

NEW YORK STATE OFFICE OF ALCOHOLISM AND SUBSTANCE ABUSE SERVICES

The [New York State Office of Alcoholism and Substance Abuse Services](#) (OASAS) plans, funds, develops, and regulates the state's system of chemical dependence and gambling treatment agencies. The Office also monitors gambling and substance use and abuse trends in the state and provides a comprehensive education and prevention program. OASAS administers the credentialing of alcoholism and substance abuse counselors as well as prevention practitioners and prevention specialists. OASAS is the designated single state agency responsible for the coordination of state-federal relations in the area of addiction services. OASAS is administering a STAR-SI grant with 18 outpatient providers on Long Island and in New York City, a NIATx 200 study involving more than forty outpatient providers in upstate New York, and enrolls at least twenty outpatient providers in independent peer review (IPR) per year.

EXECUTIVE SPONSOR: Karen M. Carpenter-Palumbo, SSA Commissioner

CHANGE LEADER: Susan Brandau, STAR-SI Change Leader and IPR Coordinator

TEAM MEMBERS: Bonnie Primus Cohen, STAR-SI Program Director

PROJECT AIM: Integrate NIATx principles into the independent peer review (IPR) process required by the SAPT block grant in order to help stimulate process improvements, strengthen treatment, and eliminate duplication of quality improvement efforts.

STATEWIDE AIM: Develop a data infrastructure to support NIATx process improvement activities specific to client rapid access to treatment and early retention in treatment.

GOALS AND MEASURES

OASAS has modified the independent peer review process not only to address the six federally mandated review areas, but to specifically focus on process improvement opportunities in the areas of access to and retention in treatment. Agencies reviewed will complete a patient tracking log, conduct a walk-through, participate in a Change Project, and participate in a peer-generated learning community. The goal is to seed at least twenty IPR providers each year with these administrative process improvement concepts.

The state has a Client Data System (CDS) that providers use for monthly reporting; however many of the NIATx data elements were not collected under the CDS. The state contracted with a vendor to rapidly design, develop, and test a CDS module that all providers participating in NIATx projects (approximately 80 outpatient providers) will use to report their data. These providers are involved in either STAR-SI or the NIATx 200 study.

This module, called the STAR-QI, will produce immediate indicator reports for the providers which will in turn allow them to analyze their own progress. STAR-QI is also designed to strengthen the timeliness of provider data. The graphs will depict 17 access and three retention measures, as well as volume and efficiency measures for a total of 28 graphs. OASAS will also tag the data to indicate whether the provider is involved in STAR-SI, NIATx 200 or an IPR. The

current CDS does not have the capability to produce graphical indicator reports for providers. The new STAR-QI CDS module will allow OASAS to monitor outcomes and client results by the participating providers. OASAS will use the submitted provider Change Project Forms to correlate the specific provider interventions that significantly impact client outcomes and their ability to deliver services. These interventions will be disseminated throughout the provider community via learning collaboratives and other mechanisms. The overall OASAS goal is to learn how providers use and value the NIATx model and the STAR-QI CDS module to introduce and sustain change. The characteristics of providers able to incorporate the model into practice and the identification of supports needed by providers to improve access and retention will be synthesized as well.

OVERALL IMPACT

The state will enhance each provider's quality improvement efforts through the integration of NIATx processes within the required independent peer review model. Incorporating the four NIATx aims into the independent peer review process will enhance treatment outcomes as well as funding efficiency. Half of the STAR-SI providers have begun to demonstrate improvements in access and retention of more than 20 percent. The waiting times between the first request for service and the first treatment have gone down, the number of patients that have shown up for their initial appointments has doubled, and admissions have increased. These preliminary results affirm the state's decision to move forward with the development of the data infrastructure to support provider efforts. As the number of providers participating in these processes increases, the state will be able to identify the impact of reduced waiting time to admissions on both access to and retention in treatment.

LESSONS LEARNED

- The STAR-QI CDS module is instrumental for the enhancement of the state's capacity to promote uniform data collection and reporting.
- A cultural shift is underway. Providers have become more data savvy and now use data to initiate changes that lead to improved access and retention.
- The SSA can maximize exposure to NIATx-type process improvements by integrating the concepts into other initiatives such as independent peer review and by framing process improvements as quality improvement activities.
- Provider readiness is critical to successful implementation of process improvement. Barriers that impede participation include organizational restructuring and turnover, Executive Sponsor support, commitment of adequate human resources, and composition of the Change Team (and the Change Leader in particular).

PLANNED CHANGES

- Encourage the IPR providers to use the new STAR-QI CDS module to support the continuation of their data collection after their peer review.
- Make the STAR-QI CDS module available to all 500+ outpatient providers in the state.
- Modify the existing regulation that requires monthly CDS reporting to include mandatory reporting using the STAR-QI CDS module.
- Modify state practices that may be impeding patient access and retention.
- Modify the existing quality improvement regulatory language and provider requirements to include process improvement activities as eligible quality improvement activities.