

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

Overview Webinar – November 18 and 21, 2014

Institute for Behavioral Health • SCHNEIDER INSTITUTES FOR HEALTH POLICY

BRANDEIS UNIVERSITY

The Heller School FOR SOCIAL POLICY AND MANAGEMENT

Knowledge Advancing Social Justice

“In times of change, learners inherit the earth, while the learned find themselves beautifully equipped to deal with a world that no longer exists.”

-Eric Hoffer



Today

- Briefly describe the Brandeis-Maine study
 - What have we done so far?
 - Clinician incentives study - goals and a potential approach
- Hear your thoughts on the clinician incentives study design
 - Answer your specific questions
 - Get your feedback and suggestions



Project team

- **Institute for Behavioral Health, Heller School for Social Policy and Management, Brandeis University**

Sharon Reif, principal investigator *Maureen Stewart*, project director

Maria Torres, co-investigator

Margot Davis, co-investigator

Others on Brandeis team: Connie Horgan, Dominic Hodgkin, Beth Mohr, Grant Ritter

- **Maine Office of Substance Abuse and Mental Health Services (SAMHS) – provide input only**
- **Other collaborators**
 - MASAP
 - Brandeis and Harvard colleagues

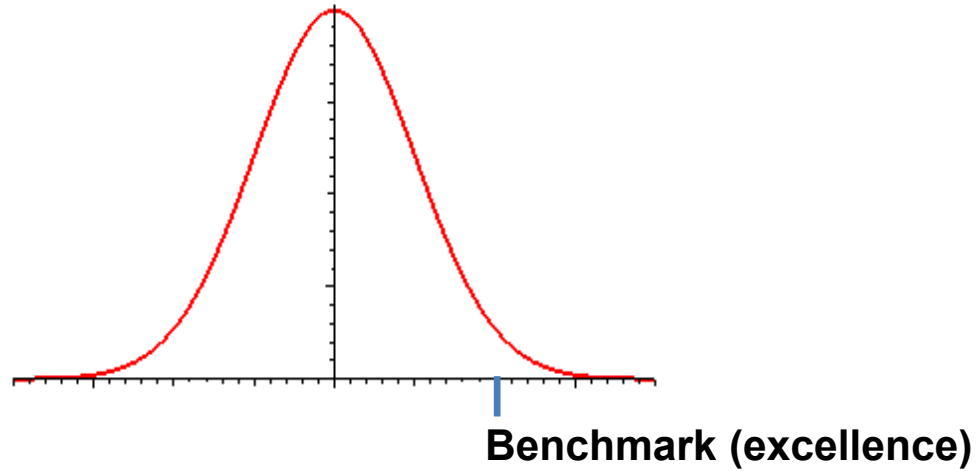


Why we are doing this study

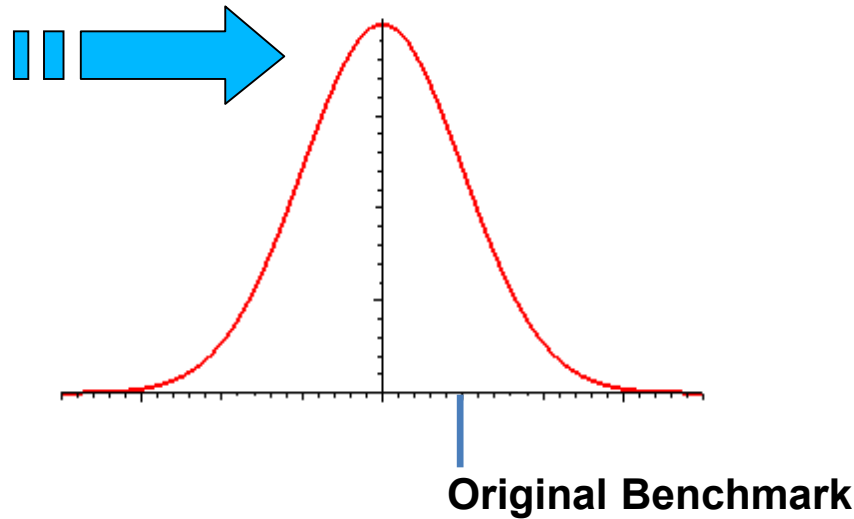
- Quality of SUD treatment still has much room for improvement
- Performance-based payment (P4P) or contracting is an approach to drive quality
 - Questions remain about its impact in SUD treatment
 - **Little is known about incentives to clinicians in SUD treatment → this is an exciting opportunity to be at the forefront**
- We aim to improve understanding of incentives, to benefit the SUD treatment field

