



# The Health Experience Reimagined

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## Experience reinvented

Necessity is the mother of invention, and it has accelerated during the COVID-19 pandemic at unprecedented speed on a scale never seen before.

The consumer experience in health and life sciences has been slow to evolve—for patients, informal caregivers, healthcare professionals (HCPs) and researchers. But the wave of innovation and experimentation unleashed by COVID-19 and enabled by technology is accelerating changes that have been gathering pace for some time. A crucial component is a broad-based openness and acceptance of new models for screening, diagnosing, treating and delivering care among industry professionals and consumers alike.

The underlying trends now amplified and accelerated driving this reimagination fall into two broad categories.

### **New behaviors combined with new therapeutic and care models will lead to better experiences for all.**

A new era of health innovation offers the opportunity to lower costs, boost access and inclusivity, and revolutionize treatment experiences and outcomes for all consumers—not just the most affluent or financially secure. While momentum for change has been building for some time, conditions are now perfect for an ambitious and fundamental reshaping of outdated processes. This involves focusing the whole organization on the delivery of exceptional, human-centric experiences and the rewiring of all functions of the organization—from research and development (e.g. product development, clinical trials) to commercial (e.g. marketing, data analytics, commerce, sales, and service).

### **Here we identify five opportunities to redefine the health experience. Individually, the opportunities are significant. Combined, they represent nothing short of a reimagination of the whole health domain.**

- 1. Home is where the health is**
- 2. Trust: The currency of health experience**
- 3. The invisible backbone: Part 1 (oncology)**
- 4. Boundaryless access: Beyond the digital front door**
- 5. (The business of) experience innovation**





## Human trends

A broad consumerization of health is underway, fueled by increasingly sophisticated consumer devices and relatively affordable and accessible technology. With this comes new expectations of ease of use, convenience, portability, safety and an orientation around the individual rather than around the system and its often-outdated processes. Virtual care is increasingly common and rapidly becoming the preferred method of interaction for patients, informal caregivers and HCPs. Appreciation of the fundamental role that behavioral health plays in health outcomes is also growing.

## Organizational trends

Digital technology has become core to an organization, and sophisticated technology is becoming more accessible, affordable and enables broad-based innovation. The healthcare ecosystem is changing with new entrants, new digital disruptors and new partnerships. However, the health and life sciences industries are now in the midst of a trust and transparency dilemma, and there is a continuing challenge around how to turn

data into actionable and meaningful insights which can drive positive outcomes. A focus on social determinants of health is also changing opinion and influencing policy and regulations.

## Embracing a modern approach

The future health experience should be more impactful, meaningful and inclusive and should include the following:

- A tailored experience that considers the whole person, their environment and their preferences instead of an impersonal, standardized approach.
- A simple, accessible and portable lifelong journey replacing the fragmented, complex, opaque and transactional experience of the past.
- Experiences that are proactive and offer guided, contextually relevant advice and real-time and actionable insights instead of a reactive model that's uses historical data.
- Health experiences that find and come to the patient in a form and at a time that suits them rather than the current model of people visiting and receiving treatment in clinics, hospitals and other care facilities.

Organizations that act now and set a high ambition level for human experience and embrace meaningful innovation will lead—and prosper from—this positive shift.





# 01

## Home is where the health is

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**Where people receive care is changing, driven by digital technologies and changing consumer sentiment. The shift is toward high-quality healthcare brought directly to patients where and when they need it, likely in the home versus medical facilities.**

### **What's going on**

Historically, health and life sciences organizations led patients to engage solely on the organization's terms, creating a one-way power dynamic that impacted both patients and healthcare professionals (HCPs).

To schedule an appointment, they were



constrained by the hours and channels offered by the organization. To receive care and medication, they had to travel to wherever the hospital, pharmacy or HCP office was located. And between appointments or treatments, the limited communication touch points or feedback loops left patients (or their caregivers) the burden of becoming their own healthcare advocates.

Pressure for change is growing. Nearly half of all patients reported that they are now getting treatment at home instead of going to their healthcare provider's office.<sup>1</sup> Another

type of pressure is also building. HCPs are feeling burnt out by increasing administrative burdens, diminishing reimbursement and ever-increasing time spent away from the real reason most went into healthcare: helping patients stay healthy.

The COVID-19 pandemic has opened the door to reimagine where, how and by whom care is delivered.

Patients are growing more comfortable with only connecting with their HCPs through video or voice calls if the quality of interaction can be guaranteed—such as

by ensuring similar time and level of care as in-person appointments, good digital experience and assessments fed back into the broader care team.<sup>2</sup>

HCPs are also open to new ways care can be delivered: 65% said they value self-administration methods for patients, allowing increased treatment at home (auto-injectors, for example, or on-body devices), more than they did pre-COVID-19.<sup>3</sup>





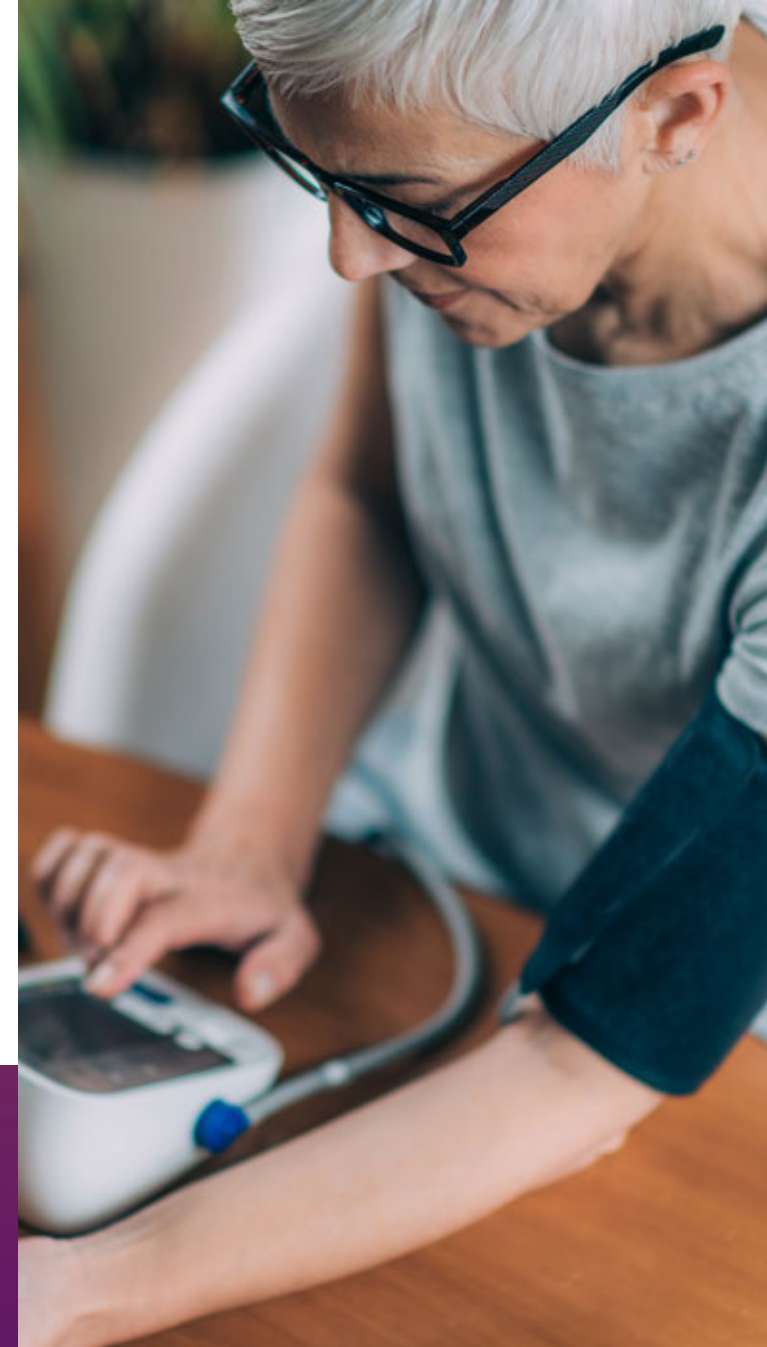
### What's next

Market signals for the benefits of providing care at home are accelerating. Funding for hospital-at-home programs has increased.<sup>4</sup> New remote patient monitoring devices and platforms are maturing.<sup>5</sup> Meanwhile, a growing number of studies exploring the benefits of shifting care to the home have been published on aspects such as shortened length of inpatient stays,<sup>6</sup> increased patient satisfaction,<sup>7</sup> social connections for support and improved health outcomes.<sup>8</sup>

Soon, patients will welcome care into their homes as a permanent, but not always visible, house guest. In a home setting, patients feel more comfortable showing their "true selves" during intimate and vulnerable moments. This will make empathetic care experiences essential.

