No Resignation:

Solving Today's Greatest Staffing Challenges in the Healthcare Revenue Cycle

AKASA

Being in the healthcare revenue cycle right now is both exhilarating and exhausting.

Exhilarating because it's the foundation of the healthcare industry. The revenue cycle office keeps everything running smoothly and finances coming in the door. Yes, everyone celebrates the front lines of the doctors and nurses (as well they should). But the revenue cycle staff is also worthy of endless praise for its efforts.

Let's also talk about how **exhausted** this industry is right now.

COVID-19 has taxed the reserves of society at large, leaving empty seats at tables, destroying businesses large and small, and stretching hospitals and healthcare systems beyond the breaking point. And for all the new problems the pandemic has thrown our way, it has also shone a light on age-old issues, especially within the healthcare revenue cycle.

The past two years have seen healthcare revenue cycle leaders battling with thinner margins, higher staff turnover, and losing skilled workers to higher-paying jobs in retail or fast food.

The revenue cycle is facing staffing challenges like never before. It's a new world. New strategies and ways of thinking are needed. If you're having trouble with resignations and other staffing issues, you need to do something different. What worked in 2019 won't work today.

It's exhausting. Something has to be done.

AKASA has created this resource to help. It includes actionable solutions for healthcare revenue cycle staffing challenges — from AKASA experts and industry professionals.

We'll all get through this, together.

"Every healthcare leader we talk to knows that AI is the future and has an ambitious vision that they can't execute due to legacy constraints. But challenging events have always been an accelerator for new technology and thinking to take hold. Now, the old ways don't work, and we have to do something different.

The complexity of healthcare has always made staffing a challenge, but the pandemic is now making adequate staffing an impossibility. Health systems simply can't get the staff they need to get all the work done. So we have to change the way we work. We need to eliminate repetitive tasks and leverage our minimal staff to work on only the most cognitively complex activities.

Making these changes doesn't just help us solve today's staffing problems. It helps us as an industry transform and deliver a fundamentally better healthcare experience for the future. This pandemic is the crucible from which healthcare leaders can define their legacy and establish an AI foundation to set their health systems up for success for decades to come."

MALINKA WALALIYADDE
CEO and co-founder of AKASA

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The Uphill Battle of Revenue Cycle Departments

Revenue cycle departments have largely been facing the same staffing challenges and asking the same questions for decades. "Are we sufficiently staffed? How can I cut down on employee turnover?"

The pandemic, the Great Resignation, and the continuous cycle of staff burnout have added even more instability and hurdles to the mix.

The revenue cycle is known for being a fast-paced environment with high stress and high turnover. But does it have to be this way?

At AKASA, we don't think so.

Before we dive into solutions, let's review some of the challenges facing healthcare revenue cycle departments right now.

The Great Resignation Is in Full Swing

The old adage, "Good help is hard to find," couldn't be more true than in today's environment. COVID-19 forced a switch to remote work and life, showing many that the office wasn't necessary. Others grew tired of poor treatment from customers in restaurants, and so on.

Employees across numerous industries are leaving their jobs en masse — for higher pay, better work-life balance, less stress, and more. While this is often a positive for employees, it's leaving employers scrambling to find new staff.

The Great Resignation isn't tied to one industry either; it's hitting employers across the board.

41% OF WORKERS WILL LOOK FOR A NEW JOB IN THE FIRST HALF OF 2022

Source: Robert Half Talent Solutions

4.4 MILLION PEOPLE QUIT THEIR JOBS IN SEPTEMBER 2021, SETTING A RECORD

Source: Labor Department

10.6 MILLION JOBS ARE VACANT AS OF NOVEMBER 2021

Source: Labor Department

73% OF EMPLOYERS SAY THEY'RE STRUGGLING TO HIRE EMPLOYEES

Source: Willis Towers Watson

The pandemic and the Great Resignation has also hit healthcare — HARD. Those in the revenue cycle space know that staffing roles is often difficult, with people leaving for incremental raises or exhaustion from the long hours and burnout. The Great Resignation is exacerbating what's been a long-standing issue. Healthcare is being hit especially hard by the resignation.

3.6% MORE HEALTHCARE EMPLOYEES QUIT THEIR JOBS THAN IN THE PREVIOUS YEAR, GIVING HEALTHCARE ONE OF THE HIGHEST RESIGNATION RATES OF ANY INDUSTRY

Source: Harvard Business Review

32% OF NURSES SAY THEY'RE LIKELY TO LEAVE THEIR POSITIONS IN 2022, UP FROM 22% LAST YEAR

Source: McKinsey

Healthcare employees are leaving their jobs for other reasons beyond the much-analyzed Great Resignation. In the wake of the Federal Vaccine Mandate, ***12% of healthcare workers*** say they'll retire early or leave for jobs not covered by the mandate. Coupled with the ***18% of healthcare workers*** that have already left their jobs in the past year, healthcare turnover is an increasing issue.

