

Access Redesign Quality Improvement Initiative

EXECUTIVE SUMMARY

Access Redesign is an innovative quality-improvement initiative launched by the National Council for Community Behavioral Healthcare (National Council) that has significantly increased savings, reduced staff time, cut wait times and strengthened patient engagement at community behavioral health organizations (CBHOs) in several states. Serving some of the nation's most vulnerable citizens, CBHOs provide treatment and rehabilitation for mental illnesses and addiction disorders to nearly eight million adults, children and families in communities nationwide.

Involving 45 CBHOs in three states, Access Redesign is timely as CBHOs prepare for a greater demand for services created, in part, by the economic crisis and the recent passage of the mental health parity and health reform laws. The increased demand for care comes at a time when CBHOs are feeling the financial strain from several years of state budget cuts. Since 2009, states have made \$1.6 billion in cuts to mental health funding.

With extreme wait times for patients reaching nearly 300 days at some organizations, a central goal of the initiative was for patients to get appointments for care with their providers when they wanted them. Analysis of data from the initiative found that the longer patients had to wait to get appointments, the more likely they were to cancel or not show up. While a same-day appointment had a 10 percent chance of not being kept, almost a fourth of patients with next-day appointments did not show up. Another critical objective of the initiative was to increase patient involvement in the development of their recovery plans.

Some of the change techniques used to increase efficiency at the CBHOs included:

- Implementing same day access policies to decrease no-shows and cancellations
- Using reminder programs to encourage consumers to keep their appointments
- Streamlining the documentation process by removing redundant information and simplifying forms used to capture consumer data
- Spending more time with patients to involve them in their recovery plans and less time with post-session paperwork

Access Redesign achieved the following results:

- **Cut the waiting time it took for patients to see providers by 53 percent;**
- **Reduced staff time by 40 percent;**
- **Saved participating CBHOs an average of \$222,000 annually.**

Additionally, the initiative achieved the goal of increased patient involvement in creating their recovery plans; 86 percent of consumers at participating CBHOs felt involved in their care compared to past experiences, while 52 percent felt “very involved.”

The Access Redesign initiative, funded by Astra Zeneca and Bristol Myers-Squibb, was managed by MTM Services of Holly Springs, NC. From June 2010 to February 2011, the initiative involved 45 CBHOs in Pennsylvania, Minnesota and Washington State.

The National Council, the unifying voice of America’s 1,950 CBHOs, is committed to providing comprehensive, quality care that affords every opportunity for recovery and inclusion in all aspects of community life.

This report may be found at <http://www.thenationalcouncil.org/>.

GOALS

The Access Redesign Quality Improvement Initiative was created to accomplish these goals:

- Assess the current models of consumer access to care at participating CBHOs and identify barriers.
- Assess organizational practices and identify processes and practices that may improve consumer access to services.
- Develop a standard access-to-care process flow and associated costs.
- Implement new processes and assess their effectiveness

METHODS

The specific change techniques used to generate results among the 45 CBHOs relied mainly on the following efficiencies:

- **Collaborative Documentation:** Eliminate post-session documentation time and increase consumer buy-in for their care by involving them in creating their recovery plans.
- **Streamlining Documentation:** Help organizations reduce documentation requirements by deleting redundant data, and changing answer formats used to capture data to reduce overall documentation time.
- **Same-Day Access:** Develop zero no-show models by helping CBHOs offer more expedient access to care including the development of walk-in policies to decrease no-shows and cancellations.
- **No-Show Management:** Use reminder programs to encourage consumers to keep their appointments and increase their engagement.
- **Utilization Review and Management:** Help CBHOs establish the proper standard of care for each patient to assure a consistent level of services based on assessed need.

RESULTS

Assessment of Current Models and Barriers:

More than 200 process flow charts were produced to assess all of the organizations' access-to-care processes. The flow charts chronicled the steps necessary to take consumers from their first call through their Assessment and Treatment Planning Appointments, and then to their first service appointment. The organizations' access systems were analyzed to understand the size of the challenge to improve their systems. The following chart presents the average wait time of participating organizations.

As seen in **Figure 1**, wait times for patients ranged greatly from a low of 2 days to nearly 300 days.

