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Do access staff look unhappy? Nip plummeting morale in the bud

Don't pay the price of having unhappy workers

With upset, frustrated patients facing high co-pays and deductibles on the one hand, and increasingly complex payer requirements on the other, having happy access staff may seem like an impossible dream.

Morale in patient access is "always a challenge," according to **Vicki Lyons**, patient access manager at Baptist Hospital East in Louisville, KY. "Patient access is a department that is always receiving negative feedback. We always hear when something has gone wrong, since this area affects every department and every floor in the hospital." Access employees often feel they are constantly hearing negative comments, from information that they entered incorrectly to a patient complaining about something that occurred during the registration process. "A lot of times, it is not even patient access staff that made the error," says Lyons. "But the issues still have to be addressed and followed up on. And the employee still ends up being questioned about a process that they feel they do a good job at."

If staff are unhappy, there's a steep price to pay in the form of high turnover and other problems. "Unhappiness does increase turnover," says **Diane Manuel**, director of patient access for admissions and the

EXECUTIVE SUMMARY

This is a special issue on improving the morale of patient access staff. Our cover story offers many proven strategies to keep staff happy and prevent a negative impact on the revenue cycle. Inside are features on how access managers can offer help to staff, programs that encourage access staff to compliment co-workers, how focusing on customer service also can improve morale, and how to prevent an unhappy employee from negatively affecting their co-workers.

emergency department at Wake Forest University Baptist Medical Center in Winston-Salem, NC. "I attribute turnover to the extended time between when positions are vacated and when they are filled. Employees work understaffed. This results in unhappiness and discontent, so they look for less stressful positions within the hospital."

Nancy Garrett, patient registration supervisor at Sacred Heart Medical Center at RiverBend in Springfield, OR, says that unhappy access staff "look for other positions, and their interpersonal interactions with one another are negative. They do not represent our organization as positively as we need, especially since they are often the 'first impression' for our hospitals."

Garrett gives these "early warning signs" of unhappiness: "Sick calls increase, there are more complaints to me as a supervisor, there are more interpersonal issues, and their data integrity declines. And, it is clearly visible on their faces."

Negative impact on revenue cycle

"Access staff are the face of the organization," says **Kevin McAndrews**, system vice president of patient financial services for PeaceHealth in Bellevue, WA. "If they are unhappy, it reflects negatively in their contact with patients — our customers. Also, their job is really important in terms of data integrity. If access staff are unhappy, they get careless; they don't really care if they take the time to follow up to get that group number or driver's license copy."

McAndrews says, "We try to preach that our patients are the most important thing in our day and to be present in the moment. And if you are unhappy, you are *not* present in the moment. As a manager, it's part of your responsibility to ensure that our internal organization is healthy. You do that by taking the temperature of the water in the weekly staff meetings and one-on-ones. If staff aren't happy, you can pick up on that."

Access staff at PeaceHealth facilities also get their point across by voluntarily completing surveys on organizational health. "We ask folks to tell us how we are doing anonymously. Each of our managers is required to do an action plan based on those comments," says McAndrews. "So even if nobody will admit to it, you may get back surveys that say, 'The schedule is all screwed up.' When you get that from enough people, management is going to be challenged to go back to work on the schedule."

Patients already unhappy

Every day, access staff deal with people who don't really want to be there. "Customer service, for us, is very different from a hotel or airline. It's not as though we can start out by saying, 'It's good to see you' or 'Welcome back," because the patient *never* wants to be back," says McAndrews. "It's a very, very difficult environment. The customer doesn't want to be here, *and* they think it's too expensive and they don't want to pay for it."

For this reason, it takes a very special kind of person to work in access — one with generous amounts of empathy and compassion. "Those are

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Editorial Questions

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the attributes we look for in people," says McAndrews. "You want to build a relationship with the person, but it's not a 'welcome back' hotel or car rental relationship. It is more of a spiritual and healing relationship. That is what you want to build."

Here are some tips to boost morale of access staff:

• Use a "peer review" program to keep new staff happy.

At PeaceHealth facilities, new access team members are assigned to work with someone within the team other than a supervisor. "It is like a mentor program, with the most experienced person working shifts with the new person, passing on the tips and tricks," says McAndrews. "Certainly, you have to trust the mentor first. But the idea is, you surround the new folks with your best, most positive people."

• Encourage staff to voice concerns.

At Mercy Medical Center in Oshkosh, WI, there is an "open agenda" at unit meetings. "There are a couple of mandatory things that we cover, but otherwise it's a staff-run meeting," says **Connie Campbell**, director of patient access. This often leads to solutions for problems no one else has picked up on yet. For instance, an access staff person recently noted that the hospital's wound clinic business had increased significantly. Patients were always seen waiting when access brought them to their appointments. "They brought this to the wound clinic's attention. They are now looking into adjusting their schedules and giving patients a pleasing waiting area," says Campbell.

• Encourage staff to personalize areas.

One of PeaceHealth's registrars is a breast cancer survivor, who tied a pink ribbon to a picture on her desk. A patient coming in for chemotherapy saw it, and they "instantly bonded," says McAndrews. "The littlest things can make all the difference. We encourage staff to bring in something about themselves. One woman brought in a picture of herself horseback riding, and the woman she was admitting asked about it because she used to have a horse. The next thing you know, they built a relationship."

McAndrews acknowledges, however, that not everyone can pull this off. "It has to be exercised very carefully. It takes a very special person. And when you find that person who can do it well, you have to hold onto them."

• Celebrate a lot.