Making staffing in the revenue cycle more difficult amid the Great Resignation and pre-existing churn is the compounding fact that the US workforce in general has a lackluster ***36% engagement rate***. A low engagement rate means employees lack confidence in the company's general outlook, profitability, and more. This lack of engagement can make it even easier for a member of your team to leave for a raise at another company.

What does all of this mean for those toughing it out in the revenue cycle?

Longer hours, increased pressure to be more productive, and a sense that providing a decent patient financial experience is nearly impossible. This combination not only makes it challenging to maintain morale but also more difficult for health organizations to quickly adapt, too.

"Even before COVID-19, healthcare demand was growing, and there was great competition for talent. That's become even more pronounced after the pandemic. The labor shortage is a real challenge, and we continue to evolve our strategies to mitigate the time to find and onboard talent successfully."

MICHELE CUSACK

Senior Vice President and CFO of Northwell Health told Becker's

Proper Coverage Is Difficult to Define and Maintain

Beyond the Great Resignation and ongoing healthcare turnover problems within the revenue cycle, there's the difficult matter of predicting how many people your department needs to function properly. Determining coverage for the revenue cycle is like trying to hit a moving target — for a number of reasons:

01 Revenue cycle departments are often one of the first groups hit with layoffs.

They're not a direct revenue generator and it's easy to justify layoffs when business is slower. This is especially true in a COVID world, where hospital margins are facing new levels of depression. For financial decision-makers, it's easier to reduce labor in a non-patient care-related area like the revenue cycle — even if that department plays a direct role in the patient experience.

For more on time-per-task data, review AKASA's recent report:
NEW PRODUCTIVITY BENCHMARKS FOR THE HEALTHCARE REVENUE CYCLE

02 Revenue cycle leaders have poor insight into productivity and actual time-per-task.

Most EHR systems track general completions without giving accurate data around the time involved in that task. And for systems that do include time, the numbers generally fail to factor in moments where the specialist pivoted to work on another task, took lunch, etc. This leads to bloated times for some tasks, and shorter times for tasks completed during another task.

The lack of insight into productivity makes it difficult to properly staff your department. How can you accurately determine if you have enough people working denials when your denial times aren't accurate? And not only does this result in inaccurate staffing, but it also makes it harder for you to push for more employees in the event you're short-staffed, as you don't have accurate data to back up your claims.

Resources Are Scarce for Revenue Cycle Departments

REVENUE CYCLE DEPARTMENTS ARE ESSENTIAL TO THE SUCCESS OF A HEALTHCARE ORGANIZATION.

Revenue cycle leaders know this better than anyone. But this sector of healthcare isn't care-related and thus, often considered to not be revenue-generating. The result? Reactive, rather than proactive, hiring. When there's a demand, revenue cycle specialists are hired. When there's less demand, they're laid off. This reactionary hiring results in permanent workers often facing too much work and patients having a less-than-stellar financial experience.

The resource shortage faced by revenue cycle departments leads to additional issues, too.

Because of staffing problems, it's difficult to find the time and resources required to effectively train and upskill revenue cycle specialists. Even if you have experienced employees, they're likely facing more work than they can handle and not working at the top of their skill set. This means they're being underutilized and at risk of leaving.

Staff churn and the onslaught of COVID have both resulted in healthcare professionals working overtime and extra shifts. Beyond burnout, this is putting added financial strain on healthcare systems, as overtime pay is often higher than standard pay and further taxing the already-depleted resources of many revenue cycle departments. Added financial strain will make it more difficult to hire in the event you need more people, which furthers the workload on your other employees.

As remote work increases and becomes the norm, hospitals and healthcare organizations are now competing with other providers across the country. If a revenue cycle specialist is working at a local provider and making $14 an hour — but can remotely work for a larger healthcare provider in another state for $16 an hour — they have little reason to stay put. This also puts smaller systems and more rural ones (who often have lower pay scales) at an extreme disadvantage.

People are also leaving jobs for lateral moves, with the same pay, if it means they can work remotely.

These factors all create a vicious cycle in which revenue cycle specialists risk being laid off or being severely overworked. Neither situation is ideal, and neither results in an organization with tenured employees and substantial institutional knowledge, both of which are key to growing your business and delivering the best patient experience.

> "In terms of staffing challenges, we are focusing right now on the health information management (HIM) world. All of the medical coders are in the same bucket as nurses. Many are retiring, and there aren't enough people to replace them. In this role, coders can work remotely from home for companies anywhere in the country. You're competing against everyone for the same people. Plus, quality coders are well compensated, and rightfully so. Anything we can do to automate this work is worth a tremendous amount and is where we're trying to focus our efforts. I think AI-based coding will be the next big thing in healthcare automation."

BILL ARNESON
Director of Revenue Cycle Process and System Support
Moffitt Cancer Center in Tampa, Fla.

Businesses Are Scrambling to Maintain Remote Work Models

There was a time when remote jobs were a rarity in healthcare. COVID-19 changed that.

The pandemic forced most operations into a remote structure, as offices were deemed unsafe and workers were required to telecommute. This presented cultural, technological, and operational difficulties.

While some businesses have started bringing their workforce back into the office, many workers are not in favor of ending remote work. They have grown to value the lack of a commute and the cost savings that come with it. Plus, avoiding COVID exposure, while working close to family and pets has improved work-life balance for many.

