



American Hospital
Association

Advancing the Commitment to Consumer Transparency

ProHealth Care

Waukesha, Wisconsin

In September 2004, ProHealth Care went public with its Consumer Inquiry Line, a 24-hour hotline that consumers can call to learn charges for common health care procedures.

ProHealth Care is a seven-year-old health care system with an almost 100-year history of meeting community health care needs. The system was the natural partnership of Waukesha Memorial Hospital and Oconomowoc Memorial Hospital, leaders in medical advances in Waukesha County, Wisconsin. Today, with its 13 primary care clinics, home health care and hospice services, assisted and independent living communities and a health and fitness center, ProHealth Care's mission remains to serve the residents of Waukesha County and surrounding areas with the highest level of care today and into the future.

Scope of the Challenge

Consumers in ProHealth Care's service area increasingly are using consumer-driven health plans and maintaining insurance that requires a larger out-of-pocket cost to pay for health care services. As a result of these trends, consumers are very interested in learning the cost of health care services before deciding if they will use a specific service. ProHealth Care believes it is important to provide consumers with as much information as possible before they make a decision, and the organization's top leadership strongly supports transparency of charge and quality information.

Major Initiatives

ProHealth Care's Consumer Inquiry Line is a hotline available 24 hours a day. Consumers may call this hotline to get charges for approximately 140 common hospital procedures at the system's two hospitals. A consumer who calls the system switchboard and requests pricing information is transferred to the department responsible for the Consumer Inquiry Line.

Sharing of Charge Information. ProHealth Care provides consumers with its retail charge information, using current data from the hospital's information system. Charges for specific procedures, such as a mammogram or MRI, are quoted using a single charge amount, while charges for procedures with more variability, such as a hip replacement or vaginal delivery, are quoted using a charge range. The charge provided does not include physician fees; however, if the inquiry involves a service provided by a hospital-based physician, the hotline will provide contact information for the applicable physician group. For example, if an individual requests charge information about a mammogram, the hotline will provide the hospital charge and the radiologist's contact information.

When providing charge information, hotline responders follow a specific script to ensure consistent communication with consumers. Responders always communicate that: 1) the charge quoted is an estimate and if additional tests or services are required, there may be additional fees

beyond the charge quoted to the caller; 2) the quoted charge does not include physician fees; 3) the charge does not include the specifics of an individual's health insurance coverage; and 4) for specific insurance coverage information, callers should contact their insurance company directly.

Process When a Consumer Calls the Hotline. When a consumer calls the hotline, a nurse answers the call. The nurse asks the caller a series of questions, including for which hospital and for what procedure the caller would like pricing information. Callers may provide demographic information if desired, but it is not required. Once the caller's question is clear, the nurse looks up the information in a database of procedures and provides either a specific charge or a charge range. The charge information in the database is based on information calculated using the system's most recent quarterly update.

Caller Requests for Information Not Included in the List of Common Procedures. If a caller requests charge information for a service not included in the database of common procedures, the nurse provides the caller with the specific name and contact information of an individual within the organization who can provide charge information on that procedure. Nurse responders maintain a shared list of organizational contacts to provide to patients who request information about procedures or services not included in the charge database. The contacts provided to patients are trained to answer patient questions about these less-common procedures. For example, if a caller requests pricing information about a rare surgery, the hotline nurse will transfer the individual to the pre-identified contact in the surgery department. The surgery department contact then will ask the patient additional questions if necessary, research the procedure, and get back to the patient with an estimate of the charges. As part of the response, the departmental contact supplements the quoted charge information with the standard scripted information used by the hotline nurses. In these cases, the department responding to the call also completes a form providing information about the charge provided and sends it to the consumer inquiry hotline. The call is then logged in the database. Calls requiring a transfer are reviewed on a quarterly basis to assess which services should be added to the database.

Promotion of the Hotline. ProHealth Care announced the service in all versions of its Customer Relationship Management (CRM) newsletter. This newsletter is sent to 125,000 households which includes ProHealth Care employees, Board members and volunteers as well as local businesses and current and potential new patients. While the service is designed to be used primarily by consumers, businesses struggling to educate their employees about the differences in cost among providers were considered an equally important audience for communication about the service. News releases garnered articles in *The Milwaukee Business Journal* and *Small Business Times* as well as the local community newspapers. Advertising including the service's telephone number also was placed in these publications as well as *The Milwaukee Journal-Sentinel*, advancing the system's position in the market as a consumer advocate. Call volume to the line almost doubled in the three months following the three-pronged promotion campaign.

Infrastructure Used for the Hotline. Prior to establishing the Consumer Inquiry Line, ProHealth Care maintained a department staffed with nurses to answer consumers' clinical questions. The organization chose to base the hotline in this department to efficiently use existing resources as well as provide all consumer information from a centralized point available on a 24/7 basis, ensuring consistent communication to the community.

When the program was first developed, a small team was charged with evaluating the existing infrastructure of people and technology to determine if it could support the projected consumer activity. The team also established criteria critical to the success of the program, including making the hotline accessible to consumers through a single number. The already established call center structure made this department the logical place to locate the Consumer Inquiry Line. A new database was developed specifically for the program, and training about the database and interaction with callers was provided to the nurses responding to the calls as well as the “second-line” employees dedicated to answering specific questions about procedures not included in the list of common procedures.

Growth of the Consumer Inquiry Line. During the three-month period that ProHealth Care tested the phone line by transferring consumer calls from the main switchboard, the hotline averaged approximately 80 calls per month. After the hotline received a dedicated telephone number in September 2004 and the system began to promote the concept, the number of calls has steadily increased. The hotline currently receives approximately 120 calls per month.

