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SHSMD Webinar

Positive Relationships to Create a New Fabric of Life

Fjord Trends 2022

SHSMD Moderator: Welcome everyone to the SHSMD webinar, 2022 trends, Positive Relationships to Create a New Fabric of Life. SHSMD would like to extend a sincere thank you to Accenture for sponsoring today's event. Before we begin, I'd like to cover a few housekeeping items. First off, this webinar is now being recorded and is, and is in broadcast and listen only mode. Additionally, we will welcome your comments and questions throughout today's presentation. Click on the chat icon in the lower right hand screen for your chat icon to appear. We will be planning to save time for questions at the end of the presentation. Now it is my pleasure to introduce today's presenters, Casey Rucins and Joshua Kraus. Both Senior Managers at Accenture are joined by Adam Rice, Chief Marketing Officer from CommonSpirit. Casey, Josh and Adam, the floor is now yours.

Casey Rucins: Great. Thank you so much. Hello everybody. Welcome to Wednesday. I'm really excited to be here, facilitating this conversation. We're here to present the Fjord trends for 2022. If you're not familiar, Fjord is a global design and innovation studio within Accenture interactive, based

on the principles of service design, or maybe more commonly known as human-centered design. Every year we get our innovators together and we start thinking about what's really happening in the world of human behavior and how does technology play a role in that? And where do we think shifts in human behavior are going to be moving forward in the future so that we can ultimately help our clients say, you know, this is what's going on in the world. This is what people are going to need. You may need to shift the way you're doing your operations and the services and products you're providing to folks and communicating to folks in different ways just to keep up with the expectations of humans. So that's a little bit of a background on what the Fjord trends are. This is our 15th year doing them, which is very exciting. So a quick introduction. So I, yes, Senior Manager within Accenture, I technically sit within interactive. I look after our health portfolio across North America. Adam, would you like to take a quick moment to introduce yourself?

Adam Rice: Sure! Good morning or afternoon. I'm Adam Rice. I lead marketing across CommonSpirit Health. So large health system serving 21 states. So today we'll share some of those

experiences that we have seen relative to the trends that the Accenture team's going to share.

Casey Rucins: And Josh.

Joshua Kraus: Hey everyone! Josh Kraus. So I'm a Senior Manager in our health strategy practice. I focus in growth and innovation, work a lot with health systems and the broader health ecosystem and looking forward to the conversation today.

Casey Rucins: Great. So what we're going to do is we'll take a quick moment to introduce you to each trend. And after you get the introduction to the trend, I'll facilitate a conversation between Adam and Josh based on what Adam said, what he's seeing in the market. And then Josh looking more broadly beyond into the full market. So that's kind of the expectation and like was said, we will have questions at the end. All right. So let's dig into it. So what are we even talking about here? There are definitely some challenging times ahead, and we believe that there are also some great opportunities to design new systems, new ways of being so we should define how we collectively and individually are consciously stitching together the positive relationships to create a fabric of life that's good for people and the planet.

We've had two years of disruption to the systems on which society is run and it's taking its toll. We know there were burnout issues in the industry going into the pandemic. It's just exacerbated it. We know that expectations of the people engaging in healthcare have been shifting and needs haven't been met and we've been forced to sort of snap back into it. And those expectations are not only not going away, but they are being demanded

in ways that are kind of new brand challenges for some of our healthcare systems. So what we'll do here is really try to understand this shift in people's relationships with colleagues, brands, society, places, and with everybody they care about so that we can kind of create the threads that form the new fabric of life. So our first trend is come as you are. So what's going on here.

So people are fundamentally thinking differently about their sense of agency over their own lives. And it's supported by new opportunities. Like the side hustle economy and rise in independence has major implications for an organization's relationships with their employees and with their customers, their consumers, their patients, their caregivers. In this era of post traumatic growth, people are really questioning who they are and what matters to them finding a stronger sense of agency over how they spend their time, where they spend their time and building a lot more confidence in themselves to do those things in the way that they want to be doing them. You can imagine what an impact that has on work. Employers are no longer just competing with other employers for talent but with the things that employees really wanna do with their lives. So the rise of this sort of side hustle mentality is a feature a cause and a symptom as tech platforms provide channels and tools that allow people to turn themselves into businesses. So the rising individualism is creating a me over we mentality, which presents new challenges and opportunities for employers and brand owners. And it's also really interesting, I think in last year, maybe the year before we were starting to see a shift in away from me and more towards a we, but the pandemic has really taken us back to that basic life of the Maslow hierarchy in just needing our basic needs met.

