



The Role of Revenue Cycle in Elevating the Human Experience in Healthcare

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THE BERYL INSTITUTE

About The Beryl Institute

The Beryl Institute is a global community of over 55,000 healthcare professionals and experience champions committed to transforming the human experience in healthcare. As a pioneer and leader of the experience movement and patient experience profession for more than a decade, the Institute offers unparalleled access to unbiased research and proven practices, networking and professional development opportunities and a safe, neutral space to exchange ideas and learn from others.

We define the patient experience as the sum of all interactions, shaped by an organization's culture, that influence patient perceptions across the continuum of care. We believe human experience is grounded in the experiences of patients & families, members of the healthcare workforce and the communities they serve.



About HFMA

The Healthcare Financial Management Association (HFMA) equips its more than 75,000 members nationwide to navigate a complex healthcare landscape. Finance professionals in the full range of work settings, including hospitals, health systems, physician practices and health plans, trust HFMA to provide the guidance and tools to help them lead their organizations, and the industry, forward. HFMA is a not-for-profit, nonpartisan organization that advances healthcare by collaborating with other key stakeholders to address industry challenges and providing guidance, education, practical tools and solutions, and thought leadership. We lead the financial management of healthcare.



About Health Prime

Health Prime International (Health Prime) increases profitability for large and mid-sized health systems and practices by leveraging modern technology and best-practice protocols to reduce costs and drive efficiency. Datalytics, Health Prime's proprietary business analytic platform, identifies and prevents revenue cycle break downs. Health Prime offers end-to-end revenue cycle management, virtual front office services, bilingual patient service center, credentialing, coding, virtual transcription, and more. Health Prime's mission is to support healthcare systems, so they can focus on what matters most, their patients. For more information, visit www.hpiinc.com.

Why Revenue Cycle is Critical to the Human Experience

The experience movement in healthcare has been a broad and inclusive one from the start. With the acknowledgement that experience is *the sum of all interactions*, experience is and must be more than satisfaction or survey results. It also reaches well beyond the critical clinical encounters a patient has.

Experience encompasses all encounters *across the continuum of care*, well before and well after a clinical engagement and in all spaces in between. This is where revenue cycle plays an integral role in the synapses of a person's experience, from how they are communicated to in advance of care, to registration, to transition of information between care settings, to billing and follow-up. These touchpoints and interactions people have with healthcare organizations are the through-line of all they experience. For some, they are the very first and last impression they take into or away from their engagement with a healthcare organization. For others, they represent the ability to communicate in ways they prefer, receive bills they understand and even seek support in paying for care.

This paper will explore the vital role revenue cycle plays in ensuring the best in experience for every patient, family member and/or care partner a healthcare organization interacts with. It will reveal practices and processes that not only underline the critical contribution of revenue cycle on experience, but the true and lasting impact it can have.

There is a significant opportunity in this effort to reinforce the critical link of the financial services we provide our patients on the revenue cycle pathway with the way they experience their encounter with a healthcare organization. From the opportunities for first impressions to the last touchpoint with a healthcare organization on a care journey via billing, payment or even collections, revenue cycle has a significant role to play in how people perceive an organization. It can also overshadow or elevate the excellence healthcare organizations are striving to achieve in the delivery of care overall. Our contributors will help us dig deeper into this reality.

Essential to this work is the collaboration with our colleagues at The Healthcare Financial Management Association (HFMA), who this year is celebrating 75 years of addressing the critical financial issues in healthcare. This collaboration, as

so many we foster via The Beryl Institute, reflects the truly integrated nature of healthcare itself. It underlines the significant idea that if we are to ensure the best in experience, we must recognize and act to support every factor that impacts outcomes. HFMA's work has also been focused on the idea that financial management is not just a process to operate; it is an integral strategic thread that ensures healthcare's viability and sustainability.

This acknowledgement of the importance of revenue cycle, not simply as an operational function but as a strategic driver, frames the role that revenue cycle plays in the overall human experience in healthcare as well. The actions organizations take and the processes they implement impact far beyond the experience of patients, to those of the healthcare workforce who help drive and support these processes, and to the communities in which healthcare organizations operate who are impacted by the decisions healthcare organizations make.

That is the opportunity presented here and our shared hope. That when we move from simply discussing the key tactics of revenue cycle to acknowledging and acting on the strategic implications it has, we create an opportunity for learning, for change and for improvement. If we are to truly have a human experience in healthcare, we must recognize and act on all that impacts that experience.

Jason Wolf, PhD, CPXP
President & CEO, The Beryl Institute

Commentary

Now more than ever, people are asking questions about the price of health care. They are called on to make more decisions and pay more out-of-pocket for the services they receive. And they increasingly expect a financial experience that is on par with their other consumer experiences.

