Slide 1

Setting the Stage for Successful Change!

Fresno County
June 6, 2019

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Slide 2

Reflecting on the Challenge of DMC-Driven Change

Implementation of the Drug Medi-Cal Waiver in Fresno County requires SUD service providers to make significant adjustments to their

- Billing and reimbursement practices
- General business practices
- Regulatory oversight
- Clinical practice

How do you navigate these changes without negatively impacting the good work you are doing for your communities?

How can you minimize the disruption and get to a place of relative calm and strength?

2

Slide 3

About this DMC-ODS Training "Bootcamp"

- Fresno County, has partnered with CIBHS to provide a training series to help guide participants to
  - transform current business practices
  - increase financial stability
  - improve clinical practices and
  - enhance operational support and procedures.
- Participants will learn and apply new tools to
  - create efficient patient-centered workflows and
  - use clinical information to guide care planning and performance improvement efforts that results in improved recovery and wellness.
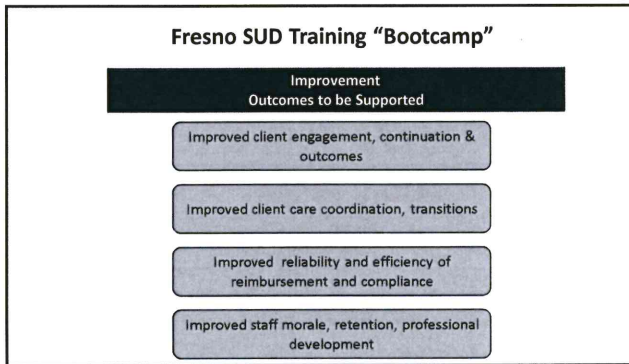
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Fresno SUD Training "Bootcamp"

Improvement Outcomes to be Supported

- Improved client engagement, continuation & outcomes
- Improved client care coordination, transitions
- Improved reliability and efficiency of reimbursement and compliance
- Improved staff morale, retention, professional development

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Fresno SUD Training "Bootcamp"

Target Audiences

Front Office Staff – Non-Clinical	Supervisors	System Supports (QA, QI, UM)
Program Management	Front Office Staff - Clinical	Back-Office Team
	Leadership	

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Fresno SUD Training "Roadmap"

Training Topics: "An Integrated Set"

Clinical Practice
- Client Engagement & Retention
- Clinical Documentation
- Psycho Ed: Science of Addiction
- Motivational Interviewing
- Relapse Prevention

Operations
- Change Management
- Care Coordination & Case Management
- Data Driven Decision Making

Finance
- Capacity & Revenue
- Costing Out Your Services
- Change Leader Academy

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Target Audiences

- Leadership
- Program Management
- Supervisors
- Front Office Staff - Clinical
- Front Office Staff – Non-Clinical
- System Supports (QA, QI, UM)
- Back-Office Team

	June	July	August	September
Clinical	Client Engagement & Retention Clinical Documentation - Introduction	Clinical Documentation - Overview Psycho-Ed: Science of Addiction	Clinical Documentation - Assessment - Treatment Planning Motivational Interviewing Relapse Prevention	Clinical Documentation - Progress Notes Motivational Interviewing Psycho-Ed: Science of Addiction
Operations	Setting the Stage for Successful Change	Data Driven Decision-Making QA for Intake, Eligibility & Enrollment	Care Coordination & Case Management	*Change Leader Academy*
Financial	Capacity & Revenue			Costing Out Your Services

Improvement Outcomes

- Improved client engagement, continuation & outcomes
- Improved client care coordination transitions
- Improved reliability and efficiency of reimbursement and compliance
- Improved staff morale, retention, professional development

Fresno SUD Training Bootcamp

Training Schedule

JUNE			
Business Ops: Capacity & Revenue	**Setting the Stage for Successful Change**	**Client Engagement & Retention**	**Clinical Documentation - Introduction**
Date	June 6th	Date	Date
Webinar (2 – outpatient, resid.)	In-person training	In-person (offered twice)	Webinar (90 min)
90 min each	1 day	½ day	
CEOs/EDs Clinical Mgmt. Finance Mgmt. Ops Mgmt.	CEOs/EDs Clinical Mgmt. Finance Mgmt. Ops Mgmt.	Staff who perform intake, admissions, ASAM, scheduling, all clinical staff (and their sups and managers)	Clinical staff, supervisors, QI staff, QA/compliance staff

