TRENDS REPORT

Recruiting and Retaining Staff in the Era of Integrated Care

Results from an **mhca** member survey

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INTRODUCTION

NextGen Healthcare recently partnered with **Mental Health Corporations of America, Inc. (mhca)** to survey 81 behavioral health organizations and better understand what industry trends these organizations are paying the most attention to, as well as their goals to deliver better, more sustainable care. The following paper discusses those findings and provides insight into recruiting and retaining staff as integrated, value-based care models become the norm across the behavioral health marketplace.

Demand for behavioral health services remains high

For many behavioral health and integrated care organizations, challenges have emerged in a collective effort to improve access and outcomes nationwide. The need for access to behavioral health services remains high post-pandemic. Although we've made significant steps toward increasing access to care via telehealth waivers and virtual behavioral health services, it's expected that more and more individuals will seek care virtually and in person. However, many clinics find hiring and retaining qualified clinicians and staff challenging.

The great resignation hit the healthcare industry hard. Employees increasingly seek fulfillment in their work more than ever and may quit if they don't find it. What's more, burnout not only affects clinicians and counselors. Front desk staff, administrators, billers, and coders also experience mental and physical exhaustion, and may leave their jobs for employment more aligned with a better work-life balance. When administrative employees quit, it increases the workload for the remaining staff.

Integrated care and the shift from fee-for-service to value-based care

Transitioning to Certified Community Behavioral Health Center (CCBHC) status is top of mind as well. Most payors and health plans understand the value of covering behavioral health services, especially for high-risk clients with multiple comorbid conditions. In addition, many state legislators have expressed interest in value-based payment models that require the integration of behavioral and physical health, quality incentives, provider accountability, and risk-sharing opportunities.

The mhca survey respondents expressed that an industry trend they are paying attention to most (32%) is shifting reimbursement from fee-for-service (FFS) to value-based care (VBC). Predictably, following close behind that trend is paying attention to measuring and improving outcomes with Continuous Quality Improvement (CQI) models (22%).

However, the transition from FFS to VBC models is largely perceived by its challenges rather than as an approach that improves lives. Many value-based care models exist, but one goal remains: increase the quality of care delivered while decreasing overall costs.

Organizations that provide inpatient, outpatient, and residential behavioral and physical care services are well positioned to introduce value-based payment arrangements because they can provide the long-term care clients need in one setting.

But even for providers that serve the entire continuum of behavioral health services, challenges remain. For example, significant numbers of a provider groups' outpatient clients may go to other organizations for inpatient and/or residential services.

When this occurs, the provider loses control of critical elements of care. Losing control of services is the Achilles heel of value-based contracts because it will impact the provider group's ability to manage risk regarding quality measures, clinical outcomes, and care costs—lacking insight and influence on the services they don't provide or are not aware are being provided elsewhere.

Efforts to improve access to care and address workforce shortages

The Consolidated Appropriations Act of December 2022 authorized several provisions to address workforce shortages. These include 100+ psychiatry residency positions nationwide, and removal of additional administrative requirements for providers who want to prescribe certain medications, such as buprenorphine for opioid use disorder (OUD). Other provisions include improving the accuracy of and access to Medicaid provider directories, as well as setting aside funds toward workforce initiatives for mental health peer support providers.

In other words, the government is taking steps to help address the shortage of healthcare workers in the country.

> “Documented workforce challenges contribute to barriers in access to care and nearly half the US population—**47% or 158 million people**—living in a mental health workforce shortage area.”

KFF Health Policy Research

TREND 1

*Survey respondents expressed that the business challenge they are most concerned about is **recruiting and retaining staff***

One common challenge

Many organizations are wondering how to staff their offices in this unpredictable environment. An organization that becomes an employer of choice has a much better chance of succeeding in this new environment. If you want to be regarded as an employer of choice, consider how events of the past couple of years have affected your employees' wants and needs.

To enable your office to cope with staffing shortages and changing economic conditions, non-clinician office staff may need to develop multiple skill sets to be more flexible in their roles. For example, front desk and medical records staff can be trained to manage accounts receivable (A/R). Once training is complete, these employees can start collecting aging receivables.

What's more, assistants and entry-level, computer-savvy staff can take on a new responsibility—helping clients get connected to a virtual platform. Licensed staff can also serve as scribes for providers during virtual visits.

