Putting the Patient in Control

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Introduction
When automated teller machines (ATMs) were first introduced in the 1970s, they were met with trepidation by consumers – many of whom were hesitant to hand over their hard-earned cash to a machine. Ultimately, however, consumers preferred the convenience that ATMs afforded, and ATMs now number over 350 thousand in the U.S. alone.¹

The global growth of on-demand banking has since ignited an expectation for consumer-directed self-service convenience in virtually all consumer interactions – how we bank, how we shop, how we travel and how we access music and movies. Combined, self-service kiosks in entertainment, retail, municipal and government, information, financial, healthcare, and travel industries will total nearly 3.2 million units in operation by 2016, according to ABI Research. However, healthcare has lagged behind other industries.

Empowering consumers with self-service technology that empowers individuals to personalize and take greater control of their healthcare experience can help meet that expectation while improving the quality and lowering the costs of care delivery. Healthcare and other organizations are expanding the ability of patients to access their information, as well as automating routine transactions such as appointment scheduling, patient check-in, and bill payment through the use of online, mobile, and point-of-service (e.g. kiosk) technology. Consequently, those healthcare providers and organizations that incorporate patient-friendly technology solutions are seeing an improvement in patient satisfaction, more efficient use of staff resources, and a significant reduction in wait times and administrative costs.

Growth of Self-Service
As self-service convenience began to permeate areas of our lives beyond banking, the adoption curve for other industries quickened. As consumers, we have become comfortable with self-service, and, in fact, now expect to choose when, where, and how we make transactions. Self-service technology has clearly evolved to meet consumer preferences and the growing need for convenience. Extending this on-the-go access to patients can help healthcare providers drive loyalty at a time when patients are taking greater control of their healthcare.
According to a May 2012 survey conducted by the Brookings Institution:

- 77 percent of consumers said they would like to get reminders via email from their doctors when they are due for a visit.
- Of the group surveyed, 75 percent also want the ability to digitally schedule a doctor’s visit, and 74 percent would like to use email to communicate directly with their doctor.
- A significant majority (67 percent) stated they would like to receive the results of diagnostic tests via email, and 64 percent want access to an electronic medical record to capture information.
- Concerning specialized mobile devices, 57 percent of respondents would like to use a home monitoring device that allows them, for instance, to email blood pressure readings to their doctor’s office.

Similarly, a survey conducted by Buzzback Market Research revealed that 79 percent of U.S. consumers are more likely to choose a healthcare provider that offers the flexibility to interact via online, mobile, and kiosk self-service channels over one that does not. This demand for flexibility and convenience will only continue to grow.

**Extending the Consumer Experience to Healthcare**

Consumers are taking greater control of their entire healthcare experience—from selecting insurance plans and healthcare providers to managing their personal health information. Consumer-directed technology is facilitating that shift in control while supporting the larger industry-wide initiative to lower the cost and improve the quality of healthcare delivery.

For example, the growth of health saving accounts (HSA) and high deductible health plans is placing greater financial responsibility on patients, who consequently desire greater access to the price of medical care. Patients and caregivers alike are concerned with the quality of healthcare services provided by medical professionals and healthcare facilities. Many health plans, employers, and health insurers are now providing greater transparency by enabling consumers to review and compare the cost and quality of healthcare services, including information on healthcare facilities, prescription medications and medical and surgical procedures.

In 2006, as part of its commitment to providing health information to individuals, WellPoint developed a product called “Care Comparison” in partnership with a large national employer. Care Comparison provides both price information for common services at specified hospitals, and measures of quality.
Care Comparison displays rates for 40 common medical procedures, allowing comparisons amongst facilities. The Center for Health Transformation (CHT) later projected what came to fruition. CHT reported that in 2010, WellPoint would add 20 new procedures to the tool. The costs would be “bundled” to include all services that were typically part of a procedure or treatment, including facility, professional, and ancillary costs, such as radiology and lab tests, and routine office visits. These would be average costs for non-complicated episodes and reflect negotiated rates with providers. Information on how frequently facilities perform each procedure would also be available.

Care Comparison now provides quality measures for 161 inpatient procedures and conditions obtained from state, federal, and private sources. Quality measures include the number of patients treated (a key driver of quality), complication rates, average length of stay, and facility-specific mortality rates.

In a choice-based system, information that helps individuals make informed decisions before a medical service is provided ultimately reduces costs, improves quality, and increases value for all stakeholders. This is an important step in transforming the individual’s role in his or her own healthcare.

