Specialized Outpatient Services, Inc. and the Oklahoma Department of Mental Health and Substance Abuse Services

Improving Time to Treatment through the NIATx State Pilot Project

General nature of problem

According to the *2002 National Survey on Drug Use and Health,* drug and alcohol abuse is a problem that affects an estimated 21 million Americans. However, only 3.3 million people received any level of addiction treatment in 2002; furthermore, 446,000 people made an attempt to seek treatment but were denied access (Office of Applied Studies, 2002).

These figures illustrate a serious gap in access to treatment that plagues the addiction treatment field. While factors such as shame and denial may prevent individuals from seeking addiction treatment, a significant portion of the access gap is attributable to systemic factors under the control of addiction treatment providers (Ebener and Kilmer, 2003).

Process improvement is one way that addiction treatment providers can do their part to narrow the access gap. In a typical sequence of events, a patient hits "rock bottom" and places a call to an addiction treatment provider. The provider schedules an assessment appointment based on availability. After assessment, the patient enters a clinically appropriate treatment program, again based on availability. In many cases the time from first contact to treatment can span weeks or even months, and during this period a patient's motivation may decrease, closing the "window of opportunity" for treatment. Timely engagement in treatment is correlated with positive treatment outcomes (Claus and Kindleberger, 2002). If addiction treatment providers can streamline their operations to engage patients in treatment more quickly, patients havee a better chance of acheiving positive treatment outcomes.

Opportunity for process improvement: Specialized Outpatient Services, Inc. (SOS)

This case report profiles a collaborative project between Specialized Outpatient Services, Inc. (SOS), an addiction treatment provider based in Oklahoma City, Oklahoma; the Oklahoma Department of Mental Health and Substance Abuse Services (ODMHSAS), the Single Stage Agency (SSA) responsible for addiction treatment in the state of Oklahoma; and the Network for the Improvement of Addiction Treatment (NIATx), an organization dedicated to process improvement in the addiction treatment field. The three organizations came together as part of the NIATx State Pilot Project to Improve Addiction Treatment. SOS and ODMHSAS employed process improvement methods taught by NIATx to significantly reduce the time it takes for patients to enter addiction treatment after a first request. According to James Patterson, Executive Director of SOS:

> As an agency we were seeing the number of assessment and counseling requests rising, and our ability to serve clients in a timely manner decreasing. We were starting to see more no-shows (wasted appointments) and were beginning to discuss referring

clients, developing a waiting list, or having patients call in to check on availability of services. We were seeing lower numbers of successful discharges and wanted to improve on our engagement and retention strategies.

Patterson recognized a need to enhance the organization's service delivery capabilities. At the invitation of the ODMHSAS, SOS became involved with NIATx in February 2005 and launched a process improvement project to address these issues shortly thereafter.

Key actors

The Network for the Improvement of Addiction Treatment

NIATx is a partnership between The Robert Wood Johnson Foundation's *Paths to Recovery* program, the Center for Substance Abuse Treatment's *Strengthening Treatment Access and Retention* program, and a number of addiction treatment providers across the United States (The Network for the Improvement of Addiction Treatment, 2002–2005). NIATx helps member organizations apply process improvement techniques with the goal of improving four key measures of patient access and retention in the addiction treatment field: time to treatment; no-show rate; continuation rate; and admission rate. NIATx has designated these measures the "four aims" upon which they focus all process improvement efforts. NIATx employs process improvement "Coaches," who offer advice and guidance to member organizations as they strive to make improvements around the four aims. Jay Ford, the Technical Director for NIATx, acted as the Coach for this project.

Specialized Outpatient Services

SOS is an addiction treatment provider whose mission is to "offer substance abuse services to individuals who normally could not afford it, in order to enhance the quality of life by increasing self-sufficiency through the alleviation of human suffering caused by alcoholism, drug addiction, and related behavioral health problems" (Specialized Outpatient Services, Inc., 2002). NIATx stresses the importance of executive support for any process improvement initiative. James Patterson is the Executive Director of SOS and acted as the "Executive Sponsor" for this project.

