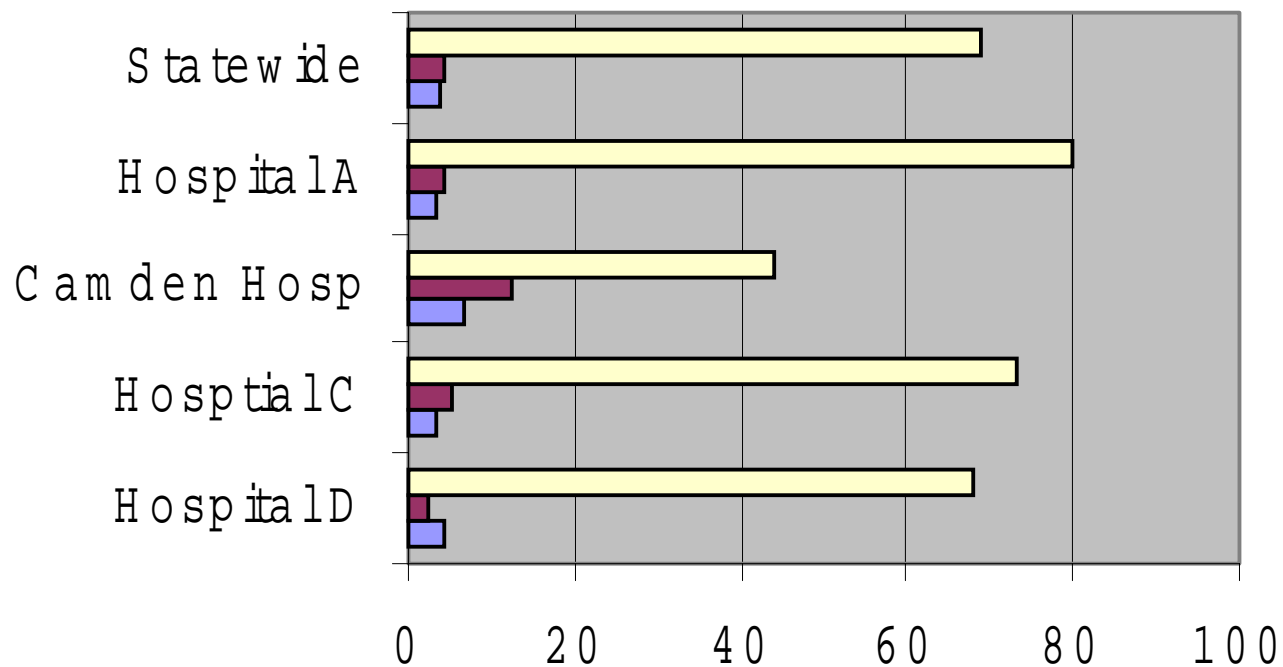


#1 Shaping the Culture

- Use Data as Change Agent

Shaping the Culture: Data as a Systems Change Agent

Acute Inpatient Care



■ ALOS ■ AMA ■ % Clients Transitioned

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#1 Shaping the Culture

- Use Data as Change Agent
- Highlight Disparities
 - Co-Occurring, Racial, Gender, etc.
- Move from Training to Technology Transfer Model
- Academic Partnerships
- EBP is requirement for all New Funding

