

FIRST ILLINOIS SPEAKS



IN THIS ISSUE

Women in Leadership Golf & Fitness Workshop..... 2

Message From Our Outgoing Chapter President 3

Message From Our Incoming Chapter President 4

Responding to Tariffs: 7 Tips to Mitigate Healthcare..... 5
Margin Impact

Cost Report as a Management Tool Unlocking..... 8
Untapped Insights in Hospital Operations

Patient Access Practices: Positioning for Value in..... 10
Ambulatory Care

Strategies to Maximize Out-of-Network Revenue 13
with Technology in the No Surprises Act Era

Reducing Pajama Time: Leveraging AI to Comb..... 15
Physician Burnout and Enhance Revenue

Chapter News & Events 17

Partners 21

To register for events
[CLICK HERE](#)



To View the Messages From
Our Outgoing [CLICK HERE](#)
& Incoming [CLICK HERE](#)
Chapter Presidents



To Meet Our 2025-26
Officers & Board
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WOMEN IN LEADERSHIP Golf & Fitness WORKSHOP

July 31, 2025

**Golf-The Warehouse
8350 S Madison St.
Burr Ridge, IL 60527**

Looking to improve your game, boost your wellness, and grow your network? Join us on July 31 at Golf-The Warehouse in Burr Ridge, IL for a 4-hour, all-level workshop designed for women and allies who want to learn, lead, and play stronger - on and off the course!

What's included:

- Hands-on golf instruction & mini competitions
- Fitness, nutrition & injury prevention sessions
- Inspiring keynote from a golf industry leader
- Networking, prizes & refreshments

Whether you're new to golf or a seasoned player, this is your chance to connect, grow, and have fun in a supportive space.

Reserve your spot now - limited spaces available!

Scan the
QR code to
register



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First Illinois HFMA President's Message

Message From Our Outgoing President

BY MATT AUMICK, CHFP, CPS, 2024-25 PRESIDENT



Dear Friends and Colleagues,

We round out the fiscal year with another successful event, the Spring Symposium held at Northwestern Medicine Prentice Women's Hospital on May 21. It was great to return to the Northwestern venue, our first time back since the pandemic. The educational event included two tracks covering revenue cycle and accounting/reimbursement content for over 130 registered attendees. Congratulations to our Programming Committee on such a well-attended event!

As my term as chapter president comes to an end on May 31, I'd like to reflect on two highlights from this fiscal year.

Chapter Success Award

Chapter leaders were in Nashville in May for HFMA's Leadership Summit. I'm happy to announce the First Illinois chapter received the 2025 Engagement Success Award for our Diversity, Equity and Inclusion committee work this past year! The DEI committee has done a tremendous job prioritizing education and conversations on DEI related topics, as well as creating an inclusive environment for all chapter members. The committee has put on a number of events over the past two years and continues to make great strides in building this committee. Congratulations to our DEI committee on a job well done!

Annual Golf Outing and Scholarship Event

In August 2024 the chapter took a chance in changing up the annual golf outing, moving from a traditional golf course to Topgolf. The new venue was a huge success, doubling attendance from the previous year and meeting our annual \$15,000 scholarship goal from this one event. The event was also recently highlighted in HFM magazine. The Golf Committee is excited to return to Topgolf in August 2025 for a second outing. Thanks to the Golf Committee for revamping the annual outing and creating an inviting environment for our non-golfing members!

It was a privilege to serve as First Illinois chapter president this past year. I'd like to thank our board members, committee chairs, volunteers, and annual partners. It takes a village to run an HFMA chapter, and each of you are a key component to putting on such successional events throughout the year. Our chapter is made up of an amazing group of volunteers who put in a significant amount of time and effort to make our events truly special. The chapter continues to be in great hands, as Sue Marr steps in as our next chapter president. I look forward to seeing what new and exciting opportunities from our chapter this coming year.



Matt Aumick, CHFP, CPS

2024-25 President, First Illinois HFMA Chapter

Controller, US Acute Care Solutions

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Volunteer

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Volunteering for a First Illinois Chapter committee or event is a great way to get the most out of your chapter membership. Answer the call to be a chapter leader in four easy steps:

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Or simply drop us an email at education@firstillinoishfma.org.

Message From Our Incoming President

SUE W. MARR, 2025-26 PRESIDENT



Dear FIHFMA Chapter Members,

It is an honor and privilege to serve as the 2025-2026 First Illinois chapter president. As I begin this journey, I want to express my deepest gratitude. To our outgoing president, Matt Aumick—thank you for your leadership and dedication. To our board members, committee members, and regional executives who have devoted time and effort to strengthening our chapter, you are the foundation of our success. To our business partners, your generosity and commitment make a lasting impact, and I sincerely appreciate your support.

