



Combination of Technology and Process Restructuring Saves Million\$ for South Carolina Agency

Combine a leading software application with a revolutionary workflow process plan and the result should be at least satisfactory. For **Roper-St. Francis Home Health** the results were downright newsworthy. The Charleston, South Carolina agency slashed its Accounts Receivable days from 150 to 66 and realized a more than \$256,000 reduction in annual costs, including \$33,000 for office space. RAPs now go out in 4 days and End-of-Episode claims in 5.

When Roper Hospital and Bon Secours St. Francis Hospital came together in August 1998 to form South Carolina's **CareAlliance**, their two home health agencies were called upon to consolidate administrative functions to save costs as well. That worked without even trying. According to Finance Manager Lynn Roberts, the combined agencies saved over \$1 million that first year alone as compared to the previously separate agencies' expenses.

With PPS on its way, however, Roberts knew more would be needed. Roper-St. Francis started in July 2000 with *Patron* from **Lewis Computer Services** of Baton Rouge, Louisiana. At virtually the same time, they added point-of-care automation from **Patient Care Technologies** of Atlanta. While the two systems worked well together and got the new company painlessly through the transition to PPS, Roberts and other administrators examined workflow processes in light of the new software systems and saw a need for streamlining beyond mere computerization.

"Our internal processes were a hodgepodge of paper and electronic systems," Roberts says. "We knew we needed more improvement, so we asked Pat Laff (of Laff Associates, Hilton Head, South Carolina) to guide us through a complete workflow redesign." Laff had developed a system to control billing accuracy he calls "*Control Desk*" for a home health agency he owned in the early 80's. A combination of process flow, training and orientation specifically designed for each agency in which it is implemented, *Control Desk* includes a written set of procedures affecting every employee who touches any patient chart, medical record, admission packet or physician order. Its goal is to streamline processes and clear bills for submission on a daily basis instead of once a month.

Under Laff's direction, from July to October 2001, Roper-St. Francis not only rearranged workflow procedures but also went so far as to redesign the physical location of each department. Roberts' office moved directly across from billing, clinical supervisors and intake are together at one end and medical records were moved next to a new *Control Desk* headquarters. Realized benefits include reducing Accounts Receivable

days from 150 to 66, including using accurate data to plow through RHHI difficulties to clear claims that had gone unresolved since the onset of PPS; shrinking Medical Records FTEs from 5 to 2; and moving to new space, smaller by 1,800 square feet and less costly by \$33,000 per year. "We saved over \$256,000 by implementing *Control Desk*," concludes Roberts.

SOFTWARE VENDOR LIKED WHAT IT SAW

Intrigued by a customer's extraordinary efficiency gains and cost reductions, Lewis Computer Services teamed with Laff to incorporate *Control Desk* into *Patron*. It now appears as an add-on, optional module, replacing Laff's paper "control card" with a 1-page, onscreen summary of commonly-accessed information such as visit schedule and history, orders and medications. Lewis' version has been in use nearly a year at Roper-St. Francis and at two other beta test sites.

Finance Manager Roberts believes *Control Desk* has simplified her supervisory and administrative duties. "In the past, our billing departments were divided by insurance type," she explains. "One biller handled Medicare, another Medicaid and another private insurance. But our clinicians were divided into teams by geographical area. Sometimes a clinician would have to talk to three different people to get a complete picture of the financial end of a patient's care plan. To achieve a more customer-service orientation for clinicians and patients, we assigned one biller to each area. Each biller deals with all payers for the patients in its region. Now, a clinician consults with only one person in the billing department for all her questions. It has created more efficiency for them and the rapport they have developed leads to better problem solving.

For example, agency policy says the billing department obtains authorization to conduct an initial patient visit but each clinician has to secure any further authorizations needed. With the *Control Desk* overview screen replicated on each point-of-care device, a clinician is able to write authorization notes about a patient during a visit, notes that are transmitted to the office along with her daily electronic data exchange. "Today, it is the exception when a clinician has to drive to the office," Roberts reports. "When a 485 reaches final approved status, a medical record clerk pages the nurse, using the pager code "485", letting her know to come in a sign the form. Until then, office staff manages the paperwork and field nurses have more time for patient care.

Lewis Computer Services plans to make *Control Desk* generally available to other *Patron* users in 4th Quarter 2002.