
POLISH EXPERIENCES IN TREATMENT EVALUATION

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Introduction

- New funding system of treatment services based on competition and negotiation with funding agency (National Health Found)
- Quality of service and effectiveness as a argument in negotiation process
- Need of evaluation results for justifying application for fund
- Pilot project commissioned by National Bureau for Drug Prevention to develop and to test evaluation methodology and than to set up network of treatment facilities conducting evaluation.

Evaluation approach

- Multi-stage evaluation design
 - single cases (clients)
 - treatment agencies
 - treatment system
- In the first phase focus on outcome evaluation, than in the second stage on process evaluation

Final model

- Network of treatment facilities conducting evaluation coordinated by National Bureau for Drug Prevention
- Common work with strictly defined roles for the partners
- Self-evaluation model but under supervision of National Bureau for Drug Prevention
- Types of treatment facilities covered:
 - Out-patient clinics
 - Rehabilitation centers
 - Substitution programs

Division of tasks

■ **National Bureau**

- Providing research instruments
- Providing training
- Data processing and calculation results
- Tables with results delivery
- Feedback for the reports prepared by partners
- Preparing report for the national level
- Organizing seminars

■ **Treatment facilities**

- Data collection including follow-up data
- Data delivery in the paper form
- Data interpretation and preparing report
- Preparing conclusions and recommendations
- Implementing changes into practice (use of results)

Evaluation design

- Comparison group with time series design
 - Clients from treatment facilities form groups
 - Basic socio-demographical characteristics will be under control
- The data will be collected at the beginning of treatment episode, at the end and then 12 months, and again 24 months after treatment is finished
- All clients will be enrolled at the beginning and at the end of treatment, and random sample will be re-contacted (follow-up)

Variables

- Socio-demographic (gender, age, education)
- Intervention characteristics (number of contacts, length of staying, program finishing)
- Substance use (types of substances, frequency, doses)
- Risk behaviors (injecting, sexual)
- Health (physical, psychological – frequency of major symptoms)
- Social functioning (employment, relationships, with relatives and friends, crime – drug related and others)

Research instruments

- Standardized questionnaire – Maudsley Addiction Profile (MAP) – adopted and validated in Poland on the small scale sample
- Additional questionnaire with country specific supplementary information
- Form for data from patient's files (socio-demographic, initial assessment, basic parameters of treatment received – length of staying, termination of treatment, number of contacts)

Instruments to assess treatment outcome

- Addiction Severity Index (ASI)
- Opiate Treatment Index (OTI)
- Clinical Global Assessment (CGI-S)
- WHO Composite International Diagnostic Interview (CIDI)
- Maudsley Addiction Profile (MAP)
 - Shortest one – usually completed in only 15 minutes

Maudsley Addiction Profile (MAP)

- Developed in 1998 in National Addiction Center (London) by John Marsden, Michael Gossop, Duncan Steward, David Best, Michael Farrell & John Strang
- Purpose – outcome research conducted by treatment facilities to analyze own therapeutic activity and exchange information
- Public domain – no fee is needed
- Used not only in UK but also in Italy, Spain, Portugal

Structure of the MAP

- Management information
- Substance use
- Health risk behaviors
- Physical and psychological health
- Personal/social functioning

MAP – adaptation in Poland

- Cultural sensitivity of instrument – need for adaptation
 - patterns of substance use
 - patterns of other behaviors
 - patterns of problems
- Adaptation done in 2003-2004 by team from Polish Psychological Association and commissioned by National Bureau for Drug Prevention

MAP – adaptation process

- Translation of questionnaire
- Individual interviews – each member of team carried out 5 interviews using original instrument
- Changes in questionnaire focused on increasing national validity
- Pilot study – 143 interviews
- Analyze of psychometric properties of adopted instrument (reliability and validity)

MAP – reliability and validity in Poland

- Internal consistency – Cronbach Alpha
 - Physical health – 0.86
 - Psychological health – 0.89
- Test-retest approach
 - Mean time interval between test and retest – 14 days
 - Correlation between measurements – 0.68-0.98
- Validity – correlation between substance use and indicators of problems – 0.211-0.451

Outcome questionnaire

- Types of questions:
 - predefined answers
 - open-ended
- Treatment termination
- Assessment of treatment process and results by patients and by therapist
- Possible treatment continuation in other treatment facility
- Current socio-economical status and near future perspectives

Ethical issues

- Participation of clients on the voluntary basis
- Informed consent form including consent to follow-up
- Special procedure for follow-up contact to keep confidentiality
- Data protection measures
- ID code – personal information never sent to National Bureau for Drug Prevention
- Results and conclusions discussed with all stakeholders

