



Advancing High Performance Health

## AMGA Member Best Practices

The Iowa Clinic and Experian Health

***How the Iowa Clinic Used  
Digital Solutions to Respond  
to the Pandemic & How to  
Prepare for the Future***

A photograph of a light-colored computer keyboard. A single key has been highlighted with a blue overlay, and the word "webinar" is printed in white lowercase letters on it. The surrounding keys are visible, including the standard punctuation marks like commas, periods, and slashes.

# How the Iowa Clinic Used Digital Solutions to Respond to the Pandemic & How to Prepare for the Future

## The Iowa Clinic and Experian Health

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**Webinar, August 19, 2020**

*[B]eing able to adjust the workflow as new information comes to light and needs to change is critical in addressing the needs of our organization and our patients”*

— **Tyler Dettmann, Sr. Manager, Patient Services, The Iowa Clinic**

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As the novel coronavirus (COVID-19) spread across the US and states instituted various restrictions on travel and in-person contact, healthcare providers found themselves more and more reliant on digital solutions to address changing patient needs. Teaming with their technology partners allowed providers to adapt tools already in place and create new tools to better facilitate patient care during the crisis.

Tyler Dettmann, The Iowa Clinic’s senior manager of patient services, and Alyssa LaHaie, account manager with Experian Health, recently provided insights into how their partnership allowed The Iowa Clinic to adapt their rules-based online scheduling system to address the needs of patients and providers with speed and precision. Their successes and lessons learned provide a blueprint for moving forward in the new normal.

## Background

The largest multispecialty clinic in central Iowa, The Iowa Clinic has more than 250 physicians and healthcare providers servicing over 40 different specialties. With a patient population of 1.1 million, it conducts an average 450,000 patient visits per year. In 2017, The Iowa Clinic partnered with MyHealthDirect (later acquired by Experian) to bring online scheduling to primary care patients. Since then, they have expanded the solution across several specialties and, prior to the pandemic, averaged over 55 appointments per provider per month. COVID-19 changed that.

As noted by LaHaie, “Back in late March, early April, almost all of our clients did have to temporarily turn off their service, whether it was online scheduling or outreach campaigns, and those who already had a digital footprint were able to adapt much faster.” To provide context to the speed with which The Iowa Clinic was able to develop its first online solution, Dettmann noted that a state of emergency was first declared in Iowa on March 9, 2020. A few days later, the World Health Organization (WHO) declared a global pandemic, and two weeks after that Iowa’s governor declared a major disaster emergency. In this rapid-paced environment, The Iowa Clinic and Experian launched their new online screening solution on March 20.

That first solution involved developing screening questionnaires for a variety of digital solutions that were going to be offered to patients. Second, they developed an online scheduling system for drive-up COVID-19 testing. The third solution related to new digital solutions for a ramped-up virtual care option. Fourth, and finally, they addressed structural changes to Iowa Clinic's urgent care model.

## Screening for Online Scheduling

Developing screening questionnaires was a first priority to provide a form of triage for the influx of people wanting to get tested, to determine whether or not they qualified for testing, and to help them understand if they needed to quarantine or avoid coming into a care facility. The second phase of the questionnaire project was implemented to support a process for all appointment scheduling, having patients answer a series of questions that would direct them through the appropriate channel of care based on their answers.

Questionnaire development relied heavily on guidelines from the Centers for Disease Control and Prevention (CDC) and The Iowa Clinic's COVID Response Task Force, which met several times a week. "Throughout this time," said Dettmann, "we were able to customize and update

the questionnaire based on the ever-evolving criteria for screening based on the new information that became available about the virus and the availability and supply of tests. And as we're all aware, that information sometimes changed weekly or even daily."

As a result, while the first version of the questionnaire included questions about travel from several specific countries and contact with someone who had been confirmed COVID-positive via a lab test, by August, the primary screening tool had evolved to three questions, shown in Figure 1.

