

Aligning Access to Treatment with Improved Outcomes: How Services on Demand Improve both the Customer Experience and Organizational Efficiency

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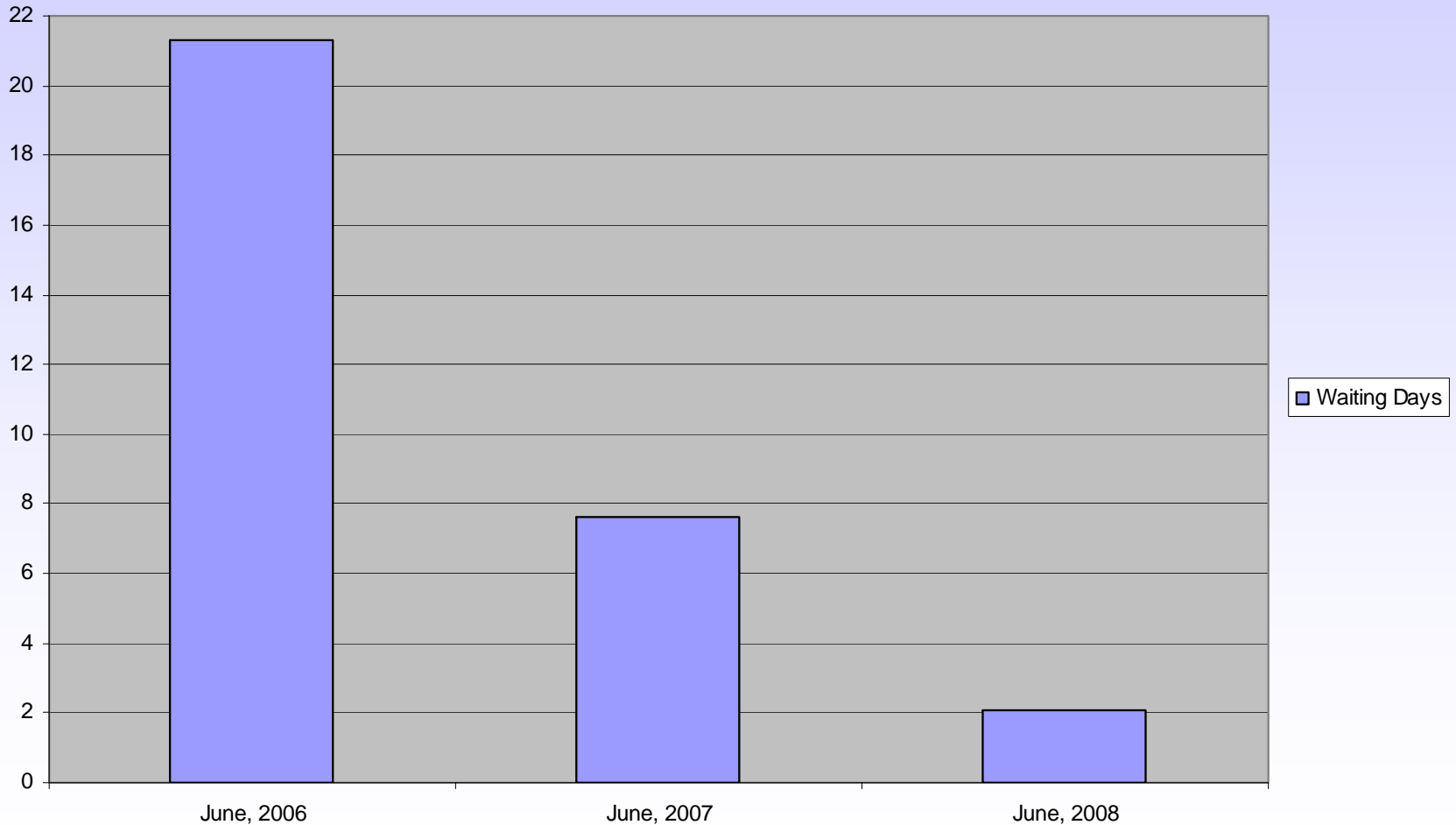
BACKGROUND

- **The APT Foundation is a non-profit drug/alcohol treatment and research program founded in 1970 in New Haven, CT. In 2007, we adopted the goals of achieving improved treatment access and retention to help manage unmet community needs. Methods proven to increase access to treatment are informed by identifying and eliminating the barriers, such as waiting time, that prevent people from readily accessing services.**
- **Retention is improved by shifting programs to be more reinforcing in the belief that clients come back if the program is engaging to them. Both aims are achieved by making changes based on consumer feedback.**

