

Healthcare AI, Patient engagement

Intelligent patient experiences, part 2: How easily can your patients manage their appointments and prescriptions?

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In the second part of this series, I explore two fundamental patient engagement journeys: scheduling appointments and refilling prescriptions. Too often, these journeys can be frustrating for all involved, as patients find themselves disempowered, while nurses are burdened with monotonous administration. But it doesn't have to be this way. The technology to transform appointment scheduling and prescription refill experiences already exists—and has been extensively field-tested in other industries.

Let's start with scheduling appointments. To better understand the problem with a traditional approach, we'll follow a hypothetical patient on their appointment scheduling journey.

Jane has back pain from the long hours she works packing boxes at a fulfillment center. She has an appointment scheduled with her family physician, but the day before, she finds she has to take an extra shift to cover for a colleague.

She gets up early, calls to reschedule—and a recorded message asks her to try again during office hours. So, she calls again on her morning break. She waits in a queue for 20 minutes, then has to get back out on the warehouse floor.

Jane becomes a no-show. Her back pain gets worse. And her slot, which could have been offered to another patient, goes unfilled.

When a journey is laid out like this, it's easy to see why many forward-thinking healthcare organizations have made rethinking appointment scheduling a strategic priority—and moved to empower patients to manage their own appointments through a patient portal.

But there's a problem with this approach, too. As I explored in my previous article, [not all patient portals are delivering the value they promise](#). Indeed, [in one recent study of US consumers](#), nearly half reported difficulties using a patient portal to access their medical records.

Any given portal can have its own problems, such as confusing navigation or limited functionality. But there's an even more fundamental issue with relying on your portal to fix your appointment scheduling journey: it's not a universal solution. To access a portal, a patient also needs ready access to the internet and a smartphone or computer.

Simply put, healthcare organizations need a more comprehensive, inclusive alternative to the traditional appointment scheduling journey. So, what would that look like?

Empowering patients to reschedule, at the ideal moment

For a lot of us, the perfect moment to reschedule an appointment is the moment we realize we can't attend it. If we add "call the physician" to our mental to-do list, there's every chance it will slip and slip, and if the healthcare issue isn't urgent, we may forget entirely.

That's where *actionable* appointment reminders come in. When appointment management technology offers two-way communication and is integrated with the EHR—enabling it to access provider schedules in real-time—smarter, simpler journeys suddenly become possible.

A patient that receives an automated phone call or text reminder is now able to interact with it, and respond immediately to reschedule, cancel, or confirm. The patient has an incredibly convenient experience, and the healthcare organization is able to optimize its schedules more effectively.

Getting self-service scheduling right

It's easy to imagine the impact of introducing this self-service journey. No-show rates drop and open appointment slots are more likely to be filled, increasing both appointment revenue and patient access.

And that's just by empowering patients to manage their existing appointments. Now imagine applying intelligent automation to let patients schedule new appointments, at any time of day, on their channel of choice.

Patients' appetite to book their own appointments is well-documented. When [Experian Health surveyed healthcare consumers in late 2021](#), 73% wanted the ability to self-schedule doctor appointments online.

But the process needs to be fast, simple, and—like rescheduling—available to every patient, even the many who still need or prefer to place a call.

On average, [30-40% of the calls received by an outpatient clinic are requests to schedule an appointment](#). And the experience is often far from ideal. [In a recent study by GetApp](#), 59% of respondents said that, when scheduling appointments by phone, they were frustrated by inconvenient office hours and having to wait on hold.

Here again, technology has a proven solution. With intelligent automation and EHR integration, it's possible for patients to book their own appointments, on any channel, 24/7. Such self-scheduling is especially suited to specialties that require few in-office procedures—think GI, PT, OT, Sports Med and Audiology, as well as flu and vaccine clinics.

Empowering patients to self-schedule, whether over the phone or online, ultimately promotes the pursuit of good health. It also reduces the number of calls handled by live agents while increasing their sense of purpose, as they're able to focus their attention on more complex issues.

Automated prescription refills? They're just what the doctor ordered.

The prescription refill process is another common task ripe for automation because it traditionally relies on manual tasks:

- The patient leaves a voice message requesting a refill
- A nurse listens to the message
- The nurse consults the patient record to determine medication status

- The nurse sends the approval request to a physician, or...
- The nurse reaches out to the patient to bring them in for an appointment

This can be tedious work that's well below a nurse's level of expertise. So, can we empower patients to self-serve their prescription refill requests? Absolutely. Here's how.

When patients request a refill, associated medications are automatically checked against the patient record in the EHR in real-time:

- If refills are available, the patient is directed to the pharmacy
- If no refills are available, and their physician needs to see them before they can renew a prescription, the patient is directed to self-serve appointment scheduling
- If no office visit is required, a prescription renewal request is sent to the physician as part of their normal refill process workflow—the patient is notified that the prescription was sent to their preferred pharmacy or if the prescription was denied

Physicians don't need to change their behavior at all, and 100% of the workload that nurses have been shouldering is simply eliminated.

The potential business benefits are significant. On average, our [Patient Engagement Solutions](#) customers see 40% of patient portal support calls deflected from live agents, and routed to self-service options that bring rapid answers or resolutions. Applied to prescription refills—the second most common reason for afterhours calls—intelligent automation promises to have a similar effect, decreasing manual work performed by care teams and staff, while modernizing patient experiences.

Next time... How quickly can your patients get answers and advice?

Sometimes, patients just need a quick answer—from which amenities you have on site, to whether they can eat before their blood test. In the next part of this series, I'll explain why Intelligent Virtual Agents and GPT-4 can help health systems respond.

Tags: [Patient experience](#)



About Anthony Oliva, MD, D.O. MMM CPE FACPE

Dr. Anthony (Tony) Oliva, D.O. MMM CPE FACPE, is the vice president and chief medical officer for Nuance's Healthcare division. Dr. Oliva draws on more than 15 years of executive healthcare experience. As chief medical officer, he personally has been involved with the implementation and expansion of clinical documentation programs since 2004. Previously serving as chief medical officer for Borgess Health, Dr. Oliva was accountable for the clinical practice of medicine across all Borgess Health entities including ambulatory care, hospital care and extended care services. He is currently Board Certified in Family Medicine. Dr. Oliva received an MS in Medical Management from Carnegie Mellon University Heinz School of Public Policy & Management. He is a Certified Physician Executive, a designation earned from the American College of Physician Executives.

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