TTT SERIES: NEW PATIENT ONBOARDING

TRAINER NOTES

Course Description: Onboarding new senior patients uncovers ways to incorporate best practices for welcoming patients. It gets them acquainted with your system. It orients them to the processes which define how things work within your organization. It emphasizes roles and characteristics of all the staff members. When a patient understands and trusts the office and its staff, satisfaction in your practice will improve thereby impacting the scores relating to the CAHPS Survey.

Purpose: Onboarding is the management of the initial stages of the relationship between the patient and the provider. An excellent onboarding process provides the first impression of your facility and sets the tone for the patient's experience. Patients are consumers. They are becoming more educated about their medical needs and they understand the quality of different providers. If a patient trusts the provider, feels comfortable with the provider, then the patient is more likely to follow the treatment plan. The provider who makes an effort to provide the best patient experience will also achieve high marks regarding patient satisfaction.

The following notes correspond to the New Patient Onboarding slide deck:

SLIDE #1: INTRODUCTION

- Here is where you can personalize the introduction to your group’s meeting/session/training.

SLIDE #2: NEW PATIENT ONBOARDING OBJECTIVES

- Today’s Objectives are:
  - Understand the importance of Onboarding New Patients
  - Define the Roles of the Office Staff
  - Identify best practices
  - Recognize the influence patient satisfaction has on medical group surveys
  - Identify the future state of new patients

SLIDE #3: WHAT IS ONBOARDING

- What is Onboarding and why is Onboarding important?
  - It helps new patients/family/caregivers understand what is expected at the practice.
  - It can be compared to “moving into a new home.” You ask yourself, “where does everything go and who is everyone?”
  - It explains the roles of the front and back office who will help patients meet their needs.
  - The patient will know who to call when they need the:
    - Office
    - Urgent Care
    - Emergency Department
  - It helps patients understand what is covered and how much (Co-pays, share of cost).
- Let’s look at what a “WELL ON-BOARDED” Patient looks like:
  - I trust my doctor: the patient connects with the doctor and staff. If a patient does not trust their physician, are they more or less likely to follow the plan of treatment that has been set for them?
  - I understand where to go to get the care I need: A patient learns how to navigate through the system.
I understand my coverage: The healthcare industry is confusing and difficult...patients need to know where to go to talk about payments.

I am with SCAN and SCAN is with ME: SCAN has an amazing Customer (Member) Service Group...please encourage your patients, our members, to call when they need more time to find out about what is available to them.

- Well on-boarded patients are more likely to have better outcomes and stay out of the hospital.
- Now let’s look at “POORLY ON-BOARDED PATIENTS”:
  - I am confused about my coverage: Once again, your office should provide as much information as possible to alleviate any confusion...help the patient out. If they are SCAN Members, encourage them to contact Customer (Member) Services for assistance.
  - I don’t know where to go to get the care I need: The one thing that we do not want is a patient to go to the Emergency Room for something that could have been handled in the office or at urgent care. The patient needs to know the “road map” to your office and the outside sources that can help them if needed.
  - I don’t know my doctor: The staff, as well as the physician, need to take the time to make the patient feel welcomed. Their satisfaction helps the overall scores and outcomes of the office.

- When the patients feel that they are partnering with you, a loyalty to the practice occurs. Through “word of mouth” encounters, the practice will grow and patient satisfaction will soar.
- The main goal is to treat the patient as if they are the most important patient to us.

SLIDE #4: WHO IS RESPONSIBLE FOR ONBOARDING (POLL QUESTION)
- A great question to evaluate what your staff believes to be true about Onboarding:
  - Who is responsible for Onboarding?
    a. The Medical Group
    b. The PCP
    c. The Health Plan
    d. All of the Above

Answer is d) All of the Above

SLIDE #5: WHY IS CONNECTING WITH THE PCP IMPORTANT?
- SCAN conducted an analysis to see the impact of members who do NOT see their provider regularly.
- Interestingly, this cohort of members is not as healthy as we thought.
- SCAN found that these members had significantly lower Medication Adherence rates, had higher rates of Emergency Room visits, and increased hospital utilization.
- Connecting with the physician is very important. With better care, come better outcomes. The medical group and provider know what is going on with the patient.
- Also, there are better outcomes when the patient isn’t afraid to ask questions. Front and back office is the connection between the physician and the patient.
- When there is a solid connection then 5 Star Quality measures are met:
  - Preventive screenings
  - Preventable hospitalizations
  - Fewer readmissions
  - Medication Adherence

- Lack of medication adherence is one of the main reasons people get readmitted to the hospital.
• When a patient has a connection to their physician, they listen more and are more likely to be adherent to their treatment plan and remain healthy and independent longer.

