Effects of Hospitals' Health IT Investments on Quality of Healthcare

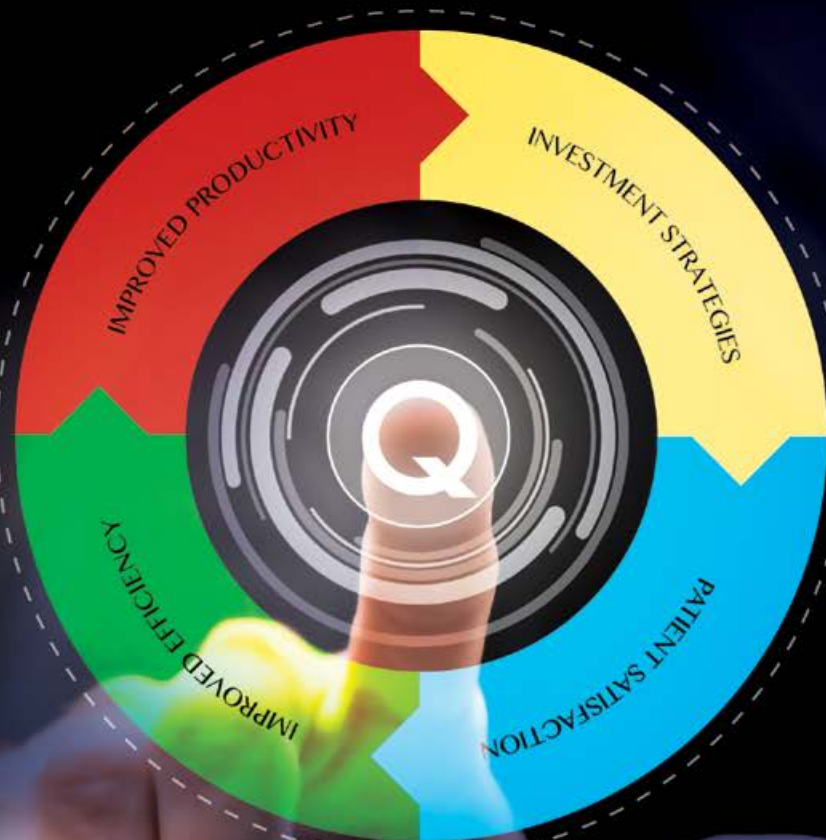**Behavioral Health Integration Boosts System-Wide Quality**

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THE QUEST FOR QUALITY

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9.4 MILLION

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4/5

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[1]Berg Insight, *mHealth and Health Monitoring*, January 2013
[2]Epocrates, *2013 Mobile Trends Report: Maximizing Multi–Screen Engagement Among Clinicians*, 2013
[3]Online First, *A Multi–Center Study of ICU Telemedicine Reengineering of Adult Critical Care*, December 2013

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GUEST EDITORIAL

By Dawn Milstead

A Clinician's Perspective on Big Data

As a clinician, I am responsible for helping patients with the facilitation and coordination of their care. Some of them are quite sick and overwhelmed with uncoordinated and sometimes incongruent care plans. But I wear two hats; I also work with data, some of which is quite overwhelming because of uncoordinated, and sometimes incongruent…

You see where I'm going with this.

But I see the possibilities of data, too, when it comes to helping patients achieve their health goals. Just as I always strive to focus on the patient, it is also important to work toward meeting the Institute for Healthcare Improvement's Triple Aim goals of better care for individuals, better health for populations, and lower per capita care while simultaneously delivering patient-focused, personalized care.

As a nurse, I know that "big data" gives us valuable insight into both our patient populations and individual patients. We use data to work more effectively with our patients, to assist them and their physicians in closing identified gaps in care such as missed mammograms or colonoscopies. Data allows us to outreach at-risk patients and their caregivers and engage them in appropriate health programs such as a cancer case management program or a diabetes disease management program. Data even helps us predict which chronically ill patients are most likely to participate in and benefit from these kinds of programs. It's that personalized.

> The challenge for all of us in the healthcare system is to effectively identify and use "big data" to create a single view of the patient.

As clinicians, we're naturally inclined to view the patient from our perspective. But there are many views of the same patient: the health insurer's, the physician's and the patient care team, the hospital's, the sub-acute facility's, the pharmaceutical company's and even the neighborhood CVS or Walmart.

