Provider Advisory Committee Update

Provider Data Workgroup

Substance Abuse Prevention and Control Bureau
County of Los Angeles Department of Public Health

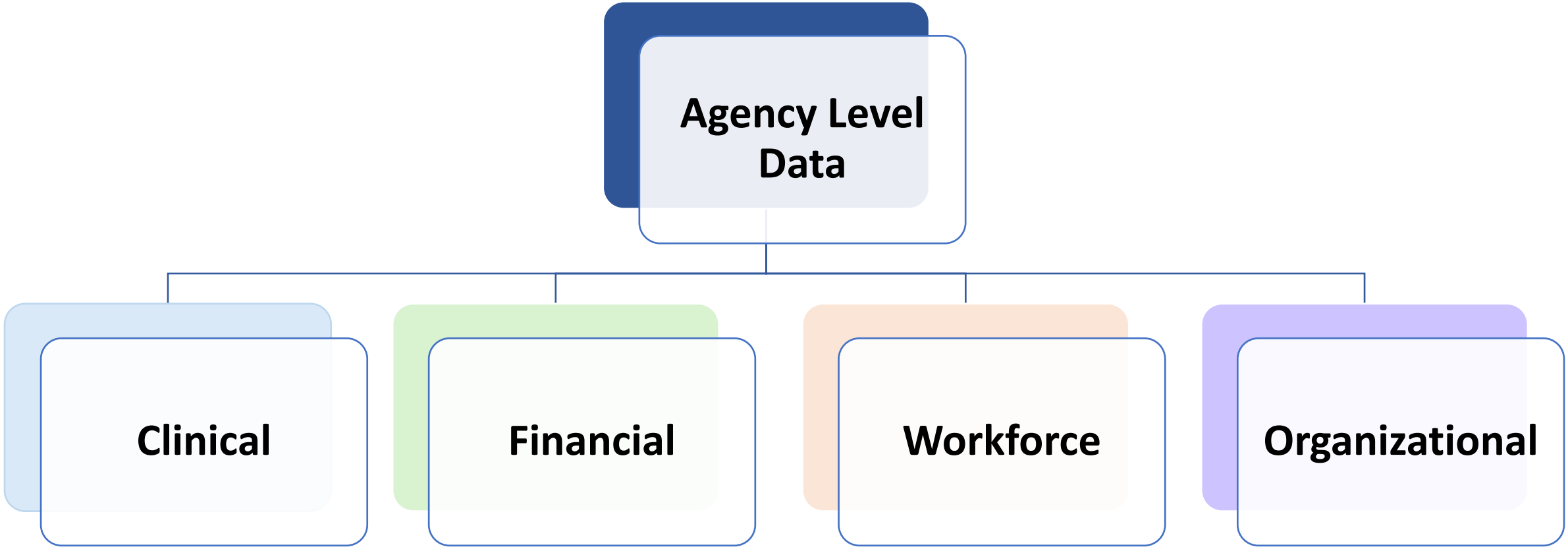
Background

- **SAPC and its SUD provider network both collect data, but often with different goals in mind.**
  - SAPC both desires and is required to collect data to help determine outcomes, identify quality improvement opportunities and efficiencies, and evaluate the specialty SUD system at the systems-level.
  - While SUD agencies are required to contribute to SAPC's data collection efforts and that data may be helpful for their respective agencies, SUD agencies invariably also need to be collecting agency-level data to help inform their specific agency's work and processes.
- **In short, systems- and agency-level data may overlap and are both beneficial but often serve different purposes and are useful for different things.**

PAC Provider Data Workgroup

- **Purpose**
  - To strengthen SUD agency data infrastructure and autonomy.
  - To identify agency-level data and metrics that are helpful for provider agencies to collect to inform quality improvement efforts with respect to their operations, practices and processes.
    - As opposed to other data-focused work that SAPC leads with its provider network that focuses on systems-level evaluation of data that SAPC collects/provides/requires, the PAC Provider Data Workgroup focuses on data that SUD provider agencies have direct access to that is focused on agency-level evaluation. This data may already be collected by SUD agencies or new processes may need to be established to obtain this data.

- **Process**
  1. Assessed current data collection practice within agencies.
  2. Developed consensus-driven recommendations for data and metrics to be collected by agencies.


