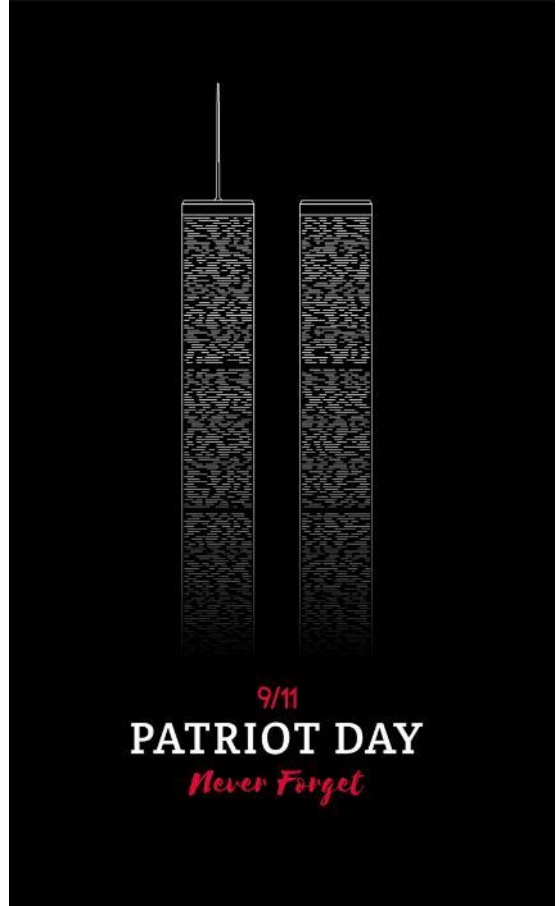




Bolder. Brighter. Better.

Aaron R. Crane, FHFMA, CPA, MHA
Executive Vice President, Seattle Cancer Care Alliance
2021-22 National Chair-Elect, HFMA

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2020

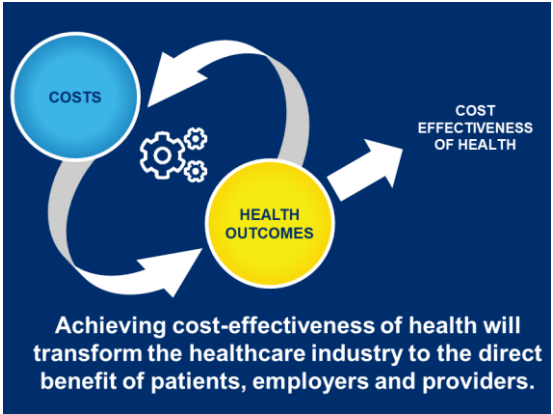
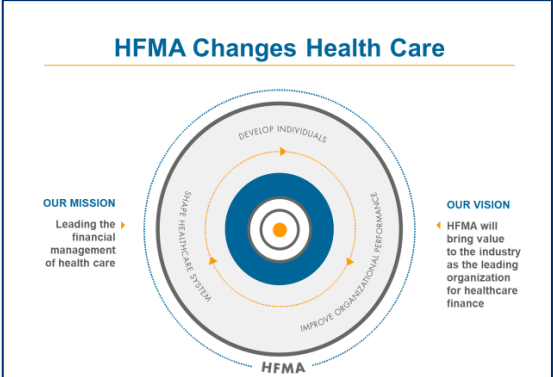
The year '2020' is rendered in a black, stylized font. The first '0' is replaced by a roll of toilet paper. The second '0' is replaced by a black silhouette of a virus particle with white dots and spikes.

