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AHIP digital adoption in healthcare: Reaction or revolution?

AHIP webinar transcription

Moderator: Hello and welcome to today's webinar, "Digital Adoption in Healthcare: Reaction or Revolution?" Before we start, I'd like to review a few housekeeping details. Today's webinar is being recorded and an online archive of today's event will be available a few days after the session. If you have trouble seeing the slides at any time during the presentation, please press F5 to refresh your screen on a PC or command R if you're using a Mac. You may ask a question at any time during the presentation by typing your question into the Q&A box located on the right side of your screen and pressing enter. And finally, I'd like to remind you of AHIP's anti-trust statement located in the link just below the slide viewer. We will as always comply with that statement. Among other things, the anti-trust statement prohibits us from discussing competitively sensitive information.

We're very fortunate to have with us today, Brian Kalis and Joshua Kraus. Brian is a managing director of Digital Health and Innovation for Accenture's Health Strategy business. He is a frequent speaker on the topics of digital health, innovation, transparency, privacy and security, generational healthcare trends, and health information technology at leading graduate business schools, industry workshops, and conference events. Josh is a strategy director in Accenture's Health Strategy business. He has deep industry experience helping clients across the healthcare ecosystem develop growth strategies and transform and build new business and care models. He brings an innovative mindset to address complex problems. He is passionate about blending strategy, technology, and human-centered design to improve experience and deliver greater outcomes across the industry. At this time, I would like to turn the floor over to our speakers. Welcome.

Brian Kalis: Thank you, and welcome everyone. We're honored to have you join us for the discussion today. We're going to be sharing findings from our 2021 Accenture Health and Life Sciences Consumer Experience Survey. We'll begin with our learning objectives, then describe how the healthcare experience is changing during the global pandemic, and move on to discussing how to move from reaction to revolution. Then we'll open it up to discussion questions from all of you. With that, let's dive into our learning objectives. We have three key learning objectives for today. The first is to identify the key factors that influence positive healthcare experiences for people. The second is to discover trends that inform what's needed to leverage digital technologies beyond the current levels in the future. And the third is how to leverage the power of technology and human ingenuity to improve digital adoption, experiences, trust, and access in this new area.

Now we'll share some background about the survey. We've conducted the Accenture Health Consumer Experience Survey over multiple years to understand consumer interest and preference to use digital health solutions for their health and healthcare. This year's survey included nearly 1,800 people in the United States and sought to explore how the healthcare experience is changing during the pandemic. Here's a sample of some of the key findings across the key themes of trust, tech, access, and experience. First, trust. We found that three in four people want to have a say in the usage of their health information. However, many people do not trust the organization that is currently using their health information. For technology, we found that more than 25% of survey respondents did not use any digital technologies to manage their health in the past year. Regarding access, one in four people we surveyed said their access to healthcare has been better since the onset of the pandemic. And last, experience. On experience, we found that one in two people say empathy is just as important as medical treatment when they think of their care experience. Overall, we surveyed over 12,000 people across 14 countries to understand their use, interest in, and preferences for digital health solutions for their health and healthcare. Today we'll focus on the results from the United States.

Let's look at objective one, how the healthcare experience is changing considering the global pandemic. And as we mentioned before, we'll examine this across four areas and four key themes. So, technology, experience, access and trust, and we'll begin with technology. What happened to digital health adoption during the pandemic? We found a mixed picture. The use of select technologies like virtual care and electronic health record went up. However, the use of mobile apps or social-related technologies declined. Newer technologies like remote patient monitoring and digital therapeutics grew but from a small base.

Virtual consultations and electronic health records were the top used digital technologies by people we surveyed.

There's been a lot of discussion around the accelerated adoption of virtual care out of necessity due to the pandemic to help people get care from the safety of their homes, which this data supports. Interestingly though, mobile-related and social media technology usage declined at the same time. This is a trend we started to see before the pandemic, as prior surveys found digital health adoption was stalling.

