



Patient Experience *Forecast **2021***





TABLE OF CONTENTS

EXECUTIVE SUMMARY.....3

EXPERIAN HEALTH PREDICTIONS4

 PATIENT ACCESS.....4

 COLLECTIONS.....5

 IDENTITY MANAGEMENT.....7

THE EXPERIAN HEALTH PREDICTORS.....8

CLIENT PREDICTIONS.....9

ABOUT EXPERIAN HEALTH.....13

EXECUTIVE SUMMARY

Who could have possibly predicted the year we just had? While many across the industry tried, the entrance of COVID-19 has made some predictions irrelevant, accelerated others and also introduced a new set of variables that are ushering in an entirely new group of predictions for 2021.

The pandemic has impacted every aspect of technology supporting healthcare.

Some examples:

- We saw providers transition from in-person visits to virtual care at warp-speed, increasing both access and risk as patient portals became more attractive to cybercriminals.
- The number of uninsured and self-pay patients increased, just as patient traffic decreased to only (or almost only) COVID-19 care.
- Hospital and health system revenue shrank at a record rate, making patient collections a top priority.

In our first patient experience forecast, Experian Health explores the potential lingering effects of the pandemic on patient access, collections and identity management in 2021.

Our predictions are informed by serving more than 60 percent of U.S. hospitals and more than 7,700 medical practices, labs, pharmacies and other risk-bearing entities as they have pivoted around the pandemic in the areas of revenue cycle management, patient experience, and identity and care management.



We've also included predictions from the following provider organizations:

- [OSS Health](#)
- [Steinberg Diagnostic Medical Imaging Centers](#)
- [Community Health Systems](#)
- [Benefis Health System](#)
- [The Ohio State University Wexner Medical Center](#)

EXPERIAN HEALTH PREDICTIONS PATIENT ACCESS

PREDICTION

The patient will see themselves now

Patients will choose to take and monitor their own vitals at home.

Patients have more opportunities today than ever before to manage and track their health from the comfort of their home. Technologies like telehealth and remote patient monitoring have surged during COVID-19 as in-person visits were cancelled and as patients, fearful of contracting the virus, continue to be skeptical of in-person care safety.

While providers anticipate patient volumes will return to normal following COVID, the opportunity for patients to do more remotely will remain. Vitals like pulse rate, blood pressure, weight and temperature can all be taken by the patient on an ongoing basis and prior to presenting for an in-person appointment.

With increased access to, and availability of, remote monitoring, providers can more easily track patients post-discharge, alert them when worrisome vitals require a follow-up appointment, and ultimately prevent costly readmissions. This is critical to providing value-based care, improving quality while keeping costs low.

The Takeaway:

Making self-monitoring part of the online scheduling process will help providers be better prepared to serve patients as they arrive. This helps eliminate the need for non-essential in-person visits and can serve as an early warning system for more serious developments. Patients will also save time when recording their vitals — time that opens providers' schedules for additional—or longer—patient visits, as needed.

PREDICTION

Keep patients close

More than half of consumers will change providers by the end of the year, opting for one with digital healthcare services.

Until now, there really hasn't been a compelling reason for providers to make the move to self-service—“compelling” meaning something of financial impact, either positive or negative. That is no longer the case. The unanticipated switch to virtual care underscored the need for, and importance of, simplified patient access. And, not to be underestimated, consumers like it.

Providers who already had solutions like telehealth, online self-scheduling or online registration and bill pay likely found themselves ahead of the curve and better prepared to serve patients during the pandemic. Those that didn't, however, may find the road to financial recovery more challenging, losing patients to neighboring organizations that already offer “touchless” options for self-service.

The Takeaway:

Effectively engaging with patients in today's digital world is essential in order to remain competitive and relevant, and that has only intensified throughout the pandemic. Providers who can meet patients where they are —through web-based services and via their mobile devices—will have the most success with retaining and attracting patients.

EXPERIAN HEALTH PREDICTIONS COLLECTIONS

PREDICTION

Survival of the fittest

As a result of financial stress, at least five of the top 100 provider organizations will file for bankruptcy and/or be forced into acquisition by a larger health system.

The pandemic has created historic financial pressures for America's hospitals and health systems. The American Hospital Association (AHA) projects hospitals will lose \$323 billion by the end of 2020 as a result of COVID-19, and attributes 80 percent of revenue losses to the elimination of elective procedures due to voluntary and mandatory suspension of services. The group has also projected that any 2020 revenue recovery could be endangered by even more cases of coronavirus in early winter.

With revenues declining, provider organizations are not in a position to lose more. If unemployment continues to challenge the economy, and more patients lose their health insurance and present as self-pay—or can't pay their medical expenses—collecting from these individuals will be difficult.

