Applying robust revenue cycle analytics to enrich Epic

Soyal Momin, SVP, Chief Analytics Officer

Laura Calkins, VP, Revenue Cycle Management

Jay Olive, Director, Information Governance and Business Intelligence

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Introduction to Presbyterian Healthcare Services (PHS)

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State-wide health plan with 652,328 members

- 427,074 Medicaid members,
- 41,863 Medicare Advantage members
- 16,266 DSNP
- 167,125 Commercial members

Largest multi-specialty, not-for-profit healthcare system in New Mexico

- 9 hospitals and 100 clinics statewide
- 1,200 clinicians and 13K employees
- $5.6B in annual revenue

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Business and analytics challenges

- Multiple healthcare operation systems – **"Data rich but insights poor"**

- Lack of **actionable analytics insights**

- Strategic need to **differentiate by optimizing data and insights**

- Integrate data from claim, clinical, care, pharmacy, utilization and provider performance management systems to **deliver actionable analytics and insights**

- **Goal:** achieve the **Triple Aim** and a vision of **"One Presbyterian"**

- Commitment to **'competing on analytics'** for the long haul

PHS analytics strategy and goals

Integrate clinical and claims data, systems and people to enable actionable insights

- Deliver a **360-degree view of operations** that provides a "One Presbyterian version of the truth" for executives and stakeholders
- Drive deeper understanding into the **overall health of the population** and its impact on cost of care
- Enable **proactive initiatives** instead of reactive responses and **"fire-fighting"**
- Integrate **reporting, analytics and insights** into operations and workflow
- Leverage **self-service analytics solutions** to complement Epic EHR
- Establish a **data-driven culture** at PHS through 'data democratization'
- Measurably improve **clinical, operational, and financial outcomes** relative to peers aligned with the **'Triple Aim'**
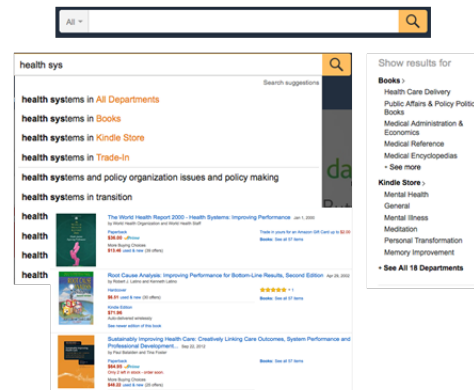- **Differentiate PHS** in the healthcare marketplace

Data analysts

Data literacy

Data democratization
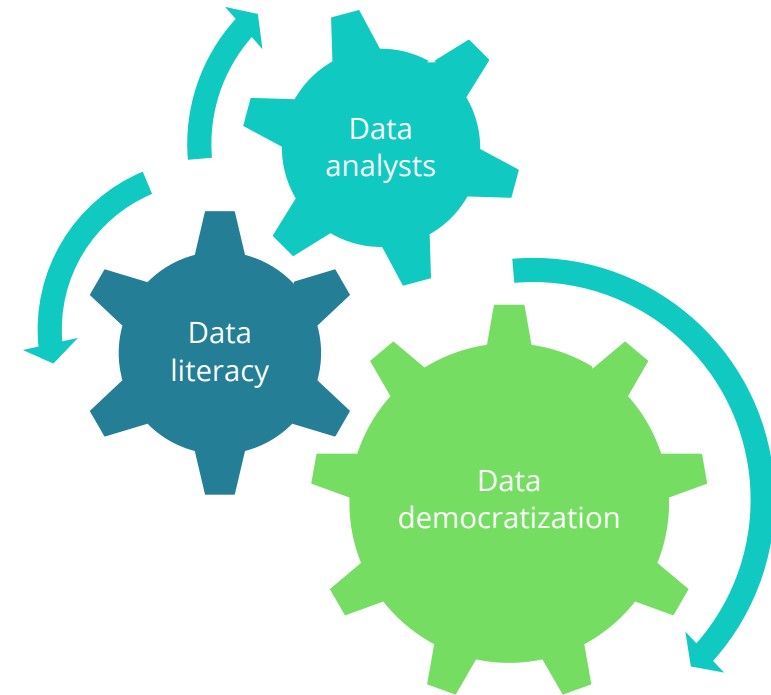
Key ingredients of analytics strategy…

Insights search – user experience

Role-based authentication

Amazon-like search and filter experience

Links to reports

Centralized report catalog

BI & reporting platforms

Users login using existing role-based credentials

Users can search and filter

Direct access to desired report via links in search results

Leverage IM governance tool as the centralized reporting catalog tagged with appropriate report name, short descriptions and problems the report is trying to solve

