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WHITE PAPER

Transforming Patient Experience by Leveraging Automation to Improve Care Outcomes

A Critical Need and Opportunity: Improving Patient Experiences and Outcomes

The U.S. health system's performance has consistently lagged behind those of its international peers despite higher spending. A key factor responsible for this discrepancy is inequitable access to care, but provider organizations can help to fill the gap by improving operational processes in ways that benefit patients.

For instance, providers that optimize their appointment scheduling systems will experience fewer cancellations and noshows, resulting in improved resource utilization and higher patient satisfaction rates. Those that streamline referral processes can accelerate patient access to needed care, decreasing hospital admission (and readmission) rates and improving outcomes. Those that rationalize their prior authorization processes will see lower denial rates, greater transparency, and lower administrative costs—along with better patient experiences.

Technologies have long been available that can solve some of these problems, while newer ones are emerging that can solve even more. Robotic process automation (RPA) has existed for decades, but still holds enormous promise for creating efficiencies in pre-encounter workflows. Generative AI (GenAI) and big data analytics can streamline processes ranging from referral management to clinical documentation and coding, but providers often struggle to put cutting-edge solutions into widespread use.

Digital modernization has never been easy for healthcare organizations. The complexities inherent in maintaining compliance with ever-changing federal and state mandates, along with payer-specific requirements, make technology change difficult and risky. Many providers remain heavily dependent upon outdated legacy systems, with limited budgets for upgrading hardware and software. Plus, in a world where demand for engineering talent far outstrips supply, few healthcare provider organizations have the internal IT resources needed to implement and manage new solutions. In addition, data interoperability challenges persist.

Today's healthcare provider organizations have a unique opportunity: to improve patient experience, care access and outcomes, all by infusing digital capabilities into pre-encounter and point-of-care workflows.

Doing so will also make it easier to comply with the CMS Interoperability and Prior Authorization Final Rule, which states what patient data must be made accessible to payers via a Health Level Seven (HL7) Fast Healthcare Interoperability Resources (FHIR)- compatible API to facilitate data sharing and enable prior authorization process automation. Although all providers serving Medicare beneficiaries are already required to make this information available in FHIR format, many stakeholders across the healthcare ecosystem (payers and providers alike) still struggle to achieve the necessary level of data interoperability.

In this white paper, we'll take a closer look at three areas in healthcare provider operations that can be dramatically improved through the implementation of AI and automation. We'll also discuss how leveraging the expertise and guidance of a trusted digital transformation partner makes it much easier for providers to transform their technology systems and ways of working. This ultimately benefits patients by making top-notch care more accessible.

Identifying Opportunities for Improvement in Clinical Operations

Across the healthcare industry, most preencounter workflows, including referrals, appointment scheduling, eligibility and benefits verification and prior authorization, have long been performed manually within provider organizations. These inefficient processes add costs and complexity to operations, making it so that patients often have to wait to schedule much-needed care, resulting in errors and frustration.

Provider organizations are beginning to automate these workflows, but all too often, they take an ad hoc approach to their business process re-engineering journeys. They identify repetitive tasks that are currently performed by humans and are amenable to automation, one at a time, as stakeholders notice inefficiencies and wasted effort.

By leveraging a comprehensive Opportunity Assessment Approach instead, providers can be systematic in identifying the operational areas most suited for automation. This approach also allows them to evaluate the potential impact of these changes on other ongoing initiatives and makes it possible for them to build a robust business case for each automation opportunity.

This way, resource-constrained organizations can start with the initiatives that will create the biggest wins quickly while ensuring control and compliance throughout the implementation process. It is also possible to use an AI-driven business process intelligence solution to automate the process of discovering workflows where automation can be applied to maximize benefits. This is faster and more accurate than conducting an opportunity assessment by hand.

In many provider organizations, preencounter workflows that are highly amenable to automation include:

- **Referral management**, where infusing automation can simplify request handling, order routing, indexing and audit preparation.
- **Eligibility verification and prior authorization** allow for accurate, instant answers about whether or not treatments and procedures will be covered, enabling real-time decisionmaking to support evidence-based care.
- **Insurance benefit discovery and verification**, saving time and administrative effort while adding patient convenience.

Elevating Referral Management with Security, Compliance and Efficiency

Inefficient referral management does more harm than simply inconveniencing patients. It can leave them anxious, frustrated or in lingering physical pain as they wait for specialist care. Some will simply give up, and appointment abandonment becomes more and more common the longer the wait times are.

