



1. PANEL 2: The role of evaluation systems in the development of drug treatment policies



*Treatment evaluation system of the
Anti-drug Plan of Galicia (PGD) network
XI CICAD Demand Reduction
Expert Group Meeting
Mexico, 2009*



- x The context: Galicia**
- x Reasons for implementing a drug dependency evaluation system**
- x Characteristics of the treatment evaluation system of Galicia:**
 - ü Characteristics of the treatment evaluation system**
 - ü Basic drug dependency indicators**
 - ü Treatment management IT applications**
- x Policies to improve treatment quality:**
 - ü Management and improvement of treatment quality**
 - ü Implementation of the EFQM [European Foundation for Quality Management] excellence model**

The context: Galicia today

Organizational framework: territory, structure, and spheres of competence

- **Territory:** Autonomous community of **Galicia** (population: 2,772,533)

- **Budget for 2008:**

- € 11,224,465,979
- € 6,971,940,772 (62%)
- € 18,542,315 (0.3%)

- **Spheres of competence:** (demand area)

- National Anti-drug Plan (strategy, coordination)
- Autonomous government plans (19): planning, financing, and evaluation
- Local plans (35 in Galicia): prevention programs



Decreasing:

q Alcohol: very evident with regard to **alcohol abuse**, 3.1% less than in 2004 (from 7.6 to 4.5%).

Ø Very significant decline in the **daily consumption** percentage, 6.5% less than in 2004 (from 26.3 to 19.8%).

Ø Also a significant decline in **average daily consumption**, 7.79 ml less (from 45.31 ml in 2004 to 37.52 ml in 2006)

q Tobacco:

Ø Significant decline in daily use:

ü from 18.4 to 15.0 cigarettes per day (3.4 fewer cigarettes/day)

ü from 86.7% smokers of over 10 cigarettes to 77.1% (9.65% less)

Increasing:

q Cannabis:

Ø Last six months: 2.6% increase (from 5.3 to 7.9%)

Ø Last month: 1.2% increase (from 4.2 to 5.4%)

q Cocaine:

Ø Last six months: 0.9% increase (from 1.4 to 2.3%)

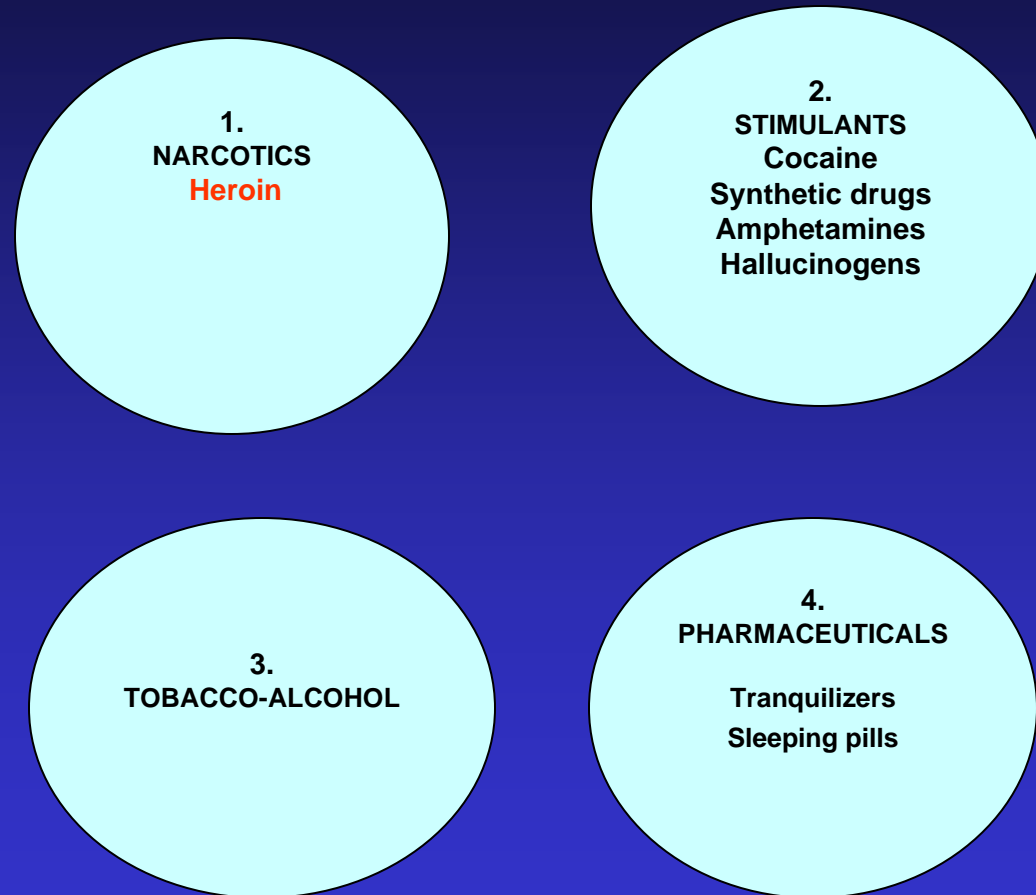
Ø Last month: 0.4% increase (from 1.0 to 1.4%)

Stabilized:

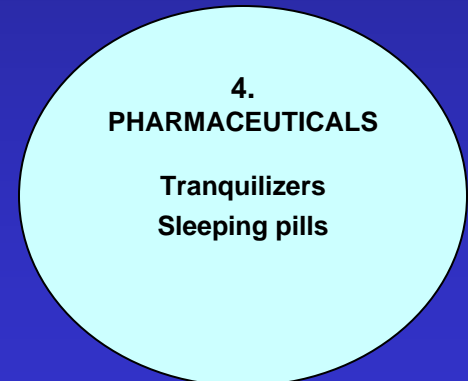
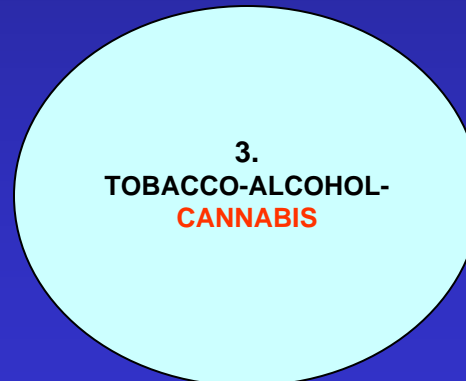
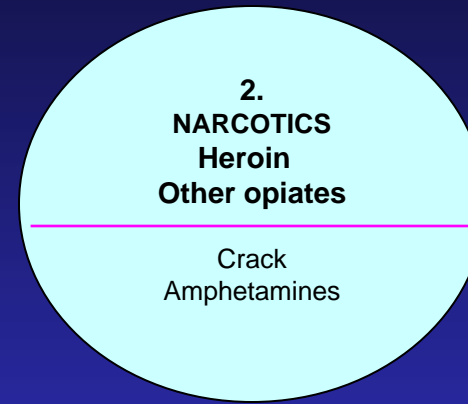
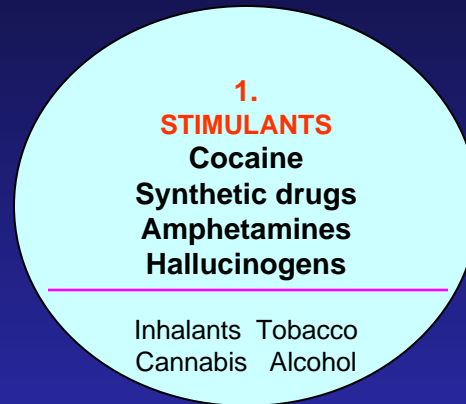
q Other drugs: inhalants, synthetic drugs, heroin, hallucinogens, amphetamines, and crack and other opiates (\pm 1%)



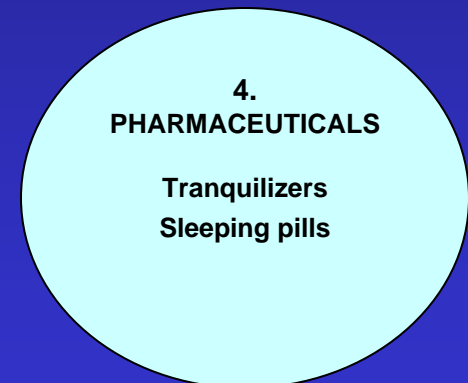
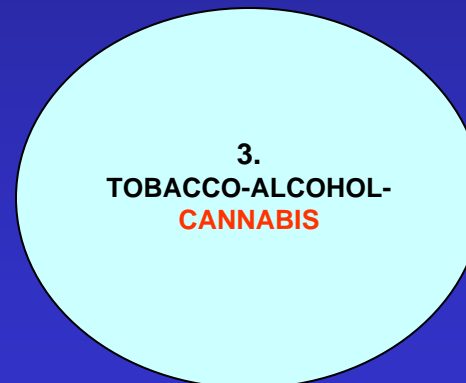
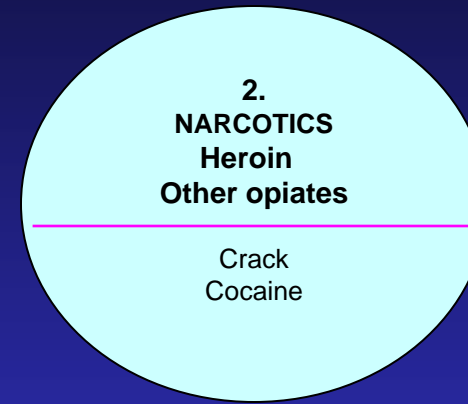
Multi-drug use models 1988



Multi-use models 1996



Multi-use models 2006



***Reasons for implementing a drug
dependency system***

Galicia Observatory on Drugs (OGD)

RATIONALE: Utilizing different sources of the same information and different methods of analysis yields **contradictory data**, which complicates planning and evaluation efforts.

