Bridging the Gap: NIATx Changing Treatment for Alcohol and Drug Use Disorders

Dennis McCarty
Oregon Health & Science University

Tim Smith
Day Break

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Overview

- ☐ Why Change?
  - ■ Changing expectations, environment, organizations
- ☐ Can Services Change?
  - ■ Network for the Improvement of Addiction Treatment (NIATx)
- ☐ Convert challenge to opportunity
  - ■ Opportunities for growth and new markets
  - ■ Six dimensions for quality care
- ☐ Resources

Robert F. Kennedy on Change

- ☐ Some men see things the way they are, and ask "Why?"

- ☐ I dream of things that never were and ask "Why not?"
  (Robert F. Kennedy paraphrasing George Bernard Shaw)

Simon and Garfunkel on Change

- ☐ The monkeys stand for honesty
- ☐ Giraffes are insincere
- ☐ And the elephants are kindly but they're dumb

- ☐ Orangutans are skeptical of changes in their cages
- ☐ And the zookeeper is very fond of rum

(At the Zoo)

Why Change?
Dissatisfied with Current Status

- ☐ Favorable outcomes can be improved
  - ■ 40% to 60% continuous abstinence at 12 mo.
  - ■ 15% to 30% have not resumed dependent use
- ☐ Comparable outcomes for chronic disease
  - ■ Type 1 diabetes (60% adherence)
  - ■ Hypertension and asthma (40% adherence)
  - ■ (McLellan, et al., 2000, JAMA, Vol 284, 1689 – 1695)
- ☐ Inefficiencies in repeated treatments
- ☐ Difficult patients provide more opportunity to improve

Why Change?
Changing Organizations

- ☐ 13,454 specialty facilities (SAMHSA, N-SSATS, 2004)
  - ■ 81% outpatient, 60% not-for-profit, 62% free-standing
  - ■ Median caseload = 40 (38% have a caseload of 60 or greater)
  - ■ 44% closed or acquired; 53% staff turnover rate
- ☐ "We have to grow or die!"
  - ■ Arthur Schut, CEO, June 27, 2006 Mid-Eastern Council on Chemical Abuse, Iowa City, IA

The World is Changing: 2025 and Beyond www.7revs.org

- ☐ **Population Growth**: 3rd world growing; US aging
- ☐ Resource Management: food, water, energy shortages
- ☐ **Technology Innovation**: biotech, genomics, nanotech
- ☐ **Knowledge**: economics of knowledge; information access
- ☐ Economic Integration: globalization, new markets
- ☐ Conflict: economic and political instability
- ☐ Governance: blurring lines, changing models, corporate roles

Why Change?
Access Opportunity

- ☐ Solve problems
  - ■ Reduce expenses
  - ■ Develop new markets and new services
  - ■ Improve quality and outcomes
- ☐ Implement evidence-based practices
- ☐ New alliances and linkages
  - ■ Primary care and mental health services
  - ■ Criminal justice and child welfare systems
- ☐ Use new technology

Why Change?
Changing Policy Environment

- ☐ Demands for More Accountability
  - ■ Crossing the Quality Chasm
- ☐ SAMHSA Reauthorization
  - ■ Performance Partnership Grants
  - ■ National Outcome Monitoring System
- ☐ State Initiatives
  - ■ Substance Abuse and Crime Prevention Act
  - ■ Oregon Senate Bill 267

How to Change?

- ☐ Change is not self-executing
- ☐ Implementation requires purposeful activity and attention to
  - ■ Organizational and staff selection
  - ■ Staff training
  - ■ Supervision, coaching and feedback
  - ■ Administrative support and system interventions

    (Fixsen et al, 2005, *Implementation Research: A Synthesis of the Literature)*
   *http://nirn.fmhi.usf.edu/resources/publications/Monograph*

NIATx

- A learning community
  - Alcohol and drug treatment programs
  - Implementing process improvements
    - Reduce days to admission
    - Enhance retention in care
    - Eliminate no-shows
    - Increase access to care

Sponsors

- ❑ Robert Wood Johnson Foundation
- ❑ Substance Abuse and Mental Health Services Administration, Center for Substance Abuse Treatment
- ❑ National Institute on Drug Abuse

