

VA



U.S. Department
of Veterans Affairs

Business Basics for Busy Bosses: Organizing for Success

Presenters:

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Objectives – Business Basics for Busy Bosses

1. Be able to identify the difference between clinical labor mapped time and bookable time
2. Identify three relevant methods of tracking clinic operations
3. Be able to state two tools to review and cross check bookable time and/or productivity

The Business of Mental Health Care in VA

What is it?

- What are your staff doing?
 - *Labor mapping and bookable time*
- When are they doing it?
 - *Grid (schedule) development*
- How efficiently are they doing it?
 - *Productivity*

The Business of Mental Health Care in VA

Why is it important?

- **Fiscal responsibility to taxpayers**
 - Taxpayers support our salary and benefits
- **Fiscal responsibility to Veterans**
 - Congress funds VHA for Veteran care
- **Fiscal responsibility as providers**
 - Think of budgeting time and resources in private practice



[VA Office of Budget](#)

- **Medical Services:** Discretionary appropriation of \$70.6 billion, an increase of \$261.0 million above the 2023 advance appropriation, which when combined with all other resources, funds clinical staff salaries, pharmacy, prosthetics, beneficiary travel and medical equipment.

The Business of Mental Health Care in VA

Why is it important?



- **Promotes fairness among staff**
 - Helps staff work at equally productive level
 - Allows staff to see you are striving to make this happen
 - Reduces burning out higher achievers
 - Enhances capabilities of lower achievers
- **Promotes fairness across the healthcare system**
- **Allows you to be fair to your staff and yourself**
 - Setting expectations early and often
 - Is fair to your staff
 - Is fair to yourself, in the long run

The Business of Mental Health Care in VA

Why is it important?

- **Positions your team to accomplish needed work**
 - Delineates time for clinical, research, education and administrative work
- **Positions your team for the future**
 - Reveals staffing deficiencies in terms of number *and* type of FTE
 - Provides rich data for demonstrating staffing needs
 - Builds trust in your business acumen for future asks
- **Positions your team for higher quality care**
 - Higher staffing ratios associated with higher Mental Health SAIL metric scores over time

Defining The Business Basics: Labor Mapping

- Start with the *roles and expectations* for the staff member. How does the staff member spend their time (e.g., grid for each provider), how do you expect them to spend their time based on their role?
 - Are they frontline clinicians?
 - Are they a supervisor, program manager, or team lead?
 - Are they involved in research or teaching?
 - Are they encumbering a required position for the MH Service?
- Labor Mapping is based on roles and expectations
 - Process of assigning staff labor resources to the areas they work.
 - 4 Major Areas Staff are assigned:

Clinical

Direct clinical care; reviewing patient data; patient contact; EBP training and consultation; clinical supervision; team meetings, TMS training; other work in service of clinical care

Administrative

Managerial or administrative duties, generally at the level of the department, service, medical center, network, or nationally, both within and outside VA that go beyond the requirements of a typical front-line clinician

Education

Education is defined as time spent providing formal training (didactic education). This includes preparation as well as actual classroom or lecture time for educators or presenters

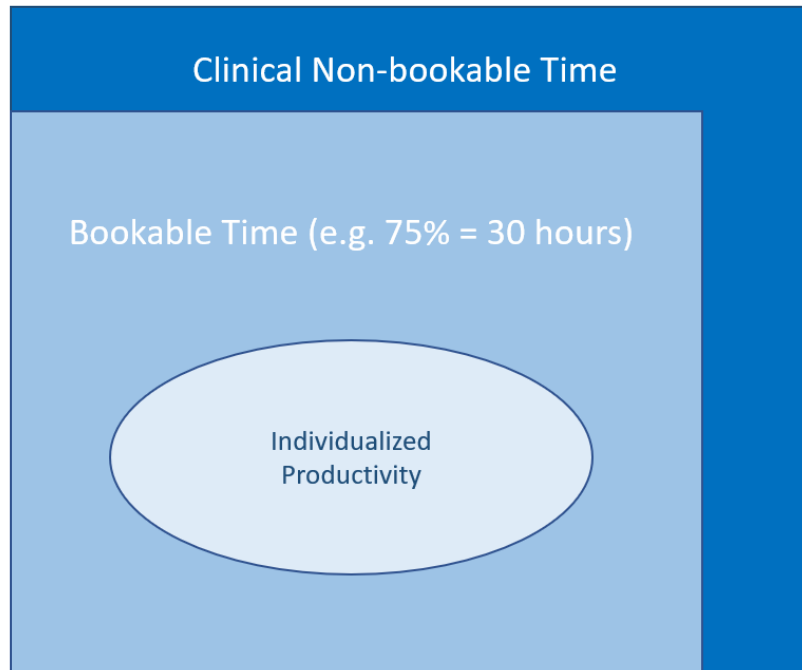
Research

Research time is defined as time spent performing formal, approved health care research, or in activities in direct support of research that is approved through the hospital's research review process

