



exclusive
LIVING
CASE STUDY
series

HOW THE POWER OF PARTNERSHIP CREATED A
SELF-REGISTRATION KIOSK SOLUTION



The importance of partnerships

An exclusive HMT Living Case Study of how four companies provide key elements to a self-service kiosk used for patient

Working across silos often requires working with other vendors. Throughout the years, Health Management Technology has followed many partnerships that have developed between healthcare IT vendors. We have watched as they have discovered that success is based on interoperability and collaboration. In addition, partnerships are necessary to achieve good patient experiences as they can streamline the healthcare facility experience and turn into operational benefits for the healthcare system.

Unlike traditional case studies, which are snapshots of past events, *Health Management Technology* has developed an exclusive Living Case Study that follows a healthcare facility's project implementations forward, in real time. The LCS starts with the goals of the facility to solve or better a situation and the solution they find and the path to that solutions implementation.

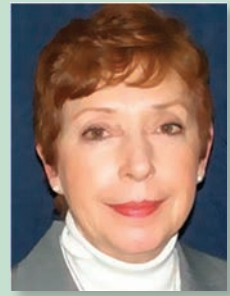
By creating a suite of articles about their development, A Living Case Study describes projects from inception to their completion, thus providing details of the project's implementations in a realistic and compelling manner.

This is an introduction into just one successful Living Case Studies that *HMT* followed as group of companies came together as a Consortium to present their services, solutions, and processes as they directly relate to real-world problems.

They developed a check-in solution greater than the sum of its parts that included efforts from the Consortium that included: Posiflex, Clearwave, IMG-Imaging Manufacturing Group, and MedicScan. *HMT* followed the story of how one of their customers, Baptist Health, implemented this endeavor and the success they had as the kiosk solution created all types of efficiencies for their cancer center that included increased patient satisfaction, check-in time savings, increase data accuracy and revenue cycle opportunities.

Presented by The Consortium:





Jeri Pack, CHAM,
Director, Revenue
Solutions, Baptist
Health

Using self-service kiosks with your check-in staff

The right combination for higher patient care.

By Jeri Pack

I have been in healthcare for over 30 years, and I have seen first-hand how sick people often experience unnecessary anxiety during check-in. I also have learned how healthcare organizations may create unneeded work and stress due to their poor registration processes and the inefficient documentation trail that's produced.

These hassles have been eliminated at Montgomery Cancer Center where we have implemented several self-registration kiosks.

Before our kiosks were in place, like at most other facilities, patients got registered, but they did not go through the process in the timely and efficient fashion that they should. We had, on average, 450 patients a day. To funnel that many people through one portal, or one type of intake area, was almost physically impossible. When you consider that these patients were suffering from cancer and they were coming to us for things like checkups, blood work and infusions, it's easy to imagine that we observed numerous frustrations for our patients and staff but we could not create a meaningful solution on our own. We needed a technology set that we did not know was even in our market at the time. We wanted to find a system that was easy to use, could accurately identify and verify incoming patients, but also be capable of utilizing separate billing platforms and a high volume of duplicate medical records and corporate numbers. Looking back, our expectations were very high because our patients are so important to us. Looking forward as we use the self-registration kiosks that Clearwave developed with their vendor partners, I am so excited about the new level of attention our patients will receive for years to come.

You would not think this type of technology would lend itself to cancer patients, especially given the high volume we treat, but just the opposite is true. The average age of the patients at our cancer center is 62.5. Their average check-in time at the kiosk is just over two minutes. A registrar can't work that fast with a high level of accuracy, but our kiosks can. Each kiosk can automatically identify our patients through their driver's licenses, and their names, social security numbers and dates of birth are all instantly recognized and recorded. The kiosks identify the most current physical addresses, and they even

collect the email addresses of our patients as well. They have helped the cancer center collect more accurate demographic information. We are collecting 38 percent more email addresses at the kiosk as compared to the old manual registration process.

In addition to the high ease of use for our patients, the self-check-in kiosks have also helped our staff to reduce their involvement with large and time-consuming activities, such as dealing with duplicate records. At our center, we have a high volume of duplicate medical records and duplicate corporate numbers. That's a big deal for any facility like ours because a master patient index (MPI) cleanup can cost in excess of \$1 million. Our kiosks require nowhere near that level of expense, and they do a wonderful job with these tasks.

