

FACTS & FEATURES

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Thomas Lee: The Value of Alleviating Patient Suffering

Nick Hut

Thomas Lee, MD, chief medical officer for Press Ganey, has a passion for developing clinical and operational strategies that help providers across the nation measure and enhance the patient experience, improve value, and reduce the suffering of patients as they undergo care.

Lee was a primary contributor to a new Press Ganey report, *Reducing Suffering: The Path to Patient-Centered Care*, which describes how healthcare organizations can identify sources of patient suffering and target opportunities for improvement. In recent discussions with healthcare finance leaders—during a presentation for HFMA chapter members this past spring and a meeting of HFMA's Healthcare Leadership Council, of which he is a member—Lee emphasized the need to examine the patient experience at each point across the continuum of care to identify ways to improve not only patient satisfaction, but also the value of the care delivered.

"One of the things we talked about [during the meeting] was how CFOs should think about things such as reducing suffering and improving patient safety," Lee said. The meeting also addressed how to define the business case for undertaking initiatives that focus on enhancing the patient experience.

In the following conversation with *hfm*, Lee discusses some of the challenges and opportunities that exist in the effort to alleviate patient suffering—and how CFOs can help initiate changes in organizational culture to support a better experience for patients and improve value.

Q. Why is the issue of patient suffering more important than ever?

A. People in healthcare have always been striving to relieve suffering. That's been true since the days of Hippocrates. Two or three things are changing that make the need to reduce suffering a strategic imperative for hospitals and health systems.

Because of the tremendous progress made in medicine in recent decades, two things have happened. First, patients' expectations and hopes have increased. Frankly, a generation or two before the baby boomers, people were more philosophical about dying. Now, the baby boomers, in particular, have greater expectations regarding both their life span and the quality of life they should be able to have; they want to go on playing tennis and softball and enjoying life for as many years as possible, no matter what health challenges they face. The expectations and desires of patients have changed.

Second, we can do so much more in medicine because of all the progress and expertise of those who provide care—and there are so many people involved in care now. Patients' experiences in the healthcare system can be scary and chaotic. I was recently exchanging emails with a urologist, a pathologist, and an interventional radiologist regarding one of our patients. It wasn't clear who among the four of us was actually going to speak with the patient about the results of her biopsy and what the next steps would be. The chaos of modern, highly sophisticated health care can exacerbate a patient's suffering, and that effect will only increase as health care becomes more complicated.



There are two major reasons that the push to improve the patient experience has direct relevance to CFOs. One is that there is real pressure from the marketplace to become more efficient—to reduce waste. The other reason is an improved patient experience translates to increased market share. If you can organize

(Continued on Page 2)

What's inside:



<i>Thomas Lee: The Value of Alleviating Patient Suffering</i> Press Ganey	1 - 3
<i>Partnership for Assuring Full, Fair and Accurate Payment</i> Bottom Line Systems	3 - 4
<i>AHASI Forum, AHA Annual Meeting</i> <i>Managing Competence and Performance</i> Using Technology careLearning	5
<i>Discover the Pluses of Using a Private Label</i> Provista	6
<i>HFMA's Live and On-Demand Webinars</i>	7
<i>Arkansas Hospitals Honored for Years Without Workers' Comp Injury</i> AHAWCSIT	7
<i>Have Stethoscope Will Travel</i> Staff Care	8
<i>AHASI Endorsed Company Booths</i> AHA Annual Meeting and Tradeshow	9

The Value of Alleviating Patient Suffering (Continued from Page 1)

providers to work together to meet patients' needs and reduce the anguish, confusion, and uncertainty that are increasing because of the complexity of care—if you can alleviate that kind of suffering—you will be rewarded, because patients will want to come to you.

Q. What are some of the specific challenges that health systems face as they seek to alleviate patient suffering?

A. One explicit challenge that is clearly on patients' minds is how well-coordinated their care is. When I was coming out of med school, I knew my patients were afraid of their diseases and afraid of their treatments. Now, it's very clear they have a third fear: They're afraid we don't have our act together—that we're not talking to each other, that things are going to slip through the cracks, or that they're getting conflicting advice.