This puts many businesses, especially healthcare organizations, in a difficult position. Engagement is generally low, healthcare workers are burnt out, and office life is — for many — no longer appealing.

Does revenue cycle work need to be done in an office? Or can it be sustained long-term remotely? This is the big question mark for revenue cycle leaders right now.

39% OF WORKERS SAY THEY'D QUIT IF THEIR EMPLOYERS WEREN'T FLEXIBLE ABOUT REMOTE WORK.

Source: Bloomberg News

55% OF WORKERS SAY THEIR PRODUCTIVITY HAS INCREASED WHILE WORKING REMOTELY.

Source: FlexJobs

The Revenue Cycle Is Increasing in Complexity

The healthcare revenue cycle has continued to get more and more complex over the years, with little in the way of relief. Patient access is a prime example.

PRIOR AUTHORIZATION REQUESTS are more complicated than ever before. There are inconsistencies across payers on requirements, frequent updates to those requirements, vague or opaque requirements, slow responses from payers for approvals, plus an overall increase in claim denials, according to the Medical Group Management Association.

83% OF PHYSICIANS SAY THAT PRIOR AUTHORIZATIONS FOR PRESCRIPTION MEDICATIONS AND MEDICAL SERVICES HAVE INCREASED OVER THE PAST FIVE YEARS.

Source: AMA

79% SAY THE PRIOR AUTHORIZATION PROCESS LEADS TO PATIENTS ABANDONING A RECOMMENDED COURSE OF TREATMENT.

Source: AMA

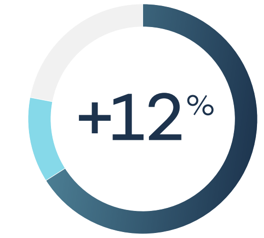
It's no wonder prior authorization takes more than 6 minutes to process a claim edit, claims denials are at an all-time high, and almost 50% of denials stem from front-end issues, with 86% of denials being potentially avoidable.

This convoluted process means revenue cycle specialists have to work harder than ever before to obtain approval for medical services and medication. And patients are having a worse experience, needing to delay or cancel care.

This is all troubling in light of two key responsibilities for every healthcare provider: providing high-quality treatment to patients and capturing the revenue needed to maintain operations and provide care to the local community.

Revenue Cycle Departments Are Struggling to Adapt to Automation

Fortunately, there's potential relief for healthcare organizations and hospitals in the form of automation. Automation is the future of the healthcare industry — particularly the revenue cycle — helping departments overcome staffing challenges, streamline operations, and tackle increasing workloads.



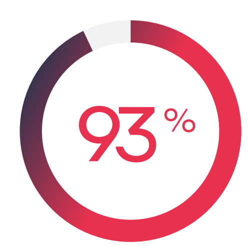
INCREASE IN THE USE OF AUTOMATION WITHIN RCO IN 2021, FROM 66% TO 78%

Source: AKASA

But automation isn't just flipping a switch. It comes with its own unique challenges for leaders. For example, properly training and upskilling remaining revenue cycle specialists so they can work at the top of their skillset needs to be accounted for.

Stress Is Prevalent

As in many industries, healthcare workers are experiencing severe levels of stress and burnout. Relief is a must. **Source:** Mental Health America



OF HEALTHCARE WORKERS ARE STRESSED

- **86%** *ARE ANXIOUS*
- **77%** *ARE FRUSTRATED*
- **76%** *ARE EXHAUSTED & BURNED OUT*
- **75%** *ARE OVERWHELMED*

"Implementing automation doesn't have to be difficult or involve hundreds of combined hours of work. And it doesn't have to result in reallocating staff to babysit the automation. A well-implemented, effective automation tool will handle the majority of cases within a workflow or area and grow to handle larger tasks, with minimal continued involvement from your team. At the end of the day, automation should not only reduce your costs, but it should also improve the accuracy of the work completed and improve performance against your key performance indicators."

AMY RAYMOND

Head of revenue cycle operations at AKASA

IS THERE HOPE FOR REVENUE CYCLE DEPARTMENTS IN A POST-COVID WORLD?

With all of these challenges, it might sound like revenue cycle departments are engaged in a Sisyphean struggle. However, these teams are resilient. They've been facing similar issues for years and are still getting the work done.

Enough about challenges. Revenue cycle leaders need solutions!

The rest of this book will outline advice to help your team get to a place of more efficiency, hopefully preventing burnout and driving engagement.

And remember: there's no one-size-fits-all solution. Every revenue cycle team is different. These suggestions need to be adapted to best fit your organization.

Also, the work never stops. After you implement any or all of these changes, keep iterating and monitoring your team's well-being and productivity.

Make Engaging Your Staff a Priority

Remember that 36% engagement number?

That's considered progress in today's climate.

This leaves 64% of your staff disengaged at best.

Engaging your team should be one of your top priorities, as engaged employees are far less likely to quit. This is especially important as wages rise in other industries and there are more remote opportunities. Many revenue cycle teams struggle to compete with the pay offered by retail outlets and fast food, which spells more churn for teams with disengaged employees.

