

# Massachusetts



*The Network for the  
Improvement of Addiction Treatment*

**NIATx** 200

**Learning Session II**  
**September 9-10**

# Participating Agencies

- ADCARE HOSPITAL OF WORCESTER
- ADVOCATES
- BOSTON ASAP
- CASA ESPARANZA
- CATHOLIC CHARITIES
- COMMUNITY CARE SERVICES
- COOLEY DICKINSON HOSPITAL
- FENWAY COMMUNITY HEALTH
- GEORGE B WELLS/ HARRINGTON MEMORIAL HOSPITAL
- LOWELL COMMUNITY HEALTH CENTER
- MARTHA'S VINEYARD COMMUNITY SERVICES
- MASSACHUSETTS GENERAL HOSPITAL WEST END CLINIC
- NORTH SUFFOLK MENTAL HEALTH ASSOC. INC.
- PHOENIX HOUSE OF NEW ENGLAND
- SMOC BEHAVIORAL HEALTH SERVICES
- STEP, INC.
- TEAM COORDINATING AGENCY
- THE DIMOCK CENTER
- HENRY LEE WILLIS CENTER

# CHANGE THINKING & THEORY

## **Converging Findings of Theories of Change**

# AGENDA

**Change Theory**

**PDSAs -The good, the hard, the great**

**Project Presentations-Ever present, everywhere**

**Breakouts-*Data & Improvements, NIATx Fundamentals, Common Road blocks & solutions***

**A fine & proper Lunch**

**Change Projects to Business Case**

**Sustaining Changes**

**Poster Sessions**

**Project Charter- Redux**

**Promising Practices**

**Keeping the Spirit Alive**

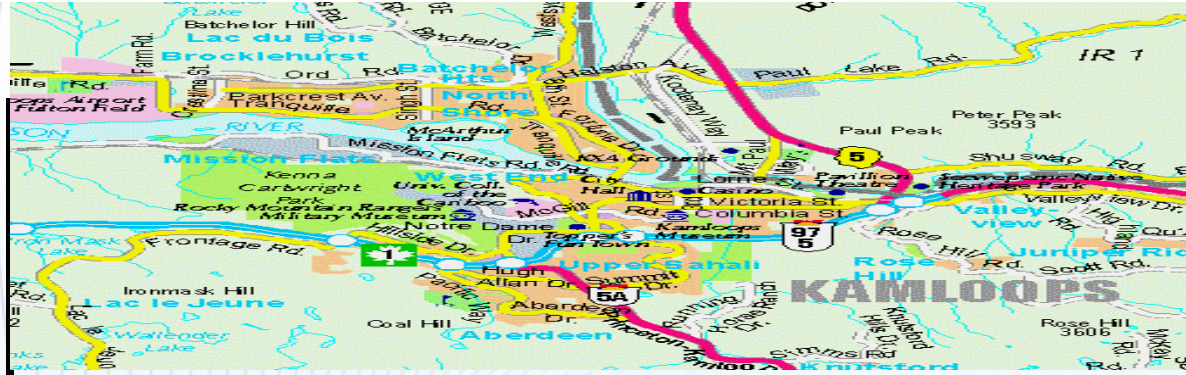
**Charge for next Steps**



**“Be not the first by who the new is tried, nor the last to lay the old aside”.**

**-Alexander Pope, *An Essay on Criticism, Part II***

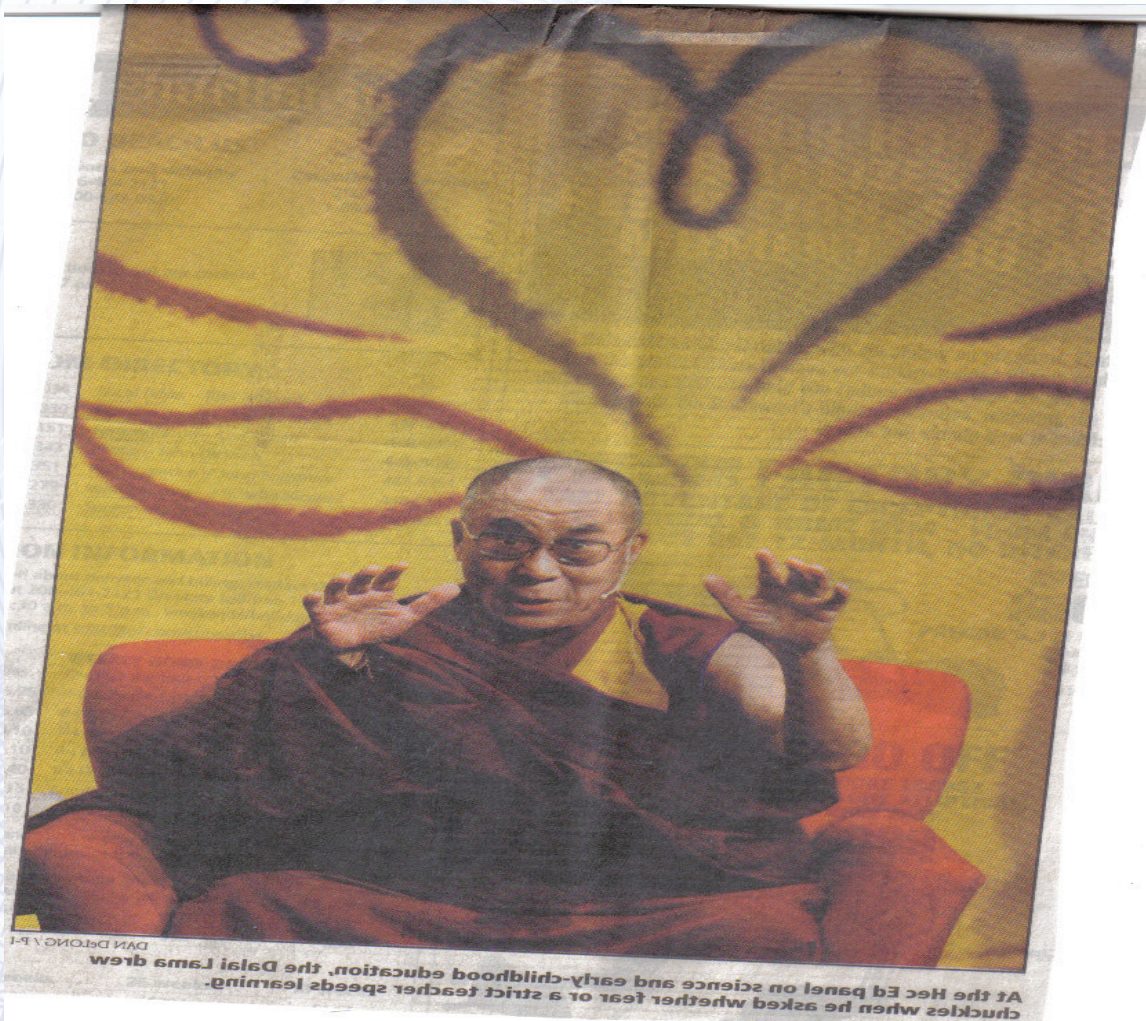




LS I: BEGINNING & LEARNING		LS II: USING & MASTERING		LS III STRENGTHENING & SUSTAINING	
<b>Activities</b>	<b>Objectives</b>	<b>Activities</b>	<b>Objectives</b>	<b>Activities</b>	<b>Objectives</b>
NIATx Fundamentals	<i>Learn The NIATx Way; Bond With Other Organizations</i>	Review & Deepen Understanding Of NIATx Fundamentals-Translation To The Business Case	<i>Move Toward NIATx As a Way Of Doing Business; Produce Business Case Materials</i>	Build NIATx Fundamentals Into Fabric Of Organization	<i>Hiring practices—writing job descriptions in caf é’s or small groups</i>
Review Walk Through & Baseline Data	<i>Share Findings And Compare To Baseline Data</i>	Discuss Effective Use Of Data For Decision Making	<i>Improve Use Of Data For Decision Making And To Drive PI</i>	Final Integration Of Data & Data Analysis Into Performance Improvement & Quality	<i>Join PDSAs with QA and Outcome Measures &amp; Business case-</i>

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 -Alexander Pope, *An Essay on Criticism, Part II*





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# AGENDA

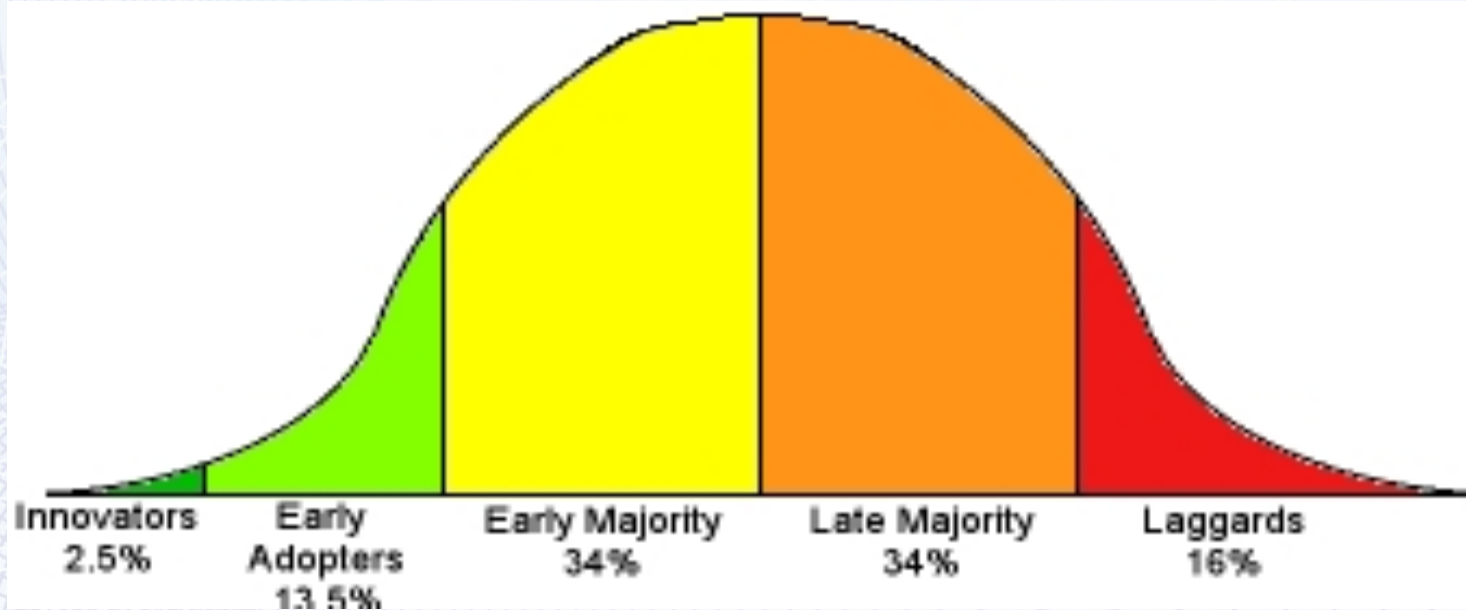


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-Alexander Pope, *An Essay on Criticism, Part II*

## CONCEPTS

**Bell shaped curve representing Rogers' (1995) findings on categories of individual level of innovation with percentages for each category.**



**“One must learn by doing the thing, for though you think you know it, you have no certainty until you try.....”**

**-Sophocles, 400 BC**



# CONCEPTS

**Innovators** - the risk takers willing to take the initiative and time to try something new

**Early Adopters** - tend to be respected group leaders, the individuals essential to adoption by whole group.

**Early Majority** - the careful, safe, deliberate individuals unwilling to risk time or other resources

**Late Majority** - those suspect of or resistant to change.  
Hard to move without significant influence

**Laggards** - these are those who are consistent or even adamant in resisting change. Pressure needed to force change.

“Be not the first by who the new is tried, nor the last to lay the old aside”.

