

Opening the Door to Behavioral Health Open Access in Massachusetts: A Look at the Experience and Opportunities to Support Implementation

EXECUTIVE SUMMARY

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BACKGROUND

Timely access to behavioral health¹ care is a critical and often unmet need for people in Massachusetts facing mental health and substance use disorder (SUD) challenges. Patients and caregivers often describe a struggle to find care during or after a crisis, particularly when seeking help for the first time.^{2,3} For individuals with SUDs, immediate access to SUD treatment is of critical importance, as typically a short window of opportunity exists when a person in need is ready and willing to engage in care.⁴ For people who are experiencing a mental health crisis or who have just been discharged from psychiatric hospitalization, quick access to an assessment for outpatient care, including psychopharmacology, may make the difference in preventing escalating crises.⁵

Despite the need, individuals and provider organizations report waits of multiple weeks for an initial intake appointment and even longer for a psychopharmacological evaluation.⁶ Studies conclude that the longer the duration between a crisis and access to services, the less likely it is that a patient will keep an appointment.⁷ While there are multiple reasons for no-shows,⁸ patients often report that they sought acute services at an emergency room (either because the delay in care exacerbated the crisis and made a higher level of care necessary or because it was the option of last resort), found services elsewhere, or no longer felt they were in crisis. In the case of patients with SUDs, they may resume or continue their substance use to avoid withdrawal symptoms. Perceived societal stigma may also be a barrier for some families and patients who may delay seeking care until the situation is dire, further lengthening the time between crisis and initiation of services. The absence of a timely and simple pathway to care keeps individuals from receiving the behavioral health services they need.

Regardless of the reason, lack of timely access to care results in a greater likelihood that patients will not keep their first scheduled appointment. Research demonstrates that failing to show up for an appointment results in worse health outcomes.⁹ Moreover, high no-show rates, which can exceed 50 percent, not only contribute to these poor patient outcomes but also have a negative financial impact on provider organizations and individual clinicians.¹⁰ Addressing timely access to care through adoption of open access methods supports the well-being of people with behavioral health conditions (a primary goal of behavioral health organizations), improves staff productivity, and increases financial stability. While prior research sponsored by the Blue Cross Blue Shield of Massachusetts Foundation has focused on the individual and family experience of seeking behavioral health care services,¹¹ this research is approached from the perspective of providers of behavioral health services, specifically those providing services through an open access model.

This study defines open access in behavioral health care as same-day appointments, available on a walk-in basis or by calling, for initial intake and diagnostic evaluation services. Open access seeks to accelerate and streamline the pathway to care, eliminate no-shows for intake appointments, reduce unnecessary emergency room visits, and improve clinics'

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- 1 For purposes of this report, *behavioral health* is inclusive of mental health, substance use disorders (SUDs), and co-occurring mental health disorders and SUDs.
 - 2 National Alliance on Mental Illness. The doctor is out: Continuing disparities in access to mental and physical health care. 2017. Accessed May 5, 2021. www.nami.org/Support-Education/Publications-Reports/Public-Policy-Reports/The-Doctor-is-Out.
 - 3 Cohen Veterans Network and The National Council. New study reveals root cause of mental health crisis. Press release. October 10, 2018. Accessed May 5, 2021. www.cohenveteransnetwork.org/AmericasMentalHealth/.
 - 4 Gallucci G, Swartz W, Hackerman F. Brief reports: impact of the wait for an initial appointment on the rate of kept appointments at a mental health center. Published online March 1, 2005. Accessed March 25, 2020. <https://doi.org/10.1176/appi.ps.56.3.344>.
 - 5 Pizer SD, Prentice JC. What are the consequences of waiting for health care in the veteran population? *J Gen Intern Med*. 2011;26(Supplement 2):676–682.
 - 6 Blue Cross Blue Shield of Massachusetts Foundation. Access to outpatient mental health services in Massachusetts. October 31, 2017. Accessed April 21, 2021. www.bluecrossmafoundation.org/publication/access-outpatient-mental-health-services-massachusetts.
 - 7 Meyer WS. Why they don't come back: a clinical perspective on the no-show client. *Clinical Social Work Journal*. 2001;29(4):325–339.
 - 8 For the purposes of this report, a patient *no-show* refers to a missed patient appointment wherein the patient was scheduled, did not appear for the appointment, and made no prior contact with the clinic staff.
 - 9 Molfenter, T. (2013). Reducing Appointment No Shows: Going from Theory to Practice. Substance Use Misuse. Author manuscript. Available at www.ncbi.nlm.nih.gov/pmc/articles/PMC3962267/.
 - 10 Patrick J. A Markov decision model for determining optimal outpatient scheduling. *Health Care Manag Sci*. 2012;15:91–102. <https://doi.org/10.1007/s10729-011-9185-4>.
 - 11 Blue Cross Blue Shield of Massachusetts Foundation. Access to Care for MH/SUD is a Challenge for Many in Massachusetts. December 11, 2018. Accessed July 15, 2021. www.bluecrossmafoundation.org/publication/2018-massachusetts-health-reform-survey; Blue Cross Blue Shield of Massachusetts Foundation. Access to outpatient mental health services in Massachusetts. October 31, 2017. Accessed April 21, 2021. www.bluecrossmafoundation.org/publication/access-outpatient-mental-health-services-massachusetts.