HFMA has always believed that revenue cycle has a key role to play in the healthcare experience, more than just the financial metrics. Organizations have focused on “customer service” training efforts and programs for all staff to improve various experiential measures to improve first (and last) impressions.

HFMA embarked on a formal journey several decades ago when it initiated the [Patient Friendly Billing®](#) project. This effort was established to help hospitals and health system leaders create a more patient-focused (and friendly) healthcare billing and collection process. From that work, it was clear that patients and their families wanted an increasing role in determining where and how their healthcare needs are met. And it is clear that non-clinical interactions with the patient have as much impact on patient satisfaction as clinical interactions.

More recently, HFMA created a series of focused reports and guidance, incorporating these findings and placing them under the [Healthcare Dollars & Sense](#) umbrella. Healthcare Dollars & Sense provides industry-consensus recommendations and best practices for meeting consumers' rising expectations, helping consumers make better healthcare decisions and improving the patient financial experience. Healthcare Dollars & Sense has four components: price transparency, patient financial communications, medical debt resolution and consumer education.

Our most recent guidance helps to provide insight into the following two questions:

- How consumer-centric is your organization's patient financial experience?
- What can you do to improve it, based on your organization's current level of consumerism maturity?

HFMA's [Consumerism Maturity Model](#) builds on our industry-consensus consumerism best practices to guide hospitals and health systems in their efforts to improve their patient financial experience. The guidance provides

a self-assessment tool and online calculator. Organizations can learn whether their consumer maturity level is consumer-centric, emerging, initiating or undeveloped. From there, they can use the specific results from their Consumerism Maturity Index Score to create a process improvement plan that is tailored to their organization and patient population. From scheduling appointments to resolving pre-authorizations to submitting claims—and much more—organizations will come out of this self-assessment process with a roadmap for improving patient financial experience.

We are pleased to partner with The Beryl Institute on this paper that further shines the light on the importance and impact of the crucial role revenue cycle plays in elevating the human experience in healthcare. Our members strive to have a world-class financial experience for their patients, customers and consumers that is on par with the outstanding clinical experience they currently deliver – they are both integral components to successful outcomes for the communities they serve.

It is our hope that this paper continues to move forward and elevate the importance and impact revenue cycle has on the human experience in healthcare.

Todd Nelson, FHFMA, MBA

Director, Professional Practice & Partner Relationships, Chief Partnership Executive
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Insights on Revenue Cycle and the Human Experience

"A good revenue cycle really bridges your financial experience and patient experience into consumer experience."

To best understand the core ideas and key practices linking revenue cycle to experience, we talked with several leaders across the industry from a range of backgrounds, roles and organizational perspectives. From financial service leaders of integrated systems to revenue cycle leaders in more rural settings, from strategic leaders in academic settings, to experience leaders in large national systems, we found a core set of ideas that were essential to aligning revenue cycle to experience. These ideas not only reveal the critical strategic effort required to ensure a clear linkage of revenue cycle efforts to experience, but they also challenge us to move rapidly in this direction for those organizations that may be slow to progress.

The bottom line is the consumer is listening, they are talking and they are making decisions about our organizations based on all touch points they have with healthcare today. Revenue cycle no longer simply reflects the processes it takes to move people through a healthcare journey. Rather, it now represents the strategic touch points that tie a patient journey together. It has influence over people's perceptions of their care and has a broad and lasting effect on how organizations are perceived and ultimately chosen by consumers in healthcare today. Healthcare organizations now take great risk if they do not ensure their efforts in revenue cycle are integral to the experience they look to provide to all they serve.

Why Revenue Cycle is Critical to Experience

The first question we asked our interviewees was *"Why do you believe Revenue Cycle is critical to the experience we provide in healthcare overall?"* We started broadly with the intent of framing the issue, but what emerged were some critical insights that took us even further to establishing a foundation of importance. Jill Buathier, Chief Revenue Cycle Officer, Stanford Health Care, put it directly in describing the criticality of revenue cycle, "We are the first and last impression to our patients and families."

This idea was repeated in almost every conversation we had, and the implications of this was clearly understood and shared as well, as Katherine Cardwell, Vice President, Revenue Cycle, Oschner Health, offered, "We believe we are an integral part of the patient's overall experience. We truly feel that a patient can have the best clinical experience at our facility, and if they do not have the same level of service from a financial perspective, it can ruin the overall feelings about their care." The acknowledgment of not just impression but real impact on perspective is a key point, as it is clear to state that revenue cycle is a part of the "sum of all interactions" central to the definition of experience itself.

