

Experiences renovating the Dutch Addiction Treatment System - clinical and organizational aspects

9. NASJONALE LAR-KONFERANSE

Fagkonferanse for rus- og avhengighetsbehandling
i spesialisthelsetjenesten og kommunen

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Oslo
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UiO : Universitetet i Oslo



Gerard M. Schippers

THE AMSTERDAM INSTITUTE FOR
ADDICTION RESEARCH



Beware of clinician's fallacies

1. Substance dependency is always severe and almost untreatable
2. Clinician's are - in person - indispensable for recovery
3. Clinician's own methods are the best – even if science tells a different story
4. Recovered addicts are – by their experience – good clinicians

Topics

- ❑ Background – Substance Disorder Treatments:
professionalization needed!
in general, and in the Netherlands
- ❑ Design Renovation program
- ❑ Evidence based treatment
- ❑ Modules developed - three in detail:
 1. CBT
 2. Assessment and matching,
 3. eHealth
 4. Outcome monitoring and feedback
- ❑ Implementation – success and failures



Some reputation...
pragmatic approach
towards the use of
psychotropics
but also towards
treatment

Dutch Substance Abuse Treatment Services

11 Regional organizations

Ca. 100 outpatient units,
and ca 30 residential
centres,
serving ca 60,000 new
patients yearly
(ca 55% alcohol
dependent)

16,5 Milj inhabitants



Some characteristics Dutch Substance Abuse Treatment Services

- Integrated services for alcohol and drugs
- Integrated social and health care services
- Almost monopolistically serving regions
(very small private sector)
- Services covered by social insurances
(free universal access, but waiting lists)
- Specialized certified professional education programs in addiction, for medical doctors and for psychologists
- Substance disorder and other mental disorders treatment service institutes gradually merging

Nevertheless, in the 90s, treatment services were publicly criticized for lack of success in healing addiction and in reducing public nuisance, which alarmed the management.

15-20 years ago

- Substance abuse treatment isolated from (mental) health services
- Irrational distinction (organizational and conceptual) between kind of substances (alcohol and drugs)
- Hardly any research
- Too much emphasis on abstinence oriented programs
- Undervaluation of medication supported therapies
- Too less attention for motivation enhancement
- Too less respect of the chronic relapsing nature of addiction of some
- Too less distinction between chronic and recoverable problems

Where did this led to?

Designing a Treatment
Renovation Program

“Scoring Results”

**National Renovation Program
Dutch Substance Abuse Treatment
Services
1998-2010**

**A cooperative effort of the managers of all
larger treatment substance abuse
institutions, with the help of additional
funding from Ministry of Health**

Designing a Treatment Reform Program



Pergamon

Addictive Behaviors 27 (2002) 995–1007

**ADDICTIVE
BEHAVIORS**

Reforming Dutch substance abuse treatment services

Gerard M. Schippers^{a,*}, Mark Schramade^b, Jan A. Walburg^b

^a*Amsterdam Institute for Addiction Research (AIAR), Keizersgracht 818,
Amsterdam 1017 EE, The Netherlands*

^b*Jellinek Center, Amsterdam, The Netherlands*

2002



2010



THEMENSCHWERPUNKT

DOI 10.1463/2009.04.02

► Gerard M. Schippers¹, Udo W. Nabit² & Wim Buisman³

*Revamping Dutch addiction-
treatment services*

**Die Innovation der niederländischen
Suchthilfe**

Objectives Renovation Program

*Improvement of services for substance abusers
(primary processes) by*

1. Implementing services based on scientific evidence and/or clinical consensus
2. Monitoring clinical results and feeding them back to professionals and the public
3. Creating and improving education and training

Organization

- National Steering committee, involving both treatment professionals, scientists, and managers
- Adopting a development and implementation ('master') protocol for developing and implementing selected service elements
- Granting small stimulation projects funded by Ministry of Health ('seeding money')
- Costs: ca 2,5 a 3 million euros over 12 years

Master protocol

1. Literature study reviewing evidence
2. Draft of manual/protocol as the combined effort of clinicians and scientists
3. Implementation in one (contributing) center
4. Implementation in more centers (based on a prefigured plan)
5. Evaluation and dissemination

Evidence on Effectiveness in Substance Abuse Treatment is Ample Available

concluding: Treating alcohol and drug disorder IS effective

When delivered by qualified professionals, using empirically validated medications and therapies, applied for adequate durations and followed by monitoring and maintenance.

(McLellan, 2004)

Mesa Grande: a methodological analysis of clinical trials of treatments for alcohol use disorders

William R. Miller & Paula L. Wilbourne

Center on Alcoholism, Substance Abuse and Addictions (CASAA) and Department of Psychology, The University of New Mexico, Albuquerque, New Mexico, USA



Correspondence to:

William R. Miller PhD

Department of Psychology

University of New Mexico

Albuquerque, NM 87131-1161

USA

Submitted 13 November 2000;

initial review completed 28 February 2001;

final version accepted 15 June 2001

ABSTRACT

Aim A 3-year update with 59 new controlled trials is provided for the ongoing Mesa Grande project reviewing clinical trials of treatments for alcohol use disorders. The project summarizes the current evidence for various treatment approaches, weighting findings differentially according to the methodological strength of each study.

Design The review includes 361 controlled studies that (1) evaluated at least one treatment for alcohol use disorders, (2) compared it with an alternative condition (such as a control group, a placebo, a brief intervention or an alter-

native treatment), (3) had a control condition that was not a treatment, and

Edited by
M. Berglund, S. Thelander, E. Jonsson

 WILEY-VCH

Treating Alcohol and Drug Abuse

An Evidence Based Review



included



Implementing renewed
services for
Prevention, Treatment and
Matching

Treatment Services Re-Designed

- Psychosocial behavior-oriented treatment (individual & group)
- Matching and assessment
- Detoxification procedures for in- and out-patients
- Treatment for dual-diagnosis patients
- Crisis intervention
- Case management
- Mutual and self help support programs
- After care
- Rehabilitation
- Outreaching care
- Methadone maintenance
- Housing facilities and guidance
- Outcome measurement and feedback



23 manuals/protocols;
>40 practical publications

Results of 8 years Dutch substance abuse treatment redesign

National program "Scoring Results" produced new evidence based interventions, protocols and guidelines on treatment and prevention.