Wait Times in Days for All Organizations

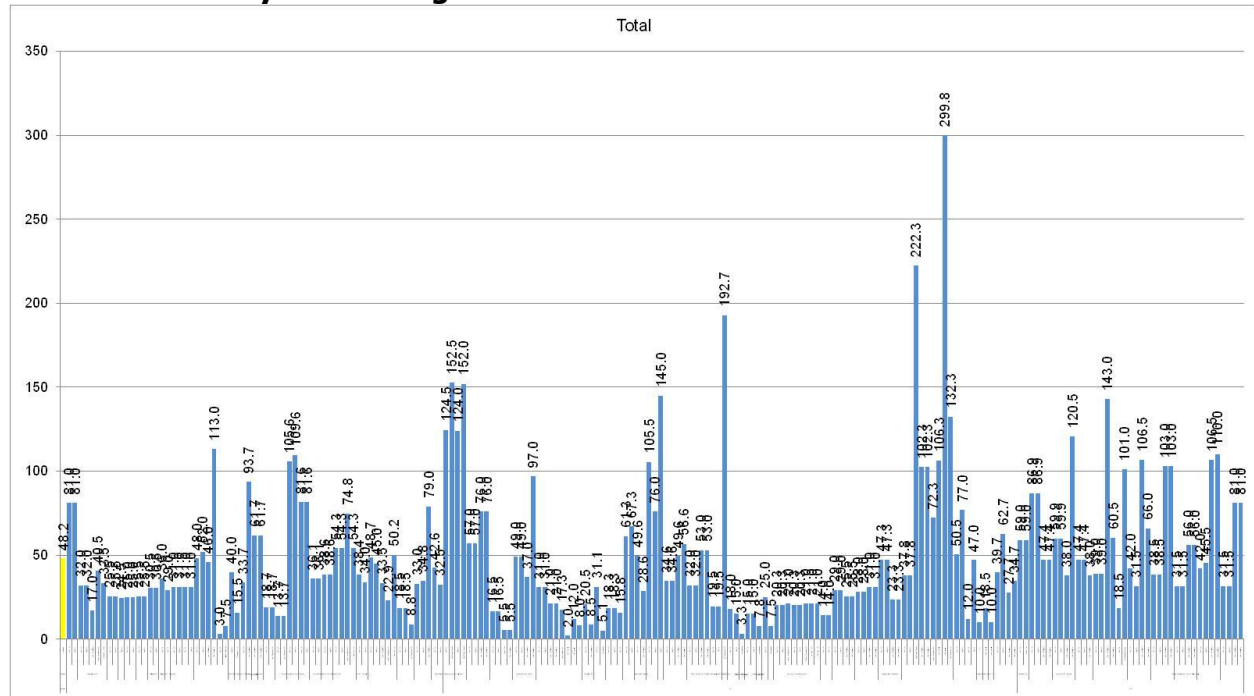


Figure 1

*Yellow bar represents an average

As seen in **Figure 2**, a direct link between the patient’s wait time and his/her level of engagement in the treatment was established by reviewing over 22,000 service events that took place during the project period.

