

Strategies to Drive Operational Efficiency

ADVANCING THE BUSINESS OF ONCOLOGY



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Tackling Bill Lag

A Case Study

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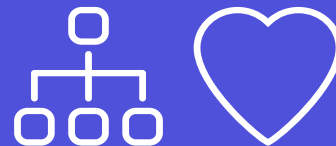
Why is financial viability so challenging in community oncology?



**Consolidation
& Competition**



Payer Requirements



**Physician Recruitment
& Staffing**

Tactics for Improving Financial Performance



Best Practice Culture



**Continuous Performance
Monitoring**



**End to End Collaboration
& Change Management**

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The Problem

- 20+ average bill lag days
- Negative effects on cash flow
- Increased risk of timely filing
- Highlighted operational inefficiencies

Challenges

Our Approach

Results

Tackling Bill Lag

The Problem

Challenges

Our Approach

Results

- Driven by clinical & non-clinical teams
- Workflow dependencies knowledge gap
- Missing data-driven insights to define root cause
- Required effective change management & buy-in

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The Problem

Challenges

Our Approach

Results

- **Communicated the “why” behind the initiative**

- **Collaborated to define & train on end-to-end best practice workflows**

- **Used data to drive decisions & create accountability measures**

- **Implemented bi-weekly retros to focus on continuous improvement**

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The Problem



Challenges



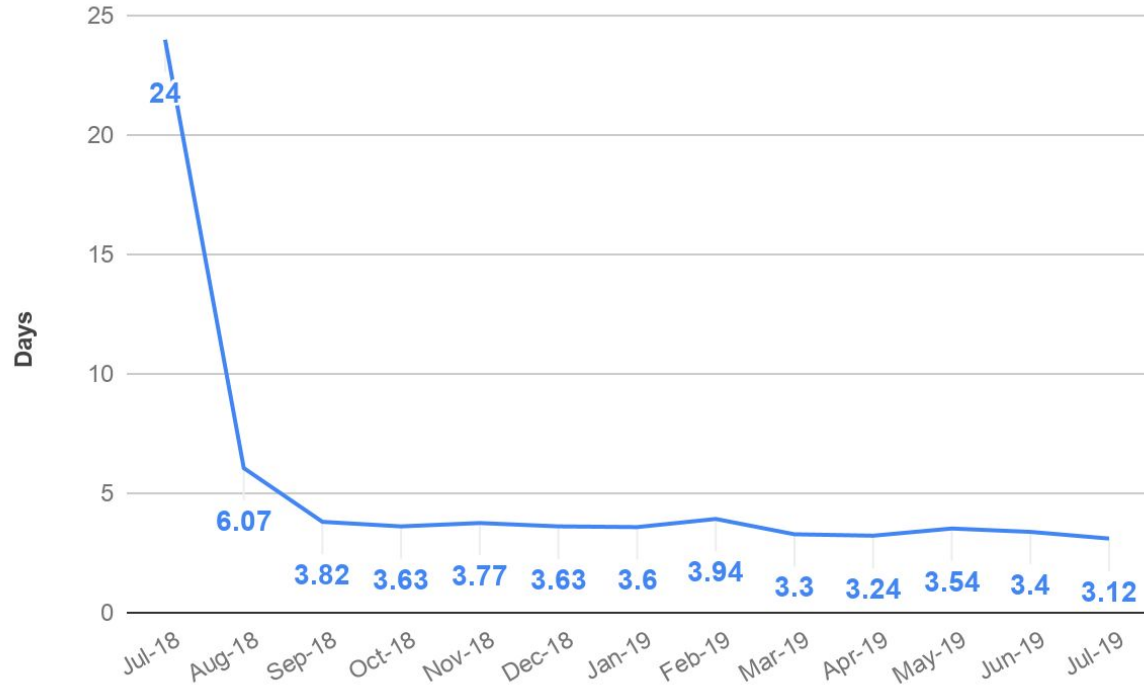
Our Approach



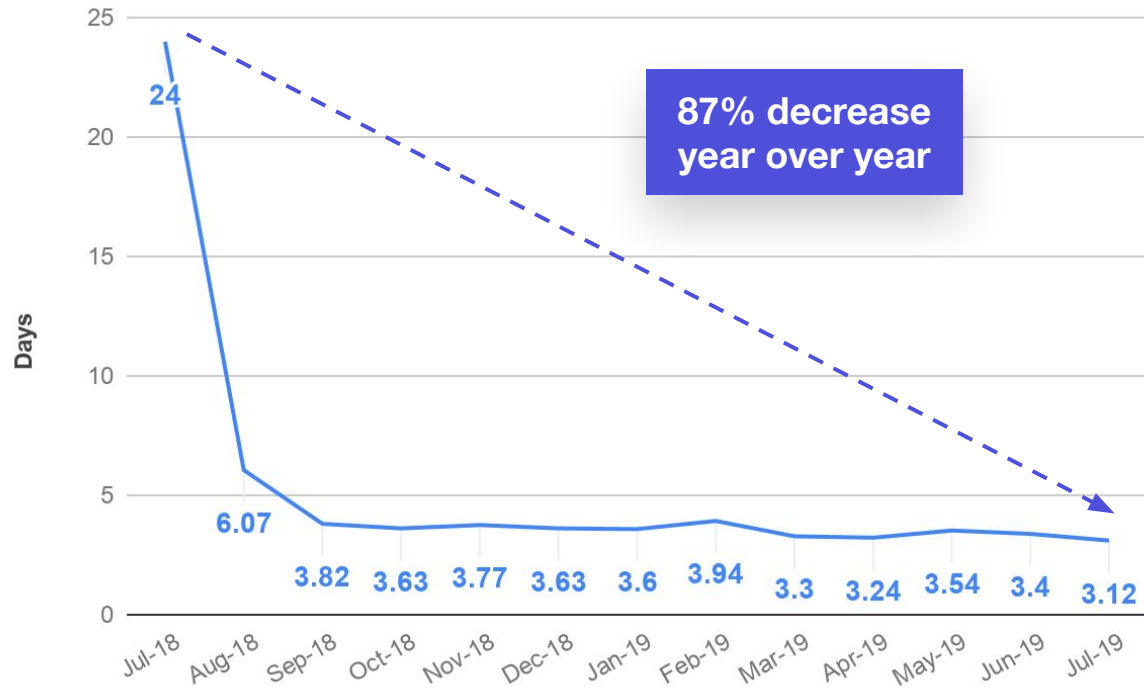
Results



Our Results



Our Results



Financial Performance: A Work in Progress

Hospitalization Charge Capture

A Case Study

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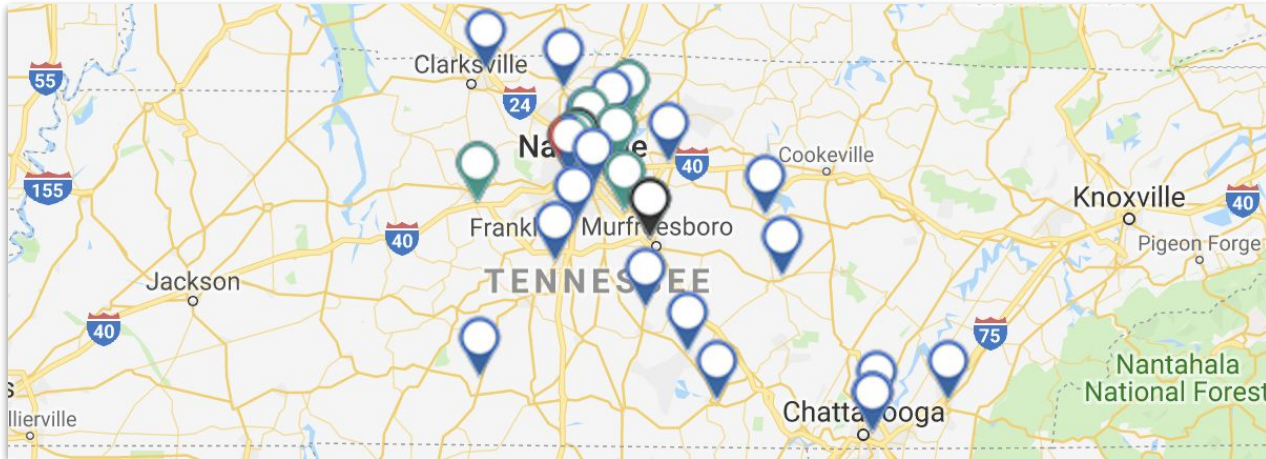
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Tennessee Oncology

