There has been another shift at ADHS/DBHS towards efficiency! The ADHS/DBHS Efficiency Committee was disbanded this summer in an effort to conserve our valuable resources and focus in on the most pressing issues facing DBHS. The DBHS Executive Team responded to many changes in 2010 with creative and effective solutions. The creation of the Process Solution Steering Committee (PSSC) is the answer to DBHS’ commitment to an effective, efficient behavioral health system. The committee is made up of a team lead (Brenda “Bre” Thomas) and three committed members (Melissa Thomas, Tim Stanley, and Dara Cirincione) in an effort to minimize disruption to other staff members’ regular business duties. This committee is charged with solving complex cross-functional problems, creating or improving processes and systems and harnessing the collective knowledge, skills and experience of all employees in the division to make needed improvements at ADHS/DBHS. The committee creates specialized, time limited Process Solution Teams (PST) to address each referral from the DBHS Senior Executive team. Among these teams is the Statewide Efficiency Committee (SEC) which continues to look at the whole behavioral health system to find effective solutions to specific issues brought to the committee by members, stakeholders, DBHS or other sources.

The workingSmarter email newsletter will continue to update the behavioral health community regularly around the latest accomplishments and outcomes influenced by this culture change. Kudos to all of the ADHS/DBHS staff who have contributed to the efforts of the DBHS Efficiency Committee and all projects that strengthen our system!

Update from Summer Institute: A Wrap up of FY2010 Accomplishments
DBHS -
On July 21, 2010 ADHS/DBHS’ Deputy Director, Dr. Laura Nelson led a panel discussion at Summer Institute to discuss the topic “Building a Culture of Efficiency.” During the presentation, Dara (Stewart) Cirincione and Claudia Sloan also of DBHS addressed the following topics:

- History of the Statewide Efficiency Committee (SEC) and timeline of key events:
  - Transition from the Paperwork Reduction Committee
  - 2008 Paperwork Reduction Report and the recommendations addressed in that report
  - Launch of the ADHS/DBHS EC website
  - The first issue of WorkingSmarter in March 2010, and the DBHS Employee Survey

Achievements
- DBHS shift to efficiency driven practices included:
  - The revamp of the 2009 Administrative Review
  - Revisions to the DUG to simplify and reduce fragmentation
  - Elimination of separate forms and processes in the Mortality Review process
  - Elimination of the Structural Elements report
  - Process for CPS Rapid Response changing from 24 hours to 72 hours
  - Reduction of redundant or unnecessary reports and documents DBHS’ our processes; conversion of paper forms into electronic forms
  - Sharing more information across teams to avoid duplication of efforts (i.e. QM’s feedback loop).
  - Implementation of the DBHS compliance team’s contract tracking database
  - Increased use of technology tools (i.e. geo-mapping, iLinc, Sharepoint, etc...)
  - Recycling and energy saving activities that have been taking place throughout the Agency
  - Increased efforts to use less paper in our business activities (i.e. use of projectors in meetings)

Other panelists at the presentation included Lorraine Harrington (standing in for Renee Waterstradt) from Cenpatico, Lauren Lauder from NARBHA, and Jeff Boldizar (standing in for Dan Wendt) from Magellan. Each of these panelists took a similar approach sharing with the audience key changes within their organizations in an effort to make the system more efficient and effective. Below are the summaries from the presentation made by each RBHA at Summer Institute.

From the RBHAs

Cenpatico - Achievements for Geographic Service Area 2 & 4
- Instituted the Previdence web-based software application developed by the United States Army.
  - Previdence tracks high risk participants to ensure they are receiving the additional services needed to keep them safe and in the community.
  - Previdence incorporates the State Suicide Risk Assessment so providers can easily print the report from the system to include in the participant’s medical record.
Tracking reports can be run by case managers to view their high risk individuals on their case load, supervisors to aid in clinical supervision and oversight and by Cenpatico to track participants across the network.

