The Importance of a Positive Patient First Contact Experience

To Our Healthcare Clients and Friends:

Much has been written about enhancing the patient's experience while receiving health care services. Significant focus is placed on the patient's interaction with the clinical care provider: physician, nurse, technician. Often it may be overlooked that the patient's overall experience begins at the first point of contact at patient access. The patient's experience at this first contact point can frequently set the tone for the entire patient encounter. In this article, we will discuss the importance of a positive first contact and ways that we may be able to enhance the patient's aggregate experience by ensuring that the first contact is a positive one.

BACKGROUND

The patient's experience begins at the first point of contact at a health care facility. This first point of contact is usually when the patient calls to schedule an appointment. All of us have personally or have had family members that have had a negative experience when making first contact with a medical facility. Often patients complain that despite repeated calls and messages, their calls were not answered or returned. In addition, another common complaint is that when they finally reach someone, the person on the phone was rude or distracted and seemed to act as though they were doing the patient a favor by scheduling the service. Furthermore, when the patient arrived for services, the experience wasn't good, or even worse, the wrong service was scheduled. Lastly, patients often complain that they are transferred from person to person and must provide the same information repeatedly.

The focus in many industries, not just health care, must be customer service. In the current environment, and within the foreseeable future, reimbursement is going to be based on the value of services that the patient receives. A portion of this value is going to be measured by surveys completed by the patients. Patients are usually asked to answer a total of 27 questions with 18 core questions focused on the critical aspects of the patient care. When reviewing surveys, it is common to not focus on the surveys that rate the organization as performing at either the highest or lowest levels; however, surveys that rate the organization poorly across the board have significant value. These surveys may be an indication that the patient's experience was negative from the first point of contact, usually in patient access, and that it was quite possible that this first impression set the tone for the patient's entire visit.

Some of the questions that surveys may focus on that can be directly or loosely linked to Patient Access are as follows:

- Was it easy to schedule an appointment?
- Did the check-in process run smoothly?
- Were the schedulers / registrars courteous?
- Were the schedulers / registrars helpful?
- How helpful was the first person you encountered?
- Was privacy considered obtaining personal and insurance information?
- Was the staff courteous and did the staff respect and care about me as a person?
- How likely are you to recommend us?

There are other questions that may be included in patient surveys that relate to patient access, but as indicated above, these questions tend to drill down on how the patient was treated? Did we respect the patient, listen to his or her concerns, and go the extra mile to be helpful?

CHALLENGES

Through the course of our day, it is easy to become so focused on completing a task, registration, insurance verification, or scheduling, that we may forget that our primary focus must be on the patient, not necessarily the task. We need to remember that when a patient is having a test or procedure performed at our hospital, it is likely a stressful time for the both the patient and the patient's family. For example, when a patient is having a CT Scan, the patient is sometimes scared, knowing full well that his or her

CHALLENGES CONT'D...

physician has concerns that the patient may have a serious illness that may be life altering. The challenge is to show the patient kindness and courtesy recognizing the emotion and concerns that are an integral part of the patient's struggle.

Part of the challenge relates to the overall financial stress that many hospitals are confronting. Many clients have been forced, due to economic circumstances, to reduce staffing in administrative areas, such as patient access. These reductions often result in longer patient wait times at registration, more abandoned calls at scheduling and staff focused on reducing the patient's wait time. Consequently, staff are challenged to accomplish the volume of work and then revert to focusing on performing the tasks and not necessarily on going out of their way to enhance the patient's experience. When an organization does reduction in staff for economic reasons, often there is a change in the culture of the institution. Administrative staff spends less time with patients, basically performing the necessary task and sending the patient on their way. Prior to the reduction in staff, if a patient was unsure of where to go or how to get there, and if a volunteer was not available, the registrar would escort the patient to their destination. When tests were delayed, a volunteer would check on the patient and the patient's family and provide a free voucher for lunch or have one of the volunteers bring them coffee. When a healthcare organization stops doing these extra things, it is usually reflected in the surveys, and while one may never be able to quantify it, this may also reflected in volume.

INSIGHTS

Despite the financial challenges we face as an industry, there are a significant number of items that we can focus on to improve the patient's experience at the first point of contact. Some of the items that we can focus on are the hiring process, training, retention and process redesign.

Traditionally, as part of the hiring process, we carefully evaluate the applicant's experience in health care industry. We tend to hire people that have previously worked in either the business office or in the patient access areas. While we should focus attention on the applicant's experience in these areas, and it is far easier to on-board an experienced resource, we also need to carefully evaluate the applicant's customer service skills. The health care industry is about people and many times it is easier to teach our employees the nuances of health care rather than teach them how to interact with patients. We need to carefully evaluate how we think the applicant will interact with a patient or family member that is having a stressful day. Do we think this person will be able to diffuse the situation, focus on the patient, and successfully help the patient? The best patient access people are usually the individuals that can quickly assess the situation and provide a calm courteous experience to the patient. Many times, patients come in angry or stressed, and by the time they leave, they are thanking the registrar for the assistance in resolving the issue.

In addition to the hiring process, we need to focus on training, not just on system, insurance, or processes, but spend a significant amount of time on customer interaction. There is normally not one answer to the best way to work with what may appear to be a difficult patient; however, there are items and behaviors that we can teach our employees on how not to respond to the patient. Training can be constructed using role playing between the employees and the trainer and ideally have staff share their experiences they had in these situations. This should be done in a no-risk environment so employees feel comfortable with sharing both the positive and negative outcomes. There is value to both, and one can learn as much from what did not work, as well as those items that worked well. The question that should always be asked is what could we or should we have done differently?

