



Innovative ROI Solutions and Automation Efficiencies: Banner Health's Success

Jami Woebkenberg, MHIM, RHIA, CPHI, FAHIMA

Angela Rose, MHA, RHIA, CHPS, FAHIMA

Matt Wildman

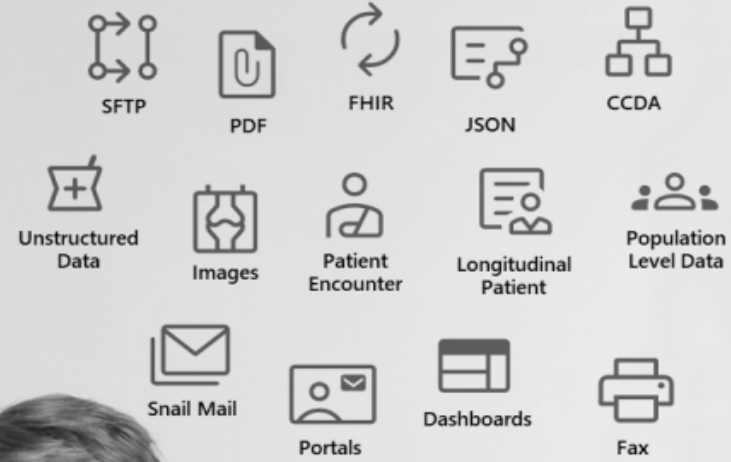
Greater demand for clinical information—amid constant change

Thought bubbles containing questions:

- ROI?
- CLAIMS PAYMENTS?
- PERSONAL RECORDS?
- CARE MANAGEMENT?
- PRIOR AUTHORIZATION?
- MIPS?
- CONTINUATION OF CARE?
- VBC?
- LEGAL AND LITIGATION?
- GOVERNMENT BENEFITS PROGRAM?
- LIFE INSURANCE?
- POP HEALTH?
- CLINICAL COLLABORATION?
- AUDITS?
- REGULATORY COMPLIANCE?
- CLINICAL RISK?
- REGISTRIES?
- DENIALS?
- ADR?
- STARS?
- CLINICAL RESEARCH?

Central text in thought bubbles:

- What format?
- For whom?
- By when?



Inefficient



Inaccurate



Unsecure



Complex Regulations

Evolving Stakeholders

Various Data Standards

Disparate Systems

Objectives

- Understand 8 impacts of the current healthcare environment impacting release of information (ROI) today
- Take away 6 lessons learned from Banner Health's ROI optimization and automation journey
- Discuss 4 focus areas for ROI future state through innovation and automation
- Questions/Discussion



ROI Today



ROI Today: Environment in Transition

Increases in the volume of requests

New networks and relationships to automate the transfer of PHI

Data quality and usability

Interoperability

Payer requests less seasonal and more constant

Margin pressures - find ways to reduce costs

Value-Based Care

Privacy



ROI Today: Common Issues



Inefficiencies and manual burden on HIM department staff



Turnaround times



Staffing



Customer service/partnership



Payer demand



Legislation changes



Operating costs and savings



Data usability



ROI Today: Legislation Impact

- HIPAA* is still the floor
- Multiple federal regulations
- Disparate state requirements
- Varying interpretations on laws and requirements
 - Minimum Necessary
 - Incident/Breach (timelines and definitions)
 - Patient Access/Patient Directed Requests
 - Reproductive Health
- Interoperability and Information Blocking
- Substance Use Disorder

**Health Insurance Portability and Accountability Act*



ROI Today: Current Workflows

- Mostly electronic
- Still some paper, microfiche/film (believe it or not!)
- CDs/flash drives
- Staffing: remote and onsite
- Automation: some or in process of implementing

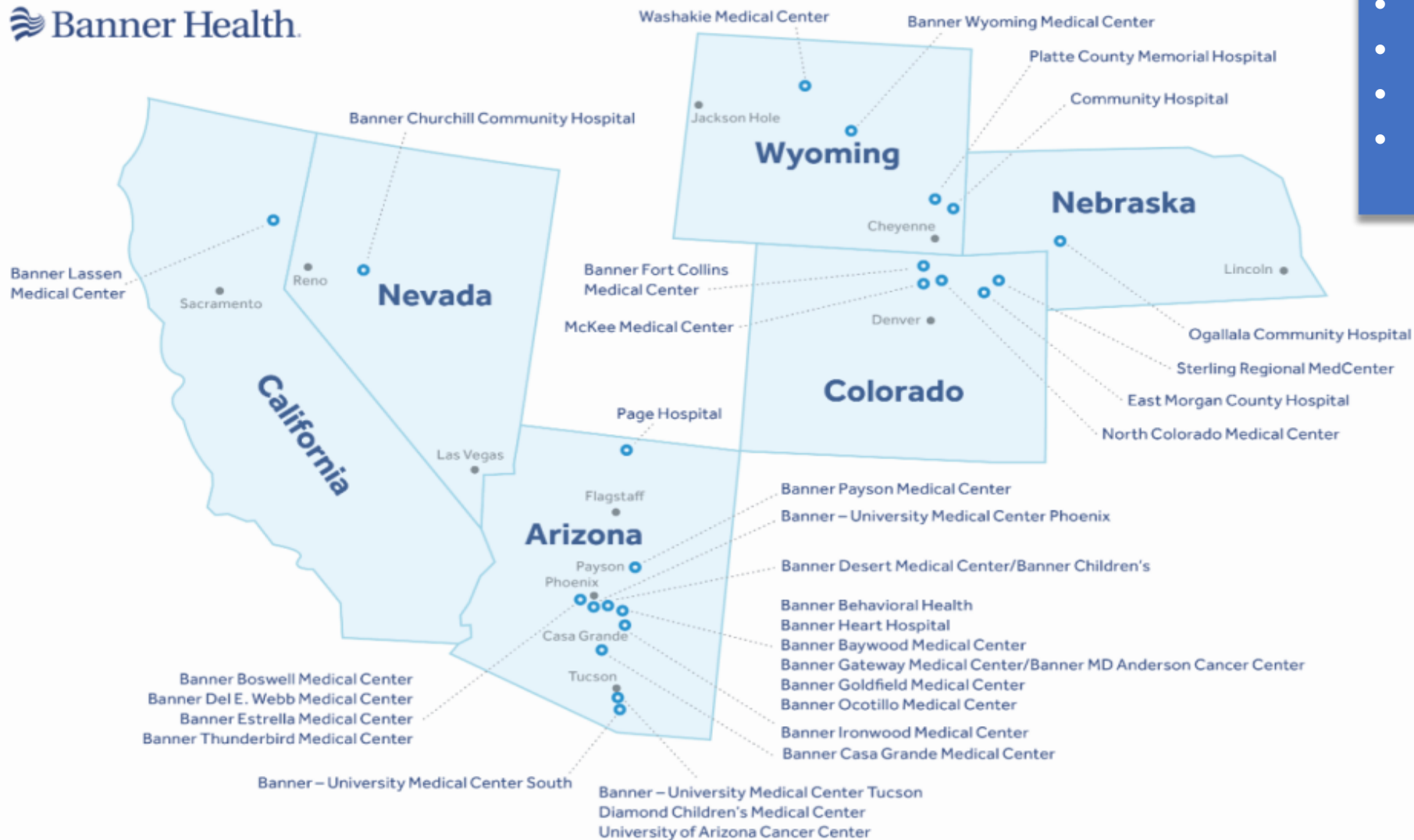


WHERE HEALTH INFORMATION
COMES TO LIFE



Who is Banner Health?





