

Change Leader Academy Change Project Charter

Organization: Maine Office of Substance Abuse (OSA)

1. PROJECT TITLE	OP/IOP Performance Based Incentive Contracting using Access and Retention Standards		
2. What AIM will be addressed?	□ Reduce waiting time from 7 to <2 days – see specific measures for each LOC in additional notes below.		
	☐ Reduce no-shows from to percent each month		
Choose one aim, and indicate baseline and desired goal	☐ Increase continuation from to percent each month		
	☐ Increase admissions from to per month		
	Other – Please Specify:		
3. LOCATION	Maine OSA		
START DATE and expected completion date	7/1/07 to 8/1/08		
5. LEVEL OF CARE	Outpatient & IOP Contracted Services		
6. What CLIENT population are you trying to help (e.g., detox clients transferring to OP)?	Adult and Adolescent Outpatient & IOP clients served by OSA SAPT BG contracted agencies.		
7. EXECUTIVE SPONSOR	Kim Johnson to 10/1/07; Guy Cousins 10/1/07 to present.		
8. CHANGE TEAM LEADER	Linda Frazier, Treatment Manager		
9. TEAM MEMBERS	OSA Agency Monitoring Team (AMT): 4 treatment team specialists, 3 Agreement Administrators, 1 Data and Research staff		
10. How will you COLLECT DATA to measure the impact of change?	Access and Retention data will be gathered from TDS admission and discharge forms submitted by the agencies each quarter. Data for the prior quarter is due on the 15 th of the month following the end of the quarter: October, January, April, and July.		
11. What is the BUSINESS CASE for the Change Project? Indicate how the Executive Sponsor will know if the project has improved the organization's bottom line.	Implementing performance standards based on access and retention measures will impact will reduce waiting time, increase admissions, and increase continuation. Standards for SFY 2008 were set using the following data: OSA TDS trend data for OP & IOP programs for SFY 2006; Data from the OSA funded NIATx pilot sites; and data reported by NIATx for OP & IOP. By paying incentives for exceeding standards and baseline or disincentives for meeting or failing to meet set standards OSA will move toward paying for performance. We believe paying for performance will increase admissions and improve access and retention. This will be done without increasing funding for OP & IOP programs.		



Change Leader Academy

Change Project Form

Rapid	Cycle	Plan	Do	Study	Act
Cycle #	Date	What is the idea/change to be	What change or action did you	What were the results? (Please	What is the next step?
		tested?	specifically do to test this	include impact on aim and other	
			idea/change?	measures)	
1	7/1/07 –	Implement performance standards	Implementing new performance	TDS data and required OP/IOP	AMT did an analysis of the issues
		outlined in SFY 08 contracts for	standards for OP/IOP contracts	Service Delivery Forms & Waitlist	identified at the next monthly
		OP/IOP services. Testing the	is the change/action. Analysis of	reports were due by 10/15/08. AMT had from 10/17/07 to	meeting on 11/21/2007. Priority
	Data	reporting, data analysis, and payment decision process	this new process and use of PI methods to streamline this	10/24/07 to review reports in the	items identified to address prior to the next payment cycle were as
		developed by agency monitoring	process is the goal of the	Cognos Data Base and meet to	follows:
	processing		project. Our first change project	make final recommendations on	-OPSD Report of units, AMT staff
	10/17-		is to monitor and document how	payment. On 10/24/08 AMT met to	
	10/24		effectively the new system works	review decisions and resolve	-No reports run until Data notifies
			and how long it takes to process	outstanding issues related to Data	ready
			data and make payments to the	analysis and reporting. This	-Data <u>exceeds</u> expectations, but
			agencies based on their	created delays that resulted in a	filed late = 5% reduction in 1/4ly
			performance.	final reports and payments not	payment
				being completed for all agencies until 11/7/08. This initiation change	-Wait list must be on time but is not
				process lasted for 17 days and	-TDS discharge reporting is 20%
				members of the AMT spent many	higher
				hours reworking data reports and	-Quarterly payments: have not
					been received yet
				concerns related to reporting and	
				consistency and accuracy of data	AMT members were assigned
					action items to complete by the
				morale was low at the end of this	December meeting (12/19/07) in
				first cycle. Results: There are 19 OP/IOP contracted agencies 12	preparation for the next change cycle which will be implement in
				STAR and 7 non-STAR; of these	January of 2008.
				19 agencies, 8 received Incentive	barraary or 2000.
				payments, 1 a baseline payment,	
				and 10 penalty payments. Further	
				breakdown of this data is	
				represented in the 1 st sheet of the	
				attached excel file. 3 Late reports	
				& 4 data reports: 4 reports needed	
				to be rerun	



