

Partnership HealthPlan of California

# Setting the Stage for Successful Change!

May 29  
2019



# What will be covered today

- The What, The Why and The Good Stuff
  - Describe the purpose of the waiver
  - Summarize the changes required to clinical, operational and financial processes
- Tips for Navigating Change
  - Assess where you are in the change process
  - Illustrate how to use Kotter's Eight Step Model to assist you in your agency change process
- Explore ways to enhance communication during times of disruption

**POLLING: WHICH OF THE FOLLOWING BEST DESCRIBES YOUR ROLE IN THE ORGANIZATION?**

- Chief Executive Director
- Business Operations Manager
- Clinical Director
- Program Manager
- Quality Improvement, Quality Assurance Director
- Finance Director
- Medical Director
- Addictions Counselor
- Reception
- Intake Counselor
- Case Manager

# The 'Why' and The Good Stuff

- The ODS will ensure a continuum of care for Medi-Cal beneficiaries (Social Security Act Sec. 1115) through states and counties that opt in to the ODS
- In these states and counties CMS is “testing Medicaid coverage of a full SUD treatment service array in the context of an overall SUD service delivery system transformation provided states meet specific requirements.”

SO:

- The Good Stuff- we (finally!) get a ‘full SUD treatment array’ for Medi-Cal beneficiaries
- The Tough stuff- we do it in a transformed delivery system meeting specific requirements

# There will be:

A Continuum of Care for Beneficiaries with an SUD disorder

## Accountability

- Appropriate Utilization
- Quality Care
- Outcome Effectiveness

## Reduced Cost

- From Fee For Service (FFS) to a Managed Care System
- Patient placed in the 'right' Level of Care (LOC)

What the Feds Have Promised-  
The 'What' of the ODS



# The ODS Challenges or 'Areas of Change'



## ODS Promise #1

### A Continuum of Care

**‘A Program’ is no longer ‘The Program’**

The patient is placed at the most appropriate ASAM-established LOC. ASAM is reviewed frequently and the patient moved to a less- or more-intensive LOC as indicated, and encouraged to remain in care or recovery services as long as possible.

**Challenge #1-** Develop and maintain placement relationships for all LOCs.

**Challenge #2-** Implement **care coordination** internally and externally to facilitate movement between LOCs.

## ODS Promise #2

### Accountability

#### Utilization Management

**Challenge #1- Timely Access** (front end process, reception, assessment staff?)

**Challenge #2- Authorizations and Medical Necessity** (right staff, training, referral relationships, internal/external care coordination?)

**Challenge #3- Enhance access and length of stay in the recovery continuum** (LOS) through Collaborative Relationships with agencies, other providers (Care coordination?)



## ODS Promise #2

### Accountability (Cont'd)

#### Quality of Care

- What the PHC Quality Improvement Plan (QIP) and Committee (QIC) will monitor and review?
  - Accessibility
  - Beneficiary grievances, complaints, experiences
  - Evidence-Based Practices (EBPs) to fidelity
  - Other practice standards
- Challenge- What data sources and other documentation does the program have to respond to the QIC? (Data resource programs? Training? Staff?)

## ODS Promise #2

### Accountability (Cont'd)

#### Outcome Effectiveness

- The PHC will provide data and information to UCLA's Integrated Substance Abuse Programs for the DMC-ODS evaluation
- Challenge- while some of this data and information may flow through health records, programs may need new systems to capture and communicate data.

## ODS Promise #3

### Reduced Cost

Reduced costs through the ODS is based mainly on the premise that patients placed in the 'right' LOC will be less expensive to treat than in past systems. However, there are the following challenges:

- **Challenge 1-** FFS vs Managed Care- annual estimates of the cost of treatment must be more refined, more exact.
- **Challenge 2-** Billing is based on a defined and documented unit of service.

## The 'Shift'

What's the historical value proposition?

- **Patient and Treatment Provider** - Patient completes a 'program'; graduates; gets a discharge plan: Organization gets paid for patient 'attendance'.
- **Funder (public block grant) and Treatment Provider** - Provider follows the regs and documents a service; Funder pays.
- **Collaboration**- All providers refer and accept referrals when it is mutually beneficial.

# The 'Shift'

How does the value proposition 'shift' under ODS?

- **Patient and Treatment Provider-** Patient commits to the continuum of care and other required and recommended services: Organization gets paid based on documented UOS's in correct LOC using EBP's.
- **Funder (DMC-ODS) and Treatment Provider-** Provider assesses and places (continuous) patient; provides documented UOS: Funder reviews practice standards, quality of care and access frequently, then pays.
- **Collaboration-** Fulfilling the continuum, maintaining census, meeting all patient needs requires collaboration and real relationships.

# Shifts Affect All Areas of Treatment

*Using the Shift from 'A Program' to the Continuum of Care:*

- **Clinical**- Frequent assessments; goal of moving patient forward
- **Operational**- Developing collaborative teams for services/census, for care coordination
- **Finance**- Increase in staff, increase in training, budget projections, billing



# Clinical

- Evidence Based Practice (MI, CBT)
- ASAM Assessments
- Establishing Medical Necessity,
- Patient Centered Care,
- New Documentation,
- Access and Retention in Treatment.

