

— 2018 —

RCM Speaker's bureau

Speaking topics for
educational presentations



Session topics

Throughout the year, Cerner clients and associates present at many national and local events. We offer presentations on a wide variety of health care topics, including:

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To request one of our revenue cycle experts to speak at your event, visit cerner.com/rcmspeakersbureau. For additional information, contact Megan Lolli at megan.lolli@cerner.com.

We are Cerner

Our health information technologies connect people and systems at more than 25,000 provider facilities worldwide. Recognized for innovation, we offer solutions and services for health care organizations of every size. Together with our clients, we are creating a future where the health care system works to improve the well-being of individuals and communities.

Our revenue cycle management solutions and services help enable health care organizations to manage costs and operational efficiencies independent of their clinical information system.

[Learn more at cerner.com.](https://www.cerner.com)



Cerner World Headquarters
Kansas City, Missouri



2018

Session topics



A patient-centric approach to clinical documentation improvement

A patient-centric approach to clinical documentation improvement (CDI) tightly links physicians, clinical documentation specialists and coders to deliver quality documentation that increases revenue cycle productivity for your organization.

During this session, you'll hear how organizations optimize their documentation improvement strategies by connecting the clinical experience to the revenue cycle to ultimately improve the patient experience.

Learning objectives

- **Define** the qualities of good clinical decision support and documentation's role in quality.
- **List** metrics that depend on accurate physician documentation.
- **Describe** how a strong CDI strategy can improve patient care, patient safety and quality.
- **Recall** clinical and financial benefits that result from a patient-centric approach to CDI.



Beyond outsourcing: how a strategic partnership improved revenue cycle performance

Learn how one organization's strategic outsourcing partnership enhanced performance, optimized efficiencies and standardized operations across the organization.

Leaders will describe the relationship's structure across the front, middle and back of the revenue cycle, as well as measured outcomes it has achieved. As more organizations consider RCM services to help manage changes in health care, discuss why outsourcing doesn't need to be scary, and how it formed a trust beyond a contractual relationship to one that more closely resembles a true "marriage."

Learning objectives

- **Define** the health care landscape causing hospital organizations to consider revenue cycle management outsourcing.
- **Describe** the methodology to assess and improve performance metrics in revenue cycle areas of patient access and patient financial services.
- **List** the benefits of aligned partnership for revenue cycle operations.



Breaking down barriers and leveraging the clinically driven revenue cycle

Reimbursement is a natural outcome of exceptional clinical care, good transactional processes and superb automation.

The future of the health care delivery model must evolve to ensure everything is done "right," with the appropriate utilization and the customer at the center. By standardizing and automating processes, eliminating the variability that comes with labor-intensive clinical and business practices, and by being a constant patient advocate, the money just shows up. Integrating care delivery and reimbursement is a concept with which many organizations struggle. Learn how one health care organization is breaking down the barriers between clinicians, patient experience and health outside the walls of its facilities.

Learning objectives

- **Describe** the steps needed to break down barriers between clinical departments and reimbursement to enable a comprehensive clinically driven revenue cycle.
- **Define** the community outreach programs to improve access and patient experience.
- **Identify** key initiatives that focus on delivering quality care and patient experience resulting in accurate and appropriate reimbursement.



Bridging the gap – defining your post-acute strategy

The health care industry is undergoing a fundamental shift causing health care systems to look more closely at their post-acute care partners and strategy to achieve the best clinical outcomes, reduce readmissions and lower costs.

In this session, learn about key elements in selecting post-acute partners, the disconnect from other providers and within the organization, and the eagerness and adaptability of post-acute providers now and in the future.

Learning objectives

- **Describe** the post-acute industry and the important roles it plays in both fee-for-service and fee-for-value environments.
- **Explain** the challenges and opportunities in developing a post-acute strategy.
- **Create** an initial post-acute strategy framework and identify first steps in broadening relationships with potential post-acute partners.

Collaborative strategies for financial success: elevating the patient experience

Health care organizations are increasingly looking for ways to improve the patient experience within the revenue cycle, but it can be overwhelming to manage alone.

Outsourcing can seem scary, particularly when entrusting patient-facing operations to an outside party. Developing a true partnership with shared expectations and goals can achieve the trust and support necessary to deliver a better financial experience. Join Adventist Health and *Cerner RevWorks*SM leaders to learn how they structured their relationship to create a patient-centered experience across patient access and financial services – one that projects their shared values while improving outcomes and satisfaction for patients and staff alike.

Learning objectives

- **Describe** how a collaborative outsourcing relationship can establish the level of trust and performance to deliver an improved patient experience.
- **Explain** how culture, governance and collaboration can influence both the patient and staff experience.
- **Identify** opportunities to optimize patient access management and financial services and how they could positively impact patient satisfaction.

How automation of admission and observation orders can help create a healthier bottom line for your organization

Join us to explore how automation of admission and observation orders reduce denial rates and eliminate insurance defense audits, while optimizing staff productivity and efficiency.

Learn how clients have eliminated recovery audit contractor technical denials and received Medicare Administrative Contractor passing rates greater than 87 percent when using automation of admissions and observation orders. Discussion will include the impacts on the clinical workflow and the revenue benefits from using data elements directly from the patient's admission order, the single source of truth.

Learning objectives

- **Describe** the impact automation of admission and observation orders have on the clinical workflow.
- **Discuss** the revenue benefits from using data elements directly from the patient's admission order.
- **Explain** how automation of admission and observation orders reduce denial rates, eliminate insurance defense audits, and optimize staff productivity and efficiency.