Tiffany Huston, Director, Patient Financial Services, Door County Medical, reinforced this idea, sharing, "Not only do you have to consider the patient's care experience, but revenue cycle captures and shapes the financial experience, and you can't have one without the other." Building on this idea of financial experience and the clarity needed to ensure the best experience, Corrie Quaranto, VP, Financial Services Customer Experience, Northwell Health, added that while revenue cycle is clearly a part of experience, the terminology in its own right feels as if it is something disconnected from experience.

The term "revenue cycle" speaks to the healthcare organization's ability to generate and ultimately collect revenue; it is a process for the healthcare organization, not necessarily for those it serves. But if we address this from an experience perspective, Quaranto felt a shift in language was necessary, as this is "not a clear way for how a patient identifies their responsibility or billing requirements in their care encounter." She added that if we are to truly ensure an experience focus, "we need to start with the terminology alone. Number one, we need to speak patients' and family members' language." This had her rebrand her department's work to Financial Services, and in the terminology shift you can see how a focus on

serving versus one of generating revenue takes a critical tack toward experience.

This mindset shift was also underlined by Tatyana Popkova, System Senior Vice President & Chief Strategy Officer, Rush University System for Health, who offered, "A good revenue cycle really bridges your financial experience and patient experience into consumer experience." She continued, "That is the nature of our world today. In healthcare, we are looking for services, so we are finding our information to make choices the same way we are making choices for anything else." This led to her final point that in integrating revenue cycle and experience, we are working to "develop a long-term relationship with patients and our brand. [A positive revenue cycle experience] impacts the time when we can or cannot see patients and care partners. It's also impacts if they even choose us for care."

This idea of revenue cycle, or should we say financial services, as being a means to expand our capacity to deliver a better overall experience was where this initial question led us. Marie Judd, National Vice President, Patient and Consumer Experience, Ascension, shared a key story that also reinforced that addressing the revenue cycle with an experience mindset was not only about impacting patient and family members. As she said, during her early days of taking on her experience leader role:

There was a primary care physician in our Milwaukee Market who was so highly regarded, and she was everything that you'd want in an exceptional experience; an overall amazing doctor, community member, she was it. I spent some time with her, and I interviewed her when I was trying to learn about what it looks like to create a great experience in healthcare. And I said at the end, "What can I do to make it easier for you to do what you want to do to care for our communities and patients?" And she said, "Make it so I don't have to talk about billing for the first five minutes of every appointment. Then I can spend those five minutes getting to know my patients, what matters to them, and really getting to know them as a person, so I can take the best care of them." She adds, "Fix the billing, so this isn't a thing." And that was my first entrée into how experience, care and revenue cycle all interact, and when we don't do it well, how that gets in the way. It can but doesn't have to be an unnecessary barrier to delivering on experience.

Our contributors helped us see the general breadth of the revenue cycle and recognize that there were also opportunities for change. We need to approach revenue cycle, as we have started to in the rest of healthcare, with a consumer perspective, as referenced in HFMA's Patient-Centric Revenue Cycle Roadmap (Figure 1). As reflected here, we best support our patients and their families and care partners by clarifying language, simplifying process and shifting mindset from one that is inward-looking focused on how to best collect to one that is externally service-focused. That is not only where revenue cycle can be important – but where it must.

