Contingency Management Implementation: Strengthening MAT in Primary Care

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Disclosure Information (Required)

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  - Presenter 1 Commercial Interests: ASAM FAME ECHO Faculty and committee member, financial reimbursement for or FAME ECHO
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  - No Disclosures
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  - Presenter 3 Commercial Interests: Name of Company, What was received, For What Role – Put "No Disclosures" if they do not have any
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  - Presenter 4 Commercial Interests: Name of Company, What was received, For What Role – Put "No Disclosures" if they do not have any

Learning Objectives

- By the end of this presentation participants will be able to:

1. Define and review Contingency Management (CM) and the related evidence for its use when treating patients with OUDs and other substance use disorders in primary care.
2. Apply CM to Patient and practice cases in order to understand potential designs that promote retention and shape patient recovery behaviors.
3. Evaluate and Analyze the use of monetary and non-monetary rewards.
4. Create a program utilizing interdisciplinary implementation, training, and together solving barriers and solutions to program success.

What is *Contingency Management?*

Contingency Management:

- Voucher Based Reinforcement (VBR)
- Price Incentive CM [1]

1. NIDA. 2020, June 1. Contingency Management Interventions/Motivational Incentives (Alcohol, Stimulants, Opioids, Marijuana, Nicotine).

Decades of Mounting Evidence

- Studied since 1960 -alcohol use disorder. [2]
- Effectiveness with a vast amount of SUDs .[3,4]
- Increased treatment engagement and abstinence rates during treatment. [4,5]
- Prize reinforcement = most effective approaches. [2]
- Increases psychosocial treatment and medication adherence. [6]
- For DUI offenders transparency of the contract and immediacy and certainty of the consequence increases effectiveness. [7]

2. Recovery Research Institute (2021). Retrieved from https://www.recoveryanswers.org/resource/contingency-management/
3. Petry, N. M., Martin, B., & Simcic, F., Jr. (2005). Prize reinforcement contingency management for cocaine dependence: integration with group therapy in a methadone clinic. *Journal of Consulting and Clinical Psychology, 73*(2), 354-359. doi: 10.1037/0022-006x.73.2.354
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Overall Aim: Initiate contingency management in Primary Care for patients receiving MAT:

Aim: Shapes retention in MAT

Retention in MAT treatment for OUDs results in better outcomes (decreased medical morbidity and mortality, HIV transmission, criminal activity, and increased social functioning)[7] and therefore this CM program initially focuses on immediate rewards to shape program retention and medication adherence

Aim: Adequately train providers

CM implementation and skill development training is important for this strategy to move from research to routine clinical practice[8]

Aim: Built-in bonuses

Prize reinforcement Contingency Management (CM) strategies have built-in bonuses[2], such that with the accumulation of negative toxicology screens over time, the patient can earn greater and greater rewards for each subsequent negative screen that is completed.

7. Manhapra A, Agbese E, Leslie DL, Rosenheck RA. Three-year retention in buprenorphine treatment for opioid use disorder among privately insured adults. Psychiatric Services. 2018; 69(7): 768-776.
8. Rash CJ, Petry NM, Kirby KC, Martino S, Roll J, Stitzer ML. Identifying provider beliefs related to contingency management adoption using the contingency management beliefs questionnaire. Drug and Alcohol Dependence. 2012;121(3):205–212. http://doi.org/10.1016/j.drugalcdep.2011.08.027
2. Recovery Research Institute (2021). Contingency management. Retrieved from https://www.recoveryanswers.org/resource/contingency-management/

Discussion: Barriers to Program Implementation

1. What are some of the barriers to CM implementation?

2. What can be done to overcome these barriers?

3. What are some potential unintended consequences of a CM program (with patients, providers, and community).

Overcoming Barriers for implementation

- Funding for the program
- Tax and grant restrictions
- How to support local businesses
- Buy-in from providers across 14 practices
- Training and Education
- COVID-19

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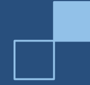
- Our vision: To reward all our MAT patients as they accomplish moving from program retention towards recovery while adopting new behaviors that support *health*, *wellness*, and *purpose*.