Shared goal of improved performance

Baseline



**Improved Performance
Over Time**





Why we are doing this study in Maine

- **You** have experience and knowledge that could benefit each other and providers elsewhere
- **Maine providers** 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



Study questions



- 1) How do programs and staff **respond to financial incentives**? What do they **think about them**?
- 2) How have **access and retention** changed under the SAMHS incentivized contract? Are there **unintended effects**? Are **client outcomes** affected?
- 3) What **program features** influence these effects?
- 4) Do **financial incentives paid directly to clinicians and front line staff** improve program performance?

Clinician Incentives Study – goals and a potential approach





Overview

Can we improve quality by paying financial incentives directly to clinicians and front-line staff?

The basics:

- **Randomize** participating **programs** to the clinician incentive group or the control group (no clinician incentive)
- **Invite** clinicians and front-line staff to participate
- **No change** to your treatment processes, data collection, staffing
- **Will not change the existing contract**, incentives, or SAMHS relationships
- **1 year** experiment
- **\$400 bonus** to program as thank you for participating (\$200 at sign-up, \$200 at end of study)
- All funds come from the research project, not SAMHS

→ Potential to further improve the quality of care for your clients

Many details to be worked out – we encourage your input!



A potential design

- Include all OP/IOP programs with an incentivized contract
 - Randomize programs, matching by size and region, for example
 - All staff with client contact are eligible: clinicians, front-line staff (e.g., receptionists, intake staff)
 - Reward for program performance on existing SAMHS measures
 - Time from 1st contact to 1st face to face
 - Time from assessment to 1st treatment } Combined into 1 measure
 - Stay in treatment 4+ sessions or days
 - Stay in treatment 90 days (OP) or complete treatment (IOP)
- Report performance directly to clinicians/staff

