

# Now is the time for ambulatory centralised scheduling: How to assess your organisation's readiness

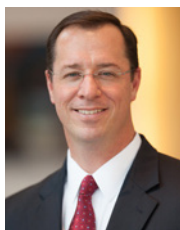
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**Abstract** This paper will explore the advantages of incorporating centralised scheduling into your performance improvement strategy and initiatives to prepare for value-based care reimbursement and accountable care. It includes a checklist to assess your organisation's readiness to make the transition and best practices that will support the implementation. After reviewing the paper, readers will have an understanding of the four main reasons that ambulatory central scheduling can be essential to a health system's strategy moving

forward — providing appropriate access to care, preventing network leakage, furnishing price transparency, and improving the patient experience.

**KEYWORDS:** value-based care, central scheduling, patient access, coordinated care, network leakage

## INTRODUCTION

As hospitals and health systems push further into value-based care and population health management, it is becoming increasingly important to provide convenient access and coordinated care to patients. Value-based care accelerates the imperative for performance and access, emphasising the need for systems and processes to support higher quality care and cost of care reductions. Success in the new, value-based environment necessitates more fluid, viable mechanisms to facilitate more convenient and timely transitions of care across connected providers.

Patients themselves are also calling for easier access, a more positive patient experience and better coordinated care. Today, patients are behaving more and more like consumers, directly and actively participating in their health care experience. They are carefully shopping for care, putting a high value on not just quality but also convenience, ease of access and their health care provider's ability to coordinate and communicate.

Leading health systems are turning to centralised scheduling in their ambulatory environments to help them meet these growing pressures and expectations. These centralised structures remove the time-consuming scheduling tasks from the busy individual provider practice offices allowing the clinic staff to focus on patient care and service. They also pave the way for prompt and appropriate access to care, reducing patient/network leakage, furnishing price transparency and patient liability estimation, and improving the patient experience. In this paper, we explore the advantages to incorporating

centralised scheduling into your performance improvement strategy and initiatives, and how to assess your organisation's readiness to make the transition.

## THE CASE FOR CENTRALISED SCHEDULING: LEVERS TO DRIVE ESSENTIAL OUTCOMES

### **Provided that prompt and appropriate access to care**

A centralised scheduling function enables prompt and appropriate access to care and seamless, coordinated care transitions — all crucial for an overall positive patient experience. It supports the desired outcomes of an aligned group of providers, incentivised to coordinate care setting transitions and manage the health of populations in value-based care models. According to an Institute of Medicine (IOM) report,<sup>1</sup> patients who have positive care experiences show higher compliance with recommended care plans, receive better clinical care with greater health outcomes, and access the system less often with lower utilisation. Adversely, patients who do not have a positive care experience display lower health outcomes, are less satisfied and access the system more often driving up the overall cost of care.

The negative impacts in delays of access, scheduling and wait times can be reduced by implementing and consistently following access principles to improve the accuracy and timeliness of appointment creation, optimise resource utilisation and ultimately increase the total number of visits. Leveraging leading practices will provide a more seamless experience for patients and access to the appropriate level of care. Best practices

for patient access enabled by centralised scheduling include:

- Deployment of well-trained, dedicated schedulers to optimally fill provider schedules;
- Use of standardised scheduling protocols to help navigate patients to the right provider and confirm the appointment without clinical approval;
- Active management of time away and clinic cancellation policies;
- Standardisation of processes for routinely reviewing and optimising master schedules;
- Visit load balancing by time of day and day of week;
- Implementation of streamlined processes and screening for internal referrals of established patients;
- Use of timely reminder calls;
- Active management of wait lists to backfill cancellations;
- Use of standardised scheduling templates, including minimal new and established visit types and increments of time by specialty, such as 15/30 or 20/40 (15 minutes for an established patient or 30 minutes for a new patient in less complex specialties, and 20 minutes for established patients and 40 minutes for new patients in more complex specialties);
- Standardisation and simplification of telephone call trees and automated call distribution; and
- Expanding service hours and coverage to meet service demand.