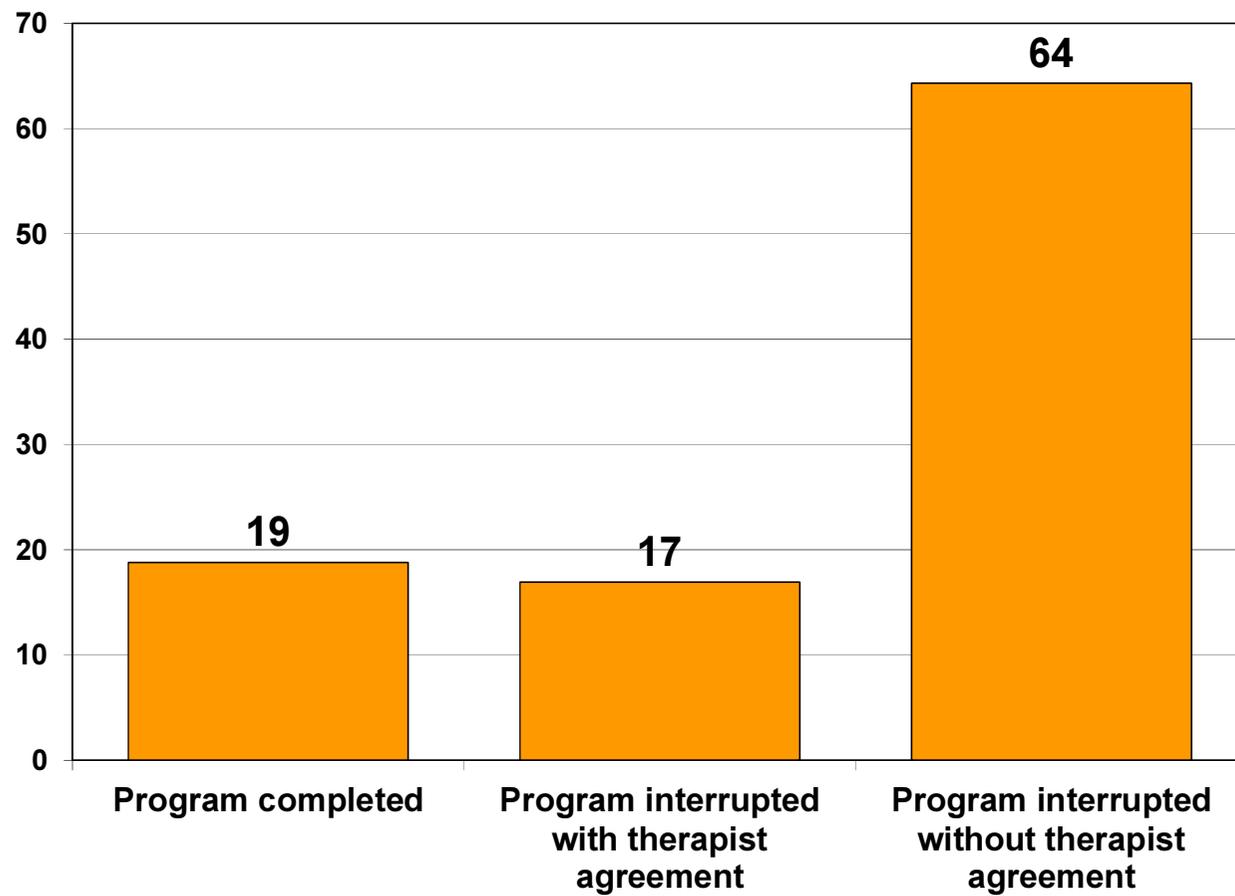
Pilot phase

- 12 treatment facilities is participating in pilot study (feasibility study)
 - 6 residential rehabilitation centers
 - 4 outpatient clinics
 - 2 substitution programs
- The objective of the study was to test research instruments and data collection procedures