-Alexander Pope, *An Essay on Criticism, Part II*

## CONCEPTS- S.T.O.R.C.S

**S - Simplicity** vs. complexity of the innovation

**T – Trial-ability**, Is there a chance to test or demo the tech with the ability to reverse the adoption

**O - Observability**. Is there a chance to see how the innovation works for others and observe the consequences?

**R - Relative advantage**. Is this innovation truly better than what it is replacing. Cheaper, faster, better test scores?

**C - Compatibility**. Does this innovation fit with values, beliefs and current needs?

**S - Support**. is there enough support in time, energy and money to ensure success?

“Make a better mousetrap, and the world  
will beat a path to our door.....“  
Ralph Waldo Emerson



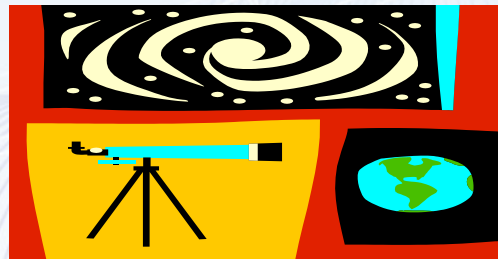
## **CONCEPTS-Process “Where are you?”**

- 1) **Knowledge** – person becomes aware of an innovation and has some idea of how it functions,
- 2) **Persuasion** – person forms a favorable or unfavorable attitude toward the innovation,
- 3) **Decision** – person engages in activities that lead to a choice to adopt or reject the innovation,



## CONCEPTS-Process

- 4) **Implementation** – person puts an innovation into use,
- 5) **Confirmation** – person evaluates the results of an innovation-decision already made.

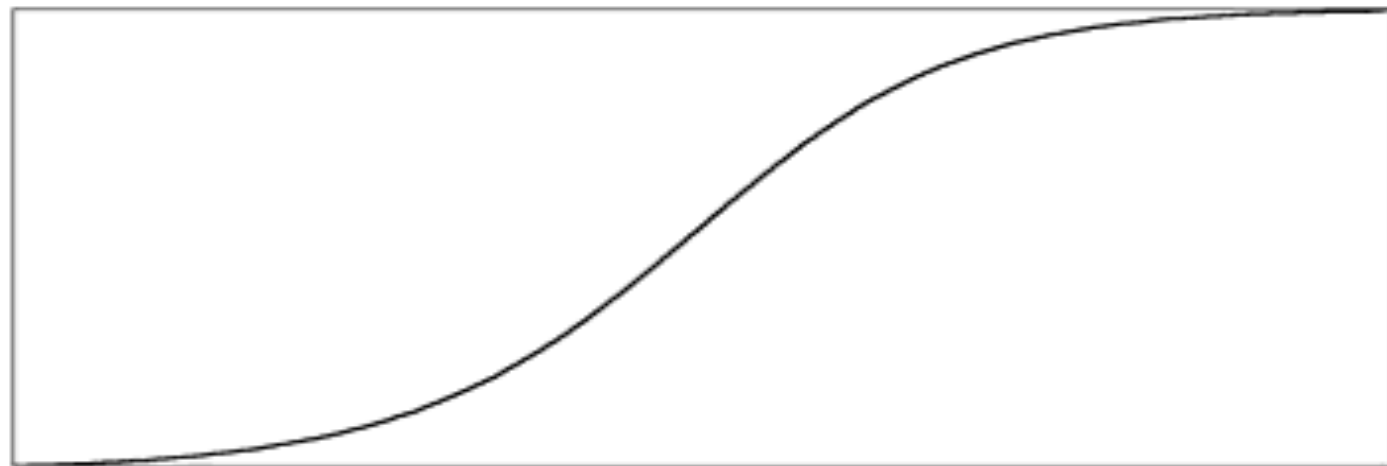


# Background-Bass Theory

$$N_t = N_{t-1} + p(m - N_{t-1}) + q \frac{N_{t-1}}{m}(m - N_{t-1})$$

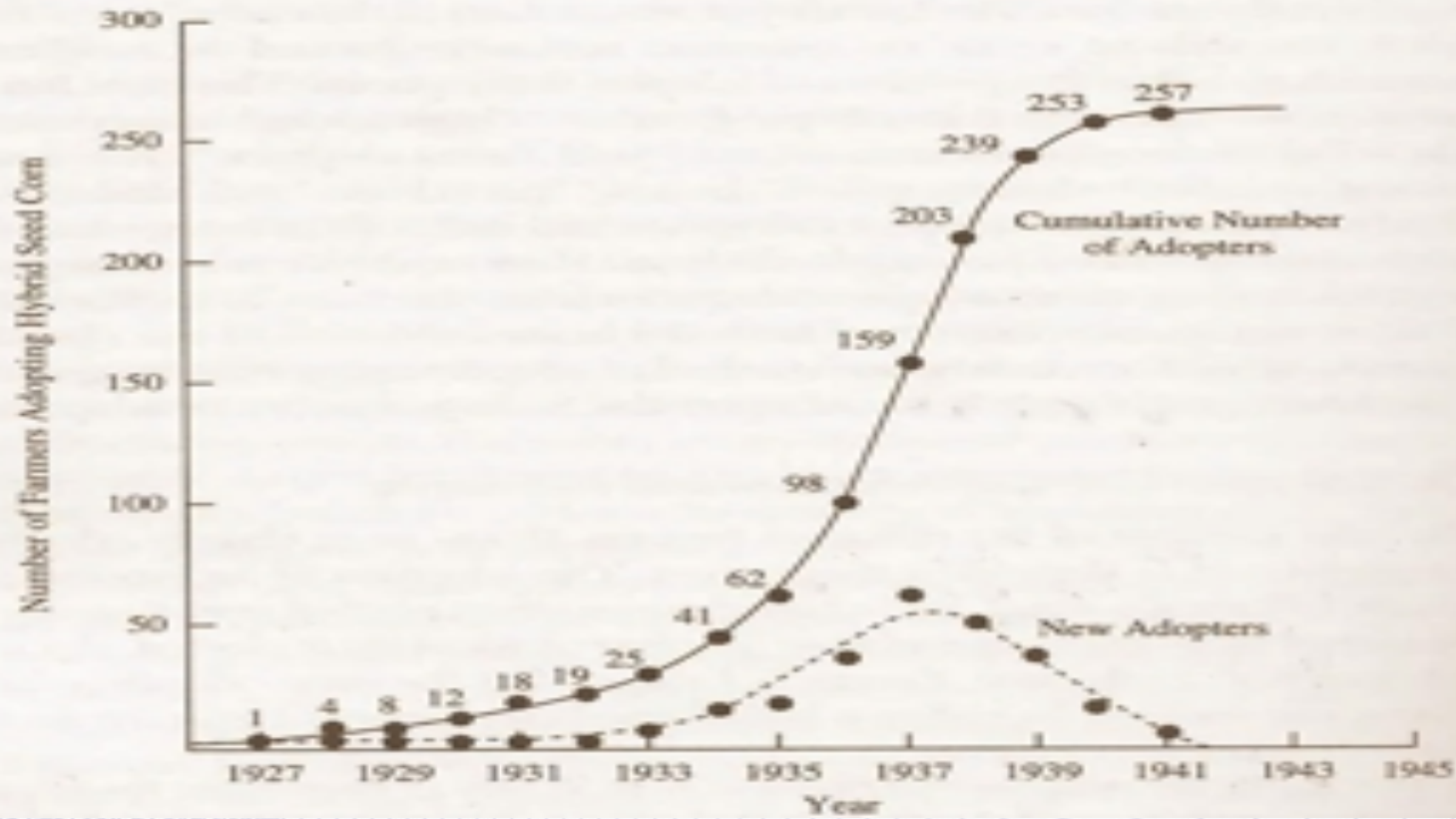


Organizations Having  
Adopted the Innovation



Time after Introduction of Innovation

# Background-Corn Seed



# Background



The word "Tipping Point", for example, comes from the world of epidemiology. It's the name given to that moment in an epidemic when a virus reaches critical mass. It's the boiling point. *The Tipping Point: How Little Things Can Make a Big Difference* is a book by [Malcolm Gladwell](#), first published by [Little Brown](#) in [2000](#).



# Background

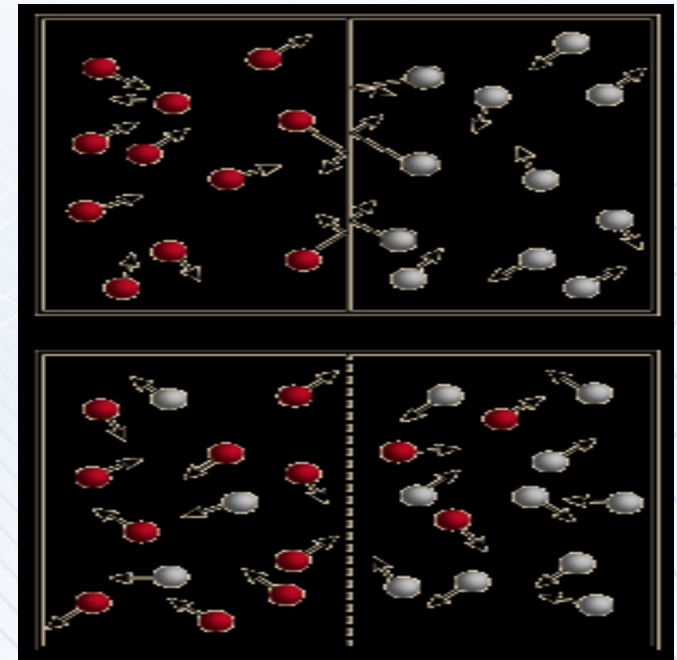
## *The Law of the Few*

Connectors are the people who "link us up with the world ... people with a special gift for bringing the world together.

Mavens are "information specialists", or "people we rely upon to connect us with new information."

