



## **Driving Customer Service Excellence: Patient Access Operations – Going the Extra Mile!**

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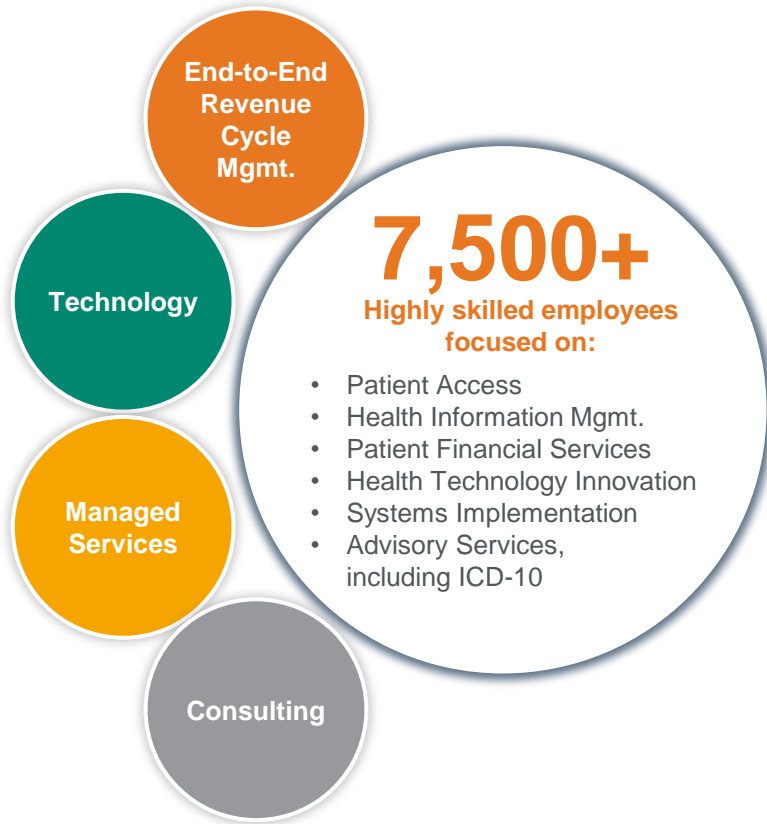
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# Presentation Objectives


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1. Establish the context for discussing service excellence in healthcare
2. Present and discuss a set of organizational strategies that are associated with the achievement of consistently high levels of customer service in hospitals
3. Make the strategic business case for service excellence by examining the real organizational benefits that accrue to high performers

