trac9 Insights
INFORMATICS

Assign Best Fit Clinicians to Enhance Outcomes

This paper focuses on optimizing SUD residential treatment outcomes by optimizing clinician patient assignments.

Clinician Effect on Residential SUD Treatment Outcomes

There are significant differences in clinician performance on improving clients' outcomes and reducing relapse risk. To measure clinician performance, we use the Trac9 Global Recovery Score (GRS). The GRS is a composite measure of pathology and resilience factors shown to be predictive of patient outcomes. We use the scores from Week 1 to Week GRS as a common measure across treatment programs, as all programs are at least three weeks. We measure the percent change to normalize for different incoming severity levels of patients. We calculate this measure for clinicians who treated at least 10 patients, which is the minimum for statistical significance. We then rank ordered all clinicians nationally to calculate performance deciles and quintiles.

Across clinicians nationally, we found a **5:1 performance difference** between the top and bottom decile clinicians, and a **3:1 performance difference** between the top and bottom quintile clinicians.

Clinician Decile	GRS 3-Week % Change
Top 10%	50%
2nd decile	41%
3rd decile	39%
4th decile	36%
5th decile	34%
6th decile	32%
7th decile	28%
8th decile	24%
9th decile	19%
Bottom 10%	10%
Average	**31%**

Clinician Quintile	GRS 3-Week % Change
Top 20%	46%
2nd quintile	38%
3rd quintile	33%
4th quintile	26%
Bottom 20%	15%
Average	**31%**

Optimizing Clinician Assignments

Because the performance quintiles represent a wide range of patient improvement results, the facility average patient improvement depends significantly on which clinicians are assigned to

which patients. If a facility has a clinician in each performance quintile, the facility average GRS 3-Week % improvement will be 31%.   If a facility were to assign patients only to clinicians in the top four quintiles, the facility average GRS 3-Week % improvement would increase to 35% - a 13% improvement.

Facility GRS 3-Week % Change - All Therapists	**31%**
Facility GRS 3-Week % Change - Without Bottom Quintile	**35%**
% Improvement	**13%**

Of course, different facilities have difference mixes of clinician performance quintiles. If a facility has no clinicians in bottom quintile, they will have less improvement potential. Conversely, if the facility has more clinicians in the bottom quintile, they will have greater improvement potential. When we ran the numbers for several actual facilities across the country, assigning patients to only the top 4 quintiles showed **improvement potential from 5% and 20%.**

For clinicians in the bottom performance quintile, we recommend assigning them to run group therapy sessions while providing additional training and supervision to improve their skills.

Trac9 Tools to Optimize Assignments

Trac9 calculates each clinician's improvement in the factors that reduce relapse risk based on their most recent 30 days of clients. The calculations are updated at each client assessment. When a patient is first admitted, and the clinician is first being assigned, Trac9 recommends the clinicians with the greatest average patient improvement. After the patient's first weekly Trac9 assessment, Trac9 recommends the clinicians with the greatest chance of maximizing the patients' outcomes and reducing their relapse risk based on the patient's specific issues. The patient can then be reassigned to the best fit clinician if not already assigned to them.

Additionally, Trac9 analytics show clinician performance for each Trac9 factor to identify clinician strengths and weaknesses to address with additional training, supervision and/or counseling.