‘Digital front door’

one phrase, many meanings

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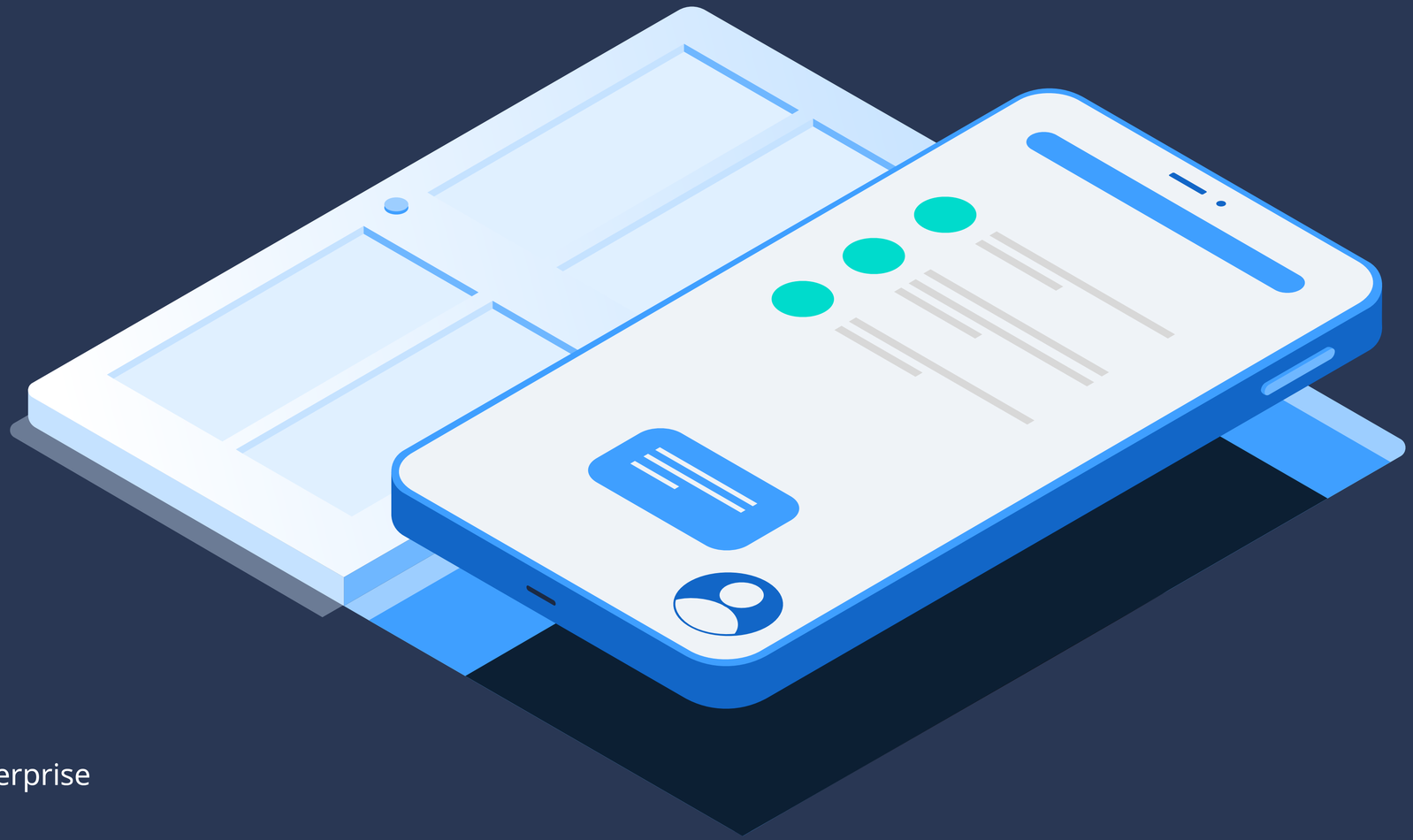

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While not in the dictionary at the time of writing, the phrase ‘digital front door’ (DFD) was arguably healthcare’s phrase of 2022. However, the phrase means different things to different people.

Without a single, widely understood definition of what a DFD looks like and the purpose it serves, the task of unlocking better digital experiences for your patients becomes more difficult.

