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## Self-Service in Health Care

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### CURRENT ISSUE



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Imagine all the frustrations and inconveniences that often accompany a visit to the doctor's office. Leaving work early to make the appointment, filling out paperwork and more paperwork when you get there, waiting for your name to be called, wondering how long it will take. Then there's the problem of having health history and other information scattered in many different places. This can be especially true for military personnel, who are generally a more mobile population and see clinicians in a number of different locations.

The commercial health care sector has been following the growing trend of self-service. Customers can now check in for flights online and on kiosks, pay bills online, and even buy postage stamps at kiosks. The health care industry has joined the club with hopes of improving patient satisfaction and increasing efficiency in the doctor's office. The Department of Veterans Affairs has already started doing this to some degree with its MyHealtheVet Website (see "[Strengthening Patient-Provider Connections](#)," MMT, Volume 14, Issue 1).

Seeing the potential benefits of implementing self-services, the Military Health System (MHS) has also started proposing and piloting self-service programs. In many ways, the military health system is a bit behind the commercial health care sector in the self-service front. Private-practice physicians have been launching self-service systems in their offices for several years, while the MHS is currently in the initial phases of utilizing self-service technologies.

### Piloting Self-Service

In December 2008, DoD launched a MiCare pilot at Madigan Army Medical Center (MAMC) in Tacoma, Wash., in partnership with Microsoft and Google. The Microsoft HealthVault and Google Health platforms were designed to keep all together in one place patients' health information that has come from different places.

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"The one individual that is consistent throughout the delivery of care is the patient themselves," said Matt Campbell, director, Microsoft Health Solutions Group, public sector. "Having access to the full spectrum of data is so important. [The DoD's health records system] AHLTA certainly provides a significant portion of that. But the patients today receive a pretty significant amount of care outside of the military treatment facilities. Currently there is no electronic way to integrate that data except through the MiCare pilot, which allows that data to be stored and then selectively and appropriately shared by different care providers."

Rick Barnhill, program manager of clinical informatics for both MAMC and Walter Reed Army Medical Center, said that greater than 50 percent of DoD health care happens in the local communities near military bases where managed care contracts support our beneficiaries, and faxing or mailing DoD data to these civilian care providers is not the best way to handle information.

"The PHRs [personal health records] available to our beneficiaries through MiCARE allow the beneficiaries to share their DoD records with their non- DoD clinicians electronically," he said. "This may someday also serve as a medium to get that managed care data back to AHLTA."

What kind of data is being stored and shared through MiCare? The MiCare solution gives patients access to all their demographic information as well as all their active medication lists, allergy data, lab results, radiology results, any personal problem lists, past visits, upcoming appointments and inpatient/ outpatient information from AHLTA.

"With that they can combine data that is coming in from care they receive on the civilian side," Campbell said. "Certainly for a pilot it's quite a bit of information."

Barnhill said there are currently 1,500 personnel enrolled in the pilot, including active duty personnel, dependents and retirees. "Now that the pilot is over, active enrollment has begun again and the numbers should continue to rise," he said.

Medfusion, a communications solutions provider, is also currently running pilot programs at Naval Hospital Bremerton in Bremerton, Wash., and Eisenhower Army Medical Center at Fort Gordon, Ga. According to the company, both pilot programs were in roll-out phases but were expected to be fully functional by press time. Several other military hospitals are also adopting Medfusion's patient portal. Another corporation currently involved in a pilot selfservice program with DoD is NCR. The pilot, which is through a TRICARE facility in Texas, went live in January. Mike Berman, president, NCR Government Systems, said that if the pilot's goals are achieved, then the pilot should progress to a program and take effect throughout the rest of TRICARE Regional Office South.

#### Benefits of Self-Services

There are currently a variety of tasks the military beneficiary can accomplish using the self-service solutions in these new pilot programs.

Patients participating in pilots at Naval Hospital Bremerton (NHB) and Eisenhower Army Medical Center can request appointments or prescription renewals, use an "Ask a Question" functionality to communicate with physicians, or complete a "Virtual Office Visit," wherein the patient answers a set of questions related to a specific symptom. The Virtual Office Visit functionality is designed for established patients experiencing minor symptoms. When the patient submits data through the Virtual Office Visit, the physician can then review the patient's history and symptoms. For routine cases, the physician electronically sends specific care instructions or prescriptions. If the physician needs more information, the patient can simply come to the office for more evaluation.

Medfusion's self-service solutions also allow the staff in the pilot programs to perform certain tasks. The office can send its patients messages regarding lab results and appointment reminders. In the quest to manage diseases, staff members can even review records to determine if any patients should schedule check-ups.

Steve Malik, CEO of Medfusion, which first introduced its Virtual Office Suite in 1998 to the private sector, pointed out the main categories of selfservice benefits to a doctor's office.

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"There are really three factors in the benefit analysis," Malik said. "The first one is cost savings. There are several areas of cost savings. I'll highlight one for you: the mail cost."

