# ECLIPSE INSIGHTS

# Access to Care

How Industry Trends Have Redefined "Patient Access"

# Speaker Background

> **Kelly Krulisky** leverages more than 20 years of healthcare consulting experience. Kelly has a history of partnerships with healthcare providers, payers, and government clients that have consistently delivered on net revenue and performance improvement objectives. Kelly's primary area of focus is Access to Care with expertise in designing solutions and operational-technology alignment across Referrals, Scheduling, Financial Clearance, the Patient Financial Experience, as well as the Digital Patient Experience. Kelly has additional experience in leading engagements across the entire Revenue Continuum, as well as with Epic, Cerner, and MEDITECH EHR's. Prior to joining Eclipse, Kelly worked at additional healthcare advisory and SaaS firms including Nordic Consulting Partners, MedeAnalytics, Huron Healthcare, and PricewaterhouseCoopers.

> **Eric Wilberg** has more than 17 years of experience working with more than 40 hospitals and health systems, including large multi-facility systems, community and critical access hospitals, academic, and regional medical centers to improve net revenue and revenue cycle efficiency. Eric is a Certified Healthcare Financial Professional (CHFP) and Fellow with the Healthcare Financial Management Association (FHFMA), serves as the current Vice President and Board Member for the Colorado Chapter, and holds additional specialist certifications in Revenue Cycle, Business Intelligence, and Physician Practice Management. Eric is currently a Managing Director with Eclipse Insights.
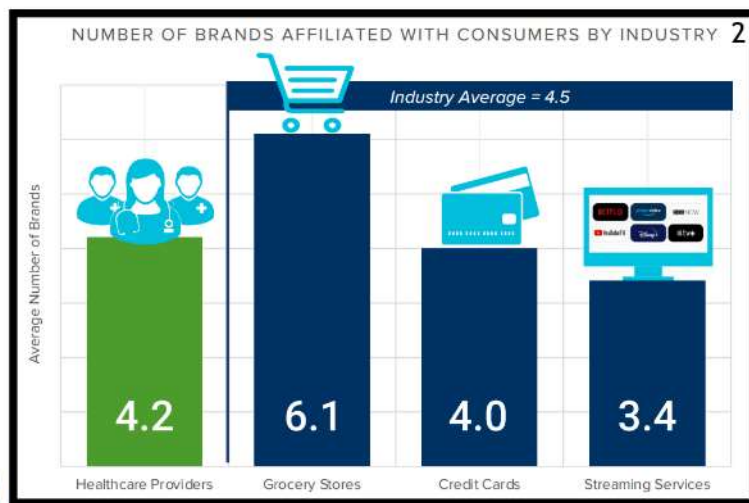
# TODAY'S OBJECTIVES

**01** | Identify Access Industry Trends & Value Drivers

**02** | Review the Components of Access & Various Access Models

**03** | Discuss Technology Infrastructure & Considerations

**04** | Build a Governance Model & Decision-Making Framework

**05** | Calculate ROI & Review Case Studies

# Access Value & Industry Trends

# Industry Trends in Access

ECLIPSE INSIGHTS

*"Access spans the patient's journey through engaging with a system, identifying a provider and receiving care. The goal is to develop a patient-centric, welcoming, efficient and effective patient and referring provider experience..."[1]*

NUMBER OF BRANDS AFFILIATED WITH CONSUMERS BY INDUSTRY [2]

Industry Average = 4.5

Average Number of Brands

| 4.2 | 6.1 | 4.0 | 3.4 |

Healthcare Providers | Grocery Stores | Credit Cards | Streaming Services

➢ **80% of patients** say that they select providers based on convenience factors alone[3]

➢ **64% of medical group leaders** indicated access/scheduling is their top patient experience priority[4]

➢ **38% of patients** would switch providers if costs of care were difficult to obtain before a visit[5]

➢ **36% of patients** would leave a provider if the billing process were difficult to track or understand[5]

1. Ernst & Young 2021 Integrated Health Care
2. Trilliant Health 2021 Trends Shaping the Post-Pandemic Health Economy
3. Beckers 2019 Healthcare Consumerism
4. MGMA 2022 Patient Experience
5. HFMA 2023 Patient Financial Experience

