

# Roundtable with MTM Experts: Implementing Rapid Change in the COVID Era

Wednesday, May 13 - *Part 2 of 2*



# Implementing Rapid Change in the COVID Era

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## Roundtable with MTM Experts

- **Joy Fruth** on maintaining Same Day Access and centralized scheduling with decentralized staff
- **Annie Jensen** on proper outcome measurement procedures when not delivering care in person
- **Scott Lloyd** on leveraging SPQM data to make informed decisions and maintaining Just-in-Time prescriber scheduling



# Virtual Same Day Access

Joy D. Fruth, MSW

Lead Process Change Consultant





**"Working to help organizations deliver the highest quality care possible, while improving the quality of life for those delivering the care!"**

# How can we provide access during this pandemic?

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- Use Telehealth - Take your Same Day Access virtual!
- Virtual Same Day Access reduces risk and gives clients more *options.*
- First choice is to see clients via telehealth for assessment.
- Second choice becomes in-person or telephonic assessment.
- You must operate within your state and local guidelines.



# Traditional Same Day Access



## Screening Call:

- Rule out crisis
- Confirm service need matches services provided
- Insurance?
- Give Same Day Access (walk-in) Hours

Target: 3-4 minutes

## Client Walks In to the Community BH Center



Photo Source: Amerymedicalcenter.org



Photo Source: Pinterest



Photo Source: tampabaytherapist.com



Photo Source: NBC

## Waiting Room:

- Initial Screening (confirm)
- Administrative Forms
- Business/Financial Forms
- Health Questionnaires
- Basic ROIs

Target: 30-60 minutes

## Therapist Office:

- Diagnostic Assessment
- At least one individualized Treatment Plan goal

Target: 60 minutes

## Reception:

- Schedule next appointments

Target: 1-5 minutes

# Virtual Same Day Access



## Screening Call:

- Rule out crisis
- Confirm service need matches services provided
- Insurance?
- Confirm client's available technology and give login hours and login details (no password/account required) – OR-
- Screen for symptoms and give walk-in hours.

Target: 5-6 minutes

## Client logs in

### VIRTUAL Waiting Room:

Admin staff initiate:

- Initial Screening (confirm)
- Administrative Forms
- Business/Financial Forms
- Health Questionnaires
- Basic ROIs



Target: 30-60 minutes

OR

## Client walks-in

SCREEN FOR SYMPTOMS

Create Safe distance in waiting room.

### Waiting Room:

Admin staff initiate:

- Initial Screening (confirm)
- Administrative Forms
- Business/Financial Forms
- Health Questionnaires
- Basic ROIs



Target: 30-60 minutes

# Conducting the *Virtual* Same Day Access Assessment

- Virtual SDA provides multiple options.



OR



OR



# Taking Same Day Access *Virtual*

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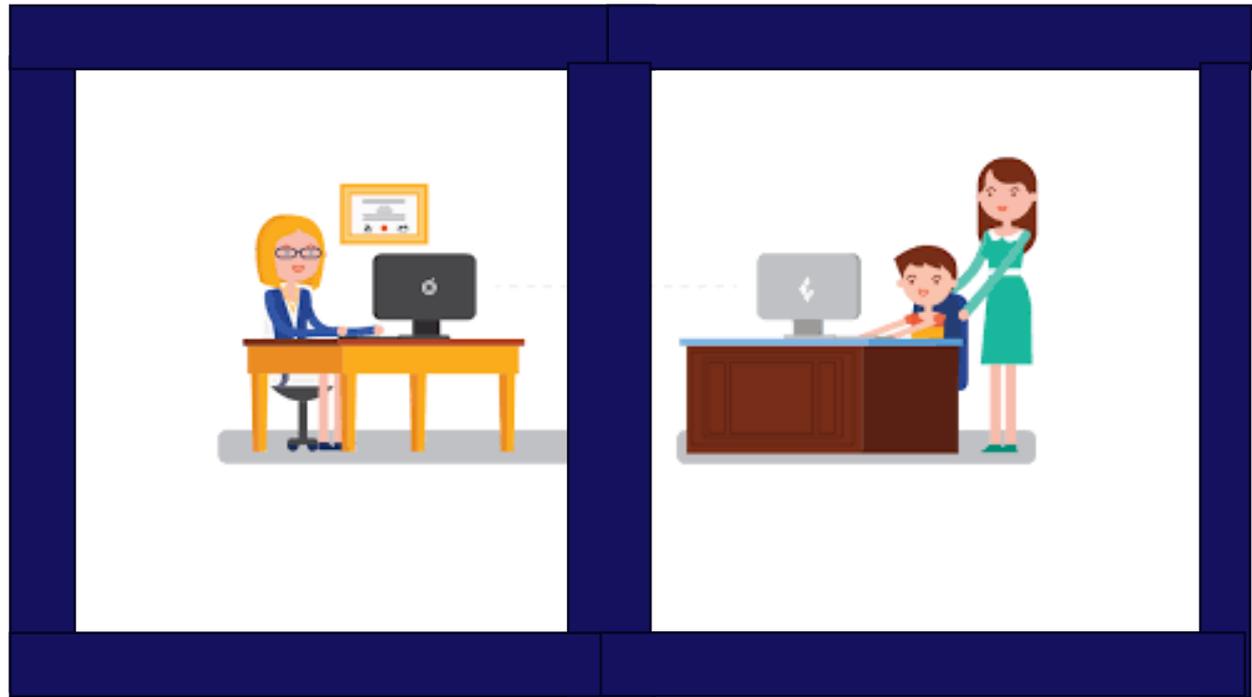
- Clients can be seen in the same room with adequate physical distance.