With margins as thin as they are for revenue cycles, you should avoid turnover as often as possible — replacing team members and their experience isn't cheap.

It costs about 50% of an employee's salary to replace them. That can increase to about 150% for a manager.

There are many compounding costs that leaders often forget about. It can include things like severance, unemployment, recruiting, advertising, screening, interviewing, training, etc. Plus, don't forget about the cost of overtime for employees covering the gap in staffing.

With the average revenue cycle specialist making $54k, you're looking at more than **$27k** in costs.

HOW LONG DOES IT TAKE TO FILL ROLES IN THE REVENUE CYCLE?

Source: AKASA

ENTRY-LEVEL ROLES TAKE	MID-LEVEL ROLES TAKE	SENIOR-LEVEL ROLES TAKE
1–2 MONTHS	3–6 MONTHS	6+ MONTHS

33% SAY IT CAN TAKE 3–6 MONTHS

Filling these roles takes time — which many revenue cycle teams don't have. Plus, keep in mind the steep learning curve that comes with your specific revenue cycle. You want people with experience, but replacing lost experience isn't cheap, nor is it quick.

SIMPLY PUT:

There's no reason to settle for 36% engagement and risk losing people, especially when there are multiple steps to take that can help improve engagement.

Deliver the Best Training Possible

Training is easy to overlook, especially when your resources are strained and your focus is on performance and ROI. But, training not only plays a large role in job performance, it helps with engagement. Axonify discovered 92% of employees experience a positive impact on engagement when they receive proper training.

Great training and training practices don't have to be a source of major spending. Employ the following tips to create a training program that educates and engages your team:

- **Provide ongoing training** that prevents your team from falling behind and gives them opportunities to expand on their abilities.
- Give your team the **chance to submit topics** they'd like training on to ensure you're checking all the right boxes.
- A lot of revenue cycle knowledge comes from exceptional, one-off experiences, leaving new hires in the dark. Make it a procedure to **document exceptional denials** and other edge cases. Incorporate this into your training so every specialist can learn from the firsthand experience of others.
- An in-depth training handbook is great for onboarding purposes, but **consider implementing digital learnings** as well. It's easier to update digital materials than print materials, and it's possible to incorporate multiple types of media (like videos) and make the training itself more engaging.
- Two-in-three employees prefer self-led training, which is easiest to accomplish using digital training methods. Use your digital training platform to **deploy self-led courses** that employees can take when convenient.
- **Build an internal wiki** or other documentation method, where general processes and exceptional cases are all stored. This makes it easier for new hires to get up to speed but also prevents institutional knowledge from walking out the door when someone leaves. Many health systems already have these types of wikis in place (though they may not be used in the revenue cycle office), so you may be able to make use of existing technology.
- **Focus on usability**. Whatever training methods you use need to be easy for your team to use. For example, any tool needs to be easy to search and find documents. A worst case scenario is a shared drive in the network, while the best case is an actual wiki or SharePoint-type site.
- **Offer milestones** when staff hit different levels, such as a promotion, pay raise, or even just praise.

THINGS TO KEEP IN MIND

Look at your budget and do what you can from this list.

Involve your more senior specialists in the creation and rollout of your training to take some of the efforts off your plate and to capture as much institutional knowledge as possible. It provides a great leadership opportunity for senior staff, as well.

While creating a good training program will take time, it's time well spent.

Many revenue cycle departments have fewer incoming applicants, so job requirements are being lowered as a result. This means you could be getting newer and less-experienced revenue cycle specialists than you would have in years prior. Great training will help these team members, and your team as a whole, succeed.

GET CREATIVE WITH TRAINING

Open your training to non-employees. Boa Vida Healthcare, based in Crown Point, Indiana, started Revenue Cycle Academy to help educate people in healthcare revenue cycle operations and also grow their pipeline of candidates.

Provide Opportunities for Growth and Upskilling

The revenue cycle is multi-faceted, with many different roles and responsibilities, so it's only natural no single queue will be the right fit for every specialist. For some, patient-facing roles such as in registration are ideal; for others, a back-office position processing claims edits is perfect. And, for many, opportunities for growth and the ability to upskill are a must.

Ochsner Healthcare System conducted an internal survey and found most of their revenue cycle specialists wanted non-patient-facing roles with opportunities for upward mobility. To avoid becoming a part of the revenue cycle turnover stat, the system managed to move many of their revenue cycle specialists into roles that aligned with their interests.

Ochsner isn't an isolated case, either. Healthcare systems around the country are investing in opportunities for upskilling, either through training or better technology, to prevent turnover.

Set Realistic Expectations

Much of the revenue cycle process is learned on the fly, with firsthand experience acting as the best teacher for exceptional cases and one-off denials. Realistic expectations will help your new hires feel as if they're hitting the mark right out of the gate, and nothing builds confidence like a few early wins.

Base your expectations on proper benchmark data rather than conjecture or estimations. At AKASA, we use proprietary tools to collect accurate time-per-task data for several common revenue cycle processes, which makes benchmarking more reasonable for your team. These accurate benchmarks not only make it easier to set realistic expectations but also help with setting goals for growth, too.

