

MH Business Operations Monthly Call

- We will begin promptly at 2 PM EDT
- We will not take roll as there may be a large audience.
- Use the IM to type questions as they come up
- Dial in audio #: 1-855-767-1051 54106240 #

MH Business Operations

Developing the Individualized
Productivity Target

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Note: Some material included was previously presented in the summer 2013 series on productivity. It may be helpful for those needing more detailed background to review these original presentations available here: [OMHO Business Rules SharePoint](#)

Highlights of Directive 1161

- Establishes targets of the median from FY11 for work Relative Value Unit (wRVU) productivity for the major disciplines with **the need to establish individual targets based on program assignment, review of other duties, and other individual factors***
- Outlines labor mapping for non-physicians in mental health
- Establishes additional imputed wRVU values
- Explains how to run Ambulatory Care Reporting Program (ACRP) reports

* LIPs who work in Homeless Programs are included in the Directive

Step 1: Where Do I Begin?

- Review all Labor Mapping for accuracy
 - Labor Mapping should be reviewed on a monthly basis to ensure accuracy
 - Establish monthly meeting with local MCA staff to review labor mapping
 - Labor Mapping Resources: [Labor Mapping Tools](#)

If the Labor Mapping of Clinical time is NOT correct, productivity will be incorrectly reported (potential for extremely high or low numbers)

Reviewing Labor Mapping

Labor Mapping (Date)

Staff	Specialty	FTE	UMHSH Position	% Clinical	% Admin	% Education	% Research	Total	Date of Last Review
Maude Frickert	Psy	1	LRC	20%	80%	0%	0%	100%	
Harry Potter	LMSW	1		100%	0%	0%	0%	100%	
Klondike Kat	Psy	1		100%	0%	0%	0%	100%	
								0%	
								0%	
								0%	
								0%	

Labor Mapping for MH Providers

- **Clinical Time**. Clinical time is the time left when approved administrative, teaching, and research hours have been subtracted. Direct Patient Care time is defined as the time to prepare, to provide for, and follow-up on the clinical care needs of patients and includes:
 - Providing direct clinical care.
 - Time spent driving to location(s) for clinical care.
 - Time spent in reviewing patient data.
 - Consulting about patient care with colleagues.
 - Reviewing medical literature.
 - Contacting the patient or caregivers to discuss their needs.
 - **The hours provided by a mental health licensed independent provider who is supervising trainees and/or other non-LIPs providing care in a clinical setting.**
 - **It includes time for required employee training, continuing education, breaks, staff meetings, team meetings, committee work and other management support activities typical of a front line clinician without major leadership or administrative responsibilities.**

Labor Mapping for MH Providers

- **Administrative Time.** Time spent on 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. Time should be mapped for individuals with major and formal administrative and leadership responsibilities that go beyond those of a typical front line clinician.
 - Service line and discipline specific service chiefs, clinical program directors and coordinators are examples of positions that would be mapping administrative time.
 - Time should be mapped administratively for any committee work requiring an hour or more of time for a provider weekly.

Productivity and wRVUs

- wRVUs can only be used to measure clinical productivity as they are associated exclusively with CPT codes.
- Education, research and administrative workload cannot be measured by wRVUs.
- *Therefore, productivity should be measured only for that portion of time that is mapped to clinical care.*
- **Labor mapping** is therefore **CRITICAL**
 - **One VHA provider has 851,953 wRVUs in FY14**
 - **Remember the math:**
 - **Adjusted Productivity = wRVU total/% Clinical FTE**
300 / .5 Clinical FTE = 600 wRVU

Highlights of Directive 1161

- (1) There are **no national minimum productivity standards** for any **mental health profession**; however, Veterans Health Administration (VHA) service chiefs need to track the productivity of each employee to ensure it meets local expectations.
- **Variation** in workload associated with program assignment and required non-relative value unit (RVU)-generating activities, quality of care, and customer satisfaction **is expected** and must be considered in evaluating **individual** employee productivity.

Step 2:

How do I know what quarterly target to use?