"We are constantly eating," says McAndrews. "We celebrate all birthdays and holidays, and look for any and all little ways to celebrate. We celebrate perfect attendance, exceptional data integrity, letters about something positive; you name it."

McAndrews says he is a firm believer in lots of celebrating and "catching people doing things right. Our management philosophy is to be hard on standards and easy on people. That has been a real success for us. If you are hard on people and easy on standards, you will have a lot of unhappy people."

• Be public with your compliments.

Campbell says she sometimes gives staff a "recognition gift" on the spot, if she sees somebody giving outstanding customer service. "Or sometimes staff can make a really huge catch that financially saves you, so to speak," she says. "Managed care for Medicaid patients has been very confusing. We had one patient who had a brain tumor coming for surgery, but nothing would be covered." Access staff quickly referred it to the billing office, which helped the patient get her coverage changed to a managed care company that would be covered at their facility. As a result, the patient was able to have the doctor she wanted to do the rare surgery.

Campbell always recognizes staff on the spot, but if the access person doesn't mind, she also thanks him or her during a unit meeting. "And sometimes, we go even bigger," says Campbell. Recently, a patient sent a thank-you letter to the president of the organization, saying that she came in for lab tests, she was already preregistered and things went very smoothly. The patient said everything was so efficient. "I was in and out of there before I even knew it. A really friendly person helped us with everything we needed."

"That particular [staff member] doesn't mind being recognized in front of a large group," says Campbell. "So instead of being recognized just in front of her peers, I brought her to our organization's management meeting. We recognized her on a grand scale there."

Other times, Campbell will give compliments in smaller settings. "Some people would sooner crawl under a rock than have you say their name out loud. So there may be five employees in the area, and I will take the opportunity to say, 'Yesterday, you really handled that well, so here is a $5 gift certificate or have a lunch on me down in the cafeteria," says Campbell.

Amy Webster, director of patient access at Knox Community Hospital in Mt. Vernon, OH, says that if one of her access staff member receives a compliment from a patient or other department, "I will

send out an e-mail to the whole department, recognizing that the employee went above and beyond."

• **Hold competitions.**

"I find friendly competitions help morale," says Webster. "Access has just started taking copays for the ED. So small contests are held on who collected the most for the month or who collected the most on one shift. This has helped this department get over the fear of asking for money."

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Are staff overloaded? 'Jump in and help'

It shows them you care

"If staff are unhappy, you can feel it when you walk around them. You can just sense that there is something wrong," says **Amy Webster**, director of patient access at Knox Community Hospital in Mt. Vernon, OH. "That is why, to me, one of the most important things is rounding with your staff on a daily basis. When I round with the staff, it makes me aware of things that are going on in their area with co-workers or other departments."

For one thing, this is a chance to find out if there are any supplies access staff need to do their jobs. "I have had several associates ask for many things, such as a bigger monitor screen on their computer and a more ergonomic keyboard and chair," says Webster. "Rounding also gives me the opportunity to recognize other employees within the department, or other departments, for going above and beyond."

Another reason for rounding is to check to see if staff are overwhelmed and need your immediate help. "It gives me a chance to see how patient flow is going, so I can hop in and help them if they are busy," says Webster. "A manager should always jump in and help when there are calloffs and/or associates on paid time off."

Webster cross-trains everyone in her department, so she can pull from all areas to help during shortages or peak times. "I find that jumping in and helping them when they are short-staffed or busy makes they understand that you *do* care about them and that you are not above them," says Webster.

While making her rounds with access staff, **Vicki Lyons**, patient access manager at Baptist Hospital East in Louisville, KY, not only talks with the employees but also offers help if it is busy. "Or even if someone is just stressed out, I will move them to another area, possibly preadmits, to give them a break," she says. "I also try to tease them, saying, 'Keep smiling, it will get better.' Now some employees will tease me and say, 'Are we smiling today?' I show them that I *do* care if it has been a crazy day, and try to enforce that I know what they have to go through every day. They do have a hard job."

Lyons says she brings in goodies frequently, makes cinnamon bread, keeps candy in her drawer, and above all, lets everyone know she's available if they need to talk about an issue.

"We issue gift cards for outstanding performance and attendance, buy lunches during short-staffed and increased census times, and provide hands-on support," says **Diane Manuel**, director of patient access for admissions and the emergency department at Wake Forest University Baptist Medical Center in Winston-Salem, NC. "Supervisors and assistant managers are expected to register patients when staff are struggling with being short-staffed or when registration numbers increase."

Manuel says she has an "open door" relation-

ship with employees. "If I am in, I am available. If the assistant managers are in, they are available," she says. "We have shift supervisors in the emergency department patient access area. They work with staff on all shifts."

The supervisors are in the ED registration area, so they know when registration is in need of help. They keep a check on the ED census and which patients' registrations are complete and which are pending. The assistant manager for the ED monitors the incomplete registrations throughout the day.

"When she determines the staff are in need of additional help, she goes to the registration area to assist in the registration process," says Manuel. "Both the assistant manager and I come on all shifts during scheduled computer downtime."

The downtime procedure includes computer entry of all the patients who are registered during the downtime into the system once it is available. Manuel assists the staff in manual bedside collection of information during downtime. "Once computer access is available, we enter the downtime registrations into the system to allow staff to continue with patients as they arrive," says Manuel. "In addition, we instruct staff to call us at home when unexpected crises occur. We either handle the situation by phone or come to the ED." ■

Get coworkers to give compliments

Have staff recognize each other

Taking the extra time to help a patient on the phone who had been transferred to several departments without getting the call resolved. Suggesting a way to redirect patients coming to register in the admitting lobby. Creating a document that lists the most common calls received in admitting and how to answer the callers' questions. Reporting a dangerous tripping hazard in front of a building, which was then fixed. Suggesting a new process for patients to renew their registration labels on the phone, rather than physically coming to the hospital.

