

Professional fee coding: Managing change, empowering results

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Molly

Hello. And welcome to today's 3M Health Information Systems webinar. My name is Molly and I'll be your host. In today's webinar will explore best practices for aligning facility and professional coding into a single path workflow. We encourage you to ask questions throughout the presentation. You can do this by using the questions feature in the web meeting controls. We are recording today's presentation and a webinar archive will be available, so look out for an email within the next week that includes a link to the archive. A PDF that contains all of the presentation slides is available for you to download and that's located in the handouts section of your web meeting controls. We'll also provide a certificate of attendance to webinar attendees and that will be emailed to you upon the completion of this webinar.

Today's presenters are Colleen Deighan and Sheldon Barlow. Colleen is an outpatient CDI consultant with 3M Health Information Systems. She brings over 25 years of experience in CDI, clinical coding and revenue cycle management. Prior to joining 3M, she was a senior program director for ICD-10 implementation at Cleveland Clinic. Sheldon is an outpatient profee consultant for 3M Health Information Systems. He has broad experience in managing and training coding staff, performing audit and consulting with providers on medical workflows. Colleen, Sheldon, I know we're all excited to get started. So I'll turn the presentation over to you.

Colleen Deighan

Thank you, Molly. And Sheldon and I want to start by thanking all of you for dialing in today. We do appreciate you taking time out of your day and spending a little bit of it with us. As the title of our webinar states, this is about professional coding making innovative changes for better results for the work we do. Change is hard. I want to share a quote about change from top leadership expert and author Robin Sharma, who says, "Change is hard at first, messy in the middle and gorgeous at the end." Today we want to share a 360 professional from the role of the business process advisory service consultant, which is Sheldon and I's role. And how we play a part in the successful implementation of 360 professional.

So we're going to talk about some of the differences between professional coding and facility coding. Some of the challenges that we see that are unique to professional coding, define our role in the process and how we help you the clients. Some shared successes, some lessons learned and then really dive deep into that single path coding as an opportunity for organizational continuity. So I like to look at change or change management or project management from the people process and technology perspective. It's very common what you see in process management workflows. And really to me like a good comparison that I like to think about is a three legged stool. So if you're if you're sitting on a three legged stool, all three of those legs must be balanced together to work well. So that's my people process and technology analogy.

So again, I've been around for a while 25 plus years in health care, coding and reimbursement documentation integrity. I've worked in a large health system and I've had the great opportunity to work with different clients in the past year and a half, here at 3M. So what I learned from that really is each organization structure and readiness for this tool, this 360 professional application is different. And it has to be explored as part of the journey typically 360 professional. So for me when we do that assessment it goes a really long way towards a successful implementation as well as stabilization. So let's start with the people. And those are the people that do the work. Some say this is the most important piece of pieces, of people processes and technology and change management is the people.

Without the people, the right people nothing can happen. So when we look on the facility side, again, this is just from my observation. We often see a structure with an aligned leadership that has a shared vision and shared goals. And even as we see healthcare systems continue to purchase hospitals or smaller hospital systems, the integration of HIM or facility coding into the corporate HIM structure is typically achieved as part of that integration. Most coders that work in HIM are very familiar with what we call the 3M library or the 3M tools. They've seen them in the classroom when they've done, in the academic setting they've used those tools either in a standalone format or in some of our Coding and Reimbursement System, CRS, computer-assisted coding.

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So they're very familiar with those tools. And it's very typical to see what I call, see the facility coders code everything. Whether they're an inpatient or an outpatient coder, their skill set typically requires them to have a very diverse disease process understanding. Now on the professional side, that can look a lot different. It depends organizationally you may find that all of professional coding is aligned with HIM, all the way to none of it aligned with HIM. So there's different there's that people part can look very different. What I do see is with that reporting structure being different on the professional side, if it's not within the HIM structure. It can report up through financial areas or through what we might call chief of staff or position leadership areas.

So sometimes that leadership structure may have very little awareness to the actual coding process. And could be, again have its benefits or its disadvantages. You also find my experience again, its familiarity with 3M software, 3M product library is not as robust on the professional side. And you see coding by specialty very familiar. Again, driven often by the way the reporting structure is done to be a coder who is specific to one or two service lines. And then looking at the processes. Coding is, when I think of coding processes, it's workflows, it's policies, it's hiring the right people. Creating written processes and instructions for how work should be performed. Appropriate training, standardized workflows, all with a focus on coding.

