

Implementing Same Day Access for SUD Treatment Services

OPEN  ACCESS

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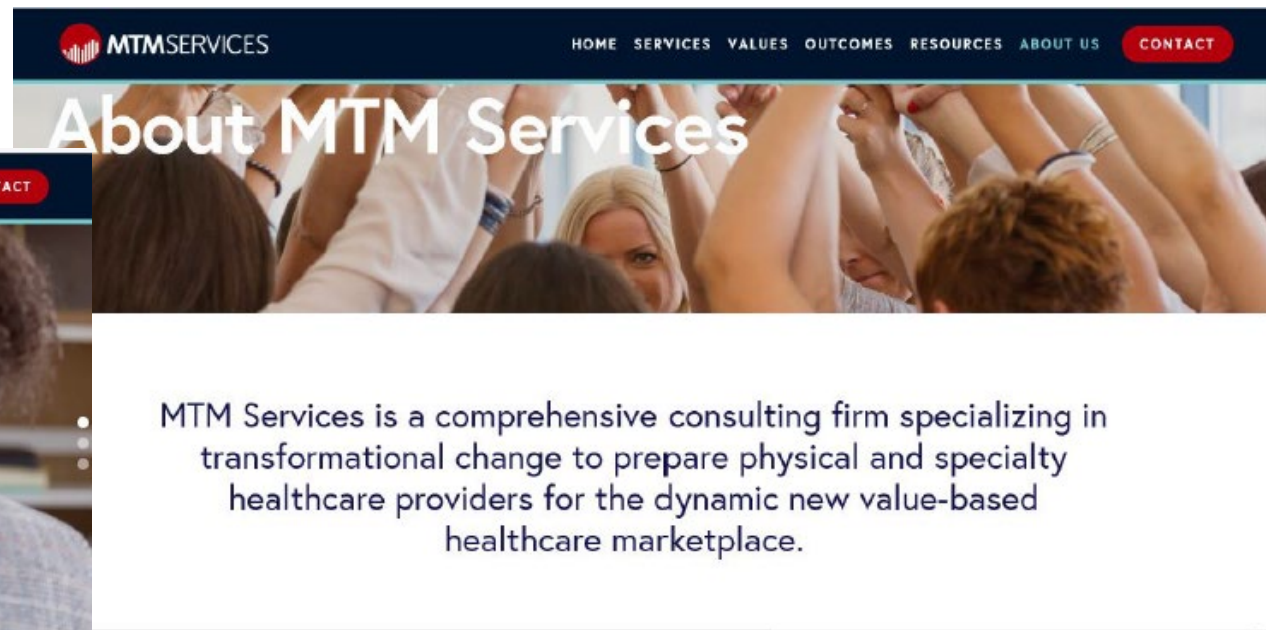
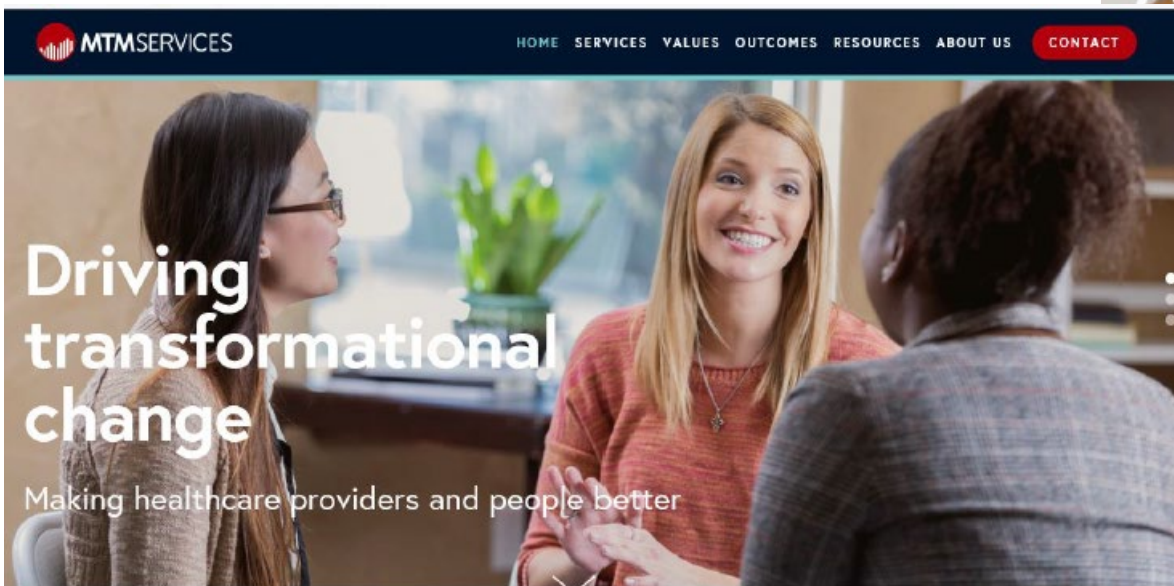
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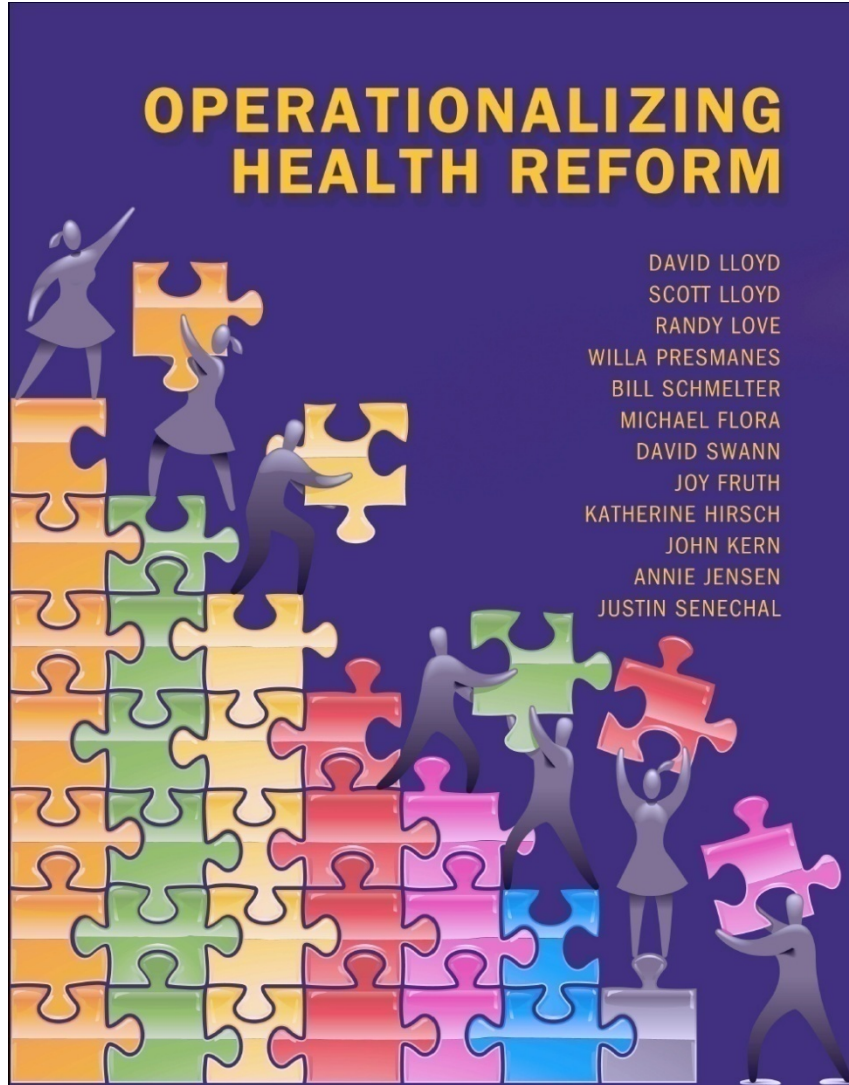


