

Presented By:



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Scott's work has focused on helping behavioral healthcare organizations analyze their performance data to establish system wide changes that work improve the overall quality of the services being delivered.

Benchmarking Results

Why Costing Data is So Important

Process Redesign Review

World's Most Accurate Pie Chart

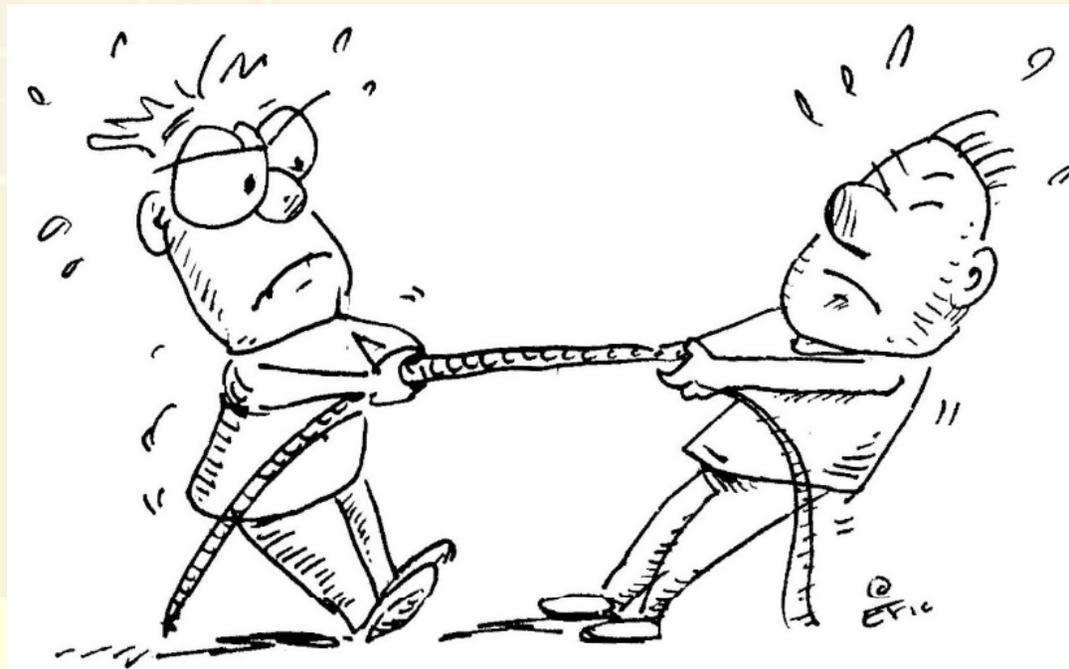


Data is the Key!

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



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



Illinois Costing Sample

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Department of Human Services
Division of Mental Health
Preliminary Unit Cost Study

Program	Unit Type	\$ per Unit	
110 Outpatient	Client Hours	Lowest:	\$8.59
		Highest:	\$159.69
		Median:	\$42.27
120 C&A Outpatient	Client Hours	Lowest:	\$3.96
		Highest:	\$626.36
		Median:	\$56.25
121 MH Juvenile Justice	Client Hours	Lowest:	\$50.83
		Highest:	\$646.34
		Median:	\$207.79
211 Psychosocial Rehabilitation	Client Hours	Lowest:	\$2.61
		Highest:	\$44.06
		Median:	\$11.09
212 Day Rehabilitation Treatment	Client Hours	Lowest:	\$1.44
		Highest:	\$27.20
		Median:	\$5.61
231 ACT Case Management	Client Hours	Lowest:	\$10.29
		Highest:	\$492.41
		Median:	\$55.06



Our Costing Methodology Defined –

Total Cost for Service Delivery

- Direct Service Staff Salary
- Direct Service Staff Fringe Benefits
- Non-Direct Costs (All other costs)

Total Revenue for Service Delivery

- Net Reimbursement actually Attained/
Deposited. *(This takes into account Denial
Rate, Self Pay, Sliding Fee Scale, etc.)*

- Divided By -

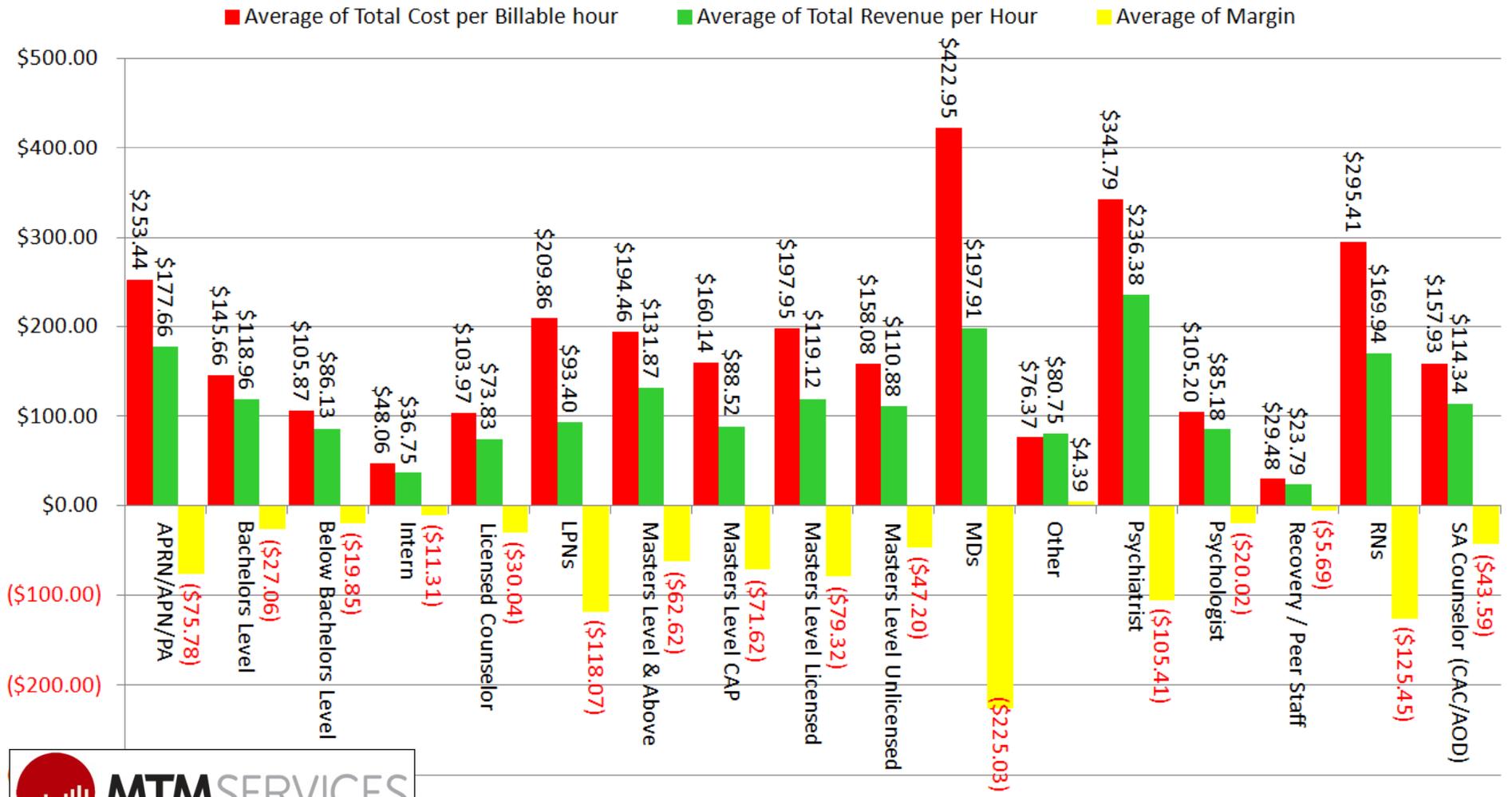
Total Billable Direct Service Hours Delivered **

- All Direct Service Hours Delivered by Direct Service Staff that are eligible to be billed via a CPT Code or against a Grant.

