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• News from committee or affiliate meetings
• Trends or problems emerging in the workplace or the field
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• Reports on legislation or policy issues that affect the field
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Greetings, NAHAM members:

Welcome to 2010! Whether you rang in the New Year in The Big Apple, or spent it in your living room, sipping cocoa with family and friends—we all have a lot to be excited about. For many of us, the New Year brings us a second chance—a new opportunity to achieve a dream, or a goal that we couldn’t accomplish in the past. Perhaps you’ve always dreamed of taking a road trip across the country, or redecorating your kitchen, or even something as lighthearted as learning how to swing dance.

And, of course, if you’re anything like me, these dreams and aspirations can even pour into the workplace. Think about it—many of us spend the majority of our time, for the majority of our week, at work. Our careers, by nature, become something we think about. And if you’re in a field that matters to you, like I am, you strive for the best. In Access Management we strive for the most efficient processes, precise inner- and cross-departmental communication, impeccable insurance verification and billing management, all for the benefit and wellbeing of our patients.

As Patient Access professionals, our journey for improvement, or dare I say, perfection, is what allows each of us to be creative. We become inspired to explore new options and solutions that will help us do our jobs as best we can. And in this issue of the Access Management Journal, you’ll find how folks like us, in departments like ours, faced their challenges and surpassed expectations.

You’ll learn about healthcare business intelligence, or how an assessment of department operations, effective data management, and the improvement of organizational processes and productivity can enhance a medical organization from all sides. Along those lines, Cindy Dullea discusses how the many facets of information technology strengthen functionality, tighten relationships, and improve workflow in Access departments. Read on, and you will discover how CentraState Medical Center introduced a new bed management technology and Patient Throughput Team to increase efficiency in their Emergency Department.

In her article, Nicolette Woods highlights how an online appointment scheduling system remedied pre-registration and billing challenges once faced in her medical center. Flip the pages to “Why Access Management?” where you’ll hear how Tammy Rose found a career she loves, in a department that has undergone vast improvements. You also will learn how North Philadelphia Health System’s Behavioral Access Center uses a single-point-of-entry system to receive patients, verify insurance coverage, coordinate the services needed, and, of course, provide treatment. And remember to check out NAHAM’s Advocacy Update to find out the latest Access-related issues on Capitol Hill, and our Member Spotlight featuring Craig Pergrem. This inaugural issue of 2010 finishes with a top-notch CHAA Corner article penned by Waldo Waldman, who encourages us to work our hardest and remain positive in the face of challenges.

As the days grow longer and spring approaches, I hope you’re as energized and inspired as I am. Don’t forget—it is never too late to achieve your goals and dreams. All it takes is a little bit of hard work.

Best wishes,

Jim Hicks, CAM, CHAA, CHAM, FHAM

Jim Hicks, CAM, CHAA, CHAM, FHAM, is the Patient Access manager for Southeastern Regional Medical Center in Lumberton, North Carolina, and chairs NAHAM’s Publications/Communications Committee.
Online Scheduling System Improves Processes at Mercy Medical Center Cedar Rapids

By Nicolette Woods

Learn how Mercy Medical Center Cedar Rapids implemented an electronic scheduling system to better track patient accounts, enhance pre-registration processes, manage phone calls and appointments, and increase patient satisfaction.

Mercy Medical Center Cedar Rapids is a century-old, not-for-profit hospital and one of the leading healthcare establishments in Iowa. Mercy Medical Center provides extensive in-patient and out-patient services delivered by 2,100 employees. An award-winning institution, it has a tradition of delivering “Mercy-touch” healthcare.

The Challenges

The line of patients waiting for their outpatient appointments to be processed at the registration desk did not create a positive first impression of Mercy Medical Center. Delays were common because of inconsistent pre-registration processes among departments, insufficient information, and the need to handle 15 to 20 different insurance plans. Some patients had a pre-authorization number, and others did not. The result? Too frequently, insurance claims were denied because proper pre-authorization had not been obtained prior to services—and the business office wanted to know why.

Changes to an appointment caused uproar in departments that still employed paper scheduling with pencils and huge erasers. The people who scheduled appointments—often the technicians themselves—did not have the necessary tools to do the job the way it needed to be done.

Clearly, the outpatient scheduling process was broken, and it would take a vast process improvement proposal to change the way Mercy Medical Center had been doing scheduling for more than 100 years.

The Goal

Management approved an initiative that uses centralized scheduling to develop and enable consistent pre-registration processes across most outpatient services. This system was designed mainly to stop $250,000 in annual write-offs from pre-authorization denials. Managers who were once skeptical began to see the impact centralized scheduling would make on their department’s administrative workload, and eventually gave their buy-in.

The Search for a Solution

Mercy’s Central Scheduling department was created in May 2008, and began searching for software to meet unique requirements as well as enforce the strict pre-authorization rules of Iowa’s biggest health insurers. The team focused on using Web-based capabilities that accommodated specific rules and specialized reporting. Evaluators also wanted worklist capabilities that would help ensure pre-authorizations were not missed and that would lead Mercy’s non-clinical schedulers through the exact processes for each department.

Despite flood damage and diverted hospital resources, Mercy implemented SCI’s Schedule Maximizer® in October 2008 for four high-dollar outpatient areas, and it continues to add more. Now every exam is set up in Schedule Maximizer in minutes. Mercy’s goal is to answer every call in less than a minute, with a talk time of three minutes.
Schedule Maximizer prompts schedulers to identify and obtain necessary authorizations and shows them the patient’s existing pre-authorizations. Storing each insurance plan’s rules for which procedures or tests require pre-authorization, SCI also links patients’ previous authorization details to one or more scheduled appointments. If a requesting physician’s office does not have an authorization, Mercy schedules the appointment but puts it on a worklist of authorizations that must obtain a number prior to service. This pending file is then monitored closely for timely follow-up with the office.

