Just In Time (JIT) Scheduling – To a Prescriber in 3 Days

Presented by:
Scott Lloyd, President

www.mtmservices.org
Experience –
Improving Quality in the Face of Healthcare Reform

• MTM Services’ has delivered consultation to over 700 providers (MH/SA/DD/Residential) in 46 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
  – 7 Statewide efforts with 176 organizations
  – Over 1,500 individualized flow charts created
  – Over $20,000,000 in Annual Savings generated thus far
  – A lot of happy staff and consumers
Access Redesign Experience –
Improving Quality in the Face of Healthcare Reform

- David Lloyd, Founder of MTM Services and Senior Consultant for the National Council
- Scott Lloyd, President of MTM Services and Senior Consultant for the National Council
- Randy Love, Chief Information Officer for SPQM™ Data Reporting Services
- Willa Presmanes, M. Ed., M. A., Medical Necessity/Utilization Management Expert and Co-Author of the DLA-20 (Daily Living Activities) functionality scale
- Bill Schmelter, Ph.D., Lead Clinical & Collaborative Documentation Consultant for MTM Services and Consultant for the National Council
- David Swann, MA, LCAS, CCS, LPC, NCC M.T.M. Services Senior Integrated Healthcare Consultant, CEO of a public Local Management Entity in North Carolina, and Consultant for the National Council
- Joy Fruth, M.S.W., Lead Process Change Consultant for M.T.M. Services and Consultant for the National Council
- Katherine Hirsch, MSW, LCSW, Collaborative Documentation Consultant Specializing in Collaborative Documentation with Children and Consultant for the National Council
- John Kern, MD - Collaborative Documentation Consultant for M.T.M. Services and Consultant for the National Council
- Annie Jensen, MSW, LCSW - Process Change Consultant for MTM Services, Vice President of Operations/ Burrell Behavioral Health, and Consultant for the National Council
- Jennifer Hibbard - Operations Consultant for MTM Services, CEO View Point Health in Georgia, and Consultant for the National Council
- Jennifer Senechal – Financial Controller and Cost & Revenue Analyst for M.T.M. Services
The “Values” that Community BH Clinics Now Need…

- Certified Community Behavioral Health Clinics (CCBHCs) have an excellent opportunity to be helpful partners in the new integrated healthcare system *if* they can display the following specific *values*:

1. **Be Accessible** (Provide fast access to all needed services).
2. **Be Efficient** (Provide high quality services at lowest possible cost).
3. **Be Connected** (Have the ability to share core clinical information electronically).
4. **Be Accountable** (Produce information about the clinical outcomes achieved).
5. **Be Resilient** (Have ability or willingness to use alternative payment arrangements).
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The False Reality of Full!

“We’re hoping you’ll lead us on a journey of transformation without requiring any real changes.”
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The False Reality of Full!

• Data is the Key!
  – Without data, teams set up to their exceptions.
  – What is the best way to Present it to staff?
  – What data do you need and how do you get it?
Team members with differing opinions, but neither side has data to back their points is a key roadblock to successful changes!
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The False Reality of Full!

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!
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The False Reality of Full!

Areas of System Noise

1. Dealing with consumers angry about the wait
2. Dealing with No Shows/Late Cancellations
   1. Medication Call Ins
   2. Rescheduling/Crisis Events
   3. Direct Service Production Hits
3. Naturally Occurring vs. Structured Downtime
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The False Reality of Full!

The Client’s Definition of Access

- Client Calls for Help
  - Wait Time # 1
- Assessment Appointment
  - Wait Time # 2
- Treatment Planning Appointment
  - Wait Time # 3
- Client Arrives for an Open Session
Rosecrance Berry Campus
Rockford, IL
Open Access Case Study

Richard Jaconette M.D.
Child/Adolescent Psychiatrist
JIT – To a Prescriber in 3 Days

The False Reality of Full!

