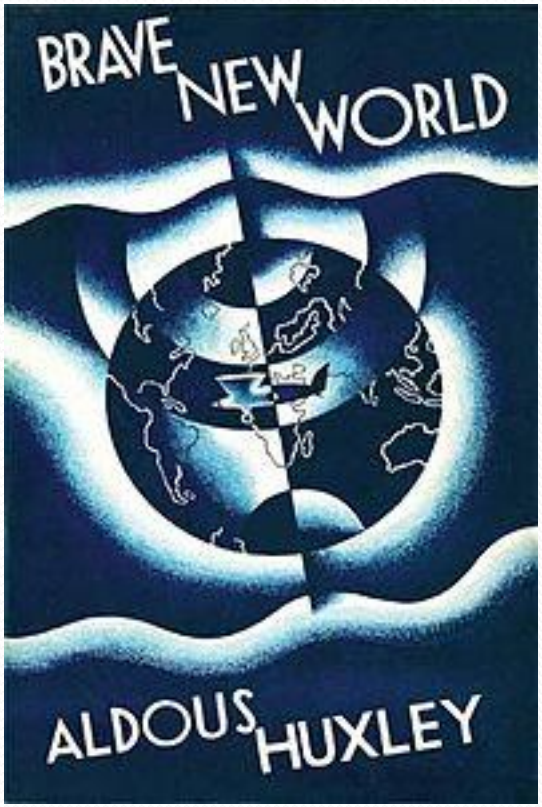
Leading Trends in Patient Access

Todd Krim, JD, MPH
American Health Connection
(310) 927-7910
tkrim@ahconn.com

It's a brave new world for health care providers . . .



The Good Old Days . . .


Doctor, I want to choose how I'm treated
Hmm. You're not just ill – you're deluded


A New
Dawn


Patient
Power

Patient-Centered Health Care

- Patient Protection and Affordable Care Act
- HCAHPS Scores
- Healthcare Consumerism
- General Market Competition

= **Customer Service and Patient Satisfaction are more important than ever!**

Affordable Care Act

- Signed by President Obama in 2010

- In April 2011 it was announced that hospitals will be penalized financially for poor quality of care and patient satisfaction – commonly referred to as ***Value-Based Purchasing***

HCAHPS Survey

- The HCAHPS (Hospital Consumer Assessment of Healthcare Providers and Systems) Survey is sent to patients 48 hours to 6 weeks after discharge
- First national, standardized and publicly-reported survey of patients' perception of hospital care
- Survey questions include the patients' overall rating of the hospital and whether or not they would recommend it to family and friends

Healthcare Consumerism

- Baby Boomers: Customers <u>not</u> Patients

- Boomers are becoming Medicare-eligible at a rate of 10,000 per day and enrollment in Medicare Advantage programs is skyrocketing
- At the same time out-of-pocket medical expenses, deductibles, coinsurance, and other health care costs are increasing
- Out-of-pocket health care costs could increase more than 35 percent in every state by 2019 (according to a 2009 study commissioned by the Robert Wood Johnson Foundation)

- While a patient's quality of care and clinical outcomes are important, they are only a fraction of the overall patient experience.
- To be successful in today's competitive marketplace, providers must focus on the complete patient experience – from the moment they schedule an appointment to the time they receive the final bill.

The Role of Patient Access in the Revenue Cycle

- Patient Access is generally the patient's first interaction with any health care organization and often sets the tone for the entire revenue cycle
- Historically, health care providers have tried to address revenue cycle deficiencies on the back end
- There is finally recognition that Patient Access Departments hold the key to achieving successful revenue cycle operations

Patient Access Goals

- Patient-centric approach to all interaction
- Reduction in net operating expenses
- Increase in the level of financial screening
- Establishment of clear financial expectations for patients
- Reduction in the level of rework in post-treatment revenue cycle functions
- Reduction in payer denials
- Increase in cash collection

Key Metrics and Measurements

- Pre-patient access processing and timelines for completion
- Customer service and patient satisfaction levels
- Telephone call processing effectiveness
- Financial processing
- Operational improvements and cost savings

- Ultimate Measure of Patient Access Performance . . . A Financially Cleared Patient!
- **Prior to Service**:
  - Patient should be scheduled and registered
  - Insurance eligibility and coverage verified
  - Any necessary authorizations obtained and tracked throughout visit
  - Patient obligation collected
  - Financial assistance options presented to those unable to pay

Technology Can Help

- Powerful, real-time technology is available to address some of the most important issues:
  - Eligibility Verification
  - Precertification Validation/Medical Necessity
  - Patient Financial Obligation/Counseling
- In order to maximize efficiency, it is critical to automate as many processes and steps as possible so that patient access staff can spend more time on complex registrations

Eligibility Verification

- Providers need an eligibility system and process that is multi-tiered and able to obtain detailed information of all 38 Patient Service Type codes (e.g., burn care, coronary care, screening x-ray, etc).
- Manual, batch, real-time reporting capability
- Some solutions can be integrated with Practice Management/HIS/Scheduling systems

Pre-Certification/Medical Necessity

- There are certain restricted procedures that Medicare (and sometimes private payers) will not reimburse unless there is an *approved supporting diagnosis*
- Most large providers have automated systems capable of identifying non-compliant diagnosis/procedure codes that will flag patients with restricted procedures
- Providers are prohibited from billing patients for restricted procedures unless they've properly documented the patient's acceptance of financial responsibility

Patient Financial Obligation/Counseling

- Solutions exist that will accurately and timely calculate the patient's financial obligation before the point-of-service
- Technology-assisted matching of patients to appropriate financial assistance programs
- Patient payment portals are becoming more prevalent and offer several advantages:
  - 24/7/365 and reduce staffing needs
  - Ability to automate payment arrangements

Emerging Trends

Kiosks, Portals and Apps

- Registration kiosks, pre-registration portals and apps are becoming increasingly popular
- Use of these technologies make the patient feel as if he/she is in control while simultaneously decreasing the burden on patient access staff to gather the data
- Despite the Internet, telephones remain the primary method of communication between the patient and the hospital

Pre-Access Call Center

- Trend toward establishing a centralized scheduling department to improve patient and physician satisfaction – this department often handles pre-registration functions as well
- Many hospitals are outsourcing their scheduling and pre-registration services to external call centers to reduce costs, expand the hours of operation and take advantage of new technology (interactive voice response, call recording and predictive dialing)
- Main source of data for any hospital comes from the call center not medical records

Best Practices for Pre-Access Call Centers

- 90% of calls are answered within 20 seconds
- 50-second average call hold time
- Less than 5% abandoned call rate
- 98% of calls result in a resolution

Conclusion

- Hospitals and other health care providers are facing several challenges at once: an aging and more consumer-oriented patient population, reduced payments and a more competitive marketplace.
- In order to survive, hospitals are going to have to invest in best-in-class policies, processes and people.
- Fortunately, there are consultants and service providers available to help ensure a smooth and successful transition.

References

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Contact

Todd Krim, JD, MPH
Senior Vice President
American Health Connection
(310) 927-7910
tkrim@ahconn.com


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