



Making Healthcare More Efficient

The Role of Strategic Outsourcing

Executive Summary

Physician, clinician, and administrative burnout is a critical issue that has been exasperated by administrative tasks, such as prior authorizations. The result of these growing workloads is an exhausted workforce with fewer resources and less time to dedicate to care coordination and communication. Altogether, this trend has consistently painted a bleak landscape for managers and owners of small-to-midsized healthcare organizations.

Beyond regulatory reform that would dramatically reduce the administrative burden for staff and improve reimbursement for organizations, many alternative solutions have emerged to help combat the burnout epidemic. Chief among them is specialty outsourcing services with healthcare expertise.

At Bluebird, we've developed a set of services that help healthcare organizations—providers, payers, PBMs, and pharmacies—thrive despite the ever-growing administrative complexities that emerge in our industry.

We have seen proactive and strategic outsourcing significantly improve the well-being and satisfaction of staff and help businesses better manage their bottom line. This whitepaper outlines the challenging nature of the healthcare industry and articulates real steps decision-makers can take to improve outcomes for everyone involved in the delivery of care.

How We Got Here

1980s

1990s

2000s

Recent Milestones in Rapid Advancements

If there's one thing that hasn't changed in the storied history of healthcare, it's continual, rapid advancement. From the discovery of penicillin to the digitization of medical records, healthcare has seen non-stop, ongoing improvements since the 20th Century.

The Foundation of Healthcare Technology

- **Introduction of Medical Databases:** Early computerized databases are beginning to help healthcare providers manage patient records.
- **Diagnostic Tools:** CT scanners and MRIs are becoming more widespread, setting the stage for precision diagnostics.
- **The Emergence of HMOs:** Health Maintenance Organizations (HMOs) are gaining popularity, influencing how care delivery and technology align.

Digitization Begins

- **Early Electronic Health Records (EHRs):** The first EHR systems are being developed but see limited adoption due to high costs and infrastructure challenges.
- **Telemedicine Pilot Projects:** Telehealth experiments are focusing on improving healthcare delivery in rural areas.
- **Rise of Managed Care:** Managed care is bringing stricter payer requirements, adding layers of complexity to administrative processes.

Standardization and Early Growth of EHRs

- **HIPAA Implementation (2003):** The Health Insurance Portability and Accountability Act (HIPAA) introduces strict rules for patient data security, heavily influencing EHR adoption.
- **Adoption of EHRs Accelerates:** Systems like Epic and Cerner are emerging, but their usage is still not widespread.
- **Introduction of e-Prescriptions:** Electronic prescriptions start to reduce medication errors and improve efficiency.
- **Coding Standards Modernized:** The healthcare industry initiates the transition to ICD-10 (International Classification of Diseases) coding.

2010s

Widespread Adoption and Policy-Driven Changes

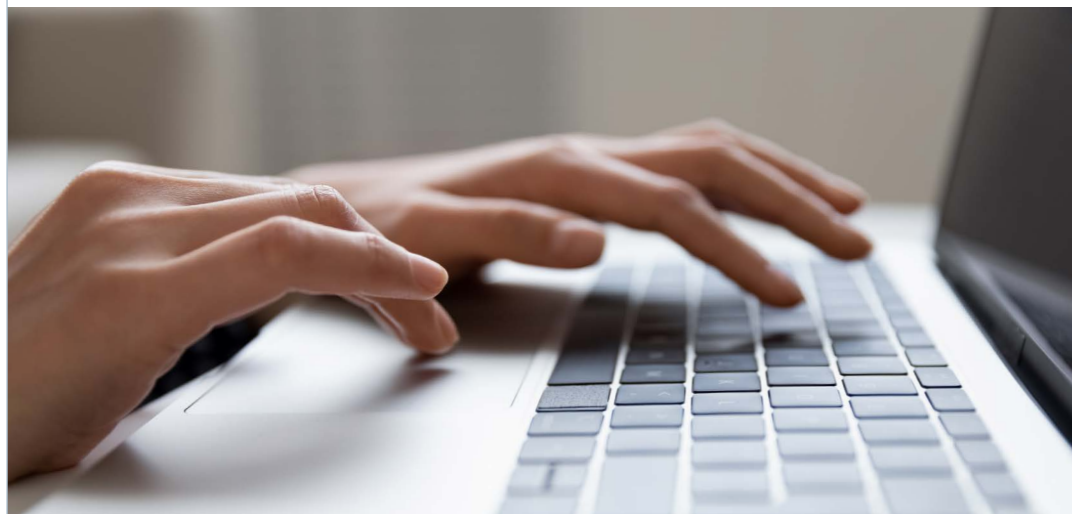
- **HITECH Act (2009):** The Health Information Technology for Economic and Clinical Health (HITECH) Act incentivizes the adoption of EHRs, driving widespread usage.
- **Introduction of Value-Based Care (VBC):** The Affordable Care Act (ACA) of 2010 formalizes value-based care initiatives. Programs like the Medicare Shared Savings Program (MSSP) encourage Accountable Care Organizations (ACOs) to improve care quality while reducing costs. The shift from fee-for-service to value-based care becomes a central theme in healthcare policy and reimbursement strategies.
- **Introduction of Prior Authorizations:** Insurers are implementing stricter utilization management tools to control costs, increasing administrative demands on providers.
- **Emergence of Patient Portals:** Platforms for direct patient-provider communication are becoming common, with a focus on patient engagement and satisfaction.
- **Big Data and Analytics:** Healthcare organizations are starting to use data analytics to improve clinical outcomes and operational efficiency.

