

# An Online Balm for Office Care Points of Pain

THERE IS PLENTY of dissatisfaction to go around when the subject of U.S. health care delivery comes up. For various reasons, each of the three major stakeholders—patients, providers, and payers—recognize and suffer from the inefficiencies of the current delivery system for office based, out-patient care. The problem is complex, but the following discussion examines the nature of the problem and how online consultation may provide a solution.

The current system of out-patient care fails to completely address all of the needs of patients, providers, or payers. Understand the failings and it becomes easier to explain the sea change that is occurring and how it is driving stakeholder change. Examples of restive change can be seen in the behavior of each of these three groups. Inconvenienced patients are opting to go to retail or convenience clinics staffed by nurse practitioners for simple problems. Frustrated providers are abandoning conventional clinic settings for concierge medicine. They seek relief from the endless paper shuffle that e-healthcare guru, Dr. Allen Wenner, has termed “administrivia.” Lastly, impatient payers are searching for ways to link reimbursement to performance.

A system this out of control requires more than tinkering at the margins. A fundamental re-engineering of how out-patients’ problems are handled is necessary, and it also requires new and innovative tools to succeed. But how does all of this redesign happen? The best way to start the process is by listening to the stakeholders—the so-called “voice of the customer,” and one doesn’t need to listen very long before the points of pain are apparent.

Online communication is one such innovative change that potentially provides a balm to soothe the boil currently afflicting out-patient health care. This review will air the voices of the customers and then look at how online communication can provide possible solutions to these points of pain.

A patient portal is an online communication tool that allows secure and asynchronous communication between patients and their physicians. This can be free form and appear like a letter or conventional e-mail, or, preferably, be structured and appear much like a traditional medical history, gathered through a branched, logically formulated progression of questions. The following stakeholder vignettes bring out these points of pain and the potential benefits of online communication.

## **Working Mom: “I’m too busy at work to hassle with the doctor today.”**

Let’s start from the beginning with a patient seeking help for a complaint—a working mom seeking a solution for a simple problem. Let’s suppose our patient was awakened with the early signs of a urinary tract infection very early Monday morning. She knows the day will be busy and realizes that taking time from work won’t be an option—even if a physician’s appointment were available. She’s had this dilemma before and the longer she delays treatment, the more she will suffer from this episode. She has a parent-teacher conference late Monday afternoon. Her husband is out of town. She can’t be sick. She desperately needs a way to get past her physician’s office gatekeepers and doesn’t have time today for phone tag.

A patient portal with her physician’s office would allow her to communicate her symptoms at their onset early Monday morn-

ing. Evidence-based, best practices support a non-office-based treatment of uncomplicated urinary tract infections, and the information provided securely online would clearly document this situation more thoroughly than by phone or possibly by a routine office visit. The patient would provide a preferred pharmacy and be able to pick up her prescription later that morning. Little if any work would be missed. Prompt treatment rendered, phone tag avoided, and the total out of pocket cost in an increasingly high deductible world could be less than an office visit.

Now, let’s look at this same encounter from the provider’s standpoint, hearing the different points of pain and examining how a portal may help resolve these. This same clinical situation may play out in several possible scenarios:

## **Physician: “I spend hours a day on the phone rendering uncompensated care.”**

This physician spends unproductive time on the phone each day. Patient phone calls sit in various office queues awaiting attention and it may be hours old before the physician can address it. The first challenge comes from trying to reach the patient without further delays from the obligatory round of phone tag. Next, the physician faces the challenge of gathering and documenting the information. The former is constrained by the time available; the later is often neglected. Compensation presents the last hurdle. Counting office overhead and the physician’s opportunity cost, and assuming no compensation, this patient phone call may result in a net loss to the physician of about \$35. In order to get paid for this service, the physician has the following options: schedule the patient for an office visit, adequately docu-

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ment and attempt to bill for a phone call, or do an online consultation or eVisit.

The online solution offers the potential for this physician to provide appropriate care and be paid as well. In many states, particularly Minnesota, the major payers are reimbursing for online encounters. The required patient documentation can be gathered through branched logic question sets and the patient documents their own history. In this example, our phone-challenged physician can quickly dispatch a solution in a matter of minutes.

When comparing the profitability of an eVisit, vis-à-vis an office encounter, the revenue from the former is nominally less, but so is the cost of providing the service. The physician's time to complete an eVisit is minimal and office resources can be used for other activities. Provided the physician can find other productive activities for his or her time, as well as for the office staff, he or she would be better off doing eVisits wherever applicable. The rationale that the current staff needs something to keep them busy fails to look at the big picture of overhead, but seems to be a popular—but erroneous—way to look at this problem.

