



HEALTHY MINDS
STRONG COMMUNITIES

MDI Medical Directors Education:

Part 2: Adaptive Leadership Styles & Conflict Resolution

April 24, 2025

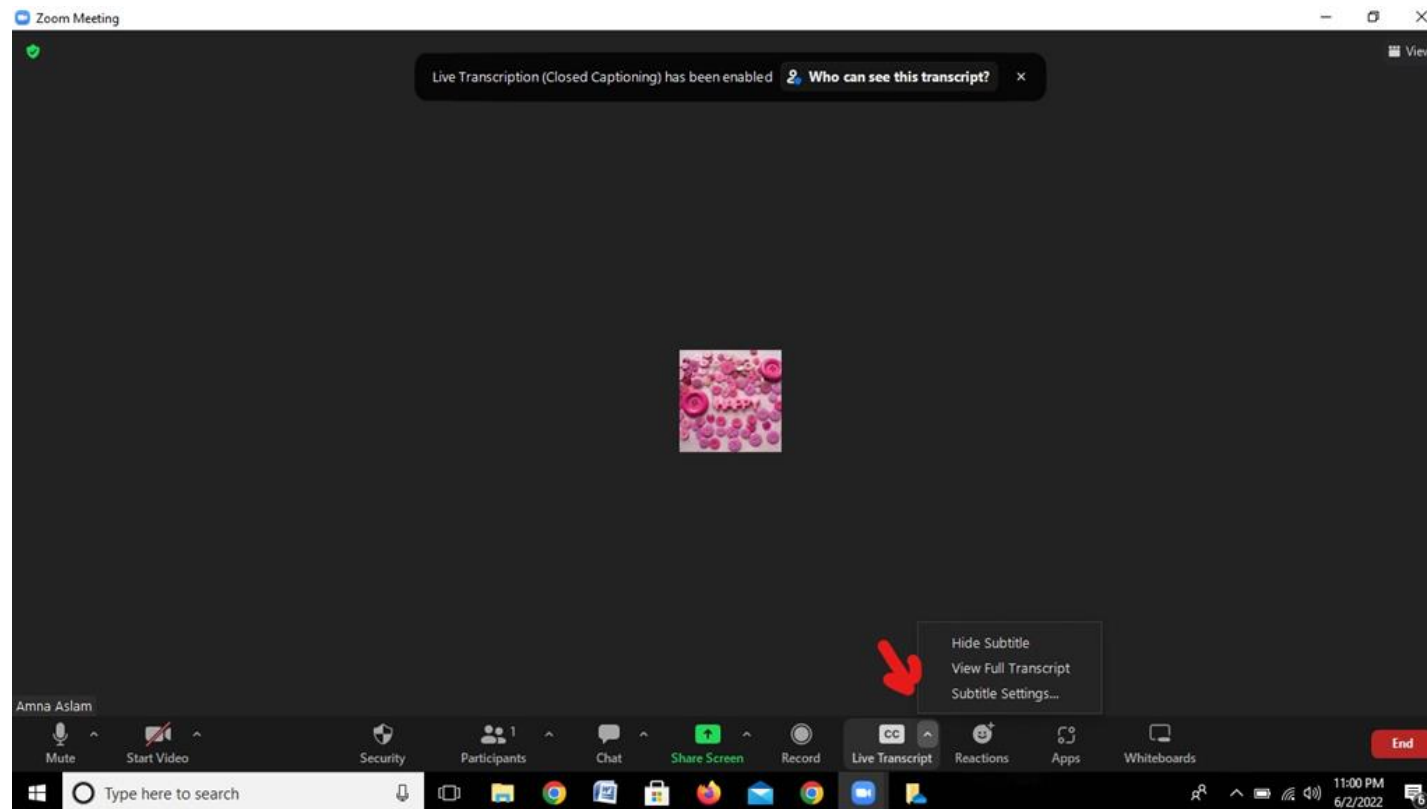
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Agenda

- Welcome & Introductions
- Progressive Coaching and Guidance
- Steven Covey – Speed of Trust Principles
- Using EHR Data to Coach + Monitor Performance
- Leadership Guidance from the Maxwell Leadership Institute
- Resources
- Q&A

Speakers



**Rochelle Head-Dunham, MD,
DFAPA, FASAM**

Executive Director and Medical
Director

Metropolitan Human Services District;
LSU and Tulane University Schools of
Medicine



Jeffrey Eisen, MD, MBA, FAPA

President and Chief Medical Officer

Behavioral Health Network, MultiCare
Health System (Washington)

Clinical Assistant Professor,
Department of Psychiatry

Oregon Health & Science University



Poll Question

Are you in a medical director role? (*e.g., program medical director, deputy medical director, associate medical director, etc.*)

- Yes
- No

How Do You Compare?

