Just-In-Time Scheduling (JIT) Initiative

Executive Summary
Over the last year CTAC has had a number of requests for models to improve psychiatric productivity. In response, CTAC is partnering with MTM Services to roll-out the Just-In-Time Scheduling (JIT) initiative, CTAC’s new business practices initiative beginning this summer. Over a six-month period, participants in the initiative will gain the tools to utilize the JIT scheduling model which has been designed to increase access and decrease no-show rates in your clinic's psychiatric services.

The following Letter of Intent will include:
1) An overview of the Just-In-Time Scheduling Initiative, including CTAC goals and mission statement
2) Eligibility requirements to enroll in the Just-In-Time Scheduling (JIT) Initiative, including staff involvement
3) A step-by-step overview of the JIT process
4) An appendix that further defines the organizational data you will need in order to participate
5) An appendix that lays out the elements of the online submission form
6) An appendix that includes key dates and a timeline of the JIT Initiative process
7) Access to the Letter of Intent through the Qualtrics link HERE required for participation
   a. This must be electronically submitted by June 20th by your Executive Sponsor

Just-In-Time Scheduling Overview
Specific feedback from our CTAC members noted a number of requests for models to improve psychiatric productivity. In partnering with MTM Services, an organization that has recognized the increased importance in rethinking and redesigning more timely access to treatment services, CTAC will connect participants with the tools to improve psychiatric productivity.

Just-In-Time Scheduling (JIT) is a tool that is being utilized throughout the country to help prescriber teams see new consumers within 3 days of their diagnostic assessment. Over the course of six months, participants in the JIT Scheduling Initiative will have the tools to work to address issues like:

- Non-billable time calling in medication refills when clients miss appointments.
- Long-waiting lists for initial psychiatric appointments.
- High no-show rates for medication management appointments.

JIT is a model designed to increase access and decrease no-show rates in a clinic's psychiatric services. JIT is simply a change in how we schedule our consumers; however the system impacts have been significant for the teams delivering the care and the consumers that they serve. This system has been implemented across the country, works for adults and children, and in addition lowers liability within the system. JIT offers teams a
much higher level of control over their schedule through better tracking, offers better options for consumers based upon the flexibility inherent in the system.

All participating clinics will be expected to invest time and effort including: committing to attend an initial online workshop, attending 3 check-in calls with a cohort of 6 to 8 agencies and an MTM consultant, attending a final wrap-up webinar, and the submission of data of relevant process indicators. Participation will begin in June 2014 and will end in October 2014.

To enroll, please ask your Executive Sponsor to designate a change team and submit the Letter of Intent via this link HERE. The Letter of Intent is due Friday, June 20th.

CTAC’s Business Practices Mission
The mission of CTAC’s Business Practices Programming is the following:

To improve access to high quality, effective and sustainable mental health clinic services, and to build robust formal and informal networks of clinic providers that will support, engage, and collaborate with each other to meet the challenges of our changing healthcare environment. CTAC seeks to achieve this mission through:

1) Building organizational capacity for the delivery of these services by offering self-assessment, planning and evaluation structures to support sustainable on-going change processes.
2) Providing opportunities for clinics to interact and exchange information through telephonic and electronic mediums, as well as disseminating information on best practice implementation models.

CTAC’s Business Practices Primary Goals
In order to successfully complete a comprehensive self-assessment, planning and implementation of a change process, an organization should have:

- Available capacity, as defined by the stakeholder, time and commitment from all key stakeholders who may be involved in the change process;
- System infrastructures in place that will allow for ongoing data collection and analysis;
- The ability to initiate significant organizational change from both structural and cultural perspectives;
- Recognition of the interconnectedness between effective clinic and financial operations.

Eligibility Criteria for the Just-In-Time Scheduling Initiative

1. All Article 31 Mental Health Clinics are eligible to participate in this initiative
   a. Agencies who do not meet the above eligibility criteria but still wish to participate should contact Meg Baier, CTAC Business Project Manager at mbaier@iclinc.net.
2. **Executive Sponsorship**
   a. To enroll in the JIT Initiative, the Agency CEO, or equivalent Executive Sponsor, is asked to designate and formally invite both the JIT Leader and JIT Team to participate via this link [HERE](#). The CEO/Executive Sponsor will be asked to enter 1-5 names, as well as their own electronic signature. *For required data elements within the electronic submission, please see Appendix II.*

3. **Time**
   a. Each JIT team is asked to devote the time and effort required to both: a) invest in implementing the JIT Scheduling process within their clinic and b) actively participate in the JIT Initiative workshop, 3 check-in calls, and a final webinar.
   b. The *problem-solving component* will be most effective if each cohort actively engages in supporting their fellow clinics via these calls. Each agency will participate in follow-up cohort check-in calls.

