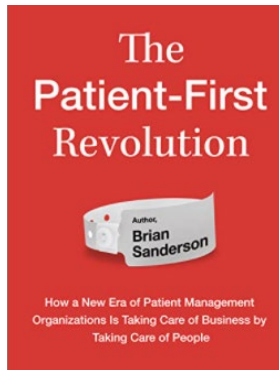




**2022 Revenue Cycle Virtual Symposium**  
Coming together to elevate healthcare experiences



# The Patient-First Revolution

**May 10, 2022**

**Presented by**

**Brian Sanderson**

[brian.sanderson@crowe.com](mailto:brian.sanderson@crowe.com)





Click to add text



# The Book

The screenshot shows the Amazon product page for the book "The Patient-First Revolution: How a New Era of Healthcare Administration Is Taking Care of Business by Taking Care of People" by Brian Sanderson. The page features a red cover image, a "Look inside" button, and a "Follow the Author" section for Brian Sanderson. The main title and subtitle are prominently displayed. Below the title, it indicates the author, editor (The Forrest Group), and format (Kindle Edition). The price is listed as \$19.99 for the Kindle edition, a 20% discount from the list price of \$24.99. A "Buy now with 1-Click" button is visible. The page also includes a "Patients aren't the only ones who need help in today's world." section with a short paragraph and a "Read more" link. A table of specifications lists print length (96 pages), language (English), publication date (December 17, 2021), reading age (18 years), grade level (12 and up), and file size (23485 KB). A note states, "Due to its large file size, this book may take longer to download." The page also features a "Buy for others" section, a "Send a free sample" button, and a "Share" section with social media icons. The Amazon navigation bar at the top includes the Amazon logo, a search bar with the text "the patient first revolution", and various navigation links. The bottom of the screenshot shows a Windows taskbar with various application icons and a system tray with the time 10:29 AM and date 3/24/2022.

amazon live | Author Q&A with Dolly Parton & James Patterson [Shop on amazon.com/live](#)

Kindle Store > Kindle eBooks > Medical eBooks

[Look inside](#)

## The Patient-First Revolution

by Brian Sanderson (Author), The Forrest Group (Editor) | Format: Kindle Edition

★★★★★ 2 ratings

See all formats and editions

Kindle	Paperback
\$19.99	\$24.99

Read with Our [Free App](#) 2 New from \$24.99

**Patients aren't the only ones who need help in today's world.**

Hospitals are hurting just as badly as the people inside of them. The revenue problems that healthcare organizations face is only a symptom of the greater issue: We've stopped putting our patients first.

In his new book, *The Patient-First Revolution*, healthcare management expert Brian Sanderson tells the story of a young mother named Blanca - who is faced with countless challenges in getting her family the kind of healthcare they need to not just survive.

[Read more](#)

Print length	Language	Publication date	Reading age	Grade level	File size
96 pages	English	December 17, 2021	18 years	12 and up	23485 KB

Due to its large file size, this book may take longer to download

Available on these devices

First Aid (Quick Study Health)

Print List Price: ~~\$24.99~~  
Kindle Price: **\$19.99**  
Save \$5.00 (20%)

[Buy now with 1-Click](#)

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POLLING QUESTION #1

What is the most challenging revenue cycle issue that needs to be solved?

A

Labor

B

Automation & AI

C

To take better advantage of  
technology available

D

Those x&\$%^&! Payors



HER

US

YOU

HER



BLANCA











# N I H STROKE SCALE

DATE/TIME: \_\_\_\_\_  
 CLINIC: \_\_\_\_\_  
 PATIENT NAME: \_\_\_\_\_  
 MRN: \_\_\_\_\_

NAME OF PHYSICIAN: \_\_\_\_\_  
 PHYSICIAN TITLE: \_\_\_\_\_

DATE: \_\_\_\_\_ TIME: \_\_\_\_\_

EXAMINER: \_\_\_\_\_

EXAMINER'S COMMENTS: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

SCORE	DESCRIPTION	SCORE
1-5	LOCATION OF LESION	1-5
1	Right hemisphere	1
2	Left hemisphere	2
3	Frontal lobe	3
4	Parietal lobe	4
5	Other	5
6-10	SIZE OF LESION	6-10
6	< 1 cm	6
7	1-2 cm	7
8	2-3 cm	8
9	3-4 cm	9
10	> 4 cm	10
11-15	DEPTH OF LESION	11-15
11	Superficial	11
12	1 cm	12
13	2 cm	13
14	3 cm	14
15	> 3 cm	15
16-20	AGE OF LESION	16-20
16	< 1 week	16
17	1-4 weeks	17
18	1-3 months	18
19	3-6 months	19
20	> 6 months	20
21-25	TYPE OF LESION	21-25
21	Ischemic	21
22	Subarachnoid hemorrhage	22
23	Intracerebral hemorrhage	23
24	Subdural hemorrhage	24
25	Other	25
26-30	OTHER	26-30
26	None	26
27	Stroke	27
28	Other	28
29	Unknown	29
30	Other	30

