Seeing virtual health through the eyes of clinicians, patients and carers

By India Hardy, Alex Denison and Dr Nicholas Hann

Everyone has heard the wise cracks about clinicians' poor handwriting. But there really is a shred of wisdom hidden between those cracks: good health outcomes are only possible when clinicians and patients communicate clearly and understand one another.

Modern health technology offers a wealth of opportunities to improve the experience that clinicians and patients have before, during and after their interactions. The same goes for caregivers and patients' families too. With the right strategy and execution, virtual health can keep people better informed, connected and understood – while minimising inconvenience and empowering everyone to shape their own personalised healthcare experience.

Experience-led virtual health

Amidst the ebb and flow of the COVID-19 pandemic, healthcare leaders have critical decisions to make that will have long-lasting impacts. One of them is how they and their colleagues design, refine and deliver their virtual health services. Committing to an experience-led approach today could be a genuine game changer.

This starts with stepping back and seeing models of care from the perspective of those who engage with them. The experiences of clinicians, patients and carers need to guide the design and delivery of healthcare. And that logic applies across the spectrum of private and public health, from primary care to acute care, from aged care to general practice, and everything in between.

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The health sector doesn't exist in a bubble. Consumers and clinicians alike have had their expectations raised by everyday interactions in other industries. Everywhere from banking and utilities, to retail and entertainment, Australians routinely enjoy convenience, simplicity and better service (more often than not, powered by data). As our Global Consumer Insights Survey 2020 points out, the COVID-19 pandemic has only accelerated this trend.

What this has created is a culture of 'experience expectations', where each new and innovative experience becomes the standard against which all others are compared. By embracing this culture, health services could dramatically improve on traditional methods of delivery.

Reinventing healthcare – not replicating it

Designing virtual health solutions involves much more than taking existing physical delivery models and replicating them in an online/digital environment. A shift in mindset and approach is required. We need to observe the world around us and be curious about how things could be different.

Instead of telling patients and the workforce how healthcare is delivered, we need to ask consumers and clinicians what they need and how they can best engage with it. Then we need the courage and agility to trial new solutions, monitor performance, and make changes. In this way, seamless experiences can be built to solve legacy problems and create new benefits. For example, there is evidence that reimagined care coordination, consumer-responsiveness and health staff teaming are effective ways to optimise consumer experience virtually.

Depending on the circumstances and needs of individuals, solutions may be entirely virtual (e.g. telehealth consultations) or a combination of face-to-face and virtual e.g. in-person diagnostics followed by remote digital monitoring to track the progress of treatment.

But virtual health is something that consumers and clinics opt into, and that means experiences must be exceptional to get 'buy in' from clinicians and consumers. Unless the delivery compares favourably - including being comfortable and intuitive - then clinicians won't recommend it and patients won't opt for it. Quite simply: the value of virtual healthcare needs to be clear and obvious for those who use it.

The scene is set for experience-led virtual health

Now appears to be the perfect moment to embrace an experience-led approach to virtual health. Patients and clinicians are ready - as is the technology. And the business model stacks up too. Indeed, a consumer survey from PwC's Health Research Institute in the US indicates that not only are healthcare consumers increasingly turning to virtual options, but they are taking a more active role in the health system, such as participation in clinical trials and selective data sharing, using these virtual channels.

Patients say they want their health providers to know who they are and engage with them in a manner and time that is convenient. And they want a clinician who they feel comfortable communicating with virtually. Clinicians say they want technology to support their time management and improve patient interactions to deliver better outcomes.

Meanwhile, giant strides have been made in the world of data and digital. The underlying technology now exists to deliver exceptional virtual health experiences.

And the business model for experience-led virtual health is undeniably strong. Removing friction and inefficiency doesn't just benefit patients and clinicians – it also improves productivity and reduces costs for service providers.

Focusing on experience paves the way for better health outcomes

Australia's response to the pandemic has further laid the groundwork for experience-led health. Organisations now have a wealth of data to assess the maturity and efficacy of their virtual healthcare offering e.g. Telehealth is just one of many services where record numbers of patients and clinicians now interact regardless of their location. The momentum from this – combined with technology advancements and funding pressures – presents compelling opportunities to shift further towards healthcare modelled around patient and clinician experiences.

Viewed through the lens of patient and clinician needs, virtual health might:

- Only require patients to recount their health history (eg issues/symptoms/story) once - at the beginning of their care journey

- Augment clinicians' capacity and capability to provide high quality and safe care e.g. capture patient data and symptoms remotely, before their initial consultation, to allow clinicians to prepare in advance

- Provide accessible evidence-based care without compromising the patient experience

- Support patients and carers with their lived experience e.g. providing tailored treatment for individuals living with mental illness

- Create better evidence-based self-care solutions to empower consumers to take a more active role in managing their health including prevention and treatment and overall health literacy

- Use past patient experience data and insights, with consent, to continually improve healthcare plans and achieve better outcomes.

The building blocks of consumer and clinician experience

There are several foundational steps that allow leaders to reimagine virtual health, informed by the experiences of those who interact with them:

Map and develop processes that address clinicians' and consumers' problems, needs and desires, such as the underline five key domains of healthcare customer experience highlighted by PwC's Health Research Institute in the US. (This enhances the likelihood of program success, because the users play a central role in testing and shaping the solutions being designed for them. So, if a pilot model is innately tied to both clinicians and patients throughout the journey, you'll know immediately when, how and why it isn't working.)

