

Organizational Change to Improve Addiction Treatment

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NIATx process improvement methods and tools are available to the field at: www.niatx.net

What is Process Improvement?

- A method that utilizes a Plan-Do-Study-Act (PDSA) model in rapid cycle tests to improve organizational processes and services
- A practice that has been successfully implemented in many industries, including health care and substance abuse treatment

Why Process Improvement

- 50% of clients drop out prematurely
- No-shows to assessment range from 40-60%
- Most drop outs occur in 1st 30 days
- Transition between levels of care occurs successfully less than 50% of the time

Process Improvement Principles

1. Understand and involve the customer when making decisions about change
2. Focus on problems of most concern to and supported by management
3. Select an influential change leader to lead the process
4. Seek ideas from outside the field
5. Pilot test improvement ideas quickly

3 Fundamental Questions

1. What are we trying to accomplish?
(AIM)
2. How will we know that a change is an improvement? (MEASURE)
3. What changes can we test that may result in an improvement?
(CHANGE)

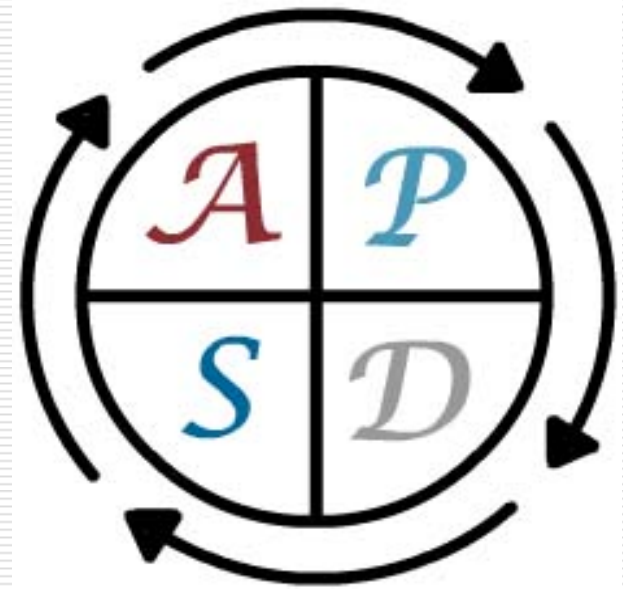
Rapid-Cycle Testing

Rapid-Cycle changes

- Are quick; do-able in 2 weeks

PDSA cycles

- **P**lan the change
- **D**o the plan
- **S**tudy the results
- **A**ct on the new knowledge



Making the Business Case

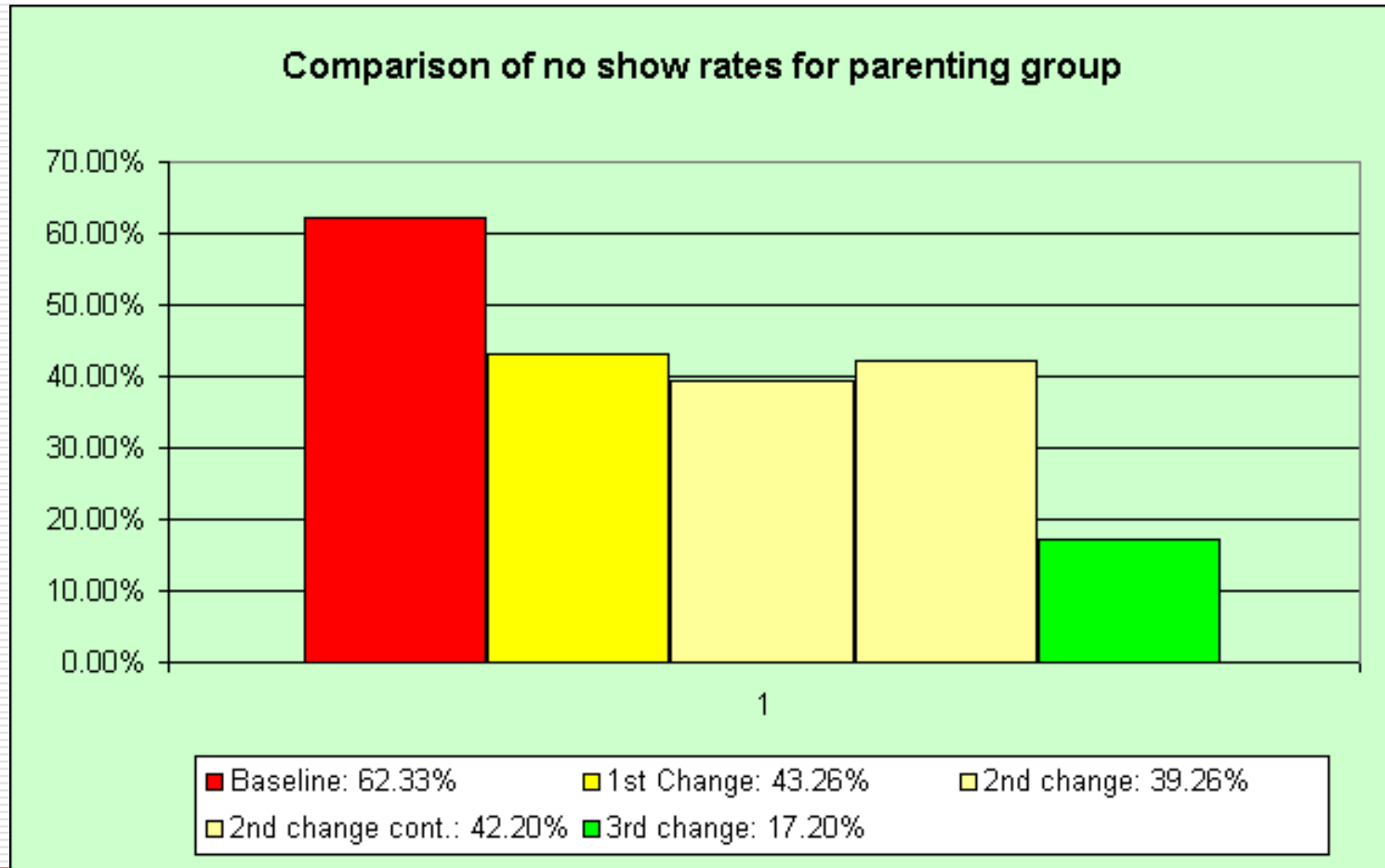
For process improvement to be sustained in an organization, management must recognize measurable benefits to the health, stability and marketability of the program.