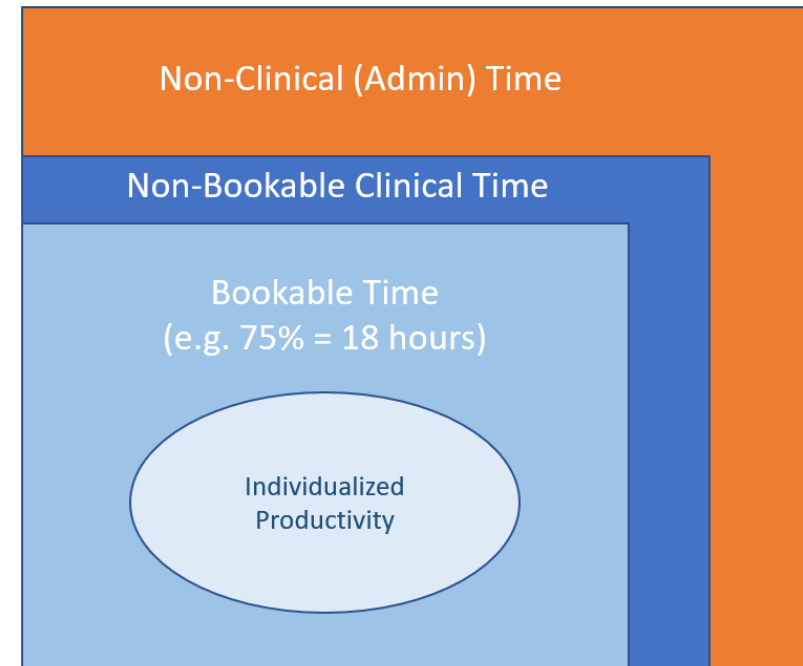
Why Does Labor Mapping Matter So Much?

Appropriate Labor Mapping defines the boundaries of Bookability and Productivity

Labor Mapping (100% Clinical)



Labor Mapping (60% Clinical, 40% Admin)



Why Does Labor Mapping Matter So Much?

Labor mapping directly influences productivity data...

	Labor Mapping						
	Clinical	Admin	Hours Worked in this Pay Period	Encounters	FTE	wRVUs	Annualized Productivity
PSYCHIATRIST 1 (Clinical Staff)	100%	0%	80	63	1	182	4,238
PSYCHIATRIST 2 (Section Chief)	45%	55%	80	38	0.45	80	4,131

Defining The Business Basics: Bookability

- Bookability
 - The number of hours allotted in each provider's clinic schedule for direct patient care (face to face, telephone, tele-health, e-consults, and video care).
 - Currently, between 70 – 80% of a staff member's Clinically labor mapped time is to be Bookable time
- Bookable does not equal “scheduled.” Some examples of clinically mapped bookable, *but not scheduled* time...
 - Drive Time
 - Resident/Intern Supervision
 - Clinical Team Meetings
 - Open Access Care

Defining The Business Basics: Productivity

- **Individual** MH Provider Productivity: wRVU target specifically calculated for a provider based upon their assigned work and CPT coding expectations.
 - wRVU – Work Relative Value Unit. Value associated with CPT codes as established by the Centers for Medicare and Medicaid Services.
 - NOT the same as the Specialty Group Practice target (median). Should be based on expectations for the provider given their role, labor mapping, and bookability.
- Why invest the time to establish **individualized** productivity targets for staff?
 - Mental Health staff productivity expectations are highly variable from program to program
 - Productivity targets and review help assure that all staff are working to the top of their training, skill set, and licensure
 - Can quantify what “I’m so busy” means in each setting and with each type of staff person, based on their specific expectations, duties, and labor mapping. Creates a shared language for understanding workload.

Where do I start?

Build Consensus

- Make sure everyone is on the same page
 - Do you have your Executive Leadership Team's support?
 - What are service leadership expectations, and will they support the process?
 - Are other supervisors onboard with the approach?
- Communicate your plan
 - Discuss the how and why of your plan with your staff
 - Differentiate ***Micro-Management*** from ***Effective-Management***
 - Meet individually with your staff for an individualized approach
 - Share data

How do I build the process?

- Meet with each staff individually to clarify roles and expectations and establish a grid/schedule
 - What are they doing each hour of their week? Does it match expectations?
- Based on provider grid/schedule, review and adjust Labor Mapping
 - What percent time are they expected to be doing Clinical, Administrative, Educational/Training, Research work?
 - Review Person Class codes
- Establish individualized productivity targets based on their labor mapping and the specific work they are expected to do during their workday
- Partner with your Business Office and GPM to perform grid validation
 - Audit all clinics to assure they were built with the correct stop codes
 - Do grids match weekly schedules?

Sustaining the process

- Develop a schedule for when you will review each piece of the process
 - Example:
 - Labor Mapping (each pay period)
 - Grid/Schedule (quarterly or when a major change in schedule occurs)
 - Individualized productivity targets (quarterly)
- USE the data
 - Review the information with your providers, using it as an opportunity to support them
 - Share the data with your Service and facility leadership – trends, expected changes, access
 - Establish confidence in the data when requesting additional positions

Resources

Business Operation	Link to Tools and Resources
Audit Person Class Codes	Person Class File Taxonomy (listing) VSSC Audit of Active Provider Person Class Assignments
Establishing and Setting Labor Mapping	MCAO - VHA National Labor Mapping Tool (va.gov) MHOC CodingCheck - Report Viewer (va.gov)
Review Bookability	Provider Dashboard - Bookability - Report Viewer (va.gov)
Individualize and Monitor Productivity Targets	Mental Health Onboard Clinical (MHOC) Staffing & Productivity Dashboard (sharepoint.com) Office of Productivity, Efficiency, and Staffing (OPES) Share Point
Grid Validation	MH Profile – Detail – Report Provider Dashboard – Bookability Report
Audit Clinics for Correct Stop Code	Location – Profile Report

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Discussion and Questions

Who are the important stakeholders for the discussion and planning?

- Will you engage all areas/programs?
- Who else should be involved?

How can you set the stage for success?

- How can you ensure supervisors have adequate time?
- How can you prepare and engage staff?
- What is the best approach for establishing expectations and schedules with staff?

Questions?