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NATCON22

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NATIONAL HARBOR, WASHINGTON, DC METRO AREA

NATIONAL COUNCIL *for* Mental Wellbeing

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SPQM

10 hard and fast traits of successful organizations

Scott Lloyd

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Nothing to disclose except that we like to help teams make positive and substantive changes!

10 hard and fast traits of successful organizations

Scott Lloyd

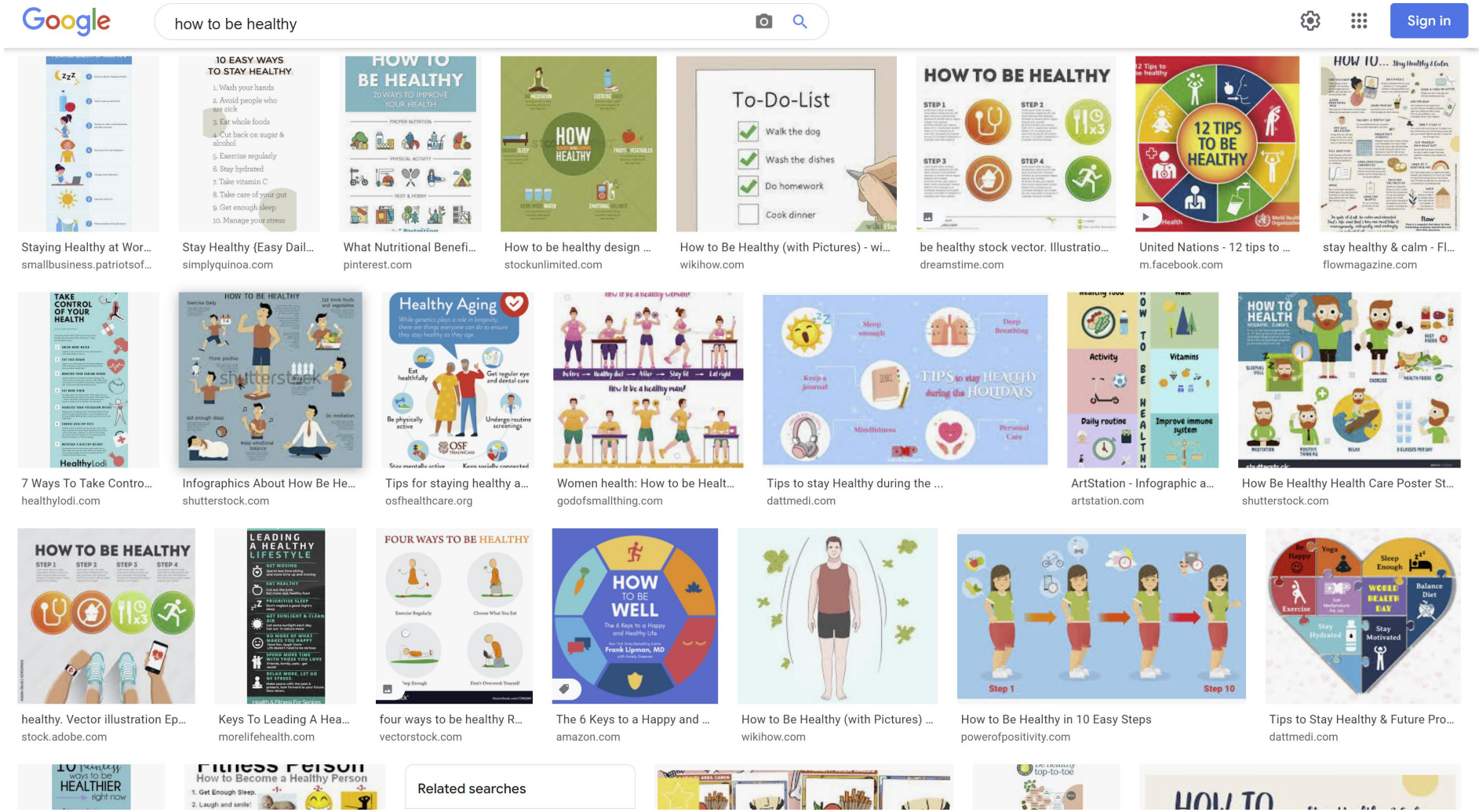
President of MTM Services, Lead SPQM Data Consultant and Senior National Council for Mental Wellbeing Consultant