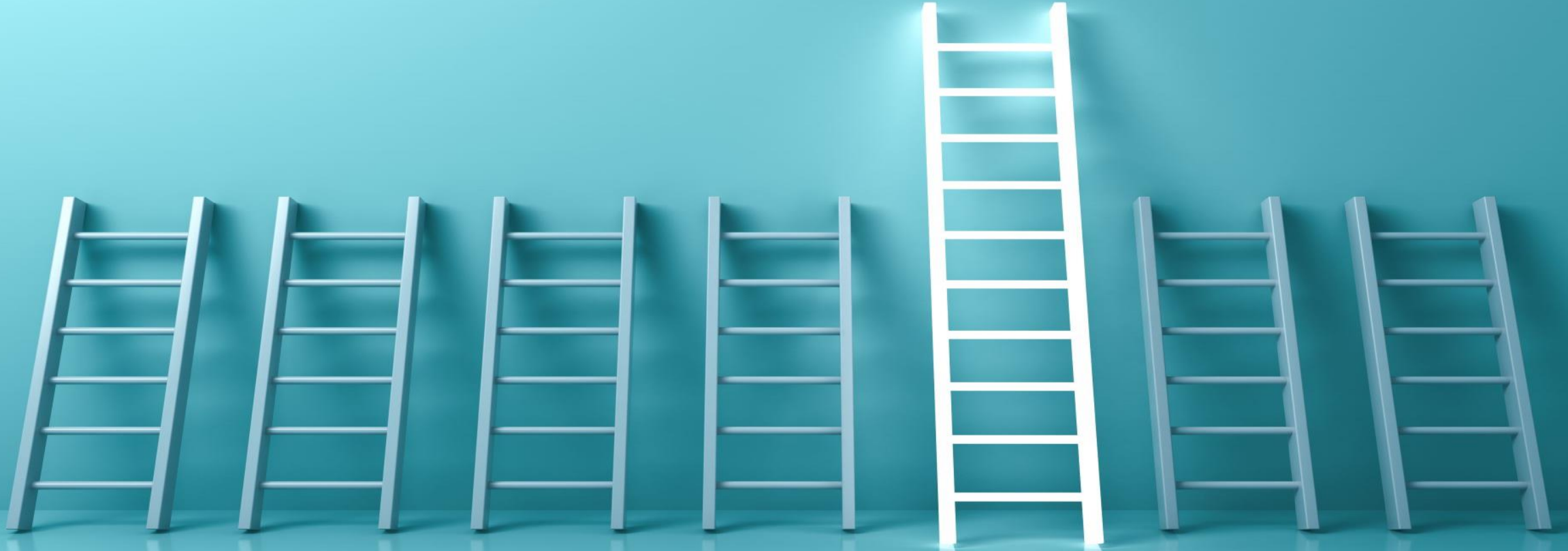


Image Source: PowerPoint, 2024





Behavior Vs. Performance Coaching Parameters

Coaching Behavior / Interpersonal Dynamics

- Psychiatrist new to inpatient unit – 1-2 years
- Social work and nursing report
 - Arriving late to morning report / team meeting
 - Argumentative when differences of opinion regarding complex cases
 - Negative comments about other team members



What To Do?

What To Do?

- Gather data
- Progressive Guidance
- Consider Supervision Frame



Image Source: PowerPoint, 2024

Gather Data

- Let those who expressed concerns know that you will be looking into it
- Learn perspectives
 - Utilize curiosity
 - Document throughout
- Circle back to those who raised concerns
 - You may not be able to share all you learned
- Opportunities for individual and team growth

