

INNOVATIONS CONFERENCE 2023

WIFI: SHARP_GUEST
NO PASSWORD

WELCOME

ON BEHALF OF THE PROGRAM COMMITTEE, IT IS OUR PRIVILEGE TO
EXTEND A WARMWELCOME TO EACH AND EVERY ONE OF YOU TO THE
ANNUAL INNOVATION CONFERENCE.

WE ARE THRILLED TO HAVE YOU WITH US.

THIS IS NOT JUST A GATHERING OF PROFESSIONALS; IT'S A PLATFORM
FOR IDEAECHANGE, LEARNING, AND NETWORKING. TODAYS
PRESENTATIONS WILL NOT ONLYEXPAND YOUR KNOWLEDGE BUT ALSO
PROVIDE OPPORTUNITIES FOR MEANINGFULCONNECTIONS AND
COLLABORATIONS.

WE ENCOURAGE YOU TO ACTIVELY ENGAGE WITH OUR SPEAKERS AND
FELLOW ATTENDEES. ASK QUESTIONS, PARTICIPATE IN DISCUSSIONS,
AND SHARE YOUR INSIGHTS.THE SUCCESS OF THIS EVENT RELIES ON
YOUR ACTIVE INVOLVEMENT.

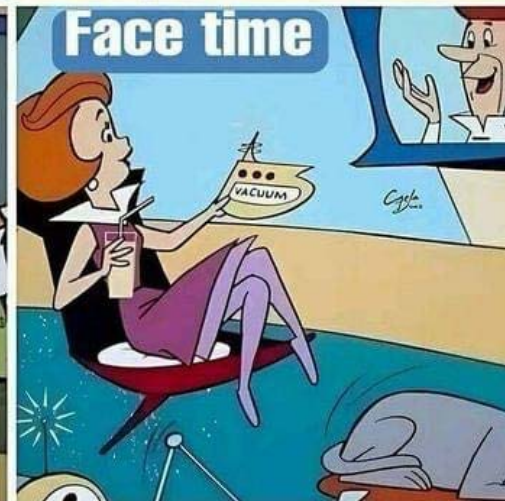
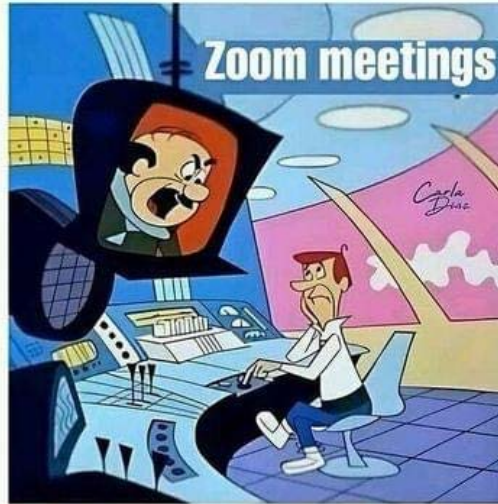
AS WE GATHER TO EXPLORE NEW HORIZONS AND EMBRACE THE
CHALLENGES ANDOPPORTUNITIES OF OUR EVER-EVOLVING INDUSTRIES,
LET US REMEMBER THAT IT IS YOURPRESENCE AND ACTIVE
PARTICIPATION THAT MAKE THIS CONFERENCE TRULY SPECIAL.

THANK YOU FOR BEING HERE

INNOVATIONS
CONFERENCE 2023

WIFI: SHARP_GUEST
NO PASSWORD

The Jetsons really predicted our future 🤖



San Diego-Imperial 2023-2024 Chapter Sponsors



Healthcare Financial Management Association San Diego-Imperial Chapter

INNOVATIONS
CONFERENCE 2023

WIFI: SHARP_GUEST
NO PASSWORD

AGENDA

1:15

AI AND ITS IMPACTS ON ANALYTICS AND
INNOVATION IN HEALTHCARE - Jon McManus

2:10

EMPATHETIC HUMANOID ROBOTS AND THE FUTURE
OF ARTIFICIAL INTELLIGENCE - Professor Aaron Elkins

3:05

MEMBER SHOWCASE

4:10

INNOVATION PANEL

5:00

SOCIAL HOUR

AI AND ITS IMPACTS ON ANALYTICS AND INNOVATION IN HEALTHCARE

Jon McManus



INNOVATIONS
CONFERENCE 2023



EMPATHETIC HUMANOID ROBOTS AND THE FUTURE OF ARTIFICIAL INTELLIGENCE

Professor Aaron Elkins



INNOVATIONS
CONFERENCE 2023



Empathetic Humanoid Robots and the Future of Artificial Intelligence



Aaron C. Elkins, Director

James Silberrad Brown Center for Artificial Intelligence

San Diego State University

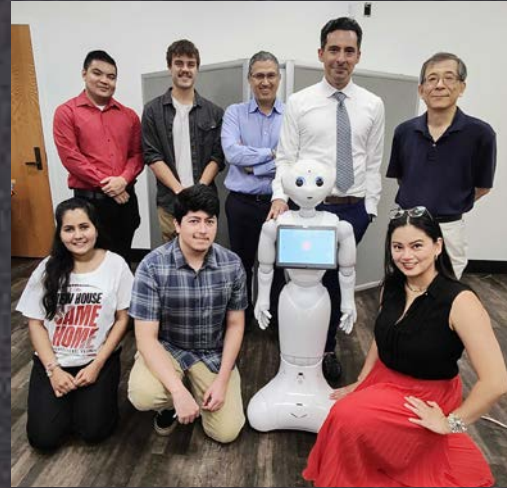
SDSU

Fowler College
of Business

*AI Generated Images used in this

James Silberrad Brown Center for Artificial Intelligence

- Center Opened in February 2023
- Extended the AI Lab's (Est 2017) Research focus to include:
 - Education
 - Technology Transition
 - Outreach and Community Engagement
 - Workforce Development
 - Scholarship/Internship

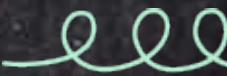
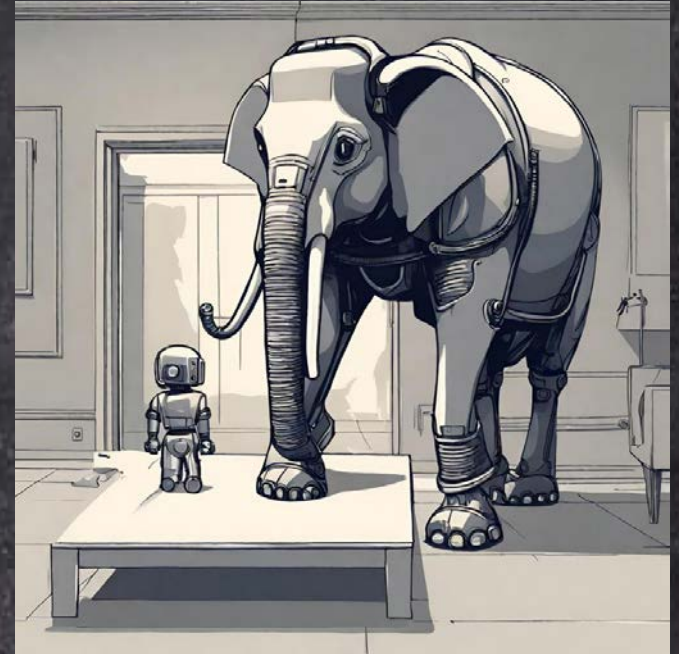


Artificial Intelligence (AI)

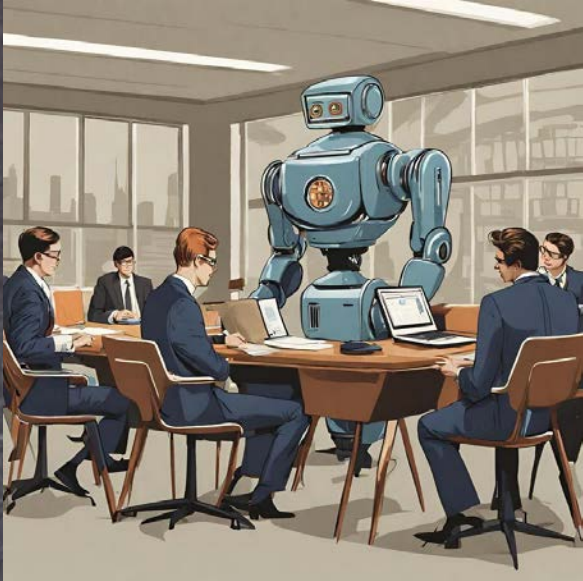
The elephant in the room

What is **Artificial Intelligence**?

- Difficult to define with all the hype
 - Today anything using data in a predictive way is called AI



What is AI?



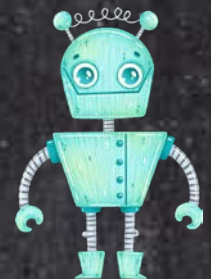
Do definitions matter? **YES**

- The definition of AI has evolved over the years
 - Depending on which disciplines lead the research
- **How do we teach the next generation of business students?**
 - AI belongs in the business college and can be treated as a large software development enterprise
 - Management Information Systems has been building software systems for decades

