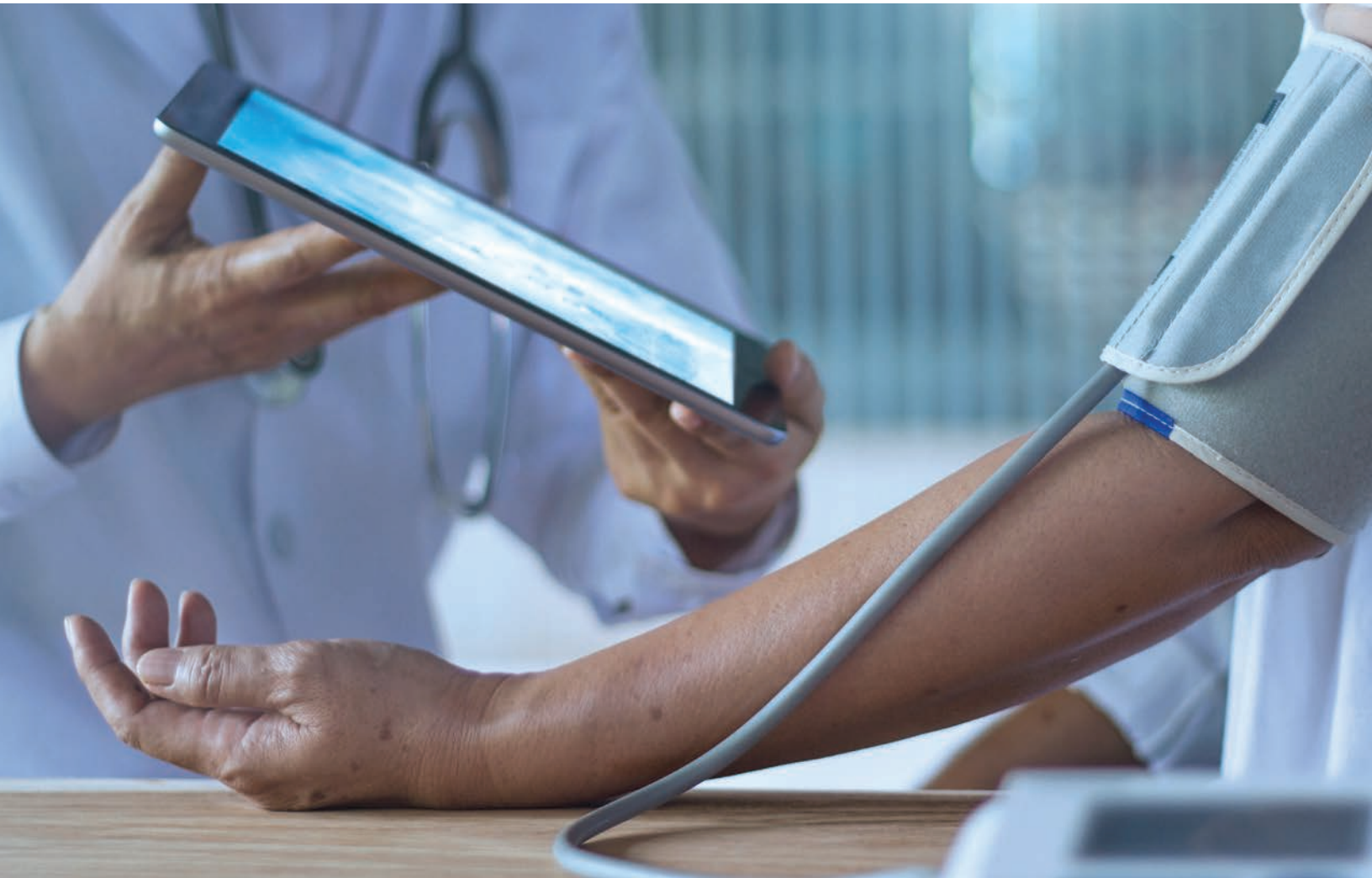


Powering clients to a future shaped by growth



A Frost & Sullivan Virtual Think Tank

Healthcare Providers Transforming Customer Engagement Through Digital Front Door Strategies—Lessons Learned

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Introduction

The digital front door is the digital entry point to an integrated and cohesive health platform that allows patients virtual access to a wide variety of interactions with their healthcare provider. This can include both clinical and operational applications, from telehealth and medical record access to scheduling appointments and online bill pay. As digital interactions increase between healthcare providers and their customers, providers are looking to establish a digital front door that individuals use to access all patient-facing applications and content. The digital front door is designed to create convenience in the patient journey and active participation in streamlining healthcare services and operations. In response to the COVID-19 pandemic, there was an accelerated need for these services in all areas of healthcare to minimize in-person interaction without disrupting workflows.

Frost & Sullivan recently invited a panel of industry leaders in the digital health space to discuss their organizations' strategies toward a digital front door for patient interfaces. These experienced digital health leaders are some of the first movers in the space and participated in a new and unique thought leadership forum, our Virtual Think Tank (VTT) series. This forum brought together leading minds in this dynamic field to discuss implementing a digital front door in healthcare provider-patient interactions.

