Patient perspectives

Leaving no one behind on their healthcare journey

CommBank Patient Experience Insights 2024

Contents

Foreword from CommBank

Welcome to the inaugural edition of the CommBank *Patient Experience Insights* report, the latest in our Foresight™ special report series focused on emerging trends in healthcare.

In this report, we turn our attention to patients' perspectives as they seek care from healthcare professionals across the Australian health system. By exploring their preferences and challenges, we are striving to unearth opportunities for primary, secondary, and community care providers to improve the patient experience.

It is worth first pointing out that the vast majority of Australians agree that the quality of care they receive is somewhere between good and excellent. That is a testament to the tireless work of health professionals that does not go unnoticed.

However, the health system remains complex for health providers and patients. Many people find it challenging to navigate when seeking care, and administrative processes, like paying for services, aren't always straightforward.

Current pressures add to those hurdles. This includes patients having to contribute more to healthcare and related costs as prices rise across the economy. As a result, people can be more discerning about where and how they spend on healthcare services and associated interactions with providers.

This also brings the process of payments and claiming for services into sharper relief. Most people say they have encountered issues in the past 12 months, with bill shock the most common.

Many also experience delays in claiming Medicare and health insurance reimbursements, which might help explain why most people now expect claims to be processed on the spot.

The second is access to services, and the report shows that this is a greater barrier for some Australians. People with chronic conditions, Generation X and Baby Boomers, and those in regional areas are more likely to encounter issues accessing services.

These issues are prompting new behaviours, including people looking further afield for health providers that may offer bulk billing services or more affordable alternatives. However, there are opportunities to enhance the patient experience to ensure continuity of care, adapt to new preferences, and help people navigate the system.

The research confirms that patients are receptive to digital health initiatives that support more accessible, convenient, and personalised care. Two-thirds of Australians say technology enhances their experience, and most recognise that secure data sharing between providers means better communication across their health journey.

Technology has a significant role in supporting the health and wellbeing journey of Australians and easing perennial issues patients face. This includes making it simpler to find and book appointments and communicate with providers to instantly processing gap payments and insurance claims. These are no longer a nice to have, but rather an expectation among most patients.

These are just some of the insights that have come directly from patients, and our intention is to examine these trends to help healthcare providers adapt. It is part of our ongoing commitment to supporting the healthcare industry, providing data and market intelligence to inform operational responses and planning, and helping providers focus on what matters most – caring for patients.

Albert Naffah
CEO CommBank Health
Commonwealth Bank of Australia

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About CommBank Patient Experience Insights

The inaugural edition of CommBank Patient Experience Insights focuses on the experiences and preferences of Australians when engaging with the healthcare system. The report identifies opportunities for decision-makers to improve the patient and provider experience, with a focus on non-clinical aspects of delivering care.

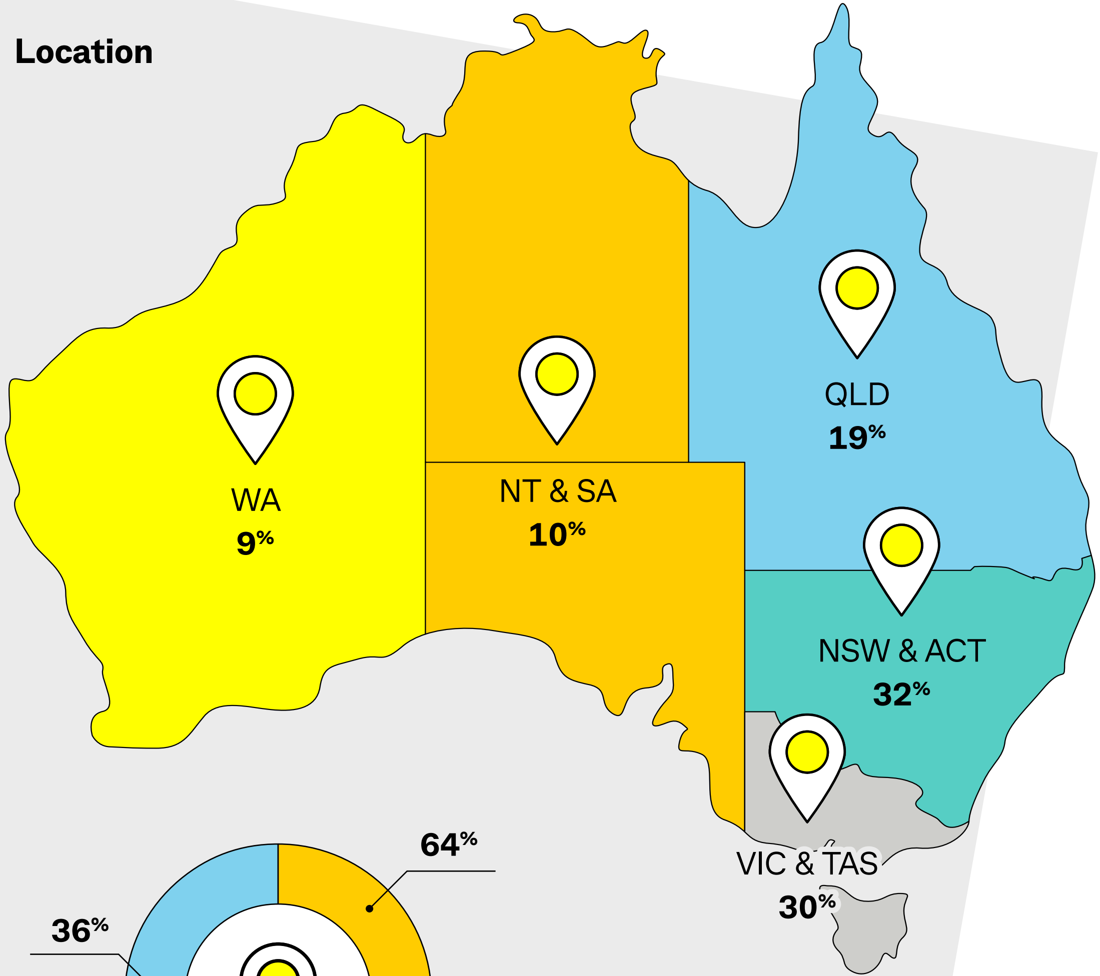
The insights are derived from an online quantitative survey of 1,127 respondents completed in October 2023 and conducted by Fifth Quadrant on behalf of the Commonwealth Bank.

