

National Drug Treatment Quality Measurement (21089)

2009 Docket I - Financial Summary

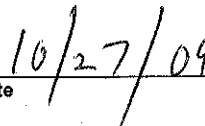
National Drug Treatment Quality Measurement

2009 Approved Grantmaking Budget (21089)	\$	150,000
Total 2009 Available Grantmaking Budget:	\$	150,000

Organization	Grants Totals	2009
National Association of State Alcohol and Drug Addiction Directors	145,000	145,000
Total Recommended:	\$ 145,000	\$ 145,000
GRANTMAKING TOTAL THIS DOCKET:	\$ 145,000	

Total 2009 Available Grantmaking Budget:	\$	150,000
Total Recommendations This Docket:	\$	(145,000)
Total 2009 Grantmaking Budget Remaining Upon Approval of This Docket:	\$	5,000


Approval Signature


Date

MEMORANDUM

To: Aryeh Neier
Via: Ann Beeson, Diana Morris
From: Victor Capoccia
cc: Erlin Ibreck, Lindsey Caruso
Date: September 29, 2009
Subject: Docket for National Drug Treatment Quality Measurement

In preparation for the October 27 docket meeting, we have attached a recommendation for a grant to be awarded to the National Association of State Alcohol and Drug Addiction Directors from funds granted to OSI by the Robert Wood Johnson Foundation for National Drug Treatment Quality Measurement.

As you may recall, in 2007, The Robert Wood Johnson Foundation (RWJF) asked OSI to complete work measuring the quality of addiction treatment and awarded OSI a grant of \$775,000 to support related grantmaking and administrative expenses. The grant recommendation that is attached will establish and test a specific measure for medication assisted treatment. This work addresses the latter two of three tasks associated with the RWJF grant to OSI: 1) disseminating the National Quality Forum National Consensus Standards for Addiction Treatment; 2) developing specific measures for two of the 11 Consensus Standards; and, 3) testing and incorporating the two measures into a national data tracking survey. Together these grants are relevant to the comparative effectiveness research that is part of the current health care reform discussion.

This is the third grant for this project. OSI awarded the first grant to Treatment Research Institute of Philadelphia, which has held two different briefings about the standards for state officials, accrediting organizations, and staff at other interest groups such as National Council of State Legislators and National Governors Association. OSI awarded the second grant to the National Quality Forum, which commissioned a white paper, and convened a technical advisory group to develop a working definition of 'continuing care. Neither grant is yet completed.

We would be pleased to discuss any questions that you may have.

National Drug Treatment Quality Measurement (21089)

<u>Name of Organization:</u>	National Association of State Alcohol and Drug Addiction Directors www.nasadad.org
<u>Purpose of Grant:</u>	to improve addiction treatment by defining and testing a measure of the use of medication assisted treatment for addiction to alcohol and drugs
<u>Organization Budget:</u>	\$2,016,906
<u>Sources of Support:</u>	membership dues, Substance Abuse Mental Health Services Administration Financing Administration
<u>Prior OSI Support:</u>	none
<u>Tax Status:</u>	501(c)(3)
<u>Amount Requested:</u>	\$145,000
<u>Amount Recommended:</u>	\$145,000
<u>Term:</u>	one year, beginning November 1, 2009
<u>Est. Payment Schedule:</u>	lump sum

Description of Organization:

The National Association of State Alcohol and Drug Addiction Directors (the “Association”) is a non-profit membership organization founded in 1971 that represents state alcohol and drug abuse agencies at the national level. The Association’s mission is “to promote effective and efficient state substance abuse service systems.” It works directly with the National Governor’s Association to promote effective policy, practice and programs. Policymakers regularly call on the Association to provide expertise on addiction as well as insight into state perspectives on addiction treatment, prevention and recovery.

