



Experience Is the New Business Imperative for Healthcare

Taking a Holistic & Strategic Approach to Experience

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Introduction

Healthcare organizations face a business imperative to improve the front-end experience for consumers while ensuring the back-end systems and processes support a seamless, simple, and comprehensive consumer experience across all channels. As consumers bear more of the cost of their healthcare, they expect a customer experience similar to what they enjoy from online retail, banking, and entertainment. Add to that the mounting pressures to meet increased satisfaction, care, and compliance requirements.

In 2020, 25% of patients changed medical providers due to poor digital health experiences, a 40% increase from 2019.ⁱ

Experience is driving the healthcare journey for all stakeholders, patients, members, family caregivers, employers, as well as business and community partners. Each in-person, virtual, or digital interaction holds the potential to either deepen or erode engagement and loyalty.

Experience is the touchpoint where healthcare can seize its opportunity.

This eBook presents a holistic, four-part approach to the healthcare experience. The goal is to elevate digital and experience strategies across the consumer healthcare journey.




What's Driving Experience as a Business Imperative?

The consumerization of healthcare is too simple an answer. Several factors make “experience” paramount across all segments: payer, provider, life sciences, and MedTech.

REGULATIONS

While Star ratings and public quality reporting increasingly affect consumer choice, the latest No Surprises Act (NSA) could harm consumer goodwill and loyalty. Surprise billing and balance billing create ongoing tension and animosity in the payer-provider healthcare experience and erode consumer trust. Today, healthcare organizations can leverage this regulation to improve transparency and empower patients through education and experience around price, cost, and financing options.



54%
of patients have
had a healthcare
bill sent to
collectionsⁱ

EMPLOYERS

Since half of Americans are covered by employer-sponsored health insurance, their influence was already significant. Now, however, employers are direct-contracting, self-insuring, and pointing employees to the marketplace. Most importantly, they choose and use healthcare benefits as a differentiator in the current battle for talent.

~24% of employer healthcare purchasers are considering contracting directly with integrated delivery systems or TPAs.ⁱⁱ

RETAIL & DIGITAL-NATIVE DISRUPTORS

Retail healthcare has been ramping up for a decade. Still, plans are accelerating and growing because of new consumer interactions and service awareness due to the COVID-19 vaccine and home testing distribution. Convenience is king to consumers, and one-stop shopping with healthcare opportunities fits within busy, 24-7 lifestyles.

VIRTUAL & HYBRID CARE

Over the past two years, the most prominent driver of experience has been the incredible adoption of virtual care, which has accelerated or launched a plethora of virtual healthcare start-ups and digital care disruptors. Healthcare organizations are faced with the challenge of integrating virtual care with all other channels and forms of care, technically and strategically.

~83% of patients anticipate using telehealth beyond the pandemic.ⁱⁱⁱ

REMOTE PATIENT MONITORING & HOSPITAL AT HOME

In addition to virtual care, care-at-a-distance is evolving quickly through remote patient monitoring (RPM) and hospital at home initiatives driven by the pandemic. Keeping patients out of higher-cost care locations, like hospitals and skilled nursing facilities, creates another channel by which in-person and digital experiences complement or conflict.

A 2021 Consumer Technology Association study found three significant benefits to RPM:^{iv}

- Improved patient outcomes by **49%**
- Improved compliance rates by **44%**
- Increased patients' interest in their health by **42%**

These forces and trends highlight how consumers take their dollars to where they work, shop, and live. New business models and unique payvider partnerships add to the need for healthcare organizations to maximize multi- or omnichannel experiences as a competitive strength.

Building a Better Experience

The challenges with patient and member experiences can become pervasive and persistent — negative reviews, bad word of mouth, complaints, delays or refusals to pay, social media rants, canceled contracts, and poor PR.

Today, approximately 60% of healthcare consumers share their feedback on the quality of health services received on social media (Facebook, Google, etc.), placing the onus on providers to ensure optimal services consistently.^v

75% of consumers said online ratings and reviews influence their choice of provider.

