PRESENTER:

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Nothing to disclose, except that we work hard and get results for our clients!

We have worked with over 1,000 providers in 47 states and 2 countries since 1995

NATIONAL COUNCIL FOR BEHAVIORAL HEALTH   MTMSERVICES.ORG *Driving Transformational Change!*   SPQM

The Call That Nobody Wants to Receive…

October – 1996

The Self Blame, The What Ifs, The Helplessness, The Anger

- *This is too important to not get it right!*

- *But Who is In Charge/Driving the Bus!?*

The Call That Nobody Wants to Receive…

The Eighteen…

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Statewide Work That Proves The Concept

Successful Change Examples …

- **SOQIC Statewide Forms** – Ohio – First full State in 2000 after multiple partial statewide efforts

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

- **NYSCRI Statewide Forms** – New York – 23 committee review

- **OSCRI Statewide Forms** – Oregon – A good example for why unity is needed in 988

- **GAIT Consortium** – Georgia – 6 Organizations to start with

- **17 County Project in California**

Statewide Work That Proves The Concept

Successful Change Examples … MSDP

Why the statewide forms development initiative?

- Lack of similarity in forms between agencies and <u>within</u> agencies. (Lack of standardization, which has resulted in provider agencies using hundreds and hundreds of different form formats and data fields.)
- Difficult for auditors to find information required for reimbursement and clinical audits.
- Huge federal fines and legal problems for providers in other states struggling with adequate documentation.
- Need to reduce paperwork so providers can dedicate more time to providing service rather than documentation.
- Requirement to move to statewide electronic health records in Massachusetts which can best be accomplished using one standardized documentation process.

Successful Change Examples … MSDP

What does it mean for you? Several things… especially about documentation:

- A consolidation of rules/requirements and a lessening of duplicative language and paperwork
- Standardized statewide forms for all mental health and substance use disorder providers
- Forms that will assure financial and clinical compliance and reduce opportunity for rejection from auditors and payers
- Forms that are compliant with JCAHO, CARF, COA and NCQA accreditation standards
- Structured forms (check boxes) to record less narrative and reduce completion time

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**			

MTM's 988 Success Checklist!

- *Assure a system that can successfully hand off a consumer in need to any other provider without them having to repeat or re-capture information.*

- *Assure a system that captures all of the need clinical information to complete a positive clinical interaction, while also making sure that each encounter is timely and consumer friendly.*

- *Assure a system that can allow for cross training and standardized training across the entire system that generates significant time and costs savings; further increasing the likelihood of success.*

- *Establishing what the goals/expected outcomes are for the system so that you can confirm that you have actually attained the changes desired.*

- *Bring together the correct people to make the change happen, as experience and leadership are crucial to attaining a solid outcome.*

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***.

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

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

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*!

What Does Quality Care Look Like?

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**

What Does an Outcome Measure Look Like?

Annie.Jensen@mtmservices.org
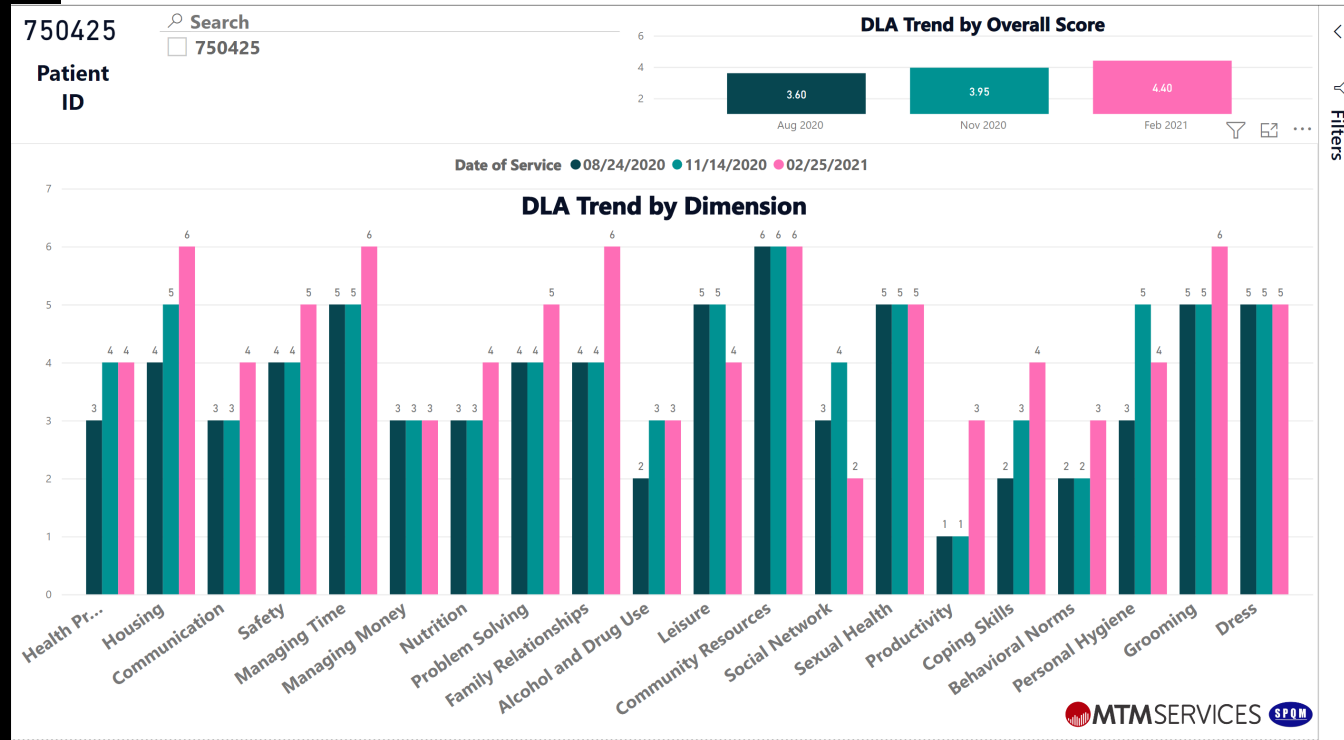
What Does Quality Care Look Like to You!?

