TRANSFORM CARE MANAGEMENT
TO IMPROVE CLINICAL OUTCOMES AND FINANCIAL PERFORMANCE

ISSUES HINDER PERFORMANCE GAINS
The pressure is on to increase revenue and improve healthcare outcomes while driving down unnecessary cost. To enhance quality and reduce cost, healthcare organizations need to resolve challenges including:

- Inefficiencies due to inconsistent end-to-end processes
- Ineffective management of length of stay (LOS) and level of care (LOC)
- Ineffective use of Care Management technology
- Staffing shortages, especially seven-day coverage
- Lack of integration with post-acute care

ACCENTURE CARE MANAGEMENT SERVICES
Accenture Care Management Services help organizations make significant progress on their journey to value-based care. We help clients adopt leading practices, use analytics to track progress, and champion cultural change to achieve and sustain improvements.

Diagnosis/Road Map
Rapid assessment of opportunities and timelines with milestone objectives

Quick Wins (QWs)
Short-duration projects demonstrate results and build momentum for change

One-Time Recovery
Intense focus on accelerating management of clinical denials and appeals

Coaching/Mentoring
Training and communications aligned to redesign functions and processes

Technology Optimization
Monitoring/reporting via alignment with electronic health records and clinical criteria

TANGIBLE GAINS DELIVERED
Provider A: More than $15M in annual savings and revenue enhancements, including 7,300+ patient days saved and 19 additional inpatient beds in capacity. The Left Without Being Seen (LWBS) rate decreased by 50% and readmissions declined by 13%.

Provider B: More than doubled the initial results target of $8.3M, realizing $22.3M. Areas of benefit: $8.5M in one-time recovery of clinical denials, $3.4M due to reduced excess patient days, and $10.5M attributed to improvements in appropriate patient status. (See case study for deeper dive.)

KEY OBJECTIVES FOR HEALTHCARE PROVIDER ORGANIZATIONS

- Decrease in Average LOS
- Decrease in Excess patient days
- Decrease in Outlier patients
- Decrease in Clinical denials
- Decrease in Readmissions

- Increase in Clinical reviews/InterQual Mets
- Increase in Appropriate status/LOC
- Increase in Recovery of clinical denials
- Increase in Bed capacity/admits
- Increase in Timely transitions of care
CASE STUDY

Challenge: An integrated health system in the Southeastern United States needed to address challenges including inconsistent processes for Care Management, limited focus on LOS/LOC, and inefficiencies in patient flow and capacity management.

Solution: Accenture began by conducting an eight-week diagnostic at the hospital and system levels. Team members documented gaps between current and leading practices, and identified total annual revenue and cost-savings opportunities of $33-47M.

The project focused on motivating staff and accelerating results with impressive gains. Additional elements over the 20-month program included:

- Implementing 10+ Quick Wins for Care Management functions, processes, and one-time clinical denials
- Defining roles, coverage and staffing for hospitals and centralized system functions
- Creating and implementing 25+ technology enhancements
- Identifying and implementing an action plan to accelerate recovery and ongoing management of clinical denials
- Conducting more than 100 coaching/mentoring sessions, and ongoing communications to drive cultural change

Results: Detailed scorecards—monitored in real time and reported monthly—documented achievements such as 90% of admission reviews completed within 24 hours of admission, improved follow-up on appropriate status, effective tracking of clinical denials and up to a 55% conversion rate on appeals. Aggregate results topped $22.3M due to one-time recovery of clinical denials (nearly $8.5M), appropriate patient status (more than $10.5M) and reduction of 8,885 excess patient days ($3.4M).

These impressive gains demonstrate what can be achieved through a sustained effort to transform care management.

FOR MORE INFORMATION

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