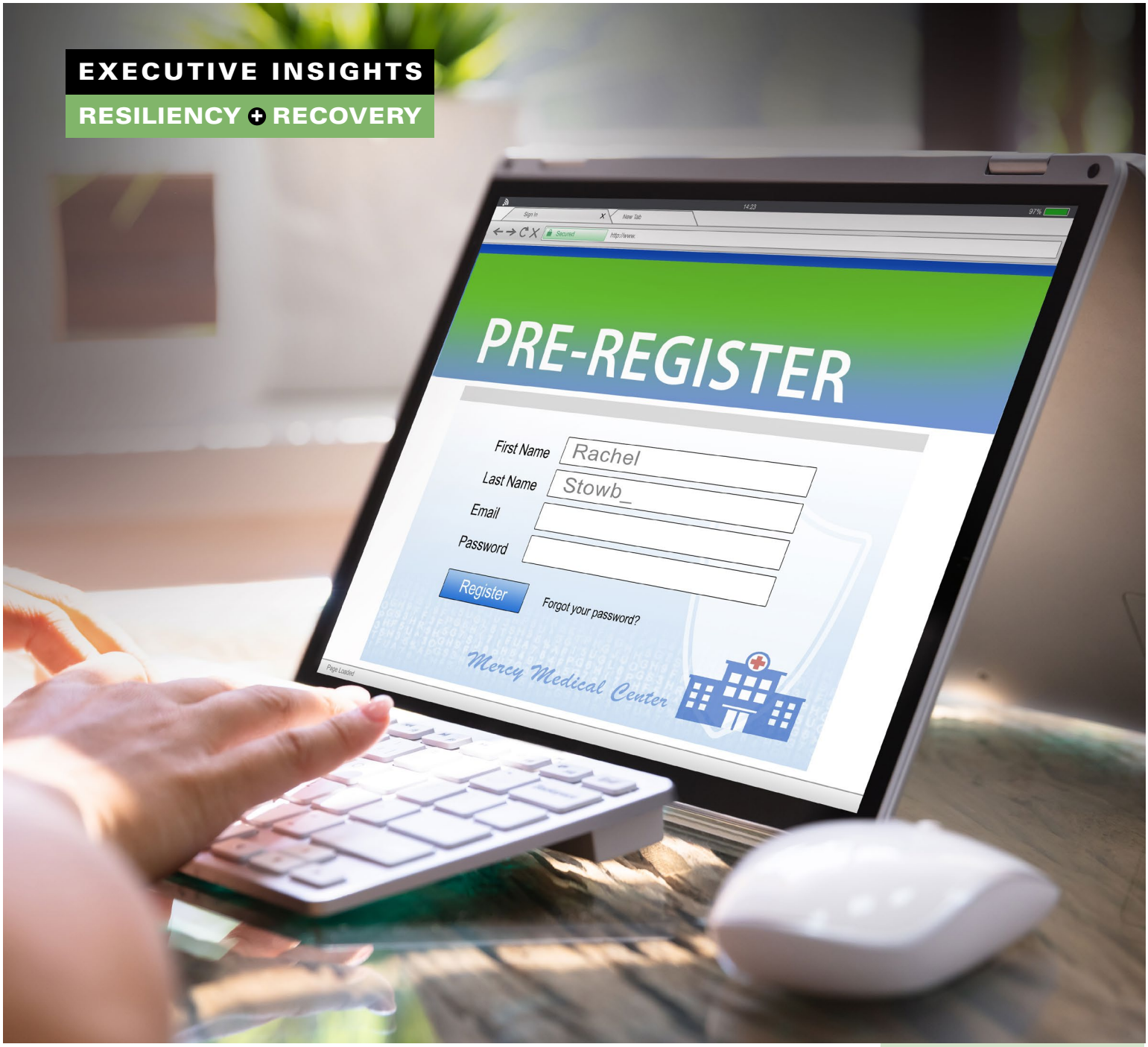
EXECUTIVE INSIGHTS

RESILIENCY + RECOVERY



PATIENT ACCESS STRATEGIES TO SUPPORT FINANCIAL RECOVERY

Automating administrative processes

American Hospital Association™

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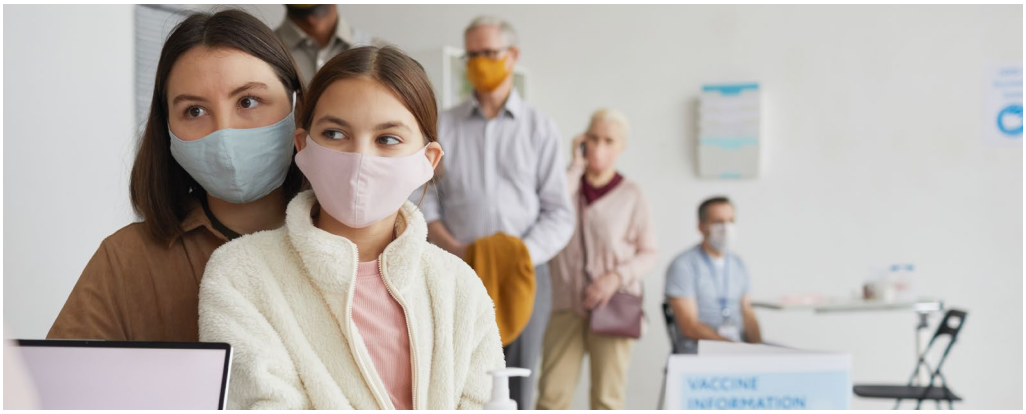

Intake processes have become a challenge for hospitals that are managing surges in demand while navigating registration woes and severe staff shortages. Fueled by the pandemic and the Great Resignation, many patients are losing or changing insurance plans, complicating already cumbersome intake processes. As hospitals struggle to improve the patient experience, they must also grapple with changing authorization requirements from payers. This virtual executive dialogue convened hospital executives across the country to discuss creative solutions and eye-opening moments during this time of change.

KEY FINDINGS

1. **Patient intake and check-ins shifted to remote** or virtual during the pandemic with staff using apps, texting or phone calls.
2. The pandemic served as the key use case to push **adoption of the patient portal and self-service options** especially for check-in, telehealth visits and ongoing health management.
