Using the Cascade of Care Model as a Framework for Evaluating Opioid Use Disorder Treatment Programs: Opportunities and Challenges

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**BACKGROUND**

- Medication-assisted treatment (MAT) for opioid use disorder (OUD) is an evidence-based approach that reduces the risk of fatal overdose.
- Many healthcare organizations are implementing or expanding MAT programs in response to the growing need for monitoring and evaluation of these programs.
- The cascade of care model (originally developed for HIV/AIDS treatment) can be applied to OUD and used as an evaluation framework for MAT programs.

**CHALLENGES AND SOLUTIONS**

**Definitions**
- Retention in treatment was particularly challenging to define.
- Prescription-based, visit-based, or both?
- How much of a gap to allow?
- How long counts as "retained"?
- CHCs had varying methods for identifying patients with OUD.

**Data sources and analytical capacity**
- CHCs had limited access to claims data or pharmacy data.
- Substance use data is sometimes suppressed or excluded from claims data (42 CFR Part 2).
- CHCs had limited access to data from partner organizations.
- CHCs had limited capacity for coding more complex measures.

**Data cleaning**
- To screen data was incomplete or outdated for most patients.
- Prescription data was messy.
- Many healthcare organizations are implementing or expanding MAT programs.
- Implementing new documentation or data collection systems is not always feasible, and some existing data sources may not be easily accessible.

**RESULTS**

"It's been a terrific exercise for us to collect this data—it jumpstarts our efforts to evaluate our office-based addiction treatment program more broadly with the cascade of care framework."

- Chief Medical Officer of a participating community health center

**SOLUTIONS**

- Decided on prescription continuity measure for retention, allowing gaps up to 29 days.
- Report 3/6/9/12 month retention.
- Patient population defined using OUD-related encounter diagnosis codes + additional criteria for some CHCs depending on the population of focus.
- Created measures using only electronic health record data.
- Prescription measures assessed prescriptions written (not filled).
- Recommended that grantees set aside $5 for reporting.
- Met with the analysts across organizations to discuss definitions.
- Provided analytical assistance and capacity building to support coding.

**CHALLENGES**

- Excluded tox screens more than 45 days old.
- De-emphasized final part of cascade (abstinence) due to incomplete data and growing focus on harm reduction.
- Excluded prescriptions with lengths of 90+ days.
- Assigned median length to buprenorphine prescriptions missing a start or end date.
- Excluded prescriptions missing both dates.

**OUR APPROACH**

- The Institute for Community Health (ICH) is the external evaluator for three community health center (CHC)-based OUD treatment programs that are seeking to improve MAT access for the populations at highest risk of overdose and death.
- ICH reviewed the literature + gathered input from the three programs + gathered input from a content expert to Collaboratively develop evaluation measures that leveraged available data and were meaningful and relevant to the programs.
- Provide technical assistance to facilitate reporting.

**But operationalizing this model can be very challenging!**

- Standardized measures for the OUD cascade are still in development.
- Many organizations have limited capacity for data analytics and reporting.
- Implementing new documentation or data collection systems is not always feasible, and some existing data sources may not be easily accessible.

**How can evaluators and healthcare systems apply the cascade of care model in a way that is feasible and useful?**

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