Recalibrating your Patient Financial Experience

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Introductions & discussion roadmap

Morgan Haines
Vice President,
Optum Advisory

Jessica Garber
Director,
Optum Advisory

Today's Session:

Recalibrating your Patient Financial Experience:

With increasing out-of-pocket obligations and consumer financial strain, patients are carefully scrutinizing healthcare expenses – with a willingness to abandon providers that deliver a poor financial experience. Progressive health systems are redesigning workflows to meet patient demands and leverage self-service, digital engagement strategies. Benefits extend throughout the revenue cycle, including a reduction in self-pay delinquencies, accelerated cash collections, lower cost to collect, and health system loyalty from key patient segments. As health systems focus on price transparency and increased consumerism, it is critical to ensure the full financial experience meets – and exceeds – patient expectations. This discussion helps to define your "patient financial experience" and reviews initiatives and best practices that specifically add value to each patient encounter throughout the financial journey.

1. Market Challenge and Opportunities
2. Reimagining Your Patient Experience
3. Key Takeaways
4. Q&A

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Market Challenge and Opportunities

Organizations need to adapt to new operational and economic realities

Operating margins highlight that **financial healing is still underway** for some health systems. Revenues are rebounding, **but expenses are still moving at a faster pace,** which impacts margin recovery.[1]

Hospitals will continue to face **worsening credit pressures** in 2024 due to persistent labor and cost challenges.[2]

Total **hospital expenses saw persistent increases**, jumping 22% in 2023 compared with 2019.[3]

> This is the first time in my 30-year career during which my beds are full, and I have no margin."
>
> **– Health System CEO, Q4 2023**

> Two things seem to be true at once when it comes to hospital finances: Too many hospitals are losing money and high-performing hospitals are doing better and better, effectively pulling away from the pack."
>
> **– Kauffman Hall, February 2024**

Sources in notes section.

1. KaufmanHall. *January 2024 National Hospital Report*. 2024. https://www.kaufmanhall.com/insights/research-report/national-hospital-flash-report-january-2024.PDF download.
2. Fitch Ratings. *Fitch Ratings 2024 Outlook: U.S. Public Finance Compendium*. 2024. https://www.fitchratings.com/research/us-public-finance/fitch-ratings-2024-outlook-us-public-finance-compendium-08-01-2024 .PDF download.
3. Strata. *2024 CFO Outlook for Healthcare, Performance Management Trends and Priorities*. 2024. https://www.stratadecision.com/2024-cfo-outlook-for-healthcare.PDF download.

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With growing patient financial responsibility and need for consumer tools, patient satisfaction is critical for financial success

HDHP and CDHP enrollment continues to rise

28% ▲ Increase in HDHP and CDHP enrollment during past 5 years

32% of members are currently enrolled in HDHPs and CDHPs[1]

along with patient share of health care costs

17% ▲ OOP cost growth since the launch of HDHPs

$1,425 average out-of-pocket expenditure per capita[2]

and with that, an opportunity to either exacerbate or alleviate bad debt and uncompensated care costs

21% ▲ Increase in uncompensated care costs

$8.3M average uncompensated care cost per hospital[3]

Satisfied patients are 72% more likely to pay their bills in full.[6]

State of health care consumerism today

Demand: Patient behavior trends

Consumers are relying more on their own research over referrals from providers.

51% **of consumers reported using digital sources to search for care[4]**

Top digital sources for consumers:

- Search engines (65%)
- Health plan website (45%)
- Hospital website (43%)

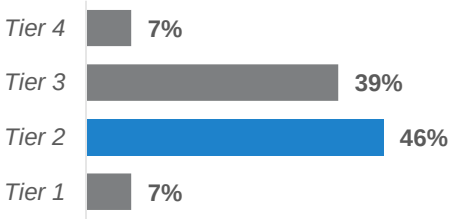
The consumerism trend was primarily driven by patients ages 45 and younger.

Supply: Provider strategy and investments

Health systems intensify focus and investments toward consumer-focused capabilities.

46% **of health systems classify as "Tier 2," nearly doubling in 5 years[5]**

"Tier 2" health systems have adopted a consumer-centric strategy, investing in infrastructure and initiatives that are being expanded system-wide.



1. EBRI. 2022 Consumer Engagement in Healthcare. 2022 Consumer Engagement in Health Care Survey (ebri.org).
2. Peterson-KFF Health System Tracker. Dec. 15, 2023. How has U.S. spending on healthcare changed over time? - Peterson-KFF Health System Tracker.
3. AHA Uncompensated Care Fact Sheet. Fact Sheet: Uncompensated Hospital Care Cost | AHA.
4. Forbes. Is the era of healthcare consumerism finally here? April 21, 2022. Is The Era Of Healthcare Consumerism Finally Here? New Survey Says Yes.
5. Definitive Healthcare Database HospitalView. Accessed March 1, 2024.
6. Tegra. Independent Provider Playbook. October 2023.

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Pressures mounting on healthcare providers nationwide

Healthcare providers aim to become provider of choice and address rising consumerism, while staffing challenges and burnout continue to challenge ability to 'keep the lights on.' Meanwhile, providers are facing mounting financial pressures, in part driven by the changing payer landscape and increasing administrative burden.

Patients

Patient attrition impacting practice performance annually due to issues with cost, convenience and practitioner-compatibility

- **50% of established patients** are looking for a new PCP
- **20% of patients** leave their PCP annually
- **Less than 38%** of physician practices offer online scheduling options for patients

Physicians

30% of primary care physicians are looking to exit the workforce within 5 years

3 out of 5 community-based physicians plans to leave the workforce in the next 2 years

Only **15,614 new PCPs enter the labor market** annually, failing to meet growing patient demand

21K-55K primary care physicians the US will be short from projected demands in 2032

Payers

Providers report ongoing challenges in navigating the current payer landscape, in part driven by the rise in Medicare Advantage prominence. With ~34M Medicare Advantage enrollees, challenges reported include:

- **Increased administrative burden associated with prior authorizations** compared with traditional Medicare
- **Excessive denial rates**
- **Slow rate of payment**

$315K Cost of patient attrition lost annually per provider

44% Office-based multi-specialty group practice physicians reporting burnout[4]

-0.16% CMS final decrease in Medicare Advantage benchmark payments for 2025

American primary care physicians' decisions to leave their practice
National Association of Community Health Centers, 2020, *Community Health Center Chartbook*
Levine et al., 2019,*Characteristics of Americans With Primary Care and Changes Over Time*
Willis et al., 2020, *The State of Primary Care in the United States*, (excluding gynecology)
Berg 2018, AMA,"How Much Physician Burnout is Costing Your Organization", Becker's Hospital CFO Report: Hospitals' Medicare Advantage problem hits an inflection point, accessed 4.8.24.,