The Care Comparison methodology was initially adopted by seven non-WellPoint affiliated Blue Cross and Blue Shield Plans. In addition, the Blue Cross Blue Shield Association, the trade association for the independent, locally-operated Blue Cross and Blue Shield plans across the nation, selected Care Comparison as the “Blue” standard pricing transparency tool and directed all Blue Cross and Blue Shield plans to implement it by 2011. To view a demonstration of Care Comparison, visit: http://www3.anthem.com/flashtour/AnthemCareComparison/BCBS/demomasterMainMovieAnthem.html

State governments are also launching consumer-friendly sites to assist citizens by providing consumers and caregivers with a wide variety of health and healthcare information. One of the first state-sponsored websites launched was in Florida (http://www.floridahealthfinder.gov/index.shtml), which established a site that enabled consumers to obtain data on hospital charges and quality indicators such as length of stay, readmission rates, mortality rates, and complication/infection rates. The Florida website features the functionality to compare prescription drug prices, long-term care, and hospice facilities, and various health plans operating in Florida.

Massachusetts has a similar website (http://hcqcc.hcf.state.ma.us/). This site helps consumers learn about the quality and cost of healthcare services in that state. It also provides detailed information on the state’s hospital providers, including patient safety practices, the use of physicians in ICUs, the utilization of electronic health records (EHR), and complication/infection rates.
With just a few clicks, the citizens of Georgia can make educated decisions about their healthcare through a site launched by the Georgia Department of Community Health. GeorgiaHealthInfo.gov was created to provide healthcare quality, cost, and health education information.

Funded through a CMS Medicaid Transformation Grant, GeorgiaHealthInfo.gov was launched in two phases. The first phase enabled users to access health, wellness, prevention, and disease content from MayoClinic.com. The site features cost and quality comparison data for hospitals, cost data for common outpatient procedures, cost comparisons of prescription drugs, and quality rankings for health insurance plans. Users are also able to obtain the location of and driving directions to hospitals, pharmacies, and outpatient centers from their homes using a mapping function. The second phase of the site includes expanded provider profile information and the addition of a decision support tool for long-term care.3

A Cure for Bad Debt

According to the Healthcare Financial Management Association, 62 percent of hospitals report that bad debt and charity care expenses have had a negative impact on financial performance. Providing more convenient options for patients to remit co-pays and settle outstanding balances, while checking in at a self-service kiosk or at home through an online portal, is having a measurable impact on the bottom line as well as patient satisfaction.

In 2008, Adventist Health System (AHS) implemented QuadraMed’s Enterprise Self-Service solutions. Patients at Adventist can access their account balances and bill payment services via QuadraMed’s flexible web-based solution. While online, patients can view a glossary of billing terms and access a list of frequently asked questions, helping to minimize the need for phone tag with billing staff. This drives cash flow for the health system and greater engagement for patients, who can also use the portal to request appointments, manage health history information, and pre-register for their visits.

AHS also implemented QuadraMed’s point-of-service solution, MediKiosk. Giving patients the ability to make payments online and onsite at the MediKiosk has significantly increased the number of electronic check and credit card payments AHS receives. As a result, there has been a decrease in accounts receivable because the staff no longer has to wait to receive checks in the mail from patients. Most importantly, AHS has been able to improve overall cash flow and minimize patient bad debt. Similarly, another QuadraMed client, Elmhurst Clinic, collects 97% of copayments electronically via MediKiosk, according to a 2012 case study.

Beyond driving revenue, automating routine patient processes can help address spiraling costs and inefficiencies. For example, appointment reminders delivered to a mobile device can mitigate the lost revenue that stems from missed appointments. Upon arrival, the
average patient must complete a number of demographic, consent, HIPAA, and other forms for each appointment. Capturing this data electronically via a self-service kiosk dramatically reduces the costs associated with purchasing, filing, and managing paper forms.

It also allows the hospital staff to use their time more effectively. The Medical Center of Central Georgia (MCCG) implemented QuadraMed MediKiosk, empowering patients to register, sign consent documents, and pay any outstanding balances. The 603-bed facility has since gone from a 1:1 staff to patient ratio to 1:6, allowing staff to spend more time pre-registering patients by phone, and providing support, direction, and assistance upon patient arrival instead of managing paperwork behind a desk. Meanwhile, patient satisfaction at the facility improved to 99% and forms-related costs reduced by 20%.

**Impatient Patients**

Providing online access to tools for managing more aspects of healthcare, including scheduling appointments, paying bills, and viewing PHRs and other information, gives individuals and their caregivers greater control over the healthcare experience. But, what else is driving the adoption of self-service kiosks by healthcare providers? One answer is time...or lack of it. A Consumer Reports National Research Center survey revealed that patients’ top complaint about doctor visits was time spent in the waiting room. Nearly one in four patients (24 percent) said they waited 30 minutes or longer.

