Deliver Patient Access Smarter and Faster with AI

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Notes:

- Alyssa Halcombe: deliver smarter and faster patient access with AI. We're in a very, very different industry, than a lot of the other industries here at Dreamforce. Thank you for being here and trying to make your experiences better for your patients and your communities.

- AI is offering a really promising future for healthcare contact centers. 72% of patients prefer to use digital tools to manage their healthcare. 64% of healthcare organizations are struggling with high call volumes. 55% of contact centers still rely on manual processes for benefits verification. C 360 is a collection of products to address this industry pain point.

- Lauren: Let's give you a little taste of how agent force works. Show us what agent force might look like to a patient and both to an agent. Charles Green wants to cancel his

colonoscopy tomorrow. We leverage an assistant from within health cloud to help preserve that appointment.

- Common spirit Health covers 24 states and takes approximately 5 million calls annually. The company is creating an EHR agnostic system through a CRM to improve that stakeholder benefit. The aim is to bring one pane of glass view for agents.

- The connection center has standard core KPI's. You cannot do this without first doing the hard work of standardizing and optimizing. Faster resolution for our patients. We're strengthening the connection with our communities. And ultimately, we need to improve our network integrity and our productivity.

Speaker A **00:00:00**

And welcome to Dreamforce. Hopefully this is your first session of the day. Um, this is deliver smarter and faster patient access with AI. We're so happy to have you here. My name is Alyssa Halcombe. I'm the provider marketing lead here at Salesforce. So glad to be here with you today. You might not see the last of me. I'll be here all week. Um, this is just our forward looking statement. It's just a reminder to make your purchasing decisions based on products that are currently available. And as we always do here at Salesforce, I want to start by saying thank you. Whether you're tuning in online on Salesforce plus or you're here in person, thank you so much for being here. And also, we're in a very, very different industry, um, than a lot of the other industries here at Dreamforce. We are in the healthcare and life sciences industry, which is very, very different and has its own sets of challenges. So thank you for being here and trying to make your experiences better for your patients and your communities that you serve. So AI is offering a really promising future for healthcare contact centers. 72% of patients prefer to use digital tools to manage their healthcare. They want everything online. They want access to their portal. They want to be able to schedule and change their appointments online. I mean, think about you, you do this stuff every day, you help patients every day do this stuff, but you're also a patient. Think about how you want to cancel an appointment. I mean, I know that I like to cancel an appointment online, um, when I can't make it. So that's what patients are wanting and we need to be able to meet them where they are. 64% of healthcare organizations are struggling with high call volumes, on top of staffing shortages, which equals a longer wait time for patients, which, uh, is what we don't want. And then lastly, 55% of healthcare contact centers still rely on manual processes for benefits verification, which can delay the time it takes for patients to receive care. So all of this to say, lots of cost involved with not adapting your healthcare contact center, and, um, lots of time that is spent doing things where you could be helping patients. So we have put together the scale, patient access and referral services solution. And when I say solution, that just means we've put together a collection of products to address this certain industry pain point. So in this case, it's around contact center. So this helps you unlock a holistic view of your patients for personalized interactions, meaning that when they call in or when they get online and they

need help, you're able to give them expert responses because you know exactly what they want, because you know them. Secondly, it helps you accelerate time to care with automated self services tools. This helps you to remember the benefits verification we talked about in the beginning. It allows you to make that go so much quicker. Um, easily find and schedule care for patients just to get them in quicker, help your agents run more efficiently. So you notice how I said agents. We'll get back to that in a second. So improve care, team alignment and patient engagement, building stronger patient relationships and on demand access to services. This helps your staff and your patients. And so let's take a deeper look. I want to spend just a second on this slide. You might have heard of agent force already walking in, but I want to take a deeper look at the platform that's delivering these trusted experiences, experiences in enabling your innovations. So let's start at that bottom layer, the mulesoft layer. So that helps you acquire data from a large amount of sources. So you have all of these disparate sources. And Mulesoft helps bring all of your data from all your different systems into one. So let's move up to data cloud. That helps you harmonize all of your data, unify it, bringing together things like allergies, insurance, social determinants and more. So you get that really whole holistic view of your patients. And then we'll achieve that. Um, you'll activate on that data with those apps. So you see that C 360, that's your downstream workflows, your apps, your analytics, all of that. Um, partnered with health cloud, our own industry cloud. So, um, you can deliver health contextually through relevant workflows. And notice how I said agent. If you haven't heard the term agent force. Agent force refers to our collection of agents across the customers three, and the tools to customize them. So each agent accomplishes a job to be done that, um, our customers have expressed a need for. So these agents can either be autonomous, meaning complete a job for me, or they can be assisted, so help me complete a job. So many companies claim m to replace teams entirely with agents, and some organizations could probably do that in the long term. But we believe the most realistic and effective way to do that is a partnership with humans and always keeping the human in the loop. So as an example, having an agent generate a pre call summary for a care coordinator who is about to place, um, a call to a patient to close a care gap. So that's just a way that we can use agents, but also still keep that human in the loop, because after all, we are in healthcare, and it looks really different for us. So that's the platform. And with, without further ado, I'm going to hand it over to Lauren. She's going to give you a little taste of how agent force works. And this might be your first taste of it so far here at Dreamforce. So enjoy.

