Improving Client Engagement and Retention in Treatment: An Introduction

Richard A. Rawson, Ph.D. & Michael McCann, MA
UCLA ISAP
COMP Symposium, Los Angeles
September 11, 2007
Overview of the Presentation

- Process Improvement (PI) Defined
- NIATx Aims and Principles
- Measuring the Impact of Change
- Sample PI Strategies
- Sustaining Change
- Los Angeles County PI Pilot Project
What is Process Improvement?

- An evidence-based framework that when applied to client access and retention processes can get clients in the door quickly and keep them there long enough to make a difference.

- A systematic problem-solving approach that can be used to understand client needs, restructure processes, and make the most efficient use of available resources.
The Network for the Improvement of Addiction Treatment (NIATx)

Strategies to Improve Client Access and Engagement
The Four Aims

- Reduce Waiting Times
- Reduce No- Shows
- Increase Admissions
- Increase Continuation Rates
The Key Principles

1. Understand and involve the customer when making decisions about change
2. Focus on problems of most concern to and supported by management
3. Select an influential change leader to lead the process
4. Seek ideas from outside the agency
5. Pilot test improvement ideas quickly
1. Understand the Customer

- Most important of all the Principles
- What is it like to be a customer? Clients, payers, and staff are all customers
- How do you do it? Walk-through, focus groups…
How to Conduct a Walk-through

- Role play a “client” and “family member”
  - Call for an appointment: What happens?
  - Arrive for the appointment:
    - How are you greeted?
    - Were directions clear and accurate?
  - Complete an intake process:
    - How long does it take?
    - How redundant are the questions?
  - What did you learn? What will you change?
Value of the Walk-Through

- See services from a new perspective
- Challenge assumptions about how services are being delivered that may not reflect what actually happens
- Identify low-cost opportunities for improvement that can make a big difference in engaging and retaining clients
2. Focus on Key Problems

- What is keeping the executive director awake at night?
- What processes have staff and customers identified as barriers to excellent service?
3. Select a Powerful Change Leader

Who has:

- Influence, respect and authority across levels of the organization
- A direct line to the CEO
- Empathy for the staff
- Time available to lead change projects
- No fear of data
4. Seek Ideas from Outside

- Provides a new way to look at the problem

- Real creativity in problem solving comes from looking outside the familiar
5. Do Rapid Cycle Testing

Start by asking 3 questions:

- What are we trying to accomplish? (AIM)
- How will we know the change is an improvement? (MEASURE)
- What changes can we test that will result in an improvement? (CHANGE)

Using a Quick Start Road Map To Plan Change Projects

1. Identify problem important to management
2. Target objective (measurable/specific)
3. How will you measure the change?
4. Who will be on the change team?
5. Instructions for change team
6. What contributes to the problem?
7. What possible changes might help?
8. What is the implementation process?
9. What data will be gathered?
10. How will progress be studied?
11. What is the next step?
Rapid-Cycle Testing

Rapid-Cycle changes
- Are quick; do-able in 2 weeks

PDSA cycles
- Plan the change
- Do the plan
- Study the results
- Act on the new knowledge
How Do You Measure the Impact of Change?

• Define your measures
• Collect baseline data
• Establish a clear aim
• Consistently collect data
• Chart your progress
• Ask questions
Decrease in No-Shows to Outpatient Program
Oct 2004 - Dec 2005
Baseline Oct - Dec 2004 = 36%

Month
- Oct-04: 58.1%
- Nov-04: 22.2%
- Dec-04: 27.6%
- Jan-05: 12.5%
- Feb-05: 15.1%
- Mar-05: 4.5%
- Apr-05: 25%
- May-05: 0%
- Jun-05: 17.4%
- Jul-05: 9.52%
- Aug-05: 5.9%
- Sep-05: 8.3%
- Oct-05: 9.09%
- Nov-05: 0%
- Dec-05: 13.6%

Reduce Waiting Time & No-Shows • Increase Admissions & Continuation
Reduce Waiting Time & No-Shows • Increase Admissions & Continuation
Sample Ideas for Improvement from the NIATx Network
Reduce Waiting Time

