Top Questions We’ve Heard from Our Partners

Over the past two decades, we have kept an ongoing list of key questions and challenges our 3,500 partners have asked us to help them solve. As the recent COVID-19 pandemic grew, we noticed key trends generating from our hospital and clinic partners. We have compiled some of the most pressing questions below – old and new – as we look to consider new strategies to help optimize care teams after the pandemic is over.

Questions From Hospital-Based Department Physicians and Executives:

- Do we have a flexible clinical staffing model that can handle surges and volume declines in a cost efficient manner?
- What are we doing to help our frontline nurses reduce burnout and focus on patient care?
- Are we leveraging our support staff (i.e. medical scribes) to maximize their potential towards achieving care coordination efforts?
- How can I right-size staffing models to reduce premium pay and locum utilization?
- What new strategies exist within the revenue cycle space to improve data capture and reduce denials?

Questions From Ambulatory Clinic Physicians and Executives:

- What type of appointments should be in-person versus telemedicine, and how do I schedule my week to maximize capacity?
- How do you build a support staffing model for clinicians working in-person and remotely?
- Will my patients accept telehealth, and how do I accelerate the patient experience?
- Do all appointments need to be conducted in real-time or can they be done asynchronously?
- What protections or guardrails are there in our system to prevent telemedicine fraud?
Imagine the pandemic is behind us but the future is uncertain. Will things go back to the status quo? Do we want them to? Only historians will be able to determine the true impact of COVID-19 on healthcare and society as a whole but we have a unique opportunity to forge a new path forward.

Despite it’s great toll, the pandemic has allowed organizations to rethink and retool our healthcare systems to be more provider-patient centric, efficient and cost effective. Rather than simply return to previous business as usual, organizations will have the option to strategize new best practices:

1. **A hybrid healthcare delivery system:** Telemedicine and in-person visits will no longer be mutually exclusive. Instead, clinics and departments will embed telemedicine into their weekly patient encounter strategy to be more flexible and dynamic for patient and community needs. Developing a dynamic post-COVID ramp-up process that integrates in-person and virtual support models will be critical for driving new capacity.

2. **A flexible, top-of-license clinical staffing model:** Crippling volume spikes and lulls in Emergency Departments, ICUs, and Inpatient units have shown that historical staffing models need to shift. Providers and nurses need to focus on what’s most important – the patient – and should rethink their integration of lower cost labor support models that allow them to increase their clinical capacity while keeping costs low.

3. **Rethinking telehealth support strategies:** With hybrid delivery systems in effect, providers will need a new suite of resources to optimize their daily flow – both in and out of the clinic. Additionally, it may be unclear how patients will feel about visiting urgent care centers during cold and flu season. Concepts such as asynchronous telehealth visits and teletriage should be researched and piloted, depending on the care environment.

4. **Revenue cycle enhancement will be front and center:** For years, the revenue cycle space has become overly commoditized, forcing many organizations to go the least-expensive route which is often overseas. With the pandemic exposing new vulnerabilities of a completely outsourced model, organizations should rethink their RCM labor strategy. For instance, investments in autonomous coding with a mixed domestic/overseas coder pool may equal cost, but with higher value and less risk.

Our experts have worked to diagnose each challenge and proposed solutions for provider, department and system leaders to consider integrating on a go-forward basis. We welcome your thoughts, feedback and discussion.
PROPOSED STRATEGIES

For a Top-of-License Clinical Staffing Model in Acute Care Settings

- Rethinking the Staffing Model in Lieu of COVID-19 Impact
- Care Navigation Support to Increase Compliance and Connect to In-Network Care
- Redistribute Clerical Duties to Enable Clinicians to Work Clinically
- Next Generation ICU Provider Support with Ambient Mobile Technology

For Ambulatory and Post-Acute Providers

- Pivoting between In-Person and Virtual Visits
- Optimizing Ambient, Virtual, and In-Person Scribe Support
- Leveraging Time Driven Activity Based Cost Models
- Embedding the Pre, During, and Post Visit Care Team Assistant Strategy
- Additional Questions that Are Being Asked Today

Additional Questions that Are Being Asked Today
PROPOSED STRATEGIES FOR A TOP-OF-LICENSE CLINICAL STAFFING MODEL IN ACUTE CARE SETTINGS
1. Rethinking the Staffing Model in Lieu of COVID-19 Impact:

Knowing that volumes will increase over time, it makes the most sense to have an agile staffing model that leverages low-cost labor. Staff is lowered to meet demand during periods of low-volume. Care Team Assistants (also known as Medical Scribes) provide low-cost labor to support the patient-to-clinician ratio needed to meet increasing volumes. Departments can rely on a “baseline” of clinical coverage that can be flexed with CTAs during surges or rising volume trends. This model is much more financially viable and flexible than maintaining high-cost or premium labor (travel/locum).

