

# Brandeis-Maine Addiction Treatment Study

## Phase 2

### Clinician and Front-Line Staff Incentives

Institute for Behavioral Health (IBH)  
Heller School for Social Policy and Management  
Brandeis University

Funded by the National Institute on Drug Abuse (NIDA) R01 DA033402

**Institute for Behavioral Health** • SCHNEIDER INSTITUTES FOR HEALTH POLICY

BRANDEIS UNIVERSITY

**The Heller School** FOR SOCIAL POLICY AND MANAGEMENT

*Knowledge Advancing Social Justice*

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# Why we are doing this study

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- Despite tremendous efforts, quality of SUD treatment has room for improvement
- Incentives (to the program, clinician, client) may lead to behavior change that can improve quality
  - Questions remain about effects in SUD treatment
  - **Little is known about incentives to clinicians and other staff in SUD treatment → this is an exciting opportunity to be at the forefront**

# Why we are doing this study in Maine

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- **You** have experience and knowledge that could benefit each other and providers elsewhere
- **You** have a history of quality initiatives (e.g., NIATx, STAR-SI)
- **SAMHS** has a long history of pioneering payment methods and research collaboration

We can learn from your experience and knowledge about quality and incentives, within this context of activated providers and treatment system

# How is the study set up?

Overall question: **Do financial incentives paid directly to clinicians and front line staff improve performance?**

- **What is the goal?** Improve access to treatment and retention in treatment
- **Who can participate?** All staff with direct client contact, including clinicians, receptionists, intake counselors, psychiatrists, etc.
- **Will all programs get an incentive?** We randomized participating programs to the clinician incentive group or the control group (no clinician incentive).
  - ***Your program is in the incentive group*** – you are eligible to receive incentives based on your program's performance
- **What do I need to do?** No required changes – what you do is up to you.
- **How long does the study last?** Nearly 1 year (or 3.5 quarters) – Feb 15, 2015 to Dec 31, 2015
- **Who is paying for the study?** All funds come from the research project, not SAMHS or your program. The overall study is funded by the National Institute on Drug Abuse (NIDA)

# What to expect if you participate

The study team will:

- **Measure your program performance** quarterly, using admission and discharge data you already send to SAMHS
  - We use 3 performance measures: access to treatment, early retention and retention (see next slide)
- **Determine if your program met targets or improved** in each quarter, compared to your program's 2013 baseline
- **Send \$\$ (a check)** to each participating individual, about 4 weeks after the end of each quarter
  - **Only paid if the program meets at least one target or improves on at least one measure**
- **Ask you to complete a web-based survey** soon after the study begins and just after the study ends. You will get \$25 for each survey you complete, whether or not you receive an incentive

# ***OUTPATIENT* PROGRAMS**

<b>Level Required for Reward</b>	<b>Target (\$30)</b>	<b>High Target (\$50)</b>	<b>Improvement from Baseline (\$5)</b>
<b>Access (time from 1<sup>st</sup> contact to 1<sup>st</sup> treatment)</b>	10 days	5 days	each 1 day decrease
<b>Early retention (4 or more sessions)</b>	71% of admissions	90% of admissions	each 2% increase
<b>Retention (90 days or more)</b>	42% of admissions	65% of admissions	each 2% increase

All data are for the whole program, not individual staff.

“Target” is the 50<sup>th</sup> percentile of all outpatient programs in Maine in 2013. For example, half of all outpatient programs in Maine had an average of 10 days between 1<sup>st</sup> contact and 1<sup>st</sup> treatment, across all of their outpatient clients.

“High target” is the 90<sup>th</sup> percentile. The top 10% of programs had an average of 5 days from 1<sup>st</sup> contract to 1<sup>st</sup> treatment in 2013.

# ***INTENSIVE OUTPATIENT* PROGRAMS**

<b>Level Required for Reward</b>	<b>Target (\$30)</b>	<b>High Target (\$50)</b>	<b>Improvement from Baseline (\$5)</b>
<b>Access (time from 1<sup>st</sup> contact to 1<sup>st</sup> treatment)</b>	7 days	2 days	each 1 day decrease
<b>Early retention (4 or more sessions)</b>	82% of admissions	97% of admissions	each 2% increase
<b>Retention (treatment completion)</b>	42% of admissions	65% of admissions	each 2% increase

All data are for the whole program, not individual staff.

“Target” is the 50<sup>th</sup> percentile of all intensive outpatient programs in Maine in 2013. For example, half of all IOP programs in Maine had an average of 7 days between 1<sup>st</sup> contact and 1<sup>st</sup> treatment, across all of their outpatient clients.

“High target” is the 90<sup>th</sup> percentile. The top 10% of programs had an average of 2 days from 1<sup>st</sup> contract to 1<sup>st</sup> treatment in 2013.



# Example using 4+ sessions

2013  
Baseline

79%



2015  
1<sup>st</sup> Quarter

91%



- \$50 for high target +
- \$60 for 6x2% improvement
- = **\$110 to each participating clinician**

35%



45%



- \$0 (didn't meet target) +
- \$50 (5x2% improvement)
- = **\$50 to each participating clinician**

72%



72%



- \$30 for target +
- \$0 (no improvement)
- = **\$30 to each participating clinician**

35%



35%



- \$0 (didn't meet target) +
- \$0 (no improvement)
- = **\$0**

78%



72%



- \$30 for target +
- \$0 (no improvement)
- = **\$30 to each participating clinician**

# How did your program do?

AGENCY NAME – Outpatient

1<sup>st</sup> Quarter (Feb-Mar 2015)

	Access	Early Retention	Retention
2013 BASELINE	12 days	80%	41%
THIS QUARTER	12 days	92%	45%
\$ for Target:	\$0	\$50	\$30
\$ for Improvement:	\$0	\$60	\$20
Total \$	\$0	\$110	\$50

YOUR REWARD FOR THIS QUARTER = \$0 + \$110 + \$50 = **\$160**