

Adopting a patient pre-registration process



Learn how a streamlined pre-registration process can save time for your patients and your practice.

CME
CREDITS:
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How will this module help me incorporate advanced pre-registration into my practice?

- 1 Four STEPS to make registration easier for new patients
- 2 Answers to commonly asked questions
- 3 An example of a practice that has successfully adopted pre-registration

Increasing administrative responsibilities—due to regulatory pressures and evolving payment and care delivery models—reduce the amount of time physicians spend delivering direct patient care. Patient registration typically involves mailing registration packets to patients before their appointments and asking them to fill them out prior to their appointments; however, the patients often bring them to their appointments without filling them out, leading to delays in care and backups in the clinic’s schedule. This also leads to many primary care providers not having adequate time with their new patients nor time to familiarize themselves with their patient’s current health status. This calls for a new process that does not put the onus on the patient.

Patient pre-registration

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Objectives

At the end of this activity, participants will be able to:

1. Design and implement your pre-registration process for your practice
2. Develop a pre-registration script
3. Identify and train staff to serve as NPCs
4. Evaluate the process and gather feedback from staff and new patients

Target Audience

This activity is designed to meet the educational needs of practicing physicians.

Statement of Need

The registration process can not only lead to delays in care and backups in the clinic schedule. It can also cause issues with lower patient engagement. With a patient-centered pre-registration process, the patient-centered pre-registration process can provide the physician and care team with the information they need for an efficient, effective initial visit. Patient-centered pre-registration does not use mailed registration forms; instead, a dedicated team member assists the patient with registration over the phone while they are establishing their initial visit or in person prior to their appointment. This conversation captures all of the patient’s required demographic, payment and clinical information. The completed pre-registration forms prompts match the clinic’s electronic health record (EHR) for easy entry by the team. This module educates providers on how to both save their practice time and engage their patients.

Statement of Competency

This activity is designed to address the following ABMS/ACGME competencies: practice-based learning and improvement, interpersonal and communications skills, professionalism, systems-based practice and also address interdisciplinary teamwork and quality improvement.

Accreditation Statement

The American Medical Association is accredited by the Accreditation Council for Continuing Medical Education to provide continuing medical education for physicians.

Credit Designation Statement

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About the Professional Satisfaction, Practice Sustainability Group

The AMA Professional Satisfaction and Practice Sustainability group has been tasked with developing and promoting innovative strategies that create sustainable practices. Leveraging findings from the 2013 AMA/RAND Health study, “Factors affecting physician professional satisfaction and their implications for patient care, health systems and health policy,” and other research sources, the group developed a series of practice transformation strategies. Each has the potential to reduce or eliminate inefficiency in broader office-based physician practices and improve health outcomes, increase operational productivity and reduce health care costs.

Disclosure Statement

The content of this activity does not relate to any product of a commercial interest as defined by the ACCME; therefore, neither the planners nor the faculty have relevant financial relationships to disclose.

Media Types

This activity is available to learners through Internet and Print.

Hardware/software Requirements

Adobe Flash 9.0.115 or above

Audio speakers or headphones

Screen resolution of 800X600 or higher

MS Internet Explorer 8.0 or higher, Firefox, Opera, Safari, etc.

Adobe Reader 5.0 or higher

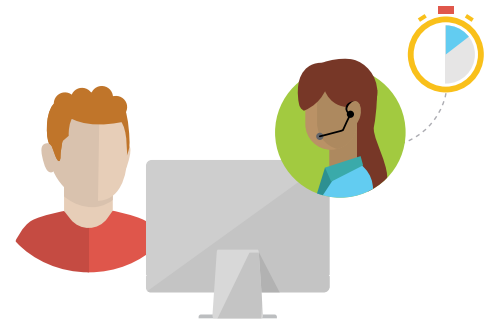
References

1. Gilmore D, Alexander S, and Robinson AC. Master’s Business Project III Final Presentation on New Patient Registration Process [dissertation]. Falmouth, MA; The National Graduate School of Quality; 2014.



Introduction

A streamlined pre-registration process can save time for the patient and the team. Pre-registration is conducted by a new patient coordinator (NPC)* over the phone or in person prior to the initial visit. This conversation enables the NPC to capture all of the required demographic and payment information in the registration software and enter medical information, including medication list, allergies and medical history, directly into the electronic health record (EHR) to reduce the data entry work required of clinicians at the patient’s initial visit.



