

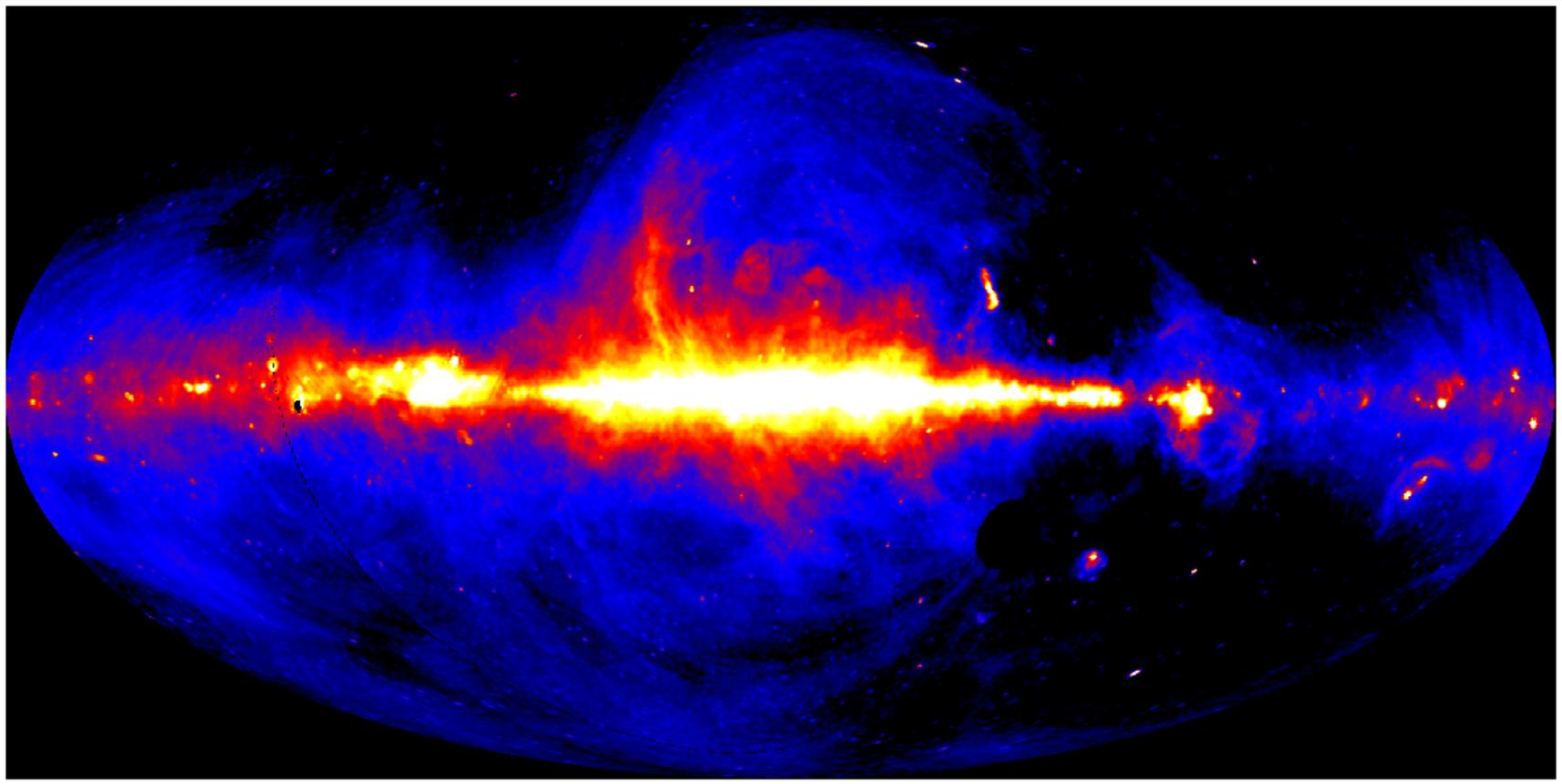
NIATx: Bridging the Science-To-Service Gap

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Nature of the Problem

- Substance abuse is a complex problem.
- Complex problems require complex solutions.
- For example, the continuum of substance abuse services is a complex problem...

Continuum of Services



Objectives

- Brief history of NIATx,
- Principles of performance improvement (a la NIATx),
- Discussion how performance improvement can bridge the facilitation of “evidence-based models” and “outcome measures.”

NIATx

- A meeting of the minds in 2002:
 - Fran Cotter of CSAT
 - Victor Capoccia of RWJ
 - Dave Gustafson of U of Wisconsin
- Launched “STAR” and “P2R”
 - Collaborative of 50 agencies
- Evolved into NIATx (www.niatx.org)

NIATx: Mission

- Facilitate a performance improvement culture in substance abuse treatment.
 - Focus on four aims:
 - Decrease wait-time
 - Decrease no-show rate
 - Increase admissions
 - Increase early continuation
 - Use of the NIATx model; the heart of NIATx.
 - 5 principles consistently linked with performance improvement (See handout).