Agency Level Data
Clinical
Financial
Workforce
Organizational

Data Category	Data Focus	Recommendations Metrics
Clinical	**Numbers (clients, services, etc.)**	• **Unique client numbers**: Clients served by each level of care offered. • **Units of service delivered by service**: Service at each level of care offered. • **Demographics of clients served**: E.g., race/ethnicity; age; gender, language; homeless status, co-occurring MH conditions, co-occurring medical conditions, etc.
	Quality/Outcomes	• **Treatment retention**: Proportion of clients retained at 30, 90, and 180 days. • **Level of care transitions**: Proportion of clients by each level of care that are transitioned to a lower level of SUD care. • **Employment status**: Client employment status at time of discharge. • **Housing status**: Client housing status at time of discharge.
	Care Coordination	• **Care Coordination units of service**: Track units of service for Care Coordination to determine a baseline of Care Coordination service provision. • **Type of Care Coordination service offered**: Track type of Care Coordination service offered to identify types of services have the greatest need and inform staff training, etc. • **Qualitative feedback**: Collect qualitative feedback (e.g., surveys, focus groups) from both staff and clients to identify opportunities for efficiencies and improvements with respect to Care Coordination.
	MAT	• **MAT education**: Ensure universal informed care of clients so that all clients with opioid, alcohol, sedative, and tobacco use disorders are aware of medication options to support their recovery. ○ Use “secret shopper” approach to identify compliance with this basic aspect of informed care. • **MAT access**: Number of clients receiving MAT (either directly or via referral). • **MAT services**: Track units of service for Medication Services to determine a baseline of Medication Services provision. • **Qualitative feedback**: Collect qualitative feedback from both staff and clients to identify opportunities for efficiencies and improvements with respect to the provision of MAT.
	Client feedback	• **Client satisfaction**: General rating of client satisfaction from (0 to 10, with 10 being extraordinarily satisfied), with a free text option for narrative and qualitative feedback. • **Qualitative feedback**: Establish a forum of regular client feedback (surveys, client meetings, etc) other than what is required by SAPC (Treatment Perception Survey, etc). Focus on what is working well, less well, and opportunities for improvement.

Data Category	Data Focus	Recommendations Metrics

Financial	**Revenue**	• **Revenue tracking**: Tracking of revenue for each of an agency's funding sources, with the aim of establishing trends to help inform future decisions.
		• **Timeliness of claims submission**: Average time from service delivery to claim submission
		• **Denials that impact revenue**
		  ○ Drug Medi-Cal denial rates at both the local (SAPC) and State (DHCS) adjudication levels to identify opportunities for improvement
		  ○ Percentage of denied claims resolved within 45, 90, and 180 days
		• **Utilization data that impacts revenue**
		  ○ Residential settings → Bed utilization rate (numerator = number of beds filled over a given time period; denominator = total number of beds over the same time period).
		  ○ Non-residential settings → Slot utilization (calculate number of slots your agency has by determining the number of people each counselor or clinician can serve; then numerator = number of slots filled over a given time period; denominator = total number of slots over the same time period).
		  ○ SAPC contract utilization (suggest tracking at least monthly, if not on a continuous basis)

	Expenditures	• **Expenditure tracking**: Tracking of expenditures with the aim of establishing trends to help inform future decisions
		  ○ Calculating average cost per client based on:
		  ▪ Level of care
		  ▪ Average service provision and staffing needed to deliver those services
		  ○ Expenditures on direct care vs. administrative/indirect expenses

	Payment reform	• **Capacity Building and Incentive tracking**: Tracking progress toward each Capacity Building and Incentive that an agency elects to pursue. • **Reinvestment plans**: Developing a plan for how agency "margins" (defined as revenue minus expenditures from SAPC's rates) will be re-invested to improve operations.
	Billable time (productivity)	• **Billable time**: Tracking of billable time at a staff-level by each level of care offered (recommend maintaining at least 70% billable time for likely sustainability).

Data Category	Data Focus	Recommendations Metrics
Workforce	**Training**	• **Tracking of trainings**: Tracking trainings required by others and those that are required by the agency – at a staff-level, including annual CEU/CME requirements.

	Recruitment	• **Timeliness of recruitment**
		  ○ Track average time to fill vacant positions
		  ○ Hiring success rate: Determine a desired timeframe to fill each vacancy and track the percentage of positions filled within that desired timeframe .
		• **Staffing ratios**
		  ○ Counselor : Client ratio
		  ○ LPHA : Client ratio
		• **Performance of recruitment approaches**: Tracking of how an agency is recruiting staff (LinkedIn, conferences, job postings through clinical associations, etc) and the extent to which those recruiting avenues are generating new hires.

