

**2020 Golden Abacus Award**

***for Best Practices in the Non-Clinical Arena***

***This year, CBHC will be utilizing a virtual platform for our conference. We will still accept nominations for the Golden Abacus Award; however, we will acknowledge the winner after the conference in a special ceremony****.*

We encourage you to submit your nomination not only to CBHC but also to include information on your project in our Poster Hall within the virtual platform. Please review the following information:

The Committee of Data, Finance and Budgeting is currently accepting nominations for the Colorado Behavioral Healthcare Council’s (CBHC) annual Golden Abacus Award. Nominees in this category must pertain to programs within the community behavioral health system. The award will be granted to a project, methodology, technology system, or procedure that demonstrates ***best practice in the non-clinical arena****.* All nominations will be evaluated on the following criteria:

* **Innovation**
* **Integration**
* **Quality Improvement**
* **Transferable**
* **Usefulness**
* **Patient/Client Experience**
* **Data-driven Solution**

The winning program will be one that is **easily replicated at any community behavioral health center or provider organization.** Its implementation will result in a superior service, process, or product (i.e. cost reduction, outcome improvement, and enhanced patient/client/staff experience). Results must be data-driven. The committee will consider proposals that demonstrate innovative approaches to the management of, or implementation of, systems or organizations. Submissions may be in the areas of:

* **Research/Research Findings**
* **Finance**
* **Personnel**
* **Quality improvement**
* **Systems/services/program integration**
* **Use of technology**
* **Partnerships/alliances**

***All proposals must include a fifty (50) word Abstract, a Program Description (limited to 2 pages) that includes program development information, innovative aspects, and pertinent data. Please use the following form.***

***We also encourage you to UPLOAD YOUR PROJECT TO OUR CONFERENCE’S ONLINE PLATFORM POSTER PAGE TO SHOWCASE YOUR TALENT. Please note that we do not require an actual “poster.” You are welcome to simply upload the information provided in this nomination form.***

**Please submit your nomination no later than SEPTEMBER 1, 2020** to: Tracy O’Shaughnessy, Conference Planner, at tracyhmsr@gmail.com. She will follow up with instructions on how to upload your information to the site. It must be uploaded no later than SEPTEMBER 7, 2020. We are very excited to be able to offer this opportunity to you this year. Questions: Call Tracy at 303-525-2811.

**Program Title: Enabling Middle Management to Thrive Through Utilization of Business Intelligence and Data Analytics Tools**

**Organization: Community Reach Center (CRC)**

**Contact Name: Lindy Lewis Contact Phone # 303-853-3679**

**Contact Email: l.lewis@communityreachcenter.org**

***Program Abstract*** *(50 words max, please)****:***

CRC developed a data warehouse for building dynamic custom dashboards using Microsoft Power BI, thus creating a tool to facilitate data-driven decisions to improve business and clinical outcomes. The dashboards enable managers to establish internal benchmarks and targets for KPIs and make nimble business/clinical decisions informed by data models.

**Program Description** (*Include program development, program information, staffing requirements, pertinent data and start-up costs.): \*Please limit to 2 pages, and remember to address all criteria specified.*

In 2018, Community Reach Center’s IT and the Data Team were tasked to develop a data warehouse for building dynamic custom dashboards using Microsoft Power BI, thus creating a tool for data-driven decisions to improve business and clinical outcomes. CRC’s FY20 Strategic Plan stipulated that managers become experts in utilization of Power BI, enabling them to create internal benchmarks and targets for KPIs and make nimble adjustments informed by data models. By focusing on key areas to improve quality of care and engagement in treatment, CRC has seen a significant reduction in billing errors and insurance denials, and improvements in quality of care that contribute to increased revenue.

Training infrastructure was created by requiring managers to attend at least one live training opportunity (multiple sessions offered at multiple sites, including webinar options) as well as individual training/coaching sessions upon request. New clinical managers receive individual training from the Data Team.

In creating the Power BI Models, the first step was to solicit feedback from staff to ensure the models were easy to view and use. A pilot group of managers was formed to create a feedback loop. Data models were published monthly, initially tracking Feedback Informed Treatment scores, productivity and cost-per-service data. Now many more dashboards are available, such as:

* **Admits & Discharges** – Basic program admissions and discharges to help monitor percentage of consumers open to a program that are served, length of stay, and time span to first service.
* **No Shows & Cancellations** – Trends no show and cancellation rates over time. Analyzes details for consumers with extreme no show rates, enabling managers and staff to focus on different strategies to entice engagement, care plan adjustments and reduction planning.
* **Bed Utilization** – Tracks daily census for bed-based and residential programs. Also allows staff to review census on any day for planning and staff management.
* **PHQ9 Report** – PHQ9 Assessment data tracking utilization enables managers and clinicians to focus in on high-risk consumers.
* **Cost per Service – Actual GL** – Integrates cost and revenue data from the General Ledger with our TIER EHR notes data to determine total cost and revenue per service. Also has GL account details that can be drilled down into any specific month.

The dashboards deliver data in a way that every manager can work with to meet their unique needs, as we know that different programs find different data sets more relevant to their management needs than others. The dashboards also allow managers to pull their own reports rather than submitting a request to the Data Team and waiting for their report. Additionally, the dashboards enable managers to track team members who are falling behind in their notations and determine if the right type of clinical professional is delivering the service. This helps the agency avoid costly errors down the road.

**Staffing required to implement the Data Dashboards utilizing Power BI:**

IT Team

Data Team

Training & Supervision Team

Management and Leadership Team to make recommendations for improvements to the dashboard.

**Utilization Data helps CRC manage the number of staff who are using Power BI.**

Managers and directors are expected to interact on a regular basis with the system as data is updated every 24 hours. Utilization data enables management to effectively supervise staff and ensure clients are receiving high-quality care. Currently there are 56 Clinical Managers/Supervisors with a Power BI license. In August, 62.5% of all users accessed Power BI. The agency monitors “days of use”, or how many days during the month staff accessed Power BI. In August, the 35 people who accessed Power BI averaged 7.26 days of utilization.

**Sample impacts on operations based on Data Dashboards**

* Assists managers to ensure Medicare consumers are assigned to properly licensed staff, so ensure clean claims.
* Identifies misuse of certain billing codes, prompting communication to staff regarding proper usage of that code, to support accurate billing.
* Managers/Directors can monitor trends in no-shows/cancellations and intervene appropriately at the team or individual staff level.
* Identifies trends related to client outcomes, both CCAR and FIT, particularly for clients who are regressing, enabling staff to intervene appropriately.
* Actively monitors bed census in 24-hour programs, and identifies trends over time.
* Based on position specific productivity standards, can see where staff/teams/agency are at for the month, and how they are tracking to meet KPIs for the year.
* Monitors size of caseload, along with diagnosis to appropriately refer and assign staff.
* Managers can identify which billable claims are ‘stuck’ in the system and correct before the claim is out the door and denied. This has resulted in a less than .4% denial rate.
* Links time of billed service to length of Zoom call for telehealth to ensure over/under billing is not occurring.
* Monitors utilization of care based on day, week, time, month to more effectively manage scheduling of appointments.
* Monitors cost vs. revenue per service/team to support effective budgeting strategies.