The Impact of Client Engagement and Utilization Management on Revenue

Outpatient Services

Learning Objectives

- Describe provider level investments essential for contracting with the County such as new staffing requirements, hours of operation and new allowable expenses and how that benefits the client/beneficiary.
- Assess your staffing structure to determine how to enhance service delivery and business success.
- Brainstorm and develop new ideas for clinical enhancements and innovation that support patient centered care.

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Components of the Model

- Budget
- Program Services
- Service Delivery
- Staff Activity

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Budget

- What is your cost of doing business?
- What are additional costs for START-ODS participation (Personnel, Operating & Indirect).
- Cost rises, quantity and quality rise as well.
  - Higher rates ↔ higher expectations.
- Importance of identifying staff who provide billable services.

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Budget

- Cost of non-billing staff
  - Outreach workers
  - Compliance, QA, QI.
- Room & board for level 3.x services
- Indirect cost allocation
- Cross-subsidization with other agency programs.

Program Services

- What is the general scope, intensity and duration of services provided to the typical patient?
  - Scope: The range of services provided (counseling, family therapy, case management, recovery services).
  - Intensity: The frequency of patient visits for service.
  - Duration: How long does the treatment episode lasts.
- What are the rates for each type of service?
- For the entire caseload, how does this all total up?

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Service Definitions

- Staff Hour
  - Time spend providing direct service to patients. Does not include charting, staff meetings, etc.
- Session
  - A therapeutic interaction between staff and patient(s). Duration and number of patients involved are variable.
- Visit
  - Patient attendance at the clinic to participate in a DMC billable service. Number of billable units is variable
- Sessions are what the staff do. Visits are what the patients do.

Service Delivery

- This is an idealized model of what happens when we set the system in motion.
  - Budgeted resources + generalized approach to service delivery + patients.
  - A service provided is a service billed *(in theory).*
- Key parameters in service delivery
  - Number of staff providing billable services
  - Caseload size
  - No-Show rate & residential vacancy rate
  - Disallowance/denial rate
  - Staff productivity
  - Residential program vacancy rate

Denials and Disallowances

- Denials
  - How many can be remediated?
  - How many fatal errors?
  - What is the residual percentage?
- Disallowances
  - Based on inadequate documentation in PSPP reviews.
  - 99% under your control.

Show Rate

- Macro
  - Is the program on track to seeing the projected number of admits for the contract year?
- Micro
  - Does Joe Smith show up for his appointment next Tuesday?

Relationship between Admits and Revenue

Anticipated Admissions	1,000
Actual Admissions	800
Contract Budget	$3,250,000
Actual Reimbursement	$2,600,000

Impact of No-Shows

		M	T	W	T	F	Total
Scheduled	Group	16	16	16	16	16	80
	Individual	2	2	2	2	2	10
Actual	Group	8	14	20	12	8	62
	Individual	1	2	1	2	0	6

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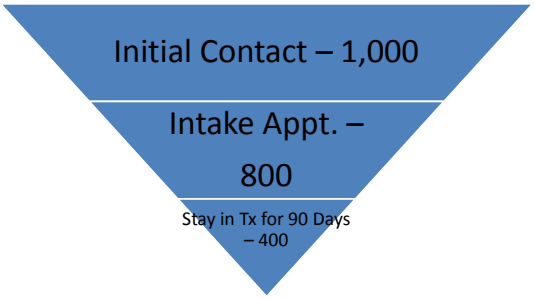
Reducing No-Shows

- What strategies have you employed to measure show rates?
- What strategies have you employed to make improvements?

Caseload – Engagement and Retention



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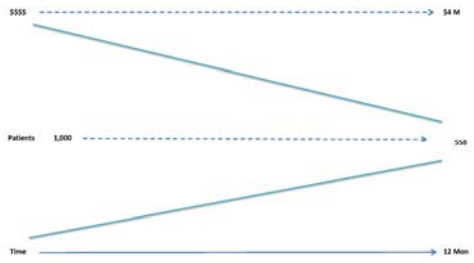
What Research Tells Us

- For both women and men, the perceived utility of treatment, ancillary services, and the client-counselor relationship are the strongest predictors of client engagement in treatment. Client characteristics are generally not strong predictors of treatment engagement.
- Concerning the client-counselor relationship, the findings suggest that women may respond more favorably to an empathic counseling style, whereas men may respond to a more utilitarian style.

Fiorentine, Robert & Nakashima, John & Anglin, M.Douglas. (1999). Client Engagement in Drug Treatment. Journal of substance abuse treatment. 17. 199-206. 10.1016/S0740-5472(98)00076-2.

- What barriers to engagement do your patients have?
- What strategies have you tried to address them?

Another Way to Look at Attrition - #1



Productivity

- The billable work of direct service staff supports the agency.
  - Besides their own salaries, there's agency administration, support staff, infrastructure, etc.
- How many staff hours must be spent delivering billable services in order to stay afloat?
  - Per day, per week.
- What are your agency productivity standards?
  - And what do you do when they are not met?

Staff Availability

- How do the budgeted FTEs for staff providing billable services sync up with time required to provide the amount of service needed to support your budget?
- For Level 3.x programs, is there adequate staffing to provide 20 hours of staff-led activity?
- What are your productivity benchmarks –
  - For individual staff?
  - For the program as a whole?

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Higher reimbursement rates = higher expectations.

What new ideas and services have you considered implementing to enhance your patient care model?

How It All Comes Together

1. Budget reflects complete and accurate costs of doing business; i.e., high quality SUD treatment in a managed care system.
2. Scope, duration and frequency of patient encounters correspond to a general model of patient-centered care likely to produce positive outcomes.

How It All Comes Together

3. Service provision is optimized with regard to counselor caseload size and hours spent per week providing billable services.
4. Over the course of the contract year, will adjusted total billable units must produce enough revenue to cover your budgeted costs
   - Adjustments = no-shows, claim denials & disallowances.

How It All Comes Together

5. The program takes ongoing steps to improve patient engagement and retention.
   - Early drop-out is reduced.
   - No-shows decrease.
6. Staff are aware of productivity standards.
7. Staffing complement is adequate to meet anticipated service needs.

How It All Comes Together

8. Most importantly, you collect and analyze the data that document the performance of this complex system of patient behavior, staff activity and finances.