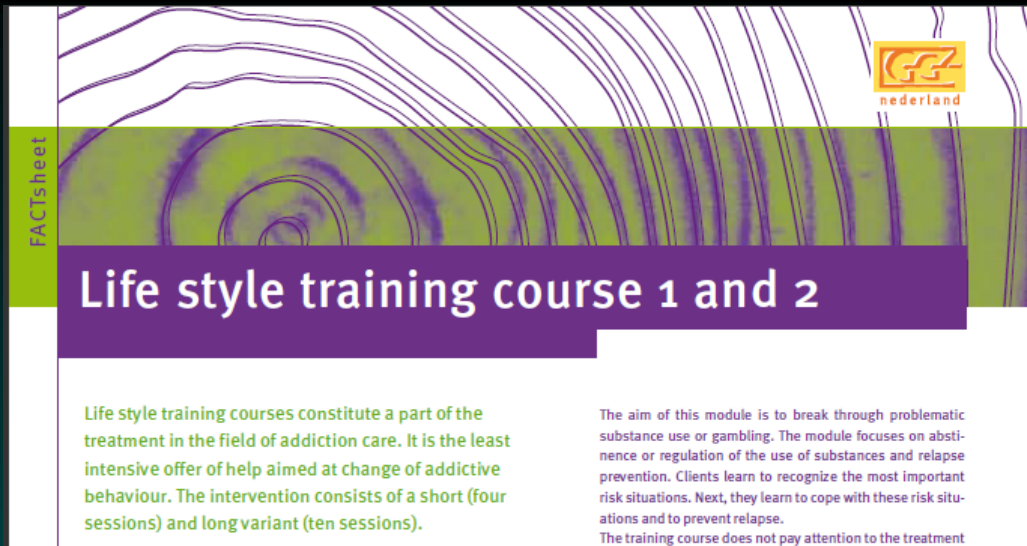
land) for a 5-year nationwide quality enhancing reform operation for their services, called "Scoring Results". This initiative was supported by all the state-funded substance abuse treatment services and by the Dutch Ministry of Health which provided the funds for the execution of the

Factsheets In English
www.resultatenscoren.nl



Treatment Services Re-Designed

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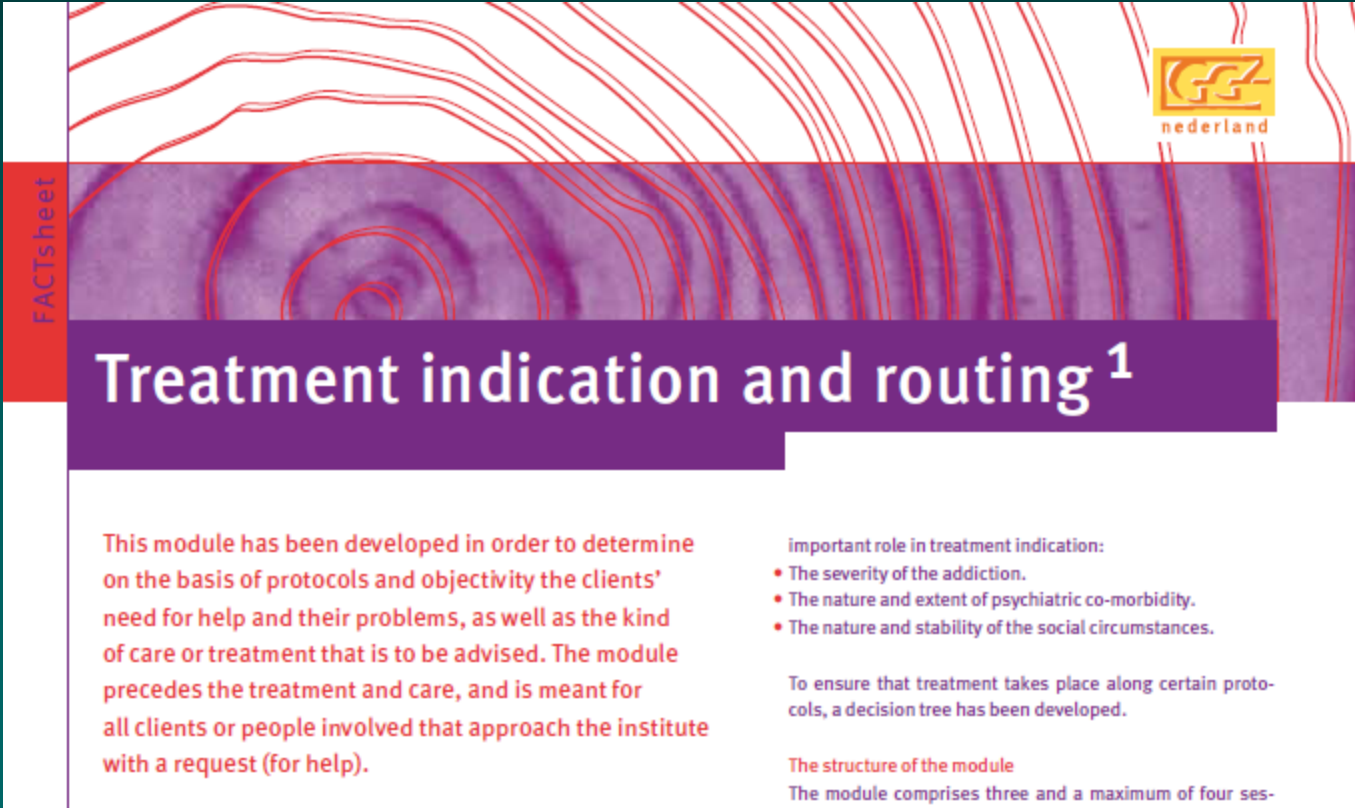


1. Psychosocial behavior-oriented treatment modules

1. Brief CBT (intake + ca. 4 sessions)
2. Standard CBT (intake + ca. 10 sessions)

- formatted after project MATCH modules
- for individuals and groups
- general applicable for any substance
- based on cognitive behavior therapy
- motivational interviewing as basic counseling style

2. Matching and Assessment



FACTsheet

Treatment indication and routing¹


This module has been developed in order to determine on the basis of protocols and objectivity the clients' need for help and their problems, as well as the kind of care or treatment that is to be advised. The module precedes the treatment and care, and is meant for all clients or people involved that approach the institute with a request (for help).

important role in treatment indication:

- The severity of the addiction.
- The nature and extent of psychiatric co-morbidity.
- The nature and stability of the social circumstances.

To ensure that treatment takes place along certain protocols, a decision tree has been developed.

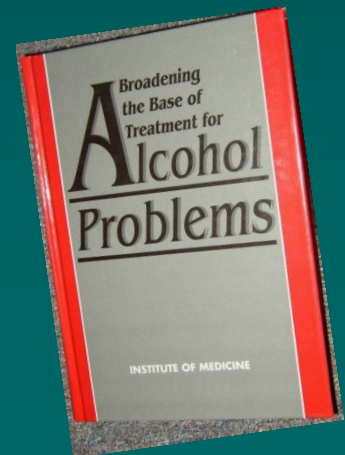
The structure of the module
The module comprises three and a maximum of four ses-



