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INSIDE

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Wireless system for bedside registration streamlines access department

Technology and a focus on efficiency produce timesaving results

Bedside registration in the emergency department (ED) and a new transfer center are the latest innovations helping to define the department of patient access and business operations at Philadelphia's Presbyterian Medical Center.

The creation of the new department began in July 2001 with the hiring of **Anthony M. Bruno**, MPA, MEd, as director of patient access and business operations. Bruno gives *Hospital Access Management* periodic progress reports.

"When we spoke before," he adds, "[the admissions department] was only open five days a week. As of July 1, we're open seven days a week, and the hours are 6 a.m. to midnight. It's all part of developing a department that didn't exist a little over a year ago."

Although a wireless system for bedside ED registration has been approved recently, the ED process has greatly benefited from the paper bedside registration already in place, Bruno reports. "We've moved the registration process from the front-desk triage window to the bedside," he adds. "We're working with the clinicians to get the patients back to the

Audio conference tackles HIPAA concerns: New rule requires 'intense education'

The recently released final privacy rule under the Health Insurance Portability and Accountability Act (HIPAA) makes significant changes to the existing regulations. With the April 14, 2003, compliance deadline fast approaching, are your staff receiving the proper training?

The American Hospital Association says implementing HIPAA will require "sweeping operational changes" and will take "intense education of hospital workers and patients." To help you and your staff prepare, American Health

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exam rooms more quickly and to not have people languishing in the ED waiting area."

In addition to enhancing patient satisfaction, bedside registration has reduced the left-without-being-seen number that every ED tracks, Bruno notes.

Another advantage of wireless bedside registration will be its ability to coordinate with the EMTRAC (emergency medicine tracking and charting) system, a product that allows clinicians to enter orders and chart information for ED patients directly into the computer, he says. Already in use at the health system's larger hospital at the University of Pennsylvania, EMTRAC was scheduled to be installed at Presbyterian Medical Center in October.

In effect, the ED will be paperless, he says, "with everything entered [directly] into the system. By having wireless [registration], we'll be able to put in that information more quickly, which will allow [clinicians] to do their EMTRAC more quickly. It will help expedite charges for the billing system as well."

One of the biggest accomplishments of the fledgling patient access and business operations department has been the establishment of the transfer center, Bruno says. Helping to oversee that effort, he notes, has been admissions manager **Karen Randall**, one of several members of the management team Bruno assembled soon after taking his position.

"Karen and her staff have worked to set up a much tighter screening process for patients who arrive uninsured and candidates to be transferred," Bruno reports. "We have the ability to screen patients and make decisions as to whether we can accept patients who are uninsured from other facilities. We have a very strong insurance pre-certification process that wasn't in place in the past."

Immediately after a physician from another hospital calls a physician at Presbyterian Medical Center to ask about transferring a patient, Randall explains, "we turn around and call the other hospital and ask for an admission sheet."

"When we find out the patient is uninsured," she continues, "we ask why the patient needs to come here. Then we contact the financial counselor, and she calls the referring hospital to find out if a Medicaid application has been started for the patient. If so, we continue where they left off. If not, we start one. Once we find out there are no hitches, we approve the transfer. It usually takes about three hours."

"This is another example of admissions and the business office working together as a team," Bruno adds.

A physician is brought into the process to decide whether there is a medical need for the patient to be transferred to Presbyterian, Randall says. "[The physician from the other hospital] has to plead the case, and it has to be clinically approved."

Before a formal admission process was established for transfers in January 2002, "patients were just called in and transferred with no questions asked," she notes. "It was just like an open-door policy."

In the case of a patient who is insured, Randall

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Editorial Questions

Call **Christopher Delporte** at (404) 262-5545.

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Presbyterian Medical Center ◆ Hospital Services Directory

SERVICE	ADMISSIONS CENTER
DEPARTMENT	Patient Access and Business Operations
PHONE NUMBER	(215) 555-1100
FAX NUMBER	(215) 555-1101
LOCATION	First Floor, Cupp Pavilion
HOURS OF OPERATION	6 a.m. to 12 a.m., Monday-Sunday
SERVICES	• Registration, pre-registration, insurance pre-certification and insurance verification for inpatients and SPU patients • Bed management including admitting and transferring patients in the SMS patient management system
HOW TO ACCESS SERVICES	• Contact for registration and bed management services can be made by telephone or FAX • Inpatient and SPU admissions call (215) 555-1000 • FAX reservations to (215) 555-1001 • Bed management call (215) 555-1002
MANAGEMENT	• Karen Randall, Manager, Admissions Center, phone (215) 555-1003 • Alicia Walton, Team Leader, phone (215) 555-1004 • Julie Galen, Admissions Nurse Facilitator, phone (215) 555-1005 • Hilda Emery, Pre-Certification Coordinator, phone (215) 555-1006

Source: Presbyterian Medical Center, Philadelphia.

says, an access employee calls the insurance company to confirm that the coverage is in place and that the hospital participates in that insurance plan. "Then we go back to the bed board and confirm that a bed is available," she adds. "It takes about half an hour."

If there is a problem with the insurance, she notes, the hospital administration makes the decision on whether to accept the patient.

As a result of the new transfer process, the amount of free care provided by the hospital has declined, Bruno points out. "It's not that we don't want to give free care," he explains, "but we want it to be something we control."

Broadening its scope in another direction, the admissions center recently began performing all the insurance pre-certification and verification for the 35 physicians in the hospital's cardiology groups, Bruno says. "We made the commitment because cardiology is one of the major product lines, and [the physician groups] had difficulty trying to manage all of the pre-cert requirements. We felt we could help them do it very efficiently."

"We started the pilot in March, with four physicians and one practice, and as we were praised and given accolades, everyone wanted to jump in," notes Randall, who previously worked as the manager of admissions and outpatient services for

a specialty heart and lung center. "By June, we took on all the cardiology practices."

Although no formal figures were available, the amount of collections has increased since admissions took over the pre-cert duties, Bruno says. "There are no more denials because insurance companies were not called. All authorizations are put into the [admission / discharge / transfer] system and go to the [case managers] so they have the information at their fingertips."

In the past, he adds, insurance companies often were called two or three days after patients arrived, resulting in reimbursement "carve-outs" for the days that weren't preapproved. "We are now looking to expand to the department of surgery and perhaps orthopedics."

To handle the increased duties, the admissions center recently hired a second pre-certification coordinator, Bruno notes. "On the outpatient side, we've taken on the responsibility for registering the cardiology patients as well."

As part of what Presbyterian Medical Center's practice partnership program, he has put together a hospital services directory describing the different services offered at Presbyterian Medical Center. The directory was designed to be a guide for physician offices, allowing them to more easily contact various departments within the hospital, Bruno adds. **(See illustration, p. 123.)**

"If you want to contact medical imaging services, for example, the directory will tell you the location, the phone and fax numbers, the hours of operation for inpatients and outpatients and, lastly, will describe who the management is," he explains.

Although there is a telephone book for the University of Pennsylvania system, it has about 300 pages, he points out, making it difficult to pinpoint the right number for the specific service needed. The book also gets out of date pretty quickly, Bruno notes.