It is so important to have this level of automation because we feel strongly that our patients should be treated with dignity and respect. They need staff members that are schooled in customer service to describe our processes and to answer their questions, not impersonal note-takers who spend most of their time dealing with forms. There is not one location within our system that we don't have a human registrar that greets a patient after they check-in via a kiosk. Because our kiosks have cut down on the time used during patient check-in, our staff members have more opportunities to interact more calmly and caringly with our patients. Our kiosks do not replace staff. They enhance what they can do, and they enable us to provide new services such as true financial counseling on the front end. I am rewriting our charity and discount policies so that I may retrain all of our registration staff in this direction. We think this type of counseling is vital and that it will take our customer service to a whole new level.

All of these things did not happen overnight, and a great many people and companies were involved. You will hear many of these individuals throughout this Living Case Study explain the technical details involved with this implementation, and I am confident you will be in awe of their work. But as a healthcare veteran, I have to say that my biggest thrill has been seeing how excited our staff is to come to work. Everyone genuinely believes that we can now take some of our dreams for better patient care and, using our new kiosks, turn them into realities.

HMT

Leveraging the right technology at the right time

By HMT

In the introduction of this Living Case Study, Jeri Pack, CHAM, Director, Revenue Solutions, Baptist Health, described how her organization benefited from the use of self-service kiosks during patient check-in. She explained how her patient population, whose average age is 62.5 years old, quickly accepted the use of new self-service ATM-style kiosks during their registration and return check-in processes. She also illustrated how her staff not only overcame their initial reluctance to adapt the kiosks into their work routines, but they are now champions of the technology because of the increased efficiencies and patient satisfaction levels that they've witnessed firsthand. These benefits prompted me to consider the origins of this deceptively simple solution. What I found was not only forward thinking in terms of technical application, but also very evocative relative to the tremendous push in healthcare for greater patient satisfaction.

Hitting the sweet spot

During the 1970s, my grandfather owned a gas station. In addition to a four-gas-pump island, he had a three-car service bay where his customers could get pretty much any repair or light body work done. Attached to the service bay, there was a small auto parts and convenience store where customers could buy spark plugs, fan belts and Bubble Yum bubble gum. (My favorite flavor was grape.) Behind the main building was a large salvage yard with mountains of discarded vehicles of various types and ages.

Besides my grandfather, my favorite person at the station was Donny, a mechanic who lost most of his left hand fighting in the Vietnam War. His main job was to supervise the service bay whenever things got hectic, but, most days, he ended up on the pump island filling gas tanks and tires, checking oil, cleaning windshields and sometimes getting a tip from an appreciative patron.

He could name most customers' cars on sight. Before they fully parked at one of the pumps, he knew what type of oil the driver preferred, if they had a slow leaking tire or if they were running late for work. He knew drivers by first name



(men) and last (women). He knew everything about his customers and he had their complete trust.

Donny's biggest hassle was dealing with payments. He had to take cash or a credit card from the driver's window to his cashbox on the pump island where he made note of the amount of gas purchased, wrote a receipt and returned to the car. Sometimes he had to run into the main store to make change or to get a credit charge approved by my grandfather. Donny hated the whole process. "It keeps me away from my customers," he said, "I'm here to help them with their cars, not to be their accountant."

One day, I asked Donny if he would teach me all that he did at the station so that I could take over his job when he retired.

"That would be something," he said with a slight smile. "But, I think there's only a handful of years left for someone to make a living pumping gas. Soon robots and computers will have this job."

I was confused by his answer. I couldn't imagine a machine being able to deal with all the tasks Donny performed – even if he did only have one fully functional hand.

"A generation ago, this wasn't a job at all, and a generation from now it won't be a job again. Guess you could say I hit the sweet spot," he said, "That's fine by me. I'll have more time to spend working in better ways."

"I'd be scared if a robot washed my windshield," I said.

Donny laughed. "Believe it or not, Jason," he said, "There are a lot of people who are scared of me washing their windshields. It just takes people time before it becomes normal and natural."

A new mindset is evolving

Many of the principles that Donny explained to me when I was seven years old are identical to those outlined in Pack's introduction. Donny had the foresight to understand

that emerging technology could perform certain tasks efficiently. He also understood that people, while expressing initial frustrations or reluctance to change, would eventually openly accept new technologies that prove to be helpful, reliable and convenient.