SLIDE #6: OFFICE STAFF CHARACTERISTICS AND ROLES
• In addition to connecting to the PCP, an important part of the patient experience is their interaction with the office staff.
• Let’s look at the roles and characteristics of the office staff.
• What are the ROLES of the Office Staff?
  o Roles:
    ▪ Welcome the patients to our office
    ▪ They take calls, solve problems, check patients out, provide referral services
    ▪ Take care of lots of people and have a lot of things to juggle at one time
    ▪ Staff is able to move from position to position ... you cannot always count on things going smoothly every day... there will be days when your staff cannot arrive on time due to sick children, traffic, car problems, etc.
• What do you think are the CHARACTERISTICS of the Office Staff?
  o The office staff should be efficient, can multi-task, and friendly.
  o They have processes in place and are organized. Everyone has the authority to make a decision.
  o New staff blend in and do not make excuses like “I’m new.” It doesn’t help a patient feel better.
  o They are able to deal with communication “in front” of an issue. Here is where they know how to deal with a PCP running late or an office emergency.
    ▪ Communication is consistent and everyone has the same script.
  o SMILE – it goes a long way in providing good customer service.
• Once again, all staff members should be cross trained so that all areas of the office are covered.
• Make sure there is clarification among staff as to who manages what process and where back up is to handle the patient’s needs.
• The workflow should be seamless.
• No one should ever say, “Oh, that’s not my job.”

SLIDE #7: BEST PRACTICES FOR PATIENT SATISFACTION
• To achieve Patient Satisfaction, here are the following Best Practices:
• Welcome the Patient FIRST
  o Prepare welcome packets which include information specific to new senior members
  o Provide orientation programs and send out welcome letters
  o High Touch Introduction:
    ▪ Welcome, Mr./Mrs./Ms. – always use titles/names
    ▪ Welcome to your first visit with our practice. I have a packet of information for you that we will review together
    ▪ So glad that you will be joining us
SLIDE #8: BEST PRACTICES FOR PATIENT SATISFACTION

- **Patient Centered Care**
  - It is critical to have the first visit as soon as possible usually within the **first 3 months** of enrollment in order to orient members on how to access care.
  - Per California Department of Healthcare Services (DHCS) Title 22, CCR, Section 53851 (b) (1), complete Initial Health Assessment (IHA)/Staying Healthy Assessment (SHA) within 90 days of enrollment and annually thereafter.
  - Every patient is special
  - Customize care and outreach:
    - How can I assist you today?
    - What questions do you have for your doctor?
    - Give them something to write with
    - Make sure you identify the need/reason member is there
    - Everyone wants to know they are a treasured patient
    - Do Not ask “How are you feeling?”

SLIDE #9: BEST PRACTICES FOR PATIENT SATISFACTION

- **Personal Identifiers** – ways to remember each and every patient:
  - What do you have in place to remember each person?
  - Get a photo for the chart
  - Special information about them such as a pet, their granddaughter, work, etc.
  - Key items about that person: glasses, red hair, freckles, etc.
  - Also be culturally aware and knowledgeable of social determinants of health when meeting new patients.

SLIDE #10: BEST PRACTICES FOR PATIENT SATISFACTION

- **The Dreaded Packet** – necessary information to begin the patient’s journey with your practice:
  - Who fills it out?
  - Is the font large enough?
  - Do you have staff to assist the patient with paperwork?
  - Is the space big enough for writing?
  - Are any areas pre-loaded with patient information?
  - Are areas highlighted in colors other than yellow for seniors?
    - Remember: do not highlight using a yellow marker for seniors. As a person ages, they are unable to clearly see the color yellow due to the fact that the retina in their eyes begins to yellow.
  - Do you have a tablet or does the patient have access to a computer?
  - Is the patient able to fill out the forms ahead of time or online? It saves time so when a patient arrives at their first appointment, the hard part is already done.
  - What “frightens” patients the most about THE DREADED PACKET...it is not the forms to fill out but the LACK OF INFORMATION about the office, lab, pharmacy, billing, etc.
  - This information is critical to the successful building of a relationship with the patient...no one likes to be left out in the cold.

- NOTE: Make sure to include the HIPAA form to obtain the patient’s records from their previous physician.
**SLIDE #11: BEST PRACTICES FOR PATIENT SATISFACTION**

- **Office Behavior:**
  - SMILE and introduce yourself to the patients. It really makes patients feel welcomed.
  - It is impressive when a staff member is able to show that they know their job.
  - Always communicate clearly and provide assistance with appointments, referrals, labs, etc.

