State-level Contingency Management Programs: Training, Outcomes, & Provider Panel

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Disclosure Information

- Michael McDonell, PhD
  - Paid by the states of Montana and Washington to provide training and technical assistance
- Sara Parent, ND
  - Paid by the states of Montana and Washington to provide training and technical assistance
- K. Michelle Peavy, PhD
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- Katherine Pinnell, RN-MSN
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- Keshia Flaten
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Learning Journey

1	2	3
How to design, implement and support a state-wide CM intervention for StimUD- Dr. Michael McDonell	CM in Montana and Washington: Outcomes and Lessons Learned –Dr. Sara Parent	CM in Montana and Washington: Provider perspectives –Dr. K. Michelle Peavy with Keshia Flaten and Katherine Pinnell

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How to Design, Implement and Support a State-wide Contingency Management Intervention for Stimulant Use Disorders

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Learning Objectives

- Describe the ingredients of effective CM, research supporting CM, and federal regulations relevant to CM
- Our team's CM training and implementation model
- Creation of culturally tailored training and implementation supports

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What is Contingency Management?

- A behavioral treatment for substance use disorders that uses positive reinforcement to encourage substance abstinence

Petry, 2011

CM: Key Ingredients

1. **Define behavior goal**: Stimulant negative urine
2. **Measure behavior goal:** Point of care urine drug screens
3. **Give tangible reinforcement:** e.g. Gift cards
4. **Give contingent reinforcement:** Gift card only provided when target behavior is measured
5. **Give consistent and frequent reinforcement:** Twice weekly; 12 weeks

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CM: Does it Work?

- Meta-analysis of 60 studies of CM for MOUD patients
- CM targeting stimulant use:
  - Large Effect Size (Cohen d=0.7)

