

RETHINKING YOUR PATIENT EXPERIENCE: ACCESS, OUTCOMES, AND LOYALTY

Keith Slater, Vice President of Patient Access and Experience Solutions

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Speaker Bio



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Keith Slater

National Vice President of Patient Access Services,
Change Healthcare

Keith has 29 years of experience in healthcare information technology and revenue cycle management.

Having worked with thousands of clients over the years, Keith consults with clients to develop new partnerships and to establish go-to-market direction for key Patient Access service offerings for Change Healthcare.

In his role at Change Healthcare, Keith supports sales, marketing and operations team members to improve the patient's overall experience from the first appointment being offered to the last dollar being collected in the revenue cycle.



Learning Objectives

- Identify key areas for improving the patient experience, whether provider, facility focused, payer or all.
- Review key findings on a recent study on the state of consumer engagement
- Learn what providers are doing today to successfully improve the patient experience
- Learn how a proactive approach to patient communication touch points can help improve access, reimbursement, loyalty and clinical outcomes

Agenda

- Industry trends and consumerism | “The Engagement Gap” research
- Key ways office based providers can improve patient access, patient financial experience, loyalty and outcomes
- Strategies for patient engagement, access and financial experience
- Q&A

Section 1.0

INDUSTRY TRENDS AND CONSUMERISM

What Shifts Do Healthcare Leaders Need to Prepare For?



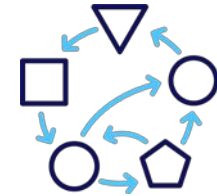
Shift from volume to value



Shift to becoming a low-cost, high-value provider



Shift from providing episodic care to engaging with patients in their care



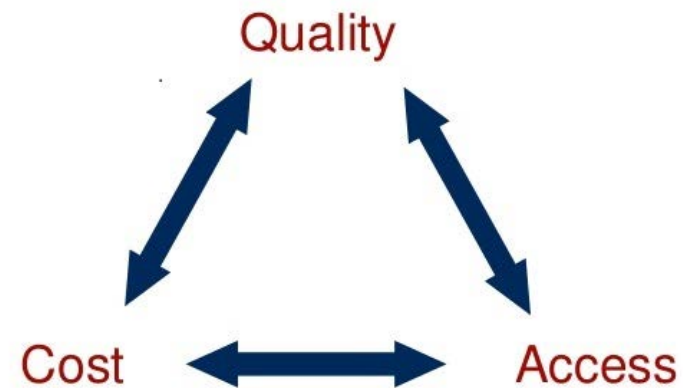
Shift from traditional models of care delivery to multiple alternative models

What is the Challenge Facing Every Health System Leader?

How do I invest in the right business and service model that pays off for volume **now** and for value in the **future**?



