Case study

For Northern Michigan Substance Abuse Services, technology pays off

Northern Michigan Substance Abuse Services, Inc. (NMSAS) is a nonprofit agency that coordinates and oversees the delivery of substance abuse services—including prevention, methadone maintenance, sub-acute detoxification, outpatient, and short- and long-term residential treatment—to low-income clients in 30 Michigan counties. In 2012, NMSAS oversaw a total of 6,585 admissions, including 4,750 to outpatient care and 856 to residential treatment.

Almost ten years ago, NMSAS adopted the ASI-MV®, an online, interactive version of the Addiction Severity Index (ASI), to evaluate clients entering treatment. The ASI-MV is self-administered—clients take the multi-media assessment on a computer. The traditional ASI requires a trained clinician to administer, and may take an hour or more.

"When we adopted the ASI-MV ten years ago, some of our providers were concerned that a computer-based assessment might be too impersonal, and that clients would not continue with treatment," says executive director Sue Winter. "But we studied the issue, and found that the same percentage of clients entered counseling whether they were assessed with the ASI-MV or the traditional ASI."

In the first two years of using the ASI-MV, Winter reported that NMSAS saved about $225,000 per year—cost savings the agency put back into treatment. NMSAS adopted the ASI-MV's counterpart for assessing adolescents between the ages of 12 and 18, the Comprehensive Health Assessment for Teens (CHAT®), when it became available in 2009.

Today, the ASI-MV and CHAT are used to assess virtually all NMSAS clients who enter treatment. (The exceptions are clients whose primary language isn't English or Spanish, and those who can't take the assessment independently due to cognitive or physical limitations.) "If we had to revert to utilizing clinician time to collect data for the clinical interview, at an average rate of $100 per assessment hour, it would potentially require the redirection of over $350,000 a year from other treatment services," Winter says. The agency has a total annual budget of about $12M.

A successful assessment process

The overall client satisfaction rate for NMSAS' assessment process is 97.5%, according to Mike Dunn, NMSAS' quality improvement specialist. Current satisfaction rates by provider are posted on NMSAS' website, and range from about 86% to 100%.

"We're pretty sure the variation is caused by how the assessment is presented to clients," Winter says. "Everybody does a nice job, but we can see when there are systems issues or providers who are

struggling a bit. Our whole hope is to support the provider in supporting the client. It's a matter of preparation and customer service."

A successful assessment process begins with explaining to clients what will happen and why. "These are people who have some anxiety," Winter says. "We explain when they call to make the appointment that this is part of the process, this is what will happen when you get there. We make sure they know that they will talk to the clinician after the ASI-MV."

"Then, when the client comes in, we'll go over it again and demonstrate how the ASI-MV works. We make sure clients know there's someone there if they need help, and we reiterate that they'll talk to the clinician after they finish the computerized assessment."

Benefits of a consistent assessment

Because the ASI-MV and CHAT are interactive and self-administered, every client gets the same assessment—there's no need to worry about inter-rater reliability among NMSAS' more than 250 network providers. And because the scores are comparable, they can be used to set a consistent policy for treatment planning.

"Using the ASI-MV and CHAT provides a standardized assessment across our entire provider panel for a 30-county region," Winter says. "We use the severity and composite scores to help guide our treatment planning. If a client's severity score is four or higher on any domain, that domain needs to be explicitly addressed in the treatment plan. Sometimes that may mean explaining that it's being addressed by another provider, or that the client has declined care on that domain, but the reason has to be documented in the treatment plan. The ASI-MV and CHAT provide a reliable benchmark so we can utilize the same treatment guidelines across our network."

That benchmark also allows NMSAS to compare the data it gets from clinicians and clients against other data sources, such as the U.S. Department of Health and Human Services' Treatment Episodes Data Set (TEDS). "It's a nice way for us to check the integrity of our data, to look at what the clinicians enter and the clients enter and see if they're in the same ballpark," says Winter. "And now that we're beginning to look at the integration of mental health and substance abuse services, it's a good way to test those data points. We can see if our data is reflecting the same frequency and severity of mental health issues."

Outcomes and planning

ASI-MV's Analytics allow Winter to view aggregated, HIPAA-compliant data about NMSAS' client populations. "I use the analytics reports for grant-writing and service-need planning. I'm using information on psychiatric hospitalization to get a sense of the mental-health needs of the population we're serving. We're also working with our providers to show them ways they can use the analytics capacity to help with their planning, and to understand their patient populations better. We'd like to get clinicians and program directors to use the analytics at the level of their own practices and programs."

NMSAS has also started to re-assess clients in its methadone maintenance program annually. "We've been trying to work proactively with our opiate dependence treatment centers to make sure individuals are making progress in their recovery, not just being maintained on the medication. Ours is a recovery-oriented system of care, and we wanted a way to look at whether these clients were making progress. So we've started doing an annual client review that includes having them take the ASI-MV again. On the individual level, if there are problem areas where they're not making progress, we can restructure their treatment plan. And it also lets us look at the whole program and see if it needs to be altered to better meet those needs."

The reassessment program is only in its second year, and full results are not yet available. "But even with the limited data from the first year, we were able to see a real need for case management services for this population," Winter says. "We were able to use the data to make a change—we were able to redirect resources for case management services, and that helped the opiate dependence treatment center to better support their clients."

Meeting future needs

Winter hopes NMSAS will eventually be able to do follow-up assessments on other client populations. One feature that could make that easier is the ASI-MV's Client Offsite Interview, which allows clients to complete the assessment from any computer with a secure Internet connection. "The offsite feature will help us get more clients started, especially in some of the more remote locations. Our clients are increasingly tech-natives—they've grown up with it—and it's much more convenient for them to do an assessment at home. It will also be a great tool for tracking progress and outcomes. If the client doesn't have to come in, it may be easier to get them to do a follow-up."

NMSAS is also in the process of adopting an electronic health record (EHR), and is working with its vendor and the ASI-MV development team to integrate ASI-MV and CHAT with the EHR. The assessments already integrate with Askesis Development Group's PsychConsult® and FEI Systems' Web Infrastructure for Treatment Services (WITS) EHRs.

Under the Affordable Care Act (ACA), states have been asked to expand Medicaid coverage to those earning up to 133% of the federal poverty level. Although the Supreme Court ruled in 2012 that states could opt out of the expansion, Michigan's governor Rick Snyder has submitted a 2014 budget that would extend benefits to about 320,000 additional state residents next year, and as many as 470,000 by 2021. If the measure makes it through the legislature, NMSAS could face a major influx of clients with Medicaid coverage.

"If that happens, there will be more folks with coverage, and we'll need more capacity. Tools like the ASI-MV and our EHR will help us meet that need," Winter says. "Because we did introduce technology into our system ten years ago with the ASI-MV, every new technology we've introduced has been easier. And that's meant we can increase capacity, increase efficiencies, and continue to provide the best client care."