Staff Competency
in Patient Access

*Tools, Tests, and Tips for
Building a Successful Team*

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Introduction

NFL quarterback and successful businessman Roger Staubach once said,

> *"I've learned if you have the right people in the right places doing the right things, you can be successful at whatever you do."*

You can apply these words of wisdom to the Patient Access department. When talking to my colleagues throughout the access community, I've found that the one common challenge—regardless of the size of the hospital, type of hospital, or location—is finding, training, motivating, and retaining good, qualified staff members to work in Patient Access.

Confronted by the challenges of continuous change, America's hospitals have shown remarkable resilience in applying scientific management methods to key business processes in order to produce the operating margin needed to sustain their mission. Over the past 20 years, the business office has transformed into Patient Financial Services, and Medical Records into Health Information Management. Then hospitals and insurance carriers heatedly debated the definition of a "clean claim," and cluttered files made for hazardous trips (pun intended) through Medical Records and the business office. Now, document imaging systems and technologically advanced claim editing systems are resulting in "clean claim" submission rates well in excess of 90% as most hospitals have largely replaced paper-intensive processes. Many hospitals and health systems now have most of the elements in place for an electronic medical record that physicians can access from the patient's bedside or from the privacy of their own offices.

During the past 10 years, pressures created by managed care growth are prompting a similar transformation as Admitting and Registration evolves into Patient Access Management. Where registrars used to get by with cheat-sheets and a Rolodex® with summary information on local employers and

their health plans, today's patient representative also has to review referrals, obtain authorizations, verify eligibility, and request payment at time of service (see Figure 1.1).

The revenue cycle has become "rocket science," yet high school graduates paid at a rate comparable to a Wal-Mart cashier still carry out Patient Access tasks. The challenge as a manager/director in Patient Access is to develop the tools and techniques to overcome the hurdles created by the inherent problems with Patient Access.

Figure 1.1	Patient representative tasks
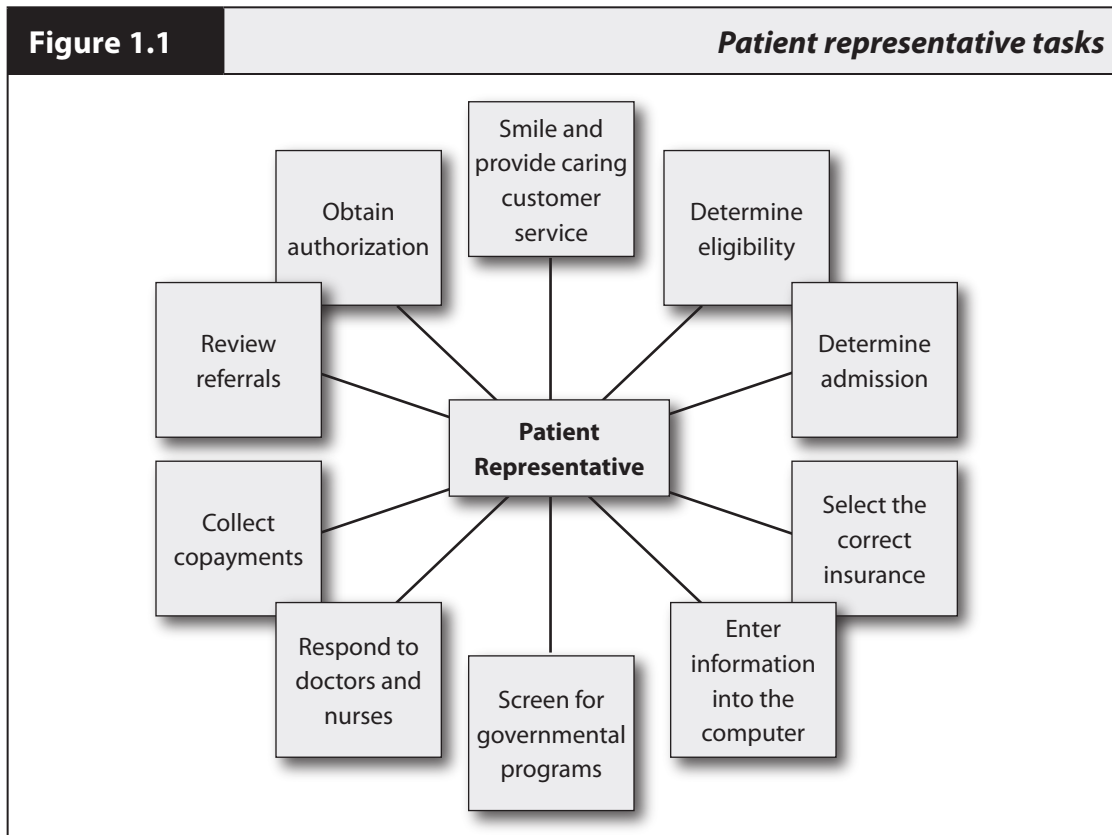
Note: *This figure also appears on the accompanying CD-ROM*

Patient Access is the revenue cycle's Achilles heel, the classic example of "garbage in" producing "garbage out." There are well-documented causes for poor data collection during the registration process, including the following:

✔ Little or no formal initial training

✔ Absence of routine, periodic retraining

✔ No feedback on error rates, fostering a lack of accountability for errors

✔ Pressures to register rapidly, often at the expense of data quality

✔ Lack of tools necessary to accomplish required tasks

✔ Complex systems that provide too many choices

So what are the answers? How do we find the "Holy Grail" of Patient Access? I think the better question is, "Does the Holy Grail of Patient Access exist?" Even if it doesn't, many providers are moving toward creating accountability for their staff. This is generally accomplished through a quality assurance monitoring program, either electronic or manual and coupled with detailed and continuous training based on the results of the quality assurance reviews.

However, the discussion is more basic in terms of overall management strategy. Patient Access managers are *reactive* instead of *proactive*. Let's lay our cards on the table for a minute: It's a challenge to serve as the Patient Access director. All the other managers in the hospital look to *you* for answers when there are issues, and the issues are not always directly related to you or to your department. In addition, you don't produce any revenue, so you can never really prove your value any more than the staff working laundry or security can. How many meetings have you attended where some issue was blamed on the failures within registration? It's time to answer the critics and provide good data on the "good work" you do.

Note, however, that no matter how good you make your training and accountability model, if you don't have the right people in the right positions doing the right things, then success is exceedingly difficult.

This book has three goals:

- Provide insight into the hiring process

- Demonstrate a framework for competency and quality assurance monitoring

- Identify the ways to use the data created in the monitoring process to provide proactive management to Patient Access

The discussions and suggestions provided come from my years of experience working in different facets of healthcare, including the period during which I worked as a corporate director of access for a multihospital system. In addition, through various professional organizations, I have come to know many of the leaders in the field of access management. The concepts in this book are a compilation of a number of processes and theories. I wrote this book to help you, and I hope you find that I was successful in doing so.

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