IMPROVING WAITS FOR OUTPATIENT BEHAVIORAL HEALTHCARE IN SOUTHWESTERN CT

Access to mental health and substance abuse care in CT is a substantial barrier, with cost as a known barrier. An additional barrier reported by consumers in Southwestern CT during 2014-15 was wait times that were significantly longer than those reported in other regions of the state. In response, the Southwest Regional Mental Health Board (SWRMHB) investigated local wait times and reviewed access models that have been successful in other regions and other parts of the country. This report summarizes findings and recommendations.

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EXECUTIVE SUMMARY: WAITS FOR OUTPATIENT BEHAVIORAL HEALTHCARE

Access to mental health and substance abuse care in CT is a substantial barrier, with cost as a known barrier. An additional barrier reported by consumers in Southwestern CT during 2014-15 was wait times that were significantly longer than those reported in other regions of the state. In response, the Southwest Regional Mental Health Board (SWRMHB) investigated these reports and looked at access models that have been successful in other regions and other parts of the country.

To determine wait times, SWRMHB conducted a telephone survey of 63 behavioral health agencies in Southwestern CT. These included all state-supported nonprofit agencies providing adult mental health, children's mental health, and substance use services, as well as several large private programs. Contact was made with 59 agencies, which revealed:

- ➔ 41% of behavioral health agencies reached were able to provide a first appointment within one week. 12% of practices contacted were able to offer an appointment within 2 days.
- ➔ 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, the appointments offered were 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.
- ➔ At least half of calls to the main numbers of agencies in Southwestern CT did not initially reach a person who could schedule an appointment.

SWRMHB's review of access models, including a provider forum organized in summer 2015, found that:

- ➔ Short waits for appointments are associated with a positive experience for the client, which in turn is associated with an increased likelihood of beginning therapy and with better outcomes.
- ➔ Within the first 2 days of making an appointment, the percentage of kept appointments drops from 90% to under 75%.
- ➔ The Open Access (a.k.a. Advanced Access) model as used by LifeBridge Community Services in Bridgeport and other regions of the state is successful in providing walk-in access to behavioral healthcare, minimizing no-shows, and increasing clinician productivity.
- ➔ Providers can use Lean Management and other techniques to examine intake and scheduling from a client's perspective in order to improve the client experience.

Recommendations include: Encourage providers to identify and reduce the number of steps involved in accessing care at their agency from a consumer's perspective. Encourage providers to regularly check the length of time for the "Third Next Available Appointment" (TNA)—a recommended indicator that is a more accurate reflection of availability. 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 to maximize access. Promote implementation of the "Open Access" model.

I. WAITING FOR ACCESS TO BEHAVIORAL HEALTH IN CT'S REGION 1

A. Introduction

Fundamental goals of health care are that it be safe, effective, patient-centered, efficient, equitable—and timely. But why is timeliness so important?

Timeliness speaks to the role of scheduling and wait times in regard to health care access. Currently, the U.S. health care system is provider-focused and governed by many competing interests. Health care providers focus on providing cost-effective care and receiving reimbursement. Providers are incentivized to deliver services that are more profitable and able to be delivered at lower costs. Consumers want personalized services with lower out-of-pocket costs, while payers seek to control risks and limit costs. Because of these differences, the needs and priorities of the different stakeholder groups are not always aligned. The current health care system reflects the priorities of providers and payers and has resulted in traditional scheduling systems that are not designed to meet clients' needs, but are instead designed to fit staff schedules that may be poorly aligned with client needs or circumstances.

With the implementation of the Affordable Care Act and the expansion of Medicaid, more people are accessing treatment for mental health and addiction services because of the increased public and private insurance coverage. Unfortunately, timely access to these services is already a challenge for many Americans, especially veterans. Access is further complicated by the fact that many public and private health systems require patients to meet with primary care providers before accessing mental health care, making the total wait times for such services even longer.

In Southwestern Connecticut (Region 1), many consumers expressed concerns regarding long wait times to get appointments with behavioral healthcare providers, citing waits that were longer than in other regions of the state. In response, the Southwest Regional Mental Health Board (SWRMHB) decided to study whether wait times are a major obstacle to mental health care in Region 1 and whether different intake and scheduling models could help.

