

Stop Waste, Eliminate Wait

National Council Access Redesign Initiative Saves Agencies \$200,000 a Year!

Scott Lloyd, Vice President, MTM Services

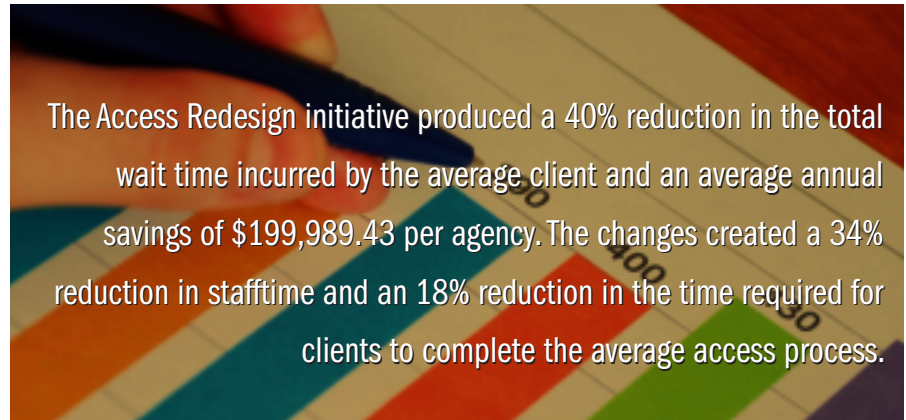
Behavioral health must prepare for the significant increase in demand that parity and healthcare reform will generate by making data-driven, sustainable changes that improve the compliance, quality, and cost-effectiveness of services delivered. Community behavioral health organizations across the country have already demonstrated that they can increase their service capacity and improve patients' timely access to care in just 6 months. These organizations were participants in the most recent phase of the National Council for Community Behavioral Healthcare's Access Redesign Initiative facilitated by MTM Services and now in its third year.

The Access Redesign Initiative Phase III (June 2009 to January 2010), funded by Astra Zeneca and Bristol Myers-Squibb, involved change teams from 48 community behavioral health organizations in three states. Participants sought to:

- >> Assess current models of access-to-care process flows and identify the types of barriers to time-effective access.
- >> Identify the number of processes, staff, and client time requirements; documentation requirements, including data collection redundancy; and the costing for each access-to-care flow process.
- >> Use the objective flow charts, costing, and data-mapping outcomes to increase awareness of change in access-to-treatment processes and practices that can improve access to services.
- >> Identify a standardized access-to-care process flow, including costing awareness.
- >> Identify ability to replicate the positive access-to-care models in other states.

TECHNIQUES USED TO GET RESULTS

Each of the participating community behavioral health organizations met virtually with the Access Redesign initiative consultants to develop a de-



tailed flow chart for its access-to-treatment processes. We found that, on average, a community behavioral health organization can have as few as two or three process flows or as many as 19. The flow charts support development of detailed costing of the process for clinical and support staff time, the level of client and family time, and the number of days' wait from the first call for routine help to treatment plan completion.

These kinds of objective measurement techniques provided to reinforce the importance of change. Without the proof that data offer, teams can cycle through endless conversations about change, based on opinions rather than fact. For example, one community behavioral health organization had an access-to-care change team in place for months and multiple meetings had resulted in very little progress. The Access Redesign team completed the flow charting to determine costing and time delay into treatment, and the chief executive officer said that one could have heard a pin drop when the team learned that their access process was costing the organization more than \$700 per client, and the state and Medicaid were willing to reimburse the center \$155.

The National Council's Access Redesign initiative provided specific training on access and engagement enhancement processes and techniques to

each participating community behavioral health organization. Below is a list of the specific change techniques used:

- >> **Streamline documentation:** Help organizations reduce their documentation requirements by focusing on the removal of repetitively captured data elements and data elements that are not required by funding or accreditation organizations and changing the answer formats used to capture data elements to reduce overall documentation time.
- >> **Concurrent collaborative documentation:** Eradicate post-session documentation time while increasing person-centered engagement of clients in their recovery by involving them in the creation of their clinical documentation.
- >> **Walk-in access models:** Implement a zero no-show model to offer more expedient access to care and increased engagement.
- >> **No-show management:** Use policy changes, policy enforcement, engagement specialists, and reminder back-filling programs to help clients increase their show rates and engagement levels.
- >> **Employee engagement and maximization of staff productivity:** Help providers get staff to buy in to change so that they can achieve their

direct service staff's productivity targets.

