



Healthcare's Patient Engagement Revolution

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and post-pandemic life, providers
are looking to AI to drive patient
and employee satisfaction

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Conversation Intelligence for
Customer Service, Q3 2023



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Introduction

Healthcare providers face a myriad of challenges today, ranging from economic uncertainty to rising patient expectations. Also, coming out of the pandemic, many aspects of patient care have changed forever. Staying ahead of the curve is a matter of embracing digital transformation, while maintaining an empathetic, supportive human touch. Today's healthcare providers must not only think about attracting new patients, but retaining the ones they have. With the rise of competitive alternatives and the increase in patient options, retention is proving hard – healthcare organizations must differentiate against an increasingly competitive field of both in-person and digital alternatives. Some of the main trends impacting the healthcare industry today include:

- **Consumerization of healthcare transforming patient expectations**
- **Pandemic digital trends like telehealth become permanent**
- **Economic downturn exacerbates ongoing bad debt crisis**
- **Increased government regulations drive a need for transparency**
- **Ongoing staffing shortages and burnout drive emphasis on employee experience**

In the face of these trends, healthcare organizations have the opportunity to embrace AI and automation in patient engagement to increase efficiency and accuracy, drive revenue, and improve both the patient and employee experience.

What is conversation intelligence?

Conversation intelligence is an AI-powered solution often that enables organizations, including those in healthcare, to analyze 100% of customer or patient interactions and feedback across every channel. This level of analysis helps providers extract key trends and insights about the patient experience and other opportunities for business improvement. Conversation intelligence combined with analysis of other key sources of feedback, including survey data and reviews, develop a complete picture of Voice of Customer (VoC), Voice of Employee (VoE), and more.

AI, including natural language processing (NLP) and large language models (LLM), enables organizations to extract meaningful insights from unstructured data (patient conversations and feedback) to drive action, such as improving patient access performance and an organization's overall operations. What's unique about conversation intelligence platforms is that they marry all data from every channel into a single view to understand conversations and feedback both in real-time and post-interaction. Today, this can include conversations with virtual agents or chatbots as well.

This data includes customer interactions, as well as metadata around those interactions, including who called, date and time, interaction ID, etc. As a result, your organization can get a better understanding of what's going on across your patient base, because you gain a complete view of every interaction and feedback source in an omnichannel environment.



Trend 1

Consumerization of healthcare transforming patient expectations

Patients have an abundance of options when it comes to their healthcare. Often, the consumerization of healthcare is driven by tech and retail companies. Some recent examples include **Amazon's acquisitions of OneMedical** and **PillPack, CVS' acquisition of Oak Street Health**, and **Google and Microsoft** beefing up healthcare investments. Geographic barriers to entry have been removed for new competitors with the surge in telehealth adoption.

The result is push-button, instant access to care, which has increased pressure on traditional healthcare providers. Many have invested, or plan to invest, in digitization and modernization to improve patient experience. The bottom line? If patients aren't getting what they need from their provider, it is easier than ever to find alternatives. And today's patients are also more likely to share negative or positive experiences in review sites, which are regularly consulted by other patients when trying to find a provider. These behaviors are further stimulated by higher deductibles that are driving more personal out of pocket expenses.

Therefore, much like in other industries, customer, or patient experience is critical, causing a need to focus on reducing effort, delighting patients, and improving the entire patient journey – from easy access to scheduling, to improved “webside manner,” to a positive financial experience, and beyond.

How healthcare teams can address these challenges

Many teams are required to execute surveys like CAHPS, LeapFrog or Press Ganey for **value-based reimbursement** and to understand their patient experience. While these surveys are a valuable feedback mechanism, evaluating and extracting insights from them at scale requires specialized tools and the use of AI. Surveys only represent a small sample of the patient population, and can be augmented with conversation intelligence to gauge, measure and predict patient satisfaction ahead of survey results – empowering healthcare providers to proactively address, or even predict, issues before they surface.

Beyond surveys alone, conversation intelligence can monitor the web for doctor, brand, network, and facility mentions in social media and on review sites. Patients may sound off in any number of channels, so detecting warning signals early, across every channel, can prevent a potential crisis before it occurs. By aggregating and extracting insight at scale from the many sources of patient feedback and engagement, care providers can identify systemic changes to improve speed to resolution or meeting patient needs, improving access, and removing barriers that lead to excessive effort or dissatisfaction. This can include such improvements as implementing self-serve solutions and improving facilities.