Progressive Guidance

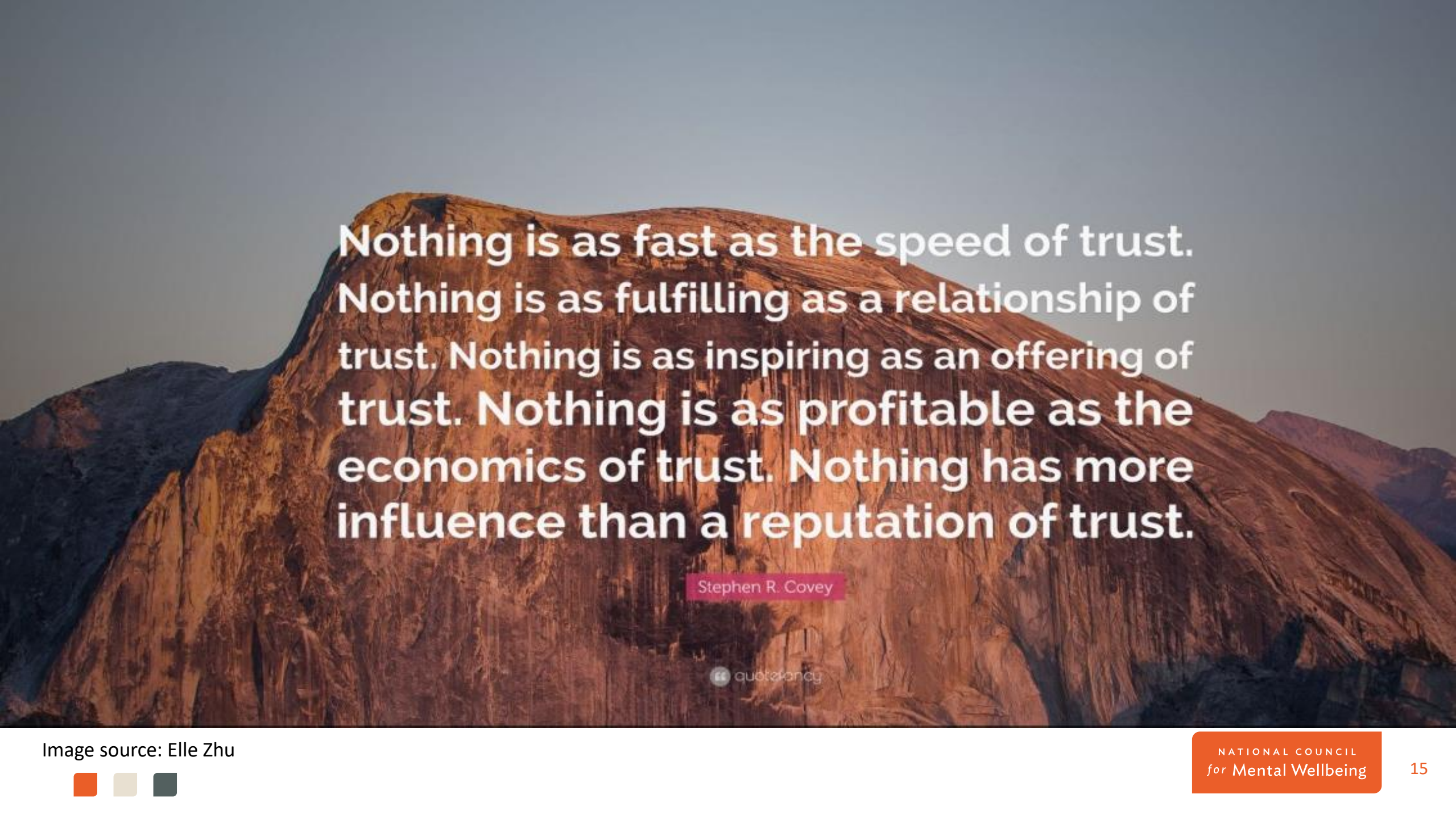
- A pathway for feedback and correction
- Enables clarity
- Begins informally / a “coffee cup conversation”
- Increased formality as indicated
 - Clear direction
 - In writing
 - Including HR if/when needed

Supervision Frame

- Enables ability to learn and coach strengths and weaknesses
 - Adapting leadership based upon understanding others
- Provides clarity
- **Identifies successes and challenges early for real-time feedback**
- **Builds trust**

Supervision Frame

- Components include:
 - Objectives of supervision
 - Mutual expectations
 - Cadence
 - Topics
 - Providing feedback on a regular basis
 - Positive *and/or negative reinforcement* – what style works best?



Nothing is as fast as the speed of trust.
Nothing is as fulfilling as a relationship of
trust. Nothing is as inspiring as an offering of
trust. Nothing is as profitable as the
economics of trust. Nothing has more
influence than a reputation of trust.

Stephen R. Covey

quotefancy

Speed of Trust: Leader and Team Member

- Steven Covey – author, speaker, leadership expert
 - 7 Habits of Highly Effective People
- How trust affects everything we do in life and work
 - When trust is high – so many benefits
- Trust is a measurable, practical asset – not just a feel-good
- Character and Competence are the basis
- Can be built and rebuilt via 13 specific behaviors

Coaching Performance / Data Dynamics

- EHR Dashboards
 - Provider performance (Productivity), Regulatory and Quality Reporting, Workflow Optimization, Clinical Decision Support
- Pharmacy Dashboards
 - Enhanced patient safety, Cost containment, Regulatory compliance, performance benchmarking
- MCO Value Based Care
 - Accountability and Quality Improvement (HEDIS Measures); Enhanced Care Coordination, Cost Efficiency and Revenue Expansion, Improved patient outcomes



What To Do?

What To Do?