# Taking Same Day Access *Virtual*

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- Clients need to be seen in the office, but need to maintain a safe, physical distance.



# Why Centralized Scheduling?

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- With staff working separately from home, tools to facilitate communication and technology become even more critical to efficient service delivery.
- Even with telehealth, you will still have no-shows. Centralized Scheduling helps *prevent* no-shows.
- Clinicians can't respond to scheduling phone calls when they are in therapy sessions, so centralized scheduling is just *good customer service*.
- Clinicians who do their own scheduling typically lose 2-3 hours per week to:
  - **Scheduling functions**- the literal act of scheduling which may only take 1-2 minutes, but can really add up.
  - **Scheduling failures**- cancellations that are not backfilled because clinicians do not have the time or availability to respond quickly to client scheduling needs.
- Clinicians will benefit by having support to:
  - Confirm appointments, including telehealth.
  - Ensure clients have the information and ability to connect to telehealth for their scheduled treatment sessions- therapy, case management, etc.

# What is Centralized Scheduling?

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## Components of Centralized Scheduling include:

1. Awareness of all available clinical time/resources in the group practice using a centralized schedule platform– Outlook, EMR, etc.
2. Schedulers (not clinicians) handle appointment scheduling and rescheduling.
3. Quick response to client's scheduling needs.
4. Schedulers conduct confirmation calls 48 hours in advance:
  - a). Example Script: "We are confirming your appointment with \_\_\_\_\_ on \_\_\_\_\_ at \_\_\_\_\_ p.m. Do you still plan to see \_\_\_\_\_ or would it be better if I reschedule you?"
  - b). Confirm client has login details needed for telehealth.
  - c). Confirm payer/billing information.
5. Schedulers *actively backfill* at least 90% of cancellations using clinicians' will call lists.
6. Will call lists are maintained by clinicians and should only include clients with good attendance.

# Tips for Integrating the DLA-20 through the Treatment Process

Annie Jensen LCSW  
Senior DLA-20 Consultant



# Administering the DLA-20 Virtually

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- The DLA-20 is administered in partnership with the consumer.
  - Face to Face
  - Telephonic Services
  - Telehealth/Virtual Platform
- The DLA-20 is administered at a defined frequency. Typically that frequency is upon admission, linked to treatment plan reviews, and discharge.



# Initial DLA-20 Assessment

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- Encourage the consumer to complete the DLA-20 self report ahead of time and use the self report as both an engagement and reporting tool.
- Integrate the DLA-20 into the required assessment to streamline the interview and reduce redundancy.
  - Cross walk required assessment elements.
  - Insert DLA-20 questions for staff.
  - Use text boxes, drop downs, radio buttons, and anchors.