3. Health care leaders are shifting traditional attitudes around **remote work** in light of severe staff shortages.
4. Standard electronic health record (EHR) software has its limits. Leaders are also **employing automated IT help** to assist with patient co-pays, eligibility transactions and claim status checks.
5. Health care leaders also are **using artificial intelligence, robotic process automation and other methods** to assist with intake, prior authorizations and other payer communications.

PARTICIPANTS

Ron Blaustein, MBA
SENIOR VICE PRESIDENT AND CHIEF FINANCIAL OFFICER
ANN & ROBERT H. LURIE CHILDREN'S HOSPITAL OF CHICAGO

Edward Keough, CHFP
CHIEF FINANCIAL OFFICER
LAKE HEALTH DISTRICT | LAKEVIEW, ORE.

Christopher Knight, MBA
VICE PRESIDENT AND CHIEF FINANCIAL OFFICER
REID HEALTH | RICHMOND, IND.

George Kruger, MBA, CPA
CHIEF FINANCIAL OFFICER
COMANCHE COUNTY MEMORIAL HOSPITAL | LAWTON, OKLA.

Bud Meadows
PRESIDENT AND GENERAL MANAGER
ABILITY NETWORK | MINNEAPOLIS

Sharlene Seidman, MBA
VICE PRESIDENT, PATIENT FINANCIAL SERVICES
YALE NEW HAVEN HEALTH | NEW HAVEN, CONN.

