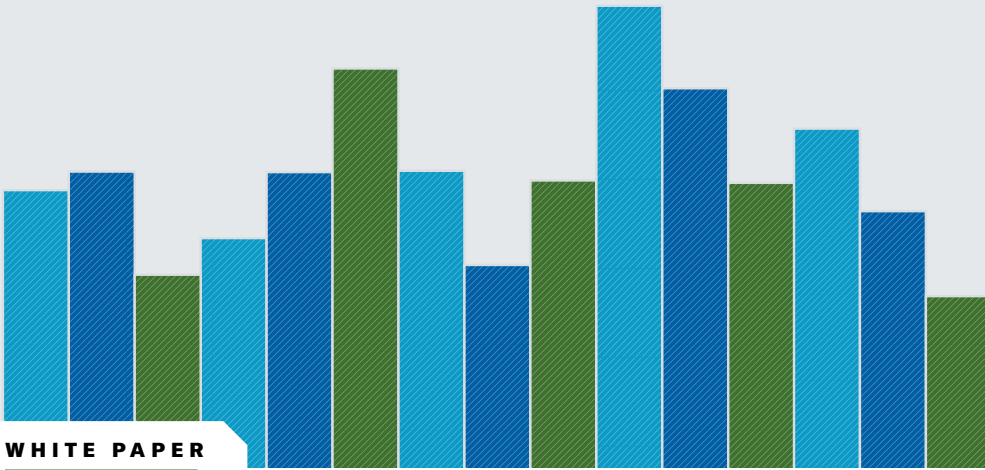




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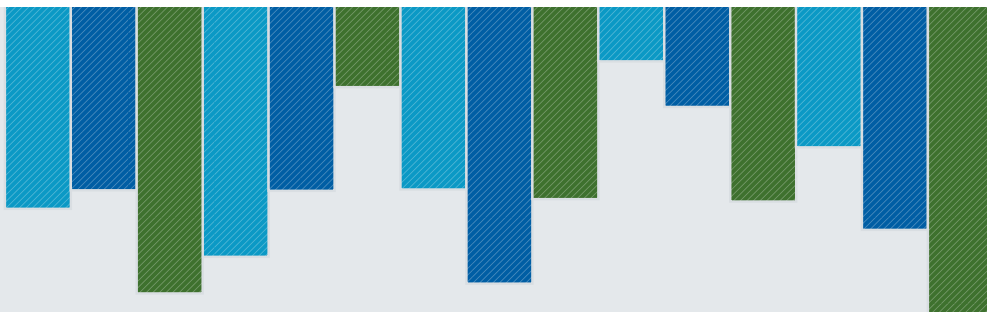
ANALYTIC SERVICES



WHITE PAPER

The Customer Experience in Health Care

New Journeys Ahead



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The pandemic has accelerated how organizations respond to health care consumers' shifting expectations around accessing care. As more people turn to digital platforms to make things easier, their demand for convenience will increase in nearly every aspect of their lives—including health care.

For payers and providers, health care consumer-centricity needs to be top of mind. Organizations that prioritize this understand that it signals their commitment to the member or patient and has the potential to improve outcomes.

Consider travelers' experience in the hospitality industry. Customers visit a hotel's website to see room availability and pricing and book the room they want with only a few clicks. When they arrive, they know exactly what they're getting. If they have questions or requests, it's easy to contact hotel staff. At the end of the stay, the hotel requests feedback so it can improve. Transparency, accessibility, and insights are central to this experience and reflect what members and patients want—and now demand—in health care.

Drivers of change like purpose-built technology platforms, increased data access, and revised business models and policies are fueling the following trends and steering the health care industry toward achieving health care consumer-centricity more quickly:

Proactive and Predictive: Patients increasingly expect a more curated health journey in and out of the health care setting. Access to quality member and patient data is becoming even more important to that curation, and the data sets are expanding beyond clinical data to incorporate social determinants of health, personal communication preferences, behavioral data, and more.

Personalized: Health is becoming more personalized—from a medical, clinical, and experiential perspective. A 360-degree view of each patient and member is absolutely critical to understanding the individual and personalizing experiences.

