

HEALTHCARE INSIGHTS

Top trends
driving the
US healthcare
industry

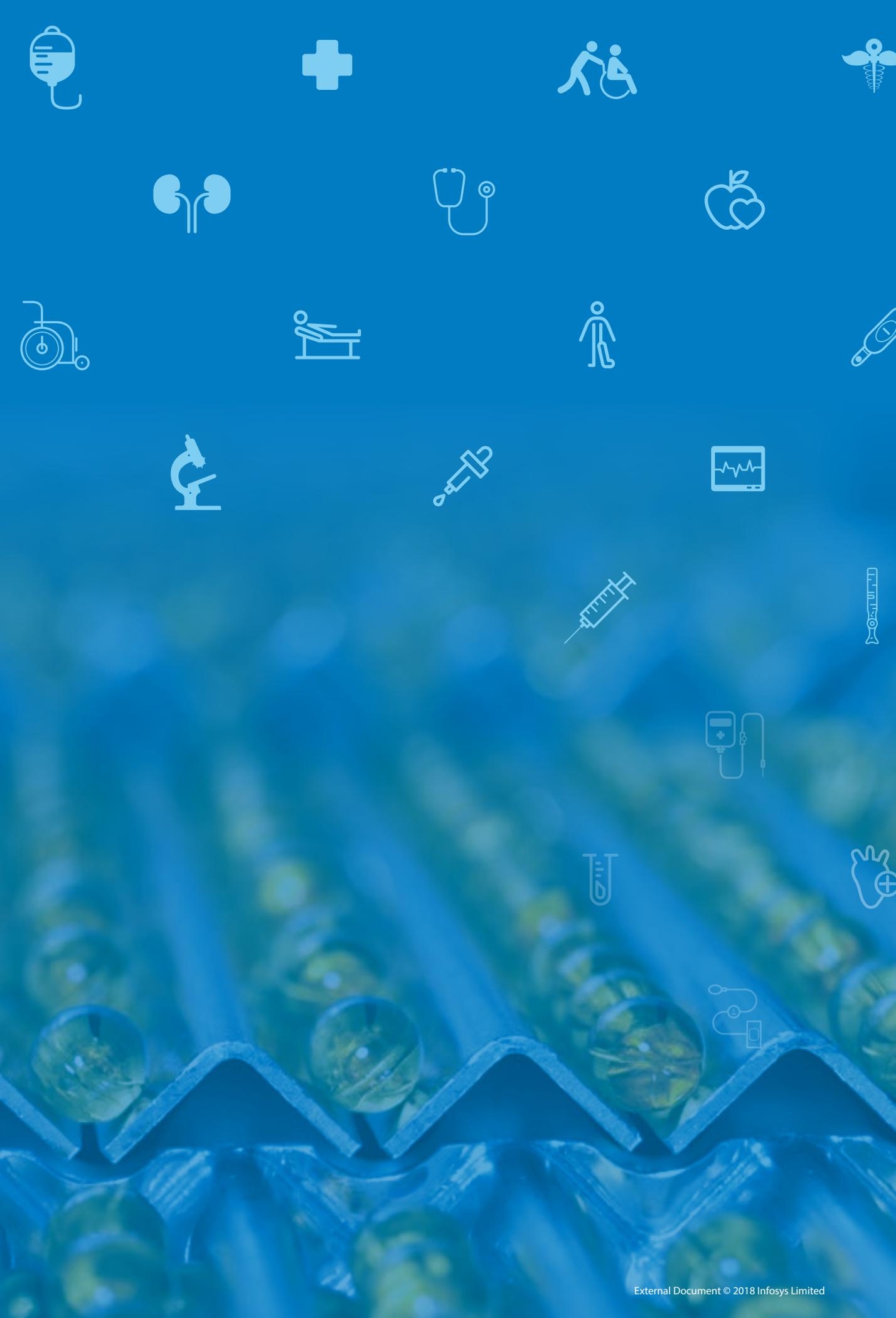
Volume # 2



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OVERVIEW

Moving to a new way of delivering healthcare

TREND #4
RETAILIZATION AND DIGITAL TRANSFORMATION

Consumers are no longer satisfied with information they receive from healthcare professionals alone. They need more, so they adopt digital. They visit online portals and

forums to look for the information they seek. They chat with virtual doctors and interface with mobile applications that provide them with an almost 360 degree perspective

about their health, without the high hospital bills and waiting lines. They expect to have access to services they want, when they want it. And healthcare is no exception.



