On-Time Services: Reduce or Eliminate Your Wait Time

Mental Health and Substance Use Recovery Training Conference 10/26/16

John Kettler, MS, CSAC, LPC, ICS
Joan Sternweis, MSW, LCSW

Conference Objectives
Increase knowledge and skills to promote wellness, prevention, treatment, recovery, best practice, holistic care, and continuous quality improvement with the use of evidence-based practices across the lifespan.

Workshop Objectives
- Learning how to use the NIATx model to reduce wait times
- Learning about Open Access and Just-in-Time scheduling models
- Reviewing the WCDHHS STAR-QI project
Roles and Perspectives

- Administration
- Clinical Practice
- Claims/Finance
- Peer Support
- Customer Service
- Program Evaluation

Business Case for Reducing Wait Times

- More satisfied clientele
- Fewer appointment cancellations and no-shows
- Better utilization of staff
- Increased revenue

NIATx 101

- UW Madison's Center for Health Enhancement Systems Studies (CHESS)
- Formerly the Network for the Improvement of Addiction Treatment
- Scope has increased over the years
- Now just NIATx
NIATx 101 Resources

- Refer to Deanne Boss and Mike Quirke's presentation on the conference website
- NIATx on a Napkin
  - http://www.youtube.com/watch?v=Te3FViYoE-4&sns=em

NIATx Four Aims

- Reduce waiting time (1st contact to admission)
- Reduce no-shows
- Increase admissions
- Increase continuation (retention 1st through 4th sessions)

NIATx Five Principles

- Understand and involve the customer
- Fix key problems - help the CEO sleep
- Pick a powerful change leader
- Get ideas from outside the organization or field
- Use rapid-cycle testing to establish effective changes (PDSA cycles)
NIATx Philosophy

• NIATx projects emphasize continuous improvement from the consumer perspective
• NIATx projects gather point of service input
• NIATx projects promote rapid cycle, measured change
• NIATx projects foster engagement and satisfaction
• NIATx projects improve outcomes
• NIATx projects support and enhance person-centered, consumer-first, recovery-driven services

STAR-QI

• State Treatment Access and Retention – Quality Improvement
• Collaboration between UW Dept. of Family Medicine and WI Dept. of Health Services (DHS)
• Currently 42 agencies involved
• Year-long quality improvement projects

STAR-QI cont.

• Benefits
  • Stipend
  • Waiver for Tx Plan to be documented by 5th session
  • Waiver for group size from 8 to 10 people
  • Project satisfies service evaluation requirement
• See Mike or Deanne for details on joining
Waukesha County Department of Health and Human Services

Outpatient Clinic
514 Riverview Ave
Substance Use Services
Mental Health Services
Coordinated Services Team
Crisis Response Team

Mental Health Center
1501 Airport Rd.
Community Support Program
Treatment and Support Services Unit
Inpatient Services

Mental Health and Substance Use Services Clinic

• 2016 Annualized Activity
  • Outpatient – MH – Clients served 2,550
  • Outpatient – MH – Visits 17,850
  • Outpatient – SU – Clients served 1,050
  • Outpatient – SU – Visits 13,650
  • FTE 36

Prior Year Projects

• 2013 - Retention for IOP patients (long cycles)
  • 2% - decision to adapt
  • 9% - decision to adapt
  • 6% - decision to adopt
    • Time-of-year effects
Prior Year Projects cont.

• 2014 & 2015 - Outcomes Informed Care
  • DHS 75.03(20)3
  • 18% increase in insurance coverage
  • 5% decrease in alcohol use late in Tx
  • 90% reporting support for sobriety
    • Counselors disagree – teachable moment
  • 23% increase in ATC employment
  • 9% increase in ATC supportive living situation

Change Team

Executive Sponsor – Joan Sternweis
Change Leader – John Kettler
AODA Provider – Susan Andrews
Intake Coordinator – Mary Mitchell
BAS Unit – Dan Dorak
Administrative Services – Ronda Baxter
Shared Services – Kara Moore
Shared Consultant – Mark Colclasure

Macro Level Project

• Incorporates both SU and MH
• Collaboration with Admissions Workgroup
• Timing of changes and collection of data required coordination
5x5 in one slide

- Plan: Aim statement – To improve patient satisfaction with our admission process by 5%
- Do: Made changes to lobby and admissions staff as well as how data is gathered and processed
- Study: Results were positive and showed improvement in multiple areas
- Act: Adopted multiple changes
- Impact: Consumers expressed improved satisfaction and it is predicted that retention will improve, patients will benefit more, and that revenue will increase

Access to Services

- Problems
  - Clients must first schedule then wait for an initial appointment.
  - Intake appointments fill up days to weeks in advance.
  - Admission staff spend significant amounts of time making appointments that are not kept.
  - No-shows for assessment appointments prevent other clients from using that time slot.
  - Clinician time is not utilized.

