



















So You *Think* You're Doing Same Day Access....

Presented by:
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Lead Process Change Consultant



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 Consultation Team

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

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Experience – Improving Quality in the Face of Healthcare Reform

- ▶ MTM Services' has delivered consultation to over 800 providers (MH/SA/DD/Residential) in 47 states, Washington, DC, and 2 foreign countries since 1995.
- ▶ **MTM Services' Access Redesign Experience** (*Excluding individual clients*):
 - 5 National Council Funded Access Redesign grants with 200 organizations across 25 states
 - 7 Statewide efforts with 176 organizations
 - Over \$16,000,000 in Annual Savings generated thus far
 - A lot of happy staff and consumers



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Same Day Access Consultation 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:	5.12	3.47	(\$379.73)	48.49
New Process Averages:	3.92	2.99	(\$295.80)	26.31
Savings:	1.20	0.48	\$83.94	22.18
Change %:	23%	14%	22%	46%
Avg. Number of Intakes Per Month			33,286.85	
Intake Volume Change %:			12%	
Monthly Savings:			\$2,409,687.41	
Annual Savings:			\$28,916,248.88	
Average Savings Per Center:			\$112,954.10	



256 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 46%, while the highest wait time change percentage recorded is 91%.

Change measurements are taken approximately nine to twelve months after the baseline is established. Often, teams continue their work beyond this measurement.



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Same Day Access Consultation Results

Highlights:

- Average *Reduction* in Wait Days = 46%
- Average *Increase* in Intake Volume = 12%
- Average Savings per Center = **\$112,954**
- Average Return on Investment = 8 to 1

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Agenda: So You **Think** You're Doing Same Day Access...

- Establish what Same Day Access really is.
- Discuss how teams lose their way.
- Let's get you home: returning to SDA fidelity.

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Same Day Access Defined

What is Same Day Access?

- It is an *engagement strategy* that capitalizes on the client's (sometimes fleeting) motivation.
- Clients are not scheduled individually, so there is no scheduling delay and no-shows are eliminated. No-shows no longer exist.
- 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 the comprehensive diagnostic 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 Treatment (target: <8 days) and a psych eval appointment (target: 3-5 days), if warranted.

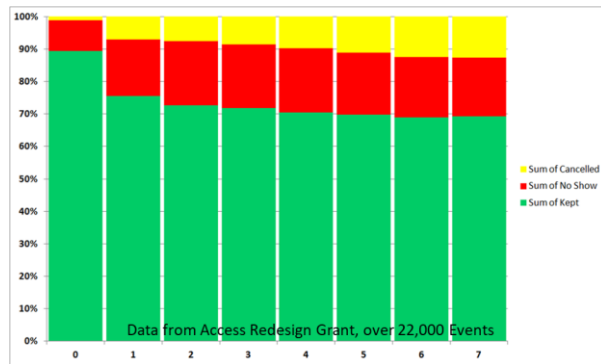
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POLL QUESTION: How often do you turn clients away before they complete an assessment?

- Daily
- Weekly
- Rarely
- Never

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The Reality: Wait Days *Create* No-shows



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How does your organization define Access?

At what point does access occur...

- When the client calls initially?
- When the client arrives in person?
- When the client completes registration and paperwork?
- When the client completes the assessment?
- When the client attends the first *service*?

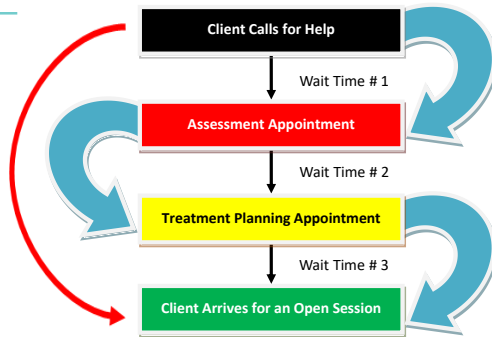
Where do you "Stop the Clock"??



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Client Definition of Access

Based on hundreds of focus groups and interviews conducted with consumers across the nation.



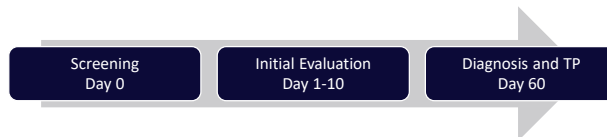
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CCBHCs and Access

CCBHCs were designed to reduce wait time and increase access to care.

