nrc HEALTH | Human understanding

EXECUTIVE BRIEF

JANUARY 2022

Customer Connections

Patient Access Partnerships

Version 2.1.1

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CONTENTS

Recording Roadmap

Key sections of the Connections Session are listed below with the associated time within the video recording found here: https://player.vimeo.com/video/670353187

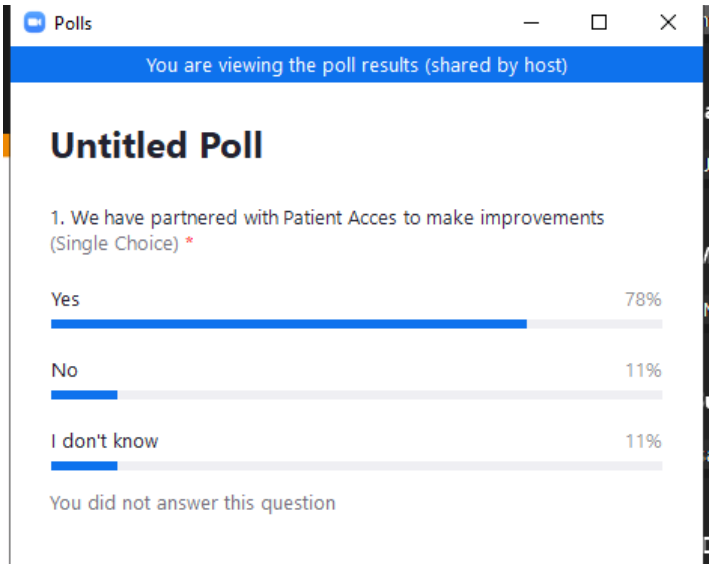
- Welcome and Housekeeping …….. 0:00
- NRC Health Data Review ……..……..... 7:45
- General Discussion Starts ……..……..……..…… 18:45

Participants

May not include all organizations represented

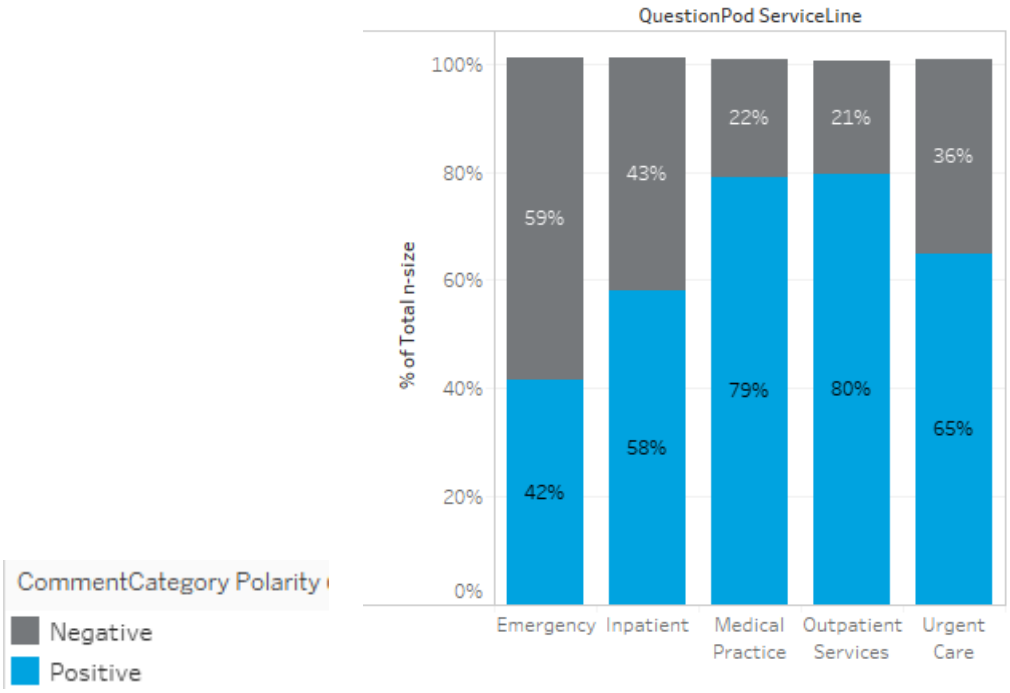
Adventist Health
Atrium Health
Canton Potsdam Hospital
Carle
Gundersen Health
LCMC
Metro Health
Palomar Health
Phelps Health
Providence
Sutter Health
UAP Clinic
UT Health
Wake Health
Wellstar

