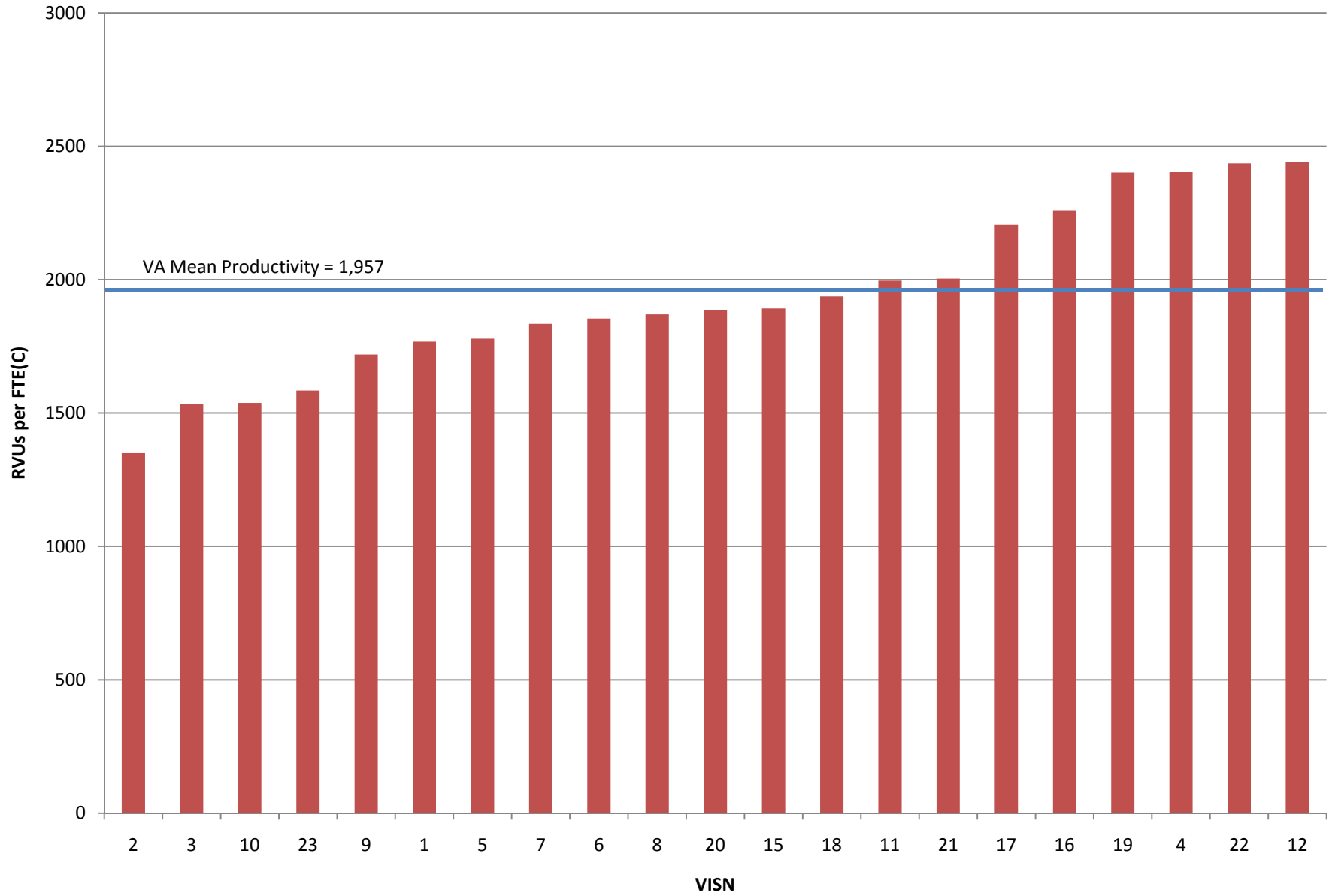
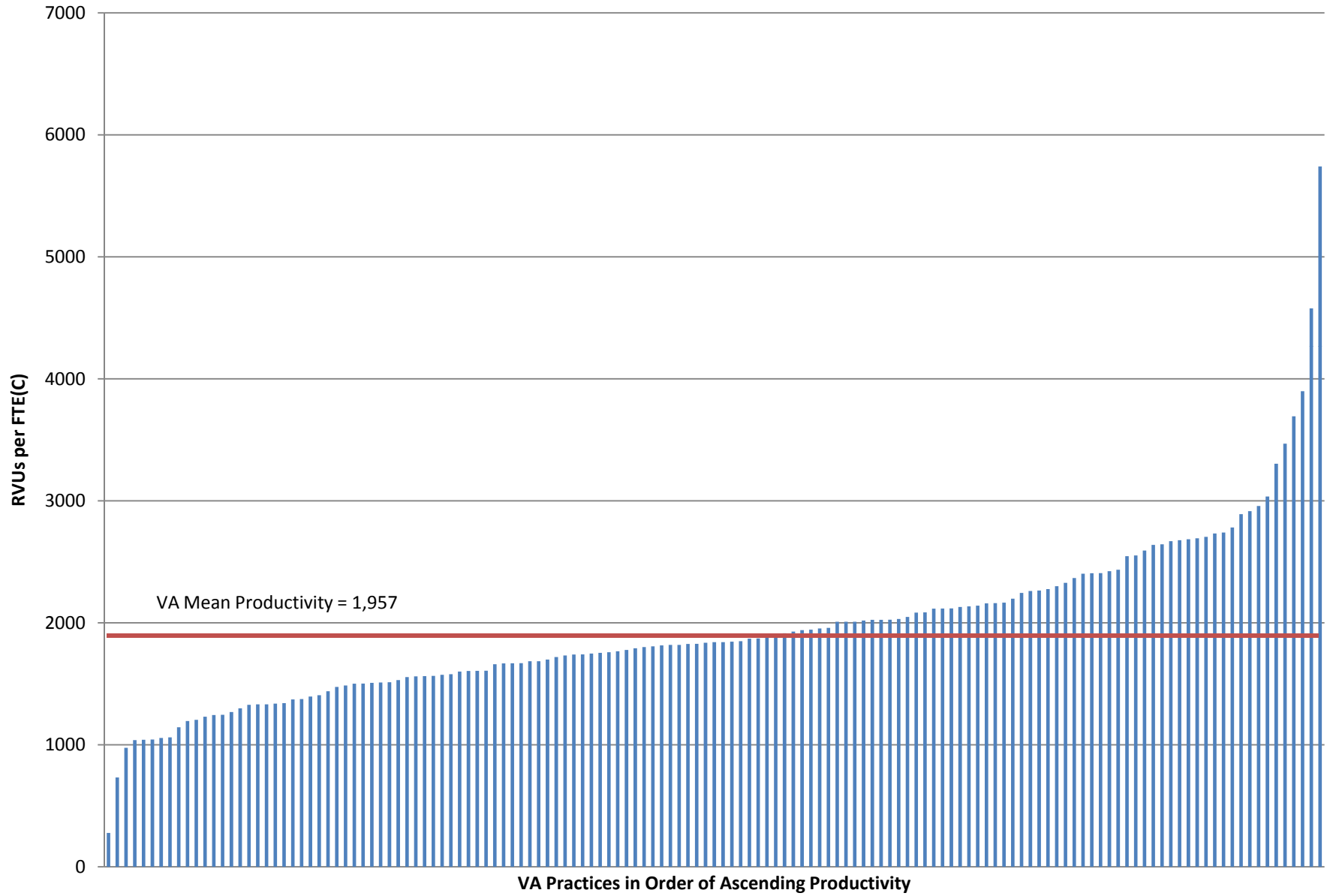


