Improving Ambulatory Access to Maximize Revenue

**FIVE IMPERATIVES FOR CAPTURING AND RETAINING MORE PATIENTS**

By Ryan McPherson, senior director; Lindsay Rubin, senior director; and Larry Stuckey, managing director, Huron Healthcare

As care continues to shift into the ambulatory setting, most healthcare leaders expect hospital admissions to decrease. Inpatient use-rates have declined for all age groups nationally, and use rates for those ages 65 to 84 years declined more than 10 percent between 2006 and 2011. In the current environment, providers must begin managing populations of patients, especially those with chronic diseases, in order to qualify for population health and at-risk reimbursement. Mounting pressure exists to enhance the effectiveness and accessibility of ambulatory systems, including both primary care and specialty care. Finally, patients today are savvy consumers with an increasingly wide choice of ambulatory providers.

In this environment, hospitals and healthcare systems need efficient scheduling and access processes to capture maximum revenue from ambulatory visits. Efficient scheduling and access processes optimize productivity and organizational resources, and ensure that patients and referring physicians have a positive, seamless and predictable experience. Conversely, scheduling and access processes that are inefficient, confusing or inconsistent not only reduce revenue in the short term, but can damage an organization’s reputation among community, patient and physician stakeholders.

**FIVE IMPERATIVES FOR OPTIMAL AMBULATORY SCHEDULING**

In an era of diminishing reimbursement, no hospital can afford to ignore these five imperatives for high-performance ambulatory scheduling and demand management:

1. **Create an infrastructure that supports referral capture and conversion.** A request for service from a patient or referring physician is essentially someone saying, “Please let me give my business to you.” It can be surprising to see how inefficiently referrals are managed in some situations: piles of papers sitting on fax machines; patients who must choose from twelve phone numbers to schedule an appointment; and patient calls that are bounced among departments. Capturing and converting referrals must be a streamlined process.

2. **Optimize interactions with referring physicians.** When providers refer their patients to a hospital for services, they can and should expect to receive updates on their patients’ status (e.g., was the patient ultimately scheduled? If they were not scheduled and seen, why? What were the results of their visit?). Better communication between physicians and hospitals means more coordinated care for patients. Organizations should maintain and strengthen relationships with referring providers by identifying and addressing barriers to care coordination, then establishing ongoing, open avenues for communication. In some organizations, a significant lost opportunity occurs when newly acquired physician groups do not refer patients to the new parent hospital. Root causes of this pattern need to be identified and addressed.

3. **Create a seamless patient scheduling experience.** A patient’s experience does not start when they arrive on their date of service. Every “touch” counts — from the phone call scheduling a patient for treatment to the timeliness of the next appointment availability. All patient interactions (including the scheduling and referral process) influence patient satisfaction and the likelihood of patients returning for service in the future. Patients should be treated with respect and dignity from the beginning to the end of their encounter with a healthcare provider — and that includes the ease with which they are able to schedule their appointment.

4. **Top Five Roadblocks to Physician Referral**

   1. “I do not hear back from you.” Unresponsiveness to physician referrals — due to poor hospital scheduling processes — is a common issue for physicians.

   2. “We have always referred to someone else.” In some cases, this can be because physicians have a trusted colleague they routinely refer to. But in others, it may be force of habit. Fax machine numbers are already programmed, templates are on hand and forms have already been filled out.

   3. “You do not see my patients quickly enough — I cannot wait two to three weeks for the results of a diagnostic test.” When hospitals have metrics that reveal the true demand for their services, they may be able to meet that demand in a timely manner.

   4. “It is a hassle for my patients to schedule with your organization.” When scheduling is decentralized or organized, patients’ experience can impact their willingness to schedule. It is common for patients to have a difficult time determining which number to call to schedule or to have to repeat information to multiple points of contact.

   5. “My patients could not figure out who to call to get the services they needed.” Lack of clarity about which locations offer which services can be a significant barrier to referral conversion.

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**Top Five Roadblocks to Physician Referral**

What prevents physicians from referring to a particular hospital — especially when it is the one they work for? Huron Healthcare’s survey of several physician practices in one community (representing more than 30 physicians) revealed these top five roadblocks:

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5. “My patients could not figure out who to call to get the services they needed.” Lack of clarity about which locations offer which services can be a significant barrier to referral conversion.
The goal is to capture the right data: Gathering the right data is crucial for understanding pain points and roadblocks to improved performance. A technology-enabled approach with an automated dashboard depicting actual performance against best-practice key indicators will allow for timely, actionable insight into access performance. Key metrics to track include scheduled utilization, referral turnaround times, referral conversion rates, impactable cancellation rates and automatic call distributor (ACD) metrics, including call abandonment, wait times, etc.

4. Understand true demand. The goal is to offer the right services to the right people at the right time within the right setting. Once an organization is confident that the referral process is optimized and they are capturing all demand for services, they can make data-driven decisions about the services they offer to better manage and demand. For example, data may indicate that a specialty center is not experiencing enough volume to justify being open seven days a week. Another center may need to expand its hours.

