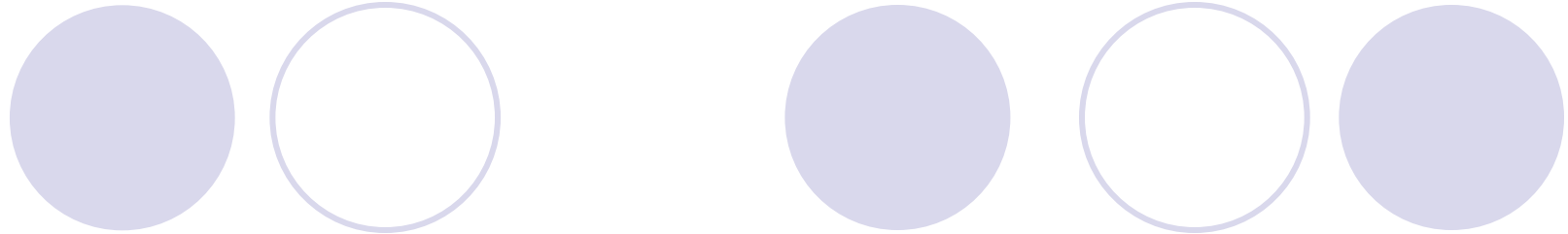


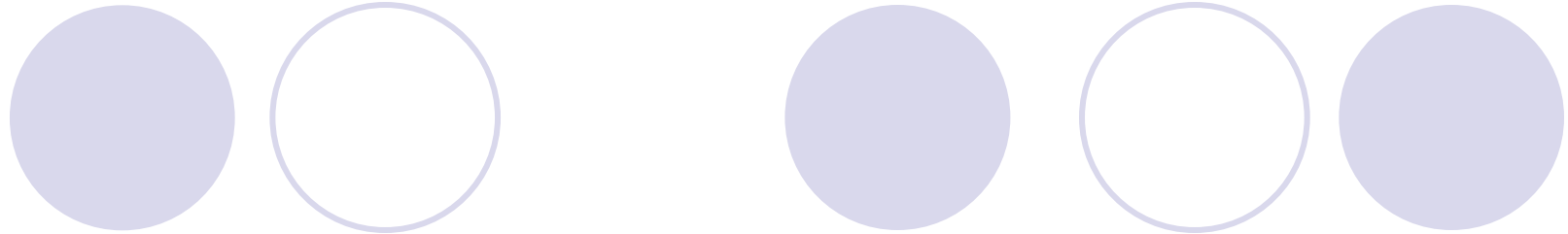
Improving Drug Treatment Services: Process Improvement and Data-driven Decision-making

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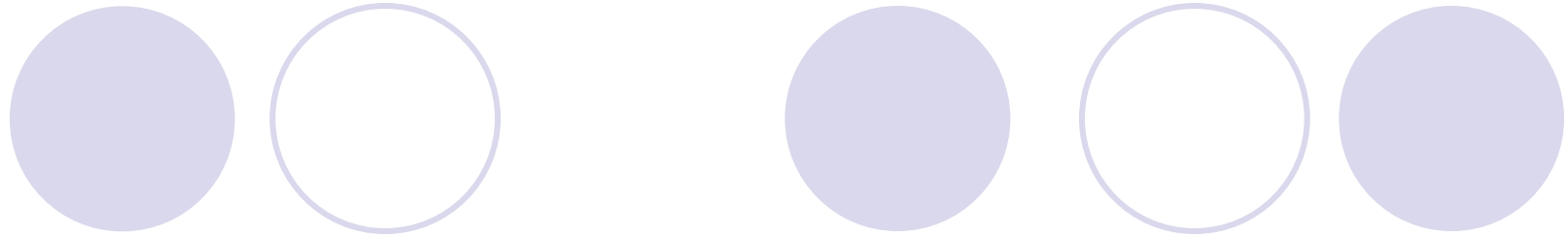


- The new (2006) Institute of Medicine report on services for drug, alcohol, and mental health treatment recommends
 - promoting patient centered care
 - fostering the adoption of evidence based practices
 - developing and using process and outcome measures to enhance quality of care, and
 - mandating the use of quality improvement measures

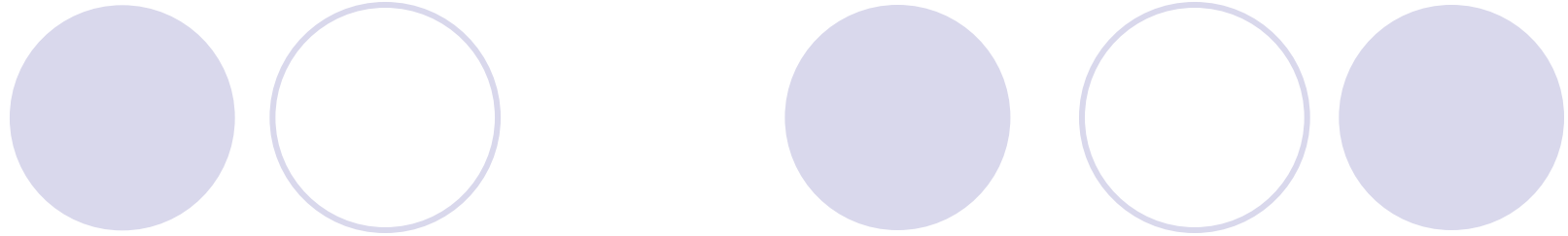


Improving the quality of care requires...

