Contingency Management

HCPF SUD Provider Forum

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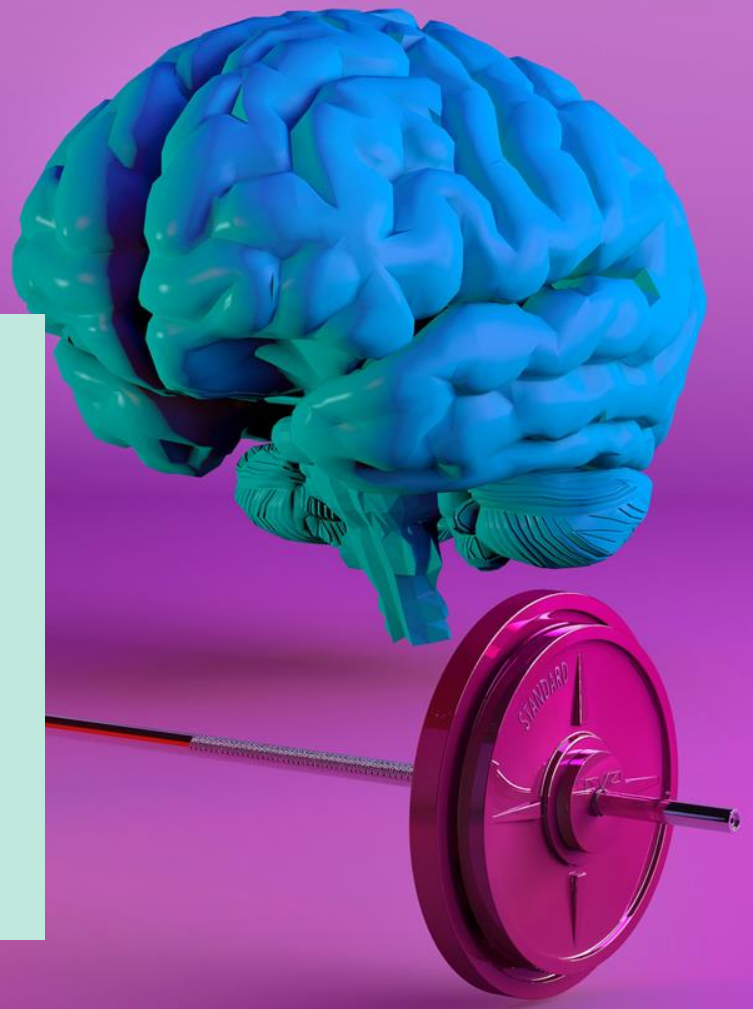
Operant Conditioning

- Addresses delay discounting as part of the intervention
- ‘Rewires’ the brain’s reward circuits to activities in line with sustained healing and recovery
- Effectively intervenes on neurological level for clients with complex health issues **without clear pharmacological solutions to support a change in lifestyle**



Brain Reinforcement: The Origins of Addiction

Questions:

1. What percent of U.S. treatment programs report using CM?
2. In what specific population(s) are contingencies routinely used as a treatment adjunct in addiction treatment?
3. To what extent do these promote recovery?

Thanks To David Gastfriend, MD, for slides 3-7!

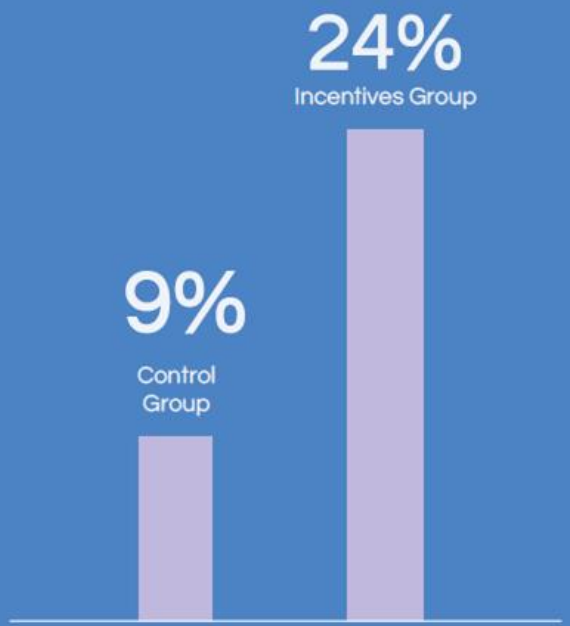
Brain Reinforcement: The Origins of Addiction

Answers:

1. ~13 % of U.S. treatment programs report using CM
2. Contingencies are routinely used in:
    - Physician SUD & mental health disorders
    - Methadone take-homes
    - Drug/DUI courts
3. Response rates are best established in Physician health programs:
   5-year abstinence & employment success rates = 70–90%

