

NEW!

The Benefits of a Unified Provider Management Platform

By Thomas White



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Table of Contents

- Chapter 1 - Data siloes & mergers abound
- Chapter 2 - Don't be fooled! You cannot rely on provider directories in the EMR, ancillary systems, and data warehouses
- Chapter 3 - Provider data is the lifeblood of healthcare IT systems
- Chapter 4 - Good provider data is essential to the efficient clinical operation of a hospital
- Chapter 5 - Provider information requirements are changing
- Chapter 6 - The geography of healthcare is now global
- Chapter 7 - Insurance payer data is totally unreliable
- Chapter 8 - The Phynd Million Dollar Club (Phynd ROI and Information on how long it will take your organization to rack up a \$1 million in savings)



About the author



Thomas White lives in Dallas, TX and has over 15 years' experience creating products for healthcare organizations that improve provider data management and healthcare clinical communications. His unique perspective blends the needs of hospitals with healthcare IT vendors, helping them understand new trends in the market. Tom holds an MBA and co-founded Newscast Inc. and Vocada, Inc. before founding Phynd Technologies, Inc. He is also a mentor at the Tech Health Wildcatters.

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Introduction

Research shows that many of today's hospitals and health systems struggle with creating an accurate Unified Provider Profile (UPP) from among their many competing enterprise and departmental systems.

This e-book examines the pitfalls of current provider data within the American health ecosystem and the benefits of having access to a Unified Provider Management (UPM) Platform. Discussed in detail are the advantages provided by a UPM in allowing healthcare organization to unify, manage and share a single verified, custom profile on each of their providers, regardless of where that data exists in their multiple legacy IT systems.

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The Challenge

Today's healthcare IT infrastructures that employ a myriad of financial, clinical and electronic medical record (EMR) systems from disparate vendors have spawned multiple data siloes that make it very difficult to unify, integrate and access provider data from all of the information contained in those legacy systems.

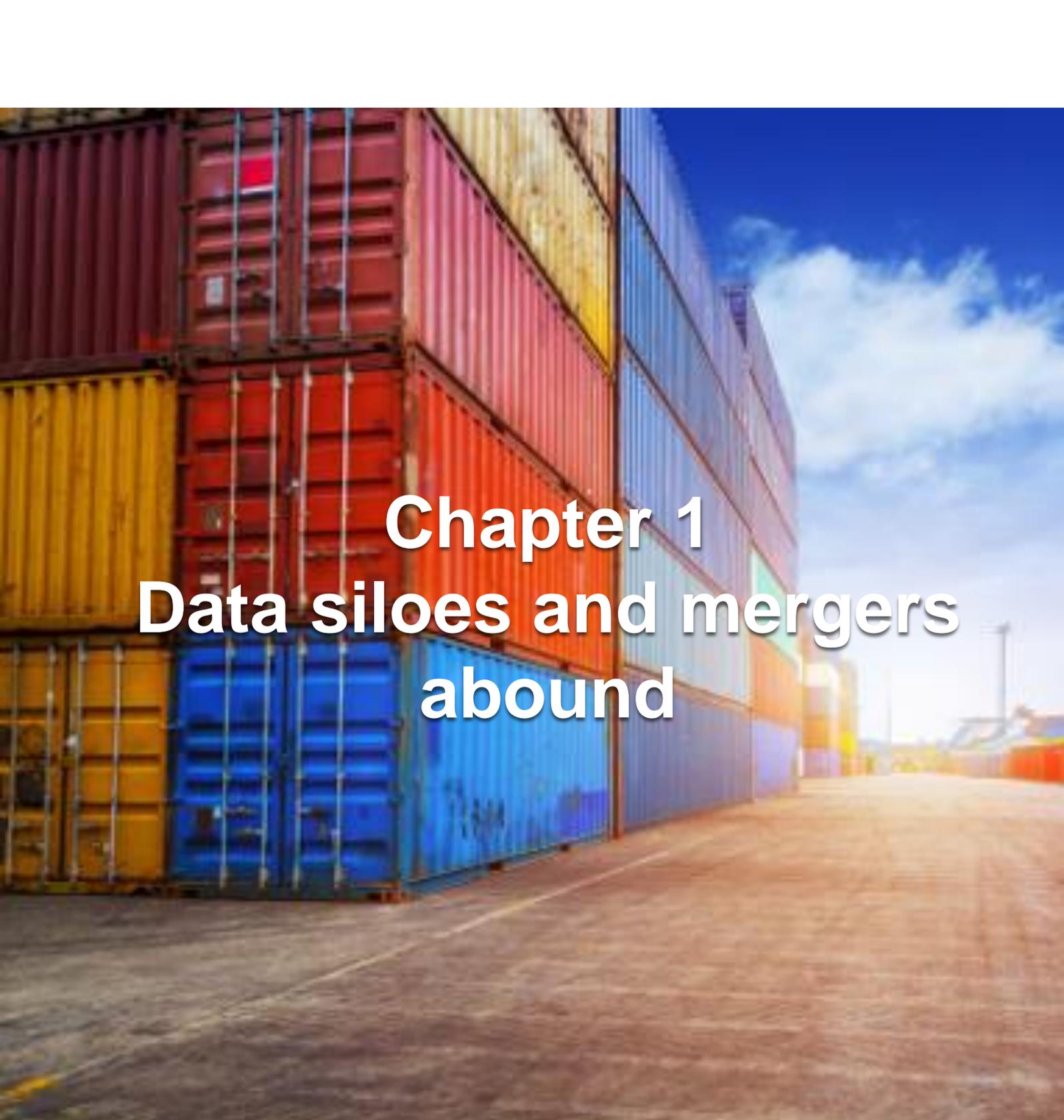
A solution is needed that will make the data stored in these siloes accessible, so accurate provider information that is critical to a healthcare organization's revenue cycle and care coordination can be easily managed and updated across the enterprise.