For decades, the “front door” for patients has been their primary care physician’s office. In recent years, demand for remote services - hastened by COVID-19 - has changed patients’ expectations around the way their care should be delivered. This is evidenced by the $1.9 billion spent by health systems on DFD technologies to improve patient access and engagement in 2021, 67% more than in 2020[1], with an upward trend continuing.

$1.9b

spent by health systems on DFD technologies in 2021

67%

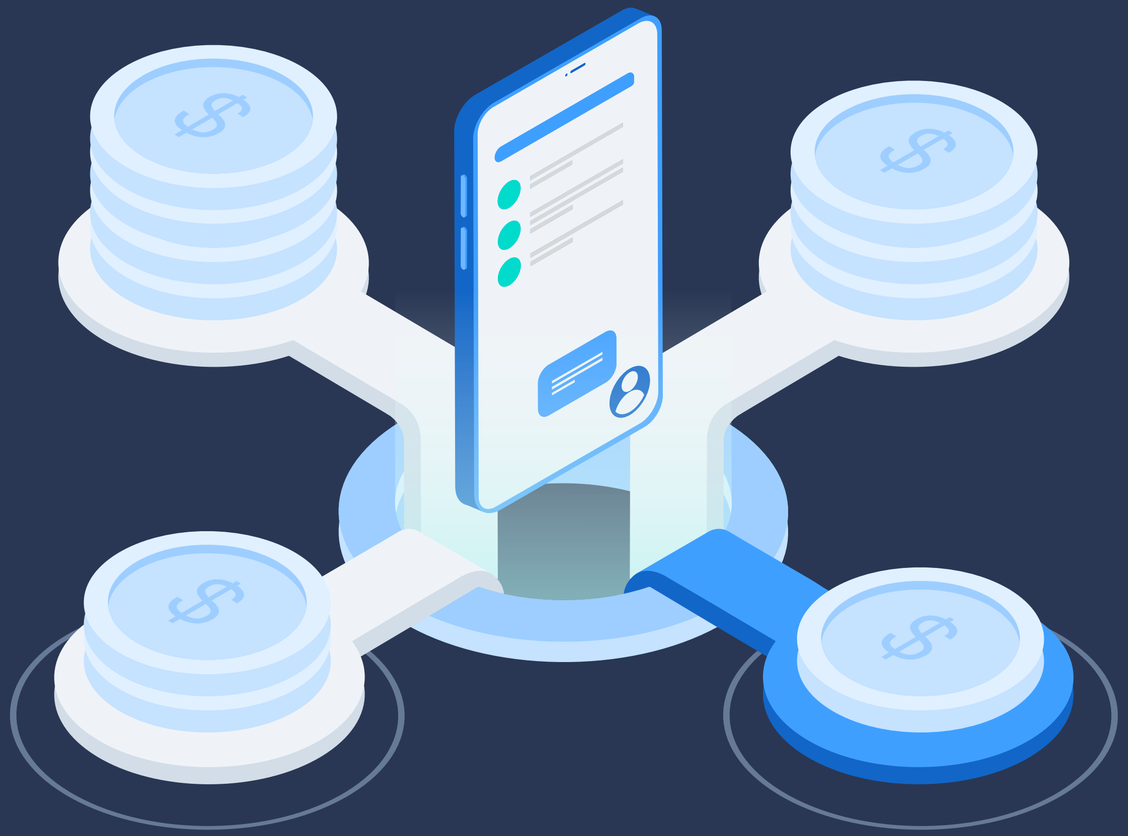
more spent in 2021 than 2020 on DFD technologies

The value of digital access

Banking and travel are frequently cited as examples of digital access successfully improving customers' experiences - replacing hours previously spent by customers and agents on the telephone.

Those offering more advanced on-demand features, stability, interoperability, integration, and security will likely observe higher customer satisfaction, growth, and retention.

Similar opportunities for DFD exist in healthcare by supporting a more patient-centered approach, broadening autonomy and access, and supporting the consumerism movement by making services more efficient and cost-effective. It also offers patient and their loved ones choice and convenience[2]; critical components of patient acquisition and retention. Smart uses of digital technology can speed up nurse triage or release call center capacity, empower patients to access appropriate acuity services at the right time, and reduce costs - all while enhancing outcomes and efficiency.



