

Indian Health Service

Mitigating Barriers to Revenue Cycle Management in the EHR - Part I

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ANDY REGIEC, ENTERPRISE ARCHITECT

TUESDAY, AUGUST 22, 2023





Revenue Cycle Management

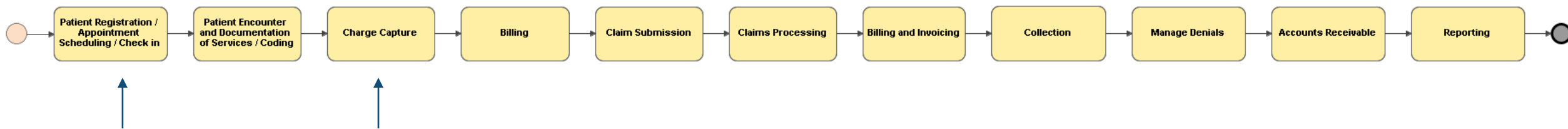
Adrian Lujan

Federal Lead, Revenue Cycle Applications

Division of Information Technology, IHS OIT

Revenue Cycle Management (RCM)

RCM is the financial management of the patient care services provided by healthcare professionals, from patient registration and appointment scheduling to the final collection of payments for the services provided.



Revenue Cycle Management and Charge Capture



Documentation of Services



Charge Validation



Code Assignment



Charge Reconciliation



Code Verification



Compliance



Charge Entry



Submission



Current Charge Capture Processes in IHS

- Many current processes are manual and leave room for error (and missed charge opportunities)
 - For inpatients, procedures are often documented but not (billable) supplies, so the biller has to review the inpatient stay in the EHR to find them
 - Similarly for durable equipment, such as crutches
 - Vaccine administration does not pass the NDC to billing, requiring manual research
- This session will look in detail at these processes, to identify opportunities for improvement, standardization, and to inform planning for new EHR configuration & training

Things to Think About in this Session

- What are your current processes for charge capture. What works and what doesn't?
- Does RPMS currently capture all charges? What mechanisms do you have in place to research the accuracy of charges in RPMS?
- Think about the time it takes to edit inpatient claims. How are charges captured and what is missing?
- How are late charges tracked and communicated to the biller?



WRAP and Business Process Modeling

David Maddirala, MD

Andy Regiec

August 2023

Transforming the way we deliver care begins with realigning our processes

Targeted configuration of unique high-risk, problem-prone, and high variability workflows



IMPROVING CARE DELIVERY

Seamless, consistent, rigorous processes across the field will drive efficiencies to deliver better care



ENHANCING PATIENT EXPERIENCE

Enhanced processes in telehealth, patient portal, and digital health applications expands our digital footprint and will enrich patient experiences and provide more seamless access to care



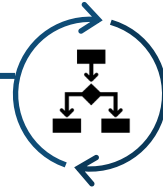
LEVERAGING DATA TO DRIVE OUTCOMES

Redesigned processes will improve data capture and data quality fostering innovative analytics to better understand our patient populations and drive improved outcomes

WRAP: From Challenges to Opportunities

With every challenge comes an opportunity

CHALLENGES



OPPORTUNITY



Mastery of the EHR by the User

Inefficient and disparate processes can present a challenge to initial and ongoing training and compromise EHR mastery



Configuring the EHR for the User

Lack of consistent, rigorous models that do not meet the needs of the user can negatively impact the adoption of the EHR



Listening to the User in Decision Making

Various clinical and business partners, dispersed across the country with unique needs, require consistent and deliberate engagement



Using the Models for Configuring, Testing, and Training

Use of models will be continuous and iterative, lasting through the EHR implementation and optimization



Leveraging the Models for Vendor Collaboration

Comprehensive models based on SME engagement will help inform the EHR vendor's configuration efforts



Empowering the User Via Engagement

Through consistent and deliberate engagement with user, models will ensure confidence and ownership in the new technology and form a more personalized EHR experience

IHS Health Information Technology Modernization Preparation for Vendor

“Too often clinics believe workflow should only be assessed after a vendor product has been selected and just before the health IT is implemented.”

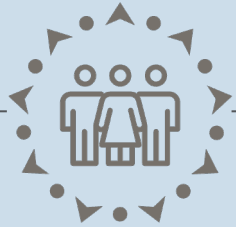
- **Agency for Healthcare Research and Quality (AHRQ)**

By understanding workflows and preparing for changes to them throughout the planning and implementation process, an organization is better prepared for the workflow changes post-implementation.



