



Advancing High Performance Health

## AMGA Member Best Practices

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Prevea Health and DocASAP

# *How Prevea Health Is Innovating Access to Health Care*

A close-up photograph of a computer keyboard. The focus is on a single, large, blue key that has the word "webinar" printed on it in white, lowercase letters. The key is slightly raised and has a soft shadow. Other keys, including a double quote key and a bracket key, are visible in the background, but they are out of focus. The background is a light, textured surface, possibly a desk or a keyboard mat.

# How Prevea Health Is Innovating Access to Health Care

## **Prevea Health and DocASAP**

**Ashok Rai, M.D.**, President and Chief Executive Officer, Prevea Health

**Jordan Pisarcik**, Vice President, Growth and Consumer Engagement, DocASAP

### **Webinar Summary, May 6, 2020**

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*“One of the things that we had to do was make sure our vendor would be able to adapt to 400+ providers with 1,000-2,000+ templates. With all that variety, we wanted to make sure that we could adapt to that need.”*

— **Ashok Rai, M.D., President and Chief Executive Officer, Prevea Health**

In a recent survey, data showed that 54% of consumers put off a visit to a provider because scheduling an appointment was too difficult. Realizing that the gap between consumer expectations and their experiences in accessing care can put health outcomes at risk, many medical groups across the country are evaluating new strategies to make themselves more available to the needs of their patient populations. In a new webinar presentation titled “How Prevea Health Is Innovating Access to Health Care,” Prevea Health President and Chief Executive Officer Dr. Ashok Rai and DocASAP Vice President of Growth and Consumer Engagement Jordan Pisarcik detailed how their two organizations partnered to implement a new digital strategy to improve access.

Beginning the discussion, and pointing to the unprecedented circumstances brought on by the coronavirus (COVID-19) pandemic, which has affected health systems across the country, Pisarcik stressed just how important it is to understand that “the patient journey of accessing care is a cycle. It’s a cyclical environment in which patients are interacting in a number of different contexts with their providers. I think this has never been more true than it is right now due to the COVID-19 situation, where we’ve really seen the provider and patient relationship extend far beyond the office and outside of even a single ‘appointment.’ We’re seeing physicians and patients emailing and texting each other. We’re seeing virtual visits happening at seven, eight p.m. at night while the patient and the provider are both at home. So truly, the patient journey has changed from these single appointments to a continuum.”

As Pisarcik explained, the typical start of this continuum of frictionless access generally begins with a patient searching for a provider. Where this once was accomplished through the recommendation of friends, family, or other physicians, the pursuit has been remarkably transformed due to digital engines such as Google, Facebook and health plan member apps and portals. The next phase of the journey extends down to not just finding a provider, but finding the *right* provider in the *right* care setting at the right time, whether that involves an in-person or telemedicine visit. The next element becomes actually scheduling that visit, and from the provider

**Figure 1: Frictionless Access**



side, preparing that patient for the encounter, what to expect when he or she walks through the door or logs on virtually. Finally, after the appointment is finished, it is critical to continue the engagement with a follow-up that may lead to additional care needs.

### Easing Access

In addition to understanding this cyclical patient journey, Pisarcik emphasized that when it comes to designing an access strategy, it is crucial to consider and acknowledge patient expectations and demands.

First and foremost among these expectations is **convenience**. In a consumer survey conducted by DocASAP, data showed that 84% of patients said they

wanted the ability to connect with their doctors and schedule appointments outside of traditional business hours. Said Pisarcik, “With the convenience of new settings for care, aka the home—which patients are increasingly getting used to—we believe that convenience is going to be an even more important consideration for patients in choosing their healthcare providers moving forward.”

Another important consideration is **timeliness**. In the same DocASAP survey, over half of patients said they wanted the opportunity to see a provider within a week, with 80% of patients wanting to be able to see a provider within two weeks. Oftentimes the waiting period—especially for new patients—can extend

to four weeks or more. To stay competitive among patients with increasing options of choice and access, Pisarcik stated that providers must reassess how they can engage with their charges in a timely way and manage the backlog of demands that exist. One strategy that has garnered significant traction has been the adoption of online appointment scheduling.

Despite the growing patient demands of convenience, timeliness, and **new solutions** such as telemedicine—the last of which has experienced unprecedented growth in recent months, establishing a massive and lasting market shift—data shows that patients continue to have difficulty in connecting with their providers. Over half of delayed care is caused by challenges connecting with a provider and scheduling an appointment.