NIATx National Presence
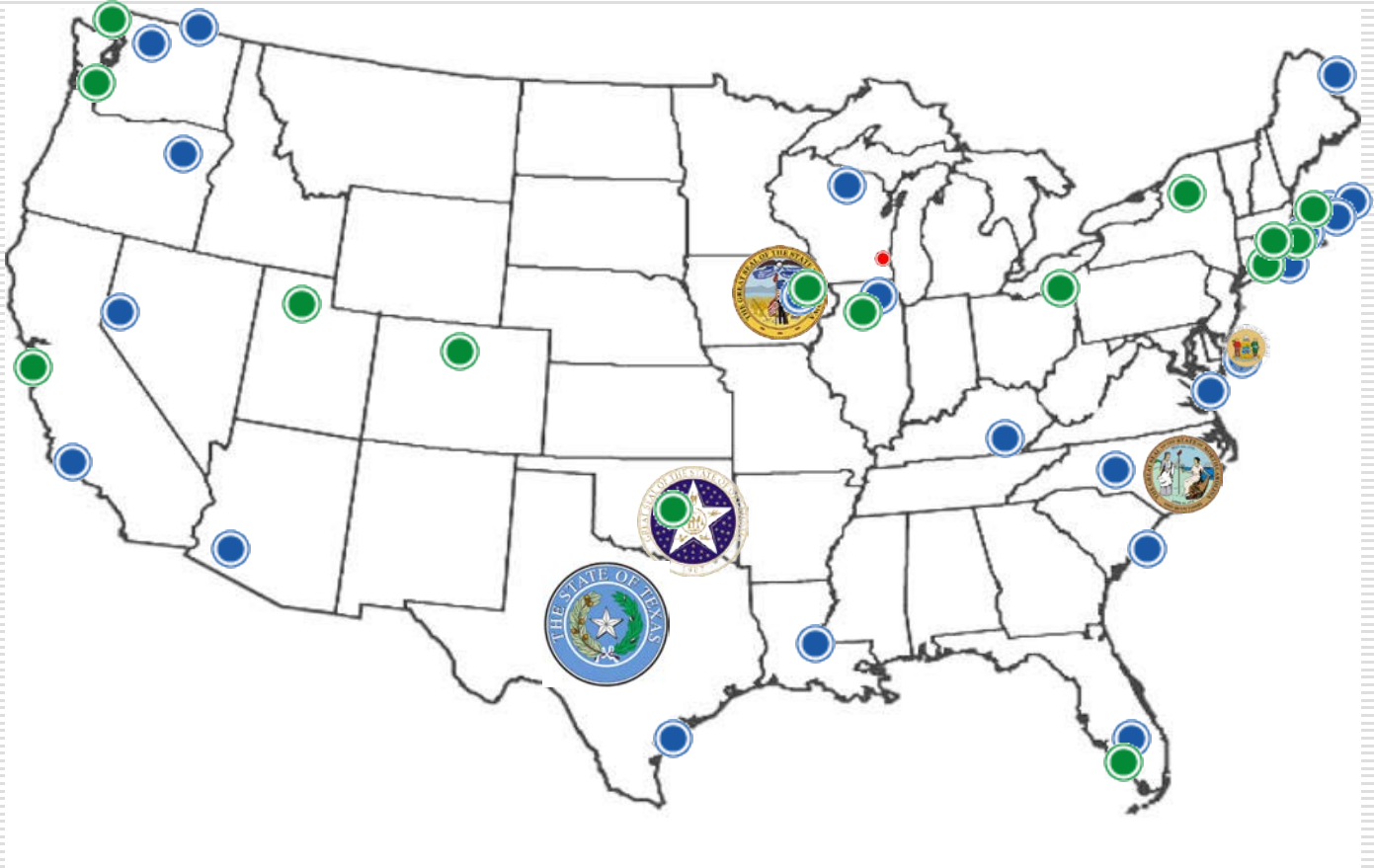
What is Process Improvement?

- Methods to reduce error and improve efficiency

- Institute of Medicine's *Crossing the Quality Chasm* series is promoting application to health care and behavioral health care

  - Care should be safe, effective, patient-centered, timely, efficient, and equitable

Why Process Improvement?

☐ Customers are served by *processes*

☐ 85% of customer related *problems* are caused by organizational processes

☐ To better serve customers, organizations must improve processes

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)

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
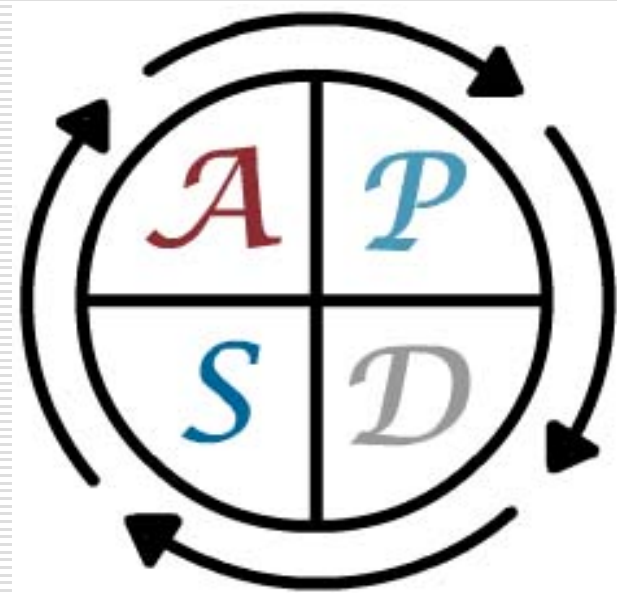
5. Pilot test improvement ideas quickly

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

Rapid Cycles ...

- ☐ "...reduce staff resistance to change because they engage staff at a low level – the change is temporary and begins small."

  Arthur Schut, CEO, MECCA, Iowa City, IA, June 27, 2006

Conduct a Walkthrough

☐ Role play a "client" and "family member"

- ■ Call for an appointment: What happens?
- ■ Arrive for the appointment:
  - ☐ Were directions clear and accurate?
- ■ Complete an intake process:
  - ☐ How long does it take?
  - ☐ How redundant are the questions?
- ■ What did you learn? What will you change?

