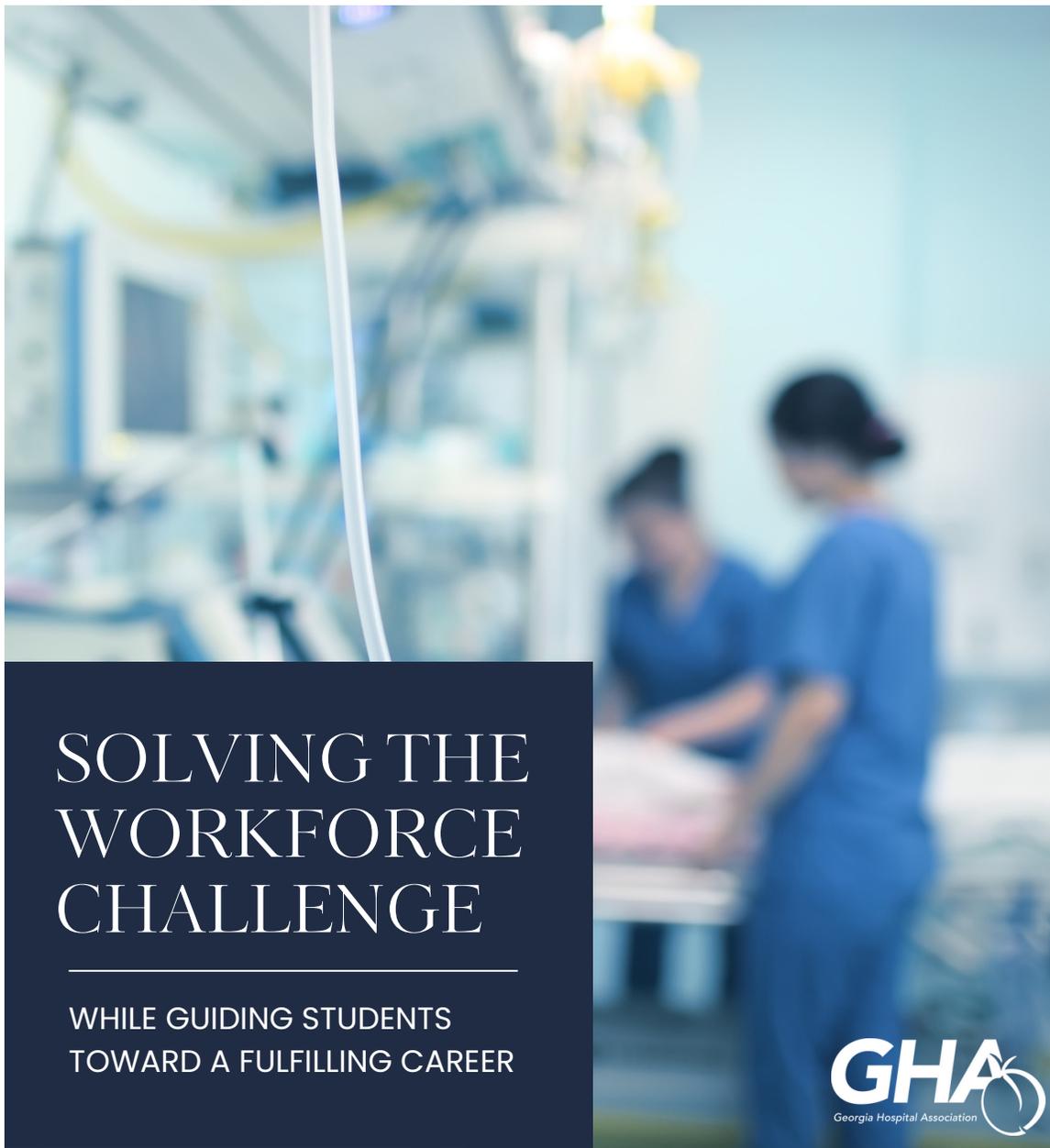


# — twentyfourseven —



## SOLVING THE WORKFORCE CHALLENGE

WHILE GUIDING STUDENTS  
TOWARD A FULFILLING CAREER



## ALSO INSIDE THIS ISSUE

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Why workplace violence is an ongoing problem in health care



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# TABLE

04

## EXECUTIVE CORNER

A message from Earl Rogers, GHA President

05

## COVER STORY

### TWO BIRDS, ONE STONE

Solving the Workforce Challenge While Guiding Students Toward a Fulfilling Career

13

### WHAT'S THE BIG WHOOP?

Wearable Device Helps Manage the Pressures of Health Care Through Mindfulness, Self-Awareness and Resilience

19

### ATTRACTING PATIENTS

Optimizing Patient Attraction and Retention Strategies Increases Contribution Margin \$10M+



22

### FROM FAX TO AUTOMATION

CareSource's Journey to Streamline Inpatient Authorizations

25

### PRICE VS. VALUE

Beware of the Hospital RCM Red Herring

28

### WORKPLACE VIOLENCE

In Health Care, It's an Ongoing Problem



# OF CONTENTS

# EXECUTIVE CORNER



On behalf of GHA, I'm pleased to share this issue of twentyfourseven that's full of stories about the latest happenings at GHA and the hospital industry. We also gave the publication a fresh and updated design.

The health care workforce shortage is on all our minds as hospitals work to ensure adequate staff to treat their communities. Our cover story discusses hospitals' workforce efforts and how they are focusing on recruiting young talent and working to attract them to the health care industry.

