

RIQI/RI-PTN TCPI Exemplary Practice Story: Addiction Recovery Institute

Addiction Recovery Institute (ARI) is a privately run, CARF (Commission on Accreditation of Rehabilitation Facilities) accredited outpatient substance use clinic serving Rhode Island and Southeastern Massachusetts. We specialize in methadone treatment for opiate addiction and offer a complete program for those who are committed to working towards recovery. Our team, which is made up of members from the medical, nursing, counseling and administrative areas, provides care for just under 1,000 patients at our two sites in Warwick and Pawtucket, RI. Many of our patients can be defined as underserved, with histories of mental health issues, incarcerations and pregnancies. They have a range of ages, social statuses, cultures and languages. For each of these individuals, we work to provide treatment with dignity and respect to help them find a better path to wellness and a healthier life.

At ARI, we believe that a commitment to change and adherence to a quality methadone program and program guidelines can produce dramatic results in a person's life. We feel that opiate addiction requires treatment of the physical symptoms as well as the issues surrounding the addiction. It is important for patients to enter into the program with an open mind. Further details about our programs can be found on our website: <https://www.methadone.com/>. Overall, our achievements at ARI stem from our strong leadership and excellence in the culture within our organization. Most importantly, our staff apply a "human" approach to the patient-centered care we provide. We leverage data to drive our quality improvement initiatives, incorporate the patient voice in our efforts, and go the extra mile to ensure they have the wraparound services and support needed for success.

Strong Leadership, Joy in Work, and a "Human" Approach

At ARI, our owners and leadership truly *care* for and invest in our staff. From the top down, a positive culture is fostered that sets the tone for our patient care. Overall, the people who work at our organization are very genuine and feel connected. We see ourselves as people who work *together* to help people: we are each pieces of a puzzle that lead to the "whole picture" of who we are as an organization. As part of this, individuals at ARI are each given the tools they need to learn and grow professionally. For example, all licenses for clinicians are paid for and staff members are supported in getting the training they need on a regular basis. We are provided with time off to attend trainings and the costs for these trainings are covered by ARI. This supportive culture has obvious benefits including our notably high level of retention.

We are extremely proud of the quality of our counseling staff, which consists of a diverse group of dedicated and qualified professionals. All counselors work on a team basis, along with the patient's input, to ensure the best treatment planning for their individual patient. Our staff has dedicated themselves to helping addicted patients regain their self-esteem and lead healthier, productive lives as a person who is illicit drug free. For the patients we work with, the personal connections we develop through this process can be critical, as these individuals are oftentimes very guarded when they begin treatment.

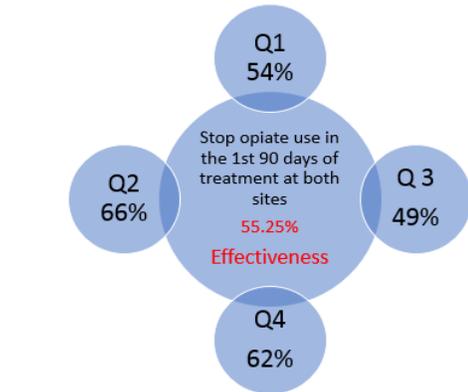
Upon admission, if a patient is eligible, they are offered enrollment in our Health Home Program. Through this program, we then intensively work to provide the resources needed to succeed in their recovery. For example, each of our patients actively participates in the development of their treatment and after-care plans. We provide individual counseling and education, as well as multiple groups that are available on a monthly basis. We also provide a wide range of additional supports, such as helping them find outside providers and coordinating transportation. This includes arranging bus passes and, as needed, organizing curb to curb service for appointments. We regularly offer to meet patient at their appointments so they can have someone with them for additional support when meeting a new doctor or when attending an initial AA meeting. Whenever possible, we engage with the families of our patients. For family members, we strive to remove barriers by offering education on topics such as enabling behaviors, and what methadone is.

