



NIATxTM

Cost efficiency
Or
What it means to “cost less”

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Reduce Waiting Times & No-shows • Increase Admissions & Continuation

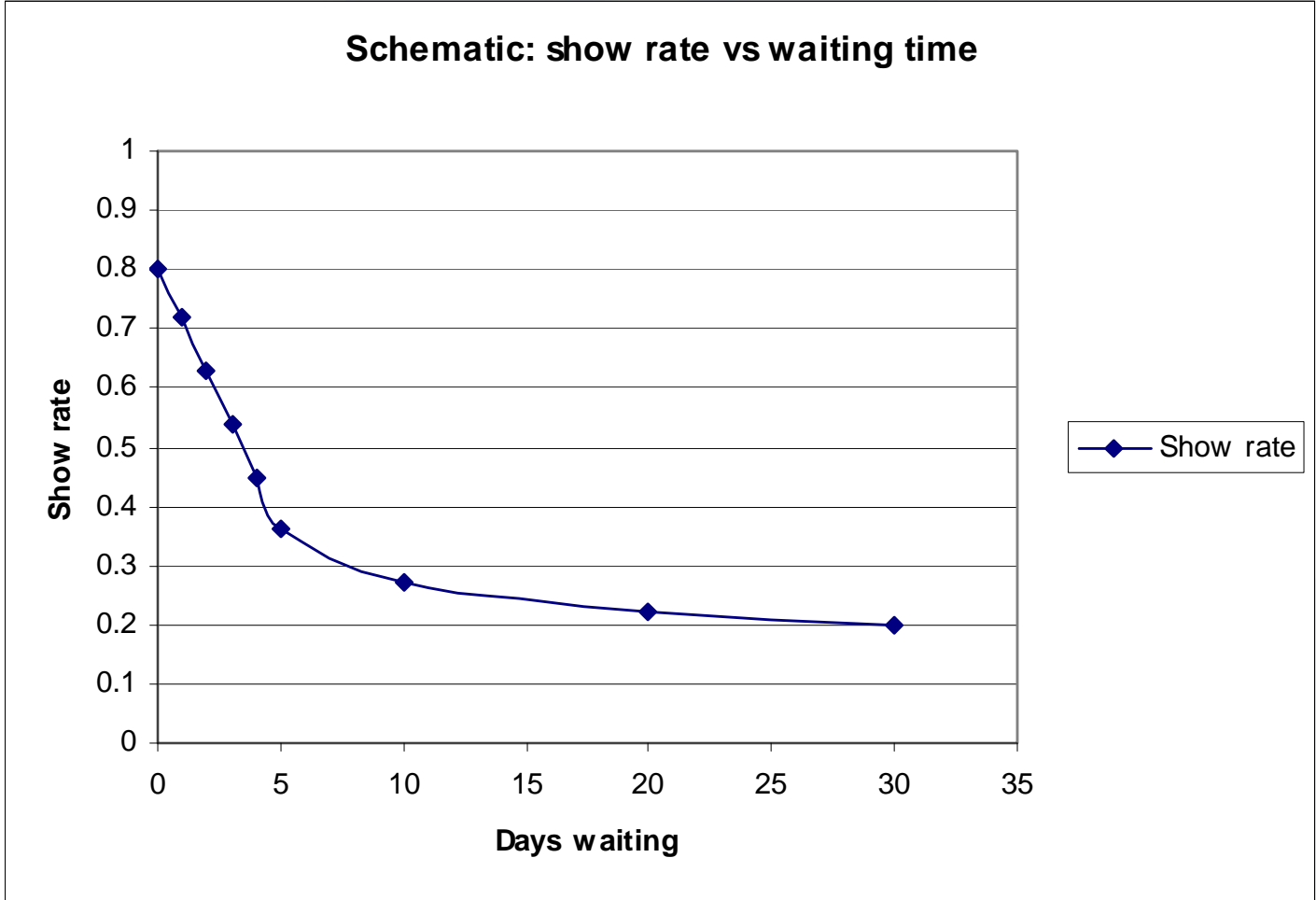
Status of the field

- Cost per admission is the most common measure of unit cost in addiction treatment
- Studies of cost measurement in addiction treatment have highlighted a great deal of variability in unit costs

