

Using NIATX Strategies for Improving Access to Care:

Opening the Cage Door





Nowhere to Run, Nowhere to Hide
Access to Treatment

Psychiatric Services in Outpatient
Mental Health Clinic example





Change Project: Four Components

- > Aim Addressed: Psychiatry Wait Time
- > Level of Care: Outpatient Psychiatry
- > Client Population Served: Adults
- > Location: Wolfe Outpatient Clinic





First: Why is this a problem?

- > New patients were waiting three months for a psychiatrist appointment
- > Psychiatrists had low direct service time.
- > Mid Year to Date loss for psychiatric services of more than \$160,000 dollars.





3 Change Cycles

- > Psychiatrist's schedules were revised to increase work time in counties where there were longer waiting lists
- > Reduced expenses by decreasing psychiatric staff by 1.7 FTE's
 - > Looked outside the organization for solutions: Began using wave scheduling (a primary care approach)





Example: modified wave

Tip! Know peaks and valleys during day.

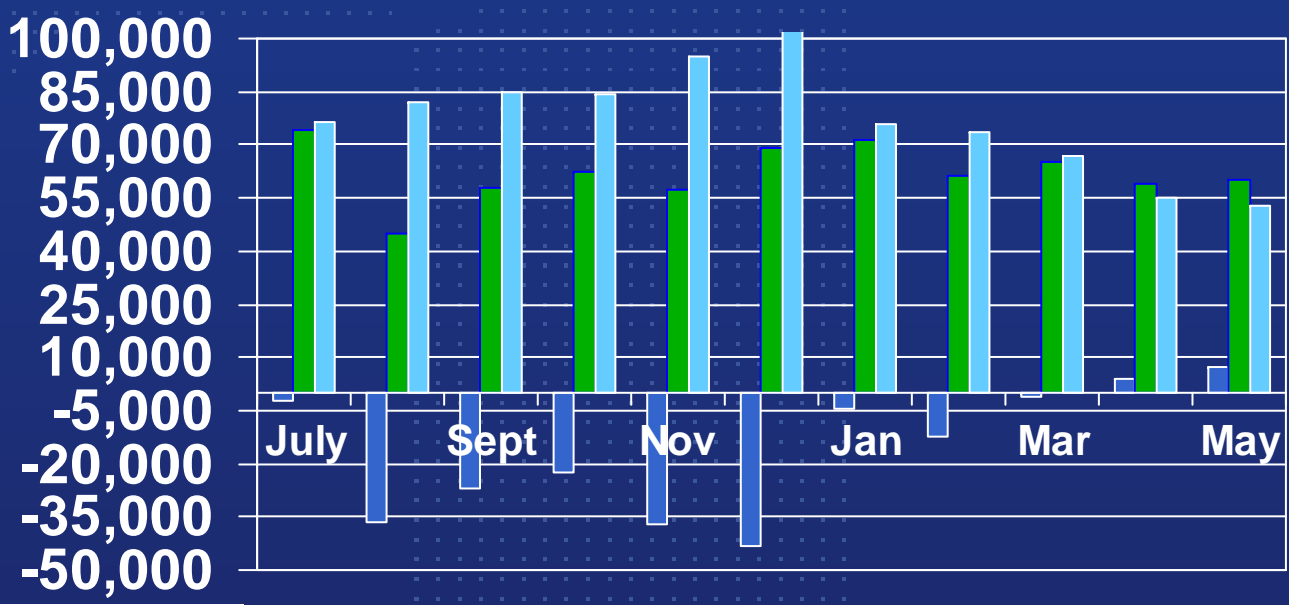
- > 3 routine visits scheduled slot 1, 9AM
- > 2 routine visits scheduled slot 2, 9:15AM
- > 1 routine visit scheduled slot 3, 9:30 AM
- > 1 long psychiatric evaluation slot 4, 9:45 AM
- > 1 routine visit scheduled slot 5, 10:45 AM
- > 2 routine visits scheduled slot 6, 11:00 AM
- > 3 routine visits scheduled slot 7, 11:15 AM

> Kyu Chung MD January 2002 Family Practice Management



Psychiatrists Revenue, Expenses & Surplus/Deficit

- Surplus/Deficit
- Revenue
- Expenses





Impact on Organization

- > Clients can now get a psychiatric appointment within two weeks of request, instead of waiting three months;
- > The potential financial loss of close to ½ million dollars was averted.
- > Decreased program deficit from \$160,000 mid-year loss, to breakeven





NATIONAL COUNCIL
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Finding a Safe Haven Engagement after Hospital Detox

Addiction Services Examples





Handoffs are Continuing Care!