The current President of the Association Board is Florence Stein, Director of the North Carolina Division of Mental Health, Developmental Disabilities and Substance Abuse Services; and, the Interim Executive Director is Robert Morrison. The Association involves its members on projects of mutual interest to states and the federal government (e.g., performance measurement, accountability, and oversight and management of the Block Grant). The federal Substance Abuse Mental Health Services Administration (SAMHSA) funds most of these projects, which the Association staff plan and implement in coordination with both SAMHSA and state personnel. The Association Board of Directors oversees these projects through a number of

committees such as the National Prevention Network, the National Treatment Network , and the Performance Data Work Group.

Description of Program for which Funding is Sought:

In 2007, the Robert Wood Johnson Foundation funded a project which identified a number of evidence based addiction treatment practices, compiled in the report “National Voluntary Consensus Standards for the Treatment of Substance Use Conditions: Evidence Based Treatment Practices.” Preparation of the 2007 report adhered to the National Quality Forum process of convening a diverse steering committee of key stakeholders—consumers, providers, insurers, researchers and payers—from the health care, mental health and addiction fields to review and agree on evidence based treatment practices for addiction disorders. National Quality Forum published and publicized these standards in 2007. The standards represented the highest quality of care for addiction disorders.

Later in 2007, The Robert Wood Johnson Foundation asked OSI to complete work measuring the quality of addiction treatment and awarded OSI a grant of \$775,000 to support related grantmaking and administrative expenses. This proposal is part of that agenda and seeks to translate one of the most important standards identified by the National Quality Forum, for medication assisted treatment, into a specific measure. Surprising as it may be, there currently is no uniformly applicable yardstick that can answer the simple question of to what extent is medication used to treat addiction disorders.

The objective of this effort will be to formulate and test medication assisted treatment measures that can be used in publicly funded addiction treatment settings. For example, if there are approximately 25,000 admissions to treatment for opiate addiction in Maryland, it is important to know how many of those admissions received medication assisted treatment. The answer may vary by the availability of data to measure: the number of prescriptions written versus the number of prescriptions filled; the units of medication purchased by the state versus the units of medication dispensed to individuals; the number of physicians licensed to prescribe versus the number of programs that do not ‘believe in’ medication. Ultimately, it is important for policymakers to determine if the percent of those 25,000 admissions that is getting medication is growing over time and thus receiving the appropriate standard of care. The initiative represents an opportunity to work with states to assess their data systems and to construct and test several types of measures for medication assisted treatment.

The Association will undertake the following activities:

- Conduct a focused literature review;
- Survey states about their current capacity to measure the performance of medication assisted treatment;
- Conduct brief case studies of up to five states that fund medication assisted treatment and have strong information systems;
- Compile an initial set of possible measures and methodologies;
- Recruit and collaborate with up to five states to test the proposed performance measures; and

- Compile and assess the results for the various measures.

The first activity will entail a focused literature review that looks at performance measures that have been formulated for analogous issues and contexts, such as for private sector health or behavioral health providers, and will start with the previously mentioned National Quality Forum consensus report. The work will review and summarize “Washington Circle” performance measure reports and papers and the SAMHSA “National Outcome Measures.” The Association will also review performance measures developed by several states that now employ performance contracting. It will also examine measures developed by or for National Council on Quality Assurance and for Agency Health Research on Quality (such as the Consumer Assessment of Healthcare Providers and Systems).

The second task will be to complete a survey that examines whether and how the states fund or otherwise promote patient access to medication assisted treatment. This would be the first systematic examination of what states fund and/or support with respect to medication assisted treatment. The inquiry will also document the nature of and indicators used by state data systems.

The third step will be to conduct case studies (by telephone and other electronic means) of up to five states that fund medication assisted treatment using their substance abuse block grant or general appropriations funds. Apart from funding for methadone, this is a relatively new area of funding and measurement for states. The main focus of the case studies would be to identify the measures used by the states to track performance in this domain.

The study team will then compile an initial list of possible performance measures that have been identified through the literature review, the survey of states and case studies. This compilation will identify the strengths and weaknesses of the respective measures, indicate how many states currently compile the data necessary, and indicate whether such data is likely to be contained in future electronic health records systems. The Association will then ask the state members of the Association’s Data Working Group and Research Committee to rank the measures that they judge would be most feasible and appropriate to use to assess provider performance.