Most importantly, to our chapter members, you are the heart and soul of this organization. Your dedication, expertise, and passion drive everything we do. Thank you for showing up, for contributing your ideas, and for making this chapter a vibrant and thriving community. Your commitment to excellence is what makes First Illinois special, and I am truly grateful for each and every one of you.

We should celebrate the incredible dedication, resilience, and expertise that define our healthcare finance professionals. Each of you plays an important role in ensuring the sustainability and efficiency of our institutions. The healthcare industry will always have numerous resource shortages, complex regulatory changes, and increasing financial pressures. It demands that finance professionals have not only skill and knowledge but also integrity and foresight. You are the ones who balance books, maximize reimbursements, make strategic decisions, and, more importantly, your unwavering commitment to your organizations and communities provides financial stability that allows focus on our shared mission of healing.

Let us also acknowledge the importance of support within our community, and the First Illinois chapter is a long-standing professional community. The demands of healthcare finance can be overwhelming, and it is vital that we take care of ourselves and each other. Together, we can strengthen an environment where every finance professional feels valued, supported, and empowered. Embrace the unknown confidently, ask questions, seek out new perspectives, and use changes as a catalyst for growth and improvement. Together, we remind and encourage each other that the fundamental principles of sound financial management remain our guiding light, and transparency, accountability, and ethical practices are the bedrock of our profession.

As we look ahead to this year, collaboration and engagement are the keystones. By working together—providers, payers, and business partners—we can turn challenges and adversities into opportunities for growth and innovation. The First Illinois chapter is fortunate to have many healthcare organizations in the area, organization leadership who understand the value and are committed to HFMA, and individuals willing to share their time and expertise. Our primary goal is to enhance provider engagement with the chapter and HFMA, and continue to offer impactful programs and content for seasoned professionals and future leaders.

I invite each of you to inspire, mentor, and lead with integrity. Share your experiences, uplift one another, and continue shaping this thriving professional community. I am incredibly excited to work alongside our board, committee chairs, volunteers, and chapter partners to bring timely and actionable educational content, valuable professional certificates, meaningful networking opportunities, and a welcoming community for professional development and lifelong friendships.

Let us continue to collaborate, be engaged, respect, and support each other, rise to the challenge, and make a lasting impact.



Sue W. Marr

2025-26 President, First Illinois HFMA Chapter

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Responding to Tariffs:

7 Tips to Mitigate Healthcare Margin Impact

Recent tariffs announced by the Trump administration have the potential to significantly increase input costs for healthcare organizations. While it is unclear whether the reciprocal tariffs will be levied against all targeted countries' exports to the U.S. or when levies will be applied to imported pharmaceuticals, supply and device manufacturers aren't waiting for additional clarity. They are taking the possibility seriously and implementing action plans to preserve their margins.

Healthcare organizations would be wise to follow suit. Organizations that act decisively will be better positioned to collaborate with their supply chain partners, understand the impact, and execute an action plan to protect margins and patients' access to care. This article offers seven tactics healthcare organizations can use to help mitigate increased input costs.

Background on the Trump Administration's Tariffs

On April 2, President Donald Trump issued an executive order imposing a 10% universal tariff on all imported goods and additional reciprocal tariffs on countries with which the U.S. has large trade deficits. The previously imposed tariffs on Canada and Mexico remain in effect and are unaffected by the April 2 order. Pharmaceuticals were excluded from this round of tariffs, but Trump has announced his intention to levy separate tariffs on drugs manufactured outside of the U.S. in the near future. Currently, the 10% universal tariff that began on April 5 remains in effect, while reciprocal tariffs on all countries—except for China, for which they have been increased—were delayed for 90 days (until early July).

Anticipated Impact of Tariffs on Healthcare Costs

The potential impact of tariffs on input costs and margins cannot be understated. Specific to healthcare, an estimated 75% of available U.S.-marketed medical devices are manufactured outside of the country. Other commodities are impacted as well, as illustrated in the table below.

In a recent survey conducted by Black Book Market Research, 82% of healthcare executives expected costs for hospitals and health systems to increase by 15% in the next six months due to increased import expenses. Understanding the impact on prices for input categories or items within a category will be a complex undertaking. Like during the pandemic, certain commodities will be impacted more than others, e.g., those manufactured in China, such as blood pressure cuffs and sterile drapes. Given the evolving nature of policymaking, it will be important to follow events closely and monitor any changes.

