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.
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!
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.

1. Ordering provider sees patient and sends clinical question to specialist
2. Consulting specialist reviews and sends recommendation back to ordering provider
3. Ordering provider communicates recommendation to patient and manages their care

**eConsult specialities**
- Allergy
- Derm
- Cardio
- Chem Dep
- Endo
- ENT
- ID
- GI
- Gyn
- Hep
- Neuro
- Nephro
- Ortho
- Psych
- Pulm
- Rheum
- Sleep Med
- Urology

**Quality & Success Metrics**

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

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

**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

**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

**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

2022 Fall member retreat
**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*

*High risk patients are fast tracked to specialty clinic*
## 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
- **Triage** 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)

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

Traditional referral

- In-person specialist visit
  - Resolution w/ one office visit: 70%
  - Follow-up in-person care: 30%

New patient flow: eConsult

- Visit with PCP / Specialist: 80%
- eConsult to Stanford: ~15%
- Follow-up locally: <5%

Relative Avg. Annual Cost per Patient
- Traditional: $1.00
- eConsult: $0.40

Patient wait time for Specialist care
- Traditional: 60+ days
- eConsult: 1-3 days
## Diagnosis-specific templates available for SHC and UHA

<table>
<thead>
<tr>
<th>Allergy</th>
<th>Diabetes</th>
<th>Infectious Disease</th>
<th>Restless Leg</th>
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<tr>
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<td>Hyperaldosteronism</td>
<td>COVID</td>
<td>Seizures/Spells</td>
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<td>Hypercalcemia</td>
<td>HIV Prep</td>
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<td>Asthma</td>
<td>Hyperparathyroidism</td>
<td>Immunizations/Vaccinations</td>
<td>Vertigo/Dizziness</td>
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<td>Hyperprolactinemia</td>
<td>Immunosuppressants</td>
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<td>Hypothyroid</td>
<td>Serologies</td>
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<td>Immunodeficiency</td>
<td>Pituitary Mass</td>
<td>Latent tuberculosis</td>
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<td>Rhinitis &amp; Environmental Allergies</td>
<td>Thyroid Nodule</td>
<td>Lyme Disease</td>
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<td>Stinging Insect Allergy</td>
<td>Vitamin D Deficiency</td>
<td>Recurrent Skin/Soft Tissue Infection/MRSA</td>
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<td><strong>Cardiology</strong></td>
<td><strong>ENT</strong></td>
<td>Recurrent C. Diffuse Infection</td>
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<td>Abnormal EKG</td>
<td>Sinusitis</td>
<td>Simple Cystitis / UTI / Recurrent UTI</td>
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<td>Atrial Fibrillation</td>
<td>Tinnitus</td>
<td>Symphils</td>
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<td><strong>Nephrology</strong></td>
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<td>Chronic Kidney Disease</td>
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<td>Chest Pain</td>
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<td>Creatinine Rise</td>
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<td>Coronary Artery Disease</td>
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<td>Hematuria</td>
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<td>Kidney Cysts</td>
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<td><strong>Neurology</strong></td>
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<td>Abnormal Movements</td>
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<td>Cognitive Decline/Dementia</td>
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<td>Opioids</td>
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<td>Rash</td>
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<td>Neuropathic Pain</td>
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<td>Lesion</td>
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<td>Other Sensory Symptoms</td>
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<td>Peripheral Neuropathy</td>
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<td>Adrenal Insufficiency</td>
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<td>or Distal Numbness</td>
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<tr>
<td>Adrenal Mass</td>
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**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

Note: all specialties also have an “Unspecified” (other) template; Source: [https://stanfordhc-service-now.com/esm/HD-hb_article_view&s=ysparm_article=KB0455515](https://stanfordhc-service-now.com/esm/HD-hb_article_view&s=ysparm_article=KB0455515)
### 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**
- Desvenlafaxine 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, buspirone 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
Thank you

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