

# Using Technology to Aid in Patient Financial Decision Making, While Supporting Revenue Cycle Management Objectives

Tommy White

Vice President, Solutions Management

PointClear Solutions



# The CHALLENGE

**Raise your hand**  
as high as you can  
and keep it up.



# The AGENDA

- Market Conversation  
(Hands high)
- Patient Engagement  
(Hands slightly higher)
- Care/Payment Persona Model  
(And a little higher still)
- Discussion

## The Technology Conversation

### Market

- Doctor
- Patient



### Organization & Vendor

- HCO
- Health Plan



### Individual

- Patient
- Member
- Consumer



Market Conversation

# Hands High



# Market: Turbulent and Uncertain

**Trumps says conservative House lawmakers line up behind healthcare bill**  
 WASHINGTON (Reuters) - U.S. President Donald Trump on Friday met ...  
 Yahoo News » 38m

**Overnight Markets: Healthcare stocks weigh on Wall Street**  
 The Dow Jones and S&P 500 slip on Thursday, weighed down by declines in shares of healthcare and energy companies amid concerns about ...  
 City Wire » 20m

**Price says Trump backs GOP healthcare plan**  
 U.S. Health Secretary Tom Price says President Donald Trump maintains his support of Republican House leaders' healthcare plan. Rough Cut ...  
 MSN » 2h

**Republicans zero in on changes to healthcare bill**  
 The Trump administration and House GOP leaders are eyeing two possible changes to their ObamaCare repeal-and-replace bill as they seek the ...  
 The Hill » 2h

**Wall Street Slips With Healthcare Stocks, Nasdaq Flat**  
 NEW YORK — U.S. stocks slipped on Thursday pressured by heavy shares as traders cashed in gains from one of the best performing ...  
 New York Times » 20h

**Republicans split, conservatives angry as healthcare overhaul inches ahead**  
 WASHINGTON Deeply divided Republicans squeezed their U.S. ...  
 Reuters » 15h

**Emergency Coverage Top Healthcare Consumer Demand**  
 March 17, 2017 - A new poll from the American College of ...  
 healthpayerintelligence.com » 12m

**Mario Diaz-Balart on GOP Healthcare Replacement Bill**  
 Some are calling it Trumpcare, and some are calling it RyanCare. The point is that it's the GOP replacement bill for Obamacare. Like all ...  
 shark-tank.com » 12m

**Sell Tabula Rasa HealthCare**  
 The 180-day lockup period for Tabula Rasa HealthCare will expire on March 30, 2017. AF pre-IPO insiders, who hold 72% of the total shares outstanding, will be allowed to sell for ...  
 Seeking Alpha » 3m

**Why Did the Healthcare Sector Fall on March 16?**  
 The healthcare sector fell on Thursday amid the sell-off in healthcare-related stocks. The S&P 500 healthcare sector fell 0.9% on ...  
 Market Realist » 5h

**Pelosi slams Trump budget and GOP healthcare**  
 Pelosi slams Trump budget and GOP healthcare Democrats predictably slammed President Donald Trump's Thursday budget request, which ...  
 USA Today » 1d