- **First, pull your quarterly productivity data**
 - **OPES Productivity Cube (for physicians/psychologists)**
 - **ACRP (instructions in the back of the directive – for all providers)**
 - **OMHO Dashboard (for all MH disciplines and includes imputed values)**
- **Next, review the targets suggested in the directive for the appropriate discipline (next slide)**

Step 2:

How do I know what quarterly target to use?

- Finally, for each quarter calculate % On Target based upon national median and then develop an individualized target for each provider
 - Make sure the target is adjusted to just be for clinical time per labor mapping.
 - You may also need to adjust targets further based on other key factors such as clinical role and leave time.

Productivity Targets*

*+/- 10% of Median

Observed Mean/Median wRVU by Discipline for Outpatient Care - FY 2011*

Measure	Psychiatrist	Psychologist	Social Work **	NP	CNS	PA
OPC Productivity Mean (wRVU/FTE(c))	2671	2017	1299	2070	2224	2374
OPC Productivity Median (wRVU/FTE(c))	2574	1926	1194	1811	1977	2227

*Comparable to MGMA Mean/Median productivity for FY 2011

Note: For more detailed information, please see the full results of the productivity study

(<http://opes.vssc.med.va.gov/Pages/MentalHealthWorkforce.aspx> - This is an internal VA link not available to the public).

**Social Work wRVUs may be lower than other disciplines as they may utilize more CPT codes with 0 wRVUS

Looking at Productivity

(date extracted from ACRP and then converted on excel utilizing tool on SharePoint)

	Psychology	specialty	%	%	Quarterly								
			FTE	Clinical Time	RVU Target	Q1	Q2	Q3	Q4	Year	Adjusted	Adjusted	Adjusted
						%RVU	%RVU	%RVU	%RVU	Target	YTD wRVU	Q1-Q2	Q3-Q4
1		psy	1.0	40%	193	87%	59%	76%	0%	55%	1068.33	73%	38%
2		psy	1.0	100%	482	130%	129%	79%	118%	114%	2193.91	129%	98%
3		psy	1.0	60%	289	117%	139%	135%	0%	98%	1886.53	128%	68%
4		psy	1.0	70%	337	79%	209%	138%	0%	107%	2052.01	144%	69%
5		psy	1.0	100%	482	76%	80%	89%	86%	83%	1212.42	78%	88%
6		psy	1.0	100%	482	0%	0%	4%	0%	1%	20.50	0%	2%
7		psy	1.0	10%	48	282%	166%	113%	0%	140%	2697.50	224%	56%
8		psy	1.0	70%	337	94%	86%	71%	0%	63%	1206.00	90%	25%
9													
						108%	108%	88%	26%	Average	1542.15	108%	56%
						90%	107%	84%	0%	Median	1549.48	109%	62%

Physician Productivity Cube

	RVU Sum	RVU Sum Filtered	MD FTE (C)	Adjusted MD FTE (C)	Productivity Measure	Encounters	RVU Sum Per Encounter	Unique Patients
Provider A	25.07					38	0.66	10
Provider B	1,098.30	1,098.30	0.81	0.81	1,357.64	735	1.49	215
Provider C	618.52	618.52	0.73	0.73	850.6	85	7.28	82
Provider D	910.3	910.3	0.71	0.71	1,278.74	645	1.41	98
Provider E	181.8					262	0.69	116
Provider F	1,142.23	1,142.23	0.94	0.94	1,208.85	613	1.86	74
Provider G	358.44	358.44	0.93	0.93	384.43	105	3.41	96
Provider H	0					12	0	5
Provider I	583.24	583.24	0.91	0.91	643.17	270	2.16	137
Provider J	231	231	0.69	0.69	333.84	197	1.17	56
Provider K	124.8	124.8	0.28	0.28	445.08	128	0.97	58
Provider L	541.75	541.75	0.79	0.79	685.66	581	0.93	202
Provider M	15.04	15.04	0.52	0.52	28.68	41	0.37	41
Provider N	0					11	0	11

MHOC Dashboard: Main Report, pg. 1

Main Report Information: Fiscal Year = 14 | Perspective = VISN **23** | Facility = **All**

