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Improving the Patient Experience: The Rise of Healthcare Consumerism

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Introduction

Due to passage of the American Reinvestment and Recovery Tax Act of 2009 and other sustained market influences the dynamics of the healthcare market are evolving with a new force, shaping many issues for healthcare providers and consumers.

The broad scope of participation directed by the 2009 Stimulus Act will cross many service areas and the Act's general information technology requirement for "meaningful use of Electronic Health Records, (EHRs)" in care delivery settings will directly affect patients, caregivers and member communities seeking to enhance patient value streams.

The term "**Consumerism**" refers to the change in demand level from patients, caregivers and member communities, all demanding more choice, convenience, quality, access, information, service and authority. The hope is that these changes will provide for a better consumer experience, by way of more input into the medical decisions that affect them and their dependents, and more healthcare information that is specific to their medical condition.

In addition to expanded privileges, consumers are also seeking a more streamlined and direct approach to make use of the value chain of goods and services as well as achieve a higher quality of life so they can lead a path as near normal as possible irrespective of the conditions that affect them.

It would seem only reasonable that this new positioning for consumers would also establish a more collaborative relationship with those that provide them care. Ideally, both providers and consumers want the same tools and support provided to patients during inpatient stays, especially stays involving chronic diseases, to be replicated for post discharge care at home. Consumers want all of their needs met by one trusted source that knows them and is vested in their good health. They are, overall, better educated, more demanding of quality, cost conscious, and most likely comfortable using technology.

Disease Management and Consumerism

According to the Department of Health and Human Services' Centers for Disease Control and Prevention, as recently as 2005, 133 million people, (almost half of all Americans), lived with at least one chronic condition. **Chronic diseases** account for 70% of all deaths in the United States. The medical care costs of people with chronic diseases account for more than 75% of the nation's \$2 trillion in annual medical care costs. Diseases such as Asthma, Diabetes and Congestive Heart Failure all require long-term management and maintenance and often disproportionately affect the senior population.

Admission and readmission rates are high due to lack of care coordination, unavailability of home monitoring and other types of support. When a readmission occurs less than 28 days post discharge, Medicare may question payment for this second hospital stay. The rise in consumerism looks to creating a reliable advocacy support system to help those with Chronic Diseases improve their quality of life and ease of Activities of Daily Living (ADL). Stronger advocacy can also keep health issues controlled for patients with chronic conditions and allow a mechanism for handling issues outside of the traditional inpatient setting, through collaborative-- interactive technology.

This means managing Chronic Diseases in a programmatic approach, pushing the clinical pathway outside the hospital walls to the home setting, and utilizing the web and contact centers as tools to create extensions of the inpatient focus. Diabetes patients can be identified and tracked through self-assessment and significant clinical indicators. They can also communicate their morning glucose readings through the web or contact center with workflow driving the triage as to who assesses the reading. Patients can access classes on nutrition and diet for their benefit, and they can receive authorization for medication by caregivers online. Individual patient health status can be determined through forums such as telehealth monitoring during remote visits, and meals and medications and other support tools can be delivered readily to the home with easy mail order refills. Population and community health screening and medical surveillance can also be achieved through convenience of Telemedicine.

Improved Patient Experience Brings Value to Providers

Healthcare consumers are often confused by the volume of new health services entrants in the market vying for their attention. This includes Internet sites, traditional drug stores now rebranding as providers, i.e. Walgreen's, CVS, and payors wanting to blur the service lines and provide medications along with disease management. Studies, including a comprehensive study by Deloitte Consulting in 2008, show that 70% of healthcare consumers want that relationship to be with their healthcare providers - hospitals and physicians. They want quality and convenience from a trusted source.

Healthcare providers are embracing consumerism and the opportunity to deliver an improved patient experience. They are using technology to achieve this collaborative relationship. This is a win-win situation as this same technology can also provide hospitals and other providers with information about ways to reduce the cost of care, as well as significantly increase revenues and profit margins in key areas. Providers can also use these tools to not only improve access to care, but also improve satisfaction for patients, families, employees, and medical staff. Technology can also support healthcare providers in their efforts to market their mission more effectively and promote loyalty from the community.

