

ARTICLE

The future of ambulatory care: How to leverage digital solutions to expand provider supply and generate consumer demand

<https://www.chartis.com/insights/future-ambulatory-care-how-leverage-digital-solutions-expand-provider-supply-and-generate>

Consumers have more options than ever before when it comes to ambulatory care. As competition increases between traditional providers and industry disruptors, reimagining access is a health system mandate.

In response to the mandate, health systems are aggressively pursuing performance improvement and reframing their access strategies. Yet the fundamental work continues to center on matching supply with demand. Health systems are increasingly using digital solutions to streamline intake while also proactively generating demand from consumers (both patients and referring providers). They are also doubling down on the “tried-and-true” methods to increase capacity (e.g., scheduling optimization, care team transformation, care pathway redesign) while leveraging digital tools to expand the modalities of ambulatory supply — provider time, information, and services.

Leading health systems are going one step further: driving improved unit economics by increasing utilization of clinician time through forecasting demand and creating dynamic supply based on the forecasts. Early adopters of this approach will be able to elevate the consumer’s access experience by reducing wait times for care, manage the associated cost of capacity (e.g., labor and space), and minimize unnecessary fluctuations in volume.

Through the remainder of this piece, we discuss the three components of leveraging digital solutions for the next generation of supply and demand:

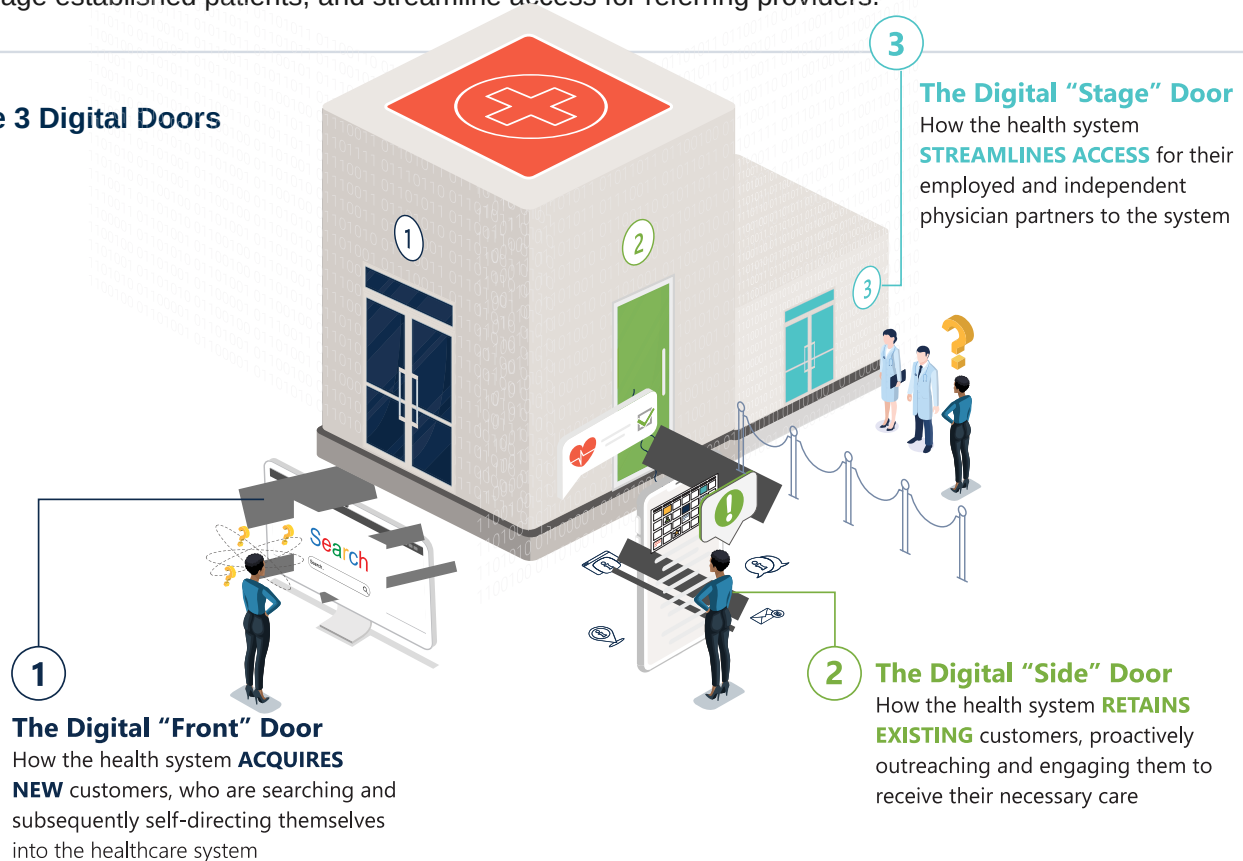
- Generating demand through robust use of digital “doors” to the organization.
- Expanding supply through a multipronged approach.
- Actively managing capacity based on forecasted demand.