Workflow Research Alignment Plan (WRAP) Overview

WRAP utilizes Business Process Modeling (BPM) to document shared best practice future-state workflows, supporting the configuration and implementation of the new EHR



FIELD ENGAGEMENT

Engage IHS, Tribal Health Programs, Urban Indian Organizations (I/T/U) clinicians, business, and technical experts



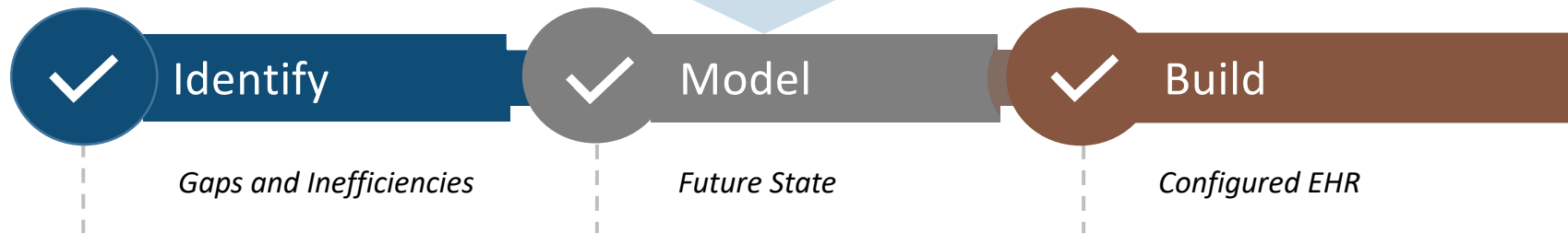
COMPREHENSIVE APPROACH

Select specific and complex service lines (e.g., Emergency Department, inpatient care, primary care)



PARTNERSHIP

Use models to inform improvement of current processes, new system build, and user training



How WRAP Helps Health IT Modernization

WRAP is an ecosystem of tools and methods that allow for...

Shareability:

Models produced can be utilized and localized by another site or across multiple sites within the Indian Health ecosystem

Standardization:

Rigorous, thorough models creates a common understanding across Indian Health

Re-usability:

Models can be re-used depending on need, location, or uniqueness of site



Configurability:

Models provides the foundation to configure, not customize, an EHR software

Interoperability:

Models can help “connect the dots” between various systems and platforms

Extensibility:

Models are expanded or enhanced through a modular approach, where new functionalities or components can be added incrementally

ULTIMATELY ENHANCING PROVIDER-PATIENT INTERACTIONS

WRAP Summary

Phase 1:
Environmental Scan
to collect internal and external information



Phase 2:
Conceptual
to form an overarching understanding of each process model



Phase 3:
Design and Decide
to map out the future state models with IHS SMEs

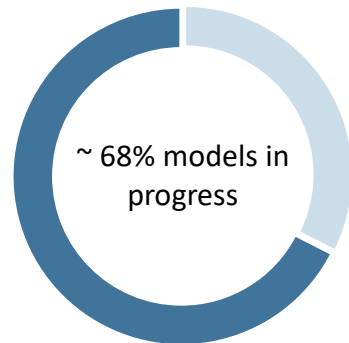



Phase 4:
Quality Review
to final check process models for clinical and technical accuracy




Phase 5:
Approval
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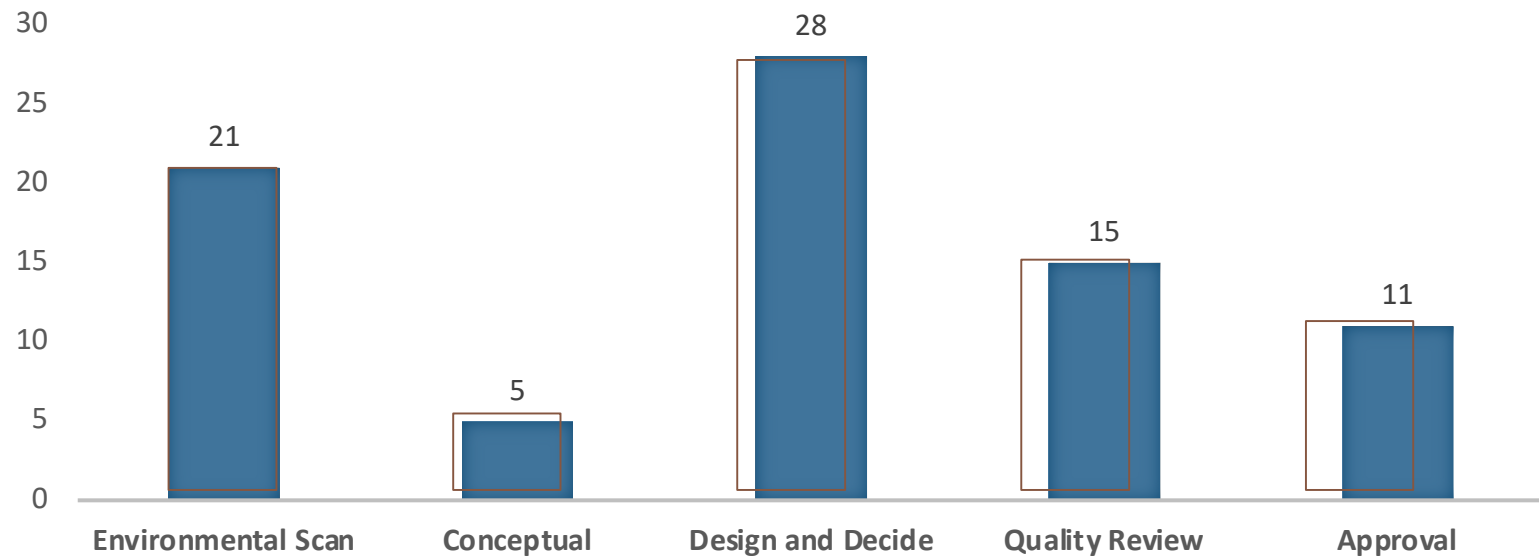
80 Process Models Identified