Malik said that for a typical visit, offices find themselves mailing various documents. There can be pre-registration packets, statements, appointment reminders and lab results—which occur in 80 percent of the primary care cases that are going back out to a patient.

"If you look at just the mail cost around a visit, to the extent that online they can communicate with much less friction and cost, there's some huge savings that practices are experiencing just in mail cost," Malik said. "The other big factor is efficiency. Any of us who have used e-mail know it's a lot faster to respond to an e-mail than it is to actually talk to somebody."

Malik said the second category is revenue. For example, the average no-show rate is 10 percent. In a traditional provider's office, that's revenue, and Medfusion said its clients are able to reduce the no-show rate down to the 4 percent range as a result of using the online appointment system. In part, that's because offices are able to reduce the no-show rate by reminding patients of their visits and engaging them to fill out their forms online.

"The third category would be patient satisfaction, which is a little less quantifiable, but certainly in a market with competition, the level of service you offer has a direct impact on return visits," Malik said.

Captain Robert C. Marshall, M.D., chief medical informatics officer, M6/OCIO, noted that despite some limitations in the availability of functions, patients at NHB like the new self-services. Contributing to this positive response, he said, is avoiding "phone tag" between patient and staff, and managing prescription refills and lab results promptly. Patients can access their primary care manager at any time of the day or week and provide their doctors a standard, symptom-based history, ensuring that "their face-to-face visit is more efficient, productive and satisfying," he said.

"We are still limited in our implementation of both PHRs and secure messaging, and the military patient portal [TRICARE Online] is too difficult to navigate or access. Given that, for those things the patients have access to and can navigate—mostly the PHR and secure messaging—the patients like and use them appropriately," Marshall said.

The pilot program taking place through the TRICARE facility offers accuracy of data, noted Ryan Sorrels of NCR Healthcare Marketing, who said patients who feel a sense of "ownership" over the data take responsibility for its accuracy. The data increases in accuracy and validity as a result, improving administration overall. Sorrels said that in the TRICARE pilot, beneficiaries can check enrollment fees, adjust their allotment and authorizations, verify their eligibility, locate a provider, and check on referrals and authorizations, all without calling an office.

"A lot of what we do is automate routine processes, give patients more options and more access to update that information, and free up staff time," he said.

### **Force Readiness**

Because the TRICARE pilot is so new, there is no data yet to indicate its success. However, NCR's Berman cited an example of the success of an NCR commercial client, Newark Beth Israel Medical Center.

"Once they implemented the solution, they actually ended up triaging from six patients on average per hour up to ten," Berman said. "So you get a clear improvement, which has implications for [the commercial client] of course, but from the military [perspective], it actually has an impact on manpower readiness."

Microsoft's Campbell also pointed to the effects of self-service on force readiness: "If we look at the military and we think about their movement and their way forward ... they have committed and decided that a personal health record that is controlled by the patient—in this case, active duty personnel—for their families, for themselves, is a critical part" of force readiness.

The MHS is in many ways following the footsteps of the private sector in implementing self-services, and the hope is that the MHS will see the same benefits that commercial health care saw after launching self-service systems. According to NCR, its client Tenet Healthcare saved up to five minutes of staff time per patient visit. The client was also able to reduce costs because 80 percent of its patients declined paper copies of forms.

At this year's MHS Conference in January, the MHS announced that it would be launching an online patient portal. The MHS Patient Portal will integrate with the MiCare personal health record to allow patients to manage their health information and share it with their care providers.

A specific launch date has not been announced, but when it is ready, the MHS Portal will be a "one-stop site" for scheduling appointments, requesting refills, enrolling in a PHR and secure messaging tool, and finding information on local care, Barnhill said.

"The concept is to be able to empower and bring choice to the patients in ways they can actively engage in their health care," Army Colonel Thomas Greig of DoD Health Affairs told conference attendees.

But when will self-service be the norm, for the private sector at least?

"Our Congress is certainly impacting the answer to that question," Medfusion's Malik said. "The meaningful use requirements that were published at the end of the year absolutely contain criteria that make this an inevitability. I think the answer to that would be within three years."

A 2009 survey of 400 self-service deployers conducted by VDC Research determined that nearly \$3 billion was invested in self-service hardware, software and services in 2008. That spending is expected to reach \$5.6 billion by 2013, according to the survey. Of the 400 respondents participating in the survey, 55 percent had already deployed self-service solutions, and 39 percent plan to do so within the next 12 to 24 months. That means that 94 percent of the respondents plan to have self-service solutions two years from now, indicating the definite place that self-service has in the future of health care.

For the MHS, which serves a mobile group of people, deploying self-service programs and implementing a central location for information could make for more efficient health care. As Microsoft's Campbell said, "You can carry around paper documents, and you can carry around film, but that is not the best way to manage and handle that type of data." ♦

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