Using the Value of Care Equation to Improve Quality – *Why We Measure*

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NATIONAL COUNCIL
for Mental Wellbeing
HEALTHY MINDS ▪ STRONG COMMUNITIES

Experience –

Improving Quality in the Face of Healthcare Reform

"Working to help organizations deliver the highest quality care possible, while improving the quality of life for those delivering the care!"

- MTM Services' has delivered consultation to over 1,000 providers (MH/SA/DD/Residential) in 47 states, Washington, DC, and 2 foreign countries since 1995.

- **MTM Services' Access Redesign Experience** *(Excluding individual clients)*:
  - 5 National Council Funded Access Redesign grants with 200 organizations across 25 states
  - 10 Statewide efforts with 216 organizations
  - Over 9,000 individualized flow charts created

- Leading CCBHC Set up and/or TA efforts in 5 states

Experience –

Improving Quality in the Face of Healthcare Reform

Agreeing On Changes is Challenging…

Acknowledgement of Differences – Everyone sees life differently based upon:

1. *Who they are,*
2. *Where they have been,*
3. *What they have experienced, and/or*
4. *What hat they wear within an agency…*

"The Social Media Principle"

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LEARNING Objectives:

1. What does a successful change look like?
2. What holds teams back or causes them to retreat from a successful change?
3. The importance of communicating what you are doing with data in every step of a change effort.

What is Holding Your Team Back!?

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Why Change Efforts Fail…

A Successful Change Should Benefit You, Your Consumers and Your Staff!

Changes Should…

- Reduce Repetition / Extraneous Data Capture
- Reduce Time to Care
- Reduce Documentation Time
- Reduce Staff Turnover
- Reduce Billing Errors
- Reduce Miscommunications
- Reduce Management's Time in Decision Making by Building Leadership
- Reduce Costs

That's All Folks!!

All of these changes will converge to Increase the Quality of Care and your Staff's Job Satisfaction!

Why Change Efforts Fail…

Successful Change Examples …

We Know What to Do!!

- **Data Mapping/Documentation Redesign –** Reduces Repetition / Extraneous Data Capture
- **Same Day Access and Just in Time –** Reduces Time to Care
- **Documentation Redesign and Collaborative Documentation –** Reduces Documentation Time (And increases clinical engagement)
- **Use of Data and KPIs –** Reduces Staff Turnover
- **Back Office Management and EM Coding Consultation –** Reduces Billing Errors & Paybacks
- **The use of Data –** Reduces Miscommunications and it Reduces Management's Time in the Decision Making Process
- **All of the Changes Listed –** Reduces your Costs

But are you convinced?!?!

Why Change Efforts Fail…

Are there not any successful change examples … Are we just beta testing?!

Photo Credit – www.brandwatch.com

Why Change Efforts Fail…

Successful Change Examples …

- **Data Mapping/Documentation Redesign –** Teams on average cut 62% of the questions that they were asking before the process, while also improving the quality of care.

Row Labels	Count of Form Field	%		
(blank)		0%		**Original Elements**
Delete	1028	63%		1960
dd		0%		
Initial Contact	11	1%		**Final Elements**
Registration	113	7%		596
Evaluation	388	24%		
ACS Intake	52	3%		**Entry Count Reduction**
SUD Intake	32	2%		**69.59%**
Grand Total	**1624**			

- **MSDP Statewide Forms** – Reduced 9,735 Forms down to 33 Forms in 9 months!

Why Change Efforts Fail…

Successful Change Examples …

- **Same Day Access *(SDA)* and Just in Time *(JIT)* –** Reduces Time to Care
  - SDA reduces no shows from 40% to 0%, JIT from 40% down to below 10%
  - SDA reduces time through the system from 31 days on average to 7
    JIT from 48 days down to 3
  - SDA and JIT have 97-98% Customer Approval Ratings
  - SDA has an 8 to 1 return on investment in the first year, JIT is a 5 to 1 ROI in 6 months
  - Both have very high clinical diversion rates from ER/ED services
  - Both attain better outcomes thanks to higher engagement
  - Both can be done in virtual environments

Access Comparison Worksheet				
	Total Staff Time (Hrs)	Total Client Time without Wait-time (Hrs)	Cost for Process	Total Wait-time (Days)
Old Process Averages:	4.83	2.76	($355.13)	52.37
New Process Averages:	2.91	2.08	($221.61)	24.78
Savings:	1.93	0.68	$133.52	27.59
Change %:	40%	25%	38%	53%
		Avg. Number of Intakes Per Month	1,663.00	
		Intake Volume Change %:	7%	
		Monthly Savings:	$222,050.92	
		Annual Savings:	$2,664,611.04	
		Average Savings Per Center:	$222,050.92	

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Why Change Efforts Fail…

Successful Change Examples …

- **Use of Data and KPIs –** Reduces Staff Turnover
  - We often see 7 figures worth of revenue that teams are expecting to bill but are not.
  - We often see teams with multiple FTEs worth of Unrealized Capacity.
  - The current turnover rate nationally is 40%.
    - Turnover costs an agency capacity/revenue, retraining and ramp up time each year – And more importantly it breaks up standing clinical relationships.
    - Turnover losses for an agency with 100 clinical staff is over $500,000 a year!