However, we did find that some newer technologies like remote patient monitoring and digital therapeutics grew significantly, but from a small base, as you see on this slide. What would make people more likely to use digital technology to manage their health? When we looked at this, two key things stood out. One is that recommendations from your actual clinician or your doctor stood out as a key reason that people would adopt digital solutions. The second one was the ties to trust related to data security and privacy. And this was a consistent theme we've seen over prior years where people are seeking that trusted recommendation of a digital solution from their doctor. However, in many cases, they're not getting that solution. Now with that, we've also started to see the concept of a digital formulary emerging to address the need of getting that trusted clinical referral to people. With that, now, Josh will dive into findings of people's healthcare experiences. Josh?

Joshua Kraus: Thanks, Brian. We're both passionate about improving the human experience in the industry and excited to talk about this next theme, all about experience. Unsurprisingly, better experiences can lead to better engagement with the health system for consumers, which can lead to better outcomes and increased loyalty for providers. We wanted to explore what sort of experiences consumers have had over the past year. Given how the evolving needs of consumers have changed since the onset of the pandemic and the continued maturation of the ecosystem to respond to these changing needs. There was a broad spectrum of different experiences that consumers have had, both positive and negative. We found that fortunately, a third of the respondents did not have any negative health experiences this past year with a provider, pharmacy, or hospital.

However, the majority had a negative experience for a variety of factors that we'll dig into. With these negative experiences come negative consequences, some more ephemeral, but some having more long-lasting effects that could lead to poorer outcomes, the deferral of care, and switching behavior to find new alternative providers or treatments. We wanted to dig into this to understand those types of experiences. When we talk about the negative, we asked, what were those factors driving the negative experience? The top three we found were that the visit was not efficient, followed by the medical advice was not helpful, and then we round it out by being surprised at the cost.

Some of the other factors we found concerned ineffective treatment, emotional and convenience factors, and safety. The initial takeaway is there wasn't a predominant driving factor, meaning there's no silver bullet for experience here, and health, we know, is personal. Another thing to note is there's a perception of value across these factors. Value in the time spent for consumers and making sure the visit was worthwhile. Value in the type of advice they're receiving that can be actionable, and value from a monetary standpoint.

Next, as I mentioned, there are negative consequences that come from these negative experiences. If you look on the far right here, 12% said there weren't any negative consequences. So, the experience kind of rolled off their backs, but for the vast majority of the 88%, there were negative consequences that came along with these experiences. One common complaint is we all feel stressed and upset. If you look at the middle too, there was the negative consequence of potentially putting off or deferring future medical care for when you needed it, and even switching out medical providers or whole treatments. I think these middle two are important, because people may end up not going through with the treatment or having such an anxious or frustrating experience that it impacts future decision-making regarding care. That can carry a lot of downstream implications from an outcome perspective and a cost perspective. Now, to think about it on the positive side, what were those factors that were driving a better experience? When we

asked consumers what were the three factors most important for their experience with a provider? We received, first, providers who explain their condition and treatment clearly. Seems simple? From our research, we found this isn't necessarily a given, given the challenges with health literacy. The second was providers who provide empathetic and emotional support. So beyond just the clinical diagnosis or treatment of care, and then came the coordination of care to help consumers navigate across an integrated and complex system. And then way down the line, the last factor that we found was around digital technologies and whether providers have those. So interesting findings here when you think about digital. Empathy, on the other hand, was about five times as important when it comes to moving the needle on driving that positive experience.

Other things were in our survey as well, around having a nice clean office or helpful staff—important, but again, not driving factors when it matters in terms of positive experience. An implication here is it's almost a back-to-basics issue. Make sure you are providing a clear understanding to consumers if you're a provider. How are you providing that broader holistic care, spending the time to understand the social and emotional needs of consumers to provide that positive experience?

It's having those in place before even moving on to the tier two needs, which would be around digital solutions. With that, I'm going to pass it back over to Brian to talk about access.