Build an Equitable Revenue Cycle Department

One of the pivotal efforts in healthcare right now is building towards equality. A core part of making that happen is building and maintaining a diverse revenue cycle department.

An equitable revenue cycle department is a healthy revenue cycle department. Push for equality, and you'll create a department in which your team is proud to work.

HERE ARE SOME SUGGESTIONS:

- Embrace a remote model and **expand your hiring efforts**. Promote your job listings across a diverse number of channels to reach those in markets well outside your own.
- **Recruit employees from diverse backgrounds**. Actively reach out to organizations, colleges, LinkedIn groups, etc. that represent different segments of society. (Get more recruiting ideas in the next section.)
- Ensure **pay is equitable** in your revenue cycle department. Pay should be based on experience, regardless of ethnicity, gender, location, etc.
- Provide **flexible time off** that gives your team the ability to participate in any holidays they observe, tend to mental health, have the freedom to parent, and beyond.
- Use your revenue cycle department as a force of good and **branch out your charity care coverage**. The pandemic has highlighted the financial fragility of the general population, with many families facing financial ruin over a single hospital visit. Push for a broader definition of who qualifies for charity care and ensure your community is taken care of.

Empower Your Team to Work at the Top of Their Skill Set

It's challenging enough to find talented, qualified staff. You owe it to them and your company to ensure your staff is working at the top of their skill set. This is easier said than done, but there are several steps you can take to make this happen.

LEAN INTO STRENGTHS

Oftentimes someone is really good at a certain task but doesn't have time to do it often. Once automation is in place, let that person do those things full time. For example, with claims status totally automated, newer team members can work on driving down denials, while those with more experience work on appeals, and so on.

Another way to lean into strengths is assigning more senior team members as built-in support and mentoring for newer team members working more complex tasks. Again, it provides opportunity and career pathing, while supporting less experienced staff.

TRAIN UP ON WEAKNESSES

Going back to realistic expectations, make it known to your team that they won't be as productive or quick at whatever new task they're handling. Reassure them they'll get faster over time, and monitor their performance to provide help whenever needed.

SHARE TIMELINES FOR TEAM GROWTH

Make sure your team is progressing in a timely manner. If certain people are lagging behind with learning new tasks, assist them. Give them the chance to shadow more experienced employees and provide additional training.

PROVIDE THE SPACE NEEDED FOR WORKING TOP OF SKILL SET

Working top of skill set typically means doing tasks that go above and beyond the usual "checking the box" activities. This means providing the time and space needed for your team to work on these more technical, skill-based tasks.

Automation takes a lot of the grunt work out of the picture. This gives your team the chance to work on areas they excel in and pursue challenges they're interested in. As you take the previous steps to help your team work at the top of their skill set, begin thinking about automation and its potential role within your revenue cycle department. (Or simply read on to learn more.)

Create an Environment of Flexibility and Trust

Few people enjoy being micromanaged and working in a stiff, untrusting workplace. With staff churn and burnout rising, it's important to build an environment of flexibility and trust to help encourage buy-in for an organization's mission and culture. (Remember, the revenue cycle is an area where people will gladly leave for a slight pay bump or perceived better work environment.)

BUILD A REMOTE CULTURE

Your team has likely worked remotely some or all of the time since the pandemic. If you had your workforce acting remotely when you had to, could you consider allowing that as an option for specific roles?

Remember: 39% of workers are willing to leave for a remote job. **Source:** Bloomberg News

It used to be challenging to find remote positions. Not any more. If a hospital doesn't offer remote opportunities, they'll jump to one that does. Revenue cycle leaders can't afford to dismiss this new wave of how people want to work.

Read up on remote management best practices and offer remote work to those that want it. Maybe new team members need to be in the office for training, or in-office is required if team members drop below certain productivity thresholds. It's about flexibility and finding what works for you and your team.

Focus on building a remote structure, establishing clear communication, and harnessing the right technology, among other remote leadership best practices.

You likely have remote tools in place already, so any costs associated with staying remote are likely low and pale in comparison to the cost of losing someone.

REWARD EXCELLENCE WITH MORE FREEDOM

If someone's consistently doing quality work with a high output, show them you trust them and stop counting their minutes or scrutinizing their volume with traditional productivity quotas. Trust that these workers will get what needs to get done, done, and provide them the space to skill-up areas of interest. Explore opportunities for advancement and ask them to train colleagues.

By focusing less on those delivering stellar work, you'll have more time to help those struggling with certain tasks and make the best onboarding experience possible for new hires.

Expand Recruiting Efforts

It used to be that an RCO leader or recruiter could say "We offer $14 an hour. If you want to work here, great."

It's not that way anymore.

We're in a candidate-driven market. In order to stay competitive, you need to look at how you're attracting staff.

Offer Competitive Benefits

During the pandemic, many people have reprioritized what's important. And that's not always salary.