2021-22

BOLDER
BRIGHTER
BETTER

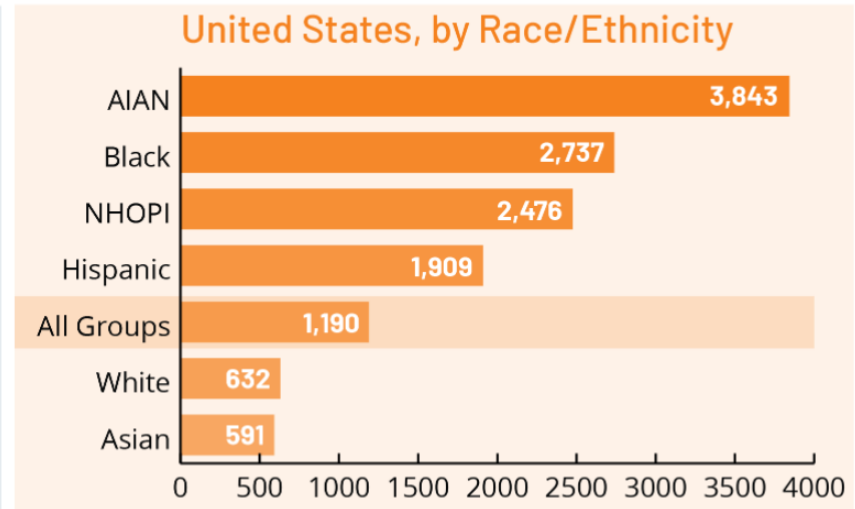
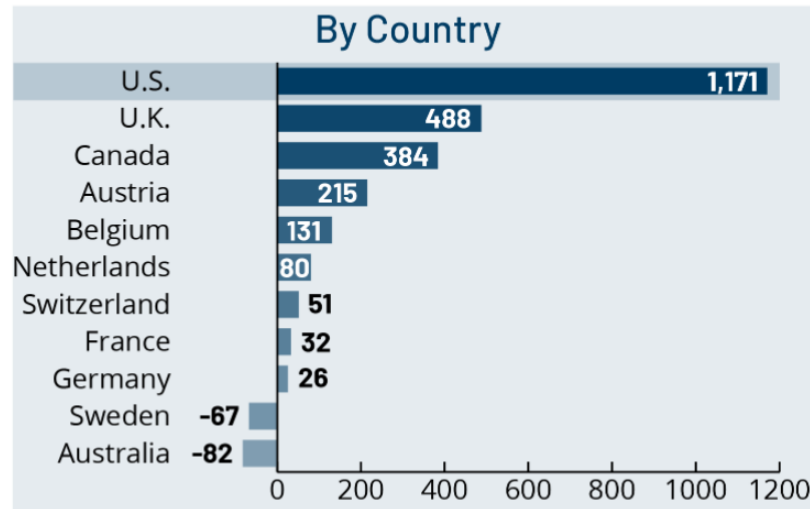
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Objectives



Higher excess deaths during the pandemic in the U.S were partly driven by racial disparities

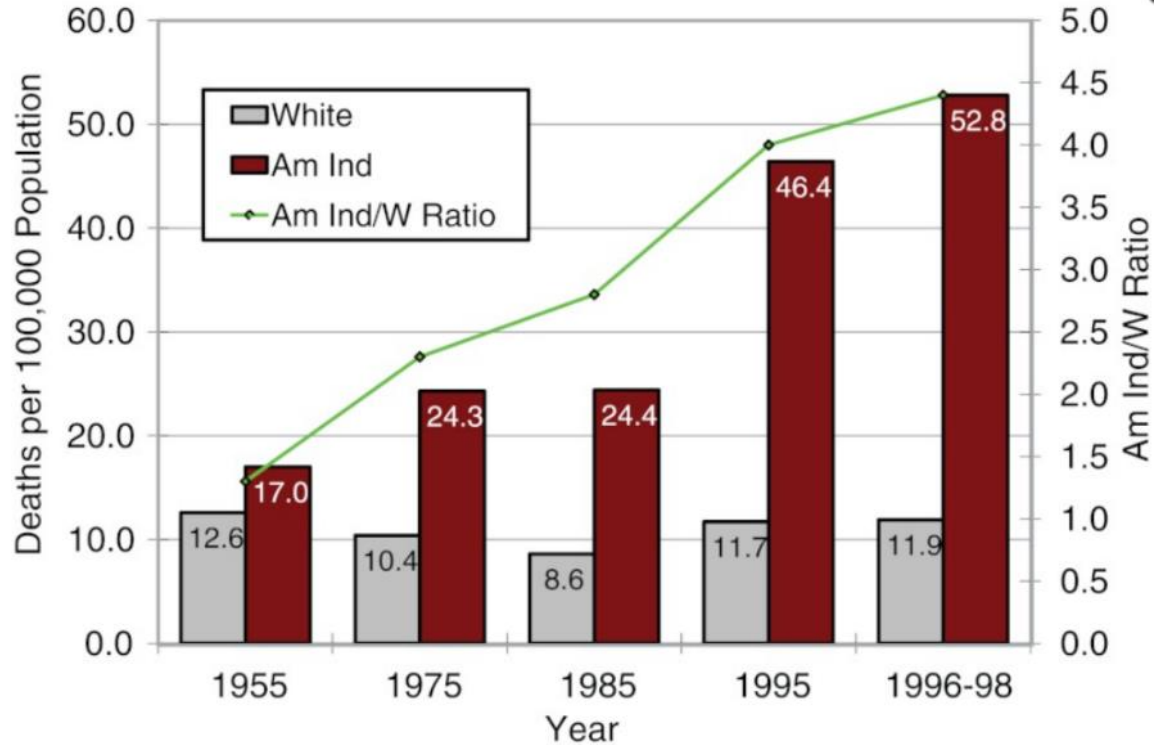
Excess Potential Years of Life Lost in 2020, Ages 0-74, per 100,000 People



