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INSIDE

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Facing Home Loss and Evacuation, Patient Access Staffers Reported for Duty

Four of the six registrars at Redding, CA-based Shasta Regional Medical Center who were evacuated due to the devastating ongoing Carr Fire recently reported for their shift as usual. Their dedication serves as an example of how patient access employees can unite to help each other and serve the surrounding community during a disaster.

"Staff understood the seriousness of the situation. They knew we needed to step up and help our community," says **Kim Rice**, MHA, director of patient access and communication at Shasta Regional.

Employees offered to cover the shifts of two employees who were unable to report for work. "I had many staff work overtime and take on additional shifts as necessary," Rice reports.

About 25% of patient access employees at Redding, CA-based Dignity Health were directly affected by the fire; more than a dozen were evacuated. One registrar lost his home. "So many of the team went above and beyond," says **Daniel Vang**, CHAM, director of patient registration at Dignity, noting registrars offered to cover for colleagues who were evacuated. "Many of my staff were back at work without knowing if they still had a home." Shasta Regional's patient access department planned to increase staffing for at least five days out. "We figured we should be ahead of the situation, and change things around as we obtain more information," Rice notes. Staffers took the following steps:

• **Elective procedures were cancelled.** Outpatient and OR schedulers notified physician offices and patients of the situation. "The staff reached out to explain that due to the fire, our resources have been pulled to help the ER with additional assistance," Rice says. The office staff understood. They also were dealing with numerous physicians losing homes in the fire and closing their offices.

"Once we were in the clear to reschedule, we got these patients right back in," Rice adds.

• **Registrars tracked all patients who came to the ED with fire-related symptoms.** Staff used a manual process, placing a data sheet into a folder for each patient. "This was a quick and easy way to know how many patients came through to the ER related to the fire," Rice explains. Later, patient access compared this information to data the clinical team collected. The

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information was used for internal tracking and was provided to the local public health department for their use.

As soon as the fire was no longer a threat, staff stopped collecting the patient data sheets. In retrospect, Rice wishes she had clarified that they needed to continue until further notice. "First responders and others continued to come in for fire-related diagnoses such as smoke inhalation and difficulty breathing," she says.

• The department prepared to shelter in place depending on patient volume. "I communicated with the patient access team that we could potentially be staying onsite for some time without leaving," Rice says. Although it didn't turn out to be necessary, staff were open to this possibility, understanding the severity of the situation.

• Additional staff were needed to cover volume surges in the ED. The main admitting department was closed. This allowed cross-trained registrars to assist in the ED. The ED admitting staff took on additional shifts. "The hospital wasn't sure how many patients would be arriving," Rice says. "Patient access needed to be prepared."

Weather conditions increased the intensity of the fire, destroying more than 1,000 homes. At this point, the hospital saw a decrease in patients, which was attributed to widespread evacuations that were underway. Several days later, ED volumes surged, with new waves of patients and first responders alike arriving for assistance.

"Per-diem staff who are cross-trained in both ER admitting and the PBX operator assisted with additional coverage to handle incoming phone calls from media," Rice says.

Cross-training was a huge help. Staff members from the main registration area covered the ED, and per diems covered both the ED and PBX operator areas. "About two-thirds of the staff are cross-trained," Rice says. "Having the flexibility to float between these two areas is essential."

Extra staff were brought in for all shifts in the ED, just in case volume surged. "We did not know what type of census we were going to encounter, but we wanted to be prepared," says **Amber Fletcher**, patient access supervisor in Shasta's ED.

Once patient flow got back on track, the ED returned to its regular shifts. "We knew our team had their own families to worry about," Fletcher says. "We wanted to be sure that we were being accommodating but also fit the need of our patients."

