Improving the Patient Experience Across the Revenue Cycle

A closer look at patient centered approach to scheduling, pre-arrival, point-of-service functions, and move towards a single billing office

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Today’s Presenters

**Santosh Raju**  
Manager, Healthcare Advisory Services  
+1 773 595 6116  
Santosh.Raju@rsmus.com

**Andrew Harding**  
Supervisor, HealthCare Advisory Services  
+1 202 436 1300  
Andrew.Harding@rsmus.com

**Ryan Rozwat**  
Supervisor, Healthcare Advisory Services  
+1 630 699 2283  
Ryan.Rozwat@rsmus.com
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Consumer Outlook in Healthcare
Growing Patient Financial Responsibility in Healthcare

PERCENTAGE OF COVERED WORKERS ENROLLED IN AN HDHP/HRA OR HSA-QUALIFIED HDHP, 2006-16

*Estimate is statistically different from estimate for the previous year shown (p < .05).
NOTE: Covered Workers enrolled in an HDHP/SO are enrolled in either an HDHP/HRA or a HSA-Qualified HDHP. For more information, see the Survey Methods Section. The percentages of covered workers enrolled in an HDHP/SO may not equal the sum of HDHP/HRA and HSA-Qualified HDHP enrollment estimates due to rounding.

Growing Consumer and Provider Trends in Revenue Cycle

**Consumer Trends**

- Decision makers in selecting their providers
- Desire easy access to care
- Prefer simplified and convenient methods of communication
- Seek active engagement from their healthcare providers

**Provider Trends in Revenue Cycle**

- Increase transparency (e.g., pricing)
- Streamline access to care
- Simplify patient communication and engagement
- Understand patient experience
Patient Engagement Continuum in Revenue Cycle

Patient Access

Level of Risk In Securing Patient Responsibility

Low

Business Office

High

Scheduling

Financial Clearance

Pre-Registration

Registration / Check-In

Billing

Balance Follow-up

Customer Service

Bad Debt Collections
Patient Focused Call Center

Improving patient experience through call center performance
Challenges Incorporating Consumerism

- Patient access departments often ill equipped to handle variety of patient questions (cost, timing, details, requirements)
- Inflexible scheduling slots can frustrate patients
- Patients seek to be treated as valued customers
- Desire to be educated and informed rather than prescribed
- Technology limitations across multiple facets of the experience
  - Communication
  - Care coordination
  - Financial responsibility
Consumer Challenges

Security
- Identifying correct patient information
- Patients may feel uncomfortable providing sensitive information over the phone
- Vendor phone numbers not recognized by patients

Patient’s Patience
- Multiple calls prior to service can be overwhelming
- Repetitive steps to verify patient
- Calls occur during business hours
- Remembering what to bring for procedure
- Lingering hold times/abandonment

Lack Understanding
- Patients aren’t aware of network benefits
- Unsure of coordination of benefits order
- Medical terminology is overwhelming
- Multiple bills confuse patients
Provider Scheduling Challenges

**Inaccessible**
- Limited appointment availability and flexibility
- Inability to schedule “urgent” care needs
- Difficulty providing care and medical advice outside office hours

**Inconvenient**
- Limited to phone based scheduling
- High and variable inbound patient call volumes
- Scheduling is complex process involving multiple hand-offs

**Inconsistent**
- Lack of scheduling and referral process standardization across departments and service lines

**Impact**
- Delays & Cancellations
- Patient Volume Reduction
- Low Patient Satisfaction
Financial Clearance Challenges

Uncoordinated
- Duplicative requests for patient information
- Lack of coordination between functional areas

Inaccurate
- Capture of incorrect financial and demographic information
- Estimates not consistent with actual liability

Unexpected
- Time of service notification of financial or clinical issues
- Significant patient liability collection requests at check-in

Insurance refusal to cover service
Patients Inability to Pay for Service
Cancellations or delays in care

Patients Inability to Pay for Service
Insurance refusal to cover service
Cancellations or delays in care
What’s a Patient Call Center?

Patient access services provided by Patient Call Centers:

- New patient registration
- Patient appointment scheduling
- Referral management, including pre-authorization services
- Financial verification and clearance
- Financial assistance
- Appointment reminders
- Patient liability estimates and pre-service collections
Organizational Benefits

• Reduce rework costs
  • Point-of-service registration and wait times
  • Patient follow up
  • Denied claims
  • Returned mail

• Improve patient satisfaction
  • Re-verification
  • Registration wait times and duplication
  • Patient retention
  • Patient experience ratings

• Correct underperforming metrics
• Decrease burden on revenue cycle functions
Polling Questions

1. Do you currently use any sort of call center for patient access functions?

2. Do you think that there is opportunity to improve/better integrate call center performance?
Measuring Success

**Quantitative**
Abandonment Rate

The ratio of calls hung up prior to resolution / total inbound calls

**Operational**
Financial Clearance Rate

Rate of visits that have been successfully verified for benefits and secured authorizations

**Qualitative**
Patient Satisfaction

Patient surveys provide feedback surrounding encounter and promote engagement

Interesting Fact
1. Nearly 60% of consumers are not willing to wait on hold for more than one minute
Integrating Your Call Center

- **Brand consistency**
  - Patient experience key focus
  - Call center reps set the tone for the visit

- **Cultural alignment**
  - Tone, empathy, community
  - Treating patients uniformly excellent