- Gather data
- Create a Supervisory Routine
- Progressive Guidance



Image Source: PowerPoint, 2024

MHSD Clinical Quality Measures Report

EMPLOYEE INFORMATION

REPORT DATE 04/01/2024- 06/30/2024

EMPLOYEE [REDACTED]

POSITION PHYSICIAN

LOCATION [REDACTED]

CLIENT DEMOGRAPHICS BY CASELOAD

Race	Count	Percentage
American Indian	0	0.00%
Asian	1	0.22%
Black/African American	178	39.12%
Other Single Race	5	1.10%
Unknown	215	47.25%
White	56	12.31%
TOTALS	455	

Age Group	Count	Percentage
UNDER 5	0	0.00%
Between 5 and 12	0	0.00%
Between 13 and 17	0	0.00%
Between 18 and 29	90	19.78%
Between 30 and 50	255	56.04%
Between 51 and 64	92	20.22%
Over 65	18	3.96%
TOTALS	455	

Gender Identity	Count	Percentage
N/A	363	79.78%
Identifies as Female	39	8.57%
Identifies as Male	53	11.65%
Female-to-Male (FTM)/Transgender Male	0	0.00%
Male-to-Female (MTF)/Transgender Female	0	0.00%
Genderqueer (Neither Male or Female)	0	0.00%
Additional Gender	0	0.00%
TOTALS	455	

SERVICES

NUMBER OF SERVICES PROVIDED: 257

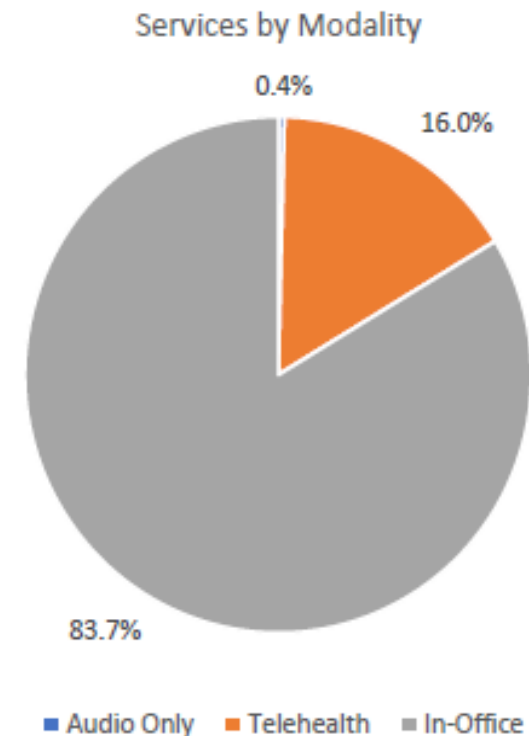
NUMBER OF PS ON CASELOAD: 455

NUMBER OF DISCHARGES: 7

MEASURE	FY22	FY23	FY24 QTR 1	FY24 QTR 2	FY24 QTR 3	FY24 QTR 4
Unduplicated Count of Persons Served	563	665	192	227	229	178
Number of Appointments Scheduled	1527	1948	484	628	600	589
Number of Kept Appointments	599	898	226	281	306	257
Number of DNS/Canceled Appointments	928	1050	258	347	294	332

Direct Care Show Rate by Activity			
Activity	Kept	Scheduled	Show Rate
Medication Management	111	241	46.1%
Medication Management: Co-Occurring Disorder	40	85	47.1%
Medication Management: OBOT	36	99	36.4%
Medication Management: TELEHEALTH v2	26	46	56.5%
Medication Management: New Patient	6	19	31.6%
Medication Management: OBOT TELEHEALTH	5	6	83.3%
Psychiatric Diagnostic Eval w Med Serv Co-Occurring Disorder	5	17	29.4%
Psychiatric Diagnostic Evaluation w/ Med Service: OBOT	5	11	45.5%
Psychiatric Diagnostic Evaluation w/ Med Services: Aftercare	5	11	45.5%
Psychiatric Diagnostic Evaluation with Medical Services	4	6	66.7%
Medication Management: Co-Occurring Disorder TELEHEALTH	3	4	75.0%
Medication Management: Aftercare	2	5	40.0%
Medication Management: New Patient TELEHEALTH	2	2	100.0%
Psychiatric Diagnostic Eval w Med Serv Co-Occurring TELE	2	4	50.0%
Psychiatric Diagnostic Evaluation w/ Med Service: OBOT TELE	2	5	40.0%
Medication Management: AUDIO ONLY	1	1	100.0%
Psychiatric Diagnostic Eval. w/ Med Services: Aftercare TELE	1	2	50.0%
Psychiatric Diagnostic Evaluation w/ Med Services: After COD	1	24	4.2%
Psychiatric Diagnostic Evaluation: Adult	0	1	0.0%
Totals for 19 Activities	257	589	43.6% (NOT MET)

NOTE: MHSD's show rate goal is 60%. The Show Rate is calculated by dividing the number of kept appointments by the number of scheduled appointments in any given time period.



NOTE: This graph provides a percentage of the number of services rendered by modality type in any given time period.