**Specific Responsibilities of Enrolled JIT Initiative Clinics**

The Executive Leadership of each applicant agency will agree to the following levels of commitment in order to participate:

1. Select and invite a JIT Team whose members interface regularly with the resource panel and provide leadership for this initiative within its respective agency. Each JIT Team should consist of leadership involved with financial, operational and clinical decision-making. Required personnel include:
   a. **Executive Sponsor:** The Executive Sponsor should provide the guidance for selecting the clinic’s change management focus, along with empowering the JIT Team to identify and experiment with new opportunities for change. The Executive Sponsor should select a JIT Leader (see description below) along with formally inviting JIT Team members to work on the project. *Note:* For county programs, the equivalent of the Director of Community Services is an acceptable equivalent Executive Sponsor.
   b. **JIT Leader:** The JIT Leader will be responsible for leading the clinic’s change efforts. An effective JIT Initiative Leader has the Executive Sponsor’s direct authority to implement necessary operational changes within the clinic and has access to agency resources that will support the change implementation. A JIT Leader will be able to make a substantial time commitment to this effort, most of which will be internal to the agency.
   c. **JIT Team:** We encourage the JIT Team to be formally invited by the Executive Sponsor to work on the JIT project. An ideal team is comprised of one to seven members, and brings both content expertise and informal influence relevant to the JIT initiative. When identifying the JIT Team, representatives from all functions (including receptionists, direct care staff, psychiatry staff etc.) may be included. For this particular initiative, the agency Medical Director is required to be part of the Just-In-Time Team.

2. The identified JIT Team will be asked to participate in all resource, informational and training activities organized and facilitated by the CTAC faculty for the duration of the six-month initiative.

3. If an agency has more than one clinic, a specific clinic program should be identified to participate in this initiative. Any data required for submission should pertain to this specific program. Leadership, JIT
Initiative team and staff meet regularly to review issues related to the initiative as a means of reinforcing and sustaining progress.

4. The agency will be required to collect and submit data for this project specifically related to how long it takes teams from the first call to the psychiatric evaluation as well as other data elements indicated from MTM Services.

Overview of The Just-In-Time Process
(For a table of dates and timeline, please see Appendix III)

Step 1: Selection of a Just-In-Time Team Leader by the Executive Sponsor:
The agency CEO/Executive Sponsor will select and invite a JIT Initiative Leader and the JIT Team.

Approximate Timeline: Early June 2014

Step 2: Enrollment of JIT Leader and JIT Team by Executive Sponsor:
To enroll in the JIT Scheduling Initiative, the Executive Sponsor will submit the names of the JIT Leader & Team, once they have been formally invited to participate in the change process. The Executive Sponsor should submit their team via the link below. (To view the data elements within the electronic submission, please see Appendix II).

Please use this link to submit: https://nyu.qualtrics.com/SE/?SID=SV_1EMkEZz2wJ3on8p

Deadline: Friday, June 20th, 2014

Step 3: Submission of Data
Will collect and submit data to complete the project as required.

a. Wait Time for Pysch Eval / Med Check
b. Kept, Canceled and No Show Events – (Need to breakout between Pysch Eval / Med Check)
c. Count of clients and/or service events – 1st QTR of 2014

If an agency is not able to submit the required data but still wishes to participate, please contact Meaghan Baier, Business Project Manager, at mbaier@iclinc.net.

Step 4: Cohort Kick Off and Content Training
During this training initiative, agencies will be assigned to a certain cohort comprised of 6-8 agencies from around the state. This cohort provides the opportunity for agencies to work together in a collaborative learning process while implementing JIT scheduling.

Approximate Timeline: Week of July 14th, 2014
Step 5: Just-In-Time Scheduling Initiative Check-in Calls & Data Submission
Each cohort will meet for 3 check-in phone calls, as facilitated by a JIT Resource Team member. Each clinic will have the opportunity to present at least once to the larger cohort and participate in a collaborative solution-generating process. We ask that all JIT teams commit to being present and engaged within these calls, with multiple team members present, if possible, to contribute to the larger problem-solving process. To facilitate this change process, each clinic will be asked to monitor and present data related to their change process (e.g. length of time from the initial phone call to the psychiatric evaluation) to their cohort over the course of these calls, in order to show the progress that has been made.