By CCBHC Criteria 2.B, New Consumers are to receive preliminary screening and risk assessment and depending on acuity, followed by:

- Immediate action, if an emergency (can be telephonic)
- Initial evaluation in one business day, if urgent (can be telephonic)
- Initial evaluation within 10 business days, if routine.
- Comprehensive diagnostic and treatment planning evaluation to be completed within 60 calendar days (2.B)



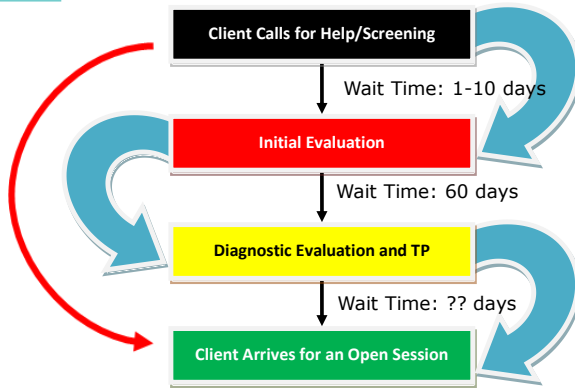
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Access by CCBHC Definition

Did they really mean for CCBHC access to service to take **60+ days??**

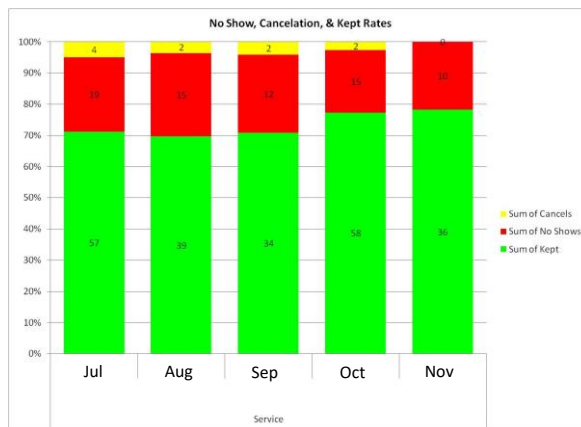
For teams who are NOT doing SDA, the National Average to complete all these steps is: **48.4 days.**

For teams who ARE doing Same Day Access, this entire process takes: **6-9 days.**



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Increased kept rates are the hallmark of better engagement.



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Same Day Access *Exceeds* CCBHC Expectations

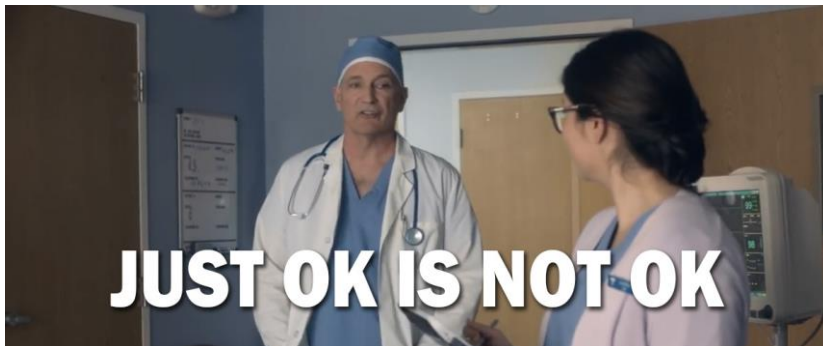
What does Same Day Access look like for a CCBHC?

- It looks **exactly the same**.
- Components of the SDA model:
 1. ~~BHO~~ CCBHC offers blocks of time when a client can walk-in and have an assessment.
 2. When the client walks-in, a clinician completes the comprehensive diagnostic assessment and at least one goal of the treatment plan based on the client's presenting problem.
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Same Day Access vs. Rapid Access or Fast Access

- In recent years, we've seen access models pop-up that are not quite Same Day Access.
- They usually go by names like "Rapid Access" or "Fast Access".
- These models might be an improvement over what came before -- waitlists or scheduling further out for assessment.
- They sometimes involve scheduling assessments.
- They usually involve longer waits.
- But, for us.....

Just OK is not OK



Just OK is not OK



Exceed Expectations with Same Day Access

Aren't our Consumers Worth it?



