

# **Introduction to NIATx: A Bundle of Blended Implementation Science Strategies**

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***Summer Bootcamp in Implementation Science and Biostatistics***

***Ilia State University & Yale University***

***July 30 – August 2, 2025***



# Introduction to NIATx

- Roots of NIATx – Why and When
- Concepts of the approach
- NIATx Tools
- Beginning a change project or forming a change team
- Examples



# NIATX WAS ORIGINALLY A PARTNERSHIP OF TWO GRANT PROGRAMS IN 2003

## SAMHSA/CSAT

*Strengthening Treatment Access and Retention*

## The Robert Wood Johnson Foundation

*Paths to Recovery*

It has since been deployed extensively in the **US**, across many areas of healthcare and in the carceral system.

**International** deployment includes extensive work in Ukraine, Tajikistan, Kazakhstan, Kyrgyzstan and more recently developed work in Peru, Moldova and Georgia.



# NIATx as an Evidence-based Practice

The NIATx Model was originally developed as a demonstration project supported by the Robert Wood Johnson Foundation (RWJF) and the US Substance Abuse and Mental Health Administration (SAMHSA). The seminal article that emerged from this demonstration pilot was authored by McCarty et al., (2007), and described the impact of the NIATx model on access and retention in addiction treatment settings.

Since then, more than 60 peer-reviewed publications support the effectiveness of the NIATx model. The model has expanded to include use in adopting evidence-based practices and in mental health, child welfare, criminal justice, gerontology, integrated care, mobile technologies and other human service settings.

<https://niatx.wisc.edu/niatx-as-an-evidence-based-practice/>

practice/



# NIATx Settings

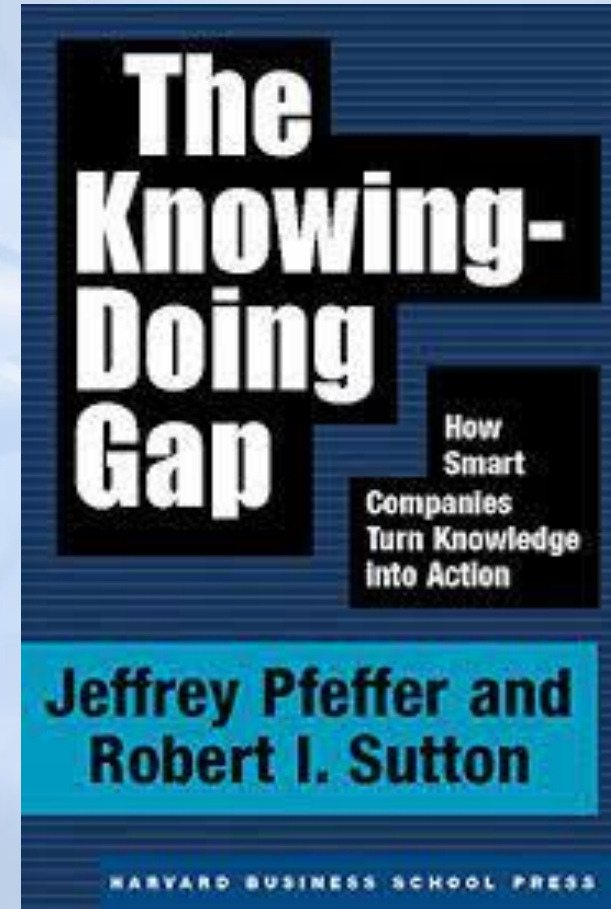
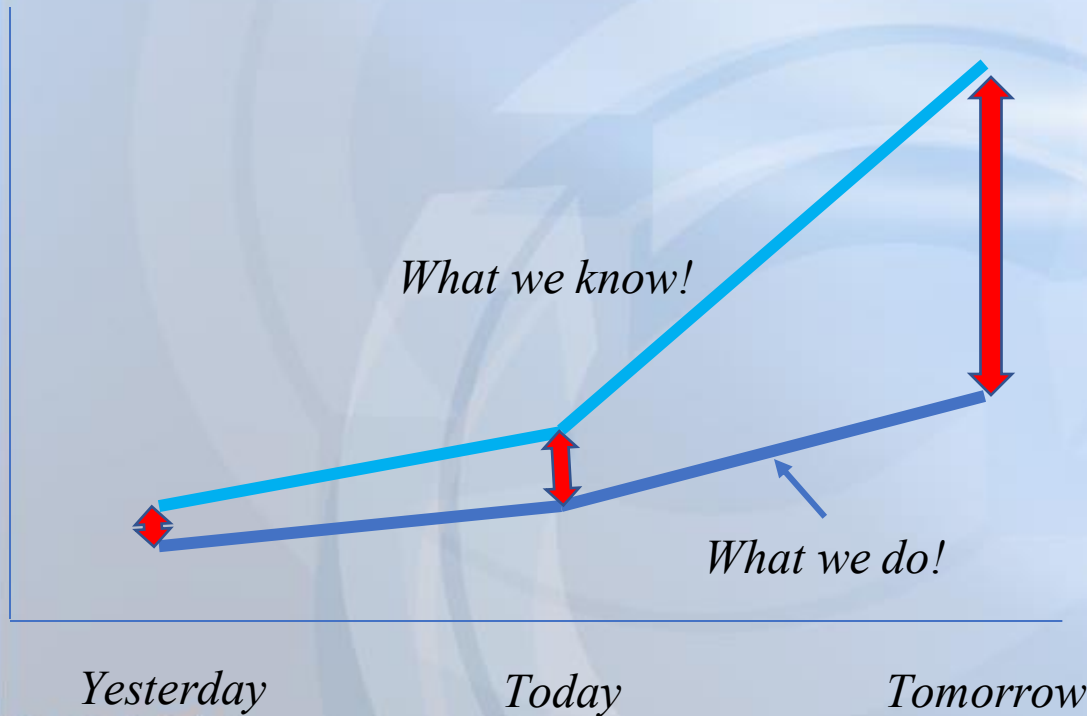
NIATx has been **deployed extensively in the US**, across many areas of healthcare and more recently in carceral settings and in integrated care.