This publication is produced thanks to the work of many individuals, and that includes our sponsors. In addition to supporting GHA as an organization, a few of them also contributed noteworthy articles on timely topics, such as mental and behavioral health. For example, GHA Bronze Sponsor ApolloMD has contributed an excellent write-up on a wearable device that monitors overall health, including mental health and the ability to adapt to stress.

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I hope you enjoy reading, and please remember that we always welcome article submissions by our hospitals. If you would like to submit a piece on behalf of your hospital, please contact GHA Director of Digital Media and Marketing Erin Stewart [estewart@gha.org](mailto:estewart@gha.org).

Thank you for reading.

Earl Rogers  
GHA President

# COVER STORY

Two Birds, One Stone:

# **SOLVING THE *WORKFORCE* *CHALLENGE***

While Guiding Students  
Toward a Fulfilling Career

By Erin Stewart





Imagine your younger self, perhaps when you were in high school or middle school. If you were like many adolescents, you probably didn't have a clear idea of what you wanted to be when you grew up. What if you had been introduced to a well-defined pathway to an occupation that was guaranteed to be fulfilling, satisfying, and paid well?

As Georgia and the rest of the country face a severe health care workforce shortage, innovative and new solutions are needed. The statistics are grim and sobering: According to the American Hospital Association, there is expected to be a shortage of 3.2 million health care workers by 2026. The U.S. Bureau of Labor Statistics projects the need for 1.1 million new registered nurses nationwide by 2030. Additionally, according to a report by consulting firm Kaufman Hall, hospital labor costs rose 37% between 2019 and March 2022. Several GHA-member hospitals have reported having to close beds, increase shifts, use staffing agencies, and implement incentive pay for staff as short-term solutions to their shortages.

It is apparent that a long-term remedy is needed, and Georgia hospitals are implementing groundbreaking solutions to help solve the crisis. One area in need of major support is the pipeline of future health care workers, and this is where targeting middle and high school students becomes key. Hospitals are recognizing an opportunity to recruit enthusiastic workers to help address the workforce shortage, the strain of which was exacerbated by the pandemic. Despite this pressure, Georgia's hospitals are moving forward with plans to increase the number of skilled and career-ready health care graduates.



Phoebe Putney Health System

## Producing Career-Ready Graduates

Phoebe Putney Health System in Albany created the Phoebe Health Sciences Pathway, a plan the organization, along with the Georgia Department of Education, the University System of Georgia, and the Southern Regional Education Board, developed to enhance the workforce pipeline and solve the workforce shortage in Georgia. Its target audience? High school students. Phoebe realized it could recruit students from the 4C Academy (Commodore Conyers College and Career Academy), an area high school whose mission is to “produce college and career-ready graduates with relevant skills, education and exceptional work ethic who can compete and succeed in the real world.”

The Health Sciences Pathway starts with students as young as ninth grade, so Phoebe representatives held informational sessions to share details with parents and attract their kids to the pathway. Enrolled students take dual enrollment classes, getting high school credits as well as meeting nursing curriculum requirements. Additionally, students have the unique opportunity to be invited to participate in a paid internship program at the hospital during their senior year. Phoebe partnered with 4C to implement the internship and students who want to be considered apply through 4C, who then sends the applicants to the hospital.

“We interview them just like we would if they were an employee coming on board,” said Dr. Tracy Suber, vice president of education for Phoebe Putney Health System. “The great thing is that these applicants have already been here [at Phoebe] doing clinical rotations for their CNA certification. The ultimate goal is to recruit them into a CNA position while we pay for them to go to nursing school.”

Students who complete the Health Sciences Pathway will graduate with their certified nursing assistant (CNA) certification, meaning they can begin working in the hospital right after graduation if they choose. Graduates are also armed with a high school diploma, 30 completed hours of academic dual enrollment, and a nurse aide technical certificate of credit. Whether they want to start working in the hospital immediately or continue their nursing education, they are well-prepared for either situation.

“We wanted to create a very clear career pathway for the students with the end goal really being nursing,” said Suber, who has past experience in the development of a BSN nursing program. “We tried to be forward thinking about how we could create a pipeline into nursing. We can employ the students as CNAs and it gets them out to the workforce sooner.”

CNAs are one of the top positions hospitals need to fill. Having the opportunity to hire students right out of high school is a win-win for the hospital, who can fill the position, as well as the student, who can get vital experience.

The pathways program is working well, and interest grows each year. This past fall, the first ninth graders enrolled in the program.

“There is a pipeline, and we are anticipating that it will grow,” Suber said. “We’ll really see the effects four years from now, when the students graduate. We’re focusing on getting in front of them early and letting them know about this opportunity.”

## **Creating More Education and Training Opportunities**

On the western side of the state, Tanner Health System in Carrollton is also creating initiatives to involve high school students. In Tanner Connections, area high school students have the opportunity to rotate in various departments in the hospital which allows them to experience both clinical and non-clinical settings, like information technology.

“A lot of times, people only think of physicians or nurses when they think of working in a hospital, but we want to introduce them to other positions that we have a great need for, like respiratory therapists, MRI, ultrasound, things like that,” said Shari Gainey, director of human resources for Tanner.

Tanner has partnered with the University of West Georgia (UWG) for about a decade in its efforts to bolster the number of health care graduates. The Tanner Health System School of Nursing provides state-of-the-art laboratories and simulation suites and offers BSN, MSN, and even doctorate degrees. Tanner also supports the school by providing part-time instructors who are adjunct faculty for the college. Thanks to

Dr. Tracy Suber, Phoebe Putney Health System



Tanner's support, UWG was able to double its class size for nursing students and, over the years, the university has seen enrollment go up significantly, which is "promising," says Deborah Matthews, Tanner's chief nursing officer. However, as Matthews explains, the goal of keeping more graduates in the area to practice at area hospitals has been more difficult to meet.