# Who are we? Optum360 Overview



**2500+**  
**FACILITIES**  
using revenue cycle services

**\$52B**   
**Managed Billings**

Technology solutions for



**1600**  
**CLIENTS**



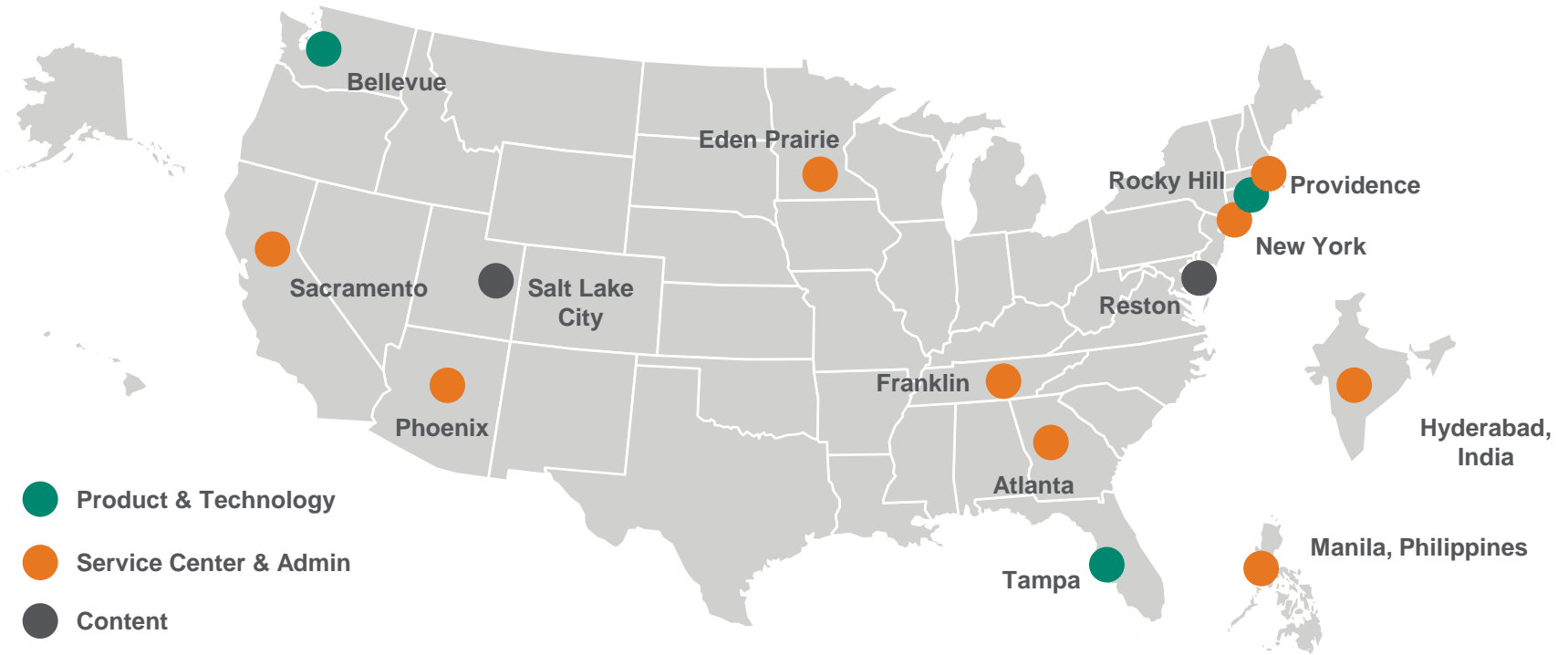
**450**  
**Managed Services Clients**




**4 OUT OF 5** **U.S. Hospitals use Optum360 Products and Services**

Black Book™ Top RCM Outsourcing for Hospital Corporations, Systems, Networks, Chains

