

Five Reasons to Prioritize Provider Data Management

Why Healthcare Organizations Should Invest in a
Foundation for Patient Access and Experience





PROVIDER DATA MANAGEMENT IS FUNDAMENTAL TO PATIENT ACCESS AND EXPERIENCE

Healthcare leaders are facing unprecedented challenges in attracting and retaining both patients and the top clinical talent that are key to organization-wide growth. That's why forward-thinking healthcare organizations recognize that provider data management is an essential foundational investment that helps consolidate, manage, and maintain an ever-growing set of provider data that can be leveraged to power innovations in patient access, experience, and financial performance.

However, many healthcare organizations have yet to invest in a centralized provider data management system and continue to cobble together inefficient manual processes and antiquated technology—hindering their ability to gain a full and accurate view of the locations, services, and providers in their network.

Why is Provider Data Management a Challenge?

The root cause of provider data management challenges is decentralized data housing. Without a provider data management system in place, a healthcare organization's provider data is siloed across individual hospital departments, in spreadsheets and disparate databases, creating access barriers to the data. Compounding this are inconsistencies in what provider data is collected and how (e.g., file format, naming conventions, content tagging), making it extremely difficult to search, merge, and compare data. Lacking modern technology to automate data processing, manual efforts to manage provider data are often duplicative and prone to human error, leading to incomplete and/or inaccurate provider data.

What's at Stake?

Intense competition and expansion by disruptive new entrants make it critical for healthcare organizations to continually innovate to meet and exceed consumers' expectations in terms of access and experience. What will determine the impact of these initiatives is a sound provider data management system—one that offers a breadth and depth of data and is easy to access and maintain over time—that enables healthcare organizations to understand their provider networks, make data-driven strategic decisions, and carry out core business processes.

What's different today for healthcare organizations is the amplified need to prove the value of all tech investments, including those centered on patient access and experience. Organizations who are assessing provider data management should consider five key reasons that validate this pivotal investment:

- Establishing a reliable source of provider data is a must for multi-channel patient access initiatives
- Facilitating optimal patient-provider matching accelerates demand conversion
- Managing provider networks effectively optimizes capacity utilization
- Centralizing rich provider data enables seamless care transitions that boost patient retention
- Gaining operational efficiencies and maximizing data utility across the organization

This white paper describes the challenge and opportunity associated with each of these reasons, and also includes a list of best practices for building a comprehensive provider data management strategy.



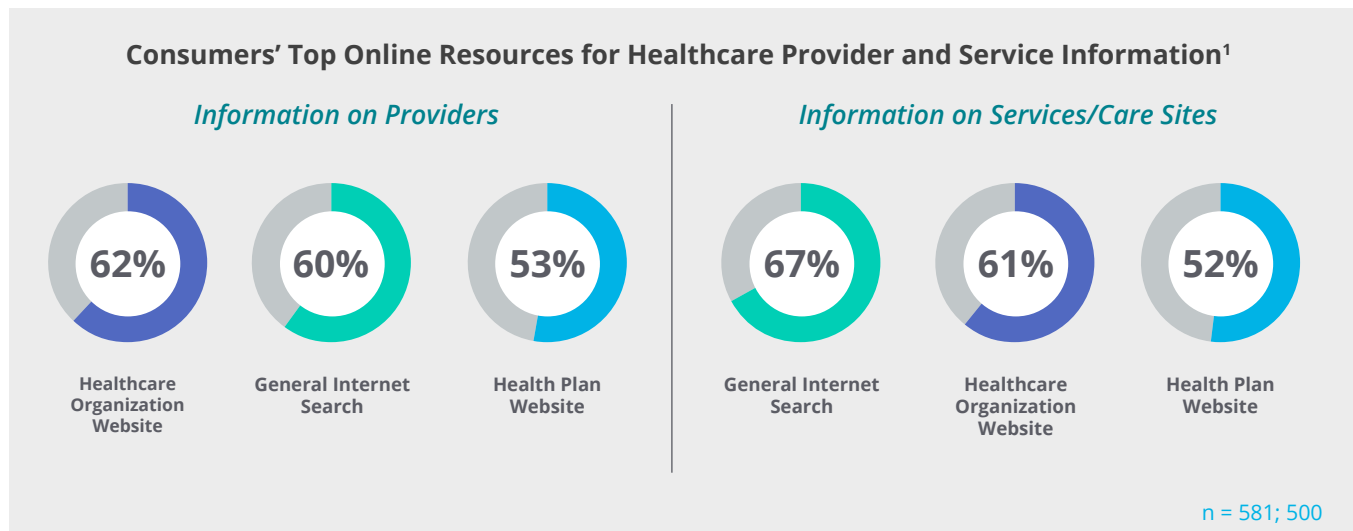
ESTABLISHING A RELIABLE SOURCE OF PROVIDER DATA IS A MUST FOR MULTI-CHANNEL PATIENT ACCESS INITIATIVES