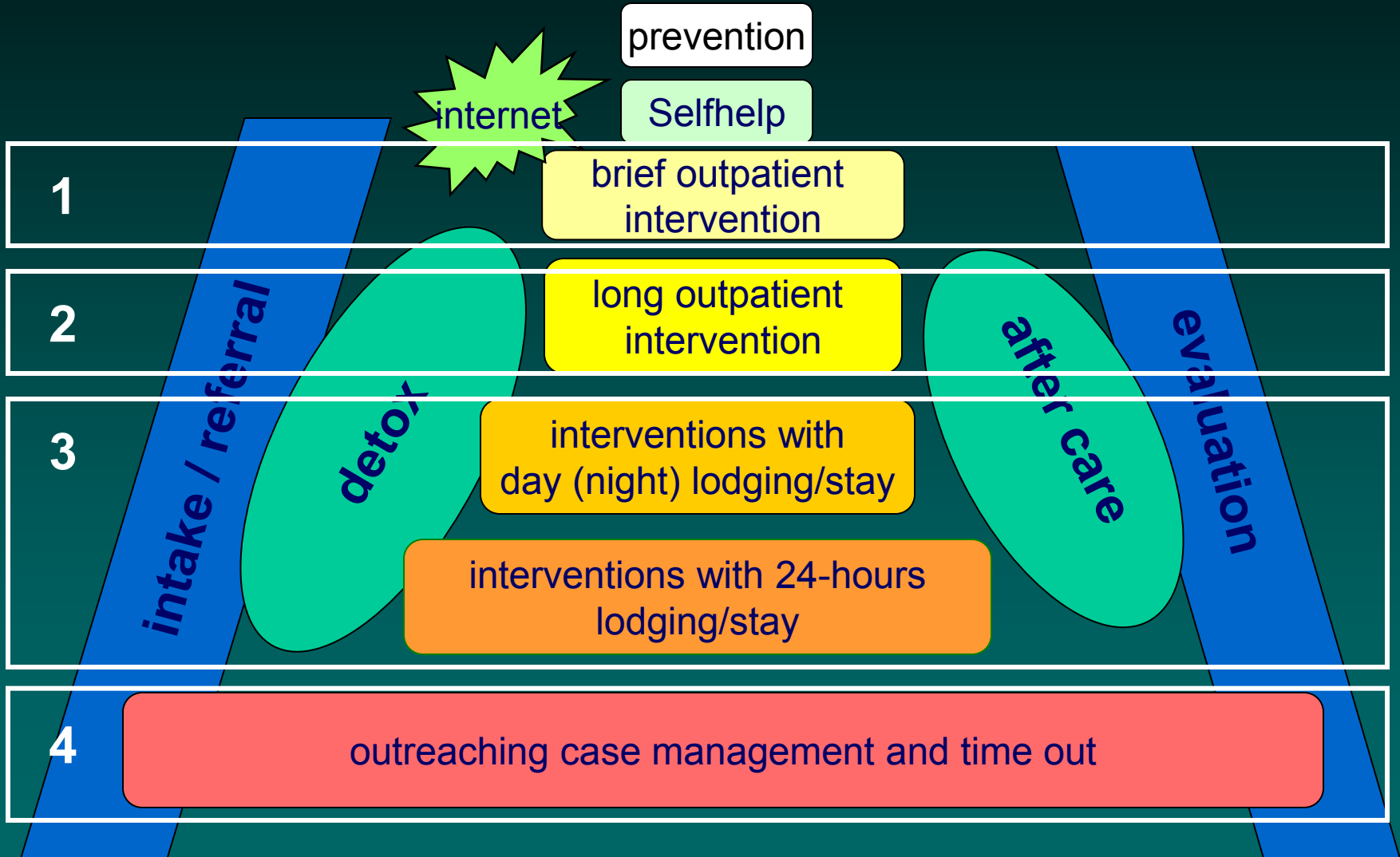
Dutch Treatment Centers adopted Central Intake & Stepped Care: Main characteristics

- Individualized trajectories
- Evidence based treatments
- Least restrictive (but still effective) have priority
- Next step based on evaluation outcome earlier steps

From: Sobell, M. B., & Sobell, L. C. (1993). Treatment for problem drinkers: A public health priority. In J. S. Baer, G. A. Marlatt, & R. J. McMahon (Eds.), *Addictive behaviors across the lifespan: Prevention, treatment, and policy issues*. Beverly Hills, CA: Sage



Treatment System Overview



Interventions: Levels of Intensity (after Detoxification)

1. Brief outpatient intervention: 4 sessions
2. Standard outpatient intervention: 10 session
3. Clinical intervention (day/night structure 'bed')
4. Continuous out-reaching care