- Revise telephone system so live person answers phone to eliminate call-backs
- **Offer walk-in assessments**
- Train backup staff to answer phones and do assessments to remove bottlenecks
- Eliminate redundant paperwork at telephone screening and intake
Reduce No-Show

- Call clients who no-show to re-engage in treatment
- Ask clients about barriers to coming to next appointment and help them find solutions, e.g. transportation, child care, work
- Call clients to confirm appointment 1 or 2 days prior
Increase Retention

• Have peers help orient and connect with new clients
• Offer more welcoming environment, assess client needs frequently
• Contingency management – rewards for continuing in treatment
• Utilize motivational interviewing and enhancement strategies
Increase Admissions

• Offer outpatient orientation, pre-contemplation, and/or skill training groups

• Eliminate required length of stay; individualize and negotiate treatment plan; move to next level of care when ready

• Build special relationships with referral sources
Sustaining Service Improvements
How to Sustain an Improvement

One key: gathering and reviewing data

1. How will data continue to be collected?
2. Who will review the data?
3. How often will the review occur?
4. What will trigger action to restore the improvement?
How to Sustain an Improvement

Another key: Have a sustainability leader to...

1. Clarify staff duties and responsibilities
2. Communicate progress data with staff
3. Plan with staff how to restore gains if data falls below an agreed level
4. Implement actions to restore gains
5. Advise management about infrastructure changes needed to sustain the improvement
The NIATx Website

www.niatx.net
Resource Guide to Process Improvement

For payers and providers interested in the Network for the Improvement of Addiction Treatment (NIATx) approach to process improvement, the links below represent a "Resource Guide to Process Improvement."

1. Primer on Process Improvement
2. Key Paths to Recovery
3. Conducting a Walk-through
4. NIATx Promising Practices and Strategies
5. Payer Practices to Improve Access and Retention
6. State Pilot Overview
7. NIATx Four Aims and Measures
8. NIATx Members
Reduce Waiting Time & No-Shows

- Increase Admissions & Continuation
### Process Improvement Toolbox

The NIATx Toolbox offers an assortment of tools designed to help organizations evaluate the need for change, pilot-test process changes, flowchart the process to be changed, and communicate the change within their organization.

<table>
<thead>
<tr>
<th>TOOL</th>
<th>KEY PRINCIPLE</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Understanding the Customer</td>
</tr>
<tr>
<td>How to Conduct a Walk-through</td>
<td></td>
</tr>
<tr>
<td>Nominal Group Technique</td>
<td></td>
</tr>
<tr>
<td>How to Conduct a PDSA Cycle</td>
<td></td>
</tr>
<tr>
<td>How to Flowchart</td>
<td></td>
</tr>
<tr>
<td>How to Tell a Story</td>
<td></td>
</tr>
<tr>
<td><strong>How to Measure the Impact of Change</strong></td>
<td></td>
</tr>
<tr>
<td>How to Establish a Change Team</td>
<td></td>
</tr>
<tr>
<td>Attributes of a Change Leader or Executive Sponsor</td>
<td></td>
</tr>
<tr>
<td>Visual Modeling</td>
<td></td>
</tr>
</tbody>
</table>

**Notes:**
- A dot in the column indicates the tool is relevant to the principle.
- A blank space indicates the tool is not relevant to the principle.
How to Measure the Impact of Change

As you go about making change in your organization, there are a few questions that naturally arise: (1) How will you know which changes worked and which did not? (2) How will you know which changes resulted in an improvement? (3) Which change(s) is the most important and resulted in the most significant improvement?

It is therefore important to set up systems that allow you to answer these questions. By collecting data before, during, and after the change you implement, you can measure, evaluate, and compare your agency’s progress with respect to the goals you set out. The process of measuring change should speed the improvement process; you should begin with simple measures rather than spending time developing a complex measurement system. This primer provides you with a six-step process for the effective measurement of the impact of change.