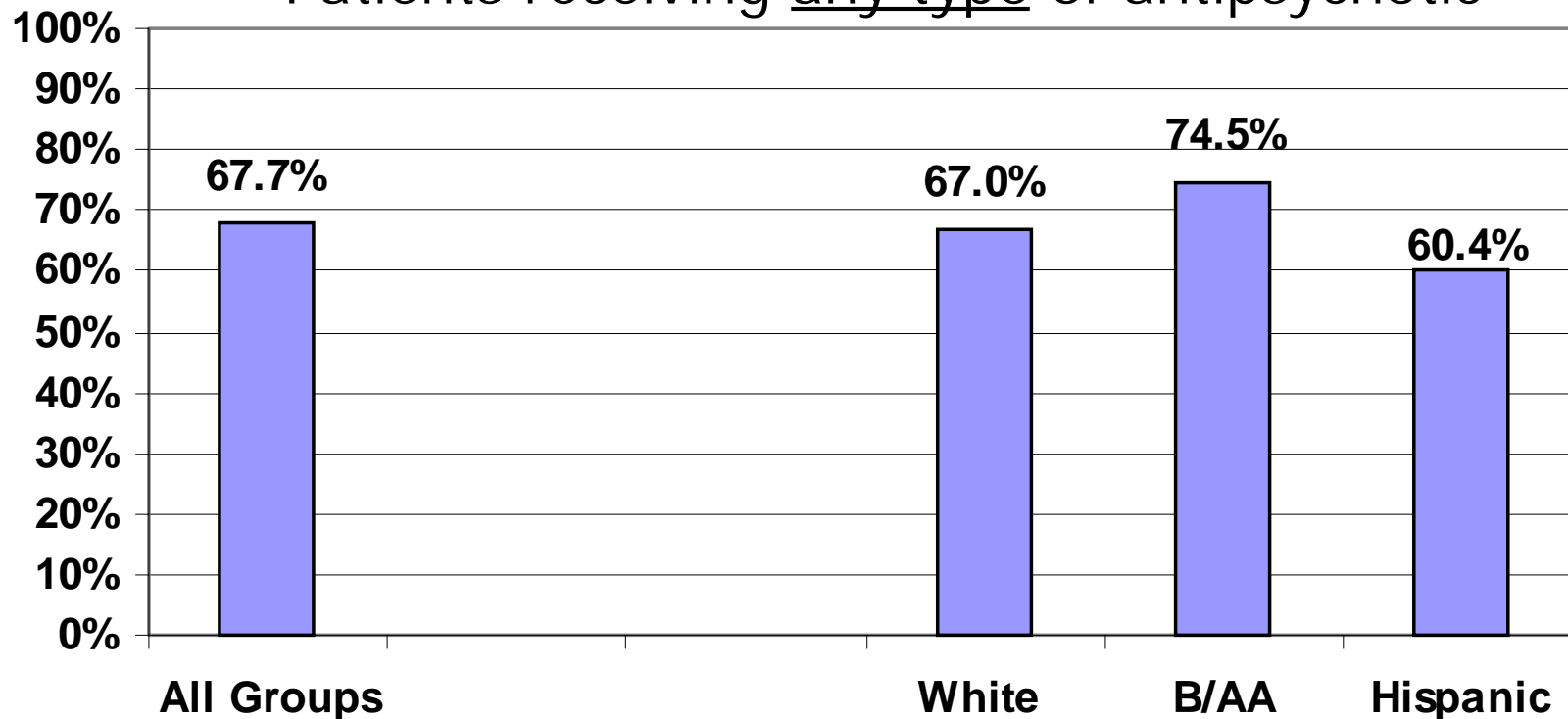


Health Disparities

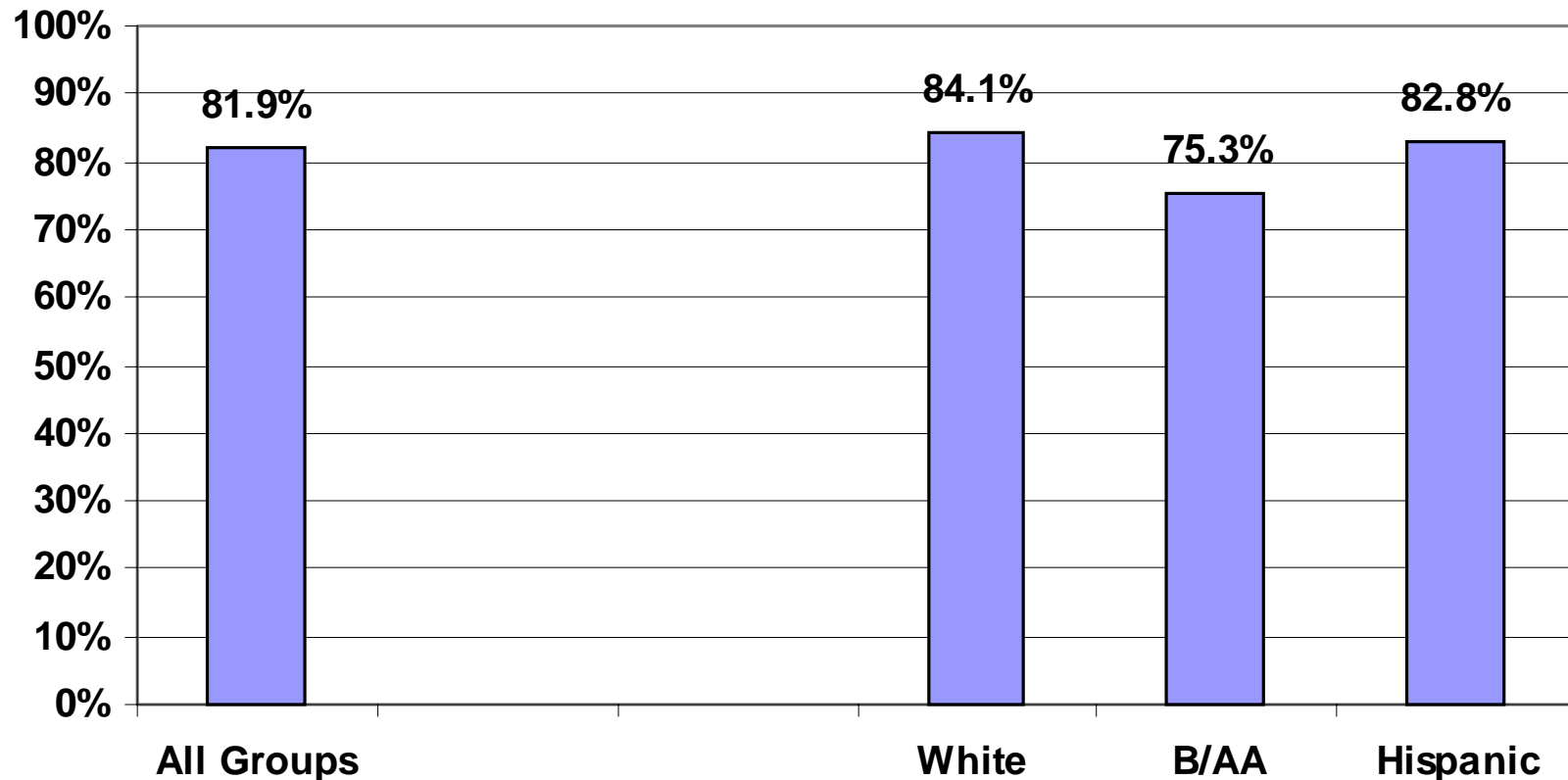
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Anti-psychotic Prescription Practices for Psychiatric inpatients

