Using the Value of Care Equation to Improve Quality – Why We Measure – GAP/SDA

Scott Lloyd, President of MTM Services
Senior National Council Consultant & Chief SPQM Data Consultant
GAP Analysis/SDA – Why We Measure

Scott Lloyd

President of MTM Services, Lead SPQM Data Consultant and Senior National Council for Mental Wellbeing Consultant

- 10 years in a private-for-profit industry
- 24 years in the CBHO, CSB, CCBHC environment (Since 1998) working with an amazing team of consultants
- Has worked with more than 1,000 organizations in 48 states, Washington, DC, and 2 foreign countries in all service disciplines
- Author or Co/Author of Books on the use of data and costing.
- The data in this presentation is tied to that experience working to help teams make substantive change every day
“Working to help organizations deliver the highest quality care possible, while improving the quality of life for those delivering the care!”

- MTM Services’ has delivered consultation to over 1,000 providers (MH/SA/DD/Residential) in 49 states, Washington, DC, 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
  - 10 Statewide efforts with 216 organizations
  - Over 9,000 individualized flow charts created
  - Leading CCBHC Set up and/or TA efforts in 5 states
Improving Quality in the Face of Healthcare Reform
What Does Access Actually Mean!??

Your Questions...

1. What standardized access and enrollment criteria is being used to enroll individuals in a CCBHC?
2. Do you leave certain slots open for same day access?
3. How are clinics collecting vitals for section H, with so many telehealth visits?
4. Since I work at a Community Partner organization, I'm interested in how CPs/similar orgs are partnering with CBHCs.
5. Transitioning from historical scheduling to SDA. Realistic process and timeframe; strategies and process. Thanks.
6. How to integrate this into a clinic logistically.
7. How to incorporate mobile crisis services.
8. How is unused staff time mitigated?
9. How has SDA been implemented and how does it effect productivity?
10. How to promote same day access when a lobby cannot accommodate walk-in traffic.
11. How can a chronically understaffed agency meet the growing caseload requirements with SDA?
12. How do you prioritize same day clients with scheduled clients?
13. What is the biggest obstacle that others have had to overcome when implementing SDA?
14. What are the barriers/down sides to Same Day Access?
15. How to provider services same day with minimal staff.
16. Strategies for SDA.
17. How can we incorporate mobile crisis services.
18. About same day access.
19. How to do this during workforce shortages. How does this connect to pre-screening.
20. Details related to staffing and process change from a current schedule based model.
21. How do you engage staff in the change process.
22. Needs Assessment.
23. Interested in learning more about same day access.
24. Learn more about SDA process.
25. How to implement SDA and centralized scheduling without additional staff.
26. Seeing the difference in No Shows/late cancels utilizing Same Day appts.
27. How to navigate insurance and documentation challenges for same day care if the client is not an established client.
28. I am curious about referring coaching clients to CCBHCs, so my questions are more about helping CCBHCs have more availability.
29. How to utilize their current scheduling system.
30. Staffing recommendations.
31. Scheduling logistic ideas.
32. Staffing impact for SDA.
33. How to ensure staff remain productive while providing same day access.
34. What are some positive strategies to help in improving SDA?
35. Sustainability of services provided within CCBHC scope.
36. How to effectively staff same day access?
37. Accessibility Standards.
38. Ways to implement SDA while staffing appropriately. Has this been done with the pediatric population?
39. How to provide same day care.
40. Considerations of a rural environment across a large geographic area.
41. How rural CMHs can provide these services.
42. I would like to know processes to become a CCBHC.
43. Information about how the model work, staffing patterns, what is needed from EMR, what data is needed in order to implement.
44. Access - also staffing is a huge issue for us.
45. Messaging to Clinicians around SDA.
46. Is there a site where all aspects for CCBHC providers is located?
47. Benefits of becoming CCBHC, how agencies handle the same day walk in service while maintaining productivity levels for providers.
48. How to integrate this into a clinic logistically.
49. What are some positive strategies to help in improving SDA?
50. Assisting clients, providers and staff with transitioning to SDA.
51. How this impacts my role as a supervisor for intake clinicians.
52. How to implement a successful SDA program.
53. How to do this during workforce shortages. How does this connect to pre-screening.
54. How to promote same day access when a lobby cannot accommodate walk-in traffic.
55. How to promote same day access when a lobby cannot accommodate walk-in traffic.
56. Process for becoming CCBHC and benefits.
57. We are doing SDA in a multi county agency, issues with walk ins/staffing.
58. Balancing access with clinical productivity.
59. How this impacts my role as a supervisor for intake clinicians.
60. How others manage same day access when there are more needing to come in than can be safely discharged.
61. What roles do Certified Peer Specialists play in this model.
62. Information about how the model work, staffing patterns, what is needed from EMR, what data is needed in order to implement.
63. Its all data and how do we succeed.
64. I need to understand the process for SDA.
65. How to integrate this into a clinic logistically.
66. How to promote same day access when a lobby cannot accommodate walk-in traffic.
67. How to promote same day access when a lobby cannot accommodate walk-in traffic.
68. How to promote same day access when a lobby cannot accommodate walk-in traffic.
69. Learn more about SDA process.
70. How has SDA been implemented and how does it effect productivity?
71. How to engage staff in the change process.
72. How to promote same day access when a lobby cannot accommodate walk-in traffic.
73. Its all data and how do we succeed.
74. Just trying to learn the details of CCBHC.
75. Strategies in improving same day admissions.
76. How to do same day access for case managers and therapists with their busy schedules.
77. How to do same day access for case managers and therapists with their busy schedules.
78. How to do same day access for case managers and therapists with their busy schedules.
79. Taking in volume.
80. Shorten admission process.
81. Staffing patterns with little data.
82. Perceived barriers to same day access and ways to eliminate them.
83. How to promote same day access when a lobby cannot accommodate walk-in traffic.
84. Difficulties getting individuals into treatment after intake due to lack of staffing.
85. Short staff, inability to maintain a provider network adequate to meeting increase in those requesting services. When to refer.
86. Does this work for Psychiatric Appointments?
87. Implementation plan and specific processes.
88. How to implement a successful SDA program.
89. Just want to understand more about same day access in general.
90. Accessibility Standards.
91. Accessibility Standards.
92. Accessibility Standards.
93. Accessibility Standards.
94. Accessibility Standards.
95. Accessibility Standards.
96. Accessibility Standards.
97. Accessibility Standards.
98. Accessibility Standards.
What Does Access Actually Mean?
What Does Access Actually Mean!?