JULY			
Data Driven Decision-Making	**Clinical Documentation - Overview**	**QA for Intake, Eligibility & Enrollment**	**Psycho Ed: Science of Addiction**
July 30 (1:00 – 4:30)	Date	Date	Date
In-person	In-person (offered twice)	Webinar	In-Person
½ day	1 day	2 hours	
CEOs/EDs Clinical Mgmt. Finance Mgmt. Ops Mgmt.	Clinical and counseling staff, supervisors, QI staff, QA/ compliance staff	Intake, reception and admission staff, billing staff, QA/ audit staff – and their supervisors	

AUGUST			
Care Coordination / Case Mgmt.	**Clinical Documentation – Targeted**	**Motivational Interviewing**	**Relapse Prevention**
Date	Date	Date	Date
In-person (2 one day sessions)	In-person	In-person	In-person
1 day (AM = all staff, PM = clinical and supervisor staff)	½ day: assessment ½ day: treatment planning	1 day + 1 day of TA	1 day
AM = all staff PM = clinical and supervisor staff	Clinical staff, supervisors, QI staff, QA/compliance staff	Clinical and counseling staff – and their supervisors (all staff welcome)	Clinical and counseling staff – and their supervisors (all staff welcome)

SEPTEMBER			
Costing Out Your Services	**Clinical Documentation – Targeted**	**Motivational Interviewing**	**Psycho-Ed: Science of Addiction**
Date	Date	Date	Date
Webinar	In-person	In-person	In-Person
2-part 2-hours each	½ day: progress notes ½ day: tbd	1 day + 1 day of TA	
Finance staff	Clinical staff, supervisors, QI staff, QA/compliance staff	Clinical and counseling staff – and their supervisors (all staff welcome)	Clinical and counseling staff – and their supervisors (all staff welcome)

What will be covered today
Training Objectives

- Summarize the changes required to clinical, operational and financial processes
- Assess where you are in the change process
- Illustrate how to use Kotter's Eight Step Model to increase staff engagement
- Practice flowcharting and identify areas to improve workflow, increase billing and improve customer value.

How is this workshop structured?

- Learn, Do, Share Approach
  - Some didactic, with practice, we will ask you to move around to encourage more peer to peer learning and networking.
- Logistics
  - Schedule – leave early? have a meeting? anticipate being called out?
  - Ground rules
- Housekeeping
  - Breaks
  - Lunch
  - Restrooms

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QUICK SHOW OF HANDS

- Department where you spend most of your working hours?
  - Business Operations
  - Finance
  - Clinical Practice
  - Quality Improvement, Quality Assurance Director

- Your primary role?
  - Supervisor
  - Addictions Counselor/Intake and Assessment
  - Case Manager
  - LPHA
  - Medical Director

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The 'Why' and The Good Stuff

- The ODS will ensure a continuum of care for Medi-Cal beneficiaries (Social Security Act Sec. 1115) through states and counties that opt in to the ODS
- In these states and counties CMS is "testing Medicaid coverage of a full SUD treatment service array in the context of an overall SUD service delivery system transformation provided states meet specific requirements."

SO:

- The Good Stuff- we (finally!) get a 'full SUD treatment array' for Medi-Cal beneficiaries
- The Tough stuff- we do it in a transformed delivery system meeting specific requirements

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CMS
CENTERS FOR MEDICARE & MEDICAID SERVICES

MEDICAID AND CHIP MANAGED CARE FINAL RULE (CMS-2390-F)

Overview of the Final Rule
(selected slides)

Center for Medicaid and CHIP Services

CIBHS.ORG

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GOALS OF THE FINAL RULE

This Final Rule advances the agency's mission of *better care, smarter spending, and healthier people*

Key Goals
- To support State efforts to advance **delivery system reform** and **improve the quality of care**
- To strengthen the **beneficiary experience of care** and key beneficiary protections
- To strengthen program integrity by **improving accountability and transparency**
- To **align** key Medicaid and CHIP managed care requirements with other health coverage programs

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GOAL: DELIVERY SYSTEM REFORM (DSR)

To further support state and federal delivery system reforms, the Final Rule:
- Provides flexibility for states to have value-based purchasing models, delivery system reform initiatives, or provider reimbursement requirements in the managed care contract
- Strengthens existing quality improvement approaches with respect to managed care plans

Examples
- Capitation Payments for Enrollees with a Short-Term Stay in an Institution for Mental Disease
- Value-Based Purchasing

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IMPROVING QUALITY: QUALITY RATING SYSTEM

- States must implement a quality rating system (QRS) for Medicaid and CHIP managed care plans and to report plan performance for MCOs, PIHPs, and PAHPs
- CMS expects to implement the QRS over 5 years including:
  - A public engagement process to develop a proposed QRS framework and methodology using summary indicators adopted by the Marketplace QRS
  - Publication of the proposed QRS in the *Federal Register* with comment period, followed by notice of the final Medicaid and CHIP QRS
- States will have flexibility to adopt alternative QRS, with CMS approval

States must implement a QRS no later than 3 years from the date of a final notice published in the Federal Register

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THE BOTTOM LINE.....

