



Revenue Cycle and Clinical Informatics: Dynamic Duo

Denny R Roberge, Senior Manager
Angie L. Clark, Senior Consultant

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Learning objectives

At the conclusion of this session, participants will be able to:

- Understand why revenue cycle and clinical leaders must work together
- Learn clinical informatics and revenue cycle collaboration best practices
- Develop plans to improve documentation, charge capture, and staff engagement

Agenda

1 THE EHR
EVOLUTION

2 INFORMATICS ROLE IN
REVENUE MANAGEMENT

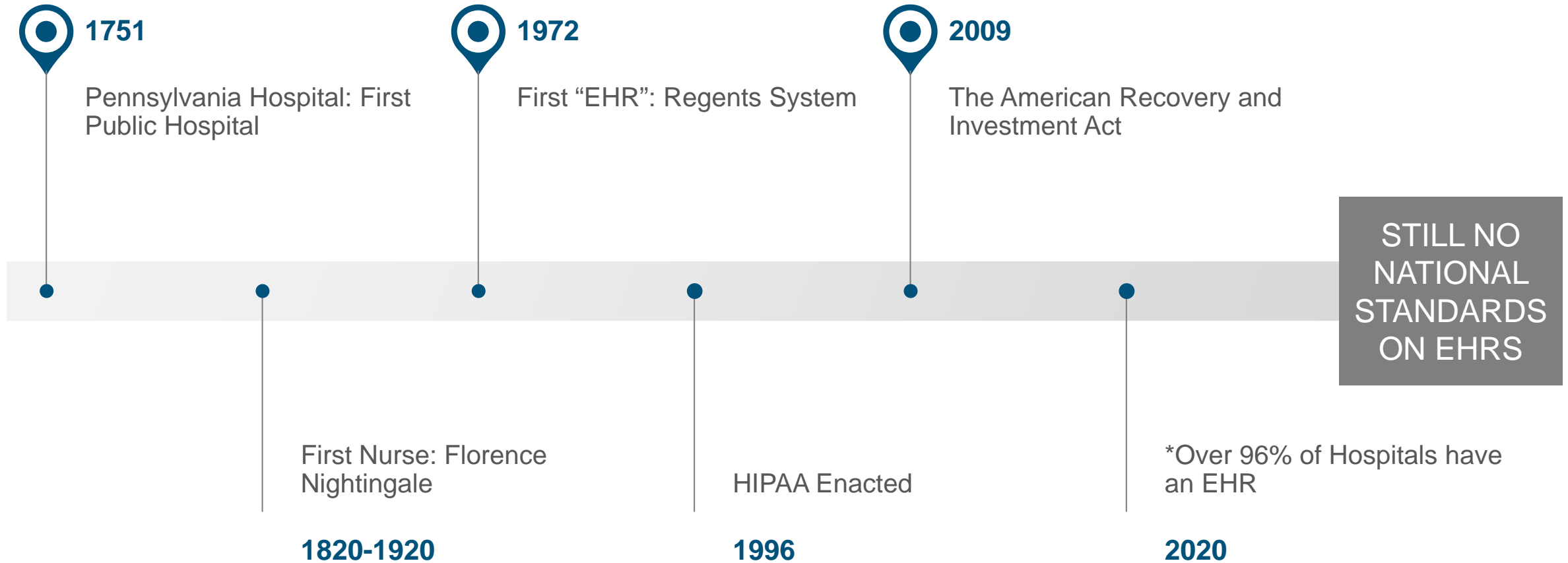
3 WHY REVENUE
INTEGRITY

4 PHYSICIAN
DOCUMENTATION

5 MITIGATING THE
RISKS

6 BEST PRACTICES

Healthcare milestones



**Physicians may
work in several
systems**

**New physicians
may have no
experience with
your system**

**LACK OF EHR
STANDARDS**

**Documentation
and charge
capture may not
be consistent**

**Down and up-
stream impact of
changes may be
difficult to
manage**

No standards across EHR but standards exist!





REALITY:

“Jack of all trades is the master of none”

It takes a team of subject matter experts

- ✓ IT
- ✓ Clinical informatics
- ✓ Providers
- ✓ Coding
- ✓ Billing
- ✓ Consultants/External Resources

Clinical informatics

Clinical informatics, also known as healthcare **informatics**, is the study and use of data and information technology to deliver health care services and to improve patients' ability to monitor and maintain their own health.