Brian Kalis: Thanks, Josh. It was interesting that you were discussing the positive experience, the importance of empathy, and how strong the human connection is of the experience across this, given we're talking about digital through this. If you flip it a bit, too, tied to the negative experience, that whole concept of a lot of the non-clinical aspects that create friction or add stress and anxiety, just getting to an appointment or parking your car, getting in a space, paperwork, and how much friction that can add. Interesting. As Josh mentioned, we'll now dive into access and look at the combination of both access and affordability. One of the areas we looked at was what happened to healthcare access during the pandemic. And interestingly, we found that overall, healthcare system access showed resilience over the past year and stayed strong, where people were stating they had high access to care on a general basis.

However, there were challenges specifically related to both affordable and equitable access for all, which is a key concern and an area we need to focus on more. With that, we'll dive a bit deeper into the access question and then look at affordability. For access, for most people, most healthcare access was unchanged or even improved during the pandemic, but 51% of the people we surveyed said there has been no change in their access to healthcare since the onset of COVID-19. Then 26% said their access improved, which we hypothesize could be attributed to virtual care remote monitoring solutions. However, 20% said their access is slightly or much worse, which we're looking to explore more deeply and more closely. But now let's look at the affordability side of the equation. You know, parts of all generations take actions that may negatively impact their health when they cannot afford healthcare. And that was an interesting insight when we looked at affordability. When people cannot afford the medical care or medications they need, we found that they often delayed or declined treatment or medication or skipped an appointment with a medical provider. Interestingly, Gen X is more likely to explore alternatives that impact their treatment than other generations when we look at the data. With that, Josh will dive into findings of people's trust in the healthcare system.

Joshua Kraus: Thanks, Brian. Trust. This is our last theme and our research focused on the impact of the increase in virtual care due to the pandemic. How did that change how consumers perceive the ecosystem and the value of health data? Overall the findings show that people are more willing to share their health data if there are rewards, such as improving their health or gathering evidence about medication or treatment efficacy. And people generally trust their healthcare providers to handle their digital health information well.

They are a lot less trusting when it comes to other ecosystem players, such as tech, pharma, and government. And overall, I think the takeaway for us is that trust needs to be in place to move the needle on digital adoption.

Without trust, there's only so much ceiling for digital adoption to grow. Let's dive a little bit into the findings. When we asked how much do consumers trust the following stakeholders to keep digital health information, including things like EMR data, secure, these were the levels for those that answered 'very much trustworthy.' A few things you can see right away: providers and pharmacies lead the way with the highest trust for keeping digital information safe. Technology, pharma, and government entities are the lowest. Another thing I think is interesting is that the trust levels have fairly low variability levels across stakeholders within the four-year time span. Consequently, trust has remained fixed. The implications here are providers remain the key channel for consumers, given the level of trust that's placed on them, both for safeguarding important information but also to reinforce our notions that the provider/patient relationship is key for improving outcomes and adherence.

It's key for data, but it can be extended as kind of a microcosm to broader things that we would need healthcare providers to help with. On the big tech side, we're seeing a lot of inroads, they're making all the headlines in terms of extending beyond their public cloud platforms and into integrated services.

From Amazon and Amazon Care and Pharmacy or Google with Google Health and Care Studio, Microsoft with their Nuance acquisition, there's a lot of growth there from the tech perspective. And they're making inroads. But for solutions that become closer to the consumer, there, the big tech growth may be hampered so long as trust levels remain low. That's something they're going to have to combat, depending on the types of services that are provided and how much those are going to be business-to-consumer models.

What else do we know about data and consumer perception? Through our research, we know that people are more aware of the risks and the benefits. So, when we asked consumers about considerations stemming from the increase in virtual care due to the pandemic, 73% said that they should have the right to approve the collection and use of PHI [protected health information] for any purpose beyond treatment. Based on the increase in virtual care, 64% said they are now considering data, data privacy and security needs more. Finally, due to the pandemic and increased virtual needs, 54% agree that PHI is valuable. They see that as valuable in advanced research like pharma and R&D.

