

CASE STUDY

for all healthcare organizations

How Shatterproof established national substance use care standards

Building industry consensus to promote consistent and accountable substance use care

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Overview

The challenge

The lack of standardized, evidence-based practice in behavioral health care particularly impacts the treatment of substance use disorders (SUD). Largely unregulated, for-profit SUD treatment facilities can market expensive treatments which may have no therapeutic benefits to patients. The lack of care standardization can perpetuate disparities in who receives quality care and who does not. Ineffective care can literally mean life or death for patients, with cost implications for provider organizations and health plans, too.

The organization

Shatterproof is a nonprofit organization dedicated to transforming substance use care through national care standards, a quality measurement system, substance use treatment needs assessments, improved payment and coverage, and trainings for medical professionals. Shatterproof also aims to reduce the stigma around seeking substance use support.

The approach

Shatterproof convened subject matter experts and key payer stakeholders to identify eight principles of care for substance use treatment with associated metrics for each. Shatterproof created the Addiction Treatment Locator, Assessment, and Standards (ATLAS) Platform to publicize provider organization quality based on these standards.

The result

The ATLAS platform currently reports on facilities in 10 states where clinicians, health plans, and patients have visibility into the treatments offered and facility performance based on the Shatterproof Principles of Care. Facility information is free for all, regardless of geographic location. Uniform and measurable standards of care allow plans to strengthen their network offerings, provider organizations to improve their care delivery, and patients to make informed healthcare choices.

Approach

Shatterproof's three step approach to standardize high-quality, transparent substance use care

In 2019, Shatterproof aimed to improve patients' ability to seek and receive high-quality, evidence-based substance use treatment. To accomplish this, Shatterproof formed a committee of cross-industry experts focused on establishing core principles of substance use care, tracking data on provider organizations' adherence to these principles, and building a platform to share provider performance widely and incentivize quality improvements.

The three steps

01

Convene influential stakeholders to build consensus

02

Balance ideal performance metrics with feasibility in mind

03

Share performance data widely to build accountability and transparency

01 Convene influential stakeholders to build consensus

Shatterproof started by convening a committee of stakeholders with the financial and industry clout to design and enforce care standards. This group included six large national health plans — Aetna, Anthem and subsidiary Beacon Health Options, Magellan Health (part of Centene), Cigna, and UnitedHealth Group — and academic researcher Dr. Thomas McLellan, who founded the Treatment Research Institute and served as Senior Editor for the U.S. Surgeon General’s 2016 report on substance use.

Shatterproof chose these collaborators strategically. They invited the large national health plans because as leaders in the industry, once they selected and implemented quality standards for substance use care, other health plans would likely do the same to stay competitive in the market. The plans wanted to join the committee in order to have a voice in defining national care standards. They also committed to funding one third of the project’s piloting and implementation fees. Lastly, it was important to have Dr. McLellan at the table because he had the subject matter expertise to ensure the standards aligned with the medical research and the reputation to legitimize the standards beyond the committee.

Over the course of eight weeks, the group leaned on their shared expertise and the academic evidence to establish eight standards, or principles of care, for quality substance use disorder treatment.



Shatterproof’s National Principles of Care

Principle	Description
1. Routine screening in every medical setting	Like other chronic diseases such as diabetes, screening is proven to help prevent, treat, and sustain recovery from substance use disorder. Regular screening for all patients may also help destigmatize substance use disorder.
2. A personal plan for every patient	One-size treatment does <i>not</i> fit all when it comes to addiction care. Personalized care can consider personal concerns and factors to help patients stay engaged, follow their treatment plan, and have better health results.
3. Fast access to treatment	Starting treatment as soon as a patient is ready can lead to more successful results.
4. Long-term disease management	Addiction often requires long-term management to maintain recovery. Individuals should receive long-term management services and follow-ups at a level appropriate for their needs.
5. Coordinated care for every illness	Addiction treatment plans should include considerations and treatment for other illnesses including other mental health and physical health conditions.
6. Behavioral healthcare from legitimate providers	Effective behavioral health therapies help individuals recognize and accept their SUD, increase motivation to follow treatment, and sustain long-term recovery. To maximize effectiveness of these therapies, patients should receive care from trained healthcare providers
7. Medications for addiction treatment	When appropriate, patients should have the option to receive correctly prescribed FDA-approved medications with regular re-assessments, which have been shown to prevent overdose and support positive health outcomes for SUD patients.
8. Support for recovery outside the doctor’s office	Treatment is most successful when other life circumstances are addressed such as housing, employment, and personal relationships. Treatment facilities can support this by offering additional recovery support services in these areas.

02 Balance ideal performance metrics with feasibility in mind

Once Shatterproof was able to build consensus on the principles of quality substance use care, the committee's next step was to identify and test associated metrics for each one. The committee started by reviewing existing Medicaid measures to minimize the administrative burden of data collection and mitigate resistance provider organizations might express toward entirely new metrics.

When selecting metrics, the committee aimed to prioritize measures with high impact on patient experiences and care outcomes. At the same time, the metrics had to be feasible to collect from providers, patients, and insurance claims. They also wanted to avoid measures that would inadvertently and inequitably penalize clinicians who work in lower-resource settings or appropriately readmit patients into acute care settings.