However, healthcare organizations now have access to a deeper level of sophisticated data, interoperability, digital tools, and experience technologies to build a robust, omnichannel experience. Plus, the systems, cybersecurity, and architecture available today can be used to create a strong and resilient framework behind the scenes.

DIGITAL IS DRIVING EXPERIENCE...AND FRAGMENTATION

Consumers have a new universal normal for any digital experience — even for healthcare and senior adults. Whether via desktop, tablet, or smart devices like phones, TVs, speakers, and IoT, people research, shop, and receive care through their preferred channel.

Consumers are more vocal than ever about their preferences:^{vi}

- **44%** of consumers are ready for digital changes like telemedicine
- **41%** want digital forms and communication
- **37%** want touchless check-in
- **68%** value a customized patient experience

While this trend means there are more patients and members to attract and engage, the reality of healthcare's approach to omnichannel has caused an untoward effect. Fragmentation, inconsistencies, and a lack of interoperability push consumers away rather than drawing them closer and engaging them more deeply.

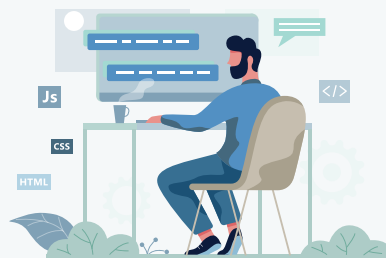
Taking a Holistic View of Experience

Commonly, healthcare organizations purchase a host of point solutions rather than address experience holistically, which not only defeats their ultimate goal, but it also creates a back-end patchwork that is incredibly costly and difficult to maintain, secure, and scale.

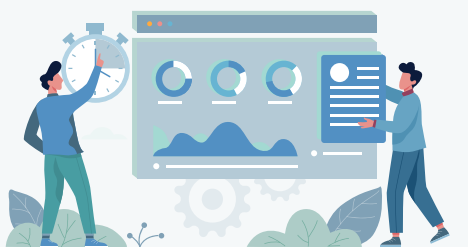
Creating a better experience for consumers across all channels can be achieved by viewing the experience from four points:



Front-end user experience



Back-end digital enablement



Integrated operations and processes



Data to drive personalization

This cohesive approach takes digital transformation beyond a tool, portal, or app and addresses the key areas that impact experience while tying experience to higher business and operational objectives.

80% of patients want to interact with their healthcare providers using a smartphone.^{vii}

FRONT-END USER EXPERIENCE

The front-end user experience provides an opportunity to do more than present a fresh design. Where web portals offer bill paying or benefit information, this digital front door (DFD) delivers a unified experience across channels, leading to the functionality and features designated as priorities depending on various factors.

The digital front door can engage patients and members throughout their health journey, offering levels of access and engagement necessary to achieve the person's and institution's goals.

62% of customers said they were unable to accomplish their healthcare goals online, including searching for a doctor, accessing health records, or paying bills.^{viii}



Currently, many healthcare organizations are focused on one aspect of digital transformation. While that area varies among organizations, most are limited to patient access points like online appointment scheduling and digital provider directories, wayfinding, or patient portal features. Maximizing the digital front door calls for delivering a simple and interactive strategy with better patient engagement...no matter the device.

The goal of the front-end user experience is to eliminate friction and seamlessly connect patients to the most appropriate level and channel for care at the time and location they want it.

Critical questions to ask when assessing or planning a digital front door strategy:

1. What are the first four features that are most prominent when a user views the DFD?
2. Are these features aligned with a particular patient/member population, objective, or need?
3. How have these priorities been chosen? Is there data on the most-used sections of the website, by population, time of day, etc.? Were those selected because they were the easiest technically?
4. Has the DFD been vetting with real users that represent those groups?
5. What are the organization's top three or four goals for new business, engagement with existing patients/members, brand awareness, etc.?
6. What specific items can be found through the DFD that match those goals?
7. What performance metrics do you have around the use of the following?
 - a. Patient or member portal – scheduling appointments, accessing labs, requesting medication refills, paying bills, onboarding, education, benefit information, and provider directories
 - b. Wayfinding and navigation
 - c. Virtual care and virtual chat
 - d. Care management or care coordination
8. How flexible is the DFD when a trend or emergency (like the pandemic) requires a shift in messaging?
9. How well does the DFD anticipate and meet user needs?
10. What are consumers' most significant pain points, and how is the DFD addressing them?
11. Does DFD leadership view this priority as a marketing initiative or population health management lever, or is it aligned with other strategic objectives?