With the acquisition and merger mania that is sweeping the industry, healthcare providers must be able to easily enroll new physicians into their core IT systems, and be able to analyze physician data across their organization.

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Chapter 1

Data siloes and mergers abound

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Data Siloes Proliferate in Today's Healthcare Organizations

Due to the way our healthcare IT systems have evolved, physician data exists in multiple, disparate IT systems throughout the hospital environment. In fact, the average healthcare facility has over 30 sets of physician data in various systems. The problem is that this data is stored in information siloes with each one being independent, unable to communicate electronically with any other system.

No single system contains all of the needed provider data. These

applications include: HIM, ED, EHR, practice management, cardiology, home medical services, neonatal, GI lab, analytics, patient management, mobility, documentation review system, IT security, trauma services, pharmacy, medical staff services, medical records access, voice rec, clinical documentation, perinatal, oncology, scheduling, radiology and trauma.

The result is a financial and administrative mess from multiple viewpoints: revenue and clinical issues, high labor costs, no user interfaces, lack of ownership and no single “source of truth” to name just a few.

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Data Siloes (cont'd)

Ideally, when a specific department such as the lab gets an update on a provider (different phone, fax, address, etc), they would submit a trouble ticket or somehow notify the EMR security team. Hospitals have many control mechanisms and regulations around making changes/updates to data within the EMR, so this can be a slow, painful and laborious process just to get a small piece of data refreshed. For this reason, most departments fail to share updated data, thus keeping physician data siloed within each department and not shared with the EMR and other

enterprise applications.

A unified provider management (UPM) platform breaks down these siloes by sitting in a cloud on top of the facility's IT infrastructure. Therefore, the UPM platform allows healthcare organizations to unify, manage and share a single verified, custom profile on each of their providers, regardless of where that data exists in their multiple legacy IT systems. This single, accurate, source for provider information streamlines workflow, improves productivity, speeds billing, optimizes the revenue cycle and enhances care coordination enterprise-wide.

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Merger Mania Is Also Contributing to the Problem

Also contributing to the problem is the merger mania that is consuming the healthcare industry. We have seen the major insurance companies consolidate into four players, with the latest Anthem/Cigna merger being the largest financial transaction in healthcare history. Hospitals and physician groups are following suit. Almost every day we read about a large hospital system or physician group merger.

It seems as if we are preparing for a battle of giant providers

facing mega-insurance companies in a struggle for financial viability.

This merger mania poses a unique challenge for hospitals and health systems.

The problem is: how do these large, merged organizations manage their provider information database. This data is critical for billing, revenue cycle maintenance and enterprise-wide care coordination. Even for hospitals that have not merged, this is a challenge, because their provider information is usually stored in disparate silos scattered throughout their IT infrastructures. When a merger occurs the problem is only exacerbated.

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Merger Mania (cont'd)

However, one provider, Yale New Haven Health System was prepared to meet this challenge when they merged with L & M Healthcare. L & M Healthcare is the parent of Lawrence & Memorial Hospital in New London, CT, Westerly Hospital in Rhode Island, the L& M Group and the Visiting Nurse Association of Southeastern Connecticut.

The Yale New Haven Health System consists of Bridgeport Hospital, Greenwich and Yale-New Haven Hospital. The health system already had the most hospital beds in the state

before their partnership with L+M Healthcare.

Yale New Haven plans to extend its Epic electronic medical record system to the newly merged healthcare facilities. The merging and management of this large amount of provider information was not a problem for Yale New Haven because they use a unified provider management (UPM) platform that allows them to manage all of their provider profiles (referring and credentialed physicians, nurses, and mid-levels) across all of the health system hospitals' clinical, financial and operational IT systems.