SCORER: \_\_\_\_\_



MEDICATIONS & INSTRUCTION

REHABILITATION

PHYSICAL THERAPY

APPOINTMENTS SCHEDULED

BENEFITS AUTHORIZED





**DEFINITION**

**MEDICAL  
CLAIM**











Lifetime\_Value



# ONE MINUTE WITH ME



A blueprint for boosting revenue for healthcare CFOs

Get 5 free pages on my website  
[www.briansanderson.me](http://www.briansanderson.me)



**Brian Sanderson**  
National Healthcare Leader at Crowe  
Talks about #cfos, #hospitals, #healthcare, #digitalhealth, and #healthsystems  
Greater Chicago Area · [Contact info](#)  
2,831 followers · 500+ connections

[Open to](#) [Add profile section](#) [More](#)

 Crowe  
 Northwestern University - Kellogg School of Management

Your car  
breaks down.

Where do  
I go?

Who do  
I call?

What is covered  
by insurance?

I need someone  
to help.





What does she need?

What is the problem to be solved here?

What can we do for her,  
or those like her?

A blurred night scene of a road with a car's side mirror in the foreground. The background shows a road with lane markings and distant lights, all in motion blur. The side mirror is prominent in the lower right, reflecting the blurred scene. The overall color palette is dominated by dark blues, oranges, and reds from the lights.

We'll  
take care  
of you



# Patient experience



# Customer experience



... how you  
made them  
feel.