- 10 years in a private-for-profit industry
- 24 years in the CBHO, CSB, CCBHC environment *(Since 1998)* working with an amazing team of consultants
- Has worked with more than 1,000 organizations in 48 states, Washington, DC, and 2 foreign countries in all service disciplines
- The data in this presentation is tied to that experience working to help teams make substantive change every day

We have 45 minutes to cover 10 very important topics…..
Each topic could fill an hour/day long training….

Most Teams Already Know What To Do…

Why do some organizations achieve success while others continue to struggle?



What We Know We Should Be Doing…

And Successful Organizations Are!!!

What Does Your Organization Need To Be Successful!?

#1 - STAFF!!

Picture Source – http://org.osu.edu/cpnposu/2019/10/31/burnout/

1. **Current labor market is the worst I have seen in my 24 years**
   – Average teams we are working with have 35% of their spots open, including administrative positions
   – Losing staff to places that we have never had to compete with!
   The great assumption…

2. **Primary factors for burn out –**
   - Paperwork, Paperwork, Paperwork!! – Post session in particular
   - Unrealistic productivity expectations *(Don't irradicate Productivity Guidelines..)*
   - *Overbearing Nonbillable Duties*
   - *Don't like their leaders*
   - *Low pay/lack of opportunities for growth/bonuses*

3. ***What to Do About it!?***
   - Documentation Redesign/Data Mapping/Collaborative Documentation
   - Stay plugged in – (When is the last time you did an assessment?)
   - Realistic Productivity Expectations
   - Remove Other Areas of System Noise

#1 - STAFF!!

Hours per Day	Work Days PY
8	260
BH Standard	**No Show %**
57.7%	30%

MTM SERVICES www.mtmservices.org

Basic Cost Based Productivity Calculator

Change Only The Blue Cells

Available Hours Per Year	2,080		
Annual Leave / PTO	256	32.00	Days Per Year
Personal / Holidays / Sick	0	0.00	
Charting/Paperwork	248	31.00	
Training/Staffings	24	3.00	
Scheduling	96	12.00	
Other Non-Billable Activity	256	31.98	

Non-Billable Hours:	880	109.98	Non-Billable Days	5.08	Non-Billable Months
Billable Hours:	1,200	150.02	Billable Days	6.92	Billable Months

Salary		Salary + FB	Base Cost PH	Overhead %	Cost Per Hour	Avg. Revenue	Margin
$35,000.00	30%	$45,500.00	$37.91	44%	$54.59	$62.00	$7.41

Staff FTE %:	Yearly BH Production	Quarterly BH Production	Monthly BH Production	Daily BH Production		No Show Percentage Driven Scheduling Rate	
				All Days	Minus PTO	All Days	Minus PTO
100.0%	1,200	300.04	100.0	4.6	5.3	6.6	7.5
			Hours Weekly	23.1	26.3	33.0	37.6

Why do staff and management not see eye to eye on burnout/ being overwhelmed….?