# Access Goals & Value

**ATTAINABILITY FOR YOUR COMMUNITY; SUSTAINABILITY FOR YOUR ORGANIZATION**

Referrals Navigation

Financial Clearance

Appointment Confirmation

## Value:

↓ Access-Related Denials

↑ Staff Efficiency

↑ Patient Experience

↑ Patient Retention

# Bottom Line: Redefining "Patient Access"

## RE-FRAME THE PATIENT AS THE CONSUMER.
## CONSUMERS PRIORITIZE EASE, CONVENIENCE, AND TRANSPARENCY.

ECLIPSE INSIGHTS

**Hospital-Based Appointments**

**TRADITIONAL REVENUE CYCLE PATIENT ACCESS FUNCTIONS**

Financial Clearance → Registration / Admissions → Financial Counseling

**CLINIC-BASED FUNCTIONS**

PROACTIVE & REACTIVE CARE DEMANDS

INCOMING PROVIDER ORDERS & REFERRALS

INCOMING PATIENT REQUESTS

### EXPANDED ACCESS POSSIBILITIES

- Referral Navigation
- Scheduling
- Financial Clearance

- Pre-Registration
- Financial Advocacy
- Admissions / Registration

*Online Capabilities across Functions*

# Access Definition & Scope

# Access Functions & Scope

**Referral Navigation**
- Intake & Transcription
- Data Integrity
- Network "Keepage"

**Scheduling**
- Incoming Patient Requests
- Referrals-Driven Outreach
- Reminders-Driven Outreach

**Financial Clearance**
- Eligibility
- Benefits
- Prior Authorization

**Pre-Registration**
- Estimates
- Encounters
- Demographics

**Financial Advocacy**
- Medicaid/SSI
- Financial Assistance/Options
- State/Local Programs

**Admissions/ Registration**
- IP/OBS Notification
- Benefit Navigators
- Check-In & Forms

# Organizational Structure: Just One Version

ECLIPSE INSIGHTS

## Access Center
## (CXO, COO, CFO)

### Referrals Management

- External Order Transcription
- Referral Completion
- HMO Requirements

### Financial Clearance

- Eligibility / Benefits
- Prior Authorizations
- Estimate Completion

### Scheduling & Pre-Reg

- Inbound Patient Calls
- Outbound Patient Calls
- Care Gap Closure
- Provider Match (New Patients)

## Patient Registration
## (CFO)

### Admissions

- IP/OBS Payer Notification
- Benefit Navigators (Floor Visits)

### Registration

- Check-In & Forms
- Time-of-Service Collections

### Financial Advocacy

- True Self Pay Screening
- High Cost SPAI

ECLIPSE INSIGHTS, LLC. Confidential and Proprietary.

10

# Patient Flow through Access: Just One Version



ECLIPSE INSIGHTS

**Top row:**
ED Verification → Notification → Benefit Navigator → Financial Advocacy    Care Gap Closure / HCC / NSQIP

**Bottom row:**
Referrals Intake → Eligibility → Benefits & Prior Authorization → Estimates → Scheduling / Pre-Registration → Registration / Check-In