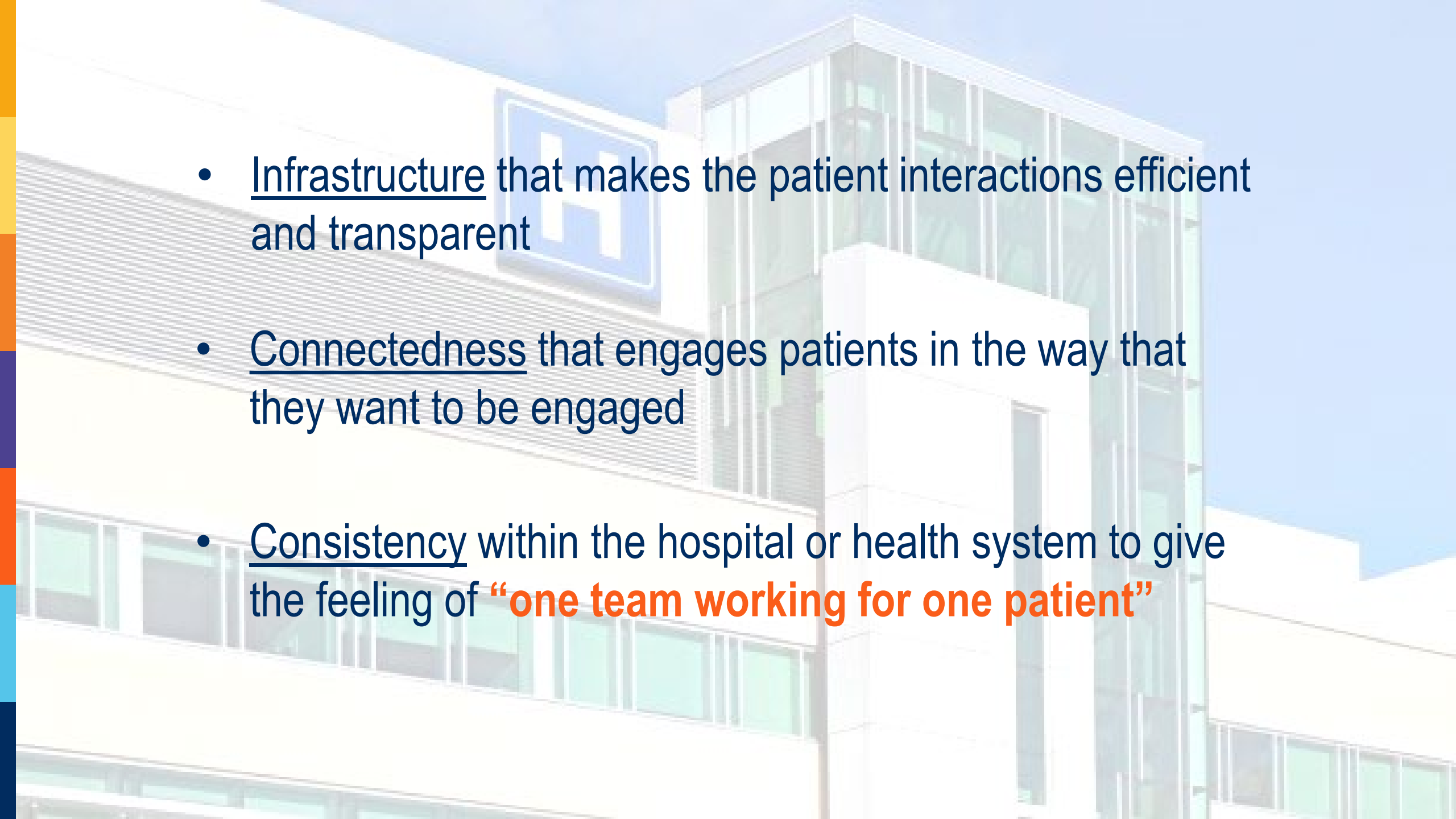
NOTIFICATIONS

WEARABLES

EDUCATION

SPECIAL ACCESS  
TO PROGRAMS

This slide left intentionally blank

- 
- Infrastructure that makes the patient interactions efficient and transparent
  - Connectedness that engages patients in the way that they want to be engaged
  - Consistency within the hospital or health system to give the feeling of **“one team working for one patient”**



**“No, because ...”**



**“Yes, if ...”**



# HMO

(less expensive, lose her hospital)

# PPO

(more expensive, keep her hospital)



POLLING QUESTION #2

What is the biggest challenge that the US Healthcare System needs to solve?

A

Health equity

B

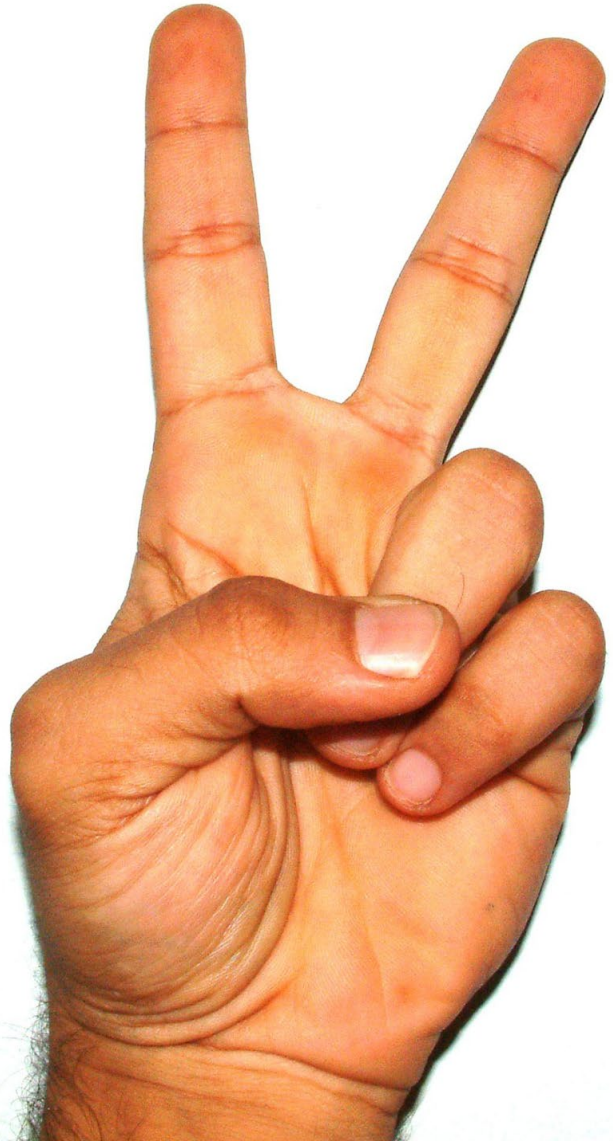
We can't seem to stop the "cost" train

C

Way too litigious

D

Attrition from clinicians  
(e.g., nurses, doctors)



**“THE REASONABLE MAN ADAPTS HIMSELF TO THE  
WORLD; THE UNREASONABLE ONE PERSISTS IN  
TRYING TO ADAPT THE WORLD TO HIMSELF.  
THEREFORE ALL PROGRESS DEPENDS ON THE  
UNREASONABLE MAN.”**

**GEORGE BERNARD SHAW**



HER

US

YOU

# MANAGEMENT

“I’m managing the situation.”

“He’s my manager at my office.”

“We have updated our disease management protocols.”



*Definition of*

# MANAGEMENT

*The act of getting things done through others and having them do it willingly.*



*There are so many participants involved in the care of human beings – including the cooperation of patients themselves ...*



POLLING QUESTION #3

What is the best way to solve challenges that address all health systems?