Some departments are now trained to do their own scheduling, while others want to access the worklist functionality. A few departments asked to use the worklist tool to track their co-pays, and Central Scheduling agreed to set them up with it.

After patient exams, staff matches CPT codes and double-checks that what was authorized was actually performed. If the test was changed onsite, the staff has 24 hours to obtain pre-authorization for payment. Schedulers can pull all the tests by task and by health plan for yesterday, today, and tomorrow, making the job easier.

Schedule Maximizer provides complete authorization management, from plan-specific rules to supporting scheduling and pre-registration and passing the authorization number to the billing system.

The Results
The business office couldn’t be happier with the new system. Pre-authorization denials are all but eliminated, and first-year reduction of annual pre-authorization denial write-off of $250,000 dropped to $8,000.

The positive results of Mercy’s standardized scheduling process have surprised its initiators in the following respects:

- Volume of patients increased 5 percent in departments that use the system, significantly exceeding the original estimate of 1 percent.
- Six non-clinical schedulers handle 7,500 calls per month for outpatient appointments, with answer times averaging 32 seconds. Calls on average last three minutes and 10 seconds.
- Physician offices appreciate one call, one source efficiency for all appointments, and the leeway to schedule an appointment before having an authorization number.
- Patient satisfaction improved noticeably, and the 15 chairs formerly in the registration waiting area have been reduced to only two.
- Centralized scheduling and automatic appointment reminders have saved hours of phone time for clinical departments.
- Process standardization ensures compliance for each appointment scheduled.
- Nothing is forgotten during pre-registration, no plan detail overlooked, no deadline missed.

Congestion at the registration desk has disappeared since Mercy pre-registers every scheduled outpatient appointment. As a result, patients go directly to their appointments, and on time.

Schedule Maximizer has restored the intended order of healthcare priorities. Mercy’s clinicians and technicians are no longer responsible for scheduling appointments, now able to focus on what they have been trained to do.

Nicolette Woods is manager of central scheduling at Mercy Medical Center Cedar Rapids, based in Cedar Rapids, IA.
CentraState Medical Center, a 261-bed community hospital in Freehold, New Jersey, cut its throughput time in half within a two-year period—an accomplishment that was no easy feat. The time between patient entry and departure from the Emergency Department was decreased by 360 minutes from 769 minutes, using improved workflow and implementation of the bed management system, BedConnect, which BluePrint Healthcare IT had developed with CentraState.

Enhancing Patient Throughput
In early 2007, CentraState’s top management decided to focus heavily on patient throughput as a hospital-wide project. Throughput, however, was not a new issue, as CentraState had experienced increased diversion hours and inpatient holds boarded in the Emergency Department on a daily basis.

To address this issue, the hospital appointed an interdisciplinary throughput team consisting of Nursing, Patient Access, Transport, Utilization Review, Patient Satisfaction, and Environmental Services staff. The team developed a dashboard to highlight the key metrics that would demonstrate CentraState’s progress in throughput: diversion hours, transport times, and bed cleaning times. CentraState set a first goal to reach a 30 percent reduction of time in the emergency department to 540 minutes—a goal which, eventually, its staff would meet.

The Throughput Team Emerges
The throughput team met monthly and created goals that could be achieved on both a short- and long-term basis. Short-term goals included:

Better Communication
- E-mail alerts were sent when holding more than six patients.
- Existing Patient Information Boards on the nursing units would blink when the ED was overcrowded.

A Workable Policy
- A Code Purple policy (when the Emergency Department is in an overcrowded situation) existed but was not practical. The policy was reworked after meeting with each department and establishing their response to overcrowding incidents.

Fewer Blocked Rooms
- Infection control began daily rounding and sent a daily alert on patients that could be cohorts.

Flex Hours
- CentraState developed a flexible staffing protocol to cover the busiest times for transport and environmental services.
The throughput team developed a long-term vision which included a full-time throughput coordinator and a bed management system. In the latter half of 2007, Nursing appointed a throughput coordinator, responsible for both daily throughput communication and decision-making.

To create a significant increase in efficiency and accountability, the team concluded that a bed management system was necessary. The team then conducted a series of site visits and demonstrations on existing bed management systems as part of due diligence.

After making a careful analysis of vendor systems, the throughput team selected one, and made a formal proposal to CentraState management. Instead of accepting the recommendation, the management team challenged the committee with an alternative—to use an existing workflow engine and to build its own system. While the committee did not initially feel comfortable with this task, the throughput team began working with BluePrint Healthcare IT to develop a bed management system.

**A New Bed Management System**
The team then met weekly with BluePrint to map workflows and design the hospital’s vision of a perfect bed management system. In 15 months, CentraState developed and implemented a bed management system which included Patient Access and Nursing unit views, provided automated communications, and the ability to make adjustments. Environmental services were automatically notified when to clean dirty beds. The new system ended the need for multiple phone calls between departments, enabling users to request transport and environmental services via auto-assign queues. The system also provided reports with the level of detail necessary to make additional throughput improvements. In less than 18 months, CentraState had developed a system which would promote efficiency and accountability hospital-wide.

In addition to implementing the new bed management system in the second year of its throughput initiative, CentraState also opened an Inpatient Hold Unit to allow for patients to be moved out of the Emergency Department while waiting for an inpatient bed. The throughput team also proposed and obtained approval for a full-time case manager in the ED, which would also affect throughput. The addition of the new bed management system ended the daily bed meetings, enhancing productivity. The discontinuation of the meetings and implementation of the bed management system helped staff to improve throughput and communicate more efficiently with discharges.

