



## Data Worksheet: *“Same Day Access to Care”*

### What is the Issue?

With the implementation of the Affordable Care Act, parity, and Medicaid expansion, more people than ever before will have access to treatment for mental health and addiction services through expanded public and private insurance coverage. By 2019, an additional 15 million people will be eligible to enroll in Medicaid; an additional 16 million people will be covered by private insurance. Mental health and addictions treatment organizations must gear up to meet the increased demand *and* face the competition — they must be able to offer appointments when people need them, avoid long waitlists, and improve operational efficiencies.

The longer patients have to wait to get appointments, the more likely they are to go to a different provider. While a same-day appointment has a 10% chance of not being kept, almost 25% of patients with next-day appointments cancel or simply do not show up. Offering same day access improves operational efficiencies, avoids revenue loss, and allows clinicians to spend more time engaging patients in treatment.

### What are the Potential Benefits Gained?

Since 2008, the National Council has offered behavioral health organizations the opportunity to participate in various Access and Retention initiatives. Organizations participating in the National Council's Access and Retention initiatives have achieved unprecedented results:

- Average of 60% reduction in consumer wait times — with greater engagement and reduced no-shows.
- Average of 39% reduction in cost of access to treatment process and 34% reduction in staff time needed per access to treatment event.
- Up to 50% reduction in the number of data elements collected.
- Average of 9 hours per week in time saved per direct care staff on documentation.
- Average 26% increase in intake capacity with no increase in number of staff
- Average of over \$200,000 in annual savings in access to care costs per organization

### What are the Impacts on Alaska Providers who have participated?

#### **Same Day Access Project – Alaska**

(The following data is reported as of 8/5/13 with 3 of 5 Alaska teams completing final report)

The first step of this project involved measurement of each individual organization's intake process to establish baseline measures of: 1) staff time (hours), 2) client time (hours) and 3) wait time (days) involved

in moving a client from the first contact to the first service. This includes all initial screening, assessment, and treatment planning processes. The number you see below as “Old Process Averages” reflect the aggregate averages of these measures at the start of the project (August-September 2012). After conclusion of the 8 month Rapid Cycle Change Phase, the same measures were collected from each team. The chart below shows the comparison of this data with 3 of 5 teams completing the final measurement.

<b>Access Comparison Worksheet</b>				
	<b>Total Staff Time (Hrs)</b>	<b>Total Client Time without Wait-time (Hrs)</b>	<b>Cost for Process</b>	<b>Total Wait-time (Days)</b>
<b>Old Process Averages:</b>	7.50	4.04	(\$594.71)	36.87
<b>New Process Averages:</b>	4.98	3.46	(\$415.36)	21.76
<b>Savings:</b>	2.52	0.58	\$179.35	15.12
<b>Change %:</b>	34%	14%	30%	41%
 <p>© Copyright 2008 <a href="http://www.mtmservices.org">www.mtmservices.org</a></p>	<b>Avg. Number of Intakes Per Month</b>		55.85	
	<b>Intake Volume Change %:</b>		12%	
	<b>Monthly Savings:</b>		\$10,016.57	
	<b>Annual Savings:</b>		\$120,198.82	
	<b>Average Savings Per Center:</b>		\$40,066.27	

The reduction in staff time and cost is primarily due to the wide acceptance and implementation of collaborative documentation. In addition, most of the teams in this project implemented some version of Same Day Access which resulted in a reduction in overall wait time, staff time, and client time.

**Common Themes and Recommendations for Future work:**

**1. Standardized clinical records**

It was a common theme among providers in Alaska that documentation requirements are time-consuming and challenging to understand. This results in a wide variance among clinicians and agencies in how documentation is completed. Further, lengthy documentation processes drive up cost.

**2. Turnover**

A few of the participating teams reported that turnover impeded their progress in this initiative.

**3. Cost Efficiency / Maximization of Service Capacity**

Another common theme that arose during the project was the challenge faced by teams to maintain solvency as an agency. Of course, there are a multitude of factors that cause agencies to lose money, but there are many things that agencies can do to be more efficient and to maximize the service capacity that exists within each organization. These strategies include the following: effective no show management, centralized scheduling, collaborative documentation, same day access, establishing guidelines for episodes of care, utilizing effective functional measures, and maintaining performance standards for staff. All of these strategies are designed to not only improve efficiency, but also maintain or enhance quality of care. While participating teams were exposed to most of these strategies, many teams were unable to implement all of them to due time limitations, resistance or lack of interest, shifting priorities, competing projects (i.e. EHR implementation), turnover, etc.

## Looking Ahead

The Division intends to implement the following strategies and action steps:

	<u>Strategies</u>	<u>Actions</u>	<u>Partners</u>
1	Refine Performance Measures to identify	1a. Develop, as a performance expectation, timely access of recipients into treatment services.	Behavioral Health Grantee Providers
2	Adopt the National Council "Same Day Access" Initiative strategies	2a. effective no show management, 2b. centralized scheduling, 2c. collaborative documentation, 2d. same day access, 2e. establishing guidelines for episodes of care, 2f. utilizing effective functional measures 2g. maintaining performance standards for staff.	National Council  ABHA  Behavioral Health Grantee Providers
3	Identify best practice models for increasing access to care	3a. Apply best practice models for increasing access to care 3b. The model of group therapy as a preferred best practice that improves quality of care, creates efficiency, and increases provider capacity 3c. Utilize individual clinic services to targeted diagnostic and symptomatic sequelae.	ABHA  Behavioral Health Grantee Providers
4	Increase capacity to measure system/ provider capacity to meet behavioral health needs.	4a. Develop mechanisms to define, measure, and report provider capacity	Consultants
5	Increase expectations of "timely access"	5a. Institutionalize expectations of "timely access" (ie. Regulations vs. policy)	ABHA  Advisory Boards  Behavioral Health Grantee Providers