

**Medical Music Therapy Business Plan:
A patient and staff based program model
Seneca Paul Block, MT-BC**

INTRODUCTION

This project has been designed as a set of guidelines for music therapists to gain critical business insight and utilize provided resources along with their described rationales in order to successfully propose and present music therapy programming to a medical facility's administrative bodies. The following content is made up of a background description to provide baseline knowledge for the therapist, followed by an annotated model business plan outline describing the critical insight for each section, a description of program data collection and rationale, program model objectives along with a timeline of implementation and a program expense description. In addition to these sections, an annotated bibliography is included to provide a means of increasing the therapist's business acumen and understanding along with an appendix that is referenced throughout this project when applicable. It is hypothesized that upon the utilization of this project's philosophies and model materials, a music therapist will increase their required skillsets enabling them to successfully prepare, propose, present and implement a medical music therapy program.

BACKGROUND

Medical centers require cost-effective means of improving patient pain management, employee engagement, and environmental noise, in order to clarify

the clinical rationale and financial justifications for investing in holistic treatment modalities, specifically, music therapy programming.

Music therapy is an evidence-based practice that uses music to address pain management, employee engagement, and environmental noise, among other issues. Through music therapy programming, a trained clinician (board-certified music therapist MT-BC) is able to adapt services that account for patient and employee wellness and provide a highly cost effective, non-invasive and research-informed form of holistic treatment. This project is in the form of a business plan that articulates improvement goals and defines music therapy service delivery, in addition to providing supporting materials including sample assessments, plans and presentations including analyses of average program outreach. In addition to these documents, sources in the form of meta-analysis and published literature for both medical music therapy program development and business culture will be provided along with their summaries of key points and rationales for inclusion and significance.

Historically, music therapy is an aspect of patient care that is often utilized on an interdisciplinary (ID) team of medical providers in order to meet patient's goals of optimum health in body, mind and spirit. Like many integrative medicines, music therapy's philosophy is built from a humanistic framework and approach that accounts for the whole person. Furthermore, when recognizing the responsibility of providers and clinicians in the medical field to address not only physiological aspects of patient care, but also the psychological aspects of patients and their family members.

In recent years, medical centers nationwide have taken on a more holistic approach, making music therapy services more common place among the accepted medical treatments. The growing need for facilities to meet the demands for alternative therapies and treatments to avoid potentially harmful side effects of medications has fueled the expansion of music therapy programs. This shift in philosophy may be attributed to the rising opioid epidemic, which now has healthcare providers searching for alternative and safe methods to manage pain, without exacerbating the rising issue of patient drug seeking behaviors that have resulted in an opioid crisis.

In addition to providing well-documented and safe means of pain and stress management, music therapy has become an integral member of the ID team, serving multiple functions while addressing patient's ever complex emotional needs. With this said, music therapy serves several key developmental domains through its offered services, with a continued focus on addressing patient stress and pain management, while additionally addressing patient needs of coping, anxiety, depression and related negative emotional responses common in hospitalized inpatient populations. With a balance of providing emotional, social and physical support for patients and their families, music therapy's service efficacy appears most beneficial within the medical setting when integrated into the medical staff's daily rounding and treatment teams primarily consisting of pharmacists, medical residents, nursing staff members and social workers.

Personal Perspective

This rationale of systemic integration has aided my work and the development of several successful music therapy programs within my hospital

system. These developed programs now encompass the span of four hospital facilities, each with the expansion of a fulltime music therapy staff member in addition to four programs in developmental phases. The development of this multi-facility music therapy program took place over the course of a three-year period through an integrative health network within a large northeastern Ohio hospital system.

With my background as a lifelong musician, performer, sound engineer and MT-BC, the opportunity for program growth was found within a series of community hospital settings during my part time employment within them. Although training in music therapy services and program design provided an excellent framework for service expansion, there was an apparent lack in skills related to business culture and acumen. However, through the discovery of several recourses including business literature highlighting strategic thinking, leadership and communication, this lack of business understanding was supplemented through the provided readings along with real life proposal experience. These highlighted recourses aided in the business culture awareness including presentation skills and effective focused communication techniques, as well as concrete strategic planning and program implementation.