Nonmonetary Incentives

- When the patient is early in their recovery journey, nonmonetary incentives are available and redeemable after
  - attending their first doctor visit,
  - completing the Behavioral Health ASAM LOCA,
  - meeting with the CRS,
  - improved Urine Drug Screen
  - second office visit.

- These items consist of journals, pens, candles, stones, and coins.



Implementation Schedule

The objective is to reward consistent abstinence and recovery behaviors with immediacy; as the level of continued abstinence is increased, the size of the reward increases in kind.

- Initial Visit: Journal/Pen
- Second Visit: Stone
- 30 Days: Coin
- 60 Days: Candle
- 90 Days: Gift Card

When there is a setback in recovery

- The reward continuum is <u>reset</u> until abstinence is again presented.
- The goal is to reward continued abstinence and recovery behaviors by increasing the size of the reward, and offering incentives to get the patient back on track with their recovery.
- At the reset nonmonetary rewards can continue (stones, coins, and words of encouragement).

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A Reminder

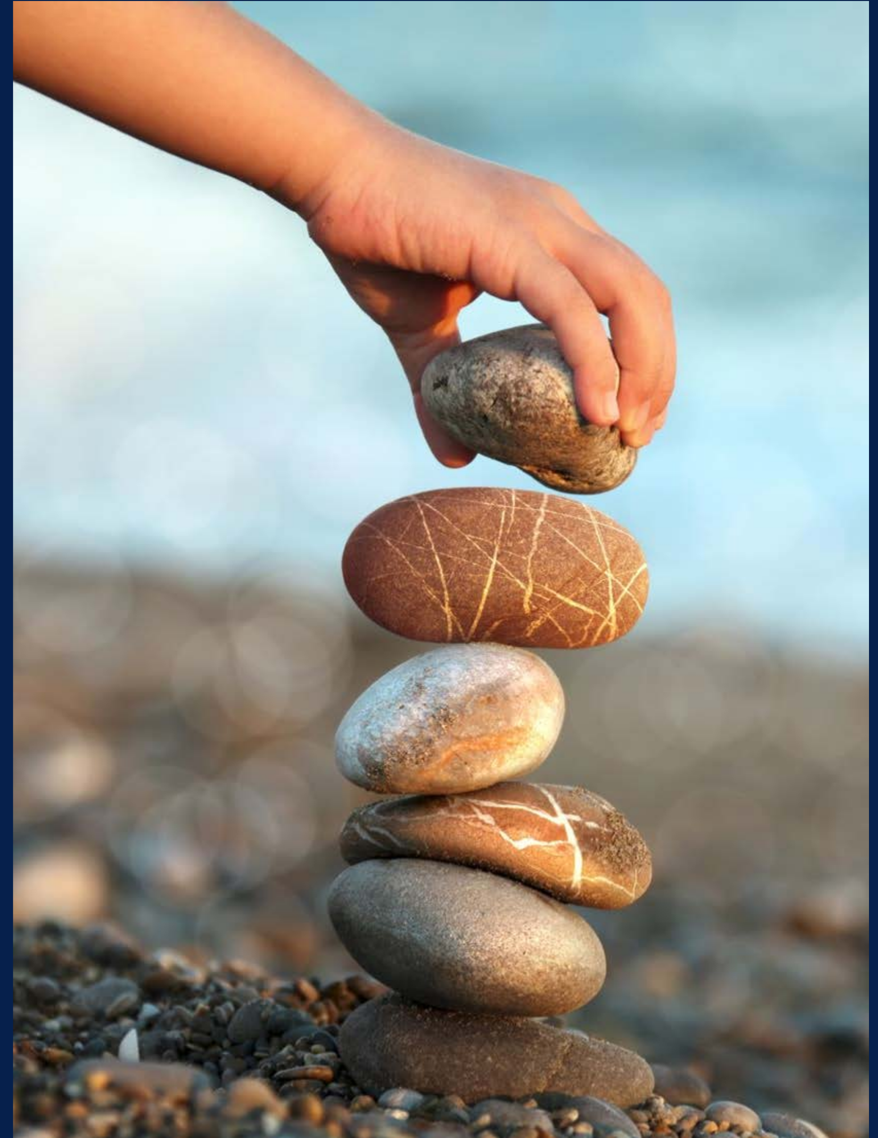
- It is important to note that recovery is not a straight line.
- This is an opportunity to review successes and struggles; to provide additional support where an area of need is identified.
- The objective is to reward the desired behavior; not punish or shame the undesired behavior.

