

Measurement-Based Care for Patients with Substance Use Disorder



Executive Summary

Measurement-Based Care (MBC) is an evidence-based approach that integrates systematic data collection and analysis into the treatment of Substance Use Disorder (SUD). By employing regular assessments and data-driven decision-making, MBC aims to optimize patient outcomes, improve treatment efficacy, and enhance the overall quality of care. This white paper explores the principles of MBC and its application in Crossroads' SUD treatment.

Introduction

Substance Use Disorder (SUD) represents a critical public health challenge contributing to rising morbidity and mortality rates.

According to the U.S. Centers for Disease Control and Prevention (CDC), there were more than 109,000 overdose deaths that occurred in 2022 alone, that translates to nearly 300 lives lost every day. SUD is often intertwined with mental health conditions, such as anxiety and depression, as well as socio-environmental factors like housing instability, unemployment, and social isolation. These complexities demand a more tailored and adaptive approach to treatment.

Traditional models of care frequently lack structured systems for monitoring patient progress or making data-driven adjustments to interventions. This is where Measurement-Based Care (MBC) comes in. MBC is an evidence-based framework that systematically integrates routine, standardized assessments into the treatment process. By tracking clinical outcomes through validated tools, MBC enables clinicians to personalize care, adjust treatment plans in real-time, and ensure that interventions are aligned with the patient's evolving needs. This method not only improves clinical outcomes but also enhances patient engagement and satisfaction, as it fosters a collaborative approach between the provider and patient.

Incorporating MBC into the treatment of SUD is crucial for optimizing care, reducing relapse rates, and ultimately saving lives. Through objective measurement, MBC provides a clearer picture of a patient's progress, allowing healthcare providers to make informed decisions about treatment intensification, modification, or tapering based on actual data rather than subjective observation alone.

Principles of Measurement-Based Care

1

Systematic Assessment: MBC relies on regular, structured assessments to monitor patient progress. These assessments include standardized questionnaires, self-reports, and objective measures such as urine drug screens.

2

Data-Driven Decision-Making: Treatment decisions are based on the data collected through assessments. This approach ensures that adjustments to the treatment plan are evidence-based, targeting specific issues identified through data.

3

Personalized Treatment: MBC allows for individualized treatment plans by continuously monitoring patient responses. This personalization helps address unique patient needs and improves overall treatment efficacy.

4

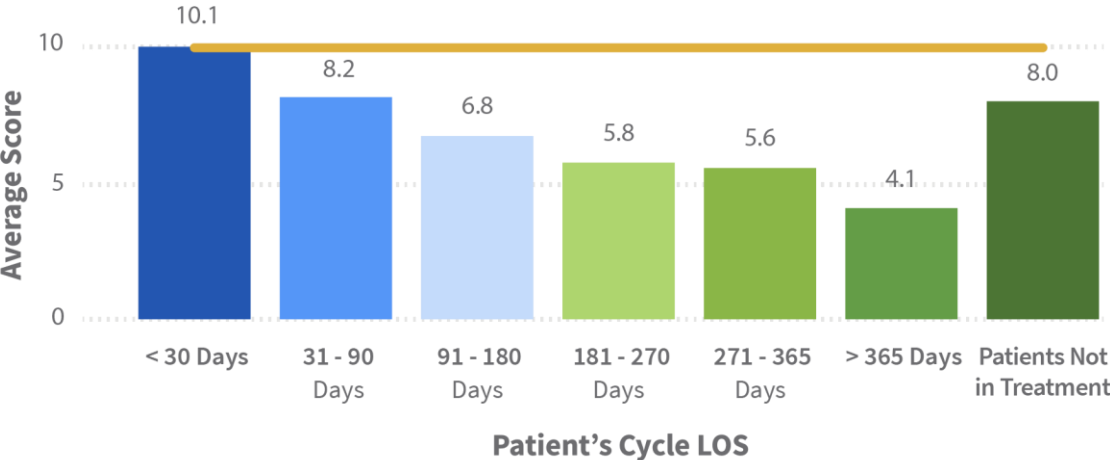
Patient Engagement: Regular feedback and active patient involvement in their care are integral to MBC. Patients are more likely to adhere to treatment plans when they see how their progress is being tracked and addressed.