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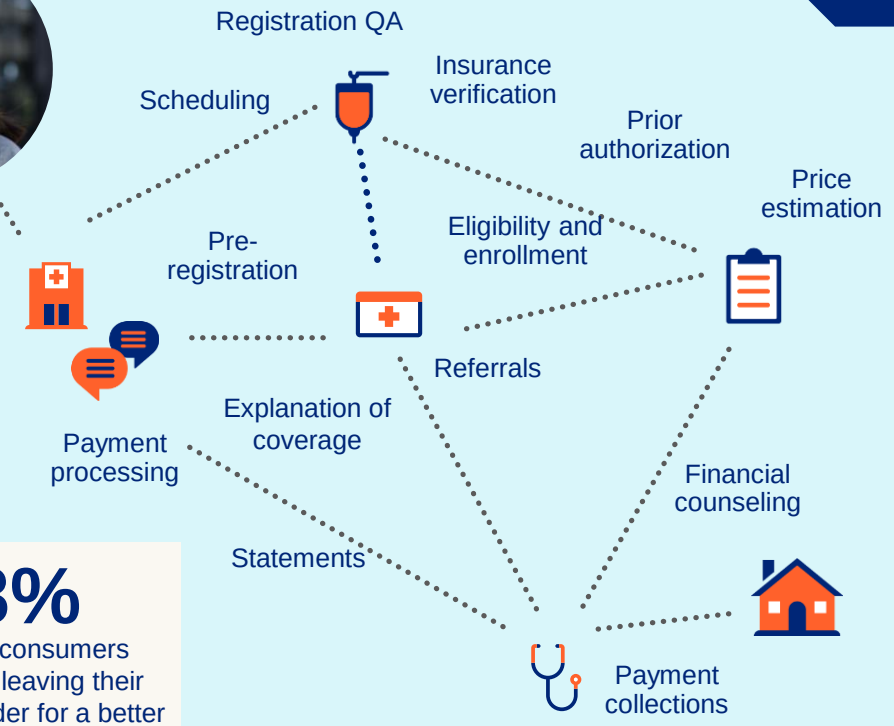
A streamlined, digital patient experience improves acquisition and retention

A disjointed, fragmented patient experience drives consumers looking for care, elsewhere



48%
of health care consumers would consider leaving their health care provider for a better payment experience*

vs.

A patient-centric approach unifies clinical and financial experiences with your network

*J.P. Morgan / Instamed. Trends in Healthcare Payments 14th Annual Report. March 2024.

Reimagining Your Patient Experience

Value is a mental balancing act for an individual

Value

Quality
"How good is it?"

- Historically focused on **clinical quality** as the key differentiator.
- Data is hard to obtain and even harder for consumers to understand.
- **Consumers now assume quality** and seek other differentiators which are easier to gauge.

Price
"How much is it?"

- Absent quality, consumers often turn to **price and/or brand/ reputation**.
- Competing solely on price is not ideal, but it is **critical to under-stand pricing and positioning relative to competition.**

Experience
"What's it like to get it?"

- Progressive organizations create a **hassle-free experience.**
- Experience 2.0 focusing less on scripting and smiles, more on **ease of interaction.**
- Experience is linked to both **short- and long-term ROI, attracting and keeping customers.**

Everyone thinks they're an above-average driver.

> While 80 percent of surveyed companies believed they delivered a truly differentiated experience, only 8 percent actually did so.
>
> ***Bain & Company***

Source: Bain & Company. Closing the delivery gap: How to achieve true customer-led growth. *Insights*. 2005. Available at: http://www.bain.com/publications/articles/closing-the-delivery-gap-newsletter.aspx. Accessed June 27, 2018.

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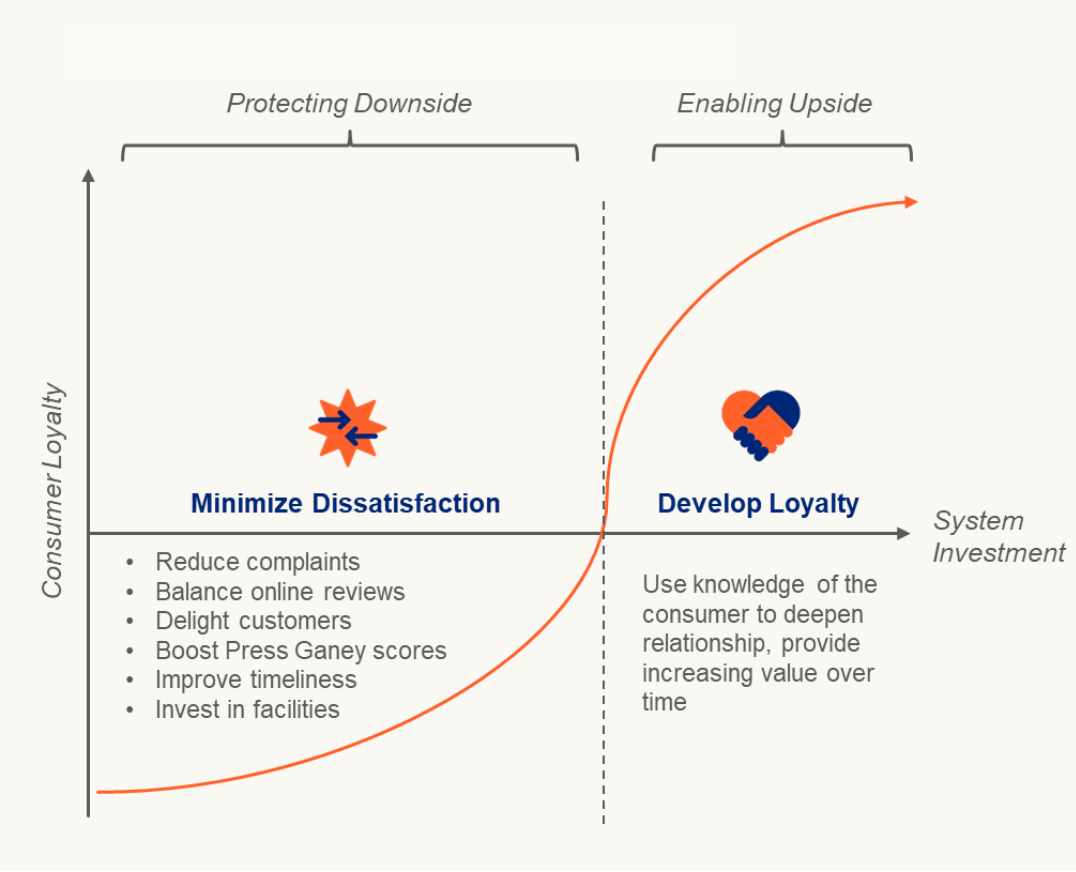
Experience strategy: going beyond break-even

Organizations must move beyond employing tactics that are generically “patient pleasing”, and instead focus on understanding their consumer so that their relationship and loyalty grows overtime.



Physician Workforce Remains Fragile[1]

49%

Of physicians report feeling **burnout** in 2024

40%

Of physicians plan to **reduce clinical hours** in the next year

2 years

Average time physicians who finished training in the last six years **spent in their first job**

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Sources: McKenna J. Medscape Physician Burnout & Depression Report 2024: ‘We Have Much Work to Do. Medscape. January 26, 2024; Ligibel J et al. Well-Being Parameters and Intention to Leave Current Institution Among Academic Physicians. JAMA Network. December 15, 2023; Shanafelt T et al. Career Plans of US Physicians After the First 2 Years of the COVID-19 Pandemic. Mayo Clinic Proceedings. November 2023; Benchmarking. AAPPR. Early-Career Physician Recruiting Playbook. Jackson Physician Search & MGMA. October 2023.

