

VBCRM: A New Idea for a New Era of Healthcare CRM



By

Gary Druckenmiller, Jr.

General Manager, CRM, Innovaccer

Amy Stevens

General Manager, Provider Performance and Value-Driven Transformation, Innovaccer

Table of Contents

Executive Summary	02
VBCRM: A new idea for a new era of healthcare CRM	02
VBCRM Part I: Find	05
Bridging Healthcare's Greatest Divide	05
• The Four C's Disrupting the Market for Provider Services	06
• Find: The Fee-for-Service Story	08
• Find: The Value-Based Care Story	10
• Eliminating Barriers to Systemness	11
VBCRM Part II: Guide	12
Caring for Patients like Human Beings, Not Contracts	13
• Healthcare Needs a GPS for Guiding Patient Care	13
• Guide: The Value-Based Care Story	15
• Guide: The Fee-for-Service Story	16
• Integrating the Data, Expanding the Aperture	18
VBCRM Part III: Keep	19
Keeping Patients Loyal and Engaged for Life in a Consumer-Driven Marketplace	19
• Embracing Loyalty (FFS) and Engagement (VBC)	20
• The Role of Data, Service, and Experience in Healthcare: The FFS Story	23
• From Weight-Watching to Behavior Change: the VBC Story	24
• Conclusion: Everything Everywhere All At Once	25
How Can Innovaccer Help?	26
References	27
About Innovaccer	28

Executive summary

VBCRM: A New Idea for a New Era of Healthcare CRM

Why should consumer marketing, patient engagement, care experiences, quality outcomes, marketing effectiveness, and financial performance remain separate factors within a healthcare organization?

The answer: They shouldn't.

Chocolate was invented 4,000 years ago¹ in ancient Mesoamerica, present-day Mexico. The first patent for peanut butter was issued to Marcellus Gilmore Edson² in 1885. But it wasn't until 1928 when Harry Burnett (H.B.) Reese brought these two sweets together to create something sweeter than both of them individually: The Reese's peanut butter cup.

The earliest online reference to customer relationship management (CRM) in healthcare appears in 1996³. The notion of population health management (PHM) dates to 2003, when David Kindig, MD, PhD, and Greg Stoddart, PhD wrote a paper entitled, "What is Population Health?"⁴ But it wasn't until 2023 that Innovaccer brought these two ideas together—CRM and PHM—to create something sweeter than both of them: VBCRM, or "value-based CRM."

Hold on. That *doesn't* mean CRM exclusively for value-based care. It just means that some things are *better together*. So it is with chocolate and peanut butter. And so it is with CRM and PHM data, analytics, insights, and workflows.

The simple idea is to weave CRM data into the longitudinal consumer/patient record, apply the analytics made possible by that, integrate the resulting holistic insights into the relevant workflows, and—voila!—transform enterprise healthcare communications and the clinical patient journey, together.

Healthcare marketers and leaders can deliver **value** for the healthcare organization, **value** for consumers, **value** for patients, **value** for providers, value to the community, and, yes, value to the US healthcare system overall, *no matter what reimbursement model is in play*, be that fee-for-service (FFS), value-based care (VBC), and other alternative payment models (APM).



That extreme level of value realization is absent in a healthcare organization's CRM function, the marketing/strategy function, and the value-based care function today. Indeed, a 2023 Innovaccer survey of healthcare leaders found:

76%

are not using data-driven patient engagement at all

80%

are not mapping consumer journeys in alignment with patients' personalized continuum of care

64%

are not using data-driven patient engagement to improve care coordination

What are they using CRM for? New patient acquisition, mostly. They're helping consumers **find** care, but are unable to use CRM to **guide** them through the care experience or engage them to retain them to **keep** their customers for life.

Likewise, CRM tools are bottled up in marketing, and their full potential value isn't realized across the healthcare organization. CRM typically isn't extended to an organization's population health teams or value-based care entities. And isn't that silly? Risk-bearing entities have similar needs, just in a different context. They need to find, guide, and keep their members, covered lives, and beneficiaries for life.

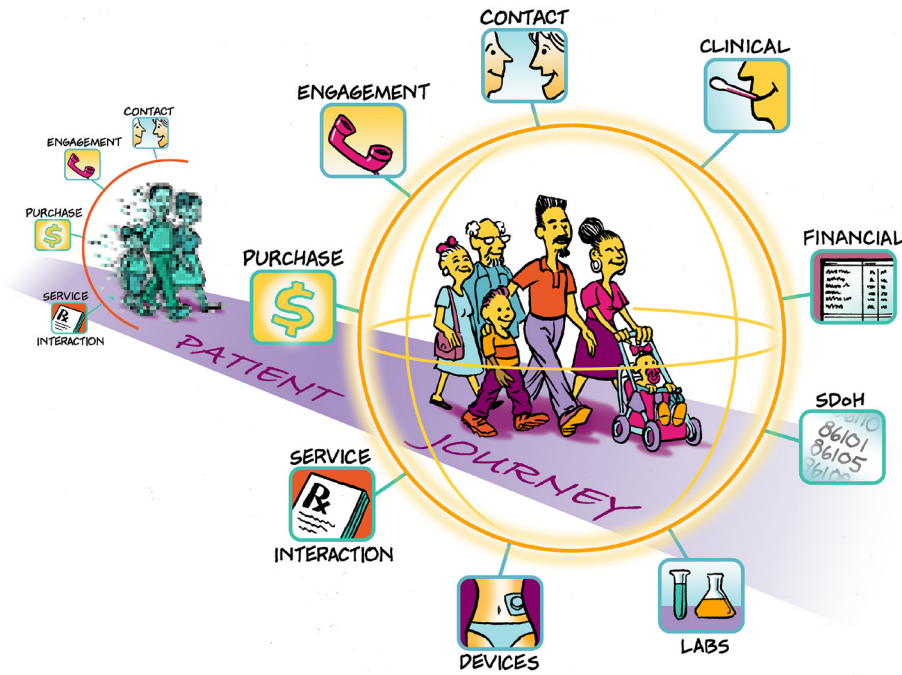
Most healthcare organizations have massive blind spots in their understanding of consumer behavior and clinical needs across the patient journey because they have massive gaps in their consumer/patient data. They don't have the PHM data they need within their CRM to go further and expand the value realization that CRM, when coupled with PHM data, analytics, and workflows, can deliver to a healthcare organization.

To fully address the consumerization of healthcare demands that we close this CRM data gap. In healthcare, you don't have to be an ACO or other at-risk organization in order to benefit from infusing your CRM personalization efforts with population health data, analytics, and insights. And if you're a risk-bearing entity, there's no better way to expand or otherwise fine-tune your risk pool, improve care journeys, keep patients in your network, and enhance care quality than to leverage the power of your pop health data with retail CRM capabilities.

According to the latest HCP-LAN survey of 63 health plans⁵, 40.5% of payment today is pure FFS, 19.5% is FFS with ties to quality and value, 32.9% are APMs built on an FFS architecture, and 7.5% of payment is population-based. Healthcare today needs a CRM solution that can work across all of these payment models. That's exactly what the VBCRM concept is about.


From pure FFS to full risk and everything in between, every healthcare organization can now realize the maximum value of their CRM investment to find, guide, and keep patients for life, from illness to wellness to prevention. And that's as sweet an idea as a peanut butter cup.

Old-school retail CRM vs. VBCRM: A fragmented view vs. the full family picture by fusing CRM and PHM data, analytics, and workflows



Take your CRM to a higher power with **VBCRM**, the concept behind **Innovaccer's new Health 1:1 for Enterprise CRM**. Show consumers and patients that you really know them. Address every single patient individually and uniquely using longitudinal patient data, hyper-personalized outreach and engagement, unified enterprise-wide analytics and performance measurement, consumer journey mapping, and more. Deliver a consumer-centric 1:1 health experience that's never been possible before.