5. Encourage a culture of accountability, productivity and consumerism. Cultural changes may be required in order to affect scheduling and demand management change. Consistent policies and procedures, performance reporting and patient satisfaction monitoring are foundational elements of any effective institutional change. Healthcare organizations must be prepared to hold employees and physicians accountable for meeting new standards in operational effectiveness.

KEYS TO SUCCESS

Getting the right people at the table responding to the right data at the right time creates an environment of proactivity, discipline and accountability.

- Get the right stakeholders involved and engaged: Physicians, executives and frontline staff must be invested in ambulatory access improvement for it to work. Stakeholders must understand and appreciate the big-picture business imperatives and how their role affects and improves operational efficiency and the patient experience. Leaders must be prepared to invest the time needed to gain and maintain this support.

- Capture the right data: Gathering the right data is crucial for understanding pain points and roadblocks to improved performance.

- Analyze data holistically across all departments: If an organization is capturing the right data, but not doing so across all departments, they are likely to miss root causes of issues that can erode performance. The organization also may solve a problem within one department but not another if a holistic view is not taken.

- Make data actionable: If data is not actionable, it is being severely underutilized. Data needs to be organized in a manner that shows where problems are and creates opportunities for immediate and proactive corrective action.

- Effective communication of changes and improvements to internal and external stakeholders: Communicating positive change – a new, better and more efficient way of working with stakeholders – contributes significantly to the success of the initiative. This can be driven through the marketing team or internally, but it is critical to the success of the program. Communicating with referring physicians regarding improved services will in itself help increase referrals.

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**Patient Scheduling and Access Project Yields $6.5M**

This hospital has 442 licensed beds, 24,000 annual inpatient admissions and 41,000 annual surgical procedures. They wanted to transition to centralized scheduling for the entire organization, with the goal of easing access to the facility, decreasing wait times for scheduled services and increasing utilization of the clinical environments.

They asked Huron to perform a comprehensive assessment of access and scheduling capabilities across multiple departments. The assessment indicated multiple opportunities for improvement, including ambulatory scheduling, pre-admission services, day-of-service functions and CT/MRI patient preparation, as well as productivity, efficiency and effectiveness in these departments.

Drawing on a deep understanding of scheduling systems and practices, the Huron team enhanced the usage and flexibility of the system for end users. As a result of this effort, the hospital saw a strong improvement in utilization of existing resources across ambulatory services, yielding an additional $6.5M of revenue annualized. Specific enhancements included:

- Modifying the procedure scheduling questions to reduce data entry while ensuring that all required information was collected

- Updating system access requirements for lead schedulers to improve reliability of anesthesia assignments within the operating room and produce an accurate surgical schedule with real-time information

- Removing outdated information within the system, leading to a streamlined procedure entry process and a more accurate reflection of service availability

- Updating more than a dozen scheduling reports to reflect accurate and timely information to support informed decisions regarding staffing, room and equipment assignments, patient placement and supply requirements

- Implementing Huron’s Patient Access Dashboard to track metrics to continue to improve patient access performance

Following this project, the hospital team expanded the solution to new facilities and diagnostics centers and continues to see sustainable results.
What Can We Expect After Improving Patient Scheduling?

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<thead>
<tr>
<th>MEASUREMENT MODEL(S)</th>
<th>SAMPLE RESULTS</th>
<th>RESULTS FROM HURON CLIENTS</th>
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<tbody>
<tr>
<td>• Comprehensive Utilization Model: Monitor improvement</td>
<td>• Reduced cancellations and no-shows</td>
<td>• Typical increase in patient volumes by 10% to 20% in ambulatory</td>
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<tr>
<td>in percentage of patient appointments completed</td>
<td>• Improved relationships with referring physicians and other clinical partners</td>
<td>settings</td>
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<td>(includes no-shows/cancellations).</td>
<td>• Increased volumes, yielding improved revenue</td>
<td>• More than $6.5M improvement in outpatient revenue</td>
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<tr>
<td>• Volumes Improvement Model: Monitor improvements due to</td>
<td>• Improved customer service metrics such as ACD</td>
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<tr>
<td>increase in visit volumes.</td>
<td>abandonment rate and wait times</td>
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Source: Huron Healthcare

ABOUT HURON HEALTHCARE

Huron Healthcare is the premier provider of performance improvement and clinical transformation solutions for hospitals and health systems. By partnering with clients, Huron delivers strategy and solutions that improve quality; increase revenue; reduce expenses; and enhance physician, patient, and employee satisfaction across the healthcare enterprise. Clients include leading national and regional integrated healthcare systems, academic medical centers, community hospitals, and physician practices.

To see how Huron Healthcare solutions can empower your mission, contact us at 866-229-8700 or visit huronconsultinggroup.com/healthcare.

REFERENCES


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