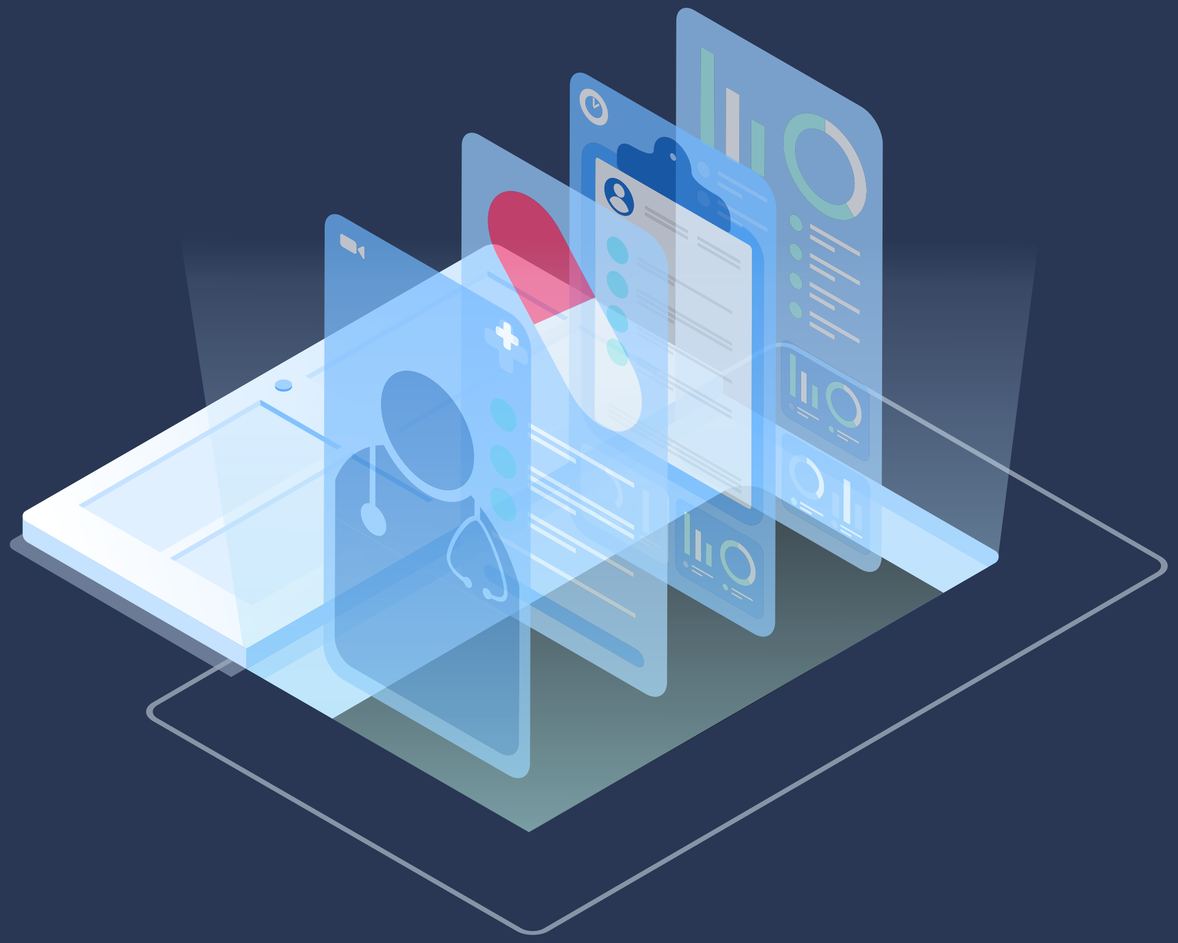
The purpose of a Digital Front Door

Despite the substantial investment, deployment of DFDs is not as widespread as you would think.

