

No More No Shows! How Carlsbad Transformed Service Delivery through Customer Engagement

Noel Clark, CEO, Carlsbad Mental Health Center

Urging community behavioral health organizations to prepare for healthcare reform implementation, Linda Rosenberg, president and CEO of the National Council for Community Behavioral Healthcare commented that “We must become increasingly customer-focused, from the way we greet individuals who come through our door to the way we market our services. We should expect that with more money available in healthcare – particularly for mental health and addiction treatment – that new and well capitalized players will find behavioral health, traditionally a financially unattractive healthcare sector, far more appealing... We must retool our organizations with the knowledge that all individuals will now become true “consumers” of healthcare services.”

We believe that at Carlsbad Mental Health Center, we got a headstart on preparing for this new world order.

In March 2004, Carlsbad MHC’s executive team held a 2-day strategic planning retreat to develop a plan to facilitate our transition from a grant-funded nonprofit agency to an efficient fee-for-service com-

pany. Like providers all over the country, we were preparing for managed care, but we were not ready. Our corporate management style was an innovative combination of emotion and knee-jerk reaction. We knew our corporate culture wasn’t compatible with fee for service, but we didn’t know how to implement the change process. We knew what not to do, however, because multiple previous attempts had been silenced by staff resistance and emotional blackmail.

Two years later, New Mexico was still “planning” the transition from grant funding to fee for service. Carlsbad MHC’s intention to change became less urgent, and we slipped back into dependence on grant funding. We really did want to change, however. Enter the National Council for Community Behavioral Healthcare’s Access and Retention Initiative in June 2007. Carlsbad MHC applied and was invited to participate in the initiative, which was supported by consultation and project management from MTM Services. Listening to David Lloyd, MTM’s chief executive officer, I felt a tremendous sense of relief

– finally, we had the tools we needed to bridge the gap between our motivation and our potential to reduce no-shows, increase productivity, and improve quality of care.

Over the next five months, the Access and Retention team led us to realize that our addiction to grant funding and our center-focused approach to service delivery had defined us. Carlsbad MHC was not customer friendly. Our practice management was designed to gather the information we needed to submit a clean claim and to navigate on-site audits of charts, policies, and procedures.

Participation in the Access and Retention Initiative reenergized Carlsbad MHC’s executive team. The consultation and tools provided intensified our commitment to transform our company. In October 2007, the executive team completed a rapid-cycle change plan that included the following benchmarks:

- >> Enhance access to services.
- >> Centralize client scheduling.
- >> Improve customer engagement.
- >> Provide better leadership (coaching and mentoring).
- >> Ensure quality operations and compliance.

We implemented an accountable-care change process to monitor the rapid-cycle change plan:

- >> Conducting an executive walkthrough.
- >> Monitoring results with service process quality management.
- >> Empowering the management team.

Carlsbad MHC had access standards for routine, urgent, and emergent care, but we only met our goals for urgent and emergent care, and we regularly put the routine customers off sometimes for as long as 6 weeks missing our best opportunity for engagement. Over the next 18 months, customers served, produc-

Participation in the National Council’s 2007 Access and Retention Initiative helped Carlsbad Mental Health Center reduce no-shows for assessments from 43% to 0%, eliminate wait times of 6 weeks and longer, increase customers served per month by 33% without increasing our number of full-time-equivalent employees, and grow commercial insurance customers from 8% to 21%.

tivity, and customer fees were up, although no-shows for the second clinical appointment and medication management continued to be a problem.

In January 2008, we revised our initiative to include open access to intake. This change had a dramatic impact on our business:

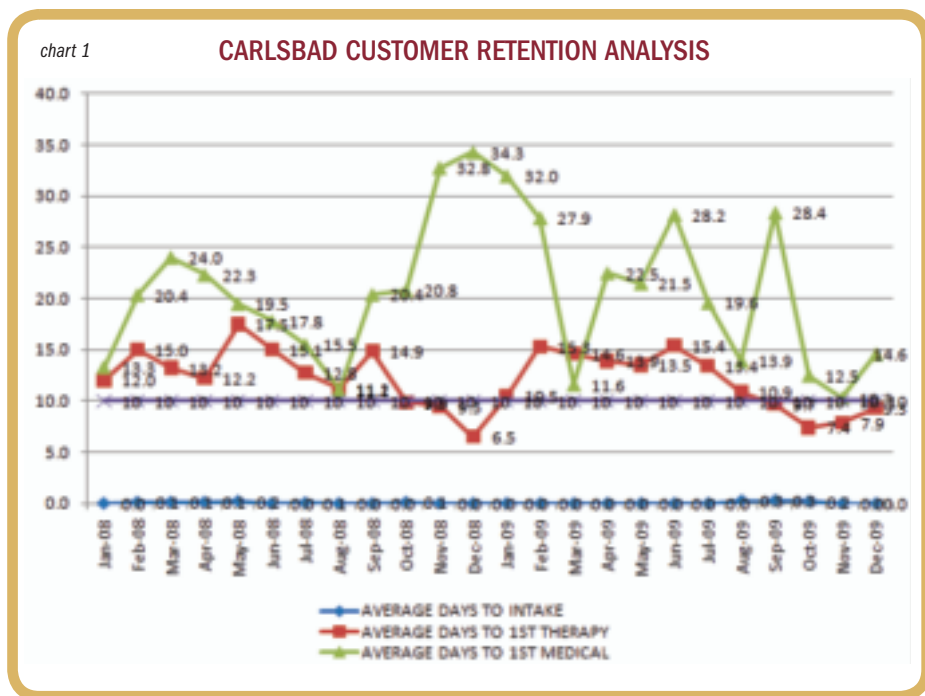
- >> No-shows for assessments were reduced from 43% of scheduled appointments to 0%.
- >> Wait time for assessments was shortened from 6 weeks or longer to no wait.
- >> We realized a 33% increase in customers served per month without increasing our number of full-time-equivalent employees.
- >> We documented a decline in crisis intakes from approximately 15 per month to one or two per month.
- >> Referrals from primary care physicians doubled.
- >> Commercial insurance customers grew from 8% of our business to 21%.

Carlsbad MHC was becoming an efficient practice, but the no-show problem wouldn't go away. In January 2009, our chief operations officer analyzed data from 599 new customers who received an intake between January 1 2009 and May 31 2009 and found the following:

- >> Approximately 95% of the customers who had a second appointment scheduled within 12.2 days of their intake arrived for that appointment.
- >> Approximately 70% of customers who had the second appointment scheduled 22 days or more after their intake did not show up.
- >> A full 100% of the customers whose second appointment was canceled by the center never came back.

In June 2009, using these objective findings, we developed the following customer engagement standards and incorporated them into our continuous quality improvement plan:

- >> Open same-day access — master's-level assessment provided the day of call or walk-in for help.
- >> Initial diagnosis determined during first assessment.
- >> Level of care and benefit design identified with consumer.



- >> Second clinical appointment for treatment scheduled for within 8 days of intake.
- >> First medical appointment scheduled for within 10 days of intake.

Chart 1 tracks our compliance with these standards. We have learned some lessons from our experience:

- >> Customer engagement at intake is a critical part of the treatment process.
- >> Management must be empowered to oversee operations and held accountable for the outcomes.
- >> Management must have the authority to redirect performance at all levels of the company.
- >> Not all customers need the same intake process.
- >> Not all customers need or want the traditional 50-minute session.
- >> Capacity is controlled as much by poor implementation of a discharge policy as by no-shows.
- >> Supervision must be a planned and documented process.
- >> Don't assume that change has occurred or will be maintained simply because policies, procedures, and job descriptions have been amended.
- >> Quality has not been achieved simply because a plan to improve it has been implemented management must check and recheck quality to minimize drift.

Today, seven years after our strategic planning retreat, Carlsbad MHC doesn't look like the same company. Yet we are far from finished. Our next goal is to define an episode of care for each customer at intake. EOCs will include the number and frequency of appointments and the duration of the treatment process. Finally, we will produce clinician report cards so customers can select their provider on the basis of the outcomes the clinician has delivered.

Focusing on our customers' needs has allowed Carlsbad MHC to increase capacity and improve the bottom line. A clear vision of where we wanted to be, objective data, and a willingness to adapt our processes to meet customer needs were the key factors that drove our success. Our company is thriving in the midst of challenging economic times more customers come in, and, more important, they leave having completed what they came for.

Noel Clark has spent his career working in community mental health centers in southeastern New Mexico. He has 13 years of experience as a chief executive officer and is in his 10th year of service in that capacity at Carlsbad Mental Health Center. Carlsbad MHC operates six separate locations in Eddy County, where Noel and his executive team are dedicated to industry leadership as they work to enhance, change, and save lives in New Mexico. Noel also serves as a managing board member of New Mexico's first private nonprofit limited liability corporation.