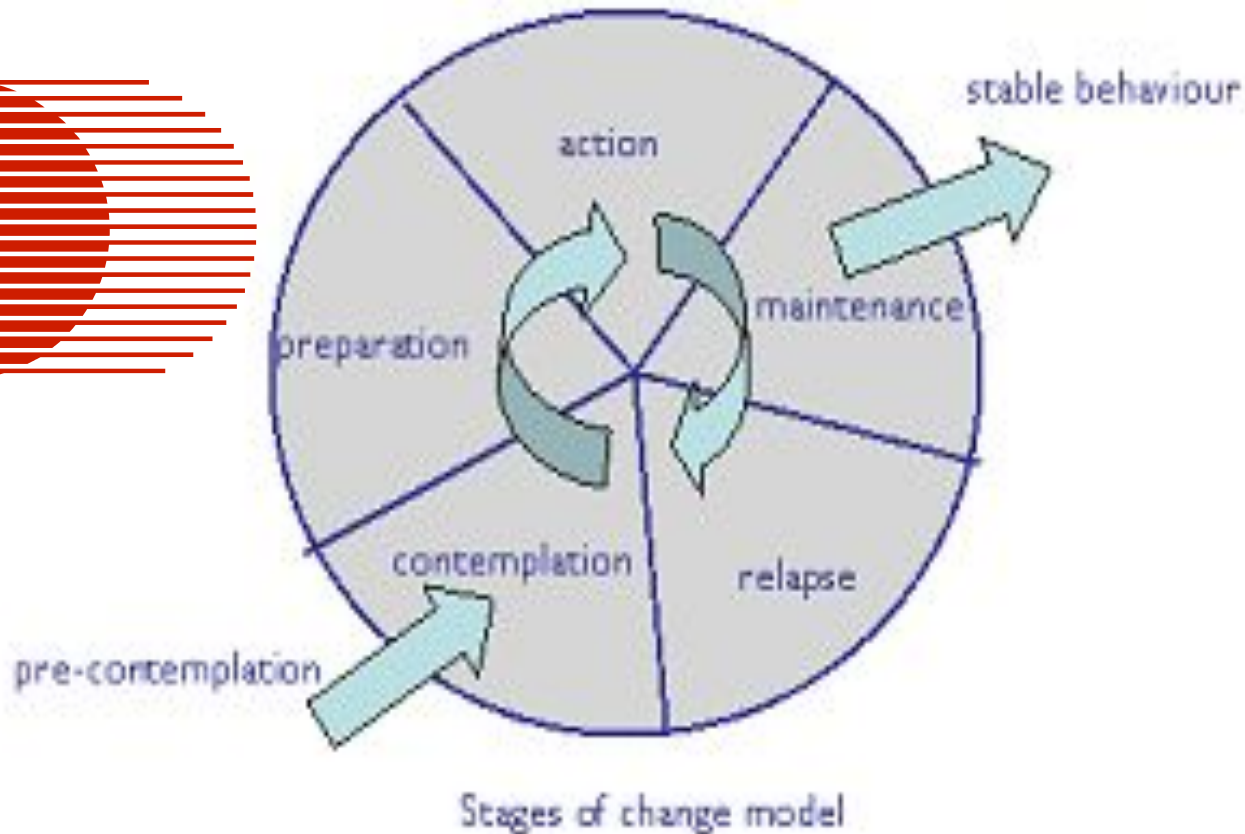
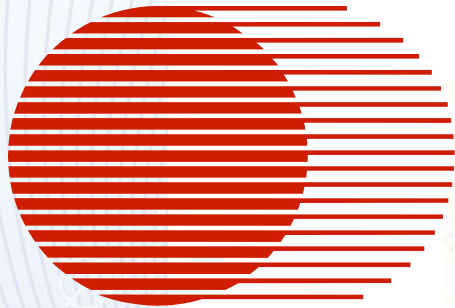
Salesmen are "persuaders", charismatic people with powerful negotiation skills.

## Diffusion





# CONCEPTS-Maybe?



Information from Prochaska JO, DiClemente CC, Norcross JC.  
In search of how people change. *Am Psychol* 1992;47:1102-4,  
and Miller WR, Rollnick S. *Motivational interviewing:  
preparing people to change addictive behavior*. New York:  
Guilford, 1991:191-202.

## **SUMMARY**

**Diffusion And Adaptation Of New Practice & NIATx is Art and Science**

**Expect Resistance, Expect Barriers**

**Use Innovators And Early Adopters To Reach The Majority**

**Recognize The Tipping Point**

**Consider The Use Of Evidence Based Practice Transplant Methods**

**“Be not the first by who the new is tried, nor the last to lay the old aside”.**

**-Alexander Pope, *An Essay on Criticism, Part II***

## **SUMMARY**

**Build and Use Learning Collaborative(s) to assist with Change**

**Laggards can be your friends but are probably not helpful in change**

**Begin, and PDSA your way to improvements -one at a time**

**Change may occur at different cycles and speed at each organization**

**“Be not the first by who the new is tried, nor the last to lay the old aside”.**

**-Alexander Pope, *An Essay on Criticism, Part II***

## EndNote

*Many of the above components and processes comprise part of the essence of the NIATx approach-to achieve maximal success they should be employed according to established guidelines ,with scientific fidelity, and completely within an organization.*



# Questions, Comments, -*On to the DAY!....*



# Mastering PDSAs



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**NIATx200**

**What Worked, Barriers, and  
Successes**

# Activity I

Discuss your Change Project experiences:

1. How could you assess Agency Stage of Adoption as background information?
2. What strategies helped you understand clients?
3. What helped you work on key problems?
4. What helped you to conduct effective PDSAs?

# Activity II

Using nominal group technique:

1. Identify two ways to ensure Change Projects address client needs.
2. Identify two ways to engage leadership.
3. Identify two actions to support the work of your Change Team.



# Activity III

## Full Group Discussion



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# AIM (Plan)

# CHANGE (Do)

# RESULTS (Study)

# NEXT STEPS (Act)

# IMPACT (Business Case, Lessons Learned)

# Breakouts

- How do you know a change is an improvement? State data interface
- NIATx Fundamentals 101
- Common Roadblocks & Solutions



# How Do We Know a Change is an Improvement?



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**State Data Q&A and Effective Use of  
Data for Decision Making & PI  
(Breakout)**

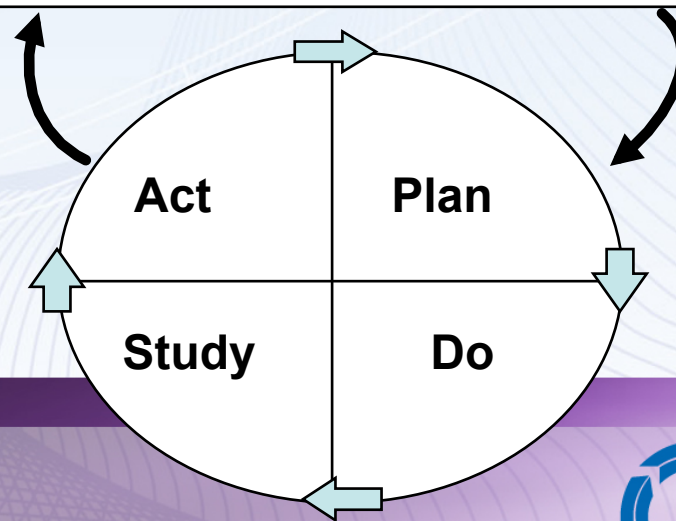
# Model for Improvement

What are we trying to accomplish?

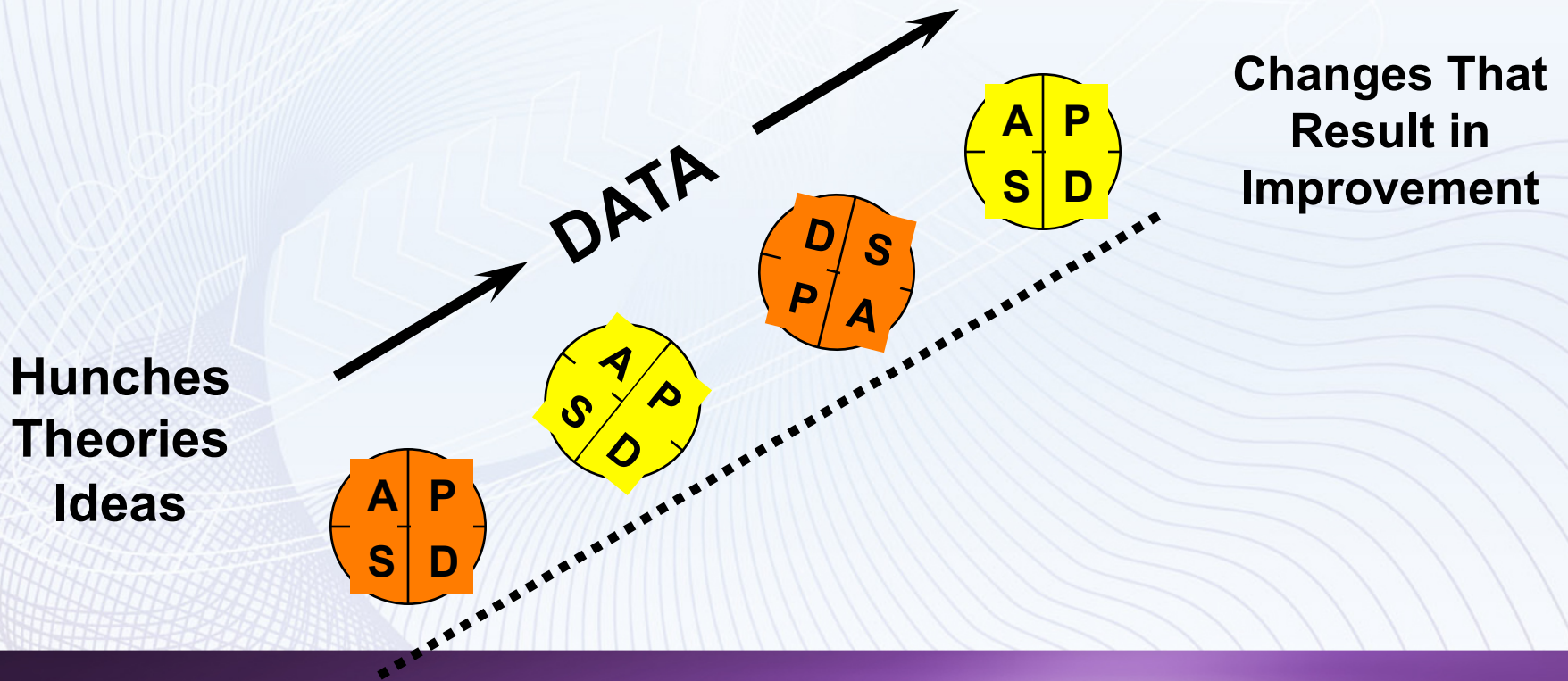
**How will we know that a change is an improvement?**

What changes can we make that will result in an improvement?

Reference: Langley,  
Nolan, Nolan,  
Norman, & Provost.  
*The Improvement  
Guide*