Cite: Jacob Roberts S, ed. *MHSD Clinical Quality Measures Report*.; 2025. Accessed April 22, 2025. <https://myhealth.qualifacts.org/carelogic/>

PRODUCTIVITY

This section provides information relative to how provider time is allocated. The table reports cumulative data; therefore, the last reporting quarter contains data for each previous quarter. Holidays, leave time, and office closures are excluded from the calculation. **Orange font means that the MHSD performance goal was not met.**

Category Definitions

Direct Care: Represents the amount and percentage of time the provider engaged in Carelogic direct care activities statused as kept. Direct care hours represent all Carelogic service activities and are calculated by dividing the number of direct care hours statused by the total hours scheduled to work, then multiplying by 100. MHSD performance goal is 60% or greater.

Example: An employee that works 40 hours a week provides 20 hours of direct care services in that week.

$$20/40=0.5$$

$$0.5 * 100= 50\% \text{ (Goal Not Met)}$$

During the week, the employee spent 50% of their time providing direct care services.

Indirect Care: Represents the amount and percentage of time the provider engaged in Carelogic indirect care activities statused as kept. Indirect care hours represent the following Carelogic activities Activity Tracker, Nursing Note, Adult Interdisciplinary, C&Y Treatment Team Documentation, OBOT Grant Consultation Meeting, OBOT Program Consent, Alcohol/Drug: Referral Detox, Discharge Planning, & Treatment Plan. Calculated by dividing the number of indirect care hours statused by the total hours scheduled to work, then multiplying by 100. MHSD performance goal range 25% - 30%.

Example: An employee that works 40 hours a week provides 10 hours of indirect care services in that week.

$$10/40=0.25$$

$$0.25 * 100= 25\% \text{ (Goal Met)}$$

During the week, the employee spent 25% of their time providing indirect care services.

Administrative: Represents the amount and percentage of time the provider engaged in Carelogic administrative activities statused as kept. Administrative hours represent the following Carelogic activities: Administrative, Meeting, Training, Supervision, Staffing, and Lunch. Calculated by dividing the number of administrative hours statused by the total hours scheduled to work, then multiplying by 100. MHSD performance goal range 10% - 15%.

Example: An employee that works 40 hours a week completes 5 hours of administrative work in that week.

$$5/40 = 0.125$$

$$0.125 * 100= 12.5\% \text{ (Goal Met)}$$

During the week, the employee spent 12.5% of their time performing administrative work.

Unassigned/Available Time: Represents the amount and percentage of time the provider is NOT engaged in administrative, indirect, or direct care activities. In Carelogic, this appears as available time on the provider's schedule. Calculated by dividing the total amount of available time by the total hours scheduled to work, then multiplying by 100.

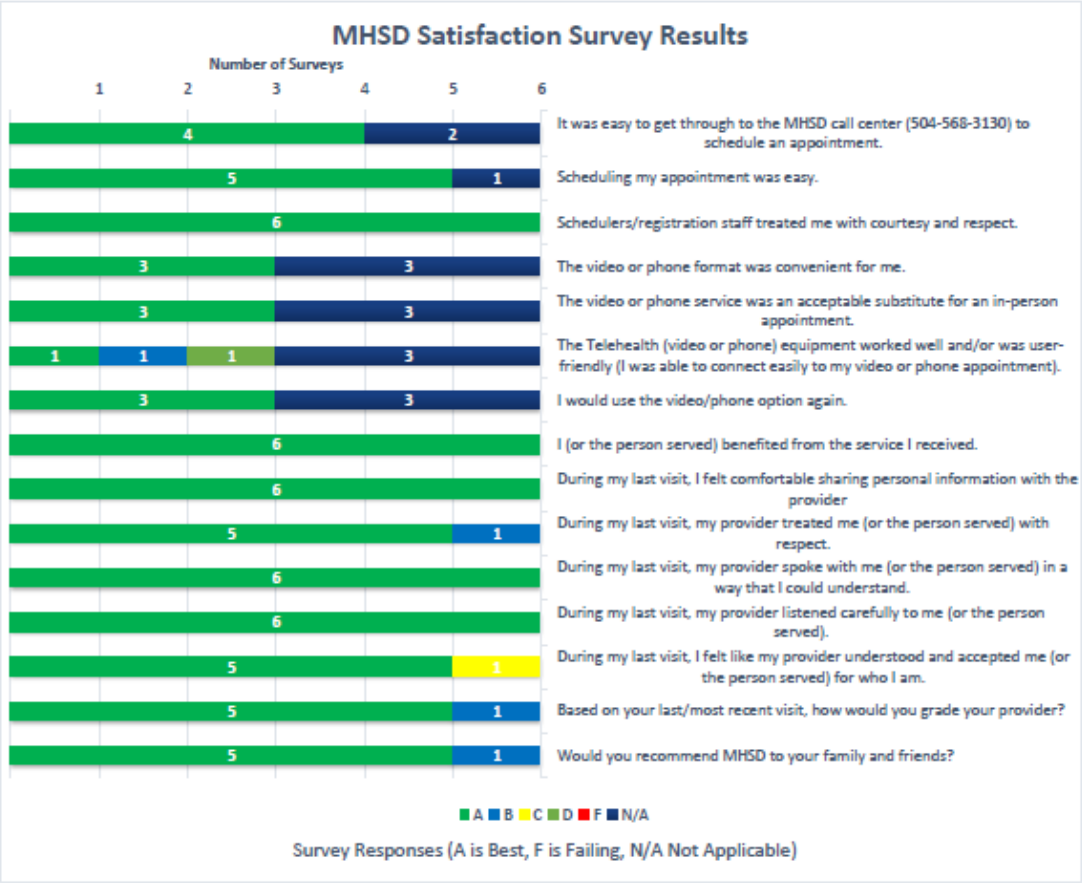
Example: An employee that works 40 hours a week ended the week with 5 hours of time where they were NOT engaged in administrative, indirect, or direct care activities.