So, I think a few key drivers that pop out here are one, I think there's a heightened awareness of data. A lot of that comes from the negative side of data breaches across the industry. Healthcare is certainly not immune. I think over the last 12 months, there have been 700-some breaches,

4 million records breached per month. So it's hard not to be wary of security broadly, but particularly with the sensitivity of health information. Second is the heightened awareness of how data is used. Some of this is a bleed over from non-health. From social media platforms that we're seeing in the news and how important it is. We're asked on our apps whether we want to share information now. Some of that behavior and some of those things coming up in non-health settings are bleeding their way into this, and consumers are thinking more about data.

The implications here are how might we continue to empower consumers to understand what data they have access to? And how they can protect it and use it in good and safe and meaningful ways? Interoperability will help to increase that trend over the coming years. Health literacy remains a challenge, but as literacy improves, new models will help provide a "line of sight" for consumers on how to be empowered in using their data either for research or for the betterment of their conditions.

We also wanted to look at and get a better understanding of pharma trust and collaboration with providers. Consumer insights show there's still quite a long way to go when it comes to this perception. There's a perception of lower collaboration between pharma and providers. But along with that, there's only a small number of consumers who would want pharma companies to be part of managing their chronic illness.

And an even smaller percentage of those that deemed pharma to be trustworthy in how they market things. Even with pharma being at the center of a lot of the pandemic, with the vaccine rollout, trust is stuck pretty low. To get consumers to want to share more data with pharma or with some of these organizations, the pharma organizations have to think about how to build more trust, knowing that it is at such a low level.

How can pharma increase trust? We found that it's about making treatments more transparent and affordable. When we asked which of the following would increase trust, the highest was around reducing the cost for medications. It was around increasing transparency into pricing, clear communication about medication treatment and effectiveness and side effects, and then transparency into the actual R&D. It's this broader theme of telling me where my money is going and helping me understand what's happening regarding my treatment process and R&D broadly. This falls in line with a lot of things we talked about previously with the desire for affordability across the industry. We're seeing employers in the industry seeking new ways to curb costs and stem the out-of-pocket burden on consumers. It positions pharma well to redefine the economic relationship with customers. How do they get involved in outcome-based risk for employers or individuals and transparency broadly? Rising to the top is also indicative of the broader call from across the ecosystem to remove the black box and help consumers be a part of driving their own journey.

Brian Kalis: Thanks, Josh. Before I go into the summary, I just want to thank everyone who's been putting questions in the chat window and encourage other questions that you may have. Feel free to put additional questions in the chat and we'll cover those. After we wrap up the summary. We looked across the areas of technology, experience, access and trust during the discussion today and in the survey. The real question is how do we move digital health adoption from reaction to revolution and how do we advance things from where they are at today to where they need to be. If we look across those same areas of technology, experience, access and trust, what do we do next?

First, on technology. A key next step is to build on the gains that we've achieved, specifically in areas like virtual care and remote patient monitoring. We saw massive uptake in virtual care and even remote patient monitoring solutions out of necessity during COVID-19. And we're seeing some of that sustained. The question is, how do we take the next step and use that to rethink care models and think about how we can blend both digital experiences and physical experiences in new and different ways? The second is experience. Josh mentioned a number of these things tied to the experience data points, but a big part of both my and Josh's passion to improve the experience is how do you use human-centered design principles to design services with people, both consumers, and clinicians,

to make sure they're at the center of the service you're designing with technology as an enabler.

How do we create empathy? How do we create that connection? Technology is just a backstage actor and enabler of it. Often, the answer comes with a deep understanding of what are those humans' wants and needs? But the second or the third issue is access. So right now, people are generally satisfied with access. When you looked at it, however, digital wasn't playing a major role. So, I think there's an opportunity to make digital access one of the top choices and a key area of access to go forward. A lot of this can come through digital front door strategies where it can be a first line to get a question answered and then hand you off to different human connections, whether they're virtual human connections or someone in your community near your home.

Then lastly, trust. As Josh just mentioned, we have a lack of trust as a major issue across all sectors of the healthcare ecosystem whether it involves health plans, health providers, or pharmaceutical companies. However, there's an opportunity to leverage the trusted relationship of clinicians to drive improvements in digital health adoption, access and experience. Even though there are trust issues across all stakeholders, the clinician still has the center where there is trust and people are stating they want that trusted advice from their clinician and digital tools that will help them meet their health or healthcare goals over time.