**Continued Improvement**
The throughput team continues to meet monthly, setting obtainable goals for our organization. The team is aware that although CentraState has implemented large initiatives over the last three years, there are opportunities for improvement with the ultimate goal of making the patient experience as seamless as possible. The decrease of 360 minutes in throughput time and the vastly improved communications among staff have been appreciated by all departments and top management, and most importantly, by CentraState patients and their families.

Gaye Werblin is director of Access Services at CentraState Medical Center, based in Freehold, NJ.
A Need for Relief
How do you spell relief? The answer to this question is clearly dependent on the targeted audience. In healthcare, a hospital executive might spell relief with two simple letters: B-I, short for business intelligence.

Market pressures continue to inject fear and uneasiness into the healthcare arena. Effects of the current climate have forced numerous organizations to move towards an internal review of business operations that has not been seen since the days of Medicare’s prospective payment rollout of Diagnosis-Related Groups (DRGs). Despite the billions of dollars being spent on new clinical systems and Electronic Medical Records (EMRs), healthcare organizations are still in search of relief as the struggle to measure quality and to identify operational improvement opportunities persists.

As hospitals roll out new clinical EMRs, board members and key stakeholders are questioning return on investment, wondering if the quality of care has improved. These are tough questions that many executives currently cannot answer. The canned response, “We did it because it was the right thing to do,” does not invoke the universal nod of heads that it did when the turbulent economy was not looming over the industry as it is now.

Decision Support Systems (DSS) might provide a temporary elixir to such ills, but life support for these systems is failing. The complex data models of the new clinical systems make it difficult to extract data and analyze clinical activity. The good news is that organizations that are willing to make a small investment in reviewing their internal BI capabilities (or a review of systems) can ultimately find the road to recovery.

Collected results from a BI review should be incorporated into a BI strategy or roadmap that, when implemented, will result in a robust BI solution that provides not only relevant data, but also necessary information needed to ensure organizations meet market pressures.

As such, a thorough review of internal BI capabilities and readiness should focus on the following areas:
- Foundation
- Transformation
- Presentation

Key Business Intelligence Components
Foundation
The foundation of a business intelligence solution will determine the long-term success of a BI initiative. Historically, only 35 percent of BI programs are successful. The poor hit rate associated with BI programs is often the result of ill-defined information requirements and poorly extracted and un-cleaned data. Overcoming these pitfalls requires a BI review team with an understanding of clinical operations, as well as a special focus on data warehouse schemas, and an extensive knowledge of BI transformation (e.g., clinical and financial analytics) and presentation tools.
Using a BI review team, the foundation of a successful BI program starts with a detailed assessment of executive, mid-management, and front line supervisors’ information requirements and analytical needs. Once the requirements are extracted, the review team must examine the source of required data. At a minimum, this includes general ledger, patient accounting, clinical/EMR, and payroll systems. The data review will require not only an understanding of the data elements and data model of each of these systems, but also how the data is gathered and the fields utilized within these feeder systems. Because an organization’s informational needs are the primary focus, the creation of the BI foundation requires a dynamic and flexible model to meet future unknown requirements.

The second component of the foundation layer is the ability to extract data from an organization’s core systems and to import it into a data warehouse or data mart. A great deal of information is available surrounding the appropriate design of a data warehouse, but the best solution is often a mixture of BI technologies which will provide a robust analytical engine for that organization. A relatively new concept of a “virtual warehouse” has gained momentum as well. Although virtual warehouses have their merits, the BI review team will need to ensure operational systems are not poorly impacted and that the ability to navigate these often complex data models of clinical or EMR systems remains in tact.

Tools to assist the extraction process are also part of the BI foundation. Data mapping and data cleansing are essential to ensure information is populating into the proper fields and remains accurate. Lack of data accuracy is the most potent cause of death for a BI program. Often, when an organization loses confidence in its BI solution, the program will need to go back to square-one, creating the need for a new BI strategy.

**Transformation**

The transformative layer of a BI program is focused on addressing the old adage of “Data Rich…Information Poor.” The primary goal of BI is to transform data from the BI foundation layer into usable information within the transformation layer. The BI foundation layer presents data gathered from an organization’s core systems to the transformation layer. In the rush to get information to end users, the BI review team must not overlook the transformation of data, or else the real value of BI will never be realized. Think of it as data points such as temperature and movie titles, which are all around us; however, transforming that data into weather forecasts and movie reviews, respectively, is the type of information we utilize. Some of the key healthcare transformative tools include:

- Developing and monitoring quality indicators
- Developing and monitoring true organization costs
- Identifying and improving clinical processes
- Developing and monitoring labor productivity
- Using flex operational budgets to account for changes in volumes and patient mix

Each of these areas is critical in providing a complete picture of a healthcare organization’s performance. The ability to examine cardiology quality, understand the direct cost of performing a CABG, manage cath lab productivity, and adjust budgets for downturns in volume or patient mix are all examples of critical management processes that will help healthcare organizations thrive in difficult times. Managing revenue without considering the expenses or quality is a formula for organizational disaster.

*Continued on page 12.*
Presentation
Useful information produced from a well-tuned transformation process is often disregarded because of poor presentation tools. Expectations surrounding the delivery of information are constantly evolving as companies compete for attention. CNN, ESPN, eBay, and YouTube all exist in the workplace, and the BI presentation layer must have the same capabilities and ease of use. Because we live in a society of information overload, we have developed our own individual filters, many of which are based on their open accessibility to the information and the user’s ability to take action quickly. A 20-page hard copy of the highest quality financial and operational data can sit on a bedside table until the data is no longer relevant; then it is discarded because it was never presented convincingly.