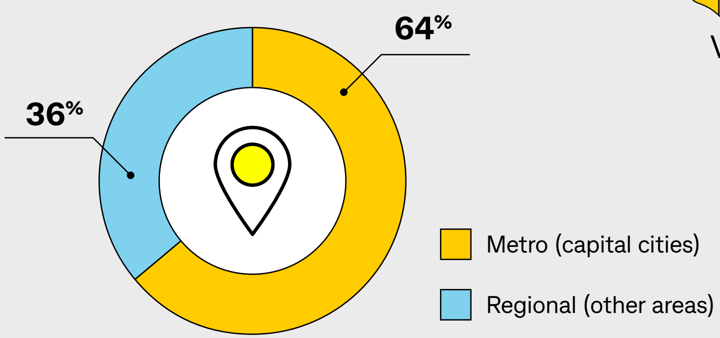
All respondents consulted with at least one of either a general practitioner (90%), dentist (62%), medical specialist (56%), or allied health provider (42%) in the past 12 months.

The sample was selected to ensure the results are nationally representative. All statistics and references to patients and healthcare consumers in this report are based on the responses to the survey unless otherwise stated.

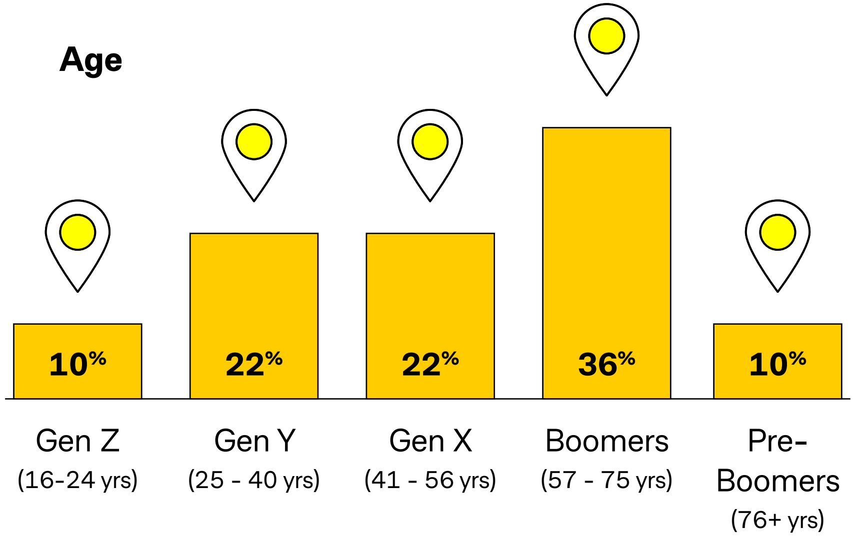
Respondent profile

Location

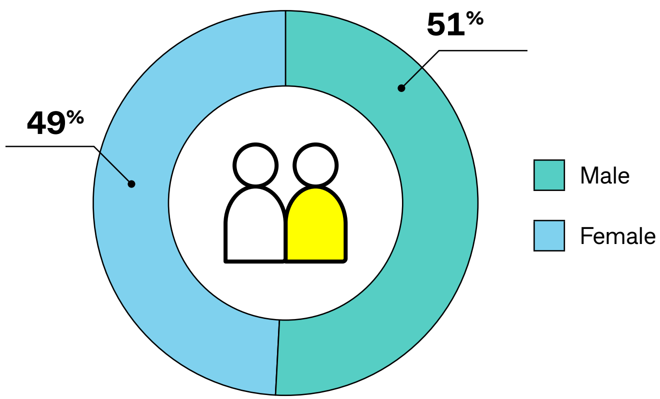




Age

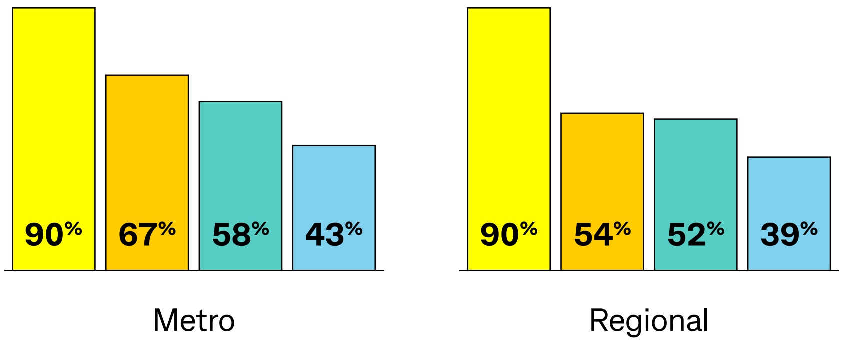


Gender

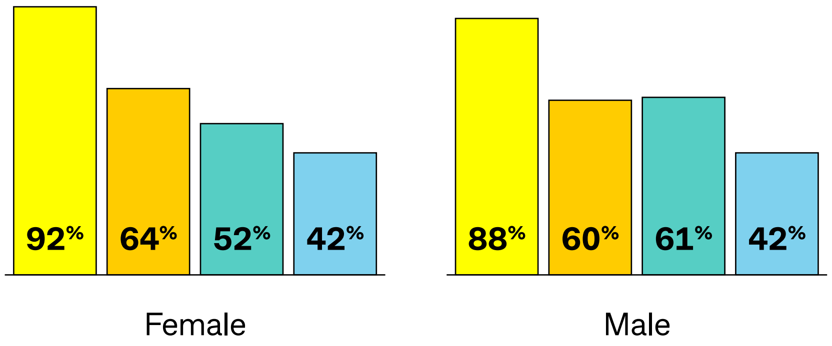


Visits by healthcare provider type in the past 12 months

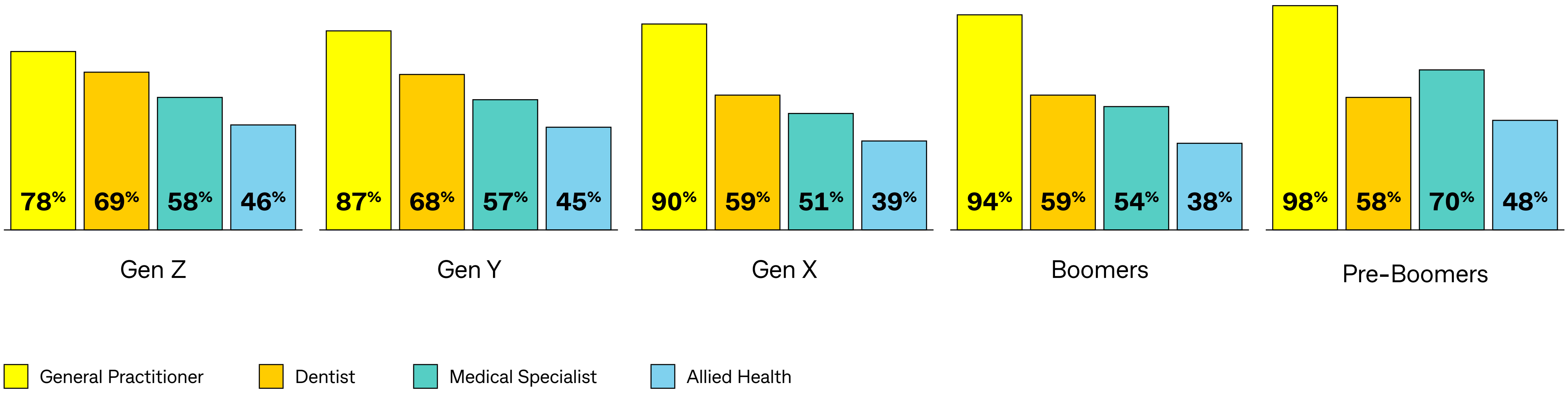
Based on location



Based on gender



Based on age

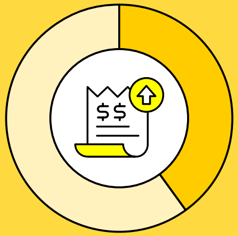


Key insights

In 2020, 45% of Australians were in excellent or very good health. Today, fewer people feel healthy, with that figure falling to 34%.* This is more pronounced among patients of certain ages and locations and will likely drive elevated demand for care. At the same time, many patients face persistent challenges accessing convenient, affordable and personalised health services. As patients respond and adjust their behaviour and expectations, there are opportunities for healthcare providers to adapt and enhance the experience. In particular, using digital capabilities to streamline patients' health journeys and meet their expectations.

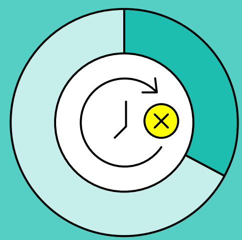
* References to 2020 are taken from the 2020 GP Insights report.

Obstacles to the patient experience



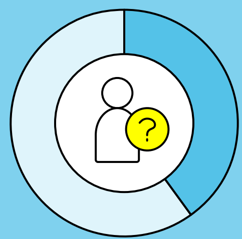
Affordability

40% of Australians rate the affordability of healthcare as fair or poor, exacerbated by cost of living pressures, rising out-of-pocket expenses and low visibility of charges.



Accessibility

33% of Australians rate the accessibility of healthcare as fair or poor, as many encounter challenges finding and booking timely appointments with their provider of choice.



Complexity

