

# ALCOHOLISM & DRUG ABUSE

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## Conference speakers urge SA providers to redesign operations

A 90-minute session for addiction treatment organizations at last month's Behavioral Healthcare & Informatics Tomorrow (BHIT) conference included virtually no mention of clinical care. Acknowledging that the audience was comfortable with treatment protocols, speakers focused on the more frightening prospect of redesigning agencies' business processes to strengthen services.

A group of speakers told the audience at the Washington, D.C. conference that the re-engineering of addiction treatment operations promises to become a major topic of focus in the field, with several planned announcements of funding to assist some agencies in the process.

A former managed behavioral health care executive who is now a behavioral health consultant told the audience that for many addiction treatment organizations, the coming months may offer them the first opportunity to use tools of industrial quality to design their treatment systems.

"We can never 're-engineer' because we didn't engineer in the first place," said John Bartlett, M.D., M.P.H., executive director and principal of The Avis Group.

The panel at the Sept. 24 BHIT session included Bartlett; David H. Gustafson, Ph.D., an engineer and office director of a foundation-funded effort to help addiction treatment providers improve business processes; Edward C. Carlson, an official with a foundation that has prioritized improvement of substance abuse services; and Kevin Norton, chief executive of a Massachusetts provider agency that has already engaged in a re-engineering process.

Gustafson, a professor of industrial engineering at the University of Wisconsin, said addiction treatment providers need to reach outside the bounds of their industry to tap into research on how to improve the efficiency of business processes. He and other speakers said that with clinical care changing in the field (such as through the advent of medication treatments and evidence-based practices), addiction treatment agencies must do away with flawed processes that impede effective services.

Added Bartlett, "We cannot be addicted to the old ways of doing business and expect to get a different result."

The University of Wisconsin houses the National Program Office for *Paths to Recovery: Improving*

*the Process of Care for Substance Abuse Treatment*, an initiative of the Robert Wood Johnson Foundation designed to help treatment programs improve work practices so they can engage patients in treatment more quickly and improve treatment retention.

The National Program Office has attempted to inform addiction program administrators of process improvement strategies and how they can be used to improve access to and retention in treatment. The foundation soon will announce a program under which up to 20 addiction treatment programs will receive funding to implement improvement strategies, Gustafson said at the conference.

Another foundation that has prioritized improvements in substance abuse treatment systems is the Charles and Helen Schwab Foundation. Carlson is a substance abuse program officer with the San Mateo, Calif.-based foundation; he described to conference attendees details of the foundation's \$1.3 million Building Effective Substance Abuse Treatment (BEST) initiative.

The initiative, which currently targets providers in San Mateo County and will expand to nearby communities in the Bay Area, seeks

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to develop more effective treatment organizations through investment in infrastructure, organizational practice and systems-level change. Carlson told conference attendees that program participants assess their organizations in areas such as clinical service delivery, staff development and business operations, and then have the self-assessments compared to a report from an independent consultant.

“This is an effort to create a learning community through the providers,” Carlson said.

### **CAB’s experience**

Norton, president and chief executive of CAB Health and Recovery Services Inc. in Massachusetts, described to the conference audience a comprehensive organizational redesign launched at his facility under the administration of former chief executive Victor A.

Capoccia, Ph.D. (who is now at the Robert Wood Johnson Foundation).

CAB’s Darwin Project was conceived in January 1999, as senior managers discussed whether the organization had the proper structure and tools to continue to fulfill its mission. “We knew we were delivering high-quality services, but we were really hard-pressed to prove it,” Norton said.

In an article published in the June 2000 issue of *Behavioral Healthcare Tomorrow* magazine, a sister publication of *ADAW*, Capoccia wrote that CAB needed its infrastructure to become as highly evolved as its clinical services were. “Yes, CAB billed electronically, but used only about 15 percent of the system’s reporting and tracking capacity,” he wrote. “Yes, CAB provided new employee orientation and training, but lacked a human-resources development strategy that focused on growing internal talent.”

Norton said at the conference that CAB decided to conduct its entire organizational redesign at once, though because of the effort involved, he is not sure he would recommend that approach to others. An anonymous funder approved a challenge grant of half the project’s \$150,000 cost to launch the effort.

Norton said that positive outcomes associated with the Darwin Project have included reductions in client wait times at intake, improvements in moving clients through CAB’s treatment system, and closer collaboration among CAB’s various treatment sites.

Bartlett concluded that it is important for clinical care experts in addiction treatment to become organizational change agents for their agencies. “I hear people say, ‘Gee, I’m a clinician, not an engineer.’ I say, ‘Then don’t get involved in managing clinical systems.’”