How to aim for the reimagined patient experience

Mirror the level of excellence in the clinical experience

- Senior leaders from prestigious organizations nationwide emphasize the need to elevate the patient's financial experience to match clinical quality.
- Patient feedback indicates that the financial experience is crucial in guiding their choices about where and when to receive care.

Improve patient's financial experience

- Optimizing the financial experience improves the patient experience.
- National research and industry-wide data indicate the financial experience heavily influences patient loyalty and payment likelihood.
- Opportunity to enhance loyalty and retention, maximizing customer lifetime value.

Seize the first-mover advantage for a consumer-focused experience

- Our research and extensive roundtable dialogues with leadership across the country suggest an opportunity.
- Be among the first organizations to truly deliver a transformed patient financial experience.
- Differentiate and attract patients through this transformation.

69% of Americans consider switching to another provider who offers a better experience

79% of Americans want to use technology when managing their healthcare experience

81% of Americans believe scheduling appointments online would make the scheduling process easier

[1.] Source: The Harris Poll prepared for Tegria. *New Healthcare Provider Experience Study*. 2022. Available at: https://www.tegria.com/wp-content/uploads/2022/05/Tegria_Key-Findings-Guide.pdf Accessed September 4, 2024.

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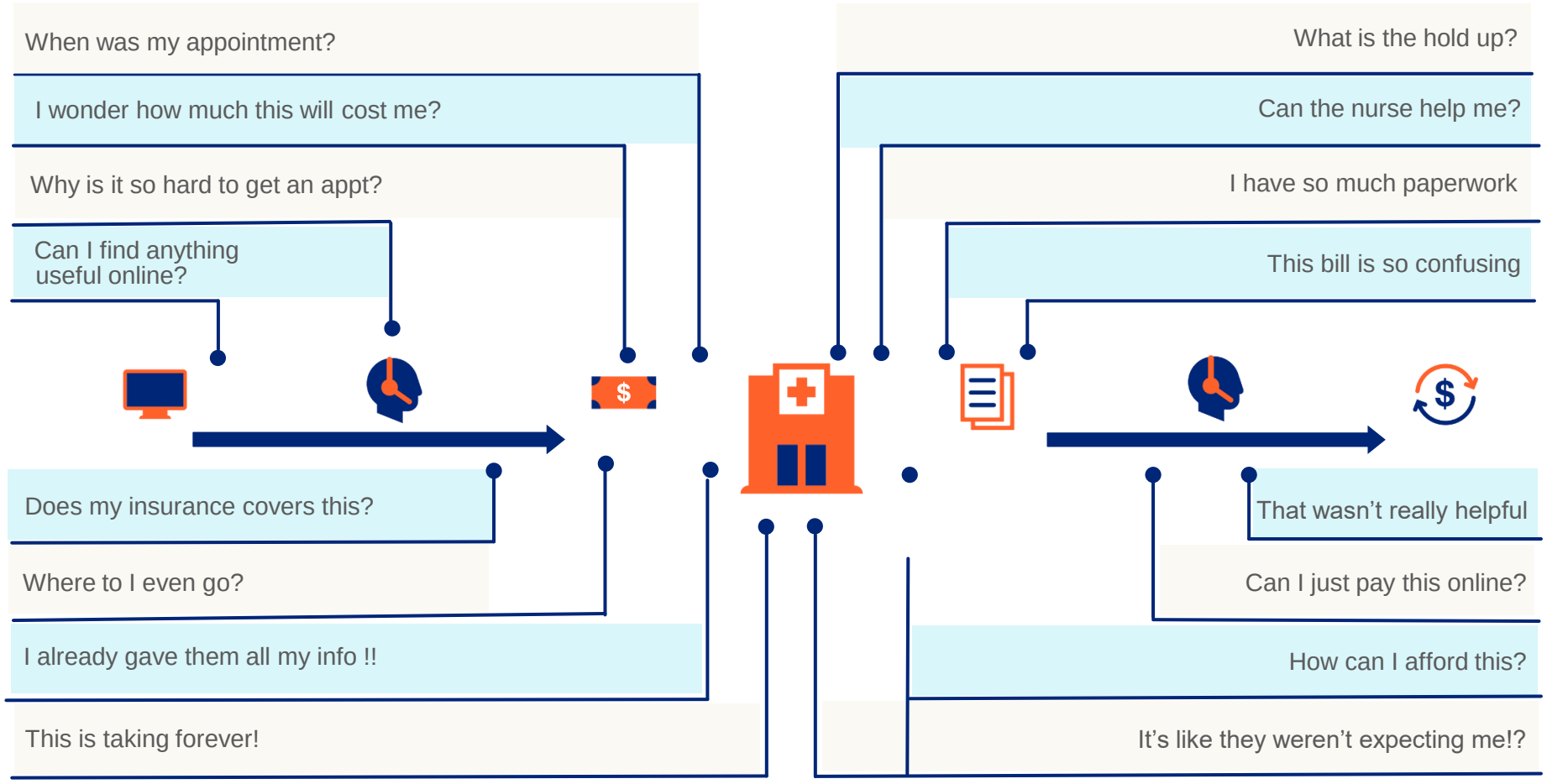
Financial experience patient “flashpoints”

Opportunities to amaze patients are abundant, but can be elusive unless we truly understand all the segments of the financial journey.



Growing the VoC for financial experience

Voice of the Customer (VoC) insights are often focused around the clinical experience for good reasons. The financial experience remains vailed due to lack of prioritization.

The progression of insights that improve the depth of your understanding

Surface Level Probing

- Achieved via system level surveys
- Wide scope/non-specific
- Focused on ratings
- Retrospective

PFE Specific Surveys

- Custom PFE survey
- Narrow Scope/specific
- Retrospective
- Focus on broader PFE experience and preferences

Targeted Feedback

- Post encounter
- Narrow Scope- applicable encounter level feedback
- Near real time
- Tech investment

Multi-segment Real-time

- EMR integrated
- Real time triggering
- Encounter segment specific feedback (Sched, reg, cust.serv.)