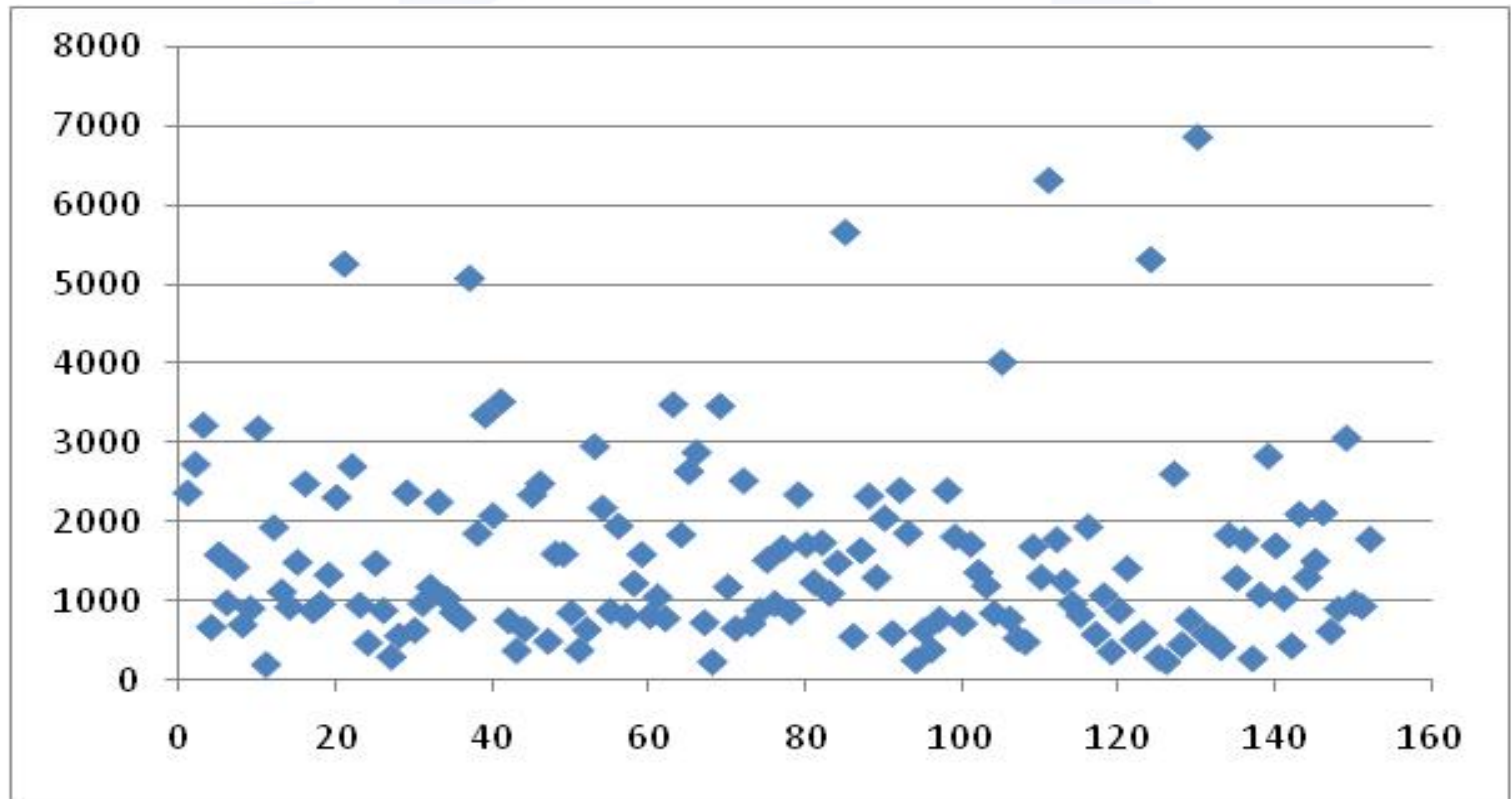
Opportunities

- 40% of costs are dedicated to intake processes (Anderson, 2004)
- 50% of clients who request service never make it to assessment (Farabee, 1998)

Schematic: show rate vs waiting time



Cost per admission – 152 clinics, 5 states



Statistics

Mean	\$	1,558
Median	\$	1,217
Std. dev.	\$	1,196
Min.	\$	207
Max.	\$	6,868
1st quartile	\$	772
3rd quartile	\$	1,980

Explaining all that variability

- Question: Could differences in process help explain the variability?