So what we have to start thinking about is organizations needing to navigate tension between a desire to meet an individual need, and then their share of responsibility for the wellbeing of the collective. We're facing a leadership challenge to balance individual flexibility with the needs of the collective. And then beyond the employee brand owners must understand how this shift affects what people buy. These side hustle creators are now their customers, their competitors, and their collaborators, so that they need to find out who is what in any given moment. And this is gonna be likely one of the defining cultural debates of the next five years. So we want you to be thinking, reflect on the rise of self agency and me versus we mentality and the implications for an organization. Clearly verbalize the value of groups, communities, teams, and how the rise of self agency and the need for collectivism can coexist for the good of your organization. And then finally get creative about how your company's value proposition can evolve to accommodate these needs. And with that, let's open it up to conversation. So I'm gonna start with you, Adam. So if you're thinking about this me versus we shift and addressing burnout and the change mindset of how we think about work, what are some of the greatest challenges you're facing as the CMO of one of the largest health organizations in this country?

Adam Rice: Yeah, I think you started with that idea of the competition for talent. So people aren't joining nor are they staying with healthcare organizations for the reasons they once did. And when you compound that with a shifting work environment, we have this whole new kind of culture of the difference between virtual and physical and what happens as a result of that?

We were a very much an in-person type organization to get things done. We are now and had to learn to be a virtual organization and that hasn't worked for all. So ways that we've kind of overcome that is giving choice to our people around where they work and how they work in either a physical or a virtual space. And we have to kind of shape our culture a little bit differently. So, you know, for the marketing communications organization, you know, we've had to introduce things like virtual water cooler moments, right?

Intentional ways to bring us together in this virtual space to keep people having that kind of, as you call that kind of fabric of connectivity with the we, so that the me doesn't, you know, doesn't be so overwhelming and so predominant. Number two, I think the challenge would be around priorities, right? I think COVID required us to shift a lot and focus on areas that historically we hadn't been as a result of that to keep people engaged, to keep our teams fueled. We've had to shift priorities. So there's been a lot of things that have had to come off of the plate and then some new, you know, personal priorities that have had to come on. So the idea of wellbeing and balance is actually been a priority that we commit to and we talk about and we set goals around it has become important.

I think distance has bolstered we. So think about, as I said earlier, we are an in-person organization. We've not had to learn to function virtually that distance makes it very easy for individual functions and different parts of the organization to kind of reflect on what they do and how they do it, as opposed to kind of the, we, part of it. There's very few things in healthcare, right. That can be done individually. So much of you. And the experiences we deliver is

based on the we, so part of what we've really had to do is intentionally connect the we to overcome the me. And what I mean by that is, if you think about how we deliver experiences, right? Many different functions have a piece and a part of that. If you're not careful that gets bifurcated.

Now I'm the digital experience person? I'm the patient experience person? I'm the physician experience person? No, no, no. You know, many times those are all the same kind of consumer. We need to focus on experience alignment. And so this idea of bringing cross-functional parts of the organization together to intentionally build a we around experience has done and gone a long way for us. I think COVID's potentially allowed—sorry—with COVID we've sometimes taken our eye off the ball of the consumer. I call it kind of losing sight of the consumer because we have so many distractions and we're kind of in reaction mode. So that voice of the customer gets muffled. So we've really had to, you know, when we think about the focus on me or we we've really focused that on them, the them being the consumers and the communities we serve as a way to overcome that. I'll say the tension between the me and the we, and that seems to work very well for us though, this idea of how do we deliver experiences that are tailored to the me, but can be built to the we from a consumer vantage point in which the final point, and then complexity side comes with to do that, to deliver those experiences at scale, that feel like a me thing to consumers challenges is our marketing and technology stack and how we stand that up.

And I could probably talk all day about that one, but the bottom line to have the insights, right. To have the data that we need, the signals, the automation, the orchestration, just the tech foundation that's needed has really required us to upskill reskill. And that has been a challenge for some, right? So the me in there in some cases don't want to, they don't want to go through that, right. They don't want to relearn a craft or a skill or a talent that they've had for a number of years and start to rethink about how they administer that differently. But again, that would be it. So, talent, priorities and shifting and decluttering those is I think Accenture, you put it bolstering the we, and the they/them making sure you don't lose sight of the customers and then stack building and the complexity associated with that.

Casey Rucins: Yeah. I'd imagine there are a lot of folks on the call nodding heads saying, yeah. Facing the same things. Josh, when you think from a market wide perspective and especially from an innovation perspective, how are you seeing organizations tackle some of those same problems that Adam and CommonSpirit have been experiencing?

Joshua Kraus: Yeah, definitely. I think a lot of what Adam is saying is we're seeing it, you know market wide. I think that really interesting, the whole idea of focusing grounding back on the voice of the consumer and the them. I think we're seeing a rise of new types of care models out there, all around the individual and personalized needs. So, you know, we're seeing things like those that want demand of convenience over anything.

So, you know, your primary urgent care platforms that you can spin up. There's the experience care models that are out there like hims and hers or something that's really sleek and very consumer friendly to those that are around, you know, demographic or a life stage, you know, family or women's health care models that are all around help me from my health all the way through my baby or around you know, people of color.

So having care models that are out there all around you know, for primary care for people of color or for LGBTQ specific models. So I think we're seeing just a rise of a lot of different care models. That's meeting the demands of people and their individualism to want to receive care in the unique ways, and it's different across behavioral health to primary care, to urgent care, to specialty. And I think the challenge is how do you continue to allow for those optionality from consumers, but still maintain you know, your sanity as an organization to be able to respond to all those? So I think a lot of what Adam was saying resonated.

