

LEANOhio

- Ohio Department of Medicaid
- Field Review Process
- March 14, 2014

Team Fab Future



SIMPLER. FASTER. BETTER. LESS COSTLY.

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Team Members

- Dr. Mary Applegate, ODM
- Barb Montgomery, ODM
- Sam Wernick, ODM
- Cheri Hatfield, ODM
- Michelle Neubauer, ODM
- Brandi Nicholson, ODM
- Debby Moscardino, ODM
- Marilyn Henson, ODM
- Katherine DuMond, ODM
- Carolyn Nunez, ODM
- Tonya Perry, Care Source
- Sharon Higgins, Care Star
- Monica Guice, ODJFS

Key Stakeholders

- Consumers
- ODM staff
- Sister agencies
- Care Management
- Home Health Aides
- Registered Nurses
- Licensed Practical Nurses
- Advocacy Groups
- Adult and Children Protective Services
- Hospitals
- Taxpayers

ODM Mission Statement

Providing accessible and cost effective healthcare coverage for Ohioans by promoting personal responsibility and choice through transformative and coordinated quality care.

ODM Quality Mission Statement

To ensure safe & effective care of individuals in home.

Scope of the Event

- What is the first step in the process?
 - Pulling the sample (Ongoing)
 - Receiving the request (Private Duty Nursing)
- What is the final step in the process?
 - Completing data entry

Out of Scope

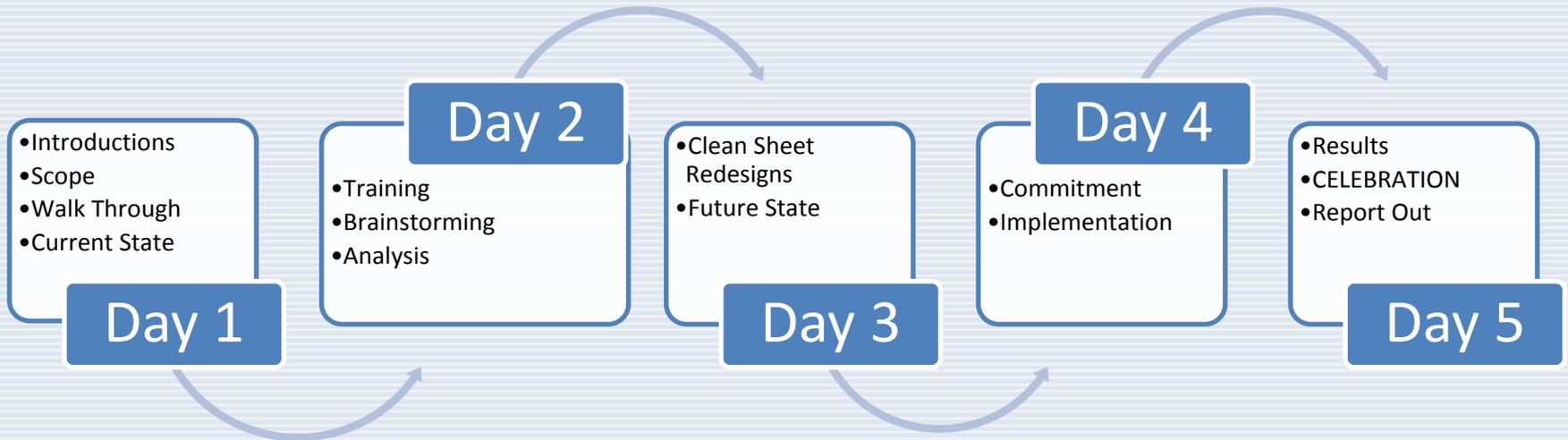
- No additional staff
- No additional money
- No IT solutions until the process is improved
- No changes to laws or labor contracts
- No one loses their job because of the Kaizen event, although duties may be modified

To Break for the Better

- Customer focused
- Right people changing the process
- One week-quick and action oriented
- Necessary resources available immediately
- New process implementation begins next Monday



