

The state of patient access 2.0

How have patient and provider attitudes regarding patient access changed since Experian Health's first survey in November 2020 and what does this mean for the future of healthcare?



Executive Summary

In November 2020, Experian Health conducted a survey to capture consumer and provider attitudes regarding patient access. The intent was to identify where there was common ground and where disagreement might create issues — or opportunity. At the height of the pandemic, consumers welcomed “contactless care” and demanded more convenience and control over the nonclinical aspects of care. Providers embraced the acceleration toward digitalization, though implementation remained challenging for many. Six months in, and millions of immunized Americans later, we revisited these questions with a second survey in June 2021 to determine what, if anything, has changed. Spoiler alert: Healthcare is always changing.

The November 2020 survey captured the initial reactions and societal adjustments surrounding things like social distancing and COVID-19 testing. Patients and providers were still coming to terms with immense operational and financial disruption, and digital and remote services offered a life raft in patient access. Consumers wanted more convenient digital services, and while providers recognized the need, delivery was choppy.

By June 2021, the vaccination program was well underway. While this offered reassurance to many, the rush to vaccinate hundreds of millions of people put even more pressure on patient access. As the pandemic ebbs and flows, services become more agile to ride out each wave, while simultaneously focusing on future planning.

Our second survey suggests that the gap between patient and provider views has narrowed. Patients are feeling more confident about returning to healthcare facilities but expect flexible and convenient digital services to remain, especially as they enjoy these features in other aspects of their lives. Providers feel a greater sense of urgency to ensure those options are readily available, especially in the event of sudden surges in COVID-19 case numbers.

Looking ahead, there’s an opportunity to rethink how to “do” healthcare by embedding the changes that have worked well during the pandemic, including:

- Providing a convenient and flexible patient access experience that matches consumer expectations
- Managing patient volumes as consumers return to care settings
- Continuing to improve price transparency while providing more certainty around coverage
- Improving data (and security) capabilities to improve the overall consumer experience

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Introduction

The state of patient access 1.0: forced change and adaptation

Our first survey and report looked at how patients and providers were navigating and adapting to the new rules of engagement. More patients were able to schedule appointments through patient portals, complete preregistration tasks online, make payments from mobile devices and even have initial consultations with clinicians through telehealth.

Where some had been hesitant to use self-service technology, during the first half of the pandemic they were relieved to access healthcare from the safety of their own home. What's more, they were used to online interactions and wondered why healthcare couldn't offer the same level of convenience, autonomy and security.

- More than half of patients didn't want to reschedule appointments until COVID-19 had subsided.
- Nearly three-quarters wanted to manage their healthcare through a patient portal, compared to less than a quarter in 2019.
- 78% wanted to schedule appointments online.

For providers, digitalization offered a way to continue patient support and minimize the financial impact of operational disruption in the early stages of the pandemic. Being able to offer a premium digital healthcare experience was also seen as a way to attract and retain patients.

- 90% of providers saw improving the patient experience as a top priority.
- 64% recognized that patients preferred an online or mobile-enabled registration experience.
- 40% offered self-scheduling to patients, and a third planned to in the next six months.

The state of patient access 2.0: a new baseline in digital patient access

The first survey's findings aligned with wider industry reports on the surge in digital patient access services. Between December 2020 and July 2021, that initial push has slowed. In some instances, such as outpatient [visit numbers and telemedicine](#), uptake has dropped but remains well above pre-pandemic baselines.

The digital trend continues, if not quite as pronounced, as in the early days of the pandemic. Booking appointments, completing preregistration and making payments online is the new baseline, setting up healthcare with expectations similar to other service sectors. The findings of our second survey suggest that providers shouldn't take their foot off the gas.

Sample groups in each survey were selected at random and reflect a different mix of genders, ages and socioeconomic backgrounds. More C-suite individuals participated on behalf of providers in the June sample than in November's.

Who was surveyed?



Nov 2020:

868 healthcare consumers (aged over 18, who had received care for themselves or a dependent in the last 12 months)



135 providers (non-frontline decision-makers)



June 2021:

565 healthcare consumers (aged over 18, who had received care for themselves or a dependent in the last 12 months)



203 providers (non-frontline decision-makers)

Survey findings: then and now

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Patients still want flexibility, control and convenience — providers want to oblige

- Being able to see a practitioner quickly remains patients' top challenge.
- Demand for self-scheduling options remains high, dipping only slightly over the last six months.
- Fewer patients believe the purchase experience in healthcare compares favorably to other service-based experiences, such as retail and entertainment, with a drop from 42% to just 31%.
- Improving the patient experience remains an extremely high priority for providers.