Assess office functions alongside available technology

When reviewing office functions, consider technology solutions that ease workloads and allow for greater staffing flexibility. An online self-scheduling tool integrated with a patient portal and your EHR may reduce the burden on front-office staff. Consider technology solutions that facilitate work from home. For example, client eligibility checks can be performed online. It may be beneficial to have them performed by work-from-home staff as well.

Now is an especially opportune time for behavioral health organizations to assess their use of administrative technology. Expanded use of technology may give your organization the adaptability it needs to thrive in a volatile economy.

Become an employer of choice

We all want a positive work environment. For employers, it is important to treat all employees with respect and care. Staff members should feel like they can communicate openly about their problems and suggestions.

Listen to your employees and gather their input regularly through a quarterly survey or suggestion box. Be patient and understanding whenever issues arise. Support employee wellness and team bonding. Be thoughtful about the benefits you provide to your employees and treat them the way you want to be treated.

TREND 2

*Most survey respondents who plan to add or expand a specialty program in the next 24 months expressed that the specialty program would be **physical care***

Whole-person, client-centered care is critical to enhance your organization's ability to deliver better outcomes and reduce overall costs.

Success will be measured by:

- Comprehensive client data at the point of care
- Lower administrative burdens
- Less time spent on technology

Comprehensive data at the point of care

To successfully deliver a whole-person care model, integrated health organizations need client-specific insights at the point of care. Lack of control to fill care gaps and assess risk hinders monitoring, especially for high-risk clients with comorbidities. Precise insights can improve access to client information and make it easier for accurate patient outreach.

Population health management solutions gather and analyze client data from multiple sources and deliver insights critically needed at the point of care. This aids organizations to make better decisions and improves both clinical and financial outcomes. Population health solutions can help:

- Support a full array of care management activities—extend the reach of your services beyond the physical office
- Identify gaps in care and stabilize revenue by closing those gaps
- Quickly identify at-risk clients most in need of high-impact interventions, build client-specific care plans, and administer those plans efficiently
- Document achievement of measurable outcomes, as required under value-based payment models

Lower administrative burden

Seamless interoperability opens the doors that make whole-person care possible. The ability to exchange client healthcare data across digital platforms is key to meeting client needs and achieving your integrated care business goals. With the right interoperability tools, your team can:

- Access a full view of client records
- Manage referrals with ease
- Better communication data across Accountable Care Organizations (ACOs) better
- Reduce duplicate orders
- Succeed at value-based care by sharing clinical data

Less time spent on technology

Clinical solutions enable access to essential information, allowing your care team to focus on what matters most—the individuals you serve. Accurate and efficient documentation supports effective care coordination between clinicians and direct support professionals (DSPs) and can save valuable time. Consider the following strategies to reduce burdensome workflows:

- Document on your mobile device, when and where you want, and save time—an essential option for DSPs who provide and support community-based services
- Streamline behavioral health, physical health, and human services workflows with specialty-specific, configurable content on a single EHR
- Bring joy back into the workplace with speech-to-text transcription and scribing services—and provide individuals the attention they deserve

TREND 3

*Survey respondents expressed that financial sustainability is their **highest strategic priority** for the next 12—18 months*

Behavioral health organizations must capture all billable services

The behavioral health revenue cycle encompasses a multifaceted process that connects administrative and clinical functions necessary for clinicians to receive compensation for their services. This process spans from client registration and insurance verification (or lack thereof) to claims processing, reimbursement, and collection. Managing the revenue cycle necessitates strong leadership and an experienced team complemented by a robust practice management (PM) system and financial analytics solutions.

A seamless and efficient revenue cycle requires the collaboration of people, financial resources, and technology. Yet, for behavioral health providers committed to delivering highly personalized, quality care at an affordable cost, this can pose a significant challenge. To ensure financial stability, the billing team must understand behavioral health and primary care reimbursement models, preventing potential revenue loss. Engaging the expertise of a revenue cycle management (RCM) services provider with a deep knowledge of various specialties, particularly in the context of integrated care models, is a valuable solution for overcoming intricate billing challenges that often arise. Here are a three tips on how to optimize financial management.

