

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

*Please stand by. The webinar will  
begin shortly.*

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

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# 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

5

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# 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.

7



# 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)?

8



# 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:
  - Supplemental Reimbursement support, Distress Management, Coping Strategies, Resource Utilization, Case Management, Benefits Education, Financial Assistance, Legal Issues, Transportation, etc.

# 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

Patient Name:		Birthdate:		Diagnosis:		Verification: Online ____ / Phone ____	
Primary Insurance Provider:							
Insurance Phone #:			Insurance Policy #:			Effective Date of Coverage:	
Deductible: Ind: Family:		Ded. Met: Ind: Family:		Out of Pocket: Ind: Family:		OOP Met: Ind: Family:	
Pays: Before Ded/OOP				Pays: After Ded/OOP		Co-Insurance:	
CPT Codes: (PC or PD Y/N or Fax #)				Lifetime Maximum:			
Secondary Insurance Provider:							
Insurance Phone #:			Insurance Policy #:			Effective Date of Coverage:	
Deductible: Ind: Family:		Deductible: Ind: Family:		Out of Pocket: Ind: Family:		OOP Met: Ind: Family:	
Pays: Before Ded/OOP				Pays: After Ded/OOP		Co-Insurance:	
Research Protocol: Yes ____ No ____				Insurance Pre-Determination Referral: Yes ____ No ____			
Does this require referrals? Yes ____ No ____				Specialty Pharmacy: Yes ____ No ____ Location:			
<b>Potential "Red Flags":</b> Does the patient have a high deductible plan? Yes ____ No ____ Is the patient required to pay a co-pay each visit? Yes ____ No ____ Is the patient close to reaching lifetime maximum? Yes ____ No ____ Is the patient straight Medicare? Yes ____ No ____ Is the patient likely to become too sick to work? Yes ____ No ____ Is the patient underinsured or in danger of losing insurance? Yes ____ No ____							