BACK-END DIGITAL ENABLEMENT

Many healthcare organizations have focused their efforts on the digital front door rather than on what's behind the door, which may be hiding an architecture stuffed with disconnected and risky technology.

Sooner or later, patients and members get a sneak peek of the chaos behind the door when their data is incorrect, communication doesn't find its way from a portal to a person, or technical features don't work as intended.

Whether using FHIR, HL7, blockchain, AI, machine learning, robotic process automation, or other technologies, it's crucial that the interface that delivers experience can do so on a foundation that connects disparate systems, data sources, and functionality. From a provider perspective, most Epic EMR customers turn to Epic first for tools to connect with their DFD, yet it's best to lead the strategy rather than look to a vendor to drive the technology plan.

Enterprise software and point solutions can blind technology leaders to the experiential needs coming from other areas of the healthcare organization. The most prudent approach entails looking from the outside-in and the inside-out, meaning taking a view from before consumers knock on the digital front door and from individual systems that meet or data sources delivered through the DFD.

Critical questions to ask when assessing or planning a back-end strategy:

1. Which enterprise software and point solutions currently connect to the DFD? For example, EHR, order management, care management, social engagement, education, government systems, CRM, mobile apps, scheduling software/databases, quality performance data like Stars, etc.
2. How do those systems serve the priorities identified in the DFD questions from the last section?
3. How flexible is the technology architecture? Is it weighed down with legacy systems? Is it hard to update, maintain, and secure?
4. Has the CISO or data security team been involved?
5. What does the DFD technology road map look like? Are future projects and spend aligned with the DFD strategy from the previous section?
6. What, beyond web- and mobile-based apps, should we pay more attention to regarding experience like voice, IVR, chatbots, etc.?



INTEGRATED OPERATIONS AND PROCESSES

Over the past two years, telemedicine and virtual care's accelerated adoption highlighted the need to ensure that digital consumer experiences are greatly influenced by operational performance behind the scenes. Process is the connective tissue that supports omnichannel customer experience, lean operations, intelligent automation, and organizational alignment.

Through design thinking and lean process analysis, healthcare organizations can identify strengths to maximize, capabilities to leverage, and weak points to resolve, as well as common root problems that derail experience:

- Bottlenecks and extensive wait times
- Excessive handoffs, decisioning delays, skill gaps, role clarity
- Low morale, working conditions that impact service
- Unnecessary, confusing, or convoluted steps
- Poor employee and user experiences
- Unnecessary labor as automation candidates
- Hidden disruptors
- Lack of measurement or poor performance metrics

Critical questions to ask when assessing operations and processes that link to experience:

1. For each prominent feature or function delivered on/through the DFD, which operations, team, business unit, or process area is connected or responsible?
2. What performance metrics are available to reveal how well these areas are meeting customer needs?
3. Is each operation, process, or functional area well-documented and resourced?
4. What aspects of workflow could be automated, collapsed, eliminated, or streamlined?
5. When was the last time each workflow was mapped and assessed? What were the outcomes and improvement priorities from that assessment?
6. Are there any other improvements that should be made in flow, quality, and cost?



DATA-DRIVEN PERSONAL EXPERIENCES

Data's value comes from its power to create a shift from episodic, interventional care to continuous, preventative healthcare that is personal yet population-focused. Optimizing digital experiences can include monitoring patients' health status from wearables, self-reported health tracking data, lab data, and RPM.

Just demonstrating that a healthcare organization, representative, or technology "knows" is invaluable to building rapport and engagement. Simple data points can be challenging to deliver to the right system or individual, but it's the foundation to a data-driven personalized experience.

