

**Intelligent Payer:**  
**RESTORING**  
**PROVIDER**  
**TRUST**



# Only about 1 in 10 providers has a strong degree of trust in the health payers they work with, reveals Accenture research.

This trust gap makes it difficult for payers to exert the influence over providers necessary for them to achieve important strategic objectives that benefit all stakeholders. What will it take to mend one of the most important relationships in healthcare? Human-centered design that uses artificial intelligence (AI) to transform both payer-provider interactions and the payer operations that underpin them.

# TRUST IS IN TROUBLE

Trust is essential to any successful business partnership. And that is exactly what payers and providers have. Theirs is a mutually-dependent business relationship that touches all experience areas of the healthcare continuum, including pre-service, care delivery, care coordination, and claims and payments—with healthcare consumers as shared customers (See Figure 1).

Figure 1: Payers and providers have a relationship that touches all areas of the health continuum

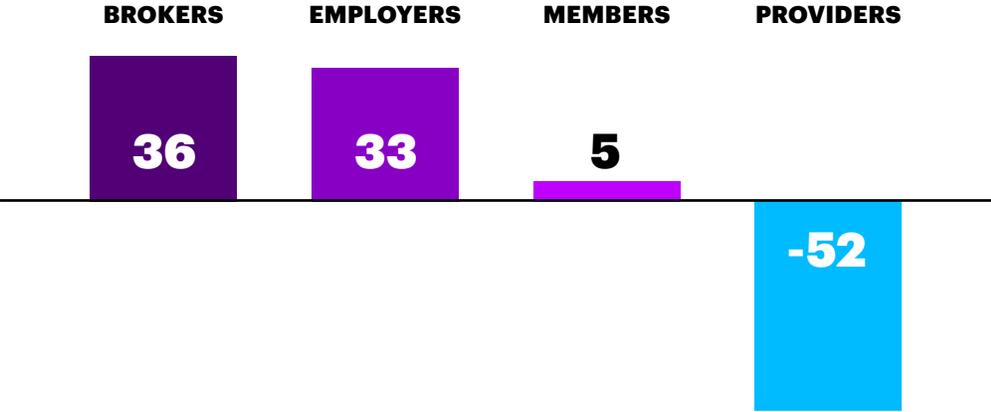


Source: Accenture

Accenture analysis of the Net Promoter Score® (NPS®)<sup>1</sup> that providers give payers indicates that payer-provider relationships are dangerously strained. While NPS is traditionally a consumer metric that measures trust and willingness to recommend, it has been applied to other payer stakeholders including employers and brokers before. It is especially relevant to apply NPS to providers now considering the degree to which payers' strategic objectives hinge on how effectively they work together.

The findings are a wake-up call for the industry. An overwhelming majority (86%) of providers do not have a strong degree of trust in the payers they work with.<sup>2</sup> Payer NPS from providers is a dismal -52, which is significantly lower than the scores from all other payer stakeholder groups (See Figure 2). With such an extremely low NPS, it is not surprising that providers view payers as negatively impacting their work. Just 10% strongly agree that payers contribute to their professional satisfaction.

