WEBINAR TRANSCRIPT

REIMAGINING TIME STUDIES TO IMPROVE FINANCIAL PERFORMANCE

SEPTEMBER 14, 2023
HFMA WEBINAR

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September 14, 2023

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- **CASEY ROWE** | CR – Director of Operations, Heart, Vascular and Transplant Services, Barnes-Jewish Hospital
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- **ROBERT HOWEY** | RH – Senior Director, Toyon Associates
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ON-DEMAND REPLAY

Visit the following link to watch the hour-long replay (HFMA membership required):
https://learn.hfma.org/courses/reimagining-time-studies-to-improve-financial-results

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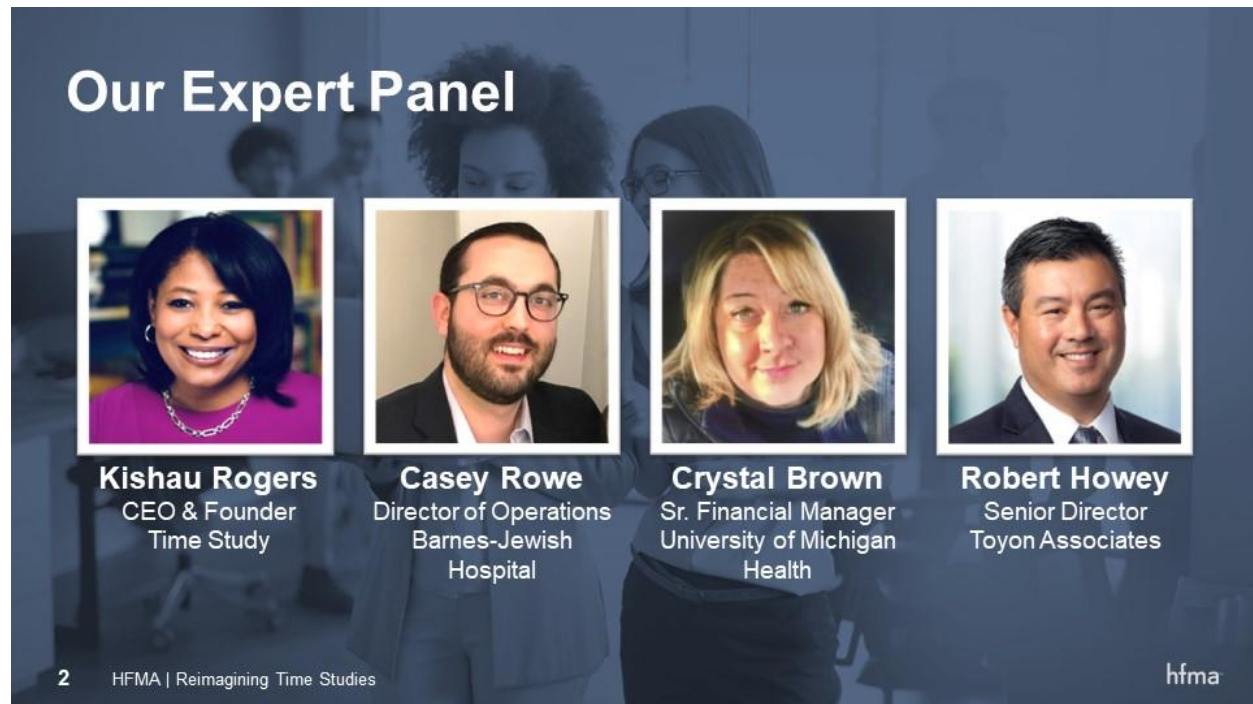
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ASHLEY BECKER: Welcome to today's webinar, Reimagining Time Studies to Improve Financial Results. This is Ashley Becker, HFMA's Manager of Client Services, and I will be moderating today's session. Now it is my pleasure to welcome today's speakers.

- **Crystal Brown** is the Senior Finance Manager of the Transplant Center at the University of Michigan Health. Crystal spent 30 years working in healthcare finance at the University of Michigan Health. Her responsibilities include preparation of the Medicare cost report, developing budgets for all transplant programs, and being responsible for all transplant financial transactions.

- **Robert Howey** is the Senior Director at Toyon Associates Incorporated. Robert is a leading expert in Medicare and Medicaid reimbursement services for Toyon Associates. He has previously served as executive director of reimbursement at the University of Miami Health System and was a reimbursement manager at Mayo Clinic in Jacksonville.

- **Casey Rowe** is director of operation for heart, vascular, and transplant services at Barnes Jewish Hospital, the largest hospital in Missouri, which is included among the top 20 hospitals in the 2022 *U.S. News and World Report* Best Hospitals list. Casey has been published in the *American Journal of Transplantation*.

- **Kishau Rogers** is the founder and CEO of Time Study. Kishau is a technology entrepreneur and her work has been featured in *Forbes, the Wall Street Journal, Entrepreneur, and Black Enterprise*. She also serves as an advisor to organizations like Level Up Ventures, the University of Florida Centers for Arts, Migration and Entrepreneurship, and Bodyology, and Virginia Commonwealth University's Department of Computer Science.

And with that, Kishau, I'll turn the presentation over to you.

KISHAU ROGERS: Thanks everyone for joining us. I'm excited about today's session. It's one of the few that's specifically dedicated to time studies, so we're excited for you to join us.

I wanted to give us some more detail about the background of the panel, and this should be an interactive session.

As Ashley mentioned, I'm the Founder and CEO of Time Study, a company that does exactly what it says. We study time specifically in hospital environments. We've helped many organizations, and many of the top hospitals around the country modernize their time study systems.

My introduction to time studies was many, many years ago, probably a few decades ago. I was first introduced to time studies when they were collected on paper and stored in banker boxes in a CFO's office. There were many spreadsheets and a lot of wrangling of data.

So I'm curious to hear from the panel. We'll start with Casey and then Crystal and Robert which have been your introduction to time studies, but also how do they inform your work today?

CASEY ROWE: Thank you. My introduction to time studies was as part of the Transplant Center at Barnes Jewish Hospital. Kishau, right after you were printing them all out on paper and putting them in reams, we advanced about eight or ten years ago to have an Excel version on a computer.

Ultimately, they did have to be printed out, but my job was to collect all of those Excel

documents and ensure compliance. Not only with what was reported but also the fact that several hundred people needed to report time for the transplant cost report. I'm sure we'll talk a lot about what was done and done in a timely fashion, which is quite a challenge.

KR: And for you, Crystal?

CRYSTAL BROWN: Mine was very similar to Casey's. I started while I was in transplant now almost 19 years, so I was thrown right into it. Practically my first day. Everything was done on paper and then, as Casey mentioned, we would gather them and then enter them into a spreadsheet.

But the issue was tracking down everybody. We had almost 300 people that were performing time studies. One of the issues was that they didn't even work in our department because we wanted to make sure anybody who had anything to do with transplants reported their time. So that was one of our big challenges: trying to track them down. It was a big pain, believe me! But that's my introduction to it.

KR: We'll have more time to talk about pain points. I can't wait to hear about it from you. Robert, I think your background is a bit different from Casey and Crystal's. What was your introduction to time studies?

ROBERT HOWEY: My experience is very similar to theirs because I was also in the provider setting. Granted we were the Medicare cost support outside of the transplant and we would get our time information for positions and so forth, but

we never really highly audited or even really had a material impact to Medicare reimbursement. It was more just an item that we would need to document.

Right or indifferent, we just took those things at face value. When I came to Mayo, one of the first things that I was in charge of was managing the time survey process. These were the surveys that were printed. When they were completed, because they were signed we used that signature as a document for audit purposes. Then I would input them into a master spreadsheet.

