



Patient Access Forum

Cathy Foster – CRCE-1, BA – Atlantic General Hospital

Roman Geiser – MBA – Frederick Memorial Healthcare

Maryland AAHAM May 18, 2018



NAHAM 2018 Annual Conference

Issues Discussed :

- **Transgender and Gender – Cultural Sensitivity in the Healthcare Industry**
- **Best Practices in Patient Financial Communications**
- **The Role of Registration in Telehealth Services**
- **Employee Engagement**
- **Career Ladders for Patient Access Staff**
- **Consumerism and the Patient Experience**
- **Patient Identification – Biometrics**
- **Automation – Great but It Cannot Fix a Broken Process**



Transgender and Gender

- ▶ **Requirement for Meaningful Use (MU)3 – Ability to collect sexual orientation and gender identity**
- ▶ **American Medical Association – 2017 House of Delegates “inform and educate the medical community and public on the medical spectrum of gender identity**
- ▶ **Recommend should be addressed in facility’s Diversity Training**
- ▶ **Reach out to LGBT community who will be happy to educate staff at your facility**
- ▶ **Scripting – “We questions may be sensitive to you and we realize they are personal, however we need to make sure for your safety.”**
- ▶ **Resource – Amanda Watson**



Transgender and Gender Identity Contact

Amanda N Watson

Corporate Director of Revenue Systems and Support
Services

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Best Practices in Patient Financial Communications

- ▶ Patients now expect to be informed prior to service regarding insurance benefits, was auth obtained, their out of pocket expenses and if service is covered by insurance.
- ▶ Record patient calls and listen to recordings for QA purposes – Update training and continue to train often.
- ▶ Review statements to assure easy to understand.
- ▶ Bring transparency to patient financial communication as soon as possible in the patient visit – Schedulers should be educated to direct the patient to the correct resource.
- ▶ Most hospitals have clinical follow up in place – Consider financial follow up also after visit if not performed prior to service or at discharge.
- ▶ Make it simple and convenient for patient to pay. Text, online, App....



Best Practices in Patient Financial Communication

Yvonne Chase – CHAM, MBA

Mayo Clinic Arizona

Manager of Patient Access and Business Services

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Role of Registration in Telehealth Services

- ▶ Dr. Rahul Sharma, Emergency Physician-in-Chief, New York Presbyterian – Weill Cornell Medical Center

“One of the most critical members of the healthcare team is the Registrar. Treatment cannot begin until the patient is registered.”



NYP Virtual OnDemand Services

- Patients call in via smartphone app or their computer.
- Registrar continuously monitors software platform for notifications.
- Registrar initiates the registration process in the hospital registration system.
- Communicates with the patient via the app, texting or telephone call.
- Alerts the physician patient is waiting, places the patient in the “virtual waiting room”.
- Initial challenges included registration and physician collaboration and the registration staff learning how to manage patients from different mediums – Virtual vs Actual onsite patients.
- Considering future use of telehealth for pre-surgical assessments.



Contact Info for TeleHealth and Registration

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Patient Access Employee Engagement

- ▶ Each employee receives a “Stay Interview” where they are asked to describe why they like their job, and also asked for how things can be improved. This is outside of the annual performance eval and focuses on their input rather than their performance.
- ▶ Employed an Access Educator/Auditor dedicated to the front end staff. Satisfaction scores went up due to improved training and feedback.
- ▶ Implemented management support for all shifts.
- ▶ Implemented an incentive structure based on copay collection and registration accuracy. \$1000 per quarter maximum payout.

Tiers:

- 100% of goal: \$500.00
- 110% of goal: \$600.00
- 115% of goal: \$750.00
- 120% of goal: \$1000.00

*All tiers require a minimum monthly accuracy score of 95%



Patient Access Employee Engagement Contact

Tim Holland MPA, CHAM

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Career Ladders for Patient Access Success

- ▶ **Patient Access is not and should not be referred to as Entry level or “a foot in the door” .**
- ▶ ***Research other organizations who have completed the career ladder***
 - *Develop a potential career plan list*
 - *Start from lowest and go to highest, not too many layers*
 - *Have tentative titles for the positions*
 - *Be prepared to discuss the opportunities for organization*
 - *Have your turn-over rate available and any supporting documents*
 - *Have graphs on cost and tenure*
 - *Have a list of the current JDs for the department and staff in each JD*
 - *Talk to your leader give the reasons and get the blessing*
 - *Include incentives to promote education - certification*



Patient Access Career Ladder

Take Away

Questions from Employee Surveys

To retain staff give them opportunities to grow

- “The organization provides career development opportunities”
- “The person I report to recognizes good performance.”
- “The organization makes employees in my work unit want to go above and beyond.”

Involve them in the process

- “I am involved in decisions that affect my work.”
- Decrease the budgetary hit by reducing turn-over
- Partner with HR to ensure a smooth transition

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Patient Access Career Ladder Contact

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Consumerism and the Patient Experience

- **Create efforts to enhance the service culture throughout your organization.**
- **Ensure consumers have you in the top of their mind for their health needs.**
- **Promote empathy for the patient experience and unique patient preferences.**
- **Must review systems and processes to make sure you know what the patient experiences when trying to communicate with your facility.**
- **Identify what makes up the ideal “Revenue Cycle Experience” for the patient.**
- **You have the systems – Are you maximizing their capabilities and does the staff know how to use them properly?**



General Ideas to think about....

- ▶ **UPMC** – Attending Community Health Fairs, Senior Centers to do finger printing/biometrics for patient identification into their systems.
- ▶ Central Admissions Center – 24/7 on call leadership and centralized workforce for the ED for multiple facilities. Staff trained in ED Reg and are deployed if anyone calls out at any facility.
- ▶ When patient calls scheduling, online pre-reg link is sent to their email.
- ▶ Contact PreReg/Scheduling Center – 70% of staff work from home.
- ▶ Accuracy rate soared once patients registered via kiosks/IPAD
- ▶ Create an app for patients to communicate delays in appointments/service, traffic around facility, can patient come earlier?



Other thoughts....

- ▶ Create your own courses for your staff customized to your facility to take to allow for growth, learning and extra pay.
- ▶ Give patients the ability to roll new charges into existing payment plans through self service.
- ▶ Create estimates proactively for all scheduled services and place on patient portal.
- ▶ If you have the patient's history, if they call to make an appointment also have the scheduler check if the patient is due for any annual screening and ask the patient if they would like to schedule that test also, such as their annual mammogram.
- ▶ Outsource pre-service financial communications to third party.
- ▶ Record face-to-face registration interviews for quality purposes.
- ▶ Make sure you are doing what you think you are doing !



UPMC Contact

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