DMC-ODS 1115 Waiver Implementation

Withdrawal Management (WM) ASAM 3.2 Services

Santa Clara & Alameda County Experience

CalQIC 2020 Panel Discussion

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Content Overview

- History of WM Services Prior to ODS Implementation
- WM Implementation Roll Out
- Challenges & Solutions
- WM Performance Improvement Plans
- Future Expansion of WM 3.2, 3.7, and 4.0

Santa Clara: WM Services Prior to DMC-ODS

- 10 male beds, 10 female beds
- No Medi-Cal
- Social clinical model, ASAM level of care 3.2, Client Index Withdrawal ETOH completed, over 20 years of services and was developed intentionally for the continuum of care in SCC – alignment with ASAM continuum
- Less medical and psychiatric screening
- Longer lengths of stay regardless of “medical necessity”
- Provider reported “churn”
- Psycho-ed groups, less focus on stabilization and discharge planning with case management

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Alameda: WM Services Prior to DMC-ODS

- Stand-alone Detox program (Cherry Hill)
- Sobering Center → Detox Services
- No Medi-Cal
- Average length of stay: 3-5 days, up to 14 days; not contingent on medical necessity
- Minimal documentation requirements
- Social milieu model
- Safety net approach
- Acted as a portal/access point for screening and referral into the SUD Continuum of Care

Santa Clara: WM Implementation Roll-Out

- Certification 2016 → "Detox" becomes "Withdrawal Management"
- Roll out in phases; WM came after Residential roll out
- QI completes a "pre-audit" to provide technical assistance
- Despite co-location of services, WM Program Manager becomes more active in separating Residential Services from Withdrawal Management Services
- Progression of much more involvement from Medical Director

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Alameda: WM Implementation Roll-Out

- Summer 2018: Cherry Hill submits DMC certification
- April/May 2019: Clinical Documentation Trainings, based on residential standards
- October 2019: Collaboration for development of tailored WM clinical documentation standards
- November 2019: Trainings on WM clinical documentation, HER and DMC billing
- December 2019: Cherry Hill becomes a WM program with receipt of DMC certification; *certification is retroactive to October 2018*
- January 2020: Implementation of Cherry Hill WM program

Santa Clara: WM Implementation Challenges

- On-boarding of all required documentation; what and how to document?
- Reducing lengths of stay as clients may not be meeting medical necessity to be at WM; “cannot send our clients to the street!”
- Inappropriate referrals to WM by several different referring parties, e.g. ER, EPS - (2 designated beds for EPS)
- Balancing capacity with Network Adequacy and Timeliness standards
- EQRO recommendation to examine “churn” leads to 2018-19 PIP

Alameda: WM Implementation Challenges

- Challenges in interpreting the Intergovernmental Agreement on Withdrawal Management compliance
- Challenges in billing services that were contingent on certification status
- On-boarding of all required documentation; what and how to document?
- Staffing challenges
- County culture change – moving away from crisis/safety net system to withdrawal management only
- Medical necessity limiting lengths of stay and challenges in connecting clients to treatment after discharge

Santa Clara
Non-Clinical Performance Improvement Project

Refining Referrals to Withdrawal Management

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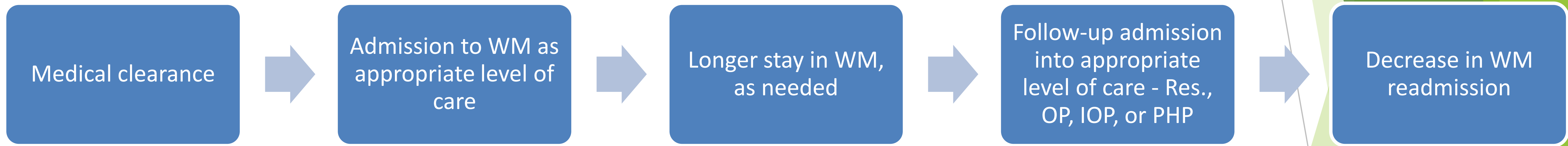
From Challenges to a PIP

Table 1. Study Indicators

#	Describe Performance Indicator	Numerator	Denominator	Baseline for Performance Indicator (number)	Goal (number)
1	% readmitted to WM 3.2 within 30 days of d/c	#of readmissions =< 30 days post-discharge	Total # of admissions to WM 3.2 during the same period	32/701=5%	0%
2	% of discharges with admission to follow up treatment within 30 days of d/c from WM 3.2	# of discharges from WM with admission to f/u treatment =< 30 days	Total # of discharges from WM 3.2 during the same period	252/701 = 36%	50%
3	% of discharges with admission to follow up treatment beyond 30 days post-discharge	# of discharges from WM with admission to f/u treatment	Total # of discharges from WM 3.2 during the same period	507/701 = 72%	95%