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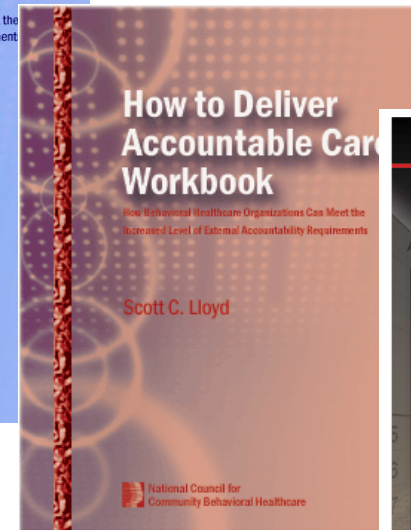
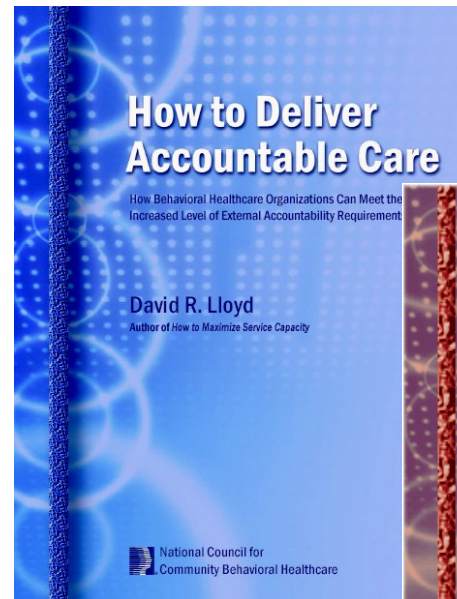
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Learning Objectives

- Learn proven strategies in implementing Same Day Access in SUD services
- Learn how to move from just talking about access to improved access and outcomes
- Develop strategies to overcome clinical and non-clinical barriers to Same Day access implementation