B. Methods

SWRMHB took a two-pronged approach to investigating wait times in the region:

The first element of the study was a phone survey aimed at estimating current wait times to receive services at local provider agencies. 63 behavioral health agencies were identified for the survey, including all the state-supported mental health and substance use agencies serving adults and children, as well as large private practices. Over the course of two weeks during the summer of 2015, these agencies were contacted by SWRMHB staff and interns to inquire about getting a first appointment with a therapist.

Agencies were called twice—once by someone identifying as being from the Regional Mental Health Board and once by someone simply identifying as needing an appointment. No significant difference emerged between calls from an identified member of the Regional Board vs from a potential client.

The agencies surveyed included all major behavioral health provider agencies in the region receiving state support as well as large private clinics, for a total of 59 agencies reached out of 63 attempted[1]. These included 28 agencies focused on adult behavioral healthcare, 17 focused on children, and 14 primarily focused on substance use disorders. Individual private providers were not contacted.

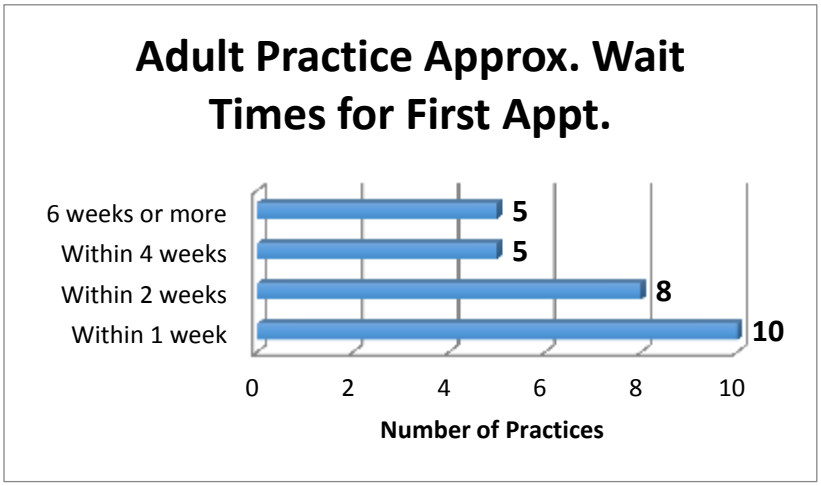
The second phase of the study focused on best practices. SWRMHB reviewed the literature assessing the issues, priorities, challenges, and strategies for providing timely health care appointments. SWRMHB staff prepared and organized a forum, "Innovations to Improve Access to Behavioral Healthcare in Southwest Region" for Region 1 mental health professionals to learn about access models and local successes. Two local mental health providers were invited to share their experiences in changing access models in their organizations.

C. Wait Times in Southwestern CT

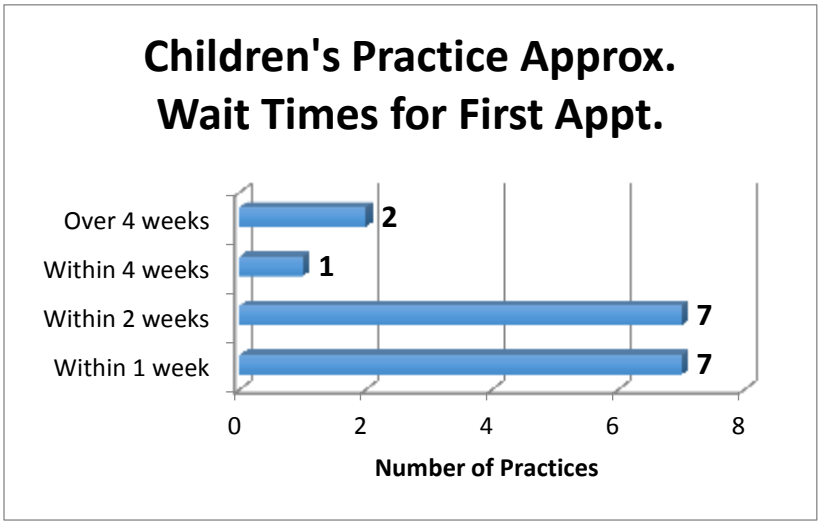
At the time of the phone survey (summer 2015), the vast majority of practices contacted were accepting new clients: 93% of adult practices, 94% of child practices, and 100% of substance use practices.