Facility		Staff			Hours		Encounters	Proportions	Effort Allocation		
VISN	Facility	Name	Type	MH Outpatient Clinical FTE	Total Hours Worked	MH Outpatient Clinical Hours	MH Outpatient Encounters	% of Total Encounters that are MH Outpatient Encounters	% Effort Clinical	w RVU	Projected Annual Productivity
23	656	ACKBORN, HEATHER J	Other staff	1.00	80.00	80.00	16	100.00%	100.00%	8.75	228
23	618	ACKERMANN, JOAN E	Other staff	0.65	52.00	52.00	16	100.00%	100.00%	2.70	108
23	656	ACKERSON, LUANN E	Other staff	0.80	64.00	64.00	48	100.00%	100.00%	122.74	3989
23	618	ADOLPHSON, ERIK M	Other staff	0.04	61.75	2.81	1	4.55%	100.00%	0.50	371
23	636A8	ALDEN, JEFFREY B	Psychiatrist/Psychologist	0.90	80.00	72.00	59	100.00%	90.00%	82.29	2377
23	618	ALFORD, KIRK D	Other staff	1.00	80.00	80.00	27	100.00%	100.00%	13.45	350
23	618	ALLEN, JEFFREY M	Other staff	1.00	80.00	80.00	16	100.00%	100.00%	20.61	536
23	618	AMBORN, BECKY L	Other staff	0.81	67.25	64.89	55	96.49%	100.00%	5.29	170
23	636	AMYOT, KATHLEEN C	Other staff	0.07	32.00	5.44	12	17.91%	95.00%	12.10	4623
23	438	ANDAL, KATE R	Other staff	0.80	78.50	64.23	9	81.82%	100.00%	26.33	853
23	568	ANDERSEN, CHARLOTTE M	Psychiatrist/Psychologist	0.79	68.57	62.86	33	91.67%	100.00%	73.95	2447
23	618	ANDERSON, CAROLYN R	Other staff	0.81	64.50	64.50	2	100.00%	100.00%	4.86	157
23	437	ANDERSON, LINDSAY M	Psychiatrist/Psychologist	0.19	40.00	15.00	9	37.50%	100.00%	27.00	3744
23	438	ANDERSON, RACHEL M	Other staff	0.45	36.00	36.00	1	100.00%	100.00%	0.25	14
23	656	ANTONSEN, CONNIE R	Other staff	0.41	47.00	33.11	31	70.46%	100.00%	78.71	4944
23	618	APPLE, JAN E	Psychiatrist/Psychologist	0.05	40.00	4.00	3	14.29%	70.00%	4.42	2298
23	618	ARBISI, PAUL	Psychiatrist/Psychologist	0.22	32.00	17.60	6	100.00%	55.00%	18.72	2212
23	636	ARENDS, KELLY	Other staff	0.38	73.50	30.63	5	41.67%	100.00%	1.58	107
23	656	ARLT, LYNN R	Other staff	1.00	80.00	80.00	46	100.00%	100.00%	92.75	2412
23	636	ARMSTRONG, LOR	Psychiatrist/Psychologist	0.89	71.25	71.25	30	100.00%	100.00%	49.78	1453
23	656	ASHBY, KAREN M	Psychiatrist/Psychologist	0.50	66.50	39.62	28	59.57%	100.00%	78.75	4135
23	618	ATWOOD, MELISSA	Other staff	0.02	75.25	1.48	1	1.96%	100.00%	2.50	3524
23	636	AXTELL, PATTY L	Other staff	0.04	80.00	3.58	3	4.48%	100.00%	0.00	0
23	618	BAARDSETH, TIMOTHY P	Psychiatrist/Psychologist	0.91	80.00	73.04	17	91.30%	100.00%	44.18	1258
23	636	BACA, JOAN E	Other staff	1.22	97.50	97.50	6	100.00%	100.00%	0.00	0
23	618	BACON, AMY M	Other staff	0.88	70.50	70.50	29	100.00%	100.00%	50.25	1483
23	636A8	BAILEY, MAUREEN E	Other staff	0.95	76.00	76.00	5	100.00%	100.00%	2.75	75