These are some of the reasons that admitting representatives at Stanford (CA) Hospital & Clinics were recognized by their co-workers as part of the department's TEAM (Together Everyone Achieves More) awards program.

The TEAM awards were instituted in patient admitting services in May 2007. From May to December 2007, 20 awards were given. In 2008, 70 awards were given out in a department of more than 100 people.

"Awards are given by staff to their peers for going the extra mile. Patient admitting services managers also give the awards to staff," says **Anna Dapelo-Garcia**, director of patient admitting services. Awards are given for the following reasons:

- exhibiting outstanding customer service to patients, peers, and/or hospital staff;
- a co-worker pitching in to help his/her peer complete a project/task;
- spreading positive energy/attitude to the staff, unit, or department;
- being eager to learn and accepting of new processes in an excited manner that is infectious to co-workers;
- being innovative and presenting a new idea, process, and/or efficiency.

TEAM awards are presented at unit/department staff meetings. A form is give to staff to nominate their co-worker, and a certificate is created and presented to the awardee in front of his/her peers at the staff meeting.

"At the end of the year, the person with the most TEAM awards is recognized and presented with a special certificate, lapel pin, and given a monetary gift certificate," says Dapelo-Garcia. "The TEAM awards have been a valuable tool in patient admitting services. Staff are excited to nominate their co-worker, and the awardee is appreciative and happy to be recognized. It promotes a positive attitude and goodwill throughout the department."

At Sacred Heart Medical Center at RiverBend in Springfield, OR, a "Who's Your Angel?" program allows staff and patients to recognize staff members who are making a positive impact on others. "We also have a monthly "MVP" (Mission & Values of PeaceHealth) recognition of three staff elected by their peers who clearly demonstrate the mission and values of our organization," says **Nancy Garrett**, patient registration supervisor.

At Mercy Medical Center in Oshkosh, WI, access staff are in the habit of saying things such as, "You did a good job today," or "It was a busy shift today, but we really pulled it off!" Peer recognition slips are also used. "We had one staff member fill one out the other day for another staff member who started buying small stuffed animals to hand out to kids coming in for

surgery," says **Connie Campbell**, director of patient access. "The receptionist had seen the comfort one child had from bringing in his own, so thought this way we could give them one if they didn't bring one in on their own."

Staff nominate others

At Baptist Hospital East in Louisville, KY, access employees nominate a star of the month, selected by the staff themselves. "They can vote on someone and give information as to why they feel that employee should be selected," says **Vicki Lyons**, patient access manager. "We read the comments and announce who the employee is at the staff meetings each month."

A picture of the person is posted on a bulletin board in the waiting room and is decorated with the comments that were made about the person. The department also uses "WOW" cards that staff can fill out for another employee, who then receives a prize at the department staff meeting.

"At the hospital, you always hear about the nursing staff doing this and getting that. I try to get our department involved as well. For example, the hospital has a department of the month that is recognized at the department staff meeting. They get a banner for the department and a cake," says Lyons. "We did win that one month. It's always nice to be recognized for good things and not always negative things."

Lyons sends a personal e-mail to employees if one of them receives a compliment or a WOW card, or if she sees a good note on a patient account or sees them interacting well with a patient or family.

Diane Manuel, director of patient access for admissions and the emergency department at Wake Forest University Baptist Medical Center in Winston-Salem, NC, says that compliments about staff are always shared with the other managers, the division associate director, and the receiving employee. "We have a hospital program that allows employees to nominate fellow employees for 'star performance' recognition," says Manuel.

The employee receives a star performer certificate stating, "You make a difference" along with the compliment. Certificates are posted in the department, and copies are kept for use in performance evaluations. Yearly luncheons are held for all of the hospital's star performers, and prizes are awarded.

"Some nominations come by way of patients and others from fellow employees," says Manuel. "Patients often write in or call our patient relations department to compliment employees who provided extended assistance to patients or their families. Compassion in times of extreme circumstances is another common compliment from the outside."

Recently, two patient access staff members received "You make a difference" certificates because of a letter written by a patient. The patient named the two individuals, saying, "They give a great impression of your hospital. We were very worried and anxious about surgery. They helped us relax and feel confident."

"The patient was a same-day admission for surgery and had to wait a long time for a room assignment," says Manuel. "The patient access employees had a recliner moved into the waiting lobby, provided the patient with blankets, and issued meal tickets to both the patient and the accompanying family member."

Another compliment from a patient was shared with the associate director. The patient wrote that a patient access staff member "really went over and beyond the call of duty today. She had a Medicaid patient who was seen in the ED with tooth pain. Anna tried calling a dentist to get her an appointment just because she felt sorry for her. This was difficult because most dentists' offices are closed on Friday afternoons. Anna got her an appointment for 7:45 on Monday morning at the dental clinic."

Employees often compliment their co-workers for working extra hours during short-staffed times, or for showing patients, families, or other employees exceptional concern or providing exceptional assistance.

Nominations also can come from other departments, when patient access employees provide information and assistance, and from supervisors and managers for employees who demonstrate exceptional performance in their work, on Six Sigma projects, or who provide outstanding assistance to other employees, patients, and employees from other departments.

Recently, the associate director of patient financial services nominated three patient access employees for working additional hours to allow an employee from a different department time off to spend with her son who was home from Iraq for two weeks.

