

# Four Steps to Less Pain, More Gain: Optimizing the Physician and Patient Experience with an Infusion of Technology

Today's healthcare system is taking it on the chin – with rising costs, lower reimbursements and a growing frustration among patients, physicians and organizations alike. The right technology can work to solve these problems.

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**Not only are patients paying more, but they're waiting more** – filling out the same manual forms, sometimes for the same physician. If they need appointments, they call, wait, get put on hold and then have to wait again when they come into the office. These same individuals experience the convenience of technology in nearly all other aspects of their lives. They bank online, set up alerts that push to their mobile phone, and can buy stock, books or download music whenever they want, wherever they want – without any human intervention at all. Why isn't this same type of convenience available from an industry that's so focused on medical advances and improvements to quality-of-life?

Physicians are frustrated, too. They went into the medical profession to help people, yet so much of their time – and money – is spent on administration. Reimbursements are decreasing, and they have to work more hours to produce the same income. If these doctors use technology, it might be too complicated, so instead of streamlining their processes, it slows them down. Insurance companies are renegotiating, asking for discounts. Patient payments are slow, or delinquent. At the same time, the physicians' own personnel expenses are on the rise.

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The health systems are feeling the pain as well. They've got to pay for facilities, labs, lease space and computer systems to attract the best physicians and increase market share. Yet, their reimbursements are down, while administrative costs are going through the roof.

The symptoms are obvious. Health systems have to find a way to decrease costs and, at the same time, give both the patient and physician experience a shot in the arm.

The cure is a combination of strategies that relieves the pain of everyone involved.

## **Rx #1 – Increasing Process Efficiency While Reducing Costs**

Although healthcare systems have been operating their own billing and collections functions for years, this is often a source of internal budgetary bleeding – as well as inefficiencies. In a typical scenario, a doctor fills out paperwork in the patient room, which is physically routed to another area where dozens of people key in the information – a process that takes time and carries a high rate of error. The claims are scrubbed, the diagnosis code validated and the document eventually gets sent off to the insurance company. The claim either comes back paid, or rejected – often for missing or wrong information. The paperwork is researched, corrected and the cycle begins once again.

This same process, handled with a business process services (BPS) provider, uses technology to automate the workflow – and get the claim in, out and paid faster, without the high rate of error. Instead of sending the doctor's paperwork for data entry, it's fed into a scanner with optical character recognition (OCR) technology, which creates a readable electronic replica of the document in an instant. Electronic tools automatically scrub and validate the document, check the address and quickly route the claim to the insurance company. Because the automation and integrated workflow greatly reduce the incidence of common mistakes – such as missing data or incorrect codes – fewer claims are returned due to clerical error. Those claims that are rejected for other reasons, and require patient remittance, are tagged and placed in the queue for collections, and monitored and followed up on, until payment is received. By automating processes, health systems get their payments faster, while reducing operating costs. A typical billing office engagement reduces costs by approximately 15 percent over five years, with many contracts producing even greater results.

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If the physicians within the health system are already using in-room computers, or handheld mobile devices in lieu of paper charts, the BPS workflow can bypass the imaging/OCR step and proceed directly to validation – decreasing the processing time even more. The right BPS solution works with the health system’s existing technological investment and then turbo-charges it with additional technology and proven best practices to optimize returns.

## Rx #2 – Using Electronic Medical Records and Optimizing Patient Care

Can anyone over the age of 25 really remember his or her entire medical history, dates of surgeries, family conditions and all the other detailed information required when that person needs medical care with a new physician or specialist? Can most people name the year, much less the month, in which they had their last tetanus shot? Does a diabetic remember the date of his last blood glucose test?

Instead of leaving patient data to a manual, memory-driven process, Electronic Medical Records (EMR) act as a receptacle for patient information tracking within health system. That means, as soon as the patient walks in the door of a doctor’s office, the physician has access to that person’s medical history, tests, clinical lab results, allergies, current medications and all of the data that he or she needs to efficiently recommend the best course of treatment. In addition to saving the patient time, these records are essential if a new doctor, a specialist or an emergency responder is engaged.

Think of the case of the on-call pediatrician who gets a late-night call from the parent of one of his colleague’s patients. Instead of making a diagnosis or recommendation based on the symptoms described in a phone conversation, that doctor can pull up the patient records, tests and history before calling the worried parent back. This combination of information provides the best opportunity to a faster, more accurate diagnosis.

At the same time, that patient’s records are updated on the spot, so the child’s regular pediatrician has a full account of what transpired, which medications were prescribed and all the data needed to follow up with that patient.

## Rx #3 – Improving Both the Physician and Patient Experience Through Technology

Now, let’s take that a step further. What if that patient information, scheduling data, as well as clinical trial and medical research information were contained in a physician portal? Doctors could go online, after hours, or whenever it’s convenient for them, and check everything from the next day’s schedule to a listing of hospitalized patients and their locations. If the physician records audio patient notes, he or she can review and approve these transcriptions in the portal – from home or any other remote location.