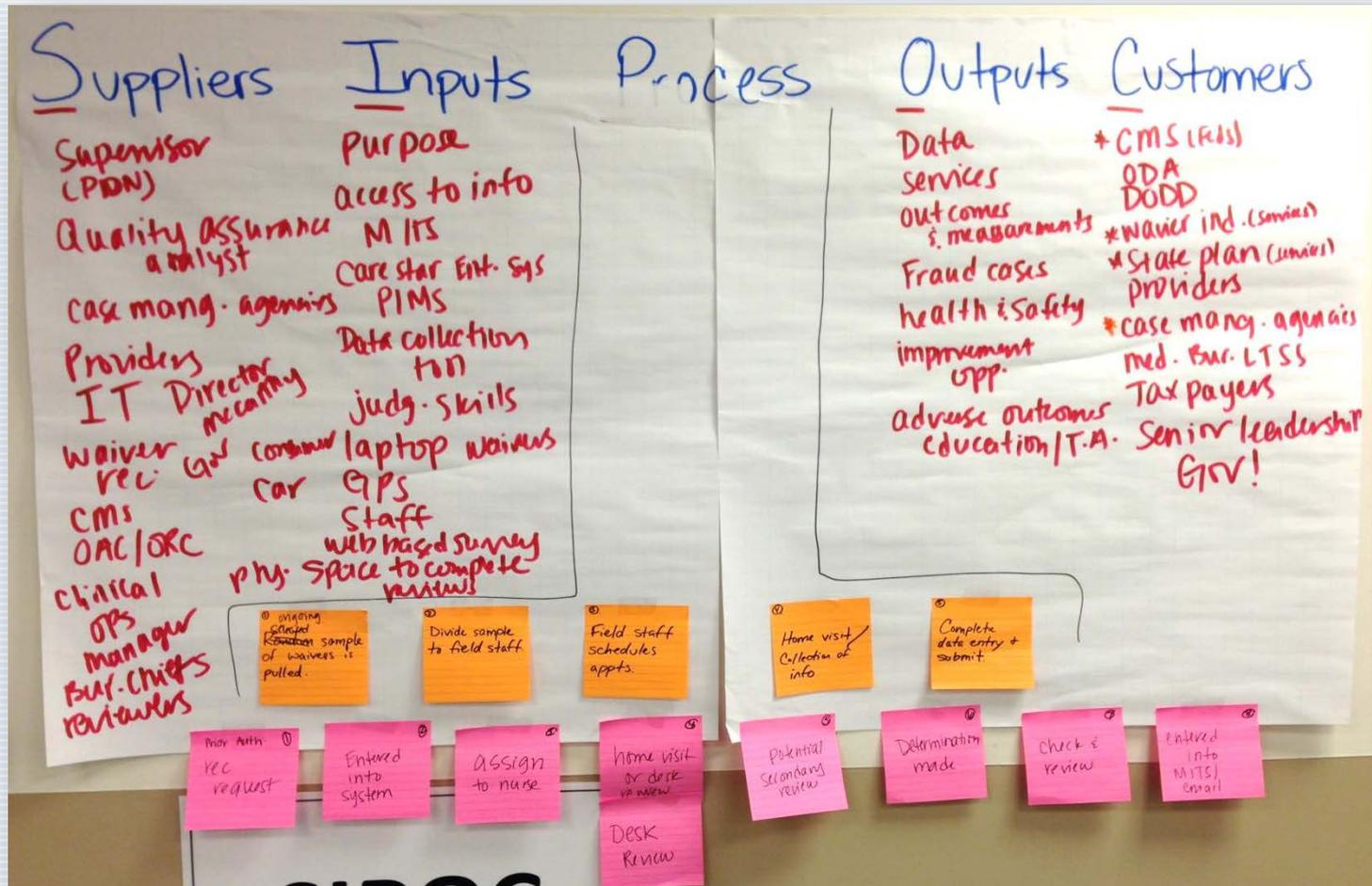
The Kaizen Approach



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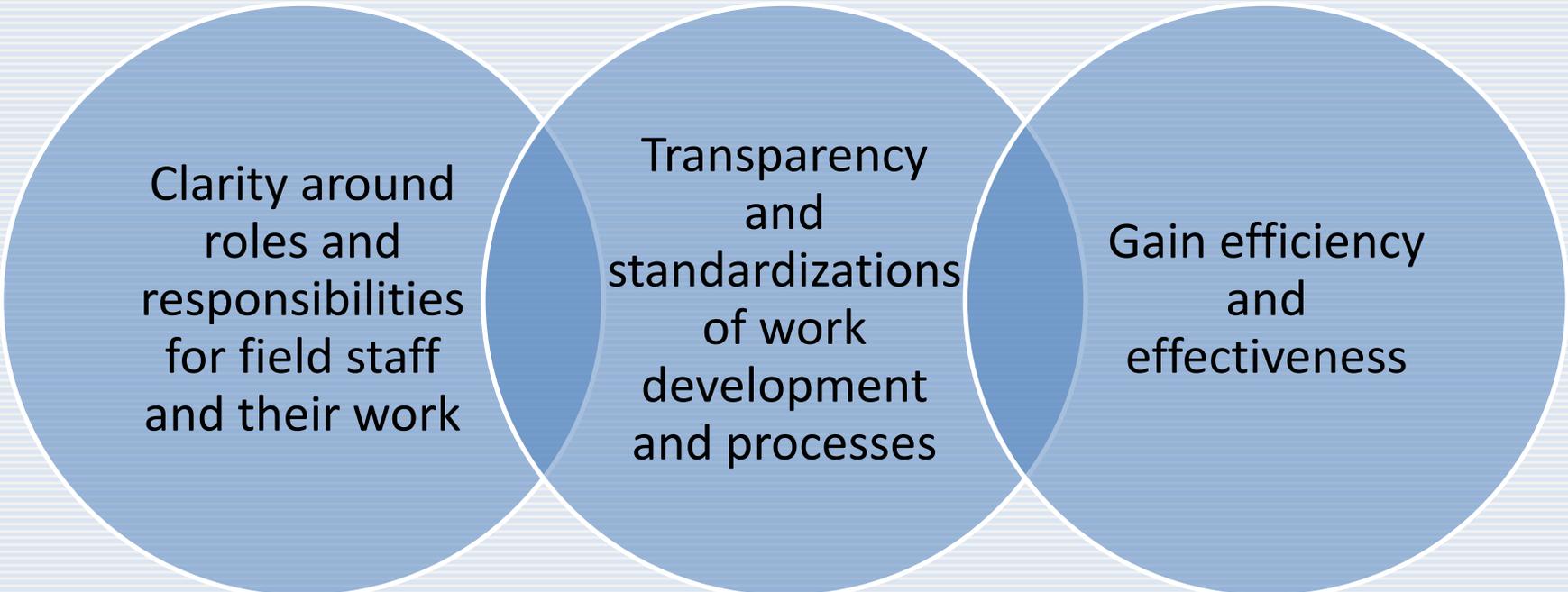
High Level Process Map



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Project Goals



Clarity around
roles and
responsibilities
for field staff
and their work

Transparency
and
standardizations
of work
development
and processes

Gain efficiency
and
effectiveness

Current State



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Current State Had Too Many...

