

March/April 2005

MetroDoctors

THE JOURNAL OF THE HENNEPIN AND RAMSEY MEDICAL SOCIETIES

Pawlenty Proposes "Smart Buy" Alliance

An Analysis



17	Service Date(s)	07/31/04	22	Est. Ins. Coverage	09/12/04
21	Charges	155.00			155.00-
					.00
					17.71
					62.29
					68.72
					6.28
					.00

Inside This Issue:

- Online Appointment Scheduling
- Pain Management
- Sagging of Medical Profession



The Promise of Online Appointment Scheduling

WHILE ONLINE PATIENT self-scheduling is in its infancy, it will eventually become a commonplace alternative for patients wishing to schedule an appointment. Online appointment scheduling allows patients to schedule their own appointments from an Internet Web site much in the same way a traveler might book a flight. The patient would see what dates and times are available and would book a time slot in real time without any clinic staff involvement.

Online scheduling provides a perfect example of how technology can improve patient access to care and enhance the overall patient experience, while also allowing a clinic to reduce its costs. The convenience of being able to schedule 24/7 frees patients to schedule their appointments after the workday and after doctors' offices are closed. At the same time, lower call volume allows reception staff to shrink over time or allows reception staff to refocus on other tasks such as chart pulling and check-in.

An illustrative example, in the absence of online scheduling, might be a working mother who awoke to the sound of her child, with fever, crying at two in the morning. The triage nurse has just told her that the child should be seen by the doctor but the scheduling lines don't open until 7 a.m. Having slept poorly since getting up with the child, and due to work at 8 a.m., the mother doesn't know if it's worthwhile going to the office or if the appointment will be early in the morning. Not knowing what time her child can be seen, she joins the many other parents who at 7 a.m. are attempting to phone the doctor's office.

Despite the increasing ubiquity of the Internet in our daily lives, most of our health care needs still require the telephone. In the above example, the benefit to the patient of being able to schedule when doctors' offices are closed is obvious. Scheduling an appointment remains a significant frustration for many patients and, at the same time a considerable expense in health care. As patients increasingly expect an excellent customer experience, a slow but certain shift toward use of Internet technology is taking place within health care.

Patients universally seem to want to schedule their own appointments online. This should be no surprise given that today nearly 40 percent of leisure travel is booked online and 63 percent of American adults are online. After all, why should making a doctor's appointment be more complicated than making reservations to San Francisco? Patient benefits are clear: convenience of scheduling from home or at the end of the workday when doctors' offices are usually closed; not being forced to verbalize embarrassing symptoms over the phone with the fear of being overheard by friends or coworkers; and not having to waste time on hold.

A strong interest in online appointment scheduling was confirmed through Twin Cities patient surveys conducted by HealthPartners in the fall of 2003. Separate studies in several primary care practices in the southwest metropolitan area of Minneapolis, revealed that roughly 75 percent of responding patients would like to schedule online. Of these, 35 percent state they would *always* schedule online. The remaining patients would only do so as a way of scheduling when offices are closed or phone lines are busy.

Improving patient access to care through online appointment scheduling offers the

opportunity to also reduce costs in health care. While the main cost reduction is found through reducing or reassigning scheduling staff, other less obvious benefits are realized: scheduling errors and subsequent payment denials are reduced as patients personally ensure more accurate appointment information; no show rates decrease due to e-mail reminders; and as cancellation becomes easier for patients, unfilled appointment slots resulting from last minute cancellations are more likely to be filled at the last minute.

While the patient benefits from more convenience in scheduling, other patients benefit too. According to Cami Swanson, administrator at Southdale Internal Medicine, online appointment scheduling also improves quality as "reduced telephone calls leads to less office work and better time spent interacting with patients at the reception desk."

While technology has been generally ready to address the needs of online appointment scheduling for some time, it is the maturing of an online population, increasingly capable of carrying out varied electronic transactions, that makes Internet solutions to health care communication so viable today. As technological innovation has largely addressed obstacles traditionally raised to online appointment scheduling, human reluctance to change within health care organizations remains the true challenge.

Online appointment scheduling solutions currently exist in several forms: functionality added to practice management systems; functionality as an extension of electronic medical record systems also allowing patients to view personal medical information; and pure-play systems that run on independent external

(Continued on page 18)

BY MARC-FRANÇOIS BRADLEY, AND
DAVID L. ESTRIN, M.D.

servers. Each approach has its limitations and advantages, and selecting the right solution may depend on what practice management system is currently installed at the practice.