MHOC Dashboard: Main Report, pg. 2

VISN : Cost Center : Duty Basis : **FULL-TIME** Occ Code :
 Station : Org Code : Appt Type : **PERMANENT** Occupation : **PHYSICIAN (REGULAR FT)**
 Duty Station : TNL : Normal Hrs : **0** Sub Account :

	Pay Periods																YTD								
	19	20	21	22	23	24	25	26	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	
MH Outpatient Encounters	56	33	42	35	30	38	31	35	46	29	31	41	46	34	42	37	36	46	71	33	48	40	56	59	995
Total Outpatient Encounters	58	33	43	39	33	41	35	38	48	31	33	44	48	36	43	37	39	46	72	35	49	42	58	59	1,040
MH Outpatient Clinical Hours	80.00	59.79	65.88	80.00	68.57	68.57	68.57	80.00	72.16	58.49	80.00	61.89	62.86	55.51	68.57	80.00	55.71	80.00	80.00	74.29	73.85	72.00	62.40	72.00	1,681.11
Total Hours Worked	80.00	74.29	80.00	80.00	68.57	68.57	68.57	80.00	80.00	68.57	80.00	80.00	62.86	80.00	68.57	80.00	74.29	80.00	80.00	74.29	80.00	80.00	74.29	80.00	1,822.86
MH Outpatient Clinical FTE	1.00	0.75	0.82	1.00	0.86	0.86	0.86	1.00	0.90	0.73	1.00	0.77	0.79	0.69	0.86	1.00	0.70	1.00	1.00	0.93	0.92	0.90	0.78	0.90	0.88
wRVU	89.3	50.45	60.31	42.26	44.63	50.05	45.19	57.4	58.75	42.07	41.64	68.95	57.62	55.16	50.21	46.17	44.18	49.78	80.65	40.31	62.9	64.98	74.43	82.29	56.65333333333333

MH Outpatient Encounters								Excluded Encounters					Totals
PCMH	TSES	MHICM	PRRC	SUD	PTSD	RRTP	MH Outpatient Encounters	HOMELESS	C & P	INPATIENT	LAB	RADIO	Total Encounters
0	0	0	0	1	14	0	995	0	0	74	39	0	1040

Pay Period	% of Total Encounters that are MH Outpatient Encounters	% Effort Clinical	w RVU	Projected Annual Productivity
19	100.00%	100.00%	89.30	2322
20	80.49%	100.00%	50.45	1755
21	82.35%	100.00%	60.31	1904
22	100.00%	100.00%	42.26	1099
23	100.00%	100.00%	44.63	1354
24	100.00%	100.00%	50.05	1518
25	100.00%	100.00%	45.19	1371

WAIT! That doesn't look right!!!

- You may have wondered why your data does not reflect what you feel is happening....
- Did Labor Mapping change but not get reflected?
- Are CPT coding practices consistent and appropriate?
- Are imputed CPT codes utilized?
- Are all encounters present (Event Capture System transmitted)?
- Be aware of artificial inflators of productivity (groups, supervisors of residents, unlicensed providers)

Imputed Values

- Imputed values are provided by ARC, Ingenix or the MH Productivity directive
- ARC provided new imputed values in 2014
- Importance of imputed values for mental health
 - **ARC and Directive 1161 imputed values are not included in OPES data**
- Listing is available (BlueFile) here: [BlueFile](#)

VL/FDL Splits

- At some sites, DSS/MCA may have Labor Mapping which includes Variable Labor/Fixed Direct Labor (VL/FLD) splits for non-physicians
- Time mapped to Direct Patient Care is split
 - Variable Labor (patient care)
 - Fixed Direct Labor (managerial and administrative tasks)
- Please note if your facility has this practice:
 - Makes it difficult to quantify time spent on direct patient care
 - Introduces inconsistencies into the types of activities that were mapped into Administration, Research, and Education support, versus FDL in a direct department.
- **Productivity Impact** = FDL is not captured, making % Clinical artificially inflated (and productivity artificially low), thus your data on our dashboards will not accurately reflect productivity for providers using this method of labor mapping

