



# Regional Provider Meeting Report





## Background

SAPC leadership identified a need to provide its network of Substance Use Disorder (SUD) treatment providers an opportunity to provide feedback about Year One successes and areas of improvement, along with ideas on how SAPC could support providers in Year 2 of DMC-ODS.

## Methodology

Four regional meetings were scheduled to include participants from all Eight SPA areas.

## Four Questions

Which we will review by identifying *Themes* that emerged.

# Results



# Themes

## Question 1

How has your agency adapted to Year 1 of DMC-ODS implementation? Can you **highlight** operational and/or clinical areas **where your organization has been innovative?**

Results



# Shift in Communication and Engagement

Improved relationship with SAPC, we feel like we are partners. Internal Communication within the organization was greatly impacted. Had to develop new tools: Command Centers, Progress Boards, Weekly Comm. Meetings. Relied on successful TEAM Building. As a result many providers expressed that it lead to increased staff engagement and accountability.



# Analyzing and Redesigning Workflows

To be successful providers discussed the need to “really look” at the existing workflow. The new processes could not just be added on, it required people to redesign what they were doing to ensure patient centered care and to receive payment for their work.

Most of the participants expressed that this change was needed, they felt good about what they had done to improve.



# Developed Partnerships with other SUD Agencies and External Stakeholder Groups

Providers rely more on one another; sharing information, skills, and best practices. Engaged in marketing efforts to attract new referral sources. Providers were in the field, providing training to their stakeholders to help them better understand what the waiver entailed. This often resulted in new partnerships and/or better relationships with existing partners. Participants created new partnerships with primary care clinics, schools, jails, and community centers.



# Improved Care Model

Majority felt that the waiver offered an opportunity to improve their system of care. Described as adopting a Medical Model while still retaining the essence of a social model, positioning the agency to be better equipped to partner in the healthcare system overall.



# Themes

## Question 2

How have you addressed your business and workforce needs?  
Where are there gaps?

Results





# Workforce-Major Angst

**Retaining Staff** – some attrition due to new policies, too much paperwork, inability to adapt after so many years in the field. New staff had less trouble adapting. Perception also of a divide between the new LPHA staff and the seasoned counseling staff. Need for benchmarks to determine what is a manageable case load



# Workforce-Major Angst

**Recruiting Staff**– Hiring for additional counseling staff and new positions such as; UM, QA, case managers and finance in a hiring market that was already strained. Successful agencies had to be very creative, working with community colleges directly, serving as board members on community colleges and certifying entities and developing practices to attract interns.



# Workforce-Major Angst

**Training**– Working directly with colleges to add substance use disorder training in their curriculum, adding course work related to clinical documentation, DSM 5, ASAM assessments, and therapeutic best practices.



# Workforce-Major Angst

**Compensation**– Perceived disparity in wages between SUD providers, private clinics and mental health agencies. There was hesitation about increasing wages to be more competitive due to a lack of confidence in their new billing and accounting systems, not sure there was really money to allocate.



# Workforce-Major Angst

**Increased Specialization**– Struggle to lead multi-disciplinary teams sighting tension between LPHA's who may lack the experience of personal recovery. Disappointed to find that new hires lacked the experience and training required to perform well immediately. Hesitation and inexperience in directing people with new skill sets such as accounting staff and medical directors.



# Workforce Resources



<https://www.openminds.com/>

<https://www.sciencedirect.com/journal/american-journal-of-preventive-medicine/vol/54/issue/6/suppl/S3>

**US House passes Massachusetts  
congresswoman's bill to end  
addiction workforce shortage**

Updated Jun 13; Posted Jun 13

[https://www.masslive.com/politics/index.ssf/2018/06/us\\_house\\_unanimously\\_passes\\_ma.html](https://www.masslive.com/politics/index.ssf/2018/06/us_house_unanimously_passes_ma.html)

**SAMHSA**

Substance Abuse and Mental Health  
Services Administration

[https://www.samhsa.gov/search\\_results?k=workforce+development](https://www.samhsa.gov/search_results?k=workforce+development)



# Themes

## Question 3

In what ways can SAPC improve working relationships and communication with provider agencies? What additional support is needed?

Results



# SAGE Implementation and Billing Practices

A majority of the time on this question was spent addressing issues with the SAGE implementation.

Four distinct categories were addressed in a separate session:

- Getting people into the system = so far OK
- How to get information into the system = needs more work
- Connection to billing = most difficult and inefficient
- Optimization, how can it be useful? = needs more work





# SAGE Billing

Frustration with the billing process which in some cases lead to “fear” about financial stability, cash flow and year end reconciliation.

SAGE implementation most disruptive of all adjustments.



# Communication Going Forward

Monthly SAPC meetings very helpful, providers want to continue, in-person and via webinar. Many participants expressed gratitude at the level of communication from all SAPC staff and noted the commitment to quick turnaround. There were several suggestions on how to improve written communication. Popular ideas were to increase the number of people who receive information, identify in first paragraph what the key message is and most appropriate audience. Suggest sending information on a schedule rather than ad hoc. Frustrated with constant changes this warranted dramatic change in their agency communication strategies.



# Themes

## Question 4

Heading into Year 2, what do you think are the most critical issues to address to support patient access to care and enable providers to thrive in the new service model? Are there any new ideas that SAPC and providers should explore?

# Results



# Suggestions

- SAGE enhancements and optimization.
- Improve the referral process – CASC, CENS, SASH
- Help us figure out what the unmet service needs are.
- Consider paying for additional activities such as recreational activities.
- Create a per-diem staffing pool to cover staff shortages.
- Fund Mobile Care Units
- Partner with providers to Advocate for the importance of Substance Use Disorder Treatment.



# Panel Discussion with SAPC