How financial services impact patient experience

Health care leaders should view patient access as a revenue generator and key factor for improving patient experience

EDITOR'S NOTE:
In this Q&A, Erica Franko, principal, nThrive Business Health Advisory and Kelley Blair, senior vice president, Service Solutions, discuss the critical role of Patient Access on today's patient experience. They explore how emerging trends such as higher insurance deductibles and regulatory requirements for upfront estimates are driving patients to become savvy health care consumers, underscoring the role of Patient Access to address these fundamental changes.

How are market forces impacting today's patient experience?

[Franko] As an industry, we've talked about the link between consumerism, patient access and patient liability for some time. The topic is especially pertinent under today's complex and ambiguous regulatory landscape and the continued focus on health care costs and utilization. The liability shift from insurer to consumer has accelerated emergence of the connected patient, who behaves as a consumer when choosing, managing and paying for their care. Connected patients want to actively participate in their clinical and financial health care journey and they want online services and conveniences that are in line with the broader consumer goods market, which is beyond what most health care organizations are prepared to provide.

Is this a game-changer for today's health care organizations?

[Franko] Definitely! From the standpoint of the health care organization, it begins with a solid understanding of the patient experience and what patients want as it relates to the market. Given the growing desire to shop, health care leaders need to think about how patients interact with their system and ultimately make health care decisions. They also need to understand the behavior and preferences of patients in their market. For example, while price matters, do patients value outcomes or experience over price? Because patient's shop on a multi-factor basis, it is imperative that health care providers provide transparency in price, experience and outcomes.

Is the challenge mostly tied to providing patients with better information?

[Blair] While education and communications are both integral to meet patient needs, the real challenge is providing information at the right level. Some patients need a lot of support and others don't. As a revenue leader you have to start out by asking, "How do I segment my patients?" The variables have to do with the complexity of care, their financial situation and whether they are insured, uninsured or under-insured. How well the patient understands their benefits is also important. Instead of trying to apply processes to the entire population, it is important to fine-tune and segment around patient personas that are based on patient circumstances.

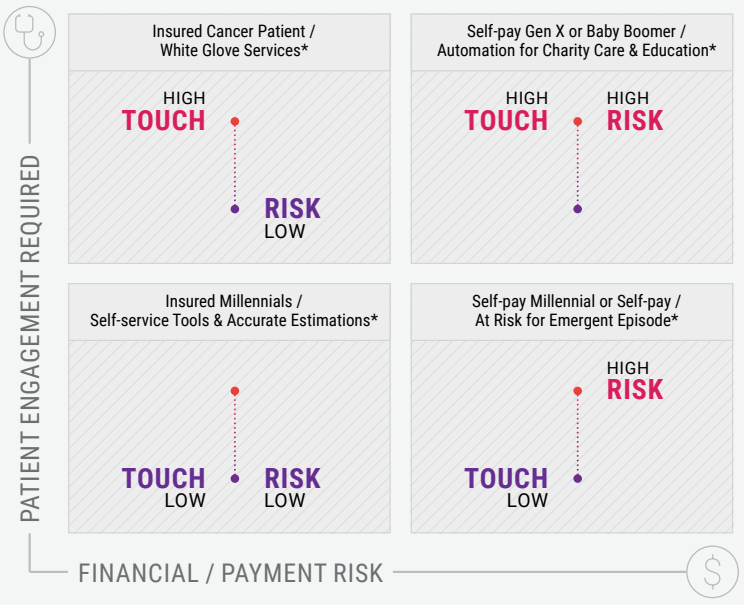
From a strategic standpoint, can segmenting help mitigate risk?

[Blair] Yes, it is key to focus attention on patients that require a higher touch experience and are also going to be a higher payment risk. (See chart). With high-risk, high-touch patients, improving the patient experience begins at eligibility and enrollment, because these patients are typically uninsured or underinsured. For high-risk, high-touch patients it is all about finding the right program to help cover their medical expenses. If someone can't pay in full, for instance, can you offer financing options? How do you identify and support those that need help to find charity coverage so they can access care going forward?

Can segmenting help create stability in an uncertain market?

[Franko] We believe that creating patient segments improves responsiveness and provides insight within a wide range of situations, regardless of market changes. By evaluating based on low-to-high touch and low-to-high risk, organizations can quickly shift and pivot as the market changes with patient access services that address any number of market changes or challenges.