**A**

More mergers and consolidation to create scale

**B**

More opportunities to collaborate, regardless of competition

**C**

Set up new business models to coordinate, deliver, and pay for patient care

**D**

Focus on and re-commit to patient experience





# Patient Management Models

## Clinical Pathways

### 01 | Where we started

**Description** Pre-designed treatment paths for common (usually inpatient) medical conditions

---

**Goals**

1. Standardize outcomes
2. Consistent clinical inventions among providers

**Principal Process**

1. Determine most effective/efficient clinical disposition via analytics
2. Train physicians/staff on (best) protocols and indicators

**Responsible Parties**

1. Medical staff leadership (by specialty)
2. Health system analytic support (for tracking)



## Capitation

### 02 | Where we went

**Description** Pre-established reimbursement rate (per member per month) to cover all medical services

---

**Goals**

1. "Put a cap" on cost
2. Create incentive for lower/appropriate utilization

**Principal Process**

1. Form panels of providers who will accept "risk"
2. Establish infrastructure designed to administer economics of contract(s)

**Responsible Parties**

1. Primary care physician practices
2. Hospital/physician contracting organization



## Value-Based Care

03 | Where we are now

**Description** Delivering medical care that directly links performance on cost, quality and patients' experience

---

- Goals**
1. Improved outcomes via standard protocols
  2. Compliance with standard treatment(s)

- Principal Process**
1. Technology able to track utilization, care delivered
  2. Payments-based cost reduction, leading to emphasis on preventive care

- Responsible Parties**
1. Multifunctional health system operations (including IT)
  2. Clinically integrated network (or similar structure)

## Concierge Medicine

04 | Where we are going

**Description** Programs that link the individual needs of a patient throughout the patient medical journey

---

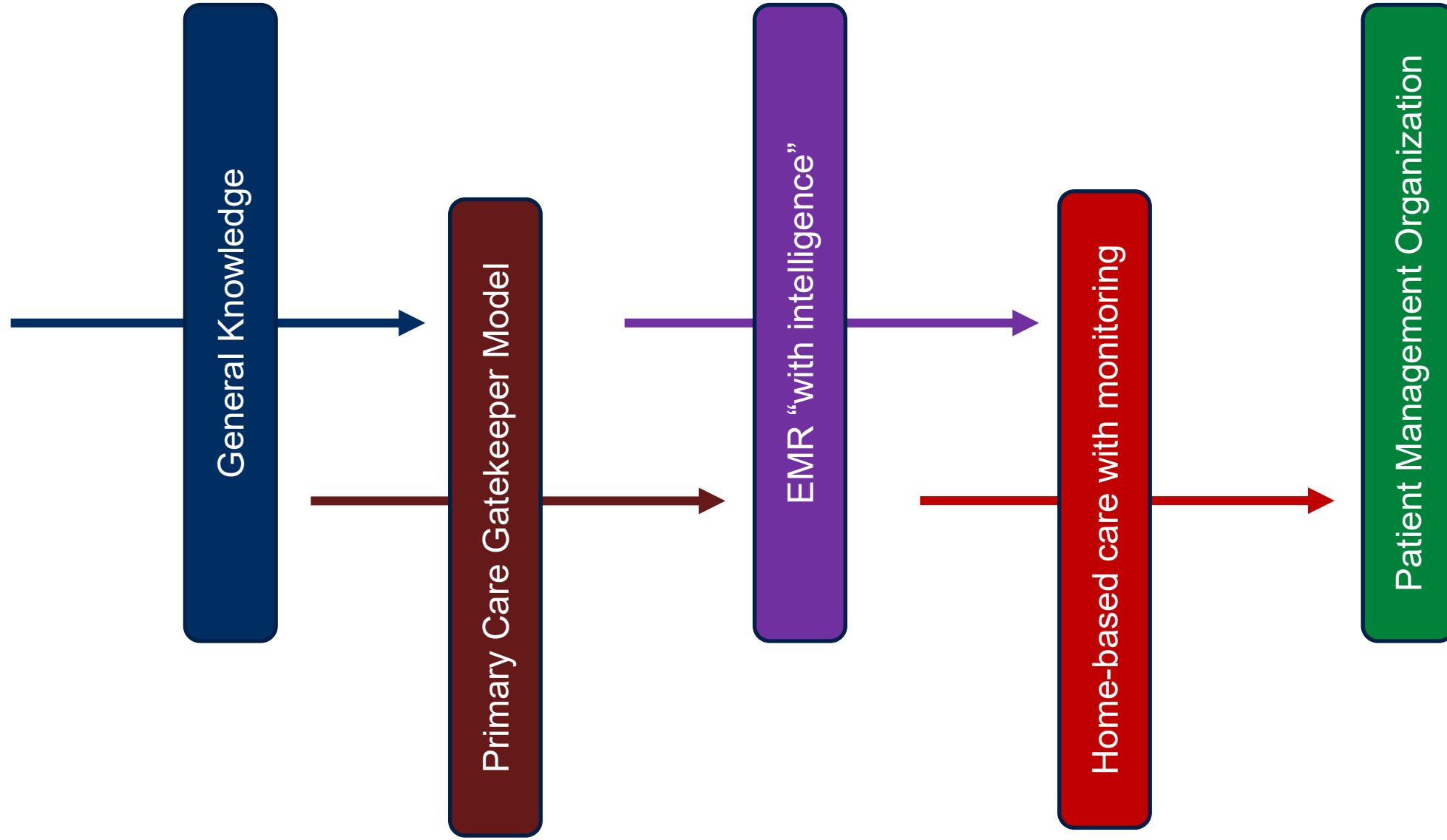
- Goals**
1. Differentiated access and individual patient attention
  2. Better patient satisfaction and adherence to care plans