Keys to success: Creative learning strategies in mid-level management

Whether you're implementing new technology or optimizing current workflows, you need a strong middle management team with the ability to connect your organization's clinical and financial results.

During this session, learn how one organization boosted morale among its staff, gained leadership buy-in and motivated end users with proven, repeatable results.

Learning objectives

- **Discuss** ways to boost staff morale during uncertain times and organizational shifts.
- **Interact** with various creative learning tools that can help staff with departmental changes.
- **Recall** how to achieve positive outcomes and results for new organizational initiatives.



Maximizing integrated physicians' financial performance

As physicians transition from independent to employed medical groups, it's important to understand how to address the distinct challenges to onboarding and outline best practice strategies to improve employed physicians' management and financial performance.

This session provides a comprehensive checklist of key requirements, essential processes and opportunities for successfully onboarding and maximizing clinically integrated physicians' performance.

Learning objectives

- **Identify** the basic framework and key drivers that maximize employed physicians' financial performance.
- **Track** an employed physician practice's financial performance using key metrics and dashboard reports.
- **Create** physician onboarding tools to communicate financial policies, develop opportunities for revenue improvement and introduce the organizational culture to motivate quality care.

Moving to a clinically driven revenue cycle

Learn about the clinically driven revenue cycle and how it can help your organization streamline workflows, improve billing accuracy and compliance, and increase revenue cycle productivity.

Participants will learn the steps to develop a readiness plan for moving to a clinically and financially integrated solution. Speakers will share the risks and discuss cultural and organizational challenges.

Learning objectives

- **Identify** the key features and benefits of achieving a clinically driven revenue cycle.
- **Discuss** challenges that clinical and financial integration may include.
- **Describe** how moving to a clinically driven revenue cycle and achieving buy-in from stakeholders may improve your organization's productivity.

Post-acute providers: what's your value proposition?

As the transformation to value-based reimbursement from fee-for-service accelerates, providers seek to succeed under new payment models.

As post-acute care organizations transition and begin to manage the change in reimbursement, they will have to choose if they're going to lead, follow or resist. Depending on their decision, they will need to consider key elements when developing their strategy:

- Are they prepared to assume risk?
- What's their value proposition?
- Are they maximizing their technology capabilities?
- How will it affect their revenue cycle process?

This session will explore key areas to understand what health organizations are looking for in a post-acute partner and how to build their value proposition.

Learning objectives

- **Obtain** background on how managed care has developed and how it's expanding.
- **Learn** how to navigate and prepare for managed care expansion.
- **Gain** an understanding of key elements necessary for their value proposition.



Strategies for mitigating financial risk and regaining momentum pre- and post-implementation

With any revenue cycle conversion, leaders anticipate some level of risk or disruption to financial performance as their staffs adjust to new systems.

It's how an organization prepares to manage risk that makes all the difference. Join financial leaders to learn their approaches to mitigating disruption leading up to and post-implementation, including comprehensive risk analysis, system integration, revenue cycle management services, tailored education and more. Speakers will share examples of how careful planning and strict execution can not only prevent risk, but kick-start momentum post go-live – including discharge not final bill stabilization just eight weeks post go-live.

Learning objectives

- **Identify** potential risks common to a revenue cycle implementation.
- **Develop** strategies to prevent or mitigate disruption leading up to (and after) implementation.
- **Summarize** opportunities to kick-start financial momentum after go-live.



The development journey: creating technology to address shifts from volume to value

The new era of value-based payments provides a unique and timely opportunity for organizations to invest in technology to manage their rapid system growth, unsustainable manual workflows and increased financial pressures.

In this session, hear from revenue cycle experts about ways in which they collaborated to develop integrated solutions to address the shift from volume to value-based reimbursements at client organizations.

Learning objectives

- **Identify** the alternative payment models, bundles and value-based reimbursement programs.
- **Explain** the development of an integrated revenue cycle management solution to address value-based reimbursement, including future road map opportunities.
- **Describe** successes and lessons learned during the solution development journey.



Transparency across the continuum: integration, culture and experience

Disparate clinical and financial systems can create duplicative information, costs and overall confusion for health care providers in making important care decisions.

Moreover, it causes frustration for the patient who tries to digest and act upon his or her health data, but is inhibited when that information is convoluted from multiple, disjointed sources. Several health systems have turned to integration to help resolve this problem; beyond that, organizations must adopt a new culture, processes and workflows that enable transparency and connect providers across the continuum. Join health care leaders as they discuss how their organization closed gaps between its clinical and financial systems, the workflows they adopted to support a more transparent and connected culture, and how these efforts made a difference in the caregiver and patient experience.

Learning objectives

- **Summarize** how and where disparities between clinical and financial systems can create gaps in care delivery and financial outcomes.
- **Identify** opportunities to align IT, culture and processes to enable data collection, exchange and communication across the continuum.
- **Explain** how a more transparent and integrated health system can create better outcomes and improved satisfaction for caregivers and patients alike.



What is the revenue cycle of the future?

Join us to explore the past, present and future of the revenue cycle, including payment reforms, clinically driven reimbursement and what it means for providers to bear risk.

Learn essential blocking and tackling strategies, and discuss how technology and automation will impact the health care's future.

Learning objectives

- **Summarize** the key challenges of managing a revenue cycle in the changing reimbursement environment.
- **Identify** questions to ask when preparing your revenue cycle strategy.
- **Explain** the impact an organization may experience due to changing regulations and payment policies.
- **Describe** how evolving technology may affect the revenue cycle of the future.