AI ≠ Large Language Models or

AI is much broader than programming and data

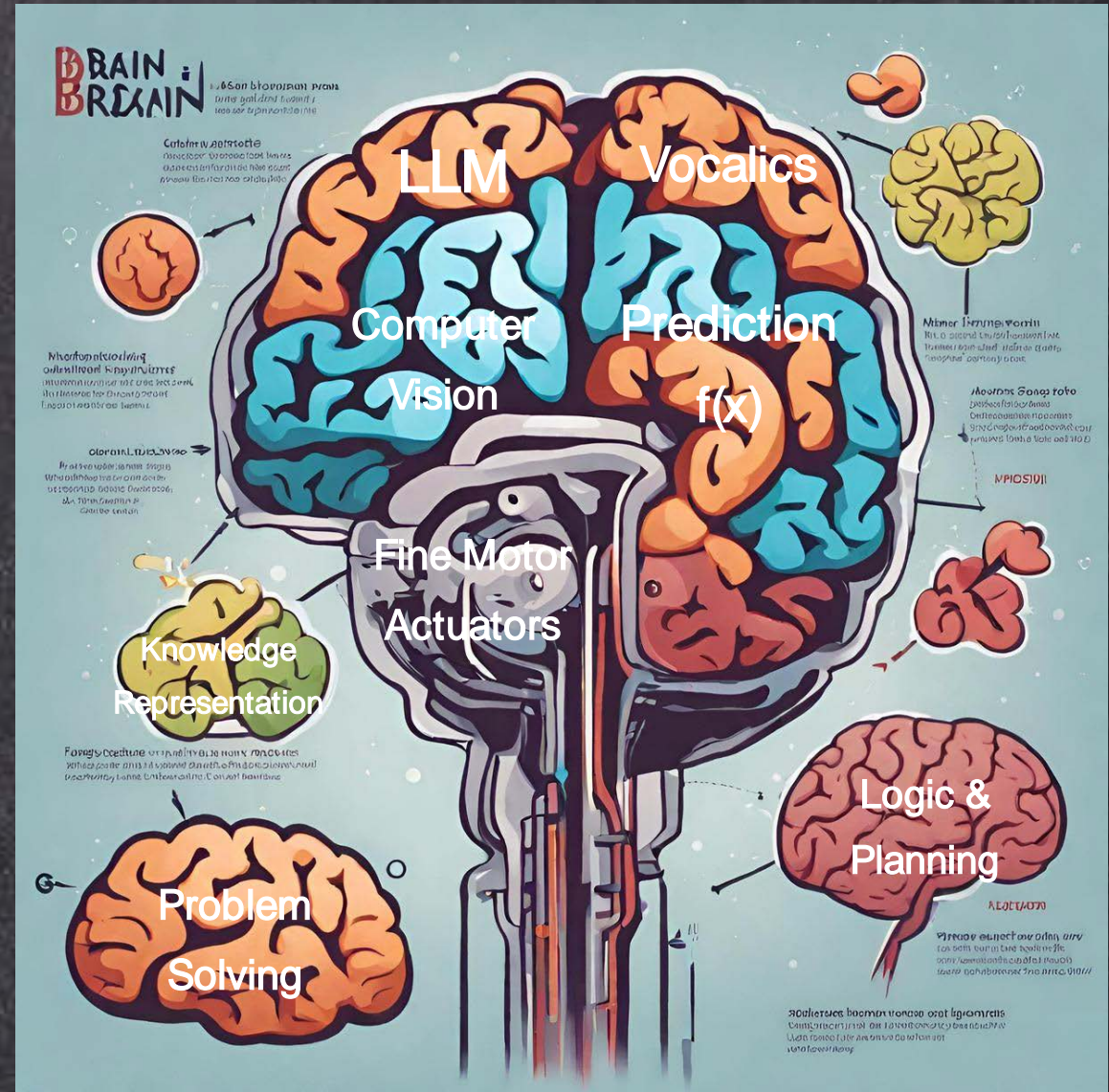
science **GPT**



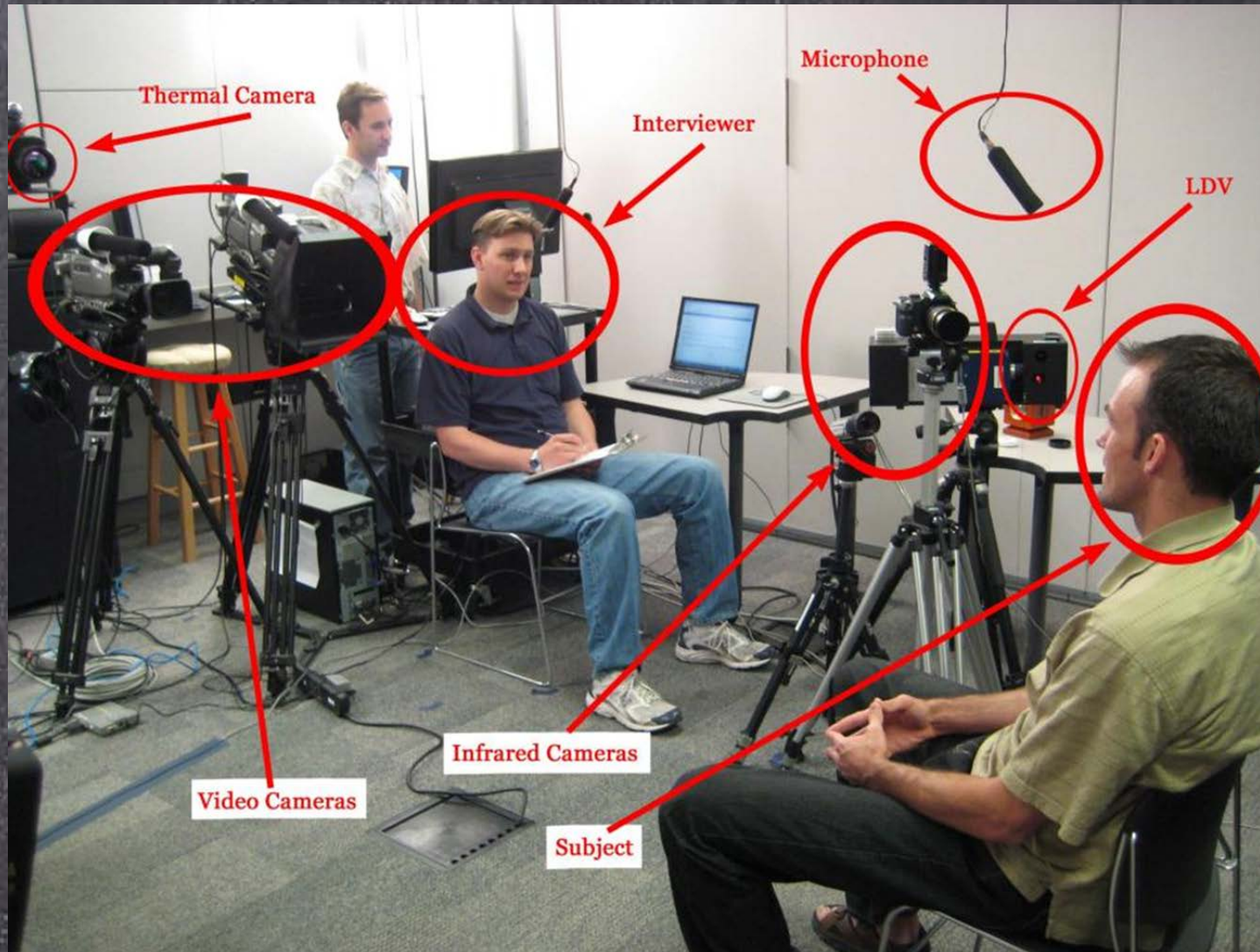
What is AI then?

- AI the building intelligent entities called agents
- AI systems are a collection of interconnected systems

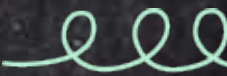
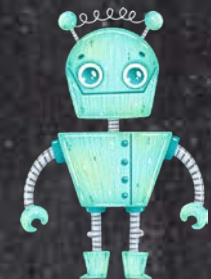
Where is all of this going? And what about empathetic robots?



First a brief history of my research



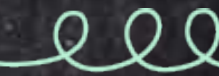
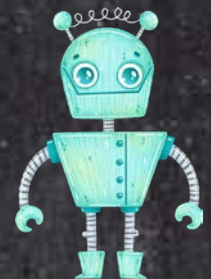
- Early days of teaching computers to understand behavior and physiology
- In-Person interviews with crime suspects
- Slow data collection and inconsistent interviews



First AVATAR Prototype



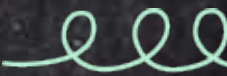
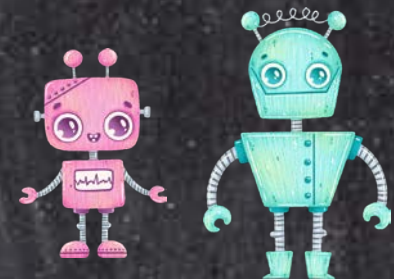
- Our first robot interviewer that could sense and emote human emotion
- Consistent interviews and data capture



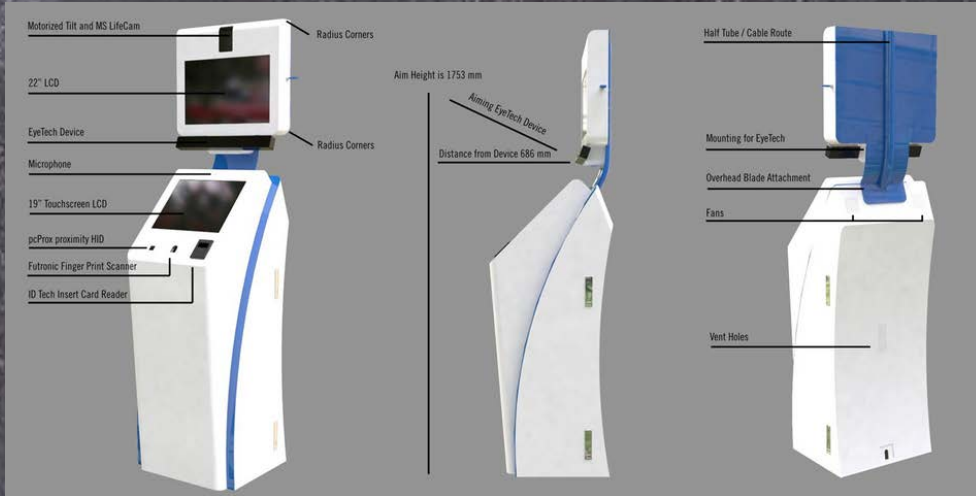
Second Prototype



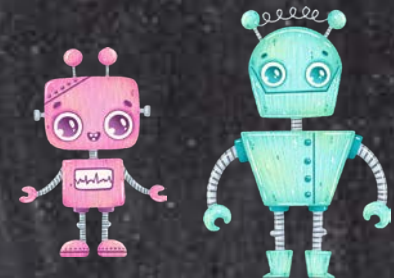
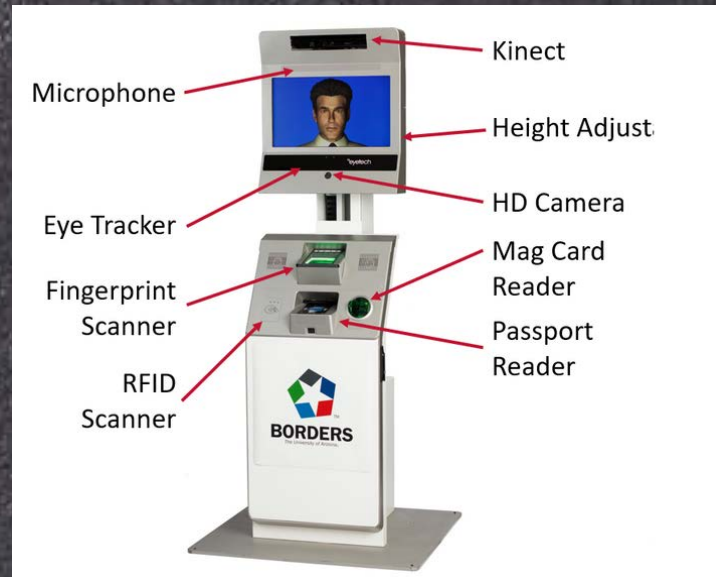
- Floor model kiosk from a local vendor
- Improvements to 3D animated embodied conversational agent (ECA)
- The more human-like the better the experience



Third and Fourth Prototypes



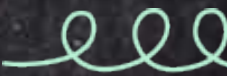
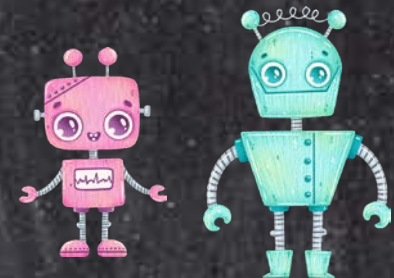
- Adding sensors and actuators
- Ruggedness and robustness to user height and orientation
- Continues to get smaller
 - Today is smaller than laptop



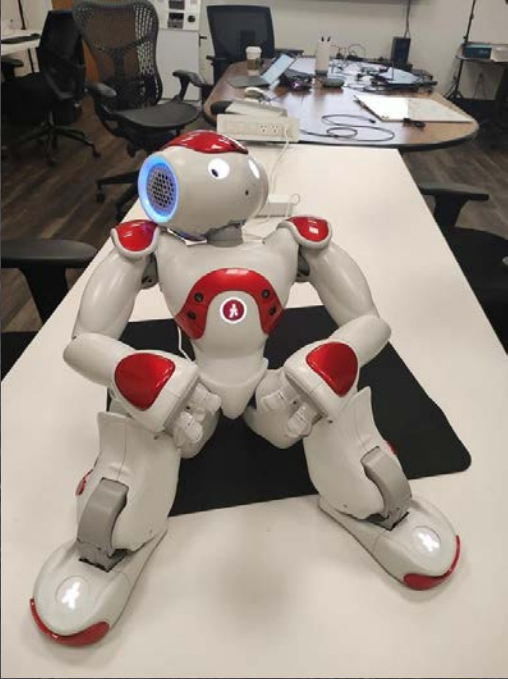
Importance of human appearance



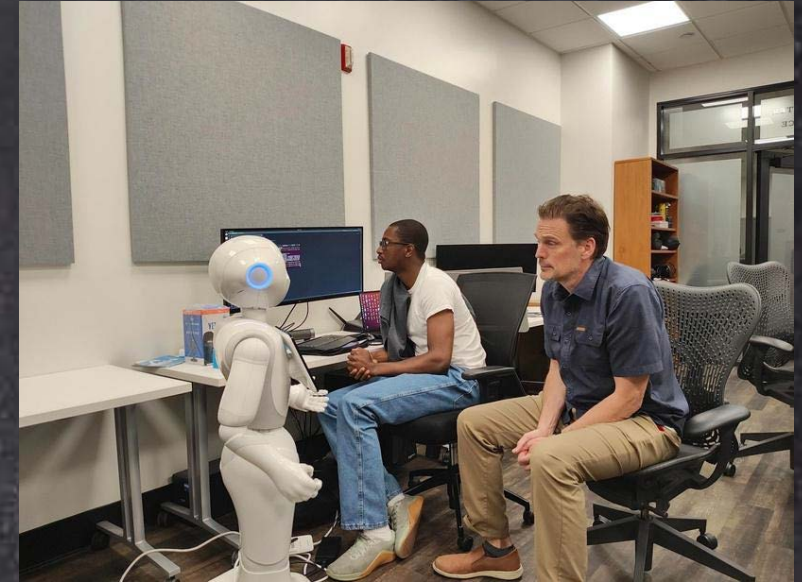
- Human biases and culture affect perception of robot
 - Appearance and demeanor matter
- Empathetic robots emote and understand human emotion/behavior



