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**The webinar will begin shortly.**

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**Slides for today's webinar are  
available on the CIHS website at:**

<http://www.integration.samhsa.gov/pbhci-learning-community/webinars>

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## Sustainability of PBHCI Services: Uncovering the Costs of Care

June 26, 2015

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**Emma Green, MPH**  
Webinar Co-Moderator  
SAMHSA – HRSA Center for Integrated Health Solutions

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SAMHSA – HRSA Center for Integrated Health Solutions

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## How to ask a question during the webinar



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## Today's Purpose

- Recognize the importance of PBHCI sustainability.
- Understand the tools and resources available to support achieving sustainability.
- Learn about how to complete a cost analysis tool and develop strategies to promote sustainability.
- Introduce expert consultation available to grantees to enhance work flow efficiency.
- Prepare for benchmarking activity at regional meetings.

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## Presented By:



**Scott C. Lloyd**  
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[www.mtmservices.org](http://www.mtmservices.org)

Scott's work has focused on helping behavioral healthcare organizations analyze their performance data to establish system wide changes that work improve the overall quality of the services being delivered.

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PRACTICE PROMOTION



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## Poll Question: Our organization has completed cost analysis for purposes of sustaining PBHCI.

- Strongly disagree
- Disagree
- Neutral
- Agree
- Strongly agree



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**Poll Question: My organization is well positioned to sustain PBHCI services.**

- Strongly disagree
- Disagree
- Neutral
- Agree
- Strongly agree



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**How data can be used in actionable way?**

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## The “Values” that Community BH Clinics Now Need...

We have an excellent opportunity to be helpful partners in the new integrated healthcare system *if* we can display the following specific **values**:

1. **Be Accessible (Provide fast access to all needed services).**
2. **Be Efficient (Provide high quality services at lowest possible cost).**
3. Be Connected (Have the ability to share core clinical information electronically).
4. Be Accountable (Produce information about the clinical outcomes achieved).
5. Be Resilient (Have ability or willingness to use alternative payment arrangements).



## Process Redesign Review



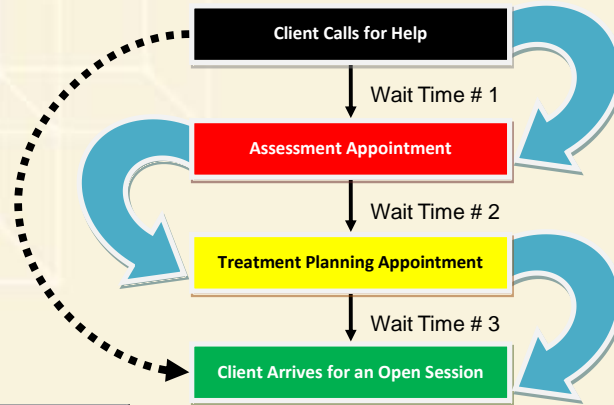
Data is the Key!

- Without data, teams set up to their exceptions.
- What is the best way to Present it to staff?
- What data do you need and how do you get it?



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## Client Definition of Access



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*Team members with differing opinions, but neither side has data to back their points is a key roadblock to successful changes!*



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## How did We Get to Here?

### System Noise –

*Anything that keeps staff from being able to do the job they want to do:  
Helping consumers in need!*



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### Department of Human Services Division of Mental Health Preliminary Unit Cost Study

Program	Unit Type		\$ per Unit
110 Outpatient	Client Hours	Lowest	\$1,520
		Highest	\$188,000
		Median	\$43,270
124 C&A Outpatient	Client Hours	Lowest	\$1,000
		Highest	\$635,300
		Median	\$88,280
121 MH Juvenile Justice	Client Hours	Lowest	\$57,300
		Highest	\$648,540
		Median	\$207,750
211 Psychosocial Rehabilitation	Client Hours	Lowest	\$2,310
		Highest	\$64,380
		Median	\$17,280
212 Day Rehabilitation Treatment	Client Hours	Lowest	\$1,440
		Highest	\$27,210
		Median	\$5,910
321 ACT Case Management	Client Hours	Lowest	\$11,220
		Highest	\$437,210
		Median	\$107,880



