

NIATx 200:

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Alice Pulvermacher-

The national institute on drug abuse could see that the NIATx model was successful. This was very exciting, they were thrilled at what they were seeing, but the puzzle that confronted them was how can we disseminate this on a national level given the variety of services that are included in the model as it exists today.

Jay Ford-

We begin to realize that there are components of NIATx that may or may not have worked better than others. So when you think back on the NIATx model, it really had four aspects to it. There was a learning session, where people can come together and learn from each other and learn from experts, there were opportunities to participate in monthly interest circle calls, and then these sites were supported by coaching. That kind of was what led us through these conversations with the project officer and in the design of this to begin to have the forearms that made up NIATx 200, what, and those were, you know, how does somebody do with a learning session only, you know, how does someone do with only being able to participate in interest circle calls, how does somebody do, if they are only able to receive coaching? And then the fourth arm brought all those things together. We were not only looking to understand what aspect of NIATx was the most effective at improving wait time and reducing or improving continuation in treatment, which one of those inventions was also the most cost effective?

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Alice Pulvermacher-

Because it was a randomized trial, there needed to be a lot of structure built into the design, if you will, so that there was consistency across the different arms, there was consistency in the curriculum being delivered, and, and you know, as consistent as possible that you can be that be with coaching.

Jay Ford-

What we've come to learn, is that this appears to be the largest, or one of the largest, randomized control trials in organizational change. And given that it was a randomized control trial, we were concerned that, providers that were participating, if they were able to look stuff, and to search through the original NIATx website, that they might, we wouldn't be able to kind of control the message, to control the information that they were receiving.

Alice Pulvermacher-

We had a website that we developed that had a series of promising practices from providers like themselves who have, we referred to them as evidence based business practices focused in these three different areas.

Jay Ford-

We knew we didn't want to introduce the sites to these promising practices until it was, quote unquote, time for them to move to that part of the study intervention. So by creating a separate website, we were able to synthesize the information that we wanted to present to them, and control when it was rolled out.

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Alice Pulvermacher-

It involved five states, we recruited two hundred agencies in those five states.

Andy Quanbeck-

We realized early on that we had to communicate and work closely with, with our state partners to make this happen. You know, you get out and recruit 40 providers in five states, basically getting, in a lot of cases, half the providers in the state to participate, is not an easy thing to do.

Jay Ford-

We took the research plan when it was funded by NIDA, you know, we created a set of interventions that we thought were going to work, and by interventions, I mean, here, is that we started originally with, that we were going to have five arms of the study, the four that I mentioned earlier and we were going to randomize sites to a web only arm.

Alice Pulvermacher-

The providers made it very clear that if there was going to be a control arm, where all they would have is access to the internet, they would not participate.

Jay Ford-

So then that kind of caused us to have to step back and have to think a minute, you know, wait a minute, we may be running a risk of jeopardizing the goal of this project to recruit two hundred treatment agencies if we don't make a change in our study design. So we did, on the fly, while we were out in Washington state doing recruitment meetings, and at the next recruitment meeting, 24 hours later, we were saying there were 4 intervention arms.

Andrew Quanbeck-

From the get go, we just made a commitment to really, you know, rather than sitting up in an ivory tower and trying to run the study, to really, interact with our participants and make it as personal as possible I guess.

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Jay Ford-

We're in a phase right now with the NIATx 200 study, where the study intervention has ended, we've collected all of the data around the primary outcomes that we're going to get from the states and we're working to try to analyze the results.

Andrew Quanbeck-

If we look at waiting time reduction, we saw differences in the levels of performance across the, the four study arms. The way that the improvements unraveled, I guess, is that within the first six months of the intervention, we saw a big gap between the interest circle arm and the full arm, if you are looking at improvement here, with the coaching and learning session arms kind of falling in between.

Jay Ford-

But, when you then begin to look at sustainability, you know, we see some slightly different results. We see that agencies begin, appear to begin to catch up with each other depending on the intervention arm that they were in.

Andrew Quanbeck-

So, where the, the full arm was able to make improvements quickly and sustain them over time, the learning session and coaching arms basically kept chipping away at learning time and eventually got to the same place as the full arm, but it took longer.

Jay Ford-

But what we've learned is we've kind of got it into this analysis is that it's awful complex. You know, there's a lot of issues to consider, there's a lot of issues to consider with missing data, there's a lot of issues to consider with, you know, what's the right approach to analyze this? And we've really spent a lot of time trying to make sure we understand all of the nuances and issues of the data, you know before we went forward with the analysis.

Andrew Quanbeck-

We are still working through the other primary outcomes, and then we have a whole bevy of secondary outcomes to analyze as well.

Jay Ford-

The story's there. What the story is going to tell, I think we'll have to come back and revisit a little bit later in the future.

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Alice Pulvermacher-

There were a variety of things that happened, there was momentum that was built, in each of the states from having 18 months of this kind of an intervention.

Jay Ford-

They're organizations that, that have basically embraced, wholeheartedly, the idea of doing rapid cycle change to improve their organization on all fronts, not just access and retention, but using the methodology to improved how they bill for services, to use the methodology to improve how they hire staff.

Anna Wheelock-

It is not unusual for many of our, of the 201 providers that we worked with to go to same day service, what a difference that makes to someone who is calling for help, says you know, "I think I have a problem," or "the wife thinks I have a problem", and, and you know the agency says, "come on down."

Jay Ford-

You know at the end of the day, even though I may not have been out there at the treatment agency, helping them make changes, I know that the work that we're doing has made a difference for, not only the organizations, but indirectly for the clients that they serve.

Anna Wheelock-

When I talk to people and I still get comments back from, cause, because I'm still in touch with the providers, I still get, get feedback from them, "this is going so well, we're so excited and we're so grateful," you know they say this "we're so grateful" for what you've given to us, so.