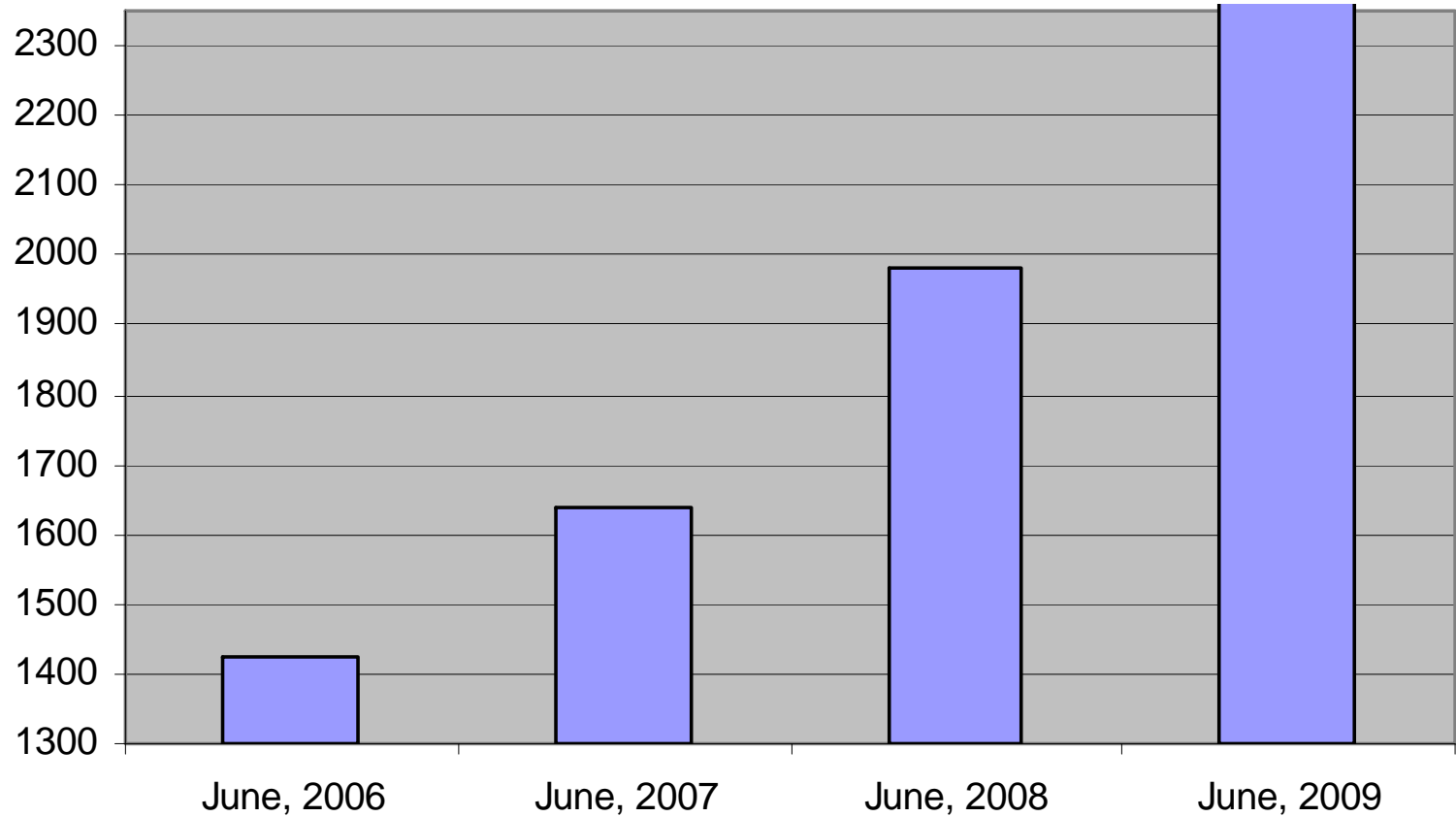
Beginning the transition

- **We applied PDSA techniques and approaches to outpatient and medication assisted treatment across 5 clinical sites**
- **Made 12 changes over the first year, all designed to improve time to treatment. It worked! But...**

APT FOUNDATION WAITING DAYS TO ADMISSION



APT FOUNDATION OUTPATIENT CENSUS



“GOOD” CHANGE BRINGS OPERATIONAL CHALLENGES

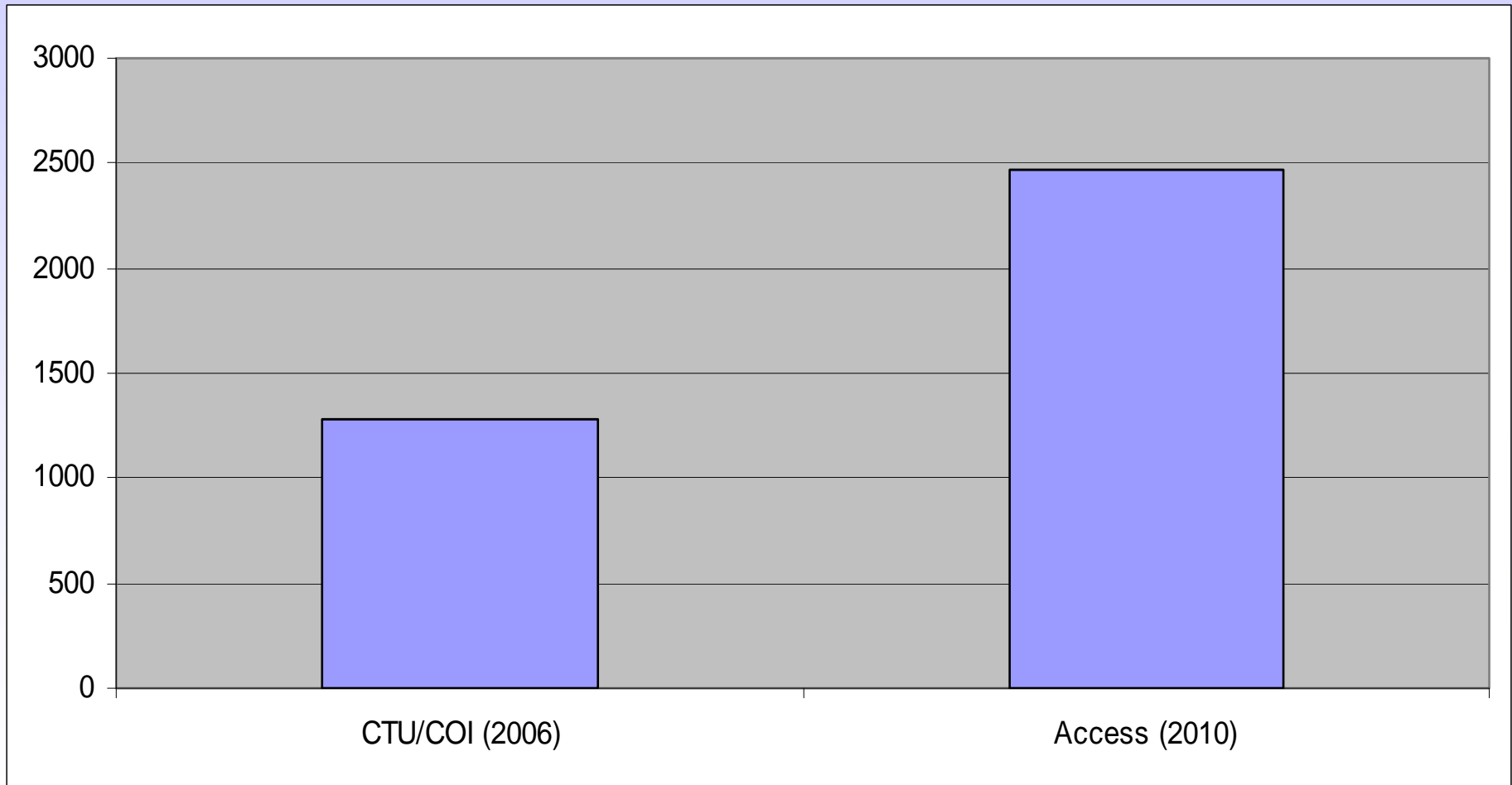
- **Why if more people come, but no one pays?**
- **Clinical questions and considerations – are people really getting better?**
- **Client flow and management**
- **Program Model**
- **Opportunity Costs – for clients and organization**

