Monday, October 20, 2014

Keynote:
Paul Shorros is sure to inspire and motivate us as Patient Access professionals. His passion for the Patient Access field is second to none. Paul is NAHAM’s 2014 Marian Blankenship recipient. This is awarded to an individual who has made a significant contribution to the field of Patient Access.

Mobilize Your Patient With Self-Service:
This presentation will highlight how a healthcare organization can successfully leverage mobile technologies for patient-provider interactions throughout the care continuum such as pre-registration, bill pay, clinical intake, and post-encounter follow-up activities. Decision makers in marketing, IT, admissions, registration, scheduling, Revenue Cycle management, guest relations and other related areas should attend.

Objectives:
1. Learn how to use mobile technologies to streamline patient touchpoints across the care continuum
2. Learn how to use business intelligence tools to configure a solution for your organization
3. Hear case studies from healthcare organizations that are using mobile technologies
4. Gain best practices for implementing a mobile solution for high patient satisfaction rates

Improving Patient Safety & Patient Satisfaction in Radiation Oncology with Biometrics:
Discuss the use of biometrics for positive patient identification in the Radiation Oncology Department at Montefiore Cancer Center, Bronx, NY. Presented in a case study methodology by a Clinical Instructor who was also the PM, we will discuss the Patient Access challenges faced by the Radiation Oncology staff at one of the area’s oldest and most prestigious medical centers. The presentation will highlight the “before and after” patient access workflow as well as discuss the patient safety and patient satisfaction implications of deploying the biometric technology.

Objectives:
1. Come away with a better understanding of how using biometrics for positive patient identification can improve patient safety, reduce risk and enhance patient satisfaction.
2. Gain first-hand knowledge of how to plan and execute a Pilot Program to help determine if a biometric patient identification technology is right for your organization.
3. Learn how a busy Cancer Center that serves a very diverse population was able to communicate the benefits of a new technology to their patients and staff in such a way that they had a successful project.
**Discharge / Readmission: This Rendezvous Is Over!**

Acute care providers cannot restrict their focus to the confines of the hospital. Post-acute care determines the hospital’s quality score, which effects hospital reimbursement under Value Based Purchasing and Accountable Care Organization payments. Explore how discharge planning is a process that begins at the earliest point in the revenue cycle. Discover advantages of behavior and process changes, use of Portals, rules engines, kiosks, e-signatures and mobile devices. Minimize gaps plaguing quality and care while maximizing patient engagement. Population health management, communication and automation are key; social issues and historical behaviors play a role in conquering readmissions.

**Objectives:**

1. Learn how identifying risky patients early in the revenue cycle and intervening with case management and Social Services will increase the hospital’s quality score for Medicare reimbursement and decrease commercial denials for clinically unusual circumstances.
2. Understand how automated risk screening can produce a risk score for each registration and flag admission scenarios that may negatively affect the hospital’s quality score and ultimately affect reimbursement.
3. Explore the potential use of automation solutions for risk assessment including social issues and how historical patient behavior can be tracked and analyzed for health management issues using unique data sources.

**Communicating and Collecting the Cost-changing the culture of up-front collections:**

Consumerism and transparency are the latest industry buzz words. A Revenue Cycle paradigm shift requires earlier identification and communication of patient benefits and payment responsibility. This session will review the benefits of POS collection efforts on the revenue cycle, patients and the community and share results from successful healthcare organizations that have taken on this challenge. We will review how to meet the needs of our healthcare organizations by capturing more patient revenue, reducing AR Days and bad debt and even providing a community service by identifying more financial assistance through earlier patient communications.

**Objectives:**

1. Understand the value of communicating benefits and collecting the estimated patient portion of charges for treatment prior to service
2. Learn about the specific process changes, challenges faced and tools required to be successful in communicating and preparing patients for payment responsibility earlier in the access process
3. Explore the culture changes necessary within the staff and patient population
4. Review some amazing results that can be achieved when setting the right patient expectations as early as possible in the Patient Access process

**Creating Leaders in Your Department:**

Good leaders will always develop the people who work with them; it is a tenet of being a good leader. Developing “bench strength” and succession planning must always occur to ensure a strong successful department. This presentation will discuss ways in how to develop a management team to become leaders amongst their peers and throughout the hospital, enabling a department to be successful and sustainable.

**Objectives:**

1. Identify the leaders in their department
2. Learn techniques to promote leadership opportunities for their employees
3. Describe a career ladder and leadership opportunities developed in one Patient Access Department
Medical Necessity Best Practices to reduce outpatient denials and compliance risks:
Commercial payers and state Medicaid programs are moving to a combination of medical necessity and prior authorization requirements. How will reduced cash flow, compliance risks and increased exposure for denied claims affect your provider organization? During this presentation, Revenue Cycle experts discuss the importance of communication and physician education in the development of medical necessity and prior authorization protocols. The evolving importance of optimizing these complex processes and the role of the Patient Access department will also be discussed.

Objectives:
1. Understand the differences between medical necessity and prior authorization, their effects on ICD-10 and how each plays a part in reducing denials.
2. Develop a better overview of the Advance Beneficiary Notice requirements and workflow
3. Apply the pros and cons of an integrated vs. non-integrated, single-payer vs. multi-payer, and centralized vs. decentralized options to determine the best solution for your organization.
4. State the benefits of a medical necessity solution that will motivate the Patient Access department to adopt the solution.
5. Use metrics for monitoring denials and providing feedback to keep other team members excited and engaged.