To strike that balance, the committee solicited feedback and validation from third party experts across the industry. The group solicited input on the metrics through a National Quality Forum expert panel made up of substance use treatment experts, medical providers across the full spectrum of acute and non-acute care, payers, patient advocates, and data scientists. Through multiple rounds of review, these experts evaluated, refined, and ultimately validated the list.

The final list of metrics (located in the appendix) can be sourced from three data sources: payer claims, treatment facility surveys, and patient experience surveys. The survey questions derive from the Consumer Assessment of Healthcare Providers and Systems (CAHPS) program and Experience of Care and Health Outcomes (ECHO) surveys.

03 Share performance data widely to build accountability and transparency

The next step to truly drive change in the market was to go beyond defining and measuring quality care, and to start incentivizing it. To do that, Shatterproof created the Addiction Treatment Locator, Assessment, and Standards Platform, or ATLAS. ATLAS incentivizes system-wide care improvement by publicly providing the quality data of specialty substance use treatment facilities for patient, clinician, and plan use. This transparency serves a distinct purpose for each stakeholder group. It:

- **Empowers patients to make informed care decisions.** With ATLAS, patients can select high-quality clinicians and identify facilities with evidence-based practices and services. They can also see which facilities are in-network for their insurance type.
- **Guides provider organizations to develop targeted quality improvement efforts.** By reviewing their own data and seeing how they compare to an aggregated peer benchmark, provider organizations can identify specific gaps or areas for improvement in their current performance. This is especially valuable for provider organizations looking to enter value-based arrangements.
- **Enables health plans to create high-quality, performance-driven networks.** When building provider networks, health plans can selectively include/exclude and give preferred/non-preferred status to facilities based on their level of adherence to quality standards, leading to lower total cost of care. This gives plans using ATLAS a competitive edge over those who do not take an evidence-based approach to cultivating their provider networks.

Results

How we know it's working

23

Insurers have adopted the Shatterproof National Principles of Care

10

States currently partner-with ATLAS to provide information about local treatment facilities

95

Million people live in states where ATLAS reports provider quality of care data

In 2023, ATLAS plans to cover four additional states representing 40 million people.

To support the ATLAS platform, participating state governments provide approximately \$7 million in funding, health plan partners provide about \$1.5 million, and philanthropic foundations provide about \$500,000.

1. People ages 16 and older, 319,145 out of 384,000 total citizens.

Supporting artifact(s)

ATLAS Evaluation Metrics

Principle	Data source	Metrics
2: A personal plan for every patient	Treatment facility survey	Does your program use a valid/reliable assessment instrument? Does the intake assessment collect information on the following: substance use, mental health status, physical health conditions, social relationships, risk of relapse, etc.?
	Patient experience survey	During your treatment, were you given information about different kinds of counseling or treatment that are available?
3: Fast access to treatment	Treatment facility survey	<ul style="list-style-type: none"> How many days pass between the date of a patient's first contact/assessment and treatment? Does your program offer same day access or admit clients after hours? Do you assist consumers with finding alternative treatments if you are full?
	Patient experience survey	When you needed treatment right away, how often did you see someone from this treatment program as soon as you wanted?
4: Long-term disease management	Claims data	Percentage of patients who receive follow-up care within 7 days of leaving a residential or hospital-based program for substance-use disorder (SUD)
	Treatment facility survey	Does your program apply standardized assessments over time to determine treatment progress? If so, what outcomes are measured, how are they measured, and how frequently?
5: Coordinated care for every illness	Treatment facility survey	<ul style="list-style-type: none"> Does your facility use Electronic Medical Records? Does your program provide mental health (MH) treatment onsite? Which of the following MH professionals does your organization employ and for how many hours per year? [Expanded list of professional distinctions] Does your program have physicians on staff? Does your program have an MOU¹ with primary care practices, and/or do you coordinate care with clients' other healthcare providers, when given permission to do so by the clients?


¹ Memorandum of Understanding





Principle	Data source	Metrics
6: Behavioral health care from legitimate providers	Treatment facility survey	Do you offer the following types of therapies? Do you offer them in a group and/or in 1:1 sessions? [List includes contingency management, community reinforcement approach, motivational enhancement therapy, and others]
	Patient experience survey	<ul style="list-style-type: none"> • Overall rating of this treatment program from 0 to 10. • During your treatment, how often did the treatment staff show respect for what you had to say?
7: Medications for Addiction Treatment	Claims data	Percentage of opioid use disorder (OUD) patients receiving medication for OUD
	Claims data	Percentage of OUD patients with continuity of medication for OUD, classified as 180 days of continuous medication without a gap of more than 7 days
	Treatment facility survey	Are medications to treat SUD available at your facility?
8: Support for recovery outside the doctor's office	Treatment facility survey	Do you provide the following recovery support services: peer recovery support, employment counseling, housing assistance, transportation assistance, childcare, social services assistance, domestic violence services, legal aide, etc.?
	Patient experience survey	Have staff in this treatment program talked with you about including your family or friends in your counseling or treatment?
Overall quality	Claims data	Percentage of SUD patients with SUD-related hospitalizations or ED visits (overdose after treatment) within 30 days of leaving the facility

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