# Operational

- Leading in times of disruption
- Communication
- Changing workflows
- Care coordination: internal and external
- More staff, new positions, new credentials
- Increase in training needs
- Productivity
- More administrative tasks

# Finance

- Higher rates
- Paid for services delivered and documented
- Revenue projections
- Financial acuity

# Polling Question

In your position, which category of change do you think is going to be most difficult to navigate?

- Operational changes?
- Clinical Changes?
- Financial?

# Polling Question- check all that apply

Which of the following clinical practice changes do you feel your staff are most prepared to do?

- Treat patients using Evidence Based Practice (MI, CBT)
- Use the ASAM Assessment
- Establish and document medical necessity,
- Shift from program centered care to patient centered care,
- Successfully document treatment plan and case notes,
- Provide same day access

# Polling Question- check all that apply

Which of the following operational practice changes do you feel are going to be most difficult?

- Leading the team in times of disruption
- Enhancing communication so that everyone is informed
- Changing workflows
- Providing enhanced care coordination: both internal and external
- Hiring and training staff, to meet the new demand?
- Meeting current capacity goals while making the transition
- Taking on the additional administrative tasks





# **NAVIGATING CHANGE**

**LEARNING TO ADJUST  
YOUR COURSE IN  
UNCHARTED WATERS**

# OBJECTIVES

## Part 1

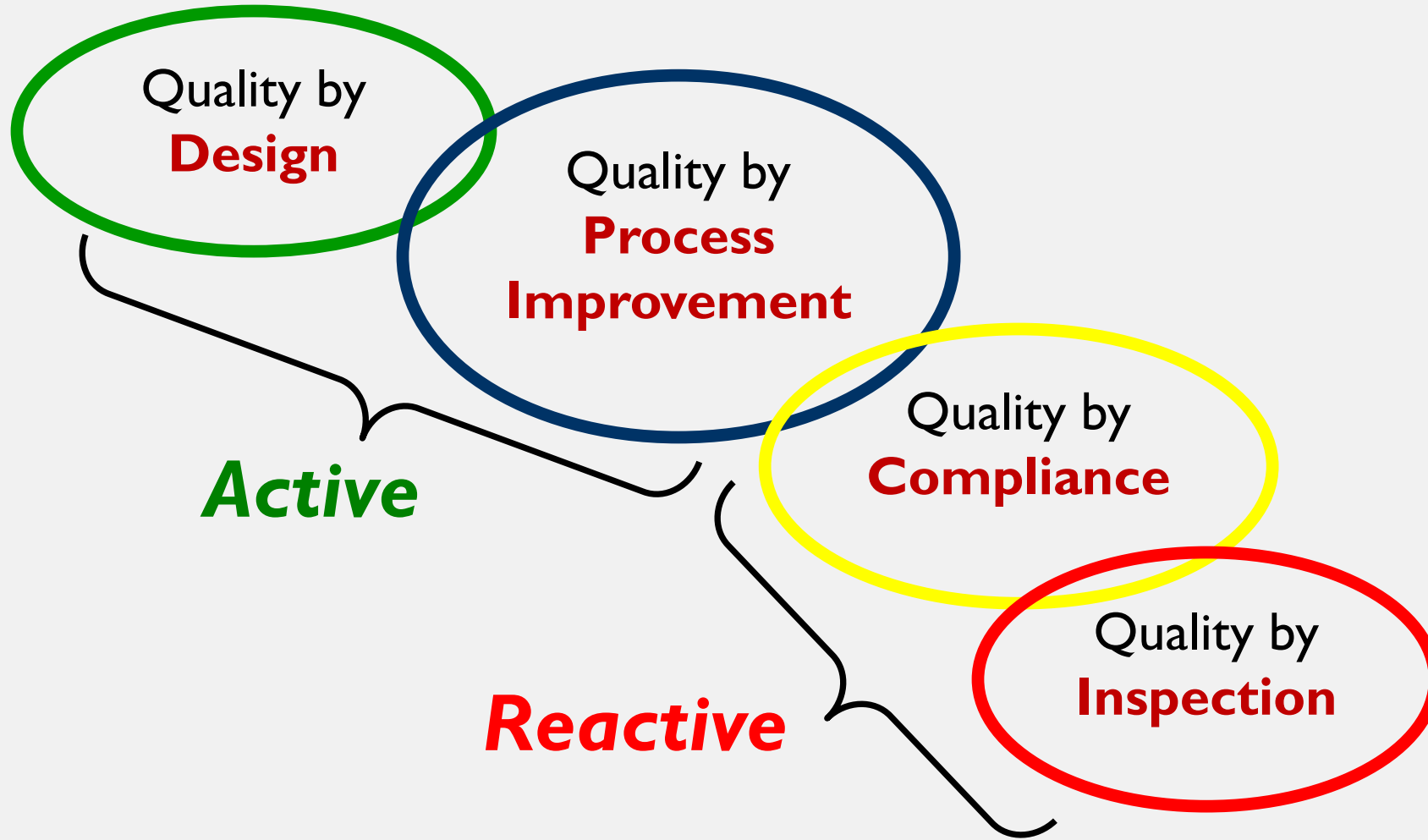
- Identify the 4 methods of quality
- Recognize and address the feeling and thinking components of change
- Understand the importance of being purposeful in implementing change