Implementation of MBC in Crossroads SUD Treatment

Crossroads has integrated remote and on-site MBC patient screening in order to provide our treatment teams with convenient access to real-time measurement-based care data before each appointment. Since implementation, Crossroads has received over 1,440,000 completed MBC screens from patients. These screens are reviewed in real-time by the Crossroads 24/7 Patient Access Center (PAC). The Intervention Specialists working within the PAC will reach out to those patients who exceed certain scores on the MBC screens and are at risk of relapse. This remote monitoring has a tremendous impact on Crossroads' ability to save lives by getting high-risk patients connected immediately with a Crossroads treatment team member when they need it most.

Our data shows that consistent treatment of SUD for greater than 1 year dramatically reduces a patient's urge to use scale (UTUS) by more than 50% (as shown in the below graph). The first 90 days of treatment are the most critical time frame for patient remote monitoring to prevent relapse. With these UTUS screens, Crossroads is able to identify high-risk patients who score 10 or higher and engage directly with that patient prior to the patient's next appointment.

AVERAGE UTUS SCORE BY PATIENTS LOS



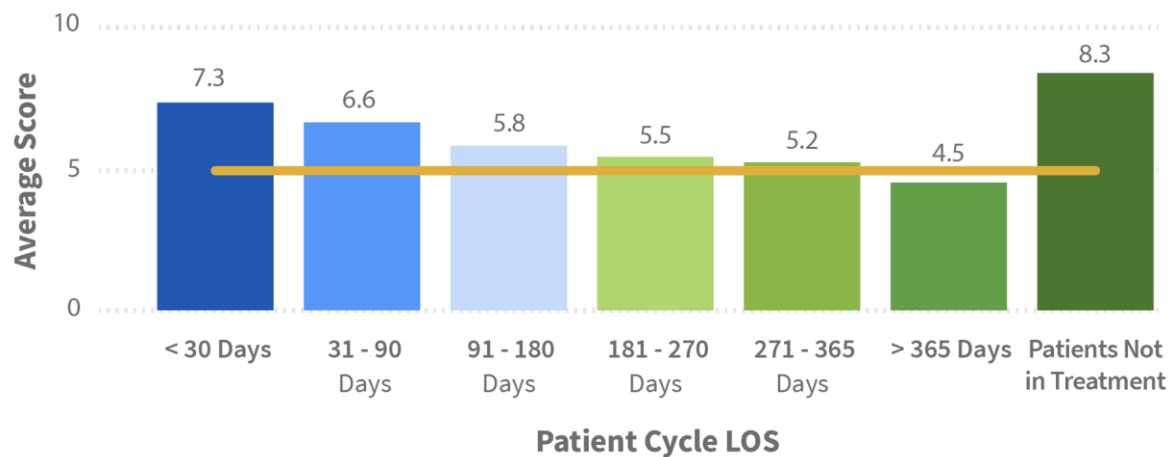
- UTUS = Urge to Use Scale (higher scores indicate greater craving)
- LOS = Length of Stay
- Line is set based on an average parameter; shows that Crossroads patients consistently have lower urges to use, which increases after discharge.

Additionally, patients complete MBC assessments on a Crossroads tablet, which includes the PHQ-9 (Patient Health Questionnaire 9-item assessment), HRSN (Health Related Social Needs, as well as the GAD-7 (Generalized Anxiety Disorder 7-item assessment) and BARC-10 (Brief Assessment of Recovery Capital), assessments. Further detail on the latter two is included below. The data obtained from these assessments is invaluable for designing an individualized treatment plan for each of our patients.

Another MBC screen completed by Crossroads patients is the GAD-7 assessment.

The GAD-7 is a validated screening tool used to assess the severity of generalized anxiety disorder, a condition that frequently co-occurs with SUD, enabling clinicians to identify and address anxiety symptoms that may complicate or exacerbate a patient’s substance use. With these mental health screens, Crossroads is able to identify patients who are in need of mental health services who score 15 or higher and engage directly with that patient prior to the patient’s next appointment to assess if additional mental health services are appropriate for that patient.

