



Four Key Drivers for Patient Engagement and Loyalty

Healthcare Patient Experience Benchmark Survey

Chelsea: Excuse me ladies and gentlemen. Thank you for your patience in holding. We now have your presenters in conference. Please be aware each of your lines is in a listen only mode. You may submit your questions electronically any time by using the Q&A pod located to the left of your webinar platform. You may also download a copy of today's presentation using the resources pod located directly below the Q&A pod. It is now my pleasure to introduce today's first presenter, AHA Moderator, Monique Showalter. Ma'am, you may begin.

Monique Showalter: Thank you so much, Chelsea, and welcome everyone. This is Monique Showalter with the American Hospital Association. All of us here at AHA hope each of you are safe and well and thank each of your organizations for your outstanding care and dedication to the patients of your communities. AHA is pleased to be hosting today's webinar entitled Four Key Drivers for Patient Engagement and Loyalty: Healthcare Patient Experience Benchmark Survey Results on Rapidly Evolving Experiences and Expectations. This webinar is brought

to you through the generous support of Accenture and with the contributions of AHA Member Hospital, Texas Health Resources. Healthcare consumerism is continually improving upon patient experience. These aren't new concepts to healthcare providers. The pandemic and certainly technology have supercharged a cultural shift for simpler, more convenient patient-centric experiences. No doubt healthcare providers are trying to keep up with patients' ever-evolving healthcare experience expectations. Loyalty is very much at stake as more patients are willing to switch providers and those who do switch overwhelmingly cite experience factors as the reason. In today's webinar, we'll hear the very insightful results from Accenture's Health Experience, the difference between loyalty and leaving a Patient Experience Benchmark Survey.

To preview Accenture Health Survey reveals that 30% of patients selected a new provider in 2021, up from only 26% in 2017. Also, 25% switched providers because they were unhappy, up from 18% just a few years prior. This webinar tackles this critical issue from several perspectives, offering

data-driven insights and practical solutions for hospitals to humanize experiences to drive engagement and loyalty. During today's webinar, you'll find out what people really want from healthcare experiences by reviewing the top takeaways from this new experience benchmark survey. In addition, you'll hear how you can put these drivers into practice direct from Texas Health Resources Executives on how that organization is providing world-class omnichannel, personalized and proactive service experience to consumers and care teams through advanced digital marketing automation and contact center transformation. Note too that we've allowed time for your questions. We've already received several, which our speakers will address as time allows.

Note too that if you wish to download the presentation or the very valuable resources, you can easily do so through the resource section of your screen in the lower left-hand corner at any time during today's presentation. The event is also being recorded and the replay link will be sent to all registrants and attendees shortly after today's event. So, let's move ahead and hear from today's outstanding speakers. Our first presenter, Sarah Sinha leads Accenture's health customer engagement offering for the provider industry. Sarah has over 20 years of experience leading complex transformations in healthcare with expertise in consumer engagement, strategy and design, patient access, contact center transformation, and CRM and digital enablement. Thanks, Sarah, for sharing your information.

Our second presenter is Scott Phillips. Scott has over 25 years of healthcare experience, 22 of those years spent with Texas Health Resources in Arlington, Texas, one of the largest faith-based nonprofit health systems in the US. In fact, the largest in north Texas in terms of inpatients and outpatients served. Scott is VP of Texas Health Connect, in which he plays a critical leadership role in an enabling a connected consumer experience across contact center operations for functions like scheduling, patient navigation, and post-discharge, as well as digital tools for both consumers and employees.

Our third participant today is Marie Louise "ML" Saratsiotis, as Managing Director in Accenture's Customer's Engagements. ML has nearly 20 years of consulting experiences, focusing on improving and solving highly complex issues as they relate to consumer experience for healthcare providers, creating solutions that ensure consumers have seamless upfront interactions with healthcare organizations. ML has worked with large national and regional health systems, academic medical centers and physician organizations with particular areas of focus, including patient experience strategy, contact center transformation, and patient access. It's now my pleasure to turn the floor over to Sarah Sinha for program launch. Sarah, the podium is yours.

Sarah Sinha: Thank you, Monique. It's great to be here with everyone today. Great to be talking about one of my favorite topics. So, I'm going to start us off with talking through some of these insights from our most recent Patient Experience

Benchmark Survey. And before I dive into that, I just want to spend a minute or two kinds of describing what this survey is and how we gather the data. This is a survey that we've been running for a number of years, and it aims to really understand the drivers of patient experience and consumer behavior relative to providers. So, we evaluate 10 touchpoints across the end-to-end healthcare journey, and then we take a step back and we assess overall drivers of engagement and loyalty. So, things like if you selected a new provider, how did you choose? If you left your provider, why, what channels did you engage on? How likely are you to stay? And factors like that. And you'll see many of those reflected in the data.

