



PATIENT RELATIONSHIP MANAGEMENT

PATIENT-CENTRIC COMMUNICATION FOR THE OMNICHANNEL FUTURE

Understanding the full context of the patient
in an increasingly complex healthcare system

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EXECUTIVE OVERVIEW

Patient Relationship Management platforms offer a fuller view of patient needs and a better understanding of patient communications.

The COVID-19 pandemic made it clear how essential communication with patients outside of clinical encounters is. Unfortunately, with limited tools and staff, patient outreach often suffered. Consumer Relationship Management (CRM) platforms offer tools and workflows to address some of those problems, but their design and focus on a sales-oriented transactional engagement model often does not match up with the full breadth of needs in healthcare. Patient Relationship Management (PRM) platforms pair the functionality and tools of a CRM platform with a clinically and financially integrated patient-centric design that offers essential functionalities for evolving care and reimbursement models of healthcare.

CRMs tend to be focused on transactional needs modeled after a sales experience, like billing and payment, marketing, or appointment scheduling. Some include campaign building tools for preventative health and other campaigns, but their content is usually reliant on relatively limited sources of data and a similarly limited view of the patient. The organizational EMR is generally the major or sole source of patient information, and while additional data points relevant to communication and outreach may be maintained within the CRM record, many limit themselves from

recording or engaging in clinically relevant data collection. At a fundamental level, they are a transactional platform with a transactional goal, attempting to produce consumer-style behavior in a healthcare context. A healthcare CRM platform, like a sales CRM, is intended to drive volume of appointments and encounters.

The Patient Relationship Management platform puts clinically relevant, non-encounter-based interactions at the forefront of its workflows. PRM platforms understand how vital good communication and outreach are beyond just producing encounters or influencing patient experience and satisfaction metrics. Through improved communication, they help build vital relationships and drive important clinical outcomes. The core of the PRM is the contextual use of information. Leveraging data and maintaining a fuller, more complete view of the patient context, PRMs enable care activities, messaging, and the delivery of the content which is most important to patients and their health. By going beyond data within the EHR and looking at the full breadth of sources of clinical care a patient may receive, they offer a fuller view of patient needs and a better understanding of communication the patient is already receiving.

These platforms are built with an understanding of how essential the patient-provider relationship is, and how easily it can be damaged by redundant, unnecessary, or too frequent communication. Rather than being focused on driving consumer style appointments, encounters, and payments, they integrate patient outreach and engagement with important care activities to help expand the full continuum of care into a patient's life and home.

This research brief provides ideas and insights for healthcare organizations seeking to understand the differences between Consumer Relationship Management and Patient Relationship Management. It can assist with the identification of organizational needs and digital transformation efforts. As organizations look to select and work with relationship management vendors, they can apply what they learn here when defining reasonable expectations, identifying necessary components, and selecting the correct platform for their goals.

Measuring the Impact of Patient Relationship Management[§]

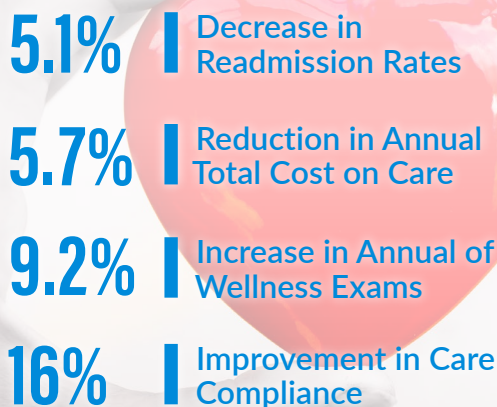


Figure 1: The Impact of Healthy Patient Relationships[§]

[§] Data pulled from various sources used in report.

THE EVOLUTION OF RELATIONSHIP MANAGEMENT

Targeted communication and engagement enable providers to build stronger relationships with patients outside of scheduled encounters.

CRM and the platforms which enable it were pioneered by the hotel and hospitality industries, not just to bring in new customers, but also to build and maintain their relationships with existing customers. Recognizing that a loyal lifetime customer is more valuable than a new one, their goal was to breed loyalty through communication and familiarity. A CRM manages outreach, PR, and loyalty programs. It records a customer's history not just at a single location but throughout an entire chain, noting their preferences, details of prior stays, what promotions and enticements have been most successful to bring them back, and the entire network of relationships that can exist between a commercial organization and a potential customer.

