

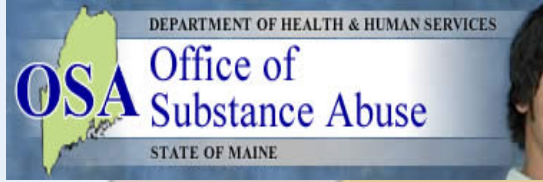


Systems for Managing Access & Retention Outcome

**Linda J. Frazier, RN, MA, CHES
Maine Office of Substance Abuse**

STAR-SI is a partnership between the Center for Substance Abuse Treatment and the Robert Wood Johnson Foundation.

★ STAR-SI Collaborative Partnership



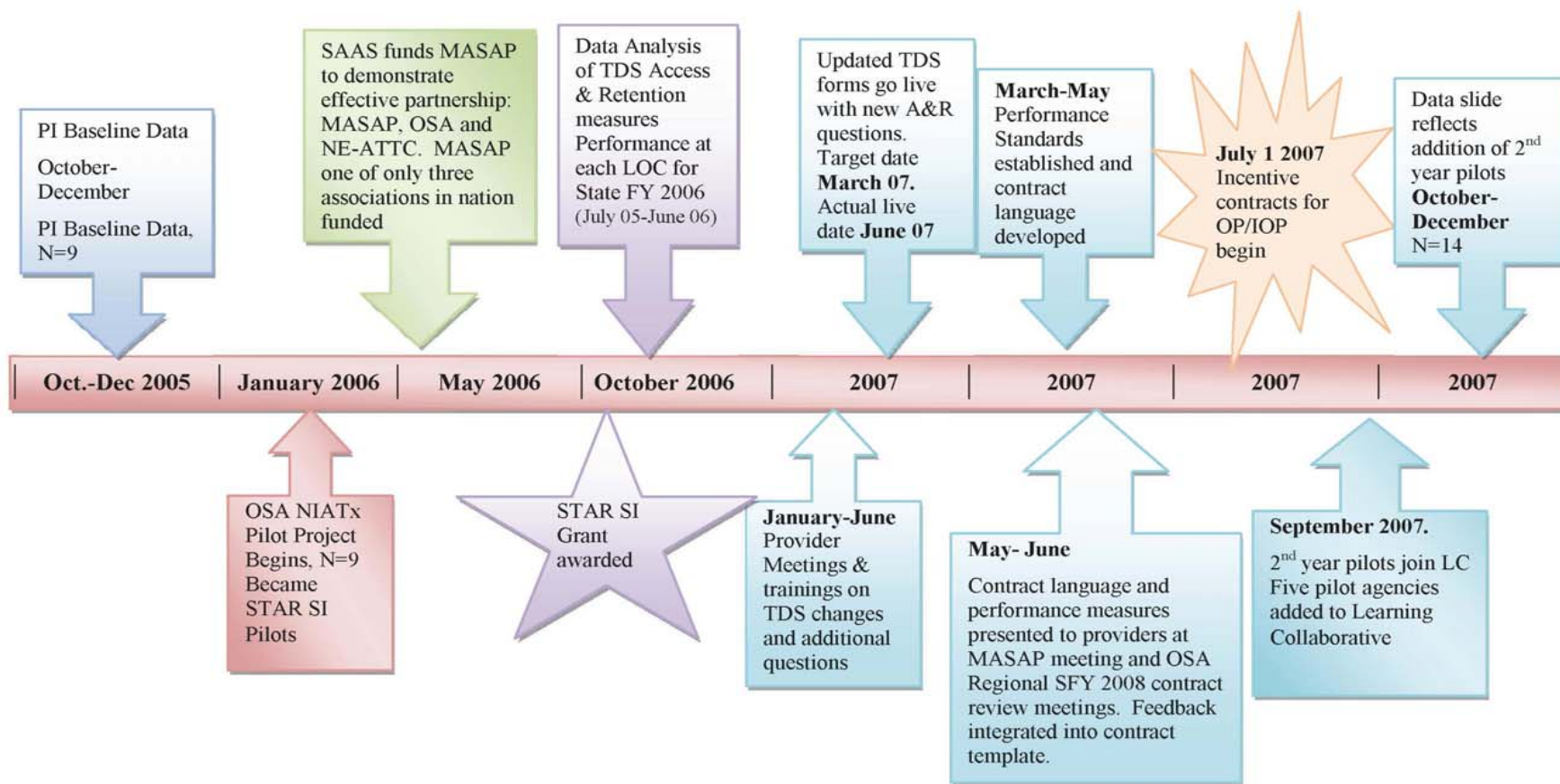
Strengthening Treatment Access & Retention - State Implementation