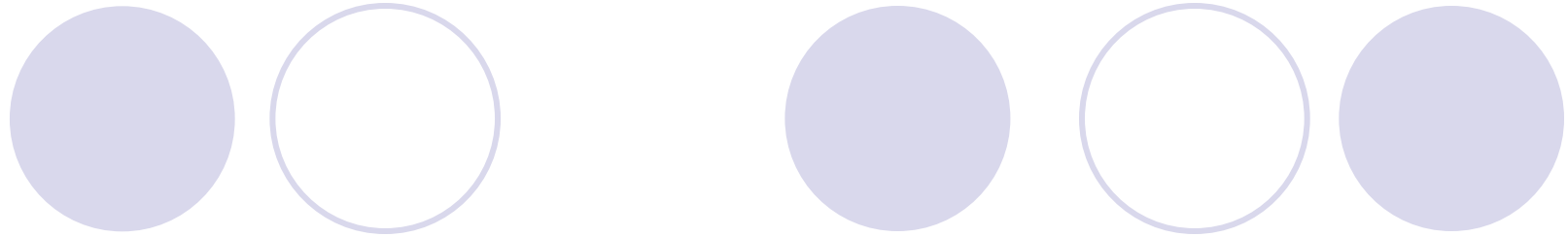
- Identifying problem areas accurately
- Creative interventions
- Capturing and tracking essential measures of performance and quality, which requires staff to collect, analyze, and learn from data



- Drug treatment agencies have extensive reporting requirements ... but few agencies have access to well-developed information systems.
- Agencies spend enormous resources collecting data, but... very little data is used for clinical decision-making or program planning
- For most agencies, it's just "paperwork."
- How to help agencies learn to use data?



- **Targets for process improvement:**
 - Reduce waiting times (access)
 - Increase retention
 - Reduce no-shows
 - Increase admissions
- **Plus ...**
 - increase agencies' ability to make data-driven decisions to improve processes
 - Increase customer focus



- Improving process measures may enhance:
 - Clinical outcomes (reduced drug use)
 - Efficiency (reduce cost of treating same clients multiple times)
 - Public health (reduced risk behaviors)
 - Safety (fewer illegal behaviors)

A decorative graphic at the top of the slide consists of two groups of circles. The first group on the left has a solid light purple circle on the left and an outlined light purple circle on the right. The second group on the right has a solid light purple circle on the left, an outlined light purple circle in the middle, and a solid light purple circle on the right. The word "Research" is written in black text, with the first solid circle partially overlapping the letter 'R'.

Research

- What is the impact of a process improvement intervention on drug treatment agencies' ability to:
 - Impact access and retention
 - Learn to make data-driven decisions

A decorative graphic at the top of the slide consists of two groups of circles. The first group on the left has a solid light purple circle on the left and an empty light purple circle on the right. The second group on the right has a solid light purple circle on the left, an empty light purple circle in the middle, and a solid light purple circle on the right. The word "Methods" is written in black text to the left of the first group of circles.

Methods

- Quantitative data:

- agencies provided de-identified client-level data on process measures

- Qualitative data:

- annual site visits and quarterly interviews
- Data collected as participant-observers

- Analyzing first 18 months of data



Intervention: NIATx

- Mission of the Network for the Improvement of Addiction Treatment:
 - assist the addiction treatment community in making more efficient use of their treatment capacity and
 - encourage ongoing improvements in treatment access and retention.
- NIATx Process Improvement Model
 - Five Key Principles of Organizational Change (Gustafson and Hundt, 1995)
 - Plan, Do Study Act (PDSA) Change Cycles (Langley et al, 1996)

Key Principles of Organizational Change



- Understand & Involve the Customer
- Focus on Key Problems
- Select the Right Change Agent
- Seek Ideas from Outside the Field and Organization
- Do Rapid Cycle Testing



NIATx is a Collaboration

- National Program Office at Center for Health Systems Research and Analysis, **University of Wisconsin** (David Gustafson, PI)
- National Evaluation Team at Center for Substance Abuse Policy and Research, **Oregon Health & Science University** (Dennis McCarty, PI)
- **Center for Substance Abuse Treatment**-funded Strengthening Treatment Access and Retention (STAR) program
- **Robert Wood Johnson Foundation**'s Paths to Recovery Program
- 39 **drug treatment agencies** nationwide providing outpatient, intensive outpatient, methadone, and/or residential treatment (We present on findings from 23 agencies in first 18 months)

NIATx Interventions



- **Process Improvement Coaches**
 - Teach PDSA cycle (Plan, Do, Study, Act) for rapid cycle improvements
 - Support change in four aims
- **Learning Communities**
 - Twice-annual learning collaborative meetings
 - Conference calls and weblogs
- **Interest Circle Conference Calls**
 - All-Member Calls
 - Special calls for focus on the four aims, transition between levels of care and special populations (e.g., Women, Adolescents)
 - Special Focus such as Centralized intake, Sustaining change, Change leader, Workforce development



Measuring the impact of change

Process improvement coaches teach agency staff to measure the impact of their PDSA rapid cycle change cycles using the following steps to address a specific aim:

1. Define measures
2. Collect baseline data
3. Establish a clear aim
4. Consistent collection
5. Chart progress
6. Ask questions