Health Care's Iron Triangle

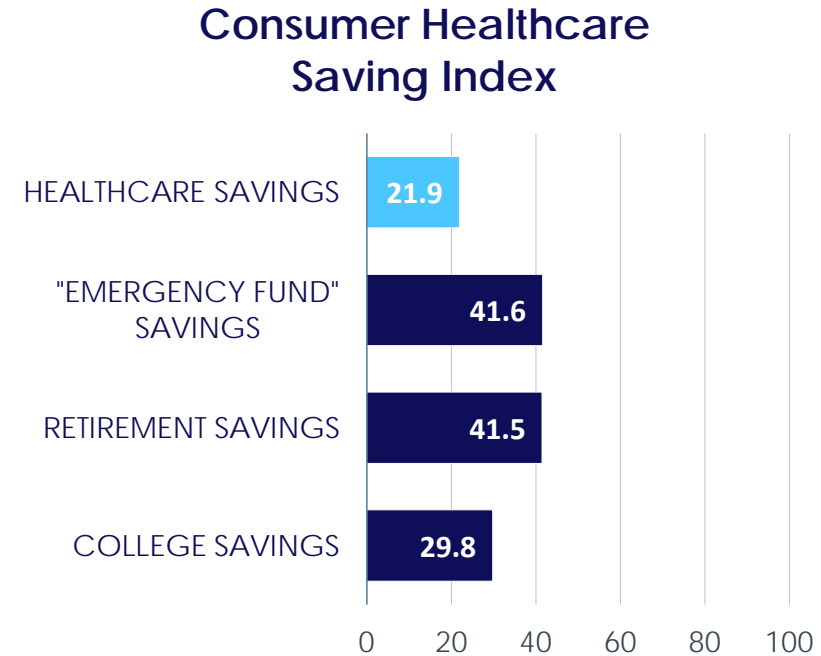
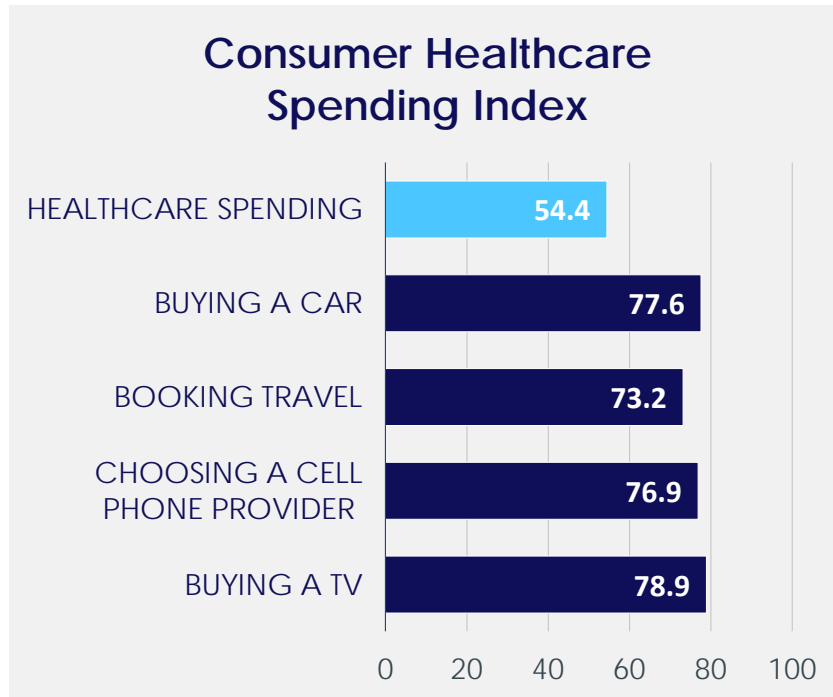


Consumer Driven Healthcare Trends

- **600%** growth in high-deductible healthcare plans over the last 10 years¹
- Patients experienced a **29.4%** increase in deductible and out-of-pocket maximum costs on average since 2015²
- The typical consumer will be responsible for **\$1,820 in deductible** payments and **\$4,400 in out-of-pocket costs** in 2017
- **82%** of providers and **92%** of hospitals surveyed reported traditional collection solutions are negatively impacting their profit margins
- Many providers reported millions of dollars in unpaid medical bills and are turning to new processes to recover the monies owed

Source 1: 2006-2016 Employer Health Benefits Survey, the Kaiser Foundation
Source 2: 2017 Revenue Cycle Management Survey, Black Book

Consumerism: Spending and Saving at a Glance



Survey of over 1,000 US healthcare consumers affirms that there is still much room for improvement for consumers to optimize their financial health

Source 3: 2016 Alegeus Healthcare Consumerism Index

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Individual Mandate Repealed and Impact to Consumerism

The Congressional Budget Office estimates:⁴

- **In 2019, insurance premiums will rise by 10%** , 4M Americans uninsured
 - Premiums increase due to exchanges left with a sicker consumer pool
- **By 2027, the repeal will cause 13M fewer Americans to be insured**
- Without the mandate, many Americans may not sign up for insurance
- However, millions of people who became eligible for Medicaid as a result of the expansion of the program under the Affordable Care Act can keep their coverage
- What happens to the patients who don't have insurance and don't qualify for Medicaid?

Source 4: "The GOP Tax Bill Repeals Obamacare's Individual Mandate," Fortune, December 20, 2017

Consumerism: Impact to the Bottom Line



How is your organization managing the financial impact of healthcare consumerism?