Overall Price Effects From All 2025 Tariffs Through April 2: Selected Commodities

Commodity Input	Projected Price Increase
Metals	12%
Textiles	10%
Electric Equipment	10%
Machines	6.5%
Plastics	6%
Computers	5%

7 Tactics to Respond to Tariffs

With the 90-day delay and uncertainty surrounding the future of tariffs, some organizations may be inclined to take a "wait and see" approach. However, the risk of inaction outweighs the risk of overreaction, considering the potential for both margin degradation and service disruption as a result of supply shortages. Taking action to improve margins now can help position your organization for continued success regardless of what comes next.

In responding to the impact of tariffs, organizations should focus on what they can control: challenging price increases, reducing waste, and exploring all opportunities for improvement. While doing so will require additional investments of time and resources, the response playbook is similar to the one used during the pandemic. Below are seven steps healthcare organizations can take to help protect their margins.

- 1) **Question the Invoice:** Current inventories should delay price increases for several weeks once tariffs go into effect, and manufacturers will pursue their own efficiency improvement opportunities to mitigate or offset increases in raw materials. However, what can't be mitigated will be passed down the value chain. Price protections in current contracts will serve as some deterrent, but it will be limited where demand exceeds supply at pre-tariff cost levels.

Healthcare organizations should carefully review any price increases or added surcharges to make sure they are unavoidable and compliant with group purchasing organization (GPO) terms or the provisions of individual contracts. Unfortunately, during COVID, it was not uncommon for some suppliers to attempt to pad margins under the guise of pandemic-related supply chain issues. In addition, if organizations agree to additional surcharges to help suppliers navigate a transitional period (similar to COVID), they should be

continued on page 6

Responding to Tariffs: 7 Tips to Mitigate Healthcare Margin Impact

(continued from page 5)

sure to limit the time period for which they are in effect. Once a surcharge is agreed to, it typically doesn't come off automatically at the date agreed upon.

2) Collaborate With Supply Chain Partners: Healthcare organizations should work with their GPOs, regional affiliates, state associations, and consulting advisors to identify commodity categories (or specific items) at risk of cost increases and delivery interruption. From there, organizations can seek alternative sources for the items at risk and negotiate favorable agreements.

Manufacturers and distributors are also important collaborators. Healthcare organizations should pursue vendor programs that identify efficiencies within the manufacturer's operation and order fulfillment logistics that can further offset the additional costs of tariffs.

3) Prepare for Disruption: Suppliers are scrambling to identify solutions that lessen the impact of tariffs. The resources required to respond effectively grow exponentially with the uncertainties surrounding the current tariff policies. Healthcare organizations must respond in kind and organize an effort to plan, prepare, and respond to increased costs and potential for supply chain disruption.

This effort should include a task force led by finance in collaboration with supply chain and operations to identify and mobilize preparedness for both immediate action and worst-case scenarios. Efforts must address evaluating and pursuing alternative suppliers and products where appropriate, as well as overall efficiency efforts to absorb additional costs. The task force should also evaluate additional safety stock, especially for sole-source items. Staying current on tariff policy, forecasts, and impacts is crucial to mitigate disruption in an environment of ongoing uncertainty.

4) Plan for Pharmaceutical Tariffs: Trump has suggested that tariffs on pharmaceuticals are not a matter of if, but when. While it is unclear how the administration will implement tariffs on drugs, healthcare organizations should start planning now. First, the collaborative analysis described above should include drugs at risk of disruption so that organizations can proactively identify alternative sources. For compounds at general risk of shortage, such as generics, healthcare organizations should work to create access to buffer stocks. Working with GPOs and other providers can help avoid unintended consequences, such as accidentally creating shortages.

5) Manage Utilization: Beyond price management, healthcare organizations should work to reduce unnecessary utilization of

supplies and medical devices through process improvement. Credible benchmarking data can help engage providers and clinicians in data-driven discussions and identify opportunities to improve operational efficiency and patient care. Organizations should also pursue opportunities to align incentives with suppliers to facilitate collaboration on identifying and implementing efficiencies.

6) Look Beyond the Supply Chain: While the impact of tariffs will largely be felt in the supply chain, the urgency created by higher input costs can inspire the discipline necessary to capture savings in other categories, including contract labor, purchased services, and employee benefits. A case study highlighting one organization's successes reducing costs in these areas is available [here](#).