"Only 20% of the students are from our county, another 40% are from counties that touch our county, and the rest is spread across the state," said Matthews.

But Tanner is still doing everything it can to increase its workforce, and their efforts seem to be working. Their current RN vacancy rate is 3.7%, which has decreased over the past few months and, Gainey hopes, will continue to decrease.

"It's really remarkable that we've been able to keep it that low," she said. "Especially when you compare it to others that are dealing with double-digit percentage of vacancies."

One effort Tanner has found to be very successful is its nurse extern program, which was implemented about three years ago. UWG works with Tanner to promote the program to students, who can work as nurse techs while they are in school. They are also eligible for a monthly stipend, and they have a service commitment after they graduate – one month for every month of stipend they receive. So, it is a way for Tanner to guarantee employees to fill vacancies, plus the students are guaranteed a job.



Dr. Tracy Suber, Phoebe Putney Health System



Above: Students at Wellstar camp | Below: Student attends information session on Health Sciences Pathway



In addition to the extern program, Tanner has cultivated a relationship with nearby West Georgia Technical College (WGTC) and has found they are getting a high percentage of WGTC graduates from the registered nurse (RN) and license practical nurse (LPN) programs.

“They have clinical rotations here,” said Matthews. “This helps us because if they come here for clinicals and see what we’re all about, they are more likely to come here and work.”

As many in the field know, Georgia’s workforce shortage is not just about doctors and nurses. Ancillary positions such as respiratory therapists are desperately needed. That’s why Tanner is talking to WGTC about adding a respiratory program.

“We just have a need for more clinical training programs in the area,” said Matthews. “Respiratory therapist is the position we have the hardest time filling, but we are also in need of MRI, ultrasound, and nuclear medicine techs, as well as services positions like food and nutrition and environmental services.”

Given the difficulties caused by the workforce shortage, is it influencing people’s career choices? Anecdotally, yes and no.

For Noah Seagle, a current participant in Tanner’s extern program, the workforce shortage didn’t affect his interest in being a nurse. It’s what he’s always wanted to be, ever since he was young.

“My mom is a nurse, and the way she’d talk about it, it sounded interesting,” he said. “I completed a health care pathway in high school and that helped me narrow down what I wanted to do.”

Extern Laura Mandelke, on the other hand, is aware of the shortage and the importance of her chosen career. She has seen family members experience longer wait times and said, “it’s a little disheartening. But it motivates me to finish school and keep in mind that we need more nurses in Georgia. Each of us really counts . . . my classmates and I want to help with the shortage.”

Eager high school students who are curious about health care are being noticed all over state. Wellstar Health System in Marietta is another organization that has been working for the past several years to enhance the workforce pipeline. Wellstar and the health and human services college at Kennesaw State University have collaborated for more than 40 years, but they made their partnership official in 2003 when Wellstar added its name to the college, which has since been known as the Wellstar College of Health and Human Services.

Earlier this year, Wellstar held a health care summer camp for high school students to expose them to the health care field and get them excited about working in it. The camp was so popular, with all slots filling up, that Wellstar added another day of camp. From the camp participants, Wellstar hired 60 high school students in nursing support roles across the system. Other participants have used Wellstar as their work-based learning site for the current school year.

The feedback from the students who attended the camp was overwhelmingly positive, with comments like, “Everyone loved the hands-on experiences,” and “I loved the camp! It gave me a great sense of confidence to pursue a career in the medical field.”

Wellstar has already begun planning next year’s camp and is confident it will be just as successful and beneficial to the health system. There is also a plan to expand to more service regions to give even more students the opportunity to attend the camp.

Like other hospitals in Georgia, Wellstar also has a career pathways program to train CNAs and certified medical assistants. The system is also working to create additional programs to support the clinical and non-clinical positions in which they have a shortage, such as respiratory techs, surgical techs, nuclear medicine techs, and medical technologists.

“Students, specifically 10th-12th graders, are at an age where they are beginning to make career choices and preferences,” said Natalie Jones, DNP, RN, NPD-BC, executive director of workforce development at Wellstar Health System. “Now is the time to influence the next generation as they will enter the workforce sooner rather than later.”

What’s clear about the workforce shortage is that there are many factors that contributed to it and there are many factors that will contribute to its solution. From working to attract future health care workers at a young age to ensuring enough educational slots to enhancing recruitment and retention efforts, Georgia’s hospitals are facing the challenge with success in mind.