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Setting the Stage

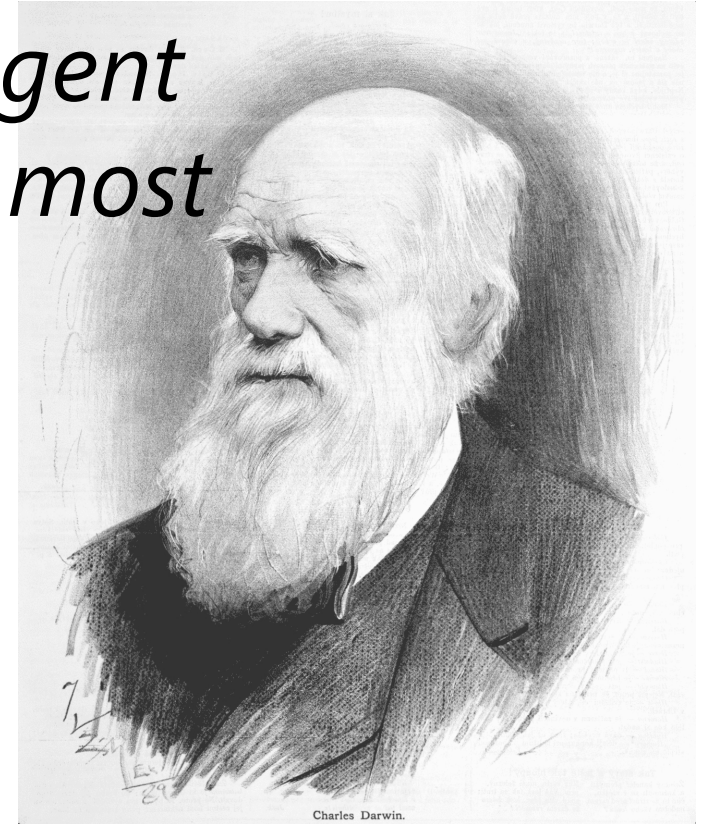
- Timely access to care can make the difference in the life of those affected with substance use disorders.
- This session will focus on how to successfully implement Same Day Access to within a SUD provider organization.
- This session will highlight the case study of MFI recovery services as they successfully implements Same Day Access and the positive clinical and financial outcomes they have experienced.

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The Nature of our Business

"It is not the strongest of the species that survives; nor the most intelligent that survives. It is the one that is most adaptable to change".

-Charles Darwin



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Setting the Stage

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SUD Core Competencies



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Demonstrating Value for SUD Services



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Value of Care Equation

1. **Customer Service:** The ability of all team members to be engaged to meet and exceed internal and external customer service expectations and improving the Customer Service Experience to Achieve Better Outcomes at a Lower Cost.
2. **Services provided** – Timely access to clinical and medical services, service array, duration and density of services through Level of Care/Benefit Design Criteria and/or EBPs that focuses on population based service needs.
3. **Cost of services-** provided based on current service delivery processes by CPT/HCPCS code and staff type.
4. **Outcomes achieved-** (i.e., how do we demonstrate that people are getting “better”).
5. **Quality** -Value is determined based on can you achieve the same or better outcomes with a change of services delivered or change in service process costs which makes the outcomes under the new clinical model a better value for the payer.

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Access to Care as a Key Strategic Driver

- Access to Care is one of the main indicators for success in the New Value Based Service environment



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Components of the Same Day Access Model

1. Offer times when clients can walk in and have an assessment.
2. When the client walks in, a clinician completes an assessment and at least one goal of the treatment plan based on the client's presenting problem. Answer the 5 essential questions.
3. Client leaves with a therapy appointment (<8 days) and a psych eval appointment (3-5 days), if warranted.

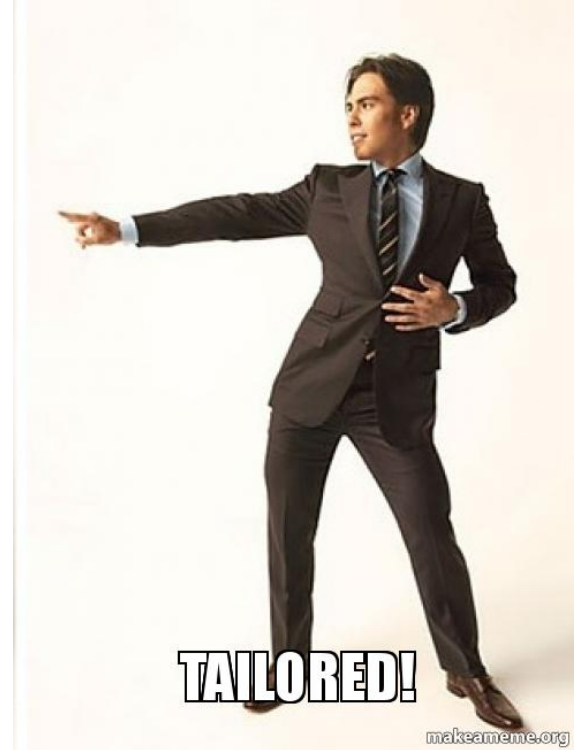
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Why a Tailor's Approach for SUD Same Day Access?

Because one size DOES NOT fit all when it comes to Same Day Access.



