Implementing Evidence-Based Practices for Treatment of Alcohol and Drug Disorders

- drug abuse treatment
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- adopting and sustaining practices
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- care for co-occuring disorders

Eldon Edmundson, Jr., PhD
Dennis McCarty, PhD
Editors

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ABOUT THE EDITORS

Eldon Edmundson, Jr., PhD, is an Associate Professor in the Department of Public Health and Preventive Medicine at Oregon Health and Science University in Portland, Oregon. He directed the Oregon Practice Improvement Collaborative, which conducted studies at the local, regional, and state level, to identify key ingredients leading to the successful adoption of science-based practices by community-based treatment agencies. Dr. Edmundson has experience in building research and practice consortiums, developing and implementing effective health professional training programs, establishing research platforms that focus on improved delivery of services, and assisting agencies to implement evidence-based practices. From 1985 to 1996, he served as Dean and Professor for the College of Health Science at Boise State University in Idaho.

Dennis McCarty, PhD, is a Professor in the Department of Public Health and Preventive Medicine at Oregon Health and Science University in Portland, Oregon, and Principal Investigator for the Oregon Node of the National Drug Abuse Treatment Clinical Trails Network. From 1989 to 1995, he directed the Massachusetts Bureau of Substance Abuse Services for the Massachusetts Department of Public Health. Dr. McCarty collaborates with policymakers in state and federal government and with community-based programs to study the organization, financing, delivery, and effectiveness of publicly funded substance abuse treatment services. He has served on two Institute of Medicine committees.

Preface

An Institute of Medicine report, *Bridging the Gap Between Practice and Research*, observed a disconnect between the development of research-based treatment innovations and the application of those techniques to treatment for alcohol and drug disorders.[1] Practitioners and programs were challenged to use research and to improve the quality of care they provide. Federal agencies for research (National Institute on Drug Abuse and National Institute on Alcohol Abuse and Alcoholism) and service (Center for Substance Abuse Treatment) were encouraged to facilitate the application of research findings in clinical settings. The report catalyzed federal investment in strategies to facilitate adoption and diffusion of science-based interventions.

The Center for Substance Abuse Treatment developed Practice Improvement Collaboratives and asked them to identify technology transfer strategies that supported use of desirable practices and improved accountability. Practitioners partnered with investigators in regional and state initiatives to assess needs, explore strategies to foster counselor training and support the use of therapeutic techniques emerging from research settings in community-based treatment programs. At the same time, the Veterans Health Administration (VA) invested in the Quality Enhancement Research Initiative (QUERI) and developed modules to promote substance abuse intervention in primary care, foster the use of science-based practices for treatment of alcohol and drug disor-

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ders, and to improve care for alcohol and drug dependent patients with comorbid conditions.[2]

Implementing and sustaining evidence-based practices depend on practitioner and treatment program factors including a stable workforce with the knowledge, skills and attitudes to meet the needs of the clients; capability to respond to sporadic changes in funding for treatment; capacity to respond to the changing client population needs in the types of and location of the service needed; and capability to monitor program delivery and measure client progress in treatment.

This Supplement to the *Journal of Addictive Diseases* provides managers, clinicians and other key stakeholders with results from knowledge adoption studies that focused on the specifics of diffusion of innovation into substance abuse treatment agencies. Papers examine practice improvement collaboratives, test training and mentoring strategies to support adoption, and assess the roles that clinical orientation and philosophy have on clinician readiness to change and to use evidence-based practices. Methadone maintenance is an example of an evidence-based practice that is not widely available and the barriers to the expansion of methadone services are explored within the VA system of care.

Cotter, Bowler, Mulkern, and McCarty describe the development and early implementation of Practice Improvement Collaboratives. They found environmental adoption, formal organizational structures and processes, stability in the workforce, and targeted and consistent collaborative goals as important processes for early adoption. They discuss the usefulness of the investigator-provider-policy maker model in furthering integration and sustaining of evidence-based substance abuse treatment practices and the value of system support for science-based practices.

Ager and colleagues provide insights on the effectiveness of an intensive 2-day training and a booster session for improving the knowledge, attitudes and behaviors of clinicians using Motivational Enhancement Therapy. They discuss opportunities and challenges that brief MET training activities face in enhancing clinician knowledge, skills, and attitudes about MET. This work provides information to agencies on possible strategies for adopting and sustaining MET use.

Eliason, Arndt, and Schut examine the role that agency beliefs about the similarities of treatment philosophies therapists say they use and the actual techniques or tools reported using in daily practice. Critical to the adoption process, they discuss the variability of the therapies agencies provide to clients and the belief by some that they do in fact use evi-

dence-based practices, yet, what may happen is that agencies use a "modified" version of an evidence-based practice to better fit the agencies needs.