- Decisions
- Handoffs
- Loop Backs
- TIM U WOOD

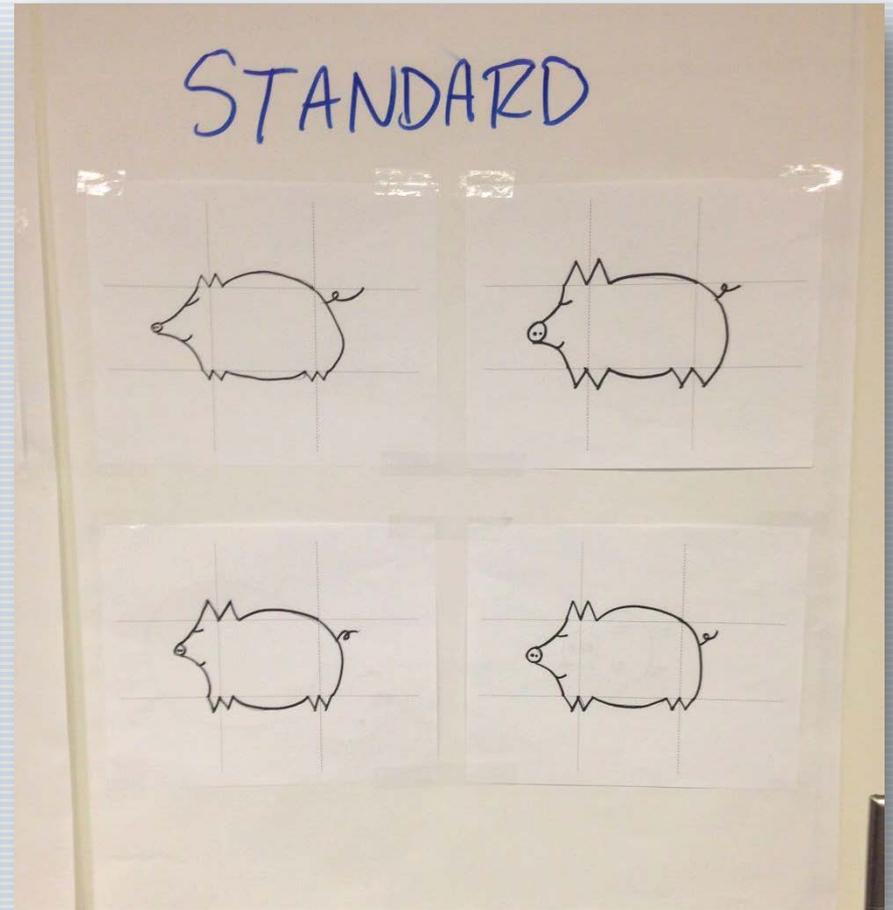
TIM U WOOD



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Standardization



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Brainstormed 98 Ideas!