- Eliminated Add/Change Form for provider staff.
  - All changes are now captured through the Monthly Provider Reports instead of being faxed to Cenpatico and then ensuring that the change was made on the monthly report.
  - This saves providers from having to complete additional form along with updating monthly report.
  - Cenpatico saves time by not having to manually enter changes throughout the month.
  - Reduced errors in adding or changing data manually on both Cenpatico and provider sides of process.
- Cenpatico eliminated the need for the 3-day Inpatient Treatment and Discharge Planning (ITDP) tool. Originally it was submission was required at the 3 day, 10 day and discharge status of an inpatient admission.
  - This reduced paperwork required by providers as Cenpatico care managers make outreach calls to determine preliminary discharge plans prior to day 3 of inpatient stay.
  - This allows providers additional time for coordination of care and resource availability that will be appropriate upon time of discharge.

**Ongoing projects or in projects in progress**

- Cenpatico is in the final stages of development and preparing for the implementation of an electronic Community Health record (Passport).
  - This will give broad access across the Cenpatico network to its participants, providers, crisis system and stakeholders to vital participant information.
  - Some of the elements that will be included in the Passport system are crisis plans, medications, treatment plans, overview of physical health history and contact information and other elements that will help improve the coordination of care for the participants we serve across the entire Cenpatico network.
  - Passport is scheduled to go live on October 1, 2010.

**CPSA – Achievements for Geographic Service Area 3 & 5**

- Community Partnership of Southern Arizona (CPSA) launched its Information Center simplifying information seeking and fact finding for members, families and providers on:
  - Advance Directives Information Center
  - Pharmacy Services Information Center
  - Healthy Lifestyles Information Center
- CPSA’s Member Services implemented a streamlined process to receive and send Intra/Inter-RBHA/GSA Transfer Packets electronically.
- CPSA departments continue to implement paperless meetings. Shared drives are set up to view and review minutes, agendas, reports and presentations.
- Committee presenters use PowerPoint presentations at the meeting.
  - Eliminates duplicative copying and/or printing work of many admin and office assistants,
  - Expedites the processes.
CPSA departments continue to implement paperless responses to and from ADHS, CPSA and providers. Secure E-mail continues to be the method of choice for sharing and requesting information, reports, responses, etc.
- Eliminates need for duplicative copying, re-sending,
- Ensures receipt and provides evidence of such,
- Ensures added efficiencies.

CPSA developed and implemented a centralized CAP tracking and trending system in order to consolidate all CAPs. Currently, five departments are using this with the expectations that all others will follow.
- This will eliminate duplicative work for providers,
- Increase internal work efficiencies, and
- Provide CPSA with a mechanism to capture and quickly analyze all CAPs in the system.

CPSA QM has revised and consolidated its medical record reviews.
- Indicators have been updated with improved operational definitions.
- All QM staff have undergone inter-rater agreement exercises to ensure consistency of message in monitoring and providing CSPs and others with these reports.

**Current or ongoing activities/projects in progress:**
- CPSA QM is setting up ongoing informal and formal TA meetings to discuss performance measure/incident/accident/deaths, QOC and other responses.

**Magellan – Achievements for Geographic Service Area (GSA) 6**

- **Administrative Enrollments**
  - Allows an inpatient facility to call Magellan and simply request a behavioral health recipient be enrolled without having the recipient go through an SMI eligibility determination to be enrolled
  - Reduces the number of clinically inappropriate SMI assessments
  - Efficiencies Gained:
    - Reduced volume of SMI eligibility determinations by 496 since January 2010
    - Facilitates discharge planning by expediting assignment to a GMH/SA provider
    - Process has resulted in significant savings that is re-invested into service delivery system

- **Electronic Medical Record Enhancements**
  - Created an Electronic Medical Record (EMR) section in ClaimTrak which was provided to Magellan’s Adult PNO Direct Care Clinics
  - Allows the electronic tracking of medical records, including medication lists, physician orders and doctor’s notes
  - Efficiencies Gained:
    - Recipient medical record information is more accessible to all clinical team members
    - Reduces the need for paper copies
    - Increases over efficiency of the staff and treatment of recipients