A key starting point is completing a comprehensive benefits investigation

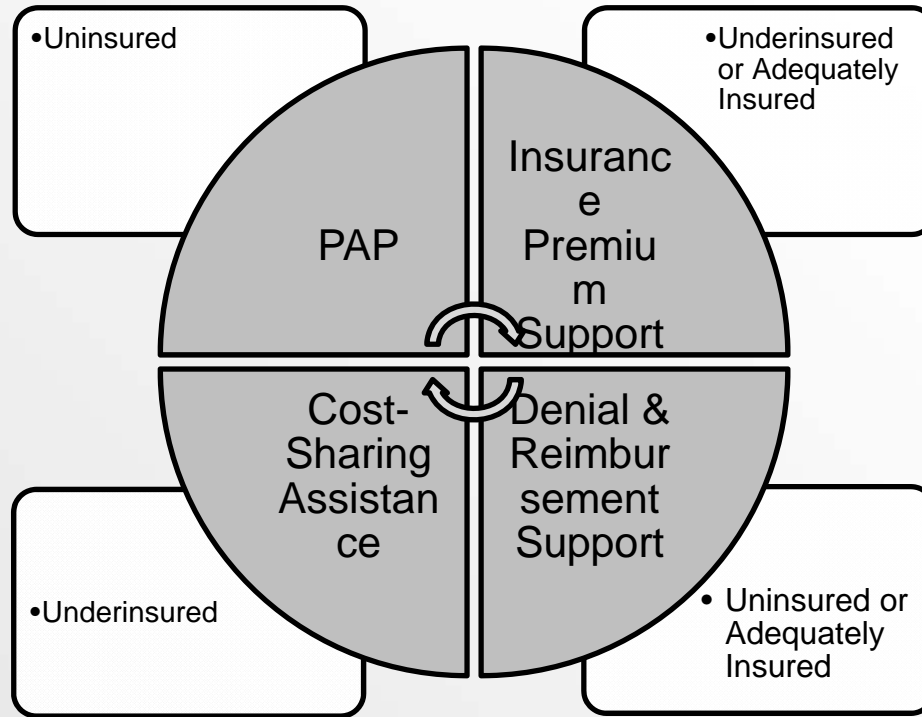


# Financial Awareness Programming

- 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

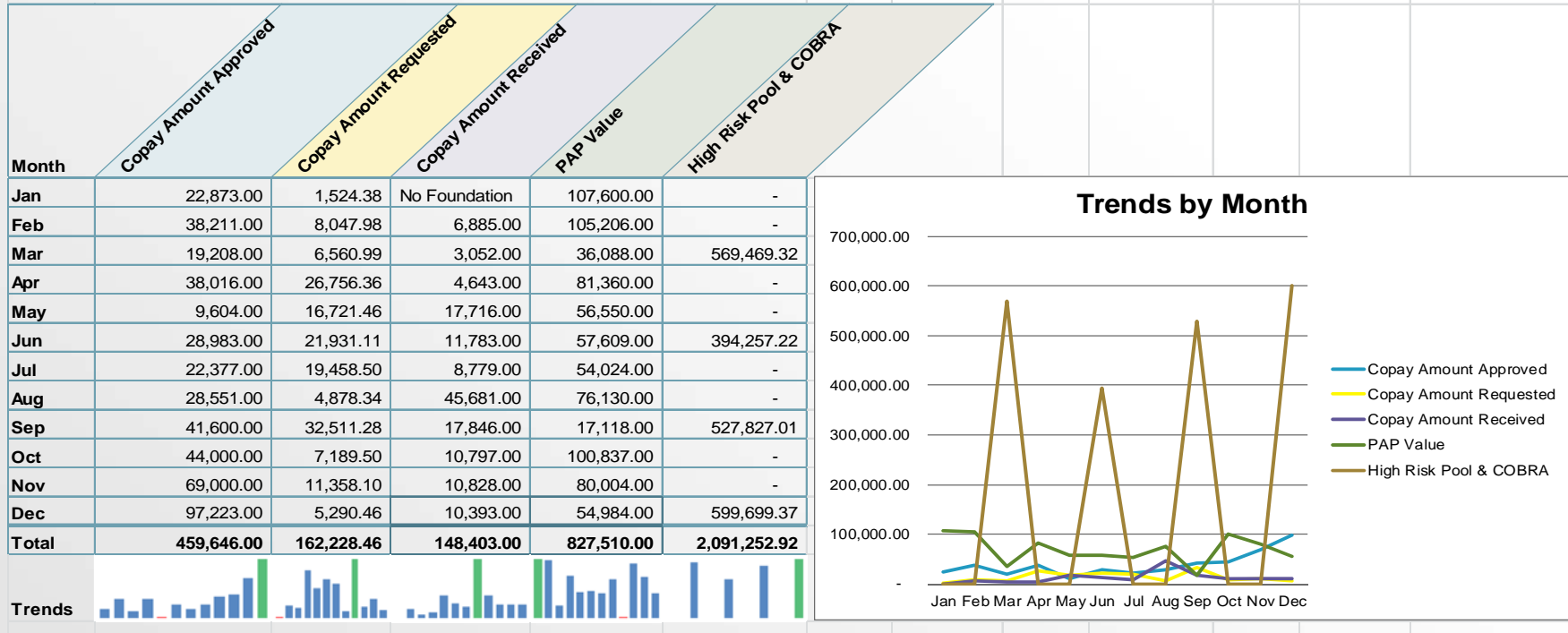


# Results

	2009	2010	2011
<b>Co-pay assistance receipts</b>	\$58,000	\$86,022	\$92,614
<b>“Insurance” receipts</b>	\$0	\$0	\$233,408
<b>Foundation receipts</b>	\$50,900	\$65,000	\$55,000
<b>Drug costs replaced</b>	\$882,326	\$994,818	\$993,840
<b>SubTotal</b>	\$991,226	\$1,145,840	\$1,374,862