A Data Driven Focus on Patient Care that Leads to Patient Success

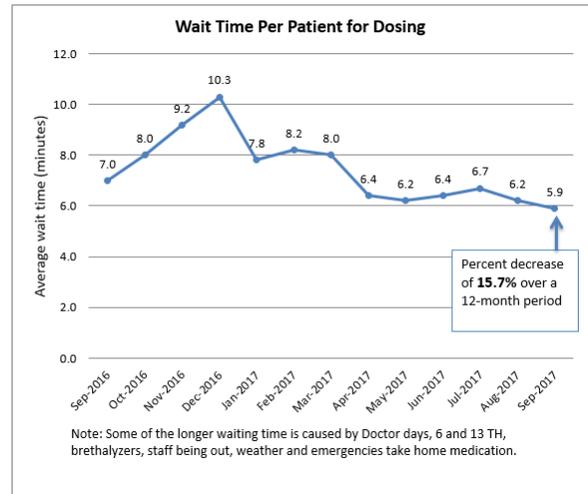
At ARI, we regularly leverage a data driven approach in our efforts to improve care. For example, in 2016-17 we developed a quality improvement project that focused on our effectiveness in achieving progress in the area of patient retention. Specifically, as our patients are more likely to succeed in their treatment when they are able to stop using opioids in the first 90 days, our efforts centered on increasing engagement during this critical time. Using a PDSA style approach, our team worked to intensify our interventions and care through a focus on addressing urgent needs and strengthening our care coordination. We worked closely with our mental health providers, involved the Department of Children Youth and Families when needed, and assisted with a range of issues, such as transportation and other immediate challenges and barriers our patients were facing. As seen in the adjacent visual of our data (which is inclusive of drug screen results that were self-reported), we succeeded in improving our effectiveness in this area by 55.25% (with a goal of 65%).

Using a similar methodology, we also worked to improve our efficiency in our patient wait times when they come to our facilities for their methadone dosing. A primary change that was made as part of our efforts in this area was to open a half hour early and provide an additional window and staff person to help more effectively address patients during these busy hours. As can be seen in our data, which tracks our average wait time in minutes, through these interventions, we were successful in improving our wait times by 15.7% over a 12 month period.

These two projects are examples of our ongoing effort at ARI to support our patients as they work to be drug free. As part of our Health Homes model, we also closely track specific Clinical Quality Measures to help our patients succeed. As seen below, our performance regarding Quality Measures is aligned with and/or exceeds National MIPS Benchmark data. These measures are important to us due to how they relate to the wraparound services we provide through our prevention based Health Homes program. This programming is vital not just in the initial care provided, but for helping patients find a better path to health for their future. Through an understanding of their full scope of health issues and concerns, we are better able to make sure our patients have primary and specialty



Recent improvement efforts at ARI centered on helping our patients stop opiate use in the initial 90 days of treatment and decreasing our wait time for Methadone dosing at our 2 sites. Data tracking opiate use (consisting of self-reported drug screen test results) demonstrated an overall improvement in our effectiveness of 55.25%. As seen below, through our interventions, we also succeeded in reducing our wait times by 15.7%.



care clinicians who can provide outside treatment and needed follow-up. We help patients make appointments, and support them in understanding their medications and the importance of medication compliance. We also provide education to patients and help them get in the habit of calling their doctor when they need help (as opposed to unnecessarily utilizing hospital services) and teach them the importance of having someone who can help them with their health

| Addiction Recovery Institute | | | |
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| Quality Measure | Performance Target | Current Performance | National MIPS Benchmark |
| Prevention | | | |
| Tobacco Use: Screening and Cessation Intervention | 100% | 82% | 83% |
| Body Mass Index (BMI) Screening and Follow-up Plan | 100% | 100% | 45% |
| Screening for Clinical Depression and Follow-Up Plan | 100% | 100% | 28% |

As seen above, ARI's performance on the Clinical Quality Measures we track is aligned with and/or exceeding National MIPS Benchmark data.

in the long term through prevention and better habits. Education and resources are provided to patients to support best outcomes in targeted areas. For example, for patients who have Diabetes, our Health Homes nurse regularly checks their blood sugar and provides education on healthy eating. As we see our patients with a greater frequency than other providers, we are well positioned to make sure these interventions happen. Additionally, through our care coordination and communications, we provide education to the provider community about the unique form of care we provide. Sometimes clinicians in the community are reluctant to treat patients who are receiving MAT. We are happy to meet with them to address concerns and provide information to help overcome barriers to care for our patients.

