Podcast episode transcript: Josh Amrhein and Thea Campbell

Josh Amrhein: Welcome to the Inside Angle podcast and my name is Josh Amrhein. I'm the business manager for the revenue integrity solution here at Solventum and I have with me Thea Campbell, who is the director of the business for revenue integrity. We're going to talk about AI and revenue cycle.

Thea Campbell: Thanks, Josh for that welcome. I'm looking forward to the conversation today as the topic just seems to be so burning. You know, everybody's talking AI this, AI that. And obviously some wonderful insight or wonderful ways to talk about how do we make it work for ourselves and for our organizations.

Josh Amrhein: So let's just jump right in. i think this is a topic probably you and I get asked quite a bit from our customers, but thinking about the human side of documentation, how do you see AI supporting not replacing the expertise that revenue cycle professionals bring to their roles every day? I think this is something, you know, this is a topic that I feel like we get questioned a lot as to how really is ai going to support the team versus sort of a you know, in this world of AI of almost like replacing the human thought process. So how do you see AI supporting and not replacing?

Thea Campbell: You know, I think it is a big conversation, big worry for a lot of people right now. And, you know, you see all the catchy phrases that say, you know, AI isn't going to replace you, but it'll, you know, it should be able to enhance the functions that you're doing unless you decide not to embrace it.

So there's a little irony in those in that statement. But from a revenue cycle perspective, I think, you know, we've been on a long journey whether that started with the EMRs, with computer-assisted coding specifically in the AI space, whether that was with coding or with CDI.

And we really have become more familiar with the fact that a lot of these enabled workflows really are about presenting the right information at the right time and also being able to tie it to other clinical evidence or other rules or other pieces of information that make your decision-making stronger.

So, you know, nobody likes to go back and have to re-review something because a new piece of information has come through or because we didn't know something when we did our initial work. So I think when we look at, you know, how revenue cycle professionals can bring these this into their roles, it really is about questioning what is the additional information that would make the work that you're doing all the more meaningful and impactful.

And I think as revenue cycle professionals, we sometimes you know try and compartmentalize our work because we're trying to be compliant or it's based on sort of the limitations that we've known to date.

And it really, we haven't kind of looked beyond that about what information, for example, whether knowing that something has the potential to be denied as you're working on it, would be able to help us make better decisions and really eliminate that rework. So it it really becomes about, you know, what are those things? Asking yourself those questions about what is that information that I really wish I could have? And can AI really support having that information, giving it to the right person at the right time to make the right decision?

Josh Amrhein: Yeah, that's great. I agree. I think the other thing to consider is, you know, where teams are being asked right now to do a lot more. And I think AI can also help really empowering the team, the team members to really work at the top of their certification or license and really getting that, you know, really helping, I would say, with overall productivity and, you know, being able to find even sort of that needle in the haystack to a degree and really supporting the work that they're doing day in and day out.

Thea Campbell: I absolutely agree, Josh. And I think some of it just really is looking beyond what is the work that the computer can do for you, those repetitious tasks that we all dislike or that we all you know kind of do because we're that throughput. And you mentioned working at the top of their skill level. It's taking it to that next level of if the computer can do it because it's rules driven, process driven, let the computer do it because there's plenty of work that's that requires the human power, the human brain, the up-skilled abilities that we have, the connections that we have, that that will make that work more meaningful. I think a lot of people had similar fears when we did computer-assisted coding or even as we look at autonomous coding, and at the end of the day, there's always work to be done. There are very few examples of mass layoffs because of computer-assisted coding or, you know, sort of that enhancement within the revenue cycle. And I think we need to lean into that and say, what is that additional work? What is that additional skill set that I can do? Because the computer is taking some, is doing some of those repetitious tasks for us.

Josh Amrhein: So another question, for health system looking to integrate AI into their revenue cycle, where's the best place to start to see a real tangible impact without overwhelming the team?

