AIDS Resource Center of Wisconsin’s (ARCW) Process Improvement Change Project is under the leadership of Kevin Roeder, Ph.D, MSW, LCSW, Director of the Behavioral Health and Wellness Clinic (BHWC). BHWC has nine locations around the state of Wisconsin, and this STAR-QI’s quarter’s “Spotlight” focuses on the quality improvement efforts of the ARCW STAR-QI Change Team located at the Milwaukee clinic.

Dr. Roeder’s Change Team chose to focus on implementing an Evidence Based Practice (EBP) Change Project for the 2013-2014 STAR-QI Program Year, with their EBP of choice being Motivational Interviewing (MI). MI is a person-centered communication method of fostering change, by helping a client explore and resolve ambivalence, which may result in improved alcohol and or drug treatment outcomes. While ARCW had been utilizing MI in their treatment practices for some time, their goal in choosing this Focus Area was to incorporate the recent updates that had been made to MI, into the clinical practices of their treatment services and primarily in their outpatient Day Treatment groups. Recent advances in MI pertain mainly to the development of a new paradigm or way of looking at the change process, also known as the four processes; and how a provider can better or more effectively influence the process of personal/individual change. Therefore, training materials and staff training time was dedicated for the acquisition of knowledge as it pertains to updates in MI.

A MI Clinician Self-Assessment Report was developed and refined that allowed clinicians to assess themselves, while a clinical supervisor used the same tool to document or acknowledge how many opportunities existed during the group session and of these, how many opportunities resulted in provider use of MI techniques.

Two random outpatient group AODA sessions were observed by the Associate Director of the BHWC. Observed session content was used for analysis in the following domains:

1. The number of opportunities that existed to apply MI techniques and skills in the group session reflecting the new paradigm
2. The number of opportunities that were capitalized upon by group co-facilitators in using MI techniques when such opportunities existed.

The target goal was to have new MI techniques utilized by group co-facilitators at least 80% of the time.

Final results showed that one provider was observed using MI techniques about 76% of the time while the other did so about 66% of the time. This resulted in discussing additional opportunities for professional development and incorporation of updated MI into AODA counseling sessions.

In addition to improving the treatment outcomes for individual clients, effectively implementing an EBP was also critical to ARCW from a revenue generation perspective. As the agency transitions from grant funding to third party payer reimbursement, ARCW has found that approximately one third of Wisconsin third party payers require the use of EB or best practices as a condition to reimburse services.

In summary, the NIATx model provided the structure to incorporate recent changes in the MI EBP, into ARCW’s current clinical practices. This provided an opportunity for the agency to improve treatment services for clients, and to increase third party revenue.