In addition, patient engagement teams can use conversation intelligence to understand patient interactions throughout their entire journey and reveal gaps in patient experience. This could certainly be within the contact center, such as how agents can better handle patient interactions, but it can also be around how patients feel about the entire experience, from difficulty with scheduling and wait times upon arrival, to issues with a provider or receiving an unexpected bill.

Providers should focus on delivering the best care possible across all clinical communications as well, including post-op, pre-op, nurse lines, care management, and telehealth. Improvements in care can be identified by analyzing and understanding these interactions using conversation intelligence, ultimately improving every part of the healthcare experience to better retain patients.

Four compelling uses of AI in healthcare (beyond conversation intelligence)

AI is empowering healthcare providers and healthcare organizations to push the limits on how they currently deliver value to patients. Beyond conversation intelligence software, AI is revolutionizing the industry in a wide range of ways. Healthcare organizations should get ready to embrace AI to bring them to new heights, including:



AI-enabled medical devices: According to data released in October 2022, the FDA authorized 91 AI- or machine-learning-enabled medical devices in the same year. Of the 521 submissions the FDA has authorized so far, 75% have been in radiology and 11% have been in cardiology.



AI-powered pathology: A shortage of pathologists is fueling the use of image-recognition AI in laboratories, promising to provide improved diagnostic accuracy, increased efficiency, and new frontiers for detecting certain kinds of cancers.



Generative Pre-Trained Transformers (GPT) and Large Language Models (LLMs): While LLMs are in use in elements of conversation intelligence and conversational AI (chat and voice bots), the use of LLM-powered generative models, like ChatGPT, in the medical field are still in their infancy. Potential applications could include research and medical education support, as well as clinical decision support tools integrated within electronic health record systems.



Medical coding and billing: Medical coding is critical for insurance reimbursements, and payers can reject or deny claims due to errors. With denial rates on the rise, AI can help in reducing the time it takes to code claims, and increase accuracy so claims are less likely to be denied.

Trend 2

Pandemic digital trends like telehealth become permanent

Even though [COVID-19 public health emergency funding](#) has ended, putting some pressure on funding ongoing telehealth through programs like Medicaid, many experts expect telehealth to remain in place as a strong consumer trend. [One-quarter of patients](#) accessed telehealth services in 2022. Now that patients have had access to these services, they don't want them to go away.

However, given the relative newness of telehealth, there's a lack of understanding of what defines quality care in a virtual setting. As the adoption of telehealth is expected to continue, it's important that organizations define and implement quality standards. While the definition of quality may evolve in the post-COVID era, the [National Quality Forum](#) identified four broad categories for measuring the quality of virtual care in 2017.

- **Access to care**
- **Financial impact to patients and their care team**
- **Patient and clinician experience**
- **Effectiveness of treatment**

With growing adoption and as telehealth matures, many healthcare organizations are likely to invest in improvements to virtual care delivery, quality and standards for tracking quality.

How healthcare teams can address these challenges

The virtual nature of telehealth creates both challenges and opportunities for quality measurement. The opportunity stems from the fact that it is digital in nature, and therefore easier to capture for quality measurement purposes. AI, specifically in conversation intelligence or analysis of patient feedback, can be used to improve telehealth quality or measures of quality across the categories outlined by the National Quality Forum.

Access to care

Ensuring patients have appropriate access to care by analyzing when patients reference convenience issues, as well as technical or usability challenges. Slicing these insights by specific demographic metadata can be particularly informative.

Financial Impact

Automatically listening for patients' references to financial burden or convenience of telehealth services during the interaction or through subsequent feedback channels. Are they surprised or confused by unexpected charges, or is their negative sentiment associated with billing and financial topics?

Patient/Provider experience

Tracking patient sentiment, emotion, or satisfaction associated with certain topics and understanding root cause, for both patients and providers. Ensuring care providers leverage behaviors that lead to positive patient experience including building rapport, taking ownership/showing confidence, making care personal and showing empathy, using clear and concise language and avoiding jargon.

Effectiveness of treatment

Conversation intelligence can provide care providers real-time guidance based on events in the conversation, including expressed symptoms. Such recognition may inform triage decisions, such as escalation for critical concerns. Similar real-time guidance can deliver relevant and timely information to the care providers to aid in the patient interaction, reducing provider effort and accelerating response times.