## Drive-Up testing

The Iowa Clinic decided that it was important to provide drive-up testing to the community, and it wanted to offer that to patients quickly. So, the team's next task was to connect scheduling for drive-up testing to the screening tool. If a patient tried to schedule an appointment with their Primary Care Provider, and their answers to screening questions indicated they were COVID-suspect, they would be automatically directed to the drive-up testing scheduling site. This kept COVID-suspect patients from having contact with healthy patients, and also allowed for the collection of simple vehicle information, such as the color and type of

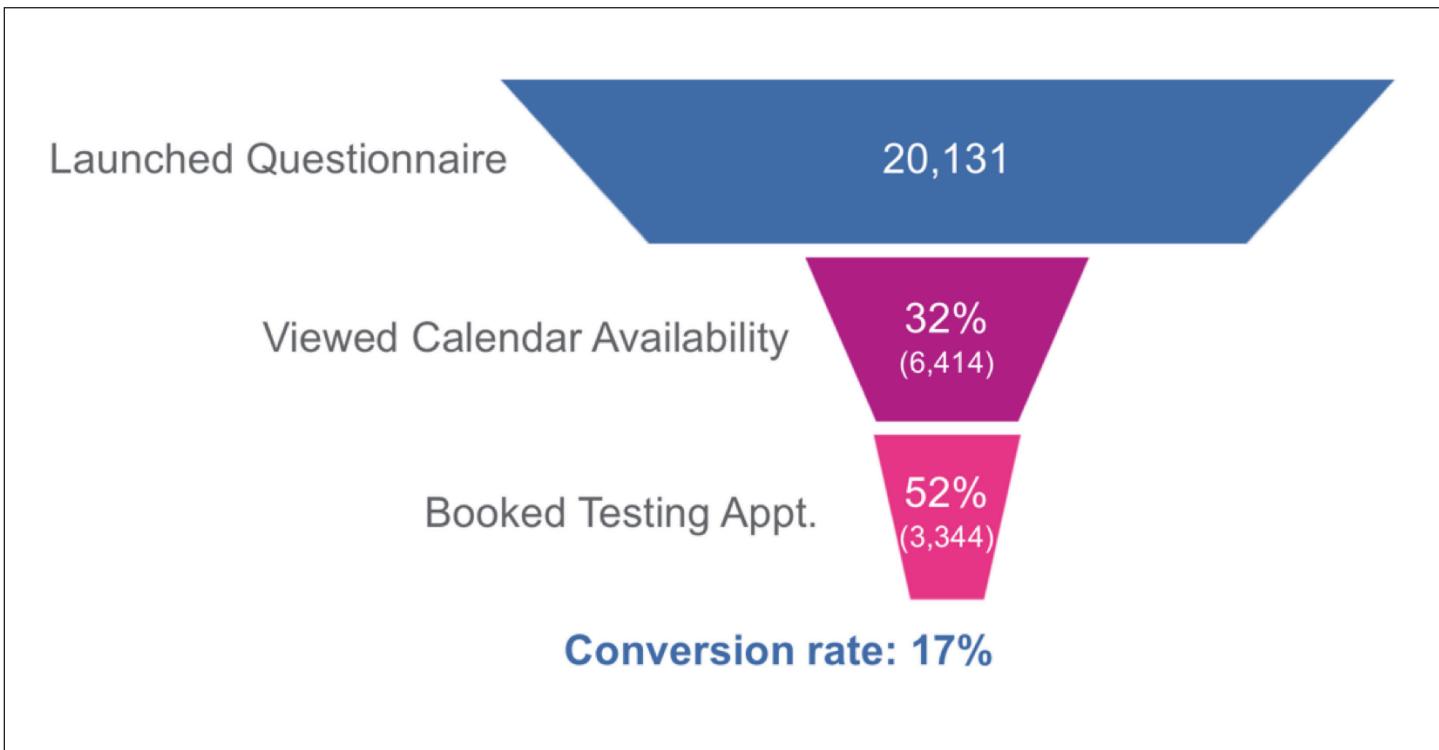
## Figure 1: Screening Questionnaire

The screenshot shows a web-based screening questionnaire. At the top left is the Iowa Clinic logo, which includes a caduceus icon and the text 'THE IOWA CLINIC'. At the top right is a 'SECURE BOOKING' button with a lock icon. The main content area contains three screening questions, each with a red asterisk indicating it is required:

- \* Do you have a fever, cough, or fatigue?**  
 Yes  No
- \* Have you had, or have you been in direct contact with a Covid positive patient in the last 2 weeks?**  
 Yes  No
- \* Have you traveled to a known hot spot in the last 2 weeks?**  
Please click [here](#) for a hotspot reference guide.  
 Yes  No

A blue 'Next »' button is located at the bottom left of the form.

**Figure 2: Drive-Up Test Scheduling Results, 3/20 – 8/9**



vehicle. According to Dettman, this information helped security “maintain the flow, identify patients as they arrived, and notify our provider team inside who would be arriving shortly for their screening.”

