

# Provider Productivity Model Training and Orientation



DBHDD

**DIVISION OF BEHAVIORAL HEALTH**

**DIVISION OF PERFORMANCE MANAGEMENT  
& QUALITY IMPROVEMENT**

**OFFICE OF QUALITY IMPROVEMENT**

# Agenda

1. Brief Overview – Office of Quality Improvement
2. Background – Provider Productivity Project
3. Productivity Model Illustration and Features
4. Live Demonstration
5. Next Steps

# Our Work Is...

- Aligned with the goals and priorities of DBHDD
- Focused on making improvements that benefit the people we serve
- Collaborative
- Guided by evidence based quality improvement techniques and strategies
- Informed by best practices and peer-reviewed information

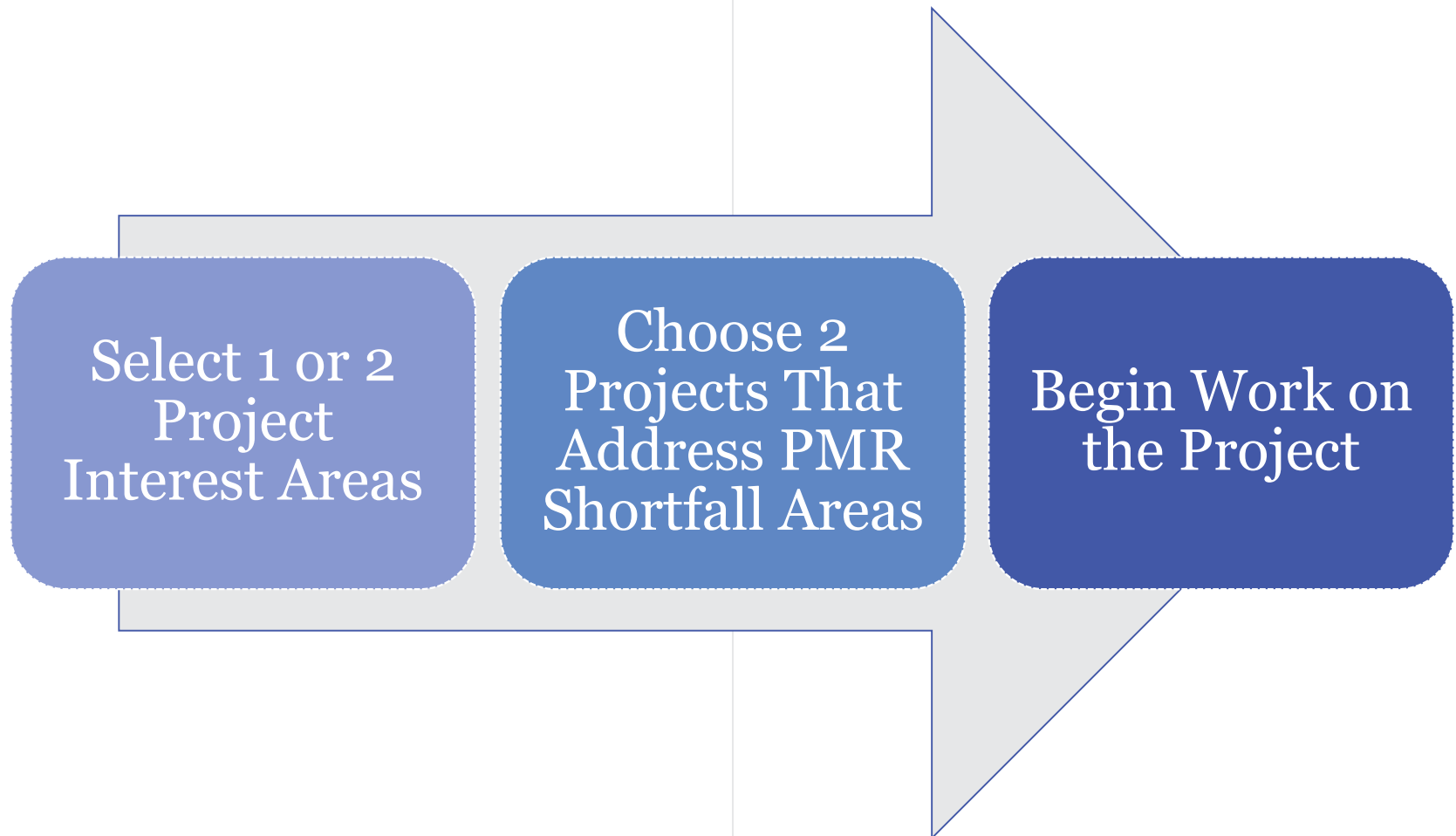
# Background – Provider Productivity Project