Help Mitigate Financial Risk through **Patient Segmenting**



* Examples of patient types

When defining segments, is there a hidden dimension health care leaders should be aware of?

[Blair] From a volume and leakage standpoint, health care leaders would do well to elevate the importance of supporting insured patients who are in the high-touch, low-risk box. From a behavioral standpoint, these are typically patients who are receiving complex care from specialty programs such as oncology or orthopedics, which are so important to a hospital. Getting paid isn't the main consideration, since a major portion of their care is being covered by insurance. However, if their patient experience isn't good, they could opt to take their business elsewhere. Worse, they could give the organization low marks on patient satisfaction, potentially hurting the hospital's reputation.

Is there a trickle down effect on physician satisfaction in this scenario as well?

[Blair] Yes, the patient financial experience has a direct connection on the physician experience. Physicians want to know that their patients are being taken care of, which includes having a good financial experience. Their satisfaction is important for ongoing referrals.

Should these high-touch, low-risk patients be treated like a preferred customer?

[Blair] Yes, they are high priority patients who should receive white glove service, which is a departure from conventional thinking. Historically, they would be the ones who are forgotten because they are insured and it is assumed that they will pay their bill on the backend, after they have received care and have their bill in hand.

What about the low-touch, low-risk patients? What is the challenge with them?

[Blair] This is where technology can make a big difference. Patients who are low-touch can be served with automated estimates, eligibility and benefits verification and self-service tools. Today, self-service tools are common on the backend in hospital billing departments to collect patient obligations, however this an evolving space. Patients like millennials want quick and efficient service at the beginning of their care experience, including accessibility to portals, electronic communications, estimates and billing statements.

Are staffing and process requirements also a concern?

[Franko] Without question health care organizations are faced with the need to reengineer their patient access operations to support patient needs and demands. Technology can help streamline financial clearance and create accurate estimates, but supporting processes, with training and education, are crucial to ensure that patient access representatives can effectively support patients in their interaction with health care providers—improving the quality of information and, ultimately, enhance collectability and satisfaction at the point of service. Having staff that are trained to help patients through this part of the financial process is absolutely crucial to financial success.

Is your organization struggling with **Patient Access** issues?

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Kelley Blair joined nThrive from Adreima in December 2016 as the Senior Vice President of Services Strategy, leading the design and strategy of nThrive's service portfolio. As Executive Vice President of Adreima's client organization, she led business development, marketing and client services.

Prior to joining Adreima, Kelley served as Senior Vice President of Professional Services for Craneware, helping technology clients maximize their return on investment by providing health care operations expertise, best practice ideas, performance improvement methods and measurement tools in the management of revenue cycle strategic projects. Blair also served as a Revenue Cycle System Director for an integrated health care delivery system, managing revenue cycle processes, strategic plans and large information technology (IT) system implementations for five hospitals and more than 40 clinics.

In addition to more than twenty years of revenue cycle operations management and performance improvement experience, Blair is a certified Six Sigma Black Belt with experience using Lean and Focus Plan Do Check Act (PDCA) improvement methodologies in complex integrated health systems. Blair holds a Master's Degree in Organizational Leadership with a focus on Strategic Management.

Erica Franko is Principal of nThrive Business Health, leading a team of experts who partner with health care organizations across the nation to address revenue cycle issues impacting profitability and patient satisfaction. This includes working with hospitals and health care systems to optimize nThrive's full portfolio of Patient-to-Payment solutions, from the first patient interaction to revenue recognition.

An experienced health care executive, Franko has held progressive leadership roles in strategy and operational transformation, most recently at MedAssets-Precyse and Accenture, specializing in health care analytics, patient access, provider practice management, physician/hospital revenue cycle, process design/improvement, value realization and organizational design. She also worked in academic physician operations at UPMC, the largest medical and behavioral health services provider and insurer in western Pennsylvania, which is affiliated with the University of Pittsburgh School of Medicine and Health Science.

Franko holds a Masters of Health Administration in Health Policy and Management from the Graduate School of Public Health at the University of Pittsburgh. She also has as a Bachelor of Arts from Pennsylvania State University.

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