Physician Referral & Telephone Triage
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The Doctor For You Dot Com

SACRAMENTO, CA—It is not always necessary to drive online physician referral traffic to your organization's official web site. There's another option, a choice that the Sacramento, California-based Sutter Health has spun out in the last year—the micro site.

In the fall of 2006, the health system unveiled www.thedoctorforyou.com and made it the centerpiece of its open enrollment campaign.

"There are two main reasons why we did it," says Tracy Murphy, Vice President, Strategic Marketing. "One is that the name of the site is truly responsive of what consumers are looking for today. It conveys very clearly that information about doctors is available at one's fingertips."

The other reason revolves around the Sutter Health name and affiliate hospitals. Sutter has its historic base in Sacramento and is quite well known in this community. However, many of its hospitals are in the San Francisco Bay Area, where the Sutter name is often subordinate to the hospital name in many people's minds. A catchy web site name without the word "Sutter" can have a relatively broad appeal in this area.

Additionally, a separate web site opens another door for the

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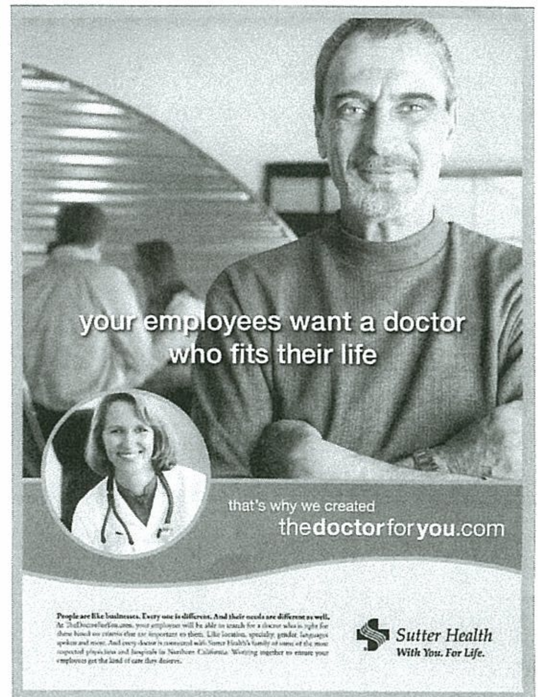

Longer Calls, Better Service at Health Plan Call Center

EAST LANSING, MI—Fifteen to 20 minutes is the average amount of time that nurses are on the phone in the BlueCross BlueShield of Michigan call center, says Michelle Silvaggi, RN, Manager. This puts the call center somewhat above the national average for call time for a typical nurse advice or triage call. However, there's the rub. These are not traditional nurse advice and triage calls.

"Our plan is that we have a one stop shop, one phone number that any of our members can use to get hold of a nurse," says Michelle Fullerton, RN, Director of BlueHealthConnection, the organization's integrated health management program. She is responsible for the nurse advice

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known in the hospital."

The main argument for having a separate phone number was for tracking purposes. To handle this issue "we had two of our nurses create a guideline for blood borne pathogens that are known or suspected," James says. "Whenever the guidelines are used then we know it is an employee."

Theoretically it is also possible that outside individuals such as nursing home personnel will call. However, within this system there is a print screen and each record is printed out for occupational health's use in the follow-up process. An outside individual would easily show up in an attempted employee match.

There is a fair amount of detail that comes with providing this service as call center nurses have to be up on all sorts of diseases from AIDS to Hepatitis B and Hepatitis C.

Call volume is not large—there were four calls last November and the same amount in December, for example—but that's not the point. For a service like this, the ideal volume would be zero.

However, the calls do take a lot of time. The actual time on the phone may only be five or 10 minutes. The nurses triage the calls and make sure the individual has performed the right first aid. They also work with the patient on the next step, getting treatment.

Altogether the time needed to handle one of these calls is about an hour. Much of that is taken up in filling out the relevant form and making sure the patient gets to the right level of care. In some cases, if the patient does not want to wait to get going on their treatment, the call center nurse can put the patient in touch with the PEP (Post-exposure prophylaxis) line, a national resource staffed by doctors where they can learn recommended treatment. "However, this is meant more as a doctor to doctor service so it doesn't work as well for nurses," she says.

The call center handles these calls after hours and on weekends as the occupational health folks get them during the regular weekdays. ■

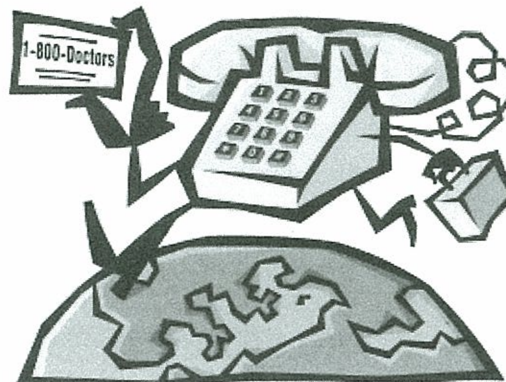
1-800-Doctors Rolling Out New Strategy

WOODBRIDGE, NJ—Over the years we've written many stories about 1-800-Doctors. After all, this is a company with roots dating back to 1984 and possessor of an easily recognized vanity number. The organization had historically taken a city based approach to physician referral. Hospitals and individual physicians in a targeted city would contract with the company to drive business to them via the 1-800-Doctors phone number.

