


Outcomes, Sustainability and Value

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DISCLOSURES	
Faculty	Nature of Commercial Interest
Jean Glossa, MD, MBA, FACP	Dr. Glossa discloses she is an employee of Health Management Associates, a national research and consulting firm providing technical assistance to a diverse group of healthcare clients.
Bren Manauagh, LCSW	Ms. Manauagh discloses she is an employee of Health Management Associates, a national research and consulting firm providing technical assistance to a diverse group of healthcare clients.
Rich VandenHeuvel, MSW	Mr. VandenHeuvel discloses he is an employee of Health Management Associates, a national research and consulting firm providing technical assistance to a diverse group of healthcare clients.
Joanne Smith, MD, MPH (Curriculum Advisor)	Dr. Smith discloses she is an employee of Health Management Associates, a national research and consulting firm providing technical assistance to a diverse group of healthcare clients.

LEADING TODAY'S DISCUSSION



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Subject Matter Expert



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LEARNING OBJECTIVES


- » Review and reinforce the fundamentals of Continuous Quality Improvement in corrections-based healthcare, including application to evidence-based treatment for Opioid and other Substance Use Disorders
- » Highlight real world examples of dashboards and monitoring indicators to demonstrate effectiveness and value of programming
- » Explain linkage between data and sustainability, including financial support beyond grant funding

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FUNDAMENTALS OF CONTINUOUS QUALITY IMPROVEMENT

- » The National Commission on Correctional Health Care (NCHC) describes CQI as "a pathway to improve health care by identifying problems, implementing and monitoring corrective action and studying its effectiveness."
- » Fundamentally, this is the practice of "continuously examining effectiveness and improving the outcome of care or procedures to deliver service"
- » CQI has roots in Demming and manufacturing
- » Common practice in healthcare and healthcare accreditation (JCAHO) and part of NCHC accreditation since the 1980's as "essential standard"
- » Fundamentals:
 - » Focus on "customers": inmates/patients
 - » Continuous improvement of all processes.
 - » Involves the entire organization
 - » Use of data AND team knowledge to improve



NATIONAL COMMISSION ON CORRECTIONAL HEALTH CARE STANDARDS FOR QUALITY IMPROVEMENT

NCHC standards require a CQI program that monitors and improves the health care delivered in the facility; including:

- + **Structured Process to Find** areas for improvement
- + **Development, Implementation and Monitoring** of strategies to **Improve** areas identified
- + Identified **CQI Committee** with **Physician leadership** responsible for **establishing thresholds, interpreting data and solving problems**
- + Efforts to identify areas for improvement include **Process and Outcome Studies**

"Simply studying and restudying areas that continuously meet or exceed established thresholds does not meet the intent of this standard. Again, the CQI program must find deficiencies and improve health care delivery."



7

FUNDAMENTALS OF QUALITY IMPROVEMENT MIRROR CLINICAL INTERVENTIONS

CQI:

- **Plan:** Analyze the process, determine what changes would most improve the process, and establish a plan for making the improvement.
- **Do:** Put the changes into motion on a small scale or trial basis.
- **Check/Study:** Check to see whether the change is working.
- **Act:** If the change is working, implement it on a large scale. If the change is not working, refine it or reject it and begin the cycle again.

Clinical Practice:

- **Assess:** Screen, assess and diagnoses
- **Plan:** Establish goals, objectives and interventions individualized to the person
- **Implement:** Execute plan with individual, including linking and coordinating
- **Evaluate:** Monitor progress, goal completion and regular reassessment to determine effectiveness

8

PARTICIPANT POLL

How many of you have robust healthcare quality improvement processes in place in your jail/facility?

How many of your facilities have fully integrate SUD programming into these quality improvement processes and monitoring?

How many of your facilities have fully integrated MAT/MOUD into quality improvement process in your jail/facility?

9

REAL WORLD APPLICATION OF CQI AND DEMONSTRATING VALUE

10

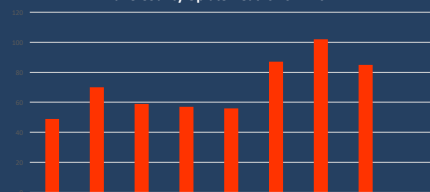
KANE COUNTY, ILLINOIS

- + The following slides are used with permission from the Kane County, Illinois Sheriff's Department
- + Sheriff Ron Hain implemented evidence-based treatment for Opioid Use Disorder in partnership with a local provider organization when he took office in 2018
- + Kane County implemented a modified therapeutic community (Recovery Pod) model, inclusive of Medications for Opioid Use Disorder as well as ongoing treatment and programming both in the jail and upon release to the community
- + This is Kane County's data