Presenting information requires more thought and creativity than simply producing reports. Planning and designing scorecards and dashboards require a thorough understanding of the information to be displayed, how the organization wishes to use that information, and the specific audiences for whom the information is intended. Presentation tools need to hold the attention of the intended audience, while highlighting key information that requires action. Balanced scorecards, dashboards, and BI views should be easily navigable and must also focus the user’s attention. In addition, BI presentation tools should reach beyond browsers as a mechanism to reach decision makers. Instead of requiring users to go to the data display, BI presentation tools must push the data to the users via e-mail, browser widgets, text messaging, or voicemail... just like scores from Sunday’s football game!

Business Intelligence for Organizational Improvement
Business intelligence provides the tools and information required to successfully manage today’s healthcare organizations. Arguably, there has never been a more important time to utilize the information provided by a properly designed and managed BI system. Extensive clinical, financial, marketing, and benchmarking information guide the way for organizational improvement efforts and provide the ability to monitor and make refinements.

Ultimately, healthcare transformation cannot occur without information—and information cannot occur without a robust BI solution. Andrew Goddin is a seasoned healthcare executive with more than 20 years of experience in healthcare information systems, including information technology management, vendor selections, system implementations, project management, and process engineering. Drew is a director at Courtyard Group, an international healthcare transformation company with practices located in the United States, Canada, and the United Kingdom.
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The Behavioral Access Center (BAC) is currently operated under North Philadelphia Health System (NPHS), which is comprised of St. Joseph’s Hospital and the Girard Medical Center, two hospitals which both have a long history of service to one of the oldest neighborhoods in Philadelphia. Founded in 1848, St. Joseph’s Hospital is one of the oldest hospitals in Philadelphia. Girard Medical Center traces its roots to 1927, when it opened as St. Luke’s and Children’s Homeopathic Medical Center. Although the two hospitals are located merely eight city blocks apart in the lower north central section of Philadelphia, an area close to the Philadelphia’s downtown, these hospitals are very distant in terms of healthcare Access, economic status, and social and cultural makeup. NPHS was incorporated in 1990 as a Pennsylvania non-profit corporation to acquire the assets of and to operate St. Joseph’s Hospital and the Girard Medical Center.

The Behavioral Access Center (BAC) has rapidly become Philadelphia’s assessment center of choice. The center is open to referrals on a 24-hour basis, and walk-in hours are from 7:00 a.m. to 12:00 a.m.

**Single Point-of-Entry**

Many of our patients and their families are besieged by multiple problems and needs. Rather than providing a system of coordinated care, service providers often operate independently of one another and lack knowledge about the involvement of their clients and their clients’ families with other services. Patients often enter the same system repeatedly, but through different doors. For these patients and their families, accessing appropriate assessment services requires navigating a convoluted system of caseworkers, intake workers, and counselors.

A 24-hour, centralized point-of-intake and assessment for drug and alcohol assessments was desperately needed. Ideally, BAC can address the needs of patients by coordinating the services of various agencies and organizations involved with drug and alcohol through a “one-stop shop.” By providing a single point-of-entry, the BAC can reduce duplication of services, promote system efficiency, and facilitate access to services for patients. The BAC’s one-stop shop could better serve the community by eliminating the system’s current maze of caseworkers and counselors, and by improving system efficiency.
Goals of the Assessment Center

- Develop a central point-of-entry for patients seeking treatment
- Collect accurate information regarding patient demographic, insurance, and treatment history
- Accelerate Patient Access to treatment
- Facilitate cooperation and communication among agencies

Behavioral Access Staff

The Behavioral Access Center staff consists of 10 full-time and six part-time assessment intake Access staff, two triage nurses, a clinical supervisor, and report to the director of Patient Access Services. There are eight intake offices and one nursing triage room in which one-on-one interviews occur. All Behavioral Access Center staff are required to complete Pennsylvania Client Placement Criteria (PCPC) training as well as an onsite training on hospital computer systems, registration, positive patient identification, insurance investigation, and mental health trainings.

Identification and Insurance Verification Procedure

To ensure correct identity of all patients, BAC staff will obtain any form of photo identification, including state identification, Social Security, or Department of Public Welfare Access cards. The Behavioral Access Center, in addition, accepts state/city prison paperwork and photos to identify patients.

Behavioral Access Center staff will verify all current and past insurance coverage, including any medical assistance, private HMOs, or Medicare. Staff will contact the appropriate insurance carrier for any relevant treatment or prior stay history to compliment current assessment data.

Assessment Procedure

Staff conducts an extensive review of all patients in the Behavioral Access Center:

- Engage the patient in participating in the screening and assessment process, gathering drug and alcohol, mental health history, and biopsychosocial data.
- Evaluate psychological, social, and physiological signs and symptoms of alcohol and drug use.
- Identify any coexisting medical or psychiatric conditions that may indicate a need for additional professional assessment and services.
- The triage nurse completes the medical triage, including current vitals, medications, and risk assessment, and evaluates for co-morbid medical and psychiatric issues.

Greater Efficiency, Positive Outcomes

Ultimately, the BAC’s centralized point of patient intake connected patients to the treatment with greater efficiency, and fewer errors. NPHS successfully accommodated a broader regional community for the unique nature of the service offered, creating a higher visibility for BAC in the behavioral corridor of Philadelphia. This newer, more effective system filled a vital void with the major behavioral payers, as the hospitals’ revenue increased by charging for patient assessments that do not yield admissions.