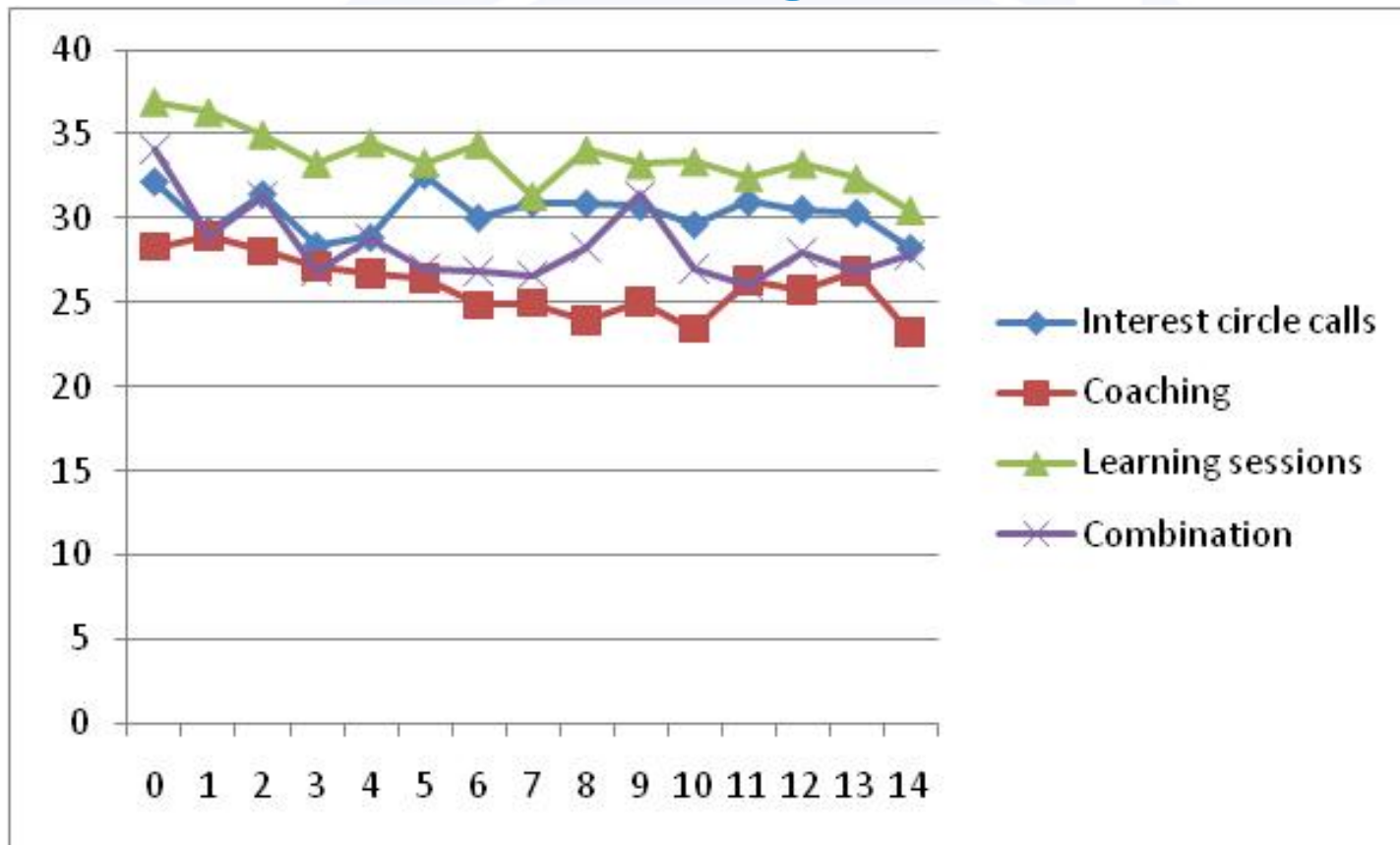
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Main results of NIATx 200 – Waiting time



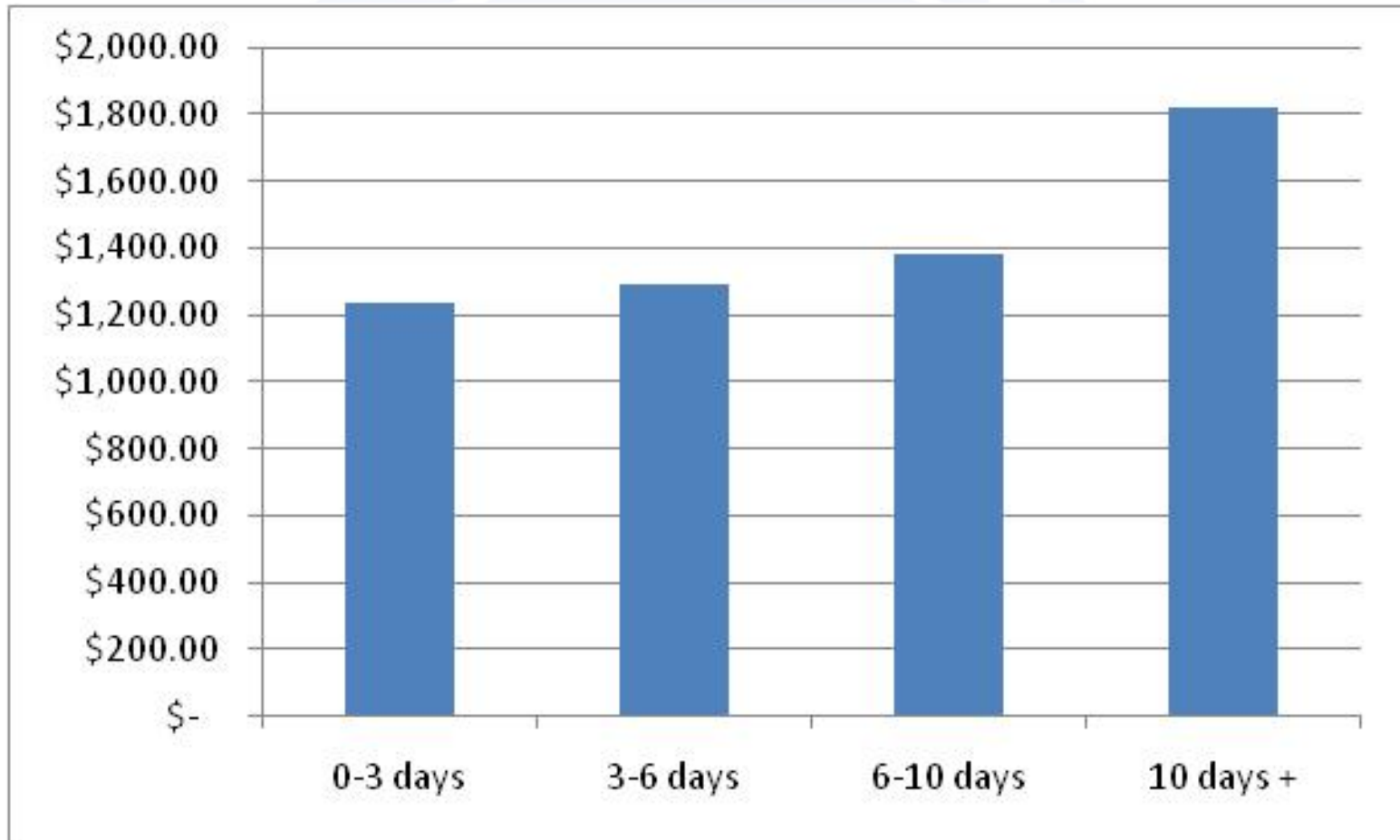
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Waiting time from first contact to first available assessment



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At the extremes...