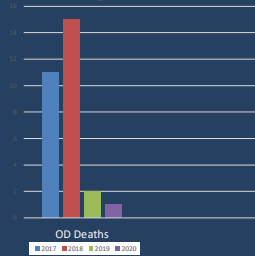
11

Opioid Impact

Kane County Opiate Deaths 2011-2017



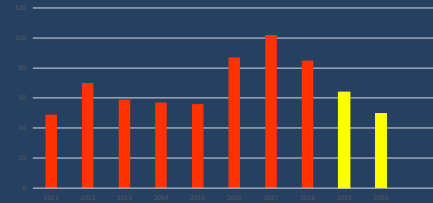
Returning Citizen OD Death



89% decrease compared to two previous years before Recovery Pod

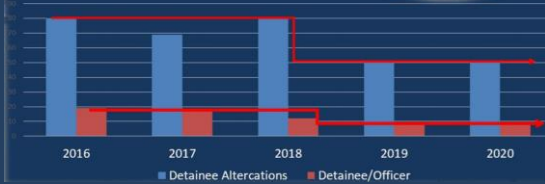
Opioid Impact

Kane County Opiate Deaths 2011-2020

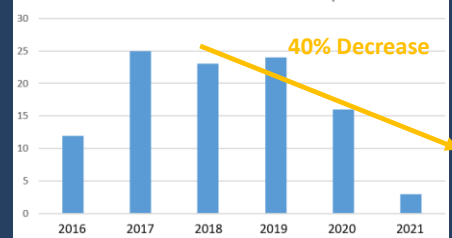


Corrections Bottom Line:

Jail Safety



Corrections Officer Workman's Comp Claims



DASHBOARD ELEMENTS AND QUALITY CONSIDERATIONS - HMA

- + **Baseline Data:**
 - + Withdrawal (licit and illicit); Overdose (and Narcan reversals); Diagnoses; Demographics; current MOUD capacity; Pregnant detainees
- + **Screening, Assessment and Referrals:**
 - + Timeliness; process and implementation fidelity; volume referred (accepted and declined); volume terminated
- + **Medication Administration and Diversion Mitigation:**
 - + Practices; Fidelity; Analysis and Improvement (CQI Loop) with incidents
- + **Staff capacity and fidelity to Evidence Based Practices**
 - + Waivered prescribers; SUD treatment and programming; Evidence Based Withdrawal Management; Chart Review; Supervision/contact compliance
- + **Reentry/Continuity:**
 - + Treatment retention (30-60-90 days post release); MOUs and ROIs in place and monitored; community impact (OD, recidivism, successful completion of community supervision); Narcan distribution; benefits enrollment; housing/employment
- + **Consistent Standard of Care:**
 - + All forms of MOUD with capacity for initiation and continuation; ASAM LDCs; Real time agreements for Warm and "Hot" Handoffs; HIE with community systems (including Medicaid claims)

17

"THE BIG THREE"

- + **If a facility could only monitor three things:**
 - + **Overdose: Incidents of overdose for re-entering population; baseline and post-implementation**
 - + The protection of individual life must be first priority; we know the risk upon release and we know the national incidence and trend line of overdoses
 - + Translation: We don't need to "find" this opportunity for improvement, it exists
 - + **Recidivism: Incidents of re-offense; baseline and post-implementation**
 - + Community/public safety is the primary purpose of corrections
 - + **Treatment retention/continuation post-release**
 - + Access to treatment prior to expiration of prescription is key to continuity; ongoing continuity of a community standard of care and length of treatment are key indicators of successful individual recovery from OUD/SUD

18

IMPORTANCE OF DEMONSTRATING DATA AND OUTCOMES TO SUSTAINABILITY

POTENTIALLY USEFUL CLICHES:

CQI: "Trust, but verify"

Outcomes and Sustainability: "In God we trust, others must provide data"

19

Financing \$\$\$\$\$\$



KANE COUNTY EXAMPLE:

- Quotes from Sheriff Hain:
 - "This is scalable, inexpensive, relatively easy, saves lives and stops crime.....Why *wouldn't* a sheriff run for re-election on this data?"

Financing \$\$\$\$\$\$

- Grants are often difficult to receive and unsustainable

Sustainable Funding Options:

1. Convert staff mindset (utilize the existing)
2. Envelope 'script cost into medical expense
3. Cover outside provider through commissary/tablet proceeds
4. Asset forfeiture funds

21

OBSERVATIONS AND OPPORTUNITIES

- + Demonstrating value, and outcomes, supports sustainability
- + Ultimate opportunity is integration of MAT/MOUD as simply part of healthcare practices and standard of care
- + Transition from "pilot" to "standard of care" requires CQI and monitoring
- + Data + Individual Experience recommended
 - + Inmates; healthcare and custody – no substitute for lived experience and good "Ambassadors"
- + Good Ambassadors + Good data = Very Good Odds of \$upport

22

CURRENT AND FUTURE STATES

- » Grants and other funding initiatives:
 - » Numerous current and future opportunities due to the need:
 - » COSSAP; HIDTA; Arnold Ventures; SOR; Pew Trusts; Vital Strategies; Opioid Settlement Funds.....
- » Aspirational Goal:
 - » Understanding evidence-based treatment of OUD (and SUD) as simply part of the community AND correctional standard of healthcare
 - » Integrated: Budgets, Contracts, Policies, Practices and QUALITY IMPROVEMENT initiatives

23

CHAT: PLEASE DESCRIBE HOW YOU HAVE USED DATA TO DEMONSTRATE VALUE OF SUD PROGRAMMING IN YOUR FACILITY?

Please enter your answer in the chat box.

24

CHAT: PLEASE SHARE ONE THING YOU HEARD TODAY THAT YOU BELIEVE YOU CAN IMPLEMENT AT YOUR FACILITY?

Please enter your answer in the chat box.

25

QUESTIONS AND DISCUSSION

26

What to Expect Next



Summary Evaluation of the ECHO Series



Use the Curriculum Resources



Peer Support



ADAPT Technical Assistance

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28