Improving Client Engagement and Retention in Treatment

10th Annual Summer Institute
Sedona, Arizona
Session 16 (A, B, C) – July 22, 2009

Presented by:
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Extended Workshop Agenda

• Part A (10:15-11:45 am):
  – Background and history of NIATx
  – Process Improvement 101: Key principles
  – Case studies - examples from the field

• Part B (2:15-3:45 pm):
  – Setting priorities and getting started
  – Rapid-cycle testing
  – Promising Practices

• Part C (4:00-5:30 pm):
  – Measuring the impact of change
  – Making a business case for process improvement
  – Organizational structures that support process improvement
  – Surviving tough economic times
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

The Network for the Improvement of Addiction Treatment (NIATx)

A partnership of:

The Center for Substance Abuse Treatment
&
The Robert Wood Johnson Foundation
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

CUSTOMERS = CLIENTS
Why Organizational Change?

• Small changes do increase *client satisfaction*.
• Satisfied clients are more likely to show up and *continue their treatment*.
• More clients in treatment make your work *more rewarding*.
• More admissions and fewer drop-outs improve the *bottom line*.
NIATx Four Project Aims

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

Reduce Waiting Times: **51% reduction**
(37 agencies reporting)

Reduce No-Shows: **41% reduction**
(28 agencies reporting)

Increase Admissions: **56% increase**
(23 agencies reporting)

Increase Continuation: **39% increase**
(39 agencies reporting)
Five Key Principles
Evidence-based predictors of change

- Understand & Involve the Customer
- Focus on Key Problems
- Select the Right Change Leader
- Seek Ideas from Outside the Field and Organization
- Do Rapid-Cycle Testing
1. Understand and Involve the Customer

• Most important of all the Principles

• What is it like to be a customer? Staff are customers, too!

• Walk-through, focus groups…
2. Focus on Key Problems

• What is keeping the executive director awake at night?

• What processes have staff and customers identified as barriers to excellent service?
3. 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
4. Seek Ideas Outside the Organization and Field

• Provides a new way to look at the problem

• Real creativity in problem solving comes from looking outside the familiar
5. Do Rapid-cycle Testing

Start by asking five questions:

1. What’s it like to be our customer?
2. What are we trying to accomplish?
3. How will we know if a change is an improvement?
4. What changes can we test that may result in an improvement?
5. How can we sustain the improvement?

Rapid-Cycle Testing

Rapid-Cycle changes
- Are quick; do-able in 2 weeks

PDSA cycles
- Plan the change
- Do the plan
- Study the results
- Act on the new knowledge
Characteristics of a Change Team

• Those individuals (customers) who have job functions that are critical to the functioning of the system.

• Receptionists, case managers, counselors, program managers and clinical supervisors.

• Keep the team small - no more than 7 members.

• Members are able to identify important problems.
Role of the Executive Sponsor

- Senior leader in the agency
- Must see change/improvement as a priority
- Identifies the problem and articulates the vision
- Demonstrates commitment to the process (time, resources)
- Empowers the change leader
Selecting a Change Leader

• Person has **sufficient power and respect to influence** others at all levels of the organization.

• Person has the ability to: **instill optimism**, has big picture thinking, **focused**, goal oriented, and a **good sense of humor**.
Change Leader Responsibilities

- Serves as a **catalyst** to develop ideas
- Successful **communicator**: facilitates change team meetings, consistent, concise (data), creative and engaging (incentives), skilled listener.
- **Minimizes resistance** to change
- Keeps the executive sponsor **updated** on change leader activities.
Seeing Your Services from the Client’s Perspective
Understand and Involve the Customer

- Agency walk-through
- Focus groups and client interviews
- Baseline data
Why a Walk-through?

The walk-through...