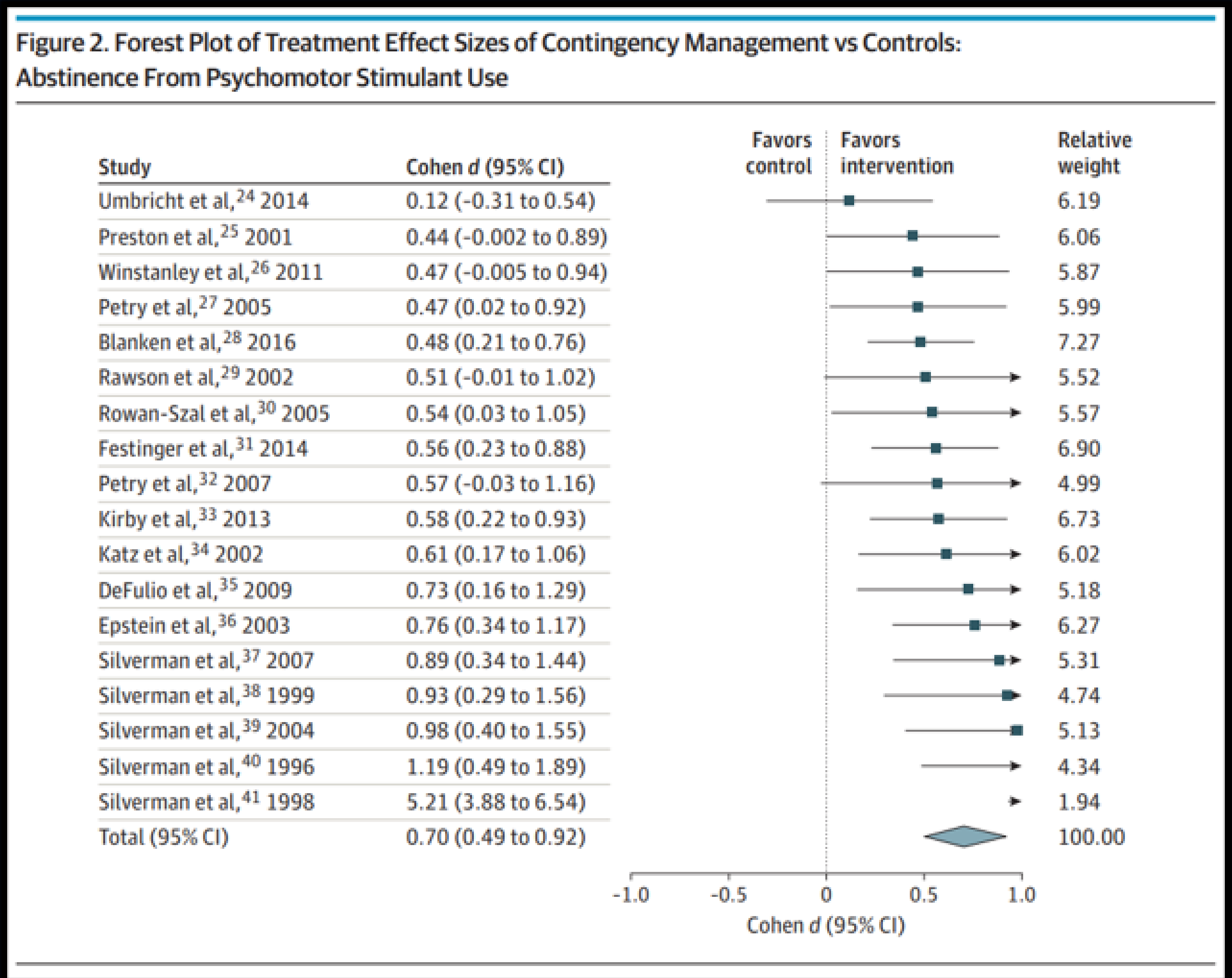

Figure 2. Forest Plot of Treatment Effect Sizes of Contingency Management vs Controls: Abstinence From Psychomotor Stimulant Use

Study	Cohen *d* (95% CI)	Relative weight
Umbricht et al,[24] 2014	0.12 (-0.31 to 0.54)	6.19
Preston et al,[25] 2001	0.44 (-0.002 to 0.89)	6.06
Winstanley et al,[26] 2011	0.47 (-0.005 to 0.94)	5.87
Petry et al,[27] 2005	0.47 (0.02 to 0.92)	5.99
Blanken et al,[28] 2016	0.48 (0.21 to 0.76)	7.27
Rawson et al,[29] 2002	0.51 (-0.01 to 1.02)	5.52
Rowan-Szal et al,[30] 2005	0.54 (0.03 to 1.05)	5.57
Festinger et al,[31] 2014	0.56 (0.23 to 0.88)	6.90
Petry et al,[32] 2007	0.57 (-0.03 to 1.16)	4.99
Kirby et al,[33] 2013	0.58 (0.22 to 0.93)	6.73
Katz et al,[34] 2002	0.61 (0.17 to 1.06)	6.02
DeFulio et al,[35] 2009	0.73 (0.16 to 1.29)	5.18
Epstein et al,[36] 2003	0.76 (0.34 to 1.17)	6.27
Silverman et al,[37] 2007	0.89 (0.34 to 1.44)	5.31
Silverman et al,[38] 1999	0.93 (0.29 to 1.56)	4.74
Silverman et al,[39] 2004	0.98 (0.40 to 1.55)	5.13
Silverman et al,[40] 1996	1.19 (0.49 to 1.89)	4.34
Silverman et al,[41] 1998	5.21 (3.88 to 6.54)	1.94
Total (95% CI)	0.70 (0.49 to 0.92)	100.00

Bolivar et al., 2021

Does it Work?

- 22% more likely to be abstinent for up to 12 months after treatment, relative to people who didn't receive CM
- Secondary positive effects on
  - Attendance
  - Non-targeted substance use (alcohol, cannabis, nicotine use)
  - Psychiatric symptoms
  - Inpatient psychiatric hospitalizations

Ginley et al,, 2021; McDonell et al., 2013

TTA for CM

Phase 1: Planning and Model Development	
Pre-implementation Meetings with funders	

Phase 2: Didactic Training	
Overview	Nuts and Bolts

Phase 3: Implementation Coaching	
Biweekly/Monthly Calls with Sites	Monthly Meetings with Funder

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Tools for Implementation

- Treatment manual
- Policies and Procedures templates
- Electronic incentive tracker
- Compliance monitoring

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CM and Anti-kickback Regulations