** Utilizing the common denominator of total Billable Direct Service Hours instead of total hours worked per year assures an apples to apples comparison of an organization's true cost versus revenue per direct service hour.

Based on 111 Centers in 6 States

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Benchmarking Results

Costing Tool Review

Completing the cost analysis tool.

Activity Type Entry Area
Non-Billable Phone Call
Billable Phone Call
Clinical Post Session Paperwork
Direct Clinical Service
Non-Billable Paperwork
Wait Time Between Contacts



Completing the cost analysis tool.

Staff Type	Salary	Fringe %	Overhead %	Hours ** (See note below)	Cost Per Hour
Benefits Coordinator	\$25,000.00	30.00%	45.00%	2080.00	\$22.66
Care Coordinator					
Clinic Coordinator					
LCSW	\$35,000.00	30.00%	45.00%	1200.00	\$54.98
LPN					
MA					
MD PCP					
MD Psych					
NP					
Other					
PA					
Receptionist	\$20,000.00	30.00%	45.00%	1700.00	\$22.18
Resident	\$15,000.00			1200.00	\$12.50
RN					

** Total Hours for Support Staff would be all available hours (i.e. - 2080, 1950 hours - PTO time.), While Total Hours for Direct Service Staff would be only their total direct service hours billed for face to face client service. (i.e. - 1,200, 1,400 hours)



Completing the cost analysis tool.

Organization Name	Insert Name Here
Organization Code	Insert Code Here
Program Name	Insert Name Here
Model Type	Insert Designation Here




Intake Calculator - © 2015

Staff Type	Activity Type	Activity Description	Activity Time (min.)	Wait Time (Days)	Activity Time (hours)	Activity Cost
		New patient calls	0		0.00	\$0.00
Receptionist	Non-Billable Phone Call	Discuss reason for calling, take down contact information, confirm insurance coverage, search schedules for availability of Social Worker, discuss with patient	7		0.12	\$2.59
Receptionist	Non-Billable Phone Call	Reminder call to patient 48 hours before appointment	3		0.05	\$1.11
Benefits Coordinator	Non-Billable Phone Call	Verify insurance for next day appointments.	5		0.08	\$1.89
	Non-Billable Paperwork				0.00	\$0.00
					0.00	\$0.00
LCSW	Direct Clinical Service	Complex Care -	60		1.00	\$54.98
					0.00	\$0.00
	Wait Time Between Contacts			7	0.00	\$0.00



Benchmarking Results

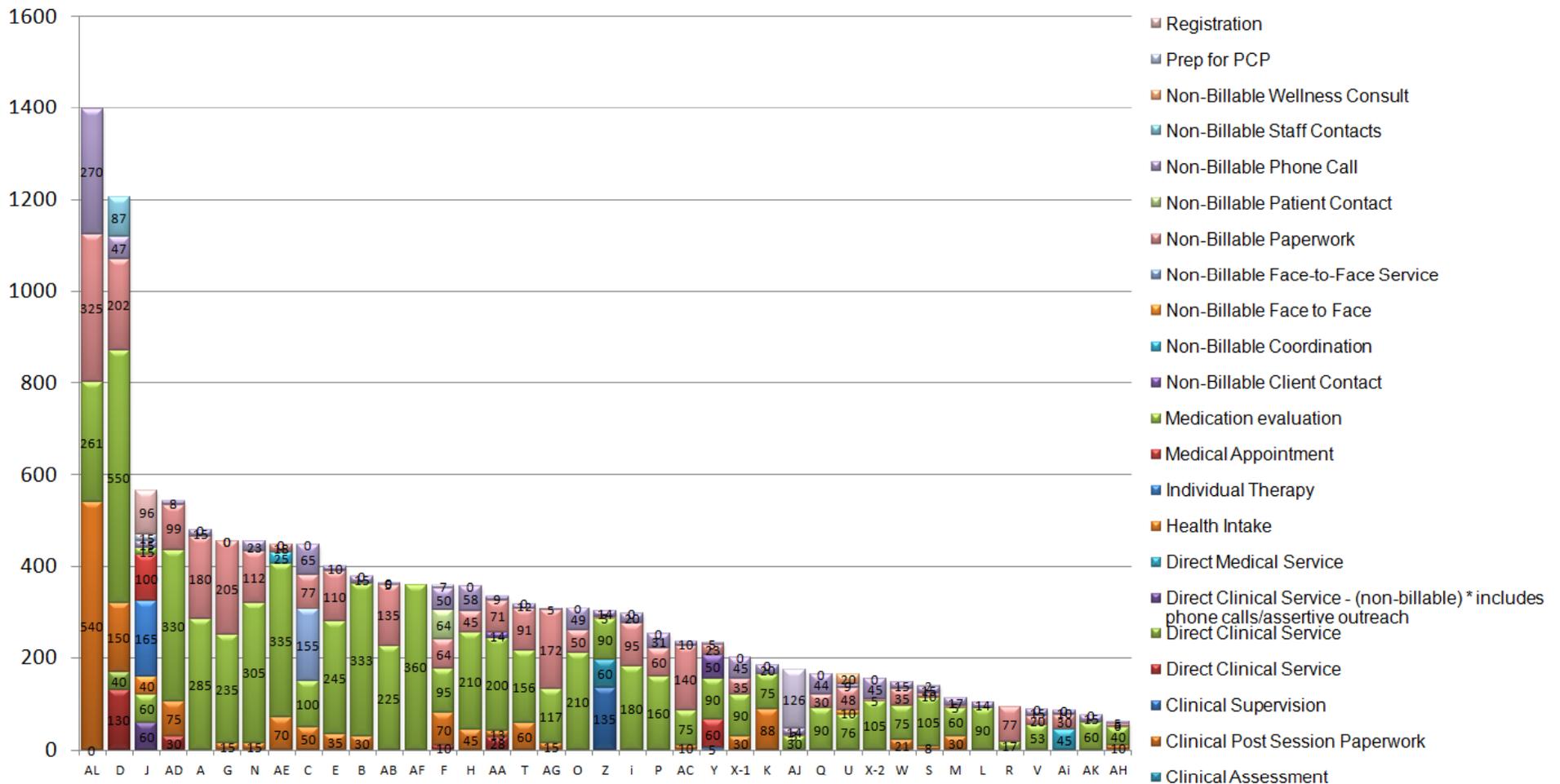
Process Time Information

Benchmarking Results

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Total Client Time Reported by Agency