Just as individuals seek self-service to avoid waiting in line at the airport counter or the grocery store, busy consumers would prefer not to waste time waiting to see their physician. According to a report issued by the California Healthcare Foundation, although fewer than 10 percent of health care provider organizations have implemented patient kiosks thus far, the experiences of early adopters show that kiosks can be effective tools for meeting the rising consumer expectations for speed and convenience.

Newark Beth Israel Medical Center (NBI), a 673-bed regional teaching hospital in Northern New Jersey, deployed self-service kiosks for patient registration. They saw check-in times reduce by 25 percent for first-time patients and by 75 percent for subsequent patient visits. As a result, the hospital extended self-service to its Emergency Department and decreased average wait time by an hour. Within the first day of implementation, the number of triaged patients seen increased from six to 10 per hour.

**Optimizing the Benefits of EHRs**

Consumer control is not merely a groundswell among frustrated patients. As the HITECH Act seeks to define “meaningful use” of EHRs, the ability to provide patients with greater access to information grows. Stages Two and Three of the phased implementation of meaningful use currently cite support for patient access to their health information, as well as providing patient access to self management tools. Providing self-service kiosks, online, and mobile channels to access PHRs and manage appointments, bills, and other patient interactions, can help healthcare providers address this requirement.
Putting the patient in control can also support a truly paperless workflow from the beginning of a patient encounter. Currently, healthcare providers converting from paper-based to electronic records must digitize paper forms, including consent documents, registration forms, and privacy notices. Providers scan documents or manually re-enter data that patients provide on printed forms, including demographic, insurance and medical history details. Taking these additional steps reduces the savings, quality, and efficiency gains that EHRs were designed to create.

By automating the patient registration process with self-service kiosks and online applications, healthcare providers can eliminate the inefficiencies, redundancies, and potential errors that stem from re-entry. Florida Hospital Fish Memorial in Orange City, Florida, has found that since deploying QuadraMed MediKiosk self-service technology, patients are more likely to correct information when using the kiosks than when a registrar is verbally asking them for their information. Similarly, Conifer Health Solutions, the revenue cycle subsidiary of Tenet Healthcare, initially reported that after deploying QuadraMed’s kiosk and web-based solutions, 1-in-3 kiosk users updated their patient information electronically.

**Connecting the Patient, Provider, and Payor**

The insurance industry often bears the brunt of perceived responsibility for rising healthcare costs. Self-service and other patient-friendly technology solutions can help mitigate rising costs and improve clinical outcomes by connecting healthcare insurers, providers, and patients at the point-of-service.

Since implementing patient registration kiosks, the University of Colorado Hospital (UCH) has been able to improve cash flow by reducing denied claims and receiving payments more quickly. The hospital reports that improved data quality has resulted in faster, more accurate billing. UCH credits an almost two-day decrease in average days to final bill to its use of a kiosk demographic validation process that reduced bad addresses by 12 percent.

Beyond payment, self-service kiosks provide an additional channel for insurers to support healthy practices and preventative care by recommending specific tests or procedures to patients with chronic disease management at the point of service. For example, at check-in, patients with diabetes may receive a message from health insurers or health plans encouraging them to discuss the importance of testing for hemoglobin A1c with their physician. The payor ultimately benefits by stemming the cost of untreated or uncontrolled conditions, and the provider benefits by getting reimbursed for more comprehensive and medically appropriate services provided while improving disease state management compliance.
CONCLUSION

Technology is enabling consumers to take greater control in all aspects of their lives. Healthcare is no exception. Giving patients the self-service tools they need to become more active participants in defining and managing their care will be key to building an intelligent health system in this century.

In a time of tighter budgets and shrinking margins, it has become even more crucial to offer an optimal customer experience that drives satisfaction and long-term loyalty. Why? Because customers demand it. Self-service drives the patient loyalty, satisfaction, and overall efficiencies that impact the bottom line.

This is supported by Press Ganey scores that clearly show the average hospital profit margin increases when patient satisfaction improves.\(^7\)

In today’s age of “anywhere, anytime” access, patients have come to demand the same for their health information. With the power of self-service, healthcare providers can successfully bridge the gap between enhancing the patient experience and improving their bottom line.

\(^2\) NCR 2010 Self-Service Consumer Survey
\(^4\) HMFA, “Georgia Health System Pioneers Patient Kiosks.” September, 2008.
\(^6\) US Dept. of Health and Human Services: CMS Proposes Definition of Meaningful Use of Certified Electronic Health Records (EHR) Technology