Photo Credit: BuzzFeed



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Why a Tailor's Approach?

- Because Open Access is not *always* the right fit
 - If you already offer same day scheduling and your no-show rate is 10% or below...
- Each organization must evaluate for themselves- Will Open Access do all of the following?
 1. Maintain or Enhance the current quality of care being delivered
 - Reduce wait times for clients?
 2. Deliver the care as efficiently as possible
 - Maximize service capacity/reduce lost clinician time?
 3. Conform to compliance requirements

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Consumers Win

Shorter Wait Times = Better Engagement



Photo Credit: CBS and Popkey.co

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Clinicians Win

- Frees up time to do other tasks
- No more no shows!



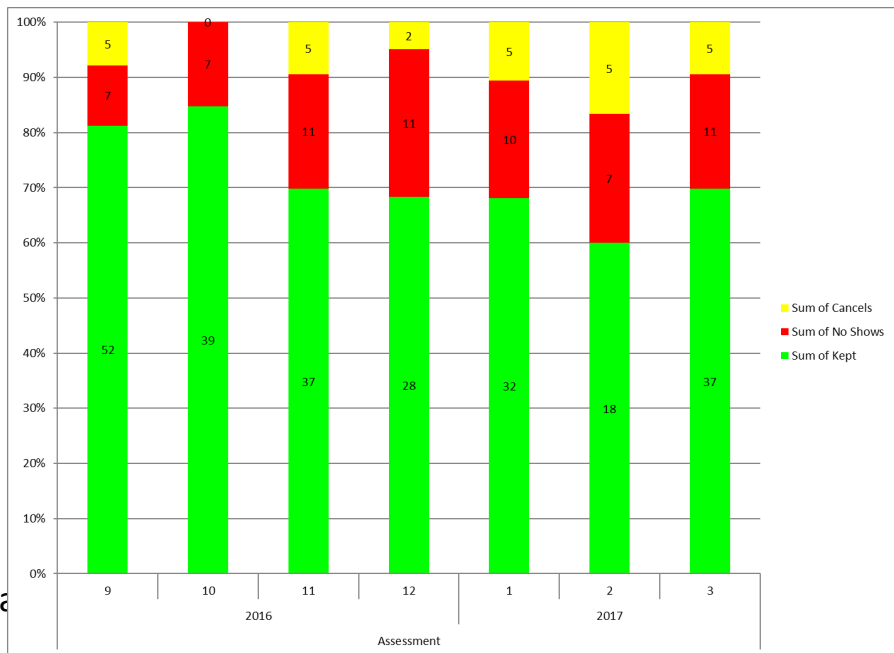
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Same Day Access Saves Clinician Time

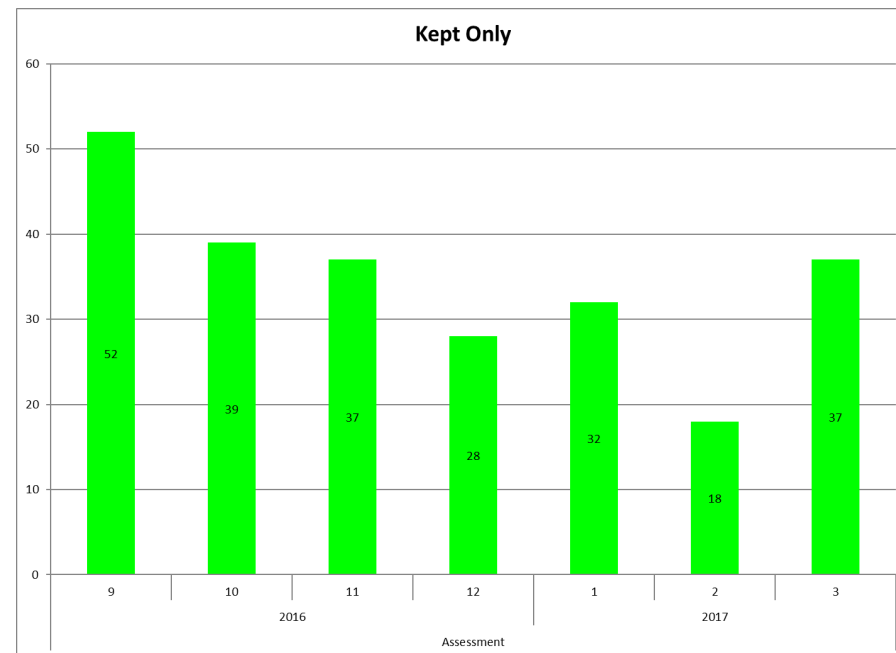
Scheduled Model:

100% of clients who are eligible are scheduled, setting aside an hour for each, whether they show or not.



Open Access Model:

We only set aside enough clinician hours for the expected kept assessments.



