

# AUTOMATING FOLLOW-UP CARE

One strategy for improving efficiency, reimbursement, and online reviews.

BY JOHN A. HOVANESIAN, MD



Patients often leave their doctor's office and then think of questions they forgot to ask. Meanwhile, doctors frequently wish they knew how patients were doing with prescribed treatment or during postoperative recovery.

To address this poor connectivity, my colleagues and I created an electronic follow-up care system, MDbackline (MDbackline). Triggered within our electronic health record system (NextGen Healthcare Information Systems), it contacts patients by email or Short Message Service (ie, text message) to ask how they are. MDbackline has changed how we take care of patients, helped us negotiate with payors for better reimbursement, boosted our online reputation, and served as a valuable research tool. At the request of colleagues, we just began offering the software to other practices, and the system is already installed at three of them.

## HOW IT WORKS

Mrs. Jones, a 63-year-old patient, visits Dr. Susan Benson with a complaint of dry eyes. Dr. Benson recommends warm compresses and artificial tears. A week after her visit, Mrs. Jones receives an email asking how she is from Dr. Benson. The email links to a secure, online webpage, where Mrs. Jones briefly verifies her identity and then answers a few questions about how her eyes feel and which treatments she is using (Figure 1). She mentions mild itching (something that did not come up during the office visit), and the online interface suggests she consider using antihistamine eye drops if she has a history of seasonal allergy. Because Mrs. Jones is happy with her treatment, she rates her overall satisfaction as five out of five. At the end of the questionnaire, Mrs. Jones is offered follow-up educational material on how to instill eye drops properly and information on more advanced treatment options for dry eye disease (DED) such as punctal occlusion and the LipiFlow Thermal Pulsation System (TearScience).

Because Mrs. Jones gave a rating of five out of five and she has a Gmail email address, the system invites her to visit Google Reviews to share her positive feedback on

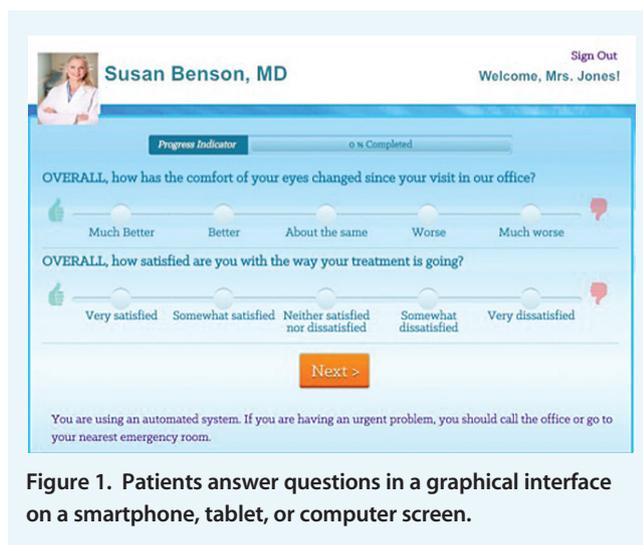


Figure 1. Patients answer questions in a graphical interface on a smartphone, tablet, or computer screen.

Dr. Benson. The patient is also invited to submit reviews on HealthGrades, Yelp, and Vitals.com. She would not have been invited to visit any of these sites if she had rated her satisfaction as anything less than perfect on the questionnaire.

## AT A GLANCE

- Patients often think of questions after leaving the doctor's office, and physicians frequently wish they knew how patients were faring between visits with prescribed treatment or postoperative recovery.
- To address these problems with connectivity, the author and his colleagues developed an electronic follow-up system that is triggered by electronic health record software.
- Automated follow-up is particularly helpful for patients who have DED and/or glaucoma and for those who have undergone cataract surgery.

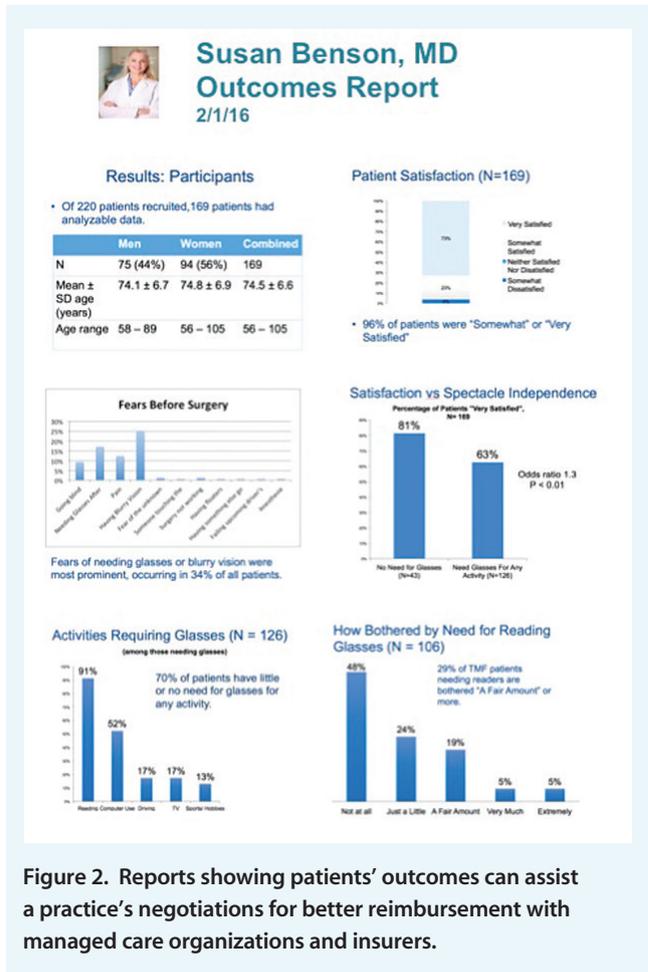


Figure 2. Reports showing patients' outcomes can assist a practice's negotiations for better reimbursement with managed care organizations and insurers.

Jennifer is also responsible for documenting meaningful use for the practice's reimbursement from the Centers for Medicare & Medicaid Services. She uses MDbackline follow-up data to meet the criteria for meaningful use.

Dr. Benson can use the system as a tool in her research on patients' satisfaction and visual function with a particular IOL.

## CONCLUSION

The most common conditions in the patients treated at my practice are cataract, glaucoma, and DED. Automating follow-up has enhanced the quality of the care my colleagues and I provide. It has also improved our reimbursement and our reviews on social media sites. In addition, the software has made documenting meaningful use less of a chore. Finally, the system's capabilities have helped my practice to become involved in several industry-sponsored research studies. ■

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Dr. Benson's technician Sue receives a low-priority task in her inbox to review Mrs. Jones' follow-up care results. The task subject shows that the patient is doing well and has no questions. Had Mrs. Jones had problems, the task would have carried a correspondingly higher priority, and the subject line would have indicated the level of the patient's distress. Sue opens the task, and with one click, she files it away.

Three months later, Dr. Benson's business office lead, Jennifer, is renegotiating the practice's contract with Aetna, which insures Mrs. Jones and many other of the doctor's patients. Jennifer logs into MDbackline to download a report on the satisfaction level of the practice's patients who have DED or glaucoma and of those who have undergone cataract surgery. (Patients with all three conditions receive follow-up care in the system.) The software shows that 90% of patients in all categories are happy with their treatment. In addition, Jennifer downloads a copy of Dr. Benson's Google reviews page, which shows 4.5 out of 5 stars from 86 patients. She attaches these reports to her correspondence with Aetna to document satisfaction (Figure 2).