

## **BUILDING A PROCESS IMPROVEMENT LEARNING COLLABORATIVE**

A conversation with a treatment provider at the end of a NIATx process improvement 101 training where attendees were encouraged to join a process improvement collaborative went something like this:

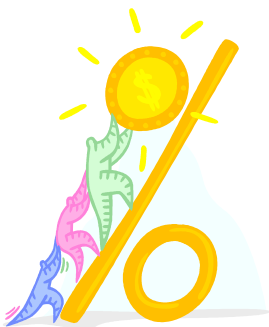
STAR-SI Staffer: Hi. We're glad you came. Did you get something useful out of the training?

Provider: Yes the training was very helpful, but I'm not sure I can commit to participating today. I'll think it over in the next few days and if we decide to participate, I'll let you know.

STAR-SI Staffer: Was there anything in particular that peaked your interest?

Provider: I thought the ideas about reducing appointment no-shows might be of use to my agency.

STAR-SI Staffer: Great. Let us know if we can be of any help to you if you do something with it. Have a safe trip back home.



The STAR-SI staffer proceeded to chat with and say good-bye to several other workshop attendees for about ten minutes. The provider, one of the last persons still in the meeting room, announces, "I'm signing our agency up!" and hands the sign-up sheet to the STAR-SI Staffer.

To further illustrate this building process, yet another provider, who is now very active in STAR-SI, delayed getting involved in the collaborative primarily due to the cost and time commitment. But 12 months later after a follow-up contact by a STAR-SI staffer, this provider said, "Okay, we'll take one of your small grants and join STAR-SI as long as we can work at our own pace." This particular agency has met all of the various STAR-SI requirements for participation and has become a stellar example of a culture change for quality improvement throughout their agency.

Building a process improvement collaborative in Wisconsin has been a result of exposing addiction treatment providers to the NIATx model, demonstrating that it works, seeking providers' input, and offering providers support to implement the model at their own pace and according to their own purposes. A small annual grant (\$5,000 to \$10,000) to help them defray some of the costs of STAR-SI participation is also provided. And the difficult part—making changes — has been the result of the hard work of committed providers.

The STAR-SI state lead agency has endeavored to reach out to all providers who receive public funding from the state. Using a provider list generated primarily for the federal substance abuse block grant application, the STAR-SI project maintains contact with all Wisconsin treatment providers and sends out regular invitations to the project's "open" activities. Providers receiving discretionary grants from the state and their state contract administrators have also been encouraged to participate. The STAR-SI project is showcased at the state's largest substance abuse conferences, has involvement from three statewide associations, the state licensing agency, and maintains a web site:

<http://dhs.wisconsin.gov/substabuse/starsi/index.htm>

The state STAR-SI agency, which is a partnership with the University of Wisconsin Department of Family Medicine with guidance from NIATx, offers various types of provider support to further the collaborative. Face-to-face Learning Session meetings and trainings, with topics determined by participating providers, are offered about every four months. Monthly group teleconferences provide agencies with the opportunity to hear what other providers are doing and render mutual support and exchange of ideas. These teleconferences are themed (e.g., waiting time; motivational interviewing;

women's treatment) or open. As one provider stated, "[STAR-SI] helps us to network with other treatment agencies and have discussions that we don't have anywhere else." Brief individual contacts by coaches or mentors are made with participating providers monthly, which follows a developmental learning approach. Providers have found these individual contacts very helpful.

These individual contacts have also been an important ingredient to maintaining contact with agencies between Learning Sessions and conference calls allowing more individual assistance and support. Furthermore, as new providers enroll in the STAR-SI project, these individual mentoring sessions have provided a good balance between stressing best practices and meeting providers where they're at. As a result of provider feedback, the STAR-SI Coordinator developed the Wisconsin Coaching Checklist. The checklist serves as a guide to the coach or mentor in providing on-going support. It has been a simple yet effective tool to use with providers who are starting up with STAR-SI as well as providers who transition to a new change leader. The tool has also been beneficial for providers by having consistent foundational elements across mentors.

All of the main STAR-SI and NIATx topics covered during various meetings have been chronicled in a set of "Flashcards": one to two- page cardboard documents complete with graphics and simple descriptions and instructions. Topics include the NIATx principles, business case, promising practices, customer window, fund raising, sustainability and more. As new providers join STAR-SI, these short, easy-to-read flashcards offer one way for them to catch up to the others.

A STAR-SI project management team meets monthly and consists of state staff, provider licensing staff, statewide association representatives, the NIATx coach, and provider representatives. This group directs STAR-SI activities, discusses progress, and addresses issues. At the project's midpoint, a stakeholders' survey was administered to solicit broad feedback from the various STAR-SI participants about the project's strengths and areas for improvement. The results have often been consulted as we plan and make decisions about future STAR-SI activities.

Building a process improvement learning collaborative also means coming together around a common aim or change idea. While the Wisconsin STAR-SI project has adhered to its principle of allowing providers to participate at their own pace and purposes, four Wisconsin women's treatment providers receiving state discretionary grants came together in STAR-SI to improve continuation in treatment. They implemented a variety of changes to reduce no-shows and wait times. One provider increased retention to the four treatment sessions from 65 percent to 100 percent. The other three reduced appointment no-shows from an average of 46 percent to 30 percent. Together, they all increased retention to the fourth treatment session.

Based upon input from participating STAR-SI providers, three variances to program licensure standards have been approved for a limited time including increasing counseling group size, increasing time to complete the treatment plan, and equating service evaluation with STAR-SI participation. To date, providers participating in the variances have maintained low wait times and high rates of retention in treatment.

Based upon a vote of participating providers, the STAR-SI project has begun a group change project involving Motivational Interviewing (MI). Two MI training workshops are planned along with on-going support to implement provider-level MI change projects aimed at improving retention during the first few contacts with clients.

We'll conclude this description of building a process improvement collaborative with another story. One of the change leaders in a STAR-SI year one cohort provider left her position. It's a fact of life in the addiction field that people will move around seeking advancement, a different position or increased salary. Fortunately, the agency had good executive support and continuity and a new change leader was quickly installed. About five months later, state STAR-SI staff received an e-mail

from the original change leader, asking how her new agency could get involved with STAR-SI. While there hasn't been a lot of turnover among change leaders in Wisconsin, this was the second example of STAR-SI spreading from one agency to another.