

# Optimize Your Patient Portal

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## PART ONE: GROW REVENUE

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By **Aaron Carlock**, managing director, and **Bret Wagner**, director, Huron Healthcare

As the marketplace continues its transformation to shared risk and diminished reimbursement, healthcare organizations have a significant opportunity to manage that risk and offset lower reimbursement by growing portal-generated revenue.

The principal idea in increasing portal-generated revenue is to deliver services more efficiently and support the delivery of higher-margin services. There are four primary ways to accomplish this:

1. **Deliver more types of services**
2. **Enroll more members and keep them healthy**
3. **Capture patient responsibility**
4. **Earn Meaningful Use incentives**

The following report explores these opportunities, and is part of a series from Huron Healthcare on optimizing patient portals. *Part One: Grow Revenue* is intended to help healthcare systems on their journey toward performance improvement by bringing greater efficiencies to their businesses. Other reports in the series discuss using patient portals to **capture savings** and to **enhance patient engagement**.

### GROW PORTAL-GENERATED REVENUE

Upward trends in portal implementations imply that “everyone is implementing them,” but that does not clearly address the business value of utilizing a patient portal. To answer these questions and clearly see the financial opportunity in optimizing portals, let’s explore ways to increase portal-generated revenue.

#### 1. Deliver more types of services

Consider the following examples of delivering more types of services:

**E-visits.** These electronic encounters address common symptoms, such as back pain, coughing, fatigue, and flu. Benefit analysis shows e-visits improve the experience of care for patients and the health of populations, along with reducing per capita health care costs. HealthPartners in Minnesota launched an online clinic called Virtuwel in late 2010, and, after more than 40,000 cases, they reported<sup>1</sup>:

- Average \$88 lower cost per episode compared with care received in traditional settings
- Strong indicators of clinical effectiveness
- 98% of customers gave “would recommend” rating

Perhaps even more compelling, some 56,000 other cases with symptoms beyond the scope of the e-visit service were referred to appropriate in-person providers.

**Video visits.** These visits bring together patients and providers in face-to-face communications through the portal. While evidence of return on investment is still limited for these types of visits, opportunities exist in increased compliance with follow-up visits through improvements in patient compliance. Capturing revenue for visits that may not have otherwise taken place, as well as capturing specialty cases that may have otherwise stayed within more local, community healthcare networks, presents a compelling case for video visits.

**Health and dietary coaching.** This is a major area of opportunity for portals to connect with patients in their everyday lives and to promote healthier lifestyles.

Mobile technology has opened the door for people to improve their health and fitness through various applications. Rise ([www.rise.us](http://www.rise.us)) is an example of a subscription-based coaching app that pairs users with registered dietitians to achieve goals for weight loss, nutrition, and chronic conditions. Healthcare organizations have the expertise and ability, through their portals, to offer similar coaching at comparable or higher subscription rates and improve their population health.

“**Increase patient portals revenue through delivering services more efficiently and supporting higher-margin services.**”

**Bret Wagner**  
director, Huron Healthcare

## 2. Enroll more members and keep them healthy

Mounting pressure exists to enhance the effectiveness and accessibility of ambulatory systems, including both primary care and specialty care. Patients today are savvy consumers with an increasingly wide choice of ambulatory providers.

To address these trends, organizations must create a seamless patient access experience. A patient's experience does not start when they arrive on their date of service. Every "touch" counts—from scheduling a patient for treatment to the ease with which they enroll in the portal.

### MEMBER ENROLLMENT

#### Three Imperative Questions



#### How do prospective patients find us?

Organizations must first think about how they market their portals. Patients cannot sign up for a portal when they do not know it exists, or if information about the portal is difficult to find. Second, ease of enrollment is important to ensure that once patients learn about the portal they can sign up through a mobile device or streamlined enrollment on the home page of your portal.



#### How are we encouraging referrals through our portal?

Referrals can come through providers or other patients. For example, when a doctor submits a referral and directs the patient to the portal, the patient can enroll and use the portal to schedule an appointment with a specialty provider and complete a questionnaire ahead of the visit.



#### How can we deliver low-cost, high-value care more effectively?

By offering services like e-visits, video visits, and health coaching through your portal, you can deliver care much more effectively in the population health and at-risk reimbursement environment.

## 3. Capture patient responsibility

As the percentage of enrollees in health plans with large deductibles continues to grow, healthcare systems will face more challenges in collecting patient responsibility. According to the Kaiser/Health Research & Educational Trust 2014 Employer Health Benefits Survey, 20% of workers are enrolled in high-deductible health plans with savings options. The survey also found that 18% of all covered workers have a general annual deductible of \$2,000 or more, a figure that has risen steadily since 2006.

Additionally, out-of-pocket self-pay items like deductibles can take more than four times as long to collect when compared with co-payments. Studies show that 18% of deductibles and other self-pay collections ultimately get written off as bad debt.<sup>2</sup>

For these reasons, an essential aspect of an organization's self-pay collection strategy must be to enable patient payments online. From the patient portal, patients should be able to view outstanding balances, pay bills, and send customer service representatives any questions that may arise.

## 4. Earn meaningful use incentives

The Centers for Medicare & Medicaid Services (CMS) is setting the course in the transition to Stage 3 in the CMS Meaningful Use incentives for eligible providers, hospitals, and critical access hospitals.

Regardless of a healthcare practice's success in meeting Stage 1 and 2 requirements, many will find that demonstrating patient access and engagement are difficult components of Stage 3 attestation. Three specific Stage 3 measures, as proposed, will pose a challenge for healthcare organizations when it comes to providing electronic access to and engagement with health information.

“An optimized patient portal will reduce both the cost per collection and the number of billing statements, while increasing total collections.”