"At that time, the staff in her department were short. Her supervisor was unable to grant the time unless certain responsibilities of her position could be completed by other employees," says Manuel. "That employee had planned to come

into work each day, complete the necessary tasks, and spend the remaining time with her son."

In other cases, compliments may be the result of work done on special projects and teams. A small gift accompanies the certificate, such as small first-aid kits or carry bags. "At the luncheons, there are drawings from the names of all the attendees," says Manuel. "These awards are always gift certificates for local restaurants and stores."

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Customer service key to happy staff *and* patients

Building relationships

Making customer service personal can improve the access staff person's own morale. "Patients come in sick, injured, hurt and scared. You have to make them feel at ease while getting all the information you need," says **Connie Campbell**, director of patient access at Mercy Medical Center in Oshkosh, WI. "That is a real challenge!"

"If you see the same person all the time and now have a name they like to go by, you don't call them Harold when you know they like to be called Skip," says **Kevin McAndrews**, system vice president of patient financial services for PeaceHealth in Bellevue, WA. Staff are told to answer the questions: Who is sitting in front of you? Why are they here? Have you seen them before? If so, can you relate something to the prior time you saw them?

If a patient's last visit was within 60 days, staff do a quick verification instead of asking patients to recite a lot of redundant information. "Say you have the cancer patient coming back for chemotherapy. Well, the last thing they want to do is go through every single piece of insurance and demographic information," says McAndrews. "So instead of asking 'What's your address?' staff will lighten it up by saying, 'Are you still at 321 Cherry Drive? You haven't moved, have you?' And instead of looking at the screen typing, you are looking at the person."

Campbell says that in addition to having the right skills and the ability to multitask, "the right personality type is everything when it comes to happy access staff."

"In the past, you could hire somebody with good customer service skills and that would be enough. Now you need someone with a much more in-depth type of knowledge," says Campbell. "Access still needs outstanding customer service skills and also has to understand the insurance world and have good financial counseling skills."

Campbell says she has noticed that younger access staff typically have computer skills but they may not be the right personality type. "It's customer service 24 hours a day, seven days a week. You must be able to prioritize what is needed at the moment, while remembering that the patients' illness is the only thing on *their* mind," says Campbell. In the ED, for example, you may be dealing with a mother with a sick child in her arms, but you still need to get a multitude of information besides their name and date of birth, so health care workers are accessing the right account.

"For patient access, the *whole hospital* is our customer," says Campbell. "There isn't a department we don't touch. We do data collection for all the staff in the hospital, and we make or break patient flow, so to speak. We do things as much as possible before the patient even leaves home. For access, customer service has very deep layers."

Every year, Mercy Medical Center comes up with a customer service theme, and everything access does to improve service is geared around that theme. One recent theme involved envisioning each patient as a family member and thinking how you'd want them treated. Another theme asked staff to pretend that everyone coming in the door is walking on a red carpet. This year's theme is "the light is always on."

"This means that staff know we are always here for the patient, and so they know it is always OK to come up with new ideas," says Campbell.

The theme also came from a patient telling access staff that he felt as though he had gotten five-star service. "We live in Wisconsin and winters can be bad. He was nervous traveling from out of town, so ended up arriving to the hospital at 4 in the morning vs. his surgery scheduled time of 9," says Campbell. "He stated he was glad someone was here. He also stated the person who greeted him made him feel so welcomed." ■

Don't let a bad attitude become contagious

A miserable employee doesn't care about the job he or she does, won't bother collecting correct information, and won't provide excellent customer service to patients or departments.

"They will not care about how much upfront collections they do," says **Vicki Lyons**, patient access manager at Baptist Hospital East in Louisville, KY. "Their attitude and lack of initiative will rub off on the other employees."

Kevin McAndrews, system vice president of patient financial services for PeaceHealth in Bellevue, WA, says an all-too-common danger for access managers is to be in a "downward spiral, with a group of unhappy people. And all you are doing is telling them that they aren't doing anything right."

If an individual employee seems to be unhappy, Lyons says she directly addresses the issue with the employee. "I will have a talk with them to see what the problem is. Maybe it is not the right job for them," she says.

However, your risk of having a miserable staff person goes way down if you hire correctly up front. "We really work hard on hire to fit," says McAndrews. "One of the ways you avoid unhappy people is you don't hire unhappy people. We have a 90-day probationary period, and we really take advantage of that. After we make sure they 'get it' on the technical side, we then have a series of interviews where we look for whether they will be a good fit. Do they present a positive public image?"

At times, an unhappy access staff person may put forth the impression that he or she speaks for the entire group, when in fact he or she is the only one who is displeased. "Typically, at staff meetings, we'll get the one person who is unhappy saying, 'We all feel this way.' But when we get feedback from the rest of the staff, they say, 'That's not us,'" says McAndrews. "So you need to determine if it's really 'we,' or just one person who doesn't want to own the behavior themselves. Is it that 'we' don't like the schedule, or *you* don't like the schedule?"

Amy Webster, director of patient access at Knox Community Hospital in Mt. Vernon, OH, says, "if there is a negative person in the department, I will talk to them and ask them what is going on. I ask what I can do as their director to help them improve their morale and attitude. It is kind of like a counseling session. If I were to then receive more complaints from co-workers and/or patients, I would start disciplinary action."

When Webster is hiring, she concentrates on customer service and attitude. "I feel as though technical skills, although they are helpful, can be taught. It is hard to teach great customer service," she says.