- Average cost for clinics with <1 day average waiting time: \$948 (n=8)
- Average cost for clinics with >15 days average waiting time: \$1986 (n=11)

Practices that might help...

- Establish clear two-way expectations
- Increased hours of service
- Build community among clients
- Identify/intervene with clients at risk
- M-I like communication
- Paperwork reduction
- Reminder calls

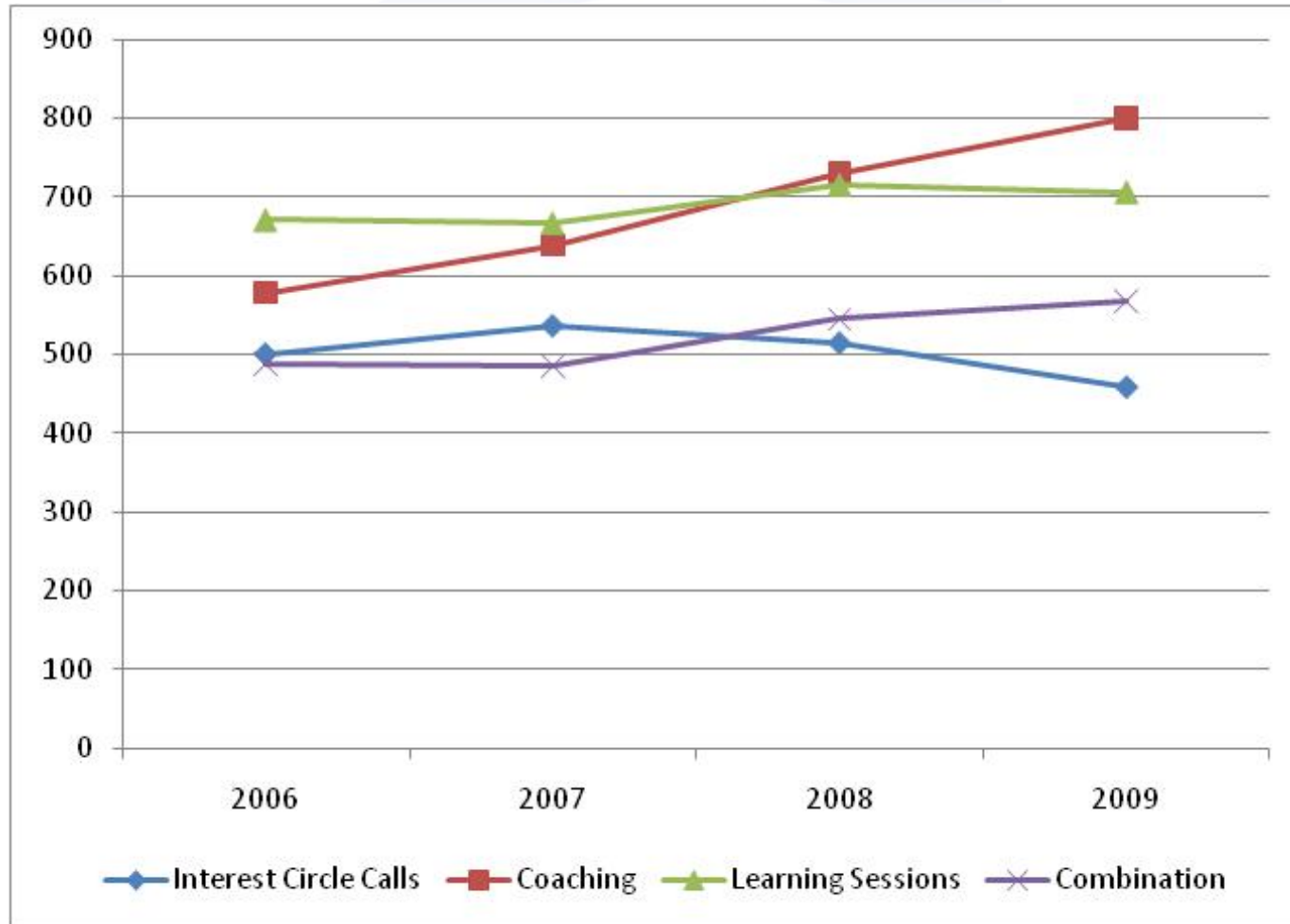


Practices that might help (cont).