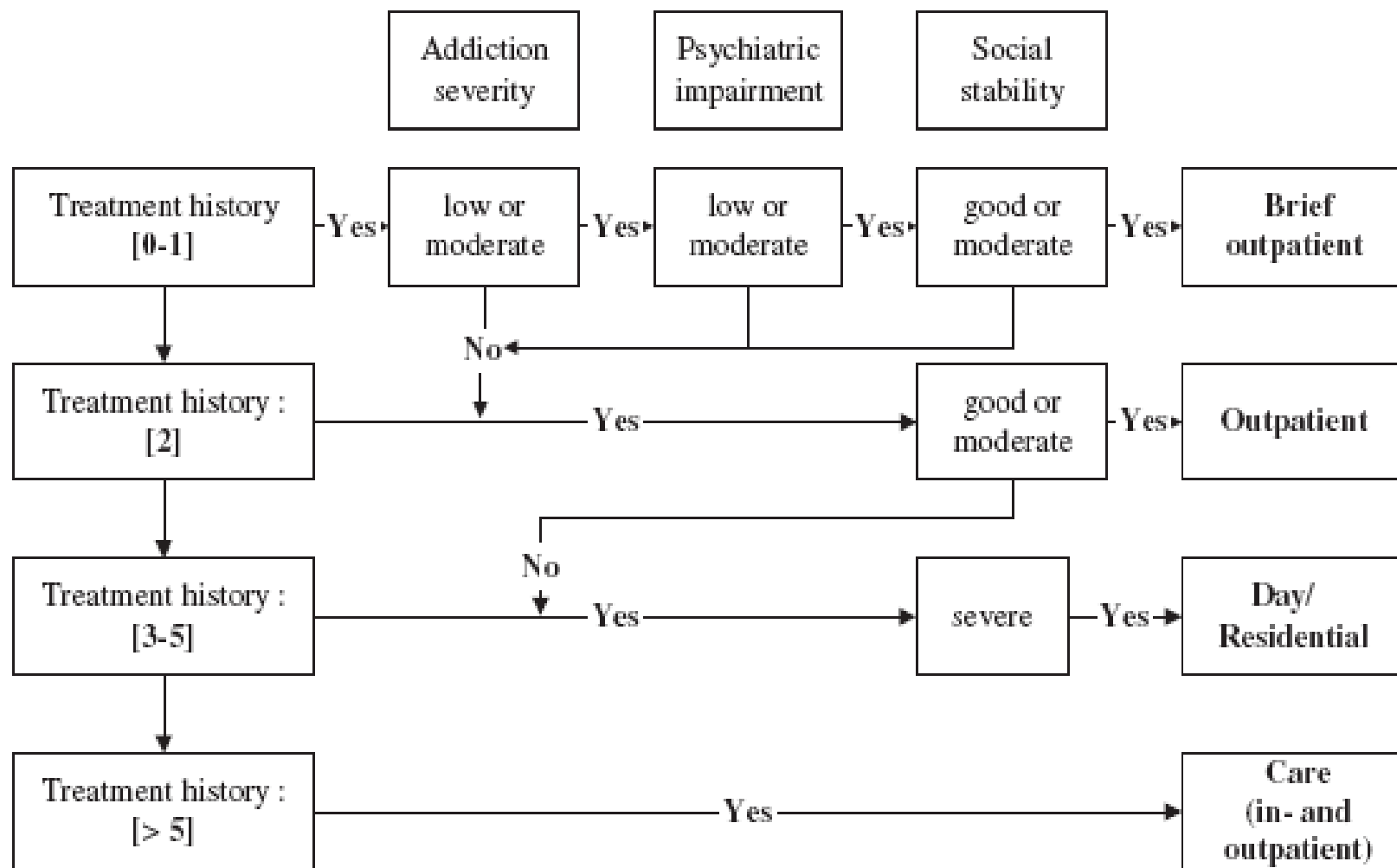
Matching Criteria to Level of Care

Hardly any evidence in the literature for matching patient to treatment modalities (method) on the basis of patient characteristics. Nevertheless, some evidence for matching to

Intensity of Treatment ('Level of Care')
to be based on

- Social integration
- Psychopathology
- Addiction severity
- + number of unsuccessful treatments in the recent past

Stepped Care Matching Criteria Patient Placement Decision Tree



Decision tree leads to change

- Decision tree implemented in 8 from 10 centres, although adapted in some
- Ca 25.000 has gone through the system by now
- In the Jellinek it led to ca 20% less inpatient treatment in favor of outpatient treatments
- The length of outpatient treatments was shortened by ca 15%, without losing effectiveness!

Decision tree is feasible in practice

RESEARCH REPORT

doi:10.1111/j.1360-0443.2006.01716.x

Allocation of substance use disorder patients to appropriate levels of care: feasibility of matching guidelines in routine practice in Dutch treatment centres

Maarten J. M. Merkx^{1,3}, Gerard M. Schippers^{1,2}, Maarten J. W. Koeter^{1,2}, Pieter Jelle Vuijk¹, Suzan Oudejans¹, Carlijn C. Q. de Vries¹ & Wim van den Brink^{1,2}

Amsterdam Institute for Addiction Research, Amsterdam, the Netherlands,¹ Academic Medical Center, University of Amsterdam, Amsterdam, the Netherlands² and Brijder Verslavingszorg, Alkmaar, the Netherlands³

Addiction, 102, 466–474



Decision tree is feasible in practice

... the concordance with the broad criterion for matching is **60.8%** (1,073 out of 1,765). Thirty-five percent (n = 618) entered a more intensive LOC (over-treated) than recommended by the algorithm, and only 4.2% entered a less intensive LOC (under-treated).

and have predictive validity

Addictive Behaviors xxx (2011) xxx–xxx



Contents lists available at ScienceDirect

Addictive Behaviors



Guidelines for allocating outpatient alcohol abusers to levels of care: Predictive validity

Maarten J.M. Merkx^{a,*}, Gerard M. Schippers^a, Maarten W.J. Koeter^a, Pieter Jelle Vuijk^a,
Suzan C.C. Oudejans^{a,b}, Ragna K. Stam^c, Wim van den Brink^a

^a Amsterdam Institute for Addiction Research, Academic Medical Center, University of Amsterdam, PO Box 22660, 1100 DD Amsterdam, The Netherlands

^b Arkin, Huispost 1-16, PO Box 3907, 1001 AS Amsterdam, The Netherlands

^c The Jellinek, Arkin, Jacob Obrechtsstraat 92, 1071 KR, Amsterdam, The Netherlands

Validity of Treatment Allocation Guidelines for Predicting Alcohol- Dependent Patients' Drinking Outcomes

Maarten J.M. Merkx¹, Gerard M. Schippers¹, Maarten W.J. Koeter¹, Pieter Jelle
Vuijk¹ Mariana Poch², Hans Kronemeijer³, and Wim van den Brink¹

Addictive Behaviors, in press

Assessment

Formerly with the Europ-Asi, nowadays with the



Measurement in the **A**ddictions for **T**riage and **E**valuation

Gerard M. Schippers, AIAR-AMC Amsterdam
Theo Broekman, Bureau Beta, Nijmegen
Angela Buchholz, Universitat Freiburg

www.mateinfo.eu



The MATE

- modern alternative for the ASI, European oriented
- valid and reliable assessment of patient characteristics
- has proven to be functional in everyday practice
- gives an appraisal of both patients' limitations and their strengths
- is based on WHO classification systems ICD and ICF
- modular design, including the best available tests and subtests

www.mateinfo.eu

ICF

International
Classification of
Functioning,
Disability
and
Health



World Health Organization
Geneva

**Besides
measuring
substance use
disorders, the
MATE includes
modules to
asses activities
and participation**



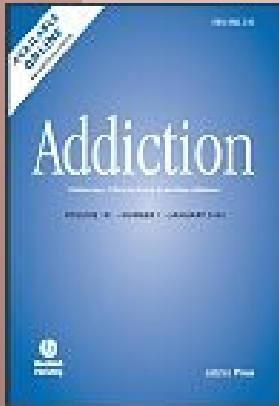
manual
and
protocol

manual and protocol for assessment,
scoring and use of the
MATE 2.1

gerard schippers
theo broekman
angela buchholz

english edition
miles cox

- Available in English, German, Dutch, Italian, & Spanish
- In the public domain - free of charge
- well tested in the Netherlands (standard instrument) and in Germany
- MATE-Outcomes
- MATE-Y (Youth)
- MATE-Crimi
- www.mateinfo.eu



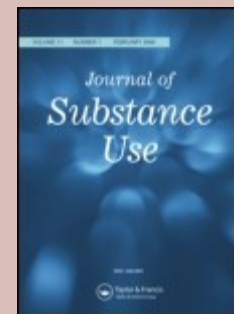
Measurements in the Addictions for Triage and Evaluation (MATE): an instrument based on the World Health Organization family of international classifications

Gerard M. Schippers¹, Theo G. Broekman², Angela Buchholz³, Maarten W.J. Koeter¹ & Wim van den Brink¹

Amsterdam Institute for Addiction Research, Academic Medical Centre, University of Amsterdam, Amsterdam, the Netherlands,¹ Bureau Bèta, Nijmegen, the Netherlands² and Department of Psychiatry and Psychotherapy, University of Freiburg, Germany³

Schippers, G.M., Broekman, T.G., Koeter, M.J.W., & Van den Brink, W. (2004). The addiction severity index as a first-generation instrument: Commentary on 'Studies of the reliability and validity of the Addiction Severity Index' by K. Mäkelä. *Addiction*, 99, 416-417.

Broekman, T.G., Schippers, G.M., Koeter, M.J.W., & Van den Brink, W. (2004). Standardized assessment in Substance Abuse Treatment in the Netherlands : The case of the ASI and new developments. *Journal of Substance Use*, 9, 147-155.