"We've gotten a lot of feedback [from physician offices], and they love it," he says. "They've asked for multiple copies to give to the staff."

Other components of the practice partnership program, which began in May 2002, include enhanced communications with the practice offices through office and staff management presentations and an electronic newsletter, he says.

[For more information, contact:

*• **Anthony Bruno**, MPA, MEd, director of patient access and business operations, Presbyterian Medical Center, Philadelphia. Telephone: (215) 662-9297. E-mail: anthony.bruno@uphs.upenn.edu.]* ■

HIPAA audio conference

(continued from page 121)

Consultants offers **HIPAA's Final Privacy Regulations: What You Must Know to Comply**, an hour-long audio conference on Dec. 4, 2002, from 2:30-3:30 p.m., Eastern Time. You'll learn detailed information on changes to the privacy rule, as well as practical methods to implement new procedures within your facility. Also learn how to successfully manage privacy issues with business associates, and how to spot and avoid costly HIPAA violations. Do you know what your enforcement priorities are? Do you need real-world examples? Our expert speakers, **Debra Mikels** and **Chris Wierz**, BSN, MBA, will help you understand your responsibilities and identify potential liabilities. All this will allow you to develop a HIPAA compliance strategy with a rationale behind it.

Mikels is corporate manager of confidentiality for Partners Healthcare in Boston. The Partners system includes some of the largest and most respected facilities in the country, including Massachusetts General Hospital, Brigham and Women's Hospital, and Harvard Medical School. She will provide the practical information and guidance you need to implement a comprehensive privacy policy in your organization.

Wierz is vice president of HIPAA and compliance initiatives for Houston-based Healthlink Inc., a health care consulting firm. She has worked with numerous facilities across the country to prepare them for HIPAA compliance, and now she shares many of her ideas with you.

The cost of the conference is $299, which includes free CE or CME for your entire staff, program handouts and additional reading, a convenient 48-hour replay, and a conference CD. Don't miss out. Educate your entire facility for one low price.

For more information or to register for the HIPAA audio conference, please call American Health Consultants' customer service department at (800) 688-2421. When ordering, please refer to effort code: **65151**. ■

Managers are building bridges to leadership

Overall goal is patient and staff satisfaction

The latest segment of the University Hospital of Arkansas's comprehensive education program brings forward the themes of teamwork,

communication, and conflict resolution, focusing on how those concepts can be used by the hospital's directors, managers, and supervisors.

"The whole goal is to improve patient and staff satisfaction through strong leaders," says **Becky Glover**, RN, MNSc, manager of staff education and computer training for the Little Rock-based facility.

Building strong leaders

The program, Building Bridges III, focuses on leadership competencies developed from focus groups comprised of administrators, managers, and staff from different hospital departments, she explains. "They came together to decide on curriculum, what qualities they thought strong leaders should exhibit."

The Myers-Briggs Type Indicator personality inventory is used as a framework for personal development and to provide tools the managers can use in working with the employees they lead, Glover notes. Among other things, Myers-Briggs is used as "part of a bridge to talk about the ways that different types of people communicate."

The program, she adds, looks at the question: "How do I, as a leader, get my team to work together more efficiently?"

Building Bridges III is geared toward any clinical program department leader, Glover says, which in the parlance of University Hospital, means "any area that has anything to do with patients."

Participants in the recently completed program pilot included a revenue integrity specialist and a point-of-service coordinator from the access department, as well as nurse managers, a pharmacy manager, and a respiratory therapy manager, among others, she says. The next session, scheduled for this month, already is overbooked.

Building Bridges I is designed for new employees, while Building Bridges II is for existing staff, Glover notes. "They're all really based on the same concepts and have evolved into these different [applications]," she adds. "The basis is teamwork, communication, and resolving conflict."

When participants look at how to motivate employees, they are introduced to Abraham Maslow's hierarchy of needs to help them determine where their employees are coming from, she explains.

"We all have the same basic needs, but some are at different levels," she adds. "To use an extreme example, if someone doesn't have enough money to buy food, that — rather than the thrill of the job — will motivate that person. We're looking at what motivates people and what creates job satisfaction — what needs to be in place before you even start talking about job satisfaction."

In the conflict resolution segment, Glover says, participants are given scenarios based on situations that actually have occurred at the hospital and are asked to do a "force-field analysis."

In a force-field analysis, she says, one looks at the forces that are opposing and acting as barriers in a given situation and at those that are acting toward resolution.

"They decide which to pay attention to and which not to," Glover adds. "We get them to look at conflicts in terms of defining what the true problem is and working toward a solution rather than affixing blame."

In another part of Building Bridges III, participants talk about organizational change and the role of the leader, she says. "We go over patient satisfaction reports, and we will be starting a staff satisfaction survey, which will be another indicator leaders can use."

At the beginning of the program, participants are told that they will be asked to use some of the skills they're learning to address a problem or issue in their job environment, she says. "On the last day, they do a case study and show something they've done in the workplace. We vote on the 'best in show' of the case studies."

The person selected receives a plaque inscribed with his or her name and the name of the department to keep until the next session, when it is passed on to the next winner, Glover adds.

Participants also take away some tools they can use in the workplace, including a work preference inventory that is based on Myers-Briggs concepts, but focused more specifically on jobs, she says. "It gives the employees some feedback on where their strengths are and how they like to work."

The three-day program is scheduled every other Friday during a five-week program, Glover notes, because it's hard to lure managers away from their responsibilities for three days in a row. Because of its hands-on, interactive nature, the sessions are limited to 30 people, she adds.

Although attendance is voluntary at present, the program has received a great deal of support from the hospital's COO and CEO, who are strongly encouraging directors, department heads, managers, and supervisors to participate, Glover says. "We're hoping it will become mandatory."

There also is the possibility that Building Bridges III will be marketed outside University Hospital in the future, she notes. "We've had

some requests already."

[Editor's note: Becky Glover can be reached at (501) 686-9345.] ■

Training linked to employee satisfaction, not pay raise

Ongoing education program increases confidence

Could it be that gaining confidence in their abilities and feeling valued by the organization would mean more to your employees than a pay raise?

Since the University of Hospital of Arkansas in Little Rock implemented an intense access education program in October 2001, staff turnover in emergency department and inpatient services has decreased, says **Holly Hiryak**, RN, CHAM, director of hospital admissions.

Although her department has put in place a career ladder that offers access employees the opportunity to go up two pay grades, she says "the education and training we've been developing is more key" to increasing employee satisfaction.

"We all thought if we could solve the salary problem and bring in a higher level of individual, our problems would go away," Hiryak adds. "Salary never hurts, but I also believe that continuing education is probably higher on my list."

Employees feel more confident as a result of the training, she says. "We do a monthly inservice that's scheduled several months out, and we usually have anywhere from 100 to 150 [employees] attend those inservices."

"We target where people are having problems, and then develop the inservice based on the information we receive," she says. "We've had an overwhelmingly positive response. I've had people say things like, 'I've worked here 18 years, and no one has taken the time to explain this before. Thank you for doing this.'"

As a result of the education and training initiative, Hiryak says, access employees feel the role they play is respected and valued by the organization.

