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From the Field

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Improving addiction treatment services: *The need*

This article is the second in a series that describes how redesigning your organizational processes can offer an immediate and controllable path to improving quality of and access to addiction treatment services.

Every year, 10 million people in need of addiction treatment go untreated. There are many factors contributing to this gap between need and access. Some originate externally to the organization, others originate within the organization.

Most external factors can be considered uncontrollable; that is, an organization must, in most cases, accept them and work around them. One example of an uncontrollable external factor is inadequate funding – which contributes significantly to the treatment gap by reducing the overall number of treatment slots available in a community. Denial – a central and defining characteristic of addiction as a disease – is another uncontrollable external factor that accounts for a significant portion of unmet client need.

Internal factors, on the other hand, can be considered controllable; these are the factors that can – and, therefore, *should* be actively addressed. These internal factors often involve business processes that, ironically, were put in place to facilitate service delivery. These are faulty processes that have arisen over time – as the organization has done its best to treat a complex disease in a complicated industry. They often result in lengthy intakes, high no-show rates, unanswered phone calls requesting services, exhausting documentation requirements, and so on.

When confronted with problematic processes, we often find ourselves asking, "How did our system ever get this way?" But, lacking the energy or knowledge

needed to disentangle the mess, these processes stay in place and continue to impede client access to our organization's services.

Now, more than ever, there is a clear urgency for us to more seriously consider the impact our way of doing business has on our clients. The "Quality Chasm" report, published by the Institute of Medicine, has brought to the policy forefront the concept that improving the quality of care must extend beyond addressing the skills of clinicians and the treatments they use, to the organizational systems clinicians must work within. In fact, the "Quality Chasm" notes that many of the most pressing quality issues in America's health care system are due to *how care is organized*, not who is providing the care.

In other sectors of healthcare – and within pioneering addiction treatment organizations – an understanding is evolving that business and clinical processes can be examined and redesigned. In fact, a number of simple, easy-to-use tools for understanding and improving business processes (including clinical ones) have evolved.

These tools begin with a good understanding of customer needs, they progress through good process design, and they end with tracking the results of key processes in order to identify ways to improve them. The tools are easily learned and easily applied – especially in organizations where the leadership both understands and is committed to process design and improvement. These tools have been adopted and applied in other fields, often with startling results.

To date, the addiction treatment field has, for the most part, not adopted these tools in any meaningful

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way. Why? Not because of negligence or malice on the part of our field. It is more likely the result of leaders and managers simply not having been *exposed* to these tools and techniques. It is a rare clinician or manager who reads the process improvement literature while trying to make payroll and keep clients safe.

The time has come, however, for the addiction treatment field to become acquainted with these tools and put them into practice. Doing so can begin to improve the efficiency and effectiveness of our organizations. In an era of uncertain resources and ever

increasing demands, we can at least put our own "houses" in order, and we owe it to our clients – both actual and potential – to do so.

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