Revenue Cycle: Schedustration: Huh?

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STREAMLINING SCHEDULING, PRE-REGISTRATION AND REGISTRATION

1. How to navigate change: It is a new day and a new way
2. Building a workflow within your operation.
3. Building quality into the process.
4. Metrics: What to measure and how.

HOW TO NAVIGATE CHANGE

- In John Kotter's theory he has stated the following eight steps are a part of the process:
  - Increase urgency
  - Build guiding teams
  - Get the vision right
  - Communicating for buy-in
  - Enable action
  - Creating short-term wins
  - Don't let up
  - Making it stick

WHO IS THE GUIDING TEAM

Robert James Campbell, EdD suggests:

- Must have relevant knowledge about the changes
- Ability to establish credibility with peers
- Focuses on the expertise that an individual has regarding the inner workings
- Formal authority, recognizes that the individual has the managerial skills associated with planning, organizing, and control
- Has the ability to develop and communicate a vision and motivate individuals to achieve the vision

QUESTIONS OF CHANGE TO CONSIDER

1. What would our organization look like under this picture?
2. What technology would we need?
3. Would this affect the care we give our patients?
4. Would this change the demands our patients make on the medical staff?
5. What would our support staff look like?
6. Would our patient mix change?
7. How would present workflow change?
8. How would this affect our medical staff ?

ROADBLOCKS TO CHANGE

"No man can think clearly when his fists are clenched."

- George Jean Nathan

- When people want to do something but don't know how, they can't (willing/unable).
- When people know how, but don't want to, they won't (able/unwilling).

CHANGE COMMUNICATION

- Quality and frequency of verbal and written messages that describe the desired future state:
  - Tell why the change needs to happen
  - What will happen if change isn't made
  - Set clear expectations
  - Explain how the company will prepare and support people to success
  - Describe local details such as timelines

LET'S GET STARTED

IDENTIFY THE PROBLEM

- Incomplete registration(s)
- Cancelled procedures due to lack of prior authorization
- Increased Registration Errors or unacceptable registration errors
- Wrong Insurance, Old Insurance, No Insurance
- Unused capacity due to bottlenecks
- Lost or dropped calls
- Lost patients: Dissatisfied and left the system

WORKFLOW AND SYSTEM ISSUES

- Do we touch the account more than once in the scheduling / registration process?
- Are we using all of the system's functionality?
  - eVerification
  - eAuthorization
  - eMedical Necessity
  - eCo-pay
- Hours of operation

NEW DAY = NEW WAY

- Pre-Service is the new “Mantra”
  - Obtain all demographics at the time of scheduling the service (ASC, Imaging, Provider Visit, Elective admissions/ surgery etc.)
  - While patient is still on the phone, begin the verification process of key demographics
  - Verify patient insurance while patient is still on the phone (e-verify)
  - Inform patient of any financial liability due at the time of service
  - Offer financial assistance as needed per policy

WORKFLOWS: CURRENT STATE

- Its easy to say ‘this is the new way’ it is harder to change the ‘habits’ of staff.
- Leverage your staff to participate in focus groups to strategize the new way.
  - Does the IT system function the way we ‘think’ it does?
  - What are the current bottle necks (staff are a fountain of knowledge)?
  - If you were the patient – what would make a difference to you?

WORKFLOW: CURRENT STATE

- Begin at the point of scheduling
  - Who is calling (patient, provider, another department?
  - Who is faxing?
  - Who is making the appointments?
    - Open Access
    - Patient self-appoint via web access?
  - What information is requested at time of scheduling?
  - Do you have a form?

WORKFLOW: CURRENT STATE

- How is the hand-off from Scheduling to Registration or Pre-Registration happening?
- Where is the patient in the process?
- Who is responsible for completing the pre-registration process?
- Who is responsible for completing the registration process?
- Who is responsible to say ‘it is done’ or ‘good to go’?
- How does the patient/provider know?

DESIGNING THE NEW WAY

- Goals:
  - Pre-Service completion
  - Streamlined check-in process
  - No surprises at time of service
  - Reduced registration errors
  - Increased co-pay and co-insurance collections at point of care
  - Decreased same day cancellations
  - Increased patient satisfaction

NEW WORKFLOW ~ WILL NEED REVISION

- We can all design ‘a new way’: but the true test is ‘will it work’.
- Everyone needs to understand the “why” the new way – and the role they play in the process
- The new workflow needs to be ‘tested’ in the test environment.
- Don’t be discouraged by the need to revise the process a time or two before it is deemed ready for prime time.