The hospital's career ladder for access employees has three levels, she notes, with a 6% raise linked to each advancement. To move from the entry-level position to the next level, employees must successfully complete the certified healthcare access associate (CHAA) exam and have a consistent registration accuracy rate of 95% or higher, Hiryak explains. They also must get high marks in attendance and customer service and on an annual manager evaluation, she adds.

The hospital's Patient First program, whereby staff get recognition from patients or other employees, is one way that employees can show demonstrate good customer service, she notes.

To attain the third level, an employee must become "the expert," Hiryak adds, someone who can act as a resource within the department and maintain an accuracy rate of 97% or more.

"We just implemented [the career ladder] last year, so we're just getting requests for Level II," she says. Employees will be offered an opportunity to take the CHAA exam this month, she adds.

[Editor's note: Holly Hiryak, CHAM, RN, can be reached at (501) 686-8170, or hiryakhollym@exchange.uams.edu.] ■

Here's how to appeal Part A Medicare denials

Your chances are excellent, attorney says

By **Linda Fotheringill**
Fotheringill & Wade, LLC
Baltimore

So your carrier / intermediary has inappropriately denied too many Part A Medicare claims, and you are ready to take action. That's great. The Medicare Part A appeals process currently found in chapter 42, Code of Federal Regulations (C.F.R.), Part 405.701-405.753 only *appears* to require a rocket scientist to decipher; in actuality, it's pretty straightforward. Generally speaking, follow the steps below and you stand an excellent chance of overturning the denial:

• Carefully read the carrier's initial determination.

The written notice of the carrier / intermediary's determination should state in detail the basis for the determination and should inform the provider of its right to reconsideration. The notice also should state that the carrier / intermediary has made a finding that the patient did not know, or

could not reasonably have been expected to know, that the expenses incurred for the services were not reimbursable. Regardless of whether the denial was administrative or clinical in nature, determine if the denial was unfair or inappropriate, and formulate your response.

• **File a request for reconsideration within 60 days.**

Your request for reconsideration must be in writing and must be filed within 60 days of receipt of the written notice of determination. You should include an explanation of why the initial determination was wrong. You also should include supporting documentation such as medical records, hospital account notes, case management notes, and any other evidence that will help to show the inappropriateness of the initial determination. Your written request for reconsideration should be filed at an office of the Social Security Administration or the Centers for Medicare & Medicaid Services (CMS) or, in the case of a qualified railroad retirement beneficiary, an office of the Railroad Retirement Board. (If you miss the 60-day requirement, there is a chance that CMS will grant an extension if you can show "good cause" for the delay.)

• **Carefully read CMS' notice affirming or revising the initial determination.**

CMS will make a determination affirming or revising the initial determination and advise you by written notice, stating the specific reasons for the reconsidered determination and advising your hospital of your right to a hearing if the amount in controversy is $100 or more. If the reconsidered determination is unfavorable and the amount in controversy is $100 or more, plan to request a hearing. Remember that under certain conditions, the dollar amounts of several claims may be aggregated to meet the threshold. Likewise, regardless of the amount in controversy, multiple claims with similar issues could be aggregated for ease of handling.

• **File a request for hearing within 60 days.**

The written request for hearing must be filed within 60 days of receipt of the reconsidered determination at an office of the Social Security Administration, the CMS, or with an administrative law judge (ALJ), or, in the case of a qualified railroad retirement beneficiary, an office of the Railroad Retirement Board. Again, if you miss the 60-day deadline, an exception can be made if "good cause" is shown. Once you are at the level of requesting a hearing, it would be helpful, although not necessary, to have your in-house counsel handle the appeal or to retain a qualified attorney to do so.

There are several factors favorable to the provider in the hearing process:

• First, providers may present their case at the hearing and be represented by attorneys and expert witnesses. In contrast, Medicare is represented only by a written record. Although an administrative law judge can invite a Medicare contractor to a hearing, this rarely occurs. When invited, contractors typically will send a physician or a nurse, rather than an attorney, to represent them.

• Providers are allowed to rebut testimony contained in the contractor's written record.

• ALJ decisions do not set precedent. Further, the Departmental Appeals Board, the highest level of Medicare administrative appeals, does not have precedent-setting authority.

Inappropriate denials more than likely will be overturned if your hospital utilizes the Medicare appeals process. Accordingly, proactive providers should incorporate the Medicare appeals process in their denial management strategy.

[Editor's note: For more information from Linda Fotheringill on Medicare Part A denials, see the October 2002 issue of Hospital Access Management**.** *Fotheringill can be reached at The Susquehanna Building, 29 W. Susquehanna Ave., Baltimore, MD 21204. Telephone: (410) 821-5292 or (800) 847-8083. E-mail: fadnil@excite.com.]* ■

Making a good thing better: One hospital's rallying call

Satisfied staff equals satisfied patients

How does a hospital get a No. 1 ranking and score in the 99th percentile on the South Bend, IN-based Press Ganey Associates patient satisfaction survey? It might have something to do with taking a good situation and continually trying to improve it.

A new customer service initiative in the admissions department at Wake Forest University Baptist Medical Center in Winston-Salem, NC, started because, while the customer service numbers were always good, "we knew we could make them better," says **Ponetta Barber**, admissions manager. "We asked our staff members, 'What are things we could do that would specifically improve our area?'"

Admitting staff came up with ideas such giving patients and their families complimentary meal tickets or valet parking passes when they have to wait for a room or are inconvenienced in

some other way, she says.

Admissions also works closely with the patient relations staff in such situations, Barber adds, contacting that department when patients have waited for an extended length of time. "They send gift baskets, flowers, or something else they think is appropriate to the patient's room."

It also is admissions department policy for an employee to check in every 15 minutes with patients who are waiting for a room, she says. When patients have been waiting an hour, the employee notifies Barber or admissions supervisor **Regina King**, "and we go out and talk to the patient as well," Barber adds. "It's just a conscious effort to make us all more aware that patients are waiting."

For each of the two quarters that ended June 30, 2002, the hospital achieved the No. 1 rating and scored in the 99th percentile on the Press Ganey survey, she says, and the extra customer service push began shortly before that period.

Keith Weatherman, CAM, associate director of patient finance, says he believes the high employee morale and extremely low turnover rate in the admissions department are major components in the customer service achievement.

"It probably boils down to just recognizing that they are more than employees, they're people, and treating them with respect all the time," he adds, crediting the "family-type atmosphere" that Barber fosters.

Many of the admitting staff have been with the department 10 years or more, Barber notes. Most employees are cross-trained, she says, and are flexible about switching areas and doing "whatever it takes to get the job done."

That might involve working in any of the areas under her supervision, which include admissions, bed control, patient escort, ancillary clinics, and scheduling, and if necessary, she says, helping out in the emergency department, which is under another manager.

On an employee climate survey conducted last spring, Weatherman points out, the admissions department exceeded its score on the previous survey and did better than the rest of the hospital. "They don't wait for that [measurement], though," he adds. "They're constantly doing a sort of internal climate survey, making themselves available and listening to staff."

"We held meetings with staff and asked them about the barriers they encounter in their everyday jobs," King says. "It's important that we give them feedback on that."

Complaints aired at the meeting were taken care of quickly and, if that wasn't possible, employees were kept apprised of the situation, Weatherman adds. "We didn't just leave them hanging."

