Just in Time Prescriber Scheduling: C19

Presented by:
Scott Lloyd, President
Project History –

-The Data Utilized in this study was submitted by 111 organizations located in different 6 US states.

- MTM Service’s staff put in over 500 hours of analysis time on this project, with each individual organization putting in significant time to confirm gather, enter and confirm their data.

- MTM Services has worked with more than 800 teams in 46 states, Washington, DC, and 2 foreign countries.

-The costing tool utilized is one created by MTM that has been utilized by individual organizations and 5 Statewide measurement efforts since 2004.
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
Just in Time Prescriber Scheduling

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…

Community Behavioral Health Clinics (CBHCs) 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).
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?
The False Reality of Full!

Team members with differing opinions, but neither side has data to back their points is a key roadblock to successful changes!
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
The False Reality of Full!

Just in Time Prescriber Scheduling

Dr. Jaconette: Med Monitoring and Evaluation Events Prior to Open Access
Just in Time Prescriber Scheduling

The False Reality of Full!

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

Dr. Jaconette: Total Trend of Events through Open Access

#NatCon15
The Crux of the Problem – We make Consumers Guess!

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

• **Fear/Anxiety** -- Within the:
  – Doctor
  – Families
  – Front Office Staff
  – Other Clinicians
  – Administration
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.
What About the Current Schedule?

“Blow it Up”/Hit the reset button!

Source/Photo Credit - Wile E. Coyote and Road Runner are Trademarked Characters of Warner Brothers
Timeline

• Sent clients letters 1 month in advance
• Gave scripts to front desk, supervisors and clinicians
• Recorded Open Access line
• Held meetings for staff, including Family Resource Developers to explain process
• Roll out January 3, 2012!
OPEN ACCESS
New Procedures for Appointments with Psychiatrists

WHO: Clients at View Point Health

WHAT: A new procedure for you to schedule doctor appointments - Open Access for doctor appointments. Open Access means we will schedule doctor appointments within 72 hours to 1 week of the time when you call for an appointment.

WHEN: Starting July 1, 2013

WHERE: Newton Center

HOW: The front office staff will give you a reminder card when you leave your doctor’s appointment. Instead of scheduling a follow-up appointment, the reminder card will let you know when to call View Point Health to schedule your next appointment. When you call, your appointment will be scheduled in 3 - 5 business days.

WHY: Currently, 40% of our doctor’s appointments are not kept while we have other clients waiting to see the doctor. We have found it necessary to change our schedule to one that is more open, flexible and client friendly.

For example, if you have an appointment with your psychiatrist on July 1, and the doctor wants you to come back in 8 weeks, the front office staff will give you a reminder card that says: “Call during the week of August 26th” to schedule your appointment”. When you call on August 26th, the Access staff will schedule your appointment with your doctor between August 29 and September 2, 2013 (3 - 5 business days).

Another important change is that you will not be able to call in and request medication refills if you miss an appointment. Instead, you can walk-in between 8:00 am – 2:00 pm on Monday – Thursday and 8:00 am – 1:00 pm on Friday. You may have to wait and you may not be able to see your regular doctor. Additionally, if the doctor is unavailable, you may be asked to return the next morning.

If you miss 2 consecutive appointments without notification, you will have to see the doctor on a walk-in basis. Thank you for your patience as we implement this new system.
MTM Services Mental Health Center

To schedule your follow up appointment with the doctor in time to avoid a lapse in your medications, please call our offices on:

** Medications cannot be called into the pharmacy without being seen face to face by the doctor.**

~ Internal Use ~
Return Appt: □ 1wk □ 2wks □ 1mo □ 2mos □ 3mos

Youth & Family Services
919-387-3892
Sample Appointment Reminder Card

To schedule your next appointment with the doctor
PLEASE CALL OUR OFFICE DURING THE WEEK OF:

**Medications cannot be called into the pharmacy without being seen by the doctor.

Internal Use Only - Return Appt:  □ 1wk  □ 2wks  □ 1mo  □ 2mos  □ 3mos
Just in Time Prescriber Scheduling

Sample Announcement Card

FAMILY RESOURCE CENTER
OPEN ACCESS BEGINS 02/02/2015

OPEN ACCESS is a new procedure for you to schedule appointments with your FRC doctor.

WHEN YOU LEAVE YOUR DOCTOR VISIT:
• You will be given a reminder card.
• The reminder card will give you a date to call.
• When you call, your appointment will be scheduled in 3-5 business days.

Lima (419) 222-1168
Findlay (419) 422-8616
www.frcohio.com
This is just a Scheduling Change, and Gives you better control of your caseload and lowers liability!