PCP Match

**Legend:**
- Patient Registration
- Access Center
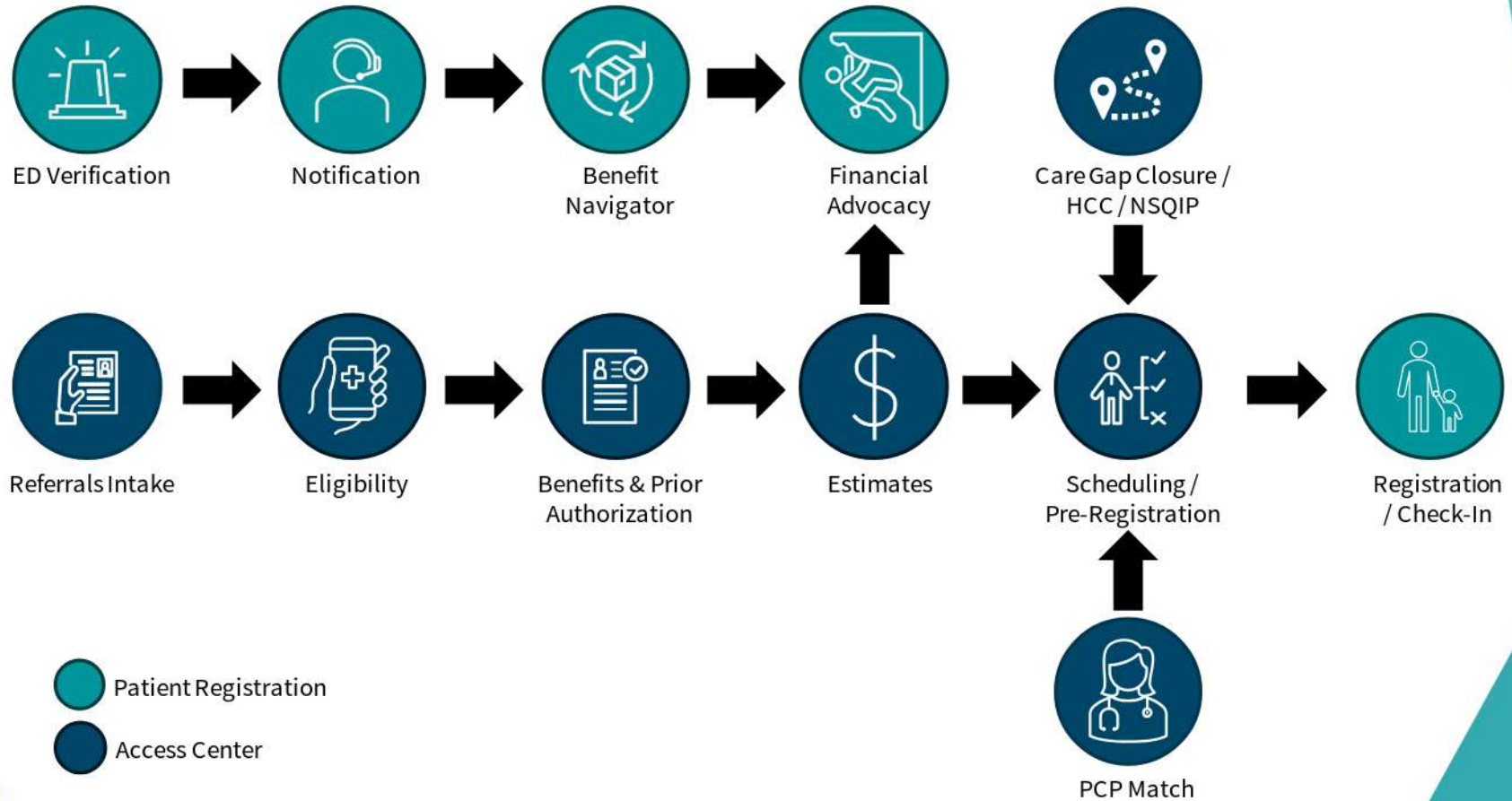
# Variations on a Theme

| Typically Operations |
| --- |
| **Typically Revenue Cycle** |
| **Typically Specialty-Based** |
| Considerations by Function |

| Referral Navigation |
| --- |
| Provider-to-Provider |
| Orders |

| Scheduling |
| --- |
| Primary Care |
| Specialty Care |
| Hospital-Based |

| Pre-Registration |
| --- |
| Registration Errors/Alerts |
| High Dollar Estimates |

| Financial Clearance |
| --- |
| Acute |
| Ambulatory |

| Financial Advocacy |
| --- |
| Federal |
| State/Local |
| High Cost SPAI |

| Admissions / Registration |
| --- |
| Registration/Check-In, Notification, Floor Visits |

| Specialty Considerations |
| --- |
| • Surgical Scheduling<br>• Cancer<br>• Infusions<br>• High-Cost Drugs |
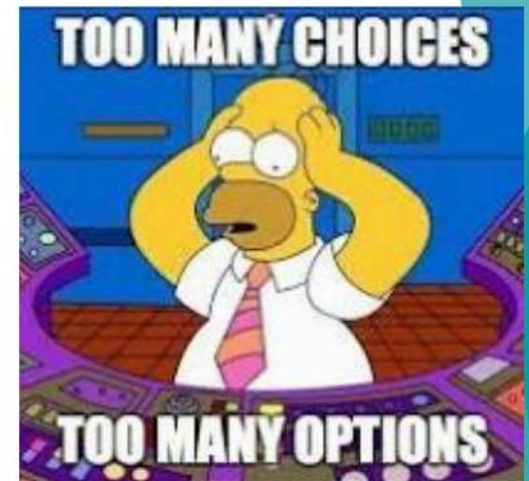
# Technology Considerations