“Our Chief Operations Officer always uses the ‘paying at the pump’ analogy,” says Brian Stone, Chief Financial Officer, Clearwave, “and I have to agree with him. That level of acceptance took some time, but now the use of such unmanned technology is considered normal. Our company and our partners believe that the general public will soon look at our patient check-in kiosks the same way they view the technologies they use every day at their local gas station.”

While Stone’s assessment seems reasonable, many in the healthcare industry still have a mindset that kiosks are impersonal in nature in terms of service. “The disconnect they make is they think if a patient checks in at a kiosk, they are going to feel that they are not getting the attention that they need and be upset,” says Stone, “What tends to happen is just the opposite.”

Years ago when the first heart-rate and blood-pressure monitoring kiosks appeared in pharmacies and malls, many in healthcare felt that they would find little interest from the general public. Even though similar technology flourished within other industries such as retail and banking, many believed the intimate nature of personal health issues required staff-assisted technologies in order to provide consumers credible and satisfying information. However, it quickly became clear that even senior citizens could develop a high level of comfort using technology without the supervision of a medical professional. “Because our feelings about technology in our daily lives have changed over the past decade or so, items like our self-service check-in kiosks are not considered odd or intimidating by the public,” says Stone. “We are the latest example of a technology developing in a sweet spot of trending consumer tastes.”

Sweet spot. Those are the same words Donny used to describe the changes he saw coming to his profession. As a young child, I saw the potential of my grandfather’s customers being nervous, or even angry, when dealing with a “robot” rather than a person, but time has shown that sort of thinking as misguided and more than a bit naive. Stone also recognizes the realities in healthcare today relative to the resistance to adopting new technologies and processes. “Again, it’s a change for many, and I am not going to say some staff or patients aren’t going to complain initially,” he says. “Anytime you make a change to a process such as patient check-in, there are going to be complaints. But once the staff gets the process down, we have seen that patients prefer the check-in process at our kiosk to the more traditional methods, and they don’t want to go back.”

When I spoke with Jeri Pack about her patients’ feelings toward the traditional check-in process at Baptist Health, she echoed Stone’s point. “Today, our patients are saying that they hated our old check-in process,” she said. “Some felt that they had to spend too much time, writing and re-writing information during check-in. They wanted an easier and faster process. Now, using our self-service kiosk technology, they are realizing how much time they wasted and how less stressful check-in can be. They are also much more trusting that their personal information is safe and protected in our kiosks and not on pieces of paper.”

At Baptist Health, instead of completing a seemingly endless series of forms on clipboards before their appointments or annual visits, patients walk to a kiosk terminal and, if none of their personal

information has changed, they simply hit the “next” button on the opening check-in screens. “Patients don’t have to sit there and write their names, their spouse’s name and their address all over again,” says Pack. “Most just scan their ID, make sure the kiosk displays their correct address, insurance and payment information, tap the screen a couple of times and they’re done. They can think about why they are at the hospital and not worry about clerical errors causing them problems in the future.”

If a patient has any other questions or issues after inputting their information into the kiosk, Baptist Health’s registration staff members can devote one-on-one time with them because they are no longer bound by the traditionally laborious registration task of data input. “Our staff really began to change the way they saw their jobs once the kiosks started to gain more and more acceptance from our patients,” said Pack. “They no longer see themselves as lower-level staff. They see themselves as real healthcare providers, and that has made a huge difference in the morale of our staff and our patients.”

A glimpse of the future

The theme of this Living Case Study update centers upon timing, specifically the timing of the public’s level of comfort with new technologies. It’s becoming clearer that self-service kiosks are experiencing a great deal of success today in the healthcare community due to their timeliness relative to the needs and expectations of both the industry and its patients. However, to say that its technology is limited to today’s needs is not a fair statement.

For more than a decade, the healthcare industry has tried to create systems that share clinical information from point A to point B, and self-service kiosks are poised to be a critical component of any future health information exchange (HIE).

“We believe our next step,” says Stone, “is going to be enabling patients to bring their information from Baptist Health to outside entities. We also want to give patients a mobile app where their information is stored centrally and allows for edits on the fly so that their information is automatically updated.” Very similar in nature to how cell phones are used currently in the airline industry, patients will be able to take their smartphones to a hospital’s self-service kiosk and have it scanned so that all of their information is automatically called up on the screen for verification.

“Patients want that kind of portability,” says Stone. “Looking at our future, we are uniquely positioned within the marketplace to provide this important service.”