\*NIATx is in the evaluation phase of a JCOIN study in which 55 jails in the US were recruited regarding efforts to increase Medications for Opioid Use Disorder.

\*A NIDA funded grant in West Virginia aimed at scaling up and integrating care for OUD, HIV and HCV in 20 primary care settings. (Altice, Madden, Feinberg, MPIs)



# WHY NIATx? -- The Know-Do Gap



# Crossing the Quality Chasm

Focuses on closing the gap between what we know to be good health care and the health care that people actually receive.

(2001). Crossing the quality chasm: a new health system for the 21st century. Washington, D.C.: National Academy Press



# In response - Social Psychology and Engineering team up

- NIATx tools were developed by engineers and social scientists (primarily psychologists and public policy experts) and clinical practitioners attempting to mediate clinical/organizational process to short circuit the dreaded 17-year evidence to practice gap.
- David Gustafson, PhD, Professor Emeritus, University of Wisconsin, Madison is the key architect. He also is the founder of CHES – the Center for Health Enhancement Systems Studies at UW.



# A Systems Thinking Orientation

## Starting Assumptions

- Everyone is acting as they should, given the system they are in.
- Your current system is perfectly designed to produce the results it is currently producing.
  - *To produce different results you must change the system. (THE PROCESSES)*
- We all contribute to the system that we are a part of, both positively and negatively.

W. Edwards Deming



# Essential Learning Collaborative Components

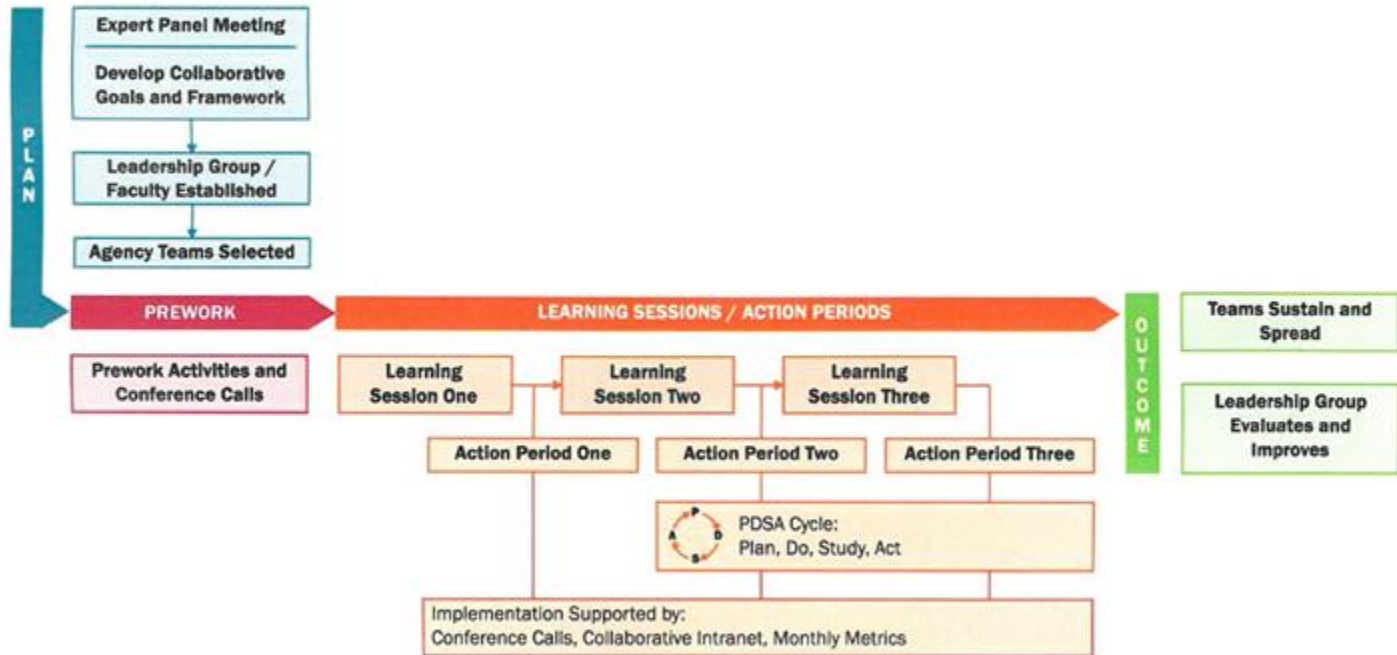


Figure adapted from Institute for Healthcare Improvement (IHI), 2003

Markiewicz, J., 08



NCCTS



epic



# Key concept - Co-production of knowledge

- Principles of Knowledge that is developed by change teams and coaches
  - Context based
  - Pluralistic
  - Goal orientated
  - Interactive
- Four elements of working with co-production approach
  - Equality
  - Diversity
  - Accessibility
  - Reciprocity