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Organizations Win

- Meets Evolving Healthcare Standards
 - Accreditation Requirements
 - State Requirements – Virginia Example
 - MCOs
 - CCBHCs
 - VBR

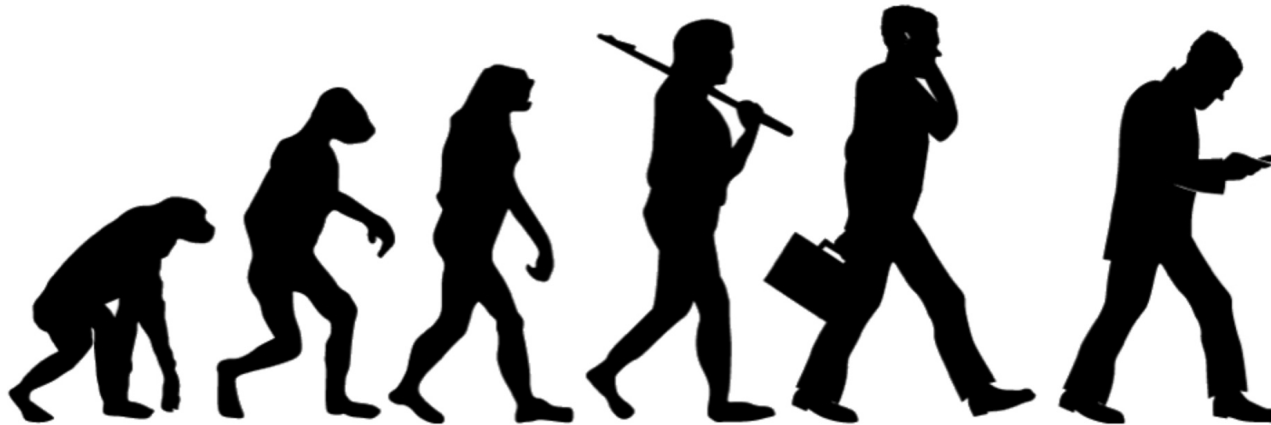






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Ask Yourself: Is Same Day Access Right for You?

- Are you concerned about client engagement? 
- Are your no show rates for assessment higher than 10%? 
- Are your wait times for scheduled assessment longer than 1 day? 
- Could you benefit from having more clinician time to provide treatment WITHOUT having to hire additional staff? 

If you answered “yes” to any of the above, then Same Day Access may be right for you!

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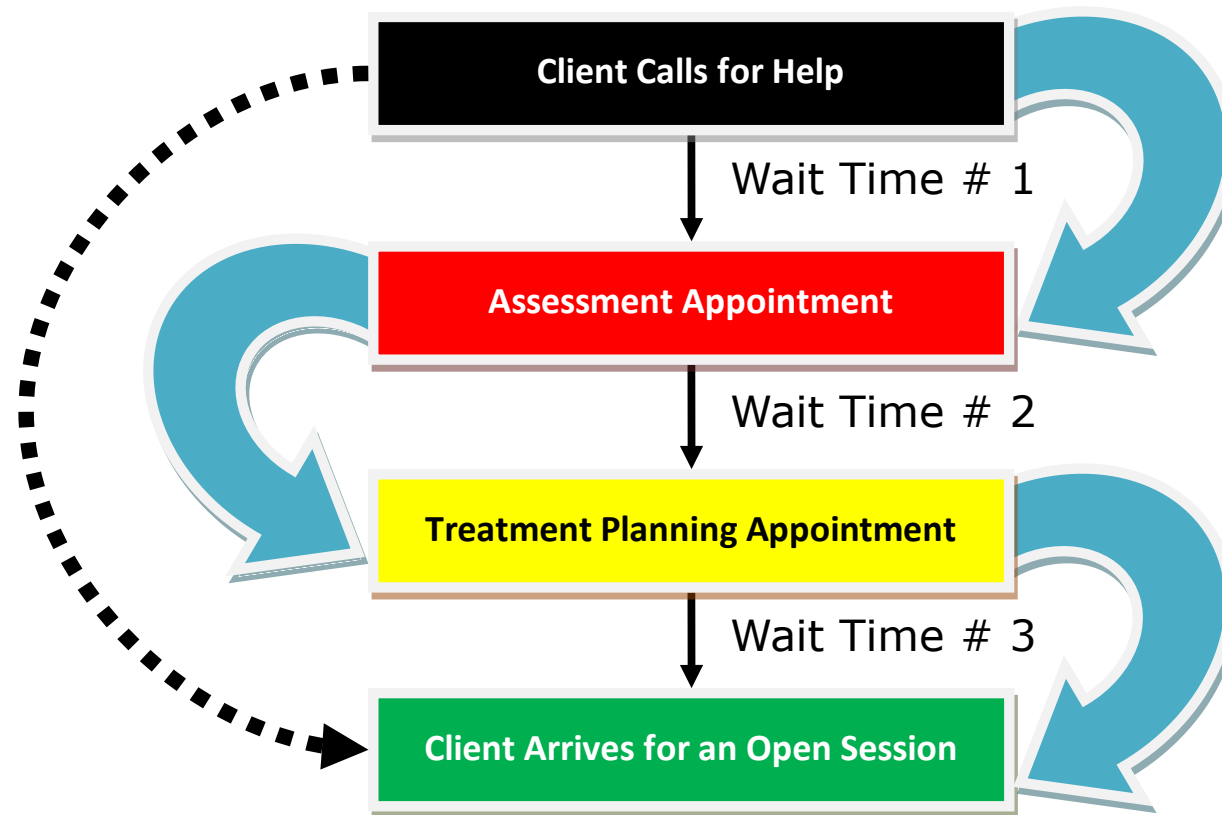
Access to Treatment Focus...

