Unlocking access and engagement for better health with the digital front door

How providers are reshaping the patient journey for a hybrid care experience

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Today, especially with recent digital acceleration and explosion of telehealth amid COVID-19, the digital front door has become a favorite buzzword in “future of healthcare” conversations. But what does it actually mean? It’s so much more than a single touch point. It’s a tool to make the entire care journey more seamless.

In a discussion with Modern Healthcare Custom Media, industry leaders from KPMG and Salesforce break down how healthcare organizations can leverage the digital front door to create an accessible, simple, and connected care journey for patients.

What does the term “digital front door” mean in the postpandemic era?

VV: There are a lot of challenges in healthcare right now, including performance improvement, cyber security and risk management, regulatory compliance, and new entrants, and they are more visible than ever to the patient for two reasons: first, a growing expectation about what the experience of a consumer looks and feels like in their daily lives and, second, the impact of 2020 and COVID-19. Even though we’ve been talking about the digital front door since well before COVID-19, the pandemic forced us to go outside of our comfort zone. We learned to be reactive and more observant to change and do all kinds of interesting things that we might not otherwise have done. I think this mindset is going to continue to take hold, and I don’t envision us going back to the way we were.

JQ: When we say “digital front door,” we mean the process of technological solutions working together to eliminate friction and seamlessly connect patients to the right care they need, when and where they need it. It’s a bit of a misnomer, because it has the essence of singularity. But as we know, care isn’t a single point in time. It’s a continuous health and wellness journey that will look different for every patient, based on their needs, preferences, and care goals. Most people think of the...
digital front door as one entry point, but it’s important to remember that it’s more than that.

**Why is the digital front door important to healthcare?**

**What needs to be optimized in the enterprise to support it?**

**JQ:** When we talk about the digital front door, it feels like we’re often talking about marketing, but at its core, this is really about population health. If throughout this journey you’re collecting the right data, you can risk stratify a population and better design the patient journey to optimize outcomes based on their condition and comorbidities. In order to keep someone healthy and reduce costs, you have to understand their needs and motivations as well as the social determinants that impact their health. If you provide the right tools, you’re more likely to get patients engaged in their care and taking ownership of their health, which leads to better outcomes.

**VV:** The landscape of how and where we decide to get our care is changing and becoming more competitive for

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**Vince Vickers**

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traditional providers—and if you cannot attract and retain customers in new ways, you might not be around for long in the future. That side of the equation is most critical for acute providers. Jose is right, though; we absolutely can’t forget the foundational point, which is quality of care. Sometimes when we start talking about the digital front door, we lose sight of that. I also think we need to consider the importance of health inequity as we refine our digital front door—COVID-19 has reminded us of that. When we think about providers not just as businesses but as community pillars, we can really use this digital transformation to make measurable improvements to community health and quality of life.

**How can health systems best design and scale a hybrid care model that provides a consistent experience and triages patients appropriately, whether they’re being referred to in-person care or virtual care?**

**VV:** I really look at this in four key buckets to be most effective:

1. **Make it easy:** Patients need to be able to find the right care for them easily and quickly. If you’re going to implement on-demand telehealth, you can’t make people wait hours for a visit.

2. **Make it simple:** We can build an amazing marketing and patient experience, but if that puts any more burden on our providers than what already exists today, that’s going to be a major challenge. The intake process for telehealth must be streamlined and automated so that every encounter is efficient and optimized—not just for the patient, but for the provider as well.

3. **Make it quick but not hurried:** A lot of primary care visits can be treated online in minutes. Obviously, we don’t want to rush the encounters at the expense of quality, but we do want to move that low-acuity volume to virtual visits so we can quickly care for it.

4. **Make it sticky:** If we are able to effectively keep patients in a system’s continuum of care, there should be an
improvement in outcomes over time. We can’t afford to lose patients who may not just go to another provider, but not seek care at all.

JQ: This is not simply a case of “if we build it, they will come.” Healthcare organizations need to not only build their digital front doors but also bring their doors directly to their consumers. We must make it as seamless as possible to access our front door channels, so we also have to consider the digital divide as we continue to lean into this digital front door strategy. People across the country have not only varying access to broadband but also different levels of digital literacy. As organizations are thinking about designing care models, democratizing and driving access across socioeconomics levels is important to keep in mind.

We know that personalization is key to a better patient experience. What touchpoints do you view as most opportune for fine-tuning to each patient? Why is it important for providers to think about the mobile experience?