Patient Wait Time and Engagement

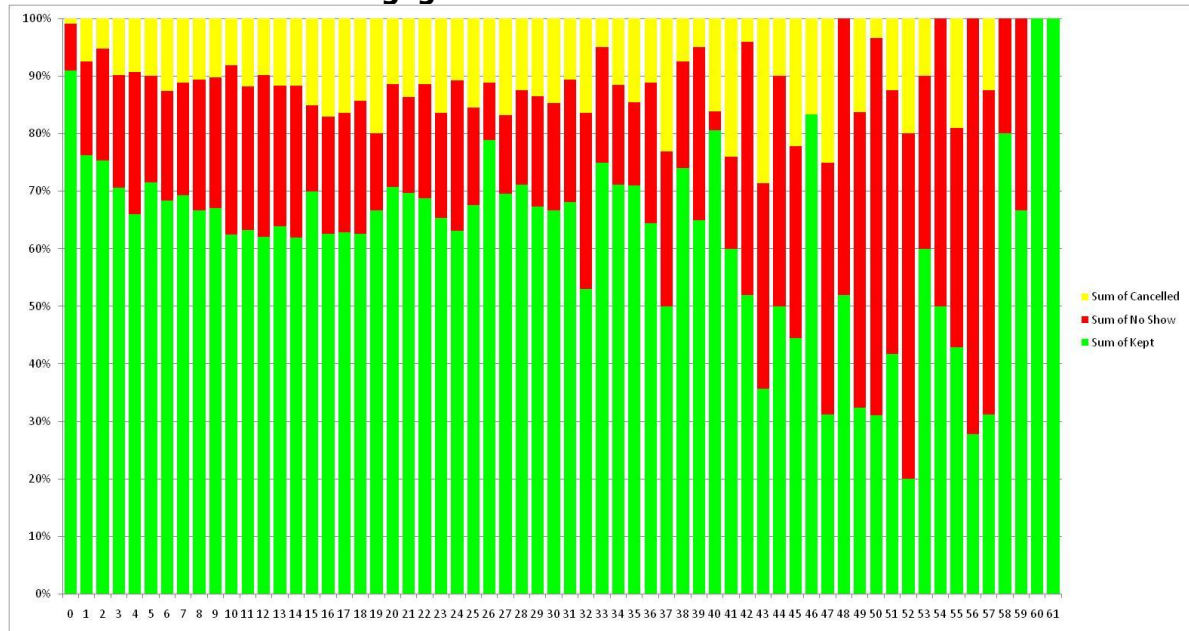


Figure 2

The correlation shows that even if seen the same day, patients have roughly a 10% chance of not keeping their appointment. If a patient has to wait even one day, the chance they will not show up for their appointment jumps to almost 25%.

The long-term trend line demonstrates that consumers are 1% less likely to show up for their assessment appointment for every day that they have to wait. For example, a patient waiting 60 days is 70% less likely to show up for their appointment.

Figure 3 highlights the challenge faced by most organizations at the start of the grant period, namely that staff spend considerable time outside of face-to-face time with consumers completing non-billable tasks such as paperwork, travel, and meetings.

Staff Hours (Blue) vs. Client Hours (Red) Per Intake for All Organizations

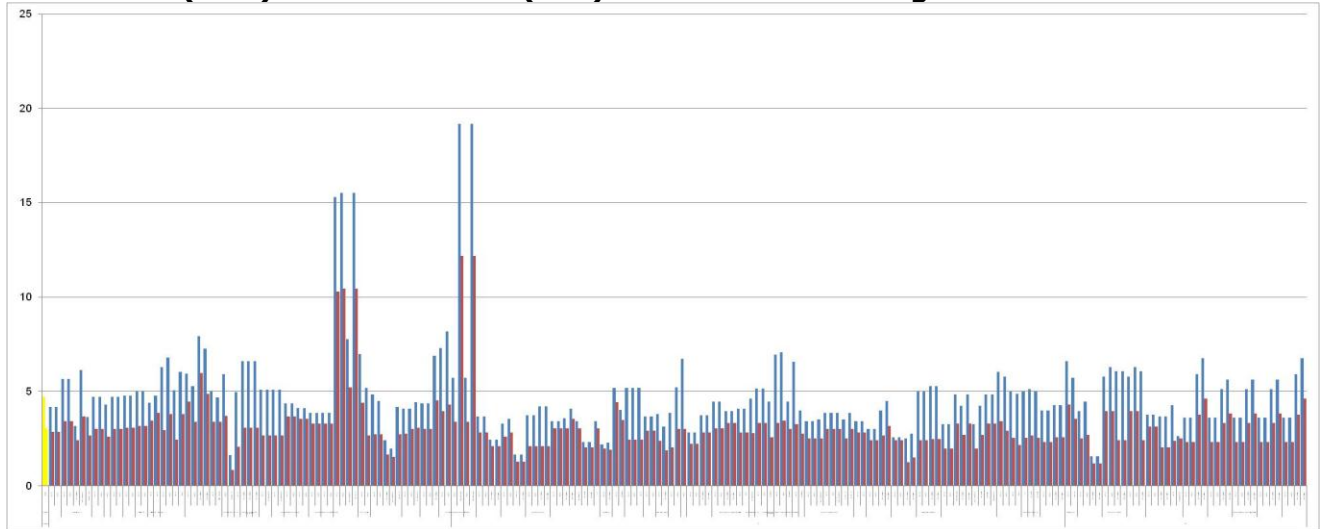


Figure 3

*Yellow bar represents an average

This challenge is addressed primarily with the introduction of Collaborative Documentation, and intervention that typically requires documentation streamlining as well.