*This could also be a front office staff person designated to handle new patient registration as part of his/her responsibilities.

Four STEPS for integrating pre-registration into your practice

1. Design your pre-registration process
2. Develop a pre-registration script
3. Identify and train staff to serve as NPCs
4. Roll out the new process and gather feedback



1 Design your pre-registration process

Have a clear understanding of your current registration process so that you can incorporate pre-registration into your practice workflow. Note that with this approach, all registrations are entered directly into the registration software and EHR without the need for paper forms. Work as a team to determine the information you will need to collect from patients during pre-registration. This module’s toolkit has a sample pre-registration workflow that you can adapt to meet your needs. This may be used for pre-registration over the phone ahead of the appointment, or for pre-registration in person on the day of the appointment.

DOWNLOAD [Pre-registration process map](#)

Q&A

Who should I include in my discussion about new patient registration?

You should seek input from everyone involved. This includes front desk staff who answer patient questions about the current registration forms and the nurses or MAs who handle rooming. The perspectives of physicians and health IT staff will be integral to the planning process as well. If your practice has a patient advisory council, include them in the discussion if possible.

How will I be able to tell if pre-registration is making a difference?

Establish metrics that will allow you to compare your current registration process to the new pre-registration process. Consider using this metrics worksheet to identify inefficiencies and set targets. The same worksheet can be used to compare your baseline metrics to measurements made after the pre-registration process is in place in order to evaluate the impact of the new process. The STEPS Forward™ **quality improvement** module can help you tackle this change in a stepwise fashion.

DOWNLOAD [Pre-registration metrics worksheet](#)

Can pre-registration save my practice time and money?

Yes. Administrative time spent at check-in and during the clinical visit should be significantly reduced. One practice estimated that they could save over \$200,000 in physician and team time per 1,000 patients pre-registered using this process.

How can we prepare our patients to provide their medical history?

You can send patients a welcome letter with pre-registration prompts, asking them to prepare a list of their medications, and allergies, and their medical history. This will save time and improve accuracy whether the pre-registration occurs over the phone or in person.

DOWNLOAD [Pre-registration welcome letter](#)

2

Develop a pre-registration script

Create prompts to guide the conversation between the NPC and the patient. Organize this pre-registration script so that it matches the fields in your registration software and EHR. The NPC will save time and make fewer errors if he or she can enter the information in the same order and in the same fields during the pre-registration discussion with each new patient. Use the script as a training tool. Laminate one copy and post it near the phone where the NPC sits as a reminder until the pre-registration conversation becomes second nature.

DOWNLOAD [Pre-registration script](#)

“

In the past, I would receive daily complaints from [primary care physicians] and medical assistants about the lack of completeness of new patient paperwork. In the last two weeks since implementing patient-centered registration, I have not received any complaints from the physicians or [medical assistants].

”

Physician Practice Manager

Q&A

Does the NPC have to manually enter the information into the registration software and EHR?

The NPC should be trained to enter patient information directly into your practice’s systems during the conversation with the new patient so he or she is not filling out a paper form then re-entering or scanning the information into the record.

While this approach may seem time-consuming, it may benefit your team in several ways:

- Higher quality data will be gathered and entered into the chart because your team will have more ownership of the information
- This interactive approach gives the NPC the opportunity to explain why certain information is important to the practice and the patient’s medical care
- Patients may feel more comfortable asking questions about their upcoming visit or about the registration information that the practice needs
- Getting to know someone in the practice before their appointment puts patients at ease before meeting a new medical team

3

Identify and train staff to serve as NPCs

NPCs should have exceptional customer service and telephone skills, as well as competency with your practice registration software and EHR. The NPC can be a current MA or patient service representative (PSR). Depending on your practice specialty and patient complexity, a nurse may be a more natural fit for this position.



The NPC’s responsibilities include:

- Guiding patients through the pre-registration process
- Informing the patient about any items to bring to the appointment
- Obtaining accurate and complete demographic, insurance and medical information
- Checking patient insurance eligibility and informing the patient of any co-pay amounts that will be due at the time of service
- Scheduling the patient’s appointment, giving the patient a copy of the appointment date/time and directions to your practice
- Scheduling any laboratory or other tests based on your practice’s protocols
- Answering questions about the registration process, practice and medical team

What training should I provide for my MA or PSR to transition into the NPC role?