MODEL BUSINESS PLAN OUTLINE

(Section Rationale Provided)

A. Music therapy program tactical breakdown-

Section Rationale: *In regards to this suggested music therapy programming model, it is hypothesized that improvement in program goal areas will justify the inclusion of Music Therapy services in hospital facility fiscal year budget. Specifically, hospital administrators will incorporate music therapy programming into their yearly budget as a result of the presentation of a music therapy business plan that outlines music therapy clinical benefits, program structure details, and associated costs. The development of a business plan is the first phase to test this hypothesis, along with the review of suggested business literature which impacts the effective communication and appropriate representation of this business plan.*

When presenting an outline to an individual or group for proposed programming, the first step is providing a breakdown of music therapy programming overview, goals, objectives and details. The following several sections of this model are provided to offer talking points for the therapist to guide the conversation in the moment and to serve as material to leave with decision makers for further review. This model may serve as a framework, though it is suggested that the therapist relate the need for the research of facility needs and the individualization of specialized goals and objectives for the specific hospital or medical facility.

Music Therapy Program Model Focus & Overview includes:

I. Patient experience-

Section Rationale: *Patient experience is considered a top priority for hospital administration due to the reimbursement of insurance carriers, Medicare and Medicaid's incentivizing of HCAHPS scores. HCAHPS is an acronym that stands for "Hospital Consumer Assessment of Healthcare Providers and Systems" and is the first nationally introduced means of both measuring and publicly reporting hospital facility quality standards in the United States of America. This assessment comes in the form of a survey that patients receive upon discharge to their homes which ask questions in regards to patient perceived quality in these domains:*

Overall rating of hospital- *assessing the patient's perception of overall facility quality and their experience*

Recommendation of hospital- *assessing if the patient would refer others to the same facility*

Communication with nurses- *assessing how well nursing staff treated patients with courtesy and if they appropriately explained their plan of care*

Communication with physicians- *assessing how courteous doctors explained care and treated the patient*

Hospital environment- *assessing how clean the patient room was and how quiet the hospital was at night*

Transition of care- *assessing how well the staff prepared the patient for discharge and the transition to their home or next facility*

Communication about medication- assessing how well the patient's medications and side effects were explained by staff

Discharge planning- assessing the timeliness of the patient's discharge from the facility

Responsiveness of staff- assessing how quickly staff answered patient's room calls

When the HCAHPS surveys are received by Centers for Medicare and Medicaid Services (CMS), they are averaged against all hospital systems nationally and ranked via percentile. Hospital facilities are then assigned reimbursement rates for their rendered services at a percentage rate based off of their HCAHPS standings. The higher the HCAHPS standing, the more a hospital will be reimbursed, as well as the reverse. For this reason, administrators and music therapists alike must understand that services that have documented impact on patient perception of hospital quality and experience (particularly music therapy), also may positively impact the profitability of the hospital facility over time.

Implementation:

-Pain management- music therapy inpatient sessions utilizing techniques such as mindfulness and guided imagery with passive music reception and listening or active music engagement via instrumental play

-Stress management- music therapy interventions to build stress management strategies which may include techniques such as songwriting and active lyric

discussion to increase expression of thoughts and feelings, promoting positive coping skills via music instrument play and enriching life style via instrument learning or designing of music playlist to manage mood state and promote daily relaxation habits for stress management

II. **Employee Engagement-**

Section Rationale: *Employee engagement has been described as another extremely important aspect of hospital workplace culture. The staff are on the front lines, not only acting as main contact points for patient care, where they greatly impact patient experience, but they also are receptive to caregiver fatigue and burnout. This leads to the diminishing of employee morale and their feelings of wellbeing, along with the decrease of job satisfaction over the course of time. For this reason, the second largest emphasis within in this business outline next to patient experience is employee engagement.*