 In progress

 Not Started

NUMBER OF MODELS IN PHASE



Prioritization and Categorization of Process Models

Models are prioritized based on 4 distinct criteria, and categorized into 22 service lines, of which 16 are in progress

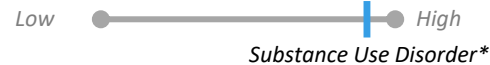
Criteria for Prioritizing BPM Process Models (via Service Lines)

1 Core Functionality



- Essential service to the organization?
- Apart of the core business operations?
- Necessary to fulfill mission?

2 Uniqueness to IHS



- Specialized program or focus area?
- Special configuration required in the EHR?

3 Volume



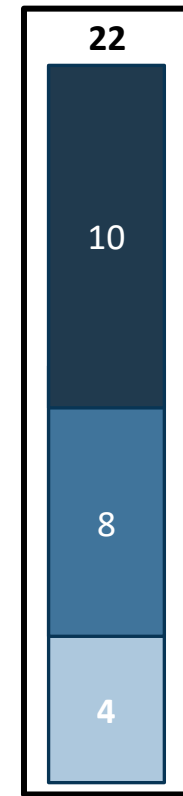
- Number of patients impacted?
- Processes that consume staff time?
- Frequently performed procedures or services?

4 High Risk



- Potential for harm to patient or impact to business operations?
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- Complexity of service?

Total Service Lines



Care Delivery Services

- Emergency Department*
- Hospitalization*
- Labor Delivery Recovery Postpartum*
- Primary Care*
- Residential Treatment Centers*
- Swing Beds
- Substance Use Disorder*
- Surgery*
- Telemedicine*
- Urgent Care

Support Services

- Community Health Aide Program*
- Employee Health*
- Imaging
- Laboratory*
- Medication Management and Administration*
- Nutrition*
- PAMPI*
- Referral Management

Business Services

- Population Health
- Public Health*
- Reporting
- Revenue Cycle Management*

Currently Identified Models

The individual status of the 80 models in scope are listed below (Service Line not listed)

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18. Reporting
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20. Swing Beds
21. Transfer to another hospital from floor



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Conceptual
to form an overarching understanding of each process model

1. Blood Bank
2. Day Surgery, Post-op
3. Inpatient Revenue Cycle Management
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5. Pathology