In addition to mobile patient information storage and exchange, the self-service kiosks at Baptist Health are poised to take on other tasks such as payment counseling and survey distribution. Forty years ago it was almost unthinkable that consumers would feel comfortable with technology stepping into these very personal areas, just as it was unthinkable to me that Donny would be replaced. But when the credit card scanners arrived at my grandfather’s gas station and the gas pumps became self-service, Donny did not lose his job. He got busier, just like he said he would, helping his customers with even more personal attention.

Today, if someone drives up to a gas station and they see that they have to go inside to make a payment, most drive off to another station with self-service pumps. How long will it be before patients have the same mindset when entering a hospital? Don’t scoff at the idea. Only time will tell.

HMT

Like playing jazz

An automated check-in solution greater than the sum of its parts.

By HMT

Many of the struggles within healthcare today are not created by outside factors such as government regulations or changing care models, but rather by a simple lack of vision. There are far too many work-related inefficiencies that have been institutionalized within the industry that could be remedied if more open-minded approaches were taken. One such pain point for many healthcare organizations is the patient check-in process.

In the first update to this Living Case Study series, I made the claim that healthcare is currently in a “sweet spot” where available technology, organizational needs and consumer tastes have converged in such a way that the use of ATM-like technology at the point of patient check-in could reap enormous benefits for a facility. But to say that this opportunity is solely based upon good timing would be a shortsighted. A tremendous amount of vision and collaboration was required as well – two ingredients that are often lacking during project planning and implementation in our industry.

As we learned in the previous installments of this Living Case Study Series, the self-service kiosks at Baptist Health are the result of a consortium of companies pulling together their expertise and resources. This convergence was not done in a casual fashion. A single vision was shared and agreed upon by each company. This vision required disciplined preparation and thorough planning by all parties. There was no hierarchy created where one company possessed a higher status than the rest. Each company respected that the others had spent years working to achieve the highest level of success within their given fields and that their pursuit of excellence continues with every new project in which they participate. Even today, each constituent constantly builds upon its skill sets and remains focused on expanding the reach of its solutions.



In a former life, I worked in the music industry and I was always impressed with how well jazz musicians worked with one another. At first, I attributed their inclination for cooperation with the improvisational, seemingly haphazard, nature of the music they create. However, as I spent more time observing professional players, I learned that pushing forward music that was created just a few instances ago by a fellow musician requires a high degree of collaboration and support. As I spent more time observing professional players, I began to understand that jazz is not, and cannot be, a free-for-all. Each player must recognize his or her strengths and limitations as well as the strengths and limitations of their band partners. Mistakes are seen as opportunities to move in new directions. Successes are never attributed to a single person. The only thing that truly matters is their common goal of producing a fulfilling and pleasurable experience for their audience. As I examine how the consortium's members came together to create their self-service kiosk, I am reminded of this collaborative spirit.

When I initially interviewed Brian Stone, Chief Financial Officer, Clearwave, he said, “We are a kiosk-software company. We don't manufacture hardware. To achieve our vision of an effective kiosk patient-registration solution, we needed to piece together partners like Posiflex, Image Manufacturing Group and Acuant. Without their talents, we would have never accomplished what we have.”

One of the first partners the Clearwave leadership sought was Posiflex, a maker of point-of-service (POS) and industrial touch terminals and hardware. “Our initial kiosk hard-



ware vendor was a good company,” said Stone, “but the kiosk it created, from a look and feel aspect, was just a steel box. It was industrial grade, which is important, but it didn’t have much pizzazz. They are one of the largest manufacturers of kiosks, but they didn’t really have a tabletop version or the flexibility to add new features or functionality. Its components were limited, and many are very expensive. We needed something special, and that’s when we were lucky to learn that Posiflex shared our vision for a new patient experience at check-in.”

Posiflex has designed and manufactured POS touch-screen terminals for over three decades, holding over 30 patents. Their all-in-one computer is nearly indestructible. “It can survive a major fire. It can be submerged under gallons of water and still operate perfectly,” said Stone. Posiflex terminals are fanless, come in various configurations and sizes, and they are capable of having privacy filters added. “When you add those important components along with their reliability and serviceability, it was a no-brainer for us to ask Posiflex to collaborate with us,” said Stone.

The need for another company to join the consortium sprang forth when Clearwave began to ask the question: Is there technology available that would enable our kiosk to scan a patient’s driver’s license?