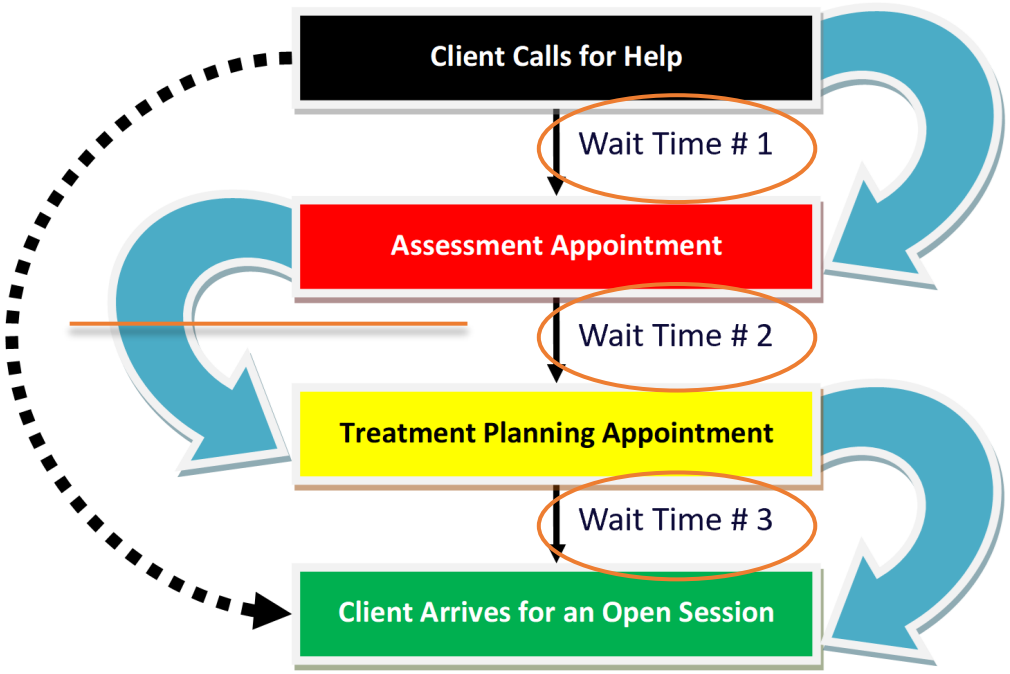
#2 - Consumers to Serve

1. **The primary factors for consumers to disengage are :**
   - ***Wait time to care***
   - Overbearing/Repetitive paperwork
   - They are not a good fit with the provider assigned
   - Disagree with the treatment plan created
   - Transportation issues
   - Can't afford the fees

2. ***What to Do About it!?***
   - Train on a "We Need Them" customer service focus
   - Implement Same Day Access! 90% successful engagement rate
   - Documentation Redesign/Data Mapping/Collaborative Documentation
   - Build a Treatment Plan that can be finalized over time
   - Outreach after no shows to see if there are ways to help/re-engage

Pic source – US Government

#3 - Access To Care



1. **Access to care –**
   - Same Day Access versus Scheduling – 90% vs 75%
   - Client's Definition of Access vs. the Organization's
   - Wait time accurately drives the show rate
   - CCBHC requires assessment within 7 days –
     - The benefits of surpassing that target
   - Requires a holistic change approach to be successful

2. ***What to Do About it!?***
   - Implement Same Day Access!
     - Documentation Redesign
     - No Show/Late Cancelation Engagement and Management
     - Centralized Scheduling
     - Episode of Care/Level of Care Design

#4 - Money/ Funding

Pic Source - https://swartz-legal.com/

1. No Money, No Mission!
2. As Michael Flora says,
   "You are a multi million-dollar agency, act like it!"
3. This is not a hobby for your staff.
4. Stagnant/Non-competitive pay leads to retention concerns for who you want to stay!!

5. ***What to Do About it!?***
   - Take away system noise so that staff can easily hit their billing targets!
   - Focus on your billing collections/back office
   - Train up or train out staff who are not billing their targets

#5 - Systems That Support

1. A significant number of agencies nationwide are dealing with EHRs/EMRs that do not actually meet their needs.
2. Systems are set up based upon previous broken models.
3. Staff struggle to attain their production targets as they struggle with broken systems.

4. Mental Resets

- ***Productivity*** is not a measure of how hard staff are working, it is a measure of how well our systems are working to support our staff!
- **System Noise** is anything that keeps staff from doing the job they want/need to be doing, which is helping their consumers in need!

5. What to Do About it!?

- Set targets for what your system needs to accomplish for your team, and use data to confirm that you have hit your target!
- You should no longer accept mediocre from your IT vendors.
- Utilize systems like CCBHC to help you fund your IT spend.

#6 – Collections/Strong Back Office Functions

1. Broken out separately as it impacts so many areas of the agency, care delivery, financial health, etc.
2. Collecting accurate information the first time and collecting fees on the services delivered is vital to the agency's solvency.
3. In our work to review back-office functions, what we hear the most is –
   "We used to do stuff like that all the time!" / "Yeah, we don't ask for co-pays!"