Patients receiving any type of antipsychotic



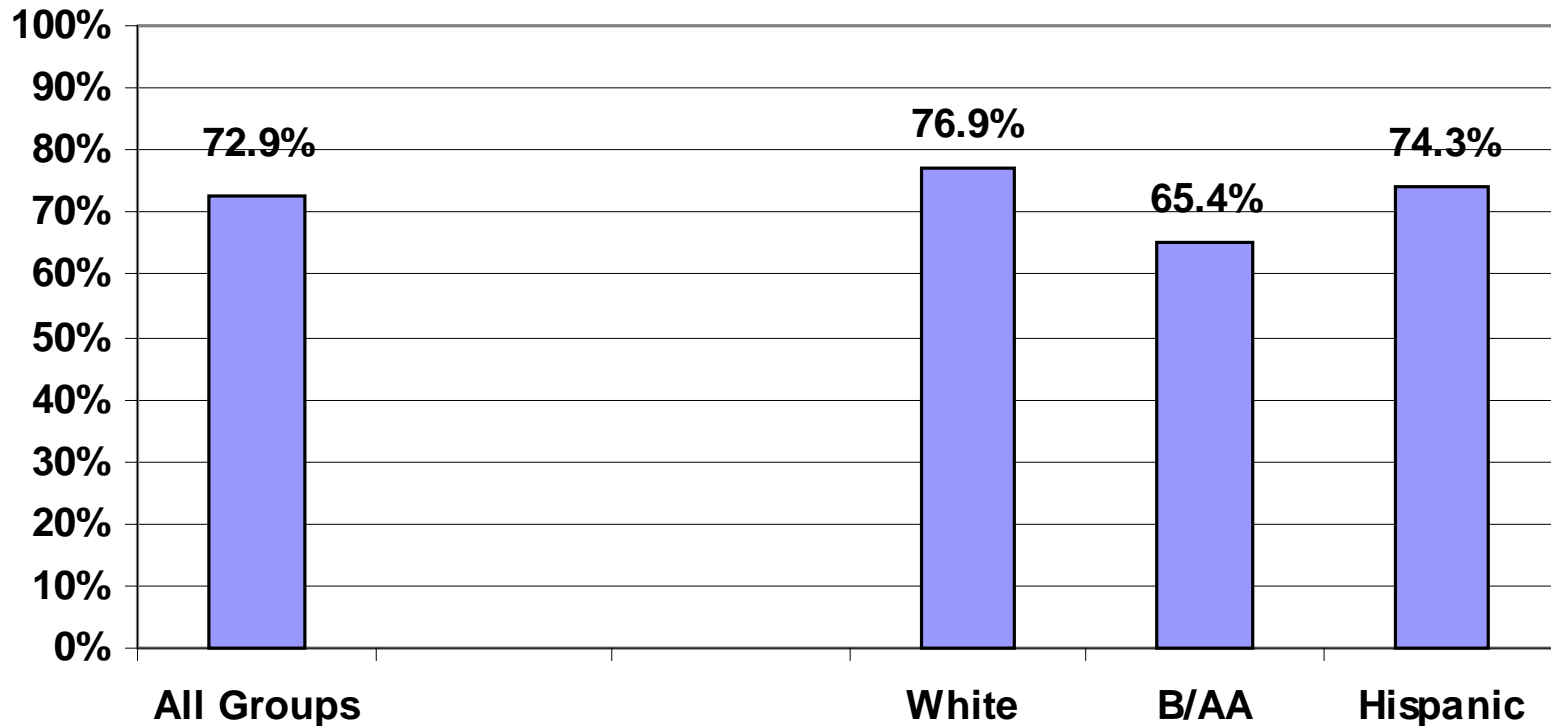
Which CT patients get the more costly "atypical" anti-psychotics?*



