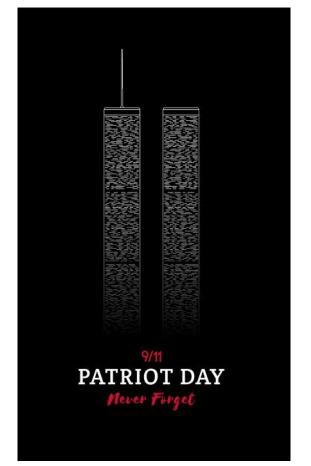


Tammie Jackson, FHFMA, MHA, CHFP Chief Growth Officer, nThrive 2021-22 National Chair, HFMA

hfma







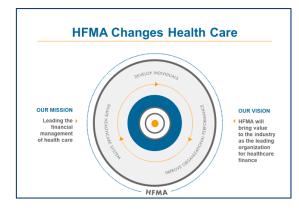


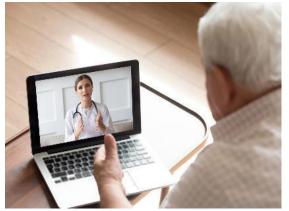
2021-22

Objectives

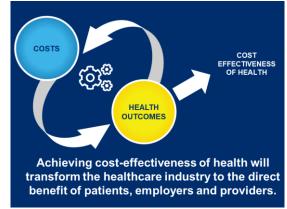






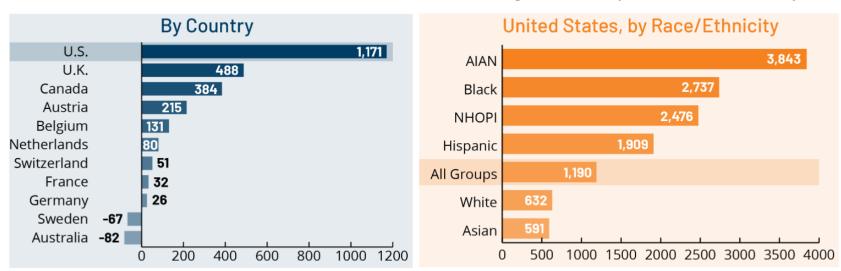






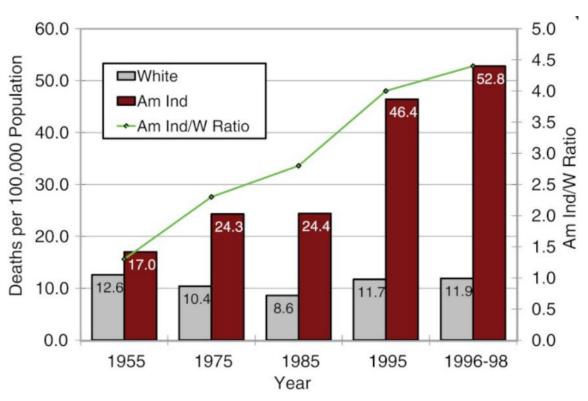
Higher excess deaths during the pandemic in the U.S were partly driven by racial disparities