VBCRM: Bridging Healthcare's Greatest Divide



For a decade, healthcare has reached value while standing firmly on the fee-for-service ground. The rhetoric has been aspirational; the reality is all about revenue.

While there's widespread agreement and regulatory momentum to establish value-based care (VBC) as the future of healthcare, the fact is that 40.5% of payment today is pure fee-for-service (FFS), 19.5% is FFS with ties to quality and value, and 32.9% are APMs built on an FFS chassis. With only 7.5% of payment population-based, that means 92.5% remains tied to FFS⁶.

This puts many health systems and physician groups in the complicated position of trying to succeed with two contradictory business models at once. For a small subset of their patients, the goal is to keep them healthy and out of the hospital while reducing overall costs through deft care management and coordination. But most of a health system's book of business is based on attracting and treating people who are sick or injured and in need of the kind of costly acute care services and repeat business that generates revenue the old-fashioned way.

Not only are those business models in opposition but so are the technology solutions many health systems deploy to support them. To manage the care of populations, health systems need data architectures that enable a deep understanding of patient needs, predictive analytics, and seamless care coordination.

In contrast, to attract patients for primary or acute care services, most health systems increasingly rely on standard enterprise customer relationship management (CRM) systems that have been modified for healthcare, often with little to no contextualized clinical data. While some legacy CRM vendors lightly fuel their CRM systems with microbial portions of clinical data, it's not readily usable or actionable. It's just "there."

Unfortunately, this platform schism reflects and perpetuates the strategic and operational divide within many health systems. But what if there was one CRM or data platform that could effectively drive healthcare growth and marketing efforts while also supporting the complex goals of loyalty and population health management?

That may sound like an ungainly Swiss Army Knife solution, but it's actually a practical and flexible approach. The technology and data needs of fee-for-service and value-based care are more aligned and complementary than most healthcare leaders realize. With a unified data platform, a health system or physician group can deploy tools and solutions that achieve its strategic goals for volume-based care and population health. In this way, the health system can bolster its financial strength and competitive position today with commercial patients while leveraging capabilities for succeeding in risk-based arrangements at an ever-growing scale.

An Innovative Way to Find, Guide, and Keep Patients for Life

Providers today face more competition for patients than ever, and those patients have growing consumer expectations for both real-world and digital service, convenience, and quality. Patients also have access to an expanding array of alternatives for primary and specialist care, spanning digital channels and telemedicine to retail clinics, ambulatory centers, corner drug stores, and even their favorite e-commerce providers (e.g., Amazon).

The Four C's Disrupting the Market for Provider Services

Consumerism

Already burdened with higher co-pays, today's patients have a wider array of options for care, such as telemedicine and retail clinics, that emphasize convenience, service, and lower costs. This has helped turn patients into more discerning, more demanding consumers.

COVID-19

As it has with almost every other trend in healthcare, COVID acted as an accelerator of consumerism by steering patients away from hospitals and into the arms of telehealth, retail clinics, urgent care centers, and an ever-increasing array of alternative and satisfying options.

Competition

Behemoths such as CVS, Walgreens, Walmart, and Amazon have deep knowledge of consumer behavior and are committed to changing the way primary care is delivered and experienced. Make no mistake about it: They're taking business away from hospitals and traditional physician groups, and this siphoning will only grow. Likewise, branded surgical centers and specialty clinics are pulling acute care away from hospitals.

Consolidation

Hospital and physician group consolidation have turned local markets into regional markets and, eventually, into national markets. Those larger entities have bigger marketing budgets and an insatiable appetite for greater patient volume.

Regardless of whether they're operating under FFS, VBC, or PHM (population health management) models, health systems and physician groups must learn how to find, guide, and keep patients in their networks better than their competitors.



Finding patients is about driving volume and growth



Guiding patients involves directing them to the appropriate services, whether for preventive care or ensuring they receive necessary treatment within a fee-for-service system



Keeping patients is about engaging them in their care management program or encouraging them to remain loyal to the provider

Personalized 1:1 experiences are key to improving growth and retention across the life of a consumers' health journey

FIND Consumers

1. **Awareness + Consideration:**
- Where the consumer experiences and self-assesses symptoms, leading to online research, discussion with family and friends, or posting to social media



GUIDE Patients

2. **Help + Enroll:**
- Where the consumer/patient contacts a health system or provider, makes an appointment, or receives other resources
3. **Care + Treat:**
- Where the provider sees the patient, performs an assessment, makes a diagnosis, suggests treatment, and/or delivers on-site care



KEEP Patients

4. **Recovery + Rehab:**
- Where the patient receives follow-up care and is motivated to make changes to their day-to-day activities
5. **Ongoing Care + Proactive Health:**
- Where the patient ongoing care management between appointments, promoting long-term engagement and enabling better self-care



In part one of this three-part series, we focus on the challenge of Finding consumers/patients within FFS and VBC models.

Find: The Fee-for- Service Story

Traditionally, hospitals and physician groups have largely relied on patients coming to them because of illness, a health concern, or injury. Provider organizations had little reason to aggressively seek that business but relied on billboards, ads, word-of-mouth referrals, and reputation (Best Hospitals reports, etc.) to keep their service offerings top of mind.

In today's more competitive, consumer-driven environment, providers are turning to enterprise CRMs to help fill their pipeline of fee-for-service patients. In shifting from relatively passive to more active marketing, the new goal is to make patients feel as if they are consumers buying a service, much like they would book a hotel room, buy a plane ticket, or order prescription glasses.

In theory, many Baby Boomers and Gen X-ers still have "relationships" with primary care doctors who feed them to specialists through referrals. But today, younger patients are doing their own research online and directly seeking the services they need. This makes digital interactions the first point of contact for an increasing number of consumer-minded patients.

A CRM system will track those patients' searches and target them with a timely stream of digital ads and offerings to entice them with promises of service, quality, convenience, and expertise. The patient self-selects by requesting an appointment, registering for an event, or visiting the clinic or ER. The CRM can then follow up with timely reminders, instructions, and referral messages.

The emphasis, in other words, is on the front end of the care journey, with personalized connections and "white glove" treatment across multiple communication channels.

Ideally, that same CRM system would continue to track, guide, and coordinate the patient through the rest of their care journey—across every site of service, test, imaging center, referral, appointment, follow-up, payment request, etc. And ultimately, the CRM would encourage patients to stay engaged with their doctor and loyal to the provider's brand for future services.

The “day one” reality, however, is different. Traditional and more marketing-centric CRMs and CRM add-ons:

- ① Don't provide a ready-for-healthcare contact center as a super-hub for access, triage, transitional care, and overall experience management. Without this bridge, a consumer will never be able to receive a consistent and accurate point of entry into any health organization. They're left to figure that out on their own.
- ② Don't provide clinical data from day one. This means that, once the marketing CRM has done its job, it hands the patient over to other departments using other groups of vertical technologies that use different data and processes, which typically look and feel different from the experience the consumer/patient was just engaging with. The consumer/patient journey becomes fragmented from the start, and their experience will be inconsistent, subpar, and not satisfying—certainly nothing to rave positively about on social media.
- ③ Don't provide proper, regulatory-approved early care management and care coordination workflows to provide deeper, frictionless access into the heart of the health system administration, and aren't able to adapt to consumer preferences and provide choices of where to go next.
- ④ Don't provide an integral physician connection that bridges the “consumer to patient to physician” transition with unified and comprehensive patient data. This time the fragmentation is even worse because it goes a level deeper to the doctor when they open their EHR to learn about their patient. Outside the clinical record, what does the doctor know about the patient? It's generally accepted that 80% or more of a person's health is related to non-clinical and social drivers⁷. But the doctor won't have those insights in the EHR, and thus won't be able to act on them as part of their recommendations and treatment plan. This might well be the #1 limitation of traditional CRMs and EHRs trying to enter the healthcare CRM space. They are not proficient at integrated communications and cross-departmental integration and synergy.