When healthcare providers view their key indicators for revenue, they find that technology can reduce readmission rates through more effective chronic disease management with technology functioning in some ways as a provider extender and enabler. Providers can offer more services; patients can receive more care to support their disease management needs. Technology tools also enable the patient to interact more directly with providers, and this exchange can be a more effective way to keep the patient at home and reduce readmission rates. Provider costs are also reduced by streamlined delivery of care.

In hospital settings, revenues are increased when medications and supplies are directly delivered to patients. There is a strong eCommerce/retail process through which service initiatives are launched, creating a dynamic foray onto a new pathway in the provider-patient relationship. This journey toward supporting today's new type of healthcare relationship includes robust patient portals, learning and disease management systems, and front and center – customer relationship management systems.

Oracle Healthcare Consumer Solutions (OHCS)

Oracle Healthcare Consumer Solutions, (OHCS), is Oracle's comprehensive healthcare solution that supports all provider and consumer needs in the new relationship paradigm. OHCS is the only solution in the healthcare industry that provides end-to end support in all areas. Oracle has successfully combined its market leading expertise and solutions in the retail/consumer products industries with those in healthcare to launch a powerful solution set that drives many possibilities for patients and providers.

Already, customer testimonials applaud these product capabilities as being utilized by some of healthcare's largest payors. Not only is the notion of a more direct relationship being embraced by many providers, but also, the OHCS itself is seen as a world-class technology with a phenomenal platform of functionality delivered by the number one developer in healthcare customer relationship management solutions— Siebel.

OHCS is compatible with other related service delivery products such as Oracle's Order Management and Fulfillment Solutions – a retail management product, designed to help providers meet patients' evolving needs over a spectrum of transitions and life stages. The retail functionality's foundation is an order-to-cash flow with information flowing from inpatient discharge hospital-based patient information to pharmacy refills, durable medical equipment and post-care community interests. OHCS allows order fulfillment and billing within the healthcare provider realm.

This solution footprint supports both the relationship management on the front end and the retail, mail order capability and billing on the backend. It facilitates greater collaboration between and among providers and consumers. Providers are seen by patients as, not only a more trusted source of healthcare information, but also as the best source for delivery of necessary disease management related goods and services to help them to achieve and maintain wellness. This includes delivery of necessary medications for pre and post hospital care, ongoing refills, Durable Medical Equipment (DME), and non-reimbursed, over-the-counter, goods and services.

Although OHCS is primarily viewed as a response to more recent customer demand, its inception began seven years ago primarily as a mail order prescription management service for the pharmaceutical industry. Oracle's investment in OHCS was escalated over the past 12 months in response to constituent needs, and in order to verify its value for providers today, Oracle invested in comprehensive Oracle Insight Studies. These comprehensive marketing analyses looked at business processes and strategic assessments. Based on input from three well-known providers who shared the goal of expanded capability without compromise to ROI, solution capability was clear.

Oracle's Insight Studies were able to validate the Solution's suitability to deliver a significant revenue and incremental margin increase of 30%, considering all cost implications.

OHCS in North America – Customer Testimonials

OHCS has been the supporting technology for many **Disease Management** solutions utilized by providers in North America and globally to manage delivery of care for targeted populations and conditions such as colorectal screening and diabetes management. In addition, OHCS has supported population and community health surveillance, and ongoing **Medical Treatment Management** and support for intensive treatment periods for chronic conditions such as cancer care for oncology patients.

In efforts to gain wider global adoption of OHCS, Oracle began working with a Canadian Province to provide comprehensive, patient-focused eHealth solutions to support provider-patient relationships, with the broader goal of improving health and well being of Province citizens, and overall health care management in the Province.

Since its inception, use of OHCS in the Province has enhanced the ability of providers to screen for disease and to more effectively manage disease through the use of technology. OHCS benefits patients, providers and the health system by:

- Increased numbers of patients receiving evidence-based interventions
- Improved clinical outcomes, satisfaction and care experiences for patients
- Reduction in disease complications due to patient-provider communication lags
- Reduced health system utilization (e.g. in-patient days and stays), and unanticipated outpatient, emergency department, and physician office visits

Contact/Call Center Supports Operational Efficiency – Cost Reductions and Improved Patient Communications

In 2004, Horizon Health embarked on a growth strategy that included acquiring independent behavioral health facilities around the US—and each facility possessed its own unique call center software. As a result, Horizon had six stand-alone, primary contact/call centers and a dozen smaller satellites call centers. The hodgepodge was difficult to maintain and cumbersome—with member advocates having to flip through many screens just to input or find the most basic client information.