Open Access and NIATx?

From the NIATX Glossary:

- Access: Ability to enter the treatment system.
- Admission: The point at which paperwork is completed to admit a client to treatment.
- Assessment: Determination of the need for treatment and if yes, the appropriate level of care; sometimes called evaluation.
- Intake: Collection of information to begin the assessment process.
- On-demand service: Service that is available when the client requests it. Also referred to as same-day service, walk-in service.
- Same-day service: Service is available on the same day that the client makes first contact.
What is Open Access?

• An engagement strategy whereby organizations offer an assessment on the same day it is requested by the consumer, without a scheduling delay or waitlist, resulting in an eradication of consumer no shows for assessments.

Why Open Access?

• Client Satisfaction/Engagement – MTM data shows
  • Clients who are offered a same day appointment show up 91% of the time while those who schedule one day later show up 75% of the time.
  • Teams who move to Same Day Access see a 10% increase in the kept rate of their follow up appointments on average.

Implementing a Same Day Access Model--

• 1. Offer times each day when clients can walk in and have an assessment (if volume warrants this, otherwise offer open access specific days or hours).
• 2. When the client does walk in, a clinician completes an assessment and at least one goal of the treatment plan based on the client’s presenting problem.
• 3. Client leaves with a therapy appointment and a medication eval appointment (if warranted).
• 4. Staff target a return date within 5-8 days for therapy and 3-5 days for psychiatric eval (Just-In-Time Scheduling makes this possible).
Just in Time Scheduling

- An offshoot of Same Day Access, Just in Time Scheduling allows teams to move a consumer from their diagnostic assessment to a psychiatric evaluation within 3 to 5 days, greatly increasing engagement and reducing no shows and cancellations.
- The model improves that consumer’s experience and the staff member’s quality of life by removing obstacles like non-billable med call-ins that generate high levels of frustration.

Just in Time for Meds

- Clients schedule appointments with a prescriber the week before they run out of medication.
- Open slots are scheduled to allow flexibility for doctors to see walk-in clients who are in urgent need or who are out of medication.
- JIT for Meds also provides flexibility to see clients more frequently, if necessary.
Readiness for our Change Project

- Centralized Scheduling
- Cross-trained Staff
- On-Site Pharmacy
- Electronic Health Record
- Admissions Redesign
- History of Successful NIATx and LEAN Projects

Collaborative Documentation

- Behavioral healthcare's traditional post-documentation model (clinicians documenting services after the session with the patient) reduces the time staff spends with consumers.
- Community behavioral healthcare organizations adopting the collaborative documentation model (documenting during the session in collaboration with consumers) as a clinical tool realize improved outcomes and increased efficiencies.
- Collaborative documentation increases patient engagement and education, enhances compliance with documentation requirements, improves real-time access to clinical information, and fosters information sharing with other providers.

PDSA # 1

- Planning. Meet with Admissions Workgroup
- Decide to do separate surveys but share data
- Invited consultant to join the Change Team
- Reviewed Visio mapping of the admissions process
Admission – Same Day Access

Admission – Prior Authorizations

PDSA # 2

• Converted NIATx Walkthrough Template to a self-report form (consumer input)
  • Establish baseline for intakes
  • Likert Scale 1-7
  • Also written questions (service evaluation)
  • Eliminated 1st section on scheduling
  • 2nd section was on getting to appt and intake
  • 3rd section was on appt itself
  • Created script for administration
PDSA #2 Self-Report Form

1. The Clinic hours are convenient for me. ☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5 ☐ 6 ☐ 7
2. Getting to my appointment with my transportation was not too difficult. ☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5 ☐ 6 ☐ 7
3. The building and Clinic were easy to locate. ☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5 ☐ 6 ☐ 7
4. I felt welcome when I entered the Clinic. ☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5 ☐ 6 ☐ 7
5. After arriving at the Clinic for my appointment, the amount of time I waited before seeing the clinician was acceptable. ☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5 ☐ 6 ☐ 7
6. The forms I completed before my appointment were clear and easy to understand. ☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5 ☐ 6 ☐ 7
7. I felt prepared for the questions asked by the Fiscal worker before my appointment. ☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5 ☐ 6 ☐ 7
8. I felt that the clinician listened to me. ☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5 ☐ 6 ☐ 7
9. I had direct input into my treatment plan. ☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5 ☐ 6 ☐ 7
10. I felt the clinician reviewed the next steps in my treatment. ☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5 ☐ 6 ☐ 7

PDSA #2 Self-Report Form cont.