“We sought out and evaluated the most reliable vendors in the field of optical character recognition (OCR). At the end of our search, it was clear that we ought to approach Acuant [formerly Card Scanning Solutions] as a partner,” said Stone. As a leading image-processing and OCR software company, Acuant has one of the best solutions in the market. “Within the healthcare environment, we saw the need to read government-issued identification,” said Stone. “We not only wanted to read the ID, but we also wanted to enable our kiosk to extract information as well.” This function helped the consortium to simplify the patient check-in process. Instead of requiring someone at the kiosk to type out their first name, last name and date of birth, the person can just scan all of that information using Acuant’s OCR technology, the same kind of technology used for scanning passports. This feature eliminates multiple screens of information that a patient may have to type during check-in. It also increases the accuracy of the information being gathered, because using OCR software is far more accurate and reliable than having a patient pecking and typing on a kiosk.

The final partner to join the consortium was Image Manufacturing Group (IMG), a design and manufacturing company

that produces interior and exterior signage, kiosks and customer engagement solutions within a wide array of fields such as sports, academics, retail and government. Stone said, “When people are ill, or with their loved ones who are ill, they don’t want to be left wandering around a hospital lobby looking for help. We needed to make sure patients were drawn to the kiosk.”

Common sense tells us that in a hospital setting, patients will not automatically feel at ease approaching what may look like a black-box computer and a piece of scanning technology sitting on a table. Many would ask themselves, “Okay, am I supposed to go to that? What am I supposed to do?”

“We saw the level of customization and functionality that IMG offered to their clients; clients such as United Airlines and Delta,” said Stone. “We felt confident that they would be able to integrate the Posiflex unit along with the Acuant scanner in a very attractive and effective fashion.”

The members of the consortium wanted to find ways to have patients know just by looking at the kiosk what they are supposed to do, and they wanted something more aesthetically pleasing than a black box. With IMG’s expertise, their kiosks draw immediate attention and provide higher levels of functional ease. Practices can insert their logos and their facility’s color schemes so that the kiosks are seen as natural extensions of their environment.

“In addition to the high ease of use for our patients, the self-check-in kiosks have also helped our staff to reduce their involvement with large and time-consuming activities, such as dealing with duplicate records,” said Jeri Pack, Director, Revenue Solutions, Baptist Health. “At our center, we have a high volume of duplicate medical records and duplicate corporate numbers. That’s a big deal for any facility like ours because a master patient index (MPI) cleanup can cost in excess of \$1 million. Our kiosks require nowhere near that level of expense, and they do a wonderful job with these tasks.”

Like seasoned jazz musicians, the consortium members brought together their individual talents and years of experience with a common mission in mind. They created opportunities for one another to display their talents to their audience, and they always understood that their whole team was greater than the sum of their parts. If these collaborative mindsets became more common practice in healthcare, I firmly believe we would experience many, many more success stories of innovative solutions to industry-wide problems.

HMT

Letting go for a new beginning

By HMT

After reviewing the previous features in this Living Case Study series, it seemed oddly inappropriate to summarize the decision-making processes, roll out and results of the use of self-service kiosks during patient check-in at Baptist Health. Those elements are very impressive, and healthcare administrators ought to give serious consideration as to how their facilities can implement self-service kiosks for their patients. However, it seems to me that a larger point deserves consideration; the mindful reluctance to approach fixable problems in healthcare.

We have all encountered healthcare Chief Information Officers (CIOs) and Chief Financial Officers (CFOs) who have an “if it ain’t broke, don’t fix it attitude,” even when there are viable alternatives. This mindset is manifest in their holding onto awkward and antiquated processes like the traditional patient check-in routine. They hear their staff complaints about not having enough time to really bond with their patients and to develop a stronger level of ease for them at check-in, but many administrators think nothing can be done to make things better.

“It’s just the way it is.”

They clearly see how their patients are not getting the front-end satisfaction or the Meaningful Use of their health records.

“You can’t please everybody.”

They don’t comprehend how “banking” or “gas station” technology can be used effectively with sick populations and their families.

“That wouldn’t work here.”

To have such an attitude about a process like patient check-in is unfortunate. To have such an attitude beyond patient check-in is dangerous, and it is one of the reasons our industry is struggling to cope with emerging technologies and changing consumer tastes.

