

EXECUTIVE INSIGHTS

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REDEFINING THE DIGITAL FRONT DOOR FOR A FRICTIONLESS HEALTH CARE EXPERIENCE

Using a mobile-first approach to improve
patient-provider communication

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Redefining the digital front door for a frictionless health care experience

Using a mobile-first approach to improve patient-provider communication

The digital front door is a shift toward a new and dynamic way of managing the patient experience. To be on par with the best consumer digital experience, the digital front door leverages strategies to allow consumers and patients to interact with health care providers via mobile devices at their convenience and in the way they prefer. The need for more contactless ways to engage with patients exploded during the pandemic, but now hospitals and health systems continue to redefine and accelerate their digital front door strategy to optimize the patient journey at every touch point and help deliver on organizational objectives. This executive dialogue explores how hospitals and health systems are digitally engaging consumers, patients and families in their health journeys and advancing new ideas and initiatives that transform the way patients access and experience care.

7 strategies for a frictionless digital patient journey

1

Expand consumer-facing digital health access points and features to improve personalization, convenience, access to care and responsiveness with a mix of technology and people so that it is efficient and still feels human.

2

Create clear “front doors” and guidance for customers across channels for a seamless and effortless, high-quality customer experience and equitable access.

3

Look beyond the digital front door at the functionalities required to make the entire patient experience consistent and aligned with expectations and needs.

4

Build your health system brand by prioritizing and test-driving new digital solutions with input from consumer online feedback, Net Promoter Score (NPS), surveys and focus groups.

5

Align organizational goals and results with a culture of innovation in the digital space by working with clinical and operational partners to build integrated solutions and deliver world-class customer experiences.

6

Move to a stickier, digital relationship and increase patient engagement with asynchronous touch points.

7

Navigate the change-management challenges of using digital mechanisms to automate processes and reduce staff burnout.

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MODERATOR (*Suzanna Hoppszallern, American Hospital Association*): **How does your organization define health care's digital front door and its role in creating a consistent consumer experience?**

SUSAN AHERN (*MaineHealth*): At MaineHealth, our talented marketing and communications colleagues are leading our patient journey experience and are taking an omnichannel approach to allow customers to do business online in the manner that is most comfortable. Omnichannel consists of MyChart, website, SMS, chatbot, interactive voice response (IVR), and email that connect to our electronic health record (EHR) system. We do leverage MyChart and have dipped our toes into digital front door services. This has led to a ground-up initiative to deploy a comprehensive patient engagement solution that leverages digital channels, self-service and assisted workflows.

TONI DONOVAN (*Penn Medicine Lancaster General Health*): We're looking to provide patients' access through any door, whether it's the front door, side door or the back door, to provide equitable access to those we serve. We already have online access for many, but not all, services. Every care point needs to be simple for patients to access with their own technology that is also easy to manage. We have pulled together information technology (IT), marketing, operations and our clinicians into project teams to organize and attack this from all angles.

BEN MAISANO (*Atlantic Health System*): A unified and consumer-grade digital front door that improves access, navigation and personalization is one of the top priorities for Atlantic Health. We're defining the digital front door as a differentiated logged-in experience beyond MyChart, but well-integrated into Epic. A utility feel is not just for guests and patients in our care, but the evolution of guests to consumers and evolution of patients to memberships with the ability to start digital.

It must be convenient; convenience drives loyalty.

That means we have to have family views, guiding wizard flows for symptoms, scheduling and referrals; digital itineraries for complex care journeys with an understanding of the medical record; and asynchronous communication channels that are flexible coupled with automated outreach to start engagements. It's a whole new façade on a great health system.

MARK GREAKER (*NewYork-Presbyterian*): We just finished merging 11 hospitals and EMRs into one EHR, Epic. We have one MyChart portal now. We have a patient experience initiative called the "Front Door to Care," which is managed by the vice president of patient experience. We have 200 different call centers and 200 different ways that patients can call in right now. We're merging those into a single call center, which we call the patient access center. We're consolidating three organizations into one — NewYork-Presbyterian, Columbia University and Cornell University hospital systems. It's going to take two years.

COURTNEY STARNES (*Saint Luke's Health System*): One of our top initiatives for this year, and probably for the next several years, is around the digital patient experience. We didn't want to just look at the front door. We wanted to look at the entire house.

It's an important initiative for us, and we've engaged folks from marketing, clinical operations and revenue cycle. We are also engaging our patients in the project as well.

We put together the patient experience compass to express our vision for patient experience. The patient is at the center of the compass. The quadrants are whether the patient is at home, whether the patient is in a clinic or a hospital and whether the patient is well or ill. We are looking at the entire experience of where that patient, that community member is and how we can better serve them.

The focus is on increasing patient self-engagement

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to improve outcomes and to make sure that all our experiences with patients are consistent.