Many registrars reported to work despite their own evacuations and not knowing if their homes still stood. "If it wasn't for the dedication of all the team, it wouldn't have gone as smoothly as it did," Fletcher says. ■

Hospitals Hit 2% of Net Revenue for Point-of-service Collection

For the first time ever in early 2017, all four of Rockledge, FL-based Health First's hospitals hit a long-awaited target for point-of-service collections: They all collected 2% or more of net revenue — and have not stopped hitting that mark since. The secret weapon behind this revenue cycle milestone? The department created two designated roles: collection and account creation. "We have aligned our team by their strengths," says **Betty Fallon**, CHAM, a registration manager at a Health First facility in Palm Bay, FL. The hospitals have centralized preregistration for all scheduled diagnostic and surgical

services. Previously, employees handled all aspects of this process. However, some commented that they really enjoyed creating accounts, but disliked collecting — and vice versa. "Collecting is a special talent," Fallon notes. "We found our strengths within the team."

Employees can choose which of the two roles they want. Currently, there are five collectors and 15 account creators. "When a position becomes open, we will hire for that specific role," Fallon explains. All employees are trained in account creation and collection, regardless of their role. "They need to know how to perform both functions should the need arise for coverage," Fallon says. What follows is more information about specific responsibilities of each role:

• **Account creators.** Benefits verification is an important part of this role. So is preventing "no auth" claims denials by ensuring all required authorizations are in place. "The authorization team [members] are the ones who actually obtain the authorizations, but account creators take a second look to make sure the account is complete," Fallon explains. For all new patients, the account creators obtain demographic information. If a patient has not been seen within 90 days, the information is verified and updated.

• **Collectors.** If patients have any financial responsibility, the account collector is the one who contacts them. These employees handle all accounts with money due, and advise patients of their benefits and out-of-pocket responsibilities. "The worklist for these associates are sorted by expected date of service," Fallon says. "Most calls are made within five business days." Sometimes, employees have to make multiple calls just to reach the patient. When an employee reaches the patient, he or she often has to explain why they're collecting prior to rendering services. "While we are a not-for-profit organization, it is still important for us to collect on the services we provide, so that we are able to meet the healthcare needs of our community," Fallon stresses.

After introducing themselves, employees use this scripting: *"I see that we've already verified your demographic information. Based on the information provided by your physician and according to your benefits, the deposit amount due for this service is ($). We accept all major credit cards and can process checks electronically. Which payment method would you prefer to use today?"*

They also inform patients: *"I must also advise you that this deposit calculation includes the hospital bill only. You will be billed separately for other physician services."* This reduces the number of complaints fielded by patient access due to confusion over patients receiving multiple bills. "It sets the expectation so they are aware," Fallon adds.

The department always had called some patients preservice for collections. However, not all patients received calls due to the timing of scheduled procedures or too much volume. "In creating the collector role, we were able to increase the number of collection calls made," Fallon says. "This results in additional preservice payments." ■

EMPLOYEE RESPONSIBILITIES

As part of the preregistration team, all employees, whether they are account creators or collectors, have these responsibilities:

- Greet and receive patients;
- Verify patients' identity, using two-patient identifiers;
- Create accounts correctly in the system, with appropriate documentation for multiple services lines;
- Function as a liaison between revenue operations and internal/external customers (hospital departments, patients, payers, and both employed and independent physicians);
- Perform insurance benefit verification via online eligibility, payer portals, and phone;
- Ensure authorizations are in place as required;
- Create service estimates of patient financial responsibility;
- Inform patients of payment options;
- Collect and post patient payments;
- Use communication management system to record all transactions.

What Do Clinical Area Staff Think About Patient Access?

Virtually all patient access departments measure patient satisfaction in some way. But what about clinical area satisfaction with patient access?

At Cooper University Hospital in Camden, NJ, internal departments are surveyed about their satisfaction with various teams and departments, which includes admitting. "These results are taken seriously," says **Pamela Konowall**, CHAM, assistant director of patient access.

Admitting receives a list of the names of the leaders rating their department. "This feedback, both positive and negative, is very valuable and important," Konowall reports. The ratings are a strong indication of whether patient access is meeting customer service standards. Feedback also opens the door for some much-needed communication. "It gives the opportunity to clear up any misunderstandings or recognize a team member for giving exceptional service," Konowall notes.

Departments are rated on accuracy, responsiveness, communication, and ownership, with a section for written comments. Results are sent to departments quarterly. "Admitting strives for a rating of 10," Konowall says. "If a score below 8 is submitted, a meeting is immediately set up to determine what went wrong."