Topics

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eHealth well developed in the Netherlands

Many Internet Intervention sites available

30manggz
Over Buurman GGZ • Vacatures • Pijn • Tweevakelige vragen • Contact

Verwijzers
Aanmelden • Behandelingen • Jongeren • Wonen en werken • Forensische zorg • Reclassering

Online hulp
Online hulp of E-trainingen zijn er voor iedereen die besloten is omgaan met alcohol of cannabis. Als u wilt stoppen of stoppen met drinken of gebruiken, ondersteunt de training u daarbij. Laat uw gebruik onder controle krijgen door de training Cannabis en ik of Alcohol en ik te volgen.

alcohol en ik **cannabis en ik**

Wat te doen bij crisis?
Wanneer op zeker tijdstip met een acute, ernstige psychotische en/of psychiatrische probleem waarbij misbruik van alcohol of cannabis, ondanks de training u daarbij. Laat uw gebruik onder controle krijgen door de training Cannabis en ik of Alcohol en ik te volgen.

Meldpunt Zwanger en Verslaafd
Tijdens de zwangerschap is het belangrijk dat de zwangere vrouw goed voor haar lichaam zorgt. Het is dan ook belangrijk om alcohol of drugs te gebruiken tijdens de zwangerschap. Dit onderzoek is gebaseerd op het gebruik van alcohol of drugs kan leiden tot een misbaar, laag geboortegewicht, vroeggeboorte, bekking van de placenta en doofdoornen.

veeslavingszorg roodde westerland
MEER WETEN OVER ADVES & HULP VOOR PROFESSIONALS

Home • Advies & Hulp • Voor professionals • Hulp bij verslaving • Behandeling • Online hulp

Hulp bij verslaving

Online hulp
Online hulp van Webzorg

Info: chatten, online hulp, aanmelden

Info: informatie

Online hulp van Webzorg

NOVADIC KENTRON
netwerk voor verslavingszorg

Home • Nieuws • Contact • Werken en leren • Over ons

HULP EN ADVIES • MIDDELEN EN VERSLAVING • FAMILIE EN OMGEVING • VERWIJZERS EN PROFESSIONALS

Home • hulp en advies • Preventie en leefstijl • Online behandeling

Online behandeling van Novadic-Kentron

Novadic-Kentron biedt cliënten de mogelijkheid tot een online behandeling. Bij online behandeling worden mensen met verslavingsproblemen behandeld via het internet. Online behandeling is een volwaardige behandeling, vanuit de eigen vertrouwde omgeving en zonder daarvoor vrij te hoeven nemen.

Aanmelden
U kunt zich direct aanmelden voor de online behandeling door een zelftest over uw middelengebruik in te vullen. Na het invullen krijgt u advies over aanmelding of behandeling. Klik op Zelftest invullen om te starten.

Bestaande cliënt
Als u zich al heeft aangemeld, kunt u hier ook naar de inlogpagina.

Alcoholdebaas.nl
ALCOHOLDEBAAS.nl

Internetbehandeling • Stoppen, minderen? • U en alcohol • En zij dan? • Forum • Feiten • Andere hulp • Over ons

Welkom bij Alcoholdebaas.nl
Thybet is wie is veel drinkt? Het is een online programma dat het niet en handig helpt! Deze website is ontwikkeld voor mensen die zich niet meer kunnen over het drinken. U kunt hier online behandeling volgen bij groepenbezoeken. Dit wordt u hier verteld. Tips en informatie over alcohol en drinken.

Stel uw vraag!
Een hulpverlener van Alcoholdebaas.nl geeft antwoord

VOORDEEL VAN DRANK • Met drank ben ik creatiever

Inloggen
Inloggen • Wachtwoord • Verder • Nieuwsgierig? verga

Demo behandeling

Tactus
developed by **tactive**

MinderDrinken.nl

Home • Wat is MinderDrinken? • Feiten over alcohol • Nuttige links • Forum • Hulp nodig? • MD Teleas • Voor verwijzers • Over deze site

Minder drinken of stoppen?

Denkt u wel eens...
"Ik wil graag minder drinken" of "Ik zou wat minder moeten drinken"

Log in
Klik hier om u aan te melden of inloggegevens te vergeten?

Wat zeggen anderen?
Kijk hier!

Mit MinderDrinken.nl
• roepbath u zelf bevoegd u zijn overname
• gaat u zelf tandig aan de dag
• nu nog rijgen bij een eigen belang
• zonder toelaten van een hulpverlener
• gratis en anoniem

© 2007 Trimbos Instituut • Disclaimer
Deze site is geoptimaliseerd voor Microsoft Internet Explorer 6.0 en hoger. Resolutie 1024x768 | Webmaster@minderdrinken.nl

Brijder

Aanmelden • Contact • Werken bij Brijder • Over Brijder • Zoeken

U bevindt zich hier: Aanmelden • Hulp • Hulp nodig? • Hulp nodig? • Hulp nodig?

Aandacht
Hulp en ondersteuning

Heb ik hulp nodig?
Scherpe

Hoe krijg ik hulp?
Behandeling

Online hulp
Aanmeld

Onderzoek
Hersenscanprogramma

Ervaringsskennis
Hersenscanprogramma

Gameconferentie
10 november 2012

Demo Cannabis onder Controle
Bekijk een fragment van de online behandeling Cannabis.

Start demo

Privacy • Disclaimer • GGZ • Levenswijzer

Internet Self Help Intervention (www.Jellinek.nl)