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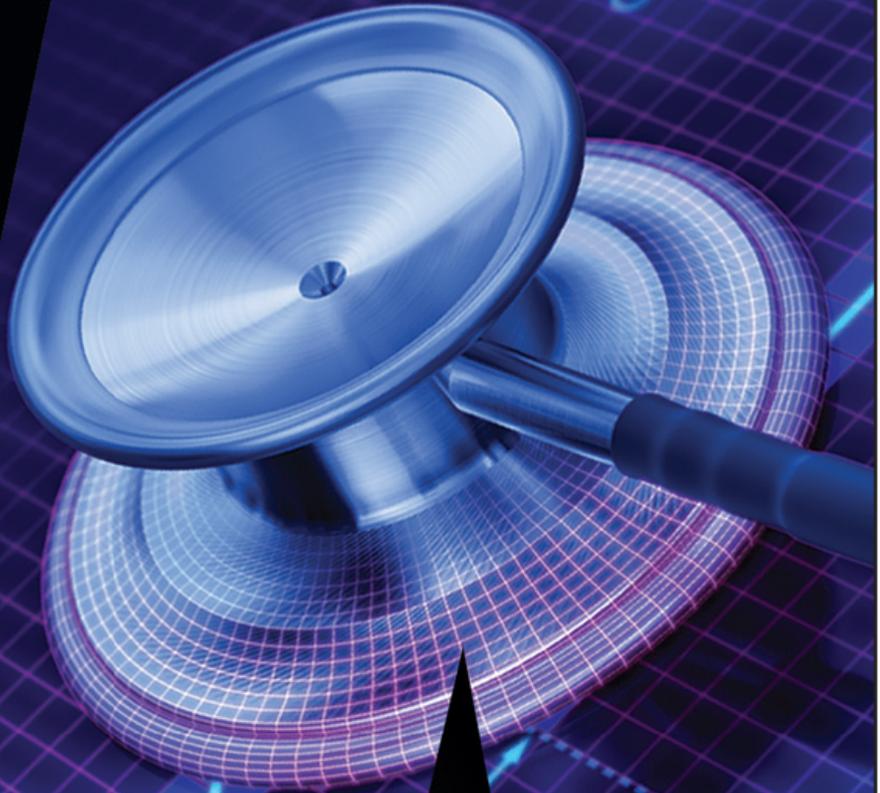
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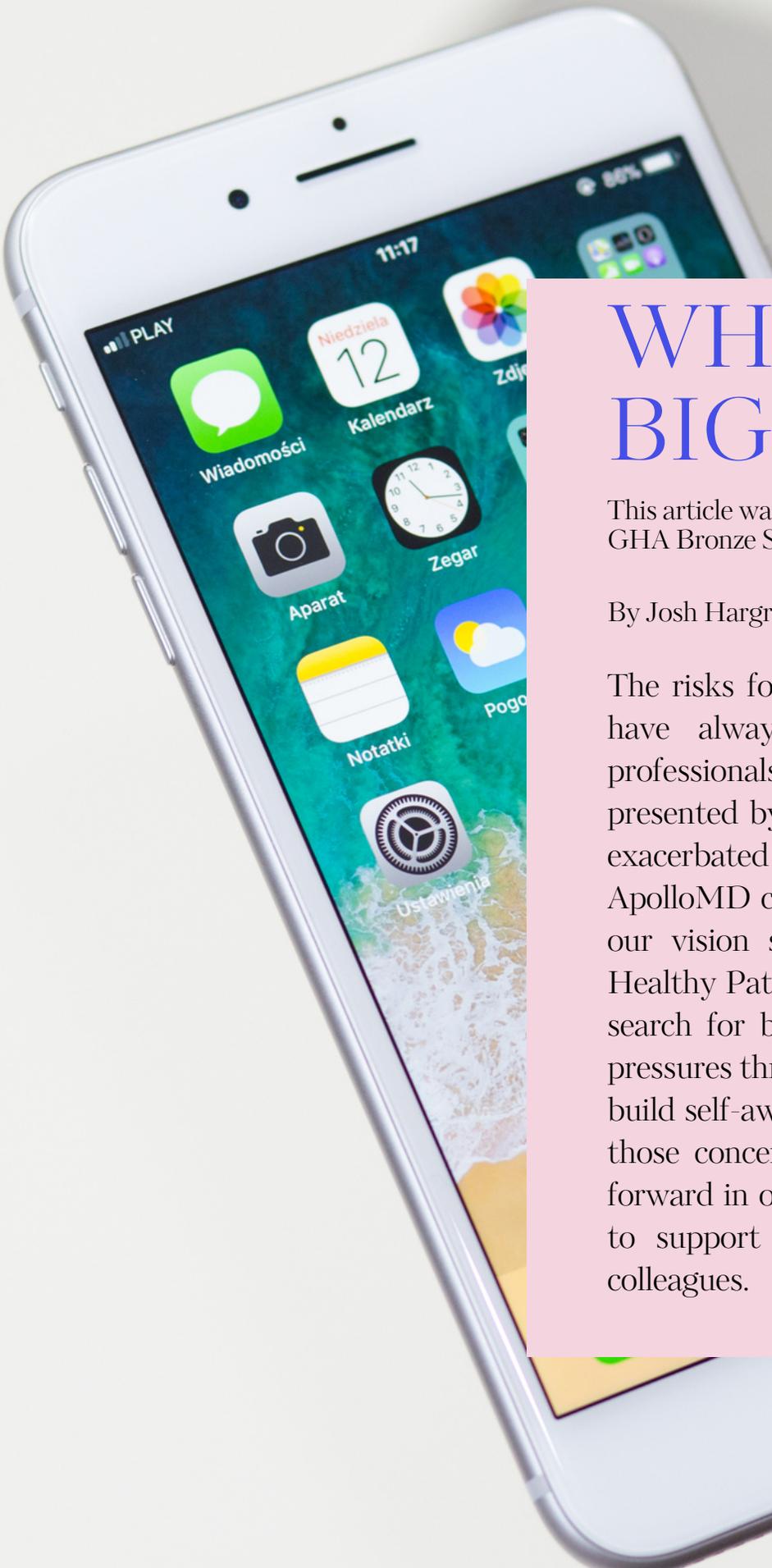


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# WHAT'S THE BIG WHOOP?

This article was submitted by  
GHA Bronze Sponsor ApolloMD

By Josh Hargraves, MD

The risks for burnout, exhaustion, and stress have always been high for health care professionals, but the additional challenges presented by the pandemic both exposed and exacerbated the inherent problems. As ApolloMD continues to focus on the tenets of our vision statement — Healthy Clinicians, Healthy Patients, Healthy Communities — we search for better strategies to manage those pressures through mindfulness techniques that build self-awareness and resilience. To address those concerns for our own teams, we push forward in our exploration of innovative ways to support and encourage wellness in our colleagues.