Digging Deeper into Systematic Experience Monitoring

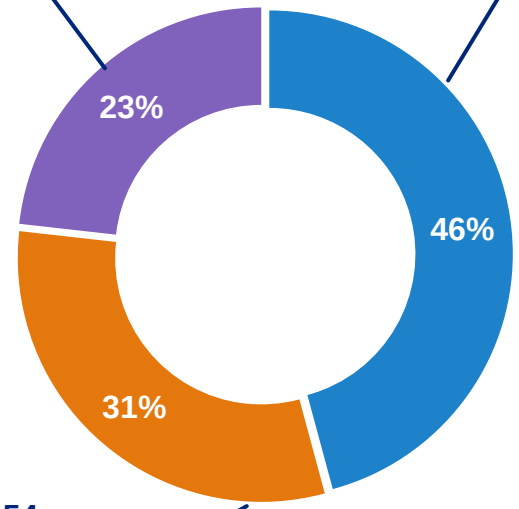
Case-in-brief: three age groups drive financial preferences

Group 1: 18-34 years of age

- Downtown Region

- Fewer financial assets
- Fewer healthcare procedures
- Some suggestion of lower healthcare / financial literacy

- More open to non-traditional processes
- More open to smartphone apps
- More in need of financial aid
- Not tied to a particular provider; most likely to change providers based on financial experience



Group 2: 35-54 years

- South Region

- Not as distinctive of a group as the other two: in the middle with financial assets and healthcare utilization

- Some evidence of a focus on price transparency and the need for estimates
- Open to technology, but lean towards online/websites versus a smartphone

Group 3: 55+ years of age

- North Region

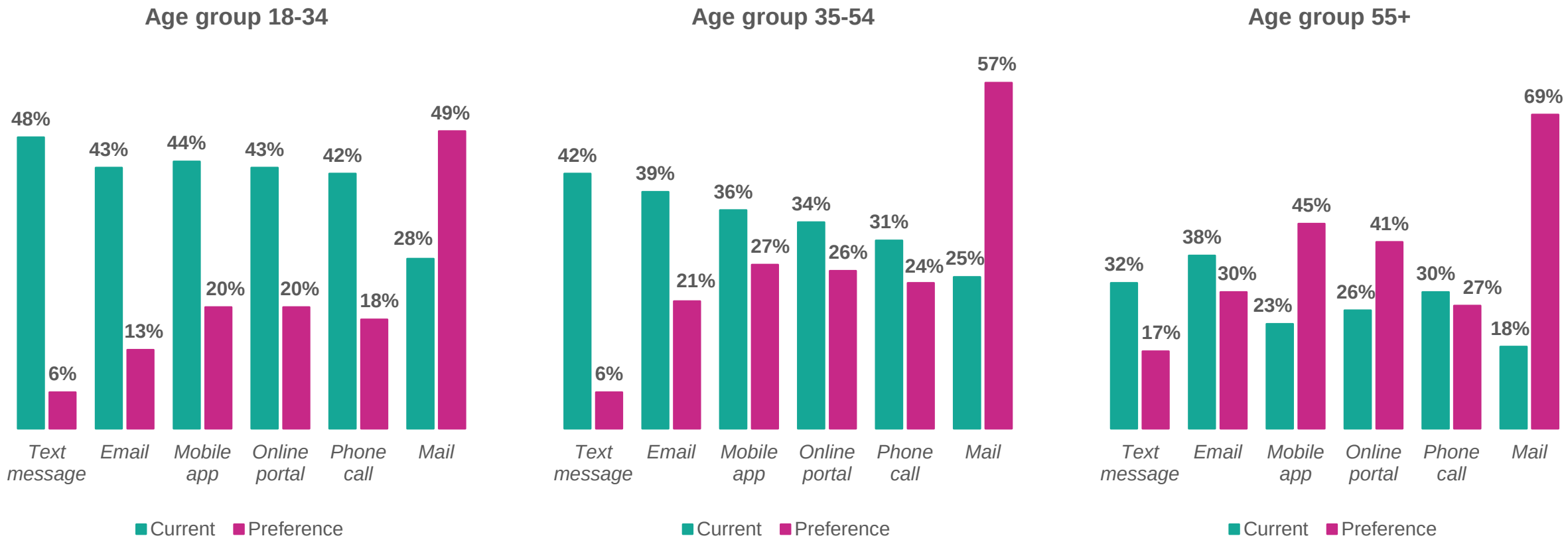
- More financial resources
- More office visits and OP procedures
- Differences with Medicare population

- Least interested in financial assistance
- Medicare population not shopping, not interested in estimates
- Most focused on more “traditional” methods of interaction – phone and mail are critical
- Least likely to change providers based on financial experience

There is an opportunity to meet patient preferences

Appointment reminders

Current vs. preference



The journey to a differentiated experience

While organizations embark on a journey to optimize the revenue cycle, **a not-to-be-missed opportunity lies in reimaging the patient experience** and achieving true differentiation.

Optum's Triple Aim for the Reimagined Experience

Mirror the level of excellence in the clinical experience

Maximize the lifetime value of each patient

Seize the first-mover advantage for a consumer-focused experience

Delivering a Reliable, World-Class Experience

Lagging	Competing	Transforming
Variable Experience	Consistent Experience	Differentiated Experience
Capturing Patient Preferences	Meeting Patient Preferences	Anticipating Patient Preferences
Uncoordinated Service	Coordinated Service	Seamless Self-Service
Limited Financial Options	Expansive Financial Options	Tailored Financial Options

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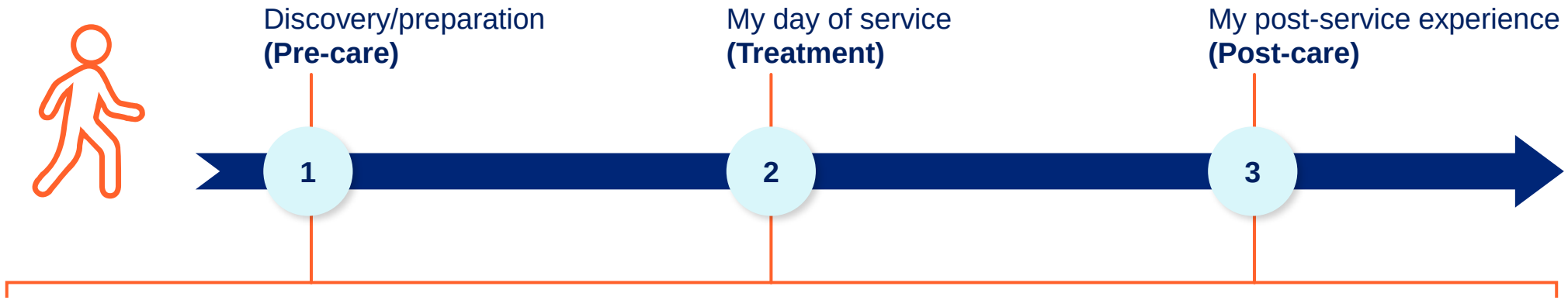
Looking through the lens of your patients

When organizations embark on a journey to improve the patient financial experience, it begins with an outside-in view of the organization from the patient's lens to identify strengths, gaps, and patient priorities.

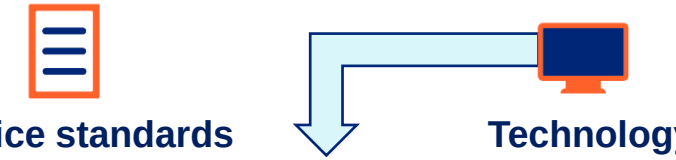


- Provider search
- Scheduling
- Appointment reminders
- Pre-service estimations
- Pre-registration
- Arrival and check-in

- Arrival and wayfinding
- Guest services/customer service
- Registration/check-in
- Point of service payment
- Clinical care
- Follow-up care coordination and scheduling

- Post appointment follow-up care/outreach
- Bill pay, including payment plans
- Statements
- Customer service

Are we ready to provide what our patients want and expect along the way?