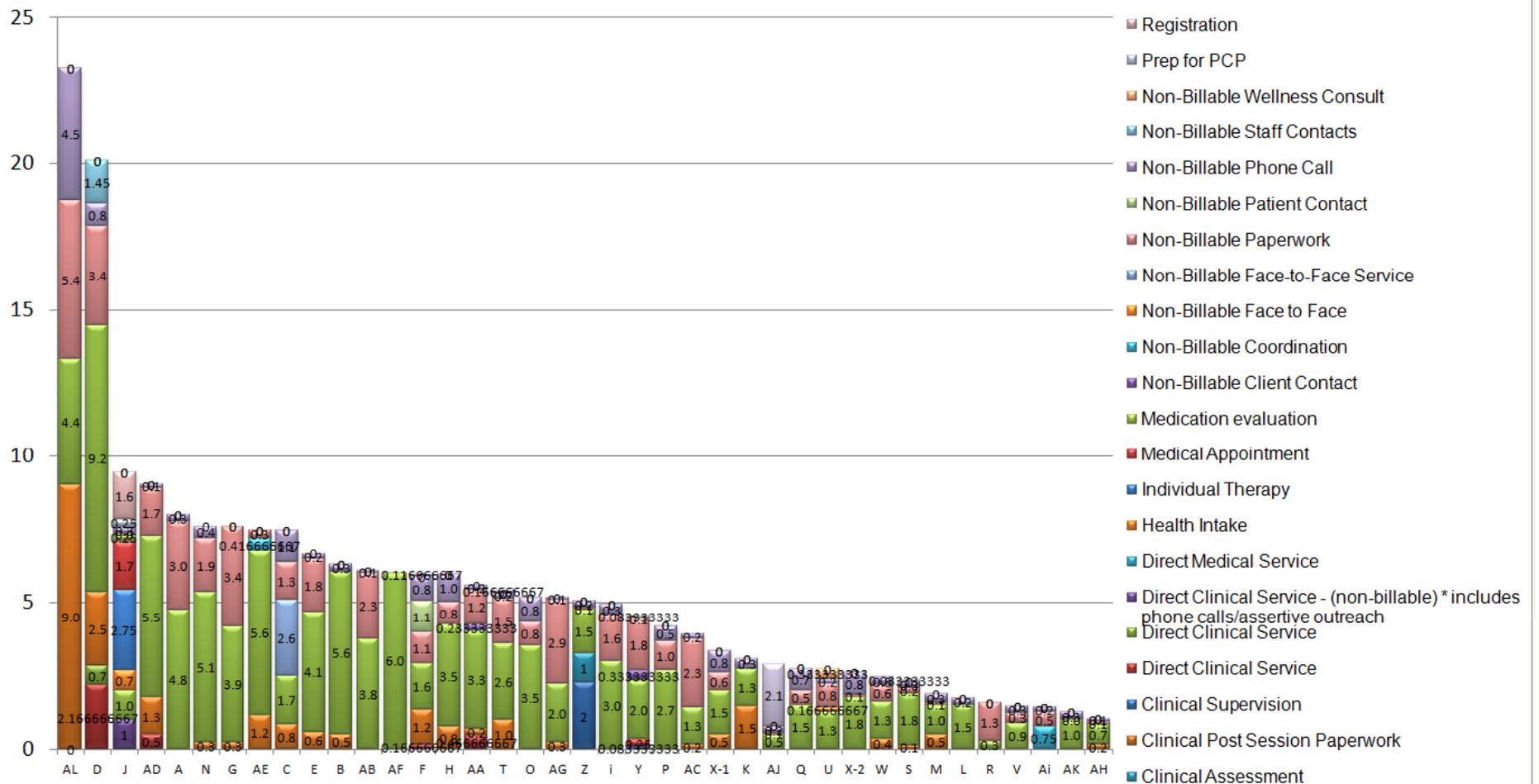


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Total Client Time Reported by Agency - By Hours



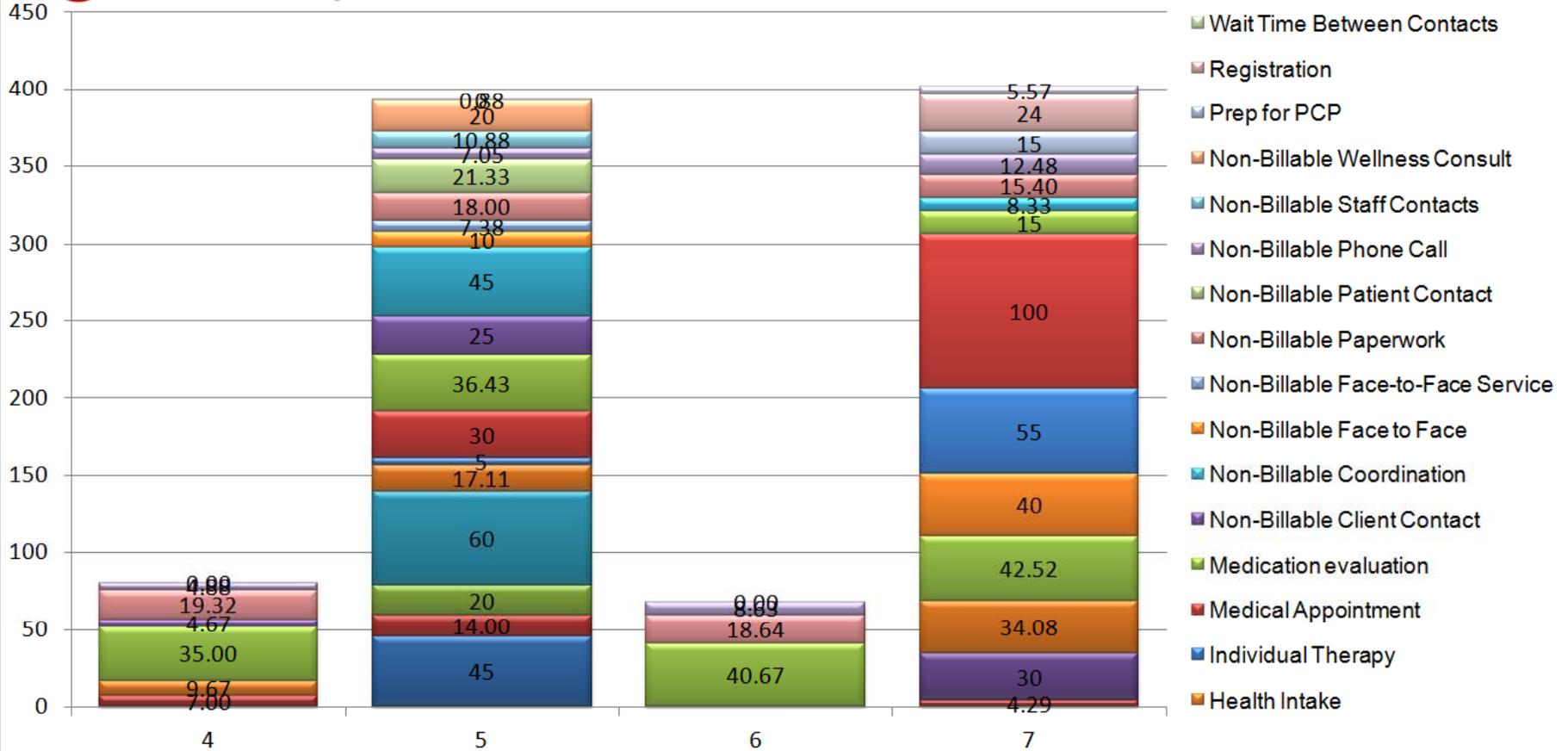
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Average Client Time (Mins.) Reported by Activity per Cohort