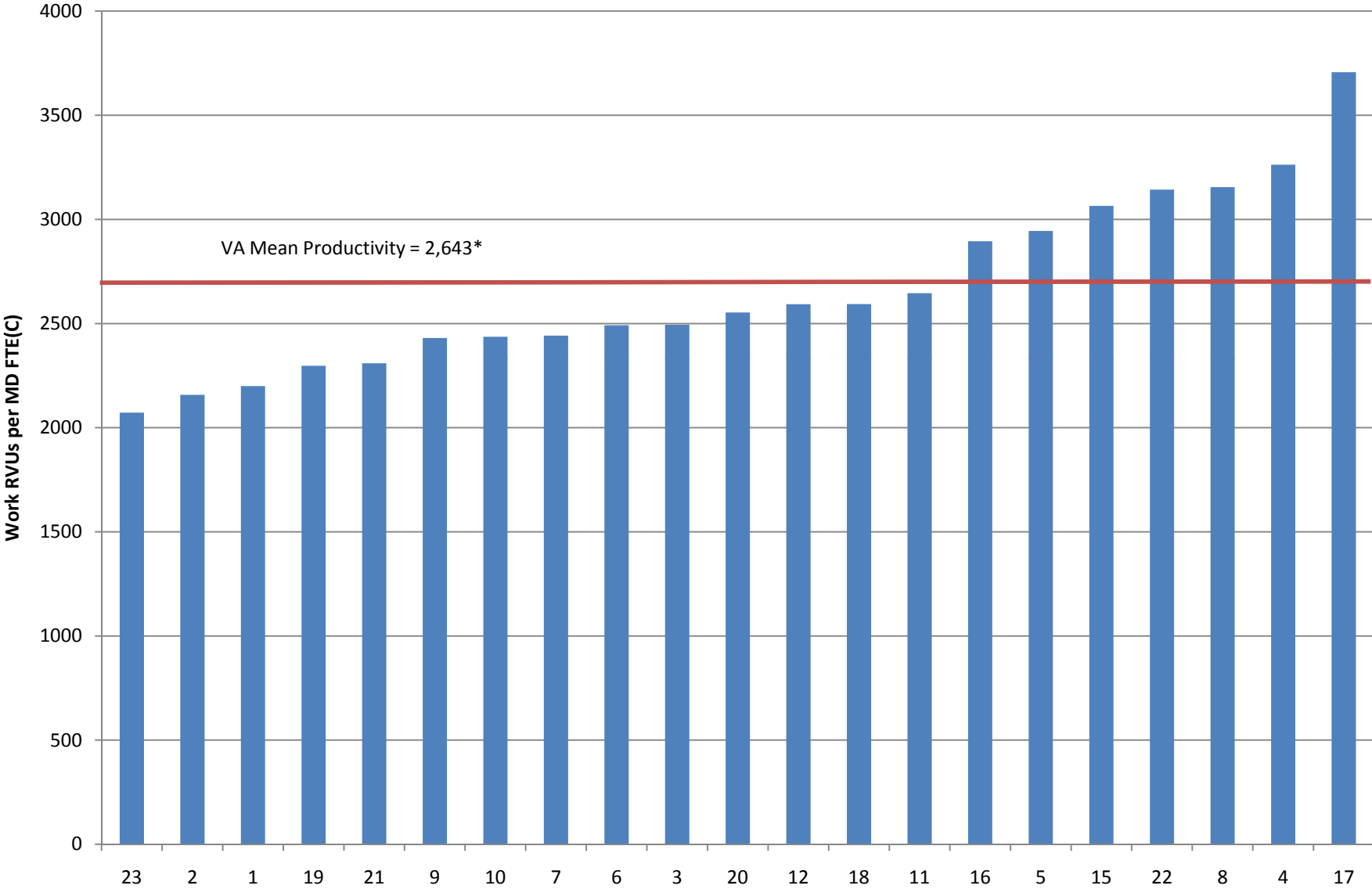
Psychology Productivity wRVUs per FTE(C), VISN Averages FY 2010