The key opinion leaders who contributed to this discussion are:

Moderator:



Greg Caressi
Sr Vice President,
Global Business Unit Leader -
Healthcare & Life Sciences
Frost & Sullivan



Chani Cordero
Chief Operating Officer
Presidio of Monterey
Health Services



Daniel J. Durand, M.D.
Chief Innovation Officer
LifeBridge Health



Lisa Dykstra
Senior Vice President & Chief
Information Officer
Lurie Children's Hospital
of Chicago



Sandra Lillie
Director, Global Healthcare
Enterprise Imaging
Hyland



Ravi Patel, M.D.
Senior Director of Digital Health
Lurie Children's Hospital
of Chicago



Venkat Prasad, M.D.
Chief Medical Officer, Population
Health and Physician Services
Lee Health



Colleen Sirhal
Chief Clinical Officer
Hyland

Defining and Implementing the Digital Front Door

As with many new terms in digital health, the definition of the digital front door can vary. However, it is generally accepted that the strategic concept behind the digital front door is the need to provide a cohesive platform for the numerous digital tools that have been developed over time. Many providers say that, ultimately, they want the digital front door to automate patient interaction and support the entire patient journey for both virtual and in-person care. COVID-19 expanded the range of digital interactions between providers and patients, accelerating the need for health systems to create coherence in branding and housing the wide range of digital interactions and applications. Venkat Prasad, Chief Medical Officer of Population Health and Physician Services at Lee Health, said, "There were multiple pilots that happened in different areas—wound care, for example, and surgical follow-ups, some COPD post-discharge, follow-ups via telehealth, just as we were addressing some of the readmission challenges. But it all came together very quickly after COVID."

Telehealth is only a small part of the digital front door. A platform that can unify the various digital tools and services also contributes to an improved patient journey. However, each health system must define what their digital front door means and its capabilities by considering the patient population they serve.

Dr. Daniel Durand, Chief Innovation Officer at LifeBridge Health, said, "By bundling all this together and then putting rails around what's in and what's out, that's how I would say that we've got our own internal definition of what constitutes front door versus what's not quite front door. So for us, for example, an automated symptom triage engine is a theoretical future front door offering, but not part of the current strategy."

The digital front door strategy can also require adapting infrastructure to accommodate physical convenience and provide patients access points. Chani Cordero, Chief Operating Officer at Presidio of Monterey Health Services, which is a part of the military health system, said, "We are motivated by efficiency and time. So we're looking at doing things like putting care facilities in some work locations. For example, I have service members that go to class. So for them to leave their class to come to our facility, it takes one to two, sometimes three hours out of their day, and then a lot of [that time] is just sitting and waiting for a lab or a pharmacy or waiting for the provider. So we looked at putting care rooms in our classroom facilities, where they can step out, do this telemedicine virtual visit, and then return back to the classroom."

Challenges and Barriers

The digital front door should be indiscriminate regarding patient capabilities to use and access it while intuitively redirecting patients of varying acuity to the right resource and alerting the appropriate stakeholders in their care. Lisa Dykstra, Senior Vice President & Chief Information Officer at Lurie Children's Hospital of Chicago, explained, "We want to ensure that the right patients are being seen by the right providers at the appropriate location and time, and so, as you can imagine, trying to triage the very chronically ill as well as those who are not so chronically ill becomes an important part of the process, and so we want to ensure that that access is open and seamless."

A challenge that larger health systems face is ensuring that all hospitals and clinics in their networks are smoothly onboarded into the digital transformation process. As different facilities provide care to varying patient populations, their needs for digital front door functionality are different. Some hospitals may be more forward-thinking than others. Their existing platforms and solutions will also vary, and piecing them together to produce an integrated, robust offering is challenging.

Pre-COVID-19, adoption of patient portals and other health information access sites was low. While the pandemic changed this statistic drastically, it remains to be seen whether the uptake in adoption will remain at the same level in the post-pandemic era. The assumption based on current trends shows that it will. Durand said, "Even when you're talking about 80% adoption, I know you're talking about people who have logged on once. I don't think that's really a digital front door."



Future Possibilities of the Digital Front Door

The pandemic caused all healthcare stakeholders to seriously consider virtual care as a viable healthcare delivery method, and they have seen it create value in revenue generation. Previously, it was a nice-to-have solution; it has now developed into a necessary and easily accessible method for patient interaction. Refining the digital front door to meet patient needs is an ongoing process that can only be continued through increased adoption and trial and error. Durand explained this point further: "All of a sudden everybody's experienced it, and now the consumer and the provider know what works about it and what doesn't work."

The financial footprint of the pandemic-associated pivot to digital platforms is an important indicator of market acceptance and the need for digital front door solutions. Physician practices may take note that with increased patient volume through telehealth, there is a diminished need for physical offices, which will allow them to save large amounts of land and building expenses.

Call centers are not overwhelmed because patient communication is more efficiently funneled through digital messaging, allowing for a decreased need for call center staff. Increased revenue can also be expected from providers not being geographically locked to their local communities. Virtual healthcare platforms give them the opportunity to compete in geographies with higher insurance coverage and reimbursement rates.