Approximate Timeline: July-September 2014

Step 6: Final-Just in-Time Webinar
There will be a final JIT webinar that summarizes all the changes implemented by each cohort as relates to the Just-In-Time Initiative, as well as presenting back all data collected.

Approximate Timeline: October 2014

To enroll, please ask your Executive Sponsor to designate a change team and submit the Letter of Intent via this link HERE. The Letter of Intent is due Friday, June 20th.

APPENDIX I: Essential Components of Just-In-Time Scheduling Initiative

<table>
<thead>
<tr>
<th>No Prescriber Appointments are Scheduled more than 3 to 5 days out</th>
</tr>
</thead>
<tbody>
<tr>
<td>No Calling in Medication Requests: the consumer must be seen face-to-face for a script.</td>
</tr>
<tr>
<td>Preparing for the potential obstacles to implementation</td>
</tr>
<tr>
<td>Working to prepare doctors, families, front office staff, other clinicians, and administration for the implementation of JIT scheduling in order to reduce anxiety.</td>
</tr>
<tr>
<td>Key Factor for the Success of Just-In-Time Scheduling: Data Management</td>
</tr>
<tr>
<td>Working with staff to better utilize tracking forms to implement JIT scheduling.</td>
</tr>
<tr>
<td>Understanding the Medical Services Flow Chart and Procedures for Implementing JIT Scheduling</td>
</tr>
<tr>
<td>Understanding the changes necessary with client call-ins, client walk-ins, an Psych Evaluation processes in order to successfully implement JIT scheduling</td>
</tr>
<tr>
<td>Timeline for Implementation</td>
</tr>
<tr>
<td>Building a timeline to implement JIT scheduling including sending clients a letter 1 month in advance, providing scripts for front desk staff, supervisors and clinicians, and holding meetings for the staff to explain the process</td>
</tr>
</tbody>
</table>
APPENDIX II: Online Submission Data Elements

Please note: this is only provided for your reference. To submit the Letter of Intent, please submit via the Qualtrics link HERE.

---

Welcome to the Clinic Technical Assistance Center’s newest Business & Organizational Practice Initiative, the Just-in-Time Scheduling (JIT) Initiative!

By completing this form, you, as your agency’s Executive Sponsor, are officially designating a JIT Team whose members interface regularly with the JIT resource panel and provide leadership for this initiative within its respective agency.

Once submitted, we will contact your JIT Team directly with instructions on next steps. We suggest that you invite and discuss this initiative with your JIT Team members before completing this form, so that they are informed on the participation requirements before receiving our instructions.

We consider receipt of this form confirmation that your agency is enrolled in the JIT Initiative! We look forward to working with you and your JIT Team over the coming months.

- The CTAC Team

---

<table>
<thead>
<tr>
<th>Agency Information</th>
</tr>
</thead>
<tbody>
<tr>
<td>Agency Name</td>
</tr>
<tr>
<td>Clinic Name</td>
</tr>
<tr>
<td>Address Line 1</td>
</tr>
<tr>
<td>Address Line 2</td>
</tr>
<tr>
<td>City</td>
</tr>
<tr>
<td>Zip Code</td>
</tr>
</tbody>
</table>

---

<table>
<thead>
<tr>
<th>Executive Sponsor Information</th>
</tr>
</thead>
<tbody>
<tr>
<td>The Executive Sponsor should provide the guidance for selecting the clinic’s change management focus, along with empowering the JIT Team to identify and experiment with new opportunities for change. The Executive Sponsor should select a JIT Leader (see description below) along with formally inviting JIT Team members to work on the project. Note: For county programs, the equivalent of the Director of Community Services is an acceptable equivalent.</td>
</tr>
<tr>
<td>Name</td>
</tr>
<tr>
<td>Title</td>
</tr>
<tr>
<td>Email</td>
</tr>
</tbody>
</table>