They also fall short in the Guide and Keep stages of a patient's care journey. Clinical data is hard (or even impossible) for traditional CRMs to collect, sort, access, and process, partly because of the complexity of that data with its specific fields, terms, etc.; and partly because of compliance issues with protected health information and HIPAA. Traditional vendors are trying to extend the utility of legacy retail-oriented CRM solutions through digital and physical care coordination, but to date, they haven't had much success —just ask any provider who is using a legacy “big tech” CRM and wants to use clinical data to further personalize the care journey.

Find: The Value-Based Care Story

The same forces—consumerism, COVID, competition, and consolidation—have accelerated the adoption of value-based care models and supportive technologies, though at a smaller rate and scale. Consumer-minded seniors have gravitated toward risk-based Medicare Advantage programs over traditional fee-for-service Medicare. Forty-five percent of Medicare beneficiaries are enrolled in Medicare Advantage plans in 2022, a share that is projected to rise to more than 50 percent by 2025 ⁸.

CMS is also committed to moving standard Medicare increasingly to value-based alternative payment arrangements. The Shared Savings Program alone went from recruiting its first healthcare providers in 2011 to its current status as one of the largest value-based programs in the country, covering more than 11 million lives with over 525,000 participating clinicians⁹.

A new breed of retail-savvy providers, such as UpStream Healthcare and Franciscan Health, have jumped at the opportunity to capture patients eligible for care management. And COVID has intensified efforts to address health equity gaps in under-served populations through population health services. To keep patients in VBC arrangements healthy and out of the hospital, health systems need robust data platforms that can use clinical data to better engage patients and coordinate care across multiple settings and complex payment models.

Now, at first blush, providers working with VBC models would seem to have less need to actively “Find” patients for their programs. In truth, they still need to identify the right patients within a given region or population, target those patients with messaging that encourages them to enroll or engage, and deliver a positive experience that contributes to better outcomes. In fact, because those risk pools are small, VBC models can become financially precarious if the number of attributed lives declines. Conversely, they become less risky and more profitable when the

programs are scaled.

Achieving scale takes robust data, analytics, and information-sharing capabilities between EHRs and other HIT and clinical systems—not to mention consumer digital devices and communication channels. The provider must be able to assess the health conditions and status of their patient population; perform the kind of risk stratification on individual patients that makes the right interventions possible and profitable; and coordinate care and social services easily across all settings, in ways that reduce administrative burdens on clinicians and provides a hyper-personalized, clinically aligned journey experience for patients.

Traditional CRMs can’t get to that n-of-1 level, and they can’t aggregate all of a patient’s data (contract status, clinical, claims, social determinant, demographic, marketing) into a unified patient record. They also typically have no way of flagging who’s in an at-risk contract already versus who is not. Why? At the end of the day, they don’t have the data (where’s the beef?). This effectively limits their ability to market to that patient population. Instead of knowing who that patient is in a holistic, longitudinal, and clinically personalized way (as well as retail personalized), the CRM segments the patient into a persona or group that is broad, static, and not reflective of the patient’s actual interactions with the provider organization.

Imagine how much more effective a marketing campaign would be if the CRM solution had all of a patient’s data, both as a retail consumer and as a patient with clinical requirements. Imagine how much more personalized, engaging, and satisfying that patient’s interactions with the provider organization would be if that data were accessible and readily available at every point of care and experience. Imagine what happens when a patient feels their provider “shows me they know me.”

Eliminating Barriers to Systemness

It's been said that American health systems are systems in name only. Over the past several years, calls for "systemness" have increased with the need to optimize performance across all dimensions of a provider organization's operations. Artificial divides between marketing, administration, clinical care, and finance impede that performance improvement.

Operating under VBC and FFS models at the same time, most provider organizations today perpetuate that divide by using different technologies and different sources of patient data and information. Today, VBC models need a unified patient record to coordinate care, enhance engagement, and achieve quality and cost containment goals. And FFS models need a unified patient record to provide the kind of "white glove" consumer experience patients increasingly expect from the moment they start to interact with the provider organization and across their entire care journey.

The notion of value-based CRM, or VBCRM for short, ensures that both operational models benefit in terms of financial performance, outcomes, and experience by bringing traditional CRM and contemporary PHM data together in a longitudinal patient record—creating a holistic, single source of marketing truth about the patient. Bridging these worlds also better prepares organizations to actually take on more risk over time. That is true healthcare marketing, where the emphasis is truly on delivering quality healthcare and experiences at every step of a consumer-to-patient journey.

Lastly, embracing this approach—bridging the FFS and VBC worlds with a healthcare CRM that understands and leverages population health data in both contexts—better prepares organizations to take on more risk over time, which is the inevitable end state of US healthcare. And in the end, the patient benefits most of all.

As Innovaccer's chief medical officer, Dr. David Nace puts it: "The antidote to healthcare fragmentation is systemness, which is alignment across finance, clinical care, and culture. But that requires a platform that's pulling data from every source, including every care setting and every contract".

The question shouldn't be, "What's the best CRM for FFS and the best data platform for population health?"

The question should be, "What's the best solution for healthcare?" That question now has an answer: **VBCRM.**



VBCRM: Caring for Patients Like Human Beings, Not Contracts

A value-based CRM brings CRM, pop health, and digital-experience data, insights, and workflows together—independent of payment models, including FFS—to guide patients through the clinically personalized, continuous care journeys they want today

The schism between fee-for-service and value-based care business models presents a false choice over technology systems to healthcare leaders, blocking them from delivering truly personalized 1:1 health experiences to patients throughout their care journey. The question shouldn't be, "which system do I need for FFS and which do I need for population health or value-based care?" The question should be, "which system do I need to enhance the experience, health, and loyalty of consumers?"

Health systems spent \$14 billion globally on CRM technology in 2021, 50% of that in the US. That's expected to grow at a CAGR of 8.4% from 2022 to 2030.¹⁰ And yet, despite that massive investment and

lofty industry-wide strategies for meeting healthcare consumerism head on, satisfaction with the "experience" of U.S. healthcare is tepid at best.

Ask yourself if you've ever heard someone express delight over a healthcare encounter. Ask yourself how loyal you think patients are to any particular health system. Ask yourself if your organization's CRM strategy makes a meaningful difference in service, health outcomes, care coordination, brand strength, market share, or people's lives. I'll wager your CRM falls short on these basic functions, and that you put a lot more effort into "making your EHR work" relative to the value it provides your organization in return.

Competing Definitions: The Old and the New

In the era of healthcare consumerism, we need a new definition of CRM if we are to realize its full, as-yet untapped potential.

Traditional CRM (as defined by HIMSS):

“... an organization-wide strategy for managing an organization's interactions with its patients and their supporting infrastructure, suppliers, providers, and/or employees using CRM technologies. It seeks to optimize the way we establish and nurture meaningful and sustainable relationships in efforts to enhance patient experience, improve population health, reduce costs, and improve the work life of healthcare providers – ultimately leading to increased trust in and loyalty to the organization”.¹¹

Value-based CRM:

VBCRM is far more than a marketing function. It's an enterprise healthcare communications platform, independent of reimbursement models, that spans and integrates the entire clinical patient journey, from finding new consumers/patients to guiding them through every step of their care and keeping them retained for life.

As we covered in the first chapter of this series, a lack of “systemness” is at the root of this problem, exacerbated by the technological divide inherent in different IT platforms.¹² In part one, we talked about how improving a hospital's systemness by unifying consumer behavior and population health data can have a transformative impact on finding and acquiring new patients, regardless of the reimbursement model in use, be that FFS, VBC, or some other APM.¹³

Now, we are going to talk about how systemness (or the lack thereof) impacts the work of guiding patients through their care experience. And in our next and final chapter in this series, we'll describe the power this has on keeping patients loyal for life.