The challenge for all of us in the healthcare system is to effectively identify and use "big data" to create a single view of the patient—a patient-centric view to help him/her improve health and meet personalized health goals. We recognize that the industry isn't there yet, but we're actively working to help it get there with powerful analytics tools and the deployment of clinicians to assist in facilitating coordinated care planning. But until such a time when all the participants on the care team take the same view of the data and its ability to help improve outcomes, the full benefits of big data can't be realized. **EI**

Dawn Milstead is vice president, Clinical Solutions, Geneia.

ON THE WEB

By Kathleen Jennison Goonan, MD

Leading for Excellence

Passionate leadership that communicates a clear vision and values for quality is preeminent among five keys to building a successful organizational culture that delivers results, according to new research from ASQ and Forbes Insights. The study, conducted in a variety of industries, including healthcare, highlighted the universal challenge of leading for excellence. The research underscored that every leader, regardless of industry or country around the world, must work deliberately and persistently from C-suite to the frontline to build a culture that supports excellence. It also reinforced similar findings from other recent analyses of healthcare organizations'

limited progress in meeting the most basic need: protecting patients from harm and providing safe care while in our facilities (source: Chassin, Loeb, Milbank Quarterly, 2013).

ELEMENTS OF SUCCESS

Success boils down to five not-so-simple but fundamental capabilities—leadership, culture, strategy execution, management practices, and robust process improvement.

ASQ and Forbes surveyed executives and quality professionals internationally across diverse industries and found only 12% consider their organization's quality program as "world-

Kathleen Jennison Goonan, MD, is CEO of Goonan Performance Strategies, a multidisciplinary consulting resource for healthcare senior leaders to achieve organizational performance excellence. She is also an assistant in Health Policy at Massachusetts General Hospital/Partners Mongan Institute for Health Policy and has served on ASQ's Board of Directors.

JEFFREY LEESER

Success boils down to five not-so-simple but fundamental capabilities—leadership, culture, strategy execution, management practices, and robust process improvement.

class" versus advanced (36%) or average (42%). Overall, about 60% of all respondents say their leadership unequivocally supports their organization's quality vision and values. In Europe and Asia, only about half of respondents say their organizations have clear quality visions and values. But among world-class organizations, these numbers were dramatically higher, emphasizing the importance of vision, belief, and behaviors, starting at the top. Quality professional and mid-management scores generally jump up 20% for self-described world-class organizations, where staff report their leadership is clear and passionately in the lead on quality.

The research — "Culture of Quality: Accelerating Growth and Performance in the Enterprise" — explores organizations' support of quality and the key components of a successful culture of quality. The research draws on the responses of 1,010 senior leaders and 1,281 quality professionals worldwide. "In order to be effective, a culture of quality must permeate an entire organization," said ASQ Chair Stephen Hacker. "This research provides first-hand and real-world examples from industry leaders of how to strengthen and sustain a high-impact quality culture — which can have dramatic and positive effects on an organization's bottom line."

"Organizations range from those where quality is just a slogan to those where quality is a deep focus for everyone from the CEO on down," said Bruce Rogers, Chief Insights Officer at Forbes Media. "This study shows which elements are vital for a strong culture of quality." The survey results also reveal gaps between senior leaders' and quality professionals' views on culture of quality. This is a gap that occurs in American hospitals and other delivery organizations as well, a challenge that reflects blind spots within the C-suite that can greatly encumber efforts to improve.

RANKINGS OF QUALITY PROGRAMS

According to the research, 71% of senior leaders rate their quality programs as world class or at least advanced. In comparison, 60% of quality professional respondents instead rank their quality program as average or below average. This conclusion would not surprise Mark Chassin, MD, president and CEO of The Joint Commission and co-author of recent analysis of why healthcare organizations have failed to break through and close the high reliability gap. Dr. Chassin and co-author Jerod Loeb analyzed the evidence in healthcare and came to very similar conclusions as ASQ and Forbes, looking at other industries. A critical issue here is the wide gap between the C-suite and the frontline and their disparate perspectives on the problem and what to do about it. It comes back to leadership and effective action at all levels to build culture that supports excellence and high reliability into operations. Awareness of how the organization is perceived at all levels is key to building effective approaches to culture change.

BUILDING A NEW CULTURE

But there are other critical elements to building a culture that is ready and able to address quality problems effectively. Approaches to translating vision into well-deployed action plans and tactics that are regularly evaluated and improved are also important. Everyone must understand their role in achieving strategic improvement initiatives. Translating the vision into actionable projects and frontline activities requires strategic line of sight and clarity throughout the organization. Managers and supervisors of work units make the difference, working in partnership with quality professionals, turning slogans into quality results – or not. Organizational performance goals are translated into clear, measurable expectations for every work unit. World-class organizations also invest in aligned and effective reward and recognition programs, including aligned compensation and promotion practices.