- Engage between levels of care
- Combine intake appts.
- Add time slots
- Counselor-specific feedback
- Suspend financial requirements
- On-demand access
- Contingency management



Main results of NIATx 200

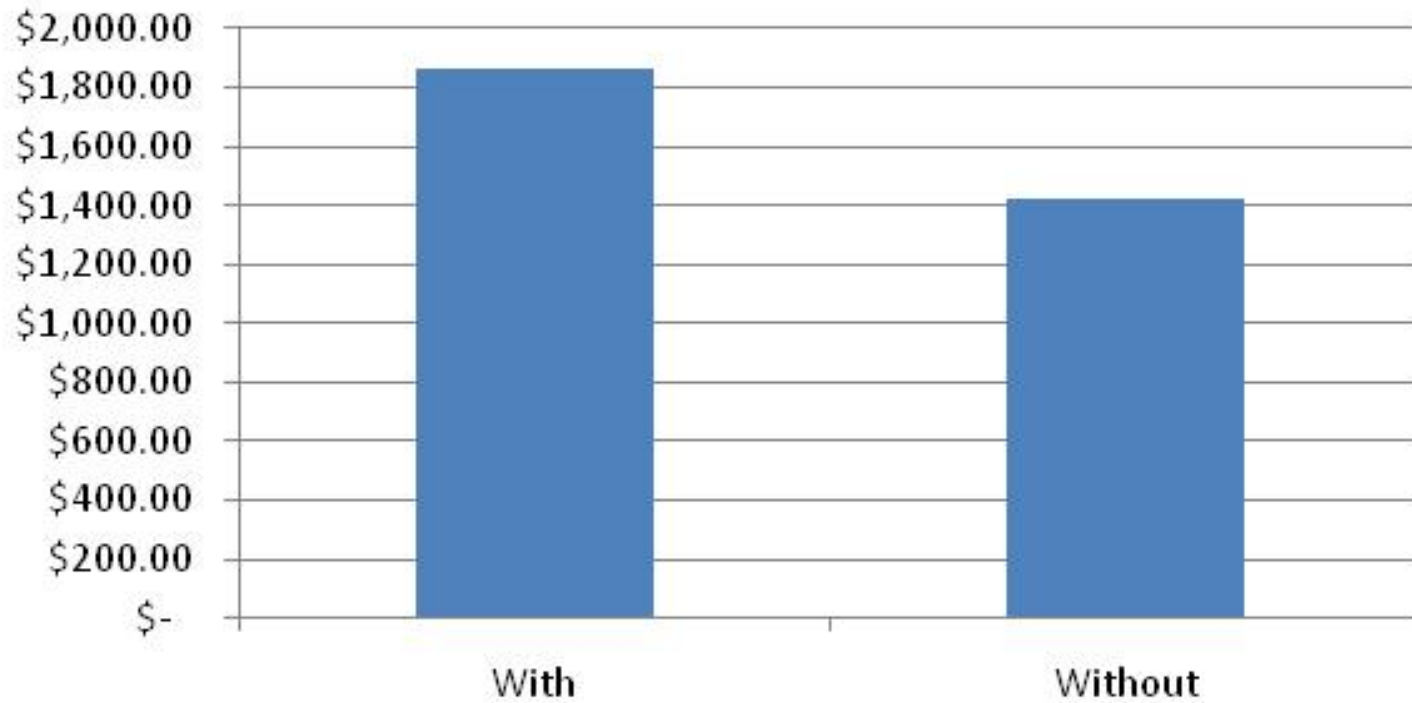


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Which practices make a difference (more than 20%)?

- **On-demand access**
- **Add time slots**
- **Reminder calls**
- **Counselor-specific feedback**
- **Increased hours of service**
- **Identify and intervene with clients at risk**
- **Suspend financial requirements**

Suspend financial reqs.



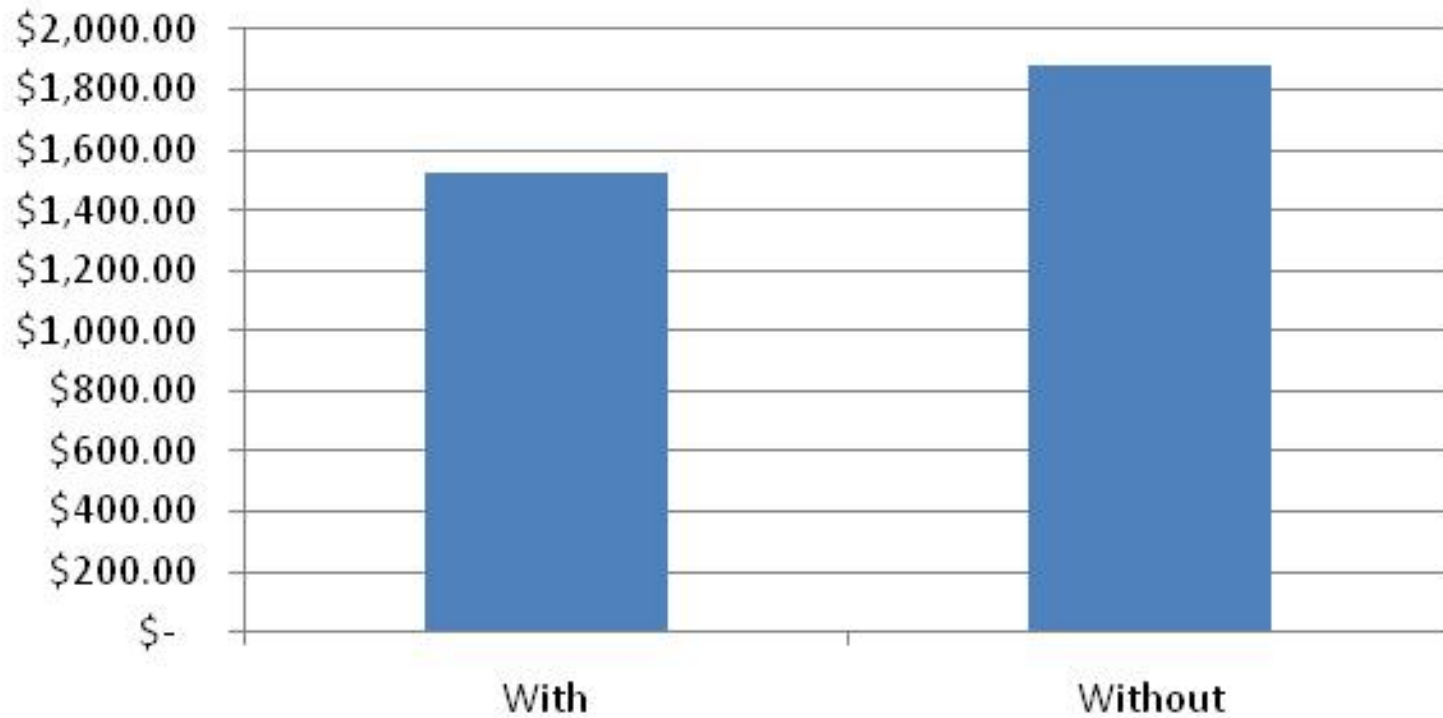
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Add time slots