Speaker B

00:05:18

Good morning, everybody. Welcome. I'm going to show you a little bit about what agent force might look like to a patient and both to an agent. So I'm going to start us off today with Charles Green. If you've seen some of our demos before, you're familiar with good old Charles. Charles is a patient of Makana health, and he has a colonoscopy tomorrow. And he's going to kick it off by saying he doesn't really want to have this appointment. He's

at work, so he doesn't want to pick up the phone and call. And so he's going to go on a website and engage our agent. So right from here, he's going to say, hey, I want to cancel my appointment tomorrow. Not a ton of context for agent force to start working with. We're going to ask Charles to log in so we can retrieve that list of his appointments from the Ehrdeh. And we're going to pick the colonoscopy. And this is where my agent has now hit one of those guardrails that I've put in place using natural language. We don't want to cancel procedures because those are often high cost, difficult to fill at the last minute type appointments. And so we want to put a little bit of a buffer in place to say, no, we're not going to cancel that. Additionally, Charles has given us some context in the past with a social determinants of health questionnaire telling us that he has some transportation restrictions. So we're going to dig in a little bit deeper with Charles and find out if that is actually the reason why he wants to cancel his colonoscopy. And it's true. He can't find a ride. So we're going to see if we can transfer him over to an agent to get a ride set up for him and preserve that appointment. Charles is happy to be transferred.

Speaker C **00:06:51**

Oops.

Speaker B **00:06:51**

Sorry, guys. We'll keep going. Sorry, guys. Just gonna keep going. We'll get over to sally. I started him over. Sorry about that. Uh, give me 1 second. Okay. So what's gonna happen, I'm just gonna zip us forward, is I'm going to have Sally take this chat. Agent force is going to walk her through everything that happened. So she's caught up to speed and sorry about this, she's going to get caught up to speed and she's going to be able to be given that context, and AI is going to assist her through that conversation so we can figure out exactly what's needed to keep this colonoscopy. Here we go. Sorry. So what happens when your Internet gets a little funky sometimes? So here we are in health cloud. Sally is logged in, and she's got that chat. We're brought to the patient 360 for charles. And here we are with that background, einstein, um, replies, is going to write for Sally exactly what she should say next using that context of the conversation that agent force has passed over. And so we're going to know, okay, let's try to keep this appointment. He seems willing. We're going to confirm his address, and then using next best action, we're going to generate that transportation request. We think Charles is going to be satisfied, but he throws us a bit of a wrench and he lets us know that he hasn't started his prep yet. What this might look like, typically, is that Sally needs to say, hey, I'm going to have to have a nurse or a clinician call you back, or spend multiple minutes looking through knowledge articles to find out exactly what to do next. But instead, we're able to leverage an assistant from within health cloud, and our assistant is going to do all of that knowledge article calming for us. So we ask, how late can you start a colonoscopy? And it turns out that there's three preps that would be totally fine to start today, but has Charles actually been prescribed those, leveraging that EHR data using Mulesoft or data cloud, we can find out

that information. And please hope that Charles has started or gotten one of those preps. And good news he has. We're going to thank our agent and let Charles know that it's okay to start his prep now and we will see him tomorrow. But Sally has one more thing to do. She's got to summarize this entire interaction top to bottom, and we can use Einstein summarization to help us out with that as well. And so what just happened here is in a matter of minutes, Sally was able to preserve that appointment. We don't have any no shows, no late cancellations. We got on top of a social determinants of health barrier, and we've made Charles happy. All right, I'll pass it over to Cecilia. Thank you.

