



**Using an
Outcomes-Based
Model to
Re-engineer
Your Organization**





Clinical Re-engineering Is ...

- About Making Organizational Changes that Facilitate Consumer Recovery
- Not About Outcomes
- Not About the Clinical Process
- Not About Treatment Planning
- Not a Step-by-Step Cookbook Process



Re-engineering Model Assumptions

- **Consumer-Centered** - *Re-engineering should focus primarily on the consumer (and not the organization).*
- **Recovery-Focused** - *Re-engineering should support the Recovery Process Model and Emerging Best Practices.*
- **Strategically-Focused** - *Re-engineering should provide information that supports decision-making at the strategic level.*
- **Organization-Wide Implementation** - *Re-engineering should encompass all components of the organization, including clinical, administrative, fiscal and operational.*

Partners in the Clinical Process

- **Partners in the Clinical Process**

Consumers

Family Members

Support Staff

MIS Staff

Clinicians

Supervisors

Administrators/Managers

QI/Compliance Staff

- **Consumer Recovery is Enhanced When:**

(1) each party respects the others' rights, abilities and uniqueness;

(2) there is sufficient time to allow it to be an iterative process;

(3) everyone is working in concert with each other; and

(4) all are supported by policies, procedures and materials.



The Mental Health Mission in Ohio

- **Vision** - *Ohio will be a community of mentally healthy people who lead fulfilling and productive lives. It will be a caring community with strong compassion for and a determination to respond effectively and respectfully to the needs of all citizens with mental illness and behavioral disorders.*
- **Mission** - *The mission of the Ohio department of Mental Health is to establish mental health and recovery to mental illness as a cornerstone to health in Ohio, assuring access to quality mental health services for Ohioans at all levels of needs and life stages.*
- **Values** - *Respect, Integrity, Dedication, Quality & Teamwork*



The Mental Health Marketplace

- **Static or Reduced Funding**
- **Increased Regulation**
- **More Competition**
- **Service Delivery is Your Product; You Need to Know:**
 - How well the product is delivered*
 - How effective the product is*
 - How much the product costs*
 - How much the product sells for*
 - How well you do in collecting revenues for the product*





Clinical Re-engineering Scope

- **Re-engineering Follows the Clinical Process**
- **Re-engineering Includes All Staff Related to the Clinical Process**
- **Re-engineering Requires Consistency:**
 - Mission - The definition of the job*
 - Policies - Accepted ways of approaching the job*
 - Procedures - What staff are told about how to do the job*
 - Operations - How your organization is set up to support the job*

Consumer-Centered System Needs

- **Program Design** - *To relate services to consumer goals*
- **Clinical Process Design** - *To identify consumers/staff concerns during consumer entry, service planning, delivery, and termination*
- **Visible Evidence** - *Clinical records and other processes that support dependable clinical communication*
- **Fiscal System** - *To relate costs and clinical efforts*
- **Management Support** - *To identify supporting roles of staff in relationship to the clinical process*
- **Information Systems** - *To create linkages among consumers, staff and managers in providing and managing service delivery*



Recurring Re-engineering Themes

- **Performance/Quality Measures** - *Performance/quality measures are required to be able to evaluate progress toward organizational goals.*
- **Feedback Mechanisms** - *Feedback mechanisms are essential to improve quality; without feedback, you can easily drift away from the mission at hand.*
- **Consumer & Family Involvement** - *Integration of consumers and families into all levels of the organization is an important part of the pursuit of consumer recovery.*



Performance/Quality Measures

- **Outcomes Measures** - *Related to consumer outcomes*
- **External Environment** - *Related to the quality of the operation of the organization with respect to external requirements*
- **Provider Measures** - *Related to the efficiency of individual clinical staff*
- **Financing/Auditing Measures** - *Related to the efficiency of business operations*
- **System Measures** - *Related to the quality of the service delivery system*



Feedback Mechanisms

- **Supervision** - *Supervision is the process of overseeing, directing and managing the clinical process.*
- **Training** - *The role of training in a consumer-centered organization is to help people understand the underlying concepts of consumer recovery and outcomes-based decision-making, and to provide them with the tools and techniques they need to put those concepts into action.*



Supervision Types

- **Provider-Focused** - *Used to enhance the professional functioning of the person delivering service*
- **Consumer-Focused** - *Used to monitor the quality of service being delivered*
- **Profession-Focused** - *Used as a competency tool for assessing appropriate professional skills and abilities for the service delivery profession*



