



## **Are self-service patient kiosks right for your practice?**

By Ron Rajecki

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Nicholas Galantino is the chief executive officer of the LoCicero Medical Group, a bustling, nine-physician practice in Tampa that's about to get a lot busier: LoCicero is in the process of aligning with two other large internal medicine practices in south Tampa.

"We thought we had a state-of-the art design for our facility, but it turned out we had a bottleneck in our waiting room," says Galantino, noting that the merger has led the group to view its operations in a new way. With eight or nine practitioners working at any given time, plus diagnostic services such as echocardiograms and ultrasounds, LoCicero had about 12 patients checking in every 15 minutes. That was overwhelming the practice's one large check-in window, which was serviced by two receptionists.

"That arrangement was giving our staff just a little more than two minutes per patient check-in, and we were struggling with that," Galantino says. "We couldn't get all the information we needed quickly enough without making patients feel like they were walking into a cattle call. Once the patients were in the back, we have individual rooms, there's plenty of staff, and the mood is very relaxed, so it was very unfortunate that we were having this situation at the front window."

The front-office frustration at LoCicero typifies the hassle faced by many practices, large and small. Patient check-in, with its updating of records and insurance information, has long been a cumbersome, confusing process that offers few benefits to patients and even fewer to practitioners and their staffs.

LoCicero cured its bottleneck by implementing self-service check-in kiosks, a relatively new technology that is beginning to find its place in practices across the country—and making life easier for patients and staff alike.

Two years ago, Galantino visited a trade-show booth staffed by Clearwave, a Marietta, Georgia-based company that is one of several check-in kiosk manufacturers. Similar to check-in kiosks found in airports, Clearwave kiosks ask patients to swipe their insurance card or type in the information from it.

The kiosk then recognizes the patient and populates the system with his or her personal and medical information. The kiosk also sends a Health Insurance Portability and Accountability Act 270 inquiry, regarding benefits eligibility and coverage, to the patient's insurance company.

The insurance company, in turn, sends a HIPAA 271, which tells the practice everything it needs to know about the patient, including co-pay, co-insurance, deductible, and how much of the deductible has been met.

For a quarterly fee, Clearwave provides real-time updates of insurance company information.

The idea behind check-in kiosks is not only to increase the accuracy of patient records, but also to improve patient and staff satisfaction by decreasing tedious administrative tasks. Verifying eligibility status, for example, can be a time-consuming chore for an office administrator. The kiosks, on the other hand, connect directly to more than 1,000 insurance companies and provide an automated response in 10 seconds, according to Clearwave.

Thanks to the kiosks, patient check-in at LoCicero is much smoother, and the practice has netted benefits in terms of billing. "We get the right information, so we can bill correctly, and we get our money from the insurers in a timely manner," says Galantino, whose wife, Karen LoCicero, MD, is the group's lead physician. "Another real benefit is our ability to know exactly what each patient's insurance covered, so we could get them to the right specialists or the right diagnostic center, make sure they had referrals if they need them, and so on."

## **BETTER BILLING**

Robert Kaufmann, MD, of the Kaufmann Clinic in Atlanta agrees that kiosks have changed the face of his practice's front office—and dramatically improved third-party payments too.

Since installing the kiosks at his high-volume, two-office practice, Kaufmann has seen a 90 percent decrease in claims denials.

"To me, the biggest benefit of the kiosks is the ability to verify benefits and decrease denials," Kaufmann says. "I have one employee whose job used to be chasing claims. As her job has gotten much easier, we can now have her do other things that are more profitable for the practice."

Thanks to the decrease in staff time spent checking in patients, verifying insurance, and chasing down claims, Kaufmann has been able to increase the ancillary services his practice offers, such as in-house cholesterol checks and echocardiograms, without the need to add another employee. "If you have to add another person to do ancillaries, it really doesn't help your bottom line that much," he says.

## PATIENT, STAFF REACTION

Galantino and Kaufmann admit having been a little apprehensive about patients' reactions to the kiosks, especially among elderly patients to whom the check-in-at-the-frosted-glass-window concept might be as deeply ingrained as having their blood pressure checked. However, these worries were soon alleviated.