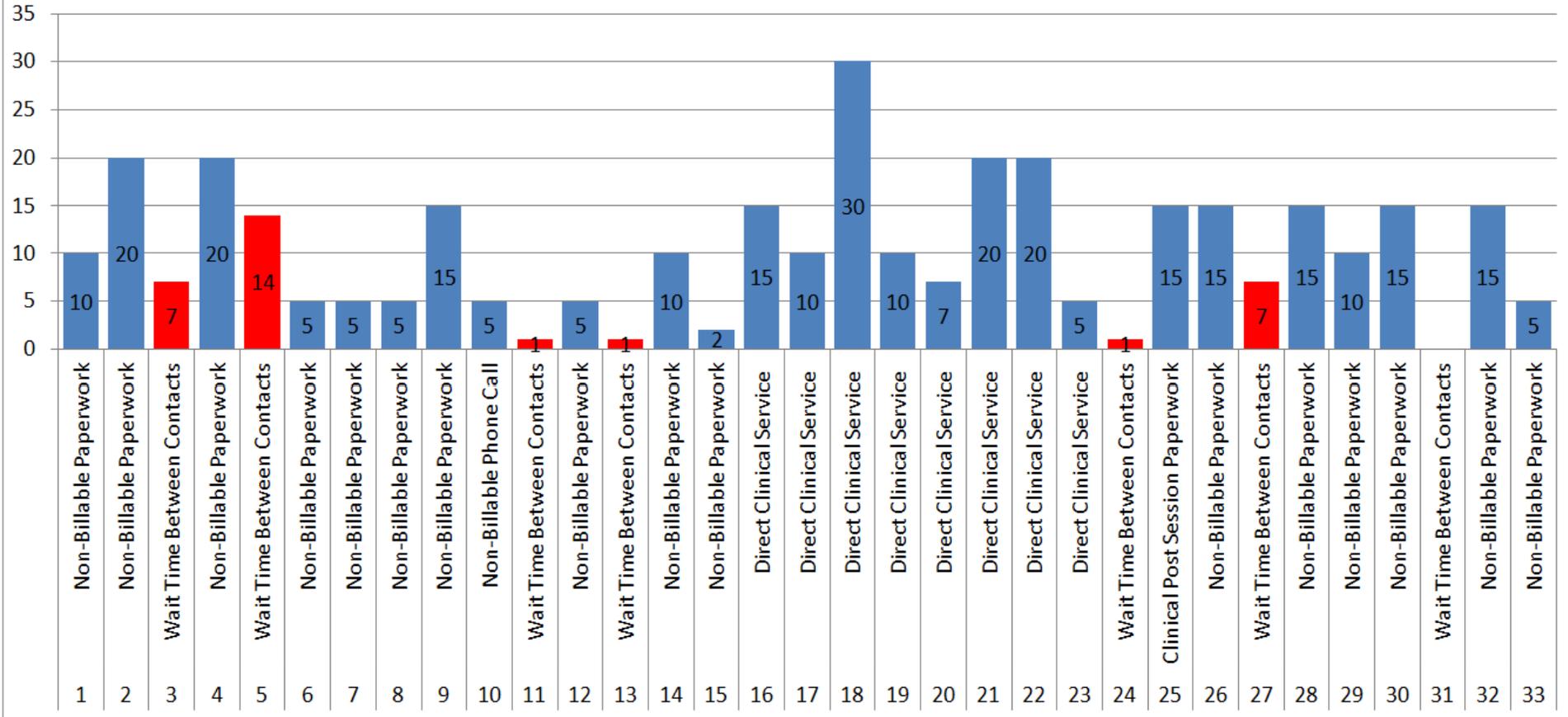
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Agency Activity in Sequential Order

■ Sum of Activity Time (min.) ■ Sum of Wait Time



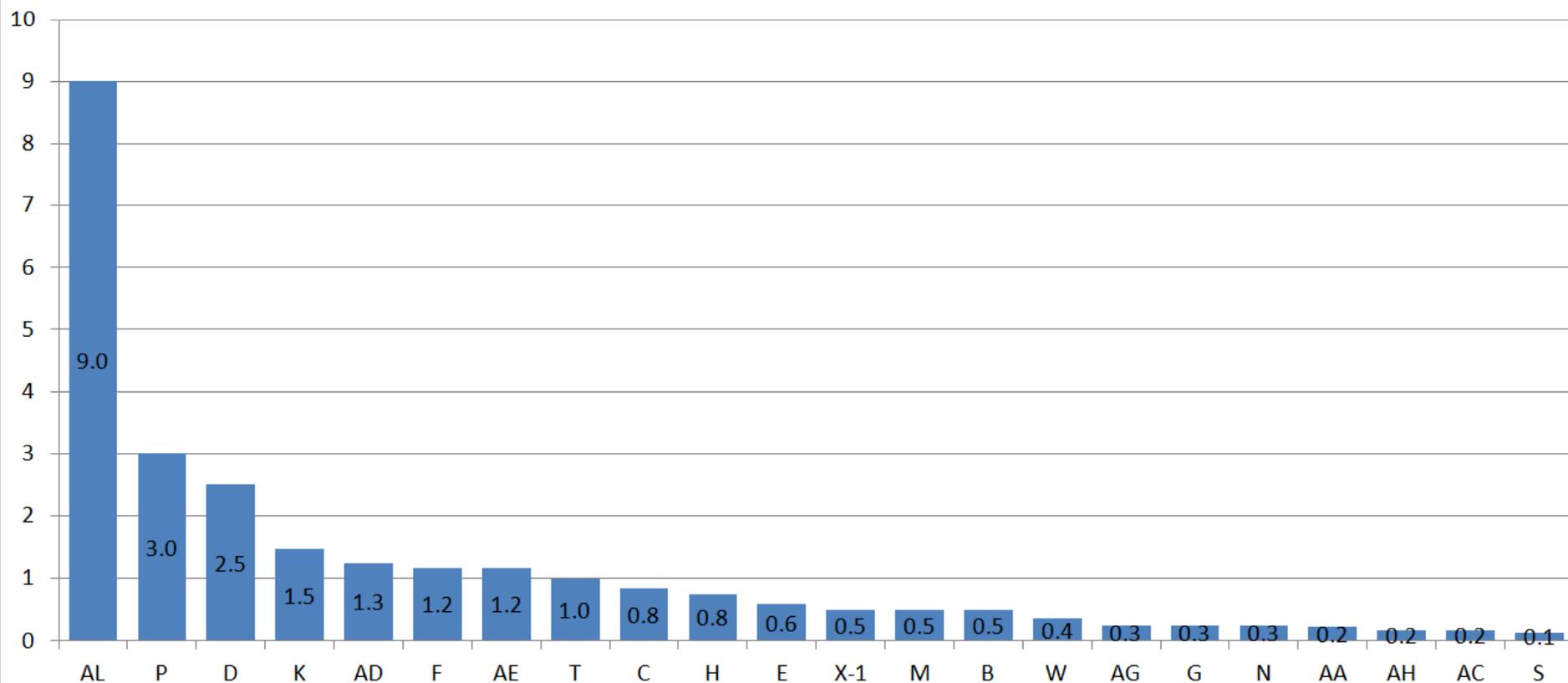
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Activity Review Drill Down by Hours

