Developing your Strategic Plan for Opioid Treatment

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LEARNING OBJECTIVES

• Review workforce and service delivery requirements
• Establishing and developing your environmental scan and competitive analysis for opioid treatment
• Learn the top five things every provider needs in place to provide opioid treatment
The Nature of our Business

“It is not the strongest of the species that survives; nor the most intelligent that survives. It is the one that is most adaptable to change”.

-Charles Darwin
Setting the Stage
National Opioid Crisis: By the Numbers

In 2017

- 17.4% of adults filled at least one opioid prescription (women>men)
- 26.8% of persons 65+ filled at least one opioid prescription
- 26.3% of 55-64 year olds and 23.1% of 45-54 year olds
- Average dose was 45.3 MME (Morphine Equivalent)
- Deaths: 47,600 or 130 individuals per day compared to 8,048 in 1999

HIV deaths peaked in 1992, at 75,457 - 10 years after the discovery of the virus. By 1999 it stabilized between 15,500 and 17,500 per year.
Developing your Strategic Plan for Opioid Treatment
The GE Six Rules of Strategic Planning

• Control your destiny, or someone else will.
• Face reality as it is, not as you wish it were.
• Be candid with everyone.
• Don’t manage, lead.
• Change before you have to.
• If you don’t have a competitive advantage, don’t compete.

Source: Jack Welch former CEO of General Electric.
Healthcare is changing rapidly driven by:
  - Opioid Crisis
  - Integrated care
  - Payment models
  - Technology

Change can bring opportunities if you focus on leading your team:
  - New partnerships
  - Improved patient care
  - Staff engagement and creativity
  - Improved revenue streams
Strategic Planning Vs. Opioid Treatment Strategic Business Development

1. **Strategic Planning** efforts historically have been typically subjective focused - narrative based and not action oriented. (i.e., typical assessed level of attainment in implementing plans has been low)

2. **Strategic Planning** was all that was needed historically in an increasing funding and low transformational change requirement environment

VS.

1. **Opioid Treatment Strategic Business Development** is a disciplined and to a large extent “risk based” effort to produce fundamental decisions and actions that shape and guide what an organization is, what it does and why it does it.

2. **Opioid Treatment Strategic Business Development** is essential in a decreasing funding, disruptive innovation and transformational change environment
Our organizations, and for the most part our funding environment, have not been built for this new environment of rapid transformational change.

How do we create order - standard operating procedures and strategic plans - if we are responding to a pitching machine set on high?
Healthcare Leaders Today

Must be able to take unprecedented risks, expand and branch out of our comfort zones into a very ambiguous and frenzied environment--but at the same time make it appear that all is well.
Organizational Core Competencies

- Outreach Marketing
- Governance Leadership
- Access & Intake
- Service Scheduling
- Management Information
- Compliance
- Billing & Financial Management
- Recovery/Resilience

[Diagram with interconnected circles representing the competencies]
Where do you fit in?

Review your current scope of services

- Do you know what the standard of care is for SUD, OUD and co-occurring conditions?
- Do you have the service array needed to achieve treatment outcomes for this complex population?
- Do you have the work force needed to meet the clinical needs of the consumers in need of care?
- Can you achieve your goals through internal development or strategic partnerships?
THE SEMINOLE SYSTEM FLOW

- Multiple points of entry and treatment paths, one team

The Treatment Team

- Homeless Services
- Front Door
- Criminal Justice
- Acute Care
- Psych Med Clinic
- Care Coordination/TCM
- SA Med Clinic
- OP Counseling
- Co-Occurring Residential
- Problem Solving Courts
- PSR/Clubhouse
- AOT
- IOP
THE SEMINOLE EXAMPLE: TEAM COMPETENCE

• Ensuring a Co-Occurring Competent treatment team
  • One leader, equal voices among team members
    • No single guru mentality
  • Empowering members as “experts” in their areas
    • Recognize value in varying program perspectives
  • Encouraging cross communication
    • Successful teams cross credential barriers
  • Maintaining “wrap-around” care
    • Truly a team approach to client care minimizes chances of someone slipping through the cracks
WHERE DO YOU BEGIN?

- Use the Four Quadrant Model to structure your system assessment and structure your planning process
- Identify community stakeholders and partners to collaborate with to build a system of care – CJS and other providers
- Educate your team on EBP – you don’t have to invent the wheel!
  - Medication management
  - LOC Programming
- Structure your screening and data collection system
  - AUDIT/CAGE/BAM/Craving Tools
  - DLA 20/ORAS
- Commit to CQI and staff development
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<tr>
<th>HIGH MH/LOW SUD: SPMI/Significant MH (including PD); SUD mild:</th>
<th>HIGH MH/HIGH SUD: SPMI/significant MH (Including PD); SUD moderate to severe:</th>
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THE SEMINOLE EXAMPLE: VALUE BASED CARE

• Co-Occurring Competence delivers VBC!
  • Track your data so your funders know it too!

