Post-COVID Productivity: The 3 Must Do's to Boost Team Efficiency While Saving 10 Hours a Week

Presented by

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Disclosures

Declaration Statement: I have relevant relationships with ineligible companies to disclose within the past 24 months. I am an advisor for healthcare executives and startup founders on the following topic.

Learning Objectives:

At the conclusion of the session participants should be able to:

- Gain clarity in your team's growth outcome
- Not rely on willpower and reboot your mental immunity
- Leveraging the right resources in the right place







The #1 factor found in research for productivity and employee retention is ...







Dog days of

Workplace productivity drops by as much as 20%



Projects take, on average,

13% longer during the summer months





EMPLOYEE ATTENDANCE DROPS 19% during the **SUMMER MONTHS.**



Searching for another job during work increases by 1200%

SEA





How stressed are Americans During the Holidays?





How well are you able **TO CREATE TIME FREEDOM** so you can enjoy work and life? 🏌 Not well at all 2 I'm constantly feeling chaotic 3 I have good and bad days 👍 I'm mostly able to manage 5 I have total control

Spend hours at work

Does this sound like you?

Lack of being able to go on vacations

111111

Does this sound like you?



Unable to communicate effectively

111111

Does this sound like you?

Does this sound like you?

Do you ever wonder if you even made the **right choice** just to feel spending all these years studying TIRED and UNDERVALUED?

WHAT I LEARNED FROM MY JOURNEY?

I DUG OUT MY OWN THESIS ON SELF-CARE & SELF-EFFICACY,



- REALIZED WITHOUT A 1-1 COACH I WAS NOT SEEING MY OWN BLIND SPOTS.



TRIED DIFFERENT SELF-LEAD PROGRAMS BECAUSE MY PRIDE THOUGHT I CAN JUST DO EVERYTHING MYSELF, AND







66

I realized that I don't want to live to work but work to live



life is too short to be whappy.

...

"I believe that you deserve to crush it at work and have an

amazing personal life!"





Are you ready to have more time freedom, so you can create more impact starting today?



STEP 1 UPLEVEL YOUR MENTAL FITNESS







RECALL THE LAST TIME YOU GOT REALLY EXCITED ABOUT SOMETHING, HOW LONG DID IT LAST?





It'S NOT ABOUT BETTER TIME MANAGEMENT

VIT'S ABOUT BETTER



The Impact of Negativity









3 CORE MENTAL FITNESS MUSCLES





A

When you can accomplish 80% of your goals, you would feel?

Awesome
Great
Great
Okay
So so
Bad


Mental fitness is a daily practice







What is the **ONE thing** you have to say no to?

Founder of Happy Gut Happy Life

STEP 2 Uplevel your team



How well are you able

TO CONNECT WITH THE RIGHT PEOPLE

in your practice right now?



On a scale of 1-5, 1 being not well at all. 5 being able to make an instant connection.





VS



YOU WILL GET \$10,000 TOMORROW

YOU WILL GET 1 PENNY TODAY THAT WILL 2X DAILY FOR THE REST OF YOUR LIFE





This is how you and your team can last longer, keep up with your *momentum*, and continuously to enjoy your work



If your circle of friends DO NOT INSPIRE YOU, you don't have a circle, YOU HAVE A MENTAL CAGE - Sabrina Runbeck







A study also found that 80% of the care coordination work are made up by patients who have at least 1 chronic disease.

Are you surprised by this?

Chronic diseases affect approximately **133 million** people or more than **60%** of the total population per CDC.

2020 Medicare and Medicaid Incentives

 Meaningful Use of EHR of 2011
 Promoting Interoperability Program of 2011
 Medicare Access and CHIP Reauthorization Act (MACRA) of 2015

4. Merit-based Incentive Payment System (MIPS) of 2017

2 Payment Models

Fee for service - traditional billing with CPT codes

Value based program - Medicare & Medicaid Incentive Program and Managed Care Contracts

A virtual healthcare team are able to

- Reduce staff workload
- Decrease staffing costs
- Prevent staff turnover



They can take over the works of

- 1. Answering phone calls
- 2. Carry out risk stratification assessments
- 3. Detect and respond to alerts in patients' disease specific markers immediately
- 4. Proactively reaching out to patients weekly
- 5. Provide patient education
- 6. Conduct coordination of care
- 7. Respond to patients' questions
- 8. Provide televisits for one-on-one concerns and interdisciplinary meetings



Some of you might question...