Unrealized Service Capacity in Hours and Lost Revenue by Staff

Staff Name	Position	Values Sum of Unrealized Capacity (Hours)	Sum of Unrealized Revenue ($)
[redacted]	Masters Level & Above	-44.67	($4,727.86)
	Below Bachelors Level	-816.34	($85,263.54)
	Bachelors Level	-512.26	($39,900.02)
	Bachelors Level	-29.73	($3,074.62)
	Intern	0	$0.00
	Intern	0	$0.00
	Licensed Counselor	-17.11	($2,155.62)
	Below Bachelors Level	56.15	$11,464.44
	Below Bachelors Level	-61.3	($9,120.43)
	Intern	85.49	$11,392.38
Grand Total		**-40327.04**	**($4,671,894.52)**

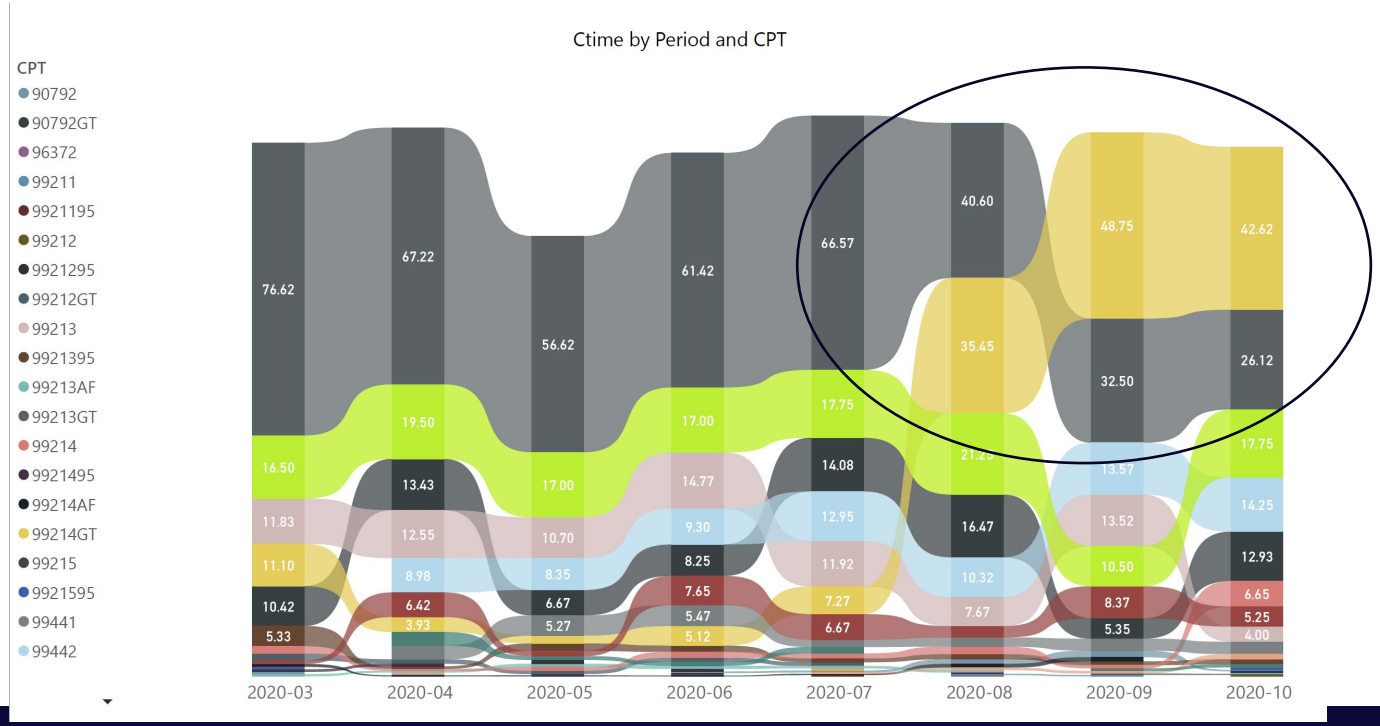
Why Change Efforts Fail…

Successful Change Examples …

- **Back Office Management and EM Coding Consultation –** Reduces Billing Errors & Paybacks
  - We often see teams writing off 7 figures in billings that were simply not processed correctly. Normally simple things like taking to long to turn in their billings, utilizing the wrong codes, etc.

  - EM coders are often under-coding and/or over-coding, leading to either a loss of revenue, an audit risk or both!

Billings Increase 10-15% on average as you increase your billing to a higher intensity code starting at 99211 up to 99215



Why Change Efforts Fail…

Successful Change Examples …

- **The Change Numbers From Previous Efforts Should be a Slam Dunk –** Teams get excited by the possibilities, but then get quickly distracted from their original goals and start to compromise.

Resetting our Reality…How do we do with Making Changes?!

