



Lessons Learned:

What NOT

to do **When**

Insourcing

VBC RCM

Top 6 Deterrents to a
Successful Implementation

While implementing VBC RCM (value-based care for revenue cycle management) technology in-house is a major commitment, if done properly, it will pay dividends for many years to come. As with any new technology, there are challenges in getting to an optimized state for your practice and workflows. Learning from the experience of others – both positive and negative – can help you plan for an implementation free of the pitfalls that have tripped up those who have gone down this road previously.

From experience with thousands of practice automation installments in clinics nationwide across a wide variety of specialties, we've summarized the six most common mistakes that have cost these providers unnecessary time, money and resources in their VBC RCM implementations.

The Value of 20-20 Hindsight

“What do you wish you would have known before starting your in-house VBC RCM implementation?” This simple question about value-based care for revenue cycle management, asked of someone who's already been down the path, can yield highly valuable advice in advance of starting your own journey. While no two projects are exactly the same, many characteristics and challenges are common from one project to the next.

Through helping thousands of medical practices move to automated systems, and more recently to VBC RCM implementations, we've seen several common themes consistently show up as tripping points along the way. Armed with this information, you can ensure that your own implementation plan addresses these issues up front – before they become costly drags on your project.





Here are the six issues that we find most frequently impede progress of a successful VBC RCM implementation:

1 Don't assume that the *go-live* date is the finish line

In implementing new technology, the so-called go-live date is a major milestone. This is the date set in the project plan when all the technology pieces are in place, the data has been migrated and verified, the users have had their initial training, and you're ready to flip the switch and move the system into the live workflow.

Many practices misunderstand that while the go-live is the culmination of a tremendous effort, in many ways it's just the beginning of a new phase where fine-tuning, modification, additional training, and customizing will make the difference in the ultimate success of the project.

Viewing the go-live as the end point will set you up for a lot of frustration and missed expectations. Successful practices view it as the opportunity to start tweaking and optimizing the system with the input of actual users. They also expect a few unanticipated discoveries along the way, many of which make an unexpected positive contribution to the overall success.

Much of the fine-tuning challenge will come in the form of dealing with human resistance to change. It's one thing to talk about and train on a new system, and quite another to actually have it replace the way you've been accustomed to working for some time.

“The fine-tuning challenge will come in the form of dealing with human resistance to change.”

These tips can help smooth this transition:

TIP 1 Help staff see the value to them personally, not just the overall value to the practice. Show how it will help them work more quickly, with less tedium and better accuracy.

TIP 2 Make the effort to adapt the system to the unique approach of each provider, to the extent possible. The flexibility of any system has its limits but accommodating the unique work style of each provider will boost adoption dramatically.

TIP 3 Capitalize on new reporting and cross-functional analysis that is available in leading VBC automation software. Helping key stakeholders visualize and track improvements will mitigate the grumbling about new system glitches that inevitably surface.

2 Don't throw processes in or out arbitrarily

New systems bring new processes and automation to many tasks that have been done a certain way for some time.

Successful practices recognize that replacing antiquated, highly manual processes will significantly improve their results. But at the same time they realize that the people in the trenches are the experts, and often have approaches or ideas that can complement or modify an automated process to better fit the unique work requirements of their particular area.

On the other hand, giving in to less than optimal automation based on someone's desire to hold onto the way they've always done it can result in sub-optimal utilization of the technology's capabilities.

Successful practices implement as many new, automated processes as possible, but carefully evaluate sticking points in adoption to determine which elements of the current workflow to incorporate, and which to replace. They analyze and keep the most positive aspects of current processes, and/or modify new processes to fit flow and culture.



3 Don't try to implement every feature on day one

Today's VBC RCM systems are packed with features that will significantly advance your ability to efficiently manage VBC in your practice.

While these features have been designed to be easy to implement and use individually, in aggregate they can overwhelm a practice implementing so many changes simultaneously.

The challenge is that the most enticing new features are often the most sophisticated and require additional setup and a longer learning curve to optimize. Practices often get overambitious and try to implement all the bells and whistles at the same time they are spooling up the core system, training staff and providers, and trouble shooting snags that arise.

Successful practices make a priority list in advance and focus first on the most crucial features to implement and optimize. Once these are running well, additional features can be added systematically as time and resources allow. This approach saves a lot of frustration and represents a more realistic approach to technology adoption.

4 Don't allow current hardware to limit new software capability

Medical providers are well known for their admirable ability to squeeze long life out of their automation systems – especially hardware.