Where there may be an internal separate group of people within that staff that actually provide some of that internal audit, to that regular education and training. On the professional side because of the organizational structure, you may find lack of standardization. We often see lack of standardization and more of a focus on the charge reconciliation than the coding. The purity of work that a HIM coder has is a term I like to use, it can be lost in professional coding. And again, I'm not saying one's right or wrong, they're just different. But I think again, because of that reporting structure, we see professional coders wearing many hats. And a clear line between what's actually a coding function isn't always drawn. So I've often heard the term, "Top of license." And really looking at what your coding team is responsible for and making sure that those tasks require the actual skill of a coding professional.

If aligned in HIM, you may see a similar focus on internal audit and education. If not, you may find little to no education. And then that added link of the providers on the professional side that need education. Same thing with audits and whether those are provider audits or coder audits, there could be a very robust structure to no structure at all. And I do find that many of the coders on the professional side are self taught, you see our positions right doing their own coding. Or certainly I've experienced this in my professional career as well as a coder, providers instructing them on how they have on specific coding expectations they may have. And they may not have an eye on compliance. So again, not pointing out anything being right or wrong just difference in knowing that as you're looking at this tool on the structure of professional coding, it doesn't always line up in the same way where we see facility coding.

And then there's the last lead or technology. Of course, I mentioned facility coding being more familiar with the 360 tool, even if it's just on the inpatient side. They're typically using some 3M software to do their work. And we find on the professional side, the use of coding software varies to some that I've never seen an end coder before. I'm still doing book coding, which I am a coder at heart and I have my code book sitting on my desk because I'm also an auditor. So I do use them as my source of truth but I don't code out of them on a daily hourly basis. You may see them Google, they may have four or five different applications of googling for codes on the internet, coding two seats in the store. Again, I point that out not to say that one's better than the other, it's just different. So those change in management components for clients adopting 360 is just awareness to that. And I'm going to stop for a second and ask Sheldon if he has any additional insights that he would like to add to that.

Sheldon Barlow

I don't think so. Thank you, Colleen.

Colleen Deighan

Okay. So I like this slide, I'm in the Midwest. So it's a good visual of silo, it was a really good just I like visual representation. So there can be a lot of silos right in coding, and 360 can bring all those together. So we think about hospitals, hospital systems, hospital based clinics, free standing physician own practices. Physician practices that we don't own that hospitals collaborate and share risk with or have

Colleen
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admitting privileges to the often spread typically over a geographic region. And sometimes nationally in some of our bigger clients. So those silos of work can be very challenging from a revenue cycle management perspective to manage. So we think and feel strongly and I've seen the effects of 360 bringing that opportunity to bring all those silos together for a more efficient, accurate and compliant coding and claims submission revenue cycle process.

So as I mentioned before I have experience in both facility coding and professional coding and coding operations. Actually, my last job before I joined 3M was a director of professional coding. And we were siloed in 22 clinical institutes and part of my role was to align that all together under one team. So I say that with the idea of experience around challenges unique to professional coding, that again, I feel should be considered as part of the assessment and planning. And I'll start with organizational structure. So it can be very fragmented or can be very snowy, but who do they report to? And I will say it can be very political in organizations and who they report to today does that need to change. And can 360 be that catalyst that opens up that dialogue in consideration for aligning professional coding and facility coding together?

We do seek physicians and other providers doing their own coding and church capture, which is a great opportunity within 360 to compare the providers coding with the computer assisted coding suggestions. So we talk about involving physician leadership in some of the decisions we make, it's very critical to the success of the product. Now, I think about skill sets. So the skill set they have today works for the work they need to do today. Their work is going to change. What they do is going to change, how they do their work is going to change. So assessing what additional skills are needed is very, very important. Again, I think they focus a lot on claim edits and charge review. Where they may lack, sometimes not always. But medical coding, clinical storytelling, diagnosis coding, they're very strong in CPT.

But again, that anatomy, that pathophysiology, that pharmacology to understand the clinical story. And we certainly have seen, and again, because it worked before many of the folks doing coding on the professional side are not even certified coders yet. So really working to get them to that type of license as their world changes, to really develop their skill sets and keep them employed within that organization for a long time. And just leading the last one onto again, the software silos and challenges that I mentioned before. Use of books, how do we get them used to this technology if they haven't ever seen an encoder before? How do we get introduce that to them.

