



# WHY CHANGE EFFORTS FAIL – AND WHAT TO DO ABOUT IT!



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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*

## 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.

# *Why Agreeing on Changes is Challenging..*

**What is Your Filter?!** – Everyone sees life and what a successful change is 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”*

# 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](http://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%	<b>Original Elements</b>
Delete	1028	63%	1960
dd		0%	
Initial Contact	11	1%	<b>Final Elements</b>
Registration	113	7%	596
Evaluation	388	24%	
ACS Intake	52	3%	<b>Entry Count Reduction</b>
SUD Intake	32	2%	<b>69.59%</b>
<b>Grand Total</b>	<b>1624</b>		

- **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

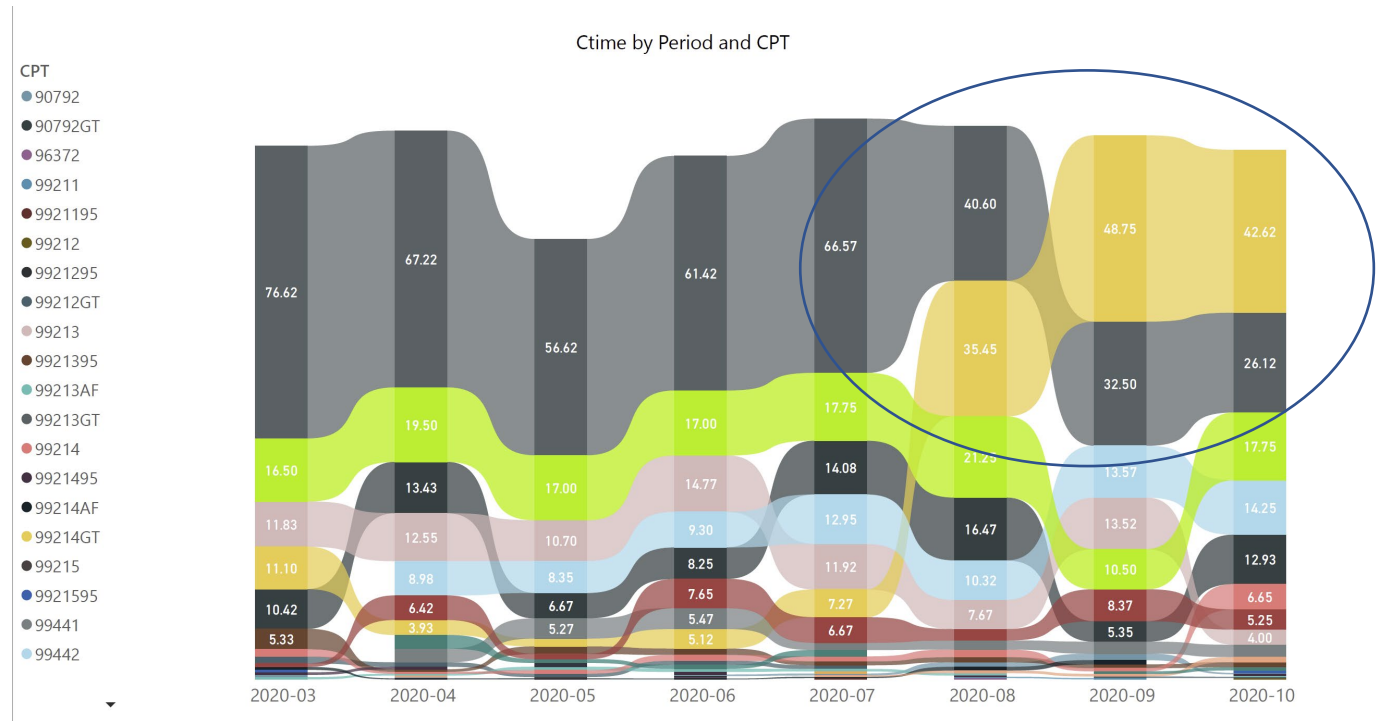
Staff Name	Position	Values	
		Sum of Unrealized Capacity (Hours)	Sum of Unrealized Revenue (\$)
	Masters Level & Above	-44.67	(\$4,727.86)
	Below Bachelors Level	-816.34	(\$85,263.54)
	Bachelors Level	-512.26	(\$39,900.02)
	Bachelors Level	-29.73	(\$3,074.62)
	Intern	0	\$0.00
	Intern	0	\$0.00
	Licensed 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
<b>Grand Total</b>		<b>-40327.04</b>	<b>(\$4,671,894.52)</b>