OSA Agency Monitoring Team

- **Treatment Specialists – 4 + COSIG**
- **Contracting Staff – Mary Alderman**
- **Data & Research – Stacey Chandler; working with OIT on system development**
- **Monthly Meetings**
- **Quarterly Change Cycles**

Maine Timeline





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OSA Team:

- **Executive Sponsor; OSA Director**
- **Change Leader; NTN**
- **Data Coordinator; D & R Manager**
- **Project Coordinator; Provider Association**
- **NIATx Coaches – Lynn Madden, Scott Farnum**

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Other Team Members

- **DHHS Contract/Purchasing Manager**
- **DHHS Fiscal Manager**
- **DHHS Deputy Commissioner DHHS Quality Improvement Lead (LEAN)**
- **DHHS OIT Manager**

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Performance Based Monitoring: OSA Incentive Contracts Pay for Performance

Incentive, Baseline or Penalty payments are determined by performance on five measures:

- Units of Service = plus or minus 5%
- Four Access & Retention Measures = 1% each
- An agency can gain or lose 9% of their quarterly payment each quarter

***Quarterly Contract Payments based on data for the prior quarter.**



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Maine Access & Retention Outpatient & IOP Performance Measures

Units of Service: + or - 5% of their quarterly payment

- +5% for exceeding 100%
- Baseline payment for meeting 90%, and
- -5% if the agency does not meet 90% of their contracted units



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Maine Access & Retention Outpatient & IOP Performance Measures

Access Goals: 1% on each of two measures

Out Patient

- Time from first call to first face to face:
5 days (2 day incentive)
- Time to first treatment appointment:
14 days (7 day incentive)

Intensive Out Patient

- Time from first call to first face to face:
4 days (2 day incentive)
- Time to first treatment appointment:
7 days (3 day incentive)



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Maine Access & Retention Outpatient & IOP Performance Measures

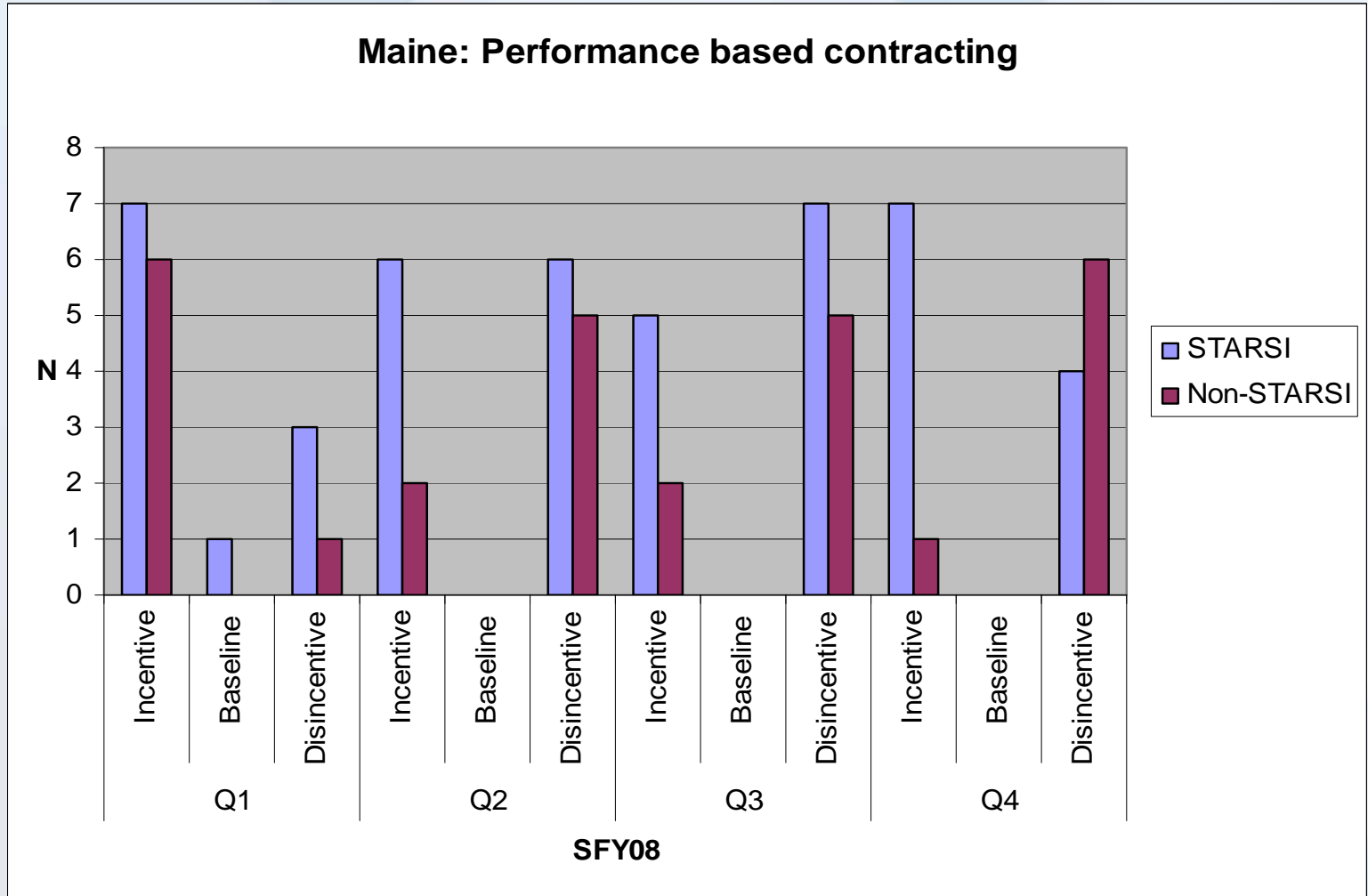
Retention Goals: 1% on two Retention Measures