Service standards **Technology** **Aesthetics** **Management**

Optum's point of view is that technology is not the whole strategy, but rather an important portion of an overall Patient Experience innovation strategy

Lenses of evaluating your patient experience

Service Standards

- Degree of Process excellence
- Financial Clearance focus
- Whole-system consistency
- Workflow management
- Staff/Service availability

Aesthetics

- Dialogue/Behavioral Rigor
- Service recovery options and staff empowerment
- Print and Web content and design
- Branding Consistency

Technology Offerings

- Transparency/Estimation
- Self Service Options
- Green & Mobile options
- Technology “stickiness” and incorporation

Management

- Performance metrics (hard and soft) across journey segments
- Staff Motivation and Incentives
- Staff Training and QA
- Survey feedback

1. The overall experience delivered is determined by the combined performance within these core competencies
2. Measurement of performance requires a combination of direct observation, objective scoring, survey/focus groups, data analysis, document review, interviews, and mystery shopping
3. A strong assessment arrives at recommendations tailored specifically for the provider and drawn from best practice knowledge

Considerations for PFE Measurement

Are we getting off on the right foot with what we show patients?

How consistent is our dialogue and management of patient interactions?

How successful are we with measurement of service excellence and recognition?

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Technology as both Enabler and Supporter

Commonplace and progressive technologies can serve one of two roles related to the financial experience in a health system, but should not be the lone strategy.

Health System Technology Footprint

Technology is not the whole strategy. Technology is an important portion of an overall PFE innovation Strategy

Experience Enabler (Helps *You* help You)

Technology (software or hardware) that *directly* impacts the patient's experience by supporting improved consumer facing self service capabilities.

Shifting

Experience Supporter (Helps *Me* help You)

Technology that *indirectly* impacts the consumer, but directly enables provider *service delivery* innovation and *service level assurance*

Credit Card Payments…Then and Now

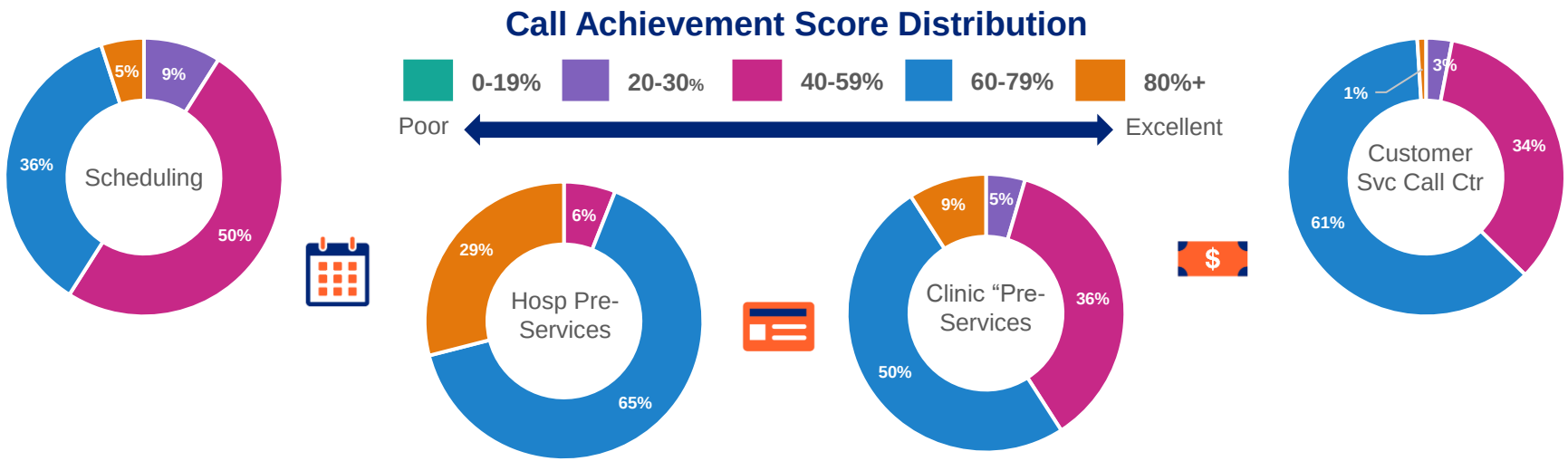
- CC Payment in Person (1940's)
- CC Payment by statement (1980's)
- CC Payment Online (1990's)
- Online Patient Portal (2000's)
- Payment by text (2010's)
- **What next?**

Call Center Tech …Then and Now

- Phone Number (basic PBX functions) (1950s)
- Dedicated Call Center w Basic Telephony (~1980's)
- Advanced Telephony (IVR) (1990's)
- "Contact Center" Development (2010's)
- **What next?**

Commit to measurement of interaction quality

Successful operations rely on a corporate approach to manage the quality of patient interactions and the connectedness of services for each patient.



You can tell a lot about an organization by observing patient interactions …

Narrative gaps in daily call interactions removes purpose and degrades the overall experience

Limited or absent online resources and self-service tools force independent consumers to congested "attended" services

Lack of "System-ness" with organizational structure, financial policies, and payment expectations creates site level variation

Missing opportunity to leverage existing data/technologies to scale efforts related to financial clearance in a tailored manner

Absent connections across contact center functions creates redundancy and disconnected financial resources removes opportunities for advocacy

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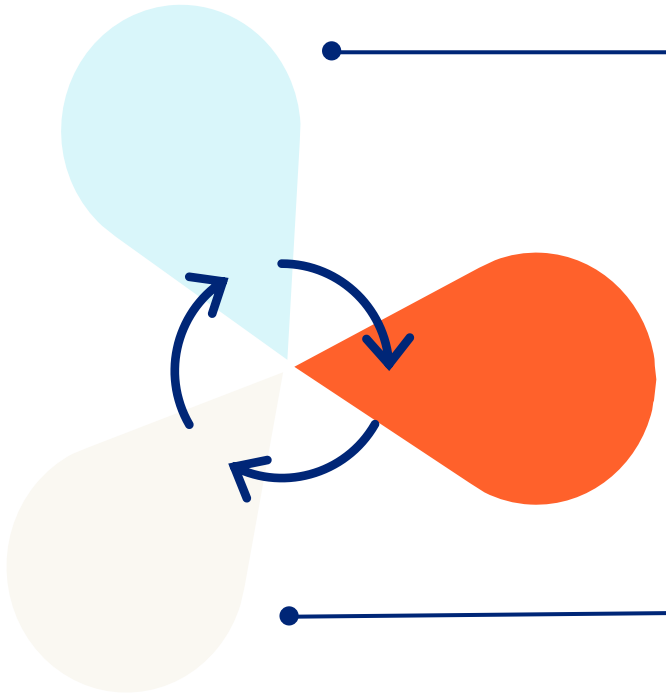
Analyzing each influencing category



Consistency

- Are we performing consistently across departments within one location?
- Are we performing consistently across sites of care?

