SAPC in a Post-ODS and Post-Sage World: A Team-Based Provider Support and Management Model

All Treatment Provider Meeting, 8/27/19

Implications of DMC-ODS and Sage

- **Drug Medi-Cal Organized Delivery System (DMC-ODS) Waiver**
  - Gave more people access to more SUD services.
  - Established and raised standards in terms of the delivery of SUD services.
  - Unified a fragmented system of funding for specialty SUD treatment services.

- **Sage - Los Angeles County's electronic health record (EHR) for the specialty SUD treatment system**
  - *BEFORE* Sage:
    - SAPC's interface with its providers was either paper-based or electronic, but even the electronic touch points between SAPC and its provider network were not a unified and cohesive <u>system</u> → **Siloing of operations was not ideal, but was workable**.
  - *AFTER* Sage:
    - Implementation of an EHR like Sage requires must tighter operations for both SAPC and its provider network compared to paper-based or siloed electronic platforms → **Siloing of operations for both SAPC and its provider network is now much more problematic, requiring more coordination both within and between our organizations**
      - Requires an accurate inventory of our entire system in the Sage system (e.g., provider agencies and staff need to be set up on the system, LOCs and rates need to be setup in the system, authorization are connected with the billing system, etc)

sage

+

Service Connections

Billing

Data Reporting

Consent Management

Authorizations

ASAM Screener & Assessment

Clinical Documentation
(Progress Notes, Treatment Plans, etc)

Provider and SAPC Interactions Post-Sage

- **Example: Denials are one of the most common issues that providers reach out to SAPC about**
  - Resolution of denials may need to involve:
    - Provider staff to correct issues on their end that led to the denial (e.g., incorrect LOC for authorization requests, late submission of authorizations or documentation, missing CIN, etc)
    - SAPC QI & UM staff for denials related to medical necessity, documentation, etc
    - SAPC Finance staff for denials related to claims submission issues
    - SAPC Contracts for denials related to incorrect contract setup
    - SAPC IT for denials related to technical issues
  - SAPC perspective
    - Ideally, providers are able to "self-diagnose" denials to determine if the issue is on their end and requires their action, or if SAPC action is needed
    - If SAPC action is required, SAPC typically needs staff from numerous branches within SAPC in order to identify and resolve issues

The Case for a Team-Based Model of Provider Support and Management

- **Where we WERE**
  - Prior to the Drug Medi-Cal Organized Delivery System (DMC-ODS) Waiver, SAPC's touch points with its treatment providers were more centralized → Contract Program Auditors (CPA) were primary points of contact with provider agencies.
    - Providers knew to go to their CPAs for issues/questions.
    - SAPC staff knew to go to CPAs for knowledge about specific providers.

- **Where we ARE**
  - With implementation of DMC-ODS and Sage:
    - Touch points with providers are now spread out across SAPC's organization.
    - Sage has required much more cohesive interactions across both SAPC operations and provider operations to ensure optimal administrative oversight and prevention/resolution of problems
  - CPAs still play a major role in the post-ODS and post-Sage environment, but the Contracts/Clinical/System of Care/Finance/IT/SOC/Strategic & Network Development teams at SAPC also interact with providers on a regular basis, at times interacting with them independently.
  - **After Sage, SAPC areas are working together much more than they have in the past, but there are still instances where important information is not communicated or where providers reach out to the wrong SAPC person and the exchange gets lost → This has led to inefficiencies that often gets blamed on "Sage systems issues," but often has deeper roots related to the need for more organizational connections across SAPC, across providers agencies, and between SAPC and its providers.**
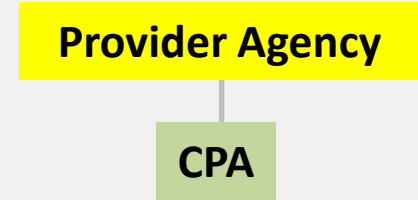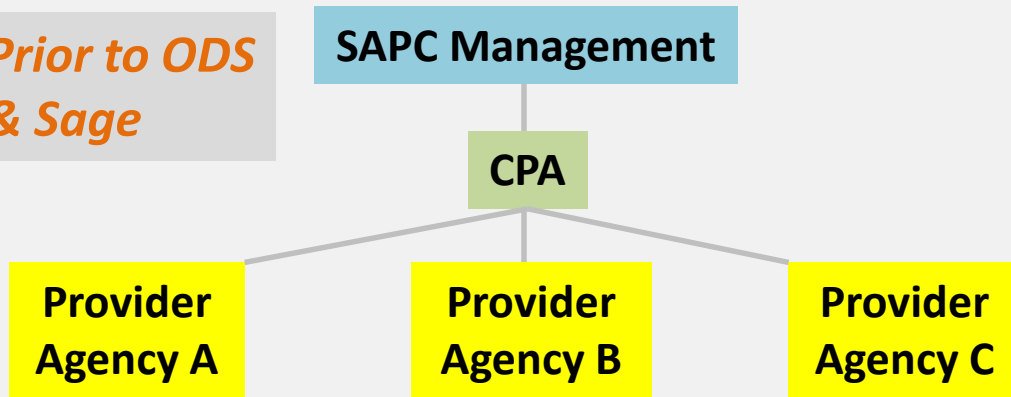
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The Case for a Team-Based Model of Provider Support and Management (cont'd)

