

ACTION Campaign

Promising Practices



Providing Rapid Access to Service

*Express Check-in
Action Guide*

ACTION CAMPAIGN
Making an Impact on Addiction Treatment and Recovery

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Express Check-in

Purpose: This ACTION Campaign Promising Practice is designed to help your agency provide rapid access to services.

Introduction: Waiting lists are partly a result of the way we do business. We schedule appointments ahead of time, sometimes with one person or a central intake staff. Schedules fill up for weeks in advance, yet no shows create more down time than is good for the health of the agency. We know that the window for motivation can be very small, and that getting people into treatment when they want it is critical to decreasing no-shows and increasing retention. In order to meet the demand, we need to think differently about how we do business. Making access on demand the goal of your agency may lead you to a whole series of changes in your intake and treatment processes.

Plan: Review your intake process. How do you schedule? Do you have one or two people who are the intake staff? What do other clinical staff do when they have no-shows? Collect data on how long it takes between the first phone call to your agency and the first face-to-face appointment. You will also find it useful to collect data on what percentage of people never come in for that first appointment.

Consider some of these changes that have worked for other agencies:

1. Shift staffing patterns: Decreasing the bottleneck at the front end is one of the most effective things an agency can do to increase access and retention. Some things to consider:
 - Are there enough people doing intake?
 - Could staff be reassigned to ensure that more intake appointments are available?
 - Do appointments need to be offered on nights and weekends?
 - Are staff in charge of their own schedules?
 - Do you know how many people they are seeing each week?
2. Double book: some agencies have extremely high (50 percent or more) no-show rates. Double booking may be the solution for an agency with very high no-show rates. Work with staff to develop contingency plans for when several people do show up at the same time. Can other staff do intakes? Perhaps the clinical supervisor could chip in during busy times, or other clinical staff who have no-shows could perform the intake interview. In the worst case scenario, someone may have to wait an hour, but it is still probably better than waiting three weeks.





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3. Offer walk-in appointments:

- How could you arrange your work flow so that you could have people just show up without a pre-arranged appointment?
- Could you use no-show times or rearrange schedules so that there are times of the day that people can always get an intake appointment?

Do: Choose one of the above practices to test for a short period of time. Staff may be resistant to changed schedules, but usually are willing to test something out for a couple weeks. The experience of NIATx agencies is that employees are initially unhappy with changes in their routine, but as they see clients' attendance and engagement improve, they feel more rewarded by their work and see the benefits of doing things in a different way. The pilot will go better if you can choose staff who are willing to test the proposed changes. Collect data on how long people waited from their first call to their first appointment and what percentage of people that called came in for their first appointment.

Study: Meet with your clinical team to review the data. What did the staff that implemented the change think? Are there ways to improve on what you have done? Is another pilot in order, perhaps tweaking the change? If the change was a success, are you ready to implement agency-wide or should you test with a somewhat larger group?

Act: Either redo the pilot with the tweaked change or with more people, try another change, or if you are ready, implement agency-wide. Even with an agency-wide implementation, continue to track the number of calls and the number of appointments to see if the change is on track. Submit your data to the ACTION Campaign Web site.

Measuring the Impact of Change

The length of time necessary to test a change will vary depending on an agency's size. Scientifically, the referred sample size is at least 40 clients. However, since you are testing a hypothesis, what you need are just enough clients before and after the change to see a trend. Pilots should not last more than a month, or they tend to lose their pilot status. We recommend that you run your Change Project pilot long enough to have at least 20 clients experience your new way of operating. For smaller agencies, depending on the change, this may take a month. Larger agencies probably should run a change for at least a week, even if that gives a sample larger than 40.

Practice Measure: Time to treatment (measured by the time from first contact to assessment).



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The Acadia Hospital

Bangor, Maine

www.acadahospital.org



Acadia Hospital is a freestanding non-profit psychiatric and substance abuse hospital with both inpatient and outpatient programs. Addiction services are provided at two sites, and include inpatient detox, an Intensive Outpatient Program, a dual diagnosis program, methadone and buprenorphine treatment, an extended shelter residential treatment program, and a variety of homeless and transitional housing options. Opioid dependence is the primary diagnosis of the majority of our addiction patients.

