ONE
McLAREN

Clinically Driven Revenue Cycle

with Tanya Robbins

Regular readers of this newsletter will know that "Clinically Driven Revenue Cycle" is mentioned often. This is because it is going to be a major change in the way McLaren Health Care thinks about the way patient care is paid for. Tanya Robbins, Corporate Director of Revenue Cycle, said, **"This means that charges will occur based on documentation in the system by a clinician."** While clinicians should be aware of the impact that their documentation will have, **"it also means that clinical departments will need to validate their charges daily to make sure the revenue is captured, leading to higher accuracy and more timely charge-capture,"** said Robbins.

Additionally, Clinically Driven Revenue Cycle will help McLaren start to think as single health care corporation. **"End users can start to think first about the new ONE way. They should begin to embrace that they will be changing the way they do things today and all sites/sub's will be following common, best-practice, standard processes going forward, without exception,"** said Robbins. "It is safe to assume things will not be done the same way as they were before and thus they need to work with Cerner to document a process and have sign off by charge services, coding, and billing to ensure charges will be captured and then reimbursed."

Robbins said that there will be positive changes for patient accounting staff as a result of the implementation of Clinically Driven Revenue Cycle. "It will affect patient accounting because charge capture is occurring based on documentation and thus this should improve the accuracy of charge capture; reducing rebills or negative audit results."

Currently under way is the development of a Revenue Cycle Boot Camp. As we move towards revenue accountability within the departments the Boot Camp will provide an initial foundation for learning. Cerner will provide the initial two sessions to the McLaren clinical departmental leaders which will cover understanding the basics of a Clinically Driven Revenue Cycle and Charge Reconciliation. It will be a modified version of the original Boot Camp provided to the CFO leadership team last year. McLaren will be videotaping one of the sessions so that it can be repeated to all audiences across McLaren as needed.

If you have questions about how Clinically Driven Revenue Cycle will affect your area, reach out to your Charge Services Representative.

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Physician Handoff Tool

As part of the ONE McLaren project, a key objective is to provide efficiencies for providers and clinicians. Moving forward in this newsletter, we will highlight key differences as we move into the Cerner solutions.

The Physician Handoff Tool will allow for key communication between providers as they transition patients. The tool is built based on a highly customizable patient list. In the first column (1), basic demographic information is displayed. From this column, a provider could also click on the patient name to enter the chart. The next column shows the Primary Provider Contact information (2). The status column allows the provider to select from one of the following options: Unstable, Watch, Stable, and Discharging (3). The next columns show diagnoses (4), pending actions, pending consults, and any discharge orders (5).

Also part of the Physician Handoff Tool, I-PASS is a structured way to organize provider handoff, which includes the following sections: Illness Severity, Patient Summary, Actions, and Situational Awareness & Planning. I-PASS is a widely-utilized tool adapted from Boston Children's Hospital. All the documentation in the Physician Handoff Tool and I-PASS are not part of the permanent medical record, but are discoverable.

PROGRESSION

Completed

2015
FALL 2015
Current State Reviews

2016
2016
Future State Reviews and Validation

Here AND Now

2017
WINTER/SPRING 2017
• Clinical Build, Rev Cycle Build and System Testing

CareCompass Gives Inpatient Nurses a New Tool

With the rollout of the ONE McLaren, inpatient nurses will have a new tool to manage their patients and their days: CareCompass. This tool will be primarily used by all floor nurses, though there are use cases for other areas as well. The layout of the CareCompass follows a nurse's workflow throughout the day to ensure that they are working efficiently, with relevant clinical information being presented face up. When hovering over a patient name (1), the user will find additional demographic information. By clicking on the patient name, the user will enter the patient chart. Nurses are alerted to new orders that need to be reviewed by the exclamation point in the orange star (2, 6). The first star (2) indicates that there are new orders on this specific patient, while the second star (6), indicates the cumulative number of new orders on all of the patients on the CareCompass.

Within the single patient view (3), there is a banner bar that indicates basic demographic information. Below that, there are upcoming tasks for this particular patient. Some tasks (4) are medication tasks that will be completed within the patient chart in the MAR (medication administration record), while other tasks (5) might involve patient care or assessments.

At the bottom of the CareCompass, the Activity Timeline (7) is displayed, showing a rolling 12 hour "heat map," indicating which hours have more tasks due. The taller and greener a bar is, the more task-heavy that hour is. All patient tasks a grouped together by hour, and all overdue tasks are grouped together.
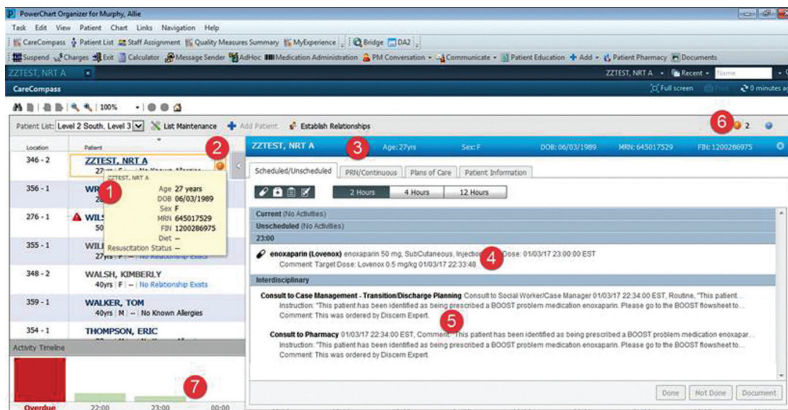
Future 2017

JUNE/JULY 2017
- Integration Testing Phase 1

JULY/AUGUST 2017
- Integration Testing Phase 2

SEPTEMBER 2017
- Integration Testing Phase 3

DECEMBER 2017
- Lansing Go Live

FEBRUARY 2018
- Northern Go Live

APRIL 2018
- Bay and Central Go Live

JUNE 2018
- Oakland and Macomb Go Live

AUGUST 2018
- Flint and Lapeer Go Live

DECEMBER 2018
- Karmanos (Detroit) Go Live

Spotlight on...

... a few of the ONE McLaren Team leaders who are actively engaged in the research, development, planning, and execution of the conversion.

Guy Golembiewski, MD

Chief Medical Information Officer
McLaren Northern Michigan
Hospital

Chief responsibilities:
Order Set and Workflow Design

Contact:
(231) 487-3420

ggolembiewski@northernhealth.org

Kenneth Deighton

Director, Behavioral Health
McLaren Flint and McLaren
Oakland

Chief responsibilities:
Behavioral Health Lead

Contact:
Flint (810) 342-4429
Oakland (248) 338-5535

kenneth.deighton@mclaren.org

Theresa Tithof

Business Manager for Surgical
and CV Services
McLaren Flint

Chief responsibilities:
Surgical Project Lead

Contact:
(810) 342-2631

theresa.tithof@mclaren.org

Brytani Griner, MS, RHIA

Senior Director, Health Information
Management
Anthelio Healthcare Solutions Inc.

Chief responsibilities:
Health Information Management (HIM) Lead

Contact:
(248) 533-5095

brytani.griner@antheliohealth.com