

# **Empowering** Private Practice Physicians: Strategies for Effective Revenue Cycle Management

PPPS Educational Session | June 5, 2026

Facilitated by Lindsey Schott, MS for the American Medical Association

**LINUS**

## ■ Workshop Overview

### Today's Objectives

**Understand** how RCM impacts practice sustainability and patient care

**Identify** your current RCM process strengths and areas for improvement

**Leverage** peer insights and best practices by practice size

**Take** home tools and strategies for addressing your RCM challenges

## ■ Agenda

**Section I: Introduction + Background** 20 minutes

---

**Section II: Workshop Breakouts** 25 minutes

---

**Section III: Share Results of Small Group Discussions** 15 minutes

---

**Section IV: Large Group Debrief + Solutions** 15 minutes

---

■ Opening poll

How would you describe your current experience with revenue cycle management?

I'm new to this

I'm an expert





# Section I: Introduction and Background

20 minutes

Informed by conversations with industry leaders in revenue cycle management, we developed a report to guide physicians' RCM decisions

**AMA**  
AMERICAN MEDICAL ASSOCIATION

## A physician's guide to effective revenue cycle management

**Executive summary**

This report equips physicians with the information they need to make informed decisions about their RCM workflows and metrics. Each encounter in the financial health of a practice is a puzzle. Each strategy is a piece. Each physician's contribution to the execution of RCM integration for their practice is a vital role as they work together to solve the puzzle.

However, five critical factors can impact a physician's ability to effectively manage their RCM:

- Physician involvement in RCM
- Fragmented workflows
- Evolving patient expectations
- Limited time and resources
- Low patient and provider satisfaction

Addressing these factors is a vital role as they work together to solve the puzzle. This report was developed for physicians in a range of practice settings and includes key performance indicators, patient involvement, and team support for the RCM process.

**Disclaimer**

This report is for information only. It is not intended to be used as a substitute for the advice of a physician, attorney, or other professional. The American Medical Association represents the views of its members. Last updated August 2023. American Medical Association.

For more information, refer to the report.

**Introduction to revenue cycle management: More than the bottom line is at stake**

"[Revenue cycle management] is part of the patient's care. Not direct patient care, but it's like little pieces in a puzzle. And if they don't align, they don't make the perfect puzzle; if you're not billing the patient, how do you expect to get paid?"  
—Employed physician, large multi-specialty group practice

Although front office staff and billing teams handle much of the day-to-day work in revenue cycle management (RCM), its impact extends to every member of a practice, including physicians. Challenges within the RCM process can exacerbate barriers to delivering optimal patient care. According to the Linus Group, the next generation of physicians identifies non-clinical tasks—particularly administrative burdens and inadequate reimbursement—as the primary obstacles to effective practice.

Revenue cycle management is a critical determinant in these dimensions of health care:

- Financial viability of practices:** Small practices, safety net hospitals, and rural health care facilities face heightened risks, with financial instability threatening their ability to serve communities.
- Access to care:** When financial pressures force practices to close, hospitals to cut services, or patients to forgo care due to denied coverage, access to essential health services is jeopardized.
- Quality of care:** Limited resources and shrinking margins hinder investments in staff, technology, and infrastructure, directly affecting patient outcomes.
- Physician well-being:** Systemic barriers that prevent physicians from providing care undermine their moral and professional fulfillment, contributing to burnout.

**What is revenue cycle management?**

Revenue cycle management or RCM describes the procedures health care organizations use to organize their financial operations. In short, it is the process by which physicians are paid for the care they provide. Optimal RCM maximizes reimbursement, enhances patient experience, reduces physician burden, and leverages support staff for greater efficiency. To achieve these outcomes, RCM must be a collaborative process, where each player understands their role and how it fits in the broader cycle, and is continuously evaluated to ensure the process is resilient in the face of changes to the health care landscape.

RCM activities are embedded in each patient encounter, from initial registration to payment collection. The cycle, which generally spans three phases, can be summarized in **nine key steps** as outlined below. A more detailed resource with **strategies for effective RCM** can be found in the appendix of this report.

