

RESEARCH BRIEF

RELIEVING PAPERWORK BURDEN IN ADDICTION TREATMENT

Substance abuse treatment providers can often be relieved of a substantial amount of paperwork – up to six hours time saved per patient in one state-wide project - without affecting clinical or administrative processes, according to a study published by Deni Carise, Ph.D. and a team of investigators from the Treatment Research Institute.

Just as important, research-suggested initiatives requiring new data collection are more feasible if older paperwork requirements are reviewed and discarded whenever possible.

The paper, “Results of a Statewide Evaluation of ‘Paperwork Burden’ in Addiction Treatment,” published in the *Journal of Substance Abuse Treatment*, reported the results of a first-of-its kind collaboration between a State Substance Abuse Director, outpatient treatment providers and researchers, to assess providers’ paperwork and eliminate unnecessary or duplicative requirements. The methodical accounting, review, and re-justification ultimately identified four to six hours time-saving per patient (depending on the treatment agency) over a six-month outpatient treatment course.

Approximately two to three hours of the time savings were associated with intake/assessment processes; another one to two hours over the course of six months of treatment; and another 40 to 60 minutes at treatment discharge.

“The very act of systematically reviewing provider paperwork burdens strengthens relationships between practitioners and state regulators and can pave the way for reform efforts,” Carise said. “On a more practical level, periodically reviewing mandated documentation can uncover some important revelations, including misunderstanding among providers about what is and isn’t required and realization that some data is no longer useful to the agency requiring it” she said.

The “Paperwork Burden Assessment” conducted by Carise and her team coincided with two other on-going initiatives in the state (Delaware): implementation of a Performance Based Contracting system and a NIDA-funded pilot study of Concurrent Recovery Monitoring. Both initiatives required additional data

Of Interest To: Addiction treatment providers; policy makers.

Study Title: Results of a Statewide Evaluation of Paperwork Burden in Addiction Treatment

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Authors: Deni Carise, Ph.D.; Meghan Love, B.S.; Julia Zur, B.A.; A. Thomas McLellan, Ph.D.; Jack Kemp, M.S.

Major Findings: Up to six hours of paperwork burden per outpatient can be saved by systematically eliminating unnecessary or duplicative data collection requirements, without affecting clinical or data processes. In this study of one statewide system of care, strong relationships between practitioners and state regulators were essential.

collection at a time when providers were already reporting substantial paperwork burden, some of it overlapping, that had been mandated by numerous state agencies, multiple Managed Care Organizations and non-governmental entities such as JCAHO or CARF. At the outset of the project, about half of the outpatient programs reported that intake data collection alone could take two to three hours; the other half reported more time burdens - up to seven hours of data collection.

Essential to the success of any paperwork reduction project, which Carise believes should be undertaken in all states, is a State Substance Abuse Director willing to listen to provider concerns and suggestions, and assistance from a neutral expert team whose recommendations are respected and given serious consideration.

“Providers of treatment services are the key to making research-tested, evidence-based practices work for patients,” said Jack Kemp, a co-author of the study who was SSA Director during the Delaware project and is now a TRI consultant. “By demonstrating how collaboration can address one set of provider concerns – the very real and sometimes unnecessary paperwork burdens - this project has significant implications for any quality-improving initiative programs may try,” he said.

“It’s incumbent upon state regulators to only require data that is either needed clinically or which directly supports administrative action,” Carise said. “The addition of new requirements should always start with a review and, when possible, deletion of older, less useful data collection requirements,” she said. “Finally, results of any data collection effort should always be shared with the people who gathered it, demonstrating the utility of the effort and encouraging use of data to improve clinical processes.”

Contact: Deni Carise, Ph.D.
Director, TRI Section on Treatment Systems Research
600 Public Ledger Building
150 S. Independence Mall West
Philadelphia, PA 19106

215-399-0980
dcarise@tresearch.org

The Treatment Research Institute (TRI) is an independent, non-profit research and development organization specializing in science-driven reform of policy and practice in addiction and substance use. TRI was founded in 1991 by A. Thomas McLellan, Ph.D. and colleagues from the University of Pennsylvania's Center for the Studies of Addiction. To learn more, visit the TRI website at www.tresearch.org or contact Bonnie Catone, Director of Communications, at bcatone@tresearch.org.