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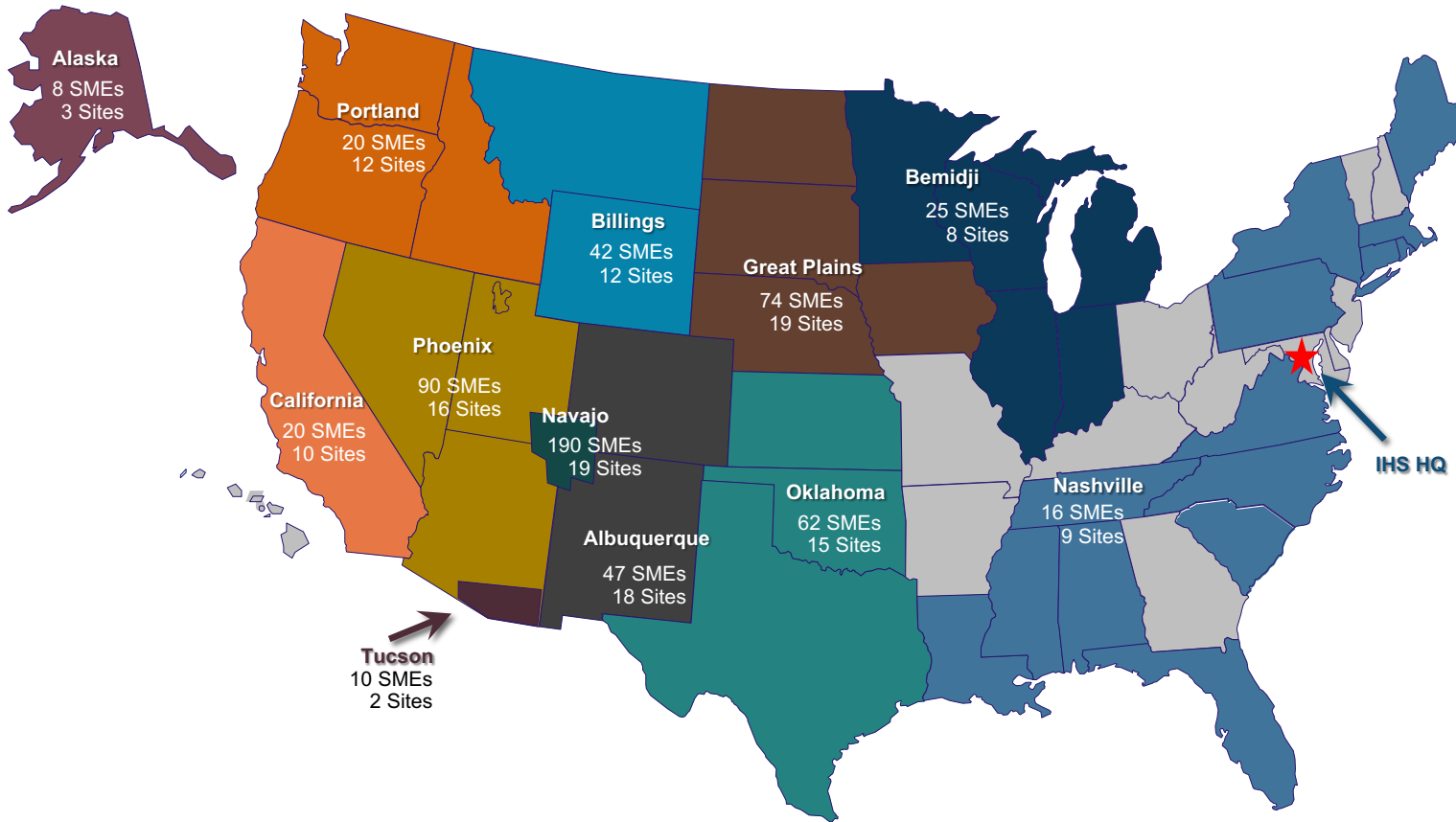


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WRAP by the Numbers

As of August 1, 2023



I/T/U SME engagement throughout the sessions

201

WRAP Work - Sessions held between Sept. 2021 and July 2023

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Service Lines

12

Areas Participating (plus IHS HQ)

204

Sites of Care Participating (Station, Center, Clinic, Hospital)