Implementation:

-Staff wellness – Caring for the caregiver via employee in-services and education on music-facilitated stress management and the use of music to enrich lifestyle

-Staff stress management - Group music therapy events including drum circles and instrument learning workshops to promote positive coping strategies and stress management plans

III. **Environment of Healing-**

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Section Rationale: *Historically, environment of healing, and more specifically night time quietness, is the lowest rated HCAHPS score throughout the nation from hospital to hospital. This poor environment of healing has remained a difficult issue for hospital systems due to a combination of employees, patients and visitors along with hospital medical equipment and maintenance machines that add to the overall noise levels throughout the hospital. With the consideration that music therapists have a specialty in producing, recording and isolating sounds, it has been found that this background often allows them a depth of insight into strategies to aid in noise control in order to increase the environment of healing. The following suggestions have been offered as a means of mitigating unwanted noise, though it is to be noted that these suggestions warrant review and individualization for specific facility needs.*

Implementation:

-Noise audits- locating, assessing and mitigating noise sources *See Appendix E for sample noise audit form.

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-Awareness and education- employee presentations to increase staff awareness of noise and their role in creating a quiet environment of healing

- Noise cancelling headphones and earplugs- implementation of ear ware to decrease patient perception of environmental noise

B. Metrics collection process-

Section Rationale: *Metrics collection is a crucial aspect of program design that not only serves as a means of presenting programming, but also as a means to track program efficacy through outreach in terms of total number of individuals served during the operation of programming. Furthermore, hospital administrative staff require a concretely defined means of data collection to monitor program operation in order to justify the continuance of program funding. * See appendices B, C and D for sample rounding schedules, sample rounding cue sheets, sample assessment forms and sample monthly report documents.*

Implementation:

Program assessment and ongoing measurements to be discussed with facility on quarterly basis and include, but are not limited to, stress & pain management along with total patient, family and staff outreach. Staff outreach will consist of employee wellness in-services and group interventions including stress management presentations, staff drum circles and instrument learning workshops. *See appendix A for sample graph of program focus areas and descriptions.

C. Program Model Objectives and Implementation Timeline-

Section Rationale: *When presenting a music therapy program, it is helpful to introduce a set of objectives along with an implementation timeline in order to clearly illustrate the time frame in which the program will be initiated.*

Objective 1: Quarterly employee presentations: in-service and education to increase clinical program visibility and promote staff self-care

Objective 2: Employee engagement programming targeting staff

burnout reduction

Objective 3: Clearly defined framework of service/focus with logistics

of day-to-day programming: sample schedules of service delivery

-Objective 4: Identify reporting structure: facility specific monthly

reporting to project director and quarterly summary of program

impact in terms of patients and employees served, reported to

designated hospital administration

Implementation Timeline: Quarterly Objectives

Quarter 1	Quarter 2	Quarter 3	Quarter 4
<p>Program proposal and identifying talent</p> <p>Implementation of patient and employee programming</p> <p><u>-Objective 1:</u> Quarterly employee presentations: in-service and education to increase clinical program visibility and promote staff self-care</p> <p><u>-Objective 2:</u> Employee engagement programming targeting staff burnout reduction</p> <p><u>-Objective 3:</u> Clearly define framework of service/focus with logistics of day-to-day programming: sample schedules of service delivery</p> <p><u>-Objective 4:</u> Identify reporting</p>	<p>Assessment of program structure and facilitation of in-services and wellness initiatives</p>	<p>3rd quarter Report and program summary of impact relating metrics of numbers of patients, family, staff members reached and functional outcomes via inpatient stress and pain scores</p>	<p>Re-design and continued implementation of programming</p>

structure: facility specific monthly reporting to project director and quarterly summary of program impact in terms of patients and employees served, reported to designated hospital administration				
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D. Expense and financial breakdown-

Section Rationale: *The cost of developing the program may vary by state and the provided breakdown may be altered if needed. However, having a price point when entering a business meeting is extremely important as it will be required for administrators' consideration for funding.*

