WORKPLACE MANAGED CARE SUBSTANCE ABUSE PREVENTION AND EARLY INTERVENTION

~ Funded by the CSAP, WMC Initiative ~

Collaboration Between DSG & Kaiser

DSG   *Logic Model*   **KAISER**

Outline

- Background

- Kaiser Research Case Study

- Why Did DSG Choose Kaiser

- Why Collaborate?

- Logic Model (Prevention/Intervention)

BACKGROUND

KAISER is a leader in healthcare research

- Early Start study
- Cost offset studies
- Naturalistic studies on retention

KAISER RESEARCH CASE STUDY

How to reduce the dropout rate in CD treatment?

- **Problem:** 25% to 50% dropout rate
  - Studied records of 1200 patients >> 35% dropout
- **Problem:** too many workers handling intake
  - Lack of follow up on new patients
- **Solution:** Implemented centralized intake
- **Result:** Reduction of dropout rate to 25%

DSG & KAISER

We have learned the importance of connecting research and practice/program evaluation and service delivery

Can find ways to put research into practice	**Proved they can deliver new services**	**New Concept! CD Recovery Program** **(5 in Northern California)**

DSG & KAISER

WHY DID DSG CHOOSE KAISER?

- Kaiser gives **parity** to physical & behavioral health services

- Known for **prevention** and **health promotion**

- Recognizes **importance of research** in improving services

- Both a stakeholder in care and a primary **change agent**

- Brings **credibility** to the WMC project

- Kaiser was one of the first **broad-based staff model** HMOs

- Cost savings in physical and behavioral health achieved by SAP& EI services are reflected as a **cost saving** in their corporate product

DSG & KAISER

WHY COLLABORATE?

- **Goals of WMC research** matched corporate strategy

- **Top management was receptive to the research**

- **Results would improve product line and make them more cost competitive**

- **Demonstrated efficacy of SAP&EI would improve the quality of their covered lives**

- **Resulting cost savings would immediately be reflected in the costs of providing services**

- **The collaboration with DSG resulted in DSG's bringing to Kaiser both a funded research agenda and a formal linkage to SAMHSA\CSAP's WMC program and forum.**

PREVENTION INTERVENTION LOGIC MODEL

What Behaviors are we preventing?	How are we preventing these behaviors?	What workplace outcomes do we expect?	How will we measure these outcomes?
• Reluctance to address substance abuse (SA) probs. • Lack of knowledge on SA & services	• Enhanced Supervisory Training • Information Campaign	• ⬆ Willing to use prevention, address SA probs, + use services	• Suprv. referrals • Pre- Post self-report survey • EAP utilization
• Access to online info on SA	• Website Links	• Access to SA info & resources	• WWW hits, refer to services
• Negative effects of SA on families	• Parent Training & Education	• ⬆ Aware of family conseq + use servcs	• Focus groups
• Inadequate PCP referral to SA/MH services.	• PCP Project Enhancement	• ⬆ Appropriate referrals & provider efficacy	• Satisfaction with Provider • Medical Claims
• Lost work time, accidents, turn-over, medical costs	• Enhanced Intervention Components	• ⬇ Lost work time, accidents, etc.	• HR Data • Medical Claims