- 6 States
- 32 Hospitals
- 600+ Clinics
- 52 Urgent Care Centers



Banner Health – year end 2021

\$12.3B

in revenue

\$1.02B

in community benefits,
including in charity

AA-

bond rating

52K+

total Banner
team members



Providing services in AZ,
CA, CO, NE, NV and WY

Our portfolio of services



Insurance

- Banner Network Colorado
- Banner Health Network
- Medicaid Insurance Plans
- Banner | Aetna
- Medicare Advantage Plans



Ambulatory

- Urgent Care
- Ambulatory Surgery Centers
- Specialty Care
- Primary Care
- Occupational Health
- Cancer Centers
- Imaging Centers



Acute

- Academic Medical Centers
- Urban Hospitals
- Rural Hospitals
- Children's Medical Centers
- Behavioral Health Hospital
- Heart Hospital



Post-Acute

- Inpatient/Outpatient Rehabilitation
- Skilled Nursing Facility
- Home Health
- Hospice and Palliative Care
- Home Infusion
- Home Medical Equipment



Services

- Pharmacy Services
- Lab Services
- Telehealth

Our customers

1,164,428
Covered Lives

6,458,644
Clinic Visits

1,662,143
Outpatient Visits

933,506
ED Visits

848,707
Urgent Care Visits

266,627
Admissions

76,287
Observation Cases

235,855
Home Health Visits

167,852
Surgeries

34,648
Deliveries

AHIMA 23
CONFERENCE

Our major partnerships



Our diverse culture



76%

Female

24%

Male



59%

White

41%

Identify as non-white race
or ethnicity



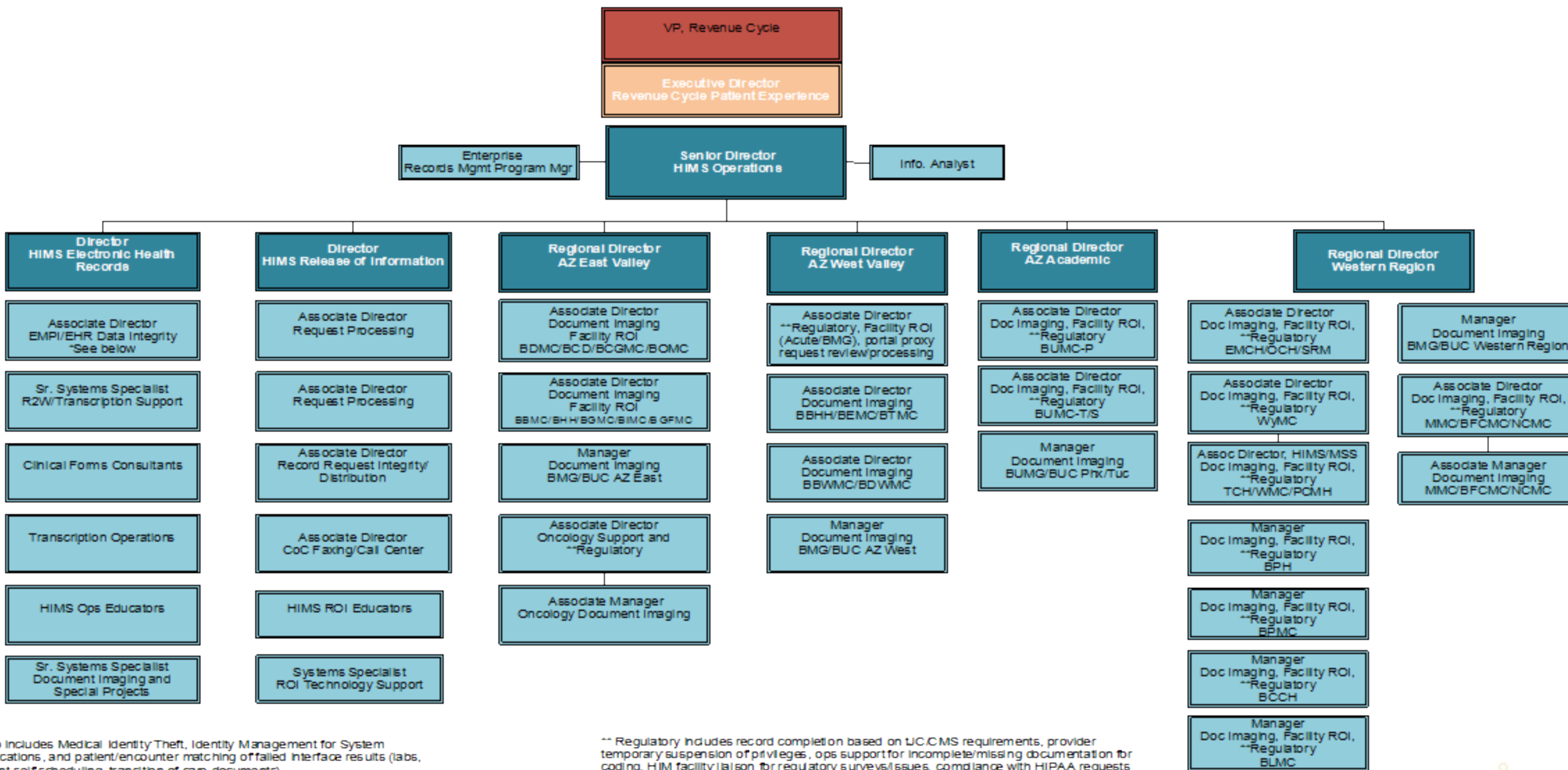
TENURE

23% < 12 months | **57%** 1-10 years
20% 10+ years of service

WHERE HEALTH INFORMATION
COMES TO LIFE



Health Information Management Services Operations



*Also includes Medical Identity Theft, Identity Management for System Applications, and patient/encounter matching of failed interface results (labs, patient self-scheduling, transition of care documents).