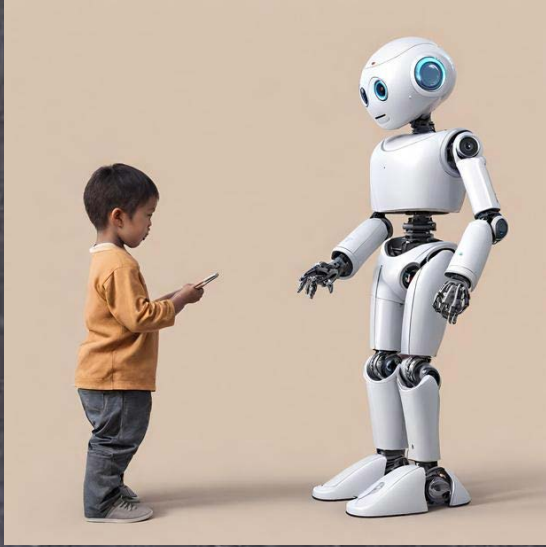
Today's Social Robot



- Moved to humanoid robotics platform in 2019 from ECA
- Integrating previous behavior/physiology sensing and decision making models
- We are building social robots for good



Current Research



We are partnered with hospitals to investigate AI
Health Care

- Therapy Robots
 - Currently in clinical trial with robot interviewing children with Bipolar disorder
- Border Security/Passport Control Robots
- Companion Robots
- Teaching and Educational Robots



Ethics and Morality

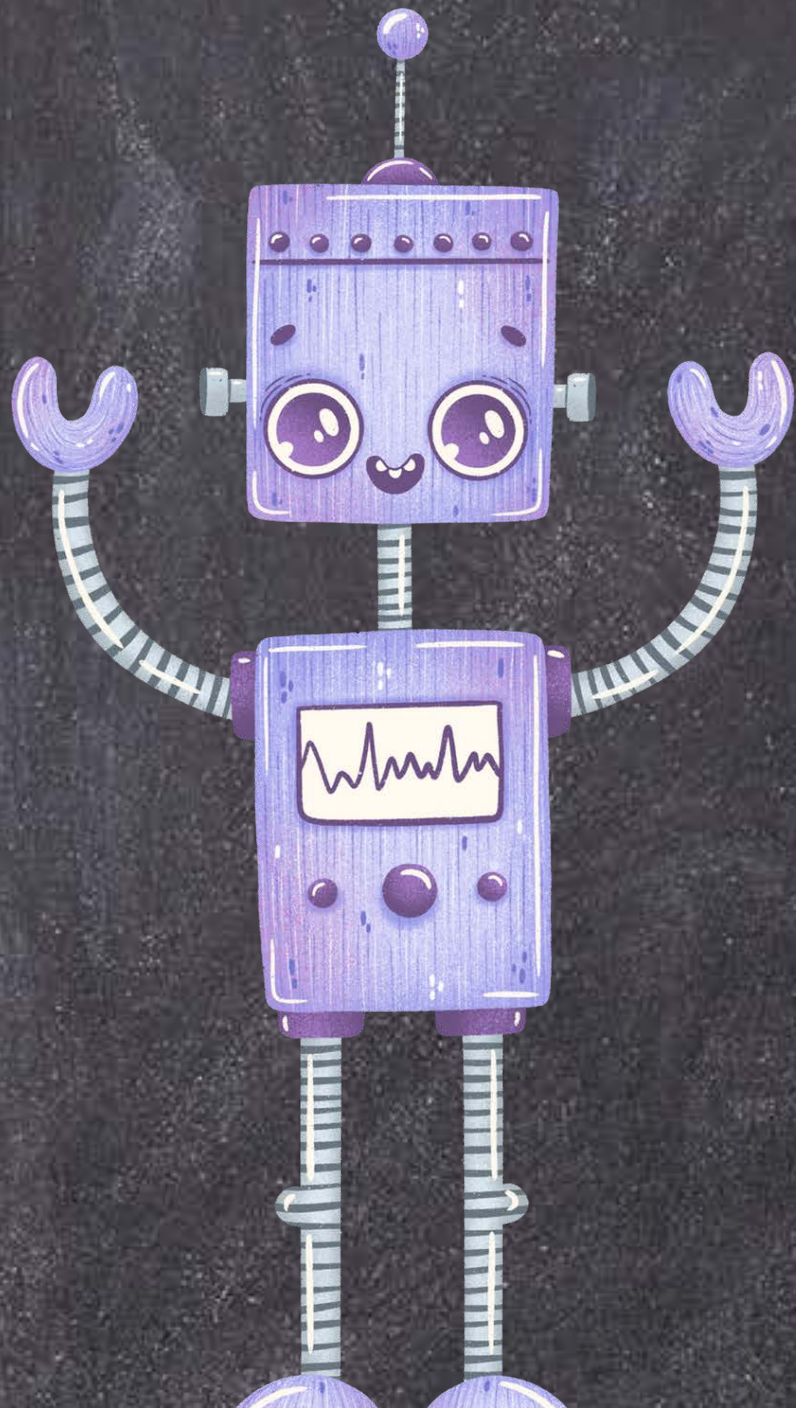
AI = Robots in our image



Questions for the next generation of AI students and builders

- What are robots? Could they become a person?
- Who is liable for the consequences of robot actions?
- Should we be programming our robots to only behave morally?
 - Who will decide the moral code:
programmers/regulators or everyone else?
- Should we be concerned for the safety and dignity of





Thank you

Come visit the
James Silberrad Brown Center for
Artificial Intelligence

SDSU



MEMBER SHOWCASE

Vote for your favorite project



INNOVATIONS
CONFERENCE 2023

Rating

- Adds Value ☆☆☆☆☆
- Engaging Presenters ☆☆☆☆☆
- Aligns with Healthcare Trends ☆☆☆☆☆
- Future Proof ☆☆☆☆☆
- Feasible ☆☆☆☆☆

Don't forget to vote for your favorite.
Scan the QR code on the agenda page



Christopher Ning

Rev Cycle IS
Architect



Anastasia Roloff

Rev Cycle IS Director

MEMBER SHOWCASE

UCSD HEALTH: I.S. ROADMAP



UC San Diego Health

Revenue Cycle IS Innovation

Anastasia Roloff, Director Revenue Cycle Systems

Chris Ning, Revenue Cycle Architect

October 18, 2023

Agenda



Introduction



FY23 Project Highlights



FY24 In Flight Projects



FY25 and beyond Development Roadmap

UCSD Revenue Cycle IS Overview

Revenue Cycle has prioritized and targeted the following key initiatives:



Increase Net
Collection
Rate



Decreased
Aged AR
(90+ days)
Percentage



Decrease
CFB/Pre-AR
Days

FY23 Project Highlights

Highlight successful go lives

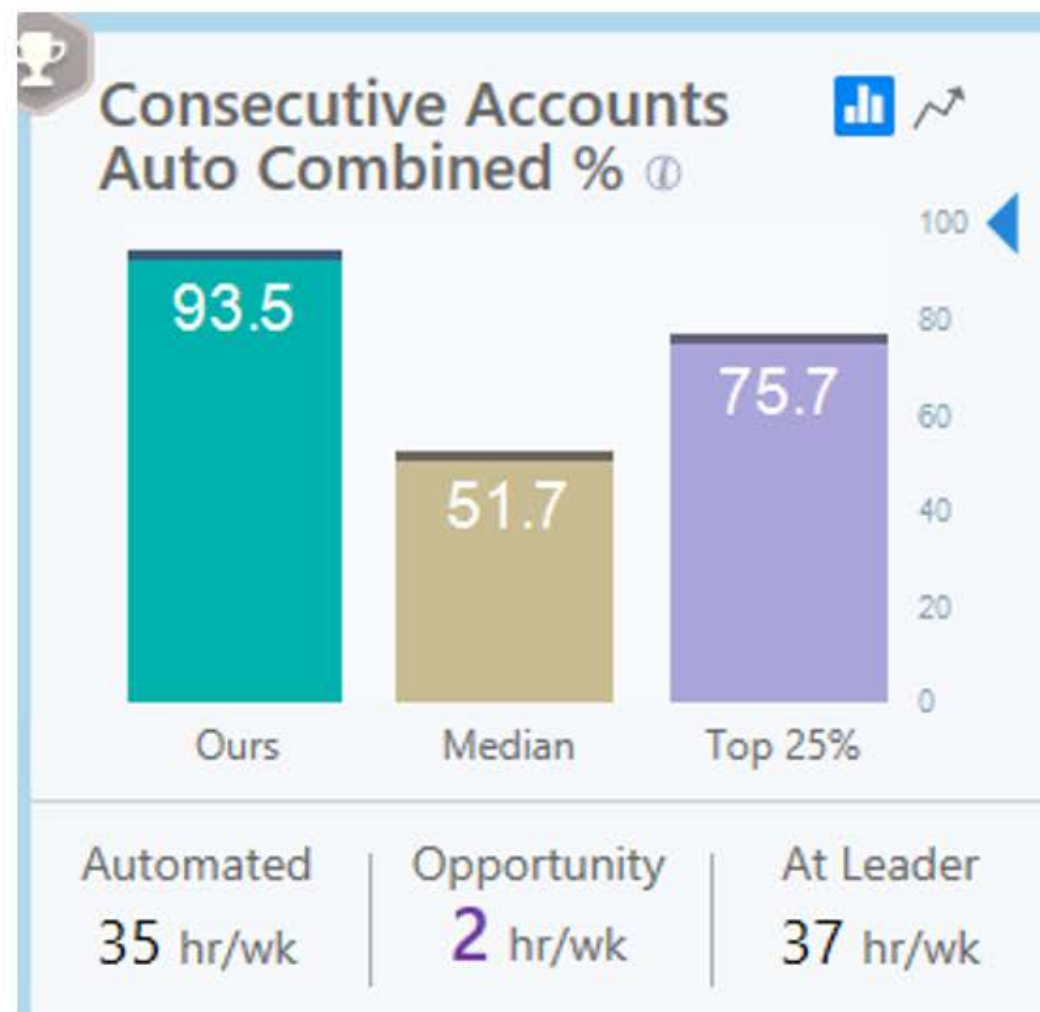
- Financial Assistance Module
- Patient Estimates
- ABN Expansion
- IVR Bill Pay
- MyChart Enhancements
 - MyChart Copays
 - MyChart Message Billing
- Auth Denial Initiative
- WQ Optimization
- Revenue Guardian



FY24 In Flight Projects

Current FY24 Strategic Initiatives

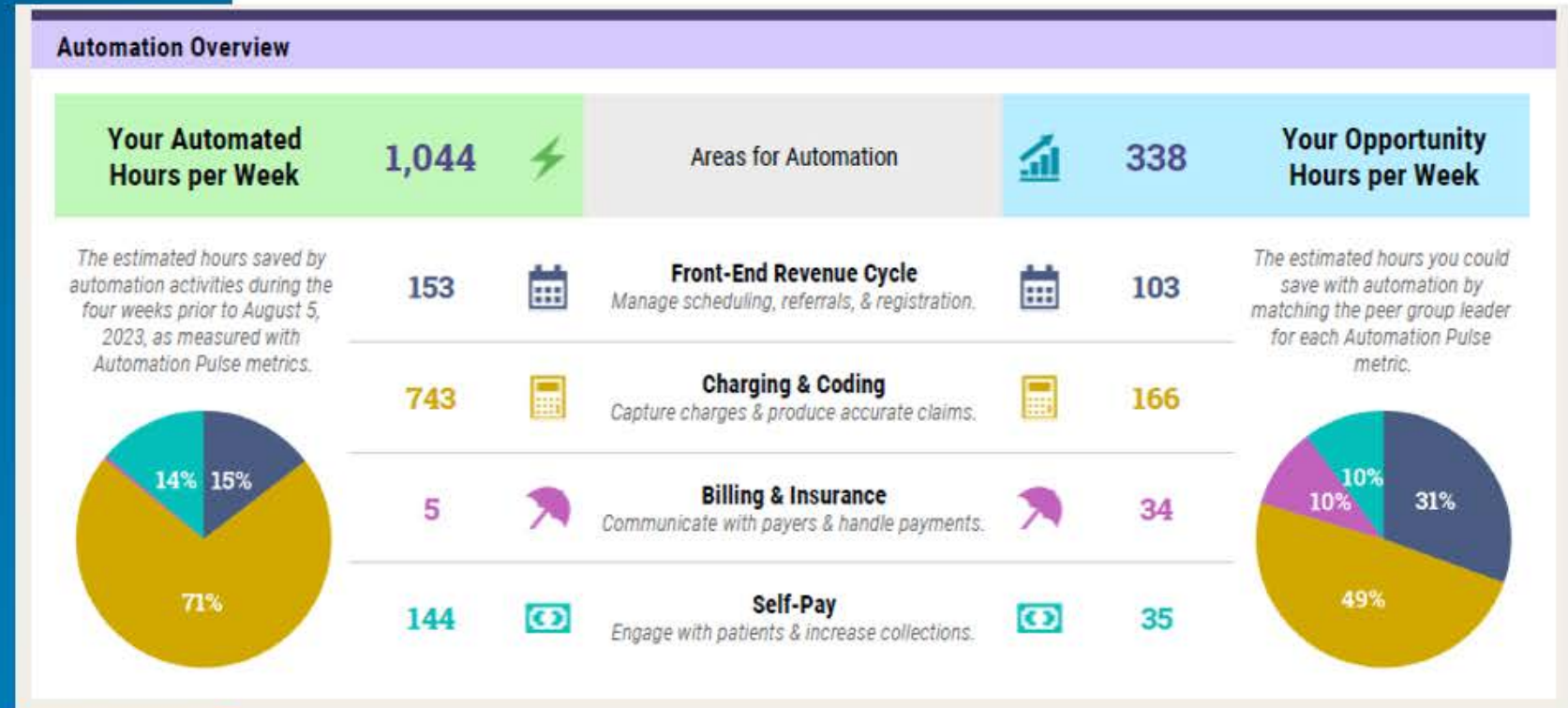
- Payer Platform Expansion
- ASA Table Optimization
- Automatically Combine Consecutive Accounts
- ABN Phase 2
- Account Activity Chaining
- Epic Appeal Tracking
- Enable Claim Edit Values (CEV)
- Automate PWK PB claim attachments
- WQ Optimization
- PB Revenue Guardian
- Patient real-time balance notifications
- API IVR integration