"We did have some concerns that it was too much technology and not enough personal contact," Galantino says. "Initially, we had some patients who were intimidated, who came in and said, 'Oh, I don't know how to use a computer.' But our staff would walk them through it, get them involved, and by the second or third screen, the patients were already getting comfortable with it."

Now every one of LoCicero's patients checks in using the kiosk.

"That's everyone, right down to one of our 85-year-old patients who approaches it with her walker and keys in all her own information," Galantino says. "I think a kind of odd benefit we didn't anticipate is that it makes people who aren't all that computer literate actually feel kind of good about themselves, because they're involved with it and not intimidated by it."

Benjamin Torrent, a 71-year-old patient who has been with the LoCicero Group since 1995, thinks the kiosks are a great idea. In fact, he now finds himself looking a bit skeptically at practices that *don't* use them.

"Everybody thinks older people can't figure out computers, but they might be surprised—we can be pretty computer-savvy," Torrent says. "The kiosks are great. They're easy to use, simple to navigate, and you don't have to sort through clipboards looking for the right provider and then wonder why people who arrived after you are getting called before you."

To make things even easier, a growing number of new insurance cards have a magnetic strip that can be simply swiped. The Medical Group Management Association advocates universal insurance IDs for all patients (for more on that topic, see <http://www.memag.com/insurancecard>).

As for the staff reaction? It depends, Kaufmann says. "You're going to have some staff members who don't want anything new and some who will try anything. Our billing side loves it because of the decrease in the number of denied claims, and our front-desk side likes it because I'm not making them go over every patient's address and make copies of every patient's insurance card, as I used to do."

"There is a little more responsibility on the front-desk side, however, because now when we get denial of claims or returned mail, I'm breathing down their necks a little bit, asking why this happens when all the updated information is right there and available to them," Kaufmann adds.

At the LoCicero Medical Group, the staff loves the kiosks because they have relieved a different type of pressure.

"Our front-office staff members, despite how hard they work, were in the middle of an uncomfortable patient-dissatisfaction situation every day," Galantino says. "So they welcomed it as a way to make their jobs easier and fix a patient-flow problem."

## **COSTS AND REWARDS**

The kiosks and ongoing fee for the real-time updating of insurance information may represent only a modest investment for many practices. Clearwave has four charges based on the number of patients per day and the number of kiosks needed: \$5,000 per kiosk; \$3,000 to \$5,000 for installation, training, and setup; a \$250 to \$400 monthly network fee; and \$2,000 to \$10,000 for integration services.

(A far more cost-effective option, especially for smaller practices, may be PhreesiaPads, sponsorship-based electronic clipboards that can help streamline bottlenecks by allowing patients to enter the same information into the device that he or she would write on paper check-in forms. The clipboards are free for physicians. For more information, see <http://www.memag.com/techguide>.)

According to Galantino, the LoCicero group practice did not incur up-front costs for its kiosks; instead, it pays a per-doctor licensing fee. The kiosks were part of a large hardware and software investment the practice has undergone during the past several years.

"Because of the way our practice is set up, and the fact that we do things most practices don't, such as housing the kiosks' software on our own servers, we have probably \$200,000 invested in the hardware," Galantino says. "We really went high-end on everything, including purchasing wireless tablets that our 15 providers can walk around with, and the associated docking software for those tablets."

The investment has been "absolutely worth it," Galantino says. He explains that Blue Cross and Blue Shield of Florida has a program called RPE—Recognizing Physician Excellence—in which bonuses are built into the reimbursement system for practices that are efficient from the insurer's perspective.

"The maximum bonus you can achieve through RPE is 15 percent, and we're at 10 percent, which puts us at the 96th percentile for all Blue Cross providers in the state," Galantino says. "Ten percent on my Blue Cross reimbursement is really significant, and most of that bonus is related to being able to operate in the electronic environment. So multiply that across the board, and there's no doubt that our investment in technology is worthwhile."

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