That third fear—that their care is not coordinated—is a very important problem. When you're face to face with patients, that fear is very obvious. In the old days, I think many physicians like myself thought the whole game was about how much confidence patients had in us as individual caregivers. I would hang my diplomas on the wall and hope that they impressed patients, and I would use big words and that kind of stuff to make my patients feel they were in good hands. Now, patients still want to feel confident about the expertise of their individual caregivers, but they also worry about the ability of the physicians and other clinicians who constitute their care team to share information with each other and make the best recommendations on behalf of the patient. Making coordinated team care a real cultural value has become a very big deal.

We're not talking about a team that performs one hernia procedure after another. We're talking about teams that are holistic and that are oriented to a segment of patients with similar needs. I have to tell you that the science of measuring team performance is in its early stages. I'm sure that five years from now, it will be much more advanced. Right now, even identifying who is on a particular care team and which patients are associated with the team is harder than one would think. But I think we'll get there.

Q. To what extent is system wide cultural change needed?

A. At Press Ganey, we hope we are driving the evolution of a culture in which our goal is not only to avoid harming people, but also to actively work to reduce suffering. That means anticipating suffering, measuring it, and doing what we can to organize ourselves to reduce it. Acknowledging that our job is not just taking care of the kidney or the heart, but also reducing the suffering of patients, is critical.

At Press Ganey and across the industry, we've been breaking down the ways in which patients suffer. It's complex, but not that complex. For instance, patients often feel a tremendous sense of loss of autonomy and dignity during the care-delivery process. Once an organization knows its patients are experiencing such feelings, it can work to address the issue with input from clinicians and staff. We also have come to realize that patients worry about the impact of their disease on their families. Now I try to ask every patient, "How is your diagnosis affecting your family?" and listen carefully to their answers. Patients are

traumatized by not knowing what's going to happen next, and healthcare leaders and professionals should recognize and acknowledge that issue. When hospitals and health systems take the initiative to involve staff in alleviating patients' fears and anxieties, I believe they will have people who are prouder and happier about the work they do—and will experience less turnover as a result.

Q. How can accountability be established for alleviating patient suffering?

A. A major strategic challenge related to suffering is helping clinicians understand that every single encounter with a patient is a high-stakes interaction. From my experience working with many physicians, I don't think any view themselves poorly. All physicians think of themselves as wonderful healers, but they're basing their self-image upon a limited subset of their interactions. A physician may behave wonderfully with just one or two people a year, but that can still shape the way that the physician looks at himself or herself. When I was in medical school, my tutor said to me, "The next patient for you may seem like just one more patient, but for that patient, the visit with you may be the biggest thing that's happening today—or even this whole month."

In our work at Press Ganey, we are trying to help physicians recognize that every interaction is a high-stakes interaction that is going to shape the way they look at themselves. That's why I think one of the really fascinating things going on right now is provider-driven transparency. The University of Utah Health Care, Piedmont Healthcare, and Wake Forest Baptist Health have begun putting every single comment they receive about their physicians on their websites. When you know that every single patient is going to get an email survey—which is the model that we're increasingly moving to with clients—and that they're going to have the chance to comment on you, and that the comment might be online in just a couple of weeks, it makes a big difference. As one surgeon said, "You're forcing me to be at the top of my game for every patient." She understands that this is a good thing.

It's very good from a business perspective as well as a moral perspective. Patient surveys are a powerful tool that has significantly improved performance and the patient experience, and therefore one would expect that publishing patient feedback online would lead to better market share for Utah, Piedmont, and Wake Forest. I think there are a lot of other organizations that are coming down this road.

Q. What should be the takeaway message for healthcare finance executives?

A. My message for finance leaders is that you have to think of improving the patient experience as something that is critical to market share. It may not improve your profitability on each individual admission or each individual visit to the office, but if you're not paying attention to the patient experience and trying to improve it, you're going to have bigger problems than your margin per case—because you won't have cases. So think of this as a market-share issue.

I think finance leaders have to actually pressure the rest of the organization to worry about market share, and they have to be ready to invest in the kinds of systems that will help coordinate care.

(Continued on Page 3)

The Value of Alleviating Patient Suffering (Continued from Page 2)

They have to help push incentive systems that reward clinicians for working together and improving the patient experience. And some of those incentive systems won't be related to money. Consider the example of publishing patient feedback online—it's a nonfinancial incentive, but it's a pretty powerful one.

Nick Hut is senior editor, HFMA's Westchester, Ill., office.