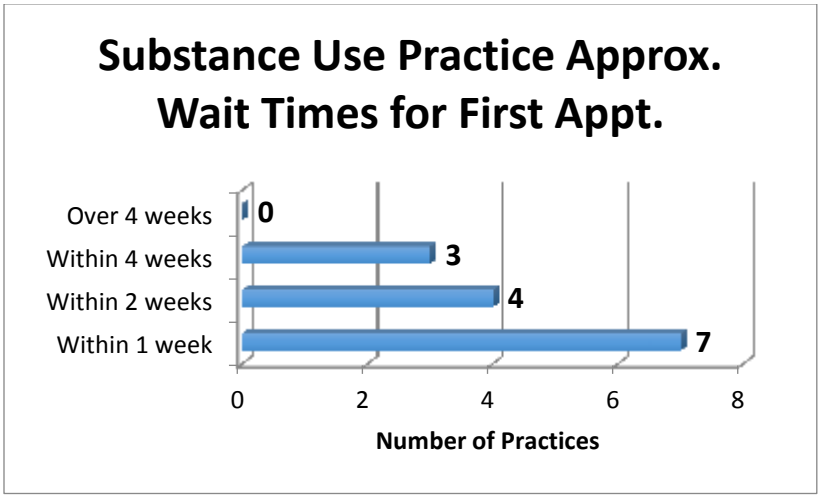
Graphs 1, 2 and 3 (below) report the waits for access by practice type: behavioral health provider agencies focused on adults; mental health provider agencies focused on children; and provider agencies focused on substance use disorders and/or co-occurring disorders.

Graphs 1, 2 and 3: Approximate Wait for First Appointment at Adult and Child BH Practices and SUD Practices in Southwestern CT, Summer 2015



[1] Some contacts with agencies resulted in several days of phone tag and other issues, and as a result were not included for comparison with other agency data.





➔ **Overall, 41% of behavioral health programs and clinics contacted in Southwestern CT were able to provide a first appointment within one week.**

- A greater percentage of substance use agencies (50%) were able to provide appointments within a week compared with behavioral/mental health-focused agencies (38%).
- Among mental health-focused practices, 41% of agencies serving children were able to provide appointments within a week compared with 36% of agencies serving adults.

➔ **Only 12% (7) of all practices contacted could offer an appointment within 2 days, which is the ideal time frame for appointments since research shows that no-show and cancellation rates reach 25% after two days.**

- Among the 10 adult practices offering a first visit within a week (36% of the adult practices), 1 location offered walk-in, 1 had an immediate opening, and 1 could provide

an appointment within 2 days. Two practices offered to put the caller on a waitlist.

- Among the 7 children's practices offering a first appointment within a week (41% of child practices), only 1 could provide an appointment within 2 days. One offered to put the caller on a waitlist.
- Among the 7 substance use providers that could offer a first appointment within a week (50%), 3 were able to provide the first visit within 24 hours and one more within 2 days.

➔ **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, the appointments offered were 3 months away.
- No substance use providers had wait times longer than 2 weeks.
- In SWRMHB's (separate) prescriber survey, psychiatrists and psychiatric APRNs cited waits of 2.4 to 2.7 weeks for a first appointment.

➔ **Overall, substance use providers were best able to schedule first visits for clients within a relatively short period of time**, with more than a quarter of appointments scheduled within the first 2 days of the client's call, another quarter within a week, and none scheduled more than 2 weeks out.

Many of the provider agencies contacted were grouped together in the urban areas of the region: Stamford, Norwalk, Bridgeport. No urban area was found to have significantly shorter or longer waits than any other. Within each urban area, provider agencies had somewhat different wait periods, implying that a client who was given an appointment in two weeks but called around would be likely to find an earlier appointment somewhere else.

