

Untangling

LARGE GROUP

TECHNO-SPAGHETTI

Macro-Micro Technology Optimization
in Large Group Practice



LARGE GROUP

TECHNOLOGY

As medical group size continues to expand in today's healthcare delivery landscape you may find yourself already in, or perhaps looking to expand to a larger multi-location or multi-specialty practice, or one of the growing number of accountable care or quality care models now moving mainstream.

Regardless of the genesis of your large group practice, or where you hope to end up five to ten years from now, one of the major challenges you will inevitably grapple with is the technology platform to support the organization.

This is due to the unfortunate reality that group size and technology system complexity aren't linearly correlated. As practice size and diversity expands, system complexity, cost and overhead increase at a disproportionately higher rate. It can very quickly turn into a techno-spaghetti challenge, with decision makers trying to keep users happy while pursuing often-illusory productivity and profitability goals utilizing sprawling, siloed technology.

Out of necessity, many large groups forge ahead with inadequate technology infrastructure and plans, and later find themselves bogged down and incapable of achieving the patient care and profitability goals they desire because their technology platforms can't keep up.

LARGE GROUP TECHNOLOGY EVOLUTION

MICRO-MACRO

Out of circumstance or happen stance, many large and growing practices find themselves technology systems-challenged because of a micro-macro, bottom-up evolution of the technology environment.

They end up with a patchwork of systems glued together as groups were acquired, specialties added, locations expanded, and specific automation needs addressed. As a result, from a macro or global standpoint, the system is essentially force-fit onto an organization it wasn't designed for, and continues to grow, creating further strain.

Here's a sampling of key productivity and profitability drains inherent in these systems. Check against your current system to identify potential areas of focus:

Workflow Inhibitors

SIMILAR ROLES FILLED BY DIFFERENT PROCESSES AND SYSTEMS – e.g. scheduling, billing, or patient intake and communication done differently/separately for each specialty or acquired group.

SYSTEMS THAT DON'T TALK TO EACH OTHER EFFECTIVELY – e.g. different EHRs in the same organization that don't share or effectively hand off crucial clinical information. This is often an outgrowth of specialized EHR functions required by different groups. Note that this not only creates inefficiencies and higher costs, but also increases the risk of medical malpractice liability due to potential missed handoffs and ineffective communication.

MANUAL WORKAROUNDS – e.g. information that must be manually transferred from one system to another, or manual steps in an otherwise automated workflow.

Lack of workflows and systems that prioritize and track key **FOLLOW-UP ITEMS, COMMUNICATIONS** and **QUALITY CARE REQUIREMENTS**.

Management & Decision Support

LACK OF STANDARDIZED REPORTING across the organization to track and improve operations.

LACK OF CUSTOMIZABLE REPORTING and information aggregation across the organization.



A FRESH LOOK

MACRO-MICRO

Rather than wrestling incremental improvements and work-arounds out of the current systems, taking a fresh look from a different perspective may provide ideas and system options that can become the breakthroughs you are hoping for.

First, start from the macro, or global view of the organization, and then drill down to each of the detailed micro pieces, with the objective of keeping everything unified in an integrated whole. Look for opportunities to eliminate workflow inhibitors and manual or one-off processes, and standardize or integrate them as much as possible.

To guide your evaluation from this perspective, here are some key factors that can make the biggest difference. Keep in mind that while some of these may be beyond the capabilities of your current systems, it's best to guard against the impulse to dismiss them as too difficult or expensive out of hand. Many new technology-focused solutions are now available that can provide effective, affordable results.

- 1. Cloud-based**
- 2. Practice Management**
- 3. Centralized Billing & Coding**
- 4. Electronic Health Records**
- 5. Management & Decision Support**
- 6. Staff & Provider Productivity**
- 7. Record Locator & Exchange Information**

1 CLOUD-BASED

If your system isn't already in the cloud, this should be a top priority.

Because of the complexity and diversity of larger group practices, a cloud-based technology system is essential to ensure that all practice information is synchronized and accessible for business, clinical and patient needs.

2 PRACTICE MANAGEMENT

There are many opportunities to leverage standardized or centralized practice management functions across the organization that still allow for specialized options. Here are a few of the most impactful:

Scheduling & reminders

UNIFIED SCHEDULING IS A SIGNIFICANT PRODUCTIVITY ENHANCER, PARTICULARLY WHEN COMBINED WITH AUTOMATED REMINDERS.

Automated reminders significantly reduce no-shows and tardies and require very little additional staff involvement. Patients respond to confirm or change schedules and can be directed to reschedule on their own through the patient portal. Be aware that specialized scheduling requirements, such as group therapy for mental health or pre-exam procedures, for example, are easily accommodated by leading scheduling systems.

Patient intake & consent forms

THIS FUNCTION CAN BE CENTRALIZED AND AUTOMATED TO SIGNIFICANTLY STREAMLINE THIS TIME-CONSUMING PROCESS.

Specific forms, inventories, questionnaires, etc. for each specialty can be managed centrally and forwarded to the appropriate patient through their portal connection. Finished forms are automatically integrated into the patient record and chart (e.g. histories, inventory results, etc.) and staff manages completion through a “dashboard” type view that includes automated reminders. iPad and kiosk form fill for onsite completion is part of the same workflow. Additionally, 12-month medication and lab histories can also be automatically uploaded to the chart.