MARCIA DIAZ DE VILLEGAS (*Nicklaus Children's Health System*): We are similarly embarking on a digital front door led by our IT team. We're really looking to make a frictionless experience where the consumer can either use our online scheduling, which is in a nascent phase, or the customer call center, which we've had for several years. Folks can complete forms on the website. We work with our digital ad agency to look at what happens to those people who are completing an online form.

For our physician enterprise, we have ambitious goals to get patient appointments within a reasonable time frame which, nationally, is a challenge for certain service lines. Historically, if customers can't obtain an appointment within a two-week window, they drop off. We're trying to get a handle on the revenue that we're losing in those areas. Telehealth has really helped us. Like most organizations, the consumer adoption was overnight. That's an area in which we're continuing to focus.

OMKAR KULKARNI (*Children's Hospital Los Angeles*): Through the pandemic, we've realized that our patients are interested not only in digital relationships with us, but also through telehealth and other synchronous/asynchronous methods.

In the last year, we've built out a formal four-year digital strategy that looks at how we can engage with our patients meaningfully based on where they are and their needs. We're primarily a specialty care organization that is highly reliant on referrals. We want to make sure that our digital front door is not only for patients and families, but also for providers who are referring patients to us.

It's text message-heavy. Text message is a key platform beyond mobile apps and the web as another modality to engage with patients. We want to create a single instance or single mechanism by which patients can engage with us because there are currently so many.

We're focused on a handful of specific tactics designed to make it easy for patients to get the information they need, largely through text messaging, but also through the portal and a chatbot. We found that through interviews and ethnographic homework that it's the parents of the kids who engage with us to seek care. They're busy.

They don't want to be on the phone all the time. They'd love to asynchronously engage with us.

Our digital front door is largely around how we can create these asynchronous touch points to help and, in doing so, take the burden off our staff. Right now, we have so many front doors, and people are on the phone all day, or they're just letting them go to voicemail. Staff are not engaging properly with our consumers, which is a challenge, but it's also burnout for the staff. By creating these digital mechanisms, ideally with some logic built in that can automate some of these processes, we can reduce the staff burnout for some of these simple questions.

MATT CASSELTON (*Trinity Health*): The digital front door initiative is being led by IT, and it's a collaborative effort and environment. The team was formed about 18 months ago, involving not only marketing and IT, but also patient experience, clinical operations, revenue cycle and others.

Our strategy is twofold in nature. One is providing the latest in digital front door technology and experiences — MyChart, websites, Google My

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— Courtney Starnes —
St. Luke's Health System

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Business — but also to build capabilities like the best online scheduling system. On the marketing side, we're supporting this strategy through optimization of our provider profiles on our websites.

ZACHARY CHANDLER (*Baptist Memorial Health Care Corporation*): It's about developing digital journeys and digital relationships. We view digital as just being a communication vehicle that allows customers to engage the health system for transactions or services, whether it's with your business teams, clinical teams or marketing teams, even how they access and learn about services.

We want to build a unique customer experience and have engaged relationships ultimately leading to valuable information to guide the delivery and future journeys for our patients.

BRIDGETT OJEDA (*Bryan Health*): On our digital front door journey, we quickly realized that turning things on is great, but you must have a good patient awareness strategy, and the staff need to be able to integrate these tools into their workflows.

One of the harder mind-shift changes for staff is that this is not a nicety anymore; it's a must-have. Overcoming that barrier, being more deliberate around that strategy will be important as we move forward.

MODERATOR: What are the key elements that must be part of this digital front door? How important is it that everything be integrated and work seamlessly with existing enterprise systems?

JOSHUA TITUS (*Gozio Health*): The digital front door is not a single platform. It's the spirit of meeting people where they are today. That is the main goal. The demand is there in a certain area. How do we meet it? It's not just virtual, it's not just a portal, it's not just text. It's a combination of those things.

The elements of the digital front door that we see

across all our clients are access, personalization, EHR integration, communication and some form of guidance. We're a wayfinding company, so I think guidance is a handholding experience. But guidance is important throughout your visit. What happens next? What do I need for follow-up care?

Those are the components that we see in the successful digital front doors and the ones that are in the planning stage. We probably see 100 to 200 different plans on the digital front door with these elements.

GLYNN HOLLIS (*HonorHealth*): We're trying to make the customer experience more seamless with digital front door. We're focused on patient access right now — access to results and to different specialties, but it's a struggle on the operational side to get physicians to open up their schedules and make sure that people communicate within the organization.

Every encounter is separate. Every interaction is separate. We don't have a good method to treat our customers, our potential patients, in a holistic way. From a digital perspective, we hope to make patient treatment seamless.