# Dashboard

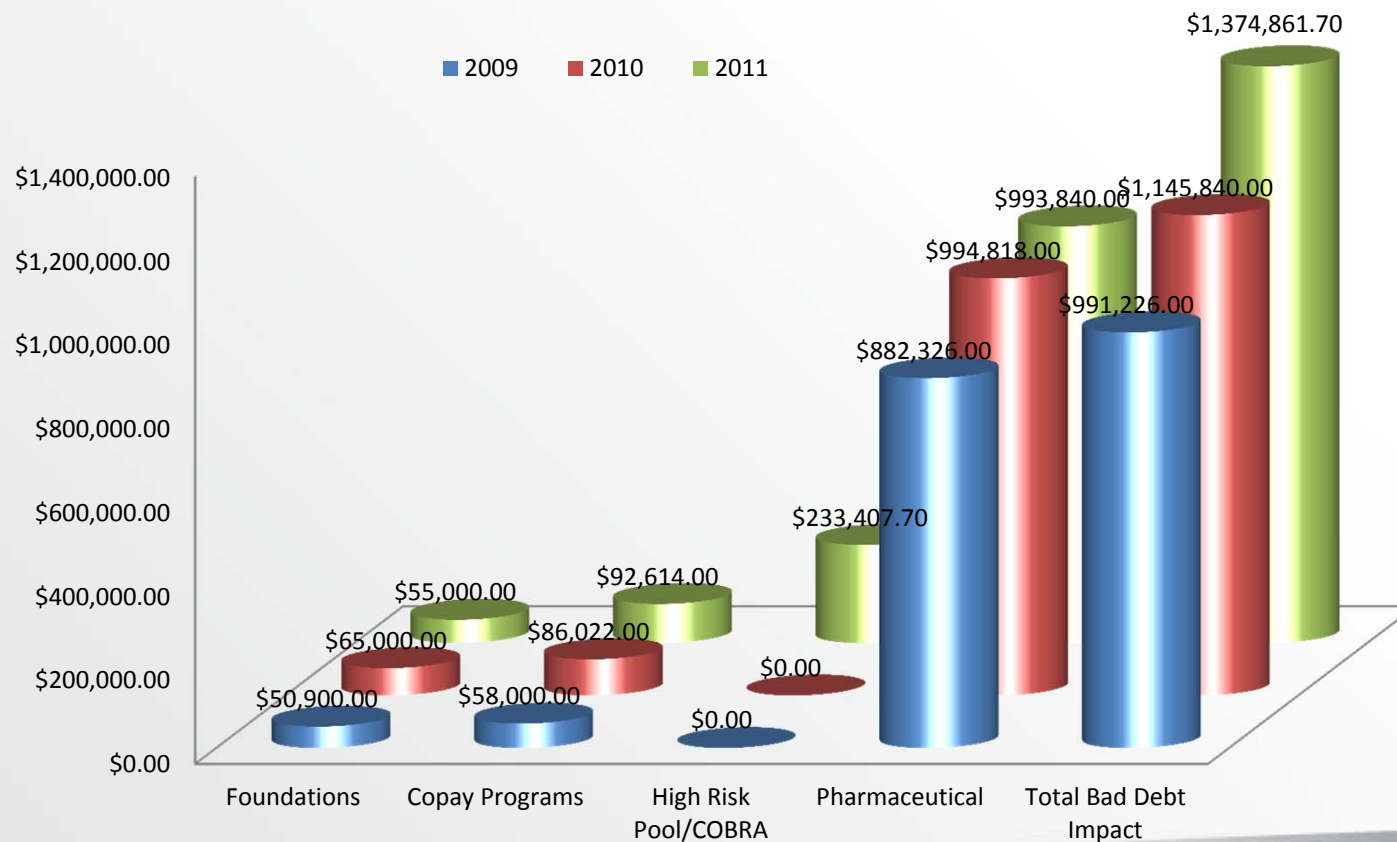
## 2012 Cancer Center Trends



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# 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

**REX ANALYTIC CASES 2011** *Distribution: Volume By Site & Stage*

PRIMARY SITE	AJCC STAGE						
	0	I	II	III	IV	UNK	N/A
<b>BREAST</b>	150	308	161	46	17	60	0
<b>PROSTATE</b>	0	101	173	33	9	8	0
<b>LUNG</b>	1	41	16	46	97	8	0
<b>COLORECTAL</b>	12	45	28	38	30	24	0
<b>BLADDER</b>	73	20	15	3	3	0	0
<b>LYMPHATIC SYSTEM</b>	1	19	19	15	31	4	4
<i>Hodgkin's</i>	0	3	7	0	3	0	0
<i>Non-Hodgkin's</i>	1	16	12	15	28	4	4
<b>BLOOD &amp; BONE MARROW</b>						1	92
<i>Leukemia</i>						1	33
<i>Multiple Myeloma</i>						0	25
<i>Other</i>						0	34
<b>THYROID</b>	0	52	2	6	6	4	0
<b>KIDNEY/RENAL</b>	2	44	6	3	9	5	0
<b>SKIN MELANOMA</b>	8	28	3	3	1	3	4
<b>PANCREAS</b>	0	2	15	3	19	2	0
<b>UTERINE</b>	0	28	0	3	4	4	0
<b>TOTAL VOLUME (ALL SITES)</b>	257	738	460	236	266	141	151

