



# Prioritizing Patient Care for Profit

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Whether born out of a keen eye for a need in the market, or for love of the mental health treatment game, behavioral health providers can stay ahead of the curve by investing in the quality of both their clinical services and clinical documentation. With fluctuating budgets and innumerable financial burdens, providers may ask themselves, “Is it really worth it to provide all of those trainings to my clinicians?” It boils down to a numbers game: Improved clinical documentation by your clinicians leads to improved quality of care for your patients, boosted referrals among colleagues and past patients alike, and extensions in insurance authorizations. There are a number of strategies that you can integrate at your treatment center to help push this process in the right direction:

## Admissions

The Clinical Cycle, as I call it, starts from the moment your prospective patients come in contact with your admissions or marketing staff: They want to know, “What sets your treatment apart, and why should I admit my family member here?” In order to ease the patient’s transition into your care, your use of technology offers an opportunity to immediately capture critical client information, as well as appear tech-savvy and modern. Do you provide patients and their families with an easy-to-use forms portal via your electronic medical records system? Do you give your prospective clients an opportunity to let you know how they see the situation, real-time? This is an easy way to integrate direct client quotes (i.e., ‘UR Gold’) into your initial

authorization process, directly contributing to the picture that your admissions team is painting for the client’s managed care company.

## Intake

Once the client has been admitted, how are your practices making it simple and user-friendly for your clients? Do they answer the same series of questions at multiple turns during intake, retelling their stories to your psychiatric and nursing staff, as well as your floor staff and clinicians? Here again, lies an opportunity: Evaluate your intake process through the eyes of the client... how can the charts ‘talk’ to one another, both saving staff hours and client patience? Can your staff be retrained to initially approach each individual’s care not with the client, but with a chart



## the business of practice


evaluation? Too often, admissions paperwork and the intake documents become dead in the chart; they're filed away, never to be heard from again. These snippets of information are the building blocks of the client's treatment... all interventions and treatment modalities should start from the intake information, particularly when one considers the importance of individualized client care. When viewed through the lens of Utilization Review: Where are the gems of information, and are they being efficiently pulled from the client's chart and then integrated into his or her care?

### Treatment Plan

As the client's treatment progresses, the Clinical Cycle is best served by an integrated and oft-updated treatment plan, providing both the backbone for the client's treatment and serving as the clinical catch-all for the Utilization Review staff. Clinical staff report feeling more effective in their roles when they have the opportunity to slow down, reflect, and respond to the client's needs and evaluate the effectiveness of their own interventions. When the treatment plan becomes a living and breathing part of the client's treatment, the clinicians are empowered to truly reflect on their clinical choices, ideally in the comfort of a treatment team meeting, and the Utilization Review staff gains further insight into the client's care.

Too often, Utilization Review staff are left uttering the phrase, "I don't know, let me get back to you on that," during UR calls. This phrase both undermines the insurance Care Advocate's faith in your clinical team and quality of care, and highlights the areas for improvement in your clinical practices and charting. Would your clinical staff benefit from trainings about integrating industry catchphrases into their documentation and creating time-saving workarounds, and would they appreciate the efficiency of an electronic medical record that integrates all of the parts of the chart (intake data, progress notes, treatment plan, discharge plan, communication with outside providers, Utilization Review, etc.)?

Having worked with a number of clinical mental health and substance abuse treatment teams, I have consistently seen

how administrative support for the clinical reflection process not only aids in the retention of patients and extended treatment authorizations, but also in the overall retention of quality clinical staff. Clinicians know when they are valued... their work and opinions are taken into consideration, and their administrators continually invest in them, both via trainings and with their time. Small investments in the here-and-now could yield significant results for your treatment center: The extension of a residential treatment authorization for a mere three days would more than cover the cost of additional trainings for your staff. It is astounding how much impact a little extra time and a few trainings can have on your bottom line: Lower staff turnover, improved treatment lengths, fewer patients discharging abruptly or against medical advice, and improved relationships within the community. All of these factors contribute to your company's financial solvency. Part of becoming (and staying) a premier treatment provider is offering premier treatment... how are you investing now to set yourself apart for the long haul? 



*Elizabeth Irias, LMFT, is a warm, tenacious, and detail-oriented licensed Marriage & Family Therapist, with specializations in Utilization Review, Clinical Management, and Quality*

*Assurance. She serves as a spokesperson for behavioral health clients with their insurance companies, advocating for appropriate and necessary treatment. As a consultant, Elizabeth works closely with clinical teams to improve their quality of care and documentation practices. Her high-level clinical work comes from her passion to improve the quality of care for mental health patients, and she feels strongly that streamlining administrative processes can lead to an improvement in the patient's treatment experience and the resulting outcome. She also operates a private practice in Westlake Village where she provides adolescent/young adult therapy, family therapy, and addictive disorder treatment. In addition, Elizabeth conducts personalized, targeted presentations for educational institutions and area mental health and legal providers as a CAMFT CEPA-approved CE provider, and is a professor in the Graduate Psychology Department at Pepperdine University in Malibu, California.*

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