

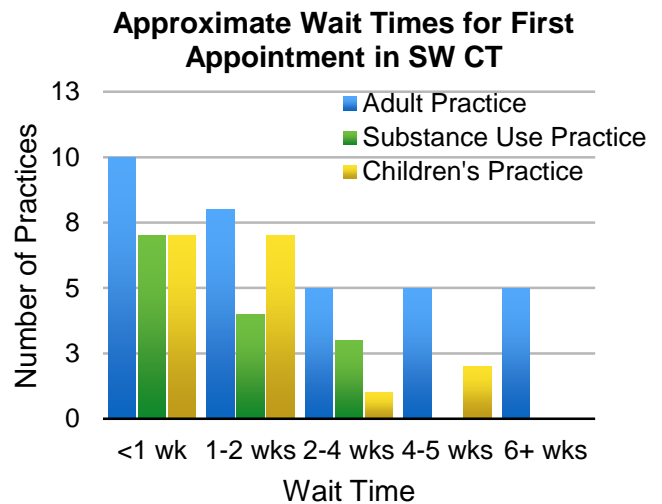
Findings & Recommendations: Improving Waits for Outpatient Behavioral Healthcare

During 2015, Southwest Regional Mental Health Board (SWRMHB) investigated different barriers to behavioral healthcare in southwestern Connecticut. Consumers were reporting lengthy wait times for an initial visit for outpatient mental health—wait times that were significantly longer than those reported in other regions of the state. In response, SWRMHB identified actual wait times for a first appointment in the region and studied access models that have been successful in other regions of CT as well as other parts of the country.

How Long Do Consumers Wait for a First Visit in Southwestern CT?

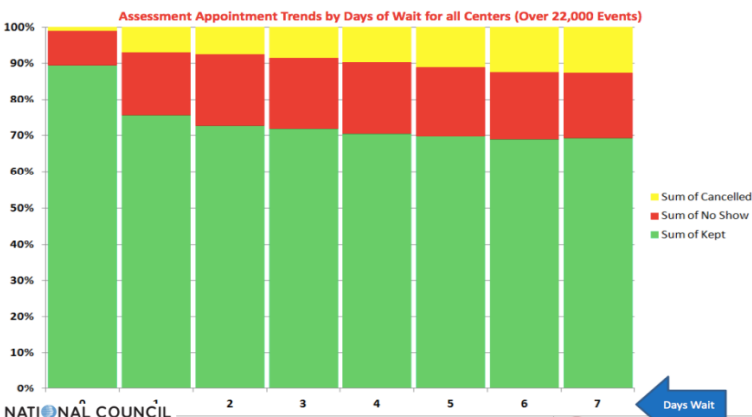
To determine days of wait for a first outpatient visit, SWRMHB conducted a telephone survey of 63 behavioral health agencies in Southwestern CT. Agencies contacted included all state-supported nonprofit agencies providing adult mental health, children’s mental health, and substance use services, as well as several large private practices. Contact was made with 59 of the 63 agencies, revealing:

- 27% of all practices surveyed had waits of more than 2 weeks, including 12% that had waits of more than a month for a first appointment.
- Only adult-focused practices (18% of the 28 adult practices surveyed) had the very long wait times of 6+ weeks that had been reported. In a couple of cases, appointments were offered 3 months away.
- Substance use provider agencies were better able to schedule first visits for clients within a relatively short period of time than mental health agencies.



Notably, in 50% of cases, it was not possible to reach someone who could schedule an appointment with only a single phone call. Instead, callers were routed through often-confusing phone menus and then asked to leave a message. While most agencies returned calls within a day, in some cases the “phone tag” lasted for so many days that four agencies were not even able to be considered in the survey results.

What is the Impact of the Number of Days of Wait?



SWRMHB’s literature review on improving days of wait, shared during a provider forum organized in the summer of 2015, found that:

- Within the first 2 days of making an appointment, the percentage of kept appointments drops from 90% to under 75%. **In SWRMHB’s telephone survey, only 12% of practices contacted were able to offer an appointment within this two-day time period.**

- Short waits are associated with a positive client experience, which in turn is associated with an increased likelihood of starting therapy as well as with better outcomes.

What Models Work?

Among scheduling models identified, the “Open Access” (aka Advanced Access) model responds to the need to provide rapid access. In Open Access, appointments are not booked weeks in advance; each day starts with a sizable share of the day’s appointments left open. Research shows that this model is successful in providing walk-in access to behavioral healthcare, minimizing no-shows, and increasing clinician productivity.

Because difficulty in scheduling appointments and long waits for a first appointment can lead to frustration and may even prevent individuals from receiving care, providers can also use techniques such as Lean Management to examine intake and scheduling from a client’s perspective in order to improve the client experience.

What Can Providers Do?

1. **Consider implementing the Open Access model** as a proven technique for shortening wait times. Other regions of Connecticut credit their decreased wait times for outpatient behavioral health to the adoption of this model. Life-Bridge Community Services in Bridgeport experienced similar success after adopting this model and now provides same-day access for therapy.
2. **Utilize the “Third Next Available Appointment” (TNA) indicator** as a more accurate means of monitoring wait times and a complement to data such as no-show rates. Aim to provide appointments within a couple of days and no more than a week. Consider calling back clients who do not show up and/or making use of waitlists.

Third Next Available Appointment (TNA) Definition

Third Next Available Appointment (TNA) is defined as the average length of time in days between the day a person makes a request for an appointment with a provider and the third available appointment for a new patient physical, routine exam, or return visit exam. TNA is used rather than the "next available" appointment since it is a more sensitive reflection of true appointment availability. TNA excludes chance occurrences (such as a cancellation received just prior to a call for an appointment) from the measure of availability.

3. **Improve the client’s experience with scheduling and intake:** Identify the number of steps involved in accessing care at the provider agency from a consumer’s perspective, from initial phone call to first appointment. Consider the quality of each interaction, including phone menus, receptionists, website information, etc. Work to reduce the total number of steps and improve processes, which will limit client frustration and help to strengthen quality of care. (For example, FS Dubois Center is seeking to reduce the number of times clients provide the same information to different people on the intake team.) Repeat this review process at regular intervals, in consultation with clients.

Sample Questions to Evaluate the Client Experience

1. Do you know how long it takes for a client to make it to the first treatment appointment from the first phone call for help? If so: Would you wait that long?
 2. What information do clients receive during their first onsite visit?
 3. How long and/or how many sessions does your assessment take?
 4. What is your drop-out rate from first call to first treatment appointment?
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