What is the “business case”?

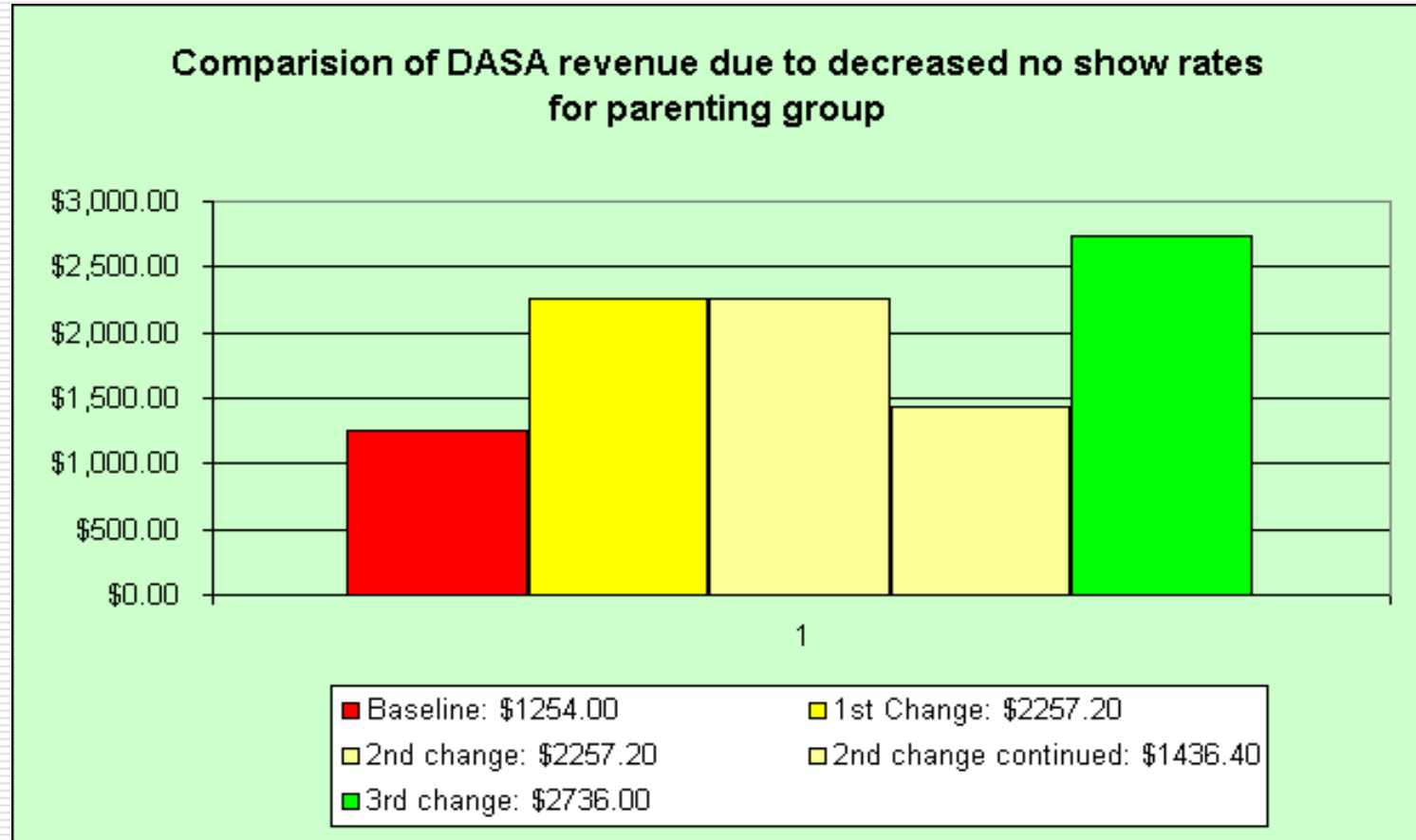
- Process improvements can impact:
 - Financial bottom line
 - Organizational climate
 - Efficiency and productivity
 - Relationship with referral sources
 - Staff retention
 - Client satisfaction
 - Treatment outcome