Casey Rucins: Yeah. That last part about maintaining sanity. Wow. Right? No, I really like what you also said about the personalized needs, because I feel like in many past years, when we talk about personalization in healthcare, we're talking about it more in a precision medicine definition, and now people are starting to people being the organizations are starting to come to terms with there's so many different ways that individuals consume healthcare and so many different need states that need to be met. And now personalized medicine as we use the term seems to be making the shift towards like an N=1 as an individual versus just simply a clinical diagnosis. So it's a, it's an exciting

time to be on the ground with this stuff, but it's, it's hairy at best. All right. Let's move on. So the second trend is the end of abundance thinking. What's going on here is that abundance thinking is being able to rely on the ability to get whatever you need quickly, easily, and conveniently.

And Josh, I think you already have started to hit on this, right? Over the past year, we've had supply change disruptions. We've had inflation, we've had worker shortages, climate change disasters, it's leading to empty shelves and delays, and it's really slamming the breaks on abundance thinking, which is how we've kind of been operating. It's revealing how interconnected and interdependent global commercial infrastructure is. And that the scarcity of goods will affect customer morale. Brand owners have to be prepared to manage expectations around convenience and sustainability. And so this shift potentially opens a window to reframe consumerism and what we might find that the behavior change that has been forced upon us is gonna catalyze new habits. So what's next here is that seeing an urgent need for close collaboration across organizations, which will likely be how companies need to operate around sustainability and designing for the balance between affordability and sustainability is the next big opportunity for brands to be breaking new ground. The balance reveals the need for a mindset shift to decouple innovation from the notion of meaning new. And so supply chains, we know they're fragile and businesses can analyze them to find opportunities for regeneration and nature, positive businesses. So as organizations rethink the default setting of abundance, less doesn't have to mean loss and businesses must start collaborating with others in the ecosystem, to tackle the change.

So, what we say you should think is, think about what supply chain disruption means for your business and your customers. And is there a new business model that could be created by extending existing product life? We want you to tell your innovation teams and product development teams that innovation doesn't have to mean new and quite often, working under constraints is what gives us the best creative solutions. And then finally establish your sustainability roadmap to get your business and your customers to net neutral and further to nature positive. Don't make it a side roadmap, but fully integrate it within the organization's roadmap. All right. So Adam, I'm gonna start with you again, because there was a study CommonSpirit conducted showing how much gas was saved through the use of virtual care forced by the pandemic. So can you give us an overview of those findings and tell us about some other ways you're starting to tackle environmental issues within the org?

Adam Rice: Sure, yeah. I mean, relative to study and everyone should go look it up, but it was really around the ecological impact of virtual visits. And I'll give credit to one of our physician leaders, Dr. Marijka Grey for coming up with the idea, but the bottom line is we wanted to understand, and we wanted to convey a new kind of reason to believe or ways consumers can think about the benefit of virtual care. So instead of just shifting to this new model of care and expecting consumers to follow, or expecting access to be the primary driver of that, we wanted to come up with new RTVs and so appealing to that idea of the impact that virtual care and their willingness to accept and utilize virtual services would have in our environment was some, an additional RTV set that was introduced.

So what we did is we looked at, I guess at the time, last year around 1.5 million virtual visits that we delivered. We calculated that as far as drive time for those types of services. So what would a consumer have had to have driven? It ended up being like 34 ounce, 40 million miles. We looked at bringing that into context for people that's about 1,500 trips around the world, right? So accessible data points that consumers can kind of wrap their heads around. It ends up being like almost a million and a half gallon of gas and putting a number to that 3.5 million dollars in fuel savings. Looking at it from a CO_2 emissions perspective 15,000 metric, tons of CO_2 emissions not released, which is the equivalent of almost 20,000 acres of forest sake. So repositioning something like a virtual care and virtual visit in new terms for consumers that have of sustainability.

And you know, the next part of your question was really, you know, how to get started on the sustainability path. We've been fortunate in that we have a CEO in Lloyd Dean, an executive team and a board that's really committed to this. So we've already established that leadership eye for sustainability. We've connected it to a basic belief, so no different than your gas example, emissions example, but the idea is we need clean air to breathe, right? We need clean water to drink. That's part of our health and our wellbeing. So we also know that we're part of a system and healthcare that produces 6 million tons of waste a year. So we have a responsibility, right? We have to recognize the environmental impact on what we do, and we need to change that. And then finally you set lofty goals, right?

So we get the leadership buy in, you frame the problem, you understand it from our situation in healthcare. And we did that, right? So we set forward energy goals out to 2030. So things like, how are we going to reduce greenhouse gas emissions within our organization in the next 8, 10 years by 40%? How are we gonna increase our use of renewable energy by 20%? How are we gonna reduce our energy consumption by 25%? How are we gonna design hospitals that are below current energy efficiency standards? So obviously benefiting that and then going the next step, but keeping these visible to our communities and keeping them visible to our people helps us kind of maintain that path towards sustainability for the world we live in.