What Are The Components Needed to Deliver Quality Care!?

1. Good Clinical Provider
2. Good Attitude/Intentions
3. Evidenced Based Practices
4. A Building or a Good Virtual Environment
5. Consumers to work with
6. Good Equipment
7. What else…..?

The "Value" of Care Equation

What Quality is Depends on your filter!!

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"

Do You Know What Causes Consumers to Disengage!?

"Voting With Their Feet" is the Original Outcome Measure….

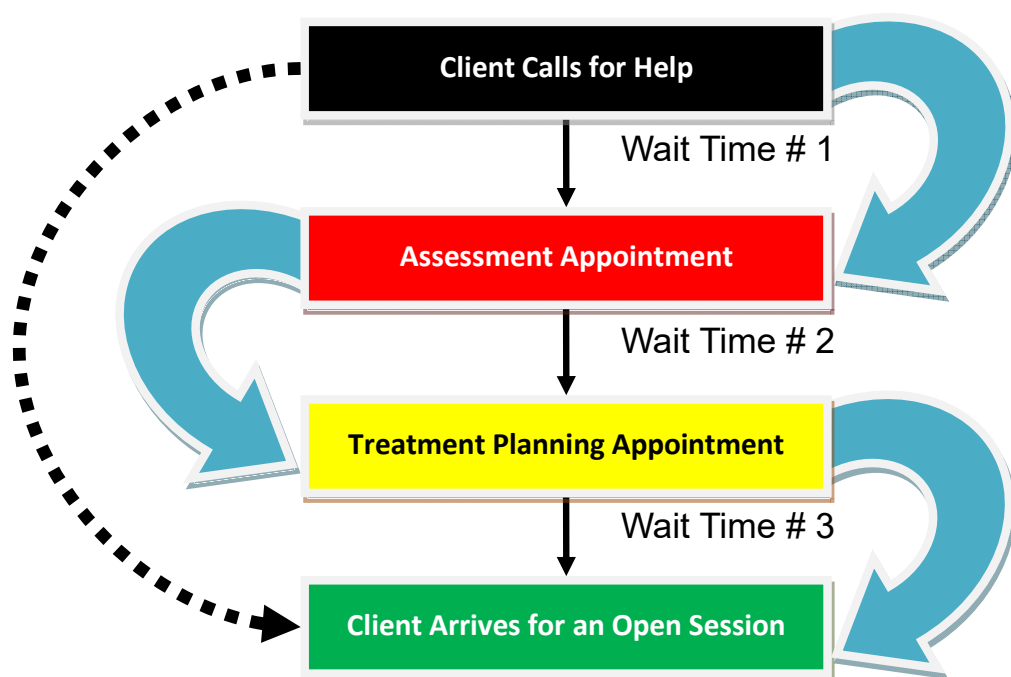**Additional Aspects of Deliver Quality Care!?**

1. *Access/Time to Care*
2. *Answering the 5 Questions Needed During Assessment*
3. *Access to follow up Care*
4. *Not Cancelling/Rescheduling the 1st Follow Up Appointment*
5. *Staff that are not burned out and holding on*
6. *Welcoming facilities*
7. *What else...*

The Client's Definition of Access


```
Client Calls for Help
        |
        v  Wait Time # 1
Assessment Appointment
        |
        v  Wait Time # 2
Treatment Planning Appointment
        |
        v  Wait Time # 3
Client Arrives for an Open Session
```

Access System Realities -
1. Client vs Agency View.
2. The False Reality of Full.
3. The Impact of Silos.
4. Mission versus Reality.
5. Clients Voting with their Feet.

Why Clients Disengage…

The 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.*

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!?

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
- OIG
- Politics
- Access to Care Issues
- Clients in care too long

But Which Changes Does Your Team Need the Most?

Photo Credit: Scott Lloyd Photography

Communicating with Data is the key!

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

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

- Establish the Parameters for the change.

- Implement the planned changes.

