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Today's Best Practices for Provider Relationship Management

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It's All About People, Process and Technology

Regulatory changes mean that home health agencies like yours must now better manage their provider relationships and outreach, to optimize the rate of signed returned orders – and financial stability. Compressed billing cycles under PDGM have made agency-physician relationships more critical than ever, for both patient care and revenue cycle management. How are you investing in those connections? Are you beginning to see a return on that investment?

Let's take a closer look at provider relationships, how they are changing, and the best practices your agency can adopt to enhance current procedures. They can enable you to meet – and even exceed – your care and business objectives.

> **But your relationships with physicians are foundational to your success under PDGM;** if those relationships lack the proper focus, communication and clarity, your care reputation and financial success are already in jeopardy.

The New Model is Here, Ready or Not

PDGM was first proposed in mid-2018; when it took effect on January first of this year, some agencies were equipped to handle it, others not so much.

"I've had the honor of working with agencies throughout the country, and have seen a wide range of preparation for PDGM," notes Cindy Campbell, Director of Operational Consulting at WellSky, Outsourced and Advisory Services (formerly Fazzi Associates), a home health and hospice consulting firm. Some agencies are just now understanding how much this will impact their business. With greater resources – and more skin in the game – many large agencies developed intensive strategies to cope with the new model before it was implemented. Some small and mid-size agencies did, too, however many realize, now, they have not made the best decisions."

It's been a few months since the CMS Patient-Driven Groupings Model (PDGM) began to dramatically change your reimbursement scenario. Reducing payment periods to 30 days, and removing the volume of therapy visits from payment consideration, the new model is forcing you to re-evaluate everything, from staffing to workflows.

Who's Contacting Providers and How Often?

Previously, any new patient diagnosis from a physician would be sufficient, and there weren't questionable encounters. Plus, there was no real incentive to do routine follow-up with your physicians. If you had outstanding orders from a doctor, someone on your staff might just re-fax the orders every few days. Maybe he or she called the physician – or not. If there was a conversation with the physician, perhaps all that doctor's outstanding orders were discussed...or only the one that happened to be flagged that day. Notes were probably recorded one at a time. Did a supervisor find out if the follow-up actually happened?

Now, you're required to have more and very accurate data about a prospective patient (in a much shorter amount of time) than providers are accustomed to including. This is essential for shrinking your revenue cycle. But how are you collecting that information? Does your intake staff confirm that each patient has a full diagnosis? Is follow-up on outstanding orders done according to a plan, or just haphazardly? Under PDGM, you don't have time to wait, hoping the providers sign the orders you're anticipating. You must be proactive, ensuring that your agency's contact with providers is focused on quality and not just quantity.

The employees who do the actual provider outreach are just as important as doing it consistently. Are their interpersonal skills sufficient to create and grow relationships with the doctors in your community? Do they ask the right questions, and learn about the providers' habits to make follow-up go more smoothly? Are they making connections with other people in the providers' offices? The contacts they made prior to this year are even more valuable in growing your rapport with physicians.

Then There Are the Bottlenecks

Despite the best intentions of home health agencies like yours, controllable and uncontrollable factors are hampering the success of relationships with your providers. Maybe you've experienced one – or several – of these complications:

- **Lack of time and personnel for increased follow-up**. You know there must be more outreach to your physicians, but your staff is already maxed out. Financially, you're unable to hire more personnel, and adding duties to those already there will lead to burn-out and turnover.

- **Little visibility into order status.** It's tough to know where you stand if you can't see all the facts. Many agencies are still unaware of how many orders are outstanding, and for how long. If you do have a system to automate order tracking, is it easy to use or just a greater frustration for your staff?

- **Shortage of physicians to follow care plans.** Due to their busy schedules and often multiple affiliations, it's becoming more difficult to find doctors who will follow your home health patients through their plans of care. And since NPs are still unable to sign orders, you must have a physician available for follow-up appointments or changes in orders.

- **Unplanned or "bad" LUPAs.** Now that Low Utilization Payment Adjustment (LUPA) thresholds are based on clinical groupings and episode timing, LUPA management is much more complex. You know you're going to get hit with LUPAs for patients along the way, and some of them will be necessary. But if you're not able to collect and use all the data about your patients from the beginning, you'll end up with many more LUPA claims than your budget can sustain.