Excess Potential Years of Life Lost in 2020, Ages 0-74, per 100,000 People



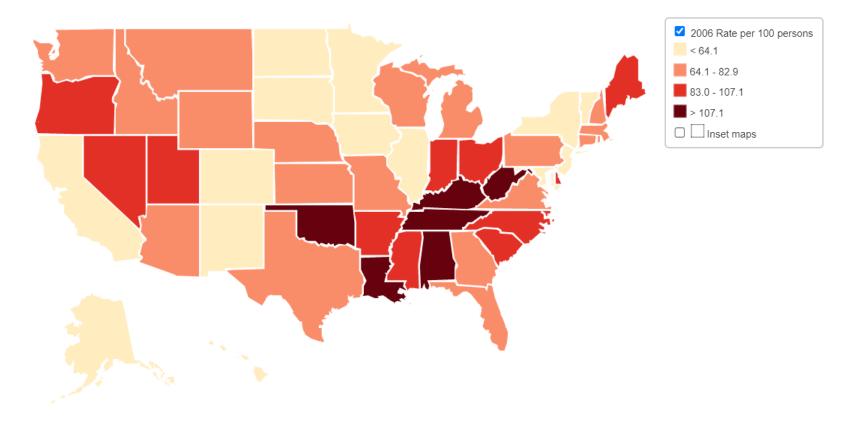
NOTE: Left side: Excess potential years of life lost rates are per 100,000 people within age group in each country. Excess potential years of life lost were calculated up to age limit of 75. Excess deaths were summed within each age group for 2020 MMWR weeks 1-52. Right side: Excess potential years of life lost rates are per 100,000 people within age group in each race/ethnicity category, and were calculated up to age limit 75. Excess deaths in 2020 MMWR weeks 1-52 were used. Persons of Hispanic origin may be of any race but are categorized as Hispanic; other groups are non-Hispanic. SOURCE: Left side: KFF analysis of the Human Mortality Database. Right side: KFF analysis of CDC data.

Rates of disparity in mortality from diabetes among American Indians and whites, 1955-1998



Source: Indian Health Service (2001)

U.S. State Opioid Dispensing Rates, 2006



Alcohol Use, Cigarette Use and Serious Psychological Distress Among Bisexual, Gay or Lesbian, and Heterosexual Adults ages 18-64, 2015

Five (men)/four (women) or more alcoholic drinks in 1 day at least once in past year	Bisexual	Gay or Lesbian	Heterosexual
All adults	47.2%	36.2%	27.5%
Women	44.8%	32.2%	20.7%
Men	52.9%	39.6%	34.5%
Current cigarette smoker	Bisexual	Gay or Lesbian	Heterosexual
All adults	26.1%	20.1%	16.5%
Women	24.7%	18.7%	14.9%
Men	29.5%	21.2%	18.1%
Experienced serious psychological distress in past 30 days	Bisexual	Gay or Lesbian	Heterosexual
All adults	15.0%	4.6%	3.7%
Women	17.0%	4.8%*	4.3%
Men	N/A	4.4*	3.0%

NOTE: N/A- data not available due to unreliability. * Relative standard error >30% and less than or equal to 50% and should be used with caution.

SOURCE: Centers for Disease Control and Prevention, National Health Statistics Reports. (2015). Data available;

Population Differences Between People With and Without Disabilities on Health Indicators of Health Care Access, Health Behaviors, Health Status, and Social Determinants of Health: United States

Health Indicator	People With Disabilities %	People Without Disabilities %
Children and adolescents considered obese (aged 2–17 y)	21.1	15.2
Adults who are obese	44.6	34.2
Adults who smoke (100 cigarettes in lifetime and currently smoke)	28.8	18.0
Annual no. of new cases of diagnosed diabetes (per 1000 persons)	19.1	6.8
Adults with cardiovascular disease (18–44 y)	12.4	3.4
Adults with cardiovascular disease (45-64 y)	27.7	9.7
Victim of violent crime (per 1000 persons)	32.4	21.3
Adults (> 16 y) unemployment	15.0	8.7
Adults with < high school education	13.0	9.5
Internet access	54	85
Inadequate transportation	34	16

"If we are serious about eliminating unfair, preventable differences in health outcomes, we must *eliminate the unfair social conditions that give rise to them*.

This will require *meaningful changes not only in programs and individuals' attitudes and practices*, but in policies, laws, systems, *and institutional practices* that keep social inequities in place, leading to health inequities."

Robert Wood Johnson Foundation



"Health equity is defined as the absence of unfair and avoidable or remediable differences in health among population groups defined socially, economically, demographically or geographically."