About Thomas Lee

Thomas Lee, MD, brought more than three decades of expertise in healthcare performance improvement to Press Ganey when the organization hired him as its chief medical officer in April 2013.

Lee has been an internist and cardiologist, a leader of provider organizations, a researcher, and a health policy expert. He maintains a regular schedule as a primary care practitioner in Boston while working full time to help providers identify performance improvement opportunities across the continuum of care in his role with Press Ganey.

Lee, a member of HFMA's Massachusetts-Rhode Island Chapter, also serves on HFMA's Healthcare Leadership Council; the Panel of Health Advisors for the Congressional Budget Office; the Special Medical

Advisory Group for the U.S. Department of Veterans Affairs; and the board of directors for Geisinger Health System, an integrated health-services organization that provides care to more than 2.6 million patients in Pennsylvania.

Before joining Press Ganey, Lee was network president of Partners HealthCare and CEO of Partners Community HealthCare, overseeing efforts to improve the quality and efficiency of care provided by a network of 1,000 internists, pediatricians, and family practice physicians, and more than 3,500 specialists.

Lee has written more than 250 academic articles on the patient experience in addition to two books, *Chaos and Organization in Health Care* and *Eugene Braunwald and the Rise of Modern Medicine*. A graduate of Harvard University and Cornell University Medical School, he has been a professor at Harvard Medical School and the Harvard School of Public Health, and associate editor of *The New England Journal of Medicine*.

Reprinted, with permission, from Patrick T. Ryan, CEO, Press Ganey, August 2014 HFMA Magazine, *Dr. Tom Lee on Patient Suffering*.

For more information on Press Ganey visit www.pressganey.com or contact or contact J.D. Ort, 877.697.5718.

Partnership for Assuring Full, Fair and Accurate Payment for the Quality Care You Provide



AHA Services, Inc. (AHASI) has partnered with Bottom Line Systems (BLS) to bring AHA members a unique healthcare consulting company specializing in identifying and collecting underpayments and denials. BLS offers not only immediate results but also long-term improvements to processes to help strengthen system and prevent future losses.

With an in-depth focus on process improvements, BLS is a true "partner" with its hospital, physician and ancillary providers to help understand the fundamental causes for underpayments and denials and provide concrete ideas for improving contracts, internal systems and procedures.

Underpayments

- Identification and collection of underpaid hospital. claims.
 - This is BLS' core service.
 - In some hospitals, BLS provides the entire payment compliance function. In others, BLS supplements the hospital's internal process. Flexibility in meeting client needs is its priority.
 - Managed care contract improvement is a fundamental part of BLS' service; provided at no additional cost.

Infusion Services

- Audit and collection of underpayments for hospital and home infusion services.
 - Separate staff experienced in infusion claims is dedicated to the payment audit process for these claims.
 - Experience with these claims is critical, especially for complex and expensive infusion services.

Unintended Discounts / Silent PPOs

- Identification and collection of unintended discounts.
 - A stand alone department is dedicated to a forensic approach in researching and identifying unintended discounts and Silent PPO claims. The staff of this unit has more experience with these claims than any other similar service in the industry.
 - This unit collects substantial additional reimbursement and provides feedback on contracts that are being used to gain access to unintended discounts.

Secondary Payer Review

- Review of claims involving two or more payers.

(Continued on Page 4)

Partnership (Continued from Page 3)

- Staffed by a specialized team with high-level training in Coordination of Benefits (“COB”) rules, these associates spend 100% of their time working claims that involve multiple payers.

Workers’ Compensation

- Identification and collection of payment errors on workers’ compensation claims.
 - Highly trained team members are dedicated exclusively to workers’ compensation claims.
 - Additional amounts are collected for both in-state and out-of-state claims.

Medicare Advantage Claims

- Associates, who are highly trained in analyzing Medicare Advantage payments, devote 100% of their time to reviewing these claims.
- This specialized team uses computer software that is routinely updated with the latest hospital specific and general data from Medicare to accurately price both inpatient and outpatient Medicare Advantage reimbursement.

TRICARE Claims

- Payment compliance review of these unique claims is conducted.
 - A dedicated department, which has substantial experience with TRICARE claims, conducts payment audits on these claims.

