In a decentralized patient access environment, the patient and provider experience can be disjointed, leading to unsatisfactory experiences, inefficient use of resources, and lost patient volume. In contrast, centralizing patient access presents a consistent health system brand and standardizes workflows across a market, which allows patients to be scheduled at the most convenient and appropriate location— even when no common EHR or HIT infrastructure exists among provider locations.

Making the transition to centralized patient access requires a whole host of decisions, including where to locate your call center, which services to consolidate first, and how to best manage staffing levels. At the same time, it’s equally important that health systems consider which technology platforms best meet their requirements. Based upon the experiences of hundreds of U.S. hospitals and health systems, we’ve compiled this best-practice checklist for the key order management, scheduling, and front-end revenue cycle building blocks needed to effectively implement and maintain a centralized patient access function.

1. REAL-TIME INTEGRATED ORDERS

It’s common for faxed referrals and orders to fall through the cracks— 46 percent of such referrals never result in a patient visit. The problem compounds itself in a large health system. To ensure seamless access across multiple disparate locations and facilities, scheduling and order management workflows need to be as tightly integrated as possible, even with multiple EHRs. What’s more, large health systems should have the flexibility to support both schedule-first and order-first workflows.

An order-first workflow gives hospitals the ability to pre-register at the point of scheduling using accurate order data to place a single call to book the appointment and capture all necessary information. With a schedule-first workflow, provider office staff self-schedule through an online resource, and then generate an electronic order request for easy validation and submission from the referring office.

By embedding order management into scheduling, orders are automatically matched with scheduled appointments, which eliminates the lost orders, transcription errors, phone tag, and faxing that lead to patient noncompliance, service delays and patient and provider frustration.

2. MARKET-BASED SCHEDULING

Large health systems with operational and geographic complexities, or systems that are growing through mergers and acquisitions, need several critical capabilities to present a consistent brand and optimize workflows from a single call center:

- **Time zone support** enables health systems to establish “markets” and designate the time zone for all locations and resources within it, which assures that schedulers always see appointments in “local time.”

- **Geography-based appointment searching** makes it easy for schedulers in a centralized call center to match patients with relevant facilities based on proximity and appointment history.

- **Multi-entity insurance filtering** guides schedulers and providers with a combination of local and centralized markets to the correct insurance for each patient.
3. EMBEDDED CONDITIONAL LOGIC AND RULES

By incorporating rules and logic within the workflow, schedulers (even non-clinical) are guided through the correct scheduling process for any service across multiple locations.

For example, with a rules-based scheduling system, time can be added based on a patient’s age; an interpreter can be added based on the patient’s language; or diagnostic tests, such as an ultrasound and contrast study, can be scheduled in the correct order. In these examples, a rule can scan behind the scenes, looking for markers on a patient record or the patient orders, requiring no interaction with the scheduler. The scheduling system should use rules to prompt schedulers with “pop-up” messages to ensure accuracy and adherence to guidelines for each facility, while eliminating reliance on individual schedulers to memorize rules (or use sticky notes) and to view multiple appointment books for availability.

With a rules-based, cross-location system, centralized scheduling operations avoid errors, communication issues, extended call times, longer wait times for patients as well as ineffective use of expensive resources and additional training time for new hires.

4. FRONT-END REVENUE CYCLE MANAGEMENT

Historically, hospitals have concentrated on the middle (coding, case management) and end (billing, accounts receivable, collections) of the revenue cycle; however, this approach doesn’t reduce denials and underpayments or ensure an efficient and satisfactory patient experience. Further, according to Bloomberg, the rise of high-deductible health plans is only making the bad debt problem worse for hospitals.

In a centralized patient access environment, health systems need to streamline by building revenue cycle management processes directly into the patient experience up front, at the point of encounter. With a rules engine and integrated revenue cycle functionality in place, medical necessity is met, insurance eligibility is verified and authorizations and orders are obtained prior to the scheduled appointment, leading to higher reimbursement and fewer denials.

5. FLEXIBLE ELECTRONIC TO-DO LIST

Details matter when it comes to patient satisfaction, making it that much more critical that scheduling and pre-registration teams allow nothing to fall through the cracks prior to a patient’s arrival. To provide this level of service, centralized patient access teams need built-in, customizable worklists – electronic “to-do” lists – to manage important tasks and follow-up items that must be completed prior to an appointment.

For example, worklists should track, in real-time, all the orders without appointments and all the appointments without orders. With a flexible, integrated worklist tool sorted by due date, patient access teams can optimize workflows and stay on top of required tasks, resulting in increased point-of-service collections, more pre-registered patients with a clear understanding of financial responsibility, and higher referral-to-appointment conversion rates.