- Individuals discharged from intensive levels of addiction treatment should be transferred to outpatient treatment before leaving the treatment system (APA, 1995; ASAM, 2001)





Handoffs in Recovery

- > Only 17% of individuals who complete treatment in one level of care successfully access the next recommended level of care (OAS, 2005).
- > Only 20% of adults and 36% of adolescents receive any professionally-directed post-discharge continuing care. (Godley et al., 2001; McKay, 2001)





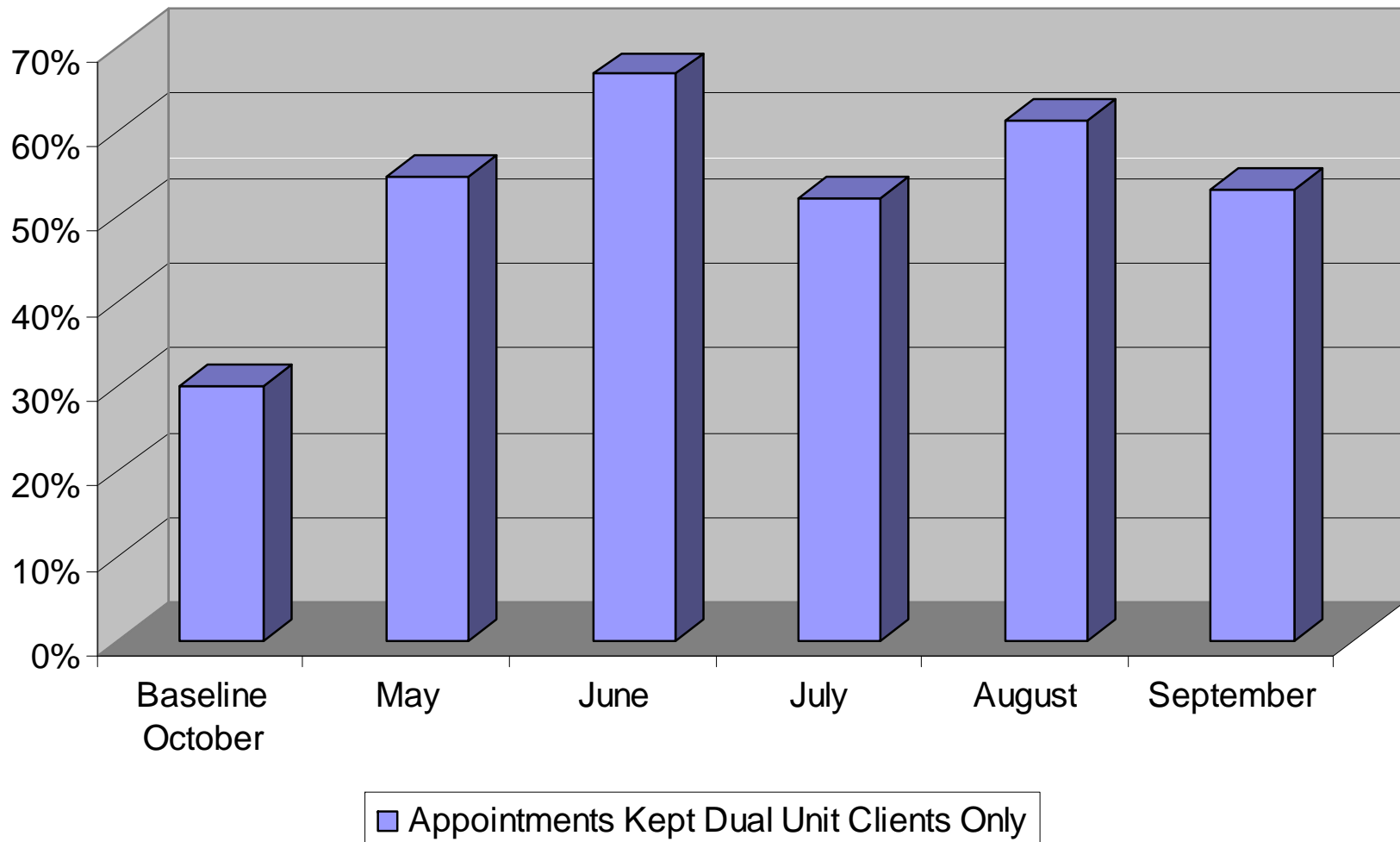
Warm Handoffs! Tele-video Linkages Between Levels of Care

- > Clients at Residential Level have video meetings with Outpatient counselor
- > Clients in the Hospital had video handoffs with community counselor.