Revenue cycle management is a team sport

Patient Financial
Services

- Define who charges what, when and how
- Verify documentation supports charges
- Develop workflows and standards
- Create reports to monitor
- Determine reconciliation process
- Coordinate
- Test
- Audit

Clinical
Informatics

Revenue integrity

Revenue integrity



HIGH LEVEL OF COORDINATION

Incorporate changes across the revenue cycle continuum

- CDM
- Charge Capture
- Clinical Documentation



AUDIT AND REVIEW AUDIT RESULTS



CREATE, UPDATE, AND MAINTAIN POLICIES AND PROCEDURES

- Charging
- Reconciliation
- Pricing



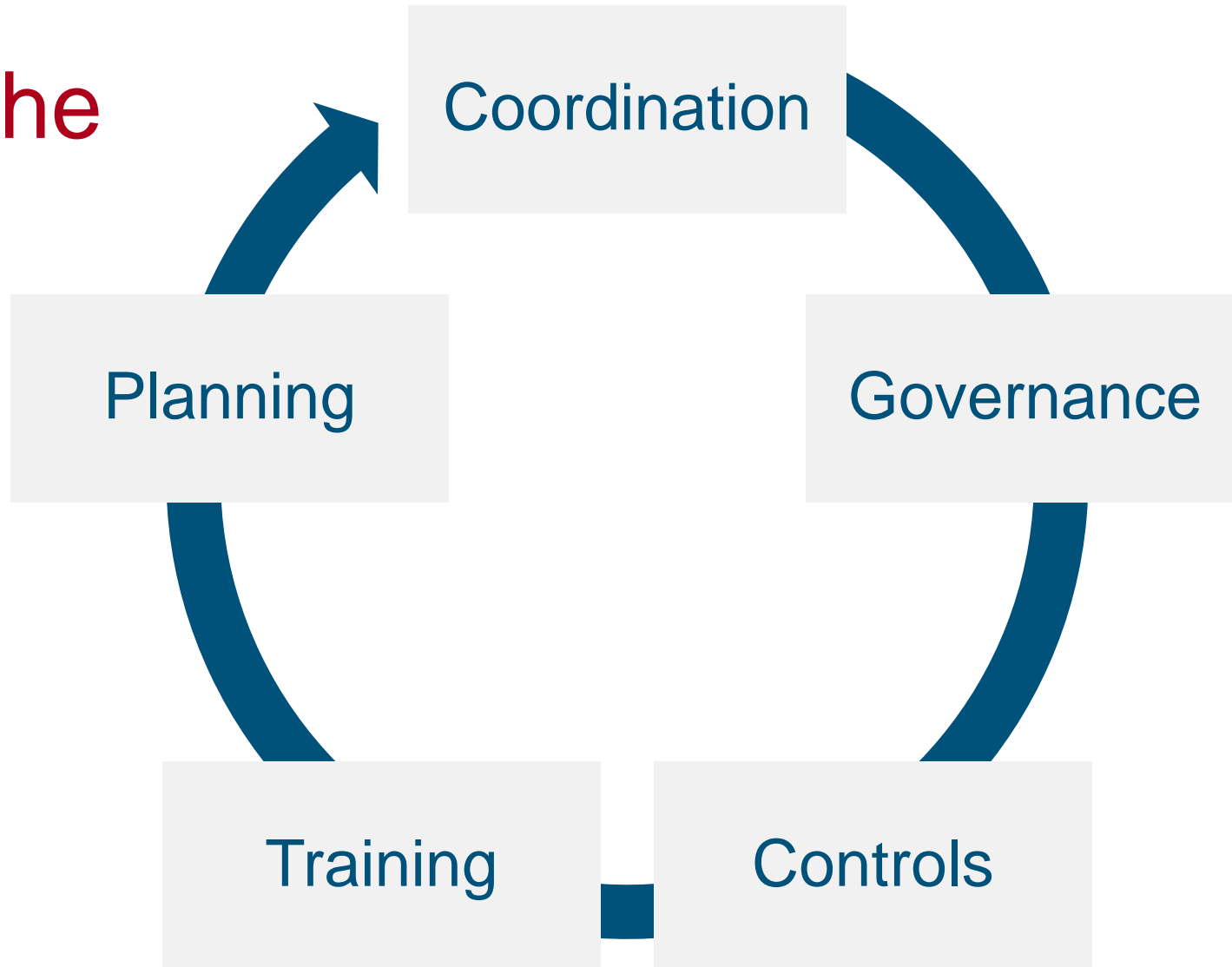
TEST

What was changed and did the change result in the desired outcome(s)