** Regulatory includes record completion based on ICD/CMS requirements, provider temporary suspension of privileges, ops support for incomplete/missing documentation for coding, HIM facility liaison for regulatory surveys/issues, compliance with HIPAA requests to amend/supplement medical records as well as compliance with facility ROI requests



WHERE HEALTH INFORMATION COMES TO LIFE



Banner Health's ROI Journey



Key Discussion Points

- Banner Health's release of information timeline (centralized and onsite ROI)
- Prior workflows & the road to modernization
- Volume of requests 2021 to present
- Journey to success - internal and external partnerships
- Current workflows
- Making health care easier so life can be better
- The road ahead



Banner Health's ROI Timeline

Moved to current org structure in 2012

Centralized ROI (CROI)

- Billable and non-billable requests (attorney, payer, legacy system/paper, large patient requests)
- Moved stat faxing for AZ hospitals to CROI

Facility ROI (FROI)

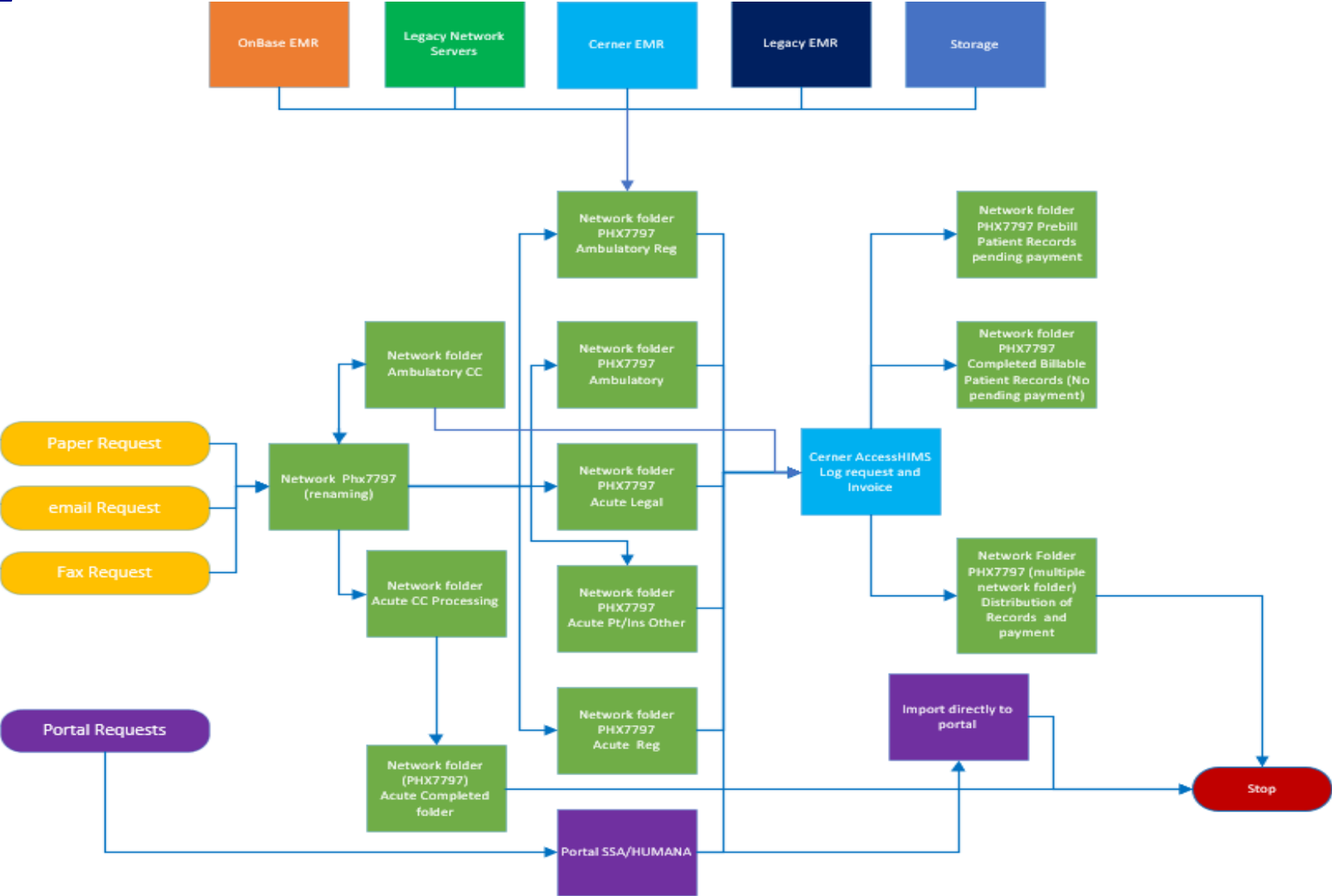
- Process patient walk-in requests
- Process requests for other requesters such as QIO, state, TJC
- Requests to Supplement or Amend Records

Home-grown system for managing requests; ROI processes built by CROI leadership with input from internal Legal and Privacy

2017 – Recognized opportunities for improvement; discussions started with IT



Prior Workflow



Road to Modernization

December 2020: Office for Civil Rights (OCR) fine and Corrective Action Plan (CAP)

Decision made to fast-track modernization of centralized ROI technology, workflows, and process

