Ending Organizational Dysfunction

Presented by:

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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 800 providers (MH/SA/DD/Residential) in 46 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
  ◦ 7 Statewide efforts with 176 organizations
  ◦ Over 5,000 individualized flow charts created

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

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Heads up - *Teams who are living in Dysfunctional Systems often feel overwhelmed. Because of this, when the components of dysfunction are addressed it can feel like an attack as we call out what is not working. That is not the goal today, our goal is to inspire, to empower, and to give you strategies to make things better for you and your team.*

The Challenges we Face are Real.....

Federal O.I.G.

The Office of Inspector General

-Do you know about the Exclusions Database?

-Do you know about RAC teams?

    -A lot of states are passing the compliance responsibilities to the providers.

-Do you know why Money is being taken back?

    -Increased audits with an emphasis on Medical Necessity Linkage and The Rehabilitation Model.

Shift in Payment Model...

1. As parity and national integrated healthcare provided under the Affordable Care Act (ACA) are implemented, new models of "shared risk" funding are being introduced.

2. A shift by payers such as Medicaid, Medicare and Third Party Insurance from "**paying for volume"** to "**paying for value**" provides a significant challenge for CBHOs.

3. Ability of all staff to develop a **dynamic tension between "quality" and "cost"** as if they are on a pendulum

4. A large majority of CBHOs do not have an ongoing awareness of their cost of services or cost of processes involved in the delivery of services (i.e., "What is your cost and time to treatment?")

"Value" of Care Equation

1. **Services provided** – 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

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

3. **Outcomes achieved** (i.e., how do we demonstrate that people are getting "better" such as with the DLA-20 Activities of Daily Living)

4. **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.

"Value" of Care Equation

Has led to enhanced competition for funding and the addition of multiple MCOs within the same state to manage/foster that competition.

A Case Study Presented – Tomorrow at 10:00 AM

The Association of Community Mental Health Centers of Kansas, Inc.

ACMHCK History –
3 MCOs were brought into the state in 2013 to set up a competitive process. The original thought was that not all of them would survive, but all three are still there and operating. The centers in Kansas have taken very proactive steps to work with the MCOs and to protect what they feel is clinically appropriate for their consumers.

Does it Make Sense !?
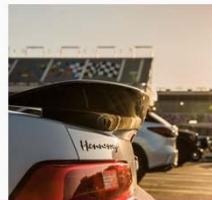
Life's Reminders…

Does it Make Sense !?

- Average Access Entry Time is 31 / 48 Days *(48 is if you include Psychiatric Evaluations as a possible first appointment)*.

- 98% of the organizations we work with are understaffed in their support departments *(Can't get a live person on the phone)*.

- Teams are still utilizing assessments that take hours of time to complete including in session and post session time.

- Teams are utilizing EMRs that don't work.

- Teams have staff members continually not attaining their productivity standards.

- Consumers continue to miss appointments, while we have caseloads that are too full to take on new clients....

Does it Make Sense !?

Standard Answer, "**We've Talked About That!**"

Talking About it is No Longer Good Enough....

It Never Really Was...

The Question for you is -
"More of the same, or
make a change?"

Why we Just Talk...

1. Staff are Exhausted!

2. Staff will get upset!

3. We don't want staff to leave!

4. We don't have the data to know for sure.

5. We have always done it this way!

6. It is our system's/state's/MCO's/consultant's/Trump's fault!

7. Our Managers/I am exhausted.....

Why we Just Talk…

Do your staff have time for hobbies?

*Average National Turnover rate for our Industry is **40%***

Photo Credit:
Scott Lloyd Photography

Dysfunction in Practice – Staff Roles

- The "We Tried This Before" Staff
- The "I Think / I Feel / I Don't Like This" Staff
- The "Everything is Wrong" Staff
- The "I'm So Angry" Staff
- The "Do You Know How Tired We Are?" Staff
- The "I Told Them This Would Happen" Staff
- The "We Can't Afford That/Next Budget Cycle" Staff
- The "Let Me Tell You Who Will Be Upset" Staff
- The "They Can't Handle It" Staff
- The "Wild Card (No Idea How they Will Respond)" Staff

Dysfunction in Practice – Staff Roles

CAPTAIN CRISIS!!!!!!

