enhancing the revenue cycle experience for patients

Texas Health Resources recorded patient encounters with revenue cycle staff to provide feedback to staff on the quality of their customer service—and improved both patient satisfaction and point-of-service collections.

Consider this scenario: An employee at your hospital has worked in the registration department for more than 25 years. She is known by coworkers and supervisors as a dedicated employee, a star performer, and a valuable team player. But her patient surveys tell a different story. Her scores are consistently low and often include negative comments.

What could be the reason for the poor experience patients have had with this employee? And how can your organization gain an objective point of reference to learn not only what this employee and others are communicating to patients, but also how that information is being delivered?

Texas Health Resources (THR), based in the Dallas-Fort Worth area, found answers by recording the interactions of registration staff and other revenue cycle employees with patients.

THR captures every patient encounter that takes place in the revenue cycle, whether it occurs by phone or in person, via technology that records the conversation. Then, supervisors listen to a sample of conversations for each staff member to gauge performance and offer constructive feedback.

In the case of the longtime registration employee, THR supervisors immediately determined the reason for the low satisfaction scores after listening to a sample of the employee’s interactions with patients. They found her to be on-script, asking the right questions and collecting the required

AT A GLANCE

> In 2013, Texas Health Resources began to record discussions with patients at each revenue cycle touch point, from scheduling through registration.
> The recordings give leaders insight on the accuracy and consistency of information communicated at each touch point and provide a tool for improving customer service.
> The initiative has improved patient satisfaction and increased point-of-service collections.
Supervisors met with the employee and asked her to listen to the recordings. When she did, she was brought to tears: She immediately recognized what patients had perceived in her tone.

Without realizing it, this employee had been focusing more on the processes related to her work than on the people in front of her. After 25 years in her position, listening to the recordings gave her new resolve to change her approach to working with patients. She asked to review her recordings with a supervisor every week so she could monitor her progress and continue to look for opportunities to improve. As her approach has improved, so have her survey scores.

Since 2013, THR has worked to transform the patient experience at all points in the organization’s revenue cycle. Its efforts have reduced registration time, improved patient satisfaction scores, and increased point-of-service collections.

THR’s “Patient Delight Project”
The patient experience is an organizational focus across THR’s 13-hospital system and has become a driver of daily business for all areas of the system. It is no longer just about performing efficient, high-quality clinical care. It is about caring for the patient in every aspect of the hospital encounter, from the very first phone call to the point of admission and beyond.

At the beginning of 2013, revenue cycle leaders from across THR gathered to discuss strategies to improve the patient experience from a revenue cycle perspective. As part of the “Patient Delight Project,” leaders identified approximately 15 pilot projects that had the potential to significantly affect the patient’s journey. The idea was to implement each project at one of THR’s facilities, test and monitor the impact, and roll out the project across the organization if it was successful.

One of these projects involved recording discussions with patients at each revenue cycle touch point—from the initial scheduling call to the in-person check-in at registration. During one meeting, the group listened to recordings of a mammography patient’s registration experience. Before reaching the facility for service, the patient had spent 17 minutes on the phone with various hospital departments.

By listening to the recordings in sequence, leaders were able to identify duplicative steps that add time to the scheduling process and frustrate patients. The recordings also gave leaders insight regarding the accuracy and consistency of the information communicated at each touch point. For example, did the patient receive accurate preparation instructions? Was she given clear directions to the facility? Was she told the correct copayment? Did the registrar adequately explain the estimate?

Each of these details represents a potential pitfall in the patient’s experience if communicated inaccurately or insufficiently. The message that patients receive over the phone needs to be the same message they receive when arriving for service. And if a patient’s information has been collected over the phone, there is no need to duplicate that process at registration.

Benefits of Centralization
THR’s first step in ensuring consistency and accuracy in messaging across the revenue cycle was to merge its scheduling, preregistration, and insurance verification functions into one centralized process. This move streamlined patient access to the health system by reducing the number of calls involved and by eliminating duplication among processes.

When a patient calls to schedule a procedure, a scheduler completes the scheduling component
and transfers the call directly to THR’s Patient Access Intake Center (PAIC) to initiate preregistration and insurance verification activities. The process ensures effective preregistration and allows for an express check-in at registration, reducing wait time at admission.

In each of these interactions, THR is training frontline staff members to be not only data collectors, but also educators for patients. Many patients who are new to THR have only recently obtained insurance and need to know how their benefits work, the portion of their bill that will be covered by insurance, and how much they are going to pay out of pocket afterward. Revenue cycle staff must be able to explain copayments, coinsurance, and out-of-pocket expenses in a way that patients can understand.

THR leaders began to emphasize that collecting data elements, processing insurance, and collecting copayments are now only part of the patient access job description. Effectively communicating with and caring for patients are THR’s primary areas of focus and the measures by which all units are held accountable. Patient satisfaction has been added to staff job descriptions and is now part of the patient access department’s scorecard, which reflects Press Ganey scores for patient access services.

The impact of this shift has taken different forms across the organization. It sometimes means staff end up processing fewer calls as a result of taking time to answer a question or care for a patient. One hospital added a blanket warmer to its admitting area. If a patient arrives and has to wait 20 minutes for a room, admitting staff offer a warm blanket and update the patient every few minutes on the room status. These small gestures ease patients’ anxiety about coming to the hospital.

**Recording Patient Interactions**

To achieve its patient experience goals, THR needed an objective way to monitor and measure the impact of the new processes. Revenue cycle leaders began evaluating the technology available to support and standardize revenue cycle processes across the system.

THR had already been using a recording system in its insurance verification units to record phone calls made to secure authorization from payers.
These recordings—made for use in denial appeals—are indexed to each patient account and centrally stored for access by any entity across the health system.

