Promoting benchmarking in addiction treatment

Three partners launch a national benchmarking initiative

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These are unprecedented times in the field of addiction services. State capitols around the country are dealing with deep holes in their budgets by making serious, often draconian, cuts to human services. Advocates find themselves reeducating policy makers on the dire consequences of untreated addictions. Yet instead of pushing for much-needed increases in budget lines, providers are holding their breath, hoping to be held harmless. At the same time, the federal parity law is opening doors of opportunity while infusing new challenges. The sometimes trite phrase “only the strong survive” suddenly has become very real. As with any business, providers focused on quality and efficiency will be the leaders of tomorrow’s industry.

In this unforgiving economic environment, addiction treatment providers must exhibit optimal financial, operational, and clinical performances to survive and thrive. Benchmarking represents a powerful yet underutilized management tool that can assist leaders in achieving an efficient operation to help survive today’s environment. Benchmarking can answer critical and daunting questions such as:

- How can our organization become more efficient?
- Where is the financial “bleeding” in our programs?
- What are the qualities of the most successful providers?
- How can we maintain or even improve the quality of care while reducing our expenses?
- How can we do “more” with “less”?

Without benchmarking, information available to addiction treatment leaders is of limited value. Consider how helpful a thermometer would be if it were not known that 98.6°F is “normal.” Similarly, critical performance indicators, such as financial expenditures, productivity levels, no-show rates, staffing ratios, and the like, are not very useful in the absence of a context. Yet benchmarking provides that vital context and, in doing so, transforms “numbers” into actionable information. Giff and Mosel define benchmarking as “the continual and collaborative discipline of measuring and comparing the results of key work processes.” In fact, the “ultimate objective of benchmarking is to identify ‘best practices’ associated with high levels of performance and to see those practices find expression in organizational re-design and enhancement.”

A national initiative
Very little exists in the way of accessible and affordable benchmarking data that have been targeted to the addiction treatment field. To address this void, three prominent national groups have partnered to launch a state-of-the-art benchmarking initiative specifically targeted to the addiction treatment field’s unique needs. The State Associations of Addiction Services (SAAS, www.saasnet.org), NIATx (www.niatx.net), and Behavioral Pathway Systems (BPS, www.bpsys.org) have joined forces to establish the Benchmarking for Organizational Excellence in Addiction Treatment Initiative.

This initiative will place benchmarking tools into the hands of addiction treatment program leaders throughout the country. A comprehensive range of financial, operational, and clinical performance indicators will be featured, all focused on addiction treatment organizations. Readily available data will be submitted by participating organizations via a user-friendly, confidential, online survey. Individualized benchmarking
reports will be generated that will compare the organization's performance against national norms. In-state comparisons also will be provided, assuming an adequate statewide sample size.

Easy-to-understand percentile rankings will reflect how the organization's performance compares with that of others. Comparisons will be broken out by budget size, geographic area served, and setting type to provide helpful "apples-to-apples" comparisons. This benchmarking model has been applied successfully in other areas of behavioral healthcare and human services.

The initiative will provide opportunities to identify potential best practices and to learn from "top performers." Both BPS and NIATx have developed unique formalized procedures for discerning potentially effective avenues for process improvement. At a broader level, the benchmarking initiative will provide essential data needed to effectively advocate for addiction treatment providers at the national and state levels. Aggregated information about treatment effectiveness, resource gaps, and emerging challenges will be made available to SAAS and its state affiliates. These data can be employed persuasively with government decision makers, funders, regulators, and the public.

The SAAS/NIATx/BPS benchmarking initiative embraces the ideal that improvement can occur within all organizations through comparative processes. The initiative will not seek to set standards for the industry. This provider-driven program will avoid a "pass-fail" approach while helping providers understand which aspects of their organizational performance are meeting expectations and which are not. Data submitted by individual organizations will be strictly confidential and will not be released to any third party, including SAAS and NIATx. Data will be submitted to and managed by BPS, an independent benchmarking and research entity. Reports will include aggregated data only.

**Reasons for participating**

Participation in a benchmarking initiative begins with a commitment to adopt process improvements and data-driven strategies to guide decisions to improve the quality of care. Benchmarking feedback reports identify potential areas for improvement, but the true value of the information is enhanced in organizations in which leadership has taken steps to foster a data-based decision-making culture. Forming this cultural approach often starts with leadership's commitment to prioritize data collection and data quality, followed by successful data management to help inform key decisions. A successful benchmarking initiative will focus on data quality, leverage strong data collection, and provide feedback reports that serve as road maps for improvement.