Results: Examples of NIATx-supported interventions

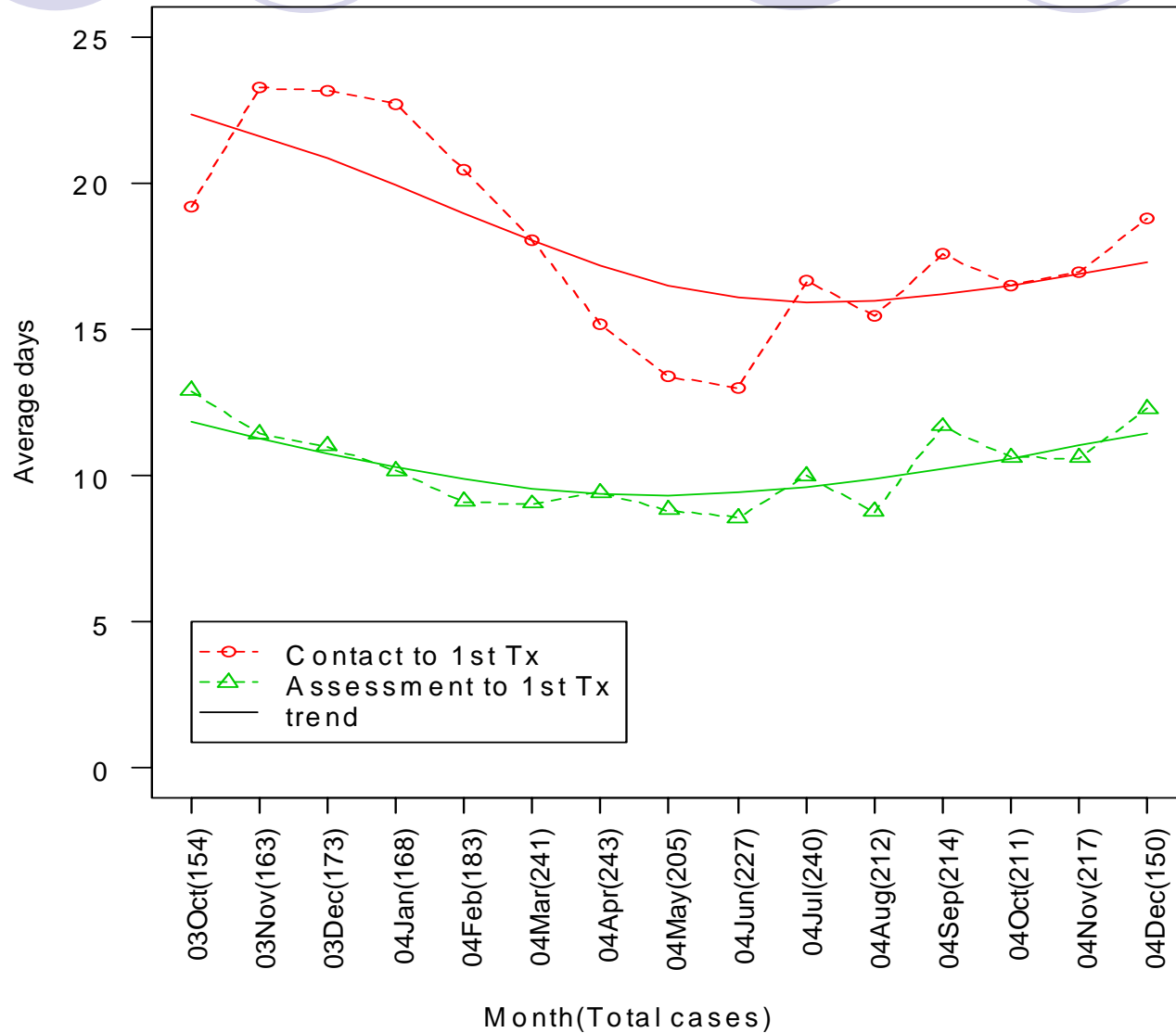
- Open Access/Treatment On Demand
- Paperwork Reduction
- Contingency Management
- Reminder Calls/Follow-up Calls
- Engagement Between Levels of Care
- Counselor-Specific Feedback
- Motivational Interviewing (MI)-Like Communication