* Among psychiatric inpatients prescribed antipsychotic

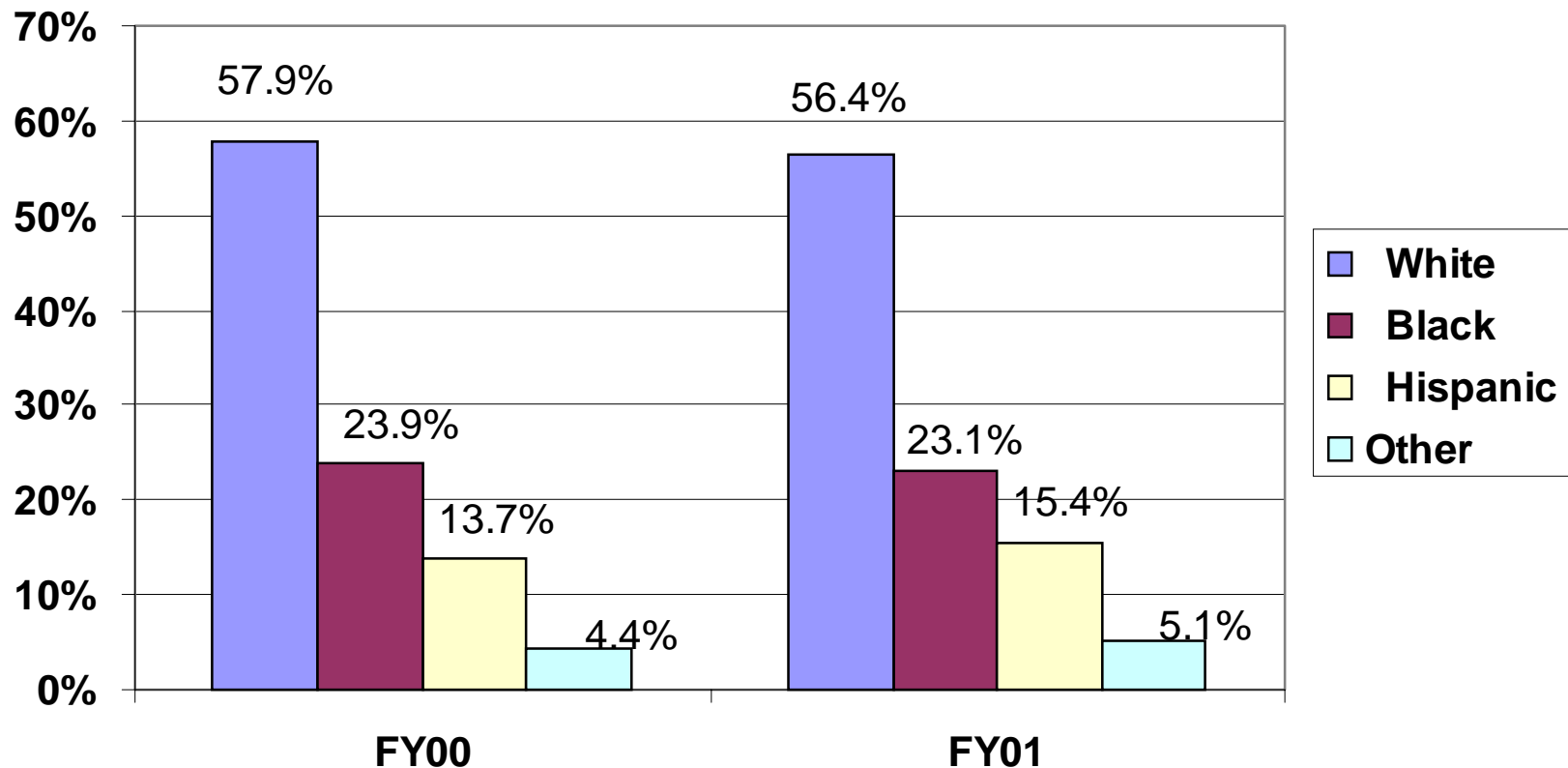
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Which CT patients with schizophrenia get the "atypical" anti-psychotics?

