

Question, Analyze, Act
Moving to Real-time Patient Relationship Management

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# \$8,555

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#### The Problem



- What you don't know will hurt you
  - Healthcare is commonly "episodic"
    - A series of loosely-coupled events<sup>1</sup>



 While there may be correlations between the events, the most common denominator is the patient and their perception of value for the visit





- Throughout your patient workflow (and patient lifecycle), each interaction or touchpoint creates opportunity – as long as you know about it
  - Positives can be reinforced
  - Negatives can be softened and mitigated





"I also had to wait on hold over 20 minutes when calling to schedule an appointment. This too, should be remedied. If you need more help, please hire more help so as not to waste people's valuable time."





"Everything was excellent but, upon arrival, the receptionist was eating while talking to me and I thought that was unprofessional."





"...I waited for 45 minutes. Asked if the Dr. was running behind and no one seems to know. So I cancelled that appointment. I didn't understand why something can't tell that he is running behind or at least what to expect. I called back I left, someone was suppose to call me. I guess we just want to be informed."





"My only complaint is that the Dr. has a horrible bedside manner. He does not know how to talk to people. ... When I read the biography about studying zoology my thought was that he should have stuck with animals instead of humans because animals can't talk back. Needs some sensitivity training on how to talk with a patient."





"I never wish to see this provider again... I cannot believe that two different doctors seeing me on the same day had two completely opposite diagnosis. I was very disappointed in my care on this visit."





"No one was at the check out desk when I was ready to check out. I waited for about 5 minutes and a girl did come to the desk and picked up the telephone and made a call. I gave up and just put my check out paper on the desk and left."

#### The Post-visit Chasm





- Often times, there is nothing done after a visit
  - The opportunity to capitalize on quantitative, qualitative, and emotional factors from the interaction are gone
- Or something is done, but it is well past the visit
  - There is no opportunity to catch things before it's too late

## Capitalizing on Opportunities



If you don't ask, it can't be measured.

• If you don't measure it, you can't respond.

If you don't respond, you can't manage it.

## Capitalizing on Opportunities



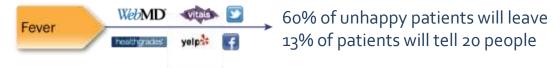
#### Each interaction and visit has opportunities

A successful remedy may not mean the patient is happy





- Doctor was rude
- Took too long to answer the phones
- Need better magazines in the lobby



The longer a patient is unhappy, the less that can be done

#### The Post-visit Chasm



- The longer you wait to attempt to measure your visit/practice/provider quality, the harder it is to affect change
  - Improve internal procedures
  - Manage provider issues
  - Keep your patients with you

## Closing the Gap



- The sooner you measure, the sooner you can respond
  - Survey invitations<sup>1</sup> next day 1.5 days average response time
  - Survey invitations sent on check-out 12 hours average response time



By connecting the patient workflow to a measurement process, a natural feedback mechanism is created to grade or rate the major interactions in the visit

#### The Downside of the Chasm





The Social Sites are more than willing to take your patient's feedback



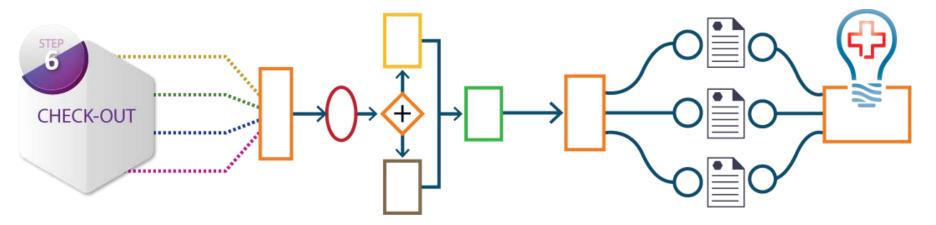






## Bringing it Real-time





Capture event and appointment data upon checkout

Create questionnaires based on the kind of visit or encounter

Invite patients to respond at anytime and from anywhere

Actively analyze and measure responses

## Bringing it Real-time





- Upon check-out, your PM sends your patient's key appointment/encounter information
  - A custom, <u>context-specifi</u>c invitation is created that invites them to respond to a series of questions
  - Questions are tailored to match the context of their visit and encounter
  - Responses are monitored in real-time
  - Responses drive post-submit activities

#### Where and How It's Used



#### Multi-specialty

- 3 surveys @ 291 transactions/day
  - 28% response rate, 22 hours MTR, 50% provide detailed feedback
- Marketing for portal Registrations, PCP appointments
- Measuring for referral scores, provider scores (FFS), compensation/bonus

#### Ortho/PT

- 4 surveys @ 114 transactions/day
  - 34% response rate, 6 hours MTR, 50% provide detailed feedback
- Marketing for additional services
- Measuring for referral scores, provider scores

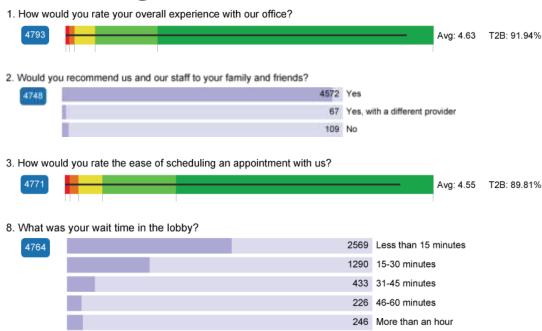
#### Ophthalmology

- 3 surveys @ 109 transactions/day
  - 25% response rate, 18 hours MTR, 50% provide detailed feedback
- Marketing for portal registrations, additional services
- Social score touchbacks

## Seeing is Believing



#### Measuring the Qualitative and Quantitative

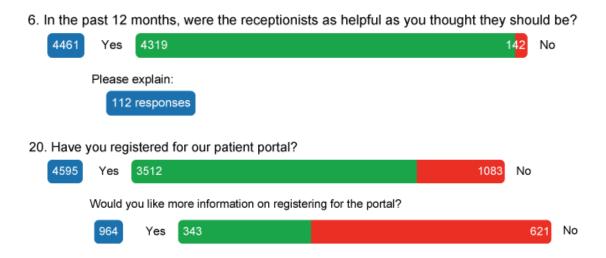


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## Seeing is Believing



#### Measuring the Emotional and Actionable



#### **Current Clinect Active Benchmarks**



- Key performance statistics from practices around the country
  - Provider ratings
  - Reception ratings
  - Top text analytics (keywords and emotional feedback)

## The Approach



- The data is in your hands
- Close the gap by going electronic and integrated
- Be responsive by actively measuring results



If you don't ask, it can't be **measured**.

If you don't **measure** it, you can't **respond**.

If you don't **respond**, you can't **manage** it.

#### **Parting Comment**



"I'll be looking for a new physician that probably will not be within your organization. I'm concerned that the general resolution is 'take these pills, man up and everything will be better' as the general tone I left with. My issue is not 24/7. My issue does not require 24/7 medication. Someone who would have listened would have understood that. Something that I was told wasn't possible actually is, as I know others who have gone through the same process with little pushback. I'm not looking for a fight, and if my medical needs aren't being met, then that's fine. I'll find another provider."

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## Questions?