Who We Are
KPMG helps organizations create sustainable business value and manage risk by enhancing their financial and operational structures. Our global network of experienced professionals helps you address complex marketplace dynamics, leverage opportunities for growth, exploit evolving technologies, and adapt to regulatory shifts through a variety of services designed to help you take advantage of change instead of merely reacting to it.

Premier client relationships

Specifically, in the U.S. we serve:
- 18 of the top 20 health insurers
- Almost half of the top 200 HC systems
- 20 state governments for the establishment of health benefit exchanges
- All of the top 25 global life sciences companies

Providers
- Baylor University Health System
- CHS
- Cleveland Clinic
- HCA
- The Johns Hopkins Hospital-Johns Hopkins University

Payors
- Anthem, Inc.
- CIGNA Corporation
- UnitedHealth Group

Others
- CVS Health Corporation
- Express Scripts Holding Company

Large market footprint

Our 1,700 partners and professionals deliver meaningful engagements to more than 250 clients

High growth

HCLS is a strategic growth priority for KPMG and one of our highest growth industries

Our U.S. Healthcare and Life Sciences team is equipped to understand and address the issues and needs of all the stakeholders in this complex ecosystem and facilitate transformational gains in every segment.

Global Healthcare and Life Sciences Practice
- 2,800 US healthcare and life sciences professionals
- 4,200 global healthcare and life sciences professionals

“We have dedicated team of over 100 healthcare Deal Advisory professionals across the US including 20 Partners and Managing Directors”

Broad industry knowledge

Deep practical knowledge of industry issues across payers, providers, life sciences and intermediaries

Bringing industrywide perspective on the implications of convergence to all of our clients:
- Implications of consumerism and the B2C model
- Broad perspective on new regulations and enforcement trends
- New business models and new collaborations
- Value and usage of big data
- New product and service strategies
Bio from Neha
Overview / Abstract
As Millennials, Generation X, and Baby Boomers enter new life stages at the same time, there are simultaneous demands for lower cost, convenient care and better management of chronic illness and outcomes.

2019 is the first year millennials are passing boomers in population size, causing healthcare organizations to rethink the way they interact with consumers:
- Millennials use more walk-in / urgent care centers than boomers
- Newest generation don't have PCPs (18-36 year olds)
- Technologies like artificial intelligence are expected to be used in 90% of U.S. hospitals by 2025
- 58% of millennials and 64% of Gen Xers value online booking to the extent that they would switch Providers to do so
Demographic Demand

Demographic divisions...

Millennials
- Align with demands:
  - Staying healthy
- Improve outcomes with:
  - Predictive analytics
- Meet their preference for:
  - Retail / virtual care
- Foster convenience with:
  - Wearables / telehealth

Baby Boomers
- Align with demands:
  - Managing chronic illness
- Improve outcomes with:
  - Care management solutions
- Meet their preference for:
  - Traditional care settings
- Foster convenience with:
  - Symptom monitoring tools

...and needs that both groups share

- Services that reflect health status, preferences
- Liberation of patient data across the lifespan
- Layered care with retail-level choice
- Integration of medicine and technology disruption
Digital Enablement is driving the Consumer Experience

➔ Our best experience anywhere becomes our expectation everywhere

➔ What was once fit-for-purpose for healthcare customers, became inconvenient, non-personal and non-transparent. It is no longer just about delivering care.

➔ It’s about meeting a new set of consumer expectations for healthcare.
Delivery of Care is dictated by the Consumer’s Needs and Preferences

<table>
<thead>
<tr>
<th>Capture new patients through better access</th>
<th>Help chronic/current patients manage conditions</th>
<th>Efficiently move patients through acute settings</th>
<th>Help patients recover with appropriate support</th>
</tr>
</thead>
<tbody>
<tr>
<td>— Steer patients to right care settings</td>
<td>— Reduce time to schedule referrals and follow-ups</td>
<td>— Reduce clinical variation and length of stay</td>
<td>— Discharge patients to most appropriate care setting</td>
</tr>
<tr>
<td>— Reduce lag times through load balancing</td>
<td>— Enable care coordinators to focus on what’s important</td>
<td>— Drive down duplicate tests and treatments</td>
<td>— Efficiently monitor patients to avoid readmissions</td>
</tr>
<tr>
<td>— Increase patient capture rates</td>
<td>— Reduce avoidable admissions</td>
<td>— Optimize ED, operating room and bed capacity</td>
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<td>— Reduce no shows</td>
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**Improve the Patient Experience**

**Drive Physician Satisfaction**

**Deliver Quality Care and Optimal Outcomes**
Our hypothesis is that as healthcare organizations seek to put the consumer at the center of healthcare delivery, they must align the front, middle and back office to create an omni-channel or “connected enterprise.”
Defining the road map to become customer centric: Insight, Enable & Implement

What is your current state performance? [Insight]
Identify objectives and determine path forward with the right strategy to get there.

