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## Establishing a more patient-centered billing system

Unlike an electric bill or mortgage payment, medical bills are confusing, complex and inconsistent across the industry.

After patients have a routine medical exam, enter the hospital for an inpatient procedure or visit the emergency room they are often faced with a sea of paperwork. It is also not uncommon for patients to receive multiple bills from hospitals, doctors, labs or specialists for the same episode of care.

For healthcare systems to improve patient experience, the medical billing process must be simplified and consolidated.

In May 2016, Department of Health and Human Services (HHS) **Secretary Sylvia M. Burwell** announced the “A Bill You Can Understand” challenge, which encouraged organizations to submit entries for a medical bill redesign that was simpler, cleaner and easier for patients to understand, and for proposals to improve patients’ experience with the overall medical billing process. On Sept. 28, **two entries** were selected, both of which addressed common inconsistencies, such as presentation, payment options and insurance details. Over the coming months, the **winning designs will be tested** by the following healthcare organizations:

- Cambia Health Solutions in Oregon
- Geisinger Health System in Pennsylvania
- INTEGRIS Health in Oklahoma
- The MetroHealth System in Ohio
- Providence Health & Services in Washington
- University of Utah Health Care

It will be their responsibility to determine if these winning designs truly improve the healthcare experience and enhance billing transparency and convenience for patients.

## Establishing a more patient-centered billing system continued

Additionally, the HHS plans to compile key insights from all of the entries into one report so that other healthcare systems can identify ways to improve the experience of medical billing in the future.

As a comprehensive healthcare system providing care at 530 locations, including 14 medical centers and hundreds of outpatient facilities and physician clinics, Novant Health has worked hard to improve its patients' financial experience.

The health system is changing the look and feel of its statements and bills and has introduced new ways that patients can pay their portion of care – all with the patient in mind. If patients have questions about their medical bills from the hospital, primary care physician's office, labs or specialists, they can contact one customer service representative to have all their questions answered. This new streamlined approach has proven to be very successful. However, Novant Health and healthcare systems across the country recognize that even more work needs to be done to increase billing transparency and enhance the financial experience for patients.

According to Richelle Fleischer, senior vice president of Novant Health's revenue cycle, "Billing confusion is the top patient complaint. When a patient can say, 'This bill is easy for me to understand,' then Novant Health has achieved its goal."

The system has also taken significant steps to assist patients in making informed decisions by implementing financial navigator software, which provides patients with an estimate of their costs beforehand. This service helps patients make informed decisions about their care quickly, while personalizing the estimate based on the individual's out-of-pocket expense using their current benefits.

Novant Health's revenue cycle services team is devoted to proactive outreach, contacting patients to ensure they understand what they will owe for their portion of care and, as appropriate, directing those in need to financial assistance. The team also includes staff members who are focused on Medicaid and disability assistance. The goal is to ensure that Novant Health and its representatives are as proactive as possible in all aspects of patient engagement.

As a result of all of the work being done in its revenue cycle department, which tracks patient care episodes from registration and appointment scheduling to the final payment of a balance, Novant Health was recognized as a Supporter of the Patient Financial Communications Best Practices. These practices were developed by the **Healthcare Financial Management Association** and other leading industry groups to improve patients' experience with the financial process. To achieve this recognition, Novant Health demonstrated that it follows nearly 100 best practices covering all aspects of financial interactions that take place in a variety of care settings.

According to **Medical Scribe Journal**, there are several components of creating a patient-centric revenue cycle – one that will improve patient satisfaction and experience:

- Delivering a bill to a patient in a timely manner
- Educating patients about their bills and answering questions consistently and conveniently
- Establishing a single invoice per episode of care and making it easy for patients to pay their bills

As patients look for ways to proactively manage their healthcare dollars, it is important for the industry to identify ways to make the financial process easier to maneuver. Novant Health and many other healthcare systems have found ways to address these components and will continue to identify areas where they can enhance billing transparency and the financial experience for patients now and in the future.

# Interoperability – investing in the future

The National Alliance for Health Information Technology (Alliance) defines interoperability in healthcare as the ability of different information technology systems and software applications to communicate, to exchange data accurately, effectively and consistently, and to use the information that has been exchanged.

The Healthcare Information and Management Systems Society (HIMSS) takes the definition a bit further, adding that interoperability means the ability of health information systems to work together within and across organizational boundaries in order to advance the effective delivery of healthcare for individuals and communities.

