How RCM teams can leverage technology to deliver a better patient financial experience – Insights from 3 health systems

"The hero's journey," a framework developed in the 1940s by Professor Joseph Campbell, applies to many myths, films and books. The hero is jolted out of the ordinary world via a call to action. As the hero embarks on the journey, they encounter setbacks, but often have a mentor. Ultimately, the hero completes the journey after a transformation and entrance a new, improved world.

Hospital and health system revenue cycle management teams are currently on their own hero's journey, according to Jayson Yardley, author of Rev Up and CEO of Avadyne Health, a patient liability resolution and recovery services partner.

In October, At Becker's Hospital Review 5th Annual Health IT + Revenue Cycle Conference in Chicago, Mr. Yardley facilitated a panel discussion on the current state of healthcare revenue cycle management with three healthcare executives. Avadyne Health hosted the executive roundtable to explore how revenue cycle leaders are transforming the patient financial experience by implementing metrics, training employees and engaging in anticipatory customer service.

Measuring the patient financial experience at Mosaic Life Care

Healthcare systems are very familiar with patient satisfaction surveys, such as HCAHPS. Unfortunately, these metrics typically don't offer insight into the patient financial experience. Deborah Vancleave, Vice President of Revenue Cycle at St. Joseph, Mo.-based Mosaic Life Care, explained, "At our organization, measuring the patient experience for revenue cycle was minimal. Our revenue cycle department had a call-in customer service line, but no ability to connect patients with their accounts."

Patients could make online payments using a static tool, but they weren't satisfied with this experience. The organization received weekly complaints and the local media featured stories about unhappy patients.

In response, Mosaic Life Care implemented robust options to support the patient bill pay experience. Its "one bill" solution is an interactive site that combines charges into one statement. The organization has also deployed self-service options, long-term financing plans and new ways to measure patient financial satisfaction.

"We created a long-range revenue cycle management plan with the patient financial experience at its core," Ms. Vancleave said. "This is the nucleus that has driven all of our decisions and improvements. Initially, we were unsure how to measure improvements in patient satisfaction, other than monitoring patient complaints. Then Avadyne Health presented the patient experience report card."

Avadyne Health provides Mosaic Life Care with experience grades and conducts call center analytics. Avadyne records patient phone calls, converts calls to text and analyzes the experience based on keywords. Ms. Vancleave noted, "Avadyne then produces a patient satisfaction word cloud. We use this data to train our revenue cycle staff on how to respond in real time to challenging and complex financial scenarios."

The results have been outstanding!

"Recent Avadyne reports show that greater than 87 percent of our patients are very satisfied with how their calls are handled," Ms. Vancleave said. "Our NPS score consistently runs between 29 and 32. And our overall satisfaction for the 'one bill' site experience is 4.3 out of 5 Stars. Notably, patient complaints are few and far between."

From a financial perspective, the net collections are 25 percent higher, bad debt has decreased by approximately 57 percent and the number of accounts funneling to collections is down by 30 percent. Mosaic Life Care's collection agency finished fiscal year 2019 with 44 percent net operating income and exceeded its profit margin tenfold. Collections were up 12 percent and placements were down by 30 percent.

According to Ms. Vancleave, "Our collections in fiscal year 2018 were more than $12 million higher than in 2017, which was an all-time high for the hospital. We held remarkably close to that new baseline in 2019 and already in fiscal year 2020, which started July 1, there has been a favorable pickup of about $525,000. We've seen outstanding results and Avadyne Health has been an outstanding business partner."

Aligning customer service training and patient needs: Lessons learned from Atrium Health

New technologies available to health systems can automate repetitive work and free up staff to focus on more complex jobs. Training is essential to ensure that employees can succeed in this new world. Training may not have the intended results, however, if it is not aligned with patient needs.

Historically, the revenue cycle team at Charlotte, N.C.-based Atrium Health took a decentralized approach to operations and training. The organization has a professional office, a hospital billing office and a patient access office. Chris Johnson, vice president of revenue cycle management, said, "We have done a good job developing leaders for each of those areas and about 70 percent of our leadership team has

been promoted from within. We recognized, however, that we needed a broader training program for revenue cycle in general."

