Implementing a Patient Portal Creates a Marketer’s Trifecta

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By interfacing the patient with the practice’s Web site and practice management (PM) and electronic health record (EHR) technology, a patient portal enables cost-saving, self-service functionality.

Medical practices are learning what other industries have long understood—innovative information technology (IT) can create a competitive advantage. Gathering or presenting the same information but with a twist—different timing, organization, or format—can make the information more valuable. Be aware, however, that implementing new IT can also be like cleaning a pair of dirty spectacles. Deficiencies in other processes may now be more apparent and need fixing. How practices adjust to these new problems can often mean the difference between a successful or failed implementation.

A patient portal is an example of innovative IT. It enables patient self-service functionality accessible via the practice’s Web site (Figure 1). Patients can make appointments, pay bills, and order contact lenses any time of day at their convenience. In addition, patients can complete all of their registration “paperwork” online. All of the medical and demographic information can be collected in a format suitable to be downloaded into an electronic health record or practice management system. The IT “twist” from using the patient portal is that patient needs can also be surveyed at the same time this information is collected and well in advance of the appointment. This creates a window of opportunity for practices to pre-educate their patients and potentially increase patient fulfillment.

The following case study shows how a new IT implementation, in this case a patient portal, revealed a problem in the way the practice had been identifying refractive candidates and how it used a twist to create a competitive advantage and increase its refractive surgery cases.

The Case
In April 2009, a five-practitioner group in the northwestern United States implemented a patient portal with online registration to streamline data collection and patient workflow at the time of check-in.

The portal enabled patients to complete their registration forms online days before their appointment. This enabled staff cost savings through workload leveling and patient self-service. In addition to providing complete and updated demographic and medical history in an electronic format, they could also respond to survey questions eliciting conscious as well as latent needs. For example, patients in this practice were asked specifically if they were interested in laser vision correction.

Accidental Experiment
By early October 2009, 59 patients had indicated an interest in laser vision correction. There was a minor glitch, however. The information about these patients wasn’t getting disseminated to the appropriate staff.
It was as if a third party had confidentially surveyed the patients’ desires and not told anyone until well after the fact. In retrospect the events created an accidental experiment.

The revelation in early October that the information had been collected raised two questions. Had these 59 patients’ interest in refractive surgery been addressed? And how could the time interval between the patient’s registration and the appointment best be used to fulfill that interest?

The charts were reviewed and none of the 59 patients had scheduled an evaluation or procedure. In this case, just as with the newly cleaned specs, the portal’s ability to collect information pre-appointment revealed lost opportunity for the practice. Patients expressing an interest in refractive surgery had apparently been missed. But how significant was the interest? After all, the interest hadn’t been great enough to schedule a surgical evaluation directly. But, as will become apparent, the interest was significant.

Strategic Opportunity
The staff at the eye center responded to the missed refractive leads by modifying their process of identifying and following leads. Understanding the potential advantage of identifying patients in advance of their appointments, they developed a high-touch protocol to reach out to these patients during the window of time between their registrations and their appointments. The practice understood the patients’ interest in refractive surgery and had time to act. In addition, common sense would suggest that patients would be more receptive to information about their eyecare needs in the days leading up to their appointments. This created a marketing trifecta—the lead time to approach patients, a message specific to their needs, presented when they were likely to be paying attention. (Figure 2 outlines a timeline with actions to

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From October 2009 through early January 2010, the refractive coordinator followed the protocol. Contact was made prior to the appointment to acknowledge the patient’s interest and gather information. If time permitted, there was follow-up contact pre-appointment. The contacts were all methodically coordinated and tracked. By the time of the appointment, the office staff were “all on the same page.” A print summary of activity was available on the chart. The result: The eye center had made the case, effectively stating “We are interested in your needs and made an effort to reach out to me.”

**High-Touch Marketing Protocol**

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**Take-Home Messages**

This case study has shown how a patient portal can be vital to gathering useful marketing information prior to patient appointments that can be used to increase patient fulfillment. This case also demonstrates the opportunity to recognize and re-engineer inefficient business processes that new IT often reveals.

- For a host of reasons, many patients’ desires go unrecognized and unfulfilled.
- In addition to lowering data entry and staffing costs, a patient portal can efficiently gather pre-appointment information about patient needs, both conscious as well as latent, for any of the goods and services the practice provides.
- Gathering this marketing intelligence pre-appointment enables a marketer’s dream—the lead time to approach the patient with a message specific to an expressed need when the patient is receptive. This process can work for any goods and services the practice markets.
- Instituting new information technology often uncovers inefficient business processes and procedures. Redesigning these processes to complement the technology can maximize the efficacy of the technology.
- Firms that ignore the revelations of inefficient business processes or force their new IT to fit what may be broken run the risk of a failed implementation.

As most practices face the challenge of upgrading their information systems with major investments in time and money, the experience at this eye center can provide food for thought. By interfacing the patient with the practice’s Web site and practice management (PM) and electronic health record (EHR) technology (Figure 3), the portal enables cost-saving, self-service functionality. In addition to saving costs, as this case study demonstrates, the portal can drive targeted marketing of the practice’s goods and services and revenues.

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