Case Study

Leveraged Allscripts PM Implementation to Transform Patient Access & Revenue Cycle Operations

PROJECT OVERVIEW

Culbert was engaged to lead a large transformation of patient access and professional billing operations in conjunction with the implementation of Allscripts PM. Our client, a 700+ physician faculty practice plan, was migrating off of a practice management system which was in place for over 25 years.

Culbert's role was to design their future state access and revenue cycle operating model, inclusive of standardized policies, procedures, workflows, and staffing structure, which drove the design/build of the PM application.

Additionally, Culbert provided a project manager who over saw the PM implementation, a change management consultant responsible for the design, development and execution of their training strategy, a technical consultant responsible for all interfaces and EDI connections, and a business intelligence consultant to develop their overall reporting strategy.

PROJECT GOALS

1. Leverage the PM implementation to improve operational effectiveness, financial performance and the patient experience through business transformation, including:
    - Patient Access
    - Billing Operations
    - Patient Experience

2. Design and implement a new patient access and professional revenue cycle model based on industry best practices to meet expanding needs of the faculty practice plan. This future state operating model served as the foundation upon which the PM application was designed and built.

3. Develop Risk-to-Revenue strategy to mitigate potential risks to cash flow, and to maximize overall ROI.

SOLUTION DESIGN/PROJECT MANAGEMENT

- Provided the highly structured project management approach along with operational expertise to guide the system file build and create future state workflows.
- Provided extensive revision of provider appointment schedules which required multiple design and optimization meetings with individual clinic managers and clinic operations systems analysts.
    - Consolidated and standardized Appointment Types to leverage rule-based scheduling to increase visit volumes and clinical productivity.
- Built and tested new integration points with nine charge generating clinical systems.
- Converted for an extensive list of patient demographics' elements and all future appointments.
- Implemented new enterprise master patient index application across the organization.
- Mapped organizational cost centers to a logical department / location / provider / procedure category hierarchy.
- Implemented new interface engine as a component of this project.
- Partnered with the vendor and client to develop user training plans which utilized future state workflows and role competencies.

> *"The Culbert Patient Access consultant really took the time up front to assess the needs and understand the current workflows of each of our areas before helping to build out our new system. We are extraordinarily complex, yet she knew all of the nuances throughout each clinic and found ways to help them accommodate their providers' needs, but still kept in place the project objectives."*

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KEY SUCCESSES/OUTCOME

The implementation of Allscripts was highly successful. Key achievements include:
- First electronic claims dropped on day 2 of go-live.
- Claim dollar volume reached par with the usual rate by the end of the first week.
- The outgoing clean claims rate exceeded 97.5% for the first month.
- Over 700 appointment types were reduced to less than 200.
- Separate prodiver IDs for each site were eliminated, which simplified rule-based appointment scheduling and reporting.
- The automated appointment conversion accurately mapped 100% of future appointments from the previous system (90,000 appointments converted).

LESSONS LEARNED

- The complexity of the client's system application/interface environment required significant resource balancing for interface build and testing requirements.
- The client developed a solid methodology of multi-disciplinary, integrated testing in a previous hospital information system installation that they wanted to modify and apply to this environment. This required the development of 700+ new end-to-end test scripts and three cycles of test execution and remediation. This prevented countless errors in interfaces and charge capture at go-live.
- The client supported appointment type simplification because of the potential to improve the patient experience by offering earlier appointment availability. However, each clinical department required multiple sessions to transform the appointment grid system, which was highly focused on physician and purpose, to a more flexible structure which worked well with rules-based scheduling.
- The client asked to perform a two-week parallel processing exercise utilizing the production environment pre-live. This experience, which came to be known as "Go-live in the Dark", went beyond the typical dress rehearsal as it required a full demographic and appointment conversion be performed prior and utilized the production environment rather than a test build environment. This process helped to point out some differences in the build between the test and the production environment that could be remediated prior to go-live. It also allowed the client to test go-live support procedures and gain more confidence in their readiness to go live for those clinics/users that participated.
- The implementation plan was modified to add a third party claim editing tool which was integral to the charge interface workflow process and charge transaction scrubbing for claim accuracy and compliance.
- Improved transaction history and automated claim-edit work queues in the new systems created a real-time feedback loop for errors and an opportunity to identify specific users who would benefit from additional training.

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