- Principal Process**
1. "Membership" model with designed responses
  2. Personalized health improvement and/or post-episode care plans

- Responsible Parties**
1. Separate but affiliated organization
  2. Multifunctional health system plus medical staff



# Tools for Patient Management





**\$45.6**

**BILLION**

**Annual cost of  
defensive medicine in  
America**



TYPICALLY, THE DEBATE CENTERS ON THESE FIVE  
KEY DRIVERS OF HEALTHCARE EXPENDITURES:



Increases in  
utilization of  
healthcare services

---



Increases in the  
price and intensity  
of services

---



Fluctuation in  
disease prevalence  
or incidence

---



An increasing  
population

---



An aging  
population

---

## The patient says, "I want ..."

- Simplicity
- Ease
- Personalization
- Empathy
- Compassion
- Explanations
- Assistance
- Coordination
- Quality
- To get better

## The health system needs to provide ...

- Simplicity to get to the right answers quickly
- Ease of access to providers and administrative needs
- Personalization of treatment according to medical history
- Empathy from provider staff during interactions
- Compassion from caregivers while on the medical journey
- Explanations regarding clinical and administrative complexities
- Assistance in taking care of financial obligations
- Coordination between providers, facilities, appointments, records
- Quality of care that produces the best chances for the best results

# 3

## KEY ASPECTS OF PATIENT MANAGEMENT



- Interoperability of patient information
- Engagement with and by the patient
- Confluence of the provider network



“Don’t find customers  
for your products ...  
find products for your  
customers.”

SETH GODIN



WHY?

## SO, WHY DO WE CREATE A PATIENT MANAGEMENT ORGANIZATION?

We believe that every patient should feel taken care of.

HOW?

## SO, HOW DO WE DELIVER A PATIENT MANAGEMENT ORGANIZATION?

We coordinate a systematized program that assists patients through their lifetime medical journey, utilizing technology and embedding empathy.

WHAT?

## SO, WHAT IS A PATIENT MANAGEMENT ORGANIZATION?

We synchronize a platform of technology, clinical care, administration, financial proficiency, and effective communication to deliver these 10 elements:



01



Engagement with a patient in their environment on their personal medical journey.

02



Increased market share by steering patients within the platform of providers and programs.

03



Command center operations whose responsibility is to direct the programs, information, and care delivery on a personalized basis.

04



Provider panels (physician, ancillary, acute, and digital) connected on a common platform to deliver coordinated patient care.

05



Interoperable patient data that compels a patient to remain "in the program."

06



Digital technology that incorporates monitoring devices and other ease-of-use instances.

07



Managed care contracting that aligns with the ability to efficiently coordinate healthcare while focusing on prevention, wellness, and chronic disease management.

08



High patient engagement and satisfaction scores that create comfort and an emotional connection to our brand.

09



Financial performance that sustains the enterprise for generations of patients.