**SLIDE #12: BEST PRACTICES FOR PATIENT SATISFACTION**

- **Office Policies and Procedures:**
  - Explain the office flow – “how we do things here.”
  - Provide detailed information on:
    - How to make appointments
    - The check in/out process
    - Assistance with referrals to specialists
    - The in-house person who handles insurance questions
    - Where the lab or pharmacy are located....in other words, provide a road map to your office and related medical offices that care for the patient.

**SLIDE #13: BEST PRACTICES FOR PATIENT SATISFACTION**

- **Outside Resources:**
  - SCAN members should be referred to customer service (or member services) for assistance.
  - Services may include transportation, pharmacy, Medicare information, and community programs.
- **Staying in Touch:**
  - Through yearly comprehensive wellness visits, we see how are patients are doing and try to reach hard to engage members.
  - Send out personalized Appointment Reminders or Birthday cards it makes the patients feel “remembered” and a way to contact them.
  - Design an office newsletter about upcoming events or needed immunizations. This is another way to help us stay connected to our patients.
- When we look at all 8 of these best practices, it makes for a cohesive patient-centered orientation to your practice.

**SLIDE #14: Understanding CAHPS**

- Continuing with patient satisfaction, we would like to introduce you to CAHPS.
- If you are able to obtain a copy of the **CAHPS survey**, be sure to provide a copy to each staff member so that they can understand the “scoring” system that Medicare uses to judge the providers and services.
- **What is CAHPS?** Consumer Assessment of Healthcare Providers and Systems
- **What is the definition?** CAHPS is a **survey** that asks consumers and patients to report and evaluate their experiences with healthcare.
- **What is the focus?** The PURPOSE (or Focus) of the survey:
  - Focus on aspects of quality that consumers are best qualified to assess:
    - Communication skills of providers
    - Ease of access to healthcare services
    - Discuss wait times for appointments or visits
• The key is to use words right out of the survey.
• Make sure patients understand what we are saying. Be clear when you tell them that they may be sent a survey.
• Provide the following examples:
  o Take a look at the survey and decide which phrases will be most effective in communicating with our patients. “Is there anything further I can HELP you with.”
  o Did you have to wait more than 15 minutes to see the doctor?
  o If there is an emergency with one of the patients in the office, the schedule is now behind. You have to tell patients what is happening and that they may have to reschedule.
  o When you explain the situation, it shows the other patients that the doctor cares and is taking care of the problem so this means that the doctor would take care of them.
  o If that should happen, make the person feel special by giving an appointment that normally takes weeks to get but you give it to them in the next week
• These examples will help you “place” the words into the minds of your patients as they complete the survey. A way to recall the patient experience.

SLIDE #15: CAHPS QUESTIONS
• Here are a few samples of CAHPS questions that your patients will see on their surveys:
  1. Wait time includes time spent in the waiting room and exam room. In the last 6 months, how often did you see the person you came to see within 15 minutes of your appointment time?
     o The answers that are made available are: Never, Sometimes, Usually, Always
     o We are always seeking the answer: ALWAYS!
  2. In the last 6 months, how often did you and your personal doctor talk about all the prescription medicines you were taking?
     o The answers that are made available are: Never, Sometimes, Usually, Always
     o We are always seeking the answer: ALWAYS!
• Emphasize certain phrases in the questions to help your patients remember that you/your colleagues did discuss these things with them.
• Ask the patients if they understood everything that the physician explained to them. It just may show up on the CAHPS survey.

SLIDE #16: CAHPS MEASUREMENTS
• In order for us to get a complete view of the total patient experience, the CAHPS survey asks the consumer to assess the quality of the care received and their responses measure the following items:
  o Provider and Staff performance: Was the staff member a clear communicator, a good listener, respectful, and did they spend enough time with patient to discuss their health issues.
    ▪ Did they review your medication list?
    ▪ Did they discuss the care that the patient received from additional health care providers?
  o Health Issues regarding Illnesses, injuries or conditions: the primary issue is that the patient received the needed care quickly.
  o Appointments: The main issue here is how easy was it for the patient to make an appointment for check-up or routine care
    ▪ Key point: “Did the patient see the person within 15 minutes of their appointment time?”
- Do you know when to go to the Urgent Care vs the Emergency Room?
- Who can the patient call when they need assistance: the Nurse advice line or the office directly?
- **Tests, Treatments, Lab Results:**
  - How easy was it to get the necessary tests or treatments?
  - Once the patient was done, who contacted them with the results? And was it in a timely manner?
- **Healthcare Plans (SCAN):**
  - Did the patient get the information or HELP from customer service?
  - Was the staff courteous, respectful, and helpful?
  - Did the staff help filling out forms and providing information regarding extra benefits?
- **Specialists:**
  - How easy was it to access an appointment with a specialist?
  - What was the number of visits needed?
  - Does the PCP have all the information from the specialist to assist in the care of the patient?
- **Medical Records/Information**
  - Does the Provider have access to the patient’s information by file or Patient Portal?
  - How easy is it for the patient to access the Patient Portal?
- **Office Procedures:**
  - Here is where the patient receives in detail the following information on how the office runs and how the patient participates:
    - How to make appointments
    - The check in/out process
    - Assistance with referrals
    - In-house insurance representative
    - Location of lab or pharmacy: did the patient receive a road map to be able to access care?