So, this was a national survey of over 10,000 health consumers. And I'll just say quickly, we hadn't run this version of the survey in a couple of years due to the pandemic and our focus on understanding other factors around that. So, it was really exciting to come back to this survey and revisit the state of the patient experience. And what we found was a little bit surprising. We certainly saw the continuation of trends that started a number of years ago that we expected to see but many of the data points were much more compelling and kind of dramatic around what these drivers are that we see. So, I hope you find the data as interesting and compelling as we did.

So let me dive into it, and Monique gave me a good intro and teaser for this starting data. This is just kind of the overall landscape of consumerism and the trend over the past several years and on the left,

you can see that selection and switching are up. The percentage of people who selected a new provider is up to 30% from 26% and the change in switching rates is even more dramatic. So, one in four patients left a provider because they were unhappy with that experience, up from 18% four years prior to that. And then on the right you can see also the pretty dramatic difference by generation with the younger generations, about six times more likely to switch providers than the older generations. And that's definitely one of those continuations of a trend that we've seen for a number of years now.

And I guess there are, there are two considerations I'd point out here. One is you can look at this as sort of the coming wave of consumerism and a future predictor of behavior, but the other is that many in those Gen X and Millennial buckets are already healthcare decision makers for their families. That can include dependence and parents that sort of start to bring in these other towers on the chart. So, it's sort of a now and future view, if you will. So, with that, setting the stage, I'll transition into what we found from the data overall. So, understanding that landscape that patients are really holding their providers more accountable and they're more willing to act on those things that they expect out of experience. We wanted to understand what then drives engagement and loyalty and when we look at those factors, we see that it comes down to these four main factors that you see here.

So, Access, ease of entry into the care experience and the ability for those needs and preferences to be met coming into the front door.

Ease of Doing Business very similar parameters through the rest of the patient's healthcare journey. Digital Engagement, obviously the ability to engage on the channels the patient's choosing. And then finally, Trust, which we'll talk a little bit more about as we go through. So, we're going to dive into the data on each one of these four, but just taking a step back and looking across the four, not only do we see these very clear connections between each one of these in overall engagement and loyalty scores, but you see that they're also really closely tied to each other. So, impacting the patient experience is definitely a multi-factor journey. You can't really just pick one to get right. You've got to kind of address the whole and there's also a lot of overlap between these that I think will also see at a couple of points in the data.

So, first factor, Access. So, Access is really the overwhelming driver of how patients select their providers with just over 70% of consumers citing this as a top factor. And they value things that you see to the far right, like appointment availability, time and location, convenience, and the ability to interact over their preferred channels, which kind of brings in that connection with digital as well. And although Access far outweighs all the other drivers, it's also worth noting that more than half of patients also cited that trusted referral source. And that really makes a lot of sense as a next-door neighbor to Access, if you will. Since that referral source is often that first step of the Access funnel kind of gets patients started with Access and navigation support, so often we see them going hand in hand.

Moving on to the next one, Ease of Doing Business. So, this one, again, really closely connected to Access also keeps people loyal and engaged in healthcare sort of through the rest of the healthcare journey. What the graph is showing here is the correlation between Ease of Doing Business and that likelihood to stay as a measure of loyalty. So, in other words, at the that very top 82% of those that found their provider very easy to do business with were also most likely to stay with them. So, when you look across the comparison across the categories here, the drop-off is pretty dramatic. So from the top to the bottom categories, people who found their providers very easy to work with are nine times more likely to stay than those who found them difficult to work with, but what I think is even more interesting maybe is that they're three times more likely to stay than if their providers even somewhat easy to work with. So, it's not something you can be okay or pretty good at, you really have to get this factor right as well.