Thea Campbell: You know, I think one of the really great things about some of the solutions that are out there, our solutions that are out there, is being able to integrate additional information into existing workflow.

So again, back to the, what is the information I need to make the best decision for the task that I am completing? And so it is enhancing some of that, potentially adding a new source of data, into an application that is familiar to the current user. You know, that's one way to do it. You know, I see that as, you know, in a mid-revenue cycle example, being able to pull in that denial information. I think we have been pulled more, as professionals, have been pulled more into those dialogues in in the last five years trying to avoid denials and avoid that rework. And now we have the ability really to include some of that additional information into those existing workflows so the change is easier.

You're not having to experience new processes. Rather, there's just an additional piece of information there. You know, from the other standpoint, if you're talking sort of of in the change management part, it's really encouraging the people who are working with new AI components to maybe try and do something on a personal level with AI to so to make them comfortable with it. You know, I'm a firm believer in trying to make things impactful or make you comfortable with things personally and then professionally, or you can do professionally and then personally, but whatever it takes to make life easier. I frequently joke that, you know, AI became part of my life or part of what I wanted to think about. And somebody said, you know, you can take a picture of your pantry and ask it what's for dinner.

You know, and as soon as I was able to do that, and I was like, wow, what an amazing tool. How could I be using this in my work life as well? It made it a little bit easier. So I think there are opportunities within revenue cycle to do that from a work perspective, just adding that additional piece of information or some of that processing power. But it also is maybe asking your teams that are working there how will they want to become comfortable with it.

Josh Amrhein: Yeah, I think that's an important aspect too. I mean, using an established workflow obviously brings benefits, but also getting input from the team in really seeing how they can see AI helping them in in their everyday work.

I think back to almost like the meaningful use era to a degree whenever everyone was implementing their majority of everyone was implementing their electronic medical records and looking at all the new workflows that were out there and going from paper to electronic and know the HIM professionals and I know you probably remember these days of the medical records room where there were just charts upon charts of paper and there was always a little bit of angst of going to electronic.

But I think you know in this example here of AI and the revenue cycle, tapping into those already established workflows hopefully decreases a little bit of that angst because we're not necessarily introducing something new at this point, we're just trying to enhance a workflow that's already being

used day in and day out and also bringing even some pieces of technology along. I talk a lot about the passing of spreadsheets back and forth well let's get rid of the passing of those spreadsheets back and forth and really tap into the already established technology workflows that a revenue cycle professional may be using.

The denial trends are ever changing. So it's like, you know, they have to stay up on the industry side of really denials and denial prevention and what are going on with the payers and, I think that's a lot in itself.

But then also trying to add in a new workflow obviously can overwhelm the team. So really using an already established workflow to enhance their daily work activities, I think is a huge benefit because of the ever-changing activities as it relates to denials.

You know, think that you might be ahead of the curve on one topic today, but that topic sort of is obsolete. Obsolete may not be the right word, but that topic is sort of old in you know in the next 30 days.

So I think really using those already established workflows is very important.

Thea Campbell: I absolutely agree. And if you think about the transition that a lot of teams made when they started using computer-assisted coding, I mean, I remember implementing in that process and in having people know training and say, do this, and you have to look at new places, and you have to see kind of how it's doing this.

And having to facilitate, help those teams through those workflows to understand how they worked. And then then it kind of became, there were some that saw the light and started to work on it and started to work in the new way. And then there were others who were like, it's just easier for me to drop back into the encoder as opposed to try and do all of this work over here.

And so that was very early on. And we had to work in with those teams to be able to say, here's the value. Here's kind of how we work through it. Here's how it can make your life easier.

And, you know, fast forward a couple of years and those same folks who are very resistant to it are now like, please don't take my computer-assisted coding away from me. You know, I really i do value it being able to bring up diagnoses that I may not have seen. I understand that I can go and I can validate these things.