There's that question of how do we tap into that trust and access of the clinician in new and different ways and do so in a way that isn't adding additional burdens on what they're doing as part of their day-to-day. A big part of that comes back to what we stated related to experience. A lot of this can start with human-centered design principles grounded in design for equity and trust by co-designing services with users. The overall concept of service design adheres to the principles of "not for us, without us." It's key to figuring out how are you design solutions for the end-user that they will, that they will use, and having them participate in the creation of those services.

With that, I will turn it over and go into the Q&A. If you have additional questions, feel free to put them in the chat. One thing I'm going to start with is there were several questions related to the survey, the number of respondents, and results. I'll restate some of that information from earlier. The survey covered 12,000 respondents across 14 countries. Of those 12,000, 1,800 were from the United States. Additional questions related to methodology can be found in the published report following this presentation.

Several questions are tied to equity specifically, and looking at the social and emotional needs of both the medical staff as well as end-users. Josh, do you have any additional perspectives on how we ensure equitable experiences through technology, both for consumers and clinicians?

Joshua Kraus: One thing we're seeing from an equity standpoint, which ties in with new types of care models, is the rise of new narrow care models built around a condition state or a unique patient population. And as part of that, building in an understanding of those unique needs to develop solutions to meet the patient where they are. It's about building that narrow care model to reach those patients and improve outcomes. Someone like a Cityblock, if you're familiar with it, is a good example of that, designing it around the Medicaid complex patient population. It's focused on reaching a previously hard-to-reach demographic and wrapping a care model around that. Anything you would add, Brian?

Brian Kalis: No, I think it's a good summary. I'll go to another question we're seeing out there related to access, and I'll maybe frame the question in two ways. One is related to increasing access overall for historically underserved populations, as well as the concept of tech access as the next social determinant of health. Josh, I'll go ahead and take the first pass on that. Tied to that question also is, are we seeing unique collaborations between payers, providers, or others in the ecosystem to try to address some of the access gaps? Technology has been a lifeline for many of us in the pandemic, for education, healthcare, entertainment, and connection to other people. One thing we started to see specifically as it relates to access to technology, has involved collaborations across health plans, providers as well as other technology companies. Ultimately, such partnerships can

provide access to broadband or smartphones and other devices to address where there are gaps in that type of access, which is becoming a necessity.

For example, there is one government-sponsored health plan company that is working with one of the mobile phone companies and mobile phone providers to deliver smartphones to people who do not have them. It's a way to give them broadband access in different areas, to connect them for both health and non-health purposes. And we're seeing several different collaborations of that nature. To flip it a bit to access specifically in the home and the community, regardless of technology, we're also seeing increased growth in care models focused on providing care at home, regardless of what the technology situation is of the individual. I can start with lower acuity conditions of just getting general care at home up to high acuity, where you're seeing hospital-at-home models starting to emerge that provide care closer to where people are. Josh, on that front, do you have any comments you would add related to the things we're seeing related to care at home?

Joshua Kraus: Building on what you said, I think we're at the early innings of care at home. We're seeing things like wraparound services, ancillary services with "pharmacy to your door." We're seeing the ability to start having supplies and durable medical equipment sent home to wrap around either a virtual visit or an in-person visit.

I think more supply chains and logistics

are going to be maturing to allow for location-independent care and care around the home. Then one other thing to add, Brian, around access from an employer standpoint involves putting in a "front door" that's much more around care advocacy or helping me help my employees navigate and figure out where to go based on a need they have, so they're not left scanning a provider directory. This example takes the frustration and negative experience and then helps figure out the right care setting with quality matching for providers. A lot of the steerage and front door solutions for employers will help to improve those experiences for employees and members.