■ Clinical Post Session Paperwork



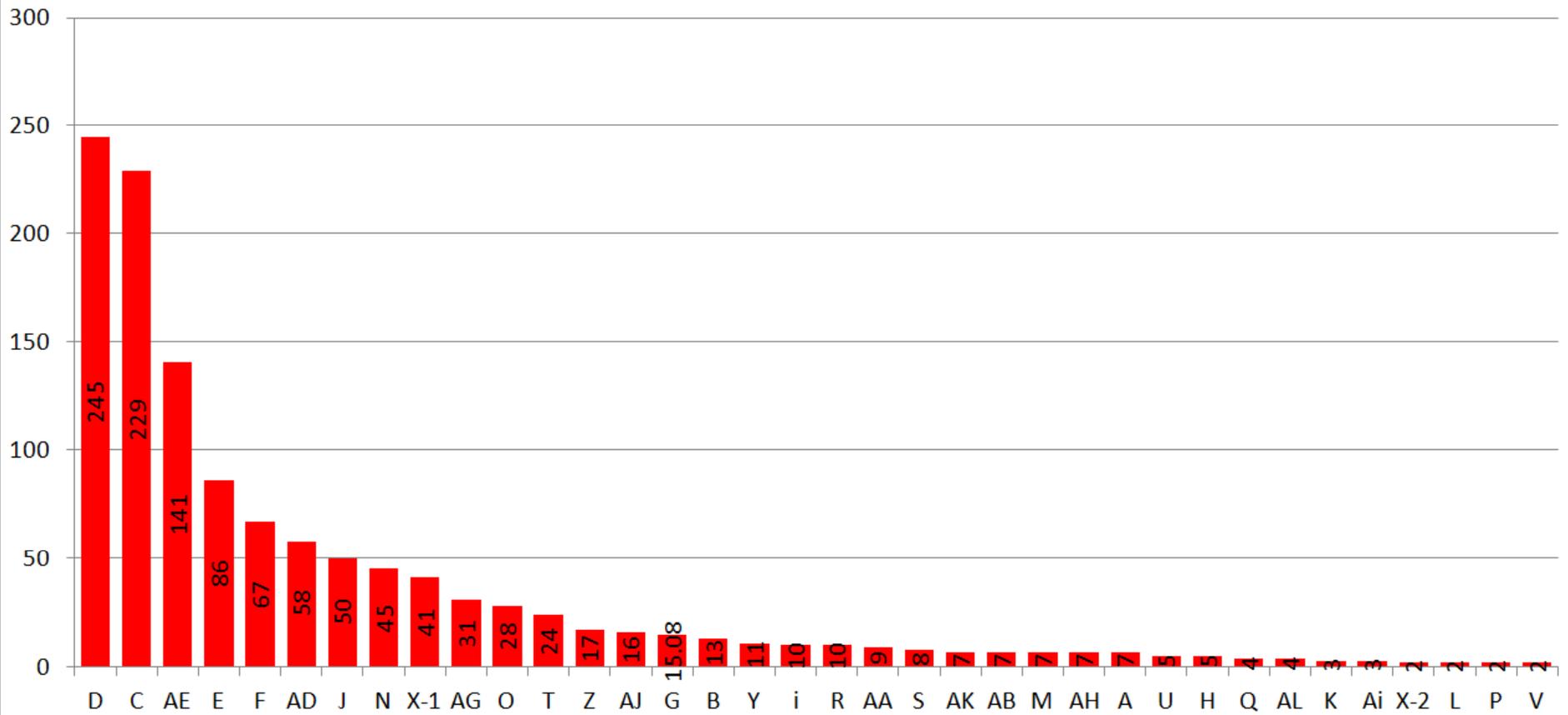
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Activity Review Drill Down by Hours

■ Wait Time Between Contacts



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Benchmarking Results

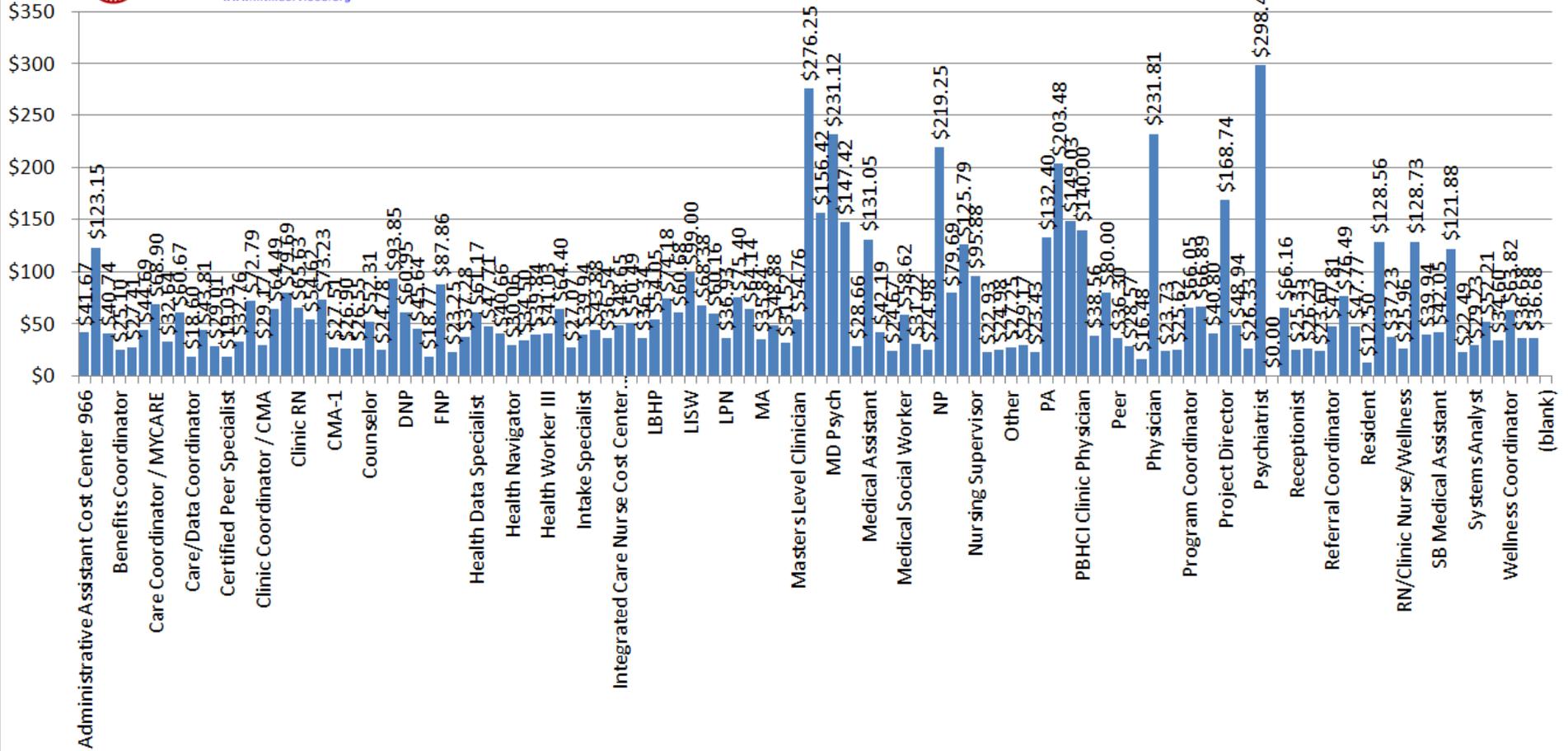
Costing Information

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Average Cost Per Hour by Position Type

