NIATx Process Improvement for SBIRT Implementation

Tennessee & Virginia SBIRT Learning Cluster
March 5, 2010
TPCA, Nashville TN

Reduce Waiting Times & No-shows • Increase Admissions & Continuation

Reality

• 23 million Americans need treatment
• 25% are able to access treatment
• 50% of those in treatment do not complete
• The way services are delivered is a barrier to both access and retention

Addiction is a Chronic, Treatable Medical Condition


Asthma, Hypertension, Diabetes, Heart Disease, Addiction & SUD Commonalities:
- Addiction/SUD clients compliance with treatment is equal to or better than those with other chronic conditions
- Continuum of severity and LOC
- Compliance with tx plan key focus – across systems
- Assess early, monitor, intervene at appropriate level
The Consumer is Central

- **Five Key Principles: Evidence-based predictors of change - #1 Understand and involve the customer**
- **Compliance Literature – Study by Todd Molfenter & David Gustafson including literature review** – *Note to self - Todd, Citation Help Please!*
- **Across Standards for Treatment Plan – HealthCare, SA/MH, Clients**

**Compliance Factors**

- Social Cognitive - Client attitudes/beliefs, perceived risk of health decline, perceived control
- Regimen Effect – role in tx plan, results, complexity of following plan, side effects
- Provider Communication - engagement
- Contextual Factors – SES, $, Insurance, co-pay amount
- Past use history – serum levels, monitoring, refill records
STOP Selling What You Have
START Selling What They Need
STOP Talking, START Doing

IBM.com/doing/uk
Heathrow Airport Billboard
October/December 2008

NIATx
The Network for the Improvement of Addiction Treatment
A partnership between The Robert Wood Johnson Foundation's Paths to Recovery program, the Center for Substance Abuse Treatment's Strengthening Treatment Access and Retention (STAR) program, and independent treatment organizations

- www.NIATx.net

University of Wisconsin-Madison
Why Process Improvement?

- Between clients and clinicians lies a canyon of poor **business processes** that interfere with care.
- Customers, (clients, family, staff, payers, referrers), are served by organizational **processes**.
- 85% of customer related **problems** are caused by organizational processes, not people.
- To better serve customers, organizations must improve processes, not improve the staff’s use of existing processes.

NIATx: Growing and Making a Difference

- NIATx started in 2003 with 13 substance abuse treatment provider organizations.
- Today, NIATx works with more than 2000 payer and provider organizations across multiple initiatives in 50 states.
NIATx Provider Results

Reduce Waiting Times: **23.6% reduction**
(82 change projects in 34 agencies)

Reduce No-Shows: **32% reduction**
(51 change projects in 29 agencies)

Increase Admissions: **25.3% increase**
(52 change projects in 25 agencies)

Increase Continuation: **13.5% increase**
(102 change projects in 34 agencies)

Common Goals

- Increasing the number of people served
- Eliminating waiting lists
- Implementing evidenced based practice
- Reducing recidivism
- Increasing retention

NIATx Can Help!
The NIATx Offer

Simple and innovative solutions to:
• Get people into treatment faster
• get more people into treatment
• keep them there longer
• reduce costs
• improve staff morale
• increase revenue

using existing resources

Aim: decrease time from first contact to assessment
Result: 5 days to 2.5 days 1st half of SFY 2007
Retention Project

**AIM:** Increase client retention.

**Change Made:** 14 STAR SI Year 1 & 2 Pilots

<table>
<thead>
<tr>
<th></th>
<th># of requests</th>
<th># assessed</th>
<th># 1st session</th>
<th># 2nd session</th>
<th># 3rd session</th>
<th># 4th session</th>
</tr>
</thead>
<tbody>
<tr>
<td>Pre-Change:</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>October – November</td>
<td>439</td>
<td>302</td>
<td>305 76.07%</td>
<td>232 76.72%</td>
<td>178 79.78%</td>
<td>142 46.56%</td>
</tr>
<tr>
<td>2007</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Post-Change dates:</td>
<td>408</td>
<td>285</td>
<td>300 83.33%</td>
<td>250 79.60%</td>
<td>199 90.45%</td>
<td>180 60.00%</td>
</tr>
<tr>
<td>April 7 – April 25,</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>2008</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>% point change</td>
<td></td>
<td></td>
<td>7.27%</td>
<td>2.88%</td>
<td>10.68%</td>
<td>13.44%</td>
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</tbody>
</table>