Outcomes-Based Supervision

- **Intake Review & Assignment** - *Identify consumer goals, match clinicians with consumers based on experience or presenting problem areas, and determine types and intensities of service*
- **Treatment Planning** - *Refine the focus of treatment through review of consumer self-assessments and goals; identify consumer strengths; set expected outcomes and time periods for treatment*



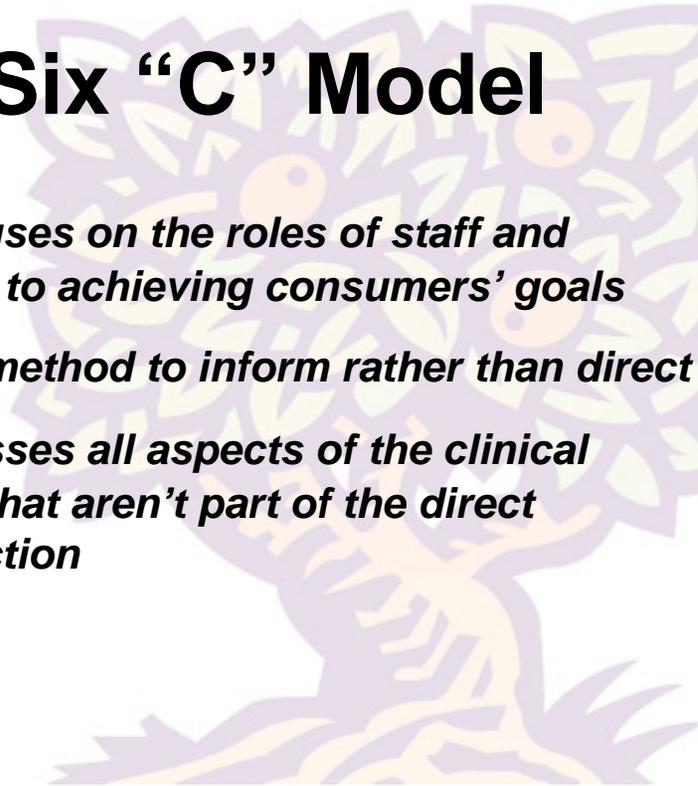
Outcomes-Based Supervision

- **Periodic Review & Outcome Assessments** - *Identify consumer treatment plateaus, shifts of consumer focus caused by internal and external factors, and indicators of consumer deterioration or success in treatment*
- **Termination & Transfer** - *Evaluate when consumers are ready to end services and plan for potential future needs and follow-up*



Training: The Six “C” Model

- **Consumer-Centered** - *Focuses on the roles of staff and consumers in relationship to achieving consumers' goals*
- **Coaching** - *Uses a coaching method to inform rather than direct*
- **Comprehensive** - *Encompasses all aspects of the clinical process, including those that aren't part of the direct consumer-clinician interaction*





Training: The Six “C” Model

- **Consistent** - *All components convey the same themes (e.g., use of information in decision-making, consumer recovery, emerging best practices)*
- **Complete** - *Each training module covers all the information required to understand the topic*
- **Continual** - *Training is available on a timely basis for both new people and for former attendees who simply need “refresher” sessions*



Consumer & Family Involvement: The Six “I” Model

- **Information** - *Informed of major treatment decisions made by others*
- **Input** - *Limited input into major decisions regarding treatment*
- **Influence** - *Enough influence over providers to help shape major treatment decisions*
- **Involvement** - *Involved with some major treatment decisions*
- **Inclusion** - *Included in the decision-making process for most significant treatment decisions*
- **Integration** - *Fully integrated as partners in all aspects of the clinical process, from admission through termination*

Case Studies in Clinical Re-engineering

- **Nova Behavioral Health**
Outcomes-Driven Clinical Reorganization
- **Ben-El Development Center**
Integrating Initiatives Into Clinical Flow
- **Zepf Center**
Implementing a Cluster-Based Planning System
- **Columbiana Mental Health and Recovery Services Board**
Developing a Recovery Self-Assessment Tool
- **Tacoma Comprehensive Mental Health Center**
Creating Consumer-Centered Intake Scheduling



Why Re-engineer?

- **Between Chaos and Order - Organizations operate somewhere between chaos and order. Where your organization operates determines if you need to re-engineer.**

chaos
chaos
order
order
order

How do you know if your organization is a candidate for re-engineering? There are symptoms that frequently occur in organizations that need retooling.



