

The RAD

What is It and How Does It work?

Goals of Presentation

- Orientation to Resource Allocation Decision (RAD) Method
 - Background & definition
 - Walk through an example
 - Demonstrate some of the common mistakes with implementing

Origin of RAD

- Developed by workgroup coordinated by DHFS
- Revised by input from stakeholders
- Operationalized by Partnership and Family Care pilots

Purpose of the RAD

- Weave outcomes into case management practices
- Maximize appropriate resource allocation
- Assure cost efficiency in all expenditures
- Assure consistency across MCO's
- Provide a structure for teams to guide decision making
- Demystify the decision-making process
- Preserve flexibility and creativity
- Provide guideline for hearing officers in appeals

RAD – Definition

- Seven-step critical and creative thinking process designed to address enrollees' long-term care needs, balancing outcomes and cost

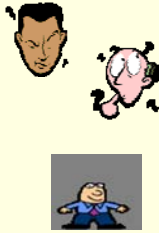
Why RAD?

- Cracking the oxymoron
 - Person-centered / managed care
- Can't hide
- Systematic approach to decision making



Key Components RAD Implementation

- People who know the person well assist the person in decision-making process
- Willingness and ability to rethink how we allocate resources

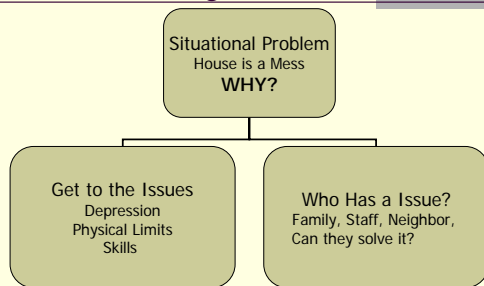


7 Step Decision-Making Process

- Issue
- Issue in relation to the person
- Ideas
- Policies/ guidelines
- Member preference
- Options
- Explain, negotiate



Step # 1 Need / Goal / Issue Getting to the Core



Step #2 How the problem relates to the person

- ADL's, IADL's, LTCFS, MCP and any other applicable acronyms
- Values / priorities
- Responsibility, respect and independence
- Input from professionals
- Neat freaks
- Acceptable risk
- Doing what people can do for themselves

Step #3 Options / Ideas Brain Storming

- What's been tried
- Start with person, family, friends, natural circle
- Community resources
- What would you/ I do?
- Trial solutions
- Organization skills assessment
- Natural supports critical to long-term success.
Do not move these people out of the way in the course of care coordination
- Natural solutions to problems, not systems solutions

Step #4 Policies / Guidelines

- Policies - rules, regulations, agency written procedures
 - Court mandates
 - Maximize Medicare
 - RCAC access



Step # 5 Member Preference

- Their problem
- Their solution
 - Empowered people preserver
- **Don't forget!**



Step #6 Assess Options' Effectiveness



- 'Effective' means it works to support the outcome
- 'Cost-effective' means it does so at a reasonable cost
 - Reasonable alternatives
 - Would solve the problem
 - Would not have a significant negative impact on outcomes
- MEASUREABLE!

Wisconsin Family Care Program Resource
Allocation Decision Method

Step # 7 Discuss / Negotiate / Explain

- Discuss process with the person, family, providers, informal supports
- Negotiate: not saying "no", saying "Instead"
- **Process, not an event**



Wasn't that Easy?



Challenges of RAD

- It sounds highly intuitive
- Easy to 'back into' a service
- It's hard to change



Intuitive?

- Problem
- Problem in relation to the person
- Ideas
- Policies / guidelines
- Member preference
- Options
- Explain, negotiate



Early Family Care Pilots Experience

- We do the RAD!
- We do the RAD?
- We're out of money
- We need to do the RAD

Common Mistakes

- Missing core problem
- Backing into it
- Confusing outcomes with services
- Not exploring all the options
- Under-involving the member and others that know them
- Failing to measure effectiveness
- "Struggling" with negotiating

Failing to Identify the Core Problem

- Clues that you're addressing a situational problem
 - You're reacting
 - It's easy
 - It's expensive
 - The member is not involved in choosing the intervention

Missing Core Problem/ Backing into It

Problems	Solutions
■ Mobility / ambulation	■ Scooter / lift chairs
■ Messy house	■ Supportive home care
■ Skill deficient	■ Daily living skills training
■ Stress	■ Respite

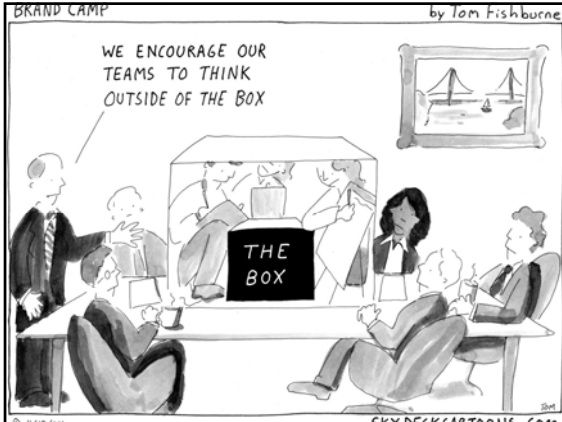
Entitlement and Fair Traps



- **Entitlement to Benefit**
 - Not specific service
- **Not Equal**
 - Not everyone gets the same stuff
- **Equitable**
 - Decision-making process is same
 - Decisions not necessarily same

Confusing choice/ preference with outcome

- Need-versus-want argument
 - It's circular, filled with value judgments and it never ends
- Focus on the outcome
 - Results
 - End product
 - Effect of proposed intervention
- Choice is about empowering people



Common Mistakes #4 Policies/ Rules/ Guidelines

- Guidelines
 - Advantages
 - Disadvantages
- "We don't do....(that)"
- Not knowing the rules

Common Mistake at Step #5 Member Preference

- Misstating member preference as member outcome
 - Confusing
- Most common mistake with Step #5 is doing it as Step #1
 - Member involved at Step #1
- Doing the RAD at the office?

#6 Failing to Measure

- Hint you're failing to measure effectiveness
 - Your in box feels like this



Other measure mistakes

- Cost-effective = cheapest
- Leaping to extremes

7 Challenges in Negotiating

- Failing to involve the member
- Caregivers / providers with specific expectations
- Seeing all-or-nothing answers
- Fear of appeals and grievance process

Tools in MCO to Assist

- Increased autonomy
- Increased responsibility
- Interdisciplinary team
- Provider-network developer
- Quality-management program
- Flexibility
- Member-rights specialist
- Changing role of the provider

Using the Resource in MCO

- Enjoy your flexibility
 - Don't "struggle."
- Use your team
 - Involve other people
 - Keep the member in the middle
- Don't hesitate to be wrong
 - Be willing to try
 - Measure the success or lack of

Best Advice

- **Just Do It!**