Annual Client Satisfaction Survey

**AIM:** Increase return rate

**Change Made:** Mail STAR-SI Change Leaders

**Results:** increased return rate by 15%

Aggregated Data Over 14 agencies

<table>
<thead>
<tr>
<th></th>
<th>Number of Surveys Distributed</th>
<th>Number of Surveys Completed</th>
<th>Percentage of Surveys Completed</th>
</tr>
</thead>
<tbody>
<tr>
<td>Pre-Change dates:</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>2006</td>
<td>2456</td>
<td>464</td>
<td>19%</td>
</tr>
<tr>
<td>Post-Change dates:</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>2007</td>
<td>2531</td>
<td>818</td>
<td>34%</td>
</tr>
</tbody>
</table>
**MAINE STAR-SI: Learning Collaborative**

ID of the key focus areas using nominal group technique (NGT)

#1  Look at the practice of “giving appointments” to assess clients
#2  Paperwork issues – many – subset of concerns around time to DEEP treatment (OUI programming)

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**ME Driver Education & Evaluation Program (DEEP) for OUI offenders**

**Aim:** Increase Access  
**Change:** OSA Fax paperwork (not mail)  
**Results:**  
- Time to treatment dropped 7+ days to 5  
- No show rates dropped 15%  
- Revenue rose by $24,146 or $313,898/year!

*OSA began work to diffuse/spread project statewide for all OUI DEEP Program agencies*
### Maine DEEP Change Cycle Data

<table>
<thead>
<tr>
<th>Project</th>
<th>Description</th>
<th># of Agencies Reporting</th>
<th># of Requests for Service</th>
<th># of Assessments</th>
<th>Avg Time B/t 1st Phone Call &amp; Assessment</th>
</tr>
</thead>
<tbody>
<tr>
<td>Pre-change: 12/19/06-1/15/07</td>
<td>Baseline</td>
<td>7</td>
<td>38</td>
<td>37 (Show rate=97%)</td>
<td>8.34 days</td>
</tr>
<tr>
<td>#1: 1/16/07-2/16/07</td>
<td>Faxing release forms &amp; NEEDS or JASE vs. regular mail</td>
<td>8</td>
<td>77</td>
<td>66 (Show rate=86%)</td>
<td>5.84 days</td>
</tr>
<tr>
<td>#2: 3/5/07-3/30/07</td>
<td>DEEP office notify providers of process (vs. OSA notification)</td>
<td>8</td>
<td>64</td>
<td>52 (Show rate=81%)</td>
<td>7.08 days</td>
</tr>
<tr>
<td>#3: 8/6/07-8/24/07</td>
<td>Use multi-party release form, signed by client at 1st face to face session</td>
<td>8 (2 agencies had 0 clients)</td>
<td>45</td>
<td>40 (Unable to calculate show rate)</td>
<td>4.91 days</td>
</tr>
</tbody>
</table>

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### The 3 A’s
- Adopt
- Adapt
- Abandon
Adopting Change ME DEEP OUI

• Baseline Data SFY 2008
• Statewide Training 5/2008 agencies statewide
• Monitor baseline of non-STAR agencies

Results
Treatment Admissions SFY 1999-2008

- Clients: 8643, 8923, 9797, 10733, 11442, 11902, 11905, 12190, 12584, 11979
- Admissions: 14380, 15628, 17095, 17666, 18150, 17748, 17055, 17882, 18785, 18462

Intensive Outpatient Admissions SFY 1999-2008

- Intensive Outpatient: 1438, 15628, 17095, 17666, 18150, 17748, 17055, 17882, 18785, 18462
Percent of non-methadone admissions with MAT other than methadone

Percent of non-methadone admissions with MAT other than methadone

Percent of admissions with Buprenorphine

Percent of admissions with buprenorphine
Reduced use at discharge: AR agencies

Business Case: SFY08 fiscal impact

- Baseline payment: $3,531,364
- Budgeted incentives maximum: $3,769,463
- Possible incentive payments: $238,099
- Net incentive payments: $44,839
The NIATx Way

What is Process Improvement?