In this survey, the only type of agency that had the extremely long wait periods for a first appointment that had been reported was adult behavioral health provider agencies. It is possible that small practices and individual private providers that were not contacted also have very long waits for a first appointment. **Individuals seeking a behavioral health appointment and experiencing frustration with long waits should consider calling several of the larger nonprofit agencies.**

II. BEST PRACTICES

To investigate methods for shortening the time needed to access mental healthcare, SWRMHB conducted a literature review of best practices and organized a provider forum to present different scheduling and access models. At the "Innovations to Improve Access" provider forum, SWRMHB focused on developing a better understanding of how days of wait and related access barriers affect the client experience and what can be done about it. Long wait times result in client frustration, inconvenience, suffering, and dissatisfaction with the health care system. When wait times are short, not only are clients more likely to begin therapy but their client care experience is more positive. A positive care experience is, in turn, associated with greater adherence to recommended care, better clinical care and quality outcomes, and lower health care utilization.

Attended by more than 30 provider agencies in the region, the "Innovations to Improve Access to Behavioral Healthcare in Southwest Region" Forum included three presentations:

- SWRMHB's Deputy Director, Cheryll Houston, gave a presentation based on the literature review summarizing issues and models in improving access.
- The Clinical Director of LifeBridge Community Services (formerly FSW) in Bridgeport, Lauren Festa, presented the Open Access model as implemented by FSW a few years ago and how it has improved access to therapy.
- The Director of the FS Dubois Center in Stamford (the Local Mental Health Authority), Man-Ching Yeh, presented goals and processes for improving intake at FS Dubois.

The findings are summarized below.

A. Importance of Limiting the Wait for an Appointment

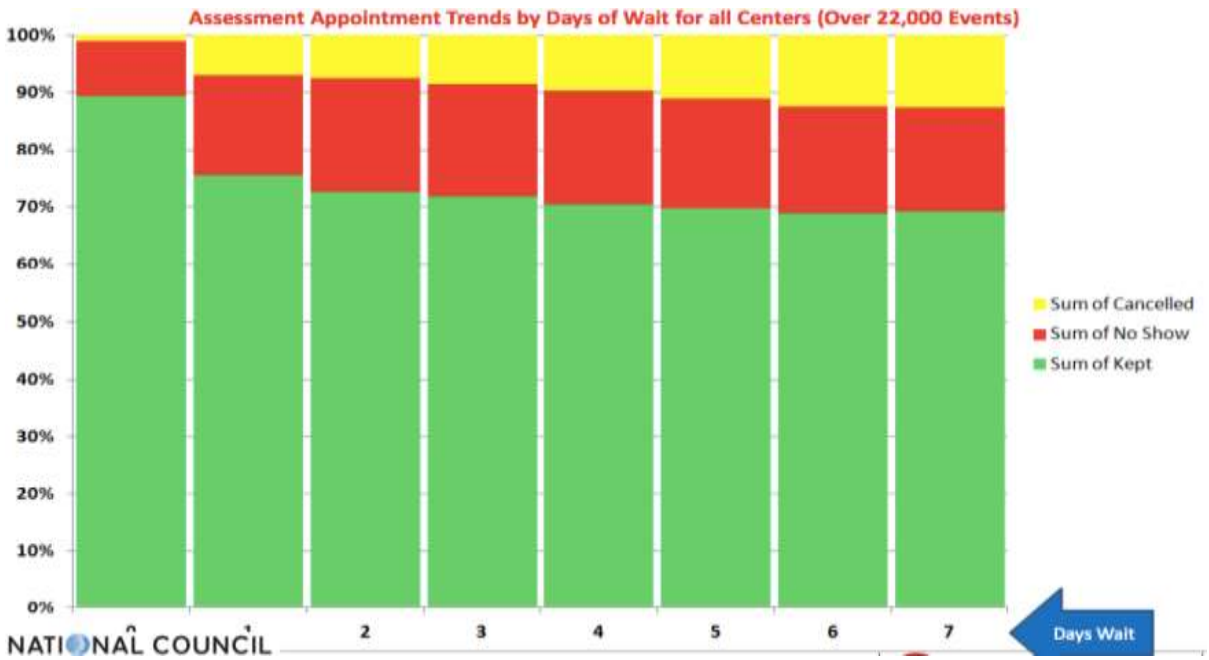
Reducing wait times for mental health services is important in providing quality care. Clients respond best to mental health services when they first realize that they have a problem. Unfortunately, because primary care providers often serve as gatekeepers for mental health care, individuals in need can face delays due to the need for a gatekeeper appointment and as a result of scheduling by the mental health provider agency.

