Attaining Management Team Buy-In for Needed System Changes Through the Use of Data

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As Behavioral Healthcare and Substance Use Treatment Organizations (CBHOs) across the country move into the integrated healthcare environment, they face a very different atmosphere that will require changes that some feel are insurmountable. When faced with these kinds of challenges, management teams that have historically relied on anecdotal information and/or emotion based discussions about proposed changes will often not be able to make the bold and needed changes fast enough to respond to changes in funding/requirements, jeopardizing the viability of their organization, their staff and the individuals they serve. The good news is that we know and have been able to consistently demonstrate through our experiences working with CBHOs across the country that the changes needed to address the challenges faced are most certainly attainable, and traditionally the adjustments can be made quite expediently. The two main things required are a commitment from the leadership of the organization to make the changes that are necessary and access to a data driven understanding of an organization’s current service delivery realities. In this article we will discuss how these two requirements work together.

Management Commitment and Buy-In
Through our work, we have seen consistent trends regarding how many change teams actually understand and therefore act on the need to change, versus how many teams simply talk about the need to change but never are able to achieve a long term and/or sustainable implementation of the desired change. The number one reason that teams in a change effort fail is that their management team is gridlocked with varying opinions about which direction to take with the changes needed, and therefore are not able to take any action at all. This lack of action is related to concerns that staff will be upset by them making a change, they don’t want to change something because of the historical precedent that has been set, and/or more often than not the funding environment is still sufficient to cover their current costs that include high levels of redundancy and process inefficiency.

To help change teams move past this hurdle, we ask them to focus on questions like, “We know that your team might not like the process of change, however, what options have you developed that will allow everything to stay the same in the new funding/integrated care/compliance environment?” How much more upset will staff be if your organization is not able to sustain itself and they no longer have a place to work?” As one CEO of a client organization in California put it, “No money; No
mission!” Additionally, we try to help change teams focus on how upset an individual that you are serving will be if they are without a place to go for services, not to mention the risk that might pose for them to find themselves without a service provider.

In our industry, historical we have not spoken bluntly; however, since the window for a successful change to respond to healthcare changes is short, here is the bottom line that often goes unsaid: If you are a manager of an organization who is operating without proper accountability for areas like client outcomes, staff direct service levels, and/or access to care timeliness and cost effectiveness, then you are abdicating both your responsibility and authority as a leader/manager which can possibly doom your system to failure if you fail to take real measurable and sustainable change actions.

Some might ask what change actions they should take, let’s look at how change teams can effectively move forward with timely solution development and implementation through the use of data.

**A Data-Driven Understanding**

To help organizations reach their goals, we must first help them take a step back to truly understand where they are currently through the use of measurement data. For example, one of the main aspects of the integrated healthcare environment that requires adjustment is the ability of organizations to move the individuals they are serving into treatment quickly via what is known as a Walk-in, Same Day, and/or Rapid Access intake model. To make the change to this new access model an optimal fit for your organization, you they must look at not only setting up your systems correctly, but you must also work to eliminate the contributing factors that created the challenges in your current access to treatment environment. To accomplish this goal, teams have to know what data elements to utilize, otherwise they will set up measures that do not give them the proper insight, or are things cannot be measured without significant effort. To get management teams to come on board with changes through the use of data, you must first overcome two main misconceptions about the use of data:

1. The first misconception is that teams who use data are more interested in quantitative things like cost, rather than qualitative things like quality of care. The reality is that in today’s healthcare reform/funding/compliance change environment, CBHOs will have to use data to provide a dynamic tension between a total focus on quality or a total focus on quantity much like a pendulum swing. Data can assist change teams to identify the right tension between the two extremes on a particular decision that needs to be made. For example, based on access redesign measurement that we have provided to CBHOs for the past seven years, we know that an intake to treatment process (from first call for routine help to treatment plan completion) that includes more than 2 to 2.5 total
staff hours at a cost of between $175 to $200 total is needed to support transition to same day access models and the average revenues that the payers are willing to pay for the access to treatment process. We use data like this every day to help organizations around the country see and/or predict client satisfaction and long-term engagement based upon the current realities of their service delivery system. Bottom line, data is not just for our CFOs anymore!

2. The second misconception that we help teams to overcome through the use of data is that making the changes needed to streamline their service delivery system will compromise the quality of the care being delivered. This is a very common concern, however the response data from hundreds of organizations across the country that have redesigned their access processes to be less time intensive disprove this concern. It is important to note that the response data that has been gathered to help teams measure the feedback to these changes was not just from the individuals that were served, but also from the staff delivering the care. The reality reported by both groups was that the changes we are making to reduce the time required to access care are very much appreciated and have ultimately resulted in better treatment outcomes, higher client satisfaction, and better client engagement in their care. This kind of feedback is key to making change happen, as it is what gives us something tangible to work with in discussions with our management team, clinical and nonclinical staff. Without it teams will often find themselves mired in circular conversations based upon historical opinions and perceptions.

To give some concrete examples: When discussing Same Day Access, teams are very apprehensive, as they do not understand the benefits, and/or are concerned that they would have to hire a lot of staff to cover the demand. The reality however, is that a client seen the same day that they call for care has a 9% likelihood of becoming a No Show/Cancel client, whereas someone who waits 24 hours has a 25% likelihood of becoming a No Show/Cancel client. As well, 99% of teams will actually utilize fewer clinical FTEs to cover their same day access needs than they are currently scheduling now due to the fact that no show/cancel activity is eliminated. Knowing and using data based information makes all the difference to move a change team to planning how to make it happen versus debating if it can happen at all!

**Misconception #2: Making the changes needed to streamline their service delivery system will compromise the quality of the care being delivered**

About the Author: Scott Lloyd, President of MTM Services and author of *Using Data to Drive Your Service Delivery Strategies: A Toolkit for Healthcare Organizations*, has successfully facilitated the development and implementation of access to treatment process measurement for CBHOS nationally, data mapping support to reduce data collection redundancy, designed and implemented same day open access to treatment models and managed the design of
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