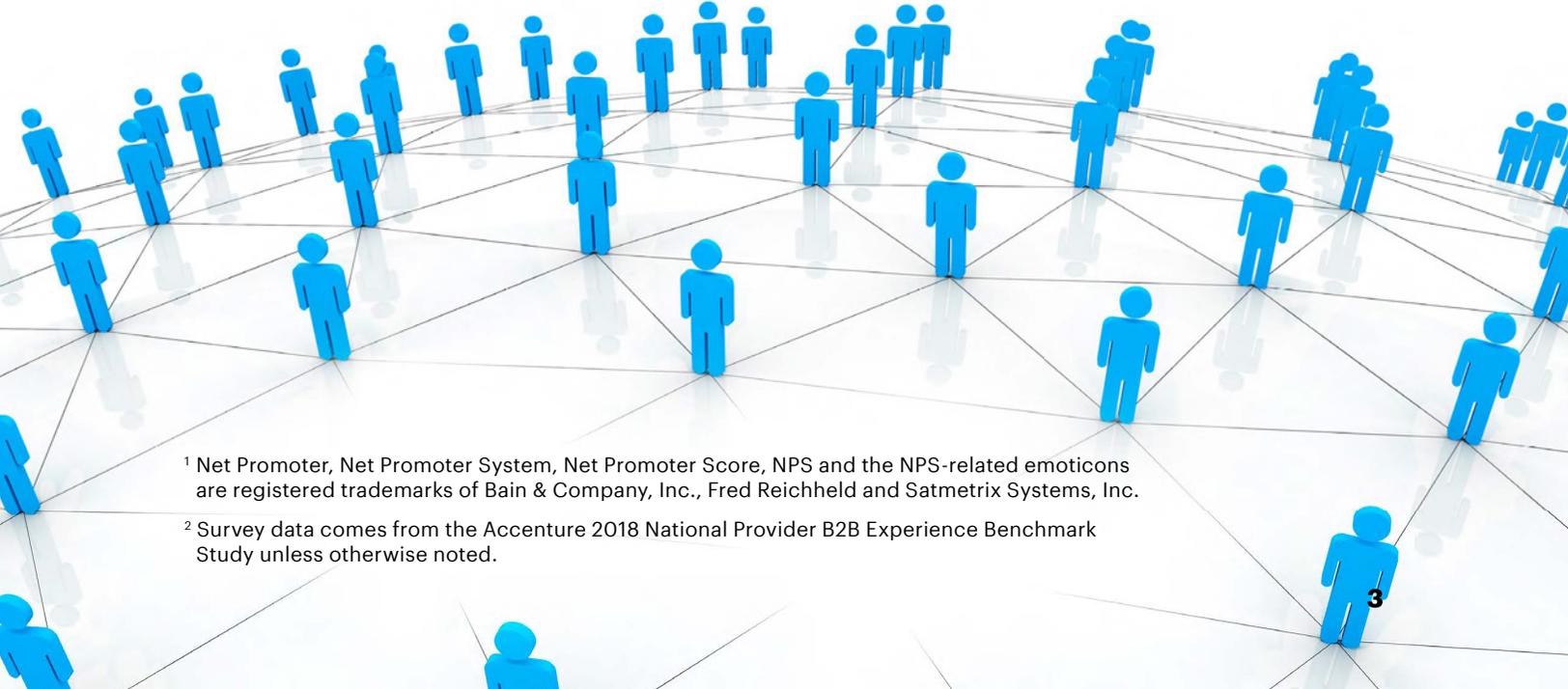
**Figure 2: Of all payer stakeholders, providers give them the lowest Net Promoter Score**



Sources: Accenture 2018 National Provider B2B Experience Benchmark Study, Accenture 2017 National Producers Survey, Accenture 2017 National Accounts Survey, Accenture 2017 Customer Experience Benchmark Survey

<sup>1</sup> Net Promoter, Net Promoter System, Net Promoter Score, NPS and the NPS-related emoticons are registered trademarks of Bain & Company, Inc., Fred Reichheld and Satmetrix Systems, Inc.

<sup>2</sup> Survey data comes from the Accenture 2018 National Provider B2B Experience Benchmark Study unless otherwise noted.



# BIG IMPACT ON BIG ISSUES

**This massive trust gap has serious consequences. Poor provider trust is a strong headwind to payers because it undermines how well they can realistically influence providers in several critical areas.**

## Transitioning to value-based care

Take the transition to value-based care, for example. Payers want to shift more cost accountability to providers through alternative payment models. However, the adoption of risk-based contracts has been slower than hoped. In fact, 20% of providers have previously participated in performance or risk-based reimbursement models that were discontinued because they were not working.

Convincing providers who have zero risk today to enter downside-risk models is hard enough. Doing it without a foundation of trust is even harder. Who wants to skydive without a parachute? Thirty-three percent of providers who are payer promoters are very willing to participate in shared upside- and downside-risk models. Yet just 1% of providers who are payer detractors would participate. To take on downside risk, providers must trust that they have the necessary data from payers to maintain quality while lowering the cost of care. Put simply, to share risk in a relationship, you have to share trust.