(Albert Norstrom, et al. Nature Sustainability, 2020)

# NIATx is primarily focused on process or DOING implementation

- Actions that encourage people/organizations/systems to adopt evidenced based practices are **implementation strategies**. NIATx is a bundle of implementation strategies that encompasses AND operationalizes both site specific pre-implementation and implementation of an evidenced based practice.
- Key to the NIATx approach is an understanding that implementation and especially the scale up of EBPs is generally undertaken by non-academics/non-scientists who need methods to evaluate their efforts to scale up/implement in real time. Allows their learning to improve process in an iterative way



# Why A Process Model?

- Customers are served by processes.
- 85% of customer related *problems* are caused by organizational processes.
- To better serve customers, organizations must improve processes.
- THE MODEL ASSUMES GOOD INTENTIONS



# Measuring Process - Four 'simple' NIATx AIMS

- Reduce Waiting Time
- Reduce No-Shows
- Increase Continuation
- Increase Admissions



- NIATx Tools and Coaching along with Learning Collaboratives move teams toward the AIM that is...

**EXPECTED**  
**SUPPORTED**  
**REWARDED**



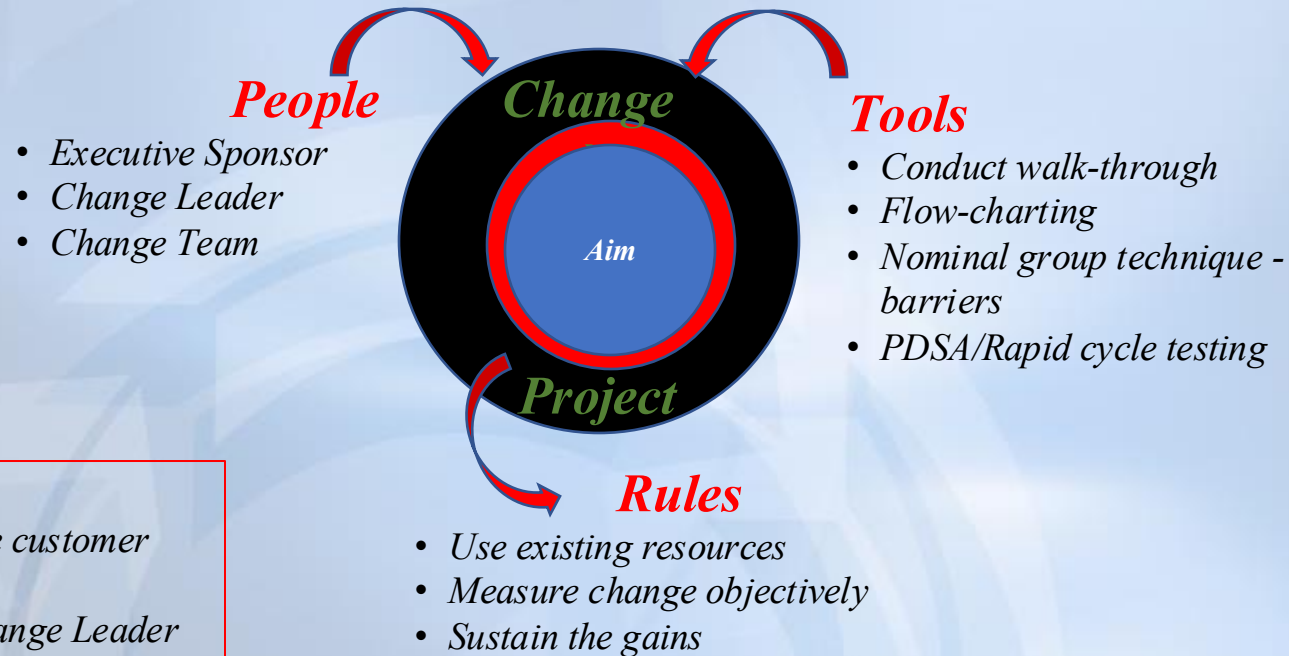
**NIATx**<sup>TM</sup>

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# The NIATx Model



## **Five Principles**

- Understand/Involve the customer
- Fix Key Problems
- Choose a Powerful Change Leader
- Get Ideas from Outside the Organization
- Use Rapid-Cycle Testing

# Five Key Principles

## Evidence-based predictors of change

- 1) Understand and involve the customer
- 1) Focus on key problems
- 1) Select the right change agent
- 1) Seek ideas from outside the field and organization
- 1) Do rapid-cycle testing