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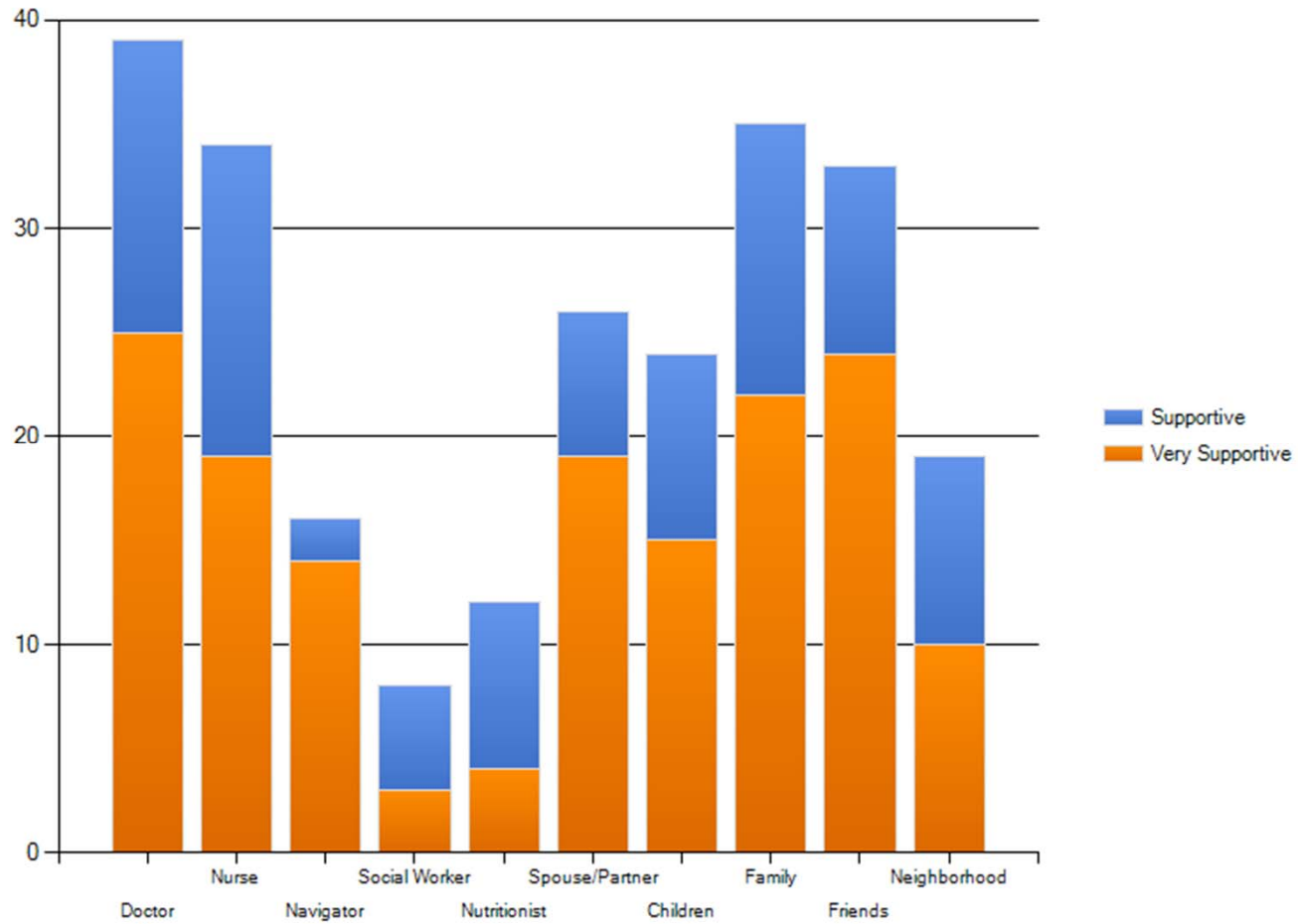


# Patient & Caregiver Needs

- Needs & Experience
- Patient Retention
- Patient Compliance



During your treatment please describe the support you are receiving:



# Data – Account Review

- Actual revenue for Patients
  - Surgery
  - Chemotherapy
  - Radiation therapy
  - Combinations