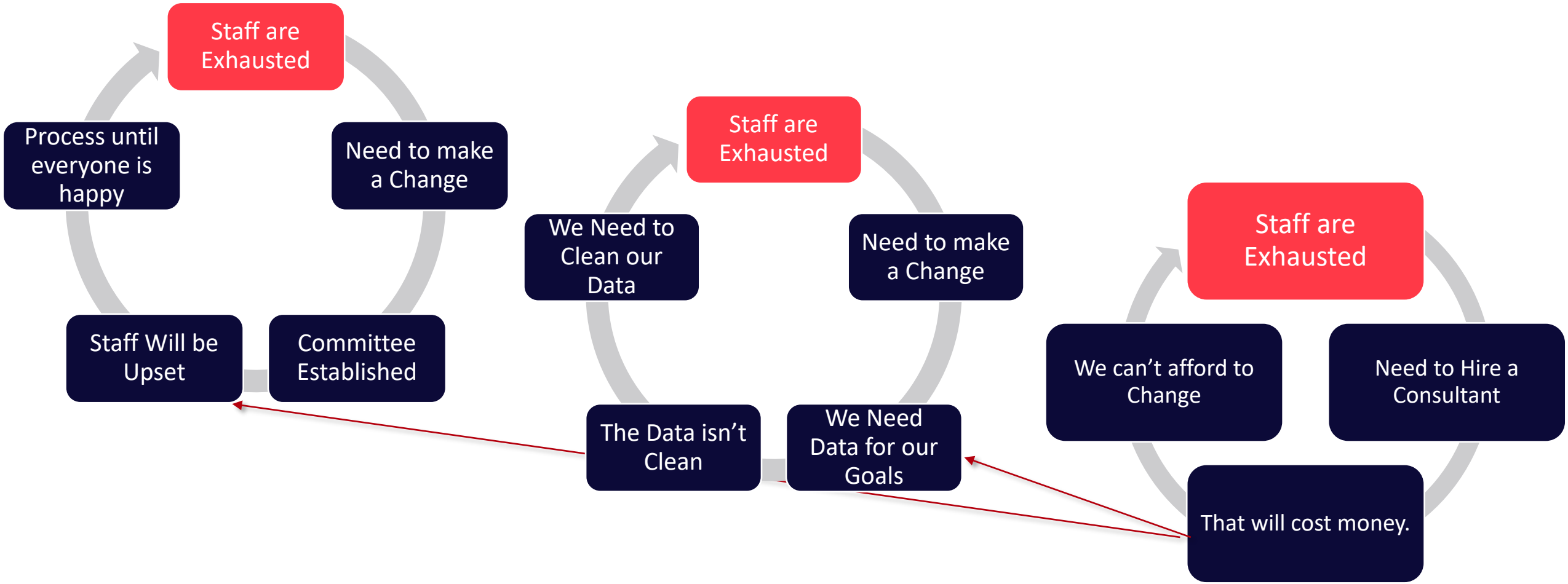
Why Do Most Change Efforts Fail!? –

- **Looking to make adjustments instead of changes**
- Fear of taking a stand
- Culture / Fear of staff being upset by the change
- Past failed change attempts
- Inability to see the whole problem
- Lack of real actionable data to create the correct change
- Use of anecdotal data
- All of the Above

These lead to - Thinking you are doing the change, *but you are not*!

Making the Value of Care Equation Work –

How did we get to here?!



Why the "Value" of Care Equation Came About

The True Reality Is…..

- *For decades we have set our systems up to what might happen instead of what is happening.*
- *Very often we have set our systems up for what is best for us more than what is best for our consumers.*
- *We have convinced ourselves that talking about a change/going through the motions is as good as actually making a measurable & impactful change.*
- *COVID has magnified the challenges in our systems created by the points above.*
- *A Waitlist is the equivalent of not serving someone.*

Resetting our Reality…How do we do with Making Changes?!

Most Significant COVID Impacts –

1. Access/Intake services dropped by 80% on average in March and April of 2020 but started to return by August of 2020.
2. Emergency services dropped by 50% on average in March and April of 2020 and did not return until return for most teams until 2021, and some teams have not seen numbers return to normal.
3. No Show Rates dropped to virtually 0% for March through June and has now increased to pre COVID levels or worse due to lack of availability.
4. Residential and Group services basically stopped in March and April and have returned in very different ways depending on the state.
5. **The systems we used to bring people in for access, especially the forms processes that have not worked for years was highlighted the virtual environment as teams went to virtual access systems.**
6. **Demand for Mental Health services has increased this year, with states seeing 80-100% increases in demand from June through September of 2021.**
7. **Anxiety screenings are up over 600% Depression screenings are up over 800%!**
8. **Turnover and the teams struggling with filling open positions is at an all time high! (Official Numbers to come)**

Using the Value of Care Equation for Good

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Resetting our Reality…

The #1 Reason that Change Efforts Fail -

Teams come into the change process looking to alter what they are doing now instead of looking at what it will take to actually make a substantive change….

Partial Implementation or Cherry Picking the Change…

The best way to overcome this is to tie to a solid change reason with a solid change target…

Bedrock Change Principle….

The “Value” of Care Equation

Services Provided/Quality – Timely access to clinical and medical services, service array, duration and density of services through Level of Care/Benefit Design Criteria and/or EBPs that focuses on population-based service needs.

Cost of Services provided based on current service delivery processes by CPT/HCPCS code and staff type.

Outcomes Achieved (i.e., how do we demonstrate that people are getting “better” such as with the DLA-20 Activities of Daily Living).

Value is Determined based on can you achieve the same or better outcomes with a change of services delivered or change in service process costs which makes the outcomes under the new clinical model a better value for the payer.

The "Value" of Care Equation

The 2 Main *Measurable* Components Encompass A Lot!

- **Quality**
  - Access to care/Wait times
  - Engagement/Show rates
  - Adherence to treatment
  - An appropriate length of stay
  - *Outcomes measured with a validated outcomes tool*
  - Staff's job satisfaction
  - Staff turnover rates
- **Cost**
  - Seems easy to measure, but most teams are using a flawed methodology
  - Is not a popular topic with clinical staff so is often not addressed
  - Because flawed methodologies are used, costing number often do not make sense to staff then they so discuss it
  - If you focus on the cost of care, you are often seen as the enemy of Quality

Resetting our Reality…

As We Move to CCBHCs / Higher Funding Environments

Is it time to Celebrate?

Hiring more low producing staff without fixing the issues that cause your current staff to struggle is NOT a sound strategy…

Resetting our Reality…System Noise Impacts

Had a team that wanted to hire 2 more Doctors…

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Hours per Day	Work Days PY
8	260
BH Standard	**No Show %**
50.0%	30%

Available Hours Per Year	2,080		
Annual Leave / PTO	256	32.00	Days Pe
Personal / Holidays / Sick	0	0.00	
Charting/Paperwork	248	31.00	
Training/Staffings	48	6.00	
Scheduling	96	12.00	
Other Non-Billable Activity	392	49.00	

Non-Billable Hours:	1,040	130.00	Non-Billa
Billable Hours:	1,040	130.00	Billable

Salary	FB%	Salary + FB	Base Cost PH	Overhe
$200,834.00	30%	$261,084.20	$251.04	44

Staff FTE %:	Yearly BH Production	Quarterly BH Production	Mon BH Proc
100.0%	1,040	260	86
			Hou

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Hours per Day	Work Days PY
8	260
BH Standard	**No Show %**
23.1%	30%

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Basic Cost Based Productivity Calculator

Change Only The Blue Cells

Available Hours Per Year	2,080		
Annual Leave / PTO	256	32.00	Days Per Year
Personal / Holidays / Sick	0	0.00	
Charting/Paperwork	248	31.00	
Training/Staffings	48	6.00	
Scheduling	96	12.00	
Other Non-Billable Activity	952	118.94	