And therein lies the crux of interoperability, a word that a decade ago was labeled mere “techno speak” by the head of the Office of the National Coordinator for Health Information Technology (ONC), but now is seen as a critical imperative in advancing healthcare into the future. Interoperability is about so much more than communication and exchange of information; it’s about effectively using available information to improve the healthcare delivered to people across every corner of the country.

Now that the majority of hospital systems and even doctors’ offices have adopted electronic health record (EHR) systems, the new challenge is how to share all the information that’s being gathered across different systems. As of July 2016, more than 600 different vendors supplied certified health IT to hundreds of thousands of health systems, doctors’ offices and providers, according to ONC. With ever-increasing demand to access and share patient information, it’s more crucial than ever that the healthcare industry invest in the future of interoperability to ensure there are standardized ways of reporting, reading and accessing patient information easily and efficiently across platforms and systems.

Novant Health is leading the industry in that charge with recognition as one of the American Hospital Association’s “most-wired” health systems. It is also the first health system worldwide to be revalidated for the HIMSS Analytics Stage 7 Ambulatory Award for its use of an electronic health record (EHR). The **University of Cincinnati Medical Center**, **NYU Langone Medical Center** and **Kaiser Permanente** are a few other examples of leading healthcare organizations that have received this recognition.

Collectively, healthcare systems invest hundreds of millions of dollars each year in EHR systems. To date, Novant Health has invested more than \$600 million in world-class technology, which is being heavily utilized by patients and providers. In fact, last year alone more than 10,000 appointments were scheduled online monthly and more than 2.6 million medical records were safely exchanged with other organizations. This year, that number has grown with more than 5.2 million records exchanged from January 2016 to November 2016.

By enhancing technology capabilities at state and national levels, healthcare organizations can improve patients’ experience. If a patient goes to the emergency room in California, Florida or New York, chances are that facility has access to the patient’s medical records online. By having a more complete care history, patients and healthcare providers can make faster and better decisions, avoid duplicating expensive tests and help ensure patients receive the best care possible. That’s what interoperability is all about.

Novant Health, SSM Health based in St. Louis, and Sutter Health in Northern California are some of the first healthcare systems to connect to Carequality, a collaborative framework that facilitates information exchange. It provides a framework for exchanging records regardless of the EHR system. All of these healthcare systems **recognize** the enormous benefits Carequality provides, including establishing efficiencies, avoiding redundancies in tests and lab work and having the ability to make more informed decisions.

## Interoperability — investing in the future continued

Novant Health is also the first system in the state of North Carolina to electronically prescribe controlled substances via Surescripts, a private health information exchange network.

**Stats from Surescripts** illustrate the increasing critical importance of interoperability. The company handled 9.7 billion electronic transactions in 2015 – a whopping 48 percent more than the previous year. E-prescribing volume grew 300 percent from 2010 to 2015. Messages containing medication histories grew from 747 million in 2013 to 1.05 billion in 2015 on the Surescripts network.

Usage will only continue to increase as more and more healthcare organizations expand their interoperability efforts. It's important that the industry continue to match the demand for information sharing with increased investment in the technology that will improve the healthcare experience at state and national levels.

Interoperability is the future of healthcare and it is imperative that all healthcare organizations adapt to it and use the data efficiently to improve patient health outcomes.

# Investing in the health of our communities

According to the **American Hospital Association**, approximately 3,800 community hospitals in the United States were classified as not-for-profit in 2016, qualifying for tax benefits at federal, state and local levels in recognition of the community benefit they provide. The standards of just what “community benefit” legally is have adapted over time, most recently updated in the Affordable Care Act (ACA).

The ACA put new community benefit guidelines in place to help make reporting more transparent and to ensure the hospital’s community benefit initiatives address the ACA priorities of preventive care and population health. While the ACA did not mandate a minimum value of community benefit that hospitals must provide, it did set some new requirements for tax-exempt nonprofit status.

One new mandate requires that hospitals conduct a community health needs assessment and implementation plan at least every three years with a focus not only on barriers to care — financial and otherwise — but also on preventing illness and ensuring the health of the hospitals’ service area communities.

Historically, nonprofit hospitals have reported the majority of their community benefit spending as related to charity care, with a small percentage of spending marked for community health improvement. The ACA requirements aim to change that trend.

## Improving the health of its communities

Novant Health is committed to improving the health of the communities it serves. This commitment takes Novant Health team members outside of the clinic setting and into the heart of the neighborhoods, towns and cities the healthcare system calls home. Team members pride themselves in their ability to provide community benefit programs that truly, positively impact friends and neighbors.