Transplants

- Identification and collection of underpayment of transplant claims.
 - Registered Nurses with experience in caring for transplant patients are dedicated to the review of transplant claims.
 - Claims are audited to assure the payer pays the full amount due under the complicated reimbursement methodologies used to pay for transplants.
 - Transplant patients typically have other health conditions necessitating a thorough clinical review of the medical records to assure the unique reimbursement methodologies contained in transplant contracts are limited to claims that are “related” to the transplant event.

Additional Claim Information

- Payment of many claims is delayed or denied due to lack of information from patients.
 - A specialized department provides this service. This staff has expertise in assisting patients with gathering and providing this information.

Physician Claims

- Identification and collection of underpayments for physicians.
 - A department with Certified Coding Specialists exclusively dedicated to physician claims provides this service.
 - This service is often combined with collecting older and more difficult accounts receivable for professional claims.

Additional Revenue Opportunities

Accounts Receivables

- Revenue Cycle Specialists are integrated into the collection process at various points predicated on the provider’s need (e.g. 30, 60 and 90 days from bill date).

Denials

- Review and reversal of administrative and clinical payment denials.
 - A specialized denial department works both clinical and administrative denials.
 - The staff of this department includes denial analysts, nurses and physicians.
 - A critical component to this work is tracking and reporting the root causes for denials. Process improvement and substantial reduction of future denials is a goal of every engagement.

Charge Capture / Stop-Loss Audits

- Audit and collection of underpayments on outlier claims.
 - Certified Audit Nurses review records to assure that claims involving charge amounts close to stop-loss thresholds have been billed appropriately.
 - Additional amounts due to hospital are collected and valuable process improvement information is provided to improve the hospital’s charge capture process.

Refunds / Credit Balances

- Review of refunds and credit balances.
 - Refunds, recoupments and credit balances are reviewed, and based on the applicable contract; a determination is made as to whether the amount at issue must be returned to the payer
 - This service is often used as an important quality assurance review of insurance company overpayment vendors.

Difficult Claims

- Review of outstanding claims that have been difficult to collect.
 - A dedicated team, with substantial commercial collections experience, collects claims that are complex, old or otherwise difficult to collect.

Utilizing a highly specialized team of denial analysts, registered nurses, physicians and certified coders to review and reverse both clinical and administrative denials the BLS collaborative approach and proven track record has consistently improved reimbursement while improving internal systems and procedures.

BLS services are provided at no financial risk to their clients. AHASI is excited to bring this new service to our AHA membership.

For more information contact Jeanene Whittaker at 502.243.4214

Join us for a AHASI Forum Session during the 2014 AHA Annual Meeting

“Managing Competence and Performance Using Technology”

The AHASI Forum will take place on

Wednesday, October 8, 2014

3:45—5:15 PM

Little Rock Marriott

Hoffman Room (balcony level)

There is no charge for this session although registration is required. (see link below)

Developing employees in your healthcare organization is more important than ever before and can be an overwhelming task to manage. During this session, participants will see a program called “careSkills” that will allow you to assess where an employee is, where they need to be, and how they can get there. See how the system helps determine what education needs to be offered and provides feedback to the employee on ways that can specifically improve and develop to achieve their goals and the goals of your organization.

Like you, Peggy Engelkemier has experienced the challenges of managing employees' competence and performance as an educator and leader in a hospital environment. She has combined her experiences and her expertise with these processes in overseeing technology that can assist healthcare organizations. How can organizations ensure their employees are provided with training and education based on an assessment of their skills, knowledge, and abilities and an evaluation of their job performance? As Director of Workforce Development Solutions for careLearning, Peggy will demonstrate how this is accomplished using their Performance and Competency Management System, careSkills.

For additional information, please contact Liz Carder at 501.224.7878 or licarder@arkhospitals.org

[Click here](#) to download the registration brochure; For the AHASI Forum Select B on the registration page.

*There is no charge for the AHASI Forum Session but you must register using the attached form. (Session B. AHASI Forum).

Attendance to the AHA Annual Meeting and Tradeshow is not required; however, if you plan to attend any other of the AHA Annual Meeting Sessions you must complete the attached registration form and pay the required fee.

Please return downloaded registration form to the AHA Education Department, by mail to 419 Natural Resources Drive, Little Rock, AR, 72205 or by FAX to 501.224.0519.



