

REPORT 2023

The State of Patient Access

The Digital Front Door





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THE SURVEY

The State of Patient Access: 2023 – the Digital Front Door was informed by a national survey conducted in December 2022. Participants included both providers and patients. Provider responses were contributed by 202 healthcare professionals responsible for, or engaged in, the decision-making for purchases related to patient access. Patient responses come from 1,001 U.S. adults (18+ years) who sought medical care for themselves or a dependent within 12 months prior to the survey. The survey is the third in a series that began in 2020.

The intent of this report is to present the survey results and compare and comment on patient and provider perspectives regarding various patient access/digital front door functions, including:

The current state of patient access (better or worse)

Satisfaction with various functions of patient access, including pre-care payment experience

Patient/provider priorities

Potential trends across all surveys in series

Defining patient access

Defining “patient access” is subjective. This survey and report reflect functionality often referred to as the “digital front door,” that occurs prior to care and is being digitally transformed. This includes:



Scheduling an appointment



Pre-registration and registration



Coverage verification/cost of care estimates



Pre-care payment services



Patient communication



INTRODUCTION

Experian Health patient access surveys in [2020](#) and [2021](#) pointed to the pandemic's far-reaching impacts on healthcare's evolution toward a more consumer-centric and digital/mobile-enabled service. Business administration, billing and access functions were forced to offer "touchless" engagement in the face of the pandemic. It turned out to be one of the few upsides of a very disruptive time.

Scheduling for COVID tests online and the explosion of telehealth were two early signs that change was coming. Soon, [7 in 10 hospitals](#) were offering patients access to

their health information via apps and portals were used by 4 out of 5 hospitals to share clinical information with patients. As the pandemic wore on, making appointments, pre-registration, text communications and even payment options typically stayed online at organizations that had implemented digital front door services.

Looking ahead, 2023 will prove pivotal and test healthcare's resolve to continue its patient-centric and digital momentum. The State of Patient Access 2023 – the Digital Front Door looks at where things stand now.

EXECUTIVE SUMMARY

The topline story from the survey is a bottom-line warning: **patient and provider perceptions of access are getting worse, not better.** Most survey respondents – patients and providers – indicate that the healthcare access experience is the same or worse than it was over the past 12 to 24 months. Despite the relatively positive progression of responses from 2020 to 2022, the level of expectation appears to have escalated in the post-pandemic environment. Calling the patient access experience “the same” following unprecedented pandemic chaos is a sign that more work is needed and “worse” is troubling since much effort and budget have been spent to make improvements. Interestingly, more providers than patients view access as being worse (47% compared to 21%) and better (27% compared to 17%), which may indicate the business objectives tied to improving patient access – such as accurate information intake, fewer cancellations, more patient volume handled more efficiently, better up-front collection rates – are either not yet meeting expectations or are starting to show promise. Conversely, many more patients (62%) felt access to healthcare is “about the same” than did providers (25%). Providers leaned more into “worse” or “better,” underscoring that not much has stayed the same for healthcare workers over the past few years.

Is the experience accessing healthcare better or worse?*

Better

17%

Patients

27%

Providers

The same

62%

Patients

25%

Providers

Worse

21%

Patients

47%

Providers

*comparing access in 2022 to previous experience.

What are the pain points? Patients and providers were dissatisfied about several things related to access, but the top* issues are:



Patients

Seeing a doctor/practitioner quickly

78%

Finding appointment that fits personal schedule

49%

The process to schedule appointments

40%



Providers

Staffing shortages impacting service levels

87%

Pandemic is still a cause of confusion

64%

Cost estimates continue to be challenging

63%

*of those patients/providers who said access experience is worse

The patient perspective. Most patients think the experience accessing care remains unchanged or has gotten worse. Major themes of patients' perception of access include:

- Patients associate access with their ability to see a doctor quickly – and they don't feel like that is happening
- The process of scheduling, scheduling flexibility, and easy registration are critical to patient satisfaction based on how it facilitates or adds friction to seeing a doctor quickly
- Accurate estimates, being able to plan for care costs, and payment plans are primary reasons for both satisfaction and dissatisfaction early in the patient journey

The provider perspective. Like patients, providers think things are worse; in fact, more than patients do. But there is optimism heading into 2023 that the pandemic will be in the rear view and more focus will be given to access.