"Since I didn't interview them, how would I know if these MAs, LVNs, and APPs are qualified to take care of my patients?" "How would I know if my patients are actually taken care of?"

> "My protocols are different and my patients are unique, how would they know what to do with my specific patients?"



In reality...



• Having no disease specific remote monitoring system or having minimal inconsistent outreach are doing your patients a disservice



• Protocols are build from national disease-specific society standards and can be customized



• Hiring your own team of MAs, LVNs or APP to do these monitoring manually are costly



• When you do not have a technology platform on top of it, you will not be able to conduct individual patient and population risk stratifications



• Customized protocols can be adopt into these programs as well





Damion Jenkins, RN, MSN, CEO of The Nurse Speak, LLC

RUNBELL



Uplevel your Patients



STEP 3







Physician groups and hospital systems can change their approach from practicing defensive medicine to proactive medicine.

This way we can
Slow down disease progression
Reduce staff burnout, and
Increase practice revenue



Explore & Adopt Virtual Care Management Platforms

Utilizing new care models and care opportunities to increase patient access to care and improve care outcomes

- Telehealth visits
- Remote monitoring system
- Principal care
- Chronic care
- Transitional care
- Remote therapy monitoring
- Patient individual risk scoring
- Population risk stratification



The 4 most common misconceptions of healthcare practitioners:

"Technology is slowing me down."

"I can get investors and build this myself."

"We just need to have more staff to do this."

> "I had worked with a managed care company before they were taking over too much control."





The Truth is, you can totally build a program yourself, but...

- Legislations are constantly changing, it would be too much for practices to keep up with
- The cost to build a program yourself is very high.

For example

if you have 1,000 patients who have at least 1 chronic disease:

ITEMS	COST
Patient Onboarding Cost: Hiring a MA or RN at \$20/hour to screen and	
onboard each patient, 15 min/patient, ~ 250 hours	\$5,000
Software Integration Costs: To Integrate, implement, and configurate with	
your specific Electronic Health Record system	\$15,000
Device Costs: Purchase a device for your patient that can sync with your	
EHR and remote monitoring platform.	\$75,000
Monthly Staffing Costs: Hiring a MA or RN at \$20/hour for ~333 hours of	
remote monitoring work (20 min/patient)	\$6,667/mo
Monthly Billing and Collection Costs: On average, a revenue cycle company	
charges 6.5-8% of collections. Roughly, Remote Patient Monitoring can be	
billed about \$100 per patient per month.	\$7,000/mo
Monthly Software Cost: On average, a technology company will charge you	
40% per patient, that's \$40 per \$100 billed.	\$40,000/mo
Subtotal Initiation Costs: Costs summary if you are partnering up with an	
existing technology company without them investing in your practice or	
organization	\$95,000
Subtotal Monthly Ongoing Costs: For Staffing and Revenue Cycle Company	\$53,667/mo
Monthly Revenue: 80% of the billed services will be approved, and 80% of	
each are paid by Medicare/Medicaid	\$64,000/mo
Monthly Profit not deducting initial cost: is only 8.3% margin	\$10,333/mo

Deciding Who To Partner With...

