Poster – #EIE2021

Effectiveness of an evidence-based implementation strategy to remove barriers to psychotropic and substance use disorder medications for individuals with co-occurring disorders

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Research aim

To evaluate the effectiveness of a proven implementation strategy (NIATx) to increase the proportion of individuals with co-occurring disorders receiving both substance use disorder (SUD) and mental health disorders (MHD) medications and to reduce wait times to the receipt of both medications.

Methods

In a cluster-randomized wait-list control group design, programs (n=49) within community addiction treatment, agencies across Washington state were randomised at baseline to Cohort1 (NIATx) or Cohort2 (Waitlist). Each program had three Dual Diagnosis Capability in Addiction Treatment (DDCAT) Index assessments. In this secondary data analysis, all program patient admissions 45-days prior to and after each DDCAT assessment date were identified in the Behavioural Health Data System. For each admission, SUD and MHD medication encounters 90-days post-admission were extracted. A medication encounter was defined as any event involving prescribing, dispensing, or administering of the medication. Dependent variables were percent of patients with both a SUD and MHD medications encounters, and the time from admission to receive both medications. The fixed factors were intervention (Cohort1 vs. Cohort2) and period (at Baseline, Year1, & Year2). General linear models examined changes over time for wait-time (logarithmically transformed). A two-level (patient within agency) multinomial logistic regression model investigated the effects of implementation strategy condition access to both medication types. A per-protocol analysis included time, NIATx fidelity, and agency specialty as predictors.

Key findings

Wait times for both medications in Cohort 1 agencies did not show any improvements during the active intervention period. However, wait time in Cohort 1 for receipt of both medications declined by 6.9 days (p <0.0001) from Year1 to Year2. Cohort 2 agencies had non-significant decrease in wait time from 30.4 to 25.5 days (a 16.3% reduction) during their active intervention period (Year1 to Year2). The per-protocol analysis showed no significant differences.

Percent of patients were determined from the total three-year sample size of 11,971 admissions. For both medications, we observed an increase in the log-odds from Year1 versus baseline ($\hat{\gamma}10(1)$=.576, p=.004), and in Year2 versus baseline ($\hat{\gamma}20(1)$=1.226, p=.004). The percent of patients who received both a SUD and MHD medication increased 7.2% across the sample; however, the increase was not directly attributable to NIATx implementation strategies..

Discussion

What aspects of the internal and external factors are most likely to impact treatment agencies ability to implement change targeting co-occurring treatment? modifications should be organizational factors? How could external coaches address the factors to engage treatment agencies in efforts to improve access to co-occurring treatment?