Finally, our care coordination is bolstered through our use of our RIQI Care Management Dashboard. This tool is very helpful for us to know what is going on with our patients who go to the hospital. For example, recently, one of our patients who has been stable for years missed an appointment. We were worried, as we had never had an issue in the past. When we checked the Care Management Dashboard, we learned that this person was in hospital due to an outpatient procedure. Knowing this kind of information, we are able to address issues right away and stay in the loop. As further described in our attached Care Management Testimonial, this tool also helps us to have more timely outreach and follow-up care.

Celebrating the Ultimate Win: Recovery and a Path to a Healthier Life

With patient and family engagement being a priority at ARI, we always appreciate the feedback and data we receive from suggestion box submissions and patient surveys. In particular, from a recent survey that was conducted at both sites, we found that 82.3 % of respondents had either good or high satisfaction with services provided by our clinics and staff members. Some of the comments shared through this survey included:

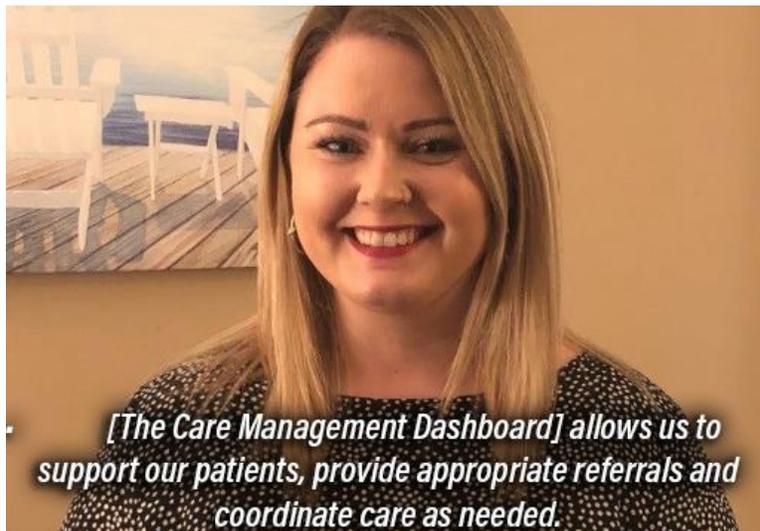
- “This clinic saved my life”
- “I feel safe when I am at the clinic”
- “My counselor understands me, is able to relate to me and helps me out”
- “Nurses are caring”
- “Supervisor is available when I need to ask questions”

Receiving this feedback means a lot to us, as it ties back to our positive culture and values: it is important that our patients feel cared about and supported. Individuals come to us facing some of the most difficult circumstances imaginable. In many cases they are alone and desperate. Through the care we provide, we are able to help many of them find recovery. They are able to get control of their health issues, reconnect with their families, go back to school, and get employment. We often see major transformation in these individuals who persevere. Since before 2002, ARI has been celebrating these successes by hosting an annual banquet for patients who have been illicit drug free for one year or more. Family members, doctors, clinicians and nurses all attend to celebrate these individuals who are presented with certificates, coins, and flowers. It is very emotional and special event for our patients and it is very meaningful for *all of us* to celebrate their transformation and recognize them in this way.

Conclusion

At ARI, our success starts and ends with our owners and leadership: their support and the culture they foster for us we can give to our patients. We believe this *human factor* is what leads to the success in the treatment we provide. With this perspective being central to our care, other elements that scaffold this effort are brought into place. Methadone maintenance, along with counseling services can help patients in a number of ways. Many of our patients have furthered their education, obtained training and employment, established careers, improved family relationships and improved self-esteem. Specifically, as we greatly value the patient voice, including their feedback and perspectives into our improvement efforts is critical. For instance, our decision to prioritize improving our wait times, was centered on their feedback and recognition that our patients’ schedules can be challenging and their time is valuable. We used data to track our improvement efforts so that we could *know* our interventions were working. Through using this type of quality improvement approach, we continuously work to advance our programming. This helps us to better engage and empower our patients. Taking the time each year to celebrate their success in recovery puts a spotlight on all that has been achieved. For many of us at ARI, it is an honor to be a part of this organization that is able to help transform people’s lives in this way.

