

Inventing the Mid-Cycle with Patient Self-Service

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By Janie Tremlett

Payment models in healthcare are transforming—which should be no surprise to health information management (HIM) professionals. What may come as a surprise though is how quickly these models are transforming.

Healthcare is rapidly moving to incorporate measures of value into payment models, with more than two-thirds of payments expected to be based on value measurement in five years, up from just one-third today, according to a study conducted by ORC International. The study goes on to state that most of the key obstacles that need to be overcome during this payment model shift is technology-related, with one of the biggest technology problem areas being data collection, access, and analytics.

Hospitals and health systems' financial health has now come to depend on getting and accessing accurate and current data, clearly documenting that data, and ultimately delivering good clinical outcomes. One thing that can help drive accurate data and improved outcomes is paying attention to the mid-cycle—and using technology to manage the intersection of clinical, revenue cycle, and patient access processes and data.

Defining the Mid-Cycle

The mid-cycle occurs where revenue cycle meets clinical interactions and patient access. A value-based reimbursement system requires tighter integration of clinical records and other systems with providers' financial systems. Today, however, a key bottleneck for many hospital revenue cycles occurs in the link with the clinical side. Identifying this bottleneck area and learning how to optimize it is critical for healthy financial performance, solid clinical performance, and patient satisfaction and engagement. The best way to optimize this is to start small and early in the encounter – and technology can help.

Capturing Data Pre-Service

There is an opportunity to engage patients in a pre-registration workflow pre-service, before they have even stepped foot on the provider's premises, through a personal mobile device like a laptop, smartphone, or tablet. Several items go into a pre-registration workflow, some of which can include a confirmation/update of a patient's demographics and insurance information, completion of forms and/or questionnaires, and bill payment. Capturing that information beforehand has a great impact when it comes to anything that needs to be sent to the patient, such as appointment reminders, billing, mail-order prescriptions, and lab results.

In addition to asking for demographic information confirmation, providers have the opportunity to ask clinical screening and clinical intake questionnaires relevant to a patient's appointment as part of the pre-registration process. These questionnaires can help a provider determine any number of issues—for example, maybe the patient is scheduled for the wrong appointment—before they ever show up on-site. Using the above scenario, a patient may be scheduled to receive a procedure at a certain location, but based on his or her answers to a questionnaire, it can be discovered that the patient is in a wheelchair and the original appointment location wouldn't be appropriate since the spacing and equipment wouldn't easily allow for the size of a wheelchair. This could have been a great inconvenience for the patient to actually go to this appointment, not only because it would have been a waste of time for the patient, but also because the hospital would have wasted an appointment time slot with expensive equipment and would have to spend time finding a new appointment time and location for the patient. But, through a questionnaire given pre-service, this issue can be found out, flagged, and solved in advance.

Facilitating Data Capture Onsite

Just like the airline industry, where travelers can check-in for a flight on a kiosk at the airport, hospitals or health systems have the ability to also offer this with their own facility kiosks. The big advantage to having an onsite registration and check-in solution is healthcare facilities can capture data on patients they're not expecting to arrive, like a walk-in, as well as speed up the registration process. Instead of registering and checking in face-to-face with a member of the hospital staff, kiosks, whether they're free-standing, wall-mounted, table-top or tablet kiosks, can be designed for a quick two minute interaction.

They are an effective way to identify patients onsite, give patients questionnaires, take them through relevant workflows, and triage patients.

Even asking the most basic question, “Are you here for a scheduled appointment or are you here as a walk-in?,” can allow healthcare facilities to optimize their patient flow. Taking this a step further and asking questions like, “What are your symptoms? What is your pain level?,” healthcare facilities can have the opportunity to prioritize patients and get them to the right place in a timely fashion. Kiosks also can be used to educate or inform patients; for example, if healthcare facilities want to encourage their patient population to get flu shots or to think about getting tested for a certain disease, they can display notifications or reminders on these kiosks.

Of course, these best practices don’t necessarily require a kiosk or tech-based registration solution—they can be integrated into in-person registration practices that will also help collect via patient documentation and streamline encounters.

Automating Clinical Intake Documentation on the Front-End

There is a lot of clinical intake documentation that can be pulled out of the clinician workflow and automated—including simple patient interviews. Patients can answer these interview questions electronically, and have their answers feed directly into an electronic health record (EHR) system. This concept of automated, patient-directed digital questionnaires is accomplished using a “virtual clipboard,” a tablet provided to patients during registration that would have previously been given in paper form. The virtual clipboard is a practical, low-cost way to save time and start providing relief to clinicians during their clinical workflow.

Specific areas that can be automated using a virtual clipboard include:

- History of Present Illness
- Medication reconciliation
- Chief complaint
- HIV, drug, alcohol screening
- Behavioral and mental health screening
- Antibiotic over-prescription screening

Obviously using kiosks, tablets, and their corresponding documentation management systems does cost money, and providers should research if the investment in this technology is needed and worth the return on investment. If research shows this is so, this small step in extending patients the ability to enter their own data can strengthen a healthcare system’s documentation initiatives, which will ultimately optimize their revenue cycle and in theory bolster their bottom line.

Notes

1. McKesson Health Solutions. “[The State of Value-Based Reimbursement and the Transition from Volume to Value in 2014.](#)” 2014.

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