# Conducting a Rapid Cycle Change Exercise

## **PDSA cycles**

Plan the change

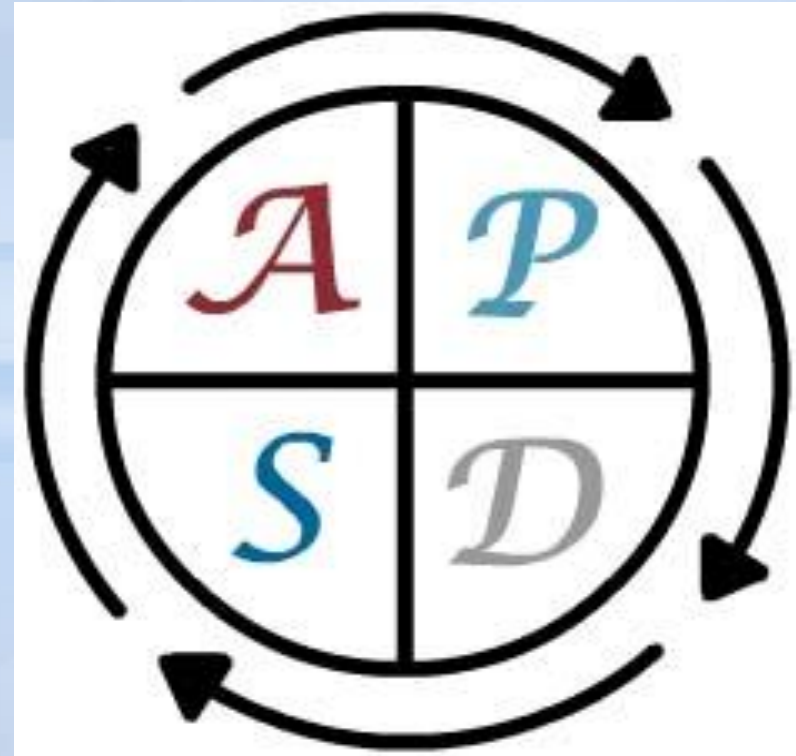
Do the plan

Study the results

Act on the new knowledge

## **Rapid cycle changes**

Changes should be doable in  
2 -4 weeks



# PDSA Steps Explained

## Plan<sup>1</sup>

- Plan a change or test, aimed at improvement
- Include how you will collect data
- What is your prediction for the test?

## Do

- Carry out the change or test, preferably on a small scale
- Document your observations
- Record data

## Study

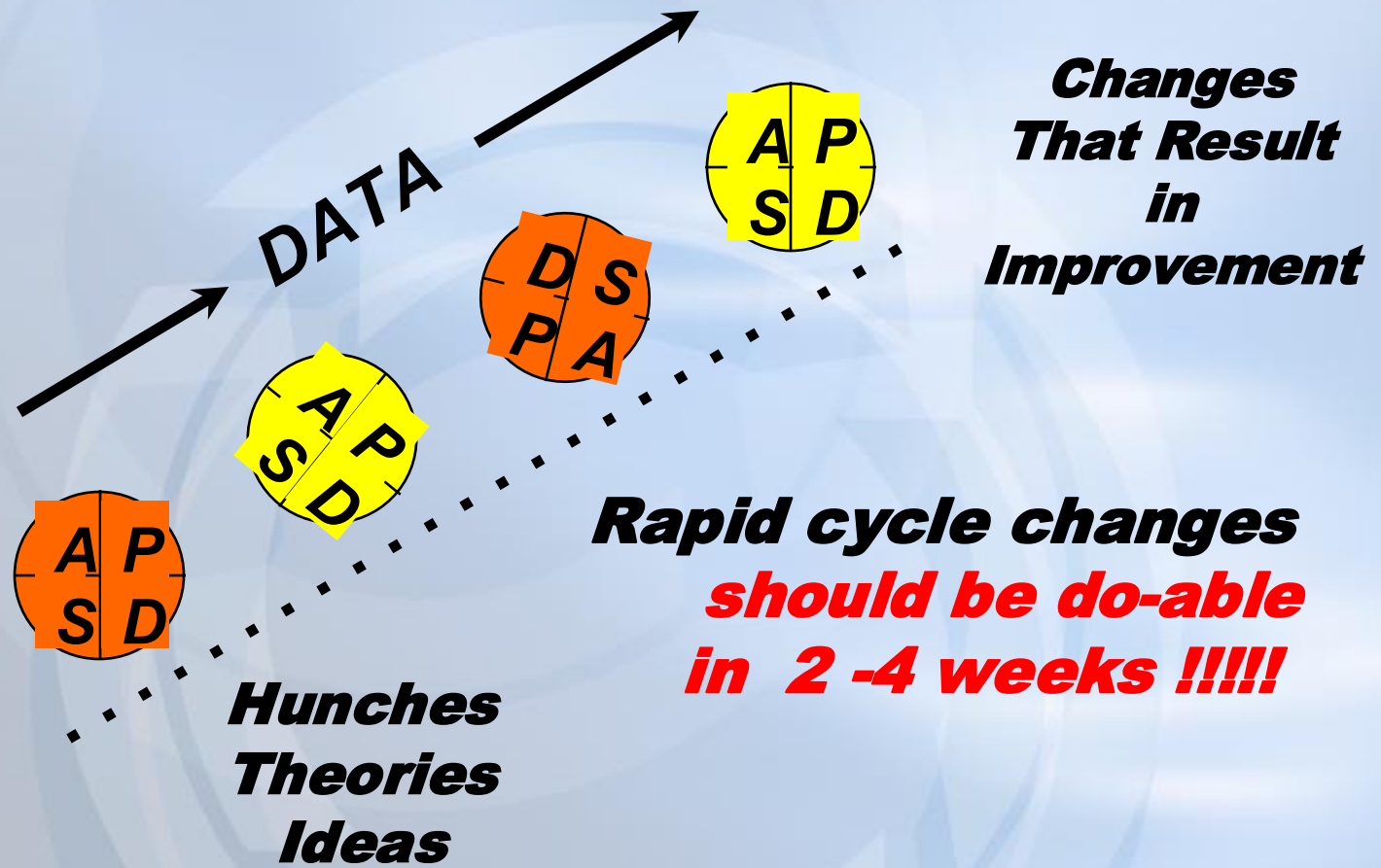
- Study the results. Was your prediction correct?
- What worked and what went wrong
- Summarize what was learned