# Layers of Successful Technology Deployment

ECLIPSE INSIGHTS

**1. Operational Workflows**

Orders / Referrals > Scheduling > Financial Clearance > Estimates > Arrival & Check-In

**2. EHR Workflows (EHR-Dependent)**

| Order Build Referrals | Decision Trees Visit Types Templates | Eligibility/Auth Transactions | Contracts CDM Estimates | Daily Schedule Reg QA |

**3. Portal Workflows (EHR or Bolt-On)**

| Online Scheduling | Waitlisting | Online Pre-Registration | Online Bill Pay | Kiosk/Tablet |

**4. Potential Gaps & Further Enhancements**

| Patients w/o Portal | CRM | Symptom Checker | Text & Chatbots |

LEVEL OF EFFOT

● Significant  ● Moderate  ● Mild

# Online Scheduling

## EXAMPLES OF CONSIDERATIONS SPECIFIC TO ONLINE FUNCTIONALITY

| CONSIDERATION | OWNER |
|---|---|
| Can providers or departments opt out of online scheduling? | Enterprise |
| Are there any restrictions on what can/can't be scheduled online? | Service Line |
| Will there be a limit on the number of questions asked of the patient? | Enterprise / Service Line |
| Will online scheduling leverage existing "decision trees"/protocols? | Enterprise |
| What services and visit types should be available for existing patient scheduling? | Service Line |
| What services and visit types should be available for new patient scheduling? | Service Line |
| Are orders available online for patients to schedule hospital-based services? | Enterprise |
| Can patients add/remove themselves from a wait list online? | Enterprise |

# Online Pre-Registration

## EXAMPLES OF CONSIDERATIONS SPECIFIC TO ONLINE FUNCTIONALITY

| CONSIDERATION | OWNER |
|---|---|
| What features will be a standard part of online pre-registration? | Enterprise |
| What services or visit types should prevent online pre-registration? | Enterprise/ Service Line |
| Can patients answer MSPQ via portal? | Enterprise |
| Can patients update/add clinical information as part of online pre-registration (allergies, vaccinations, etc.)? | Enterprise |
| How many days before an appt can patients start online pre-registration? | Enterprise |
| How often will reminders be sent? | Enterprise |
| What is the cutoff point for completing online pre-registration prior to appt start? | Enterprise |
| What operational changes are needed to inform front desk staff of online pre-registration status? | Enterprise |

# Governance & Framework

# Governance Structure

**Executive Leadership Advisory Board**
CFO, COO, CMO, CIO, Physician Group Executive, plus Program Leadership
*Monthly 1 Hour*

**Program Leadership**
Sponsor, Program Manager, Clinical Administrator/Champion, Revenue Cycle Champion, IT Champion
*Weekly 1 Hour*

**Functional Scope**
(Operational Workflows across Referrals, Scheduling, Pre-Reg, Financial Clearance, etc.)
*Bi-Weekly 1-1.5 Hours Design Workgroups plus Review/Build Time*

1. Program Manager
2. Revenue Cycle Leader
3. Revenue Cycle SMEs

4. Medical Group Representation
5. Department Operations Representation
6. IT Representation

**Specialty Scope (Scheduling Design)**
*Weekly 1-1.5 Hours Design Workgroups plus Review/Build Time*

1. Program Manager
2. Specialty Administrator
3. Specialty Manager

4. Revenue Cycle Leader
5. EHR & Portal Analysts
6. Template Builder

# Decision-Making Framework

| | |
|---|---|
| **Vision / Guiding Principles** | Guide to overall strategic vision & priorities<br>*What are we setting out to achieve? What are our core set of objectives? What are our measures of success?* |
| **Enterprise Access Guidelines** | Guide to overall functional area workflows and roles and responsibilities<br>*E.g., Definition of a new patient, red flag symptoms, referral minimum data set, prior authorization workflow* |
| **Specialty Design Decisions** | Service Line design decisions to meet engagement guiding principles and enterprise requirements<br>*E.g., Definition of urgent, base slot length, elongated visits for multiple conditions, visit types available for online scheduling, visits types available for cross-scheduling* |
| **Individual Provider Decisions** | Condition List, Final Template/Decision Tree Sign-Off, Medically Urgent Sign-Off (individual cases) |