Among the various medical groups and health systems across the country reckoning with this reality is Prevea Health in Wisconsin. Faced with a newly empowered patient population expecting 24/7 conveniences, seeking care on their own terms, Prevea had gaps in care access, still relying on appointment scheduling solely through the phone. Aware of the fact that 77% of patients wanted the ability to schedule appointments online and would actually switch their provider based on that availability, Rai knew something had to change in his organization's approach.

“We found that we were probably setting up more barriers than we thought we were by calling people and telling them to schedule an appointment, but not giving them appointment opportunities,” he admitted. “[Online scheduling] was something we were really looking at as a gap-filling measure. And not just care gaps, but as a way to improve our patient satisfaction.”

## Making Choices

Transitioning to an online scheduling system, though simple in intent, was not an easy process for Prevea. “This was really a strategic initiative, and it was a scary one,” said Rai, indicating there will be some bumps in the road when making the transition.

In addition to achieving essential goals such as increasing the organization's patient volume and experience, closing gaps, and reducing overall costs, Rai also didn't want Prevea's online scheduling ability to be limited as a primary care project. It needed to be rolled out to specialties as well, starting slowly with OB/GYNs and pediatrics and eventually broadening out to other areas of practices. He envisioned rolling out online scheduling capabilities to specialties such as physical therapy, dermatology, and orthopedics, eventually spreading throughout the entire system.

Despite having an industry-leading vendor such as DocASAP creating the platform, one of the biggest challenges for Rai was gaining buy-in from his physician-led organization. “As physicians, we sometimes feel like we're losing control of a lot of things,” explained Rai. “And while the EMR started to take a little bit of control away from us, the one thing that we felt like was still ours was our template. So there were a lot of concerns with online scheduling, with ‘No wait, I didn't approve that patient,’ or ‘I don't want to mess with my template.’ One of the things that we had to do was make sure our vendor would be able to adapt to 400+ providers with 1,000-2,000+ templates. With all that variety, we wanted to make sure that we could adapt to that need.”

For his own part, Rai had to clearly and effectively communicate how and why this particular transition in operations was necessary for Prevea to better serve its patients and bring better value to their experience and engagement. In the wake of the COVID-19 pandemic,

it is a conversation that continues to take place and will result in lasting changes to the organization's need for standardization.

In addition to the physicians, Rai also came to realize just how important payors could be as partners in online scheduling. They can have better access to information about their covered population than Prevea. Often, the only way the medical group would know about a covered life is if he or she actually walked through the door. As a result, it became a question of how to get to know about those covered lives *before* they walked through the door.

"The payer actually had that info," said Rai. "And I'll be honest with you, payors and I haven't always been the best partners. But we were looking at payor partnerships as part of this initiative. How could online scheduling, married with a payor, actually match patients to us? So we wanted to make sure that whether it was within the payor space or Google or wherever, if somebody searching for X illness, whatever it may be, we would come up with the ability to book an appointment."

With Prevea's successful partnerships and investment in place, the organization's implementation of online scheduling harkened back to Pisarcik's focus on a continuum of access, making sure that patients were not only directed toward the right care setting, but to the right provider at the right time.

On the provider side, physicians were able to retain control of their schedules through a replication of the complex front-office workflows. On the patient side, Prevea made sure that they would have an opportunity to schedule an appointment online—whether it was through a Google search, a Facebook page, or on a downloaded app.

Launching across payor touch points in December 2017 and across consumer touchpoints in June 2018, Prevea's online scheduling platform, aptly titled Prevea Health, saw a number of substantial gap closures. According to collected data, 48% of the visits that were booked were preventative, 46% were same-week visits, and 57% were new patients.

"What I actually think is really cool is that I get a dashboard report every week from DocASAP through our quality department to see where patients are being seen and where it's being utilized," said Rai. "And our executive director of quality does a really good job of translating that into a quick bit of information for me. The amount of patients who were booking appointments when we were closed was stunning. Almost half of the appointments that were being booked were booked when we weren't open. Now you would think that would make common sense to me. But even as a CEO, I thought, 'Wow. That many people want to make an appointment when we're not open.' And then I realized I had to book an appointment for my son that day for a sports physical, and I was able to do it Sunday night at 8:30 p.m. when I got the reminder from school. So I think that's one of the things that was an 'a-ha' moment."

As Prevea Health continues to develop and update its online scheduling program with DocASAP—incorporating additional service lines for patient-facing scheduling, enabling a "scheduling on behalf" feature for internal scheduling, and transitioning all appointment reminders to the platform—Rai reiterated the importance of communication through this entire endeavor, engaging providers and staff so that they have a clear understanding about the whys and hows of this new system. Ultimately Rai asserted a common maxim: "Change takes time. We needed to make sure that we rolled this out slowly, but effectively. That's one lesson that we definitely learned."



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