## Act

- Adopt change (or) abandon change (or) adapt change and run another cycle
- Move on to next cycle



# Change Cycles PDSA - Sustain



# NIATx Toolkit

- AIM setting and Coaching/Facilitation
- Change teams – Executive Sponsor, Change Leader, Data manager. Change teams are ‘coached’, generally externally at first
- Rapid Cycle PDSAs (all data is useful. Fail fast) A change must be doable in a 2 – 4 weeks.

## **PDSAs are guided by the following facilitated tools:**

- the Walk Through
- Nominal Group Technique
- Flowcharting
- The development of SMART goals (Specific, Measurable, Attainable, Relevant, and Time bound) and simple pre-post metrics



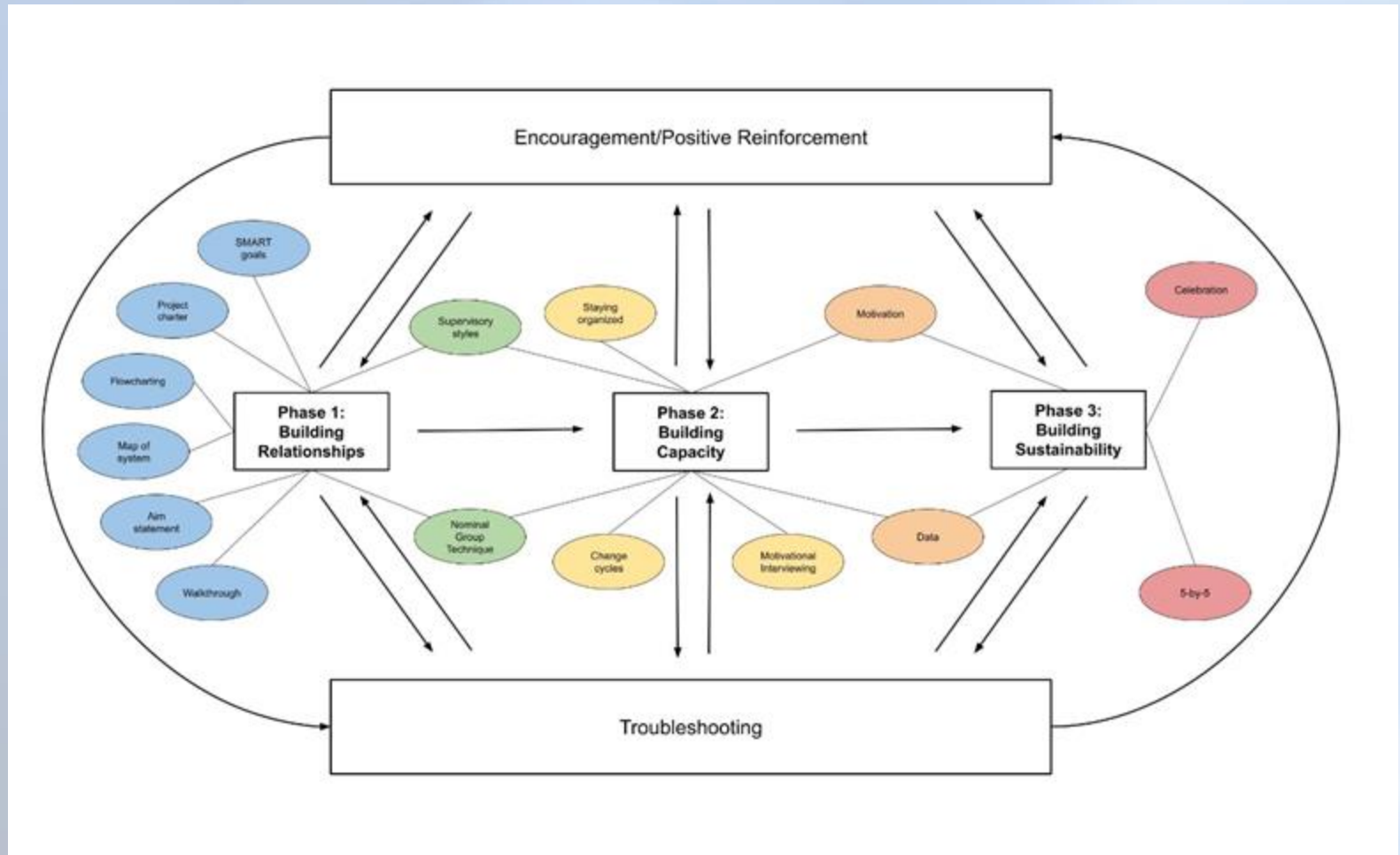
# COACHING/FACILITATION – Key ingredient of the secret sauce.