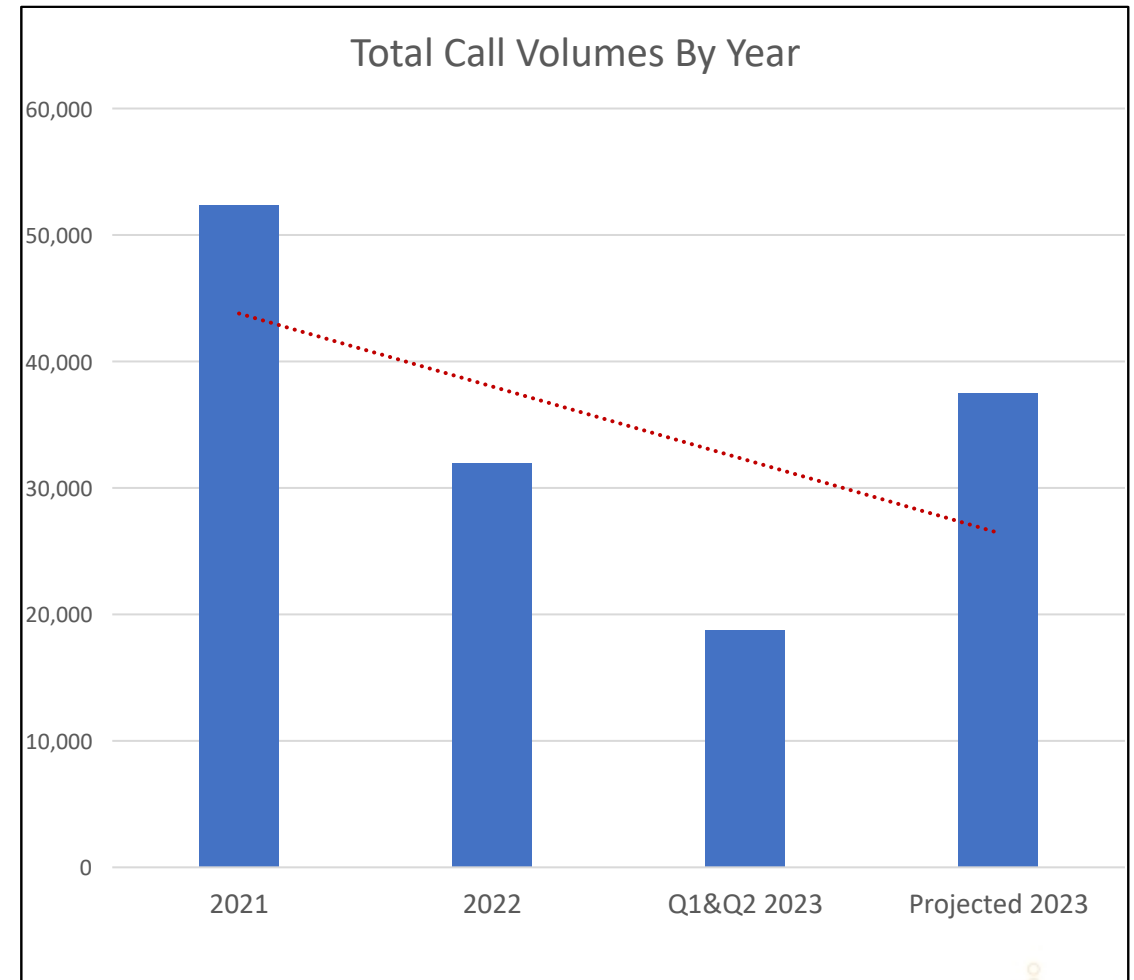
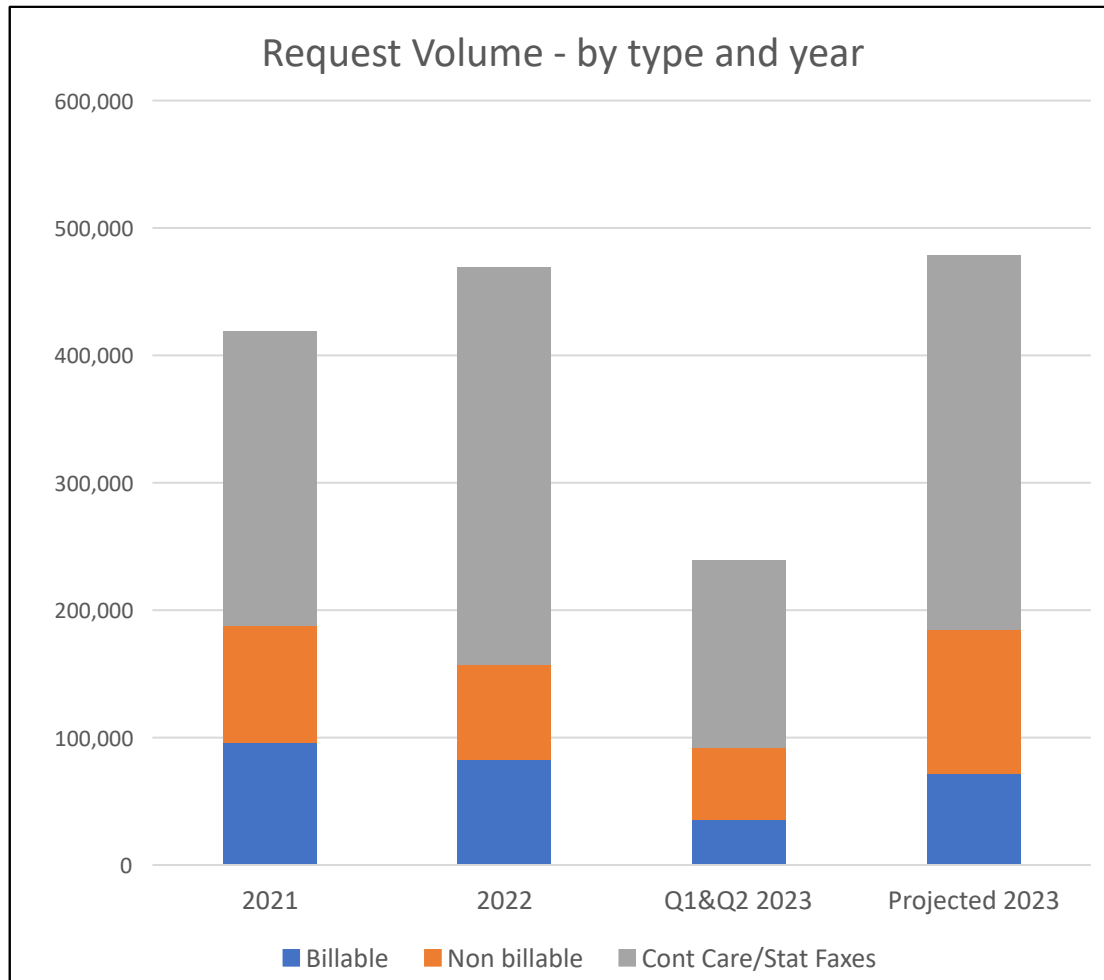
Vendor review initiated