Upcoming Development

Stay Ahead with Epic Functionality

- Review Rev Cycle Round Up and Automation Tune-up reports
- Stay up to date with Automation Pulse and Financial Pulse for areas of opportunity
- Track along with Epic Gold Stars
- Partner with Epic on upcoming development



Upcoming Development

Speed Up Professional Coding with AI Assistance

- Use Generative AI to summarize clinical documentation and suggest potential procedure and diagnosis codes
- Coders review and select potential charges
- Kickoff scheduled for November 2023
- Target Implementation: FY25

The screenshot displays a medical coding software interface with several sections:

- Patient Information:** Includes patient name, date of birth, and insurance details.
- Charges:** A table listing medical procedures and their associated charges.
- AI Note Summary:** A section on the right providing a summary of the patient's clinical documentation, generated by AI.
- Potential Diagnosis Codes:** A list of suggested diagnosis codes based on the AI summary.
- Potential Procedure Codes:** A list of suggested procedure codes based on the AI summary.

AI Note Summary:

The summary below is generated by AI. The goal is to help you reduce the time spent reviewing clinical documentation. This is not intended to replace clinical judgement, or serve as a substitute for clinical judgement.

During the procedure, the patient's abdomen was examined using a laparoscope, and biopsies were taken from the liver. A large amount of ascitic fluid was present and had to be removed before trocars were placed. [Read full note](#)

Potential Diagnosis Codes:

- R94.5 Abnormal results of liver function studies
- R93.2 Abnormal findings on diagnostic imaging of liver
- K75.0 Abscess of liver

Potential Procedure Codes:

- CPT® 00702 ANESTH.FOR LIVER BIOPSY (Qty 11)
- CPT® 47001 NEEDLE BIOPSY LIVER, W OTHR PROC
- CPT® 80076 (26) HEPATIC FUNCTION PANEL
- CPT® 47000 NEEDLE BIOPSY LIVER
- CPT® 47400 INCISION OF LIVER DUCT/EXPLOR.DRAIN
- CPT® 47010 DRAINAGE OF LIVER LESION, OPEN
- CPT® 47011 DRAINAGE OF LIVER LESION, PERCUT

Under DEVELOPMENT

Upcoming Development

Epic Payer Platform Expansion

- Payer Platform promotes closer collaboration between payers and providers to help improve patient care and address business needs
- Currently live features:
 - Humana (CDE)
 - Centene (CDE)
- Current implementations:
 - UHC (CDE)
 - Elevance (CDE)
 - Aetna (CDE)
- Upcoming implementations:
 - Blue Shield of California (CDE)
 - Humana (Prior Auth)

Payer	CDE	ADT Notifications	Scheduling Notifications	Claims Exchange	Member Insights - CDS	Prior Authorization	Health Plan Clinical Summary	Care Gaps Exchange	Networks & Ratings
Humana	✓	✓	✓	✓	✓	✓	✓	✓	✓
UnitedHealthcare	✓	✓	✓	✗	✗	✓	✓	Q3 2023	✗
Blue Shield of California	Q4 2023	Q4 2023	Q4 2023	✗	✗	✗	Q1 2024	Q1 2024	✗
Elevance (fka Anthem)	✓	✓	✓	✗	✓	✓	✓	✗	✗
Health Alliance	✓	✓	✗	✗	✗	Q1 2025	✗	✗	✗
Centene	✓	Q1 2024	✗	✗	Q3 2023	Q1 2024	Q3 2023	Q4 2023	✗
Aetna	✓	✓	✗	✗	✗	Q3 2024	Q4 2023	Q4 2024	✗
Priority Health	✓	✗	✗	Q1 2024	✗	✗	Q1 2024	Q2 2023	✗

Contact Info

Chris Ning | ckning@health.ucsd.edu

Anastasia Roloff | aroloff@health.ucsd.edu



Gerilynn Sevenikar
VP Rev Cycle



Kaylen Nielsen
Project Manager

MEMBER SHOWCASE

SHARP HEALTHCARE: HOSPITAL REVENUE CYCLE 2023 IMPROVEMENT INITIATIVES



Revenue Cycle 2023 Improvement Initiatives

Presentation at HMFA, October 18th, 2023

Gerilynn Sevenikar, Vice President of Hospital Revenue Cycle

Kaylen Nielson, Lean Six Sigma Black Belt II in the Office of Transformation



System Revenue Cycle Retreat Initiatives



What you will hear today

Overview of the Sharp Healthcare and Hospital Revenue Cycle

Revenue Cycle Leaders Offsite Improvement Retreat

Innovative approach to achieve financial improvement targets



How we did it

-Pre-meeting techniques helped to determine the highest opportunity areas

-Interactive Retreat and Action Planning

-Follow up with sub work groups and Report Out sessions supported forward progress and accountability



What we addressed

DNFB

Reconciliation

Rapid Response

Planning for EPIC

Work From Home





Our Values: Integrity | Caring | Safety | Innovation | Excellence

Our Mission: To improve the health of those we serve with a commitment to excellence in all that we do. Our goal is to offer quality care and services that set community standards, exceed patients' expectations and are provided in a caring, convenient, cost-effective and accessible manner.

Our Vision: To *transform the health care experience* and be recognized as *the best place to work, the best place to practice medicine, and the best place to receive care.*



Quality



Safety



Service



People



Finance



Growth



Community



Revenue Cycle for Hospital Care – More than meets the eye

Before/During/After patient stays



Prior to Patient Arrival

- Scheduling
- Pre-
 - Registration
 - Insurance Verification
 - Authorization
 - Pre-op Testing
- Collect Patient Signatures and Out of Pocket Payments
- Admit/Arrive Patient

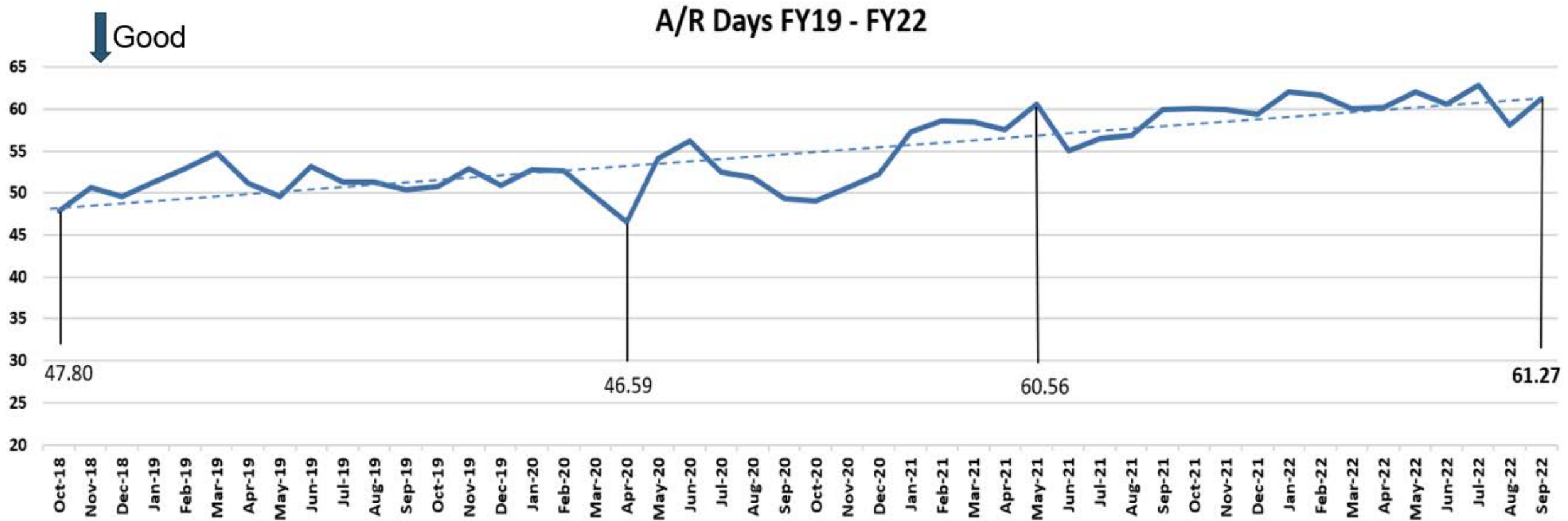
Concurrent with Stay

- If unscheduled, complete all “Prior to Patient Arrival” functions
- Notify Payer of Patient Admit/Arrival
- Medical Record Documentation Orders & Patient Care
- Charge Capture
- Concurrent Review/Authorization
- CDI Reviews
- Interim Billing (long stays)
- Discharge/Disposition of Patient

Post Discharge

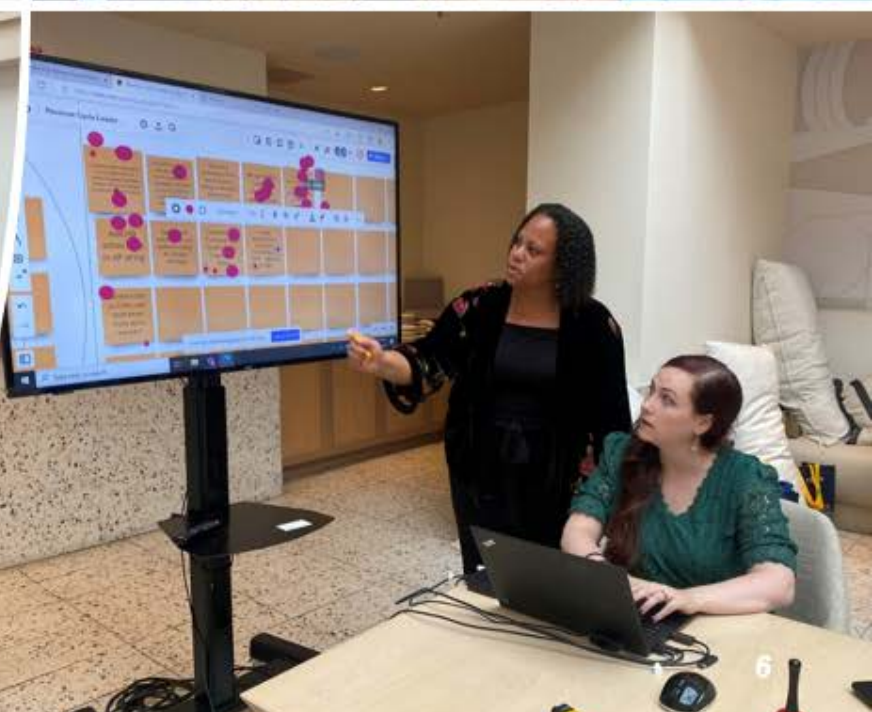
- Bill Holds and Edits (DNFB)
- Coding & Abstracting Holds (DNFB)
- Final Bill to Claim Scrubber to Payer Acceptance
- Payer Response (30-45 days)
Expected Payment Received and Posted
OR
Additional Information Request
Underpayment
Denial/Full or Partial
- Sharp Response (30-360 days):
Provide Additional Documentation
Appeal – Technical/Clinical
Escalate – PDR, CMS, DMHC, DOI
Joint Operations Meetings
- Resolve Payer Balance
- Resolve Patient Balance