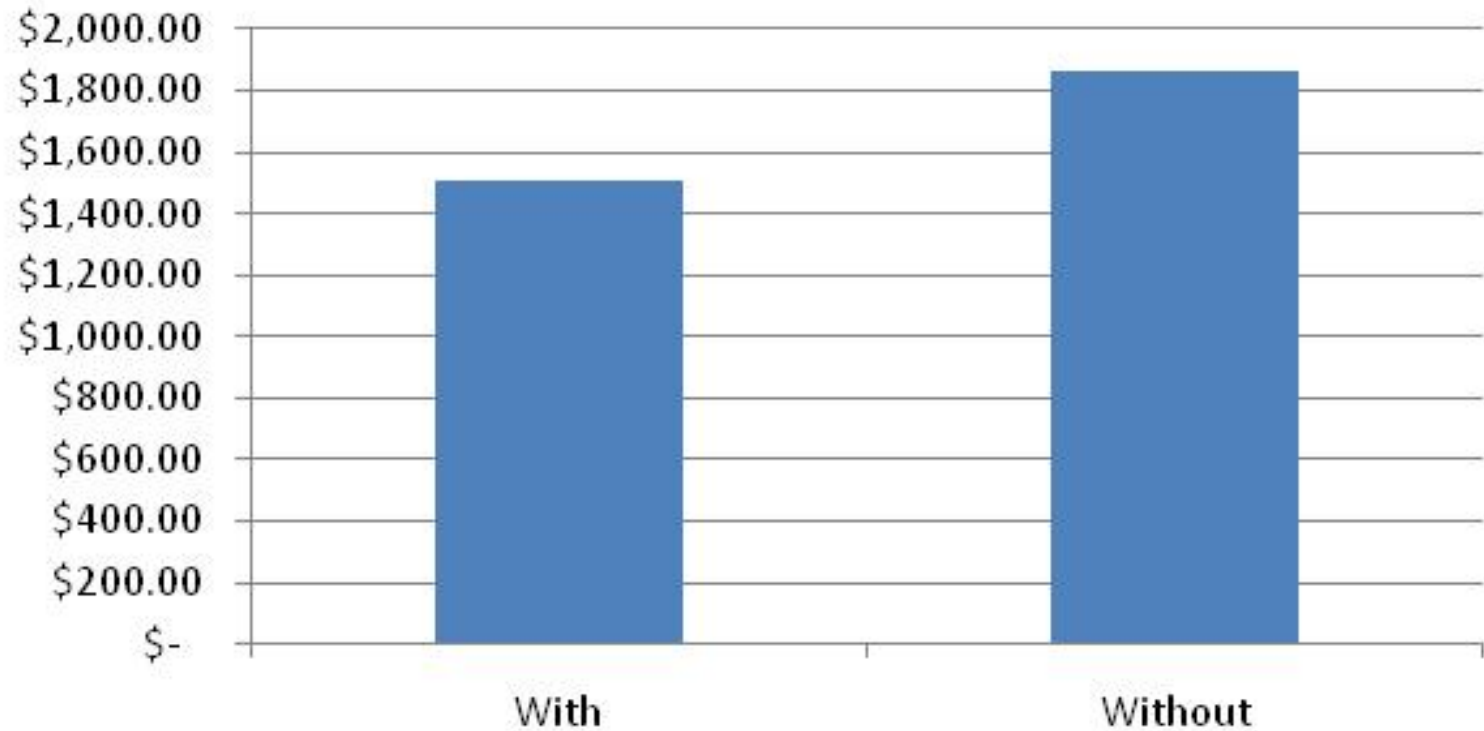
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Reminder calls