The pandemic has cemented patient expectations around convenient access to care

In November 2020, finding quick and convenient appointment times were two of the top challenges for consumers during COVID-19. They wanted flexibility to schedule appointments, complete registration and make payments wherever and whenever it suited them, just like the experience in retail and banking. Six months later, patients still value control and convenience, though the top challenge now is being able to see their doctor quickly.

[Online self-scheduling](#) is one way to allow patients to quickly find and book available appointments. It's easier for patients and more efficient for providers, plus it reduces no-shows and denied claims due to more accurate data collection, resulting in better health and financial outcomes too.

Demand for self-scheduling remains steady; **73%** of consumers want to be able to schedule their own appointments online, compared to 78% last year. Similarly, around **7 in 10** consumers want the option of using a patient portal to interact with their provider. There's a slight drop in the use of health apps though they remain popular, particularly with a majority of 35- to 44-year-olds.

"The survey shows consumer demand for a flexible, friction-free purchase experience isn't going anywhere. They've come to expect the same quick and convenient options as they might find when shopping or banking online. Providers really stepped up their digital games over the last year, and now is the time to learn from what worked, improve what didn't and double down on creating a better consumer digital experience."

— **Sanju Pratap, Vice President of Consumer Products at Experian Health**

An improved patient experience should emphasize flexibility and personalization

Improving the patient experience is a top priority for **93%** of providers, up slightly from 90% in 2020. More than 8 in 10 say their patients prefer an online registration experience, compared to 6 in 10 last year, and more providers are offering online and mobile scheduling. A growing majority are planning to invest further in patient intake capabilities because of the pandemic.

Interestingly, the number of providers who don't plan to offer self-scheduling has also risen, from 8% to 29%. Some may already have these systems in place, while others may be focusing on different priorities. Given the level of consumer demand, [self-scheduling](#) shouldn't be overlooked. It helps reduce costly administration errors and denied claims, reduces no-shows and gaps in care, and makes better use of staff time, overall.

Communication methods are more mixed since last November, too: fewer providers appear to be continuing patient portal and text message services, while use of email, mail and in-person channels have all increased. Demand is driven by local expectations, which can change. Digital technology provides flexibility and can support a [multichannel approach](#), allowing providers to select the

channel that best suits individual patients based on their contact preferences, and help them complete their next patient access task. For example, a [contactless payment](#) method could be incorporated into personalized text message outreach. Consumers prefer to pay by credit card more than half of the time, so sending a text message with a payment link could be an attractive option.

2

Patients are comfortable coming in for care, but providers are worried about volumes

- Only 16% of consumers say they wouldn't be comfortable sitting in a waiting room until the pandemic eases or a vaccine is available, down from 40% in 2020.
- Only 18% consider virtual waiting rooms priority in 2021, compared to 43% in 2020.
- Use of some remote services has dipped in the last six months, while 46% of providers say making patients comfortable with returning to in-person services is a top priority.
- Telehealth remains popular among consumers and providers, though urgency has lessened as pandemic restrictions have eased.

The welcome return to in-person care poses operational and financial challenges for services

During 2020, patients felt uncomfortable about visiting healthcare services in person for fear of infection. Our recent findings suggest a "settling" of anxiety. More are confident that their provider has created a safe environment, and canceled procedures have dropped by half. Previously, 58% of consumers said they'd wait until COVID-19 subsides before rescheduling, but now only **19%** are choosing to wait.

"The entire healthcare industry was turned upside down by the pandemic. Procedures were pushed back; insurance companies gave policy holders a lot of mixed information. It has been a mess."

— **Provider survey response**

While providers welcome patients back, they worry about patient volumes. Testing, in-patient care and vaccine administration are now compounded by the return of patients with chronic conditions, some who may be in worse condition due to postponed screenings and treatments. The delta variant has also complicated capacity and access in regional hot spots. Beyond the obvious workflow and resource challenges, this has major implications for coverage and collections.

More than half of providers find it difficult to keep track of changing preauthorization requirements, which is compounded as more accounts need processing. Running [automated preauthorization checks](#) using real-time payer information sources could help. Similarly, nearly a third of patients don't know if they have appropriate insurance coverage, which means providers must invest more time and resources running [coverage checks](#).

"Patients expect providers to reach out and let them know when it's safe to return for preventative care and book appointments. Not only does this help patients get their care back on track, but it also means providers will be better positioned to control and coordinate the influx of returning patients."