Key takeaways:

- The average medical provider could lose a larger percentage of net revenue
- As total patient obligations rise, the likelihood of receiving full payment falls
- Providing a seamless, transparent, and considerate financial experience will become a key differentiator in the patient experience
- Providers that engage consumers while inspiring their loyalty have a significant opportunity to change the healthcare landscape

Section 2.0

“THE ENGAGEMENT GAP” RESEARCH STUDY

“The Engagement Gap”: 2017 Change Healthcare Research Study



- 20-minute online survey of 340 executives within 251 hospitals and 89 payers
- Online survey of 771 consumers; nationally weighted sample of the U.S. population

Providers:

- Senior manager of higher, including C-suite (46%)
- Implementing consumer-centric solutions
- Knowledge of organizational consumer-centric strategies

Consumers:

- Saw healthcare provider in the last year
- Covered by health insurance, including Medicare and Medicaid

Provider Results

72%

of providers say **consumer-centric strategies** are extremely important

25%

of last year's **investments** are tied to **consumer-centric strategies**

88%

of providers have **made staffing** changes related to **consumer-centric strategies** in the past 18 months

Factors Driving Focus on Consumer-Centric Strategies



Source 5: "The Engagement Gap: Healthcare Consumer Engagement in 2017," Change Healthcare

Provider Results

Providers are focusing consumer engagement investments on departments that involve personal patient interactions



Departments of Focus for Consumer-Centric Investments

- Ambulatory/Out-Patient Services
- Inpatient Services
- (General) Patient Education



Majority of Consumer-Centric Investments are Being Funneled Toward Software Solutions

Consumer-Centric Initiatives in Past 18 Months

Launched consumer-centric task force	47%
Other consumer-centric staffing	44%
New consumer engagement function	39%
New chief strategy or marketing officer	22%
New C-suite exec with CG/S background	19%
None	12%

*CG/S = Consumer goods and services

Provider Results



< 20%

Less than 20% of providers have developed cost-of-care education programs or price transparency tools



59%

of providers plan to offer patient educational programs in the future



4 in 10

providers offer financial assistance programs for high-deductible health plan patients

Consumer Results

Despite significant investment in consumer engagement, consumer experience with providers and payers has not improved



ONLY A FIFTH

of consumers felt their experience with the providers and health plans **improved**.

About the same think things actually got **worse**.



Original Medicare and employer-sponsored health plans were more likely to report they had not seen a difference in their healthcare providers

Source 5: "The Engagement Gap: Healthcare Consumer Engagement in 2017," Change Healthcare

Consumer Results

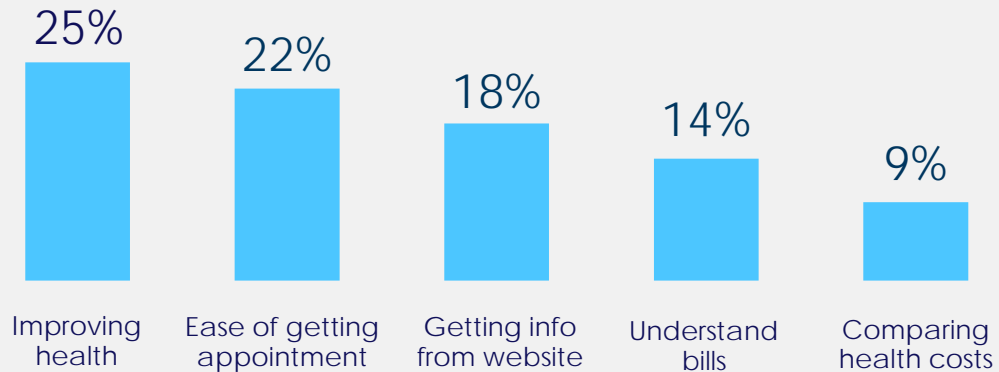
There were no specific areas where consumers really saw drastic improvements



Across all key measures of engagement with providers and payers, less than 25% saw improvement

Improvement seen in **providers** over the past 18-24 months

Less than
25%



Source 5: "The Engagement Gap: Healthcare Consumer Engagement in 2017," Change Healthcare