Reduced No-Shows

Franklin-Williamson Human Services



Monthly Revenue Increase Franklin Williamson Human Services



Sample Process Issues

Mid-Columbia Center for Living

- Wait time between first request for service and appointment: 18 days
- Continuation - at least 4 sessions in 1st 30 days: 34%

What to do?

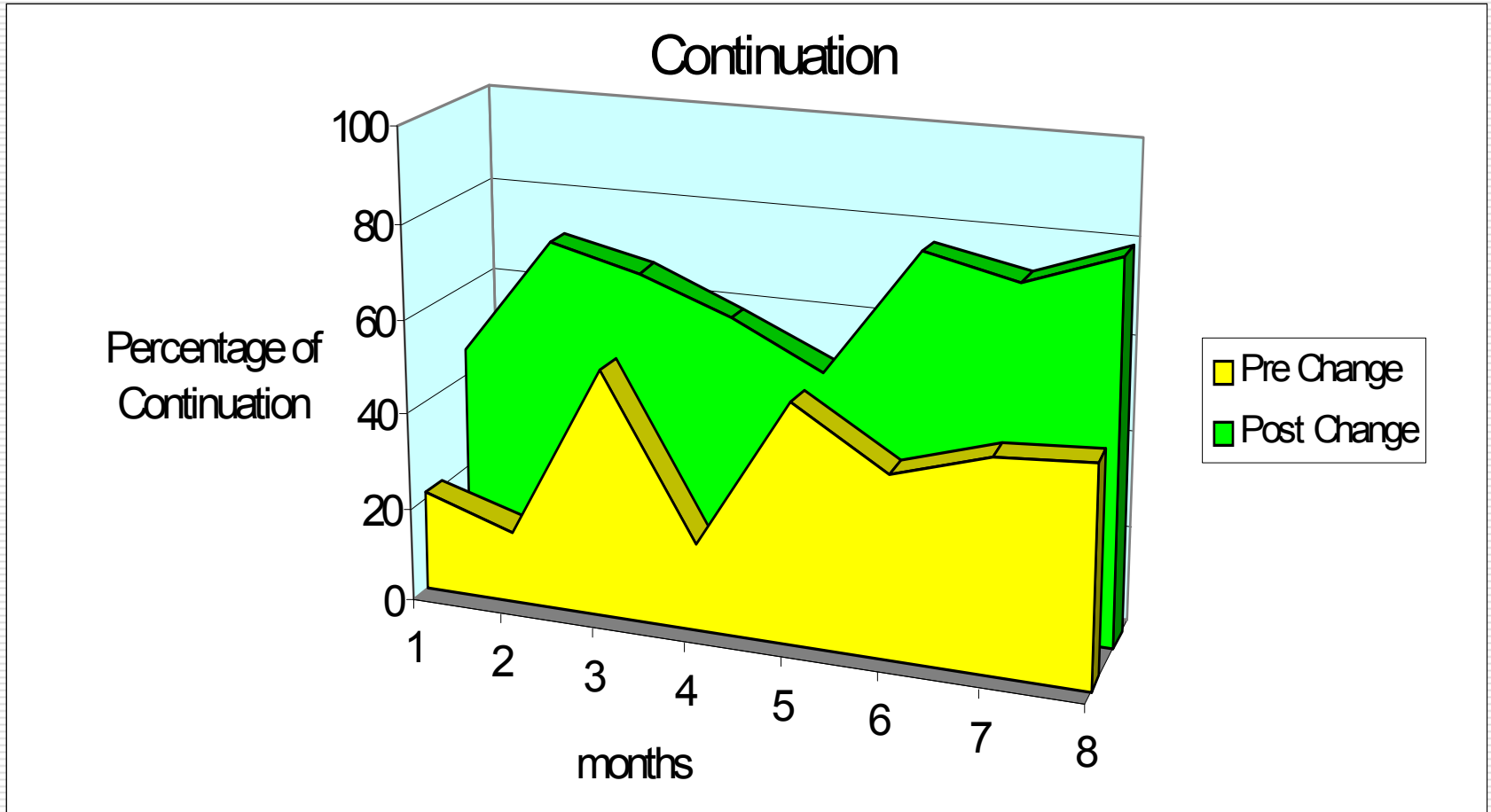
How to track continuation?