This system, like the primary screening tool evolved over time. When the drive-up scheduling tool was initiated in March, there were no restrictions on who qualified for testing other than certain symptoms or a positive exposure. That changed over time, as the virus spread and more people needed tests, but supplies were limited. “We did begin to see an increase in patients that maybe did not have symptoms or didn’t have a positive exposure, but were just wanting to be tested for the sheer sake of being tested,” noted Dettmann. To ensure testing was limited to those who truly needed it, the “or” in the original questionnaire became an “and”: Do you have certain symptoms and have you been in exposure with a positive COVID patient?”

Additional restrictions were added over time, but the online solution adapted. Iowa offered testing throughout the state. So, patients who did not meet criteria for testing at The Iowa Clinic were provided a link to the state testing facility to provide an alternative option.

Of the 21,131 patients who launched the drive-up testing tool between March 20 and August 9, a little over 6,000 were provided an opportunity to book a drive-up testing appointment. According to Dettmann, “This really shows how our different criteria, screening criteria, and questions asked really made sure that the patients who were coming in for their screening were the patients that we wanted to capture.” Of those offered appointments, 52% or a little over 3,300 actually booked a drive-up test appointment (Figure 2).

Having established the drive-up testing link to the online scheduling, the team was able to add dedicated scheduling links for other services, as well, including

Iowa Clinic's mobile testing unit—a team of providers and nurses who went to businesses needing mass testing—and, after restrictions were lifted, pre-op testing for surgical patients. Combining pre-op patients with the general drive-up screening, a total 4,752 patients had been scheduled for drive-up testing by August 9.

## From Online Screening to Online Care

"We also knew that virtual care was going to be critical in staying connected with patients," said Dettmann. Due to the pandemic, many patients were reticent to leave their homes and those who tested positive for COVID-19 also still needed care. Virtual appointments would meet the needs of these patients, as well as help capture revenue lost due to cancellations and state restrictions. Utilizing the online screening solution provided "a guided search pathway to help patients find the right care for their specific needs."

Screening for virtual care appointments required special criteria. As noted by Dettmann, "We wanted to make sure we were clear and upfront with all of our patients on what they could and could not be seen for and what was appropriate for a virtual care appointment. The last thing we wanted was a patient scheduling a virtual care appointment, taking the time out of their day, and then logging on only to find out that what they had needed to be seen for either needed to be seen in clinic or maybe was better meant to be seen in an ER or an urgent care." Once a patient made it past the questionnaire, they were able to select the care team they wanted to see and were asked whether they were a new or established patient.

In this regard, Dettmann noted a lesson learned regarding the need for clarity. Although most the time, the team felt language in questionnaires was "fairly straightforward, lessons learned is that that is not always the case." So in addition to the first page question regarding whether the patient experienced COVID symptoms, a later page added a full list of symptoms

to ensure patient answers were accurate. As well, the definitions of established patient and new patient were clarified to ensure that patients understood "established" meant they had previously been seen by the care team they now wanted to see within the past three years. This was important because new patients required a phone call to obtain additional information and get the patient account set up.

Once past the questionnaire, patients were directed to the specific department's calendar, which listed providers and the dates/times each was available for a virtual care appointment. "The majority of our providers offered virtual care during their regular clinic hours," said Dettmann. In fact, when Iowa Clinic launched its virtual care program, "the support that we got from our primary care department as a whole was kind of overwhelming." The IT department partnered with primary care leaders and physicians and offered a mass training, which Dettmann said 96% of the department attended, "whether that be mid-levels or physicians—all went through that training, as they all wanted to offer that as a solution for their patients."

From April until August, just over 4,000 patients launched the virtual care solution. Of those, 49% passed through the questionnaire to view the availability calendar, and 44% percent of those patients actually booked virtual visits. Thus, 879 virtual care visits were scheduled via the online solution. The average lead time was just under three days, with 89% of appointments booked within the same week, and virtual patients had a 97% show rate. "A lot of these stats actually mirror closely with what we see for actual in-clinic visits," said Dettmann. "As we didn't put a restriction on how far out a patient could book an e-visit into the future, that under a three-day lead time just shows how accessible our different primary care providers were, especially since almost 90% of those were booked within a within one week."

Tracking the use of virtual care, there was a peak in May, then a small decline in June due to the state lifting some restrictions and patients being more willing to appear in person (Figure 3). From late June through August, however, there were clear peaks and valleys, which, Dettmann explained, followed “immediately after holidays and different events like that where patients just didn’t feel safe or comfortable going back out into public or just felt that maybe they had exposed themselves and they wanted to do the right thing and self-quarantine, but still needed to be seen by their primary provider.”

