



Key Opportunities to Mitigate Clinician Shortages

Improve the Patient Experience
with Care Coordination

Healthcare Challenges Impact Care Coordination

Our nation is experiencing a healthcare crisis fueled by many factors. First is the COVID-19 pandemic, which exacerbated a situation that was already growing: clinician burnout. Studies have shown an increase in clinician dissatisfaction due in large part to the greater administrative burden they are required to carry. New value-based care models and greater work in the electronic health record (EHR) have left less time for direct patient care.

According to Medscape's 2023 US Physician Burnout & Depression Report, 53% of physicians now say they are burned out and 23% say they are depressed. This is up from 42% and 15% respectively, in 2018.¹ The pandemic added immeasurable stress to clinicians as they became overwhelmed with patient volumes and were required to take unprecedented steps to keep themselves, their patients, and their families safe.

Another factor fueling the crisis is our increasingly sicker population. The number of people living with a chronic illness in the U.S. has skyrocketed over the past decade. Today, six in ten Americans have a chronic condition while four in ten have two or more.⁴ Research by McKinsey & Company suggests that our nation's disease burden will grow by around 20% over the next 20 years.⁵ One contributing element is our aging population. According to the U.S. Census Bureau, 20% of our population will be 65 or over by 2030, and older adults tend to have more—and more complex—chronic conditions that require a higher level of clinical care that consumes more clinician time.^{6,7}

The bottom line is that the clinician shortage is escalating at a time when the need for clinicians is greater than ever. This puts hospitals and health systems in an unprecedented situation, trying to balance scarce clinical resources with growing patient volumes. The impact goes beyond staffing and includes patient safety, outcomes, value-based reimbursement, patient satisfaction, and brand reputation.

Surveys have found that **41%** of nurses say they plan to leave their job, while **26%** of physicians say they plan to retire early. Job burnout and overwork are the top reasons given.^{2,3}

In a survey by Nurse.org, eight in ten nurses said their units were understaffed.⁸ Patient-to-nurse ratios in some facilities have gone from 1:1 to 3:1 or higher.⁹ This is one of the primary reasons given by nurses who say they plan to leave their job.

Fortunately, hospitals and health systems can mitigate these challenges by leveraging care coordination services, including solutions such as remote patient monitoring, telephone message and inbox triage, and customer contact centers. These services can bring significant benefits to providers—and relief for staff—from the very first day.

1 "US Physician Burnout & Depression Report," Leslie Kane, Medscape, January 27, 2023

2 "Doctors not the only ones feeling burned out," The Harvard Gazette, March 31, 2023

3 "More physicians want to leave their jobs as pay rates fall, survey finds," Hailey Mensik, Healthcare Dive, March 23, 2023

4 "Commentary on Chronic Disease Prevention in 2022," David Hoffman, National Association of Chronic Disease Directors, 2022

5 "How prioritizing health is a prescription for US prosperity," Katherine Linzer, Jaana Remes, Shubham Singhal, McKinsey & Company, October 5, 2020

6 "Older People Projected to Outnumber Children for First Time in U.S. History," United States Census Bureau, March 13, 2018

7 Ibid.

8 "What's Really Behind the Nursing Shortage? 1,500 Nurses Share Their Stories," Kathleen Gaines, Nurse.org, October 10, 2020

9 Ibid.

Remote Patient Monitoring

Remote patient monitoring (RPM) plays a critical role in caring for patients in their homes who are living with chronic conditions. Many older patients with chronic conditions live alone and do not have anyone to help them manage their conditions day to day. This puts these patients at a greater risk of complications.

With RPM, telenurses (or virtual nurses) regularly check in with patients on their condition(s), often leveraging data from medical monitoring devices. These highly skilled clinicians, typically registered nurses, are briefed in the provider's procedures, understand clinical protocols, remote monitoring best practices, and HIPAA regulations. They are adept at communicating with patients to assess and identify potential issues so they can be addressed before they have a chance to cause complications or adverse events. Ordered by a physician, these services are usually focused on a specific ongoing condition such as diabetes care or cardiac monitoring and could be provided via a durable medical equipment supplier in support of the condition.

RPM is also proven to improve outcomes. According to the Agency for Healthcare Research and Quality (AHRQ), when clinicians regularly communicate with patients, those patients are more likely to adhere to medical advice and care plans. This is particularly true for patients with chronic conditions where working with their providers is "essential for achieving positive results."¹⁰

Another significant benefit of RPM is preventing hospitalizations, rehospitalizations, and avoidable emergency department (ED) visits. For example, the AHRQ states that nearly one in five patients suffer an adverse event within just three weeks after being discharged from a hospital or an ED.¹¹ Many of these events are preventable.



