**What’s Driving the Need for Non-Clinical Administrative Expertise?**

***By Patrick Gauthier, Director, AHP Healthcare Solutions***

The practice of recruitment and retention in the behavioral health workplace tends to focus on clinical and paraprofessional staff but the advent of *Health Care Reform* and the *Meaningful Use* of health information technology are quickly changing the equation for behavioral health care providers. What used to be considered “back-office” functions like reception, accounts receivable, and sometimes desk-top computer support have given way to patient registration, coding specialists, revenue management, and a full-fledged IT team. Now, the stakes are higher than ever as markets begin to shift and expectations surrounding infrastructure surge higher than many providers’ staffing plans may be prepared for.

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Staffing plans are being re-evaluated in light of the paradigm-shifting and business-environment-altering power of reforms. Once providers come to terms with the following “drivers”, they will begin planning for non-clinical staff that can bring to bear new skills and expertise for the future:

1. Health Insurance Exchanges and the expansion of Medicaid
2. Accountable Care Organizations (ACO)
3. *Meaningful Use* of certified electronic health record (EHR) systems.

Let’s take a look at how each of these seismic shifts impacts staffing needs. What follows is a list of the types of roles and skill-set requirements rapidly emerging in the marketplace of staffing plans and human resources:

* **Marketing and Business Development** – providers are beginning to re-evaluate their products and services and reconsider how they are staffed in order to serve commercial markets dominated by self-insured employers and health plans. Behavioral health providers are particularly aware of the role played by Managed Behavioral Health Organizations or MBHOs who also serve a large share of the managed Medicaid market. In both cases, there are obvious licensure and accreditation implications but the real difference lies in the ability of providers to understand market forces, market data, marketing plans and the sales process. Marketing and sales experience in the health care marketplace is increasingly going to be a critical asset to recruit, particularly as behavioral health providers aim for ACO participation.
* **Finance** – because ACOs involve quite different business models, joint ventures and shared financial risk, providers are encouraged to recruit for finance positions with an eye for experience with managed care, financial risk assessment and business planning. The importance of making sound business decisions today cannot be overstated.
* **Revenue Management** – as providers prepare to shift large shares of their total books of business to commercial and managed care payers (including Medicaid), the ability to deploy sophisticated billing operations will be paramount. Attracting skilled billing staff will require careful attention to candidates’ real-world experience with Current Procedural Terminology (CPT) coding, Health Care Procedure Coding System (HCPCS) codes, DSM and International Classification of Disease (ICD) diagnostic coding, National Provider Identifier (NPI) numbers in addition to the use of standard billing forms like the UB-04 and CMS-1500. Moreover, contemporary billing and revenue management are so interdependent with HIPAA standards for transaction code sets (specifically the production of an 837 and receipt of an 835 in electronic data interchange (EDI) terms) that billing operations staff require expertise and experience with HIPAA EDI compliance, state-of-the-art business processes that assure alignment between service capture, coding and billing, and the use of electronic billing systems.

The other critical skill area is that of costing and pricing. This dimension of revenue management requires an understanding of the various methodologies used by commercial and managed care plans when establishing reimbursement and fee schedules. These include:

* **Quality Assurance and Quality Improvement** – This is an area that will require a major shift for many of the country’s publicly-funded providers who are accustomed to meeting State and SAMHSA requirements surrounding outcomes measures. The commercial market often differs markedly in terms of what it measures and how it quality is measured. For instance, the National Committee for Quality Assurance (NCQA) Healthcare Effectiveness Data and Information Set (HEDIS) measures as well as the National Quality Forum (NQF) measures dominate the commercial managed care space yet are largely unaccounted for in public programs. With the national conversation turning toward ACO models and Patient-Centered Medical Homes (PCMH), providers can expect a high bar for QA and QI.
* **Utilization Review and Case Management** –both these roles are clinical in nature yet providers often discover they need to staff them exclusively for these purposes. As the patient and payer mix shifts increasingly toward managed care, the volume of work involved in authorizing and re-authorizing coverage and collaborating with other providers justifies full-time positions as do the special skill sets that prove successful in a managed care arena. Recruiting and properly training clinicians to serve these functions is a very important and strategic task that calls on very unique experiences that diverge widely from those used in face-to-face counseling.

Building upon the patient-centered medical home processes, ACOs are being promoted by Health Care Reform as a strategy to approach the “Triple Aims” of improved patient experience with healthcare over time, improved health of defined populations, and controlled per capita costs. ACOs are essentially new business models that engage providers in new business entities, highly coordinated care models and infrastructure, and financial models that include shared-savings incentives when outcomes and cost performance measures are met. In addition to the roles described above, participation in ACOs will require the following expertise:

* **Information Technology** – providers seeking to play integral and significant roles in ACOs will need to demonstrate that they have implemented certified Electronic Health Records (EHR) systems and that they can share information in standard formats across organizational boundaries (otherwise known as health information exchange or HIE).

No longer can providers satisfy their IT needs with a single “Jack-of-all-trades” IT person. Information technology encompasses far too many subdivisions of subject matter expertise including hardware like servers, routers, cabling, desk-tops, disaster recovery, hand-held devices, and sophisticated telephone systems. IT also encompasses the science of networking both internal hardware and data and externally through the internet. Networking specialists (many of whom are certified) bring to bear a deep knowledge of firewalls, encryption, bandwidth, local and wide area networks, and other facets of physical security. Lastly, IT involves expertise in the implementation, support and configuration of software. The skills a provider organization might require depend largely upon the kinds of software they use. Software support specialists often serve as business analysts, translating the workflow needs of clinicians for software engineers and programmers (usually on the software vendor’s side of the fence).

* **Health Informatics** - ACOs will work best when providers can make use of the diagnostic, encounter, outcomes, quality, and cost data they collect. Making Meaningful Use of data is, in part, a function of being able to arrange data in a defined data warehouse, analyzing it using statistical and analytical tools, and reporting it using flexible and robust reporting packages. Other criteria for Meaningful Use pertain to HIE, capturing data in standard formats, using data to track conditions, communicating with other providers, engaging patients and families with health information, and measuring whether or not services are safe, effective, efficient, patient-centered, equitable and timely. All of these skills and tools transcend IT and incorporate research, statistics, clinical, and business acumen. In many cases, health informatics experts also serve the function of intermediary between clinical staff and software configuration experts, enabling incremental improvements in clinical workflow over time.
* **Business Analysts and Project Management** – Business Analysts have been mentioned twice in this post. The importance of this role is only beginning to be properly understood in health care. As clinicians move through novice, intermediary and expert levels of proficiency in clinical records systems like EHRs some of them will have suggestions for programmers and recommendations for software configuration experts. These skills may be difficult to find today but employee retention efforts should be developed with an eye for these skills. The same is true for project managers. Professional Project Management is not just a “good idea,” it’s a discipline, comprehensive tool-set and methodology. As providers launch large-scale initiatives, changes, and implementations, they ought to recruit experienced and/or certified project managers or begin to identify internal staff with the right aptitude and attitude for the role.

*Patrick Gauthier is now committed to working on the design and effective deployment of programs that properly align the resources and incentives of behavioral health payers, providers, and clients. His particular approach to alignment and improvement in behavioral health settings involves focusing on integration of programs and financing, business*