# 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 too 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 ...

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



# Why Change Efforts Fail...

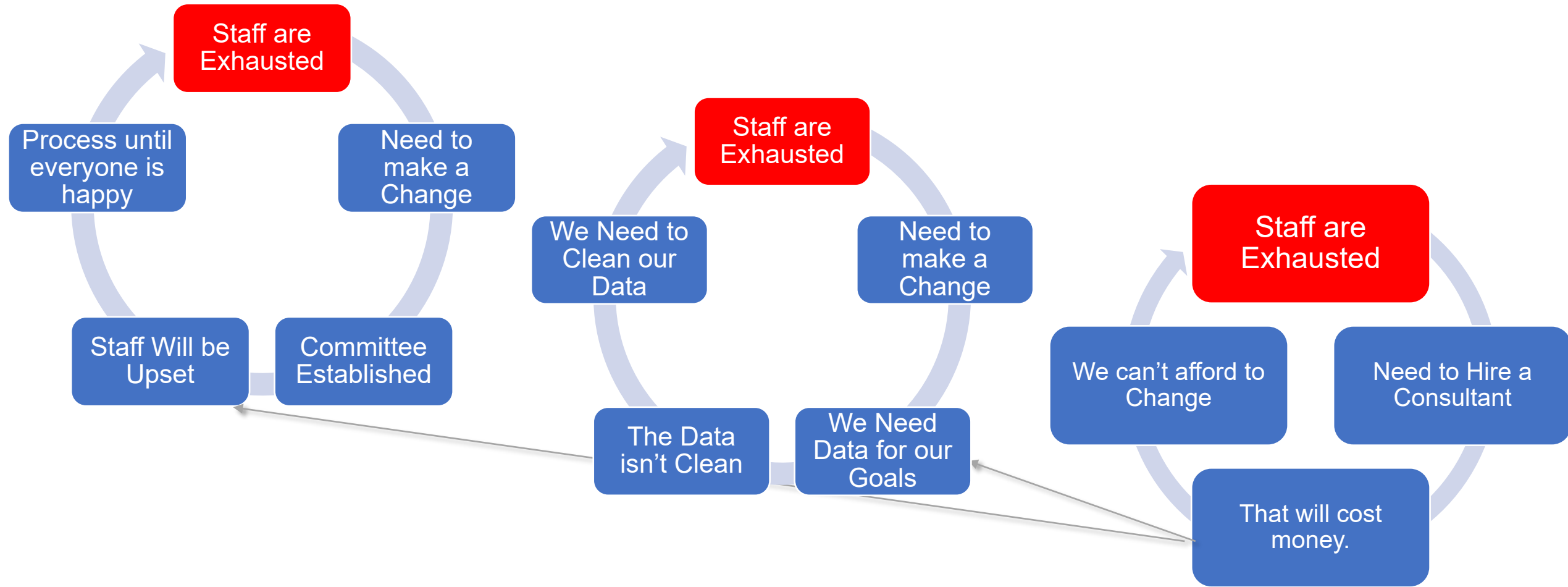
## ***Why Do Most Change Efforts Fail!?*** —

- 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!*

# Why Change Efforts Fail...

*How did we get to here?!*



# Why Change Efforts Fail... *How did we get to here?!*

## 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.*



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# What is Holding Your Team Back!?

