

The Link Between Quality Assurance, Education, Impact & Value

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Know how.

Agenda

Why Operational Efficiency Matters

Quality Assurance Project

Key Findings

Education & Training Overview

Training Best Practices

Q&A

Why Operational Efficiency Matters

The pressure on hospital margins continues...

- Healthcare leaders are forced to identify new ways to reduce costs, increase cash flow and optimize financial performance.
- Optimizing process improvement and colleague performance critically impacts a provider's profitability and financial stability.

A recent Kaufman Hall study indicates hospital revenue will likely be down

\$53B - \$122B

due to the lingering effects of COVID-19.*

Impact of Operational Inefficiencies

Combat **revenue loss** with an effective quality assurance team to:

Evaluate operations

uncovering inefficiencies and identifying root cause



Deploy education

to ensure performance is improved and best-practice is sustained

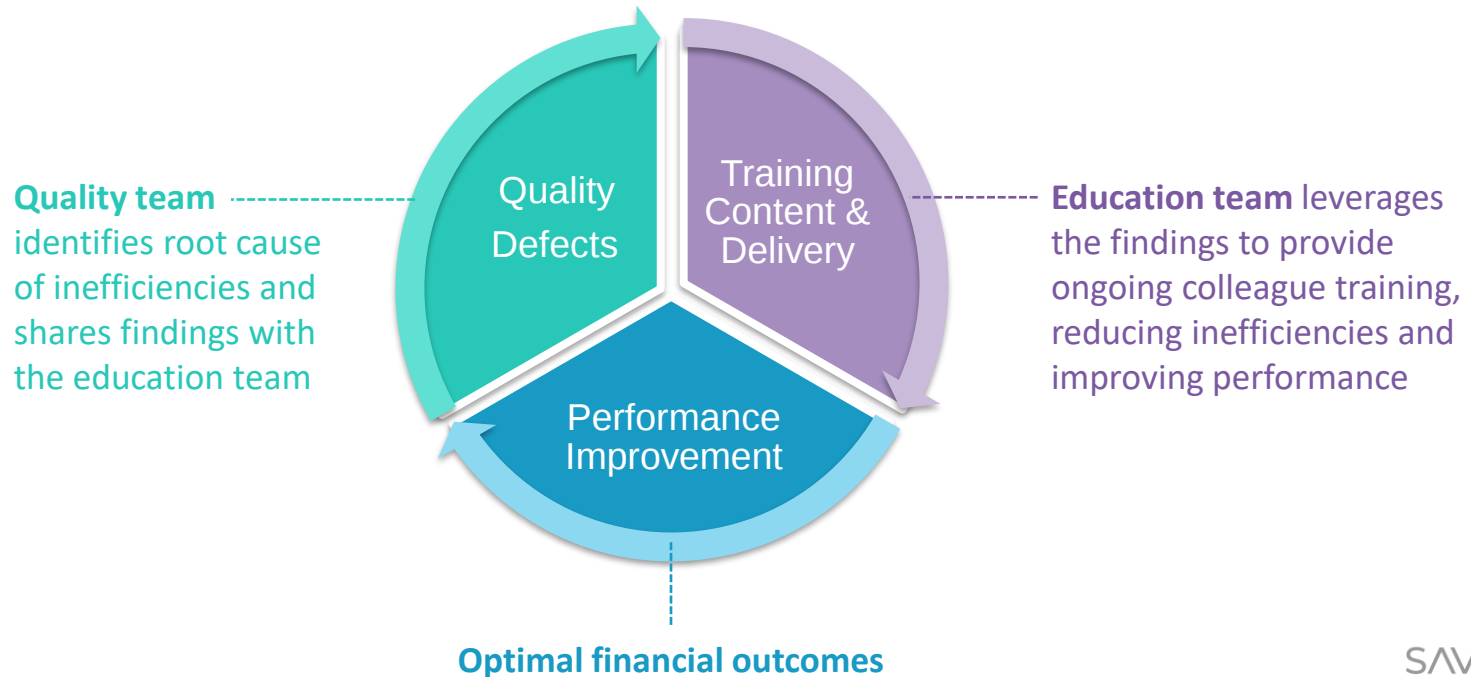
Without **both**, inefficiencies remain, revenue continues to be lost, and the cycle continues.

The average 350-bed hospital leaves
\$22M on the table
by focusing on cutting costs over optimizing revenue cycle processes.*

*Average hospital revenue cycles losing roughly \$22 million to missed revenue capture thanks to cost focus, Advisory Board, June 2017

Training Content and Delivery Best Practice

As part of the Savista best practice, our quality and education teams are tightly aligned to ensure continuous process improvements, best-in-class colleague performance and optimized financial results for our clients.