There were only two instances in which someone rated the admitting department below 8. Both were found to be errors on the part of the person completing the survey. "This is why a follow-up meeting is extremely important," Konowall offers.

In both cases, the people completing the surveys did not realize their answers were reflecting their experiences with patient access. "Both thought they were answering questions regarding their experiences for different departments," Konowall says.

At Cooper University Hospital, patient access leadership rounds on both patients and families throughout the day. They look for:

- how courteous patient access staff are during the registration process;
- whether patients are given privacy during registration;
- how easy it was for patients to provide personal and insurance information;
- whether patients and family member are asked if they have any suggestions or concerns.

However, patient access leaders sometimes discover issues that are related to clinical areas, not patient access. "This most commonly happens when a provider is delayed, causing a patient to have a long wait," Konowall says.

Often, patients are visibly upset about the delay, and vent their frustration to registrars. In these cases, leaders step in immediately. "The leadership team has the opportunity to do service recovery, if and when it's needed," Konowall notes.

Sometimes, patients complain to clinicians, and registration staff step in to help. One ED patient complained she was freezing while sitting in a hallway. Staff decided to offer warmed blankets to that patient and anyone else waiting for an inpatient bed.

There are times when clinicians hear positive comments about registration. These are shared with patient access leaders. A patient recently commented that one of the ED registrars was very efficient and moved patients "right in and out." When comments such as this are received, a "shout out" goes out to the entire department via email.

The complimented registrars receive recognition at staff meetings. Managers give specifics on exactly what the patient loved about their registration experience. "The intent is for this behavior to be continued or duplicated," Konowall explains. ■

Tips to Prevent Registration Short-staffing

Inadequate staffing during high-volume periods is a top dissatisfier in registration area surveys. Experts offer potential solutions to minimize this frustrating occurrence.

- **Preregister more patients.** "We have found that if we have the majority of our patients preregistered, it takes fewer registrars to handle the load," says **Rebecka Sandy**, CHAA, CHAM, team lead of outpatient registration, preregistration, and financial counseling at CoxHealth in Hollister, MO.

Clinical areas promote preregistering to their patients, which has improved patient flow dramatically. "Even nonscheduled patients, such as our lab and X-ray patients, can preregister," Sandy reports. "We can verify benefits, make sure we have the order, run medical necessity, and have financial discussions, all prior to service."

Preregistration staff are cross-trained, which allows them to cover all registration areas. "I have also 'mirrored' schedules," Sandy says. "I always have at least one preregistrar and one registrar for each shift."

- **Schedule based on data.** Registration areas at Loma Linda (CA)

University Medical Center are staffed based on historical volumes and arrival times dating back to 2007. Of course, not all departments have access to a decade of data. But if that is the case, Admitting Director **Denise Rotolo** suggests collecting it for at least three months: "Then, adjust schedules to accommodate," she offers.

Must-have data include patient arrival time, registration wait time, and registration transaction time. "These are crucial to successful scheduling," Rotolo stresses. Registration areas re-evaluate these data while recapping the previous month's metrics. "We have used these statistics to implement schedule changes on many occasions," Rotolo reports.

Significant volume increases over a period call for a more comprehensive response. The department conducts a staffing analysis to see if additional full-time employees are warranted.

To keep delays to a minimum, patients who are in complicated situations are handed off to a supervisor or manager. This way, registrars can move to the next patient quickly. "This allows us to keep the normally scheduled, authorized patients moving through the process," Rotolo notes. If registrars are late checking in a patient, that patient might miss his or her appointment, which no one is happy about. "We have wasted valuable clinical resources that result in multiple levels of lost revenue," Rotolo adds.

All patients are preregistered at the time of scheduling. "This allows our check-in staff to confirm demographics without having to do timely data entry," Rotolo says. The only areas with new patients entering the system are the ED and the walk-in lab draw station.

"These data are captured in our Epic statistics based on the first encounter in our health system or a return patient to our health system," Rotolo says. ■

Make Fantastic 'Front Door' Impression on All Patients

There is a simple reason why patient access often is called the "front door" of the hospital. "Our registration specialists are often the first person our patients see or talk to," says **Mary Wilkins**, a patient experience consultant at CoxHealth.