10



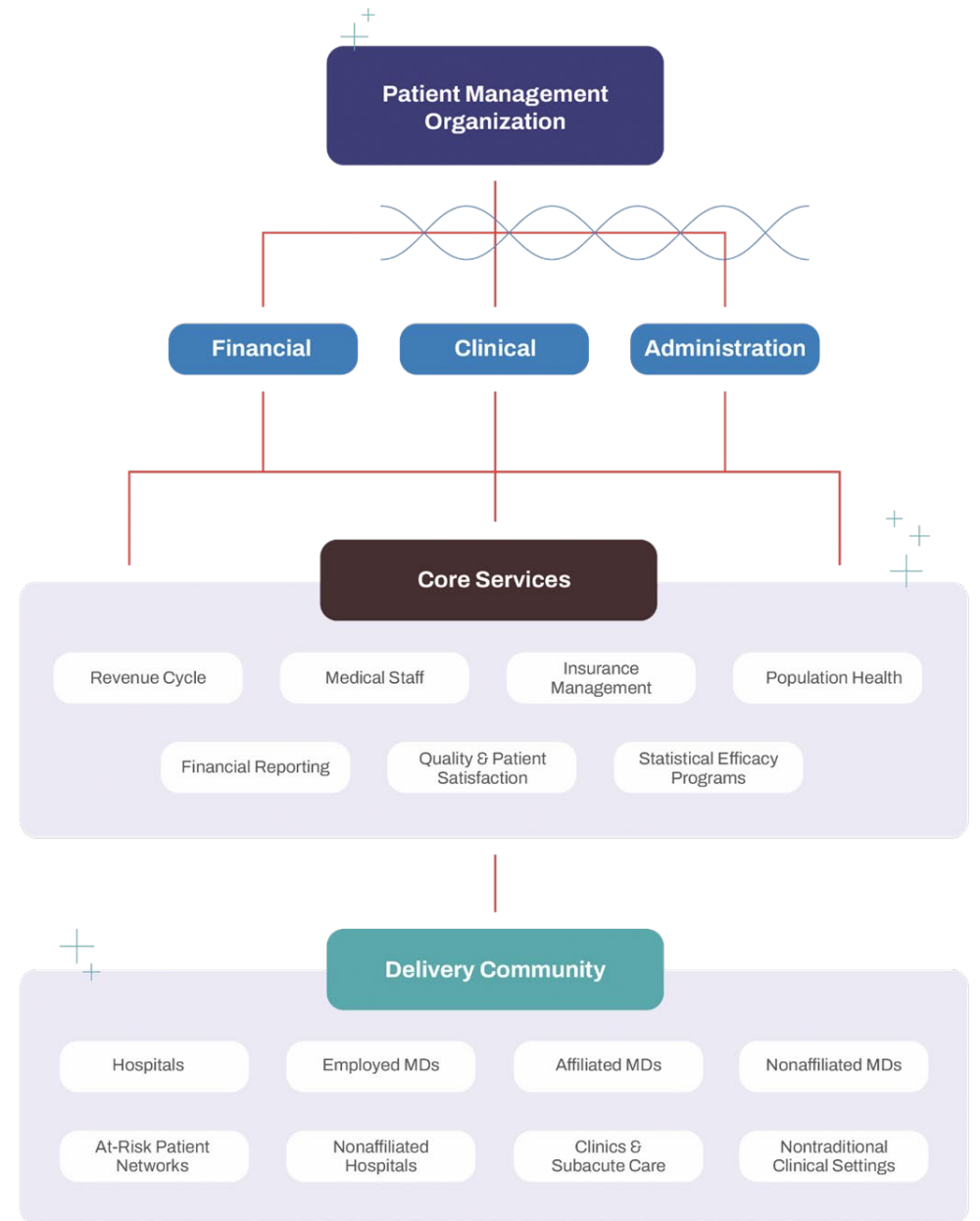
Efficient administration to support a cost structure that is affordable to patients.

# The 10 elements of a well-executed Patient Management Organization

Recognition that there are multiple disciplines involved

Organizing around the “patient first” is a logical way to advance.

Patients desperately want care and communication to be organized (around them)



## Financial Proficiency

Complex decision making relative to contracts that take advantage of risk elements, revenue share agreements that are fair and accretive to the enterprise.

## Clinical Continuity


Improve and formalize relationships with medical staff and ancillary providers because this allows for the opportunity of shared financial accountability.

Availability of data (acute and remote) and data security (including devices) that is necessary in an environment that involves multiple entities, including vendors.

Many industries (hospitality, automotive, apparel, social media) have advanced the customer experience with some fairly basic data (e.g. clicks) architecture.

## Technology Interoperability

## Data Science



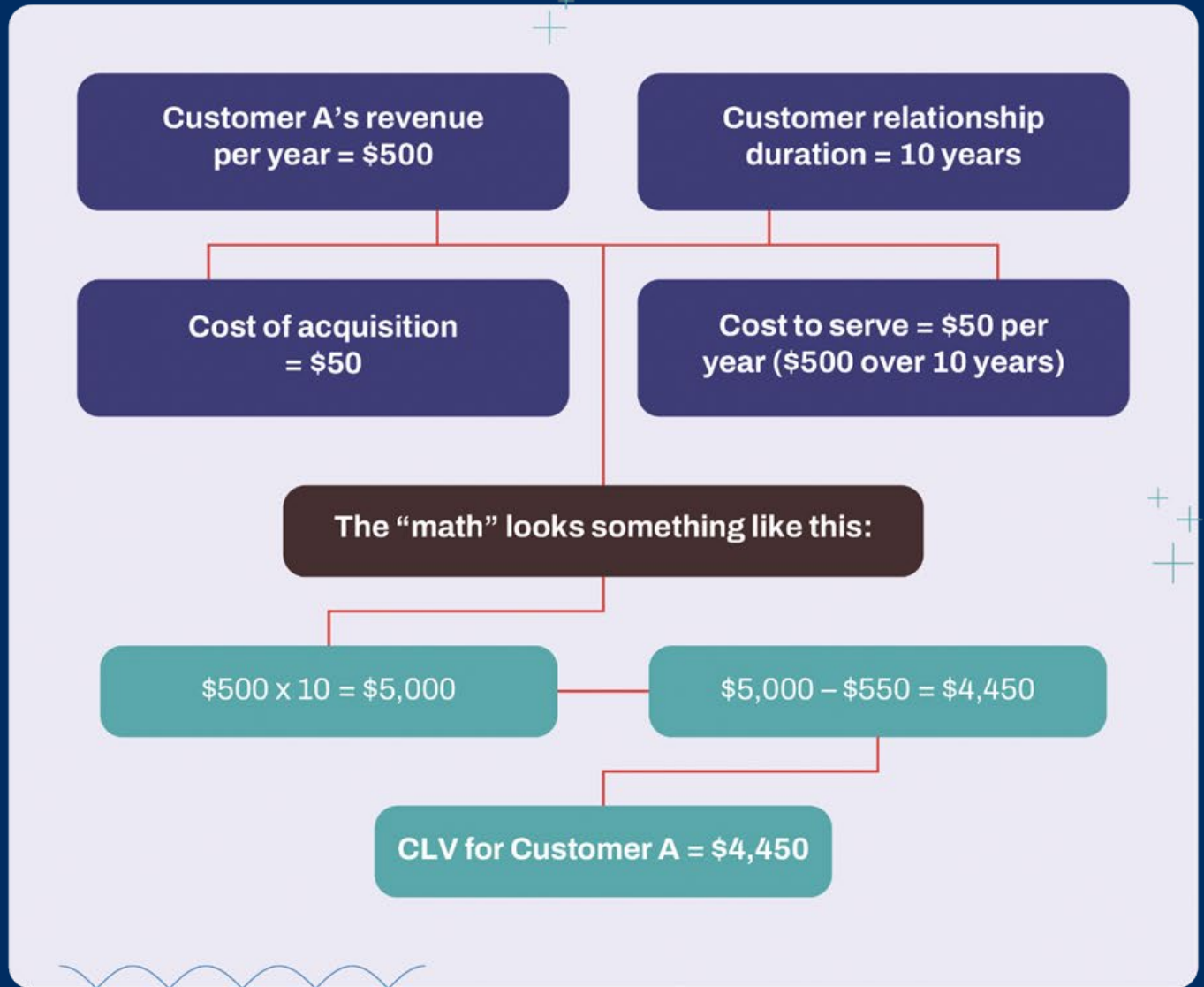
Health system executive considerations and tasks include, but are not limited to:

Articulating the Patient Management Organization business model

Acknowledging the significant and nuanced investment in technology

Designing a clinical platform that will complement medical staff capabilities

Identifying the (planned) financial benefits of the enterprise



## Customer Lifetime Value



POLLING QUESTION #4

How can we build the next generation of healthcare leaders to solve our industry challenges?

**A**

Better mentoring from our current leaders

**B**

Hire more leaders from outside the healthcare industry

**C**

Make networking and collaboration across organizations part of their development

**D**

We don't need new leaders – we just need more leadership courage







Needs ↑ net revenue through market share acquisition & retention

Understands that patient experience is a key strategic driver

Is frustrated and perplexed re: "how to do it ..."



Needs to access and navigate a complex medical journey

Requires guidance, empathy and communication from someone

Is frustrated and perplexed re: "how to do it ..."



HER

US

YOU

# 3 Attachment Points

## Patient Experience becomes King

Organization, department or unit commitment to address, measure, improve, manage and achieve a better/best patient experience.

## Dispersed, but Tech-Connected Delivery

Acknowledging that re-organizing or re-aligning may be too much – so let's use technology tools to achieve better patient experience(s).

## Patient Management Organization

Full commitment to the patient experience journey, the technology necessary to support, and the organizational structure that creates “ownership.”