3 CENTRALIZED BILLING & CODING

While centralized billing is an obvious win, these enhancements can take the function to the next level of productivity and effectiveness:

Insurance eligibility verification

ONE OF THE HIGHEST PAYBACK, YET MOST OFTEN OVERLOOKED BILLING PRODUCTIVITY ENHANCERS.

At least one or two days before the patient's scheduled appointment, a centralized group can perform this automated check to verify the patient's coverage for the scheduled exam or procedure. All patients are checked for every appointment, as insurance coverage is constantly changing.

Specialized or complex coding enhancements

SOME EXAMPLES: SPECIALIZED CODING FOR MENTAL HEALTH OR PHYSICAL THERAPY, OR INSURANCE-SPECIFIC REQUIREMENTS.

Automated enhancements to the billing system can accommodate specialized billing and coding needs without significantly interrupting the flow of a centralized billing function.

Central Billing Office

THIS LETS YOU QUICKLY VIEW, ANALYZE AND MANAGE OPERATIONS FROM A MACRO LEVEL.

Having CBO functionality in your billing system means you can manage billing for a multi-site, multi-provider practice from one office, while maintaining independent performance reporting for each provider.

4 ELECTRONIC HEALTH RECORDS

While EHR requirements vary by specialty, many can be incorporated into a centralized EHR system that meets both workflow and specialty-specific needs.

Specialized templates

Specialized exam requirements can be incorporated to ensure accurate patient charting— for example APA severity disorder measures.

Generalized cards

A feature that can include advanced directives and risk factors that provide at-a-glance updated information particularly important in coordinated care or patient handoff situations. Cards can be personalized for your specific workflow and frequently-performed tasks to improve your information access time, which improves your time with patients.

MACRA and MIPS compliance

Integrated tracking for eCQM and other government standards automate and simplify the complexities of regulatory requirements, specific to each specialty in the group.

5 MANAGEMENT & DECISION SUPPORT

Business and regulatory decision makers must have complete, timely data to proactively manage for best results. Key features of this function include:

Standardized and customized dashboards

Graphical and interactive summaries of key performance measures for the group. These should be available in near-real time, and must include information from across the organization, including financial, clinical, productivity, and any other measures crucial to decision makers.

Customized studies

The system should provide access to data in a way that “what-if” type reports and data cuts can be generated from system-wide data without significant custom development in order to support informed and timely decision making.

6 STAFF & PROVIDER PRODUCTIVITY

In larger, more complex organization, maintaining staff and provider productivity is a high priority.

The true power of practice automation comes in a system's ability to pull all data relevant to a practitioner's tasks and responsibilities from across all the various component systems and present it in a single location with simple personalized workflows. Key elements of this solution should include:

A single, intuitive dashboard

For easy prioritization and management of tasks and workflows

A simple graphical element

For most commonly performed tasks visualizes and tracks completed and outstanding items for thorough organization.

- Mouse-over and one-click drill-down features provide instant access to related charts, schedules and details required to complete follow-up tasks.
- Tracking and prioritizing capabilities queue up next most important items in the workflow.

Mini schedule snapshot

With one-click drilldowns to the patient chart.

Messages and tasks

Prominently displayed in a familiar "in-box" layout. This type of capability dramatically improves provider effectiveness and quality of care delivered during a busy day in the clinic but is only possible with a system that can integrate and consolidate in real-time all the necessary data and information.

Provider productivity

Within seconds, you should be able to run Total and Work RVU reporting for each provider in your practice as well as each site. This invaluable comparison data can give your administrative team a boon on evaluating individual contributions of your total revenue as well as practice and peer-peer benchmarking.

7 RECORD LOCATOR & EXCHANGE INFORMATION

This cutting-edge technology and capability are critical to unlocking safer, higher quality and lower cost healthcare.

Because all healthcare is not local, you need a complete view of patient care when they consume care from different entities. Health information exchanges (HIEs) allow you to connect. That is phase one. Leading HIE technologies allow you to make better-informed care decisions with the most comprehensive clinical history data available. This is made possible because you have the ability to quickly locate and access clinical records.

Those who should consider these capabilities are as follows:

- LARGE PRACTICES WITH MULTIPLE SPECIALTIES, INCLUDING SUBSPECIALTIES.
- INDEPENDENT PHYSICIANS
- PRACTICES THAT INTERACT WITH OR WORK IN SURGERY CENTERS
- ANYONE WITH AFFILIATIONS TO HOSPITAL SYSTEMS

Because advanced HIE capabilities give providers easier and more streamlined methods to get information without relying on patient's verbal report and recollection, they also help practices overcome these key challenges.

- Value-based care providers need access to data from care encounters outside of their facilities.
- Providers need information on patients that exist outside of their own EHR; beyond current network limitations.
- Patients' tolerance for repeating clinical details, tests, and treatment is very low.
- Providers need efficient access to authenticated clinical histories from other providers.
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MACRO-MICRO MAGIC

While taking this macro-micro view of practice technology isn't a magic wand fix for large practice techno-spaghetti challenges, it can help identify areas and workflows that can benefit from an integrated, global approach. The good news is that technologies are now available that are up to the challenge.

