



Turning Information into Actionable Insights

How Presbyterian Healthcare Services augmented its Epic deployment with actionable RCM Analytics for millions in measurable value

In 2014 and 2015, New Mexico-based Presbyterian Healthcare Services (PHS) began strategically investing in data and analytics solutions to improve its revenue cycle management (RCM). As an integrated health system that both provides and finances healthcare, Presbyterian leadership believed establishing a data-driven culture would help Presbyterian remain competitive and reduce costs associated with claims, collections, denials and bad debt within its nine hospitals and 32 clinics. It also hoped to achieve the Triple Aim objectives as well as raising reimbursement and patient and provider job satisfaction rates.

But as more solutions were added, it became more difficult to deal with all that data. “Using system-specific applications or tools led us into what I like to call ‘data silos,’ which ultimately resulted in us being very data-rich but insights-poor,” explained Soyal Momin, Presbyterian’s Senior Vice President and Chief Analytics Officer.

Such data disconnection is not uncommon when analytics programs broaden in scope, tools and complexity, generating a lot of useful-yet-underutilized data due to interoperability or integration issues. For Presbyterian, the answer to dismantling those data silos and improving its RCM lay in data orchestration.

Presbyterian Healthcare Services’ data and analytics journey

In many aspects, Presbyterian’s integrated delivery system follows a familiar revenue cycle model. On the front end are patient pre-service verification, financial counseling and registration. The middle of the revenue cycle involves health information management, coding and revenue integrity. The back end consists primarily of billing and collections within patient financial services.

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LAURA CALKINS | Vice President of Revenue Cycle | Presbyterian Healthcare Services

As both a provider and a payer, Presbyterian wanted to elevate reporting from its health plan and care delivery systems to create a 360-degree view of operations and fulfill a unification vision referred to as “One Presbyterian.” By gaining greater visibility into all service lines, leadership would be better positioned to meet and exceed clinical, business and financial benchmarks relative to Presbyterian’s peers.

With strong support from executives, a newly formed data analytics team began investing in various solutions to provide secure, user-friendly and insightful analytics and reporting specific to the organization’s RCM. Such a program would need role-based authentication and an Amazon-like search and filter experience. Users would have direct access to desired reports kept in a centralized report catalog. And everything would integrate with business intelligence and reporting platforms so informed decisions would come more easily and quickly, enabling users to become proactive rather than reactive.

First, though, the organization needed to address several challenges.

Chief among them was establishing a data-driven ethos in which revenue cycle employees embraced data analytics. Embedding new, more proactive processes into workflows would reduce the amount of time and resources currently devoted to reporting and analysis. This represented a significant culture shift for Presbyterian.

The amount of manual work done by data analysts troubled Momin, who realized analysts spent most of their time in what he called “the data archaeologist zone.”

“They were given just enough time – because they were hunting for and packing the data – to do the appropriate ETL [extract-transform-load], create a report and send it out,” he said. As a result of these time crunches, 80% of analysts’ time was spent on reporting and only 20% towards developing insights. By 2018, however, the reverse was true – only 20% of analysts’ time was devoted to reports and 80% to delivering actionable insights to Presbyterian executives and decision makers.

Improving speed of insights and revenue cycle closes

This shift in reporting and insights did not happen overnight. Presbyterian partnered with SaaS analytics leader MedeAnalytics to help it effectively track revenue cycles across multiple care settings and gain visibility into current RCM staff productivity.

Integrating MedeAnalytics RCM analytics solutions with its Epic electronic health records (EHRs) system enabled Presbyterian to:

- Drill deeper into claims data beyond the capabilities of the EHR alone
- Identify gaps in Accounts Receivable collections and denials
- Track revenue cycles across multiple care settings
- Engage physicians with clinical documentation improvements linked to better complication and comorbidity capture rates
- Proactively find and fix staff productivity gaps

Presbyterian’s delivery system revenue cycle includes 60,000 inpatient discharges (not counting newborns) and 420,000 outpatient visits annually, as well as 1.5 million physician office visits. Additionally, it operates three ambulance divisions. Its statewide health plan covers 620,000 members – 400,000 of whom receive Medicaid and another 47,000 of whom have Medicare Advantage. Being able to effectively utilize data to find cost savings was key to Presbyterian’s ability to offer quality care to patients and health plan members.

“It’s important that our folks embed insights into their operations and workflows, so we don’t produce data just to produce data,” said Laura Calkins, Presbyterian’s Vice President of Revenue Cycle. “We want to make sure folks are actually using these data-driven insights to inform their decisions.”

That appears to be happening. Presbyterian staff now routinely run real-time analyses to make more informed decisions. They’ve increased first-pass accuracy through elevating their business and analytical acumen, and they’ve tackled their analytics backlog. There’s a spirit of enhanced collaboration and shared learning.

“In my opinion, our analytics organization has achieved a much higher level of analytics maturity,” Calkins said. “We are not doing *reactive* analytics; we’re really trying to do more *predictive* analytics. We’re looking at certain trends or insights to tell us where we are headed, and I think that’s a huge asset for us.”

Taken together, improved real-time analytics and insights-driven decision-making add up to \$3.4 million in added value from MedeAnalytics solutions. That amounts to a 344% return on investment (ROI) and a nine-month payback on Presbyterian's investment in MedeAnalytics' RCM solutions.

Improvements in hospital/physician revenue cycle

Presbyterian Service Line Finance Manager Jay Olive says at least 90% of month-end reporting is now automated, leaving more time for staff to perform other functions vital to the health system's longevity, to elevate staff productivity – and to create better work-life balance.

Quantifiable outcomes to date include the following:

- **Revenue cycle:** By standardizing payer-related reports and dashboards and enabling on-demand reporting and analysis, Presbyterian reduced the time spent consolidating data by 75%. This amounts to a total cost savings of \$450,000.
- **Denials:** Improving workflows shortened the amount of time spent on denials work while simultaneously reducing denials by \$806,000 and lowering bad debt and charity care by \$680,000.
- **Revenue integrity:** Revamping coding/documentation auditing methodology improved reimbursements from case mix index by \$1 million. Clinical documentation

improvements also reduced the time taken to manage audits by 10%, which translates to about \$214,000 in savings.

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Other organizations have also noticed Presbyterian's excellence in RCM performance. Since 2015, it's been honored seven times with a Healthcare Financial Management Association (HFMA) MAP Award for excellence in revenue cycle. And for three of those years, including 2022, it has won the award in the integrated delivery system category.

"We're super proud of this accomplishment and recognition," Calkins said.

Lessons learned and next steps

Among the lessons learned during Presbyterian's seven-plus-year data

and analytics journey is an understanding of how new technology impacts the workflows of already-busy people. "Always remember that it is people, not organizations, that adopt new tools," Momin said.

He also recommends building trust with users to gain stronger buy-in. Let them know how a new tool can make them better at their job. Give credit where due and use results to teach, not reprimand.

Presbyterian intends to adopt another MedeAnalytics solution to continue making measurable improvements in performance. It's also in the early stages of deploying AI-driven predictive analytics using new data sources and social determinants of health for risk-adjusted revenue optimization and enhancing the patient experience.

"There's still a lot of ground to be covered when it comes to predictive and optimization analytics, and I look forward to adding this solution to reach the next level of analytics maturity," Momin said.

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