Revenue Cycle ... Call To Action! (Before Oct 2022)



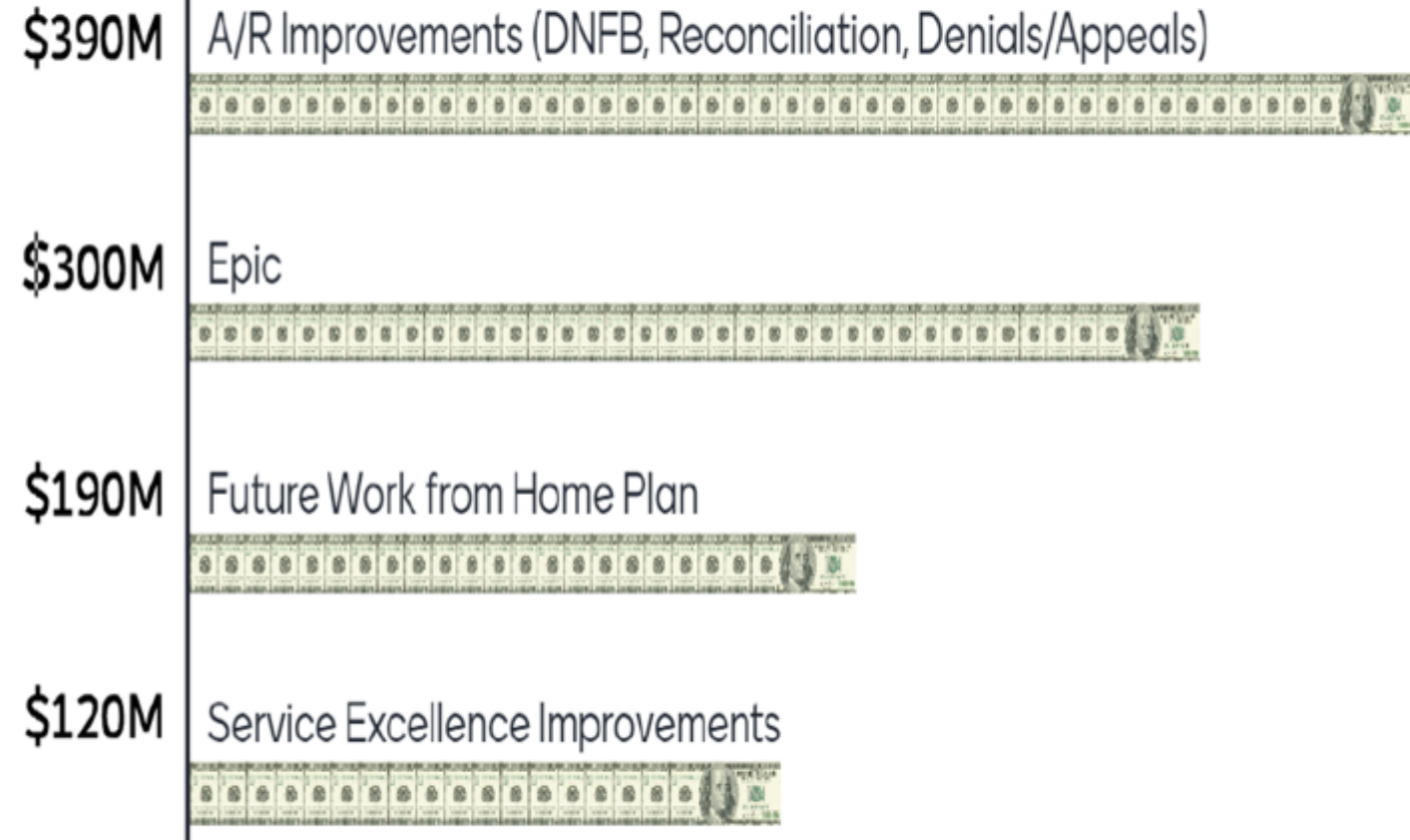
Retreat Overview

- Revenue Cycle Leaders from across Sharp gathered for an offsite Retreat event to collaborate and re-engage on Financial Improvement opportunities focused on EPIC, Rapid Response, DNFB, Reconciliation and Work From Home.
- This was the first opportunity for these teams to gather in-person since the pandemic.
- The focus of the day was One Sharp. How do we work together as a system to achieve success?



Pre-Retreat Activities

- The Billion Dollar Spend Voting Activity!
What if we had One Billion Dollars to Improve the Revenue Cycle?
- Current State Overview
- Retreat and Follow Up Planning
- Virtual Whiteboard Build
- Team Leader Prep and mini-training



Full Day Retreat Approach



Breakout Groups – Groups were made up of a mix of Rev Cycle Leaders from across the departments and organization



Each Team had a QR Code that led them to Prebuilt standard virtual boards with prompts for activities



Team Leaders were also given a Leader guide with standard work for guiding their team through the activities



Virtual Interactive Whiteboard (miro)



Participants were able to access and interact with the boards on their phones in real time (Bridging the gap from the recent virtual meetings to in person)



The Black Belt Facilitator and Executive Leaders rotated through the groups to listen in and help guide the discussion



At key points throughout the day the entire group would come back together for sharing and voting/narrowing giving everyone a voice regardless of group assignment

Change Acceleration Process



Innovative Ideas:

Action Planning

- Each team left the event with the top 3 voted ideas and the 3 next steps for each ideas.

SMART Goals *(Established within 1 Week of Event)*

- Financial Improvement Goal
- Short Term Deliverables (in Next 3-6 Months)
- Long term Deliverables (In 6-12 Months)

Timeline

- Breakdown of Improvement Phases or Cycles of Improvement

Accountability and Follow Up

- Full Team Check In cadence: 1 Week, 2 Week, Monthly Status Report Out for
- Sub teams kicked off after event and met weekly through first two months and then adjusted according to project need.
- Projects were built into Daily Management and Engagement Systems for Tracking

Standard Project Template

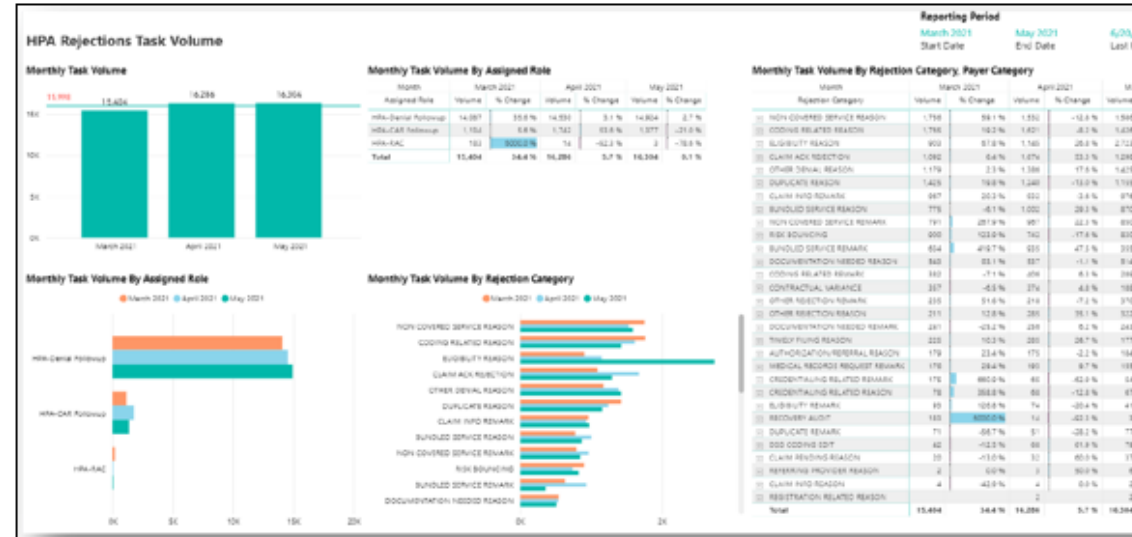
Rapid Response Denials & Underpayments

(10/2022- 8/2023)

Rapid Response to addressing payer denials and underpayments. Identifying structure to support rapid identification and turnaround time in 10 days.



Daily Engagement Board



Participants

Angela Mckinney

Barbara Lewis

Bethann Potvin

Blair Watson

Charlie Brown

Christina Bolanos

Denise Mcburney

Freddie Guzman

Joseph Monreal

Julia Monell

Kara Yu

Kristin Harold

Laurel Achenbach

Lisa Higbee

Luis Marino

Matt Cutler

Melanie Betancourt

Melinda Rosas

Patrick Mccoy

Rachel Carpenter

Rene Rodriguez

Sheila Kantor

Kimberly Surber

Rhea Engler

Kaylen Nielson

Gerilynn Sevenikar

Staci Dickerson

Chris Howard

Teams Represented

Lean Six
Sigma/Office of
Transformation

CEO, Sharp
HealthCare

SR VP, CFO
Sharp
HealthCare

Revenue Cycle
Leadership –
VP, Directors,
Managers

Hospital Patient
Access

Health
Information
Management

Coding

Insurance and
Patient Billing

Insurance
Follow-up

Appeals/Denials

Revenue
Integrity

Customer
Service

Patient
Collections

Revenue Cycle
IT

Revenue Cycle
Automation and
Analytics



SHARP

Project Highlights

DNFB

Innovative Interventions:

- Multi-department Huddles
- Daily Huddles and Reporting
- Accountability Clarity

Results:

Reduction in 4 Total DNFB days

Reconciliation

Innovative Interventions:

- New Reporting, analysis, and real time interventions for root cause issues

Results:

85% reduction in MCA Rejections
FBNS Reduction of ~\$275M
(5+ days AGR)

Rapid Response

Innovative Interventions:

- Building a new team under Revenue Integrity to manage denials
- Redefining Process and Accountability for 10-day TAT for denials

Results:

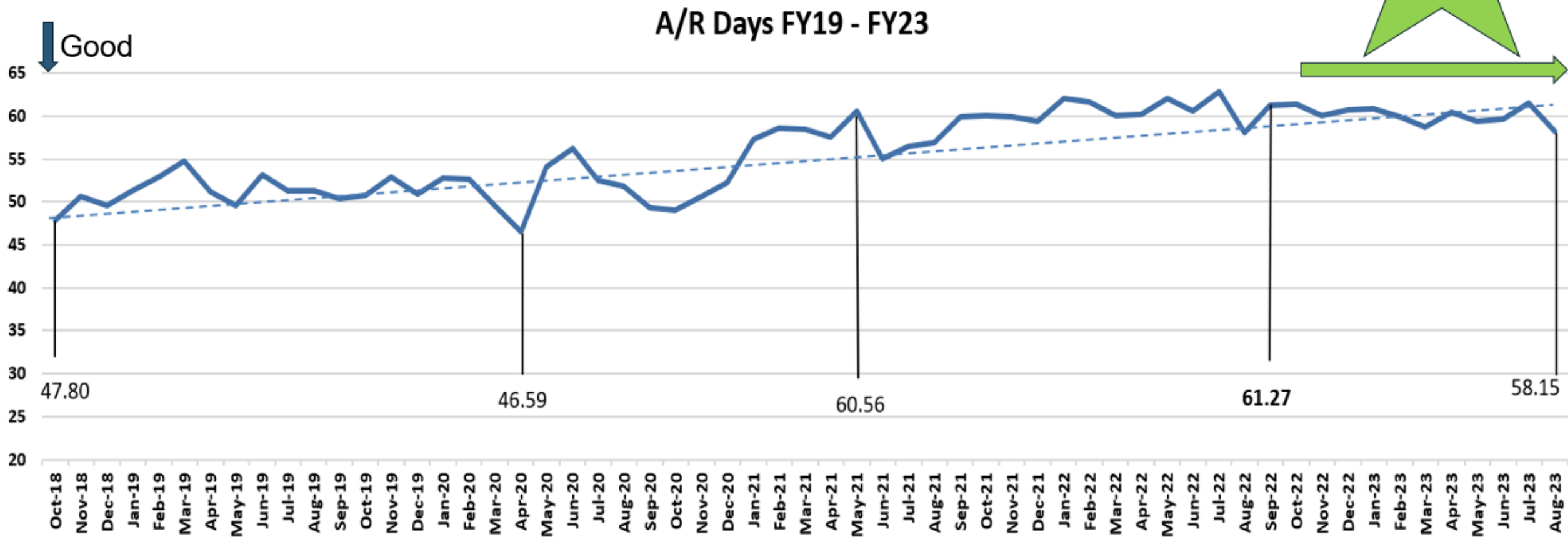
Net Rev Capture: \$24.7M
Reduced Denial net impact by a projected \$5M

Highlights from Epic Preparations

- Holistic View of Revenue Cycle was critical to planning for implementation
- Armed with LSS tools the team has a fearless approach to decision groups
- Understanding the Value of the Non-clinical Rev Cycle voice in the Workflow development for upstream and downstream considerations



Revenue Cycle ... A/R Day Results! (Thru Sept 2023)



SHARP

Thank You

Any Questions?





