

Spotlight on...Shorehaven Behavioral Health

Lynn Godec, MSW, is the Executive Director for Shorehaven Behavioral Health, Inc, located in Brown Deer, Wisconsin. Lynn is also the Executive Sponsor and Change Team Leader for the Strengthening Treatment Access and Retention-Quality Improvement (STAR-QI) Program. From October 2014 through September 2015, Lynn and her change team, namely Zach, Hermie and Mark, chose the Healthcare Reform Initiatives Focus Area. Their goal was to address access to treatment, for the Milwaukee County residents to whom they provide Behavioral Health Services.

One of the largest, current barriers in the Behavioral Health industry in Wisconsin is having enough clinicians to service the individual once they seek treatment, especially those on Badgercare funding. From a business/human resource perspective, the 3-9 month credentialing process along with onerous prior authorization paperwork requirements, make hiring, training, monitoring, and retaining employees one of Shorehaven's largest business expenses. The Change Team's two-fold goal was to create efficiencies in the credentialing and prior authorization processes by utilizing technology to positively impact the amount of lost time both administratively and clinically. Quicker credentialing timeframes, an increase in clinical time available due to a reduction in paperwork, speedier client transitions into care, and more opportunities for newly hired clinicians to start providing services, were all ways in which Shorehaven could increase access, revenue, and maintain positive relationships with their referral sources.

The Shorehaven Change Team tackled their goal based on the premise that all of the payers request similar information, but do so in different ways. So they created a single document that housed all of the clinician's demographic, educational and work history in order to input it into the various payer credentialing applications. They then edited the credentialing applications so that the information could be merged quickly and consistently.

In order to understand their needs and whether a technological solution was possible, they then elicited input from their digital native and millennial staff. In turn, they had to ask for input from contacts outside the Behavior Health field, to work through some bugs in the process. Under Lynn's leadership, the change team did an excellent job of applying the Network for the Improvement of Addiction Treatment (NIATx) Model, which addresses improvement in processes by breaking large projects down into manageable tasks to pilot for improvement. Starting with baseline data is a key important first step in improving any process, as an agency has to know where they are starting from, in order to be able to answer the question, "How will I know the change is an improvement?" The Shorehaven Change Team learned that the current credentialing and prior authorization process was taking about 10 hours of administrative time and 10 hours for the clinicians to manually fill out the applications. Their goal was to reduce this time by at least 50%.

Through many rapid cycle improvements and upon completion of the project, only one hour of clinical time was needed to complete the process compared to the 10 hours before this process. Additionally, the administrative time went down from 10 hours to 3 hours of time. This reflects a 90% and 70% reduction, respectively. This well exceeded their goal of a 50% reduction.

Shorehaven is not aware of any other business in the Behavioral Health field to use this process. They continue to tweak the documents to create greater efficiencies in their process. Additionally, they are also evaluating if they might have greater capacity for the use of this type of process for the areas of the Clinician Resume (which is submitted with all applications for credentialing) and the Clinician Privileges to Treat document (DHS 35).