

## Productivity: Is your EHR Working for Your Team, or Against them?



**Scott Lloyd**

President

[scott.lloyd@mtmservices.org](mailto:scott.lloyd@mtmservices.org)

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



**Charlie Grantham**

IT and Process Optimization  
Consultant

[charlie.grantham@mtmservices.org](mailto:charlie.grantham@mtmservices.org)

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



**Booth: 462**



## System Noise

# Bedrock Change Principle....

## “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.

**Productivity is not a measure of how hard a staff member is working, but how well the system works for the staff.....**

**To Identify the Source of 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!?

## Making Change Without a Data Driven Support System.....

Staff – “I’m busy/overwhelmed”

Leader – “No you’re not/I don’t think you are THAT busy.”

You – “Are consumers showing improvement?”

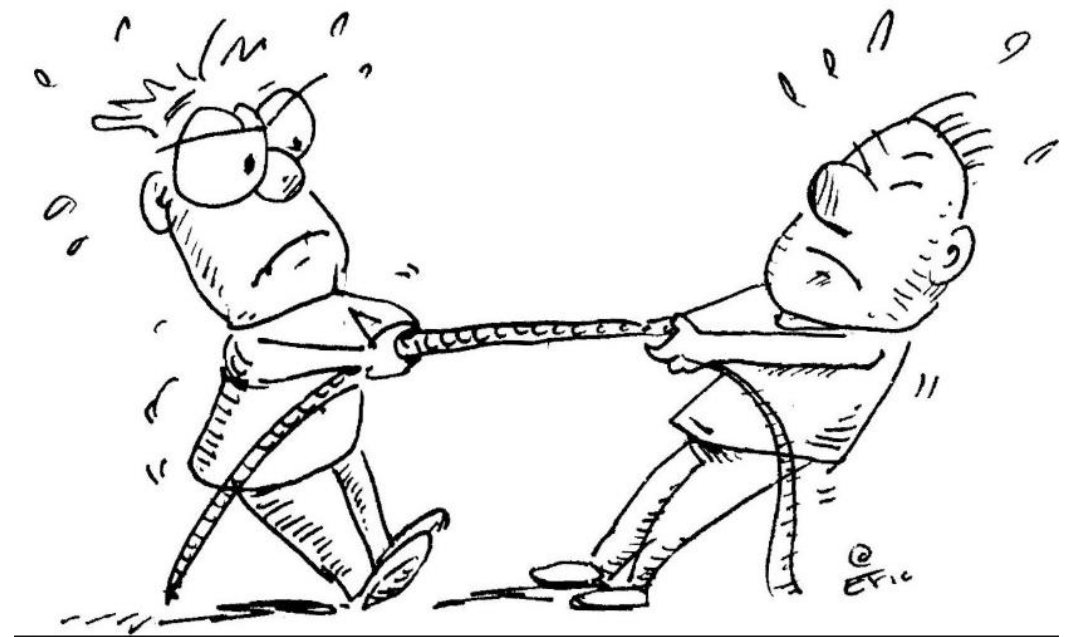
Staff – “They are doing great!”

Consultant – “So how are your no show rates?”

Team – “Much better than they used to be!”

## Making Change Without a Data Driven Support System.....

- *Team members with differing opinions, but neither side has data to back their points is a key roadblock to successful changes!*



## Making Change Without a Data Driven Support System.....

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# “I Feel Overwhelmed...”

### Busy

- Burdensome Paperwork Outside of Session
- Practice Variance (Over or Under Target)
- Service Density (Over or Under Target)
- High Level of No Shows/Follow Ups
- Overwhelmed with Meetings
- Excessive Travel Time

### Billable

- Paperwork that is an appropriate length and works to engage the consumer
- Practice Variance and Services Density in line with treatment design.
- Engaged Consumers Who Show Up.
- Productive Meetings
- Travel Planned Out to Minimize Drive Time