In the long term, the competencies and capabilities to make some care at home a reality will allow for location-agnostic care. Instead of healthcare always being tied to physical locations, it will at times be connected to the patient wherever he or she is located. For example, 4 in 10 patients (44%) started using new devices or apps during COVID-19 to help manage their conditions, while more than 90% of those using a new device or app rated the experience good or excellent and want to continue using them.<sup>9</sup>

When it comes to making this reimagined experience reality, challenges remain—care financing mechanisms, for example, technology limitations and supply chain logistics. But now is the time to begin designing a future free of the legacy constraints of place-and-time-based care.



## Opportunities for reimagination

### **1. The open (communication) road**

Communication technologies will provide the underlying infrastructure of reimagined care at home.

Asynchronous and synchronous messages will speed up between patients, their support circles, HCPs and extended care team members (including medication coordination) in a seamless manner. Passive and active measurements will be tracked, serving up contextual alerts and triggering new workflows.

Many supporting parts and financial investments will be needed to allow this flow of information to run effectively, including a new attitude and culture shift from patients and HCPs in the channel(s), tone and frequency of communications.

New clinical pathways and protocols and a new care team structure will be needed, allowing a financially sustainable approach for HCPs to practice at top of license. New skills such as digital dexterity, service recovery and in-home safety training, along with new devices plugged into an integrated ecosystem, will be required.



Barriers between different stakeholders and channels will need to be removed, and it will be critical to establish clear expectations and governance rules so patients and HCPs can feel safe, comfortable and in control.

### **2. You've got a package**

Delivering care at home requires replacing similar services and experiences typically provided in a medical facility. It also produces preference challenges, which will lead to a need to adapt to how patients and their informal caregivers want to be notified.

Care acuity levels will determine the breadth of services that need to be orchestrated, ordered and tracked, as well as how care is delivered. A patient with lower acuity needs—e.g., someone with a manageable chronic condition—may only need a nurse to come to the home to administer an infusion.

In contrast, a patient with a higher level of acuity may be a candidate for a hospital-at-home program that requires the delivery of durable medical equipment, orchestration of in-home care and virtual specialist care, delivery of replenishable specialty medications, stocking of supplies and consumables, and facilitation of social determinant of health interventions such as food delivery.



New orchestration capabilities and supply chains for the home will need to be created to bring these items to the patient. No healthcare organization can do this alone. Instead, it will take a collaborative effort to stitch together a patchwork of repeatable solutions, dependent on designing experiences and processes that solve for access and affordability issues.

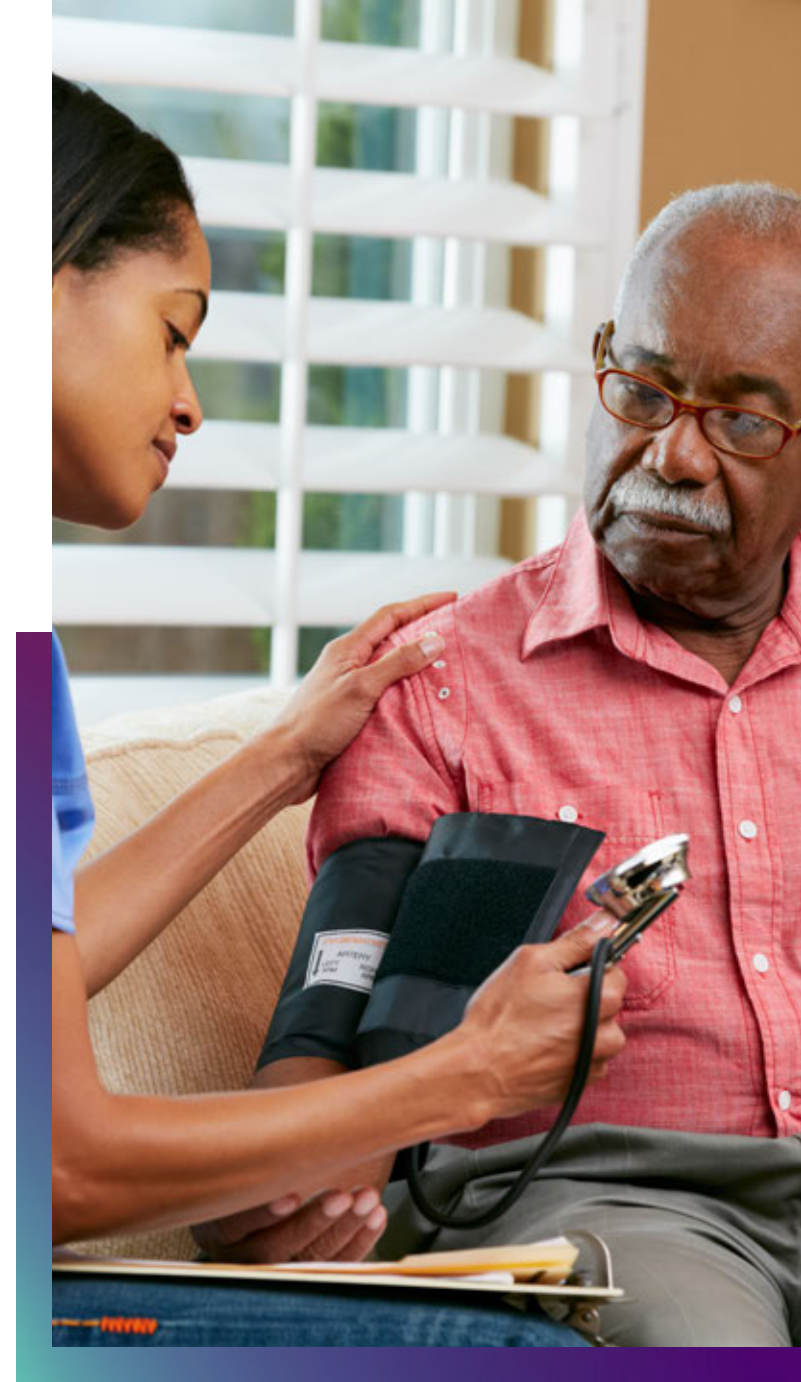
New ecosystem relationships will be essential—particularly with life sciences and distribution partners—as personalized medications become more available and central to a patient’s care. Orchestration across the supply chain will make or break the patient’s experience and contribute to their ability to reliably and comfortably get treatment in their home.

### **3. My house, your office**

When patients are in the hospital and away from their day-to-day responsibilities, they’re able to focus on healing. However, home as a care setting thrusts patients into not only the role of a patient, but also the role of a host.

This increases the hospitality burden of feeling pressure to be always switched “on” and ensuring the home is appropriately set up for a guest. HCPs need to be mindful that patients see them as a guest and do their best to remove any pressure to be hosted.

On the other hand, upon entering a patient’s home either physically or virtually, the HCP is in effect entering their new office. They will be expected to take charge, bringing comfort, safety and security from the medical facility to a new location with more personalized service orientation. Balancing these tensions will be critical to ensuring this transition has staying power beyond the pandemic.





## What healthcare leaders can do next

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### 1. Make care easier, portable, scalable

Extending care into the home will put new strains on HCPs to do more while splitting time across multiple care settings.

To mitigate burnout and ensure quality outcomes, HCPs need to be equipped with smart devices that ease time-intensive but relatively low-impact tasks like clinical documentation. In-home diagnostics such as Cologuard<sup>10</sup> can bring labs into the home, freeing up capacity at the office. At-home diagnostic kits like TytoCare can passively observe a patient's vital signs, digitally documenting results and alerting HCPs when an intervention is necessary.<sup>11</sup>

Such devices can't live independently. Instead, they need to be connected to an ecosystem to allow for easy communication across the entire care team. Seamless team-wide communication will give everyone—including the patient's support circle—care plan visibility. Devices will also need to plug back into a care-at-home "command center" to allow for 24/7 real-time condition monitoring and management.

The shift of care into the home will also impact informal caregivers, who will need to continue performing their normal support responsibilities as well as also learn new technologies and medications—often in emotionally charged environments.

Lastly, organizations will have to solve for curated, personalized care at scale. Each patient's home will have a different layout with different levels of connectivity. Providing individual care experiences at scale will require a complete reimagination of protocols, operations and safety measures.





## **2. Practice and recognize habit building**

Changing behavior is challenging, but it's integral to curbing the rise in chronic disease and bending the cost curve to make care at home financially sustainable. Patients will need to form long-term habits, especially when no one is looking.

Organizations can use a blend of in-person and digital interactions to establish and recognize new behaviors while balancing ethical considerations when developing rewards. These interactions will need to be tailored to the individual in order to be effective. This will require an in-depth understanding of patients' behaviors, motivations and needs that goes beyond typical demographic information and segmentation.

Building new habits and confidence isn't just relevant for the patient. HCPs and healthcare employees also need to develop trust in the new ways of working.

Celebrating successes and progress, no matter the size, will help reinforce new behaviors.

## **3. Set aside time for learning and support**

Improving technology and health literacy is an important part of making the shift to care in the home successful. Time and resources must be allocated to this so that experiences and outcomes don't suffer from patients, informal caregivers and the broader care team not understanding how to use and administer the care-at-home tools.<sup>12</sup>

Providing proper customer support will be critical. Users will need support connecting devices to phones, accessing portals and so on. A hands-off "launch and let go" product strategy will not work, and this will require a major shift for most organizations.