Zelfhulp: Alcohol

Basis

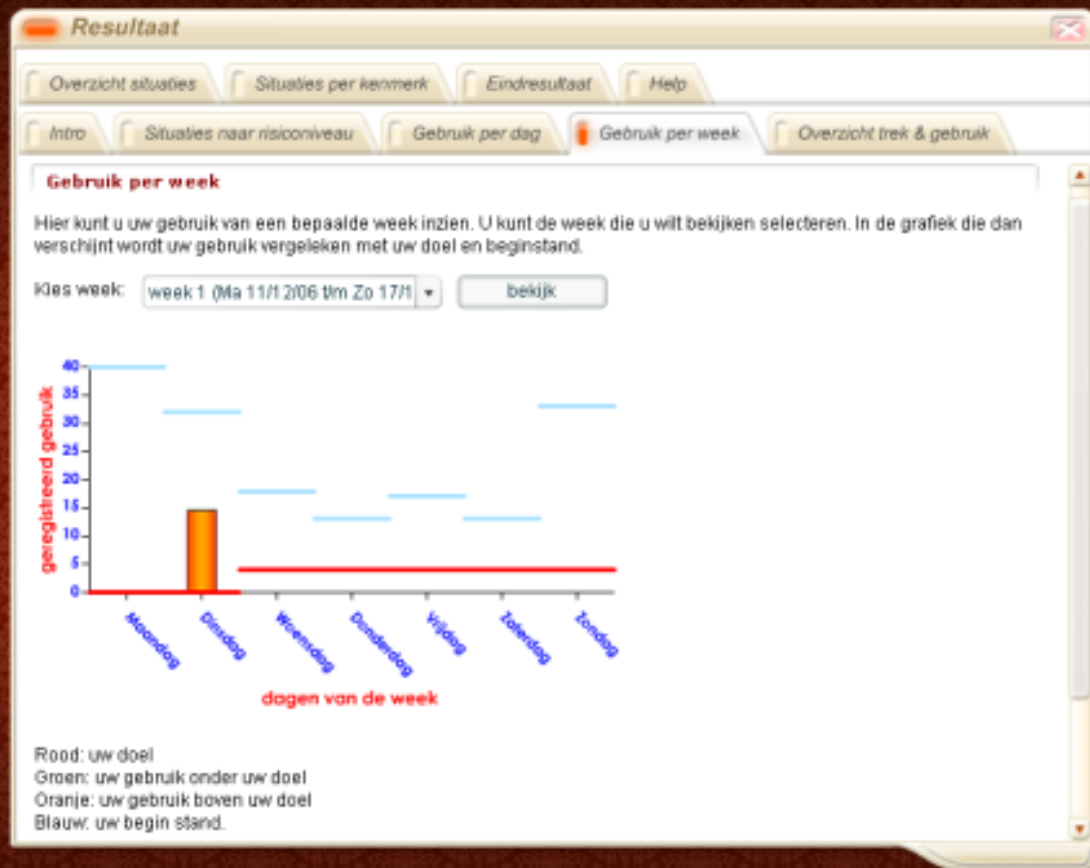
- Home
- Dagboek
- Instellingen
- Forum

Oefeningen. Vul dagelijks het formulier in en doe per week een oefening.

- 1. Voor- en nadelen
- 2. Afspraken
- 3. Risicosituaties
- 4. Formulier trekgebruik
- 5. Preventieplan
- 6. Noodplan
- 7. Leesopdrachten

Resultaat. Als u dagelijks het formulier invult, vindt u hier uw resultaten.

Resultaat



Internet selfhelp is feasible

- Many participants, despite lack of marketing initiatives
- Jellinek site reaches ca 150 new individuals p. month, of whom ca 1/3 more than moderate adhere to the program
- Attractive for: highly educated; working; relatively many women, treatment-naive

2011 Meta-analysis Alcohol

Original Paper

Effectiveness of E-Self-help Interventions for Curbing Adult Problem Drinking: A Meta-analysis

Heleen Riper^{1,2,3}, PhD; Viola Spek^{3,4}, PhD; Brigitte Boon³, PhD; Barbara Conijn³, MSc; Jeannet Kramer³, PhD; Katherina Martin-Abello³, MA; Filip Smit^{3,5}, PhD

J Med Internet Res 2011;13(2):e42)



The leading eHealth journal

Journal of Medical Internet Research
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Comparison Self-Help and Internet Treatment (chat sessions included)

Internet Self-help (IS)

The screenshot shows the 'Zelfhulp: Alcohol' web application. The main window is titled 'Resultaat' (Result) and displays a bar chart showing 'gebruiksgemiddelde gebruik' (average use) over a week. The chart has a y-axis from 0 to 40 and an x-axis labeled 'dagen van de week' (days of the week). A legend indicates: Rood: uw doel (Red: your goal), Oranje: uw gebruik boven uw doel (Orange: your use above your goal), Blauw: uw begin stand (Blue: your starting point). The chart shows a blue bar for the first day, an orange bar for the second day, and blue bars for the remaining days, all below the red goal line.

Below the chart, there is a 'Resultaat' section with instructions: 'Hier kunt u uw gebruik van een bepaalde week inzien. U kunt de week die u wilt bekijken selecteren. In de grafiek die dan verschijft wordt uw gebruik vergeleken met uw doel en beginstand.' (Here you can see your use for a certain week. You can select the week you want to view. In the graph that then appears, your use is compared with your goal and starting point.)

The interface also includes a sidebar with navigation options: Home, Dagboek, Instellingen, Forum, and a list of exercises (Oefeningen) such as '1. Voor- en nadelen', '2. Attracties', '3. Risico's baten', '4. Formulier indigebuit', '5. Preventieplan', '6. Noodplan', and '7. Leersopdrachten'. A 'Resultaat' button is also visible at the bottom of the sidebar.



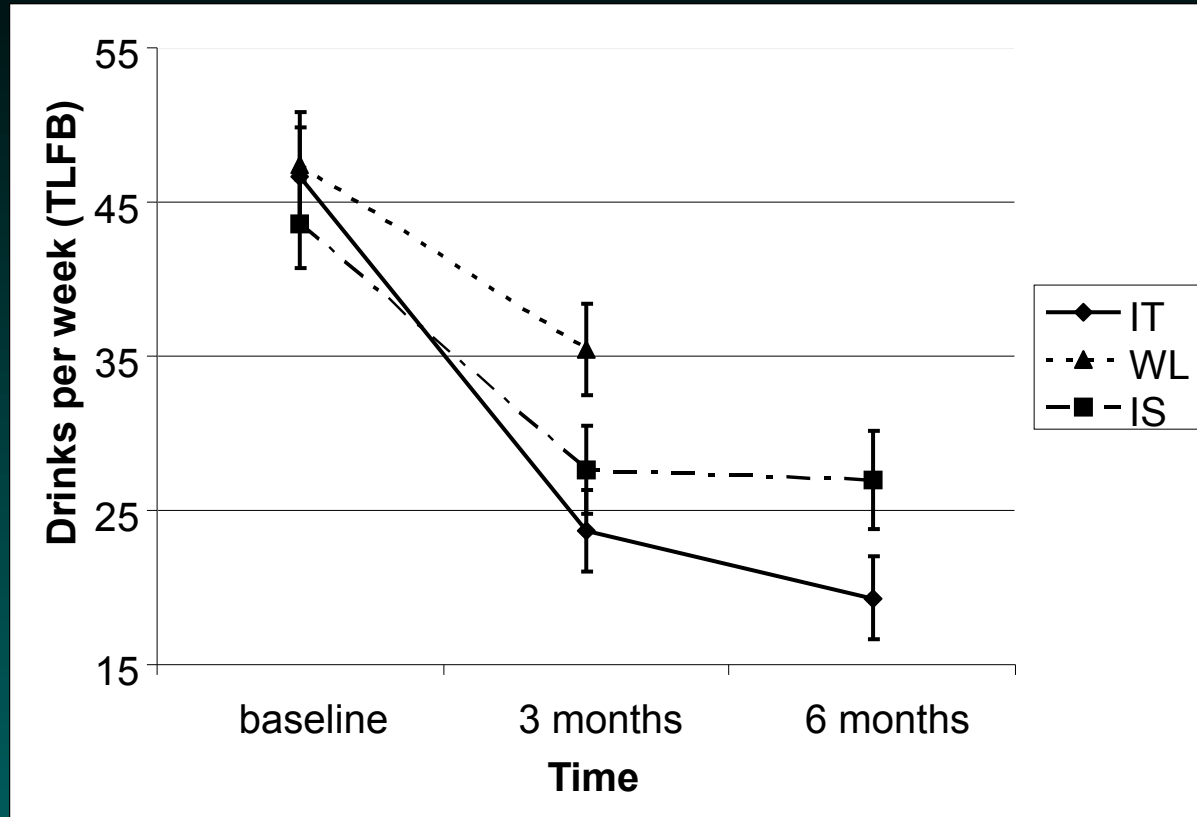
Internet Therapy (IT)