All departments in the health system use the Studer Group's AIDET communication tool. The acronym stands for five communication behaviors: Acknowledge, Introduce, Duration, Explanation, and Thank You. Here are some examples of how it sounds to a patient being registered:

For a new patient appointment, the AIDET process might go something like this: *"Hi, welcome to CoxHealth. My name is Carol, and I will register you for your appointment. May I have your first and last name as well as your date of birth?"* (At this point the patient gives their information). "*Mr. Jones, it shows that you are here for a new patient appointment. I would first like to welcome you to our clinic. I'm glad that you have chosen us to be your healthcare provider. Your registration will take about five minutes as we will update your contact information, run your insurance, and complete your copayment."*

For an existing patient, the AIDET process might go something like this: *"Mrs. Rogers, I have you registered for your appointment with Dr. Jones. Sam, your medical assistant, will be out in about 10 minutes to get you. Again, my name is Mary. Please let me know if you have any questions."*

"AIDET is especially important in registration, to help build a connection with the patient," Wilkins says. However, there are two AIDET tool challenges for patient access:

• Many registrars do not feel comfortable using the tool when speaking with patients. Going down a checklist just feels awkward at first. "Staff are worried they sound like a robot," Wilkins notes.

To help registrars, trainers tackle one portion at a time. For instance, registrars can make eye contact with a cheerful welcoming statement such as, *"Good morning!"* Next, registrars add the introduction and an explanation. Combined, the message becomes: *"Good morning! My name is Mary, and I am going to register you for your appointment today."*

It is not just words that matter. "Eye contact, tone of voice, and body language can all be important aspects to providing an acknowledgment," Wilkins stresses. Registrars make every effort to greet patients by name. This is especially important in settings such as primary care. "Staff get to see the same patients on a regular basis," Wilkins adds.

• Registrars struggle to incorporate "duration" into the conversation. Providing people with durations is particularly important in registration areas. "We are keeping them informed and decreasing anxiety," Wilkins says.

With no idea how long a wait will last, patients' anxiety is likely to spike. Patients may start to wonder, *"Have they forgotten about me?"* or *"I guess my time isn't as important as theirs."*

"If I am using AIDET properly, I will tell the patient how long to expect to wait, and that if there are any delays that I will update them," Wilkins says.

It works both ways. Great communication about durations sends a message that appointment times are taken

seriously. "Patients are more likely to arrive on time, which minimizes delays for everybody," says **Kelsey Bagwill**, a patient experience consultant at Cox Medical Center Branson (MO).

It is not always easy for registrars to give a wait time. Registrars worry the patient or family will get angry because they feel the wait time is too long.

"It is also because in healthcare, things change quickly," Bagwill says. Registrars know that right after they tell the patient it is a 20-minute wait, the time could double due to an emergent situation. "Then, they've just unintentionally been dishonest," Bagwill laments. The solution: Communicate the new expected wait time to the patient.

"I encourage [registrars] to think about themselves as patients," Wilkins offers. Registrars are asked to imagine waiting in a room without any explanation of a duration. How would they feel after 30 minutes? "Once it's put into perspective, staff are able to realize they wouldn't want that for themselves," Wilkins says.

Wilkins uses real-life stories to convey important points to patient access staff. One story she shares often is about a time when she accompanied a family member to a primary care physician appointment to follow up on her new medication that was prescribed a few weeks prior. Upon arrival, they were curtly told to take a seat. "We waited and waited, with no updates from anyone," Wilkins recalls.

Every 30 minutes, they went to the desk to inquire about how much longer it would be. Each time, the answer was the same: *"The doctor is running behind. Have a seat, and they'll be out shortly."*

"The terms 'shortly,' 'in a minute,' or 'soon' are too vague and are open for interpretation," Wilkins advises.

The wait became two hours. "Had we been told at check in that they were running that far behind, we would have rescheduled for another day," Wilkins says. At the very least, all waiting patients would have known what to expect. "Due to this experience, no one in my family sees this provider any longer due to the lack of communication," Wilkins adds.