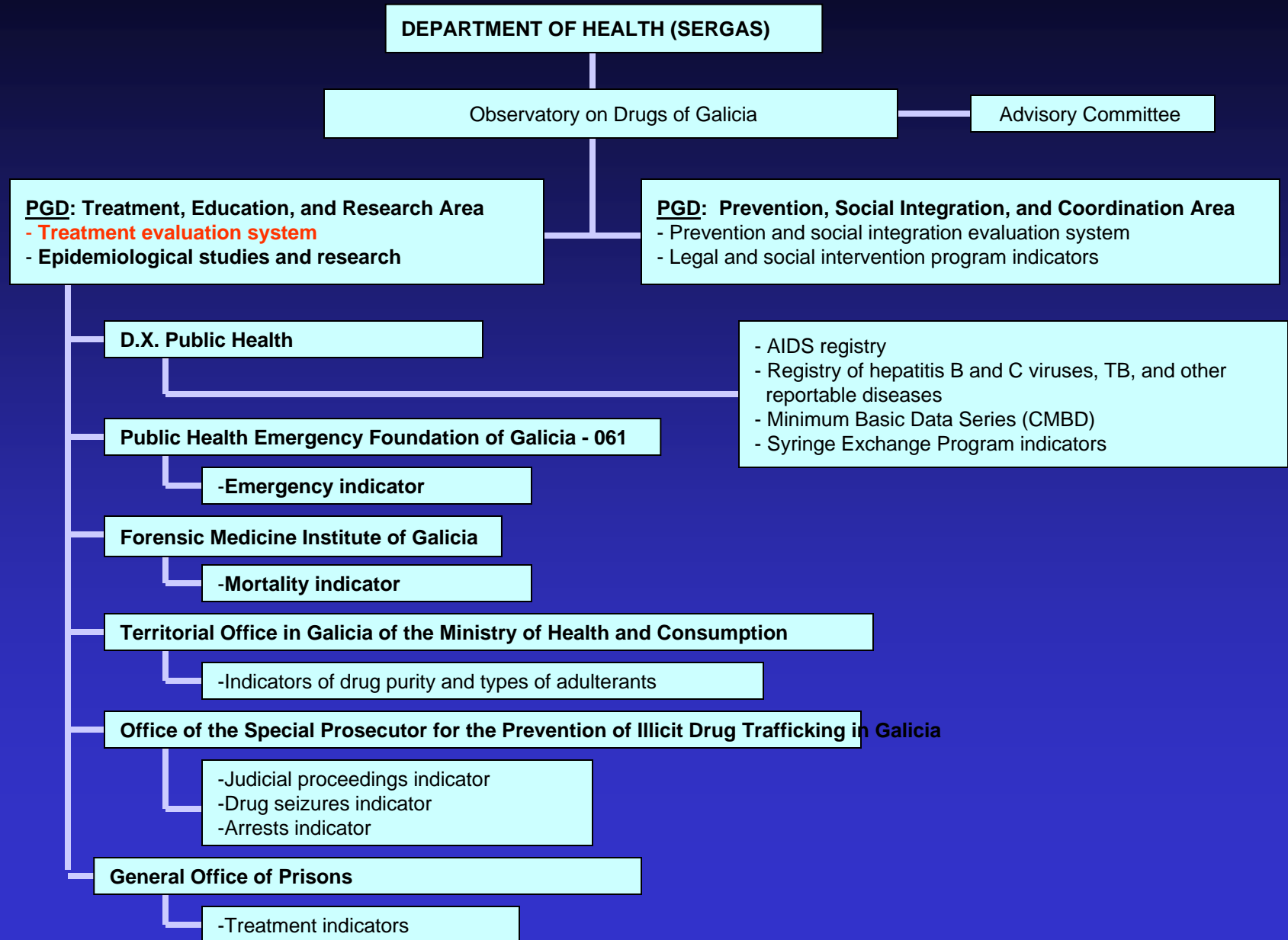
GOAL: To help provide a **global vision** of the drug dependency phenomenon in its different manifestations, enabling better adjustments to be made in planning actions and measures undertaken by the Autonomous Government and included in the Anti-drug Plan of Galicia (PGD).

OBJECTIVE: An OGD objective (in keeping with **standardization criteria**, at both the national and international levels) is to propose an information-gathering system that provides the bases for effective analysis in all drug dependency related-aspects in Galicia, ensuring **quality, reliability, and comparability**.

COORDINATION WITH THE INTER-AMERICAN
OBSERVATORY ON DRUGS, CICAD/OAS

Observatory on Drugs of Galicia

Structure



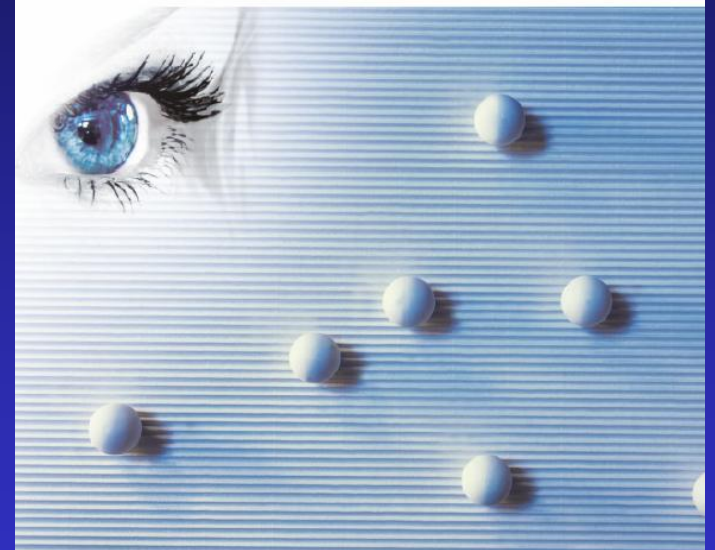
Observatory

www.sergas.es

Observatorio de Galicia sobre Drogas

Informe general 2006

Observatory on Drugs of Galicia
General report for 2006



XUNTA DE GALICIA

Prioritization of health intervention areas

2006 risk map

Vigo
La Coruña
Santiago
Ferrol

Pontevedra
Ourense
Lugo

Salnés
Cervo-Burela
Barco
Monforte

Activity carried out 2006

Vigo
Santiago
La Coruña

Pontevedra
Ferrol
Ourense
Lugo

Cervo-Burela
Monforte
Salnés
Barco

Budgetary distribution 2006

Vigo
La Coruña
Santiago

Ferrol
Pontevedra
Ourense
Lugo

Salnés
Cervo-Burela
Monforte
Barco

Coverage study Galicia 2005

Type of use

% population served

- | | |
|-------------------------------|-------|
| • Opiate dependency | > 90% |
| • Cocaine dependency | 50% |
| • Cannabis dependency | 50% |
| • Habitual synthetic drug use | 5% |
| • At-risk drinkers | 10% |

Mortality indicator

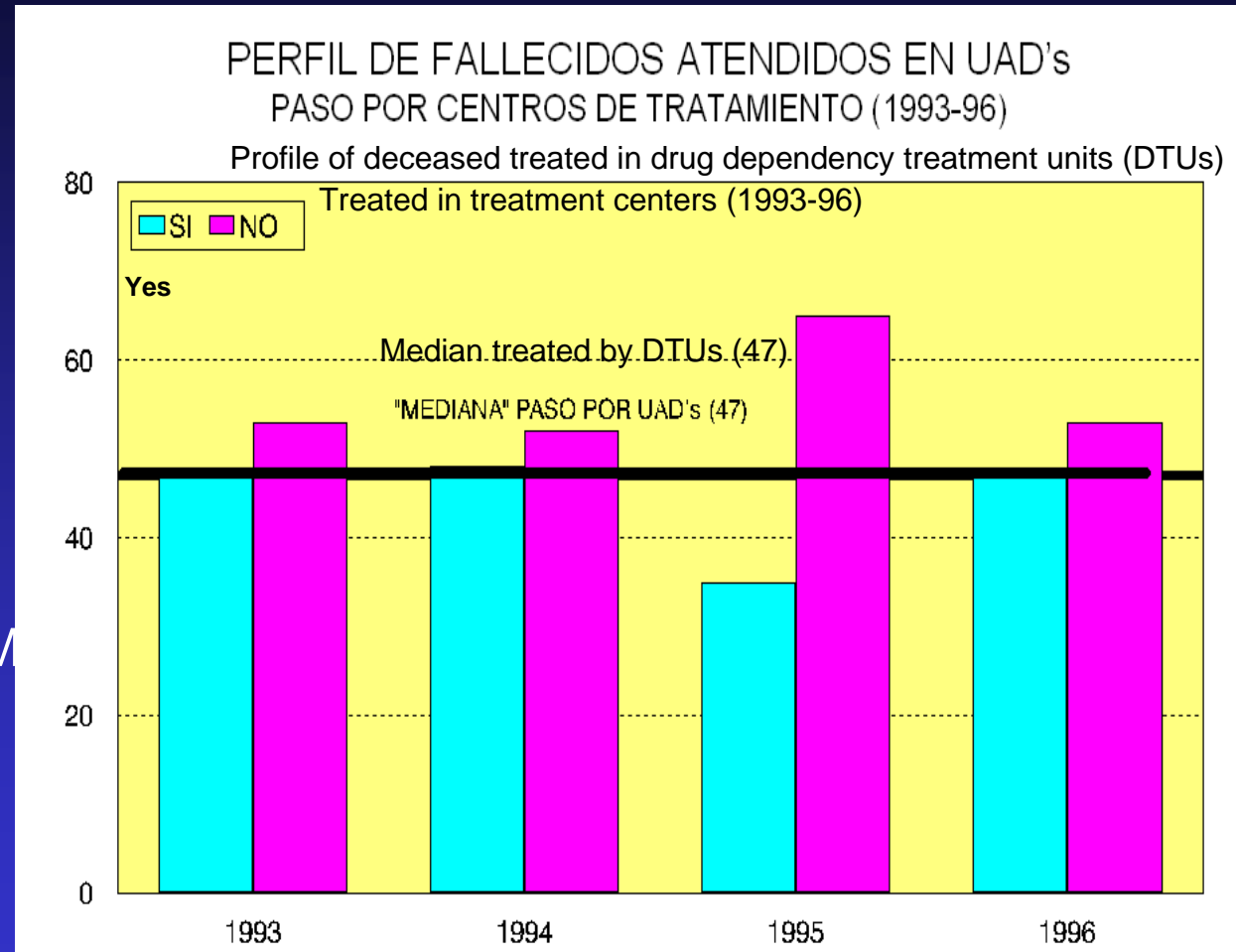
Retrospective study of mortality. Galicia, 1993-96

RISK PROFILE:

Overdose

emergency episodes

Assignment to PMM



Study of treatment costs

cost patient/year (euros)

With treatment vs. without treatment



Definition and characteristics of the system

Treatment evaluation system (SEA)

DESCRIPTION

- Multi-center information system that systematically compiles standardized data, establishing a population baseline and entering the interventions made with each patient each time he or she attends the center.
- Levels of analysis: network, center, programs/modality, and individual.

COMPUTERIZED INFORMATION-GATHERING INSTRUMENTS

- Treatment in-take record: concept based on the clinical history and the variables of the Observatory on Drugs of Galicia (compatible with OEC [Spanish Observatory on Drugs] and EMCDDA [European Monitoring Centre for Drugs and Drug Addiction] → IANUS
- Monthly record: Compiles activities carried out with each patient in each program, each day he attends for treatment.