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Arkansas Hospitals Honored for Years without Work Related Injury



The Arkansas Department of Labor presented distinguished Accumulative Years Safety Awards to five of our AHA Workers' Compensation Self-Insured Trust members at a special ceremony Thursday, September 18, 2014. This award is designed to reward small employers that maintain years without a lost time day away from work due to a work related injury or illness, have an effective safety program and have a safety committee made up of both employees and management. We are proud to announce this years recipients:

John Ed Chambers Memorial Hospital (repeat award recipient)	2.8 years
Dallas County Medical Center	1.8 years
Delta Memorial Hospital	1.4 years
Five Rivers Medical Center	2.1 years
Lawrence Hall Nursing Center	1.3 years
Mena Regional Health System	1.1 years
Magnolia Regional Medical Center	1.1 years
Ouachita County Hospital (1,156,540 man-hours) (repeat award recipient)	1.5 years

The award demonstrates ongoing commitment to the safety and health of its employees and its stringent and rigorous approach to maintaining productive, safe and quality work environments.

The Arkansas Hospital Association and the AHA Workers' Compensation Self-Insured Trust commend these members for their diligence in providing a safe workplace, promoting safety awareness and return-to-work programs year after year. Please join us in congratulating these members for their amazing accomplishments.



Please stop by AHAWCSIT booth #50 at the AHA annual conference on October 9, 2014 to obtain information on how you can become a member of this very successful group.

HAVE STETHOSCOPE, WILL TRAVEL

New Edition of Book Highlights the Growing Use of *Locum Tenens* Physicians

Why are a growing number of doctors choosing to work temporary assignments as *locum tenens* physicians? Why do hospitals and other medical facilities use *locum tenens* physicians, and how do temporary doctors fit into the physician staffing mix in the era of healthcare reform?

A new edition of a book from Staff Care, the nation's leading temporary physician staffing firm and a company of AMN Healthcare, provides answers to these and many other questions pertaining to *locum tenens* doctors.

Entitled **Have Stethoscope, Will Travel: Staff Care's Guide to Locum Tenens**, the book provides a big picture look at today's physician staffing trends as well as "how to" information for both healthcare facilities that use temporary physicians and for physicians interested in working as *locum tenens*.

Authored by Staff Care president Sean Ebner and by Phillip Miller, the book seeks to place temporary physicians in the context of today's physician staffing trends. The authors note that a growing number of physicians are choosing to work as *locum tenens* to escape the reimbursement, malpractice and related challenges of today's medical practice environment. Staff Care estimates that over 40,000 physicians now work at least one *locum tenens* assignment each year while thousands work on a *locum tenens* basis full-time.

"If you are a physician who still loves seeing patients, but you don't love the bureaucratic side of medicine, *locum tenens* can be a great option," Ebner said.

As a sign of the future, the authors point to a survey conducted by The Physicians Foundation that indicates 6.4 percent of physicians plan to work as *locum tenens* in the next one to three years. Many hospitals have elected to take advantage of this growing segment of the physician

workforce. According to a Staff Care survey cited in the book, 90 percent of hospitals used *locum tenens* doctors sometime during the last 12 months.

One chapter of the book is devoted to the strategic uses of *locum tenens* physicians. Traditionally, temporary doctors have been used to fill in for physicians who are absent due to illness, injury, vacation or CME. With today's doctor shortage, however, the authors observe that *locum tenens* physicians now are used primarily to maintain services and revenue while facilities seek permanent physicians to fill openings and to address physician turnover.

Have Stethoscope, Will Travel also includes detailed information regarding licensing, billing, malpractice and credentialing issues pertaining to *locum tenens* physicians. A chapter is devoted to a cost/benefits analysis of using *locum tenens* doctors and an additional chapter examines how *locum tenens* assignments work from the medical facility's perspective.

To receive a copy of **Have Stethoscope, Will Travel**, contact Stephanie Hawkins at 469.524.7445.

About Staff Care

Staff Care is the leading temporary physician, advanced practitioner and allied healthcare professional staffing firm in the United States and is a company of AMN Healthcare (NHSE: AHS) the largest healthcare staffing organization in the country and the innovator of healthcare workforce solutions. More information about Staff Care can be accessed at www.staffcare.com.

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HealthCAREERS

[Booth 32](#)

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[Booth 34](#)

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