

## Implementation of NIATx Process Improvement Components in FY 08-09 Contracts

As part of the FY 08-09 contracting process, each provider will be required to identify and implement process improvements that address two of the four NIATx "Aims" listed below.

- Reduce waiting time between first request for service and first treatment session
- Reduce the number of patients who do not keep an appointment (no-shows)
- Increase admissions to treatment
- Increase continuation from the first through the fourth treatment session

**CONTRACT OBJECTIVES:** These goals will be incorporated into the FY 08-09 contracts as specific objectives (i.e., Reduce waiting time from first request for service and first treatment session from 7 days to 5 days).

**MEASURES:** Baseline data from SWITS for FY 07-08 will be compared to FY 08-09 data to measure progress towards these objectives. The NIATx measurements and methodology we will utilize for the two objectives or "AIMS" selected by the provider are defined below:

**Average Time from First Request to First Client Treatment Session:** Measures the time elapsed between the date a client first contacts the agency requesting service and the date that the client received their first treatment session, where a treatment session represents an individual or group session. It represents the average time for a specific client population and will be calculated as follows:

$$\frac{\text{Sum across all clients (Date of First Treatment - Date of First Contact)}}{\text{(Number of Clients who receive a First Treatment Session)}}$$

**Reduce the number of patients who do not keep an appointment (no-shows):**

Measures the number of patients who do not keep an appointment. The No-Show measure attempts to determine the number of clients who schedule a clinical assessment but fail to keep that appointment. Within NIATx, agencies typically look at client no-shows on a monthly basis, which is then calculated as follows:

$$\frac{\text{(Number of Clients with an assessment)}}{\text{(Number of Clients who schedule an assessment appointment)}}$$

**Increase admissions to treatment:** This measure is designed to count the number of unduplicated client admissions by provider. This will be calculated by monthly SWITS reports of the number of unduplicated admissions for each contract component.

**Increase continuation from the first through the fourth treatment session:** This is a measure of the number of clients who stay engaged in treatment. Outpatient Services: Continuation measures the number of clients who attend four additional units of services (i.e., treatment sessions) within 30 days of their admission to treatment. For residential services, the following measurement will be utilized: Continuation measures the number of clients who remain in residential treatment for 30 days.

## The Five Key Principals

Five key principles guide the NIATx model. Research conducted in Europe, the United States, and Canada generated a list of 80 factors critical to fostering change (Gustafson and Hundt, 1995). Tests for statistical significance revealed that only five of these factors consistently influenced efforts to overcome barriers to process improvement:

### 1. Understand and involve the customer

Understanding the customers' needs presents a challenge to the field of substance abuse treatment. With budget constraints and high staff turnover, treatment agencies face pressure to treat more patients with fewer resources. Therefore, customer involvement may be perceived as a luxury that organizations cannot afford. However, taking the time to involve customers, get their reactions to and advice about improvements, and prepare them for anticipated changes are all ways that substance abuse treatment agencies can better meet their customers' unique needs.

Successful companies that are committed to understanding their customers typically:

- Assume they do not know what their customers need and actively involve the customer in the improvement process;
- Ensure that the customer sees the improvement as significant and that it meets the customers key needs;
- Survey customers on a regular basis; and
- Educate customers about new improvements.

### 2. Fix the key problems (and help the CEO sleep at night)

Which problems keep the executive director awake at night? Research indicates that focusing on key organizational goals in a change project is crucial. If the project addresses problems that concern the executive director, she or he will actively support the project, helping to make it a success.

### 3. Pick a powerful Change Leader

Effective Change Leaders have authority and respect from their colleagues, as well as the time to dedicate toward improvement activities. The Change Leader needs to have sufficient influence in the organization so that he or she feels confident calling the CEO anywhere, at any time, when faced with a problem. A powerful Change Leader, furthermore, needs the organization's leadership to demonstrate enthusiastic commitment to the goals and processes required to

make process improvement part of their organization's culture. When the CEO authorizes and supports a Change Team and its efforts, she or he increases their probability of success.

#### 4. Get ideas from outside the organization or field

Because of the unique population that addiction treatment agencies serve, examining ideas and practices from other fields may seem unrealistic. What could addiction treatment centers learn, for example, from the hospitality industry? However, observing how a hotel with excellent customer service engages and schedules customers reveals relevant principles that can lead to new and effective changes. Simply put, organizations that look to other fields for fresh ideas are more likely to succeed. This does not imply that "outsiders" have all the answers, but it highlights the importance of learning from others' successes and failures. Looking outside the organization is a way to find fresh ideas that can lay the foundation for a truly innovative improvement.

#### 5. Use rapid-cycle testing to establish effective changes

The last key principle is to use rapid-cycle testing to examine changes carefully before putting them in place. In rapid-cycle testing, staff implements an idea on a small scale to see how it works. The Change Team tests the change, modifies it, tests it again, and continues this cycle until the change meets the needs of customers. Only then does it become a permanent change.

Source: Gustafson, and Hundt (1995). "Findings of innovation research applied to quality management principles for health care." *Health Care Management*, 20:2, 16-33.

Further information on the NIATx model can be found at the NIATx website ([www.NIATx.net](http://www.NIATx.net)).