- **The Problem We Are Aiming to Address**
  - Fragmented interactions with providers that result in miscommunication and misunderstanding across SAPC organizational areas and ultimately between SAPC and providers.
  - SAPC does not currently have adequate knowledge or visibility when providers are having issues, at least partly due to the multiple touch points providers have with SAPC now and the dissemination of communication/responsibility.
  - SAPC needs to have a better "sensor" to alert us when there are issues with providers for both support and management.

- **Team-based approach to our management and support of provider agencies when issues arise → Rather than having CPAs serving as the conduit to provider agencies, a team comprised of various areas at SAPC would serve this role.**

  - In many ways, this team-based approach to provider engagement is already happening, but it could just be happening in a more deliberate and organized manner.

  - <u>**Involved SAPC areas:**</u>
    - **Routine communications**: Clinical, Contracts, Finance, Systems of Care
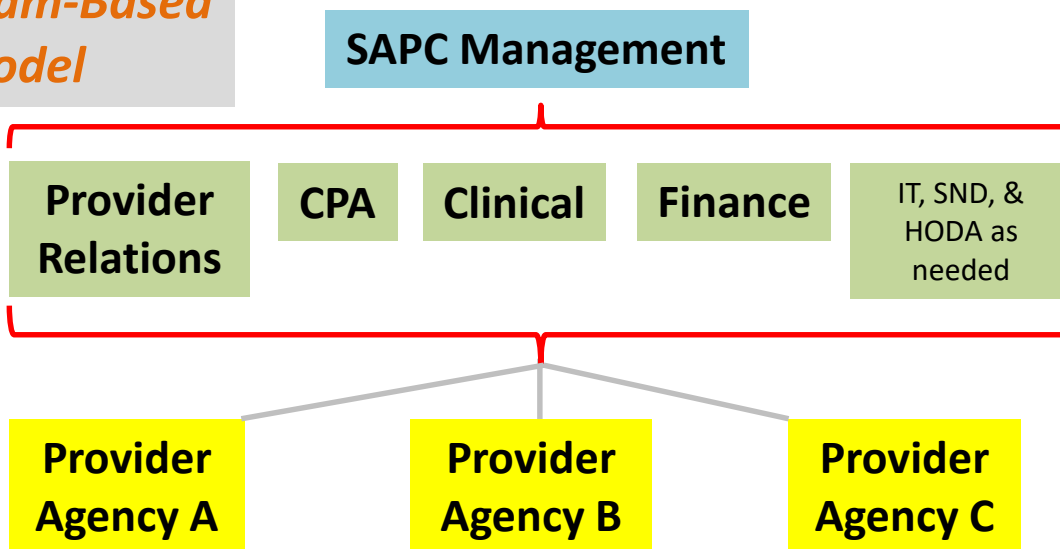   - **As needed**: IT, Strategic & Network Development, HODA (data)
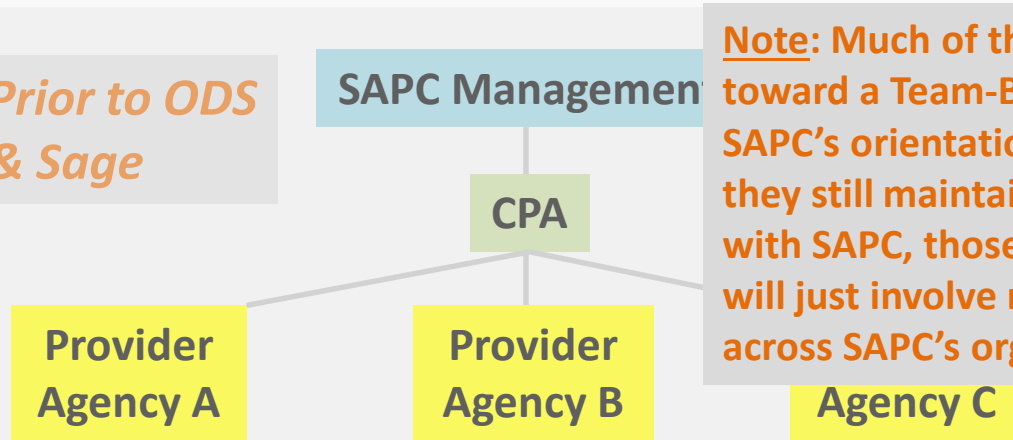
Team-Based Process