Forcing traditional methods into this digital world doesn't work. We need new ways to view patients, new ways to treat patients, new ways to give access to patients. Right now, we're still traditional in the way we treat patients and ingest patient information.

The crux of the matter is that we're trying to maintain how we treat a person in a traditional way. We're trying to bolt on this digital stuff, and it just isn't the same thing. When we talk about the Amazon experience, it's different.

MODERATOR: Is anyone willing to share challenges you've experienced, either technologically, platformwise, or operationally with staff? If anybody has had any successes, we'd love to hear

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how you've made inroads past some of these difficulties?

STARNES: We've divided the digital patient experience into four categories. First, patients must be able to engage with us digitally through our mySaintLuke's MyChart platform.

Second, patients must be able to find their care digitally. We're trying to expand online scheduling of specialty care, primary care, saving your spot at a convenient care location, being able to schedule lab tests and radiology exams, etc.

Third, we believe that visiting the clinic should be a digital experience and visiting the hospital should be a digital experience. This is where we've had, operationally, the most challenges.

We're doing a transformation project called No Clipboards in Clinics. We've deployed MyChart questionnaires fully throughout our organization. We're still having challenges with patients getting clipboards after they've completed questionnaires, just due to turnover and having to retrain staff.

We're going to be working through an organizational change plan, utilizing influencers and the social groups of clinics and creating competitions, building reward systems and then finding ways to provide that education on a regular basis.

Fourth, we want all post-visit activities to be done digitally. Any follow-up appointments, whether virtual visits or ongoing coordinated care management, need to be done digitally. We're looking at ways to make that easier operationally for our clinicians to manage once the patient is no longer there.

CASSELTON: We have a different challenge. As

we optimize and deploy these digital front door elements, the user experiences can be different, MyChart is different from the website, and the website is different from Google My Business. Our goal is to make the handoffs and experiences as similar and seamless as possible. Right now, we're focused on the building blocks and the functionalities behind the doors.

MAISANO: With the increase of specialization, you're constantly being bounced around as a patient. In health care, this journey that we want to orchestrate is highly fragmented, so you need a lot of coordination.

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— Joshua Titus—
Gozio Health

Our digital front door is a lot about doing the hard work of taking patients along so they don't feel as though they're pinballs in a pinball machine. That's not easy. It means that your urgent care team has to be well-integrated with imaging, or triage people to the right level of care digitally ahead of time for efficiency.

Process redesign can make it feel like one experience. People are engaging about episodes. From the patient's view, 'I have this central problem. I'm waiting to understand it and for you to fix it.' Patients don't view it as compartmentalized as most health systems operate.

Besides the normal online scheduling, virtual symptom checkers and step-up to live virtual engagements that seamlessly direct them to the appropriate level of care are becoming table stakes. Every health system must have that or you're going to be left behind by peers or displaced by newcomers. How you bring it all together is where the differentiation is. That usually means a technology team will need to help build that orchestration layer. Epic integrations are hard, using live data streams with learning algorithms

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is hard, natural language understanding (NLU) is hard, but all three are important skills to level up on.

DIAZ DE VILLEGAS: We are all struggling with making the experience cohesive and not looking at each appointment as a one-off. Having always been in health care marketing, I think we're still thinking like a brick-and-mortar operation with the experience starting on your campus. There are so many predecessor steps in the way that people try to get appointments. How do they plan their visit?

We're working with Gozio now and launching our wayfinding app to help people navigate the hospital. We're building engagement and goodwill by being proactive and helping them find their way.

I love the concept of the compass and having the patient-centered experience. One of our initiatives is focusing on our employees, being engaged with them, having operational excellence and offering amazing patient care. You need to have all those things working toward the same goal.

MODERATOR: Do you believe that your organization is offering the digital front door experience consumers expect? How are you monitoring and evaluating the consumer experience to adapt to the rapidly changing digital ecosystem?

CASSELTON: For the first time in a long time, we have a good understanding of what consumers expect. We've talked with a lot of consumers and our colleagues, and we have patient advisory councils. We're doing more research to better understand consumer needs and demands for access to care in this digital world.

We have a good strategy. I think with COVID-19, we've seen a lot of change in consumer preferences. Many access points are now available, and consumers have choices. That's a good thing. We need to be equally as nimble in providing those access points.

In terms of monitoring, we're also embarking on a new patient and customer experience platform. We're creating additional listening posts to gauge in a more real-time fashion what's happening right now, and it will give us a good handle on whether we're meeting the needs of patients and consumers in these rapidly changing times.

DONOVAN: In addition to the extensive qualitative and quantitative research that we conduct in our market to understand how we're doing, we recently launched a Penn Medicine Experience Feedback (PMXF) tool that texts the patient immediately after a primary or specialty care visit. PMXF asks five questions and offers open-ended texts so we can see exactly how we're doing, in real time, and get a better understanding of our patients' experiences. We're also looking at patient experiences before they arrive at the physical facility and the challenges they may face navigating across all the sites of care, including the patient's home, seamlessly and cohesively.

