Return on Investment in Support Staff: Justifying the Value of Financial Counselors and Patient Navigators

Please stand by. The webinar will begin shortly.
Return on Investment in Support Staff: Justifying the Value of Financial Counselors and Patient Navigators

July 24, 2013

Teri U. Guidi, MBA, FAAMA
Tim Tyler MSW, LISW-S, OSW-C
Emmeline Madsen, MPH
Agenda

• Introduction
• Financial Counselors
  – Getting approval
  – Roles
  – Results
• Navigators
  – Roles
  – Financials
  – Results
• Question and answer
Introduction

• Support staff serve many patient needs but
• Support staff generate little or no direct revenue making these positions difficult to justify
Tim Tyler MSW, LISW-S, OSW-C

- Psychosocial Coordinator, Akron General Medical Center’s McDowell Cancer Center
- Developed, designed and implemented all Psychosocial, Case Management, Patient Navigation and Distress Management policies and procedures
- Developed Financially Sustainable Model of Psychosocial Supportive Care
- Won 2012 ACCC National Innovator Award: Bridging the Psychosocial and Financial: An Innovative Model to Decrease Patient Distress While Increasing Institutional Fiscal Benefit
- In oncology for 6-1/2 years
Financial Counselors

- Prepare patients for their financial responsibilities
- Assist patients to enroll in appropriate insurance plans
  - E.g. Medicaid
- Assist patients to find additional resources
  - E.g. Patient Assistance Programs, Foundations
- Reduce the provider’s write-offs and bad debt
  - E.g. better insurance coverage for claims, drug replacement programs
Data Needs - Resources

- What patient assistance and drug replacement programs are available?
  - Co-pay, insurance options, foundations, etc.
  - Pharmaceutical companies
- What are the eligibility criteria?
  - Age, disease, financial status, etc.
- What are the limits on assistance?
  - Total dollars, number of requests, time period, etc.
Data Needs – Claims Review

- Any account (in any time period) with write-offs or denials
- What precisely was written off/denied?
- Why?
- How much money? (expected collections)
- What help would the patient have qualified for (type and dollars)?
Getting the Nod

• One month of claims
• Unpaid items identified
• Identified applicable resources that *could* have paid for some items
• Tallied dollars that *could* have been saved
• Six month position approved to test the hypothesis
It Worked!

- Initial position approved
- Results allowed expansion
- And today…
Information and Services Provided

- Up to date deductible and copay information to verify potential maximum out-of-pocket expenses
- Provide assistance with questions about billing policies, billing statements, and personal balance owed
- Explain insurance benefits and obligations
- Assistance with completing important paperwork for patient assistance programs
- Denial and off label support
- Aid Patient Financial Services in resolving claims issues
- Help underinsured or uninsured patients with resource utilization
Financial Assistance Programming

• Cancer Center Manager:
  – Claims Management, Clinical Support expertise, Revenue Cycle (Billable v/s Reimbursement), financial auditing, Prior-Authorization oversight, Revenue Cycle, etc.

• Reimbursement Specialist:
  – PAP/Co-pay enrollment, Premium Assistance, Benefits investigation, denial support, Compliance Check, Pre-authorization assistance, etc.

• Social Worker/Resource Counselor:
Key Staff & Resources

Revenue Cycle Team

- Psychosocial Coordinator
- Cancer Center Manager
- Nursing Staff
- Reimbursement Specialist
- Social Worker/Resource Counselor
- Patient Financial Services
- Outpatient Pharmacy / Pharm D
A key starting point is completing a comprehensive benefits investigation.
Financial Awareness Programming

• A Routine Step in Patient Education
• Counseling patients about their financial responsibility prior to treatment is absolutely essential.
• Meet privately with each patient to review the following:
  – Institutional financial policy
  – Patient out-of-pocket responsibility
  – Potential resources for patients including co-payment assistance foundations, alternate coverage options, patient assistance programs, provide information regarding payment plans
Integrated Full-Service Approach for Patient Access

- Uninsured
- Underinsured or Adequately Insured
- Underinsured or Adequately Insured
- Uninsured