- Helps understand the customer and organizational 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
How to Do a Walk-Through

1. Agency director or executive sponsor role plays a client and/or family member
2. Inform staff and clients if needed, in advance that you will be doing the walk through
3. Encourage staff to treat you as they would a client; no special treatment
4. Think, feel, observe
5. Record observations and feelings
6. Involve staff, get their feedback
The Walk-Through Write-Up

• First contact
• First Appointment
• The Intake Process
• Transition between level of service - “The Handoff.”
• What surprised you?
• What two things would you like to change most?
Examples of Walk-Through Learning

- Telephone answering protocol
- Information needed to provide assistance at first contact
- Wait time and availability of services
- Need to address access barriers
- First impression of facility
- “Welcoming” nature of the 1st encounter
- Helpfulness of the intake/assessment process
- Smoothness of transition from one level of care to another
Here is your mission:

Call your agency to request an intake/assessment appointment
1. What did you learn?
2. How easy was it to reach a live person?
3. How were you greeted?
4. What information was requested?
5. How long was the wait for the next available appointment?
6. What would you change?
Experiences from the Field

TERROS, Inc.
TERROS, Inc.
Two Aspects for Today

• Check out an improvement team
• My experience as a Change Leader
#1: The Water Team

- ‘We’re about Time, Evaluations & Resources’
- Team launched in June, 2007
- Note: all teams are chartered by the CEO
The AIM

• Reduce Wait Time for Psychiatric Evaluations
  – Goal: get the wait time under 30 days
The Changes

• #1: Standardize the appropriateness of referrals to TERROS psychiatric services
  – Up to 20% of referrals were not appropriate
  – Engage all the staff at the West Clinic
  – Develop a comprehensive criteria for referral using staff input
The Changes

• #2: For clients who no-show for their psych evaluation, a discussion with the clinician is required prior to making another appointment, in order to determine if this is really the appropriate course of treatment
The Changes

• #3: Figure out how to open up the mandatory yearly psych re-evaluations and still keep under the 30 day ceiling

• [note: this was an extra that the group wanted to do]

• The change: the psych provider noted that the next appt needed to be a yearly assessment; the FO made the next ‘med check’ a yearly
• Baseline: 44 day wait
• Change #1: 37.7 day wait
• Change #2: 8 day wait (+82%)
• Change #3: 3 day wait (+93%)
More Data

- For Change #1: appropriate referrals improved to 97%, up from 80% - an improvement of 21%
- Other pertinent data: 253 yearly re-assessments were made
- The show rate rose to 68% (from 45%)
#2: My Experience as a Change Leader

- TERROS teams have evolved so that there is a team lead, co-lead, data person, team members & a coach
- These positions rotate so that everyone gets the chance to learn all team functions (of course, the team lead always keeps an eye on everything)
#2: My Experience as a Change Leader, continued

- Worked in all the team roles
- Provide NIATx / PI overview training for all new teams (including the airplane exercise)
- Keep in weekly contact with Team Leads
  - Problem solve and resource
  - Keep focus on the data and the 3 questions
- Sit in on team meetings
Use of Data

• 2 kinds of data:
  – **Outcome data** (i.e., reduced wait time)
  – **Fidelity measures** - the change is actually occurring (i.e., referrals to psych services are appropriate)
    • Usually requires checking
    • Often requires more training
    • Sometimes requires having a talk with a specific person or two
More on Data

• We found it very easy to measure the wrong thing!
• On one team we started out to reduce the wait time (for intake assessments)
• And got sidetracked into measuring the incredible increase in the number of assessments!
Keeping Focus

• A team coach really helps
• **Stick to the 3 questions:**
  – What are we trying to improve?
  – How will we know what we did was an improvement?
  – What can we do to make the improvement?
• Ask yourselves these questions at every meeting
More on Focus – the Agenda

• The team agenda:
  – Includes the team AIM
  – And today’s purpose
  – Is very tight
  – Has timelines
  – Has specific assignments
  – Encourages all team participation
    • Everyone’s input is as valuable as anyone else’s
  – Team Leader provides a summary of today
Some Things I’ve Learned to Look Out For:

- Collecting the wrong data
- Someone will make a change – without your knowledge
- Your team will start solving a very interesting problem – but not your problem
- You think your solution has been implemented ‘a-b-c’, but it’s been implemented ‘x-y-z’!
- Everyone agreeing doesn’t mean everyone will do it
Celebrate Your Successes!