Comprehensiveness

- Are our efforts spanning the entire continuum of care?
- Do we have gaps or inconsistencies across ambulatory, acute, and/or post-acute care?

Degree of Differentiation

- Do we have key differentiators within some or all of the influencing categories?
- Are our differentiators well known internally and externally?
- Have we effectively leveraged our differentiators to drive patient loyalty?

Assessing your organization's current state performance

Is our patient experience… → **Lagging?** → **Competing?** → **Transforming?**

Key Characteristics of Organizations along the Maturity Curve

Discovery/preparation (Pre-care) • Provider search • Scheduling • Appointment reminders • Pre-service estimations • Pre-registration • Arrival and check-in	• No or very limited online scheduling and/or rescheduling capabilities • No 'digital' wait list functionality for an earlier appointment • Limited or manual appointment reminders • Limited or inconsistent financial clearance, including informing patient of out of pocket obligation prior to care	• Inconsistent online scheduling (often for established patients only and certain specialties) • Digital wait list functionality requiring manual staff intervention to fill cancelations • Automated appointment reminders • Prior authorization and eligibility determinations at point of scheduling • Limited automated patient out of pocket estimations	• Multi-channel self-service scheduling available via app, portal, website, payer websites, etc. to capture patients where they are searching for care • Fully automated digital wait list capabilities that can be tailored by specialty • Automated appointment reminders and patient estimations tailored to patient communication preferences (text vs. email vs. patient portal vs. automated call)
My day of service (Treatment) • Arrival and wayfinding • Guest services/customer service • Registration/check-in • Point of service payment • Clinical care • Follow-up care coordination and scheduling	• All patients are checked in upon arrival without 'eCheck in' option • Limited or no cross practice scheduling enabled to schedule referrals at check-out; patient referral capture is patient driven • Limited point of service collections focused mainly or wholly on copayments; no prior balance collection efforts	• Automated check-in enabled via patient portal but experience may be redundant upon arrival • Some ability to schedule patient referrals at check-out • Point of service payments span all obligation types (copays, deductibles, coinsurance); Prior balance efforts are limited to that practice or inconsistent across sites of care	• Arrival experience differentiated for patients who have used eCheck-in functionality vs. those who have not • Cross practice scheduling enables broad scheduling of referrals at check out • Comprehensive point of service collection efforts span current and prior obligations with entire medical group and/or health system
My post-service experience (Post-care) • Post appointment follow-up care/outreach • Bill pay, including payment plans • Statements • Customer service	• Limited or no proactive referral scheduling ownership or emphasis • Limited or inconsistent patient feedback on experience • Nonexistent or inconvenient online bill pay (i.e. requires statement number)	• Referrals are managed via worklists, typically owned by MAs or PSRs with competing job duties and priorities • Some feedback on patient experience (may be limited to Press Ganey or HCAHPS) • Automated online bill pay available through multiple avenues without login restrictions	• Dedicated referral specialists proactively engage patients who have not yet scheduled referred services to provide white glove experience • Tailored patient feedback solicited from patients within 24 hours of date of service via customized surveying (i.e. NPS) • Online bill pay offers view of full medical group balances and ability to create self-service payment plans

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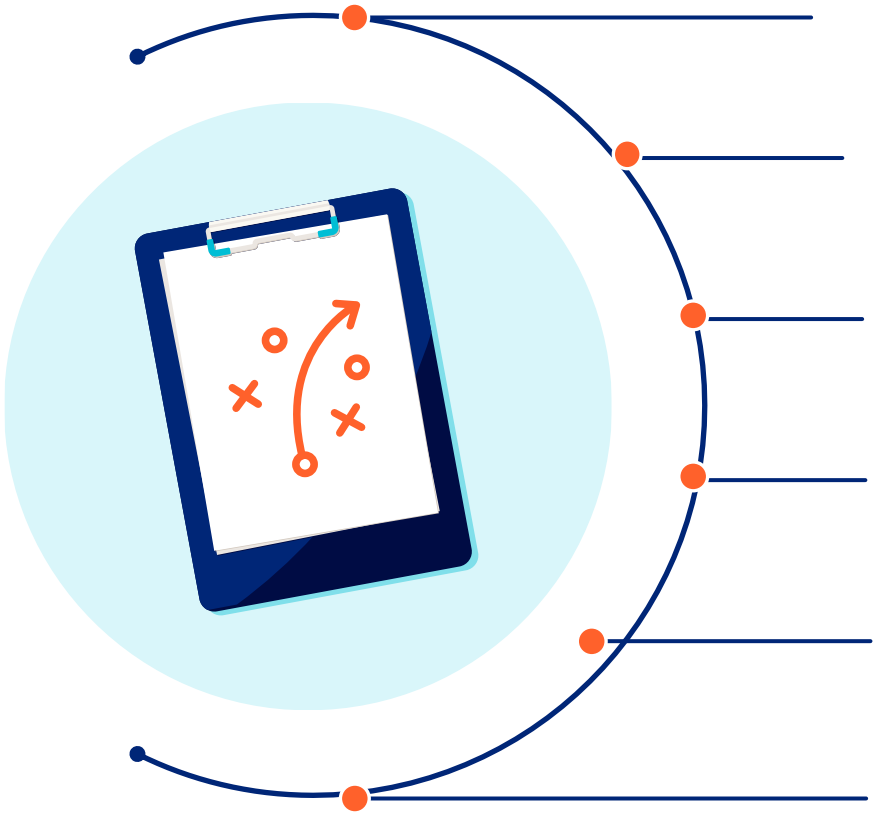
Key Take-aways

Navigating common challenges in the patient experience journey



- Aligning your patient engagement strategy with your operating model
- Implementing changes without provider buy in
- Limiting flexibility in omnichannel engagement to accommodate diverse patient preferences
- Implementing AI and technology without a strategic purpose
- Requiring patients to participate in redundant activities that lead to dissatisfaction
- Limiting inadequate digital presence and brand visibility