**FRONT END**

1. Patient registration
2. Insurance verification
3. Check-in and check-out procedures

**MID CYCLE**

4. Patient visit
5. Medical coding, billing, compliance
6. Preparing and submitting claims

**BACK END**

7. Claims monitoring, payer remittance, denial management
8. Preparing patient bills and statements
9. Management patient payments and collections

**Note:** The revenue cycle discussed in this report is relevant for practices that accept insurance. For practices that are cash-pay only, not all steps will apply.

# 40 health care professionals

We conducted virtual in-depth interviews with 40 health care professionals who hold a range of responsibilities throughout the revenue cycle.

*All interviews were completed between November 12 - 22, 2024.*

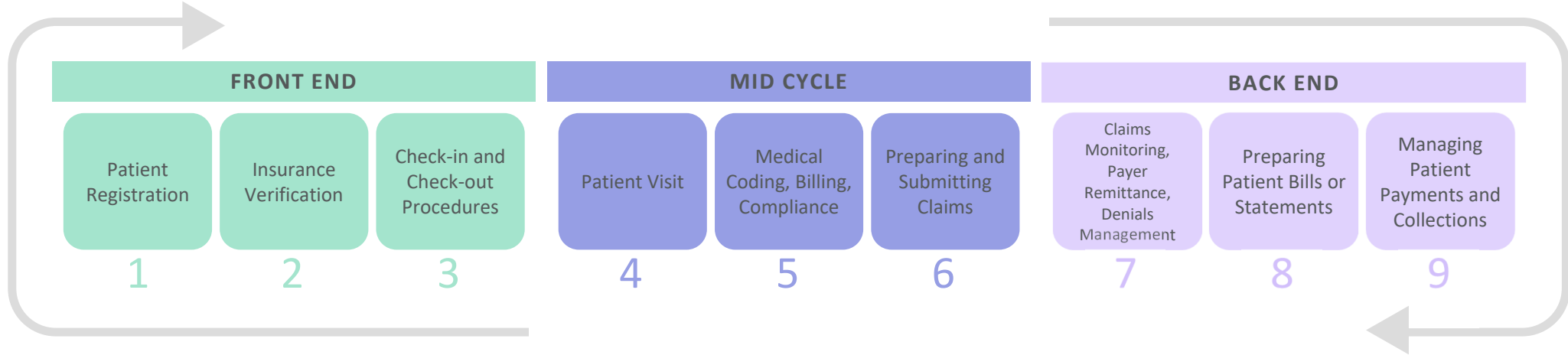
## ■ What is Revenue Cycle Management?

# Revenue Cycle Management (RCM)

Refers to the processes used by health care organizations to ensure they are reimbursed for the medical services they provide. For physicians, revenue cycle management is how they get paid.

## ■ The Revenue Cycle

RCM BEGINS BEFORE A PATIENT'S VISIT, AND EXTENDS AFTER A CLAIM HAS BEEN SUBMITTED...



- Revenue cycle management influences physicians' ability to provide high-level care to patients

#### REVENUE CYCLE MANAGEMENT IMPACTS...

**Financial viability** of health care providers, especially small practices and in rural areas

**Access to care** if viability is threatened and practices close their doors

**Quality of care** if downward pressure on the bottom line reduces ability to invest in staff, infrastructure, etc.

**Moral well-being** of physicians if they are systemically denied the opportunity to care for patients

■ Revenue Cycle Management: More than the bottom line is at stake

**MOST IMPACTFUL BARRIERS IN DELIVERING HEALTHCARE**



It is difficult getting through all the paperwork and administrative work. I spend too much time putting information into the computer and not being able to have enough face time with my patients.

- Resident Physician, Pediatrics

■ We identified 5 critical barriers that impede effective RCM across practice settings

**1** **Workflows are fragmented and practice functions are siloed**, leading to errors and inefficiencies.

**2** **Physicians are often not educated on the mechanics or importance of RCM**, which creates a vacuum in their understanding of the business of medicine.