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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 so they dismiss them
- 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

*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	8			
BH Standard	50.0%			
Work Days PY	260			
No Show %	30%			
Available Hours Per Year	2,080			
Annual Leave / PTO	256	32.00		
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		
<b>Non-Billable Hours:</b>	<b>1,040</b>	<b>130.00</b>	<b>Non-Billable Days</b>	
<b>Billable Hours:</b>	<b>1,040</b>	<b>130.00</b>	<b>Billable Days</b>	
Salary	FB%	Salary + FB	Base Cost PH	Overhead %
\$200,834.00	30%	\$261,084.20	\$251.04	44%
Staff FTE %:	100.0%			
Yearly BH Production	1,040			
Quarterly BH Production	260			
Monthly BH Production	86.7			


**Days Per Year**

[www.mtmservices.org](http://www.mtmservices.org)

Hours per Day	8						
BH Standard	23.1%						
Work Days PY	260						
No Show %	30%						
Available Hours Per Year	2,080						
Annual Leave / PTO	256	32.00					
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					
<b>Non-Billable Hours:</b>	<b>1,600</b>	<b>199.94</b>	<b>Non-Billable Days</b>	<b>9.23</b>	<b>Non-Billable Months</b>		
<b>Billable Hours:</b>	<b>480</b>	<b>60.06</b>	<b>Billable Days</b>	<b>2.77</b>	<b>Billable Months</b>		
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 %:	100.0%						
Yearly BH Production	480						
Quarterly BH Production	120.12						
Monthly BH Production	40.0						
Hours Weekly							
	9.2	10.5	13.2	15.1			

**Days Per Year**

**Basic Cost Based Productivity Calculator**  
Change Only The Blue Cells

 [www.mtmservices.org](http://www.mtmservices.org)

Daily BH Production		No Show Percentage Driven Scheduling Rate	
All Days	Minus PTO	All Days	Minus PTO
1.8	2.1	2.6	3.0
9.2	10.5	13.2	15.1

# Resetting our Reality...System Noise Impacts

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

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

# 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

# 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...*

## Self Inflicted damage

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

**But Which Changes  
Does Your Team Need  
the Most?**



Photo Credit:  
Scott Lloyd Photography

# Resetting our Reality...Get to the Root Cause

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!!

# Resetting our Reality...

**Did you implement the change to fidelity?**

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

# Same Day Access –

## **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. You are not doing the Assessment and Treatment Plan at the first meeting?
4. Do your Assessments take more than an hour?

