STAR-SI Performance Management Implementation Story
Maine DHHS Office of Substance Abuse (OSA)

The Maine Office of Substance Abuse (OSA) had a "performance based" contracting system beginning in 1989. And in 2000 OSA implemented a new database for collection of TEDS data. A number of issues were identified through the experience and evaluation research of this initial effort at performance contracting by the Maine single state authority. The original performance contracts lead to all or nothing, or unintended consequences; and this resulted in decreased access for acutely ill clients across the state. Only clients that were most likely to succeed in treatment were able to access care. After numerous attempts at rewarding high performing agencies, the OSA Director suspended enforcement of compliance with the original performance indicators until a more workable approach to performance contracting could be identified.

PLAN: In October of 2005 OSA began a process improvement pilot project working with six outpatient provider agencies. OSA provided process improvement coaching by NIATx trained change leaders to each outpatient agency participating in this pilot initiative. Training in the NIATx Process Improvement Model was provided to the state agency; and OSA began working with the Acadia Hospital and the Maine Association of Substance Abuse Providers (MASAP) to prepare for moving toward implementation of access and retention measures as performance indicators for services. Efforts to implement Access and Retention measures into performance based contracts for all substance abuse services began in December of 2006. However, changes our contracts proved to be really difficult, raising numerous questions. Where should incentive performance standards be set? How do contract payments get settled? How often are the rewards/penalties paid out? Who does the monitoring of data and informs providers of penalties?

After much discussion and consideration OSA began with Outpatient (OP) and Intensive Outpatient (IOP) Services only. Standards were set based on an analysis of aggregate performance of all outpatient providers on access and retention during SFY 2006. In addition, a medication assisted treatment (MAT) non-discrimination clause was added to all OSA contracts. This program requirement specified that any program receiving grant funds from OSA *"…will not discriminate against clients who are using legitimate medications to assist their recovery and will not have policies that allow them to refuse admission to treatment or to discharge clients from treatment based on the use of legitimate addiction medications."*

DO: In July of 2007 Maine OSA Implemented Access & Retention Performance Standards in OP/IOP pay for performance contracts with all OSA Substance Abuse Prevention and Treatment Block Grant SAPT BG contracts statewide. This was the first state level change project implemented as part of the Maine STAR-SI grant from CSAT. Contracts included access and retention criteria with incentive, baseline or penalty payments for meeting or exceeding specified targets on five measures. Units of service measures are worth plus or minus 5% of a quarterly payment, agencies may receive a 5% incentive for exceeding 100%, a baseline payment for meeting 90%, or a penalty of minus 5% if they do not meet 90% of their contracted units for the quarter. Performance on four of the OP or IOP access and retention measures listed below are valued at 1% each. Therefore an agency can gain or lose up to 9% of their quarterly baseline payment each quarter.

Access goals for Outpatient and IOP services are:
<u>Out Patient</u>
- Time from first call to first face to face: 5 days (2 day incentive)
- Time to first treatment appointment: 14 days (7 day incentive)

<u>Intensive Out Patient</u>
- Time from first call to first face to face: 4 days (2 day incentive)
- Time to first treatment appointment: 7 days (3 day incentive)

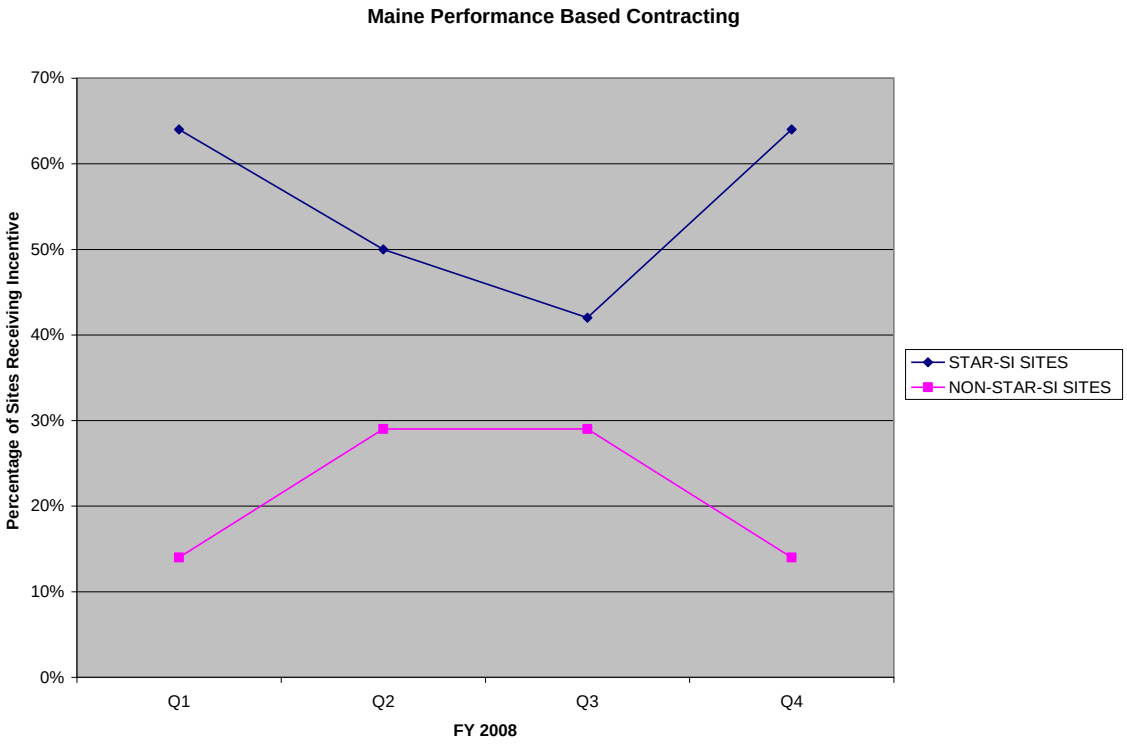
Retention Goals for Outpatient and IOP services are:

- A minimum of 50% of OP & 85% of IOP clients stay 4 sessions (65% and 90% incentive)
- At minimum of 30% of OP clients stay 90 days or more; and 50% of IOP clients complete treatment (40% and 60% incentive)

Our **Aim** in implementing this pay for performance contracting model was to Increase Access to the outpatient continuum of care statewide. To accomplish this we also did the following:

- Created an Agency Monitoring Change Team that met monthly to monitor the process and data, implementing change cycles and payment decisions quarterly;
- Added Access & Retention, Evidence Based Practices (EBP's), and MAT questions to the OSA TDS Admit & Discharge data forms to allow us to collect this new data on all clients admitted across all levels of care statewide;
- Implemented the COGNOS Dashboard System for data monitoring and feedback reports;

STUDY: Changes implemented by the state and providers resulted in a number of improvements in access to and retention in treatment. By tracking access and retention data on all providers statewide through the OSA TDS system we were able to see that the STAR-SI grant participating agencies performed better on access and retention measures when compared to the non-participating agencies statewide.



In addition we also tracked improvements in access and retention in treatment as a result of the collaborative work of the Maine STAR-SI Grant:

- In SFY 2008 Maine had a total of 10,679 OP Admissions. STAR-SI Participating Providers Account for 52% (5,547) of all state OP admissions in 2008.
- Census in IOP level of care has increased about 14% since 2005 as agencies have worked to reduce wait time. In SFY 2005 there were 1,782 IOP clients, this increased to 2,079 in SFY 2008.

- Time from first call to first face to face appointment was reduced by half (from slightly more than 5 days to slightly more than 2 days) for the nine STAR-SI Round I agencies.
- Time from first call to first face to face appointment was reduced from more than 7 days to less than 3 days for the five STAR-SI Round II agencies that joined the STAR-SI project in June 2007.
- Time from first call to first face to face appointment for Driver Education and Evaluation Program (DEEP) OUI clients was cut by 41% (from slightly more than 8 days to slightly more than 4 days) statewide.
- The April 2008 Maine STAR Retention Project included 14 agencies. Retention increased significantly for the first four sessions of treatment; the % point change increased 7.27% points for the 1st session, 2.88% for the 2nd, 10.68% for the 3rd, and 13.44% for the 4th session. Agencies continue to work on their retention projects.
- STAR-SI Participating Providers Account for 71% of all state OP treatment admissions in YTD SFY 2009.

SAMHSA also tracks TEDS reporting from OSA TDS data from year to year, the latest report includes the end of the 1st quarter of calendar year 2009. This most recent report reflects improvements in retention in treatment. The percent of discharges from OP has decreased from 57% of all discharges in 2008 to 46% YTD in 2009; the percent discharged from IOP has remained steady (17% in 2008 to 18% in 1Q09). Additionally, the percent of discharges leaving because treatment was complete increased from 51% in 2008 to 60% YTD 2009; and the percent of clients leaving care against professional advice has also decreased from 28% in 2008 to 19% YTD 2009.

ACT: Maine OSA has adopted this approach to performance contracting because of the success seen with implementation of access and retention measures in pay for performance contracts. OSA will adapt this change and expand the model to include the OP/IOP measures and MAT non-discrimination language in all OP/IOP purchased addiction treatment services through our Medicaid program in SFY 2009. OSA will monitor and provide regular performance feedback to all entities, and reward performing agencies with multi-year contract renewals. OSA plans to continue to support and sustain this focus on Access & Retention by diffusing it to all services and levels of care.

IMPACT: The Business Case for Maine Pay for Performance Contracts is simple and clear. In order to implement incentive contracts Maine budgeted $3,531,364 for baseline contract payments, and an incentives maximum of $3,769,463. This amounted to a total of $238,099 in possible incentive payments in SFY 2008. The net incentive payments made for SFY 2008 reached $44,839 leaving the remaining $193,260 available for reallocation to other needs. OSA will continue to monitor the incentive payments each year assuming that over time performance on access and retention measures will improve and more of the budgeted incentive money will be paid out to agencies, reflecting improved program access, retention and quality.

References: Four articles on the outcomes of Maine's earlier performance based contracting.

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