By maintaining the above principles, providers will be better positioned to meet the expectations of the patient while improving revenue capture. Provider experience and productivity will also improve as superior front-end access services allows practices to focus on the delivery and management of care for patients. In addition, improved referral management and scheduling practices make the most

of available provider time and will reduce gaps in schedules that contribute to lower practice productivity and diminished patient experience.

### **Preventing patient/network leakage**

If patients have to seek care outside their traditional care environment, they may not return to their previous network or provider, creating network leakage. If this consistently occurs in an organisation, health care providers will begin to lose market share. In addition, when patients go outside their regular health system for care, the system loses the ability to manage the care, cost and outcomes for that patient. A health system that loses just one patient could see more than US \$1m in lost revenue over the course of the patient's lifetime. In a risk-based environment, providers may be financially liable for services that a patient receives outside of the health system network.

Data released by the Centers for Medicare and Medicaid (CMS) for 2014<sup>2</sup> can be used to show one example of a calculation of potential lost revenue from patient leakage. For an average 37-year-old, the total projected expenditures over the average lifetime would be US \$1.5m based on the 2014 average health care expenditures of US \$9,523. This suggests the lifetime health care expense/revenue that could either be gained or lost in a fee-for-service environment or put at risk for mismanagement in a value-based care reimbursement model. With this in mind, preventing leakage has a direct impact on future financial performance.

Leakage typically occurs when a patient's first choice provider is not immediately available. A central scheduling department can help prevent this. If a provider is not available when and where the patient would like to be seen, other providers can be suggested that will enhance access and maintain care continuity by keeping the patient within the system. If the patient is looking for a different type of

provider such as a specialist, the system will provide informed suggestions made by knowledgeable staff to keep the patient within the health system as opposed to seeking care elsewhere.

Achieving positive results within any risk-based contract, accountable care organisation, value-based care payment methodology or other population health management model requires the ability to manage all the steps in a patient's care cycle. The central scheduling environment is optimally situated to guide the journey of a patient's care to a partner provider in the right care setting.

### **Furnishing price transparency and patient liability estimation through optimal pre-registration**

As patients face increased exposure to health care costs and personal liability, they need meaningful and transparent price information in order to behave like consumers of any other industry. With increasing deductibles and copayments, a health system's inability to provide insurance benefits and payment information to patients will result in a decrease in point-of-service collections and a subsequent rise in bad debt. The loss could significantly impact the bottom line for some health care organisations. According to a Hospital Accounts Receivable Analysis (HARA) report<sup>3</sup> from 2015, US hospitals reported total uncollectible write-offs for 2015 at 4.3 per cent of gross revenue — 2.75 per cent as bad debt. Hypothetically, for a US \$2bn gross revenue organisation, this equates to US \$55m in annual bad debt write-offs, which will decrease the health system's bottom line.

Improvement in a hospital's bottom line also means improved bond ratings over time. Standard and Poor's Financial Services regularly monitors the health care industry for trends which impact bond ratings and sees growing patient liabilities, as well as

an increase in charity care patients, as a concern for the industry. Their rating of the health care industry for 2016 included the following statements: 'We believe growing price consciousness on the part of health care purchasers, including individual consumers as well as large insurance payors, will continue to challenge many hospitals' payor mixes in the absence of meaningful wage growth. This could lead to declining patient volumes, particularly elective procedures, partly because more people have to bear the first dollar cost of their health care through higher deductibles and copayments but also because more people have lost employer-sponsored insurance.'<sup>4</sup> As the increased patient cost-sharing is at issue, it will become even more imperative to ensure seamless pre-registration activities will support their patients throughout the care journey with a clear understanding of their personal liability.

Trained staff equipped with the right tools can assuage a customer's concerns about their out-of-pocket costs for a service and can also pave the way to ensure collections are timely or other sources of payment are investigated. There is a need for better price transparency, and centralised, trained staff are best positioned to help support the type of information access that patients/consumers demand. In addition, a centralised scheduling model that includes pre-registration functions can drive both efficiencies and accountability for insurance eligibility and pre-authorisation processes. This scheduling department might also perform pre-bill edit work to drive clean claims and prevent denials, all of which impact optimal cash collections performance as feedback loops from error correction processes should reinforce continual process improvement.