We intuitively understand that certain elements of shiftwork and daily life can impact how we feel and how we perform. With our exploration into the wearable space, now we have the data points to quantify those impacts. Through a partnership with WHOOP, individuals receive personalized data at their fingertips. Our hope is to empower clinicians to monitor and optimize health with clinical-grade accuracy, while providing a baseline from which to note actionable changes.

## Mind Over Matter

WHOOP is a 24/7, wearable coach most commonly worn comfortably on the wrist via an adjustable strap with the sensor positioned similarly to a watch band. The technology can also be worn at other key pressure points and WHOOP also offers a specialized line of clothing to accommodate wearer preferences. Data read by the sensor transmits to the companion

smartphone app, tracking biometric activity as related to the three pillars of the WHOOP program – sleep, recovery, and strain. This fully encrypted data syncs with a private, customized journal set-up in the app by the user, allowing for personal notation of habits and trends.

As an emergency medicine physician, he's all too familiar with the role that late shifts and high stress levels play in his overall sense of well-being.

“I think I had some reservations about learning some of the data,” he admits. “But there’s no reason to avoid it. We don’t expect it to work for everybody, but we got pretty good feedback that we think [the device] will be valuable.”

# Focused on the details.



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## Every Breath You Take, Every Move You Make

While many different elements impact biometrics on a daily basis, the WHOOP band concentrates on a core trio of influences or “pillars.” The three pillars of the program as defined by WHOOP are:

**SLEEP** — Quality of rest based on sleep stages and individual sleep needs

**STRAIN** — Cardiovascular load and daily exertion

**RECOVERY** — Ability to adapt to stress and prepare for performance

The band monitors each data point at 100 times per second. This information, married with details of personal input in a personalized journal feature, gives the user a full picture of fluctuations in their data output.

Dr. Hargraves likens the process to an individual, blind study or research project.

“When you’re first wearing the WHOOP, it’s a little bit of a process of self-discovery,” he explains. “In science, we always talk about an N, meaning the number of people in a study. Well, this is kind of an N of one and you can really do your own self-experimentation. You can ask, ‘What if I eat at 10 p.m.? How bad is that for me? What if I cut it back and don’t eat after 7 p.m.? What does that do? How much caffeine did I have?’ You do that on your own because you have the biometric feedback to confirm how you may or may not feel.”



The feedback remains completely private, with no benchmarks to achieve or boundaries to restrain activity. It's a tool for users to learn more about themselves and increase awareness.

To guide the process, the journal function of the app presents an additional outline for studying the user's unique data set.

“The journal feature is customizable, so you get out of it what you put into it,” Dr. Hargraves notes. “It’s really personal and individual to everybody. The first thing I do every morning is wake up and knock out the journal entries. It takes 30 seconds and it’s become a habit. There are questions about hydration and work schedules and irritation and stress, so you can be aware of how those things impact you.”

“If you have some stressful case right before your shift ends it might not be surprising that your sleep wasn’t great. Maybe that helps you realize that you need to rest a little bit more the next day . . . or do something that helps you mentally recover . . . to kind of recharge your batteries. It’s nice to have a device to quantify that and correlate with how you feel. It’s behavioral change without really having to make conscious decisions to change the behavior.”



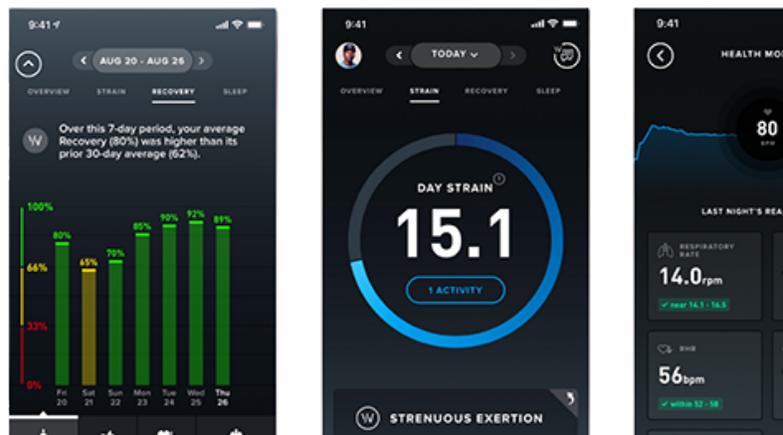
## Banding Together

Dr. Hargraves speaks to the advantage of facilitating this type of project as a company and acknowledges the overall benefits.

“We’re doing this because we care,” he reveals, “because we want to have healthy clinicians, and because we want [them] to figure out how to make small steps and improvements in their lives.”

Encouraging teams, groups, and practices to participate in WHOOP trials puts a spotlight on mindfulness and pulls together peer support. As we surround ourselves with a network of colleagues also committed to this level of self-awareness, we increase our personal motivation, find accountability partners, and change the culture of our work environments.

We are most resilient when we feel that sense of community with each other, and the WHOOP results prove we have the power within us to develop a healthier new normal.



Anna Franklin, MD

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# **ATTRACTING *PATIENTS***

A Southeastern multi-hospital independent system located 45 minutes from a large tertiary market has historically struggled to attract patients from local competitor markets. Simultaneously, the system was also losing patients from its home market to tertiary health systems, specifically for high-complexity services.