- a. Have clients be responsible for monitoring their participation
- b. Create a tool to help clients do it
- c. Old appointment cards often got confused with current ones
- d. Make a 4-session appointment card

How did it work?

- Clients used card for both individual and group appointments
- When the card was full, the client presented it to their counselor
- The counselor then offered the client the choice of an assortment of gift certificates

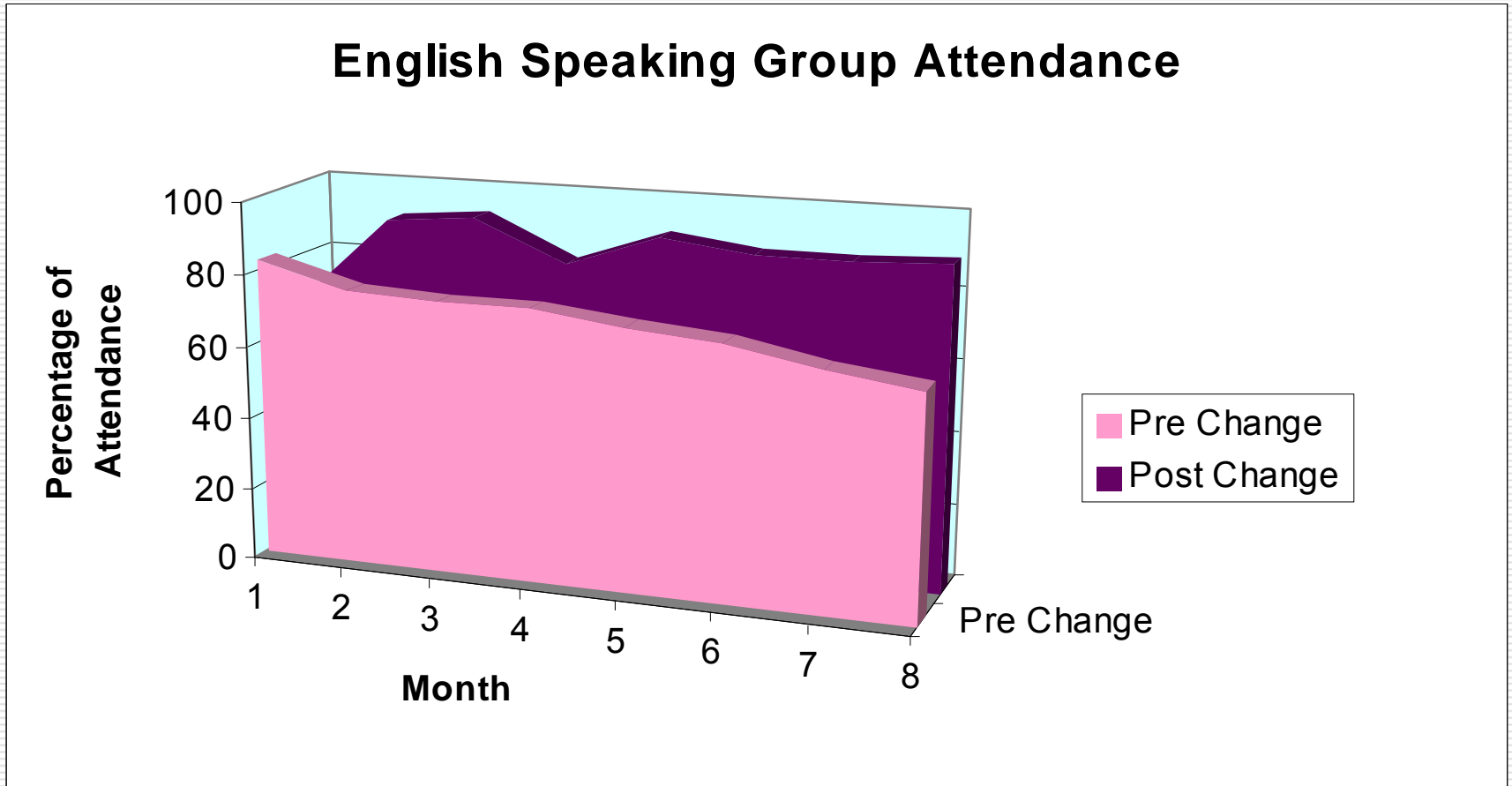
Results



What about group attendance?

