

Project Submission:
2009 Delaware Valley Patient Safety Award

**HOSPITAL OF THE
UNIVERSITY OF PENNSYLVANIA**

*“Improving Precertification Process of Requested
Radiology Studies while Improving Timeliness and
Utilization of Radiology Services and Follow-up Appointments”*

Improving precertification process of requested radiology studies while improving timeliness and utilization of radiology services and follow up appointments.

DVPSA-2009-36

PROJECT DESCRIPTION:

- a) **What was the PROBLEM and what was the goal? (With BASELINE data with DATES)**
- Patients waiting extended time to have radiology exams (MRI, CT Scans) precertification approved by. 49% of patients that required precertification of radiology exam waited **3 business days or longer from request to precertification issued** to schedule radiology study (Sept/Oct 2008).
 - Staff not initiating request for precertification in timely manner, no goal identified to achieve precertification within specific timeframe. 41% of radiology exams that required precertification were being **initiated 3 business days or longer** (Sept/Oct 2008).
 - Patient satisfaction with process was low. Patients were calling office multiple times to verify if precertification number was issued so they could schedule radiology study. Patient's experienced long wait times accessing office receptionist by phone. In addition, patients were delayed in scheduling radiology study secondary to not having precertification number and experienced 4-6 week wait for return visit to follow up with physician to discuss results and establish plan of care / treatment options. (2nd Q satisfaction scores)
 - Staff was not relaying pertinent clinical information to clinical review nurses when requesting precertification for radiology studies. This caused request to move into clinical review resulting in longer wait time to have study precertified and delayed patients scheduling test as well as cases being denied due to lack of clinical information to justify reason for request. Moreover, physicians had to become involved in appeal process for 1:1 physician review which took their time away from direct patient care.
 - Staff did not have full understanding of precertification guidelines for each individual insurance carrier causing confusion if precertification was required for exam.
 - Patients were leaving office without informing staff of facility where study would be performed, again causing delays in patients scheduling exam and return for follow up visit with physician.
 - Goal of project was to 1) reeducate staff in individual insurance requirements for radiology studies and precertification guidelines, 2) Take advantage of on-line tools to request precertifications to make process more efficient, 3) **request precertification** within 2 business days of when exam ordered, 4) precertification **request approved same day as requested**, 5) offer patients _____ facility to have test performed to increase revenue stream for _____ system, and 6) develop process to have patient scheduled, pre-registered, immediate read of films within 30 minutes and have return visit within same day for follow up visit with physician if having study performed at _____ / _____.
- b) **What PROCESSES or SYSTEMS were changed? Include description of any technology utilized.**
- Staff was re-educated in precertification guidelines and insurance carrier requirements of radiology studies through 1:1 meetings, group discussions, weekly huddles and direct experience with various insurances. Developed precertification grid with insurance payers / radiology exam that staff can refer to and determine if precertification is required for various requested studies.
 - Educated in various on-line tools such as: Navinet, RadMD, Medsolutions, NIA, and Carecore, to make precertification process more efficient by eliminating phone requests which resulted in excess time on phone.
 - Goal established of requesting precertification of radiology study within 2 business days or less

- Goal established of precertification approval same day as requested.
- Incorporated Physician Assistant in more complex requests with insurance payers that utilize clinical review nurses for approval. Physician Assistant relayed accurate clinical information to clinical review nurse and reason for request avoiding request being moved to clinical review or denied.
- Physician's agreeable and flexible with their schedule to accommodate patients for return visit on same day as study requested / performed to discuss results and treatment options with patient who opted to have radiology study performed at _____ / _____.
- Created referral base to _____ radiology facilities, targeting _____ and _____ for same day studies to be performed, follow up visit with physician in same day, patient convenience and satisfaction as well as increase revenue stream. Process developed in collaboration with _____ outpatient registration staff, _____ radiology staff and Pa. Orthopaedic Foot and Ankle staff to have patient scheduled, precertified, pre-registered, immediate read of films within 30 minutes and return for follow up visit same day. (Refer to exhibit A process development)

c) What QUANTIFIABLE improvements were accomplished in: PATIENT/EMPLOYEE SATISFACTION, PATIENT SAFETY, CLINICAL EFFECTIVENESS AND QUALITY IMPROVEMENT, ACCESS and/or VALUE?