- Nearly half (47%) say access is worse today than it has been during the past two years
- Despite their own dissatisfaction, only 36% of provider respondents think patients are frustrated by the lack of digital options; 30% actually disagree that patients are frustrated
- Providers acknowledge that establishing a digital front door is challenging on many fronts, such as accurate data collection at intake, accommodating both patient and provider scheduling complexities to enable digital/mobile services, and changing many aspects of the payment experience
- There is realization that reducing friction at patient intake and expanding patient communication channels can benefit the provider organization



56%



More than half of patients with a “worse” view of their access experience say they have considered changing providers due to their dissatisfaction.

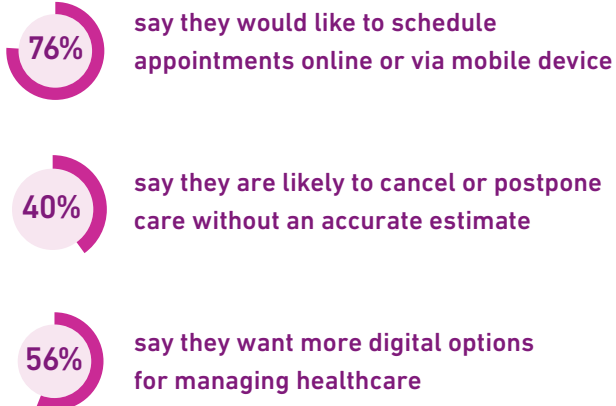
Are providers and patients on the same page?

Both providers and patients want access functions that are streamlined, efficient, and accommodate higher capacity while reducing the time required by patients to engage in the non-clinical aspects of care. For providers, the realization that a better patient access experience results in better business outcomes seems to be nearly universal. What is good for the patient seems to be good for the provider.

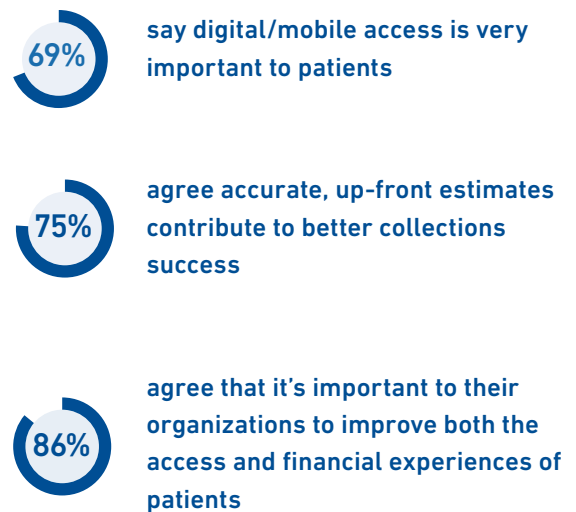
Survey findings showed:



Patients



Providers





The State of Patient Access: 2023 – the Digital Front Door

Wanted: a better patient access experience

Survey results suggest that providers' responses to the pandemic made the patient access experience better for some patients. The data also shows "worse" is a more common response and that providers have a way to go before their administrative and payment processes are thought of as comparable to other service verticals.

Patients

"You can see the doctor now" – maybe. Patients mostly (62%) say there hasn't been much change in their experience accessing healthcare. "Status quo" isn't what most service organizations strive for and in healthcare, describing the experience as unchanged is certainly not an endorsement. There are those who do say things are better (17%), but they are fewer in number than those who

say things are worse (21%). For most patients, the primary challenge of access is speed. "Seeing a practitioner quickly" has stayed at No. 1 on the patients' "most challenging" list for the past three years, trending up every year. In a bit of an ironic twist, The No. 1 provider challenge, according to the survey, is getting patients to use the digital services designed to help them see a doctor quickly. Patients associate access with scheduling. In addition to seeing a practitioner quickly, other top patient challenges included trying to schedule appointments, scheduling appointments with a specialist, and knowing where to go for needed care.

For years, the process of calling as soon as medical offices open to get an appointment has been a frustrating ritual for patients. The broader availability of digital/mobile scheduling should improve that but, per survey respondents, the experience isn't getting much better. Is that because providers are not executing correctly? Is it the patient's fault, as providers seem to think? The answer likely lies somewhere in the middle, but it's a critical area deserving continued focus since 56% of patients who considered the access experience worse said they would switch providers because of that.