Demand Generation Should Focus on the Organization's 3 Digital Doors

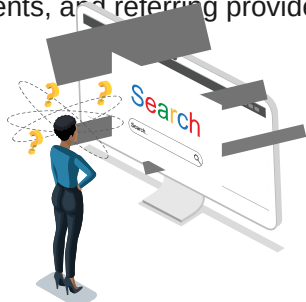
To date, health systems have sought to expand demand by attracting new referring relationships through physician liaison programs or similar efforts. This relationship-based demand generation is often slow and ineffective at overcoming shortcomings in operational processes (e.g., poor access or inadequate communication back to the referring provider).

Health systems seeking to generate demand should focus on developing and optimizing the digital doors to the organization. By easing entry into the health system and funneling appropriate consumers through the various digital doors, health systems can proactively generate new patient demand, retain and better engage established patients, and streamline access for referring providers.

The 3 Digital Doors



There is no single “digital door” that will meet the needs of the three distinct groups (new patients, existing patients, and referring providers). Instead, there are a range of options, three of which are highlighted below:



The Digital “Front” Door:

For new healthcare customers, convenience is key.

The digital front door should offer solutions to make it easy for prospective patients to find the health system and access its relevant care assets. Three key dimensions to acquire new healthcare consumers through the digital front door include:

- **Search engine optimization**, such that health systems are prominently positioned to help prospective patients easily have their needs met.
- **Provider online presence**, with robust consumer-friendly search functionality to highlight capabilities, practice attributes, and care locations (including virtual ones) of the provider base.
- **Payor and employer portal/data integration**, such that patients looking for options from payor and employer websites can easily find the health system, understand the programs and services relevant to their needs, and navigate directly to sources of additional information and calls to action (such as scheduling an appointment)



The Digital “Side” Door:

For existing patients, engagement is key.

Once the health system establishes a relationship with a patient, proactive patient engagement with personalized and actionable outreach is essential to drive timely and appropriate ongoing care. This can take many forms, including:

- **Proactive patient outreach** that is systematic and high scale (e.g., wellness visit reminders), recognizes and complies with individual patient contact preferences, and communicates a clear call to action.
- **Personalized patient communications** that are culturally and contextually relevant to the specific needs of the individual.
- **Clear next steps for care** that include an explanation of what they entail, rationale for their importance, and simple directions to completion.
- **Simple calls to action** that include a multichannel set of options for patients to act on their next step, as defined by the care team and/or other stakeholders.
- **Convenient access options** — both virtual and physical care — that are informed by past behaviors and individual preferences to seamlessly re-enter the system.



The Digital “Stage” Door:

For referring providers, simplicity is key.