Recently, Bagwill was working alongside the registration specialist at the triage desk in an ED. "One of the triage nurses gave a beautiful duration to a patient," Bagwill recalls. There were several patients in the waiting room, and the ED was full. The nurse explained to the patient as she was taking the patient to the waiting room from triage, *"My average wait right now is about an hour and 45 minutes. Our goal is to get you back sooner, but that's what it is right now."*

After a bit of initial shock, the patient decided to stay.

"Can you imagine if the patient had not been warned they may have to wait nearly two hours?" Bagwill wonders. If the patient had waited only one hour, the patient still might have been upset, even though it was half the original expected wait time. "In settings like the ED, when patients get frustrated by long wait times, they may just leave. That isn't ideal for anybody," Bagwill says.

Sometimes, satisfaction comes from choosing a certain word. Instead of saying *"hopefully"* or *"probably,"* registrars say *"It is my goal to"* or *"I strive for."*

"When a patient hears the words 'hopefully' or 'probably,' they tend to get a little more anxious," Wilkins explains. "We encourage staff to use terms to help instill confidence."

Instead of saying, *"We're really busy,"* registrars say, *"There is a 30-minute delay today. Can I get you anything while you wait?"* Next, registrars offer to show patients the nearest restrooms or water fountain. Registrars add, *"I apologize there was a delay. What questions can I help answer for you?"*

"It is not only unprofessional to tell someone you are too busy to help them. It is also disrespectful," Wilkins says. ■

Training Key to Driving Preservice Revenue Increase

The patient access services department at UCLA Medical Center made the decision to create a designated team for preservice registration and collections many years ago. Since its inception, the team has grown to 11 employees.

"This decision has had tremendous impact on improved patient wait times and hospital collections," reports **Drew D. Totten**, principal administrative analyst for patient access services. The preregistration team contacts patients up to 10 days prior to their date of service. "This is to ensure a 95% preregistration rate," Totten explains. "This greatly reduces patient wait times once they arrive on their date of service."

Employees confirm patient demographics and other pertinent information. They also address all out-of-pocket costs that are due. "The small percentage of patients who are not preregistered confirm their information and address any financial liabilities on the day of their appointment," Totten says.

The amount of revenue collected preservice has grown almost 300% over the past two years. "This is largely due to the new payment options available to patients, and thorough training for employees," Totten says. New payment options are available to patients, including paying by credit card over the phone,

paying online through a patient portal, and applying for a zero-interest payment plan. "Another method used by the team is to mail the patient an estimate letter," Totten adds.

A key focus of training: How to find the amount that's due, both on the hospital's system and on insurance websites. "Sometimes, within the computer system, the patient liability may not be clear to the employee," Totten notes.

Employees also needed help communicating the amount due to patients. "Not all employees feel comfortable asking for the liability," Totten says, noting scripting helps employees respond to many patient reactions. "This puts the employee more at ease when financial liabilities are addressed."

For instance, patients often ask to "send me a bill." First, the employee reminds patients that based on the terms of their insurance policy, they are required to pay their copay or deductible at the time of service. Then, the employee offers to accept a partial payment today, or offers other options to make the payment. Some patients still express their wishes to pay when they come in. "The employee then notes the account appropriately," Totten says. "The copay is collected once the patient arrives on their date of service." ■

Clinicians to Registrars: 'You Take Too Long'

There is probably no area that is more challenging to register patients than a busy, chaotic ED. Often, patients are too ill to provide the necessary information to complete registration. People arrive without identification, insurance cards, or credit cards, making collecting copays difficult or impossible.

To make things even more challenging, clinicians frequently are impatient with registrars, says **Darlene Powell**, patient access system manager for the ED and financial services at Bronson Methodist Hospital in Kalamazoo, MI. There are several sources of tension between clinicians and patient access:

• Clinicians often tell registrars they are taking too long with patients at triage.

"We limit the questions to name, birthdate, and take driver's license when possible," Powell notes. "We try not to ask anything else until the patient goes back to their room."

• Clinicians believe registrars ask too many questions.