Moving on into Digital Engagement. So, I'll actually go right to left on the slide here. So, I'll orient you first to the panel on the right just around our definitions of Digital Engagement, which we measure across the spectrum that you see here from low to highly digital. And it's really just, it's a measure of patient preference and intensity around using digital channels versus others. So then to translate that back over to the left, you can see that Digital Engagement also is a very strong predictor of loyalty. So nearly 80% of those highly digital patients are also most likely to stay with their providers, which is more than 20% greater than all the other digital categories that we

measured across. And then this is where in the other graphs you can see the strong linkages across those other major drivers that we're looking at with the connection between Digital Engagement and both Trust first and then Ease of Doing Business. And I think that connection between Digital Engagement and Trust is particularly notable with 90% of highly digitally engaged people expressing complete trust in their providers, and that's more than 30% higher than all the other Digital Engagement categories. I think that was one of the more surprising and compelling data points that we saw and were a little surprised to see. And then of course, you see the Ease of Doing Business, probably not surprisingly, also being linked there.

So then finally into our last factor of Trust. And so again, we see some pretty dramatic connections here, over 80% of Trusters also saying they were most likely to stay, and that's five times more likely than all the other categories. We thought Trust was a really interesting factor showing up in this top tier and probably the most complex of the four and probably the least well understood. So I think we have a lot more to learn about Trust in everything that contributes to it and will be diving into that in our future surveys. But we do have a starting point of those drivers on the right here. And essentially those are relating to kind of clear communication, ease of engagement, so they do sort of tie into the common themes that we see across all of these factors.

So last data point I'll share with you and the one that kind of brings it all together is net promoter score. So, we know some

organizations use NPS, some don't, but it's another gauge of customer loyalty based on the measure of their willingness to recommend their provider to others. So, on the far left you can see the overall average for the NPS industry at 42% which is not great. And just for comparison, those really highly consumer focused brands like an Apple or a Starbucks tend to score in the seventies. So, when you look sort of across the industries, that's sort of the measure of high customer experience. And that average NPS score that we see in healthcare provider has really not budged in several years, but what's interesting is that the data just to the right of it showing the quartiles of NPS performance. You can see here that there are really sort of those clear kind of winners and losers between the top and bottom quartiles with those leaders creating significant gains over the average. So, it is possible to move up into those high-performance area level percentages. And then on the right you can just see the correlation with all these other factors that we've been looking at in the survey. So, you know, you see that it's highly correlated with Ease of Doing Business and Digital and Likelihood to Stay and Trust and so it's really just becomes another proxy of measuring broadly across the experience.

And finally, just translating these insights into the core strategies that you see here; I actually won't spend a lot of time talking through each of these because I'm about to hand it off to Scott. And he's going to talk about THR's journey, which is really going to, I think, bring to life a lot of these key things and he'll do a better job than I will talking through them on this slide.

But what I will say at a high level is that really a couple fundamental things. The capabilities that we need today are really fundamentally different than they were 10 or so years ago. So we talk about building this strong foundation, moving from systems of record to systems of engagement and understanding, moving to omnichannel engagement, finding the human and digital balance and I think the leaders in this space understand that this really is a transformational journey.

And while that takes time and effort upfront to sort of build that foundation and infrastructure, what you are ultimately building is a scalable and flexible ecosystem that is much better equipped to keep pace with what I think we will continue to see is this evolution in expectations and the way that patients and providers interact with each other. So, with those points, I will go ahead and turn it over to Scott. I'm sure everybody, as I am looking forward to hearing about THR's journey in this space. So, Scott, hand it over to you.

Scott Philips: Thank you so much, Sarah. I appreciate the information you provided and as we've gone through this journey, so much of what you shared rings true, so very much appreciate that detail. Great to be with everybody this afternoon and I'm excited to share what Texas Health's journey has been over the last couple of years in this space. First, I want to lay the building blocks of where Texas Health has been, and we are in the midst of what we call Vision 2026. And it's a 10-year journey that started in 2016 to bring Texas Health into a more consumer-centric space.

We have always concentrated, just like all of you have, on clinical excellence and making sure that our clinical operations are at the top of their game. Consumer experience, on the other hand, was lacking. I'll give you an example. I was at one of our hospitals and a patient was complaining to me that she could call her pet groomer and they knew who she was, but when she calls for her physician office, she has to give her name, date of birth, social security number before they could even identify how we are connected to them.

And so those kinds of misconnections are what drove Texas Health down the road of what we needed to do to meet the patient where they are, to ensure that we saw them, that we know who they are, and that they can trust us with their care. As the world grows and technology becomes more and more entrenched in our daily lives, the expectations from our consumers continues to grow. And so that is very center and mindful for us to meet them where they are, regardless if they're in the Baby Boomer generation or Gen X or Gen Z, that we have the channel and we have the option that is most desirable for them to do business with Texas Health. So, one of the outcomes of Vision 2026 was the creation of Texas Health Connect. And Texas Health Connect, as was mentioned in the bio, is a combination of several services, from scheduling to PBX to our discharge connections with our nursing team, patient navigation and referral management, as well as oversight and standardization of the patient access operations at the hospital.