- **Too much "dirty" data.** If your on-site clinicians aren't using your point-of-care system correctly, they may be documenting inaccurate information. This leads to more errors and increased back-and-forth with the provider...making it more difficult than ever to get everything you need within the 30-day billing cycle. Using tools inefficiently or incorrectly in the field ends up minimizing, and in some cases negating, the benefits of the technology.

It's Time to Embrace Best Practices

So how do you work around the bottlenecks, and continue moving forward in this first year of PDGM? The new model has already forced many agencies to change their practices, from back office to the front lines of patient care. In most cases, you don't need to throw out everything and start over from scratch. Your agency may already leverage your people, processes and technology in ways that are leading you to better patient care and business success. However, you should take the time now to consider how to make your agency even more efficient and effective, particularly as you face new PDGM-driven requirements and challenges. Let's take a closer look at the practices that will best serve your provider relationships going forward.

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Everything Starts with People

Your success is ultimately contingent on people! There are three groups of people who are fundamental to developing and implementing best practices when it comes to provider relationships:

Your business office personnel
intake, order management and business development

Your clinicians in the field

**The physicians with whom you have – or wish to have – an association.**

In the Office

Your intake staff should be trained to thoroughly gather all necessary referral information; as Cindy Campbell says, they're your "front-line sales team." Under PDGM, they need more and clearer data than in the past, starting with accurate diagnosis codes, and therefore must increase communication with the medical providers. By consistently requesting the necessary detailed information up front about the patient, intake personnel are indirectly educating physicians about the PDGM requirements your agency must meet. At the same time, they are accurately initiating the entire episode for that patient.

According to Samantha Soulas, Consulting Associate at Pennsylvania-based BlackTree Healthcare Consulting, getting the right information at the very beginning can make or break the efficiency of the entire process.

> ## When it comes to orders management, you must ensure that the team members understand the direct correlation between their follow-up and your agency's revenue.

"There is absolutely an opportunity for improved customer service training for back-office staff. Some of those personnel now tasked with outreach may have done data entry in the past, and aren't being adequately prepared to have constructive conversations with physicians or referral sources. Agencies must also improve their interdepartmental communications, so there is a consistent message being communicated to their providers. Improved collaboration between the follow-up staff and sales, as well as established productivity expectations, can have a positive effect throughout the revenue cycle."

When it comes to orders management, you must ensure that the team members understand the direct correlation between their follow-up and your agency's revenue. Structure order management roles so each person knows what part of the process they own, to minimize overlap of physician contact. At the same time, your orders tracking personnel must have excellent interpersonal skills, or be trained in such skills. According to Jeff Aaronson, Consulting Director at McBee, a Pennsylvania-based health care consulting and services firm, your employees with these "soft" skills can play a prominent role in your provider relationships, whether you're a large agency or smaller one, rural or urban.
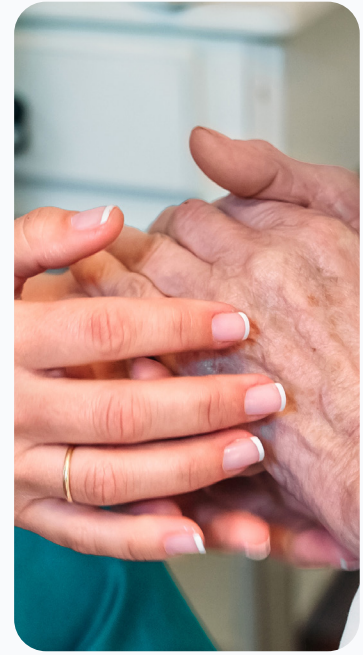
"Due to their resources, the large agencies often have well trained staff dedicated to this process. But smaller providers also have a huge advantage because they are usually more connected to the communities in which they operate. A family-run company that's been in the community for decades has ties to physicians, hospitals and other community leaders – and they must now strengthen those relationships to succeed in PDGM."