**3** **Payer rules and government regulations are evolving often** and demand constant vigilance.

**4** **Low healthcare financial literacy** positions physicians as mediators between patients and payers.

**5** **Limited time and resources** make it challenging to prioritize RCM tasks.

- High-performing health care practices commonly address RCM barriers through 5 key strategies

1

**Contextualize revenue cycle processes** to overcome fragmented workflows and siloed practice functions

2

**Emphasize collaborative learning** to drive continuous mastery and performance

3

**Address low health care financial literacy** and foster trust with transparent engagement

4

**Utilize automation, including AI,** to efficiently and effectively use limited time and resources

5

**Monitor** revenue cycle key performance indicators (KPIs)

■ Key Strategy #1:  
Lead with why, not just what

**BARRIERS ADDRESSED**

RCM workflows are fragmented and practice functions are siloed, leading to errors and inefficiencies.

Physicians are often not educated on the mechanics or importance of RCM.

**KEY STRATEGY**

Siloed functions disrupt the revenue cycle by preventing physicians from understanding their contributions before tasks move to the next phase.

Contextualizing individual tasks within the larger cycle empowers physicians and staff to keep the process running unimpeded.

- Key Strategy #1:  
Lead with why, not just what

### CASE STUDY

---

Many independent practices rely on one or two trusted experts, such as a practice manager, billing specialist, or veteran coder, who have spent years navigating insurance complexities. Without documenting these best practices and workflows, the practice is vulnerable to disruption when key staff depart. Capturing this institutional knowledge protects revenue and breaks down silos between clinical and administrative functions.

- Key Strategy #2:  
Emphasize collaborative learning

**BARRIERS ADDRESSED**

Payer rules and government regulations are evolving often and demand constant vigilance.

**KEY STRATEGY**

Health insurance is a complex, constantly-changing network. Using billing data to identify patterns and outliers, both internally and against peers, helps practices pinpoint whether challenges stem from process breakdowns or individual contributors who may need coaching.

- Key Strategy #2:  
Emphasize collaborative learning

### **CASE STUDY**

---

A multi-specialty practice with an infusion suite was buying a generic drug for more than the insurer would pay after a policy change. The practice manager caught the discrepancy during claims preparation — but only after several patients had been treated. She worked with physicians to update treatment plans, though it took months before everyone was fully compliant.

■ Key Strategy #3:  
Address low healthcare financial literacy

**BARRIERS ADDRESSED**

Low healthcare financial literacy positions physicians as mediators between patients and payers.

**KEY STRATEGY**

As costs rise, patients' care decisions are increasingly dictated by their understanding, or lack thereof, of their financial responsibility. Patients often rely on physicians to coordinate with payers and explain coverage and bills. Proactive transparency on costs and coverage builds trust and lifts physician burden.

■ Key Strategy #3:  
Address low healthcare financial literacy

**CASE STUDY**

---

A children's hospital faced repeated complaints from parents unsure where to turn for answers, particularly about unexpected out-of-pocket costs. In response, the team prioritized **accurate cost estimates and encouraged collaboration across departments** to identify and address common patient pain points.

- Key Strategy #4:  
Utilize automation, including AI

**BARRIERS ADDRESSED**

Limited time and resources make it challenging to prioritize RCM tasks.

**KEY STRATEGY**

Revenue cycle management runs under constant time pressure, and physician burnout remains a challenge. Healthcare organizations are turning to automation and AI to handle repetitive, time-consuming, non-clinical tasks, freeing up their time to connect with patients.

- Key Strategy #4:  
Utilize automation, including AI

#### CASE STUDY

---

One independent hospital has provided the **infrastructure for all physicians to take advantage of AI note-taking**. Integration of this technology has directly improved the hospital's RCM processes, where improvements in documentation accuracy have streamlined the coding and billing process while increasing patient and physician satisfaction.

- Key Strategy #5:  
Monitor revenue cycle key performance indicators (KPIs)

#### **BARRIERS ADDRESSED**

This strategy enables health care organizations to address a wide range of barriers, including the five critical barriers outlined earlier.