Non-Billable Hours:	1,600	199.94	Non-Billable Days	9.23	Non-Billable Months
Billable Hours:	480	60.06	Billable Days	2.77	Billable Months

Salary	FB%	Salary + FB	Base Cost PH	Overhead %	Cost Per Hour	Avg. Revenue	Margin
$200,834.00	30%	$261,084.20	$543.38	44%	$782.47	$150.00	($632.47)

Staff FTE %:	Yearly BH Production	Quarterly BH Production	Monthly BH Production	Daily BH Production		No Show Percentage Driven Scheduling Rate	
				All Days	Minus PTO	All Days	Minus PTO
100.0%	480	120.12	40.0	1.8	2.1	2.6	3.0
			Hours Weekly	9.2	10.5	13.2	15.1

Resetting our Reality…System Noise Impacts

Productivity is not a measure of how hard our staff is working….

It is a measure of how well our systems are supporting our staff!

Why the "Value" of Care Equation Came About

Quality Is Often Confused With How Much Narrative We Write…

- That's how and why the value of care equation came to be as is everybody kept trying to out quality everyone else (a.k.a. writing more), the result is that we
  - Started serving the system/our paperwork more than we were serving our consumers.
  - Often see staff members taking personal ownership in the processes and/or forms that they create.
  - Staff burnout due to overgrown processes.

Making the Value of Care Equation Work –

How did we get to here?!

Unrealized Service Capacity

Direct Service Hours expected versus the Hours Actually Attained/Produced

High Quality Care is the Whole Point!

But How!? The Lift is So Heavy…

Lots of self generated issues -

- Paperwork
- Overgrown Systems
- IT Challenges
- Regulations
- Culture
- Billing Problems
- Turnover
- No Shows
- Non-Competitive Pay Rates
- Auditors
- NC
- Politics
- Access to Care Issues
- Clients in care too long

But Which Changes Does Your Team Need the Most?

Photo Credit:
Scott Lloyd Photography

Resetting our Reality…System Noise Impacts

To know how well your systems are supporting your staff you need to have the full picture…

What's underneath the water?!

- Documentation concerns
- IT System design issues
- Back-office billing issues
- An overgrown meeting culture
- Stagnate caseloads

Without measurement, you don't know how deep it really goes!!

Making the Value of Care Equation Work –
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!

More Importantly, what do you do about it!?

Resetting our Reality…

Did you implement the change to fidelity?

If So - ***Are you operating it there or letting it creep back to the old way of doing things?***

Same Day Access –

The call to action

***BEWARE* of Imitators - Are you Actually Doing Same Day Access?!:**

1. *Are you turning people away – Clients are having to try multiple times?*
2. *Are your clients lining up early for limited spots?*
3. *Are you doing the Assessment and Treatment Plan at the first meeting?*
4. *Do your Assessments take more than an hour?*
5. *Do you have anywhere to put folks once the assessment is completed?*
6. *Follow up appointment happening within a week?*

If yes to any of these, then you are NOT doing Same Day Access to fidelity.

Top Costing Failure Points -

- Dividing costs by 2080 hours
- Not including all of your costs
- Using overhead percentages instead of actual costs
- Looking at expected revenue instead of actual revenue
- Including monies outside of *At Risk Funding*

Do You Actually Know your Costs?

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Top 5 Signs You Are Not Maximizing Just In Time (JIT)

5 NO-SHOW / LATE CANCELLATION RATE ABOVE 7-10%

Disconnects between schedulers and prescribers lead to mixed messages to consumers, and appointments that are more than 3-5 days out. Managers should periodically check schedules to prevent "slippage," which **undermines the reduction of no shows** that JIT generates.

4 SCHEDULING BEYOND 3-5 DAYS FOR PRESCRIBER APPOINTMENTS

Some people think moving an appointment out a few extra days is no big deal. Wrong. It will result in an **increase in no-show rates**. It also **breaks your promise to consumers** to get them in quickly.

3 ENCOUNTERING CAPACITY CHALLENGES

JIT increases the number of individuals seen at an agency. So staffing capacity must be set accordingly and regularly adjusted to reflect changes in staffing and programs. Reverting to scheduling and/or calling in prescriptions **erodes the effectiveness of JIT**.

Communicating with Data is the key!