This is when I first started, so I wasn't so busy at the beginning. After a few months, I started getting busy with other things and these interoffice envelopes started stacking up on my desk. So I was almost like two to three months behind and it'd take me almost a full day – sometimes a

day and a half – just to open those up, look at them, put the information into a master spreadsheet, and then try to make sense of it. I'd send emails to people who may not have completed it. I provided feedback to management after about six or seven months to say, "Wow! There's got to be a better way of doing this. This is not a great use of my time."

Then we came up with something internally at Mayo with some automated time survey processes. Unfortunately, we created something internally and the person who created it leaves and no one's there to support it.

I have clients in the transplant world who continue to use these manual time survey processes and some of the questions that we have. I'll share some of my experiences later.

> "[T]hese interoffice envelopes started stacking up on my desk. So I was almost two to three months behind and it'd take me almost a full day – sometimes a day and a half – just to open those up, look at them, put the information into a master spreadsheet, and then try to make sense of it."
>
> Robert Howey

Today's Goal

- Overview of Time Studies in Healthcare
- Examine Data of 3 Top-performing Hospitals
- Build a Framework for Excellence
  1. Participation Rate
  2. Process Efficiency
  3. Data Quality & Asset Management
  4. Business Rules & Regulatory Compliance
  5. Program Value Management

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KR: Great! So you mentioned a few key points that we'll cover next.

First, for our audience, just to give you a sense of our agenda for today. In our next section, I'll give an overview of time studies just to level-set what we're talking about, and how they're used in healthcare.

After that, we'll talk about data that we've analyzed from top-performing hospitals. Finally, we'll talk about the five pillars of time studies so that get a sense of common pain points that top-performing hospitals experience when conducting time studies, but also information on how to resolve some of those pain points.

Time Studies in Healthcare

Applications
- Medicare/Medicaid Reporting
- Graduate Medical Education (GME)
- School-based Services
- Workforce Effectiveness
- Operational Efficiency
- Financial Performance
- Compliance

Types of Time Studies
- Periodic Time Study
- Random Moment Time Study (RMTS)
- Time and Motion Study

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KR: Let's go into our overview of time studies in healthcare. A few of you have mentioned quite a few use cases for time studies. There are many types of time studies: transplant time studies, GME time studies, time studies for financial and compliance purposes, as well as time studies that are conducted for operational improvement and workforce effectiveness.

One of the things that we're seeing more and working with our clients is that the process is starting in the finance department. So I wanted to hear a bit from Robert given your experience with Toyon, when may time studies be required for a hospital to collect for regulatory purposes?

RH: As far as the reporting, the minimum guidelines for Medicare purposes, if you're going to use time studies as a basis for your allocations between departments in this case, such as which is pre-transplant and which is post-transplant time, is one

week per month is the minimum. So you have 12 surveys in an entire year.

You can have some exceptions to that, but you do have to request permission for that. Some can do maybe 2 weeks per quarter, but the minimum is one week per month.

KR: Got it. Are these requirements specific to the type of hospital or do all hospitals employ physicians or do these rules vary depending on CMS or your relationship with your auditor?

RH: Yes, it would be for all hospitals because they all have to go under the same CMS guidelines. Not all hospitals may need or have the use for time surveys. Your academic and transplant centers have a bigger need, but it could be any hospital.

KR: So just to cover a few terms, that we'll cover next. One is the type of time studies.

So what we're talking about are periodic time studies. Robert has mentioned time studies that may be conducted one week per month or two weeks per quarter.

You have random moment time studies which we've seen with people who are studying time at local education agencies, and then there are time and motion studies as well.

KR: Just wanted to give you a few terms that you may hear today. In thinking about a time study program we're going to be talking about three types of people that are involved in a time study program.

- One is the people that we're studying, so we're going to refer to them as **Reporters.** So if you hear the word reporter, we're talking about practitioners or physicians who are completing time studies.

- Then there are personnel that may be involved in the process because they're supporting a specific department or clinical group and completing time studies, validating or approving them, we'll refer to them as **Supporters.**

- Finally, the people who are responsible and accountable for the time study program are **Administrators.** So just wanted to cover that.

KR: So we have our first polling question before we move on to our next section. How do you use time studies at your hospital currently in your healthcare organization?

We've talked about quite a few use cases. Some of them are financial, others are workforce, wellness, and retention. We're just curious so pick all that apply to you.
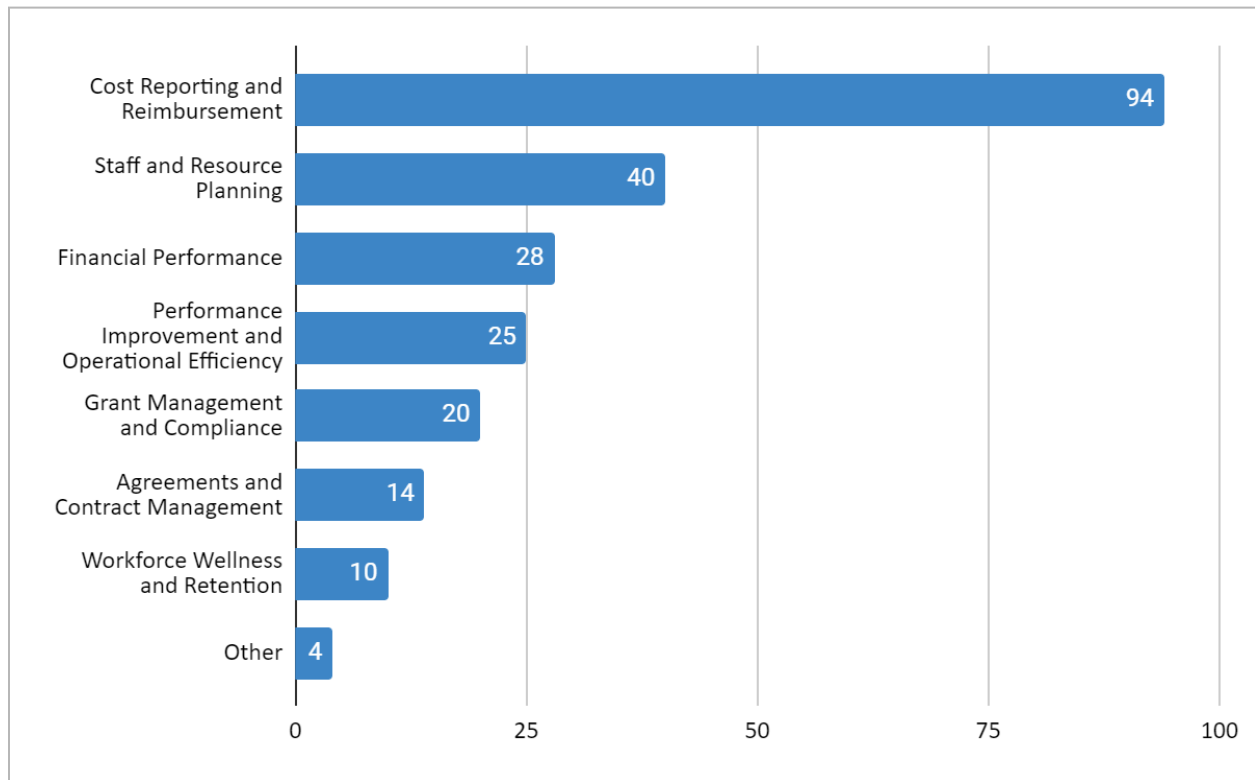
For you Casey, you mentioned transplant time studies, are you seeing other types of time studies in your organization?

CR: We primarily use it for the cost reporting and reimbursement option, which would be the letter "a" for the purpose of the transplant, but they're not the only group that does it for that purpose.

KR: And same question for you Crystal. Have you seen or heard about time studies being conducted for other reasons?

