Helping physicians spend more time with members and less time on paperwork

How a prospective in-office health assessment program can lead to better member outcomes

"I went to medical school to learn about managing risk adjustment and improving incentive program performance," said no one, ever. But many doctors find the burdensome administrative processes of prospective health assessment programs consume a great deal of their time and energy. These processes detract from what matters most: providing high-quality member care.

In 2020, *Medical Economics* surveyed physicians and found "paperwork" to be the leading cause of feelings of burnout.[1] That result is not surprising. For providers, the list of administrative burdens is long. It includes coding and documentation, the exchange of clinical information and managing incentive programs.

Participating in a traditional in-office assessment program can be especially time-consuming for physicians and their staff. While essential to the value-based care model, such programs can create challenges that erode physician engagement and limit access to insights that improve member care.

On the other hand, a flexible, provider-first, in-office health assessment program can help manage risk and deliver positive member outcomes while creating minimal administrative burdens and barriers for medical practices. The most effective assessment programs address the 3 main challenges providers face: digital barriers, inaccurate medical coding and workforce shortages.

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Creating digital efficiencies

Electronic health record (EHR) systems enhance care coordination and communication between providers. Unfortunately, EHRs have also created a heavy burden for physicians. A study published in the *Annals of Internal Medicine* found that physicians were spending nearly half of their time (49%) on EHR and desk work. That leaves less than one-third of their time (27%) to engage with members face to face.[2]

In addition, the average large health system supports more than 40 payer contracts[3] – each with unique requirements, incentives and workflows. Managing the data that flows in and out of these systems remains challenging for providers, who report the following problems:

- High costs associated with purchasing and maintaining technology
- Lack of training and technical resources
- Staff members who have difficulty adapting to new digital workflows
- Processes that disrupt established workflows
- Integration challenges due to circumstances such as multiple office locations or multiple EHRs

As with most digital solutions, a one-size strategy does not fit all. Every medical practice is different. Some are part of a large health system with extensive resources, while others remain independent with fewer resources. Some are fully digital, others are mostly paper-based and still others use a combination of digitized and paper records.

And many practices route their clinical data through an IT or population health team while others want it to flow into their EHR or third-party integrator.

When working with a third-party health services vendor, it's important that the vendor takes the time to assess the care provider's needs, capabilities, resources and goals thoroughly. Only then can they begin devising new processes and workflows to improve the office's digital capabilities. The vendor can support medical practices with several resources that help reduce administrative tasks and optimize member care time. These include:

- **Digital integration.** Helping providers transition from paper to digital, or enhancing existing digital connections, can improve program engagement and long-term success.
- **Customized electronic file exchange that occurs within the preferred modality.** Physicians can use familiar internal tools and resources to develop customized workflows that mitigate risk and improve performance.
- **Multi-payer and multi-program platforms that provide an end-to-end view of the member's medical status.** Such platforms offer enhanced data and analytics to improve member care and eliminate the need for toggling between various systems and spreadsheets.

Case study: Reducing the paper chase

One physician practice in central Ohio with multiple offices used paper assessment forms for health plan programs. Staff members transported the files between locations and often searched through hundreds of pieces of paper to find a member's assessment form. By digitizing the in-office assessments and using a multi-payer platform, the practice can access assessments from any location (with the capacity for multiple users to log in simultaneously). This reduces paper waste and improves efficiency.

How a flexible in-office health assessment program can address medical coding issues

According to a 2018 report, up to 80% of medical procedures have coding errors, and payers reject 14% of medical claims yearly.[4] Such errors create problems that extend far beyond in-office health assessment programs, including:

- **Lost revenue.** Incorrect medical codes frequently lead to inaccurate reimbursement. A 2017 report found that U.S. hospitals lose approximately $262 billion a year due to denied claims.[5]
- **Wasted time.** Administrative staff must resubmit denied claims, a time-consuming and avoidable task.
- **Inaccuracies in the EHR.** Coding mistakes may affect treatment planning and member access to health plan resources.