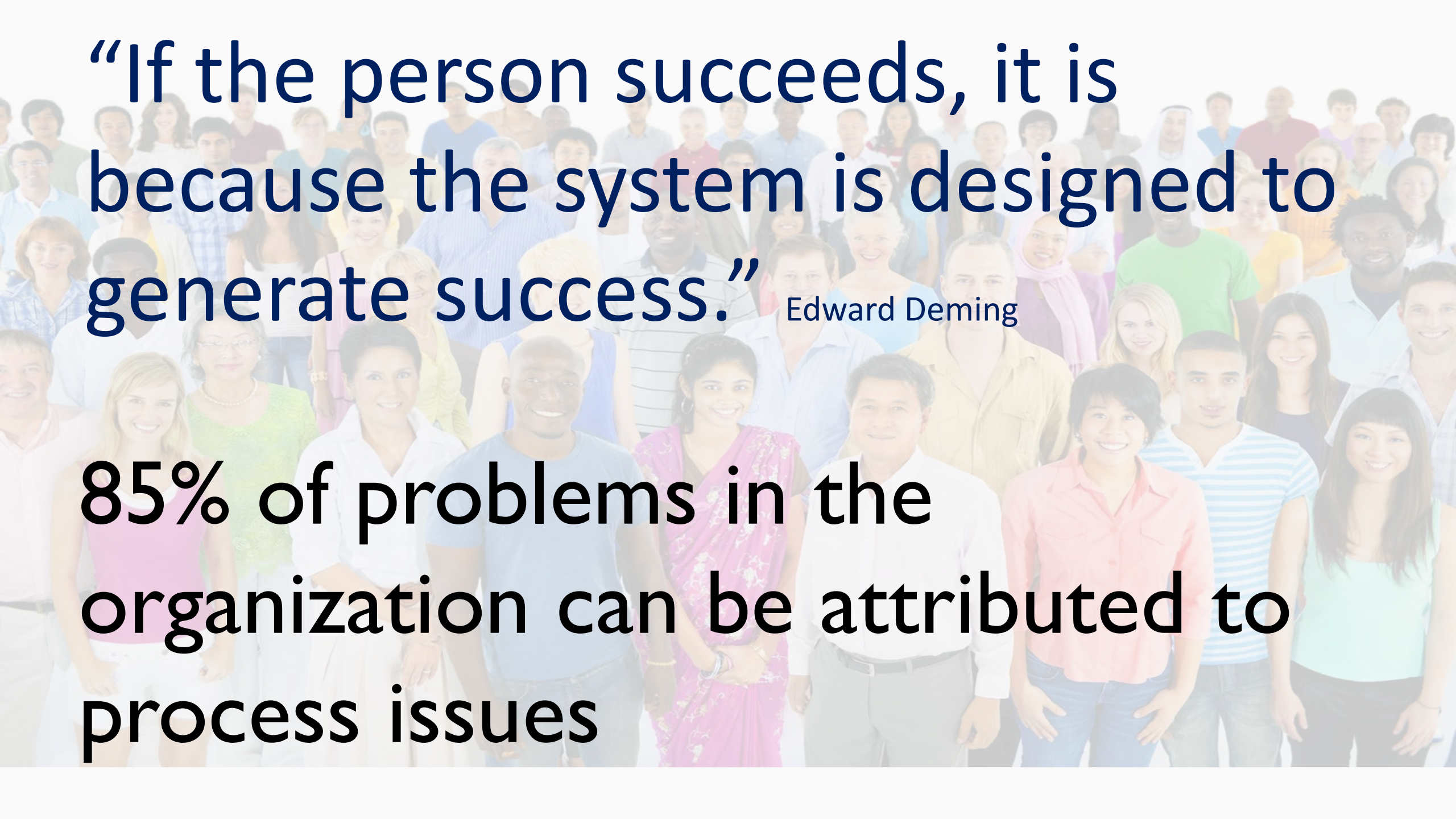
## Part 2

### Self Reflection

- Identify changes you have already made using Kotter's 8 critical steps of change framework
- Identify things you will do to enhance change management using Kotter's template.