TENNESSEE
ONCOLOGY

a partner of  OneOncology™

- Founded in **1976**
- **One of the largest physician-owned oncology practices** in the country
- Nationally recognized for **improving patient outcomes** through **clinical trial research** and **innovative treatments**



Today's Agenda

- The Challenge
- Our Solution & Approach
- Best Practices for Success
- Our Results

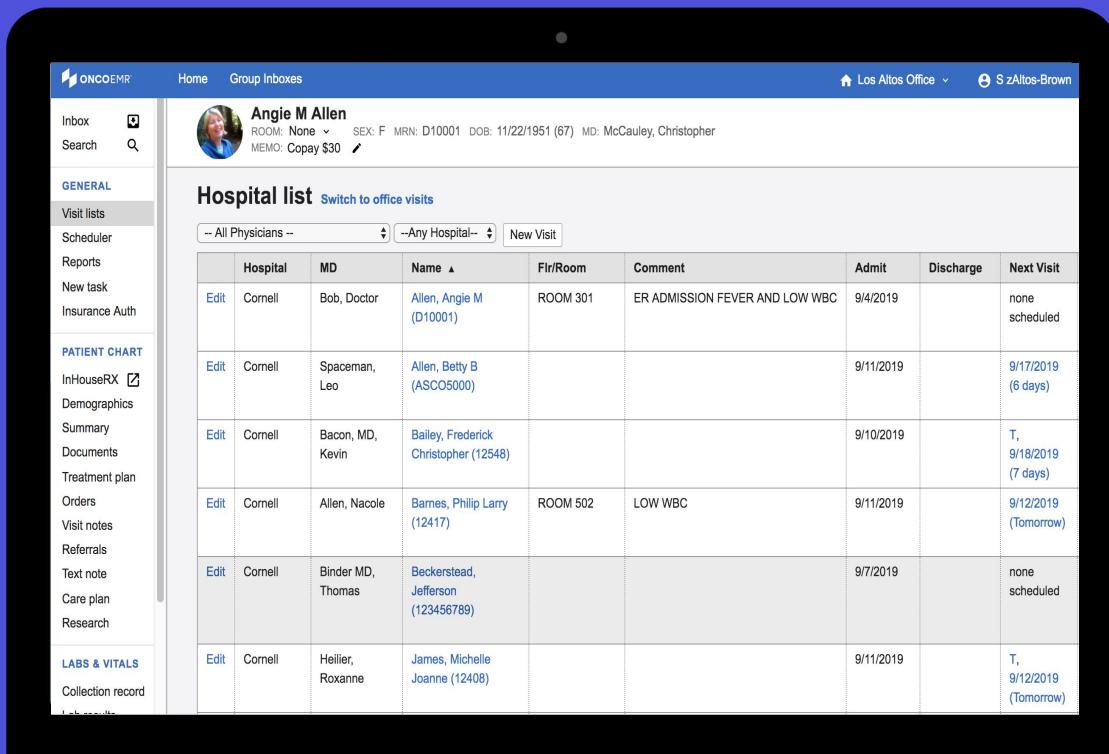
The Challenge

Hospital Charge Process

- Complications with technology access
- Calls to patients in the hospital
- Delays in hospital follow-ups
- Delays in charge capture
- Provider engagement

Our Solution & Approach

Hospital List in OncoEMR



The screenshot displays the OncoEMR interface for a patient named Angie M Allen. The top navigation bar includes the OncoEMR logo, a Home button, and a Group Inboxes dropdown. The patient's profile header shows a photo, name, and key details: ROOM: None, SEX: F, MRN: D10001, DOB: 11/22/1951 (67), MD: McCauley, Christopher, and MEMO: Copay \$30.