Casey Rucins: I love that. And I love what you said about giving people new reasons to believe, because frankly, everything you just said is going to impact either the way people are receiving care or they're giving care. And we have to make sure that everybody's gonna be on board with the change. So I think that's, it's really, it kind of, it definitely points back to the concept of sustainability being integrated into the roadmap. It's not a thing you can carve off because it's a, you know, du jour type of catchphrase, but something that you really need to have integrated within the broader system 'cause it impacts everything.

Adam Rice: Exactly no different than any other corporate initiative, right?

Casey Rucins: Right, right. Absolutely. Josh, I'm curious, you know, like what advice or what are you seeing in the market? What are some of the other systems doing to tackle sustainability and maybe even beyond that, but what are we seeing outside of the healthcare market that maybe healthcare could draw influence from when, when we're talking about sustainability goals?

Joshua Kraus: Yeah. I think the work that Adam spoke of is awesome. I think it's a great move and hopefully, you know, can spur continued momentum in the space and also very impressive conversion that you went through live. So well done. I think, I mean broadly healthcare like zooming all the way out is 5% of all greenhouse gas emissions worldwide. So health has actually a, which is one of the leading most carbon intensive service sectors in the world. So there's a lot of opportunity there to do good, which is great. And I think what we're seeing here is we're in the early innings here. And I think it starts with a lot of what Adam was saying is measuring and reporting and transparency and then setting some goals and then continuing to bring transparency on how organizations are moving towards those goals.

So I love the idea of measuring virtual visits, you know, looking at outside of health and something, I think that's in our report, like I think MasterCard has a credit card that tells you for each individual consumer of how much carbon footprint you have based on your spending in a given month. So you have a choice as a consumer to rethink or change behavior or plant a tree or something, but it's, how do we think about ways to embed sustainability alongside choosing between a virtual visit and an in-person visit and rewarding that behavior? And I think that that is the only way as Adam said is how do we not have this off to the side? So I think health can learn from some of these other industries on doing that.

And being able to bring that in. I think also just the tough nature about health systems is there's the direct emissions from being a facility based organization, but then all the vendors and supply chain that go into a health system, right. You're talking about the food that's brought in to equipment, to supplies, to pharma. It's daunting, but I think starting with what can be controlled and then putting data around it and finding the right partners is where we're starting to see a lot of people in different organizations begin.

Casey Rucins: Yeah. That's amazing that sense of partnership, you know, it kind of gets to the we versus me thing too, you know, do whatever you can, but then also recognize that you're part of such a broader ecosystem. And that we're gonna be influencing each other. All right. On to the third, the next frontier. And it's hard for me to not make a stink face when I talk about this, because it's the metaverse right. You can't have a trends deck in 2022 and not talk about the metaverse. But I'm a little kind of, "Hmm..." So the metaverse, if you don't know, it's a new place to go where people can meet and interact. It's where digital assets can be created, bought and sold. It will shift culture and digital behavior expectations. Finding success will rely on brands understanding of their customers and how, and if they exist here in this little space. Gaming communities are leading adoption, but creators are exploring it as a new place to make money and new jobs are emerging as part of the creator economy.

Tech advancements are bringing 3D and AR experiences closer to the mainstream. And we're expecting to see that this metaverse offers infinite possibilities for brands and many are successfully experimenting with it.

It's a guess that a number of emerging phenomenon will come together in that people will eventually want it. Significant cultural shifts always start in a place, right? The next one is the metaverse and it's affecting how people are experiencing art, music, movies, brands, and more. But I think we have a lot of questions that we can expect as this is kind of getting off the ground. So expect a period of questioning, learning, experimenting on what's possible, a lot of trial and error, which with the healthcare industry doesn't always love risk in that sense. But a real focus on the human experience through it.

So we need to be thinking of things like what's the entry point, what are the common standards that can be developed? Do people value digital products like physical ones? What's the process? Do organizations have the right teams? Is it healthy? How can ethics be embedded here? How do we make sure that the digital world we're building doesn't mirror the same systemic problems in the physical world that we've got? And then how do we reduce the impact on the planet? So maybe this is a moment where we're on the brink of a new cultural way of being, and the metaverse could offer infinite potential as a brave new space for companies to explore, test and innovate. So it's all brand new. It's kind of weird. It's kind of funky, but consider what you do in the context of the metaverse, how it's seen, how it's purchased, where it goes, how it's used by people, and then the life cycle of your product, your brand, the experiences that are required for a complete mindset shift.

Think of the metaverse as another place and not just in another channel. You want to ask people and especially young people about games, they're playing the clothes they're buying for their avatars, talk about the experiences they're having to help us learn more about the potential that the metaverse could have, and then finally approach with curiosity and playfulness, but always with integrity, with ethics, with care and respect for the human beings and the environment. All right. So Josh, let's start with you. What kind of use cases are we seeing pop up around the next frontier? Do you think this is more just like, you know, bright, shiny object hype, or is this something that we think is potentially a fixture in how care could be delivered?

