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
Experience –
Improving Quality in the Face of Healthcare Reform

“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
Your Questions...

What Does Access Actually Mean!??
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 -

Client Calls for Help

Wait Time # 1

Assessment Appointment

Wait Time # 2

Treatment Plan Appointment

Wait Time # 3

Client Arrives for Care
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/going 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?!*

[Diagram showing the relationship between NS % and WT - Days]
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!?
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, 2\textsuperscript{nd} 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!
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

High Hopes Community Service Board

- I-CCFRT Consolidated Findings
  - A+: 4.1
  - 5.0
  - 4.8
  - 4.9
  - 4.9
  - 4.9
  - 5.0
  - 4.7
  - 6.0

- I-CCFRT Cumulative Score: 803
- 132.60 Total Wait Time (Days)
- 4.13 Total Client Time with... (Hrs)
- 4.71 Total Staff Time (Hrs)
- -565.83 Cost for Intake Process
- 356.05 Revenue for Intake (P... (Mln)
- -4,635.95 Monthly Margin
- -209.78 Gain/Loss per Intake

MTM SERVICES ORG
Driving Transformational Change!

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0 2 4

1.0 Infrastructure
2.0 Servers
3.0 Active Directory
4.0 Workstations
5.0 General IT
6.0 Mobile Devices
7.0 EHR and Back Office

IT and EHR Assessment Findings

39 34

Technology Overall
EHR Satisfaction

35

Phishing
IT Staff

90

70

60

Staff Survey Findings

3 5 2

Best Practice
Standard
Risk
High Risk

EHR Reporting Finding

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0 20 40 60 80

Staff Survey Findings
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>Old Process Averages</th>
<th>New Process Averages</th>
<th>Savings</th>
<th>Change %</th>
</tr>
</thead>
<tbody>
<tr>
<td>Total Staff Time (Hrs)</td>
<td>4.94</td>
<td>3.74</td>
<td>1.20</td>
<td>24%</td>
</tr>
<tr>
<td>Total Client Time without Wait-time (Hrs)</td>
<td>3.35</td>
<td>2.85</td>
<td>0.50</td>
<td>15%</td>
</tr>
<tr>
<td>Cost for Process</td>
<td>($347.20)</td>
<td>($265.96)</td>
<td>$81.25</td>
<td>23%</td>
</tr>
<tr>
<td>Total Wait-time (Days)</td>
<td>45.72</td>
<td>25.81</td>
<td>19.92</td>
<td>44%</td>
</tr>
</tbody>
</table>

## MTM SERVICES

- 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.

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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!
Comprehensive Life Resources

Same Day Access Journey

Kathy Hagen, LICSW
Chief Clinical Officer
Challenges

✓ Meeting the need - It’s a moving target!
✓ Losing clients as a result of lack of engagement = increase in no show rates
✓ Inefficiencies in workflows - meeting demands of multiple funders; too much paperwork
✓ Accepting a major system overhaul was needed

Don’t limit your challenges, Challenge your limits.

Post Pandemic
Less workforce + More need = DISASTER
Before SDA intervention

Client wait times could be as high as 90 minutes BEFORE they saw a staff member.

Intakes were taking 90 minutes or more once they started.

Reception staff not utilizing scripts in effort to meet need.

Clinical staff were doing a lot of non-clinical paperwork.

Leadership, staff teams, and clients all felt frustrated with the process and no clear solution.

We were defaulting to scheduling intakes when staff were not available.
Developing the Plan

- Hired Consulting- Thank you MTM!
- Identified a design team
- Made Changes
- Evaluated progress- both quantitative and qualitative
Where do we start?

- What did we believe was the process versus what *was* the process—management versus clinical staff team
- What was the client experience?
- We needed to adjust our thinking to let data drive decisions not feelings/assumptions
- We had to learn **HOW** and **WHAT** data to gather
**What did the data tell us?**

<table>
<thead>
<tr>
<th>Time and Cost</th>
<th>What was our capacity</th>
<th>Intake days/times</th>
</tr>
</thead>
<tbody>
<tr>
<td>Pre-Session Time = 30 min</td>
<td></td>
<td></td>
</tr>
<tr>
<td>In-Session Time = 60 min</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Post-Session Time = 30 min</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Average cost of ONE intake = $448.00 BUT Average reimbursement = $292.00</td>
<td>We had a minimum of 65 client slots available weekly and a maximum of 96</td>
<td>We discovered that most youth came in the early morning</td>
</tr>
<tr>
<td></td>
<td>We averaged about 33-40 intakes/week</td>
<td>Adults tended to come mid to early afternoon</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Very few intakes on Fridays</td>
</tr>
</tbody>
</table>
Change #1 - Re-design the workflow to ensure administrative tasks are done by administrative staff and clinical by clinical staff

1. **Reception**
   - Screen for services
   - Financial Eligibility
   - Client
   - PHQ-9
   - GAIN-SS

2. **Patient Registration**
   - Specialist
   - Consent
   - HIPPA
   - Admission paperwork
   - ROI
   - HIV Screening
   - Vitals
   - NOM’s

3. **MHP staff**
   - Psycho-social Assessment
   - Diagnosis
   - PHQ-9 and GAIN review

4. Client assigned to attending staff to return within 3-5 days.
   Attending completes DLA-20 and treatment plan
Challenge # 2- Data Collection

How to collect required data most efficiently…

Who collects it - client/clinical/admin

How - client portal/paper/concurrent

*Invested in data mapping which has helped this process!*
Challenge #3 - Develop a contingency plan

Reception
Screen for services
Financial Eligibility
Client
PHQ-9
GAIN-SS

Patient Registration
Specialist Consent
HIPPA
Admission paperwork
ROI
HIV Screening
Vitals
NOM's

No MHP available

Use Psychiatrist “No show”
time to complete

Client wants psychiatric services - schedule this appointment within 1-3 days and assign attending

Screen for crisis and offer client “fast pass” for assessment next day either in person or telehealth
Challenge # 4-
Implement a new No Show policy

This was implemented in August of this year. So far the trend is that NS are declining by 2-3%
Next steps… Keep evaluating

In Sept/Oct 2022 we had 373 slots available for intakes

- We completed 248 intakes over the two months
- 185 of those were completed by intake staff
- 51 utilized contingency planning
- 12 were completed using prescriber no show time or through medical scheduling

We have only ONE dedicated FTE for intakes—efficiencies created in the system made it possible to maximize clinician “no show” time for new clients!

NO ONE WAS TURNED AWAY!
Our Learning

Data, Data, Data
Using data challenged our “beliefs” about the process

Be open
We were pushed to consider new ways of business in ways that made us uncomfortable

Keep evaluating
Every change should be evaluated for desired outcome
Thank you

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Thank You

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See our outcomes, resources and more…

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