Few realize all the information that is involved in completing a patient's registration. For instance, worker's compensation cases are very time-consuming because of all the required paperwork.

• Clinical staff complain registrars are in the way when clinical staff are trying to assess the patient.

"We watch the tracking board to determine the best time to enter the patient's room so we don't interrupt," Powell offers.

• Clinical staff believe registrars should not ask patients for money when patients are in the ED.

Since this perception was the root of much tension, patient access leaders took a proactive approach. They contacted clinical leaders, asking to be put on the agenda at nursing and physician staff meetings.

"They give us about 10 minutes. We come prepared with our topic, so it moves quickly," Powell reports. Patient access asks that clinicians refrain from discussing financial matters with the patient. Instead, clinicians are asked to state, *"Patient access can assist you with that."*

Patient access also raises the topic of collections during monthly "touch base meetings" with nursing and physician leadership. They explain the reasons collections are necessary in the ED, and what the process is. "We explain it is after the patient has been cared for and ready for discharge," Powell says. "We aren't interfering with patient care at all."

Clinicians' buy-in can be a game-changer when it comes to collections. If they resent it, patients pick up on it. "Once clinicians understand the process, it prevents them from telling patients, 'You don't need to worry about that,'" Powell says.

If clinicians interfere with the registration process in any way, registrars report the issue to a supervisor. Patient access leaders then follow up with clinical leadership.

"We discourage confrontation so that the patient doesn't witness inappropriate conversations between staff," Powell explains. ■

Registrars Can Defuse Tense Encounters

When patients hear about high out-of-pocket costs, did not realize their insurance would leave them with a large balance, or just did not know their copay was so high, registrars often bear the brunt of their frustration.

"This is the time to use active listening skills," says **Laurie Lawson**, CHAA, a patient access lead at Kadlec Regional Medical Center in Richland, WA. This means staying calm, expressing understanding, and paying attention to voice tone and body language. Kadlec registrars follow a

script to de-escalate tense registration encounters:

• If patients say they can't pay:

"I understand you owe a balance you are concerned about. Let me offer you a financial assistance application, and the phone number for billing. They can help set you up on a payment plan."

• If patient did not know a copay was owed:

"I understand you did not know you have a copay and cannot pay the full amount at this time. We can accept less than the full amount of the copay. How much can you pay? If you cannot pay anything, we can bill you. Would you like a financial assistance application?"

Lawson says how the registrar approaches the scenario, not the exact wording used, is most important. After the patient is visibly calmer, the next question is, *"What else can I do for you? Can I get you a warm blanket or an extra pillow?"*

Patients sometimes just need to vent. Taking the time to listen to their frustrations can help. "It usually takes away the anger, especially if the registrar offers empathy and a solution to the problem," Lawson offers.

During new hire training at Children's Mercy Kansas City (MO), patient access employees hear a lot about the importance of delivering exceptional customer service.

"We go much more in depth and discuss customer service recovery in our customer service retreat," says Patient Access Manager **Ashley Howard**. This one-day class, held onsite and attended by all patient access staff within their first six months of employment, focuses on strategies for successful interactions. Employees learn steps to confirm understanding:

• Use a confirming statement (*"I want to make sure I understand your request."*);

• Summarize key facts (*"You want me to ..."*);

• Ask if your understanding is correct (*"Am I understanding correctly?"*);

• Clarify the misunderstanding, if necessary.

"We ensure staff have the tools and resources to resolve the concerns and frustrations families may express," Howard says.

Staff listen, empathize, apologize, and take responsibility. Is the patient still upset? It is time to contact a supervisor, manager, or patient advocate. It is not always possible for patient access to solve the problem, but they can point the patient in the right direction. If it a high balance the patient is worried about, simply connecting them with a financial counselor is the answer.

"Access reps are the frontline, and are often asked questions that often fall outside of their essential functions," Howard says.

Patient access has the resources they need to move toward a resolution, regardless of the concern. "That may be to connect them with clinical staff, schedulers, billing, or security," Howard notes. ■

COMING IN FUTURE MONTHS

- Educate patients on insurance coverage proactively
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