Results

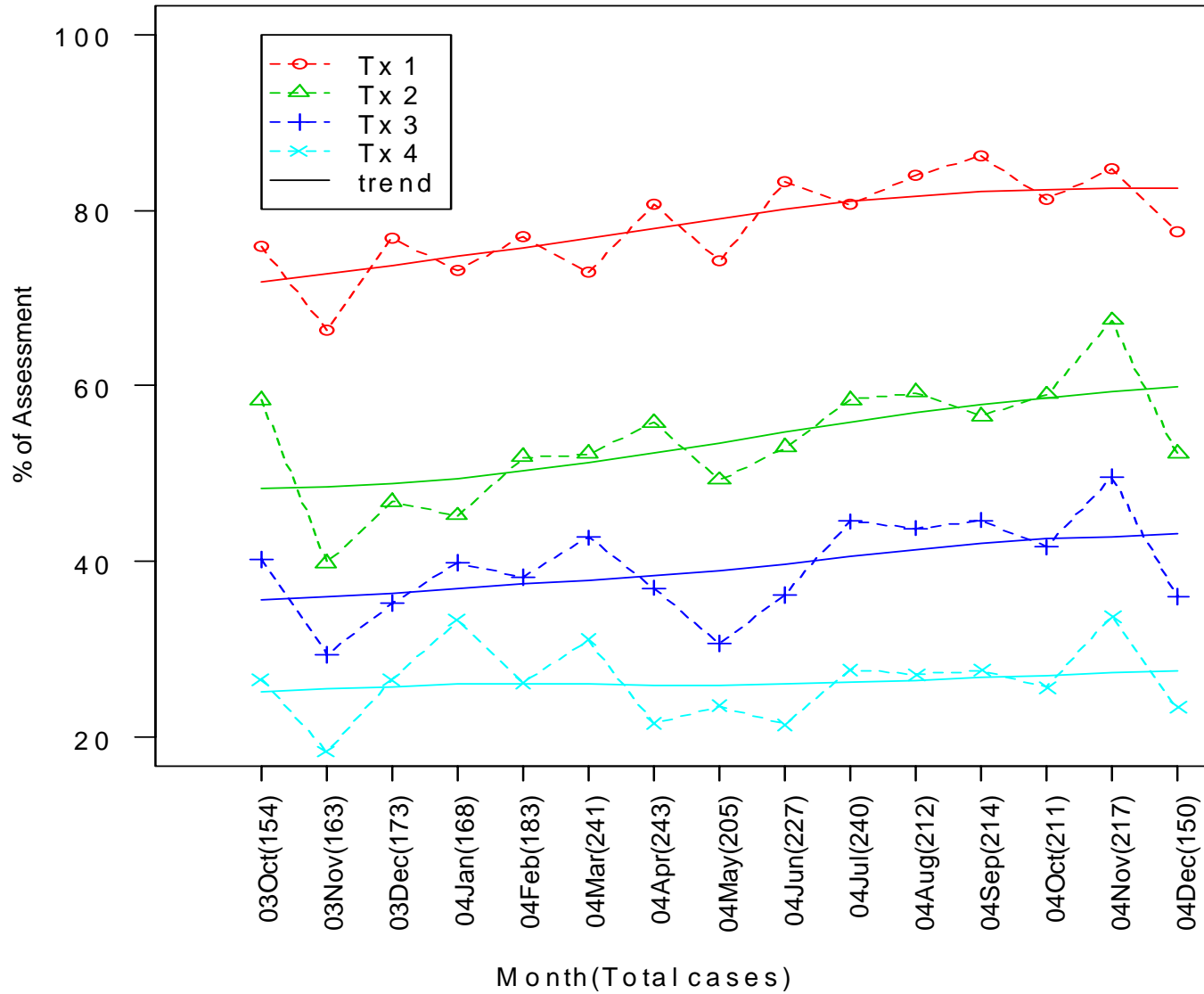


- Improvement in timeliness?
- Improvement in retention?
- By level of care
 - Outpatient
 - Intensive Outpatient
 - Residential