— **Liz Serie, Senior Director Patient Schedule and Demand Generation at Experian Health**

Urgent scaling of remote telehealth services has levelled off, but virtual care will be a permanent feature

Predictably, both demand and provision of some remote services have dipped as pandemic restrictions have relaxed. Designated entrances and drive-through testing, for example, are not changes providers expect to last.

Somewhat surprisingly, only **49%** of providers think telehealth will become a permanent feature, down from 59% in November. But, while demand from patients has lessened, a third still want to be able to speak to doctors remotely. For this reason, 47% of providers still see establishing or scaling up their telehealth services as a top priority. It's likely that certain disciplines and services will capitalize on the advantages of telehealth in the short term, and success there may eventually broaden the scope of remote care beyond pandemic scenarios.

Patient self-scheduling, use of automation and AI, and online and mobile payment options are expected to gain ground, reducing friction as patients return. Looking ahead, we're likely to see a more balanced mix of in-person and virtual care, with face-to-face services made more efficient through the increasing [digitalization of patient access tools](#).

3

Price transparency has improved, but coverage confusion remains

- The number of patients who rank financial hardship as a top barrier to care has halved over the last six months, though knowing costs are covered by insurance remains their top healthcare priority.
- Price transparency remains important, and the accuracy gap between estimated and final costs seems to be closing.
- Providers are less concerned this year about collecting payments from consumers, with those very or extremely concerned decreasing from 50% to 41%. Their main concern is whether patients know if they're covered or not.
- More providers are offering alternative payment methods and upfront billing estimates to make payment easier for patients.

Price transparency remains a top priority for patients and providers

At the time of the first survey, unemployment was soaring and lost coverage threatened many consumers with medical debt at a time when medical debt nationally was [already up to \\$140 billion held by collection agencies](#). Additionally, elective services were forcibly curtailed, severing a crucial source of provider revenue just as pandemic-related costs and write-offs were rising. The most recent survey shows that while the financial landscape remains tough, there are signs of recovery for many and investments in technology are back on the table.

Price transparency remains important to patients and seems to have improved in the last six months. Fewer consumers are surprised by their final bill. Six months ago, more than half had final costs that differed significantly from estimates. Now, this figure is just 14%, which speaks to a more positive patient financial experience.

This year, even more providers — **9 in 10** — agree that accurate estimates help patients pay their bills on time. More have started offering [patient billing estimates](#), and nearly half consider estimates an urgent priority. Regulation plays a role in the evolving sentiment around price transparency. The Centers for Medicare & Medicaid Services' (CMS) price transparency mandate took effect in 2021, and hospitals have been under significant media and activist scrutiny regarding compliance. The combination of accelerated digital adoption and regulatory requirements — and increased noncompliance penalties — have likely boosted the importance of price transparency for both patients and providers.

And, as [inflation rises to a 13-year high](#), many will again feel the financial pinch, which may further influence consumer opinion to strongly favor transparent and flexible financial pathways.

Collections concerns have shifted from patient medical debt to coverage clarity

For now, receding unemployment totals and the pandemic's initial impact on insurance coverage is less of a concern, but providers and patients are both very focused on what's covered.

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Providers worry about collecting payments from payers, particularly due to increasing preauthorization requirements. It's clear from the survey that preauthorizations are front and center among providers' reimbursement concerns. In fact, two-thirds expect to encounter roadblocks when seeking authorizations for rescheduled elective procedures. Improvements to the [coverage discovery process](#) will give patients greater clarity about what they owe and allow staff to segment patients for more efficient patient collections.

Using digital tools to fast-track financial recovery

Providers are introducing more payment options at the start of the patient journey, which gives patients control over how and when they pay and minimizes the [risk of late and missed payments](#). Interestingly, the ability to pay online or by mobile seems less important to patients now than six months ago, with credit card and cash still the most favored payment options. This, again, most likely reflects the consumer's reduced sense of urgency around "contactless" care.

With **7 in 10** providers saying they have a pandemic-related revenue shortfall to make up for, many are taking a closer look at how data and digitalization can be used to improve the patient financial experience, minimize lost revenue, and attract and retain patients.

Many of the findings in these surveys point to digital patient access as a key strategy for financial recovery. This goes beyond simply providing a better patient experience; the technology enables greater efficiency, automation of manual tasks and market differentiation.