$$5/40 = 0.125$$

$$0.125 * 100= 12.5\%$$

During the week, the employee 12.5% of the employee's time was unassigned/available.

Out of Office: Represents the amount of time the provider engaged in the following Carelogic activities: Vacation, Sick Leave, Travel Between Work Sites, Not Scheduled to Work, Holiday, and Reduced Available Staff.



Cite: Jacob Roberts S, ed. *MHSD Clinical Quality Measures Report.*; 2025. Accessed April 22, 2025.
<https://myhealth.qualifacts.org/carelogic/>

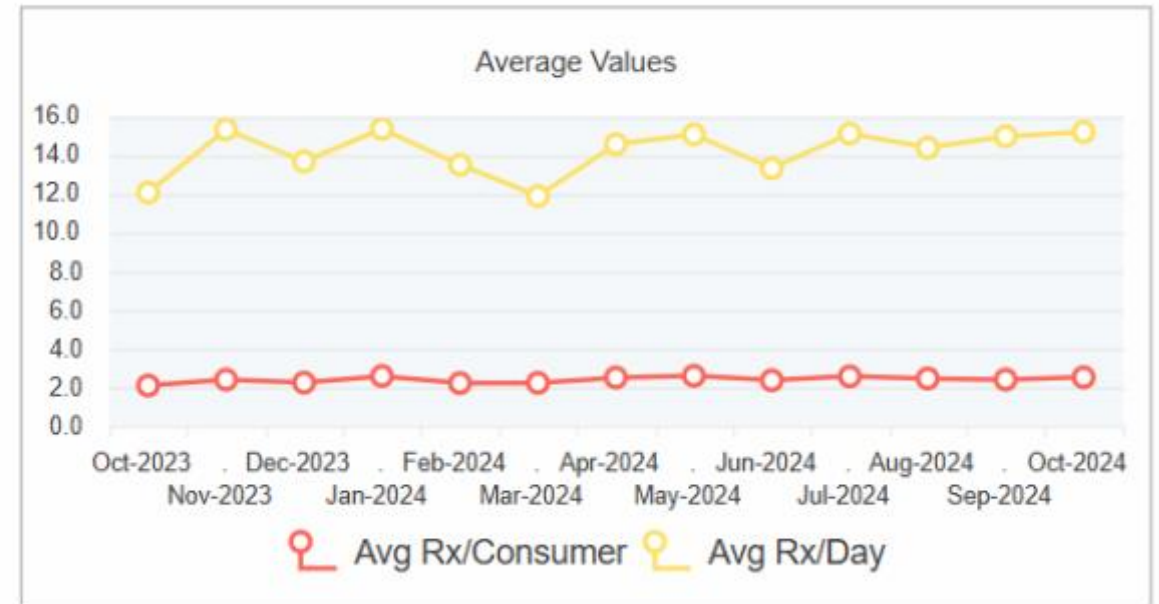
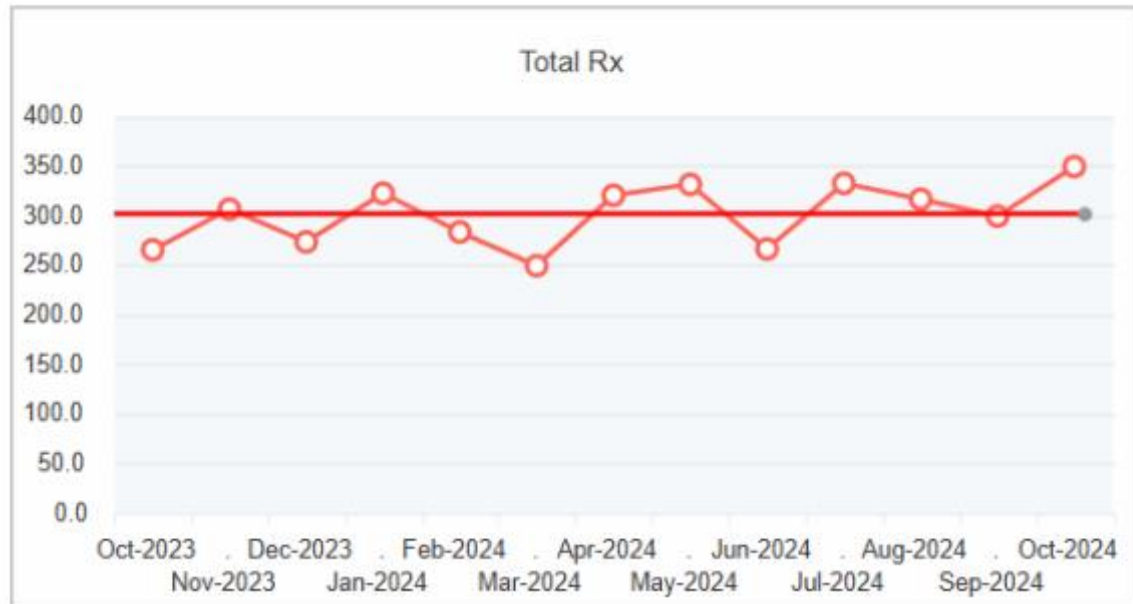
NOTE: The MHSD Satisfaction Survey is administered electronically via text message and email 24 hours after each kept service appointment. The above graph displays person served responses to the MHSD Satisfaction Survey. Data in this graph is limited to responses from persons that you provided clinical services to in the time period. The information above is from 4/1/2024 to 6/30/2024, and 6 of your persons served completed the survey in the time period.