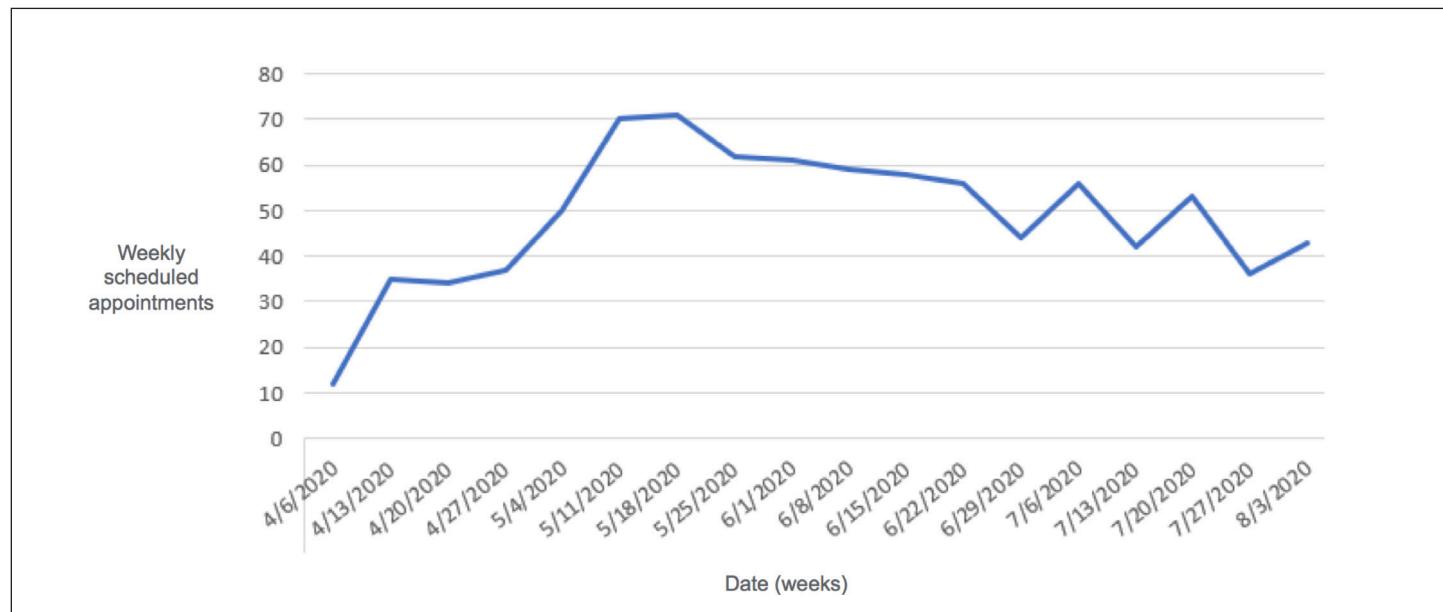
## Changes to Urgent Care

The final online solution developed for the COVID-19 pandemic related to urgent care. Due to COVID-related restrictions, urgent care had to cease seeing walk-in patients. According to Dettmann, Iowa Clinic “needed a way to still leverage urgent care facilities, especially as offices reopened, but we really needed to eliminate the walk-in traffic.” The team was certain offering an online solution to scheduling urgent care would be the best approach, but screening patients seeking urgent care appointments required the right questions.

