The objective of the Physician Practice Solutions offering is to provide programs and services to improve the operational and financial performance of hospital organizations and their employed physician practices.

All programs and services provide support to physician practices and have specific descriptions, tools and templates, roles and responsibilities to help improve financial performance.

The following pages provide a brief description of programs and services for the Physician Practice Solutions offering.
KEY OFFERINGS

- Concierge-Focused Physician On-Boarding
- Information Systems On-Boarding
- Provider Credentialing & Managed Care Contracting
- EHR Selection, Implementation & Optimization
- Practice Acquisition Support
- Revenue Cycle Assessment
- Key Performance Indicators & Dashboard Reports
Physician On-Boarding is designed to aid hospitals in the transition of private physician practices into an employed setting. Based on a concierge model offered to physicians, the program provides a three-phased approach focused on ensuring all practice transition activities are accomplished and completed through a single point of contact in coordination with the hospital’s support departments.

On-boarding tools include:
- checklists
- timelines
- associated tasks with key deliverables, milestones and triggers
- roles and responsibilities
Our Credentialing program includes an evaluation process to identify improvements to a hospital’s provider credentialing activities, and then provides a full suite of ongoing payer and hospital credentialing services.

The process offers an assessment and recommendations to ensure efficient utilization of staff, effective processes, and optimal payer reimbursement for physician services.

For organizations that elect to outsource their credentialing activities, Health Directions also offers comprehensive centralized credentialing services, including review of credentialing status, completion of initial hospital and payer applications, as well as re-credentialing.

We also review payer contracts for appropriate language, policies and procedures and reimbursement rates.

Our program offers cost-effective and timely credentialing—while minimizing credentialing-related revenue loss.
The EHR program offers a lead facilitator to work with clients and vendors during the entire process. Health Directions offers a three-phased approach:

1. **Selection** of a new EHR system
2. **Implementation** of the EHR system
3. **Optimization** of the EHR system

The EHR Implementation program includes project management of the EHR implementation process and is designed to complement an organization’s resources. A “lead to support” model provides the initial lead for the program, then supports the implementation process while providing hands-on development of the organization’s own implementation team.

The program includes proven project management tools, timelines, resource plans, roles and responsibilities, total cost of ownership and project budget models. During this entire process, the Meaningful Use measures are incorporated, and workflows are developed to ensure threshold attainment, and ultimately attestation.
This program includes financial analysis and discovery or "due diligence" criteria required to properly evaluate a practice for acquisition consideration.

The discovery tools include:
- A comprehensive questionnaire
- An asset list
- A pro forma template
- A timeline

Most of the information gathered as part of the program would be used in preparation for the practice valuation. Additionally, Health Directions can assist hospitals with the pre-acquisition phase, including discovery, presentation and negotiation of the practice purchase and employment offers.
The Revenue Cycle Assessment includes assessing the full range of revenue cycle functions and identifying opportunities for improvement.

As part of the assessment, we review the technical set-up of the practice management system, integration with business processes, revenue cycle financial performance, cost of service, staffing and quantification of financial improvements.

The assessment also includes an improvement workplan which identifies tasks to remedy the current deficiencies.

Health Directions can also assist hospitals to start-up a Central Business Office to support the billing and collection functions for physicians' professional services.
This program includes development of key performance indicators (KPIs) to monitor practice, physician and staff performance. The KPIs include organization-wide and physician-specific financial, operational and clinical indicators.

We design specific dashboard reports geared toward all levels of an organization including senior leadership, physicians, CBO directors and physician practice staff. The program will provide an electronic solution to assist in the creation and distribution of dashboard reports.

*Health Directions utilizes the Healthcare Financial Management Association’s (HFMA) Physician MAP App system to track and benchmark revenue cycle performance.*
For more information about Health Directions, please visit our website at www.HealthDirections.com to view a variety of industry presentations and case studies.

To speak with a Health Directions representative, please contact us at:

312-396-5400 (Chicago, IL)

512-795-5500 (Austin, TX)