WORKFLOW: FUTURE STATE

- Scheduling is notified via phone or fax of a service request.
- Scheduling verifies the service request (with the ordering/requesting provider).
- Scheduling contacts the patient.
  - Patient demographics are obtained and verified real time
  - Insurance Authorization is obtained if needed
  - Patient appointment is made
  - Patient financial responsibility is communicated
  - Co-pay request is made at conclusion of phone call
  - If needed the facility charity care or payment plan policy is offered.

WORKFLOW: FUTURE STATE

- Scheduling notifies appropriate department of appointment so follow-up (if needed) can occur.
- Day of Service:
  - Patient arrives 30 minutes prior to scheduled service to complete registration process
    - Re-verification of demographics
    - Signing of forms
    - Scanning of Insurance Cards
    - Payment of co-pay or estimated co-insurance due
  - Patient is escorted to service area

WHAT IS GOING TO TAKE TO GET 'THERE'

- Scheduling is seen by many as complex……. however scheduling can be taught to staff
  - Policies for scheduling in the different departments will need to be shared and reviewed for streamlining
  - Some departments may already have 'dedicated' staff for this process and will have 'resource' issues
  - For example
    - Outpatient Surgery: Pre-Op nurse may play a role in scheduling / pre-registration. If the scheduling / pre-registration FTE amount is removed from the outpatient surgery area, how does this impact Outpatient Surgery

WHAT IS GOING TO TAKE TO GET 'THERE'

- IT Issue(s)
  - Does our current structure have the capability to support our future state?
  - Is there functionality we are not using?
  - What is the price tag?
- Physical layout
  - Do we have the space?

THE VILLAGE IT WILL TAKE

- Patient Access
- All departments who schedule
- Business Office
- IT
- Referring Provider community
- Managed Care / Case Management
- Payer Contracting
- Any currently outsourced service providers

REMEMBER THE DOWNSTREAM IMPACT

Example

- Outpatient Surgery Staff and departments who rely on 'schedule' information
  - *Surgery nurses, anesthesia providers, and surgeons/physicians*
  - *Post-acute care unit and Phase II recovery nurses*
  - *Materials management staff*
  - *Case Management / UR / Discharge Planners*
  - *Staffing manager*

QUESTIONS

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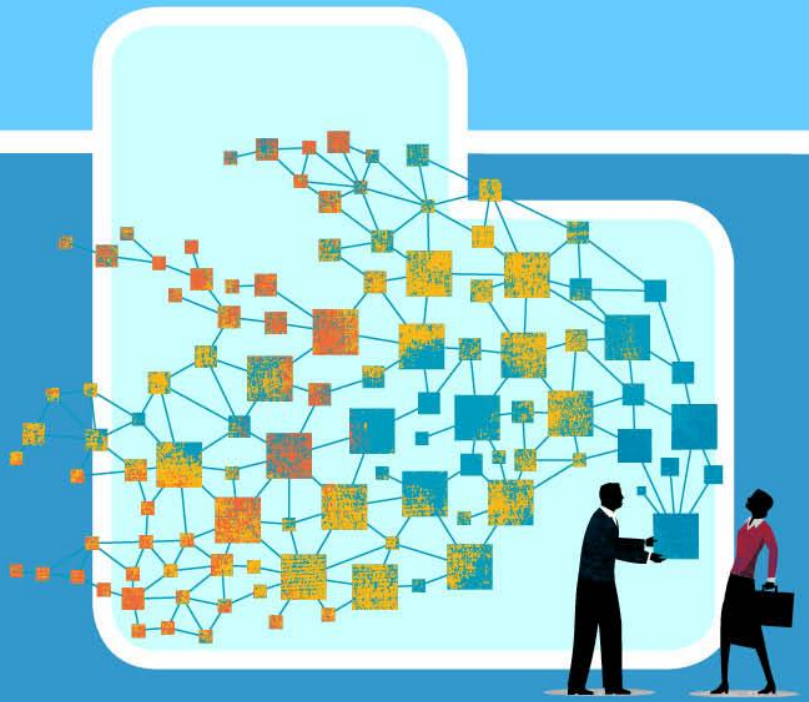

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