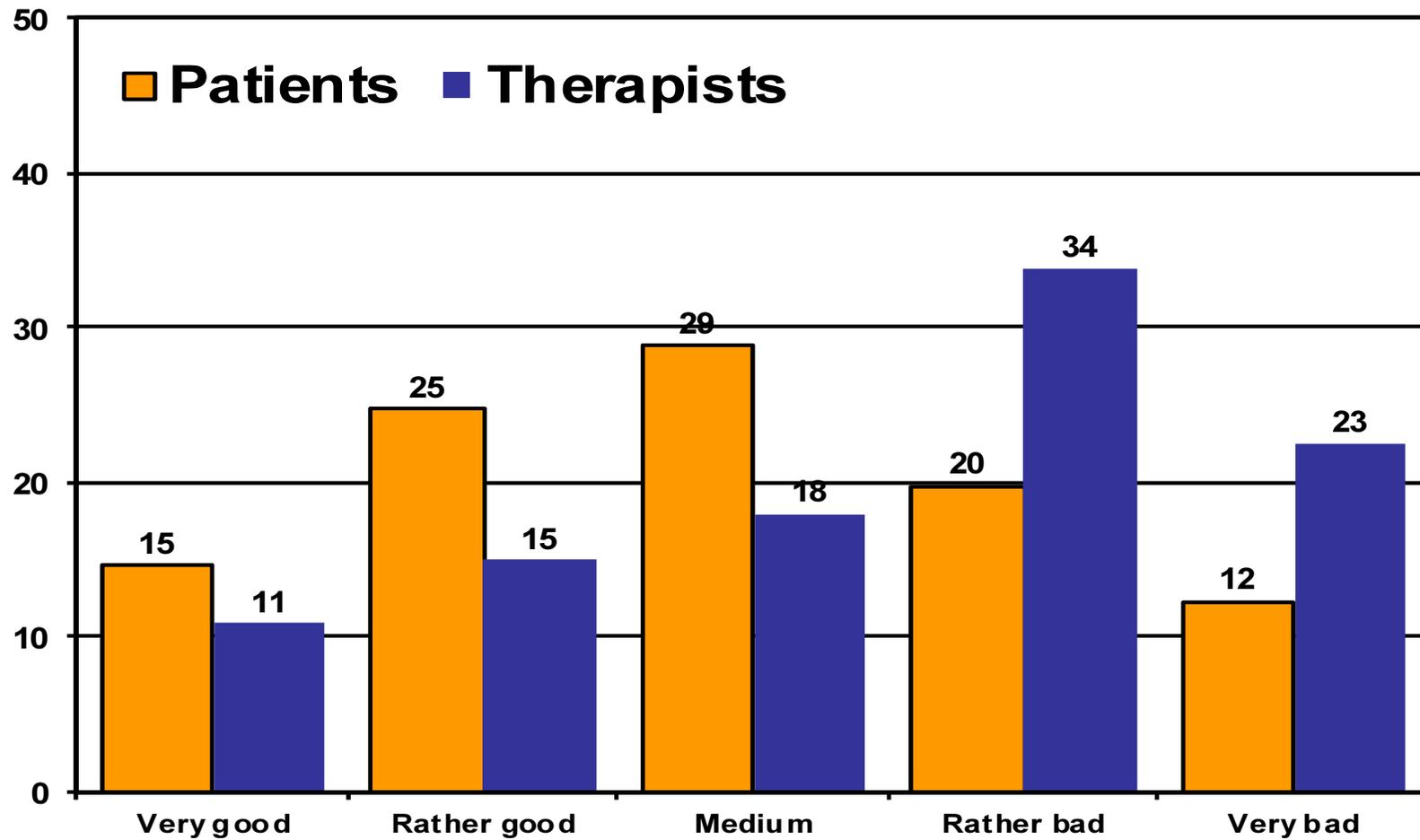
Analyze design

- Comparisons of changes over time in: substance use, risk behaviors, health status, social functioning as a measure of success
- Treatment characteristics as a factors
- Socio-demographic characteristics as a control variables – separate analyses in subcategories, e.g. for male and female
- Multi-factorial models
- Comparisons of treatment process and results from the point of view of patients and tharapists

