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Data-Machine Learning Concepts to Advance Healthcare

Tetrasoft

Modern healthcare involves the acquisition of ever larger quantities of data from all aspects of a patient's life. Healthcare data is inundating providers and payers as never before, from electronic health records (EHRs) to device readouts to claim transactions. What lies within the data insights that could lead to better care management, reduction of readmissions, enabling of precision medicine, and dramatically reducing revenue cycle friction.

Tetrasoft uses advanced data analysis to apply a broad range of machine learning, statistical, and geometric algorithms to your healthcare data. These advanced concepts uncover trends in existing care practices and help you better manage care variation. Using Tetrasoft's advanced machine learning knowledge, products are created that range from a Healthcare natural language generator to the ICD Revenue neutrality tool.

Tetrasoft has developed an application, using Natural Language Generation, that generates a physician's progress note based on a specified template. This application converts short notes that physicians take on a mobile device such as a smartphone or tablet and translates them into full, human-readable sentences. The application also interfaces with existing EMR and EHR systems to embed physician notes automatically. This application not only saves physicians valuable time, but also provides a layer of verification ensuring the physician's note is for the correct patient.

Data exchange of EMR is currently cumbersome and time consuming. Interchange of Medical Records between physicians, hospitals and patients remains a problem due to lack of standardization between the big EMR providers. Tetrasoft has developed an application, using advanced machine learning concepts, that aids enabling transmission and translation of any electronic health record from one provider of healthcare to another. This application not only allows for data to be securely transmitted with the highest level of encryption, but also provides online access to the record with the patient's consent. Tetrasoft's solution offers a secure HIPAA-compliant, cloud-based EMR exchange that can be shared between physicians, patients, and hospitals as easily as using your digital wallet. This application enables immediate, secure access to the complete medical health record. In addition, this solution reduces the workflow to acquire an EMR from different institutions. Tetrasoft offers a subscription-based software application to facilitate seamless exchange of medical records for individuals and hospitals.

Tetrasoft has successfully developed an application tool, using advanced data analysis techniques, that allows for a risk reduction between providers and payers alike. The ICD-10 Revenue Neutrality Tool (RNT) was developed for Revenue Neutrality while providers and payers transition from ICD-9 to ICD-10. This tool caters to the needs of hospitals, institutional providers, professional providers, and medical specialists. Using the RNT tool, organizations are able to ensure revenue neutrality of claims between ICD-10 versus ICD-9.

Tetrasoft's advanced software applications draw on the power of

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What's inside:

Our Fragile, Fragmented Physician Workforce: How to Keep Today's Physicians Engaged and Productive

Kurt Mosley, Vice President of Strategic Alliances, Merritt Hawkins
and Phillip Miller, Vice President of Communications, Merritt Hawkins

In June of 2015 Merritt Hawkins posted a guest blog written by Michael Strickland, MD, co-founder of the United Physicians and Surgeons of America (UPSA). In his post, Strickland noted his dissatisfaction with the current state of the medical profession and his determination to do something about it. Strickland announced he was organizing a national summit to discuss solutions to what ails doctors today through UPSA, a non-profit physician group dedicated to restoring physician autonomy. One of the many comments from physicians he received in response follows:

> I strongly believe we have the power to change the pitiful course private practice of medicine is being led to. One M.D. a day commits suicide! Every day we see M.D.s throw their hands up in despair. Physicians are nothing but dispensable commodities. Who is standing for our rights?

This response was echoed by others Strickland received. It also parallels many of the 13,000 written remarks physicians submitted as part of a national physician survey Merritt Hawkins conducted on behalf of The Physicians Foundation in 2014, to which over 20,000 physicians responded.[1]

Consider two questions posed by the survey and the responses they generated (Table 1).

Table 1. Physician Morale

Which best describes your professional morale and your feelings about the current state of the medical profession?
Very or somewhat positive: 44.4%
Very or somewhat negative: 55.6%
Would you recommend medicine as a career to your children or other young people?
Yes: 49.8%
No: 50.2%

Source: A Survey of America's Physicians: Practice Patterns and Perspectives. The Physicians Foundation/Merritt Hawkins. September 2014.

These generally negative responses are similar to those from a variety of other physician surveys, as well as the tens of thousands of conversations Merritt Hawkins' consultants have with physicians every year. The conclusion is inescapable. Physicians today are feeling frustrated and powerless - and many are looking for a way out. The responses to another question asked in the Merritt Hawkins survey are revealing (Table 2).

