Clinicspectrum
Empowering Cost Effective Workflow

8 key elements of practice automation

Clinicspectrum would like to share '8 key elements of practice automation' that result in increased revenue and lowered cost for practice. With every project that Clinicspectrum has worked on, this ideal practice workflow Automation has worked wonders. The call for an appointment marks the beginning of patient interaction for financial reasons, which lasts until the claim is fully paid. Let's examine the ideal practice workflow and procedures for engaging the patient successfully, both for clinical and economical reasons.

1. **Appointment call received**
2. **Eligibility Verification**
3. **Check-ins and Check-outs**
4. **Pre-visit patient engagement**
5. **Patient check-ups**
6. **Bill generation by the billing team**
7. **Cost reductions by the operations team**
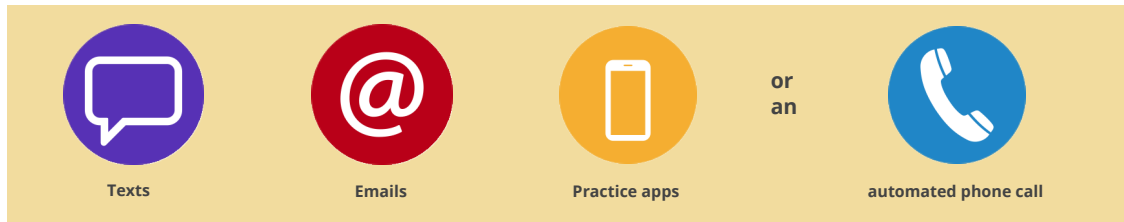8. **Send out clinical reminders**

Vishal Gandhi
Founder and CEO Clinicspectrum Inc.

1 Appointment call received

- When the patient makes a call for the appointment, a confirmation can be made through
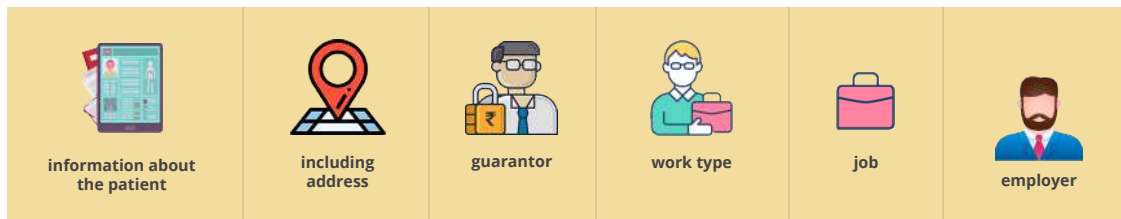

| Texts | Emails | Practice apps | or an | automated phone call |

such as **MessageSpectrum.**

- Essential details include

| Patient demographics | the name of the insurance company | physicians |

if any and the reason for the visit.

- The aforementioned information must be obtained over the phone in order to assess the patient's eligibility and establish a rough care plan for the patient at the time of service.

- When a patient first enters the office,

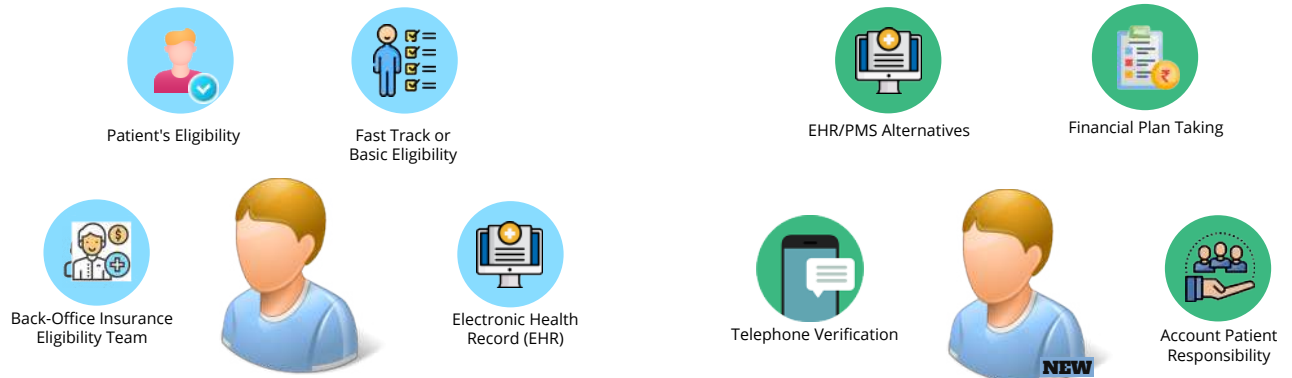| information about the patient | including address | guarantor | work type | job | employer |

can be acquired.

- This information fuels and supports later practice workflows.