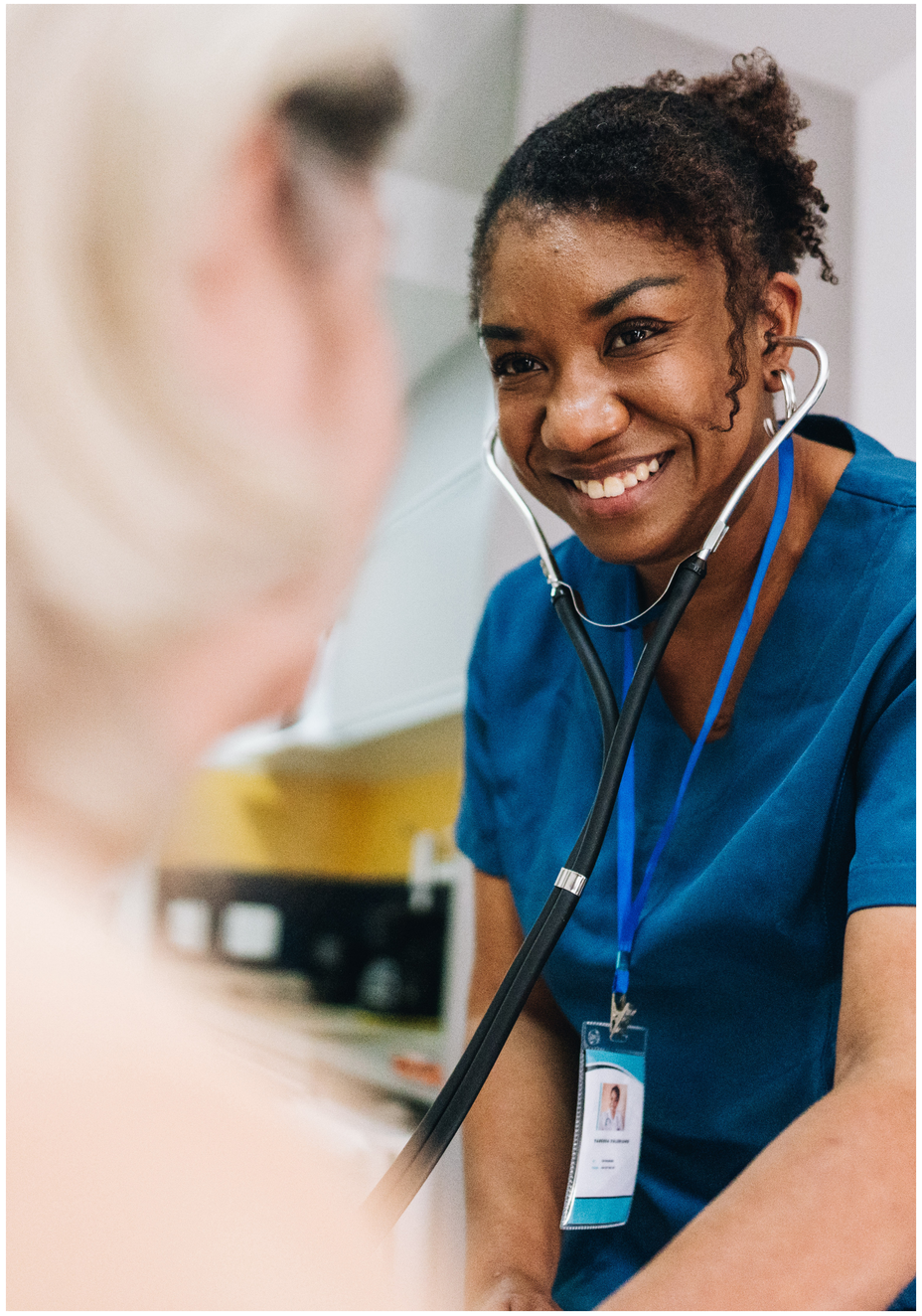
Implementing a comprehensive referral management platform empowers clinicians to submit referral orders electronically from their preferred devices (this includes mobile, tablets, and other handheld devices) while also supporting the end-to-end management of referrals for seamless operations.

Industry-leading solutions offer advanced encryption to protect patient privacy, safeguard protected health information (PHI) and support compliance with HIPAA and other relevant regulatory standards. Such solutions also support storage, indexing and inventory management of orders, along with smart order routing that can significantly streamline referral order workflows. A solution that can integrate with the organization's electronic health record (EHR) system can immediately digitize all incoming orders and attach them to the patient's medical record. This adds convenience for providers and patients alike.

What to look for in a referral order management solution

Must-have capabilities include:

- Omni-channel intake: The solution should be able to handle incoming referrals received via fax, email or direct electronic submission
- Digital signature support
- Support for mobile devices
- Smart workflow management capabilities to enable referral handling, indexing and audit preparation
- The ability to split bulk referral orders for individual indexing
- Robust access management, including the ability to enforce role-based access controls (RBAC)
- Seamless transfers and reassignments



Redefining Prior Authorization Workflows by Infusing Automation, Integration and Efficiency

Health plans built today's prior authorization processes to reduce their costs by making sure that only medically necessary procedures would be performed, of course. But the system was also designed to assure them that first-line, standard treatments were attempted before more invasive, higher-risk interventions were tried.