40% of patients aren't confident navigating the health system to find the care they need and find aspects like paying and claiming complicated.

How patients are responding

Self-directed care management

Almost four in ten are adopting healthier lifestyles to reduce visits to health professionals, with 70% tracking their health and fitness via apps and devices, and many seeking digital self-service options for provider interactions.

Focus on convenience and payments

Some patients are encountering hurdles in finding providers with available appointments and paying for services amid cost pressures. In some cases, this is leading to no-shows.

Switching providers

One in five have switched providers in search of a cheaper alternative, and in the case of GPs, more than one in three will move providers if they stop bulk billing.

Seeking cost transparency

65% have experienced a payment or claiming issue in the past year, and bill shock due to unexpected expenses is the top driver. More than two in five patients aren't asking about costs upfront, which is a likely contributor.

Managing personal cash flow

78% expect Medicare rebates and health insurance claims to be processed on the spot, and one in four have used practices' payment plans or Buy Now Pay Later (BNPL) to pay for health services.

Embracing digital health

67% say that the technologies used by practices enhance their experience. Most are happy to share digital records and are using technologies that help streamline the end-to-end patient journey.

A view of health equity

Australia remains a healthy nation with great quality care, but some patients are facing more challenges than others.

A mixed report card for health highlights demographic divide

The management of Australians' health and wellbeing has been thrust further into the spotlight in recent years. An ageing population, cost pressures, practitioner shortages, and rising patient expectations are just some of the escalating industry-wide pressures.