It's more than training at Go-Live and they have to be, like I say the book is a tool. The code book is a tool, the encoder is a tool. Then that coder has to be smarter than that tool. So how do we get them there? Do we get introduced into their existing works flow so they can be ready for computer-assisted coding? And again, just around those steps to make them, put them in the best position to succeed. The interfaces, the challenges on professional coding because of different places that providers practice, the interfaces into the cosmic recommended billing system, just create some additional challenges that are very unique to professional coding. I may take a pause and again Sheldon, any thoughts on that? Sheldon is going to, I mean turn the presentation over to Sheldon here for a bit.

Sheldon Barlow No, I think we can proceed to the next slide. Thank you, Colleen.

Colleen Deighan Okay. Thank you.

Sheldon Barlow All right, so good afternoon. Thank you for joining us today. So with the business process advisory services, the consultation services that we provide, the reason why we do that and the reason why it's critical is there are a lot of moving parts in the implementation of this product. We've got sales and contracting, we've got providers on the facility and on the profee side. We've got technology, we've got audits compliance, we've got the coders, we've got CMS and things of that nature. So what we try to do is we try to look at things holistically, understand all of those components and really try to facilitate organizations objectives and goals. We go in and work with the clients try and understand why did you procure this particular software? What are your goals? Are they related to compliance and audits? Are they related to productivity?

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What exactly are the particular objectives that you're trying to gain with this particular application? Colleen, if you want to move to the next slide, please. So some of the objectives and benefits that clients received from the business process advisory service, they'll go ahead and receive the, we'll assess the client's operations, identify and understand what they're currently doing in their current state. That's essential to be able to differentiate current state vs future state, so that we can help those clients obtain those goals and objectives for obtaining that particular software. We provide consultation. So we'll go ahead and consult in regards to best practices, industry wide practices and then specific practices that we found through the implementation of the software have worked for other clients, so that we're not reinventing the wheel and provide that information to clients so they can make that assessment and determination themselves.

We do training, so we'll go ahead and train the super users. Essentially, what we want to do is we want to teach the super users how to function in the software and then be able to be an advocate, to help other coders that come on at a later point. We'll go ahead and do observations at Go-Live once the product is installed and it's ready to be turned on at the Go-Live status. The reason rationale for that is to make the correlation between the current state and the future state. And at Go-Live it would be the intended application or the intended use of the application and just ensure that there aren't any nuances with the workflow that was agreed upon.

We'll go ahead and also, the last on the objectives is we'll return after Go-Live and do an optimization of the application. This software is not a plug and play software. There's a lot to take in, a lot of information to take in. So what we want to do is we want to provide that support and assistance throughout the implementation process. So some of the benefits we'll go through briefly, we do have a commitment to client success. So ultimately, if the client is successful and they're happy with the application, then that's what our goal and objective is to work to facilitate that and to be committed to do so. We do provide the support best practices for professional coding, and we'll provide that information through the consultation services. We want to foster that continual learning.

So with the application the coder mindset changes to an extent, sorters are typically type A personalities, they don't like a lot of change. And there's a change in improvements. So, ultimately they're going from, looking at it from a traditional coding standpoint to becoming more of a validator to having the tools available to them to be able to have the codes auto suggested. And then they go ahead and make the assessment as to whether the application suggested the appropriate auto suggestion or not. So that continual learning is essential. And that is one of the benefits that we try to instill through the business process advisory services. We try to build upon the team's expertise. So we tried to analyze and assess, and then help build upon that platform. And then we're continuously improving the program and the application and work with clients to help facilitate that end goal.

If you could move to the next slide, please Colleen. Alright, so I mentioned this just a little bit earlier, we do assess the current versus future state. So we're trying to look and see what the client is doing as of the kickoff engagement, and then try to help them visualize what the future state will be. So some of the common current state versus the future state on the workflows. I'll just go through these quickly, current or commonly current state is encounter coding. What we try to do is we try and implement in the future state documents coding for the provider. Number two, are coders picking the cases that they're going to code. In the future states, we're creating work list specific to the coders role. We have logic built in the system to choose the oldest date within that particular queue.

And then if I've got an encounter for myself, and let's say I've got five different encounters or five different types of service or whatever the case may be. The next item in that particular logic would be for the coder to code everything for me, prior to moving on to the next oldest state in that particular work list. So that helps facilitate an improvement of productivity. Number three. So without a station and the current state, future state we're looking at document linking. In addition to that with the H&P and OP notes, we're trying to link those together in a hierarchical manner. Number five split bill. What we're doing is we're doing the document linking. And the billing and charging tasks ideally are going to be removed from the coding responsibility.