# Financials

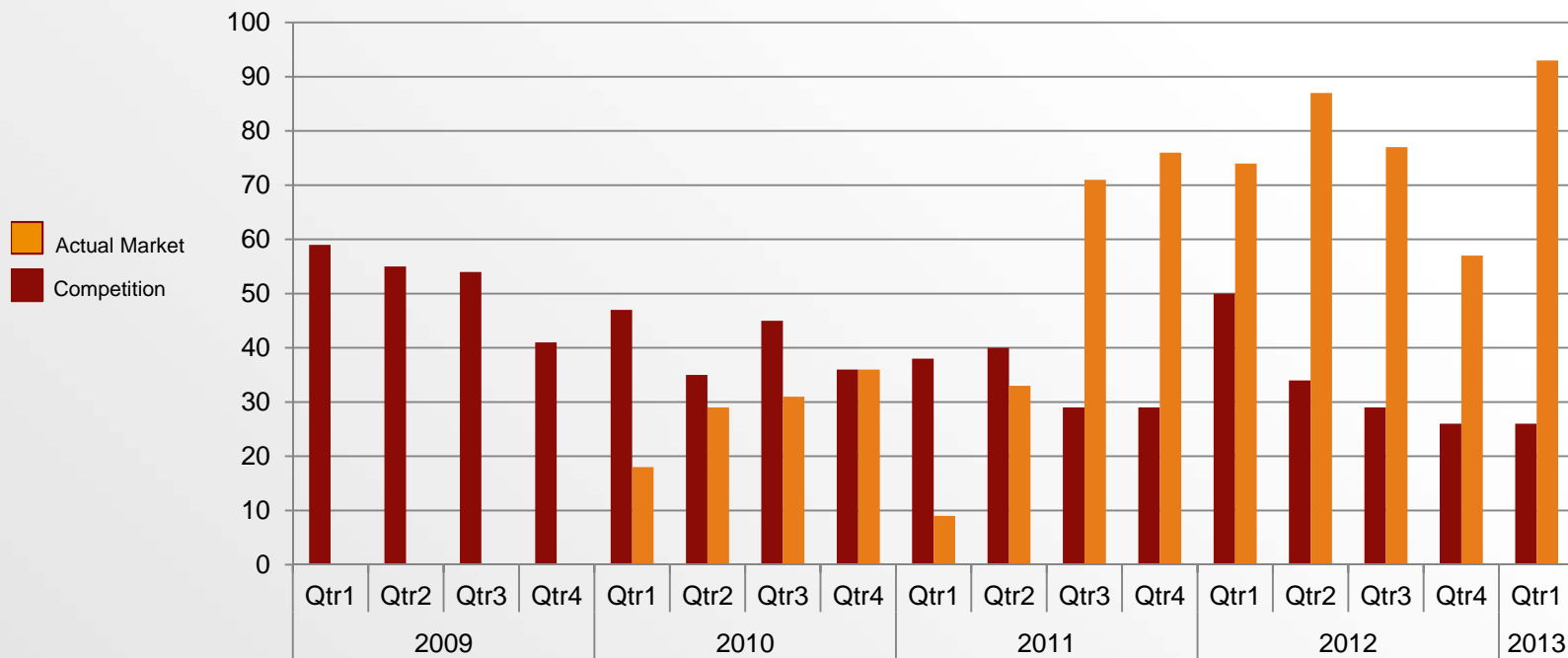
- Cost Systems
  - Service Lines
  - CPT
  - ICD-9
  - DRG
- Actual Cash Payments on Account
  - Total Charges
  - Total Payments
- Subtract Out Direct Cost
  - Direct
  - In-Direct
  - Fixed
  - Variable
- Contribution Margin

Breast Nurse Navigator		
ave salary	\$71,697.60	
benefits 30%	\$93,206.88	
Contribution margin for a breast cancer case		
Surgery	\$3,496	
Chemo	\$592	
Radiation	\$5,049	
	Contribution margin	#pts to cover salary
Surg + chemo	\$4,088	23
surg + radiation	\$8,545	11
Surg+chemo+rad	\$9,137	10
surg only	\$3,496	27