Another is the rising incidence of chronic health conditions that is driving demand. The Patient Experience Insights research is the latest study to confirm the trend, with almost two in three (64%) Australians reporting persistent or chronic conditions, up from 56% in 2022. In addition, compared with 2020, the number of those who rate their health as fair or poor has nearly doubled, from 16% to 29%.

Even so, 71% of patients still say their health is between good and excellent. With just over half of those who rate themselves in good health also managing chronic conditions, this positive self-assessment is a testament to the calibre of care on offer.

Patients recognise this, with 83% saying the quality of care across the healthcare system is good, very good, or excellent. Patients are also highly satisfied with many non-clinical aspects of their health experience, including the use of technology and digital tools (83%), the location of services (82%), and the availability and security of personal health records (80%).

However, concerns are evident in two areas often associated with leading health systems – affordability and access to services. A third or more of patients view these aspects as poor or fair. That view is more entrenched among Generation X, Baby Boomers, and those in regional areas.

These cohorts are also the most likely to report a year-on-year decline in their general health and that they don't have private health insurance in place, this suggests that the people in greatest need of healthcare support have higher access and affordability barriers to clear.

The state of patient health and satisfaction drivers

	National (all)	Gen Z (16-24 yrs)	Gen Y (25-40 yrs)	Gen X (41-56 yrs)	Baby Boomers (57-75 yrs)	Pre-Boomers (76+ yrs)	Metro	Regional
Good to excellent health	71%	90%	82%	63%	66%	63%	75%	64%
Poor or fair health	29%	10%	18%	37%	34%	37%	25%	36%
Have chronic condition	64%	47%	52%	63%	73%	81%	61%	69%
Have health insurance	56%	65%	63%	52%	50%	59%	63%	44%
Poor or fair accessibility	33%	23%	25%	41%	37%	26%	29%	40%
Poor or fair affordability	40%	32%	31%	54%	42%	29%	38%	43%

Patient experience obstacles

Affordability and access concerns are driving new patient behaviours and preferences, with implications for both health management and outcomes.

