



## *Your Future Chief of Staff?*

By Howard Larkin

He knows that Generation Y is a different breed of health care consumer. And he knows that (OMG!), if you don't catch them online, you may not catch them at all.



Just 5 years old when IBM introduced the original PC in 1981, Jay Parkinson, M.D., grew up with computers. Like many on the leading edge of Generation Y, he was already an online whiz when he graduated from Washington University, an early Internet hub, in 1998. "The Internet was just starting to get user-friendly about then," he recalls.

Medical school, a master's in public health and preventive medicine and a pediatrics residency matured and deepened Parkinson's involvement with information technology. Laptops, e-mail and cell phones weren't new ways to do old tasks; they were primary conduits of learning, friendship and relationships with colleagues. Instant data and communication permeated his daily life, influencing decisions large and small.

But when it came time to enter private practice, the online express hit a brick wall. Parkinson found there was virtually no alternative to seeing patients in a traditional office, complete with waiting rooms, receptionists and 14-page intake forms. "I was pretty upset to find that there was no way to practice medicine that was consistent with the technologies I use in everyday life," he recalls.

Parkinson met this challenge not by submitting to the 19th century manual processes that still dominate many 21st century medical delivery systems. Instead, he drew on his own IT experience and intimate knowledge of his educated and creative, but generally none-too-wealthy, Gen Y neighbors in the Williamsburg section of Brooklyn, to come up with a new kind of practice—one that offers a glimpse of what may be the future of health care marketing.

"A lot of my friends are artists and freelancers, and if you make \$40,000 a year and health insurance costs \$950 a month like it does in New York you are kind of screwed," Parkinson says. "To succeed, I had to create something that these people would want enough to pay for it. So I asked myself, 'What would I want?'"

The answer was convenient care for the acute injuries and minor illnesses that are the kinds of medical problems these young and healthy adults most often encounter, along with prevention tools to keep them healthy and information on where to get the most for their money when they need tests, drugs or hospital care—and all of it available via just about any digital device 24 hours a day, 365 days a year, of course.

Parkinson did it by stitching together off-the-shelf technology including PCs, Web design and database software, e-mail, blog spots, Wi-Fi and cell phones. He has no office or staff. Instead, patients contact him by e-mail, visit his Web site or call his cell phone any time. He almost always answers it himself. Appointments and registration are made on his Web site ([www.jayparkinsonmd.com](http://www.jayparkinsonmd.com)), and he travels to patients' homes or offices for face-to-face visits. Follow-ups often are done by e-mail, cell phone or text message. "I never leave my ZIP code," he says.

When patients need a service that Parkinson can't provide, such as a test, specialist or surgery, he refers them using a price list he has compiled for common services offered at clinics, hospitals and freestanding doctor offices across New York City. "A chest X-ray can cost anywhere from \$50 to \$350 depending on where you go. Part of my mission is to out the prices of every provider in the city," he says. When patients need hospital care, he sends them to facilities that use hospitalists—again guided by his price and quality research.

Six months into practice, Parkinson has about 300 active patients and averages about eight in-person visits a day. He limits his practice to patients ages 18 to 40 and estimates the median is around 27. About half are uninsured. Even those who are insured often have high deductibles and almost always pay cash for the \$150 to \$200 fee. "Price really isn't the issue, it's convenience," he says. "Besides, I save them so much on tests that they usually come out ahead."

Indeed, Parkinson credits his responsiveness and value-based referrals at least as much as technology for his success. "I can't tell you how many patients have said to me, 'I came to you because you were the only doctor who answered the phone.' People will pay for quality, defined as consumer satisfaction, based on how accessible you are. Let those who don't understand customer service wallow in their own misery."

Parkinson is working with a firm to develop a plug-and-play platform that will offer similar capabilities to doctors who can't build it themselves. He says he hears almost daily from doctors interested in his practice model. "Keeping in touch with patients electronically is really cool," he says. "I think it will be quite revolutionary."

## ***Future or Fad?***

So will freelance doctors-cum-financial advisers roaming the streets with BlackBerries making referrals based on price lists control the future health system? Probably not.

For one thing, Parkinson's practice focuses on a niche so narrow that some call it a boutique, though he believes it addresses rapidly growing—one might even say metastasizing—needs such as unaffordable health insurance that go well beyond Gen Y.

For another, plenty of organizations, ranging from big employers to software developers to mainstream medical societies, are moving to similar solutions. As of January, there's even a permanent CPT code for online physician visits. Some insurance companies, including Aetna and Cigna, will even pay for them.

That's a good thing, says Allen Wenner, M.D., a family physician practicing in Columbia, S.C. "The pending shortage of practicing physicians will result in a dramatic increase in e-visits. It is the only way we can increase physician productivity in a meaningful way." Wenner is the primary author of Instant Medical History, a structured questionnaire designed to identify significant patient symptoms that forms the front end of many online visit systems, as well as triage and intake kiosks in physician offices and emergency rooms. Officials at Parkland Memorial Hospital in Dallas say it has helped cut both overhead cost and waiting times.

Wenner treats dozens of patients a week online, and encourages those who come in person to fill out the questionnaire online beforehand to jump-start the patient interview. While online patients are mostly younger, older patients also take advantage of the service, especially if they are uninsured. He charges cash for online visits because most insurers still won't pay. "If you price it within \$10 of the co-payment, people will use it and pay out of pocket even if they are insured because it's more convenient," he says. Higher deductibles are driving more patients to this option all the time, he says.