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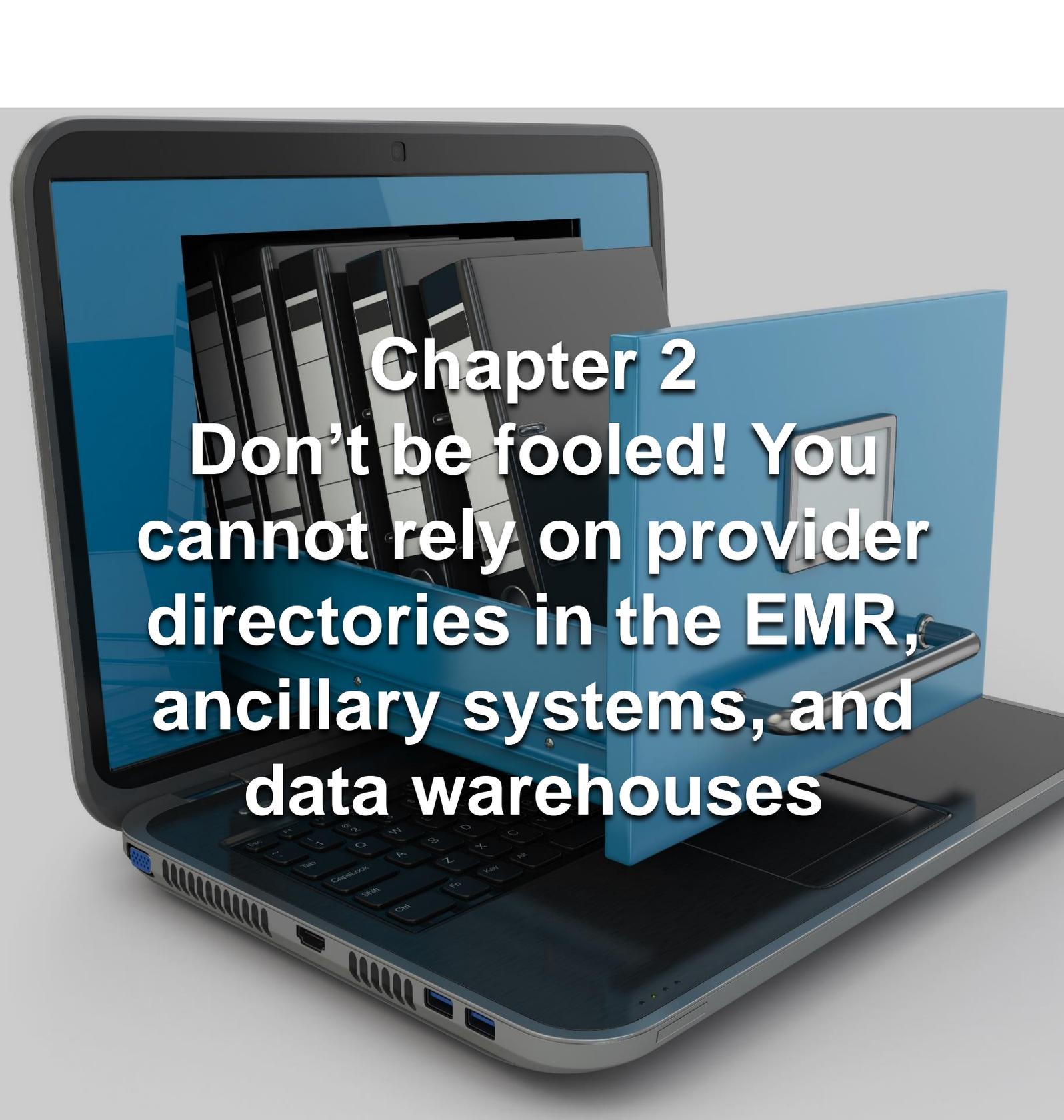
Merger Mania (cont'd)

Yale New Haven's UPM platform allows them to unify, manage and share a single, verified, custom profile on each of their providers, regardless of where that data exists in their multiple IT systems. Provider profiles are verified through the UPM and the very latest, accurate information on all providers is synchronized in real time to Yale New Haven's IT systems and can be shared, based on permissions, across their entire health system via a private portal and mobile apps

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Chapter 2

Don't be fooled! You cannot rely on provider directories in the EMR, ancillary systems, and data warehouses

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There Is a Huge Difference between a Data Warehouse and a UPM Platform

There is a huge difference between a data warehouse technology solution like the one provided by Informatica and a unified provider management (UPM) platform.

A data warehouse simply collects, stores and retains static information for use as it is needed. On the other hand, a UPM platform dynamically manages the operational data on all of a healthcare organization's providers (credentialed, referring, mid-levels and others) pulling data

from the EMR, credentialing and other systems, while enabling workflow for front-line teams to update/edit the provider data directly in the UPM.

Simply stated, a data warehouse solution provides centralized information storage. A UPM platform complements a data warehouse by proactively allowing healthcare facilities to manage and share a single, verified, custom profile on each of their providers, regardless of where that data is stored in their multiple, legacy financial, operational and clinical IT systems.

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A UPM Platform Compared to a Data Warehouse at a Glance:

- A data warehouse is an integration point from which a UPM call pull information
- A UPM manages an enterprise, operational view of all providers with data from both external and internal sources; a warehouse does not have this capability
- A UPM enables hundreds of health system end-users to update/edit data on providers across an enterprise; a data warehouse cannot provide this service
- A UPM bi-directionally syncs provider data with the workflows of provider specific systems, such as EMR, credentialing, radiology and lab; a data warehouse cannot do this
- A UPM will provide a national network of verified provider data that flows into a healthcare organization's provider profiles; a data warehouse cannot provide this service

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A UPM platform manages a single, verified profile on each provider and synchronizes that information in real time to all IT systems across an entire hospital or health system to:

- Optimize the revenue cycle
- Make provider data a manageable organizational asset
- Improve productivity by breaking down data silos
- Reduce labor costs
- Streamline an organization's systems, making integration of acquisitions easier and faster
- Increase security of proprietary provider data which could be currently held in low/no security systems (i.e., spreadsheets, file drawers, etc.)
- Provide full redundant backup of entire provider community
- Extend the visibility and marketing reach in the referring community
- Offer better visibility of licensing and sanction data, thereby mitigating risk

A data warehouse cannot provide these functionalities!