Healthcare Needs a GPS for Guiding Patient Care

When it comes to guiding patients through their care journey, deploying an enterprise CRM for FFS customers and a pop health data platform for those under shared- or full-risk models creates barriers to systemness that make both solutions less effective. By unifying consumer CRM and patient population health data through a single longitudinal record, providers remove the artificial barriers that exist between marketing, administration, clinical care, and finance, improving performance across all of these areas.

Examining how patients can be supported in navigating their healthcare journey illustrates the power of unified

patient health data. Fee-for-service entities can benefit from infusing web and CRM personalization with population health data, analytics, and insights; while risk-bearing entities can expand and tune their risk pool, improve care journeys, keep patients in-network, and enhance care quality by leveraging pop health data with retail “CRMesque” communication programs.

Let's see how that works.

Guiding patients is all about having the right data and the right message, so you can deliver the right care to the right person at the right time, all the time—whether

that's to keep them healthy and away from the hospital under a value-based or alternative payment model, or to make sure they get all the care they need in a fee-for-service system, only when they need it.

For value-based care, a population health platform that unifies patient data and insights across EHRs, HIT systems, and care settings—while integrating with and supplementing legacy or archaic EHR clinical workflows—is essential if the health system wants to avoid hemorrhaging money on those contracts. Giving care teams a single source of patient truth at the point of care across an entire journey, including visibility into social determinants that impact local community interactions and health equity, enables them to effectively engage patients, coordinate care, change behaviors, and improve outcomes in a way an EHR can't do on its own.

But how in the world does that kind of technology investment make sense with fee-for-service patients? If healthcare has an implicit bias about traditional, fee-for-service care delivery, it's that "service" is at best secondary and at worst antithetical to clinical expertise. This is reinforced by the fact that providers are paid regardless of outcomes and patient experience.

In a competitive healthcare marketplace, however, a health system that fails to meet consumer expectations for smooth and seamless care coordination, personalized engagement ("show me you know me"), convenient real-world and digital services, and high-quality outcomes and experiences will inevitably lose its fee-for-service patients to providers who do a better job at the "service" part.

Many digital officers are now steadfastly equating this phenomenon to moments such as buying a latte from Starbucks or even booking an appointment for a haircut. A consumer is going to wonder why their small business hairstylist does a better job of reminding them about an upcoming appointment than their big business health system.

"Why?" indeed. Consumers don't know or care how the health system is being reimbursed. All they know, remember, and talk (or post) about with friends and family is what their experiences were like and the outcomes they're living with. There's more PHI on Facebook than in every health system in America. And consumers are sharing the good and the bad stories with their online and real-world social networks.

Individually, CRMs and EHRs simply can't approach that required level of insight, engagement, and workflow integration. And in their defense, they were never designed to. They rely on multiple, fragmented sources of patient truth. Conversely, a single platform that can engage and coordinate care for all patients, regardless of the payment mechanism, can help a health system achieve its strategic and financial goals in each business model, through a single source of patient truth.

To paraphrase Superman, this looks like a job for VBCRM. It puts an end to the false choice of "we need a CRM for our FFS business and a pop health platform for our risk-bearing businesses." In fact, you need a healthcare CRM that bridges the schism and brings both worlds together, to achieve 360° of patient engagement that's not possible otherwise or anywhere else.

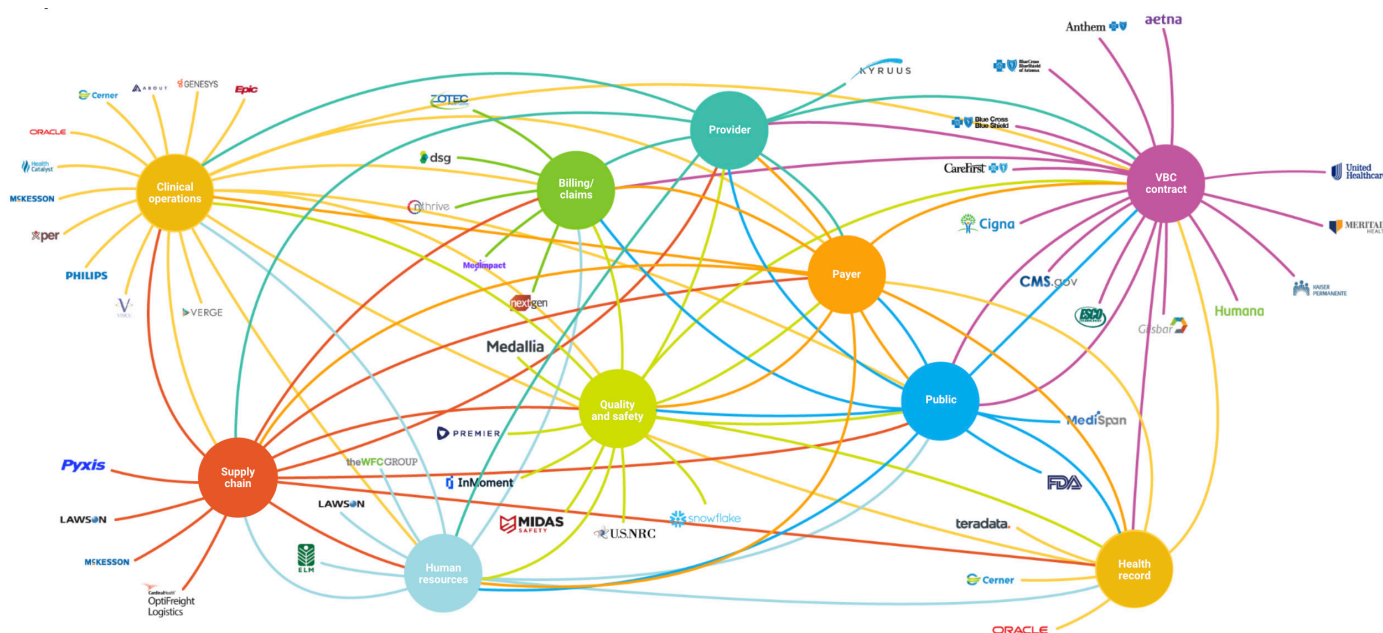


Fig. 1: The typical health system IT infrastructure makes it impossible to harness the full value of data, analytics, insights, and workflows for effective VBCRM

Guide: The Value-Based Care Story

Whether through ACO REACH, Managed Medicaid, Direct Contracting, an employer agreement, or even traditional Medicare with quality metrics in play, a health system can find itself in a complicated array of contractual arrangements that include some level of risk for different patient populations. From the outset, that presents challenges.

“Finding” patients is hard. Lists can be out of date and inaccurate. Patients may not know they belong in one program or another. Lacking comprehensive data, the health system can struggle to identify the right patients and establish contact

with them. This is especially true for Medicaid beneficiaries who might have no fixed address or permanent phone number.

Once those patients are enrolled, however, the real work begins. In short order, the health system needs to assign each patient a risk score. Are they behind on testing or assessments? Do they need to be enrolled in a care management program? Do they have the proclivity to develop a more serious and costly condition? Payment is based on the level of acuity, so it’s critical to develop an accurate, comprehensive understanding of each patient’s current health

status and future needs. In other words, you need to build a tight 1:1 relationship.

By pulling rich data from different sources, the health system can create a high-definition portrait of each patient, and much faster than it could through isolated care encounters. This helps the health system design a customized set of interventions—from regular wellness visits to full-blown care management programs—tailored to the patient’s risk profile, while continuing to stay connected, track statuses, coordinate care, and support care teams at the same time.