# The **4** Methods of Quality





**“If the person succeeds, it is because the system is designed to generate success.”**

Edward Deming

**85% of problems in the organization can be attributed to process issues**



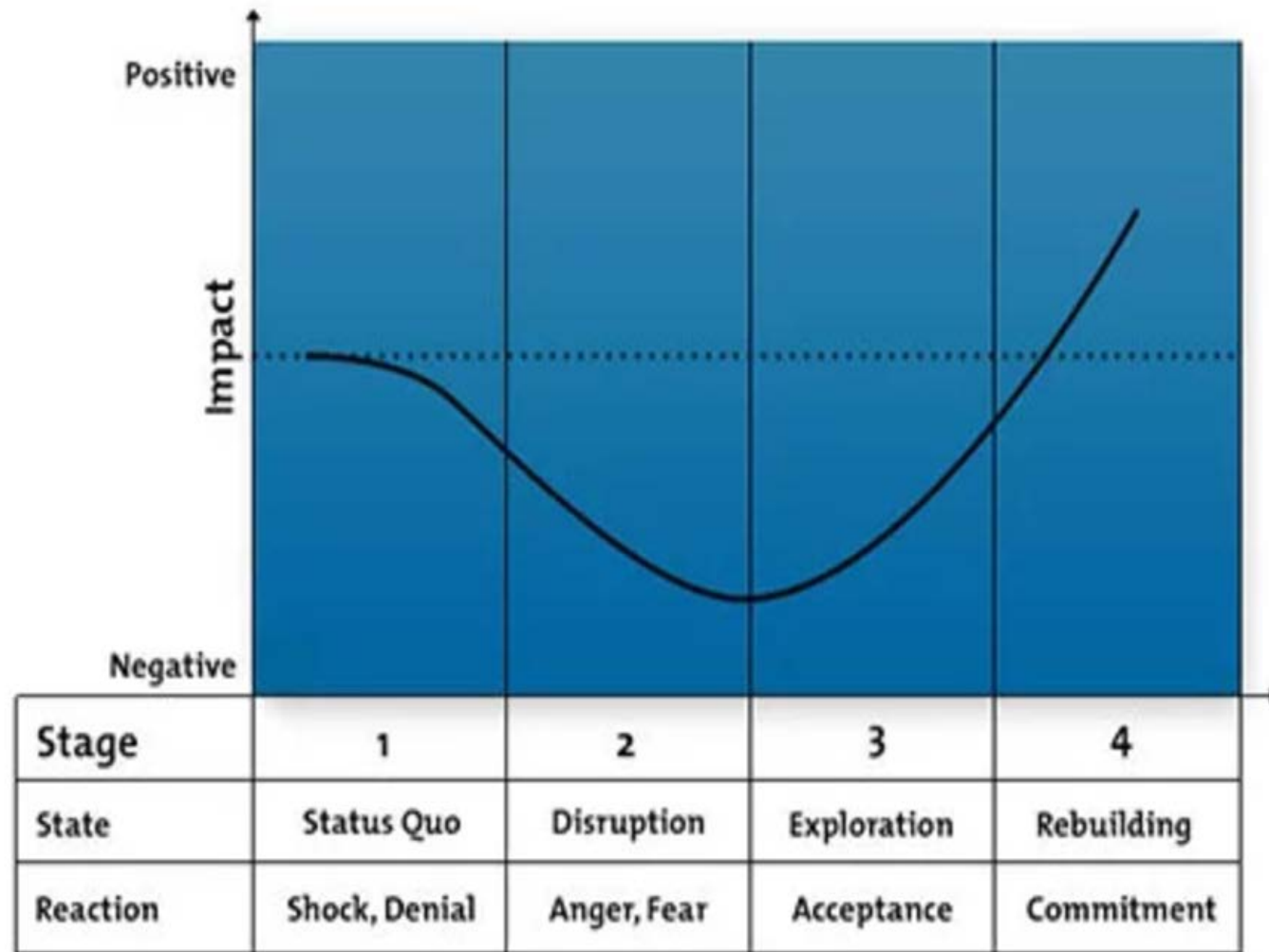
## WHAT EVER BUSINESS YOU ARE IN

To effectively lead change, leadership must help people satisfactorily answer three questions that people will ask themselves when it's introduced:

- . **What** is the change?
- . **Why** is the change being made?
- . **How** will the change affect me?

# ROLE OF THINKING AND FEELING

Figure 1 – The Change Curve



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Stage 1

State

Status Quo

**Reaction:** Shock or Denial

This is when the reality of the change hits

- People need time to adjust
- Critical stage for communication
- People need information to understand what is happening

Stage 2  
State  
**Disruption**

**Reaction:** Anger or Fear

People React - Possible Danger Zone

- Manage this stage or it may lead to chaos
- Provide support, consider the personal impact & listen to objections
- Address issues with clear communication

Stage 3  
State  
**Exploration**

## Reaction: Acceptance

- On your way to success
- Provide direction
- Training is important
- People will not perform at 100% right away

Stage 4  
State  
**Rebuilding**

## Reaction: Commitment

- People embrace the change
- Offer encouragement
- Celebrate the success and achievements

# Our Iceberg is Melting

Changing and Succeeding  
Under Any Conditions

John Kotter  
Holger Rathgeber





# Kotter's Eight Steps to Change





## **Set the Stage**

1. Create a sense of urgency
2. Pull together a guiding team

## **Decide what to do**

3. Develop the Change Vision and Strategy

*Clarify how the future will be different than the past, and how you can make that future a reality*

## **Make it Happen**

4. Communicate for understanding and buy in
5. Empower others to act

*Remove as many barriers as possible so that those who want to make the vision a reality can do so*

## **Produce Short Term Wins**

6. Create some visible unambiguous successes as soon as possible

7. Don't let up

*Press harder and harder faster and faster after the first success*

## **Make it Stick**

8. Create a **New Culture**

*Hold on to the new-ways of behaving and make sure they succeed, until they become strong enough to replace old traditions.*

*For more information: <https://www.kotterinternational.com/8-steps-process-for-leading-change/>*

