

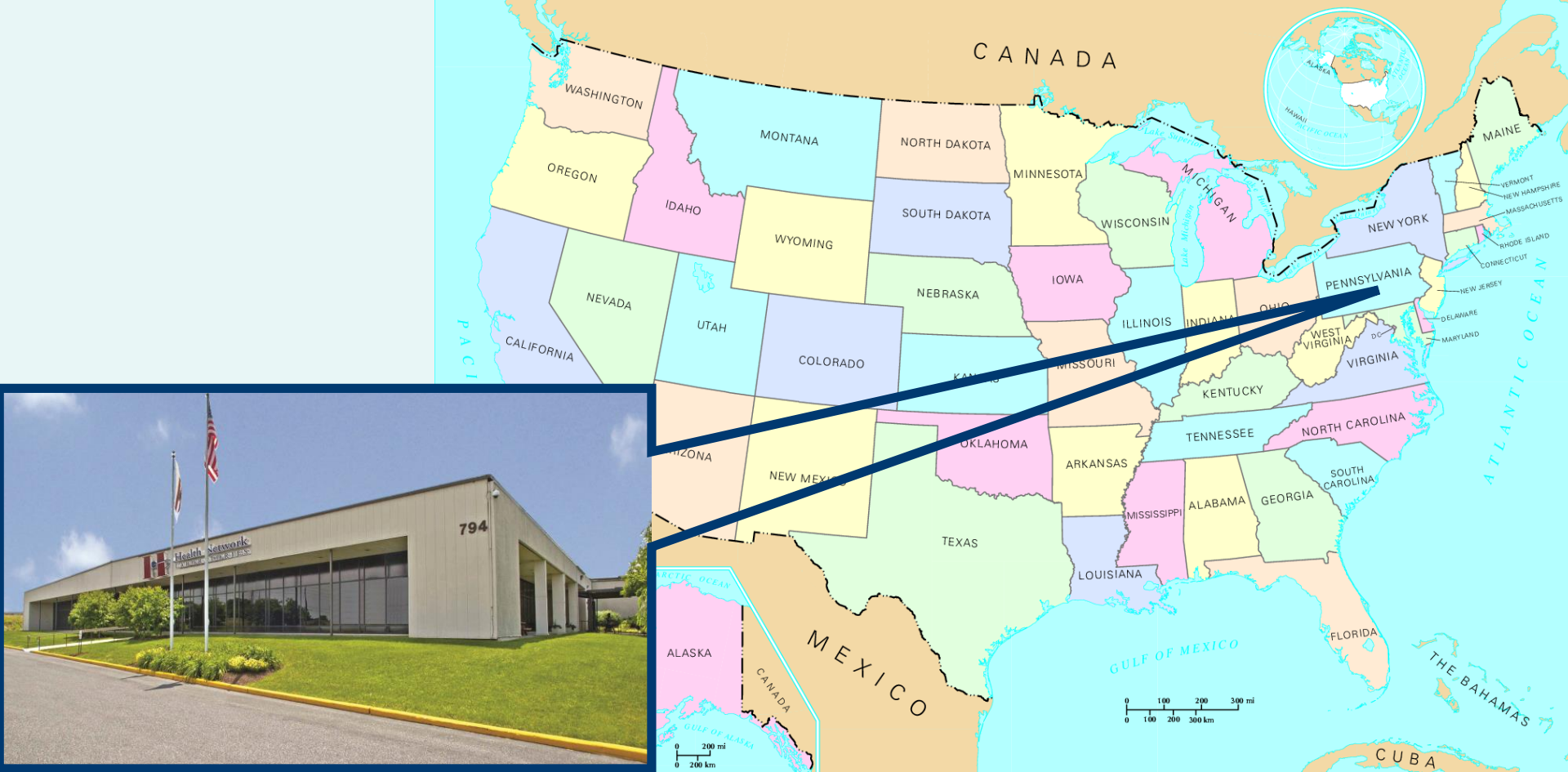
Achieving the Perfect Patient Record:

How Health Network Laboratories Uses EMPI and New Digital Tools to Cut Time Required to Submit Claims, to Shorten Payer Settlement Times, and to Increase Collected Revenue

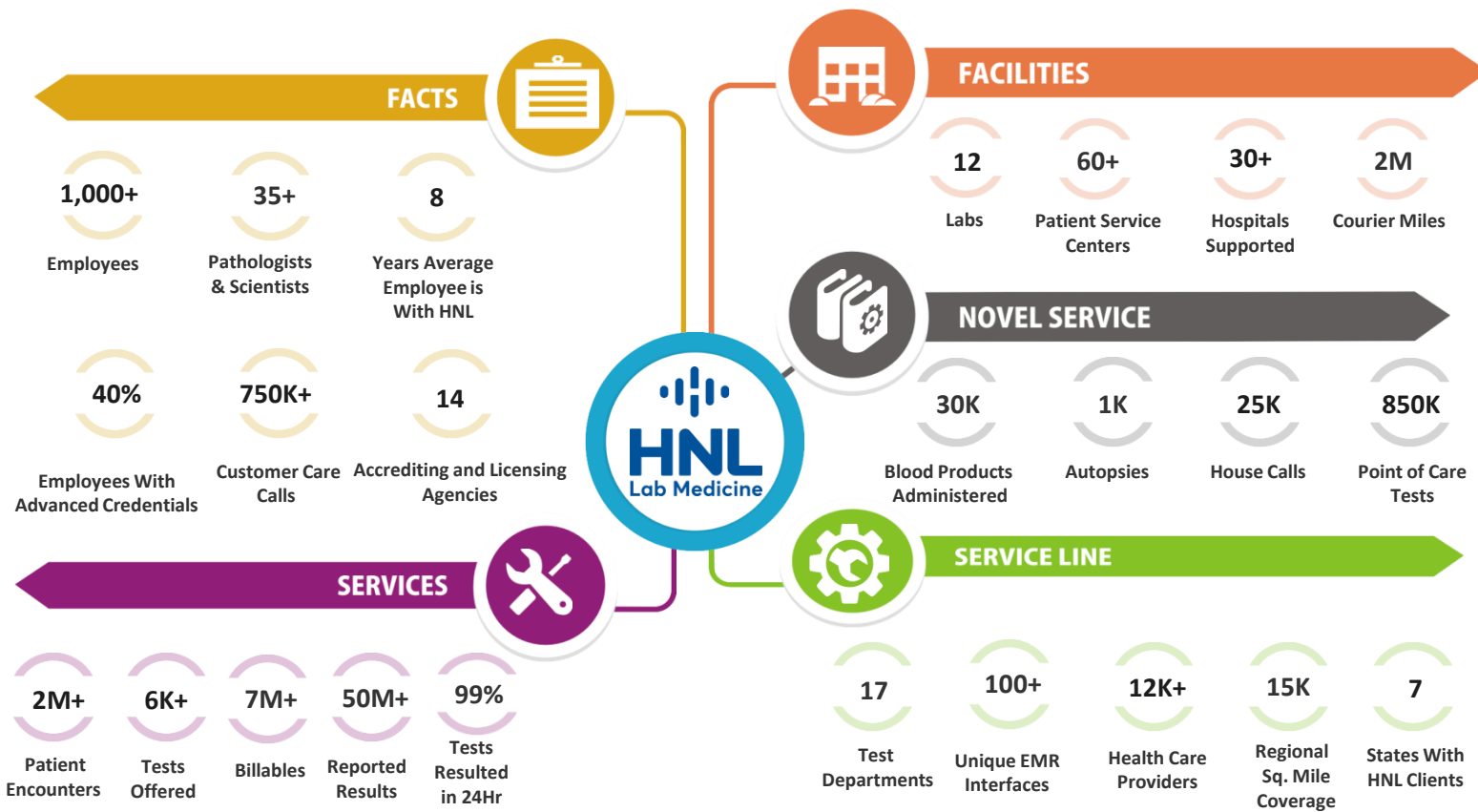
LAB QUALITY CONFAB

OCTOBER 15 - 16, 2019





HNL at a Glance





Lehigh Valley Health Network

185,868 ExpressCARE visits
304,086 ER visits
74,928 acute admissions
1,039,864 outpatient registrations
2,933,114 practice visits