These errors do not directly affect payers. But they do negatively impact providers' overall satisfaction and erode the health assessment program's value. An in-office health assessment program that offers medical coding and documentation training for providers and their administrative staff can help to close gaps in the coding process and maximize reimbursements. This support also improves the quality of health assessment analytics and reporting and enhances operations in other critical areas, such as billing and quality assurance. And it creates a better experience for all users.

The health services vendor may also send a certified risk coder to the practice for one-on-one troubleshooting and support. Such support is often available via video conferencing when administrative staff members work in different offices.

Supplement office resources to overcome workforce challenges

Workforce challenges are not new in the health care field, but the pandemic intensified problems that existed before January 2020. According to one report, 15% of U.S. hospitals are critically understaffed, and 24% anticipate shortages.[6] Employees are spread thin, doing tasks outside their primary area of responsibility. Many lack the training and experience needed for success. It's a situation that leads to issues such as:

- Limited administrative support for clinical staff
- High turnover
- Clinician burnout
- A shortage of qualified candidates
- Loss of revenue due to staffing shortages, which can mean limited funds to hire additional full-time employees (FTEs)

In the pressurized environment of a short-staffed medical office, it's no wonder that clinicians and administrative personnel lack the time and energy to maintain a robust in-office health assessment program. Luckily, an experienced vendor can assist with various services. Such services can include:

- **Monitoring performance** of the health assessment program and offering intervention strategies.
- **Optimizing performance** based on insights related to configuring EHRs.
- **Supporting administrative tasks** both in-person and virtually. This support can include everything from printing and organizing charts to calling members with appointment reminders.
- **Customizing reports** to identify members due for a screening, annual check-up or follow-up appointment.
- **Providing in-person or online training** to help staff implement new digital workflows.
- **Identifying high-risk members,** such as those with low medication adherence, and educating them about health plan benefits to reduce their risk.

Case study: Saving 1,000 hours a year through digitization

A large health system in the Midwest had digital capabilities but was manually printing member charts. This task consumed about 3 minutes per member, totaling 1,000 hours a year. The health system integrated Optum within its Epic EHR and in the first week had 10,000 returns. The one-time integration took 40 hours and will save the system valuable time and resources year after year.

Automating specific administrative processes allows staff to focus on more critical quality assurance tasks related to coding efficacy, accuracy and training. For example, one large health system reported hiring 2 additional FTEs to support its assessment programs as a result of the reimbursement they received from an in-office assessment program.

Better knowledge, better care

Avoiding digital, medical coding, and workforce challenges while maintaining high-quality member care is more challenging than ever for providers. A comprehensive, customized health assessment program is a critical resource that can streamline and simplify workflows to drive better member outcomes. The right solution yields valuable insights into member care. Most importantly, it allows physicians to focus on spending more time with members and helping them experience the highest level of well-being possible. And that's a winning solution for everyone – doctors, payers and members.

Optum Prospective Solutions offers a model of collaboration, data and technology that helps drive better risk and quality outcomes. Learn more at optum.com/prospective, empower@optum.com or by calling 1-800-765-6807.

Sources

1. *Medical Economics.* Top challenges 2021: #1 administrative burdens and paperwork. Jan. 15, 2021.
2. Sinsky C, Colligan L, Li L et al. Allocation of physician time in ambulatory practice: A time and motion study in 4 specialties. *Annals of Internal Medicine.* Dec. 6, 2016.
3. Frost & Sullivan. The Impact of Health Plan Risk Adjustment and Quality Programs on Healthcare Providers. Presented to Optum July 30, 2020.
4. Apex EDI. What percentage of submitted claims are rejected? Sept. 13, 2018.
5. Barkholz D. Insurance claim denials cost hospitals $262 billion annually. *Modern Healthcare.* June 27, 2017.
6. Plescia M, Gooch K. 15% of US hospitals critically understaffed, 24% anticipate shortages: Numbers by state. *Becker's Hospital Review.* Jan. 20, 2022.

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