Joshua Kraus: Sure. Yeah. I think we, yeah, at this point, there's a lot, as you said, there's so many questions than answers, right? I think when we think about the metaverse, there's more of the extreme of you playing around and as an avatar, but we're starting to see a lot of the AR/VR and those type of technologies that I would say are adjacent to, and enabling the metaverse that are already taking shape in the industry and around specific use cases that have proven to have good efficacy. So clinically, I mean, we're seeing things like behavioral health and pain and addiction and trauma to try to test that immersive way of treating a patient thinking about wellness and exercise, you know, as much as like I hate exercising, but if you throw a headset on, maybe it feels different. If you're in the metaverse to physical therapy, helping you know, chronic disease patients either connect with someone else in a different space or just working on behavioral change.

And then I think on the administrative side, things like clinical trading and helping with empathy, for caring for patients and surgical skills. I had, I saw, I think like Hopkins did their first AR surgery, augmented reality systems to surgery last year. So I think we'll see a lot more of that happening. And I think it ties to the first theme as well as around like personalization in me. So I think health thinking about health systems and partnering and different ways that might work, some of these things might work for some patients and some might not work at all right. Some may want in person, but it's the ability to offer that flexibility. And it's a new innovation. How do you start with organizations getting familiar and exposure to it 'cause that can, again, breed more innovation. And so overall, I think it's cool. We are definitely early on. But seeing some signs.

Casey Rucins: Adam, what about you? Is this coming up? What opportunities are you seeing within the organization as far as these next frontier technologies are concerned?

Adam Rice: So you didn't hear we're building the first hospital in the metaverse, right? It's gonna have everything, the whole promise of healthcare, right? The full IDN. It's gonna have risk share arrangements, completely transparent to the patients, low length of stay. I'm kidding.

Casey Rucins: This is our chance to blow it up and start over again, right?

Adam Rice: Yeah, no, exactly. Every, all the promise of every, all of our big initiatives. No, I'm joking. I don't know. I like I balance personally and professionally between like this kind of innovative mindset and the

pragmatic mindset, and right now, you know, some of the problems that I have with this next frontier, as it relates to what we do is, you know, I tend to speak more on the pragmatic side of it. 'Cause I think that there's so much that we need to do to get the basics of service right. And connect experiences so that we're constantly delivering those experiences to our customers and patients all the time in a connected way, regardless of site of service. So I don't, I'm not to the stage where I allowed it, you know, myself or hopefully my teams to get too distracted by things like the metaverse.

I do see some value in, VR relative to some pilots going on for patient care and recovery. But you know, where I see the opportunities again, are gonna feel probably super boring to those on this call. They're gonna be around data. Like how do you have longitudinal records, connected records, so you can track and understand and serve a consumer all the way from like when they enter and you're aware of them into when they become a patient when they move back to consumer and that whole life cycle too, how do you connect experiences in a more realtime way across that obviously that requires significant technology investments. It, to me feels like the next frontier, if you're able to, to adjust the experience and that you deliver up in a more real time, way like that. So things like CDP and AI and ML to help us with triggers and automation and eventually get into that promise of personalization as it makes sense.

I love the idea of using technology to do something once and replicate it. So the idea of like dynamic advertising, sprouted content, or you develop the artifact and

asset once, and then you use technology to allow it to grow and extend across your environment both in a paid and organic way. Those are the things I get really excited about. And that's where I see opportunity 'cause I know that it's a more effective way to engage consumers. From an experience perspective it's far superior cost less once you have those initial investments done. So again, you'll note a theme in a lot that I'm talking about. If it doesn't benefit the consumer I try not to get distracted by it.

Casey Rucins: I really like what you said though, you know, being in the healthcare innovation space, it's sometimes frustrating, right? We've been having a lot of the same conversations for years. The solutions are known to the problems, but we really struggled with implementation. And I think what's exciting about right now is what you were just saying about the technology is actually starting to exist, where we can pull all of these things together to do exactly what you said of fixing those brilliant basics before. We can't just throw VR headsets on everything and call all innovation. Right? And these unsexy things are, actually pretty sexy when you think of all of the technology and data that comes into play to start delivering on the experiences that people have been asking for quite some time. I think that's the part of all of this that has me most excited.

And I'm happy for folks to start looking at where we can push the boundaries, but, you know, we have so much at the core that we could improve upon. So I think, I think we're speaking the same language to make you challenge your life decisions. So, all right. Number four. We're almost done guys, and then we'll open it up with some

questions. So for this much is true. This one's about the ability to ask questions and get immediate answers, right? So what's going on? Asking questions has become so easy that people keep asking more, but they increasingly doubt the answers they find. And it's leading to a breakdown of trust in information systems. So when customers make decisions, they filter information, which gives them the confidence to choose. Questions they ask have evolved from functional to experiential and ethical, presenting a challenge for brands.