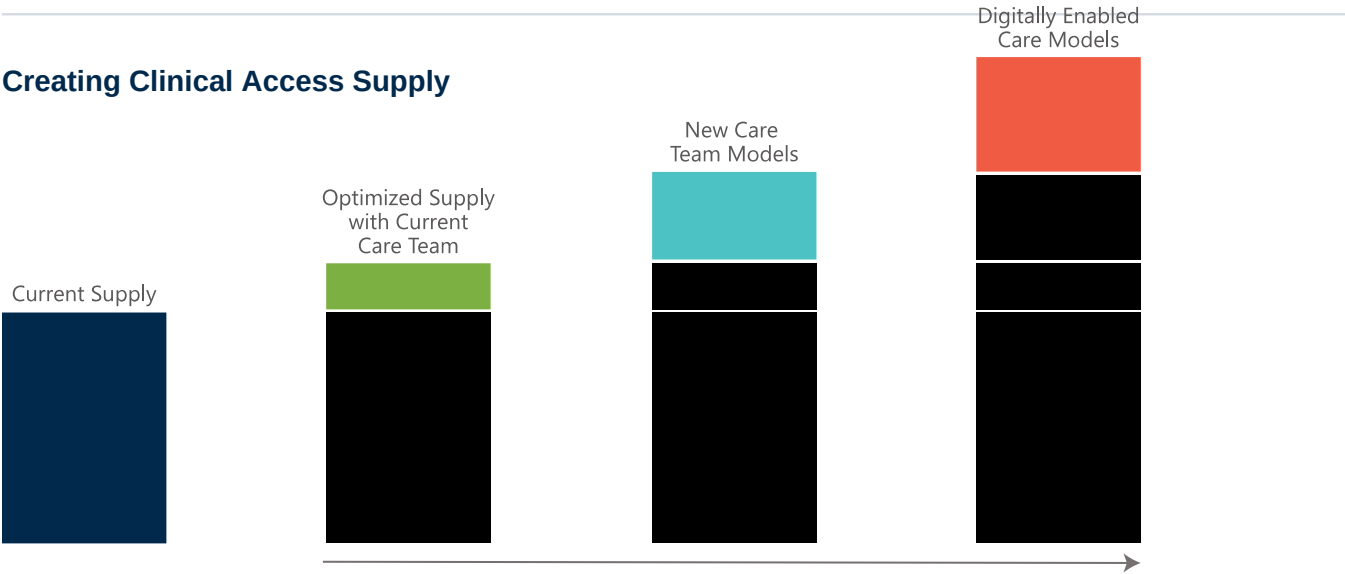
Referring providers value the ability to simply and effectively transition their patients to high-quality, accessible caregivers in a way that is efficient and effective for both the referring clinician and the patient. Examples of digitally enabled referral solutions include:

- **A referring provider makes a digital request** to the receiving care team. Digital capabilities support appropriate screening for referral suitability. They also support immediate proactive outreach and engagement to coordinate specialty care access for the patient. All of this is informed by the patient’s distinct healthcare needs.
- **A live, three-way digital interaction takes place** between the referring clinician, the patient (and caregiver), and the receiving care team. Specific and actionable next steps are defined, and the receiving care team proactively follows up on them.
- Enabled by an “introduction” via text or email from their referring provider, **the patient self-refers through digital tools** to a defined specialty clinician or care team.

While patients and referring providers will continue to use non-digital solutions, such as the phone, to interact with the health system, building out the various digital doors as additional options is critical to generating demand.

Expanding Supply Requires a Multipronged Approach

For most health systems, improving the timeliness of care requires renewed emphasis on expanding supply. Growing the organization’s clinical access supply will require a multipronged approach with a dual focus on optimizing current provider-based supply and simultaneously developing new care team and digitally enabled care models. Health systems and medical groups that build out these three elements of supply will position themselves to meet demand in a cost-efficient manner not otherwise possible.



1. Start with the Foundational Access Solutions

Supply management often begins with understanding the health system’s current “supply” of provider time. This means setting specific expectations for “contact hours” at the provider level and establishing real-time measurement systems to monitor actual patient contact time for in-person care, video visits, etc.

The difference between actual patient contact time and the expected “contact hours” provides a snapshot of the current utilization. It can also help the health system understand its “orphaned supply” — the capacity that should be available based on provider expectations but is not utilized today. Such orphaning may result from scheduling challenges caused by many factors, including template design, blocked and unscheduled

hours, and schedule churn.

Productivity vs. Patient Contact Hours

Some health systems and medical groups use provider productivity as a proxy for ambulatory supply. Productivity is critically important but does not replace the need for coverage in the clinic setting, which directly impacts access. Establishing contact hour expectations permits an organization to better understand supply and manage availability of services across the relevant hours and days. To support an ambulatory coverage model, expect all providers — regardless of their productivity — to meet contact hour expectations.

Health systems can optimize their supply with their current care team complement by empowering advanced practice providers (APPs) and other providers to see patients independently on their own template, with sufficient clinical support and space to sustain the tempo of their template, and a set of clear and comprehensive practice protocols that delineate the appropriate scope of practice.

2. Leverage New Care Team Models to Expand Supply

As patients increasingly want or need to see someone within hours or days, many health systems are evaluating how they can use the expertise across the broader care team to meet this growing patient demand. Example approaches include:

- **Cancer centers are using nurse navigators to connect with patients** within 24 hours of their initial appointment request. The navigators review the patient records and coordinate their initial appointment(s) to ensure the series of appointments are the most time effective for the patient and for the providers.
- **Cardiology practices are training and placing specialized APPs in multi-specialty hubs** to support primary care's management of select chronic care patients. These APPs help identify patients who most benefit from the expertise of a cardiologist and support the repatriation of cardiology patients back to primary care.
- Seeking to expand access to behavioral health services, **primary care offices are relying more heavily on evidence-based collaborative care models** that integrate behavioral health professionals, including psychiatrists, behavioral health care managers, and licensed clinical social workers.

