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Speakers



Dr. Alan Balch

The National Patient Advocate Foundation



Dr. Geeta Nayyar

Salesforce



Lea Ann Eickelschulte

Blessing Health System

Moderator



Leigh Burchell

Allscripts

SESSION 3

Empowered Patients and the Amplification of the Consumerization Trend

Much has been made in recent years of the fact that patients expect their interaction with their doctor and the healthcare system as a whole to be as easy as booking travel, but despite consumer pressure, there hasn't been significant recent progress towards that goal. Now, thanks to new entrants shaking up the healthcare

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in the way that communication takes place, say experts.

During an Oct. 13, 2021, webinar sponsored by Allscripts and Modern Healthcare Custom Media, three experts discussed how healthcare providers and systems can do a better job of addressing the needs

market and several impactful new federal regulations empowering patients, healthcare providers are taking more steps to deliver the expected experience, whether that is on-site, in the home, or

of today's empowered consumers. Participating in the discussion were Dr. Alan Balch, chief executive officer of the National Patient Advocate Foundation; Dr. Geeta Nayyar, executive director and general manager of healthcare and life sciences for Salesforce; and Lea Ann Eickelschulte, chief technology officer for Blessing Health System in Illinois. The session was moderated by Leigh Burchell, vice president, government affairs, Allscripts.

Meet Customers Where They Are

As consumers become more empowered, they expect a greater level of interaction from their healthcare providers than ever before. Traditional ways of conducting business are evolving, and healthcare needs to keep up.

"Nine to five doesn't work anymore," says Eickelschulte. "We need to be agile, offer greater price transparency, communicate more efficiently and do a better job protecting data. That's the type of stickiness that will help our organizations, and that's what consumers are

demanding of us. We need to meet our customers wherever they are.”

Nayyar agrees, noting that healthcare providers need to reach patients outside the four walls of the hospital or doctor’s office. Communications must be personalized,

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she says. For example, a communication about a mammogram should be different for a breast cancer survivor than for someone who has never had breast cancer and is being reminded about a screening. Targeted messaging can help build trust, and “trust is the currency of the consumer,” she says.

Healthcare providers also need to be sensitive to what form of communication their patients prefer, suggests Nayyar. Some patients prefer texts while others prefer a phone call or a postcard in the mail. “Different strokes for different folks,” she says, noting that different specialties lend themselves to different tools.

Most legacy technology systems were not built to be consumer-facing, adds Nayyar, who advises that whatever digital transformation your organization is investing in should be flexible and able to respond to the individual needs of patients.

Patient Satisfaction

Communication is one area that affects patient satisfaction. Another is billing, says Burchell, who explains that a recent study of new mothers who received a surprise bill from an out-of-network provider switched providers for their next delivery. Receiving surprise bills can have an impact on customer loyalty.

“It’s unfortunate that this is part of the conversation,” says Eickelschulte. “It is not acceptable. At Blessing, we work with payers to ensure that services are covered. We have a resource center – a physical bricks-and-mortar place – where patients can come talk to someone and

get help, whether it’s with understanding a bill or help accessing our patient portal. This shows our patients that we are committed to helping them.”

Care Planning

When designing a healthcare experience, it is important to consider the population you are serving and what their needs are, advises Balch. There are a number of factors that affect a person’s ability to go to the doctor – transportation, caregiver burden, work disruption. Providers need to take these factors into consideration and, to the highest extent possible, work to make the healthcare experience easier for all, especially those who might face additional burdens.

“When you begin to design a healthcare experience, for high-income patients there is more focus on psychosocial support, such as peer-to-peer counseling, while lower income patients may need more basic support,” says Balch. “We have to bring up those needs in our care planning. The one thing that patients tell us they want most besides trust is help. Don’t just tell me it’s going to cost this much, tell me how you are going to help me or where I can find help.”

One way that Blessing is overcoming some of these burdens is by placing health clinics on site at employers’ locations, says Eickelschulte. “We go where the patient is rather than making the patient come to us.”

Shared Decision Making

Nayyar, Eickelschulte and Balch all agree that healthcare providers need to involve the patient in making decisions about care. While doctors typically rely on clinical data in making diagnoses, they should recognize that patients are experts about themselves, and their expertise should be part of the conversation.

Shared decision-making makes for a better overall healthcare experience, stresses Balch, noting that it is helpful for a provider to ask the patient what they want to get out of a visit.

“Patients’ expertise should have currency in the clinical domain,” he says. “We in healthcare need to bridge that gap between the clinical information and the patient information.”

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