

ARTICLE

How to personalize the access experience in ambulatory care for increased patient volume and consumer retention

<https://www.chartis.com/insights/how-personalize-access-experience-ambulatory-care-increased-patient-volume-and-consumer>

Today, consumers accessing healthcare demand a seamless experience. And nowhere is it more important to recognize and meet these expectations than in an ambulatory setting, such as a provider practice or an outpatient hospital-based service, where many consumers first experience a health system.

With consumers having more options than ever before when it comes to ambulatory care, and competition increasing between traditional providers and industry disruptors, reimagining access is not only critical — it's a mandate. In fact, more than 70 percent of consumers said they would consider switching providers if they had a poor experience accessing services from their provider.¹

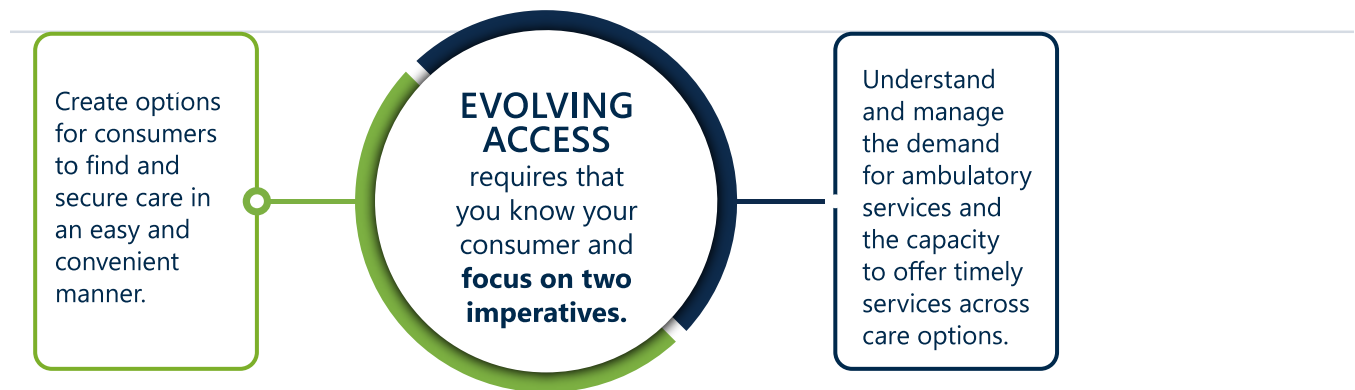


Achieving and sustaining the desired result of putting the consumer in the driver's seat to access care on their own terms is becoming increasingly difficult. It has always required unwavering leadership commitment, focus, and discipline. Now, you must leverage consumer insights and integrate digital solutions with a focus on creating a personalized experience for each consumer that is positive and

memorable. Moreover, evolving access in the ambulatory setting requires strong alignment from physicians on why access matters and their critical role in the quest to create a purpose-built consumer experience.

Do it well, and you can expect a significant upside of serving 15-30 percent more patients on top of your existing provider base.[2] Get it wrong, and you risk losing patients before they even set foot in the door.

A Dual Imperative...



Garnering consumer insights to help validate which offerings are valued most is imperative to success. To build a knowledge foundation on your consumers, you will need to develop tools and capabilities to continuously gather, evaluate, and act upon consumer insights. It is no longer sufficient to use dated surveys alone; additional techniques for proactively and systematically acquiring knowledge about your consumers is required. Techniques like consumer personas and journey maps, along with more intensive approaches, such as ethnographic research and prototyping, should be considered as you build out capabilities in this area.

Offer Options to Find and Access Care

Today's healthcare consumers expect ease of access and support before, during, and after visits. They're demanding options to initiate contact, navigate the health system, and secure the services and information they want and need. Leading health systems are also looking for ways to engage consumers — both potential and established patients — in a personalized and proactive manner to connect them to information and services, and in doing so, engender loyalty to the health system. Creating options that are effective and scalable will require you to lean in hard to digital solutions to automate, streamline, and support the access experience for all involved.

Key Capabilities Include:

Offering self-service and pre-service options.

Increasingly, consumers are seeking digital channels to gather information and access care. To meet consumer expectations, a cohesive, digital experience for self-service and pre-service is essential. This digital “front door” defines the approach to digital access and ongoing engagement through three key domains that must be streamlined and integrated: web search, owned websites and portals, and payor/employer portals. In doing so, you ensure that your other important front door (phone access) isn't overwhelmed — thus providing you with a cost-efficient means of expanding access and improving the consumer experience for all. ***Avoid piecemealing your approach to a digital front door; create a comprehensive strategy and roadmap that focuses your efforts.***

Creating outreach opportunities to proactively engage consumers.

Access is no longer about waiting for consumers to find you. And providers today face an added challenge of increased patient non-consumption, for both routine care and more pressing care needs. By proactively reaching out to consumers on relevant healthcare items, you can further engage and activate them beyond episodic care, ultimately building more sustainable relationships. Using the consumer's preferred communication method, health systems can target each individual consumer with relevant content. This can be a powerful tool in connecting consumers with information on post-visit services, health maintenance, transition support, general nurture campaigns, and navigation to the optimal care site. ***Turn access on its head by creating a proactive, personalized outreach capability through which your consumers feel seen and can engage with relevant healthcare services.***

Evolving to an advanced service center.

Even as more self-service options come online, phone access will remain an important means of consumer interaction with your health system. However, the historic way of managing calls simply cannot continue. Consumers will no longer tolerate poor customer service, long hold times, and inconvenient hours. And you should not tolerate the high cost of providing poor service. Today's service centers are built to enhance the consumer experience and lend support across more services — from scheduling and registration to health maintenance and medication management — all while reducing associated costs. ***Deploy the three key levers of standardization, centralization, and tech-enablement to create an unparalleled consumer call experience.***

Supporting referrals and prior authorizations.

