

Using Rapid Cycle Performance Improvement to Enhance Access and Retention in Substance Abuse Treatment

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Reduce Waiting & No-Shows • Increase Admissions & Continuation

The Network for the Improvement of Addiction Treatment (NIATx) is a partnership of two grant programs

The Center for Substance Abuse Treatment
Strengthening Treatment Access and Retention
and
The Robert Wood Johnson Foundation
Paths to Recovery

Statistics


- 19 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



Substance Abuse and Mental Health Services Administration, 2002

Co-Occurring Statistics

- 10 million Americans need co-occurring treatment in any given year
- Those with COD, approx. 70% do not receive treatment and those treated only 19% received treatment for both conditions
- COD is highly prevalent in MH & SA populations (30-80%)



Improving the Quality of Health Care for Mental and Substance Use Conditions: Quality Chasm Series

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

Institute of Medicine of the National Academies

November 1, 2005

<http://www.nap.edu/catalog/11470.html>

Major Findings

“Erroneous expectation that once patients have achieved insight they will be ready for discharge and continue as recovered for a substantial period of time.”





Reality

Most alcohol and drug dependent patients relapse following cessation of treatment. In general 50-60% begin reusing within 6 months of stopping treatment.

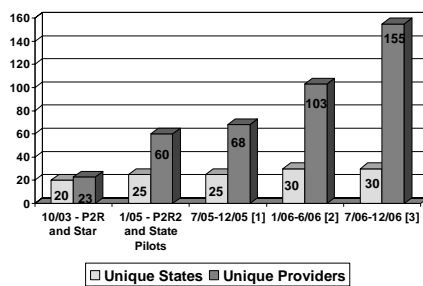
“Scared straight” and “threats to safety” programs have been found to be potentially harmful.

Accumulating evidence suggests best treatment is to follow the model of treating cardiovascular disease and diabetes (chronic disease management).

NIATx Aims

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

National Outreach Impact of NIATx



[1] – Wisconsin Demonstration
 [2] – Partnerships with Iowa, LA County, Maine, Frontier States and Kentucky
 [3] – STAR-SI

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 3 weeks

Five Key Principles

Evidence-based predictors of change

- Understand and involve the customer
- Focus on key problems
- Select the right change agent
- Seek ideas from outside the field and organization
- Do rapid-cycle testing

Select a Powerful Change Leader

Who has:

- influence, respect, and authority across levels of the organization
- a direct line to the CEO
- empathy for the staff
- time available to lead change projects
- no fear of data

Conducting a Walk-Through

- Play the role of a client and a client's family member seeking treatment at your agency
- Try to think and feel as the client/family member would, and think about what they would want changed
- Ask staff what changes would make the process better for clients and for staff
- Compile a list of client and staff needs and possible improvements that could address these needs

Starting a Change Project

- Select a change team—name a change leader, an executive sponsor, and data person
- Conduct a walk-through
- Collect baseline data
- Review data and walk-through
- Suggest a process change that might change access or retention

Acadia Hospital—Open Access to IOP

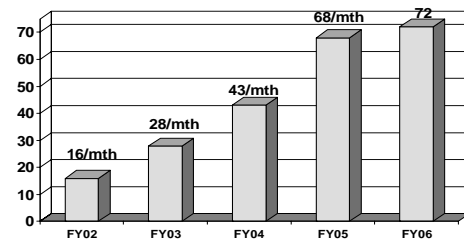
- Clients who fit clinical profile over phone or at local ED offered an evaluation the following morning at 7:30 a.m.
- All evaluated clients started program same day

IMMEDIATE RESULTS

- Time between initial contact and screening dropped from 16 - 4.1 days to 1.3 days
- Percent of clients seeking treatment who were retained in treatment rose from 19% to 53%
- By March 2005 retention had climbed to 67%

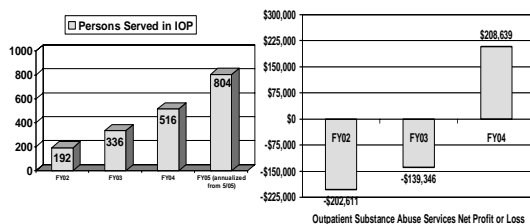
Results

Acadia Hospital - Open access has resulted in continued growth
(project implemented in March 2003)



Project #1—Operating Results

We serve more clients and the program operates more efficiently



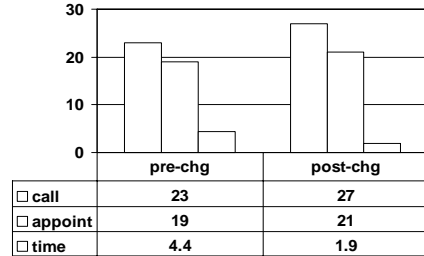
Learnings

- You really don't know what you don't know
- Nothing replaces face-to-face "asking"—senior managers and senior clinical leaders are the best for this role
- Stay focused on the big picture goals

Day One—OP Services10/06

- AIM: Decrease Wait Time between phone call and first appointment
- CHANGE MADE: At time of phone contact, offer client/referral next day appointment for first face-to-face with clinician
- Change Time Frame: October 30 to November 19. Pre-change Time Frame: October 9 to October 29, 2006

Day One—Results



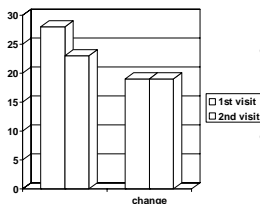
Day One Outpatient August 2006 Change Project

- Aim: Improve Retention
- At conclusion of 1st appointment offer a second appointment the next day
- Pre-Change Time Frame: July 24 to August 11, 2006
- Change Time Frame: August 14 to September 1, 2006

Change Period

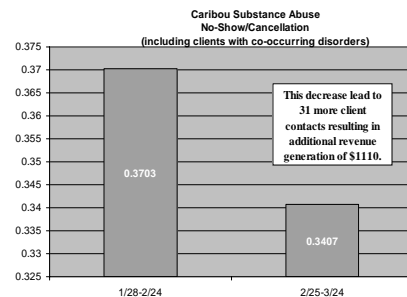
- 19 first appointments occurred during the change period
- All 19 clients were offered a next day visit, only 2 were able to use this offer
- However, all 19 returned for a second visit
- 100% retention during this period

Improving Retention



- Pre-change 23 returned out of 28
- Change 19 returned out of 19
- In August of 2007, retention to the 2nd visit was 95% and to the third visit, 90%

AMHC—Small changes matter! A 3% improvement in no-show rate = 31 visits



Key Learnings

- When the program was open to them, the clients who needed it the most showed up— and they stayed in treatment.
- Quality Improvement methods can be an operational driver
- Clients who don't have so many barriers to enter treatment are more likely to show up
- Treatment must change to accommodate their needs
- Improving access to treatment makes good clinical sense