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From the Field

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Improving addiction treatment services: *The opportunity*

This article is the fourth and final in a series that describes how redesigning your organization's processes can offer an immediate path to improving quality of and access to addiction treatment services.

This four-part series introduced us to innovative approaches for overcoming organizational barriers. It convinced us of the need to overcome those barriers and, in doing so, called attention to some of the organizational processes that are often responsible for those barriers. Finally, it gave us a model for improving processes within our own organizations.

To complement and help illustrate the points made and strategies shared in this series, this final article turns our attention to the field, where we find "real-life," practical examples from organizations that fought their own barriers – and won. The following examples illustrate the process improvement strategies designed and implemented by these organizations to successfully address one or more of their treatment access barrier(s).

Waiting times, admissions

A Massachusetts agency reduced outpatient waiting time from two weeks to 48 hours and, in four months, increased its total number of outpatient sessions from 514 per month to 721 per month. These substantial improvements in the delivery of client services resulted from multiple changes, including the following:

- The agency designated an intake coordinator to improve the intake process.
- Full-time front office staff replaced temporary staff to improve the flow of paperwork, etc.
- Increased receptionist hours improved the appointment-booking process and overall call management.
- The payment process was enhanced by helping clients obtain insurance coverage.
- A new process was put in place for monitoring actual waiting times on an ongoing basis.

Increased admissions, more contracts

A California agency increased the number of residential clients who could be served at any one time from 18 to 38, and increased residential admissions from 142 per year in 1998 to almost 200 per year in 2001. To improve access to its services, the agency increased its number of county contracts. It went from two county contracts covering residential and outpatient services in 1994 to 13 contracts covering, among others things: perinatal, AIDS, dual diagnosis, treatment readiness, adolescent, and drug court services in 2001. (Note: this approach may not work in all states, but improving the contracting process will.)

Decreased no-show rates

New York agency decreased the no-show rate for its outpatient intake appointments from 47 percent to 30 percent. This example is noteworthy because the agency's pilot study showed that certain strategies reduced no-show rates (booking appointments within 48 hours of initial contact), while others did not (reminder phone calls, mailed cards).

Improved service tailoring

Another Massachusetts agency improved its service tailoring by working more closely with pediatricians to identify adolescents in need of intensive treatment. The agency found that if adolescents answered yes to two out of six screening questions asked by a pediatrician during a routine physical exam, they had a

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high probability of needing intensive addiction treatment (e.g., "Have you ever ridden in a car driven by someone, including yourself, who was 'high' or had been using alcohol or drugs?"). Twenty-five percent of adolescents screened answered yes to two or more questions; around 92 percent of those adolescents were formally assessed as needing intensive treatment. In comparison, of the 75 percent of adolescents who answered yes to fewer than two questions, 82 percent were formally assessed as *not* needing intensive treatment. This agency is now working with a network of pediatricians to increase adolescent referrals.

The common thread among these organizations is that they improved the *processes* that connect them with their clients. They isolated their organizational barriers and they looked for ways to break down those barriers. Strategies like the ones described here provide a practical and accessible means for addressing not only the barriers that originate within an organization, but also the barriers that originate outside – such as shrinking financial and human resources. These success stories are just the beginning.

The Robert Wood Johnson Foundation has established a National Program Office, Paths to Recovery, to serve as a process improvement resource for the addiction treatment field. Visit their Web site, *pathstorecovery.org*, to learn more about process improvement, other success stories from the field, and funding opportunities for organizations interested in applying process improvement techniques within their organization.

Don C. Holloway, PhD, is a consultant to the National Program Office for Paths to Recovery: Improving the Process of Care for Substance Abuse Treatment, a Robert Wood Johnson Foundation-funded initiative.