- A minimum of 50% of OP & 85% of IOP clients stay 4 sessions (65% and 90% incentive)
- At minimum of 30% of OP clients stay 90 days or more; and 50% of IOP clients complete treatment (40% and 60% incentive)



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Incentive Contracts



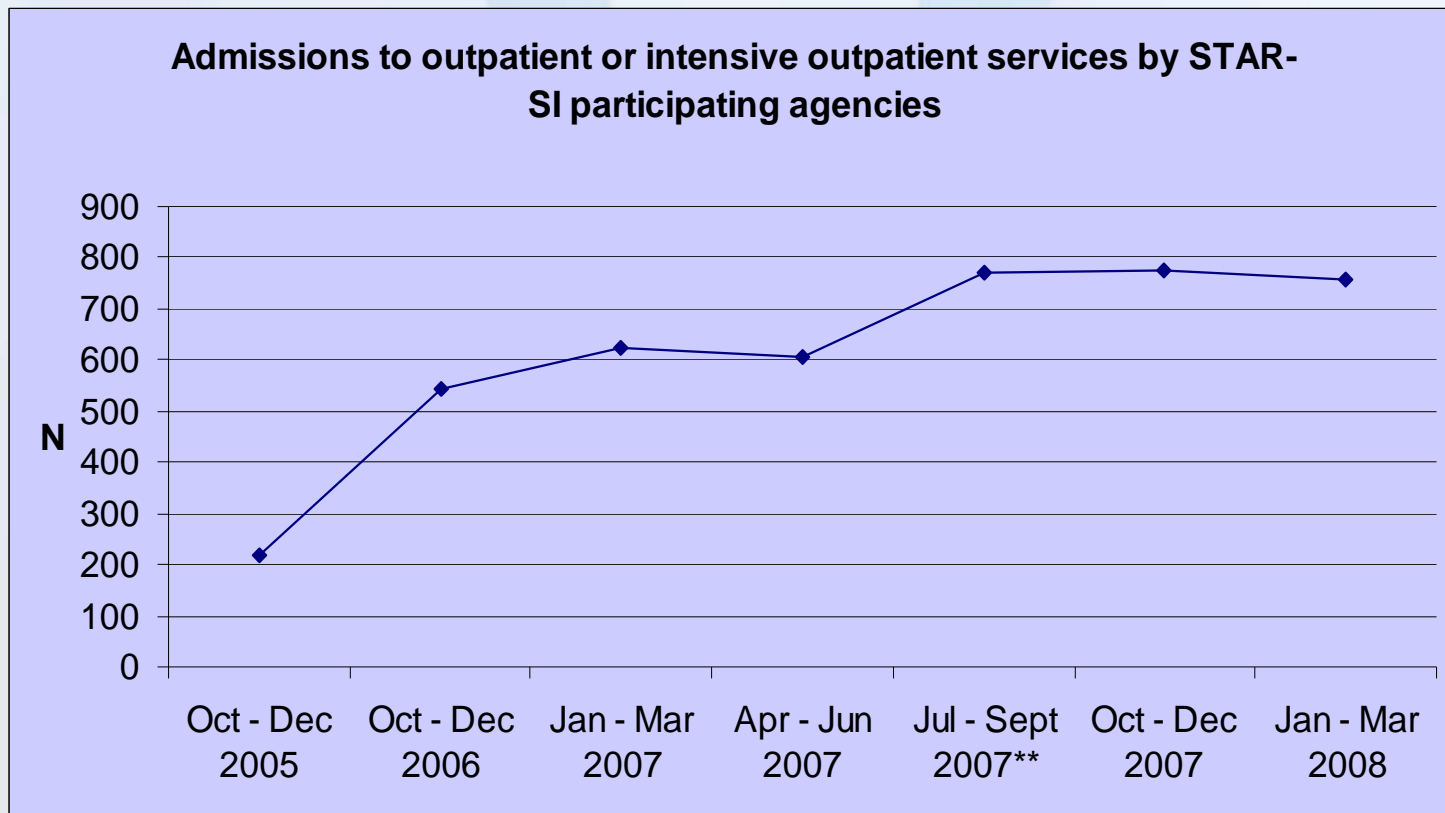
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The Business Case