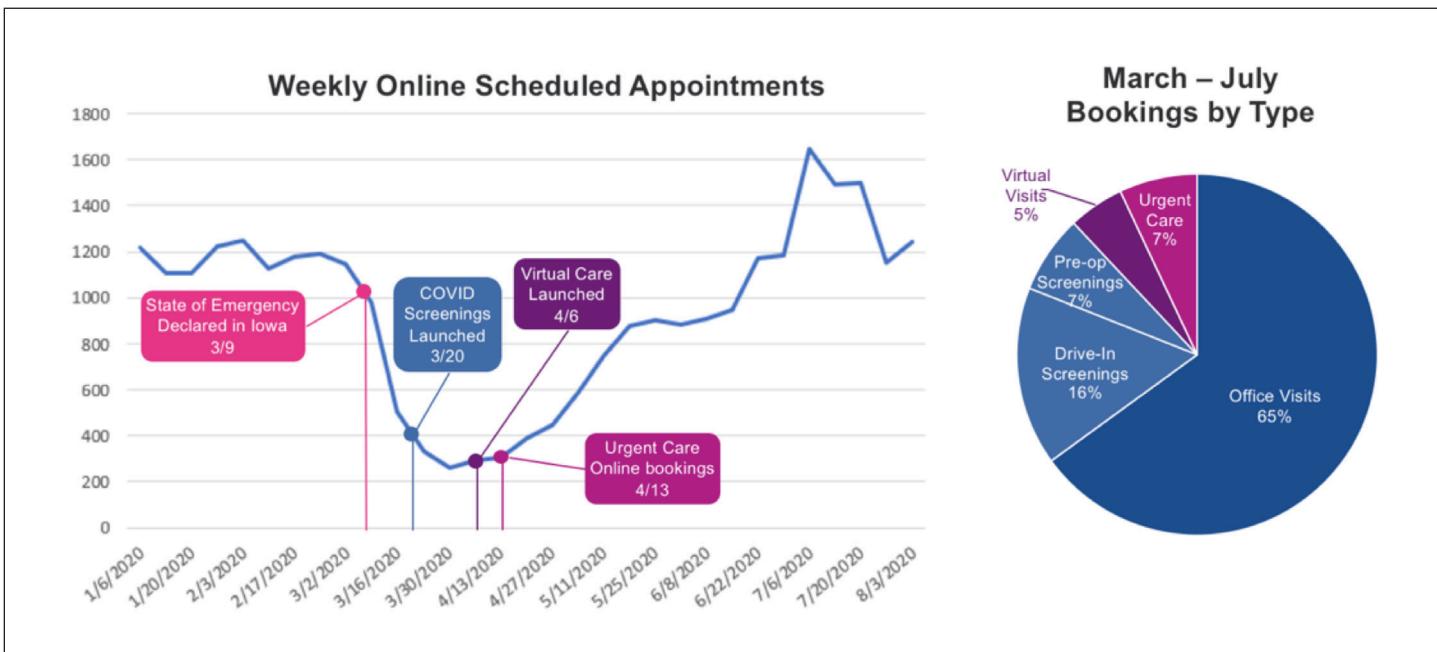
Some of this was handled through the initial primary care screening questionnaire, which helped keep COVID-suspect patients separate from healthy patients. Dettmann noted that the questionnaire at the beginning really provided a robust way for a patient to be seen. “Urgent care was offered to any patient that had possibly answered yes to a COVID-suspect question and was denied an appointment with their primary care provider. We were able then to offer either urgent care as an option for the patient or we were able to offer them a virtual care appointment or a COVID screening. And this did include our urgent care.” For those who directly sought urgent care, the online questionnaire helped ensure urgent care patients didn’t need COVID-19 testing.

From April through July, over 1,250 urgent care appointments were scheduled online. Of the almost 4,000 patients who launched the urgent care scheduling tool, 71% passed the questionnaire to reach the calendar and select an appointment and 45% of that group actually scheduled an appointment. Ninety-eight percent of all appointments booked for urgent care were booked same day or next day, which, according

**Figure 3: Virtual Visits Booked, 4/6 – 8/9**



**Figure 4: Online Booking Trends, 2020**



to Dettmann, is fairly standard for an urgent care department. Overall, The Iowa Clinic had a 95% show rate from patients that booked online with urgent care.

## Moving Forward

Dettmann noted that the digital solutions were key to Iowa Clinic's navigation of the pandemic. Looking at online booking trends (Figure 4), he noted, "You can really see the devastating effect that the announcement of the pandemic had on our online appointments, specifically through our online scheduling volumes, due to the majority of that being primary care related. You can also see how we've been able to restore those volumes, however, through the implementation of the different strategies we discussed."

The peak seen in July represents the highest monthly volume of online scheduling of appointments since the service began in 2017.

"But what we also learned," said Dettmann, "was how to adapt and to provide care safely and effectively in the midst of this pandemic. And I really want to stress

how helpful it was to have a solid technology partner in place to help us quickly and innovatively respond to help us achieve a short turnaround time, as you can see in the graph: just from the decline all the way to the point where we started offering different digital online solutions."

LaHaie agreed, noting that the "experience with The Iowa Clinic and others showed just how important it is to be looking ahead at what we've all heard and is quickly becoming the new normal." The Iowa Clinic's experience shows "the power and adaptability that comes from having that rules-based online scheduling platform." She noted the increasing need to be "contactless" during the pandemic and predicted, "That's not going to go away." Those best positioned moving into the future will have a "digital forward position where, when a situation and problem arises, your first act is to respond with those digital solutions and partners that answer the question, 'How do we make this easier on our patients and lighten the load on our staff?'"



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