Executive Summary

The Revenue Cycle: An Essential Component in Improving Patient Experience

The revenue cycle is one area along the continuum of care that is often overlooked by healthcare organizations when designing patient experience improvement efforts. The revenue cycle encompasses the methodologies and techniques an institution uses to review patients’ financial situations, issue invoices and collect payments from Medicare and Medicaid, private insurance companies and other organizations and individuals. The revenue cycle is more extensive than simple bill collection – it involves many functions and staff within the hospital.

The patient’s experience and even resulting HCAHPS scores are influenced by a myriad of variables. Outside of the “simple” performance-based reimbursement models, there are other critical touch points and perhaps none is more critical to the patient’s experience than the financial follow-up of an institution. The revenue cycle can potentially be a positive or negative contributor to how patients experience the healthcare continuum.

This paper considers the impact and outcomes resulting from the patient’s experience with a healthcare system’s revenue cycle. The ideas shared are not definite answers, but rather ideas to encourage the necessary discussions organizations interested in improving the patient experience must have as they prioritize budgets, determine areas of investment and make critical choices that affect the lives of the patients, families and communities.

To download the complete paper and access other patient experience resources, go to www.theberylinstitute.org.

About The Beryl Institute

The Beryl Institute serves as the professional home for stakeholders who recognize that the patient experience is an essential element in the execution and evaluation of healthcare performance. The Institute defines the patient experience as “the sum of all interactions, shaped by an organization’s culture, that influence patient perceptions across the continuum of care.”