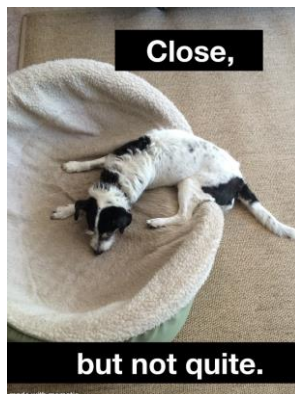
Photo Credit: dreamstime.com

POLL QUESTION: On average, how long do clients wait (with nothing to do) before they get an assessment at your organization?

- Less than 30 minutes
- More than an hour
- Hours
- Days

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How Organizations Lose Their Way...



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Common Departures from Same Day Access Fidelity

How it goes wrong....

- Inviting clients to walk-in for unscheduled *paperwork*, then sending them out with an assessment appointment for another day.
 - ☒ Doesn't shorten client wait time
 - ☒ Still have no-shows
- Offering one day of walk-in access a week or a month while continuing to schedule assessments.
 - ☒ Doesn't shorten wait
 - ☒ Still have no-shows
 - ☒ Wastes MORE clinician time than if we simply committed to scheduled or unscheduled access.

Common Departures from Same Day Access Fidelity

How it goes wrong....

- Requiring that clients show up early or at the start of access hours, then dispensing time slots for later that day.
- Clients experience long wait times in the lobby with nothing to do.
 - ☒ Clients may leave when they don't want to wait, resulting in lost service capacity- same as a no-show.
 - ☒ Could waste the client's entire day.
- Saying "First-come, first-served".
 - ☒ Often results in long lines and clients being turned away without an assessment.

Poll Questions

Survey said....

- How often do you turn clients away before they complete an assessment*?
 - Daily
 - Weekly
 - Rarely
 - Never

* This indicates a capacity problem or a throughput issue (contingency plan failure).

- On average, how long do clients wait (with nothing to do) before they get an assessment at your organization**?
 - Less than 30 minutes
 - More than an hour
 - Hours
 - Days

** This indicates a throughput issue (contingency plan failure, phone script problem).

Let's Get You Home: Returning to SDA Fidelity



Getting Back to Same Day Access Fidelity

How to fix it!

- Inviting clients to walk-in for unscheduled *paperwork*, then sending them out with an assessment appointment for another day.
 - ✓ Stop scheduling
 - ✓ Implement Same Day Access to *assessment*.
(Resource: <https://www.mtmservices.org/webinars>)
 - ✓ Get help to design SDA.
- Offering one day of walk-in access a week or a month while continuing to schedule assessments.
 - ✓ Stop scheduling.
 - ✓ Implement Same Day Access to *assessment*.
(Resource: <https://www.mtmservices.org/webinars>)
 - ✓ Get help to design SDA.

Getting Back to Same Day Access Fidelity

How to fix it!

- Requiring that clients show up early or at the start of access hours, then dispensing time slots for later that day.
- Clients experience long wait times in the lobby with nothing to do.
 - ✓ Calculate how many clinician hours you actually need to meet client demand.

Calculate Need Based on Data

How to fix it!

Calculate the number of clinician hours *needed* based on the average number of assessments that are *actually completed*.

New Assessments Completed	*	Minutes Per Assessment	=	Total Clinician Hours Needed
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Getting Back to Same Day Access Fidelity

How to fix it!

- Requiring that clients show up early or at the start of access hours, then dispensing time slots for later that day.
- Clients experience long wait times in the lobby with nothing to do.
 - ✓ Calculate how many clinician hours you actually need to meet client demand.
 - ✓ Offer adequate hours for access.
 - ✓ Design a robust Contingency Plan to manage client overflow.

Design Your Contingency Plan

How to fix it!

Your *Contingency Plan* is your “Plan B” if:

- you exceed daily capacity,
- your assessor is out sick, or
- in-office waits are too long (>30 minutes).

The idea is to mobilize any and all resources to avoid having to turn the client away with a Fast Pass for the next access day:

- Other clinicians who are available d/t therapy NS or cxl.
- Supervisors
- Dedicated crisis staff
- Use telehealth

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Getting Back to Same Day Access Fidelity

How to fix it!