And as we continue to supplement those workflows with sort of this AI knowledge or this power with trends and being able, like you said, to bring in some of that payer behavior into it, it really enhances the work that we're doing. Gone are the days where we can sort of say, hey, I'm doing this completely payer agnostic. I'm just going to follow the rules. We all need to follow the rules. Don't get me wrong. But sometimes the payers aren't following the rules. And you need to be able to set yourself up with the best information possible when you're submitting that claim. You don't want to slow down, you know, revenue coming in the door. You don't want to have to rework that. And you don't want it to ultimately end up in a space sometimes where the patient is getting a bill because they say this, you know, we're not going to pay for this. But you've already provided the critical services.

So it's really trying to bring in those processes, make yourself more efficient, and really continue to help solve those harder problems.

Josh Amrhein: Sort of sticking on the same topic around workflows and technology, what are some of the biggest challenges you've seen when organizations try to implement these new technologies and what's a key strategy to overcome them?

Thea Campbell: You know, it's the hot topic. You know, you can put AI in, you can build the best engine in the entire world. But if you don't subscribe to some good change management activities, if you don't

subscribe to helping the people in the process understand where and why and how, that's really where you end up falling short. So it's subscribing to those same change management methodologies, that there are going to be resistors, that you kind of need to start with the why, how is this and then demonstrate to them how is this going to be better, and then continue to monitor and follow up.
One of the key strategies we always had or that I've been the most familiar with has been when you have some people who do embrace the technology and are moving ahead very fast, it's leveraging some of their ways of doing that and sharing it with their peers, but you can't kind of knock them over the head with it. You have to say, look you know, one of your peers is doing it this way. Do you want to be able to kind of observe why they're doing that?

And then also trying to help them along and sort of settle those fears, right? If people believe they're going to be replaced, if they embrace this technology,

That's a hard place to be operating from and making sure that you're utilizing it to the best of its ability and your ability. So it's you don't you can't get away from what is that change management and then really continuing to tell the stories of success or allowing them to sort of question the process in in the right way. And again, all of that's change management.

Josh Amrhein: Yeah, I think change management is obviously a hot topic, especially as we, you know, I think I look back when in in some previous roles, whenever I was really implementing some of the technologies in looking at change management or culture changes obviously had a little bit of focus and not to say that organizations were never, you know, they were always focused on an ROI, but I think over the course of the last two to three years, it seems like that topic or that question of an ROI is really front and center. Obviously, everyone's working with very tight margins. And so really producing that ROI is obviously very important and having sort of a strong change management approach or even having a strong leadership to really encourage the adoption.

Like I said, I don't think that any health system really just buys technology to leave it on the shelf. They obviously want to see it used to its fullest potential. But I think more times than not, we're maybe not using everything that we purchased or tell us actually what we purchased so that we can make sure we're using it correctly. And I think that's very important in the change management, especially in in the revenue cycle space that you need to make sure that your teams are using the technology as designed and following best practices. But also having that strong change management approach is very important because to your point, there's always going to be people that give pushback and will sort of be stuck in their ways and they're going to be hard to break. Really having that strong change management and management approach is obviously very important to also help to ensure that the organizations are achieving the anticipated ROI. Because I think as we as we both know, if something's not achieving the anticipated ROI it's the first thing that gets cut at the end of the day. So I think that that really goes hand in hand is obviously some struggles that need to be overcome change management and ROI when implementing a technology.

Thea Campbell: Absolutely. And I think a lot of that goes to leadership, right? The leaders themselves know their teams and you do have to be sort of in the trenches with them and making the case to them as well to be able to use it so that you can accomplish those goals. And if your goal is ROI or your goal is usability, you don't want to have a piece of software that's sitting on the on the shelf that you didn't get your return on. We invest an awful lot in those technologies, and you have to have a clear path to get there. And your staff have to trust you in that space. I led a project once that had some struggles, and some of it was the technology had some struggles and we, this was very old school. I'm probably showing my age at this point, but there were days when it just was really hard and we wanted people to be positive. We said, we have to be positive to get through this. You know, that doesn't mean you can't bring up issues, but if you're having a day where you're not able to bring your positive self to the situation,