More than ever, health care providers must demonstrate the ability to improve services and increase *value* to clients, communities and payers.

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There will be:

A Continuum of Care for Beneficiaries with an SUD disorder

Accountability
- Appropriate Utilization
- Quality Care
- Outcome Effectiveness

What the Feds Have Promised-
The 'What' of the ODS

Reduced Cost
- From Fee For Service (FFS) to a Managed Care System
- Patient placed in the 'right' Level of Care (LOC)

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The ODS Challenges or 'Areas of Change'

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ODS Promise #1

A Continuum of Care

'A Program' is no longer 'The Program'
The patient is placed at the most appropriate ASAM-established LOC. ASAM is reviewed frequently and the patient moved to a less- or more-intensive LOC as indicated, and encouraged to remain in care or recovery services as long as possible.

Challenge #1- Develop and maintain placement relationships for all LOCs.

Challenge #2- Implement **care coordination** internally and externally to facilitate movement between LOCs.

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ODS Promise #2

Accountability

Utilization Management

Challenge #1- **Timely Access** (front end process, reception, assessment staff?)

Challenge #2- **Authorizations and Medical Necessity** (right staff, training, referral relationships, internal/external care coordination?)

Challenge #3- **Enhance access and length of stay in the recovery continuum** (LOS) through Collaborative Relationships with agencies, other providers (Care coordination?)

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ODS Promise #2

Accountability (Cont'd)

Quality of Care
- What the PHC Quality Improvement Plan (QIP) and Committee (QIC) will monitor and review?
  - Accessibility
  - Beneficiary grievances, complaints, experiences
  - Evidence-Based Practices (EBPs) to fidelity
  - Other practice standards
- Challenge- What data sources and other documentation does the program have to respond to the QIC? (Data resource programs? Training? Staff?)

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ODS Promise #2

Accountability (Cont'd)

Outcome Effectiveness
- The PHC will provide data and information to UCLA's Integrated Substance Abuse Programs for the DMC-ODS evaluation
- Challenge- while some of this data and information may flow through health records, programs may need new systems to capture and communicate data.

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ODS Promise #3

Reduced Cost

Reduced costs through the ODS is based mainly on the premise that patients placed in the 'right' LOC will be less expensive to treat than in past systems. However, there are the following challenges:
- **Challenge 1-** FFS vs Managed Care- annual estimates of the cost of treatment must be more refined, more exact.
- **Challenge 2-** Billing is based on a defined and documented unit of service.

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The 'Shift' — What's the historical value proposition?

- **Patient and Treatment Provider** - Patient completes a 'program'; graduates; gets a discharge plan: Organization gets paid for patient 'attendance'.
- **Funder (public block grant) and Treatment Provider** - Provider follows the regs and documents a service; Funder pays.
- **Collaboration**- All providers refer and accept referrals when it is mutually beneficial.

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The 'Shift' — How does the value proposition 'shift' under ODS?

- **Patient and Treatment Provider**- Patient commits to the continuum of care and other required and recommended services: Organization gets paid based on documented UOS's in correct LOC using EBP's.
- **Funder (DMC-ODS) and Treatment Provider**- Provider assesses and places (continuous) patient; provides documented UOS: Funder reviews practice standards, quality of care and access frequently, then pays.
- **Collaboration**- Fulfilling the continuum, maintaining census, meeting all patient needs requires collaboration and real relationships.

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Shifts Affect All Areas of Treatment
Using the Shift from 'A Program' to the Continuum of Care:

- **Clinical**- Frequent assessments; goal of moving patient forward
- **Operational**- Developing collaborative teams for services/census, for care coordination
- **Finance**- Increase in staff, increase in training, budget projections, billing

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Clinical
- Evidence Based Practice (MI, CBT)
- ASAM Assessments
- Establishing Medical Necessity,
- Patient Centered Care,
- New Documentation,
- Access and Retention in Treatment.

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Quick show of hands:

Which of the following clinical practice changes do you feel your staff are least prepared to do?

- Treat patients using Evidence Based Practice (MI, CBT)
- Use the ASAM Assessment
- Establish and document medical necessity,
- Shift from program centered care to patient centered care,
- Successfully document treatment plan and case notes.

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Operational

- Leading in times of disruption
- Communication
- Changing workflows
- Care coordination: internal and external
- More staff, new positions, new credentials
- Increase in training needs
- Productivity
- More administrative tasks

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Quick show of hands
Which of the following operational practice changes do you feel are most difficult?