**Aaron Carlock**

managing director, Huron Healthcare

## Stage 3 Measures<sup>3</sup>

1. Within 24 hours of information being made available to their provider, 80% of patients must be provided access to their records, either through a provided patient portal or through an ONC-certified API. (Objective 5, Proposed measure 1)
2. More than 25% of patients must engage with their electronic health record. (Objective 6, Proposed measure 1)
3. Providers must incorporate information from patients or non-clinical settings for 15% of patients. (Objective 6, Proposed measure 3)

To meet these measures and receive the financial incentives from the Meaningful Use program, organizations will need to implement a robust feature set within the portal and also market their patient portals aggressively. Features like streamlined enrollment will give patients the ability to enroll in the portal at their convenience and reduce the enrollment lag time. Offering a complete feature set, including messaging, questionnaires, and billing, encourages patients to make frequent use of the patient portal. And allowing patients to take an active role within their portal, such as by entering biometrics readings tracked at home, contributes to the collection of data from non-clinical settings.



### KEY LEARNINGS

The principal idea in increasing portal-generated revenue is to **deliver services more efficiently** and support the **delivery of higher-margin services**.

An optimized patient portal will **reduce both the cost per collection** and the number of billing statements, while **increasing total collections**.

## NEXT STEPS TO SUCCESS

Huron Healthcare has established a framework for making business- and patient-driven decisions when optimizing your patient portal to grow revenue. After considering the suggestions we presented, the next step is to quantify opportunities by asking additional questions.

When developing reporting and analytics tools to drive optimization, start with commonly reported metrics and explore them a level further to uncover your best opportunities. Let's take an example—e-visits. You may already run reports showing how much revenue your organization earns from e-visits. But are those e-visits replacing in-person visits, or are these e-visits ones that may not have otherwise taken place? Are these e-visits with established patients, or are they with patients new to your organization?

Ask these core questions to uncover new, more meaningful ways to dig deeper into e-visit data:

**What counts that we are not counting?** In competitive markets, bringing more patients into your organization is paramount to a healthy bottom line. If patient acquisition is important to your organization, consider exploring how e-visit services can help. By reporting on e-visits completed by patients with no prior encounters at your organization, you'll discover how e-visits may help drive patient acquisition.

**What is the smallest subset of the problem we can usefully solve?** Is your staff spending a significant amount of time communicating via phone? Examining the reason for visits specified in each of your telephone encounters, you can determine which common symptoms you may wish to offer for e-visits. Leveraging a patient portal for e-visits by addressing these top three symptoms is an effective way to get started with offering new functionality to patients, and is an opportunity to turn time-consuming tasks into efficiencies.

**In the past six months, what is the smallest change we have made that has had the biggest positive result? What was it about that small change that produced the largest return?** Consider surveying your patients to uncover what they like and dislike about your online offering. Ask the following question: "Based on your online experience, how likely are you to recommend our organization to a friend or family member?" Then, "What are some of the reasons for that score?" Compare recent changes with the corresponding effect these changes had on feedback.

**Based on your online experience, how likely are you to recommend our organization to a friend or family member?**

Not likely at all Extremely Likely

0 1 2 3 4 5 6 7 8 9 10

**What are some of the reasons for that score?**

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Notice that the last two questions focus on small, incremental changes to create significant results. This principle, known as Pareto's Principle or the 80/20 rule, is the best technique for ensuring you are maximizing return on investment from your patient portal while limiting time and resources invested.

## OPTIMIZE YOUR PATIENT PORTAL

### FOR MORE INFORMATION

Other reports in this series are available to help healthcare organizations capture savings as well as enhance patient engagement online. To receive additional reports, and to learn about our free Patient Portal Report Card, which can help you uncover ways to optimize telemedicine, online scheduling, and payment collection, as well as enhance the patient experience, contact the Huron Healthcare solutions team.

### CONTACTS

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### ABOUT HURON HEALTHCARE

Huron Healthcare is the premier provider of performance improvement and clinical transformation solutions for hospitals and health systems. In 2015, Huron acquired Studer Group, the market leader in driving healthcare cultural transformation. The combination of Huron and Studer Group is focused on improving healthcare providers' clinical, operational, and financial outcomes. By partnering with clients, Huron delivers solutions that improve quality, increase revenue, reduce expenses, and enhance physician, patient, and employee satisfaction across the healthcare enterprise. Clients include leading national and regional integrated healthcare systems, academic medical centers, community hospitals, and physician practices. *Modern Healthcare* ranked Huron Healthcare third on its 2014 list of the largest healthcare management consulting firms. Learn more at [www.huronconsultinggroup.com/healthcare](http://www.huronconsultinggroup.com/healthcare) or follow us on Twitter: @Huron.

To see how Huron Healthcare solutions can empower your mission, contact us at 1-866-229-8700 or visit [www.huronconsultinggroup.com/healthcare](http://www.huronconsultinggroup.com/healthcare).

### REFERENCES

<sup>1</sup> Patrick T. Courneya, Kevin J. Palattao and Jason M. Gallagher, "HealthPartners' Online Clinic for Simple Conditions Delivers Savings of \$88 Per Episode And High Patient Savings," *Health Affairs*, Vol.

<sup>2</sup> Kim Lafontana and Kim Williams, "Practice Management Lab: Finding Success With Self-Pay," [www.physicianspractice.com/articles/practice-management-lab-finding-success-self-pay](http://www.physicianspractice.com/articles/practice-management-lab-finding-success-self-pay) (July 2006).

<sup>3</sup> Centers for Medicare & Medicaid Services, 42 CFR Part 495, "Medicare and Medicaid Programs: Electronic Health Record Incentive Program -- Stage 3" (Federal Register, Vol. 80, No. 60, p. 16732)