Participant Poll- *Have you ever participated with patient access for improvement?*

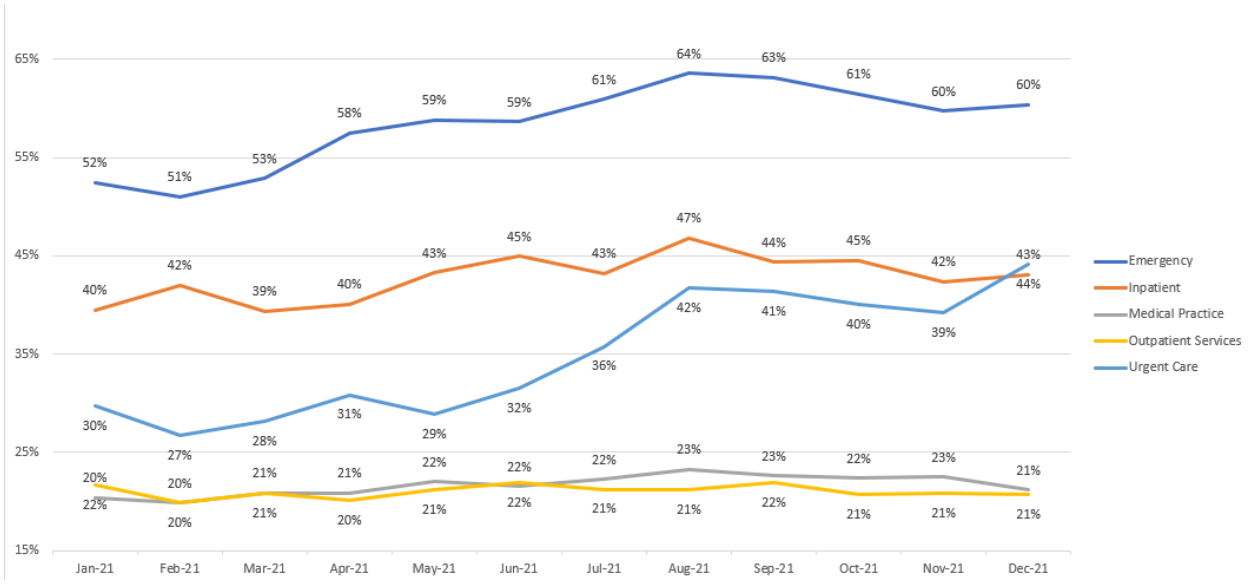


Data Review

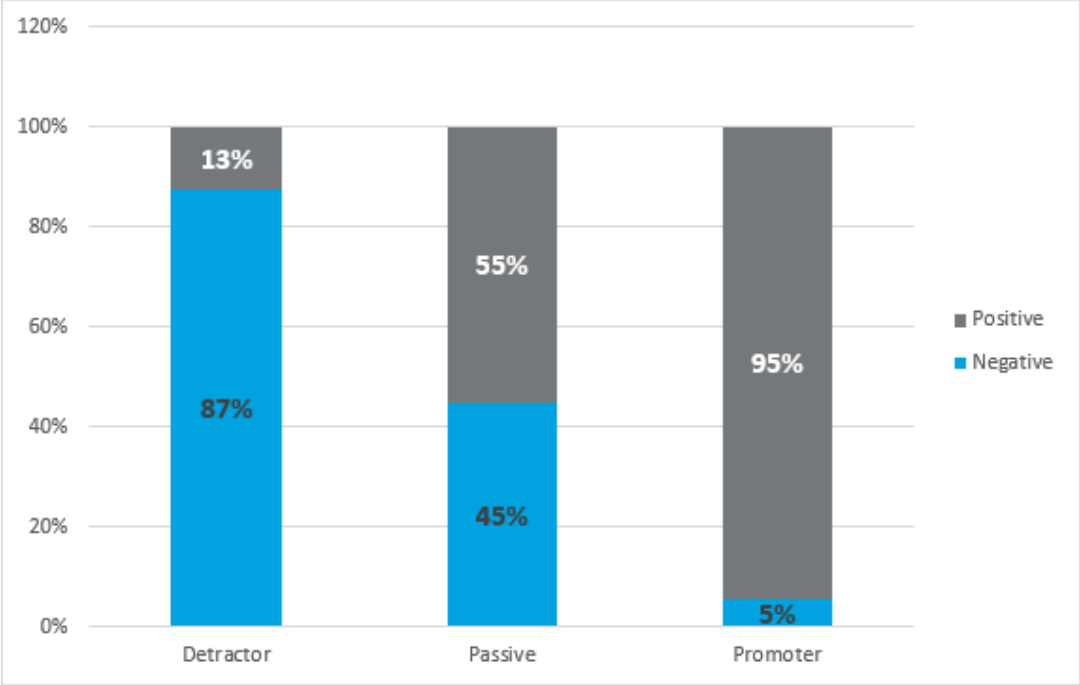
Admit/Check-In Comments by Care Setting - *Emergency Department, Inpatient, and Urgent Care have the highest amounts of negative comments about Admit/Check-**In** whereas Medical Practice and Outpatient Services have the lowest.*



Admit/Check-In Comment Trends*- Negative comment trends remain mostly steady for Admit/Check-in for Outpatient Services and Medical Practice. Inpatient experience as slight increase throughout the year while Emergency and Urgent Care experienced the greatest increase.*



Effect on NPS - *87% of detractors had negative comments about Admit/Check-in whereas 95% of promoters had positive comments about Admit/Check-in.*



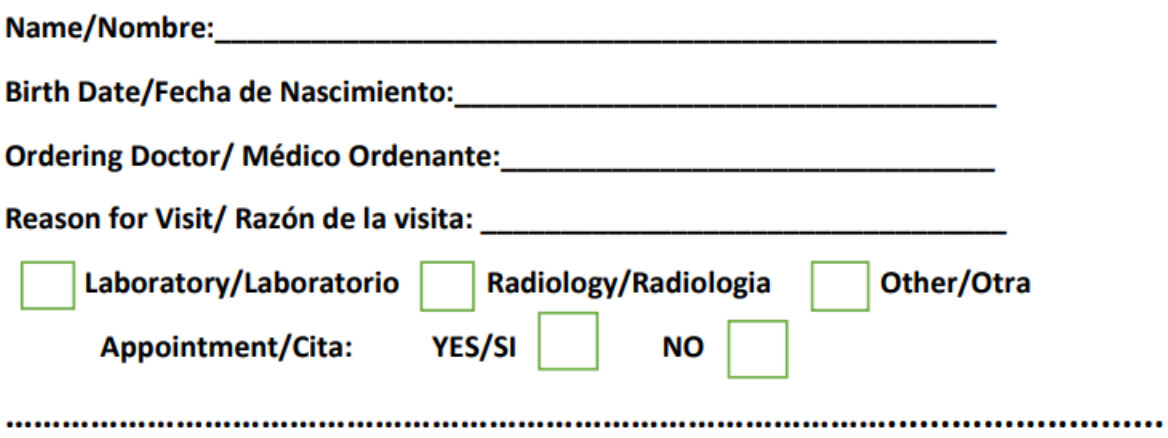
Patient Comments from Real time

- Checking in was not private. Everyone in waiting room heard the registrar say my private information out loud.
- For some reason the check in process was very long with no explanation. A little more communication would be helpful.
- Should be a better way to check in. Saying your phone number, date of birth and name leaves no privacy. Especially with not approaching the window.
- The staff was very nice, just felt uncomfortable waiting with so many in the waiting room. Would have preferred to wait in my car and be texted or called to come in
- I wasn't happy having to wait outside in the cold for at least 30 minutes, prior to signing in. I wasn't feeling well and having to be outside in the cold made me feel worse.
- It was very difficult to stay six feet apart from other people. The check in computers were right next to people waiting and I felt uncomfortable standing right next to waiting patients.