In addition to utilizing the employee's 90-day probation period to help solve any customer service issues, the new employee also is given that opportunity to decide if this is the right fit for him or her. "I had an employee that seemed to be unhappy. Once I met with her, I found out that she didn't feel utilized to her fullest ability," says Webster. "Since then, I put her on several committees, I have her type up policies that I have revised or written, and I allow her to organize different functions for patient access. She has done a complete turnaround and seems to be a happier employee."

Bad days are not OK

If an access person who normally does a good job is clearly having a bad day, **Connie Campbell**, director of patient access at Mercy Medical Center in Oshkosh, WI, says that her staff members themselves won't allow it to continue. They will pull that person aside. "If somebody isn't having a good day, their co-workers don't mind telling them that," says Campbell. "It might be that somebody is worried sick about their mom having surgery and thought they could come in and work. But if they can't, sometimes they just need to go home.

"We talk about being 'on stage' and 'off stage' here," says Campbell. "Somebody could have a bad day — their spouse may have just lost their job. But that has to be behind closed doors and not in front of customers or other departments at all."

If things are getting even the least bit tense in a patient care area, an access co-worker will say this code phrase: "I think your beeper is going off." This is our way of saying, "You are getting loud or saying something you shouldn't," says Campbell.

If a patient appears angry or frustrated, a second access person automatically breaks the tension. "Maybe the physician didn't send their

order in, so we don't know why the patient is here. Whatever the reason, if the patient is even a little bit negative, we have a second person go up to help out immediately. If staff overhear something that is not going well, they come up from behind and say, 'Can I help?'" says Campbell. ■

Come up with novel ways to teach your access staff

Refresher courses, quality reviews with constructive feedback, coaching, and online courses. These are a few of the ways that access staff are kept up to date at Henry Ford Hospital/Henry Ford Cottage Hospital in Detroit.

"We are always trying to come up with new and innovative ways to teach," says **Marie Sparrer**, manager of hospital revenue services. Access staff come together in a "huddle" every day for 15 minutes or less. "For 24/7 operations, they are held three times a day," says Sparrer. A typical huddle covers anything from an insurance change or update, a system initiative, a change in process, a celebration for the team meeting their goals, or information one of the staff wanted to share with the team, such as the birth of a grandchild.

To keep current, Henry Ford's access staff collaborate with all registration areas related to inpatient, ambulatory, and outpatient activity. This includes quarterly meetings, one-on-ones, staff meetings, and in-services. "We depend on e-mail for last-minute, critical information needing to be dispersed quickly, with a follow up in huddle time," says Sparrer. "We provide a lot of internal training and depend on our coordinators to train on an ongoing basis as well. Our facility has a training department that we heavily depend on for core systems training."

Refresher courses cover the department's own systems, such as registration or functionality of the systems, as well as computer literacy. Quality reviews are done on individual levels. "However, much of the outcomes, numbers and goals are shared on a team level and posted for all to see," says Sparrer. "The one-on-one QAs are done to provide personal feedback, both positive and constructive, in a more comfortable setting."

Group information is shared, so that the entire access team is aware of what works well and what does not. "This initiates conversation amongst the staff when they see their peers' numbers are better than their own, and stimulates a healthy dialogue between the team," says Sparrer. Online courses are used to cover stress management, computer education, customer service, dealing with change, dealing with difficult people, and diversity.

Sparrer says that training of access staff is possibly more important than ever, for "multiple reasons. You need to keep the staff interested and stimulated in order to provide continued quality customer service, to build their skills and allow them to grow, as well as the bottom line."

More specialized training needed

Leisa Wade, CHAA/CHAM, central patient access manager for Carilion in Roanoke, VA, says that her department's original focus was "to verify current information with patients prior to their arrival for appointments. We also verified with the ordering physician's office that the appropriate authorization was in place."

Carilion has numerous patient access areas onsite at its hospitals and some stand-alone diagnostic facilities. "With the steady changes in authorization requirements and our current economical challenges, it was decided that we need to become more specialized," says Wade.

A worksheet is now posted on the Intranet for all staff to access. This worksheet includes payers, procedures, authorization requirements, addresses, phone numbers, and average turnaround time to get an authorization. "This worksheet is owned by my area, and it is updated almost daily as we receive new information," says Wade. "All patient access staff know how to use web sites and our worksheet for insurance authorization information."

Since staff are viewing the most recent information by referring to the worksheet, registrars are able to inform the patient of the authorization requirements, by saying, for example, "Your insurance company requires authorization for the procedure you are having."

"If staff have access to the authorization online, they will check to see if one has been created and inform the patient at that time," says Wade. "If it has not been created, they inform the patient so they can follow up with the physician's office." For high-dollar procedures, patient access finan-

cial reps also monitor the account for the authorization.

Wade also created three insurance "pods," each made up of a specific group of insurance payers. "Each pod has its own dedicated staff members who work exclusively with that insurance in their pod. This group of staff stay up to date on changes with their payers and communicate this on the worksheet and to the ordering physicians," says Wade. "They watch the web site for updates and talk with reps from the insurance companies to get updated information."

The staff for each pod review high-dollar accounts, scheduled admissions, outpatient surgery, magnetic resonance imaging, computed tomography scans, positron emission tomography, cardiac procedures, and sleep studies. They contact the payers either by web site or telephone to verify that the authorization has been obtained by the ordering physician, the authorization number, the date of the procedure, the procedure, and the facility where the procedure is to be preformed.

"They also have information requirements for secondary payers, as some insurers require authorizations for secondary payers and some don't," says Wade. "The next phase will be to pair them with the teams in patient accounting to discuss billing issues."