So, it is an attempt to bring all these inputs together in a way to present the patient a standard view of getting into Texas Health. Throughout probably over the last 10 years before, even before Vision 2026, Texas Health has gone through the journey of one standardized health record that has been a huge piece of being successful in our journey. So, our physician channel, our hospital channel, our virtual channel, our urgent care channel, are all on the same electronic medical record. So, there's one source of truth for all of us. Of course, that had its growing pains because we all had to learn how to play with each other, right? Be in the same sandbox, use the same information, but it has been fundamental in building where we are today because we needed that same language, if you will, as we were communicating and building these next steps.

So, one of the pieces we decided to look at first when we were dissecting the consumer experience, how was the patient even getting into Texas Health, and where does that start? That starts at scheduling. So, what was that experience like? And what we learned very quickly, especially at our physician practices, that it was disjointed that you pretty much had the same, you might be using the same tools, everybody be on the same electronic medical record, but the experience itself was different. And so that became kind of the rally cry, what can we do, starting with our PCPs, to build this new vision of getting in? And so that is what we're going to go through is, and that's where we started with from that group in, that's what we're going to visit today.

There's been other journeys we have taken in the effort to be standardized. Standardization, as you probably all know, is not the easiest thing in the world, but it is fundamental in building these next level patient engagement practices and more importantly finding where you do need to have that variance in practice, where it's appropriate and building guardrails around that so those variances don't become the standard.

Let me go to the next slide here. So, what we wanted to do is have that same journey experience. So, if you came to a physician's office, if you came to urgent care, if you came to the hospital, there was the same experience. So, Texas Health has our shield, and so if it had a shield on the building, that is going to be the same experience regardless of what you channel or level of care you were going through. So much of that came through the development and understanding as a system that this is where we are going. This had to start from the very top of the organization as you could imagine on anything you're trying to standardize. There are going to be differences of opinion, especially when you come to clinical care, when you come to operational differences. And so, a set of values and a set of plans had to be dictated of how we were going to act, how we were going to treat this work.

And that was really one of the fundamental reasons for success because everybody had the same marching orders. It just was in Texas Health Connect over here on an island waving our hands going, hey, we want to standardize everything. That was the marching orders that this is where we

are going, and that there would be channels and there would be operational ways to share differences of opinions, but there would be an organizational desire to get to that standardized effort. And so that was a very clear piece of our success. And I can't highlight that enough. The technology has been amazing, and it has been beneficial to get us where we are at, but there had to be that underlining organizational trust that this is what will be best for the patient, and we will need to overcome our differences in operational views to be able to get there. And that again, then all goes back to Vision 2026. So that Vision 2026 and the organization all agreeing, this is where we're going, was fundamental in getting us where we are now.

The technology I mentioned is really outside the box for what Texas Health where we were at. We were very much in pretty much three different silos, if you were. We were in our physician arm, we were in the hospital channel, and then in our urgent care virtual channel. And before the electronic medical record standardization, there was very little collaboration between these three channels. And so, the standardization of the electronic medical records kind of helped open the door because we had to, because we were all on the same platform using the same tool, but then we were facing a problem. There's a lot of data out there from not only our electronic medical record system, but from all these other sources we're collecting data in.

And it would be great to be able to tell the story of how all this data impacts our patient journey, or better yet, how can we use all this data to enhance our patient journey?

A great example is just the patient having a mammogram. During the process of standardizing and centralizing radiology scheduling, we put in texting, we put in reminders, we put in all these great tools to be able to make sure our patients knew about the mammogram, that it was time to schedule. We didn't realize the physicians also were doing that as well. And the hospitals were also doing that as well. And so, before you know it, you have a patient receiving 19 different messages via text, email, phone, letting them know that they have a mammogram coming, it's time to schedule their mammogram. That was a huge patient dissatisfier. And so again, as you're rolling out these technologies and rolling out these improvements, you have to be able to tell the story of how these improvements are impacting the patient. And that's where the CRM and the ability to track all of this information, all these inputs, and be able to tell the one story for the patient comes in, so important. So important. And so, the development of the CRM was our first kind of foundational building block as we started down this road. ML would you like to share any insights about that CRM deployment?

ML Saratsiotis: Absolutely. First, I want to take a step back and also just highlight one of the big goals and opportunities with a CRM solution is really facilitating that TH connect engagement center approach.