- Annual cost: \$75,000 total cost (salary, benefits, training, program oversight) per FTE.
- Analysis of facility needs and required equipment

CONCLUSION

In conclusion and review, music therapy training is both extensive and robust in order to prepare clinicians for a diverse field of work. With a shift of focus in recent years to holistic treatment modalities and increased employment in medical settings, MT-BCs may greatly benefit from the addition of this project's practical insight into areas of business proposal, project design as well as business strategy. This project's goal is to contribute to the field of music therapy by providing a clear means for a practicing MT-BC to propose, create and successfully continue music therapy programming within the medical setting by utilizing these provided plans and sample materials.

Annotated Bibliography

Allen, J. (2013) *Guidelines for music therapy practice in adult medical care*. Gilsum, N.H.: Barcelona Publishers.

This book offers an outline of music therapy programming and offers specifically useful information in regards to pain management and treatment approaches. In recent years, due to an ever-increasing opioid epidemic, nonpharmacological means of pain management are on the forefront of discussions and service development within healthcare systems. Sections within this text outline several techniques and strategies that aid in the development of music therapy programming in a broad spectrum of diagnosis, while continuing to focus on pain and stress management. In addition to the previously highlighted recourses, this book provides an excellent overview of treatment philosophies currently being implemented.

Evans, D. (2002). The effectiveness of music as an intervention for hospital patients: a systematic review. *Journal of Advanced Nursing*, 37: 8–18.

This article provides a systemic analysis of music therapy programs efficacy in the medical setting. The article is noted to be written and distributed by medical clinicians outside of the music therapy profession, which in the case of validity and credibility, is an important point as this may avoid criticisms of bias reporting. Through rigorous analysis and strict inclusion criteria, this article found that music therapy was shown to be impactful in managing emotional needs of hospitalized inpatients and specifically cites the benefit of music therapy programming in treating and reducing anxiety. This article may serve as a strong

tool to communicate music therapy literature and documented clinical impact with administrators and medical staff.

Gallo, C. (2014). *Talk like ted: the 9 public-speaking secrets of the worlds top minds*. New York: St. Martin's Press.

The book "Talk Like Ted" offers several strategies for incorporating emotional intelligence into presentations and discussions, while also developing key skills to aid teaching, inspiring and means of fostering connections with your target audience. This book has been a "Wall Street Bestseller" that links passion and presentation goals to allow the presenter a means of connecting on emotional levels through suggested techniques combining information sharing with storytelling. Given the often analytic and non-personal disposition of many business climates, connecting meaningfully using a humanistic approach is an extremely important aspect of developing medical music therapy programming with administrators.

Hanser, S.B. (2016). *Integrative health through music therapy: accompanying the journey from illness to wellness*. USA: Palgrave Macmillan.

In this book, strategies for practicing music therapy in the ever-changing health care field are provided. With the observed shift in patient treatment that has left medical clinicians searching for additional means to provide holistic healthcare options that address complex patient needs, this text outlines and encompasses several strategies to approaching music therapy practice in an integrative health context. When operating in a paradigm that views healthcare as an ongoing process of finding a patient's optimal health, it is crucial that music therapy program developers retain a depth of

understanding that is up-to-date while remaining mindful of the practice's philosophical progression to current treatment trends like this book offers.

McKee, A., Boyatzis, R., Johnston, F. (2008). *Becoming a resonant leader*. Boston: Harvard Business Press.

This book outlines tactics and strategies for leading teams effectively and utilizing your own skillsets as well as the skillsets of those around you through the use of emotional intelligence. The reading helps an individual identify emotional intelligence and provides concrete strategies for improving on this, while continuing to work toward career goals and professional development. In particular, this book encompasses several successful individual's philosophies in order to offer guidelines to a successful career path. Considering the sometimes-intimidating business climate medical music therapists practice in, learning to work with and inspire change in the work place is an important skillset and this book offers strategies for doing so.

