



Patient Engagement/Experience

An Opportunity to Empower the Patient and Consumer

A Frost & Sullivan White Paper

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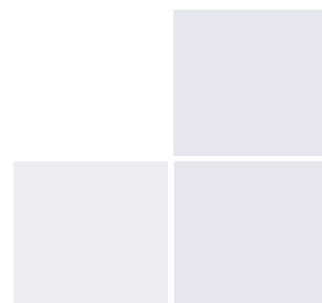
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INTRODUCTION

Reactive consumer outreach programs and irregular appointment scheduling for a defined patient population have a negative impact on preventable hospital admissions. Appointment no-shows due to lack of targeted follow-ups and non-availability of comprehensive treatment or coverage options at the point of care have negative impacts on health outcomes and accounts receivable (A/R) durations for individual patients. Additionally, patients transitioning to home health or long-term care facilities seldom receive periodic care instructions with regard to comorbidities, medications, needed exercise regimens and psychological consultations. As a result, CMS's final rule for MACRA emphasized the need for adoption of robust patient engagement programs and outlined specific incentive guidelines for leading healthcare enterprises that achieve better connectivity and facilitate cross-continuum patient engagement. This will enable them to reduce operational cost, drive positive patient outcomes, and improve patient experience.

PATIENT SEGMENTATION AND CUSTOMIZATION—PROACTIVELY IMPROVING RESULTS AND RELATIONSHIPS

Health systems that have successfully stratified at-risk patients and activated them with patient engagement tools and personalized wellness content often report improved enterprise performance across various clinical and financial metrics. Best-in-class providers always ensure that patient engagement remains a fundamental component of their core care delivery ecosystem and not a temporary strategy extension. They acknowledge that the convergence of analytics, risk stratification and patient engagement tools must support comprehensive assessment of multiple patient factors—including clinical, financial, behavioral, and social factors—to assign an evidence-based risk score to each patient during and post care. Risk-adjusted patient populations are grouped automatically and treated as a condition-specific cohort to support tailored outreach by providers. In this way providers can embrace a new culture of precision care.

DATA SHARING AND DATA TRANSPARENCY—POSITIVE IMPACT ON PATIENT EXPERIENCE AND REVENUE FLOW

Next-generation patient engagement solutions are results oriented and inclusive of IT solutions that promote seamless data accessibility for patients and their care providers. A shift from paper-based or manual patient communication to cross-continuum patient engagement supported by appointment management enablers, virtual screening solutions and self-service tools is underway. Technology (patient portals plus online tools) coupled with data-driven member relationship management programs will represent the new patient engagement ecosystem that can expedite recovery, improve payment experience and avoid preventive readmissions for patients.

Data sharing and data transparency extend into payment and financial systems as well. Providing individual patients with clear, real-time information regarding coverage, required out-of-pocket payments and possible payment options based on their individual financial situation will improve both participation in needed healthcare engagement and patient satisfaction. When individuals can obtain clear and individualized information that puts them at ease in addressing healthcare payment options, they are more likely to follow through with needed appointments, plan to meet financial obligations, and feel empowered in their patient (or customer) experience.

IMPROVING THE PATIENT PORTAL (AND INCREASING ITS VALUE AND USE) BY INCLUSION OF PATIENT-SPECIFIC FINANCIAL INFORMATION

Most patient portals in use today fail to incorporate patient-specific financial information from various payer organizations, which then prohibits providers from effectively pre-adjudicating claims to optimize collection of payments. As out-of-pocket expenditures for healthcare services continue to rise, due to increased enrollment in high-deductible health plans, providers aspire to invest in self-service tools integrated with their patient portal to enable

them to collect payments from patients before planned care is rendered, at point of service, immediately after care is delivered and also across the care continuum. In this way, providers maximize collection of both upfront payments and outstanding patient balances, and improve profitability by normalizing the risk of non-payments. Best-in-class patient portals, which are multimedia enabled and mobile friendly, also incorporate various other technology features that help patients to:

- Schedule appointments;
- Estimate the potential cost of care;
- Prepare, consolidate and share patient billing statements;
- Access safe payment gateways for risk-free financial transactions with providers; and
- Crowd-source funds.

PATIENT-PROVIDER ENCOUNTER MAPPING TO DEFINE SOCIAL DETERMINANTS OF POPULATION HEALTH AND CUSTOMIZE PROVIDER OUTREACH STRATEGIES

The patient's behavioral context often determines their receptivity to embrace a definite patient engagement approach. The behavioral profile of each patient is often considered to adjust patient engagement interventions and prioritize delivery mechanisms. Providers, by carefully examining each patient's activation, motivation and social support network, avoid wasting valuable patient engagement resources on non-interested patient population and embrace specific outreach strategies that complement each patient's unique expectation with regards to devices, content, and timing.

“Analytics that help us select patients who will respond to engagement strategies and de-select patients who won't respond are needed. Not everyone responds to engagement in the same way.”

A suite of online tools that enlighten patients with understandable procedural knowledge and encourage them to pose questions related to likely workflows can be introduced to define the social determinants of population health. Patient interactions with these tools should be tracked and addressed in real time by designated providers. To achieve best results, these tools are often integrated with patient portals that are commonly used today. These interactive tools can highlight the potential risks and benefits of every procedure and trigger informed healthcare decisions that drive positive outcomes.