Talk to your HR department about examining your benefits and brainstorming new offerings. You may not be able to compete with the cushy benefit portfolios of an Apple or Google. But you can show that you care about the entire person.

For example, some of the common softer benefits creeping into the RCO industry include:

- ***Generous PTO policies***
- ***Gym memberships***
- ***Subscriptions to wellness programs and meditation apps***
- ***Paid certifications and memberships to professional organizations***

Expand Your Reach

If you're struggling to get candidates, you need to recruit more broadly and in new areas and demographics. (Again, offering remote opportunities will help with that.)

01 Get creative by hiring from unique groups like military spouses — who often have extensive skills but are challenged finding roles because of frequent moves.

02 Connect with undergraduate and master's programs for healthcare administration to educate and recruit their students. Give younger applicants the chance to prove themselves.

03 Healthcare business and administration externships are becoming more common in this industry. Make relationships with these innovative programs to recruit candidates.

04 Create internships to feed the pipeline. If you have the bandwidth, infrastructure, and resources to support an internship program, it can help recruit new minds into the industry.

Rethink Priorities

Thinking outside the box is not always what healthcare professionals enjoy doing. If you want to fill open recs, however, something has to change.

Looking for applicable skill sets over direct experience can be helpful. You can find a lot of diamonds in the rough that way. An eager person is often worth more than an inattentive person with experience.

Not every candidate wears a suit to an interview anymore. You need people to do the work. Can you afford to pass on someone because they have tattoos, long hair, or less-than-professional attire? Industries across the board (including healthcare) are starting to become less rigid about these standards. Try to have an open mind about appearance and stereotypes during the interview process.

Lead with Values

More and more, people are prioritizing work that has an important mission. Many people go into the healthcare industry because they want to help. It's a cause greater than themselves. The revenue cycle is no different.

When you're recruiting candidates, discuss the value of what they'll be doing day-to-day to help the community. How will their efforts improve patient finances and decrease medical bankruptcies?

Think of Automation as a Team Member

As you improve your staff engagement and your recruiting efforts, you'll still be faced with the challenge of delivering the best experience possible for your team and giving them the chance to work to their full potential.

This is where automation comes in.

The goal of automation is not always to replace staff. It's to reduce operating costs, so people can do what they love and health systems can allocate resources where they matter most.

When you weave in an effective automation tool, you're really adding a team member that integrates with your staff and helps things run smoother. The technology essentially provides you with virtual FTEs. Some of the work your team is doing now can be reassigned to the automation, freeing your folks up to handle more complex edge cases that require true human intervention.

Automation Should Elevate and Empower Your Team

With an automation strategy that comprehensively addresses complex and repetitive processes, revenue cycle staff can shift their focus to more strategic and meaningful work. The right automation strategy should elevate and empower health system staff across the organization.

Great automation is resilient. It should take tasks off your revenue cycle specialists' plates. These mundane and monotonous tasks are better handled by technology, which doesn't get sick or take vacation days. This allows your team to work at the top of their skill set and focus on higher-impact, more patient-oriented tasks.

"We're having to pull every lever we can think of to improve staffing right now. My big concern is that what we're seeing is never going to fully go away. It may get a little bit better, but not entirely better. That's why technology is so vital in the future.

AI and true machine learning — especially in scheduling and benefits and denial management — would help us deploy and reallocate our staff into the customer service piece of the revenue cycle. We need to be more like a hotel business, where the check-in is seamless, and you can check out without even seeing a person. You have all the support you need through your smartphone, where people can call or text in. Going forward, we've got to be able to do more with less in the revenue cycle. That's going to be mandatory."

GEORGE ANN PHILLIPS

Administrative Director, Revenue Cycle at University Health Care System in Augusta, Ga.

Find the Right Automation Vendor

There are numerous automation vendors, many of which claim to be full-blown AI solutions to your problems. Unfortunately, many of these providers aren't actually delivering a true AI experience. They are instead using types of automation that get hung up on the tiniest of exceptions and require extensive upkeep.

The best automation should streamline workflows and learn from exceptions, and the right automation partner should instill confidence in your team that those removed tasks are being done well.

The good news is that there are great automation providers out there. To find an automation solution that fits your organization's needs, here are a few points to keep in mind.

USE TRUE AI-BASED AUTOMATION

First and foremost, it's important you have the right kind of AI-based automation. Nearly 60% of healthcare organizations believe robotic process automation (RPA) is a type of AI, but it isn't. AI is SO much more.

RPA is fragile. It will automate logical, linear tasks, but struggle when it encounters any kind of irregularity, even something as small as a new color on a form or a popup added to your site. This results in further efforts required from your team or consultants, and a poor patient experience.

It also requires input from your team at nearly every step of its journey. This isn't really freeing your team up for new tasks; it's only making existing tasks quicker.

And RPA is costly. Much of this comes from RPA requiring tweaks to overcome exceptions, like new input forms or changed interfaces.

FOR EVERY DOLLAR SPENT ON RPA

$1.00 → $3.41

IS SPENT ON COSTLY CONSULTING

Source: Forrester

True AI is flexible and robust. When you weave in machine learning, it enables advanced, adaptive automation that is well-suited to dynamic environments.