“ Recently established statewide health insurance exchanges are a key driver of digital transformation in healthcare. ”

Consumers are taking greater charge of their health by adopting these digital technologies and more. They are even leveraging social media to stay connected with providers. Consumers are not just riding this wave of digital transformation. They are opening up to the benefits of retailization of healthcare – willingness to visit retail for basic healthcare needs. How can healthcare organizations adopt the retail model that most traditional retailers have got down to a science? The first step is for healthcare providers to understand

what patients are looking for, both online and offline.

Recently established statewide health insurance exchanges are a key driver of digital transformation in healthcare. They have been created to make it easier for individuals and small businesses to choose an insurance plan that works best for them. If a person or company is in a state that does not have its own exchange, they can buy a plan from a government agency, or a regional or multistate exchange.

Of the different types of health exchanges, private exchanges, which are funded by employers and function in a way quite similar to public exchanges, are picking up pace quite rapidly. A study by Oliver-Wyman revealed that 20%–30% of employers (30–45 million people or 1/8th of the US population) will make the move to private exchanges in the coming 3–5 years¹.

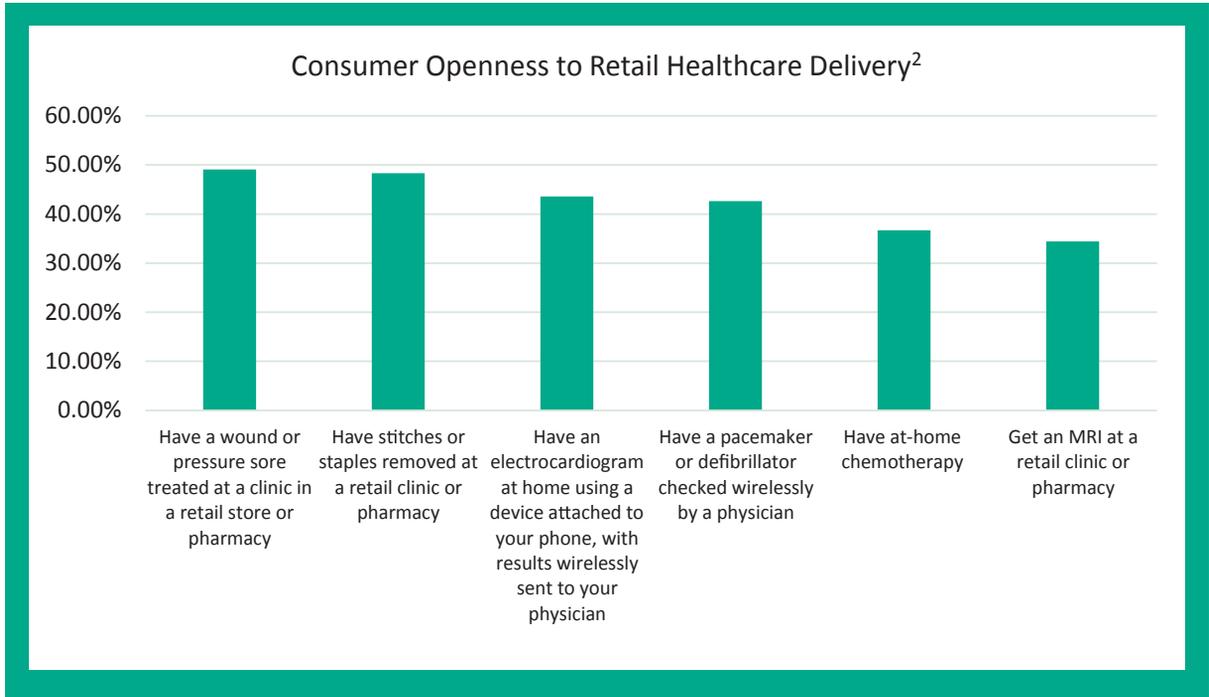
One of the key reasons private exchanges are picking up pace in the healthcare industry is that they offer consumers (employees), flexibility they are looking for with customization, regional specialization, and enhanced cost prediction. Also, they are designed in a way that consumers can get the retail-like experience they expect from almost all service providers. Private exchanges are offering consumers the control they need to take decisions about their healthcare. This is increasingly beneficial for companies who are now able to transition from offering their employees a defined benefits-based plan to providing them a defined contribution plan.

This means that unlike earlier, where companies would select a plan for their employees and pay money towards it, they are now placing money in each employee's savings account, which they can then use to pay for a plan of their choice.

While this approach offers employees the flexibility to choose a plan that best meets their needs, it also offers employers the provision to cap the money they spend on health insurance plans, and also control liabilities.