And that last part is the critical connection to get to an “experience.” These technical moments need to happen in unison at the same time. Data must be quickly connected and rationalized in nano-seconds, assimilated into the proper unified workflow (also in nano-seconds), and then presented in the simplest way humanly possible in (you guessed it) nano-seconds.

Ultimately, to be successful in population health and value-based arrangements, a health system also needs to be able to change patient behavior. And behavior doesn’t change quickly, if at all when the path to get there is riddled with roadblocks, miscommunication, no communication, and uncommon language that some people went to medical school for years to learn. The health system can’t be passive

about expecting patients to keep appointments, get blood work done, adhere to medicines, adopt healthy lifestyles, manage depression, reduce blood sugar levels, and go to urgent care instead of the emergency department.

That takes ceaseless patient engagement rooted in ease and comprehensibility, backed by an integrated technology and data platform that doesn’t diminish the high level of understanding required. Moreover, a parallel system of support is needed for the provider network. On their own, clinicians can’t be expected to follow the stipulations of multiple contracts for multiple patients when they’re prescribing medicines, making referrals, scheduling tests, or recording clinical data.

And in a growing population

routinely branched and forked by technology at almost every level, they can’t be expected to “know” each patient well enough to engage them effectively on their health over time. The workflow around the guided patient journey in VBC must be supported by intelligent and automated data with the right prompts, signals, insights, and information reaching the care team and the patient at the point of care at the moment it’s requested.

And it must be integrated into their existing EHR clinical workflow or, as the CIO of a major health system recently told me, “they simply won’t use it.” Being able to change physician and clinician behavior is equally important and directly proportional to the success of those to whom providers serve every single day.

Guide: The Fee-For-Service Story

On the fee-for-service side, what happens after a consumer looking for healthcare services becomes a patient? Once that consumer has made an appointment, walked into the emergency department or urgent care, followed through on a referral, or been scheduled for a procedure, they are “in the system.” Typically, however, there’s nothing systematic about that experience going forward. For too many patients, the journey—whether it lasts a few visits or a few years—feels bureaucratic, impersonal, uncaring, and marked by transitions that are rarely automatic or seamless.

In the guide stage of fee-for-service, health systems rely almost entirely on their EHRs to communicate with patients and coordinate across care teams, to the detriment of all. Messages, prompts, and follow-up information should be automatic and personal, but they’re not. Interactions lack continuity, appropriate urgency, or any sense of responsiveness to the patient’s needs and circumstances. To put it plainly, the EHR is not and will never be a relationship management tool. It’s not in EHR vendors’ DNA to depart from a business model they’ve maintained for over 40 years; that is, the claim system of record. They’re cut from an entirely different IT cloth and have little to no understanding of day-to-day human behavior or consumers’ decision-making process from a psychological and physiological point of view.

Imagine a different FFS world in which patient communication was always timely, personal, and on the mark—one in which, leading up to surgery, intervention, or test, the patient received appropriate and helpful reminders designed only for them. In this model, the day before an appointment, the patient is sent a map of where they are to go, with step-by-step instructions, and introductions to the care team waiting for them. Then, post-procedure or post-visit, the patient receives follow-up information and check-ins about status, experience, or progress, as well as clear details about billing and a simple way to pay. And again, these communications are only for them.

Imagine if all communications were calibrated to perfectly suit the patient's unique circumstances, digital behavior, thought process, and condition—including their emotional, intellectual, physical, and financial capacity to process and follow through. Imagine, too, that on the other side of that intervention or visit, the care team and administrators were similarly informed and supported automatically and intelligently through their workflow. Imagine that the hospitals, physician clinics, specialist offices, ambulatory care clinics, urgent care clinics, rehab centers, testing and imaging sites, marketing departments, finance departments, and pharmacies were also included in that web of connections.

Imagine that all of the patient's data helped make their care and experience better not just for one intervention, but for all encounters with the health system for years to come—and again, not just limited to the patients, but including those within the health system's web of connections. If one link in the guided journey is broken for any one party, then it's broken for all. Those who talk about "patient engagement" without mentioning "physician engagement" and engagement across the guided journey's full web of connections don't understand, and can't support, a truly holistic guided care journey.

Wouldn't a patient, in such a well-guided and interconnected system, be more likely to return for repeat business if all of these scenarios weren't imaginary? Wouldn't a physician or call center triage nurse feel more empowered, supported, and engaged? Given the relative size of their fee-for-service book of business and the likelihood that competition for market share will only intensify going forward, shouldn't every health system be hungry for that level of systemness?

While the EHR itself isn't capable of supporting this depth of guided care for patients and their caregivers, the technology to do so, which leverages the EHR's data and more to usher in the systemness required, is here today. In FFS as in VBC or any APM, it's all about having the right data and delivering the right message, so you can provide the right care to the right person at the right time, all the time.

FIND Consumers

Awareness and consideration

Where the consumer experiences and self-assesses symptoms, which leads to online research, discussion with family and friends, or posting to social media for advice.



GUIDE Patients

Help and enroll

Where the consumer/patient requires immediate access, attention, and onboarding to ensure they're moved quickly into the administration, be that a care manager or getting an appointment set.

Care and treat

Where the provider sees the patient and initiates the proper care management workflows and protocols to drive transitional care and render appropriate services.



KEEP Patients

Recovery and rehabilitation

Where the patient receives follow-up care and is motivated to make changes to their day-to-day activities for better health.

Ongoing care and proactive health

Where the patient receives ongoing care management between appointments, promoting long-term engagement and enabling better self-care.

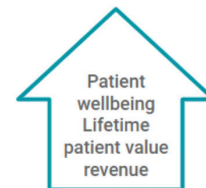


Fig. 4: Guiding clinically personalized 1:1 experiences for a better care journey and improved outcomes

Integrating the Data, Expanding the Aperture

Achieving systemness is impossible with traditional siloed technology systems such as EHRs or legacy CRMs. It's also impossible when the health system deploys one technology solution for its FFS patients and a different one for its at-risk patients. This is the false choice that the schism between FFS and value-based models offers us.

When platforms are routinely branched and forked, any increase in data volume or number of data streams won't make healthcare delivery easier. It will make it more complex and error-prone. Indeed, we're already there. At almost any health system today, when Mrs. Smith visits the ED for heart palpitations, the nurse or doctor who sees her won't know this is the same Mrs. Smith enrolled in a diabetes care management program who's missed multiple appointments to get her blood work done.

Effectively, she's two (or more) different people every time she interacts with the different systems. And, Mrs. Smith's clinicians also won't have the energy, time, or motivation to practice different kinds of medicine depending on the current claims model at play. They just want to provide Mrs. Smith with appropriate care and follow-up regardless of how she's engaging with the system.

When a health system brings all of its patient data together (can I say "gets its act together?") in a systematic way, it opens its aperture to a wider volume of patients, yet can treat each and every patient like a human being in need, regardless of coverage or where they are on their care journey. And as we'll see in my next article, a VBCRM approach can also support and inform the health system's most critical strategic goal: Keeping patients loyal for life.

Keeping Patients Loyal and Engaged for Life in a Consumer-Driven Marketplace

Like any retailer, hospitals now need to adhere to the four commandments of consumerism: understanding their customers, meeting their needs, retaining them as customers, and expanding their customer base. But unlike any retailer, in the extraordinarily complex business of healthcare, that's easier said than done. Here's how to crack the code.

If you think the hospital business is complicated now, you ain't seen anything yet.

The healthcare industry, especially hospitals, operates uniquely compared to typical consumer businesses and is thus considered to be of a whole different realm. Their core offerings include selling care through Fee-for-Service (FFS) or promoting health under Value-Based Care (VBC), which entails diverse and multifaceted services.