Within a treatment organization, what characteristics are associated with a data-driven decision-making culture? A recent research study identified four factors related to successfully adopting process-focused data used to make data-driven decisions designed to improve client access to and retention in care:

- Organizational leadership values data and provides resources to support data collection.
- Change results are shared across the organization.
- Staff are trained on how to use data to make decisions.
- The organization is successful in making data-driven decisions.

Participating in a benchmarking initiative is one way that organizational leaders can show their commitment to using data to guide decisions. Simple and easy-to-read benchmarking feedback reports provide a structure for sharing results across the organization. In fact, some treatment organizations post feedback reports on client access or retention improvement in staff lunchrooms to help inform staff of change results.

Even with results in hand, staff in addiction treatment organizations may not have adequate or appropriate training on how to leverage the data to make decisions on how and where to implement organizational improvements. During the past six years, employees in addiction treatment organizations across the country have been taught how to use the NIATx process-improvement model to implement promising administrative practices (e.g., eliminating paperwork and Motivational Interviewing at intake) to improve customer service. The NIATx model is built on five key principles that serve as predictors of successful organizational change:

1. Understand the customer.
2. Fix key problems.
3. Choose a powerful change leader.
4. Get outside ideas.
5. Use rapid Plan-Do-Study-Act cycles.

This process starts with efforts to understand the customer by completing a walkthrough of the organization designed to address a key organizational problem and to identify administrative and clinical process barriers to successful treatment engagement. As organizations become more successful at implementing process-improvement tools to improve administrative processes, they gain experience and success in making data-driven decisions and look for opportunities to spread the tools and techniques to other processes, such as days in accounts receivable.

Benchmarking often helps an organization's leadership identify potential areas for improvement. For example, during the past four years Specialized Outpatient Services in Oklahoma City participated in NIATx and successfully implemented changes to improve client access and retention. Using benchmarking and financial feedback reports, leadership realized that many families chose not to participate in their teenagers' recovery process. Leaders conducted a walk-through of their process to identify and implement creative solutions designed to increase families' engagement in treatment.

Another example is a community-based agency in Pennsylvania that employed benchmarking and recognized that its accounts receivable and bad debt percentages were out of line. It implemented a six-point revenue-collection plan that resulted in a 50% reduction in bad debt and a 43% reduction in days in accounts receivable over 90 days,

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which substantially improved the agency’s net operating margin.

Organizations participating in SAA/SNAS/NIATx/BPS’s benchmarking initiative will have a powerful road map for change. In addition, the NIATx process-improvement model, a component of this initiative, offers the tools to help staff and leaders leverage benchmarking data to significantly enhance quality of care and organizational effectiveness. ■

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References

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outdoor pool. Some changes were nearly effortless, like converting the ballroom’s dance floor into a yoga studio.

Perhaps one of the building’s most distinguishing features is the historic gothic chapel, with hand-painted stained glass from turn-of-the-century French artisans. When I passed through the chapel one day, I was uplifted by seeing a client who had taken some time out for thoughtful prayer and contemplation—exactly as we had dreamed would happen.

Building our program and team

Based upon our research and extensive tours of rehabilitation facilities across the country, we decided to develop our program with a 12-Step foundation from the tradition of Alcoholics Anonymous. We also offer a wide array of holistic therapies, including yoga, acupuncture, music and art therapies, and dance and movement therapy, just to name a few. Our clients give back to the community by volunteering with organizations such as Habitat for Humanity and the Salvation Army.

In our planning phase, one of my greatest fears was whether we would have access to the highest caliber of counselors and therapists. I was told that I would need to recruit talent from other treatment centers in Arizona and California to build my team. Yet just as our frequent appearances in the local papers brought us our first client, those same news stories also interested local professionals in working at The Abbey. In fact, we received nearly 100 applications before ever posting a single ad.

In all of my travels and conversations, I have observed one recurring theme in the relationship between independent counselors and treatment centers to which they refer their clients: Counselors feel “left in the dark” once clients enter treatment centers because they are not updated on their clients’ progress. To tackle this problem head-on, we involve referring counselors in clients’ treatment, from developing the initial treatment plan to executing the discharge plan. If possible, counselors visit The Abbey to observe treatment. This approach comforts them and improves the overall quality and continuity of care.

One of the most important decisions we made early on was to join

Final thoughts

Although I had never had an inkling that I would ever start an addiction treatment center, I have taken to the field like a duck to water. Like my colleagues, I appreciate the tremendous reward associated with helping clients to win back their lives. Having now jumped in with both feet, I wonder why it took me so long to get started. ■

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