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

## **Bonus Questions -**

1. Do you have anywhere to put folks once the assessment is completed?
2. Follow up appointment happening within a week?

## 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?

# 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.

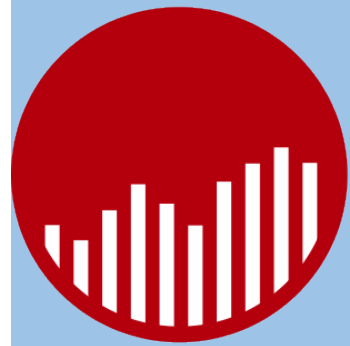


## 3

### 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**.





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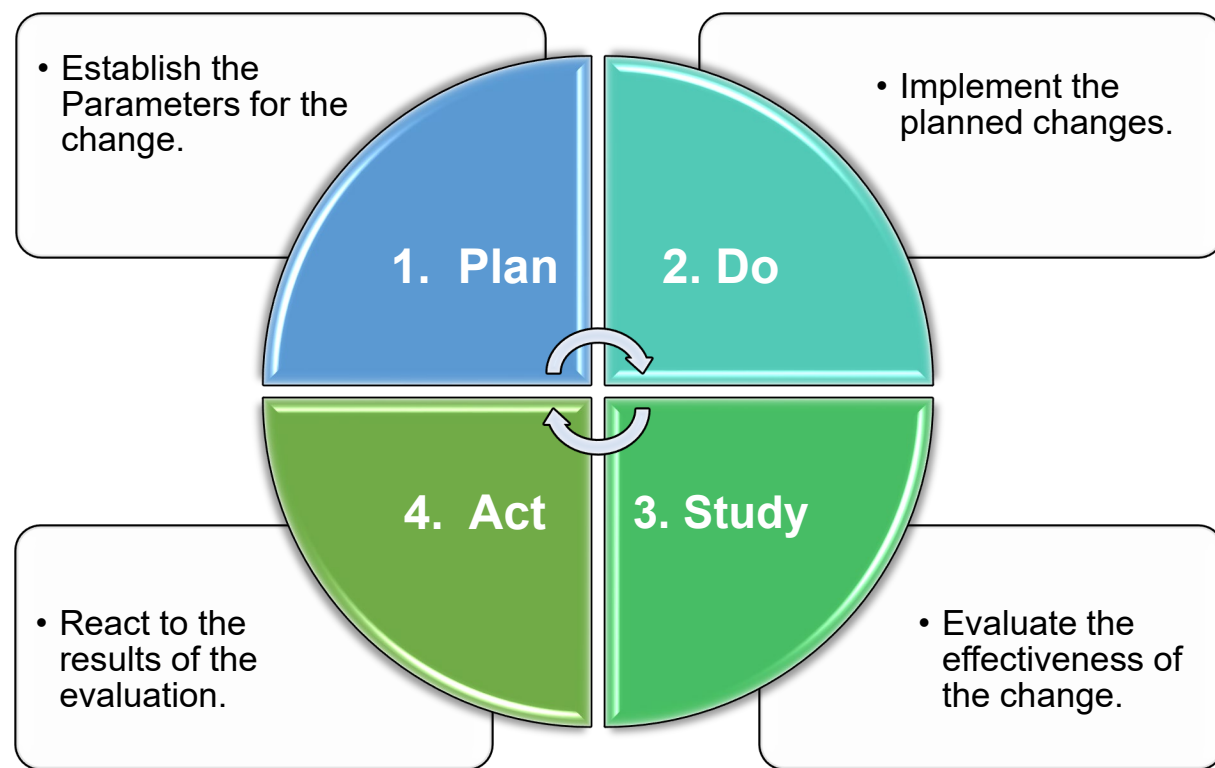
**Communicating with Data is the key!**