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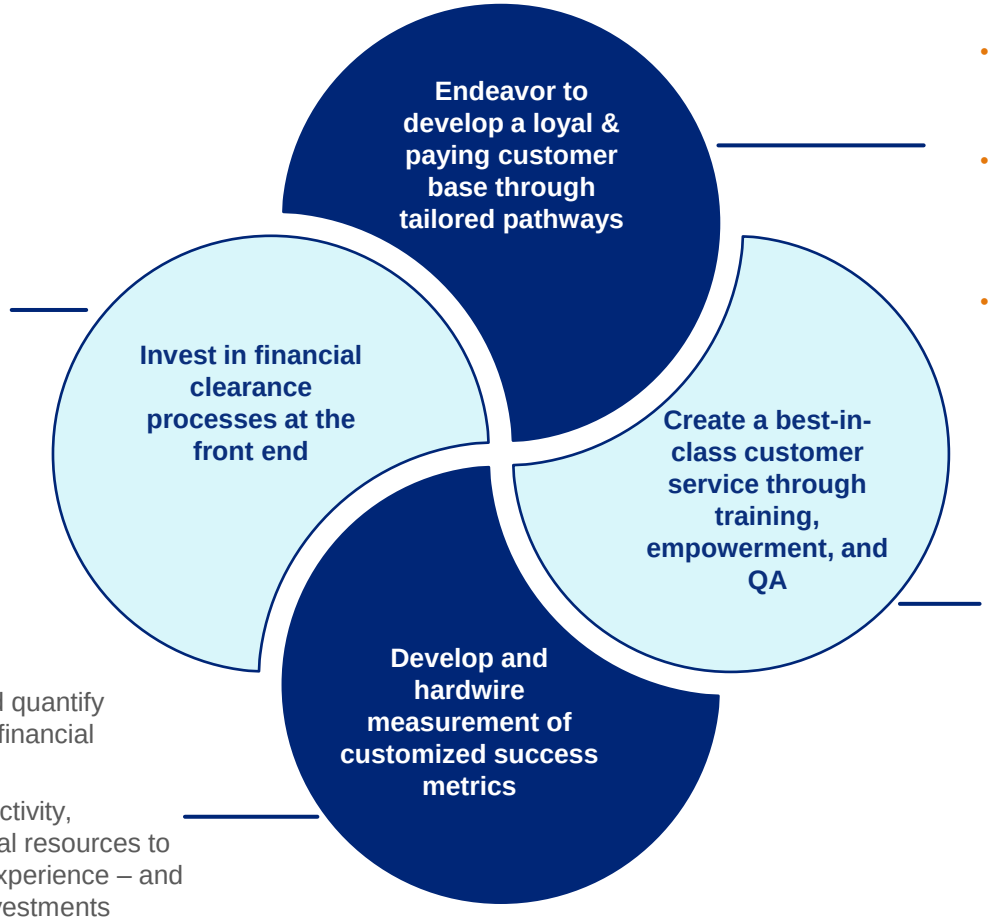
Four guiding tenets for patient financial experience innovation

- Understand preference and demands can reverse threat to margins
- Develop simple, multi-platform scheduling, access to financial counseling and concierge, and ability to receive accurate, timely estimates of total out-of-pocket costs according to their benefits
- Realize the benefits of universal authorization, medical necessity, and eligibility checks, compliant ABN generation policies, and growth in collections at the point-of-service, all of which prevent denials, and increase the propensity of the patient to pay out-of-pocket costs



- Analyze and understand population segmentation, an integral process when evaluating the patient financial experience
- Create a range of services that appeal to different types of patients- high touch and high-tech services both have a place in delivering a differentiated financial experience
- Consumers want a customized process flow that exceeds their expectations, but when facing unprecedented threats to margins, leaders must focus efforts on populations that want to use health system resources

- Benchmark and understand how to measure and quantify impact of successes associated with the patient financial experience efforts
- Establish alternative metrics that measure productivity, simplicity, and utilization of patient-facing financial resources to measure improvements in the patient financial experience – and inform medium- and long-term strategies and investments
- Invest in routine patient feedback mechanisms that provide qualitative feedback specific to financial experience

- Create a high expectation for customer service through robust training to ensure
- Double down on interaction quality monitoring
- Plan for difficult conversations- must be addressed by explaining the purpose of policies and procedures, and exploring alternative options according to a patient's individual benefits
- Vendor consistency- for outsourced or contracted services, creating a seamless experience that is consistent with the hospital identity/mission

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Q&A

Thank you

Appendix

Pioneering a Progressive Financial Experience

Legend Medical Center

LMC is the preeminent academic medical center in North Texas, providing care to over 3 million patients annually across nearly 80 different specialties several of which are consistently ranked among the nation's best by U.S. News & World Report™. LMC is a perennial high performer for Press Ganey™ patient satisfaction/engagement scores

The challenge

LMC's noteworthy clinical quality and experience generally exceeded that extended in non-clinical areas leading to a negative impact on the overall patient perception of the health system. LMC leadership committed to embracing advances that better meet patient expectations and add significance to the financial experience. With a range of challenges and potential solutions LMC first resolved to deeply understand its own performance before selecting solutions to vie for consumers in the competitive Dallas market.

The solution

In partnership with LMC, Optum Advisory Services developed a diagnostic approach spanning the highly complex and matrixed academic medical center. Using traditional revenue cycle diagnostic techniques, coupled with deep consumer insights, vision-setting, and observation techniques, Optum identified key opportunities for tactical and strategic improvements and then tailored a roadmap outlining priority items and key next steps for creating a best-in-class patient financial experience.

The impact

LMC and Optum developed transformative recommendation packages spanning a range of structural, operational, and strategic areas to be considered for implementation by the health system.
Recommendations encompassing pre-service, day of service, billing experience, and other strategic guidance were presented to leadership and prioritized to arrive at long term strategic roadmap for implementation.

The results

Optum recommendations were converted to >40 specific objectives to be accomplished over an 18-month period in the areas of service quality, technology alignment, and infrastructure improvements with initiative goals to…

- Create a Predictably Simple, Flexible, and Warm Service
- Create a Billing Experience that Excels in Positive and Efficient Patient Interactions
- Shift Focus from Transparency to Financial Wellness in Pro Service
- Adopt Staffing Design to Support and Empower our Teams
- Understand our Patients and Advance their Digital Experience and financial functions

Diagnostic Methodology

Please contact us to learn how Optum® Advisory Services can help evaluate and partner with you on implementing solutions for the best opportunities related to your specific market position and strategic and financial goals:

Eileen Russo, PhD
Practice Lead
RussoE@Optum.com

Morgan Haines
Vice President
HainesM@Optum.com

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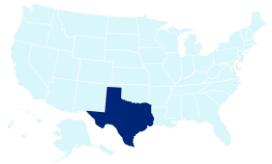
Pioneering a Progressive Financial Experience

Legend Medical Center*

Legend Medical Center is a large academic medical center in the Southwest, providing care to over 3 million patients annually across nearly 80 different specialties several of which are consistently ranked among the nation's best by U.S. News & World Report™. Legend Medical Center is a perennial high performer for Press Ganey™ patient satisfaction/engagement scores



Challenge: Legend Medical Center's remarkable clinical quality and experience exceeded that of non-clinical areas, particularly for personal interactions regarding financial matters. Leadership acknowledged the damage of this discrepancy on the overall perceptions of the health system and were dedicated to adopting meaningful changes. Immediately following a comprehensive diagnostic assessment of its financial experience, Legend Medical Center extended their partnership with Optum Advisory (OA) to guide the advancement of culture, services, and technology to better meet patient expectations.

Action: With a unified mission this industry-leading effort rallied around a leadership-defined set of core financial experience values that manifested into guiding principles for future improvements. These guiding principles and the associated 18-month implementation roadmap created an achievable plan for a range of immediate tactical improvements and a foundation for future decision making.