Customers always expect answers at points of interaction, with a product or a service they wanna buy and at a point of purchase. So delivering on these demands is a way to show transparency, which builds credibility, information layers, how they're designed and communicated are a critical and complex place for a brand owner to trust. The challenge is dealing with the limited space for information layers in people's limited attention span. These layers will have to be simple. They have to be easy to use, personalized, transparent, and contextual adapting each layer's shape and the amount of information, according to the place, the interface that people's ever changing modes and mindsets. Content design is key. A brand's macro purpose will need to be a part of every crumb of it. Conversational AI will provide tools to engage all senses and deliver layers of information in a gradual way. And granular design decisions will have direct strategic implications. Brands will compete on information layers and the better companies become at designing them the higher their chances are of success.

So what we say you should think here is really, research the types of questions that customers are asking now in and outside of your industry. Outside of your sales channels, consider where people go to get information about your, company and products and how you can create information layers that mean they don't have to go there. We want you to tell your customers that you wanna make sure they feel confident buying from you by giving them more transparency and information at a point of sale, if you will. And so we want you to start thinking of how you can design new information layers to build trust with your customers and the communities you serve, improve your commitment to answering the questions in this ever increasing world of needing this transparency in the products and services that people are engaging with, but in ways that are easily discoverable both inside and outside the sales channel, and then use data to understand as much as you can about the layers of what each customer is seeking. This one's a fun one. Adam, I'd love to know how are you using the marketing suite of tools to help curtail misinformation, help direct patients and their caregivers to the right care, to build more trust within in your patient population?

Adam Rice: Sure. Some of it necessitated by COVID was to get our message out more quickly and more frequently than we were able to prior to COVID. So what I see is shifts from, into SMS, from email, right? SMS being this new preferred communication vehicle to get kind of more connected to the lives, right? Lifestyle, if you will, of our patients using their mobile devices. Social over websites, right? The idea of the communities that we build and follow through social channels and how we

push information out there, lighter weight more rapidly the idea of using addressable media versus traditional broadcast TV, right? The ability to obviously deliver that message to a more defined audience with the information that's relevant to that audience. So those have a lot more to do with the how.

The what we spent a lot of time myth busting I'm sure many who are watching this, did that. We put our clinicians out front, their trusted resources still. And patients, consumers wanted to hear from them. I love your focus on chatbots. We did that as well as some of it was self-serving right? The ability of directing consumers to the right channel. So instead of overwhelming call centers with questions about COVID and symptoms and vaccine availability and etc. We used chatbots that we could adjust much more frequently and use AI and ML to also naturally adjust those. So they were answering the questions and then kind of triaging those service requests. We see a lot of continued benefit of chat bots. When you think about the fact that we are still kind of living in a world that in marketing communication, that's somewhat reliant on the use of HRAs, right?

How old are those? They obviously need to get freshened up with something a little bit more progressive and a little bit more familiar to consumers relative to how they ask and answer questions. And then I kind of shared the example earlier with that example you brought up about the ecological impact of virtual visits, but the idea of appealing to more than just utility of the services we provide has been super important to cut through. So like, you know, should I use virtual care? Is it as good as an alternative that I have? Is it safe to come

back in a physical office? Those kinds of things need more than just the access and convenient messaging that we've historically relied on.

Casey Rucins: What about, there's also a tension, I think, in the patient population between, you know, regulatory and, and the health system itself. Right? And, you know, I'm getting at pricing transparency here and the No Surprises Act and, you know, a lot of people aren't complying with what regulatory is putting out there. So as a CMO, like how are you balancing that tension?

Adam Rice: First, we are fully complying. All of our hospitals have a price transparency tool out. I'm joking. We do. But and it's important to make sure the consumers can connect right? And making sure that they can use the information tailored to them. So making sure they can put their health insurance condition policy in and make sure that they're getting accuracy presses back super important. I'd almost take it a little bit differently though. And where I see us needing to get ahead is what will eventually become regulatory issues around how we use data and how we have consumer and patient permission to kind of engage them with their data through new uses. Right? So talked a little bit about precision medicine earlier, you know, at least you mentioned it, but the idea of how we partner with consumers to put predictive, proactive kind of mechanisms in front of them, where they can understand more based on the information we have.

So you could imagine the difference between a basic health...let me put it this way, the difference between a patient

portal today in most cases, which is what's happened to me and the future of how you, some of that predictive technology to use their information, to bring in some of the contextual information from those consumers. So understanding a little bit more about their social determinants. What is going on within their life? Things that don't today show up in a EHR typically for a new patient presenting themselves, how do you bring all that information into an environment and allow the patients or the consumers to decide what they're comfortable with systems doing with that information? So if I really want you to predict for me, what I need to be aware of or indicators you may see in my complete record, model it for me, right? Provide that for me, if I'm comfortable with it, but all patients are not going to be, so this exchange, this partnership with the data side, how we use it, and the participation of consumers in the use of that, I think is gonna really be the next regulatory horizon that we have to be aware of.