Finally, **Figure 4** shows the reality of the average cost versus revenue for the organizations' access processes. Most of the starting comparison points show that each service type was either losing money or was not able to access/offer reimbursement numbers.

Average Intake Cost (Red) vs. Revenue (Green) in Dollars for All Organizations

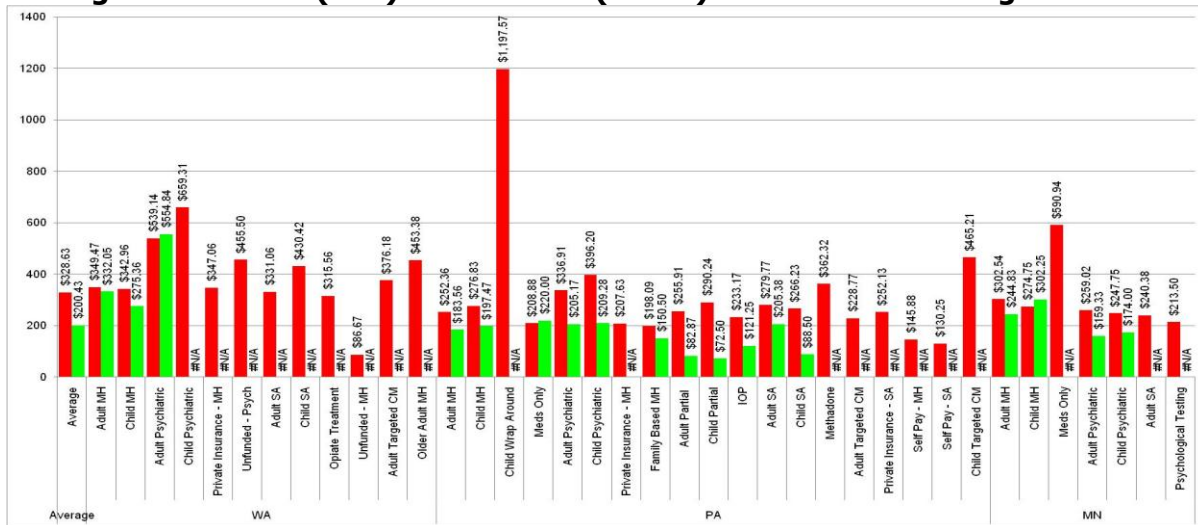


Figure 4

Change Techniques:

The change techniques used most often by all participating CBHOs are reflected in **Figure 5:**

		#				
Total # of Organizations at Start		45		%		
Total # of Organizations at the Finish		34		76%		
Status of Change Strategy	Initially Selected	%	Piloted	%	Implemented	%
Collaborative Documentation	33	97%	31	91%	11	32%
Walk-In Models	30	88%	21	62%	3.5	10%
No Show Models	16	47%	8.5	25%	4	12%
Utilization Review and Utilization Management	13	38%	5	15%	2	6%

Figure 5

The charts below outline the use of each change technique by state. The data indicate that Collaborative Documentation was the most popular change.

Pennsylvania

Pennsylvania		#				
Total # of Organizations at Start		22		%		
Total # of Organizations at the Finish		18		82%		
Status of Change Strategy	Initially Selected	%	Piloted	%	Implemented	%
Collaborative Documentation	17	94%	15	83%	5	28%
Walk-In Models	15	83%	8	44%	2	11%
No Show Models	11	61%	4	22%	1	6%
Utilization Review and Utilization Management	8	44%	4	22%	1	6%

Figure 6

Minnesota

Minnesota		#				
Total # of Organizations at Start		5		%		
Total # of Organizations at the Finish		4		80%		
Status of Change Strategy	Initially Selected	%	Piloted	%	Implemented	%
Collaborative Documentation	4	100%	4	100%	3	75%
Walk-In Models	4	100%	2.5	63%	0.5	13%
No Show Models	2	50%	1.5	38%		0%
Utilization Review and Utilization Management	2	50%		0%		0%

