NIATX and the CTN: It's All About Improving Care

Michael Levy, Ph.D.
VP of Clinical Services
Northeast Behavioral Health

NIATx

- One of the Founding Members when NIATX was Paths to Recovery.
- Learned about rapid-cycle PDSA projects and how the PDSA process could enhance the quality of care that was delivered.
- First focused on decreasing the time from first call to first dose of methadone in our methadone treatment program.
- Rapidly expanded to other levels of care.

NIATx

- Rapid-cycle meant rapid-cycle
- Suggested not to train staff in evidence-based practices.
- Get all levels of staff involved, brainstorm, “do”, measure what you “do”, and “act again”
- Freedom to try anything that could work

The CTN

- A completely different way to enhance the quality of SUD treatment.
- A focus on carefully designed research using randomized controlled trials to see if one type of treatment is better than another or better than treatment-as-usual (TAU).
- Focus is to develop and utilize evidence-based practices to enhance care and to bridge the gap between research and practice.

The CTN

- Much time is spent on training staff to implement with fidelity an evidence-based practice or hopefully, what will turn out to be an evidence-based practice.
- Heavy focus on training and supervision.
- After participant recruitment has been completed and results have been analyzed, eventually practices that have been shown to be effective can be implemented in the real world.

The CTN Experience

- Exposed to what is happening nationally regarding the understanding and treatment of SUDs.
- An extremely enriching network of researchers and providers and brought information back to my program.
- Exposed to evidence-based practices and the issues involved in implementing such practices into treatment programs.
- Exposed researchers to the various issues treatment programs struggle which has helped to make research more relevant in a bi-directional way.

NIATx and the CTN

- Vastly different approaches to enhancing the quality of SUD care.
- It isn't all about evidence-based practice and it isn't all about rapid cycle PDSA projects.
- Both have something to offer and both should be utilized to enhance care.
- It isn't either/or, but both, and there can even be a blending.

Quality Improvement using Contingency Management

- Blending Product – Promoting Awareness of Motivational Incentives (PAMI)
- Decreasing property destruction in an adolescent residential program and increasing overall treatment compliance
- The use of incentives for room clean-up
- Incentivizing clinicians to decrease no-show rates

Other Quality Improvement Efforts

- Job seekers workshop for clients in a residential treatment program
- Training staff in motivational interviewing and how to supervise and train their staff using MIA:STEP (Motivational Interviewing Assessment: Supervisory Tools for Enhancing Proficiency).
- Have also been working to train direct care staff in some key principle of motivational interviewing.

Summary

- Involvement in both NIATX and the CTN has enhanced the delivery of substance use disorder treatment within my agency.
- Two very different approaches to enhancing the quality of care and both have value.
- As the treatment of substance use disorders is so complicated and challenging, both approaches should be embraced and utilized.