## Improving the healthcare experience

Lackluster provider trust also impacts payers' ability to improve the healthcare experience. Accenture analysis shows that for healthcare consumers, the experience of "receiving care" has a significant influence on whether they are promoters or detractors of both payers and providers. The receive care experience is the top driver of consumer NPS for providers.<sup>3</sup> And consumers who are satisfied with this part of their healthcare journey are 15 times more likely to be payer promoters.<sup>4</sup>

The challenge here for payers is that they do not directly engage with consumers during this part of the healthcare experience. Providers do. So if payers want to influence this critical touchpoint, they need an integrated, trust-based provider relationship as a foundation to make positive changes for consumers.

<sup>3</sup> Accenture 2017 National Patient Experience Provider Benchmark Study

<sup>4</sup> Accenture 2017 Customer Experience Payer Benchmark Survey

One such change is price transparency, a critical, surrounding component of the receive care experience. Consumers are not getting the pricing information they need, which has the most impact on those with high deductibles. Payer NPS suffers as a result. **This group is less likely to promote their payers—NPS from them is -24 compared to 5 from consumers with lower deductibles.**<sup>5</sup> The opportunity for payers is to improve cost data sharing with providers and help them better communicate costs to consumers.

### **Driving efficiency back stage**

In addition to consumer-facing, “front stage” experiences, a better trust pact between payers and providers can improve provider engagement and cooperation in strategic “back stage” activities as well. These areas include network design and contracting, medication and disease management, and data sharing.

This is not just a nice-to-do. Improvements here could drive better financial performance for payers. For example, by enhancing clinical data sharing, payers can target revenue increases through improved member risk score accuracy. But not without provider trust, which has to be there for payers to even begin engaging and incentivizing providers to participate.

# **CLOSE THE GAP WITH DATA**

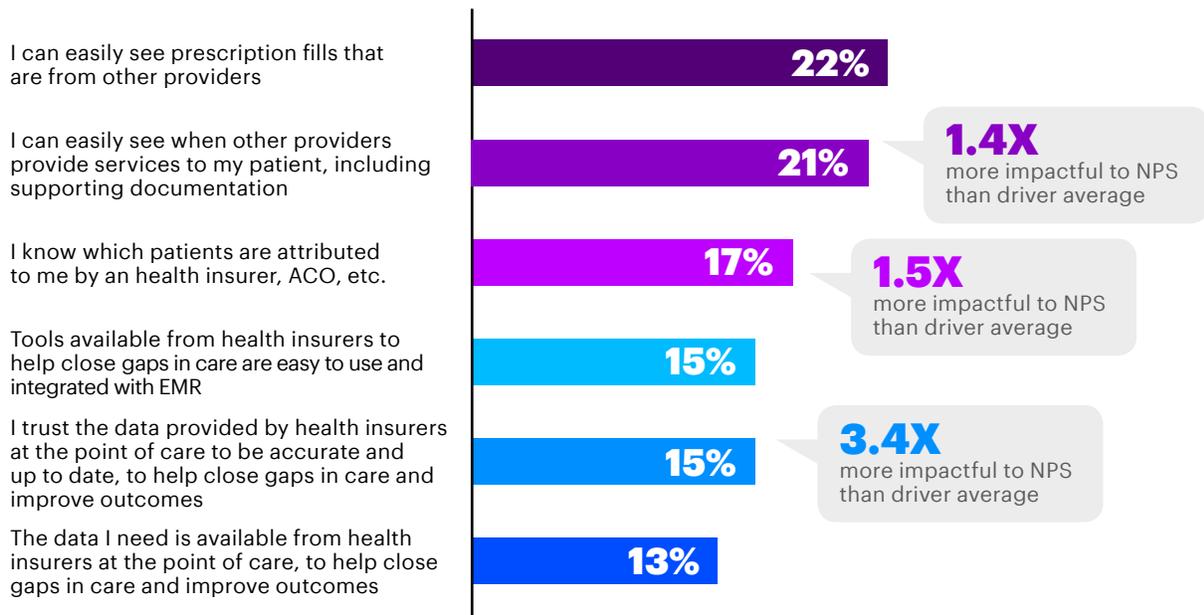
**With so much riding on mutual trust between payers and providers, there is a clear imperative to address this issue and strengthen the relationship. The best place to start is by tackling the problem areas driving the greatest frustration among providers. These center largely on payers’ inability to arm their providers with complete, accurate and timely cost and quality reporting data.**