1300+

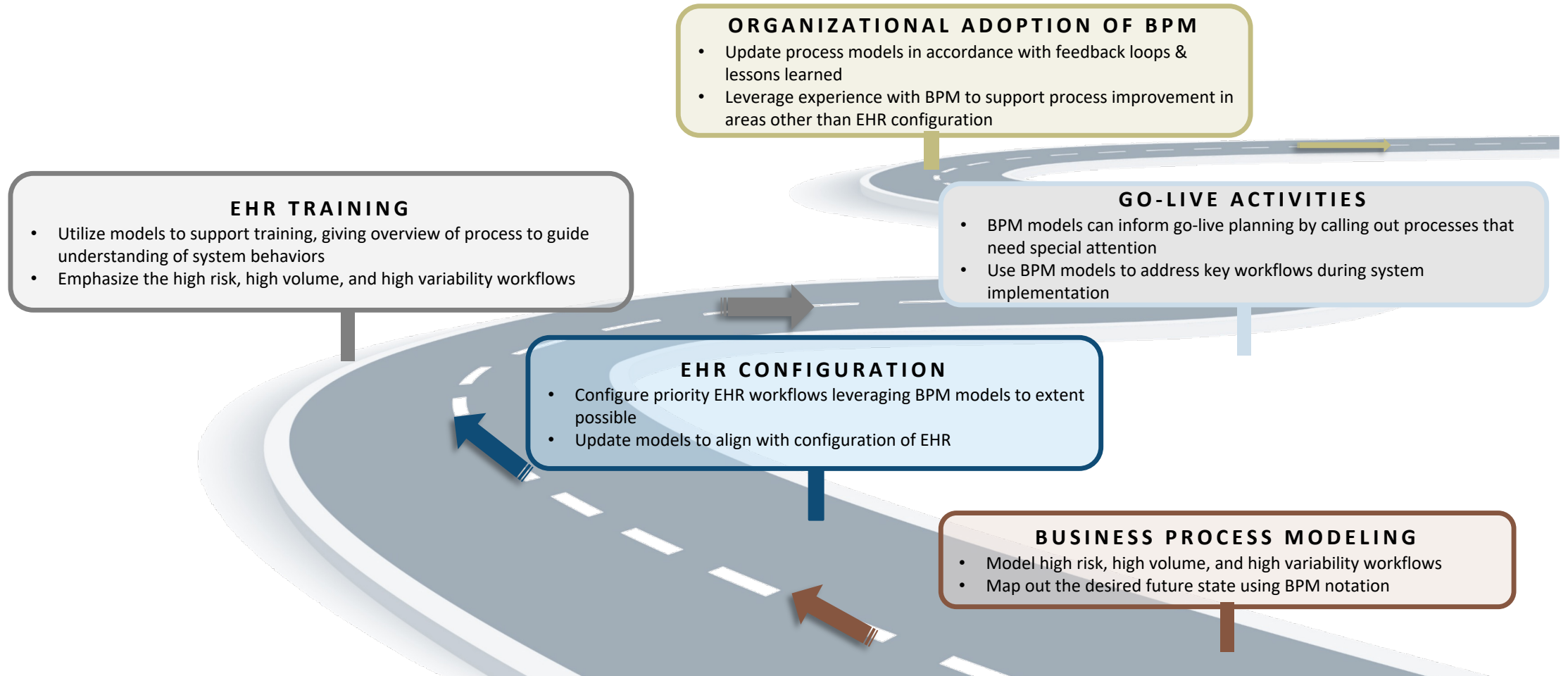
Unique SMEs Participating

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Participant Encounters

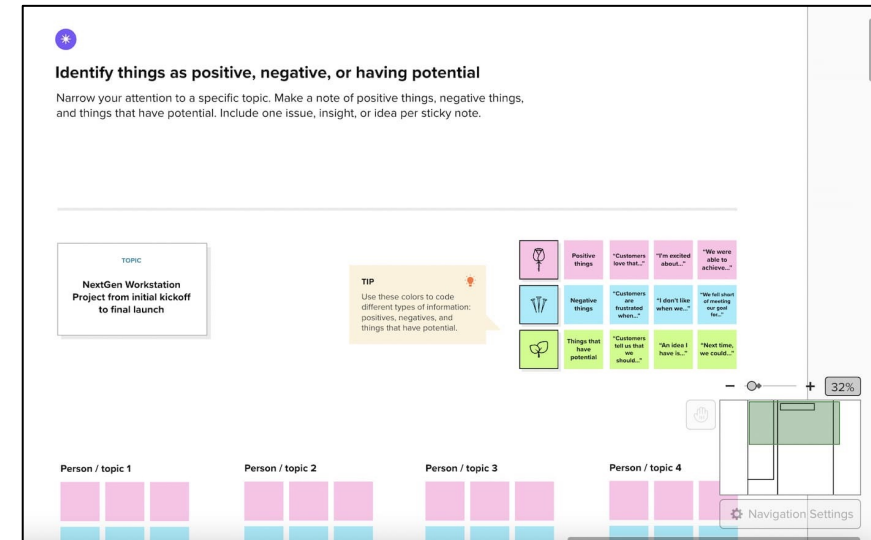
The Path Ahead with WRAP

WRAP lays the groundwork for configuration, training, implementation, and optimization of the new EHR



Today's exercise

- Design and Decide starting with a “Rose, thorn, and bud” exercise
- Exercise helps teams:
 - Define the central topic or problem
 - Brainstorm with your team to identify what is going well, what isn't working, and opportunities for improvement
 - Organize and identify themes across your feedback for further analysis
 - Get aligned in next steps
- Done over Mural, a virtual whiteboard for facilitating interactive meetings and workshops
- Part I Mural: [MURAL](#)





Indian Health Service

Mitigating Barriers to Revenue Cycle Management in the EHR - Part II

DAVID MADDIRALA, MD

ANDY REGIEC, ENTERPRISE ARCHITECT

THURSDAY, AUGUST 24, 2023





WRAP and Business Process Modeling

David Maddirala, MD

Andy Regiec

August 2023

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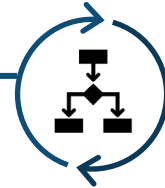
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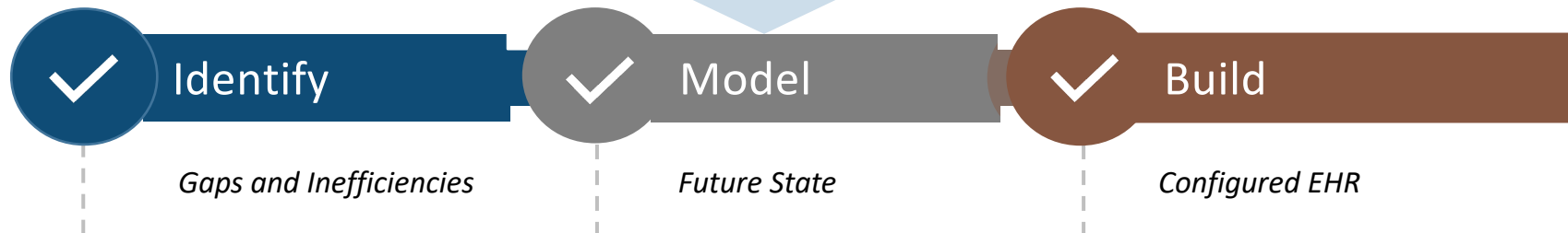
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DR. M to decide if we keep or remove

