

# PHYSICIANS PRACTICE

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## Trick Out Your Practice Web Site

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November 2009 Issue

“Print is boring,” says family physician Steve Samudrala in Brentwood, Tenn. “Look how many e-mails go unread.”

So when the swine-flu pandemic reared its snout this spring, Samudrala sent an e-mail newsletter to his patients with a link to a video of himself and an actress discussing the disease’s symptoms and treatment. When patients clicked on the link, they were transported to Samudrala’s Web site ([www.afdclinics.com](http://www.afdclinics.com)), where cut-out video images of a physician and an actress appeared on the screen and started talking, like little people who lived inside the monitor.

[Practice Web sites](#) have come a long way from the days when they functioned merely as electronic Yellow Page ads: colorful but static. Now they’re busy, interactive cyber offices where all sorts of valuable work gets done: [patient education](#), appointment scheduling, collections, and [online visits](#), to name a few examples. Increasingly, they give patients a convenient view into their electronic health record. And the best Web sites cater to the online preferences of patients, whether it’s feeding them videos or connecting to social networking platforms like Facebook.

Has your Web site kept pace with the state of the art? If not, there are ways to upgrade your site, some of which involve little or no expense. What you’ll get is the practice-management equivalent of a Swiss Army Knife.

### Widgets — good things in small packages

If your Web site is your online office, then a widget is the equivalent of a flat-screen TV in the waiting room. Also known as gadgets, widgets are small, self-contained windows of information — ranging from news headlines to video — that you can plug into your Web site with just a few clicks. They’re the easiest way to take your Web site to a higher level, and they’re usually free.

This technology gave practices like Dalton (Ga.) Family Practice a quick and easy way to educate patients about the swine flu earlier this year. The practice embedded in its Web site ([www.daltonfamilypractice.com](http://www.daltonfamilypractice.com)) a free swine-flu widget created by the U.S. Centers for Disease and Control. By clicking on topics in the widget, visitors are directed straight to the latest CDC guidance on the subject. You can find this and 14 other public-health widgets at the agency’s Web site

([www.cdc.gov/widgets](http://www.cdc.gov/widgets)).

If you want to help patients take responsibility for their health, widgets fill the bill. Patients can learn how to conduct skin self-exams with a free widget from a Web site called VisualDxHealth ([www.visualdxhealth.com](http://www.visualdxhealth.com)), which offers six other devices. Another widget from Google lets them calculate their body mass index. The search-engine colossus maintains a warehouse of almost 200,000 free widgets ([www.google.com/webmasters/gadgets](http://www.google.com/webmasters/gadgets)) that you can search for using key words. If you're looking for news feeds on healthcare in general or a particular topic like diabetes, Google, and another prime source of widgets called Widgetbox, ([www.widgetbox.com](http://www.widgetbox.com)) give you plenty of choices.

### **Videos appeal to visual learners**

For Samudrala, online videos market his practice as well as educate his patients. Samudrala operates three urgent-care clinics, but like many other physicians in this niche, he hopes to convert stray walk-ins into regular patients. So when a new patient comes in with a bee sting or sprained ankle, the patient is asked to provide his e-mail address in the registration process. That patient then goes on the mailing list for a weekly e-newsletter that advertises a new health video. "We're hoping that the videos will make them think of us when they need a doctor again," says Samudrala.

The prospect of offering 52 videos a year on your Web site may sound daunting, but about 15 percent are freebies available via hyperlink from FamilyDoctor.org, created by the American Academy of Family Physicians. Samudrala's remaining videos, produced by an Internet marketing company called DefiNet Contact, feature Samudrala talking to another physician, a medical assistant, or an actor about a condition. They're superimposed on the content of the Web site home page with a technique called borderless video. Because the clips are only a few minutes long, four to six can be shot in one monthly, hour-long session, he says. All the videos are archived at Samudrala's Web site. He pays the marketing company roughly \$1,000 a month to produce the borderless videos and send out the weekly e-newsletters. A single borderless video, minus any e-newsletter, would cost between \$500 and \$600, according to Scott Farrell, vice president of operations at DefiNet Contact.