1. Plan

2. Do

4. Act

3. Study

- React to the results of the evaluation.

- Evaluate the effectiveness of the change.

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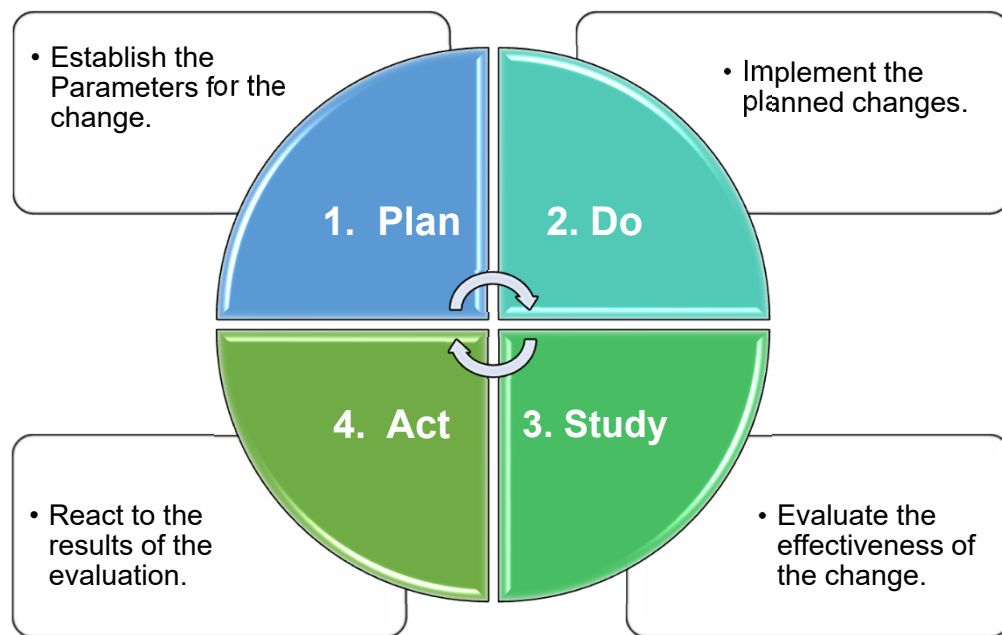
Resetting our Reality…How do we do with Making Changes?!

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
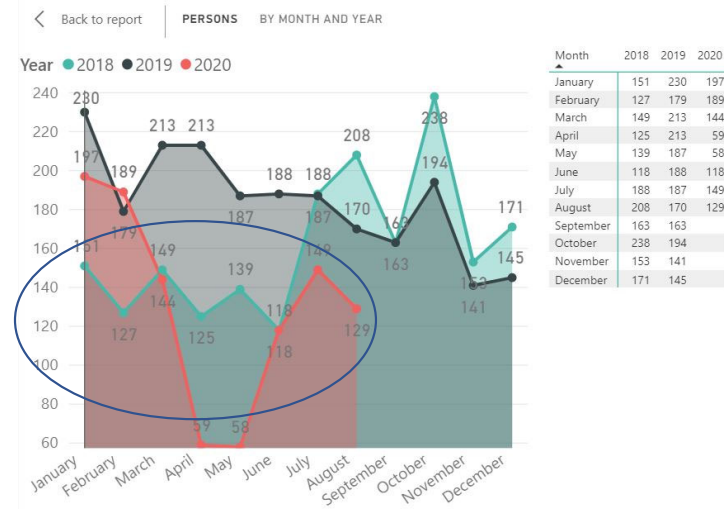4. Select a solid outcome measurement tool if possible, and if not then limit the number of measures

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

How Same Day Access and JIT Can Help 988 -
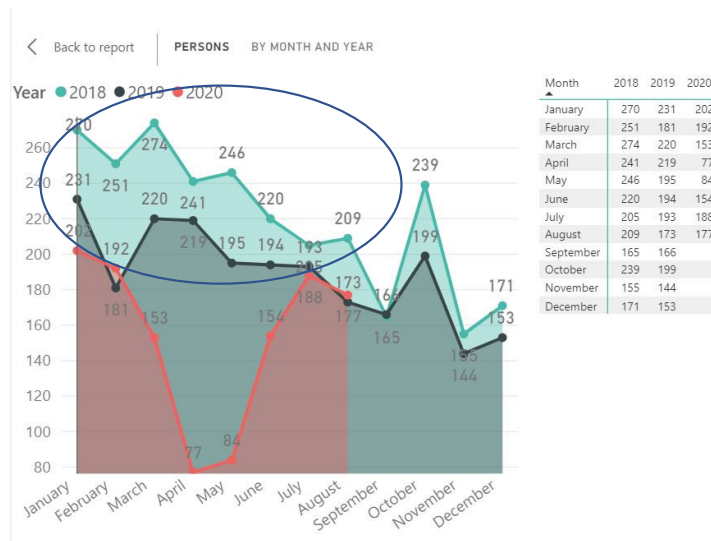
Event Counts **WITH** NS and Cancelations

Event Counts **WITHOUT** NS and Cancelations

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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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.

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