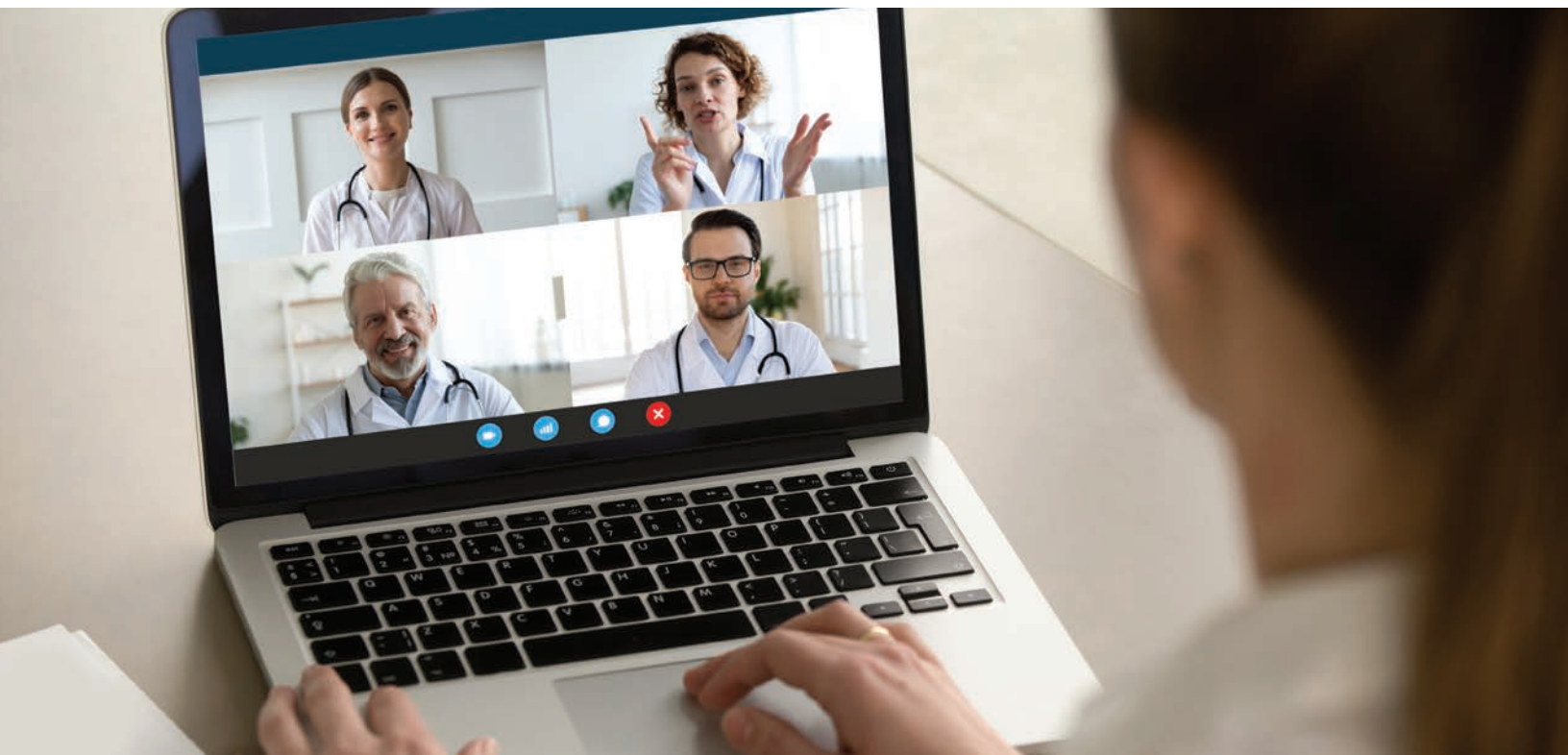
Dr. Ravi Patel, Senior Director of Digital Health at Lurie Children's Hospital of Chicago, said, "One thing we're actively working on right now is how do we potentially create asynchronous e-visits to allow us to build new revenue streams without necessarily adding to the number of clinics with physicians? These are messages that are coming in from patients to providers anyway, but it's brand new revenue that we didn't otherwise have access to."

Conclusion

The primary design focus of building a functional digital front door is that it must be user-oriented and accessible to all patient populations, regardless of education and socioeconomic status.

Once this has been accomplished in the creation and implementation process, the other features and integrated solutions become important. Enabling a digitally connected infrastructure across applications and content requires having an enterprise content management system integrated with other core applications, including the electronic health record (EHR), medical imaging archive, scheduling, operational and billing systems. Organizations need to review how they will tie these systems together in a robust and flexible way to ensure information access and enable business processes and future enhancements.

The focus on increased digital interactions and tying systems together via a digital front door is a strategic decision that changes the patient experience and is related to changes in the entire healthcare delivery model. With the right approach and infrastructure, healthcare providers can build in flexibility and enable efficiency. The revenue generation and value creation of the digital health platform is an area as yet unexplored to its maximum possibilities. Providers should build these solutions on a solid infrastructure base that enables a range of future possibilities and benefits.



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