Pro
2013-00002

LETTER OF AGREEMENT

Kaiser Permanente and OFNHP Professional Bargaining unit hereby agree to the following understandings regarding schedule templates for outpatient Mental Health Therapists in the Mental Health Department:

1. Scheduled work hours for a 1.0 FTE are 37.5 of productive time with 2.5 hours of paid break, for a total of 40 paid hours.

2. Full morning and/or afternoon sessions are required (e.g., 10–2:00 shift is impermissible).

3. Standard Built Breaks from 12:00 to 12:30 or a 30-minute block in the middle of the a.m. or p.m. session. Each MHT may choose among 12:00–12:30, a.m., or p.m.

4. Lunches may be 11:30–12:00, 12:00–12:30, and 12:30–1:00. MHTs are encouraged to take lunch from 12:30–1:00 to promote standardization.

5. Five-day coverage will be balanced across the week by service area team so that there is adequate coverage each day of the week. Each geographic service area may first try to work out balanced 5-day coverage within their teams. If no agreement can be reached, MHTs will choose days off in seniority order.

6. Three standard start times: 0730, 0800 and 0830, balanced across teams to optimize coverage. Some start time exceptions will apply to accommodate group appointments based on member demand. Therapists currently offering an evening group from 6–7:30 and who currently work a 3- or 4-day schedule may choose a 12-hour template on the day the evening group is offered.

7. The work week options require a minimum of four days per week in clinic, for all FTE levels. Five days preferred. Employees currently working 3 days per week will be grandfathered in as exceptions, and exceptions to the FTE options in item 8 may be necessary. Employees currently working 2 days per week may choose to work 3, 4 or 5 days.

   Each current individual MHT may choose 4- or 5- day schedule; management won't impose quotas for either.

   Adjustment for the 3-day providers who are currently working three 10-hour shifts (30 coded hours) will be an additional FTE option at 0.75.

8. Five FTE options to choose from: 1.0, 0.9, 0.8, 0.7, and 0.5, with adjustments for 3-day schedules for those MHTs who currently have a 3-day schedule and choose to have that 3-day schedule grandfathered in.

9. MHTs who work in 2 departments or are on-call may work less than .5 and will not fit into one of the FTE options.

10. All MHTs will be offered the opportunity to upcode or downcode prior to implementation of new templates, including those who currently fall within one of the FTE options. However, all MHTs must stay within the FTE options and a 4- or 5-day workweek other than those who are already in a 3-day schedule and choose to remain with that schedule.

11. Standard treatment team meetings will be held from 1:00–1:30 twice weekly. An MHLT subcommittee will develop recommendations to make the treatment teams consistently valuable to participants.

    MHTs who work at sites without a team meeting shall call into the team meeting for their geographic service area.

12. Group sessions are allotted 2.5 hours total to cover prep, group time, and charting. Actual group session time may vary depending on type of group.

13. An MHLT sub-committee will be tasked with redesigning the group program, with labor, management, and NWP participation, with the redesign to be completed within three (3) months of the conclusion of bargaining. Once completed, staffing of group sessions will be made using a team-based decision making process within each geographic service area, and then in reverse seniority order if necessary. Existing group programs and schedules will remain status quo until the redesign is complete. Poorly utilized groups will be discontinued.

14. A portion of non-contact time (in-basket) can be scheduled early or late in the day if the Therapist chooses, but not both at the beginning and end of day. Any in basket time first in the morning will not be able to follow a new patient evaluation.

15. All NEW appointments will be 60 minutes in length for both adult and pediatrics. A labor-management subcommittee of the MHLT will be tasked with figuring out ways to support providers in successfully performing a 60 minute intake. The subcommittee will operate as an LMP committee with equal numbers of labor and management and use consensus decision making. Streamlining initiatives will be reviewed and initiated 1 month post bargaining. If new documentation templates are proposed, they must be approved by the MH QM Committee and the KPNW Coding Department to make sure all clinically necessary items are included and the templates allow appropriate coding for services, the goal being to make the documentation as efficient and non-onerous as possible.

    Management is extremely invested in improving the intake process and making 60-minute intakes less onerous. Management has already taken steps to improve the process, including: making Dragon Speak software available to all MHTs who choose to take the training (for which CME credits are available); drafting a new, shorter adult intake questionnaire, and planning to create a shorter pediatric intake questionnaire. These and other measures will be further discussed in the MHLT subcommittee.

In-basket times will follow each NEW appointment, except where a therapist chooses to place an in-basket slot at the beginning of the day or a NEW appointment at the end of the day.

16. To achieve at least 28 completed hours, emphasis will be placed on measures to have cancellations rescheduled utilizing methods including but not limited to: personal reminder calls, kp.org reminders, PAS staff or MAs trained to re-book cancellations from the wait list, considering a fee for no-shows, and implementing a communication process to share individual MHT strategies for reducing no-shows.

Weekly templates for a 1.0 FTE will include 32 hours of public bookable time, prorated for less than 1.0 FTE. MHTs who are not able to consistently complete 28 hours (prorated) of patient visits per week will have their templates adjusted to 33 public bookable hours. It is management's intent to work with each individual therapist to reach the 28 completed hours requirement without moving to 33 public bookable hours. Completed hours will be evaluated on a quarterly basis. Completed hours data is tabulated and reviewed on a weekly basis, and this information is available to all providers at any time.

17. MHTs will not have the ability to convert appointment types in the template. They will receive "credit" for all work performed and charted based on level of service.

MHTs who currently utilize scheduled PHONE appointments to manage their return patient workload may elect to have up to two 30-minute return visit changed to PHONE-30 appointments. The MH AOC will monitor the fill rate and use of these prescheduled appointments and if they are consistently unfilled or being utilized for "phone encounter" work, not scheduled visits, then the appointments will be reduced or eliminated.

18. Appointment type mix is an operational decision, such as a mix of 60- and 30-minute appointments with the majority being 60. Primarily, the mix is based on the patient volumes, resulting in a mix of adequate supply of NEW and Routine and Urgent appointments. The Access Oversight Committee will be charged with evaluating the need for any changes within the constraints of the bargained bookable hours.

There are currently appointment types in the template that release the day before or the day of the appointment to provide urgent access.

Any change to the number of NEWs would be on a temporary basis based on unforeseen emergent circumstances such as a community crisis or an unforeseen staffing emergency, or based on an MHT building up his/her caseload.

19. A labor representative will sit on the AOC and have access to data being used to analyze the productivity metric of 28 hours completed, and will be given the opportunity to consult with management prior to changing the template to add an additional hour of appointments. Management will consistently provide data being analyzed for purposes of managing patient access to members of the MH AOC and MHLT.

20. Return phone calls will be made during in-basket time. Each phone call will be coded with a level of service thereby allowing each call to be 'counted" or recognized as work completed by the therapist.

21. COD responsibilities, including inbasket coverage, will be resumed by the department supervisors. In emergency situations or in the event that the supervisor is in a meeting, MHTs will be assigned days to "back up" the supervisor. When supervisors take PTO, they will be covered by another supervisor.

22. Management should continue to recognize a patient as new after a rolling 12-month period.

10/14/13
Naomi Loo, HR

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OFHNP