

## Same Day Access: Why Wait?

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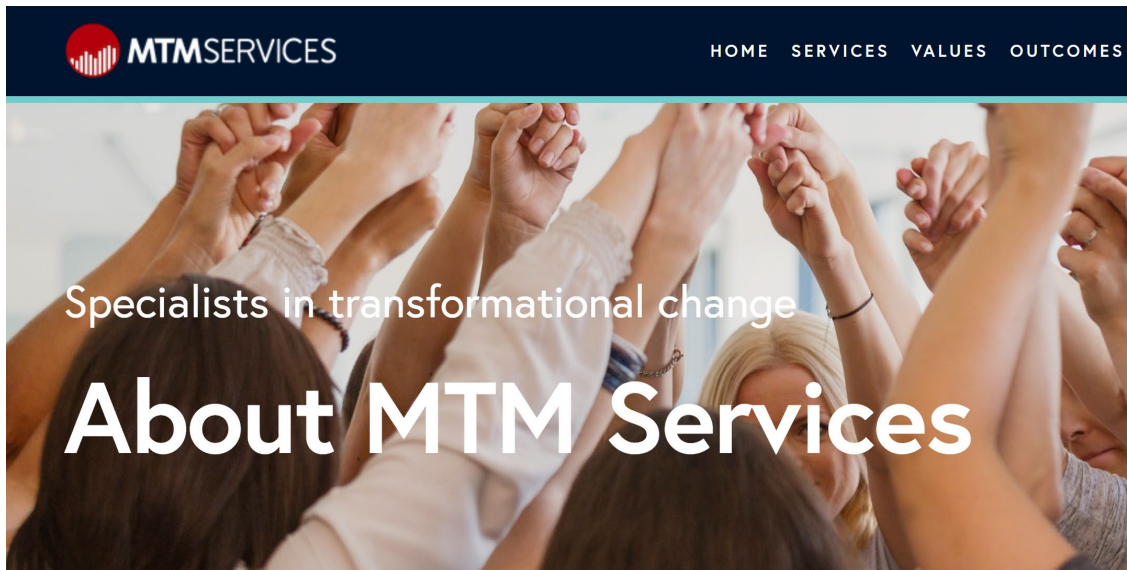
&

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## What is MTM Services?

*"Working to help organizations deliver the highest quality care possible, while improving the quality of life for those delivering the care!"*



MTM Publication Ordering Information:

[www.mtmservices.org](http://www.mtmservices.org) , [www.thenationalcouncil.org](http://www.thenationalcouncil.org) or Call (202)-684-7457

## This is Serious:

- **96 million American adults, or 38%** have had to wait longer than one week for mental health services.<sup>1</sup>
- **81%** agree that patients should not have to wait longer than a week to receive treatment.<sup>1</sup>



<sup>1</sup> <https://www.cohenveteransnetwork.org/wp-content/uploads/2018/10/Research-Summary-10-10-2018.pdf>

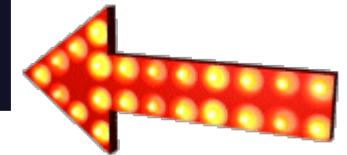
## America's Mental Health 2018:

- Link: <https://www.cohenveteransnetwork.org/wp-content/uploads/2018/10/Research-Summary-10-10-2018.pdf>
- Issued by Cohen Veteran's Network and the National Council for Behavioral Health- October 10, 2018
- Assessed Americans' current access to and attitudes toward mental health services
- Methods:
  - Online survey of 5,000 Americans (July 31-August 12, 2018)
  - Third-party data gathered to determine access based on four pillars: Providers, Facilities, Funding, Satisfaction

## The Findings...

### THE BIG PICTURE

Mental health services in the US are insufficient despite high demand. The root of the problem is getting an appointment, not quality of care.