Vendor selected

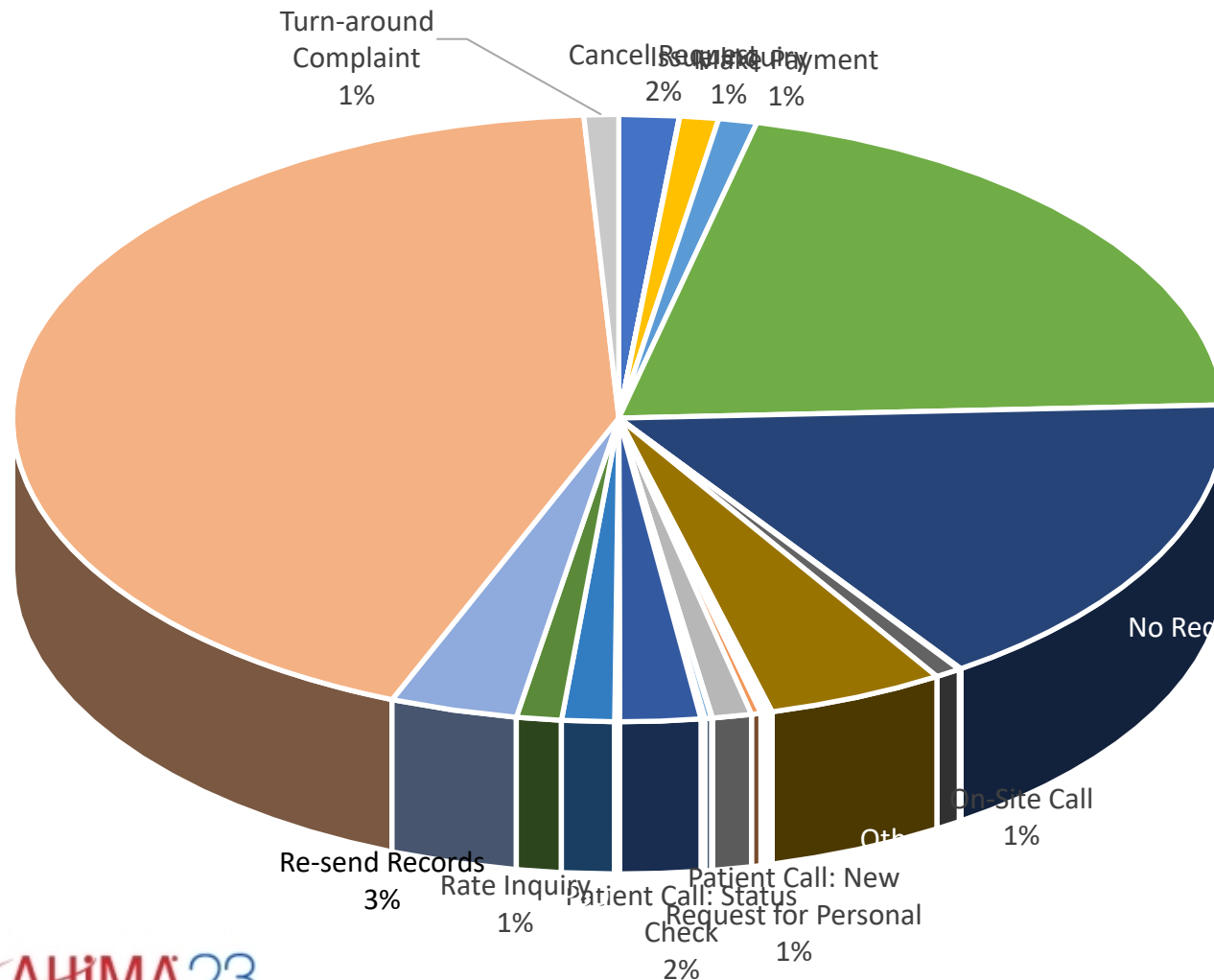
Project kick off



Volumes: 2021 – Q2 2023



Call Volume: 2021 – Q2 2023



4,350 Calls per Month

Requests/Call - Banner

1 call every 10 requests

Quarter	Avg Calls/Month	Requests/Call
Q4 2021	1,551	5
Q1 2022	5,027	6
Q2 2022	5,954	4
Q3 2022	4,472	4
Q4 2022	3,504	11
Q1 2023	3,521	9
Q2 2023	6,413	8

**Estimated Annual Cost Savings =
\$ 110,000**



WHERE HEALTH INFORMATION
COMES TO LIFE



Journey to Success

MRO Partnership

- Technology
- Shared ROI services (Billable requests, overflow)

Value Creation

- National Service Center
- Invoicing, Collection, and Distribution
- Smart Staffing (HEDIS*/Risk Adjustment)
- 10-time KLAS winner

Phase 1 Implementation – 11/15/2021

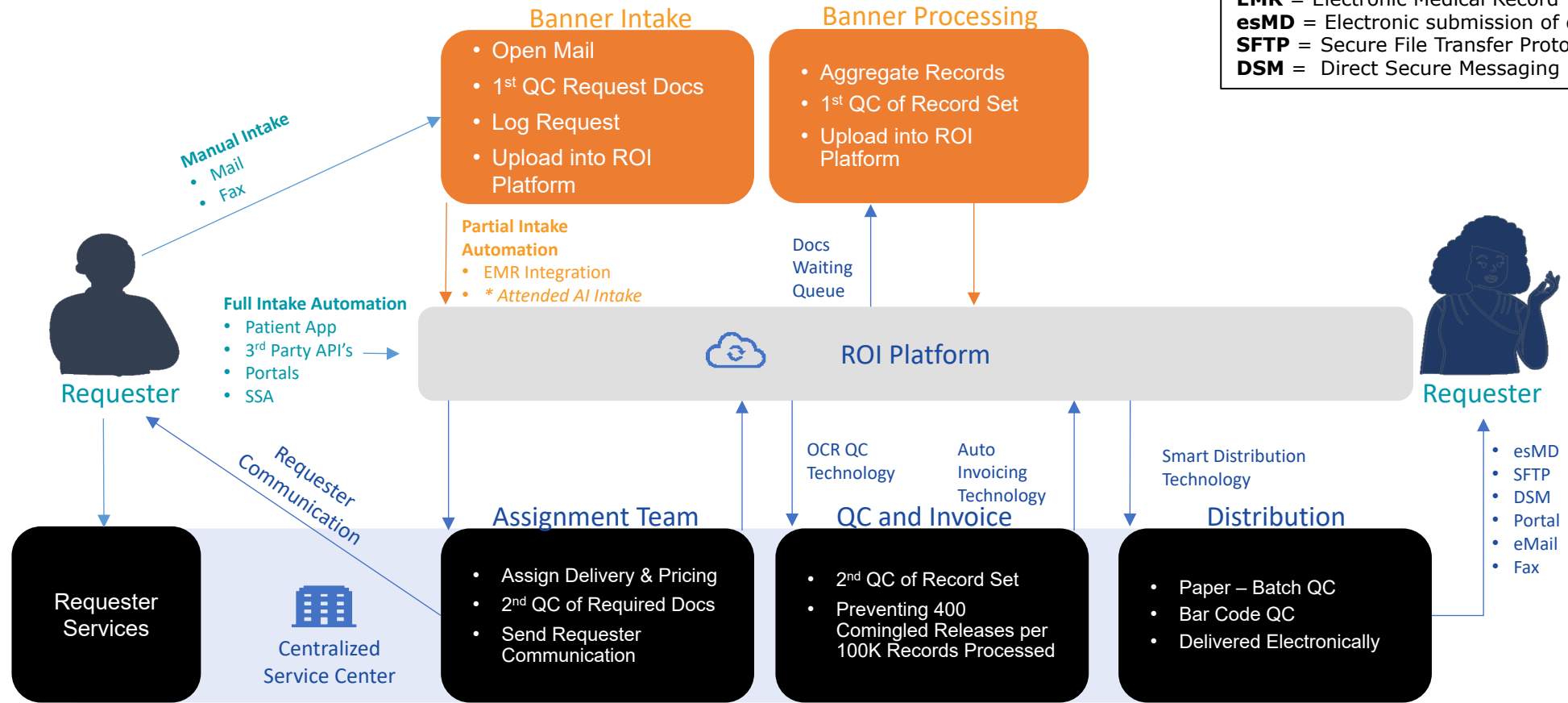
eXpress Implementation – 05/10/2022

Auto Assisted Logging Implementation – Q3 2023

**HEDIS = Healthcare Effectiveness Data and Information Set*



Current ROI Workflow



Legend

QC = Quality Control
API = Application Programming Interface
EMR = Electronic Medical Record
esMD = Electronic submission of documentation
SFTP = Secure File Transfer Protocol
DSM = Direct Secure Messaging



eXpress – Making Health Care Easier So Life Can Be Better

2. Obtain a copy of your medical records without the need to print, sign, and scan a copy of a request form. Click the appropriate link below to start the medical records request process with MRO eXpress, a partner of Banner Health. Through this process, you can request your medical records from any Banner Health hospital, provider office, or urgent care location. Please have your government-issued photo ID available. If you are the parent of a minor child or the power of attorney for an adult patient, you will be asked to upload or provide additional documentation to verify that you are legally authorized to make this request.

Banner Health – Arizona

Banner Health – Colorado

Banner Health – Wyoming

Banner Health Clinics and Urgent Care

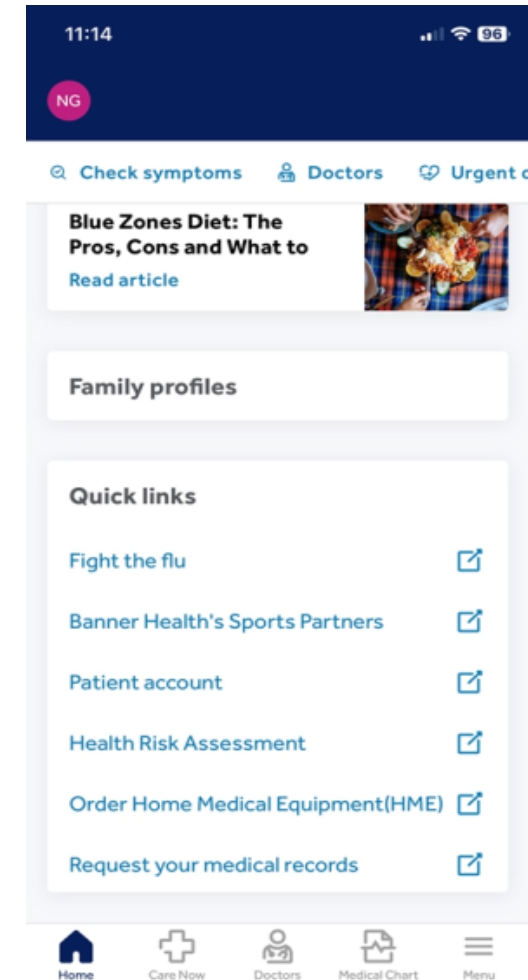
Churchill Community Hospital (Nevada)