2020s

The Era of AI and Enhanced Connectivity

- **COVID-19 Accelerates Telehealth (2020-2021):** Telemedicine usage surges, becoming a critical tool for patient care.
- **AI-Powered Solutions:** Artificial intelligence is finding applications in diagnostics, predictive analytics, and administrative tools (e.g., reducing documentation burdens).
- **Stricter Payer and Regulatory Requirements:** Ongoing refinements to payer models, including value-based care initiatives, are adding complexity to administrative workflows.
- **Interoperability Standards (Cures Act Final Rule):** New policies aim to improve health data sharing between systems and reduce information silos.
- **Inflation Reduction Act (IRA):** Groundbreaking rules enable CMS to negotiate drug costs for Medicare, setting in motion a chain of events that impact the entire pharmaceutical supply chain and innovation.

While technology and policy advancements have had an undeniably positive impact on the healthcare industry, they have also introduced increasing levels of complexity. Increasing payer requirements, data security standards, and sophisticated tools have added to administrative burdens faced by decision-makers, providers, clinicians, and office staff.



What's Next

Rather than focusing on the adoption of specific technologies, two larger themes appear when we look at how healthcare organizations are preparing to improve in an increasingly complex industry.

1.

Organizational focus on improved efficiency

2.

Emphasis on care quality to improve patient outcomes and mitigate costs and risk

In the context of how policy, technology, and events have advanced, both efficiency and quality have become inextricably intertwined.

Achieving the first part of the equation opens up the possibility of meeting (and hopefully exceeding) patient care expectations. We have seen well-funded, well-managed, and technologically capable healthcare organizations establish themselves as leading providers because of their dedication to delivering quality patient care, and the operational efficiencies that were achieved to meet these outcomes.

As operations grow in complexity and patient populations require more complex care, the imperative for efficiency becomes more important to delivering quality patient outcomes. As we have already laid out, an overburdened staff cannot dedicate the time and resources needed to effectively manage care coordination for a growing patient cohort with complex care needs.

The industry needs a robust solution that can meet efficiency demands, play nice with all our new technology, and help deliver quality care.

Why Outsourcing Is the Path Ahead for More Healthcare Organizations

AI models are good and getting better. However, there are tasks in healthcare organizations that require some balance of delicate communication, coordination, and multi-disciplinary talents to achieve desired outcomes.

Since staffing continues to be a critical issue in healthcare, more decision-makers across the industry are leveraging economic and operational efficiencies offered by specialty outsourcing solutions. From IT to billing, to payer-facing operations, most healthcare organizations, especially providers, use outsourcing services.

90%

of hospitals outsource at least one process

75%

of hospitals outsource IT services

54%

of CFOs support outsourcing to increase efficiency

Bluebird has been providing expert outsourcing options for healthcare organizations, reducing wage costs and increasing efficiency.

