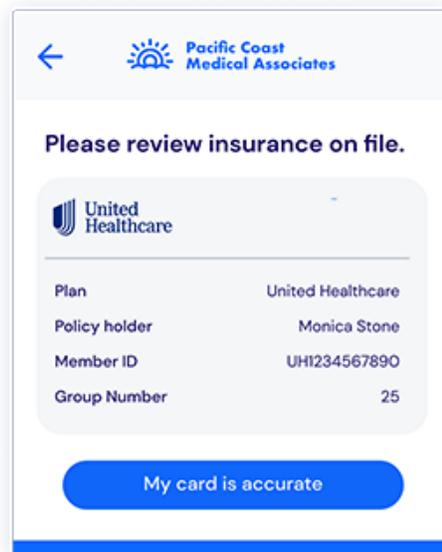


A blueprint for modernizing patient access



Think about the last time you needed to shop for a specific item or ordered in food after a long day at work. Most likely your journey started on a mobile device or a computer and, with just a few clicks of a mouse or taps of a finger, your desired items were on their way to you. In between those clicks or taps, the application you were using likely recommended products or food items to you based on your previous ordering history, and when you got to the payment screen, you may have had multiple forms of payment presented as options for you to choose from.

Now think about your most recent interaction with your healthcare provider. How did that experience compare to the one described above? Odds are that these two experiences could not have been more different.

In healthcare, despite many years of significant investment in digital solutions, the vast majority of patients simply do not use the digital tools being offered. Understanding why this is the case and having insight into the downstream impacts is no longer a nice to have, it's a necessity. Part of the reason is that historically, providers viewed the consumer financial journey as starting where the clinical journey ended. However, from the patient's point of view, the entire experience – from intake to scheduling to the clinical visit to payment – is intertwined and is a part of the overall care experience. Patient expectations for their care experience have changed and healthcare providers need to change along with them.

Today, forward-thinking health systems are working to address the patient access challenge head-on. They are balancing dual imperatives – delighting patients with personalized experiences and focusing on how best to capture high-fidelity data to ultimately drive revenue. And, they're doing so by following a contemporary blueprint for patient access that puts personalization and intelligence at the core of the experience.

Despite significant investment, healthcare is still early in its digital transformation journey

Believe it or not, healthcare’s digital transformation is still very much in its infancy.

“In 2008, fewer than one in ten American hospitals had an electronic health record,” said Dr. Robert Wachter, Professor and Chair of the Department of Medicine at the University of California, San Francisco (UCSF), on a recent episode of the Notable Perspectives podcast. “By 2017, fewer than one in ten did not. So it was really over the past ten to fifteen years that medicine went from fundamentally an analog industry, to mostly a digital industry.”

Despite that relatively short amount of time, hundreds of millions of dollars have been invested in digital solutions for healthcare. As a result, 68% of healthcare organizations report they are on or ahead of schedule for digital transformation.¹ Where have the time, energy, and capital been put to use? Largely within electronic health records (EHRs) and commensurate connectivity tactics to link providers and open portals.

A whopping 86% of healthcare organizations consider patient engagement an essential or high priority for 2023.¹ And yet, most patients simply do not use the digital tools that are being offered by their care providers. Research shows that 51% of patients use a portal less than twice per year and that more than a quarter (26%) of patients never use portals.²

Compare those levels of engagement to how often you shop with Amazon, manage your money via a mobile device, order food to be delivered to your doorstep, or even control things like lighting or digital assistants in your home.

Why do health systems’ digital tools fall short of patient expectations?

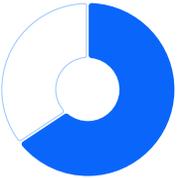
Health systems have invested millions of dollars and countless hours in digital tools, so why are patient adoption levels and satisfaction rates so low? A national survey conducted by Notable identified several key reasons.

For starters, patients reported that while you may be able to view information through a provider portal, such as a test result, or a screening that is due, patients are largely unable to take any action on the information that is shared. Worse yet, three-quarters of the time that patients tried to do something online, they were instructed that they must call to complete the task.

