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# BEYOND WORDS

## Patient Engagement Makes Dollars and Sense. Here's Why.

Personalize. Customize. Digitize. Technology has fashioned a world driven by – and for – tailored buying experiences at every turn. For complex industries like healthcare, it's not an easy bar to meet. But delivering a better patient experience is achievable.



Steve Curtin, an expert on the topic of customer service, defines the customer experience (CX) as “the art and science of coaxing lifetime loyalty from daily transactions.” In the high tech, high touch ecosystem of healthcare, CX translates to profitability.

A good patient experience begins with effective communication at every touchpoint. Without it, according to a 2019 article in the Harvard Public Health Review, the quality of healthcare would be impaired. Healthcare costs and negative patient outcomes would also rise. Integrating key messages across multiple platforms facilitates a clear understanding between patient and provider, and yields better care.

Moreover, the patient experience has a direct financial impact on hospitals. The Deloitte Center for Health Solutions recently studied the correlation between the patient experience and hospital financial performance. Results indicate that hospitals with better experience levels earn disproportionately more than they spend compared to hospitals with lower ratings. The findings further suggest that while investments in the patient experience increase costs, they increase revenue even more.

In the end, healthcare systems that actively communicate with patients on an ongoing basis generate more revenue and nurture life-long connections. Here's why patient engagement strategies have the capacity to both cut costs and improve profitability.



## LIMITING LEAKAGE

Retail-based, patient-centric healthcare models such as urgent care centers have increasingly drawn utilization away from hospital emergency rooms and in-office care. According to a 2020 report by the Urgent Care Association, the number of urgent care centers in the U.S. has now topped 9,000, up some 40% since 2014. These facilities handle about 89 million patient visits each year, which includes more than 29% of all primary care visits in the US, and nearly 15% of all outpatient physician visits.

This shift in healthcare consumption has accentuated the issue of patient leakage. Also called network leakage, this is the pattern of patients seeking out or being referred out of network by healthcare providers. As COVID-19 gained a foothold in the U.S., leakage caused operating margins to drop sharply in hospitals and health systems. A survey of healthcare executives published in October 2020 found that these organizations were projected to lose more than \$323 billion last year, due in large part to restrictions on elective procedures and patients canceling or deferring care.

Surprisingly, more than 20% of those surveyed don't know exactly which service lines are most impacted by patient leakage, and 27% of health systems don't have adequate technology in place to resolve the problem. Only 31% who have a plan to keep patients within their healthcare networks believe they have the right tools to accomplish their goals. Some organizations are using their electronic health record (EHR) systems to track leakage, but respondents who use their EHR as a solution to patient leakage aren't satisfied with the technology.

There is good news, however. Health systems that were focused on reducing patient leakage before the pandemic had an advantage in preventing patients from leaving their network, or will have an easier time attracting them back by adopting new technologies. What's more, engaging existing patients is far less costly than acquiring new ones.

## CONTINUING COMMUNICATION



According to Xtelligent Healthcare Media, patient-provider communication and patient activity outside the office is fundamental to maintaining patient relationships. Healthcare technology has made this process easier, specifically through the growing popularity of patient portals. Patient portals have changed the communications paradigm, enabling secure direct messaging between patient and provider.

Secure direct messaging helps patients determine when they should and should not consult their doctors in person. When they message their provider with a healthcare concern, the provider can respond with the appropriate course of action. Treatment plans can also be fine-tuned through the portal. Providers can adjust care remotely, mediate any basic treatment needs and prevent their patients from falling seriously ill.

IVR calls have been shown to be effective in routine care, too, ranging from increasing flu vaccination rates to improving adherence to medication schedules. Today, non-compliance costs the healthcare industry millions of dollars annually. Communicating with the patient at multiple points along the care continuum, and in follow-up communications via technology, reduces some of those costs by encouraging patients to manage their health. For both patient and provider, this adds up to better, longer-lasting relationships.

In addition to the original purposes of electronic health records (EHR), patient portals and phone systems, these platforms offer opportunities to cultivate patient trust and loyalty. Health systems that charge their IT and marketing departments with shared goals of patient engagement can reap the benefits. By finding new ways to integrate relevant messaging with technology, these non-clinical teams can help prevent patients from taking their business elsewhere.

## LOST IN TRANSLATION

But what about the cost of poor clinical communications? According to The Joint Commission, poor communication is a contributing factor in more than 60% of all hospital adverse events they review.

