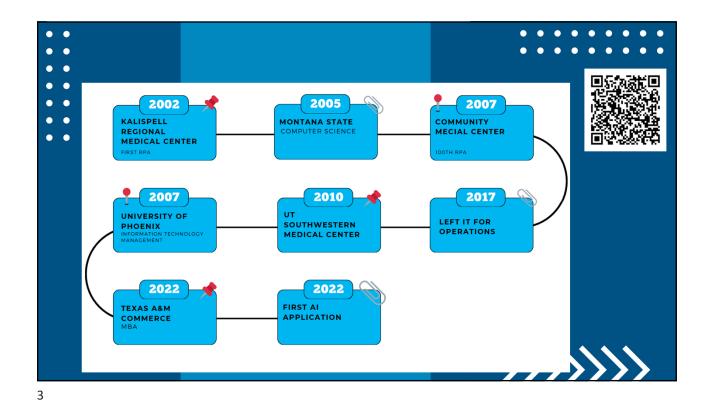
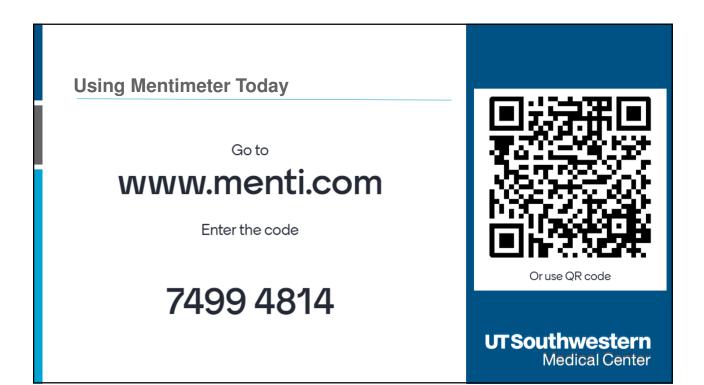
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Robotic Process Automation in Healthcare

Transforming Operations for the Future

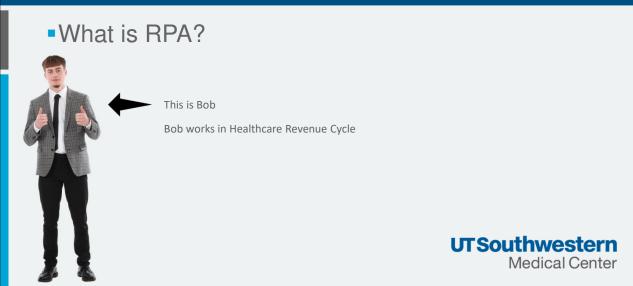


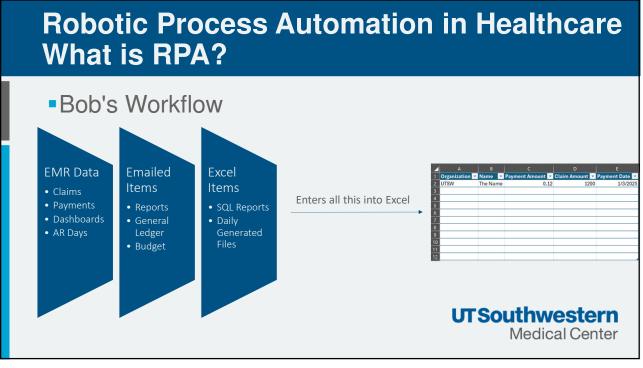






Robotic Process Automation in Healthcare What is RPA?





Robotic Process Automation in Healthcare What is RPA?

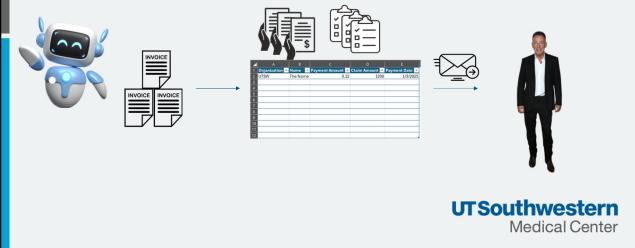




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Robotic Process Automation in Healthcare What is RPA?