Trend 3

Economic downturn exacerbates ongoing bad debt crisis

According to a Kaiser **Family Foundation report**, medical debt remains a pervasive challenge for patients. About 4 in 10 U.S. adults report having medical or dental debt, or roughly 100 million adults. Many expect that it will take years to repay this debt, and about 1 in 5 say they do not expect to ever pay it all off.

This has led to an ongoing bad debt crisis for hospitals and health networks. **Bad debt** occurs when an organization cannot obtain reimbursement for care provided; this usually happens when patients are unable to pay their bills, but do not apply for financial aid, or are unwilling to pay their bills. Bad debt does not include other unfunded costs of care, such as underpayment from Medicaid and Medicare.

At the same time, economic factors like inflation are causing organizations to cut costs across the board. That reduces the resources that would otherwise be available for revenue cycle management (RCM). To address the ongoing bad debt crisis, providers must consider technologies like AI that help them increase efficiency and accuracy in RCM, while remaining empathetic to patients' individual situations and maintaining a positive financial experience.

How healthcare teams can address these challenges

The main goal for healthcare organizations should be to build systems for efficiency, accuracy and transparency in payments and processes. Unexpected or inaccurate bills, as well as bad experiences with billing departments, **can lead to payment delinquency** and drive patients to explore alternative care providers. Several studies have identified the correlation between **positive patient experiences and profitability**.

RCM departments can rely on conversation intelligence to improve their efficiency and effectiveness, by identifying patient patterns, improving billing accuracy and reducing friction, and enhancing patient experience.

For example, if expectations have not been set appropriately, a patient may be shocked by a bill and unprepared to pay it. Conversation intelligence can help agents understand if patients are feeling this way and provide actionable steps to help resolve issues, increasing propensity to pay.

Further, the right technology can help healthcare organizations do more with less – this includes identifying areas to drive efficiency in patient interaction handling, such as reducing handle time and driving down repeat contacts by understanding contact drivers. Identifying where you can automate processes, or encourage self-service, impacts the bottom line.

Patient trends uncovered through conversation intelligence software can also be used to coach and train agents to continuously improve. RCM supervisors can use automated scoring combined with real-time, next-best action guidance to improve agent performance. For example, ensuring agents are following proper procedures, particularly related to compliance, to deliver a positive patient experience.

From there, supervisors can coach staff on how to improve those procedures, leverage effective techniques, as well as display soft skills like politeness and empathy that are most likely to result in payment.

Trend 4

Increased government regulations drive a need for transparency

Increased regulatory and compliance scrutiny is not just a trend in healthcare, it's impacting organizations across nearly every sector. Governments are scrutinizing organizations and applying stricter consumer protections than ever before. Traditional methods put in place to ensure compliance, such as manual quality assurance (QA) in patient access or revenue cycle management contact centers, are put to the test as these regulations increase in size and scope.

Further reading: [Managing the Complex Modern Compliance and Risk Environment](#)

In healthcare specifically, regulations such as the [No Surprises Act](#) and [Hospital Price Transparency Act](#) are putting pressure on healthcare providers and health plans to increase pricing transparency for consumers. Providers must have standardized, repeatable systems in place to help consumers understand and resolve potential billing issues. These systems are important to scale not only for patient experience, but also for regulatory compliance purposes.

How healthcare teams can address these challenges

Rather than relying on manual approaches, such as listening to a fraction of random calls for QA, organizations must embrace a combination of automated QA and the human touch (or hybrid QA). Most contact centers, including patient access centers, can manually evaluate less than 2% of conversations. This leaves a large margin for error when it comes to compliance and QA.

In contrast, monitoring 100% of patient interactions and complementing automation with human touch can ensure nothing falls through the cracks from a compliance standpoint. This ensures that healthcare organizations are meeting transparency requirements and other modern regulatory standards for care and equity.

In the case of scheduling, when a patient calls in for a procedure, are the agents being transparent about the potential costs related to insurance? The same could be said for digital interactions within a patient access center – confirming expected or potential out-of-pocket costs before an appointment is officially booked. These indicators could also point to processes that need to be improved that could help curb issues with patients in the future.

This hybrid QA process also improves the ability to identify compliant or non-compliant language around specific regulations. With the right technology, healthcare organizations can understand if and when HIPAA disclaimers are executed, and even identify language that could suggest a HIPAA risk. QA analysts' time can more effectively be used to check interactions that are flagged for that risk, as opposed to checking a small portion of interactions at random.