# ROI & Case Examples

# Standard Access ROI

| Point of Service Collections | % of NPSR (~1%) | % of Total Patient Collections (~50%) | 60% Cash Accel 40% Net Revenue |
|---|---|---|---|
| Access-Related Final Denials | Total Final Denials as % of Revenue (<=1%) | % Attributed to Access | Improvement % * Revenue (* Cash Factor) |
| Access-Related Initial Denials | Total Initial Denials as % of Gross Revenue (<=10-12%) | % Attributed to Access | ~$118 Cost per Claim |

https://www.beckershospitalreview.com/finance/denial-rework-costs-providers-roughly-118-per-claim-4-takeaways.html
https://www.beckershospitalreview.com/finance/initial-claims-denials-up-18-since-2020-report.html
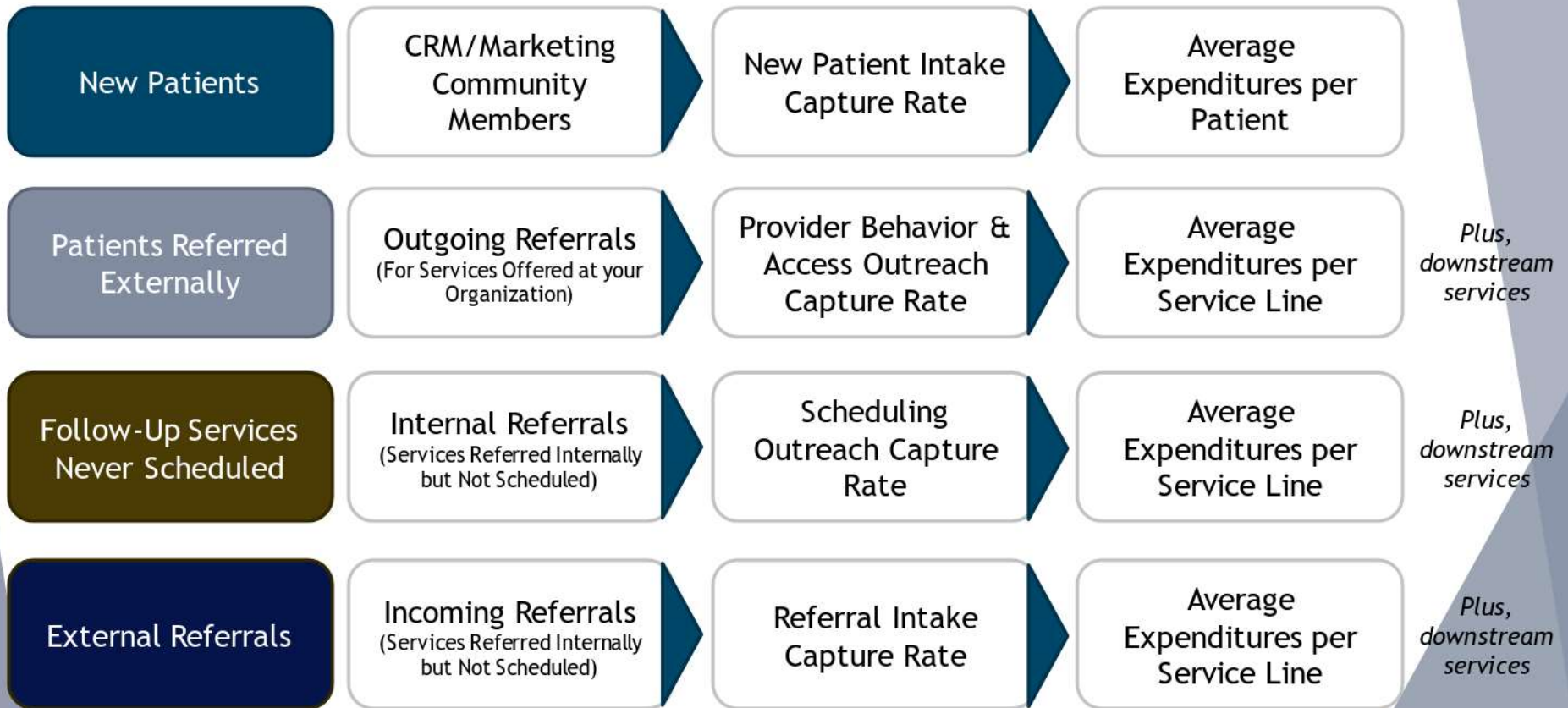
# Additional Access ROI: Acquisition & Retention