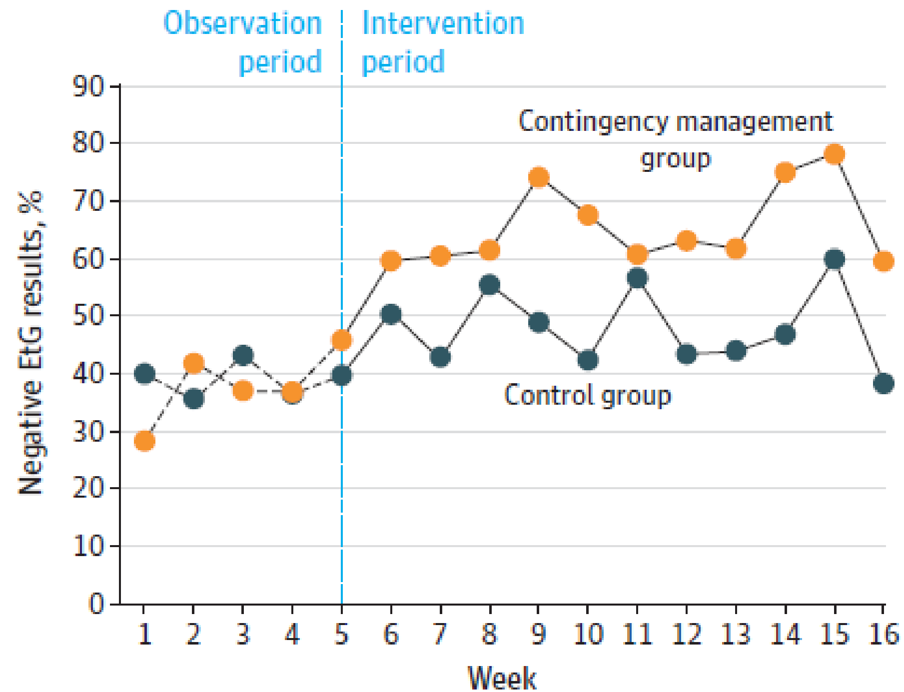
- Office of Inspector General regulates the use of incentives in Medicaid/Medicare environments
- Guardrails to protect a CM program:
  - Do not advertise the use of incentives
  - Document need for CM in treatment plan
  - Use an evidence-based CM protocol
  - Document that incentives were only given when behavior goal is objectively demonstrated
  - Do not use cash or cash-equivalents as incentives

Culturally Tailored CM

- CM co-created with American Indian/Alaska Native Communities, two studies:
  - Rewarding Recovery
  - Helping Our Native Ongoing Recovery (HONOR)

McDonell, Hirchak, Herron, 2021

Culturally Tailored CM



- CM group more likely to be alcohol-abstinent compared with the Non-CM group (OR 1.70; 95% CI, 1.05-2.76; p=0.03)
- Secondary impact on cannabis use.

McDonell, Hirchak, Herron, 2021; Hirchak et al., 2022

Contingency Management in Montana and Washington: Outcomes and Lessons Learned

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Learning Objectives

- Compare and contrast Montana and Washington CM programs
- Describe training outcomes
- Implementation challenges
- Implications for other states, healthcare systems, or providers