This is particularly true when direct-to-consumer solutions and digital-native companies ramp up the competition and disrupt the market. The differentiator that traditional healthcare organizations have is to provide care coordination and care management across digital tools and data sources. Defragmenting care is key. When done well, healthcare organizations own the experience and become the go-to source for all things healthcare-related. Doubling down on interoperability efforts and unlocking a connected health ecosystem through secure and seamless data sharing will revolutionize every experience.

Critical questions to ask when assessing data sources that affect experience:

1. Is there an inventory of patient/member data sources?
2. Working backward, what data is missing/needed when assessing and prioritizing the experience desired for different patient/member populations?
3. What level of EHR or enterprise system integration and interoperability is required to achieve experience goals?
4. How is cybersecurity being consulted to assess and address data security and privacy needs?
5. What types of clinical and nonclinical data are needed and available internally and through external aggregators, public sources, or community partnerships?



Beyond Consumers: Enabling Efficient, Engaging Experiences for Employees, Providers, and Business Partners

Consumers aren't the only stakeholders wanting better experiences from healthcare. Employees, physicians, employers, and others want a more streamlined and effective experience when engaging healthcare. They want to see their digital priorities addressed through their interactions as well.

Focusing solely on consumers leaves out the care team members, physicians, and operations teams, which creates a glass ceiling to how much patient and member experience can improve.

Critical to delivering the right experience for these groups is deeper scrutiny of back-end processes and systems that drive data, insights, and recommendations. Prioritizing experience for other stakeholders can reduce wasteful spending, create much-needed efficiencies in care delivery, and improve employee morale that ultimately affects consumer experience.

For provider organizations, two areas of concern are internal and external experiences with credentialing systems and prior authorizations.

PROVIDERS ARE BURDENED WITH ECOSYSTEM INEFFICIENCIES

Credentialing Systems

Burdensome inefficiencies in the healthcare system are driving burnout and poor experiences for providers, with the credentialing system functioning as one of the biggest culprits. Health systems, payers, and physicians spend over \$2.1 billion annually attempting to maintain credentialing systems to vet medical professionals and validate qualifications. Credentialing is critical to the entire healthcare ecosystem: It is imperative for a healthcare system to generate revenue, and it is the basis for a health plan directory of in-network physicians. While this federally mandated system strives to ensure that a provider is fit to care for patients, it lacks national standards and is still primarily a manual process managed by physicians.

Prior Authorizations

Prior Authorizations (PAs) are another significant burden on physicians. PAs require significant resources and, in many cases, negatively impact patient care. The AMA reported staggering statistics that **94%** of providers saw delays in patient care due to PAs, and **8 out of 10** reported that their patient abandoned treatment while waiting, which can lead to significant adverse events. In this manual process, each health plan has a unique policy and documentation requirements for PAs, significantly increasing the burden on physicians and staff required to manage and comply with specific authorization requirements. The AMA survey revealed that **86%** of physicians reported PA burden was high or extremely high, with their offices spending two business days a week managing PA requests.^{vi}

An AHA report cited a 17-hospital system spends \$11 million annually to comply with health plan authorization requests.^{xii}



30%

of physicians stated that PAs had led to serious adverse events for their patients.

21%

of physicians said a PA delay had resulted in a hospitalization.

18%

of physicians said a PA delay had led to a life-threatening event or that they intervened to prevent permanent impairment or damage.

9%

reported patient disability, permanent bodily damage, congenital anomaly or congenital disability, or death resulting from PA issues or delays.

