



# MENTAL HEALTH SERVICE CHANGE PROJECT PROFILE

AMHC  
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AMHC is a private, non-profit behavioral health care organization based in Northern Maine. Incorporated in 1964, AMHC has evolved into a community health organization offering a wide variety of outpatient and residential services including: Emergency, Mental Health, Substance Abuse, Community Support, and Speech and Language services. We also offer Community Education and Consultation services.

## PROJECT TITLE: IMPROVING ACCESS FOR OP PSYCHIATRIC SERVICES

**CHANGE LEADER:** Tamara Campbell

**TEAM MEMBERS:** Nancy Allen, Dr. Tungol, Diane Raymond, ANP, Dr. EINESr

**LOCATION:** Central Aroostook County

**LEVEL OF CARE:** OP Psychiatric

**POPULATION:** Adult and child, including individuals with co-occurring disorders, who are recipients of psychiatric services

**AIM ADDRESSED:** Access

**START DATE:** 10/01/07

**PROJECT STATUS:** Ongoing

## GOALS AND MEASURES

The goal of the project is to improve client access and retention in treatment by creating efficiencies for the psychiatrists. The rapid-cycle change tested the effectiveness of having an administrative case manager attend to administrative tasks such as medication authorizations, paperwork, and providing reminder calls to customers. Data points measured include number of client contacts per month and the wait time for initial appointments for the three doctors involved in the change process.

## CHANGES IMPLEMENTED

As paperwork, authorization requirements and other administrative burdens increased, AMCH psychiatrists had less time to meet the needs of existing clients or to attend to new patients. The agency could no longer accept external referrals for medication management services only. The average wait time for an initial appointment with a psychiatrist was 41 days.

AMCH formed a change team to examine ways to improve access and create efficiencies. The team looked at all of the doctors' activities that could also be performed by a paraprofessional, allowing doctors to spend more time providing clinical services. The team's recommendation led to arranging for an administrative case manager to assist with managing authorizations, scheduling, and maintaining the clinical record. This change did not require recruiting or hiring a new staff member. An existing employee was transitioned and trained for the position. The team used access data from September 2007 to establish a baseline and began the rapid change in October.

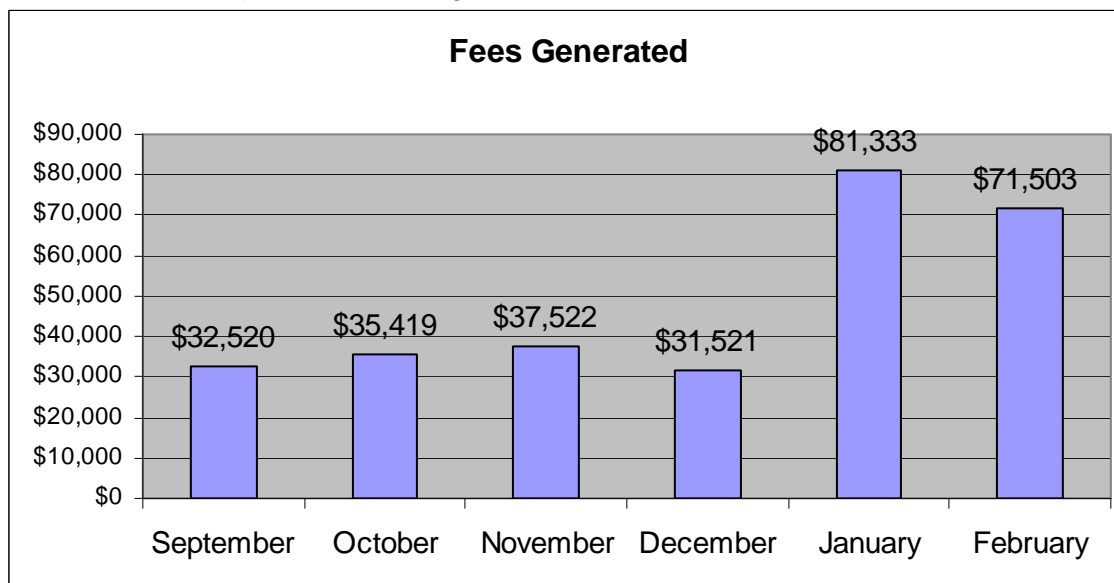
Data showed that having an administrative case manager allowed the doctors to see more clients. To test other ways the administrative case manager could help with access, the team tested a second rapid-change cycle involving reminder calls to reduce the high cancellation and no-show rates. By providing reminder calls, the administrative case manager was able to identify blocks of time available for clients waiting for service. This change also enabled the doctors to complete more evaluations.