Project Aim

Reduce Waiting Time

Change Leader / Executive Sponsor

Scott O. Farnum

Goals & Measures

The Acadia Hospital was facing a budget crisis in its Intensive Outpatient Program (IOP), with a budget deficit of \$202,611 in FY02. The program was severely under utilized. Acadia's walk-through exercise revealed significant barriers to treatment in the intake process. Patients were being placed in treatment "slots" in IOP as they became available. This resulted in patients having to make multiple callbacks and waiting for admission even if there were no-shows in the program. Requiring clients to make multiple calls during the waiting period was sending a message that clients had to prove their dedication to treatment to be admitted. Measurement of the impact of the Change Project was simply the length of time from first contact to admission to the program, which was over four days at baseline.

Changes Implemented

The team focused on shortening the time to treatment in IOP services. Potential clients were given next-day appointments on the first call or contact for screening, instead of requiring multiple callbacks or being placed on a waiting list. All clients seeking service who met the American Society of Addiction Medication (ASAM) Level 2 criteria were asked to show up at 7:30 a.m. the next day for a full mental health and substance abuse evaluation by a clinician and subsequently offered immediate admission to treatment if appropriate. Screened clients not found to be appropriate for IOP level of care were referred to other appropriate service



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Business Case Impact

The immediate results were that time from initial contact to screening fell from 4.1 days to 1.3 days. The percentage of clients seeking treatment who were screened rose from 25 percent to 65 percent. The percentage of clients seeking treatment who were retained in treatment went from 19 percent to 53 percent. Admissions to the program continue to climb and have gone from 16 per month in FY02 (the year before change) to an all-time high of 109 in March 2006. Because of the increased number of clients entering care, Acadia added a counselor to its staff. This added to its billable hours, which in turn increased its revenue by 56 percent and enhanced its profit margin by approximately \$400,000 in two years (between FY02–FY04). The new admission process led to a quadrupling in case load, with concurrent financial gains that have been sustained in subsequent years.

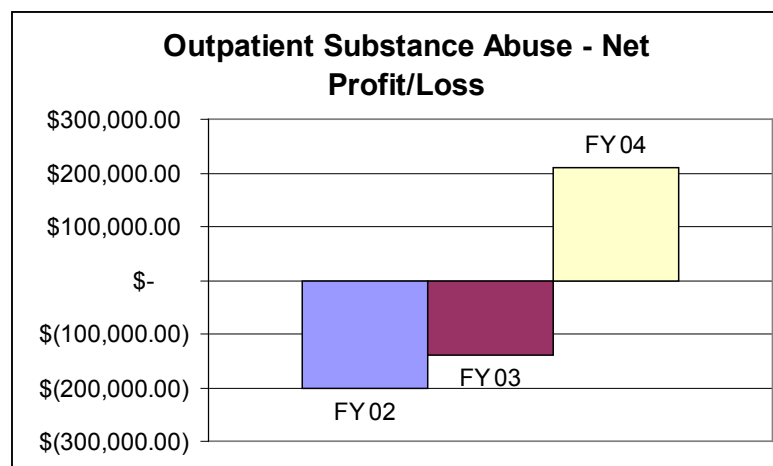
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Lessons Learned

When implementing this project, Acadia learned:

- As barriers to admission decreased, acuity level of patients increased.
- Patients really do show up for treatment when they receive more immediate appointments.
- Multiple phone calls are a poor indicator of motivation.
- Senior management staff need to model change by working with line staff.
- Program changes were needed to accommodate clients who showed up as barriers were reduced.
- From a business case perspective, the contribution margin of this program has tripled from change date to the present.





Additional Success Stories for Access on Demand

Agency	Level of Care	Change	Action Impact
Acadia Hospital	Intensive Outpatient	Next Day Appointment	% screened up 25 to 65%. % retained in treatment up 19 to 53%
Center for Drug Free Living	Outpatient	Walk-in screenings	Screening No-Show to 0% Overall No-Show down from 68 to 31%
Connecticut Renaissance	Outpatient	Walk-in evaluations	Increased evaluations resulting in admissions
Gateway to Prevention and Recovery	Outpatient	Walk-in assessments	Reduced time from x to y. Increase % of Assessments actually admitted
Port Human Services	Methadone	Same day physician appointment and dosing	60% increase in admissions
Southwest Florida Addiction Services	Outpatient	Walk-ins for DCF and self-referred clients	Increased average monthly admission by 11. 10% increase in number of clients in treatment. Cash collections up 7%
VIP Community Services	Intensive Outpatient	Eliminate Assessment Appointments	Reduced time to treatment by 98%. Check on Admits