

Enhanced Access and Engagement Quality Improvement Initiative Strategies to Increase Therapy Adherence

OVERVIEW

The Enhanced Access and Retention Quality Improvement Initiative is a program coordinated by The National Council for Community Behavioral Healthcare (The National Council), with the goal of developing ways in which patients can be cared for more efficiently and effectively through process improvements. The National Council would like to thank Janssen®, a division of Ortho-McNeil-Janssen Pharmaceuticals, Inc. for funding this project. In April of 2009, the 10 community behavioral health organizations (CBHOs) in the Initiative shared lessons learned, leading to a compilation of best practices for administrative and clinical processes that lead to improved therapy adherence and continuity of care. Janssen was allowed to observe the meeting but did not participate in the substantive discussions or control the content of this publication except in order to ensure transparency.

By primarily focusing their efforts on three core areas: 1) organizational leadership, 2) data-driven decision-making, and 3) strategies to sustain changes, the CBHOs had a clear impact on client access to care, faster entrance into care, engagement in services and retention. With the assistance of National Council staff and faculty, participating CBHOs were able to critically analyze their own practices; thus developing strategies that met the unique circumstances of each CBHO and the clients that it served.

BACKGROUND

Ultimately the goal of a CBHO is to provide the best services to its clients and to ensure that the client is receiving what he/she needs. In order to do so, CBHOs must take into consideration how their clinical and operational processes impact their ability to provide high-quality services in an efficient manner. It is estimated that 85% of the problems that organizations have in serving clients are caused by the organizations' processes and that failures to make improvements in such areas as client no-shows and dropouts are most likely operational failures.¹

Based on this, the 10 CBHOs that participated in the Enhanced Access and Retention Quality Improvement Initiative came together to share their experiences with implementing change strategies. While each faced challenges, it became clear that the CBHOs benefited from the effort, both in terms of client engagement and staff satisfaction.

CORE AREAS OF CHANGE

Organizational Leadership

CBHOs must have the internal capacity to adapt to meet the changing demands of our healthcare system. Participating CBHOs concluded that organizational leadership, particularly the Executive Director, must be a proponent for and active participant in facilitating necessary changes. Without their involvement, the chances of success decrease dramatically. As part of this, the Executive Director and organizational leadership must

¹ Widely cited as "The 85/15 Rule", which is referred to in W. Edwards Deming's literature: "Out of the Crisis" (1986), pg. 134.

emphasize the importance of taking advantage of “windows of opportunity” for making changes; placing a timeline on full implementation of changes is a key role that they can play.

The leaders must make it clear to all the staff that changes are being implemented with the goal of improving client service, while acknowledging that the modifications will affect each employee individually as well. Staff questions and concerns should be considered and, as appropriate, the staff should be empowered to make adjustments. Through this adjustment process, the organizational leadership must make sure that their vision is clear and must be seen through.

Strategies

1. In order to send a clear message about the Executive Director’s interest in implementing changes to improve client access to care, one CBHO underwent an “Executive Walkthrough”: the Executive Director literally walked through the intake process as if she were a “regular” client. Not only did she experience what it felt like to be a client, but also to wait and go through the intake process, and schedule the next appointment. By the Executive Director investing her time to do this Executive Walkthrough, she sent a clear message that she wanted to fully understand the current status of their access process and identify ways to improve it. This eventually provided the necessary impetus to make positive changes and, at the same time, demonstrated to staff members that the leadership team was serious about making an impact. All the participants reported this to be “extremely helpful” to the overall change process.
2. Another CBHO restructured the overall operations of the management team. It was empowered to complete supervisory logs, define standards of productivity, and create time lines for doing paperwork. After the management team was comfortable completing these tasks themselves, they brought the changes to their staff teams. Goals and expectations were clearly laid out for each person, increasing the chances for success. Once a decision was made, management moved forward and did not apologize for making the change.