Within the hospital's revenue cycle teams, patient access staff are quite often the lowest paid staff members, even though they have the most difficult job within the revenue cycle. Patient access staff members need to be familiar with the requirements of virtually all insurance plans, they need to pick the correct insurance plan and obtain demographic information. They also need to know a great deal about clinical tests and what they require in terms of process and preps. Virtually everyone in clinical operations as well as the revenue cycle is dependent upon them getting this information correct the first time. All this is done with the patient present and quite often with many patients waiting in line. One of the first items to address is compensation. We need to pay these staff members based on their experience and skills and the overall technical skills they are required to have and maintain. It is not uncommon to lose the best staff member to a physician office for a minimal increase. In addition to compensation, we need to recognize our staff for performance: for example, provide a department lunch for achieving departmental goals such as point of service cash collection or accuracy rates. Consider having an employee of the month, with the reward being a certificate and a prime parking spot for the month. Lastly, it is important to partner with Human Resources and Finance to begin discussions about compensation levels and career ladders. These ladders should have clearly measurable objective standards that are both understood by the employee and are achievable.

From a management perspective, the patient access process should be reviewed to ensure that it is operating appropriately. The process should start with an assessment of the function. Its focus should be on people, process, and technology. From a people perspective, we should make sure that we are hiring individuals with the appropriate skill sets, especially relating to customer service skills. In addition, what training is being done? How are new employees oriented and trained? How often is routine training

INSIGHTS CONT'D...

scheduled? Who does the training and what is the focus of the training? Is it refreshed and updated to ensure that the training material is relevant and timely?

The overall patient access process should be assessed. The assessment should focus on reducing the number of times a patient needs to interact with patient access staff. For example, when scheduling a test, all information should be obtained on the first phone call, insurance should be verified, and the patient's co-pay should be clearly communicated and collected. The overall goal is to complete as much information and processing prior to the patient's arrival which will result in less needing to be done when the patient arrives. The focus can be on the patient and the clinical process rather than information acquisition and compliance. Further, there will be fewer mistakes and decreased stress on the patient. To the greatest extent possible, on the day the patient arrives, the patient should check in either at registration or the clinical department, sign the appropriate forms when necessary, and have the test or procedure performed. This will lead to shorter wait times for all patients and enhance patient satisfaction.

Technology, both its availability and overall usage, should be assessed. This assessment should focus on the tools that are available, the training that the staff has received on the usage of these tools and whether the tools are appropriate in the current environment. This assessment will also need to evaluate the overall cost benefit of purchasing new systems. Many times, a new system may solve many issues, if properly installed, but the associated cost may result in either deferring or not being able to purchase in the short term. Accordingly, the assessment must focus on what is currently available and how can we maximize its value.

The last item to assess is staffing levels. Based on our process re-design, volume, peak times, and operating hours, we will need to ensure that staff is available when needed and we minimize patient wait times. This will enable staff to focus on the patients and take the time to go the extra mile to be helpful and courteous. This will lead to better scores especially with the number of patients that will recommend the facility to others resulting in additional patients and enhanced reimbursement.

SUMMARY

In our current economic environment, where as an industry we have fewer resources to provide services to our patients, it is easy to lose sight of the value that exceptional customer service has on the way patients perceive health care organizations. We need to remember that at the end of each test and each procedure is a patient and simply being courteous and helpful may have a significant impact on the patient's willingness to use our facility again and to recommend us to others. A lot can be accomplished and overcome by properly training employees in customer service skill, such as courtesy, that can enhance the patient's overall experience. This will be reflective in survey results and have an impact on the organizations' success.

We are pleased to provide this information to you, should you have any questions or require assistance, please contact me at 302-584-6302.

Truly Yours,
Ed Ladely
Managing Director | Revint Solutions

Meet the Author | Ed Ladely

Ed has 27 years of healthcare experience in both the provider and consulting settings. He has extensive experience in leading revenue cycle operations, financial reporting and management, hospital and health system operations, third party reimbursement issues, and physician practice evaluation and management.

REVINT
SOLUTIONS

REVINT SOLUTIONS IS AN INDUSTRY LEADER IN REVENUE RECOVERY AND CONSULTING SERVICES. WE OFFER A FULL REVENUE INTEGRITY SAFETY NET FOR ALL TYPES OF HEALTHCARE PROVIDER ORGANIZATIONS.

OUR SOLUTIONS

TRANSFER DRG

IME | SHADOW CLAIMS

UNDERPAYMENT RECOVERY

DRG VALIDATION

MS-DRG 189
MS-DRG 208

OUTPATIENT REVENUE RECOVERY

CONSULTING SERVICES

INTERIM MANAGEMENT

SUPPLEMENTAL SUPPORT SERVICES

MEDICARE REIMBURSEMENT

PAYER VERIFICATION

RESULTS

We provide a full suite of reimbursement services to over **1,500** healthcare organizations in the U.S. and help recover over **$150 million** of underpaid or unidentified revenue for our clients annually across **48 states**

EXPERIENCE

We employ **300+** employees with over **20 years** of healthcare experience to bring the best of cutting-edge **analytical tools** to the revenue integrity space

VALUE

We offer the most value in every engagement by expanding our capabilities to support your entire **revenue cycle management process**