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Key organizational and operational challenges

Integration of MedeAnalytics revenue cycle solutions is a significant change in people and process

Organizational challenges

- **Develop data-driven culture** and transform operations
- **Enable self-service analytics** and critical thinking skills
- **Embed insights** into operations and workflow
- Move from **"push" to "pull"** mentality

Operational challenges

- Significant investment in **time and resources to prepare reports and analyses**
- Limited ability to **compare and benchmark cohorts**
- Work in **"reactive" mode**
- **Alignment of reporting** to functional areas within revenue cycle

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Why MedeAnalytics with our Epic EMR?

We deployed MedeAnalytics with our Epic EMR to...

- **Enable drilldowns** into claim-level details and trends with the required levels of granularity not provided by EHR

- Proactively enable PHS to **identify gaps** in A/R collections and denials that are likely to happen

- Enable PHS to **track revenue cycles** across multiple care settings

- Enable PHS to **engage and educate physicians with CDI,** using data and insights to improve CMI and CC/MCC Capture Rates

- Provide PHS with the visibility needed to **proactively identify and address gaps** in staff productivity to minimize negative revenue impact

Use cases & value to Presbyterian delivery system

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Hospital and physician revenue cycle analytics

Business problems

- Manual creation of month-end financial reporting packets
- Analyst needed to pull payor and ad-hoc reports
- Limited reporting by payors

Use cases

Improve efficiency and speed to insights

- Ability to proactively monitor, measure, analyze, optimize and improve both A/R and denials
- Self-service analytics with real-time insights into RCM opportunities
- Visibility into A/R and denials, trends, drill downs and causal analysis

Outcomes

Reduced month-end close cycle times

- Successfully **automated** majority of month-end reporting
- Standardized **dynamic** payor reports and dashboards
- Enabled **on demand** reporting and analysis

** Attributed to integration of mede in operations and workflow

Value delivered**
- Reduced total cost to collect by **$450K**
- Reduced time spent consolidating data by **75% ($272K)**

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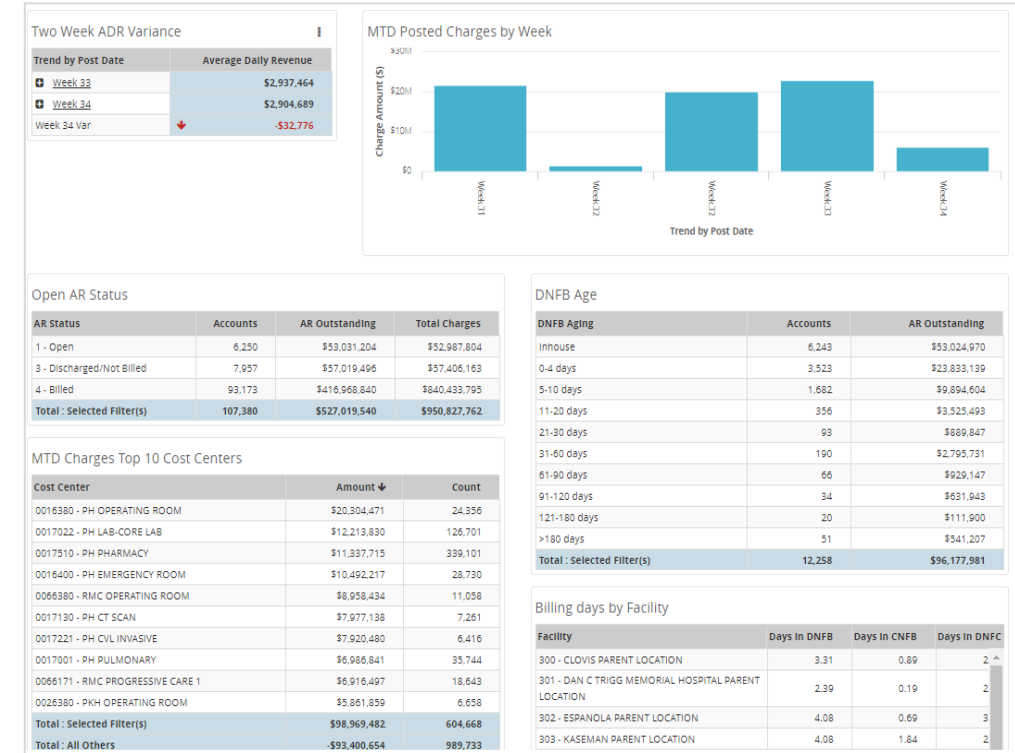
Hospital and physician denial analytics