The literacy gap also has the potential to further exacerbate the divide between secure and vulnerable communities. To ensure that care at home is well received, patience, empathy and education must be incorporated into every new experience.



# 02

## **Trust: The currency of health experience**

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**Trust makes or breaks a health experience. To be a leader in tomorrow's more equitable and transparent healthcare ecosystem, health and life sciences organizations must work closely with all healthcare stakeholders to redefine what trust means in healthcare.**

### **What's going on**

Before COVID-19, the initial forays by both health and life sciences organizations in leveraging digital solutions to engage with consumers had stalled for a number of reasons.

Experiences were clunky and disjointed, largely reflecting a "technology for technology's sake" approach. Internal organizational capabilities were prioritized over holistic experiences. Care financing incentives were unaligned across stakeholders. Patients were concerned about digital solutions' privacy and security, how their data was being used, and complex legal and healthcare jargon, and they had a waning belief in efficacy!





**Health - Trust: The currency of health experience**

Much has changed in a short time, however, due to the global pandemic and adjustments to care financing incentives.<sup>2</sup> Digital health adoption surged as necessity drove patients, HCPs and employees to become fast adopters. Regulators rapidly issued new guidelines (for example, enabling remote clinical trials) and the debate shifted from skepticism regarding digital health's staying power to how quickly the opportunity created by forced adoption at scale will be seized, and by whom.

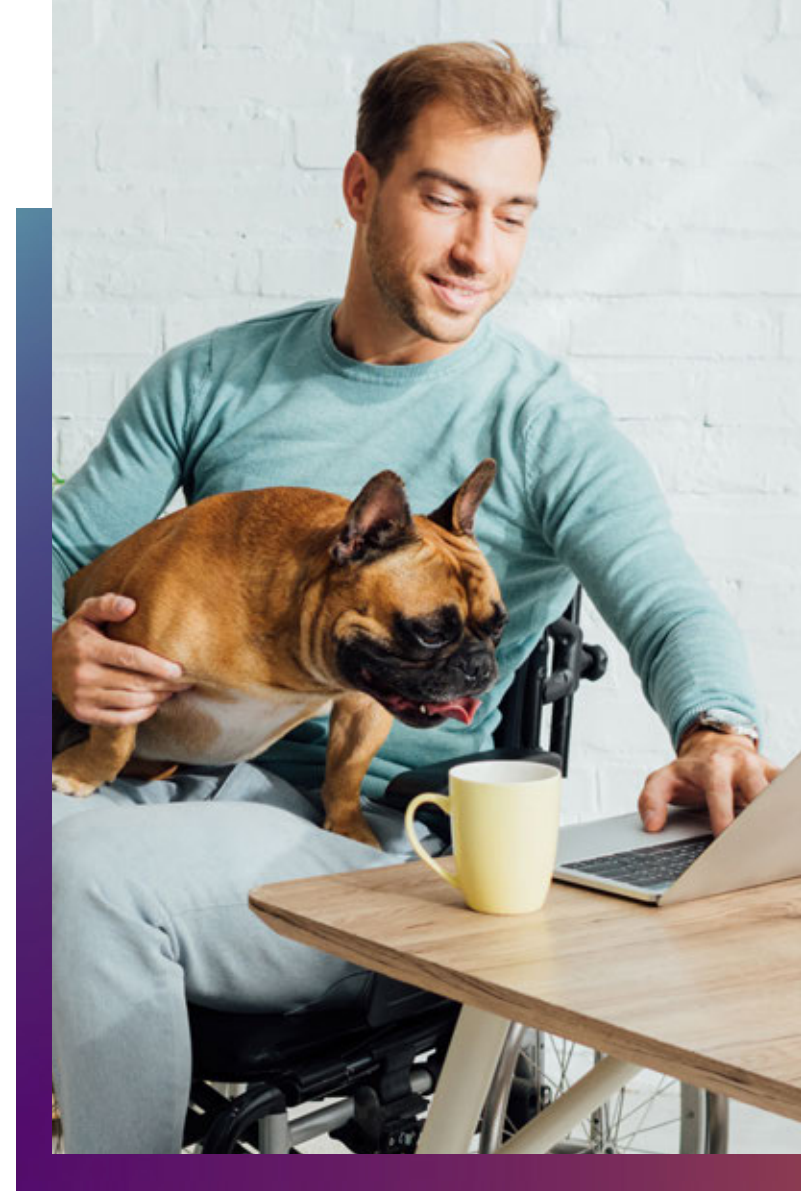
Lack of trust runs deep—especially in communities of color hardened by years of problematic experiences. Just 6 out of 10 Black adults said they trusted doctors to do what is right most of the time, compared to 8 out of 10 white people, according to the Kaiser Family Foundation.<sup>3</sup>

As the delivery of care expands to an “anywhere, anytime” mindset, organizations are facing new challenges.

Under pressure to reach patients in meaningful, culturally relevant ways wherever they are located, capabilities traditionally designed for the four walls of a medical facility when transferred elsewhere are often falling short.

The nature of outreach to HCPs is also evolving, placing new pressures on organizations. Marketing teams in larger practices, for example, are being asked to modernize by transitioning from a sales focus to an authentic, education-based voice as part of a two-way dialogue.

Meanwhile, nontraditional entrants have swooped in to address needs unmet as traditional healthcare companies have been slow to react (an example includes Epic's partnership with Lyft to increase appointment adherence<sup>4</sup>).



## What's next

Healthcare data concerns have been overshadowed by the social distancing necessities of COVID-19, yet they are still there, simmering beneath the surface—and poised to reemerge with force once we move forward post-pandemic.

To bring to life tomorrow's better and more equitable healthcare, organizations need to build on the goodwill captured during COVID-19 and keep it authentic and real to earn the right to be trusted at scale.

## Opportunities for reimagination

# 1. The power struggle is (almost) over

Traditionally, the HCP-patient relationship has been defined by information asymmetry. Trained experts make diagnoses and prescribe treatment plans, and administrative support staff and customer service representatives have access to and control the flow of patient data.

As a result, health and life sciences companies have been chastised for not

disclosing clinical trial data,<sup>5</sup> making it difficult to understand why new treatments take so long to develop. Meanwhile, patients typically have only limited means and know-how to independently obtain and understand their own health data.

Change is coming, however.

Trends such as the democratization of health data—driven by developments including interoperability standards and data portability,<sup>6</sup> liquid expectations and shared decision-making—now make a rebalancing seem inevitable.

As patients are increasingly empowered to actively participate in their own care decisions as part of the care team, the healthcare landscape will fundamentally change as organizations have to rise to the challenge of providing the agency, consent and transparency patients want.<sup>7</sup>

When patients choose their own experience, how will that information be used during and after the care experience? If patients don't choose their own experience but treatment decisions are still being augmented by artificial intelligence, how can the right level of transparency be provided to earn confidence and certainty?





To meet this challenge, organizations must prioritize the right set of capabilities and treat trust and consent as currency in their own right.

Organizations can create a granular profile and preferences page where users select what they are willing to share and decide how much tailoring they want, for instance.

They can also build trust with users by not only offering more transparency about data collection and other important topics like pricing, but also by quickly demonstrating the value users get by sharing information. Pushing out an alert with tailored nutrition options because a patient's blood pressure jumped outside his or her target range due to food eaten is one example of how this could work.

The more trust is earned, the more organizations can “cash in” to unlock new impactful experiences for patients.

## The Trust Currency Exchange

A Company's Intention	How Patients Feel When Trust Is Low
Provide an abundance of options, services and tools	You're selling me something; you've got ulterior financial motives
Set up data interoperability and care team sharing	You're using my data and personal info against me
Communicate your commitment to privacy, patient bill of rights, etc.	You're doing what's easier for you and trying to protect yourself legally
Adjust medication, therapies, healthy living recommendations, etc. because the human body is complex to find the right treatment	You don't know what you're talking about
Seek to gain more insights into a patient to get a complete 360-degree view	You don't get me; why don't you know that already?



## 2. With age comes digital

Older people in the U.S. will outnumber children for the first time in history by 2030, with 1 in 5 Americans at retirement age.<sup>8</sup> This demographic shift isn't unique. For example, in Spain, where the number of people over 65 has doubled in less than 30 years, as much as 30% of the population will be aged over 65 by 2050, with the number of over-80s set to exceed four million.<sup>9</sup>

These numbers highlight how the aged and elderly will benefit from big, bold, reimaged health experiences—the evolution of the home-as-care setting. But this will only happen if trust in health enabled by digital solutions can be established.

Increasing trust will require solving two fundamental challenges: overcoming the traditionalist mindset and combating cognitive load and misinformation.

The mindset challenge is long-standing and complex.

Prior to the global COVID-19 pandemic, older patients were traditionally more reluctant to try digital health. Only 8% of baby boomers reported having received virtual care versus

38% for Gen Z. Eighty percent of older generations did not trust health and wellness services offered by a tech company.<sup>10</sup>

If you breach the surface of this challenge, the reality is more complex.