# DLA-20 Reviews

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- We are still providing treatment and we are still accountable for our outcomes!!
- Encourage the consumer to be ready to report on their self report DLA-20.
- Assess functioning for the last 30 days.
- Review the DLA-20 outcomes with the individual.
  - Discuss alignments and misalignments.
  - Identify strengths and needs.
- Establish/update treatment plan goals.





# Just In Time (JIT) Scheduling – *To a Medical Provider in 3 Days*

Scott Lloyd  
President

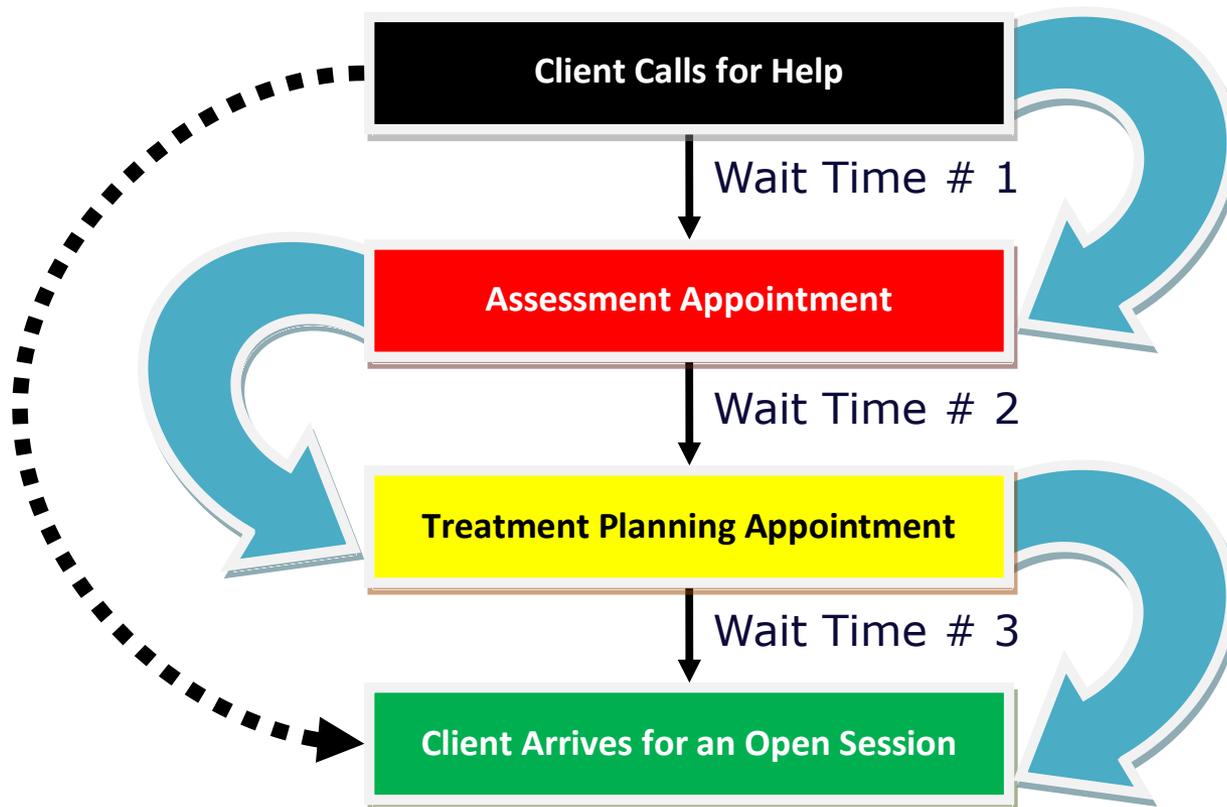


## **Just in Time Prescriber Scheduling Defined**

This process allows teams to move a consumer from their diagnostic assessment to a psychiatric evaluation within 3 calendar days or fewer (3 to 5 as a worst case around holidays, etc.), greatly increasing engagement and reducing no shows and cancellations.