Decentralized: Care is moving away from the traditional four walls of a health care system and toward a “care anywhere” model through services like virtual care.

Empowered: Health care consumers want more convenient access to care, a better understanding of their costs and options, and control of their personal data. They see this in other industries and want it in health care.

Value-Based: During the pandemic, volume-based health care systems suffered financially and further exposed the problem with fee-for-service versus fee-for-value models.


New technology addresses these imperatives and makes it possible to adopt health care consumer-centricity at scale. Customer relationship management platforms, for example, enable more personalized engagement for better outcomes, increased collaboration for more informed decision making, and greater organizational efficiency.

We commissioned this research to better understand how these imperatives and others have dramatically shifted health care and what organizations should focus on as they continue to improve upon the health care consumer experience. Whether it's integrating disparate systems of record to gain a complete view of the patient or member or streamlining collaboration between payers and providers, surfacing data insights and streamlining workflows will enable personalized engagement at scale to improve outcomes.

To learn more about how Salesforce can shape better patient and member experiences in health care, read our [health care engagement guide](#).

The Customer Experience in Health Care

New Journeys Ahead



Few industries have more data about their own customers than the health care sector. Yet the divide between health care providers' use of that data and the customer experience (CX) that results may be wider than in any other industry. The Covid-19 pandemic, however, may be accelerating a change in that paradigm.

The ability to get a 360-degree view of health care consumers has never been more promising, with the use of electronic health records (EHR), patient reported information (via voice, email, or text), public health data (e.g., social determinants of health), lab and pharmacy data, and data coming from an increasing array of devices, including patient monitoring tools and personal fitness devices. Yet the CX of patients continues to be lacking. Sixty-two percent of nearly 2,000 consumers surveyed by The Harris Poll say the health care system feels like it's designed to be confusing, and 66% say they are asked to manage so many care-related tasks that they "feel like a general contractor" when it comes to addressing their health care needs.

"Health care has been allowed to be the one sector that has escaped the consumer revolution," says Dr. Stephen Klasko, president and CEO of Philadelphia-based Thomas Jefferson University and Jefferson Health, a nonprofit health system that includes 14 hospitals and other care and testing facilities.

Health leaders know the existing model of care is unsustainable and needs to be transformed. Nearly 60% of 115 health care industry executives recently surveyed by Harvard Business Review Analytic Services say that improving CX is a top business priority for the year ahead—more than any other priority, including increased efficiency (46%) and higher revenues (43%). **FIGURE 1**

The pandemic, however, has lit a fire under innovation efforts, forcing health care organizations to do things they'd never done before. Virtual care, e-triage, and telemedicine—previously limited by regulations and the terms of insurance contracts—have become status quo amid the pandemic.

HIGHLIGHTS

A great customer experience in health care starts with simplifying and streamlining the plan-member and patient journey.

Creating a patient-centric experience in health care requires busting silos—silos of data, systems, departments, and business units.

Transformation on a large scale requires the adoption of interoperability standards, and better alignment of incentives between payers and providers.

FIGURE 1

Customer Experience Is Top Priority

Health care executives rank it higher than lowering costs and growing revenues.



Source: Harvard Business Review Analytic Services Survey, December 2020

Meanwhile, health leaders across the ecosystem are investing in new ways to leverage data to improve health outcomes and increase efficiency.

This report will highlight how a comprehensive view of and approach to CX across and between organizations can not only create a better experience for patients but also improve outcomes and lower costs. Specifically, it will examine how executives from both health care insurers (payers) and providers have been exploring ways to improve CX through new workflows and the use of data and technology; provide greater transparency for patients; tap into new partnerships; and better coordinate with others in the health care ecosystem, with the customer at the center.

Executives know the time to act on better CX has reached the point of no return. “We fundamentally need to change the industry across the board in order to be able to deliver care that’s sustainably affordable,” says Shayna Schulz, senior vice president of transformation and operations at Blue Shield of California. “If we keep going the way that we are, it’s not going to happen.”