---

<table>
<thead>
<tr>
<th>JIT Leader/Contact Information</th>
</tr>
</thead>
<tbody>
<tr>
<td>The JIT Leader will be responsible for leading the clinic’s change effort. An effective JIT Leader has the Executive Sponsor’s direct authority to implement necessary operational changes within the clinic and has access to agency resources that will support the change implementation. A JIT Leader will be able to make a substantial time commitment to this effort, most of which will be internal to the agency.</td>
</tr>
<tr>
<td>Name</td>
</tr>
<tr>
<td>Title</td>
</tr>
<tr>
<td>Email</td>
</tr>
<tr>
<td>Phone Number</td>
</tr>
</tbody>
</table>
JIT Team Information
We encourage the JIT Team to be formally invited by the Executive Sponsor to work on the JIT project. An ideal team is comprised of one to five members, and brings both content expertise and informal influence relevant to the JIT project. When identifying the JIT Team, representatives from all functions (including receptionists, direct care staff, psychiatry staff, etc.) may be included.

JIT Team Member # 1

Name

Title

Email

JIT Team Member # 2

Name

Title

Email

Listed below are the eligibility requirements for participation in JIT. Please check the box to certify that your agency meets the criteria and understands the commitment involved.

All Article 31 Mental Health Clinics are eligible to participate in this initiative.

☒ Yes, we meet the eligibility criteria
☒ If you do not meet this criteria, please contact Veaghan Baten, mbaten@clinic.net

From CTAC’s experience, we’ve found that executive sponsor support is critical to the success of a change team. We therefore ask you to certify that as the sponsor of your JIT Team, they will have your support in making critical decisions within the change process, and access to the necessary resources within the larger agency to make the necessary changes.

☒ Yes, I agree

I certify that I will support my designated JIT team to have both the necessary time and effort required to:

☒ Invest in implementing the JIT process within their clinic, and
☒ Actively participate in the JIT workshop, face to face meeting, webinar, and problem-solving calls.

☒ Yes, I agree

Please check the box below to certify that you understand submission of this form is equivalent to submission of an electronic signature.

☒ I understand submission of this form signifies my electronic signature.
APPENDIX III: Key JIT Initiative Dates

<table>
<thead>
<tr>
<th>TIMELINE</th>
<th>JIT PROGRAMMING</th>
<th>DESCRIPTION</th>
</tr>
</thead>
<tbody>
<tr>
<td>June 6&lt;sup&gt;th&lt;/sup&gt;, 2014, 11-12pm</td>
<td>Informational Webinar</td>
<td>Learn more about the JIT Scheduling initiative.</td>
</tr>
<tr>
<td>Week of June 9&lt;sup&gt;th&lt;/sup&gt;, 2014</td>
<td>JIT Application Available here</td>
<td>The agency CEO/Executive Sponsor selects and invites the JIT Leader and JIT Team members.</td>
</tr>
<tr>
<td>June 20&lt;sup&gt;th&lt;/sup&gt;, 2014</td>
<td>Submission of the JIT Application</td>
<td>The Executive Sponsor submits, with electronic signature, the names of the JIT Leader &amp; Team via the Letter of Intent (through this link HERE).</td>
</tr>
<tr>
<td>Week of July 14&lt;sup&gt;th&lt;/sup&gt;, 2014</td>
<td>JIT Initiative Cohort Kick-off call</td>
<td>JIT Initiative’s Kickoff event. All Team members are asked to attend together, as the online workshop will focus on understanding the components of JIT Scheduling Initiative.</td>
</tr>
<tr>
<td>Week of August 4&lt;sup&gt;th&lt;/sup&gt;, 2014</td>
<td>First check-in call</td>
<td>Clinics are assigned to cohorts of fellow clinics with which they will collaborate with on the check-in calls throughout the JIT initiative. Participating clinics are asked to monitor scheduling related to the implementation process.</td>
</tr>
<tr>
<td>Week of September 1&lt;sup&gt;st&lt;/sup&gt;, 2014</td>
<td>Second check-in call</td>
<td></td>
</tr>
<tr>
<td>Week of September 29&lt;sup&gt;th&lt;/sup&gt;, 2014</td>
<td>Third check-in call</td>
<td></td>
</tr>
<tr>
<td>Week of October 13&lt;sup&gt;th&lt;/sup&gt;, 2014</td>
<td>Final check-in call</td>
<td>A Final JIT check-in call will present and summarize the data submitted by participating clinics regarding the implantation of JIT Scheduling Initiative</td>
</tr>
</tbody>
</table>