Employees were concerned, for example, that the department didn't have enough wheelchairs and carts for transporting patients and their belongings to the nursing units, and that a lounge chair was needed for patients who had to wait for awhile, he says. "Nothing was outrageous. They asked, for example, if housekeeping could do a better job of cleaning a particular area."

The department's extensive training program is another contributor to employee and patient satisfaction, Weatherman suggests. New admitting employees receive a week of initial training with the hospital's verification and quality services staff, Barber says, and continue to get on-the-job instruction within the admissions department.

"[Training] goes on for several months," King adds. "There is a training checklist at least four pages long. New employees sit with more experienced employees and get hands-on training."

The verification and quality services department, meanwhile, reviews demographic and financial information for accuracy, Weatherman notes, and admitting supervisors distribute the results to employees.

[For more information, contact:

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Job seeker says, 'Let's make a deal'

Here's way to negotiate future rewards

Finding it difficult to get the salary you want, and think you deserve as you scour the job market? One access professional solved the problem by arranging for future rewards based on the attainment of certain goals.

"I was able to negotiate a deal where I'm able to have my productivity measured, based on reaching certain objectives, and can obtain salary increases of 5% or 10%," says the access director, who works with a multiple-hospital system and asked not to be identified. **(For more access salary-related information, see the results of**

Hospital Access Management's **annual salary survey inserted in this issue.)**

"What you do is have the objectives written out, with the specified period of time you have to obtain them," the director adds. "You define what the threshold [for the achievement] is, and what would be considered a high achievement."

According to this arrangement, the person adds, "If I don't reach the goal, I don't get any [increase] at all. If I'm at the threshold, I get X amount. If I'm a little above, I get a higher amount, and for high performance, the highest amount."

The salary hikes could be based on an overall job appraisal or an objective that's more clearly defined, like the amount of upfront cash collections.

"All of these [terms] are subject to negotiation," the access director notes. "It gives you the opportunity to show what you can and can't do. It's something to strive for."

Along the same line, this candidate carried to the job interview a portfolio that outlined some noteworthy past achievements, which may have strengthened his bargaining position. "I didn't have [an arrangement] quite this good before," he adds. "A lot of it is timing — how much the organization wants you. The point is that access people are becoming more and more valuable to organizations."

The access director described above did "a heck of a job" negotiating his employment terms, says **Scott Johnson**, senior vice president and partner in J&J Resources, a health care placement firm in Houston.

"What it sounds like to me is that this was a hospital in need, and this guy obviously had the skills needed," adds Johnson, whose firm focuses on accounting, finance and business office professionals in hospitals. "The hospital really wanted a change but couldn't come up with the money on the front end," he speculates. "I don't think that's real common."

In order for such a strategy to work, Johnson advises, "the person needs to be really qualified and will need to bring to the table something they're not getting right now."

"I recently placed a guy with a hospital system who was told the job paid $100,000," he notes. "He said he was fine with that, but when he went in for the interview, he did a dog and pony show, and then said he wanted it at $130,000."

The candidate demonstrated to his potential employers — who didn't have a cost accounting or support system in place — that he could build a team in that area, Johnson says. "That was his specialty. He was able to show them he could save them $500,000 in the first year."

In some cases, he says, he is able to help a client work out a three-month review, for instance, that is tied to an increase in cash collections.

[Editor's note: Scott Johnson can be reached at (888) 496-2603.] ■

Web-based education targets ancillary staff

'Nobody is training them'

Is web-based training in access services skills the best way to keep ancillary staff motivated and on the job? That's the contention of one company that recently has added a new twist to its educational offerings.

"We've made our focus hospital ancillary staff because nobody is training them," says **Susan Juers**, director of training and education for John Putnam International in St. Petersburg, FL. "Knowing that those [access] representatives take in 70% of a hospital's revenue but are the poorest-trained staff with the highest turnover, we [asked], 'What can we do to minimize mistakes, bring down the error rate?'"

John Putnam has been offering teacher-led training for about five years, she notes, and went live with its web-based program on June 1, 2002. The split between the two programs is about 75/25 now, with the primary focus on web-based learning.

"The idea was to do web-based training, but to make it education, as opposed to training," Juers adds. "We wanted to create an educational tool, so it wasn't going to be like regular training where they throw some information at you, you take a test for comprehension, and then you walk out and are on the job."

The key to reducing turnover, she says, is treating staff well, "as if they are experts. We're providing the means for them to demonstrate what they know, build on that, and then apply it before they go on the job."

The courses that make up the company's Patient Access Success Training (PAST) are divided into subtopics, or modules, she explains. "We make it all measurable. Instead of just taking a topic like managed care, we break it down into all the related skills, and each of those becomes measurable."

Students complete a pre-assessment before

starting each module, Juers says, which creates a baseline for learning. "If they know most of the material and know it well, they don't have to go through that module. [The program] takes them only to the parts they need to know."

At present, there are a total of 24 patient access and patient financial courses, she adds, as well as compliance and management courses. "We now have all of the patient access courses posted on the web site, with patient financials to follow."

The management courses, she notes, cover such topics as "Budgeting for Dummies" and behavioral interviewing.

Anne Dolph, CHAM, MS, manager of patient registration at Advocate South Suburban Hospital in Hazel Crest, IL, says she plans to use the program for new hires, not for existing staff, and likes the fact that the company will customize its product to meet her needs.

"They looked at our turnover and figured we would have 10 individuals in a year who could go through seven or eight courses," Dolph adds. "You can mix and match. I liked their information on confidentiality, for example, and their approach to customer service. There is also a module on the revenue cycle that shows the importance of what [access representatives] do on the front end."

While she would expect a course on medical terminology to focus on clinical information, such as symptoms of illness, she says, "their course includes billing and insurance terms and general health care terms. That's information that we don't go into with [new staff], but I know it will make them stronger access employees."

Her department does not have a separate training program, Dolph explains, so the instruction that new employees typically receive is focused on how to enter information onto the computer screen and the myriad of documents that access employees must handle. "We don't get into the general health care information that would increase their understanding of their place in the system."

The courses are set up so that students must pass at a mastery level of 90%, Juers says, but that, too, can be customized. "We can change it to 100% or 80%."

If the employees show their mastery of a module in the pre-assessment, they don't have to go into it, but do have access to the material, she points out. "If they don't pass the pretest, they have to go in and do the presentations. If they skip any part, the system won't recognize that they've completed it, and they won't get a certificate, even if they pass the post test."

That means, Juers adds, that students "can't skim through it and if they don't know something, they can't fake their way out of it."

The program's reference section allows employees who are back at their workstations to access information from the courses they've completed, she notes. "If they don't remember what the 72-hour rule is, they can go to the reference section and type that in."

There also is an electronic notebook, and a chat room where students can discuss issues in real time, Juers adds. "We have a professor who can share information and lead live chats. He recently did one on HIPAA [Health Insurance Portability and Accountability Act]."

The cost of the educational program generally is from $55-$75 per user, which includes three courses and a year's access, she says. For managers who want to show a return on investment, she says, there's a way to track and measure the improvement of those who have completed the program.