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Unified Provider Management (UPM) Platform Utilizes Push-Pull Technology

There is also a problem when you rely on information stored in the provider directories of an EMR and ancillary systems. Unlike static provider information trapped in EMR and ancillary systems directories, the UPM uses both push and pull technology – a critical distinction. Not only does it push down new fresh data as the core information is updated at the hub, but it also pulls data from front-line departments that interact with providers, obtaining new, fresh data. The UPM allows for organic data

improvement as providers are engaging with scheduling, registration, outpatients clinics and other aspects of the hospital enterprise.

By having provider-validated information, the UPM ultimately ensures both quantity and quality of the information and eliminates the need for additional costly FTEs. The push/pull technology enables the system to get better over time as it collects more and more provider-validated information through the “crowd-sharing” effect.

The cloud-based model also enables low cost of ownership

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Unified Provider Management (UPM) Platform (cont'd)

for hospitals and avoids additional capital spending through large upfront expenses.

Since the push/pull technology generates provider-validated data, the UPM can tell the IT administrators how well or poorly the institution is doing in acquiring and maintaining up-to-date and complete information on its providers – a data scorecard. The data scorecard provides a high-level view of data quality. A provider's score is based on acceptance of the electronic invitations and confirmation of

the provider information, mobile phone number, and e-mail address.

UPM users can measure their success by their data score which measures the depth and quality of provider content. The UPM automatically provides a data score for each provider profile across the institution's system and then tracks improvement over time, providing reports and tools to improve provider engagement. Almost by definition the score gets better with use.

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Chapter 3

Provider data is the lifeblood of healthcare IT systems

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There Are Solutions to Some Revenue Cycle Challenges

Healthcare organization's revenue cycles face many challenges. Sagacious Consultants, a highly-respected healthcare consulting firm, has identified six root causes to revenue cycle pains. One of the challenges they identified is that all EMRs and financial systems lack a clearly defined strategy for managing provider-specific information, such as demographics, clinical specialty and insurance filing and billing information pre and post go-live.

This lack of a defined strategy for managing provider

information can come back to haunt healthcare organizations' revenue cycles in the form of missing claim information and insurance denials. If your billing staff cannot include specific, valid provider data, the claim will be denied.

Having the right provider information at your fingertips -- when you need it -- is essential to improve both your operational and financial performance, as well as your patient care delivery.

With a unified provider management (UPM) platform, healthcare organizations have the ability to manage their

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There Are Solutions (cont'd)

provider profiles across all of their core IT financial, operational and clinical systems. A UPM allows healthcare facilities to unify, manage and share a single, verified, custom profile on each of their providers, regardless of where that data exists in their multiple, legacy IT systems.

This single, accurate, source for provider information optimizes healthcare organizations' revenue cycles.

A Modern Day Dilemma: How Many Employees Does It Take to Enroll a New Provider in a

Hospital's EMR?

Hospitals encounter physicians daily who are not profiled in their EMR or financial software systems; they are essentially new to the system. New provider issues start at registration and scheduling, when a patient is being admitted or scheduled for an exam. These front-line employees look up the provider in their EMR, realize the provider is not there, and build a shell profile. This situation represent about 10 percent of the total admits for a hospital -- so it is not a small problem.

Once the patient is processed,

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There Are Solutions (cont'd)

the problem profile is then left for the IT department to edit or delete. The IT staff has to identify the problem profiles. They must then research (Google search) the provider to determine who he or she is and what are their licenses may be. Since not all of this data is public, a partial profile has to suffice. This is the information that is used for discharge and billing.

This process is expensive (many hospitals employ a full team to manage these bad profiles).

It is slow, inefficient and prone to error. The hospitals we have

interviewed constantly have a multi-day back-log of provider profiles that need to be improved/changed.

A unified provider management platform offers a one-click “provider enroll” application as part of its technology.

Registration and scheduling simply search on the provider in the UPM, click on their name to enroll them and the UPM pushes the Unified Provider Profile into the EMR and other core systems. The profiles are immediately available for use. No waiting; no fact checking. This simple UPM application can save hospitals between \$250,000 to \$500,000 dollars annually.

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Chapter 4

Good provider data is essential to the efficient clinical operation of a hospital



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Ancillary Departments' Workflow Improves Significantly with Automation of New Referring Provider Profiles

A simple error such as an incorrect physical address can impact a hospital in many ways. It impacts billing, e-prescribing, clinical reporting as well as transitions of care/direct address, etc. It also impacts the process of adding a new provider.

Consider the following scenario:

A patient is referred to radiology from a provider that is not in the system. The next step has likely one of two options. One, an

email thread is sent to the Epic security team requesting the provider be built, or an even more cumbersome method is to create an IT ticket for the security team.

While radiology really needs the provider to be built in Epic in the next few minutes to be efficient, the usual turnaround time for this task is three to four days. So, the process of getting that test scheduled and performed is delayed by that time, while waiting on the provider to be built in Epic.

Radiology also usually has three to four other applications (i.e. speech recognition, PACS,



Ancillary Departments’ (cont’d)

Results Reporting, etc.) not fed by Epic that need this new provider added, so this provider must also be added and maintained in the various silo applications.