PAP

Insurance Premium Support

Cost-Sharing Assistance

Denial & Reimbursement Support

215.766.1280
solutions@oncologymgmt.com
## Results

<table>
<thead>
<tr>
<th></th>
<th>2009</th>
<th>2010</th>
<th>2011</th>
</tr>
</thead>
<tbody>
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<td>Co-pay assistance receipts</td>
<td>$58,000</td>
<td>$86,022</td>
<td>$92,614</td>
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<tr>
<td>“Insurance” receipts</td>
<td>$0</td>
<td>$0</td>
<td>$233,408</td>
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<tr>
<td>Foundation receipts</td>
<td>$50,900</td>
<td>$65,000</td>
<td>$55,000</td>
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<tr>
<td>Drug costs replaced</td>
<td>$882,326</td>
<td>$994,818</td>
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<td>SubTotal</td>
<td>$991,226</td>
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<td>$1,374,862</td>
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## 2012 Cancer Center Trends

<table>
<thead>
<tr>
<th>Month</th>
<th>Copay Amount Approved</th>
<th>Copay Amount Requested</th>
<th>Copay Amount Received</th>
<th>PAP Value</th>
<th>High Risk Pool &amp; COBRA</th>
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<tbody>
<tr>
<td>Jan</td>
<td>22,873.00</td>
<td>1,524.38</td>
<td>No Foundation</td>
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<tr>
<td>Mar</td>
<td>19,208.00</td>
<td>6,560.99</td>
<td>3,052.00</td>
<td>36,088.00</td>
<td>569,469.32</td>
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<tr>
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<td>38,016.00</td>
<td>26,756.36</td>
<td>4,643.00</td>
<td>81,360.00</td>
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<tr>
<td>May</td>
<td>9,604.00</td>
<td>16,721.46</td>
<td>17,716.00</td>
<td>56,550.00</td>
<td>-</td>
</tr>
<tr>
<td>Jun</td>
<td>28,983.00</td>
<td>21,931.11</td>
<td>11,783.00</td>
<td>57,690.00</td>
<td>394,257.22</td>
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<tr>
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<td>19,458.50</td>
<td>8,779.00</td>
<td>54,024.00</td>
<td>-</td>
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<tr>
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<td>4,878.34</td>
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<td>17,118.00</td>
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<td>Dec</td>
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<td>148,403.00</td>
<td>827,510.00</td>
<td>2,091,252.92</td>
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</table>

**Trends by Month**

- **Copay Amount Approved**
- **Copay Amount Requested**
- **Copay Amount Received**
- **PAP Value**
- **High Risk Pool & COBRA**
## Dashboard

<table>
<thead>
<tr>
<th>2012</th>
<th>Met</th>
<th>Deductible/OOP</th>
<th>Insurance Paying 100%</th>
<th>No Foundation Available</th>
<th>Over Income</th>
<th>Pending</th>
<th>Patient Declined</th>
<th>Approved</th>
<th>Total Assessments</th>
<th>Month</th>
<th>Local Foundations</th>
<th>SCORE CARD</th>
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<td>1</td>
<td>9</td>
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<td>64</td>
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<td>$13,800.00</td>
<td>Feb</td>
<td>$112,091.00</td>
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<td>Mar</td>
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<td>15</td>
<td>1</td>
<td>1</td>
<td>9</td>
<td>2</td>
<td>64</td>
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<td>$12,500.00</td>
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<td>0</td>
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<td>51</td>
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<td>$12,300.00</td>
<td>Apr</td>
<td>$86,003.00</td>
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<tr>
<td>May</td>
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<td>36</td>
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<td>0</td>
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<td>2</td>
<td>51</td>
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<td>$10,700.00</td>
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<td>5</td>
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<td>Oct</td>
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<td>0</td>
<td>2</td>
<td>2</td>
<td>11</td>
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<td>$13,205.00</td>
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<td>Nov</td>
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<td>0</td>
<td>4</td>
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<td>6</td>
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<td>$9,600.00</td>
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<td>0</td>
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<td>4</td>
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<td>$13,300.00</td>
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<td>10</td>
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<td>48</td>
<td>$132,705.00</td>
<td>Total</td>
<td>$132,705.00</td>
<td>$3,231,016.92</td>
</tr>
</tbody>
</table>

PAP NDC Cost Adjustment: $212,591.00

2012 TOTAL: $3,443,607.92
A picture is worth a million word$
Emmeline Madsen, MPH

- Manager, Rex Cancer Specialty Center
  - Community Outreach
  - Supportive Care (SW, RD, Navigators, Infusion)
  - Programs
  - Cancer Specialty Programs
- Master of Public Health
- 10 Years Oncology Experience
Navigators