Research Study Summary



- Providers and payers are channeling one quarter to one third of **healthcare IT investment dollars toward consumer engagement strategies**
- However, **72%** of the consumers polled said their experience with providers and health plans has not improved—or has worsened—over the last two years
- Only **<25%** of consumers reported any improved experience

Source 5: "The Engagement Gap: Healthcare Consumer Engagement in 2017," Change Healthcare

Section 3.0

OPPORTUNITIES FOR CONSUMER ENGAGEMENT

Consumer Engagement Opportunities for 2018

Market context:

- Care is shifting to retail model, how fast can I get it
- Focus on customer experience from acute to ambulatory
- Consumers demanding cost transparency
- State legislation requiring providers to maintain some degree cost transparency
 - Patients want better clarity on the cost
- Consumers expecting quick responses to inquiries and online access to many services
- Patients require options for payment
- Patients want:
 - Convenient access
 - Expediency of services
 - Personalized interactions

Consumerism: What is your “current state”?

The patient

Convenience (when/ where I want)

Consistency

Speed to access (Amazon)

Out of pocket higher (choice)

Cost (transparency)

Can't afford deductible (go to ER)

The healthcare organization

Crushing demand for access

Retail clinic / ER competition

Revenue growth / referral leakage

No-show rates high

Insurance/Medicaid plan jumping—denials

Patient Choice – HDHP - Value

Rethinking staff, tools and resources

Question?

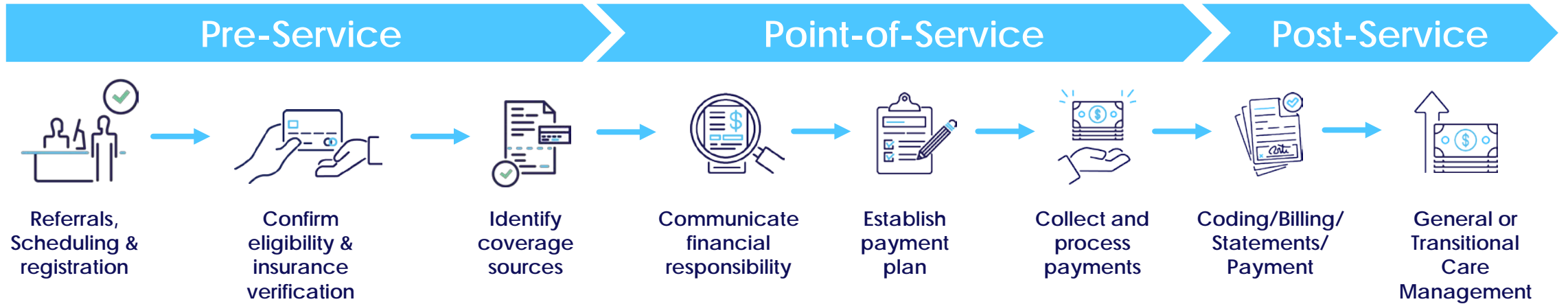
△ What area do you think your patients believe is the **biggest challenge with their providers?**

- Improving health
- Ease of getting an appointment
- Getting information from website
- Understanding bills
- Comparing healthcare costs
- Staying healthy and out of the hospital

Section 4.0

PATIENT ACCESS, FINANCIAL AND CLINICAL EXPERIENCE

Patient Journey: Important Touch Points



Help improve patient satisfaction by presenting a seamless, consistent brand experience at all patient touchpoints

Improving the Patient Access and Financial Experience

Patients want:



Convenient access

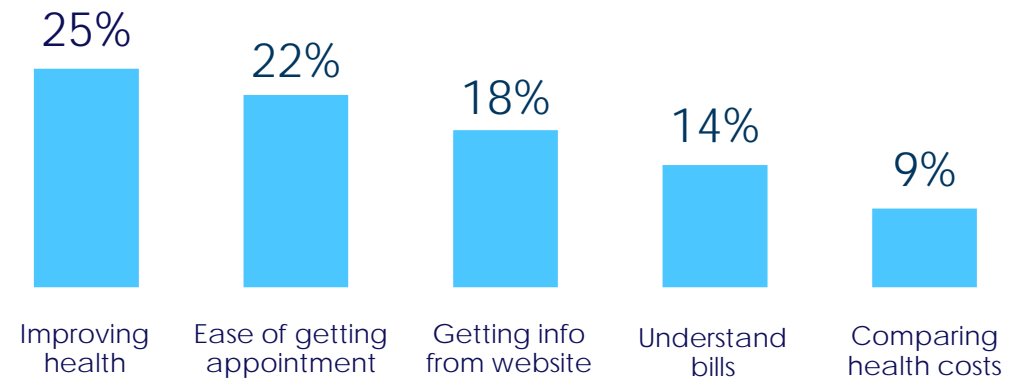


Expediency of services



Personalized interactions

Less than **25%** of consumers saw improvement with providers across key measures of engagement



Source 5: "The Engagement Gap: Healthcare Consumer Engagement in 2017," Change Healthcare

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Are You Challenging Your Status Quo?

- **Patient Access:** long telephone hold times frustrate patients, cause no shows
- **Hang-ups and No Shows:** missed revenue
- **Patient Experience:** are you as open access as CVS Minute Clinic?
- **Satisfying Financial Experience** – avoiding “the surprise” with the bill, bad debt
- **Chronic Care Management (i.e. General Care Management as of 2018) and Transitional Care Management** - CMS reimbursable care advocacy services

What Patients Want: Breaking it Down

Increased access to providers

- Scheduling/appointments
- Patient Self Scheduling
- Electronic Wait List
- Referrals
- Patient portal
- Nurse triage/help line

Patient coverage options

- Insurance verification and eligibility options
- Cost estimation
- Pre-service collection options
- Third-party coverage (personal injury)
- Financial counseling
- Charity care screening
- Patient-friendly billing statements

Improving the patient financial experience can move the patient satisfaction needle quickly



Staffing Models: In-house vs. Outsourcing

In-house

- Ample PM/EHR software and configuration
- Capable staffing available regionally
- Low in-house staff turnover
- High performing metrics/Quality
- Low patient complaints
- Maximized provider scheduling density
- Strong process for managing Chronic Care and Transitional Care Management
- Revenue and Productivity exceeds goals

Outsourcing

- Stable consistent staffing model
- Service provider can offset client lacking I.T. systems
- Speed to impact – partners can expand/contract swiftly
- Strictly performance based model
- Phone Speed to Answer <60 seconds
- Call Abandon rates 3%
- Contingency Based Collections

Decision Factors for In-house vs. Outsourcing

In-house	Outsourcing	Dual Strategy
Staff efficiency and time savings	Performance based	Focused efficiencies
Workflow automation	Turnover	Patient-centered care
Access to Intelligent Healthcare Network	Overcomes struggling metrics	Consistency
EMR integration	Actionable reporting	Focus on trouble areas
Patient financial visibility	Speed to impact KPIs	Keep compliance
Control over resources		Achieve KPIs together
		Expand/contract on demand