Where Health Care Is Going

In patient-centered health care, care teams and patients are connected into a blended physical/virtual model, with the patient/member journey supported by technologies that inform, personalize, and improve care. For this to evolve successfully, customers and regulators must be confident that payers and providers are operating within digital environments that are reliable and secure. Paving the way for more widespread sharing of health data, new regulations from the Centers for Medicare & Medicaid Services (CMS) will foster interoperability and data exchange across the entire health care ecosystem. The new rules will give patients or their proxies timely access to their health data so they can make informed health care decisions and better manage their own care.

It’s not just patient data that will fuel CX advances in health care. Providers and payers know they need to be more transparent about their own fees and services. On the fee side, a new CMS rule that went into effect in January 2021 requires hospitals operating in the United States to provide clear, accessible pricing information online about the items and services they provide. In the future, it will be critical to be transparent not only about costs but also about quality of service outcomes. “Patients want to know where they have choices,” says Schulz. They should be able to comparison shop and see what the out-of-pocket cost of an MRI would be with one system versus another, for example. “We’re in the nascent stages of it, but as we continue to mature, there will be a lot more transparency,” she says.

Transparency should extend beyond pricing to include service quality, “like every other industry,” says a senior vice president and hospital administrator for a large, integrated managed-care organization. “I should know right off the bat the service that I’m purchasing, how other people feel about it, and what the average cost of it is. What were my neighbors’ experiences when they purchased that service, in the form of a rating or a review?”

With access to the necessary data and digital health technologies, the care location can shift to anywhere, anytime, and the care model can be preventive, personalized, and participatory. “The Covid-19 pandemic gave us a pretty rapid glimpse into what the future could look like,” says the hospital administrator. Indeed, 74% of survey respondents say they are highly likely to invest in telemedicine and virtual customer experiences in the next two years. **FIGURE 2**

“Twenty-five years ago, if we were looking at a picture of the health care system, the hospital would be right in the center of the page,” he says. “Now you’ve got the person’s home in the center of the page and the hospital is out on the periphery. If we leverage the available technology and the patient’s willingness to participate, then health care becomes more accessible and affordable.”

Jefferson Health’s Klasko calls this “health care at any address, which is the opposite of how hospitals have normally defined themselves. In a very distributed model, we’ll be defined by our care and caring” rather than by location. Virtual and telehealth options can help overcome barriers to care, such as a lack of transportation and illiteracy.

Mayo Clinic is currently testing its Virtual Care Platform in two very different markets, Florida and Wisconsin, according to John Halamka, president of Mayo Clinic Platform, a portfolio of businesses focused on transforming health care by leveraging artificial intelligence, connected health care devices, and a network of trusted partners. “We take data from remote patient monitoring, sensors, internet-of-things device in the home, and then run an acute-care hospital service in your living room,” he says. The two markets were chosen for their different mix of payers and access to services, with Wisconsin more rural and Florida more urban and suburban. “The notion was that we could extend hospital capacity and offer greater convenience to patients and families by delivering hospital care in the home,” Halamka explains.

Other use cases presented themselves with the onset of Covid-19. “We can keep immunocompromised patients away from Covid patients by doing all their treatment in a facility that is not traditional,” says Halamka. “And we could deliver advanced Covid care in the home when hospital capacity was overwhelmed.” Results so far have been impressive. Statistics on safety, quality, and the timeliness of care are the same in the home versus the hospital. “But what’s fascinating is the