Dysfunctionality Defined -

Dysfunction in the CBHO arena can be seen when organizations start to become stymied in their change processes. Occasionally teams can even find themselves completely incapable of making operational decisions due to the behavior of staff that keeps them from moving forward. This behavior is normally emotionally driven, pattern based, and therefore predictable. Despite how predictable it is, over time we accommodate it, which allows it to become ingrained and very challenging to move beyond it.

What to Do About it...

What to Do About it...

Staff are Exhausted, upset, and want to leave...

But Why?!

1. Because we make changes!

    - OR -

2. Because the system is not efficient/Working against them!

Have you ever dealt with a teen?!

Dysfunctionality Defined – Leadership Styles

- **Authoritarian Leadership** – Dictums with no/little basis
- **Default Leadership** – "We really didn't decide, but we understand that we now just have to do this!"
- **Reactive/Knee-Jerk/Crisis Based Leadership** – Decision-making to move on that does not typically take into account the long term needs
- **Apologetic Leadership** – Slow to no decision making which results in elongated process decision making going back and forth between staff/unit and organization
- *Assertive/Consistent Leadership* – Data based objective decision makers
- **Inconsistent Leadership** – Sometimes Assertive and sometimes Apologetic.

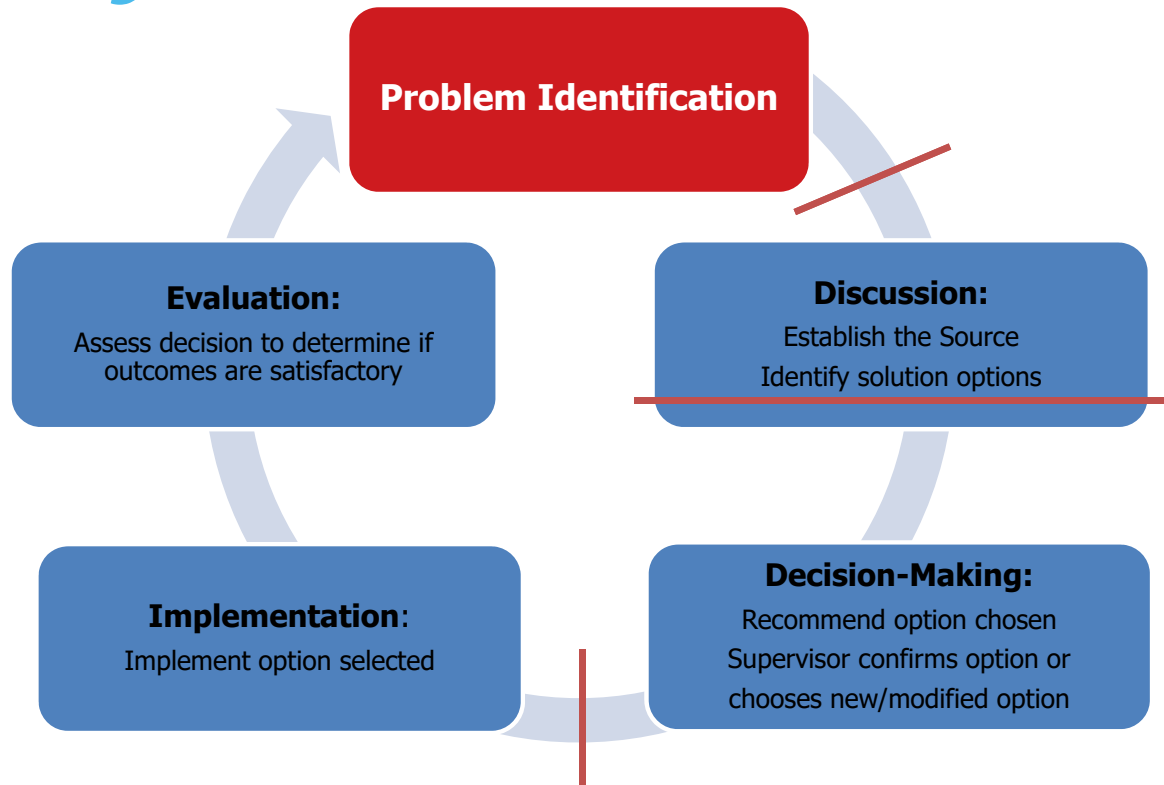# *The Dysfunction Solution -*

General Anxiety	Specific/ Detailed Anxiety	Measure- ment to Quantify Scope of Anxiety	Solution Plans Designed and Implemented Based on Reality of issues identified

The Dysfunction Solution -

*Empowered 85%
Decision-Making Model*

Problem Identification

Evaluation:
Assess decision to determine if outcomes are satisfactory

Discussion:
Establish the Source
Identify solution options

Implementation:
Implement option selected

Decision-Making:
Recommend option chosen
Supervisor confirms option or chooses new/modified option

What to Do About it…

Staff are Exhausted, upset, and want to leave because the system is not efficient/Working against them!

