Just In Time (JIT) Prescriber Scheduling....

*Giving Consumers the Access they deserve and we have always desired!*

Intro by:

**Scott C. Lloyd**  
President

For the last 20 years, we have had the unique opportunity to work with teams around the world and help them in their quest for the highest levels of quality care, consumer & staff satisfaction, successful treatment outcomes and financial stability. It has been our pleasure to help teams attain results in all of these areas via the use of consulting techniques that look to positively impact all areas equally versus ones that have a singular focus. JIT Prescriber Scheduling is one of those techniques that is attaining VERY positive results when implemented correctly for teams across the country, and we are happy to share the results of one of those teams below.

*First, to explain how JIT came to fruition:*

Since 2008, MTM has moved more than 500 teams through this process that allows teams to offer assessments on the same day they are requested, without a scheduling delay or waitlist. This process greatly improves consumer satisfaction and engagement, while also eradicating no shows in the assessment process. The challenge however was that as we helped teams eradicate the wait times for their assessments, the often long wait time to their psychiatric evaluations was further highlighted.

So in 2011 during a Psychiatric Leadership grant that we were facilitating for the National Council for Behavioral Healthcare, we engineered the first JIT programs with two teams. After the success of these first pilots, JIT quickly became a constant offshoot of Same Day Access and has been implemented with teams in 11 different states so far. This process allows teams to move a consumer from their diagnostic assessment to a psychiatric evaluation on the same day in some version, or within 3 to 5 days in others. This speed has greatly increased engagement and the reduced no shows and cancellations that once plagued the standard medical team.

Let’s review a case study that we hope will speak to you about the improvements that can be attained in your service delivery processes via the JIT system.
JIT Model – The Case for Same Day Access

Written by
Valerie Westhead, MD
Chief Medical Officer
Aspire Health Partners – Seminole

Aspire Health Partners – Seminole is a division of a multicounty behavioral health care organization in Central Florida. Within this division of the company, we have an integrated model of care to address the needs of individuals with SPMI, Substance Use and Co-occurring conditions as well as individuals in need of less intensive services such as medication alone or brief counseling. Services include a crisis stabilization unit (CSU), residential and IOP substance use programming, residential programming for those with SPMI, PSR and Clubhouse services as well as individual and group counseling. We have two outpatient medication clinics at opposite ends of the county to facilitate access. We have a strong relationship with the local criminal justice system. We are integrally involved with the three problem solving courts and the jail to facilitate individuals receiving treatment diverting them from further penetration into the criminal justice world.

The outpatient medical clinics serve the most individuals within our system of care with between 3200 - 3400 clients served per year. Insuring timely access to this service is essential for stabilization of individuals allowing them to engage in other programs and move forward in their recovery process. It was this awareness that lead us to implement the JIT Model.

Open access within our system includes the following elements:

1. Screening by a licensed clinician to determine if we are able to address the needs of the individual. If we are not the appropriate provider, the individual is referred to other resources in the community.
2. After screening, any individual needing our services is seen immediately by a licensed clinician for a Comprehensive Clinical Assessment (CCA) which includes development of a treatment plan and referral to all appropriate services
3. If appropriate, the individual will be seen that day but no later than the next business day for a Psychiatric Evaluation.
4. Referrals to counseling are seen within one week of the CCA, usually within three days.

How We Made the Change:

Prior to implementing JIT – Same Day Access, we followed a traditional model of screening followed by scheduled assessments and then scheduled psychiatric evaluations. This process led to long delays of 8 – 10 weeks before someone could be seen for medications. It was plagued by no-shows at every step in the process, leading to individuals in need of care not receiving it and a high level of unproductive time for staff. It also
contributed to many unnecessary admissions to the CSU for simple psychiatric evaluations. This process reinforced the very unhealthy practice of clients receiving their primary psychiatric services through our most time consuming and expensive program. It also added to the no show rate in the clinic as clients found it easier to follow up with an admission rather than waiting for an appointment.

Redesigning this system required us to embrace a culture of change and to be flexible in developing new processes moving forward. Fortunately, over the years we had implemented other innovative programs so we had already identified our change leaders as well as those who would struggle the most with making this transition. We set a six-month timeline to complete the transformation with hard deadlines throughout to insure that everyone knew this was going to become our way of doing business. This also helped us to keep the dialogue going across departments and between all staff members affected by the change.