When authorizations are *not* in place the day prior to the procedure, the physician's office is contacted to inquire if the appointment is considered urgent. "If it is not urgent, we request the appointment be rescheduled," says Wade. The patient is given the option to reschedule, and if the patient chooses not to reschedule, he or she is informed of the financial responsibility.

"We have found that insurance companies may have the wrong dates and wrong procedures on file for the authorization number they have given the physician's office and sometimes a different authorization number," says Wade. "Some procedures may require two CPT codes and one of those codes does require an authorization. We just prevented a partial denial."

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Put a stop to registration delays; make these changes

Registration delays mean poor customer service scores for access — which in turn means big headaches for patient access directors. If registration wait times are too long, this will have a negative impact on patient satisfaction, physician satisfaction, and the clinical departments who are waiting for the patient, according to **Joe Palumbo**, CAM, CHAA, manager of patient access site administration at Rex Healthcare in Raleigh, NC. "Patients will either voice their concerns at the time of registration or in the clinical area. Some will wait and mail a letter with their concerns."

Diane Murphy, RN, BS, MSHCA, also a patient access manager at Rex Healthcare, says that pre-registration and pre-call are two process approaches that allow the department to streamline the registration process at time of service.

"Each scheduled case comes across with key elements from the scheduling system to our admit-discharge-transfer system," Murphy explains. "Our pre-registration co-workers continue to process the account to a seamless registration."

This processing includes pulling over insurance and demographic information from previous visits to eliminate repeating asking the same questions at the time of face-to-face registration. If the patient is new to the facility or no insurance is available at the time of pre-registration, a report is generated to the pre-call coworker to call the patient and gather the information over the phone prior to registration. Once the correct information is obtained, the verification team will confirm the insurance information before the date of service.

"From a QA/QI [quality improvement/quality assurance] standpoint, we track and review our wait times, along with peak registration times and daily volumes, to adjust staffing accordingly," says Murphy. "We also share the outcomes with our front-line co-workers at our monthly staff meetings. Our wait times are also

part of our annual performance goals for patient access."

Monthly outcomes are presented using a spreadsheet in a visual presentation, tracking each point of service and the department's year-to-date performance. Intake specialists are also provided with a monthly report card that lists all of the outcomes that the coworker is accountable for. These include registration accuracy, upfront collection percentage, customer compliments, and average wait time.

"The coworker receives a verbal coaching if their performance needs improvement," says Palumbo. "But if the coworker meets all of their individual goals, patient access has a 'Pay 4 Performance' program. This program rewards intake specialists for their extra effort in a monetary way monthly. Each month, the outcomes are reviewed by management to ensure that the momentum is maintained."

98% of services scheduled

"Unlike most health care systems, we consider our department to be more than just admitting and registration," says **Deloris A. Neal**, regional director of patient access for Resurrection Health Care in Chicago. "We train our registrars to be an integral piece of the revenue cycle process.

"The five-minute registration process that our patients go through accurately ensures great financial outcomes when each patient is processed accurately," says Neal. "We monitor the patient visit history. When we notice a hospital visit has occurred less than 90 days ago, we can fast track the registration as long as there has not been a change in the demographics or insurance." Patient access staff now schedule 98% of all patient services. "This concept was developed so patients would not have excessive wait times in registration, thereby delaying the clinical service they are scheduled for. This generates backlog for the physician, which eventually will reflect negatively on our physician satisfaction," says Neal.

Currently, patient access schedules 5,000 patients a month on average, with a 1.2% average abandoned call rate. All calls are answered within an average of 22 seconds. "We monitor our patient flow to gauge our high and low volumes and allocate the staff as needed," says Neal. "Nonetheless, it is still very unpredictable."

For this reason, patient access has found it beneficial to cross-train registrars to work in all locations so staff can be re-assigned as need. "Unfortunately, we still struggle with walk-in patients who come to the hospital for basic lab tests or X-rays, where no appointment is required and patients are registered on a first-come, first-served basis," says Neal.

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HIPAA Regulatory Alert

Supplement to *Healthcare Risk Management* and *Hospital Access Management*

Are you ready for the new breach notification rule?

How to get in check now

Now that the U.S. Department of Health and Human Services (HHS) has released an interim final rule implementing the breach notification provisions of the Health Information Technology for Economic and Clinical Health (HITECH) Act, risk managers and compliance officers have been huddling with their teams (including their attorneys) to determine exactly how it will impact them and what steps they must take to be in compliance. While the new regulation took effect Sept. 23, 2009, HHS said it would not impose sanctions for failure to provide notifications for breaches discovered before Feb. 22, 2010.

However, warns **Gordon J. Apple**, a health IT lawyer in St. Paul, MN, that does not really mean you have until February to become fully compliant. "If you read the rule carefully, you will see that you are still expected to become compliant now," he says. "You can say, 'It's OK. I will not be sanctioned by CMS [the Centers for Medicare & Medicaid Services] until next year, but do you really want to be in that position?"

Let's say, Apple suggests, that in June 2010 you decide you want to file a notice of breach. "CMS will ask you when you put your policies and procedures into place," he asserts. "If I were CMS, I'd 'whack' you harder than an organization that has made a good faith effort to become compliant as of the effective date."

What does compliance entail?

In brief, the breach notification rule requires covered entities subject to HIPAA to notify individuals promptly if their unsecured electronic health information has been breached. Prompt notification also must be made to the secretary of HHS and the media when a breach affects more than 500 individuals. Breaches affecting fewer than 500 individuals must be reported to HHS annually.

Further examination shows that notification will be required within 60 days that "the breach is known to the covered entity, or by exercising reasonable diligence would have been known to the covered entity."