7) Consider Revenue Opportunities: Even aggressive cost management may not be enough to offset price increases and margin erosion resulting from tariffs. While relationships between plans and providers remain fraught, organizations should consider renegotiating managed care contracts to include a tariff surcharge. Providers pursuing this strategy will need to bring hard data to the table to justify the request, so they should dedicate resources (internal or external) to calculate projected and actual cost increases to support the ask.

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Responding to Tariffs: 7 Tips to Mitigate Healthcare Margin Impact

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Cost Report as a Management Tool

Unlocking Untapped Insights in Hospital Operations



What if I told you that within reach—right under your nose—lies a treasure trove of actionable financial and operational data specific to your hospital, largely overlooked and underutilized? That hidden asset is the **Medicare Cost Report**.

While notoriously complex to prepare and audit, the Medicare Cost Report is rich with data that could offer immense value far beyond its traditional use for Medicare reimbursement. Despite the significant effort hospitals invest in compiling these reports, the information within is rarely leveraged for internal management and strategic decision-making.

So why not dramatically **increase the return on investment** from preparing the Medicare Cost Report?

This article kicks off a series exploring the “off-label” uses of the Medicare Cost Report—those insights and metrics that are often hidden in plain sight. We’ll uncover how this document can provide CFOs and CEOs with powerful, practical management tools. From departmental cost structures to overhead ratios and average hourly wage benchmarks, the report contains key performance indicators that can drive better-informed decisions.

For example, the **average hourly wage** and **overhead cost percentage** are just two statistics that, when viewed through a managerial lens, can inform staffing strategies and operational efficiency improvements.

As we begin this journey together, I invite you to share your ideas and experiences. What metrics have you found to be especially valuable? Which parts of the cost report have the greatest untapped potential? Try a brainstorming Friday discussion or launch an email chain with your colleagues in First Illinois HFMA – I am sure they would love to hear from you. Who knows what great ideas might percolate up for all to use.

Let’s turn this compliance obligation into a strategic advantage.

About the Author



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Patient Access Practices: Positioning for Value in Ambulatory Care

Patient access within our healthcare delivery system is a delicate balance between supply and demand. Supply is the time and resources available to care providers for provision of services, and demand is the population's need for care. Ambulatory care leaders know this balance is a tough one to hold, but today's healthcare environment with challenging labor conditions, rising costs, and regulatory shifts have made it feel unachievable.

To meet these challenges, the industry has accelerated its push toward value-based care models in the ambulatory enterprise that emphasize appropriate, safe, and coordinated care at lower cost. The success of these delivery models is predicated on efficient and effective patient access practices that support providers in maximizing patient throughput and capacity.

Efficiency begins with patient access. Understanding how to align and position your ambulatory care access operations is vital to the financial health and operational growth of your organization. Below are four things ambulatory leaders should consider to best position for a value-based world.

1. Establish access standards through a robust review of internal data

First, evaluate your organization's available data and identify critical measures that are necessary to achieve optimal accessibility. Your goal is to establish access standards around each of those identified areas.

Setting forth standard visit types and durations for visits by department is a key access standard. When providers utilize custom appointment specifications, there's often a learning curve for scheduling staff to understand all of the individual nuances and ultimately leads to scheduling errors, administrative rework, and delays in care. Creating access standards around appointment specifications, like visit types and durations, reduces variation among providers and creates a more streamlined process for patients to get on scheduling books.

These access standards will become the foundation for managing and monitoring performance across the enterprise.

2. Prepare to manage demand

Demand for outpatient services in healthcare has steadily increased and, according to Advisory Board, is expected to grow another 7% by



2026. This, alongside the proliferation of value-based arrangements, will force health systems to rethink their strategy around managing demand in the outpatient setting. The following are successful strategies to manage fluctuating demand:

- **Develop contact centers:** Clinic staff should focus their time and attention on the delivery of care. Organizations that develop contact centers appropriately allocate the management of patient communication to an administrative group whose primary purpose is to achieve optimal patient access and efficient scheduling. By segmenting these administrative tasks, ambulatory leaders not only free up time for clinic staff to work top of their license, but they also create opportunity to better measure staff performance and productivity.
- **Optimize omnichannel strategy:** Use and maximize the functionality of patient portals, texting enhancements, and other technological resources to encourage efficient communication between patients and care teams. The ability to connect with your patient population through multiple communication channels promotes patient satisfaction, minimizes the possibility of no-show and cancelled appointments, and encourages multifactor accessibility to healthcare services.
- **Monitor the market:** Fluctuations in demand can easily create bottlenecks in access, regardless of the established foundational mitigation resources put into place (contact centers and

continued on page 11

Patient Access Practices: Positioning for Value in Ambulatory Care

(continued from page 10)

omnichannel communication methods). To manage the potential for fluctuation, coordinate with marketing resources to monitor current and future demand for services. Implementing request-for-care website functionality provides insight into both current and future demand and allows for preparation to meet it.

