

No Waiting at CMHC

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What's Wrong

- > Six (6) week waiting time for assessment
- > 42 percent No-show rate for scheduled assessment
- > Higher No-Show rate for second appointment
- > Poor provider productivity – 50 percent
- > Are services being billed correctly
- > Share No show information with referral sources
- > Is our AR too high
- > Will our MIS do what we need it to do?
- > Are treatment plans up to date?
- > Are service notes completed daily?
- > Our poor clinicians are overworked?



How do we fix it?

- > Motivation to improve the system
- > Commitment from Mgt and Board
- > Understand your scheduling
- > You must have a plan
- > Understand your No-Shows
- > Know your capacity
- > Have accountability for all levels



The Solution is. . .

- > Control the Schedule
- > Eliminate clinical staffing - supervision
- > Limit any approved meeting to 1 hour
- > Only schedule two appointments out
- > No-show groups for appointment wasters
- > Don't schedule paper work time
- > Reduce center cancellations
- > Book 7 appointments a day



Poll Question

How interested are you in implementing open access scheduling in your organization?

What drives scheduling?

- > Availability or Treatment Plans
- > Treatment plans represent internal medical necessity criteria that we are professionally obligated to deliver

Increasing Access and Capacity – Getting Started

Do you know?

Your capacity?

Your No show rate by program?

Number of customers discharged in the past month?

Number of discharged customers who completed their TP?

Number of customers with 3 or more no-shows last year?

Caseloads by provider?

Creating Access and Capacity

- > Stop scheduling intakes
- > No show or counseling readiness groups
- > Reminder calls - scripted
- > Letters after a missed appointment
- > No appointment after 2nd no-show
- > Revise Customer Rights and *Responsibilities*

Essential ingredients

- > Internal clinical care criteria
- > Treatment plans drive scheduling
- > Productivity requirements
- > No Shows
- > Goal for discharges/completions
- > Accountability – employees and customers
- > Responsiveness to referral sources
- > A management plan in place to monitor progress and provide supervision and coaching as needed
- > Monitor discharges and admissions

