

Eliminating Unnecessary Paperwork Requirements: Up to Six Hours Saved for Providers of Addiction Treatment

Study by Treatment Research Institute Demonstrates Paperwork Burdens can be Addressed, Realizing Immediate Provider Gain and Potentially Fostering Data-Driven Reform Initiatives

Substance abuse treatment providers can often be relieved of a substantial amount of data collection – up to six hours time saved per patient in one state-wide study - 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 according to Carise and her colleagues, research-suggested initiatives requiring new data collection may be 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,” on line at the [*Journal of Substance Abuse Treatment*](#), reported the results of a first-of-its kind collaboration between a State Substance Abuse Director and treatment providers, with research assistance, to eliminate unnecessary or duplicative data collection 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 mandating agency,” she said.

The “Paperwork Burden Assessment” conducted by Carise and her team coincided with two other ongoing initiatives in the state: implementation of a Performance Based Contracting system and a NIDA-funded pilot study of Concurrent Recovery Monitoring. Both initiatives required additional data collection at a time when providers were already reporting substantial paperwork burden, some of it overlapping, mandated by numerous state agencies, multiple Managed Care Organizations, and non-governmental entities such as JCAHO.

At the outset of the paperwork assessment 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 taken seriously.

“Providers of treatment services are the key to making research-tested, evidence-based practices work for actual patients,” said Jack Kemp, a co-author of the study who was SSA Director during the 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 used clinically or 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 data collection 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.”

The Treatment Research Institute is a non-profit research and development organization specializing in science-driven reform of practice and policy in addiction and substance use. For more information contact Bonnie Catone, Director of Communications, at bcatone@tresearch.org or visit the TRI website at www.tresearch.org.