Step 1 – Again. Learning to See

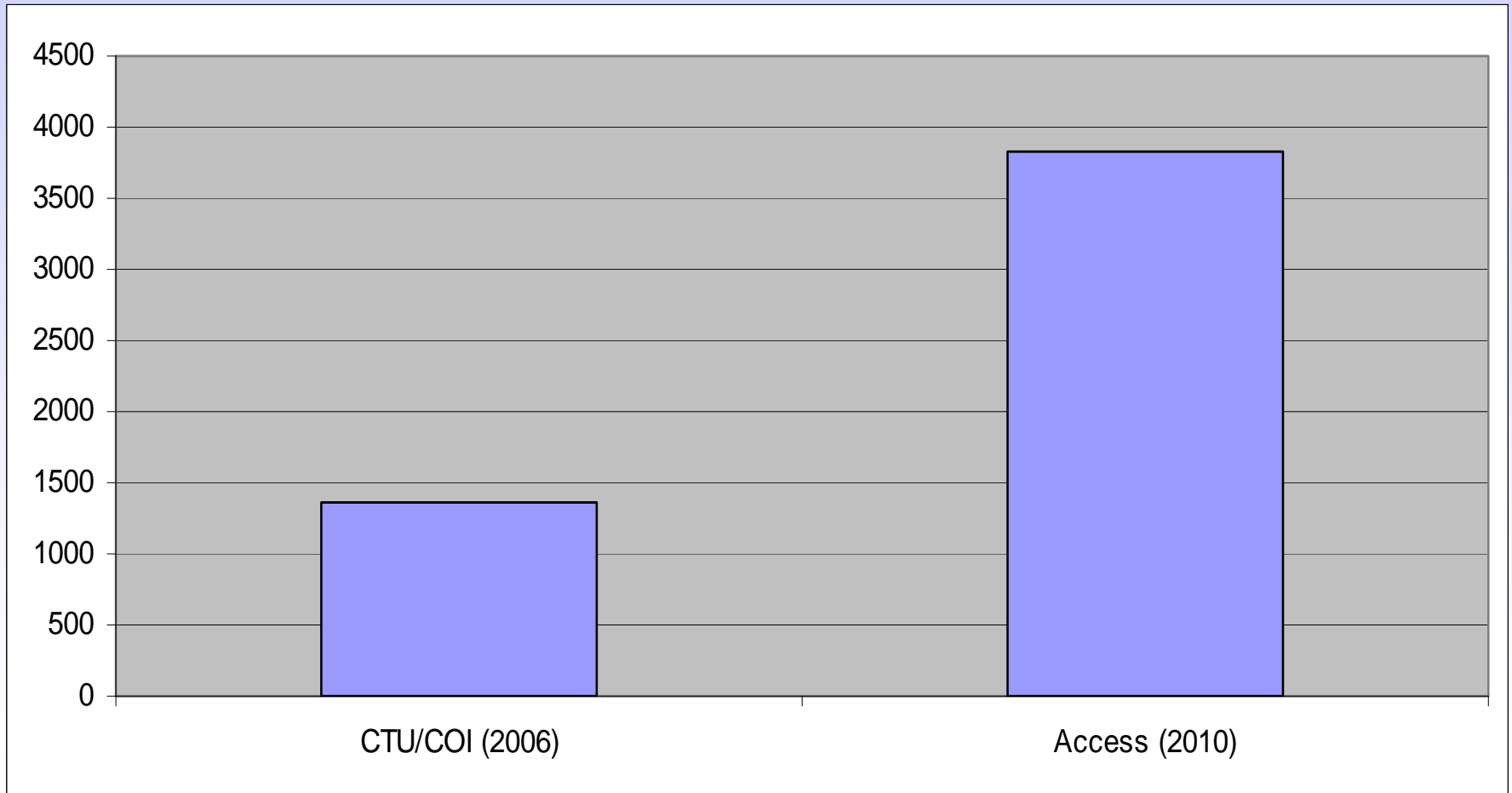
ASSESSMENT AS A SERVICE

- We had to visual assessment as a service, and not only as program entry. We “collapsed”, centralized and re-staffed all initial assessment, across five clinical sites in 2008. Added O/P and IOP services to Access Center.
- In 2009, added a computerized patient record system, and added medication assisted tx and primary care to Access site. (2nd clinical manager, shared staff)

