



Healthcare Business Insights™

2022 Fall member retreat

Working with payers and partners to
drive efficiency

Dawn Patton

Director, Patient Financial Services
Hennepin Healthcare

Amber Hermosillo

Director, Revenue Cycle Education & Quality
Banner Health

Gary M. May

Vice President, Managed Care and Payer Relations
Stanford Health Care/Stanford Children's Health



Since the No Surprises Act was put in place, have you contracted with more payers to reduce the number of out-of-network services provided?

- | | |
|----------------------------------|----------|
| Yes | A |
| No, and do not plan to | B |
| No, but plan to within 12 months | C |
| Unsure | D |

Learning objectives

Working with payers and partners to drive efficiency

1. Listen to peers share how they communicate effectively with payers and partners, approach negotiations or renegotiations, and get the most out of outsourced dollars or claims
2. Learn from organizations that have found effective means with which to set mutually beneficial terms, establish relationships, and maintain patient satisfaction and communication
3. Compare strategies, engage in discussion, and ask questions to derive solutions and strategies surrounding your most pressing challenges in this realm



Introducing your first panelist:



About the panelist



Dawn Patton

Director, Patient Financial Services

Hennepin Health

- With over 43 years of experience in healthcare, Dawn started her career by working in the areas of registration, data processing, accounting and patient financial services.
- She was instrumental in creating a start-up accounts receivable company on the vendor side and was the VP of Operations/Client Relations there for 19 years.
- She returned to the provider side at Hennepin Healthcare and has been with Hennepin Healthcare for six years.
- There, she initiated monthly payer meetings with the top payers, decreasing outstanding payer issues and denials evident with the 25% increase in cash collections since 2017.

Dawn has an extensive healthcare on both the vendor and provider side.

Dawn's primary focus is on process improvement and root cause with particular focus on denial management.

Hennepin Healthcare at a glance

Hennepin Healthcare is an integrated system of care that features:

- A nationally recognized Level 1 pediatric and adult trauma center
- A 484-bed academic medical center
- A large outpatient clinic and specialty center
- A network of 7 clinics in downtown Minneapolis and across Hennepin County
- Also includes a large psychiatric program, home care, hospice care, a research center, innovation center, and philanthropic foundation
- In 2021, Hennepin recorded:
 - 662,753 clinic visits
 - 93,065 ED visits
 - 11,342 surgeries
 - 87,351 ambulance runs
 - 18,965 discharges.



Hennepin Healthcare



Denial prevention

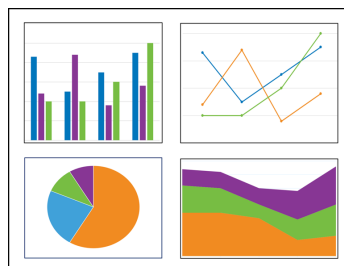
Combatting denials with patient financial services

Goal: Reduction of preventable denials by \$30M for 2022



Collaborating with internal partners

An **Epic Dashboard** was created for each department/location to monitor progress and statistics down to the ***“check-in user”*** name/location



This allows for focus on **educational** opportunities

The goal is for each department/location to be **self-sufficient in monitoring** their denial statistics



Communicating with payers



Monthly meetings with **top five** payers to discuss:

- Opportunities to reduce denials
- Payor related issues
 - Require ETA on resolution

A **Payer Scorecard** was created within Change Healthcare that shares how a payer is performing compared to other payers



Payers compete to be best performing



**Onto the
next panelist:**



About the panelist



Amber Hermosillo

Director, Revenue Cycle Education
& Quality

Banner Health

- Amber Hermosillo currently leads strategy and operations for Banner's Corporate Education & Quality Department for multiple areas of revenue cycle such as Patient Access Services, Billing and Collections, Quality and Vendor Management.
- This department is responsible for the success of all revenue cycle education needs that impact revenue cycle operations and daily cash.
- Her team consists of multiple roles where—through a combination of auditing, reporting, and education—they provide innovative resources to inspire end users for an efficient and successful revenue cycle experience.
- Amber has spent most of her career at Banner Health (16 years) holding various positions across revenue cycle with an intentional focus on education and continuous improvement roles.

Amber is dedicated to fostering an inclusive workplace where diversity and individual differences are valued and leveraged to achieve the vision and mission of the organization.

