Patient access is gatekeeper: Prepare staff now for possible Ebola

(Editors note: This is the first part of a two-part series on Ebola and patient access. This month, we give you an overview of how to handle this potentially deadly situation. Next month, we give you specifics of how departments are addressing this issue.)

What do I do if someone presents to a registration area and is symptomatic for Ebola? How do I protect myself? What is the hospital going to do to protect its employees?

These three questions are being asked by patient access employees at hospitals nationwide. “It’s imperative that patient access is involved in the preparation for Ebola, since they are the frontline,” says Dale Beler, CHAM, director of patient access services at Ochsner Health System in New Orleans.

Christopher R. Jones, MBA, patient access manager in the emergency department/Asheville Surgery Center at Mission Hospital in Asheville, NC, says that the biggest concern patient access leaders have with Ebola is the number of access points. “There is no way to reasonably man every point to ensure we are catching everything coming into the facility at this time,” Jones says. “Adjustments will most certainly be made if the situation changes.”

At Ochsner Health System, patient access services has staff members at clinics, urgent care centers, emergency departments (EDs), scheduling departments, and hospital registration areas. “Patient access is the gatekeeper in these areas,” says Beler. “As such, we need to ensure that we are keeping our patients and our employees safe.”

In some cases, patient access...
patients treated and seen across the entire health system, she reports.

The single biggest challenge for patient access is to provide staff with the most current information and education on infectious diseases, while screening emergency department (ED) patients who are already anxious, according to Angie Small, CRCR, patient access supervisor for the ED at Chi Health — Saint Elizabeth in Lincoln, NE. “We have to screen them, and sometimes this causes more anxiety,” she says. “We have to be a calming presence while screening the patient and make sure we have the information we need.”

In the ED, the initial screen is performed by the triage nurse, and registrars normally do not speak with the patient until after triage. However, at Asheville Surgery Center, says Jones, “we are the first folks a patient speaks with upon arrival.”

The Center’s patient access employees ask these screening questions: Have you traveled in the last 30 days? Do you have a fever or respiratory symptoms? “If any concerns arise during the brief interview, registration notifies the clinical leadership. We escort the patient to a private room to meet with clinical staff,” says Jones.

Flag suspected cases

Ochsner’s patient access leaders worked with the organization’s leadership team to develop a systemwide plan that encompasses all points of entry.

“Our biggest challenges are how we can identify these patients prior to their appointments and also identifying patients that walk in for services,” says Beler.

If patients call for appointments

executive summary

Patient access staff members need to prepare now for the possibility of an Ebola patient presenting at their facility. Departments have made these changes:

• Schedulers are asking patients screening questions.
• Registrars are following protocols if responses indicate a possible risk.
• Managers are developing processes to protect employees who are the first point of contact for patients with contagious diseases.
Cancer center’s collections are up by 35%, with new processes for high-deductible plans

Out-of-pocket responsibilities are larger than ever

The responsibility of payment for healthcare services “is lying more and more on the patient,” says Angela Click, patient access services manager at OSF St. Joseph Medical Center in Bloomington, IL.

In 2015, nearly a third of large employers will offer only high-deductible plans, defined by the Internal Revenue Service as having deductibles above $1,250 for an individual, according to a study of 136 companies by the National Business Group on Health.

At Parkland Health & Hospital System in Dallas, “we’re seeing larger out-of-pocket responsibilities than ever before,” says H. Gene Lawson Jr., senior vice president of revenue cycle.

By informing patients of previous balances and changing scripting, OSF St. Joseph increased weekly collections by 35%. Staff members now ask, “How would you like to pay for that today?” instead of saying, “Do you want to take care of this today?”

Staff members also make the patients aware of their payment options, if the patients state that they are unable to make the payments that day.

“Technology and communication are the biggest keys to identifying high-dollar out-of-pocket expenses,” says Click.

OSF St. Joseph Medical Center’s registrars use an electronic insurance benefit service. This service allows registrars to identify out-of-pocket expenses at the point of scheduling. “If the patient does have a copay or balance owed, we inform them what the cost is,” says Click.

If the patient insists on being billed, staff members ask if they have any concerns with making their payments. If so, staff members

EXECUTIVE SUMMARY

By identifying high-deductible plans earlier in the process, Huntsman Cancer Center increased its cash collection goal for fiscal year 2015 by 10%. OSF St. Joseph Medical Center increased weekly collections by 35% by informing patients of previous balances and changing scripting. To increase collections:

• Avoid using jargon when collecting.
• Offer patients a prompt-pay discount.
• Be prepared to specify the total billed amount, contractual adjustment amount, or non-covered charges.