Table 2. Physicians' Plans for Near Future

In the next one to three years, do you plan to: (check all that apply)

Physicians' Future Plans	Percentage
Continue as I am	56.4
Cut back on hours	18.2
Seek a non-clinical job in healthcare	10.4
Retire	9.4
Work locum tenens	9.1
Cut back on patients seen	7.8
Seek employment with a hospital	7.3
Work part-time	6.4
Switch to a concierge practice	6.2
Other	5.3
Close my practice to new patients	2.4

Source: A Survey of America's Physicians: Practice Patterns and Perspectives. The Physicians Foundation/Merritt Hawkins. September 2014.

Although 56.4% of physicians said they plan to continue practicing as they are, a sizeable minority (43.6%) said they will take one of a variety of steps that will either remove them from patient care roles altogether (such as retiring or finding a non-clinical job) or reduce the number of patients they see (such as working part-time, switching to concierge practice, or working locums). Those who continue in patient care roles

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Our Fragile, Fragmented Physician Workforce (continued from Page 2)

may seek a more favorable environment in another location. The annual physician relocation/turnover rate now stands at 12%, according to database company SK&A.

Keeping physicians engaged in their profession is a critical challenge in this turbulent era. Physician disengagement from medicine is taking place at a particularly inopportune time, because physicians are in increasingly short supply. The Association of American Medical Colleges indicates there now is a shortage of 21,800 physicians nationwide, which could increase to as many as 91,400 physicians by 2025.[2] Already, it can be difficult for patients to schedule physician appointments, a trend underlined by Merritt Hawkins' 2014 Survey of Physician Appointment Wait Times and Medicaid and Medicare Acceptance Rates. The survey indicates that even in large metropolitan areas with a high number of physicians per capita, patients can wait for weeks to schedule a physician appointment (Table 3).

Table 3. Average Time to Schedule a New-Patient Appointment with a Family Practice Physician

City	Wait Time (days)
Boston	66
New York	26
Atlanta	24
Seattle	23
Philadelphia	21

Source: 2014 Survey: Physician Appointment Wait Times and Medicaid and Medicare Acceptance Rates. Merritt Hawkins.

A Day in the Life

The causes for physician dissatisfaction and disengagement are varied but can be distilled to one word: "control," or, rather, the lack of it.

After four years of college, four years of medical school, and three to seven or more years of training, many physicians go through their days feeling powerless, despite their unique, specialized knowledge. Physicians look out at today's medical practice environment and perceive that third parties:

- Control their fees;
- Dictate patient care decisions and options;
- Impose electronic health record (EHR) use;
- Necessitate defensive medicine/overutilization;
- Impose impractical diagnostic codes; and
- Grade or compensate on subjective criteria.

They also perceive that no organization is protecting their interests, as American Medical Association membership has fallen below 20% of all physicians.

As a result, many physicians are at the breaking point. About 400 commit suicide each year, at a rate 20% to 30% higher than that of the general public.[3] In the Merritt Hawkins/Physicians Foundation survey we have been discussing, 39% of respondents indicated that they plan to accelerate their retirement plans in response to ongoing changes in the healthcare system.

Keeping physicians engaged in their profession is a critical challenge in this turbulent era of health reform, is necessary for the success of individual medical practices and is also vital to maintaining patient access to medical services. Some of the issues eroding physician engagement are societal in nature and are beyond the control of any given practice. However, there are steps practices can take to promote physician satisfaction and engagement, addressed in the following sections.

Have a Vision

The Supreme Court's *King v. Burwell* decision reinforces the current trajectory of the healthcare system, not just in terms of who qualifies for federal insurance subsidies but in terms of how care will be delivered. Larger, integrated delivery models employing team-based care within capitated payment structures that reward value are likely to proliferate. One practice structure may not fit all, but change will continue, and that breeds uncertainty.

To stay engaged, physicians need a vision of where the practice is going. Will there be growth through mergers, consolidation, or affiliations? To what extent will team-based care, telemedicine, and emerging IT systems be embraced? At what point on the spectrum between independent, fee-for-services, private practice medicine, and the integrated/employed, value-based model will the practice lie?

Not all physicians may buy into the vision, but certainty about the direction (and, it is to be hoped, eventual consensus) is preferable to indecision and confusion.

Enhance The "Workshop"

Although you may not be able to control the weather outside where you live, you can control the environment inside your home. Similarly, an individual practice may not be able to control federal policies and other macro trends shaping the medical practice environment, but it can control the quality of its practice from the physicians' perspective. Ensuring the most open, efficient, fair, and remunerative practice environment possible is critical to maintaining physician engagement. A desirable "workshop" might include the following:

- Physician communication (formal and informal) to promote physician input, governance and decision-making;
- Appropriate EHR selection/training/support;
- Clear, competitive reimbursement and bonus formulas (discussed in the following section);
- Flexible schedule, including part-time;
- Timely test turnaround;
- Timely hospital admissions;
- Timely access to patient data;
- Timely access to the OR;
- Pay for emergency department call;
- Hospitalist program allowing an outpatient-only practice;

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Our Fragile, Fragmented Physician Workforce (continued from Page 3)

- Gain sharing/joint ventures;
- Enhanced emergency department triage; and
- Convenient, available parking.