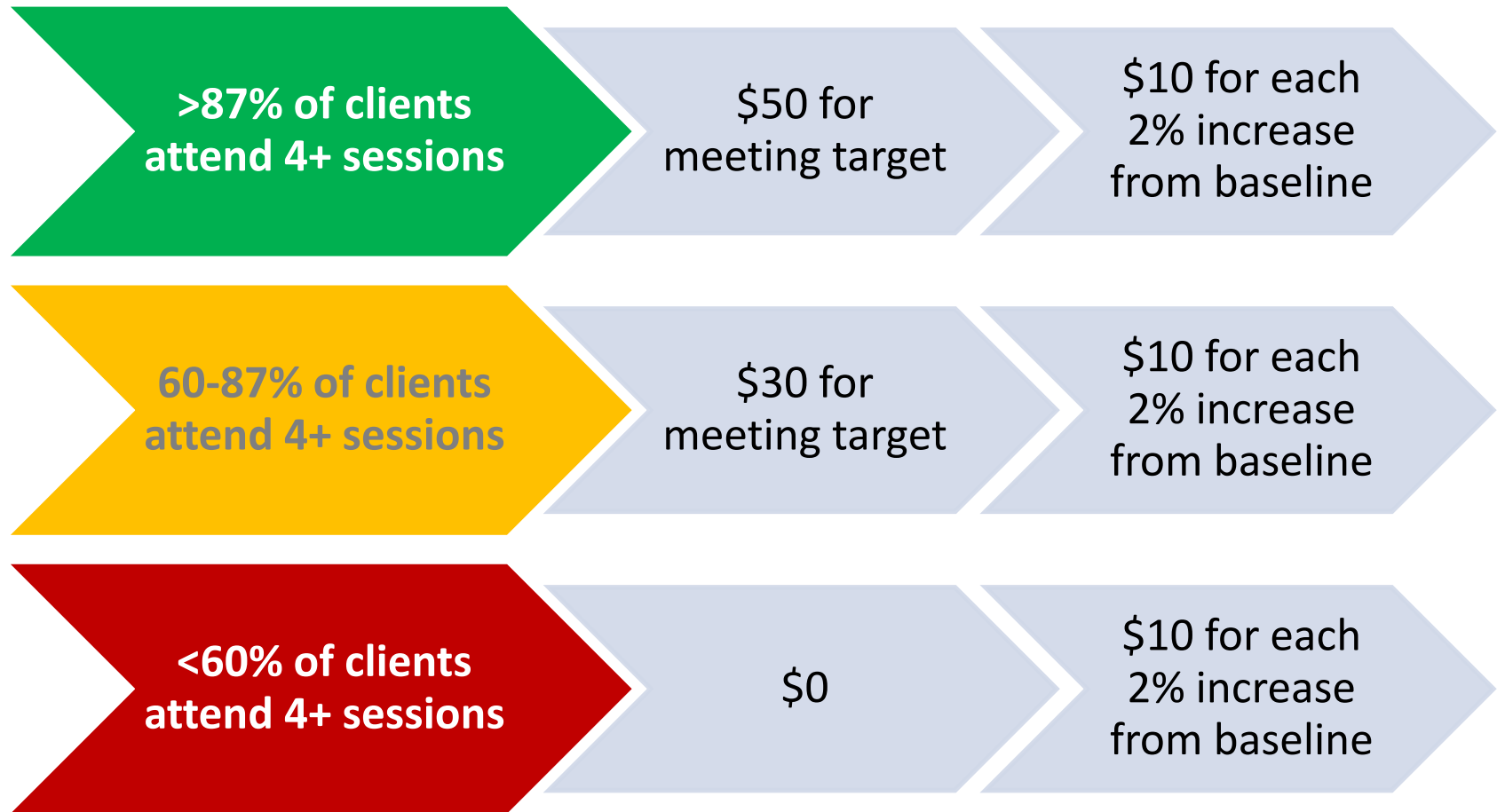


A potential design (continued)

- Incentives based on program performance
 - All participating clinicians/staff in a program paid the same amount
 - Individual payments proportional to FTE status
- Clinician incentive design:
 - Pay out quarterly
 - Pay for both meeting a target and improving performance even if below target
 - Calculate reward for each measure separately
 - Add up calculated rewards for all measures to determine total payout to each clinician in each quarter
 - No penalties for clinicians/staff
 - Potential incentive ~\$1000 per clinician/staff, over 1 year
- Pay via VISA (or similar) gift card directly to participant each quarter

Example using 4+ sessions

Measure and reward overall program performance:



Example using 4+ sessions

78%	→	88%	→	<ul style="list-style-type: none">▪ \$50 for target +▪ \$50 for 5x2% improvement▪ = \$100 to each participating clinician
35%	→	45%	→	<ul style="list-style-type: none">▪ \$0 (in red range) +▪ \$50 (5x2% improvement)▪ = \$50 to each participating clinician
65%	→	65%	→	<ul style="list-style-type: none">▪ \$30 for target +▪ \$0 (no improvement)▪ = \$30 to each participating clinician
35%	→	35%	→	<ul style="list-style-type: none">▪ \$0 (in red range) +▪ \$0 (no improvement)▪ = \$0
87%	→	75%	→	<ul style="list-style-type: none">▪ \$30 for target +▪ \$0 (no improvement)▪ = -\$30 to each participating clinician

Example total payout per quarter

Each quarter:

- Calculate reward for each measure
- Add up rewards across measures
- Pay total reward to each participating clinician/staff

Performance Measure	Calculated Reward
Access to treatment	\$100
4+ sessions	\$50
90 days in treatment	\$0
TOTAL	\$150



What do you think?