So, moving away from a call center mentality to an engagement center approach. And that really allows you to have those centrally managed roles so that regardless of whatever channel that your patient is experiencing, they have the exact same end-to-end experience. The handoff is there. And so, one of the big things that we did is we focused on the scheduling component and Scott will go into more of that, but THR is also looking more broadly, they're visionaries. It's been such a pleasure working with them because not just are they looking at it from scheduling registration, but they're also looking at CRM for class registration and constantly trying to look at how else can they bring in other functions. So, it's really important just to think of the ability of CRM to create that agility layer to allow you to react and respond more quickly to the data that's coming in. And that's been really important too for THR and we'll talk through it at the end, but just that ongoing measurement is really important.

Scott Philips: Thanks ML, appreciate that. As ML mentioned, scheduling has been, was pretty much the first component and integration of the CRM within Texas Health Connect. And so all as we onboard our patients, our PCPs, we are then scheduling them directly into our CRM, and then they are that is then intersected into our medical records. So, our CRM tool is now pretty much the interface for that scheduling workflow. And so, it has been really beneficial for our schedulers to be able to have that view and to be able to have all of the information at their fingertips. And it kind of answers that question because it's tied to their phone number. So, when the

patient calls that phone number presents and we're able to greet them and present that to them that we know them, and we see them. And so that has been a great improvement and enhancement in that scheduling piece.

We are currently in the process of onboarding all of our PCPs within Texas Health Connect from that scheduling standpoint. And we hope to have that completed by the end of this year. And then we will look at other services and how we can have that same data incorporated. It's a journey. You know we started with PCPs, but maybe radiology scheduling, we're looking there, is that appropriate? We're not sure yet. We want to see the lay of the land, see what that field looks like, see if it's beneficial, what is the juice worth the squeeze, if you will, rebuilding that workflow within a third party versus scheduling directly into our electronic medical records. But there's certainly a lot of benefits. And as ML mentioned, we're going next to class registration. That is a great opportunity because our patients are pre-registered for delivery, for example, for their upcoming deliveries, and we're able to see them within the tool and schedule them for birthing classes.

And it's very seamless and if the patient feels that we have everything and we see everything from their OB visits to their pending delivery as well as then tying them to their delivery classes. So, it when from the patient's view, it is more seamless than what we were seeing just dealing with our electronic medical record that is very episodic. I see what I see in front of you for that day, where the CRM and that capability

gives you the 360 view of our interactions with our patient. We are also going down the road of working with our brand/marketing team of as campaigns come online. I mentioned before mammography and what that looks like. So, having the ability of all that information in the tool so that we can see if the patient had been contacted by any of our marketing campaigns and did they have any questions, was there a next action we could act on from that?

And again, it's letting the patient see that we have their full view insight and we're just not dealing with that one episode of care. It's truly across the board. This slide is incredibly important, and I can't underestimate... I can't highlight enough the operational model and governance piece of this. We had a very strong commitment, as I've mentioned through our Vision 2026 plan, but we all know when you get in the weeds, that's where the problems come up. And so, we were very fortunate to have physician leadership within our physician channel that pretty much helped us with the build for our booking guidelines and for our scheduling components for our PCP visits. I cannot highlight enough the importance of that because then as we brought on these PCPs into our new operation, the ownership from the physician leadership was already there, and we're able to then work through that standardization from a top down and we would then support by the build we had in the system back to the expectations that had been set.

So that is that partnership I'm very proud of because it has been led to our success and our ability to be able to bring on practices more quickly than we had planned. The standardization from an individual practice to an individual practice, it could be a nightmare if there was not that understanding and underpinning behind this is the way we are going to do it. The system has been built that way to support this road, and there's going to be little to no deviation from that. And that has been an incredible piece of two, our successes, having that partnership. Training then based on all those guidelines, all those builds components, all those pieces and parts, then you have the success factor of the schedulers will use scheduling for the PCPs, for example. They know what they're doing. So if you have a physician who's has a little heartburn, having that scheduling function leave his practice and go to big corporate, those folks being trained and being able to do that scheduling function, following all the guidelines and having the ability for the system to be built and following those booking guidelines and providing that information, builds a relationship of trust between the individual practice and the centralized scheduling unit.

And then that just rolls and rolls, and it becomes something which I never thought would be the case, but I see I'm seeing it currently where you have physicians asking, when are we finally going to move to Texas Health Connect?