SERVICES	MRG Health	Medtronic	Philips	Vivify	Optimize Health	CIRCLE C	ACCU- HEALTH	тно с	ECW
Patient billing and collections	\checkmark	х	X	x	х	X	x	Х	X
Technology Platform	\checkmark	\checkmark	\checkmark	\checkmark	\checkmark	х	X	\checkmark	\checkmark
Video production, Clinical content, Recorded calls	\checkmark	\checkmark	\checkmark	\checkmark	\checkmark	X	х	x	x
Senior Focused Interphase	\checkmark	х	x	X	х	X	х	X	Х
Remote Review of Biometrics	\checkmark	\checkmark	\checkmark	\checkmark	\checkmark	\checkmark	\checkmark	\checkmark	\checkmark
Fall Detection	\checkmark	х	\checkmark	\checkmark	x	Х	x	Х	Х
Customized Alerts & Triggers	\checkmark	\checkmark	\checkmark	\checkmark	\checkmark	Х	Х	X	Х
Medication Management	\checkmark	х	х	\checkmark	x	Х	x	х	х
Referral Tracking	\checkmark	x	Х	x	x	Х	x	Х	х
Family Connection App	\checkmark	х	Х	х	х	Х	x	Х	Х
Staffing	\checkmark	\checkmark	\checkmark	\checkmark	\checkmark	X	\checkmark	X	\checkmark
Multi-level care teams	\checkmark	х	х	\checkmark	x	Х	x	X	X
Multi-language	\checkmark	х	X	X	x	Х	x	X	х
Onboard patients for practices	\checkmark	\checkmark	\checkmark	\checkmark	\checkmark	\checkmark	\checkmark	Х	х
Provide virtual care wellness management	\checkmark	x	x	x	x	x	x	x	\checkmark
Costs absorbed by Practice	\$	\$\$\$	\$\$\$	\$\$	\$\$	\$\$	\$	\$\$	\$\$\$



Finds a partner whom will

- 1. Invest in your practice or organization
- 2. Implement and build out on a success fee
- 3. Create terms that insulate you from financial risks and liabilities
- 4. Is able to handle both payment models of fee for service and valued based programs
- 5. Make sure that this company can handle all
 - 4 success solutions:

a. A multi-level virtual healthcare team
b. A disease specific virtual care technology platform
c. A digital footprint and audit trail for documentation
d. An integrated revenue cycle management solution
for billing and collections





How are your colleagues are responding to RPM & CCM?

- 1. An American Hospital Association Annual Survey conducted in 2018 revealed that over 60 percent of hospitals have implemented some level of remote patient monitoring program (American Hospital Association, 2019).
- 2.68 percent of physicians surveyed by the Consumer Technology Association, "strongly intend to use remote patient monitoring technology in the future" (Pennic, 2019).
- 3. The Spyglass Trends in Remote Patient Monitoring 2019 report revealed that 88 percent of providers surveyed either desire to or have already invested in RPM technologies to manage readmission risk in their unstable chronic care management population (Spyglass Consulting, 2019).



Over promising and under delivering?









The Million Dollar Closet

- Mayo Clinic 2021 results showing only 9.4% of patients were admitted to the hospital within 30 days of enrollment of PRM after discharge.
- Meta analysis of 10 studies, Taylor et al (2021), between 2015 to 2020 showing significant reduction in ER visits in COPD patients and reduction in length of stay in CVD pateints.
- Kim et al (2015) showed significant systolic BP reduction in patient 55yo or older.

https://bmjopen.bmj.com/content/11/3/e040232 https://www.thepermanentejournal.org/doi/10.7812/TPP/20.281#ref https://www.nature.com/articles/s41746-017-0002-4

FOR THOSE WHO LOVE TO CONTINUE THE CONVERSATION ON THIS TOPIC, PLEASE CONNECT WITH ME LINKEDIN

Linkedin.com/in/SabrinaRunbeck







How do you go further?

Dr. TONY DERASMUS

Founder, Sandtone Health Author, "The Secret Addiction" 2018 Parker Seminars of the Year " Productivity is never an accident. It is always the result of a commitment to excellence, intelligent planning and focused effort."

- Paul J. Meyer

productivity

Do you feel <mark>empowered</mark> that you can implement the 3 Must Dos we discussed?

S MARTER

Which step would you focus on first?

1) Up-Level Your Mental Fitness

2) Up-Level Your Team

3) Up-Level Your Patients