### **Improving the patient experience**

Patient satisfaction and the patient experience have become top priorities for

most health systems over the past decade. The Hospital Consumer Assessment of Healthcare Providers and Systems (CMS HCAHPS) and the Clinician and Group Consumer Assessment of Healthcare Providers and Systems (CGCAHPS) scores are posted on both federal and state websites and are easily accessed by consumers to gather information about potential or current providers. In addition, CMS' (2016) published Overall Hospital Quality Star Ratings are based on 64 measures including patient satisfaction statistics.

Improving the patient experience is about both the patient care experience and the patient financial experience. Systems and processes are important elements that impact the patient experience before, during and after the visit. According to a recent Healthgrades analysis,<sup>5</sup> patients are more likely to give an organisation high patient satisfaction or patient experience scores if they receive help quickly, which further indicates the need for a well-coordinated scheduling function.

Improving the patient financial experience as it pertains to scheduling and pre-registration can also impact patient loyalty. Developing a single department point-of-contact for appointments for all of the providers in the system improves the experience in the form of easier sharing of information, consistency of experience, flexibility in making appointments and better staff training and scripting. For the health system, a central office makes it more efficient to install the appropriate technology and equipment and provide training in customer relations, insurance verification and software applications. By centralising, organisations can also expand service hours and in some cases offer online appointment scheduling. Flexibility with online appointment scheduling will further drive loyalty and compliance with care plans created by providers within a value-based care arrangement to support population health management efforts.

## **THE PATH FORWARD: ASSESSING ORGANISATIONAL READINESS**

Incorporating centralised scheduling into the health system's larger performance improvement strategy will help providers meet ever-increasing pressures from value-based care and the educated consumer patient. Centralised provider scheduling provides prompt and appropriate access to care, helps prevent patient/network leakage, supports price transparency and patient liability estimation and helps to improve the patient financial experience.

The first step in making the transition is determining your organisation's readiness. Consider the following:

- Does the organisation have structures and a culture in place to gather physician input, proactively engage them in decision making, and communicate effectively and openly?
- Does the health system have a change management process for large-scale process improvement?
- Does the enterprise use a single electronic scheduling system and functional call centre technology, or is it in the process of implementing them?
- Does the scheduling system and integrated voice response (IVR) technology interface with all other electronic records?
- Are there policies in place and enforced regarding provider templates and patient access such as standardised visit types, visit duration increments by specialty, and percent of appointments left open by visit type, and is there an ability to transfer care between providers, etc?
- Have physicians been engaged to collaboratively develop standardised scheduling protocols and scheduling templates?
- Does the organisation have standard job descriptions and training for scheduling-related roles across the enterprise?



- Do all providers accept the same insurance plans, including Medicare and Medicaid?

Important considerations to keep in mind:

- Physician scepticism. Physicians may be apprehensive about any loss of control over their schedules, staff and environment.
- Resistance to new technology and software.
- Adjustments for patients in the way they make appointments.
- Scheduling staff concerns about possible job changes.
- Changes in process and workflow for people and departments in the health system.
- Time management concerns of the organisation to commit to a successful project.

Building an effective change management plan to support your implementation will be critical. Best practices include:

- Solicit physician champions to lead the effort by proactively engaging other providers in discussions about the change;
- Address change management first by communicating the need for the change and being transparent about the advantages and disadvantages;
- Install multiple and redundant communication methods as the implementation progresses to keep various constituents informed, motivated, positive and engaged;
- Standardise processes prior to implementation where possible to make the change less dramatic at the actual conversion to central scheduling;
- Measure and benchmark clinic offices prior to implementation to demonstrate value after go-live. These measurements should include number of calls received

in the clinic, speed to answer and average minutes on hold for a patient;

- Create a detailed project plan with timelines; and
- Formulate a comprehensive plan and budget for the initiative that span multiple components and phases (eg organisation structure, cross functional operational process changes, technology, facility renovation, legal, marketing and communications, etc).

Using these checklists and best practices will go a long way towards a successful implementation of central scheduling. As hospitals and health systems continue to push further into value-based care and population health management, provided that convenient access and coordinated care to patients will assist the organisations in their journey.

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