



## NIATx Tools for Change in Philadelphia

"We have never been so successful in making changes as we have been with NIATx."



That's the word from Lisa Kramer, LCSW, Associate Mental Health Director of Outpatient Services at COMHAR. Working at COMHAR for more than a decade, Lisa has seen improvement efforts come and go, with varying results.

COMHAR is a Philadelphia agency serving people all ages with developmental disabilities, mental health concerns, physical limitations and other challenges. Founded in 1975, COMHAR provides assistance at home and a broad array of services at COMHAR locations throughout Greater Philadelphia and lower Montgomery County. As a participant in Philadelphia's innovative Tools for Change project, COMHAR is applying the NIATx model of process improvement to its systems.

NIATx Tools for Change is a nine-month pilot project involving 15 Philadelphia behavioral health providers in partnership with the Philadelphia Department of Behavioral Health/Mental Retardation Services (DBH/MRS). The Tools for Change pilot includes NIATx technical assistance and process improvement instruction, coach support, and peer networking sessions. The formal contract commenced in September 2007 and will end in June 2008.

### Walk-through exercise uncovers obstacles

Lisa Kramer attended a *Tools for Change* information session in June 2007, and returned to COMHAR motivated and inspired to submit an application for the pilot for her agency. As part of the application, she and her team were required to conduct a walk-through. Lisa posed as a client recently released from the hospital after a major depressive episode, accompanied by another staff member posing as a family member.

One of the first calls Lisa made was to the city's office of mental health services, seeking information on treatment centers that would accept clients without insurance.

"I found that several of the phone numbers and referrals given were incorrect," she comments. "If I were really seeking help, that might have stopped me from accessing treatment."

Her experience calling her own agency to schedule an intake assessment was also not as positive as she would have hoped for. "The intake person asked "What is the presenting problem?" rather than "How can we help you?" She also learned that a patient usually has to wait three-six weeks for an initial intake appointment.

Lisa's walk-through at a COMHAR site brought her attention to the unwelcoming environment that clients experience in the waiting area. "The waiting room had no signs up telling us where to go, no magazines or television to make a client feel welcome or be willing to wait for an evaluation."

At her intake appointment, Lisa had to spend 42 minutes in the therapist's office completing paperwork for demographic information, consents, and authorizations.

"At the end of intake, I told the therapist that I didn't have any medication left. The therapist suggested calling my Primary Care Physician or last treating psychiatrist for a prescription and that I would then need to call to schedule a psychiatric evaluation, which would mean a wait of eight or nine weeks."

The walk-through results gave the COMHAR team a wealth of information on the obstacles potential clients face in seeking mental health services.

### **Plan, Do, Study, Act**

The COMHAR change team was very excited to learn that they'd been accepted to participate in the pilot and launched its first formal change project in August, 2007.

With help from one of the Tools for Change NIATx coaches, Ken Farbstein, the COMHAR team chose to focus on reducing no-show rates for intakes for the outpatient mental health program. By implementing reminder calls the night before a scheduled appointment, the team saw no-shows drop from 50 percent to 38 percent over a four-week period.

Staff response to the change was positive, says Lisa, though the central registration department staff members who were assigned to make the calls did express some concern at first about having time to make the calls. Their fears quickly subsided and the agency has not only sustained this change, but it is now spreading to other COMHAR sites.

Buoyed by the success of the first change project, the COMHAR team set about testing same day service at the Outpatient 2055 site—to increase the percentage of clients who could complete an intake and a psychiatric evaluation on the same day.

"We found that 50 percent of clients scheduled for a psych evaluation did not show for their appointments—which we'd found in the walk-through were typically scheduled up to nine weeks out from the patient's first call."

The COMHAR team implemented key strategies, including appointment confirmation calls the night before the appointment. “If we couldn’t reach the person the night before, we did confirmation calls morning of the appointment.”

The change project required changing the doctors’ schedules to accommodate same day appointments, training therapists to work as a team to maximize scheduling opportunities, and providing the support staff with a script to use when making reminder calls.

“We’d also take advantage of no-shows—by offering the spot to a client already in the building for an intake.”

The team had set a goal to fill 70 percent of the scheduled psychiatric evaluations, and was pleased that the average show rate after nine weeks had jumped to 74 percent. Again, staff response to the change was positive. This change also decreased the wait for an evaluation with the doctor from eight to nine weeks to three weeks. “The therapists were thrilled that they no longer had to inform clients of a two-month wait for services,” comments Lisa. “And patients were so excited that they could get same day service.”

The COMHAR team has spread this change to its Latino Treatment Program, with similar results—the show rate for psychiatric evaluations has jumped from just 47 percent to 70 percent, in just four weeks.

The NIATx process improvements have also had an impact on COMHAR’s financial health. Outpatient 2055 site and the Latino Treatment Program combined provide outpatient mental health services to about 3500 patients. “We’re projecting revenue increases of approximately \$30,000 for the completed appointments at each site, with additional potential revenue from the subsequent services patients will receive.”

Lisa reports that the NIATx process improvement model “has become contagious” at COMHAR. Now when members of the change team are discussing making a change or an improvement within other COMHAR departments, they say “Let’s do it the NIATx way—use rapid-cycle testing on a small change.”

Concludes Lisa, “We’re very excited to be part of the pilot. Process improvement is becoming part of the culture at COMHAR.”