Challenge:

For many consumers, discovering, selecting, and scheduling care is complex and encompasses multiple access points—from healthcare organization websites, mobile apps, and patient portals to call centers and care site staff. And while presenting consistent, accurate information across these access points is fundamental to guiding patients to the right care, synchronizing the data remains a struggle for many healthcare organizations. This can lead to frustrating patient access experiences, poor patient-provider matches, and even delays in care.

Opportunity:

To gain both consumer trust and a competitive edge, top healthcare organizations have invested in comprehensive provider data management technology to ensure the provider, service, and location data that surfaces across their array of access points is accurate and consistent. This cornerstone investment yields a reliable provider directory that catalogs unique provider attributes that are meaningful to consumers in terms of cost, convenience, and clinical expertise. What's most important here is data quality and consistency, so consumers have the information they need to find and schedule care that meets their needs, regardless of where they search. And today that search is increasingly digital, with 60% of consumers relying on the internet to find care. Kyruus' research reveals which resources consumers consulted most often when searching online for a new healthcare provider, service, or care site.



Further, in a recent survey of healthcare leaders, 28% cited patient access as an industry challenge that can be improved through digital health technology and innovation.² A centralized repository of provider data acts as the backbone for access initiatives and solutions that span the organization's physical and digital properties as well as external channels such as health plan directories and search engines.

1. Of those consumers who conducted online research. Kyruus, Patient Access Journey Report, 2022.
2. Center for Connected Medicine and KLAS Research, Top of Mind for Top Health Systems, 2023.



FACILITATING OPTIMAL PATIENT-PROVIDER MATCHING ACCELERATES DEMAND CONVERSION

Challenge:

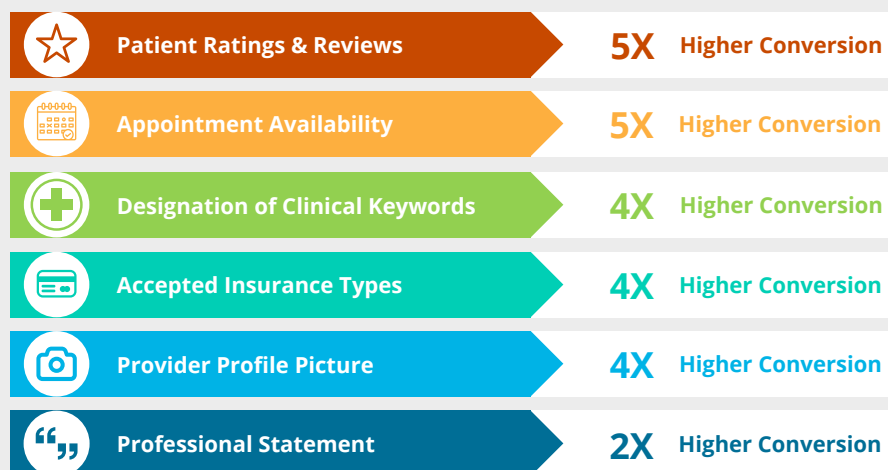
The lack of centralized provider data hampers a healthcare organization's ability to optimize patient-provider matching and effectively route care to convert patient demand. Inconsistent or poor-quality data presented across access channels puts consumers at risk of choosing a provider who isn't a good fit for their specific clinical needs and personal preferences—or consumers may fail to choose care at all. The result is a frustrating experience that wastes time and resources for patients and providers alike.

Opportunity:

Successful provider directories consolidate and maintain meaningful data that highlights and differentiates providers, so consumers can easily assess their care options and book appointments with confidence. Kyruus' consumer research provides insight into the specific criteria that consumers view as extremely or very important when selecting a new provider. While the top factor is insurance accepted (93%), consumers also place a high value on clinical expertise (87%), appointment availability (84%), and location (77%).³

What's more, an analysis of consumer interaction with provider profiles in the Kyruus network reveals specific data elements which, when present, significantly improve conversion. For example, provider profiles with designated clinical keywords—which help ensure the most appropriate provider, service, and location options are surfaced based on the search terms entered—have an 4X higher conversion rate than those without designated clinical keywords. Even basic elements, such as provider photos and professional statements, can have a meaningful impact (4X and 2X, respectively).

