

How an Academic Medical Center Improved the Consumer Experience with a New Operating Model

One academic medical center (AMC) improved efficiency and the consumer experience with the design and implementation of a new access operating model. When the organization later embarked on the replacement of its legacy electronic health record (EHR) system, the design and build took into account the improved access workflows, which allowed it to implement a more operationally sound solution and continued to build on the success of its access operating model journey.

CHALLENGE

Despite efforts to improve patient access, the organization's operating model was becoming too costly to continue to expand, and the disparate structure did not support the optimal, consistent experience leaders wanted for their patients and physicians.

Although the health system was operating with two centralized call centers for scheduling and a centralized patient access department for financial clearance, the functions of scheduling and financial clearance were performed differently specialty to specialty, both within and outside of the centralized departments. These inconsistent processes led to inefficiencies such as long lead times for appointments and patients seen without financial clearance.

APPROACH

AMC leadership and Huron designed and implemented a future-state access model to improve the consumer experience and streamline business processes — all of which set the organization up for success as it began work on its new EHR system.

By implementing this model, the organization was able to:

Establish stakeholder buy-in: To set up the journey to a better access model, the team focused on establishing a governance structure

RESULTS

40% average **reduction in scheduling lag** across specialties

8% **increase in preregistration completion rate** to 97% by time of service

14% **increase in pre-service insurance verification rate** to 98% by time of service

6% to 15% **increase in schedule utilization** across specialties

5,200 additional **appointments financially cleared** at the time of scheduling weekly

that aligned key stakeholders and built support for new ways of operating. Together, the governance structure supported by a newly established ambulatory leadership team and standardized key performance indicators (KPIs) have helped the sustainability of the new model.

Optimize scheduling processes: New scheduling processes were designed and implemented to align to the organization's patient-centric mission. By improving scheduling protocols, prioritizing discharge scheduling and centralizing call centers, the health system improved patient health outcomes and patient experience. Additionally,

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standardized provider templates established scheduling standards to increase access while still meeting providers' needs.

As a result of the COVID-19 pandemic, the AMC team and Huron also developed a standardized telehealth approach to improve scheduling accessibility and ensure patient prioritization was consistently defined. The approach defined operational and technical workflows for intake, scheduling, check-in, visit completion, documentation and billing using a standard set of telehealth systems. This ensured the maximum use of telehealth for patient care and improved patient experience by making care more accessible.

Improve the patient financial experience:

As part of its new access model, it was critical for the organization to streamline the patient financial experience. Together, AMC leadership and Huron designed and implemented modified registration and financial clearance processes across the health system, which moved registration to the time of scheduling and allowed the patient access department to shift from touching every scheduled visit to an exception-based workflow.

With improved processes and better-trained staff, patients were able to move through scheduling, registration and financial clearance more efficiently. These new efficiencies ensured a better patient experience at the time of service at less cost for the organization and ultimately decreased billing delays and denials.

Implement and optimize the new EHR system:

As the organization continued its journey to a new access model, the health system began simultaneously working with Huron to implement a new EHR system. The standardized processes already in place for the new access model facilitated a more comprehensive and informed EHR design and an overall smoother EHR implementation. The team was able to immediately include enhanced build capabilities that are not standard during an EHR installation, improving operational workflows and streamlining employee responsibilities to align to their technical capabilities and access goals.

For example, the AMC implemented system-embedded scheduling protocols at the system go-live, which is typically an optimization task after installation. Additionally, the organization activated its EHR patient portal functionality, which advanced its consumer-centric access goals such as self-scheduling and digital registration at the time of scheduling. The AMC was also able to more effectively transition to the use of system-based work drivers and not lose efficiencies of the registration and financial clearance process.



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