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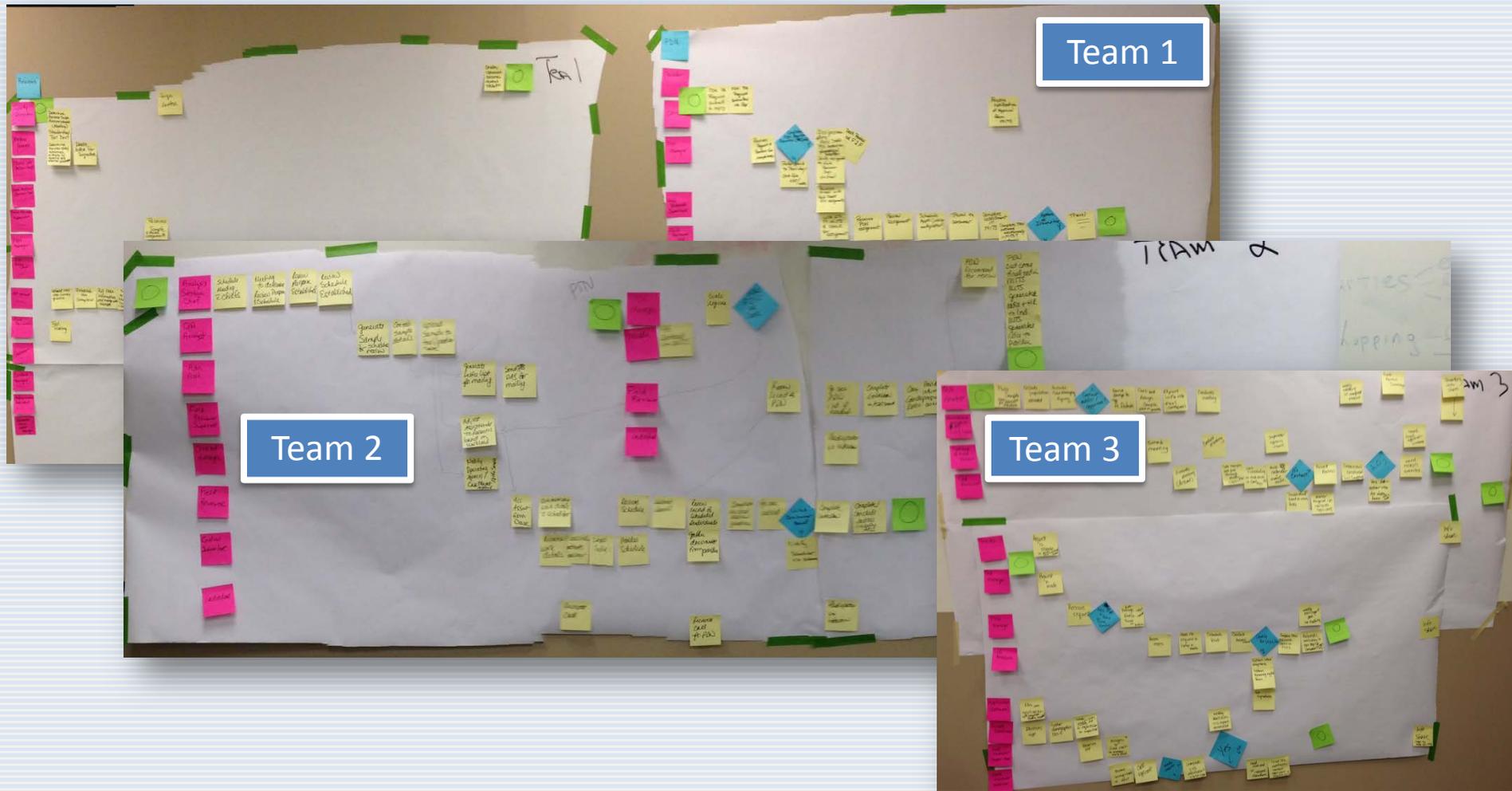
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Team Analyzed and Evaluated All Ideas

- Electronic system (paperless)
- Centralized scheduling
- Standardized tool
- All completed information in one system



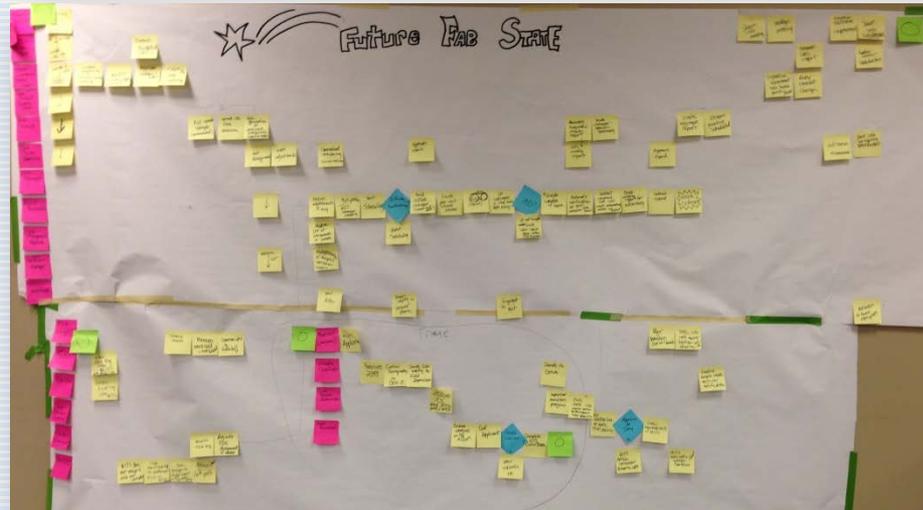
Clean Sheet Redesigns



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Future State



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Future State Improvements

- Collaborative planning at the beginning of the process
- Centralized efforts
- Field review staff utilizing one standard tool
- Sharing data with feedback at the end of the process