Changing Systems

Daybreak and *NIATx*

Daybreak Youth Services

- Outpatient and Inpatient treatment programs for adolescents in Spokane and Vancouver

- Serving about 950 teens each year

- Began NIATx program in Spring 2003

- Change activities began in Spokane Outpatient, and then migrated to Spokane and Vancouver Inpatient programs.

Changing Systems

Changing Systems

Daybreak and NIATx

My Experience 2002 - 07

Skeptic

Daybreak and NIATx

My Experience 2002 - 07

Skeptic
Idealist

Daybreak and NIATx

My Experience 2002 - 07

Skeptic
 Idealist
   "Proud Father"

Daybreak and NIATx

My Experience 2002 - 07

Skeptic
 Idealist
   "Proud Father"
     "Crash Survivor"

Daybreak and NIATx

My Experience 2002 - 07

Skeptic
  Idealist
    "Proud Father"
      "Crash Survivor"
   Humble Advocate

Example #1
Inpatient Admissions

BASELINE ISSUES:

- ☐ 6 – 12 week wait for admission
- ☐ "Haphazard" flow of admissions
- ☐ Complaints from parents and referents
- ☐ Delays, cancellations, and "no show" for admit
- ☐ Over-reliance upon govt funding, "boom-bust" cycles
- ☐ Private Pay clients turned away for lack of available beds
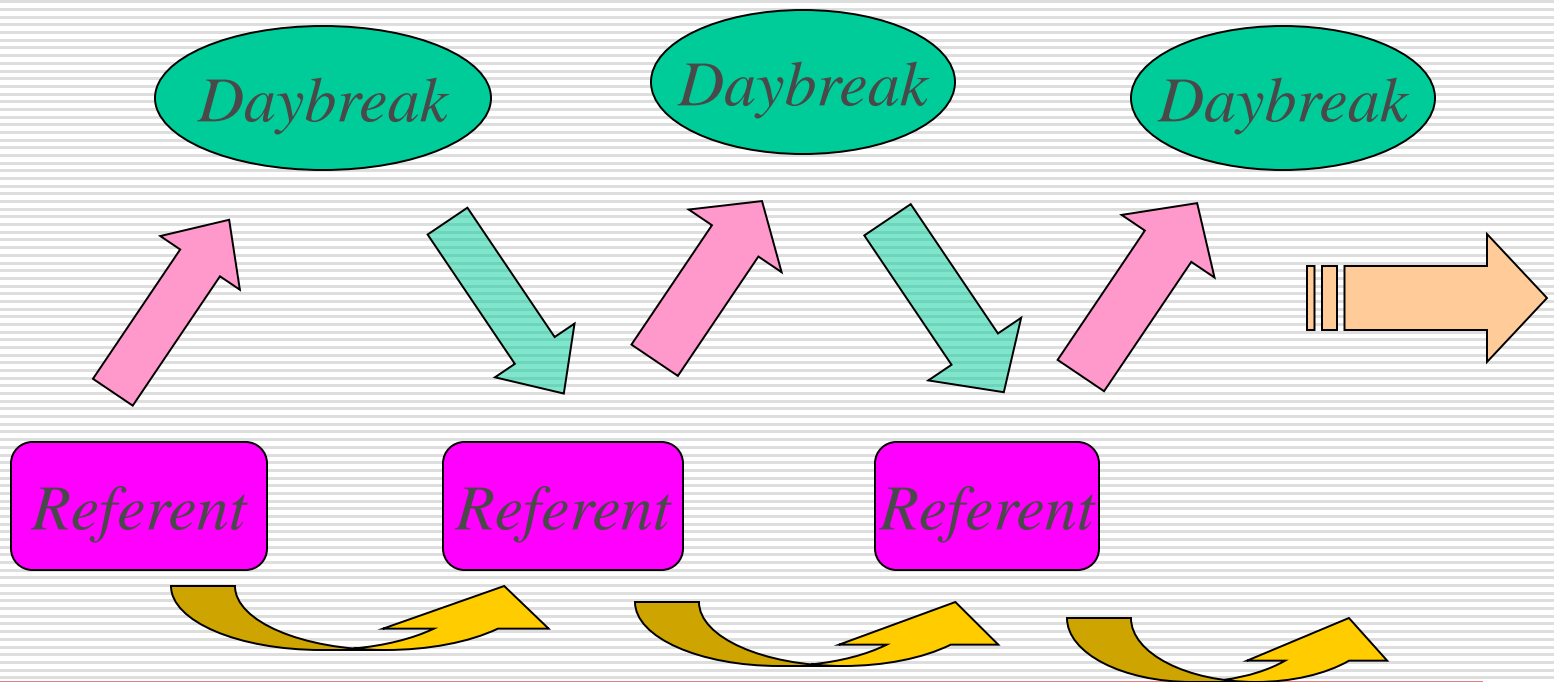
Example #1
Inpatient Admissions

