

Summary

National research shows excessive paperwork to be associated with burnout among clinicians. Representative surveys show it to be the greatest stressor and greatest source of job dissatisfaction among clinicians. It demonstrably compromised time available to spend with clients. One national study expressed distress that 38% of professionals spent more than 25% of time on paperwork.

The Minnesota Department of Human Services requires programs to allow 25% of time for all treatment staff for paperwork. Minnesota clinicians reflect national trends in commonly endorsing paperwork mandates requiring more than 25% of their time as having a negative impact on the ability to deliver quality client care.

Several states have demonstrated effective solutions:

Delaware:

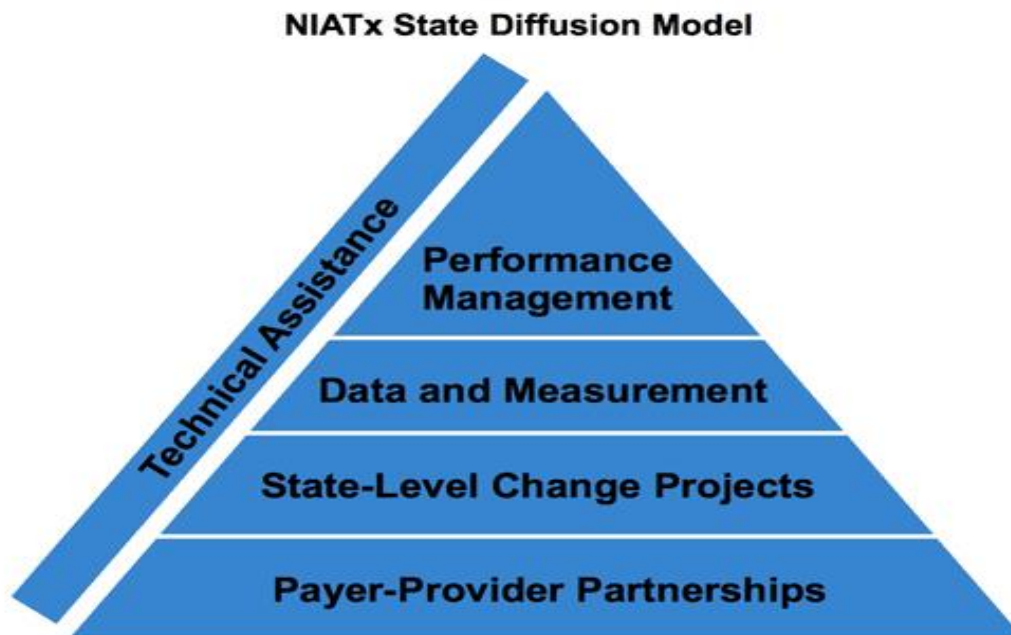
- A statewide cooperative state/provider data pilot with the Delaware Division of Substance Abuse and Mental Health and 11 provider programs reduced paperwork time across 11 programs by 4 to 6 hours PER CLIENT.
- Unnecessary data collection was eliminated by creating a uniform system for making data available to all funders and accreditors.
- No valuable information was lost- much of the information was identified as not useful or redundant.
- There were significant overlaps required in information demanded from various funders and accrediting associations. The information collected generally did not provide any useful clinical information for the programs collecting the data. - [J Subst Abuse Treat. 2009 Jul; 37\(1\): 101-109.](#)

Oklahoma

- Used the STAR-SI/NIATx process statewide.
- Launched statewide data review, regional performance networks, and peer learning groups.
- Removed state-level barriers, shared resources, and program improvement tools.
- Treatment contracts were shortened and monitoring was standardized, reduced in frequency and complexity, and coordinated with monitoring by another State agency and eliminated duplication.
- Data Integrity Review Teams increased the accuracy of data that was collected.
- STATEWIDE no shows were reduced; continuation in treatment increased 30-50%.
- Length of provider intakes were reduced by 1/3rd.
- Lessons learned, as identified by the Department: "Innovation begets innovation. Being less prescriptive is essential." - Oklahoma Department of Human Services, Report on STAR-SI/ NIATx project, 01/28/2011

Case study:

One Oklahoma provider in the STAR-SI/ NIATx Process, Palmer Continuum of Care, Inc. reported that between January and March of 2006 they reduced the average resident's inpatient assessment and intake time from 5.1 hours to 2.5 hours and were able to maintain the time long term at 3.5 hours using only one staff person to do the procedure. Meanwhile they reduced client wait time for room assignments from 3 hours to 1 hour, while at the same time making the process more client-friendly and respectful of clients. They also reduced staff time writing progress note writing by 4 hours PER DAY. - Palmer Continuum of Care, Inc. – Storyboard, STAR-SI/NIATx Process



Service Description:

Steering Committee (using Payer-Provider Partnerships)

The overall project will be guided by a Steering Committee that includes state, provider, and consumer representation.

The first task of this group is to convene via a day-long NIATx facilitated workshop to select most productive and feasible opportunities to reduce paperwork burden. Then assign a "Paperwork Review Team" to assess the opportunity and, if opportunities to reduce paperwork burden are possible, assign an "Action Team" to address needed reforms.

Paperwork Review Teams (using Payer-Provider Partnerships)

The Paperwork Review Teams consist of two or more individuals that includes at least one member of state government and a provider representative. Each team will have a NIATx coach assigned to them to review strategies, findings, and provide technical assistance. Tools common to this phase are: process mapping, patient simulations, and, at times, failure mode effect analysis. The purpose of these teams is to collect data on the paperwork area of focus in order to determine the actual need as opposed to myth and opinion.

Paperwork Action Teams (via State-Level Change Projects)

For paperwork flows where burden reduction and/or streamlining seems possible, Paperwork Action Teams will be assigned by the Steering Committee. This could be the same or a similar group as the Paperwork Action Team, but will include members that can make changes to the targeted information collection requirements or processes. These groups will also have a NIATx coach to assist each team. Each Action Team will have an Executive Sponsor who is responsible for the team taking productive action and a Change Leader to lead the day-to-day activities of each team. Sometimes an Executive Sponsor and Change Leader are assigned from both the state and provider community if this seems to be the best approach to make the anticipated changes. The Paperwork Action Teams' activities will include a measurement piece to document the impact of the changes made. One component of this measurement will be to evaluate how the changes made positively impacts the patient experience.

Anticipated Timeline

The project should occur over 6-12 months. The aim will be to move quickly, but appreciated some changes may require some time to enact.