

REIMAGINING THE DIGITAL PATIENT EXPERIENCE

**FOR HOSPITALS AND HEALTHCARE
PROVIDERS**

5 Best Practices To Support a
Lasting Culture of Patient-
Centric Digital Excellence

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The demand for meaningful digital-first interactions between providers and patients has been expanding at a steady clip. While this existed before COVID-19, the pandemic's rapid changes have catalyzed unprecedented investments: Now more than ever, hospitals and health systems are reallocating resources toward patient-centric digital excellence.

According to a recent West Monroe survey, health systems reported **spending up to 3% of their revenue on digital patient-experience initiatives.** Respondents also said they intended to expand those investments in the next two to three years.

Several trends have driven that surge of digital interest, most notably the growth of virtual care and patient-access challenges amid COVID-19. Financial factors also have contributed to digital's expanding footprint, including the uncertainties around value-based capitation and the ongoing need for operational efficiency. In addition, advancements in remote monitoring and artificial intelligence have created an undercurrent connecting these lingering demands to next-generation solutions.

But as hospitals and health systems rally their resources toward digital transformation, how can they ensure that tech becomes an enabler of better care and operational efficiencies — instead of a billion-dollar drag on patient and clinician experience?

We caught up with two experts to get their insights on the best practices health care leaders should consider as they forge new paths in patient-first digital excellence. Here's what they recommended:

ONE.

GET ORGANIZATIONAL ALIGNMENT

For better or worse — usually worse — many health systems have historically considered digital transformation a short-term IT project: Develop the thing and move on. In part, that’s the nature of this sector: Wedged between siloed teams and budgets, new initiatives can get forced into pigeonholed states of being.

But digital is evergreen and broad. Think of it as a puppy: You can’t just adopt one and call it good. It’s a lifelong commitment to feeding, vet visits, and love.

Similarly, treating digital transformation as a one-and-done IT effort pins a static label on a dynamic life cycle. In reality, technology belongs to everyone, and for it to make its mark systemwide, the entire healthcare providers should take care of it in an ongoing way.

This is why organizational alignment is so important at the outset of and during any digital initiative, said Adam Seyb, Partner, Healthcare and Life Sciences at West Monroe, which helps healthcare providers build digital experiences. Barriers such as limited resources and group bureaucracy may always be there, but successful teams work together, and with outside partners, to troubleshoot around them.

“Transitioning into a broader digital mindset can be difficult when it’s not core to who you are as an industry, but it’s necessary in this environment,” he said. “Companies like Amazon and Walmart live and breathe enterprise-wide innovation. As these players become unexpected health care competitors, they’re demonstrating what’s possible when you embrace digital health with all stakeholders on board.”

If leaders aim to transform the patient experience, everyone must be on board. And yet data indicates they aren’t. **According to a West Monroe survey, only about one in five healthcare providers have a dedicated strategy for digital and patient experience.** Most invest in piecemeal initiatives.



As critical as alignment from the top down is, it's just as important to align collaborators from the bottom up, said Mark Hines, Partner in the Product and Experience Lab of West Monroe. That is, hiring experienced digital leadership and investing in new technology is worthwhile — but so is gathering boots on the ground.

“When you combine diverse perspectives, you learn how to work in new ways and solve problems together,” he said. “Just inviting dialogue from a room full of clinicians or schedulers can make a difference in developing supportive, rather than adversarial, partnerships across departments.”

Still, don't hold off too long before jumping in, Hines cautioned.

“You don't have to wait for the perfect governance, structure, or culture change to start small and make progress,” he said. “There's always more alignment you could create or more budget to capture. But waiting for everything to go just right misses your chance to get a prototype out there and learn from it. That's what unlocks future investment of your time, attention, and resources.”



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TWO.

EVOLVE AND EXPAND PATIENT ACCESS

As technology expands its reach through telehealth and remote monitoring, digital health in service of patient access and health equity is critical.

These efforts go both ways. For one thing, there's the problem of underestimating a person's access — as some organizations do when they incorrectly assume certain patients, such as Medicare populations, have low tech literacy. In reality, telehealth claims by Medicare beneficiaries surged by 63 times,¹ debunking that theory.

There's also a concern with overestimating access, such as not acknowledging that fast internet comes with privilege — or that some people only have high-speed access on their phones and not a desktop computer.²

Solving both problems requires that digital solutions are customized and patient-centric and reflect the diversity of the populations they serve, Seyb said.

“Patient segmentation is huge,” he said. “There will always be the need to adapt the experience and facilitate engagement in different ways for different people. That might mean building a solution that behaves variably across demographics, or it might even lean on concepts like microcenters to facilitate meaningful digital-first interactions.”

And it may not always be about scaling down innovations to make them widely available. Instead, consider scaling up widely available tools to make them more innovative.

“You can adapt technology to meet the patient where they are,” Hines said, giving an example of applying voice-recognition technology to innovate call centers.

“Even if people don't have the latest smartphone or laptop, **there are ways to adopt a digital posture** and put that smart technology in the hands of that patient, wherever they are.”