Whether our industry is ready or not, technology from other business



fields will come into healthcare facilities and almost instantly fix problems that have been considered historically as “the price of doing business.” The self-service check-in kiosk created by Clearwave, Posiflex, Acuant and Image Manufacturing Group (IMG) is just one example of such a solution. Like the kiosks at Baptist Health, more interdisciplinary approaches need to be made by administrators to address many of the institutionalized problems their staff and patients encounter every day. Vendors and clinicians must start poking their heads out of their foxholes and seek assistance from other sectors. Ideas and processes from the financial, retail and academic sectors can take hold within healthcare, and some very interesting – and useful – results can spring forth. Again, just look at the Baptist Health Living Case Study.

It took Baptist Health a great deal of courage, vision and humility to implement self-service kiosks at check-in.

What if patients had refused to use the technology?

What if staff resented the notion of losing their job to a machine?

What if the kiosks did not work properly and caused even more clerical and logistical problems?

These sorts of considerations have given pause to too many in healthcare. The industry as a whole ought to let go of such fears and consider new beginnings to their problem solving. They ought to look at other pain points like patient check-in and try to draw similar connections to successful technology applications outside of healthcare with the intention of “discovering” new solutions to old problems.

Patients have been checking themselves in at United and Delta Airlines kiosks for years. Let’s hope healthcare looks at success stories like the one at Baptist Health and realizes that the time for such thinking in our industry is now – not years from now. **HMT**

How self-service check-in works in the real world

Baptist Health CFO Katrina Belt gives the insider scoop on kiosk adoption and use by staff and patients.

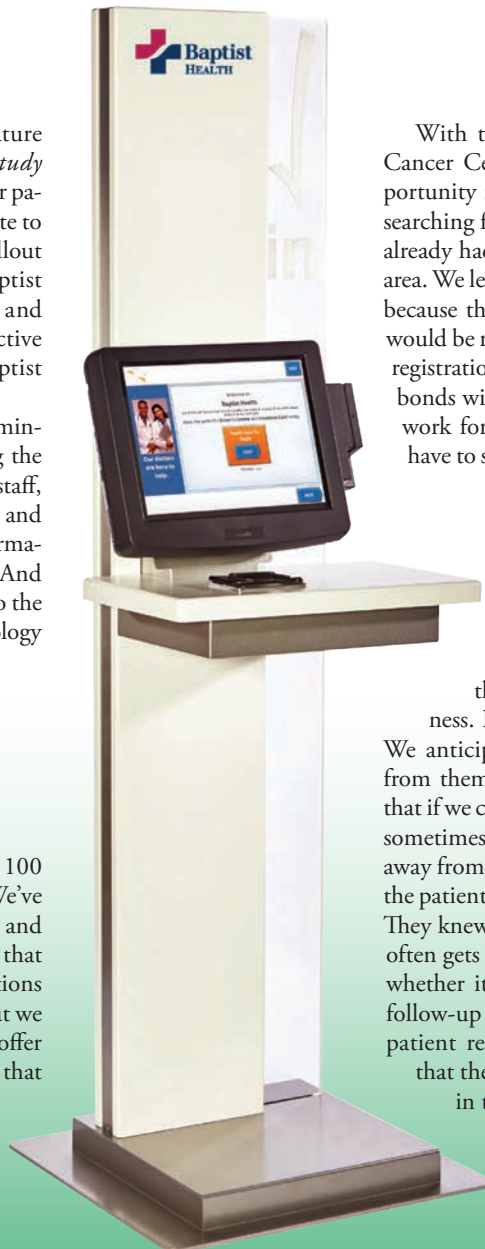
By HMT

After reviewing the four previous feature stories in *HMT's Living Case Study* series on using self-service kiosks for patient check-in, it seemed appropriate to summarize the decision-making processes, rollout and results of installing the technology at Baptist Health. This is where it all comes together, and who better to provide that overarching perspective than Katrina Belt, Chief Financial Officer, Baptist Health, Montgomery, AL?

HMT wanted to learn more about the administrative decision-making that occurred during the lifecycle of this implementation; the impact on staff, workflow and morale; patient (user) acceptance; and if the technology truly can strengthen the information chain for both patients and caregivers. And maybe, just maybe, we could get a real answer to the big-picture question, "Can do-it-yourself technology really serve patients better?"

When you started seeing a need for a new process or solution at check-in, how did it start and how did the kiosks spread throughout your campuses?

