

The Trouble with Medical Messaging Service

by Joseph Sameh

Nationally, medical telemessaging service has a problem. Typically, when a person purchases a service, there is a perceived notion of value gained through that purchase. Housekeeping, snow removal, tow truck services, and office janitorial services are just a few examples. Physicians' point of view towards answering service once fell into that category as well. But that was then and this is now.

The Problem: Each evening for more than 60 years, answering services have been providing overnight backup telephone support for physicians. Many of our readers are descendants of these pioneers. Today, messaging services for doctors are considered unavoidable. When patients call after hours, the physician may be contacted by the answering or messaging service. If so, the physician and the patient discuss the crisis at hand and map out a strategy. For all the commitment, hard work, and effort of the call center staff, the only thing the physician perceives today is an invoice from the call center at the end of the month – that is with the exception of the middle of the night wake up call to treat the patient. How would you feel if you were a purchaser of this service?

Early on, and before, managed care, most patients and their physicians had a one-to-one relationship that lasted throughout their lives. Most physicians were sole proprietors in private practice. When a patient called the doctor after office hours, the doctor naturally had great insight into the patient's history and medical needs. The two grew old together. The invoice amount paid by the physician to the message service was viewed as part of the overall cost of maintaining good relations with the patient in an era of increasing economic advantage for healthcare providers. A fee for service insurance reimbursement model characterized the era. As such, the patient and the provider were both beneficiaries of the after hours call. The patient received the round the clock care that was expected and the physician knew the patient would be a loyal customer in return.

With the advent of managed care, certain concurrent events changed the landscape of medical practice management. One change that exerted great influence on the patient-provider relationship was managed care itself and the impact of its lists of network providers. No longer was the relationship between patient and provider under the control of the patient and the physician. It was suddenly under the influence and control of the insurers and employers.

Managed Care Organizations (MCOs) began to apply downward financial pressure for reimbursements to physicians. As a result, the patient/provider relationship hit a low point. Patients began to complain that not enough time was spent with them in the office. Sometimes physicians were no longer readily available after hours. Doctors began to complain that they couldn't treat the individual appropriately due to managed care oversight. Doctors also began to experience income stagnation and even contraction. Consequently, doctors no longer perceived themselves as the beneficiaries of the after-hours transaction. The new beneficiaries became the patient, the answering service, and on occasion the pharmacy.

Your physician, however, still has to retain 24-hour coverage, and therein lies the problem. Physicians still must pay for messaging services. Along with the emergence of MCOs and due to some of the same pressures, solo practices began to disappear as ever-increasing group size became an unpleasant fact. This trend benefited the physician in some quality of life measures. Permitting and supporting a nightly call coverage scenario, one in which physicians began to

experience evenings off on a regular basis, is one such benefit. The era of sole proprietorship was largely over. Now we have the day of the physician-employee. This further inflamed the breach in the patient/provider covenant as patients lost control over who would manage both their daytime and after-hours needs.

Development of large, multi-disciplinary groups led to another tension: the successful management of on-call coverage schema by the message center. Due to human error or lack of understanding, often the wrong physician is paged or no one at all is contacted for urgent matters. Indeed, industry experts agree that incorrect message dispatch is the most daunting issue for doctors in medical messaging today.

Adding to this challenge, outside market forces have inevitably affected every provider to the health care field. Answering service is no exception to this reality. In terms of inflation-adjusted dollars, the rates for answering services are significantly lower today than they were 20 years ago. Labor costs are higher as a percentage of overall costs than ever. An abundance of high-tech equipment and a search for lower paid, entry-level employees answering phones for doctors is the result. When one adds the cost to adequately train and retain quality employees there is scant room for error on the employer's part.

To add insult to injury, regulatory pressures on the health care delivery system have created more paperwork for every medical practice. Consequently office staff has a greater burden than ever before. According to Howard Wolinsky, co-author of *Healthcare Online For Dummies* and a veteran medical and technology reporter for the Chicago Sun-Times, "If we could get physicians and their patients to communicate via e-mail and avoid voice mail jail, we could save loads of time and even squeeze out more time for docs to spend with their patients face to face. Now that would be a breakthrough." According to Wolinsky, "with the availability of broadband and new technologies, the pieces already are in place."

Other sources, including Harris Interactive, according to the results of a survey conducted in April 2002 indicate that 95 percent of patients want to exchange e-mail with their doctors. However, a much smaller percentage of doctors do so. This suggests that many patients hope doctors will take advantage of Internet technology to improve patient outreach efforts, but that doctors themselves may still be ambivalent.

Next, we'll explore doctors' current attitudes towards technological change. According to the results of the April 2001 Harris Interactive survey, people are accustomed to using the Internet for customer self-service.

Customers can now track package shipments, pay bills, order books, and do numerous other tasks without the participation of a customer service representative. More than 90 percent of people with Internet access would prefer to communicate with their doctor via e-mail while only 15 percent of doctors would want to do so.