Jeff Niles
EVP HWL



Kevin Kerwin
VP Advocacy & Legal
Counsel

MEMBER SHOWCASE

**IHA & HWL:
INNOVATIVE STAFFING MODELS**



How one association embraced a disruptive and innovative contingent staffing model and delivered quality, flexibility and cost savings to its members

Kevin Kerwin - IHA
Jeff Niles - HWL

October 18, 2023

Meet the Presenters



Jeff Niles

Executive Vice President
Healthcare Workforce Logistics

Currently serving as Executive Vice President for HWL. He has served in this capacity since 2018. Jeff has more than 20 years experience in healthcare contingent workforce management leading sales, marketing, implementation, and client services for some of the largest and most influential healthcare workforce management organizations in the nation, installing technology and workforce solutions in over 3,000 hospitals across 50 states and the UK.



Kevin Kerwin

Vice President of Advocacy and
Legislative Counsel
Iroquois Healthcare Association

Currently serving as Vice President of Advocacy and Legislative Counsel for the Iroquois Healthcare Association, which represents upstate and rural hospitals across New York. He has served in this capacity since 2021.

Kevin has deep experience in policy, government and legislative process. In addition to workforce issues, in the healthcare space he has gained expertise along the health care policy spectrum in long term care and acute care.

About IHA



Iroquois Healthcare Association (IHA) is a non-profit regional healthcare organization that represents more than 50 hospitals and health systems in 32 counties of upstate New York, spanning nearly 28,000 square miles. The broad alliance of voices helped IHA expand its focus to patient safety, healthcare reform, and the recruitment and retention of the nation's best healthcare workers.

IHA's Advocacy Team represents member interests and communicates with key decision-makers, promoting a broader understanding of, and building support for the healthcare systems serving Upstate NY.

Who we are



- The premier voice of Upstate New York's hospitals and health systems.

- A not-for-profit membership organization representing over 50 hospitals and healthcare systems, including 25 nursing homes and 41 home care agencies in 32 counties of Upstate, spanning nearly 28,000 square miles.

- Focus on patient safety, healthcare reform and the recruitment and retention of the nation's best health care workers.



- Regional group purchasing organization representing the interests of acute, non-acute and non-healthcare facilities.

- Shared services and consulting activities concentrated on reducing operating costs and promoting performance improvement for more than 600 health care and non-health care members.

- 45 years as the for-profit division IHA providing cost-saving initiatives, educational opportunities, and business solutions to members.



- Statewide Workforce Investment Organization (WIO) dedicated to training, retaining and recruiting healthcare workers in the long-term care sector

- Mother Cabrini Health Foundation grant to support New York State acute healthcare workers with comprehensive workplace and career training.

- Caring Gene® is a multi-media healthcare recruitment campaign and job board designed to enhance and facilitate awareness of, and interest in, careers in the long-term care sector.



About HWL



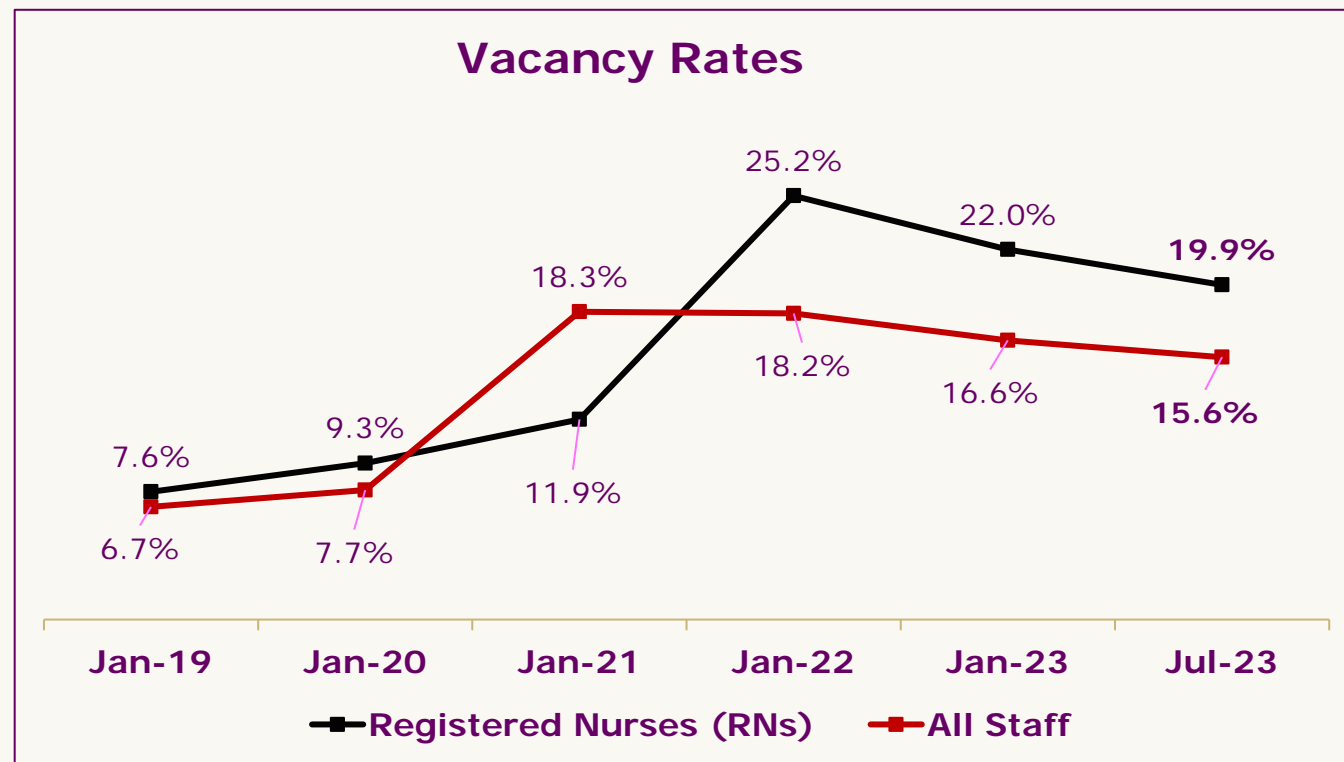
HWL was founded by industry leaders who have decades of experience in workforce management solutions, groundbreaking VMS technology, GPO and supply chains, and staffing solutions. The leadership team has successfully managed over a billion dollars in agency labor spending for for-profit and not-for-profit organizations nationwide.

HWL leaders pride themselves in having a unique understanding of the healthcare workforce market, across multiple healthcare settings. Our workforce solutions deliver results that lower overall costs, produce higher-quality of staff, and increase visibility into overall labor activity and metrics. HWL values integrity, accountability, and trust and we strive to transfer those values into all our interactions and partnerships.

IHA Semi-Annual Vacancy & Turnover Survey

July 2023 Highlights

- While the number of total vacancies appears to be on the decline, vacancy levels for RN's remains **161%** higher than pre-pandemic levels.
- Vacancy rates for all staff remains **132%** higher than pre-pandemic levels.



36 Individual Facilities Represented (82% of IHA Members)

The Changing Healthcare Workforce Market & Outlook for IHA Members

Continuous Workforce Shortages

- Workforce shortages have driven hospitals to rely on contingent staff to ensure stability in patient programs.
- 142% increase in contingent staffing costs since 2019 for IHA members*.

Vacancies continue at rates 2X higher than pre-pandemic years*

- According to IHA's most recent survey, there are approximately 8,000 vacancies in participating Upstate New York hospitals, yielding a 14.8% vacancy rate.
- Since 2019, there has been a 117% increase in RN vacancies and a 71% increase in overall staff vacancies at Upstate NY hospitals.

Ongoing Financial Distress

- Due in large part to COVID-19 there has been a permanent increase in hospital cost structure of between 10 – 20%.
- Attributes - staffing shortages driving up overall employment costs for core and contingent staff, elective surgery limitations, inflationary pressures.

Timeline: Jan 2022 - Present



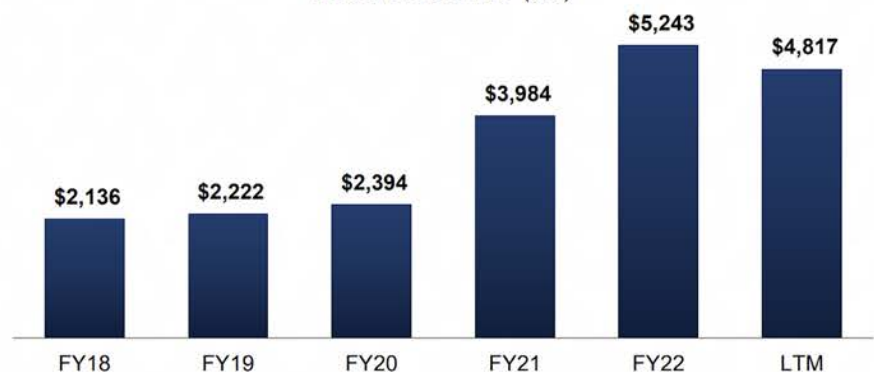
Hospital Based Travel Staffing Program (Private Label)

Goals	How the Private Label Model Achieves These Goals
Reduce costs	Fixed GPM with an employer of record and having a direct sourcing partner
Reduce burden of time/energy that goes into managing contract labor	Implementing technology and creating a streamlined process for members
Provide visibility into market conditions relating to both <u>pay</u> and <u>bill</u> rates	Deliver tools which give members real-time visibility into pay packages of contingent staff across all disciplines – nationally, regionally and locally
Expand reporting on spend across all facilities	Utilize HWL analytics to readily compile data real-time

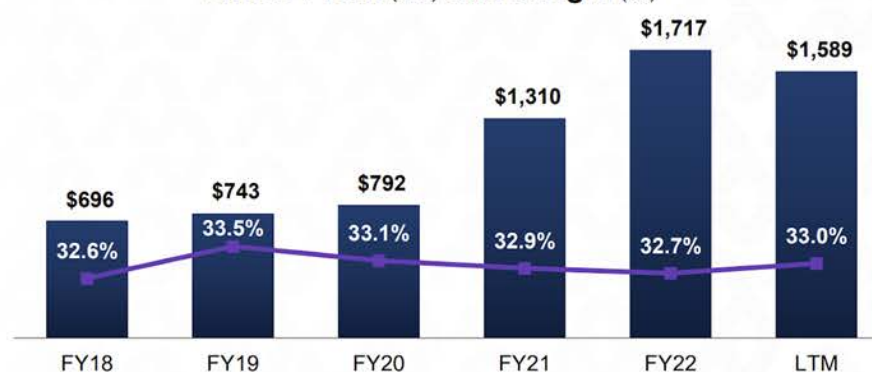
The Travel Nurse Staffing Industry Benefitted From Increased Bill Rates During Covid

AMN Healthcare Public Information

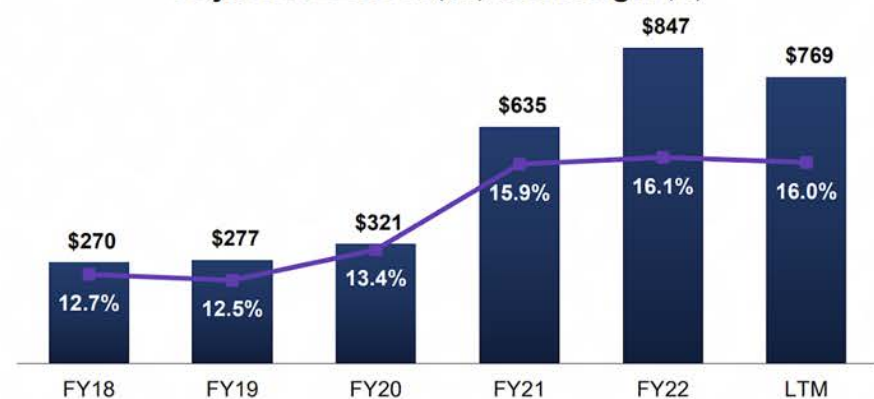
Total Revenue (\$M)



Gross Profit (\$M) and Margin (%)



Adjusted EBITDA (\$M) and Margin (%)



Adjusted Net Income (\$M)



LTM as of March 31, 2023

Please refer to non-GAAP reconciliations in the appendix of this presentation.