This occurs not only in radiology but across many other departments in the hospital.

With a unified provider management (UPM) platform, problems like this as well as many others can be solved immediately. A UPM enables hospitals to manage, view, and sync important active provider information across all IT

systems, delivering a unified view for end-users. A UPM has a built-in national database of every licensed provider in the country (over 3 million) with pre-built profiles from NPI, state, DEA and exclusionary databases.

Administrators in radiology and other “trusted source” departments would be given customized access to the UPM, and with that access, have the ability to look up and “enable” new providers from this national database. With this workflow, the providers profile would appear in real time within Epic and any other local systems fed by the UPM, eliminating delays and the need for IT resources

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to create these providers in Epic.

Radiology Fax Errors

Inaccurate physician data can create costly errors. An example of this can be found in radiology departments. The function of radiology seems pretty simple and straightforward. Their mission is to use various kinds of imaging to diagnose and treat diseases. This is done by interpreting the images, producing a report, then transmitting the findings to the appropriate physician and ultimately patient (usually via fax). So how are hospitals and healthcare facilities getting

this wrong and impacting the quality of care?

Following is a quote from the radiology administrator at a large hospital in the northeastern US regarding communication/ delivery of these results:

“On average over the most current 12 months, about 11 percent of our faxes fail for various reasons related to the fax number we have on file. It’s a symptom of bad provider data and no cleanup process. Numbers are missing or are invalid; we often get the voice line instead of the fax. Across our ten facilities, we have had approximately 33,000 of these communications failures. Some we were able to quickly resolve; others we could not. Figuring five minutes per event (conservatively), it would require 1.5 FTEs of effort just to address this one issue.”

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Radiology Fax Errors (Cont'd)

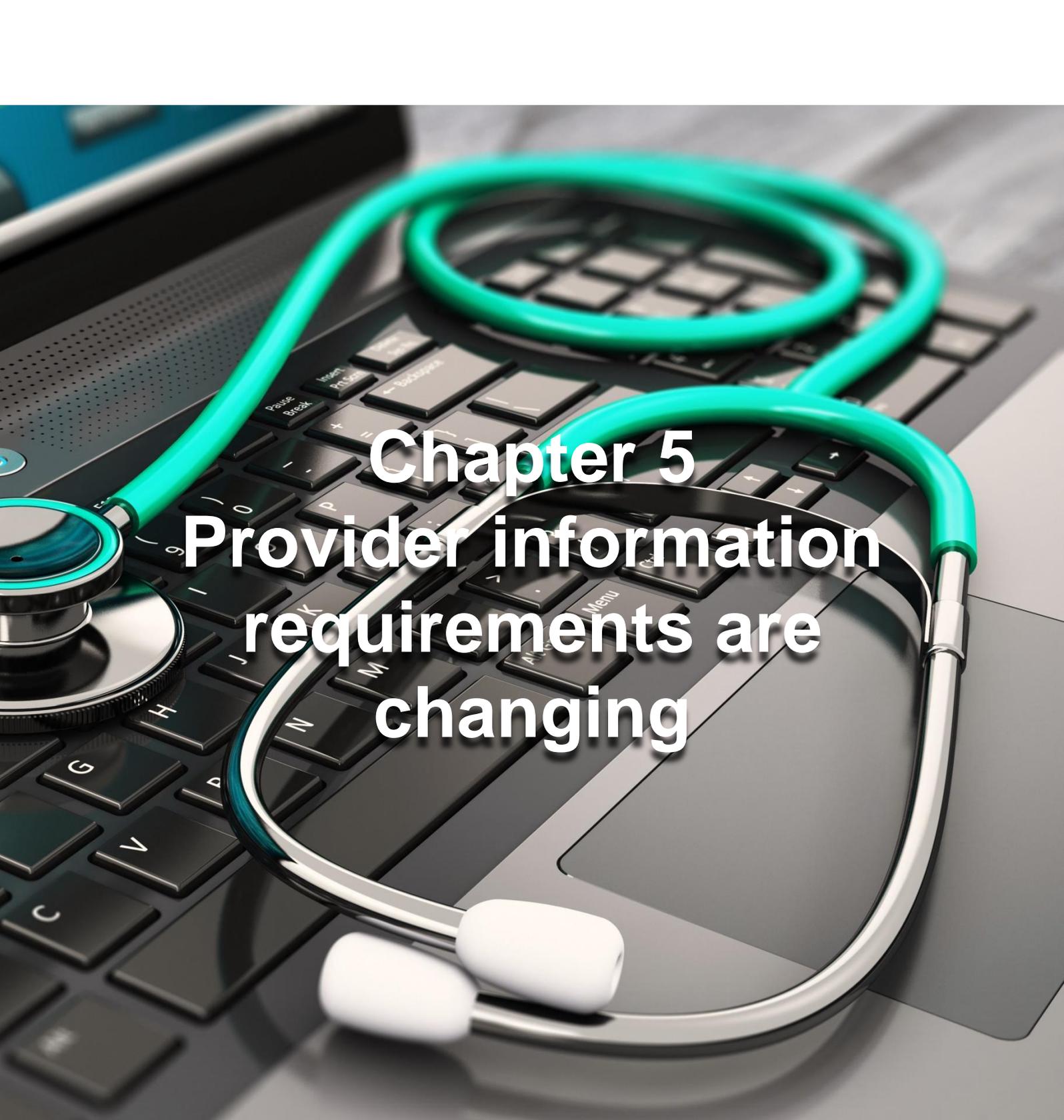
The problem of wrong fax numbers can lead to lost money, productivity and misallocation of resources.