Psychology Practice Productivity RVUs per FTE(C) FY 2010



Psychiatry Productivity wRVUs per MD FTE(C), VISN Averages FY 2010

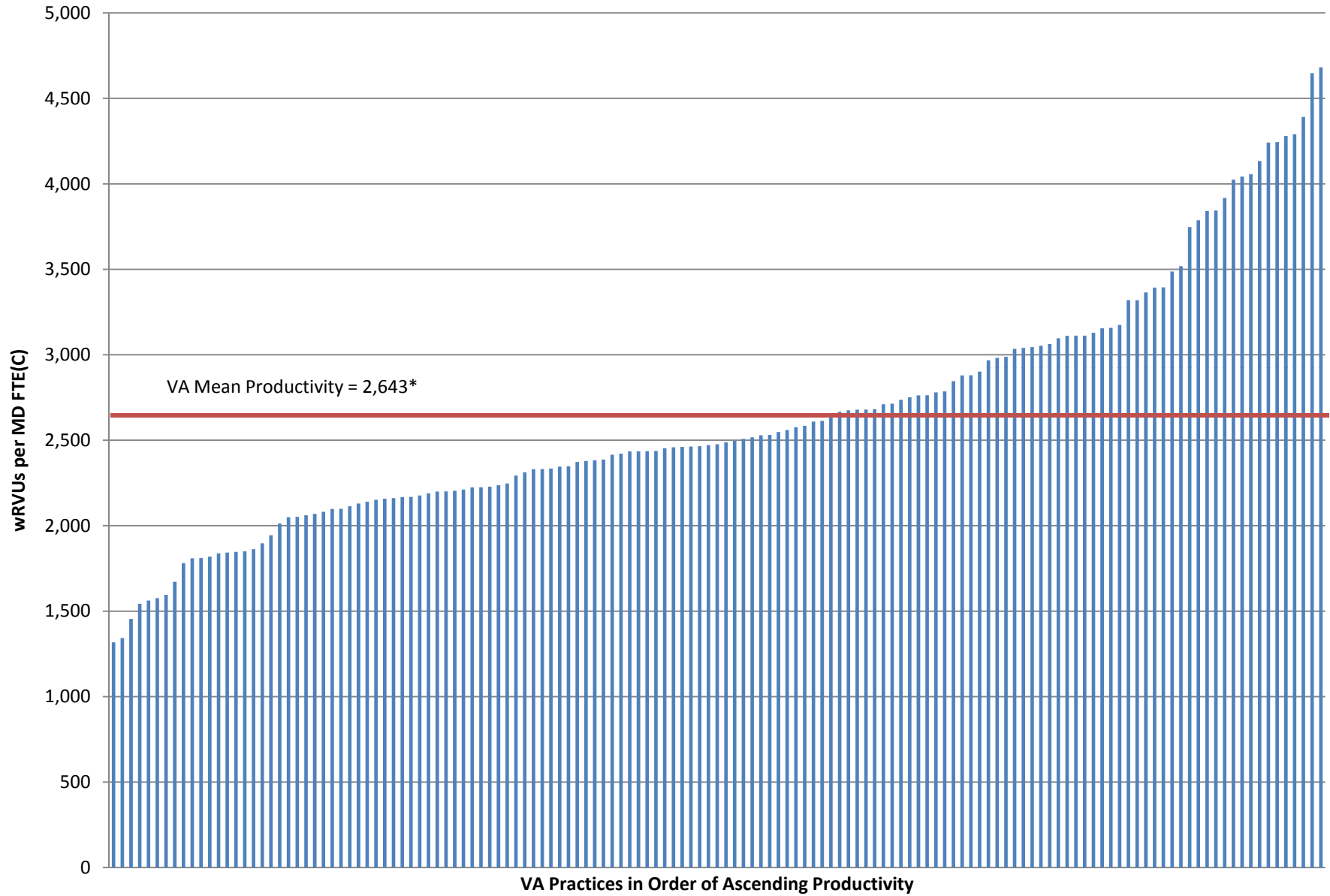


VA Mean Productivity = 2,643*

*Average of 139 practices, includes only outpatient workload

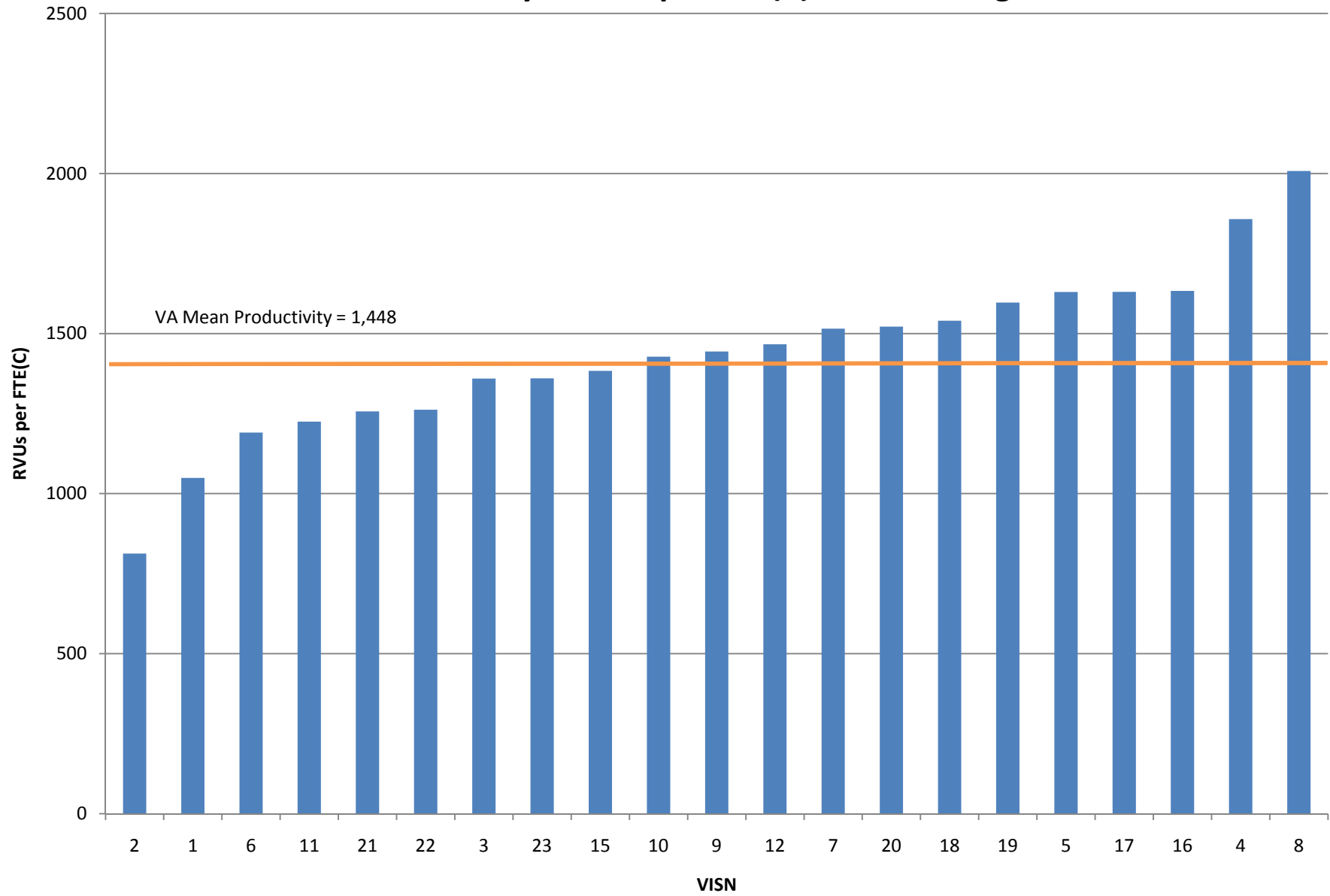