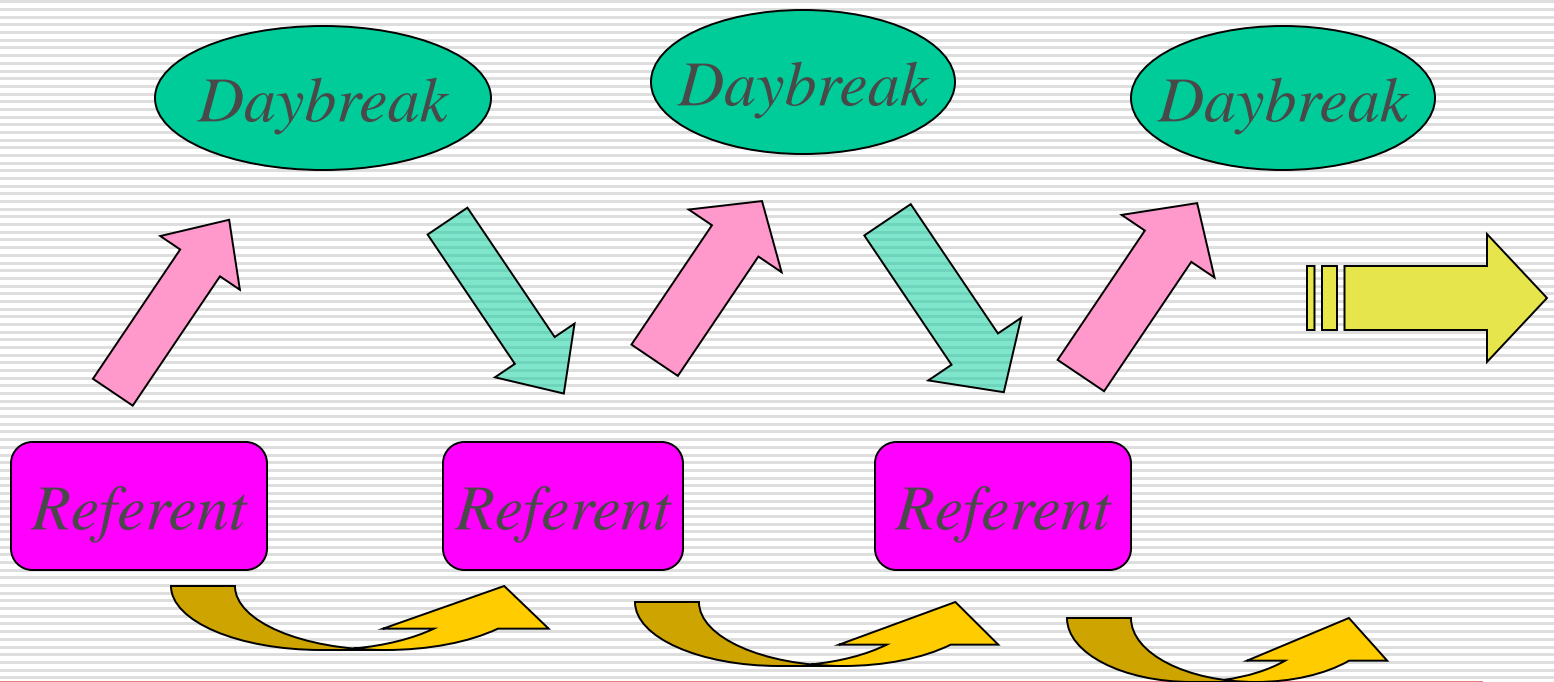## Step 1: "Walk through" & Flow Map
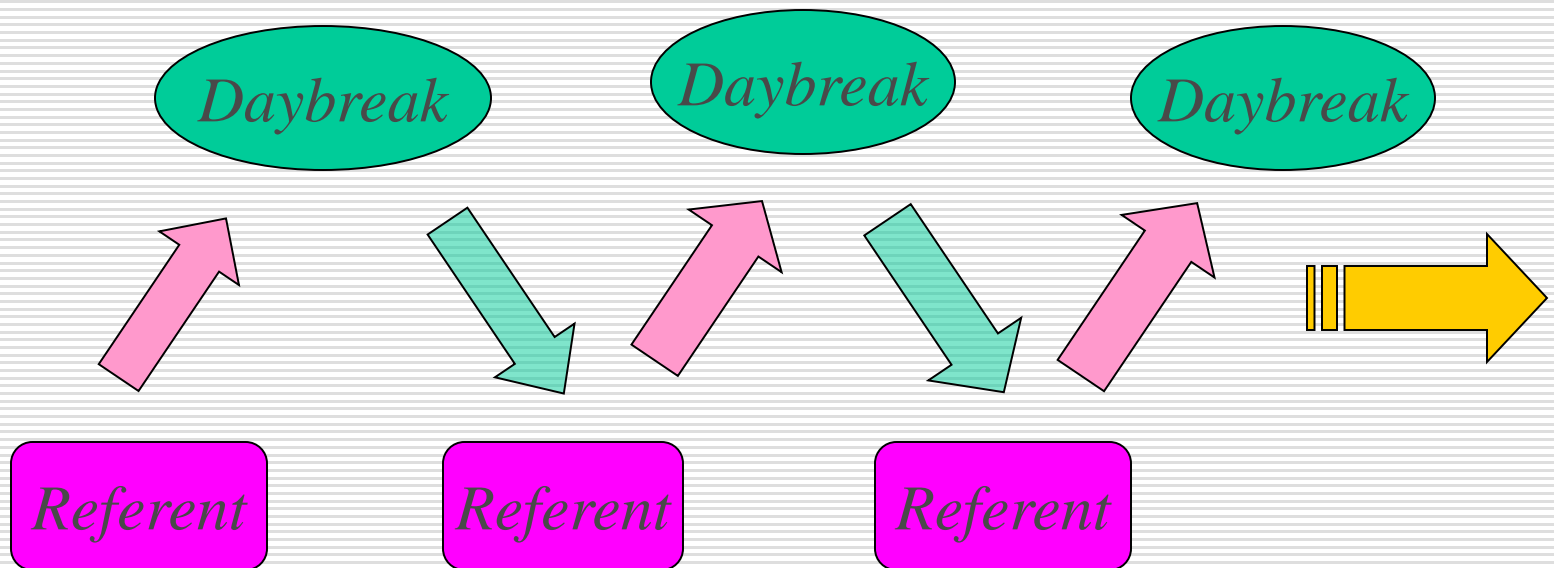
Example #1
Inpatient Admissions