- Leading the team in times of disruption,
- Enhancing communication so that everyone is informed,
- Providing enhanced care coordination: both internal and external,
- Hiring and training staff, to meet the new demand?
- Meeting current capacity goals while making the transition.

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Finance

- Higher rates
- Paid for services delivered and documented
- Revenue projections
- Financial acuity

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Quick show of hands:

Which of the following financial issues are most difficult to manage?

Documenting and billing for the services delivered
Tracking and fixing denials?

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NAVIGATING CHANGE

LEARNING TO ADJUST YOUR COURSE IN UNCHARTED WATERS

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OBJECTIVES

Part 1

Identify the 4 methods of quality

Recognize and address the feeling and thinking components of change

Understand the importance of being purposeful in implementing change

Part 2

Self Reflection

Identify changes you have already made using Kotter's 8 critical steps of change framework

Identify things you will do to enhance change management using Kotter's template.

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The 4 Methods of Quality

Quality by Design

Quality by Process Improvement

Quality by Compliance

Quality by Inspection

Active

Reactive
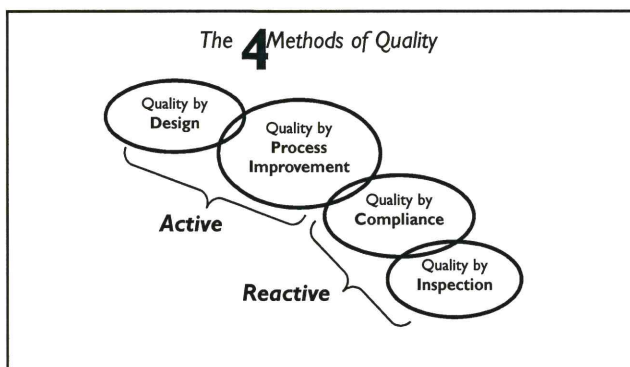
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PLAN FOR BUILDING QI CAPACITY IN THE SUD SYSTEM

Goals:

- Build quality improvement capabilities of DMC-ODS providers in Fresno County
- Assure the network is able to meet the performance requirements outlined in the county's Implementation Plan and in DHCS regulation.
- Support providers adoption of continuous quality improvement processes that allow each to maximize the effectiveness of their services for their clients.
- Build quality improvement (QI) capabilities with leaders and targeted staff (QI leads).

Capabilities to be Developed:

- Use of data to inform decision making and guide improvement activities
- Applying systems thinking to pursue highly effective changes
- Testing changes and implementing them when proven successful
- Management methods that promote a culture of experimentation and learning.

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PLANNED APPROACH: TWO-PRONGED

DMC-ODS Network Agencies – Phased Development

- Phase 1: Build leadership consensus / focus on priority performance objectives
- Phase 2: Identify useful measures to inform performance and develop dashboards at system-wide and agency levels
- Phase 3: Engage leaders in use of performance measures and identification of improvements needed
- Phase 4: Conduct "Change Leadership Academies" to develop agencies staff's QI skills and make improvements in selected areas (per leadership guidance)

FDBH QI Coaching

- Developing contract monitors to provide QI technical assistance ("QI coaching")
- QI Division to serve as "Improvement Advisors"

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NEXT STEPS WITH AGENCIES AND LEADERS

Phase 1: Build leadership consensus / focus on priority performance objectives	Phase 2: Identify useful measures to inform performance and develop dashboards at system-wide and agency levels	Phase 3: Engage leaders in use of performance measures and identification of improvements needed	Phase 4: Conduct "Change Leadership Academy to develop staff's QI skills and make improvements in selected areas
• Tuesday, May 7th: Review summary of requirement improvement areas and select initial set of improvement objectives for leadership focus • Tuesday, June 11th: Review performance data on initial selected set of improvement objectives, gain agreement on targeted improvement needed	• Tuesday, July 9th: Agree to "family of measures" (processes and outcomes) to serve as dashboard of measures to monitor monthly and inform improvement efforts	• Tuesday, August 13th: Agree to improvement focus for Change Leader Academy for staff and FDBH contract monitors and QI team	• August (date pending): conduct in person Change Leader Academy and initiate support calls

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"If the person succeeds, it is because the system is designed to generate success." Edward Deming

85% of problems in the organization can be attributed to process issues.

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WHAT EVER BUSINESS YOU ARE IN

To effectively lead change, leadership must help people satisfactorily answer three questions that people will ask themselves when it's introduced:

. **What** is the change?

. **Why** is the change being made?
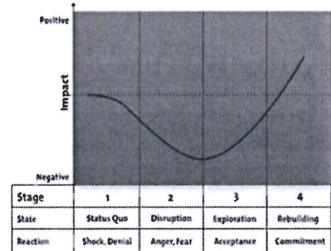
. **How** will the change affect me?