Organizational leadership found that the more information and data demonstrating positive results that were shared with the staff, the more the staff was encouraged to push forward with change and the more willing they were to try additional strategies to continually improve service. At one organization, capacity increased approximately 20% to 2500 clients per month and the number of days between intake and the first medical or therapy appointment decreased by 13% (11.6 days) and 32% (8.2 days) respectively. These tangible and measurable results were an important driver to the process and maintained the sense of urgency. Sustaining the energy created by the change is a key factor in pushing an organization forward.

Data-Driven Decision-Making

Many organizations, particularly those providing services, often make decisions based on staffing or on what may “feel” right at a given time. Other organizations may become stuck in the decision-making process and no one is willing to make the final call. Both of these dynamics negatively impact the overall well-being of the organization, staff, and clients. In order to address this issue, participating CBHOs utilized data about their access processes to inform their decision-making; thus eliminating the role of estimations or anecdotal evidence.

All of the organizations utilized the Rapid Cycle Change Model. This action decision-making model identified the areas that need improvement, culled initial ideas on what to do, and implemented the changes quickly. As

the change is being implemented, the organization monitors it to determine if it was working, how it could be improved, and what to do next. The model drove quick change and did not provide room to over think each element, avoiding “analysis paralysis.” As new actions were put into place, the changes were reviewed and revised as necessary, but no decision was completely reversed.

As a component of the Rapid Cycle Change Model, participating CBHOs fully engaged staff in the process, resulting in improved client outcomes and staff satisfaction. For example, in the year prior to implementation of practice changes, one center had a staff turnover rate of 33%; they then saw this rate drop to 22% during the year after implementation of these changes. Similarly, another center saw their staff turnover rate go from 38% during the year prior to implementation, to 30% during the year of implementation, to 2% during the year after.

CBHOs are often facing similar challenges across the country and across populations being served: schedule management, no-shows, staff productivity, and medication reconciliation. There is no “one size fits all” solution to any of these; however, as evidenced by the experience of participating CBHOs, using the Rapid Cycle Change Model can assist organizations to identify a solution that works for its practice.

Schedule Management

No-shows and cancellations are common problems in the area of service delivery. These empty appointments mean that CBHOs cannot seek reimbursement from payers, thus hurting the organization’s bottom line. The total costs are determined by analyzing data and the cost per missed appointment as well as the negative effect it has on a patient’s treatment in terms of retention and adherence, in particular.

Strategies

1. CBHO analysis of cancelled appointments showed that clinicians would sometimes cancel their appointments with clients. Any changes to the process to decrease or eliminate these open slots and stop clinicians from canceling would involve a change in culture. The issue is important to the agency because it not only impacts the financial state of the organization, but patients often mimic the behavior of clinicians. By examining the appointment code profile for psychiatric evaluations conducted by a clinician, one organization was able to gain an understanding of the underlying factors that were impacting productivity. For example, at the start of their year-long effort, the management team noted that one clinician had about 22 no-shows and eight client cancellations in 1 month; however, the clinician cancelled about 24 appointments during that same month.

To mitigate this challenge to revenue generation, several of the organizations looked at ways in which these slots could be filled with same-day appointments and backfilling slots with those waiting for an appointment. Additionally, the CBHOs informed patients that not coming to an appointment and making late cancellations are not acceptable. After talking with patients, one organization determined that penalizing clients by charging them for missed appointments and not allowing them to make future appointments would be a deterrent. However, this only works for those patients who pay part or the entire fee. Other tactics included discharging clients who have not been served in 90 days, sending letters after missed appointments to the client, and only allowing walk-in appointments, generally involving long waits, for clients after the second missed appointment.

2. Handling the cancellation issue with clinicians is difficult. To address this, each agency became more specific and detailed in the scheduling of clients. The staff worked to build consistent schedules for clinicians that did not allow them to cancel available appointment slots; if a clinician was in the agency when patients were being seen, s/he was expected to take an appointment, whether scheduled or backfilled. One organization financially penalized clinicians who cancelled appointments at the last minute. All of the CBHOs participating agreed that it was also important to centralize scheduling instead of allowing each clinician to handle his/her own patients. This process provided the CBHO more control and increased the staff's ability to backfill appointments.
3. One of the CBHOs used a multiple-step process in determining how to decrease the no-show rate and cancelled appointments. The process demonstrated how an organization could use the Rapid Cycle Model to address an issue and adjust the solution quickly and as needed.