A unified provider management (UPM) platform can easily correct these communication errors by allowing a healthcare organization to unify, manage and share a single verified, custom profile on each of their providers.

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A teal stethoscope is draped over a black laptop keyboard. The stethoscope's chest piece is on the left, and its earbuds are at the bottom. The text is centered over the keyboard area.

Chapter 5 Provider information requirements are changing

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DIRECT Addresses Are Yet Another Reason Hospitals Need to Move to a Unified Provider Profile (UPP)

DIRECT Addresses have great potential to help providers communicate electronically, but the management of them poses many issues for hospitals. DIRECT is a specific set of protocols on how to use internet email (SMTP) and standard encryption (S/MIME) to send secure messages from one provider to another.

Providers can have as many addresses as they want. They are tied to physical addresses that may or may not be

accurate and the hospital's Health Information Service Provider (HISP) vendor may not allow changes to the address information.

Furthermore, DIRECT is managed on a federated model, where each HISP offers DIRECT Addresses to hospitals; the HISPs have to determine which other HISPs to trust. This adoption has been slower and harder than everyone expected.

The DIRECT Address and the required associated physical address are new data elements that need to be managed by each hospital. It has been well documented and written about that hospitals maintain many

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DIRECT Addresses (cont'd)

redundant provider profiles across the EMR, credentialing, data warehouse, ancillary department systems and others. A Unified Provider Management Platform (UPM) can eliminate this redundancy and enable hospitals to use one platform to manage a single network profile (SNP). Updates are entered in or flow into the SNP and are then synchronized with the EMR and all downstream systems.

DIRECT Addresses are just another data component for a UPM platform. In fact, as each DIRECT Address flows into the UPM, it can take the associated

unverified physical address information and keep the data as a non-operational address for that provider; therefore, the unverified address won't infect the verified information on that provider.

The Complexity of Multiple Prescriber Numbers, Physical Addresses and DIRECT Addresses

Most hospitals have six to ten times the number of referring physicians as they do credentialed providers. For example, Yale New Haven Health has 7,000 credentialed and 40,000 referring physicians.

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The Complexity (cont'd)

All of these providers are placed into data silos (EMR, warehouses, ancillary systems) with little oversight or management of the data. Another complicating factor is e-prescribing and HISP vendors create multiple identifiers on the same physician based on his or her having more than one address.

One CMIO at a top tier health system in the US commented on e-prescribing addresses as follows:

“Yes, this is a maintenance challenge for sure as some

providers may have five to ten e-prescribing IDs for inpatients alone. Our users already have e-prescribing IDs for Epic outpatients, and if they have more than one clinic, they will have more Epic e-prescribing IDs and multiple Cerner hospital IDs; the fun just continues.”

And another CMIO commented on DIRECT Addresses: “A specialist who works at several hospitals and in multiple clinics may have five, ten, 15 or more DIRECT addresses, because they are organization-based and EMR specific.”

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The Complexity (cont'd)

A unified provider management (UPM) platform seamlessly manages multiple addresses and identifiers. Each UPM profile allows health systems to receive these addresses for matching purposes, but does not let this information overwrite verified (good data) such as primary billing/communication information in the EMR and other core systems.

With a UPM, hospitals can logically manage these external IDs/addresses without lowering the quality of their internal data.

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Chapter 6

The geography of healthcare is now global

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Why Physician Communication Preferences Matter in Healthcare's Response to Contagions

The tragic case of Thomas Eric Duncan brought to light inadequacies in the screening and handling of certain diseases. There have been many articles written about the possible human or software application errors. The institution where this tragedy occurred is top-notch.

They worked tirelessly to attempt to save this patient. However, during the coverage one important point that escaped the media coverage

was the lack of quality and quantity with respect to the active provider data (APD) that the local facility and county had to communicate with the physicians in the area.

APD such as communication preferences are siloed in a hospital's IT systems (EMR, ER, lab, radiology and others) making the simple act of communicating with physicians on the care team and the larger physician population in the area very difficult and uneven.

A unified provider management (UPM) platform breaks down the silos of physician data into

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Why Physician (cont'd)