Patterson, K., Grenny, J., McMillan, R., Switzler, A. (2012). *Crucial conversations*. New York: McGraw Hill.

This book offers training in communication, goal setting and persuasion while providing examples to learn from. The text goes on to increase the reader's skillset in identifying situations in conversations and gives suggestions for ways to maneuver critical and difficult issues tactfully. Often in the business climate, first impressions and ongoing dialogs may dictate future proposal success and merit the study of conversation and furthered emotional intelligence training. This book has been on the "New York Times

Best Seller” list and remains a critical and informative tool that is both insightful and progressive.

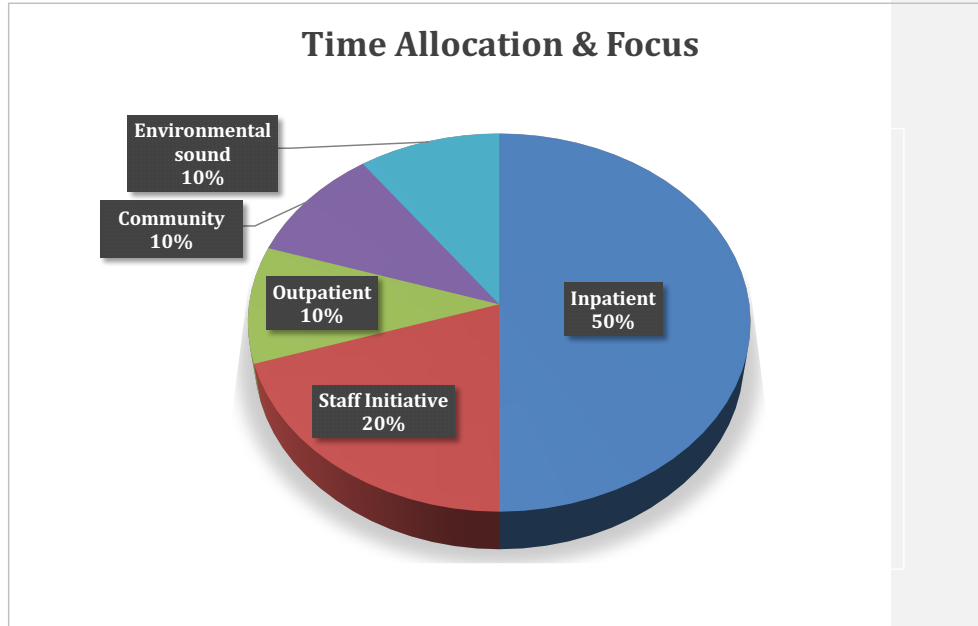
Tzu, S. (2014). *The Art of War*. London: Arcturus Publishing Limited.

In this book, guidelines for strategic thinking are offered along with examples of developing plans for success when working in competitive climates. This book and set of lessons has been passed down through generations dating back to 5th century China. It has become a corner stone in both military and business training courses as it sets a baseline of knowledge while also building a basic skillset of strategic thinking. These strategies include topics of planning, tactics, resource allocation, maneuvering politics and general diplomacy. Throughout history, the majority of prominent military and business leaders have made reference to this book and recommend its reading and the integration of its philosophies.

APPENDICES

Materials to support implementation of program plan

Appendix A. Sample Music Therapy Programming and Breakdown



Time Allocation Sections Defined

- **Inpatient Programming**- hospital floor rounding, session planning and charting
- **Employee Engagement**- Education, recreational drumming, instrumental workshops and relaxation interventions
- **Outpatient**- Identified outreach programming, songwriting groups, instrumental workshops
- **Community Outreach**- Healing Harmony musician volunteer program and local community involvement
- **Environmental Sound Initiative**- Onboarding, environment of healing assessment and noise mitigation strategies