1. The primary challenge facing almost every healthcare provider is having adequate service delivery capacity to support timely and effective access to treatment.
2. In an era of integrated healthcare reform, access to treatment is even more critical.
3. The historical three levels of access to care challenge have been:
 - a. **Primary Access** – Time to provide client face to face initial intake/assessment after call for help – **Same Day/Open Access Model**
 - b. **Secondary Access** – Time to provide client face to face service with his/her treating clinician following intake/assessment date – **3 to 5 days but not later than 8 days after same day assessment provided**
 - c. **Tertiary Access** – Time to first face to face service with Psychiatrist/APRN following the intake/assessment date - **5 to 8 days but no later than 10 days after the same day assessment provided**



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Client Definition of Access



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Case Study



MFI RECOVERY
center

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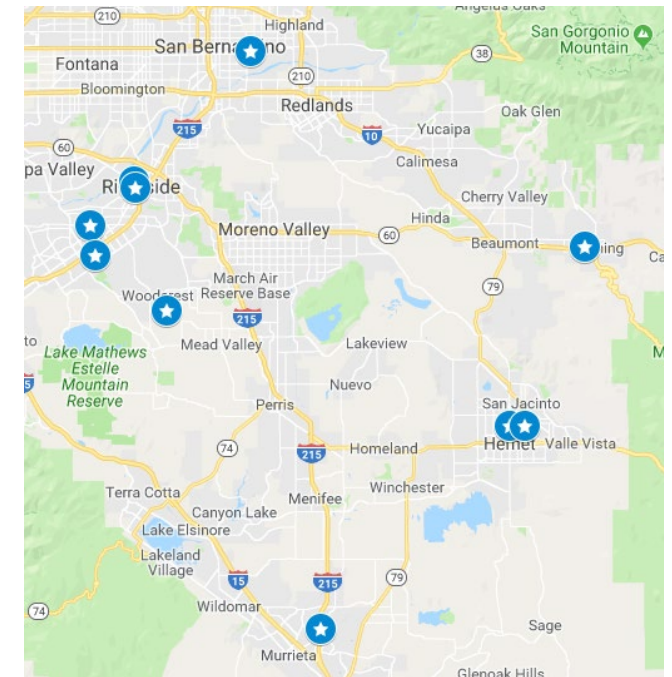


MFI Recovery Center information

Our Mission is to provide healthcare, behavioral health, and substance use services that promote recovery and wellness to all individuals and families in our community.

FY 17-18

- \$12.3 mil in revenue
- 180+ employees
- Over 6000 patients served
- **Over 90,000 individual client interactions**



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Addressing the issues- How bad was it?

- Reason Why
 - Approximately \$250,000 in charitable donated Care (uncollected copays)
 - No Concrete Data: Denials, Failed Claims \$
 - Low productivity % (average of 20%-30%)
 - NO schedule management
 - Access to care: average of 1-2 week wait for intake appointment.
 - Front Desk realignment
 - Answered phones and greeted clients
 - No front desk at outlying outpatient clinics

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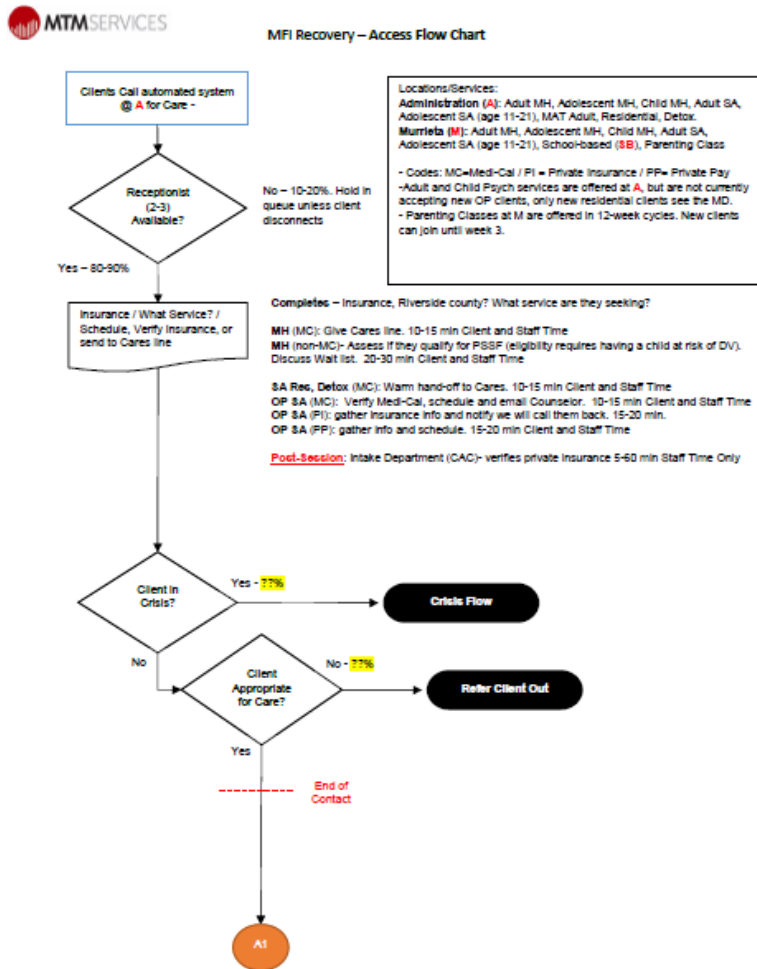
Before MTM Same Day Access

