



Distinctive Healthcare Problem: “Inaccurate Patient Identification”

- ✦ 5-15% of hospital medical records are duplicated, impairing access to the full medical record¹
- ✦ Preventable healthcare related expenditures \$17B to \$29B annually
- ✦ Medical errors are estimated to be as high as 1 in 25 patients;
- ✦ 1 of 5 claims are delayed or denied by insurers causing resubmission and delayed A/R payments
- ✦ U.S. healthcare fraud cost was \$100B in 2010²
 - ✦ 9% of U.S. adults have been victims of identity fraud³
 - ✦ 6% classified as medical identity theft
 - ✦ The average total cost to resolve a medical identity theft incident, exceeds \$20,000
- ✦ Patient’s inability for mobility and interaction with multiple healthcare providers and facilities

¹ Madison Information Technologies, Inc. “Medical Record Number Errors: A Cost of Doing Business?”

² National Health Care Anti-Fraud Association

³ Ponemon Institute’s National Study on Medical Identity Theft

LifeMed ID Improvements: “One Identity = One Record”

- ✦ Streamlining registration process
- ✦ Improving patient identity and registration processes
- ✦ Increasing patient safety and satisfaction
- ✦ Reducing administrative costs
- ✦ Diminish registration and record errors, duplicate records and improves A/R
- ✦ Building consumer loyalty and brand recognition
- ✦ Supports HITECH Act and Meaningful Use initiatives





Converting to LifeMed ID - A Case Study

The Memorial Hospital, North Conway, NH
By: Lawrence Carbonaro, Director, Purchasing, Patient Access & HIS

The Memorial Hospital: 25 Beds, 100,000 annual patient visits
Annual Administrative Savings: \$300,000 (not including the marketing advantages)

- + Press Ganey patient satisfaction scores up 10% in the first 60 days and now in the top 5% of all Providers nation wide
- + Reduced billing errors 88% from 6.8% to less than 1% (DSO improved 27%)
- + Duplicate medical records reduced 90% from 7 to less than 1% (unreported cost savings but includes billing losses, medical procedure losses, medical errors, etc)
- + Decreased A/R by 25%
- + Average admission time reduced by 90% from 22 minutes to less than three allowing Memorial to redirect staff to other productive tasks, like accurate insurance billings, etc. See reduced staff below
- + Elimination of clip board and paper (We went paperless as a result of LifeMed. We used to print a cover sheet to give to the patient with each registration, this is no longer required. 156 cases of paper plus toner are no longer used, no shredding or storage.)
- + Reduced full time staff requirements from 22 to 15 (Annual savings equates to \$226,000)
- + Decreased admissions error rate from 6% to less than 1% We average 1500 registrations a week, thus 90 records that used to require manual intervention to fix before billing; with LifeMed we no longer require that effort.)
- + Reduced duplicate records by 90% from 7% to less than 1% .
No numbers reported for medical errors due to incorrect chart
- + Reduced PAC System errors to less than 1% (Hard to quantify but PACs errors were occurring about 150 annually, now they are rare. Pacs administrator time was 3+ hours to fix each error. About \$25K savings, assumed pay would be greater than \$100K)
- + Payback period in less than 8 months

Areas of Savings not reported or financially measured as of the date of these Administrative Measures:

- + Patient Satisfaction Increase
- + Diminished Registration Errors
- + Diminished in Duplicate Records
- + Diminished in Record Errors
- + Elimination of Registration Paper
- + Decreased Insurance A/R