You know, we need to know that. And we made these signs and they had a smiling cheetah on it. So cheetahs are known for smiling. Right. And we used to say, if you can't say something nice or if this is not a day when you can engage in constructive discussion about the problem that we're trying to solve,

you know, put the smiling cheetah in front of your face because we'll know we'll know that you're struggling. We'll know that you need that help. And at the same time, you know, we all we needed a little bit of humor to get us through that. Right. Because it can be stressful to make these changes. And, you know, as human beings, we resist change. You know, the path forward has to be more beneficial for us than staying where we were. And as leaders, we need to be able to present that to our teams and lead them through that. So I don't know if that's a key strategy, but it definitely is a key need to really overcome some of the challenges we're implementing technology and sometimes imperfect technology or technology. You know, we like to say that technology learns as we go.

Well, it does. And we have to understand that nothing is perfect off the shelf. Every organization has its own nuances and idiosyncrasies. And we need to invest in the software as much as we need to work successfully with the software in terms of making it work.

Josh Amrhein: Yeah, most definitely. Another question is, automation handles more of the routine tasks. How do you see the day-to-day responsibilities of a revenue cycle team member evolving in the next three to five years?

Thea Campbell: You know, I see revenue cycle teams digging deeper into the complex issues that very frequently plague a revenue cycle team or the skill set. We know that payer behavior is changing. We know that we get code updates every year. We know that how we coded five years ago is probably different than what we're coding now.

We know that our data is being used in very different ways, whether that's in PSI reporting or just overall social determinants of health.

I really see revenue the revenue cycle team members changing from bringing not simply, there's nothing simple about it, but being the throughput machine to being more analytical and looking at what the downstream effects of what the data they are providing or the data that they are looking at is being used for.

You know, I think our lessons in COVID in terms of public health reporting were very important. I think our social determinants of health work is definitely very important. There are research applications, but it's going to be continuing to dig into that depth and have the visibility of being the people who understand how that information is created, what it's created from.

I think the other piece that I really see the day-to-day responsibilities sort of transitioning and really some value that can revenue cycle team members can impact is with yeah EHRs, a bunch of work sort of got pushed back to the clinician, right? So providers used to have a million people following them around, including you know coders and transcriptionists and scribes and all sorts of people behind them.

And we kind of swung the other direction in saying, hey, a provider should be able to enter his own orders, should be able to do all of this. And it's sad to say that they can't. They are probably very, they're intelligent and able to do that. But we really want our providers to be focused on patient care, making them more available to do more of that connecting. And whether that's through ambient learning or ambient you know listening and scribing, the revenue cycle team member is going to have to understand how that data was completed, how that data was generated, how it was being generated. How does that impact what we're seeing in terms of what we're reporting from a coding perspective?

And so I really do see it evolving as to continuing to be those people who understand they are the liaisons between the clinical care and some of the back-end processes that are happening. So, you know, that revenue cycle team member is going to continue to upskill in terms of what they're touching. They're not going to be touching the easy stuff. They're going to be touching the harder stuff and they're going to have to sort of be that advocate or that liaison for how that information is flowing through and how it's being interpreted.

So I think you know doubling down on your analytical skills, being able to understand those workflows, being able to continue to collaborate to understand that that there's no single answer to a problem, that you're going have to look beyond that a little bit more. And just really, you know, understanding what are those skills that are going to need to come up a little bit more. And some of that's problem solving. Some of that's analytical, analytical thought as well. And understanding how the technology is sort of infused into all of that.

Josh Amrhein: Yeah, you hit on three things that over the course of probably the last year, year and a half on some webinars that I did, I had this slide that I always refer to as a busy slide. And I've always said that it is alright it goes against everything that you're taught when you create slides of saying that they're not supposed to be busy.