A common assumption is that older people's wariness comes down to device and technology constraints. Yet this is a declining issue. Older people's adoption rates across all device types have risen since 2017;<sup>11</sup> smartphone penetration was up to 77%, for example, while tablets were up to 47% and home assistants up to 17%. Further, the need to stay in touch digitally with loved ones because of COVID-19 added to this upward lift.

Data privacy concerns are considered another likely factor. Some historical evidence points to a reluctance by the aged and elderly to share health data, but not all sharing is equal.

In one study, 66% of older citizens said they were willing to share digitally generated health data with their healthcare provider.<sup>12</sup> In another, people's willingness to share data with their healthcare provider rose with age. Compared to 18-24-year-olds, consumers aged 65+ are 12 times as likely to express willingness to share health data with their provider.<sup>13</sup>

The challenge of combating cognitive load and misinformation is a big issue that extends beyond healthcare, with seniors likely more susceptible to misinformation online than younger generations—especially on social media platforms.<sup>14</sup>

As online access to healthcare information grows, the need to increase digital literacy will be critical. Seniors will need help identifying trusted sources of health-related information and how to safely take the next step in obtaining care based on what is being read or watched.

Closely intertwined with misinformation is the risk of overwhelming seniors' cognitive load.

Exposure to new services, new sources of information with confusing terminology and new technology can be daunting. If steps aren't taken to prevent the feelings of being overwhelmed, seniors will turn away from digital health and revert to traditional healthcare practices.

All parts of the healthcare ecosystem have a responsibility to tailor content to the intended audience without talking down to them. Comprehension and willingness to engage will improve if organizations can get this balance right.



### **3. A digital divide**

There is a growing divide between well-off and vulnerable communities. This is being magnified by the growing disparity of health outcomes from COVID-19 across different socioeconomic populations and systemic racial injustices.

In the U.S., only 17% of households making less than \$50,000 annually have tried virtual care, compared to 31% of households making more than \$100,000.<sup>15</sup>

When considering the future of healthcare, it can be tempting to treat trust, transparency and education on a level playing field segmented mainly by age. This fails to account for how members of racial and ethnic minorities and underserved communities can be more vulnerable and develop a lower level of trust in the healthcare ecosystem.<sup>16</sup>

Moving forward, organizations will need to consider all of this in the context of their employees' own trust in healthcare data as well, and how it is used. Whether they are HCPs, support staff or administrators, all need to believe in the data they are using.

Employees want to be proud of the organizations they work for. Further, as potential patients themselves, all can empathize with patients' worries, data privacy and usage concerns.<sup>17</sup>



## What healthcare leaders can do next

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### 1. Give patients a permanent seat at the table

As patients expect more agency over their digital experiences, health and life sciences organizations must find ways to embed patients within the service design process, providing opportunities to co-create new experiences.

This elevation of patients will require grace and humility from organizations as the relationships with the patient, the HCP and the enterprise evolve into true partnerships among equals. It will require new roles, processes and expectations to be clearly articulated, a mindset shift in how to engage patients and HCPs simultaneously, and greater access and affordability for patients.

Going from a sales mindset to a radically authentic and transparent mindset won't be easy, but it will be necessary.

### 2. Be OK with being uncomfortable

Delivering personalized and tailored healthcare experiences will put new and unfamiliar strains on health and life sciences organizations as few are currently set up for a hospitality mindset when it comes to delivering healthcare experiences.

Choose leaders to be responsible for building and maintaining trust, digital ethics and security with vendors, partners and consumers and pair them with whoever is responsible for the end-to-end patient (and employee) experience. Together, these leaders can lead the organization through this difficult but critical transition.

It's also important to challenge traditional assumptions, even if it means rethinking established processes. The aged and elderly patient segment is not a monolith, for instance. The digital acumen of people aged 50-60 is likely dramatically different to that of 70-80-year-olds.

Invest in the proper ethnographic research to understand your complex population segments. Uncovering nuances will allow messages to be appropriately tailored for different subsegments, thus earning trust and relevance.

### 3. Design micro-moments and experiences

Given the changed society we are entering, organizations should adopt an approach to constant innovation and iteration by designing consent-based small experiences and services that help move patients toward a better state.<sup>18</sup>

Designing small, hyper-intentional services is about both technology and identifying the right person to deliver the right message. Organizations will need to provide the "messenger" with the right messages—the benefit or incentive of utilization, for example—to share with patients through the optimal channel(s). When designing micro-experiences, transparency into how data is collected, used and secured is required. To differentiate, organizations can find explicit and implicit ways to prove the value of products and services as more patient health data is collected, earning trust over time.

The more patients see there is value in sharing information, the more the trust dynamic will shift. This allows for a more robust exchange of data.





# 03

## **The invisible backbone: Part 1 (oncology)**

**The days of dark, disconnected data are over. Connected products and spaces used to reimagine how we share and use information across blended digital and physical healthcare interactions will remove avoidable friction and simplify decision-making, giving patients and HCPs time, clarity and control.**

### **What's going on**

A fragmented technology landscape negatively impacts patient experiences and outcomes. This is especially challenging in oncology, where the patient journey is one of the most physically, emotionally and financially draining experiences of someone's life.

All too often, the experience for patients, informal caregivers and healthcare professionals (HCPs) is made measurably more difficult by healthcare ecosystem idiosyncrasies—notably, lack of data interoperability.



**Health - The invisible backbone:  
Part 1 (oncology)**

Unlike most industries, where there is a one-to-one service provider-to-customer relationship, healthcare is made up of disparate, siloed pods of HCPs and other stakeholders all trying to manage the health of a single patient. As a result, even the most basic communications between oncologists, nurses, lab technicians, infusion clinicians and pharmacists can be a struggle.

Lack of interoperability is exacerbated by limited incentives and market complexity, leading to tepid use of application programming interfaces (APIs) to connect different systems and technologies. In the fragmented technology landscape that

results, organizations struggle to create holistic views of oncology patients, leading to poor experiences and treatment blind spots.

Most organizations only capture a fraction of a patient's digital "wake." They often miss information related to social determinants of health, lifestyle and engagement preferences—omissions that aren't trivial as they contribute to up to 80% of health outcomes.<sup>1</sup> This also makes it far harder for organizations to deliver the tailored experiences patients crave, from being directed to the appropriate parking spot to care and treatment regimens personalized to a patient's own value system and beliefs.

But things are changing, and for the better.

Momentum around interoperability standards adoption is growing.<sup>2</sup> Advances in therapeutics like immuno-oncology and the rise of new digital tools, including remote patient monitoring solutions and clinical decision support tools, are supporting new precision medicine.

The combination of these positive forces has opened the door to reimagine the oncology experience.



### **What's next**

The shift in the oncology experience will usher in an era filled with brilliant basics (e.g., find a provider, scheduling), intelligent decision-making and clinical breakthroughs. An evolution of how we use data to connect products, spaces and treatments to create blended experiences will be the center of this reimagination.

Change will be driven by an invisible backbone for new ecosystems and experiences provided by traditional and non-traditional healthcare companies. No longer will data be siloed, collected haphazardly with no clear end game. Instead, data will become hyper-purposeful, action oriented and easily reusable.

This invisible backbone will be wired to do the behind-the-scenes grunt work using products, spaces and treatments as its eyes, ears and hands. It will be interwoven in our everyday lives, blending digital and physical environments into a singular curated experience.

Most importantly, it will remove clutter and friction so patients can focus on living their lives and oncologists can focus on providing the best care possible.





## Opportunities for reimagination

# 1. Simplifying is good business

Simplification of the patient experience will deliver considerable benefits to patients and organizations.

Patients are often overwhelmed by emotions of ambiguity, anger and anxiety across the oncology journey. The severity and frequency of such feelings can be reduced by simpler, more compassionate care experiences that result from an ecosystem of sensors and connected devices.

Sensors can communicate with devices carried by patients and HCPs, making it possible to know who people are and where they are located within a facility. This data will enable new types of experience capabilities that are curated and contextually aware, accessed anywhere via a mobile app and with interactive kiosks and on-site digital signage.

A network of connected devices and spaces will provide patients with peace of mind.

A small transmitter “beacon” securely linked to a patient’s identity allows them to be



identified and their location precisely tracked on arriving at a medical facility, for example. This can enable care teams and staff to greet the patient by name, anticipate their transportation needs and even automatically trigger events such as their discharge summary. It can also be used to eliminate the need to repeat tedious actions, such as providing insurance information.

Ultimately, simplifying the experience is not only the right thing to do—it also has the potential to increase throughput and improve organizations’ business performance.

# 2. Data, you cleaned up well

Successfully re-imagining the oncology experience depends on tackling current weaknesses. A key part of this will be capturing information in a clean and efficient way so it can be easily reused or represented in a more digestible, actionable manner.