The challenge is drawing on accurate and actionable information that creates inputs regarding individual social determinants of health, and having in place a sufficient analytics capability to deliver actionable insights from this data. This challenge has been addressed in industries external to healthcare; vendors with specific healthcare experience that implement solutions leveraging data from outside the healthcare system are often in the forefront of delivering robust and actionable insights to healthcare providers.

“Financial services organizations have massive CRMs that enable personalized interaction. How can we enable our patient interactions to improve the customer experience?”

Vendors with background data from the financial services sector are beginning to deliver data and solutions to healthcare providers that assist in identifying relevant social determinants of health, along with data that will assist in financial planning for patient payments. This information can also be leveraged via a patient portal to identify those individuals that may benefit from interaction regarding payment options ahead of a planned health encounter, especially

those events requiring significant co-payment. Providing payment options that are relevant to an individual's financial condition is another way that patient data can be leveraged to create an individual engagement strategy that is beneficial to the person and the provider organization, and creates a better customer experience.

PATIENT-SPECIFIC FINANCIAL RISK ASSESSMENT FOR PROVIDERS EMBRACING VALUE-BASED PAYMENT MODELS (BUNDLED PAYMENT AND OTHER ALTERNATE PAYMENT MODELS)

Increasingly, bundled payment and other alternative payment models require providers to consider the total cost of an episode of care. While many provider organizations are investing in population health management tools, more valuable during this transition period are tools that can help with episode management. Making tools available to patients to help manage total cost of care can assist with episode cost management. Price transparency tools that make patients aware of the often highly varied costs for imaging procedures and other activities included in bundled payments can help reduce system costs as well.

“Patients need a consumer-friendly tool to understand scheduled services and benefits, what their responsibility will be, and understand options to meet their co-pay with less stress.”

These same tools can be leveraged to interface with patients to estimate their individual financial commitments and determine in advance the best payment model and structure, based on the expected cost of care, with price transparency regarding the total patient payment required. Hence, it is imperative to provide patient interface tools that enable price transparency, calculate patient co-pays and progress toward meeting deductible amounts, and customize payment options based on individual financial data. Providers and patients will benefit from the capability to stratify patients' financial risk through assessments of patient data and actively engage in conversations between patients and their care providers.

MASS CUSTOMIZATION THROUGH DATA, AUTOMATION AND AN INTEGRATED A/R PLATFORM

Medical device companies are rolling out wearable integrated patient engagement software that capture and analyze patients' vital signs and transfer results to designated care providers for timely intervention and personalized clinical advice. Hospitals and health systems are actively trying to collaborate with these vendors to promote self-care, facilitate preventive screening, allow appointment management, and power remote monitoring. The scope of patient engagement is poised to expand from acute care IT ecosystems to the community IT ecosystems that collectively activate every patient (healthy, at risk or ailing), irrespective of their clinical risk profiles, healthcare coverage, and positions within the care continuum.

As providers implement better engagement platforms to interface with individuals to support and activate patients in both clinical and financial interactions, customer satisfaction levels rise, and health and financial outcomes improve, for both the person and the healthcare organization. As in clinical analytics, payment interactions are best enabled by tools that personalize options based on financial data. Implementing a RCM infrastructure that individualizes interactions based on personal financial data assessments will support the overall long-term engagement of that patient, person, and customer in their ongoing relationship with the healthcare provider organization. Given that the highest cost patients are those that will be forced to engage most often in a payment relationship with the provider, it is important that provider organizations recognize the need for personalized financial engagement capabilities and tools as an important part of their patient engagement strategy. Patients who have positive ongoing experiences with the healthcare provider on all fronts are more likely to remain actively engaged, to the benefit of the shared goals of the patient and provider.

CALL TO ACTION

- Support the entire community population (healthy, chronic, and transiting patient population) across the disease continuum with multimedia-enabled patient engagement programs, personalized to each patient's unique expectation and preference. Include financial tools to enable patients to identify and resolve issues related to individual financial commitments.
- Deploy solutions that exert advanced capabilities beyond the jurisdiction of common regulatory objectives and engage high-risk and at-risk patients early.
- Emphasize developing provider-specific mobile patient engagement solutions for different episodes of care.
- A suite of online tools that enlighten patients with robust procedural knowledge and encourage them to pose questions related to likely workflows can be deployed.
- Interactive tools that highlight the potential risks and benefits of every procedure and trigger informed healthcare decisions need to be adopted.
- Patients in need of preventive healthcare examinations can be targeted through automated phone calls.
- Every call can be tailored based on the unique characteristic of each transiting patient. The technology facilitating automated patient calls should be auto-scalable, and providers should not experience care gaps with expanding post-acute care patient population.
- Closely work with leading commercial and state-level public payers to improve the patient payment experience (irrespective of your ability/intention to empower financial transactions).
- Provide tools, content, and coaching to patients and their family members for the enablement of self-care and avoidance of preventative screening interventions.

NEXT STEPS



Schedule a meeting with our global team to experience our thought leadership and to integrate your ideas, opportunities and challenges into the discussion.



Interested in learning more about the topics covered in this white paper? Call us at 877.GoFrost and reference the paper you're interested in. We'll have an analyst get in touch with you.



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