Even if a smaller percentage of a provider organization's revenue is coming directly from the patients, but collection processes aren't effective and patients are increasingly unable to pay, that organization might have to consider either filing for bankruptcy or selling to a larger health system.

The Takeaway:

The pandemic continues to hurt providers both operationally and financially; many simply cannot afford to spend more time and money collecting patient payments. With a targeted approach, backed by in-depth data and advanced analytics, collections staff can prioritize patient accounts by payment probability and use the best communications methods for each patient segment to more efficiently collect a greater percentage of dollars owed. This approach not only allows provider organizations to operate with fewer staff, but provides a more positive patient experience—something to consider as many individuals are grappling with highly stressful financial situations.

EXPERIAN HEALTH PREDICTIONS COLLECTIONS

PREDICTION

Don't give it all away

More hospitals will feel the burden of uncompensated care as they give away unnecessary dollars to charity assistance.

The American Hospital Association found that over the last 20 years, hospitals have provided more than \$660 billion of uncompensated care for cases where no payment was made by a patient or insurer. This includes financial assistance, where hospitals provide care at a reduced cost for those unable to cover their full bill, and bad debt, where patients have not applied for financial assistance and cannot or will not pay their bill.

As layoffs and furloughs grow throughout the pandemic, the volume of self-pay patients will continue to trend up, along with the number of patients applying for charity support. And, regardless of ability to pay, if patients are wrongly classified as uninsured or as having only one insurance option, the revenue will likely be lost.

The Takeaway:

As patient balances increase in volume and complexity, finding smarter, faster and scalable ways to automate coverage verification—or find “lost” coverage—and identify those eligible for charity care, will be paramount. Provider organizations that excel in patient financial clearance will reduce bad debt and protect their balance sheet while simultaneously creating a better patient experience.

EXPERIAN HEALTH PREDICTIONS IDENTITY MANAGEMENT

PREDICTION

A growing target for fraud

As more patients utilize patient portals for remote care and provider communications, fraudulent activity in healthcare will be at an all-time high.

The patient portal isn't exactly new; it's been a core part of health IT transformation since its adoption was mandated as part of the HITECH Act in 2009. Even with its existence, though, very few patients were taking advantage of it prior to COVID-19. In fact, [a report](#) from the Office of the National Coordinator for Health IT (ONC) found that 62 percent of hospitals had less than one-quarter of their patient populations registered for the patient portal, prior to the pandemic.

The pandemic has reversed that trend. With non-urgent care being cancelled or rescheduled, virtual care emerged as a required alternative, primarily delivered from the patient portal. Unfortunately, the rapid adoption and rollout of patient portals has highlighted existing security concerns and created awareness of weak points.

The Takeaway:

Pre-COVID, few patients took advantage of patient portals or virtual care. As more patients use this technology, shared personal health information is increasing, making it a primary target for fraudsters. To protect themselves and their patients, provider organizations will need to bolster their security practices and adopt more sophisticated identity management solutions.

PREDICTION

Paving the way for a Universal Identifier

The pandemic's removal of unnecessary contact will bring a halt to the rapid growth and adoption of biometrics in healthcare.

Biometrics technologies have always held the potential to identify and authenticate patients, while providing a frictionless patient experience.

Prior to COVID, these technologies were growing in popularity. In fact, [a 2018 report](#) from Grand View Research estimated that the healthcare biometrics market would be worth \$14.5 billion by 2025.

Now, however, most of these technologies aren't feasible. Patients are fearful of virus transmission, and authentication like a fingerprint scanner or palm reader are antithetical to those fears. Facial recognition technology, another biometric, is challenged by the facemasks required in most public settings and certainly in medical offices and hospitals.

The Takeaway:

Healthcare biometrics will take a back seat in 2021, and the urgent need to authenticate and resolve a greater volume of identities will usher in demand for document scanning and advanced patient-matching technologies using referential data, or data with a known set of values that rarely change. We can also expect more robust integration of optical character recognition (OCR) tools as provider organizations require face masks for entry and temporarily remove in-office technology that requires touch.

THE EXPERIAN HEALTH PREDICTORS

COLLECTIONS

**Jason Considine**

Senior Vice President and General Manager, Corporate Development, Innovation and Collections

Jason Considine leads M&A activities, and research and execution of venture investments and partnerships. He also oversees product development of Experian Health's suite of collections solutions. Prior to 2016, Jason was vice president of sales and business development at Experian Health.