MARK HINES

Partner in the Product and Experience Lab of West Monroe



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THREE.

USE EVIDENCE-BASED HUMAN-CENTERED DESIGN

Prioritizing equity goes hand in hand with humanizing technology. Human factors, the study of how and why users interact with a solution, play out in all junctures of development and translate into better engagement.

“If you let yourself ignore the complexity of health care for just a moment, two things become clear,” Hines said. “First is the fact that no matter what problem you’re trying to solve, someone else has probably solved it first. Take aviation, another complex and regulated industry. Innovators have created innovative solutions in booking air travel online — there could be lessons there to learn from.”

“Secondly, it’s easier than most people think to get patients to use digital solutions. You may not need a huge R&D undertaking with complicated user research, academic studies and years of insights. Just as much value can come from sitting with a patient advisory committee and getting their reactions to a rough prototype.”

Patient-centered design can take many forms: Maybe it’s a single sign-on interface that makes scheduling as easy as booking a haircut. Perhaps it’s a quick-pay feature or more visibility into wait times. Or it could be choosing colors, fonts and copy that generate responses. No matter what, though, build for humans.

FOUR.

OPTIMIZE YOUR DIGITAL FRONT DOOR

Call it a digital front door, gateway, or entrance — whatever term you like. Jargon aside, a person's entry point into the digital health universe can make or break their first impressions of the patient experience.

This first touch point sets the stage for a seamless and integrated journey. Patients log in to the experience and immediately see the information that matters most.

"Think about the Amazon experience, where every time we log in, our homepage is a little different," Seyb said. "I can tell the company understands me and is helping me access what's important to me and my family. They put consumer data at the heart of the experience, which is critical."

On the other hand, bad gateways can disrupt the patient flow and make things more fragmented — such as different platforms atop a MyChart experience or an app stitched to a portal without integration between the two.

Ideally, optimized front doors use patient data to welcome patients into the experience and keep them engaged after that.

"Every interaction should consider previous interactions and predict future interactions. **Digital health shouldn't be a transactional, point-in-time relationship.** It needs context."

MARK HINES

Partner in the Product and Experience Lab of West Monroe

Still, you can't optimize front-end digital experiences without credence to back-end operations. It's as much or more about the in-person teams as the on-screen code. As Hines said: "The last thing you want is for a health system's internal complexities to carry over to the user's experience."

Healthcare providers can overcome this barrier by prioritizing improvements across omnichannel touch points, he added. "Coordinate your front-stage effort with the backstage workflows, like those involving clinicians and operations staff. They're the ones who make the digital conveniences of easy scheduling or records access possible."

FIVE.

MEASURE, EVALUATE AND REFINE

Digital experiences are evergreen and should evolve over time. Ongoing evaluation, measurement and improvement make this possible — as long as stakeholders consider not if digital has an effect, but how.

“Digital health is an inevitability,” Hines said. “So, as a health organization, it’s about understanding how to be successful in that inevitable environment. It’s not a yes-or-no question. Rather than asking ‘is digital going to be effective for us?’, ask ‘how can we make digital effective?’”

Several quantitative and qualitative KPIs can build a measurement story, from clinical outcomes and patient satisfaction scores to engagement metrics and appointment volumes. Effective program leaders also look for metrics in other places, such as regular meetings with diverse user groups or app store reviews.

Just don’t let insights die unseen in a measurement report. Go back to them to refine the program in iterations. Improvement could be something as simple as changing a button color based on tap-through rates or something as robust as reworking the wireframe.

“The benefit of starting small and iteratively is that you fail fast. You can learn through real-time feedback and adjust for a better round two. **If your widget’s not working in the market, pivot and create a version that does.**”

ADAM SEYB

Partner, Healthcare and Life Sciences at West Monroe

After all, continuous improvement is foundational with everything — but particularly with technology.

“We have to think about digital experiences as perishable,” Hines said. “The internet is kind of entropic in that way. What works today may not tomorrow. You have to keep investing in growth.”



DRIVING DIGITAL VALUE ACROSS THE ENTERPRISE

Between changing patient needs, equity concerns, medical innovations, and evolving reimbursement models, the moment has come to reimagine the patient experience with technology in mind. As Healthcare providers look to drive more value across the enterprise, focusing on these five best practices will be key to creating the culture needed for lasting and patient-centric digital excellence.

Looking to expand your impact with a patient-first digital strategy?

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PATIENT-EXPERIENCE OFFERINGS >**





SOURCES

1. <https://www.hhs.gov/about/news/2021/12/03/new-hhs-study-shows-63-fold-increase-in-medicare-telehealth-utilization-during-pandemic.html>
2. <https://www.pewresearch.org/fact-tank/2021/06/22/digital-divide-persists-even-as-americans-with-lower-incomes-make-gains-in-tech-adoption/>



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That’s why we work in diverse, multidisciplinary teams that blend industry expertise with deep operational and technology capabilities — moving clients from traditional to digital operating models and creating products and experiences that transcend the digital and physical worlds.

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