

Reducing Administrative Burden

Making the Heavy Lift More Bearable

Financial & Policy Recommendation			
Conduct a statewide evaluation of administrative paperwork through a comprehensive assessment process, in line with research completed by the Delaware Division of Substance Abuse and Mental Health. Processes will be streamlined through the accounting of all requirements and evaluation of need, utility, and redundancy in paperwork.			
Legislation	Dollars Per Agency	Annual Cost	Total Cost (3 yrs.)
No	\$100,000	\$1,700,000	\$5,100,000

Introduction

In behavioral health care, complying with heavily regulated industry standards falls squarely on the shoulders of direct service providers and those serving in administrative functions such as finance and information technology (IT). This demanding work environment relies heavily on education, licensure, and training, and for good reasons: the consequences of mistakes can literally be a matter of life or death. However, the responsibilities of documentation and constant updates to documentation processes and systems can create an undue burden leaving employees feeling detached from clients and resentful with state or federal oversight and data collection.ⁱ During exit interviews with staff, Colorado Community Mental Health Centers (CMHCs) routinely cite dissatisfaction with administrative burden as a reason for leaving their organizations. While other industries maintain reasonable expectations for its precious workforce, behavioral health employees have gone far too long without reasonable reform, causing capable workers to become overwhelmed and leave their jobs—or the behavioral health industry altogether.

Current Challenges



Processes are Duplicated— In addition to specific grant reporting requirements that are often engaged in the name of serving a wider breadth of Coloradans, documentation requirements from the Colorado Office of Behavioral Health are duplicative with managed service organizations such as Signal. Not only is this duplication a burden on the time and resources of behavioral health professionals, but data collection can also be re-traumatizing to clients as they repeat their presenting problems multiple times to various professionals.



Admission Process is Interminable— The Colorado Client Assessment Record (CCAR) is one of several ongoing assessments that must be completed on each person served every six months. In addition to the CCAR, the admission process is also mandated by the Office of Behavioral Health. The admission process requires an assessment covering 14 domains, takes hours to complete, and is not trauma-informed in approach.



Lack of Clarity on Application Leads to Distrust—CMHC staff document, aggregate, and send immense amounts of documentation and data but experience very little feedback or outcomes in return from the entities providing oversight and developing requirements. Very little value is gained from organizations in providing required documentation and data and buy-in from clinical staff wanes to the point of distrust in the system.



Electronic Health Record Updates are Cumbersome—As oversight entities add documentation and reporting requirements, very few requirements are pulled back or replaced. In addition to the insurmountable burden placed on those delivering direct services, a massive burden is placed on IT and financial departments to reimagine processes and develop the tools needed to capture new requirements in a timely manner. This burden falls the hardest in rural communities in which administrative teams are smaller or non-existent.



Burden Heightens Workforce Issue— One of the greatest complaints from counselors is the number of administrative responsibilities that leads to less time with their clients.ⁱⁱ A workforce in need of skilled employees cannot afford to lose its precious few existing resources. When administrative processes overwhelm behavioral health professionals, they report greater dissatisfaction at work. 50% of mental health professionals report being dissatisfied with the time required to complete paperwork.ⁱⁱⁱ Administrative burden is significantly lower outside of public behavioral health, leading to a massive quantity of workers leaving CMHC's for private practice.

Next Steps

Assess

Assess for all administrative requirements, categorized by community, requesting entity, and responsible party.

- *What administrative requirements are required for each role/department?*
- *Who is placing this requirement on the organization?*
- *How do requirements differ by community?*

Evaluate

Develop time estimates for each administrative requirements. Create an evaluation of need, utility, and redundancy in required paperwork and reporting.^{iv}

- *Does the task question physician judgment?*
- *Does the task have negative financial effect?*
- *Does the task improve quality of care?*
- *Is the task captured elsewhere?*
- *Does the task promote timely and appropriate care?*

Reduce

Make recommendations on eliminating unused or unnecessary data collections to appropriate entities.

ⁱ Carise, D.; Love, M.; Zur, J.; McLellan, A.T.; Kemp, J. (2009). Results of a State-Wide Evaluation of "Paperwork Burden" in Addiction Treatment. Journal of Substance Abuse Treatment. Retrieved From <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC2736054/#R11>.

ⁱⁱ Cypres, A.; Landsberg, G.; Spellmann, M. (1997). The impact of managed care on community mental health outpatient services in new york state. Administration and Policy in Mental Health and Mental Health Services Research. Retrieved from <https://link.springer.com/article/10.1007/BF02042829>.

ⁱⁱⁱ Robinson, S.; Murrells, T.; Smith E.M. (2005). Retaining the mental health nursing workforce: early indicators of retention and attrition. International Journal of Mental Health Nursing. Retrieved From <https://www.ncbi.nlm.nih.gov/pubmed/16296990>

^{iv} Calderon, K.; Daly, S.; Hanson, C.; Kohl, H.; Reducing administrative burden; refocusing on patient-centric care. TMF Health Quality Institute.