Gilda C. Chinnici, CHAM, CCP, is director of Patient Access Services of the Intake Unit of the North Philadelphia Health System, Girard Medical Center. She is an active member of NAHAM, having served as secretary, treasurer, vice president, and president.
Access, the Cornerstone of Healthcare Reform: Improving Operations to Strengthen Quality and Better Manage Costs

By Cindy Dullea

Making Access Management tools available online can remedy administrative challenges and improve the quality of patient service in the health arena.

As healthcare evolves into an increasingly competitive field, everyone is feeling the pressure. Patients are being presented with more choices and greater responsibilities—and as a result, they are seeking healthcare information and resources that help them make healthy decisions. For their part, individual providers must run more efficient operations that still attract a patient base; they are becoming receptive to—and often demanding—connectivity tools that offer a better way. Similarly, an array of economic factors is converging upon provider organizations. Information technology (IT) is still a preferred means to strengthen quality and better manage costs.

It is certainly true that, in order to compete, hospitals, health systems, medical groups, ambulatory care centers, and specialty care centers must first collaborate from within. For ideal Patient Access, medical stakeholders must be able to reach each other. Indeed, providers are perpetually searching for techniques to integrate internal operations and leverage established business partnerships more tightly. But as the long-promised gains in IT productivity and returns on investment begin to materialize, how to handle Patient Access and consumer connectivity are emerging as the key questions.

Bringing Access Online

Building the bridge for patient/consumer/provider Access finally brings the entire healthcare continuum online. In the process of resolving the Access Management question, providers large and small are recognizing that they are also addressing the economic imperatives to mitigate administrative burdens and differentiate themselves to the general public.

Addressing Multiple Challenges

With so much emphasis placed directly on cost and quality, the third principle for ongoing healthcare reform, Access, often gets lost in the shuffle. It’s an unfortunate result of competitive dynamics unleashed in the economy’s largest, most complex sector. But the problem is actually an opportunity. By addressing Access problems, from workflow bottlenecks, to resource management, to complicated payor requirements, providers can positively impact both quality and cost.
Making Access Management tools available through the Internet will enhance the quality and the economy of the patient-physician encounter. And as a highly desirable side-effect, these tools are a differentiating feature for competitive providers who embrace the technology. Successful healthcare organizations know that Access is the cornerstone of healthcare reform because, by harnessing the power of the Internet, they will reap the rewards of increased market share, strengthened clinical relationships, reduced administrative costs, and improved workflow.

Cindy Dullea, RN, MBA, BC, has more than 30 years’ experience in the healthcare arena, and has demonstrated multi-disciplined expertise across healthcare’s functional disciplines. Having worked for providers, payers, and vendors, she has the unique position of visualizing issues from the perspectives of all major stakeholders.

Her significant healthcare information systems experience comprises executive consulting positions at Healthvision, Watson Wyatt Worldwide, Thomson Medstat, and McKesson. In addition, she served as director of product marketing at Compucare, now QuadraMed, and director of the product group for Eclipsys. Cindy also brings a wealth of knowledge of managed care gained from serving as operations director at The Queens Health Care Plan and PruCare of Massachusetts. While working as manager of peer review for a CMS subsidiary, she was instrumental in the deployment of DRGs in South Carolina hospitals.

Cindy spent 10 years as a nurse in the critical care and ER/trauma area and taught nursing at the Medical University of South Carolina. She has a BS in nursing from Salve Regina University, an MBA from Stephens College, and is board certified in Nursing Informatics. She also holds the rank of Rear Admiral in the United States Navy Reserves.

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Why Access Management?

By Tammy G. Rose

Tammy Rose explains how she became involved in Access Management, and illustrates the rewards of her career and the accomplishments of her department.

My History
I have been in the insurance field for more than 20 years, starting in a Workers’ Compensation office to eventually become a workers’ compensation adjuster. The job, which could be exciting, could also be stressful. Just imagine telling someone that you don’t believe they were injured at work. Then imagine taking away their financial ability to care for their family and to pay their bills. After doing this for a few years, I saw an ad in the paper for a Medicare biller position. I thought, this job opening had to be easier than workers’ compensation. After getting started, I found that it certainly was not easier—yet I was hooked.

I worked in several hospital billing offices and made my way up to manager. In this new position, I found the work rewarding and interesting. Even though it always involved billing, there was a new challenge every day. One of the constant issues and challenges I always faced was registration. The registration staff seemed to have tunnel vision, while the billing department had peripheral vision. When could they ever get it right? They had no idea what was needed to best complete the process. We tried to assist these groups, but they never seemed to listen.

A New Career Option
Eventually, an opportunity arose for me to oversee the registration department. I wondered to myself if it was the right career move for me, and after some consideration, I decided to take it. Initially, I was afraid that the job would be boring, but there were so many new experiences and challenges. I changed my opinion about tunnel vision, discovering why departments often had inaccurate data. Data was incorrect because no one had explained why it was necessary and what would happen if the information was not gathered. One registrar told me that she was given a chair to sit in, a keyboard to type with, a computer in front of her, and was told to fill every field that the curser stopped in.

Registration staff often had incorrect data because no one had ever explained to them why it was important to ask for the information. No one had expressed how vital registration staff is in the revenue cycle. No one ever showed them UB, or demonstrated how the information landed on the billing form, or how a payment could be delayed if the information was wrong. No one ever showed them registrations from a month ago, or explained how much faster the hospital would receive revenue for the correct claims. Management did not explain how payments could become delayed if the information was entered incorrectly. What an eye opener that was! I decided that the best recourse was to use my experience on the back-end and to teach the front-end staff what was needed from A – Z to produce a clean claim.