Automation built on these technologies continuously learns from data inputs — to the point that it can autonomously perform advanced revenue cycle management workflows. It requires no input from your team, while also learning from exceptions that would break RPA. This allows your team to work on other matters and help with patient experience. Furthermore, proper automation will continue to function in most situations.

When looking at automation solutions, look for one that requires little-to-no input from your team. Automation should take the work off someone's plate, not give them a more efficient spoon.

"The hard truth is that RPA is a decades-old technology that is brittle, with real limits to its capabilities — leaving a trail of broken bots, which can be expensive and time-consuming to fix. It will always have some value in automating work that is simple, discrete, and linear. However, automation efforts often fall short of their aspirations, because so much of life is complex and constantly evolving — too much work falls outside of the capabilities of RPA.

Emerging machine-learning-based technology platforms — combined with human-in-the-loop approaches to automation — are already redefining what is possible to automate across a number of industries where complexity, exceptions, and outliers train the AI to work smarter, thus making automation stronger."

VARUN GANAPATHI, PHD
Chief technology officer and co-founder of AKASA

ASK THE RIGHT QUESTIONS TO ESTABLISH TRUST

Most automation solutions require varying levels of access to your company's data. This likely includes employee information, company logs, and more. Because of this, it's important you trust your automation partner. Ask the right questions to determine if an automation solution is someone you can comfortably work with.

- **Does this automation solution require my team to sit and check the right boxes?** True automation shouldn't require constant manual input from your team. If a vendor's proposed solution requires a large amount of effort from your team, it's a good idea to keep looking. There should be no exception queues.
- **Is this solution yet another program for my team to learn?** Resources are scarce for revenue cycle departments, and the last thing you want is another piece of software that requires a large investment in time and training for your staff. Look for light-lift automation solutions that entail minimal training for your team.
- **Will this automation vendor give me true peace of mind?** Automation isn't worthwhile if it's not giving you confidence and reassurance. Your vendor should have great security, treat your data as if it were their own, utilize HITRUST- and HIPAA-compliant standards, and be totally transparent with you.

Your relationship with your automation vendor is doomed to fail if you don't trust them. After all, the entire point of automation is to remove work. If you can't trust your automation to properly and securely take care of your organization's work, what's the point?

Solve Specific Staff Pain Points with Automation

What are the areas of the revenue cycle that are causing your staff the most headache and resulting in the most backlog? Claim edits? Denials? Eligibility? Use automation to help.

For example, prior authorizations are a significant challenge right now for both staff and patients. They are often heavily manual, require multiple touchpoints through the process, and can be time-consuming — all of which delay or prevent patient care.

AI-backed automation can identify authorization requirements for patient services to be rendered, initiate sending request forms to patients' insurance providers via payer websites or fax, check on authorization request submission status, and document everything in the EHR.

By automating prior authorization, revenue cycle leaders may be able to avoid denials, increase patient satisfaction, and reduce the risk of appointment delays or reschedules. All while taking them out of their employee's queues and increasing overall morale.

Train Your Staff to Work With, Not Against, Automation

Remember: the needs of healthcare ebb and flow. Reactionary hiring approaches result in overworked employees and poor patient experiences. While automation will remove work from your queues, this doesn't mean you should remove workers from your organization. It's important you retain your team and train them to work with automation to up-level their own skills and improve your overall operations.

Your team needs to know how to interact with your AI-powered automation.

MAKE AUTOMATION A REVENUE CYCLE PARTNER

Start by training your team to work in collaboration with your AI. It's easy and common for staff to continue checking the work done by AI. This wastes precious time and renders the work of the automation moot. Your staff should trust your automation and use their reclaimed time to work on more pressing tasks.

For example, if you know 80% of patients coming in for the flu will need a certain treatment, you can likely account for this by automating those claims. Then, your staff can shift their focus to work on the 20% of exceptions.

USE TIME GAINED TO UPSKILL YOUR TEAM

When your staff knows how to work with automation, they open themselves up to the opportunity to upskill, become patient advocates, and do even more impactful work.

It's unlikely anyone on your team wants to stay complacent and never move up. Using the time gained from automation to upskill your team helps your revenue cycle specialists grow their abilities and their value, and boost engagement.

Remind your team that by automating certain tasks, they're now free to work to the fullest of their ability and make an even bigger impact than before.

Take the following steps to help your team gain the skills they need to thrive:

01 Set up 1:1 mentoring for revenue cycle specialists.

Most learning happens on the job, so pair each new hire with a more experienced revenue cycle specialist to expedite that learning. As an added perk, this can help build camaraderie.

02 Ask experienced revenue cycle specialists to host lunch and learns.

Educational talks (even virtual ones) are a great way for your team to share knowledge, build speaking skills, and enjoy some time in the spotlight. These also present an opportunity for asking questions in a relaxed environment.

03 Sponsor memberships for your team.

As your workers grow in experience, sponsor HFMA memberships for those with an interest in particular areas. HFMA certifications can help increase revenue cycle expertise, accounting knowledge, and more.