- **Technical structure**
  - Phone numbers, addresses, phone tree, accessibility
Patient Access Solutions
Scheduling and Patient Experience Solutions

Increase Open Access Scheduling Utilization

- Create group or other openings in schedule based on operational environment
- Create dedicated openings for "urgent" care requests
- Utilize web based scheduling

Improve scheduling operations

- Align staffing levels and appointment openings
- Centralize scheduling functions
- Standardize and automate scheduling and referral protocols
- Further utilize MD Assistants to reduce visit time

Change management and support

- Obtain and incorporate physician feedback into scheduling changes
- Establish leadership steering committee
- Define and communicate organizational vision
Financial Clearance Solutions

- Automated and Exception Based Clearance Worklists
- Clearance Centralization and Standardization
- Next Day Patient Preparation
- Fast Track Registration for Cleared Patients
- Increased Post Discharge Care Coordination
Pre-Service and POS Collections

Trend of increased patient liabilities and reduction in payer reimbursement driving need for focus on up front collection activities

Patient Challenges
- Patients responsible for increasingly larger share of bill
- Pricing information is not provided or inaccurate prior to service
- Patients have difficulty resolving prior balances
- Uninsured population receive limited education and resources for financial assistance
- Limited and inconvenient payment resolution options

Provider Impact
- Pricing confusion leads to delay or cancellation of service
- Patients refusal to pay on liabilities until after service increases collection cycle time, costs, and bad debt
- Revenue decreases limiting provider ability to offer financial assistance and discounted care
Pre-Service and POS Collection Solutions

People
- Establish a high level vision and align staffing to support
- Establish department specific collection goals
- Identify “champions”
- Celebrate incremental wins

Process
- Integrate process between pre-service and check-in
- Provide training and communication
- Establish process for performance review and feedback
- Notate and track collection attempts
- Routine pricing reconciliation

Technology
- Develop summary and performance dashboards for all levels
- Implement a patient liability estimator and reconciliation tool
- Provide hardware and system modifications to support vision
Polling Question

Which tool(s) has your organization recently implemented to improve the front end collections process?

A. Patient liability estimator
B. Reconciliation tool for improved estimate accuracy
C. Improved and/or customized front end collections performance reporting
D. Patient access system modifications or enhancements
Single Billing Office (SBO)
Patient Centered Approach to Support All Back End Patient Responsibilities
Traditional Guarantor Account Flow - Example

- Care Services Rendered & Charges Captured
  - Physician Service Charges
  - Facility Service Charges
  - Ancillary Service Charges (e.g., Lab, x-rays)

- Statements:
  - Primary Care Statement (1)
  - Specialty Care Statement (2)
  - Facility Statement (3)
  - Ancillary Statement (4)

- Customer Service Lines:
  - Line 1
  - Line 2
  - Line 3
  - Line 4
Polling Question

• Does your organization have a mechanism to track patient complaints and/or measure patient satisfaction?
Challenges with Traditional Approach

Factors Affecting Patient Experience

- Lack of uniformity in brand image and management
- Lack of system integration to capture patient information across all platforms
- Complexity deciphering between numerous guarantor statements
- Multiple customer service lines to address patient billing needs
- Variation in guarantor specific policies and procedures
Single Billing Office (SBO) – Patient Centered Approach

- **Single Billing Office (SBO)** is a shared revenue cycle department designed to manage patient responsibilities for hospital and physician services, specifically patient liability billing and collections, and customer service functions.

- **Primary Benefit** - **Enhance Patient Experience**

SBO – Organizational Benefits

Achieve Better Economics of Scale
• Increase productivity
• Improve workflow efficiency

Improve Leadership Oversight
• Uniform goals & expectations
• Improved visibility

Uncover Cost Saving Opportunities
• Better negotiations of vendor fees
• Reduce ancillary costs

Increase Patient Collections + Reduce Cost
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<tr>
<th>Category</th>
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<tr>
<td>SBO Governance</td>
<td>Where will the SBO reside in the organizational governance structure?</td>
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<td>Scope of SBO</td>
<td>Which services should be included in the SBO department?</td>
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<td>Patient Statement Design</td>
<td>Which patient statement design is the most patient friendly?</td>
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<td>Automated Payment Allocation</td>
<td>How should the system allocate patient payments between open hospital and physician balances?</td>
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<tr>
<td>Policies and Procedures</td>
<td>Is there consensus on standard policies and procedures (e.g., charity care guidelines, prompt pay discounts, etc.)?</td>
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<td>Organizational Structure and Workflow</td>
<td>How to determine team setup and workflow priority?</td>
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<td>Reporting</td>
<td>What are the reporting needs to support performance management?</td>
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Key Considerations to Improve the Patient Experience

- Single Patient Statement Design
- User friendly online portal
- Collect payments for any account/invoice at all access points
- Consistent Patient Payment Options
- Extended Customer Service Hours & On-Call Financial Assistance
- Mechanism to Track Patient Satisfaction
QUESTIONS AND ANSWERS?
RSM Contact Information

Santosh Raju
Manager, Healthcare Advisory Services
+1 773 595 6116
Santosh.Raju@rsmus.com

Andrew Harding
Supervisor, HealthCare Advisory Services
+1 202 436 1300
Andrew.Harding@rsmus.com

Ryan Rozwat
Supervisor, Healthcare Advisory Services
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Ryan.Rozwat@rsmus.com
THANK YOU FOR YOUR TIME AND ATTENTION