Patients, often with complex needs, are their primary consumers, occasionally serving as paying customers. Moreover, healthcare providers must navigate transactions with various entities such as health plans, government agencies, and employers, each with distinct priorities that may differ from the patients and their healthcare providers.

Healthcare services are subject to various influences and constraints from stakeholders, leading to potential variations in treatment. Different costs might be applied to the same services, depending on the contracts. Different patients might have different holistic needs. And every provider who follows the referral chain might take that care in a different direction.

The ultimate quality of outcomes—clinical, financial, experiential—are not entirely in the hands of the provider. Rather, they're even more dependent on the conditions, circumstances, behaviors, and proclivities of their patients. In that world, what does it take to achieve excellence, to become profitable, to outcompete more nimble, retail- and tech-savvy competitors, and to satisfy the rapidly evolving expectations that patients/consumers have for service, convenience, support, and quality?

Fortunately, some of the fundamental rules of business also apply in healthcare, despite all the interdependencies mentioned above. To succeed, hospitals must observe the four commandments of healthcare consumerism:



Know thy customer



Provide what thy customer needs



Keep thy customer (who is now thy patient)



Increase the number of thy customers

All the while, of course, managing costs to maintain or grow margins and, ideally, sustain and increase profitability.

In the first chapter of this series, we looked at “Finding” patients, which requires knowing them. In the second, we looked at “Guiding” patients, which is about providing the care (and support) they need throughout the continuum of care. In this chapter, we’ll delve into what it takes to “Keep” patients, which is about fostering their ongoing engagement and loyalty—and so much more.

The key to all that is data. At the risk of sounding like a broken record, and to reiterate what our two previous articles stressed, the default data systems of today (traditional EHRs and CRMs) are insufficient for integrating the universe of data necessary for a health system to achieve and act with systemness, and deliver quality consumer experiences while achieving clinical and revenue goals.¹⁴

Under FFS medicine (a-k-a “sick care”), keeping patients is all about enticing them to remain loyal to the provider the next time, and every time they need care. Under VBC (“wellness care” or “preventative care”), it’s about engaging patients in a care management program that improves their health. Once again, a value-based CRM that brings CRM, pophealth, and digital experience data, insights, and workflows together—independent of payment models—is the foundation for success in a healthcare market that’s changing fast.

Embracing Loyalty (FFS) and Engagement (VBC)

It’s far more profitable to keep a customer than it is to gain a new one. In most industries that truism is entrenched and essential to marketing efforts, service line strategy, and more. According to HBR,¹⁵ increasing customer retention by just 5% boosts profits by 25% to 95%. Related: the Pareto Principle¹⁶ of marketing holds that 80% of your profits come from just 20% of your customers.

Obviously, and as we’ve stated, healthcare is not just any industry. But Bain¹⁷ estimates that a similar 5% increase in patient loyalty also boosts profits by a

conservative 25%. It’s also indisputable that, as with other industries, it’s easier to “sell” to an existing healthcare customer than a new one, and that a certain percentage of patients generates substantially more profit (or costs!) than others

How do you keep the patients you have? How do you keep the patients you want to have? Or, in a value-based world, how do you make sure those patients don’t blow a hole through your operating budget by not adhering to the program your organization meticulously designed to keep them healthy?

Customers become loyal to a business or a brand because they associate it with a certain experience, value, or social cache. This loyalty encourages repeat business, though that's never a sure thing and is always up for grabs. Nevertheless, humans are surprisingly loyal to their previous preferences. Over 50% of car buyers, for example, will buy multiple cars from the same manufacturer, even over decades.³⁰ Think Tesla. And certain brands are stickier than others. Amazon uses the membership model for its Amazon Prime program, offering free shipping, streaming content, and an array of other services and discounts to people who pay an annual fee.

Loyalty has certain benefits, such as increasing:

Brand retention

Repeat purchases from past customers

Customer lifetime value Or "CLV,"

the measurement of how valuable a customer is across the entire customer relationship

Revenue

Also called income, revenue is the amount of money a company brings in

Competitive advantage

How a company can produce goods or deliver services better, more profitably, and gain more market share than its rivals

In healthcare, the purpose of loyalty is to encourage repeat business among FFS patients thereby increasing patient retention, reducing patient acquisition costs and churn, and improving net promoter scores. It should also, ideally, encourage the consumption of more services. The knee replacement patient should get rehab through the same health system and come back for the other knee when needed. Increasing retention by 1% leads to a 4% improvement in projected patient lifetime value.³¹

Loyalty is enhanced by consistent experience, quality, and value which creates a sense of trust, reliability, and cachet around the brand. All of that can enhance engagement, which is critical in VBC. But engagement is less transactional and requires a more collaborative relationship between patients and providers—something the EHR doesn't do well or at all. That collaboration is bolstered by regular check-ins, ongoing monitoring, lots of well-timed and clinically contextual communication, and education

LOYALTY AND ENGAGEMENT IN THE REAL WORLD

For 82% of companies, customer retention is cheaper than acquisition.¹⁸

Increasing customer retention by just 5% boosts profits by 25% to 95%¹⁹

80% of your profits come from just 20% of customers – who are they?

The probability of selling to an existing customer is 60-70%²⁰

56% of customers stay loyal to brands that "get them"²¹

77% of brands could disappear, and no one would care²²

Brands that are meaningful and viewed as making the world a better place outperform the stock market by 134%²³

75% of consumers expect brands to make more of a contribution to their well-being and quality of life—shouldn't healthcare have a leg up on other industries?²⁴

96% of US consumers say customer service is very important when it comes to their loyalty to a brand²⁵

73% of companies with above-average customer experience perform better financially than their competitors²⁶

Loyal customers are 5 times more likely to make a repeat purchase²⁷

74% of millennials will switch to a different retailer if they receive poor customer service²⁸

50% of US consumers have left a brand they were loyal to for a competitor that better met their needs²⁹

meant to foster adherence and self-empowerment—all of which can be routine (and, ideally, automated) processes that should continue as a life-long engagement with the patient.

The goal is not to forget the patient exists (which is what often happens), but rather, to sustain the relationship through steady engagement, and ensure they're getting the care and intervention they need as early in their disease progression or prevention program as possible, at the lowest cost—and to do so across a panel of patients that can number in the thousands.

In other words, it's about changing behavior over years and even generations. Reducing obesity? Change a population's behavior. Controlling diabetes and addressing mental health challenges often requires deep engagement with the individual and their community. Again, none of these activities (sustaining loyalty or engagement) can be accomplished at any scale without a holistic view of the patient, which itself requires unified patient records that the EHR or CRM system alone was never designed to provide.

Baby, You Can Drive My Car: the FFS Story

To foster loyalty, healthcare providers have long relied on patients' relationships to their physicians, convenient location, health plan restrictions, and community reputation. Today, most providers also use patient satisfaction surveys as crude tools to assess and address loyalty.

But those days are over. As price, retail service, telemedicine, convenience, and so on, come into play with patients' consumer decisions, fee-for-service providers are about to get a crash course in what customer loyalty is really based on. Here's an example of how data, service, messaging, and experience can go together to improve loyalty, stickiness, repeat business, upselling, and cross-selling.

Recently, a friend bought a Jeep. During a cold snap this winter, the Jeep told her that her tire pressure was 7 PSI too low on each tire. So she added air. She probably wouldn't have noticed without the dashboard message. A month later, she got another message. This time the Jeep told her that it needed an oil change.

She was out of town for the next week and had a long drive back, so she pulled into the express lane of the local Jeep dealership. Driving into the garage bay, sensors did a detailed reading on the condition of her tires, noting their wear and recommending a rotation now and replacements within the next three months.

When she checked in at the front desk, the service attendant asked for her name. Since she'd never been to this dealership before she expected to have to give the history of her vehicle and all her personal information. But they already had everything they needed to know about her in their system and told her they'd get everything else they needed to know about the Jeep from the vehicle itself.