In her free time, you will find her enjoying travel, her family and attending sporting events of any kind!

\$10.4B

in revenue in 2020

\$723.3M

in community benefits,
including \$106 million
in charity

AA-

bond rating

52K+

total Banner
team members



Providing services in AZ,
CA, CO, NE, NV and WY

Our customers

1,066,961
Covered Lives

5,361,482
Clinic Visits

246,595
Admits

78,375
Observation Cases

822,418
ED Visits

713,792
Urgent Care Visits

143,789
Surgeries

33,124
Deliveries

1,460,580
Outpatient Visits

231,906
Home Health Visits

Our portfolio of services



Insurance

- Banner Network Colorado
- Banner Health Network
- Medicaid Insurance Plans
- Banner | Aetna
- Medicare Advantage Plans



Ambulatory

- Urgent Care
- Ambulatory Surgery Centers
- Specialty Care
- Primary Care
- Occupational Health
- Cancer Centers
- Imaging Centers



Acute

- Academic Medical Centers
- Urban Hospitals
- Rural Hospitals
- Children's Medical Centers
- Behavioral Health Hospital
- Heart Hospital



Post-Acute

- Inpatient/Outpatient Rehabilitation
- Skilled Nursing Facility
- Home Health
- Hospice and Palliative Care
- Home Infusion
- Home Medical Equipment



Services

- Pharmacy Services
- Lab Services
- Telehealth

Vendor relationships

Community care and major partnerships

As we grow as an organization, we look to serve the community and our partners with the latest technology to align with the Banner Health Mission:

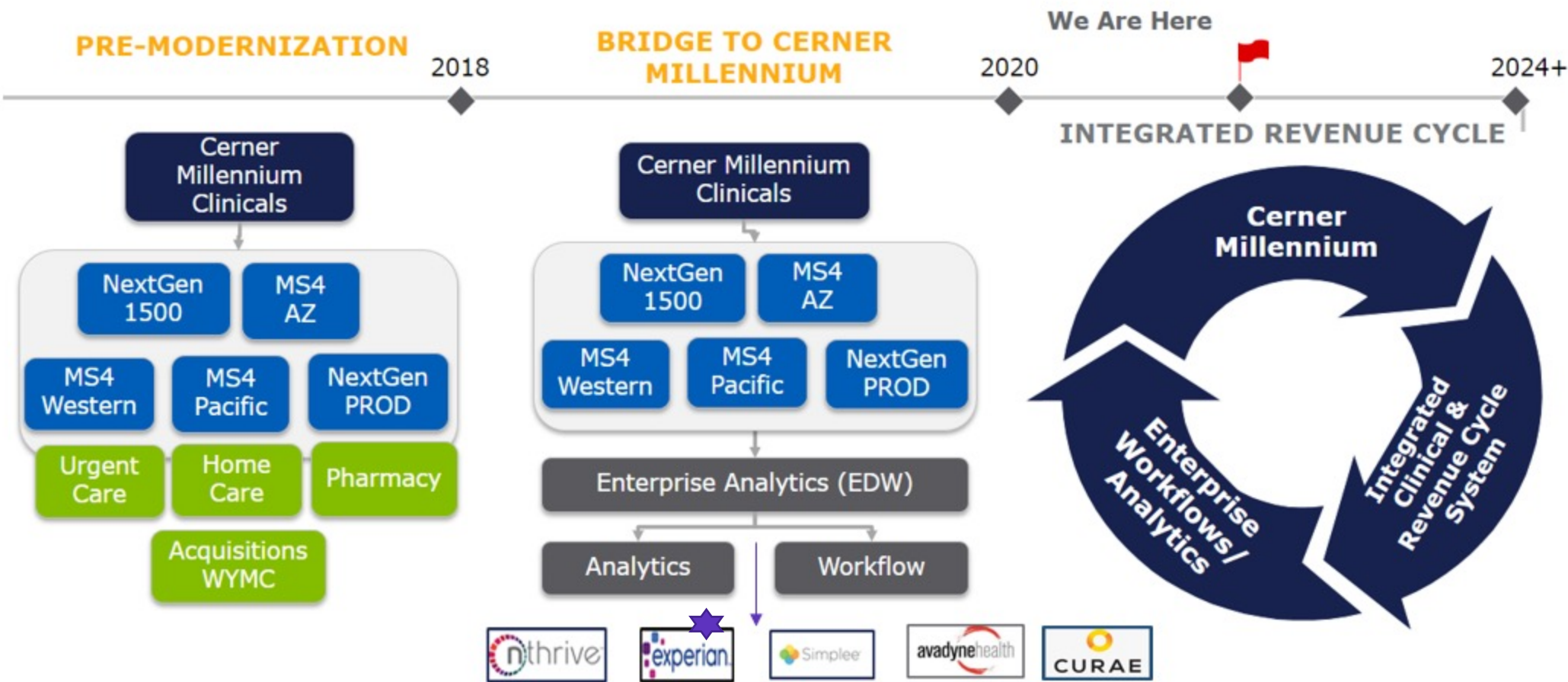
Our Nonprofit Mission

Making health care easier, so life can be better.

This Mission statement drives reinvention focused on the consumer. It's our call-to-action and how Banner is going to win the heart of Sofia, and those we serve.



Increase vendor relationships for efficiency



Implementing a vendor liaison to efficiently manage vendor relationships

Vendor liaison

Banner — Senior System Specialist

Client: Banner Health

- Roles and responsibilities:
 - Maintains optimal application operation
 - System-wide accountability
 - Performs analysis of customer needs
 - Serves as a liaison for application users and customers
 - Creates functional documentation/specs
 - Appropriately escalates issues to senior leadership
 - Troubleshoots system issues at a complex level



Vendor: Experian

- Roles and responsibilities:
 - Monthly business review
 - Relationship manager
 - Meeting management
 - Provide dedicated support/resources
 - Manage escalations timely
 - Implementation PM and support



Managing a “crown jewel” vendor

Experian Health



Meetings

Managing meeting cadence and attendees quarterly:

Banner / Experian Implementation Status Update – **Weekly**

Registration Accelerator Implementation Update – **Weekly**

Banner / Experian Relationship Management Update – **Monthly** – 8/15 at 11am

Banner / Experian Governance Call – **Monthly** – 8/16 at 11am

Experian – EDW Dashboard Call – **Weekly**

Coverage Discovery Manager Utilization Meeting – **Weekly**

RQA / Eligibility Optimization project - **Weekly**



Projects

Keeping a high-level overview of in-flight projects:

Coverage Discovery Manager (Utilization Refinement)

- Acute locations **LIVE** on 1/11/22
- Ambulatory **LIVE** on 2/8/22.

Data / Analytics

- Financially Clearance Rate
- RQA Dashboard – **Completed**
- Ambulatory POS Collections

Gateway Millennium Migration – **Wave 1 On Track 3/1/23**

Wyoming Medical Center MS4 – **On Track 9/1/22**

Registration Accelerator Expansion



Initiatives

Tracking what is on deck:

Catalog offering formal kickoff to be scheduled.

PFC – “Colorado Market” Kickoff scheduled July 18, 2022





**Onto the
next panelist:**



About the panelist

Speaking on payer relations



Gary M. May

Vice President, Managed Care and
Payer Relations

Stanford Health Care /
Stanford Children's Health

- Gary M. May is the Vice President of Managed Care and Payer Relations at Stanford Medicine and joined the system in June 2000.
- He leads all commercial payer contracting efforts on behalf of Stanford Health and Stanford Children's Health.
- He has an MBA from California Polytechnic University.

Stanford Health Care:

- Stanford Hospital and Clinics
- Stanford Adult Faculty
- ValleyCare Hospital
- University Health Care Alliance

Stanford Children's Health:

- Lucile Packard Children's Hospital
- Stanford Faculty Practice Organization
- Packard Children's Health Alliance

Stanford eConsults Overview

Stanford eConsults

Program Objective

Increase access to specialty care: patients receive specialist advice in 3 business days instead of waiting weeks or months for an appointment

Empower PCPs to manage lower acuity patients: 55% of eConsults successfully avoided a specialty referral

Triage the right patients into specialty appointments: eConsultants triage high acuity patients who need to be seen

What is an eConsult?

An eConsult is a provider-to-provider virtual written consult, completed within Epic in 3 business days.