But it really, I explain it in the fact of you know, this is where your data lives in all the different workflows. And then these are all the different team members that are playing a role in revenue cycle or in the patient's journey. And really, I talk about it as saying, you need to understand these, all these workflows and maybe have a, you have a process in place to say, okay, let's focus on a denial. If a denial comes in, this is the workflow that we can go back to see, do we have the correct, let's say, template created? And then I talk about it to say, okay, and there's about, I think, seven different departments that we've identified. And then we talk, you know, I've talked about, okay, now it's important to say, you know don't work in your silo you know really work cross team collaboration. And I know everyone doesn't need another meeting but you know think about setting up a committee that has all these different teams on it so that everyone can hear which each with each team is working on and then really where their pain points are. So I think you're 100% right as it relates to you know being analytical and obviously understanding the data understanding the workflows because you need to know where that data lives and then having the ability to reach across teams to say, how do we solve this problem at the end of the day? Because I think, you know, again, talking about denials, you know, those are ever increasing for all the health systems out there. So you have to be able to reach into the different teams to really say, you know, this might not necessarily be my direct issue, but how can we solve the problem that's in front of us today?

Thea Campbell: Absolutely. So I mean, I think people within the revenue cycle coders, CDI people, they're able to see what's in the documentation. And more often than not, when I would ask a question about, hey, are we seeing this problem? Right. You know, I go to a meeting and someone who would say, hey, you know, there's this new thing out there and it says we've been seeing this issue. And I'd be like, I'm not familiar with that issue. But I would go back to my team, and the ones who are playing in the records every day and looking at all that information. And they'd be like, oh, yeah, we've been seeing that for a long time.

I would be like, well, now wait a minute. We need to develop, you know, the right workflows or the right processes to be able to question that and to bring it forward. Because people, in the absence of additional information, are going to make assumptions. And I think you know, we all assume everybody's doing a good job or we all assume that everybody is doing the right thing. And sometimes we don't understand the downstream effects. You know, I had this happen to me when we were doing when social determinants of health were first being highly reported within the state of California.

And we had a wonderful team of social workers who were working on programs to be able to offer new things to the patient to their to our patients, right? They were engaging in this dialogue, trying to connect them with resources. And they were documenting away. And they said, well, of course, we're reporting. We're reporting on all the efforts that we're doing. And I remember coming to a call and I said, well, where are you documenting this? And don't assume that this is being reported because if we're not coding it, we're not getting it on the bill and we're not getting it in the top 25 diagnoses.

Nobody's seeing the work effort that you're doing. Obviously the patients are, but we're not reporting on it. And it was sort of that moment, that light bulb moment where it was like, you know, yeah, we probably did notice that more documentation was coming through, but we weren't necessarily picking it up because we were consumed with other diagnoses that had been prioritized for PSIs or for quality

reporting or social determinants or severity of illness, risk of mortality. And, you know, we didn't kind of know that we had made this pivot. And, you know while it was a compliment that they thought we were picking everything up and that we were codifying everything so we could be reporting it, it was sort of funny to not have them understand the disconnect of how does that information flow through to ultimately become reportable.

Josh Amrhein: Thank you. So what new skills should leaders be encouraging their teams to develop to not just adapt but thrive in an AI-powered environment?

Thea Campbell: You know, I really think it is that questioning, right? It's digging deeper that if something doesn't look right, don't just shrug your shoulders and move on. So it's questioning it. It's being able to, I think you touched on it already. You were talking about needing to have that collaboration. the critical thinking skills and the problem solving skills. And it's being able to take an additional piece of information and really decide what is the key component that I can match this up to, to make a good decision. So it's, you know, developing what is your decision-making skill with being given new information. It's being able to collaborate more, and it's willing to question sort of what's happening.

I think the biggest fear that I have is, you know, we already, we've seen it in many, for many years within healthcare. We're like, well, if the computer said to do that, that's what I should do, right? And doctors sort of had to get to a place as well that just because there was a best practice alert didn't mean that you should accept the best practice alert if you thought something different for your patient. You know, you needed to be able to look at the information that was being presented to you, and apply it to the decision that you were trying to make because you're the human, the person and on the hook being able to do that. So it's how do you kind of tweak your decision making to take in new information and make sure that you're making the best, safe, right decision?