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Figure 1 – The Change Curve

ROLE OF THINKING AND FEELING

Stage	1	2	3	4
State	Status Quo	Disruption	Exploration	Rebuilding
Reaction	Shock, Denial	Anger, Fear	Acceptance	Commitment

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Stage 1
State
Status Quo

Reaction: Shock or Denial

This is when the reality of the change hits

- People need time to adjust
- Critical stage for communication
- People need information to understand what is happening

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Stage 2
State
Disruption

Reaction: Anger or Fear

People React - Possible Danger Zone

- Manage this stage or it may lead to chaos
- Provide support, consider the personal impact & listen to objections
- Address issues with clear communication

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Stage 3
State
Exploration

Reaction: Acceptance

- On your way to success
- Provide direction
- Training is important
- People will not perform at 100% right away

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**Stage 4
State
Rebuilding**

Reaction: Commitment

- People embrace the change
- Offer encouragement
- Celebrate the success and achievements

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**Our
Iceberg
is Melting**

**Changing and Succeeding
Under Any Conditions**

John Kotter
Holger Rathgeber

Worrying them is VERY bad!

PANIC!!
Don't want to panic anyone!

MUST keep this a secret

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Set the Stage

1. Create a sense of urgency
2. Pull together a guiding team

Decide what to do

3. Develop the Change Vision and Strategy
   Clarify how the future will be different than the past, and how you can make that future a reality

Make it Happen

4. Communicate for understanding and buy in
5. Empower others to act
   Remove as many barriers as possible so that those who want to make the vision a reality can do so

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Produce Short Term Wins
6. Create some visible unambiguous successes as soon as possible
7. Don't let up
  Press harder and harder faster and faster after the first success

Make it Stick

8. Create a New Culture
  Hold on to the new-ways of behaving and make sure they succeed, until they become strong enough to replace old traditions.
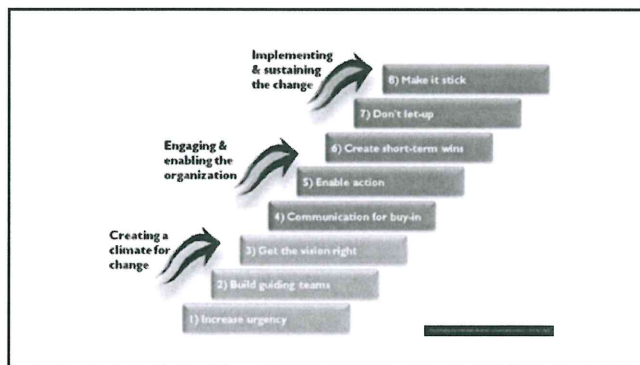
  For more information: https://www.kotterinternational.com/8-steps-process-for-leading-change/
  And Read the book!

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Role of Thinking and Feeling

Thinking differently can help change behavior and lead to better results

Collect data and analyze it

Present information logically to help people think through it step by step

Changed thinking leads to changed behavior

Feeling differently can change behavior even more and lead to even better results

Create surprising and compelling visual experiences (graph data, tell success stories)

The experiences change how people feel about the situation

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BASE YOUR CHANGE PROJECT ON 5 QUESTIONS

1. What is it like to be our customer?
2. What are we trying to accomplish?
3. How will we know if the change is an improvement?
4. What changes can we test that may result in an improvement?
5. How can we sustain the improvement?

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CAFÉ SESSIONS

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LEADING TEAMS THROUGH CHALLENGE

- Practice Framing Change Initiatives Using Kotter's 8 Step Model

- Share strategies for dealing with common roadblocks

- Learn a method of brainstorming that includes all the people involved

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Participants "number off" (number of teams equal to the number of problem statements used)

Review problem statement examples around the room and assign a number to each

7-minute brainstorming session at each station

Move around the room clockwise

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DISCUSS THE FOLLOWING AS IT PERTAINS TO PARTICIPATING IN THE DRUG MEDI-CAL ORGANIZED DELIVERY SYSTEM WAIVER (DMC-ODS)

How did you set the stage for Change in your agency?

How would you do this differently in the future?

How did you create a sense of urgency? Did you illustrate with Stories? Data?

What is your Vision? How will your agency be different next year?

What are the biggest changes?

Set the Stage
- Create a sense of urgency
- Pull together a guiding team

Decide what to do
- Develop the Change Vision and Strategy
- Clarify how the future will be different than the past, and how you can make that future a reality

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DISCUSS THE FOLLOWING AS IT RELATES TO CHANGES IN YOUR INTAKE PROCESS & VERIFYING ELIGIBILITY AND ENROLLMENT?