Because they've seen the successes in previous go-lives. And so, training is a big, big piece of this. Then last, reporting. What we learned initially when we started this work is that we all spoke a different language between the hospital channel, the physician channel, urgent care channel. We all refer to things a little different because those different, there's differences in operations. Registering a patient in a hospital is a lot different than registering a patient in a physician's office. Yes, you're using the same system, yes, you're using the same processes and policies, but due to the physical plant, due to the relationship the patient has with that provider versus the hospital, there's a lot of different pieces and parts that we had to learn from a hospital side of the business that we needed to address for the physician scheduling side.

So having that common language, which came from the reporting that we all are, this is what this is called when speed to answer is called this, abandon rate equates to this, and that is across then the entire organization. So regardless if you're talking about scheduling in the physician's office versus scheduling in the hospital, you are also using the same metrics and it all ties back to the same reporting. And so again, that is a very important component. At the bottom of the slide, it then goes back to provider engagement. We're using the PCP example again. If your customers, which in our example are the PCPs, if they are involved in each one of these items, from operating model to the training to the reporting, there's that buy-in and then there's that ownership.

Not every physician for example, we've onboarded or in the process of so far 124 practitioners, which roughly another 120 before we're all said and done, not every one of them were able to be at the table when all this work was done. It's just not possible. It's not practical. But having that oversight from that physician leadership gave the ability that if everybody felt like they were a part of that, and it was the piece that helped support this amazing technology that Texas Health has invested in and then provided all these great outcomes. You could have the technology all day, but if you don't have that partnership between your physician leaders and the different key parts of the organization, it's not going to get you where you need to go. Some of the success, so one of the things that I am most proud of, yeah, metrics are fantastic. That's great. Well, one of the things I'm most proud of, of this engagement was the actual experience in our PCP offices.

So, before the scheduling component was centralized in Texas Health Connect, all those phone calls were routed to the PCP office. And so, you had a team of front desk individuals managing insurance verification, managing the schedules, managing the providers, then managing the phone that was constantly ringing. And so, we knew this would be a positive, if you would, taking that phone work off, but we had no idea the positive lift it would be to the morale of the practices and the important impact it had on the consumer engagement. When a person goes to the front desk, they're not competing with

a phone because the individual at the window is able to focus on them and all of that phone work, all that scheduling work, all of that other work that was constantly ringing in the practices is now in a centralized location with an individual that then has all the information on their screen versus, again, this would be a very episodic view in the electronic medical record for the individual in the practice.

And so, we knew it was going to be a potential win, but it really has been a huge win for the practices, for their staff as well as for the consumers. We've seen an increase, I'll go through some of the metrics there on the left hand on of the slide, we've seen an 8% improvement in our total visits from our groups that we have moved to Texas Health Connect for our scheduling. We've seen a 19% decrease in average abandonment rate. And this is really due to no longer does that front desk person have to compete between the person standing in front of them and the phone ringing, because most of the time, which is appropriate, they're dealing with the person in front of them, and that means that phone would go unanswered. And so that's where we've been able to see that increase of then that call going to Texas Health Connect and the system and the tools built there allows for that person answering the phone to answer all the questions.

We have routes to get that individual who's calling back to the practice, if necessary, but thankfully for the way the system was built within the booking guidelines, with the knowledge articles, with all the information that the schedulers have at hand, they are

able to answer the vast majority of those questions and calls coming in. We have had an 88% decrease in average speed of answer. And that has been a huge win for us. Again, that all comes back to the flexibility and ability in the practice of dealing with everything they're dealing with and stopping to pick up the phone. It just was not happening. And so, between abandonment rate and average speed to answer, we have really raised that consumer experience and allowed for the patient on the phone to be handled quickly and competently with an individual, thanks to the system builds and the CRM, to be able to have that information. And then at the front desk side of things, that patient is being able to handle, be handled by somebody who's not distracted and able to completely focus on them and what their needs are.

We aren't done with this journey. This is pretty much step one. As on the previous slide, you saw all the information flowing into the CRM. I think all of us are data happy. That's usually something in any healthcare system. There's a lot of data out there and certainly Texas Health, that's us. We have a lot of data. It's just what do we do with it and how do we benefit the patient journey? And that is where the CRM and this work has really helped us start picking what is beneficial for the patient, what do we need to present to them, what do our agents need to see in front of them to help really drive the best next action for that patient and their care?