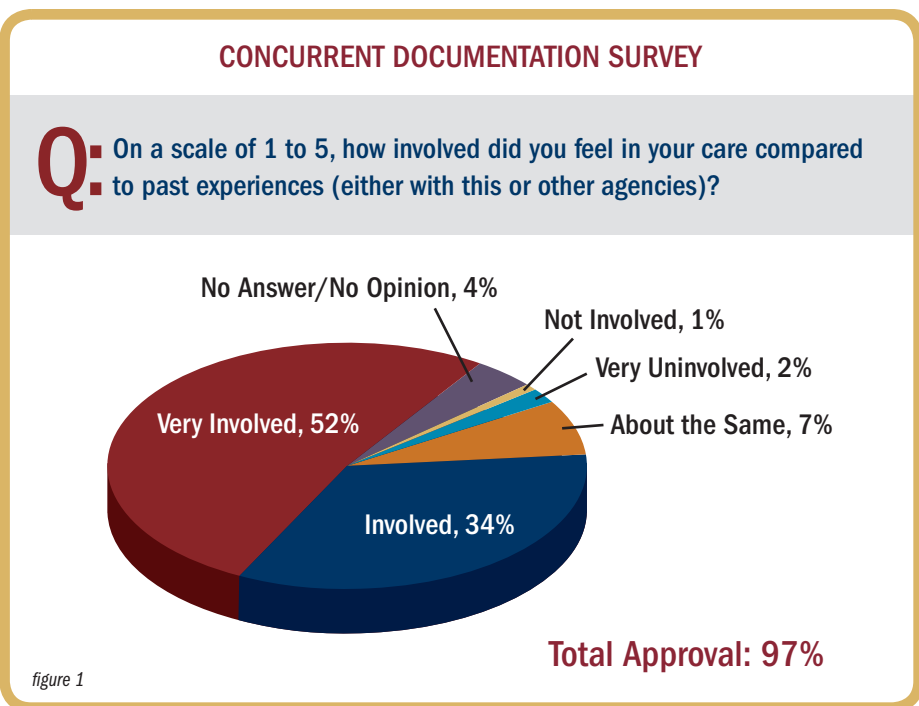
An example of how data can be used to move teams forward in their change efforts can be seen above in Figure 1, which highlights the positive feedback offered by clients about the use of concurrent collaborative documentation by their providers.

OUTCOMES

The project summary report (Figure 2) offers an overview of the changes achieved by the teams participating in the Access Redesign initiative in just 6 months.

>> Total annual savings: Access Redesign changes produced an average annual savings of \$199,989.43 per agency. The changes created a 34% reduction in staff time and an 18% reduction in the time required for clients to complete the average access process. These savings are based on the comparison reports submitted by 28 of the participating organizations from Florida (7), Ohio (12), and Wyoming (9); the annual savings for these organizations was \$5,599,703.99. Extrapolating that average annual savings across all 48 participating organizations would generate a total annual savings of \$9,599,492.64.

>> Total wait time (days): Access Redesign efforts also produced a 40% reduction in the total wait time incurred by the average client. During this initiative, we established a direct link between a client's wait time and his or her level of engagement in the treatment by reviewing more than 17,000 service events that took place during the 6 months. The correlation showed us that for each day the aver-



age client waited for an assessment appointment, he or she was 1% less likely to show up for that appointment (e.g., a client who waits 60 days was 60% less likely to show up for that assessment appointment).

It's time for every community behavioral health organization to focus on changing access-to-treatment processes that are not time-effective and engaging for clients and that create extra "busy work" for staff, resulting in a process cost that cannot be recovered by the revenues.

Community behavioral health organizations can be

an important specialty provider in the new healthcare reform integrated-service-delivery models if we ensure timely access to treatment.

Scott Lloyd is vice president of MTM Services; he works with an approach grounded in an accountable care philosophy. Lloyd's work has focused on helping behavioral healthcare organizations analyze their performance data to establish systemwide changes that improve the overall quality of the services being delivered and on guiding them through changes such as fee-for-service funding conversions. He is the author of Using Data to Drive Your Service Delivery Strategies: A Toolkit for Healthcare Organizations published by the National Council for Community Behavioral Healthcare.

ACCESS REDESIGN INITIATIVE OUTCOMES

After 6 Months

	Total Number of Processes	Total Staff Time (Hrs)	Total Client Time Without Wait Time (Hrs)	Cost for Process	Total Wait Time (Days)
Old Process Average:	5.70	5.06	3.65	(331.63)	49.25
New Process Average:	5.04	3.34	2.99	(210.20)	29.31
Savings:	0.66	1.73	0.65	\$121.43	19.94
Change%:	12%	34%	18%	37%	40%
Avg. Number of Intakes Per Month:				3,843	
Monthly Savings:				\$466,642	
Annual Savings:				\$5,599,704	

figure 2