Lassen Medical Center (California)

Ogallala Community Hospital (Nebraska)

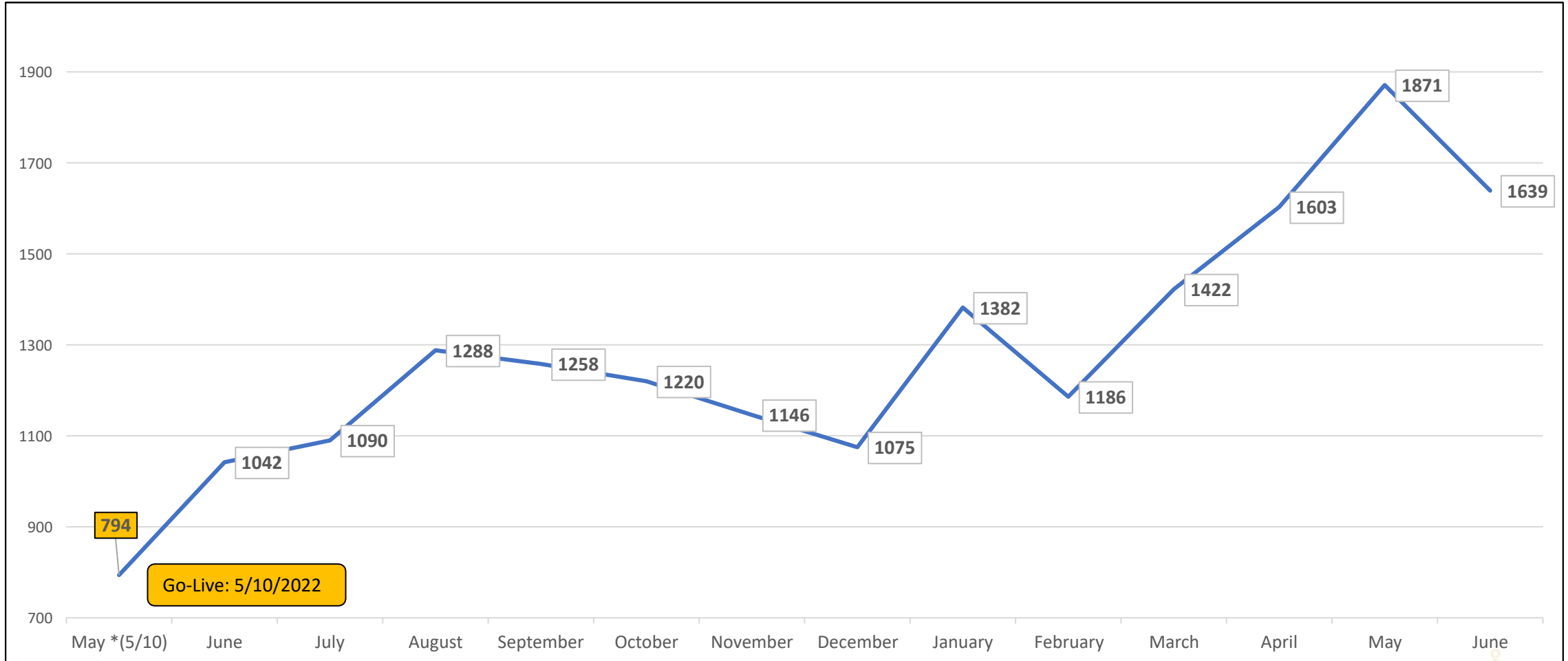
AHIMA 23
CONFERENCE

www.bannerhealth.com/patients/medical-records

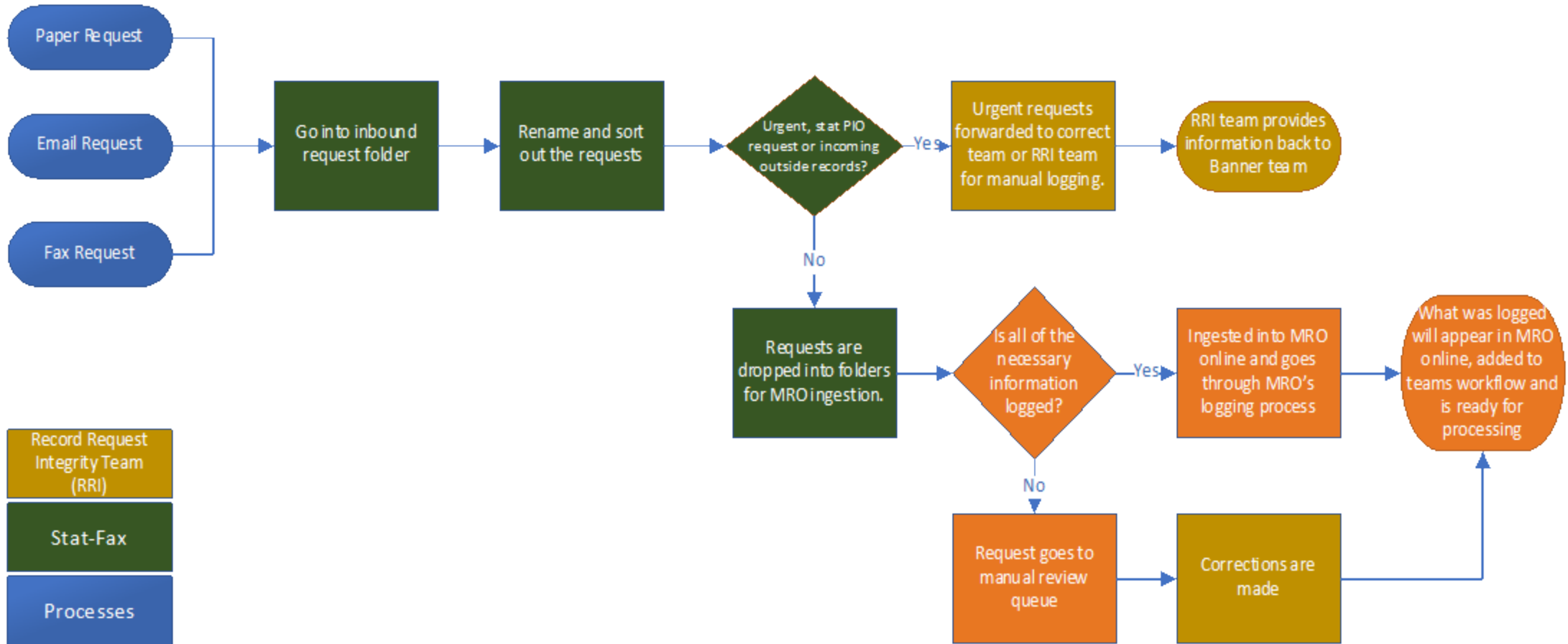


WHERE HEALTH INFORMATION
COMES TO LIFE

eXpress Request Volumes: 2022-2023



Future Workflow



- Record Request Integrity Team (RRI)
- Stat-Fax
- Processes
- MRO



WHERE HEALTH INFORMATION COMES TO LIFE



Lessons Learned & Value Creation

- Staffing
 - ✓ Ensure change management is engaged!
 - ✓ Reallocated call center staff to other areas
 - ✓ Restructured team in 02/2023
 - ✓ Supporting additional ambulatory locations
- Compliance concerns
 - ✓ Dashboards to better view requests nearing due date
 - ✓ Extension letters sent, as needed, based on established timeframes
 - ✓ Consistent fee schedule
 - ✓ Regulatory updates provided
- Technology partners
 - ✓ Platform through vendor
 - ✓ Enhancements made based on client feedback
 - ✓ Auto-assisted logging – utilization of more AI features to create efficiencies



Lessons Learned & Value Creation

- Cost
 - ✓ Revenue share agreement
 - ✓ Collections trending in positive direction
 - ✓ Savings realized through shift to MRO call center, increase in electronic distribution (> 85%)
- Productivity