*And Read the book!*

# Role of Thinking and Feeling

**Thinking differently can help change behavior and lead to better results**

Collect data and analyze it

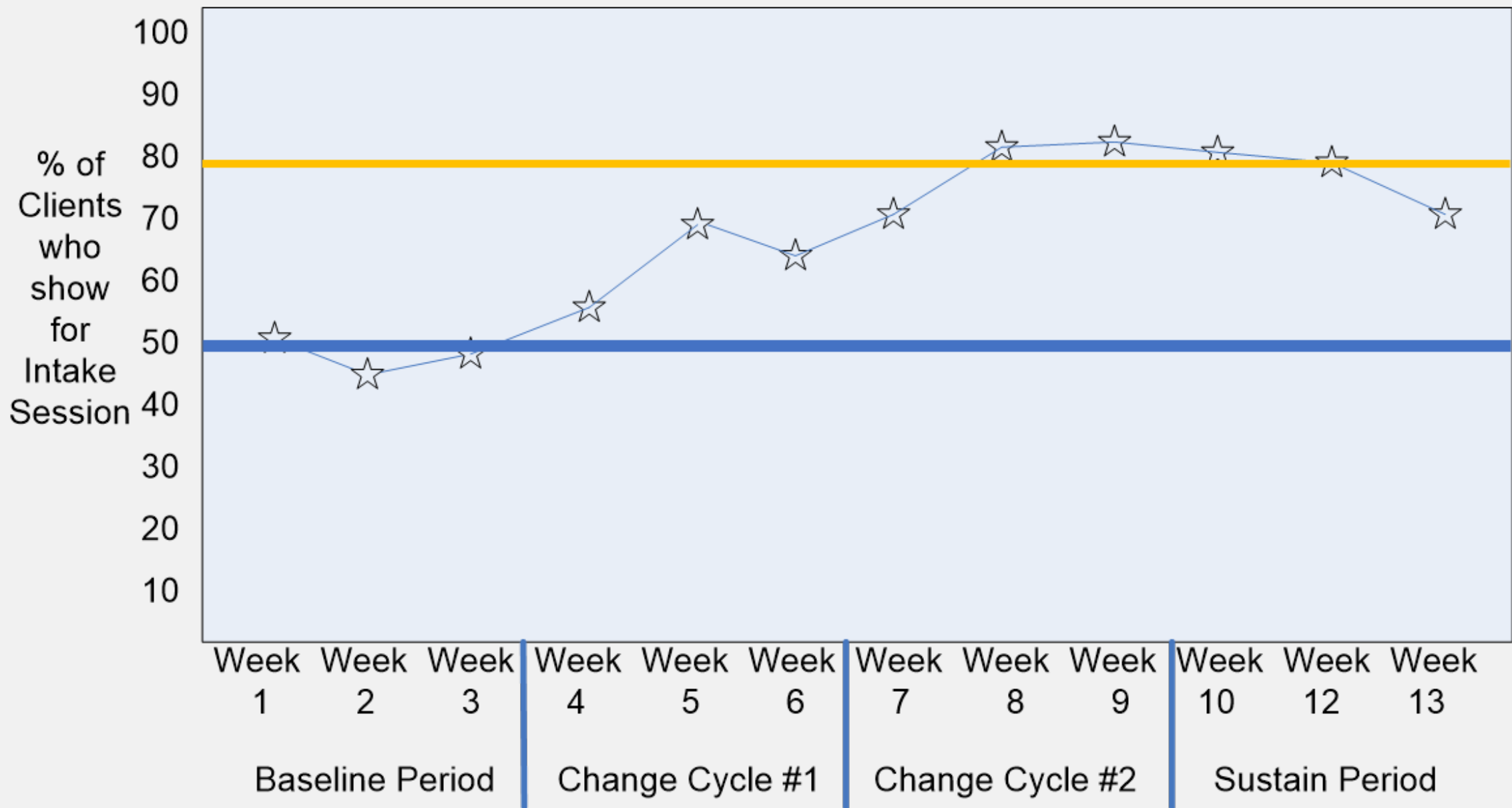
Present information logically to help people think through it step by step

Changed thinking leads to changed behavior

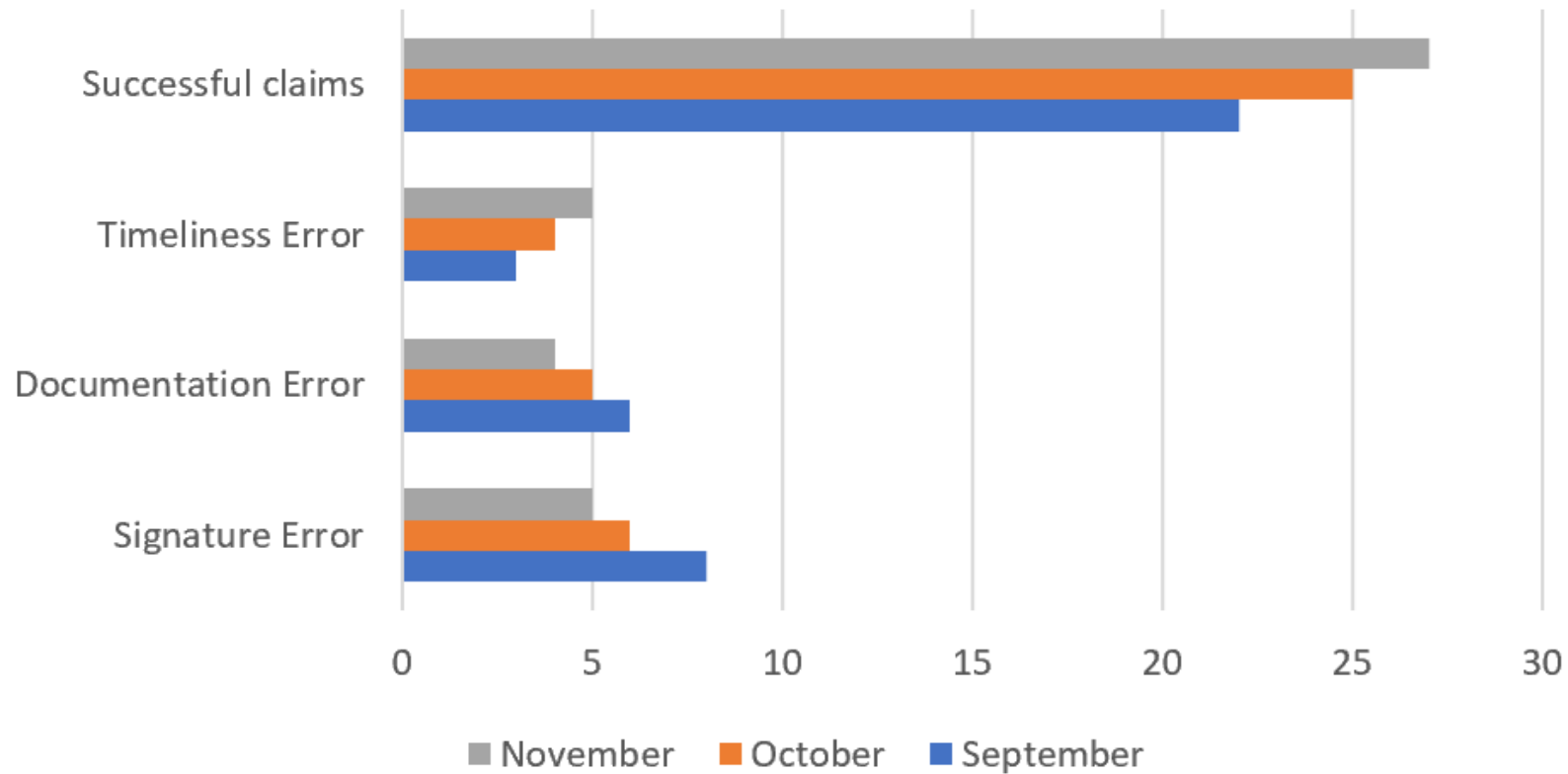
**Feeling differently can change behavior even more and lead to even better results**

