Gate Keeping Hospital First Visits

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Problem Statement: The hospital schedules an average of 102 new patient visits per day. The hospital is not a contracted provider with the payers for approximately 10% of those visits. Failure to identify these visits prior to services being delivered results in cost in denied dollars, and resource cost to try to recover the loss.

Project Goal: Complete all First Visit Referral authorizations 10 days prior to the scheduled DOS by January 1, 2013.

• Determine appropriate staffing to support customer demand for First Visit case completion by 10/1/2012.

• Adequate clinical experience/training through opportunities for additional education by July 2013.

• Flag all problem OON First Visits at time of scheduling by August 1, 2012.

• Business Impact: The average charge for a first visit is $4535. If authorization is not obtained before the first visit occurs that claim and all subsequent claims will be denied for payment.

Stakeholders: Patient Access Services Scheduling, Registration, and Precertification

Customer & Impact: Customers include the Health System Revenue Cycles and Patients

Project Timeline:

<table>
<thead>
<tr>
<th>Phase I Close</th>
<th>Phase II Close</th>
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</thead>
<tbody>
<tr>
<td><strong>Date</strong></td>
<td><strong>Date</strong></td>
</tr>
<tr>
<td>Define</td>
<td>November 2011</td>
</tr>
<tr>
<td>Measure</td>
<td>February 2011</td>
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<tr>
<td>Analyze</td>
<td>June 2011</td>
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<tr>
<td>Improve</td>
<td>Continuing</td>
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<tr>
<td>Control</td>
<td>Continuing</td>
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Measure

Metrics

**Primary Y:** “Days Out” first visit cases are being completed

**Operational Definition:** First visit cases should be authorized/completed 10 days prior to the date of service

**Additional KPIs:** Number of cases completed per day

Number of operators working in the first visit work queue

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**One Month Average OON Referrals**

- **Target Days OUt**

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**BIG WINS:**
- 2 week focus project resulted in the clearing of 239 case back log from the First Visit Work queue. **Risk avoidance = $1.1 million in gross revenue.**
- Unanticipated increase in efficiency and ability to work imaging cases 8 to 10 days out consistently
- Increased staff pride and accomplishment
- Increased collaboration and process consistency across business units
- Decreased Process Lead Time by 4 days
Improve

Improvement Plan

Number of Days Out Compared to Target

<table>
<thead>
<tr>
<th>Week of 10/1</th>
<th>Week of 10/8</th>
<th>Week of 10/15</th>
<th>Week of 10/22</th>
<th>Week of 10/29</th>
<th>Week of 11/5</th>
</tr>
</thead>
<tbody>
<tr>
<td>One operator 8 hours per day</td>
<td>1 Operator 8 hours per day</td>
<td>3 additional operators 1-3 hours per day</td>
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- Chart showing the number of days out compared to target for different scenarios.
- Week of 10/1: One operator 8 hours per day, days out range from 0 to 8.
- Week of 10/8: One operator 8 hours per day, days out range from 2 to 4.
- Week of 10/15: One operator 8 hours per day, days out range from 0 to 2.
- Week of 10/22: One operator 8 hours per day, days out range from 0 to 2.
- Week of 10/29: One operator 8 hours per day, days out range from 0 to 2.
- Week of 11/5: One operator 8 hours per day, days out range from 0 to 2.

- Additional information on the chart regarding the number of days out compared to target for different scenarios.
Control

Control Plan

- Daily monitoring of First Visit work queue status with graphs posted on Team Huddle Board
- Immediate re-deployment of additional resources to First Visit work queue real-time if indicated by work queue review or staff indication
- Respond and react to changes in payer requirements, stay nimble
- Communication plan with health system developed to ensure any changes in the OON process is communicated timely
- Monthly spot checks for OON patient type placement with feedback to scheduling and registration managers on gaps in performance

Stakeholder Review

This process will remain the responsibility of the project leader

Benefits

- Approximately 85% of all first visit cases are reviewed 10 prior to the appointment date
- Status of the First Visit work queue monitored on a daily basis allowing for immediate allocation of additional resources if needed
- Avoidance of lost dollars to cases with payers not contracted with the hospital est $1.0 million per year

Project Conclusions

Next Steps

1. Assign and train second FTE to First Visit Work queue
2. Determine if there is a particular type of First Visit that is requiring more resource and time for completion
3. Use this design to look at other precertification work done in the department

Lessons Learned

1. Make sure you have leadership that will stay engaged in the project as it evolves
2. Changes takes time and maintenance

Opportunities

- Process currently being shared through a system wide Revenue Cycle process improvement event