4. ***What to Do About it!?***
   - Set collection targets for consumer information and co-pays/payments, and use data to confirm that you have hit your target!
   - Set and track accuracy goals for data collection during the first contacts with your consumers.
   - Build systems that make data and payment capture easy!
   - ***Incentivize fee collections***

#7 – Strong Leadership

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- ***"The function of leadership is to produce more leaders, not more followers."*** - Ralph Nader
- ***"Leadership is the willingness to assume the risk of matching the authority to lead with the responsibility to lead"*** – David Lloyd

1. Nothing burns out leadership staff faster than being assigned a responsibility that they do not have the authority to carry out!
2. The second largest burnout factor is not having the data needed to make decisions and/or policies in place to back up those decisions.
3. These two factors lead to Inconsistent Leadership, which causes staff to resent their leaders and creates retention concerns. (Authoritarian Leadership, Default Leadership, Reactive/Knee-Jerk Leadership, Apologetic Leadership, ***Assertive Leadership***, Inconsistent Leadership)

#7 - Strong Leadership

Ten Qualities that Support Leadership Based Empowered Team Development

1. A leader has a Mission that matters
2. A leader is Committed
3. A leader has High Ethics
4. A leader is a Change Master
5. A Leader is a Risk Taker
6. A leader is a Decision Maker
7. A leader uses Power Wisely
8. A leader Communicates Effectively
9. A leader is a Team Builder
10. A leader is Courageous/Exudes Strength – *A Panic Filled Leader….*

#7 - Strong Leadership

Stages of the Need to Change; Don't Blink!

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1. Denial
2. Negotiation
3. ***Anger*** – Blaming – Outside then Inside
4. Drop Out – "It's Awful!"
5. Acceptance of the Need to Change
6. Excited to take advantage of the opportunities

#8 - Accurate Data

Source – iFunny App

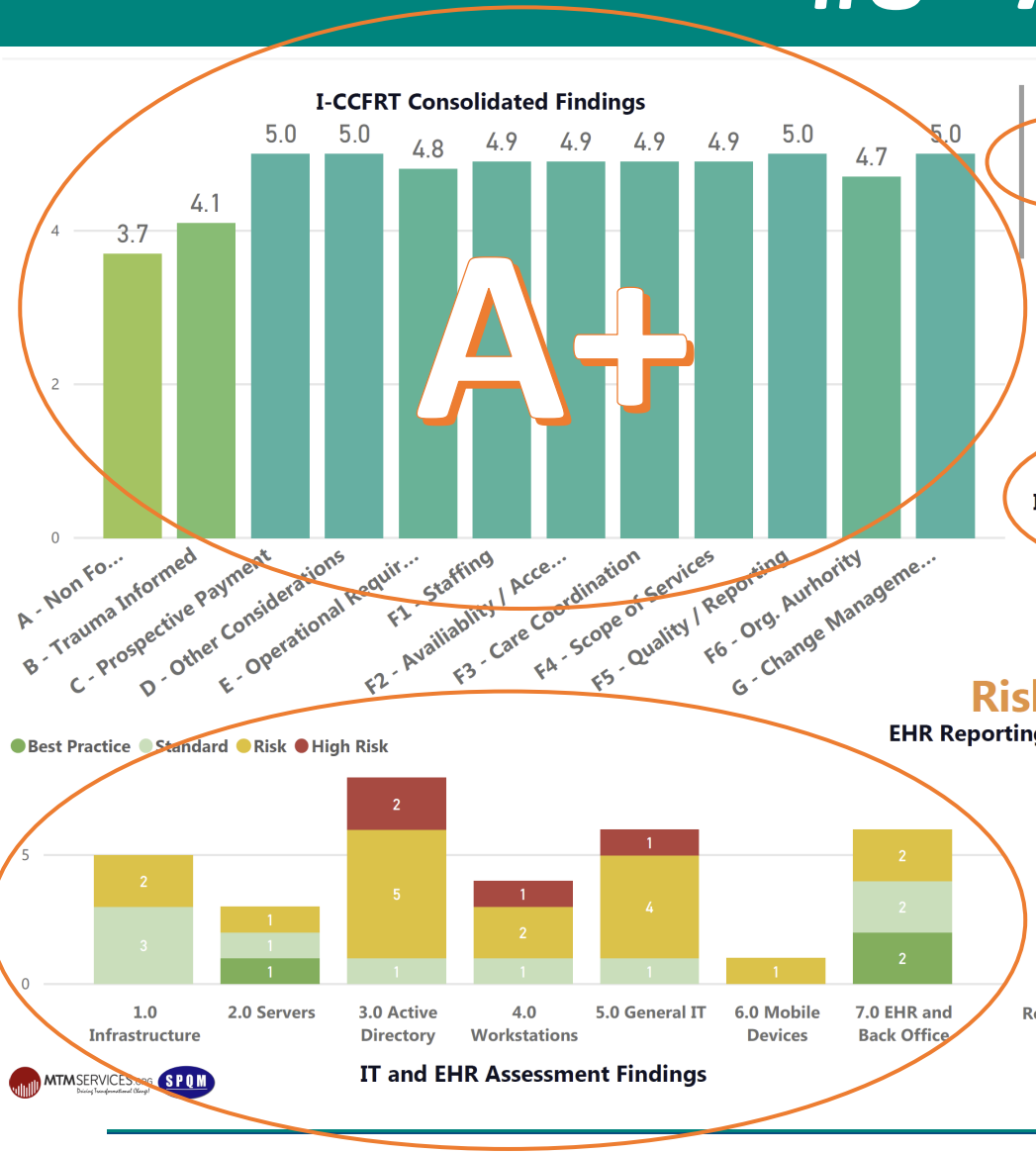
1. Anecdotal data versus accurate data
   - Most teams rely on data based upon their impressions/gut feel
   - Gut feel data often leads to the wrong emphasis points
   - As David Swann points out –