Top Change Concepts that Get Results –

1. Collaborative Documentation / Documentation Redesign
2. Same Day Access / JIT
3. Centralized Scheduling

Other Top Change Concepts –
1. Engagement, No Show management and Episodes of Care.
2. IT Audit/Review to address the right strategic enhancements.
3. E&M Coding Reviews.
4. DLA 20 Training to attain solid outcome measurement.
5. Back Office Management / Billing Cycle Review and reset.

What to Do About it…

Staff are Exhausted, upset, and want to leave because the system is not efficient!

Collaborative Documentation / Documentation Redesign –

1. Saves 250-500 hours of staff time per year.
2. Decreases sick time usage by 40% on average.
3. Increases Show Rates by 15% on average.
4. Increases Med Adherence.
5. Generates additional revenue.

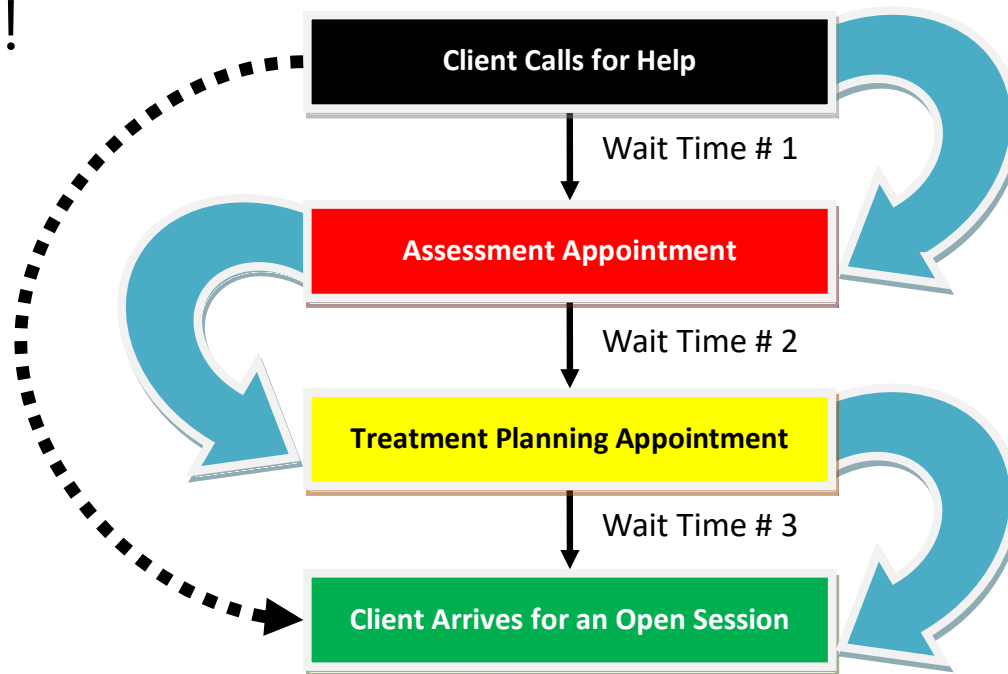So why do teams not implement this change?

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**		

What to Do About it...

Staff are Exhausted, upset, and want to leave because the system is not efficient!

Same Day Access / JIT –

1. Eradicate No Shows.
2. Better Engagement.
3. Better Customer Service.
4. Fixing longstanding documentation issues.
5. Aligns better with the mission and vision statement.
6. Generates additional revenue.