Appendix



Hannah Hanson Health Home Team Coordinator, Addiction Recovery Institute (ARI)

How did things take place before Care Management Services?

Prior to having access to the Care Management Dashboard, we were unaware when a lot of our patients would go into the hospital. Sometimes, we get a dose confirmation call from a hospital, but often the staff at the facilities will not provide the admitting diagnosis or any other clinical information to us. Also, if it is a short hospital stay, we frequently do not receive any outreach at all. Often, the only way we would find out this information is if the patient told us that they had been to a facility. Given that self-reporting of these events can be unreliable, the information that we had was very inconsistent. In particular, when they did not receive a dose of methadone while they were there, sometimes patients would not think to tell us if they were in the hospital if they did not stay for more than a few hours.

Also, in general, patients do not necessarily realize that we need to know this information. In many cases, our patients see the care that they receive from us as being “different” from the care that they receive from other providers. They do not understand the importance of our knowledge of the situation so that we are able to coordinate care with all of their providers. For example, when one of our patients goes to the hospital, we need to know what their discharge plan is. Sometimes patients would lose their discharge paperwork and they would not know if they have appointments scheduled. As part of the care that we provide at Addiction Recovery Institute (ARI), we help coordinate their appointments, medications, and keep track of what doctors they are seeing so we can facilitate the best care possible from all entities. It was difficult to provide this level of support for patients when we were not getting this critical information.

How do things take place with Care management Tools?

Since having access to the Care Management Dashboard at ARI, we are now able to see, in near real time, when our patients are in an acute care hospital in Rhode Island. Sometimes, we do not know why a patient has not been to the clinic and we are unable to reach them through their contact information. Through accessing the Care Management

Dashboard we can see if the reason they have not come in is due to a hospitalization. This is very helpful for us so that we know where they are and we can be sure they are safe.

Additionally, when we see a patient is hospitalized, we are able to see the reason why they were admitted and what facility they are in. In some cases, we are able to then send their case manager or nurse to visit them and see how they are doing. A room number is often available on the Dashboard, so this information helps for us to locate specifically where our patients are. In other cases, we may call and ask to speak to the patient via telephone. We have all of our patients sign a release so that they will know in advance that we can appropriately access this information.

Obviously, having information about patient Emergency Room visits and hospitalizations is extremely important for our follow-up and overall care coordination. When I see on the Care Management Dashboard that one of our patients is in the hospital, I put a flag in our record to let the Health Home nurse know. Through having this information, we are then able to prepare and have better coordination with all ARI staff members so they will be ready to see the patient when they arrive back from their hospitalization. Records can be requested proactively from the hospital before the patients are given their next dose of methadone. We are also better able to provide targeted support and counseling for patients. For example, we had an instance where someone who was high risk went to two different hospitals in one day. When he returned, he denied it. *Knowing* that he had been there opened a dialogue and allowed us to “have another leg to stand on” in the conversation. People in this situation may not be in the best place or mindset to talk about what has been going on in their lives. Therefore, having data helps us to provide improved engagement and support in this way.

How does that impact your life/work?

By having access to the Care Management Dashboard at ARI, we are able to make sure our patients are receiving the best possible care we can provide. This tool has reliable information that is beneficial to us. It allows us to support our patients, provide appropriate referrals and coordinate care as needed. By being able to access data about our patients' hospitalizations, we can better coordinate proper care for them and assist in preventing future hospitalizations.

Through sharing information from the Care Management Dashboard with our staff, it gives them a point of reference and allows them to know where to reach out if they need background or more information. We do not have to waste time calling around to different hospitals because we are informed about where our patients are going. Since we provide our patients with methadone, it is important for us to be able to see what is going on in regards to any of their other health issues. The Dashboard helps us to be informed in a timely manner so that we can get the information we need.

We had an example of a patient who went to the hospital due to an overdose on a day that he would not have come to our clinic. With data from the Care Management Dashboard, we were able to have a different conversation with this individual than we would have been able to have in the past. We only see our patients for a short window: once they leave our clinic, we don't always know what is going on with them. Having information that lets us better treat our patients in this way is really helpful and makes a difference in our quality initiatives.