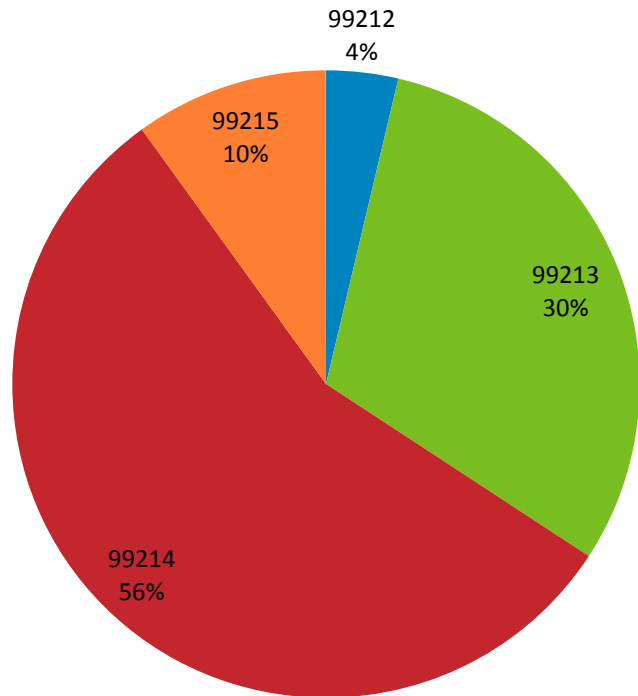
Inpatient vs Outpatient Workload

- At the present time, productivity is measured for outpatient clinical activity only.
- Per VHA Directive 2009-002, PATIENT CARE DATA CAPTURE , January 23, 2009, the same level of encounter data for inpatient care is required as is currently required for outpatient care.
- When inpatient workload data become sufficiently robust, it will be included along with outpatient workload in determining productivity.

Proper CPT Coding

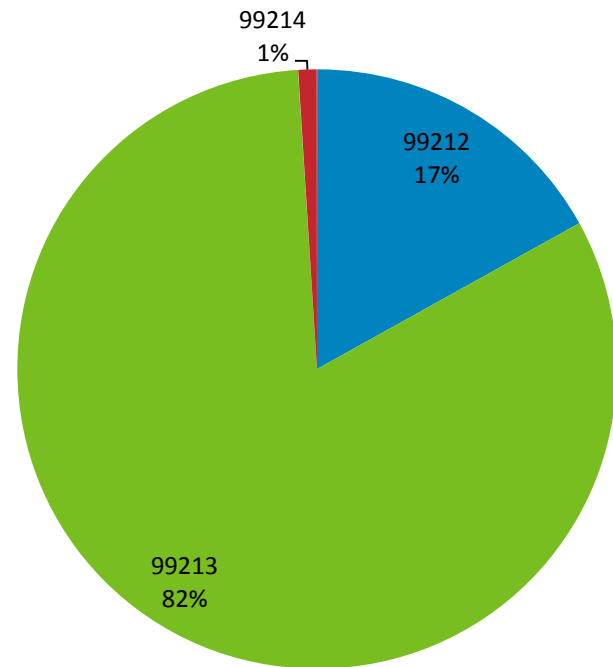
- Importance of reviewing coding of each provider
- Provision of training in CPT codes
- Changes to CPT codes in 2013
- Review of coding –Helpful Website: [OMHO Business Rules](#)

Impact of coding variance: Established Pt E&M Coding



100 pt = 136 wRVU

vs



100 pts = 79.5 wRVUs

Step 3:

Look at each Provider (individualize) C&P provider

- Scheduled for 12 evaluations per week
- Eliminate one evaluation 1x a month for staff meeting
- C&P evaluation uses CPT code 99456 (wRVU = 1.88)
- $12 * 48 \text{ weeks} = 576$; minus 11 evaluations for staffing = 565 evaluations at 100% capacity
- $565 * 1.88 = 1,062.2 \text{ wRVUs}$ ($\pm 10\% = 956 - 1,168$)
- (if Clinic Set up is correct, data not included in OMHO Dashboard)

	8:00 AM	9:00 AM	10:00 AM	11:00 AM	12:00 noon	1:00 PM	2:00 PM	3:00 PM	4:00 PM
Monday		Clinic		CI Admin			Clinic		Admin
Tuesday		Clinic		Clinic		CI Admin	Clinic		Admin
Wednesday			Clinic		CI Admin		Clinic		Admin
Thursday		Clinic		Clinic		CI Admin	Clinic		Admin
Friday		Clinic		CI Admin			Clinic		Admin