Building on the positive results of the first two rapid-change processes, AMCH initiated a third rapid-change process to reduce waiting time for a first appointment.

## BUSINESS CASE IMPACT

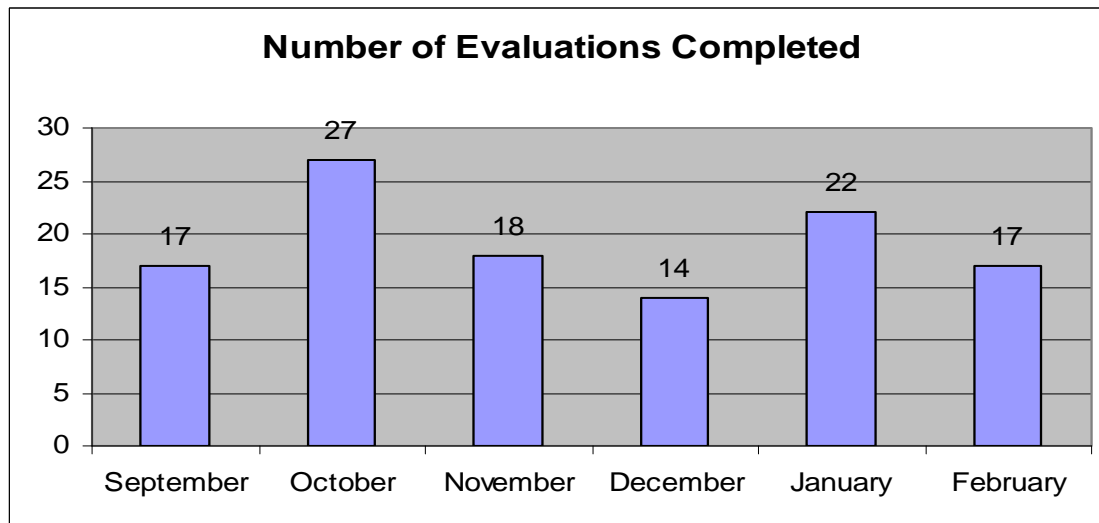
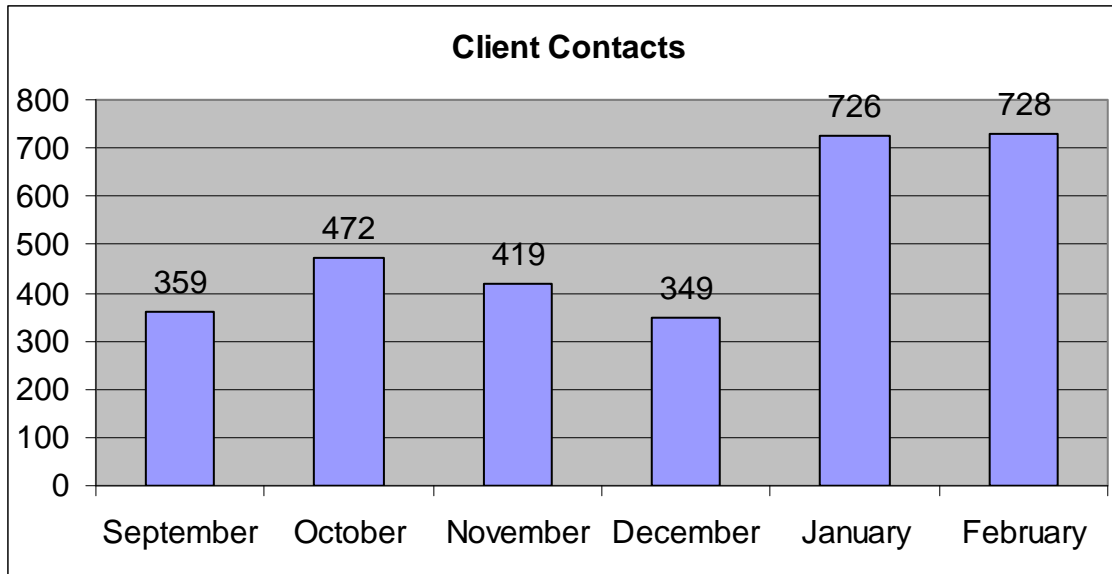
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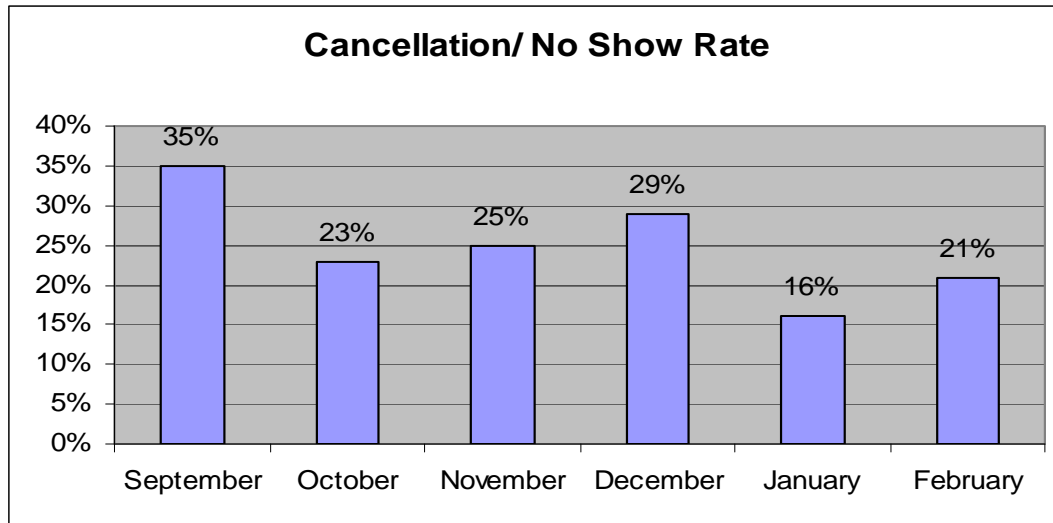
The first rapid change project, which introduced an administrative case manager to relieve doctors of administrative burdens, increased client contacts and increased revenue. The graphs below show the impact of the change:



## CHANGE PROJECT DATA

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We attribute the changes in client contacts and revenue for December 2007 to the holidays, vacations and significant snow storms that increased appointment cancellations.

### LESSONS LEARNED

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With the significant increase in administrative burdens, such as authorizations for treatment and medications, it is important to evaluate how the doctors are spending their time as there are opportunities to create efficiencies, increase productivity and serve more customers in need of the service. While initially there was hesitation to add an additional administrative position, we have learned that the benefits outweigh the risks. Through the change projects we have created efficiencies within our psychiatric services that allow us to accept external referrals for medication management services again.

### SUSTAINABILITY PLANS

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With the implementation of the administrative case manager position, we believe we will be able to continue to sustain the progress that we have made through the rapid change initiatives. The administrative case manager has established productivity and financial performance indicators that support attending to access and retention issues. Additionally, we continue to collect data to monitor the need for additional improvements.