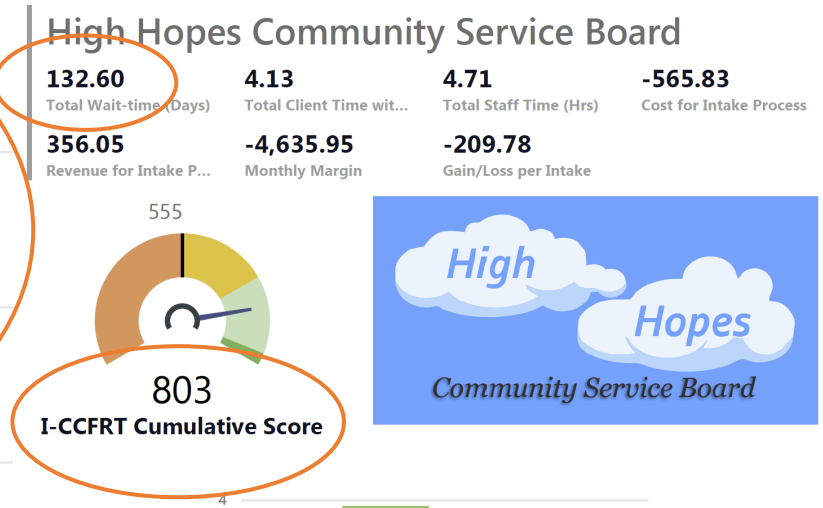
   "You should have the same data that your MCOs have about you!"

2. Why use anecdotal data? – On average, 30% of the data in medical records across all medical fields has been deemed inaccurate
   - Who can fix this/Who is entering the data?

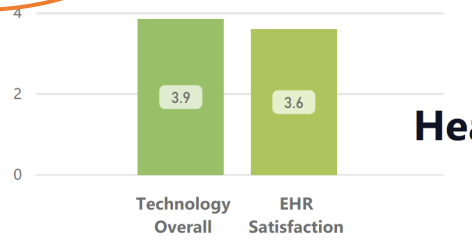
3. ***What to Do About it!?***
   - Documentation Redesign/Data Mapping
   - Collaborative Documentation
   - Clean up your back-office functions
   - Build or buy a Data Measurement System