Public exchanges and individual mandates are also bringing about big changes to health insurance. As large and midsize companies continue their quest to further reduce the amount of money they spend on plans, they may move their

employees to public exchanges. As a result these exchanges are getting integrated in a stealthy but sure manner into the insurance industry. And soon, its impact will be felt quite strongly across the healthcare industry.



“A research by Oliver-Wyman revealed that where retail (retail brokers) made up a small percentage of the insurance market in 2012, it (comprising of retail brokers, public exchanges, and private exchanges) will make up a significantly larger portion of the market in 2020¹.”

“70%–80% of employers surveyed would prefer to purchase insurance from a private exchange rather than from a public exchange due to greater product choices (including ancillary products), design flexibility, customer service, and a general wariness of government-run entities³.”

Technological imperatives



Here are some of the challenges faced by the healthcare industry, and technologies that enable healthcare organizations to overcome them and deliver benefits to providers, payers, and patients, by leveraging retailization and digital transformation:

Cloud-based electronic health records (EHRs) (in retail clinics)

Challenge

Retail clinics are increasing in number across the country. But are they competent enough (especially technologically) to handle the cases that come to them? How do they do it?

Solution

Retail clinics - located within grocery stores, pharmacies, and select retail chain stores - offer healthcare for simple conditions. One of the factors that allows them to do this is adopting the right technology - like electronic health records (EHRs) or electronic medical records (EMRs). Several well-known retailers have

joined hands with neighbouring hospitals and pharmacies to collaborate and integrate EMRs. Through this partnership, healthcare providers at retail clinics will have access to the most recent and accurate information about patients who have been attended to at hospitals or pharmacies.

Quick Visits with Fewer Delays

People visit these clinics because they will be attended to more quickly. The waiting lines at retail clinics are significantly shorter than those at hospitals. For those patients

who do not need intensive care or tests done, but need consultation for small ailments like a cough or ear infection, or have stitches removed or bandages changed, retail clinics are a better option. These are

conditions or situations where they do not need an expert opinion. They can get attended to, faster and quite effectively at a retail clinic that is well-equipped with the latest instruments.



Latest information available

Similarly, once the healthcare provider attends to a patient, they can update the records, which can then be made available to

hospitals. Cloud-based EHRs are more flexible and intuitive - allowing all those who collaborate through the partnership, to access patient information anytime, anywhere, on any device. Besides offering

patients a convenient center where they can get medical attention for minor illnesses, retail clinics also provide hospitals the chance to reduce readmission cases and avoid Medicare payment reductions.

“According to a RAND study that examined more than 1.3 million retail clinic visits, young adults (aged 18-44) account for 43% of retail clinic patients, compared to only 23% of patients who visit primary-care physicians. Patients are also less likely to have a personal doctor and less likely to pay for care with health insurance⁴.”

“The number of retail clinics across the United States have increased 20% since 2013 and now number around 1,700⁵.”



“ The more hospitals, providers, and patients leverage technology, the more they can help reduce waiting lines, medical fees, readmission penalties, etc. ”

E-visits

Challenge

What can patients do, if they are unable to visit a specific healthcare provider that they want to consult

with, due to distance or physical disability? Should they settle for a healthcare provider that they are not completely convinced about?

Solution

For the past several years, doctors have been made accessible through non-traditional media, like over the telephone and via e-mails. However, today, patients and healthcare providers demand more. Patients would like to see and interact more with the person who is treating them. And providers would like to get a more complete picture of the person they are treating by seeing them and watching their behavior.

To enable this, several providers have mobilized a new medium of connection – e-visits. Through this, patients and healthcare providers can interact via video calls. Patients will also be asked to fill in forms that request details about their illnesses. Physicians may ask patients to provide good quality photographs of body parts that have visible changes. This way, even if a patient is unable to physically visit the physician, she can still get the care she wants, from the one she prefers.

Besides this, e-visits are also a good option for patients who only need consultations for less intensive needs like a prescription refill.

“ Patients and healthcare providers can now interact via video calls. ”

Mhealth

Challenge

A 2013 Pew Research Center project revealed that 72% of internet users had looked online for health information within the previous

year, and among smartphone owners, 52% reported using their phones to look up health or medical information⁶. How can

healthcare providers ensure that the information that patients receive is reliable?