8



CAMPUSES

Cedar Crest ▶
Muhlenberg ▶
17th Street ▶
Tilghman ▶
Hazleton ▶
Schuylkill E. Norwegian Street ▶
Schuylkill S. Jackson Street ▶
Pocono ▶

18



ExpressCARE LOCATIONS

163



PHYSICIAN PRACTICES

45



REHABILITATION LOCATIONS

26



HEALTH CENTERS

81



TESTING & IMAGING LOCATIONS

30



PEDIATRIC SPECIALTIES

1



CHILDREN'S HOSPITAL



Video Visits
Schedule a Video Visit



Find an ExpressCARE location



Lehigh Valley Institutes for Cancer, Heart and Surgery

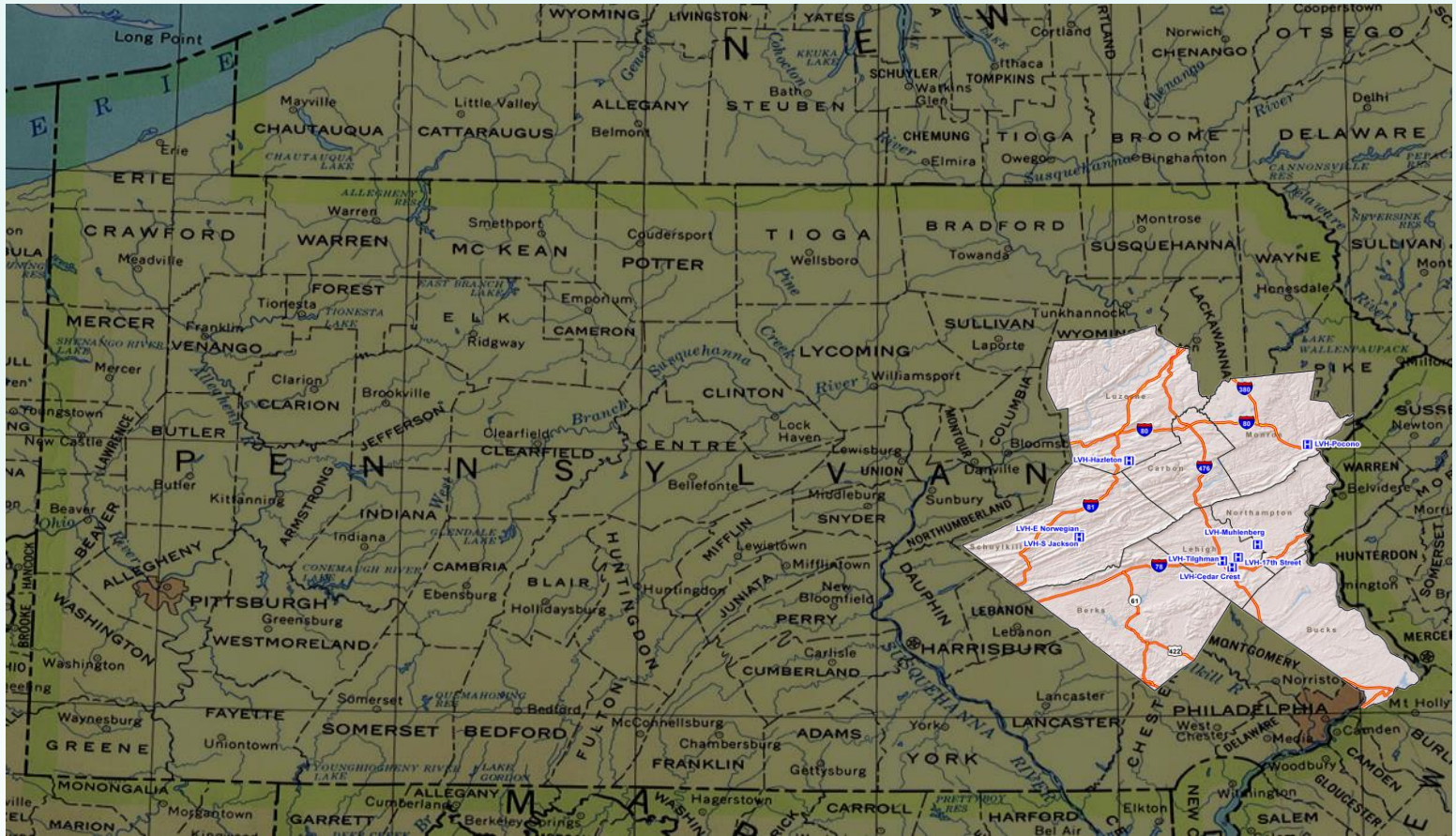


Choose a doctor and schedule online

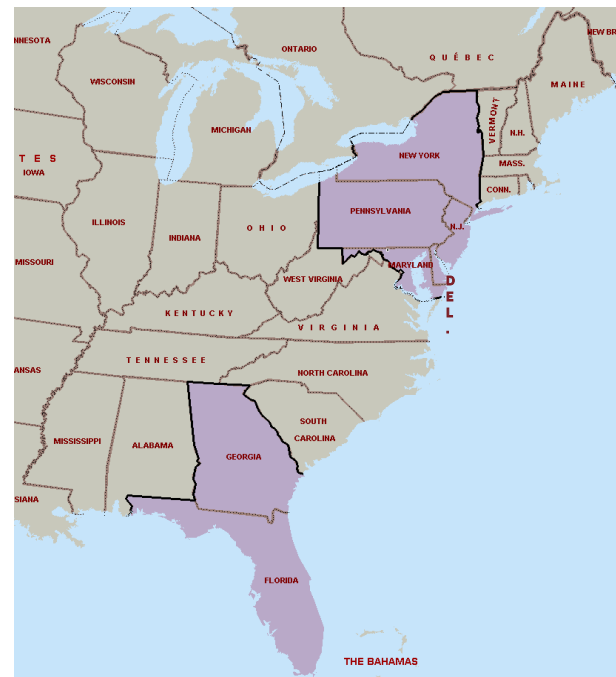
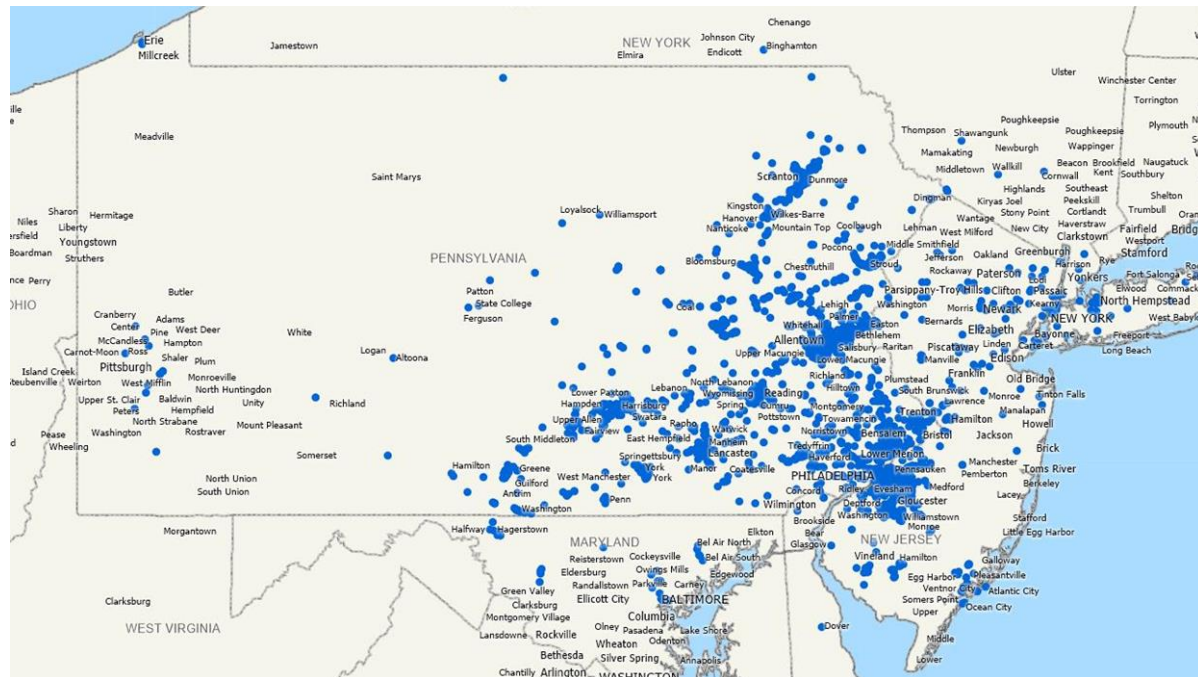