# Project Background – Tier 1 PMR Scores

		2016 (4/16-9/16)			2017 (10/16-3/17)			
Metric		Section Points	#Not Met *	Point Value	Section Points	#Not Met *	Point Value	Potential Impact
S1	Access to Services	16	12	<b>192</b>	16	8	<b>128</b>	Individual's treatment is delayed
S2	Crisis Management	8	10	<b>80</b>	8	4	<b>32</b>	Individual's treatment is delayed
S3	Transitioning of Consumers in Crisis	9	13	<b>117</b>	9	12	<b>108</b>	Individual's treatment is delayed
S4	Engagement in Care	8	3	<b>24</b>	8	11	<b>88</b>	High no-show rates mean treatment is delayed or not available to other consumers
S9	Administration & Fiscal Structure	15	15	<b>225</b>	15	13	<b>195</b>	Contributes to fiscal instability
S13	ASO/Audit Compliance	10	2	<b>20</b>	10	6	<b>60</b>	Contributes to fiscal instability
* Score below 80.								

# Process for Selecting QI Projects



# Why the Productivity Project?

- Has the potential to affect all identified shortfall areas
- Gives providers the information needed to understand, improve and manage staff productivity
- Productivity identified as a weakness of provider agencies
- Minimal resource allocation necessary to utilize the tool

# Productivity Model Illustration and Features





# Productivity Model Features and Benefits

- Excel-based, simple to use and understand
- Obtain Period and Year-to-Date productivity measures with minimal data entry
- Estimate employee target productivity
- Create individual employee productivity and summary reports
- Compare productivity results by Job Class or Employee Status

# Current Productivity Model Limitations

- Only designed to track productivity for revenue-producers engaged in delivering core services at this time
- Excel based
- Assumes all employees, regardless of pay status, i.e. FT, PT, PRN, receive an equal allocation of benefits cost (as a percentage of salary cost) **Except for Outsourced Staff**

# Productivity Model: Data Input

Agency  
Metadata

Once per year, 7 elements  
(Data entry time one minute or less)

Once per employee, 5-6  
elements  
(Data entry time 3  
minutes or less)

Employee  
Metadata

Employee Period  
Data

Once per period, 10 elements  
(Data entry time 2 minutes  
or less)

# Live Demonstration



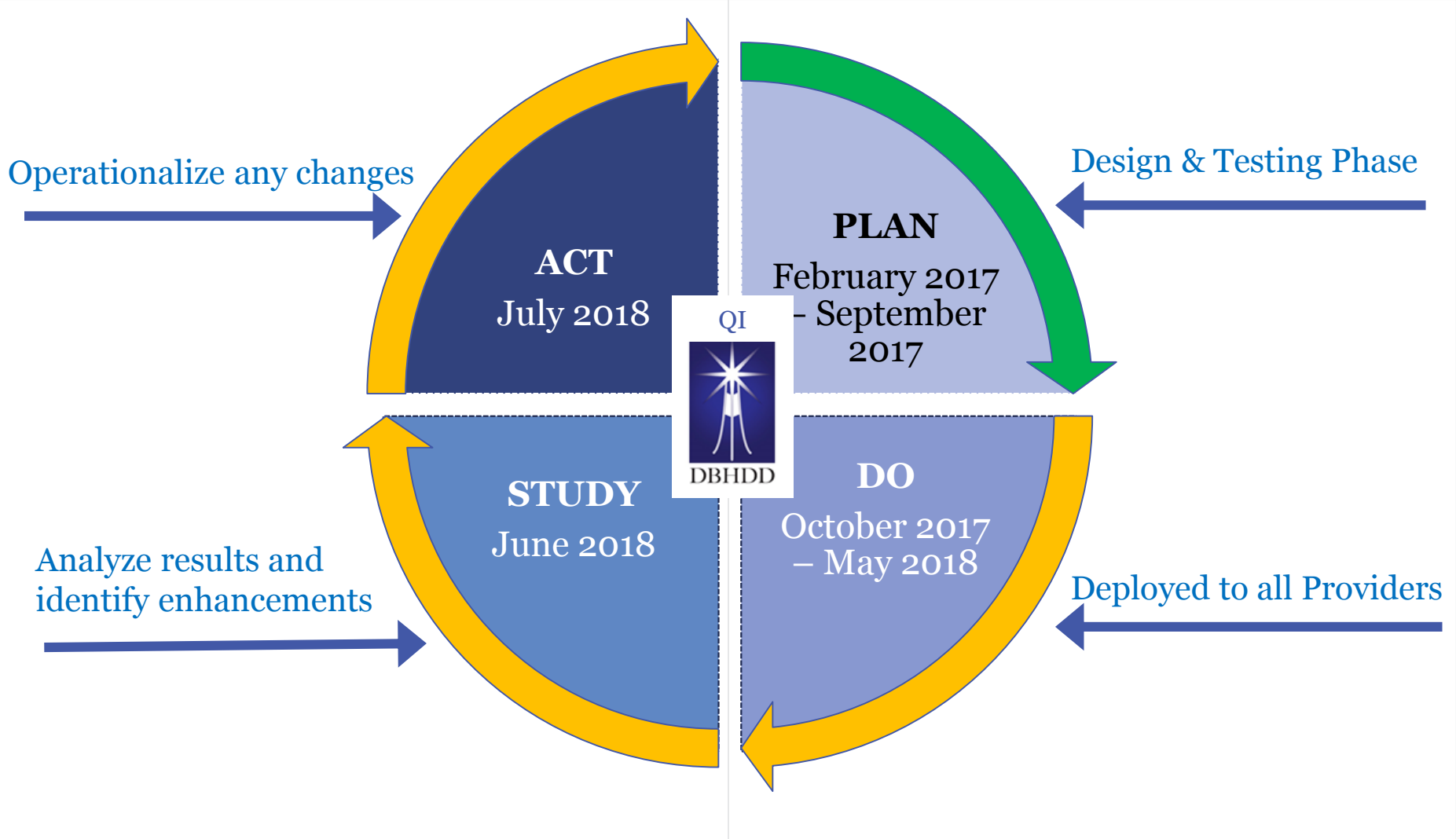
# Productivity Model: CSB Productivity Y-T-D