**Heather Grover**

Vice President, Product Management and Consulting, Patient Collections

As vice president of product management and consulting for patient collections at Experian Health, Heather is responsible for helping solve client problems through data and product innovation while ensuring high client use, satisfaction and return on investment.

**Matthew Baltzer**

Director, Product Management, Patient Collections

As director of product management for patient collections at Experian Health, Matt helps clients optimize their patient collections to maximize financial performance and improve the patient experience. He is responsible for bringing new data-driven solutions into the healthcare industry to drive value for Experian clients.

PATIENT ACCESS

**Jason Kressel**

Senior Vice President, Consumer Products and Analytics

Jason Kressel leads the product development, strategy, analytics and operational elements of Experian Health's consumer digital experience business. His focus is on creating cutting-edge solutions for healthcare organizations to improve the patient experience and make access to care easy.

IDENTITY MANAGEMENT

**Karly Rowe**

Vice President, Patient Access, Identity, and Care Management Products

Karly Rowe drives the process from concept to launch for new products and ensures product portfolios can help healthcare organizations improve access to care, match, manage and protect patient identities across the ecosystem and glean better insights into their patients. Leveraging her diverse background across credit, retail and healthcare, she is responsible for finding new ways to leverage Experian's data and analytical capabilities for the healthcare industry.

CLIENT PREDICTIONS

As part of our forecast, Experian Health talked with several clients willing to share what the future of the patient experience looks like from their perspective. Below are the collective predictions from the following provider organizations:

- OSS Health
- Steinberg Diagnostic Medical Imaging Centers
- Community Health Systems
- Benefis Health System
- The Ohio State University Wexner Medical Center

PREDICTION

A better patient-provider relationship

We will see an elevated respect and camaraderie between patients and providers.

If this past year has taught us anything, it is the value of empathy and the role it can play in healthcare moving forward.

Many providers have been physically, mentally and operationally pushed to the limit as they work to help those affected by the virus. For others, the cancellation of non-emergency care has prevented them from caring for all those with health issues not related to COVID-19.

On the other end of the spectrum, patients have had their entire healthcare experience turned upside down, many forced to navigate their health either remotely or completely alone. Many have also found themselves unemployed, making it even harder to pay their out-of-pocket expenses.



The Takeaway:

The relationship and rapport between patients and providers will grow stronger. Patients will not only be more appreciative of the care they receive, especially during in-person visits, but providers will have greater empathy toward patients and their circumstances, both clinical and non-clinical. As more patients face financial hardship, providers will do all they can to support a more positive billing experience, including a more compassionate approach for collections.

CLIENT PREDICTIONS

PREDICTION

Patients in the driver seat

Patients will demand more control over their health in 2021.

The traditional methods of patient access are full of challenges, from calling the provider office to scheduling an appointment and filling out piles of paperwork during check-in, to figuring out what is owed and how to pay. Added to those now is the stress of avoiding unnecessary contact and exposure in-person at provider offices. With so many touch points and external stressors, it's no surprise that patients are exhausted with the access and intake process and choose to forego or drop out of the process entirely, ultimately leading to gaps in care and poor health outcomes.

The Takeaway:

Offering self-service as a feature puts the patient in charge. It's not only a feature that patients are already accustomed to in other aspects of their daily lives, but it's one of the fastest and easiest ways to remove the barriers associated with accessing and managing care. With obstacles out of the way, the patient experience will improve, and patients will in turn have their full attention devoted to the one thing that matters most: their diagnostics and corresponding care plan.

PREDICTION

The end of rideshare in healthcare

While rideshare recently made a big splash with their entrance into the healthcare industry, we'll start to see a decline in their services in 2021.

In 2019, the nation's two rideshare giants announced major expansions of their healthcare services. The pandemic, however, slowed the push. Some analysts say the rideshare industry may take months or even years to begin recovering.

The primary driver for rideshare's decline in the healthcare industry is the growing popularity and convenience of telehealth, which will likely expand moving forward. And, as more patients opt for virtual visits, there will be less of a need for transportation to and from a healthcare setting.

Also, where patients' concern with rideshare once centered on the concept of accepting a ride from a stranger, there is now the hesitancy to utilize these services due to the potential COVID-19 exposure.

The Takeaway:

Telehealth is no longer a decision for providers to make. It is a must-have. As patients are both unable and reluctant to show for in-person appointments, providers must evaluate the best virtual care solution for their practice and their patient base, ensuring access to virtual care is easy, secure and frictionless. This also ties into patients demanding more choices and control over their access to care.

CLIENT PREDICTIONS

PREDICTION

Healthcare in your hand

A contactless method for patient access and intake will be required by all provider organizations moving forward.