It's being able to collaborate. And I think we can't underestimate the need to be able to communicate, right? We do so much online. We do so much virtually that we still do need those communication skills when you're trying to ask a good question or pose a reason for something. And I think that, too, is a very important skill. I remember back as electronic records were being implemented and we were kind of taking away some of those repetitive tasks like analyzing records. You know you mentioned the the file room earlier and piles and piles of records and you had to dig through the entire record.

And we shifted from having to touch every single record and every single document to only the ones that the computer couldn't figure out. And so it we did a lot of work and I have had a lot of conversation around problem solving and it's the thing that comes back. And whether you say problem solving decision making, whatever those skills are.

I think another piece with those two very tactical or very practical ones, it's trying to think creativity with your creative mind, because that's something the computer can't do, whether that's creativity and compassion as well.

Josh Amrhein: Yeah, most definitely. Looking ahead, what is one future trend in AI for revenue cycle management that you find particularly exciting or promising?

Thea Campbell: Well, I'd be remiss if I didn't say that taking a lot, taking all of the denial information, all the payer information that has always lived in our business offices with our PFS companions, you know collaborators, and bringing that further upstream just is so exciting. So trying to answer all of those questions, that kind of got get pushed down the cycle as care is being rendered, being able to push that upstream into whether that's mid-revenue cycle or it could even be all the way up to the front line where you're saying, hey, wait a minute, you know, we're going to have a problem with this this prior authorization or what is the medical necessity in this space. But I think it really takes us from having to have an entire process in the back end, being able to lead them to exception processing, truly things that are wrong with that claim, and being able to move some of those areas upstream where you really can have an impact and having some of that payer-specific information.

You know, it's more about visit integrity than it is about revenue integrity because all of those components of care, yes, they impact revenue, but it also is just about how is that visit moving through the system, How is that visit valuable to a patient? Obviously, it's the care they're being given, but you can sort of say if somebody has wonderful care but has a horrible financial experience as well, that doesn't bode well for organizations. So I think it's really trying to bring home to the overall impact what is the patient satisfaction in their revenue cycle and being able to understand the financial components of that should they choose to. But it's getting the right information upstream, that payer, that 837, that 835 data being further upstream to understand it, I think is just absolutely amazing. And we only hit just the tip of the iceberg with it for so very long. And now I think it's really amazing when you start to see the changes that can be made with it.

Josh Amrhein: Yeah, I agree. And I know even in the last couple of years in talking with customers and really talking about, you know it is a little bit of a mind shift that we're talking about moving it as far upstream as possible, especially around denial prevention, to be able to get those issues resolved while the patient is still in the hospital.

And I think you brought up a good point about really, you know, the patient experience related to revenue cycle. I mean, obviously everything sort of flows downstream at the end of the day, but if you think about it, you know, if a patient gets hit or is has in front of them a very large hospital bill at the end of the day, you know, it's, yeah, they probably did remember their hospital stay in the care that they had provided, but sometimes that bill is what could put a sour taste in someone's mouth, but not also understanding that it's not necessarily the health system or the hospital that's it at fault.

But being able to really move those activities or those potential related issues really while the patient is still in the hospital to get them resolved is obviously very important.

And I think that is very promising for really where the industry is moving as it relates to denials and sort of we're never going to get out of the retrospective work that needs to be done, but pulling revenue integrity or denial teams more concurrent, I think is, you know, still a little bit of a hard pill for some people to swallow, to really see what that looks like at the end of the day.

But I think that that's very exciting and promising to see how we could get out of that retrospective space and be much more concurrent.