Patients should no longer need to be burdened with manually reporting side effect symptoms, for example. Instead, connected products will prompt structured questions and passively capture useful indicators with feedback and advice on how to potentially adjust treatment flowing between patient and HCP in a constantly evolving conversation.<sup>3</sup>

Creating reusable and insightful data won’t be easy as it will rely on getting several factors correct: whether products and spaces that aid in data capture can be designed to secure high adoption rates, for example; how easily and cleanly data can be captured without sacrificing quality or integrity; and whether it can be centrally stored then seamlessly redistributed through a web of APIs.

Arguably, most important will be an organization’s ability to pivot from collecting and sharing data to using it to add value for patients or HCPs. As the pace of data



collection increases, the flow of information shared with patients and HCPs will have to be carefully controlled. Flooding patients and HCPs with a constant stream of new data will be overwhelming. Instead, bite-size information should be shared at the right moments.

For patients, the initial shock of diagnosis hinders the ability to process information, so it will be critical to work with HCPs to design ways to reinforce treatment option messaging.

The administrative burden can hinder HCPs' ability to consume the latest in trial and treatment research. HCPs can be selectively served easily digestible treatment trends or the ability to consult with other relevant oncology specialists instead of relying on historical treatment approaches.

### **3. Extending To Breakthrough**

The value of using smart, actionable data to power connected products and spaces extends beyond benefits related to the basic experiences, such as scheduling. Opportunities exist to extend the reach of HCPs and researchers in how cancer is

treated and studied, leading to potential treatment efficacy breakthroughs.

Consider clinical trial support. One in four cancer clinical trials failed to enroll enough patients, and 18% closed with less than half the target number of patients after three-plus years, according to one recent study.<sup>4</sup>

Imagine a future where a diverse set of patients can be identified, matched enrolled, and guided through the entire clinical trial journey remotely, minimizing travel and further disruption to their already disrupted lives—as Medable has done.<sup>5</sup> Improving clinical trial access will also yield greater health equity and increase the chances for better health outcomes.

Symptom management is another area of opportunity. An example is a future where a brand-agnostic symptom management solution provides tailored patient interactions and remote patient monitoring connected to electronic medical records. Patients would have a consistent companion for 24/7 support that adjusts when treatments are switched or combined across different brands. Additionally, as the promise of personalized medicine becomes a reality, the combination of a holistic solution can further optimize outcomes.

Imagine another future where a connected care solution is used to facilitate the transition of cell and gene therapy monitoring into the home—or one where intelligent diagnostics, algorithmic-based care and the connectivity of multisourced patient data are combined to predict and intervene before the cancer metastasizes.



## What healthcare leaders can do next

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### 1. Fix the backstage mess

It will take time to transition to the reimagined oncology experience as initiatives will need to be prioritized, experiences designed and built, and new ways of working adopted.

Taking the current state of experience as the baseline, identify the most impactful friction moments—e.g., similar paperwork filled out at the start of each appointment. Determine how to reduce the short-term administrative burden and cognitive load of such moments for patients, HCPs and staff while also building in long-term flexibility.

### 2. Connect the (human experience) dots

Many breakpoints in the current oncology patient experience come from poor data visibility and the impact this has on moments that matter for the patient and HCP.

Begin mapping what data is coming from where, in what form and for what purpose.

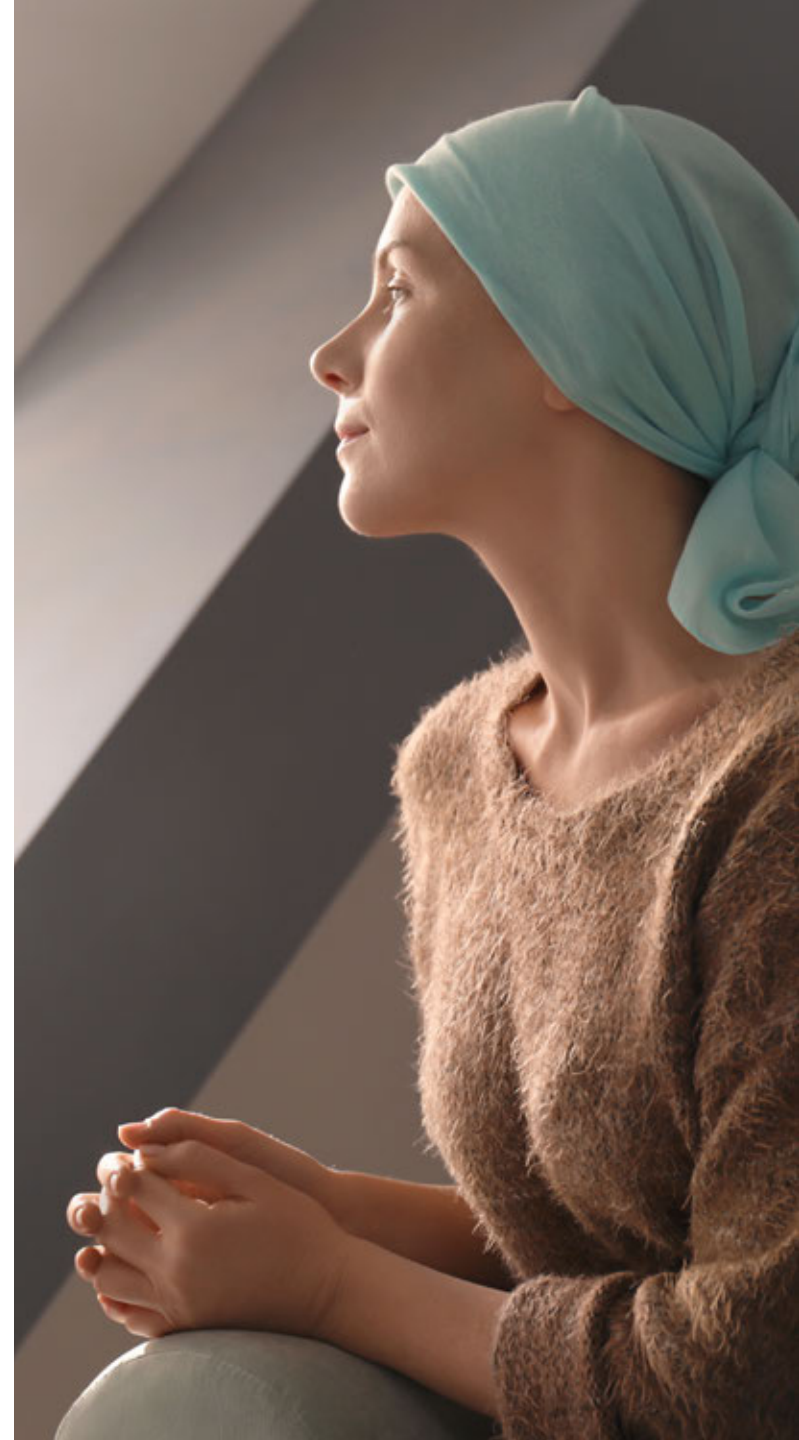
Gaining visibility into data sources, structure and quality will allow an experience-led data strategy to be crafted, including the role APIs will play.

### 3. Tear down that wall

Stop thinking about the digital experience and the physical experience as separate. The emergence of smart, reusable data allows a singular experience that uses multiple channels according to context, from home to facility and back.

Making this shift means creating new journey maps and experience diagrams. It will require a shift in organizational mindset: No longer can the “digital group” afford to sit siloed away from the on-site experience team. Further, it brings the facilities management team to the forefront.

Ultimately, resources need to be aligned so the end-to-end patient and HCP experience is a seamless fusion of digital and physical experiences.







# 04

## **Boundaryless access: Beyond the digital front door**

**Access points to healthcare are increasing, but they restrict what consumers need: boundaryless experiences that empower people's lifelong pursuit of health and well-being on their own terms, at their own pace. Tomorrow's healthcare experience will be built by patients tailoring their own experience according to their own unique health needs.**

### **What's going on**

Health and life sciences organizations are vying for the attention of consumers seeking to explore options, access care and manage health in their own daily lives at a time when COVID-19 has accelerated the shift to virtual experiences.

But as healthcare players battle to become the true gateway for care, the explosion of "digital front doors" has created an experience problem.



Many doors have led to fragmented experiences. Critical context and transparency for why choices are relevant and what to expect are in short supply. Most importantly, the numerous doors that now exist are just what they sound like—individual, siloed points of access. They fail to account for the end-to-end health experience, and this has left patients on their own to navigate an ecosystem which is increasingly confusing.

The stakes are high. As the digital health platform battles heat up, people are switching to new ways of accessing care and embracing new health financing and care models that shake up how, when and where they receive and pay for care.