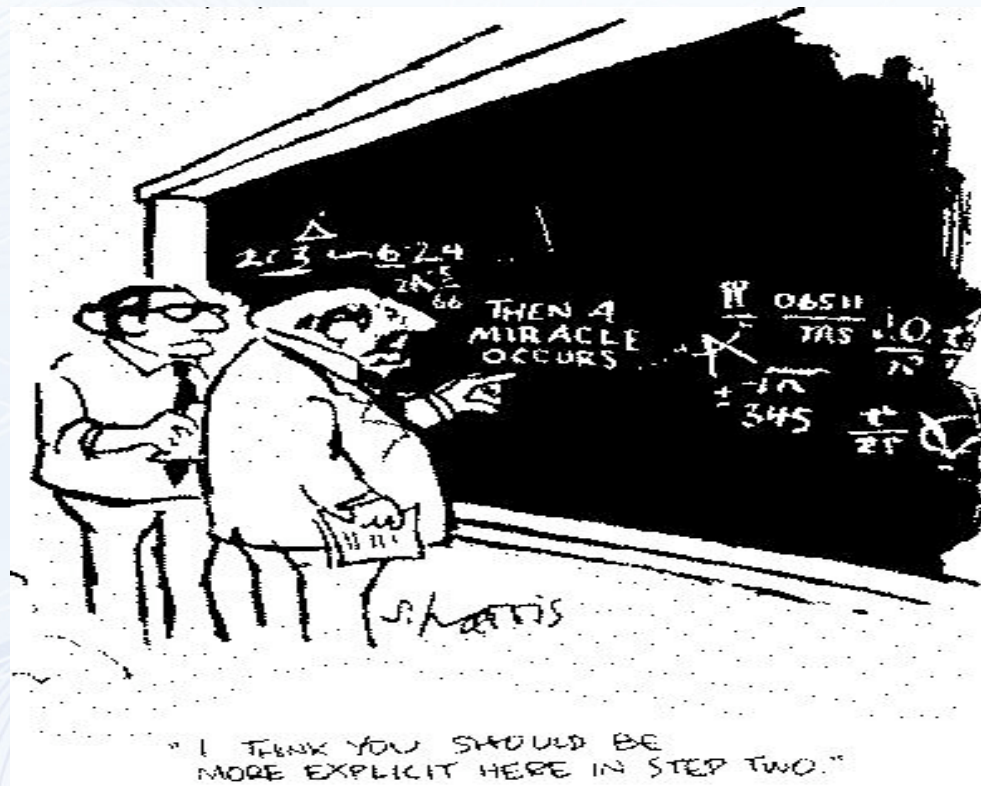


# Change Cycles



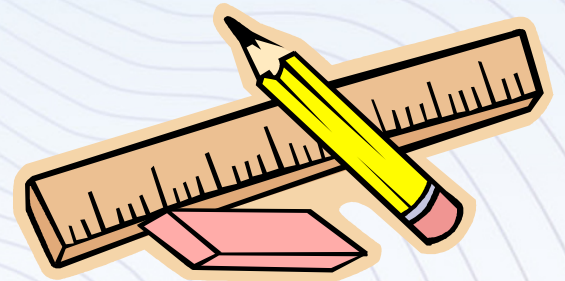
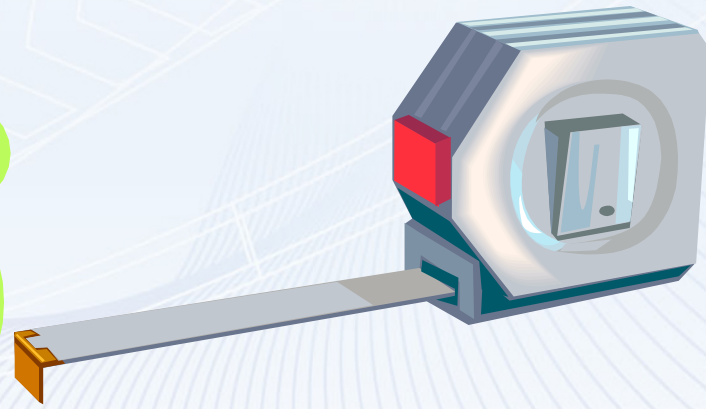
# Precision is Good & Data is Your Friend

Then a  
Miracle  
Occurs.....



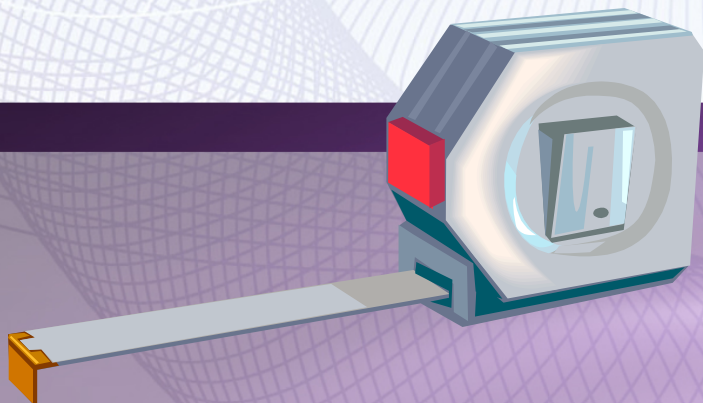
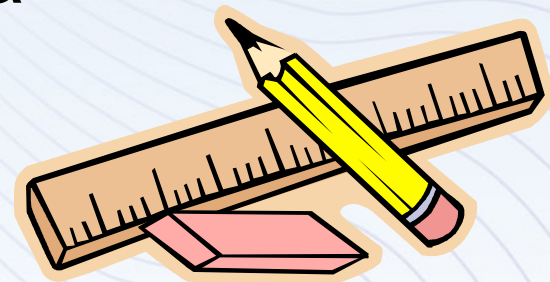
# Welcome, State Data Team!

## Questions & Answers



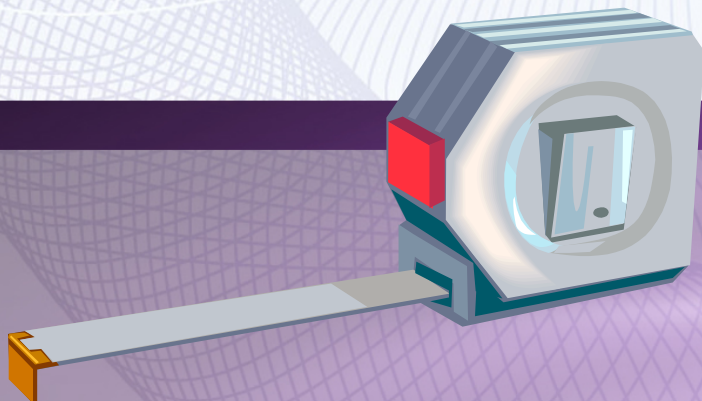
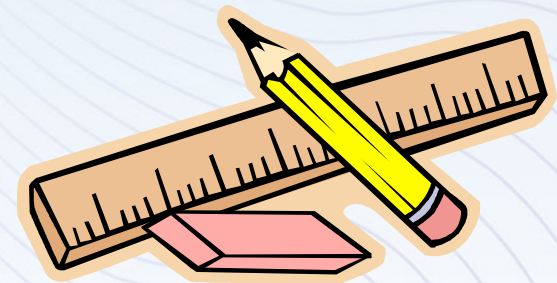
# Measurement

- Baseline data
- Keep it simple
- Think sustainability
- Use existing sources of data
- Real time data
- Look at the data...a lot



# Assess

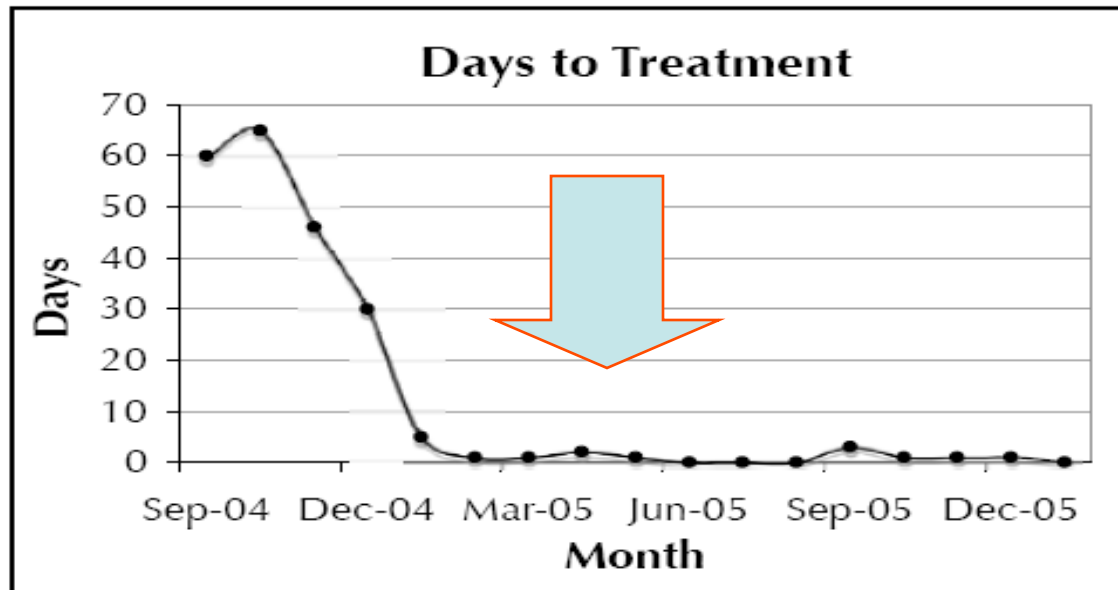
- Use organizational data
- Ask staff and clients
- Track state indicators with PDSAs
- Trace a client
- Look at the data...a lot
- Revisit the walk-through



# PI Teams – Use of Data

NIATx Workbook, 2007

Figure 8: Updated data chart



This chart is from The Patrician Movement facility in San Antonio, Texas. As you can see, the data shows that the changes they made in late 2004 meant that patients could get into treatment within just a few days of contact, compared to waiting 60 days or more.



# PI Teams – Use of Data

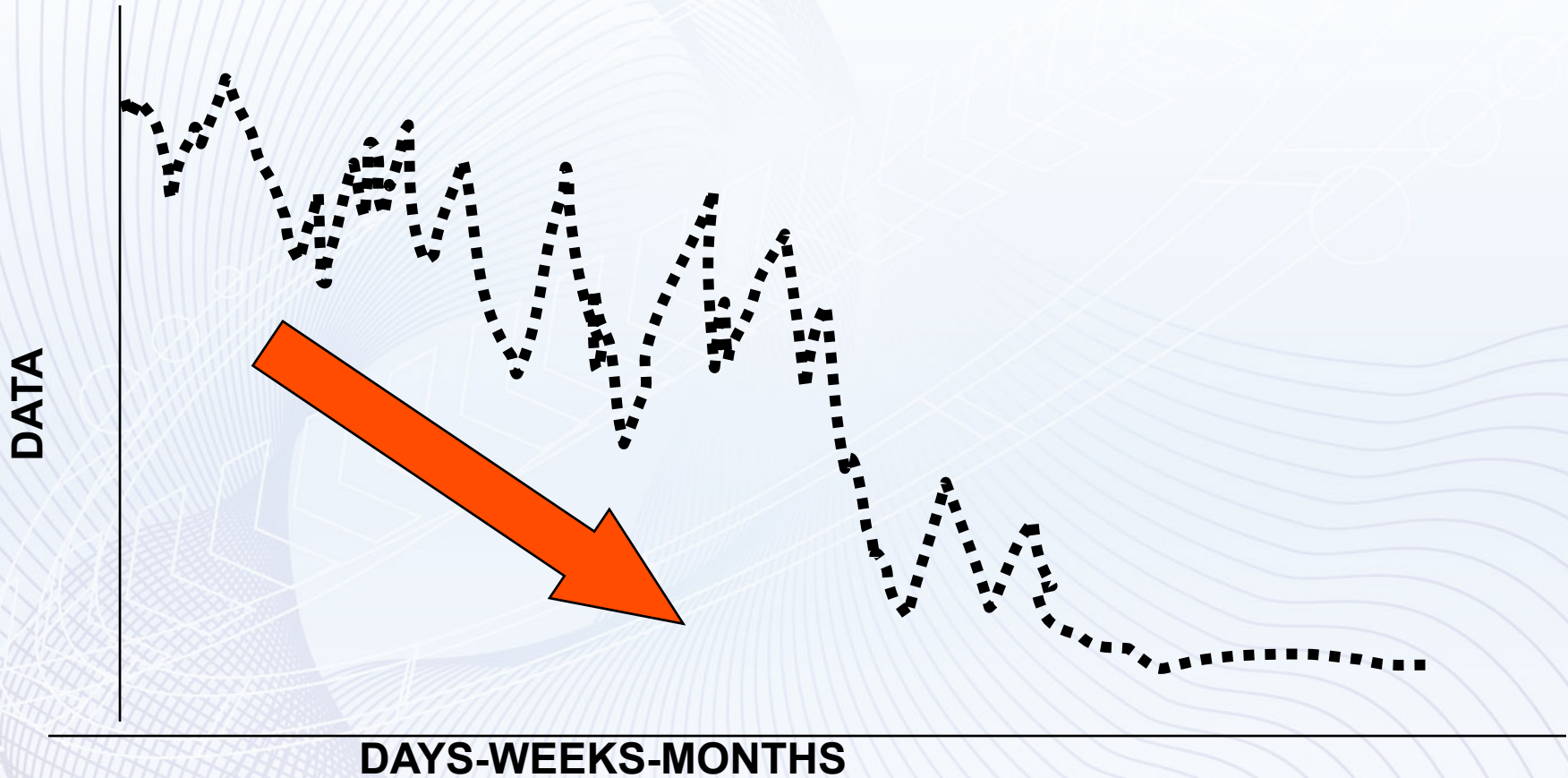
## 2X2 Tables

<b>Pre</b> Request to Service	<b>Post</b> Request to Service
<b>Pre</b> Admissions	<b>Post</b> Admissions