- NIATx Coaching happens in 3 (not necessarily linear) phases:
- Building Relationships
- Building Capacity
- Building Sustainability

(Opening the Black Box of Organizational coaching for implementation. Fledderman K, Jacobson N, Horst J, Madden LM, Haram E, Molfenter T. BMC Health Serv Res. 2023 Feb)



# The NIATx Coaching Model



# Understanding the Context and Collecting Local Baseline Data

- Flowcharting
- Nominal Group Technique
- Walk Through
- Patient level data (cascades, census, waiting time, lab results)

One of the benefits of NIATx is that it is a way to involve staff, improve morale, and move toward creating new opportunities.

NIATx sees change as a regular and ongoing element of our work. How do you determine what to change?

How do you find new ideas? And generate baseline data?

One important way is found in the **Nominal Group Technique**

Delbecq, A. L., Van de Ven, A. H., & Gustafson, D. H. (1975).  
*Group techniques for program planning*



# Identifying Barriers and Facilitators and change ideas Using NGT

- **Nominal Group Technique (NGT)** is a structured facilitation tool to help the change team brainstorm a list of ideas/changes and reach a consensus on what change to test first.
- **Benefits**
  - Promotes group participation in the decision-making process.
  - Engages both extroverted and introverted team members.
  - Uses priorities of each team member to discover the overall priorities of the group.
- **Time**
  - An NGT Exercise can be completed as quick as 15-20 mins.
- ***In our time together, you will have the opportunity to conduct a NGT exercise.***



# Steps in conducting an NGT

**STEP 1: Silent idea generation**

**STEP 2: Round-robin recording of ideas**

**STEP 3: Serial discussion of ideas**

**STEP 4: Final voting**



# Conducting a Walk-through

- Play the role of a client and a client's family member seeking treatment at your agency.
- Try to think and feel as the client/family member would, and think about what they would want changed.
- Ask staff what changes would make the process better for clients and for staff.
- Compile a list of client and staff needs and possible improvements that could address these needs.



# Why Flowchart?

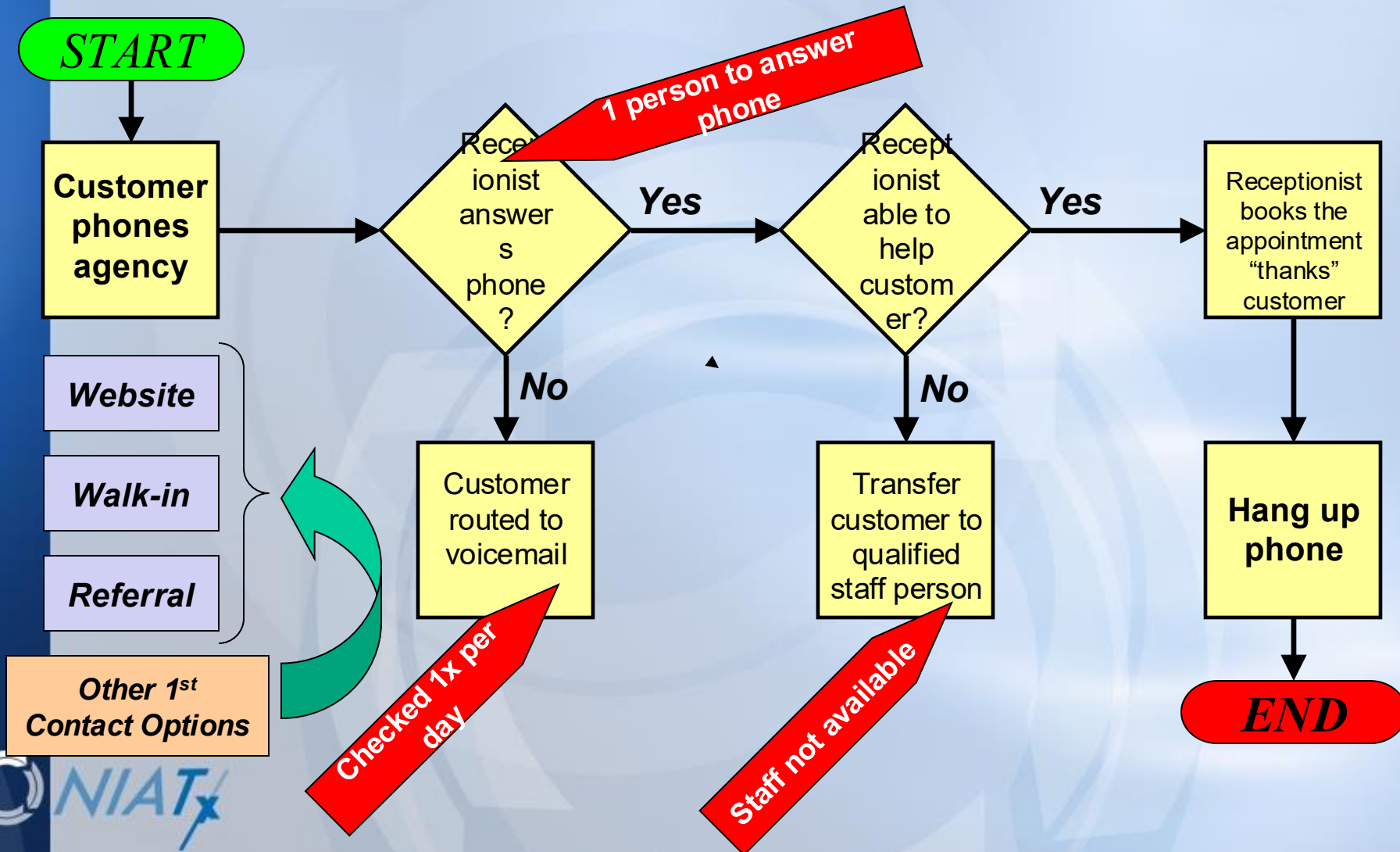
Flowcharting is useful for:

1. Providing a starting point to understand the process as it is today.
2. Identifying key problems/bottlenecks
3. Showing where to test ideas for most impact
4. Adding interactivity - gets the team together
5. Creating a simple & succinct visual process overview- enhances adult learning



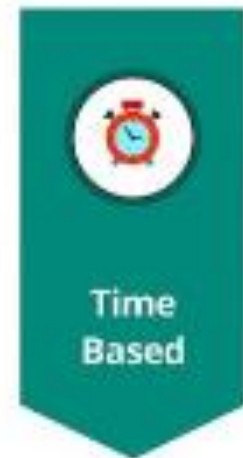
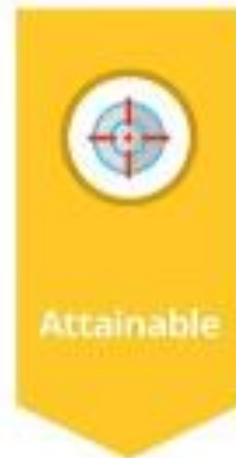
# Sample Flowchart

Process name: *Customer 1<sup>st</sup> Contact (phone call) to Agency Response*



# Developing SMART Goals

# SMART



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# NIATx – Breakthrough Innovations

- AIM Setting – issues are complex, but can be approached by evidenced based AIM setting.
- Rapid Cycle Change – appeals to both logic and emotion.
- Implementation is guided with simple approaches that emphasize coaching and relationship building. Teams gain implementation/performance improvement capacity and ownership of solutions.
- The Walk-through – an opening experience.
- Business case and/ or clinical outcome – change is tied to strategic advantage – right now. The advantage is tied to population level health outcomes AND ultimately to the organization/field.



# Starting a Change Project

- Set the AIM and select a change team – name a change leader, an executive sponsor, and data person.
- Conduct a walk-through. (local context)
- Collect baseline data. (Nominal Group Technique, Flowcharting, local data)
- Review baseline data and walk-through.
- Suggest a process change that might move toward the desired aim.

# NIATX strategies in Implementation

Start by asking five questions:

1. What's it like to be an individual in our care?
2. What are we trying to accomplish?
3. How will we know if a change is an improvement?
4. What changes can we test that may result in an improvement?
5. How can we sustain the improvement?



# CASE EXAMPLES



[www.NIATx.net](http://www.NIATx.net)

Reduce Waiting & No-Shows · Increase Admissions & Continuation

# Small sequential changes, big impact

## Rhode Island Department of Corrections

- Change #1 Continuing all persons entering incarceration on their existing MOUD
- Change #2 Screening ALL others for OUD (SISQ – Wakeman)
- Change #3 offering all who screened positive induction to MOUD as indicated.
- Change #4 active discharge planning with community agencies that included introductions prior to release
- Outcome: reduced post incarceration overdose death in Rhode Island by **63% in one year.**
- Initial evaluations that included explicit questions regarding OUD and warm hand-offs post incarceration were key components in this approach – “**promising practices**”



# Moldova - Probation



# Overview of Activities Done in Probation

## March – June 2025

- Implementation of monthly coaching sessions with territorial teams.
- Strengthening inter-institutional collaboration (with police, local public authorities, NGOs).
- Introduction of screening for opioid drug use upon entering probation.
- Focus on individualizing interventions and early identification of beneficiaries' vulnerabilities.
- Increased internal awareness regarding inclusive approaches.

# Examples of Change Activities in Probation

## March – June 2025

- Asking every new person about opioid drug use.
- Repeating the question at each monitoring visit, especially for those with drug-related offenses.
- Extending the duration of counseling sessions and providing informative sessions on drugs/addiction/therapies (emphasis on methadone/buprenorphine therapy).
- Collaboration agreements and signed contracts with NGOs and the narcological office.
- Referrals to the narcologist.
- Referrals to NGOs for services.
- Qualitative data (from coaching) shows progress.

# Activities Completed for Each Probation Office (March – June 2025)

Location	New Entries to Probation	Number Released	Number Screened	Screened Positive	Linked to Treatment
Chisinau	190	149	149	20	0
Balti	105	139	106	2	0
Cahul	120	122	102	0	0
Orhei	122	149	111	2	1
Ungheni	113	74	105	3	1
Comrat (Gagauzia)	40	31	40	1	0
Calarasi	83	92	89	3	0
Anenii Noi	21	31	26	0	0
Edinet	6	3	22	2	1
Falesti	92	106	120	6	0
<b>Total</b>	<b>913</b>	<b>893</b>	<b>899 (100%)</b>	<b>34 (3,7%)</b>	<b>3 (8,8%)</b>

# Moldova - Prisons



# Activities in Prisons (March – June 2025)

- Monthly coaching sessions with territorial teams.
- Strengthening inter-institutional collaboration (with police, local public authorities, NGOs).
- Introduction of single-item opioid drug use screening upon entry.
- Focus on tailoring interventions and early identification.
- Increased internal awareness regarding inclusive approaches.
- Active participation of teams in thematic training (diversity, human rights, reintegration).
- Initiation of collaborations with local NGOs for post-detention assistance.
- Absence of standardized procedures for case management.