**SLIDE #17: FUTURE STATE FOR PATIENT**

- When we think of the future state of our patients, what do each of these statements mean to our patients?
- First let’s take a look at the new seniors:
  - They still work, ride bikes, uses patient portals.
  - They have a “Listen to me” attitude and have hands on technology.
  - They know what the internet is and how to use it.
  - They want to be involved in their health and how to manage it.
- Let’s look at the Future State for our patients:
  - **SUPPORTED AND CONFIDENT:** We want our patients to know that we support them, which will instill a confidence in their attitudes toward the office staff and physician.
  - **EMPOWERED:** This is where the patients invest time as partners in the health care industry. By engaging patients and their families in their care, we improve patient care.
  - It has been said that patient engagement in health care has been considered a “blockbuster drug of the century” (Kish, 2012), with the potential to achieve the “triple aim” of improved health outcomes, better patient care, and lower costs. (Berwick, Nolan, & Whittington, 2008)
© UNDERSTANDING WHAT TO DO: When a patient understands their treatment, their medications, the office procedures, you have a patient who will be happy and healthy.

© FEELING LISTENED TO: Who does not want to be listened to? If a patient feels that the staff is listening, they are more likely to tell you when they are ill or are having difficulties.

© RECEIVING HANDS-ON ACTION: Remember that actions speak louder than words. If a staff member states that they are going to help, or call, or follow through with a problem, then they better do it or the trust of the patient will diminish, as will their health.

© CREATING PERSONAL RELATIONSHIPS: Personal Questions such as: “So how is your daughter doing in school?” “When are your grandchildren coming to visit?” “I think someone just had a birthday, right?” These things may seem small but they are truly significant to every patient that enters your office.

- The personal touch is richer to a patient than gold…OK…maybe not gold, but close. Once a relationship is created so is loyalty and adherence to the patient’s treatment regime.

© THRIVING: All patients want to thrive and maintain optimum health levels. At SCAN, as well as at every medical office, the mission is to see that all of our members/your patients maintain optimum health and independence.

© STREAMLINED CARE WITH EASY ACCESS: The ease of accessing care decreases any additional stress and anxiety that a patient may be experiencing when dealing with health issues.

- When all of these statements work together to provide optimum care, a patient will undoubtedly be successful as a healthy and viable individual who is cared for and receives superb attention from their provider and staff.

SLIDE #18: YOU ALWAYS MAKE ME FEEL SPECIAL

- Here is where you can add a slide that addresses your appreciation to your staff and all the hard work they do.

SLIDE #19: EMPATHY VIDEOS

- To summarize the techniques to onboard new patients, let’s take a moment and think about all of the patients who visit your office and your PCP. You never know what someone in the waiting room is going through or feeling. It is always importance we see each other as humans and people first and then to look at them as patients.

- As you watch the video, think about if these patients were in your practice and how would you treat them.

- The video can be found in YouTube under Cleveland Clinic Empathy: The Human Connection to Patient Care. [https://www.youtube.com/results?search_query=cleveland+clinic+empathy](https://www.youtube.com/results?search_query=cleveland+clinic+empathy)

- Or there is another video regarding Empathy from the Responsive Group which can be found on the YouTube link: [https://www.youtube.com/watch?v=ovHcr1tOpBs](https://www.youtube.com/watch?v=ovHcr1tOpBs)
Here are some examples of **POLL QUESTIONS/KNOWLEDGE CHECKS**:

1) Who is responsible for Onboarding?
   a) The Medical Group
   b) The PCP
   c) The Health Plan
   d) All of the Above
   
   **Answer is d) All of the Above**

2) What is **not** a good characteristics and/or roles of the office staff?
   a) Is Organized
   b) Very Friendly and Welcoming
   c) Always arrives late
   d) Efficient
   
   **Answer is c) Always arrives late**

3) True or False: The CAHPS survey asks patients about appointment times, test results and specialist referrals
   
   **Answer is True**