



HOW TO ELIMINATE CLINICIAN BILLING BURDENS

HiMS Health Information Management Systems



INTRODUCTION

With dwindling provider availability and a growing patient population, practices and clinicians find themselves bogged down. Struggles such as billing burdens, reimbursement delays, employee dissatisfaction, low staff productivity and regulatory obstacles inevitably lead to provider burnout and a poor provider-patient relationship. The COVID-19 pandemic instigated the implementation of new and updated health technology applications to help with these issues, but there's still room for improvement and adoption needs to accelerate.

For those practices and clinicians weighed down with billing burdens, an AI-powered EHR can offer a much-needed solution. This type of modern platform has the ability to transform health care in more ways than one, including relieving health care providers of unnecessary and excessive administrative tasks. A system designed with integrated technology features can easily address common clinical problems to enable greater workplace efficiency and support a value-based care model, where providers and staff can focus on patients, first and foremost.

BILLING BURDENS AND HOW TO OVERCOME THEM

Here are six common billing burdens that clinicians and their staff often encounter, as well as features that need to be integrated into an EHR to tackle them:

1. ERRONEOUS PATIENT INFORMATION AND DATA

There are many points throughout a patient's clinical visit when information is documented, including check-in and checkout. There are also several staff members entering the data, including nurses, case managers and providers. With so many moving parts, it's easy for information to get lost in the shuffle and for some to be erroneous or missing entirely. In fact, patient safety experts from Johns Hopkins Medicine calculated that more than 250,000 deaths per year are due to medical errors in the U.S. Other studies show that 15-45% of all documentation has missing or erroneous information.

Having an AI-powered EHR will automate the tedious tasks and make all information collected accessible and fully customizable on any device. EHR features such as a drag and drop dynamic form builder, ePrescribing and patient and clinician reporting and interoperability will help increase productivity and actionable data-driven decisions.

2. INORDINATE AMOUNT OF TIME SPENT ON DOCUMENTATION

According to OPEN MINDS, clinical teams spend an average of 40% of their time (or about two days per week) documenting their work. Cumbersome EHR systems lead to inefficiency in the workplace, preventing teams from focusing primarily on their patients and improving patient satisfaction.

Progress note-centric design in an EHR platform allows clinicians the flexibility to create their preferred patient experience without overloading employees. Having AI embedded into the progress notes allows them to monitor treatment plans and implement intelligent automation for patient progress reports. It also quickly processes claims and easily displays all information for a comprehensive view of operations across a practice.



3. LAGGING CLINICAL REVENUE CYCLE

Any lag in charges can ultimately lead to delays in clinical reimbursements and lower profitability. For example, if charges aren't correctly captured within 24 hours, it can cause delays in claim submission which then causes delays in reimbursement from insurance. Many payers also have strict deadlines for when claims must be submitted. Appeals and unnecessary follow-up can be incredibly time consuming and costly.

Medical billing scheduling tools integrated into an EHR are proven to be more profitable by speeding up payment cycles and decrease coding errors with built-in alerts and required fields. The type of technology relieves clinicians of the burden of remembering and guessing the proper code by highlighting terminology and recommending the right code to use. It allows staff and clinicians more time back to focus on caring for patients, and ensures accurate billing, which lowers costs for both patient and payer. It also safeguards against inaccurate funding, which can prevent a clinic from offering or continuing to offer certain services.

4. TOO MUCH DATA TO SYNTHESIZE

While big data is widely accepted as the linchpin to the future and betterment of health care, including improved health outcomes and greater efficiency, big data is difficult to capture, synthesize and securely store. Finding meaning within mountains of data is a massive undertaking for any individual in any role across the health system.

Today, providers can leverage an AI-powered EHR to parse and organize patient data to better diagnose and provide a more customized course of treatment. By aggregating data across multiple systems, including personal patient information like contact information and addresses, AI can also be used to reduce the number of unnecessary phone calls to insurance companies or billing departments. By lessening the number of number of operators needed, payments are streamlined and overall cost is reduced.

5. PROVIDER BURNOUT

Before the pandemic, the prevalence of provider burnout sat at an average level of 3 on a scale of 0 to 10, with 10 representing extreme stress. Post-pandemic, clinicians reported a stress level of 8, according to a study by the Society of Critical Care Medicine. When prioritizing a patient-first approach and addressing provider burnout, interoperability becomes paramount. Patients don't want to repeat the same information to five different staff members just as much as providers don't want to waste precious time on data entry.

It's important for an EHR powered by AI to have a user-friendly interface designed to help solve clinical problems in two clicks or less. This allows clinicians to take the time they would have otherwise spent trying to solve these issues and instead spend more time with patients and focusing on their treatment plans. This, in turn, leads to better patient outcomes.

6. SUPPORT PATIENT-FOCUSED CARE

Fewer resources are available for patient care when time spent on administrative tasks is excessive. Historically, sharing information in health care has been time consuming, and data and analytics have been widely underused in increasing efficiency. Put simply, current EHR tools take time away from the patient.

With AI-powered EHR solutions, providers can streamline patient outreach, perform daily administrative tasks, store all patient data and practice reporting in one, easy-to-use place. With the shift in payments to focus on a value-based care model, putting the patient at the forefront of care delivery is paramount to better outcomes and higher patient satisfaction.

SUMMARY

Interoperable EHR systems powered by AI have the ability to alleviate billing and other administrative hindrances to reduce inefficiencies and help providers turn their focus to treating patients. According to the 2021 OPEN MINDS National Behavioral Health EHR survey, only 32% of provider organizations say their EHR reporting and analytics' capabilities meet their needs, including billing.

Looking to upgrade your outdated and inefficient EHR?

Schedule a demo of Health Information Management Systems' (HiMS) AXiOM AI-powered EHR platform today.