SDLC Partners Offers Expertise, Comprehensive Capabilities plus Solutions

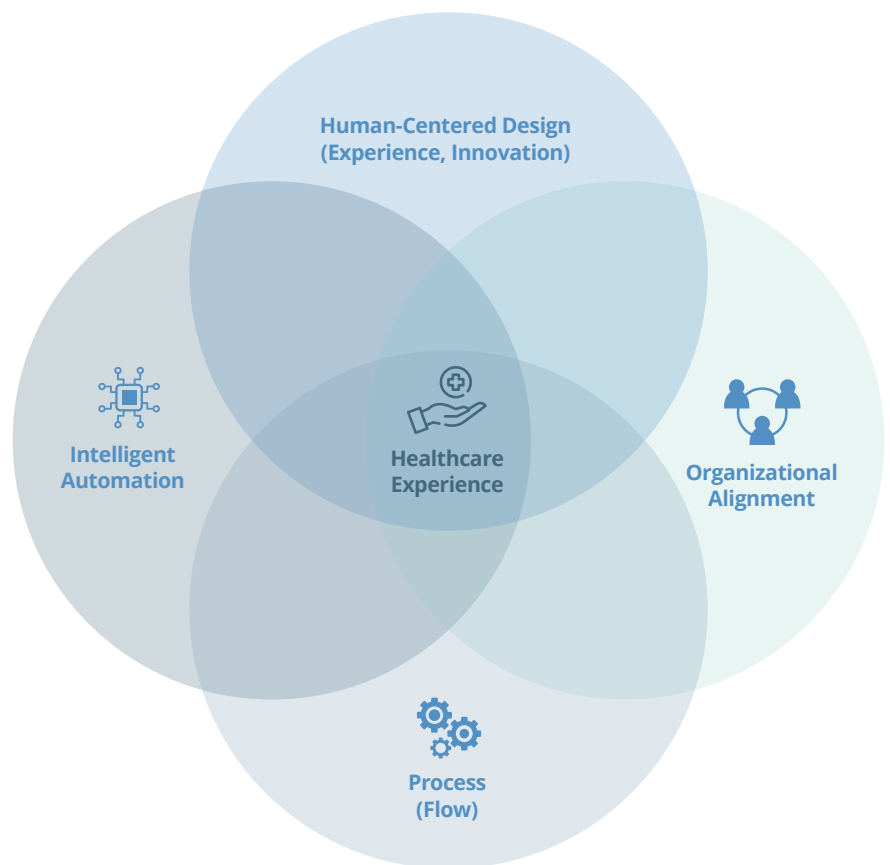
HEALTHCARE EXPERTISE

SDLC Partners is part of CitiusTech, a leading provider of healthcare tech services and solutions. With over 15 years of experience, we aim to tackle healthcare's most complex problems by empowering healthcare organizations to create healthier lives through frictionless healthcare and expanded digital services.

COMPREHENSIVE PROBLEM SOLVING

When looking for a solution, it is critical to identify the right problem first, as starting the process with the wrong problem only leads to frivolous solutions and wasted time. Creating an optimal healthcare experience enables organizations to deliver significant value to each ecosystem partner. Many issues within healthcare are complex and multifaceted and are bespoke for each organization.

SDLC Partners achieves problem solving through a design thinking framework that targets organization-specific problems and employs a Human-Centered Design approach, bringing together experience and innovation to build a tailored healthcare strategy.



PROVEN EXPERIENCE DRIVING HEALTHCARE OBJECTIVES

Streamlining Business Partner Experiences

The priority is to uncover the pain points and opportunities presented through design-driven workshops and structured interviews with critical SMEs and managers. Each target can be framed to tailor solutions and approaches to organizational priorities, timelines, and budgets. During the discovery phase, the team uncovers root causes through an adaptive process, creating a feedback loop that continuously refines the problem and opportunity at each step.

Case Study: Streamlining TPA Login Experiences

A large health insurance company wanted to simplify its third-party administrator's (TPA's) login experience to:

- Reduce administrative hurdles
- Provide a better user experience
- Save significant time completing administrative tasks

We created a multi-tenant identity solution with a single, secure login utilizing scrum, co-creation, and Human-Centered Design that resulted in:

**\$250,000
saved per year**

by eliminating the need
for a dedicated IT team to
manage the TPA portal.

**3.5% increase
in adoption**

for both online
enrollment and
member maintenance.

