

Navigating healthcare's journey to digital

Recently, leaders from across the nonprofit healthcare revenue cycle spectrum met in North Carolina for the annual HealthLeaders Revenue Cycle Technology Exchange. The group collectively discussed the pervasive trends and inefficiencies they experience firsthand every day and collaborated on possible paths forward for the industry.

As a part of the two-day event, Bank of America hosted a closed-door session with select leaders who shared a common set of observations, challenges and goals as they position their organizations for the future. Key themes included:

- The evolution of healthcare's "digital front door"
- Creating equal footing with payers
- Building vs. buying technology

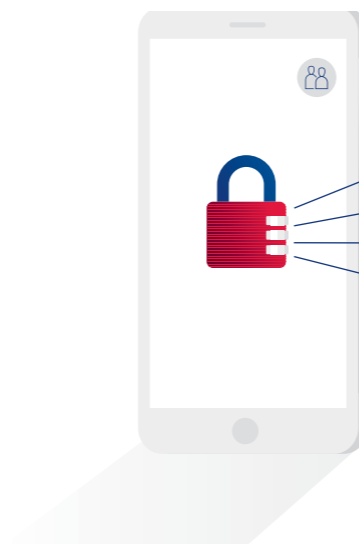
In today's interview, we sit down with the moderator of this closed-door session, Bank of America's National Client Solution Executive, Simon Abtalion.

Q: As we started our chat, you mentioned the term "digital front door." Can you define the concept and share why it was such an important topic amongst participants?

The digital front door is an expansive concept that encapsulates healthcare's migration from paper forms and telephone calls to more convenient channels such as patient-driven scheduling, mobile check-in, digital appointment reminders and text-to-pay options. In short, it's the suite of technology that providers leverage to improve the patient experience. While this isn't a new concept, it's one that has certainly

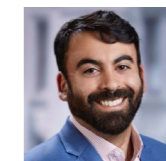
become a greater focal point as margins compress, competition rises and the patient has become more empowered. Not only should it improve the patient experience and, as such, drive greater loyalty, but when appropriately deployed it should lower the hard cost incurred by an organization through process improvement and a reduction in human intervention.

Unlocking the digital front door



- Patient self-scheduling
- Mobile check-in
- Digital reminders
- Text-to-pay

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Key takeaways

- The digital front door has become more important as margins compress and competition rises.
- A wide divide in revenue between payers and providers is creating challenged relationships.
- End users, IT, revenue cycle, treasury and finance departments have an increasing say in vendor selection.
- Finding a balance between functionality and integration often forces revenue cycle leaders to tap external resources.

Q: Does this process force a change to those patients who prefer talking to someone or are more comfortable with a physical form?

While cost control and automation are by-products of the application of a successful digital front door, the intent is to meet each patient via the channel/methodology where they are most comfortable. Keeping this in mind, it's less about taking an option away from a patient, and far more around providing choice knowing that one size doesn't fit all. An interesting tertiary aspect is that of "future proofing," with the digital front door laying the foundation for the incoming generations, as they become a larger percentage of the patient base, who are far less accustomed to paper and more comfortable with digital channels.

Q: What does equal footing mean? Are payers and providers at odds with one another?

Every leader at our session, and within the wider Exchange, expressed frustration with the payer/provider dynamic. Many lamented over AI and algorithmic case/claim reviews applied by payers leading to increased denials and a cumbersome process to appeal and resubmit. To combat this growing challenge, organizations have been looking to deploy technology to improve repetitive tasks, thus freeing up their staff for high-level functions, but their ability to do so is not in line with their national payer counterparts. Each of the big four national healthcare payers collects over \$30 billion in total direct premiums per year, while the net patient revenue of the health system looking to partner with them is often but a fraction of that size. This wide divide in revenue leads to a misalignment of scale, from tech budgets to human capital, and leads to a challenged relationship with the provider constantly looking to catch up.

Q: Have the buying habits of revenue cycle leaders changed? If so, how? What prompted this change?

Revenue cycle leaders are challenged to maintain a high-efficiency process while controlling cost and deploying new technology to solve operational issues, and this is nothing new. However, high-functioning organizations have taken a new approach to the vendor selection process. For those organizations, gone are the days that a single treasury, finance or revenue cycle leader makes a buying decision as today's model has information technology, end user, patient experience, revenue cycle, treasury and finance all at the table with a voice. In a particular case, it was shared that one large organization encourages each of these groups to have a series of separate meetings with each vendor and the vendor that scores best across all groups is the one selected, and this may not be the first-choice vendor from the revenue cycle. This cross-functional approach ensures that the technology chosen represents the diverse needs of a multitude of stakeholders.

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Q: I continue to hear the term "native functionality." Can you define that and share the participants' views?

Native functionality can be reduced to the concept of a module, or addition to a technology platform, that seamlessly integrates. Meaning it doesn't require a second screen, separate log-in, additional user interface, end-of-day file upload, nor delay to processing. This is often used when describing revenue cycle functionality within a healthcare practice management solution. To reduce friction and improve end-user experience, many organizations have long preferred a native functionality. However, many leaders in our session voiced that they may have needs that a practice management solution provider has yet to satisfy or has not addressed in as complete a manner as an outside healthcare fintech has, and therefore they are forced to go "outside" to get the tools they need. Weighing this balance between functionality and integration is a crucial aspect of the modern revenue cycle leader.

Contact us to learn more.

Contact your Bank of America Healthcare representative to discuss these topics or ways we can help.



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