This same type of technology can bring new convenience to medical patients as well. Instead of calling for an appointment, patients can access a patient portal, where they can book appointments online, as well as check office hours, address – even get driving directions – as well as specific information on how to prepare for a physical or other type of test.

But, this type of site goes well beyond the basics. It’s also an information portal – a collection of research on specific chronic diseases, where to find support groups, as well as frank, direct “what to expect” data on surgeries or specific treatments. Patients can sign up to receive email alerts when it’s time for a flu shot – or a regular test or vaccination. Just as important, it can push out preventive care information to patients, so they can become more actively involved in preserving their health. By providing patients with this type of service, available anytime, physicians can solidify patient relationships and ensure that they – not the Internet – serve as a one-stop medical resource for the people under their care.

Portals are just one example of how technology can improve the patient and physician experience – many other types of innovation in this area are available as well.

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## Rx #4 – Creating the Pain-Free Office Visit with Automation

Most patients think they have to wait too long to get an appointment with their doctor – and then wait too long again when they actually arrive at the office.

At the same time, patient “no-shows” are rampant, disrupting the flow of patient care and costing physicians dearly in missed revenue. Statistics estimate the incidence of no-shows in a typical family practice range from between 13 percent to a staggering 30 percent – causing some doctors, like the airlines, to “overbook,” to counter those AWOL appointments.

The right technology solution can work to solve all of these problems.

Instead of engaging a member of the office staff to leave vague reminders on voice mail to patients scheduled for the next day, an automated system sends an appointment reminder, a reply link for confirmation and patient-specific data on any special preparations – such as fasting from midnight on, for example – that are required for the visit. If the doctor gets caught in surgery, is running late or has to reschedule an appointment, this information is sent to the patient via email, text message or both on the day of the appointment.

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When the patient walks into the office, he or she stops by a kiosk and scans a credit card, as that person would in a self-serve airport ticketing station. The screen display brings up a message that identifies the person by name, and asks if the name is correct. For example, “Are you Bob Smith?”

After receiving an affirmative answer, the screen brings up a scanned image of the drivers’ license and insurance card on file and asks if the information – address and insurance coverage – are still correct. The credit card is charged for the co-pay, the kiosk issues a receipt, indicates the projected wait time to see the doctor – and the whole process happens in just a few minutes. These kiosks can also be populated with specific healthcare information that the patient can read and research, if no one else is in line.

This system benefits patients in numerous ways. For one, it protects their privacy.

No matter how conscientious the administrative staff may be, it’s difficult to check in a line of patients without another overhearing name, date of birth or other private information. Patients don’t have to fumble with their wallets and produce insurance cards. In some cases, this automated check-in has become so efficient and popular with the patients that it eliminates the need for front-office personnel – saving money without negatively impacting patient service or care.

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If the health system is part of a foundation, with large donors, donors can be set up as VIPs, with special transportation or other services. The VIP alert can be tied across all the physicians within a health system so the foundation and the physician office knows when one of these individuals makes an appointment. In essence, technology is used to make the patient experience more personal.

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## Examining the Future of Healthcare

The Obama administration has shined the spotlight on healthcare, with plans to reward efficiencies with a larger reimbursement for organizations that adopt certified electronics systems. Similar incentives are expected for smaller practices that make the conversion.

Creating and implementing one of these systems from scratch can cost millions in capital expenditures, along with the ongoing maintenance required to ensure systems are working and kept up to date.

With more than 20 years of experience in the healthcare industry, ACS has the solutions in place to enable health systems to reduce billing costs, administrative burdens and increase collections, and, just as importantly, to optimize technology to positively impact the lives of patients and the physicians who serve them.

Each solution is individual, with the goal of making the most of the organization's current technology investment, upgrading performance that meets the organization's individual needs, as well as handling all on-site maintenance.

Health systems get day-one savings, an immediate technology improvement, all while improving both revenue and patient care. By applying technology – and innovation – health systems can deploy a solution that works for their organization, their physicians and their patients alike. And the good news is, it doesn't hurt at all.

You can learn more about us at [www.acs-inc.com](http://www.acs-inc.com).

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Andy Vassallo is the Senior Vice President and Managing Partner responsible for ACS's worldwide healthcare provider consulting practice. He is responsible for all clinical, financial and technical solutions. Currently this practice services over 100 hospitals, academic medical centers, large nationally known healthcare systems and ambulatory clients.

Vassallo brings 20-plus years of experiences assisting organizations in maximizing the use of and adding value from IT solutions and process enhancements. During his tenure at ACS, Vassallo has been influential in the development and startup of ACS's Clinical Transformation, Revenue Cycle BPO and International practice areas.

