



CHIME President and CEO Russell Branzell joined by Michael Rosenblum, PharmD, Clinical Executive at InterSystems, as well as a panel of CHIME healthcare technology thought leaders who are actively engaged in transforming consumer experiences in the healthcare ecosystem.

Participating CHIME members:

**Rhiannon Doherty**

Director of Clinical Informatics  
Baptist Health

**A director of consumer digital experience at a large health system in the Mountain West region**

**Hannah Galvin, MD**  
CMIO

Cambridge Health Alliance

**Donna Roach**  
CIO

University of Utah Health Care

**Laura Marquez**

Senior Director for Digital Transformation  
University of Utah Health Care

**A professor and chair of biomedical informatics in a school of medicine at a public university in the Mountain West region**

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## INTRODUCTION

Healthcare is evolving rapidly on all fronts, putting pressure on health systems to keep pace with a variety of clinical, technical, financial, and operational initiatives. All of these areas are interconnected, requiring leaders to rethink the way the entire ecosystem operates as a cohesive whole.

Among the most impactful of these big-picture ideas is the concept of consumerism. The notion that people now have the power to vote with their wallets (and their social media accounts) is causing seismic shifts across all aspects of the healthcare environment.

“Consumerism is a global phenomenon that is showing itself in many different ways across all industries,” said Russ Branzell, President and CEO of CHIME at a roundtable discussion held at the recent CHIME Healthcare CIO Boot Camp. “The rise of the consumer might be having the biggest impact in healthcare, which has traditionally been a very top-down, unidirectional experience. That’s changing quickly with digitization and new payment models that are designed to get people more involved in their care.”

“Our job right now is to figure out how to provide care in this new environment, where choice and satisfaction are much more important. What is a healthcare consumer? How do we meet their needs? How do we effectively compete in the emerging marketplace for healthcare services when consumers have so many more options? That’s what we’ve come here today to find out.”

## WHAT IS A HEALTHCARE CONSUMER?

The legacy healthcare system was designed around the care provider and the hospital’s four walls, not the patient, explained Donna Roach, CIO at the University of Utah Health Care. “It’s always been physician- and finance-centric,” she said. “The physician treats the patient; the patient goes home, a bill is generated, and the service is seen as completed. With consumerism, we start to think about the whole person: Their motivations, their values, and how they make decisions.”

## WHAT IS A HEALTHCARE CONSUMER? CONTINUED

“Value” is the operative word for Rhiannon Doherty, Director of Clinical Informatics at Baptist Health based in Jacksonville, Florida. “I think of a consumer as an empowered or engaged person seeking value — and that value might be different based on what’s important to them,” she said. “We need to understand what value means to each individual and how it can vary from persona to persona. Healthcare is as personal and individualized as it gets — we have to match that.”

The search for personalized value is leading many consumers to expand their healthcare horizons and move away from the traditional model of seeking out care primarily in their own communities, added the professor and chair of biomedical informatics in a school of medicine at a public university in the Mountain West.

“Conventionally, healthcare has been very local,” he noted. “Consumerism, combined with telehealth and app technologies that make it easier to connect with people remotely, is driving new business models that are more federated and less local. Campus-based healthcare organizations are not adapted and designed to react to that, which is what’s making the patient-to-consumer movement so difficult for them.”

Telehealth and on-demand care are important, but succeeding in a consumer-first environment isn’t just about retrofitting the care process with digital tools. There needs to be a fundamental change in the service mentality — especially in places where people aren’t necessarily clamoring for digital-first services, pointed out Hannah Galvin, MD, CMIO at Cambridge Health Alliance.

“I work in the safety net environment, where digital literacy can be uneven and people have very complex concerns that go beyond their clinical issues,” she said. “For our population, consumerism is primarily about simplifying access and streamlining services. They don’t always have the resources or the time to coordinate multiple referrals and get to half a dozen appointments at different care locations.”

“They want care to be as easy as possible and they expect the same level of service that they can get from the Amazons or Googles or Apples of the world. That’s the new floor for the American public, and we have yet to meet it as an industry.”

## KEEP PROMISES WHEN CONNECTING WITH CONSUMERS THROUGHOUT THE HEALTHCARE JOURNEY

Value-based care models are motivating providers to get upstream of acute care needs by prioritizing prevention and fostering ongoing relationships with consumers earlier in their disease states. This shift has led to health systems taking a more proactive “marketing-based” approach to outreach, said Roach, with many organizations using social media channels and other means to advertise wellness services to their communities.