Most health systems' digital tools *fall short* of patient expectations³



63%
of patients say their provider's digital tools don't meet expectations



70%
of patients tried online scheduling in the past year but were redirected to a phone call

The scenario described above is a classic example of a workflow that has been digitized but is far from automated. The negative impacts are twofold. First, as discussed, the patient experience is sub-optimal at best. Second, rather than eliminating work for administrative staff, the portal simply shifts the manual work to those at the front desk or call center who must answer patients' calls as they look to take action.

Beyond the portal, another area that remains a point of friction between patients and providers is digital registration. While many of us have experienced being handed a clipboard and a set of printed, paper-based forms to complete as part of the registration process, many providers are investing in digital tools. Despite that investment, a vast majority (83%) of patients report that their default when checking in for care is a visit to the front desk.⁴

This inefficient workflow consistently draws the ire of patients as it can take significant time, particularly if other patients are already in line upon arrival. Consumer experiences in other aspects of life earn high marks for their speed, efficiency, and ability to allow people to spend more of their time on things that truly matter to them. Ironically, in healthcare, patients spend an average of 1.7x more time waiting than actually seeing their care provider.³

What's more, 80% of patients said they would switch providers for convenience factors alone.⁵ Patient access was once viewed strictly as the starting point for a relationship between the patient and the health system. Today, however, patient access is frequently a deciding factor on whether or not a patient stays with a given health system for their care. The bottom line is that digital access drives patient loyalty.

Balancing dual patient access imperatives

With increased attention, patient access leaders are constantly working to balance two critical imperatives. For one, there's a clear need to deliver an exceptional patient experience, every time.

"Registration is often the first time we're interacting with patients," said Lucy Sumner, Vice President, Revenue Cycle, at Austin Regional Clinic. "We only have one chance to make it an exceptional experience. By creating a touchless system and enabling patients to complete registration at the time and place of their choosing, we can redefine digital patient engagement."

Delivering on the patient experience drives loyalty and satisfied patients are critical to the long-term stability of a health system. Consider the fact that satisfied patients are 28% less likely to switch providers and are 5-6x more likely to use other services from the same provider.⁶

There is also a clear need for high-fidelity data capture, which ultimately drives revenue cycle performance. When a health system can capture and enter the correct insurance information and demographic details for a patient, as well as collect the patient's financial responsibility up front, there is a dramatic, positive impact throughout the entire revenue cycle.

The front end is where revenue capture goes wrong

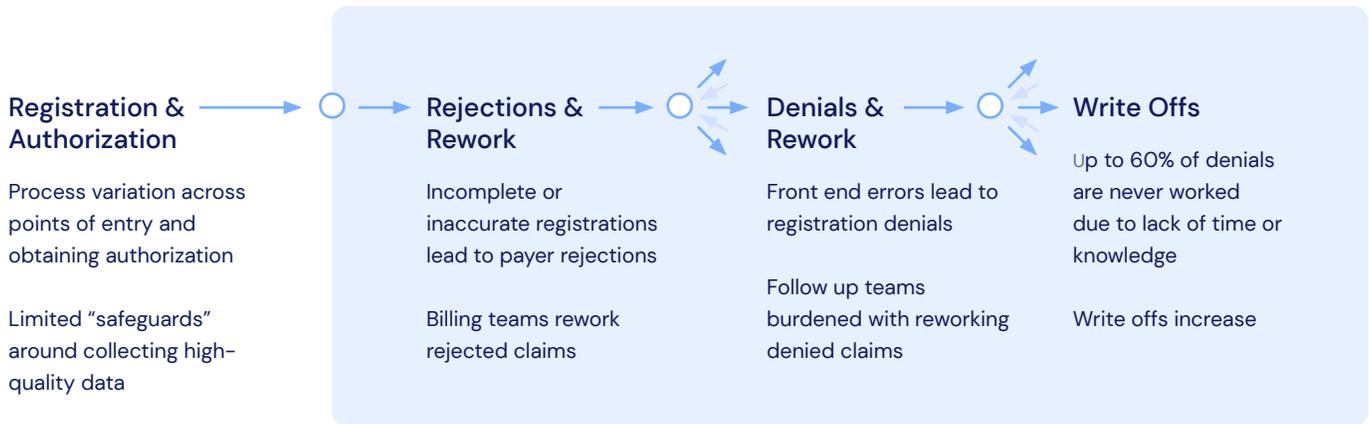
It's well documented that labor shortages are impacting healthcare across the board and in the revenue cycle in particular. At the same time, denials continue to rise as they have for several consecutive years. These two macro trends have combined to create the perfect storm.