NOTE: *Left side:* Excess potential years of life lost rates are per 100,000 people within age group in each country. Excess potential years of life lost were calculated up to age limit of 75. Excess deaths were summed within each age group for 2020 MMWR weeks 1-52. *Right side:* Excess potential years of life lost rates are per 100,000 people within age group in each race/ethnicity category, and were calculated up to age limit 75. Excess deaths in 2020 MMWR weeks 1-52 were used. Persons of Hispanic origin may be of any race but are categorized as Hispanic; other groups are non-Hispanic. SOURCE: *Left side:* KFF analysis of the Human Mortality Database. *Right side:* KFF analysis of CDC data.

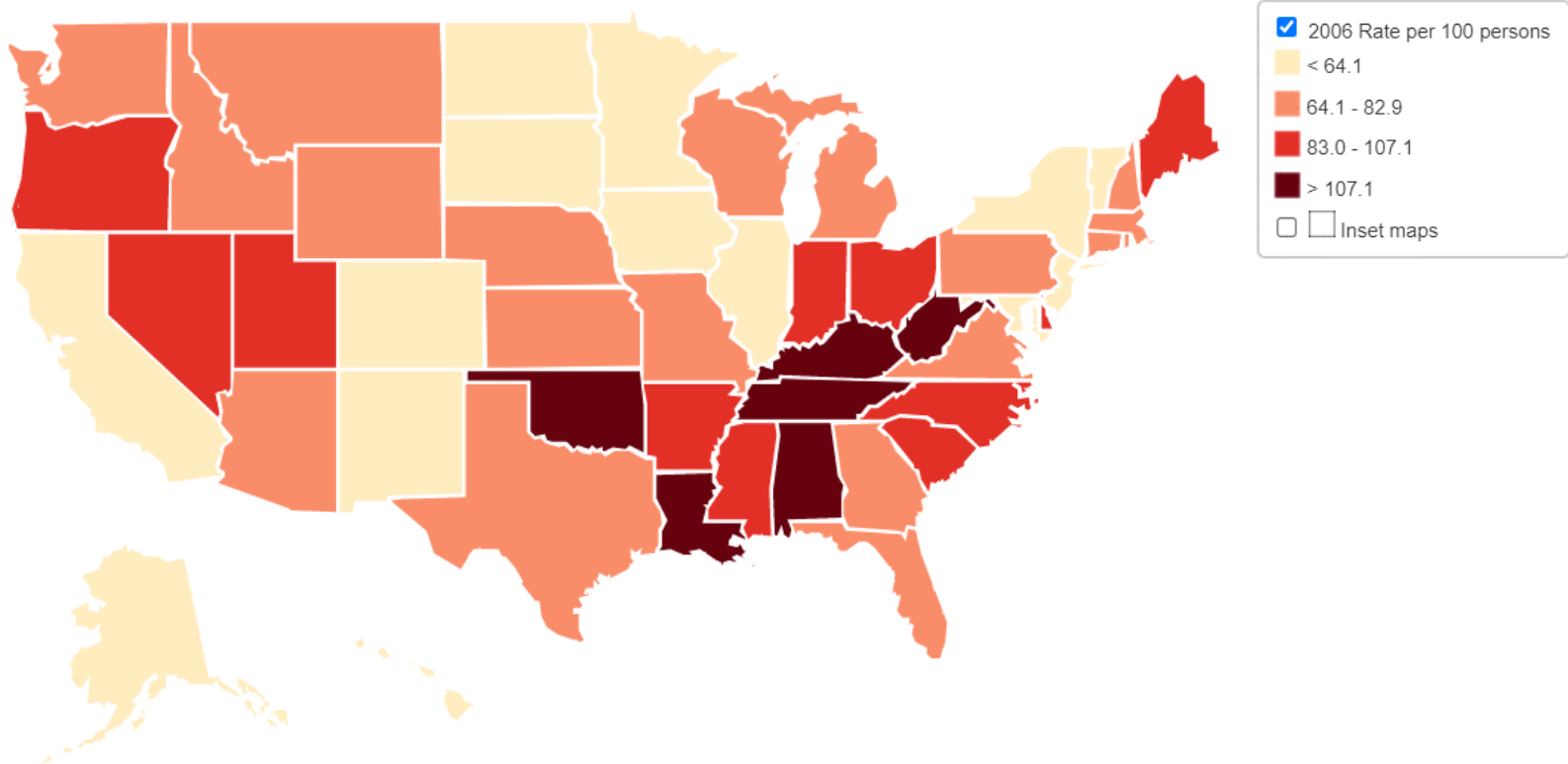


Rates of disparity in mortality from diabetes among American Indians and whites, 1955-1998



Source: Indian Health Service (2001)

U.S. State Opioid Dispensing Rates, 2006



Alcohol Use, Cigarette Use and Serious Psychological Distress Among Bisexual, Gay or Lesbian, and Heterosexual Adults ages 18-64, 2015

Five (men)/four (women) or more alcoholic drinks in 1 day at least once in past year	Bisexual	Gay or Lesbian	Heterosexual
All adults	47.2%	36.2%	27.5%
Women	44.8%	32.2%	20.7%
Men	52.9%	39.6%	34.5%
Current cigarette smoker	Bisexual	Gay or Lesbian	Heterosexual
All adults	26.1%	20.1%	16.5%
Women	24.7%	18.7%	14.9%
Men	29.5%	21.2%	18.1%
Experienced serious psychological distress in past 30 days	Bisexual	Gay or Lesbian	Heterosexual
All adults	15.0%	4.6%	3.7%