- ❑ Group attendance averaged about 65%
- ❑ What could be done?
 - 100% attendance of all members for 4 weeks
 - On the 5th week, group would get a "Pizza Party"
- ❑ Rationale
 - Group might work as a team
 - Peer pressure would increase attendance
 - Recognition would be rewarding

Results



The key to discovering potential improvements

Do a walk-through exercise to understand your agency from the customer's perspective

Conducting a Walk-through

- Role play a “client” and “family member”
 - Call for an appointment: What happens?
 - Arrive for the appointment:
 - How are you greeted?
 - Were directions clear and accurate?
 - Complete the intake process:
 - How long does it take?
 - How redundant are the questions?
 - What did you learn? What will you change?

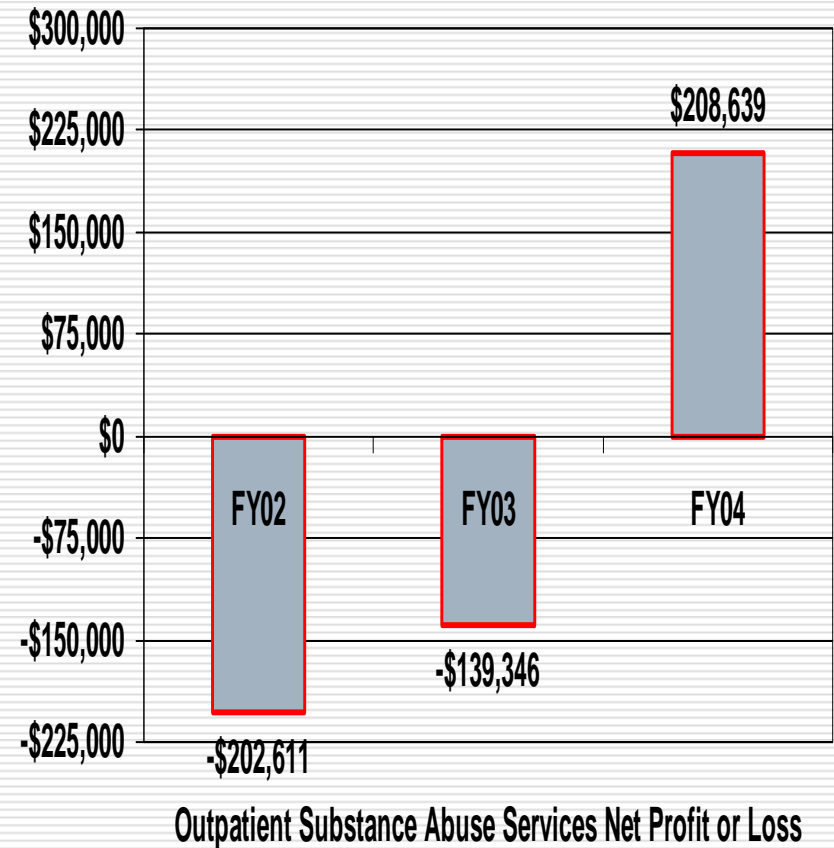
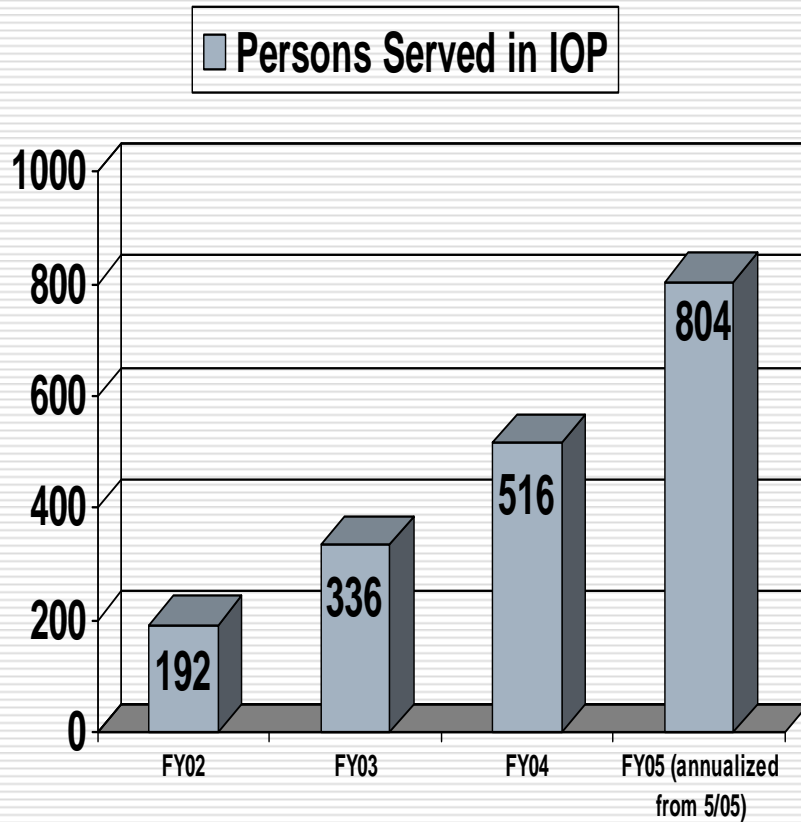
Acadia Hospital