"It's time for us to realize fully that our workforce problems will not now, or ever, be solved by better recruitment strategies, stronger engagement efforts or wage increases," wrote Aaron Crane, National Chairperson, at Healthcare Financial Management Association. "There is, however, tremendous opportunity to be gained from more urgently embracing technology, including robotics, artificial intelligence and everything else in this space."

Nowhere is the urgent embrace of innovative new technology more important than on the front end of the revenue cycle. Why? 41% of denials are caused by front-end revenue cycle issues⁷, which equates to millions of dollars lost and thousands of staff hours wasted due to rework.

The bottom line is
that digital access
drives patient loyalty.

Front end revenue cycle problems worsen downstream performance



One of the primary reasons for the front-end errors is the massive amount of manual work that is still required to be undertaken by staff within patient intake, registration, and authorization workflows. Previous investments to digitize these processes have simply shifted the required manual work to other areas.

Take insurance card verification as one example. Many health systems have a digital tool that allows patients to snap a photo of their insurance card and submit it to their provider. On the other end, staff are then required to review the photo of the insurance card to double-check information, and then manually input the data into the correct fields of the EHR and the practice management system (PM). This is another example of a workflow that has been digitized but is far from automated. With intelligent automation comes the complete, end-to-end, elimination of manual work.

Patient access leaders are increasingly turning to intelligent automation to handle front-end workflows like intake, authorization, and registration. The result is a powerful unification of patient access that is propelling health systems to simultaneously delight patients and enhance revenue capture.

A blueprint: best practices for transforming patient access

The ultimate goal for patient access leaders is to create a delightful patient experience while simultaneously delivering strong financial outcomes for their health system. Successful leaders are achieving this goal today by working collectively to deploy intelligent automation solutions and they're focusing on three best practices as part of that journey.

Best Practice #1: incorporate the patient into the revenue cycle

As we established previously, patients see no discernable difference between their financial experience and their clinical experience with a provider. Given that reality, it is imperative that health systems work to intelligently engage patients throughout the entire process.

This should start at the front end of the revenue cycle, where patients have proven to be extremely adept at providing accurate and critical information when elegantly guided through the process.

Take registration as an example. Today, health systems are deploying artificial intelligence to determine when a patient has an upcoming appointment and create a personalized registration experience for them. Everything from the timing of the communications to the language of the experience to the data that is requested, to the payment options that are offered is personalized for each individual patient. From there, digital assistants capture information collected directly from the patient – demographics, insurance card, informed consent – and populate that back into the EHR, greatly reducing the potential for error.

Beyond collecting data, another key focus area is tailoring ongoing communication to keep patients updated about critical steps in their care journey. This can be demonstrated when examining prior authorizations.

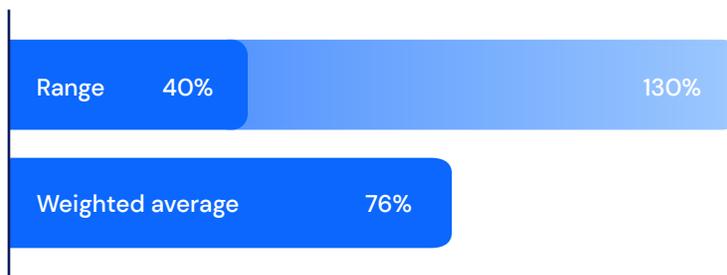
Modern solutions deploy artificial intelligence to determine when a visit or procedure requires prior authorization based on an assessment of the patient's payer, plan, and benefits. Digital assistants determine if the authorization can be managed without complex human intervention. If so, the assistants collect the information required to submit an authorization from the EHR, submit the authorization through a payer portal or eFax, monitor the status of the authorization, and proactively notify the patient and the referring provider when the authorization has been approved.

Health systems are also creating entirely new processes that incorporate the patient further up in the revenue cycle to great success.