[Editor's note: Susan Juers can be reached at (888) 551-6996 or at sjuers@johnputnam.com. More information on John Putnam International is available at www.johnputnam.com and www.putnamed.com.] ■

Here's some advice on HIPAA preparation

Look at 'rights' created

One of the "threshold questions" in the Health Information Portability and Accountability Act (HIPAA) risk analysis is whether to perform the analysis in-house or use outside consultants. Some entities have outsourced the entire gap analysis, while others have done it in-house, says **Linda**

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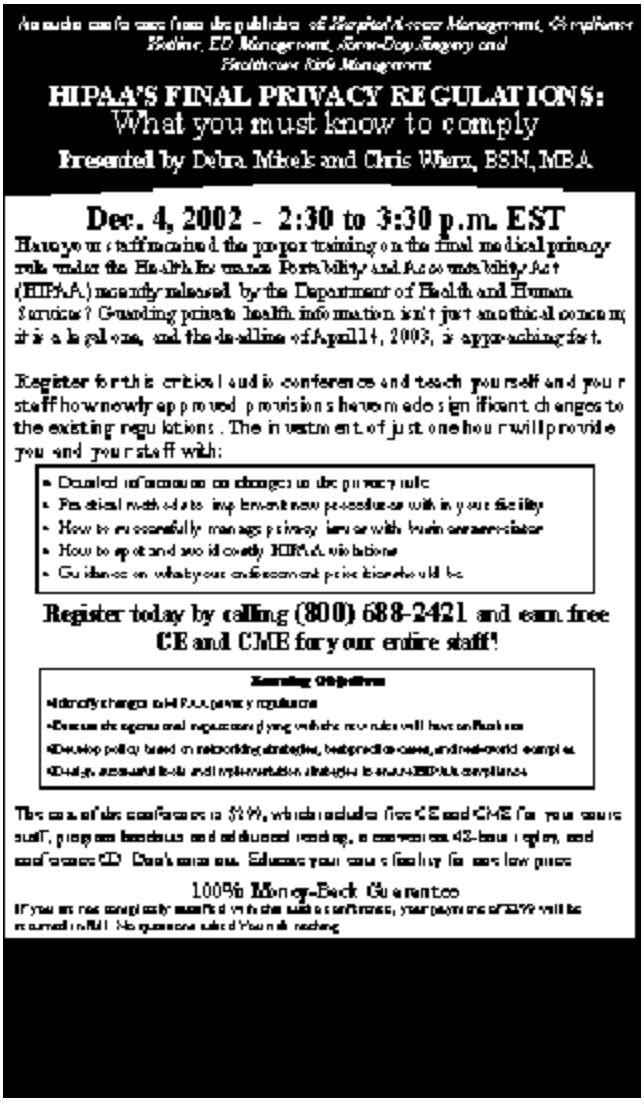
Malek, a partner and chair of the health care practice at Moses and Singer in New York City.

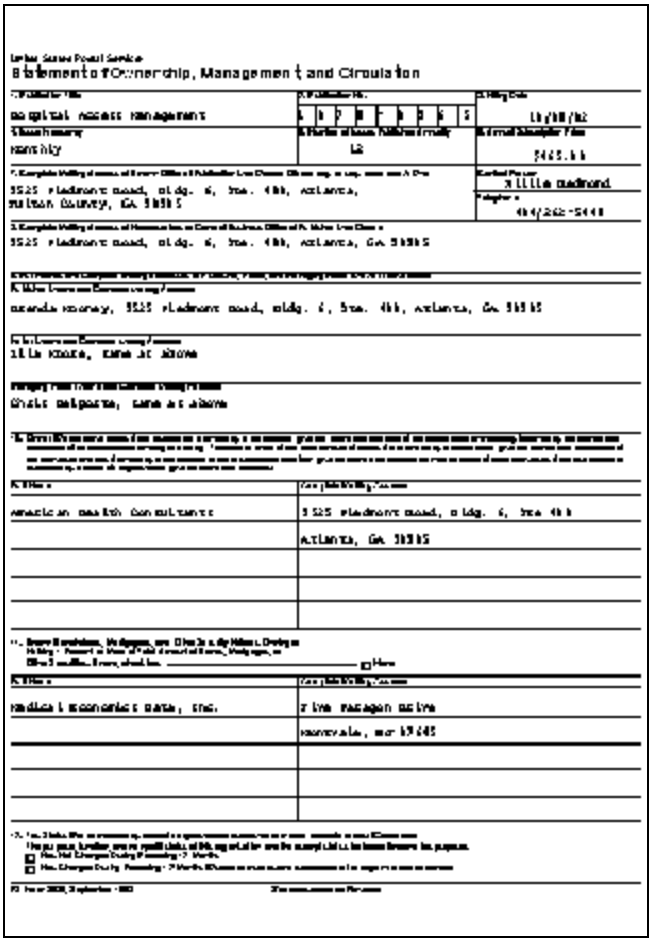
According to Malek, one of the most important things about the privacy rule is the rights that it creates. "That will be key to your organization in terms of recording and tracking how you use the information," she says. "You need to be thinking about who it is that is in charge of the inflow and outflow of information and who handles patient requests for information."

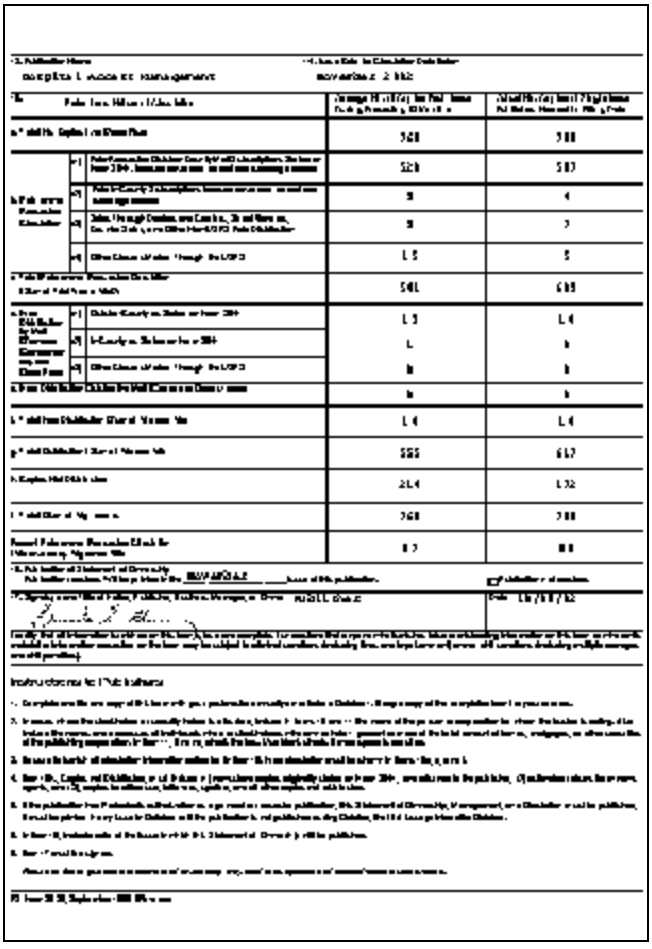
Providers also must think about the number of employees who will be affected by the privacy rule, because these are the employees who will have to be trained.

