

Himss[®]16

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TRANSFORMING
HEALTH THROUGH IT



RCM Begins with the Patient March 3, 2016

Dianna Santillanes, Product Manager, Callpointe



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Agenda

- Introduction
- Learning Objectives
- Cost of Missed Appointments or Late Cancellations
- Best Practice Contact Methods
- Payment at their Fingertips
- The Compliant Patient
- Questions

Learning Objectives

- Best practices to prevent costly no shows
- How to utilize text messaging to augment your portal collection efforts
- Communicate care needs for better patient outcomes and improved revenues with changing reimbursement models

RCM Begins with the Patient

- The wheels begin to turn the moment a patient calls for an appointment
- The more information you share and receive at the onset will streamline the entire process
- Ensure that you confirm contact information such as phone numbers, email and mailing address as well as insurance information
- Spell out your policies, including no shows and late cancellations, so there are no surprises for the patient



No Show or Late Cancellation Rates

- No Reminder Notifications Delivered
 - Primary Care 18 – 24%
 - Specialty Care 10 – 12%

- After Reminder Notifications
 - Primary Care 5 - 7%
 - Specialty Care 2 – 3%

“An appointment missed by you is an appointment missed by two”

Captain Kim Decker, chief of the Martin Army Community Hospital Healthcare Management Division

Example 1	
1 doctor practice	
<i>"no current reminder calls"</i>	
Before	
Average monthly appointments	379
Appointments per day	18
Average appointment revenue	\$ 100
Monthly revenue	\$ 37,900
No show rate	18%
No shows	68
Lost revenue from office	\$ 6,800
After	
Number of reminder calls	322
no show rate	7%
no shows	23
lost revenue from office	\$ 2,300
Revenue gain	\$ 4,500
Annual revenue gain	\$ 54,000

Best Practice Contact Reminders

- If an appointment has been scheduled for two weeks or more, first contact should be made 7-10 days in advance (email or telephone)
- A second reminder, or first reminder if appointment is less than two weeks old, should be made 2-4 days in advance
- A final reminder should be made the night before or morning/day of the appointment

Contact Strategies

- Contacts are best delivered by patients preferred method of contact i.e. call, text, email
- Patients should have an option to confirm or be automatically connected to the practice if they need to reschedule/cancel
- Just in time reminders should be delivered by text as it has proven to be most successful (90% of text messages are read in under 3 minutes) *Connect Mogul*

Easy Payment Options

- Collect deductible, co-pay, co-insurance at the time of the visit – easier said than done
 - Payment at their fingertips after the visit
 - Bridge calls to the office to pay
 - Collect credit card number, encrypt and pass back to office
 - Text/email a link to a website or payment processing center for collection of payment
- » The key is to provide immediate access without burden to the patient

Healthcare Incentive Programs and Changing Reimbursement Models

- Heavy reliance on provider behavior changes to improve quality of care and reduce costs with risk based contracts
- Need to focus on patient behavior changes and encourage care plan compliance in ways that “touch” their daily lives



56% of people have cell phones



76% of people access the internet using a mobile device



91% of people have cell phones

One Contact, Meet Multiple Measures

- eCQM's
- PQRS
- ACO Quality Measures
- PCMH Certification
- HEDIS scores (Medicare Advantage)

Example: Contact a patient 18-85 years of age with a diagnosis of hypertension within the first six months of the year or anytime prior who have not been seen since or within the current calendar year

Patient comes in for appointment and blood pressure is adequately controlled (<140/90mmHg) and all 5 initiatives can be met through patient compliance

CMS 165v4, PQRS 236, ACO 21 & 28, PCMH and HEDIS

Shifting Reimbursement Models

- Fee-for-Service
 - No incentive to implement preventative care strategies, prevent hospitalization or other cost saving measures
- Pay-for-Performance
- Bundled Payment or Episode-of-Care Payment
- Shared Savings Programs
 - All payment models are based on efficiency and quality of care
 - Some are individual patient outcomes, some are patient population outcomes
- All payment models start with the patient showing up and taking part in their ongoing care
 - » RCM Begins with the Patient

Questions

Dianna Santillanes

Product Manager

callpointe

888-655-7300 x239 (office)

208-339-1040 (Mobile)

dianna.santillanes@callpointe.com

<https://www.linkedin.com/in/diannasantillanes>