DUKE UNIVERSITY HOSPITAL'S EXPERIENCE

Kevin Sowers, RN, MSN, president of Duke University Hospital (DUH) puts this all in perspective. DUH has spent the last eight years focused on the five key elements: leadership, culture, strategy, execution and process improvement. Their efforts have paid off in overall business results as well as numerous recognitions for quality and safety. But it hasn't been easy or quick. "We've been building and improving our capabilities and culture for many years now. It's an ongoing process, a commitment across our organization, to continually improve and be relentless in our pursuit of excellence," explained President Sowers. "It's all about hardwiring the processes, but we are never satisfied."

Sowers led an effort to renew and define a new vision and mission for DUH, engaging the physicians and workforce widely in creating a picture of the future that everyone at DUH can feel passionate about. Over the last several years, the organization has built mature processes for strategy and implementation, managed oversight of excellence in their clinical service units, and created robust process improvement. All of this investment has allowed DUH to be named in the Top 100 Hospital™ seven times and receive recognition from the Baldrige Performance Excellence Program in the Leadership Category (2013).

Successful executives will take these lessons to heart and focus very concretely on how their senior team leads, what they as a group do to build their culture, and how they use state-of-the-art process improvement methodologies. Ⓔ

Leading in a Time of Technology Transition

A conversation with Erkan Akyuz, president, Imaging & Workflow Solutions (IWS), McKesson

Erkan Akyuz

It is no secret that technology has changed every aspect of society, and healthcare is no exception. In fact, new evolutions in healthcare technology have resulted in improved data quality, interoperability and improved patient care. However, how do healthcare technology companies lead and innovate while technology changes rapidly?

McKesson's Imaging & Workflow Solutions business has a long, proven history in the industry of bringing the right solutions to their customers and helping them adapt to changes and external influences. With solutions in diagnostic imaging, workflow and image repository and a long-standing commitment to support and services, McKesson's aim is to continue to advance their customers' strategic initiatives that help ensure growth and improved patient care.

In this Q&A with Erkan Akyuz, he'll address technology changes, challenges facing leading organizations and solutions to best approach these challenges. As president of Imaging & Workflow Solutions (IWS) at McKesson, Akyuz understands the steps organizations must take to excel in the healthcare marketplace. As a healthcare executive, he is committed to expanding the business by developing solutions and services that add value to their customers' bottom line as well as help them transition to value-based care.

Q: **What's different about leading provider organizations in an era when technology is changing everything?**

A: For some, 2015 has been labeled as the time for hospitals and physicians to step up to the "third platform" of technologies use in healthcare delivery.[1] Delivering high-quality healthcare in a cost-efficient way is the primary objective of redesigning care models and clinically integrating providers. We have built a partnership with customers with solutions and services to help them manage change effectively and help them through consolidation.

It's important to demonstrate to customers that we can deliver the right images and the relevant data at the correct time. It's paramount that our flexible products and services integrate clinical data into the imaging cockpit and allow them to tailor the workflow to meet their specific clinical, operational and financial environment.

In a recent Fast Company article, "The 5 Things That Separate True Leaders From Managers," Barry S. Saltzman writes, "True growth and change must come from a place of understanding, which is why it's important whenever possible to explain the reasoning behind your actions to your employees. This includes explaining—as much as you are able—major changes or decisions that are influencing new directives and explaining your own perspective, responsibilities, and experiences. It also includes admitting fault, being willing to ask questions, and not being afraid to pivot in light of new information." [2]

At IWS we are leveraging small, cross-functional consultative teams that can speak to our complete solution. We understand the value of having a more holistic enterprise view of the business and solutions to fit customers' specific operational, financial, and clinical settings.

Q: **What would you list as the top two or three challenges facing for leading provider organizations?**

A: Our customers are facing more challenges than ever with converging priorities such as massive IT investments, provider-change fatigue, and pressures to reduce costs and enhanced care coordination across the continuum. This view is supported by a recent consultant's report: "Organizations…will invest in infrastructure elements such as technology, data warehousing, predictive analytics, care models, care teams, and risk-based payment structures that align financial and clinical incentives for stakeholders. Physician leaders must drive the population health initiatives in order to be successful.[1]

This consultant goes on to state that with ACA cuts, sequestration, and reimbursement changes from value-based payment methodologies, there will be a renewed focus on reducing operating costs to achieve financial sustainability in 2015. Many

Delivering high-quality healthcare in a cost-efficient way is the primary objective of redesigning care models and clinically integrating providers. We have built a partnership with customers with solutions and services to help them manage change effectively and help them through consolidation.