Business problems

Denial investigations are time consuming
- Excel denial cubes require heavy slicing and dicing

Denial work is reactive
- Difficult to identify trends
- Difficult to recognize relationships contributing to Denials
- Difficult to measure improvements after system changes are made

Use cases

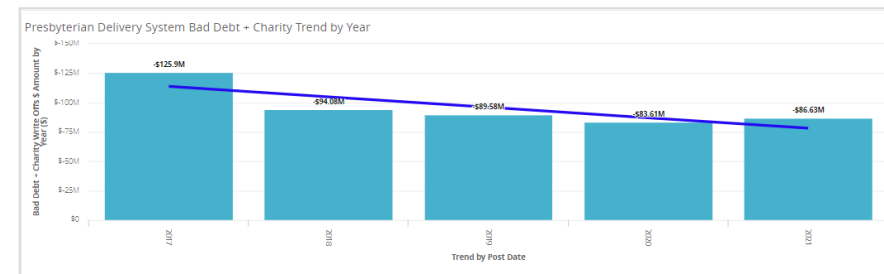### Improve efficiency related to denials work
- Reduce manual investigation into denial issues
- Be proactive and strategic about how to address denials

Outcomes

- **Improved workflow** of business office for working denials
- **Gained efficiency** in identifying common themes within similar denials
- Increased the opportunity to **automate workflows**
- **Reduced the overall amount of time** needed to work denials

Presbyterian Delivery System Bad Debt + Charity Trend by Year

Presbyterian Delivery System Denial ($) 2021 By Payor Bucket
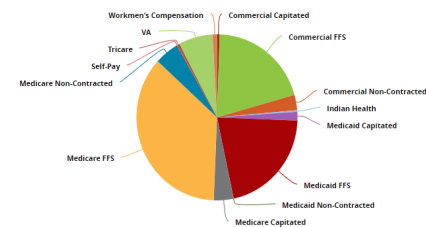
Presbyterian Delivery System Denials ($) Trend by Facility

Facility	2017	2018	2019	2020	2021	2021 vs 2017
300 - CLOVIS PARENT LOCATION	-$1,260,011	-$1,539,926	-$869,556	-$1,070,799	-$1,811,196	↓ -$551,185 (43.74%)
301 - DAN C TRIGG MEMORIAL HOSPITAL PARENT LOCATION	-$183,280	-$157,109	-$102,982	-$58,138	-$145,466	↑ +$37,813 (20.63%)
302 - ESPANOLA PARENT LOCATION	-$687,962	-$1,036,405	-$714,739	-$728,247	-$945,597	↓ -$257,635 (37.45%)
303 - KASEMAN PARENT LOCATION	-$3,851,874	-$2,325,442	-$2,335,182	-$2,346,289	-$2,072,901	↑ +$1,778,973 (46.18%)
304 - LINCOLN PARENT LOCATION	-$578,446	-$538,400	-$610,401	-$415,344	-$551,943	↑ +$26,503 (4.58%)
305 - PRESBYTERIAN HOSPITAL PARENT LOCATION	-$8,135,301	-$7,014,745	-$6,284,432	-$6,524,796	-$6,208,651	↑ +$1,926,650 (23.68%)
306 - PRESBYTERIAN RUST MEDICAL CTR PARENT LOCATION	-$2,864,359	-$2,197,605	-$2,307,431	-$2,419,906	-$2,281,395	↑ +$582,965 (20.35%)
307 - SOCORRO PARENT LOCATION	-$352,587	-$396,510	-$206,075	-$245,779	-$268,418	↑ +$84,169 (23.87%)
308 - PRESBYTERIAN SANTA FE MEDICAL CTR PARENT LOCATION		-$3,180	-$260,584	-$602,523	-$922,614	↓ -$922,614

Value delivered**

Reduced denials by **$806K**
Lowered bad debt + charity care by **$680K**

** Attributed to integration of MedeAnalytics

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MedeAnalytics revenue integrity

Business Problems

Coding- and documentation-related compliance auditing performed randomly
- Sample sizes were small relative to large volumes
- Time consuming, manual process for distributing audit work

Clinical documentation improvement reliant on 3rd party consultant
- Limited in-house access to cohort data

