

Mental Health Rapid Access Group Utilization

Improvement Advisor: Madeline McGinley, PsyD, Darolyn Nollsch
PI Director / Lead IA: Diane Coppa
Mentor: Frank Mewborn



Project Planning Charter

Project Name: Mental Health Rapid Access Group Utilization	Charter Date: April 2013
Improvement Advisor: Madeline McGinley, Darolyn Nollsch	Facility: Diablo Service Area, Walnut Creek Mental Health Department
PI Director / Lead IA: Diane Coppa	Mentor: Frank Mewborn

Project SMART Goal: Increase average utilization of the three Walnut Creek Rapid Access Groups by August 1, 2013, from an average of 12.9 to 17 patients (total of three groups) per week

Problem Statement and Business Case		Project Team
Problem Statement	Currently, there is low utilization of the Rapid Access groups. The purpose of the groups is to offer members rapid access to care when they need support in between, or in addition to, their 1:1 therapist appointments.	<ul style="list-style-type: none"> • Sponsors: Mary Staunton, MD, Michael Lim, Director • Champions: Catharine Kibira, Mental Health/Chemical Dependency Manager • Project Co-Leads [Process Owners]: Lori Ono, Rick LaBelle, Rick Carson • Front-Line: Walnut Creek Mental Health Adult Team • Project Oversight:
Customer Benefit	Improved access to immediate care for patients	
Expected Financial Impact	Possible decrease in 1:1 appointments with providers leading to decreased FTE costs	
Other Business Benefit		

Project Timeline and Key Milestones	Project Measures
<ul style="list-style-type: none"> • Assess: <ul style="list-style-type: none"> • Baseline Data Obtained • Project Kick-Off • Project Charter Completed • Process Map Completed • Voice of the Customer Obtained • Identify Changes: <ul style="list-style-type: none"> • Cause and Effect Developed • Start PDSA Action Plans • Test: <ul style="list-style-type: none"> • PDSA Action Plans Completed • Implement: <ul style="list-style-type: none"> • Sustainability Plan Completed • Training and Communication Plans • Financial Impact Validated by Finance • Project Storyboard Complete and Submitted • Spread Plan 	<ul style="list-style-type: none"> • Outcome Measures: Increased attendance at groups • Process Measures: Providers refer patients to Rapid Access groups • Balancing Measures: Need for 1:1 appointments with therapists may decrease; Attendance at other groups may decrease; Overall group program improved
	Project Scope
	<ul style="list-style-type: none"> • In Scope: This project includes the three Walnut Creek Mental Health Adult Rapid Access Groups (offered every Monday, Tuesday and Thursday). • Out of Scope: The other groups offered by the WCR Mental Health Adult Team are not included in this project.

Driver Diagram for MH Adult Team Group PI Project

Primary Drivers

Secondary Drivers

Actions

Aim Statement

Increase average utilization of the Walnut Creek Mental Health Department's Rapid Access groups by August 1, 2013, from an average of 12.9 to 17 patients per week

Provider awareness about groups

- Providers know content and purpose of groups
- Providers know how to best utilize these groups as part of their treatment plans

- Train staff on purpose/content of groups at adult team meetings
- Email reminders weekly to providers about groups and times offered
- Place flyers on share drive and in offices
- Share best practices on use of groups

Patient awareness about groups

- Information about groups is available to patients
- Providers communicate information about groups to patients

- Update flyers with more descriptive information
- Place flyers in waiting room
- Ask providers to give flyers to patients, as appropriate

Patient satisfaction with groups

- Patients express satisfaction with group
- Patients routinely attend group
- Groups are held at times convenient for patients

- Conduct a patient satisfaction survey
- Conduct a patient survey asking patients why they do not accept referrals to group

Availability of groups

- Groups are covered by alternate provider if leader is not able to attend
- Groups are held at times convenient for patients
- Group rooms are available

- Develop back-up coverage plan
- Conduct a patient survey asking patients about why/why not accept referral to group

Achieving Results through a Culture of Excellence

Outcome

DSA 2013 Key Drivers

Achieve High Perceived Value and Differentiation at a Competitive Price

$$\text{Value} = (\text{Quality} + \text{Service} + \text{Access}) / \text{Price}$$

MD and non-MD leaders are able to see important issues and drive big results by engaging their teams to:

1. Understand the patient experience
2. Identify bottle necks and offer improvement ideas
3. Minimize practice variation if it doesn't add value
4. Create reliable processes so high perceived value and high performance is sustained

Leader Sponsorship, Prioritization, Alignment & Investment

Leaders

- Ensure priorities are aligned with value equation
- Experience PI – “Aha” moment
- Model and communicate consistent message
- Share results and recognize high performance
- Ensure time and resources needed to support improvement efforts

Skills Development

- Training is experiential and linked to high priority initiatives
- IAs are available to train, mentor and/or facilitate
- Job instruction documentation (and continuous review) ensures consistent execution of value added tasks with no variation and sustained results
- Easy access to web tools

Consulting Improvement Expertise and Capability

- Grow internal expertise
- Make expertise available

Integration

- Chiefs, managers and cross functional teams come together to solve problems
- KFH/TPMG have forum to identify common goals and leverage learnings and resources

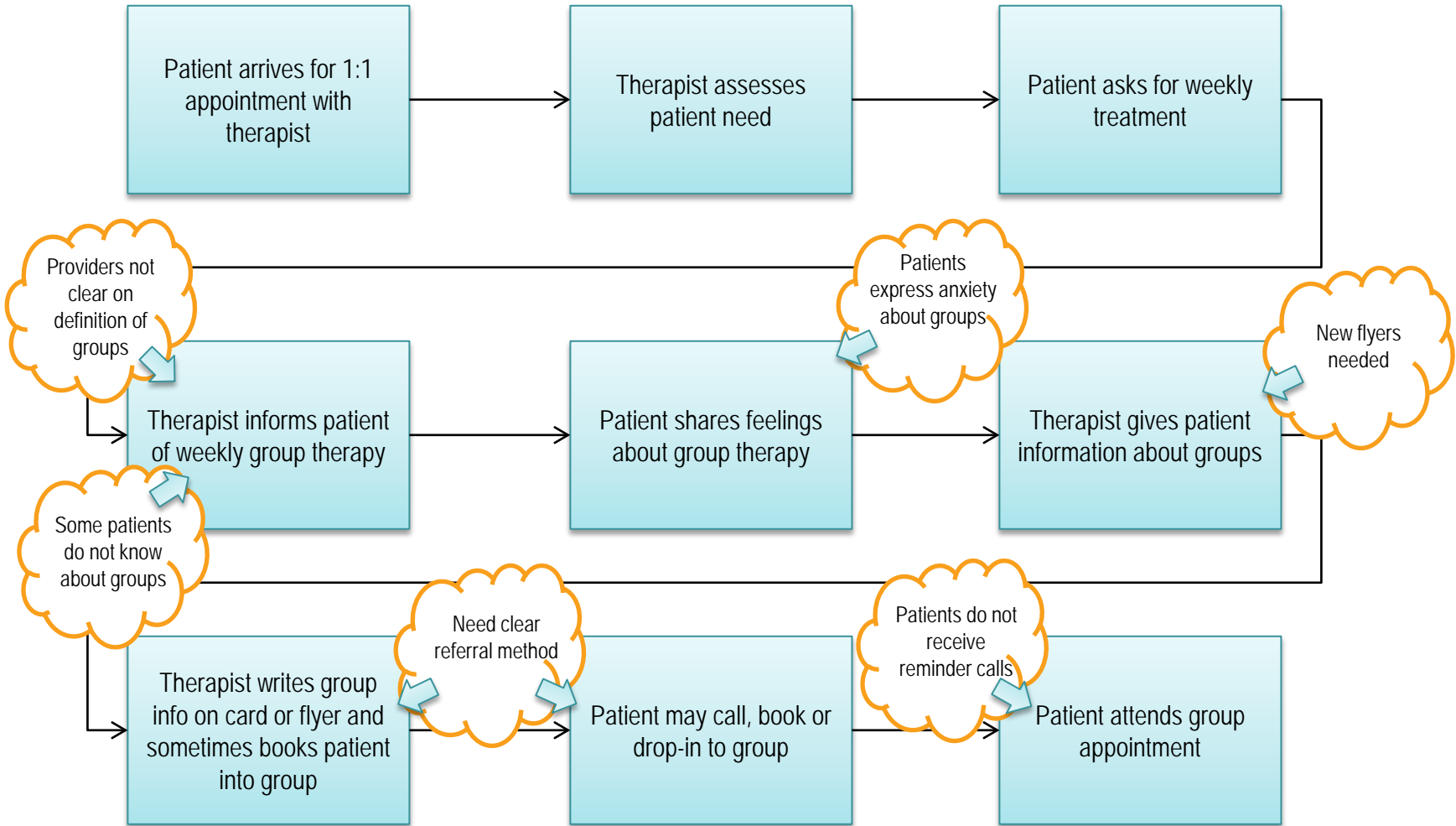
Data Transparency & Interpretation

- Data is linked to patient experience
- Easy access to operational data
- Tools to interpret
- Data is transparent