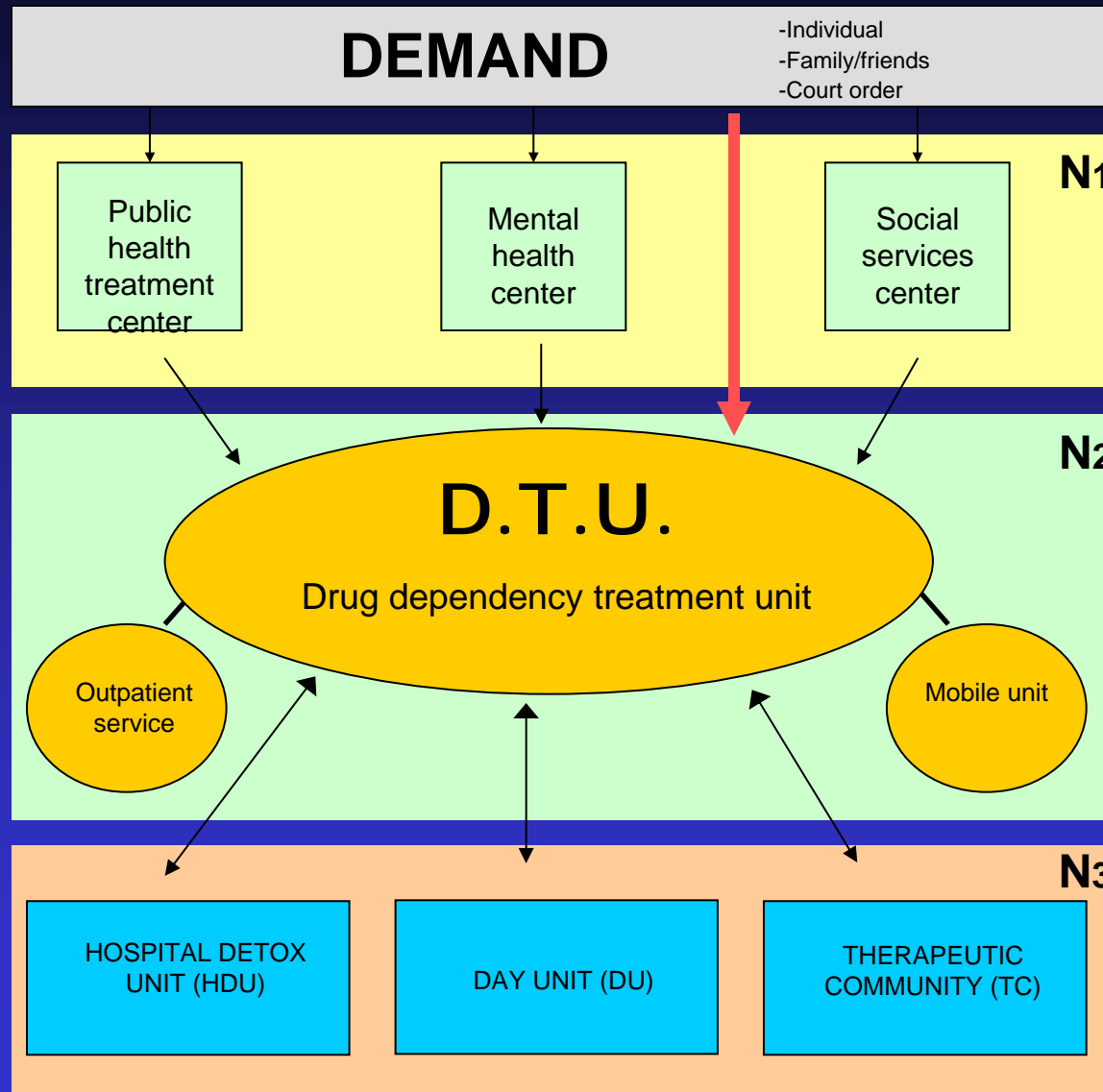
INDICATORS AND INDICES

- Admission for treatment, amount of treatment, remaining in treatment, reason for leaving, treatment, activities, abstinence, and treatment load.

Characteristics of the SEA

- ⌋ Multi-center information system that compiles standardized data, establishing a population baseline and entering the interventions made with each patient until the treatment process is concluded.
- ⌋ The instrument used in data compilation is the **CLINICAL HISTORY**, managed using a computer application known as “**GEstion de CEntros ASistenciales**” [Treatment Center Management] (**GECEAS**), which includes, in addition to all SEA in-take record and monthly record variables (included on the clinical history form), the professionals’ diaries, a laboratory management module, a urinalysis module, a warning system, and a reports and statistics module (= **application based on the needs of the clinical professional**, not those of the notification system = key services).
- ⌋ Implementation: 1/01/94, after the development process with treatment network professionals and evaluation and data processing experts.

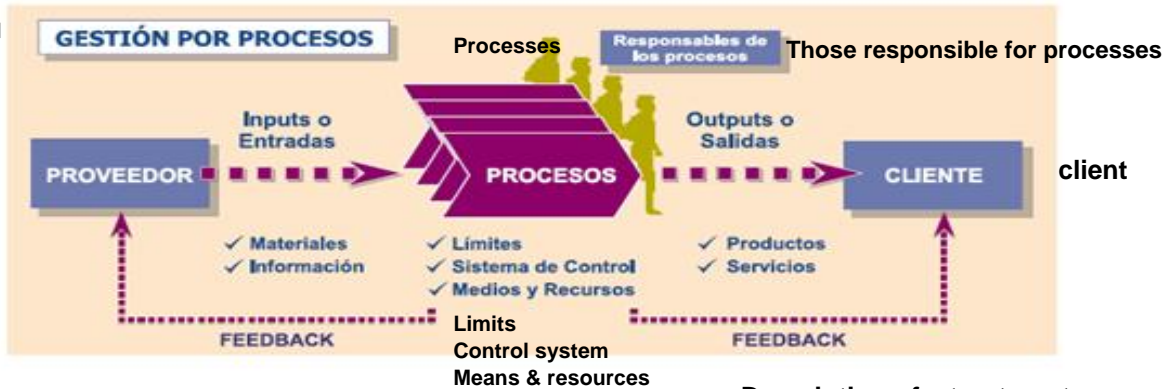
Treatment cycle



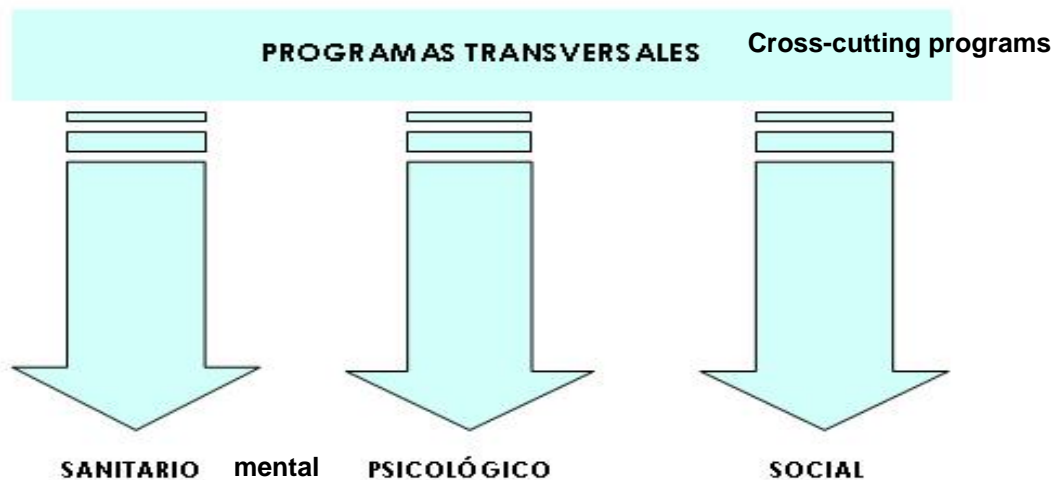
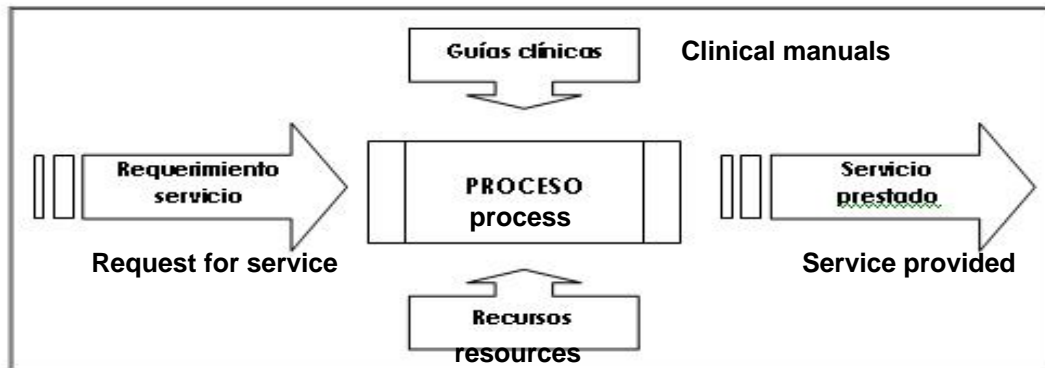
- ⌐ In-take: referral centers, the DTUs and the ATUs [alcohol dependency treatment unit]. They diagnose, treat, and refer to other network centers: **THEY ARE THE SEA NOTIFICATION CENTERS**
- ⌐ Second tier: The DUs and TCs, which receive patients from the DTUs and ATUs for semi-residential treatment: **THEY ARE NOT NOTIFICATION CENTERS**