This is a useful occasion to get an idea of how the stated policies stack up against staff understanding of those policies, Malek says. "When you are interviewing people, this is a good opportunity to find out if there is a disconnect between the two and address that," she explains.

Another important step in the gap-analysis process is a walk-through of the facility, Malek




Statement of Ownership, Management and Circulation



adds. "This is where you are getting an idea how the information flows in and out of the organization and how the actual practices may or not conflict with stated policies."

Before beginning a HIPAA assessment process, Malek recommends that hospitals educate those within the organization who are going to be the decision makers for implementing HIPAA. "The first thing to do is to give upper-level staff a general overview of the HIPAA privacy rule," she says. Those with responsibility for implementing HIPAA should then go to key managers within the organization to make sure they all are given some form of HIPAA awareness training.

Another immediate step in a risk assessment is to start gathering information, Malek says. She suggests that every organization assign a point person for gathering this information and set up a repository for HIPAA information. She also recommends that hospitals have a steering committee that includes the chief executive officer, chief operating officer, and someone from information technology and the general counsel's office.

The next step is to start interviewing high-level personnel, Malek says. "They are the policy-makers in your organization who set the tone for the rest of the organization. You need to figure out the chain of reporting to the top-level person, the levels of accountability, and how new policies are disseminated."

The final HIPAA security regulations, meanwhile, still are uncertain, says **Janice Roach**, executive director of Tri-City Regional Surgery Center in Richland, WA.

"We are still a little nervous about the fact that the final security regulations are not yet finalized, yet we are supposed to ensure the privacy of our patients' information," she adds. "We expect to make some minor changes to improve security of patient data, but we already have had to begin staff awareness and training." Her awareness efforts include discussion at monthly staff meetings, she says. Privacy training for all employees is mandatory under HIPAA.

The Chicago-based American Hospital Association warns that the rule, even with its modifications, still requires "sweeping operational changes."

"Because it will affect every department, employee, and business associate of the hospital, it will take intense education of hospital workers and patients," the association states in a recent report.

"We are reviewing our policies and procedures to make sure that we are protecting the privacy of patient information," Roach says. Most covered entities have until April 14, 2003, to comply with the patient privacy rule. Certain small health plans have until April 14, 2004, to comply. ■

Hospital services cut, AHA survey data show

In 2001, hospitals were more likely to reduce rather than add to the total number of services they provided, according to a recent report from the American Hospital Association (AHA).

Of more than 90 services tracked by the AHA in its Annual Survey of Hospitals, roughly 50 were less likely to be offered in 2001 compared to 2000. The services information is based on data collected from 4,178 hospitals that responded to the survey for both years. The survey is part of the 2002-2003 AHA Guide, which contains information on more than 6,000 hospitals and health care organizations. For more information, call (800) 242-2626 or go to www.ahaguide.org. ■

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Access managers taking visible spot in health care

For best salaries, be willing to move; a college or master's degree increases earning potential

Patient access directors and managers are becoming more visible in the health care industry, suggests **Scott Johnson,** senior vice president and partner in J&J Resources, a health care placement firm based in Houston.

His firm, which works with professionals in accounting, finance, and the business office, has seen a 25% increase in patient access clients in the past four years, Johnson estimates. Some of that increase, he says, has been due to the move to a central business office (CBO) model by the large hospital chains Tenet and HCA.

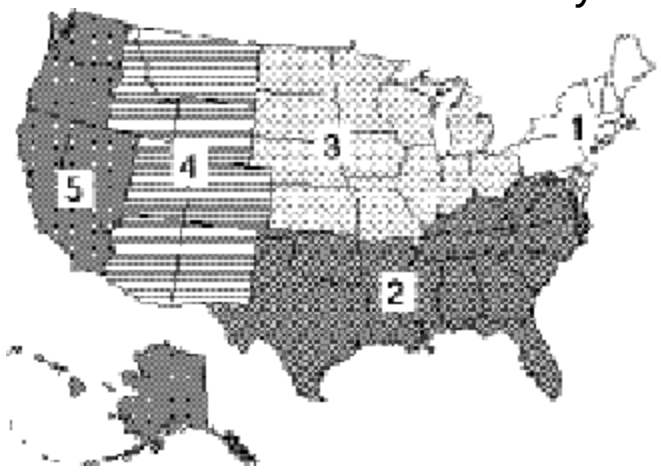
What that means, he explains, is that Tenet or HCA will set up an off-site CBO in a large city, like Houston, and have that office handle billing and collections for eight or so hospitals. That strategy eliminates the top financial positions at individual hospitals, Johnson adds, leaving the access director or manager as the ranking financial person at each hospital.

Patient access positions are "as viable as anything else out there right now," he says. "The better money comes when you're over the front end and the back end."

The vast majority of access professionals who responded to *Hospital Access Management's* annual salary survey, meanwhile, report that they received a pay raise in the past 12 months, and a significant number of them saw an increase in the number of employees they oversee.

Thirty-five percent of respondents said they got a raise of between 4% and 6%, and almost the same number had a pay increase of between 1% and 3%. Another

Where is Your Facility Located?



Region 1	18.18%
Region 2	27.27%
Region 3	36.36%
Region 4	4.55%
Region 5	11.36%

11.36% saw their salary increase by between 7% and 10%.

Although more than 94% of those who responded to the survey work for hospitals, job titles represented ran the gamut from admissions supervisor to vice president of patient access and care management. The highest number (45.45%) said they worked in a medium-sized community setting, while 25% described their work environment as urban. Another 21.59% said they worked in a rural area.

The largest percentage, 78.41%, worked for a nonprofit organization, with the next highest number (12.50%) giving their affiliation as state, county or city government. Some 26% of respondents worked for hospitals with between 301 and 500 beds, another 25% said their hospital had between 101 and 200 beds, and 15.91% were at facilities with between 201 and 300 beds.

"If you're working at a hospital where you have the opportunity to get more exposure to the back office, that will be to your benefit."

By job title

Looking at salaries according to job title, results show that 42.86% of those who describe themselves as access managers make between $40,000 and $49,999 a year. Another 17.86% make between $50,000 and $59,999; and 17.86% make between $60,000 and $69,999.

Of those who gave their title as director, access management, 25% said they made a salary of between $50,000 and $59,999 a year, while another 21.43% reported making between $60,000 and $69,999. A little less than 18% of access directors said they earned between $70,000 and $79,999.

Only 10.71% of directors responding to the survey reported making between $80,000 and $89,999 a year, but the percentage making between $90,000 and $99,999 was slightly higher, 14.29%. A few access directors, 3.57%, reported salaries of between $100,000 and $129,999.

The great majority of access supervisors who completed the salary survey, 66.67%, said they made between $30,000 and $39,999 annually.