This article was submitted  
by GHA Bronze Sponsor  
HSG Advisors



To learn more about HSG's proprietary approach to patient attraction and retention measurement and implementation of strategic plans to support growth, or to request a complementary HSG Patient Flow™ report, contact DJ Sullivan directly at [djsullivan@hsgadvisors.com](mailto:djsullivan@hsgadvisors.com).

## ***Optimizing Patient Attraction and Retention Strategies Increases Contribution Margin \$10M+***

### **The Challenges**

This hospital has a central initiative focused on attracting new patients for key service lines while maximizing patient retention within the employed network and closely aligned primary care providers. The hospital had a blind spot regarding specific patient leakage volumes and no systematic way of prioritizing provider liaison initiatives. Utilizing HSG Patient Flow,™ which measures provider volumes and relationship patterns in 90-day timeframes (optimal for patient access), the organization was then able to focus on two key areas:

- Identify top referring providers on a quarterly basis. Prioritizing the practices according to the data will inform opportunities to optimize patient retention from local primary care providers.
- Measure patient leakage amongst area practices on a quarterly and annual basis. Prioritizing the practices according to the data will inform opportunities to optimize patient retention from local primary care providers.

### **The Process**

The strategy and business development teams utilized key data insights to optimally prioritize their time (by review of practice and provider data volumes), resulting in the fastest return on their investment in strategic growth initiatives. In a 12–18-month timeframe, the health system was able to grow its total contribution margin by over \$10M. Its strategic growth investment in data and personnel were identified as the major contributor to the system's success.

"HSG started working with this system to address these issues, beginning with an investment in building strategic outreach. Growth team members were directed to focus on building relationships with key primary care and specialty care providers in an eight-county region."

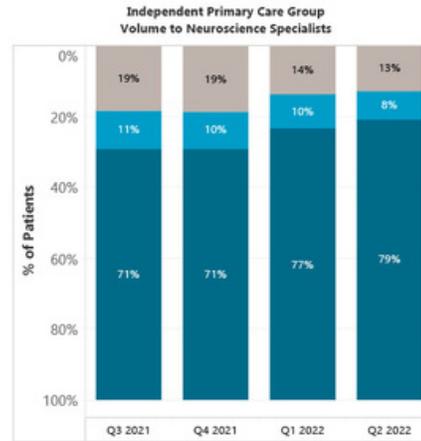
– D.J. Sullivan, HSG Director

# The Results

Example 1, as seen to the right, shows how the health system was focused on building new neuroscience capabilities to serve its population. They were able to increase patients from a singular independent primary care group to its employed neuroscience specialists by more than 200 unique patients, increasing patient keepage from that one practice by 8% over the 12 months.

	Sum of Patient Count				% of Patient Count			
	Q3 2021	Q4 2021	Q1 2022	Q2 2022	Q3 2021	Q4 2021	Q1 2022	Q2 2022
Employed Specialists	1,863	1,657	1,807	2,065	70.9%	70.9%	76.7%	79.1%
Aligned Specialists	277	240	228	211	10.5%	10.3%	9.7%	8.1%
Other	488	440	322	336	18.6%	18.8%	13.7%	12.9%
<b>Total</b>	<b>2,628</b>	<b>2,337</b>	<b>2,357</b>	<b>2,612</b>	<b>100.0%</b>	<b>100.0%</b>	<b>100.0%</b>	<b>100.0%</b>

Rendering Employment Status1  
■ Employed Specialists  
■ Aligned Specialists  
■ Other

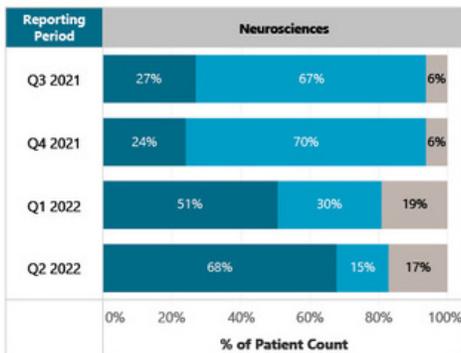


LEGEND  
■ Other  
■ Aligned Specialists  
■ Employed Specialists

Additionally, some of the most significant impacts on the organizational contribution margin came from transitioning patient volumes from specialists on the medical staff (but not performing procedures at the hospital locations) to employed specialists.

Example 2, as seen below, shows patients from an individual primary care provider to neuroscience specialists (medical staff aligned vs. employed) in a 90-day timeframe. The patient keepage to employed neuroscience specialists increases from 27% to 68% over a 12-month timeframe. While the patient volumes are not as significant at the individual primary care provider level, minor changes such as these extrapolated over an entire market resulted in substantial financial returns for this health system.

By Provider - Med



LEGEND  
■ Other  
■ Aligned Specialists  
■ Employed Specialists

Practice SL Table - Med

	Sum of Patient Count				% of Patient Count			
	Q3 2021	Q4 2021	Q1 2022	Q2 2022	Q3 2021	Q4 2021	Q1 2022	Q2 2022
Employed Specialists	22	19	64	63	26.8%	24.1%	50.8%	67.7%
Aligned Specialists	55	55	38	14	67.1%	69.6%	30.2%	15.1%
Other	5	5	24	16	6.1%	6.3%	19.0%	17.2%
<b>Total</b>	<b>82</b>	<b>79</b>	<b>126</b>	<b>93</b>	<b>100.0%</b>	<b>100.0%</b>	<b>100.0%</b>	<b>100.0%</b>

Rendering Employment Status1  
■ Employed Specialists  
■ Aligned Specialists  
■ Other  
■ Total



# FROM FAX TO *AUTOMATION*

CareSource's Journey to Streamline  
Inpatient Authorizations

This article was submitted by  
GHA Bronze Sponsor MCG Health.

