Open Access 101

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MTM Services’ has delivered consultation to over 800 providers (MH/SA/DD/Residential) in 47 states and 2 foreign countries since 1995.

**MTM Services’ Access Redesign Experience (Excluding individual clients):**
- 5 National Council Funded Access Redesign grants with 200 organizations across 25 states
- 6 Statewide efforts with 140 organizations
- Over 1,500 individualized flow charts created
- Over $16,000,000 in Annual Savings generated thus far
- A lot of happy staff and consumers
Show of Hands

Does your organization offer Open Access currently?

Have you have attended a workshop on Open Access before?
What is Open Access?

• An engagement strategy whereby organizations offer an *assessment* on the same day it is requested by the consumer, without a scheduling delay or waitlist, resulting in an eradication of consumer no shows for assessments.

• Open Access and Same Day Access are often synonymous.

• Open Access is NOT an evolving science.
Components of the Open Access Model

1. The BHO offers blocks of time when clients are invited to walk in and have an assessment.
   - Number of hours offered is dependent on volume.

2. When the client walks in, a clinician completes an assessment and at least one goal of the treatment plan based on the client’s presenting problem.
   - Must answer the 5 questions.

3. Client leaves the office with a therapy appointment and a psych eval appointment (if warranted).
   - Target a return date within 5-8 days for therapy and 3-5 days for psych eval (Just-In-Time Scheduling makes this possible!).
What are the 5 essential questions you must answer for clients on day one?

1. What is wrong with me (or my child)?
2. Can you help fix it?
3. How much will it cost?
4. How long will it take?
5. What are my next steps?
Open Access is **NOT** One-Size-Fits-All

Open Access is not *always* the right fit

- If you already offer same-day scheduling and your no-show rate is 10% or below...

Each organization must evaluate for themselves- Will Open Access do **all** of the following?

1. Maintain or Enhance the current quality of care being delivered
   - Reduce wait times for clients?

2. Deliver the care as efficiently as possible
   - Maximize service capacity/reduce lost clinician time?

3. Conform to compliance requirements
The Triple-Win of Same Day Access:

HOW IT BENEFITS CONSUMERS,
CLINICIANS, AND ORGANIZATIONS
Consumers Win

Shorter Wait Times = Better Engagement
Wait Days Create No Shows

Data from Access Redesign Grant, over 22,000 Events
No Show, Cancelation, & Kept Rates

<table>
<thead>
<tr>
<th>Year</th>
<th>Sum of Cancels</th>
<th>Sum of No Shows</th>
<th>Sum of Kept</th>
</tr>
</thead>
<tbody>
<tr>
<td>2009</td>
<td>4</td>
<td>2</td>
<td>2</td>
</tr>
<tr>
<td></td>
<td>19</td>
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<td>2</td>
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<td>10</td>
</tr>
<tr>
<td></td>
<td>0</td>
<td>10</td>
<td>36</td>
</tr>
</tbody>
</table>

Legend:
- Yellow: Sum of Cancels
- Red: Sum of No Shows
- Green: Sum of Kept

Service:
- 7
- 8
- 9
- 10
- 11

PRESENTED BY: MTM SERVICES
Consumers Win

Shorter Wait Times = Better Engagement

Photo Credit: CBS and Popkey.co
Clinicians Win

Frees up time to do other tasks
No more no shows!

Photo Credit: easypayjd.com
Scheduled Model: 100% of clients who are eligible are scheduled, setting aside an hour for each, whether they show or not.

Open Access Model: We only set aside enough clinician hours for the expected kept assessments.
Organizations Win

Meets Evolving Healthcare Standards

- Accreditation Requirements
- State Requirements – Virginia Example
- MCOs
- CCBHCs
- Value-Based Reimbursement

Photo Credit: exchangewire.com
Ask Yourself: Is Open Access Right for You? Most often, the answer is Yes!

• Results in 0% No Show Rates

• Increases Client Engagement
  ◦ Clients who are offered a same day appointment show up 91% of the time, those schedule one day later show up 75% of the time.
  ◦ Teams who move to Same Day Access see a 10% increase in the kept rate of their follow up appointments on average.