## Summary Report

### Productivity Summary Report

Employee Name	Job Class	Employee Status	Target %	Period 1		Period 2		Period 3		...	YTD	
				Actual Productivity	Avg. Billed Hourly Rate	Actual Productivity	Avg. Billed Hourly Rate	Actual Productivity	Avg. Billed Hourly Rate		Actual Productivity	Avg. Billed Hourly Rate
John Doe	Prescriber	F/T - Salaried	75%	46%	\$ 347.53	49%	\$ 368.75	43%	\$ 364.29		49%	\$ 386.96
Joseph Smith	Clinician	F/T - Hourly	65%	38%	\$ 509.23	52%	\$ 383.33	46%	\$ 358.97		44%	\$ 405.75
Raymond Davis	NonLicensed	F/T - Hourly	55%	43%	\$ 347.53	45%	\$ 365.38	43%	\$ 363.01		44%	\$ 378.69
Susan Harper	Prescriber	F/T - Salaried	75%	58%	\$ 393.22	55%	\$ 415.79	46%	\$ 423.08		47%	\$ 383.64
Peter Mayer	Nursing	P/T	55%	54%	\$ 374.72	52%	\$ 433.56	44%	\$ 401.19		53%	\$ 466.60
Daisy Anderson	Clinician	F/T - Hourly	65%	47%	\$ 462.50	50%	\$ 362.79	44%	\$ 400.92		47%	\$ 425.74
Trisha Williams	Prescriber	F/T - Hourly	75%	61%	\$ 357.88	55%	\$ 435.42	44%	\$ 454.67		47%	\$ 428.29
Amanda Miller	Prescriber	F/T - Salaried	75%	53%	\$ 462.22	38%	\$ 300.00	42%	\$ 363.38		45%	\$ 406.65
Johana Parker	Clinician	F/T - Hourly	65%	44%	\$ 501.33	64%	\$ 445.45	47%	\$ 425.00		49%	\$ 413.08
Nicholas Allen	Prescriber	F/T - Hourly	75%	55%	\$ 338.27	62%	\$ 410.42	54%	\$ 429.27		57%	\$ 423.24