Boosting patient satisfaction and compliance outcomes

Through customized solutions and leading-edge technology support, Hollis Cobb works to ensure healthcare RCM success. Since Hollis Cobb works to collect debt on behalf of healthcare organizations, its agents need to comply with a variety of regulatory requirements including HIPAA for healthcare data privacy, PCI/PHI for payment processing, and more. Agents must follow a strict protocol for calling customers and leaving voicemails.

In the past, Hollis Cobb completed its compliance checks and QA process by listening to random calls. With more than 600 employees working the phones every day, it became impossible to listen to every call. Randomized checks only surfaced so much, and left a high potential for errors to fall through the cracks.

Today, conversation intelligence fulfills QA and operations requests by searching conversations for specific verbiage, ensuring that Hollis Cobb agents are meeting clients' customer satisfaction and compliance requirements. Managers can use the dashboards daily to focus on their direct reports. That way, they can reward agents who meet and exceed expectations. If agents are underperforming, managers can also address any issues with specific training and feedback, creating a culture of continuous improvement.

As a result of implementing automated QA analysis and improvement processes, the team reacts quickly to compliance changes as they emerge. Complaints and lawsuits related to compliance dropped – saving Hollis Cobb and its clients potential fines or reputational damages. The company's legal settlement costs as a percentage of revenue (proxy measure for compliance program effectiveness) decreased by nearly 95% over a six-year period.

Trend 5

Ongoing staffing shortages and burnout drive emphasis on employee experience

The U.S. faces a **shortage of up to 124,000 physicians by 2034**, including 48,000 primary care physicians, according to the Association of American Medical Colleges. The **2022 Nurse Salary Research Report** found that of 2,516 nurses surveyed, 29% were considering leaving the profession altogether. Low pay and poor hours have driven many nurses to consider contract work. That trend has increased costs for healthcare facilities. As an example, for **one hospital in New Orleans**, non-agency labor costs grew just under 60% since 2019, while its costs for contract staff grew nearly 900%. These trends and challenges extend beyond the clinical staff to supporting staff, particularly agents and representatives within patient access and other contact centers. To avoid these situations, healthcare providers must double down on employee experience to retain the employees they have, and look to alternative staffing and digitization to alleviate staffing shortages.

How healthcare teams can address these challenges

Capturing the voice of the employee (VoE) is a critical part of maintaining job satisfaction for healthcare workers, as well as contact center and RCM employees, in the face of staffing shortages and burnout. To do this effectively, organizational leaders – whether HR or department supervisors – can survey employees, as well as capture unsolicited employee feedback from a variety of channels, including meetings with managers and supervisors, employer review sites like Glassdoor, and even social media channels.

It's critical to gauge employee experience in the contact center, nurse lines or in telehealth situations. Conversation intelligence can reveal how staff are being treated, such as if they're being subjected to abusive language from patients, as well as understand how they are handling situations to reduce frustration and burnout. Capturing this valuable data at scale can help leaders uncover and take action on potential issues and areas for improvement. This includes:

Finding opportunities to make work more fulfilling for everyone from contact center agents to clinicians and care providers

For example, if agents are struggling to keep up with call volume given required after-call processes, it might be time to adopt an AI solution that helps to automate after-interaction work or implement a self-service system that can resolve simple or repetitive patient requests.

Providing employees with more meaningful, data-driven feedback to drive greater job satisfaction

As covered previously, many of today's healthcare organizations can only review a small sample of patient interactions. It's hard to keep a contact center agent engaged when their reviews are based on 2% of their handled interactions. By scoring 100% of interactions, supervisors are able to deliver more prescriptive, fair, accurate, actionable feedback, and drive opportunities for self-coaching and self-improvement.

