



Operator assistance with process improvement

NIATx helps one agency reduce waiting times from 21 days to 24 hours **BY MAUREEN FITZGERALD**

In 2004, an estimated 23.4 million Americans age 12 and older were classified with dependence on or abuse of either alcohol or illicit drugs. In the same year, just 2.33 million received some level of treatment.¹ Only about 51% of those who enter treatment complete it.²

While finances and psychological readiness explain some of this deficit, the issue that often keeps clients from treatment is the way services are delivered. Systems engineering, process improvement, and innovative uses of technology have been shown to improve quality and efficiency of service delivery processes in other industries. The Network for the Improvement of Addiction Treatment (NIATx), based at the University of Wisconsin–Madison, brings these resources to substance abuse organizations.

NIATx is a partnership between the Robert Wood Johnson Foundation's Paths to Recovery program and the Center for Substance Abuse Treatment's Strengthening Treatment Access and Retention program. The mission of NIATx is to help providers learn process-improvement strategies to increase client access to and retention in substance abuse treatment (see sidebar).

NIATx focuses on four aims: to reduce waiting time to treatment, reduce the percentage of treatment no-shows, reduce the percentage of clients who leave treatment early, and increase the percentage of clients admitted to treatment. The four aims help NIATx members reach two long-term goals—to increase the treatment organization's capacity to improve and to enhance the organization's bottom line. By making progress on each of the four aims, organizations become more efficient financially and gain skills leading to greater organizational improvements. The 39 treatment agencies (including 9 mental health

agencies with addiction services) in 25 states that participate in NIATx are demonstrating the potential of process improvement to help treatment agencies improve the work processes that influence treatment access and client retention.

Kentucky River Community Care (KRCC), which operates 40 sites in 8 rural counties in the Appalachian region of southeastern Kentucky, is a NIATx member. In each of the counties comprising its service region, KRCC operates an eight-bed adult and a two-bed youth residential detoxification program, an intensive outpatient program for women, and an outpatient clinic, among other programs. The population served at KRCC has an average age range of 25 to 35 and is predominantly male. The most common substances for which people seek addiction treatment include nicotine, alcohol, marijuana, and opioids.

Louise Howell, PhD, has served as director of KRCC for nearly two decades. With a background in social work and systems science, Dr. Howell always has worked with the KRCC management team to identify ways to improve organizational processes. That focus on improving systems, the need for technical assistance, and the difficulty of self-study are what drew Dr. Howell to the NIATx model.

“Our leadership team had been working together for several years, but we didn't really understand change and process improvement,” she explains. “We knew we wanted to improve our ‘front door.’ We had many programs, but clients really had to extend themselves to become our clients. That was unsatisfactory.”

Identifying the Problems

The first change project that KRCC attempted as part of NIATx focused on one

of the four aims: to reduce the waiting time between first request for service and first treatment session at the Perry County Outpatient Substance Abuse site. Of the approximately 1,000 people treated annually at KRCC, approximately 400 use the Perry County site.

A group of KRCC staff called a “change team” began the change project with a “walk-through,” an exercise in which staff members experience the treatment process just as a client does. NIATx has found that taking this perspective on treatment services—from the first call for help to the intake process and through final discharge—is the most effective way to understand how the client feels and to discover which improvements will serve the client better.

Change team members who posed as clients during the walk-through exercise uncovered significant problems with the Perry County site’s phone system and administrative functions:

- Frequently, callers phoning for outpatient services received a voice-mail message. Callers who did reach an attendant were told that they would have to wait three weeks for the first available appointment.
- Clients who left voice-mail messages often were unreachable at the phone number they left or never returned any of KRCC’s follow-up calls.
- Clients appearing on-site to request services could receive an appointment the same day because of the high rate of no-shows for scheduled intake appointments. Clients who had a same-day appointment were more likely to begin treatment.

The change team also organized a focus group that included clinicians, staff, and clients. The group identified problems in the registration procedure: Client check-in and checkout, along with intake phone calls, took place in the same office space, leaving staff, clients, and callers frustrated. In this chaotic environment, clients had to wait while staff took calls, and callers often were lost, transferred to the wrong place, or put on hold for extended periods.

Robert Jackson, the team’s change leader, explains, “When we completed the walk-through and the focus group, we discovered

that it took an average of 21 days for a patient to get an appointment for a treatment session after first contacting the Perry County outpatient site. We really never would have examined that process before and, as a result of the walk-through, we set a goal to get people into treatment within 24 hours of their first contact.”

Making Changes

The change team made changes to the phone intake and appointment system, including the following:

- Customer service staff were relocated into separate, private offices, to allow concurrent registration of multiple clients.
- Staff assigned to answer the general phone lines were moved out of the front office area,

so that the heavy volume of incoming calls would no longer interfere with client check-in and checkout. As a result, the average number of calls coming into the front office area decreased from approximately 1,000 to 150 per day.

- One part-time staff member was made full time.
- Additional personnel were reassigned to staff the call center.
- The telephone autoattendant was changed so that callers had immediate access to someone who could schedule an appointment for them during their first call.

As a result of these changes, the Perry County outpatient site has been able to offer intake appointments within 24 hours of a first request since June 2004—a significant improvement over the prechange average waiting time of 21 days.

Conclusion

Process improvement at KRCC has helped the agency to improve more than just service delivery—change exercises also have improved staff satisfaction and increased revenue. “Staff members are impressed that we actually take their recommendations seriously and try them out. They see immediate results. Our staff now feels empowered and invested in the change process,” says Jackson. “Staff morale has improved—the people who actually do the work are helping make decisions.”

Adds Dr. Howell, “Quite candidly, we did not anticipate the incredible rewards that we’ve reaped from our membership in NIATx. It has truly been a system-changing experience. The NIATx model has been successful across the board in promoting change.” ■

Maureen Fitzgerald is an Editor at the Network for the Improvement of Addiction Treatment (NIATx). To send comments to the author and editors, e-mail fitzgerald0506@behavioral.net.

References

1. SAMHSA. Office of Applied Studies. Overview of findings from the 2004 National Survey on Drug Use and Health. 2005.
2. SAMHSA. Office of Applied Statistics. The DASIS report: Treatment completion in the treatment episode data set (TEDS). 2003.

NIATx Resources

The NIATx Learning Collaborative Model offers members a variety of services for sharing innovative ideas with each other. The model’s main components include:

- **Learning sessions** take place every six months. At these multiday conferences, change teams convene to learn and gather support—both from one another and from outside experts—on changes to make and ways to make them.
- **Interest circles** are monthly teleconferences in which agency change leaders discuss change-related issues and progress.
- **Coaching** assigns an expert in process improvement to work with an agency to help staff make, sustain, and spread process-improvement efforts.
- **The NIATx Web site (www.niatx.net)** is a storehouse of resources that play a central role in improvement.
- **All-member calls** occur monthly and bring together NIATx members to discuss a specific issue via teleconference.
- **E-News** is a monthly newsletter that provides valuable information from the NIATx network. To receive the newsletter, visit www.niatx.net and click on “Sign up for E-News.”