People

- Hiring & Reinforcing Excellence

Assessment Results

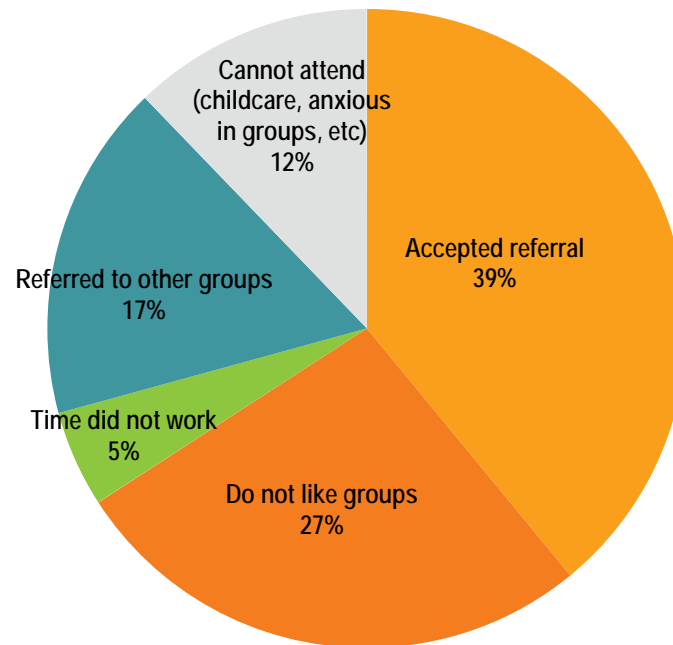


Voice of the Customer

Customer Groups	Customer Needs & Wants	Translation into specific Customer Requirements
Mental Health patients	<ul style="list-style-type: none"> • Immediate access to care when needed. • Know about rapid access groups and how to get rapid access to care. • Groups occur as scheduled – no cancellations. 	<ul style="list-style-type: none"> • Flyers with information about rapid access care available and easy to understand. • Accurate communication from providers about rapid access care. • Back-up provider coverage workflow in place for groups.
Mental Health providers	<ul style="list-style-type: none"> • Excellent patient care. • Immediate access to care for patients, when appropriate. • Awareness of groups. • Clear definition and referral guidelines for groups. • Clear method of referring and booking patients. • Understanding the benefits of group therapy. 	<ul style="list-style-type: none"> • Rapid Access groups available for referral (Rapid Access groups listed on the Mental Health schedule). • Purpose/content of group education session conducted for providers. • Flyers easily available. • Best practices shared on the benefit and use of group therapy.
Executive sponsors	Exceptional mental health care.	

Voice of the Customer

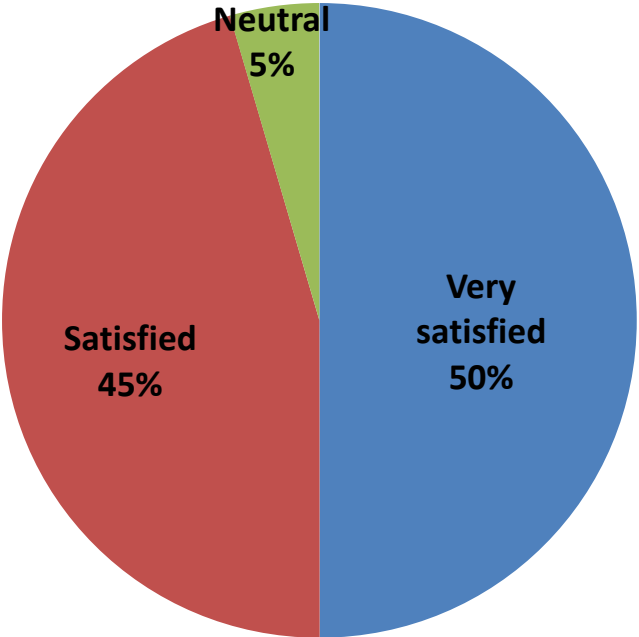
Patient Results when Referred to Group



Based on 41 patient responses to referrals
collected 7/15-7/19/2013

Voice of the Customer

Rapid Access Group Patient Satisfaction



Based on 22 patient responses to a satisfaction survey conducted during Rapid Access Groups 6/10-6/27/2013

What Changes Lead to Improvement?