CB: At our institution, it's primarily for the transplant center staff and then on the physician side they're also doing it for their research effort as well, for their grants.

KR: So we have our results, which are pretty interesting.

Cost Reporting and Reimbursement — 94
Staff and Resource Planning — 40
Financial Performance — 28
Performance Improvement and Operational Efficiency — 25
Grant Management and Compliance — 20
Agreements and Contract Management — 14
Workforce Wellness and Retention — 10
Other — 4

KR: Of course, the majority of people – it looks like 61 percent – are conducting time studies for cost reports, which is what I would anticipate. Then we have a mixture of "Operational," "Performance Improvement," and "Staff and Resource Planning." So that's great to know.

Common Pain Points: Healthcare Time Studies

Low Participation — Employee submission rates are low. When submissions are completed, they are often at the last minute.

Slow Time-to-Insights — Limited capacity to quickly enforce business rules, and dependency on manual data management leads to slower access to actionable insights.

Limited Access to High-Quality Data — Acceptance of low-quality data due to dependency on human recall and limited access to up-to-date, supplemental data points

These pain points can contribute to increased revenue leakage, increased time tracking costs, diminished insights and decreased discovery of operational efficiencies, workforce burnout, and low interoperability.

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KR: We're going to talk about top-performing hospitals and a bit about how we measure our success with time study programs.

But I wanted to start with common pain points, and Crystal you had mentioned a few of them when you were describing your experience with time studies. We've seen three common pain points, but I'm interested in getting some stories on your experience with successfully conducting a time study program.

CB: The first real success came when we moved over to a homegrown system, but, just as Casey mentioned, they just did away with that system so we were forced to go elsewhere outside of our hospital to find a vendor. Since that time it's been just phenomenal for us because it has freed up a lot of time for me and my staff.

There are automated reminders. The data is better as the staff just enter it right into the system. The data is automatically calculated for us. I mean it's night and day compared to a manual process because before our participation was probably 50 percent and then I would have to harass them via manual email, keep track of who did it, and who didn't do it.

Now we're close to 100 percent on the staff, anyway. We're still working on the physician side of it. They're not as easy, but we're just really seeing a big difference in having an automated system.

KR: Casey, is this similar to your experience in terms of pain points or are you saying anything differently?

CR: Time studies take a lot of time to conduct when not properly set up. Crystal alluded to this, but for me personally, as an administrator that's over this group. I used

to come in on weekends and go through the ones that had been turned in. I had a spreadsheet with the ones that had and hadn't been turned in and, tracked people down.

Since they had to be printed out for our reimbursement team, I would line the entire wall of a building with the different months and I would start stacking them. Then my particular reimbursement team required them to be in alphabetical order, and there were 300 people. So then I would sort them. I would be here all weekend, and this would happen once a month.

I'm sure some of you are saying, "Wow, how can that be?" That was only a few years ago. That wasn't too long ago for me. So when you talk about pain points, it was personally a lot of time.

KR: Robert, I heard you mentioned in your former role, the amount of time it was taking you to process the information. How do you see the role of tech in enabling this process? One of the themes that I'm hearing is that there are a lot of spreadsheets and a lot of paper. Why do you think this has been so slow to evolve?

RH: That's a good question. We have a lot in our field that are used to this from a government standpoint. I hate to say it, but sometimes it is job security. I had one client where the one FTE, that's all he did every day was collect time surveys, put them into a spreadsheet, and reach out to people.

That was a full FTE. Is that a great use of that resource? Probably not. Could they automate it and shift this person to other more important things? Yes. Maybe the cost is one. What is the cost of doing this? Are there any real savings in this? I think you could say yes, I would say so.

I think that one of the things that I see is that we talk about a lot of manual processes and a lot of manual input. When I look at some of these, there are some calculation errors. Some "fat-fingered" items in there. These surveys do affect a lot of things within the Medicare Cost Report. I've seen it where it could be significant dollars. It could be $100, 000 or $200, 000 – and maybe even more than that – just for one year.

I think the investment in something like this is eventually the ROI is going to be there.
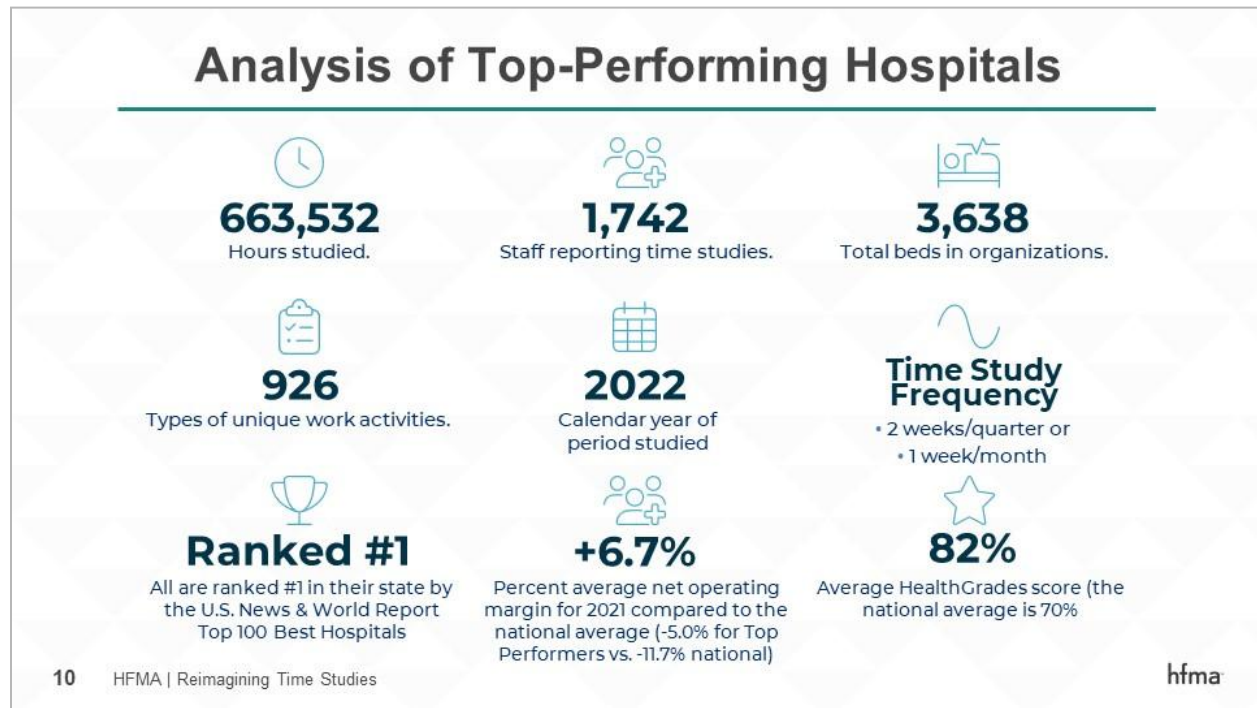
KR: We're going to cover top-performing hospitals. Last year, we conducted a study and used data from 2022. It included over 600, 000 hours and almost a thousand unique work activities.

What we were looking for were patterns of top-performing hospitals and their time study programs. When we mention top-performing hospitals, we're referring to organizations ranked at the top in their state or region and have over 82 percent on their HealthGrades score. The cumulative number of beds reflected in this data set was over 3,000.

I just wanted to cover it because we'll talk about success metrics and how we measure the success of time study programs. I wanted to start by covering some of the metrics that we've seen.

KR: We mentioned Participation Rate and how Crystal mentioned hers is almost at a hundred percent. One of the things we're seeing with top-performing organizations is, on average, the participation rate is 96 percent. In addition, completing the time study within a reasonable amount of time which we looked at as 30 days. Ninety-four percent of those studies are completed within 30 days of the period that you're studying.