Create surprising and compelling visual experiences (graph data, tell success stories)

The experiences change how people feel about the situation



# Chart Title



## BASE YOUR CHANGES ON 5 QUESTIONS

1. What is it like to be our customer?
2. What are we trying to accomplish?
3. How will we know if the change is an improvement?
4. What changes can we test that may result in an improvement?
5. How can we sustain the improvement?

# CAFÉ SESSIONS

## LEADING TEAMS THROUGH CHALLENGE

Practice Framing  
Change Initiatives  
Using Kotter's 8  
Step Model



THINK OF A SUCCESSFUL CHANGE YOU  
HAVE BEEN A PART OF?

How did you (or the person in charge) set  
the stage for Change?

How did you create a sense of urgency?  
Did you illustrate with Stories? Data?

How would you do this differently in the  
future?

Briefly describe your Vision for the DMS  
waiver? How will your agency be different  
next year?

What are the biggest changes?

## **Set the Stage**

- Create a sense of urgency
- Pull together a guiding team

## **Decide what to do**

- Develop the Change Vision and Strategy
- Clarify how the future will be different than the past, and how you can make that future a reality

THINK ABOUT THE FOLLOWING AS IT RELATES TO CHANGES IN YOUR INTAKE PROCESS & VERIFYING ELIGIBILITY AND ENROLLMENT?

What changes do you anticipate you will need to make? How will you make it happen?

How will you get buy in and engagement among the staff?

Any ideas on how you will celebrate any successes along the way?

## Make it Happen

- **Communicate for understanding and buy in**
- **Empower others to act**
- Remove as many barriers as possible so that those who want to make the vision a reality can do so
- **Produce Short Term Wins**
- Create some visible unambiguous successes as soon as possible

WHAT ARE SOME OF THE CHANGES YOU WILL NEED TO MAKE IN YOUR CLINICAL PROCESSES?

How will you make it happen?

How are you ensuring all clinical staff understand ASAM?

How are you going to monitor short term wins?

## **Make it Happen**

- **Communicate for understanding and buy in**
- **Empower others to act**
- Remove as many barriers as possible so that those who want to make the vision a reality can do so
- **Produce Short Term Wins**
- Create some visible unambiguous successes as soon as possible

DISCUSS THE FOLLOWING AS IT  
RELATES TO THE DMC  
CERTIFICATION PROCESS

What processes and procedures did you put in place to ensure that the new certification process “would stick”?

Who will monitor changes, such as when new staff or board members are hired, agency address changes?

What processes are in place to review the contract and recertify?

Did you assign staff or departments to be accountable for monitoring?

Did you write up a policy or procedure to make it easier to get certified next time?

## Make it Stick

### 8. Create a New Culture

- *Hold on to the new-ways of behaving and make sure they succeed, until they become strong enough to replace old traditions.*

## Chat Box

What processes are in place to make the next certification easier?

# Are You Ready?

- ✓ Preparation
- ✓ Invitation List
- ✓ The Agenda
- ✓ Facilitating the Meeting
- ✓ Closing the Meeting

Guilty of multiple counts  
of meeting creep,  
lack of preparation,  
wasting people's time,  
& random socialization?





