A RANDOMIZED, CONTROLLED, MULTI-SITE STUDY OF THE EFFECT OF PATIENT FEEDBACK ON RATES OF ATTENDANCE AND ABSTINENCE IN OUTPATIENT SUBSTANCE ABUSE TREATMENT PROGRAMS - *AN INTERIM PROGRESS REPORT*

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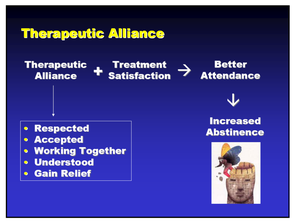
INTRODUCTION

The introduction of Quality Improvement (QI) methods can be traced to American industrial psychologists of the early-twentieth century. Although QI methods vary and go by different names (e.g. "continuous quality improvement;" "performance improvement;" etc), in general QI can be summarized in seven steps: 1) An organization identifies desired outcomes; 2) Objective, measurable indicators reflecting achievement of those outcomes are specified; 3) Methods for efficiently measuring indicators are developed; 4) Indicator measurement and feedback processes are implemented; 5) Team processes are employed to review feedback; 6) Action plans, based on available knowledge and evidence, are implemented to improve performance; 7) Steps 1-6 are repeated with new indicators identified by the organization's stakeholders as deemed necessary. QI methods have become especially important in the health care domain because the Joint Commission for Accreditation of Healthcare Organizations (JCAHO) and the the Commission on Accreditation of Rehabilitation Facilities (CARF) have made QI a central element of their accreditation process. Although accreditation is voluntary, treatment programs maintain accreditation because it is recognized as a standard of quality by the public and purchasers of care. QI has been implemented in many fields, such as healthcare, mental health research, and addictions treatment. A Cochran Review of 85 QI studies in medical practice concluded that "audit and feedback can be effective in improving professional practice." However, there is limited research published on the effectiveness of QI in addictions treatment.

PF Feasibility Study

In 2003 a pilot study was launched to test the feasibility of a QI system, Patient Feedback (PF), developed collaboratively within the Clinical Trials Network of the National Institute on Drug Abuse, and conducted at 6 sites nationwide. PF is a web based QI system designed to monitor patient ratings of therapeutic alliance and other quality indicators in order to empower clinical staff. Improvement in therapeutic alliance has been shown to be associated with improvement in a variety of clinically important outcomes including attendance, retention, and abstinence.



The feasibility study found that 100% of supervisors conducted team meetings and 86% of eligible clinicians participated in team meetings. Also, 100% of supervisors downloaded reports of the clinics overall performance and, on average , 2.7 reports were downloaded of their patient ratings over the course of the study. The results of the pilot study established the feasibility and acceptability of the PF system at outpatient addiction treatment facilities. However, the lack of a control condition, limited sample size, and brief intervention period made evident the need for this study.

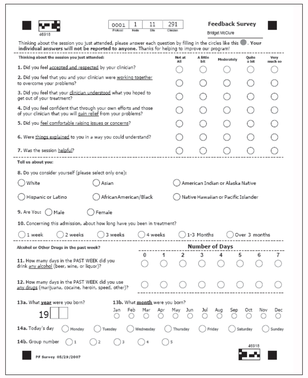
METHODS

The current study describes a randomized effectiveness trial of Patient Feedback which commenced in 2006. In this study, 30 to 45 non-methadone maintenance outpatient clinics, with approximately 250 clinicians, from the New York City and Philadelphia areas will be randomly assigned to use the PF performance improvement system either immediately (experimental condition), or after a delay (control). The three-year trial will involve three waves of clinics (between 10-12 clinics each) initiated on a rolling enrollment basis.

The study consists of a pre-intervention phase, an intervention phase, and an optional sustainability phase. The pre-intervention phase involves preparing sites for the PF system with technology equipment, staff training and orientation, and completion of baseline measures. Clinics randomized to the Immediate condition will receive additional training on the PF system, orient patients to the study, and begin survey distribution. For clinics assigned to the Delayed condition, they will continue 12 weeks of "treatment as usual" followed by the 12 week PF intervention. Upon completion of the intervention, the clinics can opt to continue to utilize the PF system for an additional 52 weeks, with modifications to frequency of survey distribution and survey content.

The PF intervention involves weekly survey distribution to patients enrolled in groups at participating clinics. Patients complete the one-page survey during the last five minutes of group session rating therapeutic alliance and treatment satisfaction. Upon completion, patients drop surveys into locked boxes which are later collected by the designated project assistant. PF surveys and patient attendance forms are faxed on a weekly basis to the University of Pennsylvania's Data Management Unit. Once received the surveys are processed in "real-time" and two types of Feedback Reports, **Caseload Reports** (individual clinician's patients' ratings) and **Clinic Reports** (aggregated clinicians data), are generated. Clinicians access the feedback reports through the PF website. Additionally, clinic supervisors facilitate Monthly Team Meetings to assess and discuss areas for improvement and to develop strategies to improve patients' ratings.