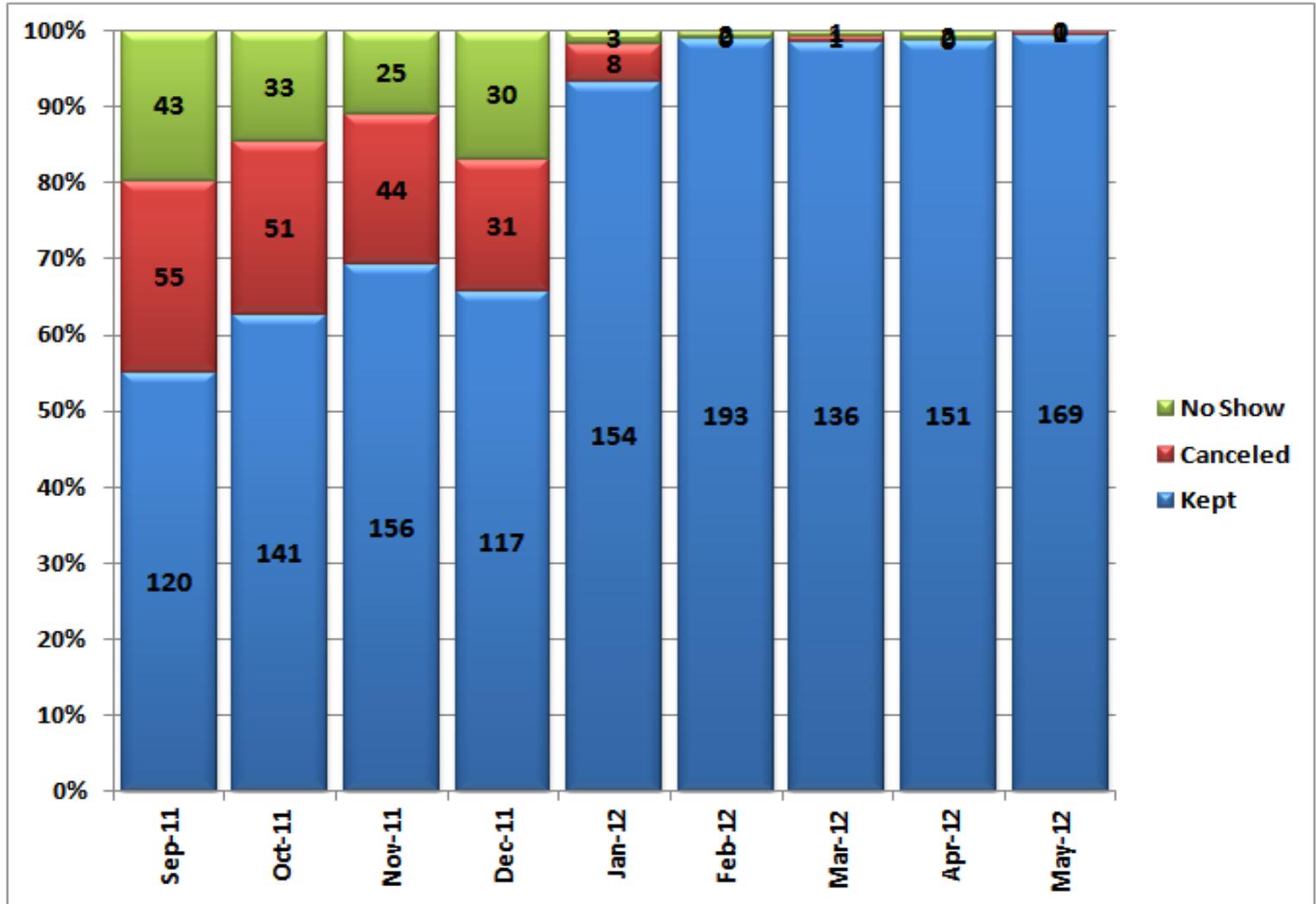
This move improves that consumer's experience and the staff member's quality of life by removing obstacles like non-billable med call-ins that generate high levels of frustration.