~ World Health Organization

Disparities adversely affect groups who have systematically experienced greater obstacles to health based on their:



How to design an equitable revenue cycle strategy

1. Communicate to your teams how revenue cycle practices can exacerbate the social determinants of health.



2. Track data to ensure you execute revenue cycle practices equitably.



3. Expand and standardize charity care coverage to reduce the economic burden of high-cost care.



Digital Front Door Strategies



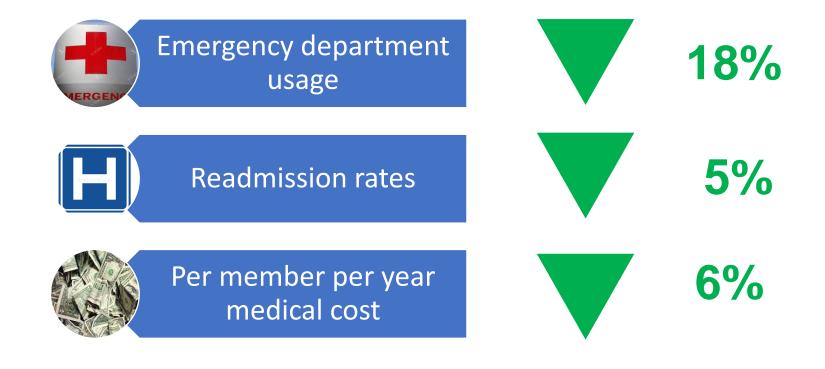


- Flexible workflow
- Additional time for training
- Inclusive patient intake process
- Dedicated telehealth support
- Extra time scheduled <u>before</u> appointment for patient questions
- Additional support available during actual appointment





The ProMedica-Socially Determined Food Clinic produced dramatic, meaningful outcomes



Impact of ProMedica-Socially Determined Financial Opportunity Center

Financial Security:

- Average monthly income increase: \$210
- Average credit score increase: 122 points

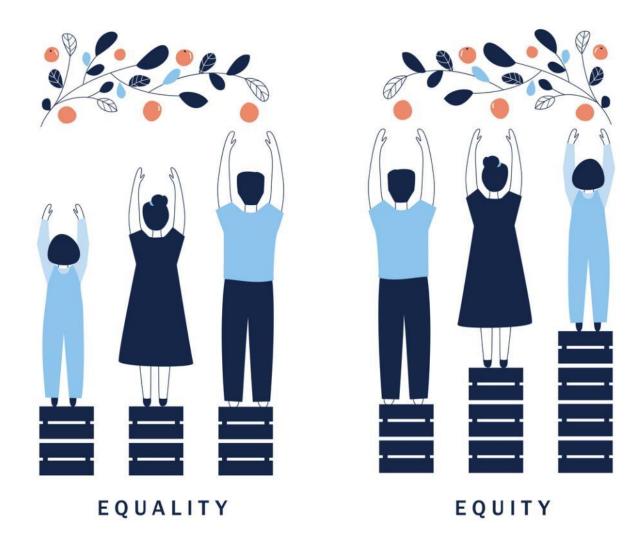
Healthcare Utilization and Cost:

- 24% reduction in ED visits = \$36,000 cost savings
- 18% reduction in inpatient visits = \$134,000 cost savings

What can you do?

You become the 1st filter...

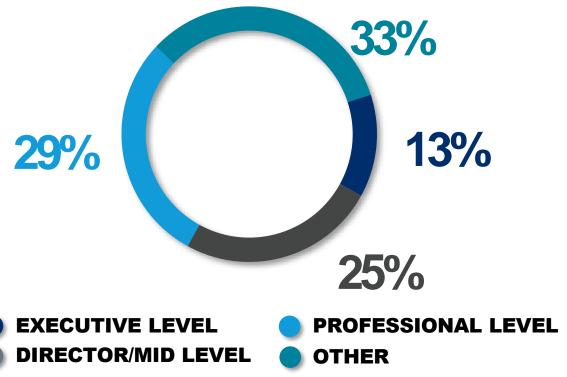
- 1. Advocate for a revenue cycle strategy that can be administered in equitable ways
- 2. Foster a Digital Front Door strategy that makes healthcare more financially attainable
- 3. Facilitate an inclusive telehealth strategy that provides equitable access, regardless of socioeconomic status
- 4. Learn about large-scale interventions that address SDoH in meaningful ways
- 5. Stay informed and get educated
- 6. Socialize these topics to increase awareness