Heading in the wrong direction

Patients selecting "seeing a practitioner quickly" as the biggest access challenge have increased steadily over the past 3 years.

15%

2020

18%

2021

27%

2022

Cost of care and the consumer mindset. The healthcare payment process has been a source of dissatisfaction for many years, and not only due to the rising cost of care. The pandemic's alteration of traditional patient engagement gave hope that providers would upgrade payment technology and do more to help patients understand and manage their financial responsibility. Progress was made, but patient survey responses reveal there is still room for improvement.

26%

26% of patients think the payment experience is worse than the preceding 12 months

65%

65% of patients said they did not receive an estimate prior to care; 41% of those respondents said final costs were more than expected; 40% of all patient respondents said they were likely to cancel or postpone care without an accurate estimate

79%

79% of all patient respondents say an accurate estimate helps them better prepare to pay care costs; 88% said receiving a price estimate before care is important

72%

It's important for 72% of patients to have an online/mobile option for payments

Among those patients who said their payment experience was worse, nearly 1 in 4 have considered changing providers; that jumps to 35% between the ages of 25-44








A positive payment experience can be a strong marketing message. The good news is that, while only 29% received a cost estimate before care, 79% of that group said it was accurate. They also indicated the estimate was understandable, clearly reflected the patient responsibility, was often itemized, and could be accessed via a portal or website.

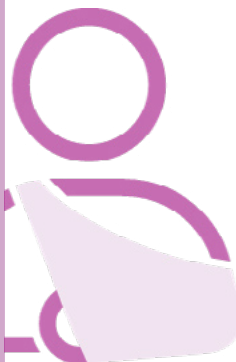
Estimates are a big part of a patient's payment experience, and they are more common than before the pandemic (partially due to regulatory pressure). Patient surveys consistently reflect how important estimates are in satisfaction ratings, but there is a lot more to a good payment experience than receiving an estimate – that is a baseline expectation. Other areas of opportunity that have marketing potential if executed well include comprehensive payment plan options, digital/mobile payment tools and assisting patients with cost explanations.



Patients want a lot from the digital front door. According to patients, access and payment experiences should be convenient, transparent, and enable a significant amount of control. The list of what patients expect includes:

The importance of these offerings increases as the patient's age decreases. Younger generations are less tolerant of manual process and lack of flexibility and failing to address those pain points is failing to plan for the (very near) future.

-  **Accurate pre-care estimates**
-  **Payment plans, presented early in the care process**
-  **Digital payment options (mobile, online, portal)**
-  **A multi-purpose portal**
-  **Mobile access for scheduling, registration, communications (text), and care (telehealth)**



Digital/mobile is the expectation. Patient communication ranked by preference:

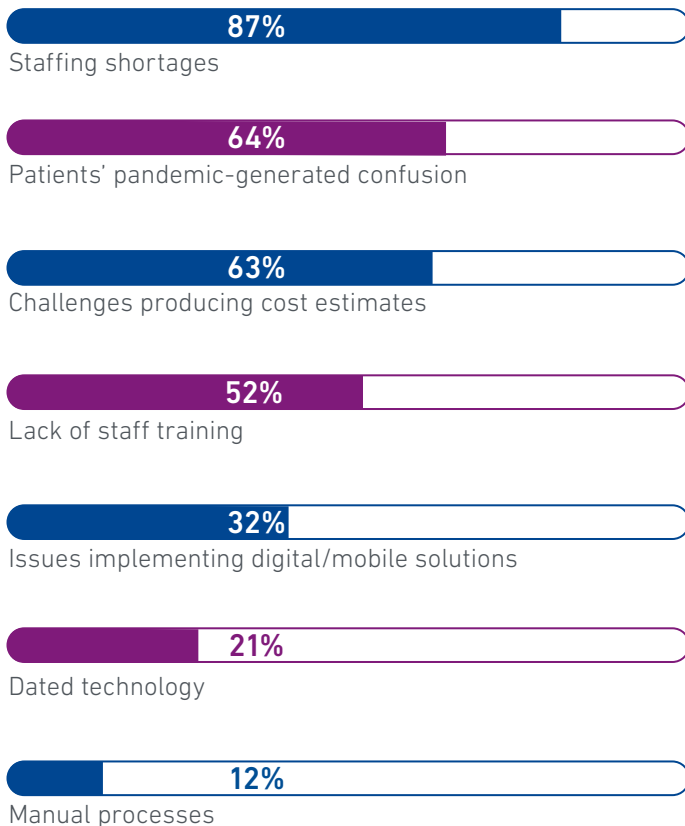
- 1. Phone***
- 2. Portal**
- 3. In-person**
- 4. Email**
- 5. Text**
- 6. Mail**