Patient acquisition and retention are vital for any healthcare organization, and improved outreach is vital to any organization, but in a clinical context even more factors come into play. Targeted communication and engagement activities do not just increase the amount of contact between a patient and their provider. They allow providers to build their relationships with patients outside of scheduled encounters. Patients can be supplied information and options for their care, allowing them to engage in the shared decision-making activities that produce the best adherence to treatment and medication plans, the lowest rates of readmittance, and the most improved clinical outcomes.

This is especially vital for chronic or polychronic patients who produce the largest share of outpatient costs. There is a strong and positive association between the level of trust between a patient and their provider, measured by the Health Care Relationship Trust scale, and multiple domains of Health-Related Quality of Life (HRQoL), including the physical, psychological, social, and environmental.¹ Low income and minority patients often feel under-involved

Impact of Patient Relationship Management

- Patient Acquisition and Retention
- Improved Engagement and Frequency of Contact
- Improved Relationships between Patients and Providers, Increased Trust
- Improved Patient Outcomes

in their healthcare planning and struggle with medication and regimen adherence². For these patients, improved relationships, a focus on building health literacy, and an understanding and appreciation for Social Determinants of Health (SDoH) factors, financial issues and other barriers can make an enormous difference in their willingness and ability to adhere to care plans. No matter what, communication is key.³

"The simple act of asking the patient's opinion on a topic related to their health is a great trust building maneuver. Having a discussion that stresses open-ended questions and seeks personal answers aimed toward their individualized success is critical."

-Hall & Heath, 2020

¹ AlRuthia, Y., Sales, I., Almalag, H., Alwhaibi, M., Almosabhi, L., Albassam, A. A., Alharbi, F. A., Bashatah, A., & Asiri, Y. (2020). The Relationship Between Health-Related Quality of Life and Trust in Primary Care Physicians Among Patients with Diabetes. *Clinical epidemiology*, 12, 143–151. <https://doi.org/10.2147/CLEPS236952>

² Chetty, R., Stepner, M., Abraham, S., Lin, S., Scuderi, B., Turner, N., Bergeron, A., & Cutler, D. (2016). The Association Between Income and Life Expectancy in the United States, 2001-2014. *JAMA*, 315(16), 1750–1766. <https://doi.org/10.1001/jama.2016.4226>

³ Hall, G. L., & Heath, M. (2020). Poor Medication Adherence in African Americans Is a Matter of Trust. *Journal of Racial and Ethnic Health Disparities*. doi:10.1007/s40615-020-00850-3

MORE COMPREHENSIVE DATA, MORE EFFECTIVE USES

PRM tools offer significantly more insight and visibility into patient health outside of the clinical setting

Consumer-centric vs Patient-centric

Patient trust, provider-patient relationships, and patient engagement are essential components of evolving virtual and remote care models. With more and more care occurring outside of scheduled encounters, communication and relationship-building are key. Physicians estimate that ambulatory care will grow about 12% per year over the next decade, representing nearly a third of all healthcare activity.⁴ Traditional uses for CRM and patient outreach tools, largely to create appointments, remind patients of existing appointments, and push broad preventative health or chronic disease campaigns, are not the areas of highest need in an omnichannel environment.

PRM tools give vastly more insight and visibility into patient health outside of the clinical setting. Patient-Reported Outcome Measures (PROM) and Patient Reported Experience Measures (PREM) can prompt patients for feedback at clinically identified times, such as after taking a medication or a meal, or can allow patients the opportunity to proactively communicate with care teams. These allow a platform to collect data on potential reactions or side-effects, patient adherence, regimen effectiveness, and other elements of home health. By integrating this data into an active PRM platform, rather than just relying on secure messaging or portal messages, these measures can become part of the patient record, data for analytics engines, and contribute to understanding individual patient context. When used in conjunction with clinical triage and responses, oncology patients engaged in PROM and PREM collection show an improved HRQoL (34% v 18%), better medication regimen adherence (30.1% longer course of treatment), and fewer ED visits (22% reduction) and hospitalizations (9% reduction).⁵

Patient...

