

CASE STUDY Stanford Healthcare

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The Problem for Stanford Healthcare:

Stanford Healthcare is a 600 bed, leading hospital in California. About 25% of all Stanford patients are discharged with home healthcare – that is, medical care that is continued in a patient’s home by post-acute medical providers.

Stanford relies on these community home health partners to keep patients recovering safely at home, and are responsible to engage in a patient’s care when needed. That might mean responding to a bedside nurse that has observed an infected wound, changing medication doses based on lab results, or signing off on additional care – all designed to keep the patient recovering safely outside of the hospital’s 4-walls.

Despite this, siloes in EMRs mean that Stanford providers (MDs & APPs) rely on faxes and phone calls to their clinic to follow and care for these home health patients. This causes delays in patient care leading to avoidable readmissions, administrative “work after work” for providers, and reimbursable dollars left on the table.

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Patient Outcomes

While Stanford was able to drive exceptional care within the four walls of its facilities, once patients were discharged to home health, Stanford recognized it did not have the same ability to manage the quality of care, often caused by analog workflow with home health partners.

Due to delayed coordination, patients bounce back to the hospital as unplanned, and avoidable, readmissions from home health, despite high quality, complex inpatient care. This was costing SHC \$13.7M in readmission costs per year*

**Readmission costs defined as non-reimbursable cost to hospital to care for readmitted patient, not inclusive of medication (bed access, nursing support, etc.) and decrease in bed access for new revenue-generating patients, assuming (a conservative) 50% bed utilization.*

Provider Burnout and Workflow Optimization

Providers are more burnt out than ever in our post-Covid world, and labor costs are significantly increasing. To prevent churn and keep costs manageable, SHC wanted providers to be operating at the top of their license – spending as much time as possible with patients and not doing work after work.

Despite these intentions, SHC found that each provider team (MD, APP/NP/Nurse, and MA) was completing 2 hours of administrative work on each home health patient case.

The brunt of this work was falling on APPs, NPs, and Nurses, in the form of phone tag with home health agencies, tracking down and faxing orders, and manual charting all phone encounters into their EMR.

Unbilled codes

To receive reimbursement for care, a provider must have an encounter to trigger the billing process. When a workflow moves digitally in the EMR, this can be automated. However, for this fax-based workflow, creating billing encounters for any care provided by the Stanford acute provider requires additional, time-consuming administrative work. SHC found it was only billing 10% of total available CMS codes

available to providers following home health patient care. This means that only 10% of the \$104 average gross billable value per home health patient case was being captured. In other words, Stanford was leaving \$1M annually on the table, all because care coordination was taking place through phone calls and paper faxes.



Compliance

There are Compliance risks when people not licensed sign orders on behalf of licensed providers, as can happen with a paper-based workflow. Stanford was at the forefront of understanding these risks and saw an electronic signing system as key to ensuring Compliance.

IT integration time

IT resources in a health system are very scarce. Ensuring low time-to-implementation is a requisite for ITS for major systems. From this, WellBeam has created a relatively seamless IT integration process. Available on Epic App Orchard, WellBeam has an average time to implementation of only 20-40 IT hours.

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WellBeam at Stanford Healthcare:

WellBeam is deployed across 300 providers and provider team members at Stanford Healthcare that span across primary care, orthopedic surgical and cancer surgical and non surgical service lines. WellBeam is utilized by the majority of Stanford Healthcare's community home health partners, boasting EMR integrations with both acute and post acute EMR systems.

Stanford's Return on Investment on WellBeam:

Patient Outcomes

Across service lines, WellBeam has delivered a 25% reduction in home health readmissions with home health partners surveyed reporting they are able to keep 2-3 patients out of the hospital with timely and appropriate response from providers when patient issues arise.

By having tighter, more efficient communication with acute providers to triage and change plan of care orders as needed, post-acute providers can adjust treatment to keep patients recovering safely at home.

Stanford Healthcare is also completing a peer-reviewed IRB study to provide impact data. Preliminary study findings support that WellBeam reduces Home Health readmissions by 20-25%, and up to a 40% reduction in readmissions to the Emergency Department from Home Health.

That equates to \$2.2M in readmission cost savings and \$1.1M in new bed access by decreasing the number of readmitted patients.

Provider Burnout & Product Satisfaction

WellBeam has resulted in an 85% reduction in administrative overhead associated with the acute-to-post-acute care coordination workflow, bringing what was previously 2 hours of work per patient case down to 15 minutes by eliminating manual work uploading documents to Epic, phone-tag with home health partners and manual charting of phone encounters by APPs.

More importantly, perhaps, is how providers feel about WellBeam. In a survey of 250 providers, 100% of providers cited satisfaction with the product.

“I highly and without reservation recommend WellBeam due to time savings and quality of life for the provider...”

“Care is streamlined and I can get time back in my schedule. I can sign everything on my own time, and I can do it instantly”

“Every provider's wish to have something this efficient. It is mentally taxing the moment you see a stack of papers [to fax] and it is such a relief to not see those waiting for you”

Net New Revenue

WellBeam has prioritized achieving immediate breakeven – generating enough net new billable revenue (by capturing previously unbilled CMS g-codes) to pay for itself. By the end of our first year at Stanford, WellBeam has supported the required documentation that has enabled Stanford's Revenue Cycle team to bill these CMS g-codes.

Each patient discharge generates approximately \$104 of billable gross revenue, through g-codes 179 (manual updates to home health orders), 180 (care plan oversight services), and 181 (physician supervision of home health patient). This amounts to an annual billable revenue increase of \$1M at Stanford Health System from WellBeam.