Ordering provider sees patient and sends clinical question to specialist



Consulting specialist reviews and sends recommendation back to ordering provider



Ordering provider communicates recommendation to patient and manages their care

eConsult specialties

- | | | |
|------------|----------|-------------|
| ▪ Allergy | ▪ GI | ▪ Psych |
| ▪ Derm | ▪ Gyn | ▪ Pulm |
| ▪ Cardio | ▪ Hep | ▪ Rheum |
| ▪ Chem Dep | ▪ Neuro | ▪ Sleep Med |
| ▪ Endo | ▪ Nephro | ▪ Urology |
| ▪ ENT | ▪ Ortho | |
| ▪ ID | ▪ Pain | |

Where are we headed?

- External eConsults launched with first partner in June 2022
- eConsults are a core component of Stanford's Digital As Network strategy

Quality & Success Metrics

Provider Adoption

- Over 12,000 eConsults ordered by Stanford providers since program launch in Oct 2019
- 19 eConsult specialties participating

Clinical Efficiency

- Average eConsult turnaround is 1.2 business days
- 80% of eConsults completed in 5-20 minutes
- 55% of eConsults avoided a referral
- 13% of eConsults avoided a curbside consult

eConsult Resolution

- 80% of cases resolved through eConsult
- 15% of cases converted/triaged through eConsult

Provider Perspective

- "The e-consult service has been transformative for patient care in family medicine. For minor issues and complex issues alike, this service fills a great need in the care of our patients. I have improved my skills and the patients are saved the burden of an additional visit if it is not needed."

- Dr. Rebecca Seekamp,
Family Medicine



eConsult Overview

eConsults are provider-to-provider written consultations, completed in 3 business days.

STEP 1

Ordering provider sees patient and sends clinical question to specialist



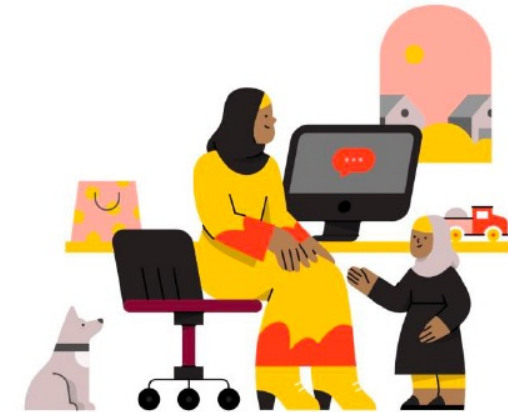
STEP 2

Consulting specialist reviews and sends recommendation back to ordering provider



STEP 3

Ordering provider communicates recommendation to patient and manages their care*



eConsult Value

Patients



- **Lower wait time:** 1 day on average, instead of 30+ day wait with traditional referrals
- **Less expensive** than specialty visits
- No need to travel
- 96% of patients had a favorable experience and 95% felt this service saved them time*

Ordering providers



- Inherent **provider education**
- **Empowers PCPs** to manage low acuity concerns, enabling comprehensiveness in Primary Care
- Recommendations are safer and recorded for reference
- Builds professional relationships

Consulting specialty



- **Formalizes curbside consults**
- Frees up specialty appointments for higher acuity patients
- Reduces wait times = **lower no shows, less leakage**
- Enables **higher surgical/procedural yield**

Health system



- **Lower cost of care:** 80% of eConsults are resolved without the need for a specialty visit
- **Triages** high risk patients to be seen quickly and maximizes specialist efficiency
- Improves patient care: delaying treatment can lead to ED visits, and health decline
- Essential during COVID (conserves PPE, reduces exposure)