Client Calls for Help

Wait Time # 1

Assessment Appointment

Wait Time # 2

Treatment Planning Appointment

Wait Time # 3

Client Arrives for an Open Session

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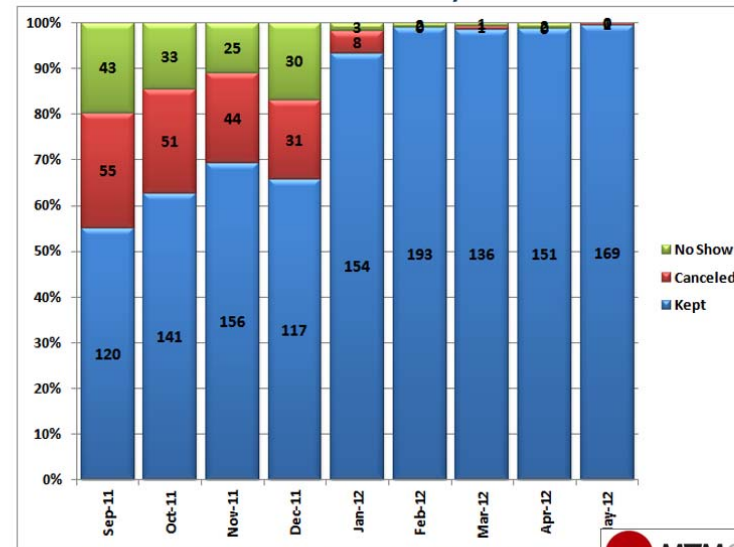6. Generates additional revenue.

What to Do About it...
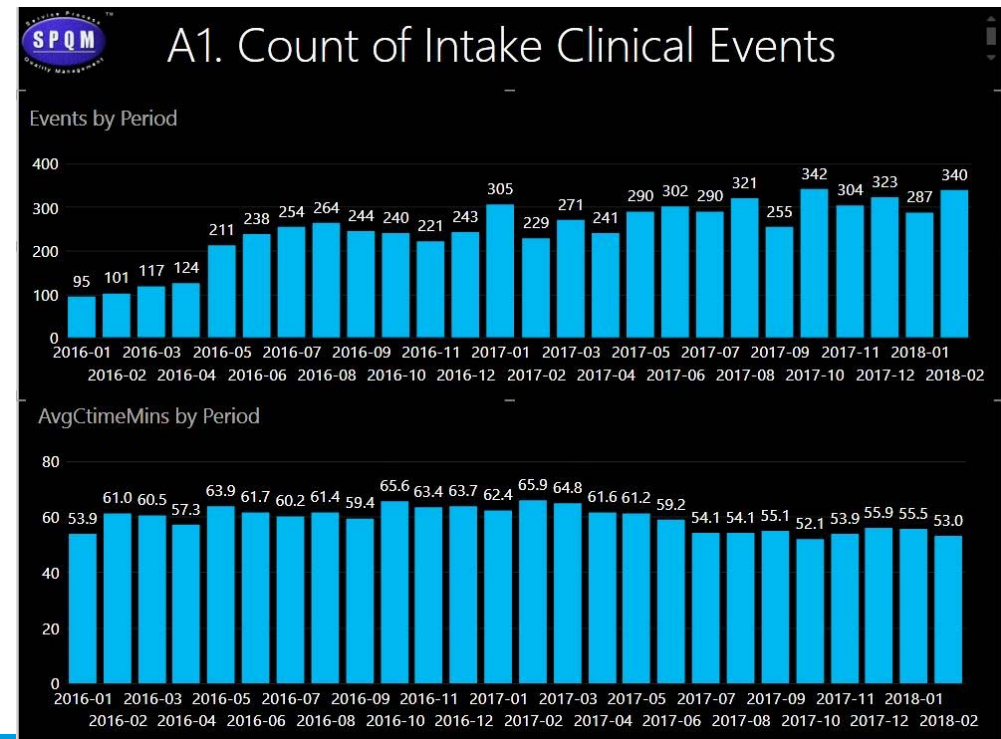
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JIT – To a Medical Provider in 3 Days

The False Reality of Full!

Dr. Jaconette: Total Trend of Events through Open Access

What to Do About it…

Staff are Exhausted, upset, and want to leave because the system is not efficient!