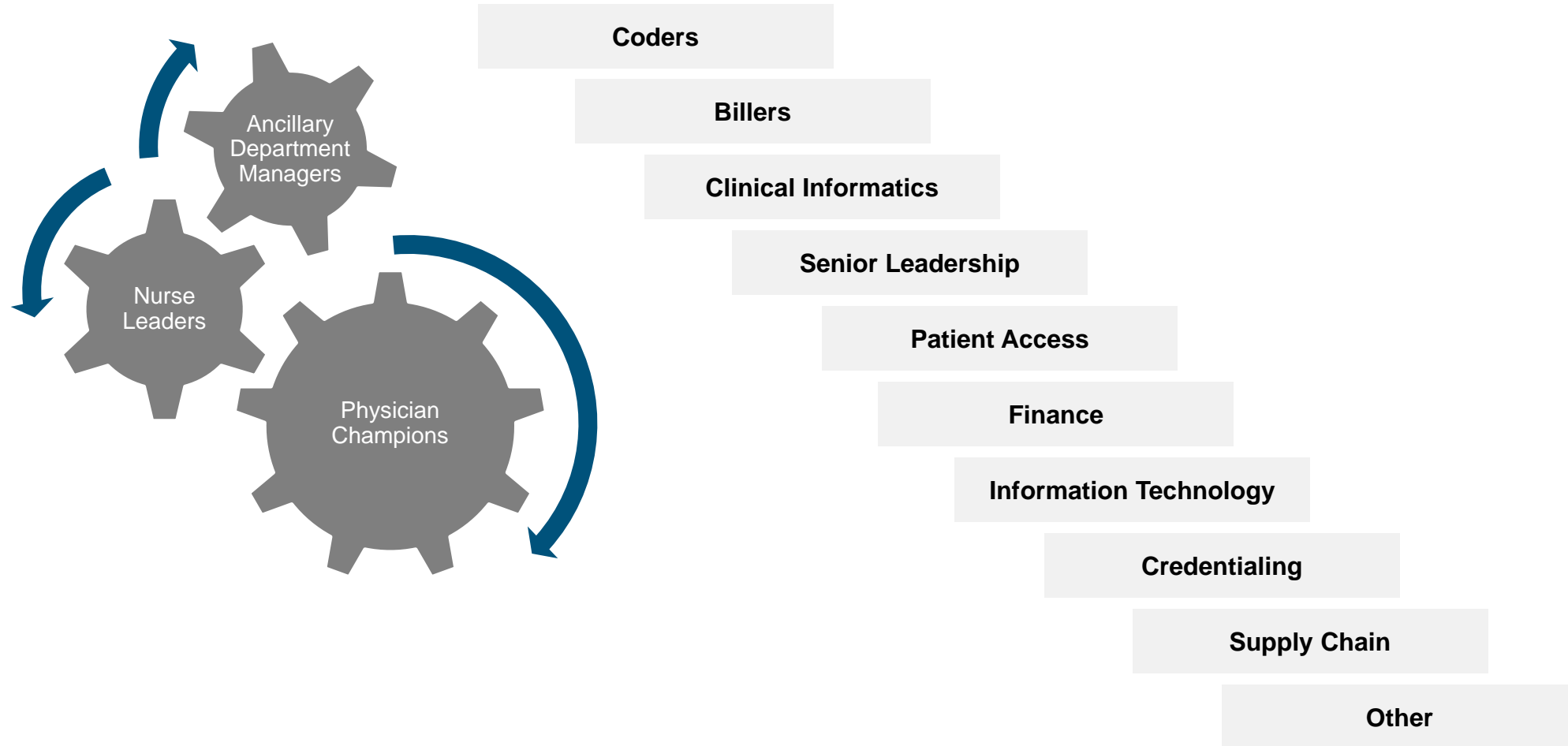
Risks of suboptimal documentation

- Lost revenue
- Lag time
- Compliance
- Patient care implications
- Provider frustration
- Patient dissatisfaction
- Increased cost to collect

Mitigate the risks



Coordination



Governance



WHAT IS OR IS NOT ALLOWED



STANDARDS

- All documentation must be completed in 3 days
- Enforcement- toothless tigers do not create change



COMMITTEE

- Support program growth, changing clinical requirements, billing/payer rules, integrated health initiatives
- Approve or disapprove exceptions to the standards
- Own the health record
- Consists of medical leadership, HIM, senior leadership, informatics, and others

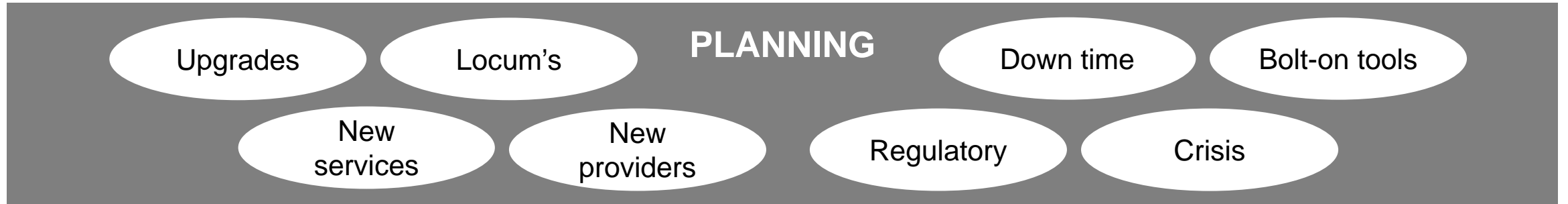
Controls



Training

- New providers
- Upgrades/Enhancements
- Annual code set changes
- Audit results
- Payor policy changes
- Job-aids
- Help-desk support

E-mail is not always a sufficient way to educate staff and providers



Resource needs

Change management

Timing

Mitigation



Polling question

**Practice downtime
procedures**

**Always follow
change control
process**

**Coordinate,
coordinate,
coordinate**

**BEST
PRACTICES**

Audit

**Identify continual
improvement
opportunities**

Educate

**Daily reconciliation
is a must**



Questions?

Contact us



Denny R Roberge
Senior Manager
603.674.8781
droberge@berrydunn.com



Angie L. Clark
Senior Consultant
207.842.8166
alclark@berrydunn.com