"With top-performing organizations...the participation rate averages 96 percent. In addition, 94 percent of those studies are completed within 30 days of the period being studied."

Kishau Rogers
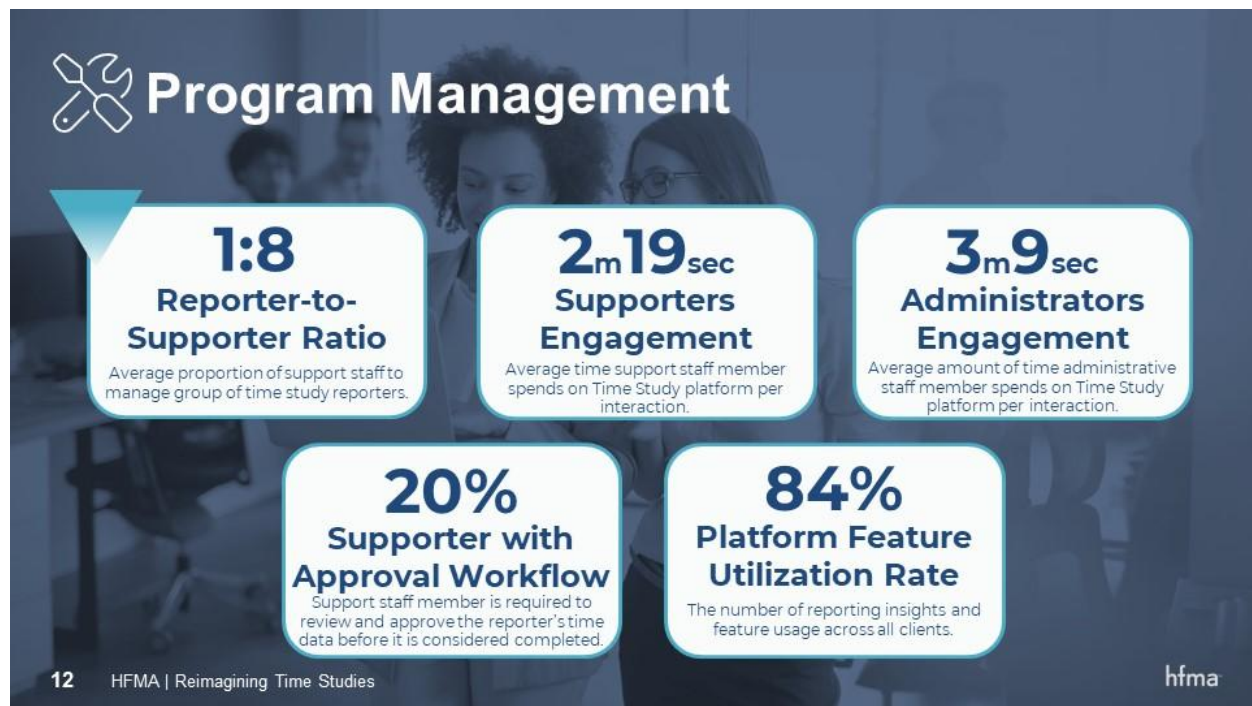
KR: Then some other factors that we looked at in terms of Program Management. We're going to talk a bit about your team. [Robert] mentioned one FTE was working on the data. One of the things we're seeing is the role of supporters and we saw a ratio of 1 to 8 – so one supporter to every eight reporters. These could be administrative assistants, clinical chairs, or other people who are helping keep people accountable for completing the program. So that was something interesting that we saw.

In terms of people's engagement in the process, we talked about how much time it takes to administer a time study program, but it also takes a lot of time for the people who are reporting to recall what they were doing, complete the paper or the spreadsheet, and send it in. One of the things we've seen is about a two-minute use of their time per period studied on average with top-performing organizations. What that means for reporters is that they spend about two minutes per time period to complete the process.

KR: Next are Alerts and Reminders. We'll talk a bit about communication because I think that's important when we talk about informing people on why it's important to participate.

Alerts and reminders have been a really important process. I believe someone mentioned nagging people and how much time that takes over a period of time. So I'm just curious, I believe it was you, Crystal, in terms of reminding people to complete the process, how much time on average did that take, and did you find that you were doing that well after the time study period had ended?

CB: Absolutely after the time study ended. We usually would give them a week after the week ended and then I had an entire FTE that their entire position was tracking everybody down. They spent hours creating emails and sending out reminders. Just having an automated reminder is such a positive time saver. Just the automated reminders are very worthwhile.

KR: Finally, we also looked at a few other things. Data quality has come up. We'll talk a bit more about this and I'd love to get your thoughts on data quality and, specifically, the impact of poor data. We looked at the email deliverability rate. For instance, do we have updated contact information for the people that are participating? That's related to the profile completion rate as well as whether the email exists.

KR: In terms of training and support, I'm curious with you, Casey, how much time do you think you spend supporting people that have questions on how to complete the time study, how to submit information, or how to update their information? Do you think a great amount of time is spent there?

CR: I think before we transitioned to an automated system, I did spend a lot of time on that. I do an education session for folks before they start doing them so that they know what they're doing, why they're doing it, and what it means. But the automated systems allow us to build it in a way that – just like Epic's "hover to discover" – that if they forget what I'm entering. If I put my cursor on the little space, it tells me that's what I need to be tracking right now. It's very clear to folks to have real-time feedback within the system.

KR: we're going to get into what we're referring to as the Five Pillars for Time Studies. So we've talked a bit about what they are, how they're used, as well as some of the pain points that you may experience in conducting time studies. The next section will break this down into the five pillars.

KR: But before we do that, we have our next polling question. The participation rate comes up a lot in this conversation. For our audience, what is your participation rate on average for time studies that are conducted in your organization? You have about 60 seconds to answer that.

Robert, I have a question for you in terms of data quality while we complete the survey. If at all, how does participation rate impact the information that is being put on the Cost Report? In other words, does the participation rate affect reimbursement at all?

RH: I think it depends on the institution and it can. It depends on how they adjust for those who don't complete time surveys, especially if they're missing a month or a gap that they can't explain – like they're not on FMLA or they're not on vacation.

Should we take out that month of salary because we don't have support for what happened in that particular timeframe? So when we're taking out a month's worth of salary, or two months or three months, you can see how that may impact it, especially if you're a larger organization where you're taking out a bunch of it.

