Trends in Revenue Cycle E-Learning
Career Ladders, System Implementations, and Patient Engagement

Overview and Objectives

Objectives:

The objective of this webinar is to share success stories, strategies and tactical approaches to maximizing training within the Revenue Cycle.

• Learn how organizations are getting the most out of their employees by supporting their ongoing development and measuring their success
• Gain insight into how to document and efficiently train staff on changes within your revenue cycle (e.g., new technologies)
• Determine new means of creating more engagement with your patients
HBI Survey Results

How are your peers approaching training and education for their revenue cycle teams?

% of Providers with Career Ladders Incorporating Online Courses and/or Assessments

Have Ladder with Online Courses and/or Assessments: 44%
Do Not Have Ladder with Online Courses and/or Assessments: 56%

% of Providers Looking to Move Competency Testing from Classroom to Online Environment

Seeking to Move Online: 69%
Not Seeking to Move Online: 31%

% of Providers with Learning Management System (LMS)

Have Own LMS: 88%
Do Not Have LMS: 12%

Providers Approaches to Providing New Hire and Systems Training

One-on-One Training: 81%
Classroom Sessions: 75%
Job Shadowing: 69%
Online Courses: 56%

Creating a Value-Driven Training Culture

Characteristics of Best Practice Revenue Cycle Training Organizations

• These organizations have decided to treat training and education as a value driver within their revenue cycle—not a cost center that must be done without a strategic purpose

In this presentation, we’re going to share how four providers are addressing several objectives common across many organizations:

• Creating career ladders & annual assessments
• Training staff on new systems, including EHRs
• Improving customer service & patient engagement

Outcomes at Organizations with Strong Learning Cultures

Source: Bersin & Associates

37% Greater Employee Productivity
33% Higher Customer Satisfaction
Creating Career Ladders & Annual Assessments

Building the Case

Case Study

Resource: Career Ladder & Competency Requirements

Case Study

Resource: Sample Assessment Questions

Building the Case

Career ladders are an employee benefit that more and more healthcare providers are using in the revenue cycle in order to help drive employee satisfaction and, as a result, improve employee engagement and performance.

- A recent survey found that roughly 5 in 6 providers saw a reduction in turnover as a result of implementing a career ladder.

One important task when it comes to creating or updating a career ladder is clearly defining objective and subjective goals that must be achieved before advancement.

- Periodic, consistent, and reportable performance testing is one way to measure gains in employee competencies and thus who should move “up” the ladder.

- Such testing—whether annual or more frequently—is also being done to pinpoint opportunities for education that is truly focused on knowledge gaps.

Source: Healthcare Business Insights
Building the Case: Comparing Approaches

Typical Experiences
• Unclear career paths
• Subjective reviews and advancement criteria
• Time-consuming, manual testing and data analysis

Member Successes
• Transparent career opportunities and requirements
• Objective assessments
• Web-based testing and ease of reporting

Case Study

Halifax Health sought to boost the Employee Engagement Survey score for its patient access departments
• The decision to focus on career development for the department was two-fold:
  - Patient Access employee satisfaction scores were surprisingly low
  - Patient Access was encouraged by Human Resources to find a way to measure career progression (like in Nursing)

A significant part of the solution was a new career ladder, supported by a robust online training platform and courseware
• The organization developed a career ladder, with an emphasis on education that involved more opportunities for online and self-study training
• To advance to the next level, staff must complete a curriculum of online courses and final exam, along with maintaining a positive work record
• By fulfilling their promise to implement a career ladder, the organization greatly boosted employee satisfaction and currently has more than 100 staff participating

Employee engagement scores rose 7 points in the first year.
More than 15% of staff advanced to the second tier of the career ladder in one year.
Resource: Career Ladder & Competency Requirements

**Senior Patient Access Specialist**
- 2 years of experience, 1 in patient access
- Additional cash verification, QA, workflow, and leadership responsibilities
- Completes Revenue Cycle Curriculum and renews Patient Access certification every 18 months

**Patient Access Specialists II**
- 2 years of experience
- Additional training, mentoring, and process improvement responsibility
- Completes Patient Access Curriculum and obtain Patient Access certification

**Patient Access Specialists**
- New hires
- Basic patient access duties
- Completes Orientation Curriculum within 6 months of hiring

**Revenue Cycle Training Resources**
- Key Performance Indicators
- Legal Aspects of Collecting
- Accounts Receivable
- HIPAA

**Revenue Cycle Training Resources**
- Financial Counseling Basics
- COBRA
- ABNs

**Revenue Cycle Training Resources**
- Service Excellence
- Claim Forms
- Red Flags
- HIPAA

**Case Study**

The intention of a new approach to competency tests at one pediatric facility began as a result of management’s realization that there was an opportunity to increase the overall knowledge of revenue cycle staff—thereby promoting more collaboration, teamwork, and improved performance.