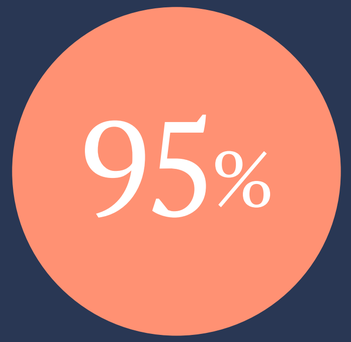
A study from the Pittsburgh, PA-based Center for Connected Medicine and KLAS Research suggests only 55% of health systems are using some form of DFD technology as the first point of contact for patients.[3]

However, some health systems have embarked on ambitious DFD initiatives that encompass multiple uses, functions, and integrations. The NHS in the UK, for example, is aiming for a single DFD as the point of access for an estimated 564 million annual patient encounters[4] with “apersonalized, accessible and equitable digital NHS experience,” says Prof. Jonathan Benger, Digital Citizen Portfolio Lead at NHS England.[5]

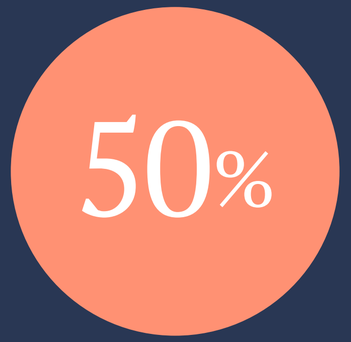
In contrast, some organizations are implementing very specific use cases to address particular needs, such as gaining patient consent or appointment booking.



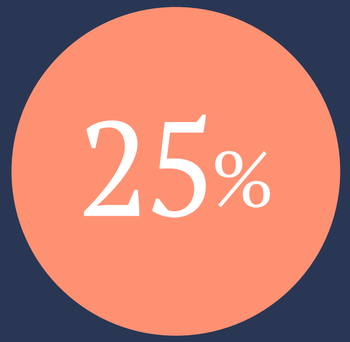
KLAS research in 2021[6] corroborates that the definition of DFDs lacks consistency. When asking 27 health systems about their definition:



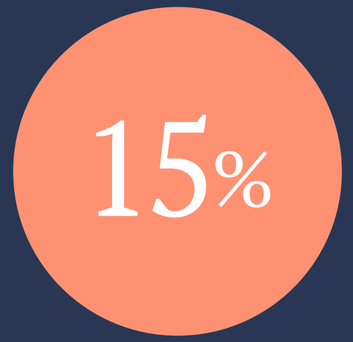
mentioned finding and arranging care, including symptom checkers, chatbots, provider search tools, scheduling, call centers, and patient check-in



mentioned pre-visit digital marketing, and patient acquisition



mentioned post-care digital engagement and follow up



mentioned digital care tools used during visits including on-site wayfinding

While there is no single - or by extension - ‘correct’ definition of a DFD, patient-facing DFDs are often capable of addressing one or more of these functions in some capacity:

1. Administrative:

Allows the patient to find simple, helpful information such as opening hours, FAQs, a service website, or complete non-clinical tasks such as paying a bill without using a health system’s resources.

2. Scheduling:

Helps patients to navigate to appropriate services and book available services on demand. This improves access, but not necessarily quality, as patients might select services that may not be appropriate for their needs. This wastes their time and clinical resources, potentially delaying access to the right care setting.

3. Information:

Primarily provided by patient portals. By becoming increasingly feature-rich over recent years and more integrated with medical records, these systems typically allow access to a patient’s medical records, appointments, messages, images, results, and patient-led scheduling.

4. Clinical:

Advises patients on symptoms and possible causes and directs them to the most suitable care service at the right time, whether that is in person or remotely. Symptom assessment and care navigation can assist triage of patients to acuity-appropriate services for their needs, including self-care and community pharmacies.

But healthcare is complex. Organizations wishing to offer maximum convenience may already have multiple front doors, digital and non-digital, available to patients.

Indeed, the right front door can offer better access, and improving access is critical to improving health equity[7] across different communities.

> We are currently integrating front door technology, but it isn't the only front door... We need a blend of both the human center as well as the digital approach to provide patients with optimal choices.

US health system vice president, commenting in Center for Connected Medicine and KLAS Research report.[3]

Did you know: In the US, the average time to see a GP/ family physician is still 20.6 days[8]

Some things to consider

1. Define your DFD’s purpose

Regardless of how broad your DFD initiative is, we believe prioritizing acuity-specific care navigation with a clinically-focused DFD can unlock several key benefits. It can free up clinical and administrative time, improve efficiency, reduce costs, and alleviate the burden on your system’s primary and urgent care functions. This clinical focus will usually include features such as symptom checking and care navigation - to help you triage patients to the right care, time, and place.