<i>Change Concept</i>	<i>PDSAs</i>	<i>Adopt, Adapt, Abandon?</i>
Outline purpose and structure of groups for patients	Update flyers with more descriptive information	Adopted
Give patient information about groups	Place flyers in waiting rooms and provider offices	Adopted
Communicate information and educate staff about groups	Educate staff about purpose, structure and importance of groups; weekly email reminders sent out	Adopted
Increase rapid access group curriculum options for patients	Change Monday group to curriculum-based group	Adapted
Educate staff about ways to explain and “sell” groups to anxious patients	Providers share best practices	Adopted
Ensure groups are not cancelled	Developed back-up coverage workflow	Adopted
Remind registered patients about group appointments	Receptionist calls registered patients to remind them about groups	Adopted

How Will We Know a Change Is an Improvement?

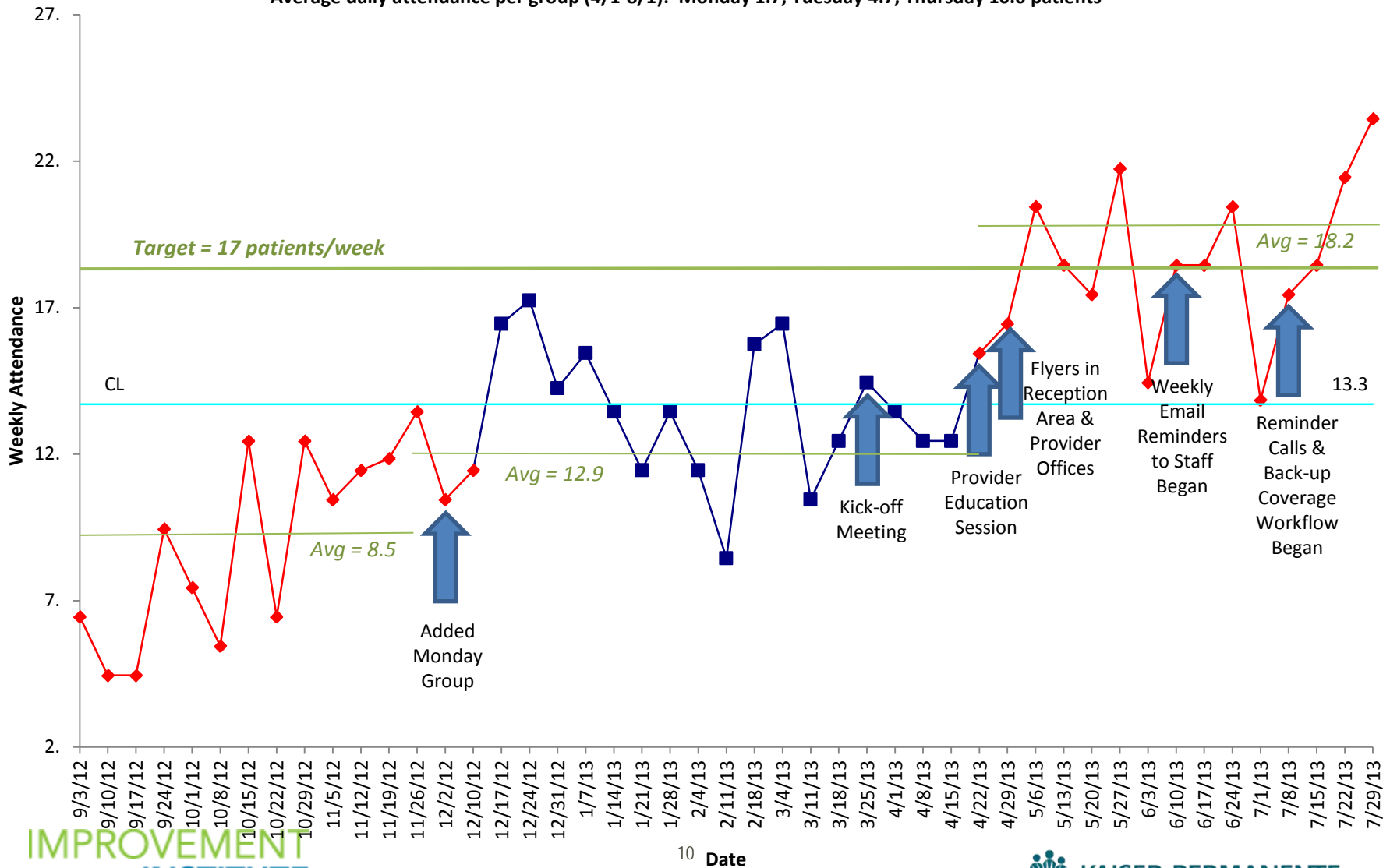
Family of Measures

Measure	Operational Definition (How is the measure calculated?)	Type (outcome, process, balancing)	Data Collection Plan (How will you collect data & how frequently)
Attendance in groups	Number of patients per group	Outcome	Manager will count attendance each week
Volume of referrals to groups	Number of referrals made to groups	Process	Providers will tally referrals made to drop-in groups per week
Overall group program process	Number of times groups are cancelled	Process	Manager will count the number of times groups are cancelled each month
Number of attendees per day of week (are 3 groups/week too many?)	Number of patients per group per day of week	Balancing	Manager will count attendance by day of week

Rapid Access Group Weekly Attendance

Average weekly attendance increased as changes were made

Average daily attendance per group (4/1-8/1): Monday 1.7, Tuesday 4.7, Thursday 10.6 patients



Financial Impact

1. Improved access to rapid care at no added cost.

Average wait time for initial 1:1 appointment = 10 business days
 Average wait time for return 1:1 appointment = 4-6 weeks
 Wait time for a rapid access group appointment = 0-1 business day

2. Groups are a more cost effective method for seeing patients.

Per patient, a group appointment costs 80% less than a 1:1 appointment.