HFMA Member Career Stage

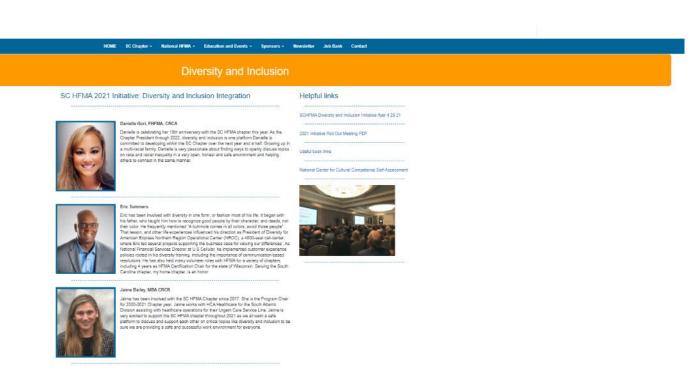
Two-thirds of HFMA's 85k members are professionals, managers and executives.



South Carolina's Diversity & Inclusion Initiative

hfma

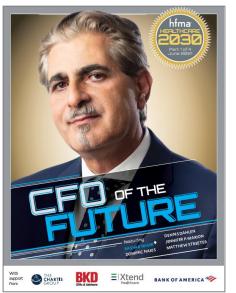
south carolina chapter

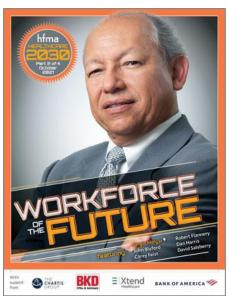


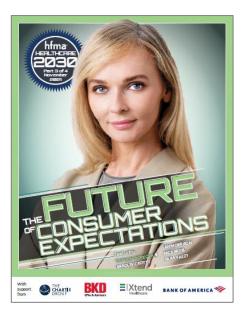




Healthcare 2030 Series

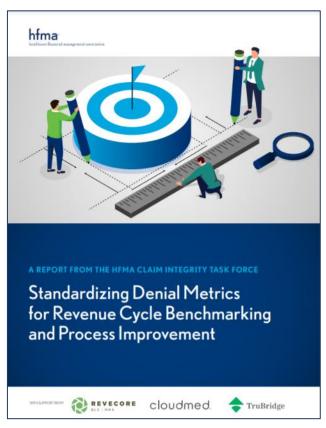








Key Performance Indicators for Claim Integrity



- Initial Denial Rate
- Primary Denial Rate
- Denial Write-Offs as a Percentage of Net Patient Service Revenue
- Time from Initial Denial to Appeal
- Time from Initial Denial to Claim Resolution
- Percentage of Initial Denials Overturned

New, first-of-its-kind master's degree program

- Developed jointly by HFMA and Boise State University
- Taught by faculty from both organizations
- Remote classes, with live evening sessions
- Includes four HFMA certifications
- First classes began January 2022



For more info: https://www.boisestate.edu/phsm

HFMA Organizational Learning Opportunities

Benefits



Enrich team knowledge with programs led by Healthcare Financial Practices experts.



Enhance collaboration with an interactive, team-building learning experience.



Ensure staff has a solid foundation to contribute to your organization's performance.



Minimize time out of the office and save money by training employees together.

- Healthcare Finance Essentials
- Revenue Cycle Essentials
- Medicare Cost Report Strategies
- Big Data and Analytics in Healthcare

- Trends, Future Outlook and Navigating a Disruptive Environment
- Finance and Business Skills for Nurse Leaders
- Finance for Clinical Executives



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ANNUAL CONFERENCE 2022

DENVER, JUNE 26–29

hfma

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Register by May 6 to save \$300!

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2021-22