Survey Comments

Staff is very friendly and so is my doctor! However, I do wish my doctor would be a little more receptive to my own personal views regarding my mental health and history surrounding it and take me a bit more seriously and be more open to my opinions regarding myself. I know my history is extensive and a lot, but I feel that is because I've had healthcare providers that did not listen to me or really care in the past. I'm not saying this is the case with my current doctor. Obviously I am not a doctor (but I am very knowledgeable and have extremely good insight regarding my mental health history), but I just want to share my thoughts as transparently and respectfully as possible.

Couldn't get my microphone to work via new app (first time using the app). Toggled mute/unmute a few times. Provider called me to complete the session and it was otherwise a typical (good) appointment.

Prescriber Analysis – Total Consumer Rx Trends



Total Consumers by Prescriber

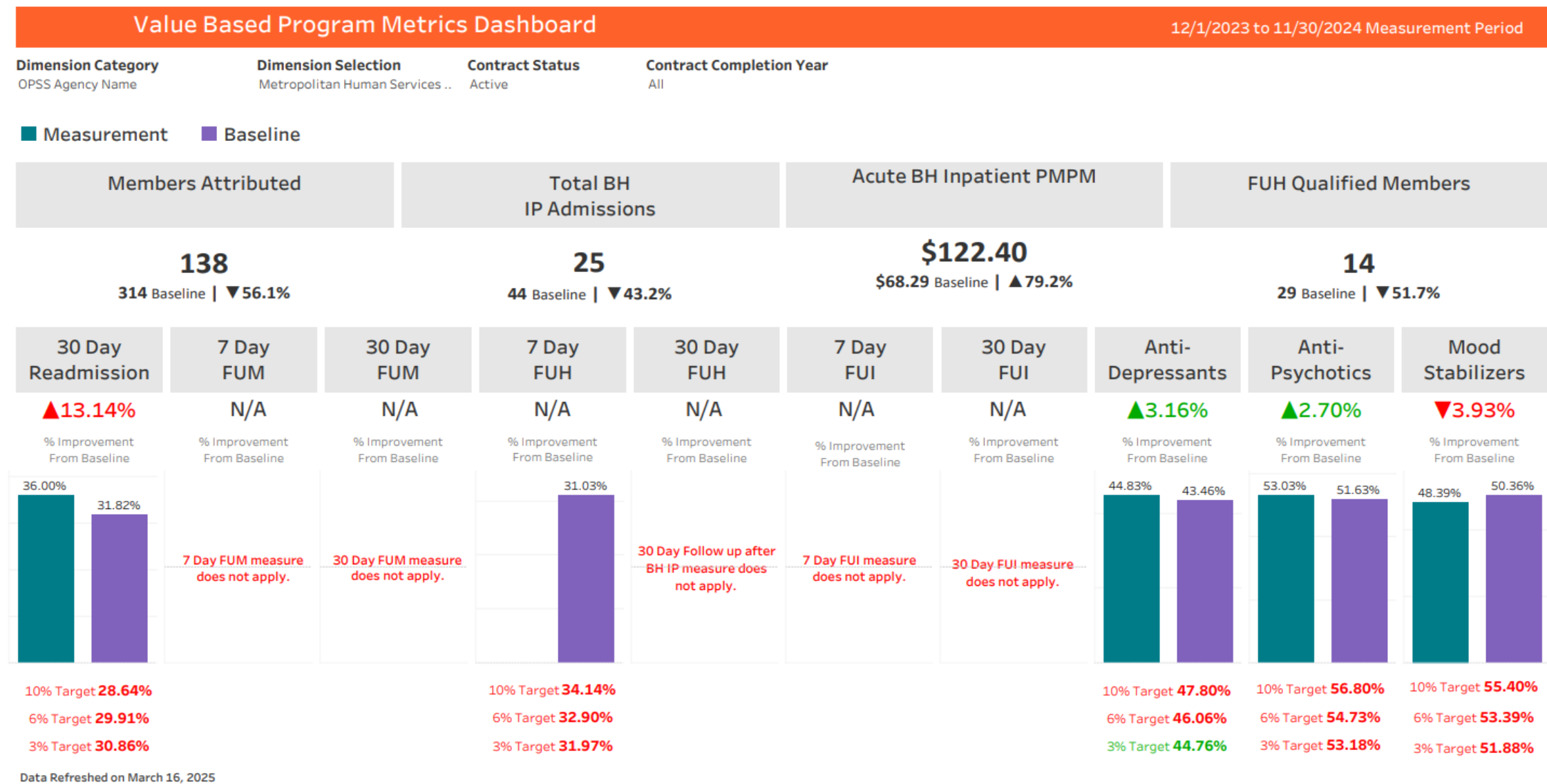
Prescriber	Oct-2...	Nov-...	Dec-...	Jan-2...	Feb-...	Mar-...	Apr-2...	May-...	Jun-2...	Jul-2...	Aug-...	Sep-...	Oct-2...
[REDACTED]	127	128	122	125	128	112	128	128	113	130	129	125	139

Aegis Reporting

Prescriber Name	Total Samples	Samples with All Expected Outcomes (1)		Samples with One or More Illicit Found (2)		Samples with One or More Medication Found Not On Requisition (3)		Samples with One or More Medication Prescribed But Not Taking As Prescribed (4)		Illicits Found (5)	Non-Prescribed Drugs Found (6)	Prescribed Drugs Not Found
		#	%	#	%	#	%	#	%			
Dr. Jennifer Velandar	86	14	16	47	55	38	44	35	41	Heroin, Cocaine, Ketamine, Synthetic Cannabinoids, Delta-8 Carboxy-THC, Designer Opioids, Medetomidine, Delta-9 Carboxy-THC, Xylazine, Kratom (Mitragynine)	