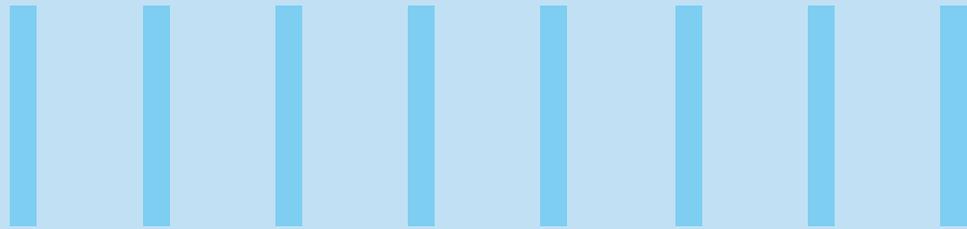


# INFOSYS NAVIGATE YOUR NEXT CONVERSATIONS

Virtual Roundtable: Healthcare and Pharma Digital Transformation in a Post Pandemic Era  
June 30, 2021





## Health and life sciences organizations are reimagining the delivery of care and services to build resiliency

The global pandemic has taught us many lessons, chief among them is the need to create more resilient organizations to ensure both patient and employee

engagement. While technology is a great enabler for improved convenient access to care, streamlined decision making and workflow processes, and stronger collaboration among team members, it needs to be deployed carefully. Too much focus on technology, comes with its own challenges. Employees are burned out from constant changes to how they work and endless online meetings. Not all

consumers have access to the latest smart device or connectivity, resulting in a greater digital divide and consumers becoming disenfranchised when interacting with their healthcare system. A lively discussion ensued about the challenges and drivers of digital transformation in healthcare and life science organizations as panelists shared their learnings and perspectives about what a post pandemic world would look like.

### Key IDC Takeaways from the Conversation



• While COVID-19 accelerated the speed of digital transformation, that pace is not sustainable



• The shift from being data-rich to data-driven is no longer an option, it's critical for success



• Technology must be an enabler, not a barrier

## While COVID-19 accelerated the speed of digital transformation, however, that pace is not sustainable

The Infosys Virtual Roundtable panelists acknowledged the tremendous impact of the rapid shift to work from home and new accelerated work processes had on their teams and healthcare practitioners. They expressed concern about staff burnout because the lines between work and home were blurred, they were online and seemingly working around the clock. It was clear to all that this pace of rapid change and level of productivity – while critical during the initial stages of the pandemic crisis – are simply not sustainable over the long haul.

Examples of best practices to address workforce burnout that the panelists adopted at their organizations include:

- **Priority setting:** Make the shift back to basic prioritization processes versus overly complex goal setting. Consider

identifying breakthrough goals that will have the most impact on patient care. Focus on high priority initiatives and setting key performance metrics accordingly. Stop doing low-value tasks (it was noted that this needs to be messaged carefully to staff as employees may interpret this to mean that they are not valued).

- **Use technology effectively to enable collaboration:** Continue using collaborative platforms for team meetings even after most return to the office because it promotes equitable meeting participation for everyone. Prior to online meetings, remote employees often reported feeling forgotten and left out of the conversation.
- **Staff wellbeing:** Pivot to paying more attention to the whole person. Panelists commented that now when they meet with their staff, they spend more time than they had in the past inquiring how they are doing, asking about outside interests, than simply focusing on the task at hand.

## The shift from being data-rich to data-driven is no longer an option, it's critical for success

Studies show that organizations that are data-driven outperform their competitors on key performance metrics by a factor of two. Data basics play an essential role when making critical business and real-time clinical decisions. The FAIR (Findability, Accessibility, Interoperability, Reuse) principles of digital assets is fundamental to enabling faster decision making and stronger relationships between key stakeholders. Combining quantitative and qualitative data is critical to understanding the why something is happening to identify appropriate solutions. For example, it's not enough to know how many people are not vaccinated and who they are. To improve vaccination rates, we need to know why they are resistant to getting vaccinated to address their concerns

## Technology must be an enabler, not a barrier

A longstanding issue, the pandemic brought the issue of the medical inequity to the forefront. The digital divide only exacerbates it. The question was posed, "as we innovate, who are we leaving behind?" Addressing medical inequity thus must include addressing the digital divide. Programs that distribute technology to patients and members have to be carefully designed to ensure that the technology is intuitive and will be welcomed by

consumers as some may have privacy and security concerns about constant data sharing and monitoring. Healthcare and life sciences organizations will also need to balance digital first patient initiatives with an omnichannel approach that meets patients where they are and communicates with them on their preferred channel. Technology also must not get in the way between patients and their healthcare providers. Consider the classic complaint of EHRs; clinicians spend more time heads down documenting than actually looking at the patient to talk with them



## Final Observations

The Infosys Virtual Roundtable participants faced many of the same challenges as their respective organizations responded to the global crisis. The overnight shift to working at home drove employees to embrace connected work technology and senior leadership to view remote work and productivity differently. Rapid

changes in how care and services during the pandemic were delivered (e.g., virtual visits, drug discovery including vaccines) revealed new opportunities for process improvement in a post pandemic world. These transformative efforts also underscored the need to “go back to basics and simplify” to focus on high priority initiatives that drive value and sustainability.



## About the Authors

### Infosys Hosts

#### Swati Bhola

*Marketing – Healthcare & Life Sciences*

#### Sujata Chandekar

*Analyst Relations*

#### Skyler Mattson

*President, WongDoody*

### IDC Analyst Moderator

#### Lynne A. Dunbrack

*Group Vice President, Public Sector*

### Panelists

*Vice President, Enterprise Architecture*

U.S. health plan serving Medicaid and Medicare populations

*Director Clinical Research*

Swiss multinational pharmaceutical and diagnostic company

*Executive Director*

U.S. diversified health services company

*Vice President, R&D Digital Solutions*

U.S. multinational pharmaceutical and biotechnology company

For more information, contact [askus@infosys.com](mailto:askus@infosys.com)

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