Optum Experience Mantra

Interaction-Focused

People-Powered

Technology- Strengthened

Focus Area Achievements

An ability and willingness to offer extraordinary service is often a reflection of the overall workplace culture and personal engagement. LMC committed to empowering teams closest to the financial experience by engraining acts of service into the team culture. Investments included:

- Furthered cultural alignment around role in creating a patient experience
- Deployed new call narratives rooted in superior service technique
- Launched a formalized narrative quality assurance and tracking program
- Implemented software to recognize and celebrate staff contributions

Obtaining automated and easily digestible performance data is critical for sustainability. LMC departments collaborated to build a new infrastructure to pull, validate, benchmark, and distribute critical performance data to quantify the impact of this initiative including:

- Tailored performance dashboard to patient financial experience metrics
- Adopted "post-call" surveys/launched early phase of automated experience gauges
- Designed technical approach to LMC-specific patient advisory panel survey process

Positive patient financial experiences are rooted in empathy-grounded education and planned flexibility. Advancements to existing technology and workflow ensure patient clarity for the cost of their care as well as flexible options to fulfill their financial responsibilities:

- Updated policies to reset pre-service payment expectations to promote flexibility and choice
- Refurbished price estimate letters to ensure clarity and professionalize formatting
- Automated estimate (order driven) process and launched self-service estimation function
- Launched task force focused on ensuring ongoing estimate accuracy

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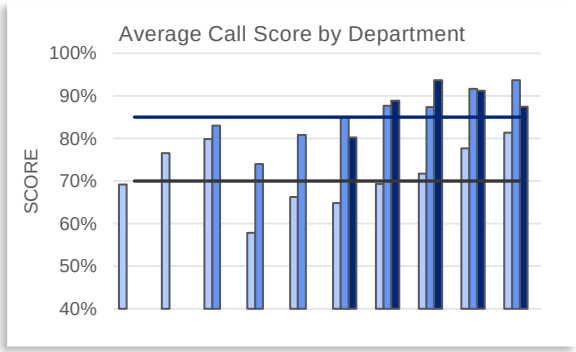
* Organization name has been changed

Sample achievement details

Improved Call Performance Nets Positive Patient Experience

Achievements across narrative quality, patient feedback, and team member reward and recognition



Praise for Call Center Staff

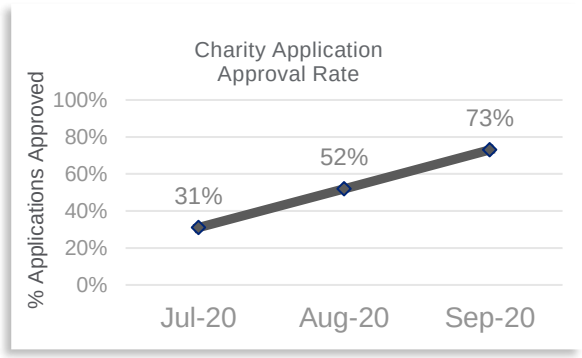
"I had the pleasure of speaking with [the patient] who expressed how pleased she was with the outstanding customer service that [the agent] provided.

I had questions related to my account and had the real pleasure of talking to [the agent]. She was very patient, professional and bottom line - got the job done.

I really want to acknowledge [the agent] for helping get my lab results to my PCP. She went above and beyond to do her job and that made a difference in my day today."

Adjusted Workflow drive Expedites Charity Application Approval

Achievements in optimizing workflow and leveraging available data to improve the patient experience

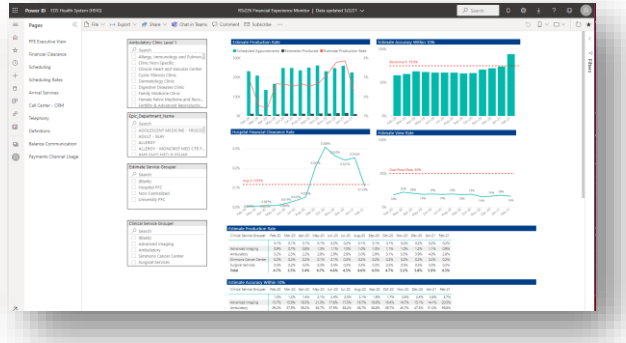


Improved process impacts experience directly and indirectly:

- Eliminated manual follow up with a subset of patients
- Reduced charity denials caused by lack of documentation
- Improved turnaround speed on charity approvals
- Freed up staff capacity to serve patients with more complex financial situations

New Performance Data Infrastructure Supports PFE Program Sustainability

Achievements in cross departmental collaboration to ensure data is automated, digestible, and available for leadership in a central platform



PFE Performance Dashboard Highlights

- Aggregated multi-sourced data for clear visibility into operational areas that matter most to the patient
- Refined slicers and views to support drilled-down reviews and action planning
- Leaves room for data set and metric expansion

How We Can Help

From strategy to implementation, Optum's experts bring decades of healthcare experience to tackle the most pressing problems facing your institution.

Eileen Russo, PhD
Practice Lead
RussoE@Optum.com

Morgan Haines
Vice President
HainesM@Optum.com

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Optimizing a Contact Center at a Mid-Atlantic Health System

Optum partnered with the health system to enhance the patient experience by promoting access to care through best practice contact center operations.

Issue at Stake

The health system is committed to establishing a “one-touch” centralized patient contact center with the vision of creating a seamless experience to serve its patient scheduling, prescription refill, nurse triage, and other pre-service needs. However, due to staffing and operational challenges, the organization was experiencing long hold times, high abandonment rates, and increases in patient complaints. Patients experienced circuitous phone trees, variable processes, and struggled to reach the appropriate staff member who could meet their needs.

Engagement Overview

Optum Advisory was engaged to provide subject matter expertise in designing a best practice contact center. The Optum team quickly evaluated current state operations and augmented the health system’s current staffing with 10 additional employees to support reducing abandonment rates and increasing service levels. The team worked closely with physician and operation leadership to deeply understand current state specialty-specific protocol in order to support the transition of contact center operations to an Optum-designed best practice center. Additionally, Optum Advisory developed a standardized capability-analysis to support transition of additional specialties in their Network to the new contact center.

Optum Advisory Consulting Capabilities

Optum Advisory developed and managed a detailed implementation plan that supported standing up a new centralized contact center. Key activities of the Optum Advisory consulting engagement included:

- Development of marketing and communication materials for new contact center to larger health system communities including providers, staff, and patients
- Readiness assessment, including review and revisions of scheduling protocols, for individual service lines/specialties
- Standardization of specialty-specific scheduling protocols
- Review and updates to create standardization for clinical protocols
- Process development including key decision and escalation points for the Nurse Triage Line component of the contact center
- Review and recommendations of scheduling Decision Trees to optimize scheduling both in contact center and self-service (online)
- Development of escalation pathways from central contact center to appropriate channels (i.e. Physician office, nurse triage, on-call Physician, etc.)
- Prioritization of implementation timelines and scalability
- Development of scripting to support patient experience
- Analysis of service level metrics pre- and post- Go-live
- Go-live support

Implementation Goals

- Create appropriate contact center staffing model to decrease abandonment rate
- Increase service-level and KPIs
- Reduce phone transfers, by improving first call resolution
- Redesign phone call routing options to support efficient first call resolution
- Create clinical access by optimizing scheduling protocols
- Implement Nurse Triage Line

Mid-Atlantic Health System is a has over

50

service locations in their Mid-Atlantic Metropolitan area

Optum