What insights do you leverage to action? [Enable]
Evaluate customer strategy. Evaluate care strategy. Evaluate data analytics and AI strategies.

Dive actions to results [Implement]
Leverage product/service intelligence, Net Promoter Scores (NPS) and margin improvement strategies.
Accessibility
The first step is to understand current performance.

Tailored to your environment, our data-driven approach supported by advanced analytics enables us to quickly and accurately establish a deep understanding across the six key dimensions of your organization in order to assess potential financial and operational improvement opportunities.

Define the performance goals and measure the opportunity – What can be achieved?

We focus on profitable growth by prioritizing opportunities through a holistic, patient-centric lens – understanding your ability to attract, retain and provide quality clinical care to your patients while reducing costs and increasing margins.

In collaboration with our clients, we provide realistic recommendations for measuring, reporting and improving performance based on current financial, operational, technology and resource alignment benchmarked against leading practices.

Consumerism is a core focus for large scale transformation initiatives

NCHICA 2019
Our access analytics support large systems move along a Patient Access maturity curve

<table>
<thead>
<tr>
<th>Capability area</th>
<th>Emerging</th>
<th>Advanced</th>
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</thead>
<tbody>
<tr>
<td>Enhanced / Centralized Scheduling</td>
<td>Rationalized Templates &amp; Appointment Types</td>
<td>Integrated Virtual Health Appointments at Point of Scheduling</td>
</tr>
<tr>
<td>Capacity Management</td>
<td>Schedule Transparency and Access Rights</td>
<td>Real-Time, Data-Driven Load Balancing</td>
</tr>
<tr>
<td>Referral Management</td>
<td>Streamlined Coordination Center</td>
<td>Predictive Appointment Analytics</td>
</tr>
<tr>
<td>Ambulatory Care Coordination</td>
<td>Seamless Online Scheduling</td>
<td>Point-of-Service Referral Management and Scheduling</td>
</tr>
<tr>
<td>Ambulatory Operations</td>
<td>Population Specific Models Linked to Patient Access and System Growth Strategies</td>
<td>Closed-Loop Referrals</td>
</tr>
<tr>
<td>Clinician Compensation</td>
<td>Productivity-Based</td>
<td>Leveled Top of License Staffing Models (e.g., physician extenders)</td>
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<td>Productivity-Based with Access-related Upside</td>
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<td>Productivity-Based with Access and Physician Extender Upsides</td>
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<td>Population Specific Models Linked to Patient Access and System Growth Strategies</td>
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</table>
## Five Strategic Imperatives (Based on National Leading Practices)

<table>
<thead>
<tr>
<th>Strategic Imperative</th>
<th>Description</th>
<th>Capabilities</th>
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<tbody>
<tr>
<td>Manage Organizational Change</td>
<td>Recognize that no system can significantly improve access without strong governance, senior clinical leadership and continuous physician engagement and participation in the process</td>
<td>• Governance</td>
</tr>
<tr>
<td>Maximize Capacity</td>
<td>Recognize the availability of physician time as a root cause of many access challenges - and seek to continuously monitor and increase it over time while improving overall physician wellness</td>
<td>• Policies and Standards</td>
</tr>
<tr>
<td>Manage Demand</td>
<td>Be disciplined about creating structures and driving accountability with respect to managing patients’ journeys through the system</td>
<td>• Referral Management</td>
</tr>
<tr>
<td>Increase Value Per Visit</td>
<td>Provide effective resourcing, tools and processes to enable optimal provider matching, channel patients to appropriate care settings and enhance the revenue cycle</td>
<td>• Guided Scheduling</td>
</tr>
<tr>
<td>Provide a Seamless Customer Experience</td>
<td>Rationalize and streamline access and delivery channels to ensure a consistent, integrated and efficient experience whatever the end users’ preferred means of engaging with the system</td>
<td>• Call Center Infrastructure</td>
</tr>
</tbody>
</table>
Advanced Analytics
Ecosystem of customer interactions analytics technology

- The reason why, and the way in which, customers interact with an organization varies.
- Regardless of how, or why an interaction took place, there is much to be learned from every interaction.
- Each interaction generates a trail of valuable information that can be analyzed and produce actionable insights that create value.
Making the Invisible, Visible

KPMG’s access operation center is an analytics and insights platform that predicts, informs, and enables optimized decision making.