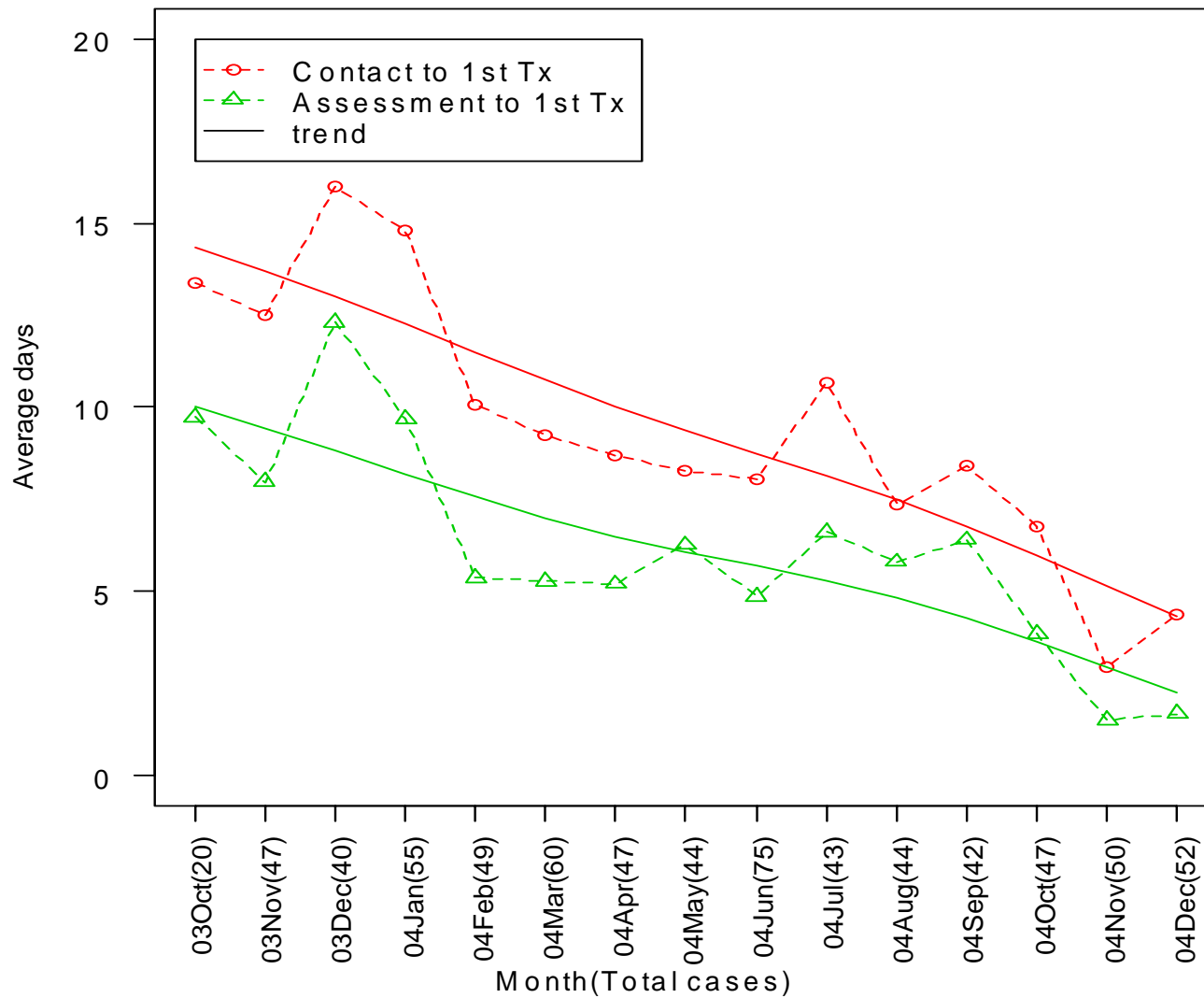
Outpatient: Timeliness



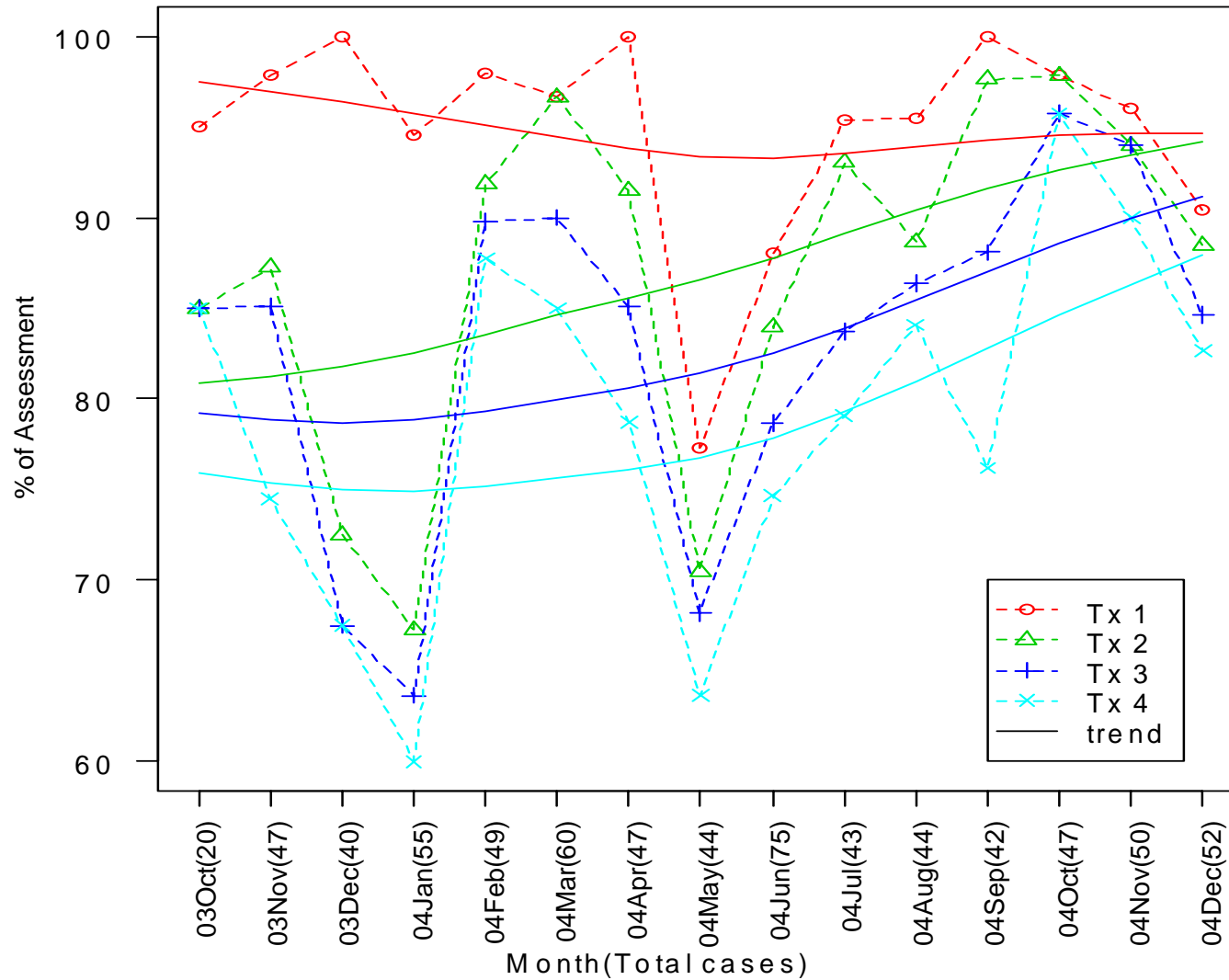
Outpatient: Retention



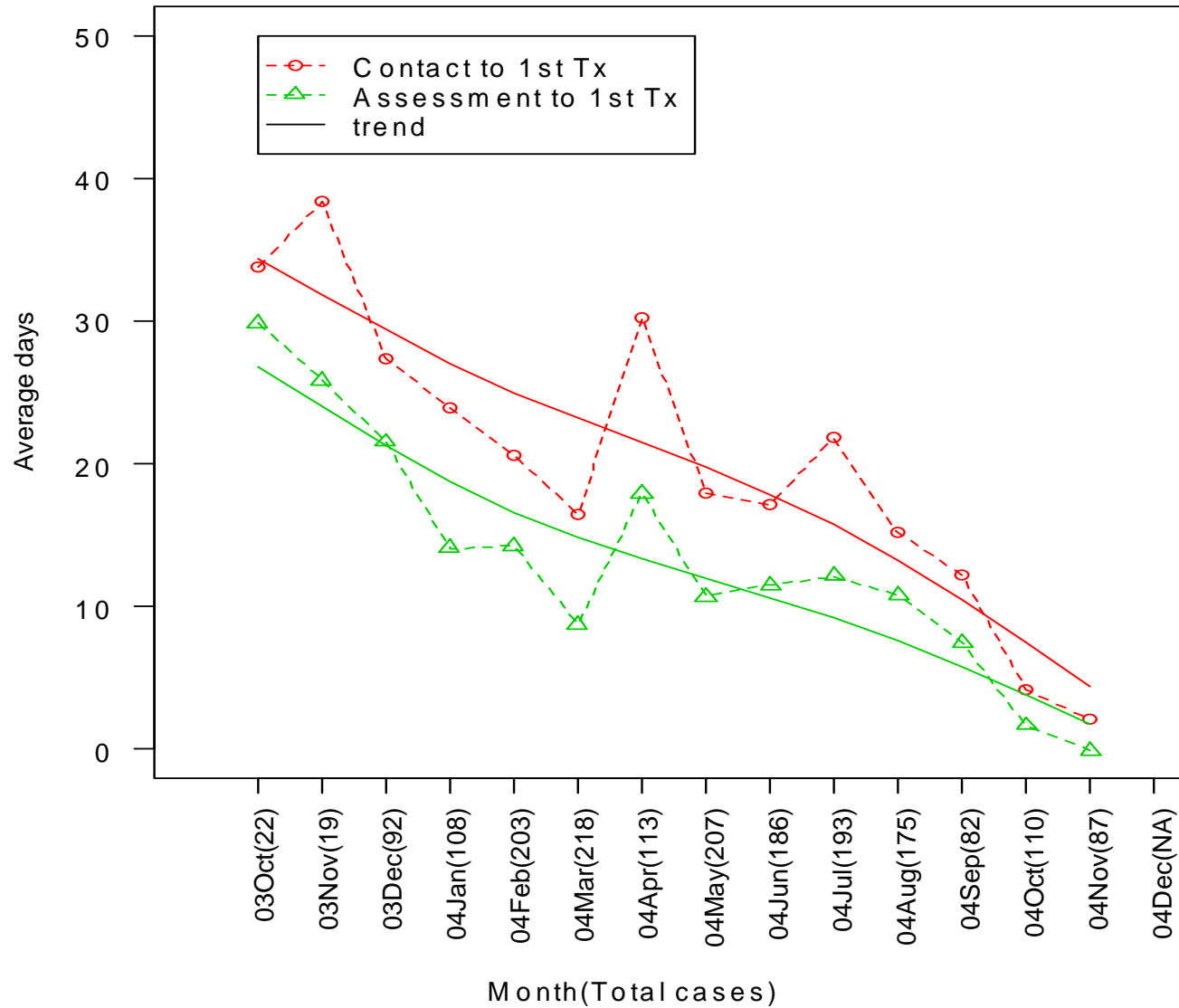
Intensive Outpatient: Timeliness



Intensive Outpatient: Retention



Residential: Timeliness



Results: Improvement in learning to make data-driven decisions?

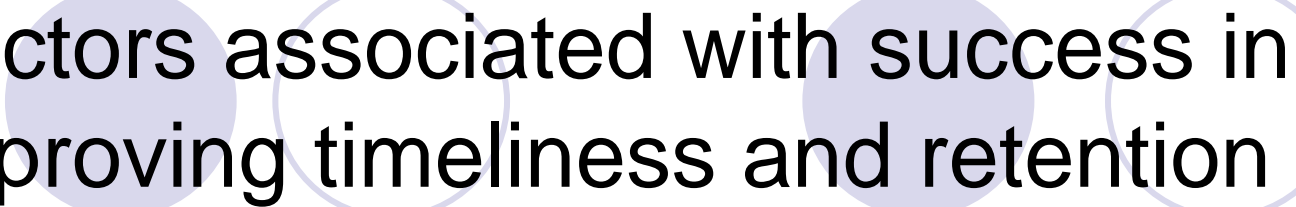
- What does success look like? We defined it as:
 - Successful use of data in process improvement decisions
 - Agency can collect data appropriate to identified goal and interpret it correctly
 - Data reported are internally consistent and reliable
 - Agency staff have expertise to resolve data inconsistencies and to explain results to others

Barriers to implementing process-focused data systems



- Time and money
- System complexity
- Expertise
- Resistance

Factors associated with success in improving timeliness and retention



- Agency leadership values data
- Resources committed to infrastructure
- Training on data issues
- Sharing of change results
- Success making data-driven decisions



Agency-reported value of data

- “Looking at the data helps us choose an area to focus on in our next improvement cycle.”
- “If we can’t measure it, we can’t monitor it.”
- “It confirmed what we already knew: we do a lot of work to get clients assessed, and they didn’t come back. Now we can figure out why and get them to stay in treatment.”
- “We’ve used the process data to get more support from our board/the state/other funding agencies.”
- “Showing the data to staff so they can see how far we’ve come really helps them get excited about the project.”