# The Ever-Full Fax Queue

While much of the rest of the world has moved on from fax machines, utilization management teams across the country still find themselves heavily reliant on this outdated technology. Among them until recently was CareSource, a 2-million-member health plan based out of Ohio. Their ever-full fax queue was the bane of their authorization process, driving hours and hours of extra work. They had tried to roll out portals, with some success here and there; however, many of their providers continued to use fax.

Why did their providers prefer to keep using fax? Because it involved fewer steps. The provider clinician working in the electronic health record (EHR) could simply hit a button to fax the authorization over without ever leaving their workflow. Therefore, in order to cut down on

faxes from those providers, it was clear to CareSource that the solution to this problem would have to be embedded within the providers' workflow. In other words, it had to be built into the EHR.

## Automating Intake of Auths

CareSource turned to MCG Health. They had already found success partnering with MCG – the gold standard in evidence-based care guidelines and workflow solutions – on other UM processes. MCG is a thought leader and innovator in the field of automating authorization requests, and their Cite for Collaborative Care solution was precisely the tool that CareSource needed to break free of the fax queue.



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To try out the new solution, CareSource identified two large providers who were still relying on fax submissions and, along with MCG experts, engaged them in a highly collaborative implementation project.

The EHR-embedded solution went live in October of last year and immediately began producing results. As hoped for, the volume of authorization requests received via fax decreased drastically.

## Results of the New Solution

In the first six months, CareSource had over 4,500 initial authorizations bypass the fax queue and intake team entirely. Immediately, that was 6-7 minutes shaved off the intake process per authorization. That savings, however, merely scratched the surface.

In addition to the 4,500 initial authorizations, the system facilitated over 18,000 back-and-forth transactions – communications between the payer and provider to clarify the details of a given authorization. These also bypassed the payer’s intake team, again saving time on that step, as well as enabling overall faster authorization turnaround times. The ability to communicate back-and-forth within the EHR also eliminated the need for the providers’ intake teams to sift through faxes for the response from the payer, saving an additional 5-7 minutes on

their end. Altogether, the solution averages a savings of 11-14 minutes per transaction for CareSource and their providers.

Synching up with their providers also improved their alignment in regard to medical necessity. University Hospitals – one of the two providers they worked with – reported an 82% reduction in denials achieved by using the platform.

Their automated workflow is still relatively new, and CareSource is still calculating the financial savings of this highly successful implementation. For now, however, they are seeing significant time savings, increased productivity, open bi-directional communications with providers, and improved satisfaction among users across the board.

## Help from the Automation Experts

For other health care payers looking to reduce their fax queue and achieve similar workflow benefits, MCG can help. While no two authorization workflows are exactly alike, MCG’s Cite for Collaborative Care is customizable to meet payers where they are on the path to automation and take them to the next step – or beyond.

To learn more about automating authorizations with Cite for Collaborative Care, contact MCG Health.



Beware of the Hospital RCM Red Herring:

# PRICE VS. *VALUE*

By Jeff Nieman, CEO, Meduit  
This article was submitted by  
2022 GHA Bronze Sponsor Meduit.

As hospitals and health systems strive to resolve accounts, staffing shortages often mean that those accounts go untouched for too long. Over time, aged accounts become less collectible and eventually will be written off to bad debt.

While it may seem logical to outsource to vendors charging the lowest fees for resolving aged accounts, this strategy fails to drive higher recoveries and associated revenues when compared alongside the cost of outsourcing.

## **The Challenge**

When a hospital group in the Midwest sought to reduce their expenses by working with a low-cost vendor to collect on bad debt accounts, they issued a Request for Proposal (RFP) seeking pricing that would be applicable to the hospitals in the group. One hospital selected a low-price collection agency that offered a very low contingency rate and took away 50% of the work

from the original vendor in order to install a champion challenger model.

After six months, the hospital canceled the contract with the low-cost vendor, citing lack of customer service and lower collections. Hospital leadership reached out to the original vendor to give back 100% of the work, even though that vendor had quoted a slightly higher contingency fee to work their bad debt. Hospital leadership noted that paying the lowest price for a service did not equate to better returns.

Regarding their experience with the low-cost vendor, hospital leadership stated:

“They had horrible customer service, and we were not happy with the recoveries. Ten percent fee of no collections doesn’t gain us anything.”

## What to Look for When Selecting the Best Outsourcing Partner

What should health care leaders look for when seeking a revenue cycle outsourcing partner that will drive higher collections for a better return on investment (ROI) and customer service?

### The Key Driver to Higher ROI: Netback

Hospitals and health systems need to identify a partner that focuses on netback, which reflects the true dollars secured for the hospital. Netback ensures that the hospital will gain the most cash from accounts and a higher percentage of resolved accounts, achieving the highest ROI.

