

2023 Predictions From Health Executives: Consumer Experience, Economic Considerations

Maria Asimopoulos

In this commentary, 14 executives from health care organizations predict where the industry is headed in 2023, with an emphasis on lowering costs, improving the consumer experience, and implementing new tools to reduce risk and better manage data.

2023 is shaping up to be an inflection point for incorporating preventive genetic risk assessments as a standard of care. While there is broad and increasing consensus to proactively apply diagnostic test data to prevent adverse events and lower the overall cost of care, the gap in clinical comprehension and practical utility has historically limited their use to reactive clinical decision support applications for nearly a decade. Thanks to low-cost, high availability testing and innovative technology solutions that integrate insights at the point of care, the tipping point has finally arrived to maximize the benefit of these risk mitigation tools to improve overall patient outcomes.

—Joel Diamond, MD, chief medical officer, [2bPrecise](#)

The past year saw a number of challenges arise across health care, from the continuation of the COVID-19 pandemic to additional disease outbreaks, decreases in Star Ratings performance, and new hurdles to connecting with members. One overarching theme that will remain a critical focus in 2023 is driving improvements to health equity. As health plans remain dedicated to addressing inequities in care delivery and health outcomes, employing specific strategies and practices can make measurable differences and meaningful progress.

Taking member engagement to the next level with creative solutions is one proven way payers can advance equity. For example, payers can connect with local food banks or other social services to overcome access barriers for at-risk members or tap rideshare apps to ensure members have rides to appointments. Advancing adoption of automation and no-code or low-code technologies, as well as cloud-based solutions, is also a key step plans can take to improve their speed to innovation and be better equipped to identify and address inequities in member populations. Finally, as new sites of care continue to emerge outside of traditional physician offices, plans must adapt to these shifts and support care delivery in lower-cost settings while also ensuring that quality of care remains high.

—RaeAnn Grossman, executive vice president, operations – risk adjustment, population health management, and quality, [Cotiviti](#)

The first step to keeping people healthy is building a solid foundation of healthy data. As we move into 2023, health care delivery organizations will want to focus on improving data access and quality so they can better engage patients and further reduce clinician burden.

Tackling identity data management deficiencies with an enterprise master patient index (EMPI) that resides outside of the electronic health record (EHR) and connects the EHR with the rest of the enterprise, reconciling code sets across stakeholders, and putting data into the hands of the people that need it will contribute to timely, complete, and accurate decision-making for improved financial and care outcomes. Without this investment in a data management foundation, health care delivery organizations are merely transacting data and missing the opportunity to deliver strategic value.

—*Drew Ivan, chief strategy officer, [Lyniate](#)*

Heading into 2023, there's more need than ever before for health systems to be nimble, find efficiencies, and reduce waste.

We'll accomplish that in a few ways. First, we need to be creative with how we're slotting patients for appointments. Despite the general shortage of providers we're facing, there is some capacity available; it's just more scattered across systems than it has been historically. Through harnessing the capabilities of technology and working with our call centers and clinics, we can better match patients with open appointment slots. Second, I think we'll see a resurgence of clinicians practicing at the top of their licenses, which will require us to find other humans and non-humans to provide the care that we don't have enough providers to administer. And the third thing we'll see is a continued increase in the use of alternative forms of care, like asynchronous care delivered through patient portals and other digital channels. We're going to be forced as an industry—and consumers—to identify and embrace non-traditional models of care.

Lastly, we've seen a massive shift in the way we use data, and that's going to continue next year. We'll continue to democratize data so we can work as a team across departments to find what moves the needle in all our important initiatives, which will ultimately improve access to care and customer experience.

—*Craig Kartchner, associate vice president of marketing and customer experience, [HonorHealth](#)*

Health systems are struggling financially, with nearly one-third in the red, even with currently high occupancy rates due to respiratory syncytial virus, COVID-19, and the flu. Those with strong financial and performance analytics systems, however, will be able to focus not just on cost or price but on encounter-level margins in order to succeed. They will be able to deliver strong patient outcomes by managing encounters in the right place (including telehealth and home) by the right staff (leveraging the skills scarcity many organizations battle) and utilizing the right non-labor resources, including supplies and overhead.