Contingency Management: The Evidence

Drug Abstinence
increased by 2.7x

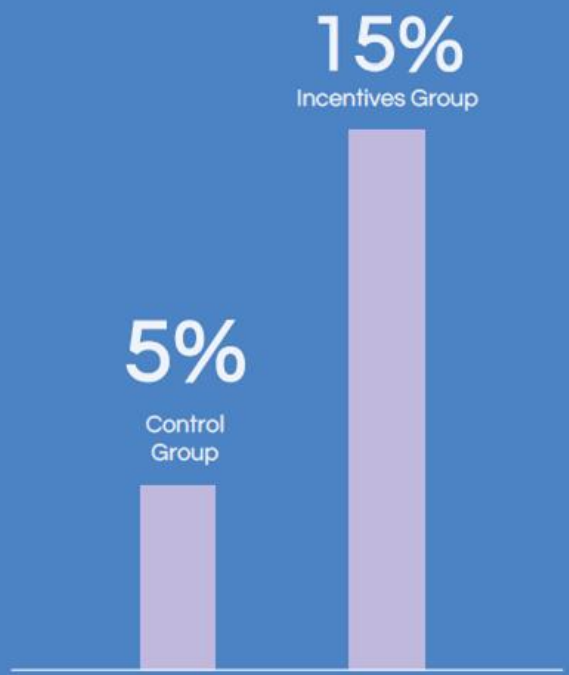


% of patients reaching 4 weeks of continuous abstinence in 12-week study. n=800 cocaine/meth using patients. Peirce et al 2006

Drinks per Month
Reduced by 62%

Proof-of-concept pilot, n=30 heavy drinkers, 1-3 selfie breathalyzer tests/day over 28 days, earned $219 on avg. Pilot Study Publication: Alessi & Petry 2013

Smoking Quit Rates
Increased by 3x



% of patients testing negative for nicotine at 9-months. n=442 GE employees. Volpp et al 2009

Contingency Management: The Evidence

In various populations, settings & treatment modalities:

- **Dual Diagnosis Patients**
  Negative drug tests: 59% (CM) vs. 25% (Control) (Bellack et al 2006)
- **People Experiencing Homelessness**
  Abstinence @ 6 months: 41% vs. 15% (Millby et al 2000)
- **Criminal Justice System**
  Days of abstinence: 27 vs. 19 (Carroll et al 2006)
- **Pregnancy**
  Opioid-negative samples: 90% vs. 82% (Jones et al 2001)
- **Adolescence**
  Smoking abstinence @ 1 month: 53% vs. 0% (Krishnan-Sarin et al 2006)

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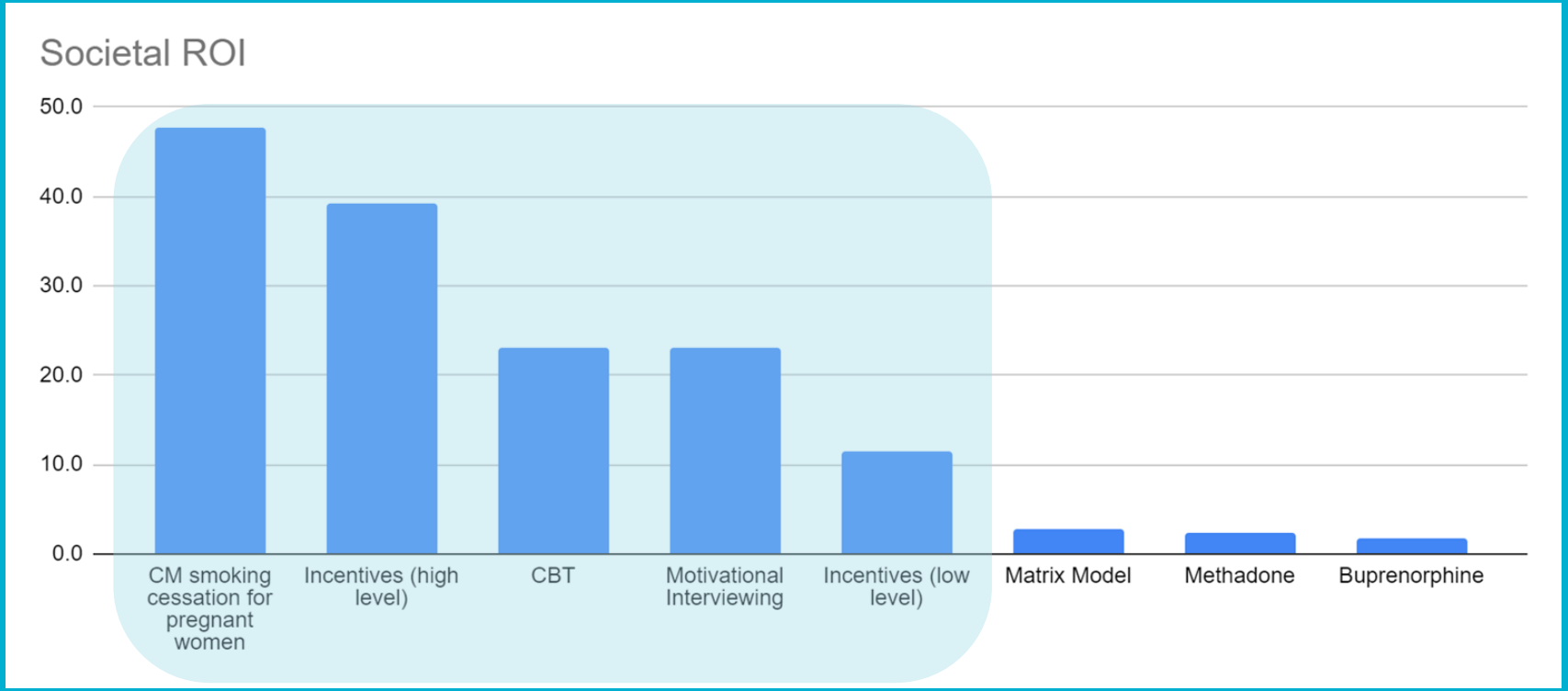
Cost-Benefit - from the Payers' Perspective