10 "Section 2: Why Improve Patient Experience?" Agency for Healthcare Research and Quality, April 2016

11 "Readmissions and Adverse Events After Discharge," Agency for Healthcare Research and Quality, September 7, 2019

Benefits of Remote Patient Monitoring

- ✓ Can reduce ED visits by 68% and hospitalizations by 35%¹²
- ✓ Helps reduce medication noncompliance, which is responsible for half of all treatment failures and a fourth of all hospitalizations¹³
- ✓ Helps reduce physician visits by 47% and phone calls by 41%¹⁴

RPM is especially helpful for monitoring patients in rural areas who may have difficulty traveling long distances to see their providers. Today, 46 million people in the U.S. live in rural areas, of which a fourth say there are times when they can't access the care they need.^{15,16} This is not surprising given that there are fewer than 40 physicians for every 100,000 individuals living in rural communities. According to the CDC, individuals living in rural areas are typically older and sicker than those living in more urban locations.¹⁷ RPM can help keep these patients healthier.



Remote Patient Monitoring Services

- **24/7/365 continuous patient monitoring, including cardiac monitoring**
- **Reaching out to a patient's provider when issues are detected**
- **Educating patients about their condition and treatment plan**
- **Ensuring adherence to treatment or care plans**
- **Managing prescription refills**
- **Coordinating patient appointment reminders**

In addition to reducing the impact of clinician shortages, RPM supports improved reimbursement. New CPT codes have been added specifically for RPM within the past few years.



12 "A Remote Patient Monitoring Intervention for Patients With Chronic Obstructive Pulmonary Disease and Chronic Heart Failure: Pre-Post Economic Analysis of the Smart Program," Wanrudee Isaranuwatthai, Olwen Redwood, Adrian Schauer, Tim Van Meer, Jonathan Vallée, Patrick Clifford, National Library of Medicine, December 20, 2018

13 "Medication Adherence: The Elephant in the Room," Jennifer Kim, Kelsy Combs, Jonathan Downs, Frank Tillman III, U.S. Pharmacist, January 19, 2018

14 "Pivot Point Consulting Issues 'Q2 2022 Healthcare IT Trends Report' With 6 Key Insights and Implications for IT Leaders," Pivot Point Consulting, May 4, 2022

15 "About Rural Health," Centers for Disease Control and Prevention, May 9, 2023

16 "The Struggle To Hire And Keep Doctors In Rural Areas Means Patients Go Without Care," Kirk Siegler, NPR, May 21, 2019

17 "About Rural Health," Centers for Disease Control and Prevention, May 9, 2023

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Remote Patient Monitoring CPT Codes¹⁸

- **CPT code 99453: Initial Set-Up and Monitoring**
Remote monitoring of physiologic parameter(s) (e.g., weight, blood pressure, pulse oximetry, respiratory flow rate), initial set up and patient education on use of equipment. Reflects clinical staff time that includes instructing a patient and/or caregiver about using one or more medical devices.
- **CPT code 99454: Continued Monitoring Over 16 days**
Remote monitoring of physiologic parameter(s) (e.g., weight, blood pressure, pulse oximetry, respiratory flow rate), initial device(s) supply with daily recording(s) or programmed alert(s) transmission each 30 days. Includes the medical device or devices supplied to the patient and the programming of the medical device for repeated monitoring.
- **CPT code 99091: Collecting and Analyzing Physiologic Data**
Collection and interpretation of physiologic data (e.g., ECG, blood pressure, glucose monitoring) digitally stored and/or transmitted by the patient and/or caregiver to the physician or other qualified health care professional, qualified by education, training, licensure/regulation (when applicable) requiring a minimum of 30 minutes of time, every 30 days.
- **CPT code 99457: Management Services for Initial 20 Minutes**
Remote physiologic monitoring treatment management services, clinical staff/physician/other qualified healthcare professional time in a calendar month requiring interactive communication with the patient/caregiver during the month for the first 20 minutes.
- **CPT code 99458: Management Services for Each Additional 20 Minutes**
Remote physiologic monitoring treatment management services, clinical staff/physician/other qualified health care professional time in a calendar month requiring interactive communication with the patient/ caregiver during the month for each additional 20 minutes.