Satisfaction

- **Qualitative measurement based on a patient's feeling of satisfaction when comparing their expectations to the reality of a specific care encounter.**
 - As defined by the Agency for Healthcare Research and Quality (AHRQ)
 - Measured by HCAHPS, Press-Ganey, Other Surveys

Experience

- **Qualitative measurement of a patient's perception of their entire interaction across the full continuum of care with an organization, shaped by culture, behavior, and priorities. Includes pre-encounter, post-encounter, and non-encounter interactions.**
 - As defined by The Beryl Institute
 - Measured by HCAHPS, CGCAHPS, Net Promoter Score

Engagement

- **Quantitative measurement of which activities and services a patient has taken advantage of, from those offered and available to them.**
 - As defined by Center for Advancing Health (CFAH)
 - Measured by Patient Activation Measures, PROMS/ PREMS, Patient Health Engagement Scale

Figure 2: Measuring the Impact of Communicating with Patients

⁴ Kumar, P., & Parthasarathy, R. (2020, September 16). Walking out of the hospital: The continued rise of ambulatory care and how to take advantage of it. McKinsey & Company. <https://www.mckinsey.com/industries/healthcare-systems-and-services/our-insights/walking-out-of-the-hospital-the-continued-rise-of-ambulatory-care-and-how-to-take-advantage-of-it>

⁵ Basch, E., Deal, A. M., Kris, M. G., Scher, H. I., Hudis, C. A., Sabbatini, P., Rogak, L., Bennett, A. V., Dueck, A. C., Atkinson, T. M., Chou, J. F., Dulko, D., Sit, L., Barz, A., Novotny, P., Fruscione, M., Sloan, J. A., & Schrag, D. (2016). Symptom Monitoring With Patient-Reported Outcomes During Routine Cancer Treatment: A Randomized Controlled Trial. *Journal of clinical oncology : official journal of the American Society of Clinical Oncology*, 34(6), 557–565. <https://doi.org/10.1200/JCO.2015.63.0830>

Achieving the Patient-Centric Goal

Many provider organizations underestimate the importance of patient approval measures for improving clinical outcomes.

Realizing the greatest value from a PRM platform comes from understanding the full patient context, including elements as diverse as their healthcare needs, community environment, family structure, or personal beliefs. Improving patient approval metrics has become a goal of many healthcare organizations. However, those same organizations often struggle to understand what data they need to optimize patient relationships, and how patient approval metrics intersect with health outcomes. Beyond measurements of approval, patient outreach and communication play an important role in clinical outcomes as well. More than a quarter of thirty-day readmissions are usually avoidable through improved communication between patients and providers, helping ensure discharge instructions are clear and understood, that caregivers are properly educated and informed, and that patients have access to the tools and resources they will need at home.⁶

The three main measurements for patient approval – patient satisfaction, patient experience, and patient engagement – are easily conflated, but are each distinct measurements for specific outcomes. Most provider organizations need to improve on all three measures, which requires a powerful PRM platform capable of providing that full view of the patient context.

Understanding Patient Relationship Management

How are PRM platforms different than CRMs and EHRs?

Patient experience and patient engagement have become core elements of the care relationship. While provider organizations can access some of the general functions of a PRM platform through EHRs or their patient portal, many of the functions are limited.

PRM platforms offer the power and flexibility of a CRM platform, but also incorporate design and function goals directly tied to clinical and organizational needs. By being distinct from the EHR and accessing a broader base of data, PRMs can provide a more complete view of the patient, going beyond the immediate organizational patient record. These platforms develop a clearer picture of the care a patient



may be receiving, other communications directed towards them, and help ensure that they receive both accurate and meaningful content. Data integrated by a PRM platform from a consumer fitness platform can inform providers of their patient's activity. By improving coordination, that patient will not receive redundant reminders to exercise, while the educational material sent to a diabetic patient can be coordinated with the care and advice they're receiving from an employer-sponsored management app.

As patients receive care from more sources, the scope of incoming data has accelerated and addressing it has become essential. An internal patient record, even in a data-mature organization that has integrated sources beyond the EHR, lacks visibility into other sources of care, education, and communication. The result is messaging which is less targeted, more redundant, and potentially contradictory.