![Agile Capacity Based on Patient Demand](image)

**ENGAGEMENT**
ED patients referred to Navigators:
15% OF TOTAL ED VOLUME

**IMPROVEMENT**
90-day return rate improvement:
17% DECREASE

**COST SAVINGS**
Staff savings by right-sizing RN case manager ratio:
$2,000 PER SHIFT

**PROVEN ROI**
AT 7 DAYS A WEEK
$730,000 SAVINGS

2. Care Navigation Support to Increase Compliance and Connect to In-Network Care:

Introduce Care Team Assistants, or Care Navigators, to support discharge compliance. When a patient is discharged from the ED they are given specific follow-up instructions, and compliance of those instructions is what makes the difference between healthy recuperation or a patient landing back in the hospital. Care Navigators are embedded into each department and are focused on the discharge population and ensuring top-compliance scores. They leverage technology to connect and route patients to in-network follow-up appointments, and connect patients to the appropriate community resources. Analytic tools give Navigators insight into compliance needed to activate further outreach if a patient is trending in the wrong direction.

A Six Month Case Study of Navigators in the ED
Nurses play a pivotal role in providing emotional and psychological support to patients. But administrative tasks pull nurses away from the bedside, reducing their capacity to fulfill this key role.

Documentation and other tasks reduce the ability to effectively and efficiently discharge patients. A key contributor to today’s burnout epidemic is administrative work that takes up nearly half of a nurse’s day. Efficiency and quality suffers due to below license work.

Optimizing the Patient Experience & Reducing Nurse Burnout in the ED

TODAY’S ED

Nurse

- Intake, Vital Signs
- Medication Reconciliation, Initial Documentation, Comfort

Physician

- Sees patient, writes orders

Limited Time for Few Additional Patients

Documentation and other tasks reduce the ability to effectively and efficiently discharge patients.

TOMORROW’S ED WITH NURSE SCRIBES

Nurse

- Intake
- Initial Documentation, Comfort

Nurse Scribe

- Efficiently Completes Orders

Saturation

THROUGHPUT $$$$$ QUALITY ★★★★★

Satisfaction

THROUGHPUT $$$$$ QUALITY ★★★★★

Nurse Scribes assume documentation and other time consuming ancillary tasks so nurses can work at the top of their license. Documentation quality is improved leading to increased reimbursement, and nurses see more patients while delivery improved care leading to higher satisfaction.

3. Redistribute Clerical Duties to Enable Clinicians to Work Clinically:

Combat burnout with a top-of-license strategy that utilizes Medical Scribes/Care Team Assistants for clinical documentation and non-clinical tasks. This includes, but is not limited to EMR documentation, after visit summary, intra and inter-department care coordination, patient experience tasks, and cycle time management. Building on the Medical Scribe model, Nurse Scribes help nurse teams run more efficiently for improved patient and nurse satisfaction, and increased throughput and quality scores. An example of the Nurse Scribe model in the ED is provided below.

Nurse Scribe ROI

DIRECT SAVINGS

Decrease:
- Orientation Time ($19K/FTE)
- Incidental Overtime Hours (Reduced)
- Nurse Departure Cost ($75K/FTE lost)
- Premium Labor Expense
- Nurse – Highest $ Caregiver (Maximize the Resource)
- Nurse Turnover Rate (Up to 80% improvement on average)

INDIRECT SAVINGS

Decrease / Cost Avoidance:
- Readmission
- Length of Stay
- Nurse Burnout
- Patient Experience (Moving/sustaining above the 75 percentile)
- Critical Thinking Skills (Giving nurses time to focus on patient care)
- Nurse Satisfaction (Evidence of sustained 3x improvement)

