

## Matching Drug Abuse Treatment Services To Patient Needs Boosts Outcome Effectiveness

By Neil Swan, NIDA NOTES Staff Writer

Matching a drug abuse treatment patient with the right type of treatment program is a much-discussed but elusive goal for drug abuse treatment providers. In the real world, a patient simply may not have the option of switching to another treatment program that might be a better match for his or her needs. For example, a patient's choices may be limited by the insurers, employers, or Government programs that pay for the treatment.

Even within these limitations, however, treatment needs can be evaluated and special services can be targeted to meet patients' specific needs with effective outcome results, NIDA-funded research shows.

Dr. Thomas McLellan and his colleagues at the University of Pennsylvania in Philadelphia first sought to develop and evaluate a clinically practical matching procedure for assigning patients to treatment programs that were deemed most appropriate to the patients' needs. But the investigators could find no evidence of better outcomes for any particular type of patient, regardless of whether the assigned program was inpatient or outpatient. The researchers also found that insurance coverage requirements made it difficult to place patients in selected treatment programs even when the patients were willing to go to that program.

Changes in the Addiction Severity Index Variables				
Problems	Standard Treatment Patients		Matched Services Patients	
	On Entering Treatment	6 Months After Discharge	On Entering Treatment	6 Months After Discharge
<b>Problems <i>Not</i> Targeted</b>				
Days of Alcohol Use	12	2	15	1
Days of Alcohol Intoxication	11	2	13	1
Days of Opiate Use	3	1	1	1
Days of Cocaine Use	4	1	5	1

Days of Medical Problems	4	5	3	3
<b>Targeted Problems</b>				
Days Worked	16	14	14	17
Employment Income	\$1,318	\$1,072	\$1,042	\$1,435
Days of Family Problems	4	4	3	1
Days of Psychological Problems	10	7	11	4

Variables reflect the 30 days prior to treatment admission and 6-month followup.

So the researchers redirected their goal from "matching patients with programs" to "matching patients' problems with targeted therapy services" furnished within the treatment program that was covered. They compared outcomes of patients in matched-services programs to outcomes of patients receiving standard, unmatched services, in four private treatment programs in Philadelphia - two inpatient and two outpatient programs. The 94 adult patients in the study all were employed and were dependent on drugs, alcohol, or both. All treatment costs were covered by employer-provided insurance.

On entering treatment, patients were interviewed using the Addiction Severity Index (ASI), a standard hour-long interview designed to measure severity of problems in the following areas: medical symptoms, employment and self-support, drug use, alcohol use, legal status, family and social relationships, and psychiatric symptoms.

Randomly selected matched-services patients received focused services in the areas of employment, family relations, or psychiatric problems, depending on their needs. These problem areas were targeted because studies had shown them to be most important in predicting poor treatment outcome. The treatment providers gave these matched patients a minimum of three individual therapy sessions from a psychiatrist, psychologist, or social worker, for each identified problem. For example, matched patients with a psychiatric problem received at least three targeted individual therapy sessions from a psychiatrist or psychologist. Standard patients were also interviewed with the ASI. The information was provided to the treatment programs, and the programs were asked to treat them "in the usual manner."

Both matched- and standard-treatment patients were monitored with weekly phone calls and were evaluated again with the ASI interview 6 months after discharge. The results showed that matched-treatment patients stayed in treatment longer, were more likely to complete treatment, and had better 6-month outcomes than the standard-care patients treated in the same programs. The standard-care group showed significant improvements between admission and 6-month followup in drug use, alcohol use, family relations, and psychiatric problems, but failed to show improvements in medical status and showed significantly worsened status in employment. The matched group showed statistically significant improvement in all ASI problem areas.

The researchers caution against generalizing their findings to other groups. The study patients were referred by an employee assistance program and thus probably differed from other insured groups in the amount of pressure they were under to enter treatment, as well as in aspects of their backgrounds, the researchers note.

The matching strategy was clinically and administratively practical and attractive to patients, the researchers say. The results indicate that, despite obstacles to matching patients to programs, strategies can be designed to target services effectively within programs.

"In the real world of addiction treatment, providers can find ways to best utilize treatment resources," says Dr. McLellan. "Each patient's unique treatment needs can be identified easily and reliably at the time of treatment admission, and the appropriate services can then be targeted to that patient as part of the overall treatment. It's not very different from what most treatment clinicians describe as individually tailored treatment."

### **Source**

McLellan, A.T.; Grissom, G.R.; Zanis, D.; Randall, M.; Brill, P.; O'Brien, C.P. Problem-service "matching" in addiction treatment: A prospective study in 4 programs. *Archives of General Psychiatry* 54:730-735, 1997.

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