Finally, the project will enlist four state substance abuse agencies to test the various medication assisted treatment performance measures. The Association will target those states that both have robust medication assistance treatment initiatives and adequate data systems to use the proposed performance measures. The Association will provide the states with analytical specifications for the five top performance measures, which they will then use to perform tabulations. The Association staff will provide technical assistance to states as needed to program, calibrate and use the performance measures.

This project will be directed by Henrick Harwood, PhD, the Research Director of the Association, with Kim Johnson, MBA, the Deputy Director of NIATx (University of Wisconsin) serving as co-Principal Investigator. Harwood and Johnson will collaborate on the overall design and management of the project. Johnson will take the lead in directing consensus building processes intended to arrive at recommendations for measures and methods of assessing provider use of medication. Harwood will oversee the day-to-day operations of the project. He

brings 30 years experience to his position, including work with the Lewin Group, the Office of National Drug Control Policy, and the National Academy of Sciences/Institute of Medicine. Johnson was former state director in Maine and has over 20 years of experience organizing and delivering treatment services.

Rationale for Recommendation:

This proposal closely fits the goals of the Closing the Addiction Treatment Gap Initiative, which seeks to increase access to high quality treatment. It is especially relevant as healthcare reform holds the real prospect of including addiction treatment as a core benefit in all plans to cover the uninsured and in all plans for those with current insurance (parity). Specific and clear measures that can track the availability of services are necessary to track performance of all health plans for the currently insured as well as uninsured. Given specific measures, policy makers and other advocates can focus on important questions such as: are adequate services available and who is and is not receiving existing services?

The Association is uniquely positioned to undertake this work to determine a feasible measure of the use of medicated assisted treatment such as methadone and Buprenorphine. It works with its members to develop practices and policies that states can adopt. The Association performs periodic topical surveys for its members. This project fits well within the Association's mission and work program.

Given the importance of ensuring that high quality medicine assisted treatment is available for addiction, OSI staff recommend a grant of \$145,000 over one year to the Association to develop and test a measure of the use of medication assisted treatment for addiction disorders.

Future Return on Investment

As a result of this project, both advocates as well as policy makers will have an explicit indicator to measure the extent to which currently approved as well as many medications 'under development' are being employed to treat addiction. The National Institute of Health has several additional pharmacological interventions for drug addiction under development. It is important to set an early base for the use of evidence based practices to track the 'uptake' and the use of new interventions.

Project Budget

**NASADAD Budget for Medication Assisted Therapy Performance Measures Project
Submitted to the Open Society Institute
10-Sep-09**

Staffing Costs	Hourly Salary	Hours	Salary	Labor Costs Fringe (@ 43%)	Total Labor Costs
Executive Director: Robert Morrison	\$63.11	40	\$2,524.40	\$1,085.49	\$3,609.89
Dir of Research: Henrick Harwood	\$60.95	200	\$12,190.00	\$5,241.70	\$17,431.70
Senior Program Specialist: Kara Mandell	\$30.05	320	\$9,616.00	\$4,134.88	\$13,750.88
Senior Program Specialist: Marcia Trick	\$26.24	320	\$8,396.80	\$3,610.62	\$12,007.42
Research Analyst: Jasmin Carmona	\$19.44	320	\$6,220.80	\$2,674.94	\$8,895.74
Subtotal Staffing Costs		1200	\$38,948.00	\$16,747.64	\$55,695.64
Other Direct Costs			per \$ of Labor Direct Cost		Cost
Telephone (3 conference calls, 10 lines, 60 minutes, \$.30/minute)			na		\$540.00
Literature acquisition (20 articles, \$20/per)			na		\$400.00
Travel: 5 State reps, \$750 air travel, \$243.50 per diem, \$50 local travel			na		\$5,217.50
Rent	\$0.39710				\$22,116.74
G&A staff (Salary + Fringe)	\$0.20485				\$11,409.25
Financial Consultant	\$0.03524				\$1,962.71
Audit Expenses	\$0.04372				\$2,435.01
Indirect Costs (10 percent of Direct Labor)	\$0.10000				\$5,569.56
Subtotal Other Expenses					\$49,650.78
Subcontractor Costs (University of Wisconsin)					\$ 39,650.42
Total Costs					\$ 144,996.84