- Baseline Payment \$3,531,364.00
- Budgeted Incentives Maximum \$3,769,463.97
- Possible Incentive Payments \$238,099.97
- Total SFY 08 Payments \$44,839.00
- Total **SFY 09 1st Quarter savings \$69,253.80**
- Total Amount of **savings** for full year of performance contracting **SFY 08 \$254,379.68**

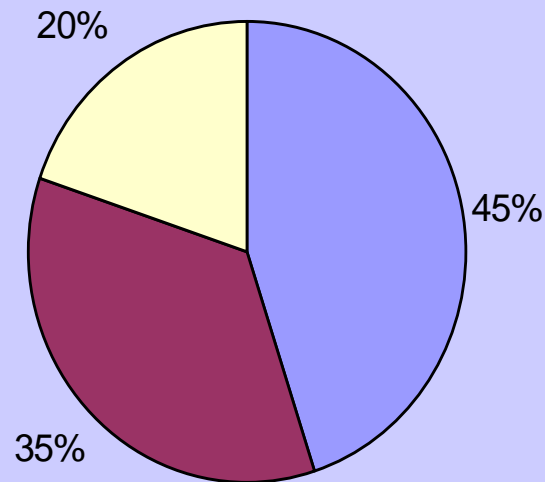
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STAR SI Admissions
Increase 345% (537) over baseline