In addition to traditional charity care, Novant Health offers community health education, support groups, community events and screenings. It also participates in partnerships with other organizations to provide outreach services, medical research and academic health programs.

As a result, in 2015, Novant Health provided more than \$706.3 million in community benefit, a 10.5 percent increase over 2014’s \$639 million.

Novant Health’s 2015 community benefit by the numbers:

- \$389,186,000 - Unpaid cost of Medicare
- \$125,317,000 - Traditional charity care
- \$105,417,000 - Unpaid cost of Medicaid
- \$86,412,000 - Community benefit programs
- \$705,332,000 - Total community benefit spending

Novant Health and other not-for-profit healthcare systems plan community outreach programs around community needs assessments and tailor the care they provide to the individual communities it serves. For Novant Health some of those initiatives in North Carolina have included:

- In 2015, Novant Health conducted more than 8,100 free health screenings and educated 8,524 individuals in Winston-Salem.
- Novant Health partnered with Winston-Salem State University to provide screenings, wellness

## Open source partnerships: Sharing expertise to cut costs, save lives continued

coaching and health education programs in East Winston, a low-income community in Forsyth County, reaching an additional 1,000 people.

- To help combat obesity, Novant Health community outreach teams administered body mass index (BMI) screenings and offered classes, seminars and support groups that reached more than 21,400 people over the past three years.
- Since 2013, Novant Health Forsyth Medical Center has facilitated more than 12,000 BMI screenings and educated more than 9,800 individuals and families about nutrition and weight management.
- Novant Health Thomasville Medical Center has enrolled 100 pregnant mothers in “no smoking pledges” to encourage smoking cessation.
- Over 20,000 people have been screened by Novant Health Forsyth Medical Center’s community cardiac clinics and mobile mammography unit since 2013.

Novant Health is continually investing time, energy and resources to provide communities with remarkable care that puts the patient first. Why? It is part of Novant Health’s calling as a not-for-profit healthcare system and it allows the healthcare system the ability to give back to its communities. This has far-reaching effects and is simply the right thing to do.

# Consumer Attitudes About Health study and Q&A with Jesse Cureton, Novant Health chief consumer officer



*"I have come to believe that we — patients, families, clinicians and the healthcare system as a whole— would all be far better off if we professionals recalibrated our work such that we behaved with patients and families not as hosts in the care system, but as guests in their lives. I suggest that we should without equivocation make patient-centeredness a primary quality dimension all its own, even when it does not contribute to the technical safety and effectiveness of care." - from "What Patient-Centered Should Mean: Confessions of an Extremist," Health Affairs, by Donald M. Berwick, MD, former administrator of the Centers for Medicare and Medicaid Service.*

The consumerism movement in healthcare really is about seeing ourselves as guests in the lives of our patients. As guests, it is an honor and a privilege to care for them, and we have a responsibility to provide the highest quality care to each one of them with respect and compassion. At a time when healthcare is transforming quickly, and there is such great uncertainty over the future, if we stay grounded in being 'guests in the lives' of our patients, we are bound to succeed. These simple characteristics will help any healthcare organization refine and improve the patient's experience and ultimately meet their demand for high quality, affordable healthcare.

In an effort to better understand the patient as a consumer and remain true to our mission of providing a remarkable patient experience, Novant Health commissioned the study, Consumer Attitudes About Health. The study was conducted online by Harris Poll on behalf of Novant Health in March 2016 among more than 2,000 U.S. adults aged 18 and older including 419 millennials. The findings highlight the latest trends in consumer health attitudes and behavior.

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Key takeaways and findings from the study suggest millennials, in particular, approach and engage with healthcare in four surprising ways:

**Millennials indicate they would take better care of themselves if they had more time to do so (66 percent); however, they also report spending large amounts of time watching television and engaging on social media.**

The Consumer Attitudes About Health study indicates millennials spend significantly more time on sedentary activities than they do exercising — on average, they spend almost three hours sitting at a work desk, more than three hours watching TV, and more than two hours on social media, while exercising makes up only about one hour of a millennial's day.

**Millennials are going "old school" when it comes to health information — four times as many millennials report relying on a health care professional for health information (63 percent) versus using social media (15 percent) as a health resource.**

While millennials spend more than two hours per day on social media on average, only about 21

## Healthcare partnerships: Q&A with Novant Health's Chief Legal Officer continued

percent use social media to diagnose themselves or their loved ones. Three in five millennials (61 percent) reported that social media is harmful (versus helpful) to their health.