Bob has found Robotic Process Automation!



Robotic Process Automation in Healthcare So what is it exactly?

What it is:

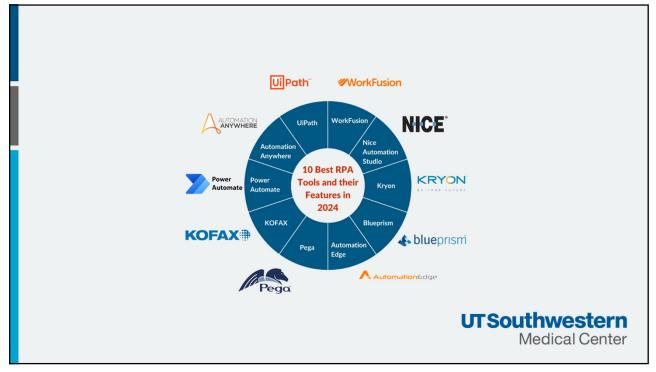
- · Software developed by humans to replicate tasks
- Tool for assistance of Repetitive Tasks
- Simplification Devices

What it is not:

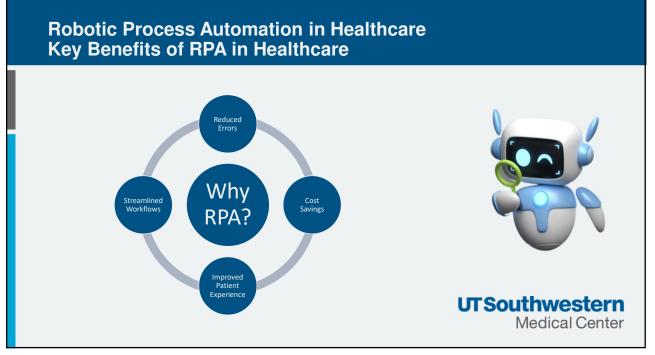
- Not a physical form robot
- Not a replacement for Human Workforce
- Not a critical thinking machine

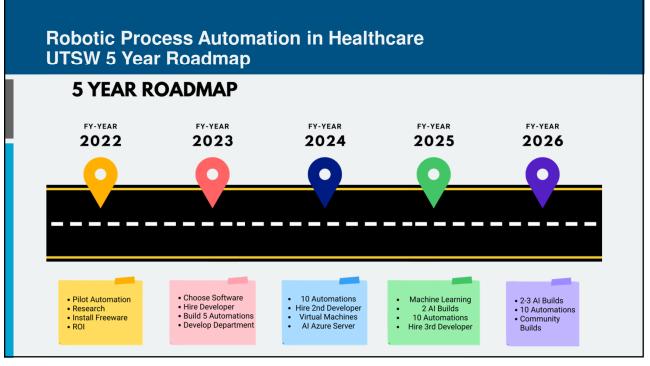


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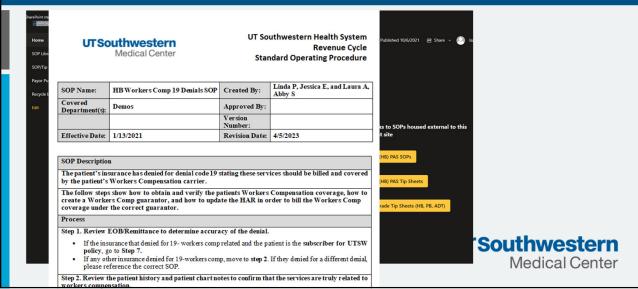
Robotic Process Automation in Healthcare Awesome, So What Do We Automate?