Polls

Host is sharing poll results

**2. If you're an adopter of technology do you anticipate spending more or less on health tech? (Multiple choice)**

More	58%
Less	42%

**3. If it passes, will you be changing your strategy or business plan due to the new policy? (Multiple choice)**

Yes	75%
No	25%

**4. If you're a tech company how does this affect your financial projections? (Multiple choice)**

Up	24%
Down	38%
No Impact	38%

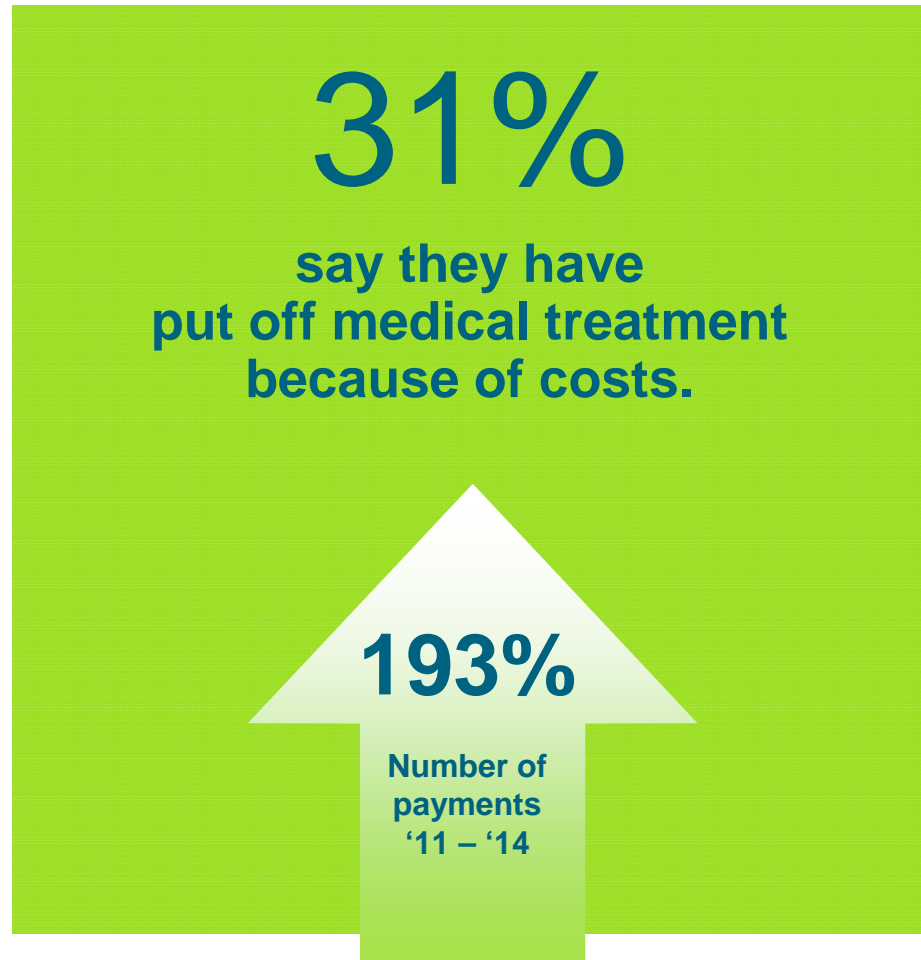
Close

Bing "Healthcare" Search Results 3/17/17, Health 2.0 Videoconference 3/23/17

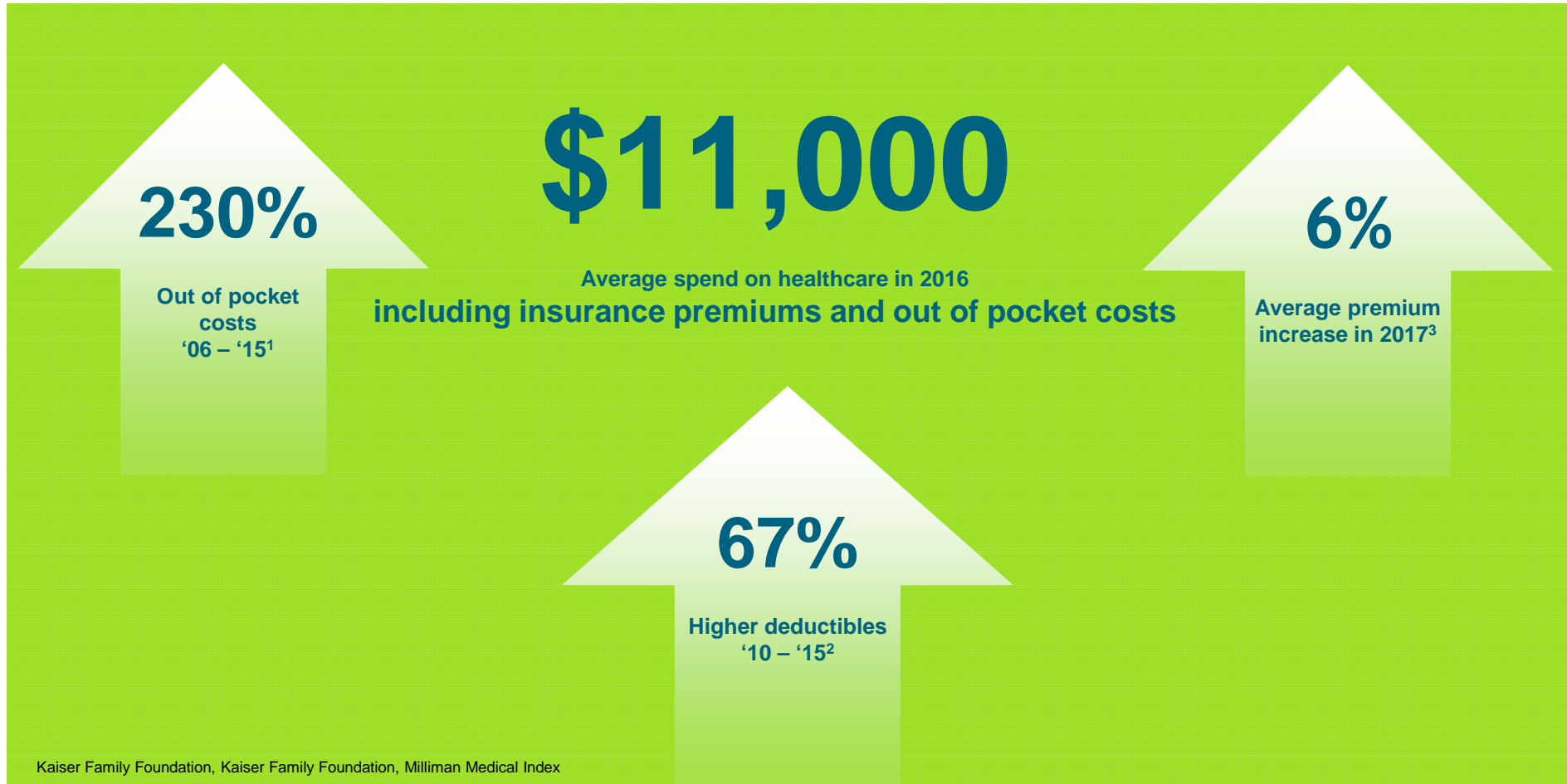


# Market: Competitive and Consumer-centric

- Quality (HCAHPS)
- Patient Engagement/Experience
- Reimbursements MACRA (MIPS and APMs)
- Care Coordination
- Revenue Cycle Management
- Population Health
- Accountable Care Organizations
- Open Marketplace
- Patient Throughput



# Market: Increasingly Out-of-Reach



# Technology Can Help (and Patients Want It)

**56% of consumers, ages 18-34, would use a service/solution that helped them plan for medical expenses. (33% for ages 34-54, 9% for 55+)¹**