Changing a System of Care

Acadia Aim: Open Access to IOP

- ❑ Clients evaluated @ 7:30 the next morning.
- ❑ Clients start treatment @ 9:00 that day
- ❑ Days between 1st contact & screening dropped: baseline = 4.1; post-change = 1.3
- ❑ Retention in care rose from 19% to 53%
- ❑ Within six months retention climbed to 67%

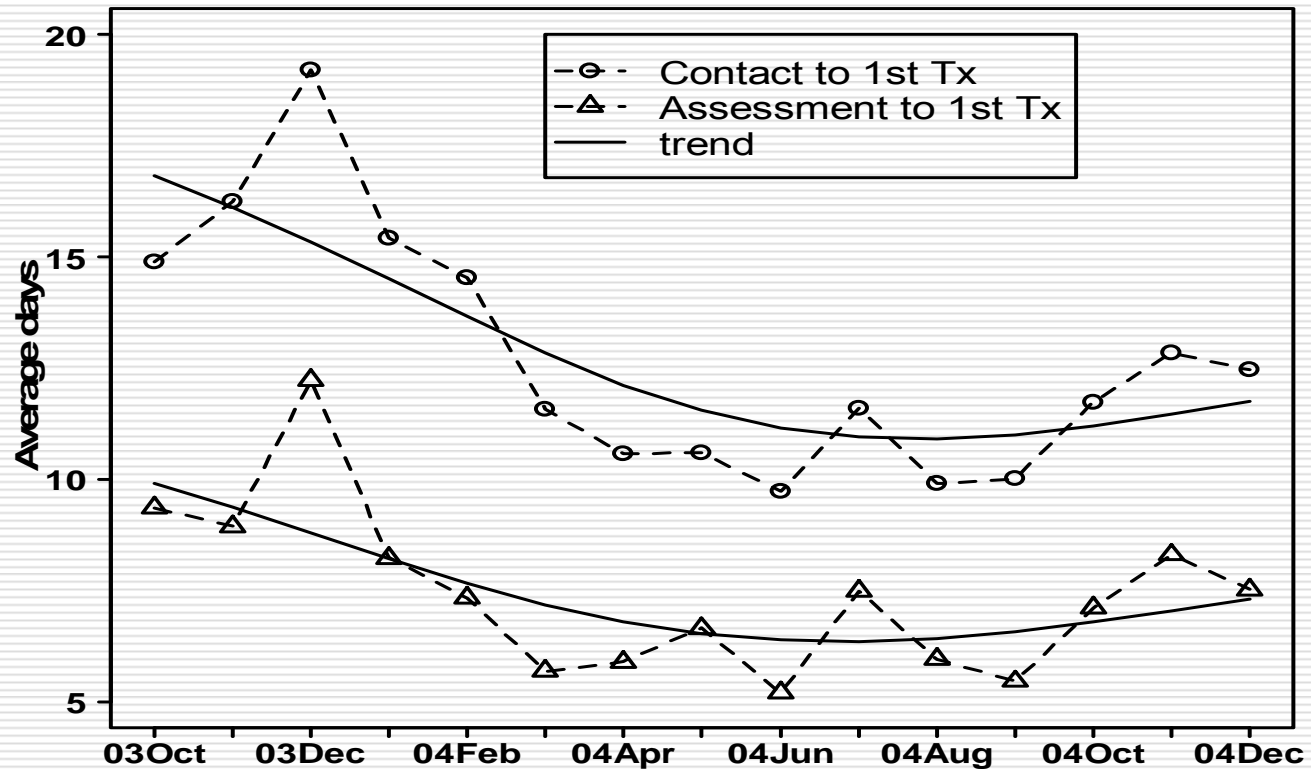
Acadia: Admissions and Revenues Increased