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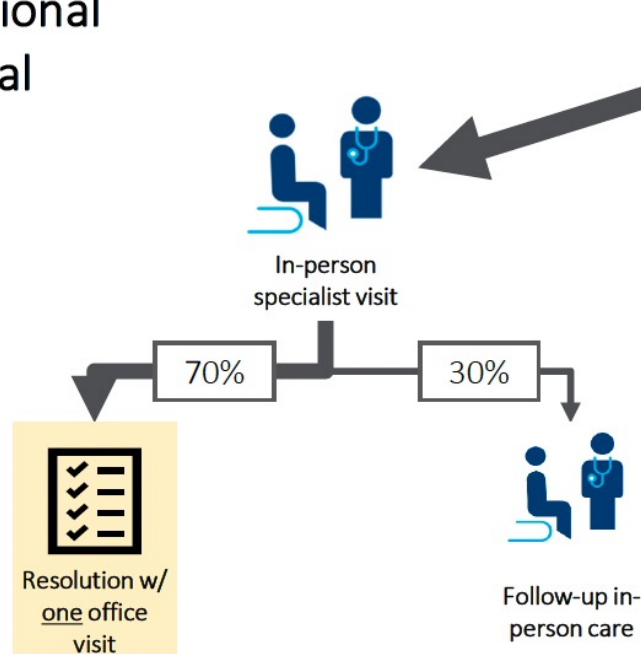
*Source: Kim, G. E., Afanasiev, O. K., O'Dell, C., Sharp, C., & Ko, J. M. (2018). Implementation and evaluation of Stanford Health Care store-and-forward teledermatology

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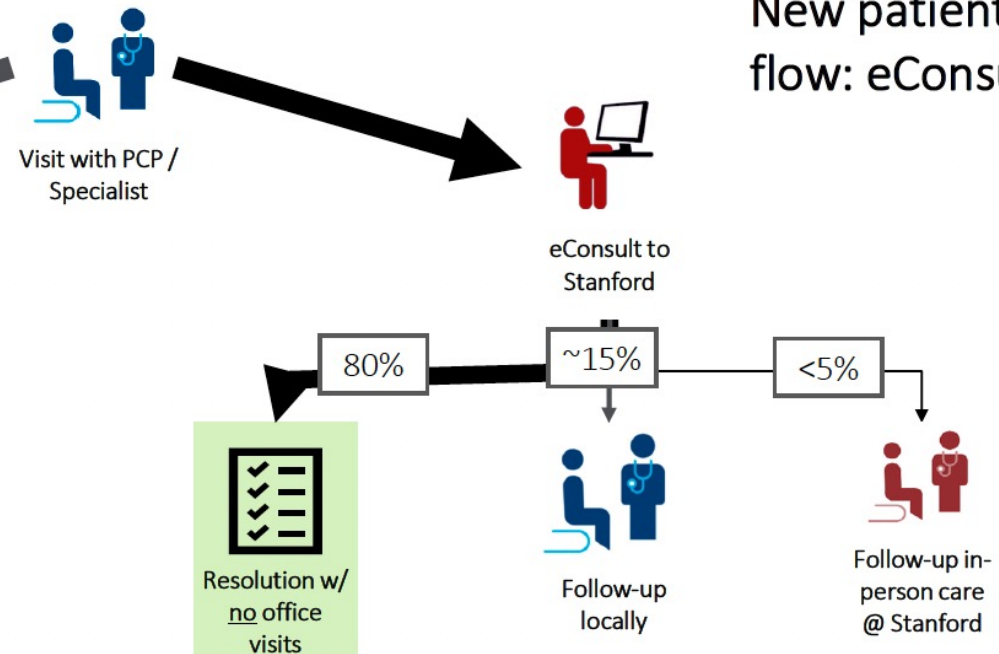
Stanford eConsults provide a faster, lower-cost alternative to referrals to accessing specialist expertise

INDICATIVE

Traditional referral



New patient flow: eConsult



Relative Avg. Annual Cost per Patient	\$1.00	Relative Avg. Annual Cost per Patient	\$0.40
Patient wait time for Specialist care	60+ days	Patient wait time for Specialist care	1-3 days

Diagnosis-specific templates available for SHC and UHA

Allergy

Anaphylaxis
Angioedema
Asthma
Chronic Urticaria/Hives
Drug Allergy
Food Allergy
Immunodeficiency
Rhinitis & Environmental Allergies
Stinging Insect Allergy

Cardiology

Abnormal EKG
Arrhythmia/Palpitation
Atrial Fibrillation
Bradycardia
Cardiac Imaging/Stress Test
Chest Pain
Coronary Artery Disease
Heart Failure
Hyperlipidemia
Hypertension
Syncope
Valvular Disease