- Revenue Cycle Management
- Patient Engagement/Experience
- IoT
- Virtual Reality/Augmented Reality
- Blockchain/Security
- mHealth
- Integrated Clinical/Business Enterprise Data Warehouse
- Computer-Assisted Coding (Hospital)
- Advanced Clinical Research Information Systems
- Patient Portals
- Generation 3 Enterprise Patient Financial Systems (U.S.)
- OpenNotes
- Provider Population Health Analytics
- Care Coordination and Management Applications
- Patient Throughput and Capacity Management
- Generation 3 EHR Systems (Non-U.S.)
- Track-and-Trace and Serialization
- Computer-Assisted Clinical Documentation Improvement (Hospital)
- LCST App Platforms

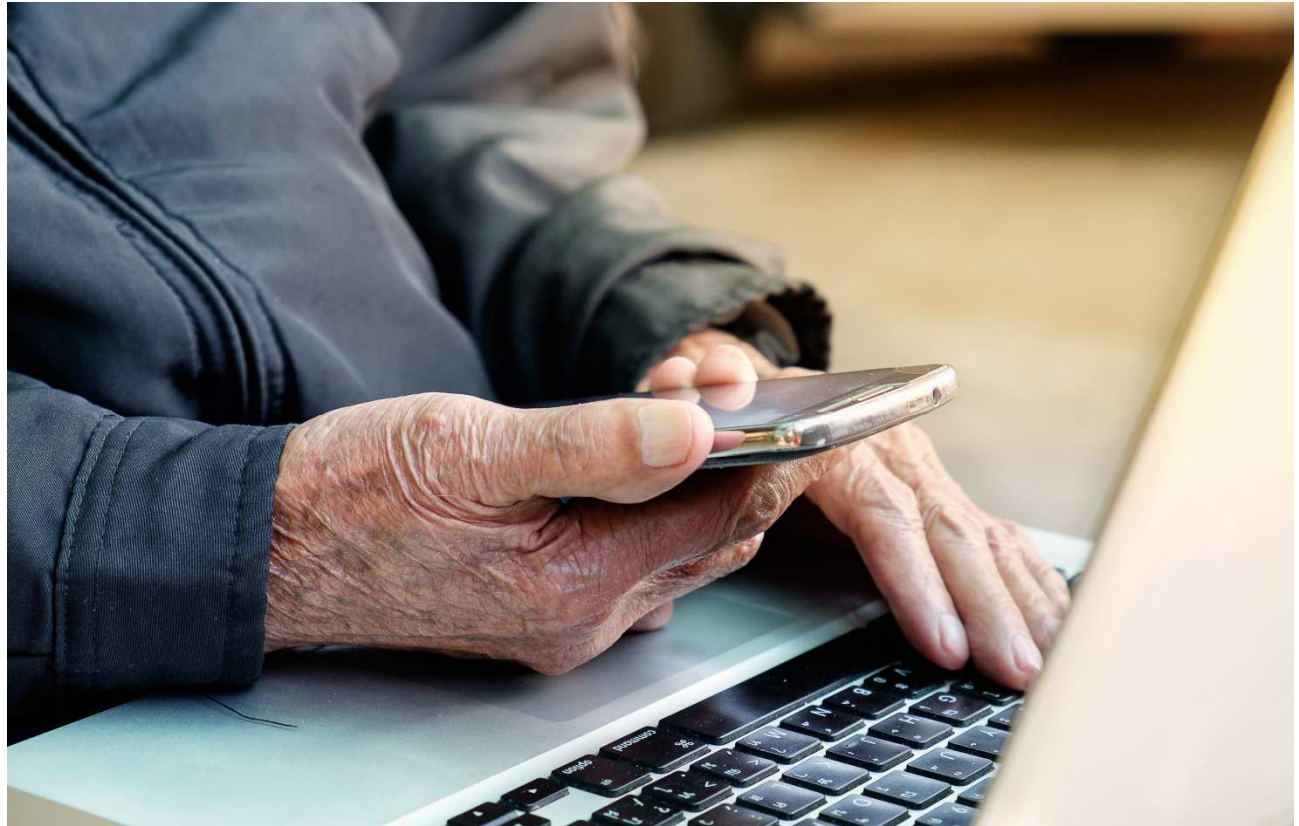
¹PwC Health Research Institute Consumer Survey, 2015





Patient Engagement

# Hands Higher



# Patient Engagement: A Little Higher

## **After the past 10 Years:**

Are we still struggling with patient  
ENGAGEMENT?

What about portals and telehealth?

Have we completed a bridge between  
care coordination and payment  
coordination?

What about transparency?

Can personalized technology AND  
persuasive technology come together?



# Patient Engagement: Two Perspectives



**en·gage·ment** (ĕn-gāj'mənt)*n.*

1. **a.** The action of engaging or the state of being engaged: engagement in diplomacy.

**b.** The condition of being in gear: engagement of the transmission.

2. **a.** A mutual promise to get married.

**b.** The period during which this promise is kept: a long engagement.

3. A pledge or obligation: meeting one's engagements.

4. A promise or agreement to be at a particular place at a particular time: a dinner engagement.

5. **a.** Employment, especially for a specified time: his engagement with the firm.

**b.** A specific, often limited, period of employment: a speaking engagement.

6. A hostile encounter; a battle.

American Heritage® Dictionary of the English Language



# Patient Engagement: Billing

## STANDARD PAPER BILL (payment due) Charges Summary Page



### Finality Clearly Communicated

Plain English is used to indicate that these charges are now final, that insurance has been billed.