## The False Reality of Full! The Client's Definition of Access



# JIT – To a Medical Provider in 3 Days

## The False Reality of Full!



# Key Factors for Success!

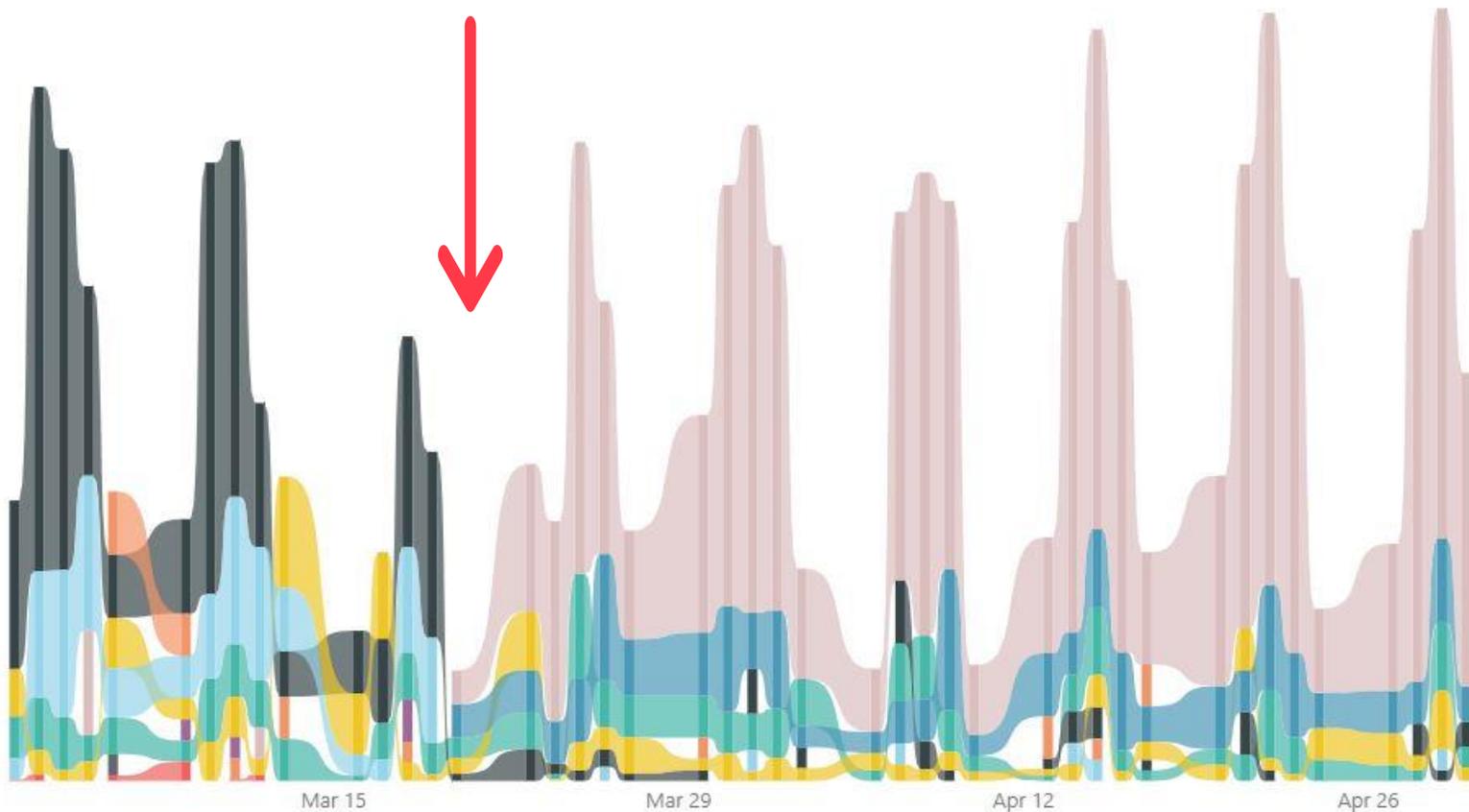
1. No Medical Provider Appointments are Scheduled more than 3 to 5 days out.
2. No More Calling in Med Requests, the consumer must be seen face to face for a script.
3. No more rescheduling no show events, they have to go to the no show clinic (NSNAP).

# COVID Move to Telehealth – Data Tells The Tale

Ctime by Date and Service

Service

- .MED - Injection
- .MED - Med Review
- .MED - NSNAP Note
- .MED - Nursing Note
- .MED - Physician Ver
- .MED - Psych Eval
- .MED - Rapid Access Clinic
- .MED - Rapid Access F/U
- .MED - Tele Eval
- .MED - TeleMed Review



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# Questions and Answers



# Contact Us for Additional Information

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Check out all our COVID-19 resources, including free videos at:  
[www.mtmservices.org/covid](http://www.mtmservices.org/covid)