HBPC provider

- Well, I do not know what they do!
- Look at a Time study
- Look at Program Specific Guidance on caseload and work expectations
- Understand your provider's work (they spend 4 hours a day driving to homes)
 - Assessments, Psychotherapy, Team Meetings, Consultations
 - 15×2.0 (90834) = 30 wRVUs per week; 1,440 Adjusted Target

	8:00 AM	9:00 AM	10:00 AM	11:00 AM	12:00 noon	1:00 PM	2:00 PM	3:00 PM	4:00 PM
Monday									
Tuesday									
Wednesday	Dept & other meetings								
Thursday (Manistique)									
Friday									

	tour of duty	Clinic Hrs	CI Admin	Access	Hrs Worked	
Monday		8.0	3.0	4.5	0.0	7.5
Tuesday		8.0	3.0	4.5	0.0	7.5
Wednesday		8.0	3.0	4.5	0.0	7.5
Thursday		8.0	3.0	4.5	0.0	7.5
Friday		8.0	3.0	4.5	0.0	7.5
		40.0	15.0	22.5	0.0	37.5

Local Recovery Coordinator

- December 26, 2006 DUSOM Memo noted **no more** than 25% Clinical time engaged in direct clinical services providing recovery oriented care to seriously mentally ill veterans.
- Understand your LRC's work
 - LRC advises MH Director on filling peer specialist positions and serves as a consultant to peers specialists.
 - SMI Re-Engage – 50 names on last Wave
 - Clinical Supervision of 5 Peer Support Specialists
- 25% = 10 hours a week. Clinical supervision requires 1 hour per week per PSS
- Individualized target = 90853 group; 48 weeks; **230 wRVU target**

	8:00 AM	9:00 AM	10:00 AM	11:00 AM	12:00 noon	1:00 PM	2:00 PM	3:00 PM	4:00 PM
Monday									
Tuesday							PRRC Group		
Wednesday	Dept & other meetings								
Thursday (Manistique)									
Friday									

LMSW PCT provider

- Understand your provider's grid
 - Individual and Group Psychotherapy (100% Clinical FTE)
 - 20×2.0 (90834) = 40 wRVUs per week; 1,920 Adjusted Target
 - 10% MO rate = 1,728 wRVUs
 - Group: $.59 \times 8$ members $\times 48$ = 452 wRVUs Adjusted for the two groups
 - 5 members each group = 283 wRVUs
 - Open access clinics (5 weekly); 80% utilization = 192 hours; 90834×192 = 384 wRVUs
 - So look at 2,500 wRVU

	8:00 AM	9:00 AM	10:00 AM	11:00 AM	12:00 noon	1:00 PM	2:00 PM	3:00 PM	4:00 PM
Monday	Clinic	Clinic	access	Clinic		admin	Clinic	Clinic	
Tuesday	Clinic	Clinic	Clinic	Clinic		Dep Group		access EBP	
Wednesday	Dept & other meetings		access	Clinic		PTSD Grp		consult (admin)	
Thursday	admin	Clinic	Clinic	Clinic		Clinic	Clinic	access	
Friday	Clinic	Clinic	access	Clinic		admin	Clinic	Clinic	

Neuropsychologist

- Understand your provider's grid
 - Individual NPSY, Supervision, and TBI Group
 - Primarily codes 96116, 96118, 96120, and 96153
 - Utilizes psych Tech (96119)
 - 6 evaluations (4 hours) = 288 evaluations; $1.86 * 4 * 288 = 2,100$
 - Group = $5 * .59 * 48 = 142$ wRVUs
 - Supervision = $1.86 * 4 * 48 = 357$ wRVUs
 - Target = 2,600

	8:00 AM	9:00 AM	10:00 AM	11:00 AM	12:00 noon	1:00 PM	2:00 PM	3:00 PM	4:00 PM
Monday			Clinic			Clinic	admin	admin	
Tuesday	admin		Clinic				Clinic		
Wednesday	Dept & other meetings		Clinic				Clinic		
Thursday (Manistique)			Clinic				Clinic		
Friday			Clinic			Group		Admin	