# 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

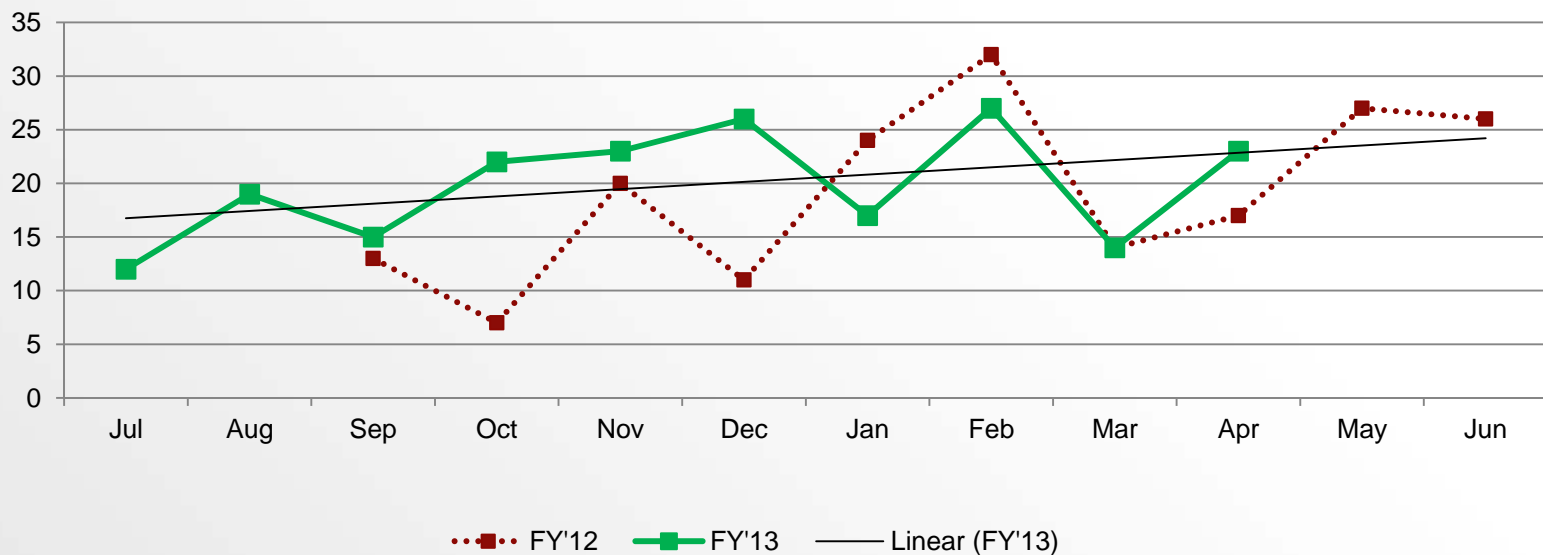


# Tracking the Results

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



## Total Thoracic MDC Patients



- Direct Referrals

2012: 23 Patients

2013: 10 Patients (to date)

Thoracic MDC Patient Hospital  
Charges

**6 months**

**74 Patients**

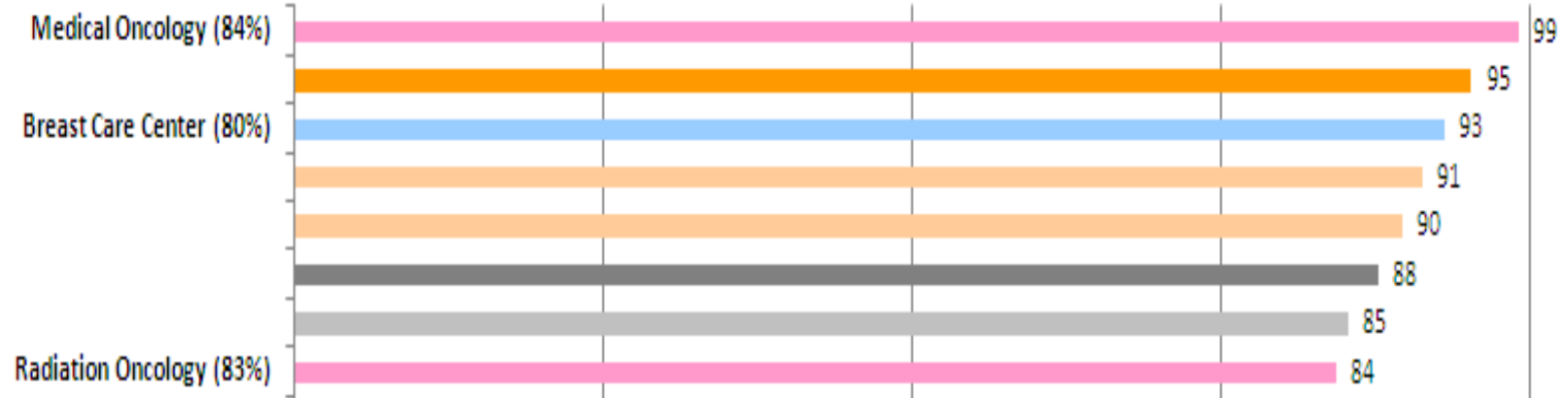
	Count	Charge Amount
<b>Referral Type</b>		
Direct	8908	\$1,593,857.77
Self	1082	\$243,264.05
InDirect	30661	\$8,167,861.32
<b>Total</b>	<b>40651</b>	<b>\$10,004,983.14</b>