# Overview of Activities in Prison (March – June 2025)

- Active participation of teams in thematic training (diversity, human rights, reintegration).
- Initiation of collaborations with local NGOs for post-detention assistance.
- Screen for opioid use for every new entrant.
- Repetition of the opioid use question, especially for those with drug-related offenses.
- Qualitative data (from coaching) shows progress (increase in the number of people included in treatment in some institutions).

# Activities Completed in Prison (March – June 2025)

Location	Number Entered	Number Released	Number Screened	Number Screened (+)	Number Started on Treatment
Leova nr. 3	47	N/D	33	5	0
Cricova nr. 4	220	N/D	569	443	22
<b>Cahul nr. 5</b>	136	N/D	94	11	0
Soroca nr. 6	170	N/D	141	97	3
Rusca nr. 7	18	N/D	47	4	1
Pruncul nr. 9	39	N/D	59	12	0
Balti nr. 11	349	N/D	349	140	6
<b>Chisinau nr. 13</b>	730	N/D	308	132	13
Cricova nr. 15	10	N/D	211	106	1
Pruncul nr. 16	490	N/D	264	40	4
Rezina nr. 17	58	N/D	131	118	2
Branesti nr. 18	81	N/D	501	162	6
<b>Total</b>	2344	N/D	<b>2755 (100%)</b>	<b>1274 (46,2%)</b>	<b>61 (4,8%)</b>

# Selected Peer Reviewed Publications



# NIATx as an Evidence-based Practice

The following is a partial list of NIATx-related research published in peer-reviewed publications:

- Fleddermann, K., Jacobson, N., Horst, J., Madden, L. M., Haram, E., & Molfenter, T. (2023). Opening the “black box” of organizational coaching for implementation. *BMC health services research*, 23(1), 106.  
<https://doi.org/10.1186/s12913-022-08948-6>
- Chokron Garneau, H., Assefa, M. T., Jo, B., Ford, J. H., 2nd, Saldana, L., & McGovern, M. P. (2022). Sustainment of Integrated Care in Addiction Treatment Settings: Primary Outcomes From a Cluster-Randomized Controlled Trial. *Psychiatric services (Washington, D.C.)*, 73(3), 280–286.  
<https://doi.org/10.1176/appi.ps.202000293>



# NIATx as an Evidence-based Practice

- White, V. M., Molfenter, T., Gustafson, D. H., Horst, J., Greller, R., Gustafson, D. H., Jr, Kim, J. S., Preuss, E., Cody, O., Pisitthakarm, P., & Toy, A. (2020). NIATx-TI versus typical product training on e-health technology implementation: a clustered randomized controlled trial study protocol. *Implementation science : IS*, 15(1), 94.
- Ford, J. H., Osborne, E. L., Assefa, M. T., McIlvaine, A. M., King, A. M., Campbell, K., & McGovern, M. P. (2018). Using NIATx strategies to implement integrated services in routine care: a study protocol. *BMC Health Services Research*, 18(1), 431.
- Freese, T. E., Padwa, H., Oeser, B. T., Rutkowski, B. A., & Schulte, M. T. (2017). Real-world strategies to engage and retain racial-ethnic minority young men who have sex with men in HIV prevention services. *AIDS Patient Care and STDs*, 31(6), 275–



# NIATx as an Evidence-based Practice

- Madden, L., Bojko, M. J., Farnum, S., Mazhnaya, A., Fomenko, T., Marcus, R., ... & Dvoryak, S. (2017). Using nominal group technique among clinical providers to identify barriers and prioritize solutions to scaling up opioid agonist therapies in Ukraine. *International Journal of Drug Policy*, 49, 48–
- Gustafson Jr, D. H., Maus, A., Judkins, J., Dinauer, S., Isham, A., Johnson, R., ... & Atwood, A. K. (2016). Using the NIATx model to implement user-centered design of technology for older adults. *JMIR Human Factors*, 3(1), e2.
- Pearson, F. S., Shafer, M. S., Dembo, R., del Mar Vega-Debién, G., Pankow, J., Duvall, J. L., ... & Patterson, Y. (2014). Efficacy of a process improvement intervention on delivery of HIV services to offenders: a multisite trial. *American Journal of Public Health*, 104(12), 2385-2391.



# NIATx as an Evidence-based Practice

- Gustafson, D. H., Quanbeck, A. R., Robinson, J. M., Ford II, J. H., Pulvermacher, A., French, M. T., ... McCarty, D. (2013). Which elements of improvement collaboratives are most effective? A cluster-randomized trial. *Addiction*, 108(6):1145-57. PMID: PMC3651751. doi: 10.1111/add.12117
- Quanbeck, A. R., Madden, L., Edmundson, E., Ford, J. H., McConnell, K. J., McCarty, D., & Gustafson, D. H. (2012). A business case for quality improvement in addiction treatment: evidence from the NIATx collaborative. *The Journal of Behavioral Health Services & Research*, 39(1), 91–
- McCarty D, Gustafson DH, Wisdom JP, Ford J, Choi D, Molfenter T, Capoccia V, Cotter F. (2007). The Network for the Improvement of Addiction Treatment (NIATx): enhancing access and retention. *Drug and Alcohol Dependence*, 88(2-3):138– PMID: PMC1896099



# QUESTIONS?

## Thank you!

Please feel free to contact me:  
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