The perception of long wait times has a negative effect on overall client satisfaction. Not only is the overall health care experience negatively affected by longer wait times, but so is the client's perception of the information, instructions, and treatment received from their health care provider.

The most commonly missed counseling appointment is the initial engagement session, known as the "intake." When individuals first reach out for services, they have realized that they cannot manage their symptoms alone, so it is important to see that person as soon as possible. People who experience short wait times between their initial contact and their intake appointment are more likely to keep the appointment than those who must wait longer for their intake appointment.

As Graph 4 shows (below), **the longer a client must wait for service, the greater the likelihood that the client will miss the appointment:**

Graph 4. Relationship of Days of Wait to Kept Appointments



➔ **Within the first 2 days of making an appointment, the percentage of kept appointments drops from 90% to under 75%.** The rate of kept appointments continues to drop with each additional day's wait, reaching 70% within 7 days.

B. Monitoring Days of Wait

The impact of high cancellation and no-show rates is felt in increased provider dissatisfaction and burnout, as well as by clients who may not start treatment. Low kept-appointment rates also have an effect on an agency's client numbers and income.

As a result, providers should regularly track the days of wait between a client's call and the appointment date that the client is given. **The most accurate method for providers to use to track days of wait is the "Third Next Available Appointment" (TNA) indicator**, defined as Tool 1, below:

Tool 1. Definition of TNA Indicator

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.

Third Next Available Appointment is used rather than the "next available" appointment since it is a more sensitive reflection of true appointment availability. For example, an appointment may be open at the time of request because of a cancellation or other unexpected event. Using the "third next available" appointment eliminates chance occurrences from the measure of availability.

By monitoring the Third Next Available appointment, providers can more accurately gauge the days of wait their clients experience. Providers can then determine whether their scheduling procedures should be adjusted to better handle demand.

C. Scheduling Techniques

To handle client intake and flow, the three most commonly used scheduling techniques are:

- **Block Scheduling** – Clients are scheduled within specific times throughout the day, such as morning or afternoon, and then seen on a first-come, first-served basis within that time frame.
- **Modified Block Scheduling** – Clients are assigned to smaller segments of times throughout the day, such as hourly.
- **Individual Scheduling** - The most common scheduling method used in the U.S.; clients are scheduled for a specific time slot, and timing of appointments is determined according to the supply of providers.

Though in common use and often a part of the organizational culture, these access models can result in prolonged wait times due to inefficiencies in operations and care coordination. The disrupted or inefficient flow can result in the underuse of resources and an imbalance between the demand in clients to be seen and the supply of providers.

Many organizations are pursuing alternative scheduling procedures as strategies to improve flow, shorten days of wait, and enhance the client experience. These include the Open Access model (also known as Advanced Access), Smoothing Flow, Lean Management, and other techniques.

1. Open Access (a.k.a. Advanced Access), or Same-Day Scheduling

The Advanced Access model of patient scheduling, also known as open access or same-day scheduling, has as a core principle that patients can obtain an appointment on the same day if desired. Appointments are not booked weeks or months in advance, but rather each day starts with a sizable share of the day's appointments being left open, with the remainder used for appointments for people who elected not to come to the office on the day they called.

This workflow model involves only one primary care appointment type. In the early stages of implementation, appointments are divided into two queues or groups of patients, one dedicated to that day's urgent demand, and the other open for appointments made when patients called on previous days but did not wish to come in on that day.

Open Access has already been used to good effect in other parts of Connecticut. In Southwestern CT it is less well known. LifeBridge is a local (Bridgeport) provider agency that adopted this model a few years ago and has had impressive results with improving client access to clinicians—although access to psychiatrists remains more delayed. Case 1 (below) describes how LifeBridge implemented the open access model.

Case 1. Implementation of Open Access Model at LifeBridge Community Services (formerly FSW)

LifeBridge Community Services (Bridgeport) serves people impacted by poverty who are challenged by a range of complex social, economic, and health issues, and works to meet the diverse and complex needs of clients and their families. Clients come for help in managing financial crises, family challenges, mental health services and a chance to develop the work skills they need to achieve employment goals.