 - ✓ Robust reporting tools available
 - ✓ Reports can be exported to Excel
 - ✓ Recommendations/best practices provided by MRO based on their own staff
 - ✓ Don't expect high productivity on day 1 – it takes time
- Internal workflows
 - ✓ Continue to review and tweak to create more efficiencies
 - ✓ MRO and other clients provide feedback on best practices
 - ✓ Ensure scope is understood at beginning of project



ROI: Innovation and Automation



ROI Innovation

- Continued automation
- Maximize efficiencies
 - Improved workflows/productivity
 - Smart staffing
 - Ensure turnaround times (TATs) all met
- Revenue optimization
- Continued regulatory compliance
 - Privacy and security
 - All others

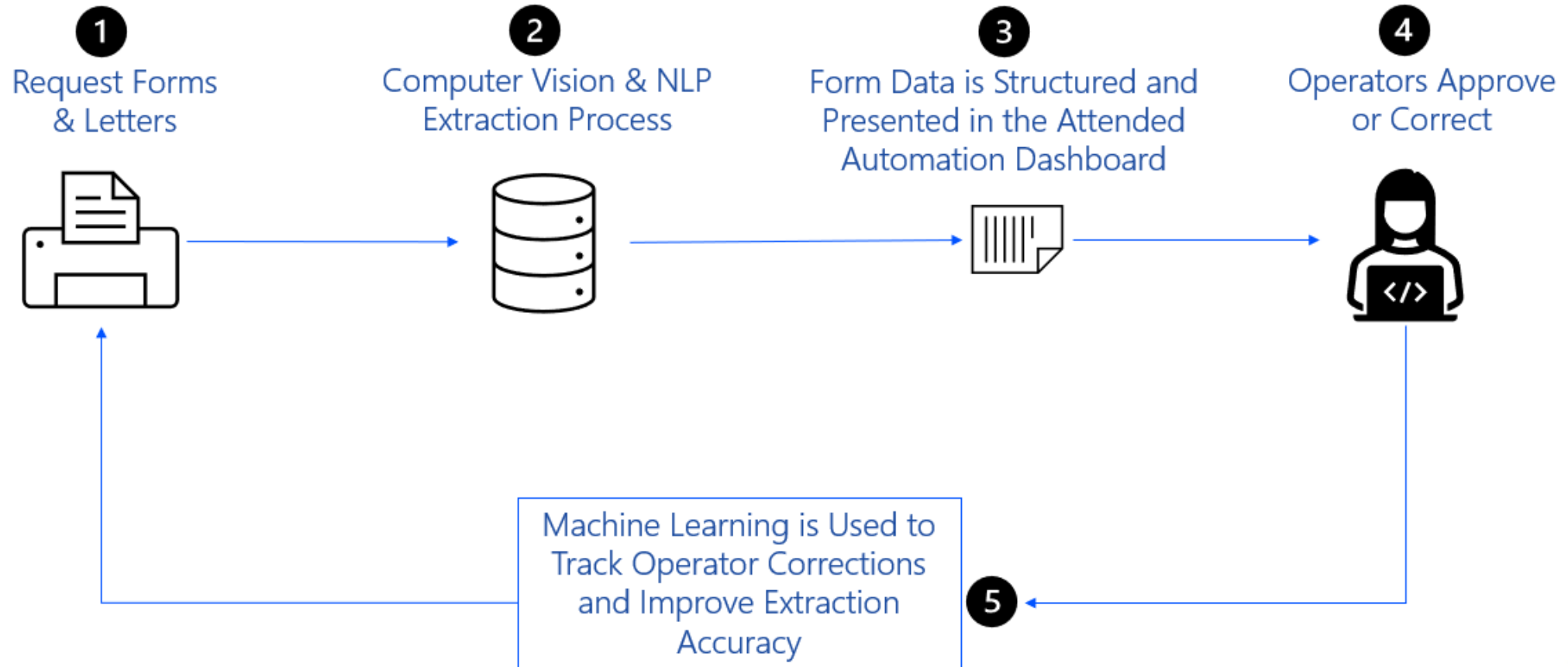


Automation in ROI – Request Submission/Receipt

- Method for patients and 3rd parties to electronically submit requests
- Accessible via internet or patient portal using mobile device or PC
- HIPAA compliant
- Provides transparency
- Enhances communication



Automation in ROI - Data Entry/Logging



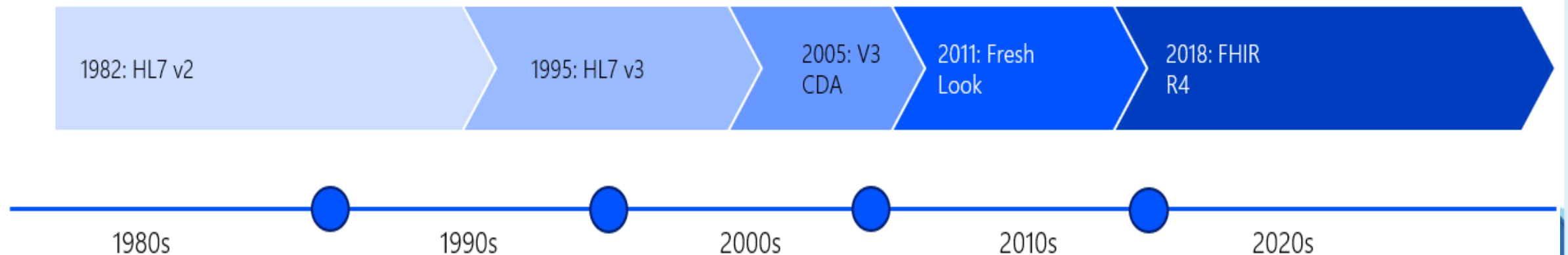
What is FHIR?

FHIR (pronounced “fire”): Fast Healthcare Interoperability Resources is the *latest* standard developed by the HL7 organization to enable data exchange in healthcare.