“ Healthcare providers can leverage this knowledge to provide a comprehensive mobile health (mhealth) application that offers consumers the right information. ”

Solution

For millennials, their smartphone is not just an accessory, it is an integral

part of their lifestyle. Most of them use this device to accomplish a good percentage of what they would on their PC. They even use it to check out information about health for themselves and loved ones. Healthcare providers can leverage this knowledge to provide a comprehensive mobile health (mhealth) application that offers consumers the right information. This way, they will be less likely to access sites that (they may not be

aware) provide them with incomplete or incorrect information.

mHealth apps also come with features that allow patients to track their symptoms, get reminders to have their medicines, and share their progress with healthcare providers. These features empower patients and allow them to take charge of their health in a way that was not possible a decade ago. It also helps providers to keep track of their patients' health in a more wholesome way.

“ Consumers are becoming increasingly empowered and taking on the role of the self-directed patient. This is enabled by mobile health technology innovation that is allowing healthcare providers to offer outpatient healthcare for more people globally. ”



“Consumers can go online, share personal information requested of them, and see which of the plans will suit them best.”

E-health insurance

Challenge

With the busy schedules that most employers and employees have, it is easier for both to access and analyze insurance plans online. Do health insurance exchanges provide this option?

Solution

Yes, health insurance plans are available online. Currently, the e-health insurance sites, which are run by the government and independent service providers, offer information on different health insurance plans, eligibility criteria for each, preexisting condition rules, fees, and exemptions.

Most importantly, these e-health insurance sites empower consumers to opt for an insurance plan that is cost-effective.

Consumers can go online, share personal information requested of them, and see which of the plans will suit them best. Based on this, they can select and buy preferred

plans. Employees can share the same with their employer, who will then decide the plan that the employee can proceed with. Those who want to buy individual insurance policies will also have the option to choose plans from different carriers.

One of the key factors pushing the government and others to offer health insurance plans online is the Affordable Care Act. e-Health insurance sites are more easily accessible, especially for those who work long hours and are unable to apply for a plan any other way. The sites offer them the chance to enroll for a plan, which is a key requisite for the ACA to be successful.

“80% of participants in a survey stated that they would engage with digital services that help manage their healthcare, but only 23% say they currently do⁷.”



“ Health insurance exchanges can tap into the wide reach that social media has, to build more awareness about their brand. ”

Social media

Challenge

How has social media adoption been in the case of health insurance exchanges?

Solution

Social media marketing

It is only in the past couple of years that health insurers have started adopting social media. Some of the top health plans in the country are adopting social media to take their marketing to the next level. Through experience, they are gaining a better understanding of how these platforms are ideal for establishing

and nurturing relationships with patients. Consumers become keen to visit an insurer's page and 'like' it, or 'retweet' posts perceived to be of great value.

Building brand awareness

Health insurance exchanges can tap into the wide reach that social media has, to build more awareness about their brand. They can inform consumers about the products they have, the benefits of specific plans, and new inclusions that they can look up. Social media can help create a stronger relationship between exchanges and consumers, which can influence a sense of loyalty, too. Besides helping improve customer retention, social media can also increase the customer base, through referrals, which are relatively easier to make via these platforms.

Listening to the consumer

Often, the modern consumer feels more inclined to share their thoughts online about the service or

product offered by insurers, before they take it forward with the insurer. Health insurers have to stay alert to this, especially to track and monitor discussions about complaints members may have.

If left unattended, one person's unaddressed complaint could potentially influence others in a negative way, and deter them from opting for a plan or insurer that may otherwise be beneficial for them. However, when an insurer responds quickly with a comment that shows an online community that the company cares about its members, it will create a positive impression. This will help establish a more trusting relationship with consumers.

Health insurers must realize that social media does not work independently from any other form of interaction or connection online. As time goes by, they will have to upscale their efforts to integrate these different platforms where they have an online presence for a more effective and all-round connection with consumers.

“30% of adults are likely to share information about their health on social media sites with other patients, 47% with doctors, 43% with hospitals, 38% with a health insurance company, and 32% with a drug company⁸.”



“Gamification allows healthcare companies to develop and package solutions to appeal to the consumers.”

Gamification

There is an increase in open-mindedness among physicians and patients to adopt gamification in healthcare. This is driven by these key factors – change in attitude towards value-based care, the evolving role of a patient to that of

a consumer, millennial generation opting for health insurance, and digital transformation. Smartphones and tablets specifically, which partly power digital transformation, play a crucial role in helping increase the adoption of gamification.

According to ICF International, gamification can be defined as “the application of game elements and digital game design techniques to everyday problems such as business dilemmas and social challenges.” Gamification used with the intention of providing better value-based care will have to focus on disease prevention made possible through awareness and behavior change.