Create prototype designs and test them. This requires the ability to quickly convert ideas into concepts then give clinicians and patients an early opportunity to engage with these. From there, evidence-based learnings can be applied to refine or reject the concepts.

Take an iterative (aka agile) approach to design the user experience. This helps gather insights, define problems, and identify possible solutions which can be validated with clinicians and patients. A formal program can ensure this process of continual improvement becomes the norm across all delivery channels.

With these building blocks, the focus should be squarely on solving real problems and delivering superior outcomes. That means solutions should ultimately be measured in terms of quality and safety, efficiency, and cost.

Experience must be exceptional, irrespective of your virtual health maturity

Whether an organisation is early in its virtual health journey, becoming more sophisticated, or even leading the way, there is an ongoing need to prioritise the needs of all users (clinicians and consumers alike) while keeping pace with technological advancements.

For example, when an organisation's virtual health maturity is evolving, there can be a tendency to 'drown in data' or for technology options to command much attention. But leaders can't lose sight of the people who will be interacting with their services. That means defining the user journey from beginning to end, and revisiting this as technology capability and user preferences change over time.

Of course, there is one thing that clinicians, patients and carers all share in common: they are time poor. For this reason, flexibility is an essential feature of any experience-led virtual health solution. When designing care models and automating processes, an organisation must ensure the service doesn't disrupt a patient's day-to-day life. Instead, the service should meet the patient's needs in a way that meets their clinical care needs – while also meeting the needs of clinicians and other users of the service. For example, medical appointment solutions need to include features such as scheduling, booking, and notifications for patients; plus real-time access and visibility for clinicians.

Experience-led design engenders trust

To achieve widespread (and sustained) adoption of virtual health, there needs to be an intrinsic level of trust on the part of clinician and patient. Again, experience-led design holds the key here. Health organisations will build trust when they clearly understand and address any fears, hesitations and misconceptions from users.

Providers have a responsibility to give consumers comfort that their data will be secure and confidential. Users want to know that their data is embedded in systems where their information is encrypted, and subject to ongoing and rigorous analytics testing to allow for early detection of unusual behaviour, patterns and breaches.

And if there is to be trust, there needs to be transparency. Traditionally, clinicians have had more access to patient medical records and information than patients have had themselves. But expectations are shifting. During the pandemic, patients have seen health authorities share data widely, and citizens' trust in society's institutions has surged. The demand for personal health data is only likely to grow; enabling consumers to not only better manage their treatments, but also make more informed choices about providers and prevention measures.

Trust will also depend upon medical information being kept accurate, current and available so that it's accessible to patients, clinicians and carers. If this can be achieved, then data and predictive techniques can be applied to provide more proactive healthcare strategies. For instance, care models can be automatically modified and/or created based on machine learning and AI. For patients and clinicians to benefit fully from this, multidisciplinary teams will need to be highly digitally literate to achieve better outcomes for all users in the journey (e.g. managing expectations, communicating support etc.).

Virtual health decisions will leave a lasting legacy

Now is a pivotal time for healthcare institutions. To thrive in the future, organisations must ensure that virtual health evolves in line with the needs and expectations of clinicians and patients.

From here on, trust and engagement will only grow if user experience is consistently exceptional. Outcomes will then flow on from that in the form of quality and safety, efficiency and cost – regardless of the maturity of an organisation's virtual health capability. Such is the power and potential of an experience-led approach.

And, along the way, the wise cracks about clinicians' handwriting might just become a thing of the past.
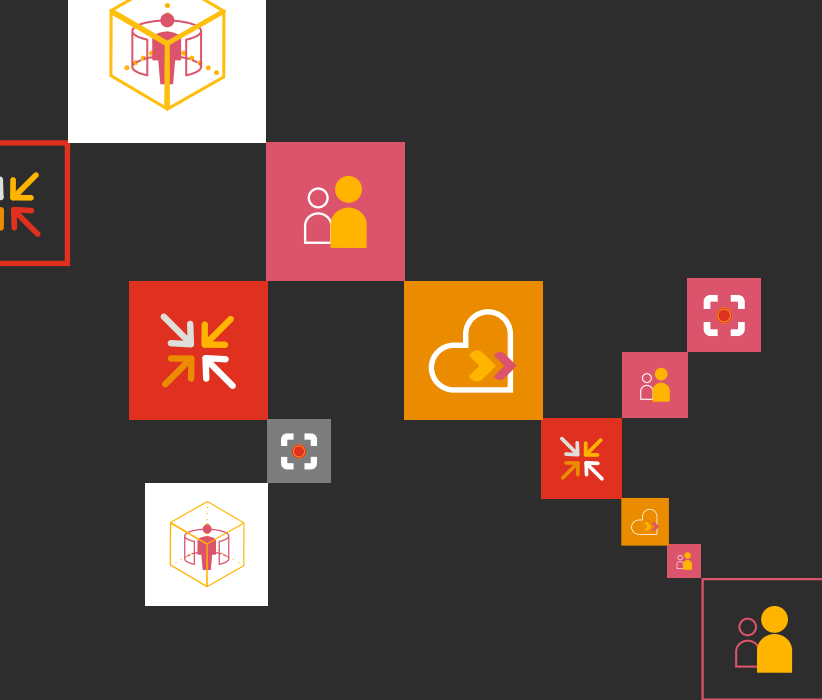
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