The most significant use of the Internet in the teleservices industry is in the self-management and maintenance of on-call schedules. As a result, many call centers have been reclassified into contact centers.

The Threat: A number of organizations are providing e-mail access to doctors. Understanding the threat of this technology is crucial. These new providers will unquestionably grow and this trend has the potential to destroy the medical messaging service industry as we know it.

These companies are well organized and superbly financed; some even have the support of pharmaceutical companies and massive electronic medical records suppliers. One such company, Medem, is endorsed by the American Medical Association. Think back to the

introduction of voice mail and remind yourself how that technology changed the commercial telemessaging business. In a similar way, cable TV has hurt the broadcast networks. For those providing medical messaging services, this is an even bigger threat.

The Opportunity: Admittedly, these players have the significant advantages of access and money but many don't fully understand the operational dynamics of the health care call center market, the patients, and the practices. Many companies intend to charge patients to use their service. Why patients would flock to a "pay-for-e-mail" model when they could place a phone call instead is hard to imagine, unless the office hold times are so staggering that any price is worth avoiding the wait. Banks have successfully implemented pay-for-service by providing notoriously poor service to their client base. Now banks charge for everything. In the U.S. we have what many believe is the best health care system in the world, but access can be a challenge. All these players are addressing the aspect of patient access.

Most of these companies rely on the physician as the touch point for the patient. Stated differently, if the patient's call results in a physician requiring the patient to come in to the office, the doctor ends up asking the patient to call the office to schedule an appointment. The physician becomes the secretary for the secretary. Physicians answering phones at the front desk is not a viable option, yet these companies think doctors will want to answer all e-mail messages.

There are some successful Internet self-service models. Federal Express successfully offered its clients an easy-to-use system. Customers can augment live customer service with Web-based self-service. This process saves millions of dollars annually in reduced labor and the more it is used, the more valuable it becomes. This is known as the "role of network" effect.

NeedMyDoctor™ is a patent-pending application that addresses the above issue for medical messaging services while simultaneously providing an opportunity for the telemessaging industry to increase revenue. It is an adjunct support service for answering services and can integrate seamlessly with most modern telemessaging equipment. NeedMyDoctor™ offers significant labor savings and convenience to medical practices, presents callers to the practice with an alternative, easy-to-use, desirable communications channel, and creates the opportunity for answering services and integrated health services providers to improve the effectiveness of their branding efforts.

NeedMyDoctor™ delivers multiple channels of patient-to-provider communication. It is supported by existing medical practice protocol that effortlessly integrates daytime as well as after-hours on call management and can significantly reduce labor costs.

With an estimated 650,000 doctors and 20 billion annual daytime messages, there is enormous potential for our industry to collaborate in an effective revenue-sharing model that can retain market share, increase revenue, and enhance the respect and profitability of the industry in one fell swoop.

The following chart compares the current providers, including one IVR provider, and details their product features.

Physicians are accepting this because there is no need to change anything within their practice and nothing to buy. Over time an increasing number of patients will use some form of Web messaging to communicate with their doctors. It is my hope that this becomes the industry standard, providing all of us with many new opportunities that markedly improve the outcomes and quality of health care delivery systems.

Joseph Sameh is the founder of Mediconnect, Phone Screen, and NeedMyDoctor.

	EPIC	IDX	Medem	mydoconline	NeedMyDoctor	PhyTel
Startup / doctor	See note 1	See note 1	Data not available	\$ 450.00	\$ 22.95	\$ 1,000.00
Monthly Fee to Doctor	Included with EMR	Included with EMR	Data not available	\$ 50.00	\$ 1.50	\$ 400.00
Cost to patient	Free	Free	\$20 per use	2.50 per month per patient	Free	Free
Message turn around time	Data not available	Data not available	Within 48 hours	Within 36 hours	Defined by office protocol	Per office protocol
Who process the messages	Doctor	Doctor	Doctor	Doctor	TAS partner	PhyTel
Office directed and defined protocol	No	No	No	No	Yes Unlimited	Yes Limited
Immediate report to patient with response time expectation?	No	No	No	No	Yes	No
Doctors on system	35,000	17,000	200	600	3,000	Unavailable
Internet connection required	Data not available	Data not available	Yes	Yes	No	Broadband required
Comments	Available to large hospitals and integrated health care delivery systems.	Only available to large practices.	Available to any doctor with email. Broadband access not essential.	Available to any doctor with email. Broadband highly recommended.	Startup includes marketing materials for office.	24 hour availability through IVR only
Integrates with multiple EMR systems	No	No	No	No	Yes	No
Integrates with existing answering service	No Proprietary call center product	No Proprietary call center product	No	No	Yes. Any with web access such as Amtelco Infinity	Proprietary IVR system for 24 hour service

Note 1 – Need to first purchase a proprietary electronic medical records product.