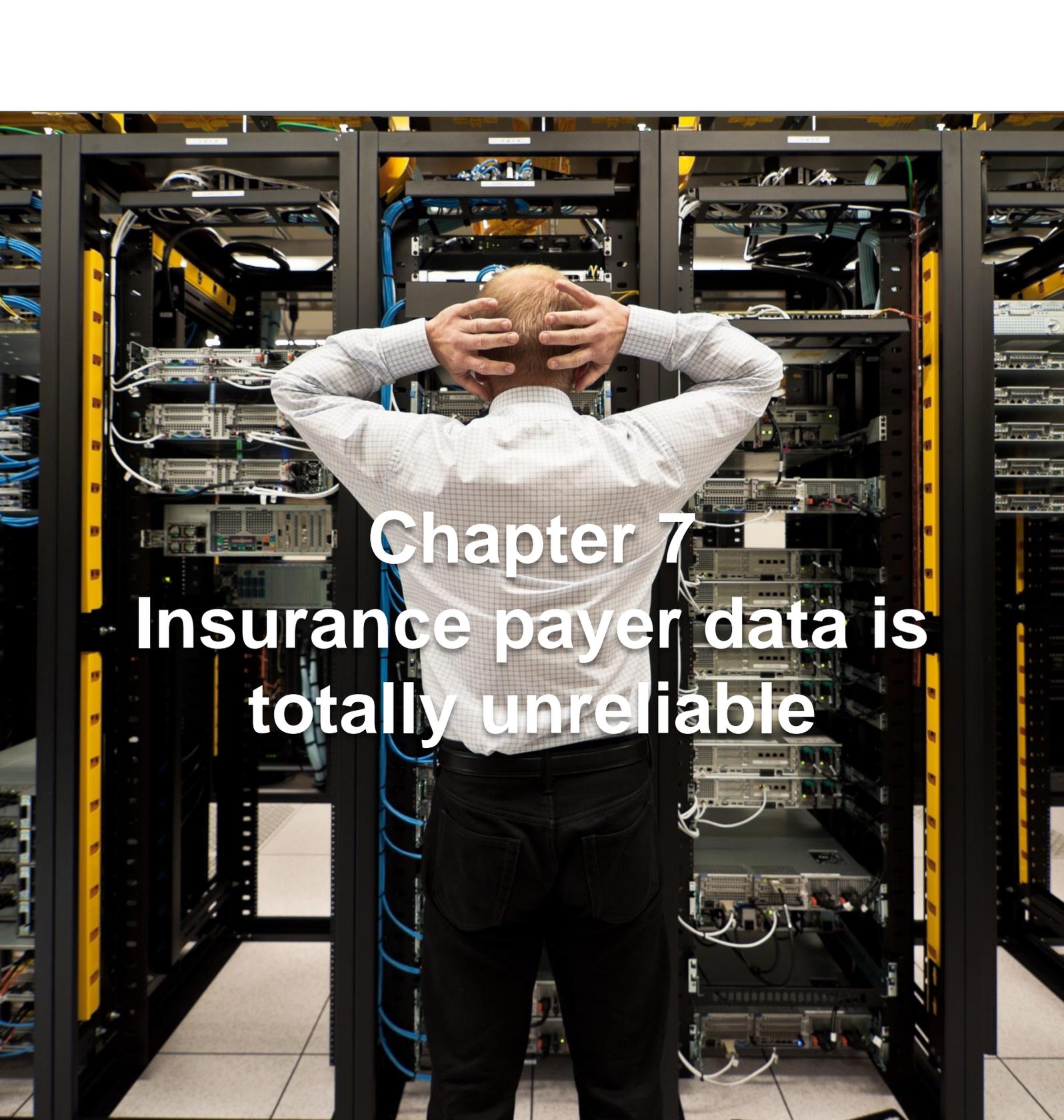
one cohesive, synchronized record.

Health systems without a UPM that manages APD will have a difficult time communicating and managing their physician population. Dr. Allen Hsiao, Chief Medical Information Officer, Yale New Haven Health, said the following about his UPM platform: “Our UPM solution is changing the way we fundamentally manage provider information and therefore improves our clinical communications and referring population management.”

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Chapter 7

Insurance payer data is totally unreliable

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Insurer Provider Directories Cannot Be Relied upon for Physician Information; They Are up to 74 Percent Inaccurate

Hospitals aren't the only institutions struggling with inaccurate provider data. A recent article in the *Wall Street Journal* stated that listings of in-network doctors are often out-of-date. Author Melinda Beck cites a JAMA research article that showed that only 26 percent of providers in California were listed correctly. Inaccuracies included missing phone, fax, and address or the provider is no longer included in the insurance network.

It turns out that insurers and hospitals suffer from the same issue.

To that same point, a large hospital recently commented: "Historically, our health system struggles, as do most health care systems with managing and maintaining our credentialed and non-credentialed provider information in our multitude of databases and systems."

The traditional model for hospitals and insurers has been to utilize database technology to store and disseminate provider information.

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Insurer Provider (cont'd)

Unfortunately, this has perpetuated bad data – bad data in = bad data out. These institutions lack a modern platform to keep their information up to date.

The WSJ article went on to say, “Many physicians say insurers aren’t responsive to their complaints about inaccurate listings.” Just like other industries that are being disrupted by new technologies (Uber, Airbnb and others), the way the healthcare industry manages provider data is ripe for change.

A unified provider management platform (UPM) leverages the cost benefits and access of the cloud, with the power of the social network, coupled with decentralized workflow tools for employees to unify and manage provider data for healthcare organizations. The result is fresh, accurate and custom provider data that improves clinical communications, revenue cycle management and healthcare efficiency.

UPM interoperability is simplified with tool that works with flat files, HL7, web services and a custom API.

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Chapter 8

The Phynd Million Dollar Club

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Phynd has partnered with Dr. Kathryn Zuckweiler, Associate Dean of Graduate

Studies, at the University of Nebraska near Phynd's office in Kearney. The focus of the partnership is to study the impacts of manually managing provider data in many silos and the negative impact to the hospitals.