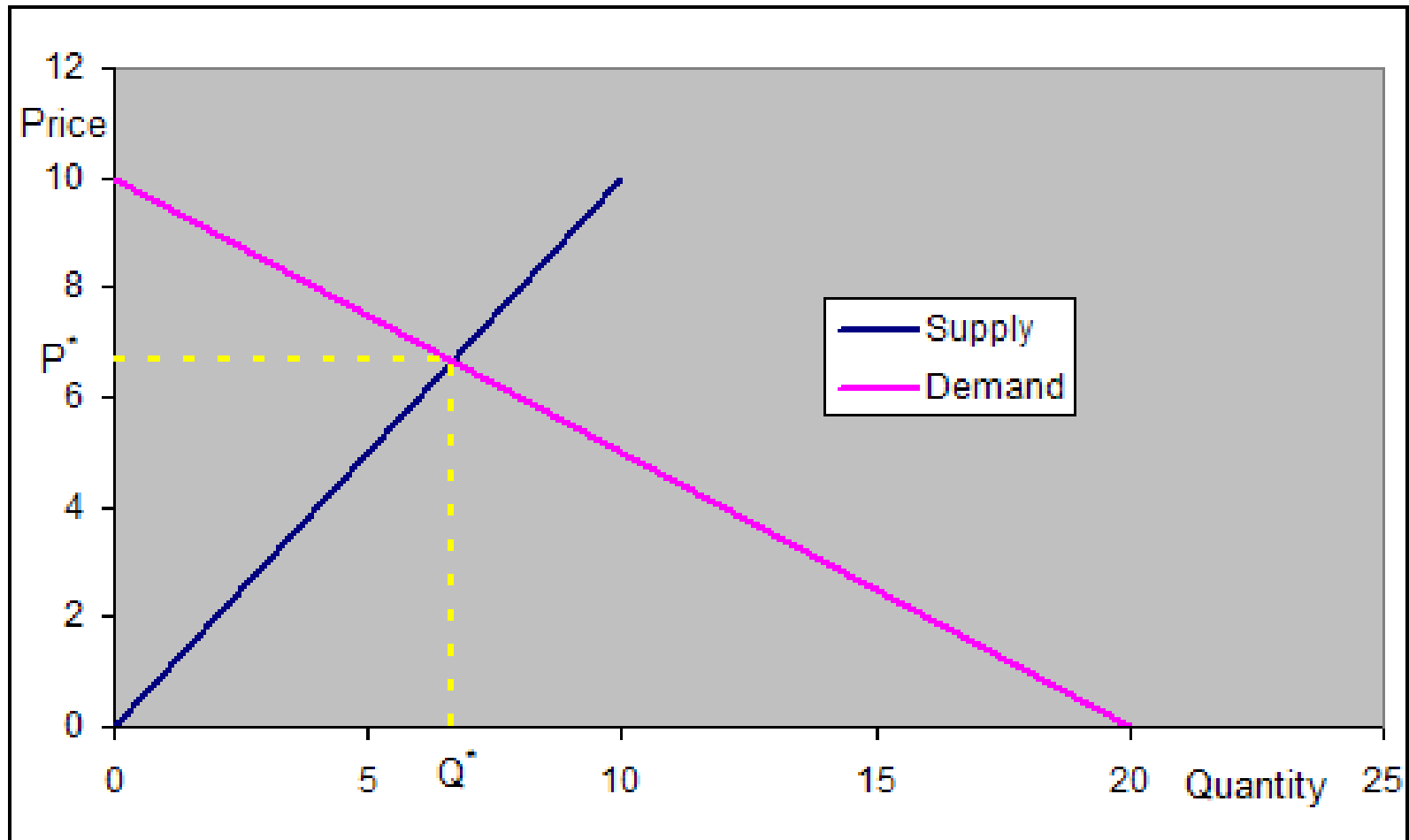
APT FOUNDATION EVALUATIONS COMPLETED

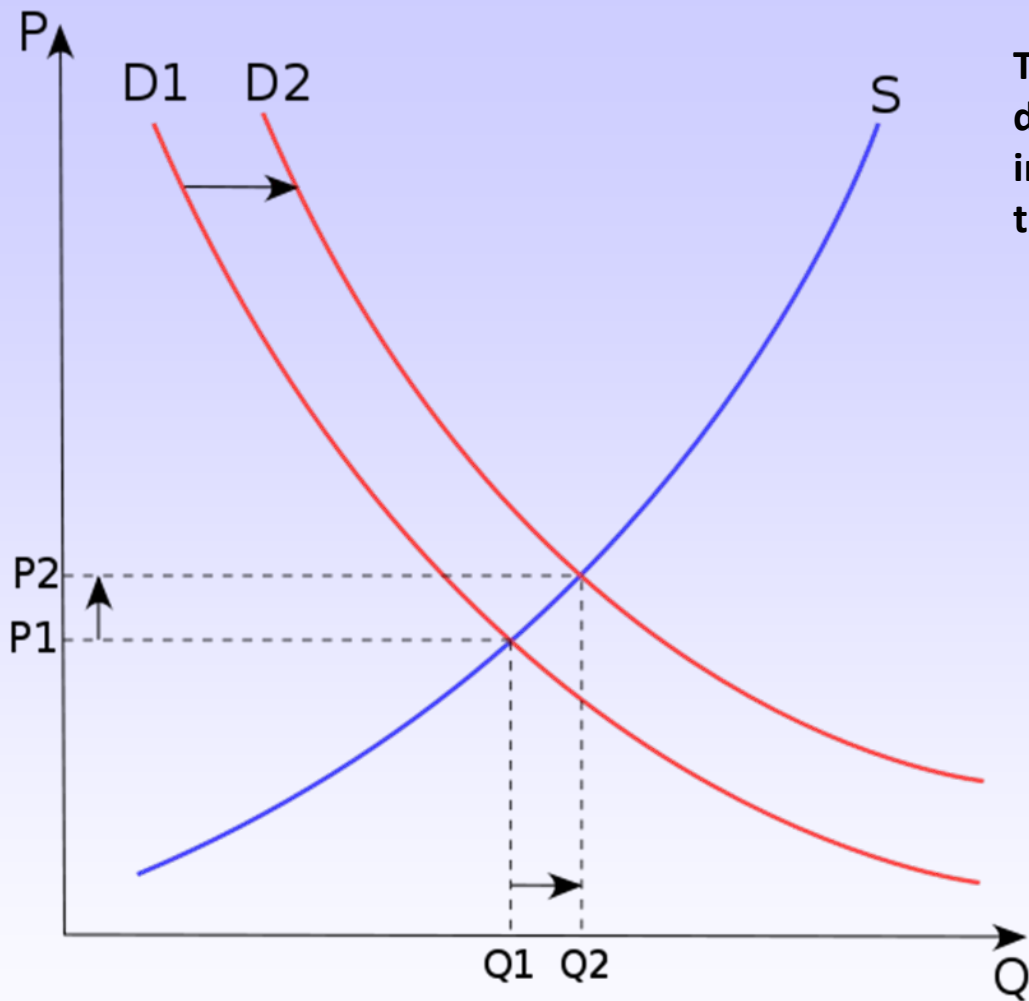


APT FOUNDATION PERSONS SERVED



Historically, consumers use the services we have available to them, when available – ie: appointments



