

Strategies to Improve Patient Intake Efficiency

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Claims Preparation I

Abstract

Medical facilities are busy at all times. Providing efficient and on time service is extremely important. Health care professionals, physicians and administration all play a part in providing satisfactory service to the patient. Adequate service begins with patient intake. Since medical practices become busy due to high demands for medical service, reorganization of the patient intake process may become necessary. Researching new ways for patient intake must be studied like the study that was conducted in Central Ohio, along with the implementation of new strategies. Although some of the Strategies to Improve Patient Intake Efficiency may not result as beneficial the study must continue. Today the use of computers is replacing paper and is used in most medical facilities for patient intake, but there is still a small amount of paperwork involved. Technology holds the answer for the solution to the patient intake process; however the solution is yet to be found.

Medical health care facilities must run smoothly and effectively to provide prompt and efficient medical services. Effectiveness will benefit the patient, physician or health care professionals as well as the administrative workers. This effectiveness begins with the patient intake process. (Solomon, 1996).

The patient intake process provides health care professionals and physicians the legal authorization to provide treatments to patients. The patient intake process also provides the practice with the proper information needed to receive or initiate methods for collection of payments for medical services received by the patient. The patient intake process generally begins at the time the patient calls a health care practice to schedule an appointment. Insurance information is occasionally taken at this time, along with other personal information concerning the patient. If this step was eliminated this would save time and scheduling conflict.

(Solomon, 1996).

Many times a patient may call to schedule a visit and receive an appointment date with the physician three weeks away from the initial call. This allows the patient enough time to locate another health care practice that may see him at an earlier date than the first practice, which was called. For example, patient calls Practice X on April 2, 2010 for an appointment. Practice X does a pre-registering process that includes obtaining the patient's personal information, medical history, and insurance information. Practice X then schedules an appointment for April 30, 2010 at 3:45 p.m. The patient accepts the appointment but is not satisfied with the appointment date. The patient locates health care practice Z and calls and receives an appointment for April 7, 2010 at 9:30 a.m., which is only a few days away. Practice Z tells patient to bring the necessary insurance information at the time of the appointment, which has been scheduled 10 minutes early prior to seeing the doctor to obtain personal information.