And guess what? If her Jeep was a little older, she was in the right place to check out a new vehicle and inform her future repeat buying decision.

Why can't healthcare providers do that?

Timely reminders for service by email or text, or with lights or messages on your own personal "digital dashboard"

Convenient express access when necessary and appropriate

A slick app that works great on both a smartphone or desktop computer, instead of a clunky portal that offers (at best) a level of interaction with your clinician that feels like a 1990s retro computing site

Full understanding of "who you are" when you arrive—no need to fill out the same forms over and over and over, no handing over a clipboard with a Bic pen attached

No need to guess your condition or history—your longitudinal health record is there to tap, and accurate data from whatever monitors, wearables, tests, or images you've received are also readily available

Free snacks, beverages, WiFi, and workstations while you wait—well, let's not get crazy, but wouldn't that be nice and noteworthy?

Easy (and clear) payment, scheduling/rescheduling, and referrals, with automated reminders

Relevant, helpful messages after the visit

And relevant, resonant, helpful marketing and reminders over the long run

All of that data and service reinforces the relationship and loyalty a patient has with that provider and their brand. In this way, episodic transactions are transformed into long-term relationships which also open doors to an expanded array of services.

Of course, the current reality of the healthcare experience is far from that. Patients regularly complain about lack of access or convenience, the need to reenter the same information over and over, the long waits, and the poor "customer" service. They don't really get timely, helpful reminders about "maintenance" (wellness) or detailed information about ongoing "repairs" that need to be done. Their wearable data might as well not exist, and digital access to their long-term records and relevant tests and images is iffy at best. And a smartphone app? What smartphone app?

As retail players like CVS, Walgreens, and Walmart come into the market, will health systems and traditional providers become the care destinations of last resort? Or will they be effectively obsolete—the Borders of 2011?³² The Blockbuster of 2010?³³ Or worse, be converted into condos or office space? It's their choice. And if their choice is to go or remain "all in" with their EHR and old school Healthcare Customer Relationship Management CRM alone, the destination of last resort option will become a harsh reality faster than anyone can imagine.

On their own, traditional CRMs or EHRs can't provide the data needed to infuse the patient experience with that level of service and value. They don't have access to all the data they need, they can't integrate data across different provider functions let alone from outside sources, and they don't have a deep enough knowledge of the individual to support the relationship in a way that is truly meaningful, personal, and enticing.

From Weight-Watching to Behavior Change: the VBC Story

The goal in value-based care, however, is not to encourage repeat business of high-margin services; but to enhance health and wellness outcomes with the lowest-cost, highest-quality services possible, while simultaneously influencing an individual's health behavior over time.

This doesn't happen by ignoring patients or hoping they go away. That's how traditional gym memberships or diet programs work. They maximize profit when customers engage less. That's not a successful business model in a world where health is the goal, as weight loss company Jenny Craig determined before it recently ceased operations.

In recent years, Jenny Craig faced intensifying competition as traditional competitors and newer entrants increased customer engagement by copying what Jenny Craig did best, then adding digital channels that enhanced experience, personalized coaching programs, and customized meal programs.

Meanwhile, Jenny Craig's customers—increasingly unmoved by the company's traditional

marketing (before and after photo stories) and celebrity endorsement strategy, grew dissatisfied with higher prices, calorie restrictions, and inflexibility—and took their loyalty elsewhere. Personalized relevant engagement was the new way to win, and Jenny Craig missed the boat.³⁴

Healthcare providers have historically relied on various factors to foster patient loyalty, but with changing consumer expectations, they must adapt. Learning from retail examples, they can improve loyalty through data-driven personalized experiences, timely reminders, convenient access, easy payment processes, and relevant post-visit messages. Leveraging technology like apps, wearables, and longitudinal health records can enhance patient engagement and reinforce the provider-patient relationship.

However, the current reality of healthcare experiences often falls short of these expectations, with issues of access, convenience, and poor customer service. As retail players enter the healthcare market, traditional providers must evolve to remain competitive and avoid

becoming obsolete. Utilizing EHRs and CRMs alone may not suffice; providers need comprehensive data integration and deep patient knowledge to deliver meaningful, personalized care and retain patient loyalty.

Similarly, healthcare providers in value- or risk-based arrangements need access to holistic patient and population data that goes far beyond traditional clinical (EHR) or marketing (CRM) data. Providers need comprehensive data integration and deep patient knowledge to deliver meaningful, personalized care and retain patient loyalty.

That data must be aggregated from many different sources, normalized, and made actionable and accessible for everyone on the care team, within their existing workflows, while also triggering automatic prompts, processes, and communications that help change behavior and keep patients engaged. It must also feed and be reinforced by digital channels that increase engagement, rather than detract from it. The more “relevant and personalized” the better.

Conclusion: Everything Everywhere All At Once

Strikingly, in both FFS and VBC business models, it is about having the right data and the right message, to deliver the right care to the right person at the right time, all the time.

In a fee-for-service world, Keep is about increasing care retention and loyalty to ensure patients stay in-network and come back for other services. In a population management model, Keep is about increasing engagement to ensure that high-risk patients adhere to their treatment and care paths while developing the self-reliance and empowerment needed to take charge of their own health and wellbeing as much as possible, adopting new behaviors, lifestyles, and mindsets.

To compete in a sophisticated consumer-focused marketplace, healthcare providers need to succeed at both fee-for-service and population health simultaneously—and they need robust, accessible, comprehensive patient data to do it.

Right now, patients are fundamentally unknowable because they are one patient when they show up in an emergency department with a broken arm, a different patient when they get checked for strep via a televisit, another patient when they schedule a knee

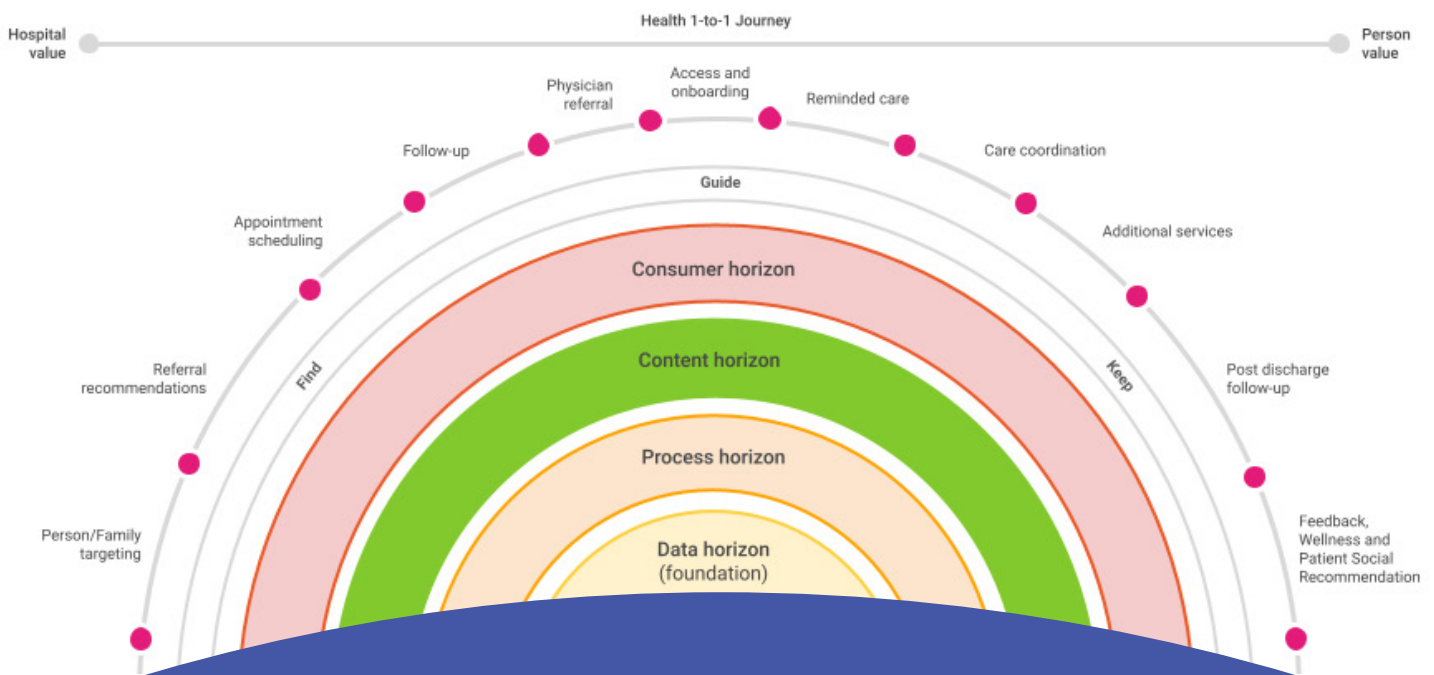
replacement, and another when they get a call from their care navigator about their latest blood sugar test. Multiply that by all the other times a patient interacts with the health system, and you get the chaos of the multiverse.