Because the practice's affiliated hospital also may be part of the physician's workshop, it is important to cultivate positive relations and to influence physician-friendly hospital practices. A positive practice environment can increase physician retention and strengthen the practice's recruiting posture.

Offer Clear, Competitive Compensation Formulas

In today's evolving healthcare market, physician compensation formulas often seem to be obsolete the moment they are adopted. Nevertheless, compensation models tend to have similar characteristics. Of the approximately 3000 physician search assignments Merritt Hawkins conducted from April 1, 2014 to March 31, 2015, 71% featured a salary with a production bonus, 23% featured a straight salary, 4% featured a private practice income guarantee, and 2% featured some other form of compensation.

The variation (and contention) over compensation usually involves the metrics of the production bonus. Of those searches Merritt Hawkins represented offering a salary and production bonus, the bonus was based on the metrics delineated in Table 4.

Table 4. Basis of Production Bonuses

On what metrics was the production bonus based? (check all that apply)

Metric	Percentage
RVUs	57
Net collections	23
Gross billings	2
Patient encounters	9
Quality	23
Other	4

Source: A Survey of America's Physicians: Practice Patterns and Perspectives. The Physicians Foundation/Merritt Hawkins. September 2014.

As these numbers indicate, only 23% of bonus formulas featured "quality" (e.g., patient satisfaction, adherence to protocols, reduction of errors, appropriate coding) as a metric. Despite the broad movement from volume to value, in real-world physician compensation scenarios, volume-based metrics such as Relative Value Units (RVUs) still predominate, in part because they are more objective and more easily understood than quality - or value-based metrics. Clarity is the key characteristic of physician-friendly compensation formulas, and such formulas are central to maintaining physician engagement. Compensation also should be competitive, which can be determined through the use of a variety of physician compensation surveys.

Consider Team-Based Care

Some physicians remain hesitant about the use of advanced practitioners such as physician assistants and nurse practitioners. However, incorporating these and other clinicians into the team-based model frees physicians to practice to the top of their training and to focus on the most challenging (and, often, the most stimulating) aspects of their specialty while potentially expanding the practice and increasing revenues.

Seek a Partner

Medical practices can form various levels of partnership with hospitals or large groups to achieve economies of scale, compete for population health contracts, and, in general, weather the storms of change. The "physician enterprise model" (also known as "practice leasing") is one of these. It offers the management resources of a hospital but allows physicians to preserve clinical autonomy. Whether the relationship features employment of the physician or a less formal association, a partner may be needed to offer physicians the stability and resources they require to stay in the game.

Embrace Innovation

Emerging innovations in both technology and practice structures can save physicians time and keep them engaged. These include telemedicine and home health devices that allow physicians to engage patients with mutual convenience, online patient scheduling, and mobile electronic health records. Innovations such as shared medical appointments allow physicians to see multiple patients with similar needs, such as prenatal care, at one time, freeing up schedules and allowing for more flexibility. Scribes can relieve physicians of EHR data entry, and practices can eliminate many of the reimbursement and clinical autonomy issues that physicians deplore by adopting the concierge model.

Whatever steps are taken, it is important for practice managers and any other professionals who interact with physicians to understand their challenges, frustrations, and state of mind. Physicians are still devoted to their patients and enjoy the clinical aspects of what they do. They are looking for allies and will reward those who let them do what they do best with commitment, engagement, and productivity.

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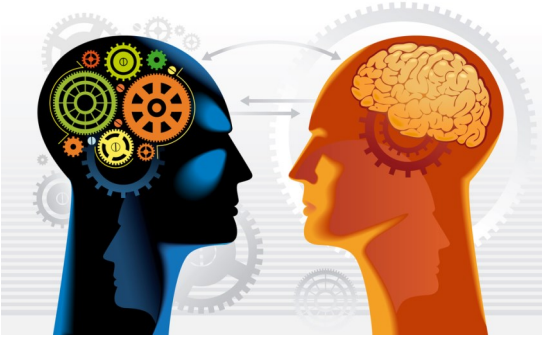
For more information visit www.merritthawkins.com.

Data-Machine Learning Concepts (continued from Page 1)



data analysis to expedite the discovery of patterns within healthcare data and improve revenue cycle management. Tetrasoft's applications help hospitals reduce risk in their revenue cycle using insights to influence process improvement. Tetrasoft's solutions excel where traditional approaches to identifying causes are rudimentary and require manual investigation of individual claims. Tetrasoft is pushing the boundaries of combining advanced machine intelligence with healthcare data and achieving concrete results.