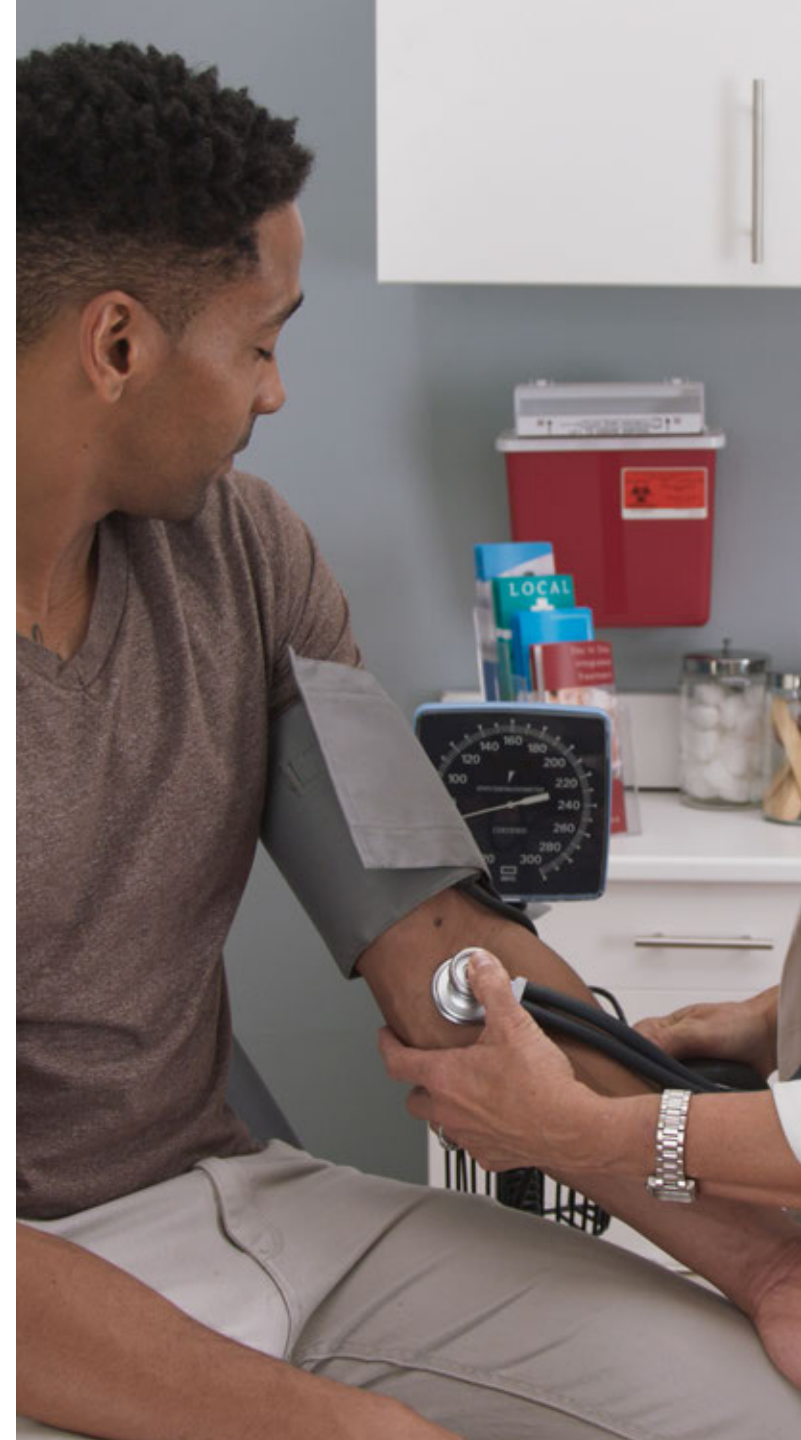
With almost half a million health-related apps now available,<sup>1</sup> managing health has become not only more accessible and convenient, but also more fragmented and complex. Patients and HCPs alike must make sense of a vast array of options, yet there is no easy way to connect experiences, share insights and partner on pursuits.

### **What's next**

Tomorrow's healthcare experience will be driven by empowering patients to build their own experiences based on their unique health needs. Instead of being forced to stay within a health system or lose access to their patient record after switching providers, a patient will be able to move around and easily take their information with them.

Now is the time for health and life sciences organizations to rethink the role each experience plays in a world where digital-first consumerism is the norm. Accepting that patients will take control of their own health journeys will enable forward progress across channels, partners and even how we view healthcare.

The next frontier will be patient-driven curation of health products and services. Health journeys—and, in particular, primary care services—will be unbundled and reimaged.<sup>2</sup> As this happens, the patient relationship will inspire meaningful engagement and deliver transparent value. This will lead to more equitable, affordable and effective outcomes.



**Opportunities for reimagination**

**1. The great unbundling**

As platforms mature, alternative paths to build, buy or partner to enable capabilities and connect to consumers are emerging. The right model depends on where organizations want to play, where they believe their patients will most likely engage and whether they have the “right to win” across moments of the health journey.

Tomorrow’s health experience must involve guidance across the end-to-end health journey and be unbundled into bite-size, modular experiences that can be accessed and used in a variety of ways to meet the needs of many different people—both within and outside the organization’s control.

In finance, financial innovators are finding new ways to meaningfully engage across digital and physical channels that health and life sciences organizations can learn from.

The brick-and-mortar bank teller experience was not replaced with video visits, for example. Instead, the journey was reimaged to offer the right experience to the right person at the right time and place. Innovations included a range of paying for things with a wave, tap or text to receiving message-based financial advice and collaborating with financial planners with a holistic view of all your funds.



**Digital Experience Models—A Primer**

	<b>Invisible Actions</b>	<b>Mini Flows</b>	<b>Singular Experiences</b>	<b>Super Systems</b>
<i>Why it's valuable</i>	Enables frictionless experiences by streamlining consent for automated actions	Embeds simple tasks with clear outcomes inside larger, outside experiences	Focuses on a single user purpose and clearly articulated value proposition	An ecosystem of many services and offerings that satisfy everyday purposes, like an OS
<i>Works like</i>	WeChat Pay by Tencent	WeChat Mini Programs by Tencent	League of Legends by Tencent/Riot Games	WeChat by Tencent
<i>Best for</i>	Small Payments Identity Verification	Quick Health Assessments Appointment Scheduling	Therapy Programs Health Manager	Marketplace Community

The great unbundling allows for new combinations of purpose-built experiences with digital-first entry points that focus on convenient access, credible decision support and compassionate engagement.

By moving beyond the digital front door and reimaging how we entice, enter, engage, exit and extend health and well-being experiences, organizations can unlock new possibilities to drive loyalty and growth, reduce costs and delays, and improve health outcomes.

China’s WeChat—the messaging, social media and mobile payment app owned by Tencent—is becoming the front door to Chinese health.<sup>3</sup>

Before COVID-19, WeChat made 24,000 health-and-wellness-related Mini Programs (MPs) available, ranging from appointment booking to telehealth, personal health records management and crowd-funded health insurance. In response to the pandemic, a tracking app embedded in WeChat provided health status codes to track exposures;<sup>4</sup> those codes are now being used by nearly 1 billion people and been shown more than 9 billion times.<sup>5</sup>





## 2. A new path forward

People are hungrier than ever for healthcare information. In the U.S., almost 80% of consumers are now going online to learn about care, and 65% are sharing information they find online with their HCPs.<sup>6</sup>

Challengers are rushing to fill gaps in care access in different ways. Take Google's extending the health-related search experience to make it easier to book and share information with clinicians.<sup>7</sup> Another example is Teledoc-Livongo's integrating triage, telehealth and remote monitoring experiences to enable one-stop digital-first healing.<sup>8</sup>

Yet while new digital health solutions have rushed to offer more digital doors and health solutions, few are integrated in meaningful ways, resulting in greater fragmentation and complexity. Long waits, ineffective care interventions and poorly coordinated handoffs are effectively creating dead ends, and at-risk individuals and communities are disproportionately affected.

All too often, many health encounters leave patients without a clear path forward. From finding care that meets their needs to understanding care options, receiving medication reminders or sticking with a care plan, people need help progressing along non-linear journeys.

New context-driven health pathways need a guide always pointing people toward the next best experience, proactively and on-demand.

Key moments hold outsized impact in driving better access, affordability, service and outcomes—and future leaders will get them right. As digital front doors give way to digital

health experience platforms, those able to gain consumer attention and trust will be best positioned to guide consumers to the right health and well-being products and services, delivering functionality that unlocks meaningful value across the end-to-end health journey.

To achieve this, organizations must adopt a platform and ecosystem mindset.<sup>9</sup> They will also need to embrace purposeful partnerships. Such a broader approach will allow the natural shift from transactional encounters to a series of connected, meaningful interactions.

### Ingredients for Eliminating Dead-Ends

	<b>Attractive Audiences</b>	<b>Meaningful Matchmaking</b>	<b>Influential Incentives</b>	<b>Brilliant Basics</b>
<i>Why it's valuable</i>	Gain attention and build trust and loyalty with consumers (patients, member, families and informal caregivers) and product and service providers (clinicians, staff, solution partners)	Connect the right health and wellbeing products and services (education, advice, consults, diagnoses, procedures, treatments) with the right consumer at the right level of guidance and control	Establish business rules that incentivize positive behaviors (e.g., medication adherence), govern engagement, optimize usage and orchestrate curation, typically through automated technology solutions	Essential ingredients that unlock better ways to exchange value by seamlessly and conveniently enabling forward momentum (referring, consenting, data sharing, scheduling, paying, tracking)



### **3. Make it personal**

Health is inherently personal, and technology challengers excel at understanding behaviors, motivations, personalities and social context to drive adoption and engagement—ultimately expressing and delivering value in personally relevant ways.