[READ THE CASE STUDY](#)

New Business Model Realized through Digital Transformation

Today, poor user experiences often lead to failed products and services, while a poor employee experience creates slow workflow and unused systems. Over time, these low-quality processes create significant bottlenecks, inefficiencies, and added costs.

Poor organizational alignment often manifests as too many handoffs, long wait times, and drawn-out decision-making. SDLC Partners' modern approach to organizational alignment accelerates decisioning, optimizes the flow of information, and increases value.

Case Study: Transforming into a Software Company

IngMar Medical, a successful R&D company, was looking to pivot its offerings to software, devices, and services. To determine if it could launch high-quality software consistently and meet its growth goals, it needed to review its:

- Business models and goals
- Software development life cycle
- Organizational culture

We used our Business Technology Enablement Framework (BTEF) to build a transformation road map. This included a deep dive analysis of its culture, staff, systems, data, and technology to create:

30-, 60-, and 90-day plans

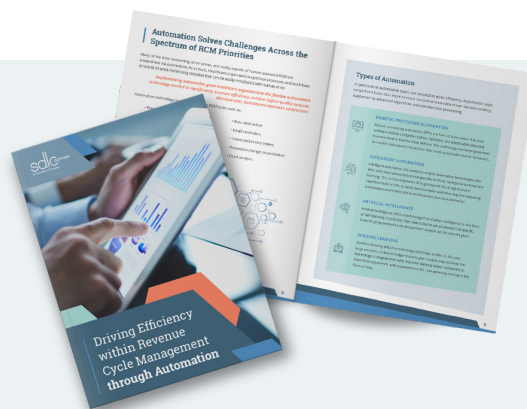
The result: a clear road map that aligns with technology and the new business vision.

READ THE CASE STUDY

Reducing Manual Processes with Intelligent Automation

The labor-intensive and unnecessary manual processes often found across healthcare organizations burden employees, slow throughput, and increase errors. Even in our digitally driven society, healthcare still has many manual processes that leave physicians and healthcare organizations burned out and spending significant resources. Leveraging intelligent automation—a combination of straightforward automation and more advanced technology like artificial intelligence (AI) and machine learning (ML)—improves throughput and frees up knowledge workers. The 2021 State of Healthcare Report highlighted that while AI and ML are still in the early stages, stakeholders are beginning to see benefits.

Payers realize the ROI of automation technology, with 48% of executives stating that they realized a significant return and 49% reporting they recovered their investment. ^{xiii}



Want to learn more about the benefits of intelligent automation across healthcare?

Start with our RCM eBook:
Driving Efficiency within Revenue Cycle Management through Automation

DOWNLOAD NOW

Case Study: Using RPA to Automate Claim Audits Processing

A major healthcare product and service organization was hindered by an onerous, manual claims audit process.

SDLC Partners was able to utilize RPA to streamline its claims processing times, while freeing up auditors to work on other critical business growth priorities, resulting in:

5,000

claims getting automatically audited per week.

Optimized processes

for better speed-to-audit resolution.

More time for other business initiatives

like dashboards to help executives understand KPIs and make more data-driven decisions.

READ THE CASE STUDY

Transforming Operations and Care through Data Sharing

Data architecture and interoperability are the foundation of digitally enabled care and consumer experiences. A robust infrastructure allows for the exchange of critical clinical and social determinant information, enabling a more effective and less redundant care management process. In addition, enabling the secure flow of data allows for seamless, systematic, and automated experiences for payers, providers, and patients. To treat the whole patient, providers must understand the entire picture, but the healthcare system will remain heavily segmented without the proper architecture and data sharing capabilities.

Case Study: Digital Implementation for Improved Medicare Experiences

A major national health plan wanted to revamp its online Medicare shopping experience to:

- Improve performance
- Increase stability
- Add more integrations

SDLC implemented a hybrid cloud and on-premises architecture and a revamped user interface experience, resulting in:

50% increase in portal performance

with a significantly enhanced technical backbone and shopper analytics.

Improved shopper satisfaction

with upgrades made to the portal architecture user interface.