As important, the software itself and its dysfunctional configuration limited the types of products and services Horizon could effectively offer. Software change requests for the disparate system continued to grow across facilities, and would often take weeks or even longer to complete. “We were spending \$1 million a year just to keep up with the change requests,” said Cindy Sheriff, vice president of employee assistance program services at Horizon Health.

While contact/call center inefficiencies are unacceptable for any company, they are especially troublesome for contact/call centers that often serve as the first point of contact for those reaching for help. “People calling us are often under a lot of stress,” Sheriff said. While the old system often required member advocates to walk callers through specific questions, Horizon wanted the new system to be flexible enough to allow distressed callers to freely explain their situations.

Horizon Health chose **Siebel Contact/Call Center** because the application is functionally rich and very flexible—leading to valuable timesavings and cost reductions. Siebel Contact/Call Center enables Horizon Health member advocates to do a better job answering questions from customers promptly, and effectively streamlined the management of new appointments.

Horizon realized that call center software, alone, would not bring all the efficiencies desired in a new application. A comprehensive solution would require integrating the call center with the other organizational functions.

Management determined that the fastest route to Horizon’s goal was the implementation of **Siebel Healthcare**, including **Siebel Contact/Call Center** and **Siebel Service**. The integrated healthcare management suite could improve member advocates’ ability to answer questions about plan coverage, streamline the identification and management of provider appointments, and smooth kinks in the claims adjudication process.

While the previous system could validate only 5% of claims on the first pass, the Siebel system sustains a 90% validation rate. Installation of the streamlined database lowered the number of provider records from 240,000 to 14,000—a huge reduction that Horizon attributes to the elimination of excessive redundancy within the system.

Conclusion

Why Oracle?

Oracle healthcare software and services are at the forefront of helping all types of healthcare organizations foremost to ensure quality of care and patient safety. Beyond this, Oracle products effectively attract, retain, and manage the healthcare workforce; mitigate risks and costs across the organization; improve service levels; facilitate compliance and auditing capabilities; and support the movement toward **Consumerism** in healthcare. Oracle has a strong commitment and involvement in the healthcare continuum of care and is committed to working closely with healthcare customers and the industry to offer solutions that add value and promote the industries' mission.

Oracle unites the world's best enterprise applications in **Open Platform Architecture**. Oracle's solutions and expertise combine business process and technology strength with the larger ecosystem of Oracle partners to provide the most robust enterprise solution tailored to the healthcare industry. Oracle's solution footprint in healthcare is unparalleled by any other vendor.

Finally, Oracle's standards-based technology and **Service-Oriented Architecture (SOA)** extends the existing information technology investment for healthcare organizations while preserving flexibility in the path ahead. Oracle is a trusted IT partner for healthcare organizations in the United States and around the globe.



Oracle Products & Services:

Oracle Human Resources Management System
Oracle Self-Service Human Resources
Oracle Recruitment
Oracle Order Management
Oracle Supply Chain Management
Oracle Financial Management
Oracle iStore
Oracle Learning Management
PeopleSoft Enterprise Human Capital Management Suite
PeopleSoft Enterprise Learning Management
PeopleSoft Enterprise Supply Chain Management Suite
PeopleSoft Enterprise Financial Management Suite
Oracle Healthcare Consumer Solutions
Siebel Healthcare
Siebel Call Center
Siebel Service
Siebel Marketing

Solution Key Benefits:

- Automate and integrate business processes (human resources, supply chain, & financial management)
- Accelerate the recruitment and hiring of skilled clinical staff
- Facilitate the development and retention of a highly competent, professional workforce
- Reduce human capital management costs through self-service and process improvement applications
- Reduce the cost of purchasing and distributing hospital supplies
- Facilitate compliance with healthcare-specific regulations related to the supply chain
- Consolidate multiple systems and pool resources to obtain economies of scale
- Deliver financial and operational business transparency
- Enable providers to meet evolving patient requirements for expanded communication channels & one-stop provider service
- Facilitate greater collaboration between and among providers and patients
- Support the creation and management of personal health records
- Ensure security and privacy while maintaining a regulatory-compliant patient portal.



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