Like most facilities, we were never really 100 percent happy with our check-in process. We've always understood that we needed better tools, and our staff needed more time with patients so that they could delve deeper into their initial questions and concerns. We considered many options, but we rejected them because we felt that they did not offer the personal touch we needed. We recognized that patients and their families are coming to us in very vulnerable states, and check-in can be incredibly stressful. We wanted to respect these feelings.



Katrina Belt, Senior Vice President and Chief Financial Officer, Baptist Health

With the acquisition of the Montgomery Cancer Center, it was really a wonderful opportunity for us, because the solution we were searching for just sort of fell into our laps. They already had self-service kiosks in their check-in area. We learned later that they were put in place because the physicians at the center realized it would be more efficient economically, and their registration staff wanted more time to form real bonds with their patients. They did all the leg work for us. It was unique in that we didn't have to step off into making that big decision.

Was there some initial skepticism within the administration?

We were nervous about presenting it to the staff. We thought the staff would think, "Oh my goodness. I am being replaced by a computer." We anticipated that sort of initial push back from them. When we showed them, however, that if we could use the kiosks to take the simple, sometimes tedious steps of the check-in process away from them so that they could really talk to the patients, they instantly bought into the idea. They knew that the minutiae of record keeping often gets in the way of other personal matters, whether its financial counseling or setting up follow-up visits. It did not take long for our patient registration specialists to understand that there would still be a vital role for them in their department.

At the same time, I know, as a Chief Financial Officer, that other administrators might say, "You are introducing patient-

friendly technology so you can take advantage of not having to commit to all those full-time employees (FTEs).” That’s short-sighted thinking. Our administration wanted technology that was really going to help us get better information, but not necessarily aimed at replacing FTEs. Yes, you can have fewer FTEs, but you can also empower those FTEs and demonstrate to them that you believe that they are not just notetakers. Their job is important, and they are not going to be replaced. There were some delicate conversations early on, but they were very well managed during the rollout – and they were very well received by the staff.

How do you quantify the efficiencies that you have experienced after installing the self-service kiosks?

I don’t know that I have a hard number that I have saved this many dollars. A lot of our efficiencies are more anecdotal in nature than hard facts. I can say our average patient check-in time has gone down to two minutes and 18 seconds. Over the course of the year, we had 412,000 patients. So for 412,000 separate instances we only required two minutes and 18 seconds to complete some critical patient registration elements. We also greatly enhanced the time patients can spend with our registration specialists. They are now able to more consistently ask people if they are interested in a lung screening. We are able to ask more people if they have had their routine mammogram. You can now generate other lines of business or just help treat our individual patients with more specialized attention. Those are the sorts of efficiencies that hardly ever appear on a spreadsheet, because most don’t have the time to ask so many extra questions at check-in. We see them every day.

What about the functionality of the kiosks? How do they hold up to day-to-day use?

They’re very durable and easy to maintain. We were concerned from an infection-control standpoint, given that everyone using the kiosks had to touch the screen. We place hand sanitizer by each screen, and we wipe them down often. The touch-screen technology is very easy to use. Many patients say that it’s just like working on an iPad. As a CFO being concerned with replacement costs, I really need our equipment to be able to stand up to long days of continued use. I need to trust that what I am investing in will be there for my staff and patients for the long haul.

And what about the scanning capabilities? As opposed to the traditional input of information at check-in, how is information scanned into one of your kiosks?

Most of our patients read at a third-grade level, so it is critical that they be able to understand and feel comfortable with any instructions that they are given. Each kiosk shows our patients exactly where and how to place their driver’s license to be scanned and then how to place their insurance card: face up then flip it over.

The best part is the kiosk saves us time. Because those scanned images are already attached to the patient’s information, we are able to electronically feed that information into their file. So I no longer have to worry about where that information goes. Other pieces like a consent-to-treat form, which is required any time I touch a patient, especially a Medicare patient, can be electronically embedded in the patient’s record. We have the right information going to the right place automatically, and we don’t have to worry about somebody manually having to do all of that work. **HMT**

What a difference a multi-capability kiosk makes

In January 2014, Baptist Health, a three-hospital faith-based system serving Central Alabama, announced the rollout of patient self-registration solutions that kiosk-software company Clearwave developed with its vendor partners Posiflex, Acuant and Image Manufacturing Group (IMG). Patients can use the kiosks at Montgomery Cancer Center, Carmichael Imaging, Montgomery Breast Center, Baptist Breast Health Center, Prattville Baptist Hospital, Prattville Imaging Center, Baptist Health Physician Group, and Baptist Medical Center South, including in the Emergency Department.