Recent research suggests that fewer than 1 in 3 health systems have implemented symptom checking (31%), and just over half have implemented a care navigation solution (53%).[9]

Digitalizing access and patient-led triage can help release clinicians’ time to care. More than half (56%) of clinicians feel they don’t have time to be empathetic with patients,[10] even though more compassionate care can lead to less resource waste and better outcomes.[11]

31%

of health systems have implemented symptom checking

53%

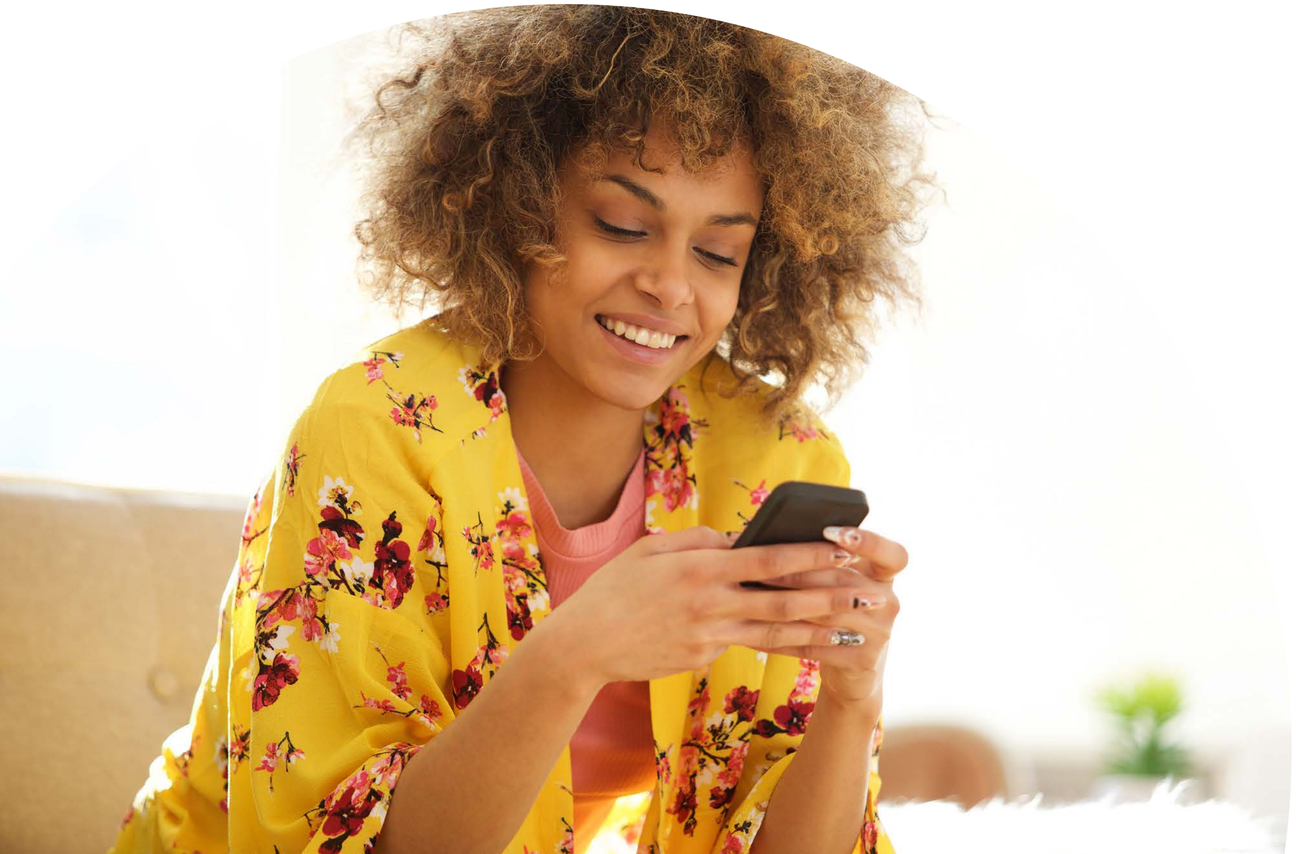
have implemented a care navigation solution

56%

of clinicians feel they don’t have time to be empathetic with patients

2. Engage your clinicians

As with many health tech initiatives, your clinical team holds the key to success. Encouraging them (as well as their patients) to test the product and its underlying technology is essential for successful implementation. Having them apply their clinical eye to the solution means they can see how it would fit within their patients' pathways, support their priorities, and offers a forum to address any concerns. They should also be able to see the vendor's motivations, regulatory approach, and scientific rigor.