### Charges as "Cards"

Each individual charge has its own "card," keeping each event discrete and self-contained. Charge summary information is kept intentionally minimal, displaying only the amounts most critical to the recipient – the total value given to the service, the amount paid by insurance and the amount they will be responsible for (highlighted in blue).

### QR Jump-Links

While the paper bills are designed to only provide summary charge information, QR quick-links and unique ID information for both the bill summary and individual charges are included on all summary pages.

### Contextual Elements

Elements are included to help give recipients context that aligns the event with their memory of it – including images and a categorical listing of services.

RadNet's winning design for the Department of HHS "A Bill that you can Understand" Challenge – [abilyoucanunderstand.com](http://abilyoucanunderstand.com)



# Patient Engagement: Billing

Provider/Organization		Patient
75% can provide a cost estimate upon request		Less than 25% requested one on their last visit
51% say it takes (the average) patient 3+ months to pay balance in full		18% say it took them 3+ months to pay their last balance
20% utilize CCOF (credit card on file) to improve patient collections		78% accept CCOF (especially for charges \$200 or less)

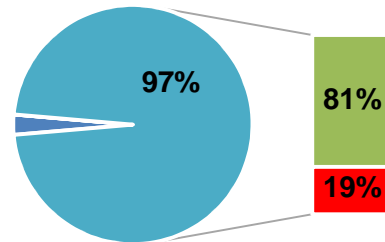
Navicare Patient Payment Check-Up™ - Conducted by HIMSS Analytics

# Patient Engagement: Insurance Concepts

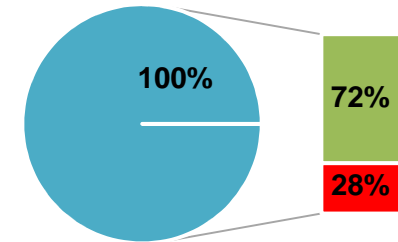
*“I have a PhD in economics and I’ve spent a bunch of time giving insurance companies feedback about policies, and I still find them difficult to understand [...] It’s inherently complicated. Even if you understand each concept individually, it’s still difficult to figure out the cost.”*

*George Loewenstein, Healthcare Economist,  
Carnegie Mellon*

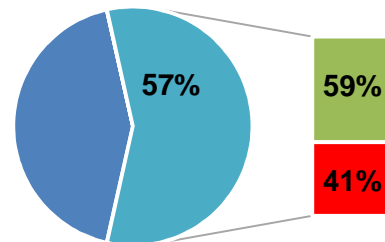
Deductible



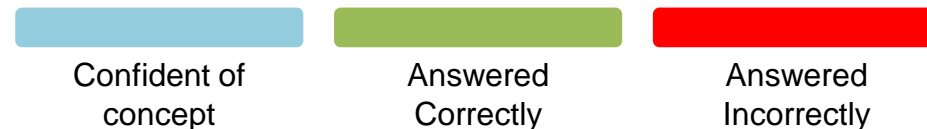
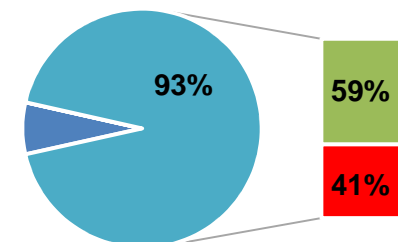
Copay



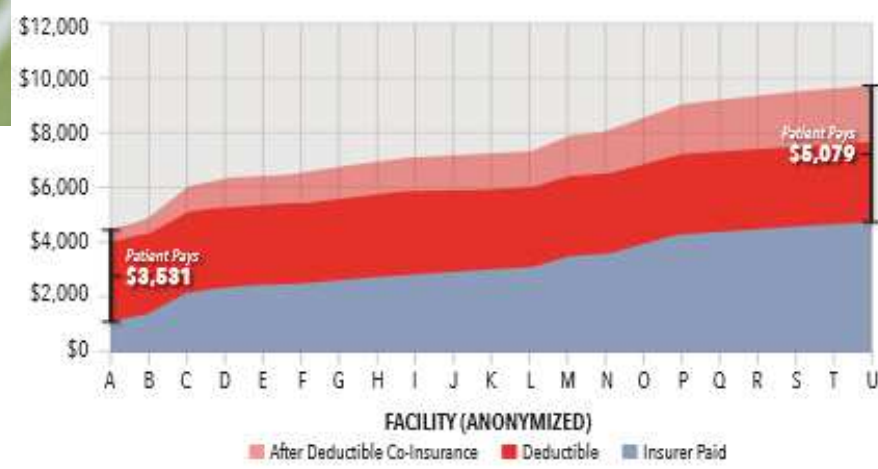
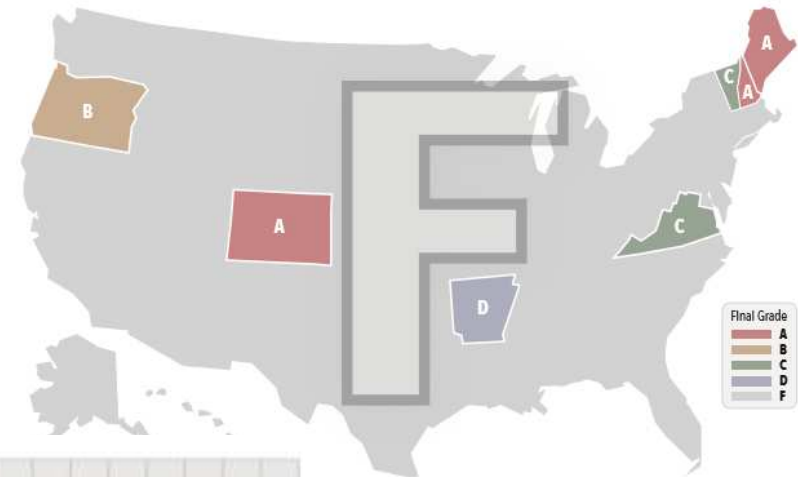
Coinsurance



Maximum Out-of-Pocket



# Patient Engagement: Cost Transparency



Health Care Incentives Improvement Institute (HCII) – Catalyst for Payment Reform (CPR) Report Card on State Price Transparency Laws

# Patient Engagement: A Little Higher

**After the past 10 years:**

**Yes** Are we still struggling with patient ENGAGEMENT?

What about portals and telehealth?