New York reproductive endocrinologist and OB/GYN Alan Copperman also has caught the video bug. But unlike Samudrala, he produces his own footage in-house with the help of two tech-savvy employees at his clinic, Reproductive Medical Associates of New York ([www.rmany.com](http://www.rmany.com)). So far, Copperman has posted two videos on his Web site. One takes visitors on a tour of his facility and reviews in vitro fertilization step by step, all with the hope of making would-be patients a little less nervous, he says. "Patients want reassurance that their sperm and eggs won't get mixed up with somebody else's," he says. The other video explains the process of freezing fertilized eggs.

Like Samudrala, Copperman says it's important to reach out to patients who are more inclined to watch a video than plow through text. "Some people are visual learners," he says. One example was a woman who had just been told she needed in vitro fertilization to become pregnant. Googling for guidance, she found Copperman's video reviewing the procedure. She made an appointment with Copperman,

received a real-life tour of the facility, and began the treatment.

“She had been afraid of in vitro fertilization, but the video demystified it and calmed her down,” says Copperman. “I don’t think she would have responded the same way if she had just read about it.”

MacArthur OB/Gyn ([www.macarthurobGyn.com](http://www.macarthurobGyn.com)) in Irving, Texas, plans to produce a library of video health messages from its five physicians with a special mission in mind: explain lab results that patients access on the practice’s Web site through password-protected secure messaging. “If a patient finds out she’s anemic, she can look at the video on anemia,” says OB/GYN Jeff Livingston. “Eventually, we’d like to include a link to the video in the secure message containing the test results.”

Don’t limit videos to patient education. They can introduce your practice and its philosophy, announce the opening of a satellite office, or allow satisfied patients to tell their stories. Milford (Mass.) Regional Medical Center ([www.milfordregional.org](http://www.milfordregional.org)), for example, began posting videos of patient testimonials on its Web site in 2008. They were a big reason why Web site traffic rose 65 percent that year, says John Owen, whose design firm, Clearpoint Communications, created the portal.

Whatever videos you post, consider uploading them to YouTube as well. Patients who come across your mini-movie there may take the next step and visit your Web site or your actual office. Or, you can first upload a video to YouTube and then post a link to it on your Web site, as Copperman does. However, you run the risk that patients who follow the link will stay at YouTube and begin playing, say, music videos.

Two years ago, a physician Web site and connectivity company called Medem addressed the problem of Internet wandering by making it possible for its physician clients to embed YouTube videos on their practice sites. That way, patients watching the videos stay put on the physician’s Web turf. Medem’s e-communication business was acquired earlier this year by a rival named Medfusion, which says it will continue to embed YouTube videos on its physician Web sites if clients request it.

### **Overlooking these communication tools?**

Physician-patient communication is a standard fixture for physician Web sites, whether it’s done through a connectivity service such as Medfusion and RelayHealth, or the patient portal of an EHR program. By giving patients the ability to view a lab result, request a prescription renewal, pay a bill, or ask a medical question, physicians and staff spend less time talking on the telephone and shuffling paper.

Now it’s a just a matter of exploiting the full range of communication tools available. One you might have overlooked is the ability to conduct patient-satisfaction surveys online. With the right questions, you can perform a head-to-toe physical of your practice. Are phone calls answered promptly? Are waiting times in the reception area too long? Is the front desk staff friendly, or rude? Is the parking adequate?

The simplest way to incorporate such a survey in your site is posting it as a PDF file that patients can print out, complete, and bring to the office. For less muss and fuss, ask the company that created your Web site to build in an online questionnaire that can be electronically transmitted. Or post a link to an online survey company such as PollDaddy ([www.polldaddy.com](http://www.polldaddy.com)) or SurveyMonkey.com, which can query patients for you. Both companies offer free surveys, but limit the number of responses you can collect gratis to 100 per month. However, for \$200 a year, you can survey up to 1,000 people per month with PollDaddy and an unlimited number with SurveyMonkey.com.