financial viability. Broad implementation of open access by Massachusetts outpatient provider organizations has the potential to improve the patient experience, outcomes of care, and the financial health of the behavioral health delivery system.

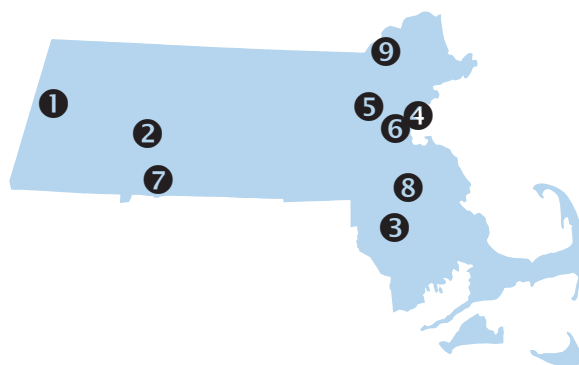
Open access holds promise for improving timely access to behavioral health care services, but no study has previously documented the experience of provider organizations using this model in Massachusetts. The goal of this study is to fill the knowledge gap by identifying organizations that operate open access today, describing the open access models they use, and highlighting the approaches that have been most successful. The study also pinpoints keys to success for organizations to consider in adopting an open access model. Finally, this report offers policy recommendations to promote the broader adoption of open access in the Massachusetts behavioral health care system.

DATA AND METHODS

This study included three components: stakeholder interviews, a provider organization survey, and provider organization interviews. Follow-up interviews with four provider organizations resulted in detailed case studies that are presented in a companion [report](#).

The following organizations participated in interviews. Those with asterisks (*) participated in a second, more in-depth interview and are included as case studies.

- 1 The Brien Center
- 2 Clinical & Support Options
- 3 Community Counseling of Bristol County*
- 4 East Boston Neighborhood Health Center*
- 5 Eliot Community Human Services
- 6 Fenway Health
- 7 Gándara Mental Health Center*
- 8 High Point Treatment Center*
- 9 Lahey Behavioral Health Services



KEY FACTORS FOR SUCCESS

The nine organizations above provided information on the range of settings and approaches taken to open access implementation. The organizations varied in the specific service delivery practices employed to improve access to behavioral health services. The interviews, as well as the four detailed case studies, helped crystallize five key factors identified by the organizations as critical to their success in providing an open access model for behavioral health services. These factors for success include:

- **Leadership commitment to open access**

Moving to open access is a major organizational transformation. There are considerable up-front and ongoing costs, as well as required changes in administrative and clinical methods and procedures. Implementing transformation on this scale requires the full support of the organization's chief executive officer and leadership team.

- **Fidelity to an effective open access model**

Provider organizations are most successful at implementing open access when they use a proven model, such as the model promulgated by MTM Services¹² or primary care behavioral health integration.¹³ These have a staffing model that allows providers to offer intakes on a walk-in or call-in basis during most if not all of their business hours. Partial measures, such as offering open access only a few hours a week or offering immediate access only for urgent care, are insufficient to provide effective open access.

