



CASE STUDY

THE CLIENT A California-based Community Hospital

HEALTH MANAGEMENT ASSOCIATES

Building a Behavioral Health and Chemical Dependency Clinical Institute

THE CHALLENGE

The client is one of several acute care hospitals belonging to a larger organization in California and the only one of the group that manages the full continuum of mental health and chemical addiction treatment, including an LPS-designated behavioral health inpatient unit, inpatient detox, partial hospitalization and intensive outpatient programs for mental health and chemical dependency, and an eating disorder outpatient counseling program. Complicated by operational challenges of running multiple campuses, the client is endeavoring to build a behavioral health and chemical dependency clinical institute within the organization; at the same time, the parent organization is looking to standardize the behavioral health service line across facilities throughout the region.

THE APPROACH

Initially, the client engaged HMA to provide subject matter expertise and strategic consulting for the regional behavioral health steering committee to focus efforts around emergency room management of behavioral health patients. Based on the operational and clinical capabilities of HMA, the client reframed the engagement to request an interim executive director of the behavioral health service line, allowing HMA to spearhead the client's redesign of the service delivery from an internal management perspective. HMA took a structured approach, including:

+ REVENUE RECOVERY:

HMA worked with complementary hospital and system functions, such as revenue cycle, contracting and business intelligence to identify revenue enhancement opportunities, such as higher reimbursement and reimbursement for professional fees.

+ COST MANAGEMENT:

HMA led the effort to develop a zero-based budget for the service line's eight separate cost centers with the intention of uncovering areas of waste and redundancy that have been buried within carry-over budgets for several years. HMA also worked to change the way labor was allocated and used within the service line, particularly the use of costlier registry and per diem personnel.

+ RESTRUCTURE:

To support revenue enhancement and cost containment strategies, it was imperative to redesign the existing reporting structures and management responsibilities. Administrative functions, such as intake and utilization management, were centralized to support all eight cost centers, improving efficiencies and cross functional capabilities. Nurses and social workers were cross trained within inpatient units and across outpatient functions to support treatment needs. Managers were asked to manage daily budgets and have enhanced responsibility over labor management utilization; in turn they were cross trained to understand and support the disparate functions within the service line.



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+ MODEL OF CARE:

HMA used its clinical expertise to implement a structured recovery model approach to both the behavioral health and addiction services. While previously focusing on the technical requirements of providing services, the client was poised to adopt a best practice model of care that frames the purpose of service delivery for all disciplines and levels of care. For the client, this was the implementation of a new approach that includes hope, healing, community engagement and patient self-determination.

+ PROCESS STANDARDIZATION AND IMPROVEMENT:

Inherent to the development of a clinical institute is the standardization of processes and procedures. More importantly, as the client looked to integrate towards a regional model within California, and subsequently within the larger parent organization system, it was imperative to establish reliability within how the work is completed. The service line already had several policies and procedures, but they were not intentionally organized and at times had gaps and at other times were redundant. HMA worked within the service line to flesh out current workflows, identifying and clarifying areas of ambiguity, and documenting those processes for reference. Further, HMA employed process improvement techniques to educate staff on process improvement, identify structural inefficiencies and process barriers, and collectively develop sustainable solutions.

+ DATA:

HMA sought to develop an internal service line process and outcome metrics to measure service delivery performance including goal setting and establishing baselines and targets.

+ INTERDEPARTMENTAL PARTNERSHIP:

The success of the future clinical institute would rely heavily on a partnership with other internal departments, such as the emergency, medical and surgical, and finance departments, as well as stakeholders within and outside the regional structure. HMA spent time defining stakeholders and built relationships internally and externally to problem solve and vet strategic solutions.

THE RESULTS

HMA's efforts to build a behavioral health and chemical dependency clinical institute are ongoing and results continue to emerge. Labor management efforts have not only produced lower labor use overall but a more accurate service line budget to better account for labor variance. HMA has assisted the system office in negotiating higher per diem rates with national payers and has worked to receive professional fees for physician services for the first time in several years. Process standardization and improvement has allowed the hospital to have discussions with other payers that require a higher diligence in standard operating procedures. Ultimately, patient flow between units, previously clogged by behavioral health complexities, has increased significantly, and the time the EDs need to shut down due to behavioral health patients has decreased to nearly zero over the past quarter.