When to shift from Nonmonetary to monetary incentives

- ◆When the patient has **maintained their recovery for 90 days and stability on the MAT program** monetary gift cards are available.
- ◆ The patient has four categories to accumulate rewards of $25 gift cards to receive up to a total $50 in gift cards.

Monetary Categories once sustained recovery is achieved

- *Health*
- *Wellness*
- *Purpose*



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Tracking Nonmonetary Items

MRN:	JOURNALS/ PENS (Visit No. & Date)	STONES (Visit No. & Date)	COINS (Visit No. & Date)	CANDLES (Visit No. & Date)	MOVED TO MONETARY (Visit No. & Date)
1. (sample)	First visit and induction	Completed ASAM LOCA/initial eval.	Meet with CRS	Improved UDS	90 days of meeting recovery goals
2.					
3.					
4.					
5.					

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Tracking Monetary Items

Redeemable after 90 days of consecutive negative urine screen results and exhibiting sustained MAT.

Please keep in a secure location.

MRN	WALMART GIFT CARD No. (Visit No., Initials & Date)	TARGET GIFT CARD No. (Visit No., Initials & Date)	COMMENTS
1.			
2.			
3.			
4.			
5.			

Discussion

- When using a prize incentive program such as a random chance bowl. Does this promote gambling behaviors?
- Is this a game of chance?
- Should patients be paid to remain abstinent? Why or why not?
- Do the impacts of the program have lasting effect?

Provider Training:

CONTINGENCY MANAGEMENT REVIEW

RECOVERY IS A JOURNEY

Adobe Spark

Internal Training Video

- Juliana is a 34 year old female who presented to our office after inpatient hospitalization for heroin withdrawal. She was started on suboxone sublingual upon discharge and was transitioned into our office based program. She is currently over 100 days into her recovery and has been a participant in our contingency management program. At 30 days she received her coin and a journal. She was very grateful for her journal and coin. She likes to write and draw which helps promote her recovery and to better express her emotions through nonverbal communication. At 90 days she received a $25 gift card, which she was extremely grateful for. She was able to treat herself to a new purse to help keep her motivation for recovery. She has also received her keychains and coin through NA which she often brings to her appointments with me and shows how proud she is of her accomplishments. She loves the recognition that she is succeeding and these rewards help to maintain her motivation.

Case provided by: Stacy Albrecht, P A

Final Takeaways

- Involvement of service users in this process is essential and is likely to provide insights into the mechanism of action of CM as well as its effectiveness and adoption within complex treatment systems.[10]
- While there is considerable evidence supporting CM's efficacy during active intervention, CM's effects have been criticized for deteriorating or disappearing once the intervention is removed.[11]
- Program oversight and continued support and training to get providers to remember and use the items has taken a considerable amount of work and effort. Someone needs to continuously follow up on the program and check-in on how it is going.
- For the patients that are receiving the items, there has been positive feedback from providers not patients.
- At current, overall provider use and by in remains low despite education and training and we are uncertain about the appropriate amount of education, training, and level of support that is needed to make this common practice for patients receiving MAT in primary care.

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