Additionally, with the shared bill or shared bill for the extenders we're going to link those as well. Number seven, with the encounter charge verification, we're giving you document alerts. So that the coder can be aware of anything that may be applicable and anything that they may need to do proactively. Number eight. The coders queues for the assign work. What we're doing within the future states is we're building work list specific to the providers role, whether that be by specialty practice affiliation a provider will provide those consultation services with the organization to be able to make that determination as to how they want those work lists created.

Lastly, with a charge modification process and their current state. The charging tasks are outside of the coding workflow. We're really trying to make the coder versus a coder/biller. We're going through and trying to ensure that all of the components are right there readily available. The resources, everything that they need is within the application. So they don't have to go back and forth to different applications, do research and utilize three or four different systems. So we're really trying to make it a one stop shop.

Colleen, if you could move to the next slide, please. Alright, so what we're trying to do in regards to place of service, we're really trying to understand what the clients need is and what place of service they're utilizing. So for professional we have a couple of different terms. We have the clinic which is the place of service 11, 19, 20, 24 and then others. And then the traditional professional are typically the 21, 22, 23. So what we're trying to do is we're trying to understand the needs and the functionality that organizations are utilizing and use that same terminology so that we can provide the implementation accordingly. What this helps us to do is parse out the implementation. We typically do it in stages.

It's typically not done, turn it everything on for an entire two or 4000 provider organization. We try to do a systematic staged approach to where we can test and validate and verify the documents we're coming across, that providers they're billable, are coming across the sectioning and regioning is appropriate. And with whichever EMR client has, that the items within that EMR are coming over in the application and the coder has everything that they need. And this helps facilitate that through our provider scoping and clinic scoping activities. We go ahead and get the place of service volumes, et cetera. And help with those consultative services as to how to proceed to implement. Colleen if you would mind moving on to the next slide, please.

So in regards to implementing and installing this particular application, we can go ahead and implement and there are components where if we have a successful implementation the end result could still be less than successful. And that comes in to change management. There are portions of an organization where if providers are using free text forms and not allocating things in a certain area or manner, the documents are still not going to provide the optimal auto suggestion. So, with change management what we try to do in the consulting realm is try to identify through reporting and analytics. And identify potentially which providers may be needing to have a conversation, essentially have a template committee look and analyze and see how documents are structured, how templates are being used. So that's one example of change management.

What we want to do also is we want to reduce non-coding tasks. We want that coder to be a pure coder so that they can focus on the tasks that they have received their credentialing for. We don't want them to be doing charge entry per se, but to focus on utilizing the application to be more efficient and effective. And also allow the system to do some of the heavy lifts on that low hanging fruits with the auto suggestion, so that they can focus on some of the more complex tasks. So change management is a very key component. And we go into a lot of depth and breadth on that and have conversations with the executive leadership in regards to that throughout the implementation process,

Colleen, if you wouldn't mind moving to the next slide, please. All right, so some common examples that we've had from other clients in regards to change management. So in the current state prior to implementation they'll go and have the retrospective coding. With that change management. They'll go to the prospect of encounter based coding versus coding for the provider for specific documents and having it be more document centric. Utilizing internal metrics for productivity and analyzing that

Sheldon
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versus the industry standards, and trying to make that make that transition. So with the application if the provider is not clear in the current state, in the future state we're trying to provide the clarity through the query process and things of that nature. Which helps reduce outsource coding and other tasks, and additional purchase.

Compartmentalized communication, what we're trying to do is we're also trying to ensure that the non-coding tasks are not part of the coders workflow and have them be that pure coder. That's the same for the billing tasks, registration tasks and then the abstracting and the current states with the documentation. What we're trying to do is we're trying to ensure that the coders have the ability for advancements, potentially different coding levels based upon their expertise and their skill set, trying to reduce paper and manual processes. And in so doing, having that improved metrics and tracking for the reporting based upon those workflows changing and improving. So those are just a few of the examples that we found within the change management, within implementing us in the past with other organizations.