> As a GP, I see patient and provider frustrations in primary care first-hand. Connecting care journeys through a DFD can improve access and reduce bottlenecks without creating additional burdens on your clinicians.
>
> Dr. Tauseef Mehrali,
> GP and Ada Health's VP of Medical Safety and Regulatory Affairs

3. Engage your patients

Don't underestimate the value of engaging patients. As the end user, their buy-in and feedback are imperative to your success. After all, they'll use the digital front door as their entry point to their care journeys. Providing a forum for communication helps you select the right technology, understand what is essential, valuable or extraneous to them, helping you effectively communicate with them and ultimately increase uptake and patient satisfaction.

4. View usability as a core feature

To support equitable healthcare and literacy, any patient-facing tool must be user-friendly, inclusive, unbiased, and accessible. A DFD is no different.

Channel-agnostic DFDs can be accessible across the ecosystem and multiple touchpoints, including patient-facing channels (portals, apps, web, and booking), and allow secure, consensual data sharing with other provider tools like electronic health records (EHRs) and platforms for customer relationship management (CRM), quality assurance, scheduling, and reporting.

This level of interoperability and the integrated approach it enables will support continuity of care while reducing variance.

5. Consider ways to add value

Besides offering accurate, trustworthy advice, an effective DFD can also provide valuable data to inform service design and population health programs in a way that enhances your long-term value. Incorporating some of these features will enhance your long-term value:

- Securely share information about patients' risk factors (like smoking status, pregnancy, chronic conditions, and comorbidities) with your system's EHRs or CRMs
- Create price transparency and allow easier comparison of insurer coverage options
- Support value-based care options
- Share real-time service availability and booking within the same flow
- Navigate patients to specialty services, such as youth mental health

Maximize impact with Ada

Clinically focused:

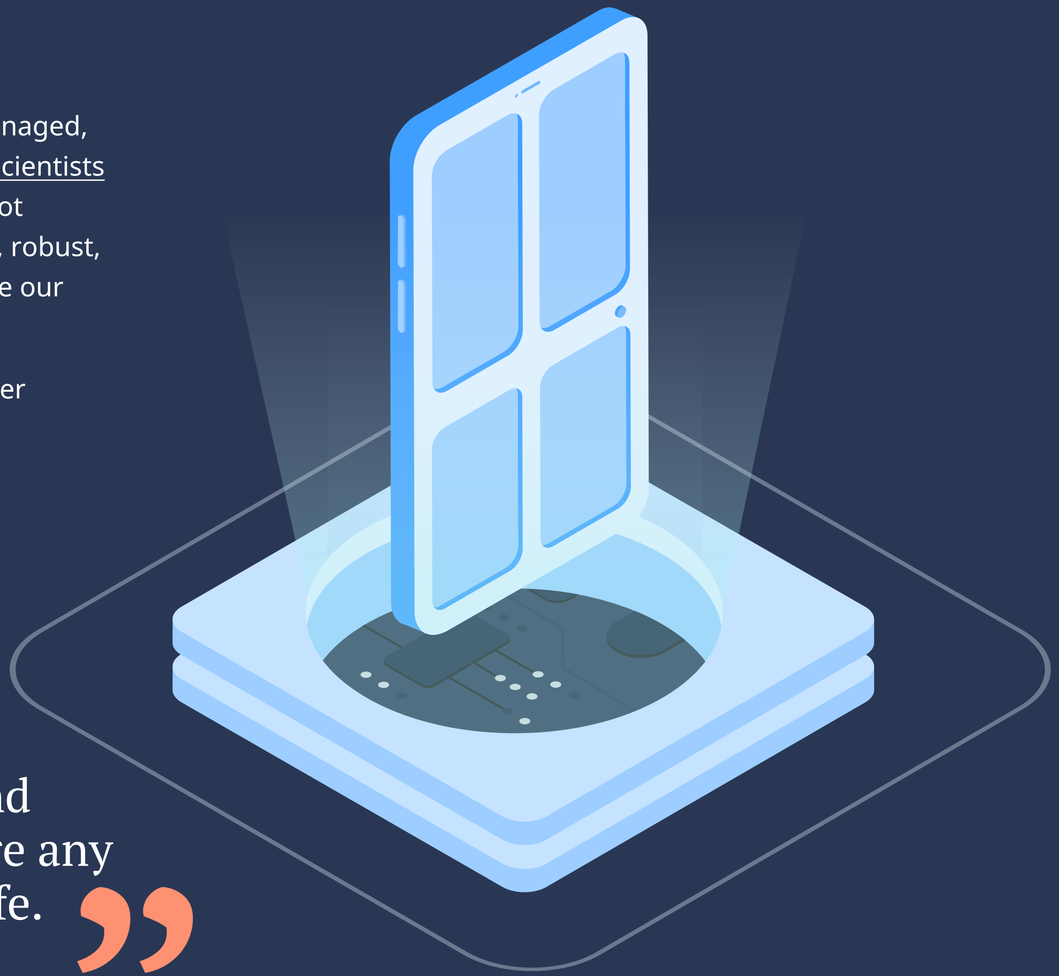
Over the past 11 years, our team of 50+ doctors has invested over 1 million cumulative clinician hours in developing our medical knowledge. This commitment helps ensure that Ada can offer medically sound guidance about thousands of symptoms and conditions at the right time and navigate to the appropriate level of care within your network based on patients' acuity and risk.