Think beyond the physician-patient relationship — your Web site can also streamline communication with other physicians, especially if you're a specialist who depends on referrals. Both RelayHealth and Medfusion offer referral-management tools that replace the phone calls, faxes, and paper traditionally used in patient hand-offs.

Huron Gastro ([www.hurongastro.com](http://www.hurongastro.com)), a 15-doctor gastroenterology group in Ypsilanti, Mich., is beginning to reap efficiencies from a referral-management portal that it introduced on its Web site from Medfusion. After logging in, referring physicians complete a form detailing the reasons for the referral. If they wish, they can upload supporting documentation. The same portal allows Huron Gastro physicians to ask referring physicians for additional information and keep them apprised of the patient's status.

Huron Gastro now receives about 13 percent of its 500-plus weekly referrals through its Web site, the vast majority from fellow members of the Huron Valley Physicians Association who also use Medfusion connectivity services. The time savings for both referring practices and Huron Gastro are dramatic, says practice administrator Lana Cooper.

"When a practice phones in a referral to our scheduling department, it can count on a five- to 10-minute discussion, and that's not counting any time spent on hold," she says. "The referral management portal cuts down the time to a minute or less."

### **The new frontier — social networking**

Livingston had his epiphany about Internet social networking roughly four years ago when he was watching his daughter Jaclyn, then a high school student, navigating the MySpace site. At the time, he was lecturing in high schools on preventing pregnancy and sexually transmitted diseases. "I realized that this is how kids were communicating with each other, and I didn't know how to do it," says Livingston.

So with the help of his daughter, Livingston created a MySpace profile page and gave out its address at his high school talks. "After one talk, 50 kids asked to be my friend on MySpace and asked a whole bunch of questions," he says.

Livingston still has his MySpace page, but he also has a presence on Facebook, which has surpassed MySpace in popularity. Livingston's practice Web site displays a link to his Facebook page (but not to his

MySpace page), and vice versa.

When it comes to [Facebook](#), he's in good company. Everyone from the White House to the Mayo Clinic is showing their face there, hoping to reach the same Web-minded demographic. Livingston says some women who've discovered his practice on Facebook have become patients, and it's easy to see why. His Facebook "wall," where friends can post messages, is plastered with photos of babies that he and other MacArthur OB-GYNs have delivered, as well as numerous testimonials. One mother wrote: "Thank you so much, Dr. Livingston! You're so awesome." Like Facebook itself, this kind of marketing costs the practice nothing except the time it takes to manage the site.

While Facebook is a great place for patients to sing your praises, it's not a great place for them to pose clinical questions and get answers back. Remember that little privacy law called HIPAA? "I've only had one time when a patient reached out to me this way and I had to reply that I couldn't discuss her case," he said. "I took down her post immediately. That's why we've introduced secure messaging at our Web site, so we could communicate with patients legally."

Livingston's Web site has links to two other social networking hotspots. One is Shutterfly, a site for digital photos where MacArthur OB/Gyn maintains a gallery of baby snapshots. The other is [Twitter](#), which lets Livingston compose and transmit messages, or tweets, no longer than 140 characters. Roughly 800 individuals — one-fourth of them patients — have signed up to receive these micro-blog entries from Livingston, who tweets not only on personal passions like Dallas Mavericks basketball, but also on new research on pregnancy and women's health, and the debate over healthcare reform.

"There's a ton of medical information on the Web, but much of it is unreliable," he says. "If more doctors used Twitter, they could guide their patients to what's worth reading."

Facebook, Shutterfly, and Twitter are more examples of how a physician's online office is gaining additional rooms and capabilities — and most importantly, engaging patients.

"We're supposed to make a positive impact on patients' lives in an eight-minute office visit," says Livingston. "That's a Herculean task. So we're seeking ways online to extend that relationship beyond the exam room."