# Optum360 Overview

## Locations



-  Product & Technology
-  Service Center & Admin
-  Content

### Key Service Center Locations



- Atlanta, GA
- Franklin, TN
- Phoenix, AZ
- Sacramento, CA
- Westbury, NY

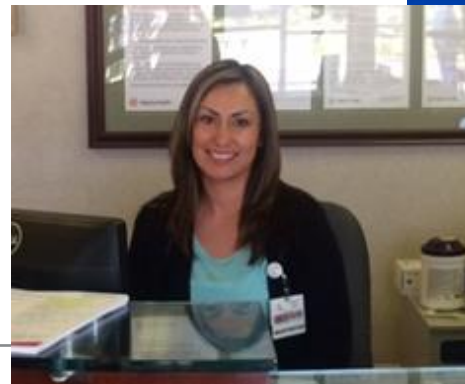
### Center of Excellence Model

Experts in select regions to ensure round-the-clock quality customer support



# Patient Access Overview: Dignity Health

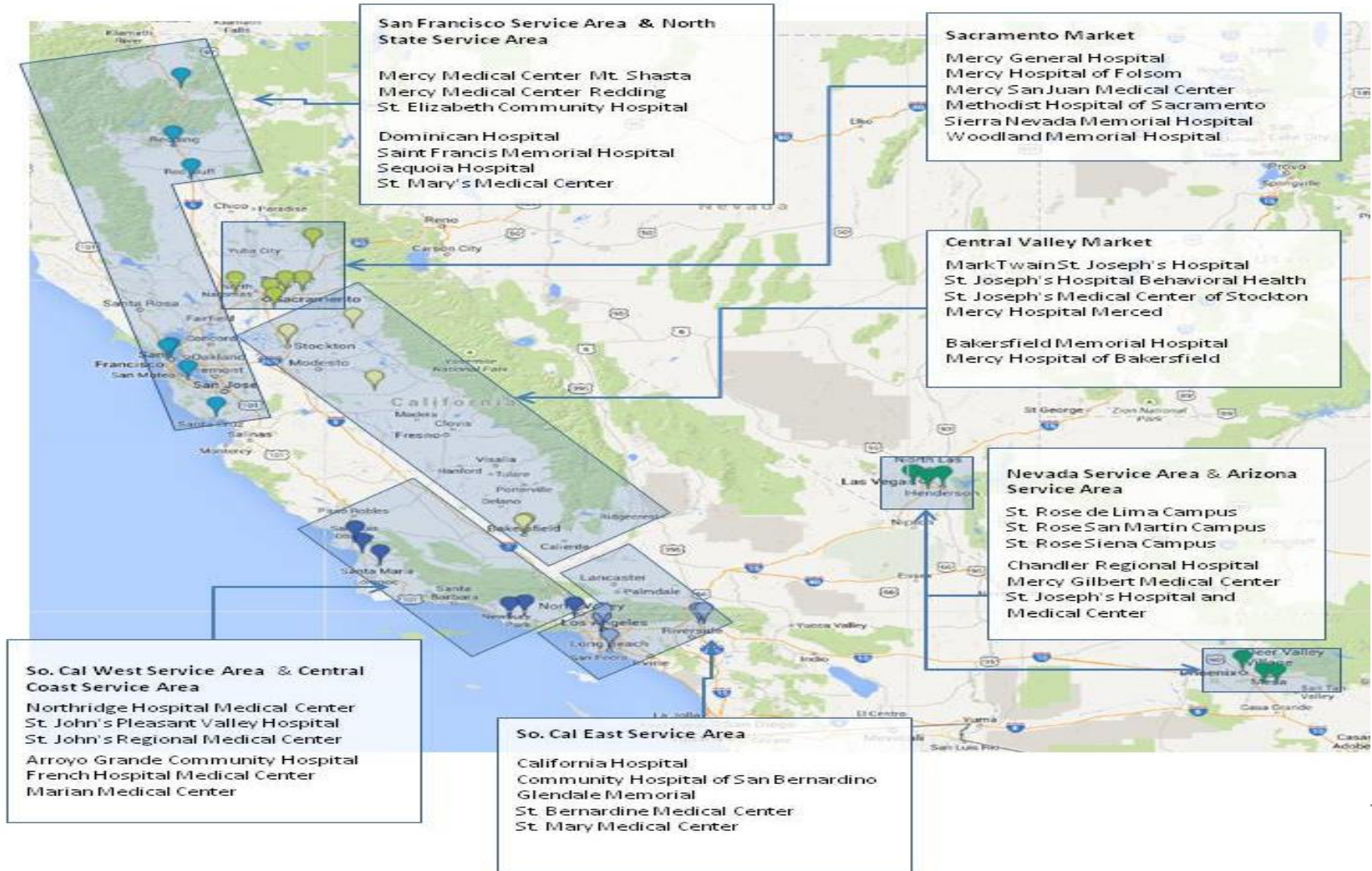
- Faith-based, Catholic healthcare system
- Fifth largest health system in the nation and the largest hospital provider in California
- 37 facilities throughout California, Arizona and Nevada
- ~1,500 Patient Access employees managed by O360 either directly as O360 Rebadged employees or as DH employees
- 5 Labor Unions at California and Nevada facilities
- Completely decentralized other than the department's corporate management staff
- No Patient Access Contact Centers
- Responsibilities are primarily focused upon Financial Clearance, Patient Registration and Financial Counseling
- MedeAnalytics Patient Access Intelligence (PAI) installed at 25 sites with more underway





# Patient Access Locations

## Dignity Health



# Customer Service Experience



# Evolution of the Concept of Service Excellence in Healthcare



“If Disney ran your hospital, customer experience would trump customer service.”