4

Consumer satisfaction rests on better data quality and security

- Secure access to patient portals is still ranked as the most important feature of nonclinical healthcare services for patients.
- 43% of providers have improved security for remote access services, compared to 37% previously.
- Identity management has been identified as a gap by providers.
- Patients still welcome proactive outreach by providers, but more say their providers fail to do this, and 45% of providers say inaccurate or incomplete patient data gets in the way.
- More than half of providers are focusing on identifying and serving at-risk populations.

Keeping patient data secure remains a top priority for patients and providers

Before patients become more comfortable with digital services, they must feel confident that their personal information is safe. Three quarters say secure access to patient portals is the top feature they look for in healthcare services most of the time, which is similar to the previous survey results. At the same time, fewer patients appear concerned about the security of their data when accessing it online or through their mobile device. This could reflect recognition of the effort made by providers to step up data security, as **43%** of providers improved security for remote patient access services.

A [multilayer approach](#) combining identity proofing, risk-based authentication, robust data sources and universal patient identifiers will give providers confidence in the patient's identity, strengthening authentication and health record mix-ups.

Data quality is key to closing the gaps in patient identity management

Security is only one piece of the data puzzle. If the data collected through digital preregistration and payment tools isn't accurate, patient access services will be rife with errors, duplicate records, delays and, in the worst-case scenario, patient safety risks.

Unfortunately, providers identify identity management as a gap. Almost half say that having inaccurate and incomplete patient data with which to attempt to complete follow-up contacts and patient outreach is one of their top three challenges, though more have sufficiently accurate data compared to six months ago. However, more patients notice that their provider fails to proactively reach out and remind them to book appointments (up from 30% to 38%). This suggests some room for improvement when it comes to leveraging data for a better patient experience.

3 opportunities to strengthen digital patient access



Provide a convenient and flexible patient access experience.

Give patients stress-free scheduling, preregistration, check-in and patient outreach, with a suite of Patient Engagement Solutions.



Continue to improve price transparency while providing more certainty around coverage.

Help patients understand healthcare costs and payment options from the outset, with Patient Financial Advisor and quick, automated Coverage Discovery® checks.



Improve data quality and security to improve the overall consumer experience and better serve at-risk groups.

Build a comprehensive and secure view of patients with Experian Health's Patient Identity Management solutions and data-driven consumer insights.

"From a patient perspective, the access experience should reflect consumer expectations — expectations everyone has — of that kind of engagement. It's so easy everywhere else — even to arrange travel. Healthcare needs to catch up. Bolstering digital capabilities means providers can adapt and deliver the best experience whether there's a crisis or not. Now is the opportunity to think differently and avoid reverting to the way things were before."

- Tom Cox, President of Experian Health

Consumer data helps personalize patient access and support marginalized groups

The pandemic exposed significant gaps in providers' capacity to leverage data to help specific groups of patients access care. Data on the [social determinants of health](#) (SDOH) gives providers a holistic view of their patients' needs, which is particularly important given that socially and economically vulnerable groups have been hardest hit by COVID-19. For this reason, providers are paying closer attention to the nonclinical aspects of care than previously, with **23%** planning or already implementing SDOH programs, compared to 13% six months ago. More than half say identifying and serving at-risk populations to ease friction during patient intake is a top priority. Additionally, adding a strong SDOH component to care planning is a powerful tool in preventing readmissions and establishing an effective value-based care program.

[Reliable consumer data](#) also drives improvements to marketing services, which help attract and retain satisfied patients. Incorporating information about consumer lifestyles, preferences and behaviors allows providers to communicate the right message in the right format — whether that's marketing to new patients or supporting existing patients with bill reminders or wellness check invitations. Patient identities enriched with [additional information](#) allow providers to tailor the way

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they communicate with patients and to make sure they receive information about the services and financial support they're most likely to need.

In short, there aren't many aspects of the patient access experience that can't be improved with a better grasp on patient data.

Looking ahead: rethinking the way to "do" healthcare

Patients and providers agree on where patient access is going — it's just how fast they want to get there that seems to vary. While still hungry for improvement, consumers seem more relaxed about navigating a mix of digital and in-person services than at the height of the pandemic. Now, it's providers who feel the greater sense of urgency to make lasting changes. The fact that more C-level individuals participated in the June 2021 survey suggests a stronger strategic commitment to improving digital patient access and future planning.

The pandemic has forced rethinking how to "do" healthcare in the digital age, magnifying the need to create a sense of parity with the consumer experiences in other comparable service settings.

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 healthcare providers with data-driven platforms and insights that help our clients 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.

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