Debbie Smith
VICE PRESIDENT, OPERATIONS
CHILDREN'S HOSPITAL OF PHILADELPHIA

MODERATOR **Suzanna Hoppszallem**
SENIOR EDITOR, CENTER FOR HEALTH INNOVATION
AMERICAN HOSPITAL ASSOCIATION | CHICAGO

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MODERATOR *(Suzanna Hoppszallern, American Hospital Association):* **Were there any eye-opening moments during this time for your organization? How did you change your intake processes?**

GEORGE KRUGER *(Comanche County Memorial Hospital):* In the past, we would take all comers, but now we're limiting the number of patients and visitors on the outpatient side at any given time. We want intake processes to be as remote as possible, but, unfortunately, our technology has been slow to adapt.

DEBBIE SMITH *(Children's Hospital of Philadelphia (CHOP)):* We pivoted quickly to telehealth through Epic and MyChart. Parents were able to do a pre-check in, which included COVID-19 screening through a texting platform, as well as utilizing the MyChart application. The pre-check-in process also helped to streamline the check-in process at the front desk.

It was important that we had both a text platform, as well as My Chart, to ensure our patients and families had various communication options. Through the outreach, 80% of our patients and families are signed up to use MyChart.

CHRISTOPHER KNIGHT *(Reid Health):* Our biggest challenge is getting everybody on the telehealth platform. Broadband isn't widely available in this area. During COVID-19 surges, patients came to the office and then used an iPad to connect to their physicians.

At all our access points, we have people screening patients, and through Epic we're asking screening questions.

We have a central call center. We try to do as much virtual intake as possible through a pre-service process of calling the patient and asking questions.

EDWARD KEOGH *(Lake Health District):* We have the lowest vaccine rates in the whole state, if not the country. Same with our workforce. And with mandates for vaccines, it's caused a huge staffing shortage.

We use Cerner Millennium and we utilize it with a different portal, but it seems that everything's being done in person because the internet speeds are a challenge here.

SHARLENE SEIDMAN *(Yale New Haven Health):* We're trying to increase the level of self-service from our patients, so that when a patient arrives for an appointment, the experience is as quick and contactless as possible. We are using Epic as our EHR and practice management system. We saw a significant uptick in our MyChart adoption rate, mostly due to telehealth and patients who didn't have an active MyChart account before COVID-19.

"We have a central call center. We try to do as much virtual intake as possible through a pre-service process of calling the patient and asking questions."

— Christopher Knight—
Reid Health

We did find that we needed to create a virtual support service for patients who needed extra help the first time they used MyChart. The technology was in place, so patients and clinicians were all set for their appointments and could spend time dedicated to the purpose of the video visit. We used kiosks several years ago, but didn't have great adoption of that technology. During the pandemic, we implemented the use of tablets with much greater success, especially coupled with the use of MyChart e-Check-in.

We probably had two 'aha' moments. One is the higher rate of insurance coverage changes. With people either losing their jobs and/or finding new ones, we had to collect registration information and verify eligibility for more patients. We're also dealing with a labor shortage and it takes much longer to recruit new talent. We're struggling to keep up with patient demand with our current workforce.

RON BLAUSTEIN *(Ann & Robert H. Lurie Children's Hospital of Chicago):* With high patient demand and less-fluid facilities due to COVID-19 restrictions, some of our practitioners helped with pre-visit telehealth calls to help triage patients.

Patients might not immediately reach their specialists, but they can at least talk with physicians who can quickly answer their questions and prepare them for their main specialist visit. That's been successful.

BUD MEADOWS *(ABILITY Network):* The big surprise has been hospital and health system resilience and patient volumes beginning to return to pre-pandemic levels. Many providers are not seeing the revenue rebound as quickly and are looking for new ways to address this challenge. We are looking at strategies to help our providers address outstanding revenue.

We're all seeing the fluidity in the workforce and its impact on health care. Patients are changing health plans more frequently than you would expect.

For example, even though some patients showed up a month ago and received services, they may return with a new employer and new insurance coverage. And those changes in data may not be captured every time it happens. We're seeing that occur with our hospital customers and we've developed protocols to address that.

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>
> — Bub Meadows — ABILITY Network

MODERATOR: What strategies are you putting in place to recover financially? And if you have had issues with claims denials, what are you doing to improve those processes?

