

# CLEARWAVE IN THE NEWS



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## Health Care Facilities Offer Kiosks for Check-In The goal is streamlining, cost-cutting- to benefit providers and patients

By Lawrence Richter Quinn

Self-service kiosks invading the check-in areas of hospitals and other health care facilities?

Like it or not, this process is already well under way, both here and nationwide, as two Atlanta-based companies, privately held **Clearwave Corporation** and publicly held NCR, battle for market share.

The kiosks do everything traditionally accomplished at check-in desks, including capturing financial and other information, as insurance cards and driver's licenses are scanned, co-payments needed are verified - and, if money is due, credit or debit cards are inserted and payments processed.

The goal: To speed the patient's way to the doctor's office.

Kiosk makers hope patients will find it a streamlined process. But not all consumers are sold yet on the idea, with the amount of acceptance varying generationally, similar to the widespread introduction of ATMs in the early '80s.

"Having kiosks in hospital is new to me, but I use them all the time at airports and elsewhere, so I'm not concerned about if or how they work here," said Atlantan Lindsey Cheney, 26, at Piedmont Heart Institute, which started installing Clearwave's kiosks in its 32 area locations about four months ago.

"I like the experience because I see a real saving time-wise; it took me around 30 seconds to move through the process the second time, maybe one minute the first."

Others, also Piedmont Heart patients, raised concerns recently when interviewed at the hospital.

"I'm very tech-savvy, I like gadgets, so I wasn't frightened or turned off by the kiosk," said the Rev. Stanley E. Crawford, 62, of the Ray of Hope Christian Church in Decatur. "There's a flip side," Crawford said. "I don't want these to eliminate someone's job, for example. And human interaction is very helpful, starting with the smile you get from the receptionist as you start the traditional check-in process."

Meanwhile, others worry about data protection and the continuing "dehumanizing" of health care that might result as kiosks are rolled out nationwide.

"As you go through the process and the kiosk asks you to scan your driver's license and insurance card, and a disclaimer pops up saying your information might be used for additional purposes, some that I saw potentially invading my privacy and making my health care records available where they shouldn't be," said Arthur Freeman, 69, a retired computer industry executive in Buckhead. "I sure don't want someone peeking in, poking around, my health history," he said.

Freeman also bemoaned the penchant for erecting electronic barriers that limit human interaction. "This is just another manifestation of that. I've always seen health care as the last bastion against the intrusion of electronics; finally, we may be losing that."

Kiosk manufacturers recognize these patient concerns - but are pushing ahead with installations. They say the machines increase cash flow while helping to eliminate exploding "downstream" costs.

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**Bill Hannah, chief financial officer of Piedmont Heart Institute, estimates the project will add between \$2.5 million and \$3 million to the bottom line in coming months.**

“This is a ‘win-win’ for everyone,” Hannah said. “The key decision point, the real driver behind our deploying these kiosks, was our ongoing need to get better and more accurate information from our patients. At the same time, we’re extremely interested in improving our patients’ experience when they enter our facilities. With the kiosks, we’ve decreased the average check-in time for patients from seven to three minutes.”

Health care consultants applaud the move toward any technology – including kiosks – that do not diminish (and perhaps enhance) patients’ experiences at hospitals and other facilities – while quietly helping them improve their own bottom lines.

“From a process point of view, the kiosk concept is beautiful,” said Bruce Adler, a health care finance expert of Atlanta-based Tatum LLC. “Everything that’s of interest to health care professionals today – letting patients know they really do care about them, while also maintaining, or getting on, a solid and improving financial footing – falls neatly into place with these kiosks.”

The makers of the kiosks see the little downside to installing their machines, particularly because those patients who want to continue checking in the traditional way at a front desk, may do so, never accessing a kiosk.

That’s certainly the view at **Clearwave Corp.**, which opened its doors in 2004 and today works with more than 270 health care facilities in 27 states. Piedmont is Clearwave’s latest, largest Atlanta-based customer.

“It’s no secret that patients don’t enjoy visiting health care facilities,” said Gerard P. White, Clearwave’s CEO, who has spent his career pioneering new technologies at leading-edge companies, including EDS, Lennox Industries, Continental Airlines, GTE, Alltel, Hitachi, Grant Thornton and Blue Cross Blue Shield.

“Surveys show that consumers rank health care visits as their third most frustrating wait, behind renting a car and renewing a driver’s license. We want to reverse that experience, leveraging state-of-the-art technologies” White says, “We’ve borrowed the seamless, positive experience consumers have with self-service check-in processes at

airports. And we’re finding that patients like our kiosk experience, regardless of their age or prowess with technology.”

Hannah said, “one of the metrics we look at is the number of patients who walk in the door and get a positive return from an insurance provider, saying: yes, the patient is covered and is eligible.”

He expects to have his kiosks in all of his facilities by the end of August; currently, about 30 percent offer them.

“In years past, the accuracy of these returns from the insurance community has been in the 60 percent range,” Hannah added. “Now it’s anywhere between the mid 80s to low 90s.”

Why has data collection been so far off the mark in recent years? Precisely because patients are footing a greater percentage of the bill, with co-pay amounts skyrocketing, along with self-insurance coverage.

Determining what exactly patients owe at the time of visit – given the lack of “real time” links from a health care provider’s front desk to insurers’ eligibility roles – has bedeviled health care providers.

“The issue here is the quality of data and the ability to validate it,” says Tatum’s Adler. “An increasing component of every bill is the co-pay; that’s increasing dramatically. And the question has been; Can we accurately identify what the co-pay is and how to collect it more efficiently?” ■



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