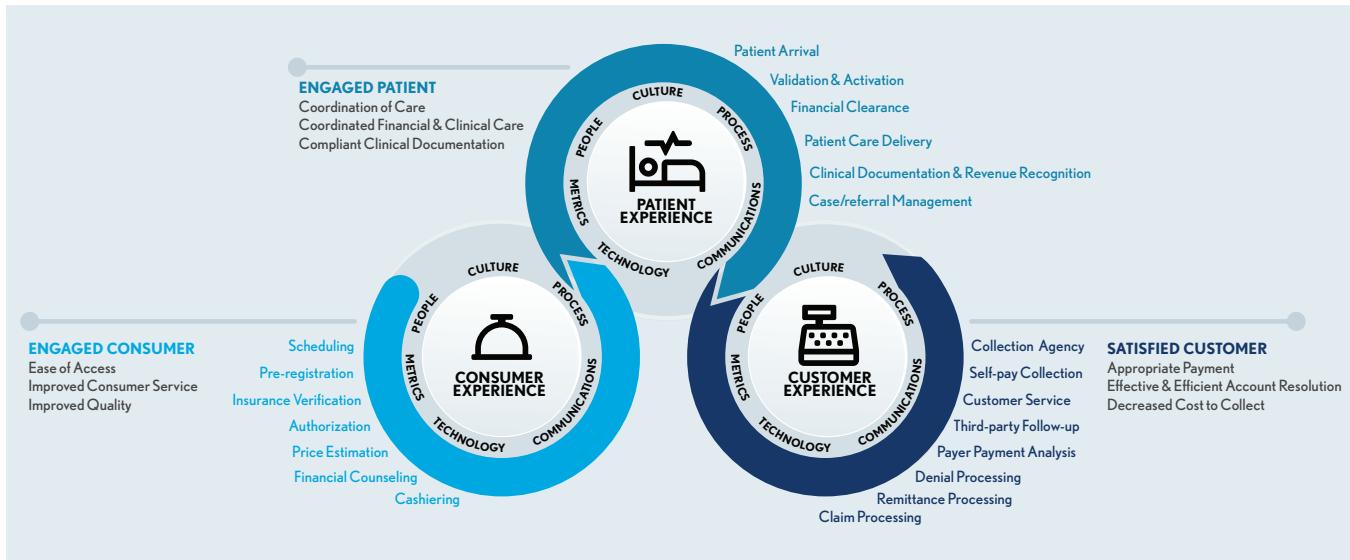
Why a Focus on Experience Is Important

The idea that experience is a commitment at the heart of healthcare is central to every conversation we have at the Institute. This realization has rapidly expanded in recent years, and the importance of a commitment to experience is evident in a significant number of healthcare organizations. Among the contributors to this paper, we have two Chief Experience Officers who reinforced the critical needs to integrate the revenue cycle strategy into larger organizational efforts.

Alpa Vyas, Chief Patient Experience Officer, Stanford Health Care, and her colleague Jill Buathier reflect on the importance of experience through their partnership itself. Alpa offered an example of the criticality of why this experience focus is so important. "If we think about the patient journey from before, during and after events of care or across the continuum itself, the initial entry into the system, especially for a new patient, is really important. Establishing trust and really thinking about how we set patients and care teams up for success is important," she shared, adding that the teamwork needed to weave experience with revenue cycle must be purposeful and intentional.

That underlines the critical realization of the importance of experience at all touchpoints within an organization. Jill Buathier added on why experience is important to what she does in revenue cycle and all they do at Stanford Health Care, "The patient and family are at the heart of everything we do." She continued, "And while we (revenue cycle) are not in the limelight, what we do touches and impacts patient and families every day." They both acknowledged that the impression they leave and the trust they build supports the achievement of the outcomes they seek from quality and safety to financial and service. This partnership truly reflects what a focus on experience and, even more specifically, why a focus on experience in revenue cycle is critical.

Figure 1. HFMA's Patient-Centric Revenue Cycle Roadmap.



This partnership idea was reflected by Marie Judd, as well, and underlined in practice why experience is essential in action. She shared, "We've been really looking at what the patient and family journey looks like in scheduling, registration and billing and where the pain points are. Where are the moments that matter? And we've been taking a cross-functional look at those journey points. There is a group of us, a triad, that now meets every month, including myself, our vice-president of our digital studios and our senior vice president of revenue cycle, looking at digital solutions and how we could make things better. We meet and talk about those moments of intersection and how can we best learn from the voices of those we serve." This idea of partnership gets beyond the words of why experience is important to the actions it takes to ensure it is.

The realities of why experience is important is grounded in evidence of better outcomes, higher loyalty and stronger results, but it all comes back down to some fundamental ideas that

ensure this can happen. While this paper will not lay out all we can and must do to implement experience strategies, it is important to reinforce the underlying principle, as Katherine Cardwell pointed out, "We know our patients want us to meet them where they want to be met."

Tiffany Huston expanded this idea in sharing why she believed a focus on experience was so critical. "One of our values is that we keep patients first in everything we do. One of the first questions we ask is, 'How is this going to impact our patients?'" She shared a story of how a member of her team responded to the question on how they impact the experience people had in their organization. She said, "One of the people on our team stated, while we may not see it, we are saving lives. I may not have a scalpel in my hand, but I'm making it so that scalpel is there." What is so essential in this statement is that individuals working in the revenue cycle, through their efforts and actions, are acknowledging and acting on the importance of experience every day. Tiffany added that when

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they have the opportunity to speak with patients, "we're taking that worry away."

Tatyana Popkova brought the conversation back to the fundamental result of a commitment to experience itself and summarized for all the foundational connection of this question to revenue cycle itself. She offered that a focus on experience is strategically critical as "it's about somebody choosing us. And that goes back to developing that relationship with the hope that whoever gets in touch with your experience and your brand then decides to choose you. We have to do all we can to support people in making that choice, and experience is that glue that helps us to bridge from one transaction to another."