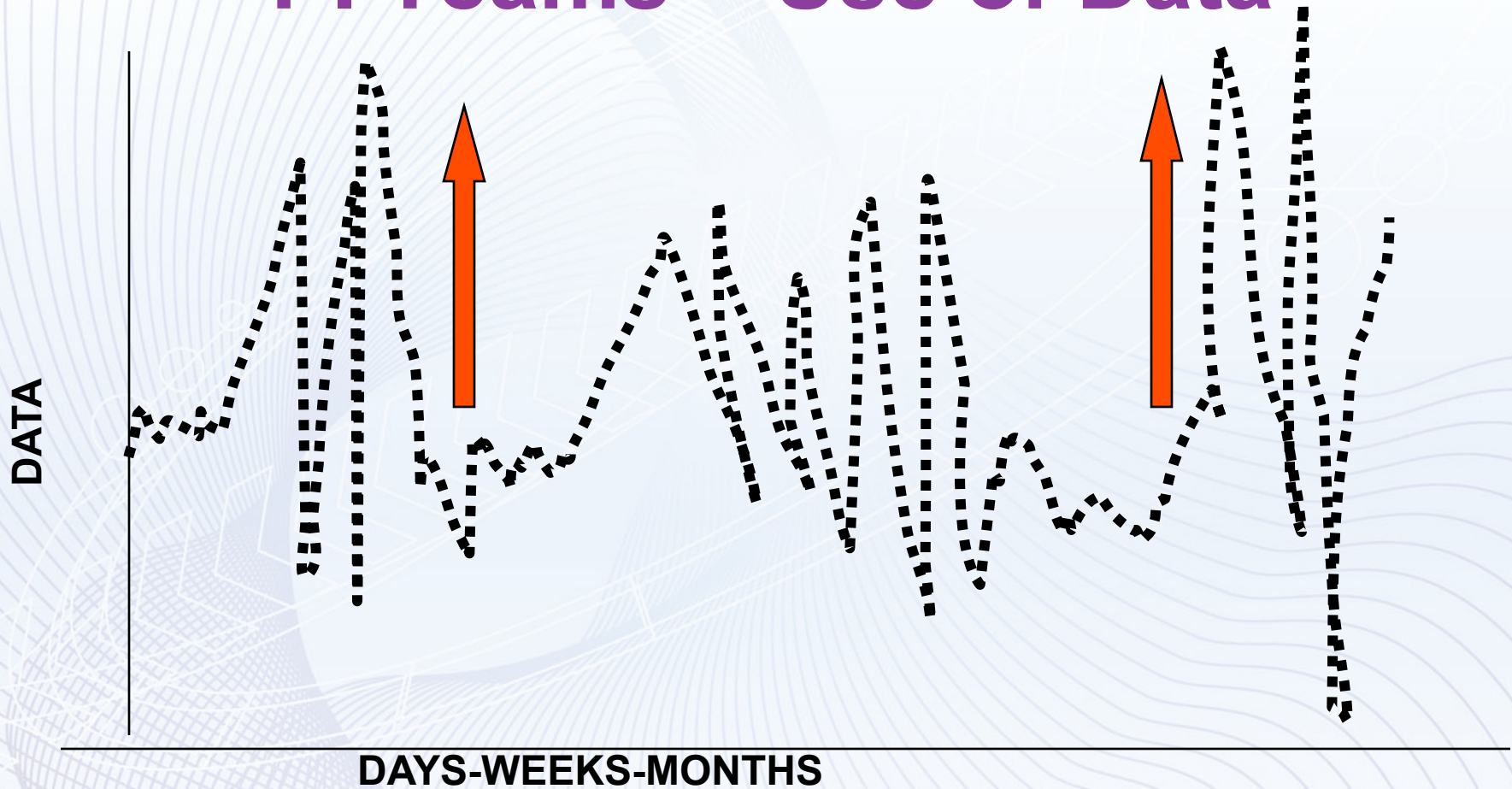
# PI Teams – Use of Data



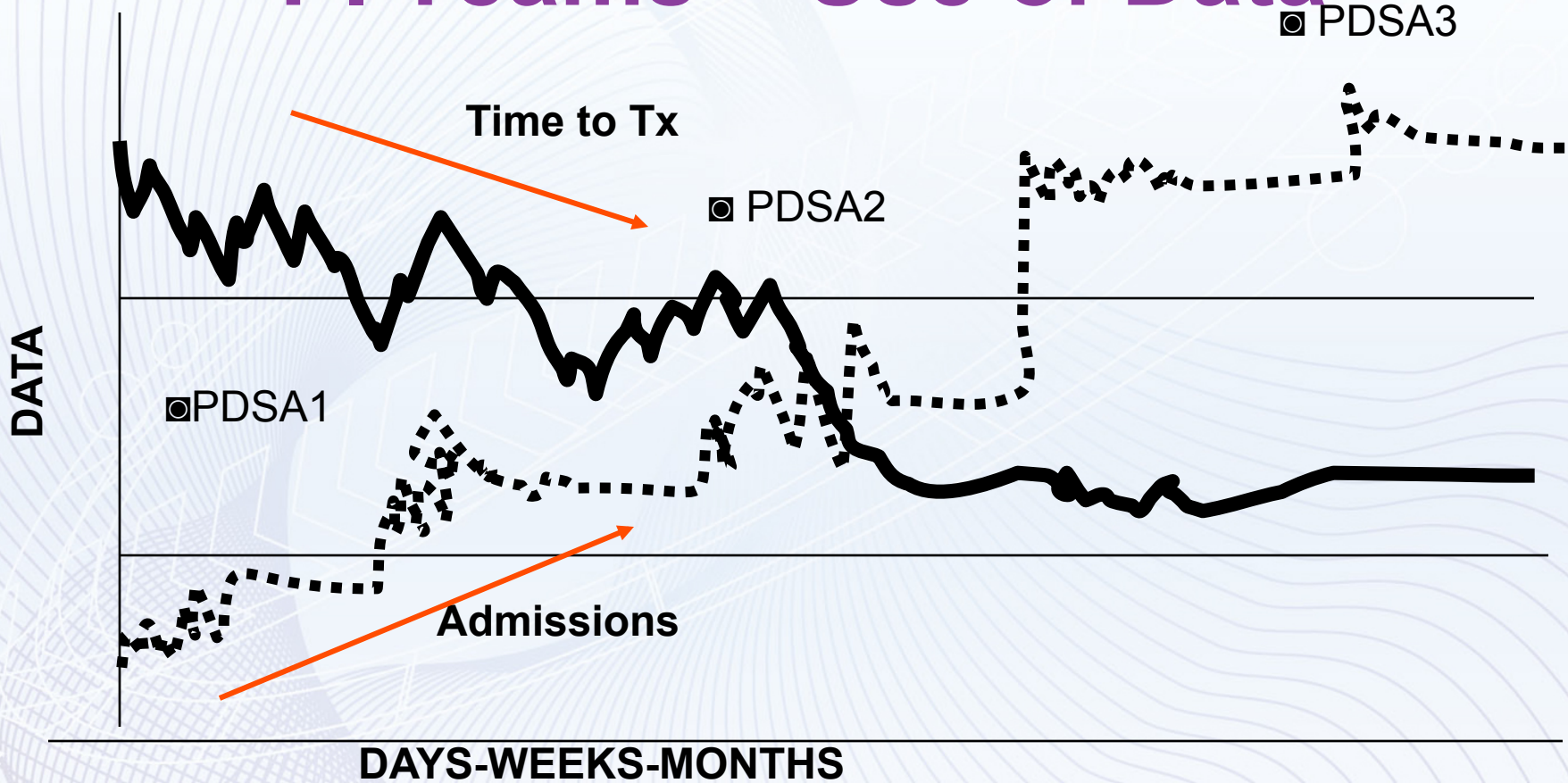
# PI Teams – Use of Data



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# PI Teams – Use of Data

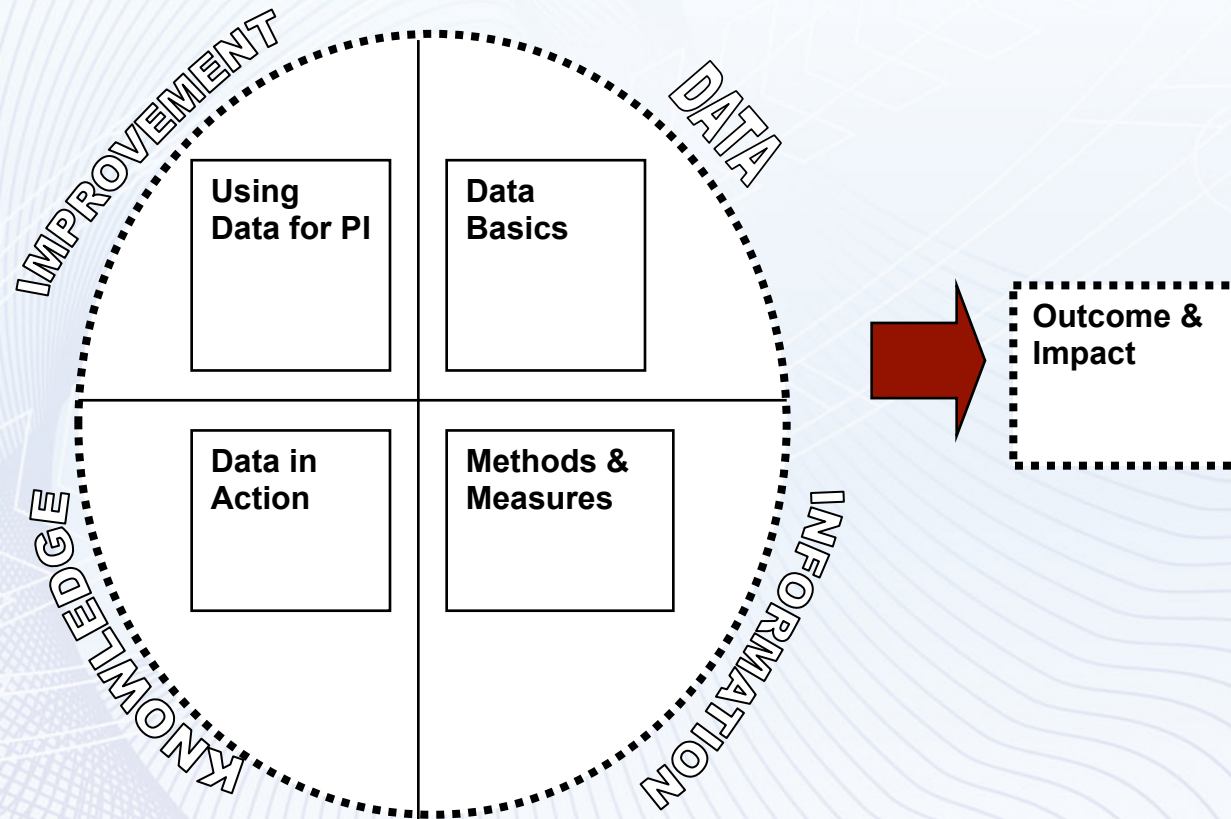


# Qualitative & Quantitative

**Not everything that  
can be counted counts,  
and not everything that  
counts can be counted.**

**-Albert Einstein**

# The Data Model



# The Data Model

- **DATA BASICS**

What data do you need? Who will collect it? How often? Where will you store it?