Implications

- Drug treatment agencies can adopt process-focused data systems and use data to improve client access and retention.
- Results are best when:
 - Leadership values data and makes it a priority
 - Resources are devoted to improving data systems and staff expertise
 - Data have utility for agencies in improving their services
 - Agencies have integrated data into decision-making processes to improve services
- Potential for broad application to health services...



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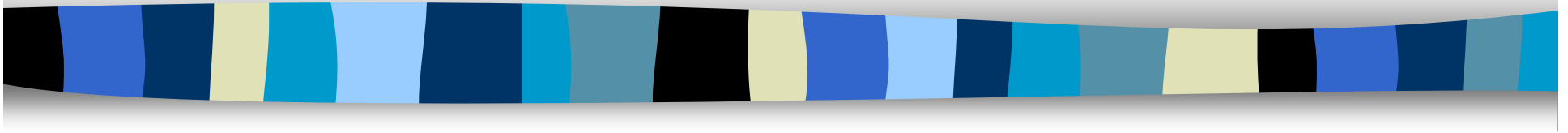
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2005 Oregon Youth Services Survey for Families: Baseline Results for the Evaluation of the Children's System Change Initiative



Presented by
OMPRO &
DHS Office of Mental Health and Addiction
Services



Children's System Change Background

- Change was demanded by families and advocates for the children's mental health system
- System was fragmented, confusing, and not based on the needs of the children and families it served
- Focus of the change was to keep children in their communities and more appropriately utilizing services



Children's System Change Background- cont'd

- Intense planning process brought about many changes:
 - Consolidation of funding under mental health managed care
 - Level of care reviews for placement of children into intensive services
 - Child and Family Teams to plan and monitor children progress at the local level—Family Driven Care
 - Consistent set of outcomes for local and state level monitoring
 - Increase System Coordination

Most of the funding and contractual changes to initiate the change took place on October 1, 2005



Children's System Change Background: Outcomes

- Process Measures
- Level of Need Determination Outcomes
- Integrated Services Array Outcomes
- Family Perception of Outcomes



Baseline Survey: The Beginning

- MHSIP: Youth Services Survey for Families
- Partnership with OMPRO
- Why?



Baseline Survey: The Youth Service Survey for Families

- Developed through the Mental Health Statistics Improvement Programs
- 21 Item Survey
- Five Performance Domains
 - Access to Services
 - Family Involvement
 - Staff Sensitivity to Cultural Background
 - Appropriateness of Services Received
 - Treatment Outcomes



Baseline Survey: The Youth Service Survey for Families

■ OMHAS Customization

- Added items related to living situation
- Coordination of Care with other state agencies
- Incorporated identifiers to tie results to administrative data



Baseline Survey: Methodology

- Survey was mailed to all parents or guardians of children who had received services between July 2004 and December 2004
- 13,362 Surveys
- Three categories of service:
 - Psychiatric Residential Services (414)
 - Psychiatric Day Treatment Services (375)
 - Outpatient Services (10,991)