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<b>Netback Analysis</b>					
Contingency Fee	19%	16%	14%	12%	10%
	(Original)				(Awarded Rate)
Placement \$	\$ 10,495,906	\$ 10,495,906	\$ 10,495,906	\$ 0,495,906	\$ 10,495,906
Bad Debt Recoveries	\$ 1,274,929	\$ 1,274,929	\$ 1,274,929	\$ 1,092,796	\$ 910,664
Recovery %	12.15%	12.15%	12.15%	10.41%	8.68%
Fees	\$ 242,237	\$ 203,989	\$ 178,490	\$ 131,136	\$ 91,066
Reduction in Fees*		\$ (38,248)	\$ (63,746)	\$ (111,101)	\$ (151,170)
Netback	\$ 1,032,692	\$ 1,070,940	\$ 1,096,439	\$ 961,660	\$ 819,598
Impact on Netback*		\$ 38,248	\$ 63,746	\$ (134,778)	\$ (213,095)
Netback %	9.84%	10.20%	10.45%	9.16%	7.81%

Impact of fee reduction from 19% to 10% :

**\$ (213,095)**

\*Based on original 19% fee

Health care facilities need to realize that an outsourcing partner's collection efforts are directly related to the contingency fee they charge: the lower the fee, the less collection efforts an agency will employ and in turn, your recoveries will suffer. The key to selecting a partner is to find one that is willing to maintain their level of collection efforts to ensure your netback goals are met, while sacrificing their own margins by offering a lower fee.

The chart below illustrates the Midwest health facility's relationship between the contingency fee, total bad debt recoveries and netback (total dollars going into the hospital's bottom line). The lowest contingency fee of 10% resulted in the lowest netback of 7.81% and the lowest recovery netback of \$819,597 because the outsourcing partner cannot afford to put forth the needed techniques and resources to meet the health care facility's netback requirements.

## Conclusion

Beware of seeking the lowest bid and "too good to be true" collection fees. As rates go down, there is a point where the vendor will have to find ways to reduce costs in order to remain profitable on margins. Cause and effect will result in lower recoveries and negatively impact quality customer service.

Recoveries impact netback far more than fees. For the best results, identify an outsourcing partner that can show a higher netback in order to hit the sweet spot that delivers the highest ROI while still providing great service to both your patients and your facility.



# **WORKPLACE VIOLENCE**

In health care, it's an ongoing problem.

By Marty Schmitt

Article submitted by GHHS Vendor Partner,  
Pinpoint Healthcare Staff Duress Systems



The statistics are overwhelming. Those in health care, especially in the ED or behavioral health, know them well. One in four nurses has been assaulted at some point in their career. Workplace violence is four times more likely in health care than any other industry. Sadly, 80% of workplace violence incidents affecting nurses have traditionally gone unreported, and things seem to be getting worse. A recent study shows that every hour two nurses in the United States get assaulted. Usually, it is the patient who initiates these assaults.

Nearly everyone who works in a hospital has a story about a time when they felt threatened by a patient or someone connected to one. That's because frustration and anger arising from illness, pain, old age, psychiatric disorders, substance abuse or alcohol affect behavior and make people verbally or physically violent. The direct cost of violent acts is significant and includes lost time due to injury, worker's comp claims, replacement workers, and potential lawsuits. However, the costs associated with the

stress induced by the fear of being attacked are staggering because that stress leads to some nurses leaving the profession altogether.

The average cost of turnover for a bedside nurse is about \$40,000, according to a recent CFO report by Becker's Healthcare. In total, this costs hospitals between \$3 million and \$6 million per year on average. In addition, finding new nurses has become more difficult because of the growing nurse shortage, which could reach between 200,000 and 450,000 by 2025, according to a report from McKinsey and Company.

The National Institute for Occupational Safety and Health (NIOSH) developed the classification system above to help employers better understand the source and scope of workplace violence. Understanding the different types of workplace violence is crucial to developing a workplace violence prevention plan for health care workers. NIOSH recommends that all employers think about workplace violence as an occupational health and safety issue.

To find a way to eliminate the problem of workplace violence, it is helpful to understand the four types:

### **Type 1- Criminal intent**

This type occurs because of a crime, such as robbery or trespassing. The perpetrator has no legitimate relationship to the business or its employees.

### **Type 2 – Customer/client**

This type is the most common in health care settings and occurs when a person who has a relationship with the business becomes agitated or violent while being served. An example is violence directed towards a caregiver while treating a patient.

### **Type 3 – Worker-on-worker**

This includes bullying and is when an employee or past employee of a business attacks or threatens other employees in the workplace.

### **Type 4 – Personal relationship**

This type occurs when the perpetrator has a personal relationship with a member of the staff that spills over to the work environment. An example is a victim of domestic violence who is attacked at work.

The primary reason health care workers feel unsafe is the omnipresent threat of being attacked by a patient or family member (Type 2 workplace violence). One of the most important steps in a workplace violence protection plan is training. Staff should be trained to recognize and manage hostile and assaultive behaviors from patients and family members. In addition to training, the Occupational Safety and Health Administration (OSHA) recommends that health care institutions implement technology for emergency alerting, e.g., panic buttons.

Panic buttons should be personally worn by staff, work discreetly and include two call levels. One call level should be for de-escalation assistance so a responder can help defuse a situation before it escalates, and the other for an emergency, pressed when an assault is unavoidable or has already begun.

Health care facilities create unique challenges due to their size, multiple floors, elevator shafts, and the abundance of equipment, all of which wreak havoc on wireless signals. Therefore, an alerting system should be designed to meet life

safety standards. This means the infrastructure should be hardwired, ensuring reliability and precision.

Last, panic buttons should immediately send out an alert to responders who are on the floor where an incident is occurring, as well as to the security team. Alerts should also go to mobile and desktop devices as needed.

Historically, violent patient behavior has been accepted as part of the job by nurses and hospital administration. Thankfully, this is changing, and this problem is finally getting the attention it deserves. Hospital administrators are aware of the problem and are doing something about it. So are state legislators and the federal government, where a bill is currently being considered that would require the implementation of a prevention plan in all health care organizations. This should bring meaningful change so that health care workers can come to work knowing they are safe, empowering them to do their jobs with peace of mind and allowing them to give the best patient care possible.

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