BLAUSTEIN: Half of our business is Medicaid. We worked with the Medicaid managed care companies to adjust processes that often prolong payments. It worked for some, but not others. We tried to advocate with the state to push on certain standard setups and processes for the Medicaid organizations.

SEIDMAN: We're experiencing this recovery mode as well. On the payer side, we receive more denials related to authorization requirements, such as site of service. We've tried to find ways to either shift the care or create a solution acceptable to the payer.

Also, payers have added new services to the list that require authorizations. We're not in a position where we can just continually add staff to handle the volume, so we've implemented automation, artificial intelligence (AI), and robotic process automation (RPA), which are helping us take on additional volume and manage transactions with insurance companies — transactions that before would require a phone call or someone to manually check the status of authorization requests. But it takes time to implement automation.

MEADOWS: Are you partnering with one of Epic's App Orchard partners?

SEIDMAN: We are using non-Epic vendor solutions to provide insurance eligibility verification, claim status checking and payer-related transactions.

We try to automate as much as we can through Epic, which has built some RPA within its system. We also partner with three or four other technology vendors to help us supplement that. We diversify because our list of the touch points we want to automate and minimize is so long that any one of these three or four vendors can't help us fast enough.

SMITH: Our finance department restructured its department and put into place a new financial clearance policy. Consequently, we're starting to see a reduction in denials and other benefits.

On the registration side, we have revamped our training and standardized the process throughout all our outpatient sites. And again, we're starting to see positive results.

We are looking at various vendors to enhance our pre-visit experience, which we hope will increase our co-pay collections, increase online payments and verify insurance coverage.

MEADOWS: We introduced an application that focuses on doing coverage discovery using logic to look across multiple payers in a thoughtful way. With some hospitals, we have seen up to a 40% identification rate.

I think that you'll continue to see innovation from players in this space and that it will accelerate. There are challenges in bringing together payer and EHR data within regulatory requirements.

KNIGHT: In 2018, we went through Epic Connect. A year ago, our Epic Connect partner divorced us and we had to switch to our own instance of Epic in May. We're still trying to recover from that. We have 12 prioritization teams. Each of our Epic modules had a lot of functionality that we wanted to implement. Our biggest challenge now is limited IT resources to implement all these fixes.

We try to use any bells and whistles that Epic has but, as mentioned, it's not always appropriate for the market. We need many improvements as well as the corresponding IT resources.

KRUGER: We're an Allscripts hospital and we have eClinicalWorks on the ambulatory side. We deal with a lot of interface issues. We have patients who show up in the hospital and if the medical necessity checks don't work, then it bogs down the whole registration or patient-access process.

We have severe staff shortages throughout our entire organization. We've changed our mindset in terms of how we deal with employees' working remotely. Historically, we would discourage folks from working remotely, but now we encourage it.

MODERATOR: We hear buzz about consumerism and patient engagement. How do you need to change processes to meet the needs of the health care consumer?

SMITH: We are laser-focused on our Press Ganey scores. We partner with our Family Advisory Council to set goals and ensure that we focus on what's important to our families.

Patients and families want more online scheduling and fewer touch points, so we are working to expand that. We are also working on various amenities on our Philadelphia campus and refurbishing our patient rooms. We've added iPads that we give to families on admission so they can sign up for MyCHOP bedside.

We are also refreshing our parking garages and offering discounted parking and discounted meal vouchers for our inpatient families.

MODERATOR: Bud, what are some ways technology and process improvement can help with patient engagement and consumerism?

MEADOWS: We've implemented an engagement-survey program, which makes communication more frequent and creates structure around staff engagement. The stress that staff experience, which you've described, takes a toll.

It's important to make that engagement more frequent and, when people provide feedback, we must demonstrate that we're responding to it, creating programs around it and holding ourselves accountable. That's so important to your employees. These principles of communication and engagement with patients and employees are areas where we are looking to continue to support our provider customers.

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