MAs often need some procedural or workflow training regarding the registration process. PSRs may need training on basic medical terminology and documenting in the EHR. Shadowing can be an effective way for MAs and PSRs to learn from your check-in team, schedulers, physicians and nurses. If you have a [Medical Assistant Professional Development Program](#), consider adding a session on pre-registration to train your MAs. Using the same format, your PSRs could learn from your MAs about the essential clinical information to be entered into the chart before the patient visit.

Where should the NPC sit given that he or she will be talking to patients about their medical history?

If possible, the NPCs should have a small office with a door that could be closed for privacy, but with enough room for a family member to be present if requested by the patient. This is particularly helpful if your practice serves a large elderly population that is more likely to have family members or caregivers with them at their appointments.

Can the NPC collect insurance information at the time of pre-registration?

Yes. The NPC should run an insurance eligibility check and/or review the patient's benefits to explain his or her co-pay responsibility. If you are not in the patient's network, the NPC can explain what that means and confirm that the patient wants to [keep the appointment](#).

How many NPCs will my practice need?

The number of NPCs will depend on the number of new patients you anticipate. By way of example, two coordinators worked well in a practice of seven physicians. In that setting, three of the seven physicians were new and needed to build their patient panels, so they needed additional support to pre-register new patients. The second NPC covered lunch breaks and assisted walk-in patients to minimize or eliminate wait time. Your practice may find that only one NPC is needed. You may also consider cross-training another MA or PSR to be able to cover for a single NPC.

Will all of the NPC's time need to be dedicated to pre-registration, or can he or she fulfill another role on my team?

The NPC should have sufficient uninterrupted time to thoroughly collect all important information, accurately enter it into the registration software and EHR and most importantly, make new patients feel welcome at the practice. If a NPC also has other responsibilities in the practice, you may find that the best approach is dedicating one day a week or half of each workday to pre-registration tasks. If you choose to do some or all of the pre-registration over the phone you will be able to batch the work more easily than if pre-registration is done only in person, at the time of the visit.

4

Roll out the new process and gather feedback

Start implementing the pre-registration process with new patients who still need to be scheduled. As time permits, reach out to new patients who have already been scheduled.

Solicit quarterly feedback from new patients and your team. Anecdotal feedback from physicians, nurses and MAs about the quality of the clinical information entered during pre-registration will help improve the process. Prepare continuous training or education for the NPCs based on this feedback. Review the metrics worksheet from Step 1 to determine how pre-registration has impacted your practice. Consider using run charts to visually display the results.

DOWNLOAD [Run chart](#)

“

It [the registration process] was wonderful, very professional, thorough and informative. I was in health care for 30 years and I much prefer a face-to-face interaction.”

”

Patient quote

Q&A

How long should it take to complete registration with the new process?

Pre-registration by a NPC should take approximately 15 to 20 minutes

What about walk-in new patients?

Patients who walk into the clinic can meet with the NPC in person for 15 to 20 minutes to complete pre-registration before they see the medical team. This will ease the burden on the PSRs who are checking other patients in, and it will ensure that the clinical team has all of the information they need for an efficient, effective visit.

The same approach can be applied to established patients who need to update demographic or insurance information before their appointments.

What results could I see with pre-registration?

Results of using pre-registration may include increased patient satisfaction, increased provider and staff satisfaction, reduced new patient appointment times, reduced new patient check-in times and more efficient use of resources.

How quickly would we see results with pre-registration?

It depends. The efficiency of your current registration practice, practice size and NPC resources are all factors. One practice reported that it took approximately three months to achieve consistently accurate pre-registration data entry on the first try with no follow-up needed to fill in missing information that would be essential for the patient's first visit.



AMA Pearls

Pre-registration saves time and reduces paperwork

Helping patients with registration saves the patient time trying to understand and accurately answer registration questions presented to them in paper form. Physicians and other care team members can also spend more time on the visit and less time on paperwork while being confident they have a complete medical history.

Use technology to your advantage

Eliminating paper and entering information directly into your practice's registration software and EHR prevents mistakes. Emerging technologies may further streamline patient registration, including patient portals or kiosks that allow patients to enter a great deal of registration information themselves.

Conclusion

Standardizing and streamlining new patient visits with pre-registration can save your practice time and money while providing a better experience to patients and staff alike. The NPC can be a welcoming presence, and having a NPC reach out to new patients before their first appointment can help everyone have more efficient visits.