# What is the Purpose?



# Objective

## **Clearly state what you are going to accomplish**

At our last meeting we made the decision to improve our treatment planning and documentation process. By the end of this meeting we will define next steps to improve the following:

- Charting, using patient voice
- Identifying and writing clear concise patient goals
- Improving timeliness of submission (Completed and approved within X# of days)



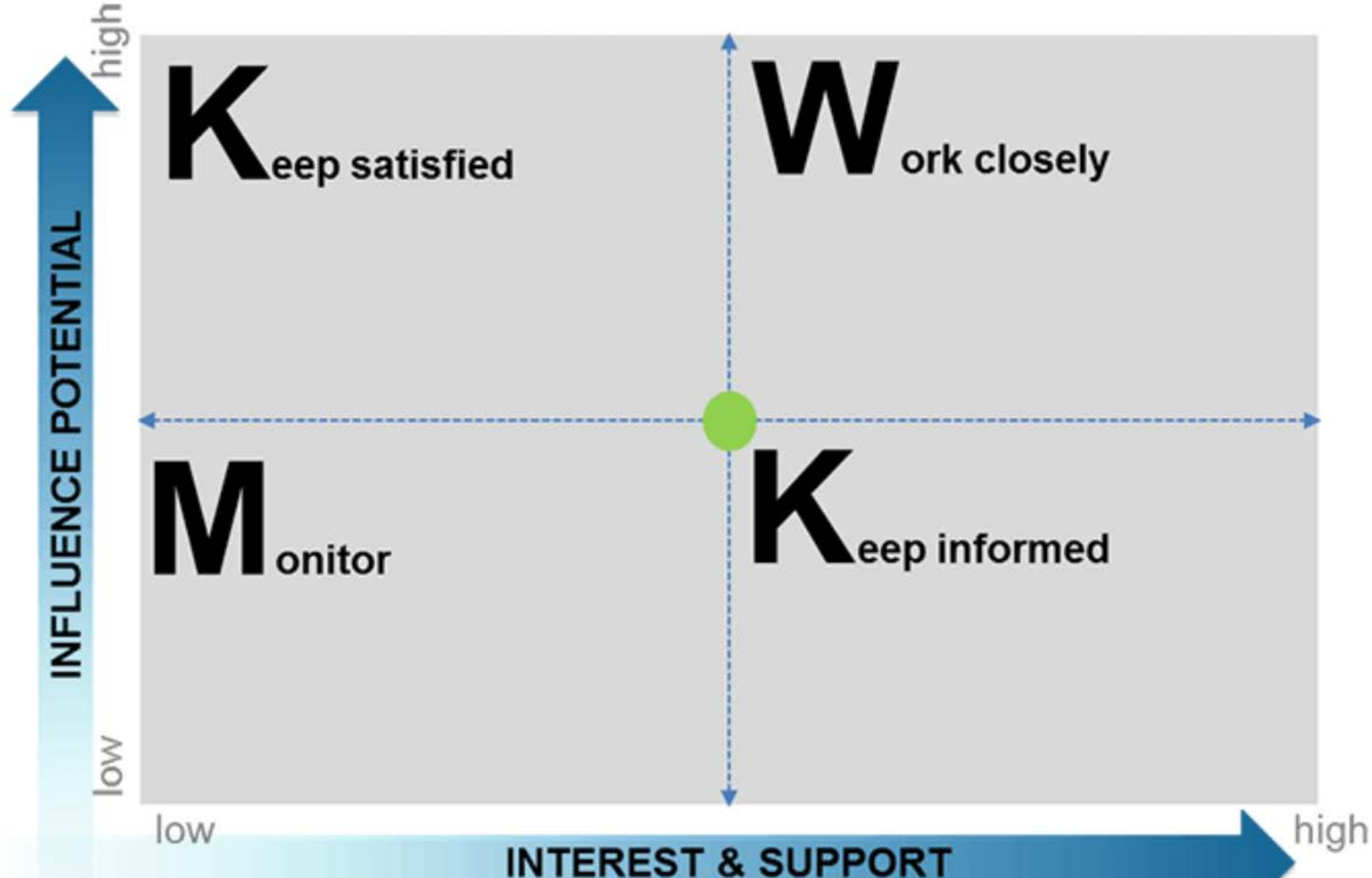
# Objective

## Monthly Finance Oversight Meeting

- Budget review for the previous month
- Review projection for the next quarter
- Problem solve if discrepancies are found
- Assign action items

Who needs to be there?



