

Accountable Care NEWS

Four Strategies Help Improve RCM Efficiency, Patient Experience

by Eric Krepfle

The healthcare industry spends \$315 billion¹ every year on billing, claims processing, bad debt and other revenue cycle management (RCM) activities. Mitigating denials and chasing reimbursement account for a large chunk of these costs and also create extra steps for providers and payers.

Yet accountable care organizations (ACOs) can avoid much of this expense and inefficiency simply by breaking down communication barriers among patients, providers and payers. By embracing a few key communication strategies, ACOs can reduce their financial risk while enhancing a patient's overall experience:

Strategy #1: Engage Patients

A patient's clinical care is of the utmost importance to providers. Their financial care should be just as important.

Think about when patients first learn they have a health condition they must manage. Their first two thoughts are generally: Am I going to be okay and can I afford the treatment?

No one—not even the best crystal ball-wielding, patient access team—can guarantee the answer to the first question; however, they certainly can help navigate patients through the latter question by making sure they don't die of shock from their out-of-pocket expenses.

Although the last statement may be tongue-in-cheek, anecdotal evidence and even some studies show that it is harder for patients to get better if they're worried about money. For example, one study of patients recovering from acute myocardial infarction concludes that financial stress is a key risk factor for worse long-term outcomes.² Another study reveals a link between financial stress during pregnancy and babies with lower birth weight.³

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Community Program Unites Paramedics, EMS Services for Health Improvement

by Janet Coffman, Ph.D. and Alicia LaFrance, MPH, MSW

Mobile integrated healthcare-community paramedicine (MIH-CP) is a model of care that leverages the unique attributes of paramedics and emergency medical services (EMS) agencies to achieve the triple aim of enhancing patient experience, improving community health status and decreasing cost of care. By 2014, more than 100 EMS agencies in 33 states and the District of Columbia had implemented one or more MIH-CP initiatives.¹

Since the paramedic profession emerged in the early 1970s, the role of paramedics has been limited primarily to responding to emergencies and transporting patients to an emergency department (ED) and between facilities, such as a hospital or nursing home. While paramedics play critical roles in the care of persons with acute medical needs, such as heart attacks, strokes and traumatic injuries, many persons who contact 911 for emergency medical care have needs that could be more effectively addressed by other means. These persons typically call 911 because they have difficulty navigating the healthcare system due to medical conditions, mental illness and/or substance use disorders. The MIH-CP movement grew out of a desire on the part of EMS leaders and paramedics to provide better alternatives for them.

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