## What to do about it.....



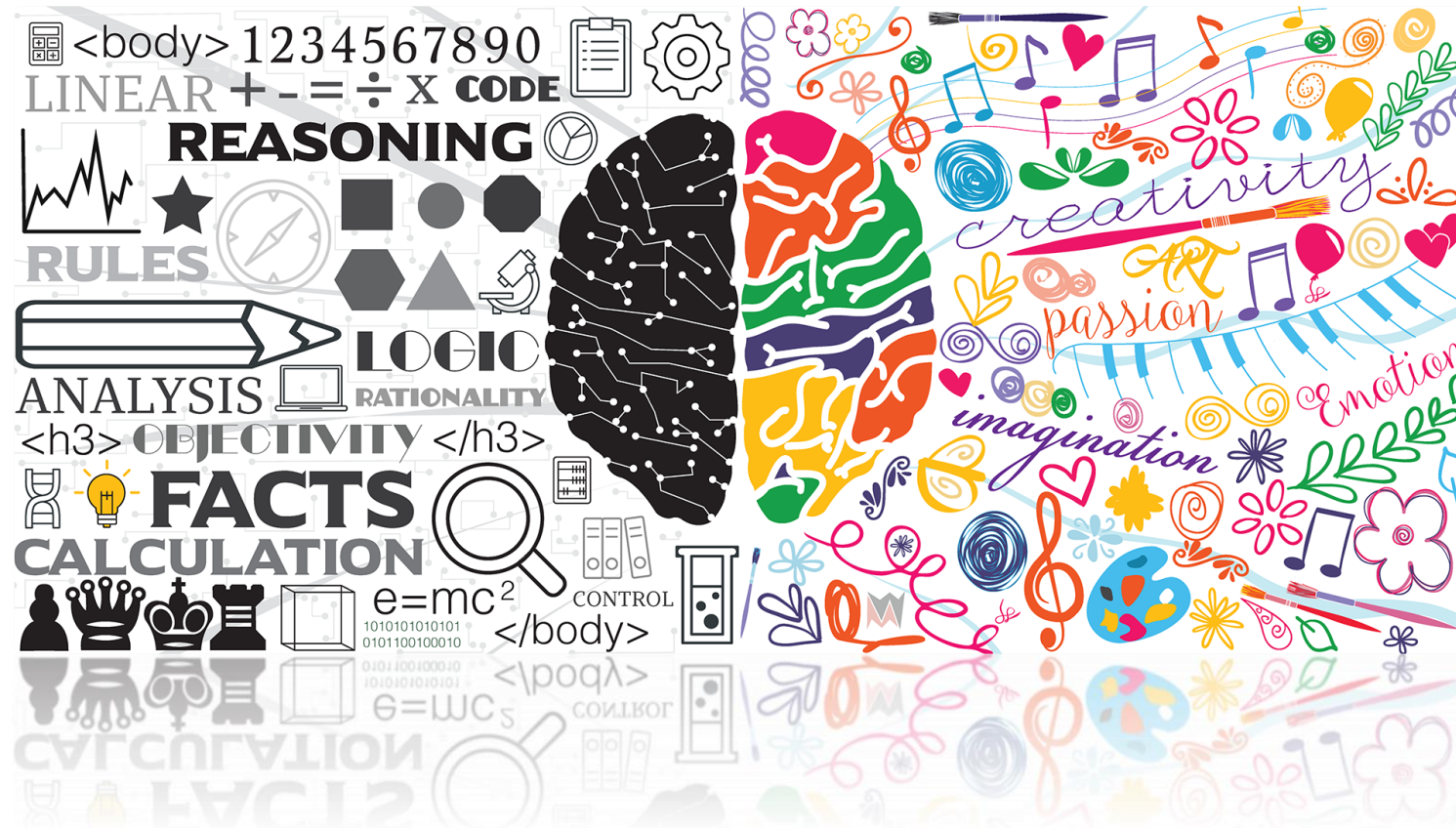
## Drowning in Data

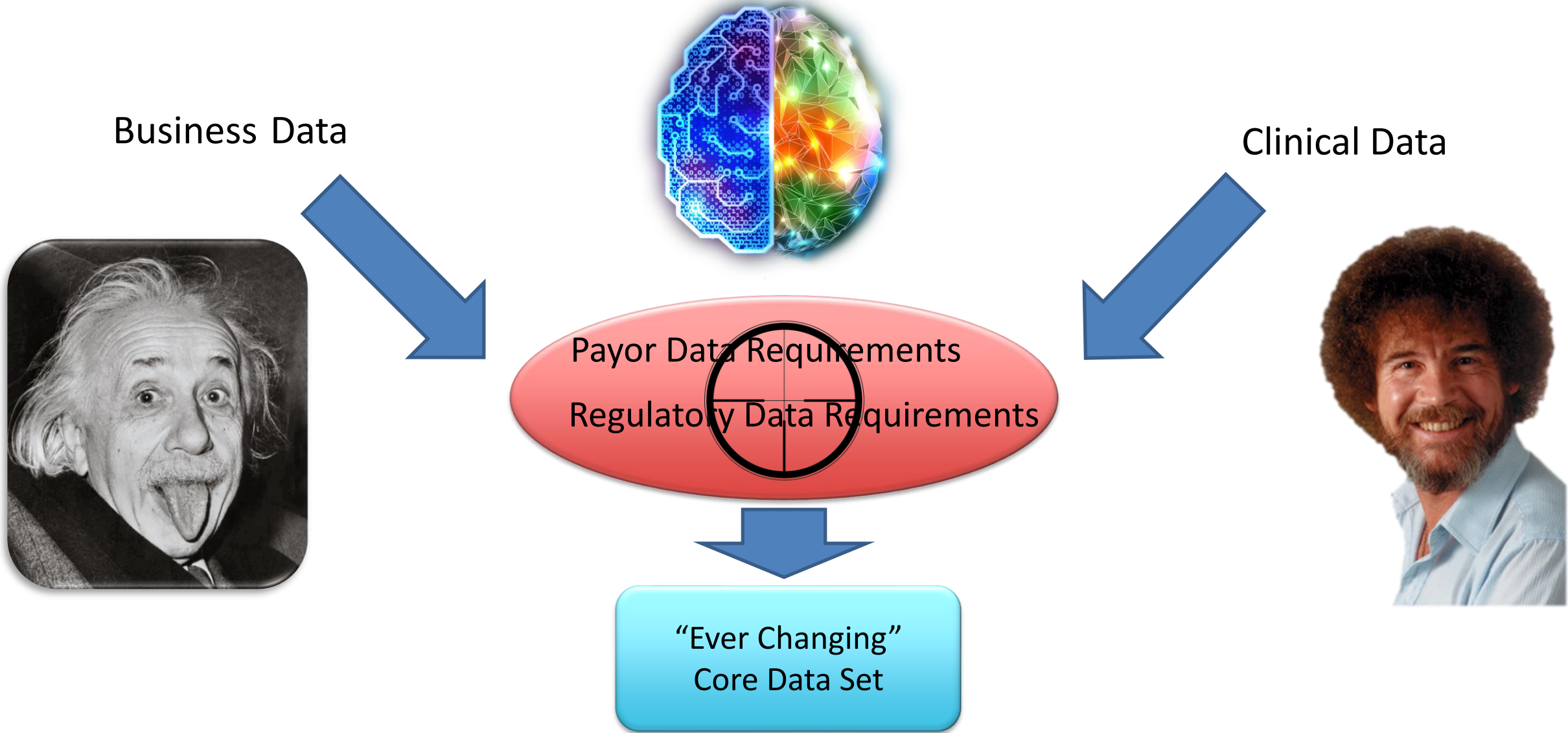


## Data, Data, Data...

- What are we collecting?
- Is it “good” data? How do we know?
- Can we get the data we need back out of our systems?
- What data will we need in the future?

## You say Po-Data, I say Po-Data







## Chances are, you already have enough data to start making real Transformational Change.

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Driving Transformational Change!



#### Essential Ingredients Overview

1. **Event**
2. **Date/Time**
3. **Location**
4. **Staff**
5. **Client**
6. **Service**
7. **Appointment Status**
8. **Duration** (Staff Time and Client Time)
9. **CPT/Service Code** (Billable or non-billable)
10. **Payor**

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- **D4 – The Proof is in the Data: Easy Recipes for Reliable Data Collection and Reporting**
  - Tuesday, March 26
  - 3:45p - 4:45p

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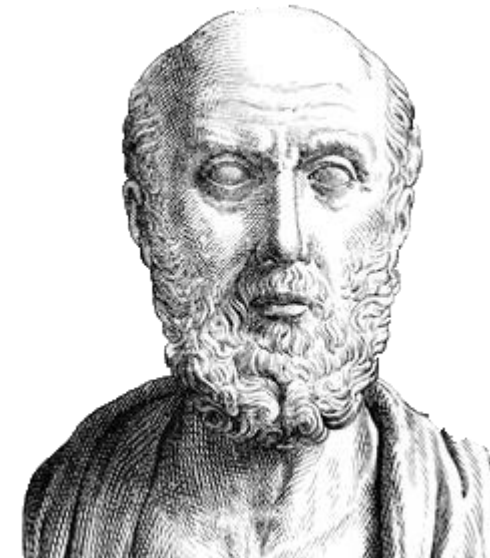
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## First, Do No Harm

- Minimizing EHR Change ripple effects
  - Extensive planning / Baselineing
    - Data Mapping / Data Planning
    - Assessing Data Quality
  - Workflows
    - Importance of collaboration
  - Assessment of current states, needs and risks
    - Road mapping
  - Using Data to Drive Transformational Change
    - Continuous Process Improvement



## Establishing a Viable Baseline

- What “data elements” are being collected?
- At what point are they collected, and by whom?
- Is there repetition of collection?
- Are there errors in collection or data collected?
- Are we collecting everything we must, or would additional data be valuable?
- Are we collecting “stuff” we don’t need?

