

Promising Practices

The ideas listed below are the promising practices identified at a meeting on that subject held in Madison in September 2003 and supplemented by other ideas and priorities set by work groups of people from the Learning session in Chicago in October 2003. The bold italicized ideas are the ones that a group of addiction treatment leaders identified as being particularly important.

6-Paperwork

Goal: Reduce payer paperwork requirements.

- Idea 1. Work with payers to develop a common set of requirements (e.g. all payers ask for the same information).***
- Idea 2. ***Don't assume you know the reporting requirements of payers. Find out exactly what is required and don't assume.***
- Idea 3. Start with state form and build data collection efforts from there.***
- Idea 4. Implement a certification process so once an agency is "certified" they no longer have to justify their quality through paperwork
- Idea 5. Mail a paperwork packet to every legislature member in delegation.
- Idea 6. Have state bureaucrats do a walk-through to feel the paper work burden.
- Idea 7. Interview payers of the most important data they need and create a white paper that will suggest solutions.
- Idea 8. Don't give up because of regulatory requirements. Reinvestigate/challenge strictness of confidentiality laws.

Goal: Reduce internal paperwork requirements

- Idea 1. Review forms: eliminate duplicate questions and discard no-longer-needed forms.***
- Idea 2. Reduce number of questions and forms by asking the question "what is this information used for? How does it increase quality of access or retention?" or conducting a cost-benefit analysis.***
- Idea 3. Combine all legal documents into one form and use a general waiver signature.***
- Idea 4. ***Combine HIPAA, voter registration, permission to treat, and complaint grievance process into one booklet.***
- Idea 5. Have human subject's type review process that must be passed for new questions and forms to be added.

Goals: Computerize data collection and forms preparation

- Idea 1. For patients who can, have computer interview them to collect needed information provide brief interventions. NIMH research shows most patients are more honest with computers and respond well to them.***
- Idea 2. "Recycle" information like SS#, drugs of choice, etc after initially collected. (eg never ask the same question twice).***
- Idea 3. Use data systems to format and directly transmit data to payers. For instance, use DENS to track areas of interest and prepare narrative reports and automatically fill out reports.***

Idea 4. Redesign the record to be longitudinal and problem oriented (e.g. Larry Weed) not event oriented. Focus on the successes and not failures. (What is the longest time you were successful? What treatment were you engaged in when you were successful?)

Idea 5. Move away from narrative progress reports, etc and replace w checklists where possible.

Idea 6. Move toward computerized medical record and more standardization in the industry.

Goal: Reduce negative impact on the patient & staff of the paperwork we must do.

Idea 1. Develop a video for patients teaching them how to do the paperwork on their own.

Idea 2. Provide refreshments and intermissions during paperwork.

Idea 3. Admit client after placed in bed. Shift paperwork downstream and away from first contacts (where relationship building should occur).

Idea 4. We do everything on the front end because we don't trust that it will be done later. Use tickler system to remind what fields still need to be completed.

Idea 5. Only collect when it is needed to make an identifiable decision.

Idea 6. Throw-away clipboards.