Case manager

- Case Management (T1016) is .5 wRVU per 15 minute unit (imputed)
- Sees 3 Veterans face-to-face for 3 hours total each day; 4.5 hours a day leading committee meetings.
 - T1016 - 3 hours a day = 6 wRVU. 30 wRVU a week, **1,440 a year at 100%**.
 - If fail to adjust units on encounter
 - 1.5 wRVU each day, 7.5 wRVU per week, **360 per year**
- **How to know before it is too late?**
 - **In addition to calculating quarterly (or monthly) productivity**
 - **Line up CPT code frequency and Encounters.**
 - **If 1:1 potential problem (means all encounters are 15 minutes only)**

When Individualized are Established

- Look at Individualized Productivity
 - Areas of Concern?
 - Over-productivity (burnout)?
 - Under-productivity (opportunity)?
- % Clinical FTE does not matter in calculation, as you have accounted for this in the Individualized Yearly Target

	speci ality	% FTE	% Clinical Time	Quarterly RVU Target	Q1	Q2	Q3	Q4	Year	Adjusted YTD wRVU	Adjusted Q1-Q2	Adjusted Q3-Q4
					%RVU	%RVU	%RVU	%RVU	Target			
1		1.0	38%	360	83%	106%	94%	0%	71%	2681.58	94%	47%
2		1.0	100%	360	174%	173%	105%	158%	152%	2193.91	173%	132%
3		1.0	60%	266	127%	151%	147%	0%	106%	1886.53	140%	74%
4		1.0	70%	337	79%	209%	138%	0%	107%	2052.01	144%	69%
5		1.0	100%	300	122%	128%	143%	139%	133%	1212.42	125%	141%
6		1.0	100%	482	0%	0%	4%	0%	1%	20.50	0%	2%
7		1.0	10%	100	136%	80%	54%	0%	67%	2697.50	108%	27%
8		1.0	70%	310	102%	93%	77%	0%	68%	1206.00	98%	38%
9												
					103%	117%	95%	37%	Average	1743.81	110%	66%
					112%	117%	100%	0%	Median	1969.27	116%	58%

MHOC Dashboard: Main Report, pg. 2

VISN : Cost Center : Duty Basis : **FULL-TIME** Occ Code :
 Station : Org Code : Appt Type : **PERMANENT** Occupation : **PHYSICIAN (REGULAR FT)**
 Duty Station : TNL : Normal Hrs : **0** Sub Account :

	Pay Periods																						YTD		
	19	20	21	22	23	24	25	26	1	2	3	4	5	6	7	8	9	10	11	12	13	14		15	16
MH Outpatient Encounters	56	33	42	35	30	38	31	35	46	29	31	41	46	34	42	37	36	46	71	33	48	40	56	59	995
Total Outpatient Encounters	58	33	43	39	33	41	35	38	48	31	33	44	48	36	43	37	39	46	72	35	49	42	58	59	1,040
MH Outpatient Clinical Hours	80.00	59.79	65.88	80.00	68.57	68.57	68.57	80.00	72.16	58.49	80.00	61.89	62.86	55.51	68.57	80.00	55.71	80.00	80.00	74.29	73.85	72.00	62.40	72.00	1,681.11
Total Hours Worked	80.00	74.29	80.00	80.00	68.57	68.57	68.57	80.00	80.00	68.57	80.00	80.00	62.86	80.00	68.57	80.00	74.29	80.00	80.00	74.29	80.00	80.00	74.29	80.00	1,822.86
MH Outpatient Clinical FTE	1.00	0.75	0.82	1.00	0.86	0.86	0.86	1.00	0.90	0.73	1.00	0.77	0.79	0.69	0.86	1.00	0.70	1.00	1.00	0.93	0.92	0.90	0.78	0.90	0.88
wRVU	89.3	50.45	60.31	42.26	44.63	50.05	45.19	57.4	58.75	42.07	41.64	68.95	57.62	55.16	50.21	46.17	44.18	49.78	80.65	40.31	62.9	64.98	74.43	82.29	56.65333333333333