Section 1: Understanding Common Challenges Facing Healthcare Organizations

1. Revenue Cycle Management (RCM) Pain Points

Billing Errors

Regardless of the size of the organization, billing errors are a critical bottleneck that can significantly impact any company. Improper claim formats, incorrect coding, or missing information can result in claim denials and delayed reimbursement. It is vital that billing offices are equipped with training, technology, and resources that enable them to submit claims accurately and on time to mitigate these delays.

Managing Denials

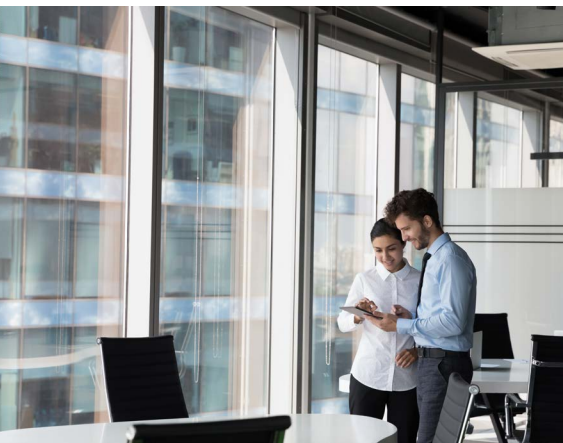
Addressing claim denials requires a streamlined approach in today's healthcare setting. Automation and technology can help staff identify the root cause of a denial and respond more quickly. A more structural improvement for some organizations may be implementing regular reviews of KPIs, such as denial rates, first-pass resolution rates, and average appeal resolution times. While this data may be readily available, analyzing it requires time and expertise.

Integrating RCM Tech and Interoperability

Technology in healthcare is often proprietary, siloed, and complex. Beyond the training required to bring staff up to speed, stakeholders should be aware of interoperability challenges and opportunities for any technology used in revenue cycle management. If your RCM platform can't work well with other existing systems, it may cause more administrative burden and costs. Favor options that use automation to help billing staff manage claims, collections, and accounts payable.

Staffing Shortages

With turnover rates as high as 33% for back office workers, finding billing staff with appropriate training and experience is a major concern for hiring managers in healthcare organizations. Such high churn creates demand for the most skilled individuals and increases wage costs, but doesn't address staffing shortages that slow down RCM in an organization.



2. Patient Care Coordination Issues

Inefficiencies Between Providers

When communication between providers is fragmented, it can significantly impact patient care and outcomes. Incompatible EHR systems create problems with information-sharing that can result in duplicated tests, errors, and delays in treatment. These issues cause staff to revert to manual workflows like faxes or phone calls, effectively creating a negative feedback loop of inefficiencies.

Challenges with Follow-Ups and Adherence

Helping patients understand their care plan, attend follow-up meetings, and adhere to their treatment is primarily a communication challenge. When patients miss appointments or misunderstand their treatment plans, conditions can worsen, potentially resulting in costly readmissions.

High-touch, personal interactions remain a vital part of patient care coordination, ensuring a two-way conversation between providers and patients. Increasingly, value-based metrics rely on positive care outcomes and patient satisfaction. Care coordination has never been more important, and similarly, the ability of clinical staff to manage these vital interactions.

3. Administrative and Staffing Challenges

Labor costs make up ~60% of expenses for hospitals

SOURCE: AHA

Hospitals spent \$51.1B in contracted staff in 2023

SOURCE: AHA

Healthcare Is Costly

It's no secret that running a healthcare organization involves a very high overhead. While this places a huge emphasis on maintaining an efficient revenue cycle, it's also important to ensure resource allocation is well managed. CFOs should be highly engaged in allocating resources when and where most needed within an organization, however constant variations in reimbursement and material costs only complicate things.

Demand for Good Workers Is High

Spurred by the COVID-19 pandemic, demand for healthcare staff has risen in recent years, creating a job market that witnessed ballooned wage costs, followed by increasing scrutiny on staffing agencies. Over time, this has resulted in some healthcare organizations reducing their net headcount and reducing service offerings.

Burnout Is Endemic

The cumulative effect of administrative tasks, increasing patient loads, and the emotional demands of delivering care fuel burnout in healthcare. Ever-changing regulations and payer requirements upend established practices and create a reactionary environment where too many clinicians are playing catchup.