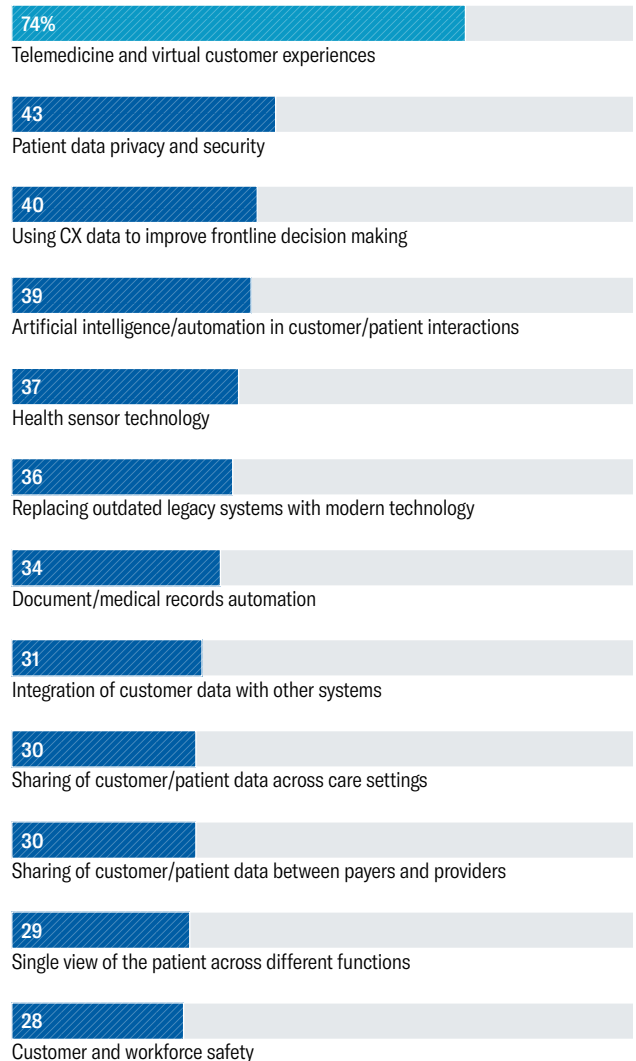
net promoter score of delivering advanced care in your home is 97%,” he says, referencing a top CX metric.

Management consulting firm McKinsey estimates that about \$250 billion in care—about 20% of outpatient, office, and home health spend—can be virtualized. “And once you start moving down that path, you’re going to continue to drive increased affordability,” says Greg Gilbert, a partner with the firm.

FIGURE 2

Health Care Goes Virtual

CX investments health organizations are highly likely to make in the next two years



Source: Harvard Business Review Analytic Services Survey, December 2020



57%

**of health care
executives ranked
improving customer
experience as a
top-five business
priority.**



“The Covid-19 pandemic gave us a pretty rapid glimpse into what the future could look like,” says a hospital administrator at a managed-care organization.

A Great Experience Starts with Operational Excellence

There are many aspects of providing a great customer experience in health care. Experts and practitioners agree that it all starts with simplifying and streamlining the plan-member and patient journey. “A good experience begins with the patient flow, the ease of access, the scheduling, the communications,” says Sue Schade, principal at Starbridge Advisors, a health IT advisory firm.

At Blue Shield of California, the goal is to provide plan members with “the reassurance and peace of mind that they have access to the best care possible, they don’t have to wait, and it needs to be easy to understand what their financial obligation is,” says Schulz. Achieving that goal requires changing the way health organizations operate, according to experts and the survey’s findings.

“You have to be operationally excellent, because that gives you the ticket to further expand upon the relationship,” says Michael Mathias, former executive vice president, customer experience, and chief information officer at Blue Shield of California. “At the end of the day, it’s the basic blocking and tackling—paying a claim, getting an ID card out, those types of things—that are the entree into providing a great experience from a digital perspective.” As one major step in that direction, the company has built the base code to take processing a claim from six days to under 11 seconds.

Rather than trying to improve everything at once, experts advise starting with a couple of key customer pain points. Laura Furstenthal, senior partner in McKinsey’s health care practice, sees two big opportunities for health plans and insurance companies to improve. The first is to increase cost transparency and simplify the payment process for both providers and plan members. The second area is to simplify and enhance the way members engage with “a really complex health care ecosystem in a simple and time-sensitive way.” The overall patient journey breaks down into multiple journeys or workflows, such as picking a plan, choosing a provider, finding and getting to a specialist, or even getting prescriptions refilled, which typically requires talking to both a doctor and a pharmacy, Furstenthal says.