Increasing pre-visit revenue capture with a *unified patient access* approach⁸

Notable customers report an average 76% improvement in pre-visit payment collection

Performance gains reported by customers



% payments collected prior to service

Take pre-visit payment collection as an example. By naturally integrating the option for a patient to make a pre-visit payment into the intake workflow, Notable customers report anywhere from a 40% to a 130% improvement in pre-visit payment collection. That alone is a tangible and significant performance improvement. There is also the added benefit of the patient access staff having more capacity due to no longer having to perform these functions manually during check-in.

Best Practice #2: use personalization to exceed patient expectations

Most patients trust their care provider. They should also have trust and confidence throughout the entire care journey – from the point of scheduling to the time they complete an appointment and leave the facility.

Personalization, meaning the creation of bespoke, non-repetitive experiences, is the key to unlocking patient confidence and trust. Successful health systems are working hard to meet patients where they are, deploying intelligent automation to prompt patients to take recommended actions by personalizing each touchpoint. Intelligent automation makes it possible to pre-populate known data from previous encounters so that patients are no longer asked to answer the same question twice. The feeling that a care

provider not only knows them but remembers them, goes a long way toward building trust with a patient population.

“If you want to be high touch. If you want to be relational. If you want to be culturally competent,” said Brenda Rodriguez, Chief Strategy and Finance Officer at Lowell Community Health Center. “If you want to reach the patients in the space and the moment that you have to reach them, you have to have advanced technologies.”

The real magic happens when intelligent automation proactively anticipates patient needs, identifies specific opportunities to optimize care coordination, and works to present highly personalized options to each individual patient. This is all possible today through Notable’s intelligent automation platform, which can proactively recommend a payment plan for excessive out-of-pocket expenses, identify and surface that a patient has qualified for a new clinical trial, or automatically prompt a patient to schedule an overdue screening.

For a human worker to be able to do the research, compile the data, and complete a single personalized recommendation like those detailed above would take hours of work for a single patient – and even that is time healthcare staff simply do not have.

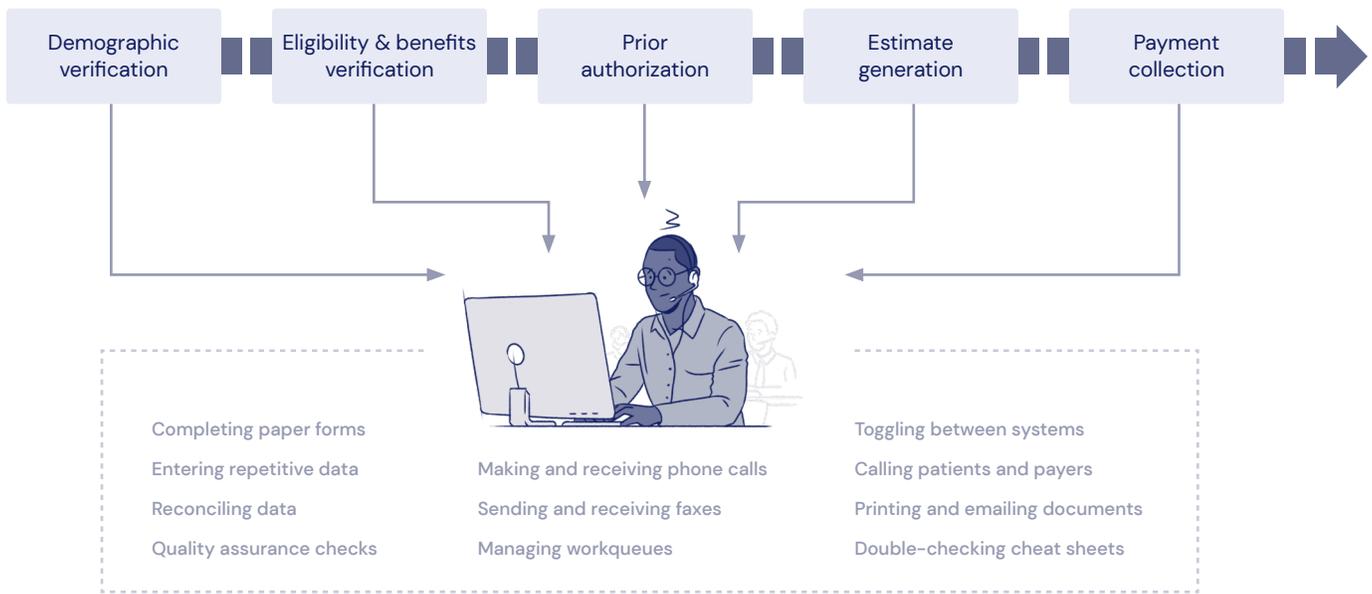
“The chart review process can be very tedious. It’s like looking for a needle in a haystack,” said Ashley Trost, Coordinator, at Castell, an Intermountain Health Company. “With Notable, now we’re able to streamline that process and make it more efficient. They’ve taken our chart review process from four hours a day per care coordinator down to one hour or less, and that’s really impactful.”

