

Evidence-Based Practices and their Implementation

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The Problem

Human services are characterized by highly variable, often ineffective, and sometimes harmful services to consumers.

» IOM, 2001; US Department of Health and Human Services, 1999, 2001



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One answer...

Institute of Medicine:

Decisions about care should be based on the best scientific evidence, the highest form of evidence usually taken as a well-performed randomized clinical trial.

From: *Crossing the Quality Chasm:
A New Health System for the 21st Century*, 2001



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A National Movement:

National Quality Forum (NQF)

Consensus standards on evidence-based practices for the treatment of substance use disorders, Sept 2007

Four domains:

- Identification (screening, assessment)
- Initiation and engagement in treatment
- Therapeutic interventions
- Continuing care management



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NQF Treatment Practices

- Annual screening in general and mental healthcare settings for at-risk drinking, alcohol disorders, and any tobacco use
- Providers should use systematic method to identify or screen patients
- Patients with a positive screen for a SA disorder should receive further assessment; patients diagnosed with a SA illness should receive a multi-dimensional, biopsychosocial assessment



NQF Treatment Practices

- Patients identified with excess alcohol use and/or any tobacco use should receive a brief motivational intervention
- Providers should promote engagement in treatment; patients should receive supportive services
- Supportive pharmacotherapy should be available and provided to manage the symptoms and risk of serious adverse consequences related to withdrawal; withdrawal mgmt should be linked with ongoing treatment



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NQF Treatment Practices

- Empirically validated psychosocial treatment interventions should be initiated for all patients with substance use illnesses
- Pharmacotherapy should be recommended and available to all adult patients diagnosed with opioid dependence/alcohol dependence/ nicotine dependence and without medical contraindications. Psychosocial treatment/ support should also be provided.
- Patients should be offered long-term, coordinated mgmt for their SA illness and any co-existing conditions



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What is Evidence-Based Practice?

Evidence-based practice is the integration of the best research evidence with clinical expertise and patient values.

From: *Crossing the Quality Chasm:
A New Health System for the 21st Century*, 2001



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Evidence-Based Programs

- Two or more high quality research studies using randomized group designs
- Preferably done by two or more independent research groups
- Preferably summarized in meta-analyses of the findings across studies

» Dean Fixsen, National Implementation Research Network,
2007



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Federal Examples

NREPP

- SAMHSA's searchable database of interventions for the prevention and treatment of mental and substance use disorders
- NREPP rates the quality of the research supporting intervention outcomes and the quality and availability of training and implementation materials.

SAMHSA Toolkits

ACT, Illness Mgmt and Recovery, Supported Employment, Family Psychoeducation, IDDT, Medication Mgmt

NREPP: National Registry of Evidence-based Programs and Practices:
www.nrepp.samhsa.gov



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EBPs for Substance Use Disorders

- Motivational Enhancement Therapy
- The Matrix Model
- Cognitive Behavioral Therapy
- Community Reinforcement and Family Training
- Behavioral Couples Therapy
- Brief Strategic Family Therapy
- Seeking Safety
- Multisystemic Family Therapy
- 12 Step Facilitation
- Medications: e.g. naltrexone, acamprosate, methadone, buprenorphine



EBPs for SA Prevention

- Strengthening Families
- Project TND
- P-CAP Parent Child Advocacy Program



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So what's the problem?

Even the most effective interventions are **specific** and only work for some consumers and for some outcomes

Little evidence about how well EBPs work for diverse groups and in non-urban settings

EBPs should not be oversold

Most will need additional development and testing

Implementation is difficult



EBPs and Implementation

Very important point :

The usability of a program has little to do with the quality or weight of the evidence regarding that program.

Dean Fixsen, National Implementation
Research Network, 2007



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We have excellent data and anecdotal experience about what **does not** work:

- Diffusion/dissemination of information
- Training
- Edicts
- Incentives (following the money)
- Implementation without changing supporting roles and functions

» Dean Fixsen, 2007



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Harsh Realities

- Change initiatives that are heavily dependent on people fail 80-90% of the time
- About 10% of what is taught in training gets transferred to the job
- Up to 70% of the failures in business are not due to poor strategy or a lack of good ideas, but to flawed execution

(Rogers, 2002).



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Why is implementation of EBPs so difficult?

Complicated, interconnected processes and systems

Circumstances are always changing

Each attempted solution alters the nature of the problem

Unintended consequences

Implementation

- Takes time (2-4 years)
- Not an event
- Occurs in interactive stages
 - Exploration, installation, initial implementation, full implementation, innovation, sustainability
- Must be effective, flexible, and adaptable
- Requires organizational change
- Difficult to create a new system while maintaining the old
- Lots of barriers
 - \$\$, time allotted, lack of trained staff, cost of training/retraining, inadequate clinical supervision