• ADC Outcomes:
  • National Institute of Justice 2005 report on recidivism indicates:
    • 67.8% re-arrest rate 3 years out of prison
    • 56.7% of this group re-arrested <1 year out
    • 76.9% of drug offenders were re-arrested at any point
    • [https://www.nij.gov/topics/corrections/recidivism/pages/welcome.aspx](https://www.nij.gov/topics/corrections/recidivism/pages/welcome.aspx)
  • Seminole County ADC results (per 12/28/2018 report by Brooke Research & Consulting, LLC):
    • 242 enrolled from October 2015 – June 2018
    • 109 (45%) successful graduates, 62 still active (26%)
    • Year 1 Cohort Recidivism (after year 2): 25 (10%) *not specific to program status
Developing your Treatment Strategy
Environmental Scan

<table>
<thead>
<tr>
<th>Current and Future state External Forces affecting your agency</th>
<th>Federal</th>
<th>State</th>
<th>Counties/Locations</th>
<th>Neighboring Counties</th>
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## Competitive Analysis

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<th>Current and Future Competitors of Agency</th>
<th>Budget</th>
<th>Strengths</th>
<th>FTEs</th>
<th>Service Area</th>
<th>Market Penetration</th>
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Opioid Treatment Strategic Business Plan
Development Core Elements

1. How will you achieve the clinical outcomes needed in the new treatment environment?

2. How will we earn the revenue to support the Opioid strategic initiatives? Focus on cost-based financial realities

3. Who, what and when are important implementation elements?

4. Address the organizational structure/management cultural changes that will be required

5. Must be supported by a more “risk-based” and timely, decision-focused leadership/management at all levels of the organizational structure

6. Requires assessment of operational processes and costs

7. Includes market share/branding/customer service awareness/needs

8. Essential element is ability for outcome data measurement, reporting and management’s use of the data capacity
Core Focus Areas of Opioid Strategic Business Plan Development

Step One: Identify and adopt a Business Model focused on:

- How to **earn additional revenues** to support expenses in a changing shared risk funding environment; and/or
- How to **reduce costs** through process re-engineering/increased staff performance; and/or
- **Willingness to participate** in partnerships and mergers to grow your market base; and/or
- **Ability to diversify your services** to attract a large share of the current market base with new service types.
Core Elements of a SBP

1. **Business Vision and Mission**
2. **Primary focus of Business Model** that will be used (i.e., diversification, mergers and partnerships, reduce costs, enhance revenues, etc.)
3. **Market Research**
   - Market Segmentation and Targeting (i.e., benefits, demographics, geographic, etc.)
   - Confirmation of needs of the customers/clients
   - Competitive Environment – Strengths, Weaknesses, Opportunities and Threats (SWOT) on Primary and Secondary Competitors
4. **Description of service(s)** needed based on research
Core Elements of a SBP

5. Strengths, Weaknesses, Opportunities and Threats (SWOT) analysis for current organization to deliver identified services including what are the “Unique Factors” your organization can bring to your business case (i.e., Same day access, Just in Time Medical Appointments, outcomes achieved, etc.)

6. Assessment of current organizational structure to determine if the current structure needs to be changed

7. Branding and Marketing Plan to develop an awareness of your new business model

8. Implementation Plan including Timeline, Strategic Action Plan development and confirmation of benchmarks that need to be achieved to demonstrate the plan is working
Core Elements of a SBP

9. **Rapid Cycle transformation change plan** that supports empowered top down and bottom up decision making strategies
   - One Year Action Plan Goals
   - 45 Day Action Plan Goals and Accountability to design and implement

10. **Financial analysis of the business plan** including investment required short term and long term, return on investment targets and timeframe benchmarks for determining when the plan is not working for the organization

11. **Evaluation of the outcomes achieved** on an ongoing basis
Core Success Elements of Opioid Strategic Business Development (OSBD)

1. Any business model needs to be designed so that it can be continuously assessed in light of current market conditions (i.e., integrated healthcare reform changes) and needs to include flexibility to remake/modify the model every 1 to 2 years OR MORE OFTEN IF NEEDED

2. Internal management decision making will need to support matching the responsibility of each manager with the authority to make timely and risk-based decisions – empowering decision making at all levels of management – not just at the top which is key to flexibility

3. Shift from a historical Non-Profit CBHC model to a Business Development model

4. Shift from a committee of the whole or top down decision-making model which has been a barrier in many cases to timely and effective decision-making. It take the WHOLE team to make this work…

5. Ability to measure current processes and costs to support OSBD
Establish UPFRONT Design, Implementation and Evaluation Timeframes and Supports

BEFORE you start the project, establish a start and complete date for each strategic change goal

Identify a pre-announced evaluation process to ensure all feedback regarding change initiatives is given consideration

Invite team members who have the ability to see the “Horizon of where CCBHC is going” to join in implementation team efforts
# Develop Strategic Transformation Goals and Identify the type of Strategic Action Plan Format

## Strategic Business Action Plan

**Goals and Strategies/Action Objectives Scope of Work**

<table>
<thead>
<tr>
<th>GOAL # 1:</th>
<th>Priority:</th>
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<td>Strategy/Action Objective</td>
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Goals and Priorities
Establish timeline for completion based on prioritized needs