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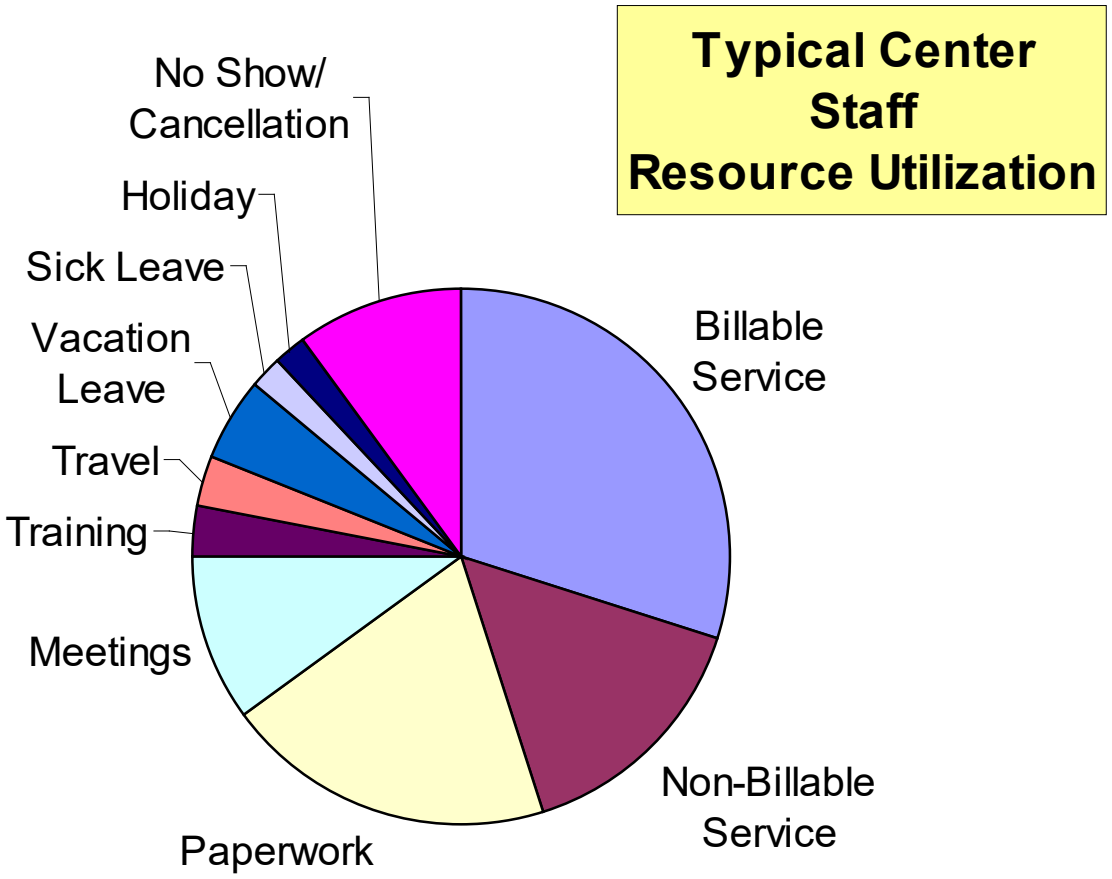
Resetting our Reality…

Change ***- (Verb) -*** Alter, vary, modify. To make or become different. **Change** implies making either an essential difference often amounting to a loss of ***original identity*** or a ***substitution of one thing for another***.

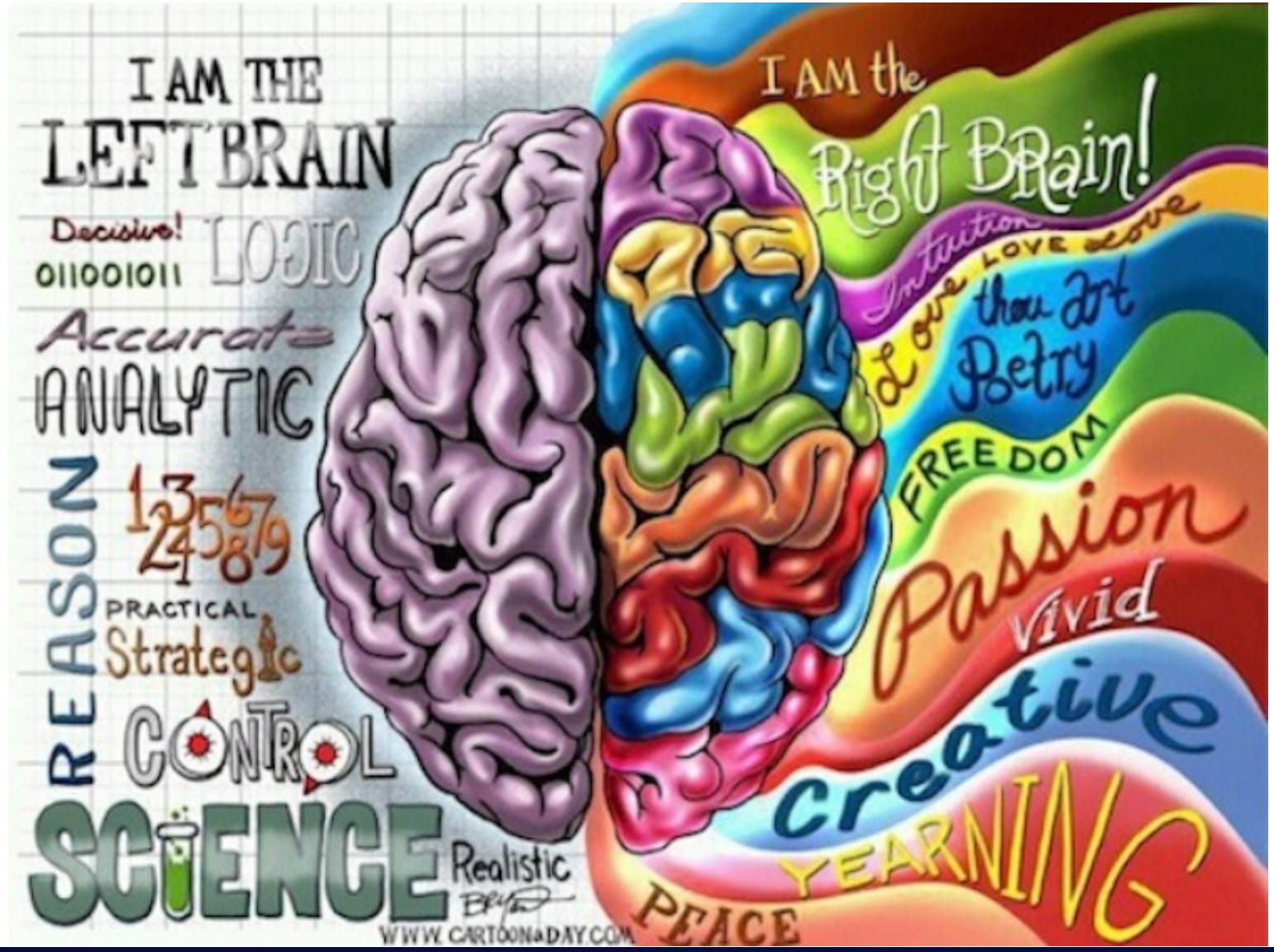
Making the Value of Care Equation Work –

How did we get to here?!



Substitute Process is Key!

