Evidence-based practice should guide the treatment of addiction, yet clinical trials designed to gather that evidence often take years to complete. Then, once those findings are published, how quickly and easily are they applied to real-world practice? Learn about the innovative new movement that’s changing the face of addiction care.
How to Rise to the Challenge of Treating Substance Use Disorders by Rethinking the Evidence-Based Model

Now more than ever, substance use disorders (SUDs) represent an apparently intractable facet of our societal landscape. In the United States alone, there are approximately 14,000 facilities exclusively dedicated to the treatment of alcohol and other SUDs, with annual costs reaching billions of dollars.\(^1\) The prevalence of SUDs, however, continues to grow, unspooling the fabric of human relationships and racking up a staggering human cost that defies quantification. Recently, evidence-based behavioral practices have become the cornerstone of addiction treatment, encompassing everything from cognitive behavioral therapy–based approaches and motivational interventions to self-help organizations. Evidence-based strategies are well-studied, have demonstrated efficacy, and have markedly contributed to comprehensive recovery plans.\(^2\) However, like all mental health interventions, these strategies are not efficacious in every context and have certain clinical and practical limitations.\(^3\)

Clinical and Practical Limitations

- The complexity of meaningfully and efficiently translating research findings for more generalized, frontline clinical practice settings
- The wide variance in the uptake and implementation of evidence-based protocols, which can subsequently lead to variability in quality of care and patient outcomes
- The absence of well-defined biomarkers of disease processes generally found in other areas of medicine impedes precision in the underlying diagnostic framework of addiction (eg, the American Psychiatric Association’s *Diagnostic and Statistical Manual of Mental Disorders* [DSM-5] presents an amalgam of biological, psychological, and social markers that fosters inconsistency and heterogeneity in how outcomes are measured and evaluated)
- The “research to practice” gap—the years-long lag between the formulation of a clinical research question and discovering its answer through standard research protocols

“The treatment of addiction, like that of any chronic disease, must be based on solid scientific evidence.”
While the application of rigorous biomarkers in mental health and addiction care represents a vital future goal of both researchers and clinicians, Wellbridge Addiction Treatment and Research, based in Calverton, New York, has adopted a more systematic, data-driven approach to addiction treatment. Rooted in holistic patient care, its outlook is centered around building a dynamic, specialized community of addiction researchers who work side-by-side with clinicians to address the evolving needs of the patient—and accelerate the translation of research into clinical practice.

**Metrics Matter: Turning the Corner Toward Measurement-Based Practice**

> “Measurement-based practice has the potential to improve patients’ engagement with treatment, retention, and outcomes.”

Designed to overcome the potential limitations of evidence-based treatments and enhance the quality of all frameworks of interventions, the measurement-based practice model provides clinically useful data summarization capabilities at the point of care, with the objective of enhancing the quality, accountability, and effectiveness of addiction and behavioral healthcare organizations. This highly focused, analytical approach—with an emphasis on continuous quality improvement—corresponds to a growing trend in mental health practice: to move beyond intuitive forms of psychiatry and psychotherapy toward more measurement-based practices—without sacrificing the humanistic, patient-centered aspects of care. In most cases, measurement-based practice has the potential to improve patients’ engagement with treatment, retention, and outcomes. For many healthcare professionals who specialize in addiction treatment, it is rapidly changing the way knowledge is gained and shared in the clinical treatment setting.
Where Science and Compassion Intersect

Once again utilizing Wellbridge as an example, measurement-based practice reflects the core of the facility's therapeutic approach. First and foremost, its staff recognizes that the treatment of addiction, like that of any chronic disease, must be based on solid scientific evidence. The timely acquisition and utilization of that knowledge—the bedrock of measurement-based practice—makes all the difference. At Wellbridge, researchers and clinicians engage in a constant dialogue. They compare notes, review methodologies, and actively pressure-test interventional strategies. Ultimately, the perspectives of both inform real-time treatment decisions that encompass the physiology as well as the psychology of addiction.

“Facilities such as Wellbridge rise above the traditional definition of treatment centers.”

This synergistic system yields a process effect—one that complements evidence-based practice while filling in gaps through the implementation of contextually specific, validated measurement-based protocols. Facilities such as Wellbridge rise above the traditional definition of treatment centers. They exemplify the evolution of addiction treatment, in which on-site research drives individualized, sustainable recovery. Ultimately, this brings addiction care closer to the most critical goal of all: to transform the destiny of human lives.

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Wellbridge is a new addiction treatment center for people 18+ years of age who suffer from SUD and co-occurring conditions. Wellbridge is pioneering a model for addiction care in which clinical practice and research converge to innovate new evidence-based approaches for treatment.