Others say that we've got nine out of 12. We'll just use the results of the nine and we'll apply it to the full year. You might put yourself at audit risk. and sometimes you might take that chance. It depends on the institution how you attack that, but obviously, we want to have 100 percent participation, or at least in the 90s, 95 and above. Understand that there's always going to be that 1 to 2 people out there that – just because it takes an effort – but there's always that one person that doesn't complete their time survey.
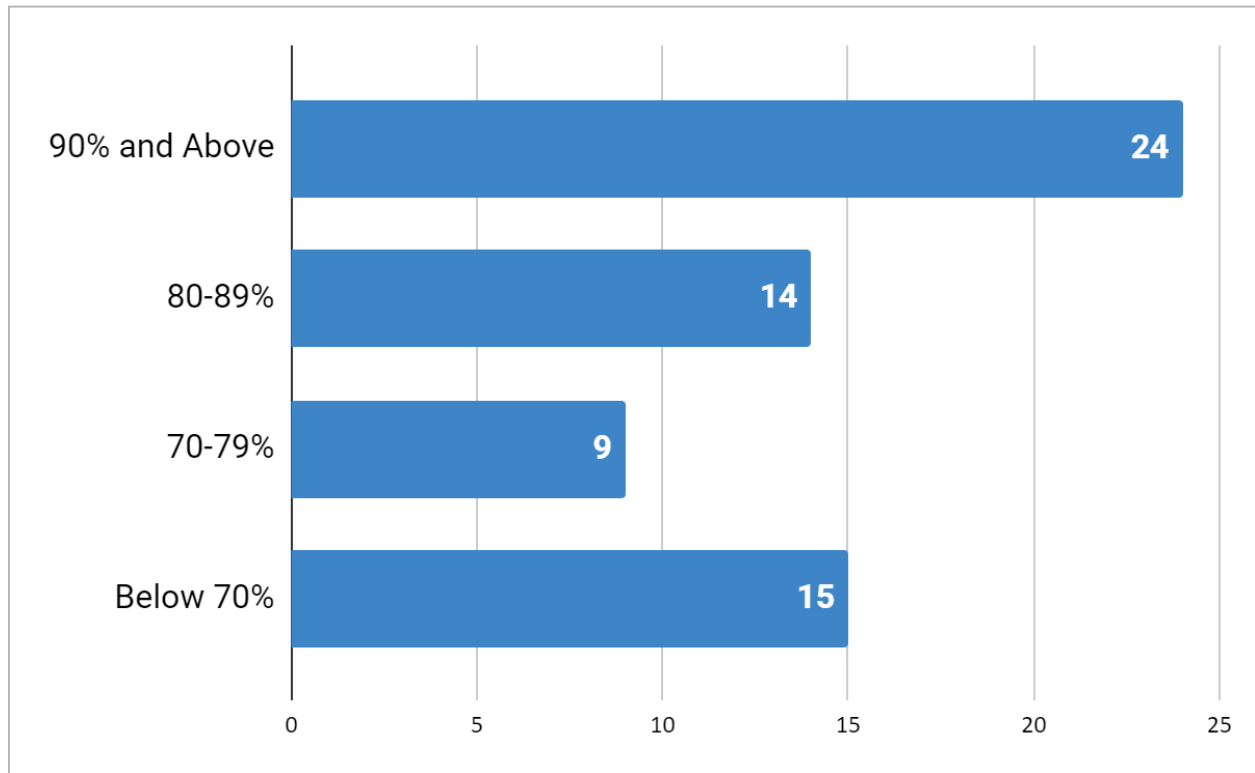
KR: So for our survey results, I believe the majority either do not work with time studies or do not know the rate. Then we have an equal distribution of participation rates that fall between 70 percent and 90 percent. So that's good to know.

KR: Because the participation rate keeps coming up, I wanted to talk about the friction of getting busy staff to complete the time study, and how you've been able to navigate and lower that friction. When I speak about friction, I'm specifically thinking about spreadsheets and maybe some systems that don't work as well or aren't as accessible in terms of the tools that we use to conduct them.

So I'll send that question to Casey.

CR: Obviously, for all the people that are doing time studies this isn't their job. They're trying to just get this done to be compliant with what we need. So it's easy to get buried in their inbox, whether that be something manual or someone like me sending an email, "Hey, this is the week. Start tracking your time."

It's very easy for them to forget about that which also makes it hard for us to collect on the back-end. So having something that's easily accessible – for example, using an automated system like we do – alerts them in their email and they can click directly into it right then and there, fill it out, and be done.

It takes them 30 seconds and maybe 2 minutes at the most, and it's all together, where they don't have to save anything on their desktop, they don't have to print anything out, they don't have to sign anything. An embedded link to the right in that same email gets it done in real time. It is very helpful for a collection.

Pillar 1. High Participation Rates

Challenge: Getting busy staff to prioritize completing time studies.

Provide Efficient Onboarding and Support
- Clearly communicate rules and guidelines on the importance & impact of high participation rates.
- Lower the time needed for training and participation (prepopulated info, intuitive procedures & interfaces)
- Provide adequate support channels to quickly answers questions and resolves issues.

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KR: So that brings me to the next section which is on communication. Sending those alerts and reminders, we've also seen it being a good value to the program. in your experience, Crystal, how have you been able to communicate the value of participation to people who may not know how this impacts the organization?

CB: Even before an automated system, I made every effort to attend staff meetings, all-hands meetings, and physician meetings. I make an effort to tell them about the Medicare Cost Report and how time studies are truly the driver behind that. Whatever part that you're working on that's pre-transplant drives that.

I explained to them how our institution is reimbursed. I don't want to threaten them, but this is what pays our paychecks so it's very important. Anytime a new employee starts, we have a new employee orientation. There's a whole section about

time tracking and time studies in there, and also about the Cost Report and the importance of it for our transplant group.

KR: This question is for Robert. I mentioned that my orientation to time studies was a long time ago. Over the years, I haven't seen it very often where there are strict consequences for not participating. Have you seen consequences like withholding paychecks and other things for non-participation in the process?

RH: I haven't done it personally, but I have heard it from others, though. Especially for the physicians with their administrative paychecks for their medical director time, they've withheld those checks without any substantiation of time surveys or hours for the time survey. On the staff, typically no, but it may be reflected in their performance reviews as well.

Pillar 1. High Participation Rates

Challenge: Getting busy staff to prioritize completing time studies.

Send SHORT & CLEAR communication. Communication should be:
- Automated - Create workflows to enable automated communication.
- Short - Actionable subject lines. A "tweetable" length body.
- Actionable - Clearly communicate the desired action.
- Timely - Provide clear deadlines for taking action.
- Clear - Succinctly provide escalation paths or supplemental steps needed to complete the process.
- Helpful - Always communicate how & where to get help.

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KR: Just to piggyback on the communications, Casey, that you'd noted about the alerts. One of the things that we've seen in terms of communication is that people can tune out an email – and any alerts, even mobile alerts.

Have you been able to or have you been forced to change how you communicate with a system that automates communication? Are you aware of subject line length and things like that? Has any of that come up for you?

CR: We haven't necessarily changed what's in the message, but we have – and one of the good parts of using an automated system – is that you can adjust it to your needs whenever you need to.

We noticed that we needed to have different time points of reminder and more frequent reminders, unfortunately, to collect what we needed. But working with the vendor is certainly way easier than me trying to figure out how am I going to send my seventeenth email to the same person to get what we need.

KR: We have another polling question. So for our audience, we're going to be talking next about success metrics. We've talked about how to navigate a few pain points, but for our audience, how do you currently measure the success of your time study program? Choose your top measurement or the one that matters the most to you.

I ask the same question to the panel as well. What do you see as the top measurement of a successful time study program? So I'll start with Crystal, Casey, and then Robert.