Hotline Operation Costs. Because there were no budgeted funds to develop the program, ProHealth Care’s employees were challenged with developing the hotline as efficiently as possible. Existing staff worked together to gather the necessary information and develop the program’s approach. The start-up costs included employee training and the development of an access database with the pricing information, which was negotiated at a one-time cost of \$2,000. To date, no new employees have had to be hired to answer the hotline.

Employee Communication About the Hotline. Employee knowledge about the Consumer Inquiry Line is a key component of the program’s success. In addition to educating those intimately involved in the program, ProHealth Care provided internal education to managers, directors, and employees to ensure that they understood the program, its purpose, and their roles in the process. Several presentations were made at director and manager meetings to inform them of the program. Educators also scheduled multiple meetings with individuals identified in each department as the key contacts to handle questions about a procedure not included in the hotline’s list of common procedures, ensuring that callers receive consistent and positive communication when they are transferred to those specific departments. Information about the Consumer Inquiry Line also was distributed via e-mail to every department, ensuring that charge information, the standardized scripts, forms for key contacts in each department to complete, and process flow procedures are readily available for the key contacts in each department.

Next Steps for the Consumer Inquiry Line. ProHealth Care is closely monitoring the number of calls the hotline receives monthly. The health system will continue to make modifications to the database to incorporate pricing for additional procedures and services for which the hotline receives frequent calls. The database is revised regularly based on the two hospitals’ most current charge information. The health system also is planning to implement a quality component to the hotline. When this phase is implemented, consumers will be able to call the hotline to receive information about publicly reported quality measures for the system’s two hospitals, including data reported to the Centers for Medicare and Medicaid Services, the Leapfrog Group, and the Wisconsin Hospital Association.

ProHealth Care’s Community Care Program. If callers to the Consumer Inquiry Line report having no insurance or if they ask about the health system’s community care policy, they are

connected with the key contact in the business office who can provide detailed information about the community care program and availability of financial assistance. The business office contact may ask callers several questions over the phone, and based on the information provided, may offer the caller an application for community care at either of the system's two hospitals. As of January 1, 2005, the community care policy provides services on a graduated payment scale for individuals with incomes at or below 300 percent of the Federal Poverty Level (FPL).

Applicants, whether insured or not, may apply for community care. If an applicant has insurance, the community care discount will apply to the balance of any payment due after the insurance payment.

If a self-pay patient does not qualify for community care, he or she qualifies for the system's Prompt Payment Discount Policy. The policy provides discounts to self-pay patients who pay their hospital bill within specified time frames after they receive the bill. A financial counselor at the hospital assists self-pay patients who cannot immediately pay their bill, establishing a multi-year payment plan. Patients that use the payment plan are also eligible to receive a discount.

In addition to providing patients with information about the community care program through the Consumer Inquiry Line, the hospitals post signs about their community care policies in the emergency department and all registration and check-in areas. Signs are available in English and Spanish. Brochures entitled "Common Questions Regarding Billing and Insurance" also are available throughout the hospitals and provide information about the community care program as well as contact information for the billing office.

In non-emergent cases, self-pay patients meet with a financial advisor prior to service delivery to determine eligibility for community care. If an uninsured patient is admitted to the hospital without first speaking to a financial advisor (i.e., through the emergency room) a social worker employed by ProHealth Care contacts the patient in the hospital regarding eligibility for community care. The social worker also asks questions to determine if the patient is eligible for public assistance programs such as Medicaid. When patients are eligible, the social worker assists them in applying for public assistance programs. Patients whose stays are too short to permit them to meet with a social worker while they are in the hospital may meet with a financial counselor to discuss their bill after they leave the hospital.

Major Challenges

The complicated nature of the health care field made it challenging to develop a list of charges for common services that is reliable and consistently up to date. Development of the Consumer Inquiry Line with limited financial resources also was a challenge; however, ProHealth Care was able to leverage many of its existing resources and negotiate a low rate for the creation of the pricing information database in Microsoft Access®.

Results of the Initiative

The Consumer Inquiry Line provides ProHealth Care a new avenue to communicate with its consumers, answering questions while also learning more about consumer needs and concerns. The hotline is clearly meeting a need as demonstrated by the increasing numbers of requests for information since the establishment of a dedicated telephone number in late 2004.

In addition to providing charge information, the database allows for collection of basic demographic information from callers so the health system can compare information given to callers with the amount charged when services are actually delivered to those individuals. Since callers may receive information anonymously, this function is not currently being used. ProHealth Care is evaluating the potential future use of this feature to assist the organization in refining and improving the information it provides in response to consumer inquiries.

Advice to Other Organizations

Criteria critical to success should be developed at the beginning, including direct dedicated access to the hotline and the ability to track the information provided to consumers. In addition, internal education and communication about the hotline is important. Managers, directors, and employees must be informed about the program and its purpose, as well as their specific roles in the process.

Organizations should also take advantage of the communication opportunity to provide education to callers. People manning the Consumer Inquiry Line follow a specific script to ensure consistent and thorough caller communication, including explaining that hospital charge information does not include physician fees and that the patient's hospital bill may be different than the quoted charge range depending on the actual services received. ProHealth Care is preparing to include quality information, as well, to enhance this educational opportunity.

Contact Name: Nan Nelson
Title: VP of Managed Care and Decision Support Services
Email address: nan.nelson@phci.org
Telephone: (262) 928-4740
Fax: (262) 928-4813