Fred Lee  
*If Disney Ran Your Hospital:  
9 ½ Things You Would Do Differently*





## The Context: Not so long ago...

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- Measurement of patient satisfaction was limited and the dissemination of results often inconsistent
- Accountability for service was not clearly established...at any level of the organization
- Lack of organizational focus on the overall patient experience
- Service was the responsibility of one staff member; often framed in terms of “complaint management”
- Patients and family members generally were not very satisfied with care and their expectations low
- Improvement efforts generally took the form of “program of the month”; training was relegated to an Education Department
- Top leadership was not always “walking the talk”

## Forces Driving Increased Focus on Service

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- Service excellence is a growing movement across all industries
- Patients and families are becoming more involved in healthcare decisions with increasing expectations
- Competitive pressures are increasing and service enhancement strategies have taken many forms, e.g.,:
  - Service guarantees
  - Patient-centered Care Model
  - New facility designs reflecting patient/family needs
- Growing recognition that service excellence can help drive business growth
- Public reporting of patient experience measures (Hospital Compare)
- Consultants and “service guru’s” are raising our awareness
- It is the right thing to do!

# Establishing your Patient Experience Strategy

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- Questions to **ask yourself**:
  - What experience are you trying to deliver?
  - What emotion are you looking to evoke in patients/customers?
  - Is your patient experience deliberate (reliable) or is it inconsequential (variable)?
- What would your employees say?
- What would your facility leadership say?

# Do we know what our customers want? Are we delivering?

## PATIENTS

- Personalized service
- One time data collection
- Clean, confidential environment
- Courteous, knowledgeable staff
- Respect for their time and needs
- No surprises!



### KEY INDICATORS

- *Patient Satisfaction*
- *Patient Wait Time*
- *No Show Rate*
- *Time to First Appointment*
- *Appointment Cycle Time*

## CLINICIANS

- Streamlined patient arrival experience
- Convenient, coordinated scheduling of services
- Minimal wait time
- Consistent “on-time” communication
- Real-time patient information



### KEY INDICATORS

- *Clinician Satisfaction*
- *Medical Staff Productivity*
- *Resident Availability*

## OTHER STAFF

- Staff responsive to streamlined access for patients
- Accurate patient information
- Environment that reinforces customer service
- Effective training and recognition
- Timely data entry by all accountable groups
- Process ownership
- Clinical partnership

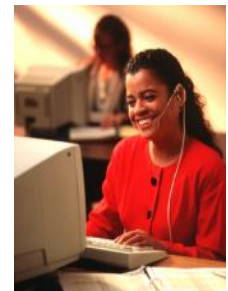


### KEY INDICATORS

- *Staff Efficiency and Productivity*
- *Data Accuracy*
- *Competency Assessment*
- *Retention Rates*

## PAYERS

- Clean claim submission
- Timely submission of data
- Third party payer requirements met
- Open communication with provider and payer



### KEY INDICATORS

- *Denials*
- *Write Offs*
- *Contract Rates and Terms*

# Guiding Principles fuel a differentiated service strategy, supporting cost reduction and growth

## Future Growth

### Define the Experience

*Excellence in data-driven insight*

- Pro-actively design a customer experience – Know your customer, their intents, and how customers from each segment will satisfy those intents.

### Deliver the Service Promise

*Consistent execution on increasing customer expectations*

- Drive organizational (vendors, staff, operations management) accountability for delivering the defined service experience.
- Performance alignment from top to bottom.

### Extend the Relationship

*Creating engaged customers through strategic treatments*

- Increasing patient volume and maximizing service access “up-selling”.
- Monitor and track every customer event and input, and actively work to extend each relationship.

## Cost Reduction

### Optimize the Cost to Serve

*Smart, value-based fulfilment decisions*

- Protect operational value by delivering a high-quality customer interaction at a cost point that supports the intent & customer value.
- Utilize various modes of communications, knowing best formats and cost / benefit of each.