Continued on page 20.
The Road to Achievement

After receiving the appropriate training, staff is now fully engaged and understands their worth to the organization. They are not “just” registration clerks, they are now registrars. They are responsible for the financial wellbeing of their organization; they are responsible for the AVATAR scores.

The registrars have gone from merely typing the information to gathering information. They’ve gone from just saying “hello” to patients, to greeting them by name. They have gone from laboriously collecting information, to telling patients that we need the correct information; to ensure that the patient doesn’t receive a bill that they weren’t supposed to.

We understand that we could be responsible for an account going to collections if we don’t get it right. Likewise, we understand that insurance can be complex to someone who doesn’t work in this field, and we need to be able to answer questions to alleviate the stress from getting an unnecessary bill. We have explained the MSP questionnaire, Advanced Directives, HIPAA, Rights to Medical Records, disclosure information, Important Letter From Medicare, not from rote, but because we understand it ourselves now. We now understand the fundamentals of the billing process and patient management, including the difference between Medicare and a Medicare HMO Plan, or an Indemnity Plan and a HMO Plan. We now understand what The Joint Commission expects from us. We now understand the forms on which we ask the patients to sign, and why we used them. We understand why some accounts are set up as recurring and some are not. In other words, we’ve discovered our worth to our organization, and to the patients and community we serve.

Our errors have reduced dramatically. The department once had multiple pages of registration errors; now we only have a handful. Our goal of 99 percent accurate registrations is now upon us. We’re now using tools for eligibility, up-front collections, and we inform our patients about financial assistance options if they need it. Ultimately, we now walk taller, because now we know our worth.

Tammy G. Rose, CPAM, CHAM, is manager of Registration/Switchboard at Franklin Memorial Hospital in Farmington, ME. Tammy lives in Fayette with her husband, Reggie, and their cat, Kikkikia.
NAHAM and HAMC are revamping their goals and strategies for 2010 to better represent Access professionals.

Changes on the Hill
Following the January special election in Massachusetts, many believe that Republican Scott Brown’s election to the Senate seat formerly held by Senator Ted Kennedy marks the end of efforts by Congress and the White House to overhaul the healthcare system.

With Brown’s election, Senate Democrats are now one vote shy of the 60 votes they need to prevent a filibuster, a tactic used to delay or prevent a final vote on legislation. Despite the setback, President Obama and Democrats remain committed to passing something this year. In order to accomplish this, Democrats have been taking time to reexamine the House and Senate plans and are attempting to develop new strategies for passing the reform legislation.

It is doubtful anything will pass that was as far-reaching as the House and Senate bills. Democrats are considering breaking down the proposal into smaller bills that would eventually accomplish the goals of a comprehensive bill. They also are considering passing the overhaul through budget reconciliation to avoid a filibuster in the Senate. This is not very reasonable, as many provisions cannot be enacted through this process and many commentators have not accurately described how complex this process really is.

The Democratic majority in Congress still intends to send President Obama something to sign related to healthcare. However, lawmakers have realized the need to take a step back and re-strategize before moving forward.

NAHAM’s 2010 Strategy
As Washington’s decision-makers review their healthcare strategy, the NAHAM Government Relations Committee will also be refocusing its goals for 2010. NAHAM will continue to bring attention to Patient Access Services professionals’ role in the delivery of healthcare and ensure that your voice is heard in the development of legislation and regulations.

In 2010, NAHAM remains focused on system reforms and increased efficiencies that will be required to handle patient flow increases to the healthcare delivery system. The government should invest in workforce training and technologies focused on innovation within the administration and management infrastructure that support Patient Access issues and an organized delivery system. This will improve quality, value, and the patient experience in medical environments.

Visit www.naham.org to find updates on NAHAM’s activities. You can also call NAHAM Government Relations at (202) 367-1175 if you wish to get involved with the Healthcare Access Management Coalition (HAMC) or have any questions about any of NAHAM’s advocacy initiatives.

Christine Perez is NAHAM’s government relations coordinator, based in Washington, DC.
Getting to Know Craig Pergrem

By Brian Shannon

NAHAM’s Member Spotlight shares professional insights from and facts about NAHAM member Craig Pergrem.

**Personal:**
**Name:** Craig Pergrem  
**Title:** Senior Director, Customer Service Contact Center  
**Organization:** Novant Healthcare ([www.novanthealth.org](http://www.novanthealth.org)), Winston-Salem, NC  
**Degrees and colleges attended:** Bachelor of Science from Eastern Kentucky University; MBA from University of Phoenix

**About Your Healthcare System:**
1. **What is new and exciting at your health system?**
   The whole revenue cycle transformation that has taken place over the past year has been amazing. As Novant continued to grow, there was a need for a corporate revenue cycle team and it has almost been completed and put in place. I came in to my role on September 1, 2009, after 20 years with Orlando Health.

2. **What is it like to work for your health system?**
   Our vision at Novant is to provide a remarkable patient experience, in every dimension, every time—and that is how we look at all issues and ideas. When you put it into that perspective, your focus changes, but the end result stays the same.

3. **What are some of your department or organizational goals this year?**
   The Customer Service Contact Center (CSCC) is responsible for all pre-service information, the call centers for the hospitals, the physician practices, and revenue cycle education. Our focus for 2010 will be to increase collections prior to service; improve scheduling; and enhance new pre-registration practices, call center industry standards, and implement a consistent approach to our education throughout the revenue cycle.

**About Your Career:**
4. **What are some of your personal priorities for your organization this year?**
   Education on what revenue management can do for the organization as a whole will be one focus. In addition: the successful blending of new facilities that have been acquired by Novant and the integration of those services into our CSCC.