Type of Appointment	Cost per Patient
1:1 appointment with provider (1 hour appt)	\$53.30
Group appointment (1 hour group)	\$10.88

3. Increased attendance by 10 patients per week.

Savings per Patient	Savings per Year
\$53.30 - \$10.88 = \$42.42	\$42.42 x 10 pt/week x 50 weeks = \$21,210

Notes:

Cost per patient based on average hourly rate for LCSW, MFT, PhD, PsyD. Source: TPMG Controller's Office.

Cost per patient is based on the average number of attendees per group between 9/2/12 and 8/1/13 (4.9 patients per rapid access group).

Group appointment cost is based on one provider leading group. In the case of a large class, two providers may be needed to lead group.

Sustainability Plan

Process Owner(s): Catharine Kibira, PhD, Madeline McGinley, PsyD
 Daily Oversight: Madeline McGinley, PsyD
 Location: Walnut Creek Mental Health Department

	Item	Action	Responsible Person	Frequency	Issues / Comments
Bundle of Actions	Action 1	Maintain flyers in waiting rooms/provider offices	Annie Stovall	Weekly	
	Action 2	Refine Back-up Coverage policy	Madeline McGinley	Ongoing	
	Action 3	Evaluate Rapid Access Group attendance/success; make changes as necessary	Madeline McGinley Rick Carson Catharine Kibira	Ongoing	
Data Analysis & Results	Gather Data	Count group attendance	Madeline McGinley	Weekly	
	Analyze Data	Monitor attendance data	Madeline McGinley Catharine Kibira	Monthly	
	Report Results	Include results in weekly reminder email	Madeline McGinley	Weekly	
Communication	Project Team	Provide feedback to management staff on the status of Rapid Access Groups	Lori Ono Rick LaBelle Rick Carson	Monthly	
	Department Leaders	Group updates at Adult Team meetings	Madeline McGinley	Weekly	
	Leadership	Continue to communicate the benefits of group therapy	Catharine Kibira		
	Other				
Training	Project Team Meetings	Staff education regarding group therapy	Catharine Kibira	Monthly	
	Huddles				
	Other				

Champion Signature:

Process Owner Signature:



Moving Forward

■ Key to Success

- Involvement of entire Adult Team
 - Team contributed many innovative ideas

■ Barriers

- It was found that many patients were not familiar with group therapy
 - Solution: Providers shared best practices for informing patients about the benefits of group therapy

