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# 'Own the whole problem' — Formativ Health's CTO on solving healthcare's consumer engagement shortcomings

Written by Brian Zimmerman | May 01, 2018 | [Print](#) | [Email](#)

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With an increasing number of patients on the hook for larger shares of their care expenses, and value-based care poised for deeper entrenchment in healthcare's financial landscape, achieving strong patient engagement is a nearly universal goal among providers and healthcare executives.

Healthcare organizations are feeling the effects of consumerism. In an August 2016 [survey](#) of nearly 300 healthcare executives, practice administrators and billing managers conducted by Porter Research, 63 percent of respondents said healthcare consumerism had an influence on their organization and its patients.

Hospital and health systems are turning to technology to solve complex challenges presented by growing consumer interest in low-cost, convenient care. But, will technology alone be enough? [Formativ Health](#), founded in late 2016, is a technology enabled services company dedicated to creating an exceptional patient experience. The company partially derives its patient-provider-centric approach from the culture of a principal founder, Great Neck, N.Y.-based Northwell Health. The company harnesses technology to provide a number of services, including consumer engagement, patient/provider matching, enterprise scheduling, front-end revenue cycle and value-added patient outreach. Formativ's integrated solution was created for physicians by physicians and currently serves 3,000-plus providers around the nation.

Formativ's Chief Product and Technology Officer David Harvey previously served on the executive team at athenahealth as vice president of product strategy. Mr. Harvey's personal history spurred him to the healthcare industry in 2001 after his son was born with a complex health condition.

"He's doing great today and has had a great clinical outcome, but in the throes of those early years, my wife and I were just confounded by the bureaucracy,opaqueness, and confusion that existed in the business operation of healthcare," Mr. Harvey said. "It was very frustrating as a caregiver and an advocate for a patient to have very little visibility with regards to what was happening with our patient, what was planned to happen with our patient. ... I started my first healthcare company in 2001 with the goal of liberating information and improving communication for patients."

Mr. Harvey spoke with *Becker's Hospital Review* about the rise of consumerism and the future of patient engagement.

*Note: Responses have been lightly edited for length and clarity.*

**Question: What role does technology play in the patient experience currently, and how do you anticipate this will evolve in the future?**

**David Harvey:** When I started my healthcare career, I would regularly say healthcare was 20 years behind the technology that existed in other industries, like retail, telecomm, banking, etc. Back then, that was a very true statement. In the early 2000s, when I began working on one of the nation's first patient portals, healthcare didn't really exist on the internet. Further on in the 2000s, I thought healthcare was gaining ground on the other industries and starting to catch up — I was probably saying then that healthcare was maybe 10 years behind other industries. And as we sit here today, I think the gap has continued to close, but I still feel like we haven't closed it, and we're still five to 10 years away from really





catching up to other consumer-driven industries.

I believe a wave of consumerism in healthcare is coming, it's going to push a wave of innovation, and it's going to force healthcare to continue to close the gap and catch up with other industries and consumer expectations. And rightly so. I think we can all agree that the shopping experience for healthcare isn't quite Amazon-like. Patients cannot shop for providers or services in a very objective way today — there's no real pricing or quality transparency consumers can tap into. The average consumer has very poor healthcare literacy and numeracy. Providers deliver lab results to patients, and it's got all these chemical codes and numerical figures and symbols on it, and to expect a patient to understand what all of that means. It's an inadequate patient experience. We have a long way to go.

At Formativ, we're trying to leverage both services and technology to help patients find the right provider for the needs they articulate to us. We are trying better educate consumers about their options and the costs they are likely to incur. We are chipping away at the next frontier of the patient experience in healthcare. And when you think about the future, one thing you can't forget is that healthcare is one of, if not the most, personal transaction a consumer can have with a service provider. Going forward, there's a role for automation and artificial intelligence in the patient experience — we will tap into things like machine learning, personalized medicine and telehealth. But it's critical that all of those technologies be supported by the safety net of a human. Real support from real people should always be available in healthcare.

**Q: There's evidence to suggest provider adoption of engagement solutions can be a major barrier to strong patient engagement. How does Formativ ensure its solutions are provider friendly?**

**DH:** The first word that comes to mind is trust. Trust is likely the biggest obstacle to providers embracing and adopting strong patient engagement services and technology. I don't think they'll embrace the technology unless they trust it will do three things: be secure and accurate, improve their performance both financially and clinically, and that it's actually going to improve the patient experience. I think if the next generation of solutions accomplishes those things, we'll begin to overcome any trust gaps that may understandably exist with providers today. There was a rush to technology adoption — we got a lot right, but we also screwed up in some areas. I'm sure providers have a bit of [post-traumatic stress disorder] about the technology that was forced down their throats. That technology was built with little regard to whether it was going to make personal interactions between physicians and patients better. I think we're smarter for it, and we'll continue to evolve and improve, but it's understandable provider adoption might lag because of the change fatigue they've gone through over the last 10 years. The next generation of technology needs to be a patient-physician-centered approach to make sure whatever we're building optimizes that relationship.

Formativ's services have been built by physicians for physicians, and I think that's critical. We can't eliminate the physician's perspective from the equation. We're not just building technology for the sake of building technology. It's got to be purpose driven with provider trust and provider value at its core.

Scheduling is a good example. Providers just aren't going to embrace patient self-scheduling or third-party scheduling unless they trust the scheduling process will match their preferences to the patients' needs. Calendars are sort the last frontier of control physicians have over their own day, their patient mix and income potential. So, they are very nervous about giving up control of their schedules to technology that a third party or patients themselves would use. But I think there's a path to getting it right that honors the protocols, preferences and rules providers want us to honor, but at the same time expands access and

inventory to patients. I think there's a way to thread that needle. If we earn their trust, then you'll see the adoption.

