

# How healthcare finance leaders are doing more with less



The following Q&A is from a recent HealthLeaders Revenue Cycle Exchange Session, where peers were brought together to talk strategy and share insights. Bank of America's Simon Abtalion discusses best practices and vulnerabilities from the session, highlighting the power of automation, disruptive technology, and strategic partnerships to tackle today's challenges.

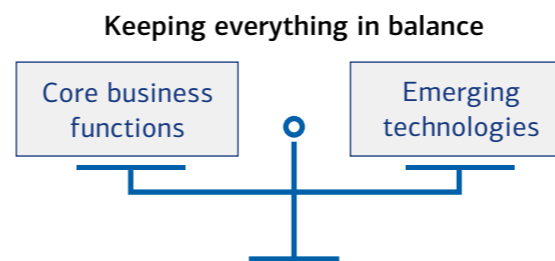
## The ability to adapt is critical for healthcare organizations to remain successful.

Healthcare finance teams face growing demands to manage payment complexity and the revenue cycle processes more efficiently, with team sizes generally not expanding to match organizational growth. How can leaders position their systems to meet today's evolving challenges? Simon Abtalion, National Client Solution Executive for Global Commercial Banking with Bank of America, stresses that process automation is crucial. However, managing it requires rethinking technology and partnership strategies. During a private roundtable discussion, revenue cycle leaders explored top vulnerabilities, best practices and risk mitigation. Abtalion shares key conclusions from this conversation, including how healthcare finance teams can achieve more with less while maintaining a best-in-class environment.

### Q: What pressures are driving the need for automation?

Abtalion: Today's health systems face declining operating revenue, lower reimbursements and high labor costs, all of which place an increased burden on revenue cycle and treasury teams. They also must manage an amalgamation of technologies and IT systems due to a surge in M&A activity in recent years, as

well as systems migrations, updates and introductions. This forces leaders to balance core business functions while also keeping a watchful eye on the evolving technology landscape to capture needed automation levels.



### Q: What challenges did the participants face at their hospitals regarding the “do more with less” operating model?

Abtalion: Each revenue cycle leader shared that leveraging technology and using it to drive automation enabled their team to “do more with less;” however, they each also shared that introducing new technology via new vendors can lead to a vendor management challenge. To address this, health systems use three main approaches to vendor management: One is assigning a directly responsible individual to cover all of these relationships, which includes oversight of coding and upkeep while driving accountability

## AUTHOR



**Simon Abtalion**  
National Client Solution Executive  
Global Commercial Banking  
Bank of America

## Key takeaways

- Due to increased payment complexity, healthcare finance teams are being asked to “do more with less.”
- A surge in M&A activity in recent years, as well as systems migrations, updates and introductions, is driving the need to automate processes.
- Vendor management can be a major challenge to healthcare organizations as they leverage new technologies.
- National commercial banks specializing in healthcare can provide a wealth of best practices and unique insights into third-party relationship management.
- The “No Surprises Act” has forced finance teams to create a process to ensure that cost information remains both available and current.

for KPIs assessed via annual business reviews. Another approach is to have one person per IT vendor to manage the relationship, maintaining integrations and ensuring accountability. The last group outsources vendor relationship management to a third party that is accountable for vendor performance.

### **Q: How often did participants mention reviewing processes, products and people to maintain a best-in-class environment?**

Abtalion: Participants said they do numerous reviews during budgeting season, as well as ahead of any significant platform migration, to assess headcount and IT spend for the year(s) to come. Another common best practice is holding annual meetings with lead technology vendors to review performance and new functionality. Organizations are leveraging their banking

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relationships to supplement these activities. Participants said quarterly meetings with their bank offer a better understanding of peer-group best practices, informing decision-making and strategy. National commercial banks specializing in healthcare can provide a wealth of best practices and possess unique insights into data and funds flow and third-party relationship management.

They offer helpful solutions for similar problems, such as payer habits and digital patient engagement.

### **Q: How do participants manage to stay current with evolving and disruptive technology, and do you have any recommendations?**

Abtalion: They stressed the value of bouncing ideas off a peer network, attending conferences and thought leadership events, staying updated with healthcare periodicals, and leaning on banking partners. They are interested in banking technology investments to understand how banks work with payers, providers and patients to remove paper from the ecosystem, drive direct connectivity and lower operational costs. Also, revenue cycle leaders must stay on top of their platform's development plan and its alignment with their strategic goals. Ultimately, organizations can position themselves for success when they communicate with their technology and banking partners and peers about areas requiring support, such as robotic process automation, machine learning and artificial intelligence.

### **Q: What processes stood out as most important to automate?**

Abtalion: Participants emphasized the importance of automating the collection of comprehensive data upfront during patient registration and maintaining authorizations and data integrity throughout the revenue cycle, as deficiencies in those key data elements result in delays to claim submission, adjudication and payment. They went on to stress the importance of automating price transparency following the "No Surprises Act" and how it forced their teams to create a process to ensure the necessary cost information remains both available and current.

Additionally, revenue cycle teams continue to focus on normal automation goals, such as accelerated cash posting, driving direct connectivity with payers and clearing houses, while also deploying paper-to-835 conversion solution sets that incorporate correspondence indexing and enable the creation of a zero-pay 835 from a denial letter.

### **Q: How do you foresee emerging technology being used to address healthcare challenges?**

Abtalion: With major acquisitions, such as Oracle's purchase of Cerner, we can expect the gap to narrow between the ERP and PMS functionality, leading toward a single system of "truth" that manages accounting for various reimbursement models, patient engagement and vendor management. These systems will also embed bank payment methodologies, shaping the future of healthcare IT and financial management. Patient experience vendors will continue to gain traction as the user experience remains a driving factor in net promoter scores, while commercial pay automation tools will continue to surge. Forward-thinking organizations are already automating repetitive tasks such as data, file, and record pulls, and many other systems will follow suit in the coming years.

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