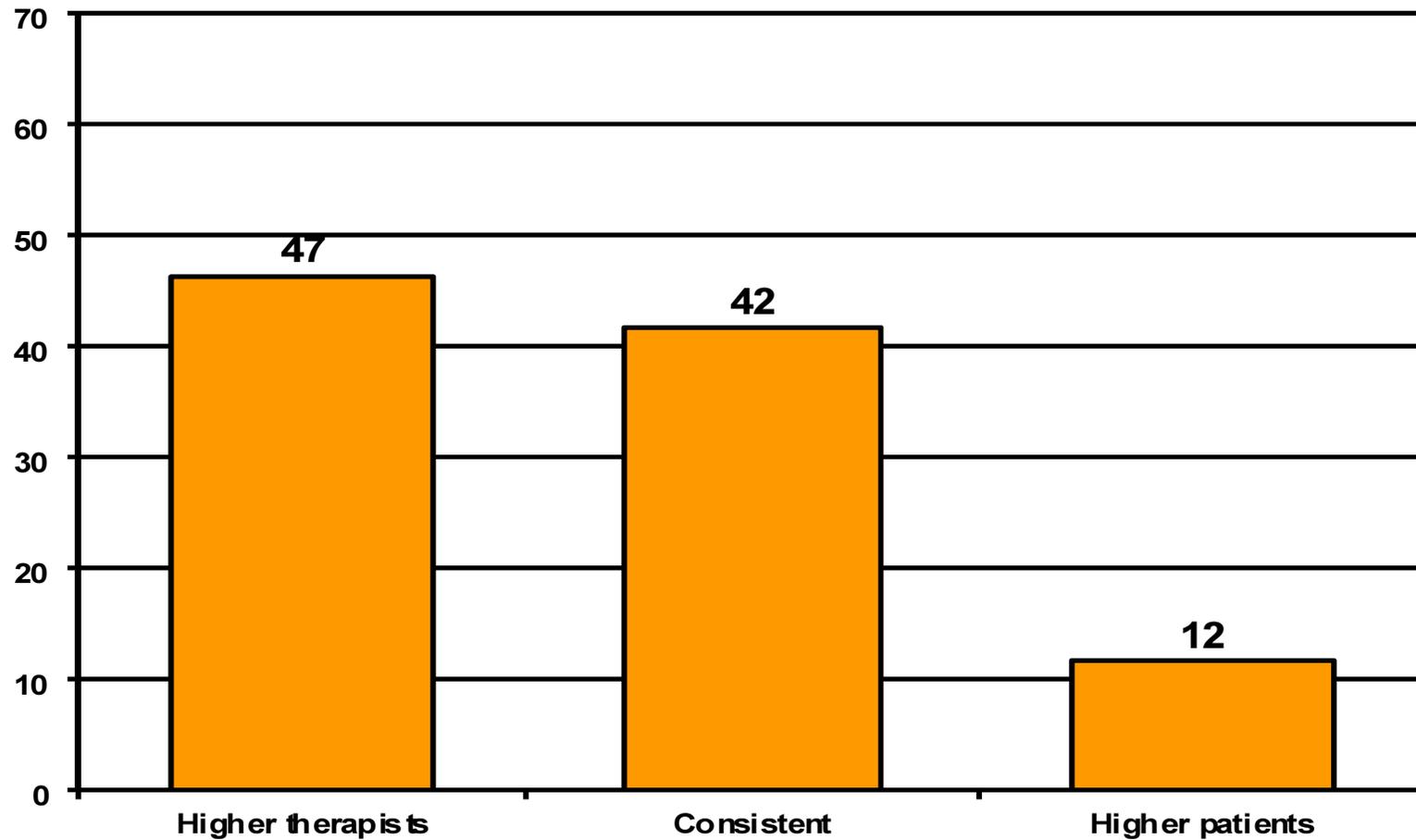
Treatment termination



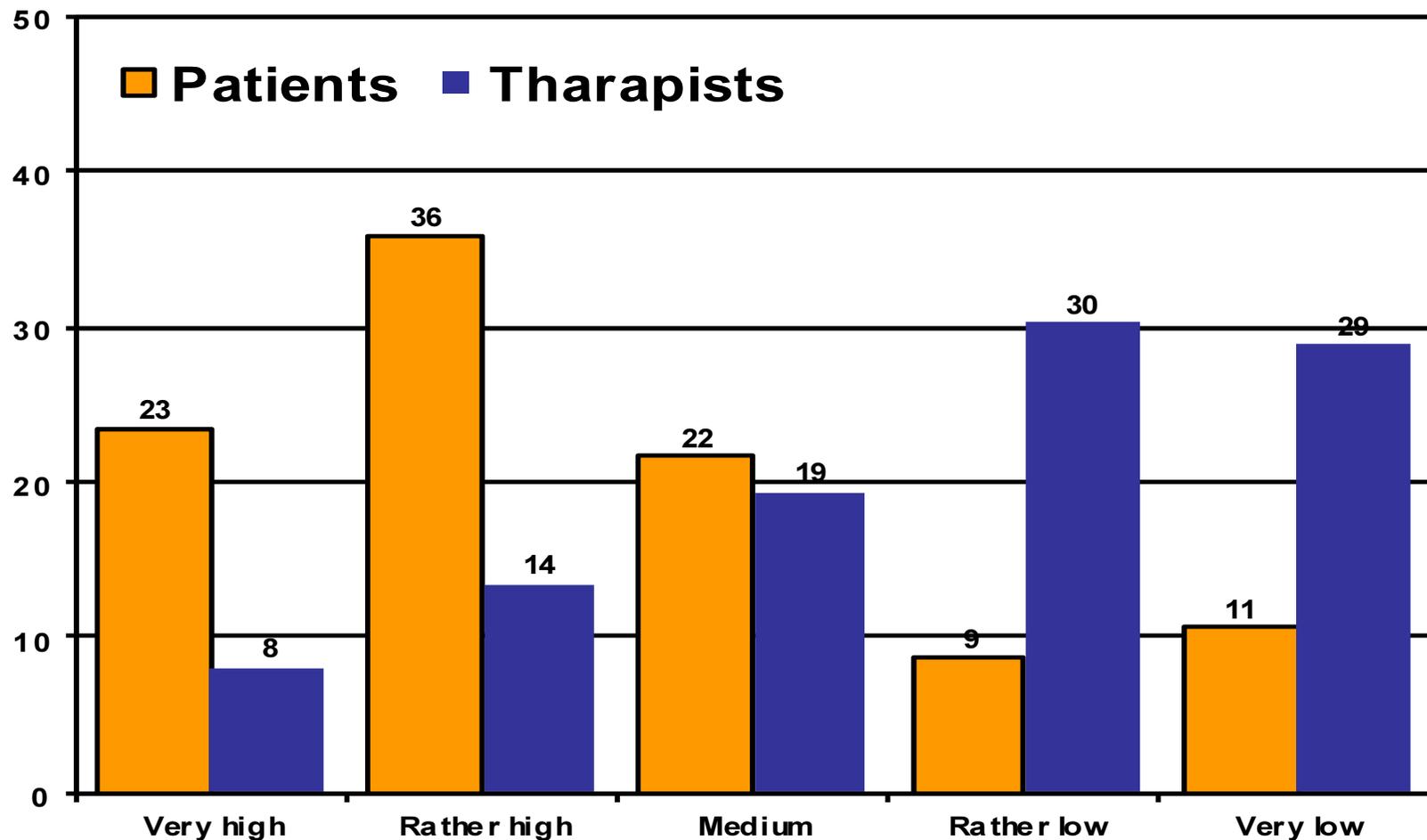
Assessment of treatment results



Assessment of treatment results



Patients motivation to maintain treatment result – chance for that, according to therapists opinions



Evaluation of treatment system in Poland – 2005

- Study conducted in 2005,
 - commissioned by National Bureau for Drug Prevention
 - Implemented by Institute of Psychiatry and Neurology