Dr. Jaconette: Med Monitoring and Evaluation Events Prior to Open Access
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The False Reality of Full!

Dr. Jaconette: Med Monitoring and Evaluation Events After Open Access
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The False Reality of Full!

Dr. Jaconette: Total Trend of Events through Open Access
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The Crux of the Problem – We make Consumers Guess!

Where will you be in 30-90 Days at 2:15!?
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Biggest Obstacle To Implementation

• Anxiety -- Within the:
  – Doctor
  – Families
  – Front Office Staff
  – Other Clinicians
  – Administration
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Key Factors for Success!

1. No Prescriber 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).
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Support Staff Impacts

Current –
1. Schedule the Client day of the Appointment
2. Do Reminder Calls
3. Chasing down/Rescheduling No Shows
4. Handling Multiple Refill Calls

JIT –
1. Update the Tracking Sheet
2. Field or Make One Call to Schedule the Consumer
Results
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Intake Show-Rate

Productivity April '11 to '13

Growth
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• Hub concept
  • Purpose
  • staffing

• Use of Telemedicine
  • Connectivity
  • Hardware

• Open access across our outpatient programs
  • 19 outpatient sites
• Growth!!!
  • April 2012—took over services for an MCO (beginning of our move toward open access)
  • June 2013—took over services from another MCO—specifically to bring open access
  • July 2013—Awarded more capacity from an MCO to increase services
  • Oct 2013—Awarded services in a new 3 county area to bring open access to the area
  • Aug 2014—asked to enter an MCO network to add open access concept
If Monarch did not have a walk in open access center, I would have received my services from:

<table>
<thead>
<tr>
<th></th>
<th>Gone to an urgent care center</th>
<th>Gone to another agency to get services today</th>
<th>Gone to my primary care physician</th>
<th>Gone to the hospital emergency department</th>
<th>Not gotten services anywhere</th>
<th>Waited weeks/months to get services from another company</th>
</tr>
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<tbody>
<tr>
<td>July</td>
<td>5%</td>
<td>13%</td>
<td>9%</td>
<td>27%</td>
<td>25%</td>
<td>21%</td>
</tr>
<tr>
<td>August</td>
<td>5%</td>
<td>6%</td>
<td>11%</td>
<td>27%</td>
<td>33%</td>
<td>18%</td>
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<tr>
<td>September</td>
<td>3%</td>
<td>14%</td>
<td>12%</td>
<td>26%</td>
<td>30%</td>
<td>15%</td>
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<tr>
<td>October</td>
<td>4%</td>
<td>14%</td>
<td>10%</td>
<td>25%</td>
<td>31%</td>
<td>16%</td>
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No Show Management-Doctors All

Events by Period, and Appointment

Appointment

- CBC
- CBT
- DNS
- Kept

Unit
- Bacon Child/Adolescent Outpt
- Brantley BHS Outpatient
- Charlton BHS Outpatient
- Clinch BHS Outpatient
- Coffee Adult BHS Outpatient
- Coffee Child/Adolescent Outpt
- Ware Adult BHS Outpatient
- Ware Child/Adolescent Outpt

Events by Period

- Evaluation and Management - Telemedicine: 183
- Evaluation and Management - In Clinic: 136
- Diagnostic Assessment with Medical...: 124
- Diagnostic Assessment with Medical...: 85
- Total: 528

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### Current Status

### Summer No Show Rates

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<th></th>
<th>All Clinics (%)</th>
<th>Thomas County (%)</th>
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<tbody>
<tr>
<td>MAY</td>
<td>31</td>
<td>33.1</td>
</tr>
<tr>
<td>JUNE</td>
<td>34.1</td>
<td>37</td>
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<tr>
<td>JULY</td>
<td>28.6</td>
<td>24.4</td>
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<tr>
<td>AUG</td>
<td>24.3</td>
<td><strong>5.7</strong></td>
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JIT Fully Implemented