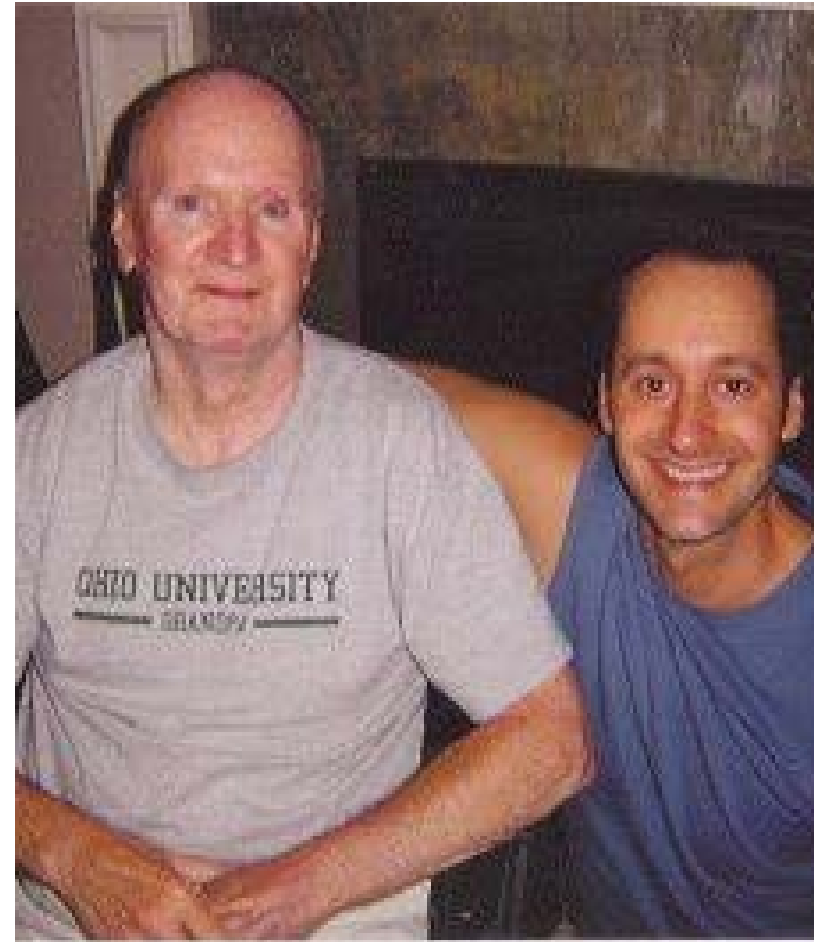
Section 5.0

CLINICAL CALLS AND PATIENT OUTREACH

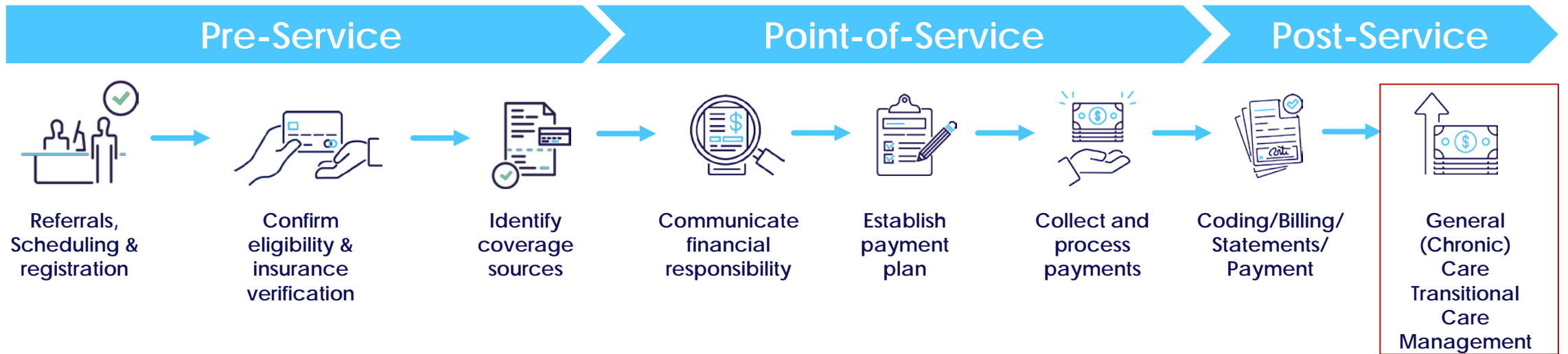
“POPULATION HEALTH STRATEGIES”

We all know a “Don”

- △ 9 admissions in 12 months (2007/2008), 22 in 15 years
- △ Multiple Sclerosis, Diabetes, Quad bypass, wheelchair
- △ Insurance coverage issues
- △ 17 medications
- △ Doctor’s office visits, Nursing Home, E/R (sometimes no admission)
- △ E/R with admissions
- △ E/R, Hospitalists, PCP, Surgical, Cardiac, Lab, Consultations, Imaging
- △ Rehab Facility, Dietary, Hospice