Centralized Scheduling –

1. Staff save 100 hours per year outside of the session.
2. Better data capture.
3. Is/Always should have been a support staff function.
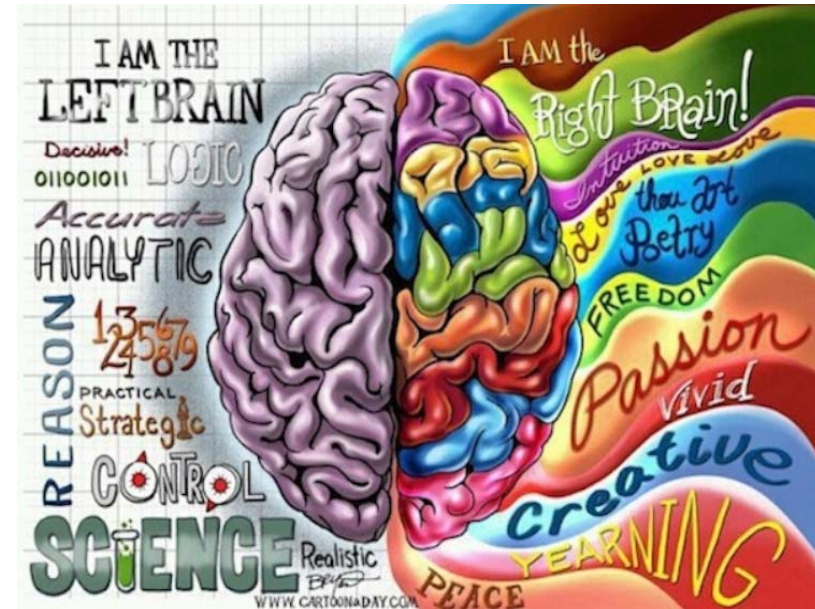4. Generates additional revenue.

Why do we not make this change?

What to Do About it...

We don't have the data to know for sure.

World's Most Accurate Pie Chart
Pie that I Will Eat!
Pie that I Have Eaten.

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

What to Do About it...

We have always done it this way!

1. Acknowledge that not everything we have done in the past is wrong.
2. Use examples of what we do that doesn't make sense!

What if someone gets upset?

1. Use data to help them see why you are making the change.
2. Empower them by making them part of the change.
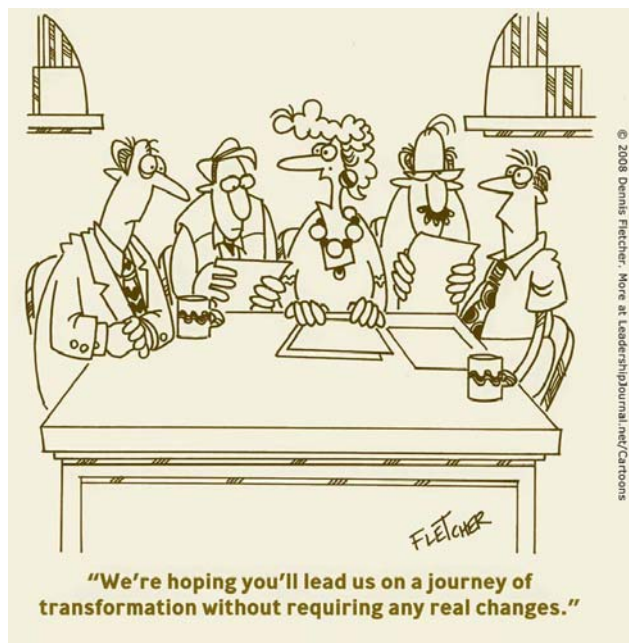3. Do not back away from the change.

Follow Up Question -

1. What would you tell a client in a dysfunctional relationship?
2. What would you tell a client in an abusive relationship?

Photo Credit – Scott Lloyd Photography

What to Do About it...

It is someone else's fault, and our Managers are/I am exhausted.....

"We're hoping you'll lead us on a journey of transformation without requiring any real changes."

FLETCHER

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- Change Requires a Full Commitment from everyone! (Ex 60 min Assessments).

- You Cannot "Blink!" - Your goal is to refocus your team on what you/they can control.

- Stages of Change:
  - Denial
  - Negotiation
  - Anger & Blaming
  - Drop Out
  - Acceptance
  - Thriving

- Staff Cannot move past you.

What to Do About it...

Final Words:

Believe in Yourself and the Process!!

A Healthier System is Worth the Effort!!

Staff Want Leadership, Despite What They Say.

You Can Do It, and I Want To Hear About It!!

Know When to Seek Help!!

Questions?