Knowledge Cafe
This is a conference favorite. It is an open guided discussion of the hot topics and challenges that access professionals are faced with. You pose the questions and solutions will be provided by fellow conference attendees.

Vendor Fair in the Solution Marketplace
20+ vendor partners will be on hand to demonstrate and talk with you about current state of the art products to assist the Access Professional in all facets of our daily responsibilities.
Try This On For Size:
In order to manage the constantly changing responsibilities faced by the healthcare “Sales Force” (currently Patient Access) a new vision is required. Dealing with industry changes & new technology requires a different skill set than the traditional Patient Access job description. Creating a new vision will include insurance enrollment, “work from home” models, flexible work schedules, e/mhealth automation and skills/education requirements that exceed previous models. 

What changed? How will this impact how we have thought historically? Healthcare reform means Access reform. Explore new requirements, regulatory issues and how changing the Access model can produce positive ROI. Examine a new Access model and hiring the right candidates. Why hasn’t the model and role completely changed despite everything changing around us?

Objectives:
1. Attendee will have gained knowledge about qualifications and credentials to consider when hiring candidates.
2. Understand that the journey for transforming Patient Access and the patient experience is more than good customer service skills or traditional reengineering initiatives.
3. Be better able to evaluate alternatives to traditional Access roles.

Getting to Know Your Customer (How much should and can they pay at POS?):
We will discuss the importance of financially “diagnosing” customers/patients to determine how best we can address their specific financial “symptoms” and their impact to our hospitals. The items discussed will include estimation/transparency, eligibility and their propensity to pay their expected financial obligation.

Objectives:
1. Understand the impact of the growing consumerism trend in healthcare.
2. Determine the importance of estimation/transparency as part of the Patient Access and Revenue Cycle roles.
3. Determine if additional processes, tools and/or resources might be helpful in their own facilities

Leveraging Technology to enhance the patient flow and identification during a disaster:
Presentation reviews how Maine Medical Center and NY Presbyterian Emergency Registration Department worked collaboratively with clinical leaders and the Disaster Preparedness Director to develop a workflow that allows patients to be arrived and identified in minimal time. This process utilizes electronic patient identification cards that are prepared prior to a disaster or disaster drill situation. Presenters will review how the systems developed have resulted in an effective reporting mechanism to track patients, locations & naming updates throughout the event.

Objectives:
1. Overview of how identification cards and XX system can promote an efficient process of patient flow during disasters.
2. Gain knowledge of how to develop and maintain an effective process between clinical and Access during disaster situations.
3. Gain knowledge on how to effectively track patients throughout a disaster situation.
**Biometrics for Accurate Patient ID and Medical Data Integrity throughout the Care Continuum:**

The digitization of healthcare has created unprecedented demand for a patient identification platform that provides accurate authentication across all patient touchpoints to ensure that identities are protected and reliably identified. As the digital age ushers in new technology (e.g., mobile, patient portals, kiosks) that threatens to derail otherwise aggressive and successful existing patient identification procedures, it is critical that providers implement technology that will help to preserve safety protocols and maintain identification accuracy across new touchpoints. Learn more about how biometrics can be deployed to meet the complicated new demands of patient identification to protect patients at each and every step of their care.

**Objectives:**

1. Understand the importance of implementing versatile patient identification protocols across the care continuum, regardless of the touchpoint.
2. Learn more about additional biometric identification modalities that meet the demand of seamless patient identification in challenging environments (e.g., mobile, telephone, home health, kiosks, bedside, etc).
3. Listen to how a hospital system has successfully implemented a comprehensive biometric patient ID system that has the ability to authenticate identities in any setting.

---

**The Importance of Communication in regards to Point of Service Collections:**

In order for your organization to be successful in obtaining pre and point of service cash collections, you must communicate early and often with your patients. Assist your patients with understanding their financial healthcare responsibilities. Be an advocate for your patient, not a collector. We will discuss innovative ways that will allow your staff to be comfortable with having financial discussions with patients, which will lead to a positive experience at your healthcare facility.

**Objectives:**

1. Understand the importance of financial discussions prior to service.
2. Learn techniques for comfortable communications regarding financial responsibilities with your patients.
3. How to become a healthcare advocate for your patients.

---

**Training & Measurement: Connecting All the Bases:**

It’s the bottom of the ninth and the bases are loaded. With a strong and nimble training program, your staff can hit a homerun – and bring in the revenue! Following PDCA, our presentation will include:

- Components of a fundamental training program including eligibility verification and quality measuring for success both during the training and after.
- How to sustain learning.
- Tweaking for continued success.

**Objectives:**

1. Participants will be able to identify key components of a fundamental training program including critical aspects of the training itself along with tools used, training methods and what makes a successful trainer.
2. Participants will be able to identify an organization’s specific measurements to determine the success of training in terms of revenue reimbursement and compliance issues.
3. Participants will be able to identify methods for sustaining staff learning and for continuously improving the work of Patient Access staff.