Performance Improvement as a Bridge

- Evidence-based models are a *means* to an end.
- Use of evidence-based models do not guarantee desired outcomes, they only increase probability of success.
- The science-to-service gap can be bridged by performance improvement principles.
 - For example...

Motivational Interviewing (MI)

- What is the difference between MI in a randomized clinical trial versus MI in a community-based organization with:
 - Complex clients
 - Limited resources
 - Limited clinical supervision
 - Staff resistance to change
- Recipe for failure:
 - “We just need to adopt MI.”

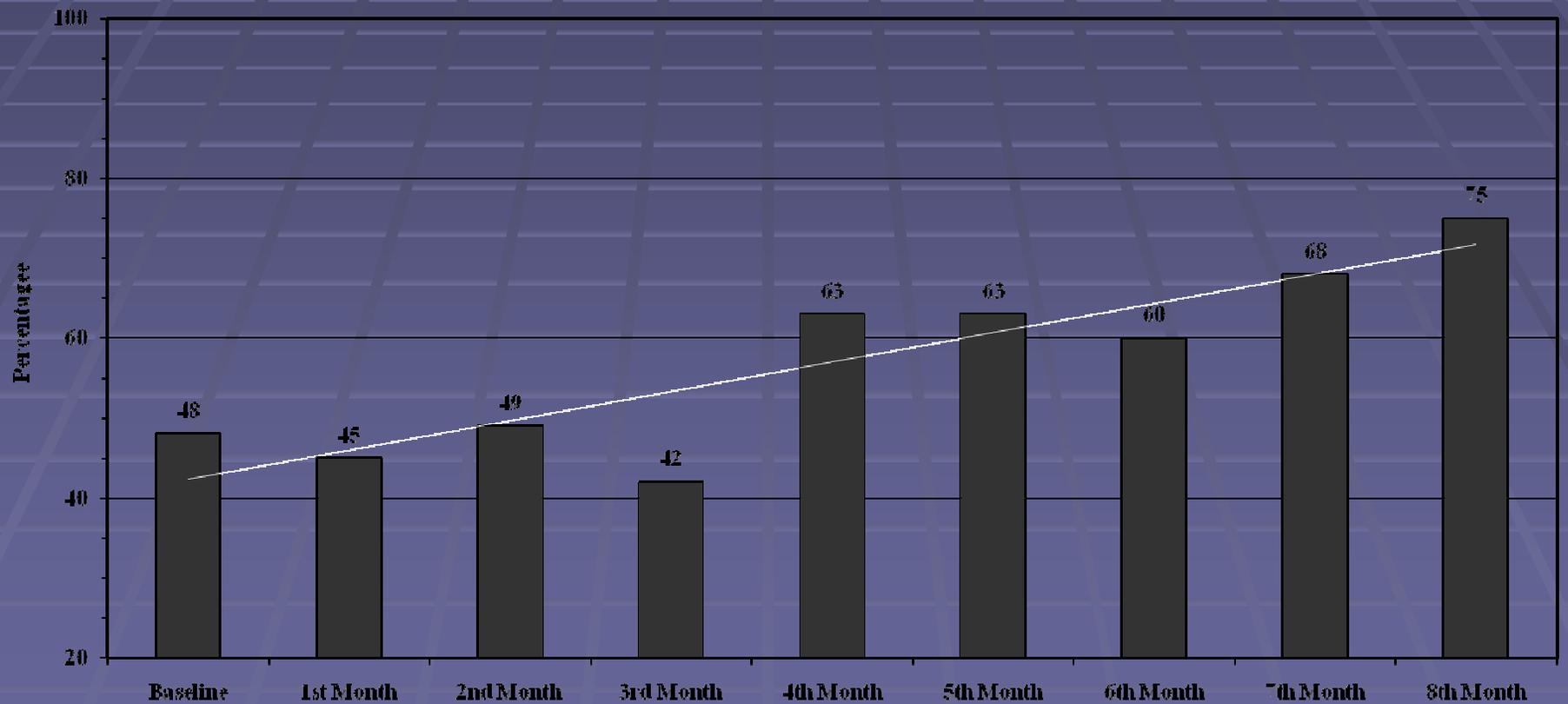
Guiding Questions

- Replace:
 - “What evidence-based models should we adopt?”
- With:
 - “How can we use evidence-based models to improve our performance/outcomes?”
 - E.g., “How can we use MI to improve early continuation in treatment?”
 - Use the NIATx 5 principles to answer this question.

For example...

- Largest residential facility in Louisiana.
 - Deep roots in traditional thinking.
 - Early continuation baseline: 48%
- 5 principles of performance improvement:
 1. On-going focus groups with clients AND staff
 2. Early continuation was the problem
 3. Clinical director as change leader
 4. Consulted with a “MINTie” and other experts
 5. Rapid-cycle-tested 12 changes

Results



Science-To-Service: Performance Improvement Bridge

- Rally around improvement/outcome vs. the model.
 - Help mitigate staff resistance
- Compromise:
 - Model integrity vs. adoption flexibility
 - Staff creativity & empowerment reduces resistance
 - Performance vs. integrity
- Performance improvement can balance the science-to-service gap.

Thank you!

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