Brian Kalis: Thanks, Josh. We had a lot of survey data that we discussed related to trust and in particular the use of people's health information. This isn't necessarily a question but a statement that we see as an opportunity: It ties to the increase in data breaches and the impact of that and making cybersecurity a key area of focus. I know one potential challenge or opportunity is whether we need to look at the magnitude of fines that different organizations receive. The question is, are those fines or penalties high enough to drive the changes in behavior related to improved cybersecurity behaviors? That is an open area that we're seeing many people explore and that could start to drive change.

The second piece is related to access to pharmaceuticals and so forth. I think there are definite opportunities for different ways to negotiate the pricing situation of pharmaceuticals across the

country. Not a lot of different solutions are being explored on that front. Josh, one last question for you. It involves blending the digital and the physical, and the need to rethink care models. That is also tied to equity. How are you seeing this blending, this rethink of new care models? You mentioned Cityblock and we've talked a bit about care at home. What else are you seeing out there?

Joshua Kraus: Location-independent care models are cropping up across different condition states. We're seeing some of that, at least on the virtual side, and a lot around the musculoskeletal vertical. So it's really about meeting the consumer where they are, and if they need in-person visits they can get those as well. Then thinking about kidney care and women's health as well. We're seeing interesting models focused on convenience that meet my needs at the time, but maybe I need an in-person visit as well. The interesting care models that are coming up are virtual first, which help with the on-demand nature of life. But having that backdrop to be able to get in-person care when needed for more acute needs.

Brian Kalis: Josh, building off what you stated is that a lot of those virtual first models we're seeing are blending across the themes we mentioned of technology, experience, and access and trust. Many of them are also targeting historically underserved needs, which hits the equity component that is discussed in the slides as well as some questions coming in the chat. Josh, you mentioned women's health. We're seeing full virtual care models focused on women's health as one area.

We're also seeing the emergence of full virtual primary care models, tailored to people of color. We're seeing full virtual care models focusing on LGBTQIA+ populations, et cetera. We're seeing general use virtual primary care starting to be embedded in health plan benefit products. That's something that went from small-scale experiments before the pandemic. And now you're seeing it grow in its overall adoption at a national level. Going back, another question related to the number of people surveyed. There were 1,800 people surveyed in the United States out of a total of 12,000. The data points you were seeing on the slide were from that 1,800 national sample across the United States.

Joshua Kraus: There was a mix within that population of those that have a chronic condition and those who don't as well.

Brian Kalis: There was one last question related to care models that are targeting low-income Medicaid populations. Josh mentioned earlier Cityblock, which has a blend of physical community-based care plus digital combined, which focuses on Medicaid as one example. We're also seeing benefit plans that are targeting people in transit between homes. So, both homeless and people in transition from homes, as solutions. And there's typically a blend of both mobile clinic-type solutions, as well as virtual care being embedded in different community-based spaces, whether homeless shelters or others, which have care provided in those spaces as well as in mobile clinics.

To recap, we explored the areas of technology adoption, experience, access, and trust. When you look at the technology adoption area, we saw before COVID a stalling of people's use of digital technologies for their health and healthcare. COVID introduced a large spike in the use of virtual care, as well as electronic health record usage, which we see as a sustaining trend. There has also been a drop in mobile health app use and social media use, which we're watching to understand what is driving that trend. And on the experience side, there's an opportunity to introduce empathy as a strong connection to focus on positive experiences, as well as to design ways to remove a lot of the friction that can add stress and anxiety, which drives a negative experience.

That includes a lot of the administrative aspects of getting to care if you are showing a physical place, parking, paperwork, et cetera. Everything that is wrapped around the care experience, but not tied to the actual care itself. And then on access and trust, there's the opportunity to leverage the trusted relationship of clinicians to ultimately improve access to care, and tie in ecosystems as a way to address gaps. Where it's gaps in access to technology or gaps in access to care, stakeholders can come together as joint solutions to provide them with that.

I want to thank everyone for joining Josh and me for the conversation today. Have a good day.

Moderator: Thank you for that great presentation and for sharing your thoughts. And thank you to the audience for participating in today's webinar. This concludes today's presentation. Thank you again and enjoy the rest of the day.