- Inventory your Processes (SOP Library)
- Evaluate Tasks Using Key Criteria
 - o Repetitiveness
 - Time Consumption
 - Complexity vs. Standardization
 - Risk or Error Rate
 - Impact on Productivity
 - Cost-Benefit Analysis
- Prioritize Potential Automation Projects
- Conduct a Proof of Concept (Pilot program)
- Refine and Scale
- Measure Results and Continuously Improve <-- We are here

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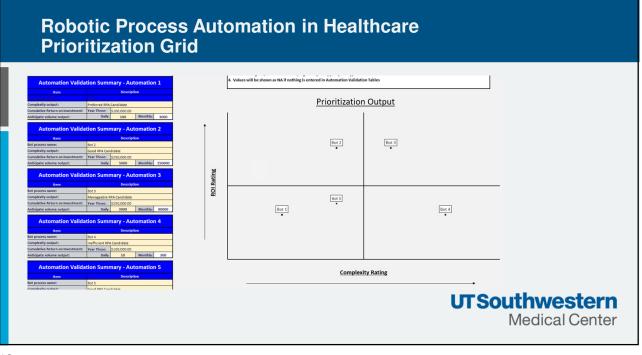
Robotic Process Automation in Healthcare SOP Library



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Robotic Process Automation in Healthcare Return on Investment Toolkit

| | UTSV Return on Invest | | | | | | |
|---|--------------------------------------|---------------|----------|---|---------------|------------------------|---|
| | Automation Der | nographics | | | | | |
| Intent: This section represents important demographic information of ea Directions: 1. Please complete the fields below. Refer to notes where applicable. | ch automation to be used in delibera | ation. | | | 4.08 | | |
| Item | | Description/I | Response | | \$ 367,500.00 | | |
| Authoring organization name: | | | | | | | |
| Revenue Cycle Process: | | | Other: | | s - | | |
| Automation Tool/RPA Platform: | | | Other: | | | | |
| Hospital Billing or Physician Billing: | | | Other: | | | | |
| Primary application being automated: | | | Other: | | | | |
| Insert environment for client applications: | | | Other: | | | nation implementation) | |
| Insert environment restrictions/prequisites: | | | | | | | |
| Select desired bot process from drop down: | | | Other: | | | | |
| Automation description: | | | | | | | |
| Has a native, non-RPA, solution been pursued? | Description: | | | | | | |
| Select desired process schedule and frequency: (If other, or specific configuration required, list in "Other" Section) | | | Other: | | | | |
| Select anticipated input list source: | | | Other: | | 1 | nation) | |
| | | | | U | rSo | uthweste | e |
| | | | | | | Medical Ce | |







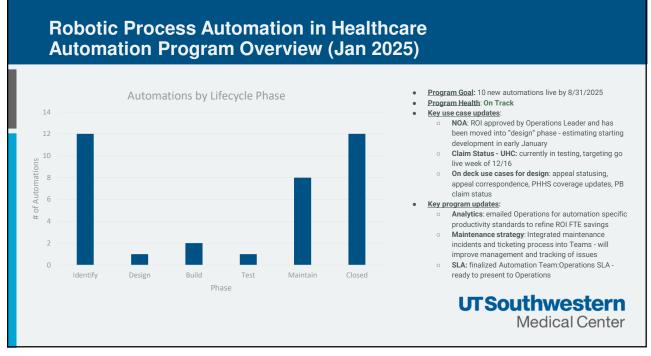
Robotic Process Automation in Healthcare Great, Mike what did you Automate?

- Medicaid Look up
 - o 18,000 Patients looked up monthly between 4 staff members
 - \circ Time to look up a patient ranged from 2 7 minutes (average of 3.5)
 - We broke down the cost, 260 working days 137 tasks per day (35,620)
 - Annual Salary 55,000
 - 55,000 / 36,620 is roughly \$1.54 a task
 - Monthly FTE savings is \$22,000
- EKG Charge Modifications
 - o Review EKG charges Determine Modifier (Same Day/Provider)
 - Time to complete 1 minute
 - o Volume 27000 a month
 - Task breakdown is \$1.90
 - Monthly FTE savings at \$25,000