Next slide please, Colleen. As I indicated a little bit earlier, because this is a involved implementation we try to ensure that clients have extensive support and help from the BPAS and from other groups. In particular with the BPAS we are prior to the whole COVID-19 global pandemic. We were on-site quite a bit. We have adjusted and have been successful in doing all this remotely. But the future will tell whether that's changes or not based upon the global pandemic. But what we want to do is during the kickoff, the planning and assessment, we want to assess and understand what the client's reason and rationale for obtaining the system was. Understand what their workflows are and provide that consultative service at that point. We are in-site during the client validation and testing, as well. Traditionally, we're on-site. What we're trying to do in the client validation testing is ensure that the documents are coming across, that they are sectioned and regioned appropriately and that workflow that we agreed upon for the future state is actually coming to fruition.

So if there are any changes or deviations that need to be made we'll go ahead and document that and provide that documentation to the client. So that there's that clear understanding of what the workflow and expectations are. Go-Live, we're also taking that test information. So during client validation testing, the ideal is to have real life scenarios within the testing application. Test that out, vet it out appropriately and then Go-Live that switches flipped. And that's the application that the coders would use for those specialties at that point going forward. So we'll verify that the workflows are the way that they're intended. We'll work with the implementation consultants and the trainers to ensure that the workflows are appropriate, that the documents are appropriately and everything is working accordingly.

We do have a 30 day post go-live remote follow up. And then 120 day post go-live optimization. There are two training sessions as well with the training team in between the 30 and 120 day post go-live. So, ultimately this slide is trying to give an outline and an overview that the clients are fully supported and given the appropriate tools and resources to be able to utilize the application successfully. I'll turn it over to you Colleen.

Colleen Deighan

Thanks, Sheldon. So Sheldon and I are going to tag team this slide here. Again just some lessons learned, you can tell probably from how I initially started the conversation with all of you and then Sheldon's presentation, he's very attuned to this system. And I'm, I still look a lot operationally at workflows. So I think we complement each other. Well, I hope you're getting a sense of that. So I've worked for 3M for about a year and a half. And in the course of a year and a half, I've done some of these BPAS systems, I've done about a half dozen of them. I tend to kick off meetings, client validation testing. I did participate in one go-live. And I've done a couple pre BPAS engagements as well over the past year and I also was a user of this technology prior to joining 3M. So I am very familiar with it.

And I just say all of that with the idea that every engagement every client it just really highlights how the processes are so different. So these are like my top five takeaways from being with different clients. So, again, seeing non-coding professionals I actually doing coding, professional coding work. Looking through an assessment and seeing really some non efficient or some workflows that could be more efficient. That would definitely challenge that readiness for 360. So that's part of why we do that initial assessment, is really to help point out shadow some of those workflows so that we can start to get ready for 360.

Colleen
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So it's not such an abrupt change. More than one site, including the place I used to work a lot of pressure from doctors on how things get counted.

As well as in the 360 planning and building gets really not collaborating with them during that build, so that they understand how the work that they do or the patient they take care of and how that's represented might be changing. And just that workflow of coding and reporting. I talked a lot about the fragment of work structure, it can be very political, oftentimes not addressed. So you get a group of people in the room and they don't have the same goals or visions, they don't have the same understanding of what the tools intention is, it can just create some challenges. And I have been to multiple sites as well, where I found a very engaged team that was willing and operationally ready to succeed with this product. So I point that out in the gamut of readiness. Sheldon.

Sheldon Barlow

Thank you, Colleen. So some of the observations that I've had through the implementation and lessons learned. Obviously, with a lot of organizations that I've worked for, a couple of that had different philosophies and ideologies regarding established E/M. Whether it's any of the two components are established or whether a medical decision making is required. CMS is somewhat vague on that. So organizations have the ability to be able to make that determination are they utilizing Nova-toss? What is their reasons and rationales and those are some of the items that we want to be able to dive down and get to the bottom of place of service 19, is that grandfathered in. The next item is pseudo codes. We are a coding application. So for revenue codes and tracking codes and things of that nature, for reporting purposes.

Things of that nature, it's not something that holistically we had intended to put in the application but because clients said, hey, this is important. We have facilitated that through pseudo codes. A quick caveat on that the pseudo codes do need to be tied to an actual CPT code. Because we do have that requirement within the application to have it tied to an actual CPT code. Simple Visit Coding, that's another item that we will go ahead and provide assistance on. What's your logic with Simple Visit Coding and the current state? What you intend? The benefit of our application is that we have logic built in the system through the natural language, that the auto suggestion is going to facilitate items within the actual documentation.