Preventative measures the most common response to cost of living pressures

As household expenses rise, Australians are navigating healthcare affordability challenges in different ways. Due to increasing living costs, 71% of patients are taking action to cut healthcare spending, with the most common measure being preventative.

Almost two in five (39%) say they have adopted a healthier lifestyle to improve wellbeing and avoid visits to the doctor. This is highest among the most cost-conscious Generation X (43%) and Pre-boomers (42%) patients. This proactivity is also seen in the broad adoption of fitness wearables and apps, used sometimes or regularly by 70% of people.

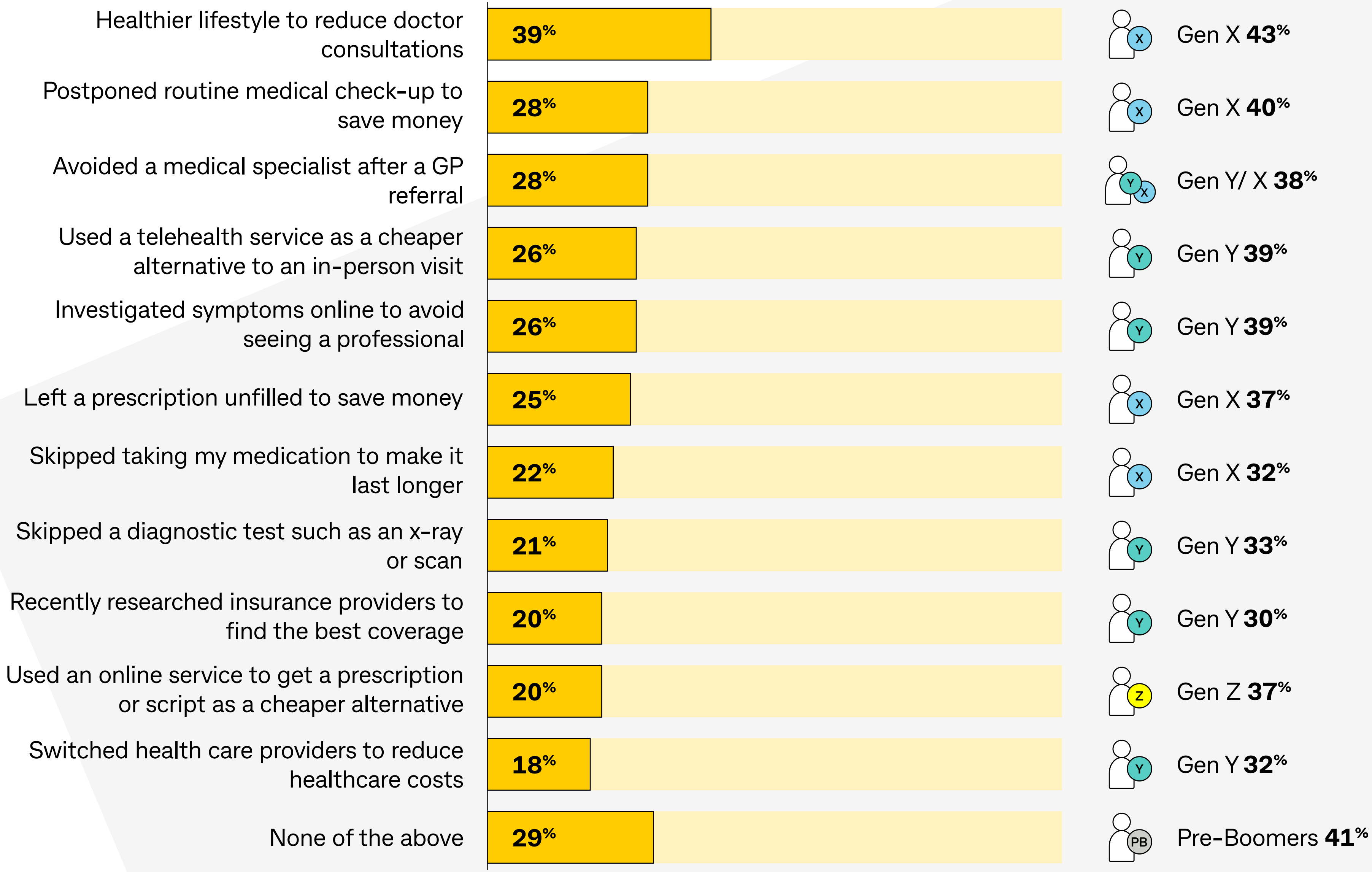
Concerningly, many other responses to cost pressures have implications for ongoing health management. This includes postponing routine check-ups (28%), again more common among Generation X (40%).