3. Evaluate capacity management standards

Managing capacity in the healthcare setting is how you manage time as a resource and is the offset to balancing fluctuating demand. High-performing organizations recognize that how they use time as a resource is the most important element of optimized patient access. Here are three key factors in managing capacity:

- **Template management:** This includes regular evaluation and maintenance of providers' schedules to ensure that they're built to support demand. It includes setting forth clinical FTE expectations and holding staff accountable to meeting them as a primary measure of productivity.
- **Slot utilization:** Once templates are created and a maintenance strategy determined, organizations should work to efficiently use appointment slots to prevent access delays. Waitlists, schedule blocks, and automatic releases are proven methods to avoid schedule gaps and maximize utility of electronic health records (EHR).
- **Online scheduling:** Ambulatory leaders shouldn't overlook the value of their virtual front door. This is just as important as focusing on access to your physical one. Enhanced EHR capabilities, such as ticket scheduling, allow patients direct access to schedule care while also defining appointment criteria to ensure appropriate scheduling and avoid any further delays in care.

4. Recognize the importance of continuous improvement

Building and maintaining a patient access strategy that ebbs and flows with both the market demand and provider supply (i.e., time and resources) is essential for long-term success. By focusing on not only managing demand and capacity but also sustaining and continuously improving efforts over time, you remain agile in a dynamic market. Below are three key components of continuous improvement in patient access:

- **Panel management:** Regular review and maintenance of patient panels by provider removes access limitations – by encouraging thoughtful care progression planning and promoting patient engagement and autonomy in their care. A panel maintenance strategy ensures that providers are able to see the right patients at the right cadence to promote good condition management and success in value-based agreements.
- **Transition of care coordination:** Continuity of care is more than just a buzzword in the healthcare space – it's an essential component of risk management. Continuity of care helps avoid unnecessary readmissions and promotes comprehensive disease management in a multidisciplinary team setting. Effective transition of care coordination between providers needs to be regularly evaluated due to constantly shifting clinical trends in the healthcare market.
- **Proactive peer reviews:** The key word here being "proactive." Peer reviews don't always have to be reactive to misses in clinical care. Establishing a cadence of proactive clinical reviews encourages physicians to provide accessible, safe, and high-quality care (all measures that are evaluated under value-based arrangements).

The bottom line

Patient access is a dynamic and challenging concept that comes with a unique set of complexities that make it difficult to achieve at an optimal level. While current industry trends such as labor shortages and cost instability have created additional barriers to access, ambulatory leaders can position their organizations to succeed both in meeting today's challenges as well as in a value-based future by establishing and evaluating access standards, developing strategies to manage demand, and embracing a culture of continuous improvement.

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Strategies to Maximize Out-of-Network Revenue with Technology in the No Surprises Act Era

Since January 2022, when the No Surprises Act (NSA) took effect, hospital revenue cycle leaders have faced mounting challenges in securing out-of-network (OON) reimbursements. While the legislation aims to protect patients from unexpected medical bills, it has created significant financial strain on healthcare providers, resulting in payment delays, operational challenges, and resource depletion.

The Claims Backlog Crisis

The numbers tell a concerning story: According to the Wall Street Journal, claims disputed through the NSA's process almost immediately built up a backlog,¹ and they continue to outpace those resolved. In fact, providers filed over 490,000 NSA-related disputes between April 2022 and June 2023, with a staggering 61% remaining unresolved.²

For healthcare revenue cycle executives, this represents not just delayed revenue but serious disruptions to cash forecasting and additional pressure on already stretched revenue cycle teams. Indeed, there has been an 84% increase in healthcare bankruptcies since the NSA went into effect.³

There is encouraging news, however. Hospitals and healthcare systems are winning most disputes they pursue. U.S. Department of Health and Human Services (HHS) data reveals that providers succeeded in 77% of approximately 84,000 Independent Dispute Resolution (IDR) cases during the first half of 2023, highlighting widespread initial underpayment issues.

Certain medical specialties face greater impact—particularly emergency medicine, radiology, and anesthesiology. The challenge continues to expand, with American Health Insurance Plans (AHIP) and the Blue Cross Blue Shield Association (BCBSA) reporting that over 10 million NSA-eligible claims were processed in just the first three quarters of 2023. Each overlooked claim represents both immediate revenue loss and potentially establishes precedents for future underpayments.