How Does Your Organization Define Access to Care!? 

Does That Definition Match Your Consumers?!
What Does Access Actually Mean!?

Defining Access...Based upon over 30,000 Access Flows...

Organizational View -
Client’s View -
What Does Access Actually Mean!?

Defining Access...Based upon over 30,000 Access Flows...

Access System Realities -
1. Client vs Agency View.
2. The False Reality of Full.
3. The Impact of Silos.
6. Clients Voting with their Feet.
Same Day Access Scheduling Defined -

Same Day Access is the process of establishing the appropriate staffing and systems needed to offer a full Diagnostic Assessment with a Therapist on the same day it is requested to all consumers, without a scheduling delay or waitlist. This assessment will be the determinate for what services are clinically appropriate going forward and greatly improves consumer satisfaction and engagement, while also eradicating no shows in the assessment process! MTM has moved more than 900 teams through this process and knows how to tailor it to the specific needs of each organization!
The #1 Reason that Change Efforts Fail -

Teams come into the change process looking to alter what they are doing now instead of looking at what it will take to actually make a substantive change....

Partial Implementation or Cherry Picking the Change...

The best way to overcome this is to tie to a solid change reason with a solid change target with Data...
Change - (Verb) - Alter, vary, modify. To make or become different. **Change** implies making either an essential difference often amounting to a loss of original identity or a substitution of one thing for another.
Resetting our Reality...

What has to be overcome ...

• For decades we have set our systems up to what might happen instead of what is happening.

• Very often we have set our systems up for what is best for us more than what is best for our consumers.

• We have convinced ourselves that talking about a change/go ing through the motions is as good as actually making a measurable & impactful change.

• COVID has magnified the challenges in our systems created by the points above.