Share some of the changes you made?

How did you make it happen?

What did you do to get buy in and engagement among the staff?

Did you celebrate any successes along the way?

- **Make it Happen**
- **Communicate for understanding and buy in**
- **Empower others to act**
- Remove as many barriers as possible so that those who want to make the vision a reality can do so
- **Produce Short Term Wins**
- Create some visible unambiguous successes as soon as possible

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Slide 58

DISCUSS THE FOLLOWING AS IT RELATES TO CHANGES IN YOUR CLINICAL PROCESSES?

Share some of the changes you made?

How did you make it happen?

How are you ensuring all clinical staff understand ASAM?

How are you going to monitor short term wins?

- **Make it Happen**
- **Communicate for understanding and buy in**
- **Empower others to act**
- Remove as many barriers as possible so that those who want to make the vision a reality can do so
- **Produce Short Term Wins**
- Create some visible unambiguous successes as soon as possible

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Slide 59

DISCUSS THE FOLLOWING AS IT RELATES TO THE DMC CERTIFICATION PROCESS

What processes and procedures did you put in place to ensure that the new certification process "would stick"?

Who will monitor changes, such as when new staff or board members are hired, agency address changes?

What processes are in place to review the contract and recertify?

Did you assign staff or departments to be accountable for monitoring?

Did you write up a policy or procedure to make it easier to get certified next time?

Make it Stick

8. Create a New Culture
- *Hold on to the new-ways of behaving and make sure they succeed, until they become strong enough to replace old traditions.*

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Slide 60

"Change is hard at first, messy in the middle and gorgeous at the end."
Robin Sharma

"The secret of **change** is to focus all your energy not on fighting the old, but on building the new."
Socrates

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Understanding the Interrelated Processes of Great Financial Management and Great Customer Centric Flow

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Identify the business imperative for performance improvement in healthcare

Create a flow chart

Describe the relationship between capacity, flow & billing
Describe three crucial time-based metrics
Identify **Value – Critical to Quality** requirements
Identify strategies to manage capacity and flow

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You are running a business!

• To be successful the business imperative is to achieve strategic alignment.

| Business | Customers |
| Products | Metrics |

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What is the Business Idea?

What is the business we are in?

What is the product/service?

What business are we *not* in?

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What is the Business Idea?

What is the business we are in?

What is the product/service?

What business are we *not* in?

- How does the service satisfy an unmet need?

- What is the value that our customers place on the service?

- Will the service drive sufficient transactions?
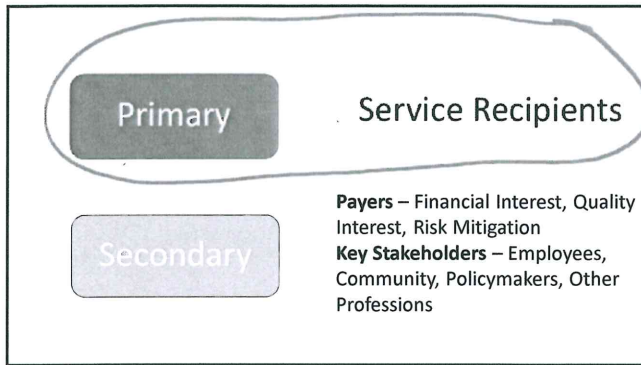
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Who are our Customers?

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Primary — Service Recipients

Secondary

Payers – Financial Interest, Quality Interest, Risk Mitigation
Key Stakeholders – Employees, Community, Policymakers, Other Professions

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What is important to our customers?

Requirements
- Needs
- Desires
- Constraints

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Metrics

Financial | Customer | Process | Enterprise

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Service Quality

Customers – not providers define quality

Customers – not providers define value

Identify Critical to Quality (CTQ)
Key for PI
Key for Metrics

HIGH VALUE

HIGH QUALITY

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Process Improvement Efforts

CAPACITY

FLOW

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To Increase Flow

Expensive Options
• Build More
• Hire More
• Stock More

Less Expensive Options
• Simplify
• Change workflow
• Automate

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Time Based Metrics

Lead Time – LT
Cycle Time – CT
Value Creating Time - VCT

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Lead Time = 3.5 hours

| LT |
| CT |
| VCT |

| 30 mins | 45 minutes | | 90 mins | | 30 mins | 15 mins |

Triage → Med Assess. → Diagnostics → Triage → Discharge

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Lead Time = 5 days & 2.5 hours