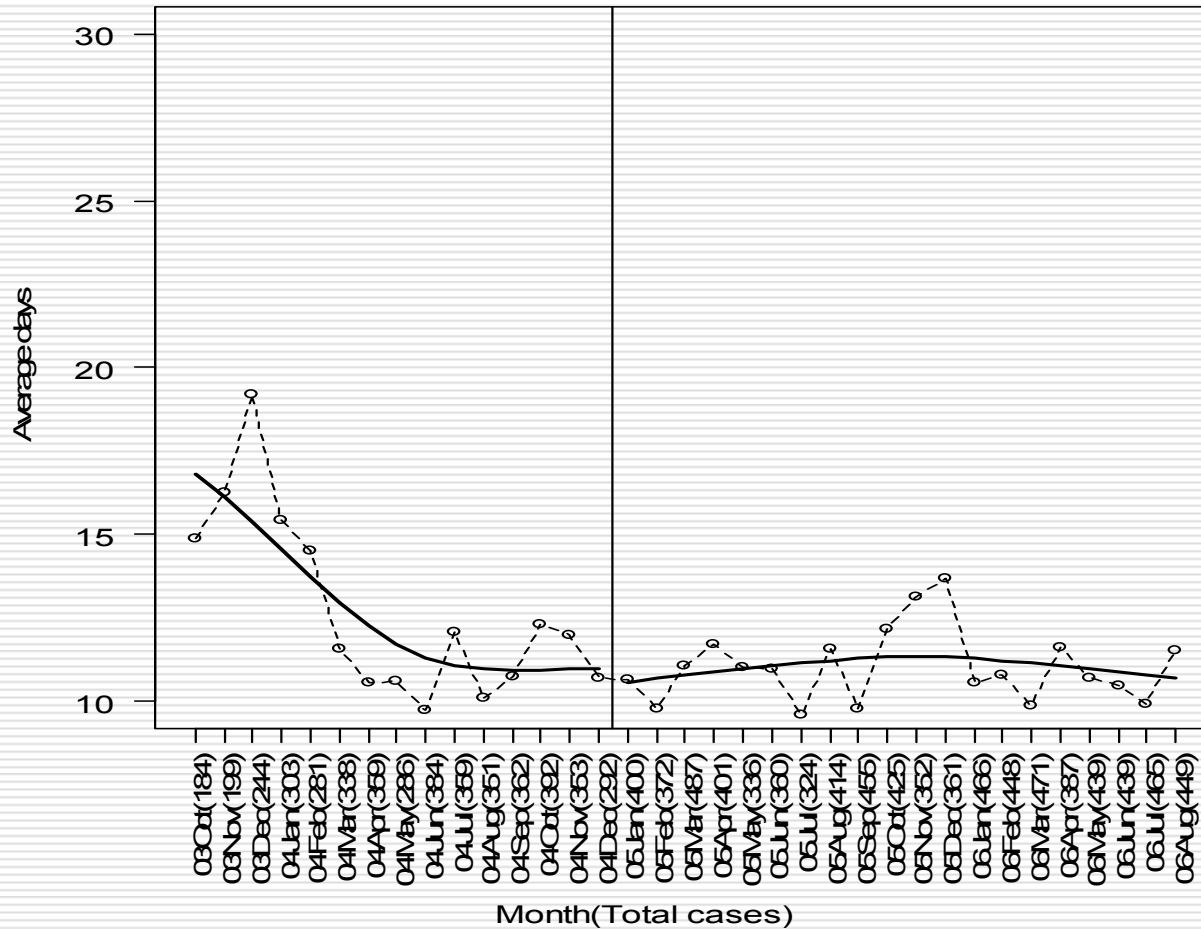
Acadia: Lessons Learned

- Remove barriers and sicker clients come
 - More patients admitted
 - Patients remained in care longer
- Treatment must change to accommodate their needs
- Improving access is
 - good clinical practice
 - AND good business practice