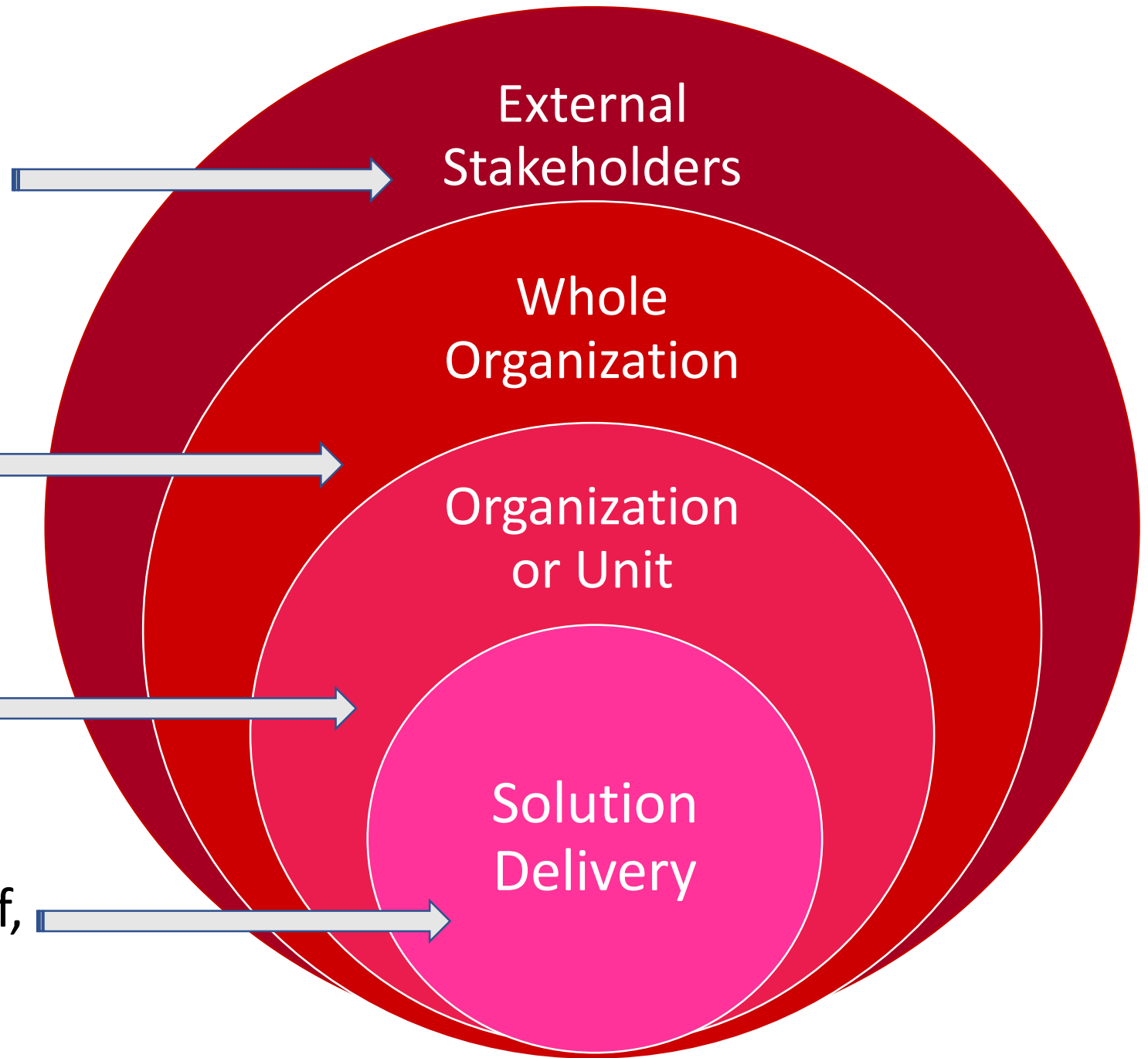


Patients, community members,  
referral sources, payers, policy  
makers

All departments, full-time and  
part-time staff, contractors

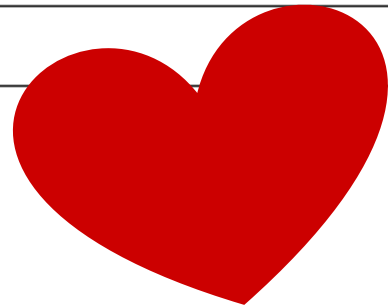
One unit: Clinical unit, finance  
unit, business operations,  
security, board....

Counselor, LPHA, reception staff,  
case manager





<b>Agenda Items</b>	<b>Person Responsible</b>	<b>Time allotted</b>
<b>Review action items from last meeting</b>	Laurie	10 minutes
<b>Review data from the last patient chart review</b>	Lisa	10 minutes
<b>Discussion of data report and <u>identify possible problems</u></b>	Laurie/All	15 minutes
<b>Brainstorm</b> ideas on how to improve the problems identified.	Mario/All	15 minutes
<b>Voting:</b> Which improvement will we test first?	All	5 minutes
<b>Identify Action Steps</b>	All	10 minutes



# Tips for Improving Facilitation

## Attendees:

Name	Meeting Role	Attend: Yes	Attend: No
Laurie Linn, <b>Business Manager</b>	Facilitator	✓	
Kim Thom, Case Manager	Scribe	✓	
Jose Torres, Clinical director	Attendee	✓	
Lisa Kim, QI/UM manager	Data	✓	
Mario Levy, Clinician	<i>Attendee or describe SMEA</i>	✓	
Claude Smith, Counselor	<i>Attendee or describe SMEA</i>		✓
Theresa Lopes, Counselor	Time Keeper	✓	
David Frey	<i>Attendee, Target CSR, on-line orders</i>	✓	
Ming Lee	SME - Clinical Director, Warm and Fuzzy House	✓	



**Title:** Improving Clinical Practice and Process

**Day/Date:** Monday, August 5, 2019

**Start Time:** 8:45am

**End Time:** 10:00am

**Location:** Whittier House, dining room

**Webinar URL**

**Phone number**

Begin with the basics

# Wrap up and schedule the next meeting

Were the right people in attendance?

Did we accomplish what we intended?

What could we do to improve this meeting in the future?

“Change is hard at first, messy in the middle and gorgeous at the end.”

Robin Sharma

“The secret of **change** is to focus all your energy not on fighting the old, but on building the new.”

Socrates

WRAP UP

## Chat Box

What is one new thing you will try as a result of participating in this webinar?



These slides and the meeting template are available as handouts and will be distributed to you.