■ Lessons learned

- Involvement of entire team was important for buy-in when changes were proposed

■ Next steps

- Evaluate day, time and curriculum of Monday group; consider eliminating group
- Spread learnings to entire Adult Team group program
- Continue to educate staff and patients about the benefits of group therapy

Project Results Summary

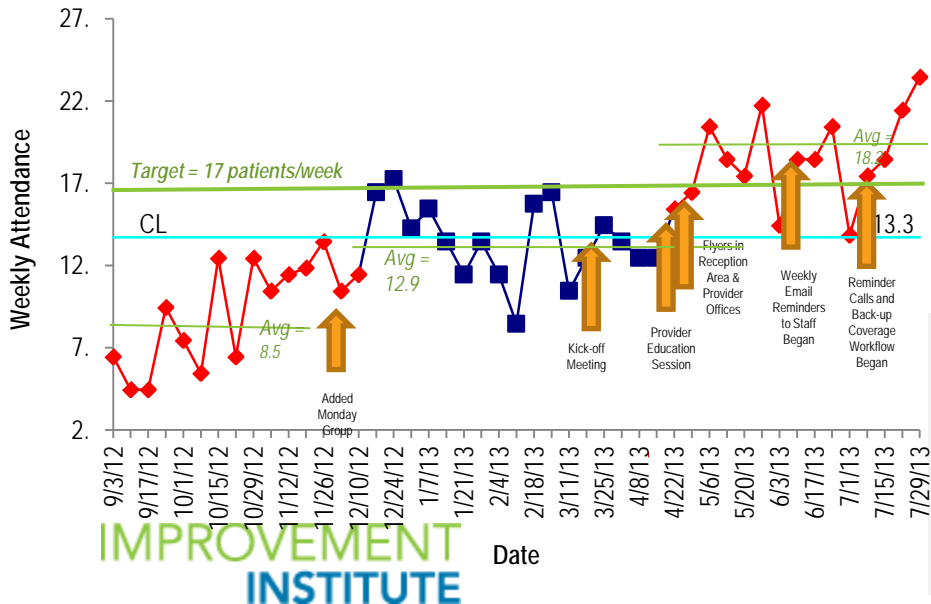
Lever: Increase attendance to Walnut Creek Mental Health Rapid Access Groups by improving communication to patients and providers, gathering information from patients, and sharing best practices among staff

"Evidence"/Expert Opinion/Basis: Increased attendance at Rapid Access Groups from an average of 12.9 patients to an average of 18.2 patients in three months.

Key Changes Applied:

- ✓ Flyers with detailed information about groups were provided to patients and providers
- ✓ Provided training session for providers on benefits of group therapy
- ✓ Developed a Back-up Coverage plan to ensure no groups were cancelled

Rapid Access Group Weekly Attendance
Average weekly attendance increased as changes were made



Source	• none
Key Assumptions	<ul style="list-style-type: none"> • Improved communication to providers would lead to increased attendance • Improved communication to patients would lead to increased attendance
Key Enablers	• Mental Health Adult Team
Sustainability Plan	<ul style="list-style-type: none"> • Maintain flyers in waiting rooms/provider offices • Refine Back-up Coverage policy • Evaluate group attendance/success (monitor attendance) • Continue feedback to staff
Contact	Improvement Advisors: Madeline McGinley, Darolyn Nollsch PI Director /Lead IA: Diane Coppa

Key Improvement Metrics:

Results

Rapid Access Group Attendance	Increased from an average of 12.9 patients in April to and an average of 18.2 patients by August
-------------------------------	--

Attestation

With my electronic signature below, I attest the following:

- I have reviewed this document and confirm that it contains no protected health information (PHI), as defined here --
http://dms.kp.org/docushare/dsweb/Get/Document-1223053/What_is_PHI_handout.pdf
- I understand that failure to comply with KP policies, federal regulations, and state laws and regulations including those surrounding use of PHI can lead to disciplinary action – up to and including termination, personal fines, civil and criminal penalties and suspension of professional licenses.
- I have read the Principles of Responsibility, Kaiser Permanente's Code of Conduct -- <https://wiki.kp.org/wiki/display/por/Home>

Signature: Madeline McGinley, Darolyn Nollsch

Date: 10/14/2013