Memorial Sloan Kettering
Cancer Alliance
MEMBER





HNL Client Locations - National



Controlling Costs – All Hands On-Deck

Materials Management: Vendor Contract Review/Renegotiations

Laboratory Operations: Focused Waste Reduction

Quality: Process Excellence (PeX)

Information Services: New Tools and Technology

Pre-Analytic Technology

Insurance Eligibility Checking

Preauthorization Checking

Paper to Digital (P2D) Conversion

Enterprise Master Patient Index (EMPI)

Challenges for P2D Success

Managing Varying Paper Documents From Multiple Sources:

- Preprinted Test Requisitions
- Requisitions From Standalone EMR Systems
- Hand-Written Prescriptions for Lab Work
- Hand-Writing on Test Requisitions

Challenges with Paper

Missing or Incorrect Information

- Patient Demographics
- Diagnosis Codes
- Insurance Information
- Ambiguous Test Orders
- Missing Provider

Challenges of Hand-Written Documents

- Illegible information
 - Patient demographics
 - Test orders
 - Diagnoses
 - Insurance information
- Inconsistent test naming conventions
 - CMP, Chem 7, Basic Chem Panel, etc.
- Inconsistent location of data results in missed tests and other missed information

HNL Has Taken On the Challenge

Partnered with vendors to find a solution:

- Up-front patient insurance eligibility checking
- Paper to Digital (P2D) Transformation Process
- Electronic Master Patient Index
- Pre-Authorization flagging based on tests and payers

How Much Paper?

- On an average weekday, HNL receives approximately 650 paper requisitions
 - 250 are HNL standard requisitions
 - 200 are HNL pathology and specialty lab requisitions
 - 125 are non-HNL printed requisitions (EMR or other custom)
 - 75 are handwritten scripts

Paper to Digital (P2D) Transformation

What is P2D and why did we choose to implement?

- P2D consists of people, process and technology to transform paper orders to electronic orders and uses a QA process to eliminate errors
- Specimen Management staff monitors a processed orders list in the order entry module for orders that have been completed and released to the LIS.
- Staff label the specimens appropriately and introduces them to the normal testing workflow.

Why Implement P2D?