Seven Sinister Symptoms of a Seriously Slipping System

- **Layering of Demands & Fragmentation of Function** - *Do you simply “layer” the demands of one initiative top of the requirements of all the others? Do you lack a coordinated plan for linking the demands of independent initiatives into a single consumer-centered way of doing business?*
- **Lack of Access to Quality Information** - *Do you frequently hear staff saying the following?*
 - “I just can’t keep up with all the information requests.”*
 - “Those routine reports take forever to prepare.”*
 - “I don’t trust the information.”*
 - “I get all these reports and I still can’t tell what’s going on.”*
 - “Don’t tell them that; they’ll just use it against us.”*



Seven Sinister Symptoms of a Seriously Slipping System

- **“Tribal” Orientation** - *Are organizational programs “looking after their own” and concentrating less on how they are similar to the rest of the organization and more on how they are unique?*
- **Management by Crisis** - *Do you find that your organization: (1) never seems to have the time, resources or insight to anticipate organizational stressors; (2) spends more time fixing problems than planning for new opportunities; and (3) feels it is continually on the “critical path” with no slack time or resources available?*



Seven Sinister Symptoms of a Seriously Slipping System

- **Never Time to Do Things Right (But Always Time to Do Them Over)** - *Do you frequently hear statements that begin with words similar to, “We don’t have time to...”?*
- **We’ve Learned to Make Do ...** - *Do staff spend inordinate amounts of time and resources creating “solutions” that involve elaborate and time-consuming work-arounds and manual manipulation?*
- **Staff Burnout & Excessive Turnover** - *Are too many staff simply burning out and leaving?*



Gear Up for Re-engineering

- **Crisis: Danger or Opportunity?** - *Many mental health organizations are experiencing some form of organizational crisis. The Chinese recognize that a crisis has two parts — danger and opportunity. It's easy to focus on the danger and react to the problems. It's harder to focus on the opportunity and develop a proactive plan for re-engineering internal processes that address the consumer-centered needs of the organization.*

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Gear Up for Re-engineering

- **Fix Problems Not Symptoms** - *Most “problems” aren’t problems, but merely symptoms of other, more deeply rooted issues. Step back and address the problem that created the symptoms in the first place.*
 - (1) *Review the role of information in the organization;*
 - (2) *determine the information required for effective clinical decisions that lead to Consumer Recovery; and*
 - (3) *revise the decision-making processes to provide the answers needed.*



Gear Up for Re-engineering

- **Re-engineer the Flow of Information** - *Make sure staff no longer fill out paper that will be used to update the system later. Frame your procedures so that staff can update the system directly. If you need the information on paper later, let the system print it.*
- **Evaluate the Costs of Re-engineering** - *The hard question to be considered here is not so much, “What are the costs of proceeding with the re-engineering project?” The better question is, “What are the costs if you don’t?”*

Re-engineering Project Prerequisites

Before you start to re-engineer, you must have:

- **Time** - *You must have the time available for the project.*
- **Interest** - *You must have an interest in getting the job done.*
- **Talent** - *You must have the talent to do the re-engineering work.*



Essentials for Project Success

The first major factor for project success is:

- **Administrative Mandate** - *An unequivocal message is required from executive staff stating that the project represents the will of the organization and is seen as a critical component of its ongoing development.*

Executive staff must be committed if the project is to succeed.



Essentials for Project Success

The second major factor for project success is:

- **Project “Champions”** - *The project should designate key individuals who can function as a “champions” for the process. The “champions” are the individuals most closely identified with the project and the ones to whom other staff can turn for quick answers about the process.*



Essentials for Project Success

The third major factor for project success is:

- **Assertive Management Staff** - *Once decisions are in place, your organization will require management staff who understand the decisions that have been made regarding the ways the results of the re-engineering project should be implemented.*



Stop Chasing Regulations

- **Mental Health Organizational Goal** - *Primary goal of mental health organizations is to provide high quality and effective services to people in need and to facilitate consumer recovery.*
- **Need for Accountability** - *Because both people's lives and money are involved, mental health organizations must be accountable to regulatory bodies for the services they provide.*
- **Well-Intentioned Professionals** - *For the most part, staff at regulatory bodies are well-intentioned professionals trying to do their jobs to the best of their abilities.*



Stop Chasing Regulations

- **Focused on Accountability** - *Regulatory bodies are focused on accountability of the clinical services provided. They are attempting to make sure the services are of high quality and effective.*
- **Focus on the Clinical Process** - *Therefore, re-engineer around the clinical process such that it provides the information necessary for consumer-centered decision making. The resultant processes will meet most (if not all) outside regulatory and accreditation requirements. Then, and only then, set up special procedures designed to address any unmet regulations.*