• Frees Clinician Time Allowing Increased Productivity -

• Meets Accreditation Standards -

• Happy Referral Sources-
How to Tailor the Open Access Model to Fit Your Organization’s Specific Needs
Have Courage

The **Anxiety** that can proceed this change is 10 times worse than the change itself!

Same Day Access does **NOT** look like this; as long as you plan it out correctly!

Photo Credits: The Simpsons, photoshoptcontest.com, giphy.com
5 Steps to Same Day Access*

1. Establish Clinician Hours
2. Select your Staff
3. Choreograph the Client’s Time
4. Plan your Transition
5. Communicate and Go!

*If you are already doing open access and it’s “not working”, just go back to step one!
1. Establish Clinician Hours

- Calculate the number of clinician hours needed, based on the number of assessments that are KEPT.
  - Same Day Access – *(Recommended if demand is sufficient)*
  - Open Access Days or Open Access Hours
  - Hybrid Model *(use sparingly)*
1. Establish Clinician Hours

- Calculate the number of clinician hours needed, based on the number of assessments that are KEPT.
  - Same Day Access – *(Recommended if demand is sufficient)*
  - Open Access Days or Open Access Hours
  - Hybrid Model *(use sparingly)*

- Determine when those clinician hours should be offered based on when clients are more likely to show up for their scheduled assessments.
5 Steps to Same Day Access*

1. Establish Clinician Hours

![Chart showing clinician hours with percentages and time slots from 8am to 10pm and Other category. The chart includes CBC/NS and Kept categories.]
2. Select your Staff

• Designated Assessors vs. Rotating Assessors?

• Design your Contingency Plan – This is your “Plan B” if something unexpected happens?
  - Step 1: Is there another clinician available now because of a no show or cancellation?
  - Step 2: Is there a supervisor available to do an intake?
  - Last resort: give a preferred slot for the following open access day
3. Choreograph the Client’s Time – Target a 2-2.5 hour time frame from door-to-door.

1. Client walks in the Front Door

2. Client Completes paperwork and self-assessments in the waiting room (<30 min)

3. Client meets with Therapist for Assessment and TP (~60min)

4. Down Time 0-30m

5. Client leaves with scheduled appointments for Therapist (5-8 days) and/or Psychiatrist (3-5 days)
4. Plan Your Transition

Future Kick-Off Date
(Clinician schedules blocked after this date)

End of Transition

Existing Appointments

No further appointments are added to the schedule

Open Access
5 Steps to Same Day Access*

5. Communicate and Go!

• Write the Telephone Script  (Target 2-3 minutes)

• Select your Floor General-Lead Support Staff member who will take charge of the waiting room during open access hours.

• Train Staff

• GO!

• GO!
Ways to Avoid Common Implementation Mistakes and Strategies to Ensure Long-Term Sustainability

SO YOU ARE READY TO IMPLEMENT, NOW WHAT?
Common Misapplications of the Same Day Access Concept

Offering walk-in access for *paperwork* and then scheduling an assessment appointment once paperwork is complete.

Offering walk-in access for *assessment* once per week or once per month while most assessments continue to be scheduled.

These models do not shorten consumer’s wait OR eradicate no shows for the provider.

Telling all the clients to come in at 8:00 am and then handing out stacked appointment slots for later in the day.

This may shorten the wait *days* for the consumer, but commonly results in a day lost for the consumer and can still result in no shows for the provider.
Common Implementation Mistakes

• Saying “first come, first served” in your phone script.
• Floor General is stuck in the back office and has no idea what is happening in the waiting room.
• Support Staff repeatedly implement contingency plan too early.
• Support Staff consider preferred slots to be a “scheduled appointment” and turn others away.
• Team doesn’t track or adjust for trends.
Don’t be Complacent

First Month
Confirm Planning Data, Make Changes if Needed
• Are Clinician hours still adequate?
• Are certain days more popular than others?
• Are we using our Contingency Plan too often?