Step 2: Measure the Timing

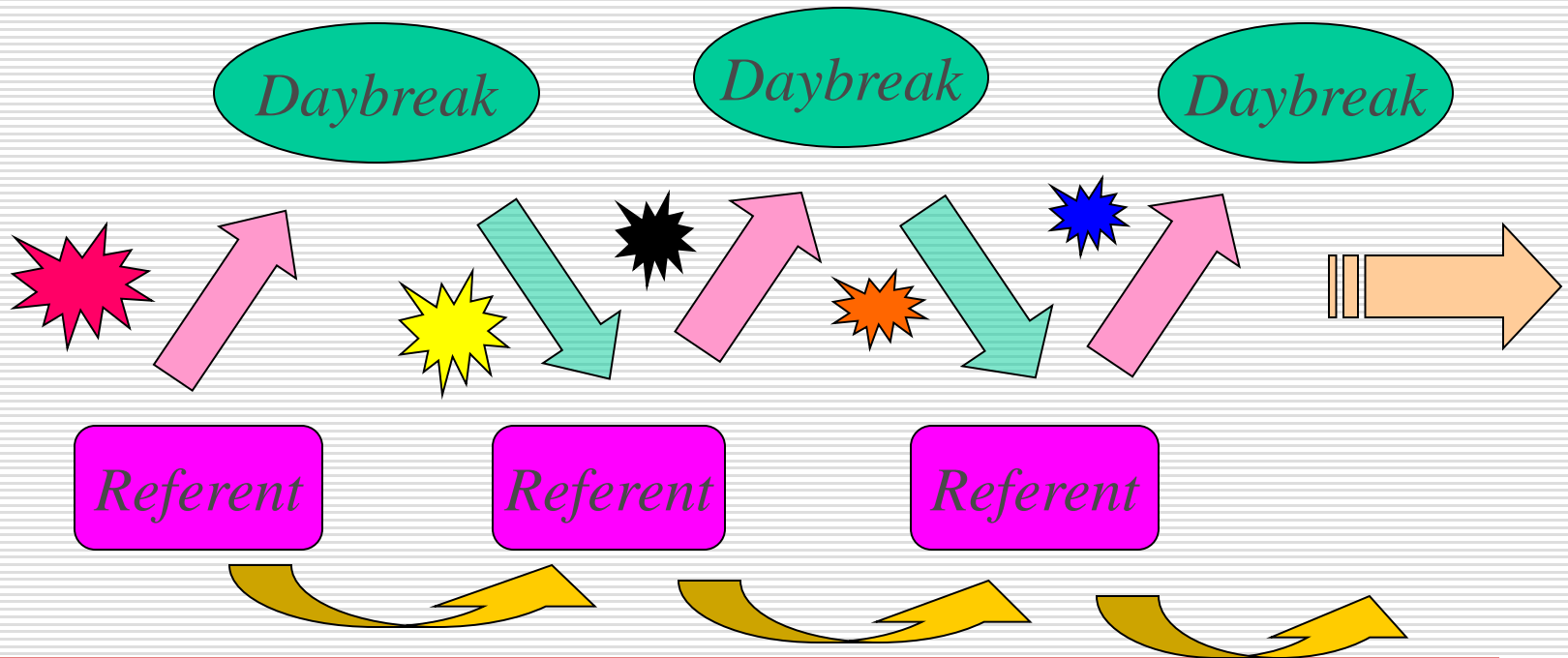# Example #1
Inpatient Admissions

Step 3: AIM = 72 hours

Example #1
Inpatient Admissions

Step 4: Actions & Measures

Results

Time to admission:
- **34% within 7 days**
- **33% in 8 – 14 days**

Mix of Private Services:
- **2003 = 27%**
- **2004 = 36%**
- **2005 = 41%**

Example #2
Inpatient Continuation

BASELINE ISSUES:

☐ **14% of clients were dropping out or being discharged within 7 days of admission**