Use Cases

- Reduce time to manage audits
- Strategically target coding/documentation related compliance auditing
- Supplement 3rd party consultant with in-house clinical documentation improvement solution
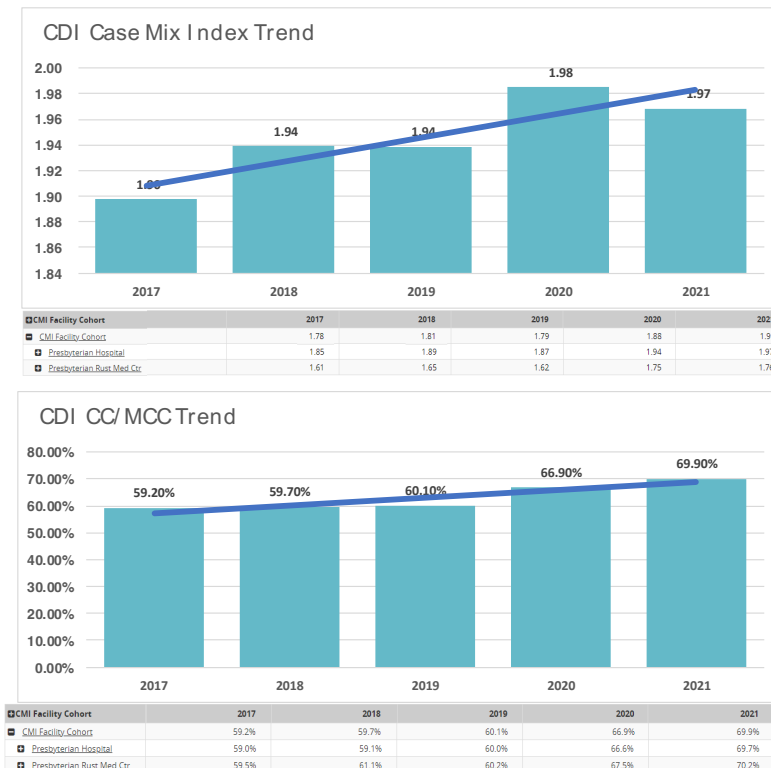
Outcomes

- Revamped coding and documentation auditing methodology utilizing risk rules engine
- Mede is the backbone for clinical documentation improvement opportunities
  - CMI comparisons internally and against external cohorts
  - Benchmarking CC/MCC comparisons internally and against external cohorts

CDI CC/MCC Capture Dashboard

CDI Case Mix Index Trend

CMI Facility Cohort	2017	2018	2019	2020	2021
CMI Facility Cohort	1.78	1.81	1.79	1.88	1.91
Presbyterian Hospital	1.85	1.89	1.87	1.94	1.97
Presbyterian Rust Med Ctr	1.61	1.65	1.62	1.75	1.76

CDI CC/MCC Trend

CMI Facility Cohort	2017	2018	2019	2020	2021
CMI Facility Cohort	59.2%	59.7%	60.1%	66.9%	69.9%
Presbyterian Hospital	59.0%	59.1%	60.0%	66.6%	69.7%
Presbyterian Rust Med Ctr	59.5%	61.1%	60.2%	67.5%	70.2%

** Attributed to Integration of Mede in Operations and Workflow

Value delivered**
- Improvement in reimbursement from CMI increases by **$1M**
- **10%** reduction in time taken to manage audits delivered **$214K in savings**

Recap: successes and value attributed to MedeAnalytics

Benefits from integrating revenue cycle solutions in conjunction with other tools

Outcomes

- MedeAnalytics is a **critical part of month-end processes**
- Improved efficiency and **speed to insights** and staff efficiency
- **Standard reports** across revenue cycle functions
- Operators have **embedded insights** into operations and workflow
- Near **real-time analysis** and decision making

Benefits Realized

- Reduced total cost to collect by **$450K**
- Reduced time spent consolidating data by **75% ($272K)**
- Reduced denials by **$806K**
- Lowered bad debt + charity care by **$680K**
- **$1M** in reimbursement improvement from improved CMI
- **10% reduction** in time taken to manage audits yielded **$214K in savings**

Value enabled by MedeAnalytics: $3.4M

PHS saw a **9-month payback** on investment in MedeAnalytics revenue cycle analytics solutions

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Key lessons learned from the analytics journey

Always remember that **it is people who adopt new tools**, not organizations

People are busy – **understand their workflow and integrate into their daily routine**

Alleviate customer pain by **helping them solve pressing business problems**

Build trust: relationships, give credit, make your customers better at their job, use results to teach not reprimand

Sell results and outcomes

Nurture **evangelists**

Thank you for attending our session!

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Stop by **Booth #6011** to chat with our experts or **scan the code** to view these slides and more!

Scan to access the slides and other helpful resources!