One excuse that clients used when they missed appointments was that it was an inconvenient time to come to the agency because of work and/or transportation issues. The CBHO reviewed the hours it served clients and determined that it could expand its service hours to allow clients to be seen outside of the normal 9-5 business hours. By providing a wider variety of appointment times, staff presumed that the number of no-shows would decrease, improving the organization's bottom line as well as the impact of treatment. After several weeks of having the new hours in place, the staff quickly realized that this change was not the solution. The initial analysis indicated that the no-shows and cancelled appointment rates had not improved.

Using the opportunity to think about other ways to improve client service led the agency to pay more attention to treatment plans and other reasons the clients provided for not coming in for appointments. The agency found that by using treatment plans and a person-centered approach, there was a positive impact on decreasing empty appointments. In just under a year, these changes helped the CBHO increase its capacity for outpatient and medical services by over 20%. Client outcomes should also benefit because they are coming for their appointments on a more regular basis.

4. With the overarching goal of improving client outcomes and overall experience with CBHOs, service initiatives went beyond the reception desk, answering phones, and intake to include service by clinicians and other support staff. Ultimately, each staff person was asked to think about what s/he would want as a client coming into the agency for help. In addition to the changes outlined above, the staff doing intake were trained on phone etiquette which included how to make reminder calls, communicate clearly and effectively to anyone calling the agency, and understand the services offered by the organization. Each of these small changes led to having an important, positive impact on client service, leading to increased intakes – 20% more at one organization.

A Patient-Centered Approach

The CBHOs all discussed that the success of a client's treatment can be very dependent on his/her treatment schedule. However, after reviewing the data of when clients were seen and when clinicians were working, it became evident that often the treatment schedules reflected the clinicians' needs more than the clients' needs, leading to a disservice to clients. The data also demonstrated that if the intake process was done quickly and the transition to the next appointment happened quickly and smoothly, the likelihood that the client would return was much greater. For example, as one CBHO experienced their intake to the first appointment wait time decrease from approximately 16 days to approximately 11 days, they also saw their follow-up service no-

show rate decrease from 30% to 24%. When the client returned, it became easier to establish a regular appointment routine and follow through on the treatment plan, including measuring recovery.

The review of data led CBHOs to implement a more strict treatment-based planning approach for clients which took into consideration the following:

- Intake process,
- Time between intake and the first appointment for the client,
- Calls to remind clients of their next appointment to decrease cancellations and no-shows,
- Number of sessions,
- Length of sessions,
- Frequency of sessions,
- Benchmarks of recovery,
- Anticipated discharge date,
- Aftercare plans,
- Paperwork processing by the medical staff, and
- Innovative manners of handling medicine management for clients.

Not only has this approach been more efficient, it led to increased client satisfaction and retention, which in turn led to happier clinicians and more efficient organizations. One CBHO reduced the time for a client to go from assessment to his/her first appointment from about 16 days to approximately 9 days. At the same time, the CBHO reduced staff and increased the number of clients served per month, from 595 to 789 clients. Another organization also improved, increasing the rate that new consumers were offered an appointment within 2 weeks of their initial call from 62% in 2007 to 71% in 2008.

Staff Productivity

Participating CBHOs acknowledged that at the start of this Initiative, organizational leadership did not know how staff spent their time. Thus, they couldn't benchmark themselves to facilitate improved productivity. By implementing productivity reports and utilizing the Rapid Cycle Model, the leadership could determine where there were gaps during the day and suggest ways for staff to be more efficient. The reports also provided a baseline against which to measure the results of the changes made. By creating reports of the data and rewarding those that showed improvements through bonuses, the CBHO leadership could incentivize continued improvements in their staff's work.

By following through on change based on these productivity reports, one participating CBHO was able to serve more clients with fewer staff. In July 2007, the outpatient department served 821 clients with 32 staff and by July 2008, it served 870 clients with 23 staff in a month.