- **91%** success rate precertification requests have been initiated within 1 business day or less. (Refer to exhibit B) Remaining 9% are patients not sure of facility causing delay in request.
- **98%** success rate of precertifications being issued same day as requested. (Refer to exhibit C).
- Increase in overall Pa. Orthopaedic Foot and Ankle Surgeons patient satisfaction scores for 3rd Q. Patients leaving office with precertification number issued and have ability to schedule exam (for non _____ / _____ sites) immediately and return for follow up visit with physician within 1 month timeframe. For patients choosing _____ / _____ sites, their appointment is scheduled and pre-registered by office staff, saving patients time from scheduling exam and registering on day of service.
- Referred total of **137 patients to _____ facilities**; 89 patients to _____ facilities and 48 directly to _____ / _____ from November 2008 – May 2009. (Refer to exhibit C).
- Generated _____ radiology system charges totaling **\$912,094** from Nov. 2008 to May 2009; MRI charges \$855,134 and CT scan charges \$56,960

d) What changes have been lasting and STILL IN EFFECT?

- All changes in section B still in effect

What were THREE KEYS to making this project successful?

- Leadership from physicians and Director of Operations to implement project.
- Successful teamwork, planning and communication with various departments involved in project. _____ outpatient registration, _____ Radiology and Orthopaedic Foot and Ankle Surgeon staff
- Project dealt directly with patient safety and goal of improving a process.

What resources would you have liked to have available to you to improve the quality of the initiative. (Include technical and support for measurement, if applicable) Attach additional documentation if you feel they would enhance the application.

- Contact information and process flow of different _____ entities to assist physician offices in scheduling and pre-registering patients for radiology studies at _____ facilities to increase patient satisfaction / convenience and improve coordination of care.
- The ability to replicate project at all physician offices (CCA and non-CCA) that utilize _____ / _____ or any _____ facility for radiology services.

Exhibit A.

