Open Access Admission Model for Outpatient Services

One Individual at a Time

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Learning Objectives

• Discuss the benefits to the consumer and program of adopting open access.

• Describe the planning and implementation strategies employed for a large and small community based outpatient program.

• Discuss the barriers to the implementation and subsequent sustainability of open access.
Why choose Open Access Admission

• For many years there has been a growing need in community based outpatient programs to reduce barriers to accessing services.

• Traditional scheduling models tend to promote slower access to necessary services.

• Show rates drop quickly the longer the lag between call and appointment.
Why choose Open Access Admission (cont.)

• Consequently individuals often do not receive services that they want when they need them.

• During the past several years open access models of admission are becoming the standard.

• Open access has benefits to both the individuals requesting service and the program.
What is open access

• Medical groups piloted open access (advanced access, same day access) models as far back as 1990s.

• Medical practices utilizing open access generally have open schedules for routine appointments.

• With continued success various open access models have continued to grow in popularity.
What is open access (cont.)

- Open access admissions / Walk-in admission models have been successfully implemented in behavioral health for many years.

- There are a number of prevailing methods of providing open admissions.

- All methods are designed to reduce barriers to service and increase access to needed services.
What is open access (cont.)

• Assessment only vs. Assessment + Psychiatric evaluation at admission.

• Separate clinician for assessment vs. ongoing clinician completes assessment.

• Every day of week vs. some days open and others scheduled.

• All times open vs. specific times open.
## Pros and Cons

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<tr>
<th>Pros</th>
<th>Cons</th>
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<tr>
<td>Immediate access to help</td>
<td>Consumers can have a longer wait that day</td>
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<tr>
<td>Same Day Psychiatrist appointments</td>
<td>Some consumers are still scheduled</td>
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<tr>
<td>Staff LOVE it!</td>
<td>Insurance issues/Funding issues</td>
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<tr>
<td>Increased show rate for scheduled psychiatric evaluation appointments</td>
<td>Maintaining capacity</td>
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<tr>
<td>Increased Therapy show rate</td>
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<td>Increase Medication check show rate</td>
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<td>Performance Outcomes for Access Times increased</td>
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<tr>
<td>Increased retention of FFS Therapists</td>
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## Pros (cont.)

<table>
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<th>Pro’s</th>
<th>Misconceptions</th>
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<td>Start clinic services quicker so individual feels better more quickly.</td>
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<td>When consumer is ready to begin, they can.</td>
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<td>Convenient for consumer.</td>
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<tr>
<td>Save time (e.g., no appointment reminders, finding compatible appointment time, re-scheduling no show).</td>
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<td>Increased satisfaction of consumer.</td>
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Common Misconceptions

- Staff thought they would hate it.
- Consumers won’t like it.
- Staff will have more work.
- Won’t meet the needs of consumers.
- More costly.
NHS Open Admission Model

• No appointment necessary for initial visit.

• Initial visit includes: a registration, biopsychosocial assessment and a Psychiatric Evaluation.

• This assures services can be initiated immediately when the individual needs them.
Where are we doing it?

- Delaware County
- Philadelphia County
- Capital Region: Harrisburg
- NEPA: Carbondale
- Montgomery County
NHS Clinic Size

- Capital Region Outpatient:
  - 1602 (152 Kids and 1450 Adults) Avg. 20 admissions per week

- Delaware County Outpatient:
  - 4300 (800 Kids and 3500 Adults); Avg. 30 admissions per wk.

- NEPA Outpatient:
  - 1315 combined Kids and adults

- Montgomery County Outpatient:
  - 800 Adults; Avg. 20 admissions per wk.

- Philadelphia County Outpatient:
  - 1400 (1400 Kids); Avg. 21 admissions per wk.
Preparation

• Measure the demand (i.e., number admissions per week, heavy vs. lighter days).

• Determine present capacity (psychiatry, assessors, next appointment therapist).

• Determine necessary capacity based on demand.

• Determine number of days, hours per day.
Preparation (cont.)

• Work down psychiatric evaluation backlog. This will create available capacity at front-end.

• Work down ongoing therapy wait list. Important that next appointment available in less than 7 days (ideally 3-5 days).

• Contingency plan (i.e., staff call-out, resignations, etc.).
Preparation (cont.)

• Staff communication plan.

• Create a planning group / change management committee with relevant clinic stakeholders.

• Other considerations (e.g., physical space, traffic flow, waiting room layout and appeal).
Strategies: Large vs. Small Clinic

- Start with what you have
- Start small and build up
- Different Start ups for different areas
  - Open Access for just Assessment
  - Open Access 2 days/week
  - Open Access 5/week
  - 1 scheduled day/week to get opened in the clinic
- Just Start- we found out we just had to pick a date and say this is when we will start.
Barriers to Implementation and Sustainability

- Initial staffing pattern and scheduling.
- Maintaining appropriate capacity (physicians, assessors, therapists).
- Insurances/Funding
- Paperwork requirements
What the data is showing: Capital Region

• Improvements in productivity and no show rates for physicians and therapists.

• 72% of consumers who are scheduled for their psychiatric evaluation return for that evaluation.

• 58% return for their first medication check as scheduled.
Capital Region’s No Show Rates

Doctor No Show Rate vs Therapy No Show Rate

- Doctor No Show Rate: Jul-15 (35%), Jun-16 (20%)
- Therapy No Show Rate: Jul-15 (30%), Jun-16 (25%)
Capital Region’s Productivity

- OA Doctor 1
- OA Doctor 2

- Jul-15
- Jun-16
NEPA Productivity

![Bar chart comparing productivity of Doctors and Therapists between March 2016 (Mar-16) and June 2016 (Jun-16).]
What the data is showing: Delaware County

• Increase in number of admissions.

• Improvements in productivity and show rates for physician and therapists appointments.

• Consumers have stated that they do not mind the longer day or the wait to have their needs met quickly.
What the data is showing: Delaware County (cont.)

- Admissions averaged 20 per wk. prior to open admissions and now average 30 per wk.
- 82% Returning for therapy appointment.
- 68% Returning for first medication follow-up appointment.
Delaware County’s Productivity
Summary

- Service available when individual needs it.
- Consumer and Staff satisfaction.
- Improved productivity and show rates.
- Can be established effectively in small and large clinics.
- Perceived barriers can be overcome.
Questions
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