This is an incredibly powerful metaphor for the importance of experience itself. Reflecting as our contributors did, experience happens at all touch points on a patient journey and in the spaces in between. This idea of experience as the glue, the binding that holds an organization's efforts together and connecting its people to purpose and its patients and community to what matters, placed a commitment to experience squarely at the foundation of a healthcare organization's ability to achieve the results it seeks. And this must be something on which focus must never waver.

Actions Taken to Address Experience

It was evident in our conversations with contributors that they were all committed to experience excellence and to taking the steps needed to move forward. From strategic decisions and engagement to clear and specific process changes, these leaders reflected what a focus on experience can do in integrating revenue cycle into experience strategy.

As was shared from Corrie Quaranto above, the language we tend to use in revenue cycle is very inward and operationally focused. That can make it less accessible and difficult to understand for patients and family members. One of the most significant actions they took to start their efforts was reframing the revenue cycle from the lens of the consumer. She said, "First, we rebranded. We changed our name to financial services; we rebranded our titles, and our team members had a say in their titles. We created a new mission and a new vision, and we introduced it to the team so everybody had a guiding path towards the same mission and vision." This rebranding from a focus on driving revenue to a commitment to providing

service did not change the internal purpose of the work but reframed how people saw it, approached it and communicated about it. This strategic shift has seen great results in engagement with patients and in outcomes.

The impact of actions on outcomes at a strategic level was something also expressed by Tiffany Huston. She shared in a commitment to "seeing the good in what we do," as was exemplified in the story shared above about her team members recognizing they were impacting lives through their work. At Door County, they built a powerful system of educators that help inform and increase the financial knowledge of their patients, families and communities. They shifted from "collectors" to partners who support people in managing the financial side of healthcare, so they could spend more time focusing on their care and their healing. This strategic shift aligned with Corrie's idea above, that when revenue cycle shifts from one of driving a revenue engine to one of partnership and service, education and support, the results you realize can and are in most cases even greater. While we discuss impact later, it is important to connect to outcomes now, as in the shift Tiffany shared about Door County cash collection dramatically increasing and days in accounts receivable dropping by weeks. When we address this work from an experience lens, it is clear we can change results.

It is with that perspective that the partnership among experience and revenue cycle functions becomes even more critical. As Alpa Vyas shared, "Revenue cycle has been a strong partner at the table since we started our patient experience effort." A key part of this, she added, is how those in revenue cycle clearly saw themselves as part of the overall care team and took that perspective in their commitments. It was from that lens that Jill Buathier shared some of the tangible actions they took from a revenue cycle perspective. She specifically noted, "We had to address things from the view of our consumers, so we worked hard to create an effective means for self-service; we worked on optimization and ease of processes and ensuring convenience, and we became financial advocates (versus collectors), so we were seen as partners with our patients." Most importantly, she added, they were intentional in engaging patient and family voices as they looked at the opportunities for improvement and actions they took, which ensured an "outside-in" perspective.

In digging deeper into some of the tangible practices people undertook, Marie Judd talked

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about how they used the leadership triad she shared above to do true journey mapping to "understand the moments that matter." They worked to take a cross-functional look at those journey points, and then engage people in the process to "learn from the voices of those we serve." Tatyana Popkova continued on this point, stating, "First, we have to get the organization to realize how integrated the experience should be and how we all, every team member that does something at Rush, whether it's patient-facing or not, impacts that experience." She continued, to do that they had to focus on educating their teams on how they are part of and have an impact on the experience they provide. They are working to put together co-management systems and processes across the care journey so people engage in the integrated nature of the work. They started tracking data to measure true consumer sentiment to see if they were addressing experience effectively for those they serve.

Katherine Cardwell shared a tangible and current reality for revenue cycle tied to experience: pricing transparency. With new regulations in place, the requirements for organizations to be clear in their pricing is requiring new and different work designed to be more helpful for consumers of care. The results of this policy intent are still to be seen, but the efforts required for organizations are real. She talked about three critical levers to ensuring transparency. The first is providing estimates prior to select services, which includes calling patients in advance of procedures as well as providing financial decisions on cost, insurance coverage and more. The second is establishing a Central Pricing Office to support pricing questions from patients, clinicians and administrators, provide estimates for services and provide information for those comparative "shopping" based on cost. Lastly, she noted they offer self-service estimates through their patient portal and external website.

From the strategic idea of reframing how revenue cycle is viewed and how it engages patients and families as resources not collectors, to real tangible practices to make the healthcare journey more transparent to all, it is clear there are tangible

actions healthcare organizations can take to ensure an integration of revenue cycle efforts into their experience strategy. What we learned from our contributors here is that organizations who do not consider this shift do so at a cost and will face missed opportunities for engagement with their communities, consumer loyalty and better results overall. Yet, with all this intentional effort, there are still challenges to overcome.

