

# Resistance is Futile-Same Day Access is Here to Stay!

Presented by:

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# Resistance is Futile-Same Day Access is Here to Stay!

# Don't get us wrong, resistance against injustice is good...









# Resistance is Futile-Same Day Access is Here to Stay!



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...but resisting good access will put you on the wrong side of history.



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# **Same Day Access Defined**

- 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.
- Open Access and Same Day Access are often used synonymously.
- Open Access is NOT an evolving science.







# **Components of the Same Day Access Model**

- 1. Offer blocks of time when a client 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.
- Client leaves with a return appointment for therapy (target: <8 days) and a psych eval appointment (target: 3-5 days), if warranted.





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# Show of Hands: Applying that definition, how many of you are doing Same Day Access?









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# Learning Objectives:

- 1) Recognize the value of decreased consumer wait time.
- 2) Explain how same day access reduces cost and increases productivity.
- 3) Demonstrate the steps to design same day access.
- 4) Illustrate same day access using a real-life case study.





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# **Objective 1: The Value of Decreased Consumer Wait Time**





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# The Value of Decreasing Client Wait Time

- Shorter wait times result in better client engagement and better chance of achieving outcomes.
- Engagement is typically measured in kept or no-show rates.

Pro Tip: If we want clients to achieve their outcomes, we have to first get them to show up. Same Day Access helps you do that.



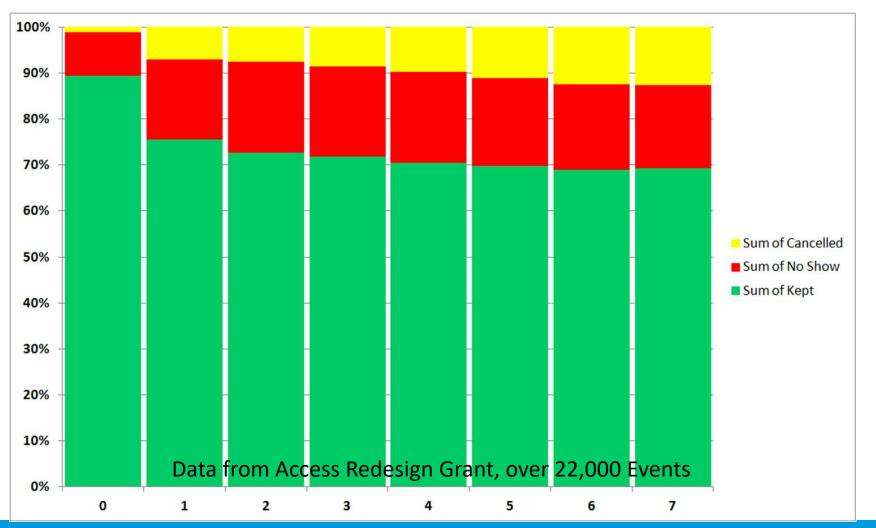






### Wait Days Create No Shows

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# The Value of Decreasing Client Wait Time

Same Day Access will help you achieve your outcomes because with shorter waits, clients are more likely to show up...

...not just for intake, but also for subsequent appointments.



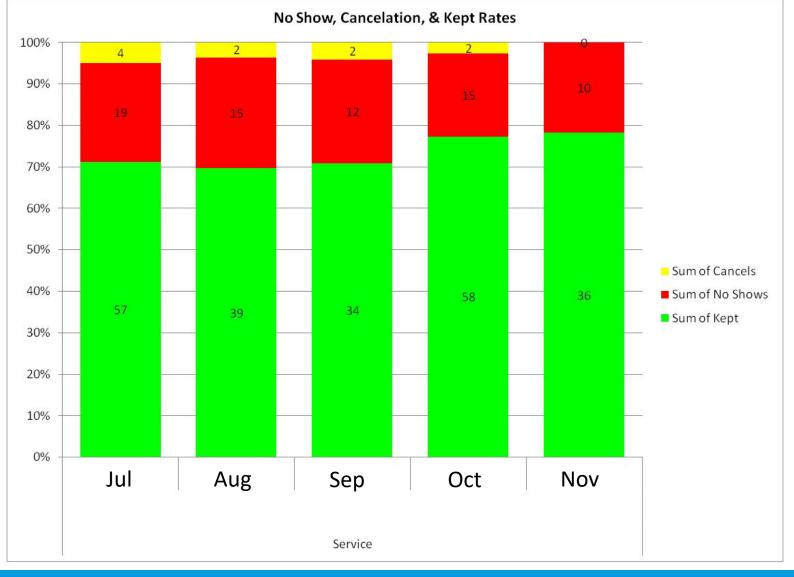


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Increased show rates are the hallmark of better engagement.







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# The Value of Decreasing Client Wait Time

• Shorter wait times result in better client engagement and better chance of achieving outcomes.