Patients today are asking harder questions and customer service representatives must be able to respond. They need to know what DRGs and APCs are, as well as what CPT codes do and what they drive. Customer service teams need a better understanding of the entire revenue cycle process.

In 2015, Atrium Health learned valuable training-related lessons as it converted to Epic. Mr. Johnson explained, "When we deployed Epic, we brought one hospital up at a time. As a result, patients lived three billing worlds for a period of time. A single patient might get a bill from the Star system, a bill from the IDX system and a bill from the Epic system. That generated multiple calls, by the same patient, to the customer service team."

To protect the patient financial experience, Atrium Health decided it would be best if one customer service rep could answer all of the questions a patient might have regardless of the billing system involved. The organization paid customer service reps overtime to cross-train on all the systems. When reps demonstrated proficiency in the three systems, they were eligible for a pay increase.

Unfortunately, theory and reality don't always align. Mr. Johnson explained, "When the new call process was implemented, we quickly learned that it took additional time for reps to shift between systems in a real-time, fast-paced call center. Our average speed to answer calls and our call abandonment both escalated significantly. "

Over the span of eight months Atrium Health piloted the new model, teammate turnover increased; additionally, remaining teammates concluded the stress of managing multiple AR systems with different menus, operating rules and process flows outweighed the pay increase. "While some teammates actually offered to forfeit the pay increase, we honored the effort the team had made and kept the pay increase

in place. Ultimately, we adjusted our operating model to allow teammates to work in Epic and the legacy system with which they were most comfortable," Mr. Johnson said. "What we learned is that when you set a goal, make sure it's aligned with what the patients need, not what you think they need. We had a noble goal to protect the patient relationship and develop a higher level of customer service. At the end of the day, however, our patients would have been better serviced if we'd transferred them to multiple reps when necessary."

The good news is that Atrium Health's average speed to answer patient calls and call abandonment rates are lower than were experienced in the legacy professional and hospital billing systems. "We are now in a great spot both from an efficiency and customer service level perspective," Mr. Johnson said.

Leveraging technology to deliver anticipatory customer service at Banner Health

Like many health systems, Phoenix-based Banner Health serves a diverse patient population in terms of demographics, social determinants of health and access to technology. The organization is striving to meet patients as individuals where they want to be met, while delivering better care and managing the revenue cycle more efficiently.

Brad Tinnermon, vice president of revenue cycle, said, "We are trying to understand how to communicate with patients in different ways, understand why they are calling and attempt to answer questions before patients need to call."

In response, Banner Health has launched the Patient Concierge app, powered by Avadyne Health, that walks patients through their hospital bill using augmented reality. The goal is to deliver anticipatory customer service which will reduce calls to the call center, position Banner as a progressive leader and connect with patients in an engaging and interactive way.

Once patients download the app to their phone, it's ready to launch. They can set a default language and get one-touch access to the payment portal, the call center, help by email and access to other important hospital links. Closed captioning in English and Spanish simplifies communications for patients.

Looking ahead, Banner Health wants to engage patients earlier and provide patient self-service. The team is considering web-based patient scheduling, self-registration by phone or web and the ability for patients to set up payment plans.

Mr. Tinnermon noted, "Within the organization, there's been a lot of thought about how to expand the app beyond hospital bills to population health, day before surgery instructions and wayfinding in the hospital. We are excited to try it and think it will get a great reaction."

Conclusion

As revenue cycle teams go on "the hero's journey" in search of a better patient financial experience, many are finding that technology is a great enabler. Solutions like those offered by Avadyne Health help healthcare systems simplify the customer experience, measure patient satisfaction and suggest new ways to delight patients in near real time.

As Mr. Tinnermon observed, "Patient experience is related to the clinical aspect of the patient relationship. The patient financial experience, however, can definitely influence that." ■