| New Patients | CRM/Marketing Community Members | New Patient Intake Capture Rate | Average Expenditures per Patient | |
|---|---|---|---|---|
| Patients Referred Externally | Outgoing Referrals (For Services Offered at your Organization) | Provider Behavior & Access Outreach Capture Rate | Average Expenditures per Service Line | *Plus, downstream services* |
| Follow-Up Services Never Scheduled | Internal Referrals (Services Referred Internally but Not Scheduled) | Scheduling Outreach Capture Rate | Average Expenditures per Service Line | *Plus, downstream services* |
| External Referrals | Incoming Referrals (Services Referred Internally but Not Scheduled) | Referral Intake Capture Rate | Average Expenditures per Service Line | *Plus, downstream services* |

# Case Example – Centralizing GI

GI authorizations moved to a central access department in May 2022 and GI scheduling moved to that same, central access department in April 2023.

**1 DRAMATIC REDUCTION IN REFERRAL WORKQUEUES**

i.e., ordered services that are pending scheduling



Referral WQ Volumes

**2 STRONG PERFORMANCE IN AUTHORIZATIONS**
Minimal authorization-related write-offs occurred in GI in 2023.

| | ⊞ Jan | ⊞ Feb | ⊞ Mar | ⊞ Apr | ⊞ May | ⊞ Jun | ⊞ Jul | ⊞ Aug | ⊞ Sep | ⊞ Oct | Grand Tota |
|---|---|---|---|---|---|---|---|---|---|---|---|
| | -$3,000 | -$7,061 | $0 | -$5,897 | -$4,382 | -$11,531 | -$23 | -$2,911 | | | -$34,805 |

**3 DOWNSTREAM IMPACT ON ENDO PROCEDURE VOLUMES**
Clearing the one-time backlog plus the ongoing, timely processing of referrals resulted in an Endo procedural volume increase.



Main Endoscopy
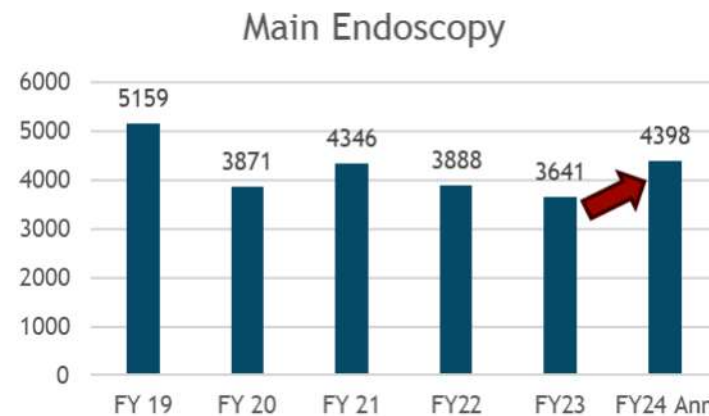
# Case Example – Central Acute Scheduling

**Stabilization**
Schedulers still sit within departments; cross-training is an ongoing expectation

**Cross-Training**
All schedulers are cross-trained across all specialties (ex. Surgery is highly specialized); ~multiple months