VISN

Psychiatry Practice Productivity wRVUs per MD FTE(C) FY 2010

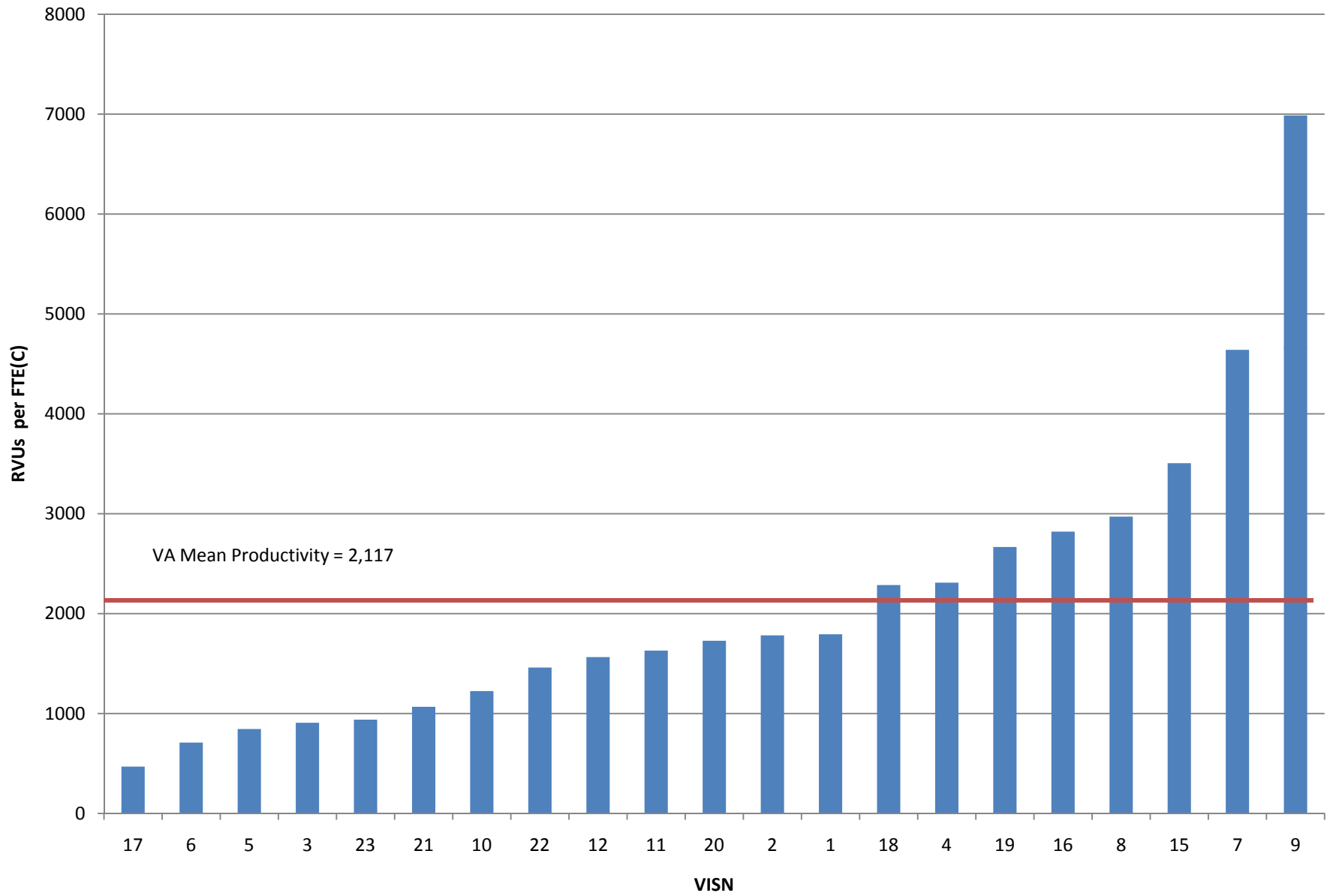


*Average of 139 practices, includes only outpatient workload

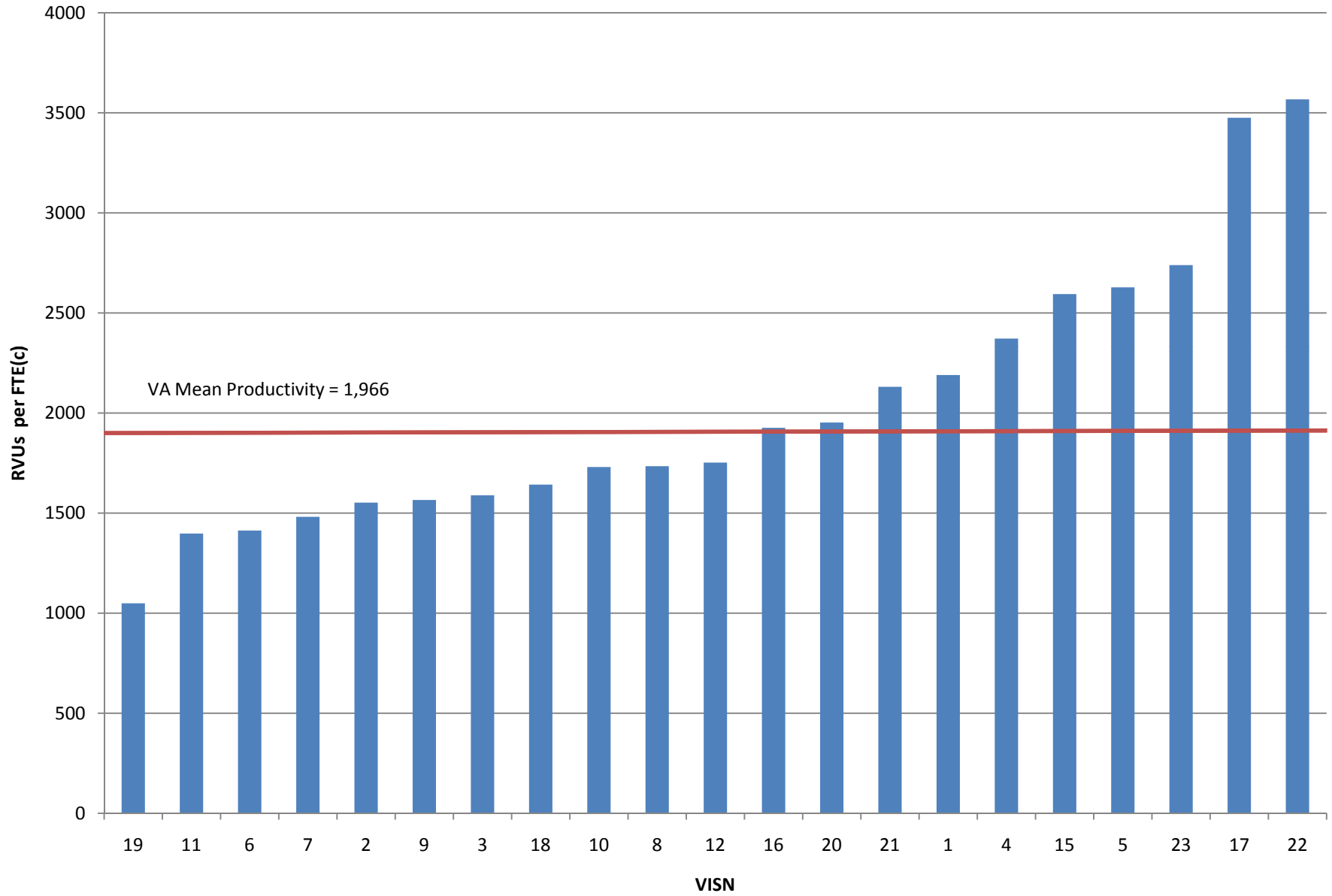
Social Work Productivity wRVUs per FTE(C), VISN Averages FY 2010