CB: In our area, I would think that it would be the increased reimbursement. We're very focused on how much is coming back with the Medicare Cost Report settlement. So that is what we're looking at.
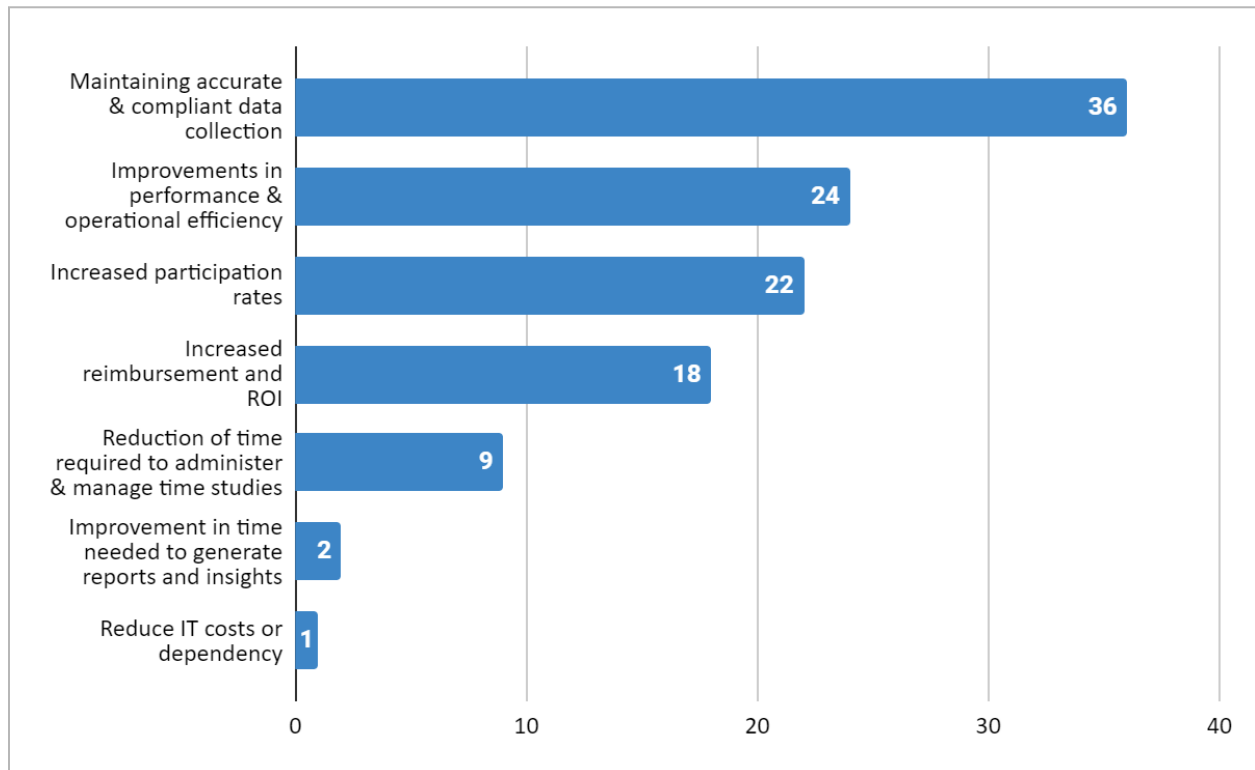
CR: I'll just add, while I think that is important. the defensibility of what is filed with Medicare is very important. Being able to produce proof of what they're paying when an audit comes, which isn't going to be today, it's going to be down the road. So maintaining accurate and compliant data collection is also really important.

KR: And for you, Robert?

RH: I'm going to say two that go hand in hand: reduction of time required to administer and manage the time studies, and maintaining accurate and compliant data collection. Those two then set the foundation that will help with the increased reimbursement. Having those two pillars can be effective in how I would measure success.

KR: We've seen the two that you've mentioned. For participation rate, we usually will see organizations focused on that if it's really low. Then from there the improvements in reimbursement, but also operational efficiency.

So what we have as the top answer is "Maintaining compliant information" and then "Improvements in performance and operational efficiency" in second place. Interesting.

> "The defensibility of what is filed with Medicare is very important. Being able to produce proof of what they're paying when an audit comes, which isn't going to be today, it's going to be down the road."
>
> Crystal Brown

Pillar 2. Process Efficiency

Challenge: Scaling insights without scaling overhead.

Empowering Supporters and Program Administrators
- Empower the other people that must be accountable and/or engaged in the process with quick access to management tools, tasks, and program insights.
- Streamline workflows for resolving actionable tasks such as reviewing submissions, monitoring participation rates, requesting information, etc.
- Monitor and maintain a staff ratio that is appropriate for workload.

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KR: We spoke about participation rate which is important. The next is process efficiency which we've talked about a lot. Scaling the program and the number of people required to conduct a successful time study, and sometimes that involves other personnel. So for the panel, I'm really curious to know who's on your time study team. Not just in your department, but who are the other personnel in the hospital? I'll start with you, Casey.

CR: I own this because I know how important it is for our reimbursement. So when we talk about the roles of Administrator, Supporter, and Reporter, I'm the Administrator. What we've been able to do with an automated system is add more direct support for the actual Reporters via the Supporter level – that being the actual managers over certain groups that can help me administer this, check the time studies for compliance, accuracy, and being on time.

That takes the 300 time studies that I need every month and limits my responsibility to make sure that my direct reports have done it, but then having my supporters help me with the 240-plus others.

KR: For you Crystal?

CB: For the staff, we've used supervisors as the Supporters, but for our physician side, we've used their administrative assistants because we realize that they're the closest ones to them and can get them to send them their reminders to do the time tracking. That's been a big help to us instead of trying to track down the physicians themselves.

KR: That's a great point about administrative assistants as Supporters. Robert, I have a different question for you. So we've mentioned auditing a few times and the defensibility of the data. How important is it to have a system log of

who's approving, reviewing, or editing the time study data? Does that matter at all from an auditing perspective?

RH: It typically doesn't come into play, but it's always great to have that information available if it's ever asked because the big key with these time studies is that you want to have credibility to make sure that's not being completed by one person for everybody, or it's being completed a year after the fact. If you have something else to fall back on from an audit, it's probably rare that it ever gets to that point. We can tell when they just put it all together at the last minute.

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>
> Robert Howey

KR: Let's talk about our next pillar. We're talking a lot about data in terms of data quality and accuracy. You mentioned the gap between the work that was performed when the time study was completed, as well as other things like relevance and completion of information and completing the entire time study.

I want to talk a bit about the auditing process. Crystal, this question is for you. When you prepare for an audit of your time study data, what's involved in that process?

CB: Our most recent audit from CMA had been before when we went to a specific vendor. We would gather all of the information provided, the stacks of manual pages. One good thing is we did have the staff member sign it and have the supervisor sign it. We also had the job description attached to say that their job duties matched their job description. Of course, CMS chose just a few that they wanted to audit. Sure enough, I couldn't find a couple of them so it didn't matter what I put on my spreadsheet, that was all thrown out.

You have to have that reliability. One thing I like about having a new vendor is that we'll get questions like, "Hey, can you go in and change that for me?" No, it has to be you that does it and it's time-stamped and has their name. If anybody comes in and sees that, whether CMS or whoever wants to look, they did it and what day they did it. No one else can make that change.

KR: I wanted to ask a question about the frequency of audits on time studies. I'd like to ask the entire panel how often in your experience are time studies audited.

CB: For us, it was every year, they'll give a sample of who they want and then we have to provide that.

RH: So working with many different transplant centers, I would say it's annually, maybe every other year or every couple of years. It depends on the size of the center, how much reimbursement is being claimed, and whether there are other areas of risk within that Cost Report that they may want to look at outside of transplant.

CR: We are also audited annually, but we don't exactly know who they're going to choose and when to review. So having it all ready, all the time is very important.

KR: I wanted to drill down on that a little bit. The time study itself has a specific list of activities that you're tracking for each participant. How important is that that information? I think one of you mentioned that if it looks like it's not correct, how do you know that something is skewing or that it may be inaccurate? Is it a repeated pattern of the same hours over a period of time, or is it an outlier number of hours per activity that you look at for accuracy? Is this looked at on more of a macro level? So I'll ask Robert about the importance of the activity and the number of hours.

RH: That's a great question. So being away from the transplant department, you're not as familiar with the personnel there and what their job functions are. The transplant administrator or transplant manager would have a good idea of how much would be a [pre-transplant versus [post-transplant activity] for each individual.

Typically when I ask when I do reviews of transplant centers, I ask the administrators, "Do you ever review the time results?" or

"Here are the time results from the last Cost Report, do these look reasonable?" Many of them say, "No, we're never provided with anything."

The staff could complete a time survey and then it just goes into a black hole. To be honest with you, sometimes the reimbursement team doesn't even use the time surveys even though people are completing them. They didn't know that, they thought they were doing their part. In other cases, they'll see the results and think that doesn't look right and think, "This person shouldn't be zero percent [pre-transplant]," or "This person shouldn't be 90 percent pre-transplant."