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## Our Costing Methodology Defined –

**Total Cost for Service Delivery**

- Direct Service Staff Salary
- Direct Service Staff Fringe Benefits
- Non-Direct Costs (All other costs)

**Total Revenue for Service Delivery**

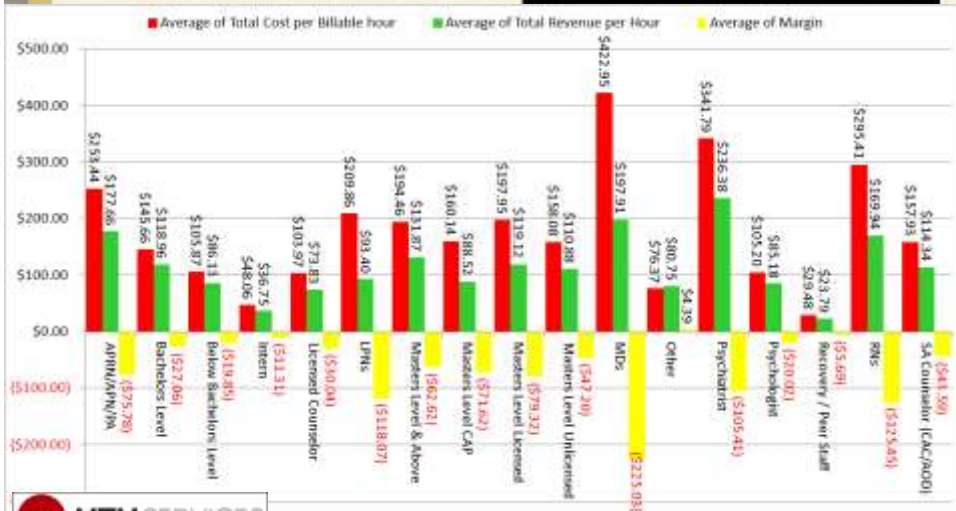
- Net Reimbursement actually Attained/ Deposited. (This takes into account Denial Rate, Self Pay, Sliding Fee Scale, etc.)

- Divided By -

**Total Billable Direct Service Hours Delivered \*\***

- All Direct Service Hours Delivered by Direct Service Staff that are eligible to be billed via a CPT Code or against a Grant.

\*\* Utilizing the common denominator of total Billable Direct Service Hours instead of total hours worked per year assures an apples to apples comparison of an organization's true cost versus revenue per direct service hour.



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## Completing the Cost Analysis Tool

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## Completing the cost analysis tool

Activity Type Entry Area
Non-Billable Phone Call
Billable Phone Call
Clinical Post Session Paperwork
Clinical Clinical Service
Non-Billable Paperwork
Wait Time Between Contacts

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## Completing the cost analysis tool

Staff Type	Salary	Emps %	Overhead %	WFA's (Doc rate below)	Cost Per Hour
Benefits Coordinator	\$25,000.00	33.33%	45.00%	2080.00	\$22.66
Care Coordinator					
CRIS Coordinator					
LCSW	\$25,000.00	33.33%	45.00%	1200.00	\$56.92
LPA					
MA					
MD PCP					
MD Psych					
NP					
Other					
PA					
Receptionist	\$20,000.00	33.33%	45.00%	1700.00	\$22.78
Resident	\$15,000.00			1200.00	\$12.50
RH					

\*\* Total Hours for Support Staff would be of available hours (i.e., 2080, 1850 hours - PTO less), While Total Hours for Direct Service Staff would be only their total direct service hours billed for face to face client service. (i.e., 1,200, 1,400 hours)