- Gaul – to evaluate drug treatment system in Poland
- Methods
 - Mail survey among treatment facilities
 - Analyses of statistical data
 - Qualitative approach – case studies

Types of treatment facilities covered by the study

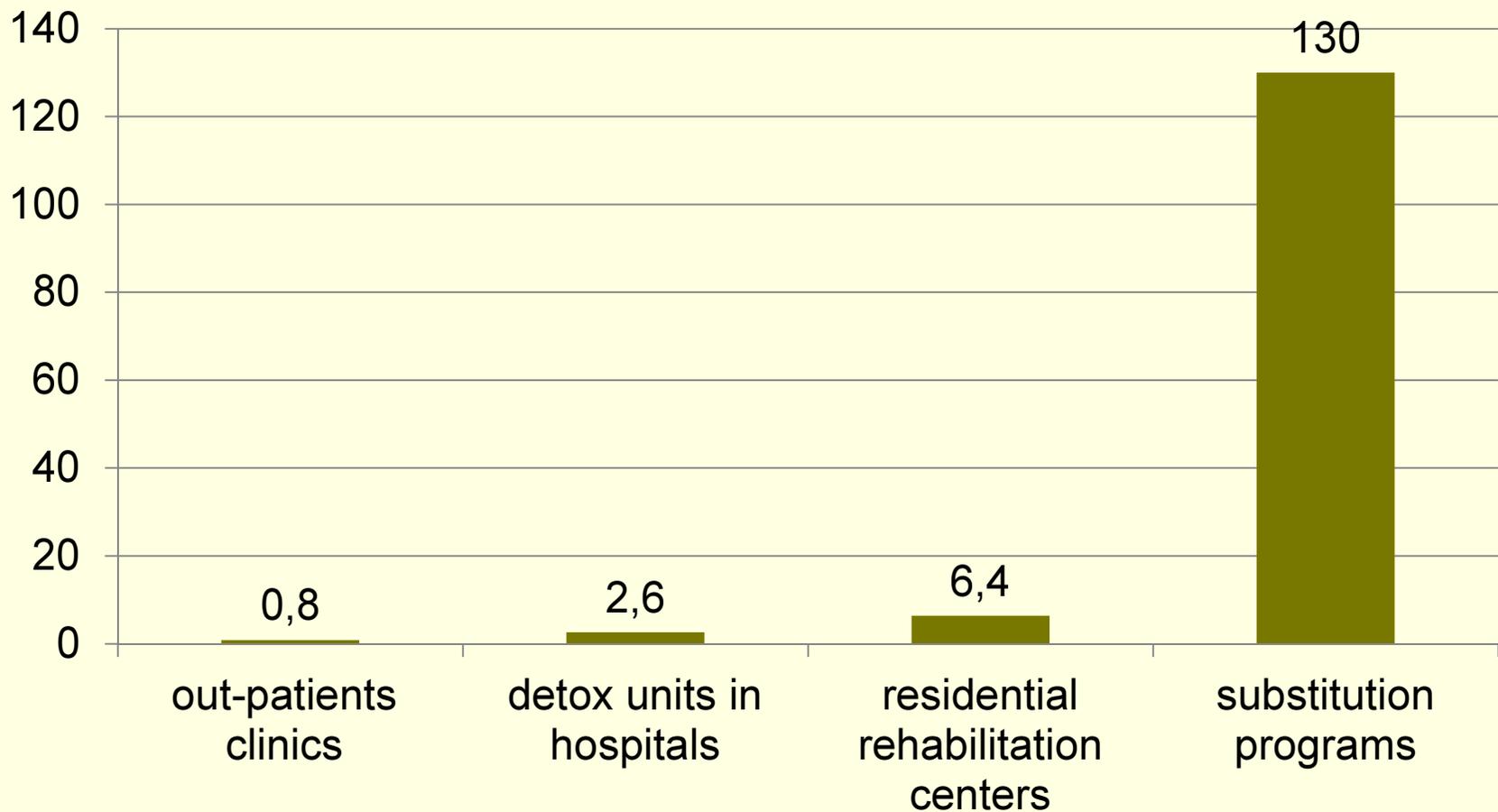
- Out-patients clinics – 33
- Detox units in hospitals – 11
- Residential rehabilitation centers – 33
- Substitution programs – 5
- Other – mostly facilities providing various types of services – 9
- Total 92 treatment facilities out of 134 (68%)