**No** Have we completed a bridge between care coordination and payment coordination?

What about transparency?

**Yes** Can personalized technology AND persuasive technology come together?



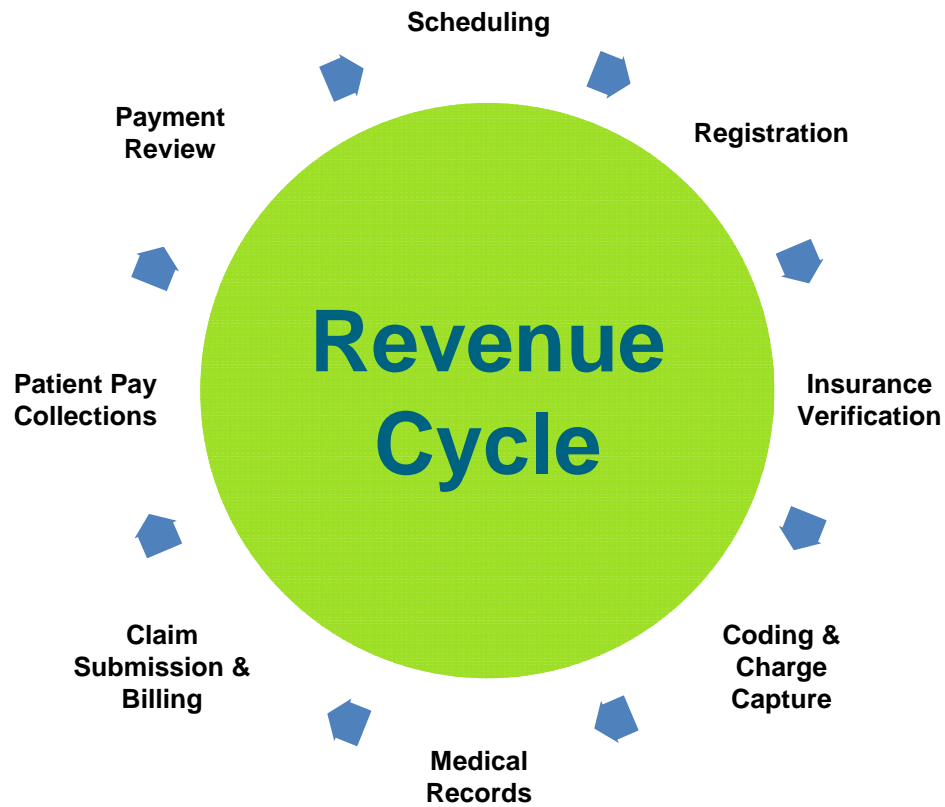


Care/Payment  
Persona Model

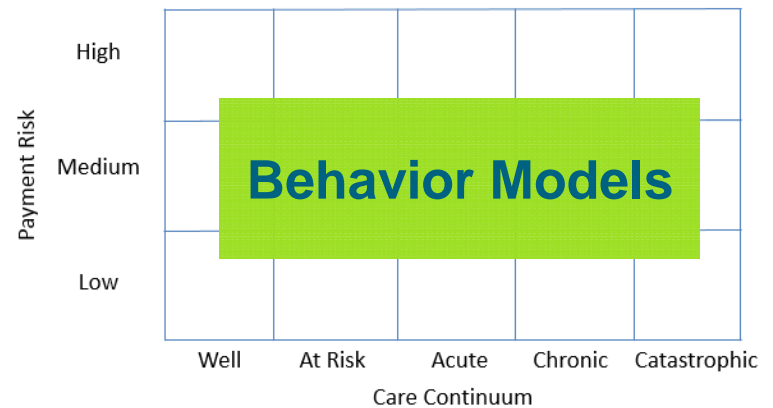
# Hands Higher Still



# Example: Technology to Aid in Patient Decisions

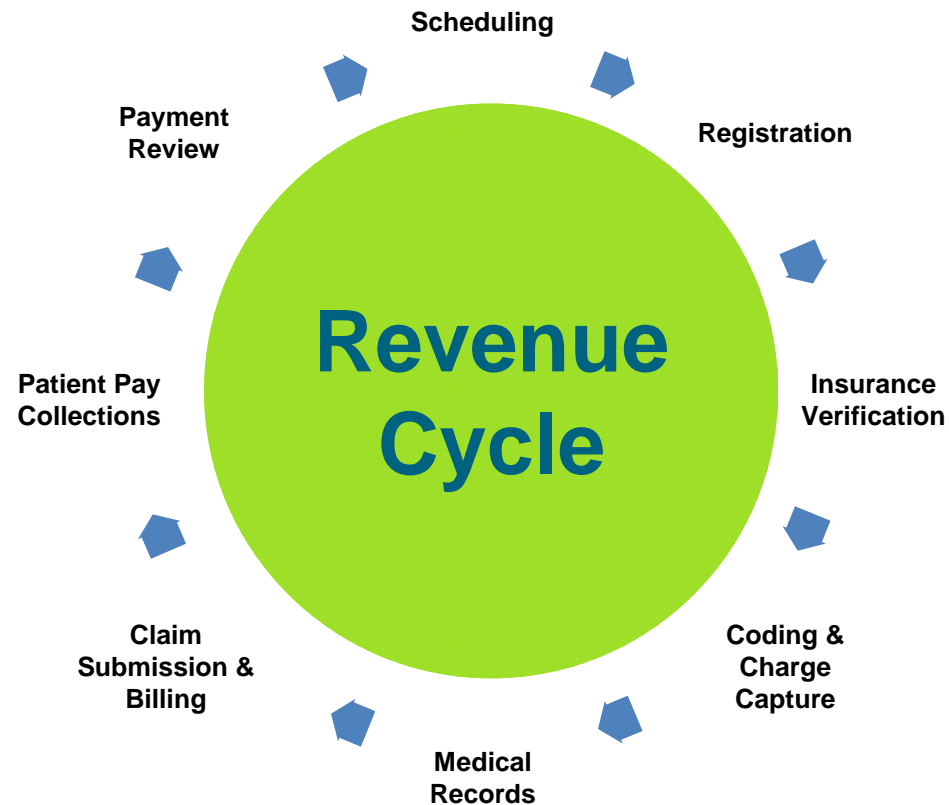


## Journey



# First Pass: Identify the Desired Process

## Processes



# First Pass: Identify the Ideal Persona(s)

### Hospital Leadership


Name: Debra  
 Job: Director  
 Role: Director  
 Title: Director

decisive  
 Strategic  
 Team Collaboration  
 Community oriented  
 Sr Leadership mktg  
 - referral sources  
 - events

Goal oriented  
 Patient-oriented  
 Employee oriented  
 Enjoys Food!

Behaviors  
 Needs  
 - to pay for training  
 - to take down communications to all  
 - consistent message  
 - purpose/reasons why  
 - work/life balance  
 - all hours accountable  
 - access to applications  
 - Beacon  
 - PeoplePoint  
 - best practice sharing w/ others in  
 like role

- computer desk  
 - round with employees  
 - educated BS & higher  
 - 30-40 in age  
 - mostly female  
 - English 1st language



### Corporate Employee

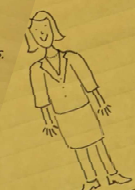
Name: Jith  
 Job: IT  
 Role: IT  
 Title: IT

Works mostly @ desk  
 Computer-savvy  