Challenges in Linking Revenue Cycle to Experience

While there is a clear and measurable reason for linking revenue cycle to experience, there still are realistic challenges to overcome, of which we should be aware. In identifying these issues, we too can work more quickly and collaboratively to overcome them. Picking back up on the points from Katherine Cardwell, even with their best efforts to ensure access to information and understanding, she acknowledged they still have work to do in educating the healthcare consumer. She notes a significant challenge remains "in finding the best ways to provide proactive benefits education to our patients so they understand their benefits prior to their service." While a challenge, this profoundly frames an experience mindset, and it shows a commitment to helping educate your consumers, especially as it relates to revenue cycle issues, is inherently a critical experience strategy.

This reality was shared by the team at Stanford. Alpa Vyas acknowledged, "The way we transact in healthcare is so fundamentally different from how we transact in any other business relationships. So you take somebody out of a mental model of something that they're used to (for example shopping on Amazon for their convenience and price transparency) and then put them here in healthcare and, of course, it's not going to make sense." This macro need to educate consumers is also met with internal challenges as framed by Jill Buathier, who offered, "I'm not quite sure leaders always understand the contributions we can and do make. Much of this is due to the fact that it remains hard to measure our direct impact on the patient experience itself."

"When we changed our mindset from saying the end goal is to collect the dollar to the end goal is to educate the patient, we ended up with greater results."

The challenge of educating consumers remained a common theme as Tiffany Huston shared, "The patient challenge would be the misinformation that's out there about price transparency and just continually trying to educate our consumers and show them we are here for their interest." She added an internal challenge that, oftentimes, the revenue cycle team is seen as asking people to do more, document more, provide more information, etc. Critical to this, she said, is not only educating fellow staff members on why this information is important to a series of processes including being paid effectively and efficiently, but it also enables a seamless experience for patients and families. When staff support the revenue cycle needs, they too are supporting the overall patient experience.

The challenge of staff leads to a bigger opportunity identified by Tatyana Popkova who said, "I think overall its resource allocation." In sharing this, she was not suggesting we just add people to the process but we need to resource revenue cycle in new and strategic ways to be proactive in our actions, as exemplified by other contributors here. She continued that we need better systems and processes, means to gather data and to use that data to show impact and drive improvement. She noted that this "lack of intelligence and data of what's effective" is also hampered by some of the regulatory obligations and traditional collection process cycles. It also reinforces a less-than-responsive and even sometimes adversarial relationship between organizations and those they serve, instead of fostering a collaborative relationship in support of one's care journey. This mindset change is what so many of our contributors called for.

In the end, Marie Judd encapsulated much of this as it relates to Ascension but played out in all sizes of organizations. The first is the "scalability and complexity of the revenue cycle" for those who experience it or support it. We must make it easier for all users. The second item she spoke to is the need for personalization and the commitment healthcare is taking in moving in that direction.

Both items reinforce the challenge we have to ensure simplicity and usability of a system and process that should align patient and healthcare organizations – not divide them. Underneath this, she offered, is the real need, as others have shared, for consumer education. "Just like when you get your iPhone and take it out of the box, you don't really need a lot of training to do what is needed. We need to help people feel the same way about their experience in healthcare. Our ultimate challenge is to make the complex simple."

Outcomes and Impact from a Focus on Experience

Even in the face of these challenges, our contributors, through their commitment to integrating revenue cycle into experience, are seeing some clear results. As Corrie Quaranto emphasized, "When we changed our mindset from saying the end goal is to collect the dollar to the end goal is to educate the patient, we ended up with greater results, and we contributed to our patients' overall experience with our organization."

The commitment to education was also noted by Tiffany Huston earlier, as she shared the impact of significantly greater revenue capture and dramatically reduced days in accounts receivable. But in addition, she noted two other clear outcomes not traditionally aligned with revenue cycle. First, this shift in focus positively impacted the culture of the organization itself, as people were excited to be part of something that was a resource for others versus working to take something from them. This effort strengthened engagement, lowered turnover and supported recruitment of new people. At the same time with this commitment, Door County was able to weave itself into the community as the revenue cycle team became advisors and a source of support to people. This relationship drew people in, supported their healthcare needs and contributed not only to greater loyalty but to the opportunity for better health and well-being in the community itself, as people understood and found ease in their path to seeking and getting needed care.

"The best clinical outcome and patient experience could be completely ruined by a negative consumer experience via revenue cycle."