“The idea is sound, but the problem is that we haven’t increased our capacity to meet the new demand,” she said. “A consumer will reach out for a service we’ve advertised only to find that it’ll take eight to ten weeks to get an actual appointment. That entirely defeats the purpose and puts a bad taste in the mouth of someone who was trying to engage in their health just like we want them to. We can’t have that disconnect and still call ourselves ‘consumer focused.’”

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DIGITAL HEALTH LEADERS

## KEEP PROMISES WHEN CONNECTING WITH CONSUMERS THROUGHOUT THE HEALTHCARE JOURNEY CONTINUED

Intermountain Health has faced similar issues in the past, acknowledged the director of consumer digital experience at a large health system in the Mountain West. “It’s a familiar problem for most health systems, if not all of them,” he noted. “We’re solving that by redesigning the pathways for accessing certain services. For example, we had many people trying to make appointments with OB-GYN just to get birth control. It was taking too long to get in to see someone and it was making it difficult for other people with more complex issues to get into their physician.”

“Instead, we’re redirecting people to a dedicated resource where they fill out a form, connect with a trained pharmacist who can assess their needs, and get birth control delivered to their house within days. Instead of having to wait ten weeks for something simple, they only have to wait two days. That’s a game-changer for a lot of people and it helps us as a health system, as well.”

## LEVERAGING DATA TO REDESIGN THE CONSUMER HEALTH JOURNEY

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**Laura Marquez**  
Senior Director of Digital Transformation  
University of Utah Health Care

Successfully providing the right services at the right time to each individual requires developing a thorough knowledge of consumer needs, preferences, and behaviors. That requires data at a scope and scale most healthcare systems are yet not equipped to handle.

“The data is really key, but it has to be more than just clinical information,” said Laura Marquez, Senior Director for Digital Transformation at University of Utah Health Care. “Amazon knows everything about me and all my online activities, which lets them personalize their touches to a very fine degree. But most health systems are still just using the EHR, which isn’t sufficient to develop a truly comprehensive portrait of a person and their risks or their likely decisions.”

“University of Utah is in a good place to meet this challenge because we have an electronic data warehouse that’s almost thirty years old and combines multiple data sources to unlock very actionable, layered insights into the consumer journey,” she continued. “We’re always adding new elements, like enhanced race and ethnicity data, to enrich the data set and further target those marketing efforts so that we’re reaching the right people with things they really need.”

Health systems need to view their individual data assets like strands of thread that can be woven into a tapestry to inform consumer-focused decision-making, suggested Michael Rosenblum, PharmD, Clinical Executive at InterSystems. “The fabric we can create from our data is what’s going to drive care in the right direction,” he said. “We need to start weaving these tapestries that other industries are so good at, because that’s how we’re going to get ahead of what healthcare consumers are anticipating and expecting from us.”

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## LEVERAGING DATA TO REDESIGN THE CONSUMER HEALTH JOURNEY CONTINUED

Rosenblum is seeing increased interest in using unique data sets to identify signals that could indicate a consumer need.

For example, the Department of Veterans Affairs (VA) recently developed a project to prevent veteran suicide and found that house foreclosures were strongly correlated with individuals at risk of ending their own lives. When the VA added foreclosure information into their existing risk models, it gave leaders an entirely new perspective on which populations to contact for suicide prevention activities.

“Consumers have come to expect that companies or institutions know what they need before they even realize they need it,” he said. “Think about how powerful that can be for mental or behavioral health, and how much of a difference that can make with clinical care. The richer our data, and the better we can manage and analyze that data, the more we’ll be able to get ahead of rising risks and intuitively surface the most applicable services to someone exactly when they should be getting them. That’s what consumerism is really all about.”

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**Michael Rosenblum, PharmD**  
Clinical Executive  
InterSystems

## IN CONCLUSION

Consumerism is redefining the way health systems approach their transformation priorities. Technology upgrades such as self-scheduling features, chat bots, and other “digital front door” initiatives are high on the list, but so are broader projects such as embracing team-based care to expand access and convenience, expanding pricing transparency to help consumers make informed decisions, and realigning incentive models to reward more proactive, person-centered care.

“Healthcare will always be complicated, but it’s our job to make it as intuitive and usable as the iPhone,” said Doherty. “We must extend ourselves to the consumer, not expect it to be the other way around. That’s how we’ll start to match what’s possible in other industries.”

The movement toward a consumer-centric, value-driven healthcare system is ongoing and will require sustained effort from all members of the care continuum. By better understanding what consumers truly want from their care interactions and implementing technologies and processes to satisfy those desires, healthcare systems will be able to deliver experiences that exceed expectations and achieve optimal results for everyone involved in the healthcare equation.



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