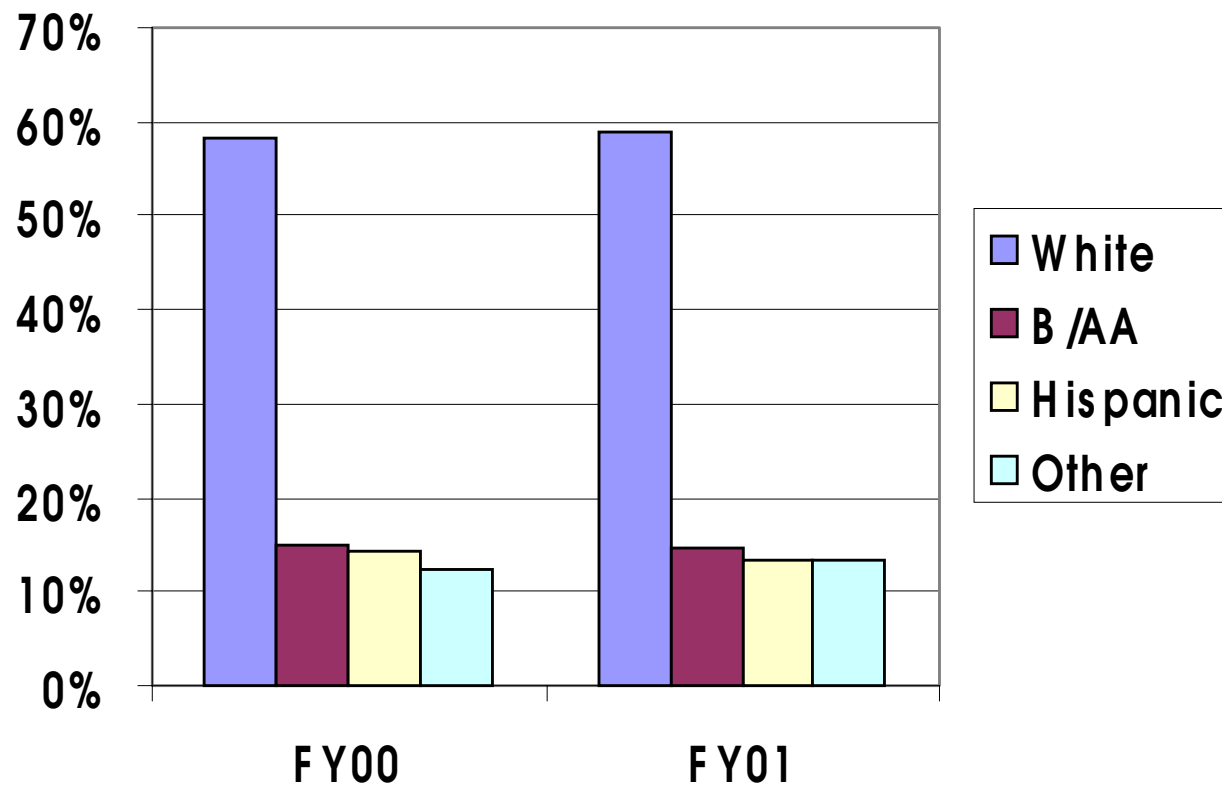


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Which CT groups are using psychiatric inpatient services?



What about the utilization of community-based services in CT?



Outpatient, case management, assertive community treatment, psychosocial rehab, etc.

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#2 Increasing the Use of Evidence-Based Practices

- Consensus Building
 - Preferred Practice Workgroups
- Removing Barriers/Increasing Incentives
 - Change Reimbursement Policy
- Promoting Adoption & Adaptation of EBP
 - Dame la Mano



Adaptation: Dame la Mano

- Involves modifying an Evidence-Based Program for Latinos
- Focused on developing a consensus about treatment and support services for Latinos with co-occurring psychiatric and substance use disorders



#3 Focusing on System Indicators & Policy Development

- Resource Allocation Decisions
 - ACT Fidelity Study
- System Level Interventions