Women	17.0%	4.8%*	4.3%
Men	N/A	4.4%*	3.0%

NOTE: N/A- data not available due to unreliability. * Relative standard error >30% and less than or equal to 50% and should be used with caution.

SOURCE: Centers for Disease Control and Prevention, National Health Statistics Reports. (2015). Data available;

Population Differences Between People With and Without Disabilities on Health Indicators of Health Care Access, Health Behaviors, Health Status, and Social Determinants of Health: United States

Health Indicator	People With Disabilities %	People Without Disabilities %
Children and adolescents considered obese (aged 2–17 y)	21.1	15.2
Adults who are obese	44.6	34.2
Adults who smoke (100 cigarettes in lifetime and currently smoke)	28.8	18.0
Annual no. of new cases of diagnosed diabetes (per 1000 persons)	19.1	6.8
Adults with cardiovascular disease (18–44 y)	12.4	3.4
Adults with cardiovascular disease (45-64 y)	27.7	9.7
Victim of violent crime (per 1000 persons)	32.4	21.3
Adults (> 16 y) unemployment	15.0	8.7
Adults with < high school education	13.0	9.5
Internet access	54	85
Inadequate transportation	34	16

“If we are serious about eliminating unfair, preventable differences in health outcomes, we must *eliminate the unfair social conditions that give rise to them.*

This will require *meaningful changes not only in programs and individuals’ attitudes and practices*, but in policies, laws, systems, *and institutional practices* that keep social inequities in place, leading to health inequities.”

