

## **INTEGRIS Health Used Patient Input to Develop Better Statements**

### **INTEGRIS Health used consumer focus groups to help design easy-to-understand billing statements that consolidate hospital and physician charges.**

When INTEGRIS Health, an 8-hospital system in Oklahoma, convened consumer focus groups to identify how patients' experiences with the health system could be improved, the answer was clear: Consumers wanted statements that are easier to understand and that consolidate hospital and physician charges.

Like most health systems, INTEGRIS traditionally sent separate statements—one for hospital charges and one for physician fees—to its patients. The bills were designed to show detailed information about how the total bill was calculated, what insurance had paid, and what patients owed.

One after another, focus group members said those statements were confusing and their financial responsibility was not clear. "We heard 'Help us understand easily in a format we are used to seeing,'" says Greg Meyers, system vice president-revenue integrity. "Virtually everybody mentioned their credit card statements as examples, so that became our marching orders: Make our statements look as much like a credit card statement as possible."

In December 2015, about a year after those first focus group sessions, INTEGRIS introduced a new consolidated statement designed with extensive consumer involvement.

"The most glaring thing that came out of this was how different our perception of what a hospital bill should look like is from our patients' perceptions," Meyers says. "This showed the importance of getting input from patients who actually pay the bills. What we think is important, quite honestly, was not important to our patients."

### **The Importance of Asking**

One of the first questions in that original focus group was "From a financial perspective, what could we do differently?" and Meyers expected to hear complaints about high charges. That's because most of the complaints coming into the revenue cycle department are from patients who want to know why their bill is so high.

However, asking the open-ended question to a group of current and former patients gave them the opportunity to express a frustration that took Meyers and his colleagues by surprise. Until then, a billing statement redesign was not in their immediate plans.

The focus group had been convened because INTEGRIS was evaluating vendors for a new clinical and financial technology platform, and the health system wanted to know what functionality might improve patient experience. When leaders heard the request for a consolidated statement, their decision was tipped to a vendor that made that possible.

“With the feedback we had received from our patients, we knew from day one that we were going to go in that direction because we wanted to be able to generate the consolidated patient statement,” Meyers says.

## **Incremental Input**

INTEGRIS used a series of three focus groups to help design the new statements. Its marketing department convened the groups, which typically included current patients, patients who had received care within the last 30 days, and patients who had not been served by INTEGRIS within the past year. “Our marketing department has a process to make sure they get a valid representation of the demographics of the population that we serve,” Meyers says.

Meyers’ staff developed the questions for the focus group discussions, and a facilitator who is unaffiliated with INTEGRIS was hired to facilitate those discussions. INTEGRIS staff observed the discussions from behind a two-way mirror, hidden from participants’ view.

For the first focus group, two sessions—12 participants in each session—were conducted to get a broad range of perspectives. Participants were not told that INTEGRIS was the organization seeking information. The goal was to get feedback on what patients do—and do not—want to see in their financial communications with a healthcare organization.

One of the findings prompted INTEGRIS to discontinue its long-held practice of notifying patients in writing that their insurance company had been billed for recent services.

“We were sending 50,000 statements a month between the hospital side and physician side saying, ‘Just to let you know— we billed your insurance company,’” Meyers says.

“The feedback we got was, ‘You’re wasting time and paper. We assume you are billing our insurance company so you don’t need to tell us that.’ So we quit doing that and generated

some cost savings along the way by finding out what's really important to patients and what's not important."

Another important finding: Patients do not understand why they receive bills from so many physicians. Focus group participants expressed frustration with "surprise" bills from independently employed emergency physicians, radiologists, and others because they have no way of knowing which physicians are independent from the health system.

INTEGRIS' new consolidated statements include the fees from its 450 employed physicians but not for the independent physicians who practice in its facilities. While INTEGRIS is unable to present the wholly consolidated statement that patients want, the focus group feedback prompted this notice on its billing statements: "Please note this statement is for services at INTEGRIS facilities, INTEGRIS clinics and INTEGRIS Home Health and Hospice services only. If other medical providers assisted in your care, you will receive additional bills from them."

**Access related tool:** [INTEGRIS' Patient Statement](#)

**Access related tool:** [INTEGRIS' Billing Explanation Document](#)

During a second focus group, 12 participants evaluated sample statements from several health systems and discussed their likes and dislikes. Among the findings:

**Words matter.** Patients said the term "amount due" sounds too cold and harsh. INTEGRIS now uses the term "amount you owe."

Beyond that, healthcare jargon must be eliminated. "We kept hearing, 'This needs to be at a seventh- or eighth-grade reading level,' and people want clear, concise instructions," Meyers says.

Guided by a software program that evaluates the grade-level of written material, INTEGRIS staff repeatedly reworked the wording used on billing statements until it met the "easy-to-understand" threshold.

**Too much information is overwhelming.** "The feedback we got from patients was, 'You send me a bill with 800 lines of detailed information, surgery charges, and pharmacy charges and all that doesn't really matter to me,'" Meyers says. "'What I want to know is: what do I owe?'"

INTEGRIS' new statement shows what the patient owes in four categories—physician fees; hospital charges; home health or other services; and monthly payment plan installment, if applicable. "You total up those four columns and take it to the front of the bill, and it very clearly says, 'Here's the amount that you owe,'" Meyers says.

During the third focus group, INTEGRIS' new consolidated billing statement was presented to participants to get their feedback. "Out of that came a couple of tweaks at the end of the process," Meyers says.

## Lessons Learned

Significant organizational changes are needed to support a consolidated billing statement.

"This was much more involved than just generating a single piece of paper," Meyers says. "It included developing all of the workflows behind the scenes to be able to handle the payments that came in."

For example, INTEGRIS created a single customer service department that responds to questions related to the hospital or its employed physicians. In addition, it created a single patient-balance collection team, replacing separate teams that used to collect for physicians and hospitals independently.

Other tips from INTEGRIS' experience:

**Coordinate closely with the vendor that prints the statements.** INTEGRIS' statements are generated by a vendor unrelated to its new technology platform. That vendor receives all the details—individual charges associated with specific codes—that are no longer included in the statements, but it must boil that information down to create the streamlined statement. "Our biggest challenge has been making sure that we can get the data elements correctly placed on the statements the way we want to," Meyers says.

**Create a protocol that determines how payments from patients will be allocated.**

"Do you pro-rate it between the hospital and the physicians?" Meyers says. "Does it all go to the physicians first? There's a lot of different options on how to handle that money."

INTEGRIS decided to apply payments to physician account balances first and, when those accounts were cleared, apply it to hospital charges. Exceptions are made if a patient

requests a different approach, such as paying the hospital first or splitting a payment between physician and hospital.

## Statements Tailored to Patients

INTEGRIS made an important decision when it asked patients what they wanted, rather than assuming their needs and their understanding of healthcare clinical and financial terms. By seeking patient opinions, the health system was able to develop a truly patient-friendly statement, while also developing new internal revenue cycle processes that supported their new billing statement.

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