The role of Automation here:

- When the patient makes a call for the appointment, a confirmation can be made through texts, emails, practice apps or an automated phone call such as MessageSpectrum.

- Robotic automation called RPAspectrum can further track some important clinical reminders like whether a patient is sent for an outside test/procedure or not. Not just this, but it can also ensure that the patient completes this within a specific expected time to avoid gaps in care.

- The patient needs to be called back periodically for certain clinical purposes such as blood work every few months and immunization or any other clinical monitoring purposes. This is typically called Recall Management, this can be automated completely with a combination of MessageSpectrum and RPAspectrum. Robotic automation would identify the recall requirements, and MessageSpectrum would broadcast the outreach.

- The process also involves rescheduling any missed/ cancelled appointments through text or an automated phone call.

2 — **Eligibility Verification**

Patient's Eligibility

Fast Track or Basic Eligibility

EHR/PMS Alternatives

Financial Plan Taking

Back-Office Insurance Eligibility Team

Electronic Health Record (EHR)

Telephone Verification

Account Patient Responsibility

Depending on the patient's reason to visit, a back-office insurance eligibility team checks each patient's eligibility. Fast track or basic eligibility can often be verified then by using Electronic Health Record (EHR)/ Practice Management System but some visit types can necessitate calling a representative of the insurance provider to confirm specific requirements.

For all new patients, we advise thorough telephone verification. Online or EHR/PMS alternatives can be used for returning or existing patients. The backend eligibility team then prepares a financial plan taking into account patient responsibility and also coordinates with the front office team to initiate the necessary actions further.

The role of automation in eligibility verification

Most EHR/Billing software allows electronic eligibility verification however there are few caveats to this. There is some eligibility that requires to be verified from the Insurance/payer portal, instead of relaying information received in EHR. Robotic automation can identify those patients whose eligibility is not properly checked through EHR, it can log in to the payer website and check for that eligibility, thereafter one can take a screenshot and keep it ready for the billing team to validate further. It can also identify those patients whose eligibility hasn't been checked at all. In nutshell, it can help to execute or audit eligibility verifications efficiently.

3 Check-ins and Check-outs

The information gained during the phone call is verified upon the patient's arrival, more information is gathered, and the patient is informed and educated. The information that is verified is as follows:

Check the time and date of the last office visit. →

Updated statistics on the population. →

Update your cell phone and email address. ↓

Set up the patient portal and send out quick video instructions. ←

Responds to financial and insurance-related messages. ←

Gather the deductible, co-pay, and patient co-insurance.

Make a follow-up appointment upon check-out. →

Make sure patients receive prescriptions, referrals and authorizations.

The role of automation here

- Automation can help in checking whether all the patients paid their due balances the next day or not and identify those patients who could not for some reason.

- Automation can also make sure that every patient walking out has the necessary follow-up appointment. If that follow-up appointment is not given, automation can trigger an outreach to make that appointment.

4 — Pre-visit patient engagement

It is extremely important that medical assistants prepare patients with all the required clinical information available easily to providers before they evaluate, diagnose and treat patients.

Pre-visit preparations and/or triage is required by medical assistants. This includes making sure that all the test/procedure/lab results are in EHR between their last visit and this visit. Any consults or hospitalization records are scanned in as well.

Daily huddle sheets or checklists should be prepared prior to physicians walking into the exam room to treat patients.

Providers' time must be respected and utilized for examination, clinical decision making and documentation rather than visit related secretarial functions.

The productivity of a practice can be significantly increased by delegating as much work as possible from the physician to the appropriate nurse or physician/clinical assistant. However, this is appropriate only if the correct workflow is in place to ensure that the work is done properly and in accordance with the doctor's intentions.

The role of automation here:

- Automation can check clinical care gaps for the patient based on a payer-defined matrix or payer-defined alerts and identify patients that are coming and what diagnostic or clinical gaps need to be filled.

- Automation can check past orders for the patients and confirm if all the results for the past orders are scanned in or digitally available prior to the visit.

5 **Patient check-ups**

The doctor enters the examination room well-prepared, thanks to his clinical assistant. Based on the clinical protocol, he evaluates the full medical history, allergies, the reason for the visit, and any completed tests or procedures.

With proper workflow in place, the provider finds it simple to rapidly study everything and conduct a physical examination or refer someone for improved decision-making.

The electronic chart is then completed via dictation, speech recognition technology and minimal EHR template clicks.

The role of automation here:

Automation can help in a visit audit to make sure all the billing for visits is captured. It can prepare a list of those visits that are still not billed or coded. It can also audit if alerted clinical care gaps are closed by providers.