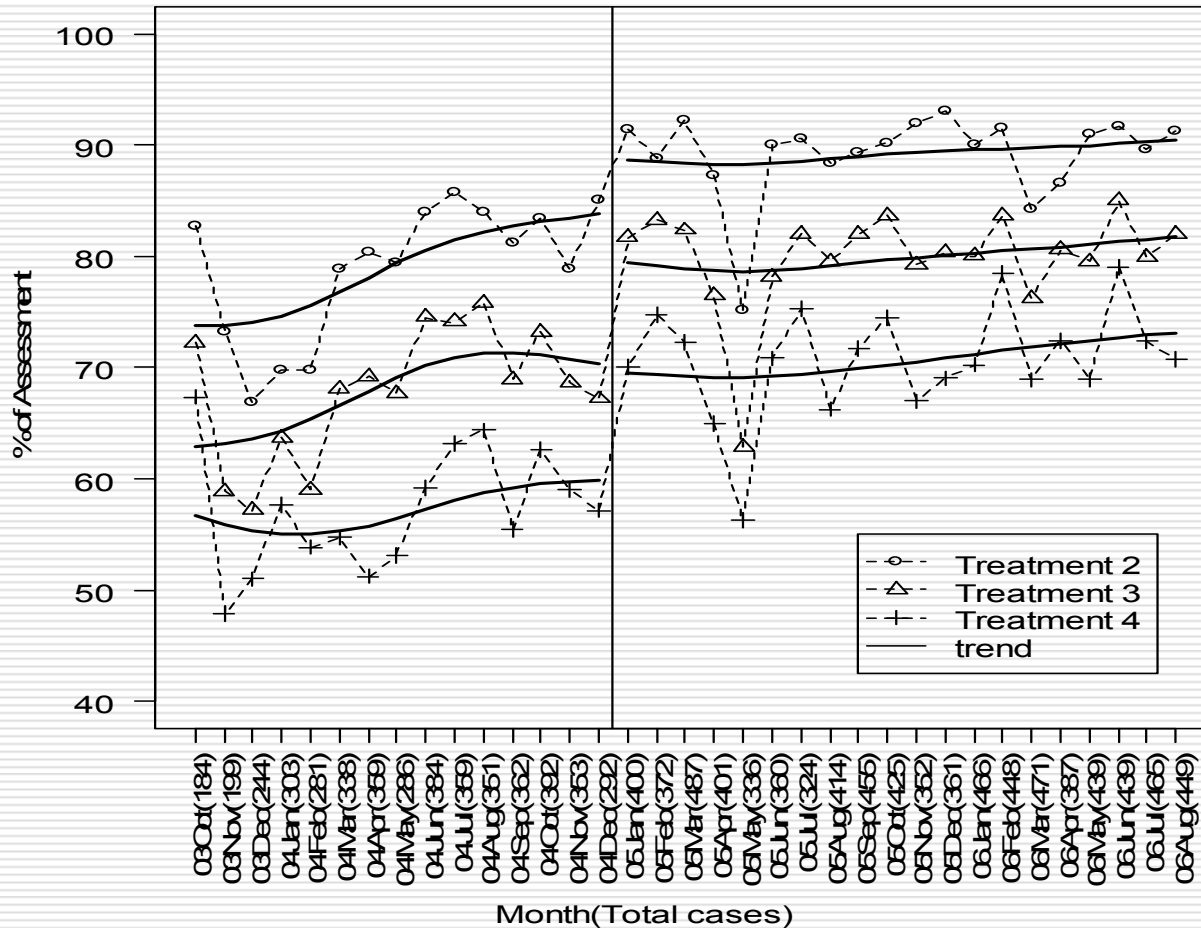
NIATX National Results: Days to Treatment Declined 39% (McCarty et al, 2007)



Access Improvements Sustained



Retention Improvements Sustained



NIATx Aims & Outcomes



Reduce Waiting Time: **34.8% reduction**
(68 change projects in 31 agencies)



Reduce No-Shows: **33% reduction**
(49 change projects in 27 agencies)



Increase Admissions: **21.5% increase**
(42 change projects in 22 agencies)



Increase Continuation: **22.3% increase**
(88 change projects in 31 agencies)

** Results as of March 2006*

Timely Care and Measures

- Delayed care is less effective
 - Retention rates are higher among patients admitted more quickly
 - Delays reduce rather than improve motivation for treatment
- Record date of first contact
 - Monitor days to admission and first treatment

Efficient Care and Measures

- Enhanced retention reduces repeat admissions
- Reduced no-show rates improve counselor productivity
 - Productivity and efficiency measures
- Timely admissions increase reimbursable units of care
 - Billable units and total reimbursements

Improvement strategies depend on when clients are dropping out

- 1st Contact → Minimize questions and offer walk-in assessments
- Initial service → Improve 1st impression, hear client's story, reduce barriers
- Treatment planning → Start where client is, meet initial needs

Tested strategies for improving continuation

1. Make scheduling more convenient
2. Provide orientation & clear expectations
3. Identify patients at-risk for dropping out
4. Use client-driven treatment plans
5. Make treatment activities varied and fun
6. Offer incentives and positive reinforcement for treatment progress

Concluding Comments

Process Improvement Goal:

Persistent improvements in the quality and effectiveness of care

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