## Completing the cost analysis tool

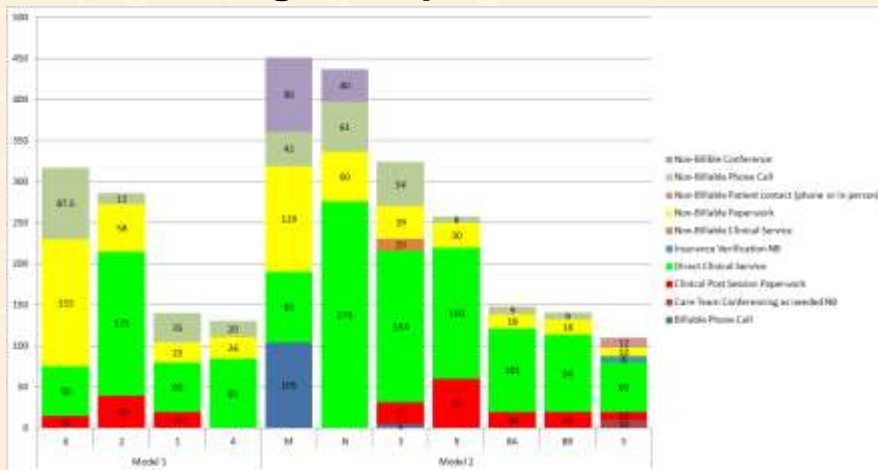
Organization Name	Insert Name Here					
Organization Code	Insert Code Here					
Program Name	Insert Name Here					
Model Type	Insert Designation Here					
Staff Type	Activity Type	Activity Description	Activity Time (mins)	Wait Time (mins)	Activity Time (hours)	Activity Cost
		New patient calls	0		0.00	\$0.00
Receptionist	Non-Billable Phone Call	Diagnose reason for calling, take down contact information, confirm insurance coverage, search schedules for availability of social worker, discuss with patient	3		0.12	\$2.58
Receptionist	Non-Billable Phone Call	Reminder call to patient 48 hours before appointment	3		0.05	\$1.11
Benefits Coordinator	Non-Billable Phone Call	Verify insurance for next day appointments	5		0.08	\$1.88
	Non-Billable Paperwork				0.08	\$0.08
LCSW	Direct Clinical Service	Complex Case -	60		1.00	\$54.00
	Wait Time between Contacts			7	0.09	\$0.00



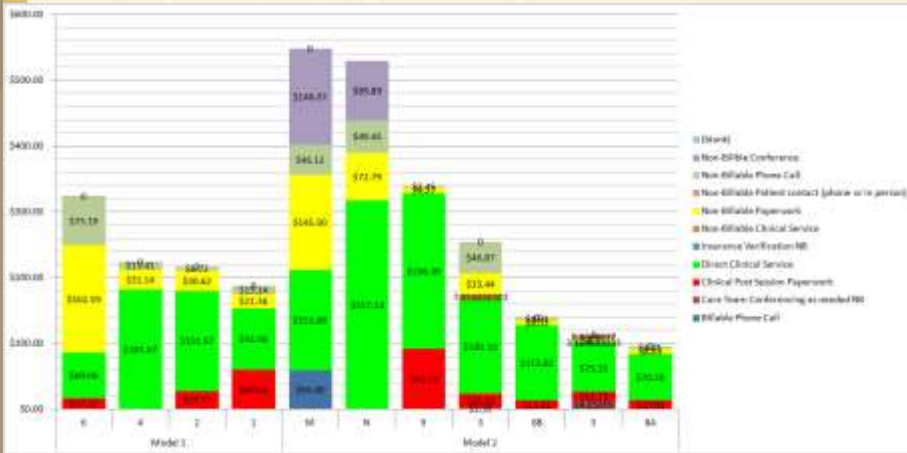
## Preparing for Benchmarking at Regional Meetings

- *What preparation is needed?*
- *What support is available in the mean time?*

## Benchmarking Examples



## Benchmarking Examples



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Additional Questions?  
 Contact Brie Reimann, Deputy Director  
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**Thank you for joining us today.**

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