Like healthcare organizations, vendors must also have leadership in place that is dynamic and detailed oriented and has the ability and willingness to trust employees – avoid the temptations of micro management.

hospitals/systems, our customers included, will be focusing on reducing duplication, non-clinical staff, and non-core expenditures; streamlining processes; maximizing group purchasing; eliminating waste; and other activities[1] to achieve their goals.

And it is important to remember that diagnostic imaging (radiology and cardiology) faces key challenges and opportunities related to the evolution to value-based care. By responding to these reimbursement pressures with enterprise diagnostic imaging solutions that help enable interoperability and data exchange and by removing the silos of radiology or cardiology information, we can help organizations chart an achievable path toward sustainable success.

Q: What are some of the best approaches to addressing these challenges?

A: Like healthcare organizations, vendors must also have leadership in place that is dynamic and detailed oriented and has the ability and willingness to trust employees – avoid the temptations of micro management. My style is to empower people, I trust them, and I measure them with their outcomes.

In addition, our goals must be two-fold. First, build strong and mutually beneficial partnerships with our customers with solutions and services that help them manage change rapidly and effectively and guide them through consolidation. And secondly, develop IT and workflow solutions that help enable the interoperability and flexibility required to reduce total cost of ownership and realize the true value of enterprise diagnostic imaging.

As a vendor, we must help support our customers in this transition from volume- to value-based imaging, with solutions and services that help them address the pressures they experience as they adopt new technologies, and introduce new workflows and processes.

Q: Today technology is rapidly changing. How do leading provider organizations stay current without sacrificing quality while still making cost-effective decisions?

A: Organizations whose strategic plans include population health management will be investing in infrastructure elements such as technology, data warehousing, predictive analytics, care models, and more. These investments will help align their financial and clinical incentives. The leaders of these organizations must drive the population health initiatives in order to be success-

ful.[2] One method is to consolidate information, reduce duplication and complexity, while breaking down data silos, thereby helping to deliver the right images and the relevant data when it is needed, and helping to improve the quality and cost effectiveness of care delivery to the value chain.

Processes, people and resources must be deployed to achieve quality outcomes in the most cost-effective setting possible. This year [2015] will see more organizations (i.e., hospitals, medical groups and others) create/join accountable care organizations (ACOs) and clinically integrated networks. This expansion will require investments in infrastructure to support new systems and processes of care – the most significant of which will be for information technology to provide real-time[1] access to relevant data in a timely manner.

Q: How is McKesson addressing changes in technology?

A: McKesson IWS delivers flexible, vendor-neutral solutions that work within any customer's current healthcare IT environment to help improve imaging clinical effectiveness, resource utilization and quality that helps meet the needs of our customers to deliver better patient care.

The unique capabilities in our enterprise diagnostic imaging solutions help to orchestrate clinician and related workflows by enabling interoperability between existing systems and helping the transition from volume to value-base care. And our unique 360-degree perspective across the industry can help customers chart a clear, logical and achievable path toward sustainable success. ●

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Quality in the Continuum of Care

As outpatient visits continue to increase, it has become more common for hospital systems to open additional ambulatory care centers to better serve their patients and bolster financially sustainable volumes. Today, over 70% of care is delivered outside the hospital, contributing to approximately 50% of hospital revenues.

Ambulatory care centers require tremendous coordination with numerous ancillary departments within the hospital. Some of the industry's best care centers partner with their hospital laboratories, for instance, to provide services at these centers to ensure the highest ➡

By Maryann O'Toole and Jamel Giuma

University of Miami Health System shares how it reinforces quality, bolsters volumes

Diagnostic communities are no longer a thing of the future, but a reality of the present.

levels of quality in testing, quick turnaround times (TATs), and patient and physician satisfaction. University of Miami Health System (UHealth) is one example. UHealth relies on our laboratory information system (LIS) to help integrate similar workflows from our main campus core lab in Miami out to satellite ambulatory care centers to standardize a diagnostic community record for patients.

STANDARDIZATION IS KEY

As executive director of Laboratory Operations for the Department of Pathology at UHealth, I work with phlebotomy, information technology (IT), medical technologists and client services teams to open and run a half-dozen satellite laboratories for our ambulatory care centers spanning over 1,000 square miles in South Florida. Due to the ability of UHealth patients to visit any of UM's ambulatory locations, standardization of the laboratory instrumentation is crucial in providing excellence in quality and safe care. It is imperative that the LIS directly integrates the laboratory instrumentation and follows identical workflows for physicians, patients and laboratory staff. Our professionals also rely on consistent processes, so that the laboratory staff , for example, is able to work at different locations to further maximize staffing arrangements due to standardized workflows and procedures at each care center.