CHANDLER: Historically, we've relied on HCAHPS scores and patient satisfaction surveys to tell us about the consistency of our staff and how we're doing once patients have engaged with us.

To help us listen to our customers even more, we're adding online reputation management tools so that we can see what they're saying online and directly access their feedback on social media and other rating sites. We're much more attuned to what is being said about us and gathering feedback online.

KULKARNI: We have our analytics dashboards that look at our web and our app traffic and where it's coming from. We use NRC's Market Insights tool to create custom surveys around our digital front door tactics, so that we receive feedback from our consumers on what they're looking for. In Los Angeles, about 65% of our patients speak Spanish. Using survey tools like this provides feedback from not only English-speaking families, but also

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Spanish-speaking ones. It's been good to get that feedback.

We've been able to get hundreds of responses — qualitative data that help us prioritize some of the tactics that we think are important and understand what our consumers are looking for.

For example, we had 10 different tactics we wanted to focus on for the next financial year. One of the things we identified, but didn't realize how important it was to people, was increasing transparency around the waiting for unscheduled services in the ED, lab or admitting. They sit there for a long time and have no idea how long their wait will be.

We're going to craft the solution to what we're calling a digital waiting room. A digital waiting room is where patients walk in, check in, but then don't have to go to an actual waiting room. They can go anywhere in the hospital, our gardens or any part of the campus, and when it's their turn, we'll send them a message to go to the clinic. That way they're not tethered to the waiting room for hours. That's especially important with children because we have a playground.

BEN PATEL (*Cone Health*): We created a digital blueprint as part of the digital strategy that includes human-centered design process. We use Reputation Score with Reputation.com. to measure our online reputation and Net Promoter Score (NPS).

We are actively working on the digital front door initiative. With that, we are deploying an app and a web front-end next month that will connect not only health care, but also our wellness framework called Sagewell. We're going to offer everything from health care to wellness care plans, medical fitness, groups, circles, e-commerce and kitchen training using an omnichannel (web, social media, and the mobile app) approach.

For patient access, we have deployed digital assets

for virtual health modalities. We're launching a virtual primary care provider in our service line with a remote monitoring device.

TITUS: For our clients, what they use as a metric of success matures over time. The first year: Is anyone using it? What are our usage numbers? How many people are using it per day? Once that's satisfied, it matures into what features they are using. What components that we pulled into this framework are getting traction? Are they looking up a physician but not booking an appointment? Are they getting into the appointment flow and not completing it for some reason? Are they completing the appointment but not showing up? In other words, where is this breaking down? What features are working?

As they mature and become comfortable with the platform, the final stage is around hitting different business goals and outcomes. Are the users new to our system? Are we attracting new patients and visitors? Are we keeping people in network? When they receive follow-up care, are they staying in network? How could we improve that? They're really tied more to business outcomes.

MODERATOR: Is your organization experiencing any challenges that we haven't mentioned and what are some benefits that you've seen?

KULKARNI: It's tricky because while we're trying to ramp up our digital front door, we're also facing workforce challenges. I realize that if we do it right, we can solve both issues.

At the same token, there is a lot of change management involved, especially in some areas where you must involve our employees and how they engage with patients — particularly some of the areas that have been hit the hardest — the support staff, front desk staff and nurses. Maybe they were doing it one way before and now they're doing it differently. Even if it means less work for them in the future, change management is hard. Many of our challenges

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center on how to navigate that piece.

MAISANO: The challenge we're seeing is the lack of understanding of the playbook of digital and modern apps — the need for testing, A/B testing, bounce rates, funnel, usage tracking, experimentation and iterative evolution. This is not how most health systems traditionally manage projects. Why are we moving forward with vendors without test-driving their solution up front? Most business plans in health care are transactional. There's no reimbursement code for a good consumer digital front door.

STARNES: We serve a rural and urban population. We have challenges with people having access to digital tools in the rural areas, but also in the underserved community. One of our challenges is how to expand what we're doing and make it available to those who are underserved or don't have access.

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Gozio Health offers an end-to-end, customizable mobile platform exclusively for hospitals and health systems that helps anticipate consumers' needs, engage them in their care and strengthen their overall care experience. The extensible solution provides a hand-holding experience at each stage of the patient journey — from the home to the parking lot to the point of care — and allows hospitals to push out important consumer notifications, further strengthening provider-patient relationships. Popular patient engagement features include patented way-finding with turn-by-turn navigation, virtual visits, physician directories, appointment scheduling, access to electronic health records, urgent care and emergency department wait times, online bill pay and extensive analytic capabilities.

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