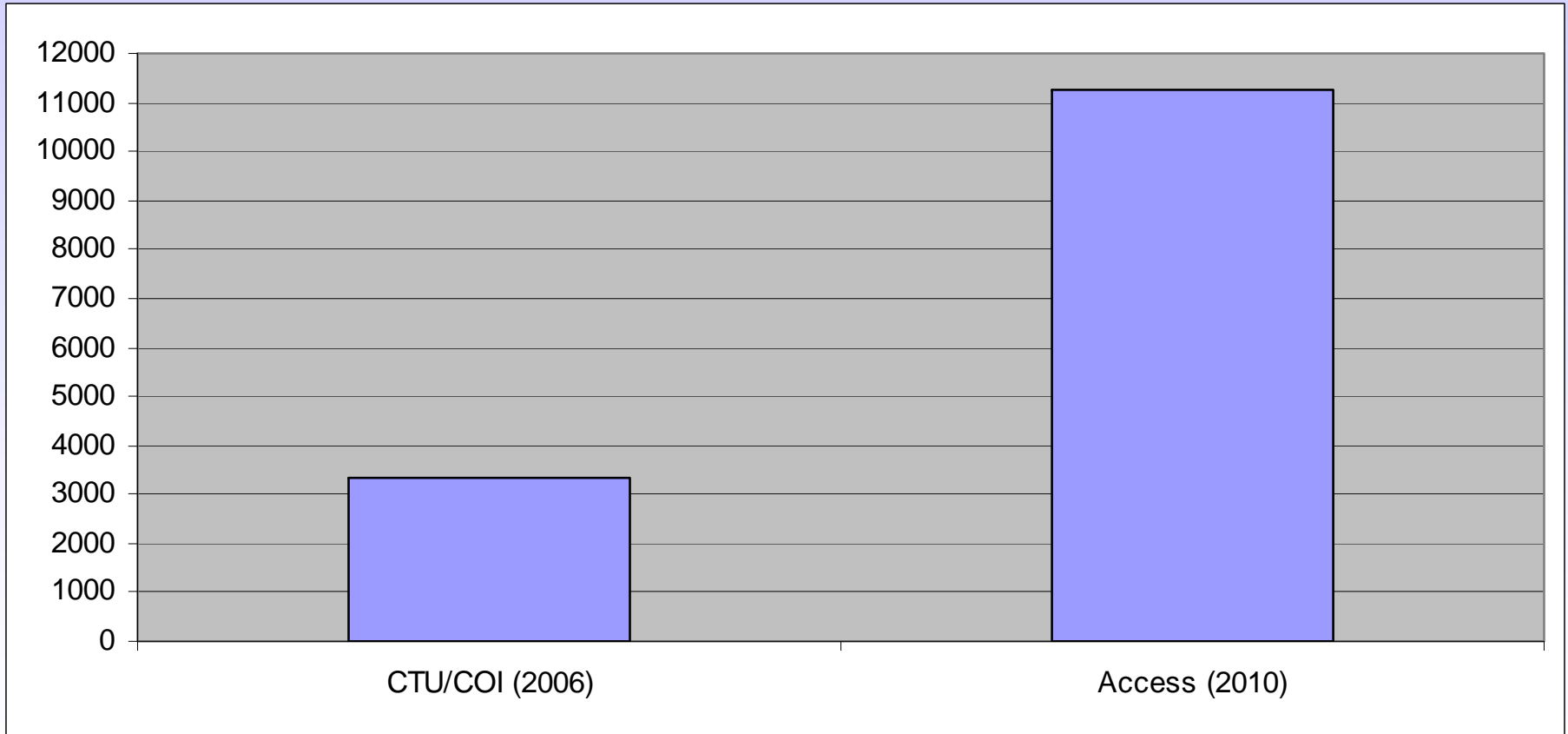


The diagram shows a positive shift in demand from D1 to D2, resulting in an increase in _____ (P) and quantity (Q) of the service.

Switching to Mostly Groups

- Key to our ability to continue to keep pace with demand was a switch in emphasis from individual therapy to group therapy AND a move away from discrete appointments. This allowed clients a significant amount of choice. Clients were literally encouraged to select groups to attend, with the exception of orientation groups. We made this change in 08. Clients across all programs could go to the same groups.
- Clients manage a lot of their own recovery, inside of clearly stated constraints about expectations.