#8 - Accurate Data

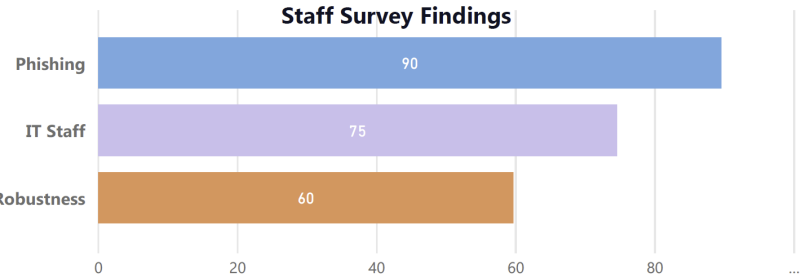




Risk
EHR Reporting Finding



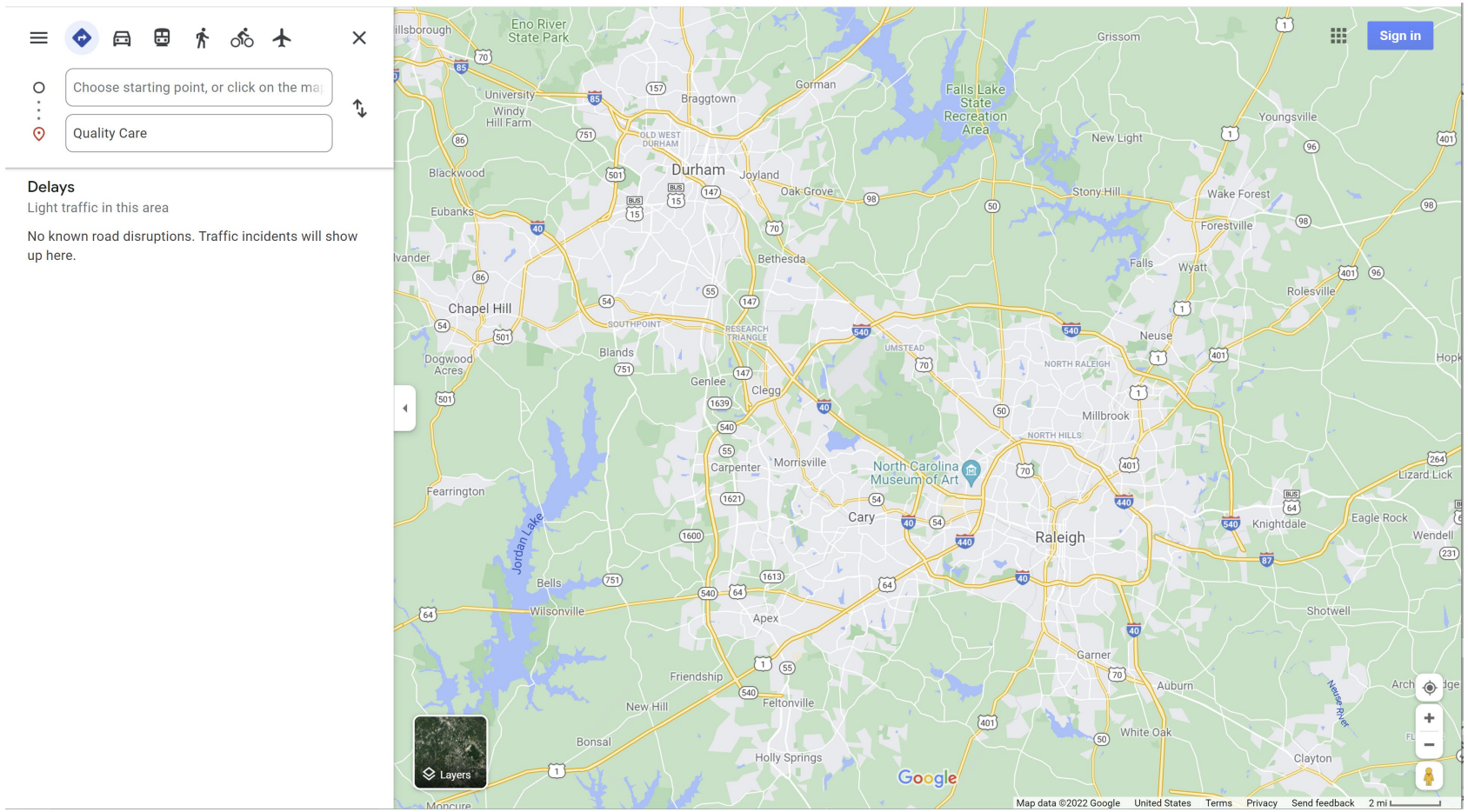
HealChart
EHR



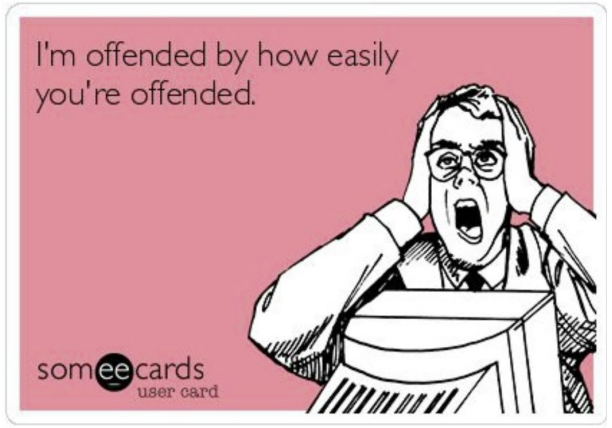
Anecdotal/Self Assessment
vs.
Real Data

#8 - Accurate Data

Data is Not About ***Gotcha!!*** You Need to Know Your Starting Point!!



#9 – Being Okay With Offending Someone



To be clear, I'm not telling you to be a jerk or look for an opportunity to offend someone….
What I am saying is -

1. Reality is often offensive to people who are not doing what they are supposed to be doing; they need your help/support most of all!
2. Being offended ***can be*** used as a tool to back management away from a legitimate ask. – "The more we ewwwwww, the less we do!"
3. Focus on what is important –
   - How offended will someone be when the agency closes and they no longer have a job?
   - How offended are staff we can't pay competitively because we keep other staff who aren't doing their job?
   - We came here to help people, we can't do that if they are not able to access care.

4. ***What to Do About it!?***
   - Utilize data to confirm that everyone is of the same understanding!
     – No one should be surprised in a performance review!
   - Clear out areas of system noise
   - Confirm regularly that consumers are able to access care.