Figure 7

Washington State

Washington State		#		%		
Total # of Organizations at Start	18					
Total # of Organizations at the Finish	12	67%				
Status of Change Strategy	Initially Selected	%	Piloted	%	Implemented	%
Collaborative Documentation	12	100%	12	100%	3	25%
Walk-In Models	11	92%	10.5	88%	1	8%
No Show Models	3	25%	3	25%	3	25%
Utilization Review and Utilization Management	3	25%	1	8%	1	8%

Figure 8

Outcomes:

The Access Redesign Quality Improvement Initiative has significantly increased savings, reduced staff time and reduced patient wait times at participating CBHOs.

- **Increased Savings:** Total annual savings for the participating CBHOs was \$2,664,611.04 or \$222,050.92 per agency. Extrapolating that average annual savings across all 45 organizations would generate a total annual savings of \$11,102,546.00.
- **Reduced Staff Time:** The changes created a 40% reduction in staff time and a 25% reduction in the patient time required to complete the average Access process.
- **Reduced Patient Wait Times:** The total amount of wait time incurred by the average client dropped by 53%.

The results shown in **Figure 9** are a representative sample of 13 organizations that were able to complete the full changes in the time allocated.

Access Comparison Worksheet				
	Total Staff Time (Hrs)	Total Client Time without Wait-time (Hrs)	Cost for Process	Total Wait-time (Days)
Old Process Averages:	4.83	2.76	(\$355.13)	52.37
New Process Averages:	2.91	2.08	(\$221.61)	24.78
Savings:	1.93	0.68	\$133.52	27.59
Change %:	40%	25%	38%	53%
Avg. Number of Intakes Per Month			1,663.00	
Intake Volume Change %:			5%	
Monthly Savings:			\$222,050.92	
Annual Savings:			\$2,664,611.04	
Average Savings Per Center:			\$222,050.92	



Figure 9

The charts below outline the final outcomes achieved by state.

Pennsylvania

Access Comparison Worksheet - PA				
	Total Staff Time (Hrs)	Total Client Time without Wait-time (Hrs)	Cost for Process	Total Wait-time (Days)
Old Process Averages:	4.01	2.49	(\$307.53)	61.61
New Process Averages:	2.47	1.78	(\$188.57)	20.42
Savings:	1.53	0.71	\$118.96	41.20
Change %:	38%	29%	39%	67%

Figure 10

Minnesota

Access Comparison Worksheet - MN				
	Total Staff Time (Hrs)	Total Client Time without Wait-time (Hrs)	Cost for Process	Total Wait-time (Days)
Old Process Averages:	4.24	2.49	(\$281.33)	51.19
New Process Averages:	3.05	2.19	(\$230.56)	36.80
Savings:	1.18	0.30	\$50.77	14.40
Change %:	28%	12%	18%	28%

Figure 11

Washington State

Access Comparison Worksheet - WA				
	Total Staff Time (Hrs)	Total Client Time without Wait-time (Hrs)	Cost for Process	Total Wait-time (Days)
Old Process Averages:	5.85	3.15	(\$437.49)	45.68
New Process Averages:	3.16	2.27	(\$242.66)	21.07
Savings:	2.69	0.88	\$194.83	24.61
Change %:	46%	28%	45%	54%

Figure 12

DISCUSSION

Access Redesign is a particularly timely initiative as CBHOs today face an unprecedented demand for services. The increased demand for care comes at a time when CBHOs are feeling the financial strain from several years of state budget cuts. Since 2009, states have made \$2.2 billion in cuts to mental health funding.

A central goal of the initiative was for patients to get appointments for care with their providers when they wanted them. Given the episodic nature of mental illnesses, they require that mental health services be available on a timely basis to reduce negative symptoms such as re-hospitalization and suicide.

CBHOs are committed to improving people's timely access to mental health care. Staff work tirelessly to relieving the symptoms of serious mental illnesses and to helping individuals living with these conditions achieve improved functionality in their daily living activities.

In the end, the initiative is less about paperwork and process flows and more about providing outstanding services to children and adults with mental health and substance-use problem. The dramatic improvements at the 45 CBHOs reflected in this report will strengthen our nation's public healthcare safety net for some of our most vulnerable citizens.