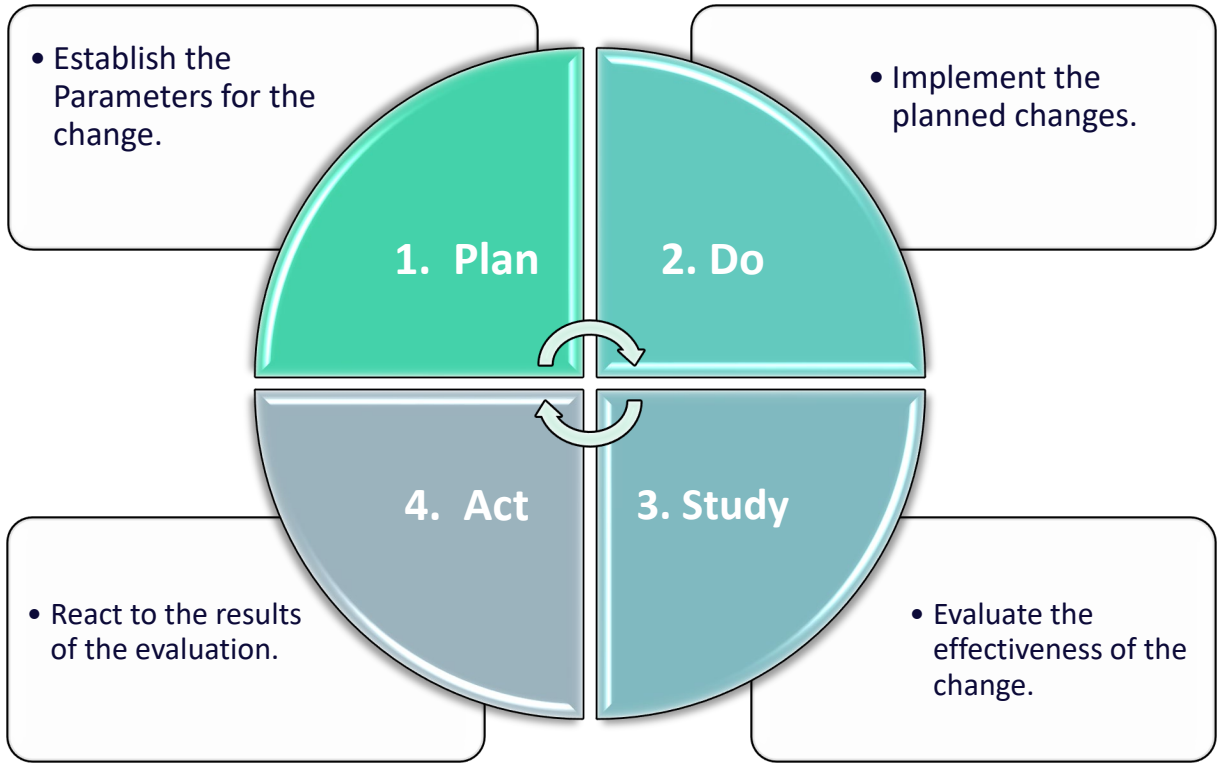
Resetting our Reality…How do we do with Making Changes?!



Resetting our Reality…How do we do with Making Changes?!

Set a change target and don't stop until you get there!

You have to commit to the change!
(It's not about if….)



Resetting our Reality…How do we do with Making Changes?!

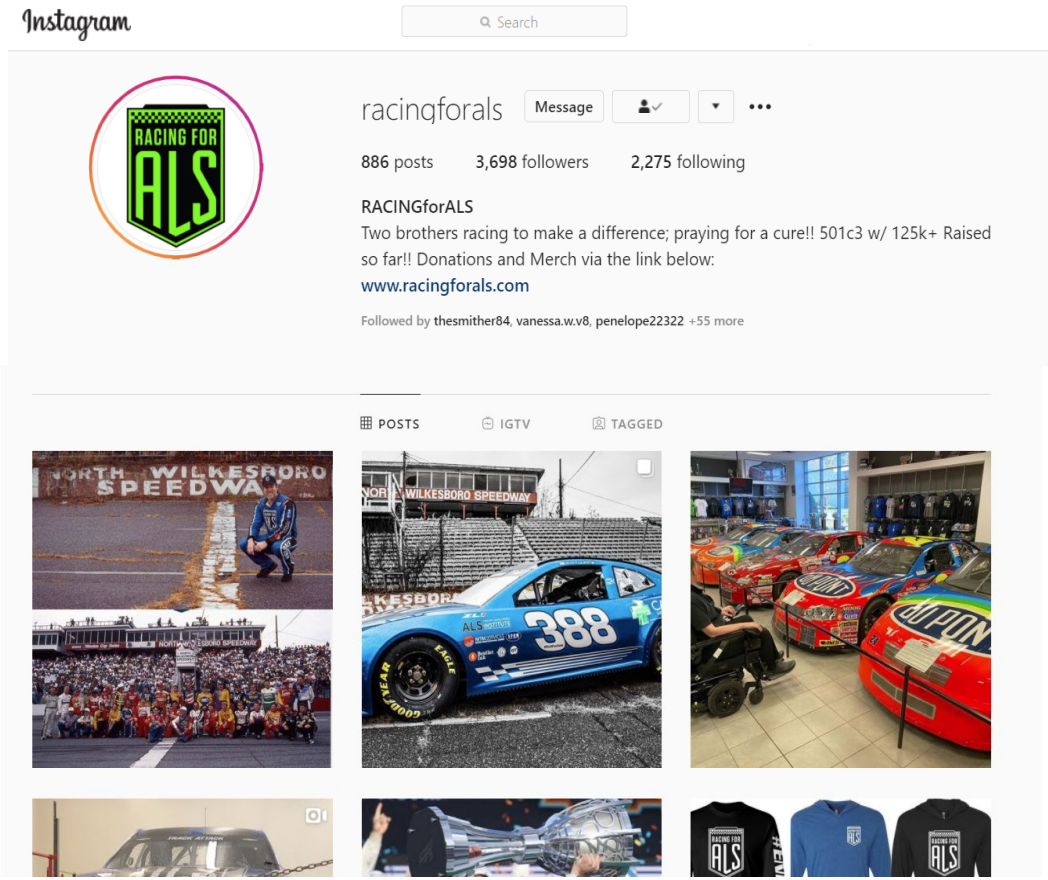
In the absence of sound data, staff will assume/ believe the worst….