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Robotic Process Automation in Healthcare ROI to Date (Jan 13, 2025)

| AUTOMATION_NAME | 2019 | 2020 | 2021 | 2022 | 2023 | 2024 | 2025 | Total |
|--------------------------------|-------------|--------------|--------------|--------------|--------------|--------------|-------------|----------------------------|
| TMHP Medicaid | \$44,000.00 | \$264,000.00 | \$264,000.00 | \$264,000.00 | \$264,000.00 | \$264,000.00 | \$22,000.00 | \$1,386,000.00 |
| Chaco/Paco | | | | \$84,000.00 | \$252,000.00 | \$252,000.00 | | \$588,000.00 |
| EKG Charge Modifier | | | | | \$2,986.80 | \$253,650.00 | \$11,715.40 | \$268,352.20 |
| Referrals Epic | | | | | | \$36,536.50 | \$3,286.25 | \$39,822.75 |
| Interface Errors | | | | | | \$34,616.15 | \$1,135.05 | \$35,751.20 |
| MSA Redistribute | | | | | \$226.00 | \$5,386.00 | | \$5,612.00 |
| Referrals Availity | | | | | | \$2,255.00 | \$176.00 | \$2,431.00 |
| MSA Offset | | | | | \$398.00 | \$612.00 | | \$1,010.00 |
| Medical Record Epic Download | | | | | | \$709.65 | \$78.85 | \$788.50 |
| Medical Record Epic Post Note | | | | | | \$344.45 | \$16.60 | \$361.05 |
| PB Adjustments | | | | | | \$183.00 | | \$183.00 |
| Medical Record Availity Upload | | | | | | \$161.85 | | \$161.85 |
| HB Adjustments | | | | | | \$36.00 | | \$36.00 |
| Total | \$44,000.00 | \$264,000.00 | \$264,000.00 | \$348,000.00 | \$519,610.80 | \$850,490.60 | \$38,408.15 | \$2,328,509.55 |
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In one word or short phrase, name the biggest challenge your organization faces in implementing RPA





Go to www.menti.com Enter the code

7499 4814

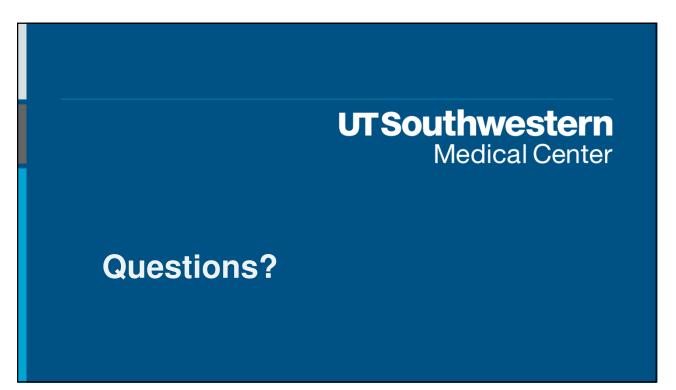
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Robotic Process Automation in Healthcare Current Barriers

| Barrier | Details | Impact | Recommendation | Addressed in IR Initiative? |
|--------------------------------------|--|---|--|--------------------------------|
| Unreliable machines | Frequent, unanticipated power outages at Brookriver VMs were included in the budget but funds have not been allocated | Automation downtime with difficulty anticipating resolution timeframe Operations must manually work accounts to avoid delays and backlogs once machines are back online | Utilize virtual machines rather than remoting into machines at Brookriver Michael received approval on this request but has run into fund allocation delays | Yes |
| Access barriers | Cannot install extensions (e.g. google authenticator for multi factor authentication) on Managed machines | Automations involving Availity must run on unmanaged machines (not recommended) | Approve google authenticator as an extension on selected machines for automation program | Yes |
| Epic build delays | There have been delays in tickets for Epic optimizations that impact volume inflow for our existing or new automations (e.g. PB and HB medical records) | Very low R0I for PB medical records automation and inability to move forward with HB medical records automation | Prioritize ticket with Epic IR due to positive impacts on automation return | Yes |
| Norkflows lacking standardization | Lack of standardization in targeted workflows (e.g. free text diagnosis codes impacting NOA and referrals automations) | Low ROI/not a candidate for continued pursuit | Prioritize process improvements and standardization efforts when surfaced by automation program Assign a resource for automation team to work with on PI efforts | No |

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Michael Laukaitis