Measuring the Results

HealthChannels has built a proprietary ROI and Modeling calculator to support ED Nursing Units. To receive a gratis custom report, please email our Client Solutions team at info@healthchannels.com.
4. Care Navigation Support to Increase Compliance and Connect to In-Network Care:

In the ICU, a hybrid model utilizes both in-person and remote solutions to optimize the care team. Using Speke on their mobile phones, providers round as usual, carrying on natural conversations with patients while the conversation is captured and documented by a remote scribe. In-person Care Team Assistants complete additional ancillary tasks that allow the care team to work top-of-license.

**ADMISSIONS:** Increased daily admissions capacity by more than 35%

**PROVIDER A:**

Indicated that the percent of time spent on documentation and non-clinical tasks decreased from 30% to 10% with a scribe

**PROVIDER B:**

Noted a drop in non-clinical workload from 50% to 10% when paired with a scribe

Despite seeing an average of 3.35 additional admissions per shift, provider A described feeling *more energized with improved quality of life* on his first day off work. He noted that typically (without a scribe) he would have to use one of his days off to “recover” after working 5 swing shifts in a row.

**ROUNDING:** Increased daily rounding capacity by more than 35%

![Graphs showing increased rounding capacity](image-url)
PROPOSED STRATEGIES FOR AMBULATORY AND POST-ACUTE PROVIDERS
1. **Pivoting Between In-Person and Virtual Visits:**

Practices should consider pivoting strategy to in-person and virtual visits based on visit type. For instance, in-person visits should be saved for new, procedural, or urgent in-person while follow up can be via telemedicine. Days can be broken into 4 hour segments and assigned to either in-person or virtual support to maintain throughput, and in-person headcount.

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**Post-COVID-19 Outpatient Scenarios**

**Scenario A:** A full time Primary Care provider working 40 hours per week in the clinic

**TIPS TO BE SUCCESSFUL:**

- Post COVID model of Telehealth + In-person visits:
  - Using your schedule to minimize in-office visits by staggering visits to allow time for turn around of the patients.
  - Ideally you want to do patient follow-ups, check-ins, medication call backs, and similar tasks via TeleHealth.
  - Use in-person visits for New Patient, annual wellness visits (require prostate exam, EKG’s, full body physical exams, etc).

- Below is a model schedule for a physician that uses both in-person and TeleHealth visits

<table>
<thead>
<tr>
<th>9 AM</th>
<th>MON</th>
<th>TUE</th>
<th>WED</th>
<th>THU</th>
<th>FRI</th>
</tr>
</thead>
<tbody>
<tr>
<td>10 AM</td>
<td>New Patient: In Office</td>
<td>AM: TeleHealth Visits</td>
<td>In-Office Visit, 9am</td>
<td>New Patient: In Office</td>
<td>In Office Visit, 9am</td>
</tr>
<tr>
<td>11 AM</td>
<td>Follow-up: TeleHealth</td>
<td>Follow-up: TeleHealth</td>
<td>In-Office Visit, 9am</td>
<td>Follow-up: TeleHealth</td>
<td>Follow-up: TeleHealth</td>
</tr>
<tr>
<td>12 PM</td>
<td>New Patient: In-office</td>
<td>BREAK/LUNCH</td>
<td>In-Office Visit, 1pm</td>
<td>New Patient: In-office</td>
<td>In Office Visit, 10:15am</td>
</tr>
<tr>
<td>1 PM</td>
<td>BREAK/CA MILES</td>
<td>In-Office/ Annual Exam</td>
<td>PM: TeleHealth Visits</td>
<td>Follow-up: TeleHealth</td>
<td>In Office Visit, 12:45 – 1:15pm</td>
</tr>
<tr>
<td>2 PM</td>
<td>Follow-up: TeleHealth</td>
<td>In-Office Visit, 2:15pm</td>
<td>Administrative Afternoon</td>
<td>Follow-up: TeleHealth</td>
<td>In Office Visit, 2:15 – 3:15pm</td>
</tr>
<tr>
<td>3 PM</td>
<td>BREAK/CA MILES</td>
<td>In-Office Visit, 3:15pm</td>
<td>2 – 5pm</td>
<td>In Office Visit</td>
<td>In Office Visit, 3:45 – 4:45pm</td>
</tr>
<tr>
<td>4 PM</td>
<td>Follow-up: TeleHealth</td>
<td>In-Office Visit, 4:15pm</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>5 PM</td>
<td>In Office/Annual Visit 4</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