Scorecard

Measure	Current Level	NEW	Change
Process Steps	218	97	55%
Decision Points	37	4	89%
Handoffs	24	16	33%
Loopbacks	5	0	100%
Process Lead Time *Ongoing Reviews	6-7 Months	4-5 Months	33%

Event Savings

Savings

Direct Costs to Agency

Travel: To Training \$ 9,940/yr.
Daily Work \$ 11,340/yr.

Printing: All Services Plan \$ 2,000/yr.
PDU forms \$ 660/yr.

Total Direct Cost Savings \$ 23,940
Now \$15,000
32% saved

Time Redirected

Consumer communication efficiency 100 hrs/yr
Field Reviewer hours: 336/yr.
QA Analyst hours: 120/yr.

Total hours redirected: 556/yr.

Results in more individuals served more effectively



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More Results

- Opportunity to improve the outcomes for individuals
- Better understanding of what is going on in advance
- Increased collaboration among all stakeholders involved in the process
- More value added and meaningful work
- Common goals developed and critical to quality requirements for individuals
- Better communication and utilization of tools and technology

Improvement Summary

Major Improvements

Consolidated work tasks and process collaboration

Improved individual assessment

Better sharing of individual outcomes

How We Improved

Eliminated redundant work duties and spreadsheets, work scheduling, and R-Drive activities. Employees from all levels of the process and care management stakeholders created a more collaborative process

Dedication to creating a more standard assessment tool that will provide information to improve consumer outcomes

Faster communication of Private Duty Nursing decisions, increased involvement with sister agencies, and focused metrics on individual outcomes

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Implementation Plans

- Communication
- Training
- Process Changes
- Forms
- IT
- Metrics and Dashboard



Communication & Training

COMMUNICATION		
WHAT	WHO	WHEN
<ul style="list-style-type: none"> Communicate to field staff immediate process changes. Communication about the kaizen and the results to the ODM staff. Communication of planning meeting to relevant ODM staff (to include review schedule, scope, and purpose, etc.) Communication of new tool with all relevant parties. Communication to external stakeholders of standard letter when complete/approved and that will only receive once. Communication to Field Reviewers identifying start of review, performance metrics deadline, etc. Communication to all relevant parties of results of review. 	<p>Carolyn Michelle/QA analyst Brandi N. Brandi N. Carolyn Dr. Mary</p>	<p>Monday, 3/17/14 COB 3/11/14</p> <p>Within 3 business days of planning meeting conclusion.</p> <p>Within 3 business days of completion and approval of tool.</p> <p>Within 3 business days of completion and approval of letter.</p> <p>Within 2 weeks prior to start of review.</p> <p>Within 3 business days of results report being compiled and approved.</p>
<ul style="list-style-type: none"> Communication to field staff updated MITS access and approval process. Communicating to all PDN providers the preferred documentation to be attached to the MITS request. Communication to PDN nurses that they no longer need to be contacting providers' CMAs when a PDN decision is made. 	<p>Carolyn Manlyn Manlyn</p>	<p>Same day approval is received. By 4/1/14</p> <p>Within 3 business days of MITS being programmed to send automatic notices.</p>

TRAINING		
What	Who	When
<p>ON GOING</p> <ul style="list-style-type: none"> Training of field staff on new standardized tool/ 'database' MITS training on new access for field staff. Training on uploading documents into MITS. 	<p>Carolyn Manlyn Manlyn</p>	<p>Within 1 week of new tool acquisition or development.</p> <p>Within 1 week of granting new access.</p> <p>* TBD with Kim (Friday) or Tues maybe *</p>