Oxycodone, Buprenorphine, Haloperidol, Aripiprazole, Duloxetine, Methamphetamine, Fentanyl, Tramadol, Codeine, Risperidone/Paliperidone, Gabapentin, Carisoprodol/Meprobamate, Fluoxetine, Clozapine, Pregabalin, Fluphenazine, Benzodiazepine Metabolites, Hydrocodone, Naloxone, Tapentadol, Quetiapine, d-Methamphetamine, Cannabidiol, Alprazolam, Morphine, Olanzapine	Mirtazapine, Buprenorphine, Buspirone, Duloxetine, Oxcarbazepine, Naltrexone, Gabapentin, Fluoxetine, Clonazepam, Fluphenazine, Methylphenidate, Quetiapine, Risperidone, Naloxone, Citalopram/Escitalopram, Guanfacine, Amphetamine, Trazodone, Bupropion, Lamotrigine, Olanzapine
Footnotes:												
1) An "expected outcome" indicates that no illicit drugs were identified in the specimen and all identified prescription drugs were listed by the provider as being prescribed to the patient.												
2) As used herein, "illicit" refers to drugs that are not prescribed and includes: Cocaine, Marijuana, Heroin and LSD.												
3) Indicates specimens in which a prescription drug or metabolite was identified that the provider had not listed on the order form as being prescribed to the patient. Please refer to your patient prescription records to determine whether the patient has a valid prescription.												
4) Indicates specimens in which a drug was listed as being prescribed to the patient, but the testing indicated the drug as not present in the patient's system.												
5) Indicates the specific prescription drugs found in specimens that the provider had not listed on the order form as being prescribed to the patient. Please refer to your patient prescription records to determine whether the patient has a valid prescription.												
6) This table indicates the specific prescription drugs not found in specimens in which such drug was listed as being prescribed to the patient.												



Optum Value-Based Program



Questions?



Thank You!

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