2023 Fall member retreat speakers

About me:

Alena Hill

Senior Director, Pre-Service Revenue Cycle

Alena has more than 25 years with Michigan Medicine in roles and responsibilities that range from front-end business operations to revenue cycle.

Roles have included: project management, director of learning and performance improvement, director of patient financial experience and most recently, the senior director of pre-service which includes registration, financial clearance, pre-certification and authorization, patient financial counseling, self-pay AR/collections and financial assistance.

She has a Bachelor's Degree in Sociology and Master's Degree in Human Performance Improvement & Instructional Design—all from the University of Michigan.

Michigan Medicine at a glance

Demographics

- Located in Ann Arbor, Michigan (Go Blue!)

Organization Facts & Figures (FY 2022)			
Hospitals	3	Discharges	46,803
Outpatient clinic visits	2.5 million	Surgeries	56,260
Licensed beds (w/ COVID surge)	1,107	ED visits	111,247
Approximate annual revenue	5.9 billion	Employees and faculty	24, 761

*One of only seven hospitals in the nation (and the only in Michigan) to be deemed "**High Performing**" in all 19 procedures and conditions evaluated by U.S. News & World Report*

(AA repair, AVR, TAVR, COPD, back surgery/spinal fusion, colon and lung cancer surgery, CHF, kidney failure, hip replacement, diabetes, stroke, etc.)

Awards and honors

- **Named one of the best-in-state employers in Michigan by Forbes & Statista**

- **2022-23 U.S. News and World Report**
  - Ranked **#1** hospital in Michigan
  - Ranked **#17** in Best Hospitals Honor Roll
  - **Nationally ranked** in **12** adult specialties and **10** children's specialties

    o **#8** in Ophthalmology

    o **#9** in Ear, Nose & Throat

    o **#9** in Urology

Learning objectives

Achieving hospital and physician integration and partnership between front- and back-end

- Describe how to effectively integrate front- and back-end teams together, gain buy-in, train staff and initiate performance goals

- Acquire a firsthand look at how best practices can be identified and translated into a new standard of work

- Outline the structure and components of a centralized inpatient and outpatient pre-authorization team

Agenda

"If you build it, they will come"

Field of Dreams

"Sometimes it is the people who no one imagines anything of who do the things that no one can imagine"

The Imitation Game

"Our lives are defined by opportunities, even the ones we miss"

Benjamin Button

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"If you build it, they will come"
Creating the business case for centralizing outpatient authorizations

1. **Describe the situation:** Make sure it is very clear and easy to understand

   Example: No-authorization write-offs continue to trend upward
   - Process for obtaining authorizations is decentralized and fragmented with no standardization

2. **Include background and assessment:** Include the reason for the situation

   Example: Insurance payers require prior authorization for many outpatient services
   - Increase in services that now require authorization

   Example: Lack of authorization results in revenue loss
   - Include data that shows historical write-off trends and loss of revenue (overall and clinic/department-specific)

3. **Create a shared vision and strategy to integrate teams**

   Seek to answer:
   - What is important to the stakeholders?
     o Patients, staff, providers, executives, etc.

   - Create a communication and change management plan

"Sometimes it is the people who no one imagines anything of who do the things that no one can imagine "

Involve the people who actually do the work

1. **Work with the workers to gain buy-in:**
   Bring staff together and assess current state

   A. Document their workflows
      - ✓ Have them identify gaps/issues/barriers within current processes
   B. Allow the same staff to create a new future state workflow
      - ✓ Ensure it will eliminate most or all identified issues
   C. Reach out to organizations who have already centralized for recommendations and lessons learned

2. **Standardize work:**
   - ✓ Utilize technology to automate when possible
   - ✓ Utilize resources that create efficiencies (e.g., payer websites vs. calling)
   - ✓ Create policies and procedures to support workflow
   - ✓ Create job descriptions to support new workflows/roles (i.e., combined financial clearance and authorization)

3. **Create performance/workflow-based training**
   Use workflows to design and develop training

   - ✓ Include an overview of how other workflows impact authorization
      - o billing, scheduling, coding, etc.