Moreover, it's found in many kinds of healthcare settings. It's especially prominent in patient hand-offs and situations where fast and effective management is essential. Such settings include the perioperative period, the ICU and the emergency department. When incomplete, inaccurate, or ambiguous information is provided at the changeover, the probability of costly medical mistakes increases. And that means quality care is lost along the way.

Interhospital transfers, which involve sharing information among multiple sites or institutions, are also fraught with opportunity for error. For example, poor communication from one facility to another often impedes access to patient medical files. This can result in duplicate tests and second opinions that wouldn't otherwise be necessary and drives up costs. A study conducted by the Center for Health Information and Decision Systems (CHIDS) quantified the aftermath: poor interhospital communication costs the industry upwards of \$12 billion annually.

Nonetheless, The Joint Commission believes that all caregivers can make high-quality hand-offs. Use of EHR capabilities and other technologies — such as apps, patient portals and telehealth — can greatly improve the exchange between senders and receivers.

Poor communication can also lead to patient “no-shows,” which have immediate as well as downstream economic effects. One study found that no-shows cost the U.S. healthcare system more than \$150 billion a year, and individual physicians an average of \$200 per unused appointment. Digital solutions are a highly effective part of controlling no-shows, but it's up to providers to ensure that patients feel connected to their treatment teams. Making every interaction personal and meaningful is what matters in patient engagement.

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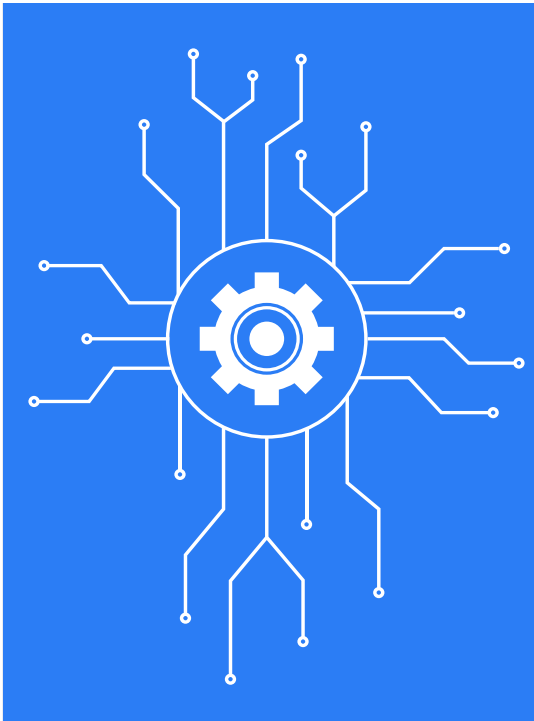


## WASTE NOT, WANT NOT

A 2019 study published in the Journal of the American Medical Association entitled “Waste in the U.S. Health Care System,” found that administrative complexity is the leading cause of between \$760 billion and \$935 billion in total annual waste. To streamline operations and mitigate these escalating costs, healthcare organizations are quickly adopting Robotic Process Automation (RPA).

The benefits of RPA are numerous. They include workforce rebalancing, increased throughput, improved claims administration and quality improvement. Unlike humans, who have their limits, RPA bots are tireless and able to process requests around the clock. They’re also impassive.

As automation matures, innovation is being applied to address fluctuations in patient volume. The newest generation of chatbots and voice-based agents are easier to build, faster to deploy and more responsive to user inquiries. Operational savings can be significant for providers, even smaller practices, which might have been reluctant to incur the expense. But over and above, RPA can lead to a reduction in complaints and higher patient satisfaction levels, as well as more meaningful work for employees.



Workplace automation has long been an integral component of contact center operations. Today, they’re often the first connection between potential patients and a healthcare system. On the front end, virtual agents are designed to process as many queries as possible before handing off to human agents. This reduces wait times for users and the burden on contact centers. For health systems, contact centers can generate an ROI of 3:1, driving system revenue and patient access concurrently.

In natural-language processing, existing algorithms are still far from understanding the full context and nuance of conversation. But some contact center solutions can monitor tone and inflection and provide feedback in real-time. Such immediacy improves an agent’s softer skills -- the ability to connect and convey empathy. For hospitals, the payoff is an enhanced brand image attributable to sincerity in communication.

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## THE ROAD TO RECOVERY

According to NRC Health, patients who return time and again to their providers bolster revenues in a big way. One patient's lifetime health spending is worth about \$1.4 million per individual, or \$4.2 million per family. That's a significant incentive for providers to create longstanding relationships.