~ Robert Wood Johnson Foundation

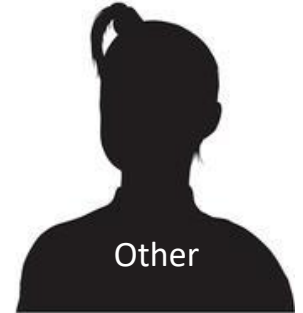
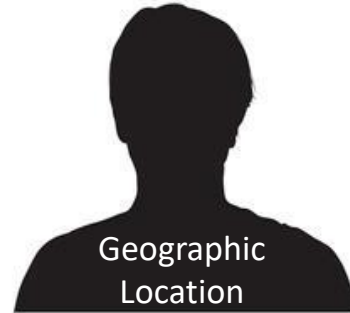
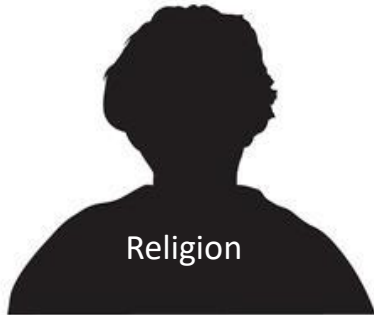
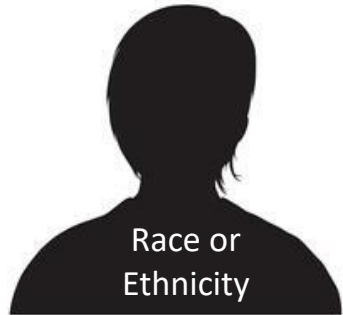
Social Determinants of Health



“*Health equity* is defined as the absence of unfair and avoidable or remediable differences in health among population groups defined socially, economically, demographically or geographically.”

~ World Health Organization

Disparities adversely affect groups who have systematically experienced greater obstacles to health based on their:



How to design an equitable revenue cycle strategy

1. Communicate to your teams how revenue cycle practices can exacerbate the social determinants of health.



2. Track data to ensure you execute revenue cycle practices equitably.



3. Expand and standardize charity care coverage to reduce the economic burden of high-cost care.

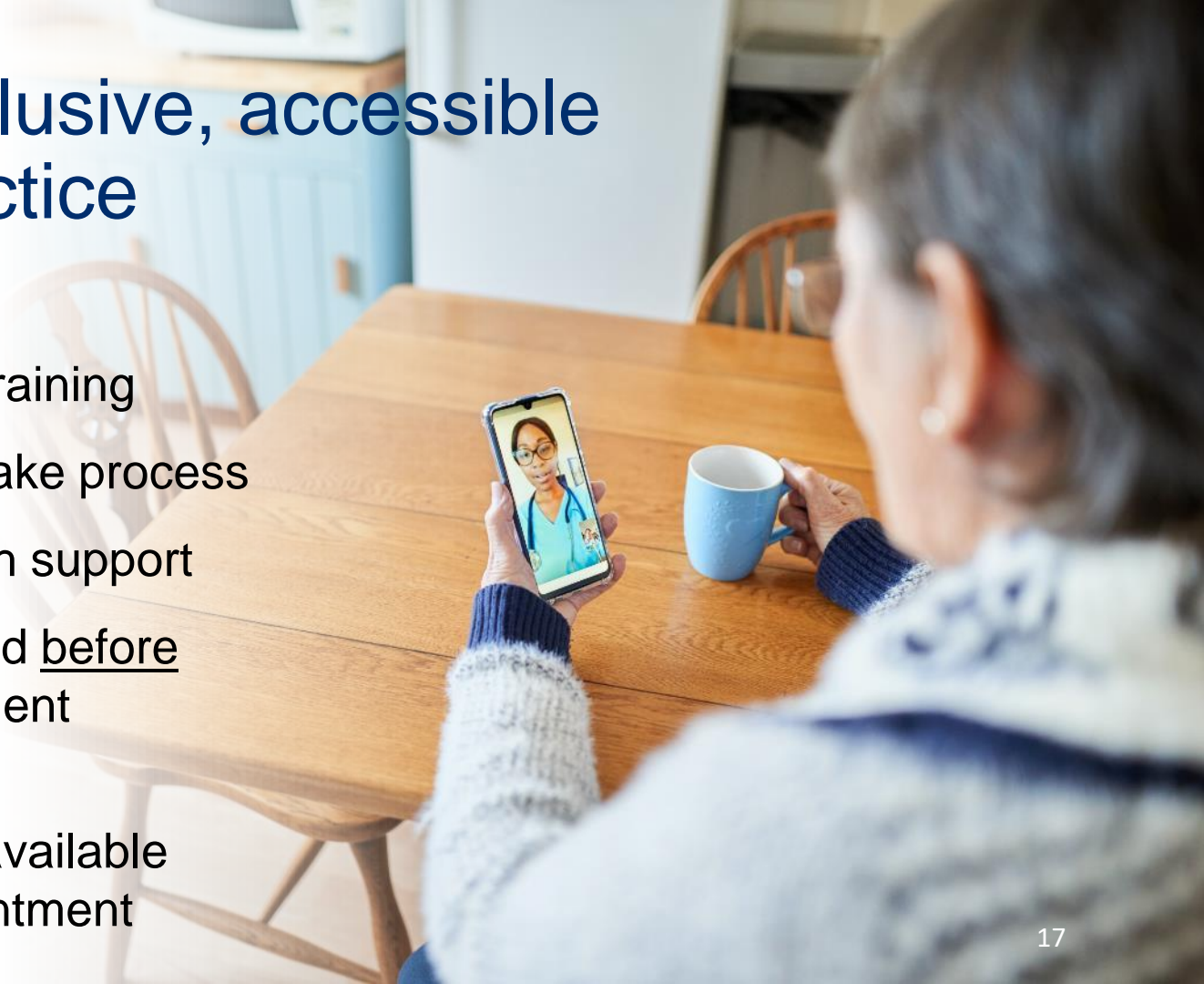


Digital Front Door Strategies



Keys to an inclusive, accessible telehealth practice

- Flexible workflow
- Additional time for training
- Inclusive patient intake process
- Dedicated telehealth support
- Extra time scheduled before appointment for patient questions
- Additional support available during actual appointment



The *ProMedica National Social Determinants of Health Institute* creates healthier people and communities by establishing local, regional and national opportunities to integrate social determinant factors with clinical care and provide a more holistic approach to health and well-being.

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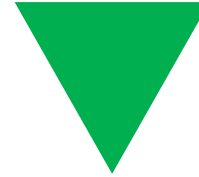
MARKET

the farm
green

The ProMedica-Socially Determined Food Clinic produced dramatic, meaningful outcomes



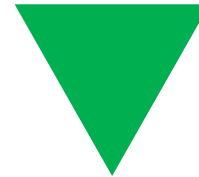
Emergency department usage



18%



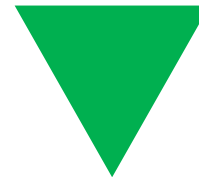
Readmission rates



5%



Per member per year medical cost



6%

Impact of ProMedica-Socially Determined Financial Opportunity Center

Financial Security:

- Average monthly income increase: \$210
- Average credit score increase: 122 points

Healthcare Utilization and Cost:

- 24% reduction in ED visits = \$36,000 cost savings
- 18% reduction in inpatient visits = \$134,000 cost savings

What can you do?

You become the 1st filter...

1. Advocate for a revenue cycle strategy that can be administered in equitable ways
2. Foster a Digital Front Door strategy that makes healthcare more financially attainable
3. Facilitate an inclusive telehealth strategy that provides equitable access, regardless of socioeconomic status
4. Learn about large-scale interventions that address SDoH in meaningful ways
5. Stay informed and get educated
6. Socialize these topics to increase awareness