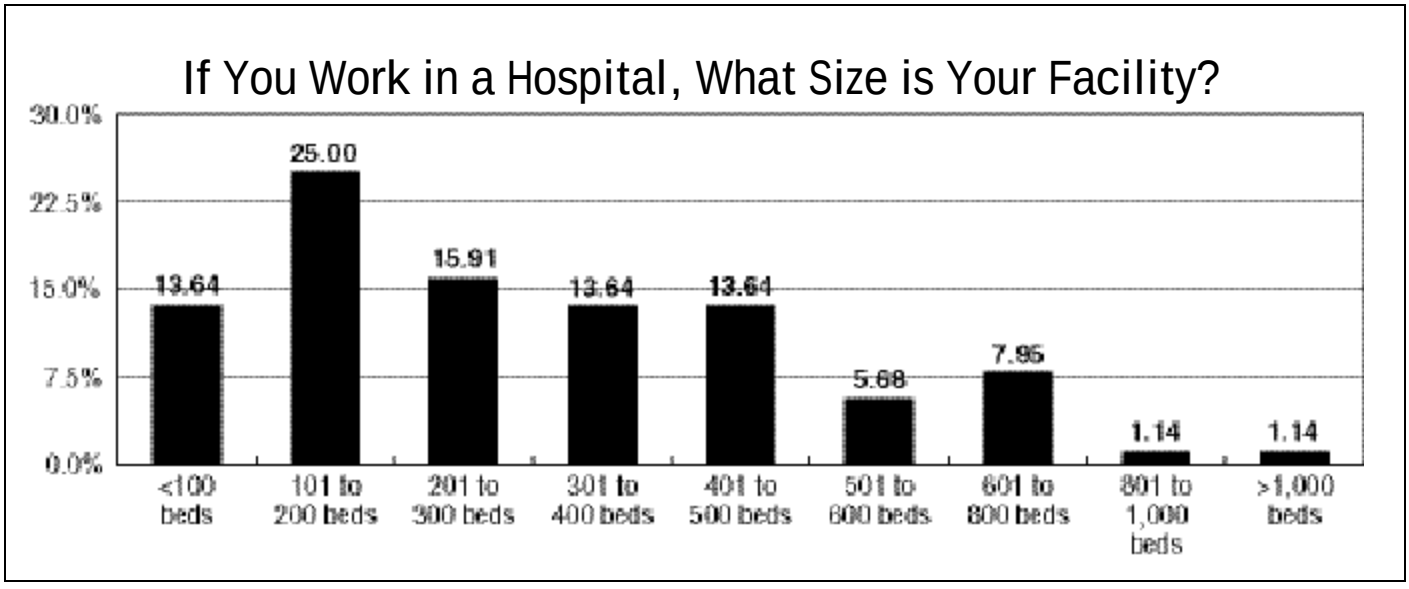
Respondents' length of access experience was varied, but the highest percentage (30.68%) said they had worked in the field for 25 years or more. Correspondingly, 25% gave their age as between 51 and 55, while another 17% were between 46 and 50. Just 5.68% were between 56 and 60.

As usual, female respondents far outnumbered their male counterparts, at about 85%. The largest percentage of those surveyed said they work between 46 and 50 hours a week, with another 21.59% putting in between 51 and 55 hours.

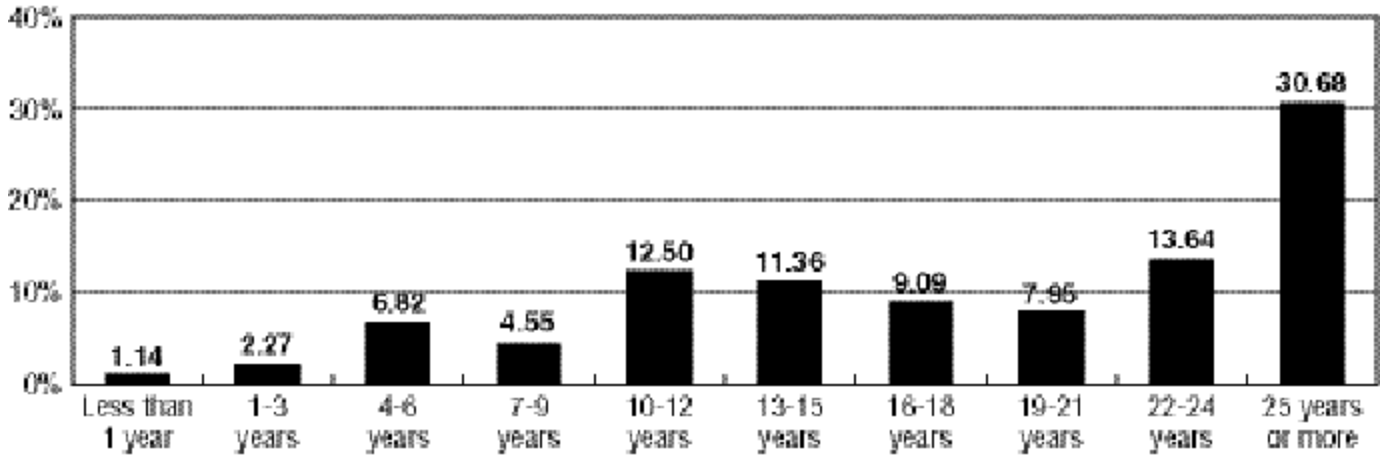
Location and relocation are important

Johnson says his experience has shown that salaries for similar access positions can vary dramatically among different hospitals and health systems, and that some states are known for paying less. For some reason, he adds, Louisiana and Colorado are among them.

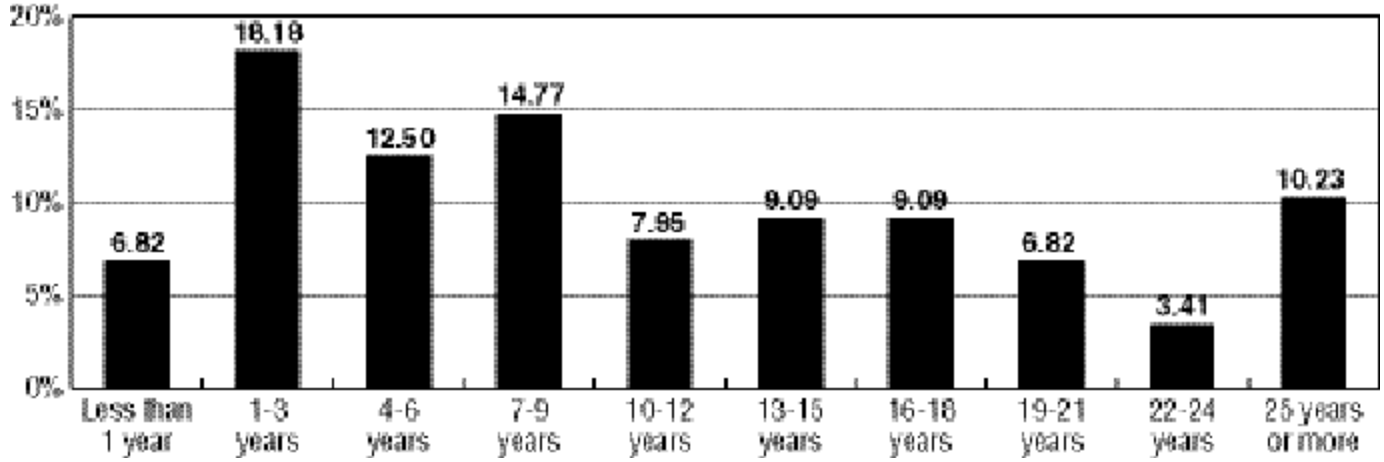
(Continued on page 4)