STEPS in practice

1

How's it working in Grants Pass, OR?

Before November 2015, patients who were new to the Asante Physician Partners Family Medicine practice in Grants Pass, OR, had to complete a complicated and inefficient six-page registration packet before their first visit. In addition, the volume of new patients increased suddenly as more people received insurance coverage. Providers, staff and patients were dissatisfied with this tedious registration process; thus, the practice decided to transition to an all-electronic pre-registration system.

David Gilmore, Director of Operations and a Lean Six Sigma Black Belt noted, "Too many patients were arriving without complete registration paperwork, which delayed not only their visit but also had a trickle-down effect on the next visits on the schedule. The care team was documenting items in the exam room that should have been covered before the patient arrived. This process created time and cost concerns for both the patients and the medical practice. We needed to reengineer our value proposition for providers and patients alike, so we applied [Lean](#) principles to help us eliminate paper-based registration forms and switch to an entirely electronic process."

The practice calculated the expected volume of patients who would require registration in the next two years. They discovered that they would need to hire two full-time employees to support the new pre-registration process. Using cost-driver analysis, they also examined the cost implications of staying with the paper-based registration process (Table 1). Assuming that 1000 new patients would be registered over the course of the next year, they estimated that the total savings for their seven-physician practice if they switched to electronic pre-registration could be as much as \$216,760 per year—including the costs of new staff they would need to hire to perform data entry.

Table 1. Cost implications of a traditional paper approach to new patient registration

TASK	COST
Completing paper new patient registration forms at the clinic	\$50 for each new patient registration packet completed after the patient arrives at the clinic
Receiving, scanning and abstracting medical history into EHR at the time of the visit rather than before	MA verbally completes history: \$8 each patient (\$1.60 per minute) MD verbally completes history: \$32 each patient (\$1.60 per minute)
Accommodating late arrival for check in if forms are not filled out in advance	Each minute the patient is late costs the practice money: delay in visit with MD costs \$1.60 per minute, which can be multiplied by the time each additional appointment is delayed. Secondary effects and costs must be considered: potential for no-show, patient completing forms at the clinic, MA/MD verbal completion of history, other patient appointments delayed.
Accommodating patient no-shows for appointment	Loss of scheduled patient's appointment - \$100 Loss of two potential appointments for established patients - \$200 Total: up to \$300 lost because of a single no-show
Completing registration by MA during pre-visit rooming	Delay in visit with MD costs \$1.60 each minute, which can be multiplied by the time each additional appointment is delayed

Asante built the electronic pre-registration process into the daily routine and set aside time to train the entire team on an ongoing basis: first on what the electronic process would entail, then on how to accurately enter the relevant patient details and finally how to measure and report on progress. It took approximately one month to fully implement the new process.

In the electronic pre-registration process, a new patient coordinator (NPC) speaks with patients in person or on the phone to collect all the necessary information prior to the first visit, including their medication list, allergies and medical history. The NPC enters the patient’s responses directly into the EHR, ensuring accuracy and completeness of patient records. The process creates a strong connection with the patient and engages them early in their own health management. Patients appreciate the one-on-one attention from the new patient coordinator.

In order to justify the time and financial investment, Asante started collecting baseline data before they rolled out the process, tracking new patient registration processing time, number of new patient registrations completed and work allocation with costs per full-time employee (FTE). All of these metrics improved, as did provider and team satisfaction. Additionally, the practice found that pre-registration made everyone’s workday more efficient and enjoyable. The physicians, nurses and MAs were no longer taking precious time away from the patient visit to collect missing information or do data entry.

Because of their success and the strong business case for a streamlined approach to new patient registration, this process will be spread across 21 practices in the Asante network in 2016, including primary care, medical and surgical sub-specialties. In the future, the organization hopes to utilize the patient portal to populate their EHR with discrete data in each patient’s medical record.

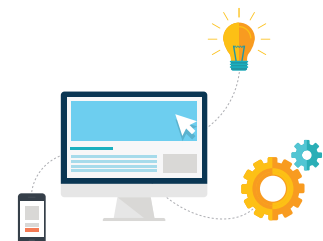


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www.stepsforward.org/PatientPreReg

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References

1. Gilmore D, Alexander S, and Robinson AC. Master’s Business Project III Final Presentation on New Patient Registration Process [dissertation]. Falmouth, MA; The National Graduate School of Quality; 2014.