The main section is titled "Hospital list" with a link to "Switch to office visits". Below this is a filter bar with "-- All Physicians --", "--Any Hospital--", and a "New Visit" button.

The hospital list is presented in a table with columns: Hospital, MD, Name, Flir/Room, Comment, Admit, Discharge, and Next Visit. The table contains six entries, each with an "Edit" link in the first column.

	Hospital	MD	Name ▲	Flir/Room	Comment	Admit	Discharge	Next Visit
Edit	Cornell	Bob, Doctor	Allen, Angie M (D10001)	ROOM 301	ER ADMISSION FEVER AND LOW WBC	9/4/2019		none scheduled
Edit	Cornell	Spaceman, Leo	Allen, Betty B (ASCO5000)			9/11/2019		9/17/2019 (6 days)
Edit	Cornell	Bacon, MD, Kevin	Bailey, Frederick Christopher (12548)			9/10/2019		T, 9/18/2019 (7 days)
Edit	Cornell	Allen, Nacole	Barnes, Philip Larry (12417)	ROOM 502	LOW WBC	9/11/2019		9/12/2019 (Tomorrow)
Edit	Cornell	Binder MD, Thomas	Beckerstead, Jefferson (123456789)			9/7/2019		none scheduled
Edit	Cornell	Heilier, Roxanne	James, Michelle Joanne (12408)			9/11/2019		T, 9/12/2019 (Tomorrow)

The left sidebar contains navigation links categorized under GENERAL (Visit lists, Scheduler, Reports, New task, Insurance Auth), PATIENT CHART (InHouseRX, Demographics, Summary, Documents, Treatment plan, Orders, Visit notes, Referrals, Text note, Care plan, Research), and LABS & VITALS (Collection record).

Best Practices for Success



Find a Provider Champion and Pilot



Customize the Charge List



Rollout Providers by Rounding Hospital



Provide One-on-One Training



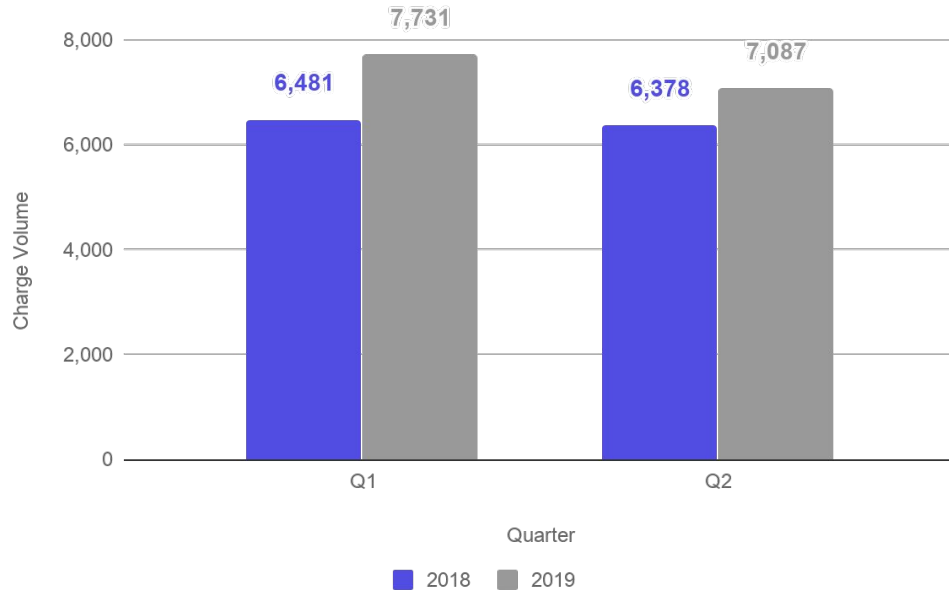
Assign Each Provider a Designee



Educate Staff on Visibility in OncoEMR

Our Results

QUARTERLY HOSPITAL E&M CHARGE VOLUME TREND



- 13% charge volume increase
- More efficient hospital follow-ups
- Improved system access
- Accessible hospitalized patients & history view
- Effortless charge capture
- Increased revenue

Questions

Thank you!