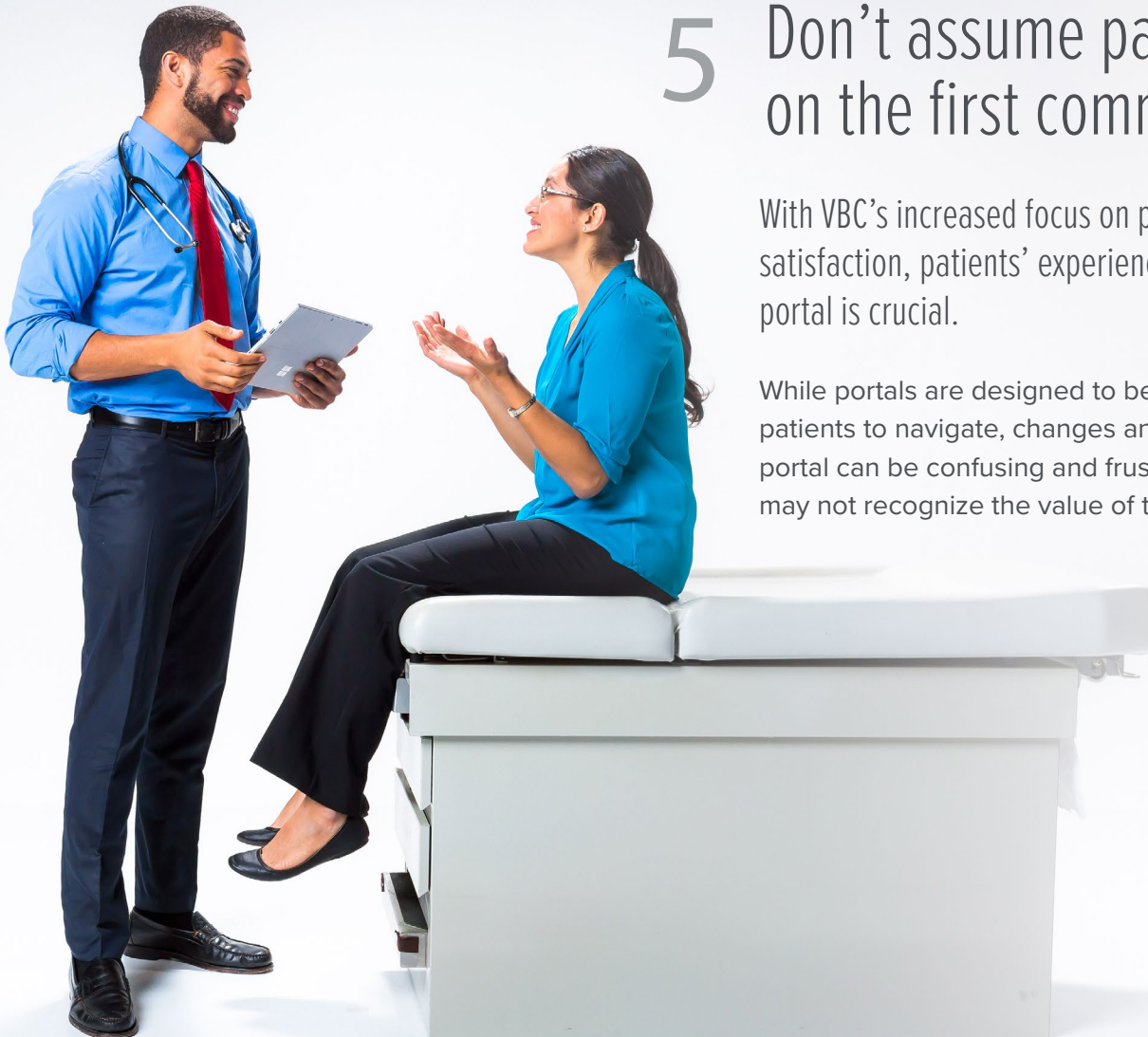
Today's RCM systems, and particularly the advent of VBC components, have placed new demands on hardware in order to deliver higher levels of productivity. This is particularly

true of new mobility options and cloud computing configurations.

Accessing this increased capability often requires an investment in hardware that is capable of fully exploiting new software approaches. While we don't advocate spending more than absolutely necessary, there is a point at which investing in the right new hardware will pay off many times over in increased productivity

and access to sophisticated features, rather than trying to squeeze more life out of the current system.

Successful practices carefully evaluate the hardware that will be required to fully exploit the capabilities of the new system, and plan and budget accordingly, rather than assuming they can get by with their current system.



5 Don't assume patients get it on the first communication

With VBC's increased focus on patient interaction and satisfaction, patients' experience with a provider's portal is crucial.

While portals are designed to be simple and intuitive for patients to navigate, changes and enhancements to the portal can be confusing and frustrating for patients who may not recognize the value of the upgrade.

In our experience, three insights are important here:

Overcommunicate with patients.

Communications experts tell us that we need to hear a message 5-7 times before we will take action on it. Some practices become frustrated with patients' confusion or negative feedback to portal changes, when they have only communicated the new information once

Listen & respond.

Good communication goes both ways. In addition to overcommunicating out to patients, it's important to seek and listen to their feedback, and respond quickly to requests and issues. Having continual feedback systems with human monitoring and immediate follow-up action are critical both for individual satisfaction and building a positive online reputation.

Allocate internal resources to portal maintenance & management.

Because the portal interface is so crucial to positive patient relationships, don't skimp on allocating the personnel resources who can stay ahead of ensuring patients are having a positive experience with your practice.

6 Don't be shy about asking for help – it will never go perfectly

When implementing a VBC RCM system, it's important that you select a vendor with a strong track record of success with thousands of practices across many specialties – especially yours.

That said, even the best vendors and practices will encounter challenges in the implementation process. When these issues invariably arise, it's crucial that communication and support channels are open and active.

Successful practices take the initiative to develop a close working relationship with their vendor's implementation and support teams. Frequent, ongoing dialogue and updates not only resolve issues more quickly, but in many cases can anticipate and avoid potential issues on the horizon before they become problems.

This is many times more effective than the jerky, silence – crisis – silence approach employed by so many practices that struggle with their technical implementation.



Planning in advance to address these key issues will help ensure a smooth implementation of your VBC RCM system. Most aren't expensive or difficult if handled upfront but can grow into major issues if left unattended. It's simply turning 20/20 hindsight into 20/20 foresight.

AdvancedMD provides comprehensive automation between clinical, financial and patient engagement functions. Easy-to-use reporting and business analytics across all key aspects of a medical practice, including crucial VBC RCM components making the administration efforts of an independent practice more pleasant and successful. Practices that select AdvancedMD have their choice of billing and collections using their inhouse staff or through Advanced RCM, our outsourced billing services division. Our systems support nearly 50,000 physicians, mental health providers and physical therapists across nearly all specialties and provider counts.

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