Client Assessment

Assessment is another area on which the organizations focused in order to decrease the time lag between a client calling for an appointment and the first session a client has with a clinician. Based on a history of data, CBHOs found that if assessments could be done on a walk-in basis and led to a direct referral inside the

organization, the client was more likely to be engaged in his/her treatment and the agency saved time and money by decreasing the wait time for the clients.

Participating CBHOs concluded that appropriate training for staff conducting assessments was key to seeing benefits to implementing this change; without this, assessments were often not sufficient and had to be redone or supplemented by additional questioning.

Levels of Care

In order to more efficiently target services to meet clients' needs, participating CBHOs evaluated their Levels of Care guidance. This evaluation required the CBHOs to consider how often a client should be seen, what type of clinician should s/he visit, and what medications and dosage would be most appropriate.

The upfront review of a client's needs and Levels of Care provides a baseline of data to which future reports can be compared. This consistent monitoring of the same behaviors leads to improved and more consistent care for the clients and a more realistic treatment plan. In the process of implementing this process, the CBHOs found it to be the most productive if the intake person did the initial assessment and level of care determination to support the individualized service plan before referring the patient into his/her first treatment appointment.

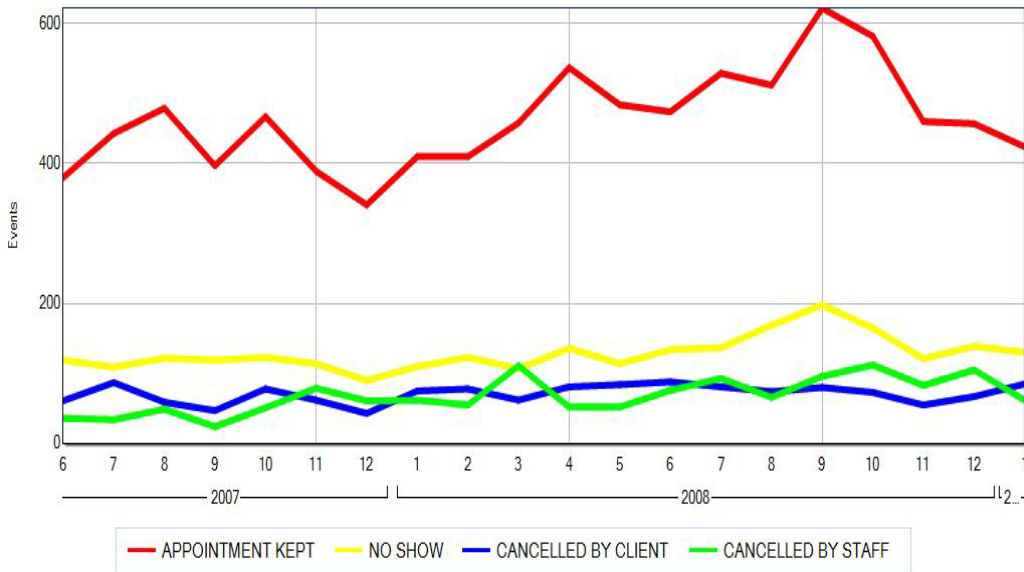
This continuous analysis of organizational data regarding Levels of Care had a compounding positive impact on the quality of care. As clinicians collect more types of data over an increasing amount of time, they saw greater success of the implementation of the Levels of Care, leading to greater organizational capacity and targeting of client services.

Medication Reconciliation

Not only should the Levels of Care recognize patients who are coming to an agency for medication reconciliation, but also the way these clients are serviced should be adapted accordingly. These clients need to be seen, but their needs are known and the time it takes to see them is relatively standard, making it easy to fit them into a regular schedule. This planning not only helps the client keep his/her appointments, it also helps the agency with its payment schedule. Many of the "medication only patients" are Medicare patients with low reimbursements. By managing the visits carefully, the organization is more likely to at least break even.

Successful programs have implemented a primary care model and clients are quickly and efficiently served. This model includes asking clients about their insurance status, medications, or other factors that might impact treatment. Based on the clients' responses to these questions, the staff can identify the appropriate Level of Care. This process is an example of customer service; it saves the organization time and money and it is a better way to care for the client, leading to better retention rates and a better organizational bottom line.