## Developing a Data Plan, and Sticking to it

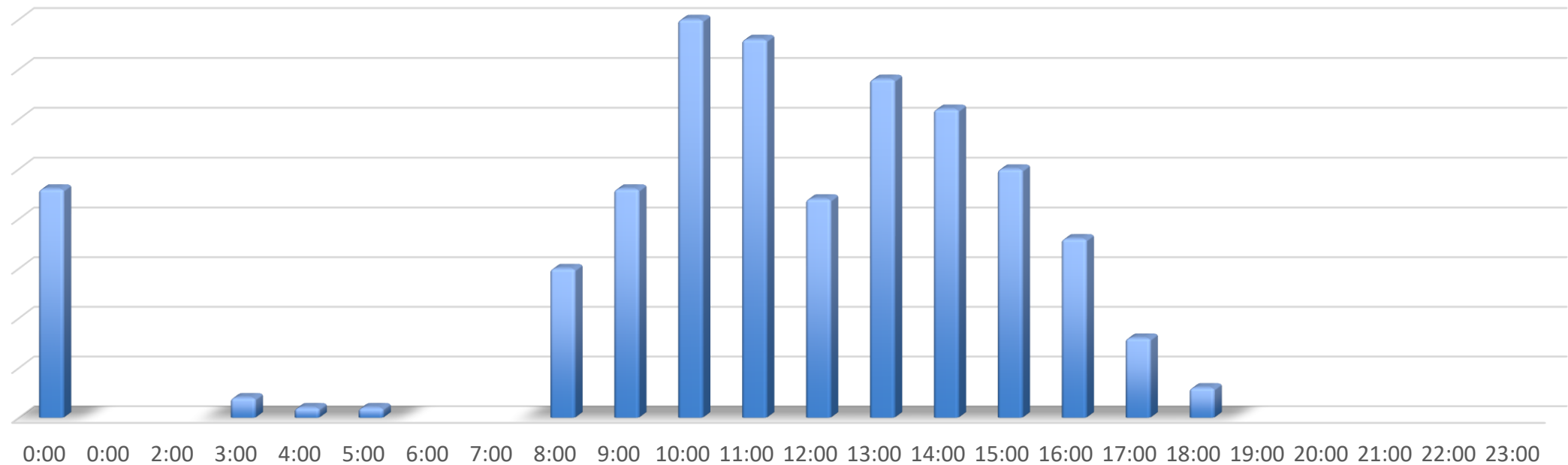
- Planning for the present and future at your data level is key.
  - Determine if information is required to be collected, and who requires it.
  - How can we simplify collection?
    - Who needs to collect it? When?
    - What **format** does the data need to be in?
    - Can we reduce free text?
    - How can we better utilize the software to help?
  - What additional elements would be helpful?



## Auditing Data

- Are we auditing the **Data** and the **Data Collectors** to make sure we have good, clean data going into the system?

Events by Start Hour





## Data Quality

- Importance of Data Formatting
  - Reduction in the use of large free text.
  - Set field requirements so reporting/logic is easier.
- Hard Stops/Soft Stops
  - Incomplete information
  - Data Validation
  - Reasons

Registration/Intake/First Contact are some of the most critical collections.

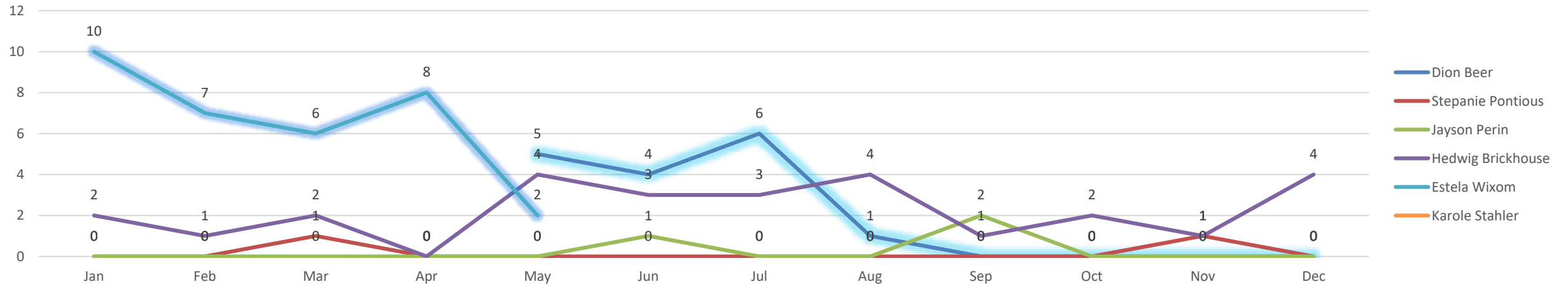


## Auditing Compliance

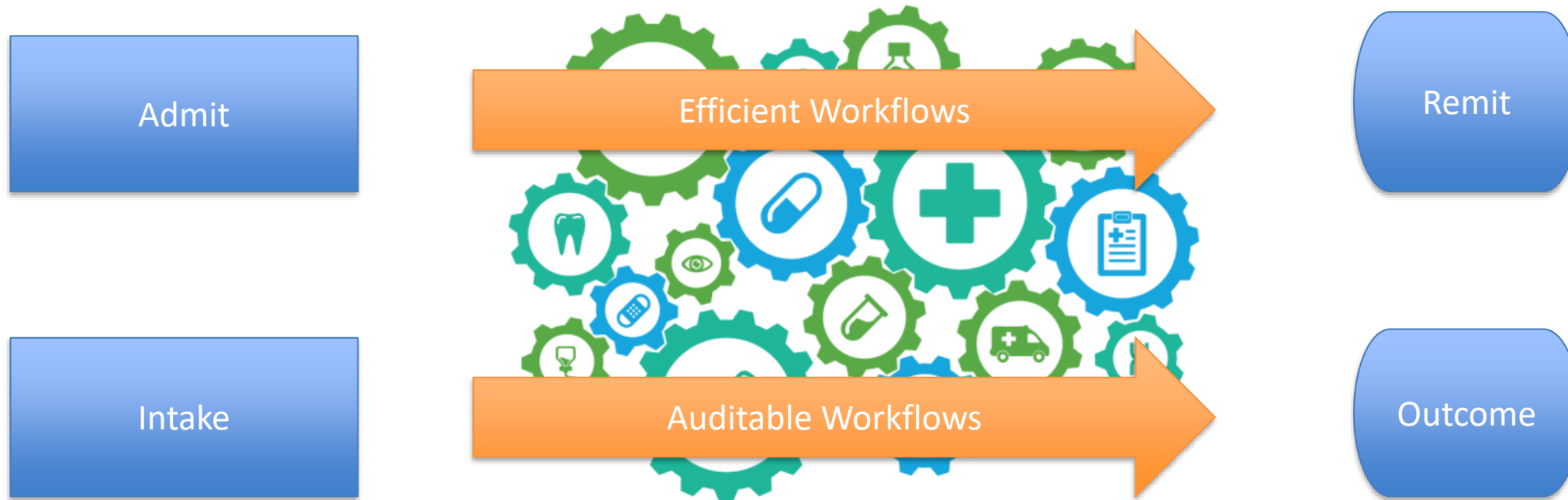
Chart Number	Date of Service	Chart Close Date	I-EVAL	BMI-SF	WCC-BH	TSC	ASC	MDD / SRA-BH-C	MDD / SRA-A	CDF-BH
152404	9/3/2018	9/8/2018	Y	N	Y	Y	Y	Y	N	Y
98974	9/3/2018	9/8/2018	Y	Y	Y	Y	Y	Y	N	Y
150846	9/4/2018	9/9/2018	Y	Y	N	Y	N	N	Y	Y
184937	9/6/2018	9/11/2018	Y	N	N	N	Y	N	Y	Y
237373	9/7/2018	9/12/2018	Y	N	N	N	Y	N	Y	Y
56904	9/10/2018	9/15/2018	Y	Y	N	Y	Y	N	Y	Y



Preventive Care & Screening: Tobacco Use: Screening & Cessation Intervention - Non Compliance



## It's all about the Workflows



## Collaboration Good

- Cross discipline workgroups
  - Gaining an understanding of needs from all sides is crucial.
    - Creating a common language.
  - Understanding capabilities and setting expectations.
  - Encourage stake holders to participate in the process.