# Productivity Model Life Cycle



# Provider Participant Information

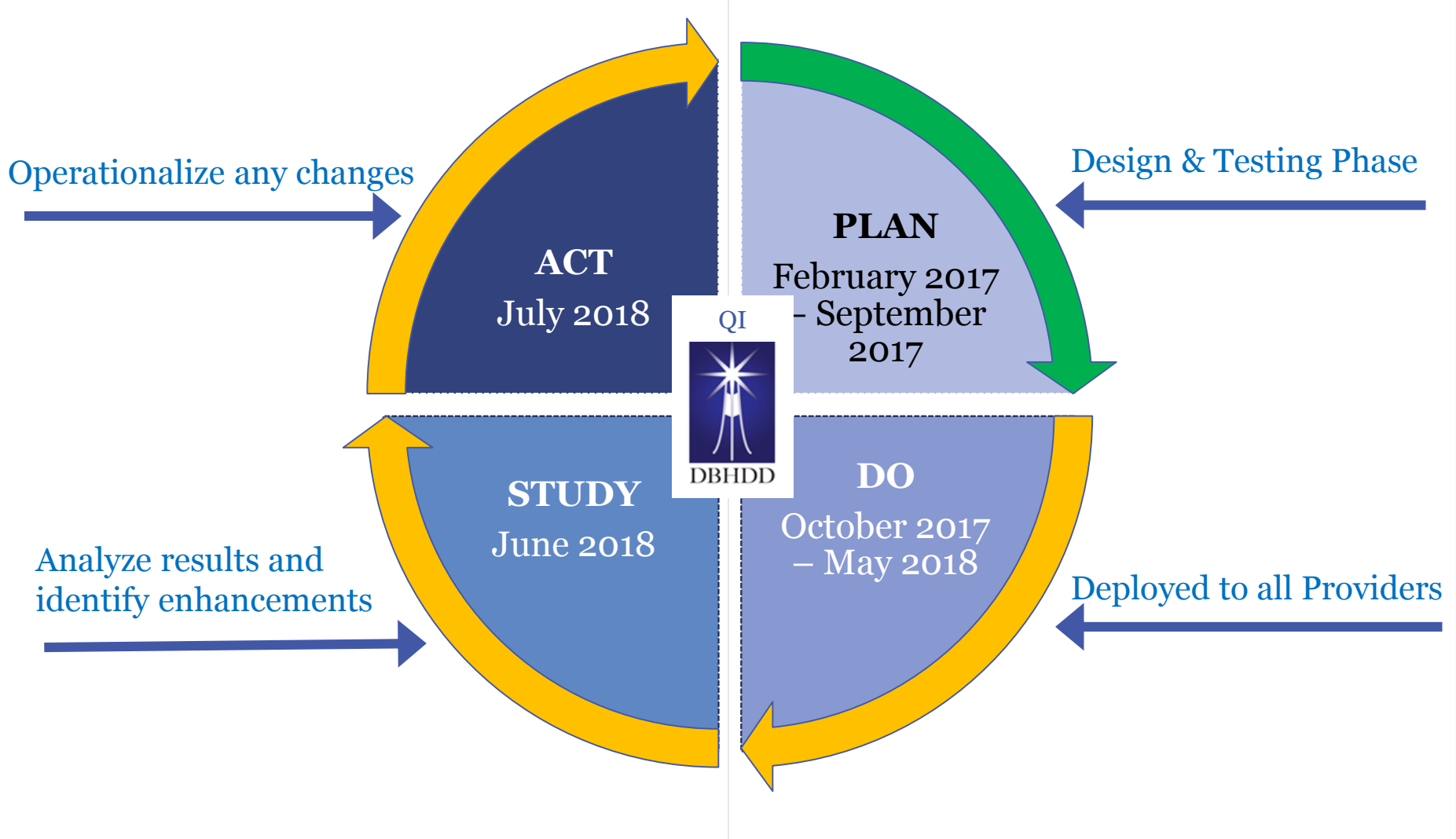
- 11 providers participated in the pilot project.
  - Tier 1 = 6 (Aspire, GA Pines, Highland Woods, Middle Flint, South GA CSB, and Unison)
  - Tier 2 = 2 (St. Jude and Transitional Family Services)
  - Tier 2+ = 3 (CEPTA, Childs-RO, and Grady)
- Service Area.
  - Urban = 5 providers
  - Rural = 6 providers
- 10 out of 11 or 91% completed the feedback surveys

# Pilot Provider Comments about the Productivity Model

- “I like the aspect of a P&L at an employee/provider level”
- “The fact that the training was straightforward was appreciated.”
- “Ease of use and informative” (SOP)
- “The timely responsiveness and understanding of operational functions/needs. ” (Customer Service)



# Productivity Model Life Cycle



# Next Steps



# Next Steps

- **Provider Productivity Training and Orientation:**
  - September 12, 2017 @ 1:00pm-3:00pm
  - September 13, 2017 @ 2:00pm-4:00pm
  - September 14, 2017 @ 1:00pm-3:00pm
  - Training Sessions will be recorded and posted
- **Assignment of Quality Improvement Analyst:**
  - Before Go Live
- **Distribute SOP, Productivity Model and Productivity Root Cause Guide:**
  - Before Go Live
- **Productivity Model Go Live and General Availability:**
  - October 2, 2017

# Productivity Model Future State

- Housed on a DBHDD maintained portal, much like the PMR
- Capable of measuring productivity for non-revenue producers as well as revenue producers
- Supports, with data, the identification of productivity “champions”
- Facilitates future analysis by the Office of Performance Analysis
- Allows DBHDD easier visibility into provider productivity across the provider population

# Questions?