Advanced Tech: the Strategic Tipping Point

The regulatory environment remains in flux. The Fifth Circuit's October 2024 partial reversal of rulings related to the IDR process and Qualifying Payment Amount (QPA) methodology has further complicated matters. With additional NSA components still pending implementation, including Advanced Explanation of Benefits (AEOB) and Continuity of Care provisions, adaptability has become essential.



Hospital revenue cycle executives must move beyond basic compliance. Leading healthcare organizations are now implementing specialized artificial intelligence (AI) automation to optimize OON claims management throughout the entire process—from identification through resolution.

Five Tech-Powered Strategies for Maximizing OON Revenue:

1 AI-Driven Claim Identification

AI technology can identify underpaid claims subject to NSA regulations, allowing revenue teams to prioritize the 20% of claims that generate the most revenue. This automation ensures high-value claims receive prompt attention, boosting recovery rates while reducing manual workload.

2. Automated Deadline Management

The crucial 30-day negotiation period after initial payment requires vigilant monitoring. Automated tracking systems with alerts prevent missed opportunities. Implementing escalation workflows helps providers maintain awareness of approaching deadlines and avoid accepting inadequate payment rates.

3. Tailored Payer Strategies

Generic approaches aren't effective across different payers. By analyzing payer-specific patterns and historical results, hospitals can customize negotiation approaches for maximum recovery. Data shows such targeted strategies can increase IDR success rates to 70%, providing measurable advantages during disputes.

continued on page 14

Strategies to Maximize Out-of-Network Revenue with Technology in the No Surprises Act Era

(continued from page 12)

4. Systematic IDR Outcome Analysis

Successful IDR cases provide more than immediate payment—they offer insights for future negotiations. Through AI and machine learning, hospitals can analyze decision patterns to strengthen future IDR submissions. This data also enhances in-network contract negotiations, optimizing overall reimbursement structures.