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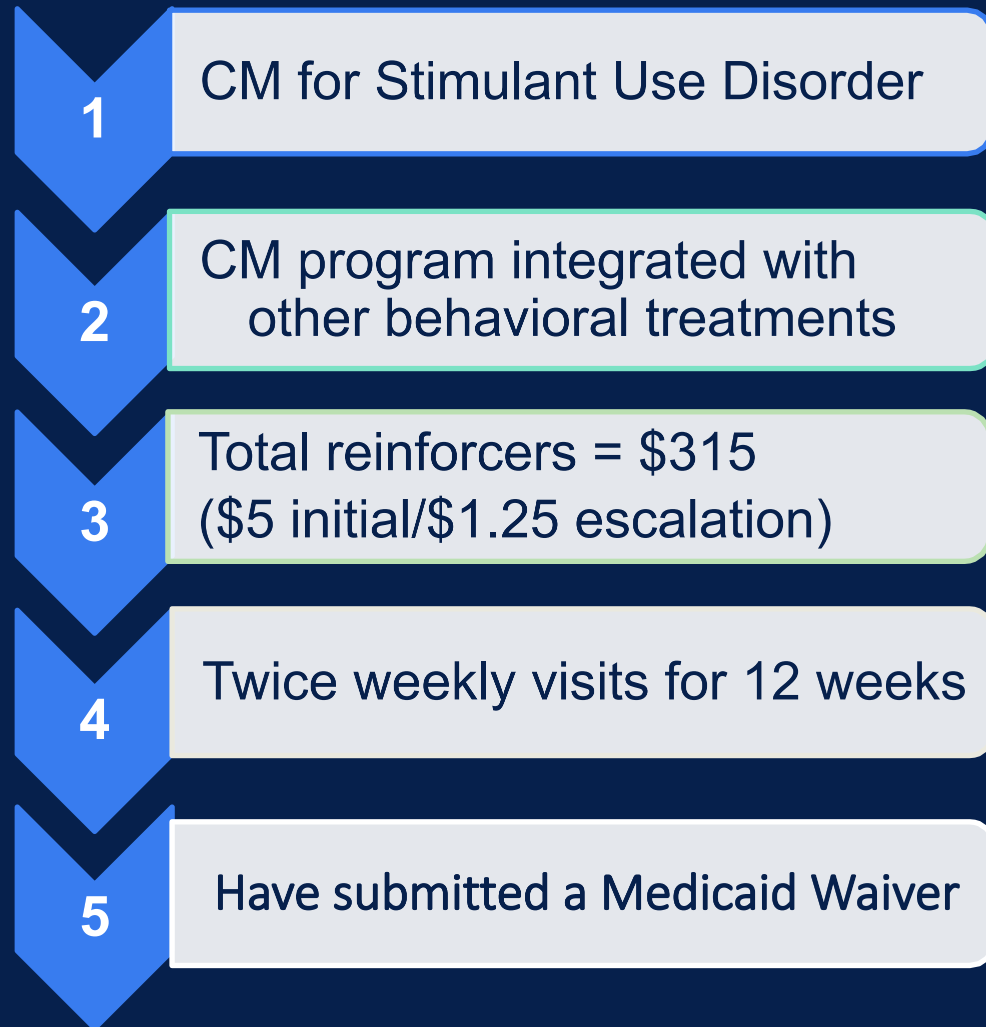
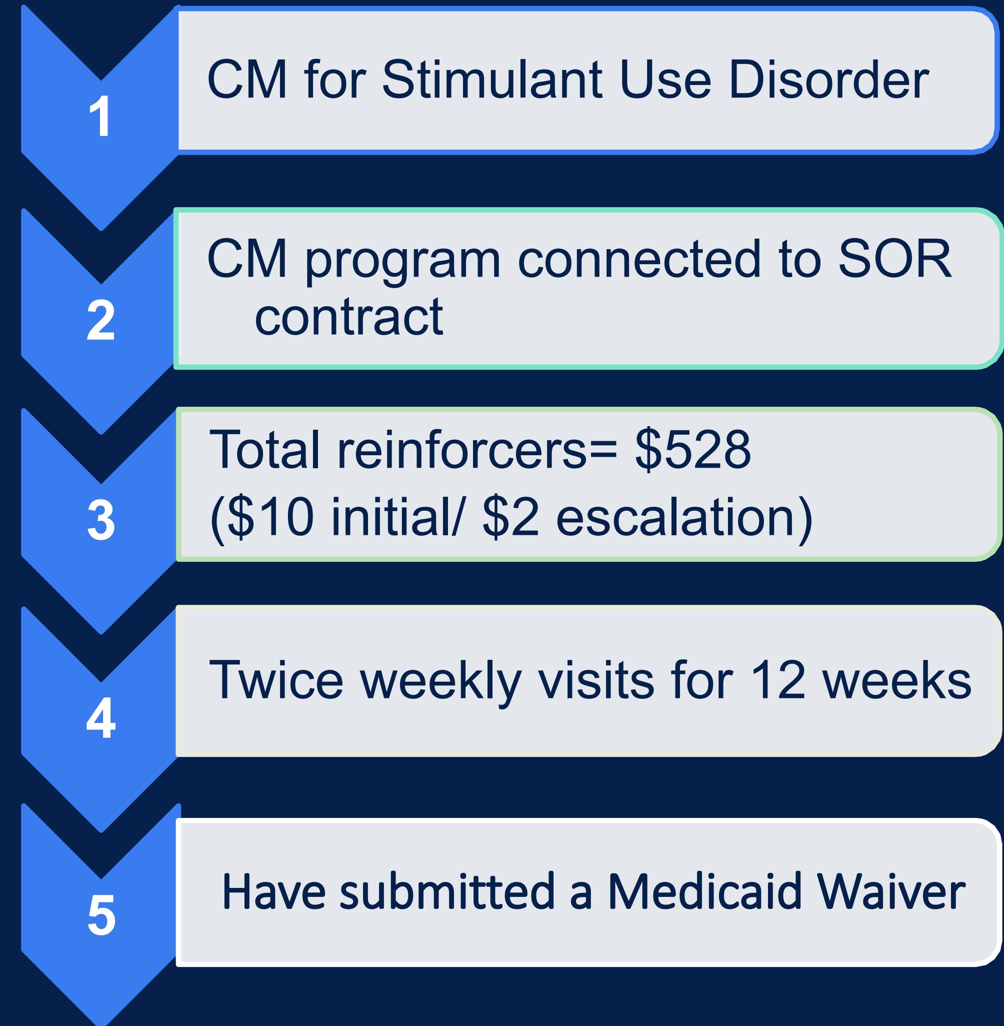
TTA Timeline