For healthcare companies focusing more on patients as consumers, and not on insurers, gamification can be a great option. It allows them to develop and package solutions to appeal to the consumers, and not worry about convincing healthcare organizations about the benefits.

Gamification can also be used to convince people to seek insurance. This is especially true for millennials, who are comfortable with gaming software and devices. However, for these games to be successful in meeting the objectives for which they are created, developers will have to incorporate easy-to-understand instructions that users can leverage.

A photograph of two people, a man and a woman, smiling and looking towards the right. The man is in the background, wearing a blue shirt, and the woman is in the foreground, wearing a black top. They appear to be in a professional setting, possibly a meeting or a collaborative work environment.

OVERVIEW

Managing a community's healthcare with the right tools

TREND #5
POPULATION HEALTH AND CARE

Population health management (PHM) focuses on three vital aspects: spotting patients who are extremely ill and supporting them; reducing or preventing disease progression; and promoting wellness among the population. This is emphasized on by the PPACA in several provisions.

It also encourages employers to offer better care for employees by offering incentives for disease prevention, better care quality and safety, and care coordination.

The provisions that the PPACA has, to drive adoption of PHM, include

reduction of patient readmission rates, assessment of healthcare needs of the community, coverage for wellness and prevention services for patients, grant programs for medical community, home-based care transition, and health insurance exchange creation.



“ Population health management (PHM) also encourages employers to offer better care for employees by offering incentives for disease prevention, better care quality and safety, and care coordination. ”

With the emergence of new rules and regulations stating that healthcare providers will be reimbursed for the quality of care they provide, not the number of patients they see, or the number of consultations per patient they provide, and the requirement that

they take greater accountability for the cost of care offered, there is a huge financial pressure on healthcare providers. To cope with these demands, healthcare providers need access to better-quality comprehensive data. The data should be able to offer a better picture of patients and the healthcare problems they face and move towards PHM.

Driven by the recent adoption of this outcome-based approach, the healthcare industry is seeing a greater need for collaboration among healthcare payers and providers. Payers typically generate a greater quantity of information,

which when combined with the providers' expertise with clinical systems, can result in a valuable collection of data that can support PHM.

The aim of PHM is to enhance the outcomes of a group's health by monitoring and tracking its members. To enable this, organizations need analytics tools that help collect, store, process, and analyze the data to create a comprehensive profile of each group member. This can then be leveraged by providers to offer their patients the opportunity for better clinical outcomes and to lower the treatment costs where possible.

One of the reasons healthcare payers have access to better data is because each of their systems will have records of millions of patients' billing information every year. Whereas, a healthcare provider

would have the details about the two to four thousand patients she may have consulted with over the same span of time. So, while the physician may have recorded a health issue or concern as rare,

the payer may have several more instances. This indicates that for a more comprehensive understanding of population health, it is best to combine data from both provider and payer.



“Once a healthcare provider knows that a case that she thought was rare, is not so, she can request access to data about procedures, treatment, or therapies that other providers may have used to treat patients with the same condition, successfully.”

Also, once a healthcare provider knows that a case that he thought was rare, is not so, she can request access to data about procedures, treatments, or therapies that other providers may have used to treat patients with the same condition, successfully. The provider can then alter or modify the treatment plan

that she has developed, for better outcomes. Healthcare providers at organizations that are proactively shifting their focus to patient-centric care, are the ones that will likely enjoy better reimbursement.

The value of PHM is projected to reach US\$40.6 billion by 2018, from the US\$12.8 billion it was in 2013⁹. Among the factors driving the growth of the PHM market is the PPACA. Other factors include, a rise in demand for better healthcare quality, more funding from federal bodies, a growing number of the aged, and incentives from the government for organizations that adopt PHM.

However, there are major challenges, like medical loss ratio (MLR) and the new health insurance exchange proliferation. This is threatening to cost valuable members, which health plans cannot afford. To make

matters worse, a few developed countries are facing 'brain drain'. To counter these issues, the healthcare industry needs technology-driven analytics tools that can support the system, offset the shortage of healthcare providers, and provide the opportunity to manage population health more effectively.

Robust data management and analytics tools are essential for organizations focusing on PHM to spot populations with issues, offer the right care interventions and track patients' progress. With the right technology, organizations will be able to capture information and use it meaningfully. Some of the factors that can aid are predictive markers, historical data, existing performance parameters, allocation of resources, and inventive care processes.