 40-hr work week / M-F  
 Email access all day  
 Has smartphone  
 Easily access intranet  
 Email is primary form of work communication  
 Uses desk phone  
 "connected" outside of work

internet access  
 connected to current events / in  
 easy access to coworkers

Support field employ  
 Support business obj  
 Create efficiencies  
 Support company growth

22 - 65 yrs old  
 50% Men / 50% Women  
 College-educated  
 Lives in suburban area  
 married  
 Birmingham, AL-based



### Therapist

Name: Patsy  
 Job: Therapist  
 Role: PT  
 Title: PT


Staff PT  
 Works 32 hours/week

Not at a desk - rarely check email  
 Very hands on w/ patients  
 Patient care #1 focus - patient safety, outcomes  
 etc  
 Work well w/ others / collaborative  
 Involvement in personal responsibilities rather  
 than of corp. initiatives

Extraverted & Social w/ co-workers  
 Doesn't check cell @ work often (2x)  
 Enjoys helping w/ Stroke Support Group  
 Leaves work @ work when she leaves.

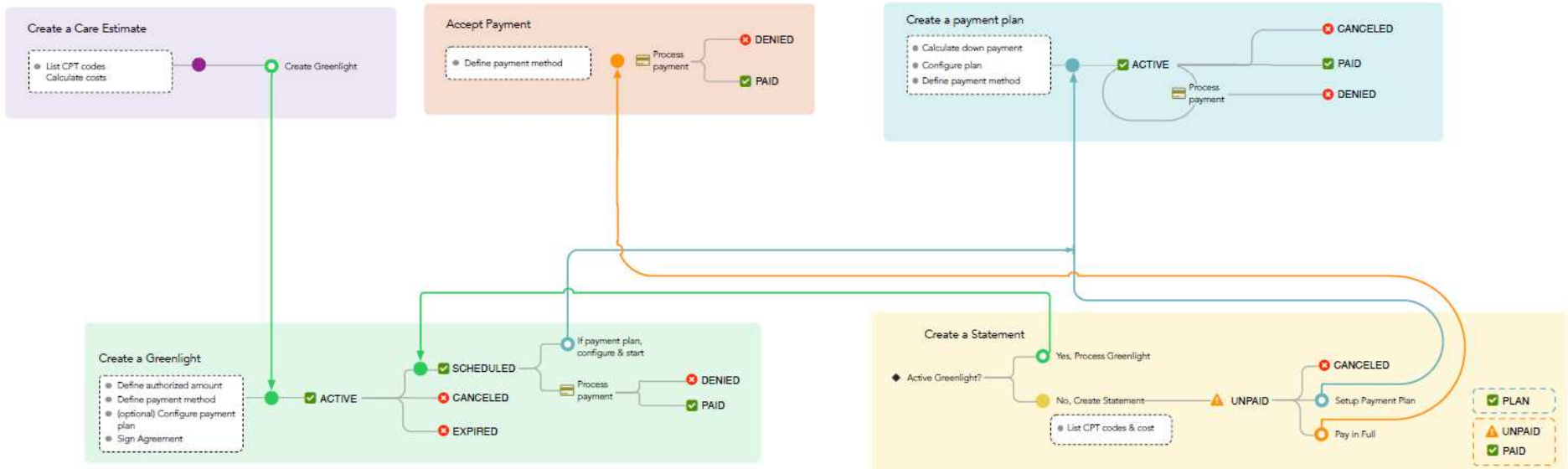
Would like to be therapy manager  
 someday  
 Working towards hand certificate &  
 is on therapy career ladder  
 Need: DTD support to achieve goals pertaining  
 to career ladders  
 Work/life is very impt  
 Need: Better working relationship w/ nursing  
 to better service patients  
 Need: Continuing Ed to maintain license  
 Need: More time in the day for documentation