<sup>5</sup> Accenture, “Loss of Loyalty: Healthcare Consumerism’s Price Tag,” 2019, <https://www.accenture.com/us-en/insights/health/healthcare-consumerism-price-tag>

Consider the numerous data black holes providers encounter today (See Figure 3). Only 15% strongly agree that they trust the data payers give them at the point of care to be accurate and up-to-date to help close gaps in care and improve healthcare outcomes. Just 17% strongly agree that they know which patients are attributed to them by payers. And two in 10 strongly agree that they can easily see when other providers deliver services to their patients.

**Figure 3: Providers are not getting the data they need from payers to deliver care—and they are frustrated**

**PERCENT PROVIDERS WHO STRONGLY AGREE WITH EACH DRIVER**



Source: Accenture 2018 National Provider B2B Experience Benchmark Study

As payers seek more friction-free data sharing with providers, AI will be an invaluable enabler. It can modernize processes, help improve long-term clinical outcomes and deliver new value for payers. US health insurers can unlock \$7 billion in total value in 18 months using AI-powered solutions. Sixteen percent of this operating income savings (\$1.1 billion) comes from using AI to manage and support reimbursement and another 14% (\$1 billion) comes from streamlining processes associated with managing networks and providers.<sup>6</sup> In fact, accelerating prior authorization and clinical review of claims is a leading area for intelligent solutions to improve provider experience, and with that, their trust.

<sup>6</sup> Accenture, The Intelligent Payer: A Survival Guide, 2018, <https://www.accenture.com/us-en/insights/health/intelligent-payer-survival-guide>

# GOOD WILL HUNTING

Payers need provider trust, and they do not have it. Instead of approaching their provider relationships like transactional, supply chain ones, payers would be wise to start thinking about provider experiences in the same way they do healthcare consumer experiences. It's about supplying providers with the tools, systems and data they need. Here's how:

**01 Walk in their shoes.** Break free from the bad habit of designing payer-provider interactions with an internally-focused mindset. Use human-centered design approaches to structure processes and map interactions that focus on needs of providers and the best way to address them. This begins with provider needs and demands beyond current touchpoints.

**02 Don't just plan, build.** Experience is more than frictionless interactions in the existing system. Providers are looking for new tools and capabilities to better manage their population in a value-based care world. Payers can win big with providers by offering tools that providers typically have to build or buy elsewhere. Powered by more accurate data, payers could win with:

- Real-time data and reporting tools that are customizable
- Care management platforms
- Predictive models to inform provider contracting
- Attribution models that are transparent and easy to update
- Usable tools to assess high-value physicians in a market

**03 Go beyond the front door.** Avoid the temptation of exclusively focusing on "front-stage" activities without enhancing "back stage" activities that can take up provider time. Prior authorization processes, claims disputes and other functions can be dramatically improved to save payers and providers more time. The more holistically that payers transform their interactions with providers, the more likely providers will benefit from the improvements and start trusting the positive impact payers have on their work.

**04 Harness AI power.** Explore creative ways to apply AI to improve provider and patient interactions and operations. Everything from prior authorization to transparency should be on the table. AI is one of the fastest, most efficient and most effective ways to get providers and consumers the information they need, when they need it.

**05 Continuously improve the data.** Value payment calculations are often too slow, opaque and expensive. The more providers can have accurate data, the better they will perform and the more likely they will collaborate with payers on new initiatives. This takes the right technical infrastructure, incentives and robust, real-time data sharing with providers.

The more payers give providers tools to manage their patients and ready access to the data they have at their fingertips, the more likelihood they have of closing the payer-provider trust gap. After all, what's good for the payer is good for the provider. And in the end, for consumers too.

## For more information:

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### ABOUT THE ACCENTURE 2018 NATIONAL PROVIDER B2B EXPERIENCE BENCHMARK STUDY

The Accenture 2018 National Provider B2B Experience Benchmark Study surveyed 720 providers to understand their attitudes toward payers and participation in alternative payment models (APMs). The research was conducted online in September 2018.

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