Chem Dep

Alcohol
Benzodiazepines
Cannabis
Opioids

Dermatology

Rash
Lesion

Endocrinology

Adrenal Insufficiency
Adrenal Mass

Diabetes

Hyperaldosteronism
Hypercalcemia / Hyperparathyroidism
Hyperprolactinemia
Hyperthyroid
Hypothyroid
Pituitary Mass
Thyroid Nodule
Vitamin D Deficiency

ENT

Sinusitis
Tinnitus

GI

Abnormal Abdominal Imaging
Abdominal Pain
Anemia
Constipation
Diarrhea
GERD/Dyspepsia
IBD
IBS
Nausea/Vomiting
Pancreatitis

Gyn

Abnormal pap smear
Contraceptive issues
Vaginitis

Hepatology

Abnormal LFT's
Abnormal Liver Imaging
Alcohol
Fatty Liver Disease
HBV
HCV
Hyperbilirubinemia

Infectious Disease

COVID
Herpes Simplex/HSV
HIV Prep
Immunizations/Vaccinations
Immunosuppressants
Infectious Disease Serologies
Latent tuberculosis
Lyme Disease
Recurrent Skin/Soft Tissue Infection/MRSA

Recurrent C. Difficile Infection

Simple Cystitis / UTI / Recurrent UTI
Syphilis

Nephrology

Chronic Kidney Disease
Creatinine Rise
Hematuria
Hyperkalemia
Hypokalemia
Hyponatremia
Kidney Cysts
Proteinuria

Neurology

Abnormal Imaging Study
Abnormal Movements
Cognitive Decline/Dementia
Headache
Known Epilepsy
Neuropathic Pain
Other Sensory Symptoms
Peripheral Neuropathy or Distal Numbness

Restless Leg
Seizures/Spells
Unspecified
Vertigo/Dizziness

Orthopaedic Surgery

Back/Hip Pain
Foot Pain
Hand/Wrist Pain
Knee Pain
Neck Pain
Shoulder Pain

Pain Management

Abdominal/Pelvic/Genital Pain
Cancer pain
Chronic Back Pain
CRPS/RSD
Facial Pain
Fibromyalgia/Myofascial/Diffuse Body Pain
Headache (only for pts on opioids)
Medication Review/Recommendations
Neck Pain
Neuropathy/Neuralgia/Neuritis
Opioid Tapering
Pain Psychology
Persistent post-op pain

Psychiatry

ADHD
Anxiety and/or Depression
Bipolar Disorder
Substance Use Disorder
Psychiatric Medication Questions
Psychiatric Diagnosis Clarification
Resources

Pulmonology

Abnormal Imaging
Abnormal PFT's
Asthma
Chronic Cough
COPD
Pulmonary Nodule

Rheumatology

Gout
Inflammatory Back Pain
Joint Pain
Lupus
Osteoarthritis
Polymyalgia Rheumatica
Rheumatoid Arthritis

Sleep Medicine

Established OSA
Insomnia
Parasomnias
Restless Leg Syndrome

Urology

Dysuria
Hematospermia
Microscopic Hematuria
Nocturia
Overactive Bladder
Recurrent UTI
Renal Cyst
Scrotal Pain
Void Trials/Catheter Questions



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Note: all specialties also have an "Unspecified" (other) template;
Source: https://stanfordhc.service-now.com/esm?id=kb_article_view&sysparm_article=KB0455515

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Psychiatry eConsult Example

eConsult Request

Patient situation:

- Patient with long-standing, worsening anxiety
- Taking desvenlafaxine 100 mg daily
- Unable to tolerate hydroxyzine and pregabalin, even at low doses
- Lack of past success with therapy makes patient reluctant to seek a new therapist

Clinical question: Are there alternative medications you would suggest that might help the patient?

Stanford Psychiatry Response

Recommendation

- Option 1: Consider transition to different SSRI
- Option 2: Start buspirone at 10mg at night, add 10mg / week, alternating AM and PM doses, monitoring 4 weeks