Oklahoma Department of Mental Health and Substance Abuse Services

ODMHSAS is the SSA responsible for addiction treatment in the state of Oklahoma. ODMHSAS works in conjunction with NIATx and SOS as part of the NIATx State Pilot Project to Improve Addiction Treatment. The project applies the NIATx process improvement model to SSA's and addiction treatment providers in the states of Delaware, Iowa, Oklahoma, North Carolina, and Texas. As state governments often provide funding for addiction treatment, one of the primary objectives of the project is to investigate novel ways that state payers can work together with providers to improve access and retention in addiction treatment. Jennifer Glover is the Treatment Services Director for ODMHSAS and her role in the state government gave her the influence and

respect from her peers to be an effective change agent. Glover acted as the project manager, or "Change Leader," for this project.

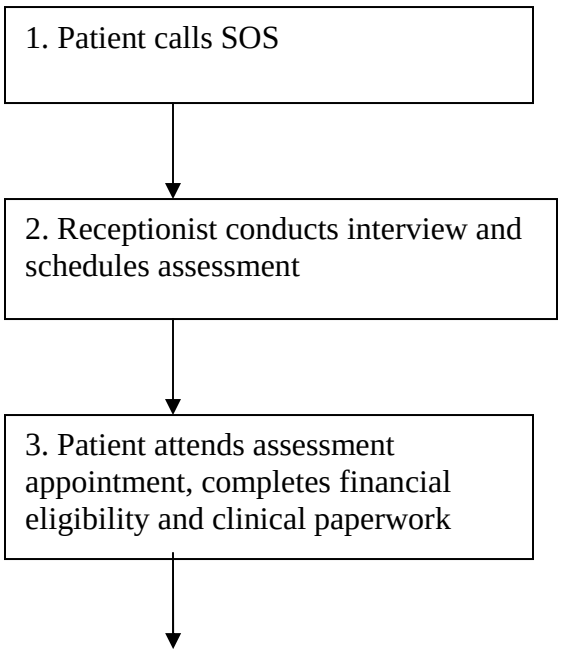
Teamwork is fundamental to NIATx's model for organizational change. Glover assembled a "Change Team" consisting of officials in the Oklahoma state government and SOS staff members to investigate ways to narrow the gap in addiction treatment access. This team was responsible for generating and testing innovations that would lead to process improvements at SOS.

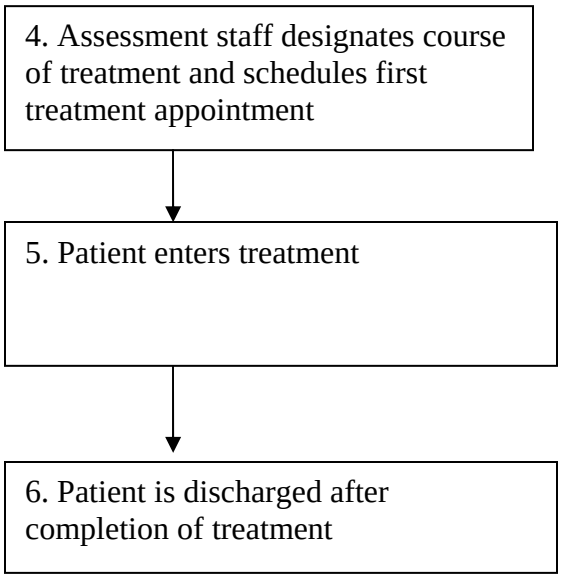
External influences

To the extent that the ODMHSAS is part of the Oklahoma state government, Glover recognizes her role as a steward of the taxpayers. Any project undertaken on behalf of the taxpayers must weigh benefits to society versus the amount of taxpayer funds expended. This project had and continues to have high visibility within the state government, because most addiction treatment in Oklahoma is funded by the state government. Glover included government officials on the Change Team to secure a measure of political support for the initiative. Demonstrable benefits will be important to ensure the continued life of the project.