**Over half** of American adults have sought or considered mental health treatment for themselves or others



A **lack of access** to mental health services for all Americans may dissuade people from seeking help in the first place



Once people receive the mental health services, their experience is positive

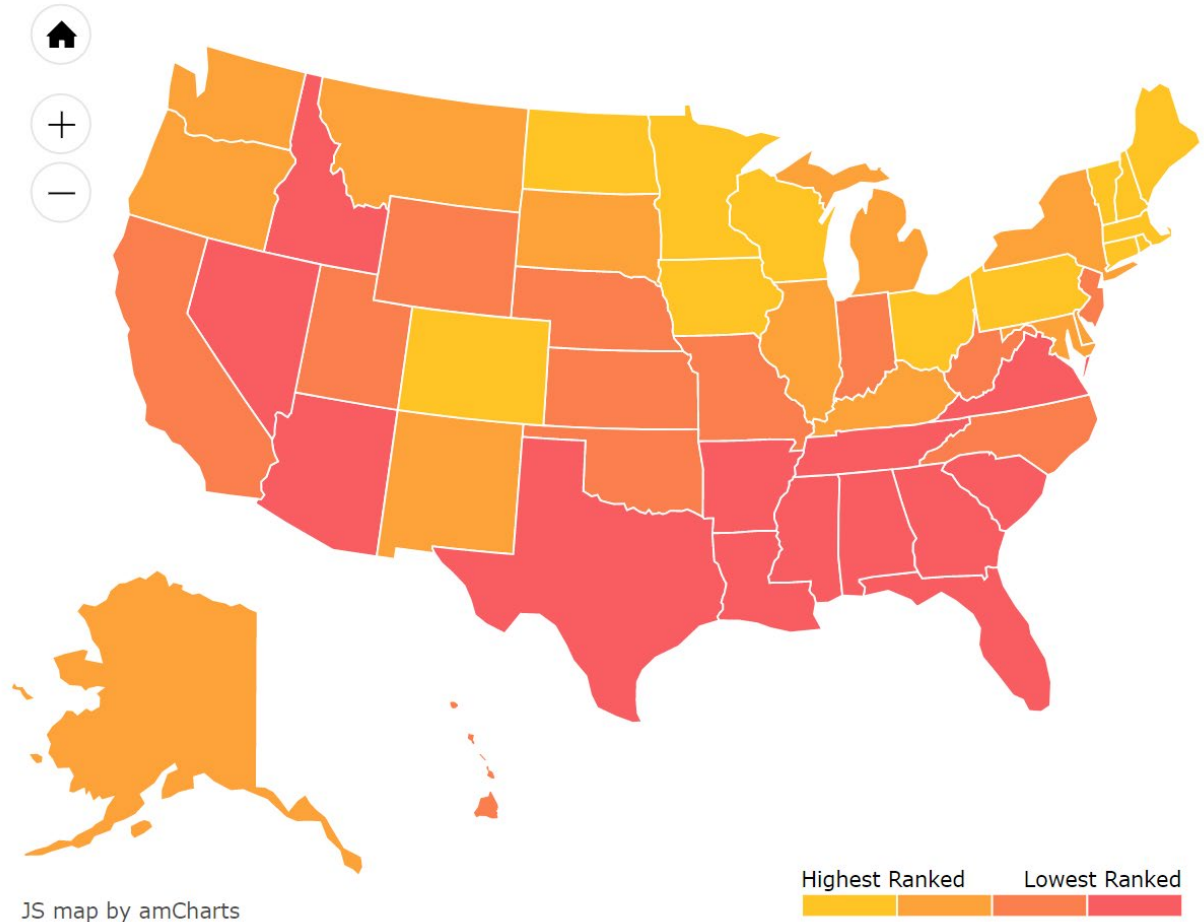


Barriers to access affect everyone: cost, limited resources & funding, and social stigma



Source: <https://www.cohenveteransnetwork.org/wp-content/uploads/2018/10/Research-Summary-10-10-2018.pdf>

## Access to Care Map



Source: Mentalhealthamerica.net

Rank	State
1	Massachusetts
2	Vermont
3	Minnesota
4	Maine
5	Rhode Island
6	New Hampshire
7	Connecticut
8	Iowa
9	Ohio
10	Colorado
11	Wisconsin
12	North Dakota
13	Pennsylvania
14	Maryland
15	Michigan
16	Oregon
17	New York
18	Illinois
19	Alaska
20	Delaware
21	South Dakota
22	Washington
23	District of Columbia
24	New Mexico
25	Montana
26	Kentucky

Rank	State
27	New Jersey
28	Nebraska
29	Hawaii
30	West Virginia
31	California
32	Kansas
33	Indiana
34	Oklahoma
35	Utah
36	Missouri
37	Wyoming
38	North Carolina
39	Idaho
40	Virginia
41	Arkansas
42	Arizona
43	Florida
44	Georgia
45	Tennessee
46	Louisiana
47	Nevada
48	Alabama
49	South Carolina
50	Texas
51	Mississippi

## It isn't *all* bad news....

- For CCBHCs,
  - SAMHSA included timely access as a requirement.
  - Many CCBHCs are going further. 46% have implemented Same Day Access according to a survey from the National Council for Behavioral Health.
- For everyone else, this is where the field is going.
  - Virginia SB 1005 mandated Same Day Access by 2019.
  - To date, MTM has worked with hundreds of BHOs in 47 different states to implement SDA.