It's necessary for your orders management personnel to cultivate alliances beyond those with physicians. They should identify, then build relationships with, the people in the ordering physician's offices or practices who are responsible for facilitating provider signatures, such as office managers or administrators. They can help your staff better connect with the physicians when necessary, offering insight into a doctor's preferences and behaviors:

● **What is physician's schedule? Are there best days/times to call?**

● **What are the physician's habits? Where and when do they sign orders?**

By creating and preserving healthy relationships with providers and their offices, you're more likely to get signed orders in a timely manner...and more future referrals from those physicians. Cindy Campbell sums it up:

"Communication has to be focused, to get what you need with specificity, and yet maintain a positive rapport."

Finally, make sure you establish specific goals and KPIs for your business office staff. Someone must be supervising them, and reinforcing their successes. Some friendly competition for performance rewards can help keep your teams on task, benefitting your patients and your bottom line.

In the Field

Your own practitioners going into patients' homes must be fully trained and supported, particularly about comprehending and mastering the point-of-care documentation potential that they have. Both productivity and morale take a hit if the field staff isn't able to optimally integrate technology into their workflow.

"Many agencies are experiencing low clinician engagement, and higher than expected staff turnover from the clinical field," explains Cindy Campbell. "That reduces their revenue potential because, in home health and hospice, the more field staff you have, the more revenue you can generate."

Get your supervisors out in the field, so they can mentor and coach field clinicians in the home setting. This isn't always easy for small agencies, but whenever possible, you need to create and support accountability. By ensuring that your practitioners understand and trust the available processes and tools, you improve their accuracy and time management. You also end up with greater staff satisfaction, less overtime and burn-out, and greater coordination of care.

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Don't Forget the Physicians

"Physicians obviously want to know that their patients are well taken care of, but they don't necessarily have the insight into how home health operates, how they get paid, and what's required," points out Jeff Aaronson. "Obtaining detailed documentation from the physician that supports the patient primary diagnosis, as well as underlying comorbidities is a huge component that impacts reimbursement under PDGM, and agencies are still struggling to get that information upfront at referral."

You must institute some new practices relating to your referral network – physicians, hospitals and health systems, too. As part of your ongoing communications, you can remind them that accuracy, timeliness and interoperability are more important than ever for the patients that you share as a team. Some agencies have already started to educate providers about PDGM, and why your relationships must necessarily change under the new model. Tell your providers about the toolkit available from The National Association for Home Care and Hospice (NAHC), to help them better understand your interactions going forward. The doctors need to know why you're contacting them more often, particularly for increased coding detail and consistent, high-quality documentation. You won't have much time to educate these providers, as they are seeing more patients than ever, so be ready to reach out to them with information about exactly what you need from them to improve the process going forward.

The Right Processes Enable People and Technology to Succeed

You no longer have the time, people and indirect expense to devote to duplicate processes. That approach was never very efficient, and now, it just won't work. Your staff cannot be documenting the same information in multiple places, whether they're using technology, doing it by hand or a combination of both. Cindy Campbell admits, "It's hard work to run an agency in the midst of all this change. You need to realign behaviors and learn to reprioritize, recapturing some of the foundational practices that enable you to work more wisely and better manage episodes."

If you haven't done so already, review your current processes, to determine what still works and what doesn't. Then revise your workflows and add new ones as necessary, to help you build and maintain smarter, healthier relationships with the right providers. Here are just a few processes that will help you and your staff successfully respond to PDGM:

- **Make every touchpoint with your providers count**
- **Systematize every step, from referral to closing of the claim**
- **Implement the appropriate supportive technologies**

Use Tech To Streamline Your Processes and Make Your People More Effective

Most of you have already deployed systems and software in your agencies. However, PDGM has made it vitally important that you understand and act upon the data you're collecting with this technology. You must be able to quickly and easily answer questions such as, "How well are we using our clinical staff to achieve patient goals?" or "How much are we reducing our order turnaround time?"

Your technology systems should be aligned to your entire business process, from beginning to end. They should help you serve your patients more effectively and run your business more precisely...now basically mandatory for survival under the new model.