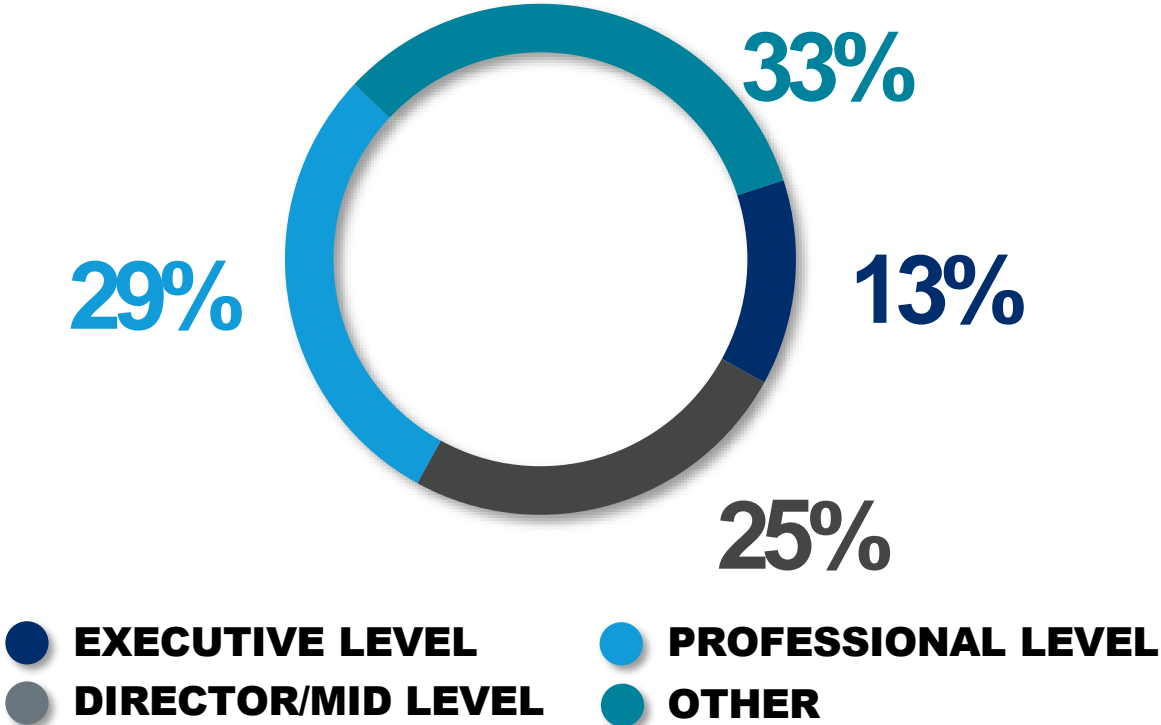
EQUALITY

EQUITY



HFMA Member Career Stage

Two-thirds of HFMA's 87k members are professionals, managers and executives.



As of November 2021

South Carolina's Diversity & Inclusion Initiative

Diversity and Inclusion

SC HFMA 2021 Initiative: Diversity and Inclusion Integration



Danielle Gori, HFMA, CRCA

Danielle is celebrating her 10th anniversary with the SC HFMA chapter this year. As the Chapter President through 2022, diversity and inclusion is one platform Danielle is committed to developing within the SC Chapter over the next year and a half. Growing up in a multi-racial family, Danielle is very passionate about finding ways to openly discuss topics on race and racial inequality in a very open, honest and safe environment and helping others to connect in the same manner.



Eric Summers

Eric has been involved with diversity in one form, or fashion most of his life. It began with his father, who taught him how to recognize good people by their character, and deeds, not their color. He frequently mentioned "A bush-hole comes in all colors, avoid those people". That lesson, and other life experiences influenced his direction as President of Diversity for American Express Northern Region Operational Center (NROC), a 4000-seat call-center, where Eric led several projects supporting the business case for valuing our differences. As National Financial Services Director at U.S. Cellular, he implemented customer experience policies rooted in his diversity training, including the importance of communication-based resolutions. He has also held many volunteer roles with HFMA for a variety of chapters, including 4 years as HFMA Certification Chair for the state of Wisconsin. Serving the South Carolina chapter, my home chapter, is an honor.



Jaime Bailey, MBA CROR

Jaime has been involved with the SC HFMA Chapter since 2017. She is the Program Chair for 2020-2021 Chapter year. Jaime works with HCA Healthcare for the South Atlantic Division assisting with healthcare operations for their Urgent Care Service Line. Jaime is very excited to support the SC HFMA chapter throughout 2021 as we all want a safe platform to discuss and support each other on critical topics like diversity and inclusion to be sure we are providing a safe and successful work environment for everyone.