Processes like prior authorizations create unwelcome delays and place pressure on documentation practices, creating a highly stressful, demanding workplace environment for frontline and back office staff.

Section 2: The Role of Outsourcing in Mitigating Healthcare Challenges

IS OUTSOURCING AN UNSUNG HERO?

Outsourcing provides decision-makers in healthcare with an immense opportunity to increase the capabilities and efficiency of their organization. From patient care coordination to claims denials, savvy decision-makers are leveraging tech-enabled outsourcing services with healthcare expertise to their advantage and reaping major benefits.

How Outsourcing is Helping Healthcare to Prepare for a Stronger Future

Cost Reduction and Resource Optimization

Leaders who delegate back-office tasks to outsourced teams are freeing up time and resources to put back into their patient-facing staff. The cost-savings offered by outsourcing are significant, with some solutions reducing wage costs by as much as 50%. With a well-organized, trusted team performing critical business tasks with their own level of autonomy, leaders can better manage resources, patient care, and their staff—a recipe that enables better care.

Democratizing Access to Specialty Technology and Expertise

Hiring, training, and technical support can be costly for organizations. Outsourcing offers the option to immediately access highly trained and specialized personnel with exceedingly deep expertise in specific functions. Independent providers, for example, can gain a billing office with technology that enables them to work as accurately and effectively as a health system's billing team.

Letting Clinical Staff Be Clinical

Just as AI-assisted tools are helping clinicians with patient summaries, outsourcing similarly removes certain administrative burdens for clinical staff. By putting a dedicated team in place to handle prior authorizations, communicate with payers, and even assist with patient coordination, doctors, pharmacists, nurses, and assistants are given more time to deliver care that prioritizes quality for patients and value to the wider industry.

Scalability and Modularity

Times change and so do the needs of companies. Remote teams give businesses the ability to scale and flex their capabilities as needed, without the time and costs associated with recruiting entire departments or finding that one, in-demand specialist.

Section 3: Bluebird's Outsourcing Solutions for Healthcare Organizations

MAKING HEALTHCARE MORE ACCESSIBLE

Did you know one-third of Hispanic Americans, including a notable 58% of Hispanic immigrants, prefer to see a Spanish-speaking healthcare provider?

Offering support in patients' preferred languages fosters trust and improves health outcomes. Bluebird's teams are fluent in both English and Spanish, so you can broaden your reach and confidently serve your community.

Bluebird helps healthcare organizations improve operations with dynamic, remote outsourcing solutions. Our teams of bilingual professionals provide expert support that improves billing, coding, care coordination, and speeds up prior authorizations.

Team Up and Lift Off with Bluebird

RCM and Collections

Bluebird's RCM and collections professionals use leading technology to integrate with your systems to ingest and manage billing and collections data, so you get paid faster. We also offer a 'plug and play' option where we provide a dedicated team ready to get to work on day one with the technology they need to improve your revenue cycles.

Prior Authorizations

Dramatically reduce approval times, see fewer delays and denials, and improve patient satisfaction. By removing the burden of handling prior authorizations from staff, you can improve resolution times from 36 hours to as little as 12 hours.

Expert Coding

Improve coding accuracy for better billing and reimbursement. We learn and implement coding practices based on your specific payer contracts and agreements and update processes as and when things change.

Care Coordination, Follow-Ups, and Customer Service

Communication is vital to improving access and satisfaction in healthcare. Utilize our skilled, bilingual professionals to coordinate patient follow-ups, support better adherence, and streamline coordination between providers, partners, and payers.

Verifications

Eliminate the time required to make calls or send emails to verify patient data and coverage. We also supplement coverage verification with a proprietary EHR-integration that eliminates incorrect billing in skilled nursing and post-acute care.

Training and Integration: Bluebird's Recipe for Success

The entire Bluebird workforce is comprised of highly trained individuals with certifications and educations that enable us to deliver exceptional outcomes for healthcare organizations in the United States. Our leaders have long-established expertise in the healthcare industry, improving critical processes for providers and payers.

How We Do It:

Strategic Recruiting

We partner with local and global institutions to connect you with skilled, bilingual employees who fit seamlessly into your company culture.