SAPT Grant OP/IOP Agencies

Maine: OP and IOP admissions in 2007

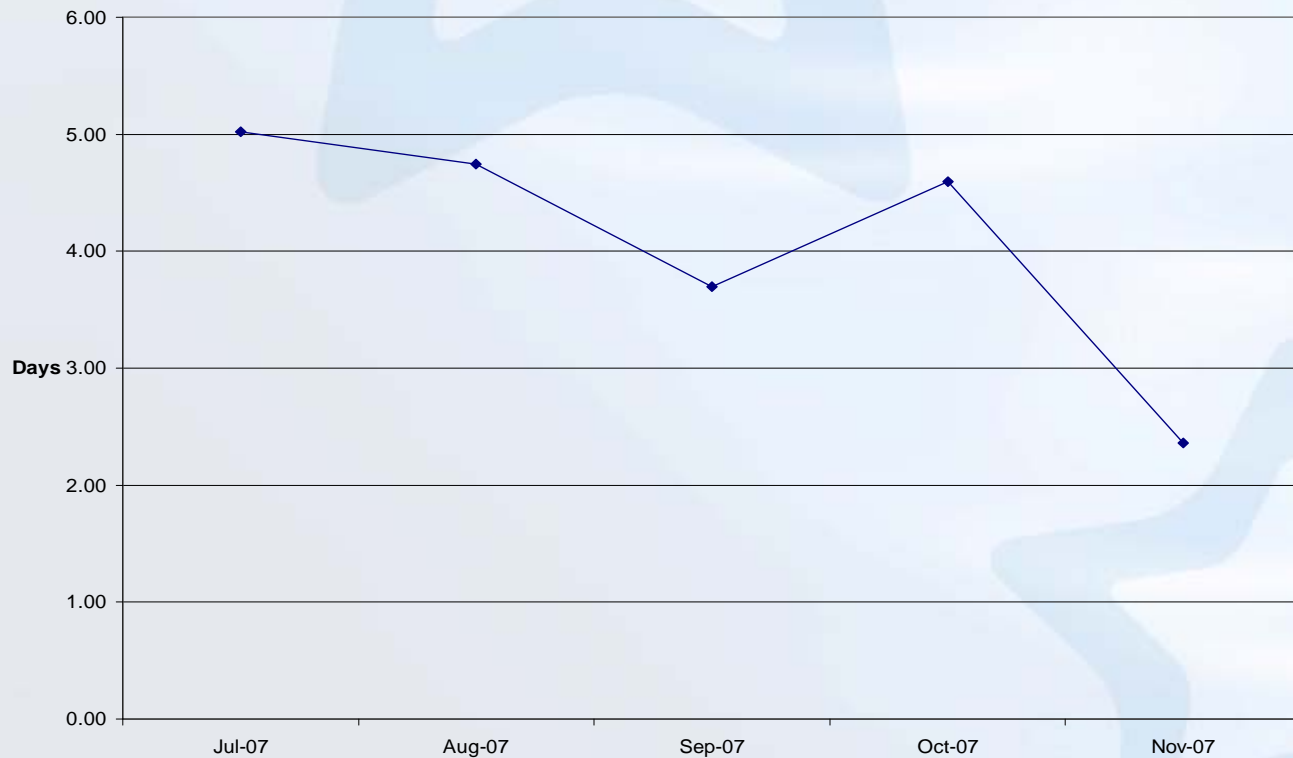


■ Round 1 ■ Round 2 □ All other

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For STAR SI agencies decreased time from first contact to assessment from 5 days to 2.5 days in the first half of SFY 2007

MAINE STAR-SI: Days from phone call to assessment





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Retention Project

AIM: Increase client retention.

Change Made: 14 STAR SI Year 1 & 2 Pilots

	# of requests	# assessed	# 1 st session	# 2 nd session	# 3 rd session	# 4 th session
Pre-Change: October – November 2007	439	302	305 76.07%	232 76.72%	178 79.78%	142 46.56%
Post-Change dates: April 7 – April 25, 2008	408	285	300 83.33%	250 79.60%	199 90.45%	180 60.00%
% point change			7.27%	2.88%	10.68%	13.44%

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Annual Client Satisfaction Survey

AIM: Increase return rate

Change Made: Mail STAR-SI Change Leaders

Results: increased return rate by 15%

Aggregated Data Over 14 agencies

	Number of Surveys Distributed	Number of Surveys Completed	Percentage of Surveys Completed
Pre-Change dates: 2006	2456	464	19%
Post-Change dates: 2007	2531	818	34%



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State DEEP Change Project

- **Eight of our nine year one pilot sites participated in the change, which was a simple switch to faxing paperwork instead of mailing it.**
- **Time to DEEP treatment dropped from just over 7 days to about 5. And no show rates dropped 15%.**
- **Revenues across the group rose by \$24,146 or \$313,898/year!**