| 30 mins | 3 days | 90 mins | 2 days | TX |

Triage → Medical Assessment → Diagnosis

LT	Lead Time
CT	Cycle Time
VCT	Value Creating Time
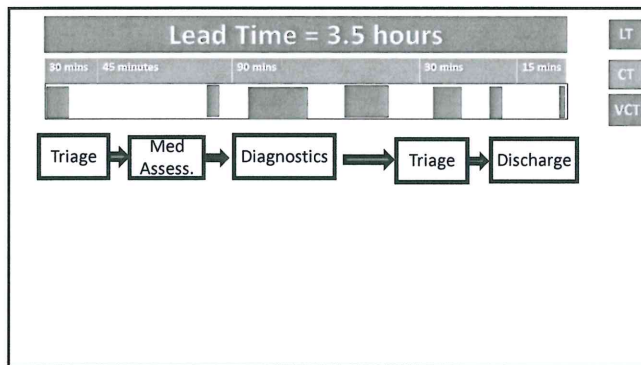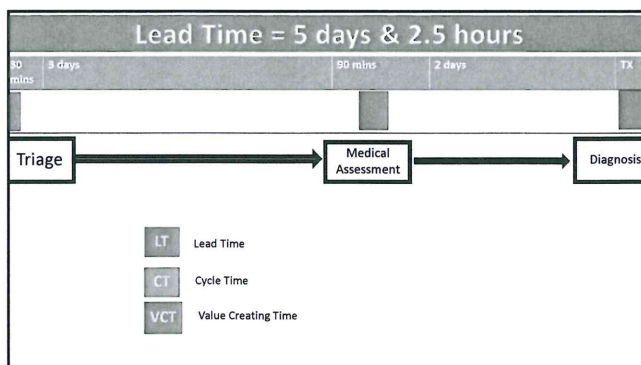
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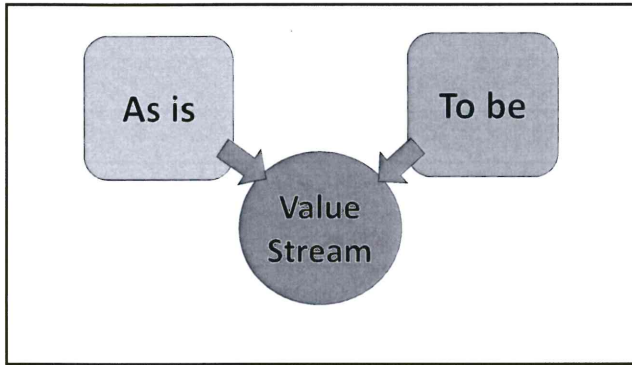
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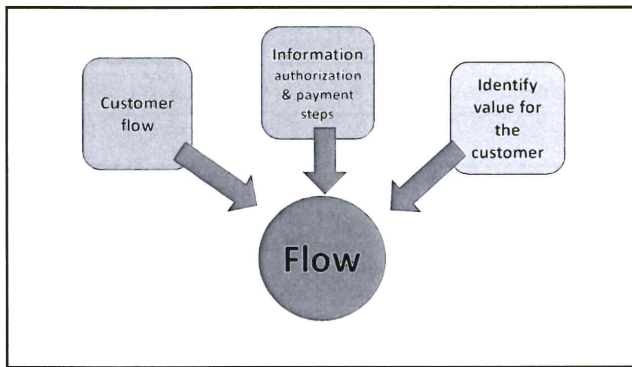
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Ok, to make this easier to understand we are going to practice!

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Flowcharting

Flowcharts force an organization to focus on a *process*.

85% of problems in an organization are the result of a poorly designed process

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Key Questions for Flowcharts

- Is the name of process clear?
- Where does the process begin?
- Where does the process end?
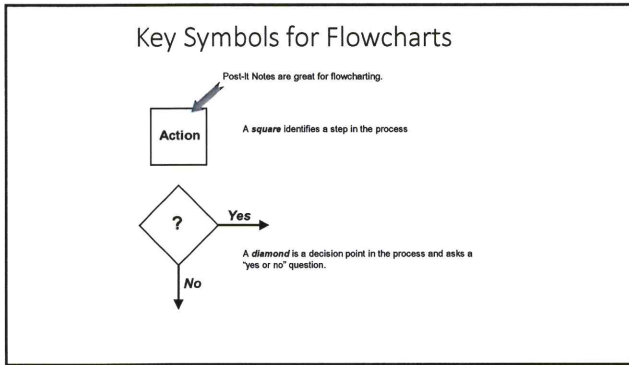- What does the process include/not include?

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Setting up a flowchart

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Key Symbols for Flowcharts

Post-It Notes are great for flowcharting.

Action — A *square* identifies a step in the process

? — *Yes* / *No*

A *diamond* is a decision point in the process and asks a "yes or no" question.