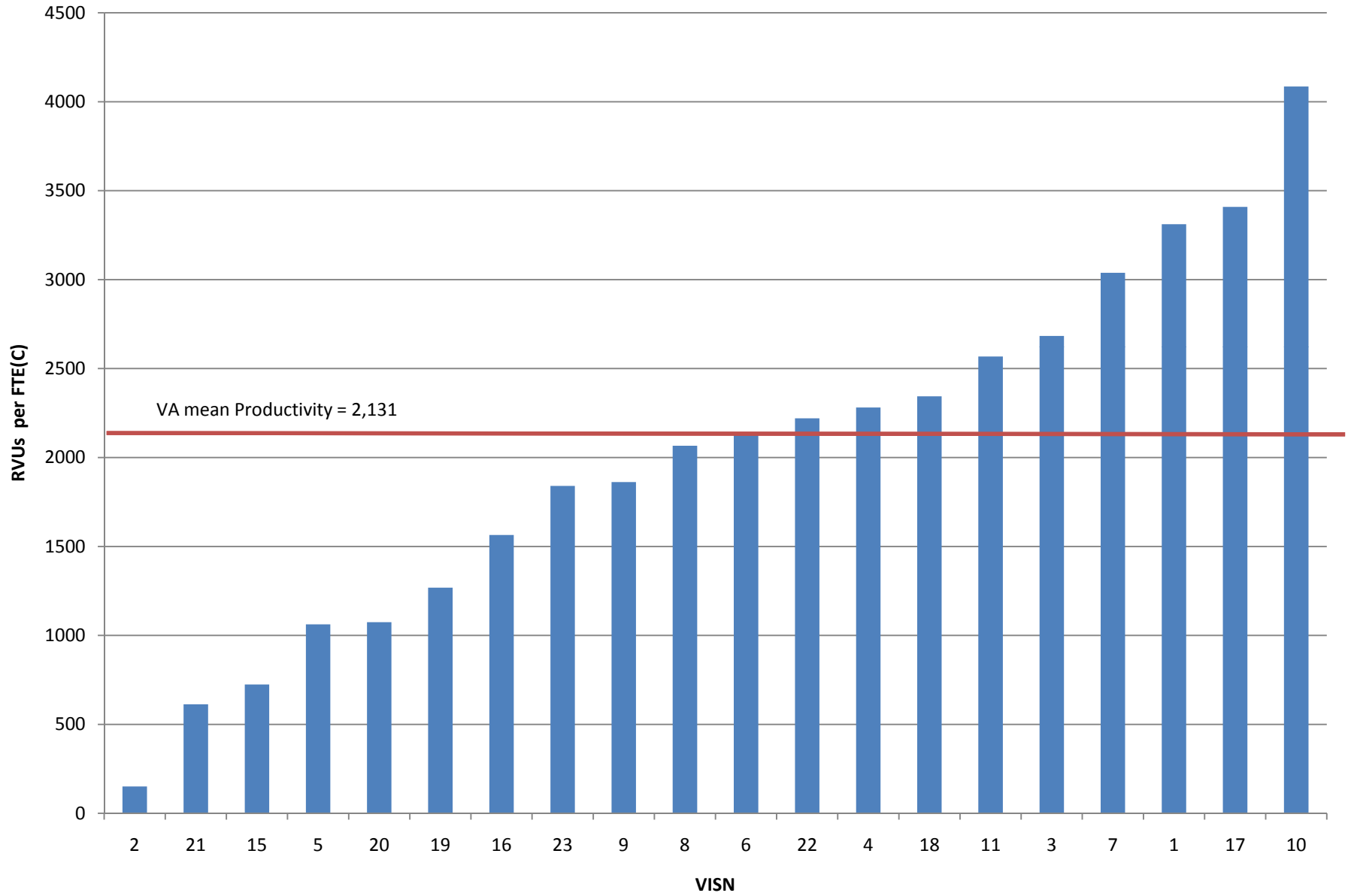
Clinical Nurse Specialist wRVUs per FTE(c), VISN Averages, FY2010



Nurse Practitioner wRVUs per FTE(C), VISN Averages FY 2010



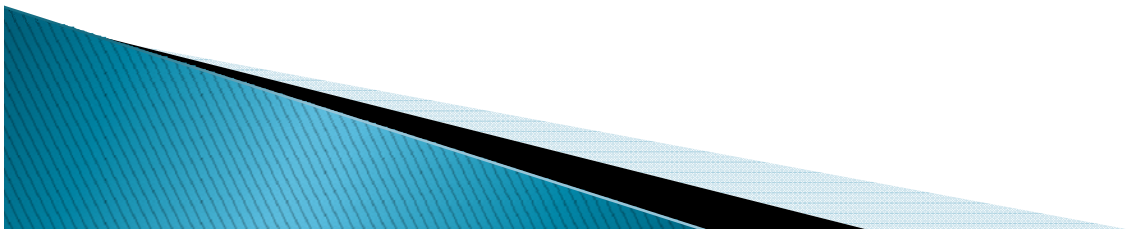
Physician Assistants wRVUs per FTE(C), VISN Averages FY 2010



VHA MH Productivity Trends

- ▶ VHA Mental Health productivity adequate or higher in comparison to other specialties within VHA.
- ▶ VHA Mental Health Productivity data appear to be the same or less variable than other specialties within VHA.