Another aspect of the study is to review the performance improvements of hospitals after they have implemented the

Phynd Platform to manage a Unified Provider Profile (UPP) across all of their systems.

The initial area of focus has been on the revenue cycle delays caused by inaccurate provider data and productivity losses by employees from all departments chasing down bad provider data.

What is not included but that will be added is the IT win of eliminating redundant systems: physician marketing systems, provider analytics and others. Phynd enables hospitals to downsize the number of systems they own that overlap on provider data.

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The areas of research are:

The cost of capital on delayed billing - Inpatient admissions and outpatient visits are frequently entered with inaccurate provider data. This is due to inaccurate information, naming conventions, poor search tools in the EMR and most importantly some patients' primary care provider not having a profile in the EMR. Admissions, registration and ancillary departments create new profiles on the fly that contain erroneous data, thus slowing the billing cycle. This ROI estimates that up to 10% of providers have inaccurate data, and conservatively the health

system's annual cost of capital is 1%.

The productivity Inefficiencies of departments managing their own provider data- Across the hospital, at least 1 FTE in most departments (radiology, lab, cardiology, admissions, scheduling, referral hotline, help desk, medical staff office, nursing, and others) manage data in local systems and each system manages the data slightly differently – two addresses versus one, no way to add custom fields (EMR IDs, others), etc. In order to get the job done, users do workarounds with the data that renders it unusable in other systems.

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The Phynd ROI Model

The following ROI statistics are based on the actual annual metrics for a 450-bed Midwestern hospital.

Admissions – 50,000

Number of Outpatient Visits – 500,000

Number of Credentialed Physicians – 1,000

How the In-depth ROI is calculated:

Productivity Inefficiencies –

Across the hospital, at least 1 FTE in most departments (radiology, lab, cardiology, admissions, scheduling, referral hotline, help desk, medical staff office, nursing, and others) manage data in local systems and each system manages the data slightly differently - two addresses versus one, no way to add custom fields (EMR IDs, others), etc. In order to get the job done, users do workarounds with the data that renders it unusable in other systems.

Cost of Capital on Delayed Billing -

Inpatient admissions and outpatient visits are frequently entered with inaccurate provider data. This is due to inaccurate information, naming conventions, poor search tools in the EMR and most importantly some patients' primary care provider not having a profile in the EMR. Admissions, registration and ancillary departments create new profiles on the fly that contain erroneous data, thus slowing the billing cycle. This ROI calculation estimates that up to 10% of providers have inaccurate data, and conservatively estimates that the hospital's annual cost of capital is 1%.

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ROI Model (cont'd)

Specifically the ROI is based on the following criteria which are very conservative:

Average revenue per inpatient stay = \$3,500.00

Average revenue per outpatient visit = \$100.00

Percent of admits with incomplete provider data = 10%

Cost of capital = 1%

Revenue Cycle Delay Cost:

Annual delayed billing amount due to incomplete provider data = \$22,500,000

Annual Cost of Capital (1%)

Total Yearly Savings with Phynd = \$225,000

Productivity Inefficiencies:

Number of Siloed Departments = 10

Number of FTEs Managing this data per department = 1

Annual Cost of FTEs per Department = \$12,500.00

Total annual cost of FTEs managing provider data = \$125,000.00

Yearly Cost of FTEs Savings (90% Reduction in FTE Time Spent) = \$112,500.00

The annualized Total Yearly Savings with Phynd = \$337,500

The Phynd ROI is

Net yearly benefit = \$247,900 (First year) - Total Yearly Phynd Costs = \$89,600 (First year)

Net Yearly Benefit = \$273,900 (Second year) - Total Yearly Phynd Costs = \$63,600 (Second year)

First Year ROI -- 394%

Second Year ROI -- 431%

In this example, the hospital will join the Phynd Million Dollar Club 3.5 years from when they started using Phynd within their hospital.

Click on the link below and simply enter your hospital or health system's statistics and see your specific facility's ROI – immediately and how long it will take you to reach the million dollar club.

<https://phynd.com/Hospitals/ROI.aspx>

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Conclusion

In today's dynamic healthcare environment where revenue cycle optimization is the key to survival and care transition coordination is of foremost importance in reducing costly readmissions, access to a single, verified provider profile is critical. Physicians are at the very heart of our healthcare delivery system, so maintaining accurate data on them and how they want to be communicated with is crucial.

Data warehouses, electronic medical records (EMR) and insurer provider directories are not the answer. What is needed is a solution that actually resides above a healthcare organization's legacy IT systems and completely integrates all of the provider data contained within them.

This type of technology platform breaks down data silo walls and ensures provider data is accurate and available to all who need it. The technology being described here is a unified provider management (UPM) platform that will facilitate enrollment of new physicians, streamline ancillary workflows, speed billing to optimize the revenue cycle and improve care coordination and transitions across the continuum.

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Manage Your Provider Information for Better Clinical and Financial Outcomes!

With a Unified Provider Management (UPM) Platform, hospitals and health systems have the ability to manage their provider profiles (referring and credentialed physicians, nurses, and mid-levels) across all of their core IT clinical, financial and operational systems.

To learn more about the Unified Provider Management (UPM) Platform and its proven results, contact us at jolds@phynd.com or call 1 (855) 749-6363 extension 707.



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Provider Management Platform**



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