1. Define your measures

It is extremely important to establish clear definitions of your measures prior to starting the change process. The measures should clarify the project objectives and should be agreed upon by key stakeholders. This ensures that the results are interpretable and accepted within the organization. NIATx has defined four key measures for use by our members: (a) time from first contact to first treatment, (b) no-shows for assessment, (c) client admissions by level of care, and (d) continuation from the first to fourth treatment session.

Other measures you might consider include: time from first contact to assessment, treatment completion rates, bed days, units of service offered, level of care transition (e.g., time from inpatient discharge to receipt of outpatient service) or the continuity of care (e.g., the percentage of clients discharged from residential who receive outpatient care within seven days).
Los Angeles County Process Improvement Pilot Project

Pilot Project Participants

- Didi Hirsch
  Community Mental Health Center
- MATRIX INSTITUTE
- L.A. CADA
  A Path to Recovery and Healthy Living
- SOUTHERN CALIFORNIA
  alcohol and drug programs, inc.
- TARZANA TREATMENT CENTERS
- SOCIAL MODEL
  RECOVERY SYSTEMS, INC.

Reduce Waiting Time & No-Shows • Increase Admissions & Continuation
Objectives of the Pilot Project

- Determine whether agencies receiving minimal support and no financial assistance could adopt and utilize PI methods.

- Determine the degree to which agencies were able to reduce no-shows to assessment, and increase 30- and/or 60-day continuation rates.
Objectives of the Pilot Project

- Assess agency commitment to adopting and administratively supporting the process improvement methodology

- Identify key attributes of the project that contribute to success and components that need to be improved to increase the likelihood that treatment agencies will be successful in improving business and service processes.
Pilot Project Timeline

Pre-Work
Nov ‘05-Jan ‘06

Nov ‘05

Orientation

Jan ‘06

Kick-Off

Feb ‘06

Site Visits

Mar ‘06

Monthly Conference Calls

Jun ‘06

Change Leader Meeting

Sept ‘06

Completion Conference

Reduce Waiting Time & No-Shows • Increase Admissions & Continuation
Key Deliverables

- **Pre-Work** – clarify key roles; collect baseline data; conduct agency Walk-Through

- **Kick-Off Workshop** – review PI skills, data collection, and case studies; discuss understanding client needs; create priority objectives; develop a Quick-Start Roadmap
Key Deliverables

- **Site Visits** – ½ day visits by 2 coaches; meet change teams; review Walk-Through; discuss change plan

- **Conference Calls** – monthly change leader calls (Apr, May, July, Aug); single Executive Sponsor call (Apr); review change projects; review/discuss data/documentation; provide TA on challenging issues with PI
Key Deliverables

- **Change Leader Meeting** – review progress; troubleshoot problems; reinforce learning; provide opportunity for cross-site collaboration

- **Completion Conference** – review agency change projects; celebrate successes; discuss sustainability and next-steps
Reduce Waiting Time & No-Shows • Increase Admissions & Continuation

Individual Agency Change Projects

- SCADP
- Matrix Institute, SFV
- Didi Hirsch CMHC, Via Avanta
Southern California Alcohol & Drug Programs (SCADP)

- Baseline data = 57% of clients did not show up for their scheduled assessment/intake appointment.
- The desired goal was to reduce the no-show rate from 57% to 35% (a 39% improvement).
Change Project

- Proposition 36 counselors talked with the potential client when the CASC called to schedule the intake appointment.

- Counselor introduced him/herself, told the prospective client a little about the outpatient program, and asked the client if he/she had any specific needs.

