Published in final edited form as:

J Behav Health Serv Res. 2016 July ; 43(3): 513–514. doi:10.1007/s11414-015-9486-3.

Letter to the Editor on “Implementation of Network for the Improvement of Addiction Treatment (NIATx) Processes in Substance Use Disorder Treatment Centers”

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The article, *Implementation of Network for the Improvement of Addiction Treatment (NIATx) Processes in Substance Use Disorder Treatment Centers*,¹ provides an excellent overview of the organizational characteristics associated with use of the NIATx model. However, my experience both as a process improvement coach and researcher suggest that the findings do not fully explain the entire picture. For example, Appendix A associated with McCarty et al² indicates that the size of the providers in the original NIATx cohort appears to be larger (avg. = 4.48, SD=0.99) than this articles' sample. However, those numbers reflect total staff not FTE's where NIATx was implemented (e.g., residential or IOP).

I also had the privilege of coaching the Jackie Nitschke Center in Green Bay, Wisconsin. When selected as one of the ten initial Robert Wood Johnson Foundation Paths to Recovery winners, they had 12 staff members with one perhaps two individuals who could be considered in an administrative role. Over the years, the JNC has embraced the NIATx principles as a critical part of its overall mission. A 2013 interview with Bill Labine shows how a small agency with low administrative intensity and minimal slack resources utilized the NIATx model to transform their agency.³

In the NIATx200 study, we collected information about the number of FTEs. An analysis indicates that the average provider was smaller (avg. = 2.69, SD=1.02) than the selected sample in this study. While not every provider actively participated in NIATx200, results indicate that smaller treatment providers are capable of successfully implementing the NIATx approach to process improvement.⁴ Findings from Grazier and colleagues⁵ indicated that higher rates of participation is association with clinic's not having a hospital affiliation, being privately owned, and having staff who perceived management support for quality improvement. Other organizational characteristics such as type of provider and primary setting,⁶ management score,⁷ as well as accreditation or geographic location were not associated with participation or identified as predictors of overall improvement in the NIATx200 study.⁴

The article by Fields and colleagues¹ provides valuable and important insight into what type of substance abuse providers adopt and utilize the NIATx model to improve processes of care. However, results also suggest that other organizational characteristics outside of those identified in this article may be associated with provider utilization of the NIATx process

improvement model. Further research is need to more thoroughly understand this important issue.

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