<b>Diagnosis</b>		
Esophageal	2842	\$839,737.25
Lung	37809	\$9,165,245.89
<b>Total</b>	<b>40651</b>	<b>\$10,004,983.14</b>

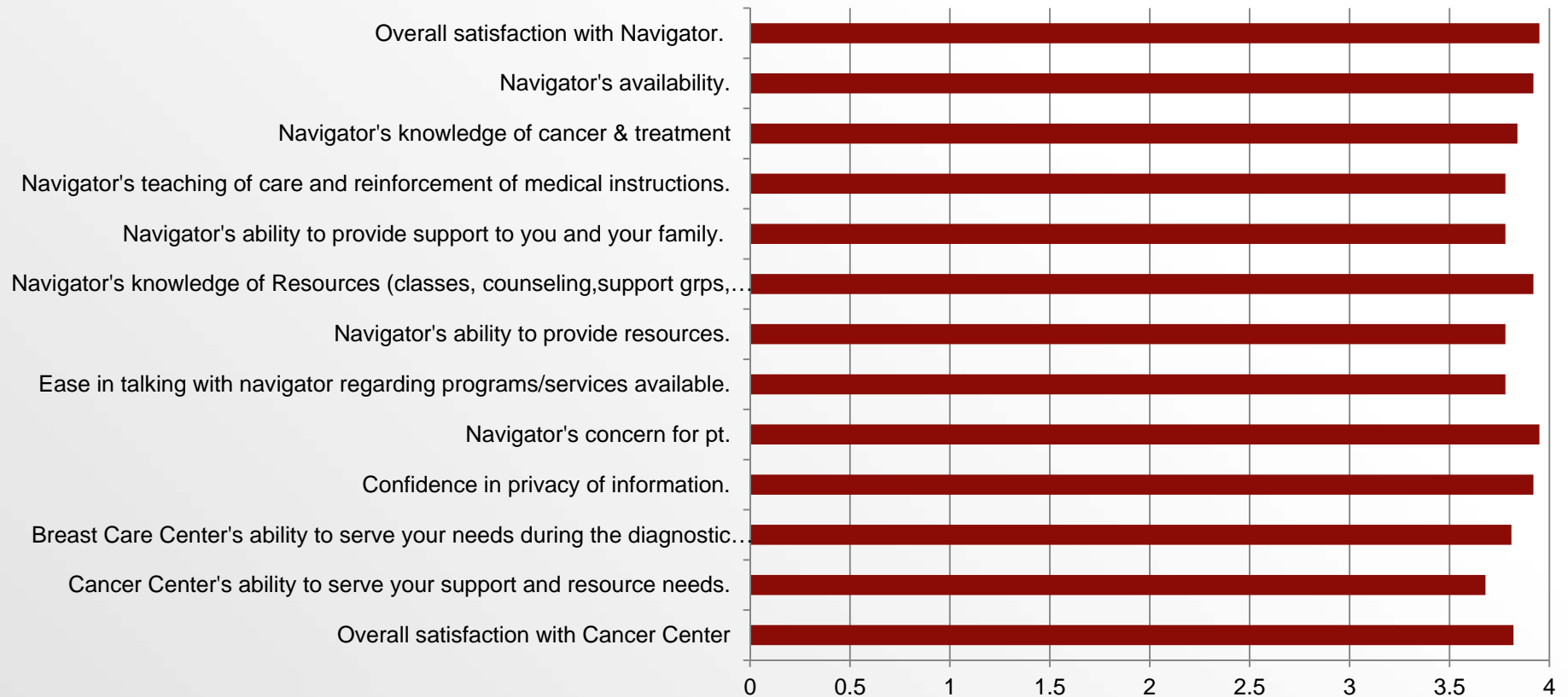
# Making the Case – Satisfaction

- Patient Satisfaction
- Provider Satisfaction
- Department Satisfaction