#9 – Being Okay With Offending Someone

Why Productivity Matters, Even in a CCBHC!!

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Cost Per Hour Ranges

Salary	FB%	Salary + FB	Overhead %	Total Pay
$32,000.00	32%	$42,240.00	44%	$60,825.60

Hours per Day	Work Days PY	Days of PTO
8	260	31

Avg. Reimbursement
$87

	Direct Service Hours	DS%	Cost Per Hour	Revenue	Margin
	100	4.8%	$608.26	$87	($521.26)
	200	9.6%	$304.13	$87	($217.13)
	300	14.4%	$202.75	$87	($115.75)
	400	19.2%	$152.06	$87	($65.06)
	500	24.0%	$121.65	$87	($34.65)
	600	28.8%	$101.38	$87	($14.38)
	700	33.7%	$86.89	$87	$0.11
	800	38.5%	$76.03	$87	$10.97
	900	43.3%	$67.58	$87	$19.42
	1000	48.1%	$60.83	$87	$26.17
	1100	52.9%	$55.30	$87	$31.70
	1200	57.7%	$50.69	$87	$36.31
	Incorrect Examples				
All Hours	2080	100.0%	$29.24	$87	$57.76
AH Minus PTO	1832	88.1%	$33.20	$87	$53.80

#10 - Follow Through

Opening Question - You know what you need to do, but are you actually doing it?

1. Staff
2. Consumers to serve
3. Access to care
4. Money/funding
5. The systems to support your mission
6. Collections/Strong back-office functions
7. Consistent Leadership
8. Accurate data
9. Being OK with offending some people
10. Follow through**….You know what to do……Will you do it!?**
    - **If you are not comfortable to do it, will you bring someone in to help you!?**

Questions