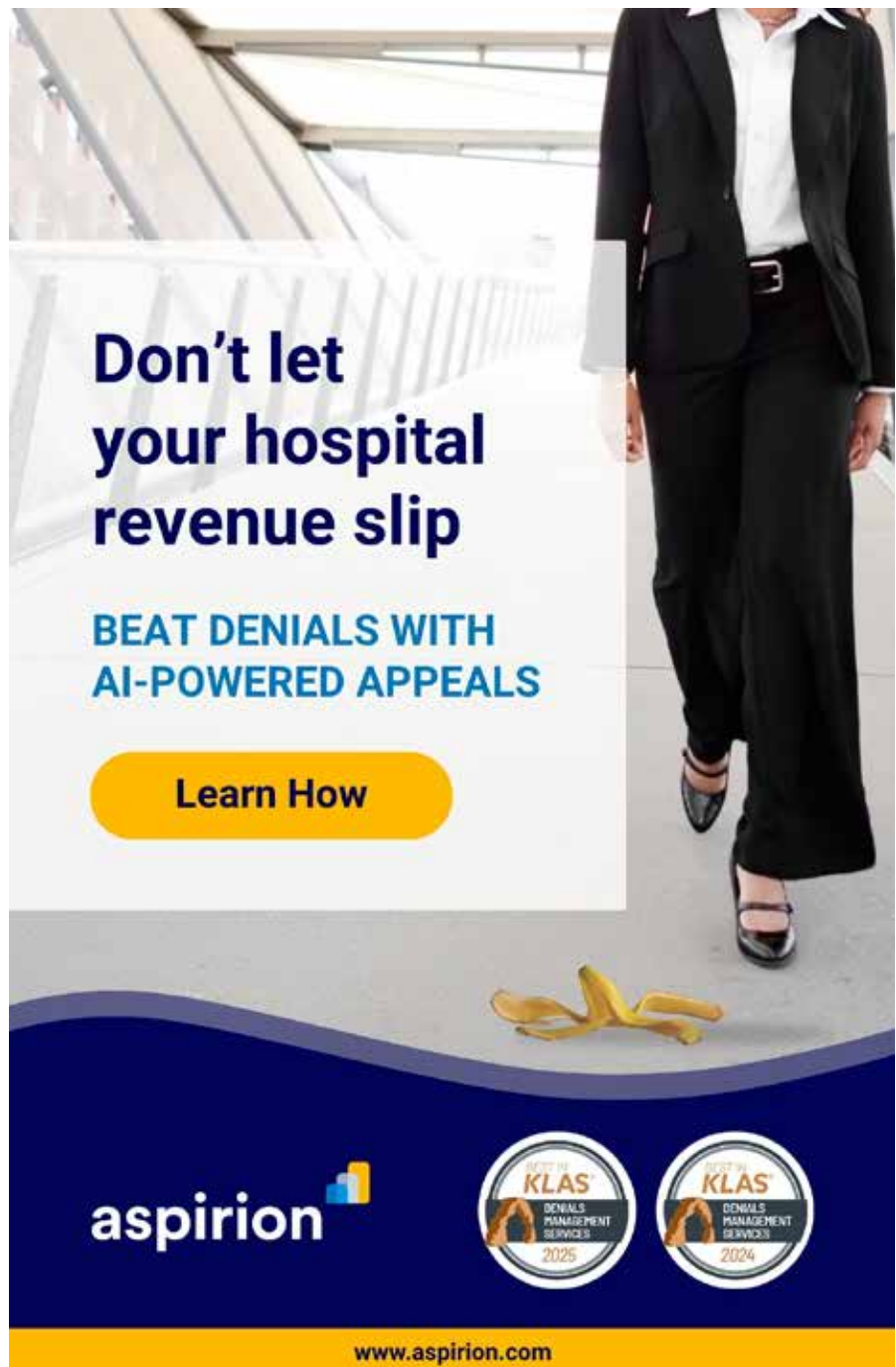
5. Strategic Resource Allocation

Managing OON claims internally demands unique expertise and significant resources. Financial executives should evaluate whether external partnerships, internal teams, or combined approaches deliver the best return based on OON volume and available resources. Strategic outsourcing decisions can help scale operations without overwhelming internal staff.

Strategize Now for Future Success

The NSA regulatory landscape continues to evolve, with recent court decisions and potential policy changes under the Trump administration adding complexity. As these developments unfold, financial leaders must remain agile, particularly regarding IDR processes and QPA calculations.

Success under the NSA increasingly depends on proactive, strategic approaches to OON revenue management rather than simple compliance. Hospitals positioned for success are those leveraging advanced technology to streamline processes, enhance recovery rates, and drive improved financial outcomes. While regulatory complexity remains inevitable, revenue loss does not.



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Notes

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Reducing Pajama Time: Leveraging AI to Combat Physician Burnout and Enhance Revenue

When you walk the halls of today's hospitals, you will find most care providers not at the bedside, but at a computer. The complexities of clinical documentation and compliance have become a full-time job for providers. In fact, physicians spend an estimated 4.5 hours per day working within EHRs.

This documentation time spills into their evenings and weekends, so called "pajama time". As Dr. Ryan Nicholas, chief quality officer at Mercy Medical Group recently noted that "The administrative side of healthcare is a source of provider burnout and frustration."

The hidden costs of physician burnout

Physician burnout is a critical issue with far-reaching consequences. A study from the American Medical Association shows 48% of physicians reported feelings of burnout in the United States. The cost of this burnout is staggering. Estimates suggest the hidden costs of physician turnover, including recruitment costs, signing bonuses, onboarding and lost billings, is approximately two to three times a

physician's annual salary. This means a health system can lose over \$1 million by losing just one physician to burnout, hitting a health system's finances hard.

The use of AI in the form of ambient listening or medical scribing presents a promising step towards improving this pervasive problem. Ambient technology securely records and creates transcripts of patient/provider conversations, which are then turned into clinical notes using AI. Once the provider has reviewed, edited and signed the note, it becomes part of the patient's electronic health record.

Dr. Mark Moseley, President at USF Tampa General Physicians, says this technology can help reduce documentation time by several minutes per patient, which can really add up over the course of a day and help reduce provider frustration and burnout. "This is a way for administrative leaders to do something very tangible for providers. It can give them part of their life back and restore some of the joy of practicing medicine," Dr. Moseley said.

continued on page 16

Reducing Pajama Time: Leveraging AI to Combat Physician Burnout and Enhance Revenue

(continued from page 15)

How AI can transform clinical practices and restore physician balance

AI technologies, such as ambient listening and virtual scribe systems, have the ability to make a real difference when it comes to documentation. These technologies can significantly reduce the time physicians spend on this time-consuming task. Instead of staring at a computer screen and typing while interacting with patients, physicians can be more present with their patients, giving them the ability to deliver better care.

Between improved work-life balance and patient care, the number of providers using this technology is growing rapidly. In fact, MGMA recently published research stating more than 40% of medical practices are using an ambient AI solution.