Process Changes

What	Who	When
<p><u>On Going Reviews</u></p> <ul style="list-style-type: none"> Establish a workgroup to develop/purchase Standardize tool. Conduct meeting to establish review schedule purpose, scope, schedule. Develop standardized letter to consumer about upcoming review (through approval) Schedule purpose workgroup reports out to the tool workgroup finalized schedule. Standardize tool workgroup finalizes tool development or purchase. Conduct training for field reviewers on use of new standardized tool 	<p>Dr. Mary</p> <p>Debbie</p> <p>Carolyn</p> <p>Debbie</p> <p>Brandi</p> <p>Carolyn</p>	<p>4/1/14 3/24/14</p> <p>4/1/14</p> <p>3 weeks after schedule is and scope have been determined.</p> <p>5/15/14</p> <p>7/1/14</p> <p>Within one week of acquiring the new tool.</p>
<p><u>PDN</u></p> <ul style="list-style-type: none"> Obtain necessary access to MITS for all PDN reviewers. Update MITS to auto-generate notifications to consumer/provider/CMA. Revise rule to require require information (yes, nurses notes, etc.) at the time of submittal. 	<p>Kathenne</p> <p>Marilyn</p> <p>Brandi</p>	<p>3/24/14</p> <p>5/1/14</p> <p>7/1/15</p>



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Forms

Ohio Department of Job and Family Services
Private Duty Nursing (PDN) Assessment

Consumer Information									
Name First		Middle			Last				
DOB		Medical Number			Waiver, I/O, Level 1, Passport				
County		Phone Number			Alternative Phone Number				
Address		City		State		Zip			
Consumer Contacts									
Name	Relationship	Lives with Consumer	Primary Caregiver	Uses other waiver/services	Address (if different)	City	State	Zip	Phone (if different)
		<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes (list) <input type="checkbox"/> No					
Name	Relationship	Lives with Consumer	Primary Caregiver	Uses other waiver/services	Address (if different)	City	State	Zip	Phone (if different)
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		<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes (list) <input type="checkbox"/> No					
Primary Caregiver (non-paid Care)				Hours/Minutes daily	# days per week				
Employed <input type="checkbox"/> Yes <input type="checkbox"/> No		Hrs/min daily:		# days per week:		Verified <input type="checkbox"/> Yes <input type="checkbox"/> No			
Attends School <input type="checkbox"/> Yes <input type="checkbox"/> No		Hrs/min daily:		# days per week:		Verified <input type="checkbox"/> Yes <input type="checkbox"/> No			



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Information Technology

IT					
What	Who	When	What	Who	When
ARC GIS	J.D.	Soon (up to 3 months)	Review Tool Modules NCI set	MLN	18-24 mos
PDR Reg. Fields/units	B.N.	12 Year Mos.	AD Access Databases - AD - ITS	SS	Short
Auto-Populate Tools - PDN → S.S. - Triage → S.S. - Wks. Reviews → M.N. Clinician Portal Access → B.N.		L.T. 24 mos. S.T. 3 mos.	Sample Selection in MITS	MLN	9-12 mos
Add PDR assessment tool		12 Mos. (? 6 mos. w/ ICS 10)	Build into MITA (inter-operability)	DM	6 mos.
Add PDR decision tree	B.N.	9 mos.	New CM System	B.N.	18 mos.
Build MITS auto-assign report	MLN/CIN	3 mos.			

Dashboard / Metrics

DASHBOARD METRICS

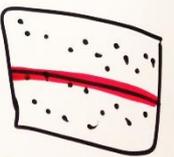
CTQ MEASURES

- Why measure it
- How to measure it
- How to Report it?
- WHAT TO do with it?

PATIENTS
 # VISITS
 # ERRORS
 # CALLS
 SATISFACTION SURVEYS

of safety
 Doing a good job
 Compliance
 Prediction
 PPE
 tie to VBP/#
 7 automated feeds
 - existing
 @ Dashboard
 (see Future slide)
 SHARE w field/agency
 Public reporting
 for OE, contracts, resp...