Initial Attempt: Outpatient Services.

- 1 day per week for 4-5 hours per day.
- 20-30 people would show.
- Only able to complete a screening for most clients and sometimes we would have to reschedule.
- Clinicians would spend 4-5 hours of un-billable time completing data entry and paperwork for registration later that day.
- Overwhelmed clinical staff.
- Retention rate of 25% after intake.

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Access to Care



- Completed a Gap Analysis with MTM
 - 14 different access flows to get into services
 - Average time from first call to first treatment appointment 1 day to 53 days with an average of 25 days
 - Average cost \$221.00
 - 3.81 hours of staff time
 - No show rate was 50% for intake

A new day!!!!

- Open Access focused on outpatient services.
- Customer Service Associates (CSA) at all outpatient sites
- CSA's handle eligibility, client registration, paperwork, data entry and scheduling for follow up appointments.
- Scheduling – removed access to clinicians. All scheduling goes through front desk.

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Results

- Improved productivity. Fill the white space mentality.
- Elimination of no shows for intakes
- Reduction of clinical time on intakes: From 2.5 hrs to under 1.5 hrs.
- Increased Efficiency
- Less stress on clinicians
- Increase in retention (75% returned for services after intake)

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Lessons learned

- Clinicians need to be clinicians, not administrative staff.
- First impressions last; a quick sales transaction to a therapeutic experience.
- Administrative staff are the cornerstone of same day access.
- Investment on administrative staff and technology pays off.
- Broke down barriers between clinical and admin staff and created a more team based environment.

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Ways to Avoid Common Implementation Mistakes and Strategies to Ensure Long-Term Sustainability

So you are ready to implement, now what?



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Common Misapplications of the Same Day Access Concept

- Offering walk-in access for *paperwork* and then scheduling an assessment appointment once paperwork is complete.
- Offering walk-in access for *assessment* once per week or once per month while most assessments continue to be scheduled.
- These models do not shorten consumer's wait OR eradicate no shows for the provider.
- Telling all the clients to come in at 8:00 am and then handing out stacked appointment slots for later in the day.
- This may shorten the wait *days* for the consumer, but commonly results in a day lost for the consumer and can still result in no shows for the provider.



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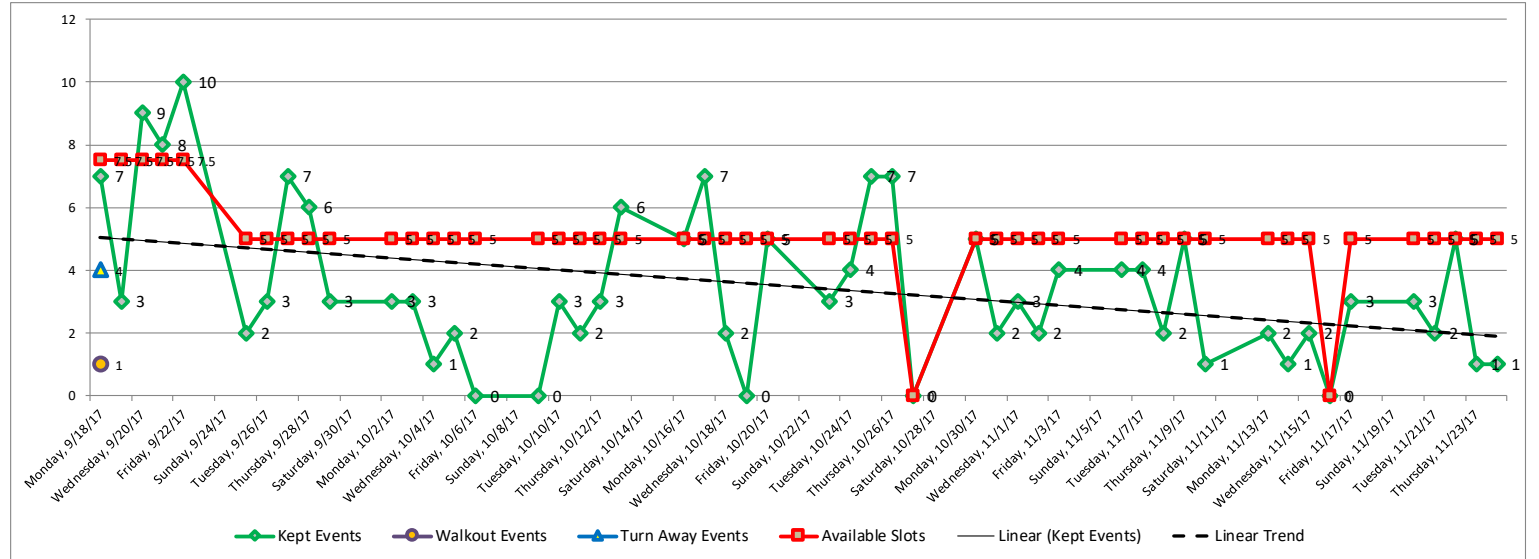
Common Implementation Mistakes