Indicators

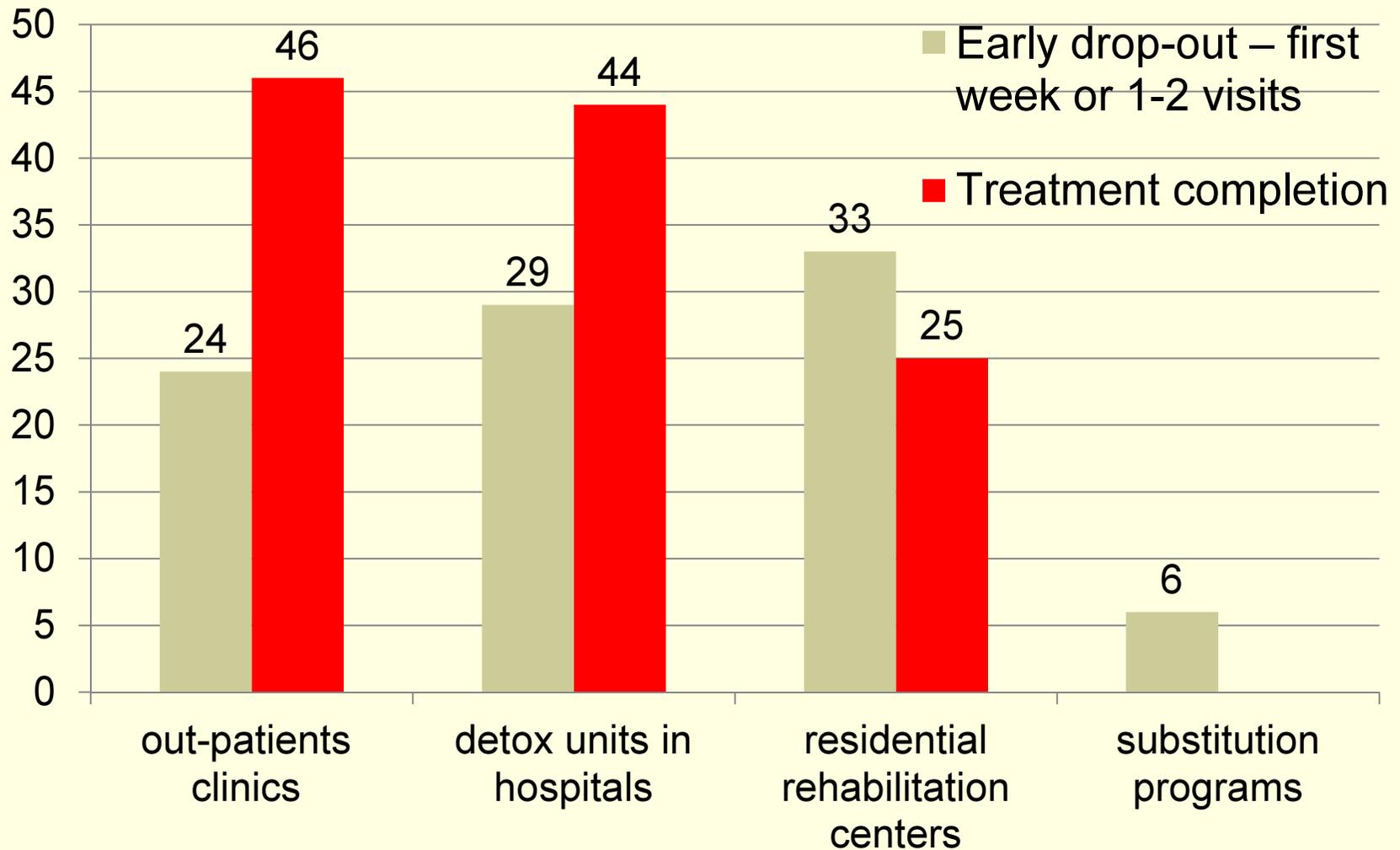
- Availability – waiting time for admission
- Provisions – scope of available services
- Duration of treatment – expected duration
- Retention – early drop-out, treatment completion
- Use of the staff potential – number of patients per 1 staff member
- Effectiveness of use of the staff potential – number of patients completing program per 1 staff member
- Costs – spending per 1 patient
- Cost-effectiveness – spending per 1 patient completing program