"This goes to the point of having a security administration process," explains **Harry B. Rhodes**, MBA, RHIA, CHPS, CPHIMS, FAHIMA, director of practice leadership at the American Health Information Management Association (AHIMA). "The expectation is that you will have it in place, you will have done a risk assessment in the organization, have a policies and procedure process for monitoring, and audit control access to your system."

Up to now, he notes, the press often has been the vehicle for "breach notification." "The way the press often finds out is from the patient, who sees something suspicious in their claims or EOB [Explanation of Benefits], or they start noticing strange activity in their credit reports," says Rhodes."You still need processes in place for when consumers bring an issue — a way of acting on and mitigating the breach — but the expectation is that you be the one that identifies the breach."

What are the methods by which the affected individual(s) must be notified? "A letter in the mail should be your initial response," says Rhodes. "If you're unable to reach them through the mail, you can go to a 'substitute' — phone and/or e-mail."

If 10 or more individuals are affected, he continues, the expectation is you will have a notice posted on your web site for 90 days at minimum with a toll-free number. "If you feel it's appropriate, you can also go to the media. If over 500 patients are involved, the expectation is that you will go to the media," says Rhodes.

The information should appear in "prominent" media, Rhodes adds. "It should cover the counties or towns involved; it should ensure it reaches the population that includes your patients," he explains. "If you are on the edge of a state line, the expectation is you will also post it in public media to reach other states."

In order to respond properly to such situations, "You have to have your damage control group all set for how you explain this information, and you have to be able to efficiently handle that notification aspect," says **Kendall Walsh**, one of the principals of the new compliance & critical communications business unit at Direct Group, a Pennington, NJ-based direct marketing services provider. "That includes both legal and logistical strategies. So, for example, if you have to get 40,000 letters out, you should be prepared to do that."

Rhodes adds that "You must be confident when you send out a notification that a breach really has occurred; you do not want to worry the public unnecessarily and desensitize them against possible future breaches. They need to trust you."

The authors of the rule clearly anticipated such possibilities. "You are required to engage in a risk assessment to see if the breach poses significant risk harm to the individual — and it has to be documented," notes Apple.

Finally, warns Rhodes, you do not want to send out multiple notices. "You want to send out as few as possible; so during the 60-day investigation, if you find other breaches, you will want to send out additional notifications, but if you have a good process in place, that should keep this to a minimum."

The process of deciding whether notification is necessary will be very complicated, predicts Apple. "It will be a lot trickier than people make it out to be," he asserts. "I already see turf claims between the lawyers and consultants as to who should be involved. Depending on the particular potential of having to notify or not, some organizations will make the decision to let the lawyer look at it first quickly and make a determination, with the aid of outside consultants or internal resources as to where this is leading, before actually going down the road of fully documenting."

It's in the "gray" areas where there will be lots of hand-wringing, Apple predicts. "And you'll see lawyers and consultants earning their wages. The client will want you to render an opinion, and the lawyer will say, 'I'm not an IT person.' They may look at it quickly, and based on the analysis of the IT person, say they can opine on it, but in other cases they may not be able to give a black-and-white answer."

So just how do you get the notification process in place? "One of the biggest challenges is retraining and education," says Rhodes. "There's lots of confusion about what you should be doing, but definitions are out there for closure, access, breach, and so on. You need to ensure that your staff understand what exactly is protected information, have a comprehensive plan to do inventory of all information you are going to be protecting, that everyone has a clear understanding of what is being protected, and determining what the risks are."

Rhodes suggests you put together a team of stakeholders across the board — medical and administration, your health information privacy manager, IT, risk management, physical security, the admitting staff, and the nurse auditor. "This becomes your security and service compliance team, which will help you monitor activities," he says.

"We strongly recommend that you identify someone in the organization who will have the role of incident response manager," says Walsh. "If you have not identified such a person, all the groups involved will want to own the response; then you'll have a turf battle, and that's not the right time to do it. All of this is best done when it's hypothetical."

Your process also may require outside vendors to handle the logistics of the notification, Walsh adds. "It can help you get out the information promptly and accurately, and give you the paper trail that proves you were compliant," he notes.

Since not every hospital has gone to electronic health records, he continues, additional considerations enter into the picture if you do not use an electronic system. "On the paper-based side of world, the hospital has to have very strict rules," he says. "Data retention is a big problem; people do not like to get rid of records, but backups and files are a 'hazmat' room — an accident waiting to happen."

'Get out of jail free'?

One very important part of the new rule can have a significant impact on a number of facilities: It appears that if your protected health information is encrypted, you will not be subject to penalties if a breach occurs. "It is a 'get out of jail free' card," says Walsh, "even if there is a breach or the information is rendered unusable. So, from a risk management perspective, you want to get

in touch with your IT folks, explain this regulation — because they may not be aware of it — and ask them about their encryption policies."

"That's the guidance," echoes Apple. "If your encryption is robust enough, you do not have to file notification." However, he notes, while large health care organizations most likely have all such information encrypted, "Smaller folks may find themselves in a pickle." Nonetheless, he adds, it is worth investigating, as more and more computer manufacturers are actually loading encryption software into their machines.

This is another aspect of what Rhodes calls the "carrot and stick" approach the government is taking to the rule. "They point out the research [that demonstrates the true cost of breaches], and hope that is an incentive to invest [in greater protection]. We will see people going back and putting in new requirements," he predicts.

The way to move forward, he summarizes, is "to look at your entire security process, risk assessment, inventory, put together policies and procedures, and monitor your processes and incident responses." As for encryption, says Rhodes, "I personally do not know anyone who uses it much, but we will definitely see more attention being paid to it."