So if I've got a code that's suggested, you can go and look and see where that is being suggested and therefore it's evidence within the actual documentation. So we do have conversations regarding Simple Visit Coding. Also, I mentioned this earlier we do recommend the staged approach. Big Bang approach. Yes, my name is Sheldon Big Bang. That's usually is something that I have to explain. I did not trademark the Big Bang approach, but I probably should have. The reason why we want to do this staged approach is because we want to verify that everything is appropriate. If you get like I said, a two or 4000 provider organization, and you turn on that application and open the floodgates. That makes it much more challenging to be able to identify Dr. Smith's notes are not coming over, when you're one in 2000, one in 4000 or even one in 300.

So we do recommend the staged approach. Lastly, within our application we found that 3M can process certain components, but we will also want to make clients aware that sometimes their EMR can't consume what we're sending them. So we have that lesson learned in regards to that. And we do have relationships with a lot of the EMRs and are working at improving in a collaborative manner, some of those components so that it's more seamless and streamlined for clients. Colleen.

Colleen Deighan

Okay. So I really like the visual here, as you can tell I'm a visual girl. So change management. So again, the path to success and starting at the top, defining what's going to change, determining who's impacted, there's operational changes, there's technology changes in really preparing the team for those changes. Developing a communication strategy with the coding team, with the revenue cycle. Post coding with physicians and again, addressing the gap workflows, coder skill sets. I think it really our job, as you're really a partner with you, the BPAS roles to really help you with this process from an operational perspective and a coding perspective. I'm going to share one story with you on a go-live I was at, because these five simple points were really just significantly impacted when we got there for the go-live.

Colleen
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And we realized the coders are actually, the doctors were signing the levels which is perfectly acceptable and some would say best practice, they might say that. They were taking those levels of service and they were putting them in a billing system, they were just keying them in. Of course, the first question I'm going to ask is why would a coder have to do that? Doesn't take a coder skill set to do that, but they had never seen an encoder until that day, the day to go live. They've never signed in E/M levels they never looked at them, they just keyed in whatever the doctor did. And one of the really big fractures was they didn't tell the doctors, that their E/M code will be now compared and evaluated for accuracy. And the tool was actually doing a fair amount of down encoding of levels. They would go into the HIM coding system to grab the diagnosis, they would just go and do their own diagnosis coding. And they actually weren't credentialed coder.

So I just thought there was so much in the way of the success of this product. Because of just five simple steps, what's going to change, who's impacted, who are we going to tell, when are we going to tell them and what are the gaps we need to get ready for. To prepare for this change was just really a story that I still think a lot about. That they're in a good place now, but it definitely was a bumpy ride for a bit. And then turn this last slide, Sheldon, over to you.

Sheldon Barlow

Thank you, Colleen. So what we're trying to do is 3M has seen some of the challenges that organizations have within the healthcare coding industry. So That's where the single path application comes into play. So it bridges the gap between the facility and the professional. So it's that single path coding where you see both sides. At the same time you have a designated coder that can go ahead and facilitate that coding rather than two people touch it. Studies have been done that every single touch is \$27.50. So, if we are continuing to touch particular charges over and over again, not only on the front end but with edits and denials and reworks that can add up very quickly.

So if we have that particular function within the 3M application to be able to see both, have the resources embedded in an application and have that designated coder that has the expertise on both sides. Then we can eliminate a lot of those touches. So with that, they're going to gain that visibility into each other's workflows. You can review the previously coded documents and those documents get to be coded. All the references are available and the pertinent documentation. So the question and I don't want to go too far into Q&A at this point, but there was a question of how long does it take to successfully you implement the organizational structure where you're going to the single path approach that can vary based upon organization. So there's a lot of factors at play there. We talked about change management.

But it's really is based upon what that organization is willing to commit in both resources from an IT standpoint and how committed they are to that change management. And that collaboration with the 3M implementation and consulting teams to take that feedback and that recommendation. That truly this application and a single path platform does allow the facility and the professional to marry together or the coder to be able to code appropriately, to complete at that go out on their respective claim forms and have it be that seamless process. Next slide, Colleen, please.

Molly

All right. Well, thanks Sheldon and Colleen. Let's move into the Q&A portion of our webinar. Before we start we want to give you a chance to request more information on the issues covered today. So if you are interested in receiving more information about any of the topics that we covered, we will have a poll question that's up. I am launching the poll right now. So just a reminder, that'll stay up through the Q&A session. Also we would like to remind you if you'd like to submit a question you can use the questions feature in your web meeting controls. So feel free to do that. And with that said, we'll just jump into the Q&A right now. So the first question, in your experience how common is it for the hospitals to integrate their facility and prophy coding?