<table>
<thead>
<tr>
<th>Client Med Refill/Scheduling Tracker</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Outcomes Achieved:</td>
<td></td>
</tr>
<tr>
<td>1. % of Clients That have Self Scheduled:</td>
<td>17%</td>
</tr>
<tr>
<td>2. % of Clients to Call:</td>
<td>17%</td>
</tr>
<tr>
<td>3. % of Clients Called:</td>
<td>0%</td>
</tr>
<tr>
<td>4. % of Clients Successfully Scheduled:</td>
<td>0%</td>
</tr>
</tbody>
</table>

Measurement indicators to Use in Columns K - M Below: Yes = Y and No = N

<table>
<thead>
<tr>
<th>Days Left to Refill</th>
<th>Margin Eclipsed?</th>
<th>Does The Client Need to be Called?</th>
<th>Client Name</th>
<th>Case Number</th>
<th>Refill Date</th>
<th>Phone #</th>
<th>Secondary Phone #</th>
<th>Provider Name</th>
<th>Has The Client Scheduled Themselves? (Must be Y or N)</th>
<th>Have they been Called due to an eclipsed margin?</th>
<th>Has the Client been Scheduled?</th>
</tr>
</thead>
<tbody>
<tr>
<td>3</td>
<td>Y</td>
<td>Y</td>
<td>Scott</td>
<td></td>
<td>5/9/2014</td>
<td></td>
<td></td>
<td></td>
<td>Y</td>
<td>Y</td>
<td>No</td>
</tr>
<tr>
<td>5</td>
<td>Y</td>
<td>N</td>
<td>Mark</td>
<td></td>
<td>5/11/2014</td>
<td></td>
<td></td>
<td></td>
<td>Y</td>
<td>N</td>
<td>No</td>
</tr>
<tr>
<td>23</td>
<td>N</td>
<td>N</td>
<td>Marya</td>
<td></td>
<td>5/29/2014</td>
<td></td>
<td></td>
<td></td>
<td>N</td>
<td>Y</td>
<td>No</td>
</tr>
<tr>
<td>26</td>
<td>N</td>
<td>N</td>
<td>David S</td>
<td></td>
<td>8/1/2014</td>
<td></td>
<td></td>
<td></td>
<td>N</td>
<td>N</td>
<td>No</td>
</tr>
<tr>
<td>40</td>
<td>N</td>
<td>N</td>
<td>David</td>
<td></td>
<td>6/15/2014</td>
<td></td>
<td></td>
<td></td>
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<td>N</td>
<td>No</td>
</tr>
<tr>
<td>8</td>
<td>N</td>
<td>N</td>
<td>Marya</td>
<td>2423423432</td>
<td>5/14/2014</td>
<td>919919919</td>
<td></td>
<td></td>
<td>N</td>
<td>N</td>
<td>No</td>
</tr>
</tbody>
</table>
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
Just in Time Prescriber Scheduling

Intake Show-Rate

Productivity April '11 to '13

InterCommunity Growth With Help Now
Just in Time Prescriber Scheduling

- 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
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Total Walk-Ins

October 2012: 139
November 2012: 217
December 2012: 696
January 2013: 761
February 2013: 1170
March 2013: 1674
April 2013: 1706
May 2013: 1929
June 2013: 2436
July 2013: 1992
August 2013: 1877
September 2013: 1836
October 2013: 2096
November 2013: 1920
December 2013: 1863
January 2014: 1866
February 2014: 2077
March 2014: 1863
April 2014: 1866
May 2014: 1866
June 2014: 1866
July 2014: 1866
If Monarch did not have a walk in open access center, I would have received my services from:

<table>
<thead>
<tr>
<th></th>
<th>July</th>
<th>August</th>
<th>September</th>
<th>October</th>
</tr>
</thead>
<tbody>
<tr>
<td>Gone to an urgent care center</td>
<td>5%</td>
<td>5%</td>
<td>3%</td>
<td>4%</td>
</tr>
<tr>
<td>Gone to another agency to get services today</td>
<td>13%</td>
<td>6%</td>
<td>14%</td>
<td>14%</td>
</tr>
<tr>
<td>Gone to my primary care physician</td>
<td>9%</td>
<td>11%</td>
<td>12%</td>
<td>10%</td>
</tr>
<tr>
<td>Gone to the hospital emergency department</td>
<td>27%</td>
<td>27%</td>
<td>26%</td>
<td>25%</td>
</tr>
<tr>
<td>Not gotten services anywhere</td>
<td>25%</td>
<td>33%</td>
<td>30%</td>
<td>31%</td>
</tr>
<tr>
<td>Waited weeks/months to get services from another company</td>
<td>21%</td>
<td>18%</td>
<td>15%</td>
<td>16%</td>
</tr>
</tbody>
</table>