- How Scribes can be used in this model:
  - The scribe can support you in-person or virtually.
  - This model shows the best case scenario to get in the maximum number of patients per day.
  - You can also split the model to having full days of in-office visits and full days of virtual visits, but having a mixture will help with productivity and safety of the patients.
  - You can also use Scribes to chart prep to reduce the burden of documentation.
2. Optimizing Ambient, Virtual, and In-Person Scribe Support:

Care Team Assistants/Medical Scribes should be able to flex between in-person and virtual services. A practice that is running in-person one day, should be able to leverage the same scribe but in an ambient or virtual capacity to maintain continuity.

Food for Thought

If desired, Speke could be leveraged as an on-demand scribe for practices pivoting their documentation strategy post-COVID-19.
3. Leveraging Time Driven Activity Based Cost Models:

Time Driven Activity Based Cost models can help incorporate labor costs and practice efficiency. By maximizing clinical output and reducing clinical cost, organizations can increase access and cash flow.

Time-Driven Activity-Based Costing (TDABC)

\[
\text{VALUE} = \frac{\text{HEALTH OUTCOMES}}{\text{COST OF DELIVERING THE OUTCOMES}}
\]

\[
\text{COST} = \frac{\text{RESOURCE COST}}{\text{RESOURCE CAPACITY}}
\]

4. Embedding the Pre, During, and Post Visit Care Team Assistant Strategy:

All clinicians should integrate real-time support services like Medical Scribes to off-load clerical activities, whether it be documentation, care gap closure, referral navigation, RAF optimization, etc. Beyond efficiency gains, this will help reduce burnout and drive clinical capacity.

Next Generation Care Team Assistant

<table>
<thead>
<tr>
<th>Pre Visit:</th>
<th>During Visit:</th>
<th>Post Visit:</th>
</tr>
</thead>
<tbody>
<tr>
<td>CTA completes pre-visit planning:</td>
<td>Provider completes all patient encounters with CTA documentation Support</td>
<td>Review and finalize documentation</td>
</tr>
<tr>
<td>Identify open care gaps such as</td>
<td>For risk populations:</td>
<td>Complete referrals/ scheduling</td>
</tr>
<tr>
<td>quality measures, AWV</td>
<td>Scribes utilizes pre-visit prep work completed by CTA to ensure all needs are</td>
<td>support for patients</td>
</tr>
<tr>
<td>Identify RAF/HCC opportunities,</td>
<td>are closed out and provider is queued appropriately</td>
<td>Ensure all care gaps and quality</td>
</tr>
<tr>
<td>including review of historical</td>
<td>Scribes updates problem list, ensures HCC capture</td>
<td>measure documentation is complete</td>
</tr>
<tr>
<td>documentation</td>
<td></td>
<td>Patient outreach as needed</td>
</tr>
<tr>
<td>Communicates all patient needs</td>
<td></td>
<td></td>
</tr>
<tr>
<td>with each provider’s Care Team</td>
<td></td>
<td></td>
</tr>
<tr>
<td>prior to visit</td>
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</tbody>
</table>

Food for Thought

Care Team Assistants can be leveraged to queue up patients to optimize your flow, whether for in-person or virtual visits.
Beyond the Clinic

The pandemic has led many organizations to rethink their revenue cycle labor strategy. Completely outsourced models have proven to be vulnerable, not to mention outdated and inefficient. Autonomous, technology-driven coding can help reduce the need for labor while significantly improving the efficiency of the overall coding process.

Our strategists have put together a review of autonomous coding capabilities. Please let us know if you would like a copy of the Revenue Cycle Strategies toolkit.

We welcome the opportunity to discuss these questions, and the strategies outlined in this toolkit. The HealthChannels Client Solutions team works with over 3,500 partners to customized strategies that meet their unique needs.

Our team can be reached at info@healthchannels.com, or you can learn more at healthchannels.com.