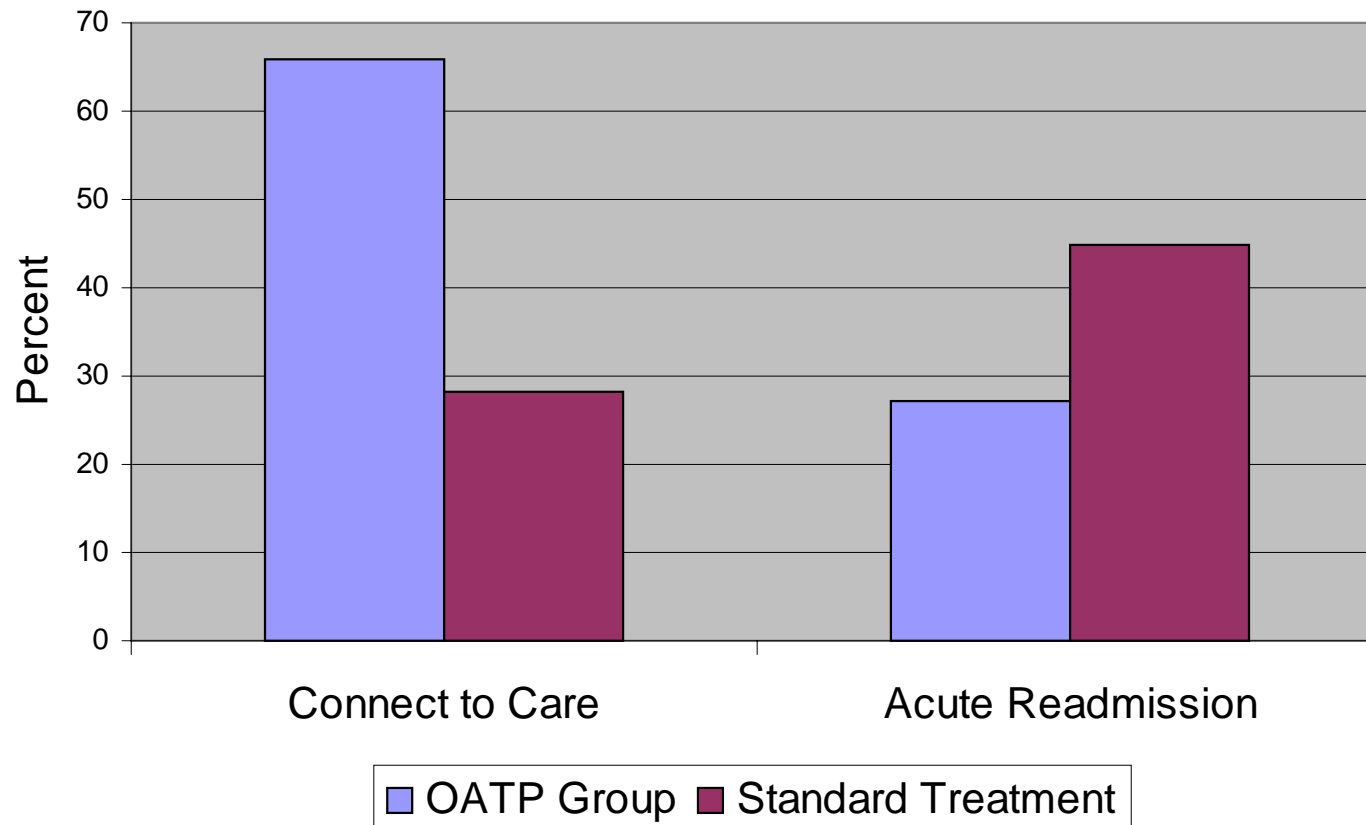


A System Level Intervention: *Opioid Agonist Treatment Protocol*

- Frequent users of acute inpatient detoxification:
 - 4 or more detox admissions in 6 months
- Data indicated that 70% had DSM-IV, Axis 1 diagnosis of Opiate Dependence
- Clients flagged in utilization management data system
- Offered Evidence-Based alternatives to standard detoxification (e.g., methadone maintenance, residential treatment, wrap around supports)

Effectiveness of the OATP Approach?

Use of Opioid Agonist Treatment Protocol (OATP)





A System Level Intervention:

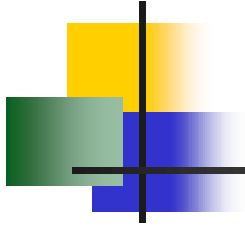
BEHAVIORAL HEALTH UNITS

- Care and Case-Management Program for High Utilizers of Acute Service
- Evaluation found Weak Overall Effect
- However, Teasing out Data Found:
 - Success related to organizational structure
 - **60% Improvement (networked)** in connect to care vs **No Difference (free-standing Programs)**
 - De-funded Programs and Reallocated resources through different organizational Structure



How do we strike the right balance?

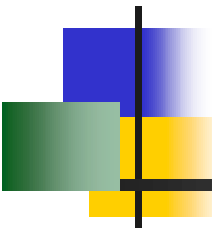
- Politics and Policy
- Confidentiality versus Information Sharing
- New versus Existing Resources
- Science versus Experience
- Top-down versus Bottom-up Approach to Selection of EBPs



SUMMARY

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