## What is Same Day 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 assessment.
- Components of the SDA model:
  1. BHO offers 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.
  3. Client leaves with a return appointment for therapy (target: <8 days) and a psych eval appointment (target: 3-5 days), if warranted.



## Show of Hands:

Applying that definition, how many of you are doing  
Same Day Access?



## Quick Poll: What brings you here?

- A) Need Same Day Access 101
- B) Tried to implement Same Day Access and need more info to make it work?



## No Shame

- The shift to Same Day Access often requires *transformational* change of your organization's *culture*.
- Most providers struggle to get there on their own.
- We can help.



## Objectives for today

- Explain how same day access reduces wait time, cost, and increases clinician productivity.
- Demonstrate the steps to design same day access.
- Illustrate same day access using Compass Health as a real-life case study.

## Same Day Access

Reduces wait time and reduces cost by increasing  
clinician productivity

## Open Access reduces Wait Time

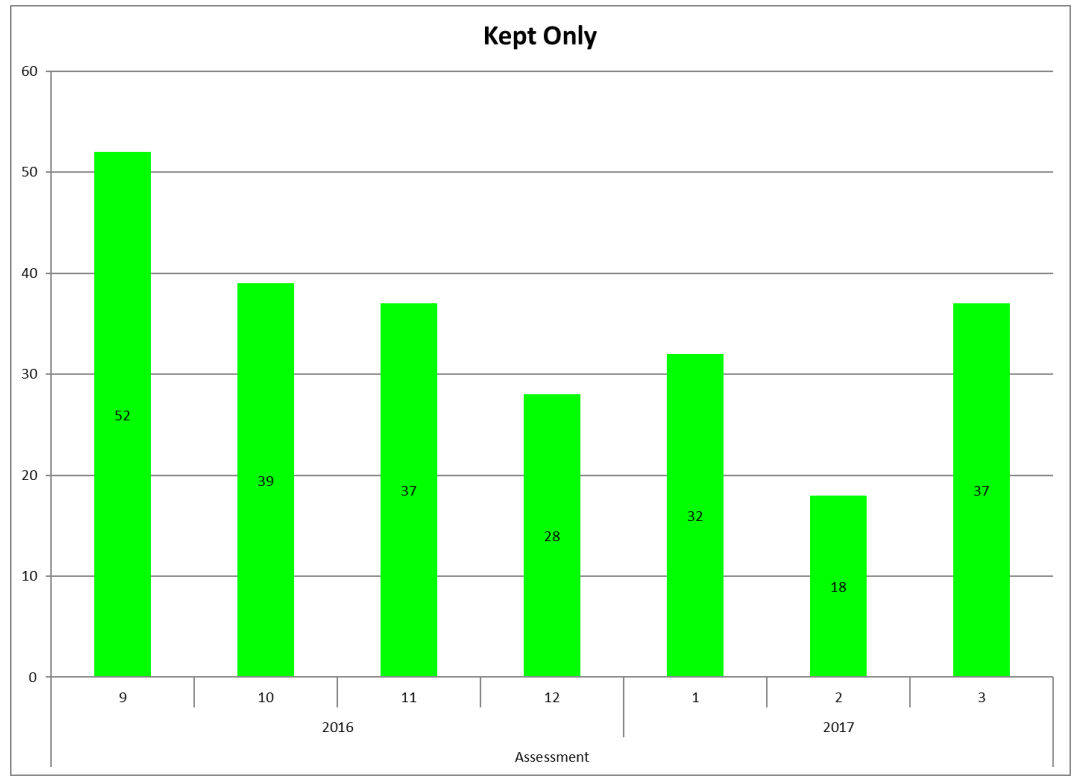
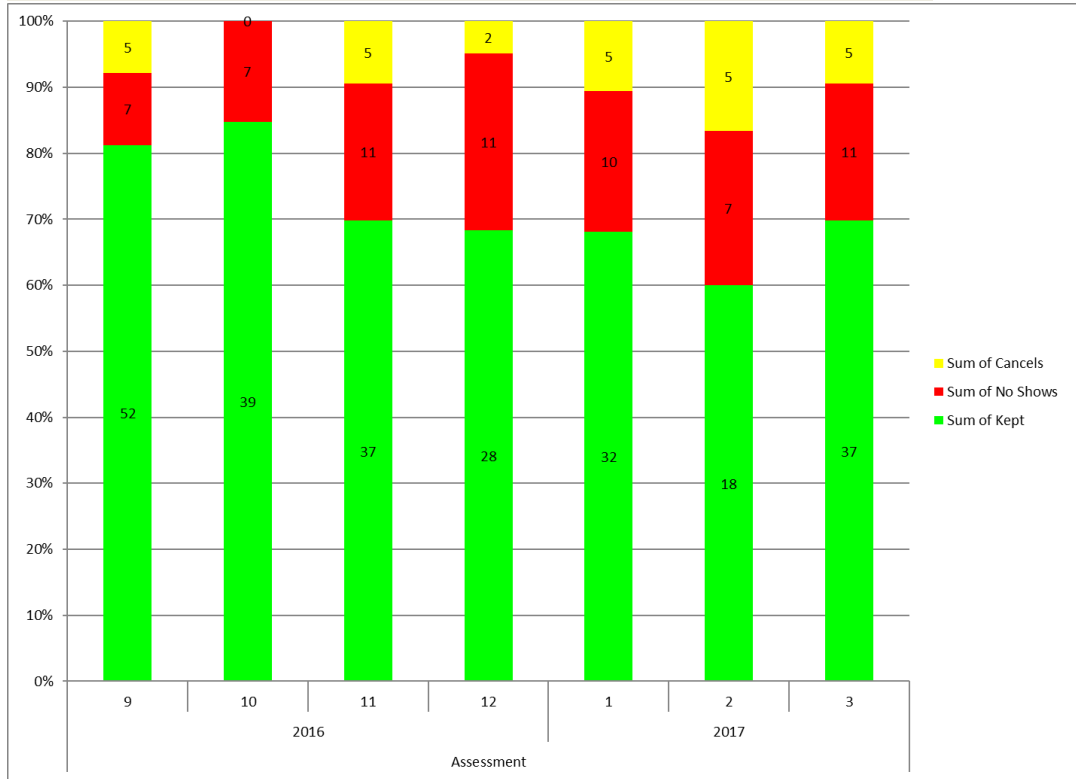
- Access hours are calculated based on actual client demand
- Most providers, having sufficient demand, are able to provide ***same day or next day access.***
- Blocks of clinician time are “set aside” where no scheduled appointments occur, but instead clients are invited to walk-in during these times for assessment.