Improving timeliness with rapid cycle changes

Using the NIATx model, the Change Team focused on reducing time to treatment- one of NIATx's four aims. A simple process flowchart is presented below:





Members of the Change Team started thinking about ways they could modify the process to engage patients in treatment more quickly. They conducted a walkthrough exercise to understand the patient experience at SOS and generated a number of process improvement ideas.

SOS was able to extract data on 40 clients from their appointment tracking database to determine waiting time baseline measures:

- 14.7 days from initial contact to assessment (average)
- 15.2 days from assessment to treatment (average)
- 29.9 days from initial contact to treatment (average)

The baseline measure for time to treatment from initial contact was 29.9 days, the sum of time from contact to assessment and time from assessment to treatment (14.7 + 15.2).

The Change Team implemented the following PDSA change cycles in rapid succession, beginning on March 14, 2005 and ending on May 31, 2005:

Cycle 1
Suspended financial eligibility requirements. Historically, patients entering treatment underwent means-testing to determine whether they were eligible for state-subsidized treatment (below 200% of poverty level). Patients only entered treatment after eligibility was determined. SOS suspended this practice and offered treatment to everyone that requested it.
Cycle 2

Modified internal paperwork system. Staff identified and removed duplicative paperwork. For instance: a patient may be required to complete several forms, all of which ask for name, social security number, phone number, etc., when ideally this information need only be reported once.

Cycle 3

Cross-trained staff. Assessment capacity had been limited because certain staff members held specialized assessment roles. Cross-training enabled multiple staff members to administer assessments to various types of patients.

Cycle 4

Restructured treatment programs. Management, with assistance from staff, established agency capacity guidelines regarding group and individual counseling to increase the number of treatment openings. Counseling sessions that were previously offered in individual format were converted to group format.

Cycle 5

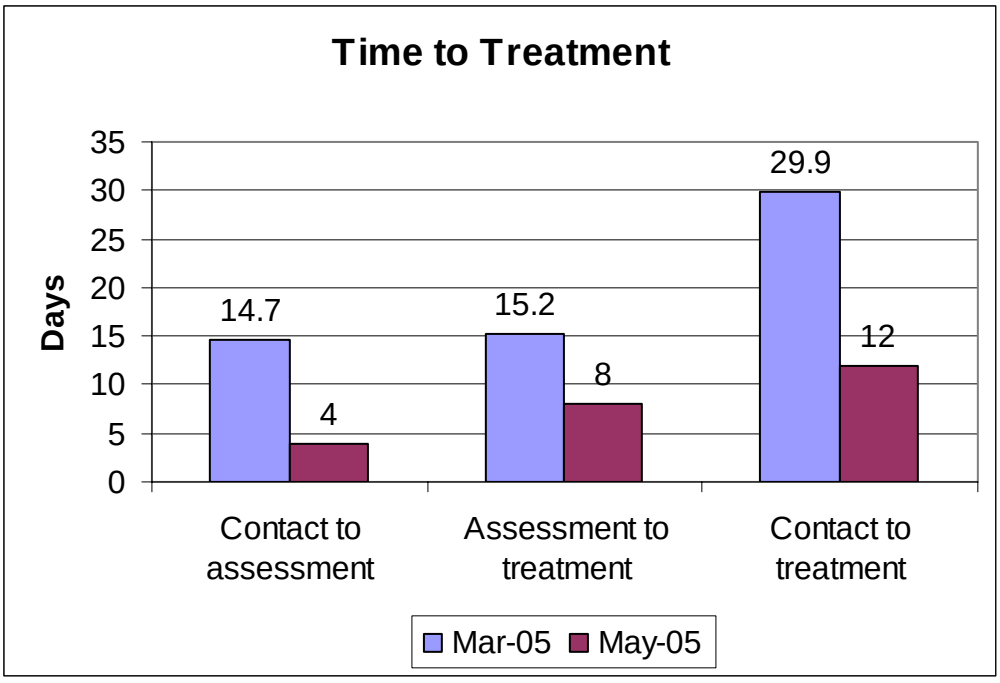
Acquired additional office space. The organization provided more group and individual counseling rooms, administrative area, etc.