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Make a Resolution Now to Manage Your Revenue in 2016

By Leslie Gold, Director of Revenue Optimization Solutions, iVantage Health Analytics

Market volatility will likely continue in 2016, and this further highlights the importance of measuring opportunity and risk across financial classes, payers, and service lines. For hospital executives, this knowledge is essential to preserving net patient revenue and identifying strategic growth opportunities.

Understanding how well you are being paid, and how those payments compare to peer facilities begins with a thorough examination of the performance of managed care contracts – both individually and comparatively.

Invest a few hours early in the year to prepare and you'll bring in additional revenue you need to continue serving your community. It may sound like a tall order, but if you get organized and plan ahead, you will be well positioned to optimize the outcome of your contract negotiations.

Here's How to Get Started

1. Locate every one of your managed care contracts.
2. Review the contract terms. Note the problem areas and prepare for the negotiation by crafting the desired language.
3. Review the contract rates. Compare actual payment to expected payment. Quantify underpayments so you can include this in your discussion with the payer.
4. Quantify any gaps between the contract rates and what your rates could have been by benchmarking to your other contracts and to payments like facilities are receiving.
5. Using the findings from your analysis, set a new revenue goal for each contract and for the major service lines within that contract. Develop your value proposition. Know why you deserve the increases you are requesting. What do you offer that is important to the payer?
6. Gain support for your plan from all the affected parties – your medical staff, the major employers, your board, and senior leadership.
7. Note the date on which each contract comes up for renewal; or if that conversation is long overdue, note the date you will reach out to the payer and begin the discussion.
8. Mark the calendar for six months after the new contract will go into effect so you are reminded to go back and monitor performance and understand variation.

Creating Mutually Beneficial Relationships with Payers

Step two above is particularly noteworthy in Arkansas – where a single payer controls a large percentage of market share. While some large payers may not make it easy to engage in rate negotiation, you can leverage market data to discuss specific contract language which may weigh heavily in favor of the other payers in your marketplace.

One of our clients recently faced an upcoming negotiation with a payer but lacked clarity into its true market position and believed contract language related to volumes and rates placed it at a disadvantage. In order to zero in on opportunities to better balance the contract and determine its market position, the hospital turned to an iVantage analytic solution designed to provide visibility into all aspects of patient revenue – all payers, all patients, all payments.

With this comprehensive view, hospital users could quickly identify below-market pricing, quantify revenue gaps, measure contract and service line pricing, and determine areas of risk and volatility. The results of the analysis (which went to the DRG level) revealed that the hospital's rates were indeed below market and created an opening for the hospital to push the payer to revisit some of the contract language.

The hospital's managed care director commented on her ability to secure a compromise suitable for both parties. "Possessing actual data points, and not simply relying on anecdotes was empowering. My counterpart for the negotiation was taken aback at first by how methodical our approach was but quickly became an advocate for the new rates and terms we were seeking."

Make a commitment to yourself in the New Year to turn a powerful lens toward your contract performance and market position – you'll expose previously obscured trends, secure greater clarity and open the door for opportunities to work with payers on more mutually beneficial terms.

Visit www.ivantagehealth.com or contact Leslie Gold for more information at Lgold@ivantagehealth.com.

IRS Releases Guidance Extending Reporting Deadlines Under Code Sections 6055 and 6056

The Internal Revenue Service (IRS) has released new guidance (Notice 2016-4) extending the deadline for health insurers, employers, and other entities to report health coverage and offers of health coverage to the IRS and to enrollees. The Affordable Care Act enacted Code section 6055 requiring health insurers, employers, and other entities to report health coverage provided to individuals and Code section 6056 requiring certain employers to report offers of coverage to employees. These provisions are effective with coverage offered or provided in 2015 with the first reports due in 2016.

The new reporting deadlines for 2015 reports are as follows:

2015 Report	Prior Reporting Deadline	New Reporting Deadline
Form 1094-B (Transmittal of Health Coverage Information Returns)	2/29/2016 (Paper Filing) 3/31/2016 (Electronic Filing)	5/31/2016 (Paper Filing) 6/30/2016 (Electronic Filing)
Form 1095-B (Health Coverage)	2/1/2016	3/31/2016
Form 1094-C (Employer-Provided Coverage Transmittal Form)	2/29/2016 (Paper Filing) 3/31/2016 (Electronic Filing)	5/31/2016 (Paper Filing) 6/30/2016 (Electronic Filing)
Form 1095-C (Employer-Provided Health Insurance Offer and Coverage)	2/1/2016	3/31/2016

The guidance notes that the automatic and permissive extensions of time for filing information do not apply to the extended due dates, "however, employers and other coverage that do not meet the extended due dates are still encouraged to furnish and file, and the Service will take such furnishing and filing into consideration when determining whether to abate penalties [for the failure to meeting filing deadlines] for reasonable cause."

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