- Have a party, with a PowerPoint illustrating the success of the team
- Share it with your staff and administrators
- Remember that any knowledge gained is a measure of success
Experiences from the Field

Didi Hirsch CMHC, Via Avanta – “The Way Forward” Project
Project Aim

- **Reduce** discharges in the first 30 days by 20%
- **Baseline Data**: 44% of client were discharging within the first 30 days of admission.
- **Desired Goal**: Reduce percentage of clients discharging within the first 30 days of treatment to 35%
How Problems were Identified

- Agency walk-through
- Baseline data collection
- Focus Groups: met with clients in treatment for less than 60 days
Baseline Data Collection

• Data was collected from agency database.
• Data was collected (3) months prior to the start up of the project.
• From December 2005-February 2006:
  • 44% of clients were discharged in the first 30 days of treatment
• Goal – Reduce early discharges from 44% to 35%
Improvements Tested – No. 1

• The first rapid cycle change/action

• Start date February 27, 2006

• Change Idea: **Client will have no community responsibilities for the first 15 days in treatment.**

• Change team meetings were used to discuss, analyze the data and evaluate the impact of the change on early discharges.

• April 26, 2006 change team decided to implement another change /action
Improvements Tested – No. 2

• Change team decided that clients will no longer have to be “covered” by another peer in the first 15 days of treatment.

• May 24, 2006, the change team is still meeting (2) times per month for discussion, analyze data and evaluation of the impact on early discharges.

• At this meeting, the change team discovers that change No. 2, has caused the “Big sisters” to disengage with their “Little sisters”.
Improvements Tested – No. 3

• Employed Motivational Enhancement Therapy with the “Big sisters”.

• A change team member and the “Big sisters” developed goals to achieve on a weekly basis designed to help engage the “Little sisters” in the treatment process.

• The contingent goal was decided by clients (group activity, movie, coffee outing, pizza party, ice cream social).
Results

• Baseline data: 44% of clients discharged in the first 30 days of treatment.

• Completion of pilot project: 13.4% of clients discharged in the first 30 days of treatment.

• Average # of treatment days 5 months prior to the project was 125 days.

• Average # of treatment day after the project was 175 days.
Project Results
Early Discharges in First 30 Days

Change Project Results

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July 2005 through August 2006
Lessons Learned – Via Avanta

• Team member statements on what they learned from the experience
• Process improvement opened the door to new ways of thinking and behaving
• Culture change
• Infused energy, creativity, and willingness to change
Planning a Service Improvement

Differentiating responsibilities of management and the change team
Quick Start Road Map

• A graphic series of steps to make it easier to plan and implement a change

• Steps divided into management and change team responsibilities

• Assures that critical steps in the process will not be skipped
Quick Start Roadmap

Process Improvement Planning Guide

1. Identify problem important to management
   - wait-time - engagement - no-shows - retention

2. Target Objective
   - measurable - specific

3. How will you measure the change?
   - simple - quick - accessible

4. Who will be on the Change Team?

5. Instructions for the Change Team:
Management responsibilities:

1. Do a needs assessment and identify a problem important to management
   - Walk-Through
   - Focus Groups
   - Existing Data

2. Establish a target objective
   - Achievable
   - Specific
   - Measurable
3. How will the change be measured?
   - Simple
   - Quick
   - Accessible
   - Who can record the data?
   - How frequently can it be gathered and summarized?

**TIP:** Data driven decisions are more objective and more readily accepted

**TIP:** Without data you have no way to gauge the success or effectiveness of a new practice
4. Who will be on the Change Team?
   • Change Leader
   • 3-5 Members
   • Work together until success is achieved

5. Instructions for the Team
   • Clear statement of problem with data
   • Priority for improvement
   • Clear objective
   • Promise of support and commitment
Small Group Activity

1. Small groups of 5-8
2. Choose a facilitator
3. Discuss possible priorities for improvement
4. Select one problem area to target for change (NIATx aim)
5. Complete the management section (page 1) of the Quick Start Road Map
• What is the problem area you chose to put in box 1?
• What is the target objective you put in box 2?
Rapid-cycle Testing