- **Achieve Learning Management System**
  - Supervisors are able to:
    - Access to student management tools to monitor training requirements like Provider Manual, Section 9.1, OBHL and JC;
• Create and deliver content specific to agency needs;
• Enter complete training history onto student profile;
• Report and access employee certificates for all training completions; and
• Structure employee learning paths that are position specific to aid in professional development
  – Allows access to learning resources, complete on-line courses, and enroll for instructor led training sessions in one centralized location
  – One Stop Learning
    ▪ Eliminates need for students to access multiple sites for learning resources; and
    ▪ Classes available in live or on-line formats
• Robust Learning Library
  ▪ Find a complete course library on a wide variety of behavioral health and elective topics which can be made available live (at the Learning Center or on-site at your facility) or online

Current or ongoing activities:
• ClaimTrak Enhancements
  ▪ Doctor and Nurse interactivity
  ▪ Doctors and Nurses now work together ordering and administering Medications and Lab requests
  ▪ Tracking of Injections, Clozaril, Pending Signatures, and Labs
  ▪ Pending requests are identified by warning icons on the tabs.
• Prescription Management
  • Prescriptions are now managed by both Doctors and Nurses:
    – Current and Discontinued Meds are available through the Client Medication window.
    – Refill Pending Signature and Allergies.
    – Duplicate and Discontinue existing Meds.
    – Medication Log
    – Available from within a note or Rx toolbar button.
• Medication Module Rollout:
  – Doctors and Nurses were trained by instructor led interactive classes which encouraged a high percentage of usage and adoption by each PNO.
  – All permanent Doctors and Nurses have been trained, temporary Nurses are now being scheduled and moving directly into production.

NARBHA - Achievements for Geographic Service Area 1
• Northern Arizona Regional Behavioral Health Authority (NARBHA) developed a clinical training matrix
  – The Efficiency Committee reviewed all the required trainings and developed an outline for providers about what is required, when it is required and who must complete the training.
• Efficiency Committee reviewed new and existing forms that impact our providers
  – Any new form or process that is implemented by NARBHA staff is to go through the Efficiency Committee to review for duplicity and need.
• Credentialing Report
In January 2010 one report was eliminated, 20 fields were eliminated on another remaining report. Providers are now required to submit one report rather than two separate reports each month.

- **Crisis disenrollments**
  - Approximately 40 fields were eliminated from the demographic elements that providers complete in order to process a disenrollment for a crisis service.

- **Submission of crisis data**
  - The monthly Crisis triage form sent in by providers was eliminated. This information is now sent electronically or is generated through the NARBHA Management Information System.

- **Committee/meeting structure at NARBHA**
  - The Efficiency Committee worked to identify all of the meetings held at NARBHA or facilitated by NARBHA staff. The listing identifies who is required to attend, if the meeting is available via Telemed, the frequency of the meeting, and the time and length of the meetings.

- **Brief assessment**
  - It was identified that the stabilization units were completing a full core assessment for all consumers that were admitted to the units. A letter was sent out to all the stabilization units outlining the required assessment elements upon admission to the units.

**Current or ongoing activities/projects in progress:**

- **Continuous evaluation of intake/enrollment process based on provider feedback. Reporting Requirements:** Working with providers to streamline reporting requirements based on analysis of efficiency of other agencies.
  - Temporarily discontinuing the Late Reasons report and re-evaluating the effects in six months.
  - NARBHA notified the Responsible Agencies of some data reduction elements that were identified for all submission and crisis or short submissions.
  - NARBHA is looking at their process for data reconciliation ensuring that the data we have about consumers matches what the RAs have.
  - NARBHAs care coordination team developed a form that is required for all care coordination referrals. This form has been review by the Efficiency Committee and suggestions have been made to streamline the form and eliminate some of the elements due to duplication.

**GREEN OFFICE TIPS**

1. **Don’t preach to the masses:** Print only as many copies as you really need. With meeting handouts, ask staff members to share.
2. **Be a perfectionist:** Utilize the spell check and print preview functions of your word processing program before printing any document.

If you would like to participate in this Committee or offer input, please email the committee chairs Brenda “Bre” Thomas (Brenda.Thomas@azdhs.gov) or Dara (Stewart) Cirincione (Dara.Cirincione@azdhs.gov)

To learn more about the DBHS Efficiency Committee and the Statewide Efficiency Committee, please visit [http://www.azdhs.gov/bhs/PRi.htm](http://www.azdhs.gov/bhs/PRi.htm).