- **DATA IN ACTION**

After you aggregate the data, what will you do? How often should you review? What is a “significant” change? How do you gauge an improvement?

- **METHODS & MEASURES**

What measures are you currently using? For access? For retention? How do you analyze it? Graphs? Averages? Single cases and Tracers?

- **DATA FOR PDSAs**

Can the data guide the PDSA? How long should you continue? What is data stability? What’s the difference between clinical and statistical significance?



# Examples

<b>ACCESS</b>	<b>How do You Understand?</b>	<b>How do You Involve?</b>
<i>CLIENT</i>		
<i>FAMILY</i>		
<i>REFERRAL SOURCE</i>		
<i>PAYER</i>		
<b>CONTINUATION</b>	<b>How do You Understand?</b>	<b>How do You Involve?</b>
<i>CLIENT</i>		
<i>FAMILY</i>		
<i>REFERRAL SOURCE</i>		
<i>PAYER</i>		

# The Customer Matrix

	Reduce Waiting Times	Reduce No Shows	Increase Admissions	Increase Continuation
CLIENT			XXX	
FAMILY	XXX			
TEACHER				
COUNSELOR		XXX		XXX
EMPLOYERS			XXX	
PAYORS	XXX			
COMMUNITY				XXX

# Questions, Comments *...on to the work session!*



**Lunch**

**12:00-12:45**

# Business Case for Our Work



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**NIAT** **x** **200**

# Five Key Principles

## Evidence-based predictors of change

- Understand and involve the customer.
- Focus on key problems.
- Select the right change agent.
- Seek ideas from outside the field and organization.
- Do rapid-cycle testing.

# The Sixth Principle?

## The Business Case is the Key to Sustainability

- Economics really do drive an organization's ability to offer services and the government's ability to pay for services.
- A positive economic position is a better leverage point for clinical and/or organizational change.
- Programs that drain resources from the organization or the state are rarely expanded – they also have more difficulty attracting staff.

# Where does the money for treatment come from?

Government, in one way or the other, is the largest payer:

13% Medicaid

35% Other government sources

1% Medicare

6% Commercial insurance

12% Free care

23% Self pay

10% Unspecified

TEDS 2005



# What is it like to be the government?

Prioritized motives  
Limited Resources  
Public justification  
Public safety/benefit

# What is it like to be a provider?

- Subject to budget provisions that don't always seem to make sense.
- Service planning is made more complicated by state budget timelines that don't match planning timelines.
- Sometimes doing more and/or doing it more efficiently doesn't mean financial improvement.
- Margins are slim or negative; taking on new initiatives is a challenge.

# Spending the Public's Money Well

## STAR-SI as a Communication Tool

- Many persons who make important decisions about how substance abuse treatment and mental health care get funded don't really know what we do all day.
- It is OUR JOB to communicate with them, in terms they do understand; business principles like efficiency, cost reduction, improved productivity, and improved outcomes are a common language.

# Illustrating the Business Case

- Increased money by service line – usually due to volume (fee for service or improved payer mix).
- Improved efficiency in a program – more people being served for the same money, but not always more revenue (i.e., capitation) or an improved process that saves a lot of time. Watch out here for ‘vapor’ – hard to claim efficiency if it is not translated into a concrete gain.
- Improved productivity and/or staff retention.

# Reimbursement is Complex

- Seek advice by program and by level of care – the rules really are different.
- Your job is to translate between business interest and clinical interest – they need to be parallel.
- Don't forget your own common sense – make a case for future marketing.

# Basic Terms

Let's not make this too hard

Fixed costs – costs that do not vary with volume:

Examples: Rent

Utilities

Administration

# More Basic Terms

- Variable costs – expenses that vary with census such as supplies and staffing.
- Unit Cost – the cost, both fixed and variable, of delivering one unit of service – the unit is based on how you bill. For example, one outpatient visit or one day of IOP care.

# Kennedy Center

## Moncks Corner, South Carolina

- Went to all walk-in assessments, five days/week until 3 p.m. each day.
- Initial results – went from an average of 3.3 assessments each business day to an average of 6.7 per business day.



# Kennedy Center

## A Risk Pays Off

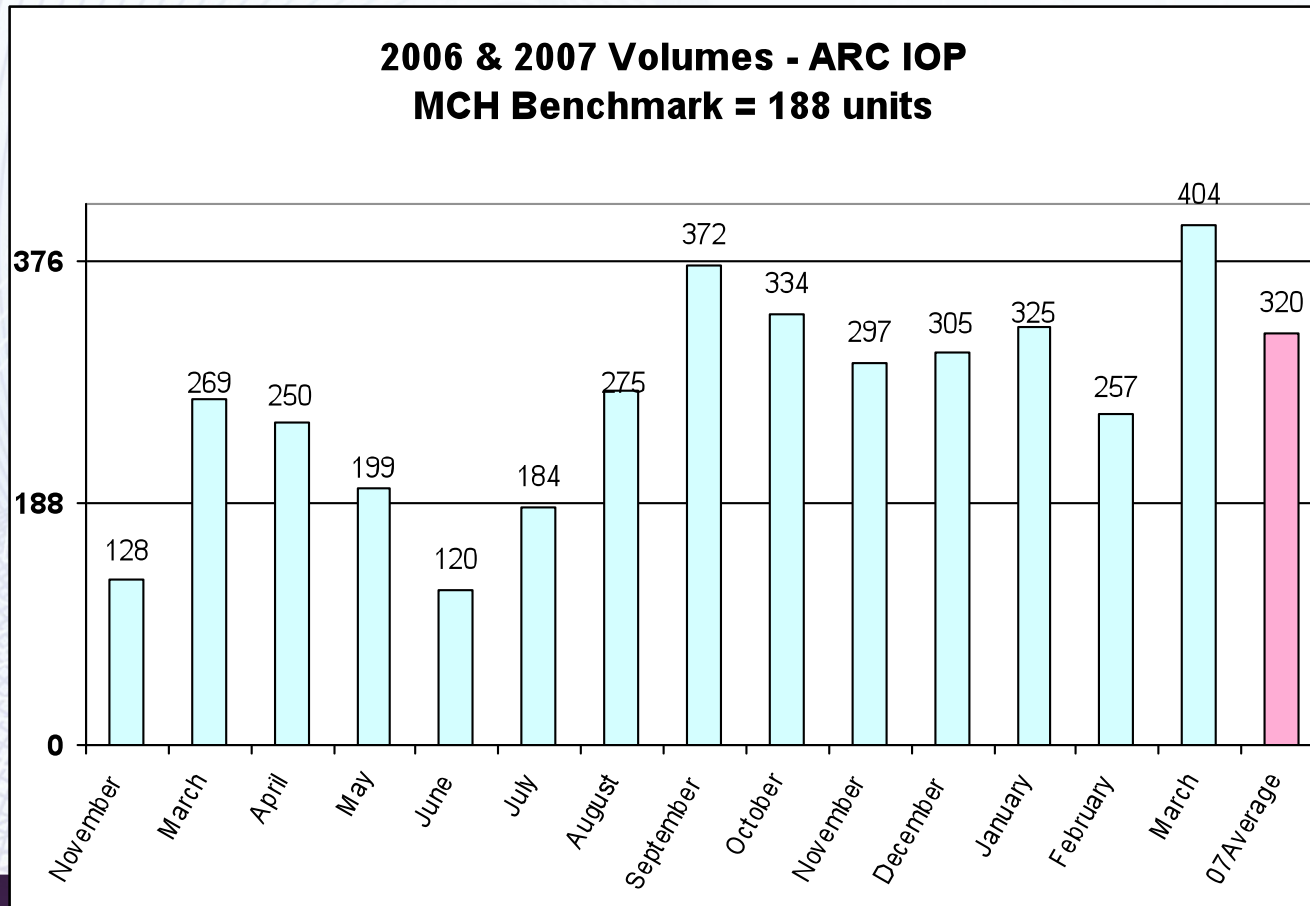
- The AVERAGE reimbursement for an evaluation is \$50/person. Some do not pay at all, some pay more. Clients are told during the initial call that they will be seen even if they can't pay AND asked to bring money if they have it.
- 3 more evals/day = 15/week = \$750/week  
 $\$750 \times 50 \text{ weeks} = \$37,500/\text{year}$

# What if more people come, but no one can pay?

It is possible to target one payer group, but we have learned over and over again that if you open access, it will help people in every payer class equally.

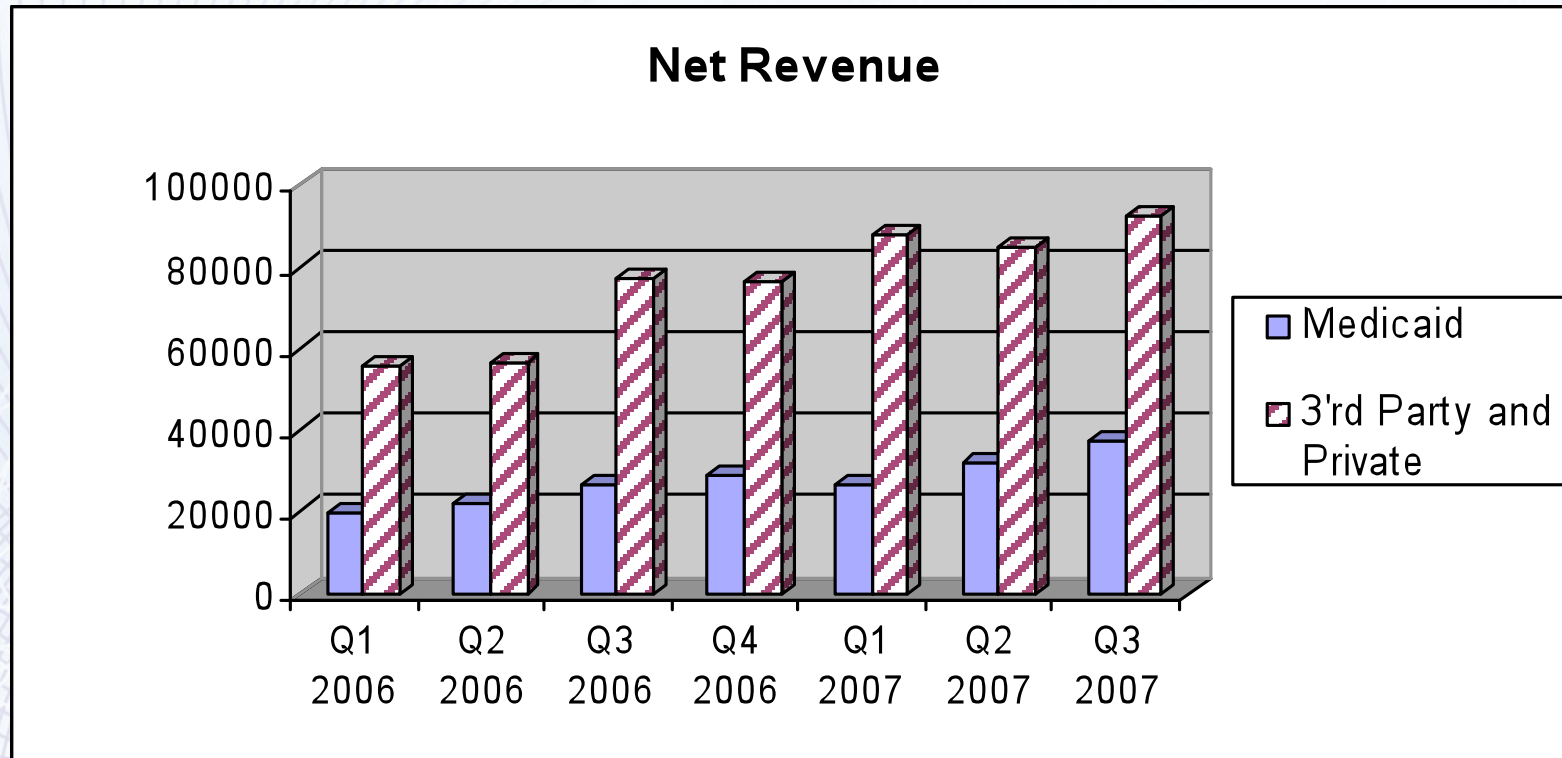
# Addiction Resource Center

## IOP Volume Is Up 150% Over Baseline



# ARC Business Case

Medicaid Net is up 53% Over Baseline 3rd Party and Private Net Is Up 50% Over Baseline