Start by asking five questions:

1. What’s it like to be our customer?
2. What are we trying to accomplish?
3. How will we know if a change is an improvement?
4. What changes can we test that may result in an improvement?
5. How can we sustain the improvement?
Rapid-Cycle Testing

Rapid-Cycle changes
- Are quick; do-able in 2 weeks

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

• Define the change behaviorally… precisely what will be done?
• Who will implement the change?
• What preparation needs to be done before starting the change?
• Clarify who will measure the change and who will review the data regularly to share with the team.
Do

- Note the exact start date for the cycle
- How long will the initial test last?
- How often will the team meet to assess progress and review data?
- During the test, the team considers what improvements might need to be made to improve the results
Study

• After the agreed upon test period the team reviews the results

• Change leader (or designated change team member) assembles and graphs the data for the team

• The team deliberates what it has learned

• Based on the learning, the team considers whether a change in strategy is in order
Act
(adopt, adapt, abandon)

- In light of what has been learned, the team decides what to do next
  - Make an **adjustment** in the strategy to get closer to the objective
  - **Increase the objective** (adapt) if the initial target has been met and the team believes even more progress can be made
  - **Combine** another change (adapt) with the existing strategy to start a new cycle
  - **Abandon** the existing strategy and **start a new cycle**
It is important to remember…

- It often takes more than one cycle to achieve your objective.
- By changing only 1 thing at a time you know the impact of your change.
- Sometimes several changes are necessary to maximize the improvement you seek.
Change Cycles

Changes That Result in Improvement

Cycle 1
Cycle 2
Cycle 3
Cycle 4

Hunches
Theories
Ideas

DATA

APSD

APSD

APSD

APSD
Keys to PDSA success

1. Be clear about your target objective
2. Implement only 1 change at a time
3. Make sure all participants are implementing the change as planned
4. Implement the change in a small portion of the agency
5. Study the results data before making a modification to the plan
6. Do not hesitate to start a new cycle when the data indicates or the team is convinced that a modification will improve results
And last…

Keep measuring and studying the results until you reach your objective and determine you have improved as much as you can.
The Airplane Exercise

Description:
• A small group activity to demonstrate use of the PDSA cycle

Objective:
• Learn how to use the PDSA approach with a team in order to achieve a specific aim
1. **PLAN:** Design a paper plane using the materials provided. Set an aim and measure for your team – what do you want to accomplish?

2. **DO:** Choose one person to be the flier. Have them make three test flights (baseline).

3. **STUDY:** After each test flight, the data coordinator should measure the distance the plane landed from the END of the runway and record this on the change project form. Calculate the average distance for the three flights.

4. **ACT:** Based on the measurements, review the design of your plane and look for improvements (what can we do that will result in an improvement). Make just ONE change to the design of the plane, and repeat steps 1-4 until you have collected data for 3 cycles (original design cycle + 2 change cycles).
Change Team Deliberations

What situations or processes contribute to the problem?

What possible changes might help achieve the objective?

1. 
2. 
3. 
4. 
5. 

Outline the implementation process you will use

What will be done? (Plan) Who will do it? (Do) Resources Needed

1. 
2. 
3. 
4. 
5. 

Prioritize the changes most likely to succeed and select one

What data will be gathered? (Study)

What? Who? How often?

How will progress be monitored to determine success and to assess need for further change?

How? Who will do it? How often?

What is the next step? (Action):
6. Collaborate on what contributes to the maintenance of the problem

- Agency processes
- Variability in staff performance
- External situation or factors
- Service design
- Unclear expectations
- Lack of knowledge or skill
- Agency policy
- Others?
7. What changes might achieve the objective?
   • Be creative, think “outside the box”
   • Brainstorm/Nominal Group Technique
   • Gather information from other treatment agencies
   • Assess how other industries deal with this problem

8. Prioritize the ideas and select a strategy
9. **Outline the process to be used**
   - What will be done?
   - Who will be responsible at each step?
   - What resources are needed to implement the change?