So, we are looking at developing into our specialists. Specialists are a whole different ball of wax. It's a different workflow, but it becomes the next action in our centralized scheduling work. As I said, these are foundation pieces, building blocks and a phone IVR is something we currently don't have, and that is something from a resource standpoint, I'm sure all of you are facing the same thing. Where do we put our resources? We put our resources first with this technology, but now we're going to, now that we have that in place, now move to our IVR and that phone piece and start to marry these systems and marry these possibilities from self-service, from a chatbot, all those different pieces and parts that the consumer is expecting for us to have available. How do we now bring in that next level and start tying all these pieces together and connecting the dots?

As I mentioned, we have patient navigation, or referral management, within Texas Health Connect. There is a whole bunch of opportunity within that group, and we've already started going down that road. How do we connect their work to ensure those referrals are going correctly to the appropriate specialist? How are we communicating with the patient when they're waiting for their referral? How are we ensuring they know that we have them, that we have this referral and we're working through it? There's a lot of opportunity there and that is certainly on our roadmap for next steps. It's really a very exciting place to be because this technology, I feel like we've just scratched the surface.

It's been a lot of work building these foundational building parts, but it's definitely going to be the outcomes we're looking for.

But again, what does it depend on? It depends on the technology, and it depends on the partnership and it depends on the organization all being on the same page. That there's going to be some hard lifts, but at the end of the day, we're going to see the outcomes we're looking for. So, thank you for letting me share the Texas Health journey with you. It's exciting and we're very fortunate that we've had this success so far that we've been reaching. So, Monique, I turn it back over to you, ma'am, for questions.

Monique Showalter: Thank you so much, Scott, and thank you, Sarah, and ML for sharing so many valuable insights on this very compelling and relevant topic. So, let's transition now to the Q&A portion of today's event. We've already received a number of questions, so let's launch into those. First of all, Sarah, a couple questions came in. How do you believe those individual organizations think about developing meaningful customer insights?

Sarah Sinha: Yeah, so I think we've gone through a couple of flavors of data and insights today which I think is helpful to inform that, you know, what I shared from our benchmark survey are really the big picture, you know, key drivers, metrics of patient engagement and loyalty.

They are not sort of the everyday indicators and so when Scott was telling his story, you also saw some of those translated into the metrics that you use to manage and understand operations on a day-to-day basis. And so, I think there's sort of a magical layer in between that is really critical to understanding customer demand and supply that matches it ideally. So, I think there are a couple of things you saw on Scott's success slides with the data points that there were some, you know, sort of telephony type data that most organizations measure but maybe don't always sort of manage and optimize against.

But then you saw layered in sort of that volume increase and the, the impact of that engagement center operating model and the solution architecture they built on sort of really driving, you know, bigger picture outcomes on patient experience and volume to the organization. And what I think that takes is sort of embedded in a couple of those slides is in the creation of that engagement layer, you also create a net new layer of data and insights that really didn't exist before in the legacy platforms. And a lot of that is around that supply demand matching. So having that engagement layer, CRM orchestration, if you're driving workflow through that layer, you're also inevitably capturing data at every point in that workflow, which you can use to understand at a much greater level of precision. What is patient demand? What are they calling in for?

How do we navigate them through the experience? What do our own rules and algorithms say should have happened in each one of those cases? And what did happen? In other words, were we able to match supply with that demand? And then that gives you really powerful insights over time to understand things like we don't have the right load balancing between urgent and routine appointments or between new and existing patients, things like that. So, I think that's sort of a critical layer to creating customer data that typically doesn't exist. And then the second piece is to take that and combine it with some of those other existing metrics that probably exist today across the organization, telephony data, digital channel data, digital adoption, things like that, and sort of pull them all together into that mega sort of patient experience or access dashboard, if you will. Scott, anything else you wanted to add to that from the THR perspective?

Scott Philips: I appreciate your point about looking at data differently or having that different level that you're not historically used to measuring. When you have this ability, again to have all these different data points and impacts, you have to look at things a little differently. I did share some pretty basic call information, but we had, we have a workforce management tool within Texas Health Connect, you know, making sure we are properly staffed for these different loads of coming and you have to have the data and I like how you said that, Sarah, that different layer because that was not something we historically had and we had to then adjust our operations to that.

Monique Showalter: That's great, Scott. And that certainly ties into the next question that I'll head direct to you. And this was I'm sure a massive undertaking for the organization. So how did you get organizational alignment to really achieve success with this initiative?