Specific Provider Profile Elements' Impact on Conversion⁴



3. Kyruus, Patient Access Journey Report, 2022.

4. Kyruus analysis based on aggregate customer data from ProviderMatch Analytics, 2022.



MANAGING PROVIDER NETWORKS EFFECTIVELY OPTIMIZES CAPACITY UTILIZATION

Challenge:

A significant increase in demand for healthcare services, combined with supply and resource constraints fueled by clinician burnout, has exacerbated the strain on healthcare organizations' capacity. Concurrently, organizations continue to merge, consolidate, and expand, making it difficult to maintain a clear picture of in-network providers, services, and locations. This lack of inventory insight makes it more challenging to align patient demand with provider supply and can mean consumers face long waits for some providers or locations while others remain underutilized.

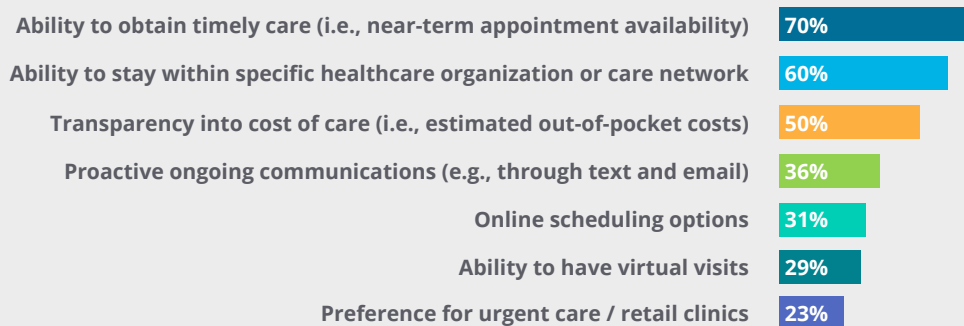
Opportunity:

Putting a provider data management system in place gives healthcare organizations a more granular view of their in-network providers, and in turn, a clear picture of the network in aggregate. Looking at data through multiple lenses helps leaders uncover and address gaps and overages in provider types and services and make strategic decisions about clinical recruiting to strengthen the integrity of the network.

With deeper insight into network composition, healthcare organizations can more precisely and more appropriately guide consumers to the right types of providers (e.g., nurse practitioner versus a physician) and care options (e.g., urgent care, virtual care)—and quickly adjust their access models to optimize capacity and improve appointment wait times. This also helps better manage capacity at an individual provider level, helping to ensure clinicians are not underutilized, overutilized, and/or misutilized.

More precise routing helps healthcare organizations connect consumers to care in a timely manner and within the organization's care network. And that's important because when asked what will influence their future care decisions, consumers ranked the ability to obtain timely care (i.e., near-term appointment availability) and the ability to stay within a specific healthcare organization or care network at the top of the list.