The integrated managed-care organization addressed one of its customer pain points with an initiative to link customer service representatives in real time to the same document that a member calls to discuss, according to the senior vice president. “Now when the customer calls up

and says, ‘Hey, I just received this explanation of my benefit. I have a question about this,’ we can link that customer service representative with the exact same document that the customer is looking at while they’re on the telephone or while they’re chatting on the computer.” This initiative has decreased frustration and increased customers’ confidence that the organization’s care providers and health insurance plan “are truly integrated,” he says.

Such capabilities may be standard fare in other industries, like financial services, but for health care this is a big step forward. “We need to get into the digital age,” says Schulz. “The assets need to be linked. The data behind them need to be coordinated and partitioned appropriately, depending on who the user is. This is all stuff that most industries would say, well, of course, we’ve been doing that for 10 years, but in health care it hasn’t been the case.”

Putting Health Outcomes at the Center of CX

For providers, operational excellence to improve the patient experience can mean life or death. Victor Piana de Andrade, medical director at AC Camargo Cancer Center in Brazil, one of the world’s largest cancer treatment, teaching, and research centers, thinks of operational efficiency as the “hard” versus the “soft” part of CX.

“The hard part of patient experience in cancer is coordinating the patient journey or the clinical pathway in a way that reduces the patient’s effort to receive the safest care from the right person at the right moment,” he says. “So, we are designing clinical pathways for every type of cancer and defining our dream of efficiency in each. We are investing in technology to facilitate booking exams or appointments and reviewing the quality of information offered at all times.” While the “soft” aspects humanize the journey and are important, too—things like the comfort of the rooms, concierge services providing patients at end of life with a sunbath, massage, or music, or having their pet brought in to visit—it’s the ability to save or extend lives that matters most. “In cancer, this is the real patient experience,” Andrade says.

At AC Camargo Cancer Center, delivering on that promise means treating patients faster by establishing and adhering to standards for “what should happen in each visit, what the intervals between visits are, and how many visits there



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should be during the year,” says Andrade—all based on and driven by data. “After we design the perfect pathway, we check what is going on in the real world and coordinate that to offer the patient a better experience.”

For instance, data from cancer treatment center MD Anderson in Houston showed that patients with colorectal cancer had a better chance of survival when the interval between surgery and the first cycle of chemotherapy was 56 days or less. But AC Camargo was only meeting that interval 74% of the time. Patients who had complications after surgery were staying in the hospital longer, delaying the first visit to the clinical oncologist, where the treatment plan, including scheduling the chemotherapy, was set. They identified two main causes of the complications (obesity and unmanaged diabetes) and brought together an interdisciplinary team of people in a design-thinking session to change the protocol. The new protocol included introducing physical therapy before surgery to make patients stronger, and endocrinologists to better control the diabetes that was causing many of the complications. For the five months following those changes, 100% of patients started chemotherapy within the optimal 56 days.

AC Camargo uses both nurse navigators and technology to bring patients to the most efficient clinical pathways, with a module in its EHR that records a patient’s future plan up to 18 months ahead. “Surgery, chemotherapy, radiotherapy—we now have a module where we can register what has to happen to that patient. We create a project for that patient. It’s like working as a project-management office. And we have nurse navigators following that plan and scheduling the patients at the right times to increase survival rates.”

Busting Silos to Improve the Patient Experience

Creating a patient-centric experience in health care requires busting silos—silos of data, systems, departments, and business units.

“When a patient or consumer has to cross a functional or business-unit silo, you end up with duplicate processes, multiple handoffs, things that really do degrade the patient experience,” while adding to the costs and inefficiencies, says McKinsey’s Furstenthal.

While the goal is to create an overall end-to-end customer journey, a good place to start is with having cross-functional teams address pieces of it. “If you can’t get your whole organization together around it, you can pick pieces of the journey, like pick my provider or pay my bills,” she says. “You can take a fairly end-to-end view of each one of those chunks, and it’s a big step in the right direction.”

One innovation Blue Shield is working on is to “coordinate all of the different elements of an episode of care, such as a visit with a doctor, lab work, and an x-ray, into one bill,” says Schulz. “It gives the provider revenue assurance, it creates a reduction in admin costs related to collecting that information, and it gives members an easier way to pay.”