1. Provider reaches out to someone from their assigned SAPC team.

2. Assigned SAPC team member connects with others on the team and either addresses the question/issue or works with the SAPC team to identify an action plan together, involving SAPC managers as needed. In either case, the SAPC team ensures the communication circle is closed with provider.

   - **Wider SAPC perspectives on each team will allow for pattern recognition and build organizational familiarity with issues across more staff at SAPC, resulting in more efficient identification and resolution of issues.**
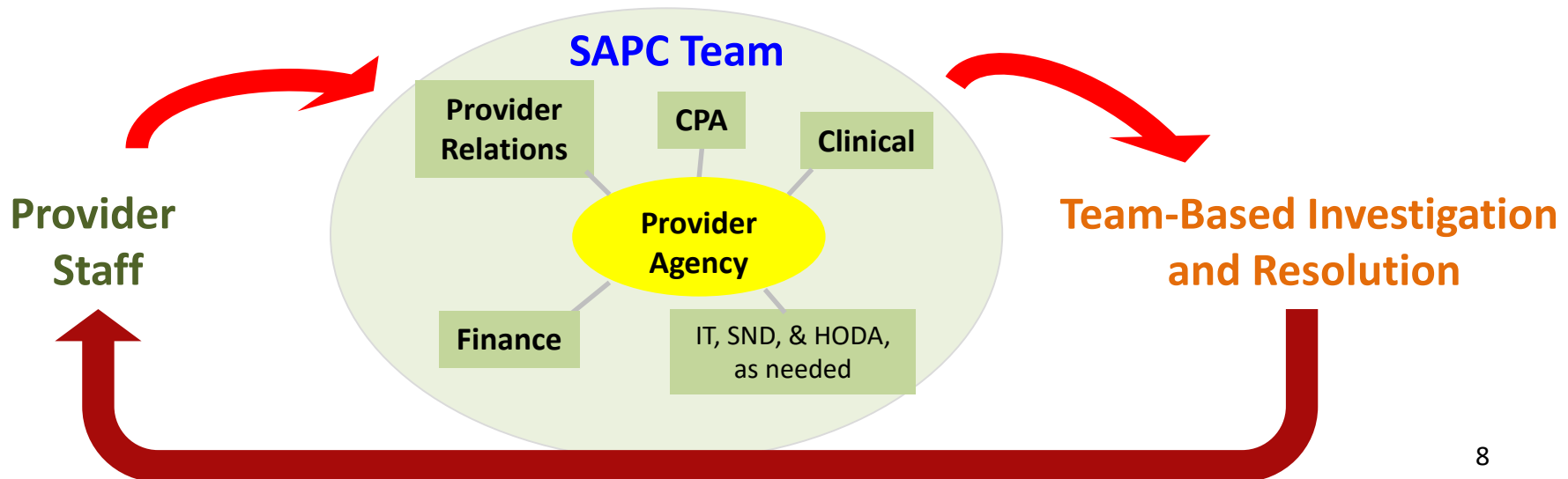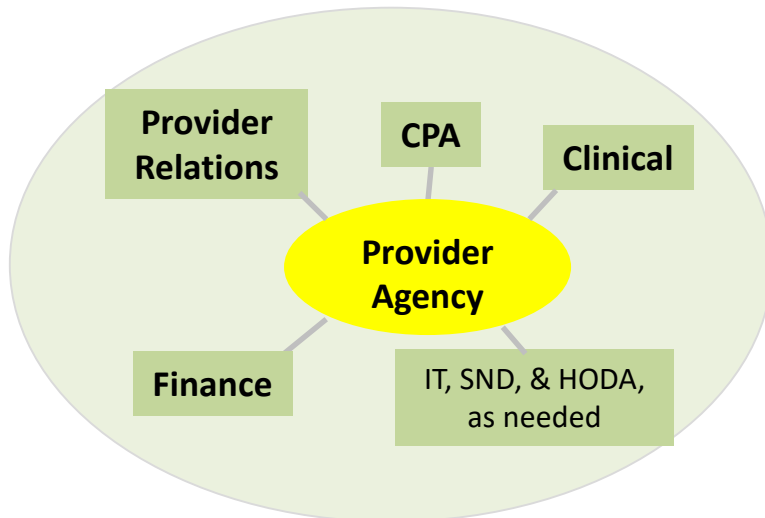
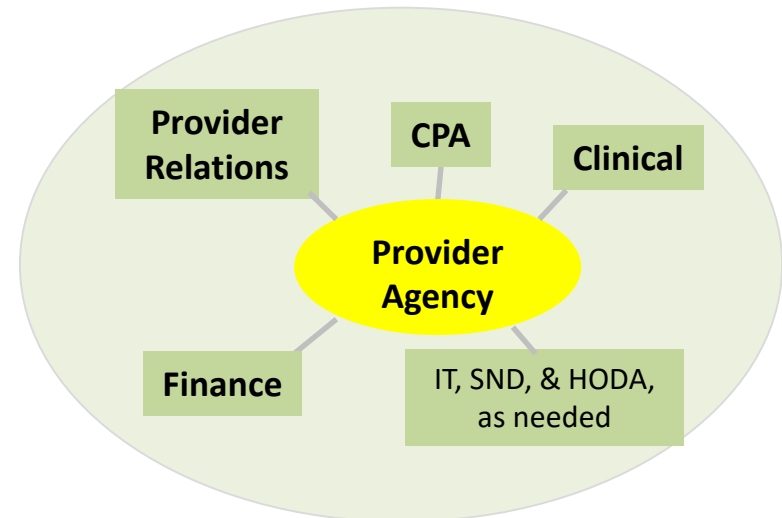# Team-Based Reporting Structure Within SAPC

SAPC Leadership

Team-Based Organizing Committee
- Led by SAPC management, in addition to leads from each team

Team 1

Provider Relations
CPA
Clinical
Provider Agency
Finance
IT, SND, & HODA, as needed

Team 2

Provider Relations
CPA
Clinical
Provider Agency
Finance
IT, SND, & HODA, as needed

Implementation of Team-Based Provider Support and Management Model

1. **Team-Based Model Design and Planning** – *IN PROCESS*

2. **Phase-In Period** with a more limited # of provider agencies that are representative of SAPC's broader network in terms of size, services, and other important variables.
   - This Phase-In Period will allow SAPC to get feedback from providers and internal staff to refine the Team-Based Model prior to network-wide launch.

3. **Launch network-wide**