• A Waitlist is the equivalent of not serving someone.
What Does Access Actually Mean!?  
*How did we get to here?!*
What Does Access Actually Mean!?  
How did we get to here!?

System Noise –  
Anything that keeps staff from being able to do the job they want to do:  
Helping consumers in need!

More Importantly, what do you do about it!?  

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What Does Access Actually Mean!?
How did we get to here?!

Substitute Process is Key!
Your Set Up Steps for Success!

1. Measure your current access reality and set targets (0% No Show Rate, 2nd appt. within 7-10 days).
2. Adjust your Documentation reality (Assessments as close to 60 min as possible.)
3. Determine your Organization’s Demand & Optimal Hours of Operation
4. Select Your Staffing / Team Model / Back-Up Contingency Staff
5. Set a Plan to handle your Existing Appointments
6. Choreograph your Wait time
7. Communicate and Go!

Presented By:
Scott C. Lloyd, President
Resetting our Reality…

What You Need To Change

Leading Areas of Challenge that Impact –
1. Paperwork – Build your forms to time…
2. No Shows
3. Back Door Challenges
   1. EOC/LOC
   2. No Show Management
4. Staffing –
   1. SDA normally requires fewer staff
   2. Contingency Staffing is crucial
Having The Data to Know for Sure!
We tried SDA (or heard of someone else trying it) and it didn’t work!

Were you doing SDA to Fidelity!?
We are going to be a CCBHC and the standard is having a consumer to an Assessment within 7-10 days…..

So why would we do SDA!?

Same Day Access Consultation –

Return on Investment includes:

1. An instant increase in client show rates to 100%,
2. An increase in engagement that leads to an increase in outcomes,
3. The ability to see the same amount or more consumers with fewer staff,
4. A wholistic system change that boasts a 97% client approval rating according to client surveys,
5. Addresses important system issues with Episode of Care planning, Collaborative Documentation Training, & No Show and Engagement policies, and
6. Financially, teams see an average of an 8 to 1 return on investment in the first year based upon the efficiencies generated with those savings continuing into the future, and normally additional billings of 5-10% that are generated by the higher show rates and engagement levels.
Resetting our Reality…

We Need Accurate Data!

Anecdotal/Self Assessment vs. Real Data
You Need to Know Your Starting Point!!
The SDA Difference vs. Scheduling

Initial Question - But what if they need to set up transportation!?
Going Back to the beginning of the SDA program, the change has been solid and shows itself quickly.
The SDA Difference vs. Scheduling

Going Back to the beginning of the SDA program, the change has been solid and shows itself quickly.
## The SDA Difference vs. Scheduling

### 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>Old Process Averages:</td>
<td>4.94</td>
<td>3.35</td>
<td>($347.20)</td>
<td>45.72</td>
</tr>
<tr>
<td>New Process Averages:</td>
<td>3.74</td>
<td>2.85</td>
<td>($265.96)</td>
<td>25.81</td>
</tr>
<tr>
<td><strong>Savings:</strong></td>
<td><strong>1.20</strong></td>
<td><strong>0.50</strong></td>
<td><strong>$81.25</strong></td>
<td><strong>19.92</strong></td>
</tr>
<tr>
<td><strong>Change %:</strong></td>
<td><strong>24%</strong></td>
<td><strong>15%</strong></td>
<td><strong>23%</strong></td>
<td><strong>44%</strong></td>
</tr>
</tbody>
</table>

### Avg. Number of Intakes Per Month: 24,349.20

**Intake Volume Change %:** 10%

**Monthly Savings:** $1,676,428.44

**Annual Savings:** $20,117,141.29

**Average Savings Per Center:** $135,926.63

The sample size of this change information is taken from 169 organizations in 25 states.

Average Savings Per Center is based upon Fewer Organizations as some teams did not need to change their staff time, only their wait time.
Although the group average was a 50% reduction in wait time, that means different things for different teams based upon their starting point. In the results above from the National Council’s most recent Access Redesign grant, you can see that two teams actually reduced their wait time by 90% or more during our 8 months work time!
Thank You

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See our outcomes, resources and more…

www.mtmservices.org