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# **Objective 2: Same Day Access Increases Productivity and Reduces Cost**





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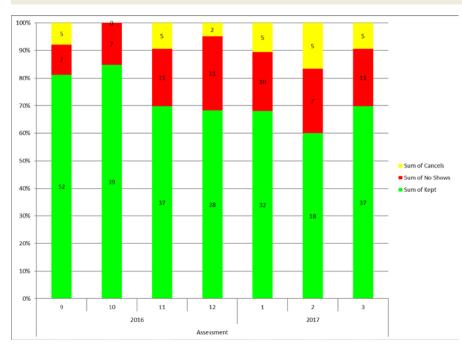
### Same Day Access Saves Clinician Time

#### Scheduled Model:

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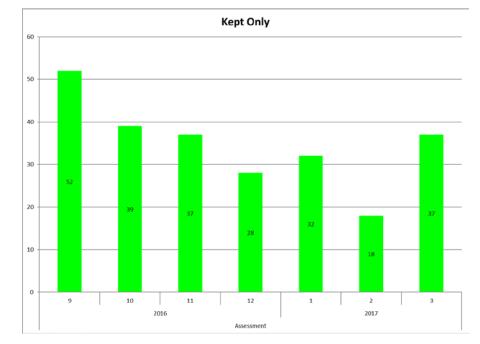
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All eligible clients are scheduled, setting aside time for each, whether they show or not. Then, only 60-80% of clients show up.



#### **Open Access Model:**

We only set aside enough clinician hours for the expected kept assessments. This is closer to 100% productive.







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# **A More Productive Clinician Costs Less to Employ**

### Clinician One – 55% Productive

Salary	FB%	Salary + FB	Base Cost PH	Overhead %	Cost Per Hour	Avg. Revenue	Margin
\$45,000.00	32%	\$59,400.00	\$51.92	44%	\$74.77	\$75.00	\$0.23

\*1144 billable hours/year = \$263.12 net revenue (one clinician)

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### Clinician Two – 65% Productive

Salary	FB%	Salary + FB	Base Cost PH	Overhead %	Cost Per Hour	Avg. Revenue	Margin
\$45,000.00	32%	\$59,400.00	\$43.93	44%	\$63.27	\$75.00	<mark>\$11.73</mark>

\*1352 billable hours/year = \$15,858.96 net revenue (one clinician)







# Same Day Access Increases Productivity and Reduces Cost

- Overall, fewer hours are designated for intake, so proportionally, more of those hours are used productively.
- Clinicians will have more time to devote to therapy sessions.

Pro Tip: They will need that extra therapy time to address the slight increase in intake volume.







# Same Day Access Typically Increases Intake Volume

Access Comparison Worksheet							
	Total Staff Time (Hrs)	Total Client Time without Wait-time (Hrs)	Cost for Process	Total Wait-time (Days)			
Old Process Averages:	4.46	3.10	(\$333.76)	47.43			
New Process Averages:	3.50	2.69	(\$272.68)	23.77			
Savings:	0.96	0.41	\$61.08	23.66			
Change %:	<b>22</b> %	13%	18%	50%			
A REPORT	Avg. Nur	nber of Intakes Per Month	8,080.87				
Services	I	ntake Volume Change %:	19%				
© Copyright 2008		Monthly Savings:	\$493,556.41				
www.mtmservices.org		Annual Savings:	\$5,922,676.96				
	Ave	erage Savings Per Center:	\$111,748.62	]			

Most recent Same Day Access Grant in partnership with National Council for Behavioral Health. 56 teams representing 10 states





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# Objective 3: No FOMO The Steps to Design Same Day Access





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### **Have Courage**

# The *Anxiety* that can precede this change is 10 times worse than the change itself!





# Same Day Access does **NOT** look like this; as long as you plan it out correctly!

Photo Credits: The Simpsons photoshopcontest.com, giphy.com





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## **5 Steps to Design Same Day Access\***

- 1. Confirm that Changing Access will Improve Care.
- 2. Choreograph the Client's Time in Office
- 3. Establish Clinician Hours
- 4. Plan the Transition
- 5. Communicate and Go!

\*If you are already doing open access and something is "not right", then just go back to step one and start over!







- 1. Confirm that changing access will actually improve care.
  - Basic guidelines are your no show rates for assessment higher than 10%?
  - Do you do more than 10 new assessments per month?
  - Are your wait times longer than they would be with same day access?





# 2. Choreograph the Client's Time –

Target a 2-2.5 hour time frame from door-to-door (including some wait time).