Casey Rucins: Yeah. That's, I think you're spot on with that. Josh, I'm curious from you, when it comes to, you know, the trends and misinformation, what are we seeing that is influencing the way people are starting to engage with health systems and what they're doing, who seek advice, and if there's any impact on the care model that we're seeing as a result?

Joshua Kraus: Yeah. I think a lot of what the activities of what Adam was mentioning earlier on myth busting and getting out the word I think is incredibly important. I mean, I think people consumers, especially those that are managing chronic disease or have symptoms, and don't even know what's going on with them, are increasingly going beyond the doctor to try to make sense of that and make decisions. So the doctor's still being seen as the number one most trusted source, but we know they're going on social media. We know that I think, you know, almost 10% of all Google searches are health related. So there's a lot of people going to the internet for answers to help them make sense of what's going on with them and what to do. But a lot of the sources that they're going to are not credible or validated, so going to Reddit and posting or to Facebook, there's no doctor that's moderating these things and that can obviously lead to more feelings of frustration and loneliness.

So I think there's a question on the role of healthcare organizations on how do you you know, still take in this information of what patients are finding to help them feel a part of making those decisions and wanting them to feel more empowered. I think it's bringing in some of the data that Adam was saying to bring it in social loneliness, as we know, is coming up as being such an important factor for treatment is kind of bringing all that together for organizations to be able to help make a decision with the patient at the center to feel confident. And so it's a tough balance of not wanting to be in the middle of moderating and being on a platform, but also acknowledging the fact that this is happening outside of the doctor's office.

Casey Rucins: Yeah. And you know, and that ties actually to one of the previous trends when we were talking about going outside the box, when we're talking about identifying consumer needs, it's not just about how you perceive they engage with you and your health system, but where else

they're going and why they might be going to these other places. And then what you as an organization could do to either partner with those other places to make sure the right information is out there or potentially intervene. If it's problematic, it's a really interesting conundrum. It's one we've been facing for frankly some time. But the sense of agency over one's own decision making right now, as we saw in the first trend, I think is going to make it the challenge to get over. As far as the human behavior is concerned.

Okay, last one, handle with care. So the desire to care is a fundamentally human trait, but it's now more visible. It's more valued. It's more openly discussed. Let's talk about specifically, what's going on. Care in all its forms became more prominent in 2021, self care, care for others and the service of caring. And developing an understanding and empathy around mental health issues has propelled care up the workplace priority list. While disruptions to care services have increased the load for those who care for others. People need support. Society is accepting technology as a channel and solution for care and growing more comfortable using a combination of physical and digital. So brands are responding with hybrid offerings. The pandemic forced some aspects of health that were once private to become public. And as people are exchanging data, they're providing more access in public spaces. The focus of care is expanding beyond the health industry.

And traditionally non-health businesses and services are finding new ways to show care to customers. So what do we think is coming up next here? Self care and care for others will continue to be a priority. This

matters to brands and employers, because it's a much needed addition of emotional touch that builds trust. It's a theme that we've already covered, right? There are many ways to create value in caring through design. You can expand accessibility and define it more broadly. You can prioritize mental health and safety. You can explore multisensory design to boost inclusivity, reduce operational white noise and protect customer data. Care is now more visible, more valued and more openly discussed. Organizations need to build care consciously into design and make time and space for the things that matter.

So we want you to think of care as both formal and informal. Acknowledge that care is important. Emotionally taxing work, consider how you can develop products and services and the metrics related to them around the needs of people who have care as part of their daily work. Clearly communicate that care is not transactional, define what it means for your organization and use it as a guiding principle in your design work and communications. And finally declutter your organization of the things that most frustrate your employees and customers. Look for ways to minimize the noise such as communications, internal processes, external products and services, to give people more time and space for the things that matter. So, Adam, you mentioned a couple of things like the, I think you said it was a digital water cooler, things that you're doing as an organization to lean into this concept of handle with care. What other things are you doing for your staff and patients? And how technology playing that role?

Adam Rice: Sure. Well, in some cases technology's just an enabler and I'll use your example of, kind of mental health. So, you know, part of what we're doing has little to do with technology, it has simply to do with joining the conversation, right? The idea of de-stigmatizing mental health and mental illness that not only affects our people with what healthcare workers have been through, what our communities have been through over the last two and a half years, but this idea of using our voice, right? I said, we're across 21 states we have an international presence. So using our scale to really amplify this, this conversation doesn't really take technology, right? Technology just enables that. But the idea of making sure with that we are expanding mental health services for our most vulnerable populations, our most underserved populations that we're partnering with social services, community resources, you know, we have a network that we've built and kind of an integrated community network across some of our communities to make sure that across that continuum of care for those that are underserved, that are dealing with some of these problems that are predisposed as a result of social determinants to lack care or not have access to that care and how you use those partnerships, which was also a part of this handle with care, to make sure we can connect that to those that are being underserved and are not represented by the, the healthcare system today.

Casey Rucins: Yeah. Josh, what are you seeing as far as experiences that are using technology to provide some new models allowing for more empathetic and compassionate experiences?