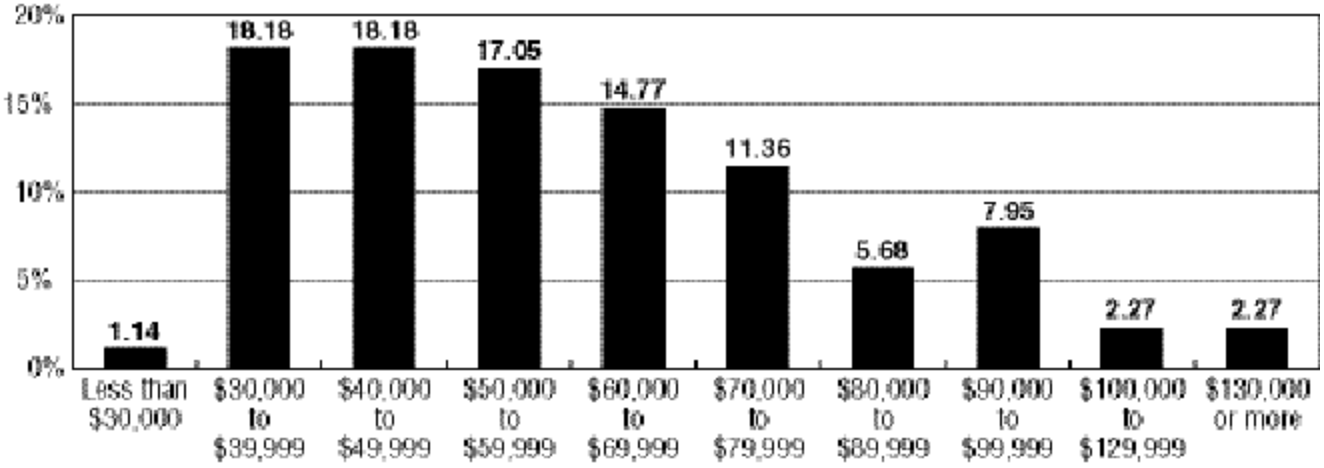
How Long Have You Worked in Health Care?



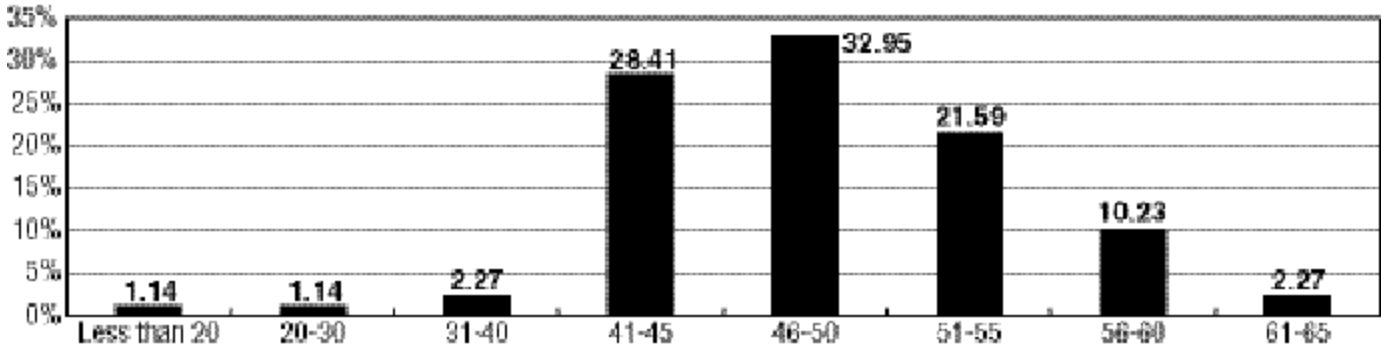
How Long Have You Worked in Access Management?



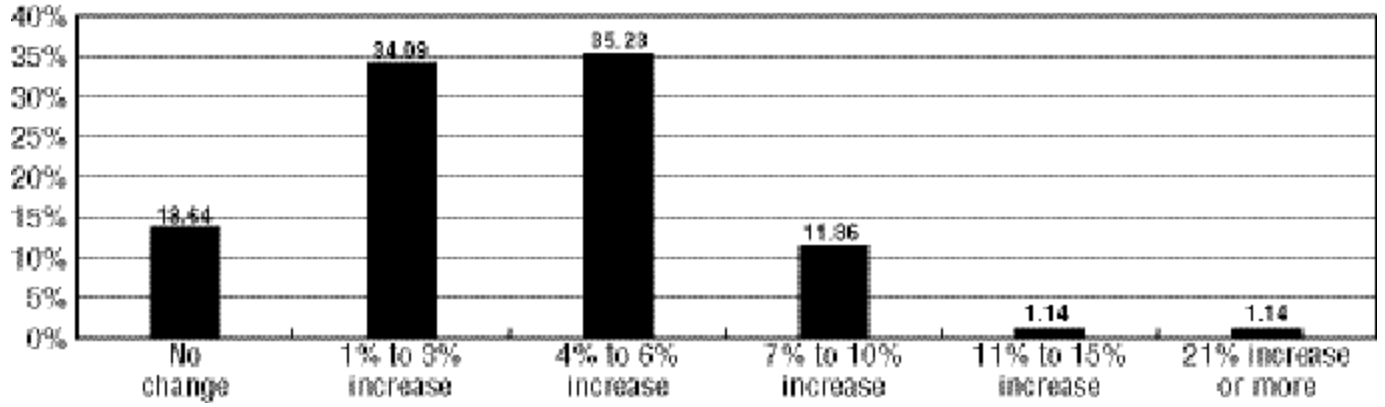
What is Your Annual Gross Income?



On Average, How Many Hours A Week Do You Work?



In the Last Year, How Has Your Salary Changed?



The salary for a director of patient access at a 350-bed hospital, he says, typically ranges from about $45,000 to around $65,000. A director at a hospital with between 500 and 1,000 beds, he notes, might make "as little as $55,000 or $60,000," or could be in the $85,000-$90,000 range with some potential for bonuses.

A regional access director with responsibility for six or seven hospitals, Johnson suggests, can make $100,000 or more, usually with some arrangement for bonuses. "It really depends on the organization," he adds. "Some companies say if you increase this or increase that, it's tied to a bonus, and some don't even offer bonuses."

One of the problems Johnson has in trying to recruit for patient access positions, he notes, is the reluctance of many candidates to relocate. "The people are qualified, the money's good, but they won't move."

This is true for business office and hospital information management positions, as well as for access jobs, he adds.

The degree is key

Those who are in the market for an access position, Johnson suggests, will fare significantly better if they have a college degree, particularly a master's. Being knowledgeable about the hospital revenue cycle and how it affects the entire organization is another huge plus, he says.

"If you're working at a hospital where you have the opportunity to get more exposure to the back office," he adds, "that will be to your benefit."

And, Johnson notes, with the abundance of introverts in the area of patient financial services, an outgoing manner will stand you in good stead. "If I find somebody that has a good extrovert personality, it increases my level of interest." ■