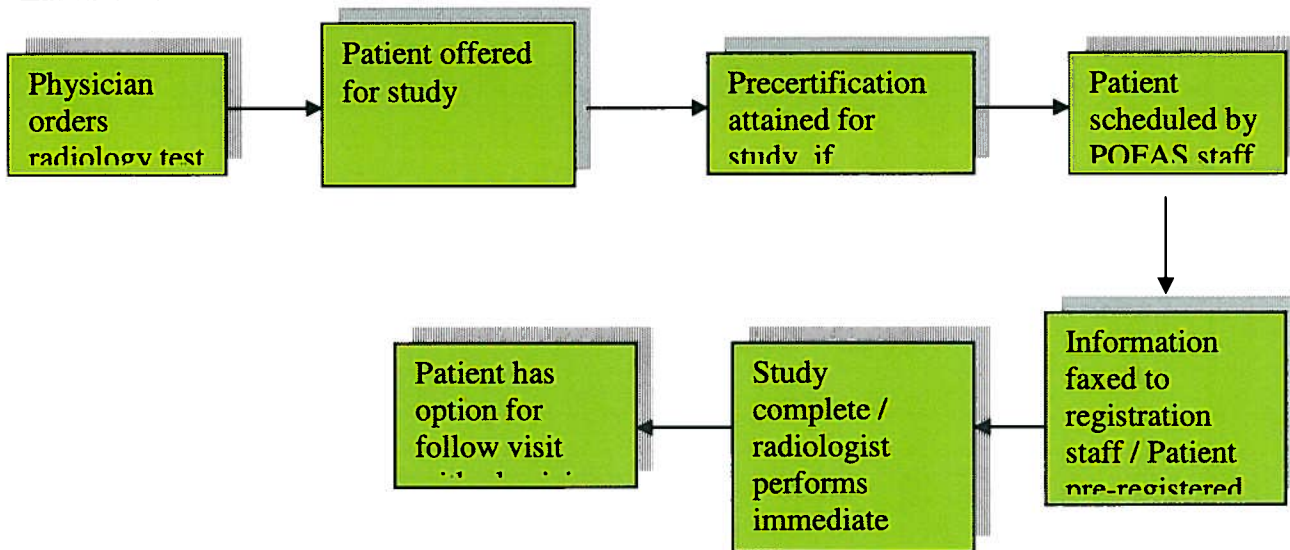


Exhibit B. Prior to Implementation; 41% studies requested > 3 business days

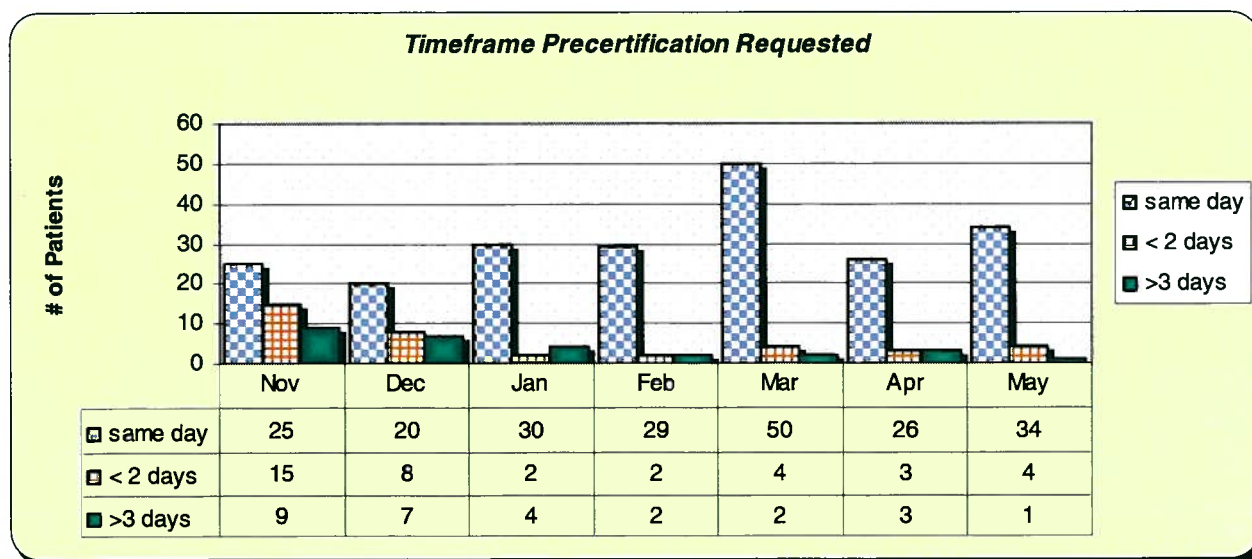


Exhibit C. Prior to Implementation; 49% studies issues > 3 business days

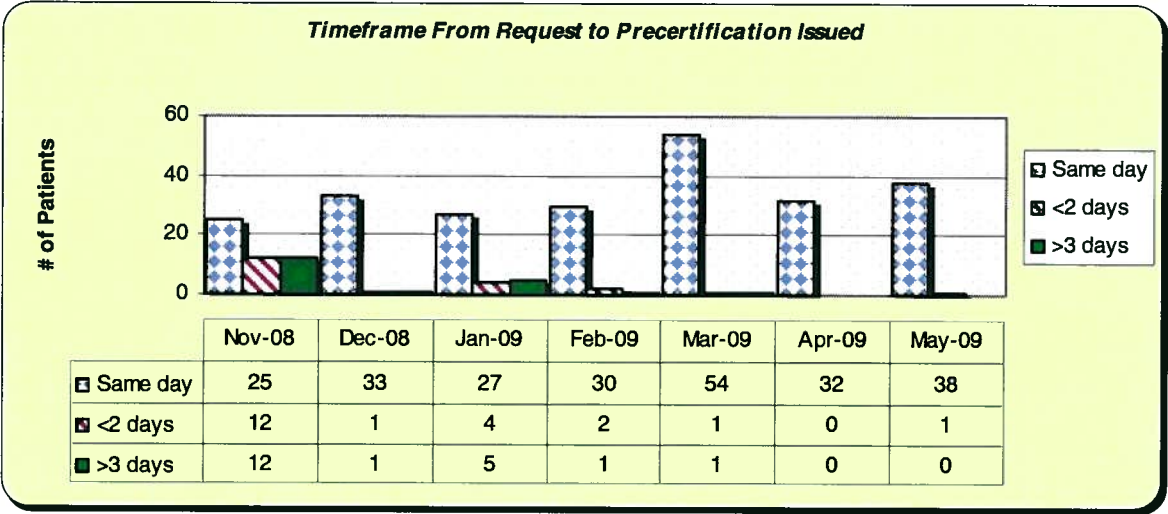


Exhibit D. Radiology Referrals