Other VHA specialties studied: Allergy/Immunology, Dermatology, Endocrinology, Gastroenterology, Radiology, Rheumatology, Cardiothoracic Surgery, General Surgery, Neurosurgery, Urology, Ophthalmology, Orthopedics, Otolaryngology, Plastic Surgery, Vascular



VHA Mental Health Productivity Measures by Discipline FY 2008

	Psychiatrists	Psychologists	Social Workers	NPs	CNS	PA
wRVUs/ FTE (C)	2578 697	1951 730	1474 683	1322 865	1678 1261	1468 1409
Enc/ FTE (C)	2231	1542	1673	1255	1891	1232
Uniques /FTE (C)	665	318	247	405	470	508
wRVUs/ Unique	3.9	6.4	6.0	3.3	3.6	2.9

Black- means; Red= standard deviations

FY 2008 vs. 2003 Workload Guidance

	Psychiatrists	Psychologists	Social Workers
wRVUs/FTE C	2578	2043	1473
Enc/FTEC	2231	1589	1673
Uniques/FTE C	664	336	247

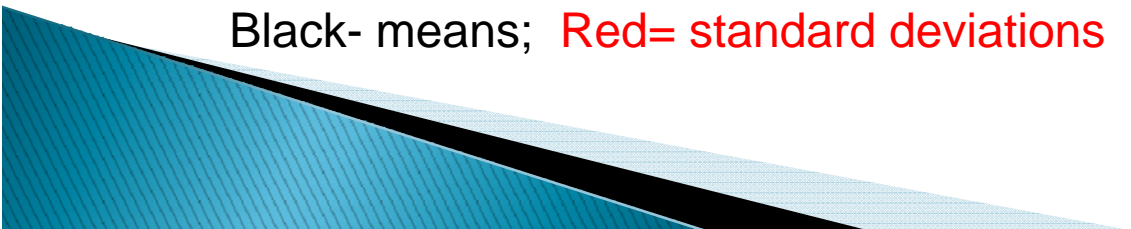
2003 Workload Guidance

	Psychiatrists	Psychologists	Social Workers
wRVUs/FTE	2845-3979	2349-3236	3236-3845
Encounters	2800	1740	1740
Uniques/FTE	500	240	300

VHA Mental Health Productivity Measures by Discipline FY 2010

	Psychiatrists	Psychologists	Social Workers	NPs	CNS	PA
wRVUs/ FTE (C)	2643 712	1957 693	1448 639	1966 1396	2117 1810	2131 1674
Enc/ FTE (C)	1827	1549	1575	1493	2024	1666
Uniques /FTE (C)	513	266	207	453	428	540
wRVUs/ Unique	5.2	7.4	7.0	4.3	4.9	3.9

Black- means; **Red= standard deviations**



Summary Measures by Discipline: FY 2008–VHA

	Psychiatrists	Psychologists	Social Workers
wRVUs/FTE C	2578	1951	1474
Enc/FTE C	2231	1542	1673

FY 2006– MGMA

	Psychiatrists	Psychologists	Social Workers
Private wRVUs/FTE	3619	2584	2371
Academic wRVUs/FTE	2589	1827	NA
Priv. Enc/FTE	2197	1263	1219
Aca. Enc/FTE	1809	NA	NA

Summary Measures by Discipline: FY 2010–VHA

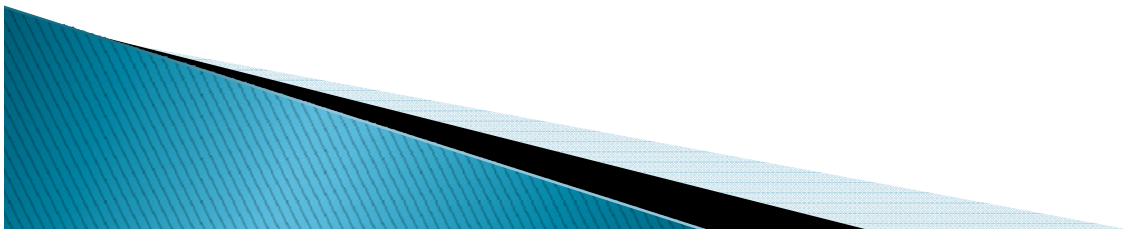
	Psychiatrists	Psychologists	Social Workers
wRVUs/FTE C	2643	1957	1448
Enc/FTE C	1827	1549	1575

FY 2008– MGMA

	Psychiatrists	Psychologists	Social Workers
Priv. wRVUs/FTE	3528	2449	2205
Aca. wRVUs/FTE	3166	1581	NA
Priv. Enc/FTE	1901	1147	1117
Aca. Enc/FTE	1033	NA	NA

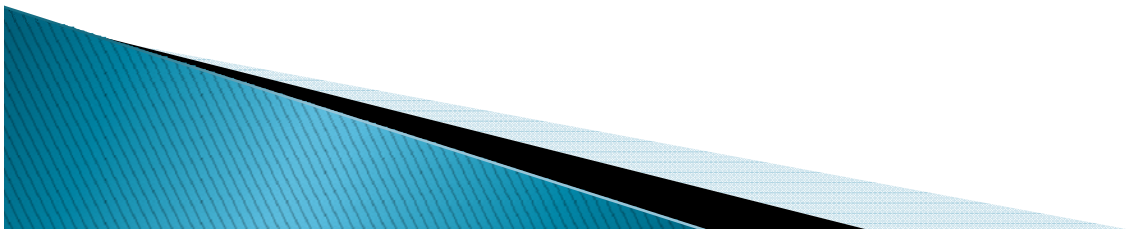
Modifiers

- ▶ Productivity and staffing studies conducted thus far (Primary Care, Radiology, Surgical and Medicine Specialties) have conducted a modifier survey to collect information regarding the practice (facility) characteristics hypothesized to be related to productivity and staffing. These surveys have contained the following elements:
 - Teaching Mission – number and PGY level of residents.
 - Support Staff – number, type of support staff and support staff functions
 - Facility Infrastructure – programs and physical plant (i.e., exam rooms)
 - Patient Characteristics – DCG risk scores, SHEP, demographics, applicable performance measures.