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- A. Family Service & Community Mental Health Center Develops Initial Scope of Work and Project Timelines
- B. Approve Final Project Management Plan, Scope of Work and Timeline
- C. Constitute Project Teams for each Deliverable
- D. Provide Project Orientation of All Team Members
- E. Data Collection and Measurement Period
- F. Project Teams Design and Develop Solution based Recommendations
- G. Pilot Recommendations/Implementation of Non-Piloted Recommendations
- H. Final Implementation/Training
- I. Evaluation of all implemented changes
Developing Workforce, Clinical Care Pathways and Risk Stratification

1. What are the clinical competencies needed?
2. What is your risk stratification plan?
3. What are your care pathways for co-occurring clients?
Results Expected

While explaining the reason for the change is a good starting point, your healthcare providers will want to know what results are expected.

• How many new patients will be served?
• How many opioid deaths can prevented?
• How many people with addictions helped?
• Stress the benefits that can be expected as a result of the change such as less paperwork, more time with patients, fewer audits, and so on.
How Changes Will be Implemented

Explain how and when the change will be rolled out. Discuss the project's path, milestones, and planned training so that your healthcare providers can visualize how it will work.
How Changes Will Effect Them

How will the change impact each individual?
What role will each person be asked to play?
What's in it for them?

Everyone affected by the change, from the top down, should understand their role – and the potential benefits they can expect.
Population Management Model

• To support minimizing financial risk for the Organizations a significant qualitative and outcome shift will be needed from primarily “treating consumers that present for care and consumers currently in caseloads” to a re-focus on consumers in caseloads that are not engaged in services and the number of consumers that are eligible for services (i.e., Medicaid Eligible) that are not currently in service.

• What are the total population healthcare/ wellness needs for BH/IDD services now and shortly the physical health and oral health needs of the consumers

• How do Organizations use their care coordination capacity to address high risk/high utilization consumers that are not engaged in services? (i.e., Missouri 3,700 Study)
Strategic Planning

Step One: Long Range Goals (2 years)

Step Two: Intermediate Action Objectives to meet the Long Range Goal (1 Year)

Step Three: 45-90 Planning Cycles to meet Steps One and Two
Focus of Opioid Strategic Business Development

1. **External Efforts:** Assisting state and local healthcare systems to leverage the opportunities under healthcare reform and ensure that persons with mental health and substance use disorders and the organizations that serve them are included in the emerging healthcare ecosystem being envisioned under the integrated care model (i.e., Section 1115 Medicaid waiver). This focus will also assess the ability of CBHCs to effectively partner in the management, board representation, and/or service delivery capacity for the new integrated healthcare entities.

2. **Internal Efforts:** Assessing and redesigning internal operations to better align with healthcare reform and be able to demonstrate to clients, healthcare providers and state policy makers that your CBHC has a distinct competency as high-performing, quality-focused, and efficient provider of mental health and substance use services and are essential partners in helping healthcare reform as envision by your state succeed.
Ten things every provider needs to provide opioid treatment

1. **Develop your Strategic Map** in fourteen focus areas for the organization that includes a written summary of findings and recommendations that can be used to support specific business planning needs.

2. **Support for the development of a Strategic Business Model** for the CBHC with the management team and/or Board that provides specific goals and action strategies to help ensure the CBHC meets the quality indicators needed to be a Behavioral Health Center of Excellence.

3. **Individualized mentoring support for the CEO and/or Senior Management Team** to develop strategies for introducing the Strategic Business Plan for the organization.
Strategic Business Development: Top Ten Support Steps

4. Development of a business feasibility plan based on a cost finding analysis per CPT Code and staff types compared to the rates of reimbursement provided.

5. Development of a revenue enhancement and/or expense reduction plan.

6. Development of an empowered top-down and bottom-up work team and project management plan that incorporates a continuous quality improvement rapid cycle change process to help ensure a 95% or higher implementation factor for all goals and action strategies.

7. Development of a “Business Case” that provides objective measurement support for the organization that can be used to identify value as a part of an integrated healthcare delivery system.
Strategic Business Development – Top Ten Support Steps

8. Develop a partnership, collaboration, and/or merger plan to support the organization’s goals, including an assessment of the unique factors the organization can provide to a collaborative healthcare initiative and an assessment of the needs the organization has that can be supported through a collaboration with another entity.

9. A market share and branding awareness assessment and, based on outcomes identified in the assessment, support for the development of a marketing and branding plan.

10. Onsite staff training to support the quality indicators implementation efforts, followed by an evaluation of the quality indicators developed and implemented to measure if the intended outcomes identified in the plan have been achieved.
The 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.
Change Management is a Process that Requires:

An understanding of why change is needed. You need to understand the reason and so do your healthcare providers and other stakeholders.

An understanding of the human response to change. Expect resistance, confusion, and excitement.

Ideas, strategies, and skills to plan, implement, and support change. Vision, leadership skills, and an action plan are all essential for managing any type of change.
QUESTIONS?