## Silos Bad





## Showing value to all parties.

- It takes compromise and buy-in to be successful.
- Try turning your biggest skeptics into your champions.
- Understanding and bridging the gaps between Administrative, Clinical, and Technical needs are crucial.



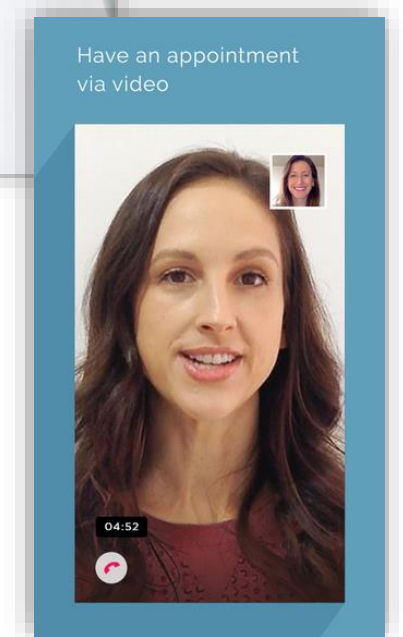
## Everyone has a part to play



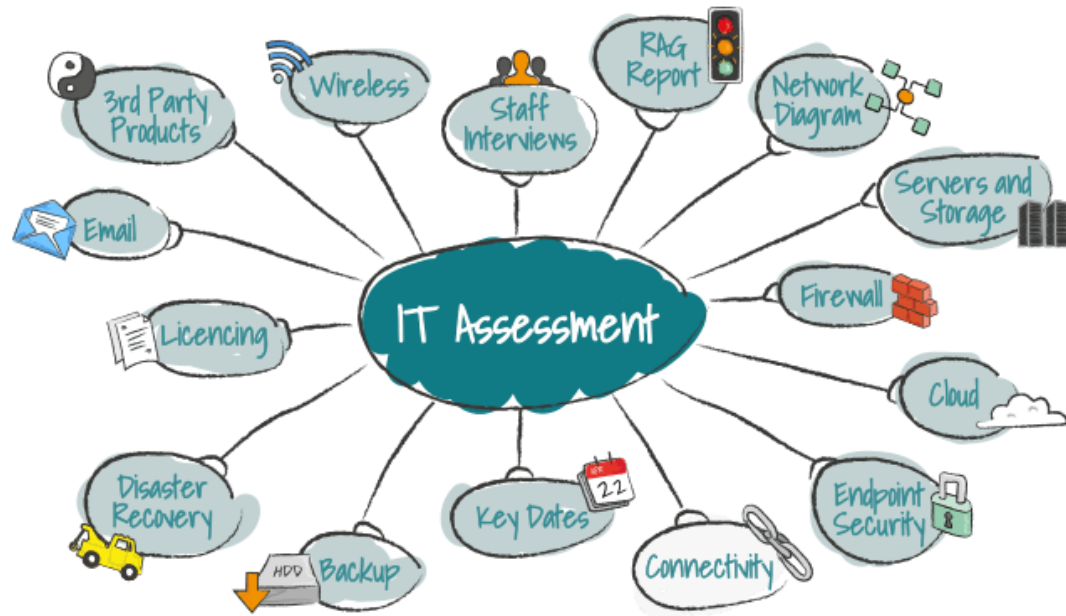
- **Administrative Considerations**
  - Revenue Management
  - Reporting
    - Micro, Macro, Meta
  - Management
  - Compliance
  - Strategic Planning

## Everyone has a part to play

- **Clinical Considerations**
  - Levels of integration
  - Workflow efficiencies / inefficiencies
  - Compliance



## Everyone has a part to play



### • IT Considerations

- Infrastructure
  - Never a one size fits all proposition.
- Workforce
  - Can we support what we have now **and** implement/update systems?
  - Do we have the skilled staff to support our current and future expectations?
- Compliance

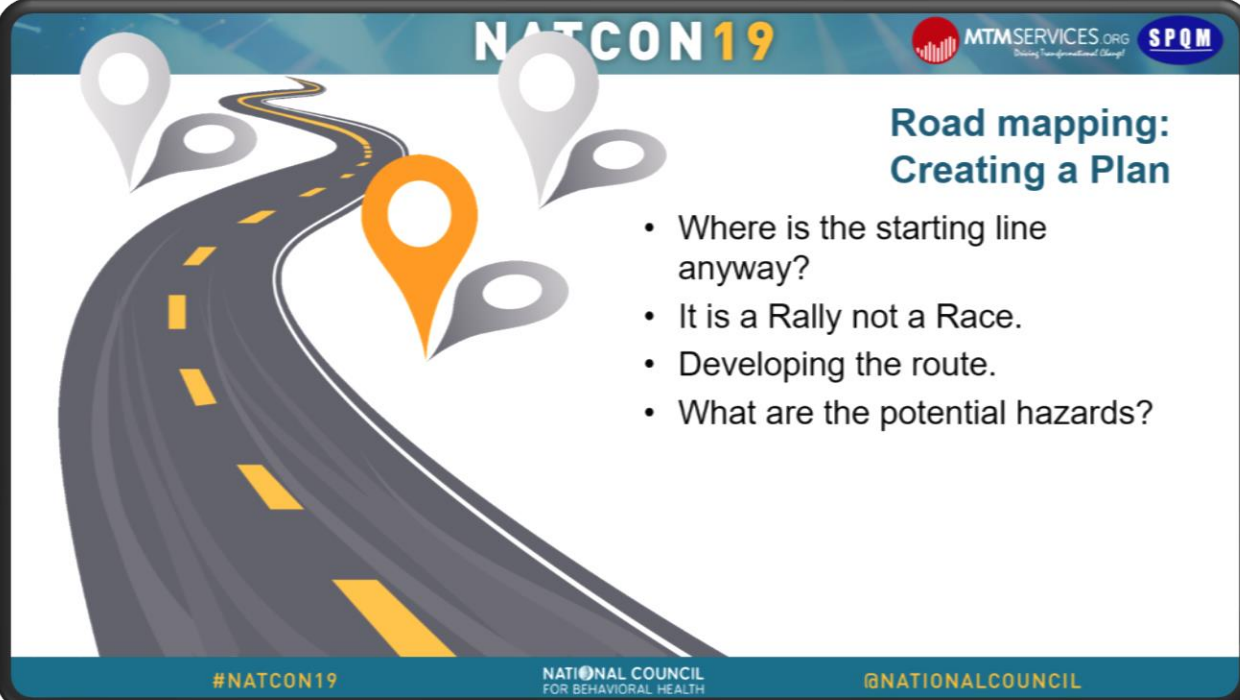




## Assessment of risk

- **Risk Considerations**
  - Every change has different levels of risk.
  - What about those worse case scenarios?
  - How do we take care of our clients when systems are down?