Improving onboarding to get employees up and running faster

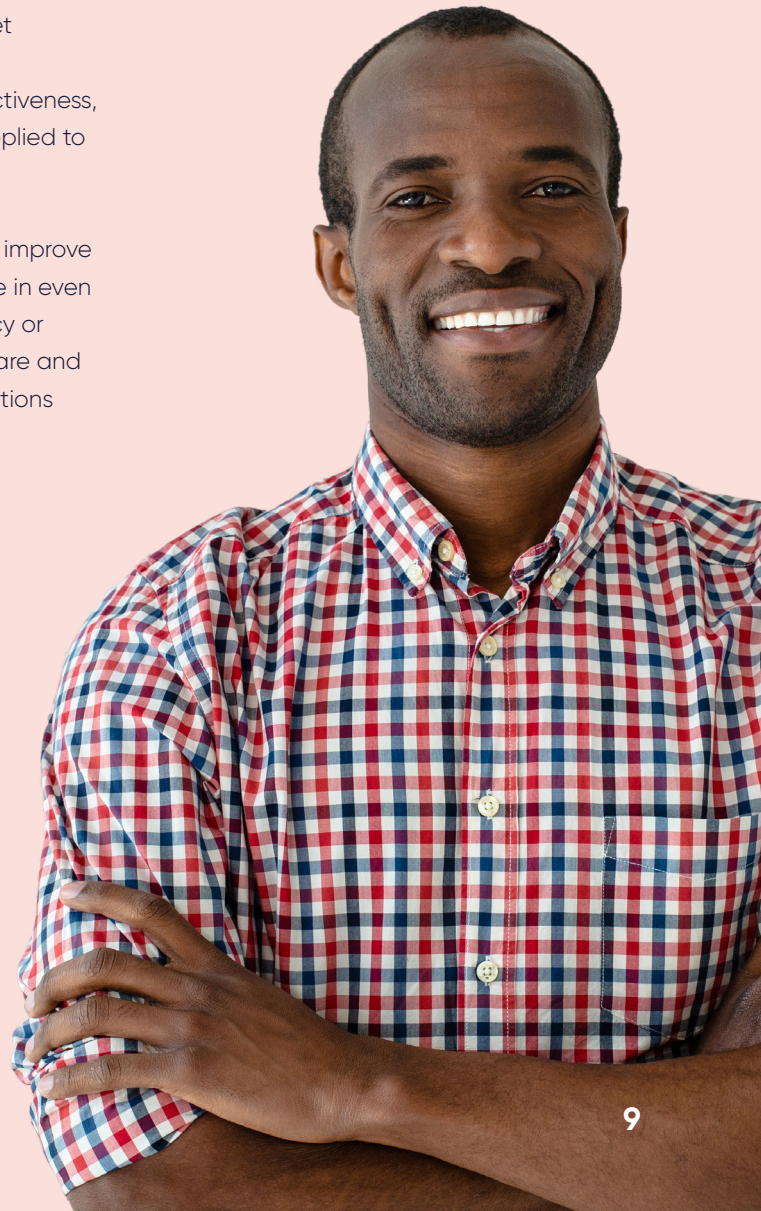
Like all other industries, attrition in healthcare roles happens. When it occurs, particularly in the contact center, using conversation intelligence can get new agents onboarded faster by measuring performance during training. Real-time prompts and guidance can also increase their confidence and provide important reminders of how to interact with patients while they're still learning.

With conversation intelligence, healthcare organizations can not only identify issues that need to be fixed across their employee base, they can track improvements over time. And by helping employees feel more confident in their roles and reduce unnecessary work burden, healthcare organizations can address some of the biggest issues that are causing so many to leave the industry.

Embracing AI while remaining human

Today's healthcare organizations are under tremendous pressure to meet patients' increasing care standards and economic needs, in a complex regulatory environment. To scale teams and improve efficiency and effectiveness, conversation intelligence and other AI-powered technologies can be applied to a variety of scenarios, both clinical and administrative.

Organizations that embrace the AI revolution can retain valuable talent, improve patient loyalty, and drive business-critical outcomes to survive and thrive in even the most uncertain conditions. Rather than considering AI as an efficiency or automation effort alone, it can augment the human aspect of patient care and patient engagement, improving the quality of the relationships organizations build with their employees and patients for years to come.



About CallMiner



CallMiner is the global leader in conversation intelligence to drive business performance improvement. Powered by artificial intelligence and machine learning, CallMiner delivers the industry's most comprehensive platform to analyze omnichannel customer interactions at scale, allowing organizations to interpret sentiment and identify patterns to reveal deep understanding from every conversation.

By connecting the dots between insights and action, CallMiner enables companies to identify areas of opportunity to drive business improvement, growth and transformational change more effectively than ever before. CallMiner is trusted by the world's leading organizations across retail, financial services, healthcare and insurance, travel and hospitality, and more.



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