*There was no distinction between mobile or landline;
85% of adults owned a smartphone in 2021

The Provider

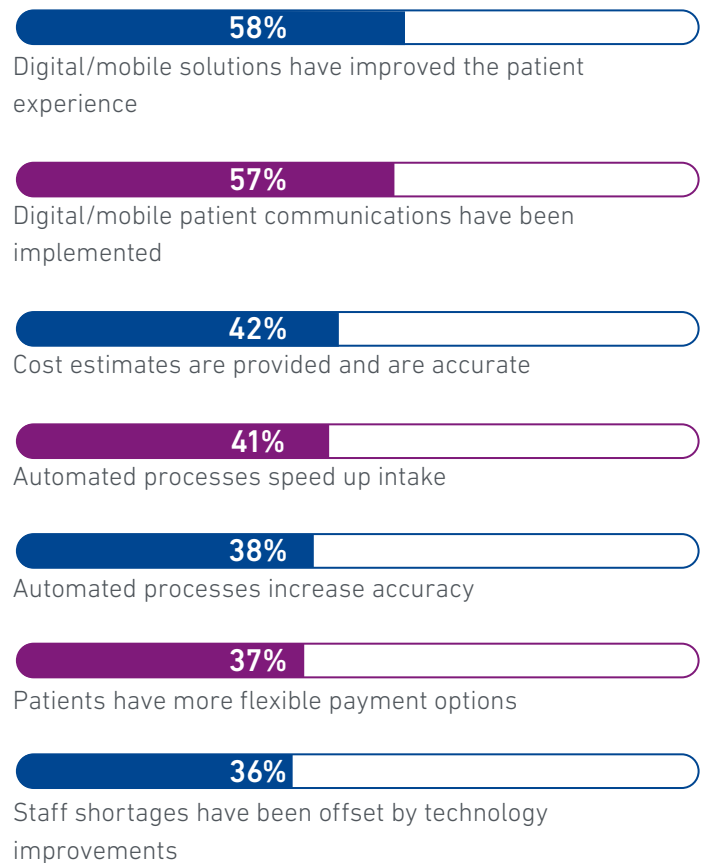
Unfortunately, providers agree with patients that the access experience has either remained the same or is worse. Nearly half (47%) say things have gotten worse over the past two years. Still, providers are more positive than patients, with 27% saying things are better, versus 17% of patients who feel the same. Overall, the net opinion is that access is not improving – at least not at the pace providers want. They point to many challenges:

Provider challenges:



Is there silver lining in 2023? When asked if things will get better in 2023, the pendulum swings the other way with 45% of provider respondents indicating probable or definite improvement expectations. Beyond presuming the pandemic will be less disruptive, the rosy outlook hinges on pandemic-era upgrades and improvements continuing to improve access, including:

Provider optimism:



The pandemic's decline is critical, but that isn't something providers can control. If there is a resurgence, they appear better prepared. For example, to address the staffing crunch, providers have changed their view of automation technology. Healthcare has been wary about replacing people with algorithms, but the benefits are immediate in higher accuracy, more productivity, and non-stop operation. Staff have benefitted from letting technology handle work that keeps them from more critical tasks requiring human attention. Providers are relying on technology to shore up a reduced headcount and future proof against the systemic risks that another pandemic – or a pandemic-like event – may pose. Using self-scheduling as an example, the technology shifts significant work (and the hours associated with that) away from staff while simultaneously delivering a better patient experience.

Self-scheduling message to patients: you've got it, you'll get it or you're out of luck for now. There had been steady adoption of self-scheduling since 2020, countered by a recent decrease in providers who plan to offer this function.