- Requiring that clients show up early or at the start of access hours, then dispensing time slots for later that day.
- Clients experience long wait times in the lobby with nothing to do.
 - ✓ Calculate how many clinician hours you actually need to meet client demand.
 - ✓ Offer adequate hours for access.
 - ✓ Design a robust Contingency Plan to manage client overflow.
 - ✓ Clients should complete the entire process in 2-2.5 hours (including any wait time).

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Getting Back to Same Day Access Fidelity

How to fix it!

- Saying “First-come, first-served”.
 - ✓ Calculate how many clinician hours you actually need to meet client demand.
 - ✓ Offer adequate hours for access.
 - ✓ Design a robust Contingency Plan to manage client overflow.
 - ✓ Clients should complete the entire process in 2-2.5 hours (including any wait time).
 - ✓ Eliminate that language from EVERYONE’S vocabulary!

Getting Back to Same Day Access Fidelity

Things to remember...

- Same Day Access requires maintenance.
- You will need to re-calculate clinician hours (based on client need) regularly.
- Adjust clinician hours to match client arrival patterns.
- Adjust your hours in advance to anticipate seasonal or holiday fluctuations



Source: freepik.com

Getting Back to Same Day Access Fidelity

Things to remember...

- Sustainability is everything. If you build great access, you want to keep it going. In order to meet the <8-day standard for the first appointment, you will need to be efficient in the following:
 - Collaborative Documentation
 - Centralized Scheduling
 - No-Show Management (<15%)
 - Caseload Management
 - LOC/EOC



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Questions??

Thank you!

- How to provide SDA without losing productivity? Is it possible with FFS clinicians? Strategies to cover SDA without losing money?
- How do you convince providers?
- Best models for use with children and adolescents?
- SDA with smaller agencies?
- How to manage the no-shows?
- How do you make the shift?
- How do you prioritize for those leaving inpatient?
- Marketing SDA?

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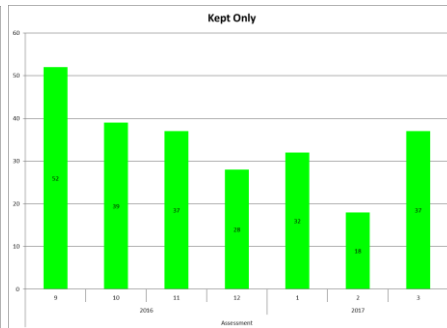
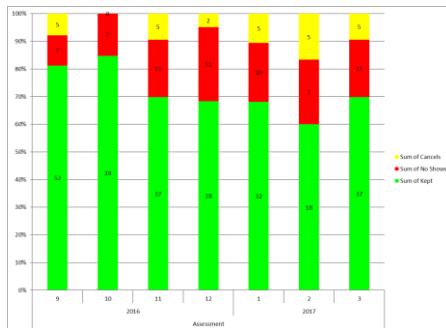
Same Day Access Saves Clinician Time

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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1) Confirm that Same Day Access “fits”

- Confirm that unscheduled access will actually shorten the client wait time.
 - - SDA is not a one-size-fits-all approach
 - - Q: Is this something that even a smaller size clinic can implement? It's not the size of the clinic, but the incoming client volume that matters. Some organizations don't have adequate new client volume to support SDA.
- 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 YES to any of the above, then Same Day Access might be right for you!

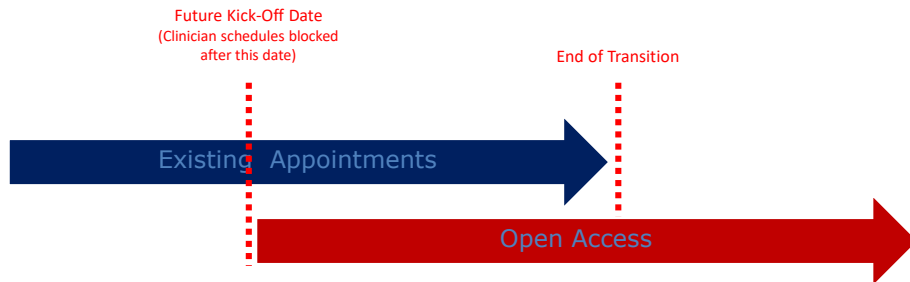


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4) Plan your Transition



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Questions??

Thank you!

- Joy Fruth, MSW
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