THR’s revenue cycle leaders recognized the opportunity to use this technology to capture information communicated to patients. Hospitals began recording phone calls in the PAIC, capturing key elements of the preregistration interview such as patient demographics, out-of-pocket estimates, and directions to the facility.

Scheduling was soon added to the process to ensure that schedulers were capturing information needed to generate CPT codes, authorization codes, and procedure details. With nearly the entire preservice encounter recorded, the final piece was the in-person conversation with the patient at registration. To record this interaction, registrars began using small desktop microphones attached to their computers. Under Texas law, registrars are not required to inform patients that the encounters are being recorded. This technology allows staff to add comments after the encounter and link the recording to the patient account. The technology also has been added to computerized work stations in the emergency department (ED) for use during bedside registration.

Today, the entire patient access experience—from scheduling to preregistration to verification to registration—is recorded. With a complete audit trail of the interactions the patient has had across multiple departments, THR can determine what information the patient has received at each touch point in the revenue cycle and identify any discrepancies or points of confusion. The hospital uses this information to clarify misunderstandings, provide training for staff, and conduct service recovery where needed.

**Quality Assurance and Staff Training**

The recording and monitoring of discussions with patients had an immediate impact on staff performance and has even improved interactions

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**Key Elements Captured in Patient Recordings at Texas Health Resources**

**Step 1: Scheduling**
- Record the patient and/or physician phone call.
- Capture faxed physician orders.
- Document patient information.
- Screen for risk of scheduling errors:
  - Right procedure
  - Right order
  - Right physician

**Step 2: Preregistration**
- Patient demographics
- Benefits and eligibility
- Self-pay estimates
- Scheduling instructions
- Directions

**Step 3: Insurance Verification**
- Check to see whether the correct authorization has been obtained.
- Verify the patient’s insurance status.
- Confirm the information to appeal and overturn denials.

**Step 4: Face-to-Face Encounter at Registration**
- Point-of-service collections
- Financial counseling
- Bedside registration in the emergency department

**Step 5: Indexing and Retrieval**
- Index recordings to each patient account.
- Establish an audit trail for every encounter.
- Connect the dots to gain a complete picture of each patient’s preservice experience—from the initial encounter to the point of admission.
between departments. But the real benefit was the opportunity for employees to hear how patients perceived information and brainstorm new ways to manage that perception.

Supervisors retrieve 10 recordings per month from each employee and play them back to listen for key elements such as the employee’s greeting, tone, and adherence to scripted elements. Results are used in one-on-one training and employee evaluations, often with supervisors and employees listening to recordings together for reference. Leaders also use the recordings in group sessions, gathering employees to listen to both successful calls and calls for which a different approach might have worked better.

Supervisors also review recordings on an as-needed basis to address patient complaints or misunderstandings. If a patient is confused about a copayment, for example, leaders use the recordings to determine whether the information the employee provided regarding the copayment was unclear or poorly communicated.

Soon, THR will implement a quality scoring module wherein supervisors will be able to use randomly selected recordings for each employee to generate online scorecards that track quality performance over time. Scorecards will be used to rate performance in areas such as scripting, accuracy, and patient advocacy. This initiative will enable supervisors to quickly identify outliers and address training needs. Reports will track performance by associate, team, and department—both at the hospital and system levels.

Connecting the Dots
Today, THR is connecting survey scores to patient recordings and correlating the patient’s overall satisfaction with the preservice experience. If a hospital receives a survey with a score of 3 or below on a five-point scale, for example, supervisors will immediately retrieve the recordings from that patient’s visit and forward them to hospital leaders for evaluation.

The impact has been significant. Among inpatients, Press Ganey patient satisfaction scores for registration have increased from below the 50th percentile to above the 75th percentile for a five-year period. In outpatient care, where registration often is the largest portion of the patient’s hospital encounter, scores rose five percentage points. ED scores experienced a similar increase. Overall registration scores increased from the 40th percentile in the first quarter of 2012 to the 82nd percentile by the second quarter of 2014.

One benefit of this initiative has been a reduction in total registration time as a result of centralizing preservice activities and thereby eliminating duplication. This step required a change of mindset for employees, recognizing that repetition may not always be necessary and can in fact be detrimental to the patient’s experience.

Comparing the length of recordings also provides a valuable reference. An admission encounter for a preregistered patient, for example, should be significantly shorter than that for a walk-in patient. Comparing the length of these encounters is one way to determine the efficiency of the registration experience.

By eliminating unnecessary duplication among processes, one THR hospital has reduced average registration time from eight minutes to five minutes and is now one of the system’s top Press Ganey performers. THR has accomplished these improvements without incurring a negative impact on key measures, such as point-of-service collections. In fact, collections increased from $46 million in 2009 to $53 million in 2013.

A Winning Strategy for Patient Satisfaction
THR’s objective is to finalize all details related to inpatient admissions before patients arrive, allowing them to move through the registration process quickly and easily and without any surprises or concerns arising at the point of admission. A centralized model streamlines preservice activities and reduces a multistep process to a single touch point with the patient.
Recording these encounters has given THR a standardized approach to improving patient financial communications by monitoring interactions and providing focused training for revenue cycle staff. What began simply as an initiative to resolve disagreements with patients in preservice areas has ended up having a deep impact on the revenue cycle experience for patients.

Capturing the entire encounter—from the initial scheduling call to the in-person visit at admission—provides a valuable reference for tracking individual hospital, department, and employee performance against the system’s strategic objectives for patient experience. As a result, THR has enhanced data accuracy and collections while significantly improving patient satisfaction.

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