Discussion Recap

Participant Contribution Discussion

- Josanna with Adventist Health: They have seen a lot of feedback related to privacy and patient concern about COVID. Generally, in their outpatient testing, imaging and lab areas. They have a "fishbowl" style lobby space. There is not a lot of privacy due to the nature of the space. This has been a common thread and has continued through the pandemic. Partnered with the patient access team. Have a slip of paper to write down the basic information that they need. Once they have that initial information, they can get them checked in and then taken to more of a private space.
    - Patients can state information, but the paper option is preferred
    - Any issues with literacy? Form is in English & Spanish on the same form
    - No issues with literacy feedback raised at this time



- Working to improve pre-registration
    - Minoli with Wellstar: Worked with preregistration to make sure everything is done. They have *mychart* where the patients can go in and sign consent. This helps expedite the registration.
    - Preston with Phelps Health: Have a pre-registration team that use a work que set up in Epic and the staff call the patients that have scheduled outpatient appointments.

- Pain Points
    - Preston with Phelps Health: In the ED getting information from patients with COVID. The patient access staff call the patient. If they had been there before it is easy. If it is a brand-new patient, it is difficult to get their information. The Nurse will hold it up to a glass door in the ED but it just not easy. The patients don't feel good, so they are not able to answer questions. Then this causes a delay to get the information from them.

- Minoli with Wellstar: just started a pilot program with virtual registration especially for patients with COVID. The team members work from home and patients with COVID will get the virtual registration over the phone and then get the consents signed via *mychart.*
- Lori with Adventist: approach for patients with COVID has changed overtime. Initial solutions, phone calls worked until they started changing care and now nursing resources are stretched. Now the patient access staff are fit for the PPE and taking back the face-to-face visits. There was a lot of support making sure everyone was comfortable with the PPE. This is an example of enabling people to work at the top of the space that they are capable of and matching tasks with skill sets.

→ Financial Conversations: how to communicate the financial responsibility to patients and how to deliver those kinds of communications that are comfortable for everybody

- Lori with Adventist: They have been on a journey for the last several years trying to implement this. First by acknowledging that it is hard and then try to circle back to the "why". Pretending that finances are not part of healthcare does not take them out of healthcare. We are really giving the patient all of the information and giving them the power. Letting them make the decision that is right for them. Also, if you do bring up the financial conversation and there are barriers it opens an opportunity for continued conversation of potential services for that patient. Being open with the patients and meeting them where they are. They do offer scripting to guide the conversation. They do lots of role playing and then really celebrating their first couple of collections. When that person gets their first $100 co-pay without the patient yelling at them is monumental. They also make sure they have escalation avenues if the patient does get upset. There is a lead, the manager the supervisor. It is OK to say, "I am going to find someone to have this conversation, so you get the resolution you are looking for."
- Overall, this approach supports a combination or patient and employee empowerment

→ General Successful Interventions

- Bonnie with Atrium: several years ago, they had an extensive effort regarding collection of demographic information. They did a complete overall of realigning their categories to align with AHA. They had education and role play in order to capture. The demographic piece starts a domino effect of how that initial information gets entered and sets the stage for the rest of the visit
- Josanna with Adventist health: They try to press upon the point that Patient Access is the first face of the hospital in so many situations. They emphasize their impact of that entire visit and giving them ownership to feel pride in the fact that they are the first face to set the tone of their visit. Last year they did a lot of work in their interviewing and onboarding. They know they are not going to have happy patients without happy associates. They have implemented behavior-based questions in the hiring process for this exact reason.

- Lori with Adventist: Demographics training initiative- denials were up and we were not doing a good job in capturing their demographics. If they were married and now, they are not that could change their insurance, next of kin all of these downstream effects. Making sure that we are notifying the correct person and not getting an incorrect bill out. Just looking at all the ripple effects of what we do and so we are doing a lot of work with the associates and the patient experience team at the corporate level. Making it an improvement project that is data driven, utilizing Six sigma implementing action plans, asking the right questions, using an analytical approach to support the “why” for the need for change