Technology Solutions to Mitigate Workforce Shortages

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On Aug. 19, more than 40 ACCC members came together for the second in a series of four “Tech Talks” exploring my ACCC presidential theme, “Leveraging Technology to Transform Cancer Care Delivery and the Patient Experience.” Discussion focused on select artificial intelligence- and business intelligence-enabled platforms in use at three ACCC member programs: Michiana Hematology Oncology, Northwest Medical Specialties, and St. Elizabeth Healthcare.

A pharmacist shortage—coupled with the costs of adding full-time equivalents to an already lean clinical team—resulted in Northwest Medical Specialties choosing the HouseRX technology platform to manage its medically integrated dispensing program. With HouseRX taking over resource-intensive tasks like prior authorizations, the benefit to staff was immediate, alleviating hours spent on the phone with payers and reducing stress and burnout. Northwest Medical Specialties also uses a care management tool, Canopy, to improve staffing and operational efficiencies. In addition to service ticketing, a centralized worklist with smart routing and filtering capabilities, the platform offers triage pathways and ePROs (electronic patient-reported outcomes). Although the practice found many benefits to an artificial intelligence-enabled technology to help identify patients at risk for emergency room visits, hospital admissions, and mortality, Northwest Medical Specialties made the difficult decision to drop the Jvion platform when its MEOS (monthly enhanced oncology services) payments from the platform ended in June.

Michiana Hematology Oncology took another approach and focused on “back of the house” technology solutions to stay operationally and fiscally sound. Outsourcing revenue cycle management to the AC3 platform helps the practice realize every dollar owed from payers. For Michiana Hematology Oncology, this technology investment increased net collections by 2 percent, reduced cost per claim by 31 percent, and increased cash collection efficiency by 22 percent. The technology continues to evolve with the addition of a retro-auditing feature that helped the practice recover $2.8 million in payer-related underpayments and missed drug-related billing.

To help mitigate its workforce shortages and improve operational efficiency, St. Elizabeth Healthcare adopted a real-time location system with color-based, way-finding technology. Every patient, staff member, and room are tagged, so the healthcare system can track cancer center activities in real time and develop an “air traffic control-like response” when issues arise. Bottlenecks are immediately visible, allowing for real-time solutions like freeing up exam room space or re-assigning staff. Faced with a shortage of front desk staff, this technology allowed the healthcare system to do away with both in-person check-ins and waiting rooms—a major patient satisfier.

Though technology tools are certainly streamlining processes and improving the patient experience, decisions about technology investments are complex—especially for cancer programs and practices operating on lean margins—so a return on investment analysis is critical. And then there’s the volatility in the technology industry. Since June 1, at least 16 digital health companies have undergone layoffs.1 But ACCC has resources to support the adoption of new technology, including ACCCeXchange, where members regularly post and describe their real-life experiences with technology-driven solutions. Such an exciting time to be in oncology!  

Reference