- **Staffing flexibility to facilitate open access**

Provider organizations should arrange staff schedules and responsibilities to ensure that access to service is available during clinic hours. There are multiple strategies for staffing open access, but most organizations use rotating staff assigned to specific time slots for intakes and supplement as needed with staff who have availability due to cancellations. This approach was also reported to help staff achieve a balanced mix of administrative and clinical responsibilities.

- **Effective scheduling systems and strategies**

Centralized scheduling is an important element of open access. Front-desk staff manage centralized scheduling and the flow of walk-in patients, and they also help new patients connect with an intake clinician. An excellent electronic health record system that includes a real-time centralized scheduling feature is a key to success for all clinics.

- **Timely access to follow-up care**

For open access to be meaningful, patients must have ready access to ongoing care after intake. This calls for clinics to have enough clinicians to initiate ongoing treatment for new patients, ideally within one week. Additionally, developing strategies to increase timely access to psychiatric evaluations and medication is a critical part of access to care:

- Providers may consider new psychiatry scheduling strategies, moving away from booking appointments months in advance and instead leaving the schedule open and asking patients to call for appointments a week before they need them.
- Other strategies to increase psychiatry access include leaving some time slots open to meet urgent needs for psychiatry, as well as planning to include a psychiatric evaluation when clinically indicated as part of the initial assessment process.

OPEN ACCESS AND COVID-19

The COVID-19 pandemic quickly changed the environment for providing behavioral health services in Massachusetts, as elsewhere. Most provider organizations halted face-to-face services, including walk-in intakes, because of public health restrictions and space limitations at the onset of the pandemic. Though they experienced a steep decline in demand for services during the early days of the pandemic, health care organizations, including community health centers and mental health centers, quickly pivoted to telehealth, facilitated by increased flexibility in federal and state reimbursement requirements. As behavioral health concerns increased in the general population over the last year, most provider organizations interviewed reported that service had generally returned to pre-pandemic levels.

While some organizations stopped providing open access to behavioral health services during the pandemic, those committed to open access continued to strive to provide timely access to both intakes for new patients and ongoing care for existing patients. Often displaying remarkable ingenuity and creativity, most of the organizations interviewed adapted their practices so that when an individual called to seek care, front desk staff collected necessary information and arranged for a clinician to call the patient on the same or the next day to conduct a telehealth assessment. Several organizations resumed walk-in service by providing rooms for patients to connect, by telehealth or videoconference, with an intake clinician working remotely from home.

12 MTM Services is a consulting organization that partners with the National Council for Behavioral Health. Accessed June 9, 2021. www.mtmservices.org/about-us.

13 For more information on primary care behavioral health integration, see: Fostering Effective Integration of Behavioral Health and Primary Care in Massachusetts: An Evaluation. Available at www.bluecrossmafoundation.org/publication/fostering-effective-integration-behavioral-health-and-primary-care-massachusetts.

POLICY CONSIDERATIONS TO ENCOURAGE OPEN ACCESS AND ACCESS TO BEHAVIORAL HEALTH SERVICES

Many behavioral health providers express strong support for open access, as do policy and program officials and behavioral health advocacy organizations, among others. Provider organizations that have embraced open access have found that implementing it for behavioral health not only enhances the clinical experience of their patients but also improves their organizations' financial stability by reducing no-show rates and increasing the number of patients receiving care. As the Commonwealth focuses on improving access to behavioral health care, supporting open access to behavioral health care is a strategy that can ultimately improve the overall performance and stability of the behavioral health system in Massachusetts. Nonetheless, there are challenges that must be addressed to better enable organizations to adopt these models of care delivery.

The underlying issues that must be resolved to make behavioral health services broadly available when needed—through open access as well as other models of care delivery—is to increase the behavioral health workforce and the diversity of the behavioral health workforce in Massachusetts. The workforce must better align with the cultural, racial, and ethnic needs of all individuals in need of services.