While contactless, self-service access and intake methods have been a "nice to have" in the past, the circumstances created by the pandemic will now make it a requirement for all provider organizations. To remain competitive, providers have no choice but to supply patients with a flexible and convenient method to access care at home, and those that see the most success will employ a process that is seamless, white-labeled and comprehensive.

The Takeaway:

For a market advantage, providers will give patients a care experience that can be facilitated from the comfort of home, with flexible scheduling, via a computer, tablet or mobile device. The right experience will need to cover the healthcare journey from start to finish, such as the ability to schedule an appointment, complete pre-registration tasks, see estimates for services and also pay for co-pays and services ahead of time. For additional success, the experience would also support virtual care visits for non-urgent care needs, as well as facilitate two-way texting for appointment reminders.

PREDICTION

Communication is key

Patients will expect more flexible communications and access to care.

Historically, it hasn't been easy for provider organizations to build and maintain up-to-date patient contact databases. It's been even more difficult to create and facilitate consistent and robust text and email capabilities. As protocols and procedures drastically ebbed and flowed throughout the early days of the pandemic, one thing has proven crucial to patient satisfaction: the ability to relay timely information to patients.

The Takeaway:

Knowing patient preferences for communication can range across the board, providers should offer multiple methods of contact moving forward. As patients now manage several aspects of their daily lives from their mobile device or computer, communication via text, email and patient portal will be key. Even supplementing outreach efforts with interactive voice response or text message can help patients take a more active role in their care and facilitate a closer relationship between patients and providers.

CLIENT PREDICTIONS

PREDICTION

Patients vs. Customers

We will see a shift in hospital and health system marketing, with a renewed and deepened focus on the patient experience.

Provider marketing efforts typically focus on attracting and retaining patients by promoting the availability of current services or newly added features, or highlighting various awards and industry recognition. While important for brand equity and reputation, these will no longer be enough to attract a consumer in a post-COVID world.

It's not enough to just implement a solution and market it as available. For example, when marketing virtual care as a service, providers must clearly demonstrate how the technology cohesively works with other solutions already in place, how it will support the same level of quality care as in-person visits and what specifically it is doing to make access to healthcare easier.

The Takeaway:

Patients have very clear and distinct needs regarding healthcare access. When tools and solutions are implemented specifically to meet those needs, it is incumbent of providers to market those services appropriately and build confidence with patients. They need to know that the provider's care and support will remain excellent, regardless of the delivery method.

PREDICTION

Be a team player

As providers look to close care gaps as a result of the pandemic, there will be a renewed focus on and a stronger push for team-based care.

As organizations explore accountable care and other delivery designs that are not wholly dependent upon fee-for-service, there is a need to reduce patient encounters, while simultaneously improving health outcomes and monitoring of symptoms.

The concept of team-based care is not necessarily new, but providers have seen the successful application of the idea with COVID patients over the last year. For example, after a patient tests positive for COVID-19, they may be sent home with specific care instructions. Members from the designated care team (maybe a nurse practitioner and other providers), will reach out to that patient at preset intervals to provide additional information and check-in on their status. It's a way to ensure patients are following care directions and monitoring their symptoms, but also prevents any unnecessary visits to the ER which is costly and puts others at risk.

The Takeaway:

The application of team-based care during COVID-19 has opened the door to team-based care options for other chronic conditions and health events. As providers look to close gaps in care for certain patient populations, whether on their own or as a participant in a risk-bearing organization, they will need to monitor patient activity throughout the continuum of care, and better coordinate and communicate care plans. Success can depend on the timely and accurate exchange of information between participants in the care continuum, including patient and member, various care providers involved, and health plans.

ABOUT EXPERIAN HEALTH

At Experian Health, we serve more than 60 percent of U.S. hospitals and more than 7,700 medical practices, labs, pharmacies and other risk-bearing entities with data-driven platforms and insights that empower our clients to make smarter business decisions, deliver a better bottom line and establish strong patient relationships. We are part of Experian, the world's leading global information services company, providing us access to deep data and analytics capabilities that complement the strong healthcare heritage rooted in our legacy companies. Our industry-leading solutions span revenue cycle management, identity management, patient engagement, and care management.

For more information, visit experian.com/healthcare and follow us on Twitter @Experian_Health.



Experian Health
720 Cool Springs Blvd., Suite 200
Franklin, TN 37067
T: 1 888 661 5657
www.experian.com/healthcare

© 2020 Experian Health, Inc. • All rights reserved

Experian and the Experian trademarks used herein are trademarks or registered trademarks of Experian. Other product or company names mentioned herein are the property of their respective owners.

12/20 • 1287-HC

1287-HC-PatientExperienceForecast-CH-CE-F3