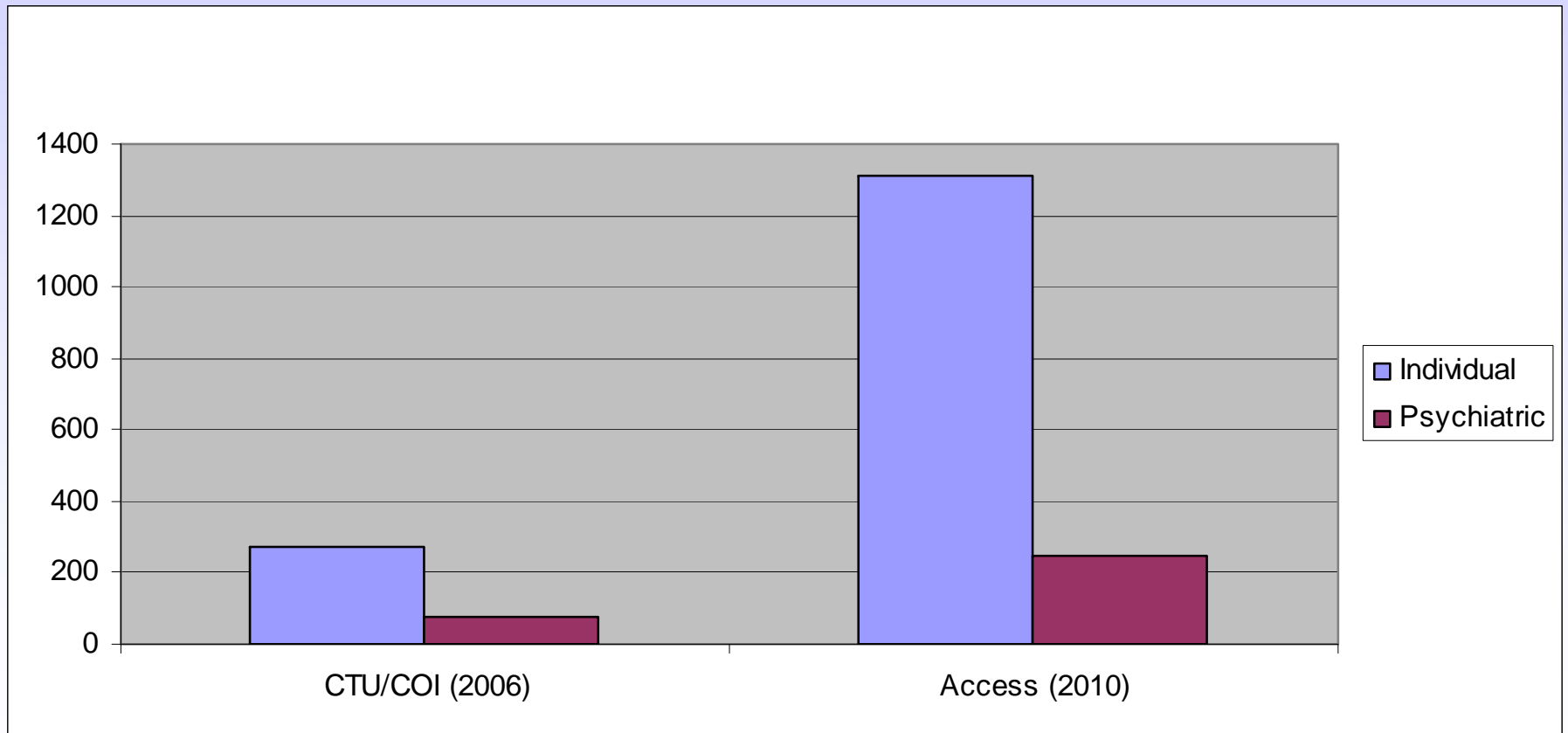
APT FOUNDATION PATIENT GROUP VISITS



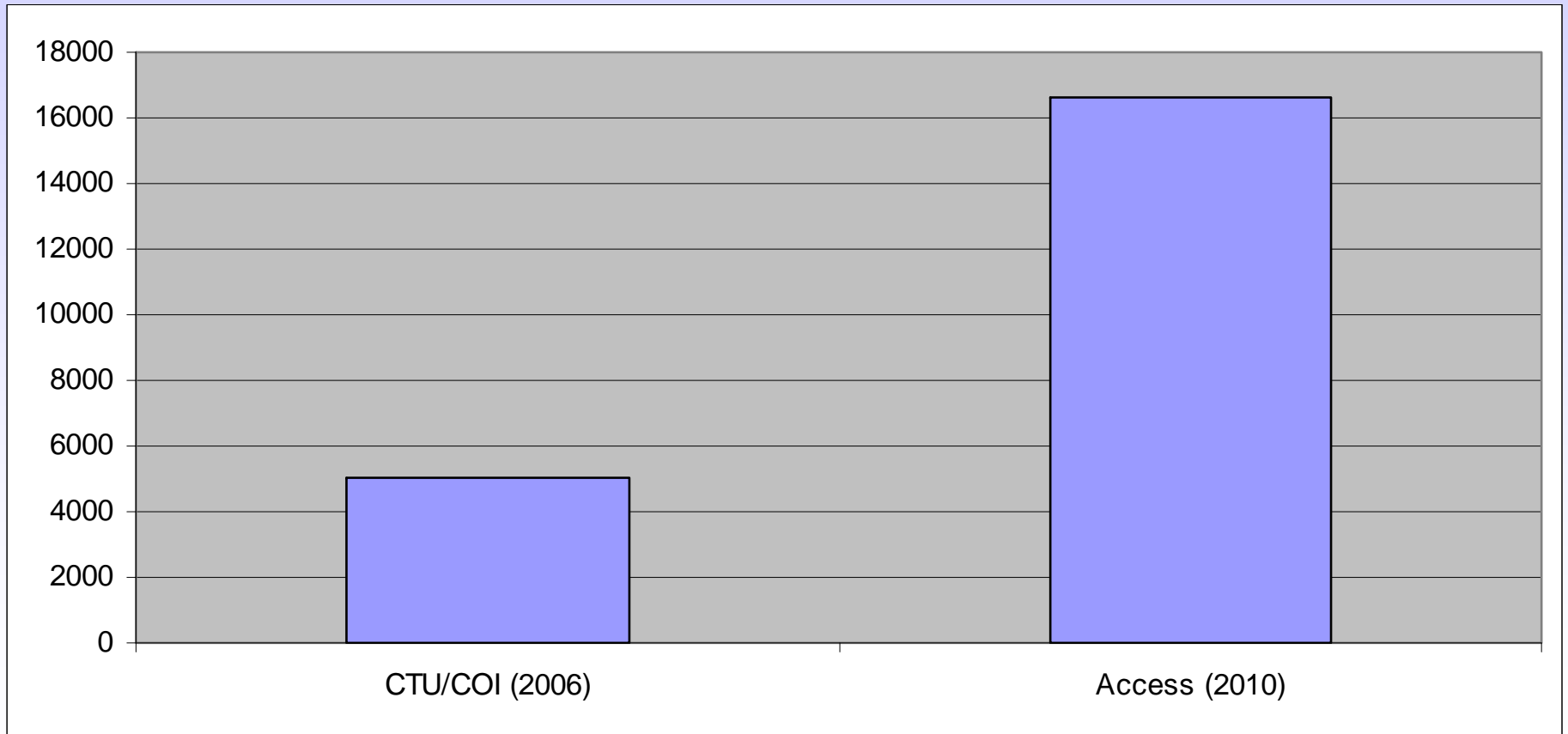
More Next Steps

- **We had to reorganize our front door staff into greeters, traffic flow managers and data gatherers. We created and staffed the role of “practice manager” to oversee this group and the key processes of check in and authorization. Improvements in authorization during FY 11 resulted in collection rate moving from 95% to 98% on insured clients.**
- **Learning to use paying for services as a clinical indicator, not an exclusion criteria - a key challenge for staff was talking with clients about payment – after the client was able to gain stability – and asking for regular payment v. full payment. Results - \$80,000/month from self-pay clients v. \$25,000.**

INDIVIDUAL & PSYCHIATRIC SERVICES



APT FOUNDATION ALL SERVICE EVENTS COMBINED



Cost per Unit of Service Declines!

- We went from just over 5,000 service events in 2006 to over 16,500 in 2011 going from approximately \$106/unit of service to \$53/unit of service in 2011.

CLIENT FEEDBACK ON AN OPEN ACCESS MODEL

Focus Group, July 2011 - What is it like to be a client?

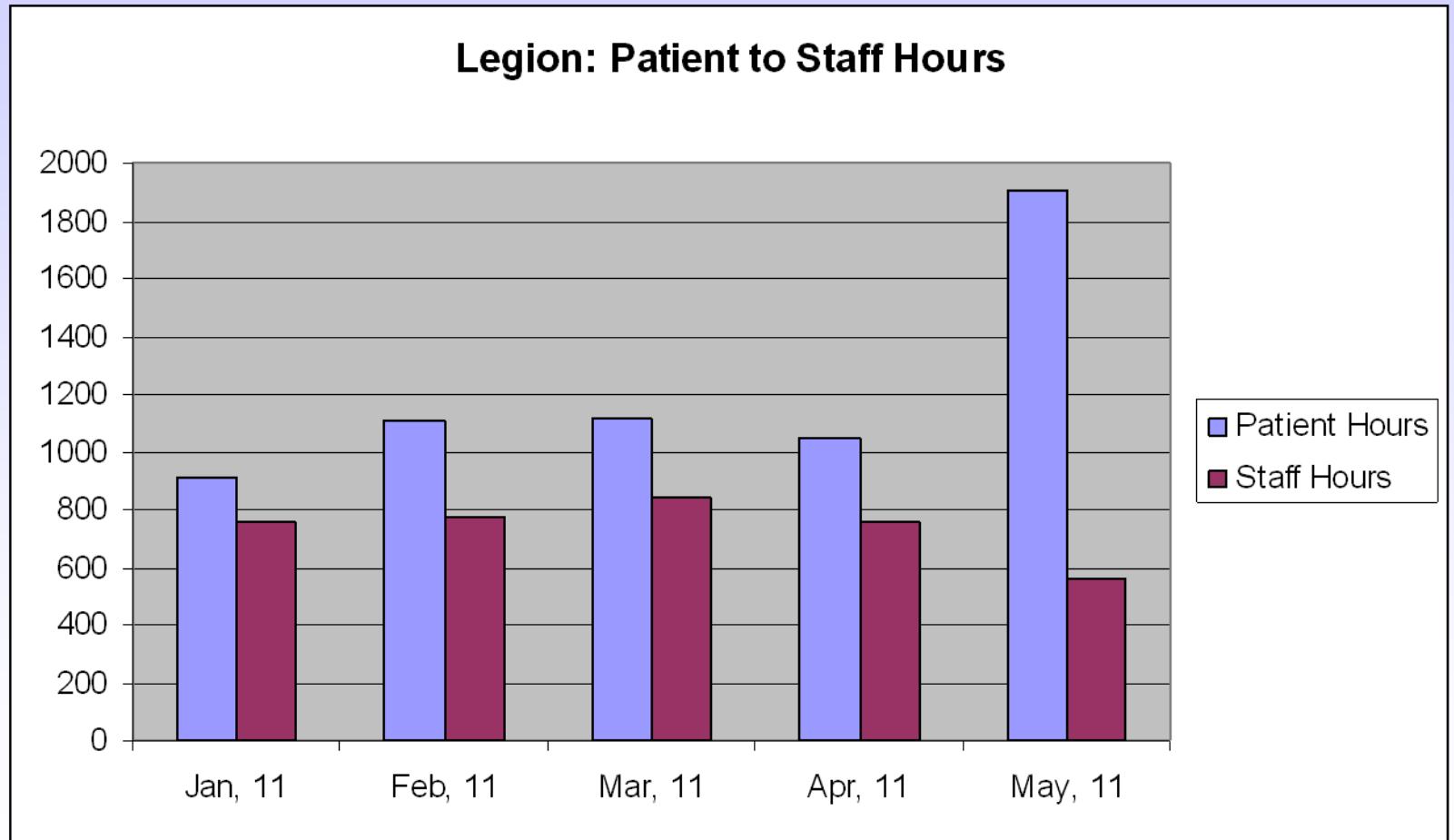
- **"The flexibility of services has helped me stay in treatment"**
- **"I don't feel pressured like I did in other programs"**
- **"I feel like I am an individual"**
- **"I feel supported... I'm not in jail anymore"**

A few other clients also made statements about feeling welcomed back to services after having left.