	Retention	• **Staff retention**: Tracking of staff retention rate per 1, 3, and 5 years (numerator = staff who remain; denominator = total staff hired over given time period). ○ Simplified metric – Percentage of different types of staff that have been retained at your agency for 5 years or more. • **Qualitative feedback**: Exit interviews to assess qualitative aspects of staff departures and to identify modifiable factors related to retention.

	Workforce gaps to better meet community needs	• **Workforce needs analysis**: Agency-level analysis of community demographics and needs (language access, etc) with a plan for how the agency can cultivate a workforce to better address those needs.
		  ○ Informed by:
		  ▪ Community profile (demographics, SES, % foreign born, % whose first language is not English, etc).
		  ▪ Explore Community Needs Assessments from SAPC Prevention.

	Staff feedback	• **Qualitative feedback**: Establish a forum of regular staff feedback (surveys, client meetings, etc).

Data Category	Data Focus	Recommendations Metrics
Organizational	**Technological data infrastructure**	• **Data collection**: Identification of a mechanism to collect all the data/information mentioned in this table. • **Addressing data infrastructure gaps**: Develop agency-level plan to identify and address data infrastructure gaps as an investment to prepare the agency for the future.
	Intake process	• **Assessing intake process**: Tracking of the duration of intake process via random sampling to establish an average intake process duration. • **No-show rates**: Track no-show rates for intake appointments. • **Qualitative feedback**: Collecting qualitative feedback from both staff and clients to identify opportunities for efficiencies and improvements, in addition to the duration of the intake. May also consider "secret shopper" approach to identifying improvement opportunities.

	Discharge process	• **Assessing discharge process**: Tracking of what information and services are provided to clients during the discharge process to facilitate successful connections to needed biopsychosocial needs and to support sustained recovery.
		• **Discharge reasons**: Tracking reasons for discharge, particularly when discharges are prior to attainment of satisfactory progress, discharges for cause, or administrative discharges.
		• **Qualitative feedback**
		  ○ Collecting qualitative feedback from both staff and clients to identify opportunities for efficiencies and improvements in the discharge process. May also consider "secret shopper" approach to identifying improvement opportunities.
		  ○ Perform random "exit interviews" of clients to ask them about their care experience (what went well, what could be better, etc).

	Community reach, perspectives, and footprint	• **Assessing community perceptions of your agency**: Consider an agency-level community survey or meeting to obtain information on the perspectives the community has about your services (assuming this makes sense given your individual circumstance).

	Measurements of your agency's "special sauce"	• **Rating your agency's "special sauce"**: Identify your special sauce, and then a simple way to measure it… Examples:
		  ○ "On a scale from 0 to 10 (with 0 being poor and 10 being outstanding), how would you rate your experience with [enter special sauce]?"
		  ○ If "special sauce" is client-centered care: "On a scale of 0 to 10 (0 being poor and 10 being outstanding), how well did you feel your treatment plan was tailored to your needs?"
		  OR
		  "On a scale of 1 to 5 (1 being Strongly Disagree and 5 being Strongly Agree), how strongly do you agree with the statement: I felt heard and understood during my sessions."
		  ○ If "special sauce" is comprehensive care-coordination: "On a scale of 0 to 10 (0 being poor and 10 being outstanding), how satisfied are you with the support you received in connecting to other services (e.g., housing, mental health, social services)?"
		  OR
		  "On a scale of 1 to 5 (1 being Strongly Disagree and 5 being Strongly Agree), how strongly do you agree with the statement: My substance use provider helped me with other services that I needed outside of my substance use (e.g., housing, mental health, etc.)"
		• **Testimonials**: Collecting personal success stories and testimonials of clients describing what they feel makes your agency special.
		• **Messaging on your successes and strengths**: Identifying clients who are interested in you contacting them in the future in case there is a need to share their story.

Next Steps

1. SAPC providers review the agency-level data and metric recommendations.

2. Provide feedback to Armen Ter-Barsegyan at ater-barsegyan2@ph.lacounty.gov by January 22, 2025.

3. The next PAC meeting is February 11, 2025 from 2pm – 4pm.