35  
 Female  
 White  
 College grad  
 Dietician  
 Healthy  
 Family focused  
 Married w/ children  
 Middle class





# First Pass: Identify the Ideal Journey



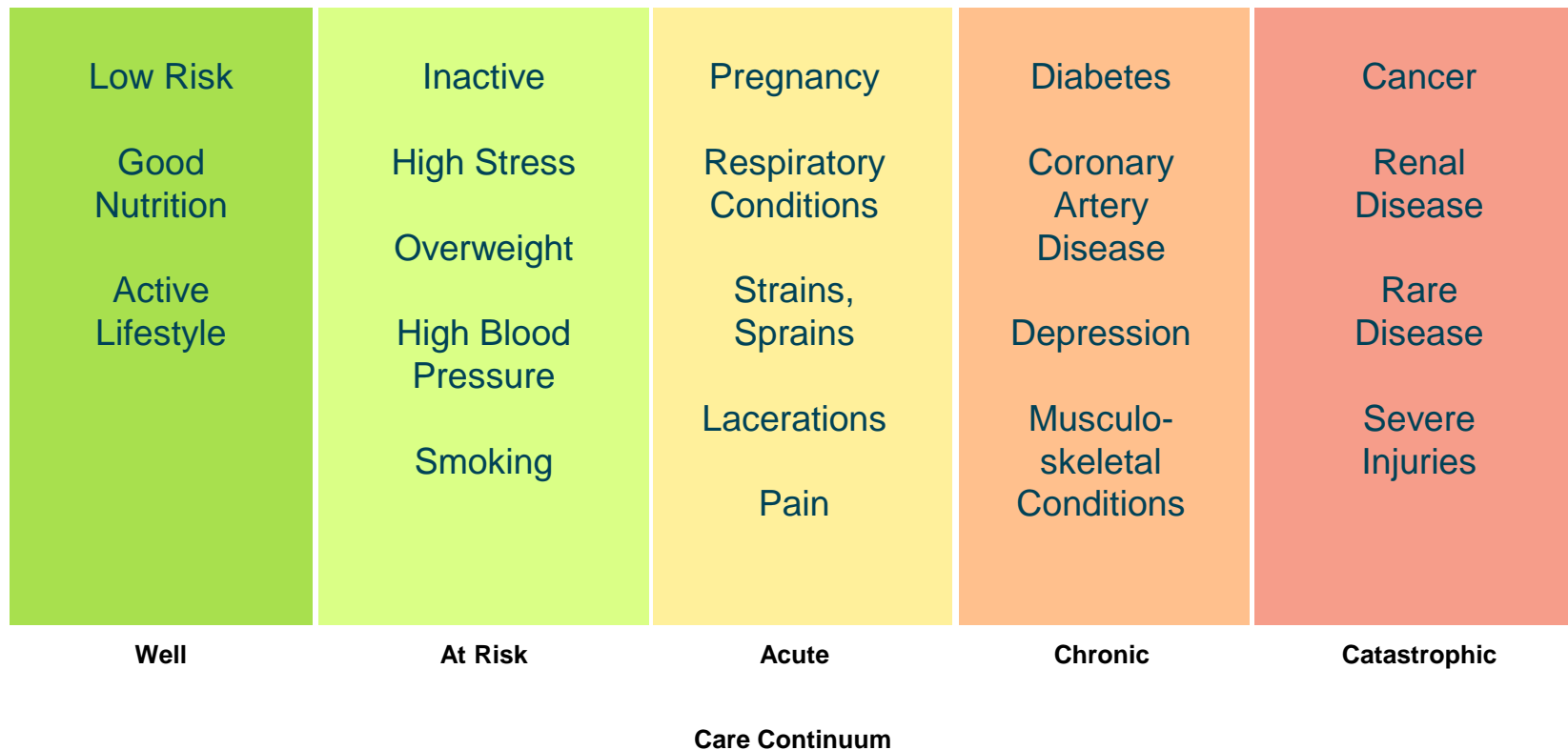
# Beyond the First Pass: Case Study

The image displays three overlapping screenshots of the Navicure Payments web application interface. The top screenshot shows the 'Create a Payment Plan' page, featuring a navigation menu with options like 'Accept Payment', 'Manage Patients', 'Care Estimator', 'Greenlights', 'Statements', 'Payment Plans', and 'Reports'. The main content area is titled 'Create a Payment Plan' and includes a 'Patient Information' section with fields for Patient ID, Account ID, First Name, Last Name, and Email Address. The middle screenshot shows the 'Accept Payment' page, which includes a 'Payment Plan' section with fields for Initial Amount Due, Down Payment, and Total, along with a 'Payment Frequency' section with radio buttons for Weekly, Bi-Weekly, Monthly, and Quarterly. The bottom screenshot shows another view of the 'Accept Payment' page, highlighting the 'Patient Information' section with fields for Patient ID, Account ID, Statement ID, First Name, Last Name, Date of Birth, and Email. All screenshots feature the Navicure Payments logo and contact information for Carling Clinic - Northside.