1. *Set up a solid communication channel for all staff*
2. *Select a solid data system so that everyone can draw their data from that singular source*
3. *Establish clear timelines for when/how you will communicate*
4. *Select a solid outcome measurement tool if possible, and if not then limit the number of measures*

Give them DATA, DATA, DATA, DATA, DATA!

Using Data to Make Change Happen!

How Does/ Does Your Team Use Data?!



Over $150,000 raised for ALS Research - @RacingForALS

Anecdotal Data -

Which Car Would You Choose?

Photo Credit: Scott Lloyd Photography

Breaking down cost versus revenue by modified code –

Crucial for CCBHC rate setting versus the CMS Tool that gives a system wide cost.

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Cost Per Hour Ranges

Salary	FB%	Salary + FB	Overhead %	Total Pay
$32,000.00	32%	$42,240.00	44%	$60,825.60

Hours per Day	Work Days PY	Days of PTO
8	260	31

Avg. Reimbursement
$87

	Direct Service Hours	DS%	Cost Per Hour	Revenue	Margin
	100	4.8%	$608.26	$87	($521.26)
	200	9.6%	$304.13	$87	($217.13)
	300	14.4%	$202.75	$87	($115.75)
	400	19.2%	$152.06	$87	($65.06)
	500	24.0%	$121.65	$87	($34.65)
	600	28.8%	$101.38	$87	($14.38)
	700	33.7%	$86.89	$87	$0.11
	800	38.5%	$76.03	$87	$10.97
	900	43.3%	$67.58	$87	$19.42
	1000	48.1%	$60.83	$87	$26.17
	1100	52.9%	$55.30	$87	$31.70
	1200	57.7%	$50.69	$87	$36.31
	Incorrect Examples				
All Hours	2080	100.0%	$29.24	$87	$57.76
AH Minus PTO	1832	88.1%	$33.20	$87	$53.80

Resetting our Reality…

The easiest way to know if you have made a successful change is when the care you are delivering meets with the expectations of what you would want for yourself and/or your loved ones!