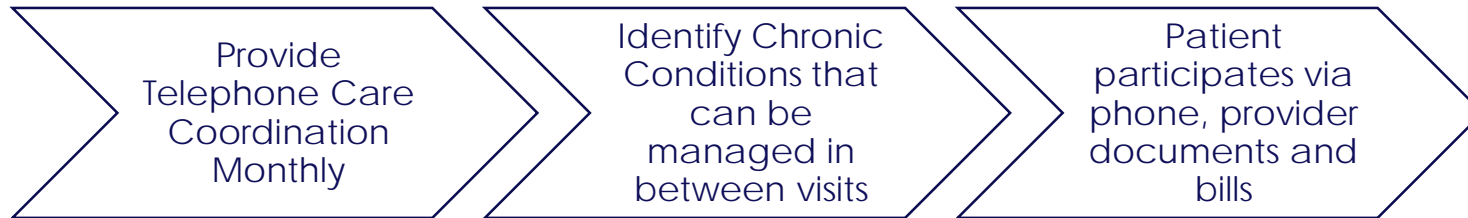
Patient Journey: Important Touch Points



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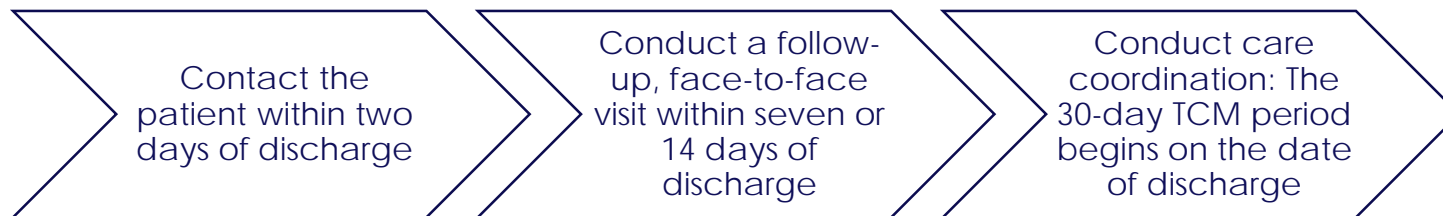
Eligible Patients & Requirements for GCM, CoCM TCM services

GCM – General Care Management or Psychiatric CoCM Coordination of Care– CPT G0511/G0512



**Access,
Outcomes
Loyalty,
Revenue**

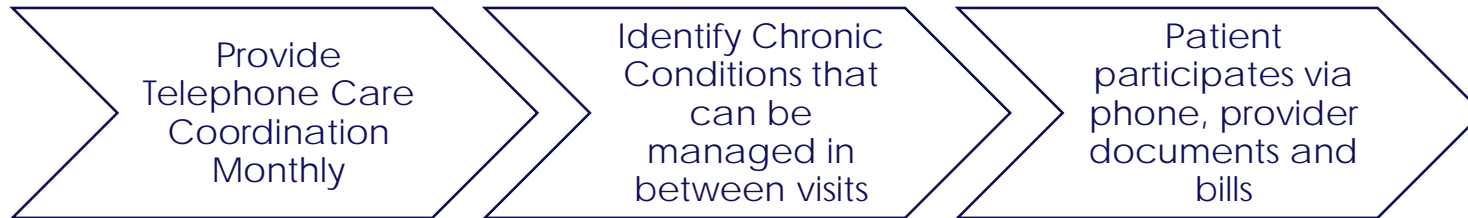
TCM – Transitional Care Management – CPT’s 99495 and 99496



Source: Centers for Medicare & Medicaid Services

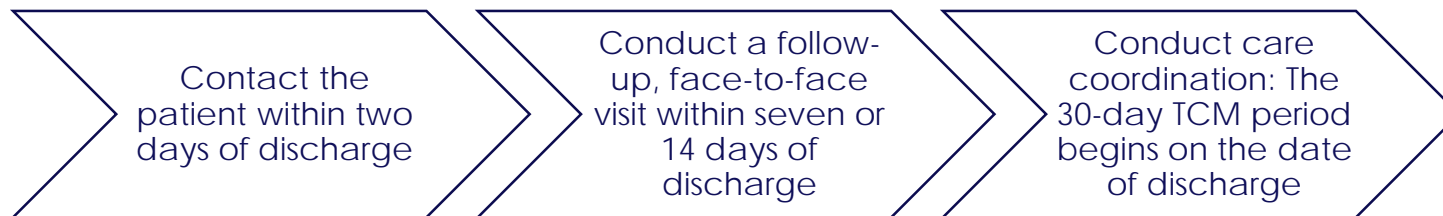
Eligible Patients & Requirements for GCM, CoCM TCM services