3. Expand Supply Through Digitally Enabled Care Models

Increasingly, consumers are seeking digitally enabled care models to access and interact with healthcare services and information seamlessly. Although some situations will require face-to-face contact — either in an office or via a video visit — many others can be reimagined into a digitally enabled encounter.

Some medical groups and new market entrants have taken initial steps toward these new care offerings. Additional investment, change management, and potential reconfiguration of physical sites of care to work in concert with digitally enabled care will be required for healthcare organizations to fully realize the benefits of these new care offerings and expand supply. Examples of digitally enabled care models include:

- **Remote patient monitoring** to enable continuous and clinically specific engagement with patients to proactively identify issues and necessary interventions, assist with ongoing adherence to health recommendations, and prevent avoidable spikes in condition severity.
- **Asynchronous modalities**, including e-visits, secure messaging, and conversational chat, that enable patients to securely communicate with their care teams at their convenience and receive advice on clinical needs (including basic information and recommendations about their care plans, next steps, and health system navigation) without real-time care team interaction.
- **Online triage and self-scheduling tools** to navigate consumers to the right provider and modality of care, in the right time horizon, based on the symptoms presented and consumer preferences.

Supply-Demand Dynamic Modeling Can Ensure Current Needs Are Met and Allow for Growth

Few organizations have a reliable way to predict demand or even understand the number of appointments across modalities being requested. With expanded care options, this capability will become more complex and critical because consumer demand should inform how the health system deploys capacity across those care options.

Supply-demand dynamic modeling uses predictive analysis to understand and predict consumer demand for products or services and tests it against planned supply. In this context, it is about predicting future health services, healthcare needs, and rates of utilization of services. Both primary care and specialty practices are faced with the difficult job of determining the resources required to provide high-quality, efficient care based on their forecasting of patient demand.

Accurately forecasting patient demand can be the difference between success (effective patient care, high patient experience, and optimal utilization of resources) and failure. Supply-demand models provide a view of how well a service is performing and how likely the service is to meet patient demand. Having access to accurate demand data and provider capacity projections for the same time period can serve as a basis for modeling future demand and anticipating process/system pressures before they occur.

Example approaches toward modeling future demand could include identifying the rolling average based on 12 to 24 months of historical patient appointment volume and applying a growth adjustment factor. Additionally, for specialties with predictive seasonal variability due to climate (e.g., flu season) or holidays, year-over-year comparisons of the same time period will be able to account for these variations to ensure supply is then adjusted either upward or downward to align with the demand fluctuations due to this

predictive variability. The model can be expanded further to predict “downstream” ancillary and procedural volume and required resources, as well as potential inpatient intensive care unit (ICU) and general med-surg bed needs, etc.

With this additional information in hand, practices are able to conduct scenario modeling to then answer key questions, such as:

- How much provider time must be available to meet all anticipated demand and growth?
- What care team resources must be available to ensure effective care and patient flow?
- How will this change my upstream and downstream services?
- How will these projections change over time?
- How should we ensure our marketing approach aligns with those trends and opportunities?

An Optimized, Digitally Enabled Approach to Supply and Demand Will Lead the Market

Healthcare organizations have the opportunity to develop an enhanced, proactive management approach for ambulatory service supply and demand. Marrying supply optimization with robust demand forecasting will support improved timeliness and experience for consumer access. It also will more fully utilize provider and staff time and lead to a better care team experience.

Optimally balancing supply and demand is a key success factor for improved timeliness to care. Increasing supply could range from expanding providers' patient contact hours to more innovative strategies, such as leveraging digitally enabled care models (e.g., asynchronous modalities and remote monitoring). Driving demand for services includes maximizing portals of entry into the system, especially “digital doors” that capture the needs of new patients, existing patients, and referring providers.

Through dynamic supply-demand modeling, healthcare organizations can better predict when supply adjustments need to be made based on anticipated changes in demand. This will prevent appointment backlogs and ultimately ensure providers and staff are fully utilized during their clinic day.

Once an organization has developed this dynamic approach to aligning supply and demand, the organization can extend it to include the acute setting and other parts of the care continuum. This comprehensive approach toward managing supply and demand across all care settings will ultimately position the organization to meet consumer preferences on access and lead in their respective markets.

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