Patients notice the difference. Intermountain Health partnered with Notable to launch a fully automated digital patient experience in just four weeks. The result? A reduction in patient check-in time by 25% and a 96% patient satisfaction rating. Learn more about this work through the case study on the following pages.

Best Practice #3: don't just digitize; automate patient financial clearance

We previously discussed the notion of digitization versus automation in the context of patient portals and digital registration from the patient's point of view. When we pull back and look at the patient financial clearance process from the point of view of healthcare staff, the need to solve the core problem becomes even more clear.

Yesterday's patient financial clearance process

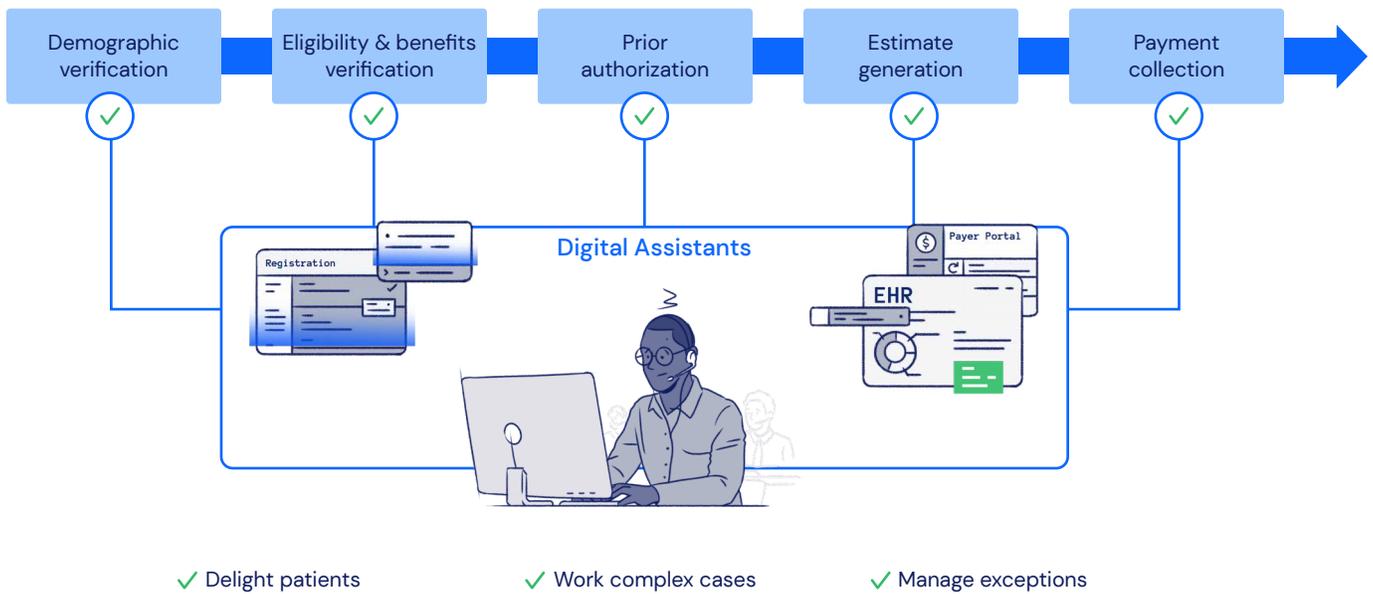


Traditionally, health systems have spent time and money digitizing every step of the financial clearance process – from demographic verification to prior authorization all the way to payment collection. Each step of this process commonly involves different technology solutions – from something created in-house to a point solution focused solely on that single use case.