MH Outpatient Encounters								Excluded Encounters					Totals
PCMH	TSES	MHICM	PRRC	SUD	PTSD	R RTP	MH Outpatient Encounters	HOMELESS	C & P	INPATIENT	LAB	RADIO	Total Encounters
0	0	0	0	1	14	0	995	0	0	74	39	0	1040

Pay Period	% of Total Encounters that are MH Outpatient Encounters	% Effort Clinical	w RVU	Projected Annual Productivity
19	100.00%	100.00%	89.30	2322
20	80.49%	100.00%	50.45	1755
21	82.35%	100.00%	60.31	1904
22	100.00%	100.00%	42.26	1099
23	100.00%	100.00%	44.63	1354
24	100.00%	100.00%	50.05	1518
25	100.00%	100.00%	45.19	1371

Pulling it all together: Implications

- Look at each provider and their expected work
 - Time studies, CPT coding analysis, review of collaterals
- Understand that there will be high and low providers
 - BUT as a specialty they will fall into Directive targets
 - Be able to articulate this distinction to leadership
 - Individual expectation
 - Impact of imputed values
 - Importance of clinical work that may have no wRVU assigned
 - Access problems with 100% utilization
 - Impact of group psychotherapy
 - Impact of up and down coding on individual and the service
 - Impact of Labor Mapping

Useful Web Links

- Mental Health Productivity Share Point:
https://vaww.cmopnational.va.gov/CR/MentalHealth/Mental_Health_Productivity/Forms/AllItems.aspx
- OPES Web Portal: <http://opes.vssc.med.va.gov/pages/default.aspx>
- OPES Mental Health Information:
<http://opes.vssc.med.va.gov/Pages/MentalHealthWorkforce.aspx>
- Physician Productivity Cube:
<http://vssc.med.va.gov/products.asp?PgmArea=5>
- CMS Physician Fee Schedules (RVUs):
<http://www.cms.gov/PhysicianFeeSched/PFSRVF/list.asp>
- Finding a wRVU value:
http://vaww.arc.med.va.gov/vapublic/cpt_input.html

Useful Web Links

- Guidance on mental health labor mapping and wRVUs is reviewed in the following Directives:
- http://www1.va.gov/vhapublications/ViewPublication.asp?pub_ID=2891
- http://www1.va.gov/vhapublications/ViewPublication.asp?pub_ID=2384
- For additional information regarding Event Capture see the following web page: <http://vaww.mcao.portal.va.gov/sites/dso/EventCapture/default.aspx>
- Additional information on mental health CPT Codes can be found on the following Web pages:
 - American Psychiatric Association: <http://www.psychiatry.org/practice/managing-a-practice/cpt-changes-2013>
 - American Psychological Association: <http://www.apapracticecentral.org/reimbursement/billing/psychotherapy-codes.aspx>

Resources

- MCA section on Labor Mapping:
http://vaww.dss.med.va.gov/programdocs/pd_ProAud.asp
- OMHO MH Business Operations SharePoint:
https://vaww.cmopnational.va.gov/CR/MentalHealth/MH_Business%20Rules/Forms/AllItems.aspx

Useful Web Links for Labor Mapping and Stop Codes

- Review TMS Course Entitled “DSS Curriculum for Managers”
- Additional VA Talent Management System e-Learning courses
 - Basic Managerial Cost Accounting E-learning Course - TMS Item No. 1345839
 - DSS 101-Basic Overview E-Learning Course – TMS Item No. 1341947
 - DSS: The Big Picture E-Learning Course – TMS Item No. 1324192
 - Basic Labor Mapping E-Learning Course - TMS Item No. 1369043
 - How Products Get Their Cost in DSS E-Learning Course - TMS Item No. 3775378
- Visit the DSO Learning Community: <http://vaww.dss.med.va.gov/>
- Review DSS stop codes for this FY and review the DSS identifier instructional guide here: http://vaww.dss.med.va.gov/programdocs/pd_oident.asp
- **Stop Code Guidance:** Additional information on Stop Codes can be found on the Stop Code web page:
http://vaww.dss.med.va.gov/programdocs/pd_oident.asp.