Remote patient monitoring services can help providers achieve value-based reimbursement goals by supporting patients most at risk for chronic conditions.

¹⁸ "2021 Medicare Coverage of Remote Physiologic Monitoring (RPM)," Association of American Medical Colleges, accessed June 21, 2023

Telephone & Message Triage

Effectively triaging and responding to incoming patient voicemail and inbox messages can mean the difference between positive and negative patient experiences and health outcomes. However, maintaining an optimal level of staffing to triage messages can be challenging, especially now. According to the McKinsey 2022 State of Customer Care Survey, patient call volumes are rising at the same time facilities are seeing a spike in turnover and employee attrition in their customer service teams.¹⁹

Leveraging a telephone and inbox message management service can benefit organizations challenged with staffing issues, and can relieve clinicians who just don't have enough time left after delivering quality patient care all day. These services typically use registered nurses to assess a patient's symptoms in the context of their medical history, so access to the provider's EHR system is a must. The healthcare organization also provides details on how they'd like messages to be handled, scheduling guidelines, and more. With this information, the nurse can determine the most appropriate resource for the patient's unique needs.

Every patient message and telephone encounter is a part of the patient experience and is reflected in a hospital's patient satisfaction scores. Besides getting the patient to the most appropriate resource promptly, telephone and message-triage services can help improve customer satisfaction.

Surveys show that **82% of patients** say a positive customer service experience is important in determining where they receive care.²⁰

Message Triage Services

- Responding to patient's visit follow up questions
- Assessing patient symptoms
- Recommending the proper levels of care
- Routing messages to the appropriate provider
- Scheduling patient appointments and referrals
- Refilling prescriptions and answering medication questions
- Addressing non-urgent medical questions
- Responding to test result questions



19 "The state of customer care in 2022," Jeff Berg, Eric Buesing, Paul Hurst, Vivian Lai, Subhrajyoti Mukhopadhyay, McKinsey & Company, July 8, 2022

20 "25 Healthcare Statistics That Show the Power of Patient-Centered Care," Silverline, September 30, 2021

Current State of Inbox Message Management

The advent of patient messaging via EHRs directly to the physician, skipping support staff, has enabled patient messaging volume to radically increase.

Inbox message management services can help alleviate stress on clinicians by reducing unnecessary appointments for things that can be managed over the phone or through other resources or clinicians. They can also reduce patient leakage by ensuring patients are always referred to in-network resources when possible.

Below are recent statistics about the current state of the physician’s inbox and recommendations to improve message management:²¹

1.5 hours per day Pre-pandemic, the average family physician spent 1.5 hours per day on the inbox.

150 messages per day (and night) At one health system, physicians addressed an average of 100 inbox messages daily during working hours and another 50 each weekday evening.

157% The number of patient messages increased by 157% at the onset of the pandemic and have remained at this “new normal” level ever since.

1/3 Over 1/3 of inbox messages are system-generated and include many low-value communications.

3X US clinicians received nearly 3 times as many inbox messages as clinicians in non-US countries.

Recommendations to manage the inbox safely and efficiently

Measure it to manage it.

EHR use metrics can quantify the volume and distribution of inbox work and the time that’s needed to manage it.

Reduce the volume.

Turn off low-value notifications, such as test orders sent in real time to multiple physicians. Instead, only notify the ordering physician of the test result.

Delegate by outsourcing.

Strategically delegate and outsource message management to a more robust team. For messages that can’t be weeded out by systematic processes, delegate an upskilled team member to research all the messages. Messages that team members can’t resolve independently can be addressed directly with the physician or other clinicians. Establish a qualified clinical support team at optimal staffing levels that monitors and manages messages consistently throughout the day.

Omega Healthcare can help.

Inbox message management and triage services such as those provided by Omega Healthcare can help alleviate stress on clinicians. Reducing unnecessary appointments for things that can be managed over the phone or through other resources or clinicians can reduce physician workload and patient leakage. Optimizing inbox management to appropriate support staff through outsourced services can balance clinician workload across the practice.

²¹ “The Electronic Health Record Inbox: Recommendations for Relief,” Christine A. Sinsky, M.D., Tait D. Shanafelt, M.D., and Jonathan A. Ripp, M.D., M.P.H., National Library of Medicine, August 29, 2022



Customer Contact Centers

While message triage services are focused on clinical patient care follow up within a practice, a health system or larger practice may need broader contact center support that improves administrative or financial operations. Most health systems have an initiative to improve patient satisfaction, and a key driver to achieve that goal is to provide a cohesive, branded patient journey through their episode of care. Every patient interaction is an opportunity to strengthen the provider's brand, promote new services, keep patients in network, and increase loyalty.