JQ: Healthcare is so personal. We need to understand who we’re providing care to. Remote patient monitoring and wearables are allowing us to engage patients in their space, which is really important when we consider how we can best personalize the patient’s journey to maximize their outcome. Technology and data will enable a shift from episodic, interventional visits to continuous, preventative healthcare. Engagement can’t exist strictly in singular moments—an optimal digitized patient experience might look like the ability to regularly monitor patients’ health status using several streams of available data, including wearables, home devices, self-reported health tracking data, and lab data. This will allow us to engage with patients meaningfully in reaction to their lifestyle habits to optimize their health outcomes.

VV: Clearly, mobile needs to be an integral part of any provider’s digital and patient experience strategy because of the large population that prefers interactions with service providers via their smartphone. Not everyone prefers mobile—there is certainly a population that wants face-to-face interactions. There needs to be a consideration of the broad population’s preferences in care. We also have to be open to future shifts—an entire patient experience cannot be built around a mobile strategy when in the future there very well may be a growing number of vehicles that patients are adopting and prefer.

One of the biggest barriers to a seamless patient experience is a multitude of apps that don’t talk to each other—they don’t share data. What can be done to resolve this challenge?

JQ: There is a lot of attention being paid to direct-to-consumer solutions due to the convenience and accessibility it brings to many. Even though this seems patient-centric for the people that can afford it, we’re moving away from the tenets of value-based care, because there is no coordination across these apps—none of them are talking to each other, so they’re fragmenting care. You need an experience layer—governance that says all of these apps need to talk to each other and all of these apps must have standards...
for seamlessly exchanging data. Over the next five years, I hope we double down on interoperability efforts and unlock a truly connected health ecosystem, including secure and seamless data sharing.

As we improve interoperability, what are the security considerations for patient data?

VV: Much like providers have historically underspent on technology relative to other industries like financial services and retailers, there is an even bigger discrepancy in priority of spend around cybersecurity. What’s more concerning is that we now know that the value of health data to cybercriminals is even more valuable than our financial data. So, as part of any digital strategy, a major focus needs to be on cyber. The good news is that with some of the newer technologies that are cloud-based, some of those security gaps can be reduced in terms of their pressure on internal resources and capabilities, shifting that responsibility to the large technology providers themselves. The entrepreneurial spirit of America can create solutions for the challenges and objections we have around cybersecurity.

It’s clear that there needs to be a focus on the patient, but what about clinicians? How can leaders ensure digital transformation doesn’t increase the administrative burden on clinicians?

JQ: There is a real opportunity to invest in artificial intelligence and robotic process automation technology to filter the overwhelming volume of data directed at providers. Before the pandemic, many providers were already experiencing what neuroscientist Adam Gazzaley has called a “cognition crisis,” with excess screen time causing information overload, digital fatigue, and stress. We can all recall what the proliferation of EHRs was like, in terms of data fragmentation and user centrivity. As we continue to digitally transform and expand healthcare innovation, we need to avoid replaying this scenario and ensure providers’ experience of care is enhanced in parallel to the experience of patients. This will require us to take change management seriously, employ user-centered design, and bring in clinicians as partners earlier on in the process.

VV: This is a huge issue, and we don’t want to see it further exacerbated with a digital strategy. I think the issue with the initial rollout of EHRs was that it really didn’t consider workflow simplification and physician burden in the necessary ways. Those programs focused primarily on electronic data capture with the intention of indirectly improving patient care—and that is kind of where it stopped. I think a lot was learned from those experiences. As we move into this next wave of digitalization, a cornerstone point must be simplification for the provider.

We know that nontraditional competitors are reshaping patient expectations. As these organizations continue to expand, what lessons should leaders be learning from the playbooks of urgent care clinics, retail providers, and other disruptors?

JQ: In any industry, disruptors move in to fill gaps in service and experience, and I think that innovation is a good thing for healthcare. Newcomers offer new ways of thinking and remind us to focus on the consumer. Disruptors in travel, retail, and finance have perfected personalization and the omnichannel experience—for example, you can check in to your favorite hotel virtually and have personalized details down to what pillow you prefer. Yet many providers still require you to call them for basic functions like booking an appointment.

VV: I couldn’t agree more with Jose’s comparison to other industries. Right now, Delta Airlines, Hilton, Amazon, and USAA know me significantly better than my primary care provider. Think about that! Even recent healthcare disruptors like Walmart Health and CVS Health probably know me better. Healthcare is not easy, and that is why we have seen plenty of new entrants make big headlines and then fade out. But many of those past entrants have learned lessons and are now reentering bigger and better than before. So, this time around, traditional providers need to respond in a meaningful way and try to look at it through the lens of consumers, who benefit from competition. We’re going to see pressure on traditional providers like we’ve never seen before, and if we can’t use that as an incentive to improve along the ways that we talked about, then that’s a miss—not just for providers, but for all of us as consumers of healthcare. This is a good thing that is happening, but we need to watch it very closely.

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