Appendix B. Sample Rounding Schedule

Time	Monday	Tuesday	Wednesday	Thursday	Friday
9-10am	Pt. team huddle	Pt. team huddle	Pt. team huddle	Pt. team huddle	Pt. team huddle
10am-12pm	Pt. rounding	Pt. rounding	Pt. rounding	Pt. rounding	Pt. rounding
12pm-12:30pm	Lunch break	Lunch break	Lunch break	Lunch break	Lunch break
12:30pm-2pm	Repertoire & Session Planning	Repertoire & Session Planning	Repertoire & Session Planning	Repertoire & Session Planning	Repertoire & Session Planning
2pm-3pm	Pt. follow up Rounds	Pt. follow up Rounds	Pt. follow up Rounds	Pt. follow up Rounds	CLINICAL or MUSIC meeting (bi-weekly) or pt. follow ups
3pm-4pm	Pt. Rounding Continued	Pt. Rounding Continued	Pt. Rounding Continued	Pt. Rounding Continued	CIHN team CLINICAL or MUSIC meeting (bi-weekly) or pt. rounding
4pm-5:30pm	Charting and administrative time	Charting and Supervision	Charting and administrative time	Charting and administrative time	End of week wrap up and report out

Appendix C. MT Rounding Cue Sheet

Use with newly admitted patient

1. Introduce Music Therapy and team treatment modalities

“Helping you find your best path to optimal health”

2. Discuss benefits of music therapy and explanation through rack card
3. Assessment of Anxiety, Distress, Pain, Depression or other

Ask patient

- “What are your goals while you are here?”
- “How do you plan to optimize your health holistically while with us?”
- “How can I help you do that?”

Things to keep in mind:

- Am I listening more than I talk?
 - Am I looking at this person as a whole?
 - Am I aligning myself with this person’s chosen goals?
 - Offer Treatment Time and receive pt. referral
4. Introduce Noise Awareness Initiative and prep expectations

Key Phrase: “We know hospitals can be noisy, but we care deeply about your wellbeing and offer this ear wear to help assist your comfort. We want to empower you with the ability to control your perceptions of environmental noise.”

Appendix D. Sample Assessment

Pre/Post Music Therapy Pain & Stress Assessment	
Name _____	Room _____
Pre-Pain Score 1----2----3----4----5----6----7----8----9----10	
Date _____	
Post Pain Score 1----2----3----4----5----6----7----8----9----10	N/A-
Reason _____	
Pre Stress Score 1----2----3----4----5----6----7----8----9----10	
Post Stress Score 1----2----3----4----5----6----7----8----9----10	N/A-
Reason _____	
Mood State Pre _____ Music Preference _____	
Post _____ Music/ leisure History _____	
Suggested Intervention: _____	Goal(s): _____
Session notes and functional outcome	

Appendix D. Sample Monthly Report

Music Therapy at CIHN

Monthly Report

Jane Doe Music Therapy September 2016

Long term professional goals:

- Grow a well- respected music therapy program and establish IDT rounds
- Pioneer new ways to incorporate innovative techniques into pain management and noise management in pursuit of a visible change in HCAHPS in regards to pt. satisfaction in multiple domains

Accomplishments/highlights/notable happenings of the past month:

- Completed CPI training
- Held quietness team meeting
- Participated in interview for CIHN
- Completed Iprocurement training MSC
- Implemented Medical Music Therapy Binders
- Revamping and focusing on MT program- Richmond
- Increased pt. satisfaction in environment of care

Patients/Family Seen for Music Therapy:

Richmond Inpatient:

15pts, 10family

Richmond Geri/Adult Psych Unit

95 pts

Age-well Be-well Ukulele Outreach:

4 pts

Staff out Reach- (Presentations and On-boarding) – Richmond and Bedford

44 staff members

Total= pt: 114 Family:10 Staff: 44

Final number does not include meetings held or presentations to management given.

Appendix E. Sample Environmental Noise Audit

Environmental Noise Audit

Date: _____

Time: _____

Observer: _____

UHRMC	East Nurse Station	East Halls	West Nurse Station	West Halls	ICU
Quiet? y/n					
Loud? y/n					
Notes: IE Staff loudness, machines or carts, voices in the hallway?					