Clinic Clerical Process

Lake Cumberland District Health Department

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LCDHD
Lake Cumberland District Health Department
A Healthy Today for a Brighter Tomorrow

Quality Improvement Story Board

Team Members:

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PLAN

Problem Statement

Frustration and inefficiency in clerical processes.

Aim Statement

Improve the workflow of the clerical processes with the goal of increasing efficiency, allowing staff to process more patients with less staff time, and increasing accuracy. We aim to identify and implement changes by July 31, 2018. Success will be measured by increased "Services per Clerical FTEs", as well as decreased billing denials due to ineligibility.

Process Outline & Relevant Data

Patients call or present at clinic requesting services. Clerical staff must.......

- give relevant information to patient, schedule patient or tell patient to come back.
- Pull the chart
- Collect Demographic info
- Use 7 different MCO websites to determine eligibility.
- PEF is created, form labels created, attached to PEF, etc.
- If shots are required, 3 different websites must be signed in to.
- Chart is prepared for the nurse and placed on the ledge.
- Checkout: uses both portal and bridge for checkout (if it's WIC). If it's not WIC, they only use Bridge.

PEF's are scanned at the end of the day.

Identify Potential Causes

Too Many websites to keep track of, log in to

- Too Many MCO's
- No Eligibility Clearinghouse
- Different Websites for different programs

Too many passwords

- Because we have too many websites

Paper Charts

- We don't have an EMR because the state never provided one

Clerks must give repetitive speech on every phone call (repeat SDS policy, etc)

Identify Potential Solutions

Have 1 site (clearinghouse) for eligibility

Explain SDS policy on phone greeting recording

Add "Process Flows" to Employee Resources page, with links to different websites

Set up all clerks to use KeePass for passwords

Research EMR or using electronic PEF in absence of EMR solution.

Improvement Theory

If we have clearinghouse, staff will not have to maintain as many passwords, reducing frustration, and in turn will improve denial rates due to ineligibility.

DO

Test the Theory

Phone greeting was developed but not utilized as it was decided that this was not going to be an effective solution once the process was started.

Found a program called Navi-Net that will check for Medicare, Medicaid and insurance eligibility though one screen. A trial will be implemented to see if this will be an effective solution.

Password Manager to be implemented by clerical staff to assist with frequent password change requirements.

Check into an electronic EMR for the clinic staff.

CHECK

Study the Results

All clerical staff were provided an opportunity to utilize the KeePass password manager that assisted in keeping track of frequently changed passwords and saved time since lost passwords were no longer as much of a problem.

Navi-net trial is being utilized to see if it will be cost effective. It may be more cost inhibitive than time saving.

Process flow charts were created to track registration intake procedures but no other areas were identified that would save time or could be corrected without a state EMR or changes to software enhancements. The company that provides technical assistance to the local HDs through the state department was contacted but they stated that they could not provide an EMR for an individual HD, or they would not be allowed to participate in an RFP for the state health department.

ACT

Standardize or Develop New Theory

We will continue to work on utilizing a third-party application to verify patient insurance/Medicaid eligibility if it is cost effective.

Continue to encourage use of password manager by all staff to decrease loss of time with forgotten passwords, etc. Also increases security off passwords.

The state health department is now pursuing an EMR so any efforts on our part would be futile at this point.

Future Plans

Continue to analyze benefits and cost effectiveness of using a third-party application to verify Medicaid/insurance status of patients.