10. **What data will be gathered to assess progress?**
    - What measures will be used?
    - Who will gather the data daily?
    - Who will review and analyze the data?
11. How will progress be monitored?
   • Who will monitor fidelity with the planned change?
   • How will mid-course adjustments be made?
   • Who will gather data and chart progress?
   • How often will the Team meet to assess progress and determine need for modifications?

12. Who will maintain a record of Team deliberations, decisions and steps taken?
Nominal Group Technique

- Silent Writing
- Each person share one solution
- Are there any missing?
- Get out the vote!
- Top three
- Where do we begin?
Ensuring access when clients need it:

- Reduce intake and assessment paperwork
- Change schedules and offer assessments daily & in evening
- Encourage same day assessments
- Provide walk-in assessment clinics
Promising Practices

No-Shows

Engaging clients as soon as possible:

• Address barriers clients face in attending assessment/intake
• Clearly explain what client can expect at first appointment
• Model client communication on MI techniques
• Get clients in for first appointment quickly
• Make reminder calls for scheduled intake/assessment appointments
Promising Practices

Continuation

**Keeping clients in treatment:**

- Connect client & counselor within 24 hrs
- Provide a welcoming orientation
- Identify clients at-risk for leaving
- Use motivational enhancement strategies
- Use positive reinforcement for desired behavior
Measuring Change

An essential step in assuring the success of any process improvement
Measuring Change: 7 Simple Rules of the Road

1. **Define** the measures you will use
2. **Collect** baseline data before you begin
3. **Establish** a clear aim or objective
4. **Consistently collect** data
5. Avoid common **pitfalls**
6. **Chart your progress** and share the info
7. **Ask questions** about what the data is telling you
1. Define Measures

- Clarify the project objective: What specifically are you working to improve?
- **What is the target?**
- How will you know if the target is being achieved?

**TIP:** Clear definitions are critically to successfully measure change
2. Gather Baseline Data

• Using agreed upon measures, **gather data for 2-3 months prior** to beginning a change project

• Keys:
  – Does the data provide the info you need?
  – How accurate is the data?
  – Does the process assure consistent data collection?

**TIP:** Never start a change project without gathering baseline data
3. Establish a Clear Aim

• Make sure the target objective is specific, realistic and clear
• Make the objective challenging but achievable
• If the target is reached easily, increase the objective

TIP: The aim should challenge the organization
Typical Aims/Objectives

• Reduce average wait time from assessment to 1st face to face treatment session from 33 days to 26 days (a 20% reduction)
• Decrease no-show rate to intake/assessment appointment from 37% to 30% (20% reduction)
• Increase the rate of clients who participate in 4 services during the 1st 30 days from 41% to 51% (25% improvement)
• Increase the retention of residential clients beyond the 1st week of care from 60% to 75% (25% improvement)
4. Consistently Collect Data

• If the data is not already being gathered, manual collection may be necessary
• Important to have quick and accurate measures of progress
• Can be gathered over a short period of time to assess initial success or failure

**TIP:** Consistently collect measures related to the change
5: Avoid Common Pitfalls

1. Events occurring before their time
2. Sequential events occurring in order but with long lag times
3. Sequential events occurring out of order
4. Missing dates
5. Cell contains characters
6. Incorrect recording of dates
6. Chart Your Progress

- Important to track progress daily or weekly
- Track progress for a long enough period have confidence in the results
- Communicate to progress with change team, management and others
- Graphs are the most powerful way to illustrate progress
Key Points about Graphs

• State the **project aim**
• For each measure:
  – Provide a definition
  – Identify the change target
  – Show the baseline data
  – Enter progress data weekly or monthly
• **Identify when change started** and, if appropriate, when it was altered
• **Continue charting** after the change was adopted to demonstrate sustainability
Sample Graph: Increasing 30-Day Continuation– OP Program

Baseline (Apr-May 08)

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**Aim:** Increase % of clients who attend 4+ sessions from 65% to 78%
7. Ask Questions

- “What is the information we are gathering telling me?”
- When a change is not having the expected impact, ask “Why?”
- Continue asking questions about how you can improve…continuous improvement is the goal

TIP: Do not accept your results at face value; keep probing and you will find other ways to improve
Making the Business Case for Process Improvement
What Do We Mean by the “Business Case”? 