Others include avoiding a specialist after a GP referral (28%), using online sources to self-diagnose (26%), skipping medication (21%), and diagnostic tests (21%).

Many patients are also seeking lower-cost alternatives and doing more research to save money. This includes around one in four people using telehealth over in-person visits and around one in five switching healthcare providers.

A similar number are using online services to get prescriptions as a cheaper alternative, with the highest proportion among Generation Z (37%).

Actions to reduce healthcare spending amid cost of living pressures
(overall and top proportion by generation)



Affordability concerns lead to appointment no-shows

In the past 12 months, 71% of patients have delayed or cancelled an appointment with a healthcare provider. Among the variety of reasons, cost-related factors featured prominently.

The equal top driver was consultation fees being too high (29%). Over one in four cited out-of-pocket expenses or being unable to afford ongoing medication or treatment as a reason for avoiding an appointment.

According to many consumers, other deterrents included a lack of transparency over costs, an inability to claim on the spot, and no health insurance policy coverage.

While these cost-driven reasons were seen across all provider types, the research shows a higher proportion of patients delaying or cancelling appointments with medical specialists and dentists than general practice and allied health.

Irrespective of which practice type, many patients are not aware of fees prior to an appointment or what is covered by insurance, and few have a dedicated budget.

As we will explore later in this report, these are likely contributing to confusion and the complexity of paying for services that have implications for the patient experience.

Learn more about the variation in cost-related reasons for delaying and cancelling appointments across healthcare provider types.

Click here to see viewpoints

Cost-related reasons patients have delayed or cancelled an appointment in the past 12 months

	All patients	Most likely by provider
Consultation fees too high	29%	Specialists 15%
Out-of-pocket expenses too much	28%	Specialists 14%
Could not afford ongoing medication or treatment costs	26%	Dentists 11%
Lack of transparency around cost	20%	Dentists 9%
Unable to claim on-the-spot	20%	Specialists 9%
Not covered by private health insurance	20%	Specialists/ Dentists 9%

Access, convenience and cost issues are linked

Alongside cost-related barriers, patients cite other reasons why they have delayed or cancelled appointments that bring access to services into focus. This includes prohibitively long wait times (29%), unsuitable practice hours (19%) or where they found the booking process too difficult (19%).

Patients were most likely to have encountered access constraints around wait times and opening hours when seeking appointments with general practices. Booking challenges were slightly more common when interacting with medical specialists.

In the case of general practice, accessibility and affordability concerns appear to be linked. The majority of Australians say it is now harder to make an appointment (58%) at a bulk-billing practice and find one in their local area (56%). Many are willing to wait longer (55%) and travel (49%) to ensure they can access bulk-billing services.

A higher number of patients would also switch providers if their preferred general practice stopped bulk billing. Over one in three (36%) say they will definitely move to a new practice in these circumstances, up from 26% in 2022. That figure rises to 45% for Generation X patients.