Many of our contributors came back to the larger point that an ineffective revenue cycle encounter can undermine the greatest of clinical experiences, so we need to be focused on outcomes at every touchpoint. Tatyana Popkova stated, "The best clinical outcome and patient experience could be completely ruined by a negative consumer experience via revenue cycle. Then we lose that person and everything that we put into not only clinical care but also into developing that loyalty and relationship." She also offered that the ripple effect of that break in loyalty reaches beyond just that single encounter and into our communities.

Jill Buathier underlined that very point: the feedback received and formal feedback via surveys that have financial implications for the organization can be impacted by something some people might not consider, such as billing issues. This lack of thinking about the whole of experience can influence the capacity to ensure the best outcomes or becomes a roadblock to achieving them. She added that a bad billing encounter, for example, "could overshadow the results of a clinical experience and cost us to lose a patient, even if we did everything right clinically."

This idea of what is ultimately impacted by a focus on experience in revenue cycle reaches beyond the typical revenue cycle metrics, suggested Katherine Cardwell. We can track dollars collected, time in A/R, check-in and registration efficiencies and more, but the ultimate measure, as she noted, was "patient loyalty" which results from ensuring a consumer-centric perspective. She added, "Our patients are our first priority, so it is important for us to do everything possible to help them in their healthcare journey." Alpa Vyas added to this point that the outcome they ultimately achieve may be more for the patient than for them, offering, "We relieve stress from what is already most likely a stressful situation by allowing them to focus on what matters to them as patients and family members. Their focus should be, number one, get healthy, to stay healthy and create the

best outcome for themselves in whatever issue they're dealing with."

The ultimate impact we may have is to make things easier, as Marie Judd offered earlier. We have an opportunity to make the complex simple so we are seen as partners and advocates; that may be the best outcome of all. As she shared, "When we make it easy for patients and consumers to move through the revenue cycle, to get the information they need when they want it, how they need it, it allows us to better deliver on our promise of compassionate, personalized care. It gives us the time and the space to build relationships and, most importantly, to care for them holistically and build trust. It allows us to do what we want to do most and best: care for the communities we serve."

The ideas of loyalty and trust, care and culture, engagement of workforce and communities and patients and families show just how intricately woven the human experience is to all that is done via the revenue cycle. Those who overlook or minimize this connection do so at great risk. There are outcomes to be realized, and all involved deserve and, I believe, expect nothing less.

Leading Forward with an Experience Mindset

"We need to rethink revenue cycle from the outside in, and we must do so with the voices of those who engage in revenue cycle every day."

Our contributors helped us identify some critical ideas to consider in acknowledging the role of revenue cycle in impacting experience. They also revealed a clear alignment regardless of organization size or focus, leader role or accountability. While several tactics and points of focus were revealed by our contributors, there seemed to be three key strategic considerations in leading forward.

1. Establish and build from a foundation of partnership

In every case, our leaders revealed the critical need for revenue cycle to partner and engage with their experience counterparts. This partnership helps ensure that revenue cycle efforts are built from the perspective of those a healthcare organization serves, versus simply its own operational needs. The shared expertise of revenue cycle and experience leaders in conjunction ensure a comprehensive and integrated strategy but also a critical line of sight to all the touchpoints on a patient's journey. This partnership also reinforces to entire organizations that every touchpoint matters, and the role everyone plays either in capturing information and providing critical data to delivering or supporting care are integral to the overall experience people have, the trust they have in an organization and the loyalty this ultimately leads to.

An essential part of partnership also offered by our contributors is that revenue cycle needs to be designed with the involvement of patients and families. The best technology or most efficient processes are only as effective as the experience people have with them. The lessons learned here underline that, first, we need to rethink revenue cycle from the outside in, and we must do so with the voices of those who engage in revenue cycle every day.

2. Make the complex simple AND accessible

Building on the idea of partnership and the inclusion of consumer voice, all too often healthcare continues to create systems and processes designed to manage the chaos of the system for those who operate it, without thinking about how those engaging in healthcare are impacted or considering their user experience overall. There is an emerging acknowledgment that our siloed approach to work in healthcare was created to support people as operators and administrators to manage the dynamic and chaotic environment. This leads to distinct and disconnected efforts that leave potential cracks for patients and family members to fall in. They also force a competition for resources and a disconnect in process that diminishes our capacity to provide superior experience. It is essential that we look at healthcare from an integrated perspective, and as noted above, from the lens of a patient or family member. They do not see distinct silos, nor do they want to; they seek and have one experience and see it that way.

We must come to recognize that in our effort to manage the complexity of healthcare for ourselves in healthcare, we often do make it more complex and complicated for our patients and families. Our contributors reinforced the need to make processes easy, clear and understandable, and in doing so, we make things easier and clearer as well for our teams in healthcare. Ensuring process overviews and transparency, better self-service options and access to information where and in what ways patients want and need it will be critical to reinforcing revenue cycle as a contributor to a better experience. It also ensures people can access us with ease and confidence overall. Our work in revenue cycle should not be to add burden to a patient's journey of care and healing but to create more space so that they can.