"Our lives are defined by opportunities, even the ones we miss"

Create performance measures and auditing tools

1. **Create performance measures:**
   Design performance measures that align with workflows and business needs

   A. Create staff audits:
      ✓ Create auditing tools that will measure staff performance in following standardized workflows, productivity and quality

   B. Create no-auth write-off audits:
      ✓ Create tools that will measure root causes of no-auth write-offs

   C. Design reporting tools to show impact

2. **Provide timely feedback and close gaps:**
   Use audit tools to identify possible workflow or training issues

   A. Set up regular report-out meetings with various teams:
      ✓ Program feedback to staff, management and other stakeholders
      ✓ Bring supporting data when necessary to clinical areas, billing, coding, and payers for root causes owned by these areas

☑ Excellent
☐ Good
☐ Average
☐ Poor

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Centralized authorization structure

Outpatient and inpatient
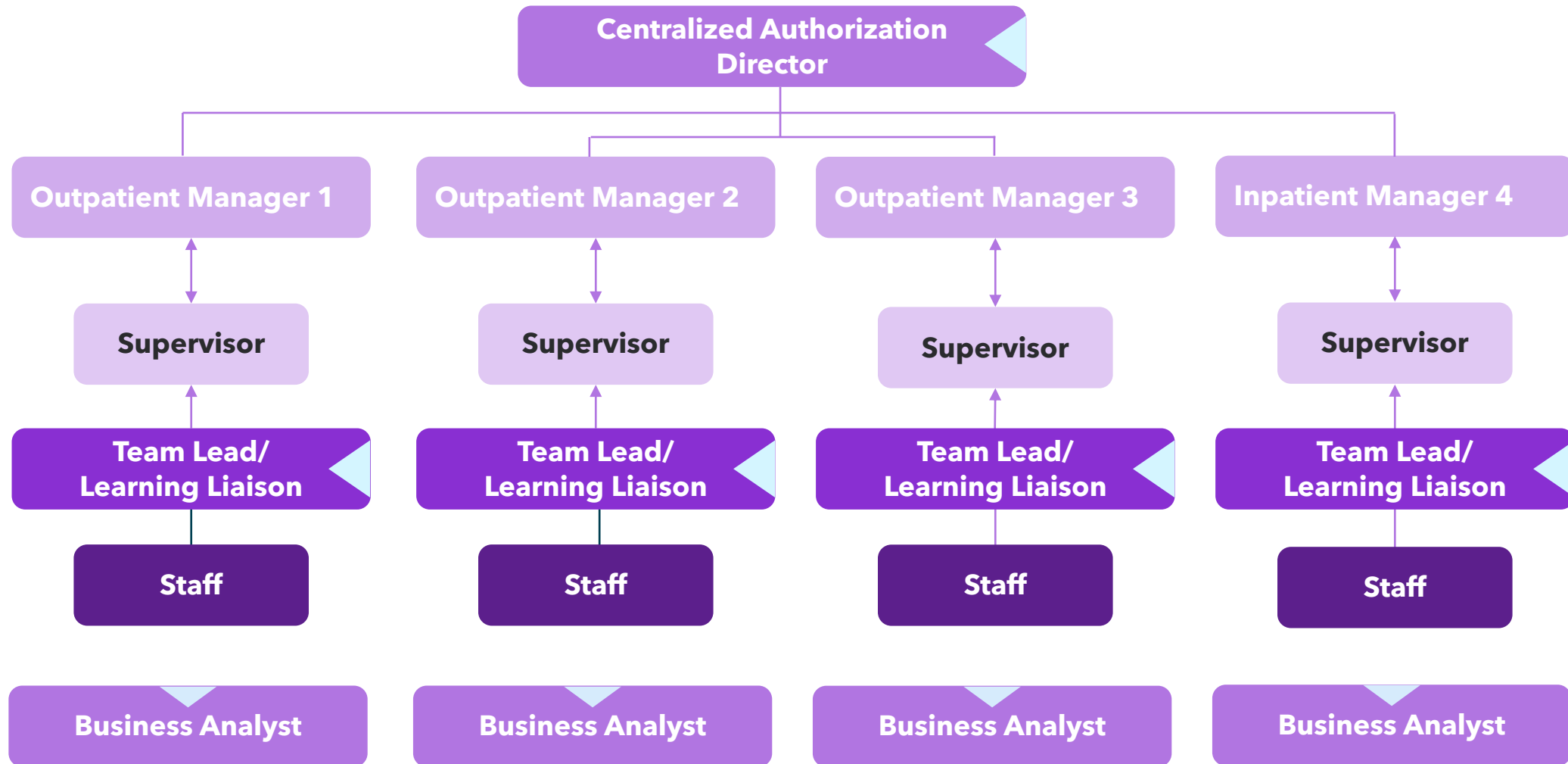
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Thank you

Questions?

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