Technological imperatives



Here are some of the challenges the healthcare industry faces, and the technologies that enable healthcare organizations to overcome them and deliver benefits to providers, payers, and patients by leveraging the population healthcare management approach:

EHRs in big data and analytics

Electronic health records (EHRs), have been adopted by federal qualified health centers, healthcare providers, and rural hospitals – driven by initiatives taken by over 60 regional extension centers across

the country. A large percentage of the primary care providers who work closely with RECs have taken the step forward to adopt EHRs, especially critical access hospitals, federal qualified health centers,

and rural primary care providers. EHRs can help these healthcare organizations and providers change in the way they deliver healthcare, enable health improvement, and reduce spend.

With the new regulations that have made their way into the healthcare system, both providers and payers have taken a leap into 'shared risk-taking' without considering the benefits and

challenges that this move can bring. With the right analytics tools, both players will get to evaluate how well either will fare in this situation. For instance, analytics and business

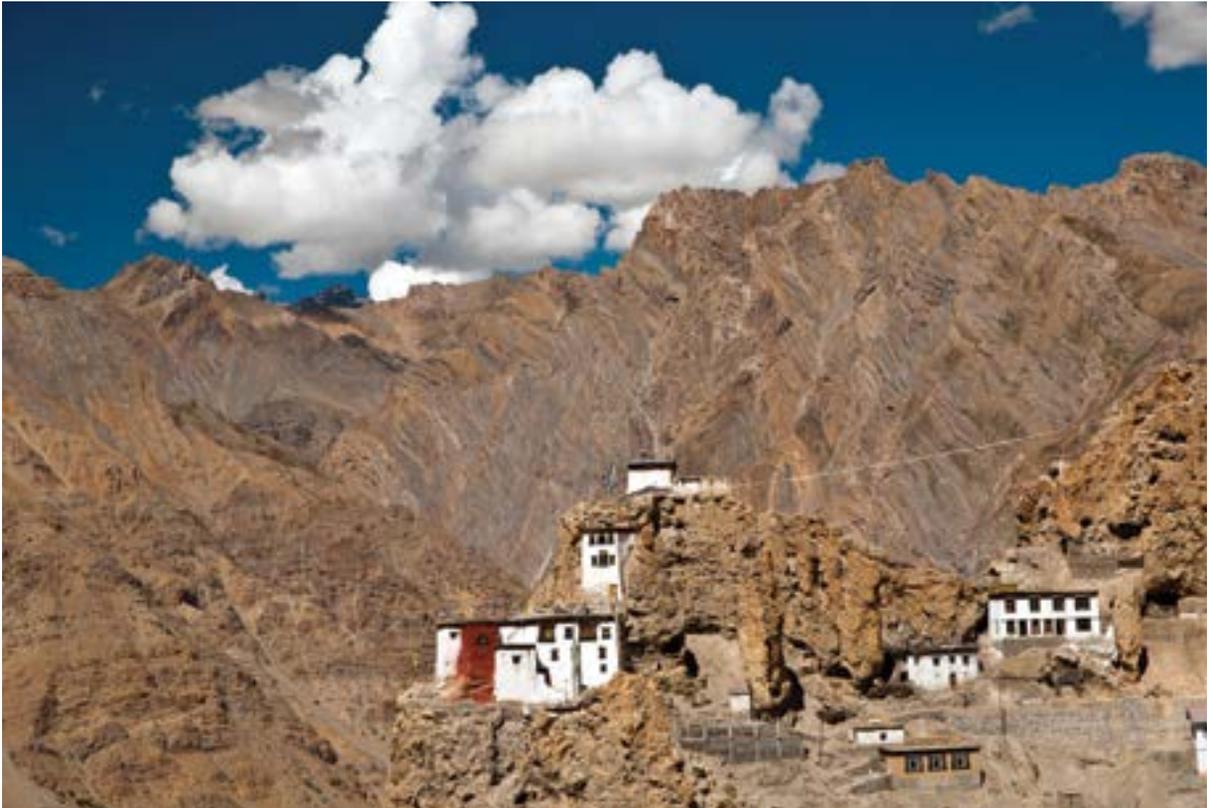
intelligence based on data generated by EHRs will enable payers and providers to understand the risk in the payer population so that the deals they make are more conducive to generating savings.



It will also allow providers to steer their patients towards a clinical setup versus an inpatient one to prevent hospital readmissions, by managing chronic diseases among at-risk patients. For instance, with analytics data

based on EHRs, physicians can understand if a patient's existing conditions, like weight gain, and shortness of breath, and lifestyle choices like unhealthy food habits are factors that can lead to heart disease. If physicians leverage this

information and keep such high-risk patients informed about how their conditions and choices could lead to greater health problems in the coming years, they could prevent patients from needing to get admitted.