2022

Currently offer self-scheduling



Plan to offer self-scheduling in next 6 months



2021

Currently offer self-scheduling



Plan to offer self-scheduling in next 6 months



2020

Currently offer self-scheduling



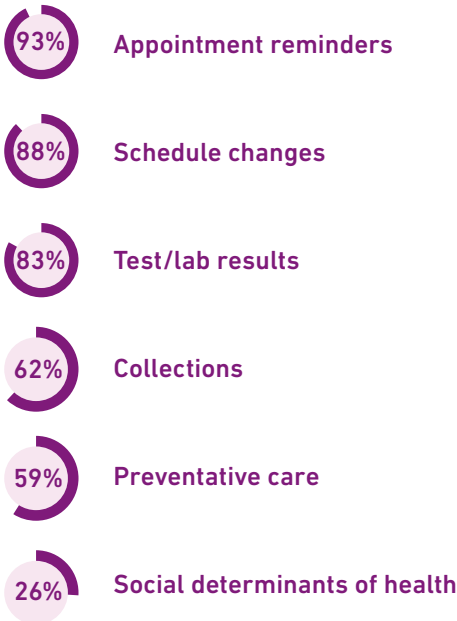
Plan to offer self-scheduling in next 6 months



Oddly, the percentage of providers that don't plan to implement self-scheduling was at its highest level since 2020 (34%). The question didn't ask for qualifiers, but reasons could range from those providers already having implemented solutions at the start of the pandemic, to resource constraints reflecting economic conditions. Nonetheless, 34% isn't trivial and it remains to be seen how patient demands will influence that number. It does seem evident, however, that the nearly ubiquitous intent to stand up self-scheduling in 2020 and 2021 has fallen off some.



Those that have implemented self-scheduling are likely to utilize another service that patients value: omnichannel communications. The 40% of providers saying they currently offer self-scheduling are heavy users of patient portals, the phone (presumably smart phones), email and text for two-way communications including:



The cost conversation continues. Providers think they are doing a pretty good job with estimates and payments, but patients don't completely agree.



89% of provider respondents think that the cost of care is a primary concern for patients



67% think their organization provides clear, understandable estimates prior to care



63% say their organization does a good job understanding a patient's unique financial situation and offers payment plans/financial assistance when appropriate



86% agree that it's important to their organization to improve patient access and financial experiences

On the other hand,



41% of patients who did not get an estimate prior to care said the final cost was more than they expected



55% of patients who feel the payment experience is worse are also less able to afford care now than over the past 12 months



63% of providers say that patients frequently postpone care due to the cost of care



40% of patients say they are likely to postpone or cancel care without receiving an accurate estimate

Providers want to reduce friction at the front end of the patient journey. Providers have worked hard since 2020 to reduce friction at patient intake. The pandemic was one motivator – the volumes of traffic for testing and vaccines were unprecedented – but the business advantages of increased capacity, reduced cancellations, improved data accuracy and higher patient satisfaction are all considerations. The needs and initiatives surely vary nationally, but it's evident there is a lot being implemented and common ground around this need.

Some efforts, like expanding telehealth, adding text communications, and launching or expanding patient portals have increased with each survey. Some tactics that saw a decline, including digitizing registration, implementing online scheduling, and providing accurate estimates, were possibly already addressed during the pandemic. Generally, the effort will continue, though, as 46% said they expect their organizations to invest more in the next six months.

Patients and providers: getting aligned

Experian Health's 2020, 2021, and 2022 patient access surveys reflect a slowly shrinking gap between patient satisfaction and healthcare's efforts to better address consumerism and earn patient loyalty. But those efforts likely need to accelerate. The younger – and larger – generations expect an experience where they have more options and more control. Additionally, retail and technology players are competing with providers to meet those expectations and are not held back by legacy systems and processes, ratcheting up the pressure.

Many providers appear to be responding and, where changes are occurring, patients are starting to notice. Ultimately, patients should be the big winners benefiting from convenience, transparency, two-way communication, and possibly reduced costs. Providers will benefit, too. Collections and reimbursements will increase and be



more predictable and, importantly, patients will reward providers like they do in other service sectors: with loyalty. Patient access at the end of 2023 might be very different from today; whether both patients and providers will like it remains to be seen.

For more information visit the [Experian Health website](#) and follow us on [LinkedIn](#).



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