Take the Temperature of Your Tech

Whether your agency is new to software platforms and tools, or has been using them for some time, it's important to evaluate what you need, what you have, and how well it's working for you. Cindy Campbell makes the analogy that may ring true to some of you, "Your office or field staff may have the power and capabilities of a 747, but they're flying it like a Cessna." Be sure the technology you have or buy:

- **Is easy to learn, use and configure**
- **Improves interoperability and access to data**
- **Maintains your compliance with HIPAA regulations**

- **Is actually being used, and correctly, by your back-office and field staffs**
- **Offers analytics on both your internal and external operations**

"PDGM brought a decrease in the up-front payment that home health agencies receive. Because of that cash flow change, plus doubling the amount of billing that must be done for each patient due to two 30-day periods, agencies need a quicker efficient billing cycle," Jeff Aaronson suggests. "Technology is playing a big role, particularly by automating the document management process, in shrinking that cycle time."

Cindy Campbell adds, "Agencies need to understand and mobilize data right away, from the marketer in the field talking to the referral source office to intake departments going after more detailed information on diagnosis profiles. Using technology to obtain more accurate information from the providers will enable agencies to better manage lives over time."

Technology Should Improve Transparency, Visibility, Efficiency

"The right technology is pivotal in coping with PDGM," emphasizes Samantha Soulas. " Agencies must optimize what they already have, or obtain it if they don't have it in place. It can increase the visibility available to both staff and management, and help streamline their turnaround times. I can't recommend an order tracking system enough."

The days of your office staff manually doing multiple resends of unsigned orders, or your field practitioner documenting all of her or his visits at the end of the day are long gone…at least they should be! With evolving roles for your team members and the introduction of new processes, you need technology that supports:

- **Greater transparency into the current status of all patients**
- **Better visibility into your current and future business operations**
- **Increased efficiency for your back-office and field staffs**

Employing state-of-the-art technology best practices, you can maximize relationships with your providers and get your order turnaround time where it should be. You also can improve your staff satisfaction, by allowing them to avoid bottlenecks and better manage their provider contacts. **Here are some of the features that can help you make that happen:**

- **A provider dashboard with easily accessible information for follow-up callers**
- **The ability to track follow-ups and add notes in bulk**
- **A list of contacts already made, reducing duplicate efforts**
- **The ability to add more alerts and prompts**
- **Earlier, categorized views into outstanding orders, including hyperlinks to providers**
- **Views showing reasons for delays**
- **Thoroughly documented escalation processes**
- **More detailed data for manager oversight**

Be sure to share feedback with your tech providers, letting them know what works and what you still might need for even more transparent and efficient practices.

Agencies Seeing Encouraging Early Trends

Speaking of actual results, Forcura polled 179 of our home health agency customers from around the U.S. - with patient censuses ranging between 50 and 110,000 - asking them to provide data on their average order turnaround time. We consider "order turnaround time" the time from when an order is "Approved" to when it's returned, "Signed" and checked in for billing, with a benchmark of seven days. We received information on 3.7 million orders, between January 1, 2019 and March 11, 2020. In analyzing the data, our focus was on the overall trend from Q1 2019 to Q1 2020. Although nearly 20 percent of the Q1 2020 orders were still outstanding as of this writing, our agencies revealed that an overall trend towards shorter order turnaround times began in the third quarter of last year.

Interestingly, while both large and small agencies are seeing gradual improvement, the statistics show that the smaller ones are actually outperforming the larger agencies by about two days in the first quarter of this year. Perhaps their relationships with providers are stronger due to local connections, and change is easier at a smaller scale.

Additionally, when compared with Q1 2019, all agencies are seeing more orders turned around within seven days in the first quarter of this year. The turnaround for plans of care has risen from just over 67 percent to nearly 76 percent. The turnaround of supplemental orders has also gone up year to year, from 71+ to 79+ percent. These analytics demonstrate that agencies are making progress in adapting to the new model, and employing best practices with the right combination of people, process and technology.

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What's Next

Home health remains a growth industry, and isn't going away anytime soon. But both Cindy Campbell and Jeff Aaronson agree that it will see consolidation. There also might be joint ventures between hospital systems and home health agencies. Agencies may decide to convert their EHRs, if they believe their current technology will never catch up to the new model. You'll be looking for more interoperability, and even better connections with your providers.

The bottom line? Those agencies which enthusiastically support and use data, and incorporate it into their best practices, will benefit from rewarding provider relationships – and a thriving business!