Digitizing these critical touchpoints in the process was a step in the right direction, but it simply does not go far enough given today's realities. The reason, as illustrated in the image above, is that this approach still requires staff to toggle between multiple systems, reconcile data, do quality checks, complete paper forms, and more. As patient and data volumes continue to grow, staff are no longer able to keep up with this current workflow, which creates huge work queues and ultimately leads to burnout. While historically a challenge like this has been addressed by adding more staff, we learned previously that continually adding labor is no longer a viable option.

Instead, forward-thinking health systems are turning to intelligent automation to reimagine critical areas like patient financial clearance for today's reality. That means identifying a single vendor who can fully automate every step in the process. This provides the best possible experience for both patients and staff. As explored previously, automation platforms can provide patients with a seamless, highly personalized experience, and at the same time eliminate significant volumes of work that are currently falling on already overburdened staff.

Patient financial clearance designed for today's reality



Notable does this by creating and training digital assistants that can handle extremely high volumes of redundant work like demographic verification, eligibility and benefits verification, and estimate generation. Working alongside those digital assistants, existing healthcare staff can focus their time and energy on providing an excellent patient experience, and working on the high-value, high-touch, high-dollar accounts.

Personalization is the
key to unlocking patient
confidence and trust.



How Intermountain Health reduced patient check-in time by 25%

Intermountain Health is a not-for-profit system of 24 hospitals and 215 clinics, including a Medical Group with 2,600 employed physicians and advanced practice clinicians. The system is widely recognized as a leader in transforming healthcare by using evidence-based best practices to consistently deliver high-quality outcomes and sustainable costs.

In service of those goals – and to meet rapidly evolving patient expectations – Intermountain identified a need to modernize its patient registration and intake experience.

Like many health systems, Intermountain's patients checked in by filling out paper forms on a clipboard, with many questions repeated across different types of forms. In addition to slowing down the check-in process, this workflow created a substantial amount of busy work for staff, who needed to manually scan insurance cards and informed consent forms into the EHR, as well as enter data into the right fields. These challenges grew more pronounced with the emergence of COVID-19, which underscored the need to minimize the time patients spend in the clinic and to reduce the use of shared items like clipboards and pens.

To address these challenges, Intermountain partnered with Notable to provide an automated digital check-in and registration experience for patients, providers, and staff. Notable's platform deploys intelligent digital assistants that automatically perform repetitive administrative and clinical tasks just like a human would, enabling Intermountain to engage more patients in need of care while increasing clinician and staff capacity.

With Notable, digital assistants continually scan Intermountain's EHR for upcoming patient appointments, and send each patient digital registration and intake questionnaires via text or email two days prior to their visit. Using artificial intelligence, these are personalized according to patient medical history and visit type. As part of the digital check-in process, patients can upload their insurance card by taking a picture with their smartphone and e-sign informed consent documents – completing their entire check-in process before stepping into the clinic.

The experience is optimized for ease of use: patients do not need to download an app or create a log-in to complete the registration, and information shared from previous visits is automatically populated for patients to review and confirm.

Since deploying Notable, Intermountain reports that 90% of patients provided with the experience now complete their entire check-in prior to setting foot in the clinic. And unlike many digital health offerings, Intermountain's experience has been widely adopted by patients of all ages, contributing to a 96% patient satisfaction rating.

What's more, the Notable solution is also positively impacting Intermountain staff. Once patients complete their registration and intake, the information they shared is automatically placed within the appropriate fields in the EHR and pulled into a progress note. This frees staff from repetitive data entry and makes accessing data in the EHR less time-consuming, allowing them to spend more time directly serving patients.

“When we deployed Notable, we didn't do an ounce of education or marketing to patients about the change in process. We simply sent a text. I was astounded to see 60% of patients were completing the pre-visit intake forms so fast, and I have nothing but confidence this number will continue to rise.”

Susan Tew, Former AVP, Consumer Digital Solutions
Intermountain Health

Since deploying Notable to power Intelligent Intake, Intermountain Health reports:

25%

decrease in check-in time

68%

pre-visit registration and intake completion

96%

patient satisfaction rating

300%

increase in co-payment collections

30

minutes in daily time savings per medical assistant

4

weeks to launch the initial deployment

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