**Physician: “You want to see me in the office when.....????”**

This physician is consistently overbooked. He or she wastes time seeing patients that don't need to be seen while failing to see those with serious concerns. They too are burdened with “administrivia.” This physician faces several unpleasant alternatives in resolving the working mom's current dilemma: spend less time with other patients, bump a less needy patient, or stay late...again. The other alternative is to deal with the situation over the phone and face the same challenges as our first physician.

The online consultation allows this physician to work more efficiently. Take, for example, obtaining a patient's history. It's relatively inconsequential how this information is gathered because the real value comes from accurately reviewing and interpreting the information and formulating a plan. Online consultation can be used as a tool, which allows patients to provide and document their own histories online both for eVisits and prior to office appointments. Having the patient provide and document their own histories is analogous

to a popular airline industry innovation. The airlines figured out that flyers could check themselves in for their flights; what's more, the flyers were happy to do it for free. Just as this development increased airline efficiency, physician productivity would be increased as well. Time and/or cost to document patient histories would be reduced.

Online consultation also allows physicians to match the intensity of their service with the severity of the patient's problem and plan accordingly. Patients with straight-forward, acute problems can be cared for with minimal effort via the eVisit.

eVisits may be even more applicable for patients with stable chronic diseases. Follow-up visits can potentially be avoided if the provided interim information suggests that the patient is doing well. The physician has more time for patients with more complex problems and those who are more acutely ill. They can shift their mix to a higher level of reimbursement. This increased efficiency would not be possible if the office visit were the only option in the physician's repertoire.

**Physician: “My overhead is killing me.”**

This physician has identified office overhead as a major problem, but he or she is unable to find a solution. There are only so many ways to rework a poorly designed paradigm. Progress requires re-engineering patient flow and rethinking exactly what resources should be utilized for a given service. Maximizing productivity occurs when the physician views the office as an expensive resource and asks the question—“What resources do I need to employ to solve this type of problem?” If increasing efficiency temporarily allows some of those resources to lie fallow, then the ultimate benefit requires adjusting those resources. Online communication offers this solution.

Physicians who refrain from this exercise and defer developing more efficient ways of delivering care will be threatened by the disruptive innovation that will eventually come. To paraphrase Clayton M. Christensen in his 2002 *Harvard Business Review* article, “Will Disruptive Innovations Cure Health Care?”..., don't postpone implementing innovation that may make all or part of what one currently does obsolete because someone else will.

**Physician: “I just noticed that the Minute Clinic is seeing my patients.”**

This physician needs to understand that the root cause for his or her patient's defection to the retail, convenience clinic. This physician is not currently offering a convenient and cost-effective solution for his or her patient to deal with simple medical problems. Today, the patient's goal may be a convenient solution for a UTI. One need only recall how the lowly Mini-Mills humbled Big Steel to wonder how long it will take the convenience clinics to offer a similarly simple and convenient solution for straightforward, chronic conditions. In the future, our working mom may try the convenience clinic's approach for high cholesterol, or to follow-up on uncomplicated hypertension.

**The Disruptive Innovation Seeking Payer**

The third leg of our triumvirate belongs to the payer. Payers collectively look at the huge health care expenditures and often see less than optimal results. When they look at how care is being delivered, they see that simple and non-controversial treatments such as post MI aspirin and beta blocker therapy are not being utilized. They see patients with delays in receiving the care they need paired with costly consequences. They see poor and incomplete documentation leading to redundant and wasted care. Lastly, they see patients being seen in the office for minor problems and wonder about alternatives such as the convenience clinics.

All of these problems have a possible solution through a system that provides online access. Chronic disease visits done online can be structured around the best medical practice protocols. This helps address the errors of omission that currently occur. Increased access available online offers an opportunity for our working mom to get started on treatment earlier, potentially avoiding a costly ER visit or hospitalization precipitated by a delay in seeking care. Online access allows our working mom to get prompt, efficient treatment with input from her own physician. An eVisit provides an effective method to collect the patient's history and document the encounter, potentially preventing errors and liability from poorly documented phone

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calls. Physicians have an acceptable alternative to either rendering care over the phone for free, or bringing the patient into the office primarily as a means of getting compensation for the care they render.

In summary, online consultation offers a powerful tool to bring efficiency to out-patient care. It allows physicians to better match the resources available with the problems at hand. It provides superior documentation. It offers patients a more convenient solution for simple and straightforward problems, and may facilitate the triage and more effective disposition of more complicated patients. It is a new tool, the future potential of which may yet to be fully determined. ♦

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