Process-based management

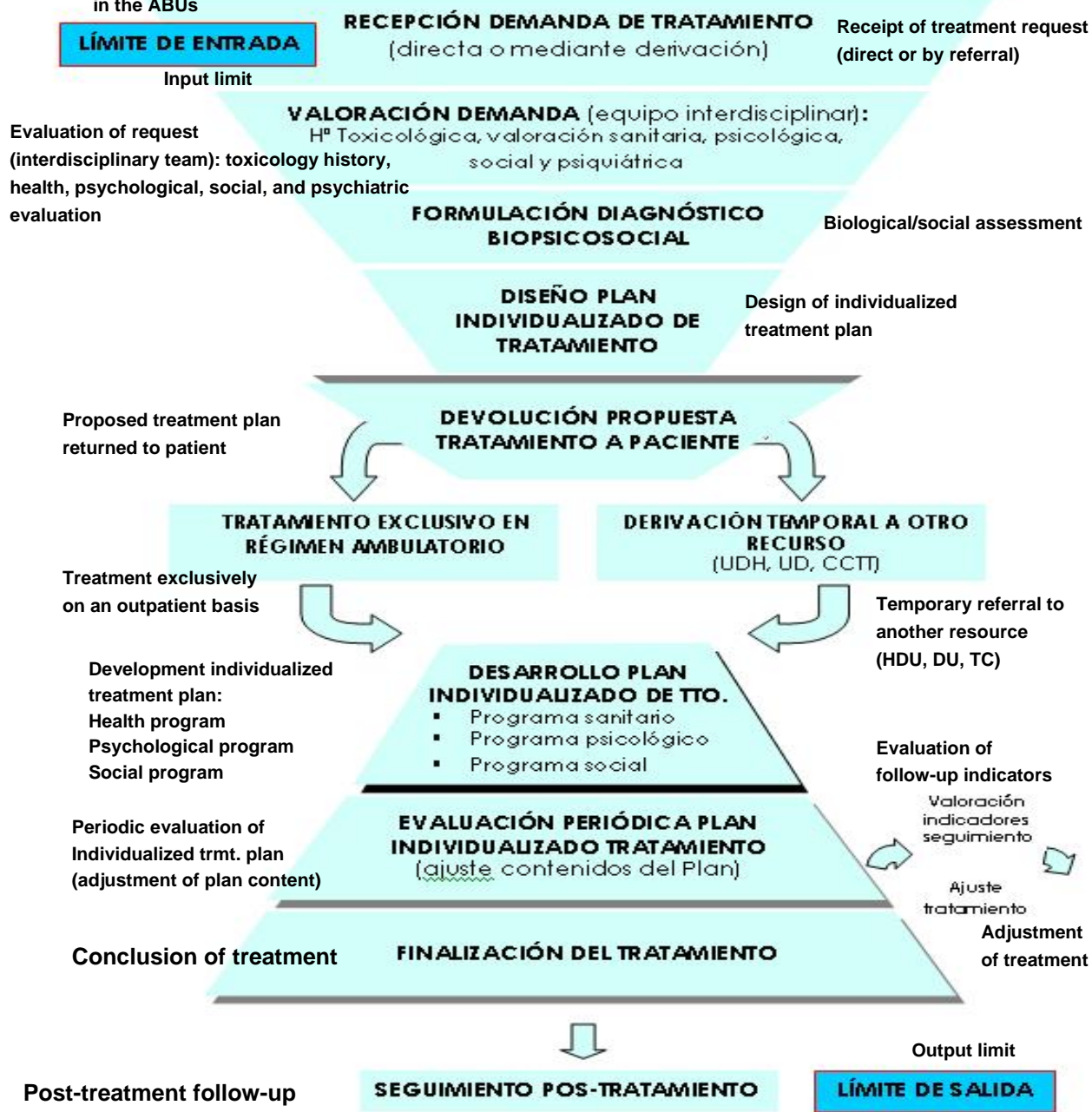
provider



Descripción de un proceso asistencial / Description of a treatment process

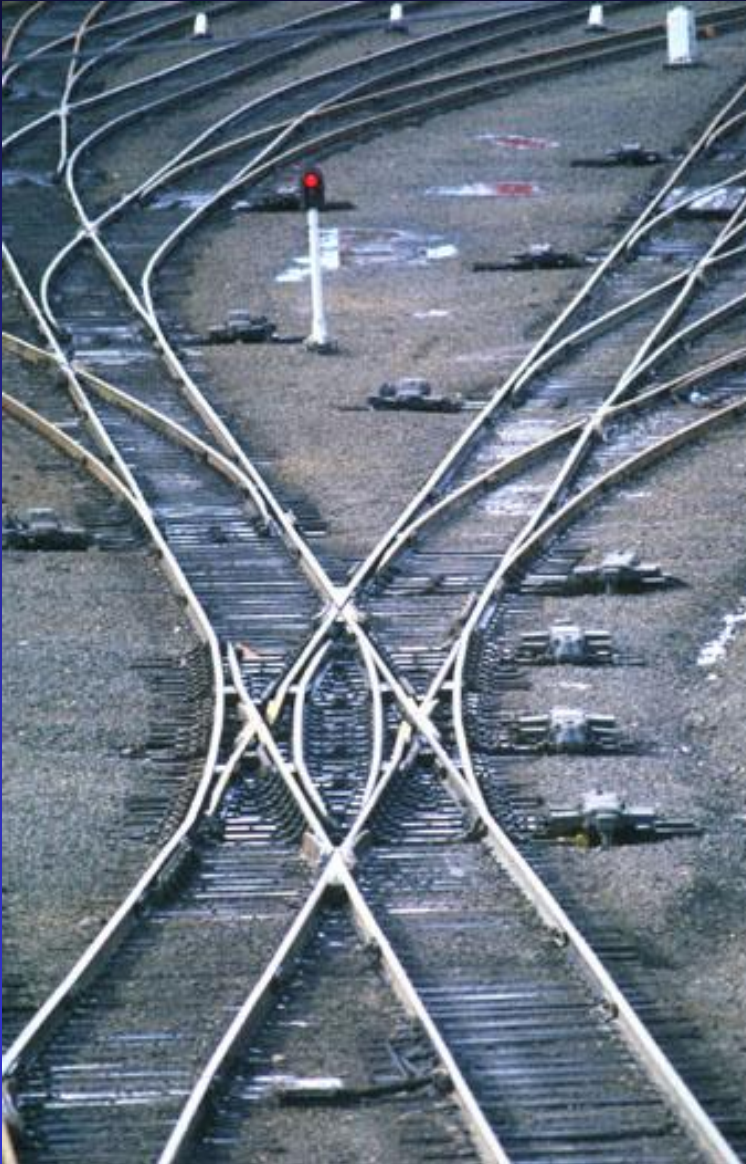


Summary of procedures to be implemented in the ABUs
RESUMEN DE LOS PROCESOS A IMPLEMENTAR EN LAS UCAs



Catalogue of treatment programs

Portfolio of services



I. Treatment programs:

• Screening and in-take (diagnosis)

- Drug-free
- Opiate antagonist
- Opiate agonist
- Alcohol deterrent
- Stimulants
- Nicotine

• Social integration (re/integration)

II. Subprograms:

- Detoxification
- Home treatment
- Damage reduction
- Relapse prevention

III. Protocols:

- Drug dependent expectant mothers
- Intervention with minors
- Intervention with specific groups
- Associated organic pathology approach
- Dual diagnosis treatment
- Family violence and abuse prevention

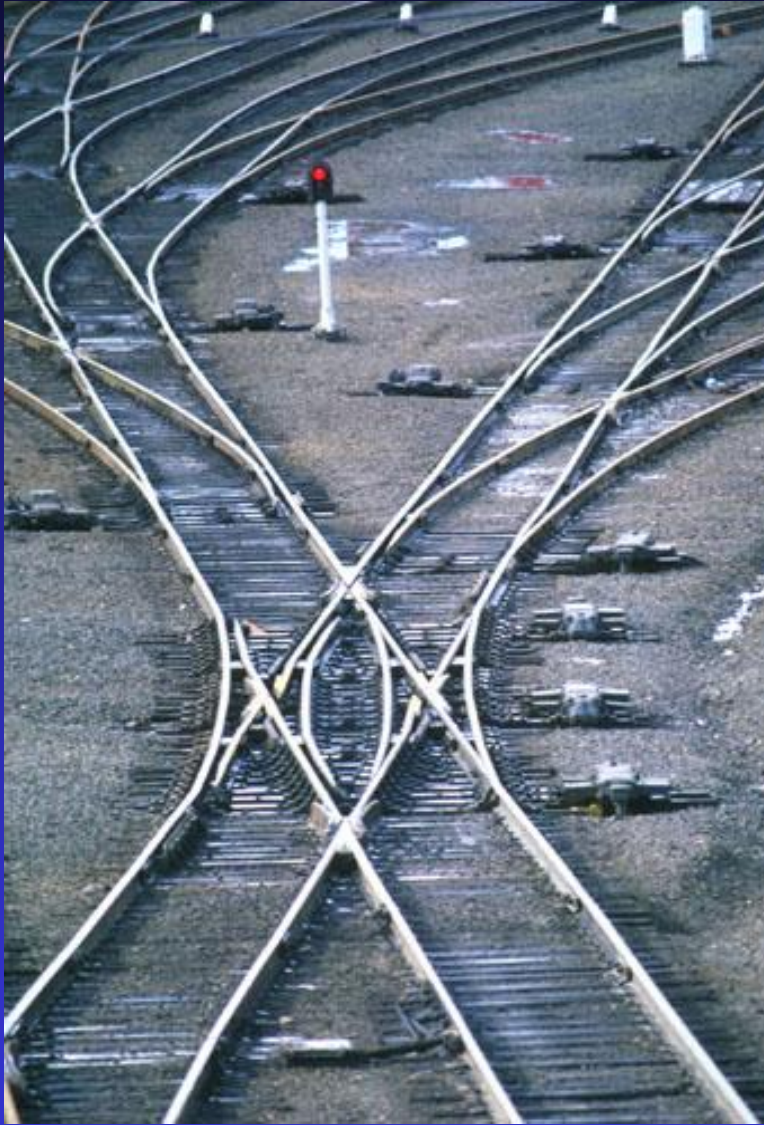
Catalogue of programs

- Ø POA [Screening and in-take program]: goal is diagnosis
- Ø PTLD [Drug-free treatment program]: goal is abstinence, no specific medication
- Ø PTIA [Alcohol deterrent treatment program]: goal is abstinence, with deterrent medication
- Ø PTDP [Stimulant dependency treatment program]: cocaine dependency treatment; abstinence
- Ø PTDO [Opiate derivate treatment program]: opiate dependency treatment; non-abstinence
- Ø PTANO [Opiate antagonist treatment program]: opiate dependency treatment; abstinence and with specific medication (naltrexone)

For notification purposes, programs (modalities) are exclusive:
a patient cannot be in two programs (modalities) at the same time

Catalogue of treatment services offered

Portfolio of services



I. Intervention manuals:

•Screening and in-take (diagnosis)

- Tobacco dependency
- Alcohol dependencies
- Opiate dependency
- Cocaine dependency
- Other dependencies (cannabis, synthetic drugs, inhalants, etc.)

•Social integration (re/integration)

II. Protocols:

- Detoxification
- Home treatment
- Damage reduction
- Relapse prevention
- Drug dependent expectant mothers
- Intervention with minors
- Intervention with specific groups
- Associated organic pathology approach
- Dual diagnosis treatment
- Family violence and abuse prevention

p START/ADMISSION FOR TREATMENT:

- ü Initial admission for treatment in DTU/ATU
- ü Continuation of treatment begun in a non-notifying center
- ü Admission for treatment owing to legal problems and/or minors
- ü Admission for treatment of patients referred from other treatment centers
- ü Admission for treatment of patients referred from other Galician network DTU/ATUs

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Entails opening a CLINICAL HISTORY in a notifying center

⌋ RECOMMENCEMENT OF/READMISSION FOR TREATMENT:
patient formerly treated in a center and who will complete treatment, having left it for one of the following reasons:

ü Discharge from treatment

ü Withdrawal from treatment (upon active notification by the therapist, or passive notification: if six months have elapsed without activity, the SEA deems patient to have withdrawn)

ü Force majeure

ü Exclusion

ü Referral

- ↳ **WHEN NOTIFICATION IS NOT GIVEN:** The SEA will not notified of a treatment admission episode in the following cases :
 - ü Information requests
 - ü Treatment requests on the waiting list
 - ü Risk reduction strategy-related interventions
 - ü Admissions for treatment where key data is unknown: date of admission, main drug ...
 - ü Treatments in HDU, psychiatric services, TC, and DU.