## Same Day Access Can Increase Clinician Productivity

**Scheduled Model:**  
 All eligible clients are scheduled, setting aside time for each, whether they show or not. Then, only 60-80% of clients show up and 20-40% of clinician time is lost.

**Open Access Model:**  
 We only devote enough clinician hours for the number of assessments that are statistically completed. This frees up time that was previously reserved and lost to no-shows. This is closer to 100% productive.



## 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)

### 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	\$11.73

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



## Same Day Access

The Steps to Design SDA

## The 5 Steps to Same Day Access

- 1) Confirm that Same Day Access “fits” your organization.
- 2) Choreograph the Client’s Time in Office
- 3) Establish Clinician Hours
- 4) Plan your Transition
- 5) Communicate and GO!

## The 5 Steps to Same Day Access

- 1) Confirm that Same Day Access “fits” your organization.
- 2) Choreograph the Client’s Time in Office
- 3) Establish Clinician Hours
- 4) Plan your Transition
- 5) Communicate and GO!

## 1) Confirm that Same Day Access “fits”

- SDA is not a one-size-fits-all approach
- Q: Is this something that even a smaller size clinic can implement?



Cordova, AK  
Source: Wikipedia

## 1) Confirm that Same Day Access “fits”

- 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 to assessment longer than same day/next day?

