



## Ten Steps to Increase Targeted Admissions

Follow these steps to increase targeted admissions:

- Identify Referrers
- Invite One Referrer to Join You
- Form a Joint Change Team
- Invite the Referrer to Participate in a Walk-through
- Agree on Aims
- Establish Baseline Data
- Identify Barriers and Opportunities
- Test Promising Practices
- Sustain Improvements
- Invite Another Referrer to Join You

### 1. Identify Referrers

Identify existing sources of referrals to your outpatient program. Referrers send you clients who are either starting treatment, or transitioning from another level of care.

- Referrers that start clients in addiction treatment include:
  - The client (a self-referral)
  - Family and friends
  - Employers
  - Schools
  - Your staff
  - Other health care providers (e.g., emergency departments, physicians, etc.)
  - Child protective services
  - Welfare agencies
  - Judges, lawyers, and probation officers
  - Faith community

Referrers that transition clients into outpatient care from another level of care include:

- Detoxification centers
- Residential treatment
- Inpatient rehabilitation
- Partial hospitalization
- Intensive outpatient treatment

Referrals between levels of care can be within your own agency, or external—between your agency and an outside organization.

### 2. Invite One Referrer to Join You

Start with one referrer and learn how to improve that one referral process. Improvements for one referrer can usually be spread to other, similar referrers.

Invite the first referrer based on the referrer's ability to:



- Lead you to payers who pay more for more outpatient admissions. Not all payers will pay more. Some place annual caps on the amount they will pay you. Use the entire amount—or risk having it reduced even further. Then, either renegotiate a higher cap, or select payers who will pay more for more outpatient admissions.
- Offer a large number of admissions. Working jointly with a referrer, especially if it is another organization, is time consuming no matter how well it is done. Make it worthwhile. A detox program, probation office, or residential program may actually be referring more clients than you know. The clients may be referred but never make it to admission.
- Make appropriate referrals. Ensure that the referrer is in a position to refer clients who will be physically located in your geographic area when discharged from another level of care and ready to begin outpatient treatment.
- Easily work together. Increasing internal transitions within the same organization is usually easier than working with two different organizations.
- Work with you in the past. It is easier to work together if you already share a history of joint problem solving.
- Participate in making improvements. Payers (both private and public) have an interest in making sure their payment for one level of care is not lost or repeated because of a failed transition to another level of care. They will often join you and participate on a Change Team devoted to increasing the number of admitted referrals to demonstrate successful outcomes.
- Others—there are always other good reasons.

Referrers will have their own reasons for joining the Change Team. Increasing your admissions is not their problem. However, they have problems that this joint effort may solve. Consider using Motivational Interviewing when you approach the referrer.

If it is a starting referral, the referrer may want outpatient care (for themselves, for a loved one, for an employee, etc.) to meet conditions for:

- Reduced jail time
- Probation
- Keeping a driver's license
- Readmission to school
- Continued employment
- Access to children
- A continued relationship
- Treatment for a co-occurring mental health disorder
- Others—use whatever reasons work to get addiction treatment started

If it is a transition referral, the referrer may want to:

- Improve their outcomes (they know that without transitioning clients to outpatient care, the clients are more likely to relapse)
- Transition clients to a lower, more appropriate level of care (especially if the payer denies payment for inappropriate placement of clients)
- Free up space for the waiting list by transitioning appropriate clients to outpatient treatment



- Make sure the client transitions within your own organization instead of to another, competing program
- Others—there are always other reasons. Use whatever reasons work to engage the referrer in the Change Project.

### **3. Form a Joint Change Team**

Include Change Leaders from both the referring organization and your outpatient program and make sure the Executive Sponsors from both organizations sign off on the charter.

If you decide to work with self-referrals (where there is no referral organization), be sure to add someone who can represent the client's perspective such as alumni to your Change Team. Adding someone who represents the client's perspective is always a good idea; if self-referrals are the selected referral source, it is essential.

### **4. Invite the Referrer to Participate in a Walk-through**

Jointly walk through the referral process to experience the transition from a client's perspective. Ask two people, preferably the Change Leaders from both the referring organization and the outpatient agency, to walk through the referral process together. Walk through both organizations' referral processes to experience the referrer's hand off and the outpatient program's reception and admission of the client.

### **5. Agree on Aims**

After completing the walk-through, jointly agree on an aim for the project. For example, the aim might be to increase the number of referrals who are admitted to your outpatient program. The referrer will have their reasons for joining the Change Team. However, you and the referrer need to agree on the aim for this project and both Executive Sponsors need to approve it.

### **6. Establish Baseline Data**

To establish a baseline, count the number of referrals made by the referrer, and the number of referrals who are admitted. This may require manual data collection for a few weeks:

- The referrer tracks the number of clients referred. With client permission, the referrer may even contact the outpatient program to alert you to a potential admission.
- The outpatient program tracks the number of referred clients who are admitted.

### **7. Identify Barriers and Opportunities**

Use the results of the walk-through to identify problems and opportunities in the referral process in both organizations.

Assume that problems are never the fault of the client, but of the process itself. Even if you don't believe this, act as if it is never the client's fault. The referral process can always be improved to the point where almost all transition referrals end with the client being admitted to the next level of care. Using the promising practices [\[link\]](#) in this toolkit, the referral process can be made so seamless that the client doesn't even realize they are making a transition.

### **8. Test Promising Practices**

Test promising practices described in this toolkit in order to improve the referral process. It is unlikely that only one promising practice will increase the number of referrals who are admitted.



These promising practices are used in a variety of combinations. Case studies are offered to illustrate how some outpatient programs have used multiple promising practices. See the list of promising practices for more information.

## **9. Sustain Improvements**

Seventy percent of process improvements—in all fields—don't survive past six months. That being the case, you can safely assume that increased referrals and admissions won't survive either unless you make efforts to sustain the improvements that you have made.

Use what you have learned from your clients who stay in recovery. Sustaining improvement is an ongoing process that never ends. It's not a one-time event and relapse is not necessarily a sign of failure. Relapse is part of a most improvement projects and can be a positive experience when it shows that additional changes are required to sustain the improvements.

Sustainable improvements are:

- Impossible to remove
- Make the staff's job easier
- Based on a strong business case
- Subject to continuous monitoring
- Assigned the necessary resources

## **10. Invite Another Referrer to Join You**

Invite another referral source to join you to increase the number of that source's referrals that end in an admission. Return to Step 3.