Since long wait times for mental health care were associated with higher rates of missed appointments and less usage of mental health services overall, LifeBridge Community Services decided to implement an open access model in its mental health clinic to reduce wait times and increase patient satisfaction.

Key variables measured before and after implementation of the model included numbers of completed intakes, waiting time for appointments, and clinic productivity. Prior to implementation, the time between the initial contact and the intake interview was at least six weeks.

When the Clinical Director first announced implementation of the Open Access model, staff were resistant, expressing anxiety about the use (and abuse) of walk-in appointments by clients. Designated hours were set aside for walk-in appointments; other hours were designated for scheduled appointments.

Key changes included physical layout of the offices; previously, initial interviews and intakes were two separate contact appointments, and were conducted at the end of a long dark hallway separate from the rest of mental health service area.

- *Within the first few months, most staff agreed that this model offered clients the flexibility that they needed, and was manageable (and sometimes even convenient) from a provider perspective.*
- *Waiting time for new appointments was shortened from a mean of 72 days to less than 24 hours, and clinician productivity has increased dramatically.*

These improvements have been sustained for more than two years. Initiating open access and implementing record-keeping technology led to dramatic improvements in provision of mental health care and efficient use of resources. Implementation and sustainability of the program were enhanced by using a quality improvement approach to access.

It's useful to note that providers in attendance at the forum expressed great interest in the Open Access model. This model has proven to be fluid and easily adapted in a number of office environments. It appears to have the greatest support of the models shared with providers.

2. Lean Management and Other Models

A different approach to achieving same-day access uses the operations management technique known as "smoothing flow." The **Smoothing Flow Scheduling method** identifies and quantifies the many types of variability in patient flow (demand) and identifies the resources available to different patient groups (supply), with the goal of achieving improvements in wait times. Scheduling practices are tailored to minimize the number of appointment types in order to streamline patient visits.

The adoption of **Lean Management** and other techniques of Continuous Quality Improvement are used to improve communication among mental health care team members and are responsive to the needs of the client. The idea of "Lean" management is to maximize customer value while minimizing waste. As described by the Lean Enterprise Institute, "Lean thinking changes the focus of management from optimizing separate technologies, assets, and vertical departments to optimizing the flow of products and services through entire value streams that flow horizontally across technologies, assets, and departments to customers." These approaches emphasize such concepts as shared goals, clear roles for team members and effective communication among different parts of an organization, all in an effort to meet the goal of improving efficiency and eliminating waste.

In behavioral healthcare, using Lean Management can include analyzing scheduling and intake procedures from the consumer's perspective. For example, a provider agency may consider the intake process to have started when a scheduler first speaks with a new client. However, from the client's perspective, there may have been a number of calls to different agencies already, or a call that required working through a phone tree and leaving a message, or a call that reached the wrong person who had to transfer the call, and possibly even more steps.

Tool 2, below, provides a sample list of questions to be considered as part of a Lean Management analysis:

Tool 2. 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?
2. If so: Would you wait that long?
3. What information do clients receive during their first onsite visit?
4. How long and/or how many sessions does your assessment take?
5. What is your drop-out rate from first call to first treatment appointment?

SWRMHB's phone survey of behavioral health agencies in Region 1 focused on the first of these questions. As part of the survey, callers were asked to make note of the process of getting to the first person who

could help them make an appointment. **At least half of calls did not reach a person who could schedule an appointment**, as shown in Box 1, below**.**

Box 1. Caller Experience in Southwestern CT

SWRMHB's phone survey involved staff and interns making calls to 63 behavioral health agencies in southwestern CT. Callers took notes on the ease of reaching someone to schedule an appointment:

- 30 out of 63 calls to agencies did not reach a human being but required a message to be left.
- Difficulty in reaching a scheduler led in several cases to multi-day phone tag. As a result 4 of the 63 agencies were not even considered in the survey results because SWRMHB was unable to reach someone within the time frame of the study.
- In some cases the phone tree was noted to be very confusing. It was not easy to determine which option to select simply in order to access appointment scheduling.
- One agency did not answer for two days in a row and did not provide any way to leave a message.
- Among the places where the caller spoke with someone, one respondent was noted as being very unfriendly, one was friendly but confusing, a couple required a transfer by the operator/receptionist, and one required two transfers (i.e., speaking with 3 people) in order to reach someone who could help schedule an appointment.