CM in MT

CM in WA





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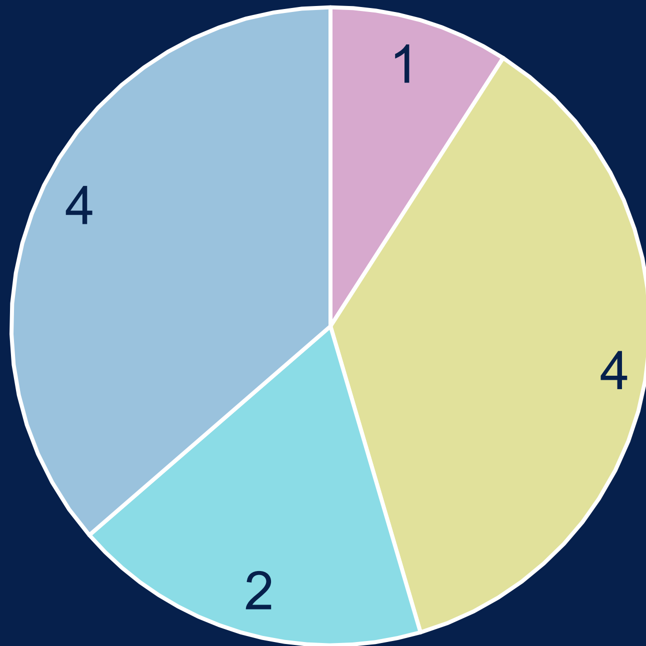
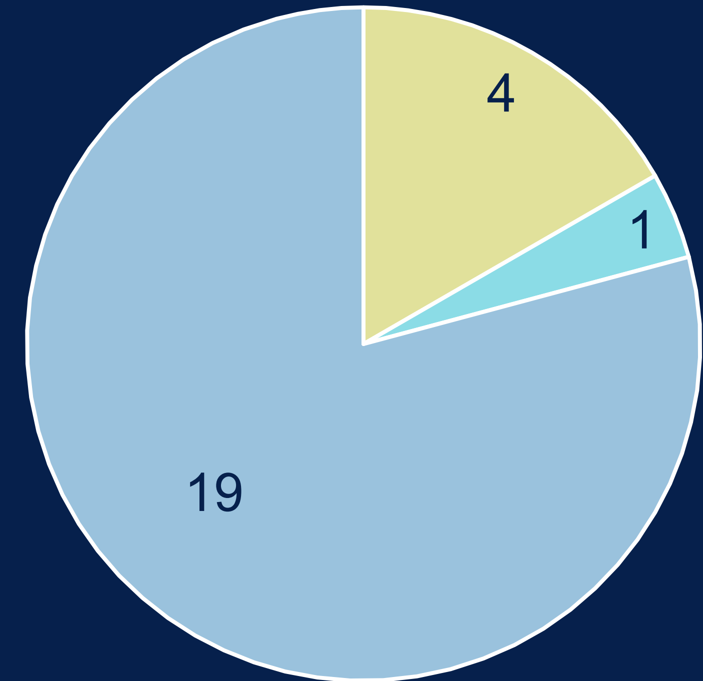
MT and WA: Rurality