At one point there was a call centers in place actually doing the physician referrals on behalf of its client hospitals and doctors. At a later point in the company's history, the call center was closed and business was directed straight into the contracted hospital's call center.

In its targeted cities, the company drove the 1-800-Doctors number into the public's consciousness through aggressive advertising. Indeed, says current Vice Chairman and General Counsel Peter Cossman, Esq., this approach was generating a call volume of 200,000 calls a year in Chicago alone.

The company has been rather low key in the last few years. Even with little advertising, it has been getting 100,000 calls a year in the four markets it has been operating—Chicago, Baltimore-Washington-Philadelphia, Texas (Houston mainly) and Southern California.



There are certain limitations with this business model particularly its city-based nature. Expanding city by city by city can be a most time consuming process.

Therefore, the company began looking for a new model, a model the company is currently rolling out. "What we want is to be the consumer's concierge," says Chairman and CEO Jerry Brager. "We want someone who is on vacation and needs a doctor to call 1-800-Doctors and find a doctor right there." So if they are from New Jersey and are vacationing in San Diego, calling 1-800-Doctors will result in a physician referral from a San Diego call center to a San Diego doctor.

That is just one example. The company's ultimate goal is for 1-800-Doctors to become a national healthcare brand and to do it through hospitals. "Our goal is to have 500 to 1,000 institutions in

our hospital network," he says. This would enable the organization to help its hospital network with group purchases of media.

How It Would All Work

Brager initially got involved in 1-800-Doctors in 1999 through an investment group and eventually bought the company. But it wasn't his first exposure to healthcare call centers. Back in the 1990's when Access Health was merging with Informed Access (the merged firm is now part of McKesson), the medical communications firm he controlled did the advertising for the company.

As he has got to know this business he became a believer in the power of the 1-800-Doctors phone number, but felt the strategy needed to be changed.

The new approach rolling out this year is for hospitals to exclusively license the number in a service area defined by zip codes. Then, it could either use the company's advertising from its tool kit (which comes with the license) or it could use its own ads and simply put the 1-800-Doctors number on its ads.

Or, Brager says, the hospital may want to maintain its call center number and the 1-800-Doctors number and use them both depending on the particular situation.

Cossman argues that this approach may appeal to a wide variety of hospitals, but may especially resonate with smaller hospitals that operate in the shadow of bigger healthcare organizations and could use a high profile vanity number as a push.■

Tightening Up Group Practice Triage Standards

CHICAGO, IL—Maureen Power, RN, MPH, LNC has been around telephone triage for a long time. Years ago she was the co-founder of an off site call center company (now since sold) and had developed a special concentration in risk management. Today she is a legal nurse consultant for a law firm, Powers & Cronin, Ltd, which handles defense needs for a variety of healthcare clients, among others.

Additionally, she also presented a conference last year "The 2006 Legal Essentials for Triage Professionals Conference."

She is most concerned with the way triage is practiced in many medical offices. "There is a huge disconnect in ambulatory care and especially the triage market with a lack of understanding of the standards for care," she says. "For example, let's take call wait times. There might be an answering machine or a call back system, but often there's a lack of proper documentation."

Very specifically, her concern is the standards for the length of time it takes the nurse to get back to the caller. Her take is from the vantage point of the patient and their expectations about how the healthcare system ought to work. An analogy to a dire emergent situation may be useful here, she says. "We have a standard of care already existing of four minutes. That is if something catastrophic happens then things like the brain shutting down happens within four minutes."

Even if the message suggests they ought to contact 911 if they feel it's really immediate, often, Powers says, callers don't do it.

People expect a rapid callback if the symptoms they initially describe either on the answering machine or to a non-clinical receptionist are extremely serious. Even if the message suggests they ought to contact 911 if they feel it's really immediate, often, Powers says, callers don't do it. Rather they want a nurse to come on the phone and verify for them that this is a most serious situation. So, if the caller describes his or her symptoms and it is an hour or two before the call is returned then the caller gets the impression that the nurse didn't think it was a big crisis. And, in fact, it may indeed be a big crisis where the patient's life may be at stake.

At the least, there should be strict call back standards within the medical practice and those ought to be specified on the machine or by the intake individual.

Another area that Powers is seeing in the group practice realm is insurers that are increasingly concerned with risk management within the practice. For some, a series of questions may be addressed to the practice, among them if they have any nurses working there and if they do telephone triage for their patients. "If the practice says it has no nurses but it does telephone triage then a red flag goes up for their insurer," she says. This tells them that the practice may be having individuals who may be unqualified providing telephone triage.■