## Baselining and Road Mapping



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### Road mapping: Creating a Plan

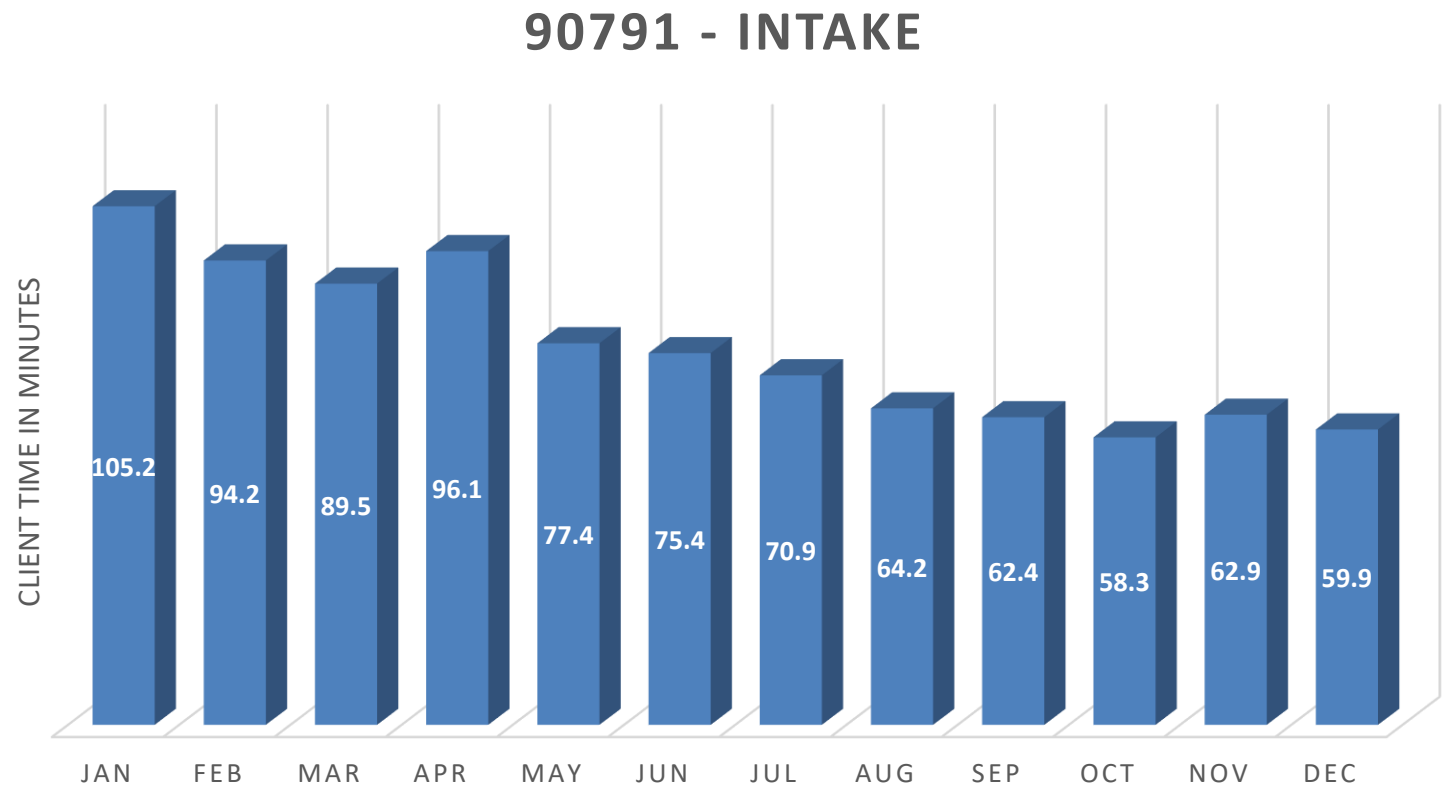
- Where is the starting line anyway?
- It is a Rally not a Race.
- Developing the route.
- What are the potential hazards?

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- **B1 – IT Road Mapping: Are You Wasting Your EHR Dollars?**
  - Monday, March 25
  - 4:15p - 5:15p

## Using Data to Drive Change

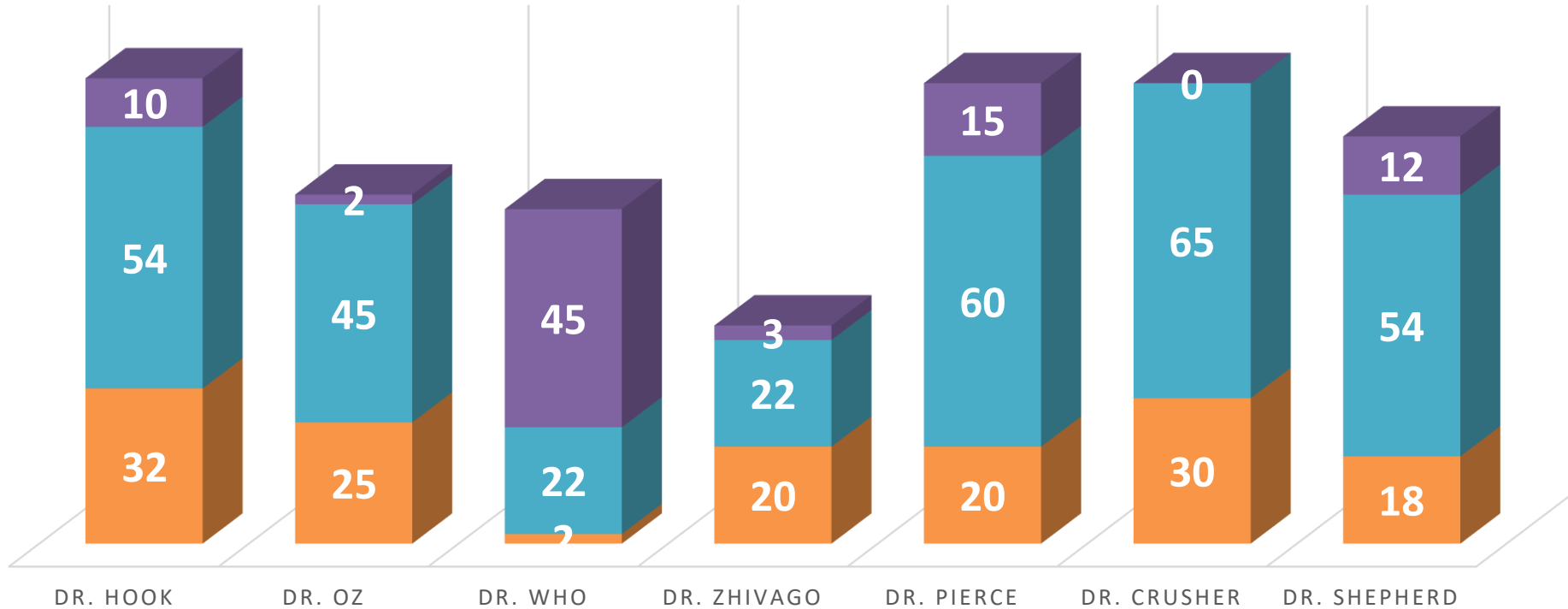
- Include metrics to analyze change effectiveness
- Metrics should also be used to verify compliance