**"A shift from the role of adversary to advocate
is also central to this effort."**

3. Commit to a focus on advocacy

While we do not address or break down every process encompassed in the revenue cycle through this paper, the overarching theme is a need to redesign and even rebrand revenue cycle from a function grounded in the expectation that our patients and families do FOR us (i.e., fill out forms, file claims, pay bills, etc.), to refocusing on all we can and must do for them and our communities, in supporting their care and well-being and in easing their burden. The reframing of the revenue cycle mindset from one focused on collections to one offering financial services and an operational shift from being a function managing process to a relationship-based resource will change the revenue cycle game completely.

As shared above, a shift from the role of adversary to advocate is also central to this effort. Healthcare organizations and revenue cycle teams can be on the front line of educating consumers, both patients and family members and their communities, and support them in navigating the complexities of healthcare. They too can simplify processes for internal teams that must feed needed information to the revenue cycle team. In addition, they can serve as champions in underlining the impact the patient and family encounter with revenue cycle has on the overall experience one has in healthcare.

In reaching out in service and in simplifying process, those leading the revenue cycle are building high value touchpoints and giving time back that affords the opportunity for building stronger relationships and more space for care to occur. And in building stronger relationships, we ensure the achievement of better outcomes overall. In the end, a commitment to advocacy leads to better things, reduces stress and supports healing and establishes community relationships that build far-reaching and lasting roots in the communities we serve.

It is clear the juxtaposition of revenue cycle and experience reflect the integrated reality that

people seek and even expect. As shared by all our contributors, what happens in revenue cycle does, without question, impact the experience people have in our healthcare organizations. We cannot and must not leave that to chance. Partnership, simplicity and advocacy are must-dos if we are to find success and drive the best in outcomes as we move into healthcare's future.

Revenue Cycle is an Essential Driver in the Human Experience

"It is crucial that a focus on revenue cycle excellence is not simply about a more effective function, but more so, it reflects a clear and critical commitment to ensuring the greatest of experience."

We started this paper with the stated intent that we must not only recognize but also act on the critical role revenue cycle plays in the experience people have with healthcare organizations. This should not be a novel concept, as the financial touchpoints we have in almost any other industry are unquestionably critical components that shape our perception of experience. Our contributors above only further reinforced this point by sharing their stories and realizations, practices and insights that helped us hone our idea that relationships, simplicity and advocacy serve as three guideposts to an experience transformation and integration for revenue cycle.

Thank you to our contributors who brought powerful insights and reflected a true grit and openness on the strengths and needs we must address to ensure better financial services through the revenue cycle. They helped us frame essential lessons on which we can and must build. At the same time, we are grateful for our collaboration with HFMA who has championed the critical practices needed to expand the strategic considerations for revenue cycle and expand an experience mindset into healthcare financial management. It will take all roles in our healthcare institutions to understand and act on the integral and integrated nature of experience if we are to truly realize the results we know are possible. Thank you to the entire team at HFMA for championing this cause.

The bottom line as shared by all who contributed to this work is that what happens in the revenue cycle across all its touchpoints is not a disconnected part of our healthcare encounter. From a patient perspective of experience, how we enter care and how we are asked to register to the prices we are charged and how we receive and understand our bills (or don't) has an impact on the patient experience. The process requirements, documentation processes and the time we take away from our clinician's ability to spend direct, quality time with patients and families impacts the workforce experience. A commitment to education and

accessibility, to meeting people where their needs may be and ensuring they have the information they need touches the community experience.

Altogether, these opportunities reflect that revenue cycle plays an integral role in the human experience in healthcare (Figure 2). This integration of patient, workforce and community experience is a natural focus and commitment for the revenue cycle function, for all it covers has broad and far reach and impact. As our contributors revealed and we reassert here, whether we strategically plan for it or not, revenue cycle impacts the experience people have in healthcare. It is part of the lasting story people will tell about their personal encounter with a healthcare organization. Therefore, it is crucial that a focus on revenue cycle excellence is not simply about a more effective function, but more so, it reflects a clear and critical commitment to ensuring the greatest of experience for all who healthcare serves. It is what our patients and families deserve, our workforce seeks and our communities hope for. Revenue cycle is and will always be an essential driver in the human experience. We now must ensure this focus and commitment never wavers.

Figure 2. The Human Experience in Healthcare



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Enhancing the Patient Experience Through the Use of Interactive Technology



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- Easy-to-read KPI Dashboard
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- EMR & PM vendor agnostic

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