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DOES NOT entail opening a CLINICAL HISTORY in a notifying center

↳ ENTERED INTO THE SEA Ü RE/START (POA record)

ONE PATIENT = ONE PROGRAM/MODALITY

↳ TRANSFERS BETWEEN PROGRAMS/MODALITIES Ü REASONS FOR LEAVING programs/modalities per center:

ü Discharge from therapy; can only be coded by the DTU/ATUs

ü Withdrawal (manual or automatic)

ü Exclusion

ü Force majeure

ü Full referral (*consensus* to remove from partial treatment)

ü Change of program (inter-program transfers and leaving DU/TC):

§ Due to fulfillment of objectives

§ Due to restructuring of objectives

- ⌋ **INTERVENTION:** The activities carried out with a patient during the treatment process
- ⌋ To assign an intervention to a patient, he or she must be assigned to a program/modality of the DTU/ATU
- ⌋ In the SEA as now structured, the different programs/modalities are exclusive, so that one patient = one program/modality
- ⌋ **TREATMENT:** Administration of drug for a specified period, as prescribed by the physician: methadone (mandatorily coded) and buprenorphine in a PTDO, alcohol deterrents in a PTIA, and naltrexone in a PTANO. Other drugs associated with those mentioned above are now recorded via the GECEAS' "notes fields."

p TYPES OF INTERVENTIONS: Only those made with the patient

ü Individual (I)

ü Individual with legal problems (IL)

ü Health (IS)

ü Family: with family only (ISF) and with family members/partner (IF)

ü Group (G)

ü Groups of fathers/mothers (GP)

ü Reports (INF and INF-L)

ü Workshops

ü Visits away from center

ü Activities away from center

ü Other

⌋ REFERRALS from the DTU/ATU to TC/DU:

üReferral to a TC/DU from the DTU (or ATU, under a functional referral order), is, more than a referral, a specific referral protocol for shared use of the area's semi/residential resources.

üFor purposes of SEA notification:

§ If DTU with TC/DU: after evaluation, the program is changed (codes 4 or 3).

§ If DTU without TC/DU, or by the ATU: the two open cases will exist in the databases of both centers involved, so that, in the case of the DTU with TC/DU where the case is received, an admission/readmission procedure must be followed, and then the program will be changed (codes 4 or 3).

Flow chart

Pre-modality

POA-Info request

Serving alternative sentence

Potential patient

POA – DIAGNOSIS STAGE

Change of modality

Change of modality

Modality

Outpatient

Semi-residential

Residential

Data start

Data end

Data start

Data end

Data start

Data end

Possible notations on modality

Medical-Psychiatric
Psychological
Social work
DUE
Monitor
Educator

Individual
(I)

(G) Patient group

(FG) Family group

Therapy

Group

(O) Occupational workshop

Intervention manual 1
Intervention manual 2

Treatment 1
Treatment 2

Protocol 1
Protocol 2

Intervention

Report

Opiates à PTLD/PTDO/PTANO
Stimulants à PTDP
Alcohol à PTLT /PTIA
Nicotine
Cannabis PTLT
Other

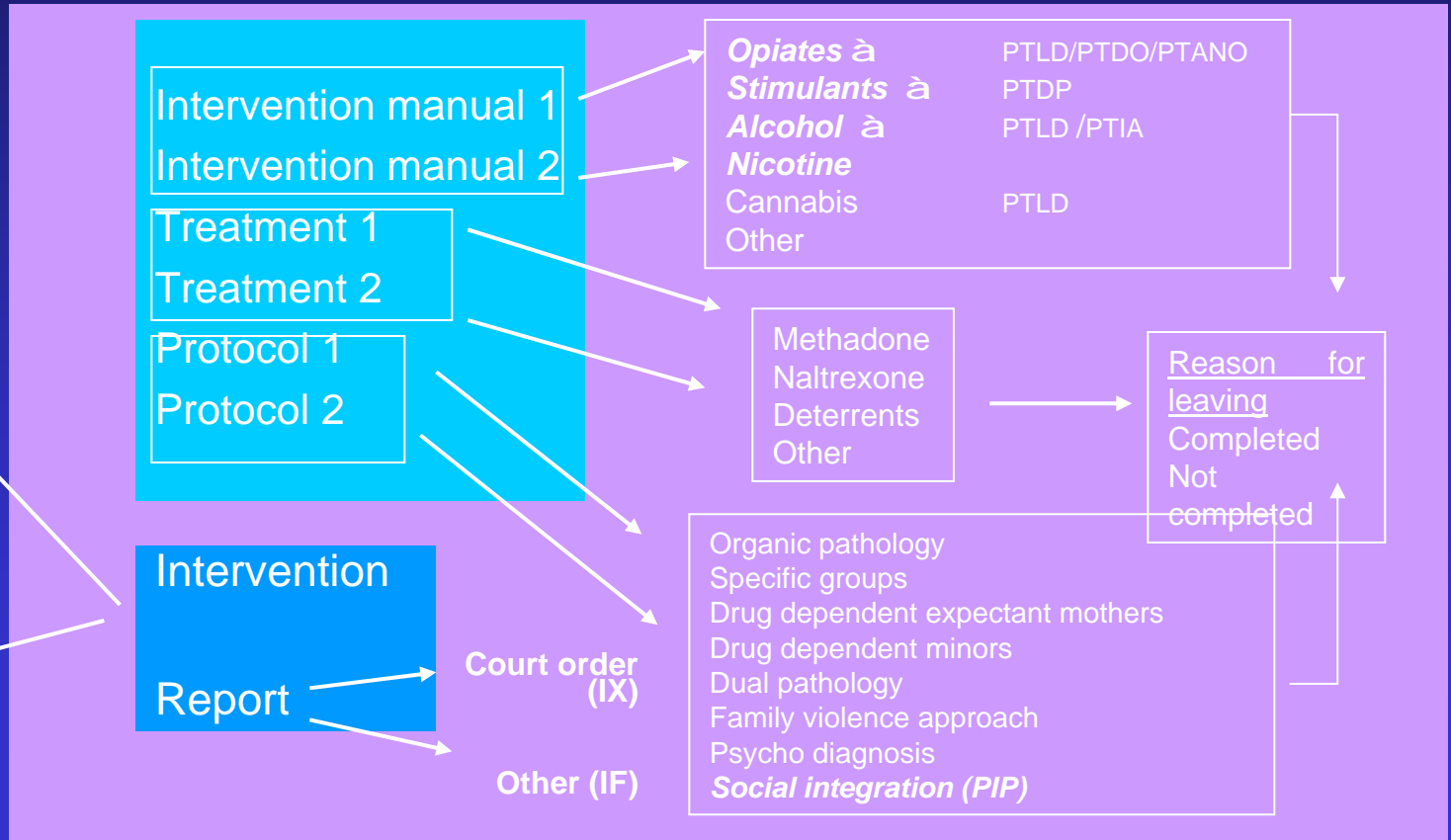
Methadone
Naltrexone
Deterrents
Other

Reason for
leaving
Completed
Not
completed

Organic pathology
Specific groups
Drug dependent expectant mothers
Drug dependent minors
Dual pathology
Family violence approach
Psycho diagnosis
Social integration (PIP)

Court order
(IX)

Other (IF)



Policies to improve treatment quality

Application of the evaluation-quality pair to the treatment process Æ EFFECTIVENESS, EFFICACY, AND EFFICIENCY

- ∅ Evaluation provides the method and rigor (SEA)**
- ∅ Quality provides measurement criteria so that comparisons can be made (EFQM)**

**Treatment management and quality:
PIAF [internal activity-funding protocol] 1997-2008**

Improving treatment quality

- Evaluation of activity (more than merely a measurement)
- Internal activity-funding protocol (PIAF), annual



Dates to remember

1992-94: Preparation and publication of the “Catalogue of Treatment Programs”

1996: First amendment to Catalogue

2002-05: Amendment and enlargement of Catalogue

1993: Definition of the Treatment Evaluation System (SEA)

1994: SEA implementation in treatment centers: IT application (GECEAS)

2005-08: Development and implementation of GECEAS WEB (Interregional project III-A)

1996: Implementation of “objectives-based management strategy: definition of internal activity-funding protocols (PIAF) on an annual basis

1997: PIAF implementation with treatment entities (NGOs and municipal governments)

2004-08: implementation of the EFQM European excellence model

Internal activity-funding protocols

Portfolio of services

- ⌋ **Outpatient treatment: Drug dependency or alcoholism treatment unit:**
 - ü **Diagnostic program: Information, screening, and intake program**
 - ü **Treatment programs: Drug-free, opiate antagonist, opiate agonist, alcohol deterrent, stimulant dependency, and nicotine dependency**
 - ü **Subprograms: Detoxification treatment, relapse prevention, damage reduction, and home treatment**
 - ü **Protocols: Drug dependent expectant mothers, intervention with minors, intervention with specific groups, organic pathologies approach, dual diagnosis treatment, and family violence and abuse prevention**
 - ü **Mobile unit for the administration of opiate derivatives**
 - ü **Outpatient service**

- ⌋ **Semi-residential treatment regime: Day unit**

- ⌋ **Residential treatment regime: Therapeutic community**

Internal activity-funding protocols

Activities evaluated

qGroup interventions, maintaining or stepping up group activities with patients and family members; at least one group/year/center for less risky use and safer sex workshops.

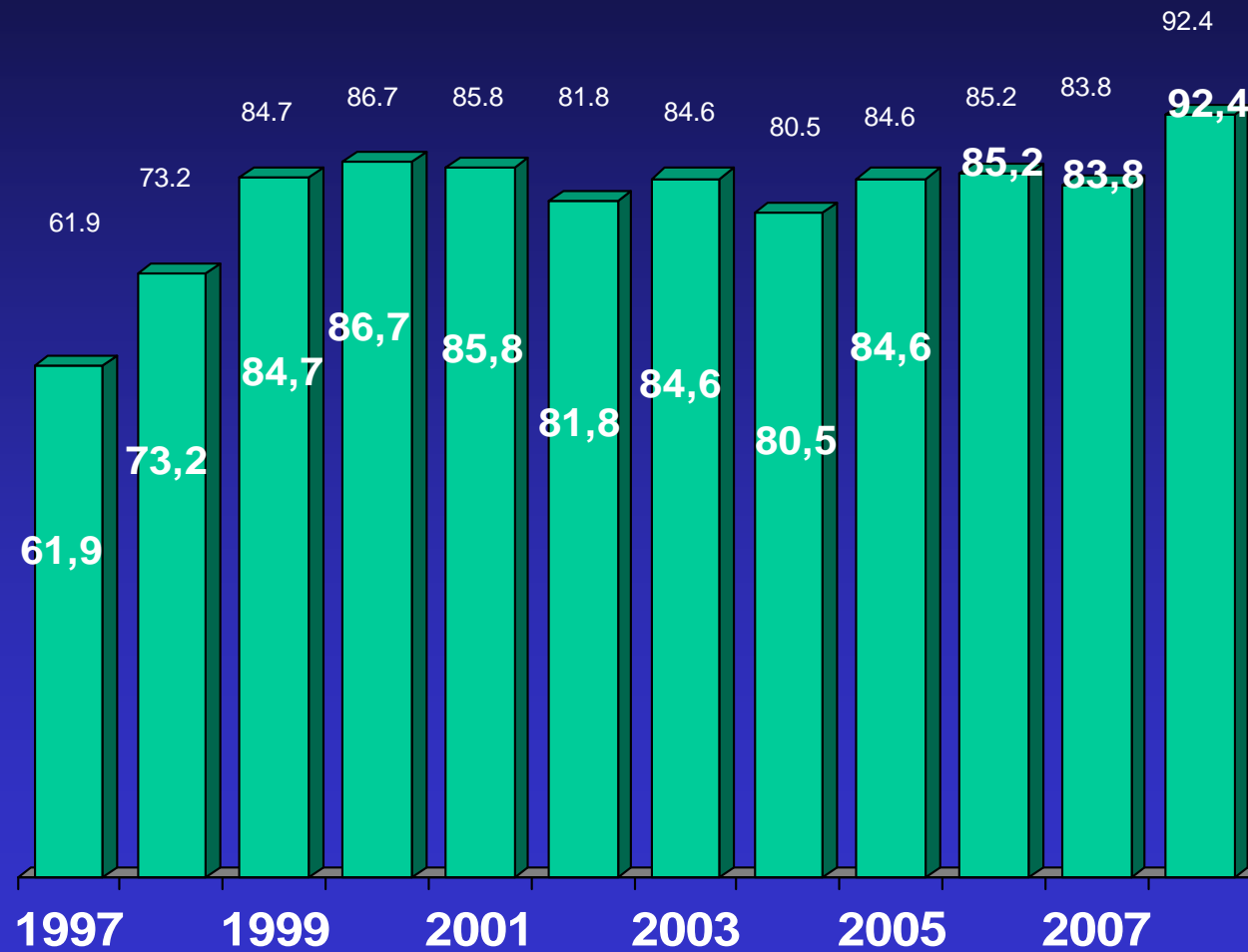
qReasons for leaving treatment, in all programs, reduce to the average network value the number who have “withdrawn”; “expulsions” = 0%; “change owing to fulfillment of objectives” at the in-take stage ³85%; increase to the average network value the number of therapeutic discharges from drug-free programs.