☐ **Successful Completion rate = 60%**

☐ **Average Daily Occupancy = 85%**

☐ **Critical Incident Reports = 22 per month**

☐ **Staff morale LOW   "Kids are running the program"**

☐ **Staff adopting punitive attitudes toward clients   "Shape up or ship out"**

Example #2
Inpatient Continuation

Actions / Interventions:

- ☐ **Client Feedback Survey to rate their relations with staff and staff engagement with them. Feedback to each staff person**
- • **Shift Debriefing Form to assess "How did I/we engage with Clients today?"**
- ☐ **Increased DBT/MET training and coaching of staff with personalized change goals and measures for each staff person**
- ☐ **Weekly meetings between tx staff and admission staff to ensure prompt and accurate pre-admission information**
- ☐ **Weekly reports from Tx Director to Exec Director and senior management team.**

Example #2
Inpatient Continuation

	June 05 – Nov 05	Dec 05 – May 06
L.O.S. < 7 days	14%	2%
L.O.S. > 30 days	55%	72%
Successful Completion	60%	79%
Average Daily Occupancy	85%	97%
Critical Incident Reports	22 per month	9 per month

Why Should we Try This??

Data

Transparency

Improvements that pay off

Growth of Leadership
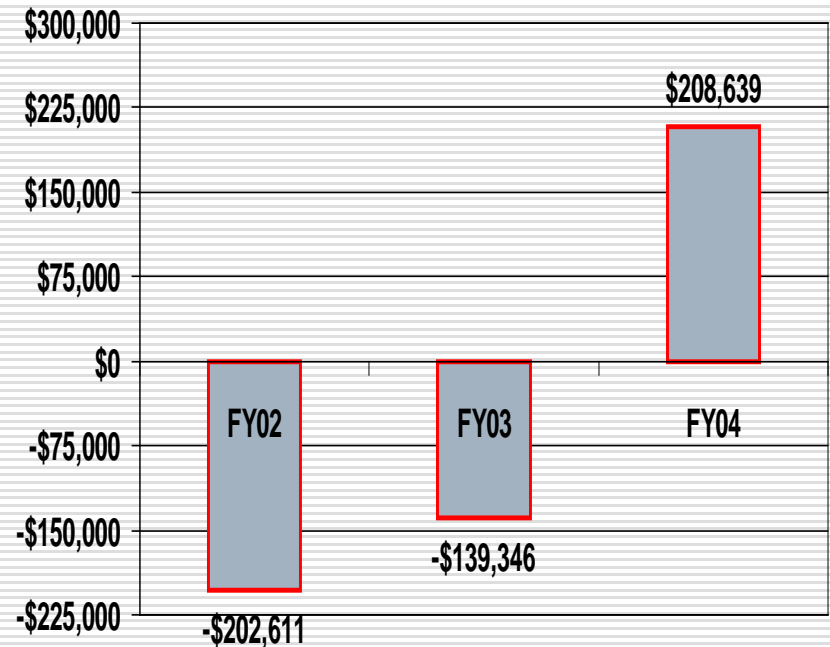
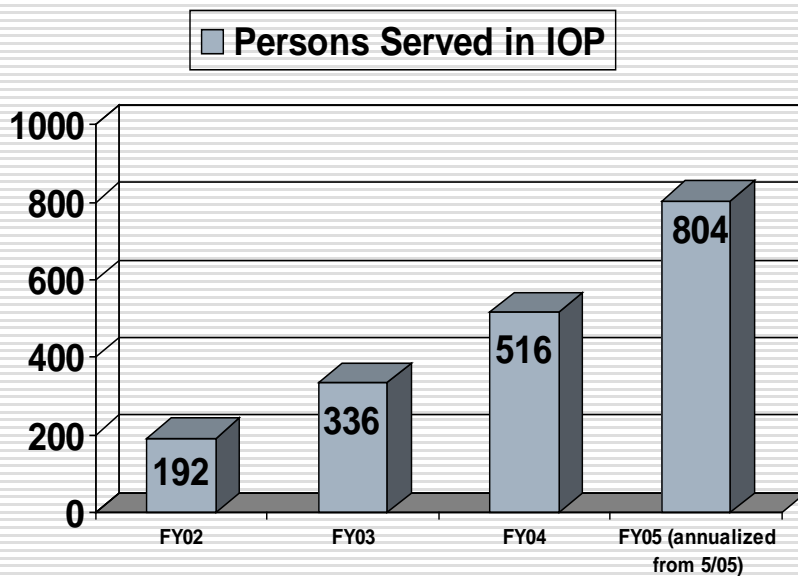Opportunity for my program

Opportunity for our Industry

Acadia Hospital

Changing a System of Care

Open Access to IOP

- ☐ Clients offered evaluation @ 7:30 the next morning.
- ☐ Clients start treatment @ 9:00 that day
- ☐ Days to treatment dropped from 4.1 to 1.3
- ☐ Clients who stayed in treatment rose from 19% to 53%
  - By March 2005 retention climbed to 67%