Helpful links

[SCHFMA Diversity and Inclusion Initiative flyer 4 29 21](#)

[2021 Initiative Roll Out Meeting PDF](#)

[Useful book links](#)

[National Center for Cultural Competence Self-Assessment](#)

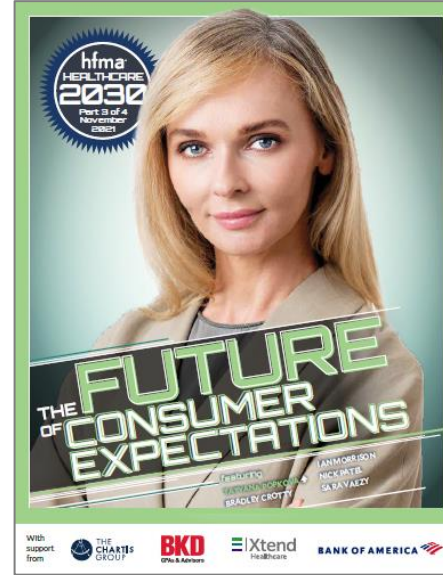
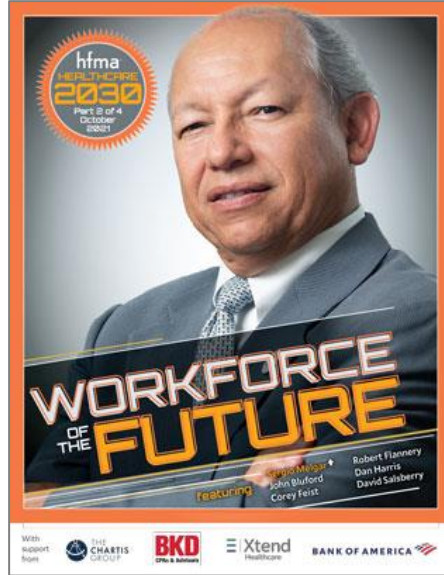
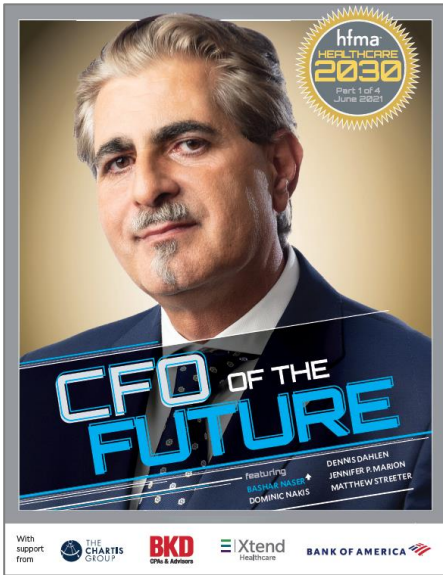




CHICAGO
SCHOLARS



Healthcare 2030 Series



<https://www.hftma.org/industry-initiatives/healthcare-2030.html>

Key Performance Indicators for Claim Integrity



- Initial Denial Rate
- Primary Denial Rate
- Denial Write-Offs as a Percentage of Net Patient Service Revenue
- Time from Initial Denial to Appeal
- Time from Initial Denial to Claim Resolution
- Percentage of Initial Denials Overturned

New, first-of-its-kind master's degree program

- Developed jointly by HFMA and Boise State University
- Taught by faculty from both organizations
- Remote classes, with live evening sessions
- Includes four HFMA certifications
- First classes began January 2022
- For more info: <https://www.boisestate.edu/phsm>



HFMA Organizational Learning Opportunities

Benefits



Enrich team knowledge with programs led by Healthcare Financial Practices experts.



Enhance collaboration with an interactive, team-building learning experience.



Ensure staff has a solid foundation to contribute to your organization's performance.



Minimize time out of the office and save money by training employees together.

- Healthcare Finance Essentials
- Revenue Cycle Essentials
- Medicare Cost Report Strategies
- Big Data and Analytics in Healthcare

- Trends, Future Outlook and Navigating a Disruptive Environment
- Finance and Business Skills for Nurse Leaders
- Finance for Clinical Executives



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ANNUAL CONFERENCE 2022

DENVER, JUNE 26–29

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to save \$300!

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2021-22

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