By utilizing well-defined processes, standard instrumentation and one LIS, more than 75% of testing stays local to the respective laboratory where the patient visited their physician and had their specimens collected. In addition to drastically reduced TATs, the patient care centers have seen decreased transportation issues and a reduction in lost specimens when transferring samples back to the main campus core lab in the heart of Miami. Test results are automatically interfaced and available in the Electronic Medical Record (EMR) and sent directly to the physicians in minutes, as opposed to hours or days. This expedited TAT empowers physicians to make nearly immediate clinical decisions – often while patients are still present in the office –reducing the need for additional callbacks to patients and follow-up visits. Patient and physi-

cian satisfaction remains high at the University of Miami, which consistently scores well on returned surveys.

STREAMLINED APPROACH

Staff training has been streamlined with the use of the same EMR and LIS across core lab and satellite lab locations in the ambulatory care centers. By utilizing "performing labs" in our LIS, UHealth is able to utilize consistent order codes for physicians, phlebotomy staff and medical technologists, which eliminates the need for additional education for staff members. The result is a reduction in errors and the ability for managers to move staff across locations much more efficiently.

Like many healthcare organizations, UHealth is asked to do more with less. I am able to work with supervisors and managers to make sure all locations are adequately staffed and can quickly help fill gaps wherever there are shortages by reallocating cross-trained employees. Standardization and consistency within computer systems are the cornerstones for thriving on limited resources.

Due to the fact that over 75% of our testing is completed locally at each satellite location, my team has been able to reduce courier cost and eliminate many unnecessary trips to and from the core lab. We now only reserve couriers for stat requests and daily pickups for batches of more esoteric requests. The LIS allows us to create these batches and track that all specimens were received back at the core lab, and out to their reference laboratory, if necessary.

INTERNAL BUSINESS

A 2014 Marwood Survey reported that 85% of CFOs want more lab volume to come in-house, rather than to let independent laboratories take the business. Over 70% of hospital CFOs view the lab as strategically important and 50% of them expect to buy or partner with independent laboratories. With excess capacity, laboratories are being tasked to do exactly what UHealth and many other market leaders are doing. Diagnostic communities are no longer a thing of the future, but a reality of the present. ⒺⒾ

....

Maryann O'Toole is executive director of Laboratory Operations, University of Miami Health System Department of Pathology. **Jamel Giuma is** product manager, Sunquest Information Systems, Inc.

Efficiency in Healthcare Delivery

The impact of online scheduling is explored By Tom Cox

Tom Cox is CEO of My-HealthDirect in Nashville, Tennessee.

Providers want to spend their time providing great care to their patients. Unfortunately, operating inefficiencies can keep them from their mission. Some studies cite that administration takes up 30% of their work day. Fortunately, the healthcare industry is now starting to view operating efficiency in ways similar to other industries.

A key operating metric is capacity. In healthcare, this is appointment capacity per physician (their time). For an auto plant, it is how much of the time it runs. (Last year, U.S. plants operated at 96% capacity.) It can even be applied to sports. Most NFL teams operated at full capacity last year, with 100% of the seats sold for every game.

According to a recent Medical Group Management Association (MGMA) study, most U.S. practices operate at about 88% capacity. Some practices struggle more than this, with show rates as low as 50% – and where double-booking is the norm. No-shows and abrupt cancellations plague even the best physician practices.

A recent report commissioned by the Association of American Medical Colleges (AAMC) concluded that the U.S. will have a physician shortage of up to 90,000 doctors by 2025. Most groups say the solution is to train more providers. That might work in the long term, but what if we can boost the productivity of the physicians we already have with better technology tools? For example, if we reduce no-shows by 50% across the country (something that is being accomplished in many practices today via reminders and online scheduling solutions), we will add back the equivalent of 50,000 doctors to the healthcare system.

There are now online scheduling tools that are helping to solve this problem – and they're rapidly becoming popular with patients. The research firm Accenture forecasts that two-thirds of U.S. health systems and their patients will use online scheduling tools within five years. The firm also predicts that by 2020, nearly 40% of all medical appointments will be self-scheduled, adding an estimated $3.2 billion in value to the healthcare system.[1]

OUT WITH THE OLD?

For decades, most patients have made appointments by phoning their physician's office.

This leads to appointment times that are inconvenient for the patient and provider. For example, the patient might get stuck with an appointment several weeks away, which increases the likelihood of a no-show. And the provider might get too many appointments at peak times (like Monday mornings) rather than high-availability times like Friday afternoons.

