

DALLAS BASED HOSPITAL / HEALTHCARE

DALLAS HOSPITAL NOW ABLE TO USE DATA WAREHOUSE TO IMPROVE COST CONTROL



CHALLENGE:

Our client was experiencing significant issues managing their collections performance, denied claims and reducing billing errors. This resulted because they were unable to access their business information out of Epic and other systems in a useful format. By the time the monthly billing report was received, it was two months old and two inches thick. 90% of the information they needed took a team over two weeks to extract and consolidate in excel. They were also unable to tie their billings back to point of care in order to prove the billings were correct. As a result they were receiving government fines because they were unable to prove accuracy, or they were billing to low to avoid government fines. In both cases they were losing money due to fines or inaccurate billing.

APPROACH:

They contacted us to implement a data warehouse focused on providing self-service reporting that supports their end-to-end financial business processes.

Our client first opened its doors in 1894 and is now one of the largest public hospital systems in the country, licensed for 861 adult patient beds and 107 neonatal patient beds and more than 10,000 employees. The hospital averages more than 1 million patient visits annually. Services include a Level I Trauma Center, the second largest civilian burn center in the U.S. and a Level III Neonatal Intensive Care Unit. The system also includes 20 community-based clinics, 12 school-based clinics and numerous outreach and education programs. Our client is the primary teaching hospital for a University in Dallas. Fusion implemented solution for Revenue Cycle and HIM.

RESULTS OF WORK WITH FUSION

As a result of the data warehouse, they are they are now able to use their data warehouse to dramatically improve cost control. The information provided by the data warehouse helps improve collections, reduce underpayments and reduce denied claims.

They are also able to track metrics instantaneously and have reduced the time spent to track key performance indicators from days/weeks to minutes/seconds and are able to answer questions such as:

- How do the costs of Surgical Procedures compare by Surgeon and in turn compare to last year's costs?
- Who are the Surgeons that are showing a tendency for higher costs for similar procedures compared to others and why is that?
- Is it related to the cost of components, medical procedures, something else?
- What behaviour can we encourage that will help to control these rising costs?
- Is it to encourage the use of particular materials or instruments or something else?
- Where were we in terms of total collections last month and what are we predicting next month based on historical experience?
- What clues are there in the data spanning back over the years as to ways and means to increase the efficiencies of collections?
- Where are the worst performing areas in terms of collections and why? What can we do to change this?
- Are there particular staff that are lagging behind? In what areas are they lagging so we can assign appropriate training, direction or assistance?

