Patient Access: Artisans of the Patient Experience
Thursday March 12, 2015

Enhancing the Revenue Cycle Experience for Patients—

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Texas Health Resources®
About THR

Includes more than 20,500 employees working in 24 acute-care and short-stay hospitals that are owned, operated, joint-ventured or affiliated with THR.

Texas Health is one of the nation’s largest faith-based, nonprofit health care delivery systems.
Serves 16 counties in the Dallas-Fort Worth area of north central Texas, home to more than 6.2 million people
Learning Objectives

1. Review opportunities within the front line to impact the patient experience
2. Consider methods to monitor patient interactions from first encounter to the point of admission and beyond.
3. Identify common patient complaints with pre-service activities and update processes to resolve the issues.
4. Conduct quality assurance and staff training in communication with patients
Today’s Agenda

• Review THR’s patient experience strategy
• Describe the role of patient access in the overall patient experience
• Review the process we implemented
• Review benefits realized and lessons learned
• Table exercise
Our Patient Experience Journey

• The Role of Patient Access
• Objectives

CULTURE
Extend our culture across the care continuum and into the community

VALUE & QUALITY
Innovate and expand our care delivery to reliably deliver compelling value (quality, cost and service)

FINANCIAL SUSTAINABILITY
Generate the financial capacity to fund our transformation
Patient Access Model
Patient Satisfaction

Inpatient – Admission (Registration) Section

- THR
- 50th Percentile
- 75th Percentile
- 90th Percentile

Press Ganey Mean Score

2008: 86.3
2009: 86.4
2010: 87.2
2011: 87.6
2012: 87.6
2013: 87.9
2014: 87.6
2015 as of 3/6/2015: 87.6

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Patient Satisfaction

Outpatient Services – Registration Section

Press Ganey Mean Score


THR 50th Percentile 75th Percentile 90th Percentile

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Our Journey

- 2002: Began recording insurance verification phone calls
  - Established proof of patient coverage for reimbursement
- 2007: Opened Patient Access Intake Center
  - Centralized insurance verification & pre-registration activities
- 2009: Began recording phone calls with patients at the point of scheduling and pre-registration
  - Expanded from system already used to record authorization phone calls with payers
- 2012: Began recording in-person conversations with patients at registration
  - Entire patient access experience is recorded. (Scheduling, Pre-registration, Verification, Face-to-Face at Registration.)
Recording Patient Interactions

• Step 1: Scheduling
  – Record patient and/or physician phone call
  – Capture faxed physician order
  – Document patient information
  – Screen for risk
    • Right procedure
    • Right order
    • Right physician
Scheduling/Pre-Registration

- Streamline patient access to the system to improve the overall experience
- Schedulers conduct a warm transfer to the Patient Access Intake Center (PAIC) to complete call
- Documentation standardization – including authorization, scheduling and registration info
Pre-Registration

- Step 1: Scheduling
- Step 2: Pre-Registration
  - Patient demographics
  - Benefits and eligibility
  - Self-pay estimates
  - Scheduling instructions
  - Directions
Insurance Verification

- Step 1: Scheduling
- Step 2: Pre-Registration
- Step 3: Insurance Verification
  - Correct authorization
  - Correct status
  - Confirm for appeals
Registration – Face to Face

- Step 1: Scheduling
- Step 2: Pre-Registration
- Step 3: Insurance Verification
- Step 4: Face-to-face at Registration
  - POS collections
  - Financial counseling
  - Bedside registration in ED
Indexing & Retrieval

• Step 1: Scheduling
• Step 2: Pre-Registration
• Step 3: Insurance Verification
• Step 4: Face-to-face at registration
• Step 5: Indexing and retrieval
  • Index recordings to patient account
  • Establish audit trail for every encounter
  • Complete picture of a patient’s pre-service experience – from the initial encounter at scheduling to the point of admission
Challenges Faced

- Patient complaints often led to he-said, she-said scenarios
- Inability to determine root cause
- Lack of standardized training for staff on how to resolve the issues
- Effectiveness of handoff between scheduling and PAIC
Process Improvements

- Identification of common indicators
  - Asked for the same information – address, phone number, etc. – multiple times
  - Told wrong location for a procedure
  - Given inaccurate instructions
  - Told different copay during different conversations
Service Recovery

- Identification of common indicators
- Service recovery
  - Responding to negative surveys
  - Addressing patient complaints
  - Identifying risk opportunities
  - Identifying training opportunities
Staff Training

• Identification of common indicators
• Service recovery
• Staff training
  – Proactive monitoring: 10 recordings/month
  – Identifying outliers
  – Conducting employee evaluations
  – Providing 1-to-1 training
  – Self-training; replaying interactions
Drilling Down

- Identification of common indicators
- Service recovery
- Staff training
- Drilling down
  - Eg., Compare length of admission encounter for pre-registered vs. walk-in patient
  - Eliminate duplication to optimize flow for patients
### Table Exercise

#### Ambulatory Surgery Survey

- **Background Questions**
  - Please rate the service you received:
  - Please rate your visit on:

#### Pre-registration Call

#### Registration Face to Face

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**Scheduling**

1. Ease of getting an appointment for surgery when you wanted: 
   - Very poor: 1
   - Poor: 2
   - Fair: 3
   - Good: 4
   - Very good: 5

   *Comments (describe good or bad experiences):*

**Pre-registration**

1. If you spoke with the pre-registration staff by phone, helpfulness of the person you spoke with: 
   - Very poor: 1
   - Poor: 2
   - Fair: 3
   - Good: 4
   - Very good: 5

   *Comments (describe good or bad experiences):*

**On-site Registration**

1. Helpfulness of the person at the registration desk: 
   - Very poor: 1
   - Poor: 2
   - Fair: 3
   - Good: 4
   - Very good: 5

   *Comments (describe good or bad experiences):*
Process Overview

Communication management system records & indexes the calls/conversations

If there is ever a complaint, administration can review the patient’s entire experience to identify the problems

The recordings also provide a valuable training tool for allowing staff members to hear their own mistakes

Texas Health is able to drive new initiatives that improve patient satisfaction
Conclusion & Questions

- The experience begins before the front door
- Benefits of a centralized model
- Patient financial communication best practices
- Recording provides valuable insight for change
- Monitoring and measuring impact of change