



# Build a Relationship with Patients Beyond Clinical Care

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# Meet the Presenters



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# Introduction to Montefiore St. Luke's Cornwall

- 242-bed, not-for-profit system
- 300 referring physicians on staff, representing dozens of medical specialties
- Serving over 270,000 patients from around the Hudson Valley
- Campuses in Cornwall & Newburgh, NY



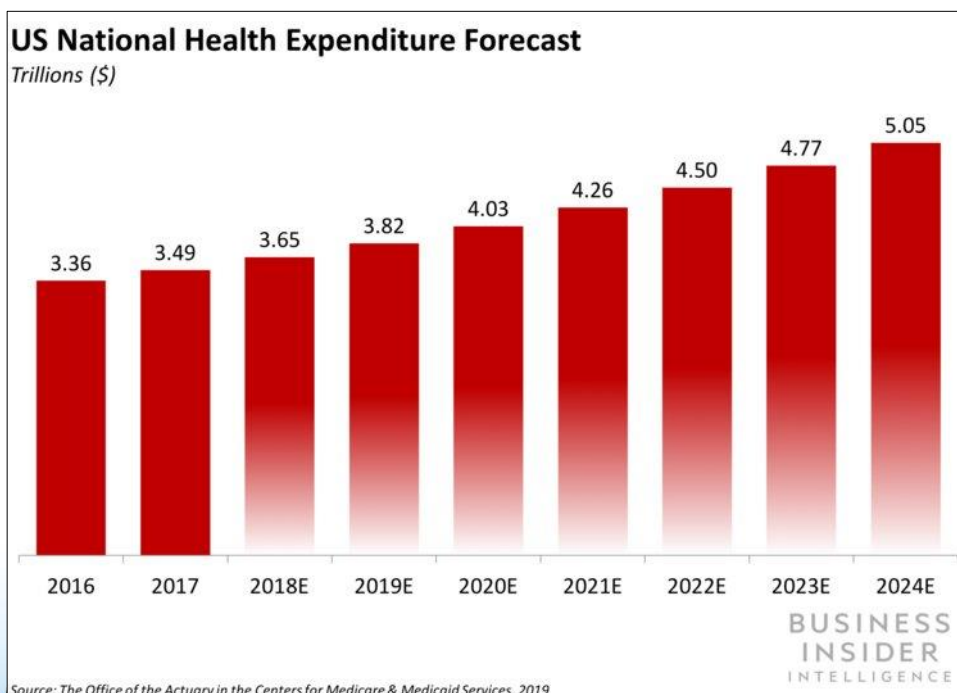


# Agenda

- The Increase in Patient Responsibility and How do we collect it and improve the patients financial experience at the same time.
- The Beginning Discovery and Initiatives
- Innovative Tactics for Improvement
- Strategic Impact
- Lessons Learned



# The Patient's Out-of-Pocket



- Out-of-pocket costs for inpatient services increased by 14% on average between 2017 and 2018
- Patients' deductibles and co-pays averaged \$4,659 for an inpatient visit in 2018, compared with \$4,086 in 2017

# Significant Patient Access and Collections Challenges

- Cash collections too low and slow
- Patient registration process too time consuming
- Limited point-of-service (POS) collection goals for staff at the individual or group level (tracked only by service type)
- Lack of understanding of why we do what we do



# St. Luke's Initiative Goals

1

Increase collections, especially at POS

2

Enhance patient financial services satisfaction scores to match high satisfaction levels with St. Luke's clinical services

3

Normalize pre-registration process for all outpatient departments

4

Decrease registration wait times, no-shows and cancellations

5

Collect and analyze patient data for those who fail to meet appointments to identify changes based on the patterns shown



# Current State Discovery



**Staff Interviews**



**Staff Observation**



**Data Review**





# Cultural Change

Patients need to know patient access processes have been completely transformed to change their experience for the better.

Clinical staff must be fully informed, and a clinical champion appointed for provider to provider discussions.

Engage front-end staff to spread the word. They make great change agents.



# Critical Steps for Change

1. Leadership buy-in (top down project)
2. Design and implement patient-friendly pre-access system model to include:
  - Consolidation of central scheduling
  - Streamline workflows across departments
  - Develop custom financial guidance and planning
  - Expansion of staff roles to cover registration and financial services responsibilities



# Automated Systems with Best-Practice Workflows

Automate and streamline workflows specific to patient needs by implementing people and technology systems.

Create short, simple, task-specific workflows to get higher compliance.

Introduce automation where necessary but don't over complicate workflows (just so you can automate)



# Automated Systems with Best-Practice Workflows

## Benefits:

- Estimates accurate patient out-of-pocket obligations, with real-time features that pinpoint the amount of patients' deductibles met to date
- Offers payment plan options tailored to each patient's budget and ability to pay
- Connects uninsured patients with financial assistance programs, when appropriate





# Pre-Access Registration Processes Design

To reduce lobby wait times, appointment cancellations and speed patients to their clinical destination by completing all or most of the process before the patient visit.

- **No-stop status:** The patient has pre-registered and cleared to proceed directly to the patient care area upon arrival
- **Quick-stop status:** The patient has pre-registered but has chosen to pay a copayment on the day of service rather than in advance
- **Full-stop status:** The patient must complete the entire six-step process before proceeding to the patient care area



# Accountability and Continuous Improvement

Capture and monitor productivity reports that measure individual and team performance, including the following:

- A daily activity report showing all transactions for that day
- A POS collections report, including missed opportunities
- An eligibility report for both active and inactive eligibility results



# Strategic Impact

## Results of Montefiore St. Luke's Patient Access Transformational Initiative

Measurements/KPI's	Benchmark KPI's Before Pre-Access	Targeted KPI's - 24 Months Post-Live	Actual KPI's - 24 Months Post-Live	2019 Results
Point-of-Service Cash Collections:				
Monthly averages (in dollars)	\$66,030	\$100,000	\$113,134	\$162,081
Scheduling: (In Minutes)	16	10	15	10
Daily Scheduling Goal per FTE	Not captured	40	30	35
Minutes per Call:				
Per-Registration and Collections	Not captured	6	8	5
Pre-Registrations :				
Daily per FTE	Not captured	60	55	62
Authorizations:				
Minutes per Account	20	10	15	12
Authorizations:				
Daily per FTE	Not captured	35	30	36





# Lessons Learned

How can your organization support a better patient access experience while boosting point-of-service collections?

1. Gain support from the top down
2. Invest in education for all patient financial services staff, **patients**, nurses and physicians
3. Define metrics for success, capture data to support them and make performance results highly visible
4. Reward employees for high performance
5. Continuous Education, the journey never ends





# Contact Us

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# Additional Resources

RCM Answers, June 19, 2019

[Costly Decisions: How Rising Healthcare Costs Affect Patients and Providers](#)

RevCycleIntelligence, May 20, 2019

[Pre-Access Center Collects More Patient Financial Responsibility](#)

Healthcare Business Today, February 7, 2019

[Moving the Needle with Personalized Patient Payment Plans](#)

Medical Economics, January 2, 2019

[The Benefit of Flexible Patient Payment Options](#)