With self-service solutions, ease of use is the name of the game. Montgomery Cancer Center served as the first-adopter for the self-service technology. According to Jeri Pack, CHAM, Director, Revenue Cycle Solutions, Baptist Health, the average age of the 450 patients per day seen at the center is 62. “You would not think this type of technology would lend itself to cancer patients, especially given the high volume we treat,” says Pack, “but just the opposite is true.”

“Their average check-in time at the kiosk is just over two minutes,” says Pack. “A registrar can’t work that fast with a high level of accuracy, but our kiosks can.”

The self-check-in kiosks have also helped the staff to reduce their involvement with frequent and time-consuming activities, such as inputting basic information and dealing with duplicate records.

“Our kiosks do not replace staff,” says Pack. “They enhance what they can do, and they enable us to provide new services such as true financial counseling on the front end.”

And rule No. 1 is that patients are never left hanging. “There is not a single location where we have a kiosk that we don’t have a real, live human being that can help the patient,” says Katrina Belt, Baptist Health CFO.

Key features of the Baptist Health kiosk systems were developed by a unique industry partnership and crafted with the healthcare provider and the patient in mind:

- **Clearwave**, a leading provider of self-service kiosk registration and eligibility verification solutions: Automates eligibility verification and greatly reduces the time patients spend checking in and sitting in the waiting room.
- **Posiflex**, a maker of point-of-service (POS) and industrial touch terminals and hardware: The nearly indestructible Posiflex terminals are fanless, come in various configurations and sizes, and are capable of having privacy filters added.
- **Acuant** (formerly Card Scanning Solutions), a leading image-processing and OCR software company: Instead of requiring someone at the kiosk to type out their first name, last name and date of birth, the person can just scan all of that information using Acuant’s OCR technology, the same kind of technology used for scanning passports.
- **IMG**, a design and manufacturing company: provides a high level of customization and functionality in a branded, aesthetically pleasing and easily functional unit; clients include United Airlines and Delta.

HMT



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MedicScan, powered by Acuant, is integrated into Clearwave's self-service patient registration kiosk solution to automate the manual data entry of ID and insurance card(s) data, resulting in greater efficiency in the patient registration process.

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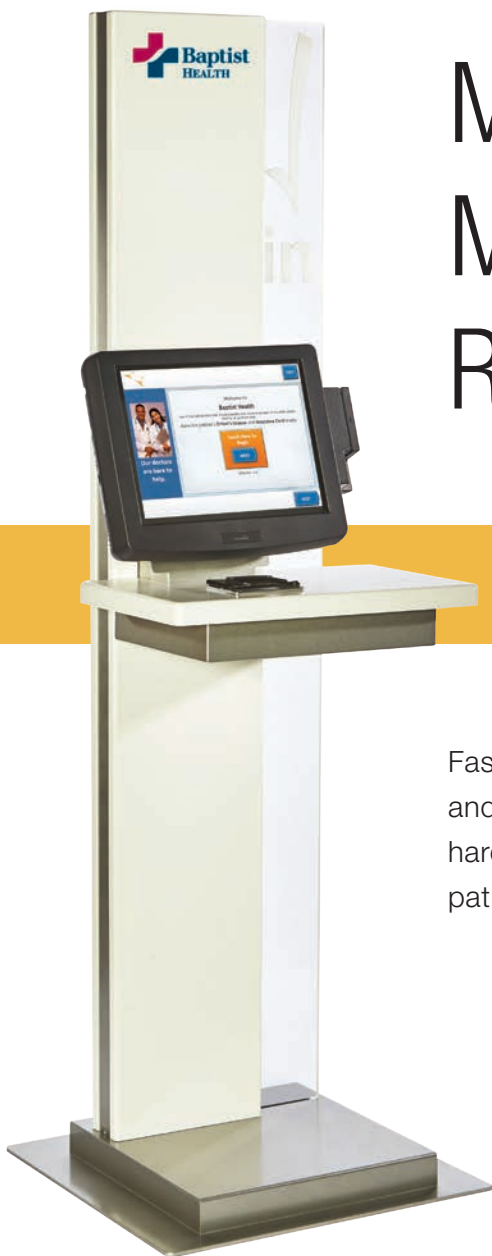
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- > 70% reduction of claim denials
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