An experiment in change
• Using a structured process
• Guided by the customer
• Driven by data

Based on the Model For Improvement in *The Improvement Guide*, by Langley, Nolan, Nolan, Norman, & Provost
NIATx Learning Collaborative Model

- Learning Sessions
- Coaching – calls & site visits
- Peer Mentoring – web site, presentations on calls, etc
- The NIATx Website
- All-Member Calls

3 Questions to Consider in Implementing a Change

✓ What are we trying to accomplish?
✓ How will we know if a change works?
✓ What changes can we test that may result in improvement?
**NIATx Aims**

- Reduce Waiting Times
- Reduce No-Shows
- Increase Admissions
- Increase Continuation Rates

**Five Key Principles: Evidence-based Predictors of Change**

1. Understand and involve the customer
2. Focus on key problems
3. Appoint an influential change leader
4. Seek ideas from outside the organization
5. Do rapid-cycle testing (PDSA Cycles)

Gustafson and Hundt, 1995
Key Points

- Identify the top 5 problems that keep the Executive Sponsor awake at night
- Conduct a Walk-through
- Strategically select the project (one aim + one level of care + one location/population)
- Assigns between one and seven (at most) people to achieve the aims of the selected project
- Use Rapid Cycle PI – PDSA to test what works
- Measure Change – ongoing before, during & after

Key Change Team Roles

<table>
<thead>
<tr>
<th>Executive Sponsor</th>
<th>Change Team</th>
</tr>
</thead>
<tbody>
<tr>
<td>Selects Team</td>
<td>Change Leader – ability, leverage, time</td>
</tr>
<tr>
<td>Appoints Change Leader</td>
<td>Change Team – small, appointed by Executive Sponsor, tasked with specific process</td>
</tr>
<tr>
<td>Selects Key Problems</td>
<td>Data Coordinator – tracks metrics, compiles results</td>
</tr>
<tr>
<td>Works to Remove Barriers &amp; Facilitate PI</td>
<td></td>
</tr>
</tbody>
</table>
Conducting a Change Exercise

PDSA cycles
- Plan the change
- Do the plan
- Study the results
- Act on the new knowledge

Rapid cycle changes
- Changes should be doable in 2-3 weeks
Walk-through

• The walk-through
  ✓ Helps you understand the customer and your organization’s processes
  ✓ Provides a new perspective
    ✓ Allows you to feel what it’s like
    ✓ Lets you see the process for what it is
  ✓ Seeks out and identifies real problems
  ✓ Generates ideas for improvement
  ✓ Keeps you asking why? …and why? again

Why Flowchart?

• Flowcharting is useful for:
  – Providing a starting point/baseline view
  – Understanding the process
  – Identifying key problems/bottlenecks
  – Showing where to test ideas for most impact
  – Stimulating thinking - results in brilliant ideas
  – Adding interactivity & fun - gets the team together
  – Creating a simple & succinct visual process overview
Key Questions for Flowcharts

- Is the name of process clear?
- Where does the process begin?
- Where does the process stop?
- What does the process include/not include?

Sample Flow Chart

Time from First Contact to Treatment

First Request for Treatment → Complete intake paperwork → Complete Intake Assessment → Begin Treatment
Nominal Group Technique

- Designed to promote group participation in the decision making process

- Used by small groups to
  - Reach consensus on the identification of key problems (NIATx Key Principle 2) or
  - Develop solutions that can be tested using rapid-change cycles (NIATx Key Principle 5).
Generating Solutions

• We have done a walk-through
• We have created a flowchart
• We have started to identify bottlenecks

• NOW we need to identify PROBLEMS & SOLUTIONS
  – NGT can help!!

Seven Steps

• Preparation (e.g., room and question)
• Silent idea generation
• Recording of ideas
• Idea discussion
• Preliminary voting
• Discussion of preliminary voting
• Final voting on ideas
Initial Assignments that get projects started on the right foot

• The NIATx Way
• Problem Awareness
  • Walk-through
  • Visual Modeling Tools
  • Nominal Group Technique
    • Identifying potential solutions

• Appointing roles
  • Executive Sponsor and Change Leader
  • Change team

• Identifying your starting point
  • Establish a baseline
Initial Assignments that get projects started on the right foot

- Agency preparation
  - Inform the staff about Process Improvement
  - Communicate about why, who is primarily involved, and what is going on

Successful Whole Systems Change Will Require

- Trust & Respect
- Identified Common & Shared AIMS AND Mutual Accountability & Transparency
- Common Shared Language – Between professional fields and the recovery community
- Cultural Competency
- Positive Role Models, Access to Coaching/Recovery Support
Sample Site Visit Agenda

**Duration:** approximately 5 hours (including a lunch break)

**Objective:** to familiarize the coach with the agency and connect with key staff members. The coach should play a facilitative role in identifying problems and solutions, while supporting the Change Leader in the use of appropriate tools (Nominal Group Technique, Flowcharting, etc.).
Site Visit Agenda cont.

• Meet with Executive Sponsor & Change Leader (30 min.)
• Tour Agency (30 min.)
• Meet with Entire Team (30 min)
• Meet with Change Team (2 hours)
• Debrief with Executive Sponsor & Change Leader and discuss next steps (30 min.)