Acadia: Admissions and Revenues Increased

Persons Served in IOP

FY	Persons Served
FY02	192
FY03	336
FY04	516
FY05 (annualized from 5/05)	804

Outpatient Substance Abuse Services Net Profit or Loss

FY	Net Profit or Loss
FY02	-$202,611
FY03	-$139,346
FY04	$208,639

Lessons Learned: Acadia

- ☐ When program opened up, clients most needing Tx showed– and stayed

- ☐ Remove barriers and sicker clients enter

- ☐ Treatment must change to meet their needs

- ☐ Improving access

  - ■ good clinical sense
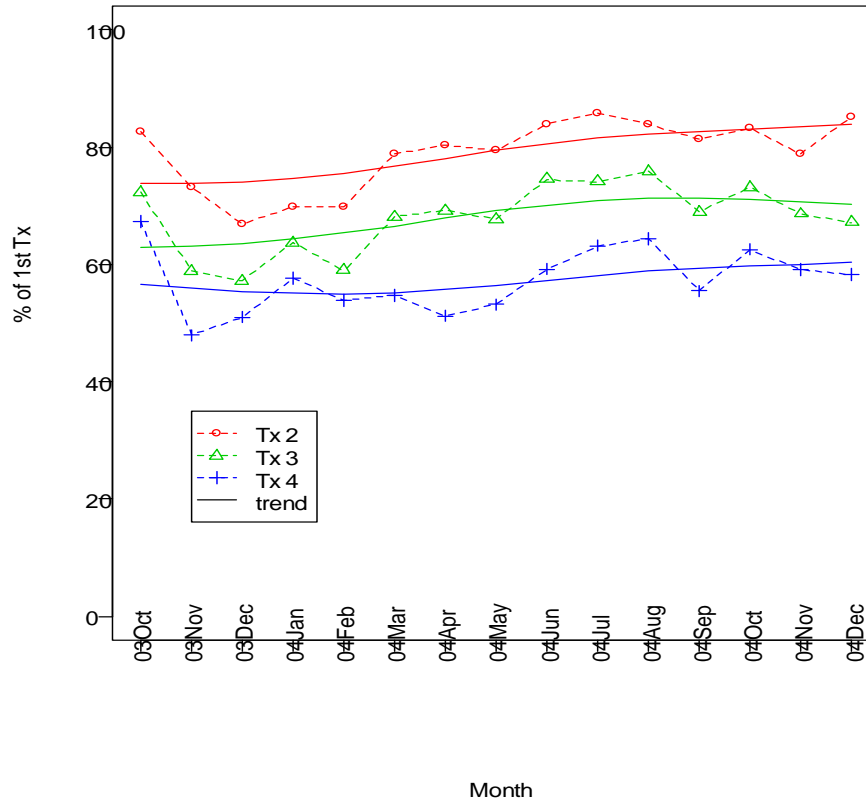
  - ■ AND good business sense

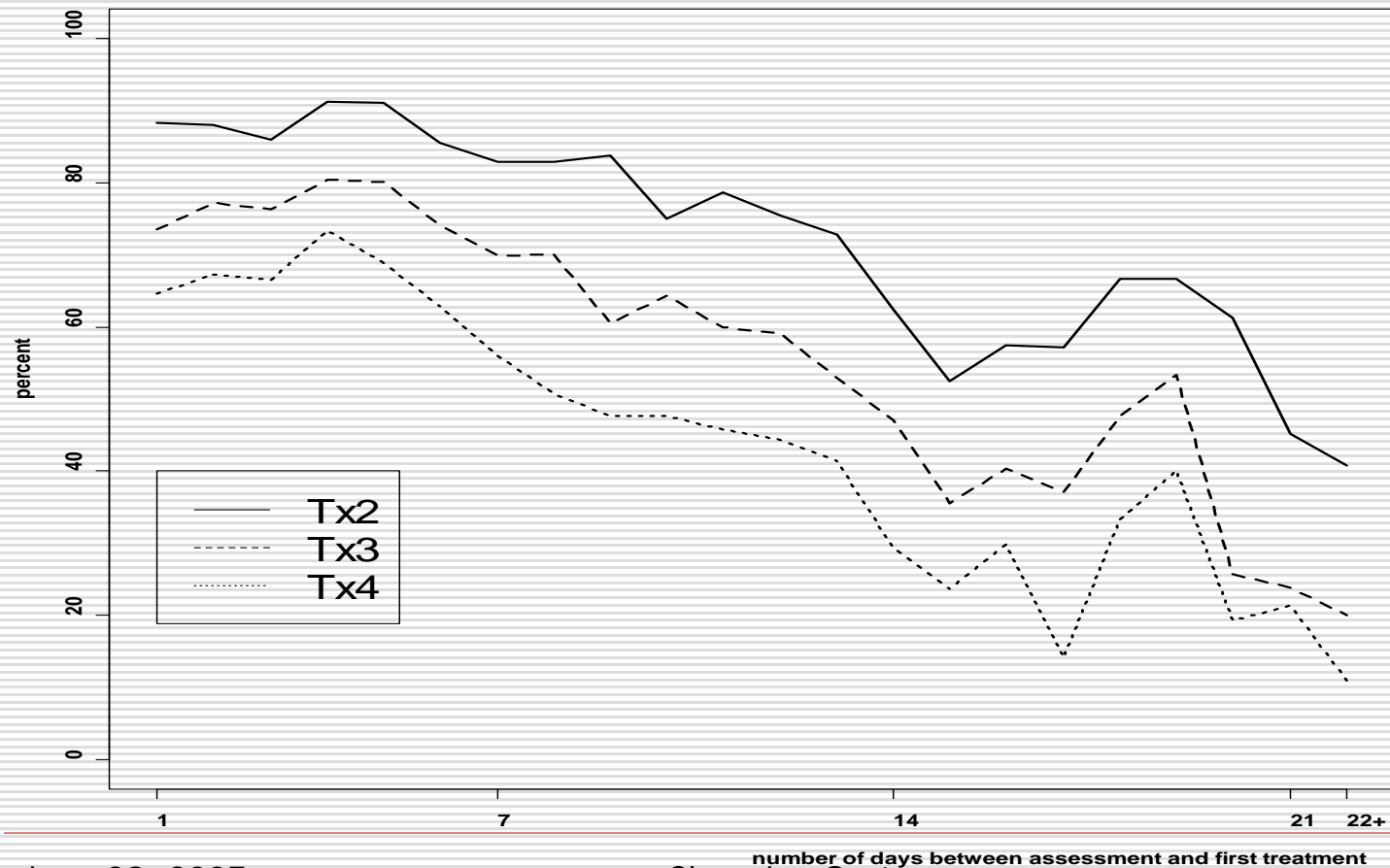# NIATX National Results
Days to Treatment Declined 39%