Process improvements can impact your:

a. Financial bottom line
b. Organizational climate
c. Efficiency and productivity
d. Relationship with referral sources
e. Staff retention
f. Client satisfaction
g. Treatment outcome
Financial Bottom Line

- **Admissions** can increase
- **Billable service hours** can increase
- A **greater number of sessions** can be provided
- **Contracts** can increase in number and magnitude
- **Others??**
Franklin-Williamson Human Services

Problem: **No-show rate** at parent education group was **62%**

What could be done?

1. Try fishbowl **contingency management**
2. Implement a **new parenting curriculum**
3. Counselor **calls when parent misses** a group meeting.

Rationale:

- **Motivational enhancement** has been demonstrated to improve attendance
- The new curriculum was **highly rated**
- **Call backs** have been **successful** in reducing drop-outs
Reduced No-Shows
Franklin-Williamson Human Services

Comparison of no show rates for parenting group

Baseline: 62.33%
1st Change: 43.26%
2nd change: 39.26%
2nd change cont.: 42.20%
3rd change: 17.20%
Monthly Revenue Increase
Franklin-Williamson Human Services

Comparison of DASA revenue due to decreased no show rates for parenting group

- Baseline: $1254.00
- 1st Change: $2257.20
- 2nd change: $2257.20
- 2nd change continued: $1436.40
- 3rd change: $2736.00
Organizational Climate

- Staff members feel more involved
- Improvement data engenders a sense of pride
- Positive change tends to breed interest in more improvement
- Others???
Efficiency and Productivity

• Reducing no-shows increases direct service hours
• Better access can bring in more admissions
• Improved continuation yields more billable services
• Reduced paperwork liberates more clinical hours
Improved Efficiency

Length of Time between First Request and In-House Assessment

Number of Days

Month

Jan-08  Feb-08  Mar-08  Apr-08  May-08  Jun-08  Jul-08  Aug-08  Sep-08
Relationships with Referral Sources

- Become **more accessible** to referrals
- Trust in the agency’s **quality and effectiveness** tends to increase
- Become a “**preferred provider**” to referral sources
- **Communication improves** and referrals increase
Staff Retention

• Staff members who view themselves as **vital** are more likely to stay

• Staff whose contributions are **recognized and appreciated** are more likely to stay

• Staff who view the organization as **successful in carrying out its mission** are more likely to stay
Client Satisfaction

• Clients are **sensitive** to good service
• Clients who **value the care they receive** are more likely to stay in treatment
• Efficient processes are **more rewarding and professional**
• **Satisfied customers stay** and encourage others to stay
Impact of Satisfaction

English Speaking Group Attendance

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<thead>
<tr>
<th>Month</th>
<th>Pre Change</th>
<th>Post Change</th>
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Percentage of Attendance

0 20 40 60 80 100

Pre Change
Post Change
Treatment Outcomes

- Clients who **stay longer** in treatment are more likely to have **better outcomes**
- Clients who have **good attendance** are more likely to continue and **benefit** from treatment
- Clients who participate in **more treatment sessions** are more likely to show **measurable progress**
Better Outcomes

Percentage of Continuation

Months

Pre Change
Post Change
Keys to Change Project Success

1. Have a clear objective
2. Implement only 1 new thing at a time
3. Make sure everyone implements change as planned
4. Start small
5. Study the results before making modifications
6. Do not hesitate to start a new cycle
Frequent start-up issues

1. **Measuring** the impact of change
   - What measures to use
   - Documenting the change process
   - Recording data daily; reviewing data weekly

2. **Having the right people** in key roles
   - Executive Champion or Sponsor
   - Change Leader with time to do the job
   - Small enough Team to be effective

3. **Assuring key participants understand** the service improvement model and process

4. **Lack of customer involvement** in establishing a change objective
Keys to Successful Change and Spread

