Proud and Professional
High Performance Front End Patient Access
Objectives

- Summarize the basic framework of HFMA's "Strategies for High Performance Revenue Cycle" as adapted for a front end, patient access services model.
- Reframe the 6 competencies for high performing Patient Access Services.
- Define the measures of success for high performance.
- Develop a model for staff performance monitoring and measurement.
- Discuss steps for implementation of this model within their organizations.
Integrated Health System

- Employed Physician Model
- Affiliated Hospitals
- Community Primary Care/Family Practice Health Centers
- School-Based Health Centers
- Specialty Centers
- 5000 + square miles / 8 + counties
Patient Access Services

- IDX-Centricity Scheduling / Registration / Billing System
- RelayHealth Insurance Verification / Eligibility System
- TeleVox Automated Reminder System
- Manual Quality Monitoring Process
- Centralized Training and Support
- Centralized and decentralized front-end employee model
- Revenue Cycle Impact = Process, Denials and Co-Pay Collections
In the beginning …

- Job descriptions
  - “Entry level”
  - 3 JDs – PSA I, II, III
  - Career Ladder difficult to climb with a security net

- Employee Satisfaction
  - Low / numerous HR complaints

- Turnover
  - 35-50%

- Quality average – PSA I versus PSA II
  - ~ 70 and 80% (Expectation 80% and 90%)

- Employee sense of self – “bottom-feed” to the rest of the system
  - Significant turnover was to same title / pay grade with less stress and lower expectations
HFMA Key Competencies

- People
- Process
- Technology
- Metrics
- Communication
- Culture
People – this was our first focus

- New JDs (higher standards)
  - Hire only the most appropriate / qualified
    - Representative
    - Associate
    - Specialist

- Significant Resources to Education
  - 1 year for “Orientation” – learning/education, milestones
  - Competency requirements

- CHAA Certification (career approach)
  - Required for “permanent appointment”

- Improved Grade and Salary (leverage compensation)
Communication – from the beginning

• Support a positive experience
  • Input in the process
    • Reasons for change
    • Reasons for symptoms (dissatisfaction / high turnover / numerous complaints)
    • How to improve
  • Full disclosure - transparency
    • Some stayed / some decided to leave / some we assisted to leave

• Effectively Communicate
  • Role, responsibilities, accountabilities
    • Performance expectations

• Importance of external communications
  • Leadership Support
  • Measures of Success
  • Regular Updates
Process – our second focus

- Formal Structure to obtain stakeholder (staff) input
  - Staff formal participation
  - Rounding
  - Open discussion sessions toward improvement opportunities
- Target improvements that most affect experience
  - “Creep” cleanup
  - Beeper program
  - Integrated work teams both with billing as well as with clinical
  - Exception based work and work flows
- Formal process improvement
  - “Pay it forward” expectation
  - High performer mentor struggling performer
  - Certified learning partners
  - Performance cards / accountability
Metrics – natural focus

- Monitor and report frequently
  - Quarterly staff performance cards – manual process
  - Quality Monitoring Software

- Look beyond traditional measures
  - # of direct patient complaints, % of their denials to their volume, their co-payment percentage, (prior system quality / productivity)

- From the consumer perspective
  - Quality of the interaction with the patient as well as after the visit
    - % of denials specific to their volume
      - Patient
      - Billing colleagues as customers of front end
Culture – “almost” effortless

- Support at the highest level
  - Senior leadership – VP and HR lead for change

- Celebrate
  - COO and VP recognize certification

- Appreciation from non-finance staff
  - Supervisor/Manager mandatory training

- Purpose through the patient
  - Getting to Yes
  - RBC

- Demand high performance
  - Staff performance cards
  - Denial Improvement Project

- Make innovation a priority
  - UPC projects
Technology

• Selectively use technology
  • Electronic eligibility
  • GE System enhancements

• Dedicated IT staff
  • GE programmers
  • Application System Specialists

• Quality Management System
• Employee Satisfaction
  • According to HR best ever within the department
• Turnover stats – significant decrease
• Quality scores – significant increase
• Certification success – 100% certified
• Employee sense of purpose – RBC / UPC
• Organizational Benefits
  • Co-Pay Collections – increase overall
  • Denial rates – significantly less than network average with higher than network volume per employee
  • Productivity better than benchmark and better than network
  • Reduced recruitment and training/retraining costs
Major Ingredients for Implementation

- Leadership Champion
- Human Resources support
- Engaged staff
  - Transparency
  - Learning and support
- Decide where you are currently, and which competency to implement first
- Clearly identified measures of success
  - Pre measure
  - During measure
  - Post measure
- Patience
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