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Problem Statement

Patients find accessing Santa Cruz County Specialty Mental Health to be difficult and stressful. My goal was to clarify and standardize intake process to improve patient experience but I wasn't sure what the best approach would be.

Initial Discovery

Highlights from 27 interviews with interviews with staff and community providers:

- Access process was confusing and unclear to the community (contract agencies, community psychiatrists, community healthcare providers)
- Intake staff reported feeling confused and demoralized, "I feel like I am on the no-access team!"
- There was a need to integrate access to SUD programs in anticipation of Drug Medi-cal waiver roll-out.

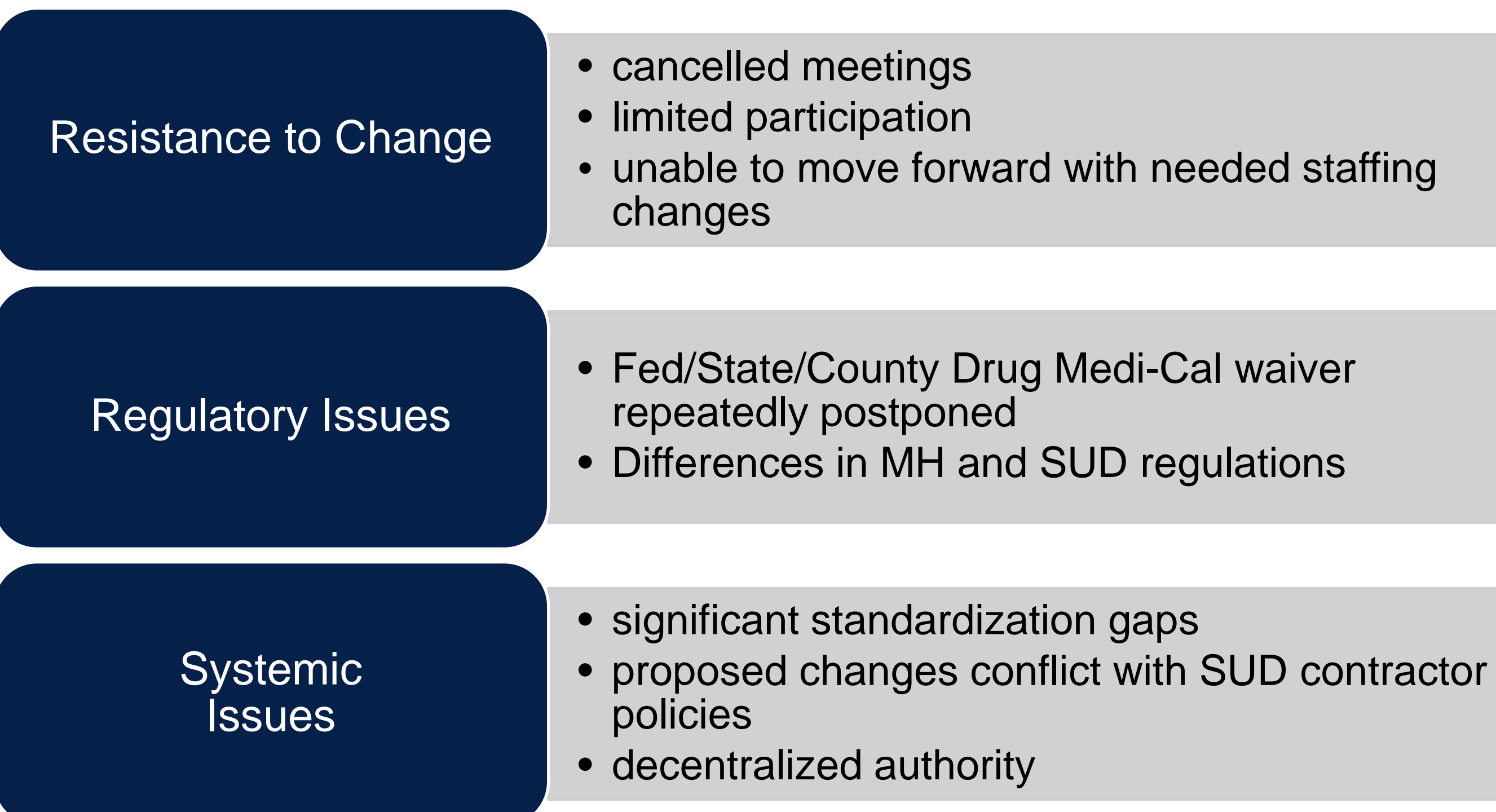
As a result of these interviews, I assembled key program leaders (Access Team, Adult MH, Substance Abuse, Psychiatry) with me as project manager to revamp Access Team Manual in order to:

- Clarify and standardize the intake process
- Assimilate access to SUD and MH services so patients' needs could be addressed appropriately

Mission Model Canvas

Key Partners <ul style="list-style-type: none"> • Marketing/Education consultant • Data analyst consultant 	Key Activities <ul style="list-style-type: none"> • Build template for referral form and develop workflow • Get data analyst time • Marketing/education roll out 	Value Propositions <ul style="list-style-type: none"> • Increase number of appropriate referrals • Decrease number of inappropriate referrals • Increase number of successful referrals • Increase patient satisfaction • Improved efficiency • Cost savings • Faster access to treatment • Less psychic pain • Better health outcomes 	Buy-in & Support <ul style="list-style-type: none"> • Community psychiatrists - facilitated pre-screening, even if patient doesn't qualify get resource referrals, if patient does qualify they get rapid access • County staff- support, incentive/reward program for most referrals or "secret shopper" rewards? 	Beneficiaries <ul style="list-style-type: none"> • Community outpatient psychiatrists • Patients • County staff • Community SUD contractors
Key Resources <ul style="list-style-type: none"> • Staff time to develop referral • Staff time to develop workflow • Data tracking solutions/data analyst • Staff time to foster collaboration with leadership and affected staff • Staff time to educate community providers 			Deployment <ul style="list-style-type: none"> • Presentations to community clinics, safety net clinic coalition • Website • Training for staff 	
Mission Budget/Cost <ul style="list-style-type: none"> • Staff time • My travel • Data analyst 			Mission Achievement/Impact Factors <ul style="list-style-type: none"> • Increase capacity to handle target population • Increased medi-cal penetration • Increased efficiency for staff • Cost avoidance- hospitalizations and acute care expenditures 	

Discovery



In the face of multiple cross-program hurdles and after 8 more interviews, I decided to focus on a project completely within my domain - creating clear and standardized referral pathway for community psychiatrists, with the goal of achieving small success that could be replicated and expanded.

Lessons Learned

County Staff are negatively impacted by current process—system design should help them to be better clinicians, improve job satisfaction and ultimately improve patient experience, but resistance arose on individual and systemic levels.

Barriers to implementing system change:

- Large system change will engender resistance on multiple fronts
- Buy-in difficult to obtain from *all* key stakeholders or stakeholders may lose interest/motivation
- System change can unwieldy when authority is decentralized
- Difficult to maintain focus with so many competing priorities

Facilitators to implementing system change:

- Engineer incremental change to leverage larger shifts
- Break process down into bite-sized pieces to achieve small wins

Next Steps

- Complete design and implement psychiatrist referral pathway.
- Continue larger efforts to address system issues that affect patient experience by working to address identified hurdles (develop telepsychiatry consult services to address gaps in services, develop work flows to address noted standardization gaps, etc).
- Design creative implementation strategies (employee incentives, secret shopper, identify champions) to facilitate change and address inevitable resistance.
- As changes to system occur, interview patients about their experience with the Access process to get their essential feedback.