WM PIP: Theory of Change



Initial WM PIP Results

Performance Indicator	Date of Baseline Measurement	Baseline Measurement	Date Intervention was Applied	Date of Re-measurement	Results	% Improvement Achieved
% readmitted to WM 3.2 within 30 days of d/c	May 2019	32/701 = 5%	July 2019	October 2019	11/207=5%	0%
% of discharges with admission to follow up treatment within 30 days of d/c from WM 3.2	May 2019	252/701=36%	July 2019	October 2019	105/207=51 %	15% Chi-squared (1),15.04 P<.001**
% of discharges with admission to follow up treatment beyond 30 days post-discharge	May 2019	507/701=72%	July 2019	June 2020	NA	NA

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Lessons from the WM PIP

Churn rate, defined as readmissions, continued to be very low. The tightening of the admission screening criteria had no effect on the churn. However, it significantly increased clients' transfers and admissions into treatment within 30 days of having been in WM. Clients who were able to benefit more from WM were more likely to be ready for entering treatment after their WM stays, therefore, increasing the quality of their care.

Alameda
Clinical Performance Improvement Project

Timely Access & Connection to SUD Treatment

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Clinical PIP: Timely Access and Connection to SUD Treatment

- SUD Provider involved: Cherry Hill Withdrawal Management Program
- Background/Current Status:
  - Connection to ongoing treatment after discharge from Cherry Hill Detox program is low
  - Beneficiaries repeatedly return to Cherry Hill for services after discharge which indicates that clients are not engaging in treatment
- Intervention:
  - A recovery coach (peer) at Cherry Hill will work with beneficiaries referred to outpatient treatment post-discharge from Cherry Hill to provide relational and concrete support (transportation, benefits enrollment etc…) to help beneficiaries engage in outpatient treatment upon discharge.
  - Recovery coach services will be offered up to 30 days post-discharge from Cherry Hill or up to successful enrollment in outpatient services, whichever comes first
- Projected Outcome
  - Improve timely access and engagement of beneficiaries post-discharge from Cherry Hill
  - Reduce repeat returns to Cherry Hill
- PIP start date: November 2019

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Clinical PIP: Timely Access and Connection to Outpatient SUD Treatment

#	Performance Indicator	Numerator	Denominator	Baseline for Performance Indicator	Goal for % Improvement
1	Percent connected to outpatient/intensive outpatient services within 30 days of discharge	15	83	18.1%	20%
2	Percent engaged in outpatient/intensive outpatient services at least 30 days following intake	10	83	12.0%	20%
3	Percent engaged in outpatient/intensive outpatient services at least 60 days following intake	5	83	6.0%	20%
4	Percent successfully discharged from outpatient/intensive outpatient services	12	83	14.5%	20%
5	Percent who return to withdrawal management	16	83	19.3%	20% (decrease)

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Initial findings

- Trends:
  - Significant interest in receiving Recovery Coach services
  - Low rate follow-through and ongoing engagement to support clients to connect to outpatient treatment
  - Outpatient paired with housing, and transportation plays a significant role in engagement with Recovery Coach
- Areas for improvement
  - Incorporating Recovery Coach services for clients referred to recovery residence/outpatient treatment
  - Improving how the Recovery Coach concept is introduced in order to identify clients who are committed to engaging with Recovery Coach long term
  - Recovery Coach developing relationships with outpatient providers
  - Identifying sustainable funding for Recovery Coach services

There is no such thing as the unknown, only things temporarily hidden, temporarily not understood…

Captain Kirk, Star Trek

Future Efforts for WM Levels of Care

- Analyzing utilization trends for indicated levels of care WM 3.7 and 4.0
- No response to RFI in Santa Clara County for 3.7 and 4.0
- Intergovernmental Agreements mandate: inability to use “GHAC” facilities (General Hospital Acute Care); yet according to the California Hospital Association, clients meeting the medical necessity criteria for 3.7 and 4.0 are most likely to be served in GHACs over a freestanding Acute Psychiatric facility (second), or freestanding Chemical Dependency Hospital (none north of San Joaquin County)
- The need for medical professionals with specialized training in Addiction Medicine coupled with general medicine and withdrawal protocols
- Regionalization as a potential solution for bay area and northern California counties

References

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Thank you!

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