Understanding and Improving the Alcohol & Drug Treatment Program Treatment Initiation Process

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~7% of veterans meet criteria for a SUD (Wagner et al., 2007), and less than 15% receive SUD treatment.

Of those who seek specialty SUD care, <50% do not enter a treatment program (McCormick et al., 2019).

In particular, waiting lists and time to treatment are associated with greater attrition in SUD treatment (Redco, Rapp, & Carlson, 2006).

How can we better understand and address this unmet need in our outpatient Alcohol and Drug Treatment Program (ADTP)?
Define:
There is a low rate of retention in the ADTP from orientation to intake evaluation to psychosocial treatment initiation.

Measure:
Use clinic data and chart review to measure retention rates and number of days between treatment initiation time points across 5 months.

Analyze:
Conduct qualitative interviews with staff and chart reviews to identify possible root causes of treatment attrition.

Improve:
Design and implement intervention to address root causes and improve retention.

DMAIC in healthcare informatics: Strome (2013)
Clinic Factors

* Inappropriate referrals
* Delayed entry to treatment / treatment pipeline
* Inconsistent adherence to scheduling, follow-up, and documentation practices
* Challenges with coordinating treatment across clinics

Veteran Factors

* Motivational challenges
* Stigma and desire to focus on other concerns (e.g., PTSD, depression)
* Treatment conflicts with work, school, or caretaking schedule
* Dissatisfaction with previous episode of SUD treatment
* Co-occurring medical, housing, or legal problems
## Retention following ADTP Orientation Group

<table>
<thead>
<tr>
<th>Month of Orientation Attendance</th>
<th>Attended ADTP Intake Assessment</th>
<th>Attended ADTP individual or group psychotherapy</th>
</tr>
</thead>
<tbody>
<tr>
<td>April 2019</td>
<td>11/15 (73.3%)</td>
<td>3/15 (20%)</td>
</tr>
<tr>
<td>May 2019</td>
<td>7/15 (46.7%)</td>
<td>1/15 (6.7%)</td>
</tr>
<tr>
<td>June 2019</td>
<td>9/15 (60%)</td>
<td>4/15 (26.7%)</td>
</tr>
<tr>
<td>July 2019</td>
<td>9/14 (64.3%)</td>
<td>5/9 (35.7%)</td>
</tr>
<tr>
<td>August 2019</td>
<td>7/9 (78%)</td>
<td>3/9 (33.3%)</td>
</tr>
<tr>
<td><strong>Average</strong></td>
<td><strong>64.5%</strong></td>
<td><strong>24.5%</strong></td>
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</tbody>
</table>
Pareto Chart: Reasons for Missed Intakes for ADTP Orientation Attendees from April 2019 to August 2019

- Lost to Follow-Up
- Detox / Inpatient
- Residential
- MAT
- Not Interested
- Referred out for outpatient SUD tx

Reason for Missed Intake

Number of Occurrences

Cumulative %
<table>
<thead>
<tr>
<th>Month of Orientation (2019)</th>
<th># Days Consult to Orientation</th>
<th># Days Orientation to Intake</th>
<th># Days Intake to 1st Tx Session</th>
</tr>
</thead>
<tbody>
<tr>
<td>Apr  M(SD)</td>
<td>6.7 (4.0)</td>
<td>8.7 (5.1)</td>
<td>23.5 (2.1)</td>
</tr>
<tr>
<td>Median</td>
<td>4.0</td>
<td>10</td>
<td>23.5</td>
</tr>
<tr>
<td>May</td>
<td>7.64 (4.5)</td>
<td>13.4 (10.7)</td>
<td>77.0 (38.2)</td>
</tr>
<tr>
<td></td>
<td>7.5</td>
<td>10</td>
<td>58</td>
</tr>
<tr>
<td>Jun</td>
<td>7.3 (4.9)</td>
<td>12.7 (14.1)</td>
<td>21.3 (12.7)</td>
</tr>
<tr>
<td></td>
<td>7.0</td>
<td>10</td>
<td>18.5</td>
</tr>
<tr>
<td>Jul</td>
<td>11.9 (5.8)</td>
<td>12.8 (9.0)</td>
<td>35.8 (30.6)</td>
</tr>
<tr>
<td></td>
<td>12.5</td>
<td>11</td>
<td>25</td>
</tr>
<tr>
<td>Aug</td>
<td>5.6 (3.8)</td>
<td>17.0 (9.5)</td>
<td>34.3 (39.3)</td>
</tr>
<tr>
<td></td>
<td>4.0</td>
<td>17</td>
<td>19</td>
</tr>
</tbody>
</table>
Indicated Interventions

- Decrease wait time for treatment by adding Motivational Interviewing, Sobriety Support, and/or Relapse Prevention drop-in groups that veterans can immediately attend following Orientation.

- Clarify intake scheduling, rescheduling, and follow-up procedures with staff. Streamline intake tracking spreadsheet and introduce CPRS templates to track treatment recommendations and follow-up.

- Create dedicated intake slots for directly triaging consults into intake evaluations whenever possible.

- Revise and re-administer patient satisfaction and feedback survey. Assess for interest in attending drop-in groups.

