CONTINGENCY MANAGEMENT

EVIDENCE BASED TREATMENT





- >> Medication
- Motivational interviewing and brief interventions
- Cognitive-Behavioral Therapy (or other evidence-based counseling)
- >> Contingency Management
 - >> Well defined literature with many randomized trials
 - >> Works alone or even better in conjunction with other treatments
- >> Other interventions with evidence of supporting treatment outcomes
 - >> Exercise
 - >> Mindfulness
 - » SDoH supports such as housing

CONTINGENCY MANAGEMENT





PLOS MEDICINE

PLoS Med. 2018 Dec; 15(12): e1002715.

Published online 2018 Dec 26. doi: 10.1371/journal.pmed.1002715

PMCID: PMC6306153 PMID: 30586362

Comparative efficacy and acceptability of psychosocial interventions for individuals with cocaine and amphetamine addiction: A systematic review and network meta-analysis

Franco De Crescenzo, Conceptualization, Data curation, Formal analysis, Writing – original draft, 1,2,3

Meta-analysis of 50 studies: # need to treat NNT = 4! <u>Drug Alcohol Depend.</u> Author manuscript; available in PMC 2019 Mar 26. Published in final edited form as:

Drug Alcohol Depend. 2018 Apr 1; 185: 367-373.

Published online 2018 Feb 16. doi: 10.1016/j.drugalcdep.2017.12.020

The national implementation of Contingency Management (CM) in the Department of Veterans Affairs: Attendance at CM sessions and substance use outcomes

PMCID: PMC6435332

PMID: 29524874

NIHMSID: NIHMS1018285

Dominick DePhilippis, a.b.* Nancy M. Petry, Marcel O. Bonn-Miller, Sarah B. Rosenbach, and James R. McKaya, b

Average percent of samples that tested negative for target sample: 91%!

Randomized Controlled Trial > Am J Psychiatry. 2014 Jun;171(6):683-90. doi: 10.1176/appi.ajp.2014.13081055.

Internet-delivered treatment for substance abuse: a multisite randomized controlled trial

Aimee N C Campbell, Edward V Nunes, Abigail G Matthews, Maxine Stitzer, Gloria M Miele,

Abstinence odds ratio
1.62 overall and for
those with initial
positive screen:
2.18!

Z.10













Setting the goal

- >> SMART
 - >> Specific
 - >> Measurable
 - >> Achievable
 - >> Relevant
 - >> Time-Based
- >> Verifiable (step above measurable)







Defining the reward

- >> Cash works, but issues
- Some of the second of the s
 - >> Lottery seems to work as well and may decrease cost per participant
 - Amount should match effort/time or could undermine
- Other rewards what does person want/value?







Verification

- Medication use verified by lab test
- Specific substance nonuse, verified by lab or point of care test
- >> Direct observed dose







Give reward

- Sive right away as time matters to value
- Make it as easy as possible to use the reward, complexity undermines value







>> Evidence suggests that rewards need to continue

CONTINENCY MANAGEMENT IS HOT





The New Hork Times

This Addiction Treatment Works. Why Is It So Underused?

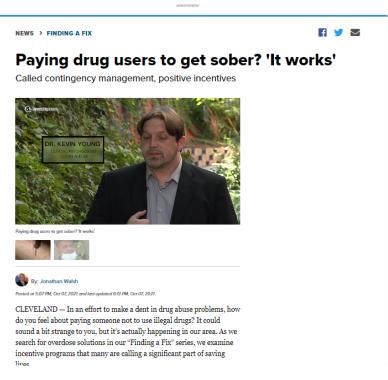
An approach called contingency management rewards drug users with money and prizes for staying abstinent. But few programs offer it, in part because of moral objections to the concept.











COST AND REGULATION





Why isn't everyone doing contingency management?

- 1. Activity not reimbursed
- 2. Cost of rewards (\$600+ per year per client for impact)
- 3. Regulation of biometric incentives
 - Affordable Care Act (ACA)
 - Equal employment Opportunity Commission (EEOC)
 - GINA (Genetic Information Nondiscrimination Act)
 - American Disabilities Act
 - Anti-Kickback Statute (AKS)
 - Federal Civil Monetary Penalties Law (CMPL)
 - State laws

WHAT CAN YOU DO?





Identify and use non-monetary contingency management Look for external companies with models that comply with regulations

Can be done by Medicaid Managed Care: advocate for budget, support and use