Being able to produce one bill for patients requires new workflows. It also requires having the necessary data in a form that can be used by the parts of the organization that need it. “Having the data around our members and bringing claims and clinical and other data together, that’s really at the heart of it,” says Mathias.

The “other data” that health organizations can tap into keeps expanding. To deal with this, Mayo Clinic developed a universal data platform that incorporates not only its EHR data, but also “the ‘omics’ data [genomics, proteomics, metabolomics], the telemetry data, and all the other stuff that is outside of the EHR itself,” says Halamka.

McKinsey’s Gilbert says there are four critical elements to being able to put all this data to good use. “You need a data layer that can ingest the various types of data with the ability to plug and play into wherever that data is coming from—whether that’s a telemedicine vendor, a payer, a provider. Number two, you need to be able to store that data and link it together. On top of that is the analytics layer where you’re enabling people to generate insights. And then the last thing is how you share that data and embed it into the decision engine and into the business processes.”

While health organizations are addressing the process, data, and systems aspects of becoming customer-centric, they must simultaneously drive a shift in mindset and culture.

“The mindset shift has to go from internally focused on my particular function or silo to an external system-wide look at how we are showing up for the member, for the customer, as an enterprise,” says Schulz. At Blue Shield of California, showing up as an enterprise means working together across

customer experience, billing, claims, underwriting, formulary, and even the clinical side. “It’s really turning ourselves inside out operationally to think of the customer first,” she says.

Health leaders must communicate and demonstrate what it means for everyone in the organization to become customer-focused. “We’re trying to connect with all levels of the organization,” says the integrated managed care senior vice president, “walking our team members, from surgeon to housekeeper, through what human experience means. The perceptions and the attitudes, the behaviors that we exhibit are translated by our customers as their experience.”

Connecting Patients, Payers, and Providers

There is widespread agreement among health leaders that better coordination among payers and providers is key to improving the patient experience and lowering costs.

“We are obsessed with the idea of creating a digital health ecosystem that unleashes a technical revolution in health care, providing more transparency and fostering better partnerships across the industry,” says Schulz.

But transformation on a large scale requires the adoption of interoperability standards, and better alignment of incentives between payers and providers. Furstenthal sees the industry moving along a continuum, starting with the work individual companies are doing to create greater operational efficiencies; transitioning to understand and improve the overall care journey; and finally, aligning incentives across the system. By putting clinical and claims data together, “we can get a much more comprehensive view, and we can start to share risk,” she says. Models where payers and providers are working closer together are reducing the cost of care while improving outcomes for patients.

Some companies achieve this integration by having everything under one company umbrella. Others are taking a hybrid approach or working through partnerships. Blue Shield of California, for example, created a company called Altas to provide services and tools to help physicians and their practices reduce their administrative burden and spend more time with patients, in part through the use of intelligent automation. Longer term, it plans to provide primary and specialty care services, having recently acquired a 2,700-member physician group to that end. “As the health care environment continues to evolve from a technology, operations, and regulatory standpoint, Altas is well-positioned to deliver critical support in these areas to independent physicians,” says Mathias. “The result is a significantly enhanced care experience for patients—and physicians—that ultimately leads to better outcomes.”

Some states are seeing the rise of nonprofit health data exchanges, like California’s Manifest MedEx. What it will take



“Lack of liquidity of health care data has been a major impediment to all kinds of innovation in the industry for a very long time,” says Greg Gilbert at McKinsey.

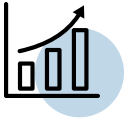
to align incentives on a large scale is still an open question. In the meantime, while there are certainly benefits to being a fully integrated health care system, the senior vice president sees integrated systems as just one workable model. Once there is true data interoperability, “I believe that where the industry will head is where separate organizations would be able to work almost as effectively as a fully integrated, wholly owned organization. That increases the portability, for every patient to be able to take their data wherever they go. And it can be immediately translated by whatever organization they’re working with.”