1 Ensure accuracy from the get-go

Errors at the front desk, such as incorrect client demographic information, are among the most common reasons for claim denials. Get the information right the first time with integrated health IT solutions. Feel confident that your staff is well equipped to:

- Register clients accurately
- Identify the right insurance provider and pinpoint the right plan
- Determine the amount clients owe out-of-pocket and collect it

2 Avoid denials through advanced automation

Automating processes across the revenue cycle helps ensure claims are billed at the actual contracted amount, coded accurately, and processed as quickly as possible:

- Claims intelligence engine—scrubs each claim, formatting it per payer specifications, double-checking for any issues, and getting it ready to go to the clearinghouse
- Clearinghouse services—includes built-in intelligence for editing claims

The result is faster payment and a higher percentage of clean claims, with a goal of 98–99% clean claims.

3 Craft a solution that meets your unique needs

Begin by combining revenue cycle technology and client services to manage claims submission and payment posting.

From there, you can:

- Get support for insurance A/R management, including streamlined denial prevention
- Get help managing collections with client messaging solutions; estimation of the client's financial responsibility at the point of care
- Obtain advanced technology and professional services to achieve business goals

TREND 4

Most respondents (69%) ***desire to pursue CCBHC status*** *in the next 24 months*

Enhance your funding opportunities and improve services

Transitioning from a behavioral health service provider to a Certified Community Behavioral Health Center (CCBHC) is a goal many strive to attain in today's market. Why? The designation offers organizations:

- Prioritized funding and greater access to financial resources
- Improved services by setting a precedent to achieve CCBHC status
- Networking and collaboration opportunities to partner and share knowledge
- State and federal compliance security helps reduce the risk of penalties and legal issues
- Better client/patient outcomes and an improved impact on community well-being
- Enhanced credibility among clients, partners, and stakeholders

Survey respondents reported they're very interested in how other mhca members journeyed to FQHC, FQHC Look-Alike, or CCBHC designations.

How to achieve FQHC, FQHC Look-Alike, or CCBHC designation:

- Facilitate better care coordination with streamlined interoperability connecting to a greater healthcare ecosystem
- Simplify care with one solution for mental health, addictions, human services, primary care, and oral health
- Maximize financial performance and capture revenue at the lowest cost while supporting prospective payment systems
- Save valuable time, retain client loyalty, and promote productive interactions with integrated client engagement solutions
- Identify high-risk, high-cost clients with population health management
- Report with autonomy and meet federal and state data reporting requirements
- Increase efficiency and outreach by documenting on smartphones or tablets

CONCLUSION

More than 400 behavioral health and integrated care organizations leverage NextGen Healthcare to improve care coordination and clinical outcomes, overcome staffing shortages, reduce administrative burden and errors, improve financial health, and expand access to care.

Recently, NextGen Healthcare announced plans to equip ambulatory organizations nationwide with artificial intelligence (AI)-enhanced solutions for patient communications, beginning with intake and self-scheduling. **NextGen® Patient Engage** and **NextGen® Self-Scheduling powered by Luma** will enable patients to conveniently engage with their care providers in more than 20 languages from their mobile devices. Integrated seamlessly into **NextGen Enterprise EHR**, these solutions enable patients to confirm or cancel appointments, interact with staff, provide relevant documents, and complete pre-visit intake forms from the comfort of their homes without logging into a portal.

The technology employs AI and natural language processing to provide automated conversational responses to patient texts, reducing manual work and double-documentation for staff. All communications are secure and HIPAA-compliant.

Additionally, NextGen Healthcare announced availability of NextGen® Ambient Assist, an ambient listening solution that interprets patient-provider conversations in real time to save providers up to 2 hours of documentation per day.

Ambient Assist does not infer medical conditions or make medical judgments. Once the provider reviews the AI-generated note and makes any necessary edits, it is delivered seamlessly into **NextGen Enterprise EHR** for inclusion in the patient's medical records.

Features of **Ambient Assist** include:

- **Intelligence:** familiarity with natural, conversational speaking and immediate recognition of medical acronyms
- **100% technology-based:** zero reliance on scribes or additional personnel
- **Complete automation:** no copying and pasting into the EHR for the provider
- **Safety:** to preserve patient privacy, audio and transcripts are never stored or saved

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Contact us at **855-510-6398** or **results@nextgen.com**

1 "The Federal and State Role in Mental Health." Mental Health America, accessed August 28, 2019, http://www.mentalhealthamerica.net/issues/federal-and-state-role-mental-health. **2** "2021 Trends In Behavioral Health: A Reference Guide On The US Behavioral Health Financing & Delivery System, 3rd Edition," Otsuka America Pharmaceutical, Inc., July 2021. https://psychu.org/guide-third-edition/. **3** Ibid. **4** Ibid.

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