Speaker C

00:09:56

Thank you, Lauren. Good morning, everyone. My name is Cecilia Murillo. I serve, uh, as our system vice president for ambulatory access strategy operations for common spirit health. And the reasons why what Lauren and Alyssa were talking about are so important is because we're still doing things very manually right now. Common spirit Health covers 24 states. Our connection center hubs support nine of our markets, where we take approximately 5 million calls annually, where, thankfully, through the use of health cloud, we've been able to enhance our ability to serve the patient. The first time that they contact us with a 95% call resolution rate. But what does that really mean? And how does that really matter? It still takes me multiple calls. It still takes me multiple messages. We need a way to summarize this work so that the care provider, the person that's actually doing the work, right. How many of you have been to an appointment, they tell you to show up early and how many waited longer than you were supposed to? Because that doctor has all those tasks to take care of. That medical assistant has all those tasks. So what we're trying to build within common spirit health is a frictionless experience. One common spirit experience can't really do that when you have multiple emrs across a conglomerate of health systems, right? Common spirit health came together as a merger of two large health systems with existing entities. So we had to leverage a tool, and I'm going to say an EHR agnostic tool, something that could allow us to truly work with all of our disparate systems to bring one pane of glass view for our agents. Why salesforce? The lack of holistic. I mean, I'm showing this diagram here. This is the daily view of our staff members every single day. Contact center staff. 40% turnover rate. When you make it this difficult, I believe it. Thankfully, we're in healthcare. I think people care a little bit more. We about have an 18%. Still not good. It still costs us way too much money. But when you do this to people, you ask them to swivel chair between four different emrs, mistakes are going to be made, burnout's going to happen, and lack of trust. If there's any providers in the room, any physicians in the room that have said, I don't want my calls to be answered by a call center, I feel you. It's being done by 50 miles away, 2 miles away, outside of my front door. It doesn't work for me. My patients know me, my patients know my staff. When we have all of this, it's pretty hard to make it seamless for them. So one connect. We are creating an EHR agnostic system. Through a CRM to improve that stakeholder benefit. And I'm seeing stakeholders as the provider, the patient, the staff member. When we

customize the workflow, we hard code the workflows, we hard code the algorithms. It's pretty error proof, and I will say it's pretty error proof in the sense that on day one, when we launched this, I said, gosh, that looks so easy. I mean, I went through the training, I saw everything that was being done, and I opened my big mouth and said, that looks so easy. And the agent took his headset off and said, do you want to take the next call? Of course, I had to. So being able to run through an intuitive system that really does know the patient as they're calling in m if I call in, the agent will now know it's myself or my son. My cell phone number is attached. Regardless of the market, we have staff that are supporting various markets. They call in the Nevada number, they call in the Arizona number. I know I'm pulling the right chart rather than digging, swiveling for the right, um, to provide the right experience. And ultimately, at the end of the day, that closed loop analytics that we never had before, we had to search and sift through multiple, multiple rows of data to find appointment conversion, to find interactions, and were we able to close the loops. So when we talk about a single pane of glass, it is taking our Google documents, our knowledge base, our multiple ehrs, our telephony system, practice management systems, and dropping them into one single pane of glass that, yes, even the guy that opens his big mouth and says, this looks too easy can do on day one. But most importantly, why does this work? We have now been able to hard code and create the algorithms that show the why, the how, and the match. Why does this patient need to be seen? They've told you they have a UTI, they have a cold, they have a, they're trying to establish care. Okay, how, how would they like to be seen for these types of symptoms? Who sees what? What provider sees them? How is this a telehealth appropriate? Is this an in person appropriate? And then the match. When we start talking about access to care, the ability to look and find for the next available appointment can be pretty difficult if you have to sift through multiple sheets and preferences and such. However, with our version of what we've built out in health cloud and oneConnect, we've been able to actually find the next best available appointment, be able to tee up for providers that are trying to grow their practice, alternates if I said, and yes, you can do this, I want first patient to go to me, the PCP, then the nurse practitioner, then the physician assistant, and then a colleague in the office on Main street. And then if they're still not available, yes, all of the advanced practice providers within the medical group, we can tee up all those algorithms to make sure that we're not making the call to the office, sending the message and delaying care because we know exactly what you've asked for our agents for our staff members to take care of. Now, when we talk about this, sounds pretty expensive, how do you do this? How do you put this together? The operational efficiencies at scale when you're talking about 24 states? We've been on this path for a few years, but we've not been able to accelerate this, the ability to not say to a staff member, guess what, we're going to have you learn another EHR. It's a game changer. So when we look at the business benefits from cost reduction for workforce going from a six and a half minute call to a four and a half minute call going from, uh, what is, what are we in? We are one month shy of our anniversary, our one year anniversary, and we have already seen a realization of 6% reduction in staff needed because of our workflows that we've hardcoded. That does not mean that we lay