Leveraging real-time technologies for workforce management will be key to executing on this strategy. The integration of retrospective performance reporting and real-time analytics will give

floor managers, nurses, and leaders insight into whose hours are being spent where, when, and on which patients. The staffing shortage isn't going away, and the ability to optimally allocate scarce resources in real time is critical to outcomes for patients, staff, and institutions. These kinds of capabilities feed into sophisticated financial management initiatives like rolling forecasting, which enables organizations to be nimble and adjust their spending as necessary throughout the year to prioritize their most pressing needs.

—*Steve Lefar, chief strategy officer, [Strata Decision Technology](#)*

Cybersecurity supply chain risk will continue to be of growing concern for the health care industry over the coming year. As a result, there will be increasing scrutiny by providers of their business associate partners and a desire to better understand the shared security responsibilities between vendor and customer. If they want to be successful in this market, business associates will need to invest in strengthening their cyber risk management programs, effectively communicate with their customers about cybersecurity, and actively partner with them to reduce the overall risk to both organizations. Pulling this off will require business associates to be much more proactive, building security into their organizations, products, and services from the ground up. The days of signing a business associate agreement and figuring it out later are officially over.

—*Jon Moore, chief risk officer, senior vice president of consulting services, [Clearwater Compliance](#)*

Research shows trust can improve health outcomes and satisfaction, and that foundation of trust begins when patients search for care. As health care consumerism accelerates and empowers patients to rely on the internet for provider research, it is essential to surface accurate and consistent information on providers and services throughout the entire care navigation journey.

According to consumer research, 60% want more information about providers when planning care, like provider expertise, approaches to care, location, and languages spoken, and the majority consult multiple online resources, underscoring the need to meet consumers where they are and provide this information across digital channels. With technology and data access advancing significantly to better maintain and share provider data, 2023 will be a milestone year for health care organizations helping people find their provider match, no matter where their search for care begins.

—*Matt Parker, senior vice president of product, [Kyruus](#) and [HealthSparg](#)*

Continued economic instability will put more Americans at risk for disparities related to social determinants of health (SDoH), creating even more strain on the system and continuing to drive health inequity. That economic instability will cause strain on organizations designed to provide support for historically underserved individuals, creating an even bigger need for services and systems aimed at addressing SDoH. Payers, accountable care organizations, and risk-bearing providers will need to invest in and create programs addressing SDoH. While we can see this all

playing out in front of us, we could end up in the same place—or 2 steps backwards—if we continue to address SDoH reactively. Only time will tell.

—*Ted Quinn, chief executive officer, cofounder, [Activate Care](#)*

As with the past several years, automation and efficiency will continue to be top of mind for health care executives. The two trends we'll see are the rapidly rising pace of mergers and acquisitions and an overarching emphasis on integration of business solutions and data.

Many health care startups with intellectual property assets have received extensive venture capital funding yet have failed to demonstrate a margin or even a revenue stream. Add the current economic climate and we will see companies with cash reserves, that are not as heavily leveraged, acquiring these startups at bargain prices to complement their existing solutions.

The health care industry will continue to embrace the expanding internet of things (IoT), software as a service (SaaS), and other core solutions and demand seamless integration and communication between these solutions. This will focus on the connections between EHRs and payer platforms and include multiple additional solutions in the health care ecosystem.

—*David J Sand, MD, MBA, chief medical officer, [ZeOmega](#)*

Health care clearly lags behind other industries in its ability to deliver highly customized experiences to consumers. To emerge as leaders in this competitive industry, health systems need to start treating the patient as the individual they are to increase loyalty, improve care, and prevent revenue losses.