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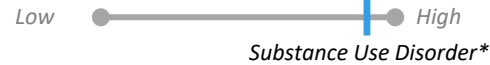
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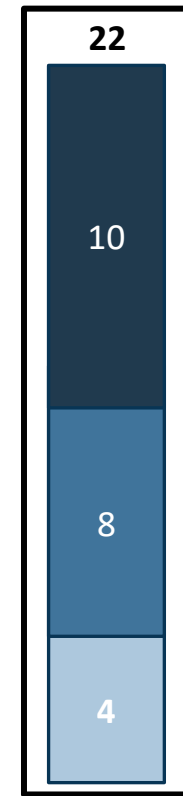
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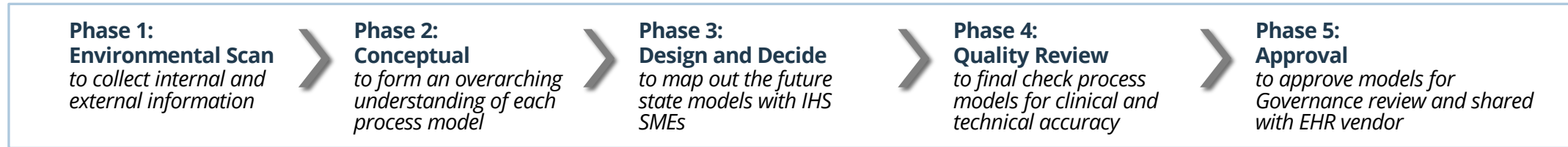
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WRAP Process Model Journey

WRAP has five distinct phases that is based on an iterative, agile methodology



Progressive Process Refinement

- Each stage enhances process definition

Assessment for Advancement

- Each phase end with evaluation using Prioritization and Categorization (Service Line review)