# What does it take to be High Performing?

## High Performing Characteristics

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### *Customer Satisfaction*

**The customer comes FIRST**

- KNOW what the customer truly wants and values
- Focus upon ease of access and efficient patient flow
- Create a responsive environment

### *Financial Integrity*

**Collect the right amount, at the right time, from the right source**

- Effective collection of patient liabilities based upon propensity to collect
- Flexible and fair community care policies
- Recovery of 3<sup>rd</sup> party payer underpayments and rejections

### *Operational Effectiveness*

**Do it right and do it the right way**

- Standardize policies / procedures and processes
- Eliminate process duplication and redundancy
- Enhance process collaboration and participation

**Assign accountabilities & reward based upon performance**

- Enable process users through robust training
- Establish goal-based performance standards
- Create and communicate process scorecards
- Provide honest, constructive feedback loop
- Compensate with reward and recognition incentives

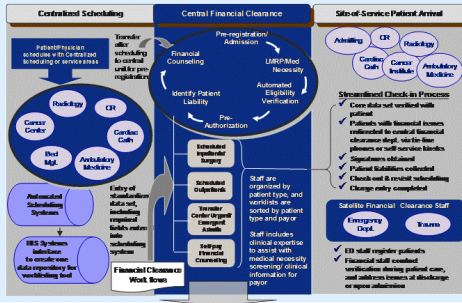
### *Technology Enablement*

**Leverage available technologies**

- Standardize information repositories
- Minimize application customization
- Deploy technologies that drive ROI and customer service
- Interface / integrate IT components
- Deploy self-service technologies

# What are the healthcare Revenue Cycle innovators doing?

## “Enabling Access to Care”



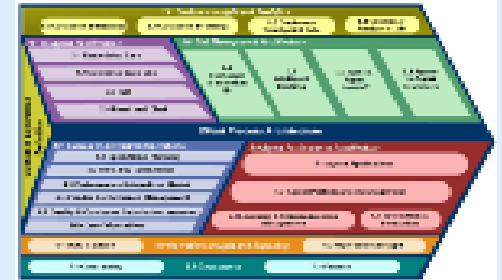
- Optimal integration between physicians, clinics and hospital services
- Seamless contact centers with customer relationship management technologies
- Proactive service guidance and patient assistance
- Expanded access and self-service options
  - Alternative low cost financing options
  - Insurance continuation intervention
- Comprehensive associate training
  - Customer Service Training
  - Service Ambassador Certification

## “Changing the Quality and Efficiency Paradigm”



- Focus upon pre-service activities in order to minimize check-in activities
- Patient segmentation used to personalize our interactions and offerings
- Reduced number of suppliers managed consistently across the enterprise
- Active collaboration and joint innovation with payer partners (e.g., Real-time adjudication)
- Improved data quality and timeliness to drive clinical decision-making and care delivery
- Leverage value added technology (e.g., Smart cards, workflow management applications, etc.)
- Scripting, real-time monitoring and coaching
- Performance incentives that include significant patient satisfaction component

## “Extending the Relationship”



- Accurate, complete and easy to understand patient statements
- Recognition and differentiation of frequent and well-established patients
- Actionable feedback from patients regarding their experience
- Enhanced service offerings to further enhance physician relations (e.g., Clinical Documentation Improvement activities, EMR, easy access to data and services)
- Quality improvement training based on audits of patient interactions and data input

# Customer-Centric Patient Access operations are going beyond the “typical” approach to exceed patient expectations

## Patient Contact Management



### Functional Activities

Communication Alternatives  
Reception & Check-In  
ED / Urgent Care Alternatives

### Enhanced Patient Experience

- 24/7 expanded service hours
- Robust CRM technologies (ACD, Call Recording, etc.)
- Multi-channel applications - Enhanced Web / Mobile / Chat & Kiosk Capabilities (Scheduling, Pre-registration, Registration / Check-in, Payment, etc.)
- Multi-lingual access
- Dedicated “meet & greet” service ambassadors
- Care readily available in the right setting
- Revised patient flow for post-service collections