Hyper-personalized care starts with the basics of communicating based on a full understanding of the patient's preferences, personal characteristics (including SDoH), and clinical profile, but it can extend to artificial intelligence-powered personalized care plans and proactive interventions. Today's health care consumers expect sophisticated digital engagement from their health care providers, including smart personalization and predictive engagement—systems that can meet this need faster and will reap the rewards of happier customers, lower cost of care, and market share gains.

—*Sonia Singh, senior vice president, Center for Consumerism, [AVIA](#)*

We can all agree that over the past year and beyond, the pandemic has strained the health care ecosystem in ways we never imagined. But along with all the bad has come the opportunity to take a crash course in improving systems across the board. As the landscape continues to evolve, I believe the continuance of COVID-19's imprint will enable further innovation for implementing health care services, creating actionable insights into 2023 and beyond.

For example, with the expectation of cost pressures mounting from all sides, the increased adoption of business process automation, especially for administrative tasks and manual processes, will help combat burnout and staffing shortages to bring more flexibility in services and care. I think these factors will lead to an explosion in digital market spending to further

alleviate costs, build the framework for a more sustainable future, and contribute to better outcomes.

—*Srikrishnan Srinivasa (Sri), senior vice president, global head of health care operations, [Firstsource](#)*

Health care marketers will continue to face challenges throughout the next 12 months, with economic uncertainty—along with many other factors—impacting consumer behavior. Those challenges will come into play as marketers implement strategies aimed at their areas of focus, including outpatient volume growth, patient engagement and outreach, driving appointment bookings, and measuring the impact of their programs and campaigns. Marketers looking to do all those things and demonstrate a return on investment—which will be critical for the foreseeable future—must start thinking about new strategies and solutions that improve on leveraging the data they have to connect with health care consumers.

With consumer behavior likely to change along with the economy, health care marketers will have to focus on getting the right information to the right individual at the right time. Engagement for engagement's sake will be left in 2022. Moving forward, health systems will have to connect consumers to the services and resources they need or are at risk of needing. To achieve that, silos will come down, and departments across the health system, like marketing, medical groups, and service lines, will need to collaborate to ensure consumers receive the information and services most valuable to them, while also driving revenue to the right areas of the business.

In 2023, timely, personal, and intelligent communications and engagement will be what health systems and marketers strive for, and what health care consumers demand.

—*Alan Tam, vice president of marketing, [Actium Health](#)*

With a tight labor market, soft economy, and patient demand for consumer-friendly experiences dominating headlines, health care leaders must go all-in with automation to support the workflows around care delivery. Chronic care (or continuous care) management should be top of the list. Staffing shortages mean less availability for clinicians to regularly check on patients. Automating outreach to meet people where they are, on the channel that works for them (voice, SMS, email), will allow for effective monitoring with reduced administrative burden. Smart automation will also detect when a clinician needs to step in, triggering alerts and escalations for appropriate action. Likewise, providing self-scheduling options for patients and automating intake and previsit checklists streamline operations, while simultaneously injecting efficiency and cost savings into the health organization.

—*Nate Treloar, chief operating officer, cofounder, [Orbita](#)*

Finances will continue to be top of mind for health systems in 2023, particularly if we enter a defined economic downturn, because consumers will tighten their belts across the board; health care is no exception. As consumers look for areas to cut unnecessary spending, they will seek out fewer services proactively. Health systems that collaborate effectively with physicians to

offer a full spectrum of services will have a leg up because they provide more options and lower-cost settings.

We'll also see traditional industry entities get more savvy with how they connect with consumers because we're facing more and more competition as retail health giants like Amazon make bigger and bolder moves into health care. We need to establish and foster real connections to maintain market share, and doing so will require that we build—and build out—our own first-party data. With so much third-party data becoming more restricted and less accessible, we need to take the driver's seat in getting a more complete understanding of what matters most to our customers.

Finally, we'll see greater efforts to take care of the caregivers. Recruitment and retention have been major pain points over the past year. In 2023, we'll see health care organizations become more focused on the well-being of their own employees.

—Ryan Younger, vice president of marketing, [Virtua Health](#)