GCM – General Care Management or Psychiatric CoCM Coordination of Care– CPT G0511/G0512



Reimbursement
G0511 – \$165.45
G0512 – \$233.99

TCM – Transitional Care Management – CPT’s 99495 and 99496

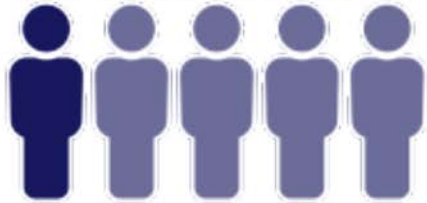


Reimbursement
99495 – \$165.45
99496 – \$233.99

Source: Centers for Medicare & Medicaid Services

Why is CMS reimbursing and encouraging TCM?

ONE IN FIVE
MEDICARE **PATIENTS**



ARE READMITTED
WITHIN **30 DAYS**
of DISCHARGE

TCM DECREASES
READMISSION RATES BY

86
PERCENT



THIS COST **IN EXCESS OF**
\$26 BILLION
PER YEAR

POST-HOSPITALIZATION
NO SHOW RATES
DROP FROM

50% TO

5%

WITHIN **2 YEARS** *of* **TCM** IMPLEMENTATION

Source: CareSync, 2017

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Key Takeaways



How easy is it for the patient to navigate your organization?



Actionable data from your patient satisfaction scores?



Do you know your patient population erosion rate?



Are your readmission rates acceptable or are costs for chronically-ill, transitioning patients well managed?



Patient access – daily attention to timely appointments, no shows, empty slots?

Our Suite of Technology and Services Can Empower Providers' Priorities Across the Patient Financial Journey



ENHANCE PATIENT
ENGAGEMENT & ACCESS



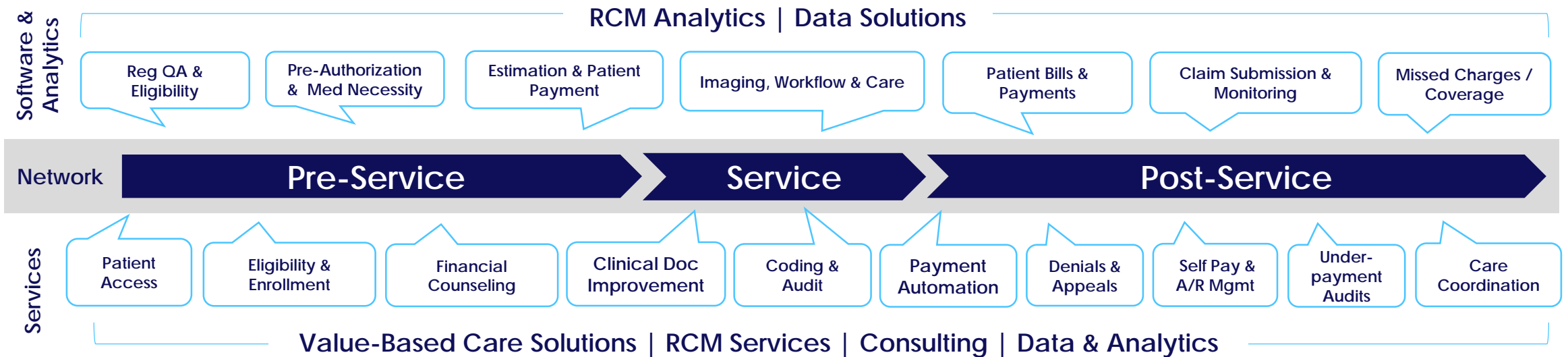
IMPROVE QUALITY
OUTCOMES



DRIVE REVENUE
PERFORMANCE



IMPROVE OPERATIONAL
EFFICIENCY



Q&A

△ To learn more about our **Patient Access** strategies

- Visit: changehealthcare.com/patient-access-eligibility-verification-solutions
- Email: Keith.Slater@Changehealthcare.com
- Phone: 330-398-5312

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