1. **Pilot Program**
   - In order to identify the topics in need of the most attention, management developed a 25-question competency test for staff to take that covered the main processes of the Revenue Cycle.
   - The results of the first competency tests convinced leaders to move forward with their continuing education program on the front end of the revenue cycle.

2. **Implementation**
   - When the program proved to be successful and more departments started desiring training for their staff, leadership wanted to develop tests specific to each position.
   - This provider then developed and reported on new online competency tests. The tests are typically comprised of 50 questions selected by leaders of each department, and include a number of job-specific questions (e.g., registering a patient in the EHR).

3. **Results**
   - This healthcare provider continues to utilize a Learning Management System to store information (including tests) and track results.
   - Over 50 job-specific competency tests have been created and deployed, with detailed reports and statistics being provided for each learner and department in order to guide initiatives going forward.
Resource: Sample Assessment Questions

Customer Service Rep – Online 2014 Insurance Verification Competency Evaluation

CSR INSURANCE VERIFICATION

Assessment | Question 1

An insurance ________ is the amount the policyholder or his/her sponsor (e.g. an employer) pays to the health plan each month to purchase health coverage.

- Co-Payment
- Deductible
- Premium
- Subscription

Resource: Sample Assessment Questions (cont.)

CSR Insurance Verification – 2014 Competency Evaluation

REGISTRATION

1. An insurance ________ is the amount the policyholder or his/her sponsor (e.g. an employer) pays to the health plan each month to purchase health coverage.
   A. Copayment
   B. Deductible
   C. Premium
   D. Subscription

2. A ________ is the person or entity responsible for the hospital bill.
   A. Patient
   B. Guarantor
   C. Parent
   D. Doctor

3. A ________ is a physician who directly provides or coordinates a range of health care services for a patient; these physicians are required in HMO insurance plans.
   A. Family Doctor
   B. Network Physician
   C. Main Physician (MP)
   D. Primary Care Physician (PCP)

4. Brandy enters surgery and is aware that she must pay 20% of the total surgery cost. Her health insurance company is liable for the other 80% of the bill. This is an example of a ________.
   A. Out of Pocket Maximum
   B. Coinsurance
   C. Copay
   D. Deductible

COVERAGE

5. A patient presents to the facility and has an insurance that you are unfamiliar with, and the insurance is utilizing the PHCS network. What is the proper coverage name for the insurance?
   A. Humana
   B. Commercial – Other
   C. Tricare
   D. PHCS

6. Describe when a user should void coverage.
   A. The insurance policy has ended
   B. When Medicaid terms monthly
   C. The coverage is added incorrectly or added to an incorrect patient record
   D. The patient is discharged from the hospital

7. When coverage is updated or linked, what level of registration is this task performed?
   A. Hospital Account Record
   B. Guarantor Level
   C. Patient Level
   D. Coverage Level

8. Jaden has two insurance coverages and are both BCBS. You notice that both insurance coverages have different subscriber names but have the same subscriber identification number. What would you do to effectively resolve the coverage on the account?
   A. Void one of the insurance plans because one was added in error
   B. Terminate one of the insurance plans
   C. Call BCBS to verify insurance information for both policies and update the account accordingly with the new information
   D. The coverage is correct because the patient can have two plans with the same subscriber id number

9. What is the importance of adding the correct coverage to the patient record?
   A. To prevent claim denials
   B. Improve cash flow
   C. Eliminate re-work
   D. All of the above
Building the Case

The systems and technologies being introduced into the revenue cycle can lead to many workflow efficiencies—while at the same time requiring staff to learn new processes, systems, and simply put, ways to perform their important jobs.

• According to our research, 51% of providers are either currently (or will soon be) going through an EHR conversion—and that does not account for EHR version upgrades.

• It’s not uncommon to hear about revenue cycle staff who must use 5, 10, or 15 different systems on a daily basis and during their daily interaction with patients.

• E-Learning and simulation environments can be used to increase familiarity with the systems used, supplementing any classroom or paper-based “tips sheets” with formal, web-based activities.
Building the Case: Comparing Approaches

Typical Experiences
- Classroom-based sessions at defined times
- Little flexibility with off-the-shelf products
- Effectiveness often dependent on trainer and super user talent

Member Successes
- Flexible and on-demand training
- Promotion of consistent knowledge and practices
- Customized for their system build, processes, and team

Case Study

As it grew rapidly, Aurora Health Care leaders recognized that to effectively educate staff on its systems and create consistent processes, they required consistent, standardized revenue cycle training.