Impact of changes

The first three change cycles were focused primarily on shortening the time from first contact to assessment. Patterson and Glover reported that the first change cycle (removing the financial eligibility requirements) had a clear and immediate impact on time from contact to assessment, and the two subsequent change cycles had marginal (yet positive) impacts. For instance, modification of SOS's internal paperwork system helped lower the time a patient spends during admission from roughly five hours to three hours, thereby increasing throughput and opening additional assessment slots. Between March 14, 2005 and May 31, 2005, average time from first contact to assessment decreased from 14.7 days to 4 days.

The last two change cycles were directed at improving the time from assessment to treatment. In Change Cycle 4, SOS opened up additional treatment slots and increased counselors' caseloads by moving some patients from individual counseling to group counseling. The organization then expanded their office to accommodate the increased demand for services they were beginning to see as a result of the increased access to treatment. Between March 14, 2005 and May 31, 2005, the average time from assessment to treatment dropped from 15.2 days to 8 days.

SOS was able to make a substantial improvement in average time from contact to treatment, which is presented in the chart below. In less than two months, average time from contact to treatment was reduced by 60%, from 29.9 days to 12 days.



This change project focused specifically on reducing time to treatment; as such, limited data is available regarding the other NIATx aims during the six week period that changes were implemented. However, Patterson reported that admissions seemed to pick up during the same period, and shorter waiting times *should* lead to higher continuation rates and lower no-show rates in the long run.

In a phone interview, Glover estimated that the State of Oklahoma spends roughly $8 billion per year on substance-abuse related issues. The removal of financial eligibility requirements (Cycle 1) was enacted statewide and reflects a willingness on the part of the government to provide addiction treatment to those who request it, "no questions asked." The means-testing process was paperwork-intensive and time consuming, and was ultimately seen as an unnecessary bureaucratic task, since according to Glover the state government "ends up paying anyway." ODMHSAS now believes it is better to spend money on patients to get them into treatment, before substance abuse leads to costly institutionalization in the mental health or criminal justice system.

SOS was able to significantly improve time from assessment to treatment by shifting from a treatment approach that was primarily individual-focused to one that incorporates group counseling (Cycle 4). Though some patients may prefer individual treatment to group treatment, there does not appear to be any discernible difference in efficacy between the two (Schmitz et al., 1997). In any case, SOS was able to get patients into treatment more quickly by shifting towards a group-based treatment approach.

Implementation considerations

Patterson reported that the implementation of the five PDSA change cycles was relatively seamless. Most of the innovations involved the elimination of unneeded work, rather than

the imposition of burdens on staff members. Staff members were included on the change team, and had the opportunity to offer input and buy-in to proposed changes prior to implementation. With strong leadership and staff participation, the organization was motivated to change.

Based partly on the success of this project, Glover plans to spread the NIATx process improvement model to an additional 40 addiction treatment providers across the state of Oklahoma. These agencies will be encouraged to form change teams and undertake process improvement projects based on the NIATx model. SOS is a fairly large addiction treatment provider in an urban area, and was perceived as an innovative organization amenable to change. In contrast, many of the agencies participating in the next round of the project are small, rural agencies who are unlikely to be familiar with process improvement. These agencies will receive financial incentives from ODMHSAS participating in the project. Glover believes that forming positive working relationships between ODMHSAS and treatment providers is vital to improve the functioning of the state-wide addiction treatment system.

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