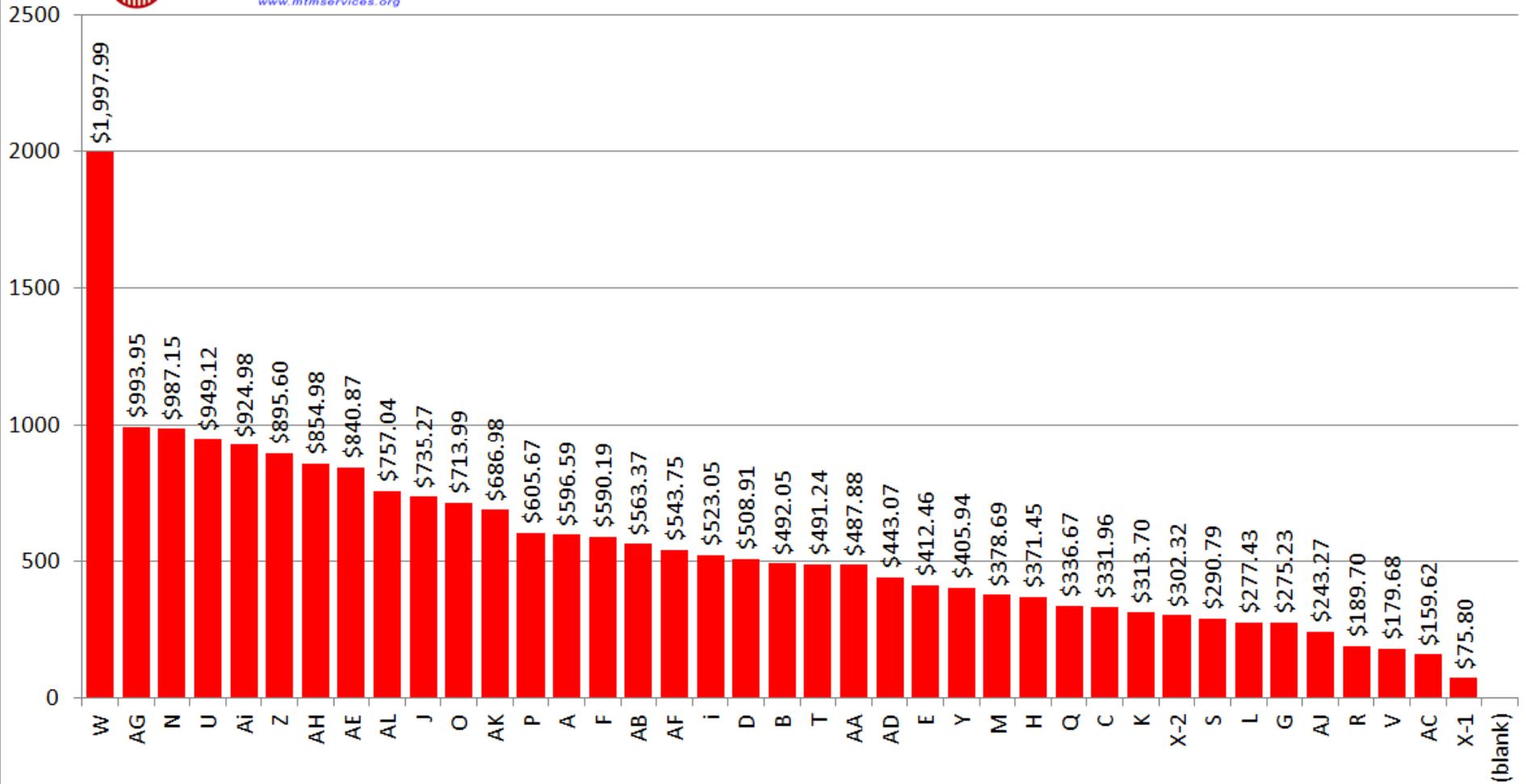


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Total Cost for All Processes



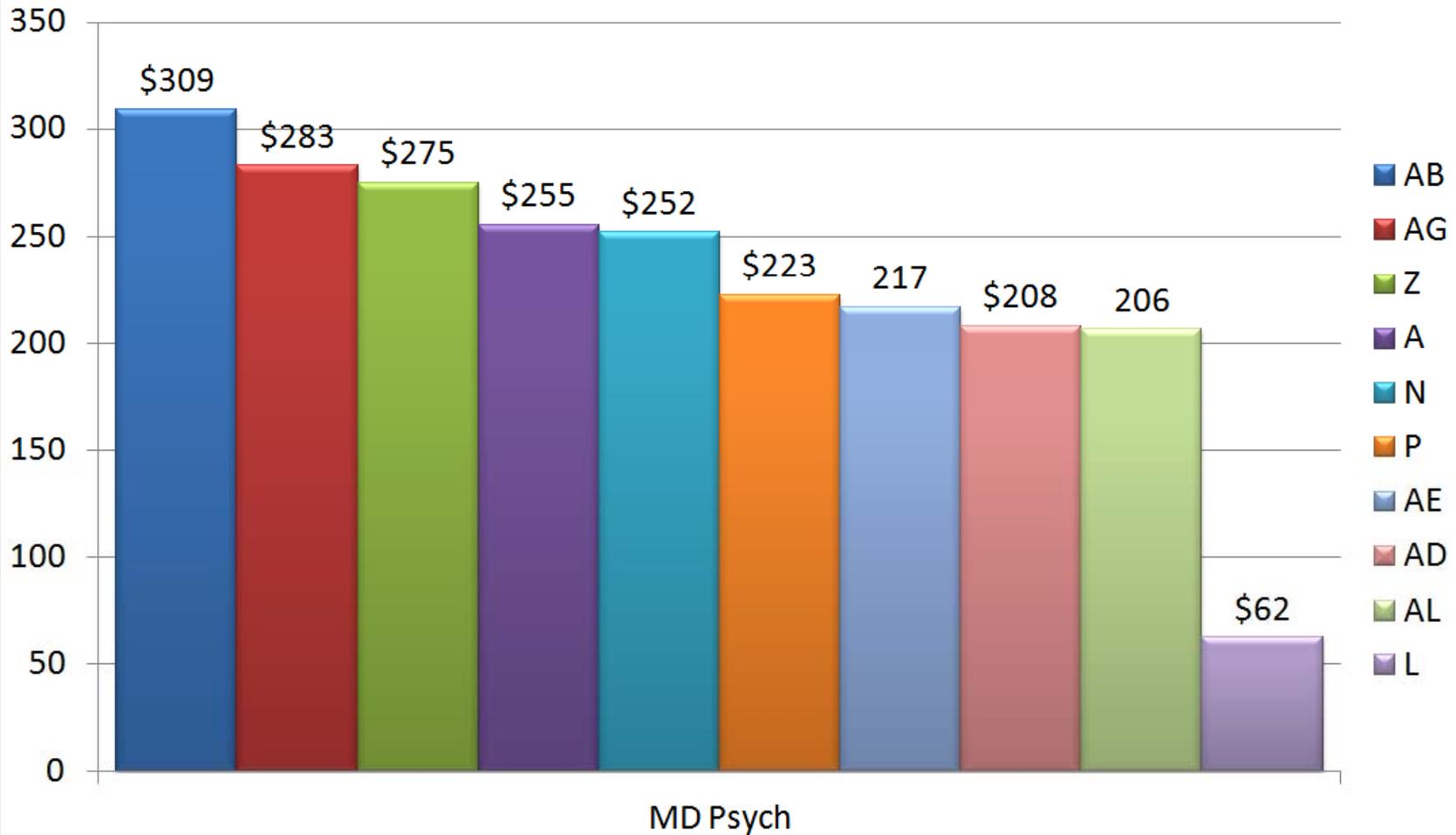
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Cost Per Hour by Position by Agency