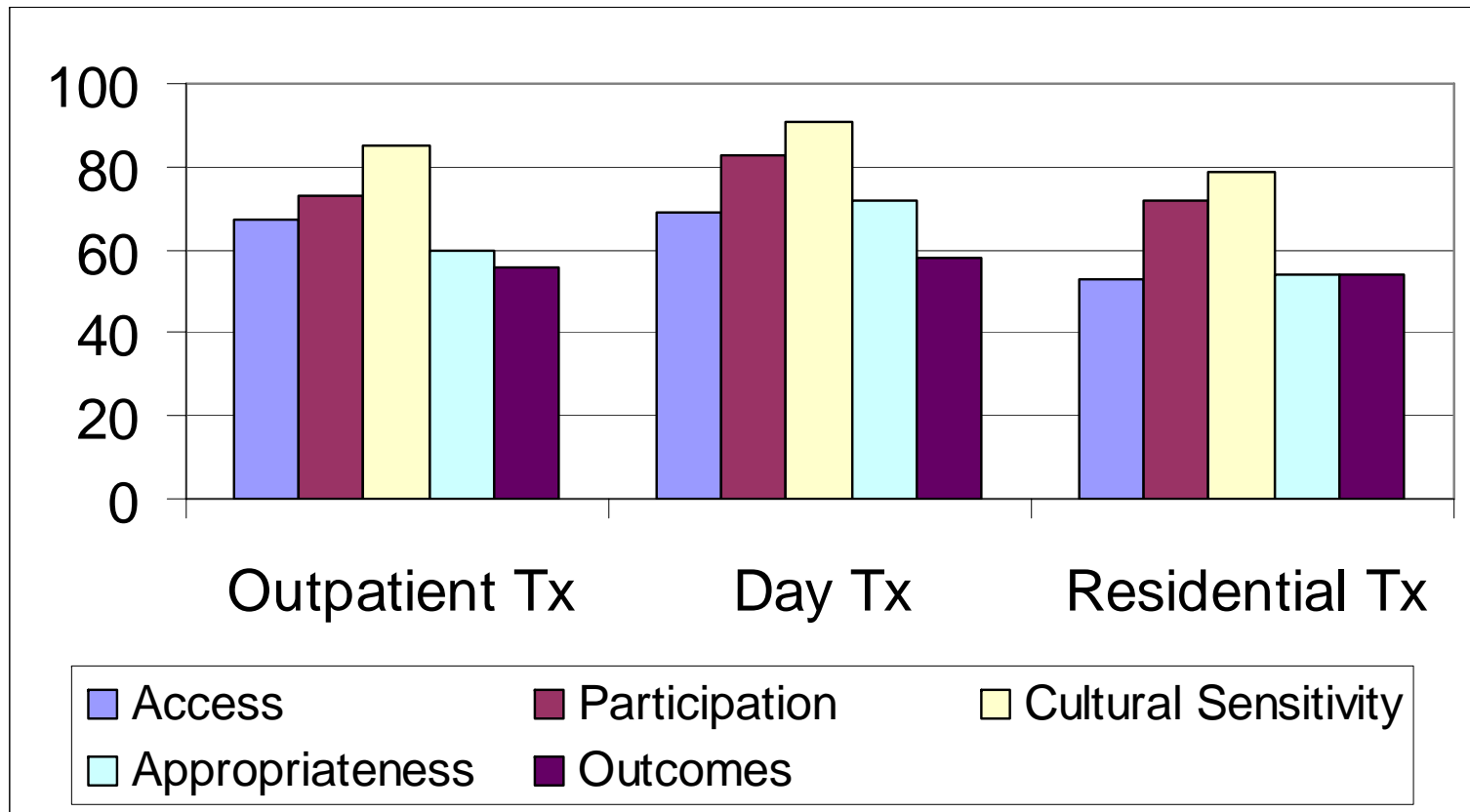


Baseline Survey: Results

- Response Rates were very good:
 - For Residential Services: 24%
 - For Day Treatment Services: 31%
 - For Outpatient Services: 29%

The difference between responders and non-responders was negligible in terms of demographics.

Baseline Survey: Results





Baseline Survey: Results

- Among the Managed Care Plans there was some variation among Performance Domains
- Gender differences were found for Tx Participation (boys), Appropriateness (girls), and Outcomes (girls)
- Younger age groups scored higher across all performance domains
- Urban vs. Rural scores were the same with the exception of Outcomes (urban)



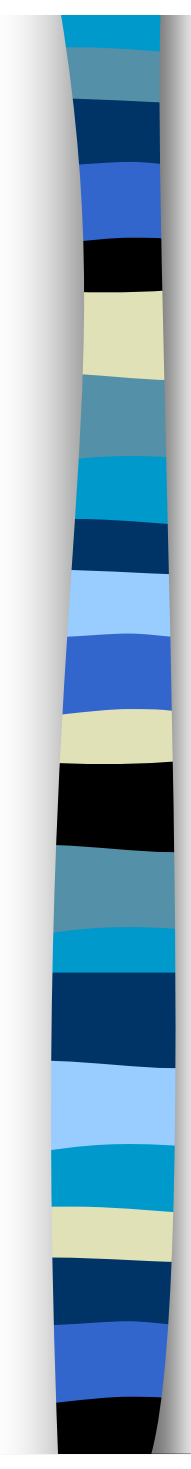
Baseline Survey: Results

- Also examined coordination among the following agencies:
 - Child Welfare
 - OYA
 - Juvenile Justice
 - Education
 - Developmental Disabilities
 - Substance Abuse Tx



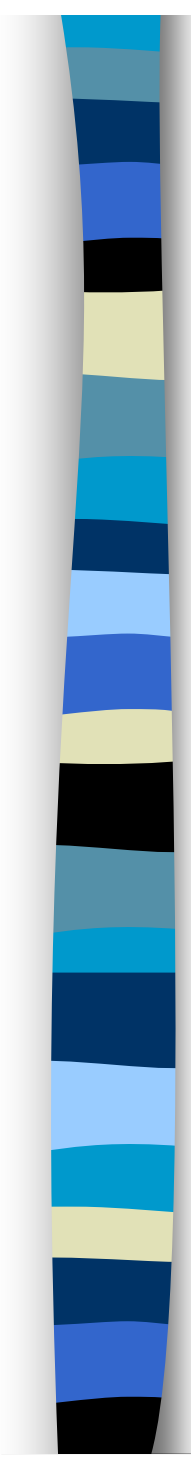
Baseline Survey: Results

- Results indicated that 81% of the children were receiving services from one of the other agencies
- 15% of the children were receiving services from all 6 other agencies
- Satisfaction with coordination was highest with Child Welfare (61%)
- Satisfaction with coordination was lowest with OYA (46%)
- Early follow-up analysis indicates that satisfaction with coordination is highly related to performance domain scores



Baseline Survey: Conclusion

- Baseline data for Psychiatric Residential and Day Treatment Services
- Four year trend for Outpatient indicates room for improvement
- Identify programs that are performing well and disseminate information about successful programs
- Increase Evidence-Based Practices
- Work with managed care to improve outcomes and appropriateness of services



Baseline Survey: Conclusion

- Promote family involvement at all levels of the system
- Identify opportunities to work with child serving agencies on collaboration and coordination
- Focus the delivery of care coordination for children involved in multiple child serving agencies
- Develop a statewide performance improvement project that focuses efforts on family driven care and care coordination



Questions

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