CenterPointe

Journey to Open Access and RCCT

Presented by:
Topher Hansen, JD
President/CEO

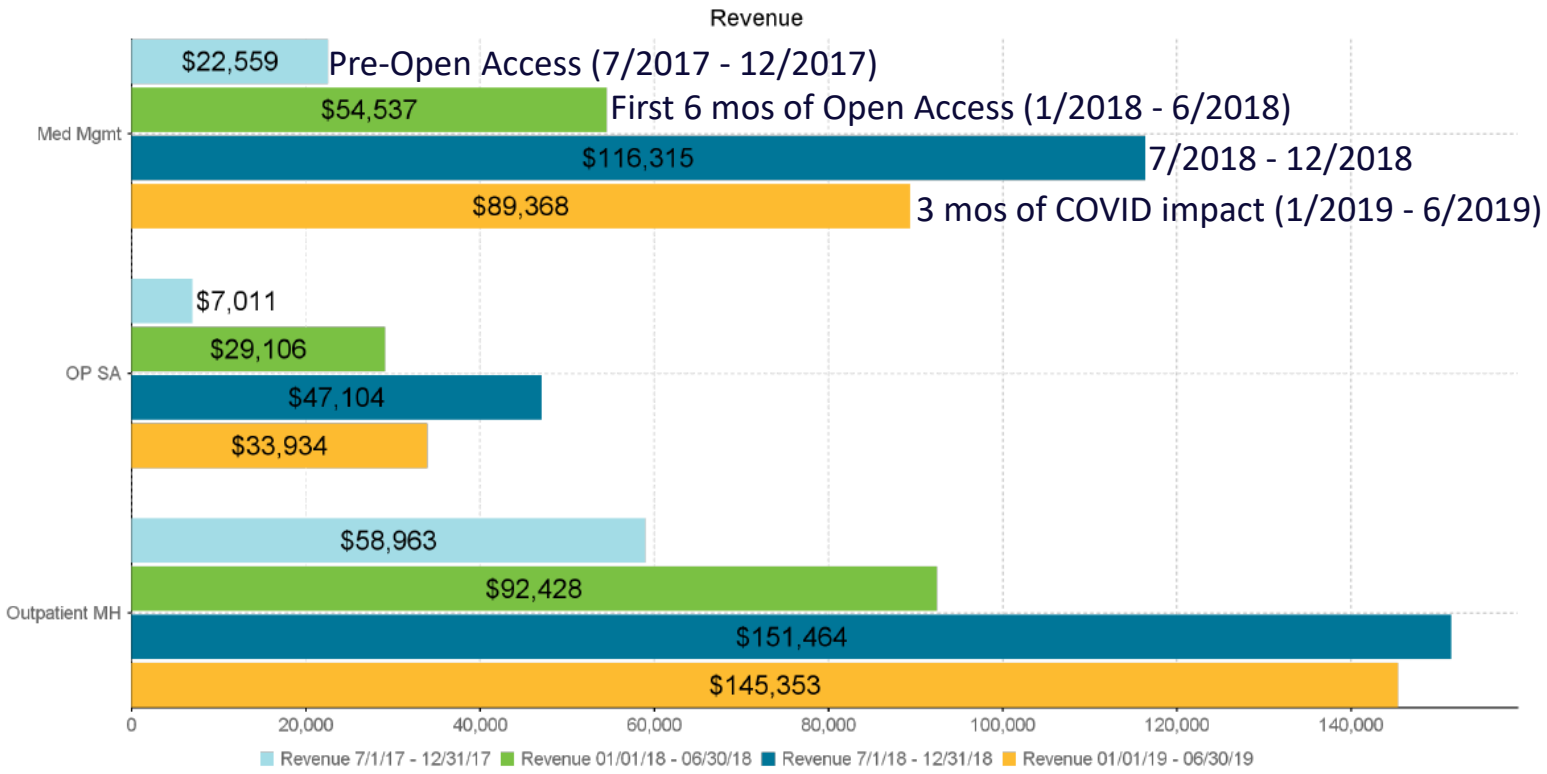
Open Access

- First MTM/National Council Open Access Learning Community around 2012.
- Implemented 1st attempt at Open Access as part of that LC in 2012
- Rolled out NextGen Scheduling tool (no contact notes or EHR yet)
- Leadership Change in late 2013 resulted in slow "death" of Open Access
- 2014 implemented the EHR portion of the NextGen product
- New leadership in Outpatient clinic in 2014, second attempt st Open Access shortly after. Due to lack of full commitment to the project by the leadership, there were lines down the street at 6am, limited access to a therapeutic assessment but not prescribers.
- 2016 - Implemented Credible
- 2017 leadership change. Rapid Cycle Change Team initiated FULL open access & just in time meds in January 2018. Responded to issues daily by meeting briefly to identify barriers from the previous day. Adjusted regularly, changed workflows to meet the needs and successfully implemented FULL Open Access to Therapists and prescribers until COVID-19 caused us to move quickly to telehealth. Open Access to assessments and prescribers is back up and running!

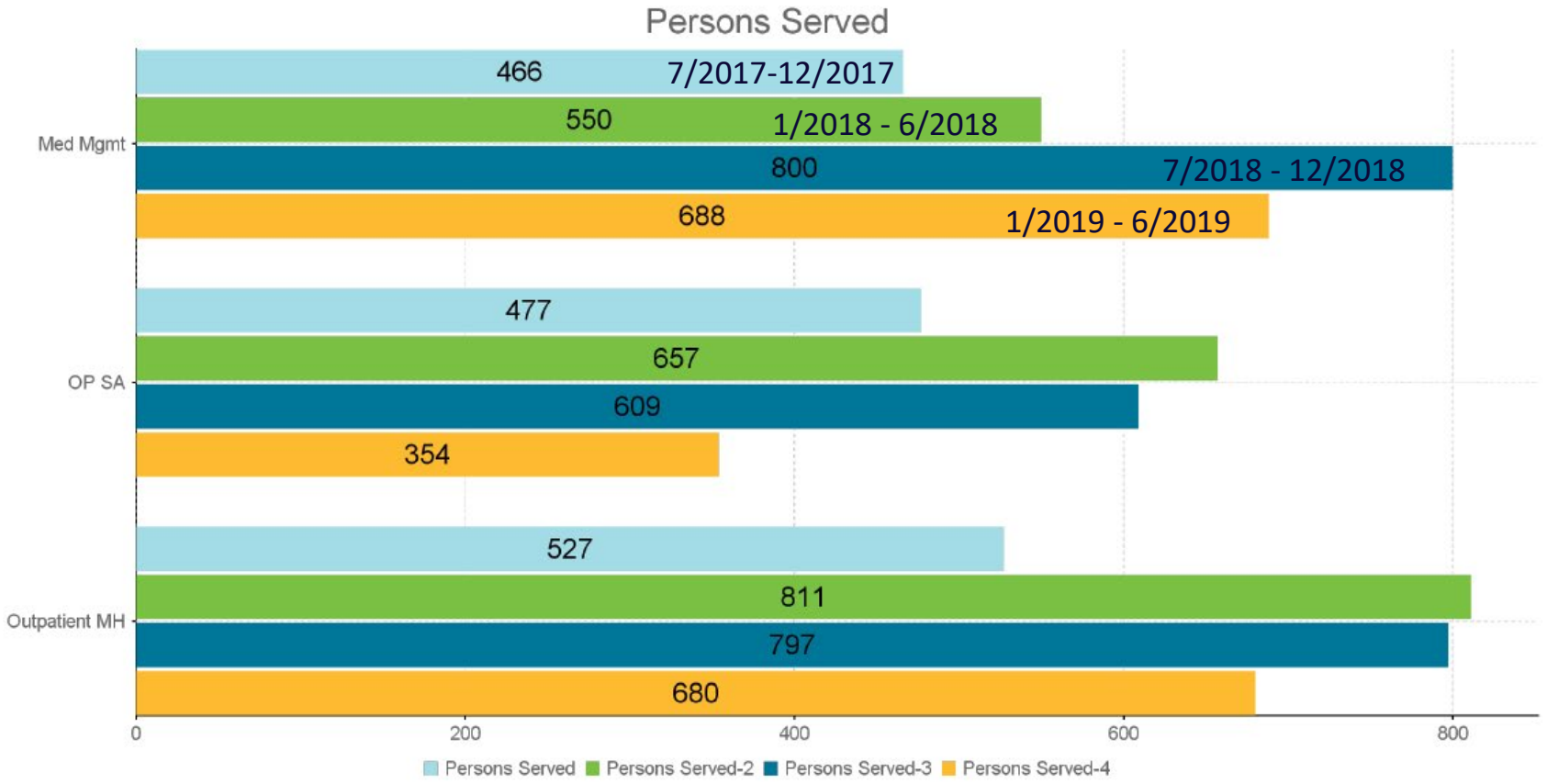
Money

Open Access Comparison Outpatient Programs

This report compares 7/1/17 - 6/30/19 in 6 month blocks during the open access transition



People


Persons Served
Med Mgmt
OP SA
Outpatient MH
466
550
800
688
477
657
609
354
527
811
797
680
7/2017-12/2017
1/2018 - 6/2018
7/2018 - 12/2018
1/2019 - 6/2019
0
200
400
600
800
Persons Served
Persons Served-2
Persons Served-3
Persons Served-4

Thank You

Scott.Lloyd@mtmservices.org

See our outcomes, resources and more…

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