Where PRMs, EHRs, and Data Platforms Intersect

Non-clinical sources of data can be a core component of patient outreach, communication, and care

Omnichannel care, where a patient is receiving treatment, communication, and assistance from multiple clinical sources with no common organizational data platform, requires powerful organizational data aggregation, normalization, and analytic tools.

⁶ Shinkman, Ron. "Seeking A Root Cause for Readmissions." Online Posting. California Healthcare News. Payers & Providers, 17 Mar. 2016. Web.

Non-clinical sources of data are increasingly important to care outcomes and can be a core component of patient outreach and communication. Data on social determinants of health (SDoH) may not be part of the EHR patient record but can be integrated into a broader platform. Patients can then be informed of specific programs they qualify for, resources in their neighborhoods, or organizational programs that can improve their care or quality of life. Critical initiatives such as vaccination and community testing drives can be conducted more successfully, incorporating vital individual and community context into communication and offerings. Key data points such as access to transportation, proximity to community centers, or membership in church groups can be used to create more successful communication and more effective campaigns.⁷

Clear, relevant communication is a key part of both patient experience and patient engagement. It has significant effects not just on marketing and survey metrics, but on clinical outcomes as well. Communicating with patients in ways which consider their personal circumstances and needs is essential to building trust and confidence in their providers. This drives adherence to medication and care plans, keeps patients engaged in an organization's sphere of care, and maintains visibility into their health status. Poor communication, especially irrelevant messages or messages felt to be repeated or redundant, don't just reduce patient satisfaction scores. They impact a patient's willingness to use remote care or monitoring apps, to communicate when they have health issues, or to read and absorb educational material.⁸ When a relationship management platform cannot access data about diagnosis, treatment, or communications from outside providers, the risks of those errors are magnified.

The result is a toolset that is not effective for maintaining patients at home and can damage the essential relationship between patients and providers. Net Promoter Score (NPS), a measure of patient enthusiasm and loyalty to a practice, classifies patients as Promoters, Passive, or Detractors, based on their likelihood to recommend a practice. Factors like ease of communication, confidence and trust in providers, and willingness to listen all drive NPS, while important metrics of care like 30 day readmissions, ED returns, and

⁷ Harmon, B. E., Chock, M., Brantley, E., Wirth, M. D., & Hébert, J. R. (2016). Disease Messaging in Churches: Implications for Health in African-American Communities. *Journal of religion and health*, 55(4), 1411–1425. <https://doi.org/10.1007/s10943-015-0109-3>

⁸ Haskard Zolnierak, Kelly B., and M. Robin DiMatteo. Physician Communication and Patient Adherence to Treatment: A Meta-Analysis. *Medical Care* 47.8 (2009): 826– 834. PMC. Web. 7 Apr. 2016.

