

RECAP REPORT:

How Digital Front Door Innovations are Enhancing the Healthcare Revenue Cycle

Modern patient-centered ecosystems drive greater efficiency, cleaner claims, and more revenue

REV CYCLE TECH NOW SUMMIT



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The COVID-19 pandemic opened the door to greater use of patient-facing technology, paving the way for the digital front door. Wes Cronkite. chief innovation officer for TruBridge, explored the impact of the digital front door on revenue cycle operations, the patient experience, and revenue capture during the HealthLeaders Revenue Cycle Technology NOW Summit panel discussion "Optimize Revenue **Cycle Digital Front-Door** Strategies for the Back Office," sponsored by TruBridge.

Notably, Cronkite observed that the clipboard era is ending as healthcare organizations adopt digital front-door technology to provide patients an effortless online experience from preregistration to discharge and billing. "As more adoption happens and patients start feeling comfortable going through the digital front door,

we'll see many more efficiencies come through," he said. Below are the highlights of this discussion.

Q: Let's start with the term digital front door. What exactly does it mean, and why is it important for organizations and revenue cycle leaders to know?

A: Consumer-based populations and the populations we serve are looking for an experience similar to other industries like banking and finance in which they can get all their information on mobile devices through one portal. Healthcare hasn't gotten there yet, but the pandemic has brought it to the table as a must-have. The digital front door is the first step.

The digital front door represents interactions a patient may have in various care settings—including pre-visit, clinical visit, and post-visit—delivered in one





digital solution that's streamlined and easy to use. Think of it as allowing the patient to walk into a technology solution versus walking into a patient financial services office and filling out a bunch of forms on clipboards—it's changing the game.

Q: How can a streamlined digital front door strategy improve work efficiency for the back office at an organization?

A: The digital front door integrates all the processes involved in collecting a patient's payment with the patient portal to create a seamless transition from when the patient is discharged to when the payment is made. For example, when a patient receives an estimate up front and understands their financial responsibility, there is less confusion when the statement arrives, which allows them to pay online in one streamlined experience. In turn, back office functions that surround self-pay collections are easier and more effective.

Q: How can patient self-service technology help specifically with patient payments?

A: Patient self-service technology creates a holistic experience that starts with online scheduling and allows patients to toggle between screens to look at all the information they

need pre-visit, including medical history and new-provider forms. They do this in the comfort of their home. Without losing focus, they can then use the same portal to get a sense of what their financial liability is going to be for the procedure they're about to receive.

Post-visit, patients naturally comes back to the portal for the payment side because they know this is a secure place where everything happens, and they are getting the right information. The self-service technology allows, when necessary, the patient to clearly and concisely interact with the back-office members through a chat environment where they can get guick answers to billing questions and move to a place of feeling confident about making a payment. . The hope is that payments will flow quicker and a lot less painfully.

Q: Of course, staffing is top of mind. How does digital patient access, intake, and engagement technology like this improve staff efficiency?

A: While any technology like this will improve efficiency, the key to success is ensuring good automation and interfaces behind the scenes feeding data back and forth to the patient accounting system or the EHR

without manual intervention of increasing IT resources. Building a digital front door in a modern way as its own ecosystem and not tying it to an existing EHR or another system enables you to have the right interfacing technology.

This type of system can then handle any EHR or practice management system—it's just a matter of getting that data over. Once that becomes a reality, you need less interfacing and data folks on the IT side. Also, patient access staff efficiency improves because the data collected in this portal ends up where it needs to be without manual intervention.

Q: Have you found that having a digital front door helps with data integrity and cleaner claims? Why or why not?

A: It absolutely helps with data integrity. Getting information directly from the patient and ensuring it is swept cleanly into different systems through an entirely digital experience, without paper or clipboards getting in the way, improves data integrity across the board.

We are not there yet with cleaner claims because the digital front door is a newer market solution, especially domestically. However, the digital front door provides an opportunity to get



that data rolling cleanly to the claims management system.
As confidence builds in the ability of automation and data management to handle all of this incoming patient access data, we will start to see cleaner claims.

Q: How can digital payment estimation and processing improve revenue capture and reduce overall cost-to-collect for an organization's back-end revenue cycle?

A: The estimation piece is huge. While estimators exist today that enable a patient to select a procedure, the patient can end up with a confusing procedure code they might not understand and doesn't tell them what the procedure costs or how much of it is covered by insurance. Some of these issues are due to organizations

using one-off solutions or having interoperability problems.
Adopting a patient-centric digital front door allows us to do some cleanup on the front end and make estimation solutions more impactful than they are today. When patients understand the potential cost of their procedure, they are more comfortable using the same technology to go to the next stage because they can refer back to a record of their initial estimated first patient balance.

Q: What would you like to see for the future of the revenue cycle technology? Are there areas that still have gaps?

A: Revenue cycle technology has focused on financial, insurance, and self-pay automation, with the patient experience mostly being an afterthought. The game has

changed recently, with the pandemic bringing a new expectation of providing QR codes for patient registration or getting vaccine results. And that push, along with the emergence of great patientfacing standalone technology, has brought us here. Future revenue cycle technology has to go beyond back-office functions and workflows and be more patient-centric, enabling healthcare organizations to build those relationships deeply to keep patients local and protect the revenue. We also have to address the large data integrity and data integration gap, which requires less thinking about getting systems to talk to one another and more of a focus on creating an umbrella or a platform that can ensure all these technologies can effectively talk to one another.

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