- Saying “first-come, first-served” in your phone script.
- Floor General is stuck in the back office and has no idea what is happening in the waiting room.
- Support Staff repeatedly implement contingency plan too early.
- Support Staff consider preferred slots to be a “scheduled appointment” and turn others away.
- Team doesn’t track or adjust for trends.

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Track for Trends



Day	Date	Kept Events	Available Slots	Walkout Events	Turn Away Events	Notes /Reason -
Monday	9/18/17	7	7.5	1	4	
Tuesday	9/19/17	3	7.5			
Wednesday	9/20/17	9	7.5			
Thursday	9/21/17	8	7.5			
Friday	9/22/17	10	7.5			
Monday	9/25/17	2	5			
Tuesday	9/26/17	3	5			
Wednesday	9/27/17	7	5			
Thursday	9/28/17	6	5			
Friday	9/29/17	3	5			
Monday	10/2/17	3	5			
Tuesday	10/3/17	3	5			
Wednesday	10/4/17	1	5			
Thursday	10/5/17	2	5			
Friday	10/6/17	0	5			
Monday	10/9/17	0	5			

This Chart features a Linear Trend Line.



Walkout Event - The client could have been seen but chose to leave.
Turn Away Event - We were not able to serve the client.

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Review Gap Analysis Results



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National SDA Results

Access Comparison Worksheet				
	Total Staff Time (Hrs)	Total Client Time without Wait-time (Hrs)	Cost for Process	Total Wait Time (Days)
Old Process Averages:	5.02	3.43	(\$364.89)	47.89
New Process Averages:	3.85	2.94	(\$284.11)	26.50
Savings:	1.17	0.48	\$80.78	21.39
Change %:	23%	14%	22%	45%
Avg. Number of Intakes Per Month			31,641.39	
Intake Volume Change %:			9%	
Monthly Savings:			\$2,215,909.93	
Annual Savings:			\$26,590,919.11	
Average Savings Per Center:			\$111,259.08	



239 Organizations included in this sample, from 26 states

These change numbers are averages, as teams have different starting points. For example, the average wait time change percentage is 45%, while the highest wait time change percentage recorded is 91%.

Total Annual Savings: More than \$26 Million / \$111,259 per Provider (average)

- 45% reduction in wait time
- 23% reduction in staff time
- 22% reduction in cost.

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SUD Only Providers

Access Comparison Worksheet				
	Total Staff Time (Hrs)	Total Client Time without Wait-time (Hrs)	Cost for Process	Total Wait-time (Days)
Old Process Averages:	3.60	3.12	(\$222.39)	24.86
New Process Averages:	2.82	2.64	(\$175.89)	18.54
Savings:	0.77	0.48	\$46.50	6.32
Change %:	22%	15%	21%	25%
Avg. Number of Intakes Per Month			1,053.00	
Intake Volume Change %:			11%	
Monthly Savings:			\$48,964.95	
Annual Savings:			\$587,579.44	
Average Savings Per Center:			\$73,447.43	



Total Annual Savings: **\$587,579.44**

- Produced an average annual savings of **\$73,447.43** per SUD Provider
- **25%** reduction in wait time
- **22%** reduction in staff time
- **21%** reduction in cost
- Based on SUD Providers from Ohio, Missouri, Washington, Massachusetts, and New York.

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Engagement Specialist Reduces No-Shows

		IOP	RA	CC	Indiv.
June	2016	29.9%	23.0%	20.8%	30.5%
June	2017	22.0%	8.7%	7.3%	15.3%
REDUCTION		-8.0%	-14.3%	-13.5%	-15.2%

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Experience: Improving Quality in the Face of Healthcare Reform

"When we began working with MTM, we went from borrowing money each month to meet payroll, to exceeding our budget in just eight months. We watched our revenue improve each month and by the end of the year we exceeded our budget by \$300,000. The catalyst in changing our bottom line was "Open Access". We now deliver service to our clients as they walk in the door. We not only increased revenue, we provide better care for our clients. We are currently implementing "Just In Time" scheduling with our prescribers and in one month our no show rate has decreased by 80%. We are very excited to watch our company grow as we continue to implement the procedures MTM taught us."

Leslie Stump, Director of Operations,
Community Behavioral Health, Hamilton, OH

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What Questions do you have?



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