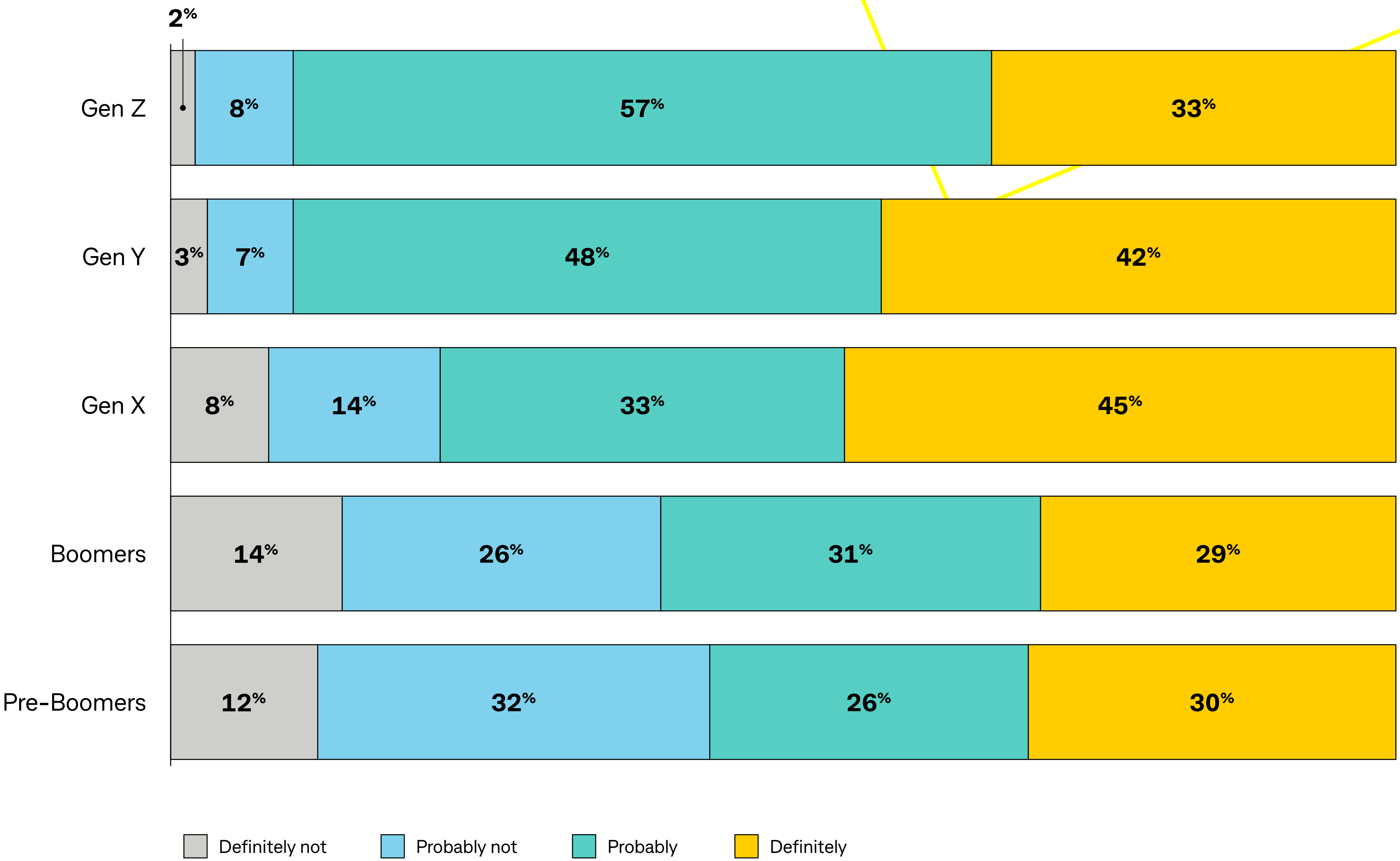
Learn more about the variation in access-related reasons for delaying and cancelling appointments across healthcare provider types.

Click here to see viewpoints

Access-related reasons patients have delayed or cancelled an appointment in the past 12 months

	Appointment wait time too long	Too far to travel or lack of transport	Process to book too difficult	Practice opening hours not suitable	Unable to access culturally appropriate care
All patients	29%	20%	19%	19%	15%
Most likely by provider	General practice 14%	Dentists/ Specialists 8%	Specialists 8%	General practice 8%	General practice/ Dentists 6%

Patients who would switch practices if their preferred GP stopped bulk-billing



Navigating the health system remains complex for many

While current economic conditions accentuate affordability hurdles, access challenges can be exacerbated by the complexity and fragmentation of the health system. As a result, providers and industry stakeholders are working towards better connecting and integrating patient care.

This push has heightened the focus on digital health and is reflected in the Federal Department of Health and Aged Care's Digital Health Blueprint and Action Plan released in 2023.[1] The 10-year roadmap envisages a greater role for digital and data in making the health system "more affordable, convenient, accessible and equitable for all Australians".

The Patient Experience Insights research suggests this would be welcomed by many patients. It shows that just 18% of patients strongly agree that they understand how to navigate the health system to get the care they need. A further 42% only somewhat agree, and the remainder disagree or are indifferent.

According to patients, many building blocks for delivering a more seamless and connected healthcare journey are in place. For example, most Australians are happy for providers to access electronic records and believe they are up to date. They also acknowledge the importance of data sharing and accuracy to effectively communicate between patients and health providers.

