

Realizes 724% Annual Return on Investment

Northern Virginia Pulmonary and Critical Care Associates ("NVPCCA") were losing money and time to the paper-based workflows used to manage hospital encounters and coordinate inpatient care. As a rapidly growing practice, they additionally had to confront proportional growth in staff and overhead costs. NVPCCA sought and evaluated a number of rounding solutions, ultimately selecting **unisonMD**.

Organization

- Located in Annandale, VA
- 9 physicians
- 2 hospital locations
- Averaged 816 hospital charges per month

Challenges

- Missing hospital charges, revenue leakage
- Time-consuming provider hand-offs/sign-outs
- Repetitive, manual administrative burden for hospital charges
- Prospect of growing overhead and staff costs
- Irregular, physician-intensive communication with billing staff

How unisonMD Helped

- Enabled the real-time flow of patient demographics from hospitals
- Created an automated, centralized billing workflow for hospital charges
- Interfaced with practice management system to export charges into existing reimbursement workflow
- Shortened and strengthened provider hand-off/sign-out process

"After adding two new physicians our practice was contemplating adding another FTE to handle hospital charge capture, billing and follow-up. With salary and benefits this position would have cost the practice \$35,000+ annually.

After implementing unisonMD, our Physician Coordinator was able to handle this workload with ease while keeping up with other responsibilities."

Ann Moore, Practice Administrator Northern Virginia Pulmonary and Critical Care Associates





Case Study: Pulmonary and Critical Care Practice (continued)

Results

- Experienced a 7% net increase in annual hospital revenue
- Captured monthly hospital charges grew from 816 to 873
- ► Improved cash-flow performance due to 8 day, 21% reduction in hospital A/R days
- Prevented increase in overhead and staff costs by not having to hire \$35,000+ FTE to handle hospital charge capture

"Manual functions used to bill and track hospital charges over multiple facilities have been replaced with an integrated and efficient electronic solution."

> Ann Moore, Practice Administrator Northern Virginia Pulmonary and Critical Care Associates



*\$ value of 7% increase in annual hospital revenue divided by total annual \$ cost of unisonMD.