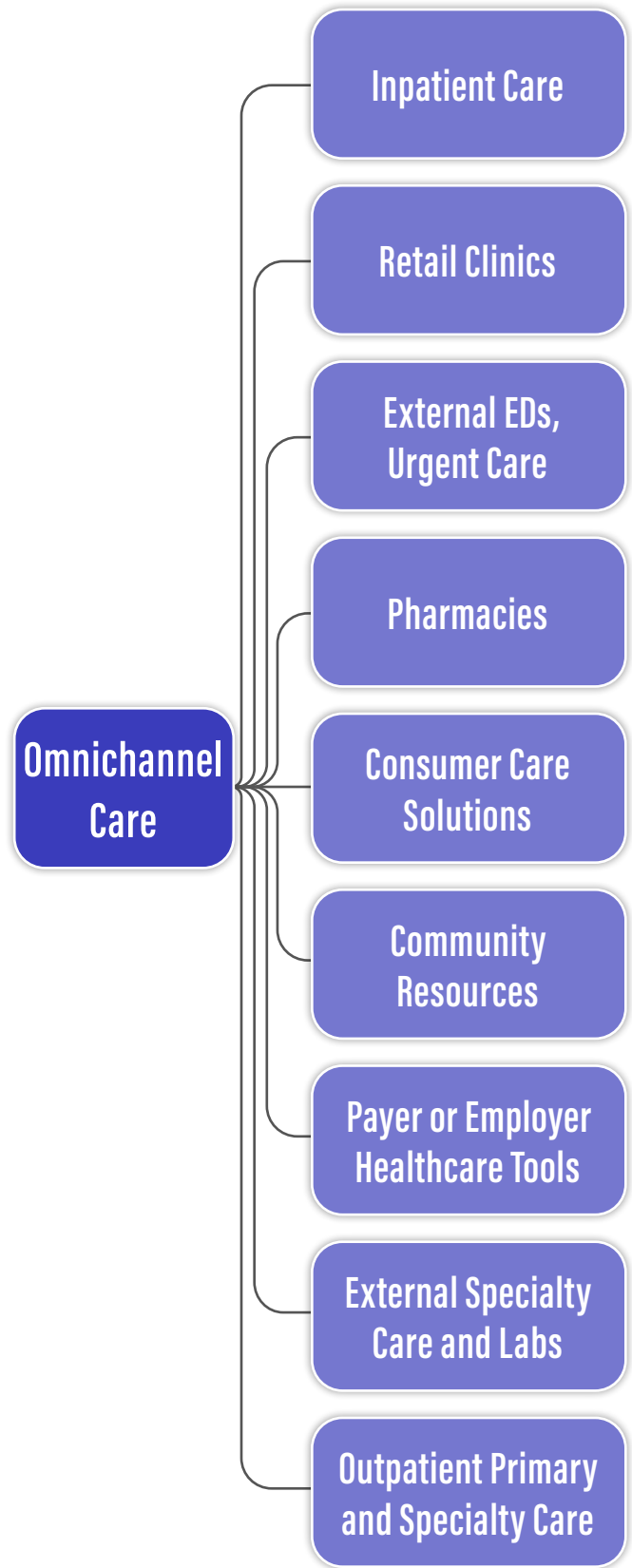


Figure 3. Components of Omnichannel Care

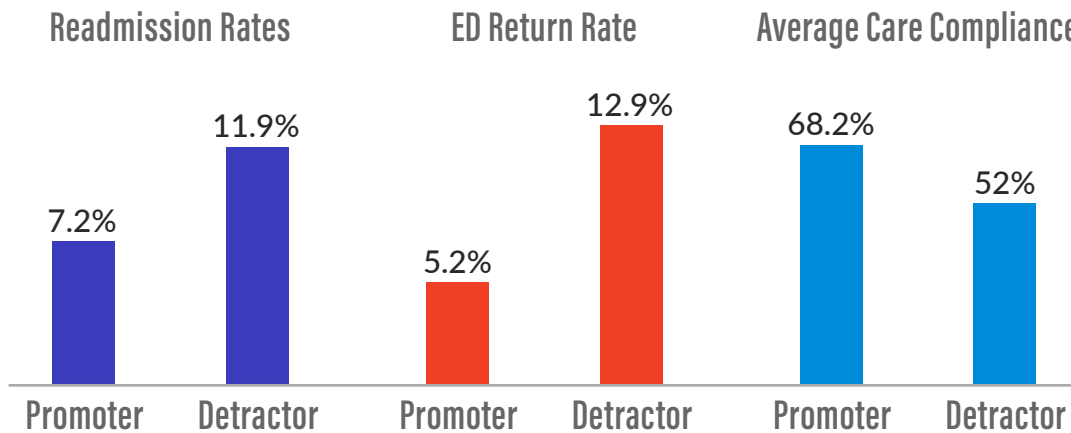


Figure 4. Effect of Net Promoter Score on Clinical Measures

average care compliance all show statistically significant improvements between Promoter and Detractor groups.⁹

While interoperability has taken massive leaps since ONCs data sharing rules in 2020, EHRs and applications are still working on solutions to bring in outside data and make it actionable. Many applications still focus on communication via patient portals, requiring patients to have an account and reliably log in to receive messages or interact with care teams. Reporting and analytics tools often lack the ability to track essential messaging metrics, making it difficult or impossible to determine what communication strategies are working, or how well.

More Than Value-Based Contracts: Patient Outreach and Revenue

With its impact on health outcomes, PRM can make a significant difference to the organizational bottom line.

Aggregating, normalizing, and analyzing the data from multiple sources, organizations, and applications is a significant challenge, but it is only the beginning of the value of a PRM platform. Once data is available, it can be deployed for use by provider organizations in a variety of ways. Many health

systems focus on clinical care gaps. Organizations with value-based contracts (VBC) can look to PRM to help bring patients in for needed screenings, tests, or appointments. Whether the organization owns true downside risk in their contracts or they have revenue enhancements designed to encourage care practices, the revenue implications can reach into the tens of millions of dollars.