Patient loyalty has positive financial effects on a hospital's revenue cycle, too. This is especially true when it comes to specialized care, such as oncology, orthopedics and cardiology. Health systems make significant investments in Centers of Excellence to generate referrals and keep patients in their network. During the tough times, returning patients are the bedrock of downstream revenue.

Accenture's COVID-19 Consumer Health Experience Survey 2020 found that health systems that evolve to meet changing patient needs expedite financial recovery and capture new patients more quickly. This competitive advantage can increase their revenues by 5% to 10% of pre-COVID levels within 12 months. For a \$5 billion health system, that translates to between \$250 million and \$500 million in additional annual income.

But improving post-pandemic revenue depends on having well-planned patient communications in place. According to Accenture, all outreach should proactively—and in a personalized fashion—communicate the specific actions a health system has taken to protect patients and caregivers. For instance, standardized messages about new wellness protocols and practices can be woven throughout every touchpoint, from the website to email, to billing slips, patient portals, and phone system scripts.

Healthcare marketers can also help the system recover by continuing to build connected brand experiences. Consumers make informed decisions about where they go, which providers they see and who they're willing to trust with their health based on familiarity. By implementing consistent and relevant communications, marketers can help keep their brand top of mind when care is needed.

In the case of patient billing, consumers have high expectations about high tech payment methods. They want responsive, convenient, and transparent options similar to those offered by online retailers. Easier, more understandable payment options can help providers increase collections, improve patient satisfaction and optimize the revenue cycle. This is particularly important as self-pay now represents between 5% and 15% of a hospital's accounts receivable.



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Pre-visit communication delivered through email, text and phone keep the lines of communication open and enable a cohesive payment conversation. TransUnion recently found that three in four patients report a positive billing experience when an estimate of services is delivered up front. Digital offerings that don't align with patient preferences, however, won't go far.

Today, tools can track each patient's preferred manner of contact and allow providers to respond in an appropriate manner. Secure, HIPAA-compliant payment pathways give consumers the confidence to conduct financial transactions online. For example, IVR systems can be certified to accept credit card transactions after delivering clear messages that conform with both hospital policy and government regulations. In addition, patients who have online access to their accounts can see what their insurance has covered, verify recurring payments, and make payments anytime and anywhere.

Ultimately, it all comes down to how providers communicate with their patients. Patients keep or change providers based upon experience and the quality of that connection. When they have a good relationship with a provider at a certain practice or hospital, they are more likely to keep returning. Combined with automation, good relationships help control network leakage, reduce waste and capture lost revenue. Clearly, patient engagement across the continuum makes dollars and sense.

# ABOUT REVATION SYSTEMS

At Revation Systems, we have a passion for making the complex simple and embracing risk to deliver great results. We have a security-first mindset and a purpose-built approach to everything we do from our policies and processes to our infrastructure and architecture. Security is at the core of our DNA; both at the organizational level and for the architecture of our technology. Security is not a check box for us, but rather an approach that starts from the ground up and influences every product we bring to market. We take the hard road every time to ensure our customer's data -- in the two most tightly regulated markets -- remains protected.

Our secure solutions have been validated with our HITRUST Certification. For financial providers, HITRUST certification means that the organization in question (including its products) has already undergone rigorous scrutiny and is a verified-secure partner whose technology and organization could leverage for its digital transformation without fear, hesitation, or time spent on an additional internal review.


We believe in the power of human relationships and that innovation in communication will connect people to help achieve financial security and live healthier lives. Revation Systems serves hundreds of healthcare and finance consumers in the U.S. with its all-in-one full contact center in the cloud with the ability to drive experience across digital and physical channels. LinkLive is unified communications software hosted in the cloud that offers a broad range of capabilities including rich digital messaging, a seamless ability to engage humans across physical and digital channels, and leading voice and video communications.

We offer the advanced, sophisticated capabilities are expected in a contact center like skills-based routing, session recording, workforce management, agent scheduling, and quality monitoring tools. We also offer a broad range of digital capabilities from chat, secure mail, and co-browsing to the ability for digital users to engage the physical channels and humans at a healthcare or banking organization. Since its founding in 2003, Revation has been dedicated to the belief that the quality of communications can be increased, while the costs and hassles can be decreased, using virtual communications with a cloud-based platform.

**Have Questions?  
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