Ongoing
Regularly Review Capacity and Adjust Staffing Accordingly
• Most organizations see an increase in client follow-through
• Plan ahead for seasonal / holiday fluctuations
Confirm Planning

Number of SDA Therapy Evals / Trend

### Daily Totals

<table>
<thead>
<tr>
<th>Day</th>
<th>Date</th>
<th>Total</th>
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<tr>
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<tr>
<td>Wed</td>
<td>1/30/2013</td>
<td>8</td>
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<tr>
<td>Thu</td>
<td>1/31/2013</td>
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<td>Fri</td>
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<td>5</td>
</tr>
<tr>
<td>Mon</td>
<td>2/4/2013</td>
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<tr>
<td>Tue</td>
<td>2/5/2013</td>
<td>12</td>
</tr>
<tr>
<td>Wed</td>
<td>2/6/2013</td>
<td>21</td>
</tr>
<tr>
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<td>7</td>
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<tr>
<td>Fri</td>
<td>2/22/2013</td>
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</tr>
</tbody>
</table>

ABBE CENTER FOR COMMUNITY MENTAL HEALTH

2/26/13
Track and Report the Impact

<table>
<thead>
<tr>
<th></th>
<th>July</th>
<th>August</th>
<th>September</th>
<th>October</th>
</tr>
</thead>
<tbody>
<tr>
<td>Gone to an urgent care center</td>
<td>5%</td>
<td>5%</td>
<td>3%</td>
<td>4%</td>
</tr>
<tr>
<td>Gone to another agency to get services today</td>
<td>13%</td>
<td>6%</td>
<td>14%</td>
<td>14%</td>
</tr>
<tr>
<td>Gone to my primary care physician</td>
<td>9%</td>
<td>11%</td>
<td>12%</td>
<td>10%</td>
</tr>
<tr>
<td>Gone to the hospital emergency department</td>
<td>27%</td>
<td>27%</td>
<td>26%</td>
<td>25%</td>
</tr>
<tr>
<td>Not gotten services anywhere</td>
<td>25%</td>
<td>33%</td>
<td>30%</td>
<td>31%</td>
</tr>
<tr>
<td>Waited weeks/months to get services from another company</td>
<td>21%</td>
<td>18%</td>
<td>15%</td>
<td>16%</td>
</tr>
</tbody>
</table>
## Access Comparison Worksheet

<table>
<thead>
<tr>
<th></th>
<th>Total Staff Time (Hrs)</th>
<th>Total Client Time without Wait-time (Hrs)</th>
<th>Cost for Process</th>
<th>Total Wait-time (Days)</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Old Process Averages:</strong></td>
<td>5.15</td>
<td>3.69</td>
<td><strong>($369.43)</strong></td>
<td>47.24</td>
</tr>
<tr>
<td><strong>New Process Averages:</strong></td>
<td>3.95</td>
<td>3.15</td>
<td><strong>($296.13)</strong></td>
<td>27.32</td>
</tr>
<tr>
<td><strong>Savings:</strong></td>
<td>1.20</td>
<td>0.54</td>
<td><strong>$73.31</strong></td>
<td>19.91</td>
</tr>
<tr>
<td><strong>Change %:</strong></td>
<td>23%</td>
<td>15%</td>
<td><strong>20%</strong></td>
<td>42%</td>
</tr>
</tbody>
</table>

| Avg. Number of Intakes Per Month | 1,742.13                |
| Intake Volume Change %:         | 5%                      |
| Monthly Savings:                | **$127,708.20**         |
| Annual Savings:                 | **$1,532,498.41**       |
| Average Savings Per Center:     | **$51,083.28**          |

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Sustaining Open Access

Teams who focus solely on Same Day Access often run into trouble within about 6 months. Changes must be more complete:

- Collaborative Documentation
- Centralized Scheduling
- No Show Management for established consumers
- Just-In-Time Scheduling for Prescribers
- Episode of Care Management
- Use more treatment groups to help with increase in volume

Learn More about these during the Master’s Level Open Access Webinar on June 13 at 12:00 ET
Next Steps

- Questions?
- Contact:
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  Email: joy.fruth@mtmservices.org
  Website: www.mtmservices.org