So I think it's important that when you do it by hand you're always going to be behind, right? So if you have something automated, you can see the results in real time and anybody can look at it. You don't have to wait for anybody to run a report. People have access to it and they can even have a report that's emailed through automation that we can look at for the results of the time survey.

Sometimes you can also just tell if people are in similar functions, like a medical social worker. Why is one person at 80 percent [pre-transplant] and another one at 20 percent [pre-transplant] when they both have the same functions? I'm not going to pick that up being outside of the program, but this is something that internally they can share that information to find out "Where are you counting your time?" and "Why is your time different than my time?" Having that conversation helps stress the credibility of the time survey.

Pillar 4. Business Rules & Regulatory Compliance

Challenge: Maintaining internal and regulatory compliance.

Business Rules Management is Key to an Innovative Time Study Program

- **IT Security** – Ensure information security compliance.
- **Administrative Oversight** – Define and enforce data ownership and governance.
- **Data Contextualization** – Provide historical context and data needed to drive insights (ex: definitions for work activities).
- **Time Reporting Workflow** – Document reporting workflow procedures.
- **Data Management Workflow** – Document requirements for validating & approving data.
- **Communication Plans** – Document training and communication procedures.
- **Reporting and Insights** – Standardizing the delivery of reports and insights.

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KR: So our next pillar is Business Rules and Regulatory Compliance. When we work with our clients, we usually start here because this helps us to create automated workflows. What we mean by "business rules" are the rules that govern:

- Who has to complete a time study,
- How often do they need to complete it,
- What's on the form,
- Whether there's an approval,
- The cadence in which you need to do that, and
- The reporting workflow.

I'm going to pose this question for Crystal, have you seen variability within your organization around the business rules where there may be certain types of transplant physicians that may have to complete a time study that's slightly different from others, or is it a standard time study?

CB: It's a pretty standard time study. The only difference was between our regular physicians and the surgeons because we wanted to put in a specific question for their on-call time. That was the only difference that we have, but we have many, many categories.

We wanted to make sure we could capture how they're spending their time. With the "hover to discover" that our system has, that gives them the definitions of what they're looking for. So that's helpful for them too, but our staff, they have the same time study and it's by organ.

KR: Is the same true for you, Casey?

CR: The basic rule behind it is if I'm going to report labor costs on the Cost Report for reimbursement for Medicare, I want a matching time study for every single person that's on it.

KR: Robert, in your experience in terms of what's being studied, how often do the rules change like doing it quarterly versus monthly or whether there are new activities? Is this something that's revisited or is it static in terms of what you're studying over a long period?

RH: It's pretty static. We may have a different form between your allied health staff versus your physicians, but, for the most part, it depends on how you set up the tool. Do you list every activity, or do you just combine it into a more defined category? The important part is not the time within each activity but the amount of time within the activities that fit that category.

Pillar 5. Program Value Management

Challenge: Defending investments in a high-performing program.

Define, Measure & Monitor the Business Impact
- **Financial** - Increase reimbursement, decrease revenue leakage, discover cost efficiencies
- **Operational** - Improve operational efficiency, reduce waste and overhead
- **Workforce** - Increase employee satisfaction, increase top of license time
- **Enterprise** - Time study data as a strategic asset, improve data quality & interoperability, reduce duplication of work

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KR: Our fifth pillar is Program Value Management. We talked about this earlier in terms of how we manage success. We're seeing a few categories and ways to manage success in terms of financial – of course, reimbursement rates – and operational efficiency and workforce effectiveness. From an enterprise standpoint, we've seen more of our clients looking at the time study data as a strategic asset, and also to improve sharing this data across the enterprise.

In what ways can you see automation or data sharing improving the process? That could be anything from automated communications (if the data already exists in another system) so instead of asking someone to recall it, we're pulling that data. In what ways do you think we can continue to improve the time study process?

RH: An ideal situation is that there would be very little human involvement in it. Maybe there are other ways that we could create some synergies between our Outlook calendars to identify that or some other methods. We've moved from where things have to be completed manually. Maybe we can use mobile devices, whether an iPad or a phone, to complete this information because I'm sure we can find those 5 to 10 minutes to do a time survey from any place, not necessarily in front of a PC.

CR: I think Robert answered that well if we think about a lot of our staff being clinical, using EMR systems to link to what they're doing in a more automated fashion. Realistically, there's always going to be some version of the person having to say, "This is what I did." The best we can do is to make it very easy and very automated for them to be able to do that – and also

remember to do it – I think is where we're headed.

CB: I agree with all of that. We had a few staff members even ask if this could be an app that they could use since they work better with apps. I'm going to look into that because if that helps, we'll see what we can do. It is moving towards becoming even more technical, but as Casey said, we're always going to have the staff member verify that that was their time. I don't think we can take them completely out of it.

KR: That's the dream so they don't have to do this anymore.

Survey Question

What process do you currently use to administer time studies?

a. Manual processes (paper timesheets, spreadsheets)
b. Homegrown technology (developed in-house)
c. Purpose-built automated software (commercial)
d. Outsourced or professional services
e. Other
f. Not sure

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KR: Now the last polling question for our audience. What process do you currently use to administer time studies?

We've talked a lot about a few different tools and procedures for anything from manual on paper and spreadsheets, homegrown technologies that your IT department or a vendor has created a system for you.

I want to ask Casey, while we wait for the results. have you used more than one of these in your experience of conducting time studies and which ones have you used?

CR: Certainly, we've gone from Option A "Manual" to Option C — a vendor that manages this in an automated fashion. For anybody who's answering today with "A,"

> "I've used the manual, the homegrown, and even the purpose-built automated software. It has been a game-changer. Our Cost Report was due last week and the spreadsheet that used to take me a week to put together was literally two or three hours. That alone is worth the price of admission, so it's been a big benefit. "
>
> Crystal Brown

this is a game changer, and I'm speaking very personally on that. I don't come in on the weekends to put things on a shelf. I don't have to sort them by their name. I don't do any of that anymore because I have a system that can do that for me. Consider the amount of time you're spending on that and what your pay rate is in consideration of what the vendor might cost.

CB: I've used the manual, the homegrown, and even the purpose-built automated software. It has been a game-changer. Our Cost Report was due last week and the spreadsheet that used to take me a week to put together was literally two or three hours. That alone is worth the price of admission, so it's been a big benefit.

KR: Finally Robert, I'll rephrase it a bit for you. Does the number of time studies that you're collecting do you think that influence the choice here? So, if you're conducting thousands of time studies per period versus hundreds or even tens do

you think one of these systems works better for volume?

RH: Yes, I think so. There's always the cost-benefit question. If you have a small program maybe you can do the manual process. Maybe it's easily manageable because you may have 20 people to work with. It's not as difficult.