- Ongoing communication
- Sustainability
- Align with the vision and values of the target audience (staff, client, community)
- Adopt a results orientation model of improvement
- “Engage, engage, engage, retain, retain, retain”
Organizational Structures That Support Process Improvement
New Team Preparation

- Formal training in NIATx fundamentals including:
  - Walkthrough
  - Team structure
    - Team leader
    - Team coach
    - Data
    - Members
    - Team spirit
  - PDSA
New Team Preparation, continued

• Other Team Functions
  – Leader Training – rotate the responsibility
    • Doing the agenda - including
      – What is our AIM
      – What is our purpose today
    • Minutes
    • Time keeper
    • Icebreaker
    • Coaching
    • Data gathering and presenting

• Airplane exercise
Selecting a ‘Problem’

• We ask at different venues:
  – TERROS all-management meeting
  – The Communities of Commitment team
  – The TERROS Administration Team
  – Gather information from all staff at all sites
  – The TERROS PEAT team (a high level data review and management team)
  – The TLC
TLC

- Team Leaders and Coaches
  - An alumni team from previous PI teams
  - Focuses on supporting positive changes
  - Meets regularly
  - Reviews progress with current team leaders
  - Takes recommendations from current teams that are completing their work
  - Uses the ‘agenda-minutes-time keeping’ structure
Ongoing Opportunities to Keep PI in the Headlights

- Presenting in Los Angeles with the Pacific Southwest ATTC
- Presenting at national conferences
- Presenting at the yearly Summer Institute
- Presenting for Dr. Westley Clark of SAMHSA
- Hosting the local ‘ACTION Campaign learning collaborative’
Structured Meetings

• The meeting management system that we developed for PI teams has been spread to virtually every kind of meeting
  – What is our AIM
  – What is our purpose today
  – Agenda items
  – Strict time management
Surviving in Tough Economic Times

Slides courtesy of:
Steve Gallon, Ph.D., NIATx Process Improvement Coach
Tough Economic Times = Reduced Revenue
First inclination…
Adjust by cutting costs
What else could be done?
Some Possibilities…

1. Become a preferred provider for key payers and increase admissions

2. Study service utilization by payer

3. Maximize efficiency by…
   - Reducing wait time
   - Improving continuation
   - Limiting no-shows
Case Study: Prairie Ridge - Mason City, Iowa

- 60% of OP revenue from block grant
- 42% overutilization of block grant slots
- $462,000 in unreimbursed care annually
What Would You Do?

- Renegotiate contract?
- Reduce costs?
- Turn clients away?
- Make clients wait longer?
- Terminate contract for block grant?
- Change payer mix? “Cost-shift”?
Potential Solutions

*Improve management of caseload:*

- Reduce wait time
- Monitor client progress
- Limit length of care
- Facilitate hand-off from one level of care to the next
- Limit admissions
Another Solution

*Increase admissions from selected payers by:*

- Delivering efficient and engaging services
- Selectively negotiating with preferred payers
- Strengthening referrer relationships by sharing your data with them
Promising Ways to Become a Preferred Provider

1. Assign one person on your staff for each referrer to contact for all their referrals
2. Encourage referrers to make the 1st appointment with you while a potential client is still in their office
3. Acknowledge all referrals
4. Keep referrers informed about “their” client to the extent to which confidentiality is not broken
In Conclusion, Continually Ask

“What is it like to refer a client to us?”
Learning Resources

Join the ACTION Campaign:
“Adopting Changes to Improve Outcomes Now”

www.actioncampaign.org

Action Kits for improving access, engagement, and transition between levels of care are available for download
Learning Resources

NIATx: "Network for the Improvement of Addiction Treatment"

www.niatx.net

• NIATx Workbook
• Videos on Process Improvement
• Tools to help with improvement projects
• Case studies
• Promising practices and strategies
Formation of an AZ Learning Collaborative

- September 24, 2009
- October 22, 2009
- November 19, 2009

- All calls will be held from 10-11am AZ time
- Conference call #: 1-866-248-0563
- Pass code: when prompted, enter 9170841#
Contact Your Presenters

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Thank You for Coming!