## Using Data to Drive Management

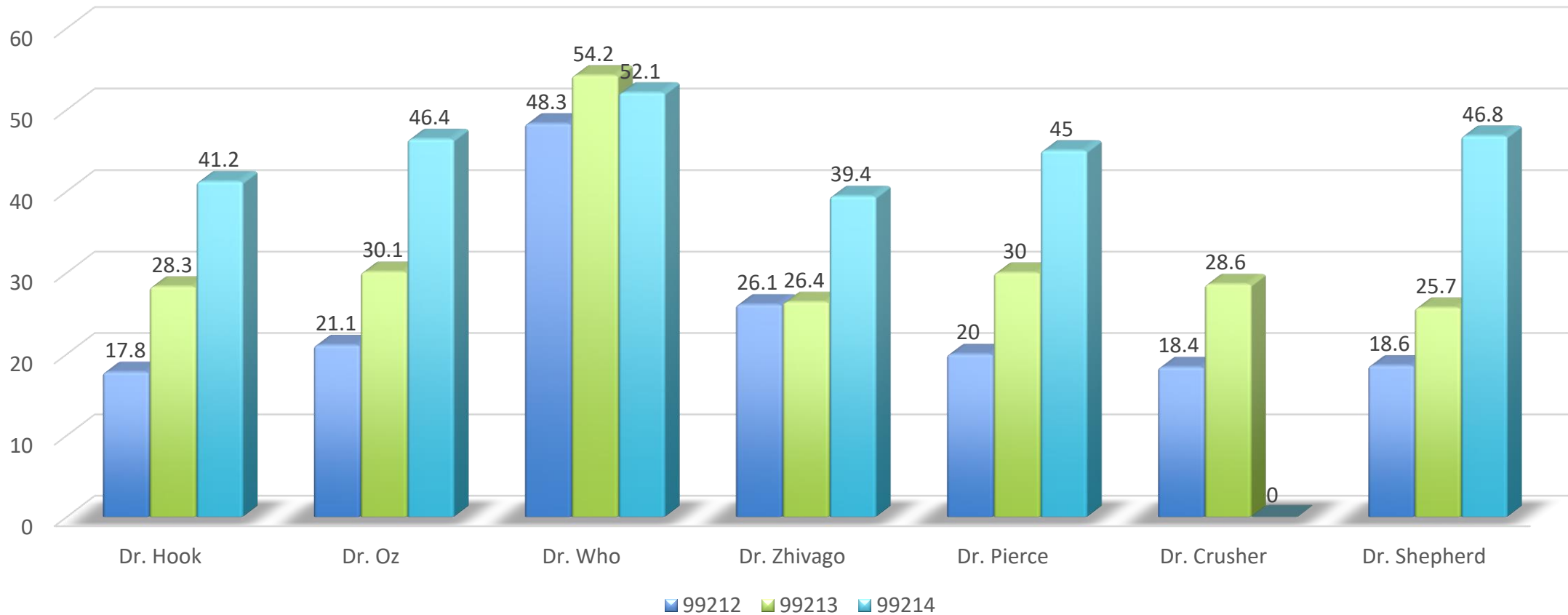
### VOLUME BY CPT

99212 99213 99214



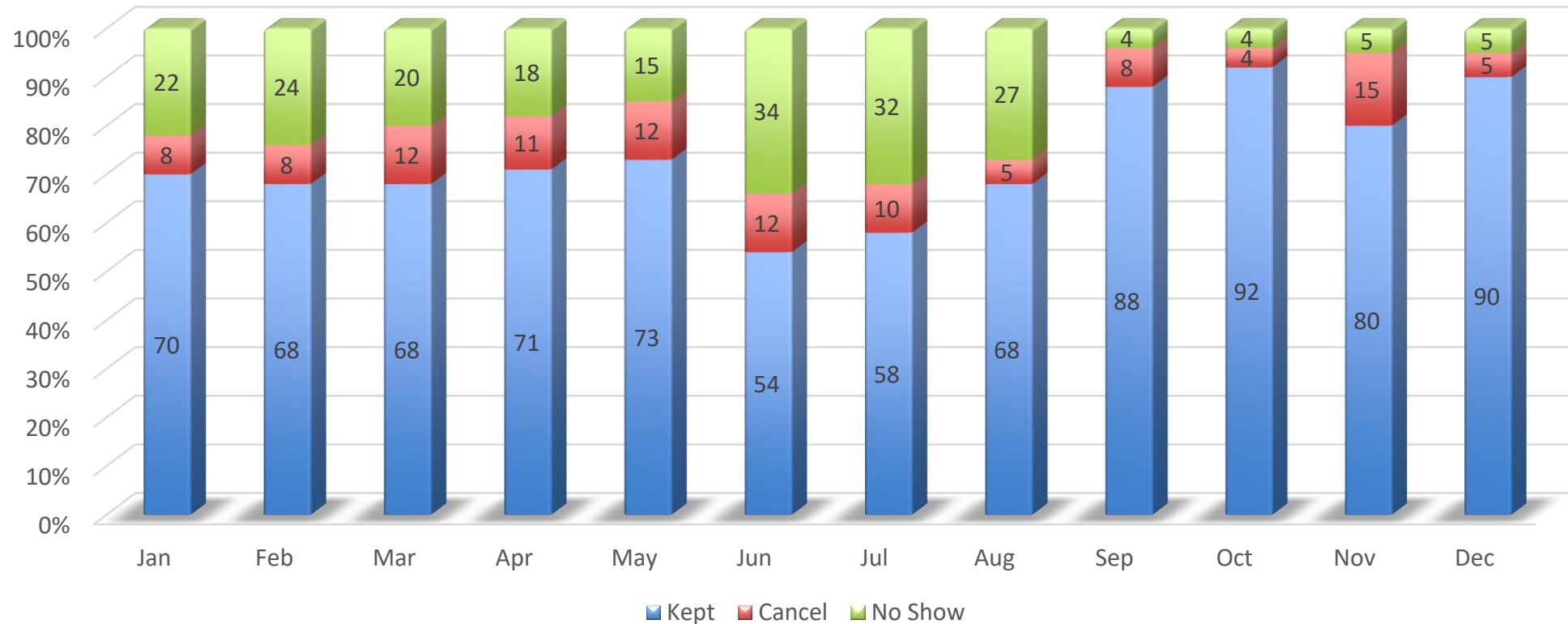
## Using Data to Drive Management

### Practice Variance in Client Time



## Trending Reports

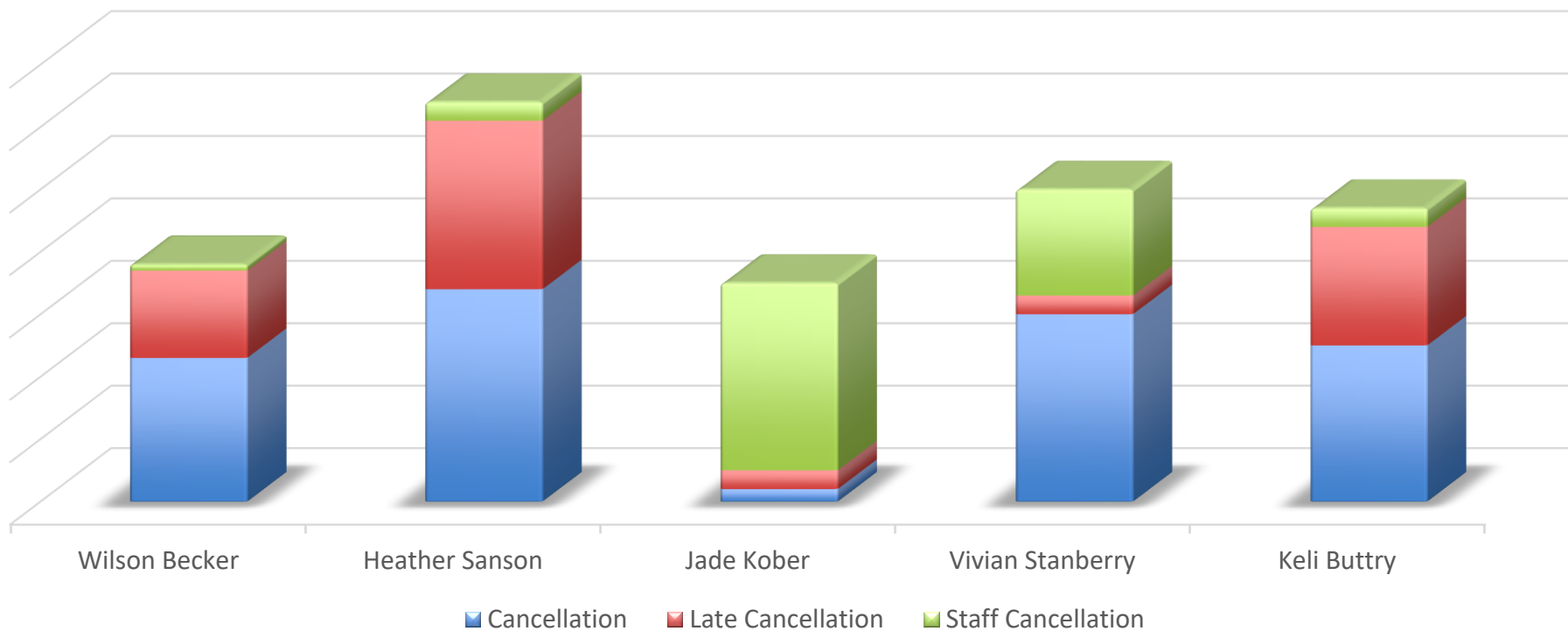
### No Show Percentage by Month



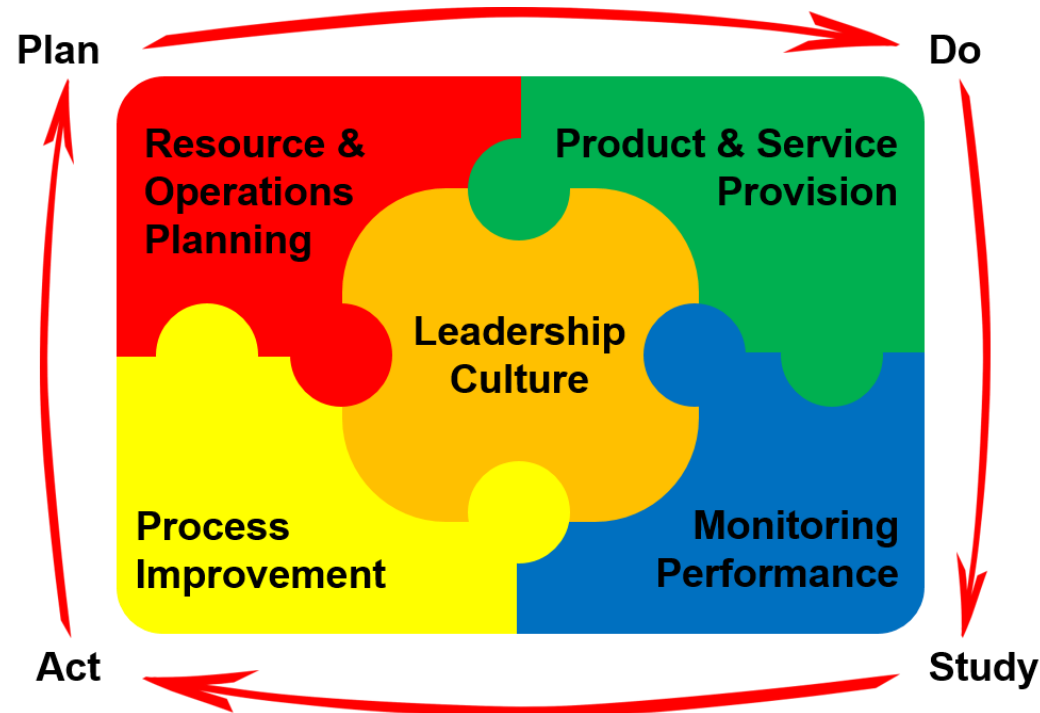


## Trending and Detail are powerful

### Cancellation Detail - November

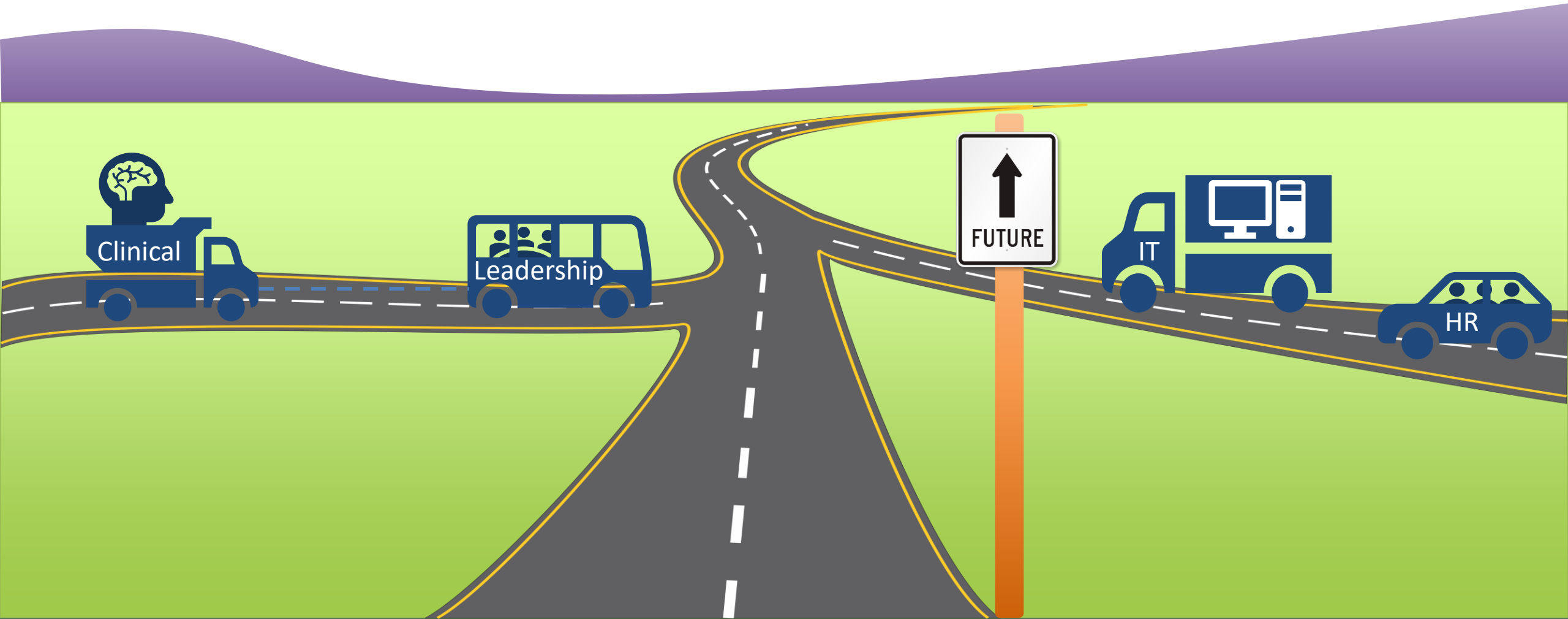


## Always a work in progress

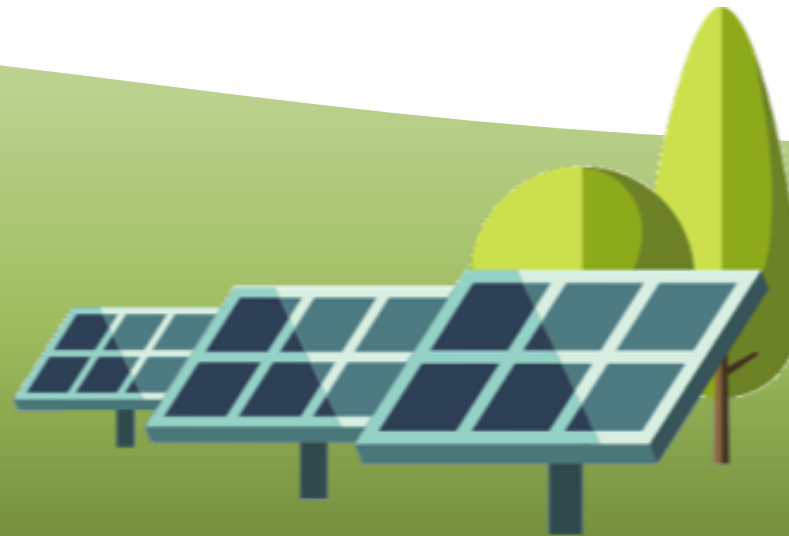




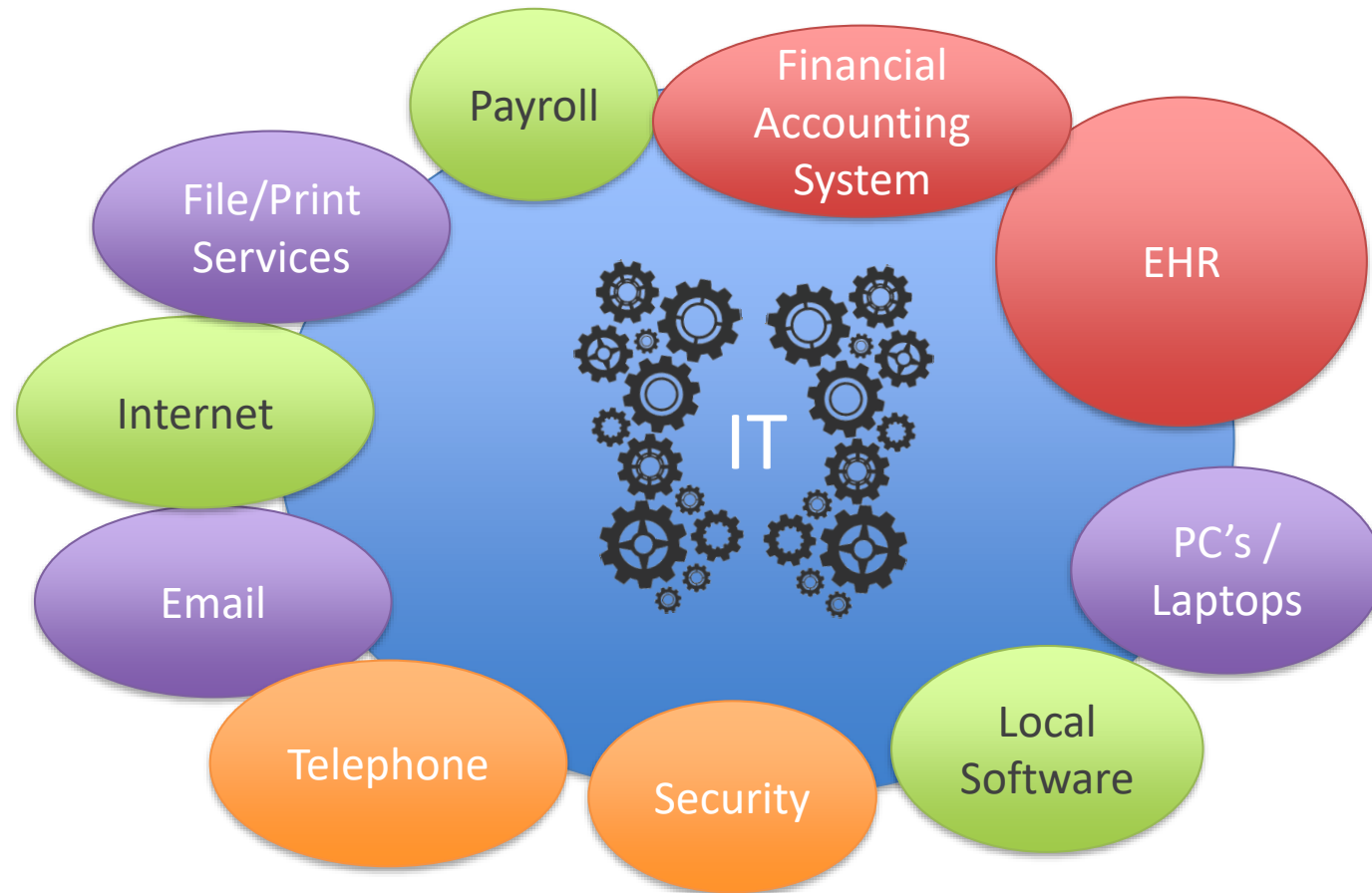
## Working together toward a common goal



## How does your IT Department empower your workforce?



## Technology permeates almost every part of the business.



## IT as a Utility

- IT's customers are the Clinical and Administrative Staff, and IT should “supply” them with:
  - Systems that work, with usable workflows that fulfill business, clinical, and administrative needs.
  - Systems should be easy to use, highly available, and secure.
  - Reasonable expectation of “support”.
  - Ability to act as the transformer from Technology to Clinical and Administrative “voltages”.



## Don't forget about those of us in the basement.

- Clinical and Administrative staff must also “support” IT.
  - Creating a dialog, culture of inclusion.
    - Understanding the needs of **all departments** is crucial to IT's mission.
  - IT can be a bit expensive.
  - Continued IT Staff training pays big dividends, just like Continuing Education (CE).





## Questions?



## Thank you for joining us!



### Scott Lloyd

President

[scott.lloyd@mtmservices.org](mailto:scott.lloyd@mtmservices.org)

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



### Charlie Grantham

IT and Process Optimization  
Consultant

[charlie.grantham@mtmservices.org](mailto:charlie.grantham@mtmservices.org)

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