Nick Olsen, CFO at Sanford Health, has talked about their ambient listening pilot program and shared physician excitement for this tool moving forward. "One of our physicians piloted the program and said for the first time in a long time he was able to go home at 5pm with all his notes complete. He ate dinner with his family and spent the evening with his teenage daughter. He was very excited about how this technology can help transform his overall lifestyle."

AI can also play a role in helping ease the ongoing burdens of physician shortages. The Association of American Medical Colleges projects the US will face a physician shortage of up to 86,000 physicians by 2036. Nick Barcellona, CFO at WVU Medicine states AI technology can help supplement physicians to make them more effective at their roles. "We already don't have enough physicians, so the more we can use AI and technology to supplement and make them more effective at their roles, the better," said Mr. Barcellona.

Addressing complex documentation and reimbursement challenges

Complex documentation requirements are at the core of many administrative burdens in healthcare. Physicians, nurses and case managers often spend nights and weekends focused on back-and-forth documentation work. Yet despite all the extra work hours, providers still face errors and payment delays.

Highlighting these challenges, Dr. Dave Dunkle, CEO of Johnson Memorial Health, shares his experiences. "Getting paid for care provided is a significant challenge. Just to get paid, I've had to add a greater percentage of revenue cycle employees than employees at the bedside. That's a real problem," he said.

Ambient listening is the first step in creating the initial documentation, but to really reduce administrative burdens and maximize reimbursed, another step is needed.

The use of AI-powered coding and documentation solutions are the next step in the process, as this is where much of the time-consuming back-and-forth documentation work occurs. This two-step approach of using ambient listening and AI clinical documentation solutions is a comprehensive way to reduce manual work, while maximizing reimbursement without delay.

Prioritizing AI solutions for clinical documentation, regulatory and compliance functions is essential to ensure proper coding and the submission of clean claims, which are the best defense against denials. This approach can help reduce documentation and claim errors and improve the speed and accuracy of claims, allowing providers to avoid downcoding and get paid faster for care already provided. What providers need is a clinical documentation platform that streamlines query resolution and reduces physician 'pajama time,' offering considerable process and communication advantages.

While ambient listening is a step in the right direction towards strong documentation, it's not enough on its own. The documentation, regulatory and compliance landscape is too complex, and the only way to conquer them is to combine deep expertise with AI tools. When this approach is taken, processes will be streamlined, claims will be clean and reimbursement will improve. The key is to integrate the right tools. The financial health of your organization will thank you.

About the Author

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First Illinois Chapter HFMA News & Events

Upcoming Chapter Events

Date	Event	Location
July 17	Transition Dinner	Carlucci Restaurant, Rosemont, IL
July 31	Women in Leadership Golf and Fitness Workshop	The Golf Warehouse, Burr Ridge, IL
August 22	Topgolf & Scholarship Event	Topgolf, Naperville, IL
September 15	Unbound Perspectives (Topic TBD)	Webinar
October 28-29	Fall Summit	Sheraton Lisle Naperville Hotel, Lisle, IL



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SWING for Scholarships!

August 22, 2025

Topgolf Naperville, IL

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First Illinois Chapter HFMA Event Photo Recap

Spring Symposium | May 21, 2025

Northwestern Memorial Prentice Women's Hospital, Chicago, IL



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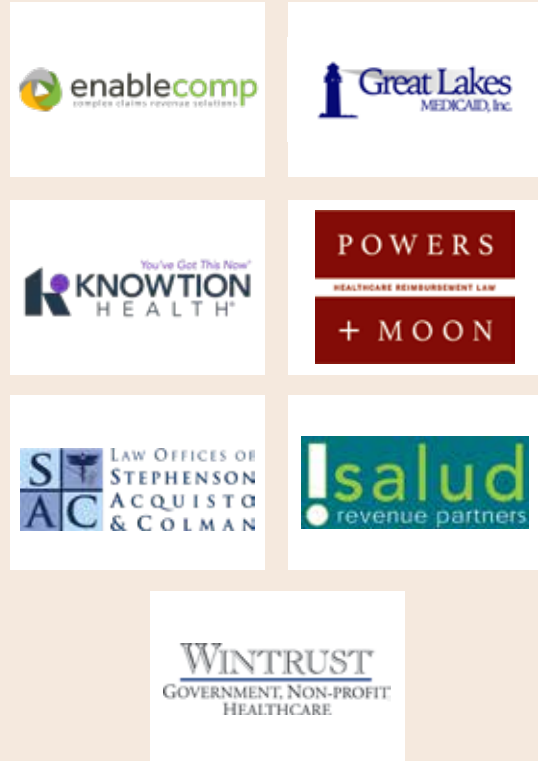
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