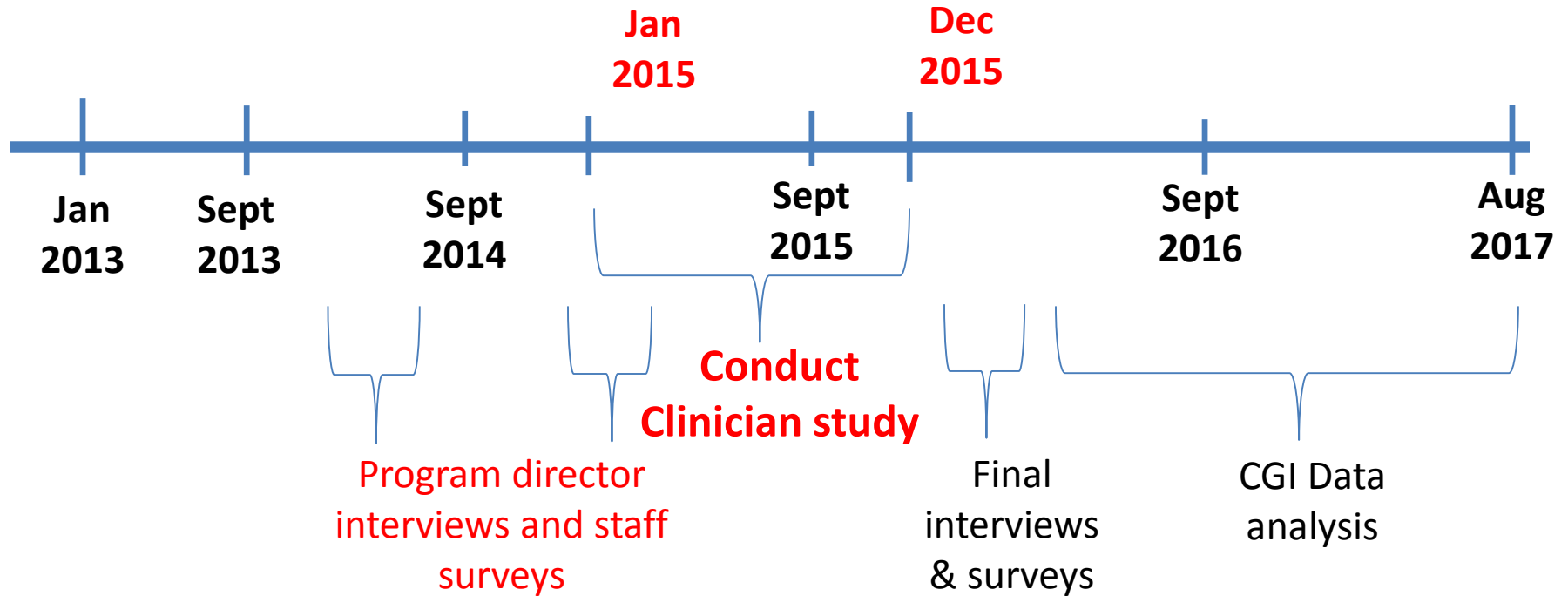


Next steps

- Finalize design
- Invite programs to participate
 - List of clinicians and front line staff
 - Program director interview
 - \$200 thank you + \$200 at end of the study
- Randomize programs
- Invite clinicians and front line staff to participate
 - Attend a staff meeting?
 - Informed consent
- Clinician and front-line staff survey (\$20 thank you)



Project timeline



Thank you!

Further information:

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<http://sihp.brandeis.edu/ibh/maine-incentives/index.html>