Thea Campbell: Absolutely. And I can say as a patient who's had to go through multiple iterations of getting something authorized, right? So do you have the correct diagnosis? Do you have the correct complications? Are you doing the correct medicine? Have you had, you know, this, you know, we need, the payer needed to see additional proof of other interventions that had been done previously. And it took two weeks, you know, so there's nothing more disheartening as a patient when you're sitting there and your doctor says, okay, this is a really important treatment that you need to have. We'll get it scheduled for you. And then to spend two weeks having conversations with the front end staff or the business office staff saying to you, oh, we can't get it authorized. Do you want to pay for this? Only to know that that if the correct information or the right information that the payer was getting was you know met the criteria or met what they needed, that you wouldn't have had that delay. And that there's nothing more frustrating than feeling like as a patient that you're the ping pong ball between getting something authorized, getting a treatment, and then having to pay for it.

And, you know, I think we are fortunate, Josh, but you like me, we know we spend a lot of time advocating for our family members and for ourselves but it's pretty amazing when you get into some of these conversations and you're like, no, that that's the incorrect information. This is the correct information. And being able to use some of the AI technology that can really help with that so that we can understand what is really needed as opposed to having to read, you know, a 350 page explanation of benefits documents or summary of benefits documents to be able to understand that, to have a technology that could help in the capture and the quantification of that would make the people from, you know, a healthcare care organization, you don't get into healthcare, care you don't work in the healthcare care if you don't want to make a difference, you know, makes their life easier so that they can

help the patient. So instead of having to wait two weeks for a treatment and have this patient call you, you know, desperate, scared, afraid for two weeks, you would have been able to know what information was needed and to be able to provide it How wonderful is that? You know, that that kind of lifts some of that burden in an already really hard place to work right now.

So I think it is, you know, it's that right information to the right person at the right time to be able to make the right decision, to be able to help our patients and to help our organizations so that they can continue to provide care in the best way that they can.

Josh Amrhein: I couldn't agree more. Well, we wrap up our time today, if you could clear up one common misconception about AI and the revenue cycle, what would it be and why?

Thea Campbell: I think you know the biggest misconception we talked about it upstream was that it's going to totally replace us all. It's only going to replace us all if we don't figure out how we can use it to make ourselves a better version of ourselves. So rather than, hey, this, you know, they're not going to need me anymore. They may not need what you're doing today in the way that you're doing it today, but they are going to need you to be that person who can understand the workflow, who can understand where that data came from, who can put together the points and that the computer can't.

And so it if you think that it's just going to become a whole bunch of AI going back and forth, you know, I think that's a misconception, at least in the near term, or at least now. You know, I am one of those people I do look ahead to the future and you wonder, how things are going to change. If I looked five years ago, I don't know that I would have thought AI would be doing what it's doing right now. But it is. And so it's, you know, needing to understand that the technology is going to evolve and you we need to look at how we can best use it for ourselves. So it is the you know, it's not going to replace you unless you choose not to adapt and understand how to use this incredibly valuable tool.

I'd be curious about yours too as well, Josh. What do you think one of the misconceptions is?

Josh Amrhein: Yeah, I mean, I agree with you. I think, you know, the one that we hear the most is really, you know, how well What is this going to do for my job at the end of the day? I mean, we talked a lot about it through our conversation today, is it's not meant to replace that human. I mean, I remember when I was working with CDI teams and really helping to roll out that technology, it was always about, you know this isn't here to replace you. And I think that, that you know, that for me is the one that I just keep thinking it's about replacing the human. And that isn't the case. I know You know, especially on the coding side, you know, that sort of an aging profession at this state. And, you know, there's always going to be those gaps. So it's never meant to replace. It's just really how is it how is it going to be used and really fill the voids so that everyone can still be successful in their in their jobs and also for the for the health systems.

Well, thanks for chatting today, Thea. It was great.

Thea Campbell: Absolutely. Thanks, Josh, for leading it and for all of your great work in this space. It is really wonderful to have the conversations with you and come out of it with a different take on it, and which is exactly what we need to continue to do as we navigate new technology and new ways of thinking and making sure people are putting their ideas out there.