Change Leader Academy

Change Project Form

2	Data analysis & payment processing 10/17-10/24	Tx will run, save and do summary Tx and AA meet during AMT to review and finalize payment decisions AA will keep hard copy in contract Tx will send reports to agencies on request	Monitor and document how effectively implementation of identified PI changes impact time to time to analyze data and process payment. Aim is to decrease time spent by AMT and improve morale. Data on performance measures and contract payments will also be tracked and reported.	TDS data and required OP/IOP Service Delivery Forms & Waitlist reports were due by 01/15/08. AMT had 01/17-23/07 to review reports in the Cognos Data Base and make final recommendations on payment. AMT met 01/23/08 met to review decisions and resolve outstanding issues. Outstanding decisions on 5 agencies were resolved by 1/28. This change cycle was completed in 8 days. AMT members were happy with the change and the 5 agencies with delayed decisions were due to one staff being out of the office. Results: Of 19 OP/IOP contracted agencies (12 STAR and 7 non-STAR) 8 received Incentive payments, 0 a baseline payment, and 11 penalty payments. Further breakdown of this data is represented in the 2nd sheet of the attached excel file. 2 agencies submitted late reports and only 1 data report needed to be rerun.	AMT did an analysis of the issues identified at the next monthly meeting on 02/20/08. Priority items identified to address prior to the next payment cycle include: -smoother, seemed less stressful – more streamlined, -subcommittee to address "grey areas" when multiple LOC in one contract -Communication with agencies - letter of acknowledgment of their hard work & copy of the OSA Annual Report, and Report Card, Access and Retention Reports -Concerns about payments to agencies: agencies that are receiving monthly payments will see their incentive/disincentive in 2 nd of 3 monthly payments for the quarter. The amount reflected in the monthly payment references the quarterly benchmarks -Agency performance in the 2 nd quarter was likely affected by the holidays and 5 snowstorms ME had in Decemberagencies have inquired about results but have not registered any complaints about payment decisions to date
3	4/15/08 Data analysis & payment	Follow same process above but add formula to address contracts with multiple LOC in one contract. Formula will be based on recommendations of subcommittee and finalized at AMT 3/19/08	TBD 3/19/08	AMT will meet on 5/21/08 to review data and results.	



Change Leader Academy

Change Project Form



Change Leader Academy Change Project Form

Project Outcomes (only complete once the project is finished)		
1. When did the project stop?	Project is ongoing each quarter until AMT concludes we have a sustainable process.	
2. What did you LEARN (e.g., what were some unexpected outcomes or lessons learned from your change efforts)?	AMT members were very concerned about being held accountable to the agencies for accurate payment decisions. They were also unsure that agencies could or would report data in a timely fashion. There were many concerns about OSA administration backing their decisions. The AMT was surprised at how PI could be applied to this new process. They were also pleasantly surprised that the agencies actually reported data in a timely fashion.	
3. What was the BUSINESS CASE IMPACT of this change?	The executive sponsor has witnessed AMT streamlining it's work and staff morale improvements. OSA has improved performance on access measures and saved money by not paying incentives to agencies who do not exceed these measures. The larger DHHS administration is becoming interested in performance based contracting and OSA's use of PI.	

Sustainability Plan (only complete if you are sustaining the project)		
A. Who is the sustain leader?	Linda Frazier as Change Leader for AMT. We will sustain positive changes as they are identified.	
B. What steps are being implemented to assure that the change is sustained?	AMT will flow chart the process we are using after the 3 rd change cycle. After the 4 th quarter AMT will review more detailed data on performance for each measure to discuss results and impact on the incentive contract measures and process.	
C. What system is in place to effectively monitor the sustainability of the improvement?	Now that the measures are captured via TDS and OSA has built Cognos reports to monitor performance we can begin to work on data analysis and reporting infrastructure to track data in aggregate by the month, quarter, fiscal year, etc. OSA is currently developing the Cognos Dashboard system to support this level of ongoing data analysis.	
D. At what point would the change team intervene to get the project back on track?	AMT meets each month to monitor data reporting and track performance. We have incorporated feedback and review of each quarterly payment cycle as part of the monthly agenda.	

Additional Notes: Quarterly Contract Payments based on data for the prior quarter. Incentive, Baseline or Penalty payments are determined by performance on five measures:

- ➤ Units of Service = plus or minus 5%
- ➤ Four Access & Retention Measures = 1% each (for a total of plus or minus 1-4%)
- ➤ An agency can gain or lose 9% of their quarterly payment each quarter



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Units of Service: Agencies may receive plus or minus 5% of their quarterly payment

- +5% for exceeding 100%
- Baseline payment for meeting 90%, and
- -5% if the agency does not meet 90% of their contracted units

Access goals are:

Out Patient

- Time from first call to first face to face: 5 days (2 day incentive)
- Time to first treatment appointment: 14 days (7 day incentive)

Intensive Out Patient

- Time from first call to first face to face: 4 days (2 day incentive)
- Time to first treatment appointment: 7 days (3 day incentive)

Retention Goals are:

- A minimum of 50% of OP & 85% of IOP clients stay 4 sessions (65% and 90% incentive)
- At minimum of 30% of OP clients stay 90 days or more; and 50% of IOP clients complete treatment (40% and 60% incentive)

See the excel spreadsheet attachment for further analysis of the results from the 1st and 2nd change projects for the first two quarters of SFY 2008.