Scott Philips: So, as I mentioned, Vision 2026 and the entire organization having the same vision has been, in my opinion as, as one of the individuals driving this effort has really led to the success because everyone was then in agreement when these different initiatives rolled out. We have a very specific roadmap for the organization around this work. And of course, just like every other organization, resources are important, timing's important, all those very connected parts that drive change are impact all the growth we've had. I had to ensure ITS, our IT team, our physicians, our clinical teams, all of those were in alignment. And I was able to lean back on Vision 2026, this is where we're going, this is where we've agreed to go. And so that was a huge factor when looking towards success, having senior leadership very much involved and for example, I give updates constantly because this is a center part of our planning of our work.

So, making sure they understand the data, making sure they understand the outputs we're presenting, where are the resources this organization is putting into this work, and what is it equating to, not only in net value but also in consumer experience, and how is that consumer experience measured that we are all in agreement?

So again, there's sometimes there's some negotiations, but at the end of the day it's everybody being in alignment with this work. And I'll give an example. Centralizing these physician offices is a huge undertaking as you can imagine. And we've gone on pretty good rate, but then we've had to pause a little bit due to ITS resources or just, you know, what the organization needs to slow down due to our financials. Yeah, doesn't really, there can be multiple reasons, but the end of the day the goal is to get there and it's just working through those patches, keeping the communication open and keeping your partnerships, like with our physician partners, always engaged and always aligned with where the work is. So, I mean, at the end of the day...

ML Saratsiotis: Scott, if I could add one thing too. What was really instrumental is from the very beginning setting the vision, designing the operating model, we had all the stakeholders in the same meetings involved from the very beginning. We were able to take their output, you know, make adjustments as needed. So, it was really important that we had that buy-in from the very beginning, but then along the entire continuum as well. So, it wasn't just the checkpoints as well, it was the meetings. And yes, it did take time, but we were also very strategic and how we set up those sessions and wanted to maximize their availability because everyone's time is extremely valuable.

Monique Showalter: That's great insights to both of you. Thank you. So next question I'll direct to Sarah. How should our listeners get started building the fundamental capabilities identified to address the poor engagement loyalty drivers? Sarah?

Sarah Sinha: I, you know, that's a question we get a lot because I think the, a common theme is it is a big transformational understanding endeavor. There's a lot to be done to get it right. Where do you start and how do you start? So, I thank Scott for halfway answering the question for me in articulating how THR got started and how critical the vision and the governance was. So maybe I'll, you know, that's sort of key part one, and maybe I'll just articulate part two to take it a step further. I think most commonly we see organizations doing it right, sort of taking the time to have that vision, the governance structure that Scott already described. It certainly takes more than one functional area, more than one stakeholder to own and drive the patient experience.

It will absolutely be across multiple areas. And so that kind of governance and alignment is critical. And then having that roadmap, which Scott also mentioned and typically a business case to go with all of that. So that is sort of a common kind of starter set is, you know, figure out the strategy and plan. And then, you know what, I think what I think Scott also articulated in THR story is, you know, there are going to be multiple phases of the roadmap. It is a multi-part journey and organizationally, you know, you have to figure out sort of where it makes the

most sense to start for each organization. There are a couple of logical things in the foundation, and I think you heard that in the THR journey. Operating model is critical. You know, doing this type of transformation in a very distributed model, it is going to be very challenging, if not near impossible to drive success. So having the right operating model, as Scott described with the engagement center is critical. And then having that foundational solution architecture across your, you know, legacy systems, data sources, engagement layer omnichannel, sort of designing that up front doesn't mean you have to roll out every use case upfront, but knowing where you're going so that the architecture is scalable is part of that really critical foundation.

Monique Showalter: Great. Thank you, Sarah. One of the questions that came in from our listeners is asking about whether or not the Patient Experience Benchmark Survey is available. Yes, it is. That along with another valuable resource and the webinar presentation can be easily downloaded through the left section of your screen, marked resources. In addition, we will be sending an email with a link to the webinar session, replay the presentation slides and the resource materials in the next couple hours to all the attendees and registrants. And we welcome your sharing that with others in your organization. So that concludes the time we have available for today's session.

Thank you so much to our listeners for participating in the webinar and a very sincere thank you to both our sponsor, Accenture, and to our very informative speakers, Texas Health Resources VP, Scott Phillips, and Accenture's, Sarah Sinha, and ML Saratsiotis. We sincerely thank everyone for your time. We wish you a very safe afternoon and week, and thank you for your participation. Have a great day. Take care.

Chelsea: Thank you. Ladies and gentlemen, this does conclude today's teleconference and we appreciate your participation. You may disconnect at any time.