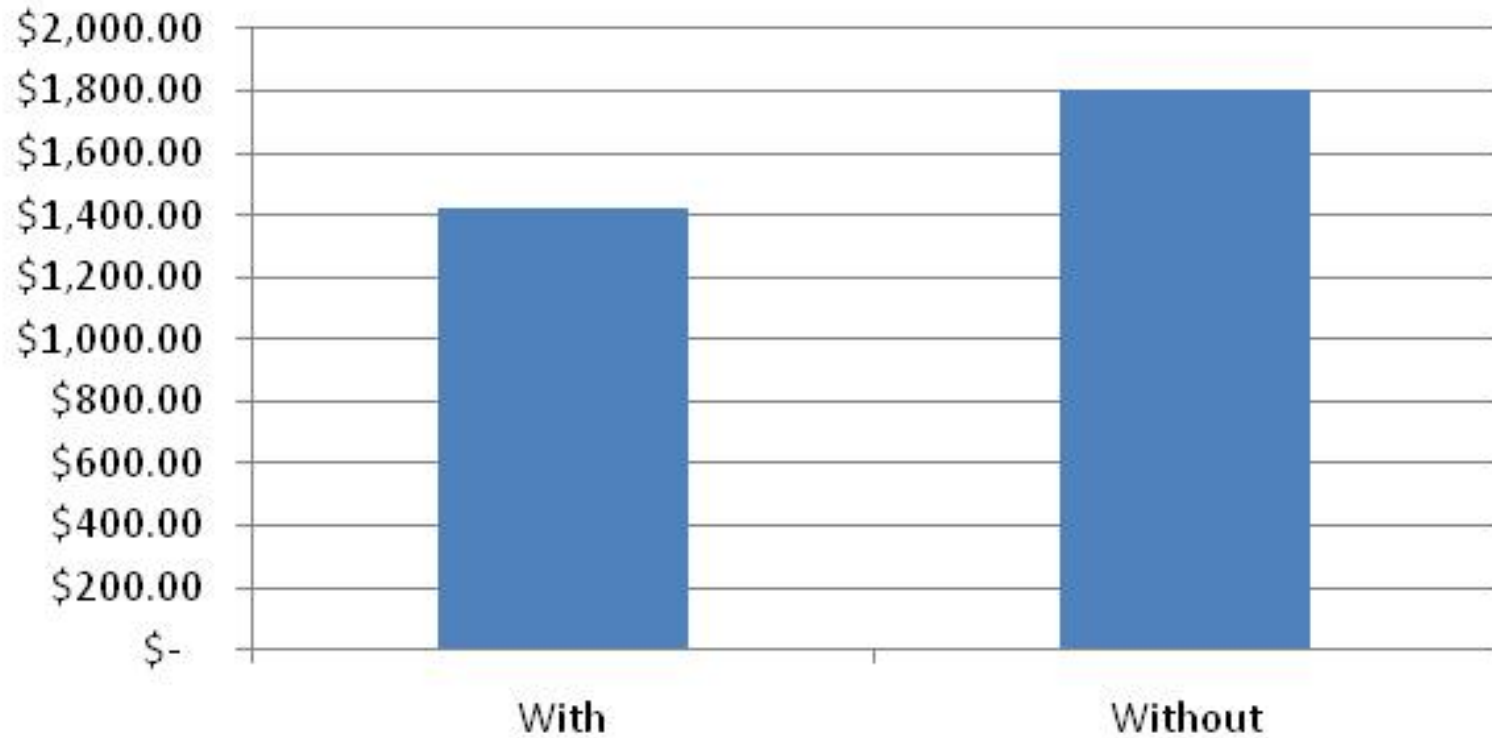
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Counselor feedback



