

Case study

Bringing flexibility and efficiency to coding workflows with single path

Allina Health



Allina Health

A not-for-profit health system located in the midwestern United States



1.6 million hospital admissions



363,400 emergency room visits



81,700 surgical procedures



6 million clinic and urgent care visits



8,300 providers

Organizational profile

Allina Health is a not-for-profit health system based in Minneapolis. The health system owns 12 hospital campuses, more than 60 primary care clinics, 20 same day and urgent care centers and more than 100 specialty care sites throughout Minnesota and western Wisconsin. Allina Health's Abbott Northwestern, United and Mercy hospitals were ranked first, fourth (tie) and sixth, respectively, in the Twin Cities by U.S. News & World Report's 2022-2023 Best Hospitals rankings.

3M products:

- 3M™ 360 Encompass™ Computer-Assisted Coding (CAC)
- 3M™ 360 Encompass™ Clinical Documentation Integrity (CDI)
- 3M™ 360 Encompass™ MD System
- 3M™ 360 Encompass™ Professional System
- 3M consulting services

The challenge:

In the past, Allina Health had two coders working on the same documentation. One coder completed the coding for the facility portion and another coder completed the coding for the professional portion. Each of these coding teams, facility and professional, had siloed workflows. The goal was to create a unified structure that included one coding team and one coding workflow to improve efficiency and increase coder flexibility.

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“Prior to 2020, we had two silos: professional coding and facility coding. Two different management, two different structures altogether. We needed everyone underneath the same umbrella,” said Patricia Bower-Jernigan, RHIA, director of clinical revenue, system wide coding, Allina Health.

The journey to single path: A phased approach

With this challenge in mind, Allina Health set out to implement 3M 360 Encompass Professional to unite all coders under one platform. Allina Health implemented 3M 360 Encompass Professional in four phases:

Phase 1: October 2021

The team chose to start in October to avoid impact to end of year metrics, including relative value units (RVUs) and discharged not final billed (DNFB) — two important metrics on the professional/facility coding side.

Phase 2: April 2022

Added specialties, including urology, nephrology, orthopedics, podiatry and plastic surgery.

Phase 3: September 2022

Added ophthalmology, mental health, spine and general surgery specialties.

Phase 4: October 2022

Added obstetrics and gynecology, physical medicine and rehabilitation and pain management. Strong documentation and the development of repeatable processes led to faster implementation compared to previous phases.

Implementation best practices: Super users to the rescue

Changing workflows can be a complicated process, so Allina Health decided to train super users to help ease into the change. Each go live, three super user coders learned the system first and assisted other coders who were learning the system. These super users were highly respected, fast learners, great at articulating issues and responded calmly if something was not working how they wanted it. They were key to a smooth transition.

Communication was another essential ingredient for successful implementation. On the first day of go live, Allina Health had an open line of communication with 3M so that coders, leadership and IT could ask questions. Once the coders were ready to launch, Allina Health opened another line just for the coders, super users and leadership. If the super users were unable to answer questions, they would call back into the 3M line to get clarification and support. After each phase, the super users would advance their skillset, which made coder training even more streamlined.

Training and collaboration

Transparent collaboration between IT and the coding teams was critical for Allina Health's success. Weekly project meetings were held prior to starting the implementation, fostering open dialogue and planning before final decisions were made. Sharing ideas and feedback continues to be top of mind to make sure coders and IT professionals are on the same page.

Developing documentation and workflow diagrams to visualize role-specific activities helped to iron out some early stage issues. Understanding that missed workflows are unavoidable when merging two ways of doing things took the weight off everyone involved.

“Having super users was key to the success of the implementation. They are the experts now; they take a lot of pride. It is a great way to engage your staff with those who are the super users. They managed all the pre- and go-live questions — they were able to answer a lot of the questions our other coders would have and only reached out to 3M if there were other things outside of their expertise.”

— Patricia Bower-Jernigan,
RHIA, director of clinical
revenue, system wide coding,
Allina Health

Real results: Allina Health



Increased productivity up to 46% across specialties



Achieved coding consistency and efficiency across the team



Decreased denials



Charge lags decreased by 8% from 2022 to 2023



Gained coder flexibility to match specialty volumes



Pinpointed opportunities for education for providers and specialties

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Cross-training professional and facility coders months ahead of go live allowed coders to get familiar with the different coding needs and technology. Facility coders trained on evaluation and management (E/M) levels and professional coders on abstracting, but Allina Health quickly learned that it was more than just those two components and opted to train coders on the specifics for each specialty as needed for each go live. Coders were allowed time each week to practice so they would not lose their newly acquired skillsets.

Finally, Allina Health learned that starting with small specialties was the way to go. Small specialties with lower volume meant a more controlled environment and less risk of significant consequences if there were a few hiccups during the roll out.

“We saw improved efficiencies after merging both teams and workflows, as well as consistent codes for both the professional and facility coding billing,” said Bower-Jernigan.

Future phases

After experiencing strong results following the implementation of various specialties, Allina Health is ready and pursuing the next phase of implementation (phase 5) with cardiovascular; its largest specialty. The health system also plans to implement the newest feature of 3M 360 Encompass CAC, **3M™ Code Confidence** for the facility side. 3M Code Confidence uses an organization’s own auto-suggested precision and recall statistics to auto-drop codes that meet selected confidence parameters into the summary pane for final code set completion. This will help Allina Health achieve its goals of furthering automation and preparing for a more autonomous coding experience.

“It was very important to have the super users included in the preparation with the IT team because they had the workflow expertise. During go live, the super users were instrumental in the communication with the IT team.”

— Alisa Raehsler, RHIT,
information technology
business analyst, Allina Health



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