Sheldon Barlow

It's based upon some of those conversations that we have on the up front. So, what we do is we work with sales from the get go to try to understand what the goals of the organization are. There are demos provided prior to the contract being signed and then we try to get the individuals that the BPAS

Sheldon
continued consultants involved, that have coding and clinical experience where we can outline where the rubber hits the road. Which specialties would potentially be ... would work well for the single path platform. And really try to consult with them. Percentage wise, I don't know that I can answer that at this point. We do have a lot of organizations that choose the single path application workflow.

Molly Colleen, do you have anything to add to the audience?

Colleen Deighan No, I mean, I think Sheldon stated it really well. I think again that like he mentioned organizational commitment, how ready are they? So some clients come to us very well informed of single path and ready to do it and want to do it. And others may be hearing about it for the first time as part of the assessment. So I think that piece of it, like Sheldon mentioned the clients really, how ready are they for it? How much they know about it? What are their goals in utilizing it? Do they understand the benefits with texting?

Molly Okay, great. Another question that we just got in, do you know how many clients you have using the product that has Cerner as their EHR and IDX acts as their revenue cycle system?

Sheldon Barlow I don't know off the top of my head that I can answer that. We can definitely get some contact information and see if we can provide that number for you.

Molly Okay, perfect. How much of a charge code entry is automated and integrated in the EMR, if the intent is to no longer utilize professional coders for charge entry, how much of that workflow is automated by the software?

Sheldon Barlow So we are, and this is where it gets a little bit convoluted. So I just want to make sure that I'm on the same page. We are not a charging application. And by charging I don't know if you're meeting CPT code. But with the application we're only utilizing and performing the coding functions within the application. I don't know if that's what you're asking per se or if Colleen, you have anything to add to that.

Colleen Deighan I mean, just from my perspective is the question around charge entry or charge reconciliation. So the integration, if we're talking, the charges should typically come from the department that provides the services often when the charging happens in a row. Professional coding within the, I don't know whether it's the reconciliation process, the charge review and it's a claim at it. Those functions, it's sitting the application in the right spot within that revenue cycle. And I'm using epic speak here by saying charge or charge reconciliation. So to Sheldon's point is the charges are happening. There's still a validation and a reconciliation process, but we really do that within like it's putting the application in the right spot within the workflow, if that makes sense.

Sheldon Barlow So I think in having just a moment to think about the question. So in a traditional sense, if a coder is coding in the EMR, I get the code then they would go and charge into the EMR potentially. What ideally will happen is through the inbound outbound EFTs, inbound into 3M outbound out of 3M, just to be clear. Ideally what will happen is if I submit a particular code, I hit complete, it will interface back into the EMR. And then the coder is not going to have to manually interrupt.

Molly Okay, great. Another question that we have. What do you think are the most common barriers to adopting a single path approach for coding?

Sheldon Barlow So I think in regards to that question, Colleen hit the nail on the head from the beginning. It's that traditional mindset of this is ours, this is yours, here's the silo, here's the communication and you stay in your lane we'll stay in ours. Trying to break that down, trying to be open minded to how can the things that we've always done, how can we improve those. And that's a painful process by having to change that mindset to thinking outside the box and to understanding there are potential tools that can help us improve our process and help us improve the number of denials that we get, productivity, compliance, things of that nature. So it all boils down into change management and being able to look outside of what you're currently doing and having a champion within the organization to be able to facilitate that one when there are opposing voices.

Molly Okay, great.

Colleen Deighan

To wrap I would just say I think it's, the biggest thing is fear the way Sheldon stated it. It's uncertainty with humans. We have that quality within us, it's a fear of the unknown. And just looking at things in a new way. So I have this thing that sits in front of my desk around seeing the possibilities and focusing on solutions. So I think that's, it just the whole just journey or change.

Molly

Perfect, okay. Well, I think that's all the time that we have for today. If we didn't get your question in, we'll make sure to follow up with you via email. And just a reminder that we'll be sending out a link to the archives, so look for that in your inbox in the next week. And then Colleen and Sheldon, thank you for this excellent presentation. And thank you all for joining us today and this will conclude our 3M Health Information Systems webinar. Thanks, everyone.