Researchers have shown the impact these behavioral “phenotypes” can have on the effectiveness of health interventions in sustaining behavior change.<sup>10</sup> The upshot is that, as patients aren’t one-size-fits-all, healthcare experiences shouldn’t be either.

With greater interoperability expected, health organizations must continuously improve their ability to engage and motivate, connect to the right possibilities and remain relevant throughout a lifetime of transitions, goals and needs to maintain or gain competitive advantage.

Already, consumers are relying less on primary care physicians and more on digital technology.<sup>11</sup> As this trend continues, stitching together a series of connected interactions across a single health journey or a lifetime of health and well-being pursuits will require clean, well-structured and easily consumable data from a variety of clinical and nonclinical sources.

A longitudinal record will enable more-personalized, precise health experiences by informing context-driven recommendations. This will lead to more-tailored interventions designed to maximize effectiveness. It will also empower people to manage all their health activities in the moment and across their lifetime through a persistent, progressive and portable digital health experience platform.



## What healthcare leaders can do next

### 1. Reimagine, don't replicate

When competing for the lifelong patient relationship, organizations often focus on merely replacing a patient's analog experience—calling to schedule an appointment, for example—with a digital one.

The new boundaryless experience, with its complexities and elevated consumer expectations, will require reimagination, not replication, however.

Organizations must start by understanding patient behavior, motivations and needs, then determining where to play and how to show up. Next, the focus will need to shift to answering how to orchestrate capabilities and help with ecosystem navigation across prioritized experience areas.

### 2. Adopt a platform mindset and data wealth

An organization's experience strategy to sustain a lifelong patient relationship should be crafted with a platform mindset.

From purposeful partnerships and ecosystems to open data and APIs, organizations must be prepared to compete in the platform economy as platform-based business models have changed the way we live, work and receive care.

Organizations must define how they participate in emerging industry platforms or create and operate a new platform. The role each organization can play must be carefully considered as there are clear advantages in participating in certain ecosystems and intentionally opting out of others.

Rich, valuable data—along with clinical, technical and experience capabilities—will be key ingredients to enabling an organization's platform ambitions and building a competitive advantage.

It's important to remember, however, that becoming a "data-wealthy" organization isn't about collecting large volumes of data. Rather, it's about deciphering what data is truly valuable and then using it to develop insights across moments that matter.

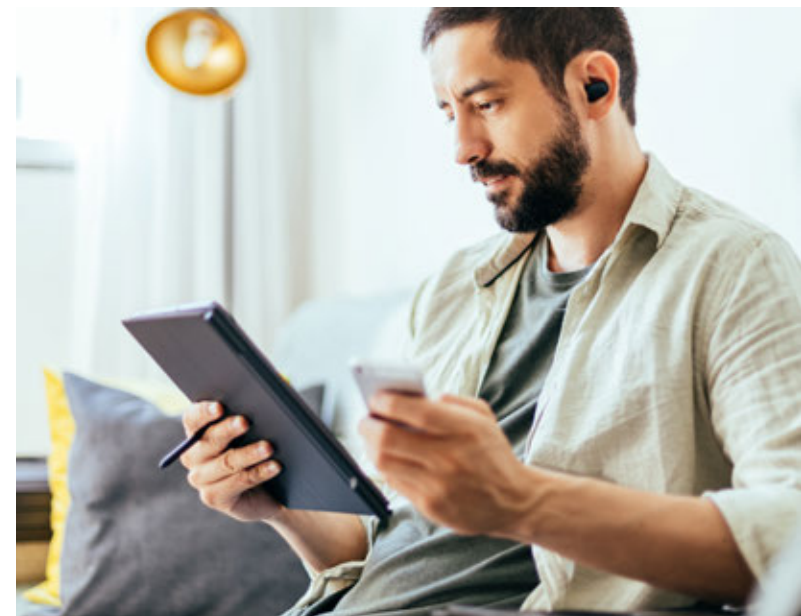
### 3. Focus on building (and sustaining) relationships

Healthcare is lifelong. This means organizations need to have the capabilities to understand how patients' needs evolve over

time and when and how to meaningfully show up across different life events.

Begin by auditing what you know about your patients and how that information is collected, stored and used.

Does that information allow you to build a behavioral phenotype of a patient that can then be used to predict how to tailor information so it provides a better experience? If not, identify the gaps and opportunities to collect personality characteristics that could, with patients' permission, be used in the future to identify behavioral phenotypes and help with target health interventions.





# 05

## **(The business of) experience innovation**

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**Innovation is changing. By anchoring to human needs as the starting point for innovation, health outcomes and value creation become everyone's responsibility, and problems are being solved in fundamentally new ways.**

### **What's going on**

The health and life sciences industries are traditionally at the forefront of advancements and novel ways of thinking—from developing vaccines to combat the spread of smallpox in the late 1700s to the rapid development of COVID-19 vaccines today.<sup>1</sup> But the structure of the legacy healthcare ecosystem makes innovating the healthcare experience a struggle.



Historically, life sciences organizations operated apart from the patient. A product would go to the distributor, be prescribed by a physician and be dispensed by a pharmacy. Leading medications often sold themselves, so there was no urgency to invest in the patient experience. Meanwhile, on the healthcare side, the financing structure for episodic care meant that some organizations didn't have to worry about the patient experience either.

In short, there was no need to deliver satisfactory experiences or build loyalty. Now, the rise of liquid expectations and the consumerization of health are forcing organizations to compete in ways they weren't originally designed for—nor ready to operate in. They are under growing pressure to deliver experiences comparable in quality and sophistication with industries—many of which are more experienced in innovation and are suffering massive expectation gaps and low patient satisfaction.<sup>2</sup>

The arrival of COVID-19 has turned innovation into an urgent necessity: 78% of health executives believe that the stakes for experience innovation have never been higher, and getting it "right" will require new ways of innovating with ecosystem partners and third-party organizations.<sup>3</sup>

Activities that forever felt aspirational, like scalable virtual health or digital check-ins to allow for contactless appointments, have become necessary. Meanwhile, long-standing regulatory constraints have been eased, unlocking even more potential for new experiences—clinical trials powered by remote patient monitoring, for example.

These advancements have created the right environment to launch the reimagination of what innovation in healthcare looks like, and it will be powered by the business of experience (BX).





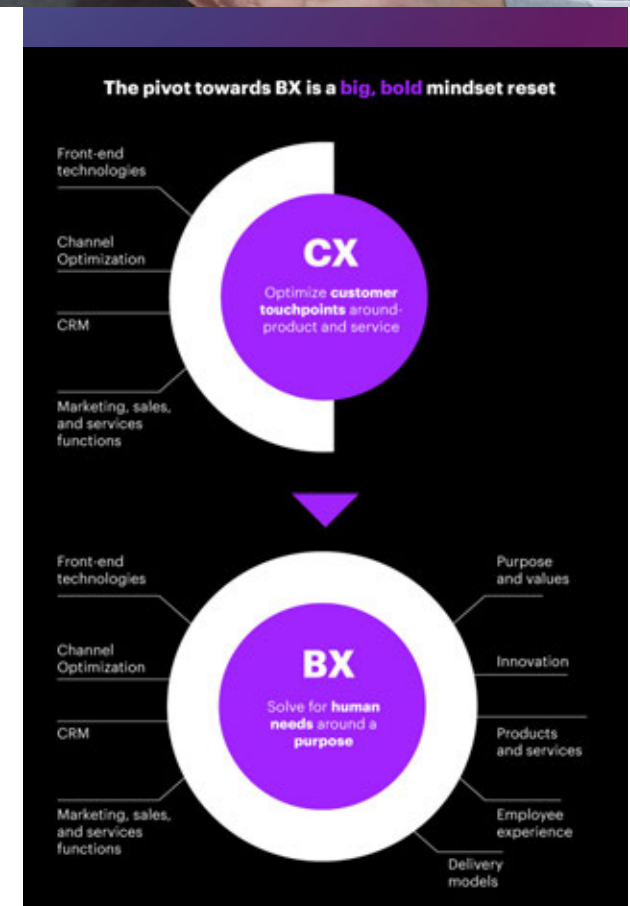
### What's next

BX requires rethinking your starting point for experience innovation as anchored to human needs. It is harder to implement than traditional approaches. But when innovations converge in coherent and mutually reinforcing ways that create value in the experience, it is more transformative and harder to copy.

Customer Experience (CX) innovation focuses on patient acquisition, conversion, engagement and retention. In contrast, BX focuses on becoming indispensable to all healthcare stakeholders. It does this by being experience-led – with business model, employee experience, operating model and technology all in service of the experience.<sup>4</sup>

A true BX culture asks organizations to close the gap between their brand promises and the experiences they deliver by changing not just what they say, but how they behave across their organizations.