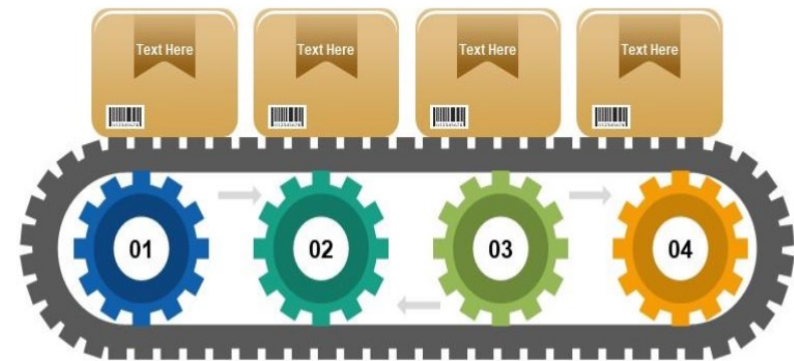
Iterative Approach

- Previous stages reevaluated for promotion as resources allow

Key Features

- Repetition
- Standardization
- Training & Onboarding

Production Line



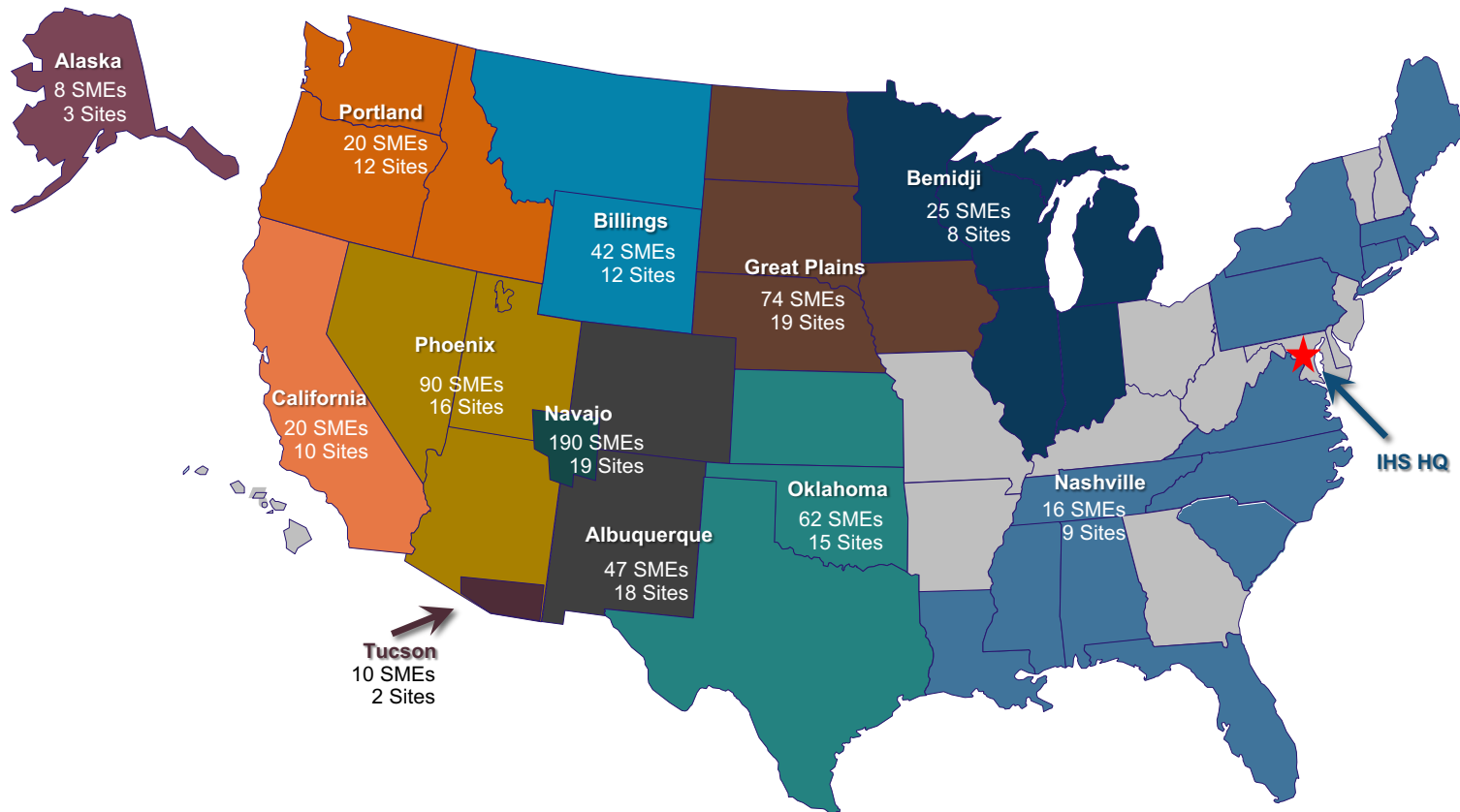


WRAP Pulse Check

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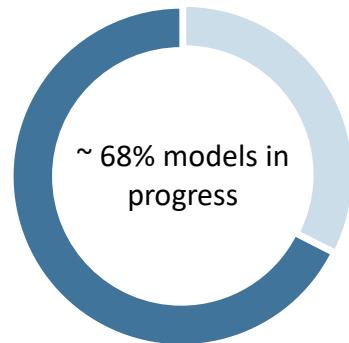