Tactics for Project Implementation

- **Find an Impetus** - *Opportunities may lie in finding a pressing problem for which a consumer-centered re-engineering project may be an answer.*
- **Prepare a Realistic Plan** - *Make a plan where re-engineering is phased into stages, with decision points at the end of each stage; lesser detail will be needed for latter steps but the initial phases should be outlined carefully.*
- **Get Management Commitment** - *Management must authorize the required re-engineering resources. The better management understands the implications of the project, the more likely its support can be maintained.*

Tactics for Project Implementation

- **Gain Staff Participation** - *Staff must participate in the re-engineering process. Not only is this essential for the results to be acceptable to the people who must work with it, but personnel at all levels also have useful contributions to make.*
- **Stick to the Re-engineering Role** - *Re-engineering teams will uncover conflicts and organizational problems of many sorts. They may be tempted to do a little unofficial conflict resolution and organizational repair. These impulses should be resisted.*



Tactics for Project Implementation

- **Tap Outside Expertise** - *The re-engineering teams may benefit from outside expertise at various stages in their deliberations: in orienting the groups to their tasks; in design reviews; and as special problems arise.*
- **Conduct Project Reviews** - *At each stage, the re-engineering teams should go over their conclusions and recommendations several times; in such a detailed process, anomalies emerge only gradually. Then, the design decisions should be reviewed with key managers and other staff, both individually and in combination.*



Helpful Re-engineering Tools

- **A Results-Based Approach to Goal Setting** - *Use a structured approach to setting organizational goals based upon the effects you're trying to achieve (e.g., Consumer Recovery), as opposed to simply revising goals for existing programs that may no longer be relevant in our world of change.*
- **Analyzing Staff Performance Problems** - *Use a process to help assess the nature of people "problems" that occur in organizations, and then determine the appropriate intervention to keep the project on track.*



Re-engineering Teams

- **Re-engineering Steering Committee** - *Chartered to guide and monitor the re-engineering project.*
- **Multiple Functional Teams** - *Focused upon specific functional areas of the organization, including:*
 - Clinical Decision-Making and Documentation*
 - Outcomes & Utilization Review*
 - Consumer Financial Eligibility & Authorizations*
 - Consumer Financial Services*
 - Contracts Management*
 - Executive Information*

Re-engineering Steering Committee

- **Small, High-Level, Multi-Disciplinary Committee** - *The committee is small, composed of individuals who are high enough in the organization to make binding decisions, and representative of the diversity of the organization.*
- **Mission-Centered** - *All of the actions of the committee are designed to further the organization's mission.*
- **Consumer & Recovery Focused** - *In the decisions of the committee, the organization's consumers are the primary focus; the organization as a program is secondary.*



Re-engineering Steering Committee

- **Quality Improvement Focus** - *The committee focuses on Quality Improvement throughout all of its activities, and is responsible for ensuring that Quality Improvement is a key component of the work of each of the Functional Teams.*
- **Global Policy & Procedure Development** - *The committee is responsible for establishing policies and procedures related to the organization as a whole.*
- **Administrative Mandate** - *The committee is responsible for communicating and reinforcing the administrative mandate for the project.*

Re-engineering Steering Committee

- **Setting Expectations** - *A major objective of the committee is to set the organization's expectations regarding the re-engineering process.*
- **Formal Re-engineering Plan & Periodic Review** - *To keep the project on schedule and avoid being diverted by tangential issues, the committee manages the project through use of a formal plan. The committee periodically reviews progress on the plan and releases updated copies.*



Re-engineering Functional Teams

- **Multi-Disciplinary Membership** - *The teams are small, multi-disciplinary groups of people who are knowledgeable about the teams' areas of responsibility.*
- **Consumer & Recovery Focused** - *The teams are targeted on consumer Recovery and the organization's mission statement.*
- **Quality Improvement Focus** - *Each team focuses on Quality Improvement in all of its activities.*
- **High Priority, Topic-Specific & Task-Oriented** - *Team tasks are a high priority for the organization. Participation in a team one of the most important parts of the job.*

Re-engineering Functional Teams

- **System “Champions”** - *Each team has one member who can function as a “champion,” is knowledgeable in the technical aspects of the areas being reviewed, and can serve as the team’s technical consultant.*
- **Technologies, Documentation & Training** - *Each team identifies the technologies, documentation and training requirements for successfully implementing its recommendations.*
- **Monitoring & Management** - *Each team identifies the processes required to monitor and manage its recommendations.*
- **Policy & Procedure Development** - *Each team develops policies and procedures to be used in support of its recommendations.*