Online scheduling tools make it much faster and easier to align patient demand with provider availability. The Accenture study found that it takes less than one minute to schedule a medical appointment online. In contrast, scheduling by phone takes an average of over eight minutes, where 63% of the time is wasted on call transfers from one staff member to another.

Patients who use cloud-based scheduling tools are seen much faster and have higher show rates:

■ **20% of them get same-day or next-day appointments – and more**

HHS AND CFPB WARNING SHOTS FIRED: 3 STEPS TO PREP YOUR HEALTH SYSTEM

When Health and Human Services (HHS) Secretary Sylvia M. Burwell issued the HHS press release, "Better, Smarter, Healthier," on Jan. 26, 2015, she fired a warning shot that every hospital CEO should have heard, loud and clear. Though we have all heard rumblings around potential changes to the nation's healthcare system under the Affordable Care Act, this was the first time specific goals, with distinct measurements and timelines, were set to shift Medicare's reimbursement system from the typical fee-for-service (FFS) model to one that rewards quality.

The release outlined an immediate mandate for healthcare decision-makers across the system to rethink how they provide care, how they manage overall patient health, and how they are paid for their work. Though Secretary Burwell was clearly speaking to the healthcare system at large, she was also challenging CEOs across the system to make their organizations better and smarter, and to bring innovation to their delivery systems.

HHS's goal is to shift 50% of traditional FFS Medicare payments to quality or value through alternative payment models by the end of 2018, and to tie 90% of traditional Medicare payments to quality or value. For the hospital CEO, hospital readmissions reductions and value-based purchasing programs are the most likely vehicles to meet those goals. Debating whether they can be achieved is pointless: The shot has been fired, changes to the system will continue, and the rate of change will likely increase.

HHS has defined a simple framework for classifying payments based on how providers are paid to provide care:

1. **Fee-for-service with no link of payment to quality**
2. **Fee-for-service with a link to quality**
3. **Alternative payment models built on a structure similar to fee-for-service**
4. **Population-based payment**

Shifts between these classifications are happening before our eyes. Prior to the Affordable Care Act's passage, a high percentage of payments fell in the first category, with little or no link to quality or value, rewarding volume over quality. But by the end of 2014, approximately 20% of Medicare payments were value-based.

But that's not the only trend healthcare CEOs must consider. Emerging pressures placed on the system by consumer protectionism and increased regulatory burdens are sure to cause waves as well.

The Consumer Financial Protection Bureau (CFPB) has indicated it may choose to regulate financial transactions between healthcare organizations and their service providers to ensure consumers are treated fairly. Their leaders will be forced to understand relevant consumer financial protection laws and put systems and controls in place to comply with them. For the first time, executives could be held accountable for the actions of their vendors and service providers. A data breach at a company sending statements to patients could mean a hefty fine for their provider clients under the assumption that the provider was responsible for the vendor's actions. Likewise, if a collection agency is sued for misrepresenting the status of a past due account, the hospital could be named as a co-defendant in the action brought by the consumer. Because of this potential, many healthcare systems have proactively sought new communication and account flow technologies to aid in the effective processing of patient accounts, developing systems that adequately consider consumer fairness and compliance requirements while simultaneously creating efficiencies that act to reduce days outstanding and bad debts.

Recently, hospital CEOs have taken three steps to guide their organizations through these industry changes:

They understand how their environments are changing and where obsolescence will occur. The organization does not change; rather, shifts are judged by others to be better or at least permanent. The combination of these two tyrannies, "change" and "judgment," cause obsolescence. Leaders have evaluated the changing environment intentionally to stay ahead of the curve.

Effective CEOs manage their organizations during these times to encourage and reward every employee for innovations that help provide better quality of care. Cultures of innovation and creativity become contagious. Set the tone by recognizing innovations that improve the patient experience and support a healthier population. In the long run, it will improve your organization's financial health by putting you on the leading edge of the reimbursement shift. Expect great innovations from your people, but reward the slightest gains.

Embrace new technologies that help the process. Every day new systems are launched to help your people run faster with their work while improving the quality of the patient experience. Do not accept mediocrity from your systems vendors, your telephony providers, or your business office's billing and collection platforms. Excellence exists in the marketplace. Demand it from your own systems, or replace them with technologies that make things exponentially easier on your people and your patients. You cannot run a progressive organization with sub-standard technology.

Though the reimbursement system is changing and regulatory intervention is growing, the opportunity exists for great leaders to take their organizations to new heights.