• Lay, Social Workers, Nurses
• Ensure that patients get where they need to go from diagnosis through treatment
• Streamline the process for patients and providers alike
• Improve patient satisfaction
• Improve provider satisfaction
• Improve quality of care
Information and Services Provided

- Accept referrals of patients into oncology
- Assist patients following a new diagnosis – reduce anxiety, care coordination, patient compliance
- Coordinate care along the continuum
- Surgery, Radiation, Medical Oncology, Community
- Sentinel to changes in Patient Status and trends in Patient Experience
- Support Discharge Instructions and Processes
- Care Coordination
- Service Recovery
Needs Assessment

- Requirements
- Gap Analysis
- Patient & Caregiver Needs
- Provider Assessment
- Admissions Assessment
- Volumes
Requirements

• ACOS COC

A patient navigation process, driven by a community needs assessment, is established to address health care disparities and barriers to care for patients. Resources to address identified barriers may be provided either on-site or by referral to community-based or national organizations. The navigation process is evaluated, documented, and reported to the cancer committee annually. The patient navigation process is modified or enhanced each year to address additional barriers identified by the community needs assessment.
Gap Analysis

• Stage of Diagnosis
• TAT to Definitive Treatment
• System Inefficiencies
• Volumes
• Market
<table>
<thead>
<tr>
<th>PRIMARY SITE</th>
<th>AJCC STAGE</th>
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</thead>
<tbody>
<tr>
<td></td>
<td>0</td>
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<tr>
<td>BREAST</td>
<td>150</td>
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<tr>
<td>PROSTATE</td>
<td>0</td>
</tr>
<tr>
<td>LUNG</td>
<td>1</td>
</tr>
<tr>
<td>COLORECTAL</td>
<td>12</td>
</tr>
<tr>
<td>BLADDER</td>
<td>73</td>
</tr>
<tr>
<td>LYMPHATIC SYSTEM</td>
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</tr>
<tr>
<td>Hodgkin's</td>
<td>0</td>
</tr>
<tr>
<td>Non-Hodgkin's</td>
<td>1</td>
</tr>
<tr>
<td>BLOOD &amp; BONE MARROW</td>
<td></td>
</tr>
<tr>
<td>Leukemia</td>
<td></td>
</tr>
<tr>
<td>Multiple Myeloma</td>
<td></td>
</tr>
<tr>
<td>Other</td>
<td></td>
</tr>
<tr>
<td>THYROID</td>
<td>0</td>
</tr>
<tr>
<td>KIDNEY/RENAL</td>
<td>2</td>
</tr>
<tr>
<td>SKIN MELANOMA</td>
<td>8</td>
</tr>
<tr>
<td>PANCREAS</td>
<td>0</td>
</tr>
<tr>
<td>UTERINE</td>
<td>0</td>
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<tr>
<td>TOTAL VOLUME (ALL SITES)</td>
<td>257</td>
</tr>
<tr>
<td>PRIMARY SITE</td>
<td>AJCC STAGE</td>
</tr>
<tr>
<td>---------------------------</td>
<td>------------</td>
</tr>
<tr>
<td>BREAST</td>
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</tr>
<tr>
<td>PROSTATE</td>
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<td>LUNG</td>
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<td>73</td>
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<tr>
<td>Non-Hodgkin's</td>
<td>1</td>
</tr>
<tr>
<td>BLOOD &amp; BONE MARROW</td>
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</tr>
<tr>
<td>Leukemia</td>
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<tr>
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<tr>
<td>Other</td>
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<td>THYROID</td>
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<tr>
<td>KIDNEY/RENAL</td>
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<td>SKIN MELANOMA</td>
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<td>UTERINE</td>
<td>0</td>
</tr>
<tr>
<td>TOTAL VOLUME (ALL SITES)</td>
<td>257</td>
</tr>
</tbody>
</table>
Patient & Caregiver Needs

• Needs & Experience
• Patient Retention
• Patient Compliance
During your treatment please describe the support you are receiving:

- Doctor
- Nurse
- Social Worker
- Nutritionist
- Spouse/Partner
- Family
- Friends
- Neighborhood

- Supportive
- Very Supportive
Data – Account Review

• Actual revenue for Patients
  – Surgery
  – Chemotherapy
  – Radiation therapy
  – Combinations
Financials