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Who says 'No good deed goes unpunished'?

You'd think that any hospital in the country would be pleased to have its nurses come forward when they notice a physician practicing in a manner that is less than optimal for his or her patients. In fact, a number of states even allow the sharing of protected health information if it's necessary for such whistleblowers to state their case.

But given recent events in Texas, you might want to re-educate your staff as to what they are and are not allowed to do in these cases: Two nurses at Winkler County Memorial Hospital in Kermit, TX, have not only lost their jobs, but they've been indicted with a third-degree felony, carrying potential penalties of imprisonment and a maximum fine of $10,000. The charge was "misuse of official information."

Here's what happened: The Winkler Memorial nurses reported the physician for what was, in their minds, questionable practice to the Texas Board of Medical Examiners. "Consequently, we believe, the doctor that they reported was notified by the board that he was being investigated," says **Clair Jordan** MSN, RN, executive director of the Texas Nurses Association. "He went to the sheriff and said the nurses were harassing him."

Local media reports said the nurses had filed their complaint anonymously, and that in order to bolster their case they had included six medical record numbers of the hospital patients involved. "That is what we were led to believe," adds Jordan.

The sheriff subsequently launched an investigation to find out who made the anonymous complaint. He obtained a search warrant, seized the nurses' work computers, and found a copy of the letter to the medical board on one of them. That's what led to the felony charges and the firing of the nurses.

The Texas Nurses Association responded by establishing a legal defense fund for the nurses, and filing a formal complaint with the Texas Department of State Health Services against the hospital. The organization issued a statement that said: "The Nursing Practice Act, a Texas statute, gives registered nurses the right to report a licensed health care practitioner, agency or facility if they have reasonable belief (cause) that their patient may be exposed to harm."

According to Jordan, one of the criminal charges stated the nurses had violated HIPAA. "And another one was that the nurses had illegally used private information that belonged to the county hospital without asking county permission."

But did the nurses, in fact, violate HIPAA by sharing the medical record numbers? "I don't know that HIPAA makes an exception in these cases, but my understanding is that there is a relationship with the Texas medical board, and they allow people to bypass HIPAA to pass confidential information to them," says Jordan.

So far, she continues, the judge has yet to set a

criminal court date for the nurses. "The HIPAA issue has not been addressed yet," Jordan tells *HIPAA Regulatory Alert.* In addition, she reports, the nurses' attorneys filed a federal lawsuit on Aug. 28 saying that the nurses were illegally retaliated against for their patient advocacy activities.

In light of this case, is there anything hospital leaders should say to their nursing staffs? "We believe nurses are protected [from HIPAA violations] in reporting practitioners they are concerned about," says Jordan. "You must be able to report enough information to substantiate your claims, and that clearly has to reference patients."

However, she adds, "I think they need to be clear on the policies of the licensing board they report to, understand their requirements, and always make sure that they are acting in good faith."

Despite the fact that she maintains nurses are allowed to share protected health information under these circumstances, Jordan concedes that news of the case "has a chilling effect on the rights of nurses to report to the correct authorities what they believe is a lack of quality patient care and delivery."

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Wellness incentives fine; no penalties for opt-outs

Hospitals slow to catch on to national trend

Hospitals are boosting incentives for wellness programs, with the hopes that healthier employees will have lower medical claims and better productivity. That push for greater incentives is likely to continue despite a recent advisory notice cautioning employers not to penalize employees who choose not to participate.

The Equal Employment Opportunity Commission (EEOC) issued a letter — informal guidance but not a formal ruling — that advises employers that participation in a health risk assessment must be truly voluntary. A health risk assessment is usually the first step toward enrollment in a wellness program.

Incentives are permitted in voluntary wellness programs, and "a wellness program is voluntary if employees are neither required to participate nor penalized for nonparticipation," says **Joyce Walker-Jones**, senior attorney adviser in the EEOC's ADA division in Washington, DC.

Clearly, it's acceptable to provide token gifts or rewards to employees who take the health risk assessment. But some employers have provided substantial cash bonuses or discounts on health insurance premiums for active participation in wellness programs.

"At what point is an incentive so great that it's a penalty to those who don't participate? We know that in order to get people interested the incentive has to be something more than a T-shirt or mug," says Walker-Jones. The EEOC will continue to consider the question of incentives, she says.

Meanwhile, some guidance comes from HIPAA, which states that financial inducements can't exceed 20% of the cost of the employees' health insurance. "[T]he percentage limit is designed to avoid a reward or penalty being so large as to have the effect of denying coverage or creating too heavy a financial penalty on individuals who do not satisfy an initial wellness program standard that is related to a health factor," HIPAA states. ■

HIPAA security enforcement now under HHS OCR

The U.S. Department of Health and Human Services (HHS) is shifting enforcement authority of the HIPAA security rule from the Centers for Medicare & Medicaid Services (CMS) to the HHS Office of Civil Rights. Since 2003, the Office of Civil Rights has overseen enforcement of the HIPAA privacy rule, which protects the confidentiality of patients' health information.

The security rule specifies administrative and technical procedures for safeguarding electronic protected health information. "Privacy and security are naturally intertwined, because they both address protected health information," said HHS Secretary Kathleen Sebelius in a prepared statement. "Combining the enforcement authority in one agency within HHS will facilitate improvements by eliminating duplication and increasing efficiency."

The change, which took effect July 27, authorized the HHS Office of Civil Rights to impose civil penalties for HIPAA security violations, issue subpoenas related to such investigations, and determine if federal standards preempt related state laws. ■