



Trust: The currency of health experience

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.¹



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.² 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.

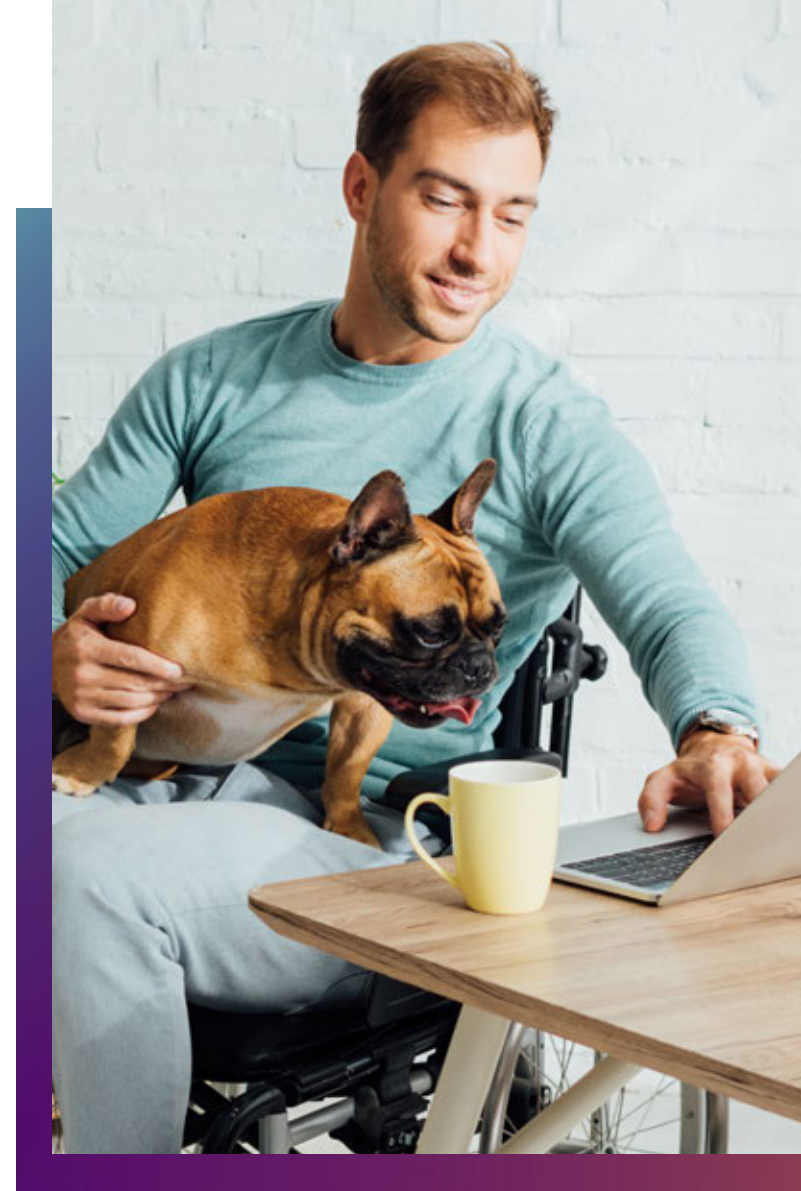
Lack of trust runs deep—especially in communities of color hardened by years of problematic experiences. Just 6 out of 10 Black adults said they trusted doctors to do what is right most of the time, compared to 8 out of 10 white people, according to the Kaiser Family Foundation.³

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 adherence⁴).



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,⁵ 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,⁶ 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.⁷

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.⁸ 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.⁹

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.¹⁰

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;¹¹ 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.¹² 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.¹³

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.¹⁴

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 \$100,000.¹⁵

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.¹⁶

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.¹⁷



What healthcare leaders can do next

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.¹⁸

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.



Authors



Alicia Graham
Managing Director
Accenture Interactive



Brian Kalis
Managing Director
Accenture Health



Whitney Baldwin
Senior Principal – Patient Experience
Center of Excellence Lead



Jeremy Marcus
Senior Manager
Accenture Interactive

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