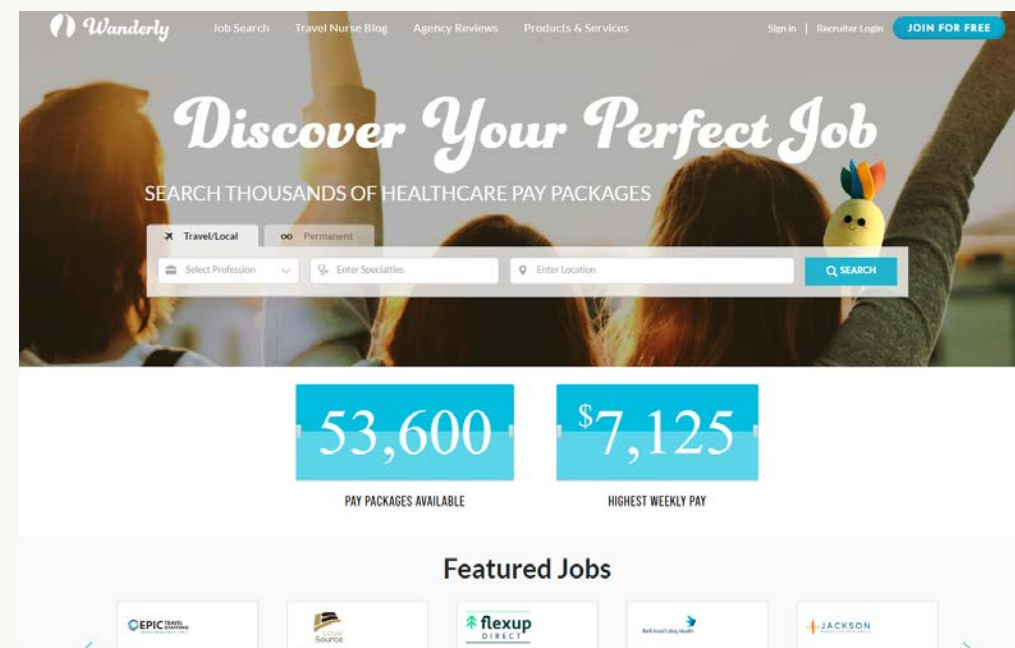
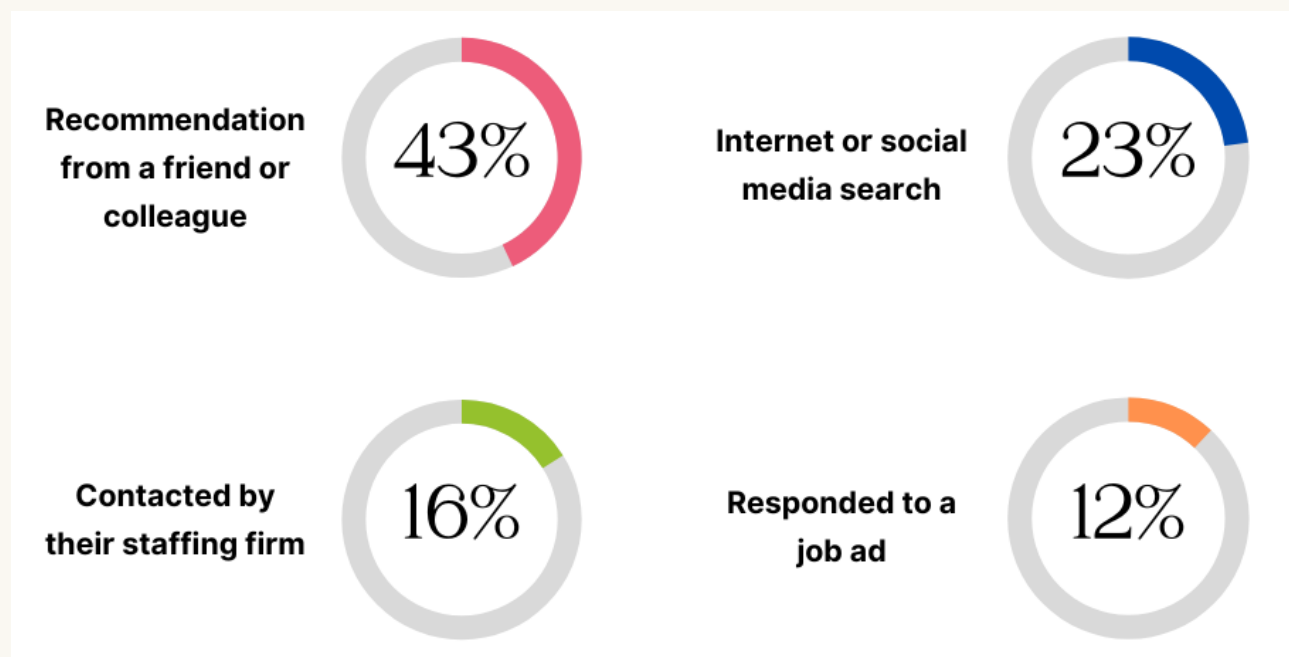


IROQUOIS
Healthcare Association

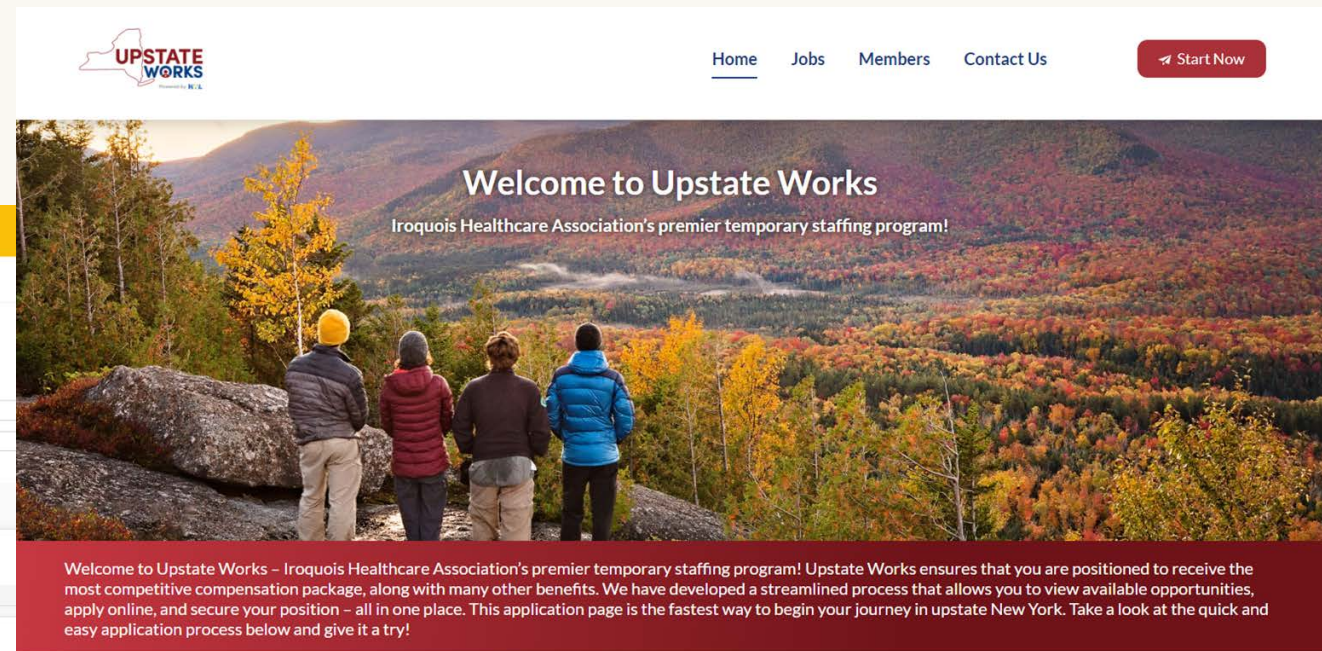
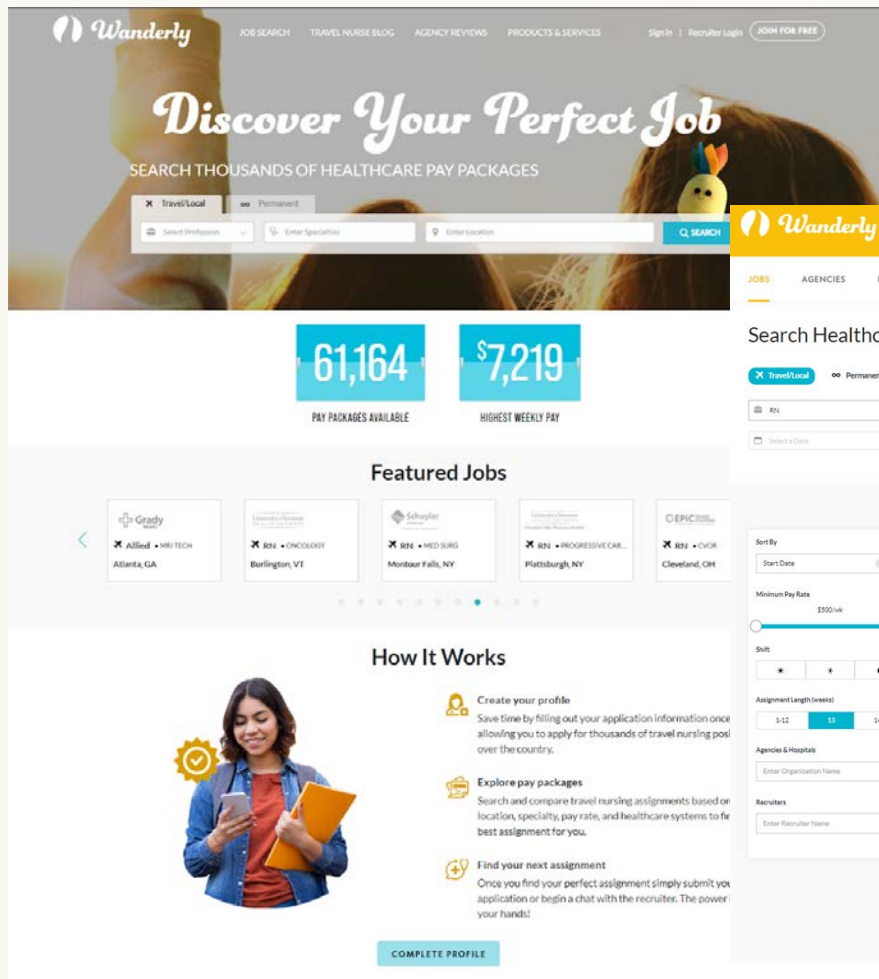


The Way Temporary Workers Initially Find Their Staffing Firms Has Changed

Two-thirds of healthcare professionals appear to have contacted their staffing firm out of their own initiative, rather than the staffing firm initiating the relationship. *