Quality Assurance Project Overview



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Project Overview

Opportunities Identified	Opportunities Quantified	Root Cause Located	Education Deployed
Our Quality Assurance team addressed lost revenue by identifying opportunities within operational processes.	Analyzing data from three healthcare systems yielded the costs associated with suboptimal revenue cycle performance.	Lean Six Sigma methodology facilitated root cause findings.	Educational opportunities were pinpointed through identification of major process inefficiencies.

Key Findings



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Overall

- Four denial categories significantly impacted revenue leakage:
 1. Incorrect identification of primary insurance
 2. Patient not eligible
 3. Service not covered
 4. No authorization

82% of inaccuracies reviewed were human error

Additional analysis uncovered associated increase in cost to collect up to 50%

Key Highlights

3,000+ patient encounters were sampled for analysis, findings included:

- \$4.0M in monthly denials with errors present
- Deficiency for encounters with aging balances >90 days within the following categories:
 - Incomplete documentation
 - Missing/Incorrect authorization
 - No insurance verification documentation
 - Follow-up action incorrect

Key Highlights

Average resources to resolve accounts:

30-90 days post final bill	2.3 FTEs
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90-120 days post final bill	4.7 FTEs
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>120 days post final bill	6.2 FTEs
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Increase in cost to collect	\$1.5M
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Industry collectability data revealed cash collection at time of resolution for accounts with error decreased on average 60%, resulting in a **\$2.4M revenue loss.**

Quality Assurance & Education Partnership



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Transition to Education Partnership

Based on these findings, Savista's Education team:

- Reviewed current education courses
- Identified gaps in training
- Designed focused training modules that addressed key operational deficiencies, including:
 - Denial scenarios and downstream monetary impact
 - Documentation requirements
 - Authorization usage
 - Other insurance
 - Follow up best practices

Education and Training Overview

Savista's education team leverages hands-on and online training to implement best-practice processes and monitor ongoing performance compliance.



Simulated scenario-based, hands-on learning:

- Learn how errors impact revenue and patients
- Demonstrate the loss of revenue associated with collection delays
- Review best-practice processes
- Recognize denial causes and their critical impact on revenue cycle performance



- **Colleagues are required to complete an online course** illustrating the entire revenue cycle process, inclusive of the patients' financial journey.
- **New hire curriculum is continually updated** in support of best practice.

Training Best Practices



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Training Best Practices

New Hire Orientation (blended learning)

- Consistent foundational revenue cycle content
- Top defects/customer feedback is continually incorporated into content, for example:
 - Incorrect documentation
 - Registration process
 - Authorization handling
 - Coding impact
- Quality program expectations
- New hire quality and productivity improved 20% YOY
 - Continual content improvement based on error trends
- Annual operations new hire content review

Micro Training (Biweekly)

- Bite size reminders (<5 minutes)
- Desk top access and reminders
- Operational driven content (defects, client feedback)

Customized Training:

Client-specific micro learning

- Month 1 results:
 - 20% defect reduction
 - 10% productivity increase
 - Positive colleague feedback

Training Best Practices

Chair Sides

- Data improvement months 1-3 after individual observations
 - Quality 10%
 - Productivity 7%

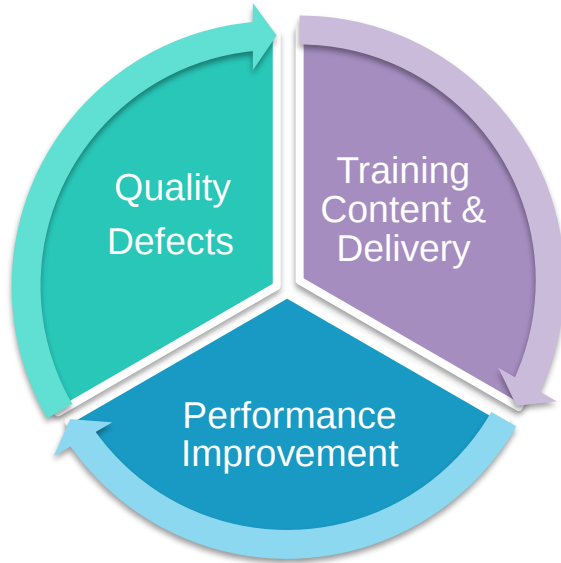
Remedial Training

- Monthly Top Defect Review
- Month over month reduction 12%, 10%
- Target low performers each month mandate training

Training Modules/Assessment Scores
Tracked Learning Management
System (LMS)

Benefits of Improved Performance

Breaking silos between Operations, Quality, and Training is a win-win for patients, clients and colleagues



- Improved margins and increased revenue
- Reduced AR inventory and the cost to collect it
- Increased clean claim rate
- Sustainable, efficient operational processes
- Increased satisfaction of patients and colleagues
- Efficient colleague onboarding
- Attainable KPI support

Questions

Please contact us!

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Thank you