The screenshot shows the 'Webbased behandeling: Alcohol' web application. The main window is titled 'Chat' and displays a chat session. The chat history shows a conversation between a therapist and a client. The therapist's messages include: '[16:54 therapist:] The experience of intense cravings for alcohol is an infamous phenomenon when people stop or reduce their alcohol use. These cravings can lead to relapse. On a short term, drinking reduces this intense craving, but it will induce more craving on a longer term. However, there are other means to deal with these feelings of craving. This week's exercise and chat session will teach you how to cope with cravings in an effective way. I want you to think about ways of coping with cravings yourself.' and '[16:55 therapist:] For the upcoming week, I want to ask you to think of different ways to cope with craving, and to fill them out in the "coping with craving" menu of the therapy programme. There, you will also find an introduction to this exercise and some examples.'

The client's messages include: '[16:55 client:] I think maybe rewarding myself, for example doing something I like or thinking about nice thoughts when I experience these feelings?' and '[16:56 client:] No, I think I have all the information I need and can work on this by myself!'

The interface also includes a sidebar with navigation options: Home, Gebruik registreren, Thema's, Voor- en nadelen, Doelen, Omgaan met trek, Omgaan met gevoel, Communicatie, Berichten, and Agenda. A 'Canned responses' section on the right lists various pre-written messages, such as 'Welkom en uitleg behanc', 'Uitleg registreren', 'Eris niet geregistreerd', 'Eris weinig geregistreerd', 'Eris vaak geregistreerd', 'Uitleg voor- nadelen', 'Voorbeelden voor- nadek', 'Opgeven opdracht voor-n', 'Uitleg doel bepalen', and 'Opgeven opdracht doel b'. There are also buttons for 'Verstuur' and 'geluid aan/uit'.

Alcohol reduction (TLFB)



Journal of Consulting and Clinical Psychology

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0022-006X/11/\$12.00 DOI: 10.1037/a0023498

Internet Therapy Versus Internet Self-Help Versus No Treatment for Problematic Alcohol Use: A Randomized Controlled Trial

Matthijs Blankers

Academic Medical Center, University of Amsterdam, and Arkin

Maarten W. J. Koeter

Academic Medical Center, University of Amsterdam

Gerard M. Schippers

Academic Medical Center, University of Amsterdam, and Arkin



Evaluation Requires Outcome Assessment

Piloting: Outcome monitored, analysed 2005-2010 in
four centres

Since 2009 ROM is obligatory for all through Dutch
financing insurance companies and the government

Pilot: ROM Feasible in SUD Treatment: Benchmarking possible!

Addiction



METHODS AND TECHNIQUES

doi:10.1111/j.1360-0443.2009.02593.x

Feasibility and validity of low-budget telephonic follow-up interviews in routine outcome monitoring of substance abuse treatment

Suzan C.C. Oudejans^{1,2}, Gerardus M. Schippers^{1,2,3}, Maarten J.M. Merkx¹, Mark H. Schramade², Maarten W.J. Koeter¹ & Wim van den Brink¹

Amsterdam Institute for Addiction Research (AIAR), Department of Psychiatry, Academic Medical Center, University of Amsterdam, Amsterdam, the Netherlands,¹ JellinekMentrum, Amsterdam, the Netherlands² and Brijder Verslavingszorg, Alkmaar, the Netherlands³

53% follow-up rate was achieved; 35% of the patients could not be contacted, 3% explicitly refused and in 8% other reasons accounted for non-participation. About 50% of the interviews took place in the intended time-frame. Costs were €40 (\$57) per completed interview

Benchmarking outpatient services in 4 treatment centres 2005-2010

- Telephonic 9 months follow up MATE interview
- Intake: 15.619 clients
- Response FU: 52,1%
- Concluding: Differences in treatment modalities and treatment exposure
- No differences in outcomes between treatment centers
- Relation between outcome and treatment exposure

Outpatient Treatment Compliance

Drop out 24%

Completed 32%

Over treated 44%

Substance Use Outpatients in Past 30 Days 9 Months after Intake (N>8,000)