Availability – waiting time for admission

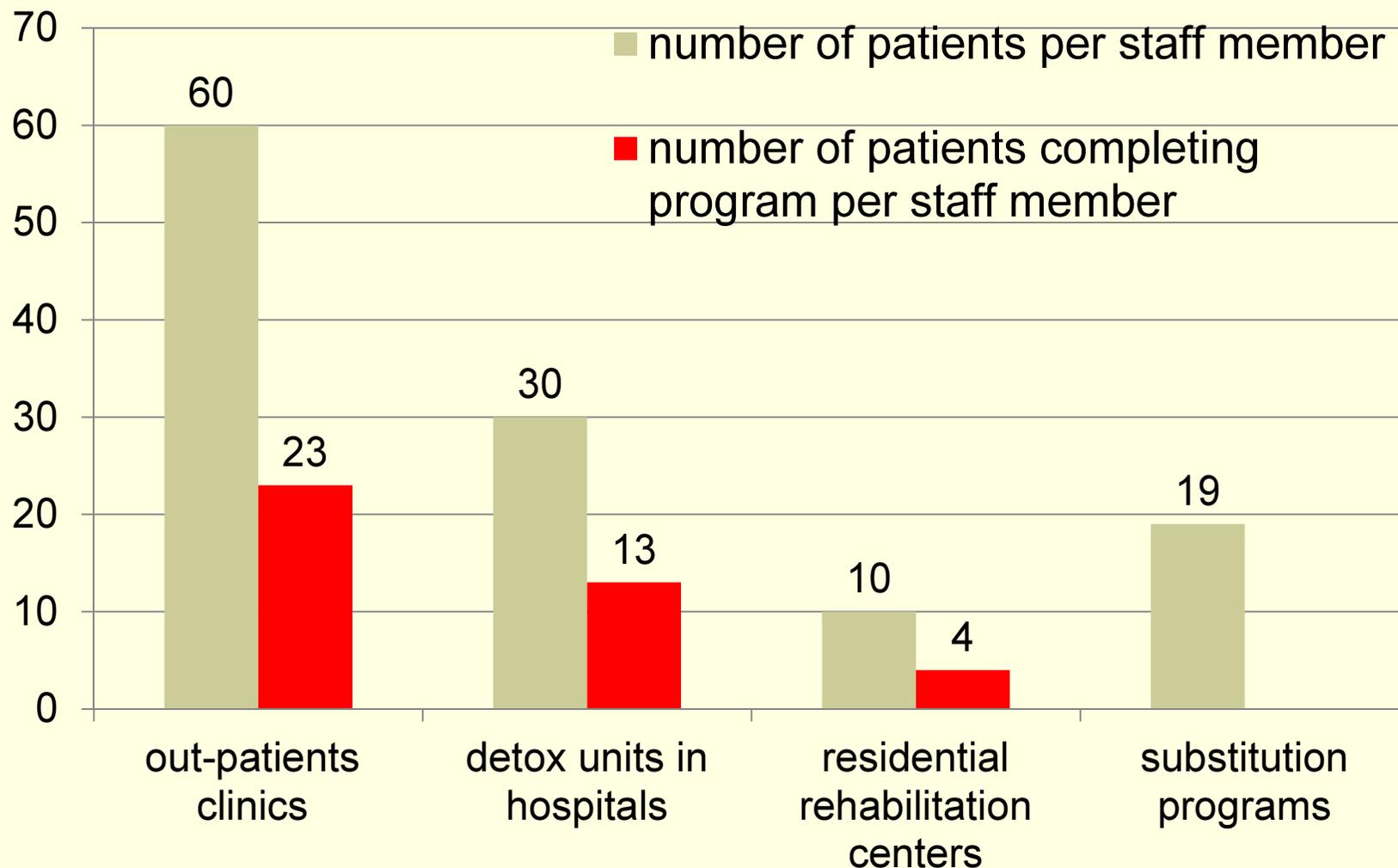
Average waiting time in weeks



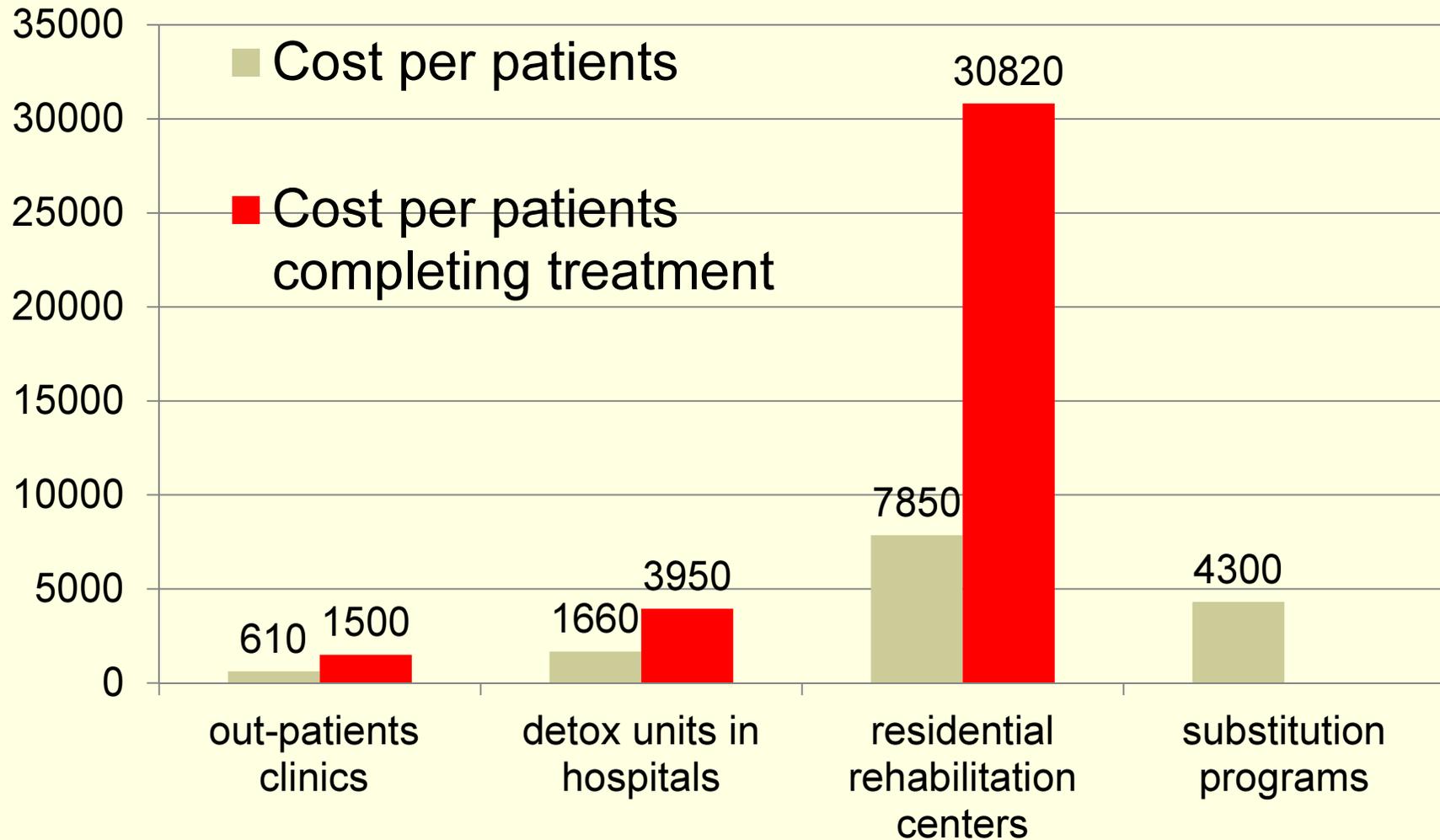
Results – retention rate



Results – staff use effectiveness



Results – cost-effectiveness



Conclusions of the study

- Structure of treatment facilities network and allocation of financial resources not optimal
 - development out-patient treatment and substitution treatment
 - residential rehabilitation centers use 60% financial resources while serve about 20% patients (the lowest retention rate and cost-effectiveness)

Conclusions

- The experiences collected up to now on pilot level are as follow:
 - The proposal to participate in pilot study met rather enthusiastic approach of treatment facilities – there were no problem with recruitment
 - Clients don't complain about the study
 - No one client refuse participation up to now
 - Data collection is not significant burden to treatment staff, but the sustainability of data providing is the problem
 - Low level of data quality and completeness
 - There is the need to restructure system design