Photo Source: Amerymedicalcenter.org

Photo Source: Pinterest

Photo Source: tampabaytherapist.com

#### Therapist Office:

- Diagnostic Assessment
- One Treatment Plan goal



Photo Source: NBC

#### Reception:

 Schedule next appointments

Target: 1-5 minutes

### - Business/Financial Forms

Waiting Room:

- Health Questionnaires

Administrative Forms

- Basic ROIs

Target: 30-60 minutes

### Target: 60 minutes





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- 3. Establish Clinician Hours
  - Calculate the number of clinician hours needed, based on the number of assessments that are KEPT.
    - Same Day Access (*Recommended if demand is sufficient*)
    - Open Access Days or Open Access Hours
    - Hybrid Model (use sparingly)







Division: North County Assessment/Clinical Staff Time						
Direct Service Hours Delivered Per FTE Per Da	i <b>y</b> 6	<b>Total Post Session Hours</b>	Days Per Week	Days Per Year		
Avg. Direct Service Time Per Intake (Mir	.) 60	1.50	5	260		
Avg. Length of Post Session Activities (Mir	.) 15					
Total Direct Service Intake Time in Hou	rs 1.00	Total Hours Required	Holidays			
Maximum # Intakes Per Day per F	E 6.00	7.50	11			

1		Kept	25%	Scheduled	No Show %
	Total Intakes	80	100.00	125	36%
	Intakes Per Month	80.00	100.00	125.00	45.00
	Intakes Per Day	3.86	4.82	6.02	2.17
	FTEs	0.64	0.80	1.00	0.36
	Support Staff Time	Month	Total Sample Time	Annual Savings	Transition Session Load

# of NS	45.00	45	540.00	8.67
Avg. 1st Call Time (min).	12.5	12.5	12.5	Transition Clinical Staff
Hours Currently Lost	9.38	9.38	112.50	1.45





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3. Establish Clinician Hours

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- Use data to determine when clients are more likely to show up now for their assessments.
- Look for variances in day of week and time of day.
- Offer SDA during popular times.







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3. Establish Clinician Hours

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• Designated Assessors vs. Rotating Assessors?

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- Design your Contingency Plan This is your "Plan B" if something unexpected happens?
  - <u>Step 1</u>: Is there another clinician available now because of a no show or cancellation?
  - <u>Step 2</u>: Is there a supervisor available to do an intake?
  - <u>Last resort</u>: give a preferred slot for the following open access day

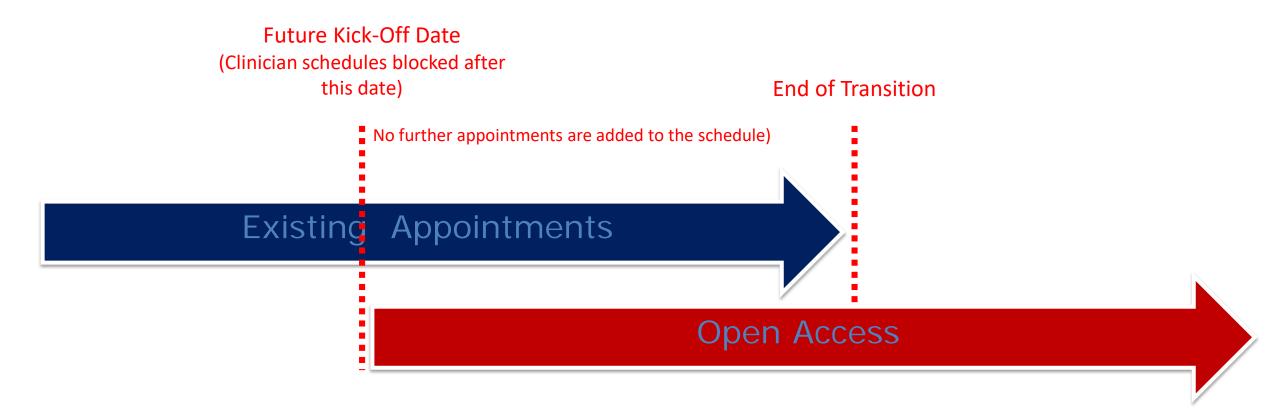








### 4. Plan Your Transition



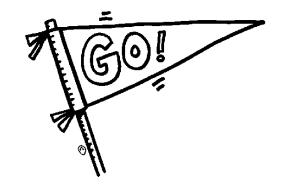




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- **5 Steps to Same Day Access**
- 5. Communicate and Go!
  - Write the Telephone Script (Target 2-3 minutes)
  - Select your Floor General-Lead Support Staff member who will take charge of the waiting room during open access hours.
  - Train Clinicians and Support Staff
  - GO!











# **Sustaining Open Access**

Teams who focus solely on Same Day Access often run into trouble within about 6 months. Changes must be more complete. Often, teams need help to make this transition successfully:

- Collaborative Documentation
- Centralized Scheduling
- No Show Management for established consumers
- Just-In-Time Scheduling for Prescribers
- Episode of Care Management
- Use more treatment groups to help with increase in volume





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# **Objective 4: Case Study: Center for Human Services**





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# **Center for Human Services**

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# **Choosing the Change Team**

- Include all supervisors involved
- Buy in from leadership

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• Everyone must understand that decisions will be data driven



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# **Approach with Curiosity**

- What needs to be improved?
- Data drives the design

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 Promote curiosity about the impact OA will have







# **Training Staff**

- Slowly introduce concept to line staff
- Use trainers who are enthusiastic about the changes
- Explain the "whys"

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• Anticipate staff response





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# Case Study





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# **Questions?**

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