**05**

**06**

**04**

**Expansion**
Discussions are now ongoing to move ambulatory referrals & scheduling under the same leader

**03**

**01**

**02**

**Workflows**
Standard workflows, minimum data sets, and requirements are established; ~1 month

**CFO Sign-Off**
CFO announces new scheduling vision for acute scheduling
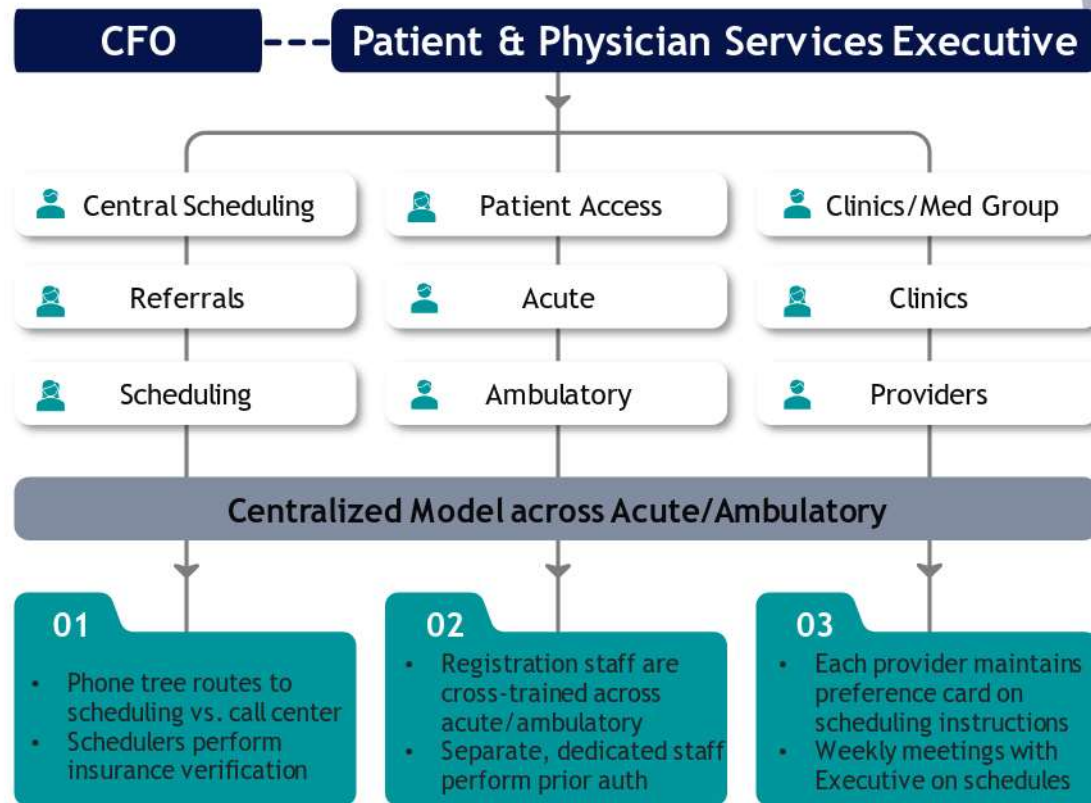
**Reporting Structure**
All department schedulers move to reporting to central Manager

# Case Example – Critical Access Hospital

**OUTCOMES**

- Inpatient Financial Clearance rates consistently at 100%

- Outpatient High Dollar Financial Clearance at 100% for eligibility and 99% for authorization

- Teams work a minimum of 3 days out

- Lower dollar/ ambulatory typically at 80% completion for pre-registration

**CFO** --- **Patient & Physician Services Executive**

| Central Scheduling | Patient Access | Clinics/Med Group |
| Referrals | Acute | Clinics |
| Scheduling | Ambulatory | Providers |

**Centralized Model across Acute/Ambulatory**

**01**
- Phone tree routes to scheduling vs. call center
- Schedulers perform insurance verification

**02**
- Registration staff are cross-trained across acute/ambulatory
- Separate, dedicated staff perform prior auth

**03**
- Each provider maintains preference card on scheduling instructions
- Weekly meetings with Executive on schedules

# Next Steps

# Is Your Access Model in need of Re-Visioning?

PROACTIVE & REACTIVE CARE DEMANDS

INCOMING PROVIDER ORDERS & REFERRALS

INCOMING PATIENT REQUESTS

## EXPANDED ACCESS POSSIBILITIES

- Referral Navigation
- Scheduling
- Financial Clearance
- Pre-Registration
- Financial Advocacy
- Admissions / Registration

Online Capabilities across Functions

**1** Estimate the ROI for your Organization

**2** Determine your Access Vision & Objectives

**3** Launch your Governance Structure

# Thank you

▶ **Contact: Kelly Krulisky**

  Email: KellyKrulisky@EclipseInsightsHC.com

  Phone: (626) 201-0126

▶ **Contact: Eric Wilberg**

  Email: EricWilberg@EclipseInsightsHC.com

  Phone: (720) 253-8455