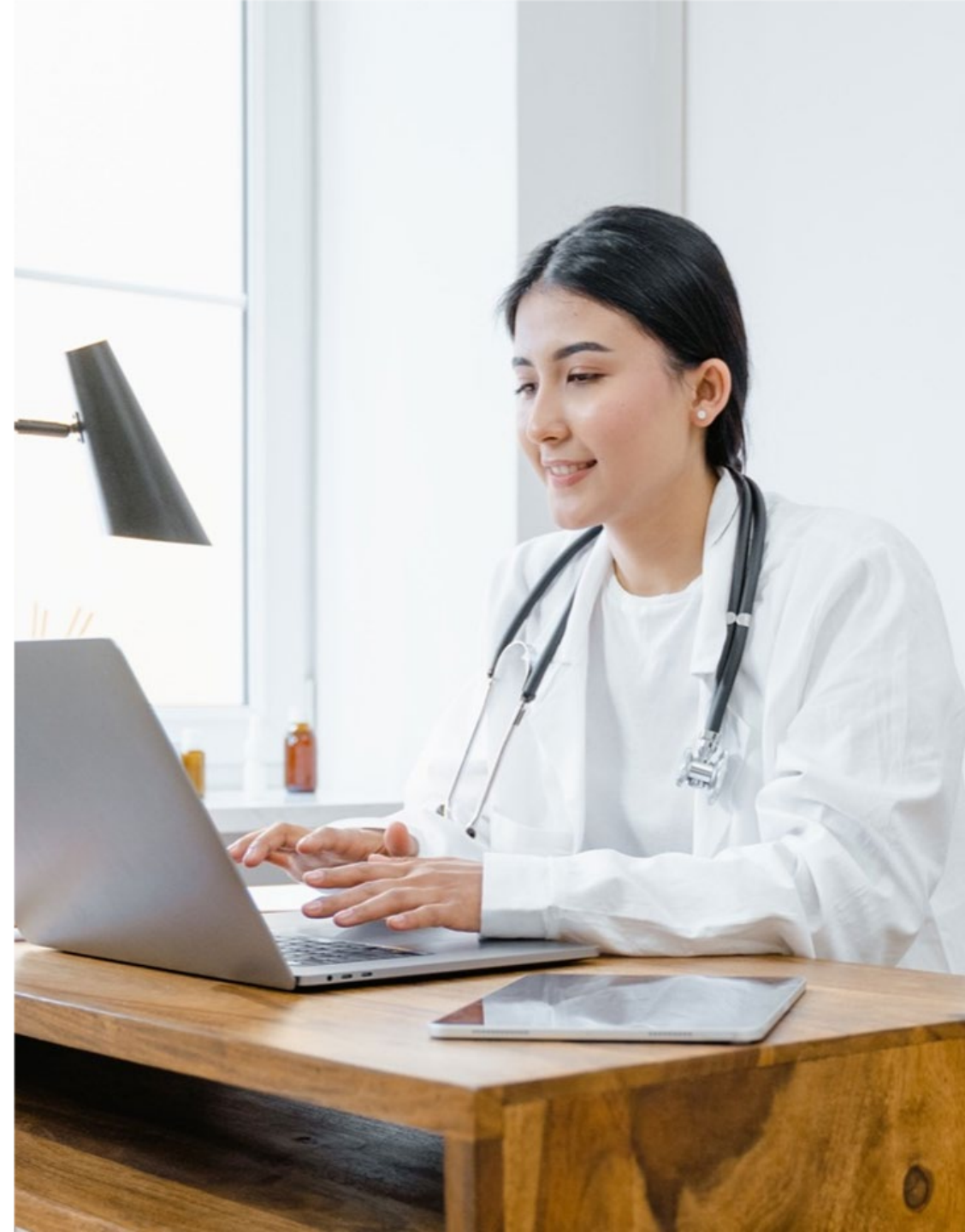
# Patient Experience becomes King ... **and YOU.**

1. Determine the patient engagement “points” and how you affect them
2. Create measurement around your effectiveness, e.g.
  - Patient Satisfaction scores
  - Recapture of referrals
3. Take one track and develop it, e.g.
  - Cardiology
  - Patient Access
  - Best payor
4. Commence a “Customer Lifetime Value” measurement process



# Dispersed, but Tech-Connected delivery ... **and YOU.**

1. Familiarize yourself with the two primary types of technologies for this purpose:
  - Clinical (e.g. specialty-specific, wearables)
  - Patient experience (e.g. ReferralPoint, others)
2. Optimize the PAS connectivity to patients, e.g.
  - Epic advancements (“Hello Patient”)
  - Cerner advancements
3. Revisit all patient communications – i.e. what touches patients during their medical journey
4. Map out all multi-disciplinary patient interactions during one pre- or post-visit pathway, e.g.
  - Scheduling (or inquiring)
  - Discharge
  - Billing



# Patient Management Organization ... **and YOU.**

1. Start to organize the collaboration within your “core services” brethren
  - What is the common goal?
  - What is the common enemy?
  - What incremental progress can we make?
2. Look for opportunities to personalize – or at least focus – communications and experiences, e.g.
  - Utilize your CRM (Salesforce, Microsoft Dyn.)
  - Focus on what generations (GenX) need
3. Create some practical patient experience improvements, e.g.
  - Artificial serendipity
  - The 3 “moments of truth”
4. Become a Patient Management Organization disciple – it’s the courageous employees that advance quickest





# HOSPITAL APOCALYPSE

- Over-expansion of hospitals
- Rising costs
- Bankruptcies of leveraged buyouts
- Low quarterly profits outside COVID spending
- Delayed effects of the great Pandemic, and
- Changes in reimbursement.



The entrance to a JCPenney at the Columbia Mall in Bloomsburg, Pennsylvania. DON EMMERT/AFP via Getty Images

- Roughly 80,000 stores are expected to close over the next five years, according to a new UBS report.
- The prediction follows a grim decade for the retail industry, dubbed the "retail apocalypse."
- Roughly one-quarter of American malls are expected to close in the next three to five years.

The struggles of everyman  
(or everywoman) in  
navigating a complex  
healthcare system without  
a guide

All the tools and systems  
are currently available to  
make a Patient  
Management Organization  
a reality

Any changes to our  
healthcare business  
model, or a focus on  
patient experience, needs  
your leadership

# The Patient-First Revolution



How a New Era of Patient Management  
Organizations Is Taking Care of Business by  
Taking Care of People





# Thank You.

Brian Sanderson  
+1 630 574 1607  
[brian.sanderson@crowe.com](mailto:brian.sanderson@crowe.com)

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