off 6% of our staff. That means we're able to grow and scale and support where we haven't been already. So today we are going to support a new group in Nebraska. Uh, we can do that without taking on the cost and burden of additional staff. The other pieces, as the team was talking about here, those downstream impacts, the PCP needs to see you because we want to close your care gaps. We want to make sure you get to that colonoscopy. How does that happen? If I tell you that the next available appointment is 60 days out, that's going to affect the downstream. So by our ability to find the next best appointment, the next soonest available appointment, I'm able to also decrease no show rates, increase patient retention, and improve patient experience scores, ease of scheduling, ease of contact, and overall provider score. But you can't do this without that single layer of engagement that ties together the patient, the provider and the agent. So how do we do this? Let's be realistic. The connection center has standard core KPI's. You cannot do this without first doing the hard work of standardizing and optimizing. There's providers in the room. I use the word optimize. We're optimizing the workflow, we're optimizing the preferences, so minimizing the number and variation, because otherwise we will find that it's still just as complicated to get our patients. In ongoing template optimization. We cannot do this without being able to see fill rates. And are we filling the inventory that we have available to us? We do not want our patients to go to ABC urgent care when we know them best, right? Ultimately, why is this important? Faster resolution for our patients. We're strengthening the connection with our communities. We're minimizing the administrative burden. When I can send you a concise summary of the message, if I can get you. You know, when you call in, you're not calling to make appointments like Alyssa, you're probably doing it online. However, I'm calling because I need my lab results. I have a diagnostic result that I'm looking for. I have a DME that I'm looking for. Those are all top of mind things for all of us, whether it's for ourselves or for an elderly parent. I need to get all of this done. That's a lot in a message. Can I create a summary, can I create a concise summary for all of that that tells me exactly what I need so that the physician, the advanced practice provider, can get to it quickly. And ultimately, we need to improve our network integrity and our productivity. We cannot do this without being able to focus on the financial downstream impacts and the increasing cost of healthcare today. So I will leave you with a bit of a story. Within our connection center, we've actually been able to see that through the work of centralizing and optimizing the administrative work within our medical groups, we're able to see an improvement in baseline ease of scheduling from the 62nd percentile to the 86th in Kentucky over, uh, two year period. However, where we get to have the sensitivity of, wait a minute, am I going to lose volume? Are my patients going to know where to go? We actually saw an overall improvement in approximately 9% in provider productivity, meaning provider access for our patients, not to mention the underutilization of our advanced practice providers as we look in the market. If I look at North Dakota, I'm seeing a nurse practitioner is more available than a physician. It's the market that they're in. How do we make sure that we're utilizing the care providers that we have? Within six months, we actually saw that we were reducing time for next available hospital follow up appointments from July. I was there in

April. Next available was in July. That's uh, unacceptable. We need to reduce hospital readmission rates. How can we do this if we do not improve our access to care? With health cloud, we've been able to see the data show us. Here are the available appointments, here's the data that will show us where we can place our patients with the appropriate level of care. And I think more than anything in our no matter market, we are less than a year post one connect. We were actually able to see our ease of scheduling scores go from the 26th percentile to the 68th percentile. And really those changes happened once we started to hard code all of this work in oneConnect. So how will we look to use AI call summaries? Critical we still have, thankfully we have radio buttons, thankfully we have pull down menus. We're not typing out everything, but there's still more work because we can summarize this a little bit better. Focus on call deflection and next best steps. How can we ensure that our staff are able to focus on the patient that they have in front of them without having them have so much of the administrative burden as well? And I have to leave you with this. Technology won't fix your operations. Ah. I had our CIO visit us as they were about to make this investment into our program. And as I'm showing him the screen and he sees all the tabs, he leans in. I said, look, this is what our staff have to go through. It's a lot. And he leans back and says, don't take this the wrong way, but you really macgyvered this. It's like, yeah, we really did. We had to because we had to make sure we got it right before we had a huge investment. Because layering technology on top of 40 different visit types, non standardized, optimized, uh, work is only going to delay your success. The last thing, again, know the problem for us, it was access to care. The story of Nevada, uh, the story of markets that did not have the right access to care. That was our problem to solve. We needed the right partners. Thank you to our partners that we're able to bridge our four EHR systems to date into one system through Mulesoft and Salesforce health cloud. So very appreciative of everybody that joined us and everybody that's helped us along the way.

Speaker A **00:23:08**

That concludes our session. Enjoy the rest of your day at, uh, dreamforce. Everybody.