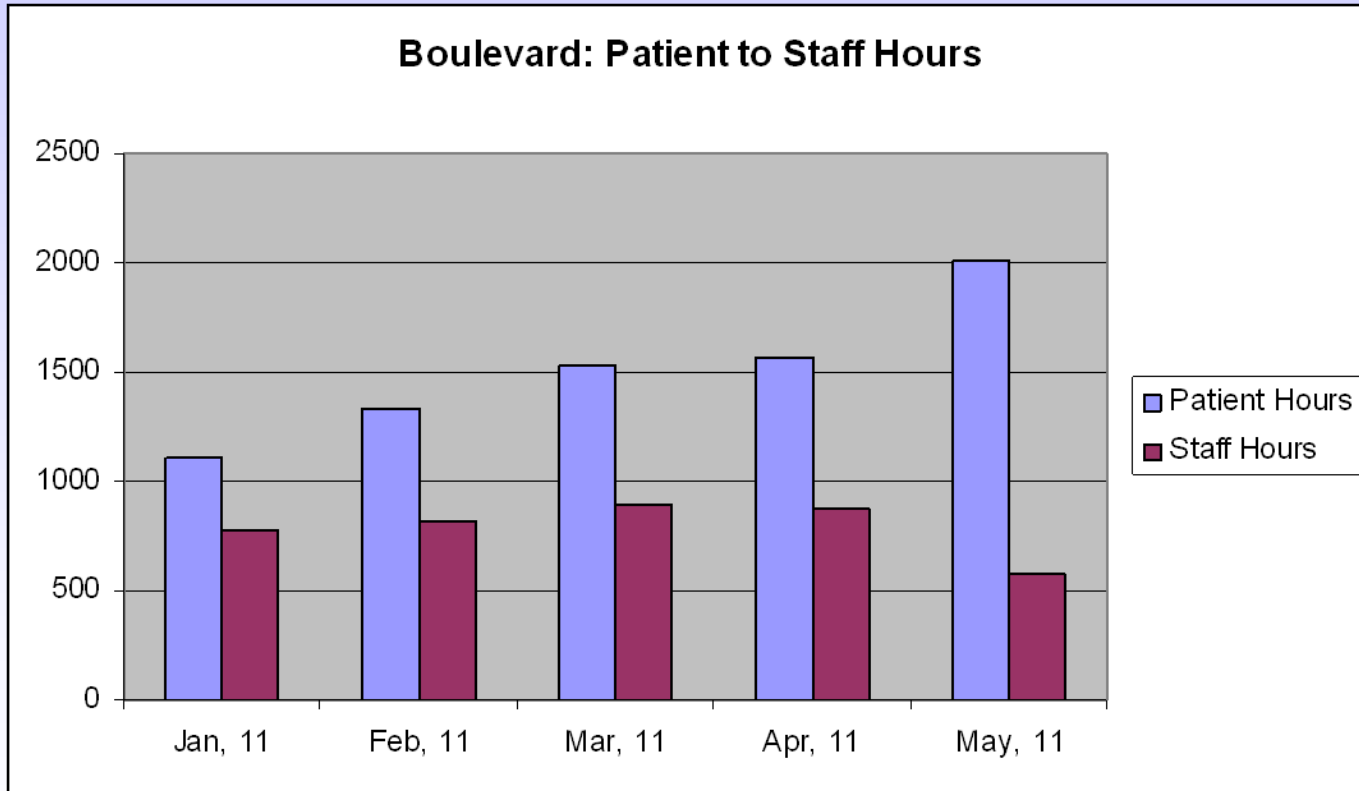
"I was here because jail wanted me here- now I'm here for me, this program respected me"

"I didn't feel judged coming back in- they took me right away"

Patient Service Hours to Staff Service Hours



Patient Service Hours to Staff Service Hours



GOOD FOR CLIENTS/GOOD FOR APT

- **As time to treatment declined more clients entered treatment. Though those who entered more quickly were more acutely ill, they gained as much improvement as their less acute peers. In other words, more people got more better as APT improved access. Clients who “choose” the amount of service they receive do as well or better than clients who are “prescribed” specific treatment groups.**
- **As the census grew, APT reduced its reliance on grant dollars from 53.4% to 28.2% and achieved an increasingly positive margin. We grew from \$12.5M in 2006 to a \$19.8 M in 2011.**

METHOD

Behavior and Symptom Identification Scale

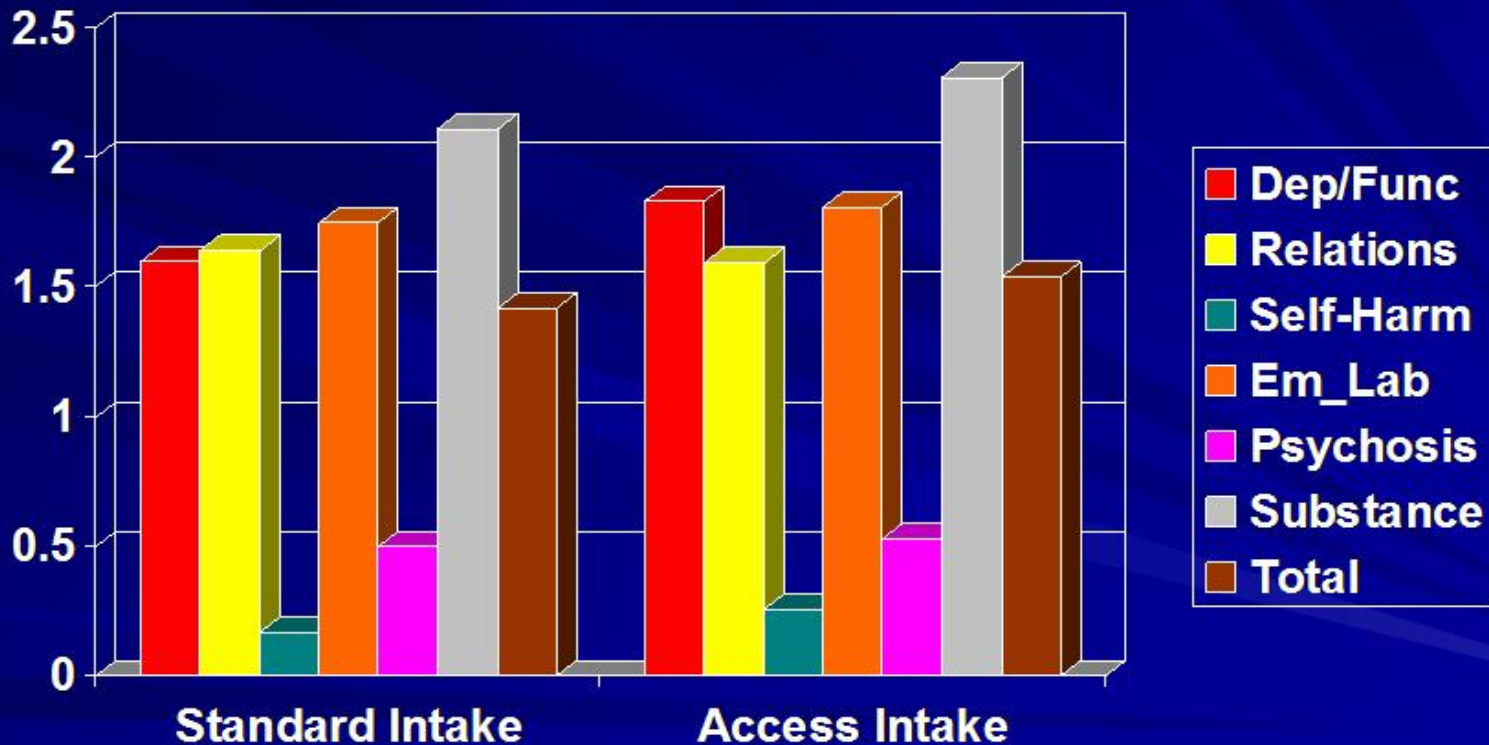
(BASIS-24 ©; Eisen, et al 2004, 2006)