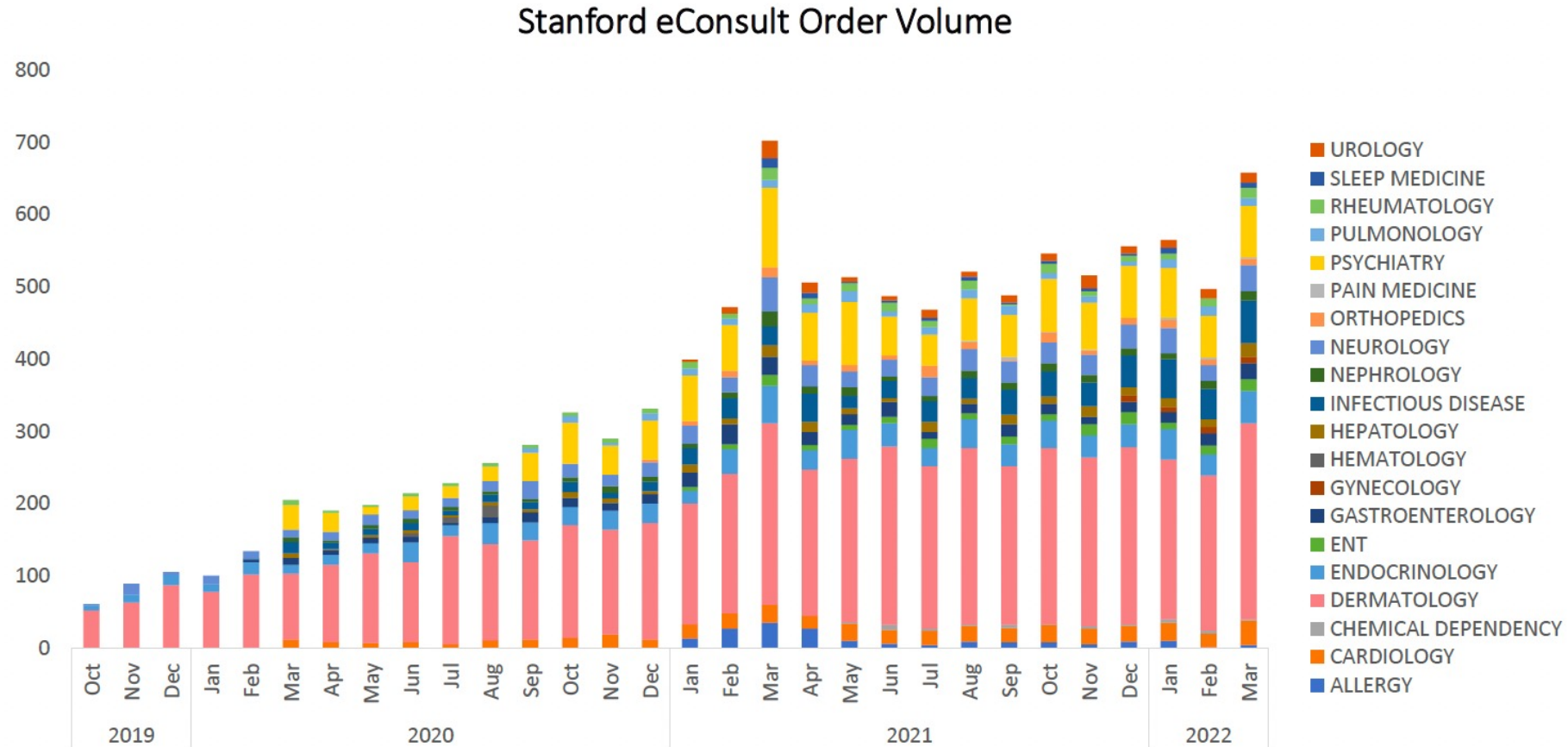
Rationale

- Desvenflaxine is an SNRI and does not tend to work as well for anxiety, so transitioning to a more serotonergic medication (SSRI) may be useful
- If patient likes desvenlafaxine and doesn't want to switch, busiprone is a good medication to add that should not be sedating

Contingency

- Can consider sympatholytic agents like a low dose of guanfacine 0.5mg if having a lot of physical symptoms of anxiety
- If amenable, patient qualifies Pacific Anxiety Group, with psychologists who are trained in CBT management

Stanford eConsult Volume (Oct 19 – Mar 22)





Thank you

Dawn M. Patton

dawn.patton@hcmcd.org

1-612-282-6293

Amber Hermosillo

amber.Hermosillo@bannerhealth.com

602-696-8174

Gary M. May

Vice President, Managed Care and Payer Relations
Stanford Health Care/Stanford Children's Health