Another strategy for supporting adoption of evidence-based practices is the use of Opinion Leaders to complement intensive training. Peters and his associates discuss the use of manuals, opinion leaders, and training as strategies to support adoption. Adoption of an evidence-based manualized treatment for individuals with co-occurring mental health and drug use disorders was greatest in treatment programs where peer opinion leaders were trained first. Conceptually, this article points out the use of "change leaders" as important to the adoption process.

Characteristics of the workforce, particular clinicians and their readiness for change, can also facilitate or inhibit adoption. Toriello and colleagues found interesting differences in the readiness to change–women and counselors who were not African-American were more willing to change clinical practices. Clinical orientation (traditional or non-traditional) was not influential. This information provides important insights on the development of targeted strategies that utilizes the differences in clinician demographics and training.

The final paper draws on work within the VA to improve the quality of services for veterans dependent on opioids. Trafton, Humphreys, Kivlahan, and Willenbring surveyed the directors of addiction treatment programs about the use of evidence-based practice guidelines. Programs that included methadone maintenance were larger and the directors were more likely to have an academic affiliation, research experience, and confidence in clinical research. Moreover, they also were more accurate in their assessments of the level of empirical support for specific clinical practices. The investigators suggest that experience with clinical research facilitates the adoption of evidence-based practices.

This compilation of papers provides practitioners, policy makers, and treatment programs insights into challenges and opportunities promoting the diffusion of evidence-based practices for treatment of alcohol and drug disorders. It develops insights for the provider, investigator, and policy maker to consider when developing national, state, regional and agency strategies to enhance treatment effectiveness. Strategies to promote organizational change are emerging as keys.

The Practice Improvement Collaboratives served as an incubator nourishing early exploration of methods to promote the use of science-based practices. Three recent models outline relationships between organizational and clinician factors and the adoption of evidence-based

practices.[3-6] The models provide guidance to investigators and treatment programs about issues to consider as programs respond to "external and internal pressures" to alter and improve the delivery of care.

Addiction treatment services continue to mature and evolve. The Center for Substance Abuse Treatment partnered with the Robert Wood Johnson Foundation in the development of the Network for the Improvement of Addiction Treatment (NIATx). The Network continues the alliance between research and practice and focuses on improving access to care and retention in treatment. Five key principles support agency change and promotes increased access and retention: understanding and involving the customer, fixing key problems, use of powerful change leaders, getting ideas from outside the organization or field, and being able to conduct test and practice change rapidly. These models and concepts provide a strategic and tactical framework that the field can use to support the adoption of evidence-based practices and other innovations.

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Practice Improvement Collaboratives: An Overview

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SUMMARY. The Center for Substance Abuse Treatment created Practice Improvement Collaboratives (PICs) to promote implementation of evidence-based practices for the treatment of alcohol and drug dependence through partnerships of practitioners, investigators, policy makers

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and consumers. Early implementation experiences within 11 PICs are examined and factors that facilitated and inhibited program maturation are identified. Case studies, structured interviews and a review of presentations and reports were used to document developmental processes. Successful development consistently required environmental adaptation, construction of formal organizational structures and processes, recruitment and retention of membership, and implementation of activities that fostered the mission of the Collaboratives. The Collaboratives provide a useful model for promoting the application of research-based innovations to practice and policy in the treatment of alcohol and drug abuse and dependence.

KEYWORDS. Practice Improvement Collaboratives, evidence-based practices, application of research to practice

The distance between practitioners and regular use of evidence-based therapies may be especially noticeable among programs treating substance abuse. Although slow adoption of research-based medicine contributes to poor quality care, increased morbidity and mortality and unnecessary costs throughout the health care system in the United States,[1] traditional alcohol and drug abuse interventions persist long after research identifies more effective therapies.[2] Practitioners do not perceive the research as relevant, have little access to the research literature and have not participated in the design and completion of the investigations. The Institute of Medicine, therefore, recommended that the Substance Abuse and Mental Health Services Administration and the National Institutes on Health facilitate linkages between research and practice to promote adoption of research findings for the treatment of alcohol and drug abuse and to encourage practice relevant research.[2]

The Center for Substance Abuse Treatment responded. Its National Treatment Plan recommended collaboration among service providers, academic institutions, researchers and other stakeholders and encouraged incentives for treatment programs to apply evidence-based practice innovations.[3] The Practice Improvement Collaboratives program (originally named Practice Research Collaboratives) catalyzed partnerships among practitioners, researchers, policy makers, and consumers and promoted adoption of research-based practice innovations. This pa-