During the first three months we focused on changing the intake process. We took a hard look at every aspect of this – from both client and staff perspectives. By doing that, we were able to comprehensively modify everything from paperwork to client flow and in many ways simplify the system. Staff quickly saw how these changes improved the experience for clients as well as themselves. This set a very positive tone for implementing the harder transition involving the medication clinics.

Our initial plan was to transition the clinics one at a time, but quickly decided that keeping two separate processes in place was cumbersome and also likely to give us “on out if there was too much resistance to change. We were well aware of the 30 – 35 % no show rate and long delays for individuals being seen. This was especially critical for those leaving the CSU, jail or coming from the courts and state hospital. Staff intuitively understood the need to fill that time to meet the needs of our clients. Through work groups involving staff at different stages of change as well as across department lines (front door, access, forensics and medical staff) we were able to collectively agree on a course of action. This included the following elements that were particularly important to the doctors and ARNPs:

1. Being able to see their own clients and providing the level of care they deemed appropriate based on the client’s presentation (continuity of care)
2. Prioritizing clients as they walked in seeking an appointment (triaging)
3. Staffing appropriately for the volume of clients (capacity issues)
4. Adequate time for charting, paperwork and call backs (workflow issues)
5. Rapid response if problems were to arise (CQI)

Once the above issues were ironed out, staff became more accepting of the need to change and that JIT seemed like a viable – if scary – option.

We implemented Same Day Appointments in the medication clinic in September of 2013. As a result of the change process there was a several week backlog of psychiatric evaluations which was the most difficult aspect of the transition. This was handled by having increased clinical time provided by the CMO during the first month of going live.

Within three weeks of implementation, we were able to see clients for their psychiatric evaluations the same day they completed their CCA. By the end of the first quarter, there was a 30% increase in psychiatric
evaluations over the same quarter the previous year. We were able to meet our primary goal – rapid access to psychiatric evaluation and appropriate medication - as soon as we implemented JIT. In addition, the staff productivity soared which significantly improved the bottom line for this essential but expensive service.

**Lessons Learned:**

Implementing this level of change is a team effort requiring support at all levels of the organization. It is essential that the decision to change be anchored to core values within the organization that include being responsive and adaptive in addressing the needs of the individuals served in a timely manner while maintaining the integrity of the services being provided. Most staff who work in behavioral health settings are committed to these concepts. If they can be assisted in recognizing that the changes being proposed will improve the delivery of care especially to the most vulnerable clients, their engagement in the planning and implementation will increase dramatically. This level of commitment will ultimately lead to the unique solutions that best fit a given organization being put into effect.

It is important to know the capacity currently available within an organization to insure that this change will not overwhelm available resources. Using metrics already imbedded within an EHR or other reporting mechanisms or using tools provided by consultants is an essential element for planning the move to JIT. Once an organization fully understands their staffing needs, strategic hiring to enhance the existing medical/support staffs can dramatically improve services independent of starting JIT.

Continuing to assess how these changes impact client care and work flow after JIT is in place is extremely important. Monitoring peak flow of walk ins or call ins for appointments, client wait times and distribution of new evaluations versus follow up appointments are some of the variables that should be measured regularly as part of a CQI process. Seeking out staff solutions to any issues is invaluable to continued success. Being willing to trial possible solutions or changes while gathering data keeps the spirit of change and growth alive within the organization often leading to fresh perspectives that can yield incredible results.

Using this change process to encourage staff to embrace new technology and ways of doing things such as collaborative documentation and level of function assessments fosters improved engagement of clients in taking on responsibility for their recovery. Recognizing that as a treatment provider, our role is to assist in developing a collaborative road map based on measurable goals that the individual can follow establishes supportive boundaries encouraging independence and growth.

One of the most important lessons we learned was that most of our fears about this change were unfounded. Overall, clients handled the transition better than the staff. They quickly recognized that as an agency we were more available when they needed services, especially those transitioning from a higher level of care. This was also obvious to our community partners who appreciated our ability to rapidly address the needs of individuals struggling to become and remain stable in the least restrictive environment possible.