6. PROVIDER SELF-SERVICE AND CORRESPONDENCE TOOLS

To further streamline the experience, health systems need to offer self-service and correspondence tools that make it as easy as possible for employed and independent providers to coordinate care for their patients at any point in the network.

A centralized scheduling platform needs to facilitate provider self-scheduling, so referring providers can schedule or request appointments online 24/7. It’s critical that these tools be built upon the same foundation of underlying rules and logic embedded within the core scheduling system. The results are higher outpatient volumes from provider offices when they can quickly and easily book patients into the earliest appointment anywhere in the health system.
Given that up to 50 percent of physicians say that they never know if their patient actually saw the specialist, closing the loop for referring providers with robust correspondence tools is just as important in a centralized access environment. Referring provider office staff need visibility into order and scheduling status so they can better coordinate patient care at any location across the system. These self-service and correspondence tools reduce inbound call volume, increase physician and patient satisfaction, and make the entire healthcare delivery process more efficient.

7. CONSUMER SELF-SERVICE

According to Accenture, 77 percent of patients say the ability to book, change or cancel appointments online is important. Enabling patients – at their convenience from any device – to self-schedule appointments at all locations across the network is key to remaining competitive. While many health systems consider offering or expanding self-scheduling for patients, most are reluctant due to concerns over inappropriate scheduling.

With a scheduling foundation built on conditional logic and rules (see checklist item #3), patients can be guided through the process step-by-step to assure readiness, slot availability, insurance, and other factors as part of the scheduling process. The health system should have the option to customize the questions posed during the process by procedure and control which procedures or visits can be self-scheduled, rescheduled, or cancelled.

At the same time, the process has to be convenient for patients by taking into account the best available appointment time, patient preferences, and the availability of the necessary providers and resources. Offering this level of self-service allows health systems to stand out as consumer-friendly organizations that put the needs of patients first.

8. APPOINTMENT REMINDERS

No-show rates vary widely nationwide to as high as 30 percent or more. To limit the number of no-shows and unprepared patients, health systems must integrate automated patient communications directly into the patient experience.

In a large, centralized call center, appointment reminders must support all types of procedures and locations available. Patient preferences for how they want to receive reminders (voice, mail, email, or text) should also be accommodated. In addition to reminding patients of their scheduled appointment and preparation instructions, appointment reminders should be able to remind patients to schedule recurring appointments (e.g., annual mammogram) and/or reschedule a missed appointment. Offering this level of flexibility and automation ensures patients arrive ready for their appointment and avoids financial surprises or last minute reschedules, while freeing the centralized scheduling team for other tasks.

9. EHR-AGNOSTIC PLATFORM

To truly centralize and standardize scheduling and patient access functions across all facilities – both independent and owned – health systems need a platform that connects and augments disparate EHRs. Such platforms must be capable of securely connecting all order, referral, and scheduling traffic with lightweight cloud-based technology that complements existing systems – all without burdening IT staff or adding to capital budgets.

Many patient access systems offered as part of today’s EHR platforms, including scheduling, lack the tools health systems need to realize the true community-wide care coordination required to effectively vie for outpatient business in competitive markets. With a strategic “EHR expansion strategy,” health systems can fill care coordination gaps in their network resulting from integration issues. This allows health systems to achieve true community-wide scheduling across departments, facilities, and locations in a standardized way that unifies the experience for patients and community providers.
10. REPORTS AND ANALYTICS

To guarantee high performance, health systems need real-time analytics and dashboards to see daily trends so they can get in front of potential downward trends, maximize volume, and optimize capacity. This requires visibility into referral patterns, resource utilization, appointment availability, and other scheduling trends across the network that only the right reporting and analytics tools can deliver.

Scheduling managers and executives need access to intelligent dashboard views with timely analytics that transform complex data into easily understandable graphical views, supplemented with drill-downs to line item detail that can be acted upon immediately.

For ongoing capacity management, health systems also need in-depth analytics for next-available appointments. With daily insights into the demand for and available capacity of resources across their entire enterprise for specific services helps health systems optimize capacity. In addition, by eliminating scheduling variability, health systems establish system-wide access standards, leading to ideal patient experiences across all facilities.

MOVING FORWARD WITH CENTRALIZED PATIENT ACCESS

As patients continue to demand higher levels of service and convenience, health systems must ensure patients and referring providers have seamless access to all services. Centralizing patient intake not only delivers a common access experience, but also helps health systems optimize system resources and achieve a tighter revenue cycle.

As health systems consider centralizing patient access, partner with a vendor with a proven track record for helping large health systems optimize and streamline patient access across disparate facilities and regions.

REFERENCES


ADDITIONAL RESOURCES


“Streamline Orders and Scheduling Across Your Network,” presented by Health First, a Florida health system.