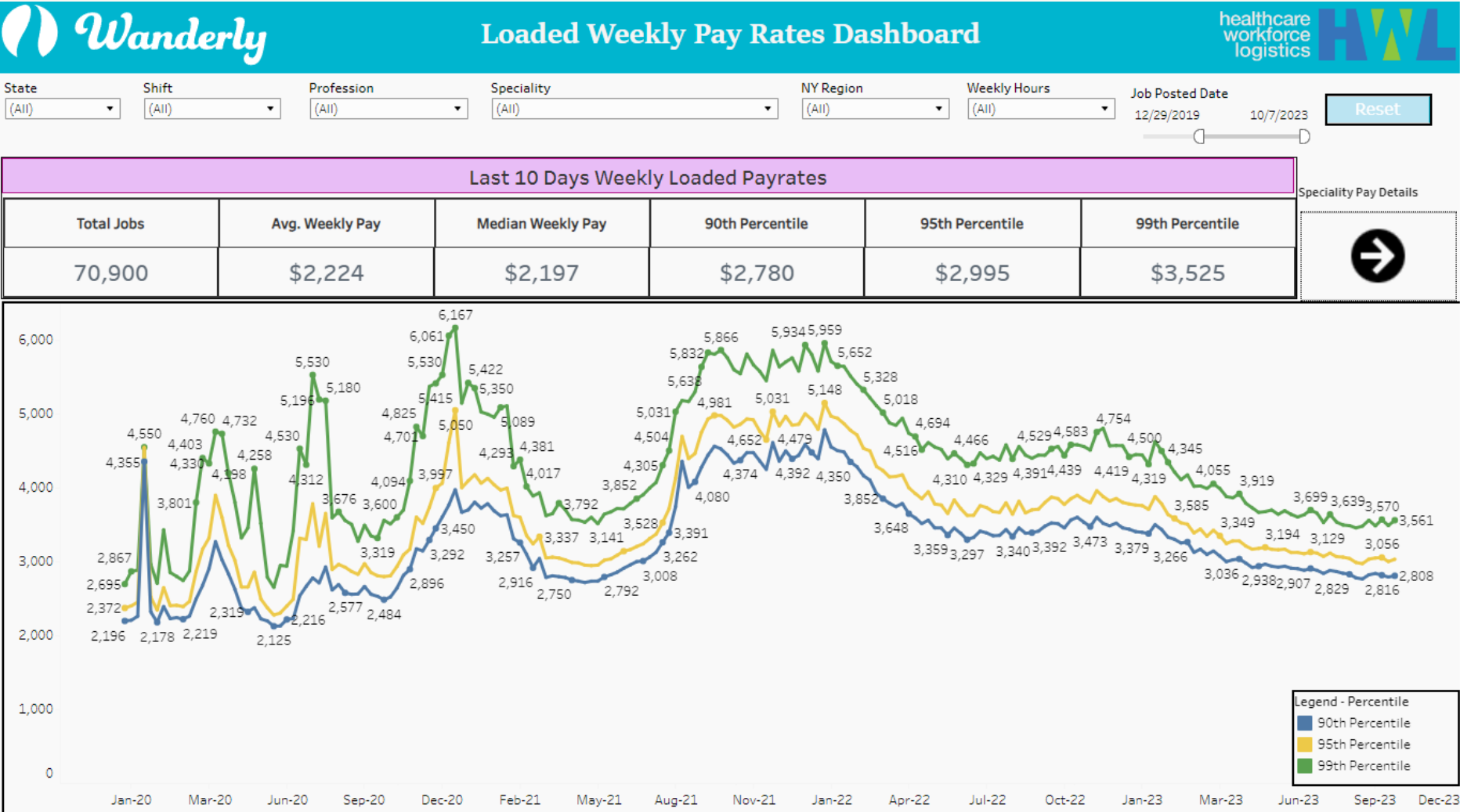


Direct Source Using Same Tools as Agencies



Current Available Assignments

Real Time Visibility Into Pay Packages Advertised by Agencies



The Roll Out

■ Promote program amongst IHA members

- ▷ HR forums
- ▷ CEO forums
- ▷ Member newsletters

■ IHA designated representative to manage member outreach

- ▷ Communicate program overview
- ▷ Answer member questions
- ▷ Schedule onsite and virtual meetings
- ▷ Alongside HWL, deliver onsite presentations to key stakeholders within member facilities

■ Onsite Presentations with IHA and HWL

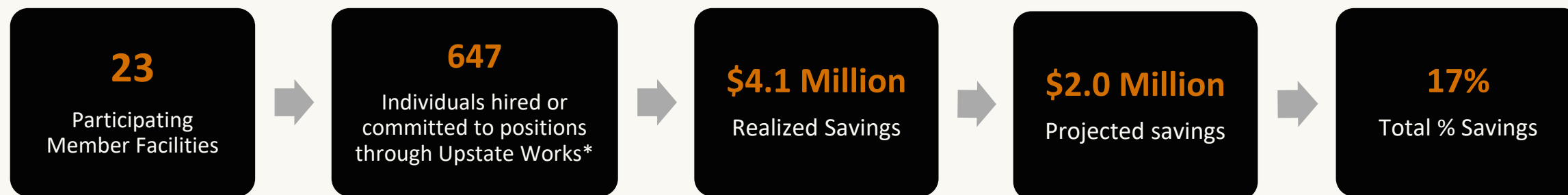
- ▷ Demonstration of technology
- ▷ Explanation of private label model and approach
- ▷ Cost savings estimates

■ Develop and establish contractual agreement

- ▷ Contract process for each facility

Upstate Works – Member Savings

Between 10/17/22 – 10/3/23



\$6.1 Million in Total Projected Savings

Realized Savings: Total savings from work performed to date

Projected Savings: Estimated savings for work not yet performed in current assignments past “screening” stage

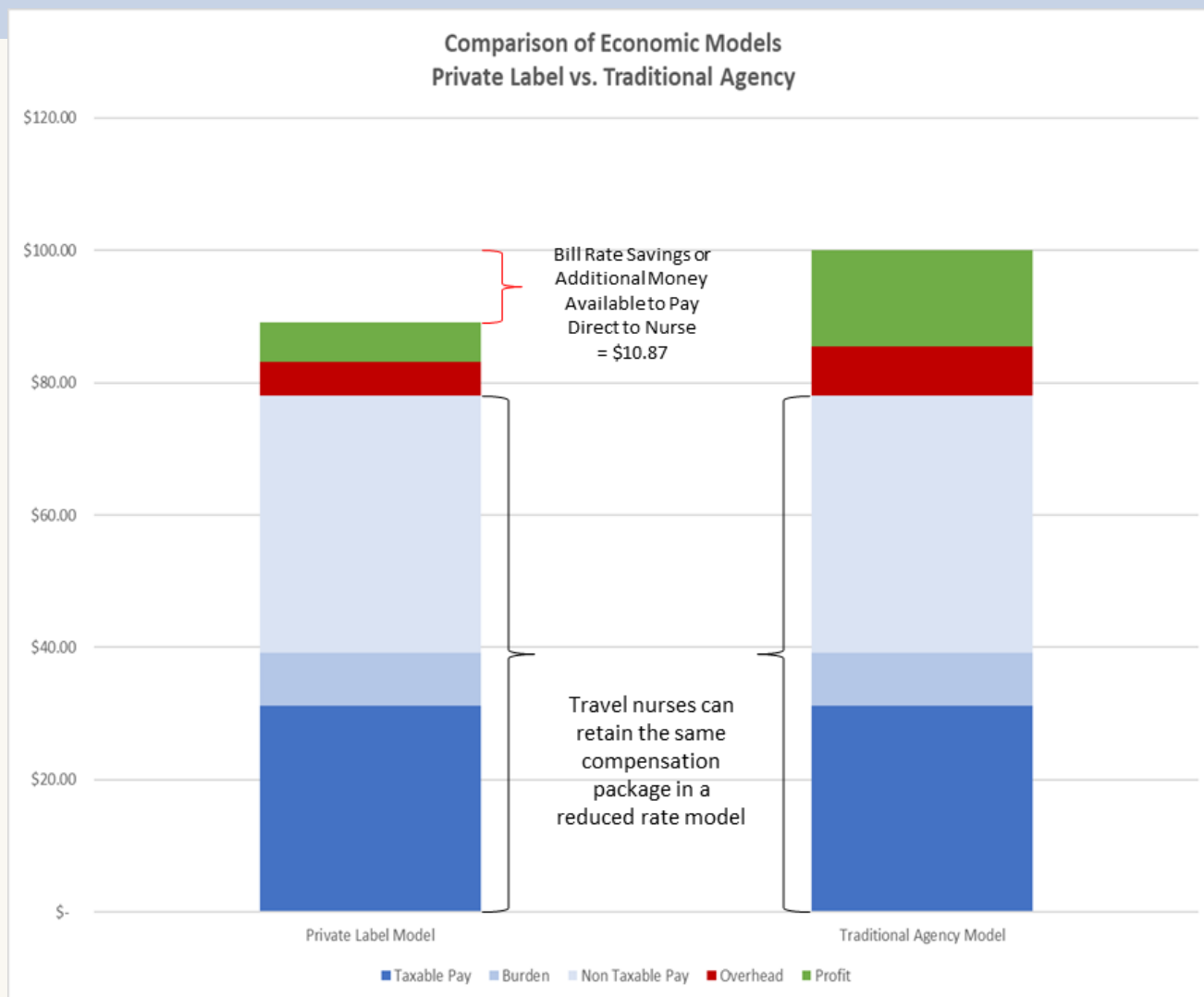
Total Projected Savings: Combination of realized and projected savings

**All positions after current step of “screening”*

***Compared to actual rates from traditional staffing agencies.*

****13 weeks is the average contract length for a travel staff person.*

Reducing Costs Without Sacrificing Fill Rates



- ▶ Potential to reduce costs by >10% versus traditional agency or MSP Regardless of Market Conditions

OR

- ▶ Ability to attract top contingent talent in a tight market by setting pay rates at or above the 90th percentile in the market

The Private Label Model Enables Clients to Compete with Agencies on the Same Terms

Comparison of Nurse Take Home Pay



At the same gross pay amount, take home pay for the nurse when employed by the hospital in a traditional payroll model is >25% less than what the nurse will earn in an EOR model making it much less competitive than a staffing agency

Creating a Private Label as the Tier 0 Provider as Part of an MSP Solution Maximizes Savings

Tier	Description	Benefits
Tier 0	<p>Client branded agency managed by HWL: Access to talent through branding strategy</p> <ul style="list-style-type: none">• Source candidates for members through established marketing channels• Utilize Employer of Record (EOR) for employment of staff• Fixed markup on loaded pay rate• Increase insights into market data and rates	<ul style="list-style-type: none">• Establishes hospital as an option for nurses looking to work as travelers in the market• Forces agencies to compete at market rates• Enables hospital the ability to convert existing travelers to lower cost model at comparable pay packages to existing assignment
Tier 1-3	<p>Vendor neutral MSP managed by HWL</p> <ul style="list-style-type: none">• Increase visibility to strategic vendor partners and performance• Insight into real-time market rates• Drive competition amongst vendor partners• Leverage member spend to drive future contracting strategies• Real time reporting and dashboards on utilization and spend	<ul style="list-style-type: none">• Additional cost savings• Expands available pool of healthcare professionals available to take assignments• Vendor neutral model is attractive to agencies• Unbiased clinical team aligned with hospital

Questions?

Jeff Niles

Executive Vice President, HWL

630-913-6629

JNiles@hwlworks.com

hwlworks.com

Vote for your favorite project



INNOVATIONS
CONFERENCE 2023

Vote now for your favorite Member Showcase

Rating

Adds Value	☆☆☆☆☆
Engaging Presenters	☆☆☆☆☆
Aligns with Healthcare Trends	☆☆☆☆☆
Future Proof	☆☆☆☆☆
Feasible	☆☆☆☆☆

Don't forget to vote for your favorite.
Scan the QR code on the agenda page

INNOVATION PANEL



Jon McManus
SHARP HEALTHCARE
Moderator



Gerilynn Sevenikar
SHARP HEALTHCARE



KARRI BENJAMIN
UC SAN DIEGO HEALTH



BASAK KAYA
UC DAVIS HEALTH



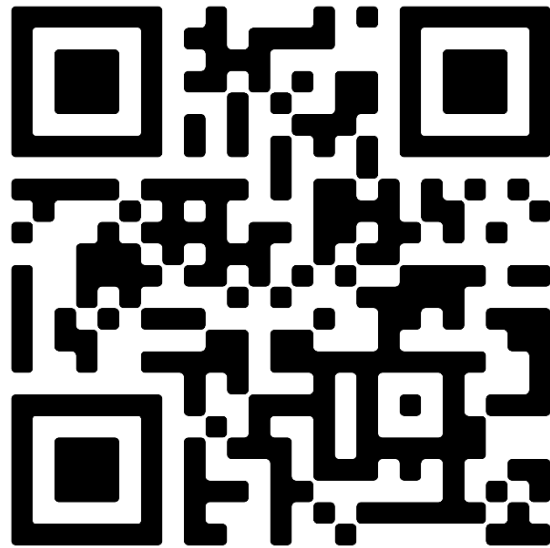
MERRITT NEAL
MAZARS USA

San Diego-Imperial 2023-2024 Chapter Sponsors



Healthcare Financial Management Association San Diego-Imperial Chapter

Your feedback is important to us,
please complete our feedback survey



SCAN ME

hfma™

san diego-imperial chapter