While 90% of patients turn to 'Dr. Google' before their actual doctor[12]; this often leads to less than trustworthy advice; Ada is available to offer safer, more accurate advice before visiting a care service.

Proven technology:

Ada's probabilistic reasoning AI is built, managed, and continually optimized by doctors and scientists to augment care and support providers - not replace them. We also undertake objective, robust, peer-reviewed research to test and improve our technology and advance the industry.

In studies, Ada frequently outperforms other DFD solutions on accuracy, safety, and coverage; find out more here.



"To successfully enhance patient and clinician experiences and benefit the wider system, every effort must be made to ensure any clinical advice offered to patients is both trustworthy and safe."

Dr. Tauseef Mehrali,
GP and Ada Health's VP of Medical Safety and Regulatory Affairs

Chosen by leaders:

Sutter Health

Providing trusted digital advice and care navigation to help 3 million patients to access appropriate care services across their network.

Canadian province-wide health system

Whole system transformation for 15 million Canadian citizens. Ada's DFD helps streamline access to the right services, prioritize patients, and provide patient-centered care.

Leading US integrated care provider and not-for-profit health plan

Supporting 12 million US members across the US to navigate to appropriate, cost-effective in-network care from anywhere, anytime.

NHS

Helping identify patients at risk of chronic MSK conditions and intervening earlier in their condition. Supporting providers to triage patients directly to preventative or specialty services, and release primary care capacity.

REACH Health made possible

Providing over 1 million mothers and children across South Africa with trustworthy symptom assessments via WhatsApp, and navigating them to appropriate care services.

Jefferson Health
HOME OF SIDNEY KIMMEL MEDICAL COLLEGE

Supporting patients across Jefferson's network of 18 hospitals and 50+ outpatient facilities, plus integration into their Epic EHR, to personalize care experiences and help patients navigate to the right care at the right time for their acuity and risks.

User centric:

We built Ada's DFD with user-centered design principles to be easy to use and surpass global accessibility standards.

Ada is already available to over 50 million patients across the world through our partnerships with leading healthcare organizations and governments.

The same underlying technology powers Ada's consumer app, which has to support lower literacy users, we lowered the reading level of our solution from grade 11 to ~7 without reducing medical accuracy.

We continually improve Ada's performance and minimize bias by training our AI models using 14,000+ information sources and the latest evidence, protocols, and best practice. Our user experience has been optimized based on learnings from tens of millions of patient interactions.