**Q: What role does care coordination play in the patient experience and how can hospitals ensure the captured patient data is actionable?**

**DH:** I think care coordination speaks directly to whether the data a health system captures is actionable and influences not just the patient experience, but patient outcomes. Most EHRs do a pretty good job of serving as a secure repository for information that is manually entered into them, but where some systems don't make the cut today is their inability to efficiently ingest other sources of information to create a single, holistic patient story. Creating this story requires core systems to pull in and rationalize information from a broad healthcare ecosystem. They have to be good exporters of information as well, because there is an army of entrepreneurs with technology-agnostic solutions chomping at the bit to gain access to the appropriate data that will fuel their efforts. We're not suggesting that we replace their core EHR or practice management systems; there is little appetite for that and it's not where the innovation is happening today. We're looking to plug in innovation and technology on top of those core systems to facilitate secure, efficient interoperability to do the jobs that need to be done.

I think companies like Formativ and the health systems that we aspire to serve must be prepared to play nicely together. And if we are able to do that, then we'll be able to move more quickly and meet consumer demand. Consumers are beginning to have a harder time understanding why healthcare can't work like Amazon or their bank. We've blamed the regulation and bureaucracy around healthcare for some of our slow movement, but that's not going to hold up much longer. Healthcare consumers are going to demand their healthcare information be secure, but also liquid and capable of moving around the country freely wherever the patient and the provider need it to move. That interoperability piece is really the key to both care coordination and actionable information.

**Q: As the pace of innovation picks up, in what areas is it necessary to still preserve the human element to augment that tech, and how does that augmentation impact the patient experience?**

**DH:** Healthcare is such an intimate service transaction. There's no other business transaction quite like it. At Formativ, we are optimizing that sacred moment between the physician and the patient, and that can only be done through a combination of both human and technology interactions that remove the administrative and logistical burdens from that patient-provider encounter. Technology alone is not the answer. You just can't take the human element out of healthcare, whether you're a provider or a company that's trying to serve those providers and those patients.

When athenahealth came on the scene, they bit off big problems, like billing and document handling. They solved them with manpower first; they basically replaced all the human work happening in those health system processes and moved it into the four walls of their company. Once they owned the whole problem, they were able to see areas where innovation, automation and technology could eliminate unnecessary or inefficient steps. But it started as a service first approach to solving problems.

At Formativ, we're also trying to bite off a big problem. Send us 100 percent of your phone calls, let us manage 100 percent of your online chats, let us take your email traffic, and we will solve that with manpower in the early days; and because we own the whole problem — not just at one health system, but across many health systems — we will be able to better understand patient preferences and patient desires, and where automation is appropriate and where it's not. Serving as the connective tissue between a health system and their patients will allow our efficiencies, automation and innovation to develop over time. Because we own the whole problem, we have a global view of end to end relationship management; and we can honor both the patient and the provider in the process of eradicating inefficiencies and improving the patient experience with technology.

## How to coordinate care in a safety-net setting: 10 lessons

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4. [Survey: 8 in 10 nurses believe nonphysician practitioners play larger role in managing patient care](#)
5. [Nurse awarded \\$28M in retaliation suit against Brigham and Women's Hospital](#)
6. [US News ranks 'Best Medical Schools 2019'](#)
7. [Why airlines hope physicians aren't on board during medical emergencies](#)
8. [University Hospitals nurse fired for calling in sick with flu: 4 things to know](#)
9. [Texas hospital to close, lay off 900 employees and file for bankruptcy](#)
10. [New York hospital reportedly pays CEO \\$660k to 'disappear'](#)
11. [Teen sues Michigan hospital after vicious attack in ER](#)
12. [Vanderbilt University Medical Center points to Epic rollout for 60% drop in operating income](#)
13. [FBI raids home of former CEO of Tulare Regional Medical Center, seizes items related to management of hospital](#)
14. [Where do RNs earn the most? Average hourly, annual wage for all 50 states](#)
15. [Colorado hospital terminates CFO days after ousting 2 execs, CEO](#)
16. [Healthgrades announces 'America's Best Hospitals' for 2018](#)
17. [Michigan hospital sues 3 patient relatives over Facebook post: 8 things to know](#)



- 18. With 8k more physicians than Kaiser, Optum is 'scaring the crap out of hospitals'
- 19. 17 of the highest-paid CEOs in healthcare
- 20. Secret team to 'kill the old healthcare model' launches at Florida Hospital
- 21. Colorado health system sues patient over \$229K surgery bill, jury awards \$766
- 22. Correction: 10 states with the most overworked nurses
- 23. 100 great leaders in healthcare | 2018
- 24. Wake Forest Baptist at risk of losing Medicare contract over cancer misdiagnoses
- 25. Nurse accused of stealing more than \$550k from New York hospital
- 26. Patient too large for MRI machine sues Oregon hospital for \$7M
- 27. MD Anderson slapped with \$4.3M penalty for HIPAA violations
- 28. Physician and surgeon average salary for all 50 states
- 29. 10 medical schools with the lowest acceptance rates
- 30. Miami hospital files for bankruptcy: 4 things to know
- 31. CHS lays off more than 70 corporate employees
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- 33. 13 hospitals with the most ER visits | 2018
- 34. CMS releases 2019 IPPS proposed rule: 10 things to know
- 35. 23-hospital system enters \$14M settlement with feds over improper physician payments
- 36. CMS terminates Kansas hospital's Medicare billing privileges: 5 things to know
- 37. Memorial Hermann hit with \$1M retaliation suit by former employee
- 38. Amazon quietly launches exclusive OTC product line: 7 things to know
- 39. Dr. Atul Gawande tapped to lead Amazon, Berkshire, JPMorgan venture
- 40. Second body found at San Francisco hospital in 1 week

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