Abstinence **21%**

No problematic use **26%**

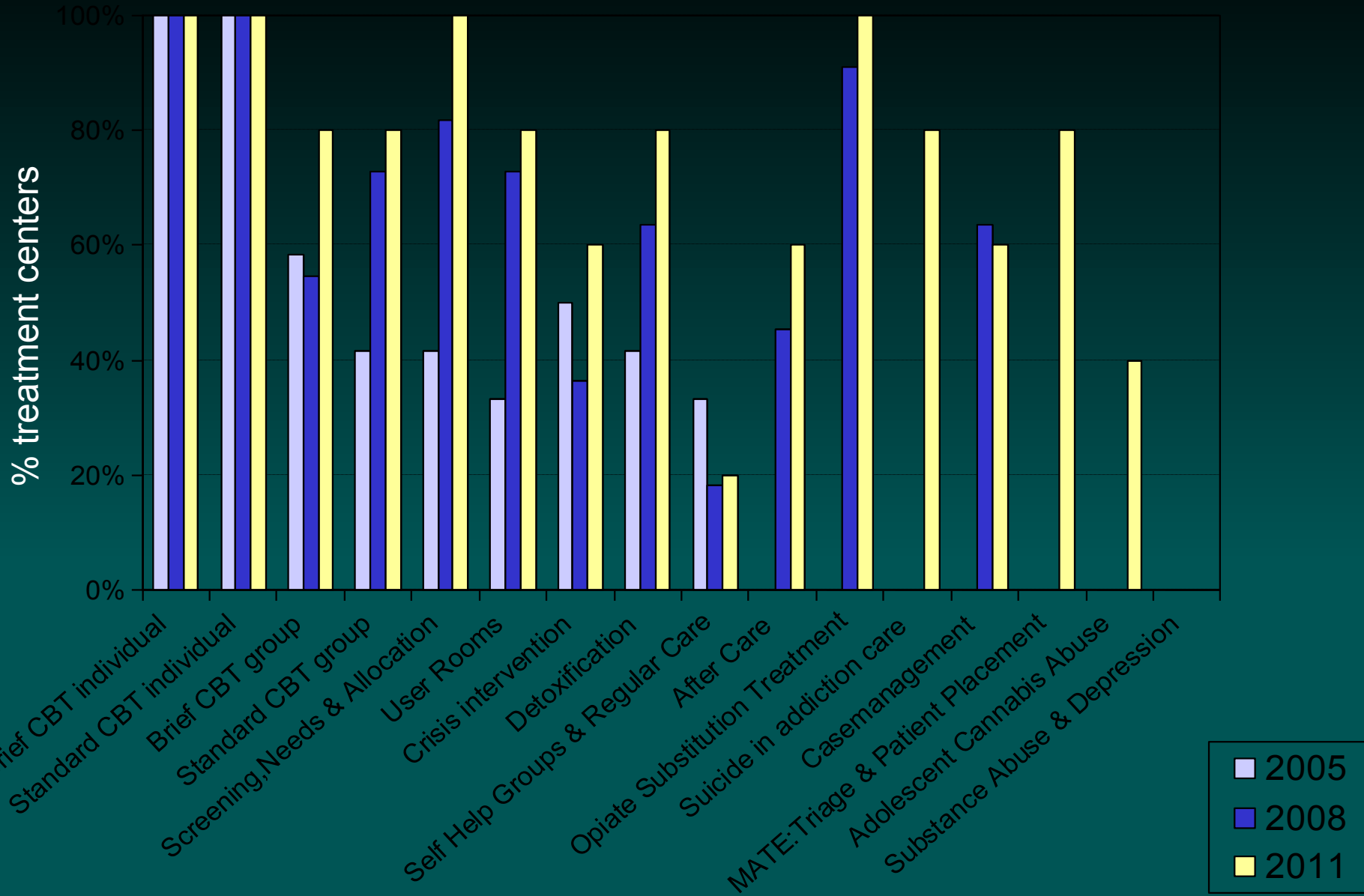
Problematic use **52%**

IMPLEMENTATION

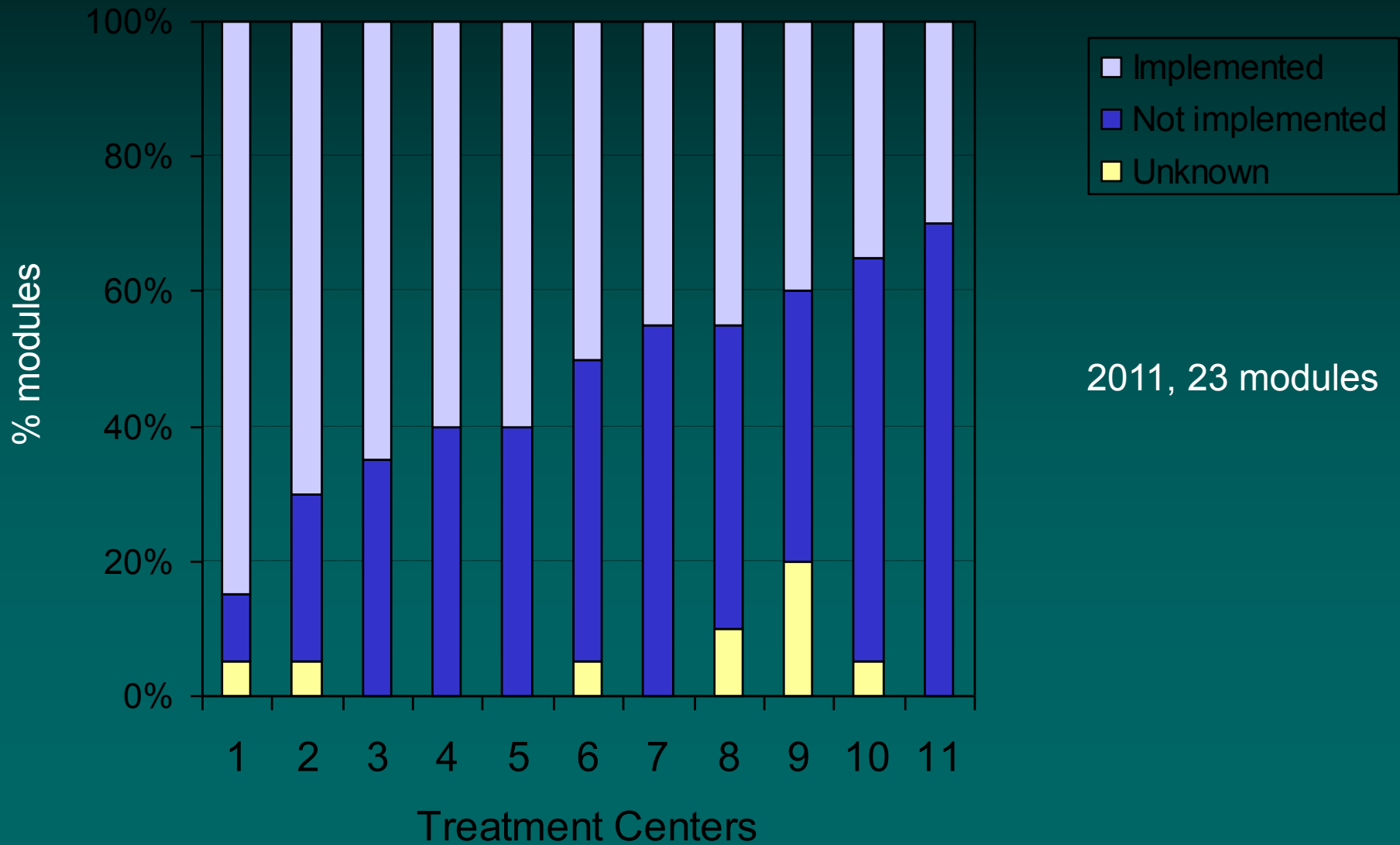
How Well are the New Modules Implemented?

- In 2005 20 and in 2011 23 modules disseminated
- Evaluation study in fall 2005, 2008, and 2011
- 10 Out of 11 institutions observed, covering 3.800 (77%) of the 5.000 patient-related workers
- Interview with 40 key persons
- Questionnaire survey with 196 counsellors (27% non-response)

Level of Implementation of 23 protocols



Level of implementation in 11 treatment centers



Dissemination & Implementation

Slow, but steady

Strong points:

- centralized organization and support
- renewal is seen as survival strategy

Weak points:

- underdeveloped education/training infrastructure

Necessary (although not Sufficient) Conditions for Implementation

- Adequate resources
- A reasonably well managed institute
- Coalition of multiple stakeholders: financiers, centres administrators; clinicians, and service consumers
- Support on central management level
- Trusted enthusiastic mediator (“champion”)
- Training, supervision and booster training
- Protection of innovative (young) professionals

Lessons learned

- Minor local variations should be possible ('not-invented-here-syndrome')
- Instability in team management and team personnel are hindering
- Changes should not be too large and too quick
- New modules should *replace* old practices
- *Continuation in* coercion and support from central management are essential

REQUIRED:

Coalition of multiple stakeholders: financiers, centre administrators; clinicians, scientists, and service consumers (!)



Suggestions

- Use carrot and stick
- Provide stimulation projects and 'seeding' trials (compare NIDA-CTN program)
- Identify and promote key persons: ambitious managers and enthusiastic clinicians
- Employ evidence based policy:
- Reinforce system change by material consequences of not following guidelines



Dutch treatment
professionals are alike their
colleagues all over the
world in eagerness and
willingness to learn and
change

but

... the changing of
habitual behavior is
tedious and takes a long
breath.