**If you answered YES to any of the above, then Same Day Access might be right for you!**

## The 5 Steps to Same Day Access

- 1) Confirm that Same Day Access “fits” your organization.
- 2) **Choreograph the Client’s Time in Office**
- 3) Establish Clinician Hours
- 4) Plan your Transition
- 5) Communicate and GO!

## 2) Choreograph the Client's Time in Office - Target 2-2.5 hour throughput (including down time)



Photo Source: Amerymedicalcenter.org



Photo Source: Pinterest



### Waiting Room:

- Administrative Forms, Consents
- Business/Financial Forms
- Health Questionnaires, Basic ROIs

Target: 30-60 minutes



Photo Source: tampabaytherapist.com

### Therapist Office:

- Diagnostic Assessment
- At least one individualized Treatment Plan goal

Target: 60 minutes

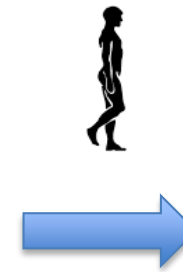


Photo Source: NBC

### Reception:

- Schedule next appointments

Target: 1-5 minutes

## The 5 Steps to Same Day Access

- 1) Confirm that Same Day Access “fits” your organization.
- 2) Choreograph the Client’s Time in Office
- 3) **Establish Clinician Hours**
- 4) Plan your Transition
- 5) Communicate and GO!



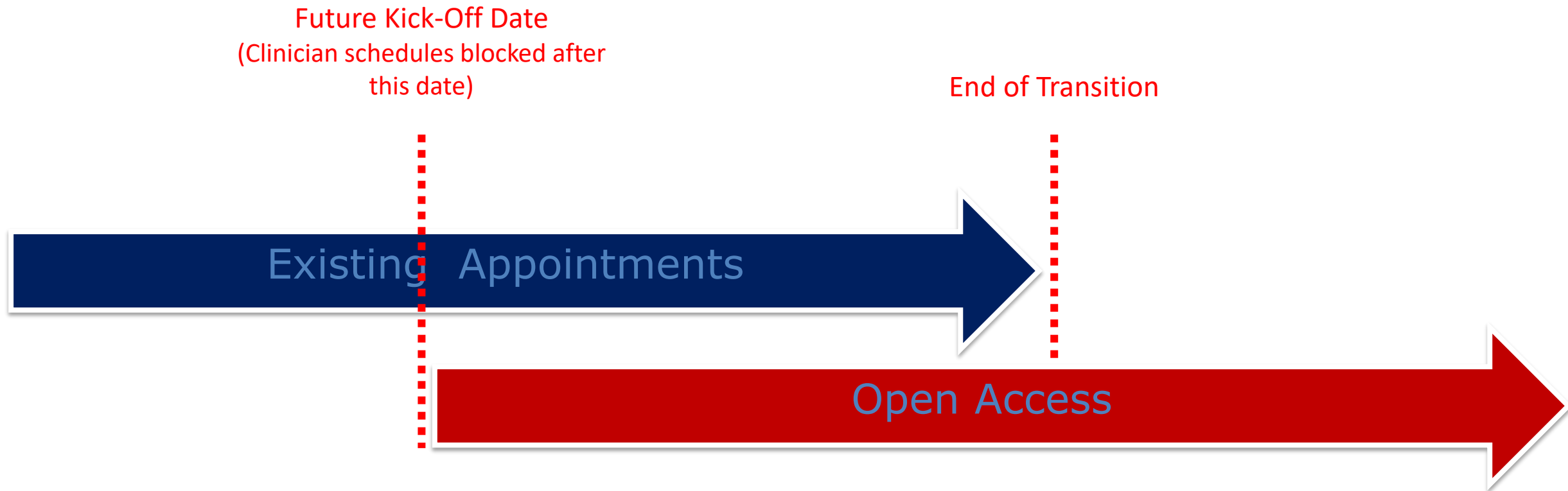
## 3) Establish Clinician Hours

- Calculate the number of clinician hours needed based on the number of assessments that are actually completed.
- Weigh the staffing options.
- Create your schedule taking into account when clients are more likely to show up now for assessment.
- Design your *Contingency Plan* – This is your “Plan B” if you exceed capacity, your assessor is out sick, or in-office waits are too long.

## The 5 Steps to Same Day Access

- 1) Confirm that Same Day Access “fits” your organization.
- 2) Choreograph the Client’s Time in Office
- 3) Establish Clinician Hours
- 4) **Plan your Transition**
- 5) Communicate and GO!