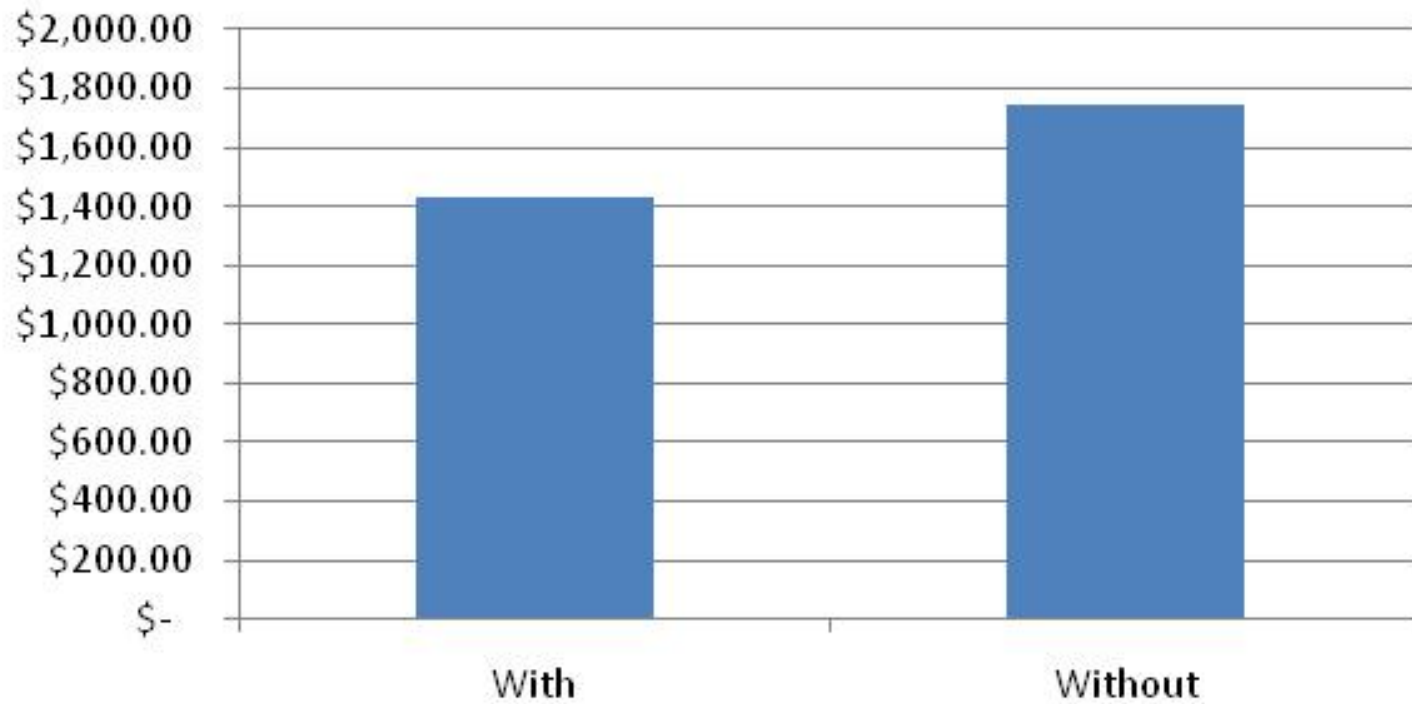
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Increased hours



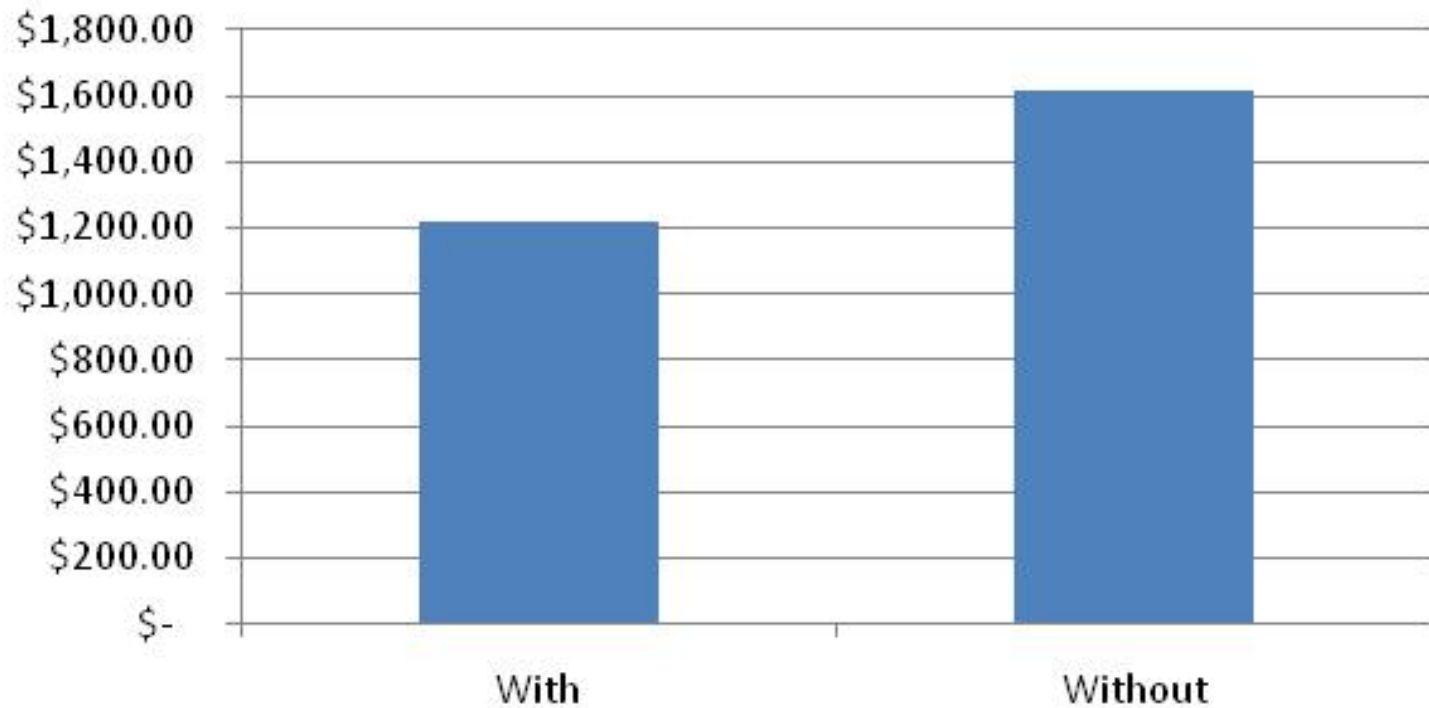
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Identify/intervene with clients at risk



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Conclusions

- Making people wait is bad for clients and a waste of money
- In general, customer-friendly practices appear to be associated with lower unit costs