**Millennials understand the importance of making end-of-life plans, but do not feel equipped to do so. While 88 percent feel that planning for end-of-life care is important, millennials may not feel they have the tools they need to do so.**

More than 60 percent of millennials (62 percent) report not knowing where to start when thinking about end-of-life care, suggesting they may not feel equipped to start planning for end-of-life care regardless of when they plan to start thinking about it.

**Being treated with respect from healthcare providers cuts across all demographics, with about seven in 10 millennials indicating that being treated well/with respect is how they would define "quality healthcare".**

According to the Consumer Attitudes About Health study's findings, similar proportions of millennials say that being treated well/with respect (69 percent) and effective treatments (73 percent) are how they would define quality healthcare. Quality in healthcare is defined multi-dimensionally, starting with effective treatment, but respect, disclosure, meeting expectations for care, and being treated as a person, not a patient, are also commonly mentioned by millennials. Around seven in 10 millennials agree with this holistic view of quality, defining healthcare as effective treatment (73 percent), being treated with respect (69 percent), or being kept fully informed (68 percent).

## Q&A with Jesse Cureton, chief consumer officer

### Why did Novant Health conduct a study on consumer attitudes about health?

At Novant Health, we are responsible for creating a remarkable experience for every person who receives care from us. Patients are consumers of healthcare, they have a voice and, most importantly, a choice in their care. Novant Health believes, and it is my philosophy, that we need to view and interact with patients as consumers. In order to do that, we first must thoroughly understand who they are. How do they prefer to consume healthcare? Who do they trust? How do they define a quality healthcare experience? Understanding these elements is the foundation for providing a remarkable patient experience.

Over the past several years, Novant Health has made great progress working across traditional boundaries, sharing knowledge and best practices, leveraging economies of scale, and innovating new models of patient care. At the same time, the healthcare industry is increasingly focused on improving population health, controlling costs and enhancing the patient experience. The inaugural study is Novant Health's blueprint to increasing our understanding of the patients we serve.

### Was there a specific focus on millennials for this study because they are now America's largest generation?

We did not conduct this study with the intention of focusing on millennials. However, when we reviewed the findings, the millennial respondents had some really interesting trends and points of view. They are now America's largest generation, as our country now includes 75.4 million millennials. Yet, despite their growing presence, many healthcare organizations have not focused on their needs and the unique ways in which millennials interact with and consume healthcare.

## Healthcare partnerships: Q&A with Novant Health’s Chief Legal Officer continued

### What in the study surprised you the most about millennials?

There were two statistics that surprised me about millennials. The first is this issue of time being a barrier for millennials to take better care of themselves. Sixty-six percent of millennials said they would take better care of themselves if they had more time to do so. Yet, this is the same generation that spends, on average, two hours or more on social media, and more than three hours a day watching TV—probably binge watching on Netflix! The other surprising statistic is that millennials don’t rely on social media for everything, as one might assume. Sixty-three percent of millennials rely on a health professional for health information. They are going “old school” when it comes to how they get their health information. Both of these findings further prove that healthcare systems must make interacting with healthcare as easy as Snapchat and as accessible as a Netflix subscription. It also tells us as healthcare professionals our role as information providers is still essential, even in 2016.

### Are there any findings in the study that will encourage a change in Novant Health’s programming or offerings in the quest to provide a remarkable patient experience?

I believe any organization in this day and age should consistently conduct a self-evaluation or at least a landscape analysis to identify its individual strengths and uncover gaps in the organization’s performance. The consumer study is one of the many ways Novant Health assesses if we are meeting the needs of the patients we serve. I am proud to say that through our many programs, including our **physician resiliency program**, the **Choices and Champions program**, and **MyChart**, Novant Health is in a good position to provide a remarkable patient experience. The consumer study is part of our continual evaluation of patient consumers. While no organization is perfect, I truly believe Novant Health is ahead of the curve on making healthcare more patient-friendly and consumer-centric. This is also why we want to share the findings with other healthcare systems so that we can all learn and benefit from the insight and intelligence of this study.

*Survey Method: The nationwide online survey of 2,104 U.S. adults aged 18 and older, including 419 millennials aged 18-35, was conducted by Harris Poll on behalf of Novant Health. For complete research method, including weighting variables and additional subgroup sample sizes, please visit [NovantHealth.org/ConsumerAttitudesv](http://NovantHealth.org/ConsumerAttitudesv) or contact Caryn Klebba by email at [cklebba@novanthealth.org](mailto:cklebba@novanthealth.org).*

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