qContinuance, by reason for leaving, if “change due to fulfillment of objectives” \bar{E} at the in-take stage, \bar{E} 3 weeks; if “withdrawn” \bar{E} ³6 months on drug-free programs, and ³12 months on maintenance programs.

qQuality of information recorded, indicator of relative presence of “unknown” and “other” among in-take record items \bar{E} 5%.

qIndicator of treatment load, maintain or increase by up to the mean, the mean number of cases treated daily by type of professional: physician, psychologist, and social worker (PIP) [psychological-educational intervention program].

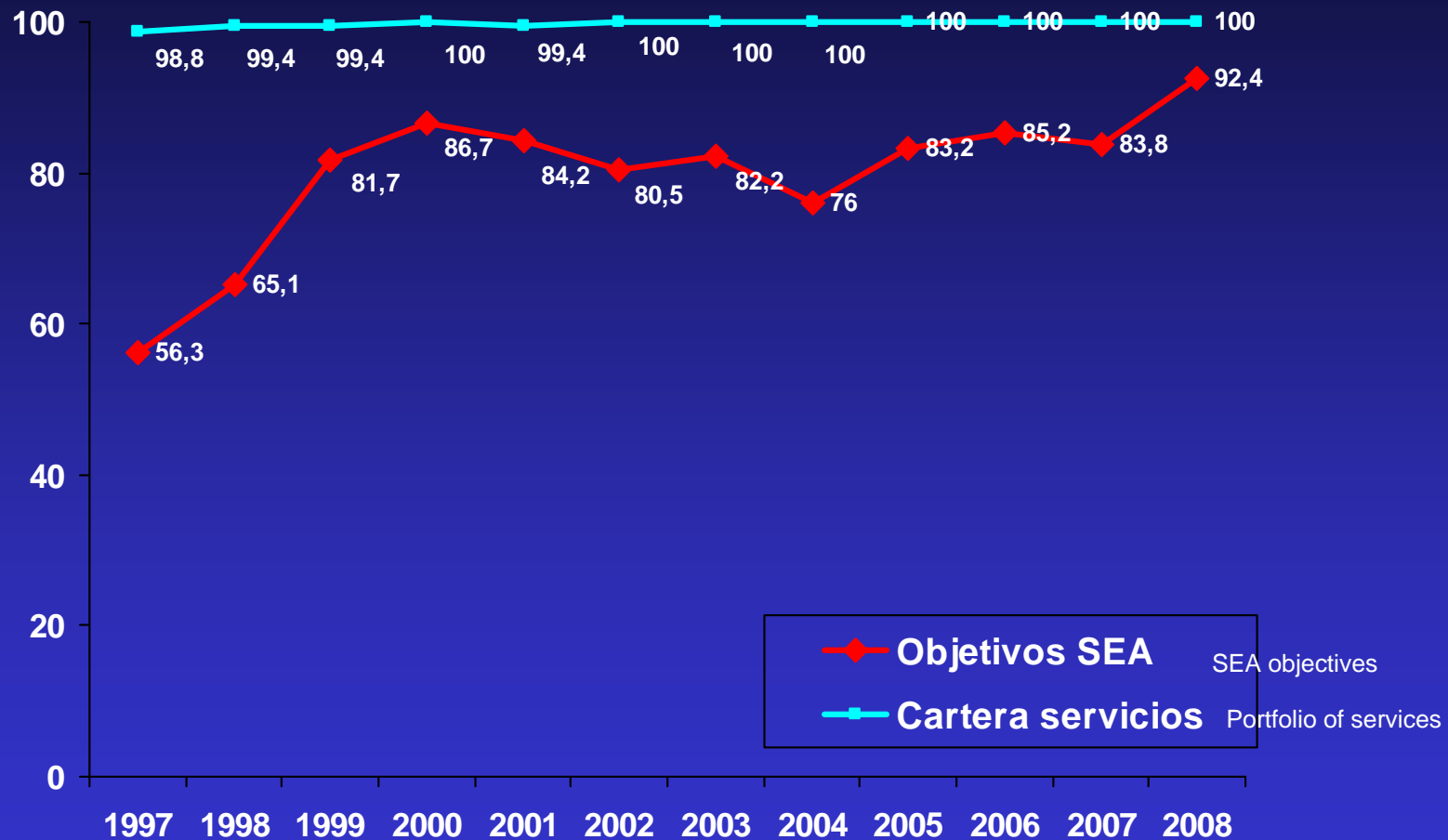
Internal activity-funding protocols Percentage of implementation, 1997- 2008



Source: SEA Galicia 2008
Prepared by: Observatory on Drugs of Galicia

Internal activity-funding protocols

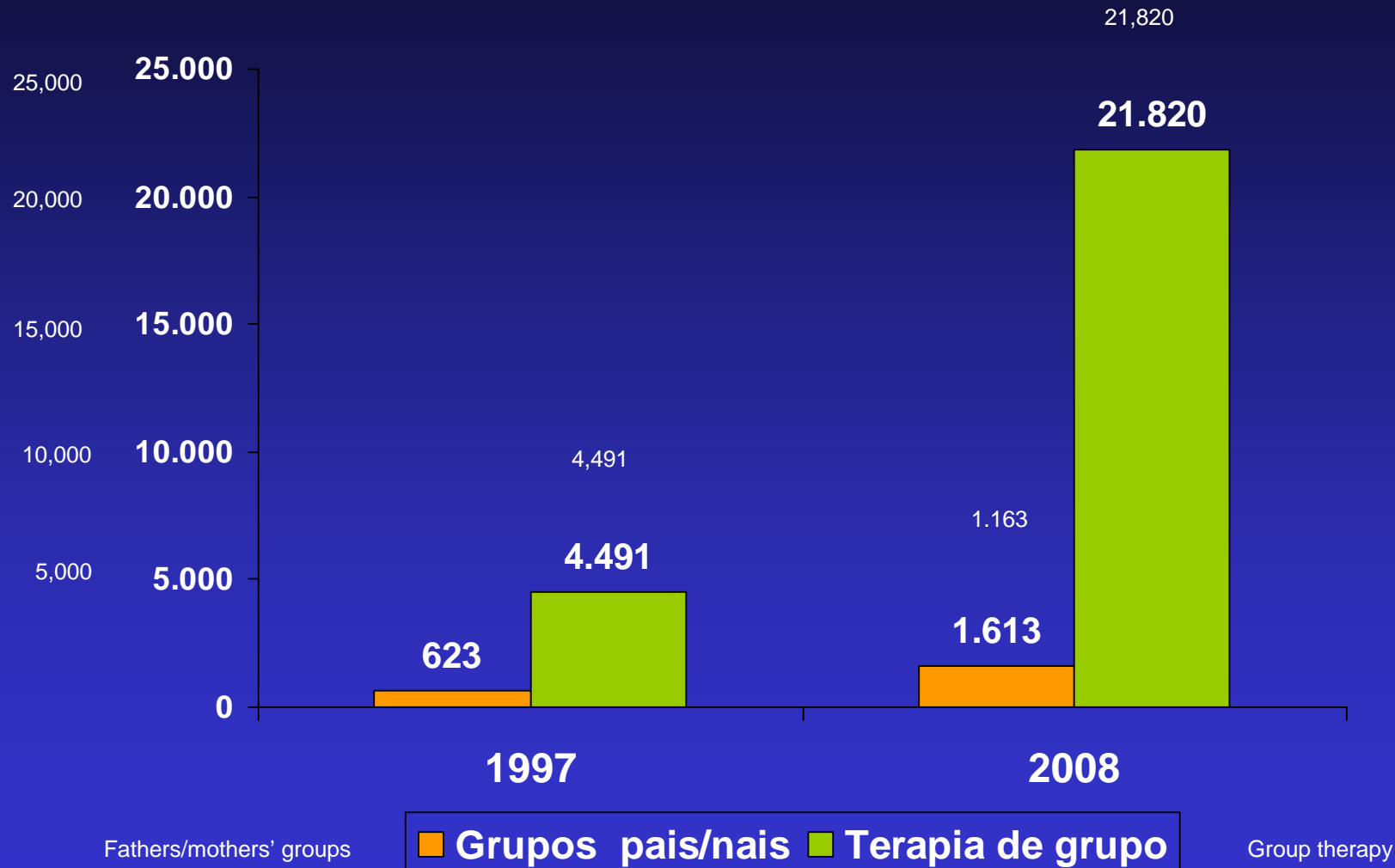
SEA objectives and portfolio of services, 1997- 08



[Note: For the English-speaking reader, the commas in the figures in the chart should be interpreted as periods – tr.]