Tailored Training

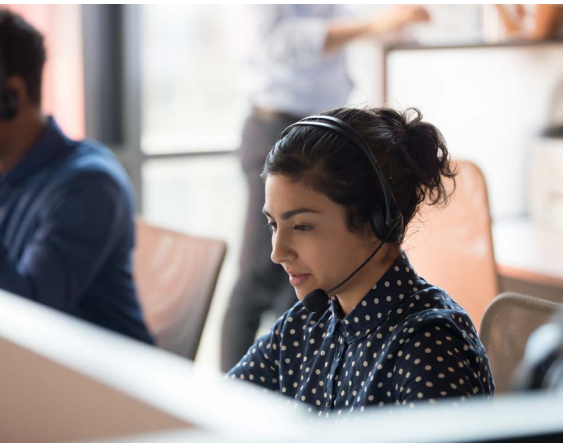
Our US managers work with you to create custom documentation and training that ensures compliance and a clear understanding of your processes.

Seamless Onboarding

We work to get your dedicated Bluebird team integrated and up-to-speed without any disruption to your already busy business.

Ongoing Management

Tracking KPIs, we conduct regular, ongoing check-ins to guarantee we're meeting goals and improving your organization.





Virtual Private Networks

VPNs and multi-factor authentication are used across our organization to ensure all digital environments have equally secure cybersecurity measures in place.



Office & Remote Spaces

Ensure your team meets digital safety standards with our physical office in Buenos Aires and compliant remote work locations.



Antivirus Software

Protect your computers against viruses, malware, and suspicious connections with Bitdefender and Microsoft Defender.



Geomonitoring Software

Reduce cyber risks and protect your data with geo-fencing, remote wipes, and device locks.



HIPAA Certification

Protect sensitive health information with HIPAA-trained contractors who understand PHI disclosure and relevant laws.



Cybersecurity Training

Maintain best security practices through regular cyber security awareness training during onboarding and refresher sessions.

Section 4: Expect Excellent Outcomes with Bluebird

36 ↓ 12 Hours

Bluebird has reduced the turnaround time for prior authorizations **BY AS MUCH AS 2/3** by implementing dedicated teams to handle this process.

↓ 50%

Organizations that utilize Bluebird teams have reduced-been able to reduce wage costs for equivalent roles **BY 50% OR MORE.**



Section 5: Onboarding Your Remote Workforce

Your Bluebird team solves much more than a few vacant seats. They become an integral part of your organization. We approach onboarding with the same care and attention you'd show a new employee.

Selecting the Right People

During our initial meetings, our leadership will have learned your processes, identified bottlenecks, and begun preparing recommendations for the best path forward. Next, we gather the right people to become your new team, selected to ensure they are ready to start from day one.

Establish KPIs

When your Bluebird team starts work, we establish clear KPIs that help guide continual process improvements and track our productivity.

You're Set to Soar

Bluebird specializes in placing people with organizations that mesh seamlessly with your culture and processes.

With new team members in place, your operations are running smoother, errors and issues are resolved, and new workflows have been put in place to continually improve the outcomes that matter to you.



Conclusion

Addressing operational challenges in healthcare is no longer optional but essential for maintaining efficiency, financial stability, and patient satisfaction. With increasing administrative burdens, high staff turnover, and complex payer requirements, healthcare organizations face mounting pressures that impact both provider well-being and care quality.

These obstacles are not insurmountable but require proactive, strategic solutions. Outsourcing specific administrative functions helps organizations alleviate their internal workload, improve operational efficiency, and redirect resources to support their core purpose: delivering quality patient care.

Get In Touch With Bluebird

Partnering with Bluebird offers healthcare organizations a proven pathway to overcome the staffing and efficiency challenges facing today's industry.

With dedicated expertise in healthcare operations, we work to streamline processes and make measurable improvements across critical touchpoints.

By leveraging outsourcing solutions tailored to their specific needs, decision-makers can transform inefficiencies into opportunities for growth and improvement.

Take the first step toward enhanced efficiency and patient care by exploring Bluebird's comprehensive outsourcing services today—because a stronger, more scalable future for your organization begins with a partnership that helps you team up and lift off.

Bluebird

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