A 2022 hospital survey found that 51% of respondents believed their organization's contact center contributed to improving patient experience during the COVID-19 pandemic.²² As an inbound call to a contact center may be the first touchpoint for a future patient, providers should take the opportunity to include that touchpoint in their patient experience improvement initiatives.



According to the Patient Access Collaborative, 67% of individuals who call into a call center hang up before speaking to anyone, typically because the system is too complicated or they get tired of waiting.²³ In healthcare, 13% of calls are disconnected because of technical errors or other problems

Customer Contact Center Services

Administrative:

- Wayfinding and navigation to provider locations
- Identifying requests and transferring calls appropriately
- Scheduling/re-scheduling appointments
- Registering patients
- Updating patient demographics
- Assisting patients with accessing the provider portal
- Processing patient concerns
- Providing support ordering DME supplies

Financial:

- Verifying eligibility and benefits
- Updating patient demographic and insurance details
- Collecting patient co-pays and payments pre-service
- Explaining statement details, balance owed, and charges
- Accepting payments and set up payment plans
- Processing refund requests
- Sending billing statements and payment receipts upon request

22 "5 hospital contact center trends to watch," Spok, March 1, 2023

23 "Managing Healthcare Call Center Stress and Overload: Techniques and Best Practices," Patient Access Collaborative, website accessed April 11, 2023



Care Coordination Success Story

The Challenge

NYU Langone Health had completed a successful electronic medical record (EMR) implementation, and its patients quickly learned to use the system to message their physicians and staff. Suddenly, instead of returning a few patient phone calls at the end of the day, physicians and staff had to respond to hundreds of patient emails as well. Most exchanges involved multiple emails, adding further to the workload.

The Solution

To help meet the increasing communication demand, NYU Langone chose Omega Healthcare's Care Coordination Services, which provides certified virtual nurses to support care management, patient outreach, payor interaction, and clinical documentation initiatives.

Omega Healthcare's nurses are fully licensed throughout the U.S. and can work directly within NYU Langone's EMR, assessing symptoms, existing health problems, and any relevant history of medical issues. They use the health system's protocols, decision tree, database, and workflow to understand patient needs, conditions, and potential treatments, and then recommend the proper level of care.

The Results

Omega Healthcare has relieved the burden of the unexpected new stream of work and given physicians and staff more time. Clinical teams in the health system's practices now have more time to focus on face-to-face interactions, allowing them to grow their volume without adding staff.



"The end of a physician's day looks completely different now. They no longer have to settle in after clinic hours to return a few patient phone calls or a hundred or more patient emails. Our onsite team can focus on face-to-face tasks, while Omega Healthcare handles the other tasks."

Ambulatory Operations and
Optimization Leader
NYU Langone

The Journey Forward

Hospitals and health systems are facing unprecedented challenges—challenges that are not likely to go away any time soon. Partnering with industry experts like Omega Healthcare for remote patient monitoring, telephone and messaging triage, and customer contact center services can help. Our team of clinical experts and registered nurses act as an extension of your organization, providing timely, effective care throughout the entire continuum. Whether at home or in an ambulatory or acute care setting, patients receive the ongoing care they need to live their best lives.

- ✓ >8 million patient support calls and inbox messages per year
- ✓ Trained in 80+ EMR/EHR, practice/hospital management systems
- ✓ World class telephony, inbound and outbound predictive dialer support and IVR inbound call infrastructure
- ✓ Built-in workflows based on agent skill sets help to resolve calls accurately and efficiently
- ✓ 100% of calls recorded and available for review for at least 90 days
- ✓ HIPAA and PCI certified and compliant

Omega Healthcare Care Coordination Services help enhance outcomes, relieve clinician burdens, and improve patient satisfaction, leading to lower costs and increased reimbursement.



About Omega Healthcare

Founded in 2003, Omega Healthcare empowers healthcare organizations to deliver exceptional care while enhancing financial performance. We help clients increase revenues, decrease costs, and improve the overall patient-provider-payer experience through our comprehensive portfolio of technology and clinically enabled solutions.

Omega Healthcare has 30,000 employees across 14 delivery centers in the United States, India, Colombia, and the Philippines. For more information, visit omegahms.com.