



Innovations in Substance Abuse Care Delivery: Does “Orientation Group” Before Intake Increase Clinician Productivity?



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Background

High no show rate for intake is identified as one of the major causes of loss in revenue and decrease in productivity.

West End Clinic (WEC)-Outpatient Addiction Services at the Massachusetts General Hospital is an adult outpatient substance abuse treatment center based in an academic general hospital in Boston, MA.

Access to treatment remains one of the most important aspects of addiction based services.

Access problems

- 1-Increased intake calls
- 2-Increased wait time for intake appointment
- 3-No show and cancellation rate combined reaching 49%
- 4-Increased clinician dissatisfaction due to no show rate, loss of productivity and with referrals not appropriate for outpatient level of care

The aim of this study was to examine the effect of an intake orientation group offered to patients before the intake appointment on access to treatment, revenue and clinician productivity.

Methods

This was a 4-month (Jan-April 2012) prospective examination of weekly intake orientation group implemented as a process improvement initiative in a hospital based, academic outpatient substance abuse treatment center.

Rather than being scheduled with an individual clinician for intake, patients who called were scheduled with an “intake orientation group”. During the group, patients received information about the services provided by the clinic, completed necessary intake forms and toxicology screening and were triaged for appropriateness for outpatient level of care.

The triaging was done individually by the 2 clinicians who were present at the group. Those who were appropriate were given an appointment to meet with a clinician to complete the intake process. Those patients who were not appropriate for outpatient level of care were given referred directly to other levels of care, such as inpatient detox, dual diagnosis admission, residential, half way house, and MMTP etc.

Results

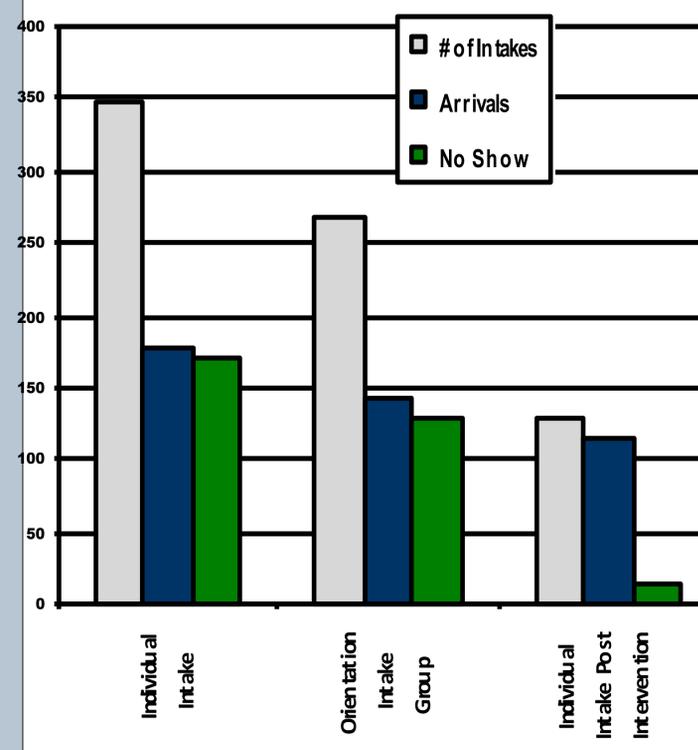
After four months of the Intake Orientation Group, there have been several positive outcomes.

- No show rates were similar for intake orientation group as it was for the previous individual intake format (44% vs 49%, respectfully). Table 1
- About 89% of those who showed up for the orientation group completed the intake assessment with a clinician. The no show rate for individual clinician dropped to 11%. Figure 1
- With this new process initiative, rather than requiring 269 intake slots, only 129 intake appointments were booked.
- There was a net gain of 140 intake visit units.

Table 1: Arrival and No Show Rates

	Individual Intake Assessment Sept-Dec 2011	Intake Orientation Group Jan-Apr 2012
Arrived	176 (51%)	141 (52%)
No Show + Cancel	172 (49%)	128 (48%)
Total	348	269

Figure 1: Decrease in No Shows for Individual Intakes



Conclusions

Our findings point to the value of offering an intake orientation group. The group decreased the negative impact of no shows on revenue and clinician productivity, and expedited referrals to alternative providers, usually to detox, for the most ill patients.

The advance information from paperwork and toxicology screens, and treatment recommendations from triage meetings resulted in more time devoted to the initial assessment meeting and provided important information to the assessing clinician in advance.

It is important to point out that after the intake format was changed from the individual to the group setting, the no show rates did not increase. The group format was well received by the patients and triaging with an individual clinician gave patients a chance to assess their readiness for change.

Reduced need for intake appointments helped clinicians free up time for other clinical services and improved morale among staff.

References

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Source of Funding: None
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