Generally speaking, there are a few different models for paying behavioral health clinicians in Massachusetts. Behavioral health clinicians may be employed by a health care or behavioral health care organization, with their pay largely tied to insurance-based reimbursement for services provided. Or they may practice independently and be paid through insurance-based reimbursements and/or through private pay (seeing patients who are willing to pay for services out of pocket).

Across these models, with the exception of private pay, a persistent challenge is the reimbursement rate for behavioral health services and the resulting compensation for clinicians. It was the consensus of the organizations interviewed that current outpatient reimbursement rates in MassHealth (Massachusetts' Medicaid program) and commercial insurance plans are insufficient to attract and retain the salaried full-time clinical staff necessary to meet the demand for services. Additionally, several organizations noted that moving from traditional fee-for-service reimbursement to other payment methodologies, such as bundled payments, case rates, or prospective payment, could give staff the flexibility to provide both open access and ongoing care. It merits noting that among providers not accepting insurance, reimbursement rates are a key factor driving that decision.¹⁴ Addressing rates and types of payments for behavioral health services will be critical to enabling timely access to behavioral health services. In addition, policymakers may want to consider initiatives or regulations that strongly promote the acceptance of insurance, including MassHealth, by clinicians in their private practices.

In addition to the underlying workforce challenges highlighted above, which are tied to rates and types of payment for behavioral health services, all interviewees also flagged a particular payer policy that hinders access to behavioral health services and an organization's ability to leverage all staff as part of the open access model. Generally speaking, reimbursement is tied to clinician type. While many types of staff (e.g., licensed mental health counselors, licensed social workers, etc.) can provide behavioral health services, these clinician types spend a period between obtaining a master's degree in the field and licensure, during which they are required to take part in supervised clinician field experience and direct client contact.¹⁵ MassHealth will reimburse for services that "pre-licensed" clinicians provide if they do so at a clinic and under the supervision of a licensed clinician. However, some insurers do not reimburse for these services.

¹⁴ Sirkin J, Oslo L et al. (2017). Access to Outpatient Mental Health Services in Massachusetts: A Summary of Findings. Available at www.bluecrossmafoundation.org/publication/access-outpatient-mental-health-services-massachusetts.

¹⁵ These requirements vary by license type, but for a licensed mental health counselor (LMHC), the requirement is 3,360 hours of post-degree clinical experience. 262 CMR 2.07 retrieved on 7/30/21 from 262 CMR 2 (mass.gov).

All interviewees agreed that payer policies that require the assessing or treating clinician to be licensed limits the availability of open access services for patients with these plans since pre-licensed clinicians may be a significant part of the workforce at behavioral health clinics and provide much of the workforce for open access services. To eliminate this barrier, all health plans could implement a policy to cover services provided by a pre-licensed clinician under the supervision of a licensed clinician within a licensed health care facility. Alternatively, a legislative mandate that required all payers to follow such a policy would also eliminate this barrier.

While barriers to open access remain, state health policies under development may improve access to timely care. For example, the Executive Office of Health and Human Services' Roadmap for Behavioral Health Reform includes the creation of a new type of provider called Community Behavioral Health Centers, which will be required to offer same-day access to services.¹⁶ Additionally, MassHealth will increase payments to behavioral health providers that offer rapid access and urgent care, and it will invest in the Bridge Clinic model, which delivers rapid, lower-barrier access to medication and therapy to treat SUD.¹⁷

As the Commonwealth focuses on reforming the behavioral health care system, supporting open access to behavioral health care is a key strategy that can improve the overall performance and stability of the behavioral health system in Massachusetts and, more importantly, can improve the lives of residents who need mental health and/or substance use disorder care.

16 Massachusetts Executive Office of Health and Human Services. Roadmap for Behavioral Health Reform: ensuring the right treatment when and where people need it. February 2021. Accessed May 5, 2021. www.mass.gov/doc/stakeholder-presentation-on-the-roadmap-for-behavioral-health-reform/download

17 Roadmap for Behavioral Health Reform: FAQs. Mass.gov. Accessed May 5, 2021. www.mass.gov/info-details/roadmap-for-behavioral-health-reform-faqs#outpatient/-urgent-services-