- Brief, efficient client-centered self-report of symptoms and problems with web-scoring and benchmarking
- Inform and monitor the impact of client-treatment and program-improvement changes
- Domains:
 - 1) Depression/Functioning;
 - 2) Relationships;
 - 3) Self-Harm;
 - 4) Emotional Lability;
 - 5) Psychosis;
 - 6) Substance Abuse;
 - 7) Total Score

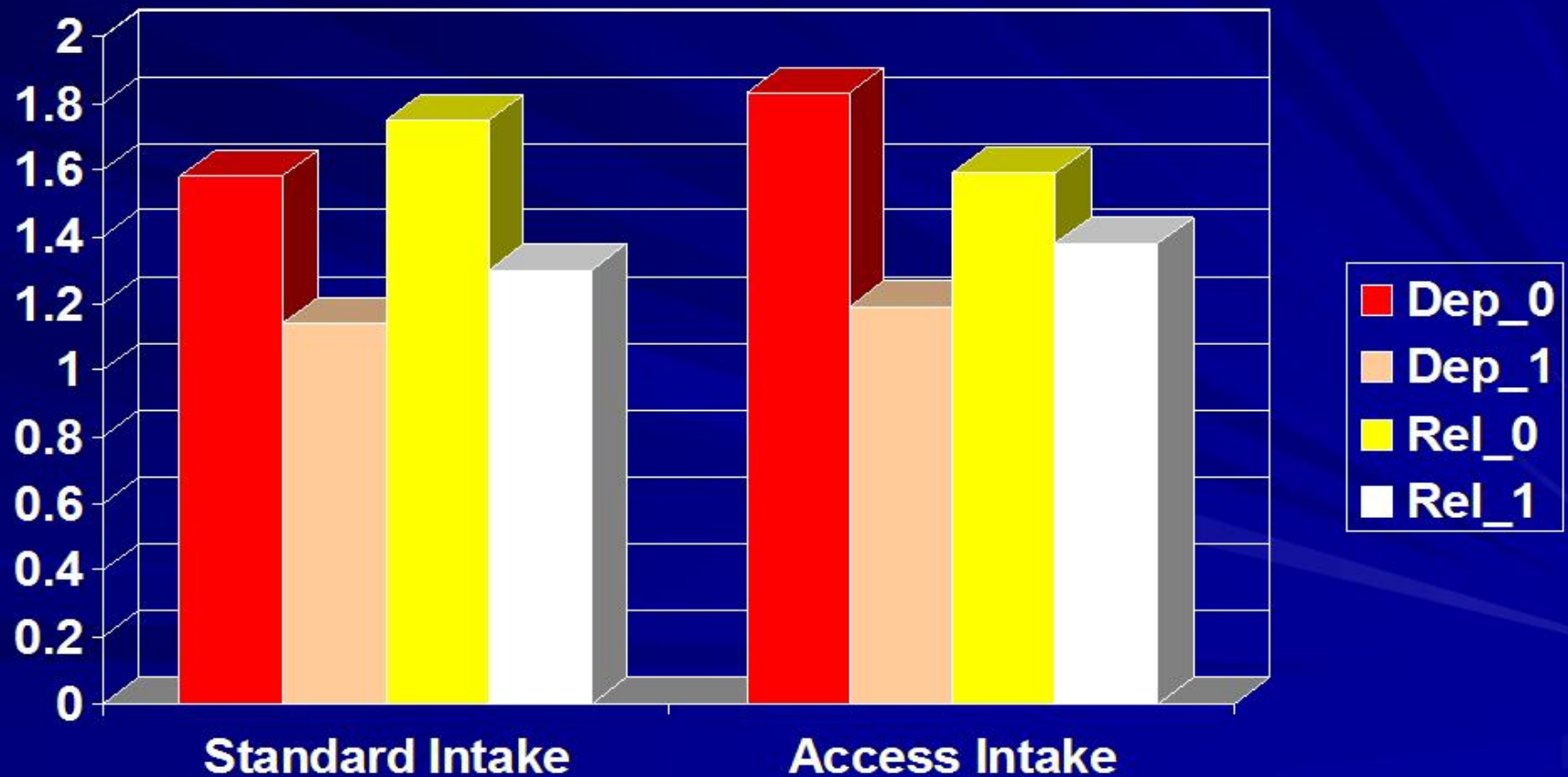
BASIS 24

- **Behavior and Symptom Identification Scale** (BASIS-24 ©; Eisen, et al 2004, 2006)
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BASIS-24 Subscale Differences with Changes in Intake Procedures



Depression and Relationship Problems over Time Across Intake Procedures



NIATX WAS ORIGINALLY A PARTNERSHIP OF TWO GRANT PROGRAMS

- **The Center for Substance Abuse Treatment-
*Strengthening Treatment Access and
Retention***
- **The Robert Wood Johnson Foundation -
*Paths to Recovery***

RESOURCES

- **NIATx Business Case Series and NIATx Business Case Calculator** <http://NIATx.net>
- **Your colleagues, your stories, your coaches, NPO staff**
- **Basis-24/McLean Hospital, Boston**
- **National Survey on Drug Use and Health**
<http://oas.samhsa.gov/nsduh.htm>