

Government Quality Guideline: \$39 Billion of hospital revenue at risk

Opportunity

Non-compliance on government quality guidelines is estimated to have 3-5%¹ impact on healthcare institutes revenue or \$39 Billion

Government quality guidelines to take full effect by end of 2014 put significant healthcare institutes' revenue at risk due to non-reimbursement. Remedy / exception for non-compliance requires to be done at point-of-care.

No solution for policy enforcement at point-of-care for revenue assurance

- With an average of 5-6% operating margin², revenue exposure due to non-compliance from government quality guidelines is one of the top challenges for hospitals based on CEO survey. It is about revenue assurance!

Solutions

Point-of-care notifications with suggested remedy on potential non-compliance to government quality guidelines

Rule-based correlation between patient care history, patient medical condition with the support of a medical messaging system to notify and suggest remedy.

Point-of-care policy enforcement

- The notification has to be at point-of-care, prior to be detected and rejected by a government audit function.
- Policy enforcement has to be automated and enforced by an IT solution, not via a manual process.

Drivers for Change

- Revenue assurance
- Efficiency improvement for cost containment
- Physician alignment

Government reimbursement and quality guidelines put pressure on healthcare institutes – both on its top and bottom lines.

Solutions can be deployed in parallel with paperless transition supported by EMR

- Automated IT environment removes the dependency from full time and independent physicians.
- Revenue assurance with regards to government mandate on quality guidelines.

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- Pay-for-performance in lieu of pay-for-procedure puts emphasis on efficiency and information sharing / flow and collaboration from care providers. It is about cost containment through efficiency.

Root causes

- Lack of a closed loop control system puts all responsibilities of complying with government quality guidelines to care providers. Without point-of-care policy enforcement in place, healthcare institutes are exposed.
- Patient care continuum is critical for collaboration among care providers. It is a critical component to improve care efficiency and contain cost in order to comply with the new reimbursement policy – pay-for-performance³.

Solutions

- Zoeticx DMMS[®] (Dynamic Medical Messaging System) support revenue assurance to ensure policy compliance or exception reports basing on patient medical conditions (current and history).

Patient care continuum

- Real-time access of patient care history from diverse medical data sources reduces potential medical errors due to lack of medical information flow.
- Real-time collaboration among care providers increases patient care efficiency, contains cost to address pay-for-performance guideline.

Drivers for change

- Cost containment through patient care continuum, supported by current patient medical conditions and patient care history from diverse EMRs.
- Real-time patient medical information exchange.



CareIntelligence product tour:
<http://www.youtube.com/watch?v=tLGsaKvrtOA>
 Preventable medical error case study:
<http://www.youtube.com/watch?v=5dv-50dXuf0>

(1) Healthcare Revenue Integrity Strategies – Protiviti / Risk & Business Consulting - 2010

(2) Trendwatch chartbook 2012 – Chapter 4: Trends in hospital financing (chart 4.2) – American Hospital Association (AHA) and Avelere

(3) Zoeticx whitepaper on 'Preventable Medical Errors: A \$30 Billion Opportunity'