## 4) Plan your Transition



## The 5 Steps to Same Day Access

- 1) Confirm that Same Day Access “fits” your organization.
- 2) Choreograph the Client’s Time in Office
- 3) Establish Clinician Hours
- 4) Plan your Transition
- 5) **Communicate and GO!**

## 5) Communicate and GO!

- Write your phone script.
  - Take no more than 3-4 minutes to screen
  - Typical questions include: insurance, residence, service.
  - Avoid “gold rush” language.
- Select and Train your Floor Navigator
- Train Staff
  - Nearly everyone will have a role in SDA
- GO!



Photo: covered-wagon-train.com

## Common Mistakes

- Failing to manage staff anxiety.
- Tying up your Navigator with other tasks.
- Confusing expectation and reality.
- “First-come, first-served.”
- Going it alone.



## Extreme Thinking



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

Photo Credits:  
wheretraveler.com (Right)  
Todd Van via Flickr.com (Left)

## SUSTAINABILITY

Track for trends – available slots vs. kept events, walk-outs, turn-aways

If you only implement SDA, you will likely run into trouble within about 6 months. Changes must be more complete to sustain open access and maximize your service capacity. Often, teams need outside help to make this transition successfully:

- Collaborative Documentation
  - @NATCON: C9- “Collaborative Documentation: There’s Nothing Basic About it”  
Tuesday, March 26 11:30-12:30p
- Centralized Scheduling
- No-Show Management for established consumers (no more than 15%)
- Tele-health
- Just-In-Time Scheduling for Prescribers
- Episode of Care Management
- Use more treatment groups to help with increase in volume



## Same Day Access Case Study



## Compass Health

- Community Behavioral Health Agency serving Northwest Washington State
- 23 locations, including 15 outpatient clinics
- Currently providing SDA at 13 of our 15 OP locations
  - One is located in the San Juan Islands and is complicated by ferry schedules plus low volume
  - One location serves only children/youth who have disclosed sexual abuse and intake there is coordinated

## Implementation of Same Day Access

- Had tried (unsuccessfully) on our own at a couple of sites.
- Did a “reboot” at one previous site and a pilot run at another site, before rolling out to the rest of the teams over about 3 months.
- Used MTM calculators to determine number of hours needed per site, then coached each site on how to design their hours.

## No Wrong Door

- Central Access call center available for pre-screen and routing to the correct location, and to set preferred placements for high risk clients (court order, hospital discharge)
- Pre-call to Access is NOT required – clients can just walk in during SDA hours.

## Start-Up Challenges

- Agency culture is all about Plan/Do/Study/Act, but we tend to get stuck in the “plan” step.
- Staff anxiety – feast or famine
- Physical plant limitations
- Hospital discharge planners want a fixed appointment time for their d/c plan
- Medicaid Transportation Vendors want a firm start/end time of appointment

## Lessons Learned

- Shorter SDA hours with more staff on duty is better than long hours with fewer staff.
  - Reduces wait times for clients
  - Makes the busy days more contained, and the empty days less impactful
  - Easier to absorb impact of staff absences
- Don't publish your SDA hours
  - That may sound counterintuitive, but it keeps outdated information from lingering in paper form

## Sustaining the Model

- Model drift is inevitable – stay alert for at least the first year
- Reassess volume at least every 6 months and adjust hours/staffing levels as needed
- Track your completions and walkaways ongoing, not just during the initial period.
- Arm your staff with ongoing data about wait times, turn-aways, etc., so they can diffuse client/referral source anxiety.