PATIENT FEEDBACK SURVEY


Feedback Survey

Bridget McClure

Thinking about the session you just attended, please answer each question by filling in the circles like this ●. Your individual answers will not be reported to anyone. Thanks for helping to improve our program!

Thinking about the session you just attended:

1. Did you feel accepted and respected by your clinician?
2. Did you feel that you and your clinician were working together to overcome your problems?
3. Did you feel that your clinician understood what you hoped to get out of your treatment?
4. Did you feel confident that through your own efforts and those of your clinician that you will gain relief from your problems?
5. Did you feel comfortable raising issues or concerns?
6. Were things explained to you in a way you could understand?
7. Was the session helpful?

Not at all / A little bit / Moderately / Quite a bit / Very much so

Tell us about you:

8. Do you consider yourself (please select only one):
White / Asian / American Indian or Alaska Native / Hispanic or Latino / African American/Black / Native Hawaiian or Pacific Islander
9. Are You: Male / Female
10. Concerning this admission, about how long have you been in treatment?
1 week / 2 weeks / 3 weeks / 4 weeks / 1-3 Months / Over 3 months

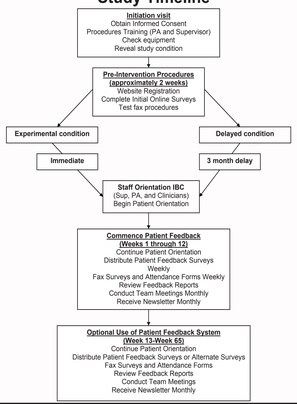
Alcohol or Other Drugs in the past week?

Number of Days: 0 1 2 3 4 5 6 7

11. How many days in the PAST WEEK did you drink any alcohol (beer, wine, or liquor)?
12. How many days in the PAST WEEK did you use any drugs (marijuana, cocaine, heroin, speed, other)?
13a. What year were you born? 19
13b. What month were you born? Jan Feb Mar Apr May Jun Jul Aug Sep Oct Nov Dec
14a. Today's day: Monday / Tuesday / Wednesday / Thursday / Friday / Saturday / Sunday
14b. Group number: 1 / 2 / 3 / 4 / 5

PF Survey: 08/24/2007

Study Timeline



WAVE 1 SITES

NY Sites	# of Clinicians
Poughkeepsie Counseling Center Lexington Center for Recovery	15
Greenpoint Clinic Outreach Development Corp	6
Bronx Outpatient Odyssey House	5
New Rochelle Clinic Lexington Center for Recovery	7
Mt. Kisco Clinic Lexington Center for Recovery	9
Exodus Program Turning Point	6

PA Sites	# of Clinicians
Rehab After Work – NorthEast	5
Rehab After Work – Lansdale	5
Spring Garden Counseling Center NorthEast Treatment Centers	16
Rehab After Work – Center City	5
Rehab After Work – Paoli	5

DISCUSSION

Since implementation, 11 clinics in New York and Pennsylvania actively participated in the PF study. All six clinics randomized to the Immediate condition have completed the 12 week intervention phase and utilized all aspects of the PF system, including survey distribution, review of feedback reports, participation in team meetings; clinics in this condition are now transitioning to the sustainability phase (52 week continuation). Clinics randomized to the Delayed condition are at various stages of the study, from the 12 week delay ("treatment as usual") to the initiation of the 12 week intervention. Clinicians and supervisors have embraced the PF system and have expressed interest in continuing to use the PF system.

Flexibility has been a key component of the PF process. The Philadelphia and New York research teams continually evaluate the implementation process and strategize techniques to enhance overall experience with the PF system. An important issue that is constantly addressed by the researchers is the accessibility of the system to the clinic staff. In order to construct a "user-friendly" system that applies to both the PF intervention and to real-world treatment program issues, the researchers have upgraded technology equipment, modified study procedures, and explored additional areas for improvement, such as the development and utilization of alternate surveys focusing on topics such as spirituality, loss of control, and infectious disease risk behavior. It is anticipated that this study will offer valuable information on the impact of PF system, and QI interventions in general, in outpatient substance use treatment settings. Additionally, researchers expect to gain insight into patient, clinic, clinician, and supervisor dynamics and also reveal improvements in patient attendance and abstinence in outpatient settings. In the table below, please find some initial impressions and feedback received from clinicians as well as obstacles encountered that will effect future directions of this area of research.

CLINICIANS' COMMENTS ABOUT PF:	BARRIERS TO IMPLEMENTING PF:
•Strengthen team meetings through collaboration and •Empower clinicians to improve patients experience •Access useful resources and intervention materials •Gain insight into group dynamics and recovery process •Develop surveys relevant to patients' issues •Engage patients in recovery process	•Clinician turnover •Patients resistance •Technology issues •Differences in organizational structures

Acknowledgements

NIDA CTN supported and developed the original Patient Feedback pilot feasibility study. The present randomized controlled trial is supported by NIDA grants R01 DA020809-01 (NYU) and R01 DA020799 (U of P)

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