# 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....)***





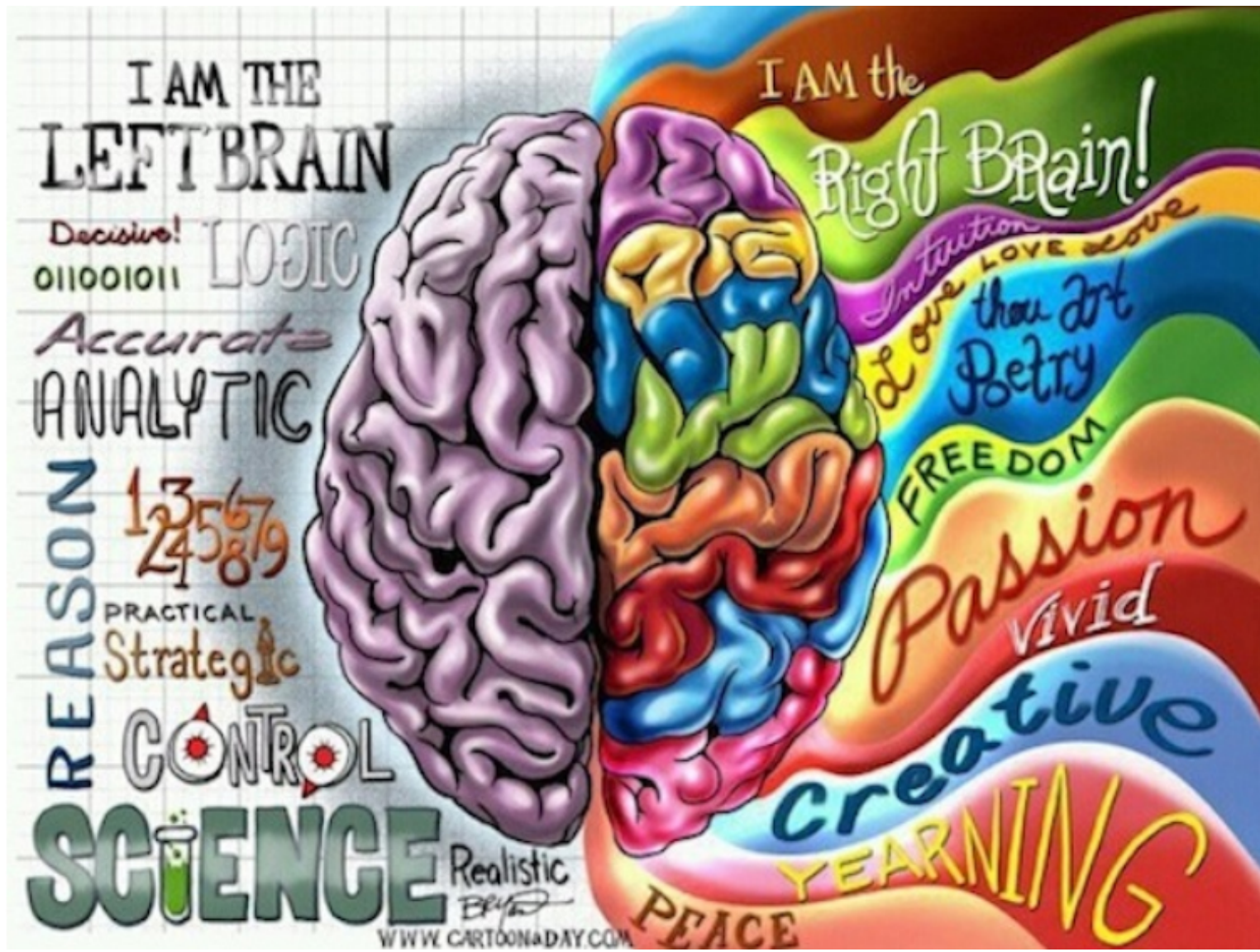
# Resetting our Reality...How do we do with Making Changes?!

***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!***

# Resetting our Reality...How do we do with Making Changes?!



# Using Data to Make Change Happen!

## How Does/ Does Your Team Use Data?!

Instagram

Search



racingforals Message

886 posts 3,698 followers 2,275 following

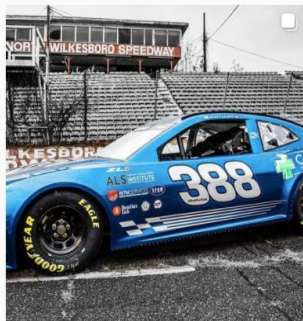
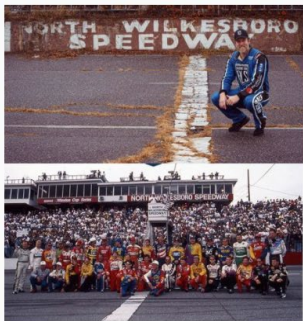
RACINGforALS

Two brothers racing to make a difference; praying for a cure!! 501c3 w/ 125k+ Raised so far!! Donations and Merch via the link below:

[www.racingforals.com](http://www.racingforals.com)