AVERAGE GAD-7 SCORE BY PATIENT LOS

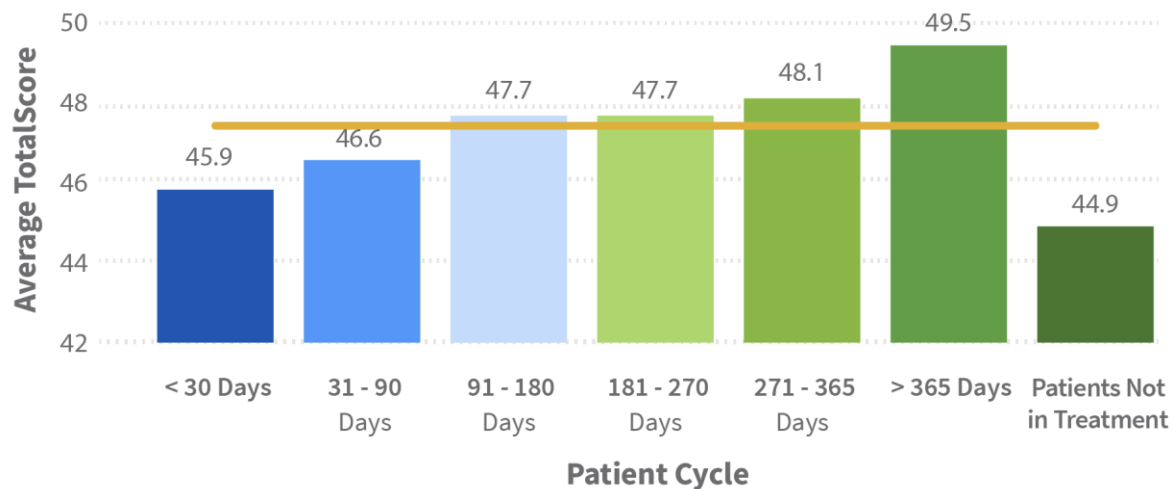


- GAD-7 = General Anxiety Disorder (lower score is better; scores above 5, 10, and 15 indicate mild, moderate, and severe anxiety, respectively)
- Line is set based on an average parameter; shows that CTC patients consistently lessen their worry and anxiety, which increases after discharge.

The BARC-10 assessment is also useful to the Crossroads Treatment Team. The BARC-10 assessment is a brief measure designed to assess a patient's "recovery capital," or the internal and external resources they have available to support their recovery from SUD. Recovery capital includes factors such as social support, personal motivation, and access to treatment services. A higher BARC-10 score indicates a greater capacity for sustaining long-term recovery. This tool is particularly valuable for the Crossroads Treatment Team as it provides a quantifiable measure of a patient's progress throughout treatment and helps guide individualized care planning.

The results of the BARC-10 assessment, as shown in the accompanying graph, indicate a steady increase in recovery capital as patients' length of stay in treatment increases. The graph also features a yellow line representing an average benchmark, illustrating that Crossroads patients consistently score above this average, indicating higher recovery capital while in treatment. However, there is a noticeable decline in recovery capital following patient discharge, underscoring the importance of sustained support post-treatment to maintain long-term recovery outcomes.

AVERAGE BARC-10 SCORE BY PATIENT LOS



- BARC-10 = Recovery Capital (scores of 47 or higher indicate higher changes for long-term remission)
- Line is set based on an average parameter; shows that CTC patients consistently have higher recovery capital, which decreases after discharge.

Why Measurement-Based Care is Critical to Our Patient's Recovery

2.5x
MORE LIKLY

Sustained recovery is 2.5 times more likely for our patients if they participate in MBC.

50%
RESPONSE
TIME REDUCED

Intervention specialists' response time has been shown to be reduced by as much as 50% through the practice of MBC.



Much of recovery and relapse happens between visits; therefore, our real-time outreach to patients based on MBC results significantly contribute to our ability to help patients achieve superior outcomes.

Our goal at Crossroads is to provide our patients with the most convenient, comprehensive, and high-quality care during their path to recovery. Our Crossroads measurement-based care model ensures our treatment teams are supported and equipped with the tools and data needed for effective care, allowing for more patient interaction and improved outcomes, shown consistently throughout our data. The longer a patient is evaluated through measurement-based care, the better the chances of the patient's long-term recovery.