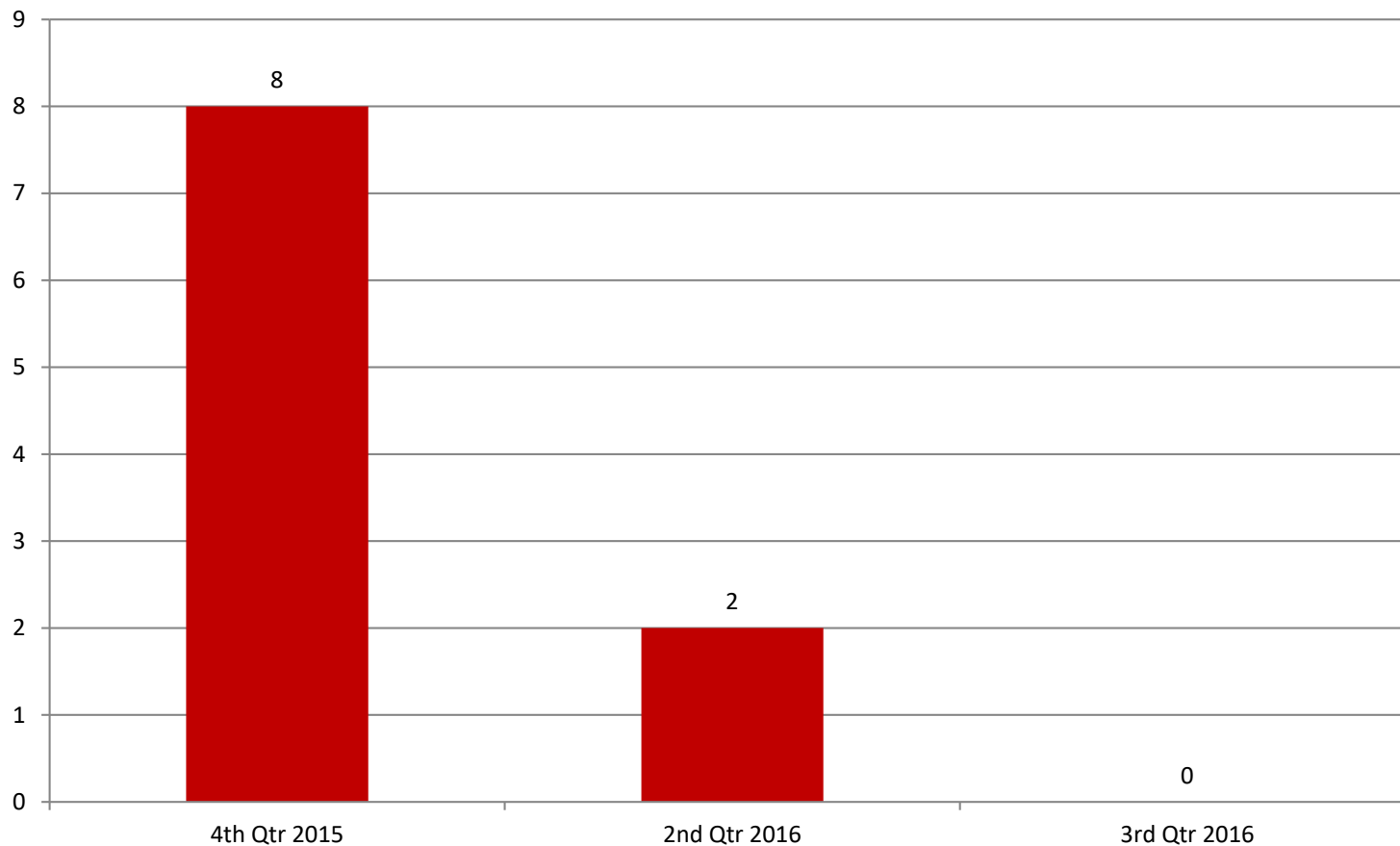
## Advice for Agencies Considering

- It's more likely to be your referral sources, not the clients themselves, who struggle with the change
- Recognize and emphasize the benefit to the client.
  - Readiness to come to treatment can be intermittent – strike while the iron is hot
  - Admission timelines for high risk populations are easier to meet
  - SDA offers a range of hours, so client can come when most convenient
- Review your intake workflow and streamline whatever you can
- Collaborative documentation of assessment is a must



## Successes

### Days from RFS to First Offered Assessment



## Successes

- Clients in our pre-treatment engagement programs are more likely to follow through with assessment
- Many clients prefer it, and would actually go to one of our SDA sites for their assessment rather than schedule at the office closest to them
- Readmissions are quick and painless
- Referents with psychosis or similar disorders follow through more consistently with assessment
- New clients reluctant to try SDA often contact another agency, then call us back when they find out the wait time for assessment.

- Questions?
- For More Information @ NATCON
  - D5 “Implementing Same Day Access for SUD Treatment Services”  
Tuesday, March 26 3:45-4:45pm
- Contacts:
  - Website: [www.mtmservices.org](http://www.mtmservices.org)
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  - Stacey Alles Email: [Stacey.Alles@compassh.org](mailto:Stacey.Alles@compassh.org)