Montana



Rural
Small Town
Suburban
Urban

Washington State



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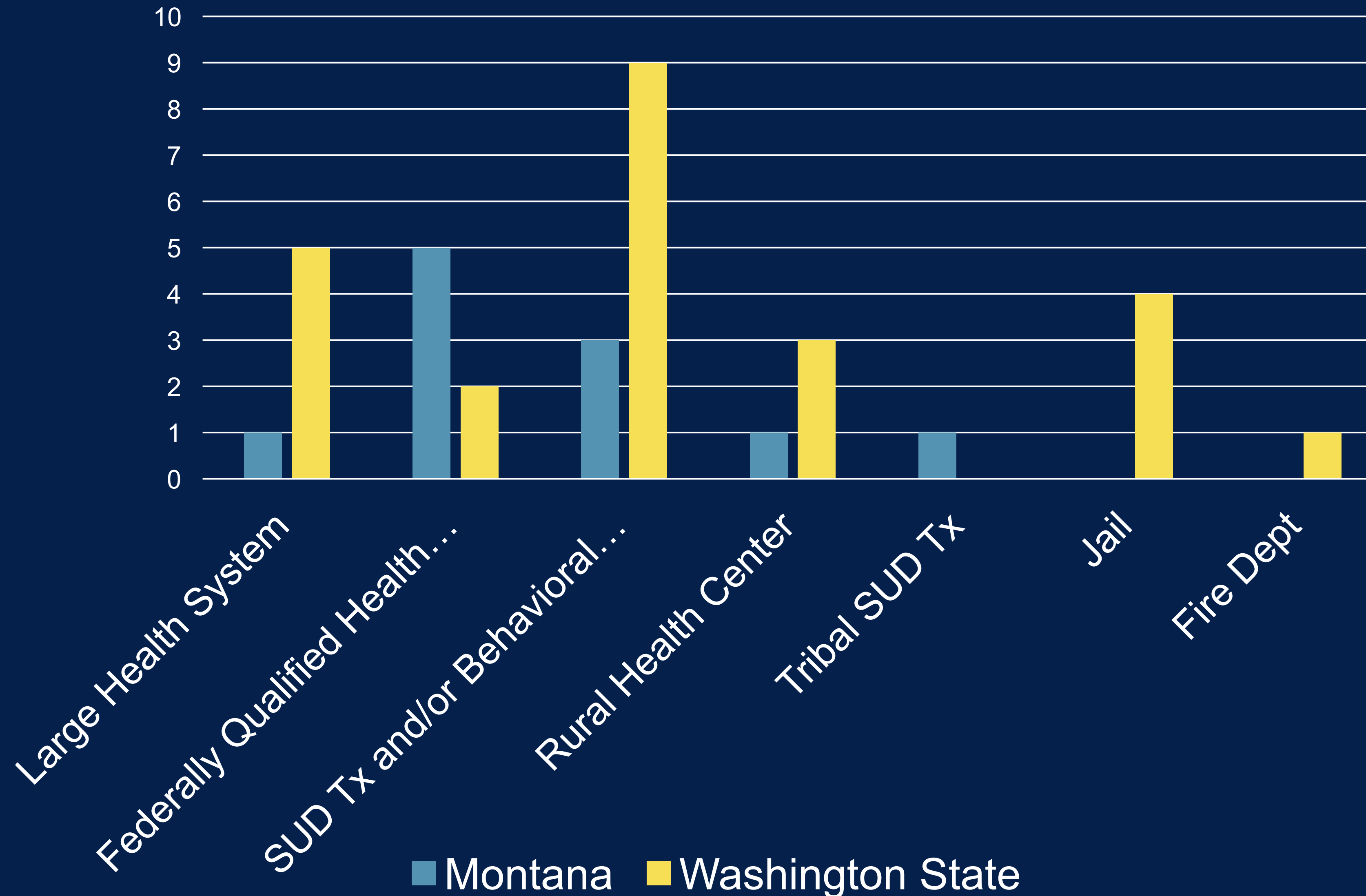
MT and WA: Site Types