Reduced operational costs

thanks to an optimized shopping and enrollment portal with a robust back end. Plus, a reduced number of telesales calls and retail visits as consumers can have needs met online.

[READ THE CASE STUDY](#)

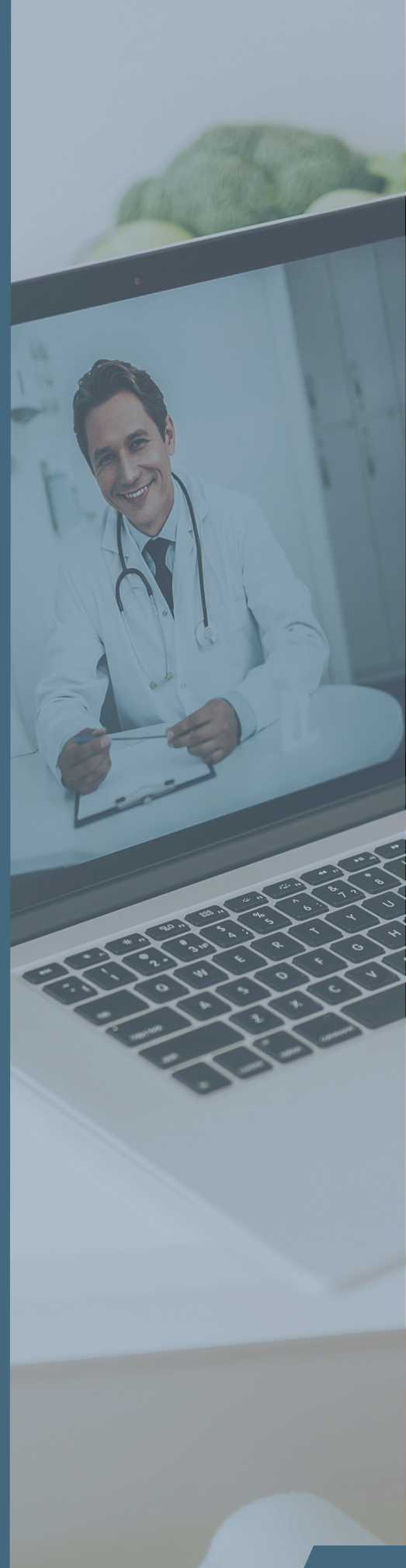
The SDLC Partners Difference

Over the last decade-plus, we've evolved our services and approaches to capitalize on our successes and experience with clients, bringing the best of what has worked and coupling it with the latest proven technologies and expertise.

We call it the SDLC Partners difference.

Our talent, processes, and leadership combine into a high-performance culture focused on collaborating to realize our client's vision. As one client put it, "We take on the 'why' of the customer and fully embody whatever it takes to accomplish the good goal."

As part of the CitiusTech family, we're delivering greater scope and depth to build frictionless experiences within and across healthcare organizations, ensuring their initial digital touchpoint, back-end systems, operations, and data achieve business and care objectives.



| Conclusion

There is an immense opportunity and responsibility to optimize and digitize the healthcare ecosystem to serve patients better and utilize resources more efficiently. In the age of technology, it is easier than ever to align value, tools, processes, and people to provide higher-quality service and care. Patients are asking for streamlined and personalized experiences, while burned-out providers seek to reduce administrative burden. To meet these demands, payers must transition into the digital era to better serve all of the above. The key is finding the right partner to help build a holistic ecosystem that can serve healthcare now and in the future.

Ready to build incredible healthcare experiences?

Talk to one of our experts to see how SDLC Partners can help support your needs and goals.

SCHEDULE A CONSULT

About SDLC Partners

SDLC Partners is part of [CitiusTech](#), a major provider of healthcare technology services and solutions, with over 4,000 professionals worldwide. As an essential leader of the healthcare technology and business ecosystem, we focus on empowering healthcare and life sciences organizations to create healthier lives via frictionless healthcare. We do this by tackling healthcare's thorniest problems, expanding digital services, and working in the niches to enable business and technology at scale.

For more information about SDLC Partners, visit www.sdlcpartners.com.

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