BX is not a tactic that shows up at a specific moment. Instead, it occurs at all levels of business. It's not achieved by optimizing CX touch points, such as a website or mobile app. Rather, it serves as a rallying cry for an entire organization to obsess over how to deliver value-driven experiences that people want and need.<sup>5</sup>







### Opportunities for reimagination

## 1. Solving problems in new ways

While health and life sciences organizations have adopted methodologies to grow through changing times, they often neglect the innovation lens needed to form the strategies that guide them—a key cause of traditional patient and HCP experience strategies struggling to modernize.

Many organizations continue to employ a “past-forward” approach that focuses on extrapolating data rooted in the past. But to successfully reimagine EX in today’s context, organizations should embrace a future-back approach: one that focuses on delivering patient and HCP value by taking an expansive view of the future to understand what could happen and then planning backward.

Future-back isn’t rooted in what happened in the past; rather, it triangulates the future using signals, data and intelligent synthesis. Instead of doing the impossible by predicting the future, it accepts that we aren’t fortune tellers by defining multiple potential futures that can be used to prepare our response to deliver value and ensure we’re constantly being proactive.

By exposing what changes in the world to look for, actively seeking them out and recalibrating when necessary, future-back enables an innovation strategy that lives and breathes as the future unfolds.

## 2. Obsessing over the experience of innovation

The experience of innovating is just as important as any innovation methodology. Organizations must promote and incentivize creativity, collaboration and unconventional thinking with a focus on patient and HCP wants and needs. Having space for innovation isn’t just about innovation centers and R&D hubs. Rather, it’s about making organizational space to test, learn and recalibrate based on experimentation and learning.

Also important is accepting that patients and HCPs are innovating for themselves. The lines between innovation and creation and between creator and consumer have blurred, and this must be acknowledged.

In the experience industry, we have long evangelized about the virtues of co-creating with people to achieve the best possible products and services, and it’s certainly proven to be a solid system.



Now, organizations should also start thinking of co-creation as an output and start designing tools and platforms to enable people to create for themselves. To start thinking of people as co-creators, organizations will need to reframe their own roles in the relationship—from sole fixer with all the answers to collaborative enabler.<sup>6</sup>

### 3. Experiment Rx

While the desired end goal for health and life sciences organizations is an improved patient outcome, the path to achieving that goal may at times involve some missteps.

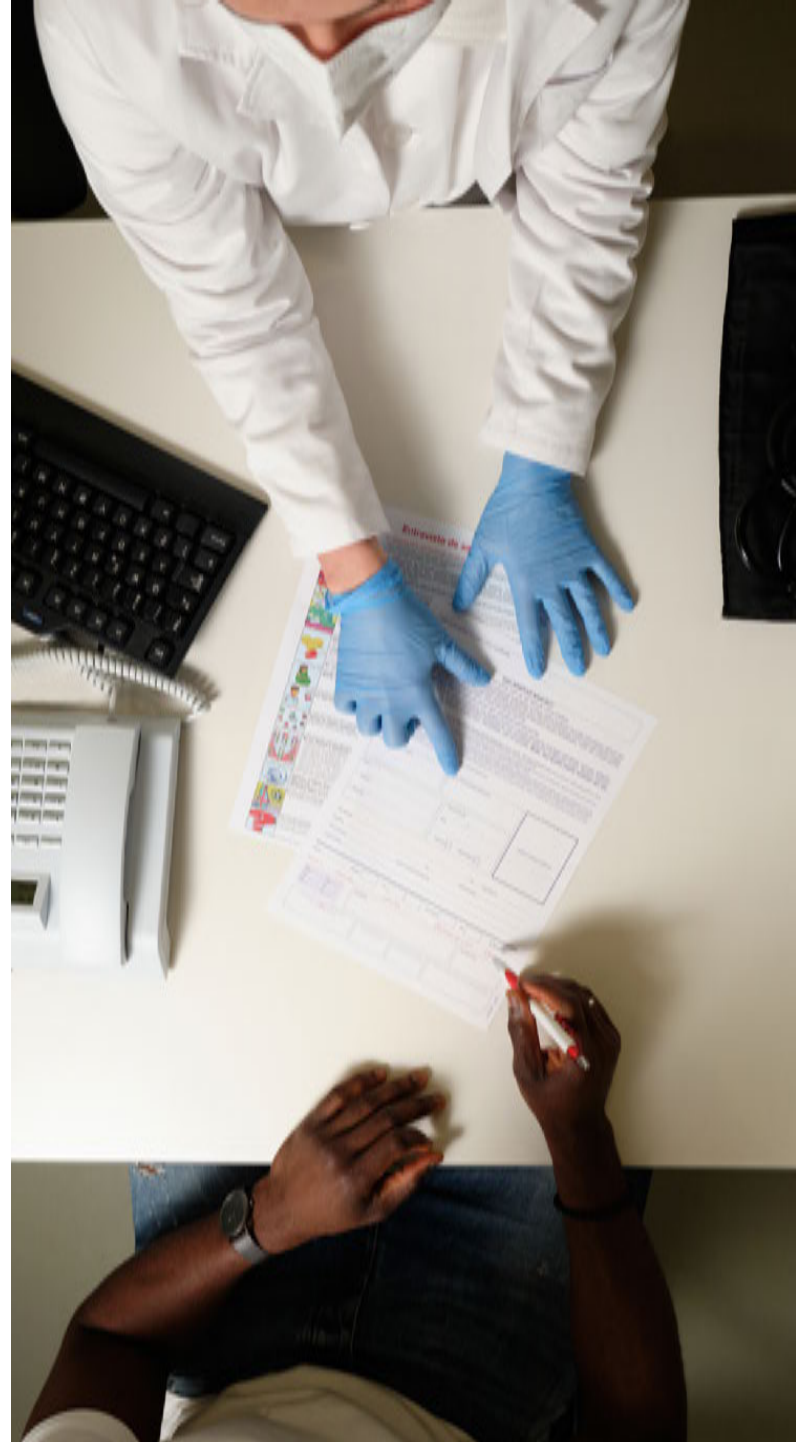
Missteps in this industry are especially tricky because of the real-life ramifications of “failed” experiments. It’s also difficult in countries where healthcare is government-funded as people may view failed experiments as a waste of public funds. Yet, innovation requires experimentation.

For every innovation that works, there may be three or four that do not. That’s how we explore, how we grow and how we sustainably embed innovation into the DNA of health and life sciences organizations.

Once the parameters for innovation are established within an organization, we can think about the process for experience

innovation as an onion with three main layers. Each layer—feature, service, business—provides a platform for the next:

- *Feature innovation* is about incrementally improving user experiences with an existing product. Experience features are everyday activities like Netflix auto play or Apple Watch’s evolving ECG functionality and sophistication.<sup>7</sup> Features leverage existing technological capabilities and business models to refresh current products and services.
- *Service innovation* arises when a set of features creates new services and products, like a mobile banking app allowing users to deposit checks with a photo, or ride-sharing services integrating with electronic medical record systems to provide more-seamless patient transportation.
- *Business innovation* develops if a service creates radical, disruptive change to the user experience, like when Talkspace originally launched its telehealth on-demand, online offering.<sup>8</sup> At this level, embedding experience innovation as an entire business can change or create a whole new ecosystem.



## What healthcare leaders can do next

### 1. Create space to run experiments at scale

The C-suite should not look at BX as an incremental effort. Nor should it view BX as just about ideas, because you need stamina, courage, alignment and tools to see it through. Instead, organizations should focus on developing competencies and capabilities so that innovating experiences can become an everyday habit shared by the entire company.

As a first step to creating the necessary organizational space to do this, companies should appoint a BX council consisting of a multidisciplinary set of stakeholders. This will ensure proper representation from across the organization and allow everyone to feel like a contributor to innovating experiences.

### 2. Craft a BX manifesto

Ask the BX Council to develop a BX culture manifesto that establishes the few yet powerful principles for how employees will act to realize the goals of the ambition.

Once the manifesto is crafted, switch to action mode. Rather than spend months

diagnosing and talking about how to change culture, get to work equipping teams with practical tools to experiment with new ways of working.

Such experiments make the value of change tangible, creating enviable impact within weeks and real and valuable new norms across the organization in a matter of months.

Consider how Microsoft Chief Executive Satya Nadella describes innovation: as a set of dials to be gently tweaked rather than something that is either on or off.<sup>9</sup> Innovation requires a company-wide learn-by-doing mentality, where the focus is on rapid experiments and sharing those learnings broadly.

### 3. Build a BX platform

Start with building a bridge between your organizational intent, your BX manifesto and what the patient or HCP eventually experiences. Think of it as aligning your mental model with the end user—whether it is a patient, HCP or both—through the lens of experience.

To enable more-rapid, do-it-yourself innovation, shift your mindset from consumers and employees to co-creators. Consider your products and services as

unfinished (e.g., patient mobile app where the patient can submit what questions they have and what information would be helpful for them to see). Ask what elements of your experience could be co-created as an output and if it could increase value and outcomes.

Create a platform and let consumers and employees use de-identifiable data to enable them to play and create with your products and services and also with others. The data should fuse novel data sources with empathetic, qualitative information from a diverse patient population.





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