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


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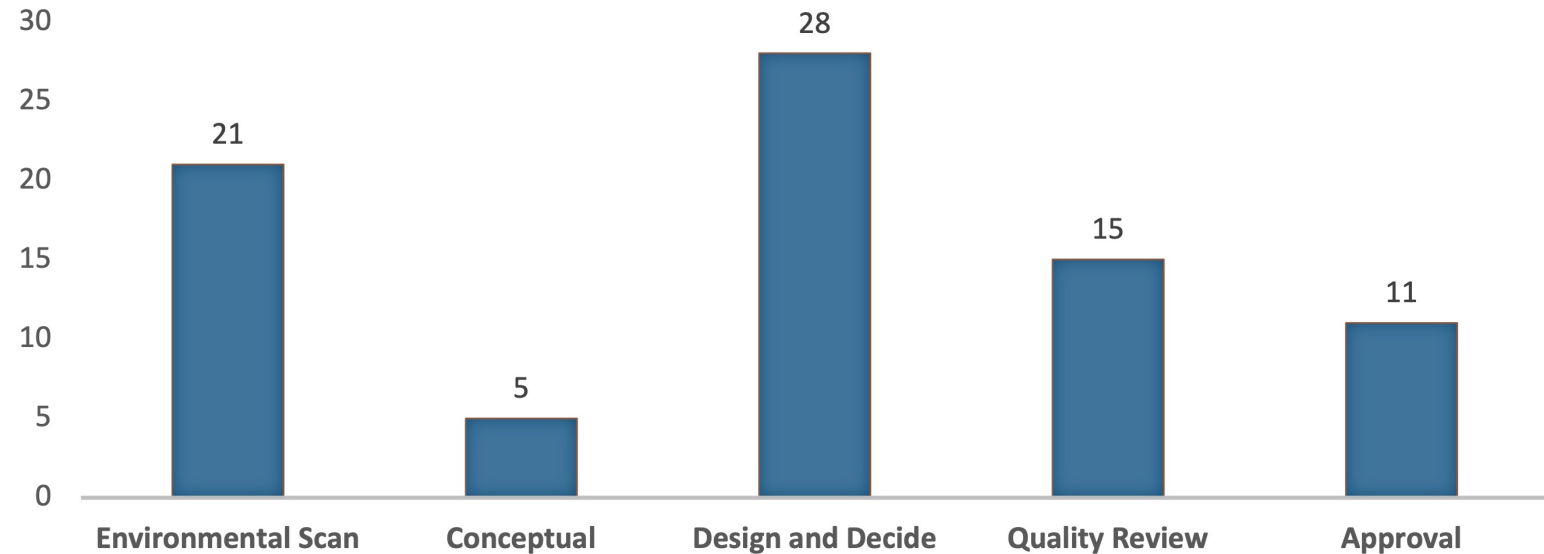
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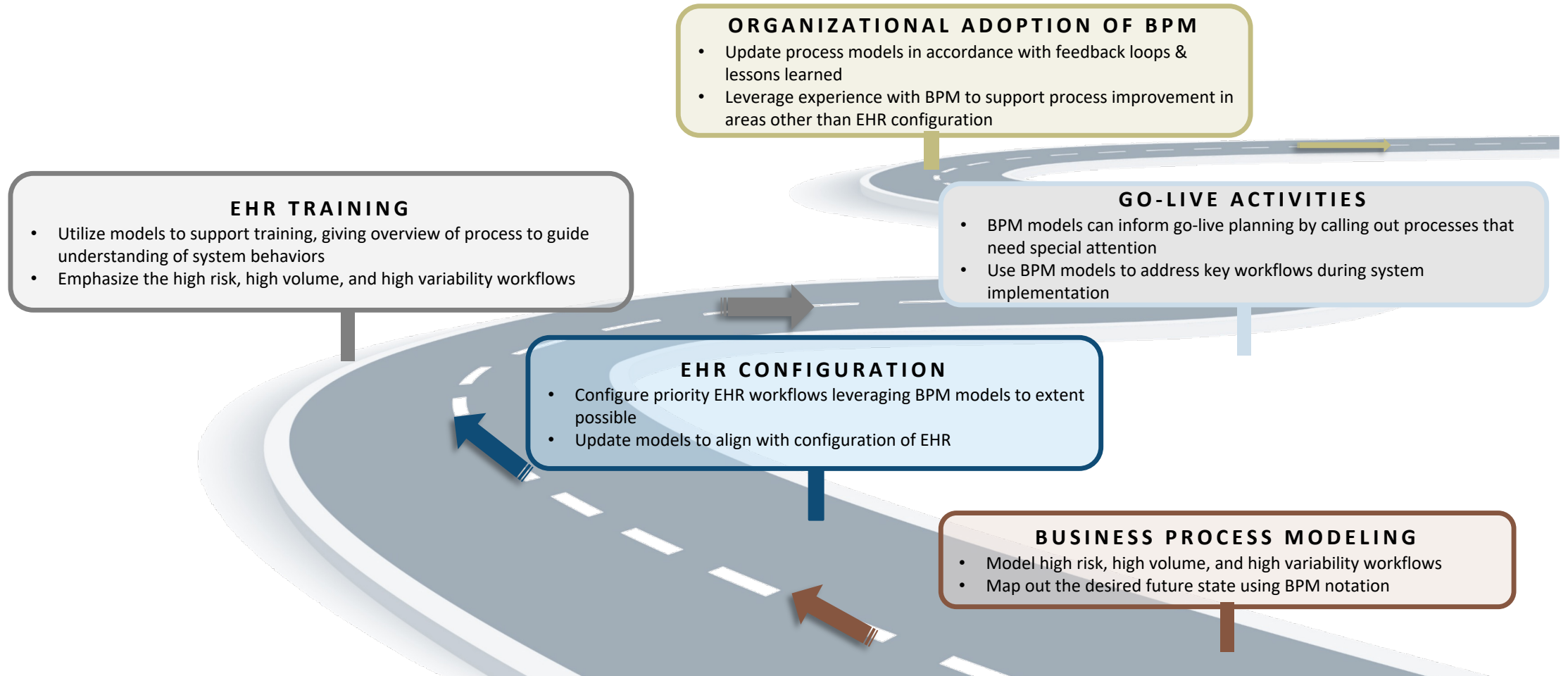
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Recap Session 1



Review and Verify – Charge Capture Model