5. **What is your business philosophy?**
   Discover what works and make it better. If there isn’t a tool out there to help you, create one and find a way to keep it moving forward. I know this will sound cliché, but I really love being able to promote the Patient Access areas for what they really are and how they are the foundation for any healthcare system.
Member Spotlight

6. What is the best way to keep a competitive edge?
   Never believe when someone says, “That can’t be done.” Take that statement as a challenge and never give up on a possibility.

7. How do you measure success?
   One letter of gratitude, one A/R day, and one dollar collected at a time. It is all aggregate in Patient Access, and it trickles down to every department within a hospital.

8. What are your biggest accomplishments in the last 24 months?
   One accomplishment is my new role with Novant Health. Another accomplishment is the introduction of Orlando Health's Access Academy. This started as an idea that we could reach out to other Patient Access areas in hospitals around the country and share our success story. It needed to be clean, crisp, and not appear that we were saying this is how it has to be done, but rather, this is why we do it the way we do. We did it with compassion and professionalism and I am proud to be a part of it. It was like having a child and watching her grow!

9. What goal have you set, but not yet achieved?
   Comfortable retirement (will it ever happen?) or winning a huge lottery!

10. What has been your toughest business decision?
    Taking a leap of faith and accepting my new role with Novant Health. I was in a director's position I loved in a wonderful organization with a great leader and awesome peers—and yet I felt I could make a difference. When I met with my associates here, I loved their values, and then when I talked at length with the senior vice president of finance, I knew I wanted to be a part of the Novant vision.

11. What has been your biggest business lesson learned?
    Your instincts usually will not lead you off course.

12. What is your career advice?
    Learn to laugh at yourself and at life...it makes your role much easier!

13. What do you like least about your job?
    When I have to work with people who don't do what I stated in question 12!

14. What do you like most about your job?
    Every single day I walk into the office, I know there will be a new challenge because healthcare changes that often. And the next few years will be no exception.

15. When you were a kid, you thought you would grow up to be:
    An astronaut.

More About You:

16. What is your pet peeve?
    Whiners—regardless of age.

17. What are your greatest passions in life?
    Being a high school youth sponsor with my wife at our church for 19 years. Even after our kids went away to college, we couldn't leave because it kept us laughing and young at heart. We also have good friends who are missionaries in Haiti. Working with them for a few weeks on a project will change your outlook on life quickly. I can't wait to be with them in August of 2010!

Continued on page 24.
18. What is your favorite quote?
One of my managers gave this to me before I left Orlando and it quickly became my favorite: “A good leader inspires people to have confidence in the leader; a great leader inspires people to have confidence in themselves.”

19. What is your favorite book?
   *Crazy Love* by Francis Chan.

20. What is your favorite movie?
   *To Kill A Mockingbird.*

21. What is your favorite way to spend your free time?
   Anything involving my wife and kids.

22. If you could change one thing about yourself, what would it be?
   Easy…give me my hair back please!

About NAHAM:

23. What do you like most about NAHAM?
   We are all committed to the same thing and that is making patient access better every day.

24. What is your favorite NAHAM event or memory?
   It would have to be the 2006 NAHAM conference in Phoenix, AZ. There were so many sessions that were relevant to revenue cycle rather than our own niche, which I felt was a real turning point for Patient Access.

25. What can NAHAM do to make itself better?
   Enhance their voice for the patient. We know what government changes can do to a patient even when it is stated as a “change in process.”

Brian Shannon is the president of a division of EJB World Trade, a professional sales organization specializing in healthcare. He is a member of the North Carolina chapter of NAHAM and lives in Charlotte.
Work It Now!
How Winners Deal with Adversity

By Lt. Col. Rob “Waldo” Waldman

Life is a constant mix of challenges and rewards. “Waldo” Waldman explains how success in a challenging economy requires a positive attitude, accountability, and hard work.

I remember the first time I was deployed to Iraq during Operation Southern Watch. I sat in an intelligence mission briefing with 50 of my fellow fighter pilots (my wingmen) where we were briefed on the multiple threats that scattered the enemy terrain in Iraq. The SAMs (surface to air missiles) and AAA (anti-aircraft artillery) were everywhere — each with the reach and power to shoot us out of the sky.

I couldn’t help but notice the anxious feeling that was in the pit of my stomach. The dread, panic, and fear were almost overwhelming. For the first time in my military career, I was going to be tested in combat. It was ‘go time’… time to put all my training… the years of study, focus, sacrifice, and sweat… to the test. From the Air Force academy where I learned the fundamentals of discipline and teamwork, to the 79th Fighter Squadron where I learned to fly the sophisticated F-16 and the complicated tactics necessary to defeat the enemy. All of this training would soon be put to use.

But deep down I wondered if I was ready. How would I perform under this real pressure? Would I get shot down? Was I truly prepared for this ultimate test? I thought to myself, what good was my military and fighter training if I wasn’t able to execute when it really counted? I had to get focused!

Despite my insecurity, the bottom line was that I was ready. When I reflected on all of my training and preparation, the more confident I became. All of my previous work would allow me to win in Iraq. I didn’t need to be afraid.

Each day, we’re faced with missiles of business and life that are being shot at us as we execute our missions. How will you deal with them? Will you take action, or shirk away in fear? Do you have the foundation of training, preparation and mental focus necessary to face those missiles with courage and confidence?

Winners work hard and plant seeds of success long before the enemy strikes. That’s why WIN stands for Work it Now!

I recently received an e-mail from a friend who works in real estate (she is a very successful time share salesperson). She wrote, “Waldo, I sure could use a sale (and some motivation from you) right now. I know I’ll get over this slump, but business is terrible!”