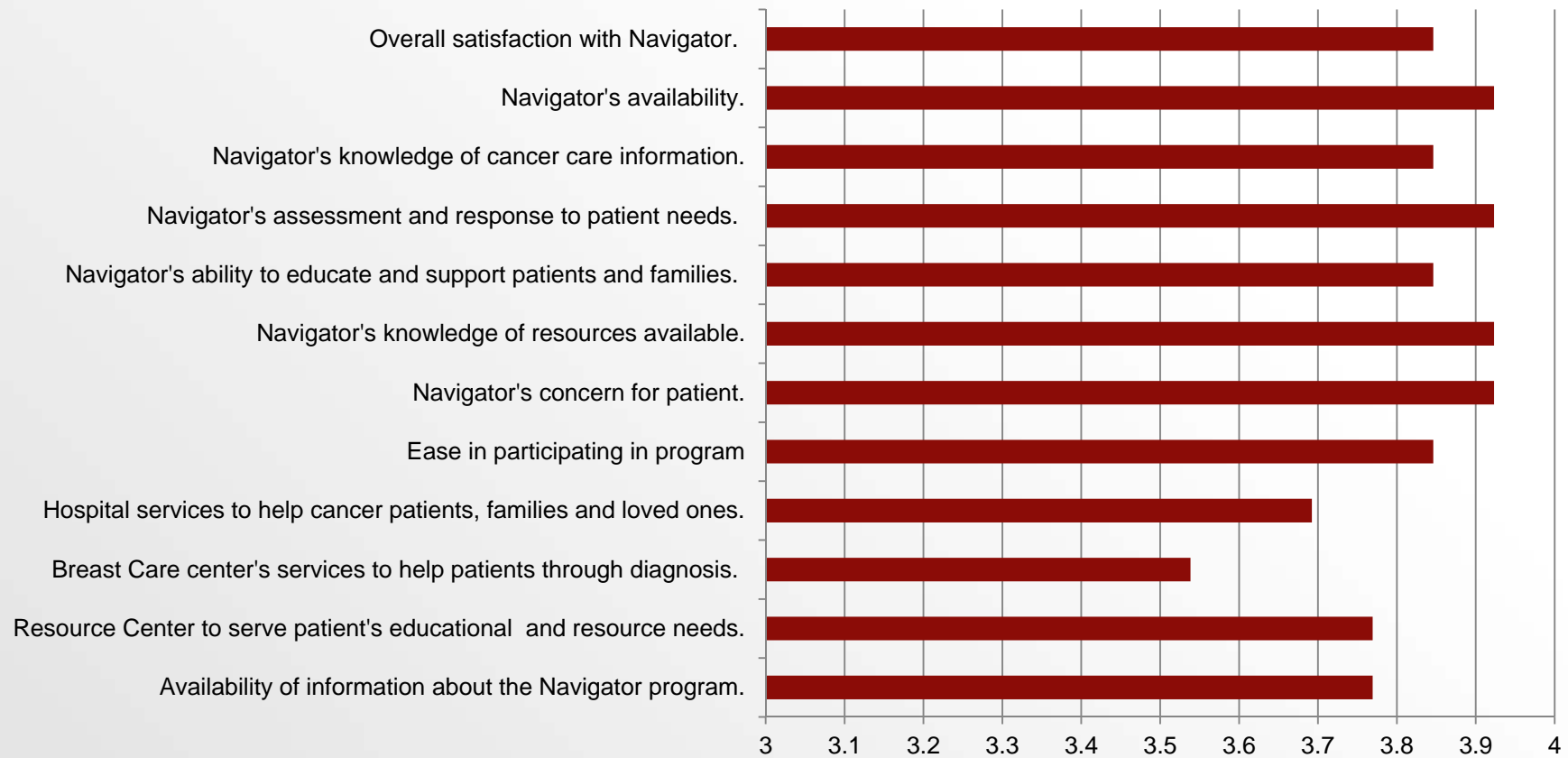
# Patient Satisfaction



## Navigator Program - Patient Satisfaction



## Navigator Program - Physician Satisfaction





# 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](mailto: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