11. How long did you wait for your first appointment? ☐ 1 = 2 Days ☐ 3 = 5 Days ☐ 6 = 9 Days ☐ 10 + Days
Are you the client receiving services today, or are you the family member, guardian, or friend of the client receiving services? ☐ Client ☐ Family Member ☐ Guardian ☐ Friend
Age of Client (in years): ☐ Under 12 ☐ 12 – 18 ☐ 19 – 30 ☐ 31 – 65 ☐ Over 65
Additional Comments on the Admissions and Intake Process:
PDSA # 2 Results

- Established baseline data and shared with others
- Average age of MH patient higher than SU patient
- Baseline data very positive (nice, but where to go?)
- MH Goal – Feeling welcomed (6.0/7.00)
  - Moved furniture in lobby
  - Customer service training for reception staff
- SU Goal – Fiscal appt satisfaction (5.44/7.00)
  - Collect financial data at initial call/screening

PDSA # 3

- Changes identified in PDSA # 2 take time
- PDSA # 3 was a two week ‘beta test’ in the interim
- Designed to explore options towards Open Access
- Created separate scheduling line (routing) and dedicated person to do only scheduling
- Anecdotal data only - no surveying
- Staff member had too much down time
- Decision – Abandon change

PDSA # 4

- Seeking 5% improvement in MH and SU goals
- Surveyed again after changes made
  - MH – went from 6.00 to 6.42 (7% increase)
  - SU – went from 5.44 to 6.78 (20% increase)
- Decision to adopt both changes
- Shared data with Admissions Workgroup who adopted and continued fiscal process improvements
**PDSA # 5**

- Focused on how Wait Times data is collected
  - # days between first contact and intake appt.
- Evaluated three options
  - All clients including no-shows/cancellations (11.55)
  - All clients w/o no-shows and cancellations (9.34)
  - All clients if no-show or cancelled appt had been kept (8.49)
- Decision to adopt # 3 as best picture of Wait Time

**PDSA # 6**

- Training staff on Collaborative Documentation
  - a.k.a. Concurrent Documentation – “a process in which clinicians and clients collaborate in the documentation of the Assessment, Service Planning, and ongoing Client-Practitioner Interactions” (Bill Schmelter, MTM Services)
  - Useful for assessments, Tx planning, Tx reviews, progress notes, and discharge planning
  - Supports Open Access by improving utilization

**PDSA # 6 cont.**

- Implemented Collaborative Documentation
- Surveyed after 1 week and again after 1 month
  - Was it helpful? 85% increased to 94%
  - Did you feel involved? 90% increased to 97%
  - How well did provider do? 99.9% increased to 100%
  - Should provider continue? 55.6% increased to 96.5%
- Decision to adopt Collaborative Documentation
- Will survey again soon – now using laptops in group
PDSA # 7

• Collaborative Documentation among clinicians
• Surveyed clinicians – results indicating positive
  • How easy to learn? 46%
  • Helpful to Tx process? 62%
  • How involved are clients? 51%
  • Helpful with paperwork? 63%
  • Impact work satisfaction? 62%
• Will survey again after an additional training
  • Laptops may confound data

PDSA # 8

• Changes to admissions process in concert with Admissions Workgroup based on data
  • Pre-verification begins prior auths
  • Computer will track prior auths
  • Collect co-pay at check-in
  • Roped-off reception area
  • Check-out process includes scheduling appt
  • Financial counseling appt with improved info
• Future year STAR-QI studies

Questions on Eliminating Wait Time?

???
Thank you

John Kettler, MS, CSAC, LPC, ICS
jkettler@waukeshacounty.gov

Joan Sternweis, MSW, LCSW
jsternweis@waukeshacounty.gov

Waukesha County Department of Health and Human Services
514 Riverview Ave., Waukesha, WI 53188   (262) 548-7666