Joshua Kraus: Yeah, I think a lot of what Adam's mentioning for sure, on the behavioral health side. So a lot of different variety of this, you know, I think with employers, it's almost table stakes now that you have to have a virtual behavioral option plugged in and a behavioral health network. Everything I think of synchronous, on demand behavioral, to chat-based. We're also seeing even pediatric patient behavioral health models now being offered out there since that's been so challenging from staying home. So I think we're starting to see a lot in the mental health space, which is great. There's also even, you know, for those that are going through unique situational things like informal caregiving, which is another added stress on an employee that there's products out there to help with caregiving. So I think that's a huge thing we're seeing in the, in the industry that we'll continue to see.

I think almost like a underlying thing is this idea for handle with care is around empathy. So we actually did survey early this year and we asked patients what are the most important factors for having a positive experience? And surprisingly, the first two were like a provider who explains things to me and someone who understands and provides emotional support, like way down the list was like technology and efficiency and affordability. So I almost think there's a, as Adam was saying, it's like, technology's an enabler, but it's back to the basics of just hearing people. People want to be heard and leading with empathy in the way that we design and the way that we market I think is incredibly important to be able to handle everyone with, patients with care. And so I think that's really a big thing we're seeing as well.

Casey Rucins: Yeah, so often, you know, people don't know what they don't know. And I think sometimes it's forgotten that showing up for an appointment might be the first time that they've ever experienced that type of a conversation and being able to take a step back and kind of meet a person within the mindset that they're embodying in that moment is a really powerful tool. And it builds the trust. It does all of the things, frankly, that we've been talking about throughout the course of this this conversation. So with that, we are officially through all of the slides. So I'd love to open it up to some questions from the audience.

SHSMD Moderator: Thank you. And this is just a reminder. You can submit your questions in the chat panel. You can open that chat panel by clicking on the icon in the bottom right hand side of your screen.

Casey Rucins: And if there are no questions, then I know that there are also some closing remarks that you needed to make. See I'm pulling...

SHSMD Moderator: Give it a minute to see if people submit questions, but in the meantime, I just want to thank the three of you so very much. This was excellent conversation, very engaging content. Thank you for sharing your expertise today. Just a reminder to everyone that a copy of this recording will be shared via email later today. That does conclude today's presentation, but please be sure when you close out of the presentation to complete a short survey, and I do actually have a question that just came in that I'm happy to read. And this is a long one. You talked about the metaverse, the AR and VR and robotics and other technologies influencing healthcare currently. I'm sure innovations in healthcare will help deliver patient care better. However, do you believe innovations or technology as a whole, will replace surgeons, doctors, or human interaction holistically? E.g. virtual consultation have replaced frequent doctor visits. Robots can do surgery or super computers or quantum computers can produce drugs better and faster.

Casey Rucins: I have really strong opinions on this, but I know I'm a mic hog. So I will offer it to either of you first.

Adam Rice: Our opinions would be more provocative. Too close to the space. And you recognize. As I said, I'm an admitted pragmatist in this regards. Casey I would do it.

Casey Rucins: You know, it's like burnout has been a thing for so long, and we know we're facing nursing shortages and doctor shortages. There are ways in which we can use technology to alleviate the burden. It's not just in an administrative capacity because there are tasks that could be automated. I spoke with a health system recently where they uncovered that 30% of their nurses' time was spent on administrative tasks. So if we can find a way to automate those things or potentially take them off the workload of the nurse and shift to another person within the system, well, that's 30% more time they've got to spend on top of licensed tasks. The other thing that I think is really important is, you know, let's use a case of radiology, for example. How many lung cancer screenings come in and they're not cancer? They're not anything that we need to be concerned about.

It's, you know, the precision in reading these things through AI has, has been proven to be very, very strong. So if we have, you know, the 10% that are questionable, be the focus of the practitioner, then that practitioner has not spent any time on the 90% that aren't going to be a thing. So it's not that we want to use technology to replace humans. It's that we want to use technology to supplement the things that the humans are wasting their time on, because we're never going to want a health experience to not have the human touch. We're always going to need that doctor patient relationship, but we can use technology as enabler to provide what we were just saying. You know, I want to be able to have my questions answered. I want somebody to explain something to me. It's really hard to do that when you only have 9 to 11 minutes to spend with each patient, and then you have to spend five minutes charting, right? That's my very strong opinion answer on that. But clinician burnout is a passion space for me.

Joshua Kraus: I definitely agree. I think it's how do you scale labor? How do you prevent burnout with through the use of technology and make sure people still want to go into the field of being clinicians and it's not a replacement game. At least how we're seeing it either.

Casey Rucins: That's a great question.

Joshua Kraus: Yeah.

SHSMD Moderator: Well, thank you. I don't see any additional questions coming through. So once again, thank you to our presenters today. Thank you to everyone for joining us and thank you to Accenture, your for sponsoring the presentation. Wishing you all a great afternoon.

Casey Rucins: Thank you for having us.

Adam Rice: Thank you.