With its effects on health outcomes, PRM can make a significant difference to the bottom line of a fee-for-service organization as well. Improving the ability of providers to have meaningful, relevant communication with patients is both more effective at reducing readmissions and cheaper than focusing on HCAHPS measures or standardized processes that don't account for patient context.¹⁰ PRM use can drive up to a 9.15% increase in the rate of annual wellness exams, which are associated with a 5.7% reduction in annual adjusted total cost of care per patient and higher savings in top HCC quartiles.¹¹ Decreased readmission rates are also correlated with increases in operating revenue and operating margins.¹² When quality of care is high, a 1% improvement in communication-focused experience corresponds to a 5.12% decrease in readmission rates, compared to a 2.98% decrease after a similar improvement in more standardized experience measures.

⁹ NRC Health and University of Missouri Health Care <https://nrchealth.com/resource/using-net-promoter-score-to-drive-improvement-and-loyalty/>

¹⁰ Senot, C., Chandrasekaran, A., Ward, P. T., Tucker, A. L., & Moffatt-Bruce, S. D. (2016). The Impact of Combining Conformance and Experiential Quality on Hospitals' Readmissions and Cost Performance. *Management Science*, 62(3), 829–848. doi:10.1287/mnsc.2014.2141

¹¹ Beckman, A. L., Becerra, A. Z., Marcus, A., DuBard, C. A., Lynch, K., Maxson, E., Mostashari, F., & King, J. (2019). Medicare Annual Wellness Visit association with healthcare quality and costs. *The American journal of managed care*, 25(3), e76–e82.

¹² Upadhyay, S., Stephenson, A. L., & Smith, D. G. (2019). Readmission Rates and Their Impact on Hospital Financial Performance: A Study of Washington Hospitals. *Inquiry : a journal of medical care organization, provision and financing*, 56, 46958019860386. <https://doi.org/10.1177/0046958019860386>

CALL TO ACTION

USE THE FULL PATIENT CONTEXT TO DRIVE BETTER CARE

Movement towards more ambulatory and out-patient care offers an incredible opportunity to lower the cost of care. Care management platforms and monitoring tools can help drive improved health for chronic and poly-chronic patients whose long-term health and wellness requires constant monitoring. An improved understanding of the importance of social determinants of health and the resources available in communities drives better access to care and a healthier community.

However, all of that depends on the ability of healthcare providers to understand not just their small segment of

a patient's health picture, but the full holistic context of their health, life, and personal needs. Instead of relying on tools designed to reach as many generic patients as possible to increase sales and marketing numbers, health-care providers must leverage technology to drive the right communication to the right patients, with technology platforms that aggregate and synthesize a full spectrum of data. That patient-centric, context-driven communication strategy, based on unified patient data, will not only help to improve patient and provider relationships, but also patient outcomes.



About the Author



Alex Lennox-Miller joined the Chilmark Research team in 2018, as a research analyst specializing in provider-payer convergence. His work focuses on value propositions for HCOs and payers, particularly in the implementation and potential use cases of analytic and workflow packages for clinical, administrative, and financial areas. From value-based payments and population health quality to revenue cycles and staff appointments, Alex believes that improved understanding and use of HIT is essential in providing the best possible care for patients, as well as improving the lives of clinical providers.

Before joining Chilmark, Alex was the senior business analyst for Process Improvement Operations in Lahey Health System, where he learned firsthand the challenges and value in implementing analytic programs and an analytic mindset in the healthcare setting. Prior to that, he was the founder of KSVL Consulting and specialized in providing accounting, finance, and business model consulting to start-ups and new businesses in Greater Boston. His background in process engineering and financial analysis comes from Northeastern University, where he earned his MBA in 2016.

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CONTACTING CHILMARK

 John Moore III, VP of Growth Strategy

 (617) 823-7623 (Direct)

 (844) 969-4687 (Office)

 john3@chilmarkresearch.com

 1 Beacon St. Boston, MA 02108

 ChilmarkResearch.com



One Beacon Street, 15th Floor
Boston, MA 02108

www.ChilmarkResearch.com

info@chilmarkresearch.com

617.615.9344