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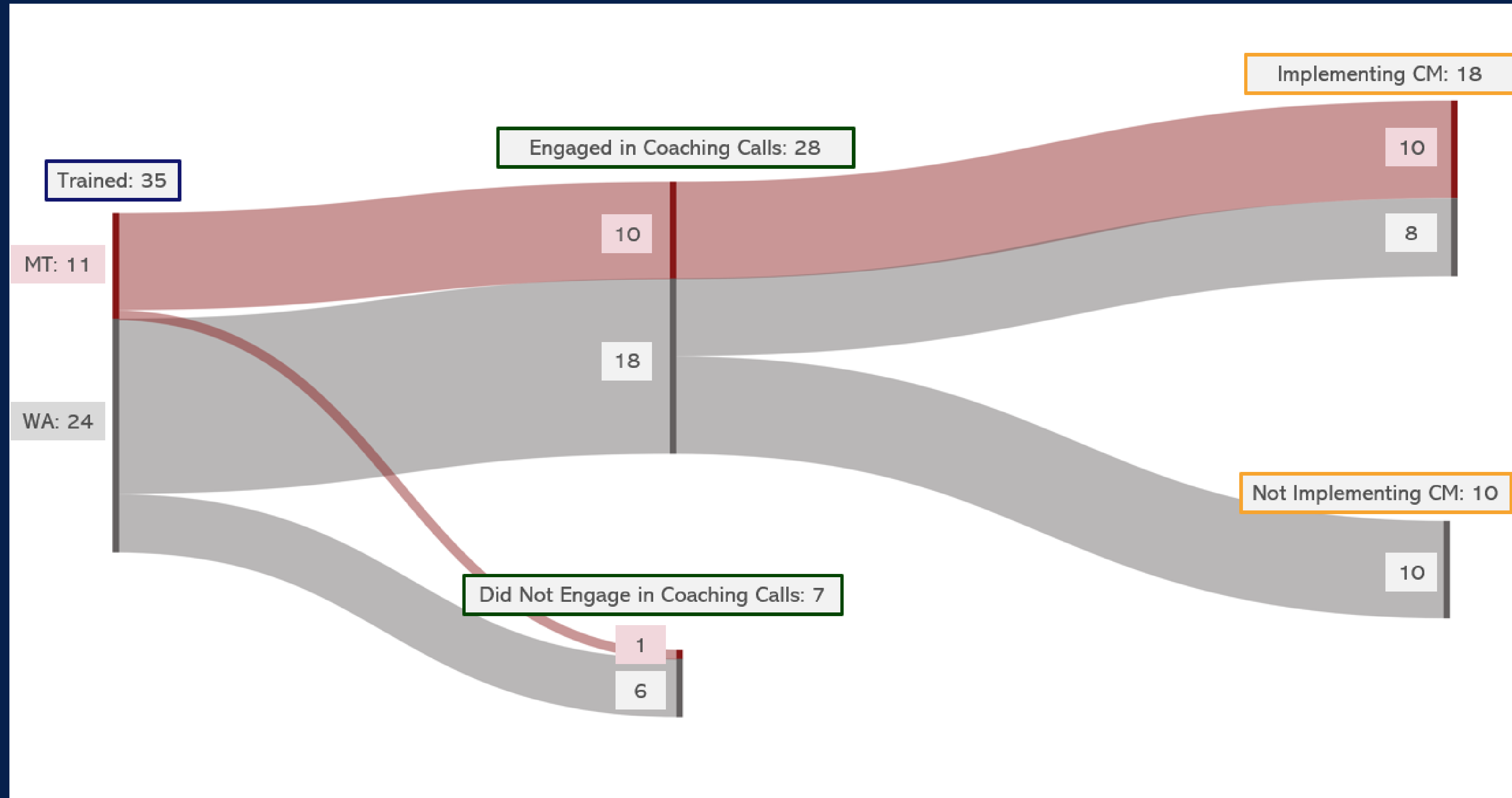
Training→ Coaching→ Implementation



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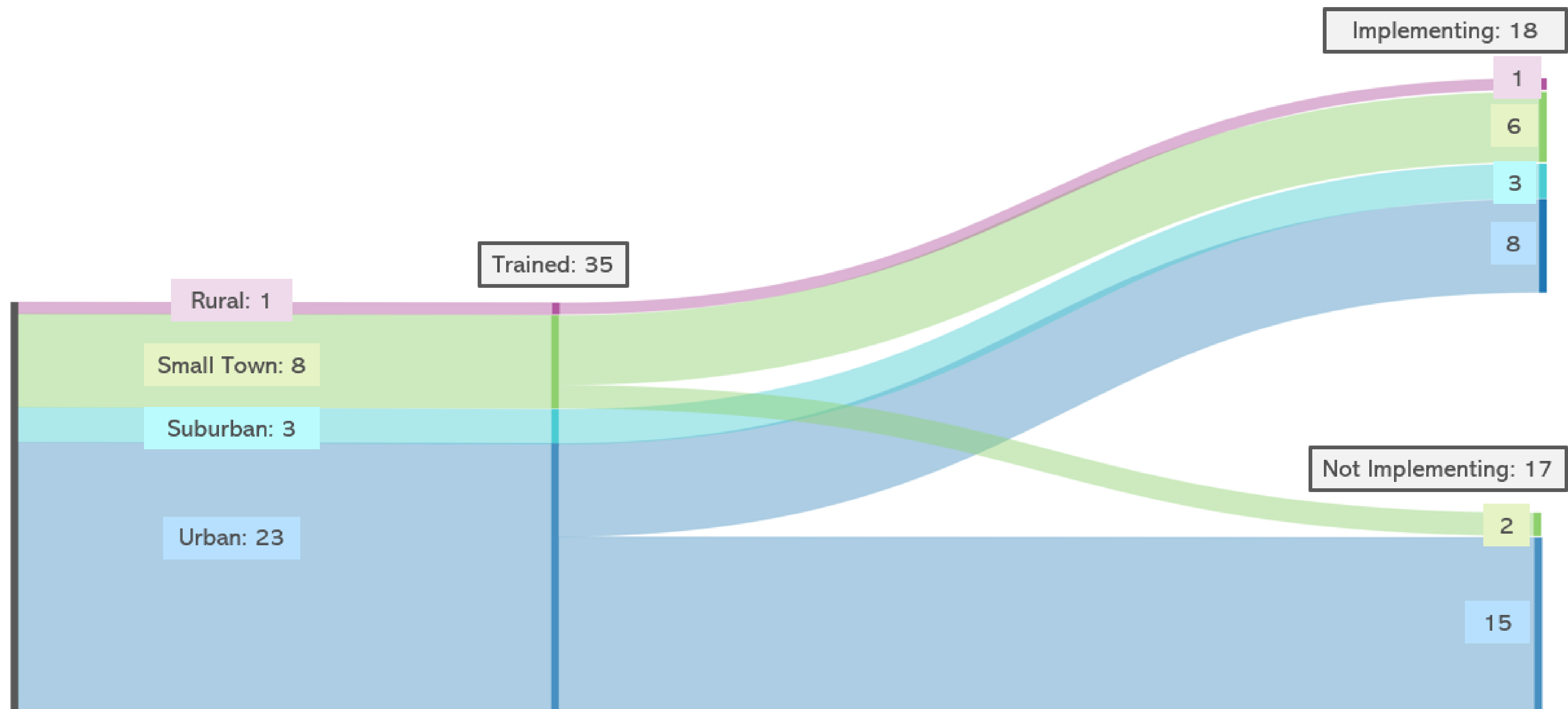
CM Implementation Rate: Rurality