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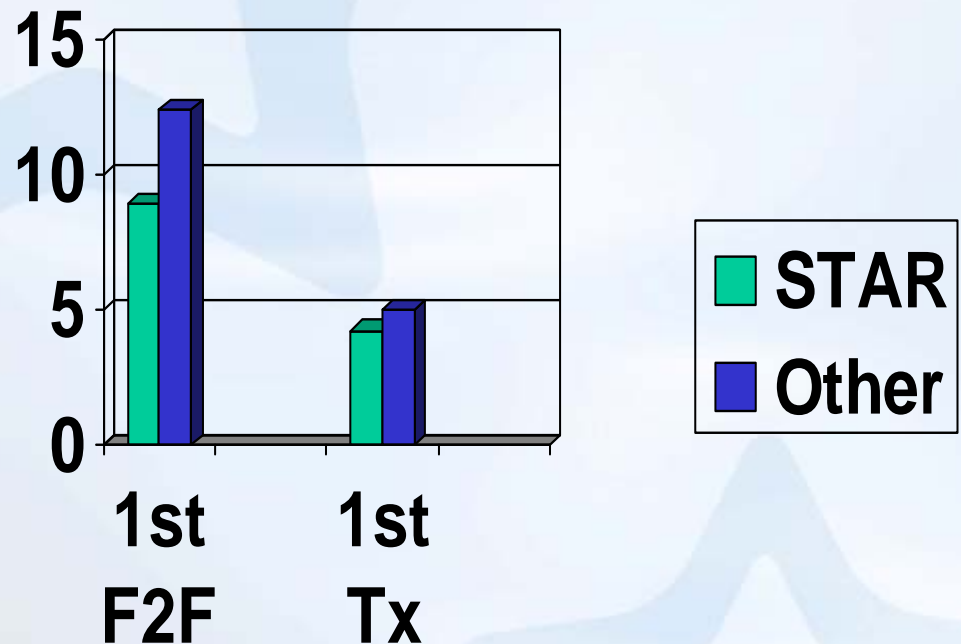
DEEP BASELINE DATA

1st Face to Face –

- 8.89 days STAR
- 12.43 days Other

1st Treatment –

- 4.24 day STAR
- 4.96 days Other





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How Does OSA Use TDS Data?

- **OSA Annual Report**
- **OSA Directors Presentations**
- **Department & Legislative Inquiry**
- **CSAT GPRA Data – Regular Uploads**
- **SAPT BG – Application & NOMS Reporting**
- **NIATx National Program Office – STAR, RWJ**
- **Contracting Performance Measures**



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Educate DHHS & OSA Staff

NIATx Process Improvement PI Model

- Use of Smart Cards
- Use of PI Change Data at key meetings
- The Executive Sponsor presenting at key DHHS meetings and agendas
- Legislative Reception
- Sharing Business Case
- Provider Support for Incentive Contracts



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Sustainability & Next Steps

- COGNOS Dashboard reports for OSA staff and eventually web access for agencies to monitor performance on Access & Retention Measures
- Ongoing education of DHHS staff to maintain contract structure
- Analysis of cost savings/business case
- Expanding to other LOC (levels of care)

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Change Leader Academy

Change Project Charter

Organization:

1. PROJECT TITLE	OP/IOP Performance Based Incentive Contracting using Access and Retention Standards
2. What AIM will be addressed? Choose one aim, and indicate baseline and desired goal	<input checked="" type="checkbox"/> Reduce waiting time from 7 to <2 days – see specific measures for each LOC in additional notes below. <input type="checkbox"/> Reduce no-shows from to percent each month <input type="checkbox"/> Increase continuation from to percent each month <input type="checkbox"/> Increase admissions from to per month <input type="checkbox"/> Other – Please Specify:
3. LOCATION	Maine OSA
4. START DATE and expected completion date	7/1/07 to 8/1/08
5. LEVEL OF CARE	Outpatient & IOP Contracted Services
6. What CLIENT population are you trying to help (e.g., detox clients transferring to OP)?	Adult and Adolescent Outpatient & IOP clients served by OSA SAPT BG contracted agencies.
7. EXECUTIVE SPONSOR	Kim Johnson to 10/1/07; Guy Cousins 10/1/07 to present.
8. CHANGE TEAM LEADER	Linda Frazier, Treatment Manager
9. TEAM MEMBERS	OSA Agency Monitoring Team (AMT): 4 treatment team specialists, 3 Agreement Administrators, 1 Data and Research staff
10. How will you COLLECT DATA to measure the impact of change?	Access and Retention data will be gathered from TDS admission and discharge forms submitted by the agencies each quarter. Data for the prior quarter is due on the 15 th of the month following the end of the quarter: October, January, April, and July.
11. What is the BUSINESS CASE for the Change Project? Indicate how the Executive Sponsor will know if the project has improved the organization's bottom line.	Implementing performance standards based on access and retention measures will impact will reduce waiting time, increase admissions, and increase continuation. Standards for SFY 2008 were set using the following data: OSA TDS trend data for OP & IOP programs for SFY 2006; Data from the OSA funded NIATx pilot sites; and data reported by NIATx for OP & IOP. By paying incentives for exceeding standards and baseline or disincentives for meeting or failing to meet set standards OSA will move toward paying for performance. We believe paying for performance will increase admissions and improve access and retention. This will be done without increasing funding for OP & IOP programs.