Of course, as you grow, then the person that's managing that process becomes more taxing. It used to be 20, now it's 100. Now it's 150. Now we're a multi-organ program. Then you've got to look at other solutions. If you're a small program, you can probably get away with [a manual process], but then again, I still think there's a true ROI with moving to an automated system because we have turnover, right? People come and people go, so then there's always going to be a gap in there somewhere. If you still have that automated process, that shouldn't go away, even with turnover.
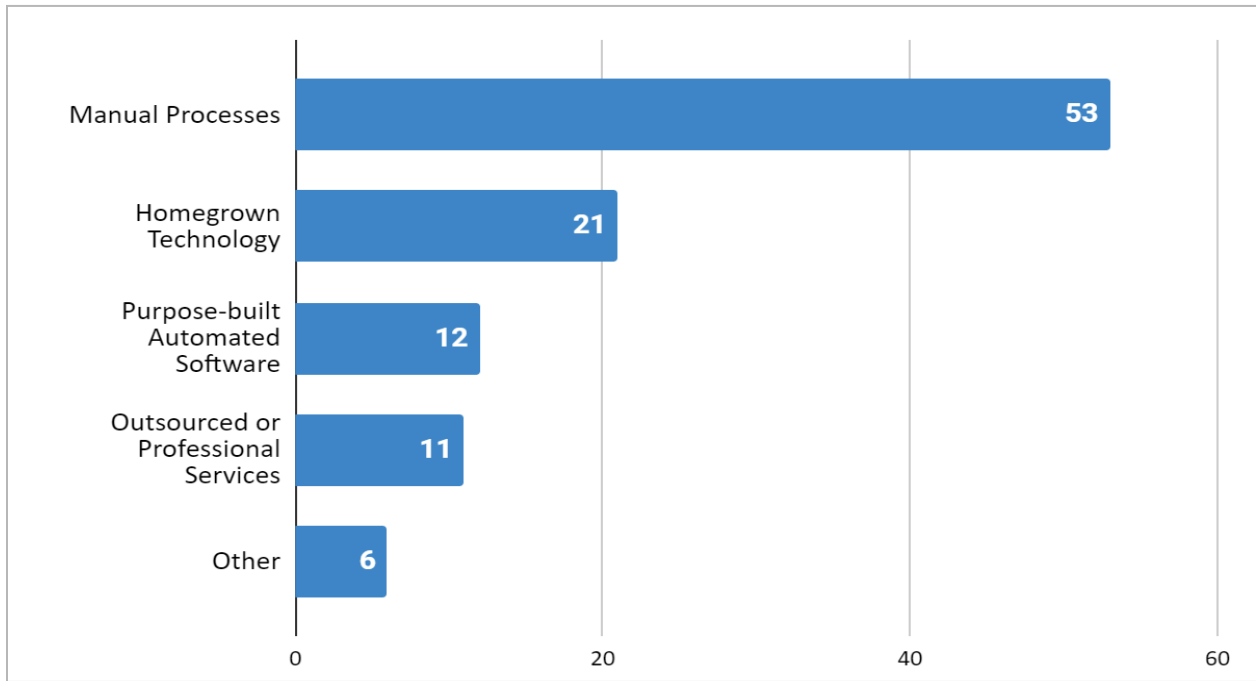
KR: So we'll open up the floor to questions now.

AB: Thank you to all of our speakers for that engaging presentation. I would like to remind those listening to enter your questions in the Q&A box located at the bottom of your computer screens.

First question: how do you get medical staff bought in? A portion of our staff members just refuse to participate.

KR: Let's see if Crystal can answer that. You mentioned your participation rate earlier.

CB: For buy-in, I had always discussed the importance of the Medicare Cost Report and how that money comes back to our department through the Cost Report reimbursement. The time tracking was truly part of their job to do. We put them in most of our job descriptions or job postings, and that's something that they have to do. We had a few frequent offenders and when they had their annual evaluation, they were marked down on that. Those are all the things that we could think of. It's truly part of their job, and that just needs to be stressed to them.

AB: Next question. We have considered outsourcing time studies to a consulting firm. What are the advantages and disadvantages?

KR: I think Robert would be great for this one.

RH: I had a response to the previous one because that's a great question too. How do you change behavior or influence behavior? One of the things that we always had difficulty with was the physician time surveys. One of the things we did is we would post the completion

[rate] in a public forum. Physicians by nature are competitive, so they don't like to see their name at the bottom of the list. If you want to change behavior quickly – I hate to say that you're publicly shaming them – but you are putting it in a public forum. Maybe it's a gamification of some sort, but that's a quick way to change behavior.

You can provide all the education you want. It's in one ear and out the other. It may influence some people, but if you publicly shame them, such as through posting, "Great time survey results!," or "We were at 80 percent except for these five people." They understand what the importance of it is.

CB: We're going to be doing this next week!

KR: Any thoughts, Casey, on either this or the use of a consulting firm?

CR: I'm thinking of that consulting question. The thing that I would be thinking about the consulting group is do they know what they're measuring, and do they know what those people do. You want somebody reviewing and approving their time submissions that's going to be able to validate that. Ultimately, when Medicare comes to audit you, the consultant is not going to be part of it. It's going to be you.

KR: Good point.

AB: Next question: If we were to develop a homegrown product, how do you manage electronic signatures?

KR: I could tackle that unless someone else wants to weigh in. I think first you should consult your CMS or MAC

representative. Generally, you need to track who completed the time study. So the timestamps of when it was completed, as well as a unique identifier, which is like a signature of the person. There are a few data points that you need to track on the backend for it to be considered an electronic signature.

RH: Sometimes, the in-house technology and working with IT may have the ability to record when something is officially submitted on the survey so there's a time and date stamp – and also maybe the LAN ID of the device. Other things for those who aren't that sophisticated, most institutions have Adobe Pro. Someone can print it as a PDF, do an electronic signature, and then put it into some type of repository box that has that information that you can draw from at a future date. Hopefully, there's another way that the results make it into some type of compilation software.

AB: Thank you. I think we have time for one more question. You spoke about work efficiency. Can you share an example of how that would work?

RH: We kind of explained that already through examples Casey had with his weekend work. You said you'd take a couple of weeks, and now you're down to a couple of hours. It's just the routine manual process of compiling that information. I think those are the real savings if you can automate that.

Cost Reports used to be done by hand, if you guys can believe that. You did it in pencil until you had everything. Somebody finally came up with automated software where you can do the Cost Report. We're

working smarter, not harder – that's kind of the thing we're working towards.

KR: We're seeing some trends with looking at trends with overhead time that could lead to waste. With the physician population, we've also seen workforce efficiency looked at from a top-of-license time perspective, or the amount of time that the person is spending performing their duties as it relates to their top expertise. So if they're a surgeon, how much time are they actually in surgery and performing patient care versus time spent in administration and other duties?

So we've also seen workforce effectiveness looked at from that perspective as well. I agree that this applies to everyone, even the people administering the time study program.

AB: Thank you. Do you have any closing remarks before we close out the webinar?

KR: Just one for me. Then I'd like to hear if any of the panelists have closing remarks. The data that we mentioned earlier, the five pillars of successful time study programs as well as the metrics of those top-performing programs can be found in our *Five Pillars of Successful Time Studies* report.

There's a link to that report provided here: www.timestudy.com/five-pillars.

CLOSING REMARKS

KR: Do Casey, Crystal, or Robert have any final thoughts?

CR: I'm just going to say if you're watching this and you're not sure what this means to your Medicare reimbursement, I would get with my reimbursement team and try to understand this. This is big dollars to your organization every year. If you're in that bucket that has more than 20 or so people that need to do this and you're doing it manually, consider alternatives for automation. It has changed the way things are done – not only for me personally – but also on the back end of our ability to use that data.

CB: I agree 100 percent with Casey. The idea of us being able to run the data just for one month and see a month at a time instead of waiting until the whole year is done and then trying to calculate everything. We can just run our data anytime we want. We can see if something looks off, and it's just been a complete time saver.

RH: If the answer to why you won't do this is, "Well, then what else am I going to do? Because this is my job and I love doing time studies." That's the wrong answer. There are plenty of other things that we can do. Resources are very thin at hospitals and we can find many things for you to do.

Also, the comment, "We just don't have money in the budget." There's no reason. It's not a significant cost, it's really an investment – no different than investing in Excel or Outlook to help. These are just tools to help you be efficient in your job.

As the others have talked about, there are true financial results that benefit the institution. So I highly recommend looking into this.

AB: Thank you all. And with that, we have reached the conclusion of today's webinar. I would like to again, thank our speakers for presenting and Time Study for sponsoring. We hope you found the presentation informative. Thank you for your participation and have a great day.

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