Clinical Decision-Making & Documentation Team

- **Role** - *Defining clinical decision-making and documentation requirements in a consumer-centered system involves the way in which the information will be incorporated into service planning, and the role the consumer will play in the generation and review of the information.*

The Clinical Decision-Making & Documentation Team addresses (at a minimum) the following areas:

Admissions, Assessment & Other Clinical Information

Treatment planning

Clinical Records

Clinical Access & Confidentiality

Outcomes & Utilization Review Team

- **Role** - *Consumer outcomes involves not only the identification of methods for handling outcomes and utilization review information, but also those issues such as:*
 - How is the information shared with consumers?*
 - What are the links to treatment and service planning?*
 - How can outcomes measurement techniques be kept as non-intrusive as possible with respect to the clinical process?*



Consumer Financial Eligibility & Authorizations Team

- **Role** - *The team sees that the organization has procedures for ensuring that all services are appropriately reimbursable. Those procedures need to be sensitive to issues with consumers, their life situations, and needs.*

The Consumer Financial Eligibility & Authorizations Team addresses (at a minimum) the following areas:

Consumer Contact Point Operations

Capture of Initial Financial Information

Benefits Verification

Initial Service Authorizations

Ongoing Service Authorizations

Service Authorization Monitoring

Consumer Financial Services Team

- **Role** - *The team is responsible for identifying and formulating solutions for issues related to the consumer's financial liability for services. Solutions need to be sensitive to issues with consumers, their life situations, and needs. Everything from how bills are formatted to how consumer questions are handled on the telephone should be included in the review.*
The Consumer Financial Services Team addresses (at a minimum) the following areas:
 - Financial Counseling*
 - Consumer Accounting*
 - Billing & Accounts Receivable*



Contracts Management Team

- **Role** - *The Contracts Management Team is chartered with the responsibility of ensuring that: (1) reimbursement contracts are appropriately defined within the organization's infrastructure; and (2) consumers understand how their services are reimbursed.*

The Contracts Management Team addresses (at a minimum) the following areas:

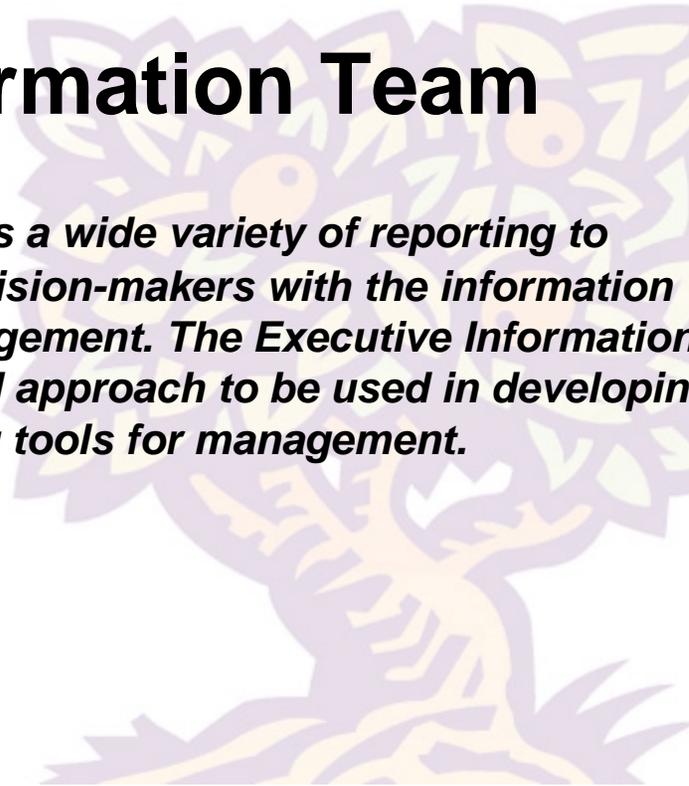
*Contract Costing & Marketing
Contract Analysis & Definition*



ADMINISTRATORS & MANAGERS

Executive Information Team

- **Role** - *The organization requires a wide variety of reporting to provide managers and decision-makers with the information it needs for effective management. The Executive Information Team identifies the general approach to be used in developing high-level decision-making tools for management.*





ADMINISTRATORS & MANAGERS

HSC

Health Systems Consulting

5642 Moorgate Drive
Columbus, Ohio 43235-2506
(614) 457-1153
HSConsult@aol.com