However, the prior authorization process rarely functions as intended, instead serving as a bottleneck that often delays or prevents access to needed care. According to a survey conducted by the American Medical Association in 2023, nearly 90% of physicians report that the need to obtain prior authorization interferes with the continuity of care, and 59% report that it sometimes destabilizes patients whose condition had previously been stable on a specific treatment plan.

Digitizing and automating prior authorization processes can remove many of these obstacles. It can expedite the period from request submission to decision-making so that it's easier to stay within the CMSmandated time frame (seven days for standard requests, 72 hours for expedited). It can even enable real-time decision-making when fully integrated with payer systems and combined with options like gold carding.

Even though payers, providers, and regulators all recognize the enormous need for the efficiencies that digitizing prior authorization can bring, technology modernization remains slow. As of 2023, only 33% of prior authorization transactions were fully electronic. This represents an increase of just three percent from the previous year, and remains far below what's needed for industry-wide efficiency.

Implementing a smart pre-authorization automation solution can streamline processes, create new efficiencies, enable zero-touch approvals for eligible cases and accelerate turnaround times. Integrating this solution with appointment scheduling systems can reduce no-shows and cancelations, making it possible for clinicians' limited time to be better allocated. Plus, a solution that includes an electronic data interchange gateway that supports HL7, FHIR and X12 transactions will enable bi-directional integration with payer systems.

Upleveling Insurance Benefit Discovery and Verification with Efficient, Interoperable Systems

Achieving data interoperability across internal and external systems (especially those belonging to payers) has long been difficult for providers. Implementing a crossorganizational data management platform capable of ingesting data from a wide variety of disparate systems can simplify this process, and the streamlining will extend across many different workflows, including automated insurance discovery and benefits verification.

With an automated insurance discovery and benefits verification solution in place, providers can reduce or eliminate many of the errors that previously resulted in uncompensated care costs. If, for instance, new patients inadvertently enter inaccurate data during the registration process (which is very common), the system will automatically detect it. It can then prompt them by supplying the correct information for the patients to verify.

These automated systems can also help patients understand their own coverage, which is particularly helpful in situations where people have benefits that they're not aware of. When commercial plan subscribers change jobs, when Medicare benefits are adjusted or when overlapping plans are in place, it can be tricky to determine what's covered and what's not. The right insurance discovery and benefits verification solution makes it effortless. Integrating these solutions with other systems via a digital data exchange platform multiplies their advantages. When benefit verification is combined with referrals management and prior authorizations, processes can be managed more consistently across the entire organization, giving patients more seamless experiences and maximizing reimbursement revenue for the provider.

What to look for in a prior authorization automation solution

Must-have capabilities include:

- Support for bi directional integration with relevant payer systems, including Evicore
- Cognitive rules engine for prior authorization decision-making
- Patient Access workflows to facilitate common events (requests, responses and follow-up status checks)
- Electronic data interchange (EDI) and RPA integrations with Medicare, 50-state Medicaid and commercial payers' systems
- Dashboard for real-time event monitoring and end-of-day reporting
- Robust access management, including the ability to enforce role-based access controls (RBAC)
- Configurable administrative portal for efficient event management

CONCLUSION

Making it as easy as possible for patients with acute medical needs to see their providers quickly is essential for improving care outcomes. So, too, is making it frictionless for patients with chronic conditions to maintain ongoing relationships with their clinical care teams. When provider organizations take the friction out of scheduling appointments, verifying insurance coverage and obtaining prior authorizations, everyone wins. Patients enjoy better experiences, less stress and rustration and easier access to care.

Clinicians can spend their valuable time focusing on what's most important—delivering compassionate, expert care to their patients. And the provider organizations benefit from better financial health, which allows them to continue serving their communities. Turning to a trusted partner like Sutherland Global can put this transformation within reach for provider organizations of all types and sizes. Sutherland is an experience-led digital transformation company with deep domain knowledge in healthcare and a strong customer focus. With extensive experience driving innovation and transformation for healthcare clients, Sutherland can execute entire business processes on their behalf, or supplement internal teams with right-sized digital engineering services, technology and platforms.

Learn More

1 The Commonwealth Fund, 2024 Health System Performance Report.
2 American Medical Association, 2023 AMA Prior Authorization Physician Survey.
3 Center for Affordable Quality Healthcare, 2023 CAQH Index Report.

Unlocking Digital Performance. Delivering Measurable Results.

At Sutherland, we are a leading global business and digital transformation partner. We work with iconic brands worldwide in Healthcare, Insurance, Banking & Financial Services, Communications, Media & Entertainment, Technology, Travel & Hospitality, Logistics, Retail, Energy & Utilities industries. We bring our clients a unique value proposition through market-leading technology and business process excellence. Leveraging our advanced products and platforms, we drive digital transformation, optimize critical business operations, reinvent experiences, and pioneer new solutions, all provided through a seamless "as a service" model. For each company, we tailor proven and rapid formulas to fit their unique DNA. We bring together human expertise and artificial intelligence. In short, we do digital chemistry. It unlocks new possibilities, great client partnerships, and transformative outcomes.

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