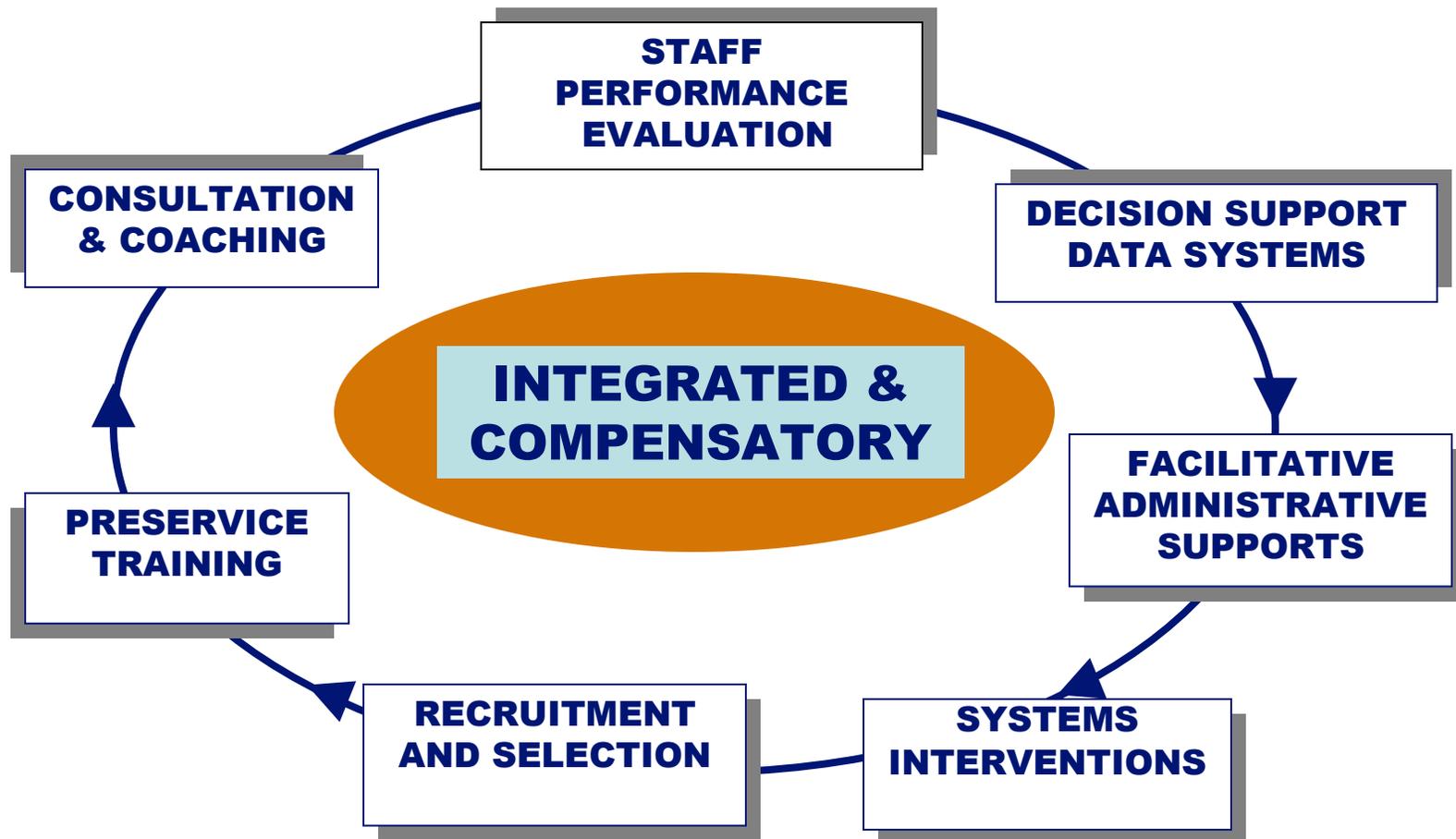
- It is the job of directors, managers, and funders to align policies and structures to facilitate effective practitioner practices.
- There is no such thing as an administrative decision – all decisions are treatment decisions.

» Dean Fixsen, 2007



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Implementation Drivers



Dean Fixsen, 2007.



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NC Practice Improvement Collaborative (NCPIC)

- Collaborative of researchers/educators/providers/consumers in three disability groups (MH, DD, SA)
- The mission: to ensure that each time any North Carolinian—whether a child or an adult, a member of a majority or minority, from an urban or rural area—comes into contact with the DMHDDSAS system s/he will receive excellent care that is consistent with a scientific understanding of what works (New Freedom Commission on Mental Health, 2003).
- NC PIC meets quarterly to review and discuss relevant programs. Annually, the group will present a report of prioritized program recommendations to the Division Director at a public forum. This forum, defined as the North Carolina Practice Improvement Congress, will feature brief educational descriptions of the practices being recommended by the NC PIC in its report.

» www.ncpic.net



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Substance Abuse PIC

- Matrix Model
- Strengthening the Family
- Seeking Safety: Treating Post Traumatic Stress Disorders
- Cognitive Behavioral Therapy for Relapse Prevention
- Contingency Management
- TELE



SA PILOTS IN NC

- Matrix Model
- Seeking Safety
- TELE
- Strengthening the Family
- Project Toward No Drugs



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Substance Abuse and Primary Care Practice

- Movement toward integration of primary care and behavioral health care
- Initiatives underway in NC
 - CCNC Co-location projects (>40 sites)
 - ICARE
 - SBIRT pilots planned
- Implementation barriers



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SA and Primary Care

“It is not possible to deliver
safe or adequate

healthcare without simultaneous
consideration of general health,
mental health and substance use
issues.”

» IOM, Crossing the Quality Chasm, 2001



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