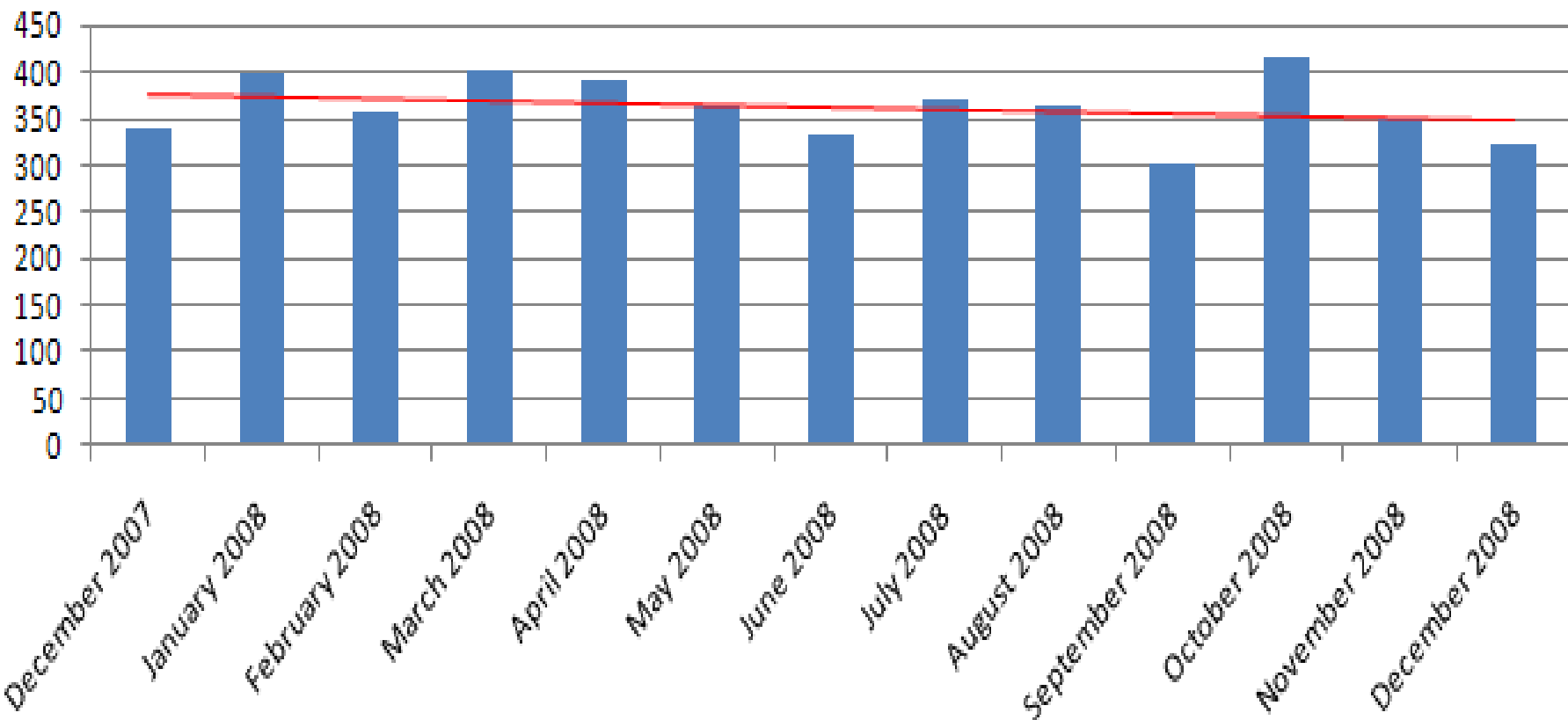


Poll Question

If you have initiated steps to improve client access to care, what level of organizational resistance have you faced in this effort?

Effective No Show Management

No Show Trend





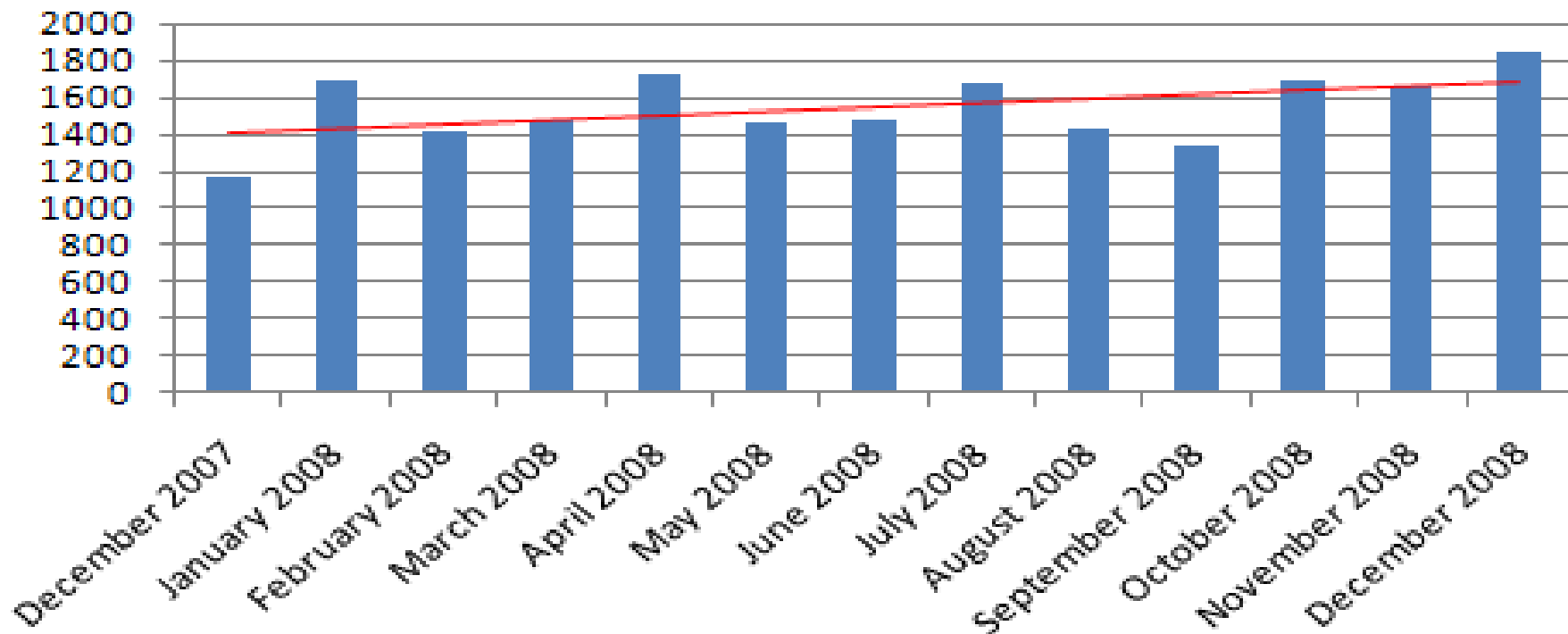
Making the Change

- > Identify the Intake Team
- > Intake Specialist assigns customers to clinicians
- > Scheduling
- > Productivity
- > The Product
- > Dealing with overflow



Increased Capacity Yields Improved Access

Service Volume



Improved Timeliness of Paperwork