—*Steve Scibetta, Ontario Systems*

One study found that it takes less than one minute to schedule a medical appointment online. In contrast, scheduling by phone takes an average of over eight minutes, where 63% of the time is wasted on call transfers from one staff member to another.

than half receive appointments within a one-week window.

- Patients prefer choosing their own appointment time, rather than dealing with someone over the phone and being given a time.
- By receiving confirmation and reminder messages the way they prefer (text, voice or email), some patient groups have improved show rates by 100% or more.

Online scheduling also helps improve provider productivity and patient satisfaction in a variety of ways, including:

- Off-hour scheduling – More than half of all patients prefer to schedule outside of normal working hours: before work, during lunch or in the evening.
- Improving provider workflow – Online scheduling tools can ensure that hospital discharge follow-ups fall on the same morning each week – and that two new patient appointments don't get scheduled back-to-back.
- Automated ways to boost show rates – Scheduling tools make it easy to identify times of day (typically late afternoon) when no-shows spike so that practices can double-book in a data-driven way.
- Helping patients arrive informed – When patients schedule online, they can be prompted to fill out patient registration forms and can receive automated patient readiness information such as "Don't eat 12 hours in advance of your appointment."

MEDICINE'S DIGITAL FRONTIER

Many industry observers feel that the growing acceptance of telemedicine will inevitably spur even greater demand for online scheduling. A new study from MD Live found that 82% of adults 18 to 34 actually prefer a same-day consultation via Skype or mobile device versus having to wait a week or more for an in-person appointment.[2] Intel's recent Healthcare Innovation Barometer showed that 72% of all patients, regardless of age, were willing to have teleconsultations for non-urgent care.[3]

According to Truven Health Analytics, the current lack of online convenience is one reason why Millennials are 24% less likely to have a regular primary care physician than are Boomer Age patients.[4] That will change as it becomes more commonplace to

schedule – and be seen – online.

Digital tools are also solving the referral problem. Getting physician referrals for appointments with specialists has long been a sinkhole of time, where it may take 20 minutes to schedule an appointment using three-way calling. In addition, many "referred" patients are never confirmed for appointments. The journal *Annals of Internal Medicine* estimates that over 60% of referrals are never scheduled.

One major health insurer recently used online scheduling software as an alternative to three-way calling. Implementation of this convenience had impressive results:

- Five times more calls were made using the same resources
- Three times more member appointments were scheduled
- Attendance rates nearly doubled, thanks to automated reminders

CONVENIENCE DRIVES CAPACITY UTILIZATION

Consumers today have made it clear: They prefer going online to order a pizza, get a cab or reserve a movie ticket. Patients (the consumers of healthcare services) are also demanding online conveniences, which are sure to influence their loyalty to the providers with the easiest access.

What's good for the consumer is also good for the provider, since the same digital solutions that improve the patient experience are boosting operating efficiency. While training the next generation of physicians is critical, let's make it easier for them to increase productivity and do more of what they enjoy—providing care. A physician practice is no different from any other business. It's more profitable and effective when running at full capacity. By helping eliminate costly no-shows and streamlining workflow, online scheduling tools help maximize the healthcare system's most precious resource: our physicians' time. **EI**