FHIR resources are modular components or categories of healthcare data (e.g., patients, lab results, etc.) intended to be understood by technical and non-technical people alike

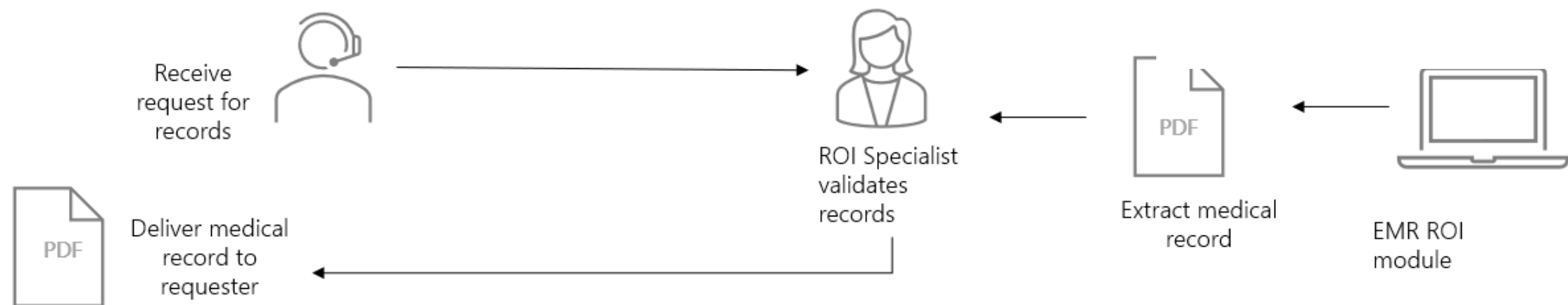
APIs are application programming interfaces, which simply mean a contract between two software applications to enable communication using requests and responses

Evolution of healthcare data standards

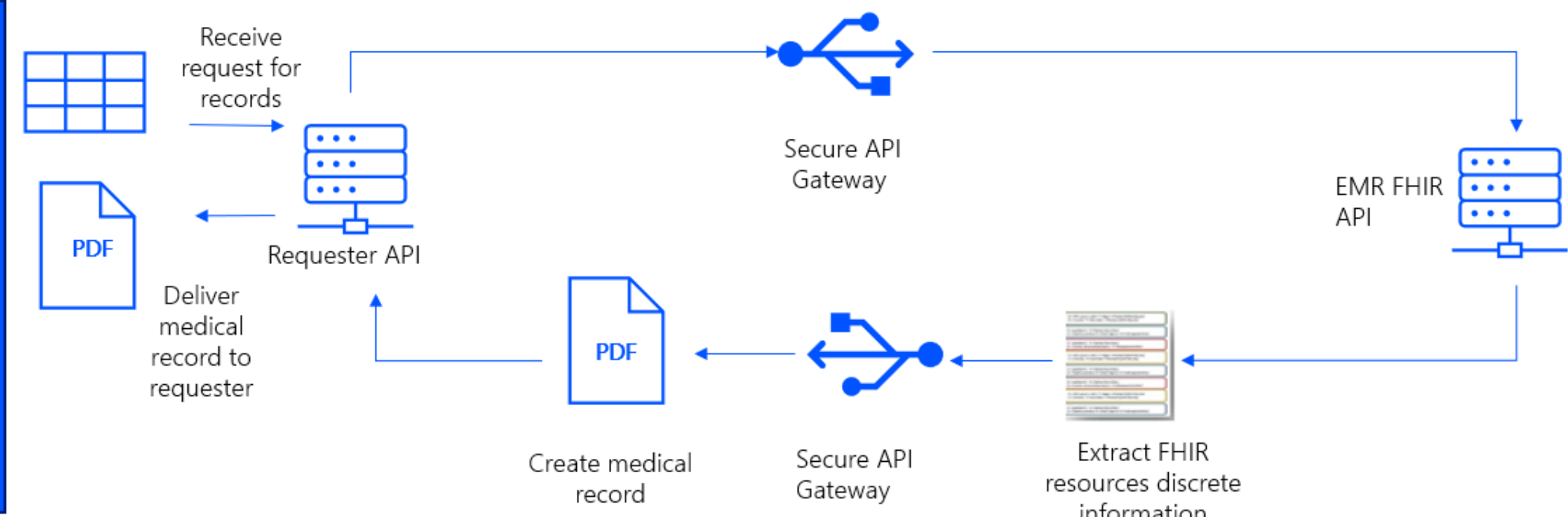


Moving Through the FHIR 🔥: Analog to Automation

Analog



Digital



Regulatory Support for Automation

- The Final Rule defines interference as “to prevent,” the Office of the National Coordinator (ONC) and the Recognized Coordinating Entity (RCE) have published the Fast Healthcare Interoperability Resources (FHIR) Roadmap for Trusted Exchange Framework and Common Agreement (TEFCA) Exchange – Version 1
- Evolving health IT landscape requires TEFCA to rapidly include approaches that support FHIR – following stages:
 - FHIR Content Support
 - Network-Facilitated FHIR Exchange
 - Network-Brokered FHIR Exchange
- Quality Health Information Networks (QHINs) must be capable of accurately resolving requests to match patient demographic information with patient identities
- Electronic Master Patient Index (eMPI) – record locator service or other means can be used.
- The RCE is actively participating in national dialogue to improve patient matching and will work with QHINs to develop matching recommendations and/or requirements
- Query is to support patient, document, retrieval and message delivery



Benefits of Automating ROI



3 Question ROI Self-Assessment

1. Do you understand all the current and new legislation impacting ROI?
2. When was the last time your ROI policies and procedures were reviewed and updated?
 - When was the last time I reviewed my vendor contract? Is it applicable to current times?
3. What steps of your ROI operations are automated or in the process of being automated? Do you know what can and can't be automated? What should be automated?



Questions/Discussion



Thank You!



Angela Rose, MHA, RHIA,
CHPS, FAHIMA
VP, Client Success
arose@mrocorp.com

Twitter: @adrose1014

LinkedIn:

<https://www.linkedin.com/in/angeladrose7/>



Jami Woebkenberg, MHIM, RHIA,
CPHI, FAHIMA

Sr. Director, HIMS Operations
jami.Woebkenberg@bannerhealth.com

LinkedIn:

<https://www.linkedin.com/in/jami-woebkenberg/>



Matt Wildman
Chief Commercial Officer
mwildman@mrocorp.com

LinkedIn:

<https://www.linkedin.com/in/mattwildman/>



References

What is FHIR? www.healthit.gov/sites/default/files/2019-08/ONCFHIRFSWhatIsFHIR.pdf

Trusted Exchange Framework and Common Agreement (TEFCA)
www.healthit.gov/topic/interoperability/policy/trusted-exchange-framework-and-common-agreement-tefca
<https://rce.sequoiaproject.org/tefca/>

What is the Recognized Coordinating Entity (RCE)? <https://rce.sequoiaproject.org/rce/>

21st Century Cures Act, Information Blocking www.healthit.gov/topic/information-blocking

HIPAA Privacy Rule <https://www.hhs.gov/hipaa/for-professionals/privacy/index.html>

Banner Health www.bannerhealth.com

MRO www.mrocorp.com