Retention in Care Increased
(Session 1 to 2 = 18%; Session 1 to 3 = 17%; 1 to 4 = 11% ns)

Days between assessment and Treatment 1 by Retention for 2nd, 3rd, and 4th Treatments

number of days between assessment and first treatment

Parameter estimates for proportional odds model (*p < .05)

	t-value	Odds ratio for completing 4 treatments	95% confidence interval
Days: assessment to first treatment	-20.46*	.91	.91 .92
Age	4.23*	1.01	1.00 1.02
Gender	-.027	.982	.86 1.13
Criminal	5.41*	1.74	1.42 2.13

Change Opportunities

Converting Challenge to Opportunity

Opportunity:
Focus on Quality Improvement

- ☐ Measure quality
- ☐ Improve quality

- ☐ Opportunities
  - ■ Organization and system change
    - ☐ NIATx Model of rapid cycle improvement
  - ■ Expand markets and reduce costs

IOM Reports on Crossing the Quality Chasm

CROSSING THE QUALITY CHASM

A New Health System for the 21st Century

Committee on Quality of Health Care in America

INSTITUTE OF MEDICINE

NATIONAL ACADEMY PRESS
Washington, D.C.

Improving the Quality of Health Care for Mental and Substance-Use Conditions

Committee on Crossing the Quality Chasm: Adaptation to Mental Health and Addictive Disorders

Board on Health Care Services

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IOM Six Dimensions of Quality

- ☐ Safe
- ☐ Effective
- ☐ Patient Centered
- ☐ Timely
- ☐ Efficient
- ☐ Equitable

Safe Care

- Care improves patient safety
  - Reduced HIV and HCV risks
  - Reduced criminal involvement
  - Reduced risk of trauma
- Acadia Hospital reduced use of restraint
  - Risk of patient and staff injury declined
- Prairie Ridge enhanced building security

Effective Care

- ☐ Use evidence-based practices
- ☐ Advancing Recovery
  - ■ System changes and process improvements to promote the adoption of evidence-based practices
    - ☐ Pharmacotherapy
    - ☐ Behavioral therapies
    - ☐ Case management and continuing care models

Patient-Centered Care

- ☐ Walkthroughs provide insight into patient barriers
  - ■ Treatment processes often inhibit effective care
- ☐ Understand and know your customers

Efficient Care

- ☐ Enhanced retention reduces repeat admissions
- ☐ Reduced no-show rates improve counselor productivity
- ☐ Timely admissions increase reimbursable units of care

Timely Care

- ☐ 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

Equitable Care

- ☐ Identify and address disparities in access and retention

- ☐ Improve access to care for under-served groups

Opportunity:
Linkages to Medical Care

- ☐ 3% of programs affiliated with health settings
- ☐ Opportunities?
  - ■ Primary care improves treatment outcomes (Weisner et al, 2001)
  - ■ Linking strategies?
  - ■ Access to medications?

Opportunity:
Performance Partnership Grants

- ☐ Identify performance measures
- ☐ Construct and implement data systems
- ☐ Opportunities?
  - ■ Document patient impacts
  - ■ Learn to manage with data

Opportunity: Implement Evidence-Based Practices

- ☐ Screening and Brief Intervention
  - ■ Identify new clients
  - ■ Reduce burden on health care and criminal justice
- ☐ Psychosocial Interventions
  - ■ CBT, MET, MI, Contingency Management
- ☐ Pharmacotherapy
  - ■ Buprenorphine, naltrexone, acamprosate
- ☐ Wrap-around Services
- ☐ Aftercare and Recovery Management
  (National Quality Forum, 2005 for RWJ Foundation)

Concluding Comments

Keep Focused on the Goal

☐ Persistent improvements in the quality and effectiveness of care

Many of My Friends Never Made It

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