- Cost Systems
  - Service Lines
  - CPT
  - ICD-9
  - DRG
- Actual Cash Payments on Account
  - Total Charges
  - Total Payments

- Subtract Out Direct Cost
  - Direct
  - In-Direct
  - Fixed
  - Variable

- Contribution Margin
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<tr>
<th>Breast Nurse Navigator</th>
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<tr>
<td>ave salary</td>
<td>$71,697.60</td>
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<tr>
<td>benefits 30%</td>
<td>$93,206.88</td>
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<table>
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<th>Contribution margin for a breast cancer case</th>
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<td>Surgery</td>
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<tr>
<td>Chemo</td>
<td>$592</td>
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<tr>
<td>Radiation</td>
<td>$5,049</td>
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<table>
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<th>Contribution margin</th>
<th>#pts to cover salary</th>
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<td>Surg + chemo</td>
<td>$4,088</td>
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<td>surg + radiation</td>
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<tr>
<td>Surg+chemo+rad</td>
<td>$9,137</td>
<td>10</td>
</tr>
<tr>
<td>surg only</td>
<td>$3,496</td>
<td>27</td>
</tr>
</tbody>
</table>
Making the Case – Market

• What is the capturable market?
• Marketing plan
  – Referring physicians
  – Treating physicians
  – Traditional avenues
  – Word of mouth
• How many patients will it take to cover salary?
Thoracic Oncology Patients

![Graph showing actual market and competition trends from Qtr1 2009 to Qtr1 2013]
Tracking the Results

• Patients self-referred
• Patients referred by previous non-referrers
• Patients outside the traditional market
• Patients receiving services that used to go elsewhere
• Charges & Revenue
• Direct Referrals

2012:  23 Patients
2013:  10 Patients (to date)
### Thoracic MDC Patient Hospital Charges

#### 6 months

**74 Patients**

<table>
<thead>
<tr>
<th>Referral Type</th>
<th>Count</th>
<th>Charge Amount</th>
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</thead>
<tbody>
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<td>Direct</td>
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<td>$1,593,857.77</td>
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<tr>
<td>Self</td>
<td>1082</td>
<td>$243,264.05</td>
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<td>InDirect</td>
<td>30661</td>
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<tr>
<td><strong>Total</strong></td>
<td><strong>40651</strong></td>
<td><strong>$10,004,983.14</strong></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Diagnosis</th>
<th>Count</th>
<th>Charge Amount</th>
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</thead>
<tbody>
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<tr>
<td>Lung</td>
<td>37809</td>
<td>$9,165,245.89</td>
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<tr>
<td><strong>Total</strong></td>
<td><strong>40651</strong></td>
<td><strong>$10,004,983.14</strong></td>
</tr>
</tbody>
</table>

Making the Case – Satisfaction

• Patient Satisfaction
• Provider Satisfaction
• Department Satisfaction
Patient Satisfaction
Navigator Program - Physician Satisfaction

- Overall satisfaction with Navigator.
- Navigator's availability.
- Navigator's knowledge of cancer care information.
- Navigator's assessment and response to patient needs.
- Navigator's ability to educate and support patients and families.
- Navigator's knowledge of resources available.
- Navigator's concern for patient.
- Ease in participating in program.
- Hospital services to help cancer patients, families and loved ones.
- Breast Care center's services to help patients through diagnosis.
- Resource Center to serve patient's educational and resource needs.
- Availability of information about the Navigator program.

Scales: 3, 3.1, 3.2, 3.3, 3.4, 3.5, 3.6, 3.7, 3.8, 3.9, 4
Making the Case – Quality

- Patient Centered Care
- Care Coordination
- TAT Improvement
- Clinical Outcomes
- Reduced Admissions
- Reduced Hospital Days
Questions

• Any questions not addressed here may be emailed to solutions@oncologymgmt.com
• OMC Group will compile questions and answers and distribute to webinar registrants
Thank You!

• We hope that this has been a valuable program for you and that you will keep us in mind for any consulting needs that may arise

  • Financial and Market Analyses
  • New Center Development
  • Hospital/Physician Integration
  • Strategic Planning
  • Implementation and Interim Leadership
  • Performance and Financial Benchmarking
  • Operational Assessments
  • Revenue Cycle Reviews