22



# Second Pass: Specifics (the Care)



# Second Pass: Specifics (the Payment)

Payment Risk	High	These patients are less likely to pay; spend minimal and least-costly efforts to collect. 40% of all patients (12% of payers; 8% of direct payments)
	Medium	These patients are likely to pay, but may require additional collection resources. 25% of all patients (27% of payers; 22% of direct payments)
	Low	These patients are likely to pay. 35% of all patients (61% of payers; 70% of direct payments)

Equifax – Payment Predictor for Healthcare





# Second Pass: Care/Payment Personas

Payment Risk	High	Persona 3	Persona 6	Persona 9	Persona 12	Persona 15
	Medium	Persona 2	Persona 5	Persona 8	Persona 11	Persona 14
	Low	Persona 1	Persona 4	Persona 7	Persona 10	Persona 13
		Well	At Risk	Acute	Chronic	Catastrophic
		Care Continuum				



# Second Pass: Reinforcement

“Segmentation allows you to better understand what the reinforcement contingencies are. It is the first step towards influencing behavior. It is not, however, sufficient for influencing behavior. Segmentation tells you who these people are and in some cases what they do. Engagement comes from creating a reinforcement schedule that shapes their behavior.”

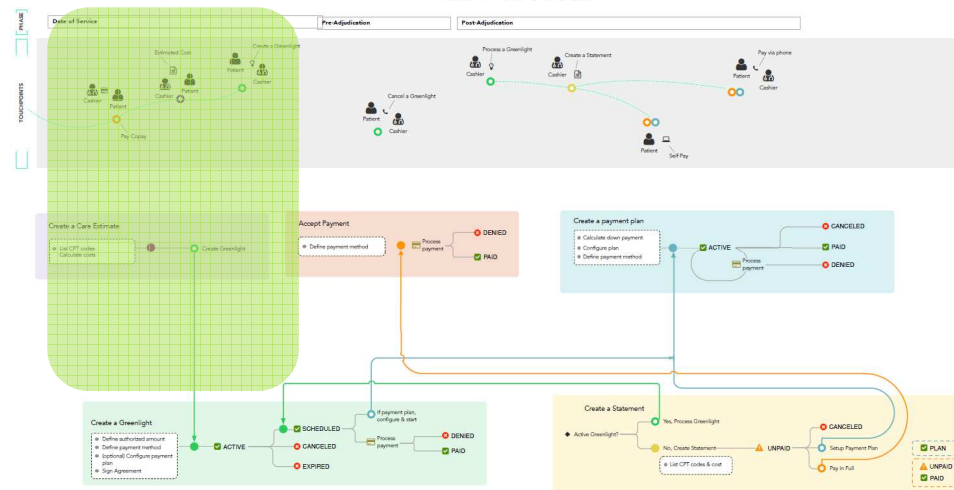
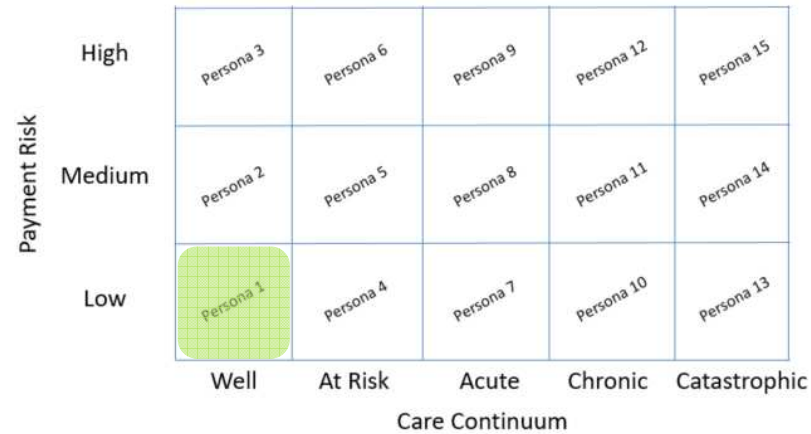
Dr. Josh Klapow, Clinical Psychologist, Behavioral Scientist



# Second Pass: Reinforcement

## Scheduling: Personas 1

- Abilities and limitations
- Motivation
- Revise Journey
- Determine triggers



# Second Pass: Triggers Drive Technology

- Triggers include digital touchpoints:
  - E-mail frequencies
  - Portal reminders
  - Secure texts
  - Educational content delivery
  - Billing schedule
  - Payment planning information
- Triggers include physical touchpoints
- Triggers are the key toward a habit-forming revenue cycle



# What This All Means

- Market and technology conversations highlight the pain, but do not resonate with individuals.
- Patient's are complex. Combining models can be a valuable tool for identifying common patient behaviors.
- To truly persuade behavior and influence financial decisions, technology must be trigger-based.
- Providers, plans and vendors already have the tool foundations. The strategy must now incorporate behavior-driven clinical AND cost (ex. pop health, big data, cognitive computing, EMR/patient portal)

29



# Discussion

**RAISE YOUR  
HAND** a little  
higher



# Thank You!

Tommy White  
PointClear Solutions

Thomas.white@pointclearsolutions.com

Download our latest ebook for free at:  
[www.pointclearsolutions.com/KeystoUX-ALHIMSS/](http://www.pointclearsolutions.com/KeystoUX-ALHIMSS/)

