



OISE Outcomes

OISE members are committed to transparency and accountability. We believe that a fundamental way to demonstrate these values is through publicly reporting our members' quality indicators that measure performance on key aspects of substance use treatment.

As a first step, we collectively determined that the best initial quality indicators to demonstrate a commitment to our service, safety, and quality goals include:

- **Access:** Is treatment readily available?
- **Engagement:** Do people “follow through” with treatment beyond an initial appointment?
- **Retention:** Do people stay in treatment long enough for impact?

Over the next two years, we will collaborate with all stakeholders to refine our metrics and reporting.

While we recognize that these are imperfect measures of recovery outcomes, they mark the beginning of a process to collect, manage and report quality measures as a precondition for creating value in the delivery system. Additionally, OISE will utilize these metrics to facilitate a learning community that will help identify best practices and improve the whole system of care.




Please note that our members have different measurement methodologies and we cannot reliably compare performance across organizations until we have codified specifications to guide measure design and calculations. Nevertheless, we are reporting quality performance now to demonstrate its importance to serving patients in SUD treatment. The journey of continuous improvement towards better health and quality of life outcomes cannot wait.

OISE members have committed to collaborative improvement on both the metrics and reporting. Over the next two years, we collaborate with all stakeholders to refine our metrics and reporting.




OISE and Our Members Stand Ready to Partner with You

We see the above commitment as a starting point and we will continue to collaborate and refine our shared vision of high-quality addiction treatment. Contact us: jonas@sudexcellence.org or 859-512-8691.



		 ACCESS	 ENGAGEMENT	 RETENTION
DESCRIPTION	Brief Narrative	The percentage of new patients with a scheduled appointment out of # of new patient calls	The percentage of kept appointments out of total total appointments scheduled	The percentage of patients still in treatment after 120 days from their first visits
	Numerator	# of scheduled appointments	# of kept appointments	patient episodes >120 days
	Denominator	# of new patient calls	# of total scheduled appointments	Total patient episodes
PERFORMANCE	Measurement Period	January 2024	13 week average	August 2023 cohort
	Target	100%	80% Medical / 70% BH	37%
	Outcome	99.00%	71% Medical / 60% BH	34.40%




Boulder

		 ACCESS	 ENGAGEMENT	 RETENTION
DESCRIPTION	Brief Narrative	Percent of patients who enrolled in 2023 who waited 1 or fewer (0) days to successfully complete a clinical intake including prescribed MOUD/MAUD	What percentage of all scheduled/accepted clinician visits are attended?	For how long do patients engage with us at least every 105 days?
	Numerator	Days	Completed visits	Active patients at chosen duration
	Denominator	n/a	Scheduled or pop-in-accepted visits	All active patients, all time
PERFORMANCE	Measurement Period	2023	2023	All time
	Target	50% (of (Ohio enrollments in 2023: 3,557))	85% (of (Ohio enrollments in 2023: 3,557))	1 month retention for 2023: 90% 3 month retention for 2023: 75% 12 month retention for 2023: 49.2%
	Outcome	47%	74%	70%









INTEGRATED SERVICES

for behavioral health




		 ACCESS	 ENGAGEMENT	 RETENTION
DESCRIPTION	Brief Narrative	This metric reports the average days to care from MOUD referral to first visit with prescribing provider	This metric reports on % of patients having at least two follow ups within first 30 days of SUD assessment activity, one of which being within 7 days of SUD assessment activity (3 successful contacts in 3 days)	Retention is defined by the average length of an active episode of care from the date of assessment to the date of program discharge due to no active services.
	Numerator	Date to first appointment with prescriber	Patients completing SUD assessment activity who received a follow up service within 7 days and at least one more follow up by day 30	Days after assessment
	Denominator	Day referred is day 0	All patients completing SUD assessment activity	Day of assessment
PERFORMANCE	Measurement Period	Last 365 days		CY 2023
	Target	3 days	85%	n/a
	Outcome	19 days	85% (Qualifying follow up visits include: Face to face and telehealth visits. Group therapy, individual counseling, case management, psychiatry follow up, nursing services, peer support services, housing services.)	Average Days in Care for Outpatient SUD: 436; Average Days in Care for Medications for Opioid Use Disorder: 328; Average Days of Care for Intensive Outpatient Programming: 170



		 ACCESS	 ENGAGEMENT	 RETENTION
DESCRIPTION	Brief Narrative	Days between referral and clinical intake	Average number of service count per month	Rolling average number of months clients engage with Thrive
	Numerator	Total days between referral date and clinical intake date	Count of services provided	Total number of months that clients have engaged
	Denominator	Total number of engaged clients	Count of individuals receiving those services	Total number of clients who have engaged
PERFORMANCE	Measurement Period	Jan 1 - Dec 31, 2023	Jan 1 - Dec 31, 2023	Jan 1 - Dec 31, 2023
	Target	2	4	6
	Outcome	15	3.32	4

		 ACCESS	 ENGAGEMENT	 RETENTION
DESCRIPTION	Brief Narrative	We provide walk-in assessments between the hours of 8:30am to 3:30pm. We believe active SUD is an emergency at all times. We would like to be able to provide assessments 24 hours a day, 7 days a week.	We have found that when patients have perfect attendance for the week, they have a greater than 90% chance of having a negative drug screen. We keep a weekly tab on how many patients have 100% compliance with care for the week.	We have a difficult population. Zip code 43222 has the lowest life expectancy in the state. The social determinants of health of our patients are dire at best. Often it's difficult to determine if the patient is the right fit for our program. That process can take a few weeks to establish. Many need a higher level of care or may need specialized care that we do not provide.
	Numerator	Number of hours a week we are currently providing access, currently 35 hours.	The number of patients who have perfect attendance for the week.	Number of patients that made it to 30 days who also made it to 180 days.
	Denominator	24 hours a day x 7 days a week = 168	Total number of patients for the week.	Number of total patients that make it to 30 days.
PERFORMANCE	Measurement Period	2023	2023	2023
	Target	The end target is to have 100% of the time we are open for assessments. But in 2024, we would like to get to 30%.	For 2024, our goal is to have 50% of our patients to have perfect attendance each week.	For 2024, our goal is to have 75% of our patients who make it to 30 days continue on to 180 days.
	Outcome	20%	26%	53%

No data this reporting period (transitioning from a partner provider)

		 ACCESS	 ENGAGEMENT	 RETENTION
DESCRIPTION	Brief Narrative			
	Numerator			
	Denominator			
PERFORMANCE	Measurement Period			
	Target			
	Outcome			