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ON THE WEB

Every administrator, office manager, doctor, nurse, lab technician, scheduler, clinic director or admissions clerk knows that keeping patients waiting in long, slow-moving lines is a recipe for poor service. Not only can long waits cause patients to become extremely upset and agitated, but it can also result in lost opportunities in the form of walk-outs and poor patient reviews. Read **"Easing the Sting for Patients Waiting in Line"** at www.advanceweb.com/executiveinsight.
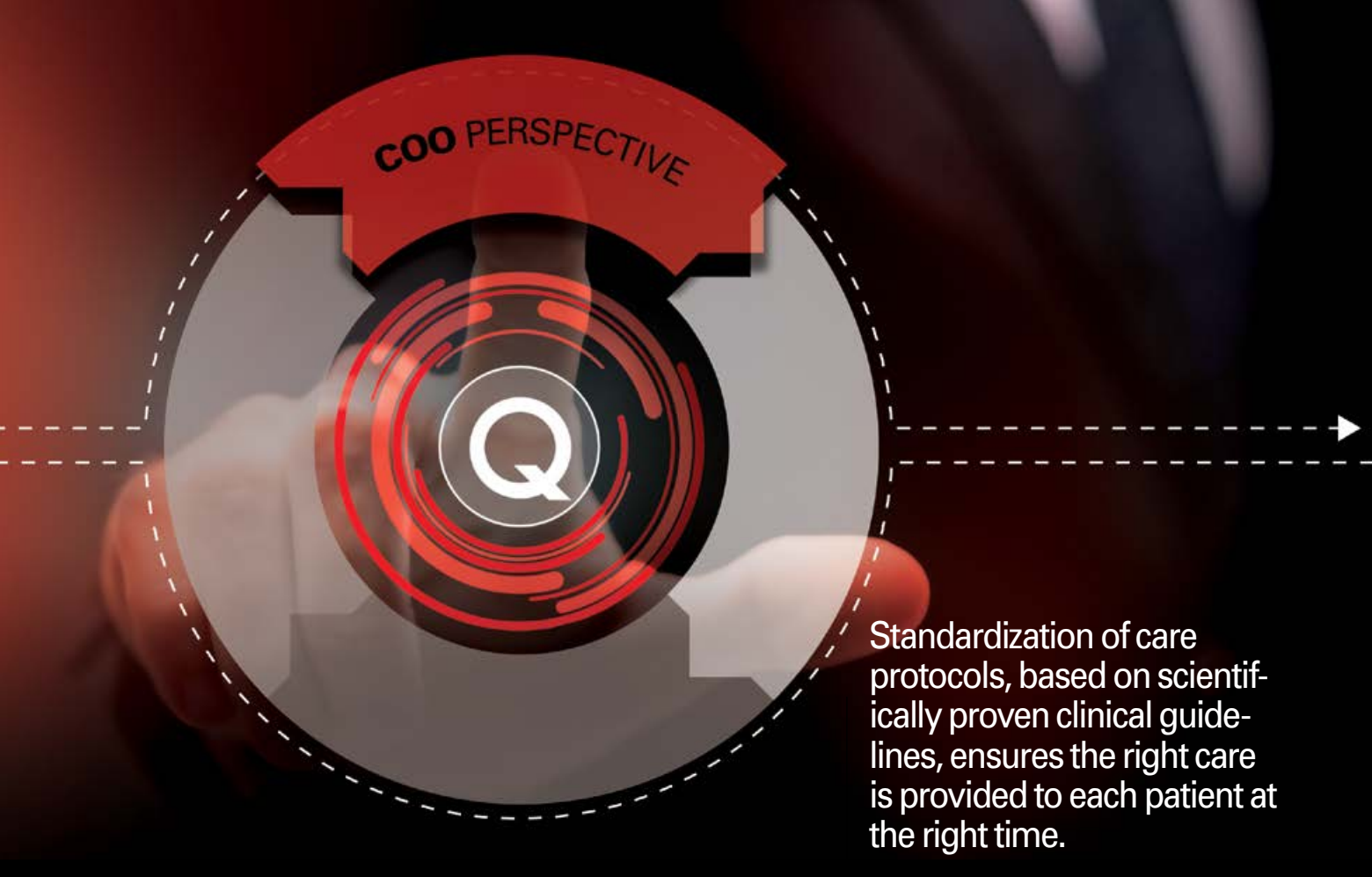
Standardization of care protocols, based on scientifically proven clinical guidelines, ensures the right care is provided to each patient at the right time.

Improved Productivity in Healthcare Delivery

Just-in-time staffing and hypertension protocols improve productivity for Henry Ford Medical Group

By Thomas Nantais

Thomas Nantais is chief operating officer, Henry Ford Medical Group.

The transformation of the healthcare industry from a fee-for-service to a value-based reimbursement model has demanded an increased focus on productivity improvement and streamlined clinical processes. However, strategies to improve productivity within a healthcare organization require a delicate balance among the needs to reduce costs, optimize use of staff and provide quality patient care.

At Henry Ford Medical Group, one of the nation's largest group practices with more than

100 years of experience and 1,200 fully employed physicians, productivity improvement that enhances patient care is an ongoing effort. Use of lean management strategies to identify new staffing initiatives that enable nurses and physicians to work at top of license, along with standardization of care protocols, such as hypertension diagnosis and treatment, throughout all 40 medical specialties in 25 different outpatient settings, are two ways the medical group has improved productivity.

STAFFING INITIATIVES ADDRESS TIME SAVINGS, SKILL LEVEL

Because staffing costs represent a significant portion of any healthcare organization's budget, it is often the first expense category assessed to reduce expenses. Staff responsibilities were redefined in our organization after a review revealed a less than optimal allocation of resources. We found that a higher percentage of registered nurses were caring for tasks that did not require the skill level of a registered nurse than the percentage of medical assistants caring for these tasks. By restructuring the staff and hiring more medical assistants to assist physicians with hands-on care, the organization's nurses are now