Modifiers

- Current work analyzing 75 possible modifier variables:
 - Support staff (20 variables)
 - Practice characteristics (18 variables)
 - Patient characteristics (24 variables)
 - Facility types (5 variables)
 - Waiting times (3 variables using old 30 day standard)
 - Access (6 variables)



Facility Complexity Analysis (FY2010)

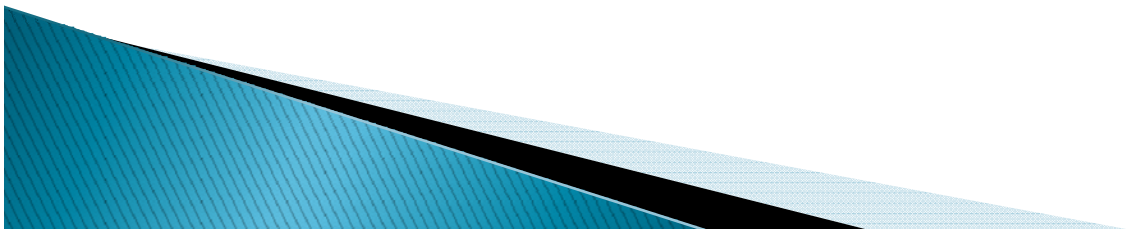
	Complexity Group 1a	Complexity Group 1b	Complexity Group 1c	Complexity Group 2	Complexity Group 3
Psychiatrist wRVUs	2705 (22.5)	2777 (15.8)	2844 (12.3)	2505 (9.6)	2414 (6.3)
Psychologist wRVUs	2004 (25.1)	1901 (19.3)	2104 (15.2)	1752 (10.7)	1794 (7.9)
Social Worker wRVU	1422 (31.9)	1368 (27.4)	1420 (21.7)	1287 (15.2)	1363 (13.2)
CNS wRVUs	2194 (3.8)	2286 (2.6)	3342 (1.2)	2923 (1.6)	2153 (1.6)
NP wRVUs	1586 (5.6)	1629 (4.1)	2002 (3.4)	1389 (2.6)	1465 (2)
PA wRVUs	2191 (1.0)	1072 (1.5)	2555 (1.0)	2248 (1.1)	1979 (1.4)

Productivity= annual values/FTEC; ()= average total FTEC

Outstanding Issues

▶ Data validation

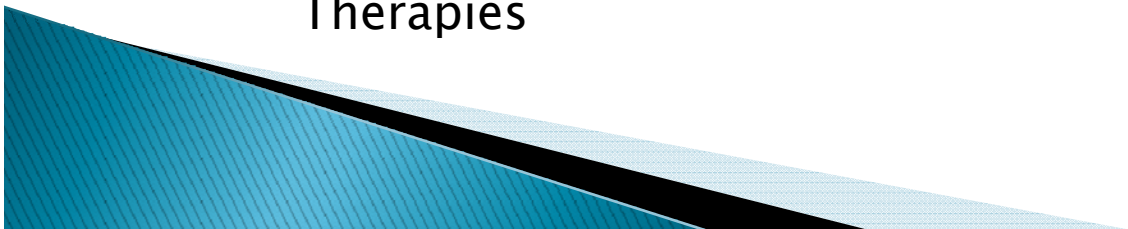
- Totally dependent on quality of data entered into National Database
 - Workload– encounter forms, cpt codes
 - Workforce– labor mapping, person class designation



Outstanding Issues

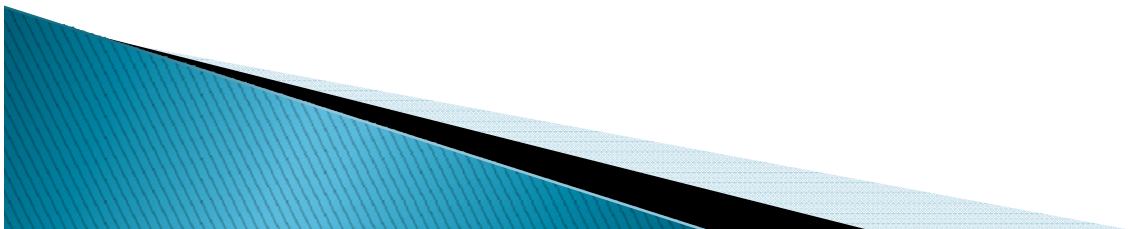
▶ 0 wRVU CPT codes

- 20% of clinical activity reported by Social Worker
- 10% of clinical activity for all other disciplines
- OMHS Workgroup
 - Recommendations for adding value to select codes and using alternative CPT codes when appropriate
 - Also looked at Behavioral Health Codes and Evidence Based Therapies



Outstanding Issues

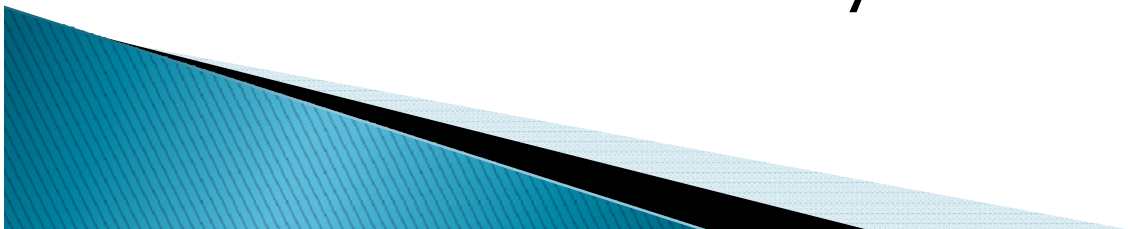
- ▶ Inpatient Workload
- ▶ VHA Directive 2009–002, PATIENT CARE DATA CAPTURE , January 23, 2009
 - Mandated inpatient workload capture at the same level as outpatient workload for mental health LIPs.
 - Encounter forms
 - Event capture
 - Coders



Outstanding Issues

- ▶ Quality, Access, Outcomes
 - Data from other health care specialties have suggested larger VHA panel sizes associated with:
 - No change in patient overall satisfaction
 - Lower primary care costs
 - Longer waits
 - *Decreases in quality measure scores*

