

Q&A

Seattle HME finds quicker patient setup and payment with Brighttree's comprehensive patient intake

Performance Home Medical, located just outside of Seattle, is a sleep and respiratory provider with 14 branches around the state of Washington. Bryce Rodda is the director of reimbursement and information systems there who jumped at the chance to beta test Brighttree's comprehensive patient intake, bringing on patients during the intake process in their full production environment.

Read on for how these new capabilities make it easier to get patients in the system, less cumbersome to get them accurately qualified and much quicker to get paid.

Q: *What led you to work with Brighttree on developing and rolling out comprehensive patient intake?*

Bryce Rodda: We've struggled with the order intake on and off for a long time. There's only so many additional bodies you can add and still maintain profitability. So, when we heard that Brighttree was working on this initiative, we were right there, ready to go.

Q: *What kind of process improvements did you see even in the first couple of weeks?*

Bryce Rodda: It's always hard when you're making a transition because the orders don't stop coming in, so it's really important that transitions like this be as seamless as possible. We were able to maintain the same number of orders we were doing previously, which speaks highly of this new system. And with the increases in our efficiency, we were able to reallocate some of the intake staff to work on pending orders.

Q: *What was your transition strategy to introduce this new patient intake process to your existing staff?*

Bryce Rodda: We thought really carefully about how we wanted the rules set up and which questions to ask in the role-based rules and then switched over our staff one or two at a time. It took under a day for staff to become proficient in this new way of doing intake.

Q: *How have you taken advantage of the role-based feature for users?*

Bryce Rodda: We've split our order intake team into two groups: one who's doing the initial intake of contacting the patient and one who's qualifying patients. The first group can just tab through the fields they need to enter the information, and our qualifying staff are getting the qualifying insurance questions they need. Accuracy goes up, and the onboarding of new staff is much quicker.

Q: *What kind of reaction have you gotten from your existing intake staff as you've introduced this new process?*

Bryce Rodda: Even the staff who've been here a long time have really liked it. They recognize that it's simpler and more efficient, and they're appreciating it and adapting to it well. And I think having qualification questions, particularly for our new people, around payer-product mix has been a huge help.

Q: *What's your biggest takeaway on the new comprehensive intake process?*

Bryce Rodda: Get someone in your organization to champion it, so they know where the strengths are and can map it onto your current system.

Learn how your organization can take advantage of comprehensive patient intake.

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