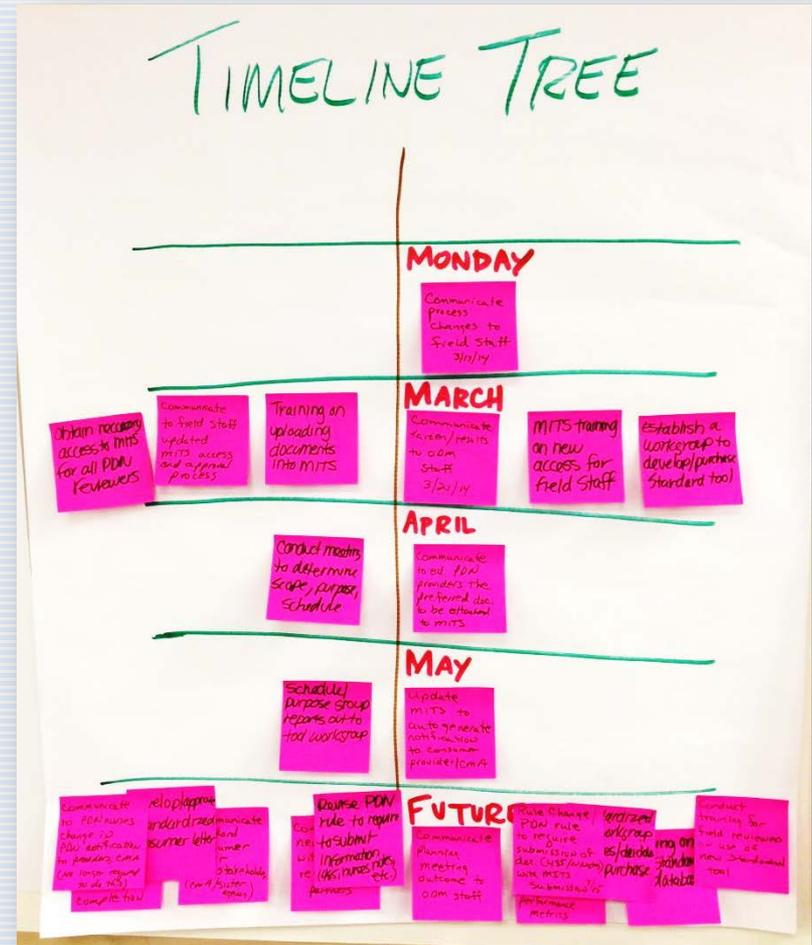



measures - all by geography (state variation)

- 1- Required federal assurances
- 2- # patients seen in home (rate) (eg from nurse schedules)
- 3- Types of reviews (buckets: random, targeted H+S, kids, adults)
- 4- Summary of findings (in buckets:
 - medication issues, oversight issues, communication
 - family issues
 - coordination
 - engagement
 - service utilization
 (common to all waivers)
- 5- AO, MUI, incidents ← [effectiveness of ERS/ home services - Oz & Tub workforce - neg outcome workforce safety]
- 6- Satisfaction, incl CM, field reviewers, providers
- 7- Population level performance ms (PIM) Functional score
 - NCI, well checks, imm, ED/ Hosp (PPE), PAM
 - public health indicators - IMR, BARI, Top use
 - (Filter by geog, PFS, MCP waiver which MCP waiver)
 - dynamic - monthly/quarterly across all agencies

What Begins Monday?

- Communicate process changes to field staff
- Schedule planning meeting
- Obtaining necessary IT system access
- Elimination of paper!



Special *thanks* to...

Senior Leadership:

- Director John McCarthy

Sponsor:

- Dr. Mary Applegate and Jennifer Demory

Team Leader:

- Carolyn Nunez

Subject Matter Experts:

- Mike Moore (ODA), Jeff Smith (DAS OIT) David Dokko (ODM Legal), Kurt Messer (ODM IT Database), Tina Nilo (ODM Labor Relations) James Clemons (ODM Labor Relations), John Dean (ODM HR Director), Cleveland State University (Our Lean Local Partners)

Connect with LeanOhio

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