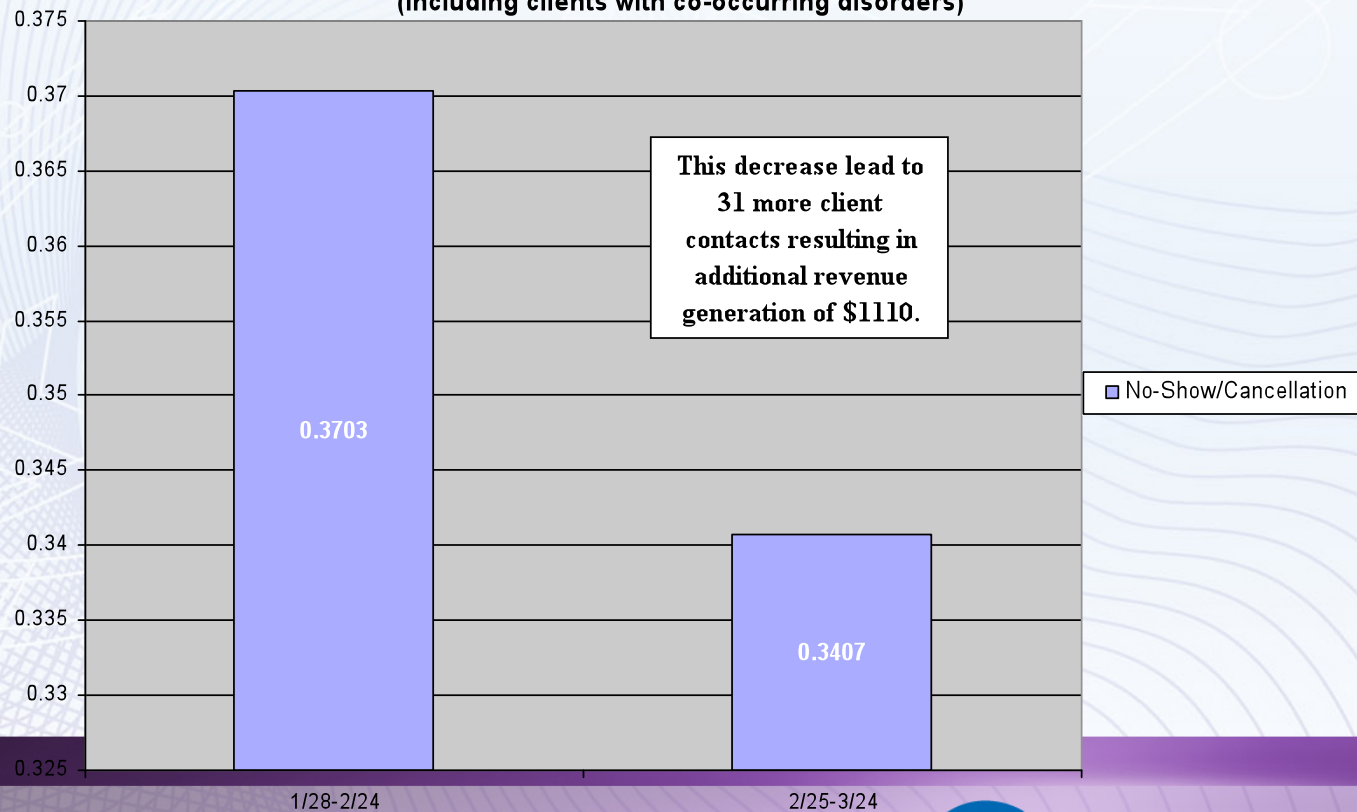
# Many Clients Pay Something!

- 43.9% of clients paid a portion of the charge for their treatment.
- 52.9% used two or more sources of payment.
- Women are more likely than men to pay with private insurance (30.9% vs. 23.5%)
  - with Medicaid 19.8% vs. 11.6%
  - with other public assistance 21% vs. 13.6%

NSDUH 2006

# Aroostook Mental Health Center tackles the no-show rate (really far north in Maine)

**Caribou Substance Abuse  
No-Show/Cancellation  
(including clients with co-occurring disorders)**

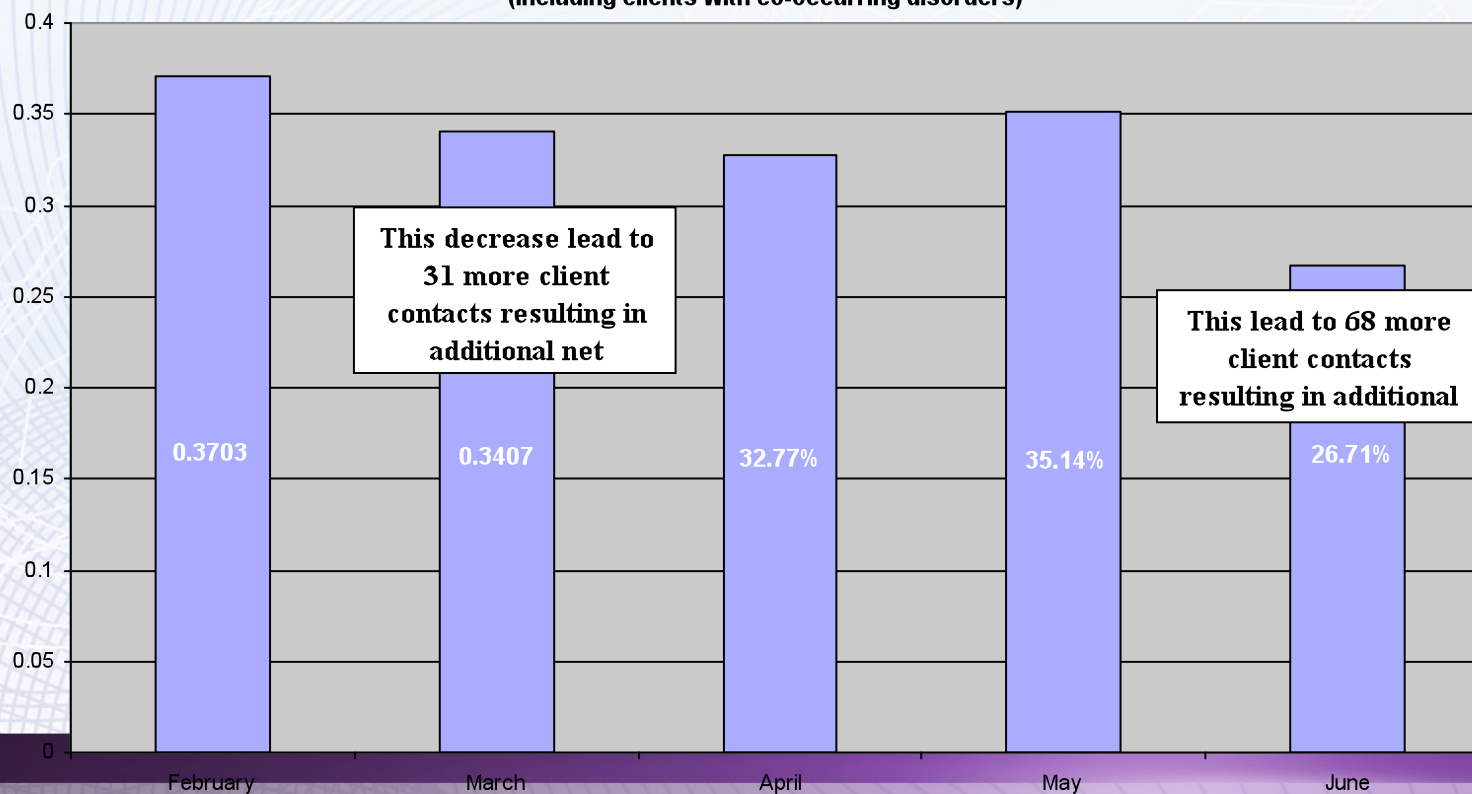


# Small Changes Really Matter

- A 3% improvement in the no-show rate = \$1100/month or \$13,300/year.
- This program is in a group of programs that together were intended to produce an operating margin of \$15,123.
- The results are clear and easily communicated—31 more visits (real people) = more money, more treatment.

# Aroostook Mental Health Center decreasing the no-show rate

**Caribou Substance Abuse  
No-Show/Cancellation  
(including clients with co-occurring disorders)**





# Key Business Case Ideas

- Improved performance can lead to an improved bottom line and/or improved stewardship.
- Staff retention and morale seem to improve in organizations where staff are excited and involved.
- Business principles are a good communication tool and provide us a way to advocate for our work and therefore, our clients.

# Assignment #1

- What challenges will you have as you try to illustrate the business case?
- How might you change the membership of your change team to meet these challenges?

# An Example – Improving Show Rates

- Maximum Group size = 12, and the no-show rate is 50%
- Average reimbursement/person = \$20.00

So, if 6 people show up, then the agency recoups  $6 \times \$20.00 = \$120.00/\text{group}$ .

What happens if one more person comes to each group and you run 10 groups/week?

# YOUR Data

- How will you make the business case for your change?
- Average reimbursement = total reimbursement/units of svc billed

# Resources

- NIATX Business Case Series  
<http://www.niatx200.net/PDF/BCS/NIATxBCaseLR.pdf>
- Your colleagues, your stories, your coaches, NPO staff.
- NIATX Business Case Calculator  
<http://www.niatx200.net/PDF/BCS/BusinessCaseSimulator.xls>
- National Survey on Drug Use and Health  
<http://oas.samhsa.gov/nsduh.htm>

# Sustaining Changes



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## How to Make Changes last

# Concepts

1. Diffusion, spread and sustainability are interrelated and interdependent.
2. A specific plan, customized for a specific organization, culture and system, is required for maximal stability and portability.
3. NIATx has achieved “first stage validity.”
4. Precise definitions, planning and methods are required for sustainability.



# Background



As we have witnessed the significant and powerful performance improvement changes associated with NIATx, our attention has turned to sustainability of improvements.