Please find below positive retention outcomes based on the level of increased show rates for medication management appointments at one of the participating centers located in Tampa, Florida:



Concurrent Documentation

Concurrent documentation – completing the paperwork and plan during treatment sessions with the client in the room – serves several purposes. This reduces staff time as the record of the session is done within the appointment, allowing for more appointments per day. This clearly has a direct impact on the revenue stream for the CBHO and can improve clinician job satisfaction. Additionally, the clinicians didn’t have to stay after-hours in order to complete paperwork.

CBHOs that have implemented concurrent documentation successfully have committed the appropriate resources to this effort. Some have provided better writing space and others have investigated different types of laptops and other portable computers, for example.

Strategies

1. While initially facing some hesitation on the part of clinicians who feared that concurrent documentation may impact their relationship with clients, one CBHO’s leadership made it a priority to educate both staff and clients on the benefits of implementation. Additionally, the organization asked for feedback using the Rapid Cycle Model on the process from both staff and clients, which not only improved the program, but also made all involved feel empowered and a part of the implementation process. Overall, this feedback showed that when done appropriately, concurrent documentation helped the client and the clinician to work together as a team to accurately portray the current status and goals of clients.

By using concurrent documentation, staff members save 8-9 hours per week, approximately 400 hours per year or 10 weeks per year. Clients like it as well – in one study, 83.9% felt the practice was helpful, 13.7% found it neutral, and 2.3% found it unhelpful.

Strategies to Sustain Change

The struggle for any organization is to maintain improvements over the long term and keep staff engaged in the process in hopes that there will be continuous quality improvement (CQI) over the long term. There are several key mechanisms to enabling this mindset within an organization.

Staff Motivation Through Empowerment

Each person on the CBHO team must feel as if he/she has a stake in the success of the organization and be motivated to focus on CQI. By empowering the staff to make changes and to participate in the Rapid Cycle Change Model, they will want the organization to succeed. No one wants his/her ideas to fail, particularly when the common goals are clearly established. Self-empowerment improves day-to-day operations and positively influences clients.

Different incentives will motivate different staff members to improve themselves and the organization as a whole. Whether it is improving client care or creating a better work/life balance for staff, the leadership team's role is to identify the motivating factor. By using the data collected to inform decisions, the leaders also can be an incentive to staff to continue to improve.

In addition to empowerment, success of the organization and individual staff members need to be recognized and rewarded as it continues to build staff morale, motivate, and encourages future ideas for improvement.

Refining & Continuous Changes

By using the Rapid Cycle Model, decisions are made quickly and decisively using the data available. The data used in this Model also reveals new areas on which the CBHO needs to focus. The review of the data must be scheduled on a regular basis, and include measures to evaluate success or failure of an idea. With data, leadership and staff have a difficult time dismissing the positive results of organizational change and it becomes easier to push for more changes. Continuous quality improvement is an ongoing and, potentially, arduous process that reaps great rewards. The goal is to have CQI become an integral part of the CBHO's culture.

Service Results

Nothing is as motivating as results. With the more efficient use of time and resources leading to more clients, who are receiving better treatment, everyone comes out ahead. As the client list grows, agencies increase the revenue base, which can lead to better and increased resources for staff and patients.

Participating CBHOs approached client care from the perspective that they existed in the community as a resource to clients and the clients deserved good customer service. This approach improved the bottom line in every sense, especially if it was made clear to both the client and the clinician that this attention to service is the expectation and the rule, not the exception. Customer service began with the first call to the organization and the first visit as this initial contact can impact how the client responded to treatment. By using data driven models and continuing to look for ways to improve, an organization's customer service to its clients and staff never ends.

All of the CBHOs' results demonstrated that the more smoothly the initial client intake was, the more likely the client was to return for further treatment. While the first impression may be the most important, clients' interactions with CBHOs must continue to be as simple as possible. This created the sense among clients that the CBHOs were serving their needs in an efficient and meaningful manner. These positive experiences led to higher retention rates and greater adherence to treatment plans that, in turn, resulted in a higher likelihood of success for the clients, no matter how "success" is defined.