## Scheduling & Financial Clearance



Patient Scheduling  
Medical Necessity Review  
Pre-Registration  
Ins. Eligibility / Benefit Verification

- Standard scheduling application / platform
- Centralized Scheduling with multiple methods of access, including self-service (Patients and Physicians)
- Contact Center expanded to include other “like” services (Phys. Referral, Follow-up Calls, etc)
- Integrated Medical Necessity Review at point of Scheduling / Booking
- Real-time insurance verification / benefit verification, and workflow management applications (work queues)

# Customer-Centric Patient Access operations are going beyond the “typical” approach to exceed patient expectations (Continued)

## Functional Activities

## Enhanced Patient Experience

### Financial Counseling & Assistance



Patient Segmentation  
Financial Counseling  
Medicaid Eligibility / Enrollment  
Charity Assessment

- Patient segmentation (propensity to pay logic) with online claim adjudication, and individualized scripts and processes
- Patient liability resolution
- Customized payment options (COBRA & COB coordination assistance, Low interest loans, etc.)
- Health Benefit counseling (Pre through Post-Service)

### Time-of-Service Activities



Registration / Check-In  
Upfront Collections  
ABN / MSP / Consents  
Financial Counseling  
Charge Capture / Reconciliation

- “Rapid” Check-In for Pre-Registered cases
- Dedicated greeter role – “Service Ambassador”
- Self-Service options (Kiosks, web cam chat, priority card)
- Work Flow enabled processing
- Integrated medical necessity review, benefit verification, patient segmentation, and liability estimation
- ED Discharge Desk, coupled with other services
- Conveniently located Financial Counseling service that supports peak business hours
- Multiple payment options with online receipting and posting
- Charge Capture conducted at point-of-service

# Customer-Centric Patient Access operations are going beyond the “typical” approach to exceed patient expectations (Continued)

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## Follow-up



### Functional Activities

Patient Inquiries  
Patient Satisfaction  
Quality Assurance  
Associate Training

### Enhanced Patient Experience

- Enhanced Contact Center capabilities with multiple self-service options
- Multi-channel patient satisfaction monitoring (surveys, focus groups, etc.)
- Emphasis upon accountability and reward (Pre-Bill edits, quality / productivity monitors, associate training and incentive based performance / rewards)



## What are the real impacts of Service Excellence?

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- Patient volume growth
- Market share increases
- Financial performance improvement
- Employee satisfaction and retention improvement
- Physician satisfaction and loyalty improvement
- Becomes a habit of our organization's culture
- Contributes to higher clinical quality and patient safety
- Enhance our mission effectiveness

# Increases in Patient Satisfaction positively impacts financial results



Source: Hall M. "Looking to improve financial results? Start by listening to patients."  
Research conducted by Press Ganey  
Healthcare Financial Management. October, 2008.

## Lessons to note . . .

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1. The key to achieving and sustaining high levels of customer service lies with the **employee** - not with the customer, marketing campaigns, process improvement, best equipment, modern facility, nor location
2. Dial-up **leadership development**, consistent with the organization's goals and strategies for achieving service excellence
3. Effective healthcare leaders encourage **staff autonomy, passion, energy and team work**
4. With respect to service, leading healthcare organizations strive **for improvement not perfection**
5. Our fear of **accountability** – Embrace it! Confront behavior when not aligned with values, common purpose

## Lessons to note (Continued) . . .

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6. Move away from “**victim thinking**”...And make it unacceptable in your leaders
7. **Measurement** is critical to understanding performance in the area of service, creating accountability and motivating positive change
8. The **standardization** of work practices and staff behavior is vital to the achievement of extraordinary service levels...and quality of care too!
9. Employee **recruitment, selection and development** takes center stage as accountability for new aspects of performance increases

## Questions / Comments

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