

## Operational Improvements in RCM and the Technology that's getting us there

*By Frank Burns*

Technology, created and used properly, should simplify processes and enable quick, easy data insight and exchange.

With US Anesthesia Partners uniting leading practices from across the nation, we found ourselves with a variety of technology that did not seamlessly communicate with each other. Prior to joining USAP, each practice used its own software for data collection, human resources, accounting and scheduling. Which means quality and efficiency reports for each practice looked different, required different information and told us different stories about our business. To become One USAP, we needed continuity.

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### Process Improvement

When faced with big operational undertakings, such as cleaning the garage at home, or creating workflows that enhance efficiencies at work, simply deciding where to start is the first, and often biggest, decision.

Given our mission at USAP “to provide quality anesthesiology care to each patient,” and our commitment to continuous quality, excellence, safety, innovation and leadership, we recognize the value each employee brings to the success of our company. Since this commitment depends on the excellence of both our clinical and operational staff, it made sense for us to focus our initial process improvement investments on a workflow that impacts both clinical providers and Revenue Cycle Management (RCM) employees, and that has benefits reaching as far as patients, payers and our facility partners.

We believe that efficiencies are gained best when process improvement drives solutions. To address the merger of multiple RCM systems, we first needed to simplify our data collection and exchange by deploying tools in the following areas:

- Clinical provider point-of-care tools
  - Facility data collection tools
  - Pre-billing reviewing / coding tools
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### The Result

Today, charge and quality capture tools, developed by USAP Information Technology professionals in tandem with USAP clinical and RCM specialists, are being deployed or enhanced across all

regions. These tools enable us to collect and track discrete, digital data to produce timely charges, accurate quality data and greater insight into quality patient care. Discrete charge data means that our staff spends less time interpreting charge sheets and more time processing higher volumes.

Behind the scenes, the team is busy forging relationships with our facility partners to collaborate, design and build interfaces for a variety of data. We had invested a lot of manpower in accessing, printing, scanning and couriating data from remote systems. Our new data interfaces aggregate data electronically, eliminating our need to print, scan or courier charge sheets. This improves workflow efficiencies while reducing costs and decreasing our risk of HIPAA violations. That's efficiency at its best.

In addition, aggregating all USAP data into one central system saves providers from repetitive data entry at the point of care and provides us and our facility partners the benefits of richer data analytics, quality measurements and greater efficiencies.

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***“As a result, we spend less time on paperwork and more time with patients.”***

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### **The Impact**

The impact of simplifying the charge capture sheets and obtaining quality data is both tangible and intangible. Quality data is not only important from a continuous process improvement perspective, it is integral in discussions with our partner facilities about the value USAP brings to their organizations. Our Continuous Quality Improvement (CQI) program employs this collective data from our more than 2,500 providers to identify and socialize evidence-informed practices that enhance care and services.

Through this data, we are able to show how USAP quality care reduces day-of surgery cancellations, keeps patient surgeries on schedule and reduces hospital lengths of stay through improved care. By measuring our own quality metrics, we gain a visual of our impact on patient satisfaction, outcomes, OR efficiencies and other metrics. We can use this data to improve our care and enhance the patient experience, and we can share this data through our quality dashboards with hospitals, facilities, payers and others.

### THROUGH THESE NEW SYSTEMS, WE CAN:

- Improve cost efficiencies via a seamless flow of patient data
- Get faster reimbursement decisions from insurance companies
- Enhance patient-physician communications
- Stay ahead of state and federal billing requirements
- Improve scheduling, billing and filing of claims
- Accurately Reconcile Claims

## BOSS

Unfortunately, the act of collecting all of this data is not enough. To process accurate and timely claims to payers, all data must be amalgamated in a central place that is easy for a team to review, code and process as quickly as possible.

Consequently, USAP is implementing a tool that can do just that. Created by one of our legacy USAP-Colorado groups, and coined “Billing Bin,” USAP is now employing this system company-wide and has renamed it “Billing Operations Support System” or BOSS.

BOSS enables task management and queuing to assign and track charges as they are reviewed for valid patient demographics, insurance and proper coding, before being sent to our RCM system.

By moving all of our disparate revenue cycle and billing systems onto a single platform, we are

creating comprehensive reports that will save time, money, errors and redundancy. We are excited about the insights and efficiencies these new solutions will provide.

### **USAP Top-Notch Billing Expertise**

- Our centralized billing offices handle ~1.3 million patient cases a year— a number that is rapidly growing
- Claims functions include collecting anesthesiology records, patient demographic sheets and OR schedules at each facility
- Records are now being reconciled daily between BOSS and the USAP billing system, confirming 100% charge capture
- Concurrency analysis is performed on each facility’s records each day to search and correct discrepancies