“Remote monitoring helps decrease mortality rates by a relatively large percentage and saves costs.”

Remote monitoring

Challenge

How can a population that cannot be accessed easily or where the number of healthcare providers is very less, get good medical attention and treatment as and when required?

Solution

Reduce mortality rates

An organization should be able to monitor and keep track of the health of its patients, to manage

population health in an effective and efficient manner. To meet this requirement, efforts like remote monitoring, enabled by technology, are being adopted more extensively among healthcare providers, as it helps decrease mortality rates by a relatively large percentage and saves costs.

Visibility into populations that are not connected

Remote monitoring can be especially useful in organizations or localities where resources, including healthcare providers and equipment in intensive care settings are quite scant. Healthcare camps equipped with a few cameras in developing countries, give providers in other locations the opportunity to monitor and keep track of patients.

Additional supporting data can also be provided by attending physicians. The information can

then be sent to laboratories in an urban location, where it can be analyzed. This data can be shared with the healthcare providers who decide the best course of action. Remote monitoring is an effective mechanism in situations where there are no illnesses that need intensive therapy or treatment, but can be managed with non-invasive treatments.

One of the ideal ways to manage a population for remote monitoring is stratification – dividing it into subgroups. The subgroups can be based on different factors. For instance, patients who need to be reminded for preventive tests or care can form one subgroup for remote monitoring, while patients who need follow-up tests and check-ups can be categorized as another subgroup. Similarly, patients can be categorized based on their health issues, the level of care they need, age, etc.



“ Healthcare providers can get an idea of the kind of information being shared between patients, and even intervene if the details are incorrect or conflicting. ”

Social media

Challenge

What are some of the ways social media can be used for effective PHM?

Solution

Easier and faster access to research material

Healthcare providers carry out research that turns up valuable findings. However, they generally have to wait years to publish these findings. This process can be made

shorter, or in some cases, can be circumvented completely by leveraging social media. Researchers are putting up their findings on these platforms, and making them accessible to others. This way, the findings do not have to stay unused for the time it normally takes for research to get published (which typically is 18 months).

Conversing with populations about healthcare

Social media is a great platform to start conversations with a large number of patients or people from a population. Payers and providers can listen to these public conversations. Generally, patients discuss the medicines they are taking, the treatment they are undergoing, and the issues they continue to face, with each other.

These conversations can provide valuable insights into what a section

of the population ails from, what therapies work, and the medicines that are effective. Based on this, physicians can understand if their treatment approach is working, and payers can update their databases. Healthcare providers can also get an idea of the kind of information being shared between patients, and even intervene if the details are incorrect or conflicting.

Gaining professional insights

Healthcare providers are increasingly showing an interest in engaging with each other on social media platforms. One of the reasons could be that these platforms have several tools in one place – like chat, discussion forums, pages, etc. This makes it easier for providers to connect on different levels. Many even prefer to interact with each other on social media platforms rather than specific healthcare communities.

“ 2/3rd of doctors use social media for professional purposes, often preferring an open forum as opposed to a physician-only online community¹⁰. ”



“Analytics based on the data generated by EHRs is the best solution for taking population health and care to the next level.”

Analytics (based on EHRs)

Challenge

EHRs are capturing critical information about patients, like medical non-compliance,

smoking habits, and homelessness. However, this information is not being used to better the population health and provide better care. How can this situation be remedied?

Solution

Analytics based on the data generated by EHRs is the best solution for taking population health and care to the next level. Much of the data is valuable and can be made usable when it is analyzed. Many healthcare organizations are fast acknowledging the importance of analytics in PHM, and the need

for investing in tools that enable strong predictive analysis.

With the right analytics tools, organizations can get the information that will allow them to improve the quality of service they provide and their revenue cycle management. Different types of data serve to provide clarity about different areas of PHM. For instance, payers' claims data is essential for doing a high-quality retrospective analysis. However, for other aspects like decision support and risk stratification, near real-time information about billing, laboratory results, and prescriptions is necessary.

“82% of the respondents identified PHM as a key focus of analytics in coming years. And nearly 80% felt that leveraging big data and predictive analytics – two approaches often used in PHM – was important to their organization's goals¹¹.”

“Healthcare providers can get insights into patient care pathways and flows with analytics, which can empower them to provide the care that is better aligned with patient needs.”