Internal activity-funding protocols

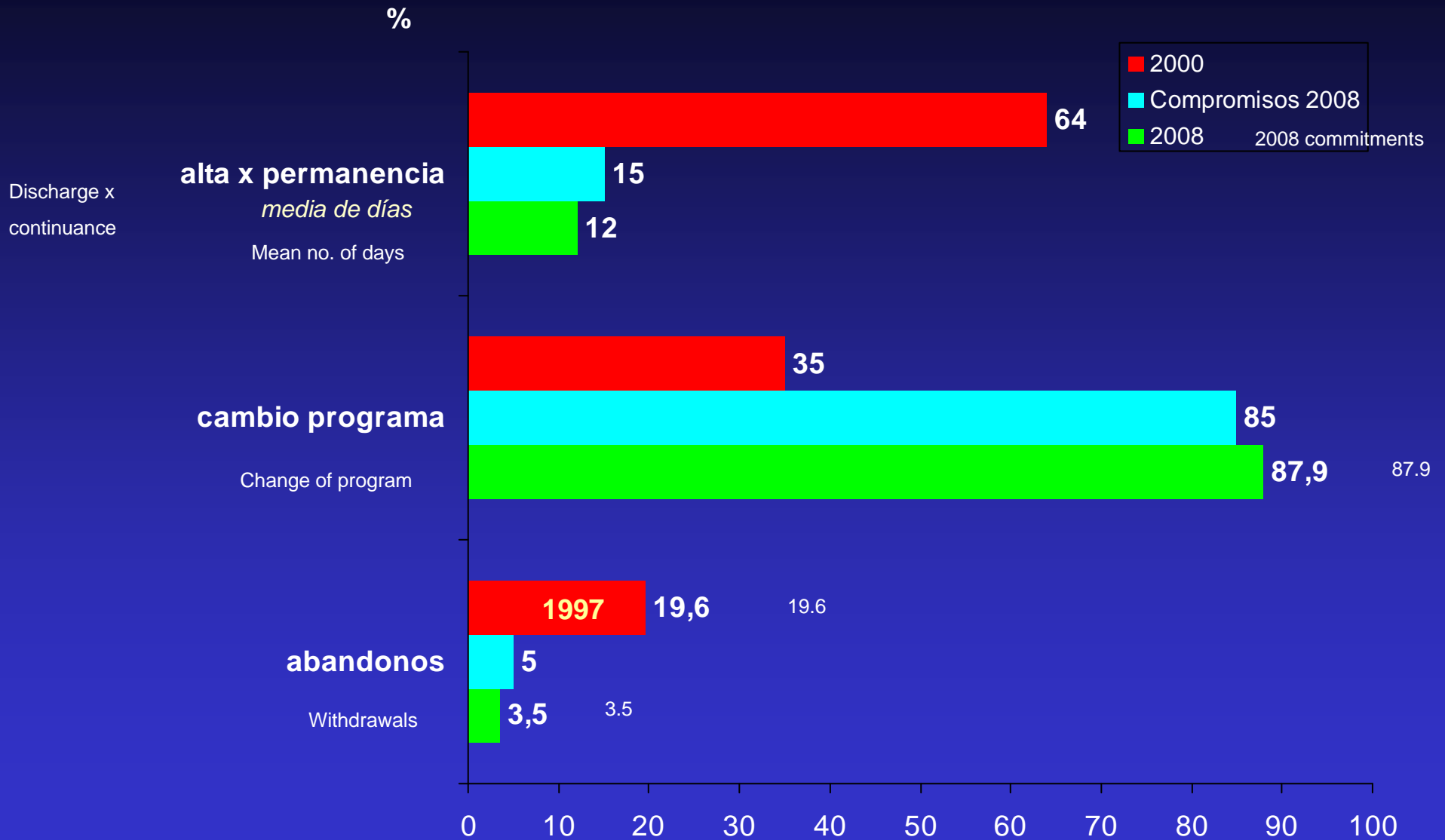
Group interventions, 1997-2008



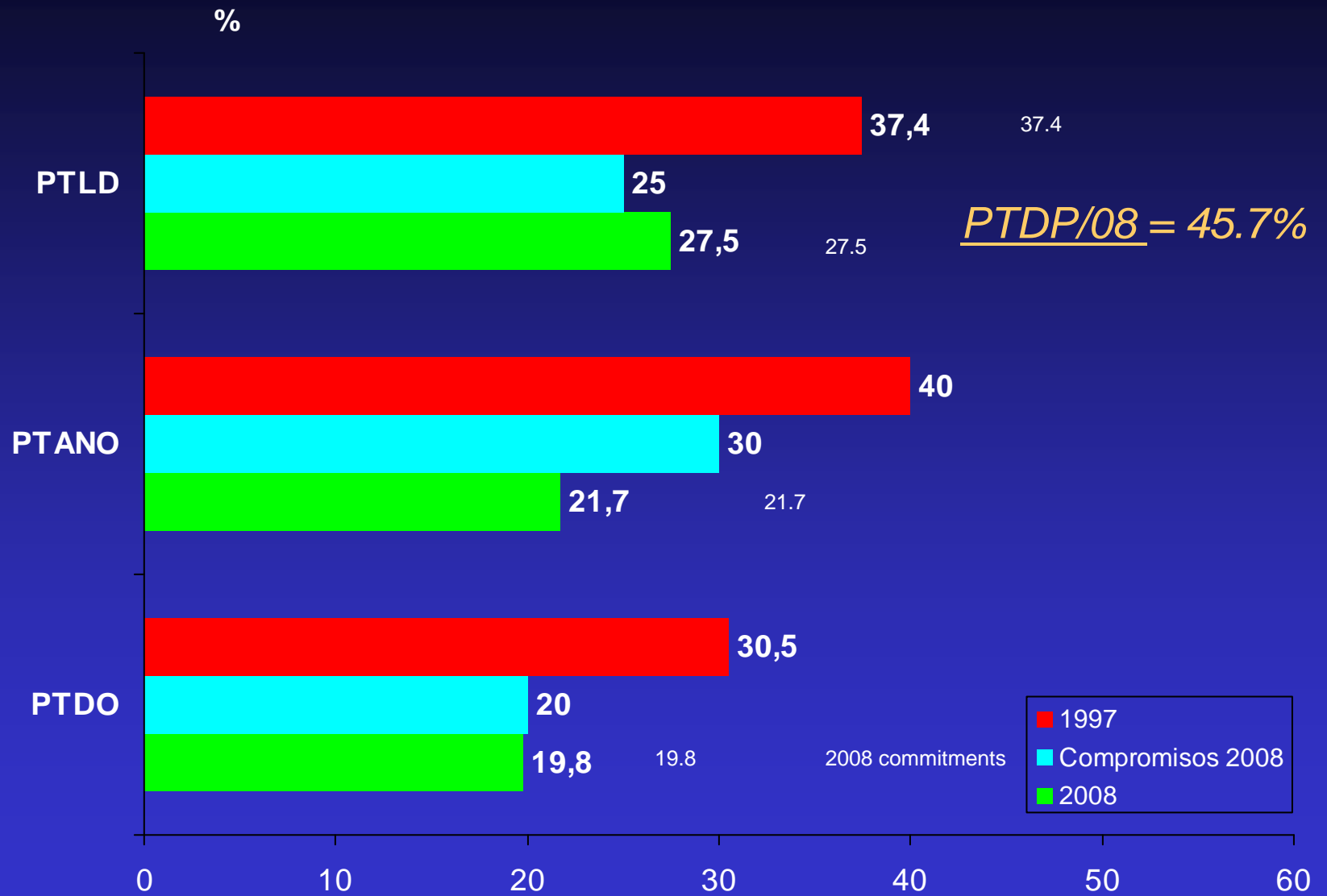
Source: SEA Galicia 2009
Prepared by: Observatory on Drugs of Galicia

Internal activity-funding protocols

POA indicators (diagnostic stage), 2000-08



Internal activity-funding protocols Withdrawals, by program, 1997-2008

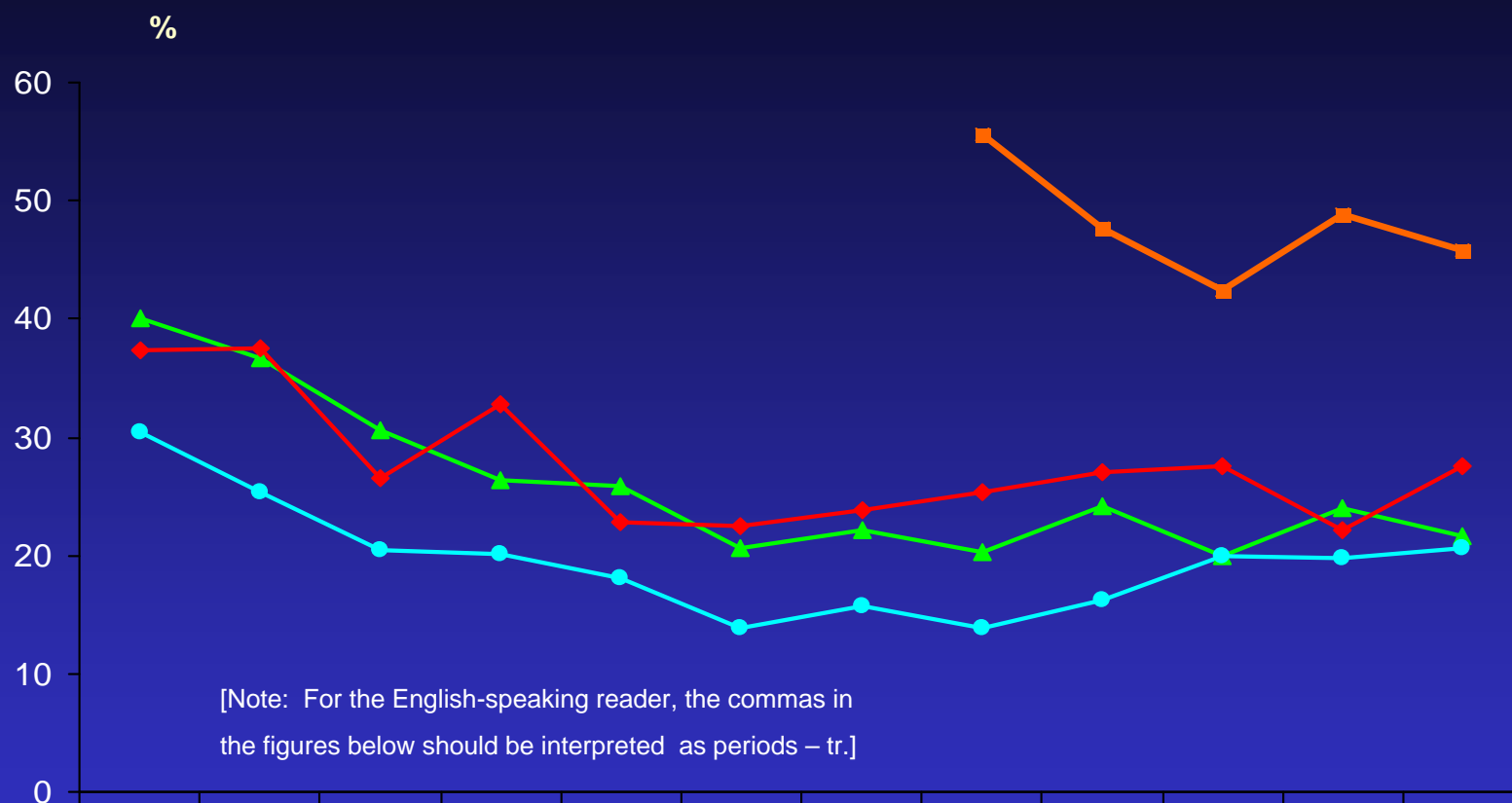


PTDO: Opiate derivative treatment program
 PTANO: Opiate antagonist treatment program
 PTLD: Drug-free treatment program