6 — Bill generation by the billing team

When the chart is finished, the electronic superbill is used to transfer billing data to the billing system. Numerous practices submit claims in a haphazard manner, which disrupts the financial flow. The next billing cycle is crucial for

To predict daily and weekly cash flow, the billing staff should submit claims on a daily basis. They can keep a gap of four days from the date of service, giving doctors enough opportunity to finish the charts, but the billing cycle must be

The billing staff is required to adhere to a rigid (yet well-planned) financial protocol-driven workflow. This process entails:

Daily claims for a minimum of one day of service (though some short gaps are allowed).

Post each day's payments and remaining amounts to the insurer or patients. Don't wait until the month-end.

Respond to denials in 72 hours. Keep them working 6-7 weeks on the follow-up waiting list.

Informing patients of high deductibles,

Coordination of the health plan and benefits

The role of automation here:

- Robotic automation can ensure that no claim or clinical encounter is missed out in terms of billing. It checks all the appointments/clinical encounters to make sure that the claim or billing is submitted to the insurance company for payment.

- Robotic automation can also check periodically that all the claims/bills submitted to insurance companies are paid timely.

- Robotic automation can also login to the insurance website and check the status of the claim to add remarks for the current status of the claim being paid or denied for any given reason. It can also download ERA or EOB from the insurance website.

- Robotic automation can audit for outstanding claims and/or open patient balances and generate an action queue for existing team members.

7 — Cost reductions by the operations team

The operations team, which is typically made up of an office manager and important doctors in practice, continuously looks for ways to employ outsourcing or technology to cut expenses. Monthly meetings are held for this group.

The key role of the operations team should be to plan workflow that's consistent, cost-effective and scalable depending upon the growth of the practice.

An ideal or hybrid workflow planning includes automation and outsourcing in order to achieve the desired results as per defined objectives.

The operations team can create a comprehensive list of all the functions within a practice and evaluate the possibility of introducing automation or back-office or outsourced team to reduce operational costs by up to 30% and yet maintain

The role of hybrid workflow including automation and back office team:

Hybrid workflow is integrating the knowledge team of the practice with achievable automation and the secretarial team from the back office. A practice can significantly lower operational costs while increasing efficiency by using a hybrid workflow model and outsourcing a variety of tasks. We have discussed some of the areas of automation in this white paper. The practice may save a significant amount of money by identifying tasks that can be achieved with 30% lower costs with an outsourcing company.

8 — Send out clinical reminders

EHR/PMS

Practice expansion   necessary in-person visits
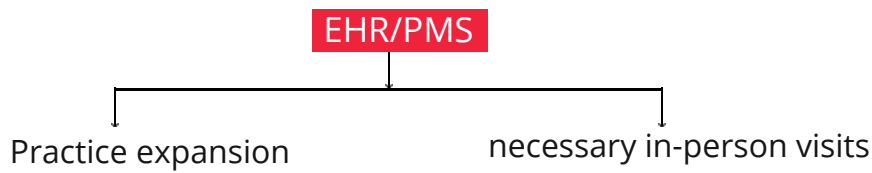
- The clinical reminders team analyzes data from the EHR/PMS to find patients for practice expansion and necessary in-person visits.

The patient portal   Email   SMS   Automated calls   Representative calls
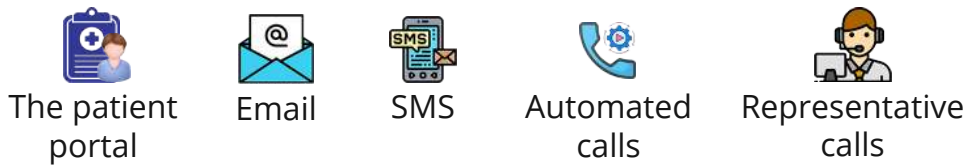
are all used to send reminders to the patients.

- The clinical reminders team promotes patient compliance with referrals for

Outside testing   and   medication adherence.

- The following pre-visit preparations must be finished by the outsourced back-office clinical reminders team 24 hours before the patient's arrival:

  - - View the list of issues.
  - - last examination and steps.
  - - final lab findings.
  - - final yearly well-visit.
  - - Determine the plan of care.
  - - On the basis of the present problem list and the previous assessment, list the clinically essential procedures.

- Recalls, diagnostic procedures, and annual wellness exams based on evidence all improve patient care and risk management. This may result in a 10% increase in income, more, through greater chances for appointments and in-office procedures.

Conclusion

The workflow strategy mentioned above can help a practice manage income, costs, and risk to the next level, making them genuinely accountable to you. Your system of meticulously calibrated, continuously improved procedures should, after all, help you save your time, effort and money.

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About Vishal Gandhi
Founder and CEO Clinicspectrum Inc.

Vishal Gandhi, Founder and CEO, Clinicspectrum, has consulted hundreds of practices and helped them reduce cost and increase revenue utilizing hybrid workflow module.

About ClinicSpectrum:
Clinicspectrum assists medical practices, billing businesses, and other healthcare facilities in lowering operational expenses and raising income through the use of an innovative workflow model.