Implementations have been scattered around the United States with a general trend suggesting practice adoption is strongest in California, weakest in the northeast, and beginning to gain traction in the Midwest. Several practices in the Minneapolis–St. Paul metropolitan area allow their patients to request appointments online; but until HealthPartners in the spring of 2004, none allowed patients to schedule appointments in real time. At HealthPartners, with more than 750,000 appointments scheduled per year, Kevin Palattao, VP of Patient Services, reports that more than 11,000 patients registered for the service over the first six months the service was offered. Due to recent patient requests, online appointment scheduling will be expanded to include ob-gyn and vision appointments.

In a pilot program that began in October 2004, Fairview Health Services-affiliated clinics are offering MyChart, a full suite of online patient services. Dr. Barry Bershaw, medical director of Quality and Informatics at Fairview Health Services, describes this form of access to care for the patient as allowing patients to schedule appointments online, view medications and lab results, request prescription refills, and conduct online patient-doctor consulta-

tions. This offering should be fully deployed to all Fairview Health Services locations by next summer.

According to Kirsten Jensen, a Web specialist at MeritCare, which will be implementing online appointment requests before tackling real time appointment scheduling in their North Dakota and western Minnesota care system, the main fear is that patients will select an inappropriate duration of time for their appointments. This understandable concern can be squarely addressed in a primary care setting while being more difficult with specialty care. A patient who knows everything required for a primary care appointment (e.g. his or her condition and symptoms) can easily be assisted through the process of selecting the correct appointment type in a software solution. In situations where the receipt of information from separate sources (e.g. lab results, x-rays, etc.) must be complete prior to the appointment being scheduled, it becomes harder for the patient to take responsibility for orchestrating a meaningful encounter with the physician.

In order to be successful, an online scheduling system requires tight coupling with a practice's practice management system. This ensures the ability to have real time appointment scheduling without the risk of office staff scheduling the same slot with one patient while another attempts to schedule the slot online. Good integration between the two systems shouldn't require office staff to be retrained and allows information maintained

in the scheduling system to be used by the online system to preserve appointment type rules and durations set at the individual physician level. The more consolidated the appointment types and rules within a practice, the easier it is for patients to schedule and the easier it is to maintain the system over time.

An online appointment scheduling system must be simple to use and able to embrace all appointment types and rules required by the physician. While the implementation of such a system immediately provides patients with improved access to care, physicians must give careful thought to how it will be presented to patients. Rapid patient adoption is key to quickly capturing available cost savings through use of the system.

Online appointment scheduling presents a strategically critical thrust into the home, inviting patients to take more responsibility for their own health care with the promise of increased convenience. Online appointment scheduling arguably represents a bridgehead into the patient's home, creating the opportunity for subsequently inviting patients to do more, whether providing medical information, responding to surveys, viewing lab results or requesting prescription refills. Implementing an online scheduling system for a physician practice can be the entrée into what promises to become an exciting future for online physician–patient interaction. ♦

Sources:

Pew Internet Research Foundation
Patient surveys conducted by Sophrona Solutions, Inc. in
SW metro practices.

Interviews with:

Kirsten Jensen, Web Specialist, Merit Care
Ken Palattao, VP Patient Services, HealthPartners
Cami Swanson, Administrator, Southdale Internal
Medicine
Dr. Barry Bershaw, Medical Director of Quality and
Informatics, Fairview Health Services

Marc-François Bradley is principal manager at Sophrona Solutions, a Twin Cities based firm specializing in online appointment scheduling and in improving patient access to care while reducing clinic costs. Prior to that, he implemented numerous strategic systems over the last decade at Target Corp.

David L. Estrin, M.D., is a pediatrician and partner practicing at South Lake Pediatrics. He has had long-standing interest and experience in the application of computers and other technology to clinical practice.

Dr. Michael Receives Shotwell Award

ALFRED F. MICHAEL, M.D., dean of the University of Minnesota Medical School, 1997-2002, was awarded the 2004 Shotwell Award for his "noteworthy effort in the field of health care."

Dean Michael is credited with revitalizing the medical school at a time when it was most needed and helped spread the message that medical education must be funded to provide for the future. He, along with the medical school faculty, alumni, and other members of the university's Academic Health Center, undertook a vigorous two-year effort to educate the public and the Minnesota Legislature about the importance of medical education.

The award presentation was held Tuesday, October 26, 2004 at the Abbott Northwestern Medical Staff Meeting. ♦



Michael B. Belzer, M.D., (right) presents the Shotwell Award to Alfred F. Michael, M.D.