Rapid Cycle #	Cycle Date	Plan <i>What is the idea/change to be tested?</i>	Do <i>What change or action did you specifically do to test this idea/change?</i>	Study <i>What were the results? (Please include impact on aim and other measures)</i>	Act <i>What is the next step?</i>
1	7/1/07 – 10/15/07 Data analysis & payment processing team. 10/17-10/24	Implement performance standards outlined in SFY 08 contracts for OP/IOP services. Testing the reporting, data analysis, and payment decision process developed by agency monitoring team.	Implementing new performance standards for OP/IOP contracts is the change/action. Analysis of this new process and use of PI methods to streamline this process is the goal of the project. Our first change project is to monitor and document how effectively the new system works and how long it takes to process data and make payments to the agencies based on their performance.	TDS data and required OP/IOP Service Delivery Forms & Waitlist reports were due by 10/15/08. AMT had from 10/17/07 to 10/24/07 to review reports in the Cognos Data Base and meet to make final recommendations on payment. On 10/24/08 AMT met to review decisions and resolve outstanding issues related to Data analysis and reporting. This created delays that resulted in a final reports and payments not being completed for all agencies until 11/7/08. This initiation change process lasted for 17 days and members of the AMT spent many hours reworking data reports and reviewing. AMT sited numerous concerns related to reporting and consistency and accuracy of data analysis. Stress was high and morale was low at the end of this first cycle. Results: There are 19 OP/IOP contracted agencies 12 STAR and 7 non-STAR; of these 19 agencies, 8 received Incentive payments, 1 a baseline payment, and 10 penalty payments. Further breakdown of this data is represented in the 1 st sheet of the attached excel file. 3 Late reports & 4 data reports: 4 reports needed to be rerun	AMT did an analysis of the issues identified at the next monthly meeting on 11/21/2007. Priority items identified to address prior to the next payment cycle were as follows: -OPSD Report of units, AMT staff need to know date received; -No reports run until Data notifies ready -Data <u>exceeds</u> expectations, but filed late = 5% reduction in 1/4ly payment -Wait list must be on time but is not part of incentive measures -TDS discharge reporting is 20% higher -Quarterly payments: have not been received yet AMT members were assigned action items to complete by the December meeting (12/19/07) in preparation for the next change cycle which will be implement in January of 2008.