Organizational Budget

NASADAD INTERNAL PROGRAMS

NASADAD CONTRACTS, GRANTS AND OTHER AGREEMENTS

	PUBLIC POLICY	MEMBERSHIP SERVICES	ANNUAL MEETING	CSAT Collaborative Support Initiative CSI	SAMHSA Financial Center of Excellence	CSAP State Systems Development	Child Welfare	NASADAD Purchase Orders	TOTALS
CONTRACT REVENUE	0	0	0	642,173	114,565	346,671	34,898	109,511	1,247,818
DUES REVENUE - STATE	323,427	297,021	0	0	0	0	0	0	620,448
DUES REVENUE - ASSOCIATE	0	0	0	0	0	0	0	0	0
SUBSCRIPTION/PUBLICATION REGISTRATION/EXHIBIT FEES	0	0	148,640	0	0	0	0	0	148,640
INTEREST	0	0	0	0	0	0	0	0	0
OTHER	0	0	0	0	0	0	0	0	0
TOTAL REVENUE	323,427	297,021	148,640	642,173	114,565	346,671	34,898	109,511	2,016,906
DIRECT SALARIES	140,850	131,696	55,954	215,508	52,522	75,087	10,334	49,226	731,177
TRAVEL	1,690	3,000	4,690	112,000	200	110,558	7,548	4,751	244,437
CONSULTANT TRAVEL	0	0	0	0	0	0	0	0	0
CONSULTANTS	0	0	0	12,760	0	10,875	0	0	23,635
SUBCONTRACTORS	0	0	0	0	0	0	0	0	0
TEMPORARY ASSISTANCE	6,000	0	0	0	0	0	0	0	6,000
EQUIPMENT RENTAL	0	0	1,500	0	0	0	0	0	1,500
EDUCATIONAL COSTS	5,000	0	0	0	0	0	0	0	5,000
CONFERENCE EXPENSES	500	6,300	11,000	0	0	0	1,512	0	19,312
SUPPLIES	1,500	500	500	1,440	600	3,000	0	0	7,540
POSTAGE	1,000	750	500	1,460	150	1,100	0	40	5,000
TELEPHONE	4,000	1,500	400	1,712	900	1,325	30	356	10,223
REPRODUCTION	2,000	4,000	500	2,580	750	700	100	40	10,670
PRINTING	0	248	1,000	1,431	0	0	0	0	2,679
DELIVERY/MESSENGER	0	300	2,000	34	400	0	0	0	2,734
RECRUITING	0	0	0	0	0	0	0	0	0
INTERNET SERVICE	0	0	0	0	0	2,400	0	0	2,400
PUBLICATIONS	0	0	0	0	0	0	0	0	0
TELECONFERENCE	0	0	0	0	0	0	0	0	0
MISCELLANEOUS	11	29	242	0	985	150	0	0	1,417
TOTAL DIRECT EXPENSES	162,551	148,323	78,286	348,925	56,507	205,195	19,524	54,413	1,073,723
INTEREST EXPENSE/FEES	0	0	0	0	0	0	0	0	0
FRINGE BENEFITS 40.8%	57,467	53,732	22,829	87,927	21,429	30,635	4,216	20,084	298,320
GENERAL & ADMINISTRATIVE 47.0%	103,409	94,966	47,525	205,321	36,630	110,840	11,158	35,014	644,863
TOTAL EXPENSES	323,427	297,021	148,640	642,173	114,566	346,671	34,898	109,511	2,016,906