The lack of data portability in the sector has hindered fresh thinking about collaboration. “Lack of liquidity of health care data has been a major impediment to all kinds of innovation in the industry for a very long time,” says McKinsey’s Gilbert. That situation is changing. One of the catalysts is the federal government’s recent program rule the 21st Century Cures Act: Interoperability, Information Blocking, and the ONC Health IT Certification Program, set to take effect in April 2021. The new rule requires that health care providers give patients access without charge to all the health information in their electronic medical records “without delay.” This rule is based on the United States Core Data for Interoperability (USCDI) standardized set of health data for nationwide, interoperable health information exchange.

When this mandate goes into effect, patients will “have application programming interface (API) access to the same USCDI data elements through any application they come knocking at your door with,” says Halamka. “And that’s key, because is the future [model] provider care coordination, or is the future patient and family data stewardship?”

Establishing Trust

There is great opportunity to improve health through the expanded use of data about patients and populations. In addition to what’s contained in the EHR, health leaders are



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looking to incorporate patient-reported information via voice, email, text; public health data; social determinants of health, such as patients’ financial, familial, nutritional, and educational situations; lab and pharmacy data; data coming from an increasing array of devices, including patient monitoring tools and personal fitness devices; and more.

“All those points of data exist to really make a difference in people’s lives,” says Klasko. “Right now, we have no nexus to connect them, and we don’t have the right guardrails to make sure that, even if we did that, we would use that for the patient’s benefit.”

Schulz believes that a national health information exchange is needed to improve care and take waste out of the system. “There’s a lot of duplicative testing that happens just because we don’t know what’s happened before”—for instance, when a patient has trouble getting their x-rays to a physician in a different system from the one that took them. “We need to have all of the information available to health plans, hospitals, physicians, and anyone else” involved in that person’s care, says Schulz. “And a patient should be able to determine what information they want to share with whoever they want to share it with.”

That data sharing won’t just happen, Klasko says. “We need to put ethics in at the beginning, because as you start to make data more accessible, there’s a lot of ways of abusing that. And we need to make sure that these new data models are not just making the wealthy healthier.”

The betrayal of patient trust would hurt the industry, says Gilbert. “As these data sets come together, we need to make sure it’s done in a way that patients are protected,” he says. Without that, privacy concerns will inhibit the industry’s ability to move forward.

In the meantime, health technology and data systems like those of the Mayo Clinic Platform are incorporating large data sets based on millions of patients and de-identifying them for analytic purposes. Potential uses include “payers looking for best practices for reimbursement, or pharma looking for drug discovery or post-market surveillance, or providers looking for care planning and best practices,” Halamka says. Third parties can “exfiltrate knowledge, algorithms, analytic visualizations, but in most instances, they can’t take the data out of the container.” Data-use agreements ensure the data

is used for ethical purposes and that it is privacy protected for secondary use.

Halamka sees the future of health care, in large part, as a data business, and most health care organizations aren’t equipped for that. “You’re going to need to build, buy, and partner,” he says. At Mayo Clinic, “startup and early-stage companies are essential to our success.” Partners run the gamut from the company that helped Mayo Clinic develop its next-generation de-identification algorithm to another that specializes in advanced home care to others that are helping the health care provider interpret and analyze telemetry data from health sensor devices. “Just going and buying your EHR and assuming business as usual with your internal IT staff and your EHR vendor is not sufficient,” Halamka adds.

Conclusion

Health care is an industry in which organizations collect huge volumes of data but fall down on the CX front when that information can’t be shared. The future of health care will be high-tech and high-touch, says Schulz, with technology the foundation that makes it possible for employees to help members navigate care and leverage all the services that are available to them—and for patients and their families to make better informed decisions for themselves. “This concept of it being acceptable for health care to not be customer-obsessed is over.” But becoming customer-centric requires organizational change. Health leaders will have to invest in new technology and data capabilities, new workflows, new mindsets, and new alliances.

Health care is an industry in crisis, Furstenthal believes, and that presents both risk and opportunity. Data from past business cycles shows that “those who innovate through a crisis not only outperformed competitors during the crisis, they significantly outperformed post-crisis.” Health leaders should identify and focus on a few breakthrough opportunities as soon as possible, she says, adding that “the opportunity to serve customers differently through a data-driven model is one of the main opportunities that’s in front of you.”



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