

# Evolving healthcare to deliver on the human experience

## EXPANDING THE PATIENT EXPERIENCE TO MEDICAL BILLING AND BEYOND

By Diane Lawson

CPXP

“I thought you were in medical billing. What are *you* doing at a patient experience conference?”

A friend posed that question to me while I was attending the Beryl Institute Patient Experience Conference, as if to say, “How does this relate to what you do?”

This is not the first time I have been asked this question. I asked him: Once a patient isn’t sick anymore, what becomes their No. 1 concern? “Cost,” he replied with growing understanding.

How cost to the patient is handled and communicated is as significant as how the patient perceives the care they received. Patients are more overwhelmed than ever with today’s high-deductible plans and resulting high patient cost share, the term “surprise billing” being tossed around, and the general lack of understanding of their healthcare policies. So how do we help them? We focus on the patient experience in its entirety.

After working in healthcare for more than 20 years, it’s easy to see that patient experience is a movement with momentum. Staying competitive and delivering quality healthcare means realizing the crucial importance of delivering quality patient experience at every touchpoint. The healthcare experience does not begin and end with the patient’s encounter with nurses and physicians; it is a composite of every interaction — from the sights and smells that greet the patient when stepping into the lobby of a hospital or clinic; the kind smile of a valet who parks the car at a hospital; the simple greeting of a scheduler when the appointment is

made; through to the final interactions with the patient services advocate who helps the patient or family member understand the patient’s cost share. All those behind-the-scenes personnel who never directly interact with a patient are working to ensure that patient insurance is verified, the principal diagnosis is identified and attached to the claim and — should the claim be denied — an artfully written and timely appeal is submitted to the payer. This work impacts lives.

As a certified patient experience professional (CPXP), I ensure that, on Day 1, our new hires understand the crucial role patient experience plays across the organization and how it is valued. In my biweekly presentations to our new hires, I share the story of when I first moved to Denver and was searching for a new PCP. My standards were very high because for the past 14 plus years my PCP had been Dr. Douglas Cluff, who was the genesis of my interest in the patient experience. He had taken care of my family and friends, and subsequently their family members and friends for years.

For me, a great PCP becomes a part of the family and we thought of him that way. Dr. Cluff taught me about the patient experience before I knew its importance. He demonstrated what patient experience should be with his endless patience with me and my family, and by listening intently to what I was saying, showing concern, and making me feel valued.

I asked for recommendations and got some good ones. I also did what all educated consumers do next: I Googled them to look at their



Despite delivering best-in-class service, if the touchpoints — each interaction and sensory input a patient has — are not carefully managed along the continuum, the patient’s perception is negatively impacted.



reviews. One that came highly recommended was acknowledged for her excellent patient care; however, there were numerous other reviews citing sour office personnel and billing problems. I did not go to this provider. Countless educated patients aren’t either.

It is crucial to understand that despite delivering best-in-class service, if the touchpoints — each interaction and sensory input a patient has — are not carefully managed along the continuum, the patient’s perception is negatively impacted.

Here at CU Medicine, we began our discovery process by getting together as a patient services team to create a purpose. I remember that day clearly. Everyone on the team was present. I began the facilitation by asking the team for words or phrases that described what they wanted to “be about.” Some examples included: “positively impacting our patients,” “making a difference,” “empathy,” “advocating for our patients,” “being accountable” and many more. I wrote them all on the whiteboard. Once the list was complete, I said, “All right, now we are

going to use this list to craft a purpose.” It took a little prompting, but we worked together to choose the best words and phrases.

Our department’s purpose is posted in every cube and on all our departmental communications: “To positively impact and make a difference in the lives of others by educating, advocating, being accountable and resourceful while demonstrating empathy to achieve accurate and complete resolutions.” When going through this exercise, having missions, visions and purpose statements written exclusively by consultants or the executive team isn’t helpful. They must be crafted by the people actually doing the job to represent the organization.

Our next step in this discovery process was to list every patient access point. Then we determined how we can deliver a better experience from the start and understand what our patients are experiencing. Get a group of your staff together who represent a cross section of experience, age and practice focus, and list every access point a patient has with your practice. Examples include the arrangement of the lobby, >





**As leaders in healthcare we must be diligent guardians of our connection to purpose. We all serve on that continuum in our practices and share the responsibility for our patients' satisfaction. Directly or indirectly, we all impact the lives of patients and their families.**

➤ how the phone is answered and what scripting is used, your patient outreach platforms and so much more. Nothing is too inconsequential to at least be considered.

In a pre-pandemic version of this exercise, we mapped out how a patient would know where to park, what door to enter, and how to find our 6th-floor walk-in office. We also evaluated our patient portal, the patient statement, our templates for patient emails and our call queue scripting and timing. We closely examined and documented each patient access point, which enabled us to truly understand our patients' experience and begin making changes.

We made the decision that a patient portal upgrade would be a great enhancement to our patient experience. This was not an easy process, but for us and our patients, the juice was worth the squeeze. We knew that our patient portal was not as user-friendly as it could be. Patients couldn't see any details about their billing; their balance would change but there was no way for them to access additional details as to why — until the next statement cycle. It was cumbersome to navigate for our patient services representatives and the patients. The latter couldn't select a particular invoice to pay toward. We received a lot of calls about not being able to log into the portal and issues with passwords.

So we set out to solve these problems. Many people were involved in this process and there were many moving parts. Our project management team led the effort in partnership with our IT team, subject matter experts in patient services, patient services leadership, payment posting and the vendor. It took many months of work by all parties involving testing, re-testing, programming, recreating the statement file and training. Then, late one night, we flipped the switch! Our new portal was live. Our patients continue to give us great feedback on our new patient portal.

Excellent patient experience is delivered on a continuum. According to the National Institutes of Health, "patient satisfaction scores are now available publicly and are tied to Medicare reimbursement incentivizing hospitals to improve patients' perceptions of their care."<sup>1</sup> Better outcomes drive better reimbursement and reputation. Therefore, as leaders in healthcare we must be diligent guardians of our connection to purpose. We all serve on that continuum in our practices and share the responsibility for our patients' satisfaction. Directly or indirectly, we all impact the lives of patients and their families.

I have the good fortune to be acquainted with a longtime patient experience expert who worked for a renowned national leader in patient experience. As we look to the future of patient experience, she shared this with me: "It's no longer just about the patient experience — that is too limited. It has shifted to the *human experience*." She noted that this extends beyond the patients — "it's also about the experience of each team member, nurse, physician, every employee along the continuum."

That's the next evolution of the patient experience: valuing our people so they can in turn value our patients. ■



Diane Lawson, associate director of patient services and training, University of Colorado Medicine, [Shawna.Lawson@cumedicine.us](mailto:Shawna.Lawson@cumedicine.us).



1. Tevis SE, Kennedy GD, Kent KC. "Is There a Relationship Between Patient Satisfaction and Favorable Surgical Outcomes?" *Advances in Surgery*. 2015;49(1):221-33. doi: 10.1016/j.yasu.2015.03.006. PMID: 26299501; PMCID: PMC4548286.