



Thanks for visiting our site! We're excited that you've come looking for information, to learn more about us, or just spend a few minutes browsing about. Welcome!

Like many consultants, I spent the early portion of my career focused on developing processes that were intended to lead to performance improvement. A good process design is vitally important, and the best have a certain elegance to them, but at the end of the day, process design is relatively easy. Most Revenue Cycle processes come down to *getting the right information to the right people in the right place at the right time*. Given a little bit of expertise, a few concentrated hours, and a large enough white board, most Revenue Cycle issues can be solved. At least on paper.

But the design process is like testing something in a lab, under perfect conditions. When you control all the variables, it is easy to get the result you're seeking. The real work begins when you get into the field and starting testing the design under real world conditions – it is then that you find the weaknesses and failure points.

Another performance improvement model out there focuses on just delivering results. These are the projects where a swarm of millennials descend on your facility and start inserting themselves in your operation. They change workflows, reprioritize efforts, and question everything. It can be uncomfortable, but it works. Cash collections go up, AR drops, and you often get insight into outcomes or individual performance that you've never seen before delivers results.

The risk comes when the army of energetic consultants moves on to the next project. Too often, the knowledge transfer and training haven't been communicated sufficiently to change your culture, making it is easy to backslide. To be fair, managers often also don't hold their own people accountable to either receiving that knowledge transfer or to maintaining the performance levels. When 100% of a consultant's job is delivering results, it is easy to stay focused – when a you have to balance performance improvement with the demands of everyday operations, it is easy to lose focus.

Through nearly 20 years of healthcare revenue cycle consulting, I've learned that there are 3 significant components to a successful performance improvement effort:

- 1) Process redesign and Improvement
- 2) Delivering Results (which really means executing the design)
- 3) Client commitment to better outcomes

Again, the process design is relatively straightforward – how many ways can you say, “Get the Authorization BEFORE service”? – but it proceeds more quickly and ultimately more successfully when it involves people who are assisting you who have real world, hands-on experience. There are fewer detours down blind alleys and there is often far more clarity of the vision for the end goal.



The design process can also be supported by the pursuit of results. A few early wins can build credibility and momentum, avoiding the quicksand that naturally gathers around the feet of naysayers.

And those quick wins are vital when the process design transitions into rollout. Here's where ideas get truly field tested. You're no longer in the lab, but in the messy, confusing world of human behavior. Training staff, monitoring performance, rewarding good outcomes, and thinking critically about bad results are all key components in guiding staff to embrace and execute the design.

And at the end of the day, while teams are a useful construct to motivate change, that performance improvement ultimately comes down to individual performance, and individual performance comes down to individuals.

What makes each person tick?
What training gaps do they have?
What blind spots?
What motivates them?
What is preventing them from being better?

I once implemented a new follow up tool and was told by one user that she would "NEVER be able to get through all these claims." Of course, "never" is a very long time and in reality the number of claims hadn't changed, only the way they were presented, but I realized logic and facts weren't the way to change this perception. Rather than arguing, I asked her to pull up the tool and look at the list of claims with me. I was half expecting there to be thousands of claims as a result of some configuration error.

The actual number: 57.

There were 57 claims on her new worklist, a few days' worth of work, at most. The problem wasn't the tool or the work or the process design, it was because the lab design didn't always work in the field. I asked her how many she thought she could do in a day. "Five, or maybe 10." It was a start. (As an aside, she did get through all 57.)

Understanding the individual allows you to change individual performance. And changing individual performance allows collective performance improvement. And better collective performance delivers better results.

The real key – the key to highly positive ROIs – is to not just get results, but sustain them long after the last consultant has boarded the last plane out of town. Consultants have significant responsibility for sustainability, and they should be focused on knowledge transfer, managerial training, metrics, and a plan for how to respond when the metrics go haywire. But clients have responsibilities too.



Clients have responsibility for putting the right people in the right roles. A weak manager who may not buy into the changes, or the hard work required to sustain the results, is destined to fail. Providers also have a responsibility for holding their managers accountable – if results slip and there are no repercussions, that is not a flaw in the design or implementation. Finally, clients have a responsibility to think critically about their metrics and their performance. They should know when performance changes and why, and should have a plan to respond.

If one of these elements are missing, the outcome is often a case of bad feelings – on both sides – as results flag. But when the process, the execution, and the client desire to sustain outcomes all work in harmony, the results can be outstanding.

At Colburn Hill Group, we've built a dedicated, experienced team of Revenue Cycle experts, who have deep operational experience along with dynamic, change-agent, leadership skills. Our goal isn't to just give you a great plan and walk away, but rather to work side by side with you and your organization – from line staff all the way to the CEO – to design, implement, and execute a successful strategy.

It's why we've been able to deliver dramatic improvements for our clients, it's why we've been able to deploy technology to solve some previously intractable problems, and it's why we like to say, "Results, not Reports."

Again, we're grateful you've chosen to spend some time with us -- welcome to our site, and please feel free to use the contact us button if you have any questions, or if we can be of any help.

Peter Angerhofer

Peter Angerhofer is a principal at Colburn Hill Group www.colburnhill.com; he brings deep experience in operations, strategy and health policy to both the daily operations as well as long-term vision. Peter moves easily from working with line staff on performance improvement to C-suite discussions of strategic imperatives. Prior to forming Colburn Hill, Peter had been part of the original, pre-revenue start-up team of eight at Accretive Health, where he spent 10 years managing operations. Prior to Accretive, Peter worked for Deloitte Consulting and CSC/APM, as well as serving in health policy roles on Capitol Hill.