Source: SEA Galicia 2008
 Prepared by: Observatory on Drugs of Galicia

Internal activity-funding protocols

Trend in reasons for leaving: withdrawals, 1997-2008



	1997	1998	1999	2000	2001	2002	2003	2004	2005	2006	2007	2008
▲ PTANO	40	36,7	30,6	26,3	25,8	20,6	22,2	20,2	24,1	19,9	24	21,6
◆ PTLD	37,4	37,5	26,5	32,8	22,8	22,5	23,8	25,4	27	27,5	22,2	27,6
● PTDO	30,5	25,3	20,5	20,1	18,1	13,9	15,8	13,9	16,2	20	19,8	20,7
■ PTDP								55,6	47,6	42,5	48,9	45,8

1. PTDO: Opiate derivative treatment program
2. PTANO: Opiate antagonist treatment program
3. PTLD: Drug-free treatment program

Source: SEA Galicia 2009

Prepared by : Observatory of Galicia on Drugs

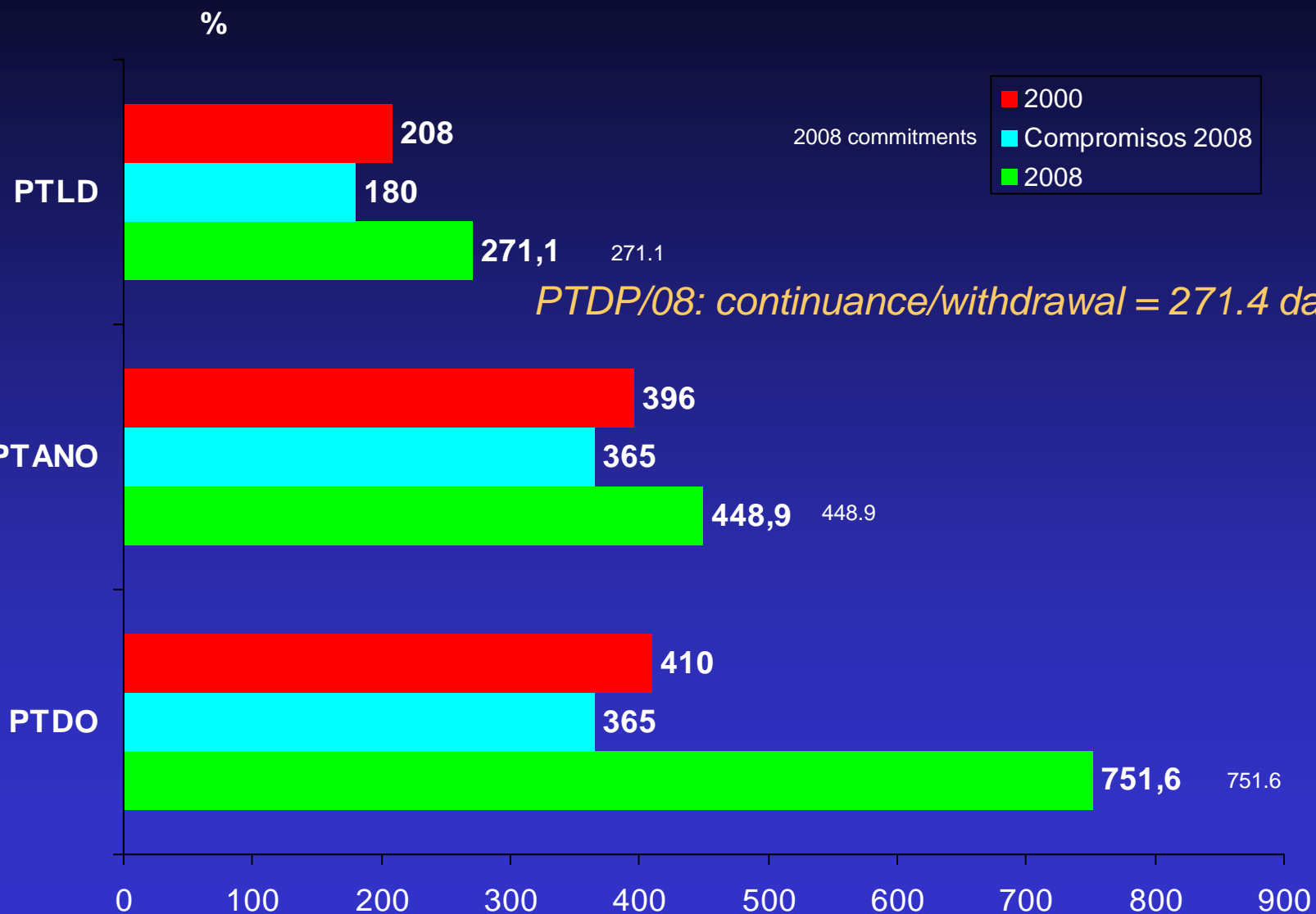
Internal activity-funding protocols

Trend in discharges from PTLD therapy: 1997-2008



Internal activity-funding protocols

Continuance, by reason for leaving (withdrawal), 2000-08



OA: Screening and in-take program
 TDO: Opiate derivative treatment program
 TANO: Opiate antagonist treatment program
 TLD: Drug-free treatment program

Source: SEA Galicia 2008
 Prepared by: Observatory on Drugs of Galicia

Summary of trend in PIAF outcomes 1997-08:

- 1. Therapeutic discharges from drug-free programs:** A final program, prior to therapeutic discharge and in the last five-year period. This indicator has values of $\geq 25\%$.
 - 2. Withdrawals:** Declined and, in the last five-year period, have stabilized around $\leq 25\%$ for the most demanding therapeutic programs and $\leq 20\%$ for less demanding therapeutic programs (maintenance with opiate derivatives), there being virtually no “exclusions.”
 - 3. The mean number of days of remaining in programs and group activities** has been increasing on an ongoing basis since PIAF implementation, indicating better effectiveness and efficiency in the network.
- q Since 1999, fulfillment of the objectives formulated in the PIAF has been above 80%, so that it has proven to be an appropriate instrument for improving treatment quality from the perspective of objective-based treatment management.

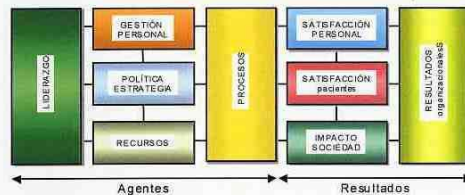
- q Application of the SEA to the mechanisms of the Galician drug dependency network shows a high degree of fulfillment of the objectives set, and our experience underscores the need for evaluation instruments in the drug dependency area so as to be able to establish “internal activity-funding protocols” (PIAF) and achieve better management and quality of the treatment process.

Implementation of EFQM in the treatment network

EFQM quality management program in the Anti-drug Plan of Galicia



IMPLANTACIÓN DEL PROGRAMA DE GESTIÓN DE CALIDAD EFQM EN EL PLAN DE GALICIA SOBRE DROGAS (MODELO EUROPEO DE EXCELENCIA)



Financiado por:



Mayo 2004

Stage 1

Adoption and action methodology

2004

Stage 2

Dissemination and awareness of the Quality Plan

Stage 3

Training on quality and the EFQM model

Stage 4

Training of self-evaluator group (PROFILE)

Stage 5

Adaptation of the EFQM model to the Anti-drug Plan of Galicia framework

2005-06

Stage 6

Diagnosis and self-evaluation

Stage 7

Preparation of final report

Stage 8

Requests for European Quality Seal (obtained in December 2006)

2007-09

2009: Assigning priority to areas for improvement and developing action plans and expanding all SSCC of the SXSM-D

Stage 9

Implementation of EFQM in the treatment network (2008)

[The European Quality Seal received in 2006]



Stages

Recognitions

Evaluation
Implementation

Assessments & improvement plans

Training & profile adjustment

Dissemination & awareness



**ESQUEMA
GENERAL**

General scheme

STAGES (2008-2009)

STAGE 1: Specific Quality Plan **proposal** and approval of the **action methodology** by agreement with the subdirectorate and those with responsibility for center quality (Allariz): November 2008

STAGE 2: Dissemination to and awareness of the Quality Plan for all professionals working with these drug dependency treatment services. Drafting of a **document** to be provided to all professionals: December 2008-January 2009

STAGE 3: Training on quality, and on the EFQM model, by making it freely available to all workers. At this point, a group of **self-evaluators** by center will be formed: December 2008-February 2009

Chronology - II

STAGE 4: Organizing and providing specialized training for a group of individuals who may become self-evaluators in each center participating in the project. These individuals will receive complementary training on the on-line management of the **PROFILE** tool and on calibration systems, with a view to becoming network self-evaluators: March 2009

STAGE 5: Self evaluation and assessment (information-gathering): April-May 2009

- Application of the PROFILE tool
- Identification of areas for improvement
- Identification of positive evidence

STAGE 6: Consensus-building meetings, one per center, among USC personnel and the different self-evaluators involved in the process: June-July 2009

Chronology - II

STAGE 7: Final report on the status of each process and management area of the centers. It will contain quantitative information (EFQM points to evaluate their potential certification) and qualitative information: identifying strong points and areas for improvement: September-October 2009

STAGE 8: Application for Seal. If, as a result of this self-evaluation process, supported by an official Model licensee, the service or unit achieves the minimum number of points required, it may apply for accreditation or the **European Quality Seal**. Accreditation entails selecting three areas for improvement and implementing three previously designed and documented action plans: 2010

STAGE 9: Accreditation. An external certifying body (AENOR, Lloyds, Veritas Bureau, ...). This will be based on the report prepared by the licensee and will attest to the procedure followed: 2010



**TO THAT END, WE NEED COORDINATORS
IN THE CENTERS: DTU/ATU (UCA)
[Addictive Behavior Unit], DU AND TC,
supported by center management and
the PGD collaborating entities**

þ TREATMENT AREA:

- ü Treatment procedural manuals: outpatient, semi-residential, and residential**
- ü Intervention manuals for the different addictive behaviors**
- ü New treatment evaluation system and treatment management IT application (Geceas.web 2.0)**
- ü Multidisciplinary team functions**
- ü New treatment quality evaluation indicators (PIAF)**



THANK YOU VERY MUCH FOR YOUR ATTENTION

XI Meeting of the Demand Reduction Experts Group

Mexico, 2009

EFQM LROA
 CALIDAD EUROPEA

CALIDAD EUROPEA
 LROA, por encargo del Club Francés de Gestión, otorga el Sello de Calidad Europea, en su Sistema de Gestión en el año 2009-2010, a

**Subdirección Xeral de Saúde Mental
 e Dependencias
 - Plan Galicia sobre Drogas-**

De acuerdo con la certificación obtenida en la evaluación realizada respecto los criterios del Modelo EFQM de Excelencia.

Fecha de concesión del Sello: 5 de Diciembre de 2009
 Periodo de validez: 3 años
 Coordinador: CBU/CEU/006016

19/12/2009