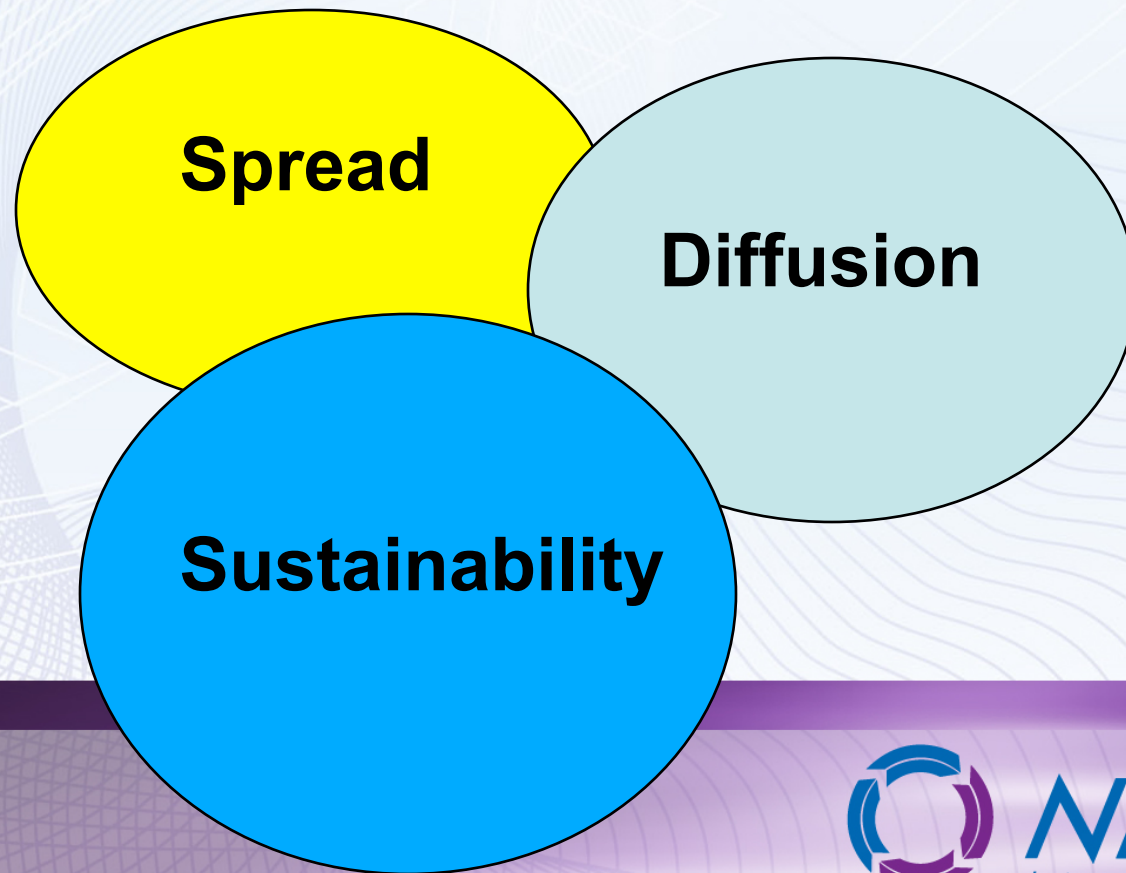
Webster defines sustainability as follows: “A characteristic of a process or state that can be maintained indefinitely; to keep in existence, to maintain or prolong”

What family of strategies can help us maintain the important changes we have made?



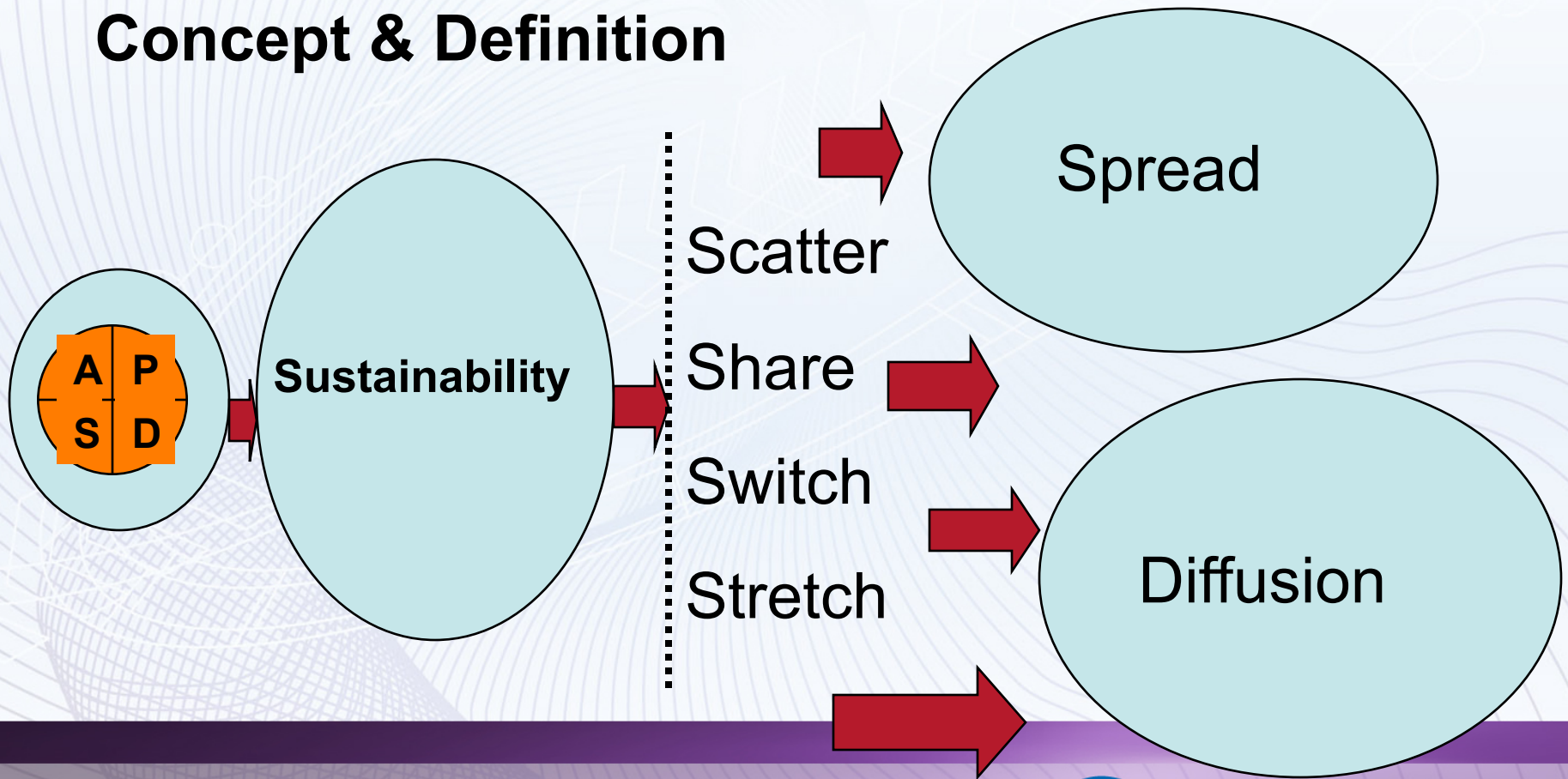
# Background

## Concept & Definition

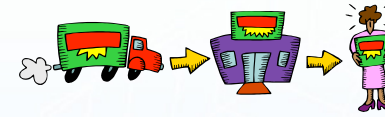


# Method

## Concept & Definition

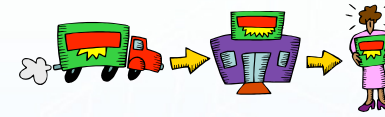


# Inquiry



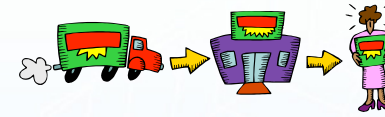
(1) What organizational and operational structures (e.g., policies, procedures, work guidelines for providing service, ownership of the process) are in place to hold the gain?

# Inquiry



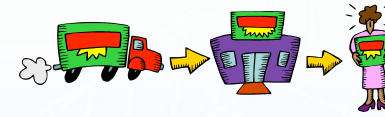
(2) What are the clinical, business and oversight processes (e.g., stability, integration into the organization culture, allowance of fluctuations within statistical control, sustain plans and staff ownership) that assure continuation?

# Inquiry



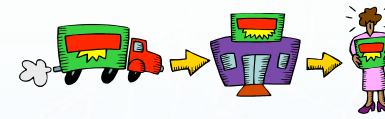
(3) What are the outputs, impacts and outcomes (e.g., definitions, i.e. same day service, continuation and client participation, and intervals of measurement to gauge stability, increases in access and retention) we continue to want to see to know sustainability is working?

# Inquiry



(4) What is the business case (e.g., cost benefit, dollars and cent, new revenue) for the improvement and sustainability?

# One Story



- One organization's plan for sustainability for access included the following...
  - (a) Two policy changes to ensure same day treatment
  - (b) A mandate to revisit the process if same day treatment was unsuccessful for 2 contiguous days
  - (c) Continuous measurement in the first year after the improvement using a step down approach (e.g., measure weekly, then monthly, then quarterly, then yearly).
- A well crafted plan for sustainability is a must for longevity.
- Inclusion of these dimensions can help improve the precision of the sustainability plan and cover a wide reaching set of strategies to “hold the gain” across the organization.
- This strategy works equally as well within single and complex organizations, and state-wide collaboratives.

# A Parting Note...

**Many of these components and processes form the foundation of the NIATx approach for achieving maximal success.**

**They should be employed according to established guidelines, with scientific fidelity, and completely within an organization.**





# Questions and Comments *...on with the work session!*



# Worksheet

- (1) What organizational and operational structures (e.g., policies, procedures, work guidelines for providing service, ownership of the process?) are in place to hold the gain?
- (2) What are the clinical, business and oversight processes (e.g., stability, integration into the organization culture, allowance of fluctuations within statistical control, sustain plans and staff ownership) that assure continuation?
- (3) What are the outputs, impacts and outcomes (e.g., same day service, continuation & client participation, and intervals of measurement to gauge stability, increases in access and retention) we continue to want to see to know sustainability is working?
- (4) What is the business case (e.g., cost benefit, dollars and cents, new revenue) for the improvement and sustainability?

# AGENDA

**Change Theory**

**PDSAs -The good, the hard, the great**

**Project Presentations-Ever present, everywhere**

**Breakouts-Data & Improvements, NIATx Fundamentals, Common Road blocks & solutions**

**A fine & proper Lunch**

**Change Projects to Business Case**

**Sustaining Changes**

**Poster Sessions**

**Project Charter- Redux**

**Promising Practices**

**Keeping the Spirit Alive**

**Charge for next Steps**



**“Be not the first by who the new is tried, nor the last to lay the old aside”.**

**-Alexander Pope, *An Essay on Criticism, Part II***



# Activity

Work time to create and set up posters  
4:15-4:45

# Evening Poster Session



The Network for the  
Improvement of Addiction Treatment

**NIAT** **x** **200**

# Welcome Back!!



*The Network for the  
Improvement of Addiction Treatment*

# NIATx200

# Activity II

Select a continuation scenario to address:

1. Review ICP promising practices; consider variables and case studies.
2. Determine which one to use and why you are choosing this practice over another.
3. Decide which staff members to involve.
4. Identify what measures to track and who track them.
5. Consider obstacles and what can be done to avoid them.

# Activity III

## Report Out from each Group

- **Aim**
- **Population**
- **Data Measures**
- **Who will collect measures**
- **Change team members**
- **Anticipated challenges**



# Keeping the Spirit Alive



*The Network for the  
Improvement of Addiction Treatment*

**NIAT** **x** **200**

**Creating Staff Buy-in and Staff  
Engagement for Increasing Client  
Participation**

# Change Project Poster

1. Prepare a simple poster to inform and engage staff members and senior management in addressing client continuation.
2. Prepare an “elevator speech” summarizing the purpose of the poster.

# Elevator Speech

Communicating your results in a quick  
and engaging way

# When you only have 30 seconds

- Hello! Introduce yourself, smile (or at least try to look pleasant) , make eye contact
- Say what you have accomplished – specifically.
- Ask for follow up.

- Hello Senator Smith. I am Eric Jones, from Day Break in Spokane, a substance abuse treatment program for teens. I would like to tell you about NIATX 200, a federally funded grant program Washington is participating in that has helped us improve admissions to treatment by more than 45% without asking for additional resources from the state. Can I call you to talk more about this?

# Change Project Poster & Elevator Speech

## Group Presentations and Discussion