Florida Cost Analysis of Addiction Programs (FCAAP): Methodology, Approach, and Lessons Learned

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Introduction

• Substance use and abuse present unique challenges to healthcare providers, employers, and criminal justice agencies

• Public and private organizations often consider prevention, treatment, rehabilitation, deterrence, harm reduction, etc.

• Programs must be prioritized and funds should be directed to the most prudent investments

• Economic evaluation studies estimate the opportunity costs, effectiveness, and dollar benefits of competing programs so that scarce resources can be allocated efficiently
Introduction (cont.)

- Absence of standardized treatment cost data at the state level presents a handicap for policy makers
- The University of Miami and the Florida Department of Children and Families (DCF) initiated the FCAAP to address this gap in Florida
  - Recruited all publicly-funded substance abuse treatment programs
  - Collected extensive programmatic, financial, and client data
  - Conducted descriptive and multivariate analyses
  - Formulated policy implications and recommendations
Background

- Many previous cost studies estimated accounting costs (i.e., direct expenditures) rather than economic or opportunity costs
  - Relied on budgets, facility charges, or expert judgments
  - More narrow perspective on program costs
- Drug Abuse Treatment Cost Analysis Program (DATCAP)
  - First standardized and comprehensive instrument to capture opportunity costs
- DATCAP estimates
  - Total annual program cost
  - Average annual cost per client
  - Average weekly cost per client
  - Average cost per treatment episode

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Methods

• Study began in early 2010 and included four overlapping phases
  • Program selection
  • Program Recruitment
  • Data Collection
  • Final Review

• Six geographical regions delimited by DCF
  • Northwest
  • Northeast
  • Central
  • Suncoast
  • Southern
  • Southeast regions
Sample Recruited Across Six Geographical Regions In Florida
Methods

• Research team included:
  • Nine individuals with specialized training in health economics and health services research
  • Principal Investigator, Project Director, two Research Assistants, and five Project Coordinators

• Instrumentation
  • DATCAP
  • Operations Module

• Given the lag in data availability, all information pertains to the 2008-2009 fiscal year or 2009 calendar year.
Program Selection

- Study targeted all substance abuse treatment programs in Florida that received public funding
- Baseline list of 84 eligible licensed substance abuse treatment agencies
- Lengthy list with some programs that were not currently operating
- A total of 58 operating programs participated
- Primarily providing substance abuse treatment to patients but also mental health services
Methods (cont.)

• Program Recruitment
  • Postal mailings, phone calls, emails, faxes
  • Mailed and emailed multiple copies of data collection instruments, introductory letter, and project prospectus
  • Numerous contacts with CEOs and CFOs to establish rapport, introduce study, and answer questions
  • Also conducted site visits to several less enthusiastic agencies
Methods (Cont.)

- Data Collection
  - Administered DATCAP and Operations Module
  - Overlapped with recruitment phase
  - Approach tailored to each agency
  - Site visits to improve communication, compliance, and data quality
  - Project coordinators reviewed all data with agency personnel
  - Established a customized timeline for completion
Methods (Cont.)

• Research team met weekly to review DATCAPs and Modules.
• Challenges and inconsistencies encountered during data collection were addressed.
• Each DATCAP was reviewed by at least two members of the research team.
• Final Results Report was sent to each agency with a certified Agreement Form.
• Once Agreement Forms were signed, program identifiers were removed and data were aggregated into main database.

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Lessons Learned

• Be aware of overlapping substance abuse and mental health services
  • Study included both substance abuse treatment and mental health providers, even if mental health was the primary diagnosis

• Compile current and accurate database of key agency contacts before initiating recruitment efforts
  • These efforts prior to recruitment and data collection will save considerable time and effort later in the project

• Meet with key stakeholders early in the project
  • State officials who oversee behavioral healthcare delivery systems
  • Representatives from substance abuse treatment trade groups and advocacy organizations
  • Individual agencies and programs
Lessons Learned (Cont.)

• Carefully review the data collection instruments with agency staff
  • Level of detail required by DATCAP was too complex for many agencies
  • Issue of cost centers, which do not separate costs by program or modality
• Provide clear and meaningful incentives for agency participation
  • Budgetary limitations did not allow for direct monetary incentives
• Establish a standard and consistent approach for handling missing data
  • E.g. client case flow, buildings and facilities
• Expect data collection delays and adjust the timeline accordingly
  • Recruitment and data collection took several months more than we anticipated
  • Decide whether and how to accept “late-arriving” data
Conclusion

• First statewide economic cost analysis of substance abuse treatment services
• Substance abuse treatment cost estimates are now available for multiple programs and modalities within the entire state of Florida
• Detailed cost data are required for stakeholders to establish reimbursement rates, conduct program evaluations, and initiate performance monitoring
• Policy makers and administrators in other states now have a research template if they want to obtain their own cost estimates