Beyond cost savings, younger patients are likely to demand from hospitals and other health care providers the same access, convenience and transparency they experience every day with banks, retailers and other consumer businesses. And technology such as the e-visit and online preregistration will play a major role in meeting these demands.

"Generation Y consumers don't just want online access, they expect it," says Paul Keckley, executive director of the Deloitte Center for Health Solutions. "When they buy a new MP3 player, they're not just comfortable Googling it to find out what's available and ordering online, they prefer it to going shopping. They are likely to do the same when they need health care."

This behavioral shift presents a fundamental marketing challenge for health care providers. "We are still a patient-centric rather than a consumer-centric system," Keckley says. "That means providers are focused on what they can do to take care of the boomers and blue-hairs in front of them who have an active diagnosis. Gen Y is not even on the radar screen." Capturing them will require, among other things, providing online access to information on service outcomes and prices, as well as services such as preregistration. If this kind of interactive service isn't available when consumers hit your site, they'll go right on to the next one, Keckley says.

This online approach isn't limited to Gen Y patients. Indeed, recent studies by Deloitte and the National Business Group on Health of consumer health care behavior suggest that boomers and seniors are nearly as likely to use online resources as those under age 30. However, other evidence suggests that Gen Y is still more influenced by the availability of online or even in-office automated services than their elders, perhaps in part because they generally do not have strong existing attachments to providers.

For example, when the Cedar Rapids Medical Education Foundation, a family practice residency program affiliated with the University of Iowa in Cedar Rapids, began offering incoming obstetrics patients the option of registering at computer kiosks in their offices, no-shows for first appointments dropped from about 25 percent to about 10 percent, says program director Gordon Baustian, M.D.

Many of the clinic's OB patients are uninsured walk-ins in their teens to early 20s. Thanks to the computer-assisted check-in, they are now typically prescribed vitamins and have blood drawn on their first visit instead of waiting to see a doctor, Baustian says. As a result, patients get more engaged in their care sooner, and are more likely to return for their first physician appointment. "It has eliminated a lot of Swiss cheese in our schedule," he says. The system, designed by Medfusion, a supplier of online portal technology to medical practices across the country, incorporates Instant Medical History, which also helps identify high-risk cases earlier, improving care.

Medfusion's utilization statistics also suggest that Gen Y patients respond to online interactive technology more strongly than others, says Steve Malik, the firm's president. "We see much higher utilization in OB practices than in cardiology or other specialties that serve an older patient population," he says. OB practices report that no-shows for first appointments are typically cut by half or more to about 5 percent to 6 percent when the practices provide intake questionnaires online. Once they take the time to fill out the intake form online, which can be 19 pages, they become much more committed to the practice, Malik says

## *The Community Effect*

But comfort with technology isn't the only thing that sets Gen Y apart. They also approach decision-making differently from their elders. Studies suggest that they are at once more likely to consult others, but also more likely to make the final treatment decision themselves.

A study by the National Business Group on Health found that Generation Y patients, defined as those younger than age 30, are not only significantly more likely to look for quality information online, but are also more likely to consult their friends and family before and after seeing a physician than are workers over 60, and to take an advocate to medical visits, says Karen Marlo, director of benchmarking and analysis for the business coalition. "This is a generation that is very Internet savvy, so it's not surprising they approach health care information in the same way."

Younger workers were also more likely to consult their friends and family before and after seeing physicians than were workers over age 60, and to take along an advocate to medical visits. Marlo says this could be another reflection of the "helicopter parent" effect, in which Gen Y members maintain close contact with their parents well into adulthood, though the study didn't address such questions, she emphasizes.

Gen Y workers were also much more likely to trust their friends' medical advice than were older respondents. "This may be because they have more friends online and are more likely to seek out people who have already had a similar experience," Marlo speculates.

Like other age groups in the study, Gen Y consumers rate doctors as the most reliable source of medical information. But they were also more likely than other groups to consider other information sources before making a decision on how to address a health issue. For example, if a doctor were to prescribe both medication and lifestyle changes to treat a condition, younger respondents were significantly more likely to say they would try lifestyle changes first than were older workers, the study found.

Wenner believes this is a generational trend and he expects it to continue. “More patients, particularly Generation Y patients, are going to take what doctors say and look it up and ask questions about it in blogs, and see if it makes sense before they do it. You won’t have any choice but to deal with them in a way that involves them in every decision.”

## *The Same but Different*

Keckley agrees that a high proportion of Gen Y members are looking for new ways to interact with the health care system. But an even larger group, nearly half, are compliant and not really looking for new information or technology. However, they do want better services.

“It’s not really a homogenous group,” he says. “A lot of them really aren’t engaged in the health care system because they have never had any real need.”

One factor that does run through all categories of Gen Y respondents, and other age groups as well, is an unmet desire for understandable cost and quality information. This suggests a market opportunity that could be exploited, much as Dr. Parkinson has done by offering patients value-based referrals.

“It leads you to believe that a health care provider could differentiate itself by offering this information online,” Keckley says.

The investment required to do so would be substantial. And the payoff may not be immediate for some hospitals given that Generation Y consumers as a group don’t use many health care services and won’t for some time. But demand is growing, Keckley notes.

“Some consumers and policy-makers believe there is little excuse for providers not to adopt technologies that improve diagnosis and make care more convenient and transparent,” he says. “We may think that the technologies are premature and we don’t have the standards. We didn’t have standards for sending out bills and collecting money either, but we built systems to do it. We’re going to have to do the same to bring clinical care into the 21st century.”—Howard Larkin is a freelance writer based in Oak Park, Ill.