It does so by utilizing cloud tools to aggregate and organize various data sources and KPMG’s proprietary algorithms to convert the data into actionable insights and recommendations by leveraging existing systems of record.
Leveraging Existing Data Sources

- KPMG leverages this analytics and insights platform by:
  - Assessing the current system of record
  - Identifying integration opportunities
  - Establishing a data structure and machine learning processes
  - Adding best-in-class engagement layers
How We Help Our Clients
Business Intelligence - We help our clients make data driven decisions around Access

Examples of KPMG’s proprietary analytics tools to help drive Patient Access Transformations

1. Utilization & Load Balancing
   Offered supply (provider time by session/practice/site) and unmet demand matching

2. Provider Session Adherence
   Determine if templates are built in accordance to weekly sessions per cFTE & session length standards

3. Predictive No Show Analytics
   Anticipate potential no shows/late cancelations & identify opportunities for outbound reminders

4. Patient Loss Identification
   Identify lost and chronic patients who have not been seen since their initial visit for targeted outreach

5. Agent Scheduling Efficacy
   Assess agent scheduling effectiveness and consistency (including outbound/slot refill)

6. Visit Length and Appt. Type Standardization
   Current state visit type and duration usage and variability across providers/depts/sites

7. New Patient Reserve
   Modeling for optimal new patient time allocation based on requested patient demand

8. Template Slot Length
   Current state slots usage to facilitate template redesign and standardization decisions

9. Scenario Modeling/Decision Support
   Assess how changes in templates (new patient mix; slot lengths, appt length) impact volumes & patient lagtimes

10. Patient-Provider Matching
    Historical case mix allocation tool across subspecialty, provider and department

11. Resource Forecasting
    Determine optimal staffing levels/identify incoming staff using telephony and clinic workforce data

12. Template Design Tool
    Automatically gather current template data and make design changes for future templates
Case Study #1 - School of medicine Patient Access strategy

Leading School of Medicine Faculty Group

**Issue**
- Fragmented operating model resulting in poor patient experience
- Long lag times across 20+ Departments
- 30k annual new patient losses across specialty care
- Patient outmigration to leading regional AMCs

**Impact**
- Developed future model / implementation plan
- Building template governance for ~ 350 providers
- Implementing improved Patient Access Center resulted in being able to handle 1m+ calls/year
- Increasing slot utilization from 70% up to ~85% via PAC

**Opportunity Identified**

- **Average New Patient Loss Rates Across Departments**
  - ~15%

- **Average New Patient Lag Time to Appointment**
  - 1 month

- **Same-day cancellation rate**
  - ~11%

**CLIENT VALUE**
- Integrated multiple disparate agents into a central PAC in under a year
- Increased visit volume by 12% YOY
- Reduced call abandonment rate by 20%
- Consistently improved PAC service levels

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Uniform Patient Access Center
- Increased visit volume by 12% YOY
- Reduced average time to appointment by 1 month
- Improved call abandonment by 20%

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**Patient access capability gap analysis**

**Scheduling and Cancellation Analysis**

**Implementation plan**

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**Opportunity Identified**

- Average New Patient Loss Rates Across Departments
  - ~15%

- Average New Patient Lag Time to Appointment
  - 1 month

- Same-day cancellation rate
  - ~11%
Case Study #2 - Patient Access strategy and implementation

Regional, Southern Teaching Hospital

Issue
- Significant recent reductions in IP and OP volumes
- Long lag times for multiple specialties
- Decentralized operations
- Strong threat from leading system in an adjacent state

Impact
- Quantified/ mapped lost patient opportunity at a granular level
- Assessed processes, governance and capabilities
- Developed future model / implementation plan
- Assisting with implementation

NEW PATIENT LOSS RATES¹

Opportunity Identified

15-20%

Regional, Southern Teaching Hospital

- Significant recent reductions in IP and OP volumes
- Long lag times for multiple specialties
- Decentralized operations
- Strong threat from leading system in an adjacent state

Technology gap analysis

- Decentralized capabilities with pockets of excellence

Scheduling & cancellation analysis

- 15 minutes Wait times to speak to a scheduler

Execution plan

- Quantified/ mapped lost patient opportunity at a granular level
- Assessed processes, governance and capabilities
- Developed future model / implementation plan
- Assisting with implementation

Opportunity Identified

- New Patient Loss Rates¹

CLIENT VALUE

- Developed robust model for future state operations in ~10 weeks
- Aligned design to leading practice
- Facilitated budget development and service center resource planning
Thank You