The referring provider (both within and outside of your health system) and the patient being referred are important consumers. Referring providers value a streamlined referral experience to connect their patients to the care needed. Doing this well can be a differentiator in the market. This requires some level of centralization of referral and prior authorization processing to make it easy for referring providers to know where to turn to secure access for a patient in your system. A centralized service can significantly improve the efficiency and turnaround time for obtaining payor approvals, and quickly and accurately update providers when a referral has been received and authorized. A well-run program improves the patient and referring provider experience, improves time to care, and generates a positive financial impact for the health system. ***Create a frictionless referral process for your consumers with a single point of entry — via web, fax, or phone — and redesigned workflows to ensure timely turnaround on every referral.***

Deploying Capacity to Meet Demand

The gains made by offering your consumers options for how they schedule their services will be quickly lost if there isn't timely availability of the care needed. Offering options for securing care must be teamed with a rigorous, structured approach to demand and capacity management. Simply stated, you need to have the right amount of the right care available to consumers, however they decide to access it.

Key Competencies Include:

Estimating demand for ambulatory care.

Few organizations have a reliable way to predict demand or even understand the number of appointments being requested. With expanded care options, this capability will become more complex — and more importantly, consumer demand should inform how you deploy capacity. ***To begin understanding actual and potential demand, you need to measure the number of appointments requested in each care option, the number of in-network referrals captured and lost, and the number of proactive outreach activities identified to push campaigns underway.***

Getting smart on capacity deployment.

Advanced capacity management requires being able to quantify your “supply” as well as your demand. This means moving beyond productivity to set specific expectations for “contact hours” at the provider level and establishing real-time measurement systems to monitor actual patient-contact time. You must then deploy contact hours across care options, including in-person visits, currently the most common type of interaction; capital light delivery models, such as e-consults, which are critical for supporting primary care while reserving specialist time for patients with the greatest needs; and virtual visits, which expanded exponentially during the pandemic and have leveled off at a significant percentage of total visits.³ Ongoing monitoring is required to adjust deployment based on consumer demand. ***Don't leave this to chance — employ a thoughtful and repeatable methodology to reconfigure capacity to meet consumer needs and preferences, thus ensuring that each service line or specialty can offer the right complement of care options.***

Capturing the value of advanced practice providers.

After years of hiring and expanding their APP workforce, many healthcare organizations have not yet determined how to appropriately deploy these roles to maximum impact. Strategic deployment of APPs allows you to match skill sets more effectively with clinical requirements and experiential demands of patients. ***Commit to maximizing the power of APP roles by creating a highly specialized care model that improves access, enhances patient experience, reduces cost, and improves quality, while differentiating you from your competitors.***

Translating capacity into scheduling templates.

Provider time expectations and deployment across care options are realized through an effective scheduling template. To do so consistently, you need a reliable approach to scheduling template design and execution. Complying with template design standards (e.g., reserving time for new patients, setting new-to-return patient ratios, and restricting use of blocks) can help you manage provider capacity to higher levels of utilization. ***Centralize template management to ensure that you are applying expertise to enhance every template and that you have insight into your true capacity at all times.***

Actively repatriating specialty patients.

An often talked about but rarely pursued access lever for specialty services is returning management of patients with chronic conditions to their primary care providers, when appropriate. Studies suggest that one in six specialty patients could potentially be repatriated, which could mean an additional 16 percent capacity available for new and other established patients.[4] Requirements include sufficient primary care capacity with a care team trained to manage chronic conditions, co-development of clinical protocols, greater clarity around the purpose and duration of the initial referral, and active review of less intense follow-up patients to determine whether they can be safely returned to their primary care provider. ***Engage physician leaders to develop a standard process to return the management of patients with chronic conditions to their primary care providers, where appropriate, to untap critical specialty capacity.***

Driving Meaningful Performance Gains in Consumer Access Experience

You will need to continuously refresh your access strategies and deploy new approaches to keep up with changing consumer expectations and requirements. Key recommendations for where to go from here:

1. **Begin with a clear and shared commitment of the access experience you want to create for your consumers and an understanding of where you are today relative to that commitment.**
2. **Create an executable plan to help move you toward the desired consumer access experience.**
3. **As part of that plan, build tailored consumer experiences for select service lines, leveraging shared solutions and creating solutions specific to the given consumer journey.**
4. **The plan must also include key operational support, such as optimal care team staffing, facility use, workflows, and EHR functionality.**

5. Don't get sidetracked by the inevitable distractions: Stick to your plan, and thoughtfully refresh it when new possibilities arise based on consumer insights.

Making meaningful and sustainable improvements to consumer access is challenging work. It requires partnership with individuals throughout the organization, and it demands unwavering leadership commitment. Don't forget to celebrate along the way and share achievements made across your organization. By recognizing the contributions of the many providers and staff who will contribute to your success, you can further engage them and build momentum in the continuous improvement process that is required to reimagine consumer access to your ambulatory services.

Sources

1 The Chartis Group, "Consumer Access Preference Poll" April 16, 2021.

2 Based on Chartis experience.

3 The Chartis Group and Kythera Labs, Telehealth Adoption Tracker, <https://www.chartis.com/insights/telehealth-tracker-new-normal-rate-tel...>

4 Sara L. Ackerman et al, "When to Repatriate? Clinicians' Perspectives on the Transfer of Patient Management from Specialty to Primary Care," Journal of General Internal Medicine October 2014; 29(10):1355-61, <https://pubmed.ncbi.nlm.nih.gov/24934146/>

5 Based on Chartis experience.

Our services

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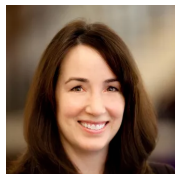
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