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Sample Flowchart

Process name: *SASH Contact (phone call) to Agency Response*
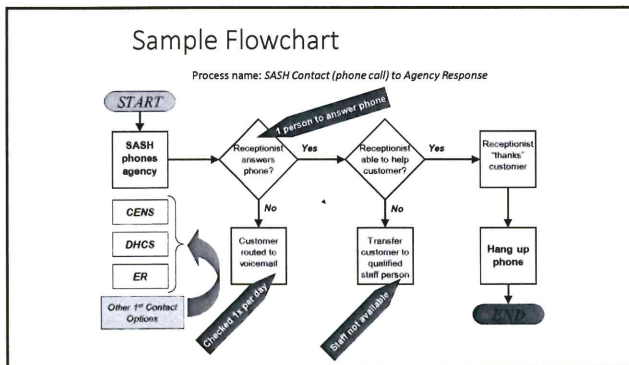
83

Activity – 30 minutes

Remember the steps to follow:
1. Define the process you are flowcharting: e.g.,
   Title Intake *from 1ˢᵗ call for service to completion of the treatment plan.*
2. Define where the process will:
   Begin and **End**

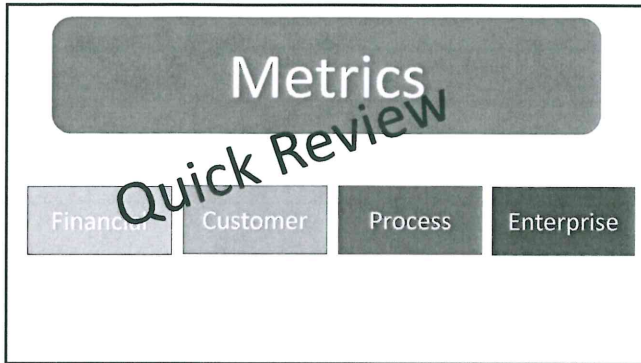3. Write down the process steps using the "sticky note paper"

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Metrics

Quick Review

| Financial | Customer | Process | Enterprise |

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What is important to our customers?

Quick Review

Requirements → Needs

Desires

Constraints
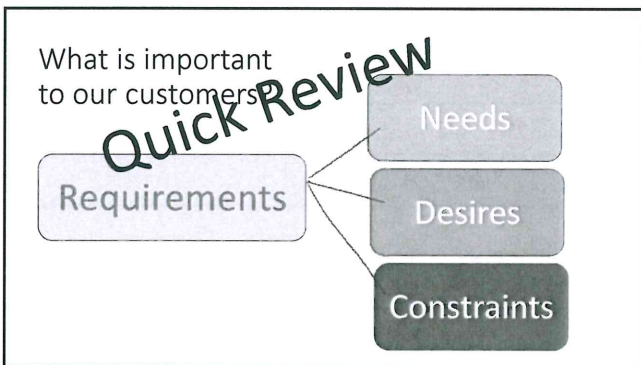
86

Next - Allow 15 minutes

- **Identify Lead time – LT_** What it feels like for the customer - time it takes for one patient to move through the continuum or process (add time with a marker).

- **Cycle Time – C/T** - The time it takes to complete a sub process or process with the value stream - Provide the service (intake, urine analysis, ASAM assessment, any encounter between a staff person and the patient– (add time with another color marker)

- **Value Creating Time – VCT** – time it takes within a cycle of work where work is being done to create value –visibility.

- Place a star sticker on each process step that adds value for the customer

- Place a dollar sticker on each process step that is required for payment

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Large Group Discussion

1. Did you learn anything new about your process?

2. How do you think this flow chart of the process would compare to the actual walk-through from the customer perspective?

3. If you are designing a new process, was this helpful?

4. How could you use your flowchart to help engage the agency in the change process?

5. Do you think you will practice flow charting in your agency?

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Flowcharting is useful for:
- Understanding the process as it actually is.

- Visualizing a new process.

- Providing a starting point/baseline view.

- Identifying key problems/bottlenecks.

- Showing where to test ideas for most impact.

- Adding interactivity & fun - gets the team together.
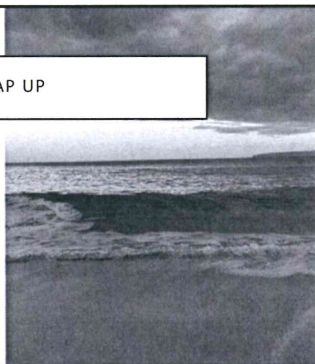
- Creating a simple & succinct visual process overview.

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WRAP UP

What did you learn about your flow?

What other resources would you like us to develop to help you stay on course?

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