Percentage Substance Abuse Continuing Care from ARH- Hospital to KRCC Outpatient from Dual Units Versus Baseline





Demystifying Aftercare

YOUR FIRST VISIT

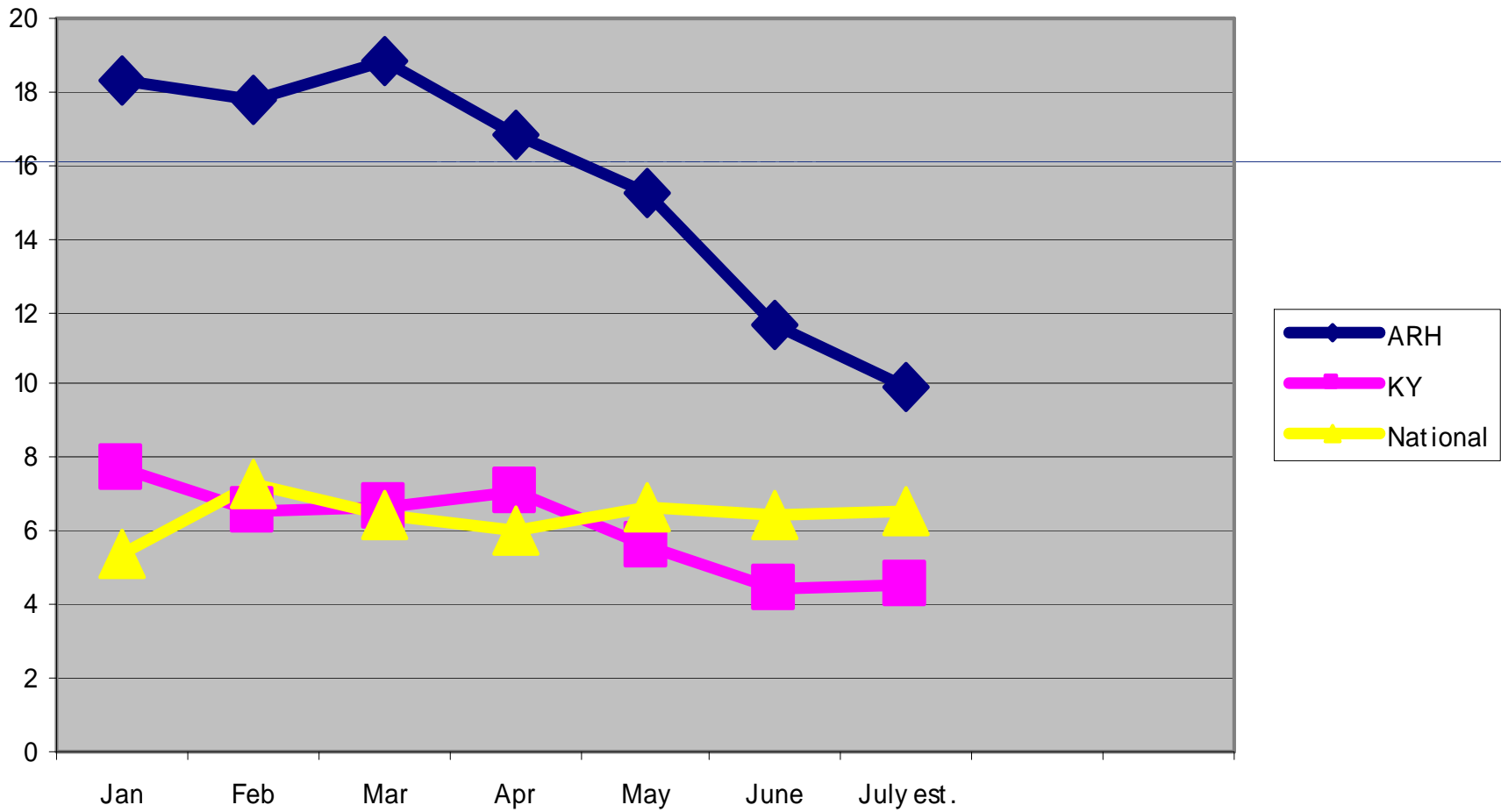
with
Kentucky River
Community Care



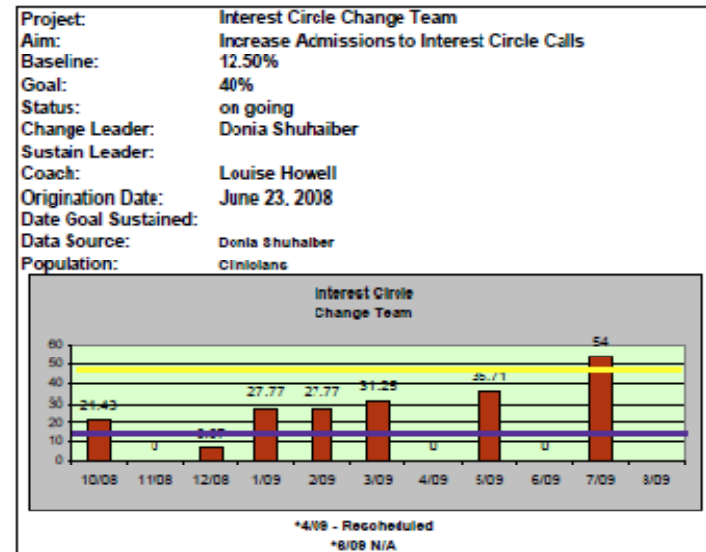
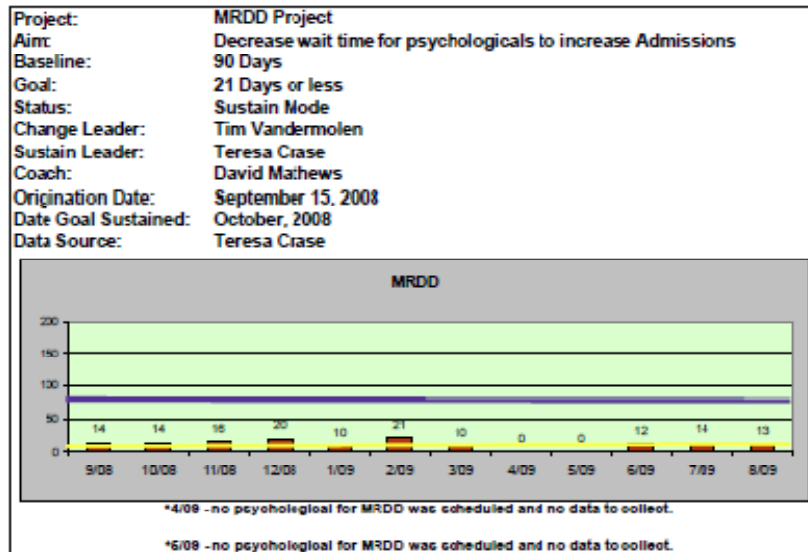
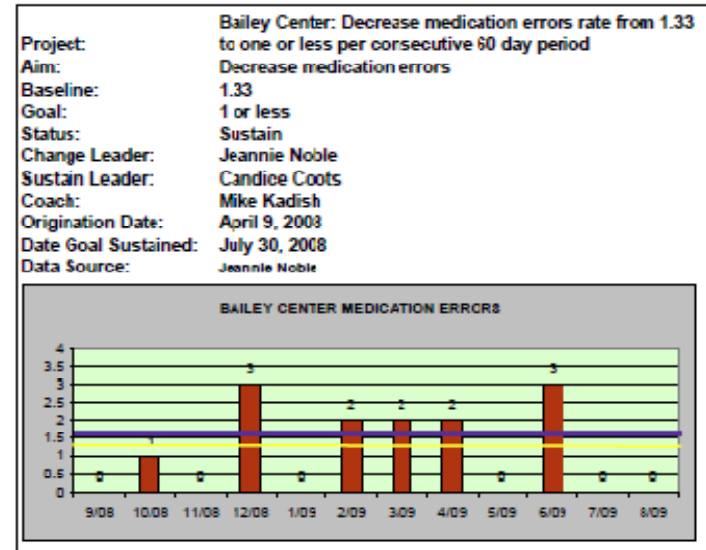
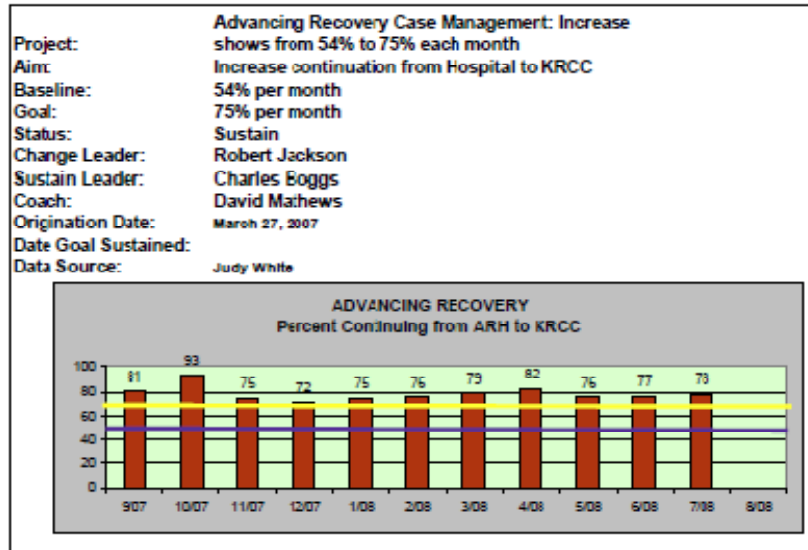
- > Video created to demystify first visit to outpatient offices
- > Case Managers visit hospital prior to discharge with portable DVD player
- > Video depicts motivational interviewing and **NO PAPERWORK.**



Appalachian Regional Healthcare Psychiatric Center - Hazard 2008 Readmission Rates within 30 days



Kentucky River Community Care NIATX Dashboard Report



Keep the Door Open!



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