➔ **While the need to leave a message may not seem burdensome to a provider, a client may view the lack of personal contact and the need to wait for a call-back as frustrating. Leaving a message may be especially problematic for people with low income who have limited minutes on their phone plan, or for non-native speakers. An individual in distress may need to speak with someone immediately. These considerations are factors that providers should revisit from time to time together with their clients.**

Case 2 summarizes considerations noted by a state-operated behavioral health provider in considering access to care from the consumer perspective.

Case 2. Analyzing Access at a Local Mental Health Authority

F.S. DuBois Center (FSDC) is a state-operated facility based in Stamford and serving the area from Greenwich through Westport. FSDC is responsible for providing ongoing, individualized treatment to people with severe behavioral health disorders who are publicly insured, uninsured and in some cases underinsured. All services offered at FSDC are aligned with the Commissioner's initiative to move the practice to one offering Community Support and Recovery Pathways. Within many areas of service at FSDC, peers have become integral components.

At the provider forum, Director Man-Ching Yeh presented FSDC's work to improve the intake experience from the client's perspective. She noted that the professionals who usually participate in the intake process naturally want to process each client's personal history based on their specialized training and methods, even though this can result in overlapping questions and multiple and often painful retellings by clients of

their personal story. Addressing this requires changing not only the intake process but a shift in how professionals view their role in the process and collaborate.

In order to streamline the client's intake experience, reduce repetitiveness, and respect the professional expectations of staff, FSDC engaged in a process of identifying every contact made by clients seeking behavioral healthcare. FSDC recognized that, from the consumer perspective, simply being put on hold or transferred from the first point of contact to another number represented another step in the process. In that sense, clients were found to have already gone through many steps before talking to the first person.

In addition, once clients started the intake process, they had to do an intake assessment in order to be assigned to a team, where they would end up repeating much of the work with their assigned clinical staff. The intake process has now been reformulated. Intake now serves as a triage team, sending new clients to a recipient team where assessments are done by the clinicians who will also be providing the services.

This analysis is part of FSDC's work to develop a more team-based, uniform approach that improves productivity, efficiency, and satisfaction among both clients and employees. This approach will include appropriately and safely delegating certain tasks to non-clinician team members, helping to increase capacity and thereby improve scheduling and increase overall productivity and efficiency.

To successfully apply emerging best practices, healthcare delivery organizations need the expertise and vision of a range of stakeholders, including clients and families, health care organizations, professional societies, insurers and other payers, and the government. Universally, these basic access principles must be applied in all health care settings:

- Supply-demand matching through formal ongoing evaluation.
- Immediate engagement and exploration of need at time of inquiry.
- Client preference on timing and nature of care invited at inquiry.
- Need-tailored care with reliable, acceptable alternatives to clinician visit.
- Surge contingencies in place to ensure timely accommodation of needs.
- Continuous assessment of changing circumstances in each care setting.

With a culture of service excellence, protected and empowered by organizational leadership and decision makers at every level, all clients can receive the care they need, at the time they need it, every time.

III. RECOMMENDATIONS

Based on these findings, SWRMHB's Review & Evaluation Committee members recommend the following strategies to improve the client experience of accessing behavioral healthcare, reduce wait times, and increase quality of care:

1. Encourage providers to identify the number of steps involved in accessing care at their agency from a consumer's perspective, from initial phone call to first appointment, as well as the quality of each interaction (including phone and/or website information). Work to reduce steps and improve processes, which will reduce client frustration and help to improve quality of care. (This process can and should be repeated at regular intervals.)

2. Encourage providers to regularly check the length of time for the "Third Next Available Appointment" (TNA) 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 to maximize access.

3. Promote provider implementation of the Open Access (also known as Advanced Access) model as a proven technique for shortening wait times, which improves consumer access to care and clinician productivity and minimizes no-shows.