Available to over 60 million patients across the world

4.8/5 app store rating

over 350,000 five-star ratings

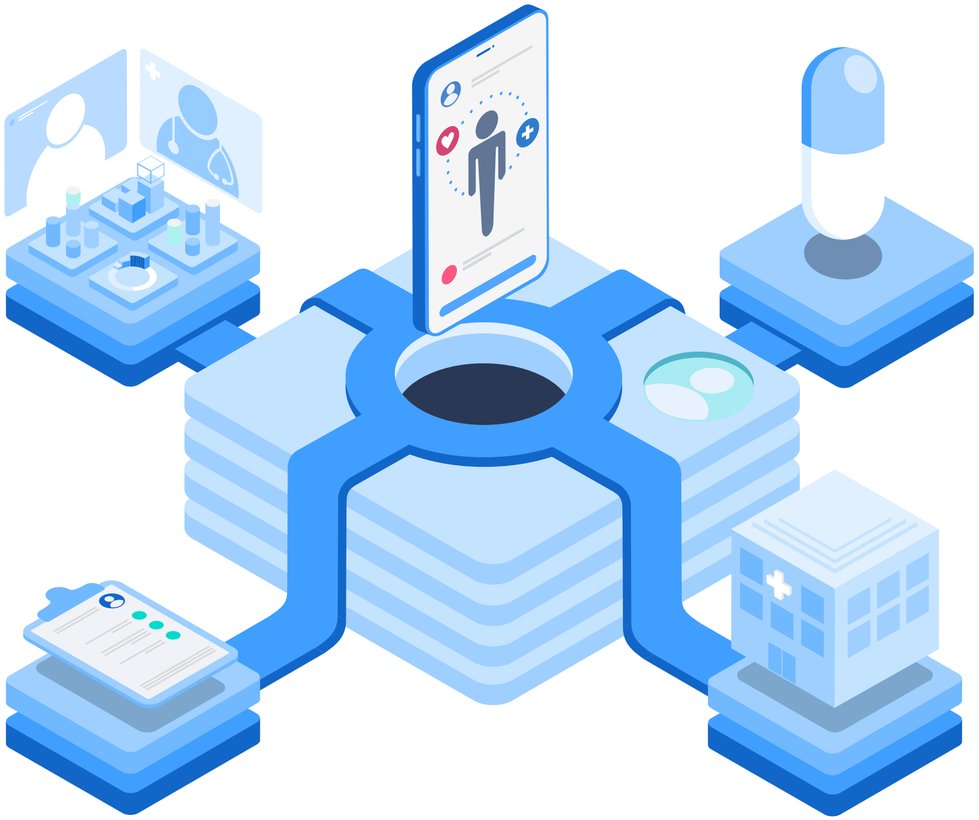
Built for innovation:

Beyond Ada's existing features, there are future developments to consider. Ada's underlying AI is capable of interpreting EHR, diagnostic, wearable, and genomic data and will be able to use these information sources for even more accurate assessments and personalized advice.

Additionally, we integrate with telehealth and ePharmacy partners - meaning evermore connected health and proactive support.

At Ada, we strive for continuous iteration and innovation. Here are some of the key areas we're expanding to include:

- A health profile to connect all aspects of healthcare and support behavior change
- Metabolic health risk assessments (such as diabetes and cardiovascular disease) to help identify the risk of long-term conditions
- Condition-specific care journeys (such as COVID-19 oral antiviral treatment) and connect patients with faster, more timely care and prescriptions



In conclusion, while the phrase 'digital front door' may not yet feature in the dictionary, neither yet does 'health equity.' It may be a race to see which gets added first, and the former may be the key to unlocking the latter.

As standard, Ada’s features include:

- Industry-leading AI symptom assessments
- Configurable acuity- or condition-specific care navigation
- EHR integrated clinical assessment report, or email or PDF
- Multiple languages
- Single Sign-on (SSO)
- Data insights to support service planning and population health initiatives
- Non-clinical navigation
- Intuitive user interface with SDK and FHIR integrations into apps, websites, portals, EHRs, CRMs, and other clinical, administrative and engagement platforms
- Ada’s core medical AI and medical knowledge, inc. common, rare, mental health, pregnancy, and pediatrics

The best healthcare experiences start with accurate advice

If you’re considering a DFD, or have already kicked off your initiative, ensure that symptom assessment and care navigation to the right care services are core program features. Ada’s safe, comprehensive, accurate medical AI can transform healthcare experiences for your patients, your clinicians, and across your system.

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