Followed by thesmith84, vanessa.w.v8, penelope22322 +55 more

POSTS IGTV TAGGED



Over \$170,000 raised for ALS Research -  
@RacingForALS

## Anecdotal Data - Which Car Would You Choose?



Photo Credit: Scott Lloyd  
Photography

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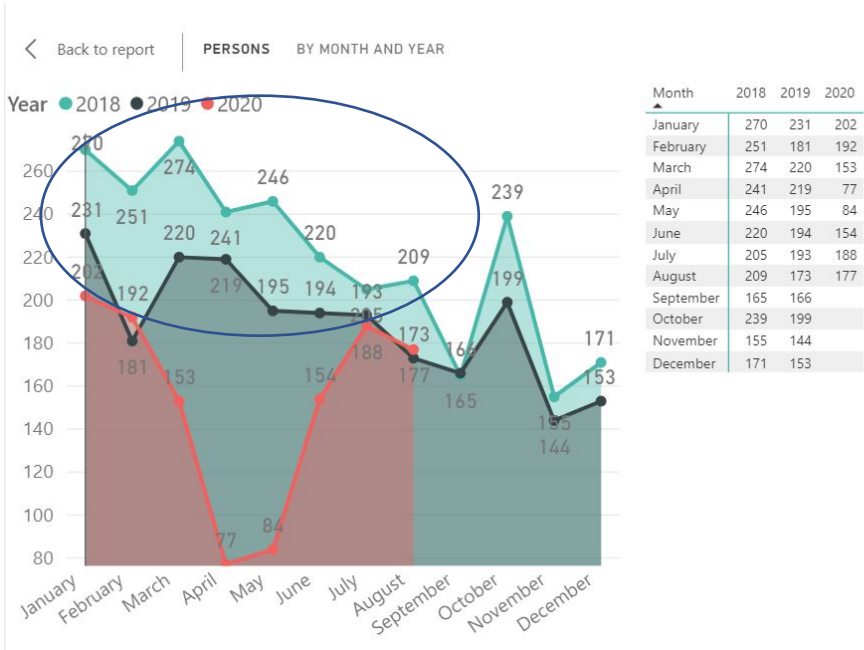
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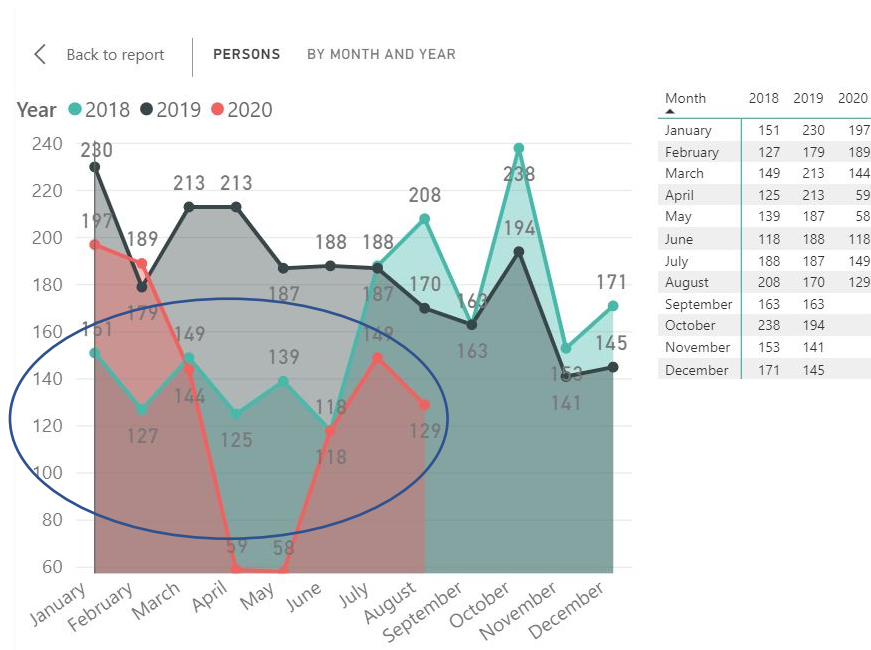
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# Resetting our Reality...How do we do with Making Changes?!

## Why you need a Data Driven Support System.....



Event Counts **WITH** NS and Cancelations



Event Counts **WITHOUT** NS and Cancelations

# Resetting our Reality...

## *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.*

# Resetting our Reality...

**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!**

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FORWARD TOGETHER

Thank you!