Challenges: provider/patient-level

- Fit with existing services (logistical, philosophical)
- Staffing shortages/turnover
- Agency policies (use of gift cards and point of care drug screen)
- Patient recruitment/retention

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Challenges: State/funder-level

- Understanding Anti-kickback regulations[1]
- Funding for sufficient magnitude of reinforcer (incentive)
  - SAMHSA Cap of $75
- Selection of appropriate sites

[1]Medicare and State Health Care Programs: Fraud and Abuse; Revisions to Safe Harbors Under the Anti-Kickback Statute, and Civil Monetary Penalty Rules Regarding Beneficiary Inducements. Federal Register. Published December 2, 2020.

Lessons Learned: Big Picture

- One state-wide model/incentive funding source
- On-going planning meetings with funders
- Monthly coaching calls with providers
- Provide Access to ongoing/on-demand training
- Balance fidelity to the model with site-specific adaptations

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Lessons Learned: Specific Examples

- Using Point of Care Urine Tests
- Choosing reinforcers (gift cards; prize-shelf)
- The challenge of twice weekly visits

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Contingency Management in Montana and Washington: Provider Perspectives

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Thank you!!

- We'd like to acknowledge the Montana Primary Care Association and the Washington Health Care Authority for their partnership.

References

1. Petry NM. Contingency management: what it is and why psychiatrists should want to use it. Psychiatrist. 2011 May;35(5):161-163. doi: 10.1192/pb.bp.110.031831. PMID: 22558006; PMCID: PMC3083448.

2. Ginley, M.K., Pfund, R.A., Rash, C.J., Zajac, K., 2021. Long-term efficacy of contingency management treatment based on objective indicators of abstinence from illicit substance use up to 1 year following treatment: A meta-analysis. J Consult Clin Psychol 89, 58–71. https://doi.org/10.1037/ccp0000552

3. Bolívar HA, Klemperer EM, Coleman SRM, DeSarno M, Skelly JM, Higgins ST. Contingency management for patients receiving medication for opioid use disorder: A systematic review and meta-analysis. JAMA Psychiatry. 2021;70(10):1092-1102. doi:10.1001/jamapsychiatry.2021.1969

4. Medicare and State Health Care Programs: Fraud and Abuse; Revisions to Safe Harbors Under the Anti-Kickback Statute, and Civil Monetary Penalty Rules Regarding Beneficiary Inducements. Federal Register. Published December 2, 2020. Accessed October 26, 2022. https://www.federalregister.gov/documents/2020/12/02/2020-26072/medicare-and-state-health-care-programs-fraud-and-abuse-revisions-to-safe-harbors-under-the

5. McDonell MG, Hirchak KA, Herron J, et al. Effect of incentives for alcohol abstinence in partnership with 3 American Indian and Alaska Native communities: A randomized clinical trial. JAMA Psychiatry. 2021;78(6):599-606. doi:10.1001/jamapsychiatry.2020.4768

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More on CM

- Contingency Management: Critical Issues for Successful Adoption
  - Tomorrow 10:15-11:30 (Maryland D, Ballroom Level)
  - Presenters:
    - H. Westley Clark, MD, MD, MPH, DFASAM
    - Thomas D. Freese, PhD
    - Richard Rawson, PhD

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