Source: Wash. State Inst. for Public Policy, 4/2021

Barriers

01

Stigma:

“You shouldn’t pay people for doing what they should do anyway”

02

Stigma:

Cash might lead to misbehavior!

03

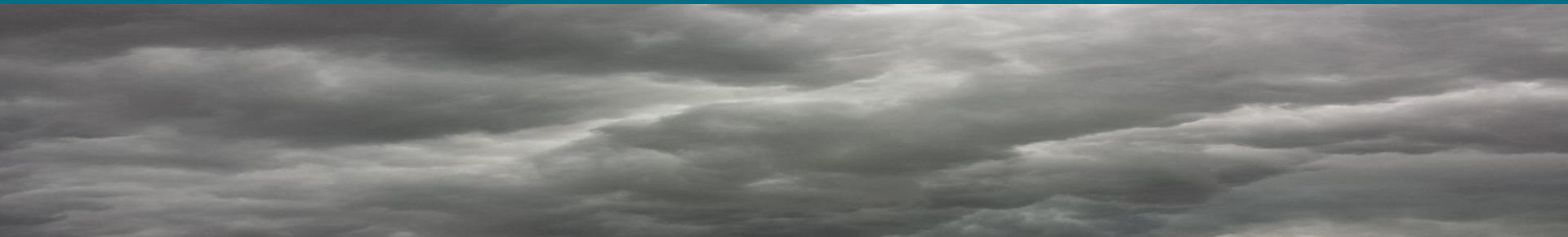
Logistical:

Transferring the incentive securely to the client

04

Regulatory:

Limits on incentives



What is Not Permissible (OIG)

- Incentives that result in medically unnecessary or inappropriate items or services reimbursed in whole or in part by a Federal health care program.
- Advertising patient incentives to recruit patients or steer patients away from other providers.
- Using incentives for the purpose of increasing fees.
- Inadequate protection against fraud


“...we recognize that research shows that contingency management interventions are the most effective currently available treatment for stimulant use disorders.”

What is Permissible (OIG)

- Incentives that have a direct connection to the coordination and management of care of the target population.
- The use of digital health technology such as remote patient monitoring and telehealth
- CM incentives for which the payer only pays when the desired health outcome occurs –attendance, objective, validated measures consistent with treatment (e.g., attendance, abstinent drug tests, and other confirmed behavioral measures).
- Advancing goals, as determined by the patient's licensed health provider, of:
  - Adherence to a treatment regimen
  - adherence to a drug regimen
  - adherence to a follow up care plan
  - management of a disease or condition
  - improvement in measurable evidence-based health outcomes for the patient or the target patient population ensuring patient safety."

$75 → $599

SAMHSA UPDATE COMING
DOWN THE PIKE
(SOONER THAN LATER)

Grants open to CM

Spring 2022:
1287, 222 grants

Signal 202 funding
(current)

Upcoming CM
Pilot?

RAEs?

Available resources through the Colorado Rx Consortium

- Webinars on basics, clinical, and regulatory aspects of CM
- Template document with policy and protocol for clinics
- Template budget

- Email me! jkcostello@steadmangroup.com