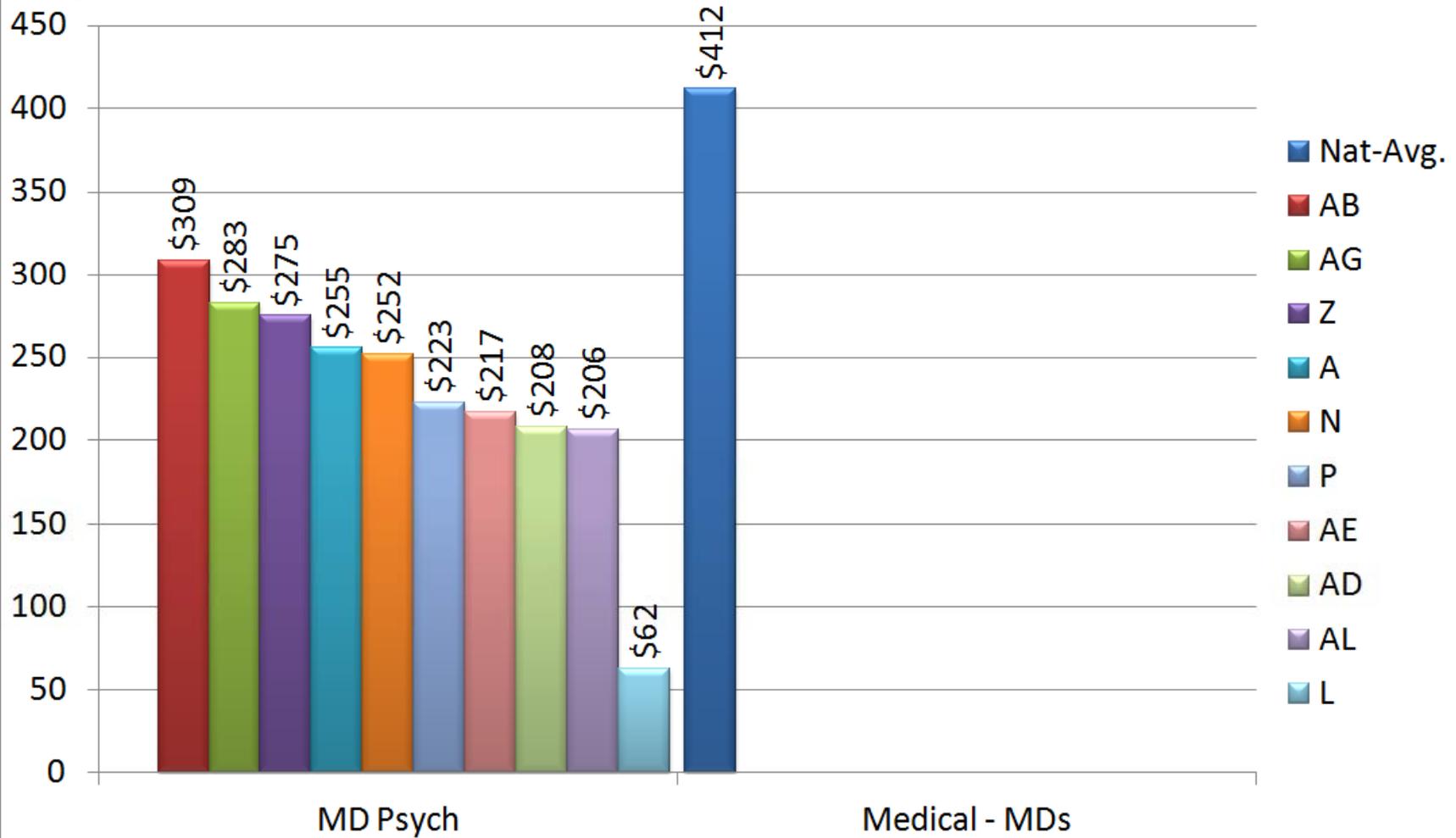


Benchmarking Results



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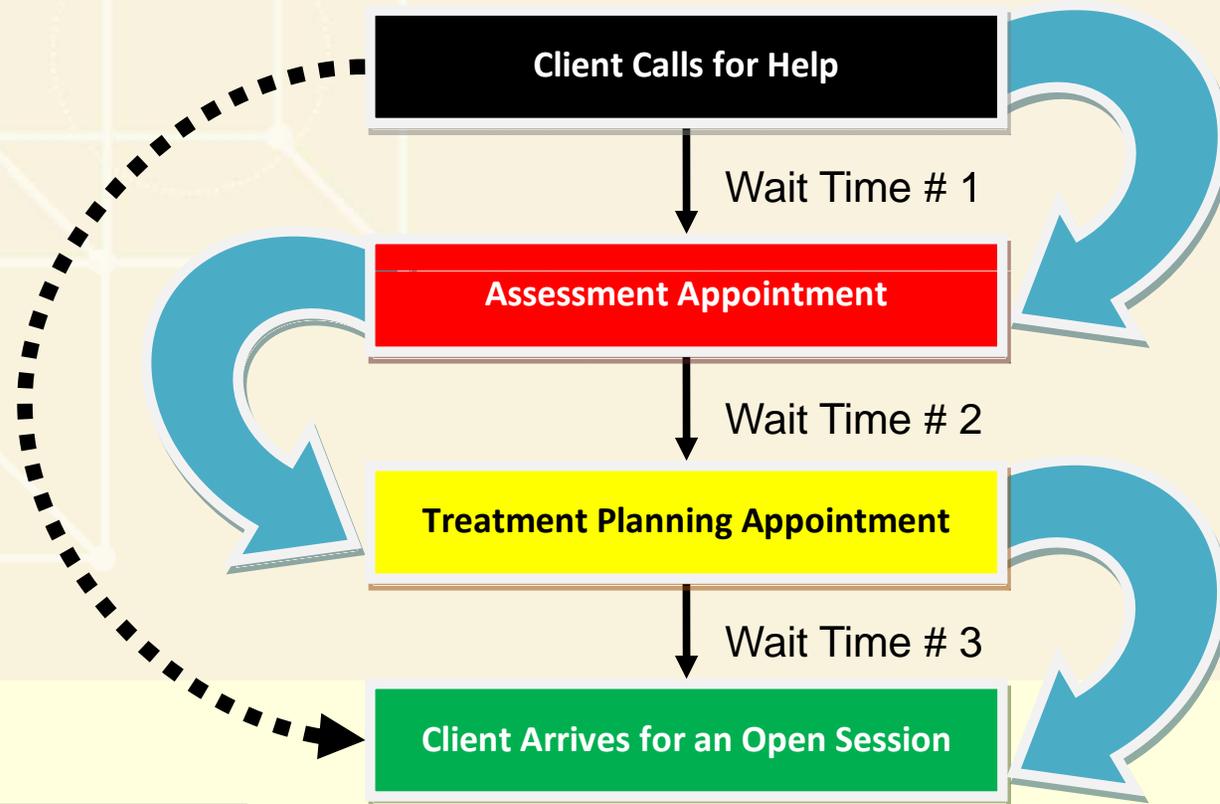
Cost Per Hour by Position by Agency



Benchmarking Results

What the Data Tells Us to Do Next

Client Definition of Access



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!*



Rapid Cycle Change Planning

- Establish the Parameters for the change.



- Implement the planned changes.

- React to the results of the evaluation.

- Evaluate the effectiveness of the change.

- MTM has used this principle successfully since 1996.
- This Rapid Cycle Change principle known as Deming Cycle, Deming's wheel, or the PDSA cycle is a long time utilized continuous quality improvement change philosophy created as part of W. Edwards Deming's Total Quality Management process (TQM) in the 1950's. Deming's work was based off of the Plan, Do and See cycle created by Mr. Walter A. Shewart in the 1920's, and has created successful change initiatives across multiple industries.



Rapid Cycle Change Principles

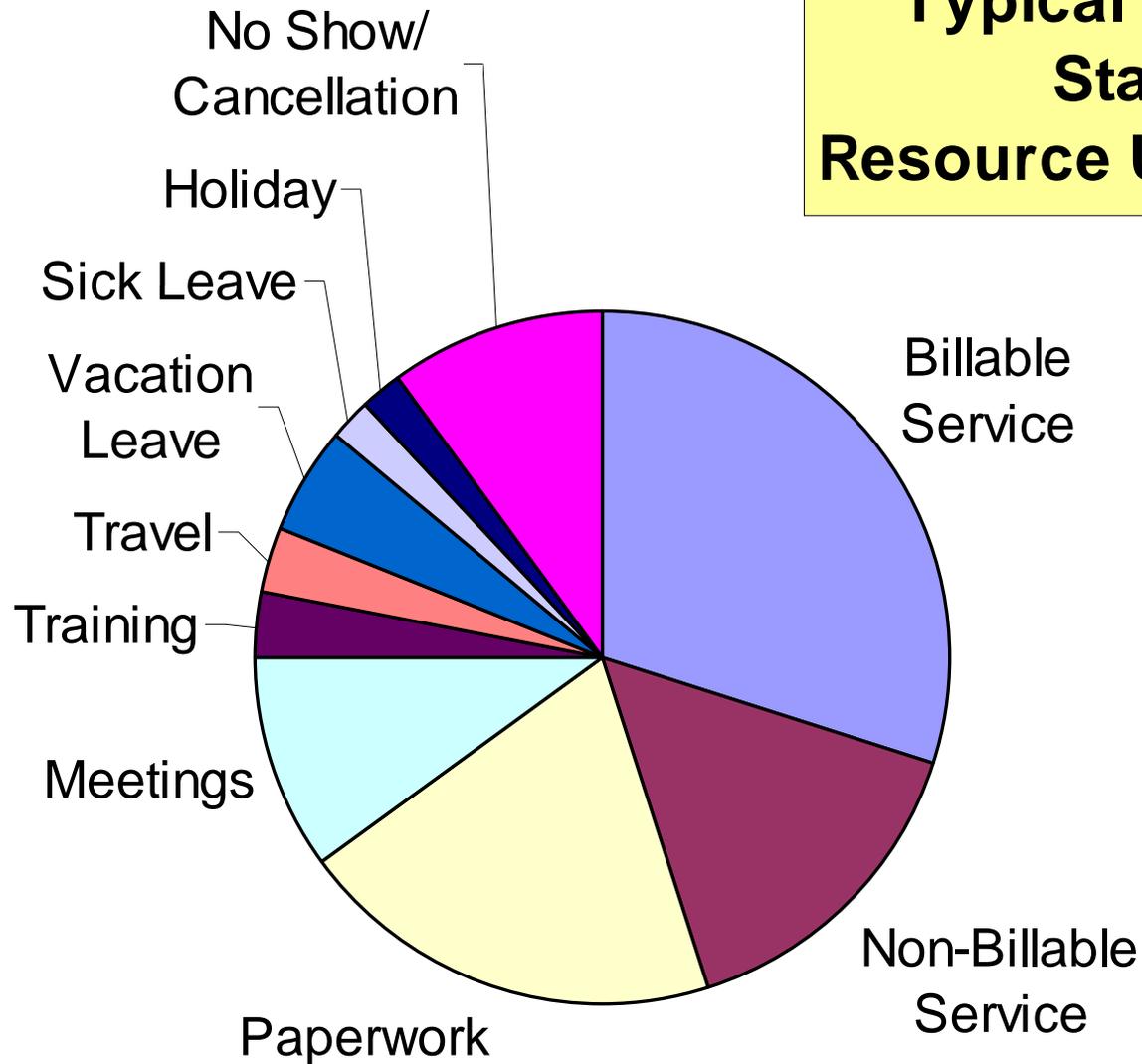
Rapid Cycle Change Teams work to make timely changes that:

1. **Maintain or Enhance the current quality of care begin delivered**
2. **Deliver the care as efficiently as possible**
3. **Observe the compliance challenges currently being faced nationally**



How We Arrived Here...

Typical Center Staff Resource Utilization



What we do About it!

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



Available Hours Per Year	2,080		Days Per Year
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	232	28.98	

Basic Cost Based Productivity Calculator

Change Only The Blue Cells

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	FB%	Salary + FB	Base Cost PH	Overhead %	Cost Per Hour	Avg. Revenue	Margin
\$32,000.00	32%	\$42,240.00	\$35.20	44%	\$50.68	\$62.00	\$11.32

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



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What we do About it!



- **Collaborative Documentation**
- **Same Day Access**
 - JIT Prescriber Scheduling
- **No Show Management**
- **Utilization Review/Utilization Management**
 - Episode of Care (EOC) / Level of Care (LOC)