OVERVIEW

Shifting to innovative technology for a better tomorrow in healthcare

TREND #6

LEGACY MODERNIZATION, CLOUD, AUTOMATION, AND OUTSOURCING

To keep up with the ever-evolving needs of the healthcare industry, organizations must carry out legacy modernization (modify their

legacy applications to align it better with the business requirements). Organizations that get on-board with legacy modernization will be more

empowered to compete in a world where standardization of processes, consolidation of patient information, and efficiency are essential.



“To support effective legacy modernization, healthcare organizations can integrate automation and outsourcing too.”

By carrying out legacy modernization, healthcare organizations will be able to

improve their efficiency and effectiveness, and reduce the cost of maintaining existing systems. However, despite these big benefits that legacy modernization brings, most organizations are yet to adopt it. One of the key reasons is that they are hesitant to replace the systems that they are familiar with, with new ones for which there will be a learning curve.

A way to overcome this is to carry out legacy modernization by leveraging existing systems. Older systems and processes can be integrated into the move to use new-age technology and tools. Modernization does not mean that the legacy systems become obsolete. To support effective legacy modernization, healthcare organizations can integrate automation and outsourcing too.

Technological imperatives



Here are some of the challenges the healthcare industry faces, and the technologies that enable healthcare organizations to overcome them and deliver benefits to providers, payers, and patients by leveraging legacy modernization, cloud, automation, and outsourcing:

Cloud

Challenge

Legacy modernization to cloud can be quite expensive. Do the benefits outweigh the cost?

Solution

With cloud computing, healthcare organizations will have a secure and dynamic solution that is compliant. It will help reduce the time taken for the delivery of IT services.

Organizations have the option to choose from hybrid, private, or public cloud, based on their requirements. Here are some of the business benefits that hybrid cloud brings:

On-demand scaling

Healthcare providers will get the capability to segregate their infrastructure for analytics based on demand. Organizations will not be required to make capital

investments upfront and will not face additional delays.

Shared storage resources

All practices, labs, hospitals, and clinics that are participating members will have access to resources with a pay-as-you-go approach. This allows organizations to increase their revenue while decreasing cost. It can also bring in operational improvements.



“ Solutions that are automated will help healthcare providers work smarter and become more effective ”

Automation

Challenge

A lot of money is being spent on healthcare legacy modernization. Yet, there is a continued sense of inefficiency and low relative value that the patient is seeing. How can this situation be changed?

Solution

This challenge is made worse by the brain drain that the country is facing and will continue to face in the coming years; and the increasing pressure to reduce cost, bring down waste, and meet healthcare reform goals.

To help counter the negative effects of this drain, healthcare organizations will have to adopt IT and control systems that will bring down the need for people's time and effort. Solutions that are automated will help healthcare providers work smarter and

become more effective – as this will offer the right kind of support that is currently lacking.

At a time when the aging population is increasing and the resources available to attend to them are not, there is a necessity for the elimination of manual tasks and work that is redundant. Automation is the solution to this – especially in organizations where population health is a key focus area. With automation, PHM becomes more sustainable, scalable, and cost effective.

“ The Census Bureau projects that by 2025, the number of Americans above 65 years (who will require more healthcare) will see a 36% increase¹². ”



By outsourcing, organizations get support to adopt new technologies, align with new regulations or compliance, and tools necessary for data collection and analysis.”

Outsourcing

Challenge

If the crunch in resources continues, what else, besides automation, can help healthcare organizations meet the ever-increasing demands?

Solution

Outsourcing can play a key role in taking out a lot of the pressure that organizations face with low resources. Also, at a time when healthcare is quite cost-driven, with a focus on delivering quality results for the least amount of money spent, outsourcing can bring cost-reduction in specific areas like information technology and clinical services.

For instance, a few healthcare organizations are facing challenges with transitioning to ICD-10. With this transition being mandatory, they outsource the help that they need to make the shift. By outsourcing, organizations not only get support to adopt new technologies, and align with new regulations or compliance, but also the tools necessary for data collection and analysis – both of which are gaining importance and momentum in the healthcare industry

Technology

Nurturing an evolving healthcare industry

The healthcare industry, like any other, will continue to face challenges. What can help the industry overcome them and grow successfully is the adoption of the right technology at the right time. Healthcare organizations can be spurred into action to integrate technology only when they

understand the driving forces that will continue to power through.

From regulatory changes to population health management, and from retailization of healthcare to the acceptance of new payment models for physicians – all the trends are dynamic and evolving. They will continue to bring changes

for the better and challenge the industry to move ahead and move fast towards more powerful growth, better returns, and improved healthcare outcomes. The only way to keep up with this dynamic force is to stay open to and adopt game-changing technological innovations.

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