- Motivational interviewing-type strategies were utilized by the counselors on the calls.
Results

No-Shows to Assessment

<table>
<thead>
<tr>
<th>Month of Admission</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Baseline (Nov 05-Jan 06)</td>
<td>57%</td>
</tr>
<tr>
<td>Mar-06</td>
<td>14%</td>
</tr>
<tr>
<td>Apr-06</td>
<td>11%</td>
</tr>
<tr>
<td>May-06</td>
<td>33%</td>
</tr>
<tr>
<td>Jun-06</td>
<td>0%</td>
</tr>
<tr>
<td>Jul-06</td>
<td>14%</td>
</tr>
<tr>
<td>Average (Mar-Jul)</td>
<td>14.4%</td>
</tr>
</tbody>
</table>

Reduce Waiting Time & No-Shows • Increase Admissions & Continuation
Summary - SCADP

- The initial goal was to decrease the no-show rate to assessment by early discharge rate by 39% (from 57% to 35%). The SCADP change team was able to exceed their expectations, by decreasing the no-show rate by 75% (from 57% to 14%).

- Throughout most months, the no-show rate remained under 15% (with the exception of May, when the change team stopped talking with prospective clients when the CASC called).
Matrix Institute on Addictions, San Fernando Valley

- Baseline data = 75% of intensive outpatient clients remained in treatment for more than 8 weeks.
- The desired goal was to reduce two-month continuation rates from 75% to 80% (a 7% improvement).
Change Project

- Developed a brief questionnaire to assess clients’ satisfaction and additional needs
  - New topic for relapse prevention group
  - What can be done to enhance client/therapist relationship
  - Most and least valuable aspect of treatment experience
  - What can therapist pay attention to with regards to client’s
Results

60-Day Continuation Rates

- Baseline (8/05): 75%
- Feb-06: 40%
- Mar-06: 67%
- Apr-06: 80%
- May-06: 80%
- Jun-06: 100%
- Jul-06: 100%
- Average (Mar-Jul): 85%

Reduce Waiting Time & No-Shows • Increase Admissions & Continuation
The initial goal was to increase 60-day continuation rate by 7% (from 75% to 80%). The Matrix SFV change team was able to exceed their expectations, by increasing continuation by 13% (from 75% to 85%).
Baseline data = 44% of clients were discharged early (that is, within the first 30 days of treatment).

The desired goal was to reduce early discharges from 44% to 35% (a 20% improvement).
Change Projects

- **Change Project #1** – no community responsibilities for first 15 days in treatment
- **Change Project #2** – new clients would not have to “seek cover”
- **Change Project #3** – Big and Little Sisters would receive rewards to reaching weekly goals
Results

Pct. Discharges Less Than 30 Days

July 2005 through August 2006

Change #1
2/27/06

Change #2
4/26/06

Change #3
5/24/06

Reduce Waiting Time & No-Shows • Increase Admissions & Continuation
Summary - Via Avanta

The initial goal was to decrease the early discharge rate by 20% (from 44% to 35%). The Via Avanta change team was able to exceed their expectations, by decreasing the early discharge rate by 68% (from 44% to 14%).
Aggregate Pilot Project Findings

- Agencies demonstrated modest to marked improvements in their assessment no-show rates and 30- and 60-day continuation rates, and met or exceeded their goals.

- Aggregate data from the six outpatient programs illustrates an 80% reduction in assessment no-shows and a 6% increase in 30-day continuation.
The pilot project offered a format for learning and applying process improvement methods through the use of a peer learning collaborative.
Seven Lessons Learned

1. Seeing things from the client’s perspective can be helpful
2. Multiple improvements can be made in a short period of time
3. Process improvement can motivate staff and clients – they get excited when good things happen
4. The results surpassed the initial objectives/expectations
Lessons Learned, continued

5. Simple improvements yield big dividends
6. Using data can actually be helpful
7. There is a huge value to “sticking with it” (sustaining effort and keeping communication flowing)
Acknowledgements

- The LA County treatment agencies who participated in the pilot
- Patrick Ogawa, Wayne Sugita, and Margie Wilson, ADPA
- Steve Gallon, NFATTC
- Dave Gustafson, Todd Molfenter, Betta Owens, and Jay Ford, UW-Madison/NIATx NPO
- Fran Cotter and Suzanne Cable, CSAT
- Victor Capoccia, RWJF
The End…Thank you!

For more information, contact Beth at:

finnerty@ucla.edu

(310) 388-7647