Factors That Will Impact Where Consumers Will Seek Care in the Future⁵



n = 1,000

5. Kyruus, Patient Access Journey Report, 2022.



CENTRALIZING RICH PROVIDER DATA ENABLES SEAMLESS CARE TRANSITIONS THAT BOOST PATIENT RETENTION

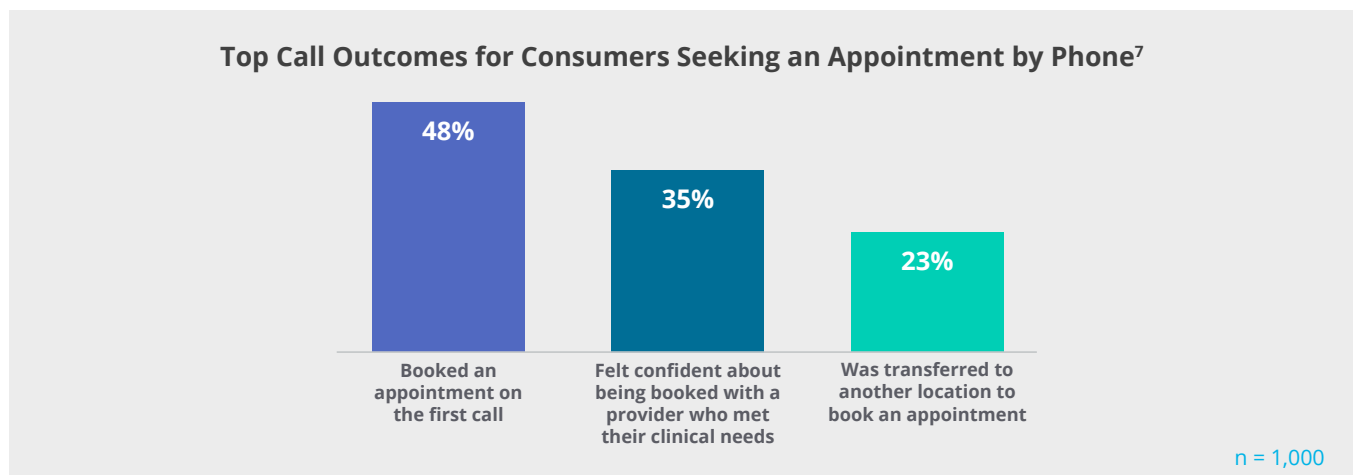
Challenge:

Outdated data management practices can lead to an incomplete view of a healthcare organization's locations, services, and providers, making it difficult to keep patients in-network during care transitions to the next phase of their treatment journey. What's more, patients who receive poor clinical guidance during a care transition may become confused or frustrated and abandon both the network and possibly even treatment altogether, creating undesirable gaps in care.

Opportunity:

Empowering clinical and administrative staff with access to reliable information on in-network providers and their clinical capabilities helps healthcare organizations ensure more seamless care transitions that connect patients to the most appropriate care. It also helps prevent providers from inadvertently referring patients to out-of-network providers and services, which impacts care coordination, patient outcomes, and cost of care. Staying in their current care network is also important to consumers, 60% of whom, as noted in the chart on the previous page, say the ability to stay within a specific healthcare organization or care network will impact where they will obtain care in the future.⁶

Rich, accessible network data is particularly important for healthcare organizations that rely on a centralized access center to match patients with providers and, in some cases, book appointments for them. With robust provider data and effective search and scheduling tools, agents are well-equipped to convert demand to booked appointments and deliver a satisfying patient experience. This helps overcome the challenges consumers face when calling an organization's call center to book an appointment, some of which are illustrated in the chart below.



The same benefits can also be extended to providers and staff in practice offices, urgent care and retail clinics, and emergency departments, where finding and booking appropriate follow-up care minimizes the risk of patients seeking care outside the healthcare organization—or not at all.

6. Kyruus, Patient Access Journey Report, 2022.

7. Kyruus, Patient Access Journey Report, 2022.



GAINING OPERATIONAL EFFICIENCIES AND MAXIMIZING DATA UTILITY ACROSS THE ORGANIZATION

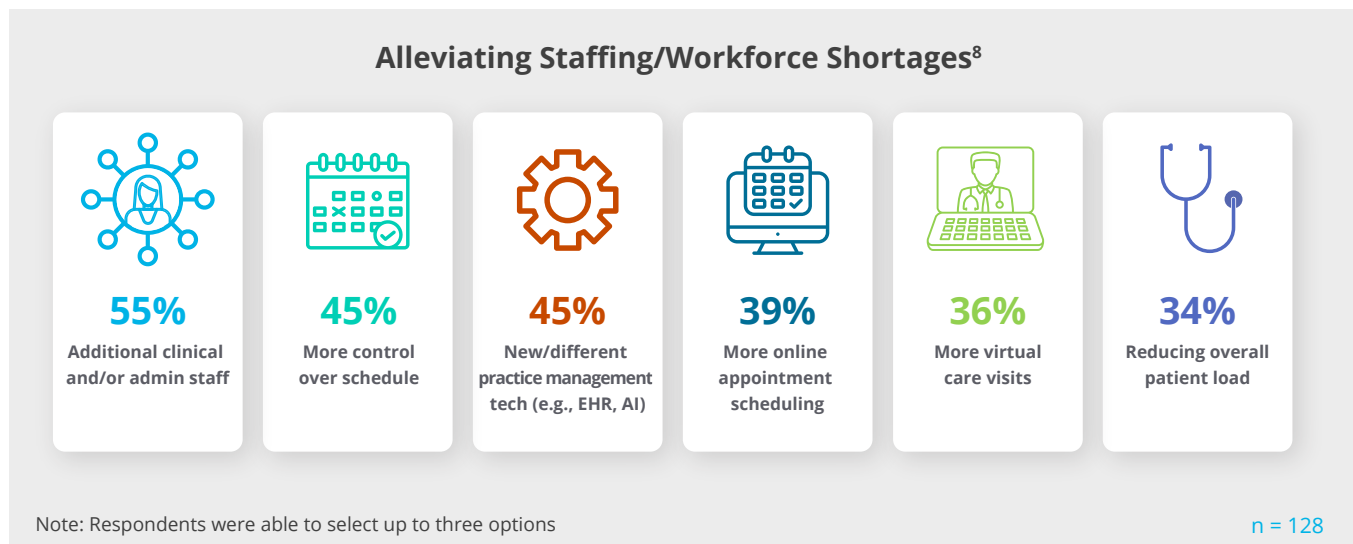
Challenge:

Competition is driving the need for healthcare organizations to invest in complex—and costly—patient acquisition and retention strategies. At the same time, many organizations are under financial strain as they grapple with workforce shortages, ongoing pandemic recovery, and an uncertain economy. As a result, tech investments are under intense scrutiny to ensure they benefit consumers, providers, and the organization as a whole.

Opportunity:

Investing in the right provider data management platform and tech partner ensures organizations have an optimal solution in place quickly—without the cost, time, and hassle of building it themselves—to drive innovation as well as operational efficiencies gained by automating tasks and workflows.

A robust provider data management platform also enables organizations to address workforce shortages, which providers cited as a top challenge impacting them (42%) and their staff (40%) in a recent Kyruus survey. These same providers also ranked potential solutions, and the capabilities enabled by a provider data management system are central to several, such as surfacing appointment availability—key to helping providers manage schedules and essential for online scheduling—and allowing them to spotlight virtual care offerings.



Lastly, organizations weighing a provider data management investment should consider enterprise-wide data utility—in other words, where else can their "source of truth" data be used beyond consumer search-and-schedule experiences? Forward-thinking organizations are now using their centralized data in myriad ways, such as mobile apps, clinical outreach campaigns, learning management and CRM system integration, data validations, reporting, and more.

8. Kyruus, Provider Perspectives on Digital Access, 2022.



FIVE BEST PRACTICES FOR BUILDING A COMPREHENSIVE PROVIDER DATA MANAGEMENT STRATEGY

1. Build a centralized repository

The key to a robust provider directory is aggregating underlying provider data and ensuring it is accurate, complete, and always up-to-date. First determine the most reliable data sources for different elements of provider profiles—including scheduling systems for insight into provider availability. Then establish an ongoing, automated process for aggregating sources. From there, streamline data quality efforts with technology-enabled processes for data cleansing and merging of disparate records.

2. Make provider data accessible to key stakeholders

With a centralized provider directory in place, healthcare organizations can maximize their investment by providing a single source of access to the data (e.g., through an administrative application or portal). Arming providers, administrators, and department leaders with a reliable source of truth for provider data can boost operational efficiency across the enterprise by enabling key stakeholders to maintain and enrich their provider, service, and location data without burdensome, error-prone manual updates. Be sure to identify all areas of the organization that use provider data for various purposes to ensure adoption of the centralized resource.

3. Establish a provider engagement program

Healthcare organizations can improve data accuracy and completeness by directly engaging those who know their data best: providers. While technology can serve as a powerful enabler, any effort to enhance provider data management and provider profiles must involve the clinicians themselves in order to be effective. Integrating providers into the process enables them to validate their profile data and define their clinical focus areas in detail. This yields richer, more differentiated profile data—especially when compared to third-party data gathered from public internet sources.

4. Determine a provider data governance strategy

While there are many benefits to data quality when key stakeholders can access and update data, it is important to put controls and reviews in place to ensure data accuracy and security. Creating organizational provider data governance processes enables healthcare organizations to engage providers and administrators effectively in data updates while maintaining appropriate approvals and minimizing risk.

5. Implement an analytics solution for actionable data

Turn insight into action by leveraging cleansed provider data to inform risk analyses, optimize provider networks, and improve the patient experience at all points of service. Keep in mind that analytics are only as good as the data behind them: effective enterprise-wide analytics requires a shift towards treating data management as a strategic undertaking and looking at the data accordingly.



LEARN MORE

For more about provider data management and the innovative provider search and scheduling solutions it enables, visit www.kyruus.com today.