Today's care providers can't function at a high level of performance without bringing all of their consumer, patient, and population data together at once, and having it at their fingertips whether that's for the marketer, the physician, or other clinician.

When a health system is gifted with that level of patient knowledge, and the patient is gifted with that level of personalization, they will reward their care provider with the kind of loyalty and engagement that meets or exceeds clinical and financial objectives no matter what reimbursement model is in play.

When a care provider can do that for all of its patients, and not just a handful, it's well-positioned for market success against the retail giants (e.g., Amazon, CVS, Walmart, etc.) of the world, and will reap the rewards of growth in the new, technologically integrated, digitally engaged healthcare universe.

How Can Innovaccer Help?



The Innovaccer platform's Enterprise Customer Relationship Management (CRM) solution uses a unified patient record to boost patient acquisition, enable clinically personalized patient journeys, enhance retention, and improve the bottom line.

By integrating and activating all patient data through a longitudinal consumer/patient record, health systems can attract new consumers more effectively; accurately guide patients throughout their care journey; and better coordinate

episodes to improve experiences, care, and your organization's financial outcomes.

As the industry's only Enterprise CRM built from the ground up exclusively for healthcare—populated with all of your relevant CRM, EHR, HIT, consumer, and patient data from day one—there's simply nothing else like it in healthcare ... and no faster way to get started accelerating your success with consumer and patient engagement.

References

- ¹ https://en.wikipedia.org/wiki/History_of_chocolate
- ² https://en.wikipedia.org/wiki/Marcellus_Gilmore_Edson
- ³ <https://tinyurl.com/2hycyjyf>
- ⁴ <https://pubmed.ncbi.nlm.nih.gov/12604476>
- ⁵ <https://hcp-lan.org/workproducts/apm-infographic-2022.pdf>
- ⁶ <https://hcp-lan.org/apm-measurement-effort/2022-apm/2022-infographic>
- ⁷ <https://www.aafp.org/pubs/fpm/issues/2018/0500/p3.html>
- ⁸ <https://www.commonwealthfund.org/publications/issue-briefs/2022/oct/traditional-medicare-or-advantage-how-older-americans-choose>
- ⁹ <https://www.healthaffairs.org/content/forefront/medicare-value-based-care-strategy-alignment-growth-and-equity>
- ¹⁰ <https://www.grandviewresearch.com/industry-analysis/crm-in-healthcare-market>
- ¹¹ <https://www.himss.org/resources/definition-customer-relationship-management-technology>
healthcare#:~:text=Customer%20Relationship%20Management%20(CRM)%20in,or%20employees%20using%20CRM%20technologies
- ¹² <https://www.ache.org/blog/2022/leading-a-journey-toward-systemness>
- ¹³ Fee for service (FFS), value-based care (VBC), alternative payment model (APM)
- ¹⁴ <https://www.ache.org/blog/2022/leading-a-journey-toward-systemness>
- ¹⁵ <https://hbr.org/2014/10/the-value-of-keeping-the-right-customers>
- ¹⁶ <https://www.forbes.com/sites/davelavinsky/2014/01/20/pareto-principle-how-to-use-it-to-dramatically-grow-your-business/?sh=7950229b3901>
- ¹⁷ <https://nrchealth.com/wp-content/uploads/2018/08/Loyalty-White-Paper.pdf>
- ¹⁸ <https://www.forbes.com/sites/jerryjao/2015/01/21/customer-retention-is-king-retention-marketing-provides-greater-roi/?sh=147789b132cf>
- ¹⁹ <https://hbr.org/2014/10/the-value-of-keeping-the-right-customers>
- ²⁰ <https://www.forbes.com/sites/patrickhull/2013/12/06/tools-for-entrepreneurs-to-retain-clients/?sh=50ab0aca2443>
- ²¹ <https://www.icsc.com/uploads/t07-subpage/Consumer-Confirm-Loyalty-to-Retailers.pdf>
- ²² <https://www.marketingdive.com/news/consumers-see-77-of-brands-as-not-meaningful-report-says/548956>
- ²³ https://www.havasgroup.com/press_release/meaningful-brands-2019-press-release
- ²⁴ https://www.havasgroup.com/press_release/meaningful-brands-2017-reap-greater-financial-rewards-as-they-outperform-the-stock-market-by-206/
- ²⁵ <https://www.forbes.com/sites/blakemorgan/2019/09/24/50-stats-that-prove-the-value-of-customer-experience/?sh=3b1fa0fc4ef2>
- ²⁶ <https://www.forbes.com/sites/blakemorgan/2019/09/24/50-stats-that-prove-the-value-of-customer-experience/?sh=3b1fa0fc4ef2>
- ²⁷ <https://www.forbes.com/sites/blakemorgan/2019/09/24/50-stats-that-prove-the-value-of-customer-experience/?sh=3b1fa0fc4ef2>
- ²⁸ <https://blog.accessdevelopment.com/customer-loyalty-statistics-2017-edition>
- ²⁹ <https://blog.hubspot.com/service/customer-loyalty-statistics>
- ³⁰ <https://morningconsult.com/2022/01/19/vehicle-brands-should-double-down-on-brand-loyalty>
- ³¹ <https://www.mercuryhealthcare.com/blog/analytical-approach-patient-retention>
- ³² <https://www.npr.org/2011/07/19/138514209/why-borders-failed-while-barnes-and-noble-survived>
- ³³ <https://www.businessinsider.com/rise-and-fall-of-blockbuster#today-the-blockbuster-franchise-has-dwindled-to-just-one-store-so-where-is-the-last-blockbuster-its-in-bend-oregon-15>
- ³⁴ <https://www.yahoo.com/lifestyle/jenny-craig-closes-40-years-202808339.html>

About Innovaccer

Innovaccer Inc. is the data platform that accelerates innovation. The Innovaccer platform unifies patient data across systems and care settings, and empowers healthcare organizations with scalable, modern applications that improve clinical, financial, operational, and experiential outcomes. Innovaccer's EHR-agnostic solutions have been deployed across more than 1,600 hospitals and clinics in the US, enabling care delivery transformation for more than 96,000 clinicians, and helping providers work collaboratively with payers and life sciences companies. Innovaccer has helped its customers unify health records for more than 54 million people and generate over \$1 billion in cumulative cost savings. The Innovaccer platform is the #1 rated Best-in-KLAS data and analytics platform by KLAS, and the #1 rated population health technology platform by Black Book.

For more information, please visit innovaccer.com.



Awards & Recognition



Gartner