2	<p>10/1/07-1/15/08</p> <p>Data analysis & payment processing 10/17-10/24</p>	<p>OIT run TDS data in a.m. of the 16th of the month (reports due the 15th) then suspend data loading for several days. Access to TDS data will not be possible after midnight the 15th.</p> <p>No reports run until Data notifies ready Tx will run, save and do summary Tx and AA meet during AMT to review and finalize payment decisions AA will keep hard copy in contract Tx will send reports to agencies on request</p>	<p>Monitor and document how effectively implementation of identified PI changes impact time to time to analyze data and process payment. Aim is to decrease time spent by AMT and improve morale. Data on performance measures and contract payments will also be tracked and reported.</p>	<p>TDS data and required OP/IOP Service Delivery Forms & Waitlist reports were due by 01/15/08. AMT had 01/17-23/07 to review reports in the Cognos Data Base and make final recommendations on payment. AMT met 01/23/08 met to review decisions and resolve outstanding issues. Outstanding decisions on 5 agencies were resolved by 1/28. This change cycle was completed in 8 days. AMT members were happy with the change and the 5 agencies with delayed decisions were due to one staff being out of the office. Results: Of 19 OP/IOP contracted agencies (12 STAR and 7 non-STAR) 8 received Incentive payments, 0 a baseline payment, and 11 penalty payments. Further breakdown of this data is represented in the 2nd sheet of the attached excel file. 2 agencies submitted late reports and only 1 data report needed to be rerun.</p>	<p>AMT did an analysis of the issues identified at the next monthly meeting on 02/20/08. Priority items identified to address prior to the next payment cycle include:</p> <ul style="list-style-type: none"> -smoother, seemed less stressful – more streamlined, -subcommittee to address “grey areas” when multiple LOC in one contract -Communication with agencies - letter of acknowledgment of their hard work & copy of the OSA Annual Report, and Report Card, Access and Retention Reports -Concerns about payments to agencies: agencies that are receiving monthly payments will see their incentive/disincentive in 2nd of 3 monthly payments for the quarter. The amount reflected in the monthly payment references the quarterly benchmarks -Agency performance in the 2nd quarter was likely affected by the holidays and 5 snowstorms ME had in December. -agencies have inquired about results but have not registered any complaints about payment decisions to date
3	<p>1/01/08-4/15/08</p> <p>Data analysis & payment processing 4/17-4/23</p>	<p>Follow same process above but add formula to address contracts with multiple LOC in one contract. Formula will be based on recommendations of subcommittee and finalized at AMT 3/19/08</p>	<p>TBD 3/19/08</p>	<p>AMT will meet on 5/21/08 to review data and results.</p>	

Project Outcomes (only complete once the project is finished)	
1. When did the project stop?	Project is ongoing each quarter until AMT concludes we have a sustainable process.
2. What did you LEARN (e.g., what were some unexpected outcomes or lessons learned from your change efforts)?	AMT members were very concerned about being held accountable to the agencies for accurate payment decisions. They were also unsure that agencies could or would report data in a timely fashion. There were many concerns about OSA administration backing their decisions. The AMT was surprised at how PI could be applied to this new process. They were also pleasantly surprised that the agencies actually reported data in a timely fashion.
3. What was the BUSINESS CASE IMPACT of this change?	The executive sponsor has witnessed AMT streamlining it's work and staff morale improvements. OSA has improved performance on access measures and saved money by not paying incentives to agencies who do not exceed these measures. The larger DHHS administration is becoming interested in performance based contracting and OSA's use of PI.

Sustainability Plan (only complete if you are sustaining the project)	
A. Who is the sustain leader?	Linda Frazier as Change Leader for AMT. We will sustain positive changes as they are identified.
B. What steps are being implemented to assure that the change is sustained?	AMT will flow chart the process we are using after the 3 rd change cycle. After the 4 th quarter AMT will review more detailed data on performance for each measure to discuss results and impact on the incentive contract measures and process.
C. What system is in place to effectively monitor the sustainability of the improvement?	Now that the measures are captured via TDS and OSA has built Cognos reports to monitor performance we can begin to work on data analysis and reporting infrastructure to track data in aggregate by the month, quarter, fiscal year, etc. OSA is currently developing the Cognos Dashboard system to support this level of ongoing data analysis.
D. At what point would the change team intervene to get the project back on track?	AMT meets each month to monitor data reporting and track performance. We have incorporated feedback and review of each quarterly payment cycle as part of the monthly agenda.

Additional Notes: Quarterly Contract Payments based on data for the prior quarter. Incentive, Baseline or Penalty payments are determined by performance on five measures:

- Units of Service = plus or minus 5%
- Four Access & Retention Measures = 1% each (for a total of plus or minus 1-4%)
- An agency can gain or lose 9% of their quarterly payment each quarter

Units of Service: Agencies may receive plus or minus 5% of their quarterly payment

- +5% for exceeding 100%
- Baseline payment for meeting 90%, and
- -5% if the agency does not meet 90% of their contracted units

Access goals are:

Out Patient

- Time from first call to first face to face: 5 days (2 day incentive)
- Time to first treatment appointment: 14 days (7 day incentive)

Intensive Out Patient

- Time from first call to first face to face: 4 days (2 day incentive)
- Time to first treatment appointment: 7 days (3 day incentive)

Retention Goals are:

- A minimum of 50% of OP & 85% of IOP clients stay 4 sessions (65% and 90% incentive)
- At minimum of 30% of OP clients stay 90 days or more; and 50% of IOP clients complete treatment (40% and 60% incentive)