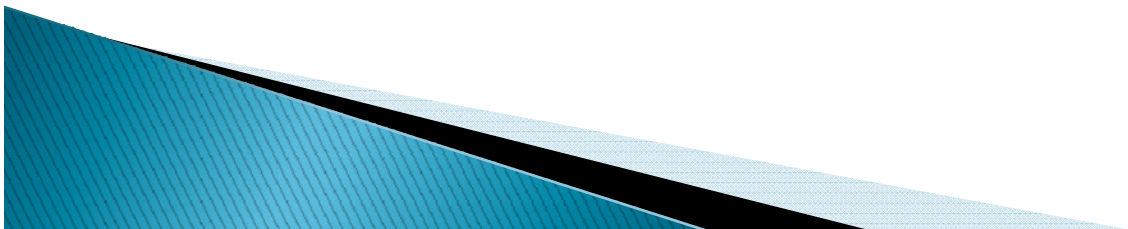
Will current metrics effort in mental health allow similar analyses in the future?



Quality, Access, Outcomes

- Data from other health care specialties have suggested larger VHA panel sizes associated with:
 - No change in patient overall satisfaction
 - Lower primary care costs
 - Longer waits
 - *Decreases in quality measure scores*

Will current metrics effort in mental health allow similar analyses in the future?



Proposed Productivity Guidance

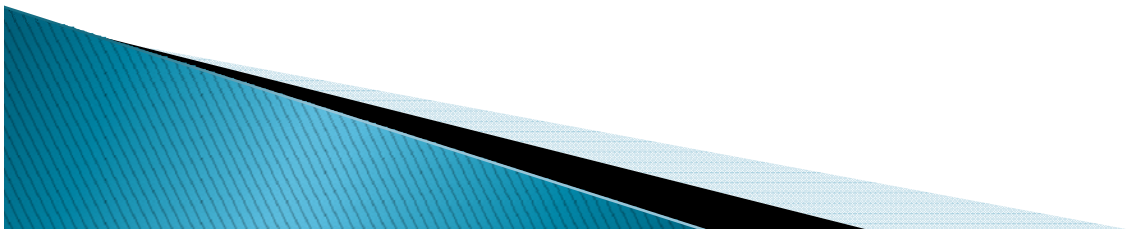
- ▶ Direct care only
- ▶ Outpatient care only
- ▶ wRVUs = primary metric
- ▶ Target productivity at the facility level, *not* individual provider level
- ▶ Target a range, not a specific number (e.g., median, mean)



Strengths and Challenges

▶ Strengths

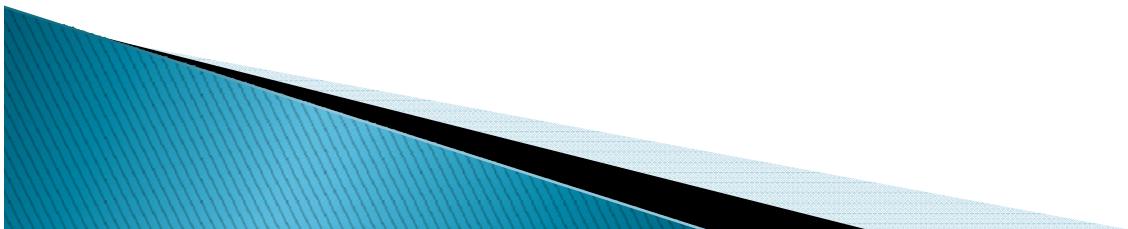
- wRVUs– a common metric allowing for the comparison of diverse practices across disciplines
- Data collected exactly the same for all sites
- Data collected exactly the same within each individual discipline
- Data collected nationally rather than by each individual facility or VISN



Strengths and Challenges

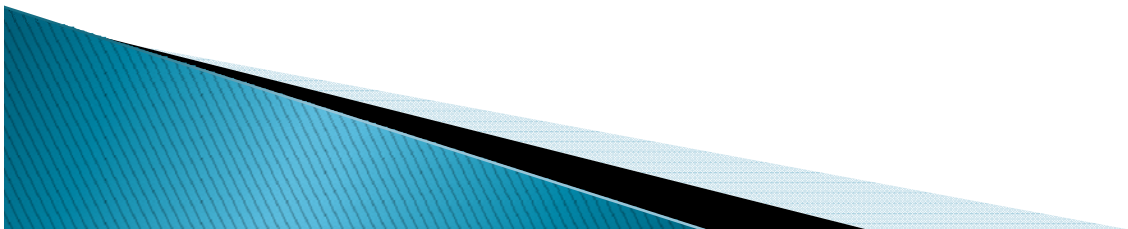
▶ Challenges

- Absence of national business rules for the reporting of workload and labor mapping
- For associated mental health care providers, workload and workforce data are collected from different sources
- Nationally, productivity can be seen at the individual provider level only for psychiatrists.
- No single metric tells the whole story



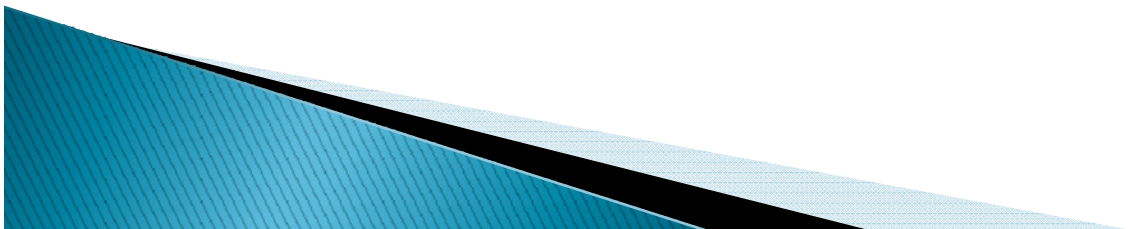
Next Steps

- VACO Review and Approval of Draft Directive Establishing Mental Health Productivity Standards/Guidance
 - Buy-in from all affected disciplines/ VACO leadership
 - Determine metric value and range
 - Decide outstanding issues: 0 wRVU codes....



Next Steps (continued)

- Develop National Business Rules for Capturing and Reporting Mental Health Workload and Labor Mapping
- Create a tool to provide data on a quarterly basis to the field and VACO.



Future Aspirations

- ▶ Incorporate inpatient productivity
- ▶ National labor mapping data at the individual provider level for all professions studied
- ▶ Identify relationship between productivity and other important domains (quality/access)