I felt for her.

Yes—business is bad all over. Look at the economy and it’s quite clear that these are tough times. It’s a huge missile and it’s pointing at us all.

How we deal with this missile will ultimately determine whether or not we’ll defeat it. For it’s the tough times that determine the true character of a winner. If you want to test the character of an individual in business, see how they act when the sales are down, when they’re having a bad month, or when the competition is taking away their business.
Will you Forget Everything And Run or Focus Energy and Accept Responsibility?

Here are a few wingtips to help you to take action with courage:

1. Flight plan your day—Get up earlier, schedule your action items, reduce or eliminate your TV time, take a course on sales. Get focused on the preparation fundamentals that lead to business success.

2. Surround yourself with positive, successful wingmen—eliminate the Naysayers and attract the “Yaysayers.” These are your comrades of confidence who will lend you their wings to fly, but who will also hold you accountable for your actions.

3. Be a WingGiver—Help others. Remember, there are folks like you who are struggling (personally and financially). Find a way to help ease their suffering with your skill, connections, and compassion.

4. Be thankful—Appreciate all your blessings and take inventory where your life is going well, and don't focus on the negative.

Life has its ups and downs. As soon as we think we have it under control…BAM! Another missile gets launched at us. Don’t resist it. Rather, accept it as a challenge to upgrade your flight status and strengthen your wings. Remember that winners deal with adversity by ensuring they have done the necessary work and relationship building before the missiles of life are launched.

If you wait until after the missiles are in the air, then it’s probably too late.

PUSH IT UP!®

I’ve worked in the healthcare industry for more than 15 years. There have been many changes in healthcare during that time, but one thing has remained constant in my career—the people you work with and the leadership you work for are the deciding factors between a magnificent experience and one filled with blistering and chaffing. Simply stated, there are managers and leaders that lead the pack and many who follow by maintaining the status quo.

According to the book entitled, The Future of Management by Gary Hamel, tomorrow’s successful managers are ones that are dynamic and innovative. The best managers are not just content with sitting back and maintaining good performance, but they’re constantly pushing for outstanding performance. These future managers are completely re-inventing what they do to stay at the cutting-edge of their industries, WOW-ing the stakeholders of their organizations as they go.

This book, unlike other management books that I have read, is not a toolkit or a how-to manual on achieving “future manager” status. Rather, it is an inspirational and thought-provoking guide to the future success of management. The reader is invited to draw conclusions from examples of flat thinkers, and conversely, radical thinkers, and the results each experienced. W.L. Gore is one of the companies highlighted in the book. W.L. Gore is the maker of Gore-Tex performance clothing and an innovator in clothing to fit the lifestyles of active and performance-oriented people. This book will definitely inspire you to evaluate what you do, how you think, and your leadership style. The book is well worth the time and investment.

Tony Lovett has worked in the healthcare industry for the past 15 years. Currently, he is employed by Cypress Fairbanks Medical Center, which is part of the Tenet Healthcare family of hospitals. Tenet Healthcare operates 15,894 beds within 63 acute care hospitals in 12 states. Tony is the Patient Access director at one of four Tenet hospitals in the Houston, Texas area. Tony holds the CHAM certification and holds a Master’s degree in Business Administration.
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Access Management Journal Discussion Guide

For members of the National Association of Healthcare Access Management and their staff

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Online Scheduling System Improves Processes at Mercy Medical Center Cedar Rapids

Discover how Mercy Medical Center Cedar Rapids introduced an electronic, centralized scheduling system to better manage phone calls, appointments, pre-registration, and patient accounts.

By Nicolette Woods

Questions for Conversation:

- What are your annual write-offs due to lack of pre-authorization, pre-certification, or medical necessity?
- Is there a designated person or team verifying that each pre-authorization was properly secured? What obstacles do you face in your pre-authorization, pre-certification, and medical necessity verifications?
- What benefits, efficiencies, and cost savings would you expect by including an automated verification system in your process?

Hospital’s Throughput Team and Bed Management System Improves Workflow and Patient Service

CentraState Medical Center significantly enhanced the process between patient entry and departure using a bed management system and creating a throughput team to direct staffing resources.

By Gaye Werbin

Questions for Conversation:

- An inter-departmental throughput team can be effective in enhancing the patient throughput process. Name the specific goals that CentraState’s throughput team aimed to achieve.
- Why did CentraState hire a throughput coordinator? What was the purpose of this role?
- What was the purpose of the Patient Hold Unit?
- Why did CentraState re-purpose their bed management system? What were the results?
Finally, There is Relief: Healthcare Business Intelligence

A growing number of hospitals and healthcare organizations are using business intelligence solutions to process data, manage patient records, and improve staff workflow.

By Andrew Goddin

Questions for Conversation:

- What is the role of a business intelligence review team?
- Why is data accuracy such an integral component of a successful business intelligence system?
- Transforming hard data into useable information is critical to business intelligence. What tools can ensure that the data is applicable?

Patient Access Services in Behavioral and Addiction Assessments: A New Frontier

North Philadelphia Health System’s Behavioral Access Center created a centralized point of patient intake, allowing patients seeking unique services to receive the appropriate care with greater efficiency.

By Gilda C. Chinnici

Questions for Conversation:

- What is the mission of the North Philadelphia Health System (NPHS)? How do the needs of NPHS patients differ from those at other hospitals?
- What are the benefits of employing a single point-of-entry hospital system? How can this increase the efficiency of patient intake?
- Describe the patient assessment procedure at the Behavioral Access Center. What positive results did this new system create for NPHS and its patients?

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