#### **KEY STRATEGY**

Optimizing RCM starts with understanding current performance. Continuously monitoring key performance indicators (KPIs) helps practices spot workflow issues, address disruptions, and adapt to payer rule changes before they result in significant revenue loss.

■ Key Strategy #5:  
Monitor revenue cycle key performance indicators (KPIs)

High-performing organizations track 3 categories of RCM KPIs:

**Overall Accuracy**

---

Ensure valid patient information, accurate coding, and precise charge capture

**Productivity**

---

Measure efficiency in coding and charge processing in terms of charts closed

**Revenue Reconciliation**

---

Verify expected reimbursements and address discrepancies



## Section II: Workshop Activity and Small Group Breakouts

25 minutes

## ■ How we'll work today



### SELF REFLECT

Complete an individual worksheet broken down into 4 questions



### SMALL GROUP DISCUSSION

Share the results of your worksheet in your small group



### LARGE GROUP DEBRIEF

Surface common themes and connect barriers to strategies

## ■ Self Reflect

Take 10 minutes to reflect on your personal experience with RCM. Jot down your thoughts and map them onto the revenue cycle, using these four prompts.



**Follow the Money:** Review the revenue cycle diagram. Does this reflect the process at your practice? Where, if anywhere, does your process differ? Note the differences on the diagram.



**Where it Hurts:** What parts of the revenue cycle frustrate you the most? Where does the process break down? Indicate the biggest challenges you face.



**Wins Worth Sharing:** What are you proud of accomplishing related to the revenue cycle? Map your proudest moments in the relevant phases of the cycle.



**I wish...**What is the one thing you wish you could change about the revenue cycle? Or the one thing you wish you knew?

## ■ Small Group Discussion

*Before we reconvene:*

Identify one person to share with the full group — (1) the barrier your group found most common or most challenging, and (2) one idea that came out of your discussion.

### DISCUSSION QUESTIONS

---

1. Does your process differ from the graphic? How so?
2. Are there areas where your practice is doing well? What conditions make this possible?
3. What pain points come up for your group? Are there any commonalities?
4. What have you tried that worked to address your pain points? What didn't?
5. What's one idea that came up in your discussion that you'd consider trying?
6. What could get in the way?



Section III:

## **Share Results of Small Group Discussions**

15 minutes

## ■ Small Group Discussion

### DISCUSSION QUESTIONS

---

1. Does your process differ from the graphic? How so?

Let's here from you!

5. What's one idea that came up in your discussion that you'd consider trying?

6. What could get in the way?

*Before we reconvene:*

Identify one person to share with the full group - (1) the barrier your group found most common or most challenging, and (2) one idea that came out of your discussion.

conditions make this

commonalities?

s? What didn't?



# Section III: Large Group Debrief and Solutions

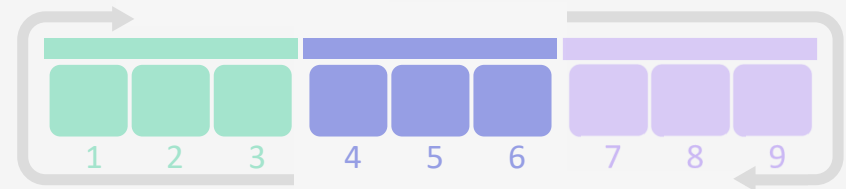
15 minutes

## ■ Large Group Debrief

Let's hear from the small groups.

What challenges does your group face in your practices?

What solutions could you try, based on the key strategies discussed earlier?



## ■ My One Commitment

**Based on today's conversation, what is one thing you will do differently when you get back to your practice?**

Take 60 seconds. Write it on your worksheet.

We're here to help you succeed.

Lindsey Schott, MS | [lschott@thelinusgroup.com](mailto:lschott@thelinusgroup.com)

Kristin Apple, MBA | [kapple@thelinusgroup.com](mailto:kapple@thelinusgroup.com)

**LINUS**