- Staffing challenges in our Specimen Management area results in constant training of new employees
- New employees usually means increased mistakes
- Paper to Digital process used as an enhancement to staffing, not as a replacement
- Shifting manual ordering tasks to a trained, dedicated team permits on-site staff to continue with other work
- Added up-front eligibility checking where previously not available

Other Opportunities for P2D

P2D can be an option for:

- Pre-ordering patient lab work requests at long-term care facilities
 - Phlebotomists could print barcoded labels to draw patients instead of using requisitions and handwriting on tubes
- Home draw phlebotomy requests
- Convert completed manual requisitions to electronic orders ahead of time
 - Phlebotomists who used manual requisitions can send them to P2D and have the electronic orders waiting for their arrival at the lab

Steps for Implementing P2D

Considerations:

- Up to date test compendium with common alias test names/synonyms
- Knowledge of specific site rules for specimen entry
- Obtain examples of each type of manual requisition for training of 4Medica staff
- Understand the workflow where you want to implement the solution

Steps for Implementing P2D

On-site staff:

- Training on the scanning process
- Have a system to keep track of:
 - Orders yet to be processed
 - Orders pending completion
 - Completed orders
- Problem resolution
 - If using 4Medica's Rapid Order Entry Portal, problem orders can be flagged for site to follow up
 - Other method of problem notification

P2D at HNL

4medica P2D Performance Metrics (TAT & Quality):

Total Orders Processed	3900
% Less than 10 min	75%
Orders less than 10 min	2970
Orders more than 10 min	930
Orders more than 20 min	0
Orders more than 30 min	0

¹Includes scan time of 3 min/order

²Quality Metric: 1.2% of orders identified with errors in the 4Medica QA process

³Total cost to process each order: \$1.00

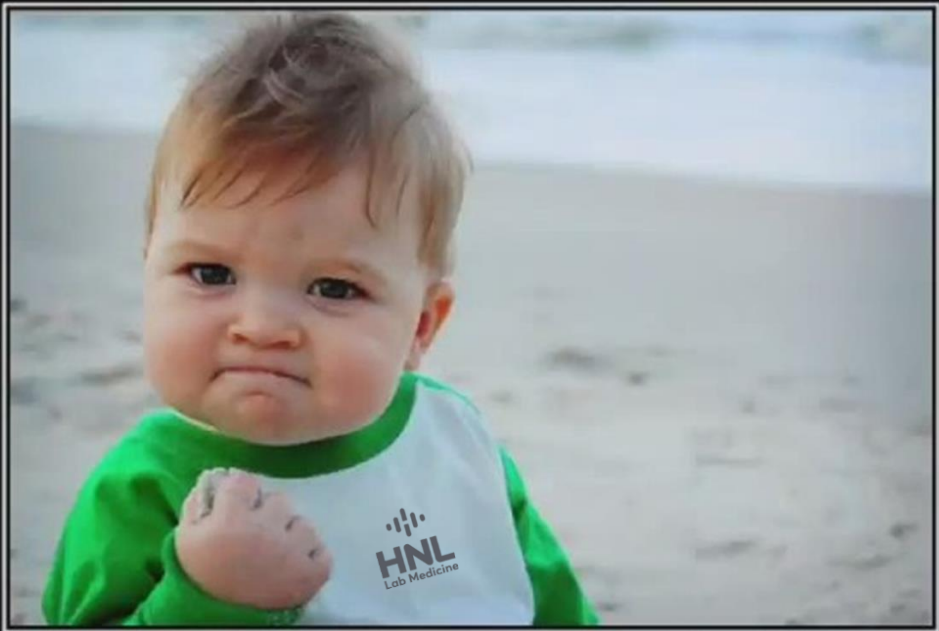
Cost of Poor Data: Need for EMPI

Annual cost related to returned mail at HNL due to inaccurate patient address: \$488,417

Annual cost related to missing address components: \$3,421,152

Total Potential Lost Revenue, Annualized: **\$3,909,569**

THANK YOU



SUCCESS

Answers for Life™