- The traditional training model previously in place was inefficient, and content frequently did not appeal to all learning styles
- It became more evident that a larger, centralized training department was essential

This centralized department now utilizes E-Learning to efficiently provide education to a wide audience across 15 hospitals and 170+ clinics in Wisconsin and Illinois.

- With over 6,000 learners, E-Learning allows Aurora to effectively reach and train more learners outside of the classroom walls, which has proven to be a very cost-effective method
Resource: Mapping Out a Customized Course & Curriculum

**Content Elicitation**
Work with trainers and leadership to gather all relevant, existing content, such as policies and procedures, application screens, and other static content.

**Subject Matter Input**
Discuss objectives, requirements, frequency of updates, etc. with leaders and subject matter experts.

**Design**
Enlist graphic design teams to produce the course based on the storyboard, including all animation and audio.

**Create a Course Storyboard**
Collaborate with instructional designer(s) to create a visual storyboard based on the content elicitation phase, and obtain approval from leadership focus group.

**Final Approval**
All parties sign off on content and style.

---

**Improving Customer Service & Patient Engagement**

Building the Case

Case Study

Resource: Patient Engagement Video
Building the Case

Today’s healthcare environment, more than ever, is becoming one focused on the consumer—with research showing a strong correlation between patients’ overall satisfaction levels with clinical care and their financial experience

- Deductibles and out-of-pocket costs are growing quickly year-over-year, resulting in more questions surrounding patients’ bills, financial assistance, etc.
- Many providers are still challenged to overcome the discomfort revenue cycle staff members often have about discussing financial issues

Federal 501(r) regulations are also requiring hospitals to improve their communication of financial assistance

- While nearly 90% of organizations have some type of web-based billing options available, many of today’s patients are looking for more
- It is projected that, within four years, 80% of traffic on the Internet will be video—might this be a better way to reach patients?

Building the Case: Comparing Approaches

Typical Experiences

- Brochures, web text, and word of mouth
- Limited incorporation of other media

Member Successes

- Visuels and audio to reach multiple styles
- Recognition of today’s and future web use
Case Study

For years providers have attempted to be proactive in educating patients about certain polices and procedures, typically, through paper brochures.

- As mentioned, 501(r) now mandates providers put financial assistance policies on their website as well.

Rice Memorial Hospital decided to go beyond this typical approach, combining its focus on training with web resources for customer service purposes.

- This organization wanted an easy, visual reference for visitors that may potentially need financial assistance but would be uncertain of the process involved.
- Rice Memorial Hospital authored a transcript for a brief video.
- Staff members at the organization also recorded their own lines for the video to provide a more personal touch.
- First-time patients now have a clear understanding of how their visit to the organization will play out and will know what to expect if they require financial assistance.

Resource: Patient Engagement Video

Patient Engagement Video: Transcript

Staff Member 1:
At our organization, we care about helping our patients secure access to care. In an effort to educate you about what you can expect during your visit, we have a dedicated team of financial advocates to help guide you through our process. Rest assured, the team will be there to help you understand what you can expect throughout your visit.

Narrator 1:
Based on your insurance information, we will determine if you owe any out-of-pocket costs. If you have any questions or concerns about your payment or your insurance plan, our team will be there to help you understand what you can expect.

Staff Member 2:
We recognize that patients who need medical care cannot always afford it. That's why our organization has several full-time financial advocates who are dedicated to helping our patients understand their options and apply for financial assistance. Our staff members have years of experience in the healthcare industry, and they are committed to ensuring you have a smooth experience.

Narrator 1:
Prior to your appointment, a pre-registration representative will call you. They will collect your personal and insurance information. Your insurance information includes details about your current and former providers. If you have ever received care through Medicare or Medicaid, your information will include that information as well.

Staff Member 3:
Our organization has several full-time financial advocates who are committed to helping you understand your options and apply for financial assistance. Our staff members understand that every patient's situation is unique, and they go to great lengths to ensure everyone is treated with the respect they deserve.

Staff Member 1:
At our organization, we care about helping our patients restore and promote their health in an affordable way. We understand that the healthcare process and your financial assistance options can be confusing. Which is why our Patient Access staff and financial advocates are here to help you understand what you can expect during your visit.
Conclusion: The Case for Revenue Cycle Training

Is your revenue cycle training program a Cost Center or a Value Driver—and how can you take steps to move it in the right direction?

- We hope the information presented today around how leading providers are creating sustainable value through training has been beneficial
- Thank you to all of our attendees

If you’d like more information please feel free to contact me. Thank you again for your attendance.

Alex Vealitzek
Vice President
avealitzek@hbinsights.com