04 Bring in a consulting firm to create top-notch training.

If your team's too busy to create formal training or lacks the knowledge necessary to build out training, bring in an outside consulting firm to create professional training that you can use with each wave of hires.

Upskilling and reskilling are both costly endeavors, whether you're talking time or money — or both. Putting in the foundational work now will allow you to give your current and future employees a better, more satisfying onboarding and learning experience. And when that happens, you and your entire system are better off for it, and more likely to be future proof against whatever happens next.

Focus Your Team After Implementing Automation

Technically speaking, automation can take on a lot of the work that's done by your staff. What happens to your staff post-implementation of automation?

Some health systems want to use automation to reduce staff and reduce costs. It can help you achieve those goals. But there are other options as well.

Decrease your staff on specific tasks or cost centers that automation is helping with. Then redirect them to areas that could use more attention, such as patient-facing ones.

Automation is growing in leaps and bounds, but a human element is still a must in healthcare. Not only are there tasks only your team is capable of doing, patients and practitioners alike think it's important the human element continue, especially in remote settings.

Keeping your team after you implement automation allows your organization to achieve exponential benefits. The automation handles some work while your team also gets to do even more impactful, high-quality work. Why settle for only one of those benefits when you can have both?

No amount of automation will replace the importance and role of your revenue cycle team. As you automate more and more tasks, you're faced with an incredible opportunity to turn your revenue cycle specialists into patient advocates and deliver an experience that wasn't possible pre-automation.

Improve Processes, Even When They Work

Automation will take numerous processes out of the picture. This doesn't mean you can neglect the remaining ones. Frequently audit and improve every process that impacts your team. This will make their lives easier and likely drive further engagement. It also shows your team you care, which never hurts.

If you want to keep your automation efforts efficient, while encouraging a culture of innovation, here are some suggestions.

Automate what you can and focus on improving everything else. If you've automated claim status, streamline your process for managing denials, or even logging completed tasks or red flags for leadership.

Whenever you improve a process, educate your team around why you're improving or changing that process. This transparency helps your team understand the importance of the change, and how it will help the team overall.

Empower your team to look for areas of improvement. Make it known that the responsibility of process improvement doesn't rest on the shoulders of leadership and senior revenue cycle specialists alone — it's a team sport.

It's important to reward process improvement as well. If someone's frequently finding methods to improve the ways in which your department works, they're not going to be a biller or coder forever. They're going to become a member of leadership, and it's up to you to help make that happen. Providing clear career paths will help inspire others to do their best and drive engagement.

"The future of revenue cycle operations must be different from today. We cannot afford to spend another decade with high costs and underwhelming results.

At AKASA, we believe that the future looks like talented health system teams working alongside sophisticated automation capabilities in order to improve performance together. Push the automation to take the mundane, nuanced work off the team's plate so the health system talent can focus on the right work at the right time.

Then take performance over the top by adding machine learning to improve the speed and accuracy of some of the hairier, more challenging workflows like financial clearance, claim edits, denials, and credit balances."

GRANT MESSICK

Head of customer success at AKASA

Stay Ahead of the Curve in the Revenue Cycle

Staffing challenges are not going away. Effective revenue cycle operations leaders are triaging these issues now and planning for the future. Whether that includes new recruiting ideas, new training, or new processes, things need to change.

The revenue cycle has been stuck in a state of stagnation for decades now. Luckily, the recent increase in automation and AI adoption is paving the way for exciting developments. This, coupled with the rapidly shifting workplace and looming post-COVID world, spells change for the revenue cycle.

A complete picture of the future is never certain, but one thing is: automation will play a pivotal role in the evolution and success of revenue cycle departments everywhere. By collaborating with the right automation partner, you're laying the foundation for a smoother-running department, with room for a more engaged and successful team.

AKASA can help optimize your operations to holistically improve the healthcare experience for all. Our platform scales human intelligence with leading-edge AI and machine learning trained on customer data to learn unique systems, continuously adapt to changing environments, and deliver comprehensive automation and analytics for complex workflows. The result is a seamlessly integrated, customized solution that reduces operating costs and helps health systems allocate resources where they matter most.

Yes, revenue cycle departments face an uphill battle. But with AKASA and our leading-edge AI automation, you can free your team up to work at the top of their skill set and better your processes, while also focusing on increasing revenue capture. Step into the future of healthcare with AKASA.

"We've had the same discussion in the revenue cycle for the past 25 years: how do we reduce churn, increase productivity, or drive down denials? Now, the discussion is and will continue to be around automation and being more process-oriented. How do we incorporate automation? What should change management around that look like? Where do we put our people and how do we manage them around automation?

We should be watching automation do everything we need it to do, embracing the fact that we can't meet modern demands with humans alone. We haven't significantly decreased cost-to-collect in ten years, so something has to change. We need to think about all those same twenty-five-year-old conversations and how automation fits into them."

AMY RAYMOND

Head of revenue cycle operations at AKASA

We hope this information serves as a useful resource for healthcare revenue cycle leaders.

Want to learn more about AKASA or request a demo?

Email us at:

INFO@AKASA.COM