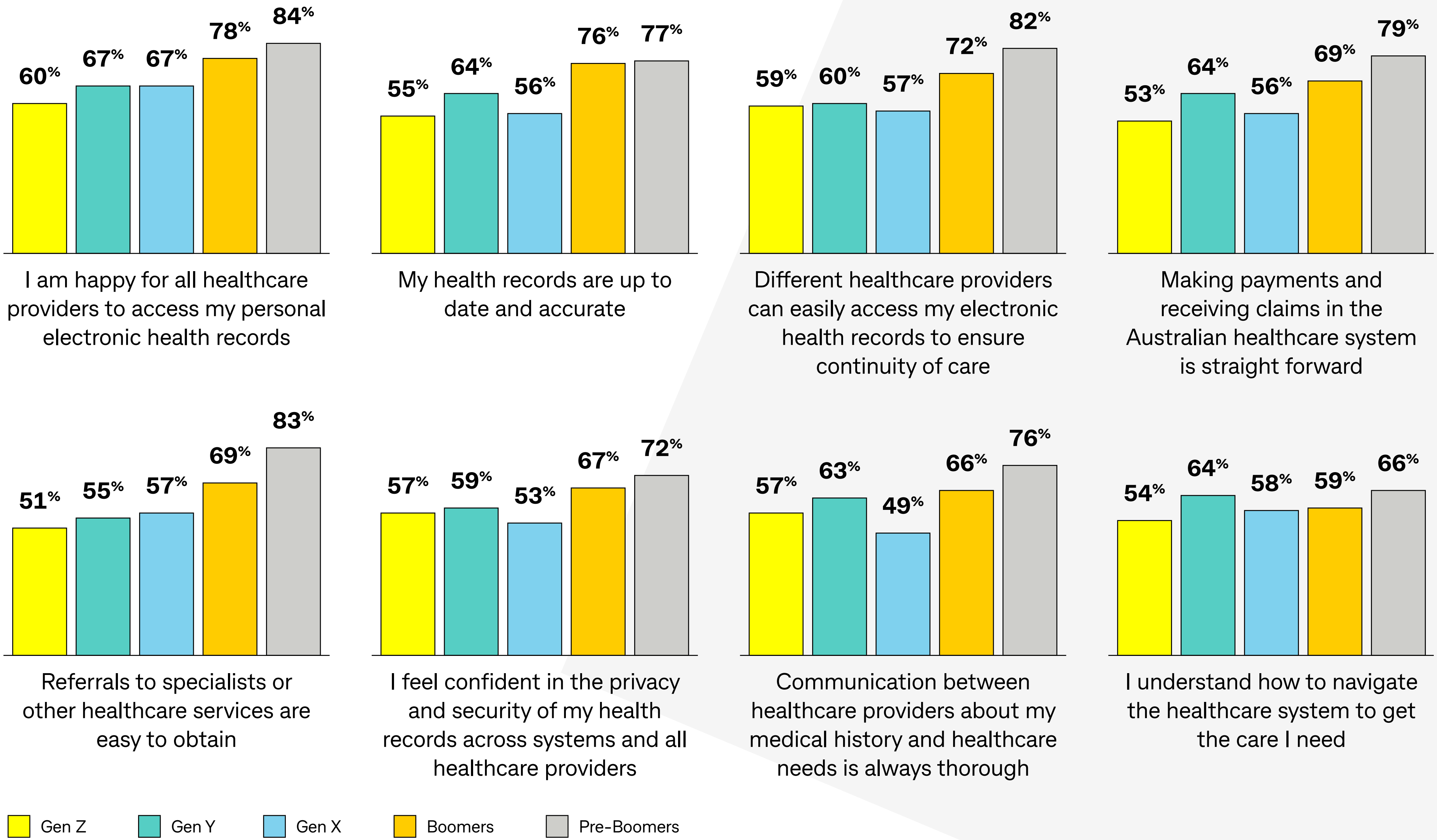
Fewer patients agree that their information is secure and that communication between providers is thorough. Many find making payments and claims complicated, particularly generations X and Z.

The youngest Australians are the least confident in traversing the health system, and many see room for improvement in data sharing, communication and ease of obtaining referrals.

However, as we will explore shortly, they are also the most likely to have experienced the positive impact of technology on their experiences.

1 Digital Health Blueprint and Action Plan 2023-2033. Department of Health and Aged Care. 2023.

Patient perspectives on aspects of integrated healthcare
(Patients who agree by generation)



Enhancing patient experiences

Patients are clear about their non-clinical preferences when engaging with health providers. Adapting to them can help deliver more seamless, connected and convenient experiences.

How and why technology is used across the patient journey

The digital transformation of the health system continues to gain momentum, supported by ongoing public and private sector investment. Healthcare practices, clinics, and service providers are at the forefront of technology adoption and innovation in search of better ways to manage health outcomes, patient engagement, and operations.

According to two in three patients (67%), the technologies providers offer are improving their healthcare experience. While this sentiment is most prevalent among Generation Z (81%) and Y (80%), even 55% of Pre-Boomers are embracing the benefits of technology.

Understanding the use of digital tools by different patients can help providers consider what drives these perceptions.

The most frequently used overall relate to booking, managing, and conducting appointments. Three in four regularly or sometimes use SMS and email reminders, 59% say the same about online booking systems and almost half use telehealth services.

The collection and sharing of personal health data is also common. Personal fitness wearables and health monitoring devices are used by 70%, and almost one in two are using My Health Record, rising to 62% among Generation Z.

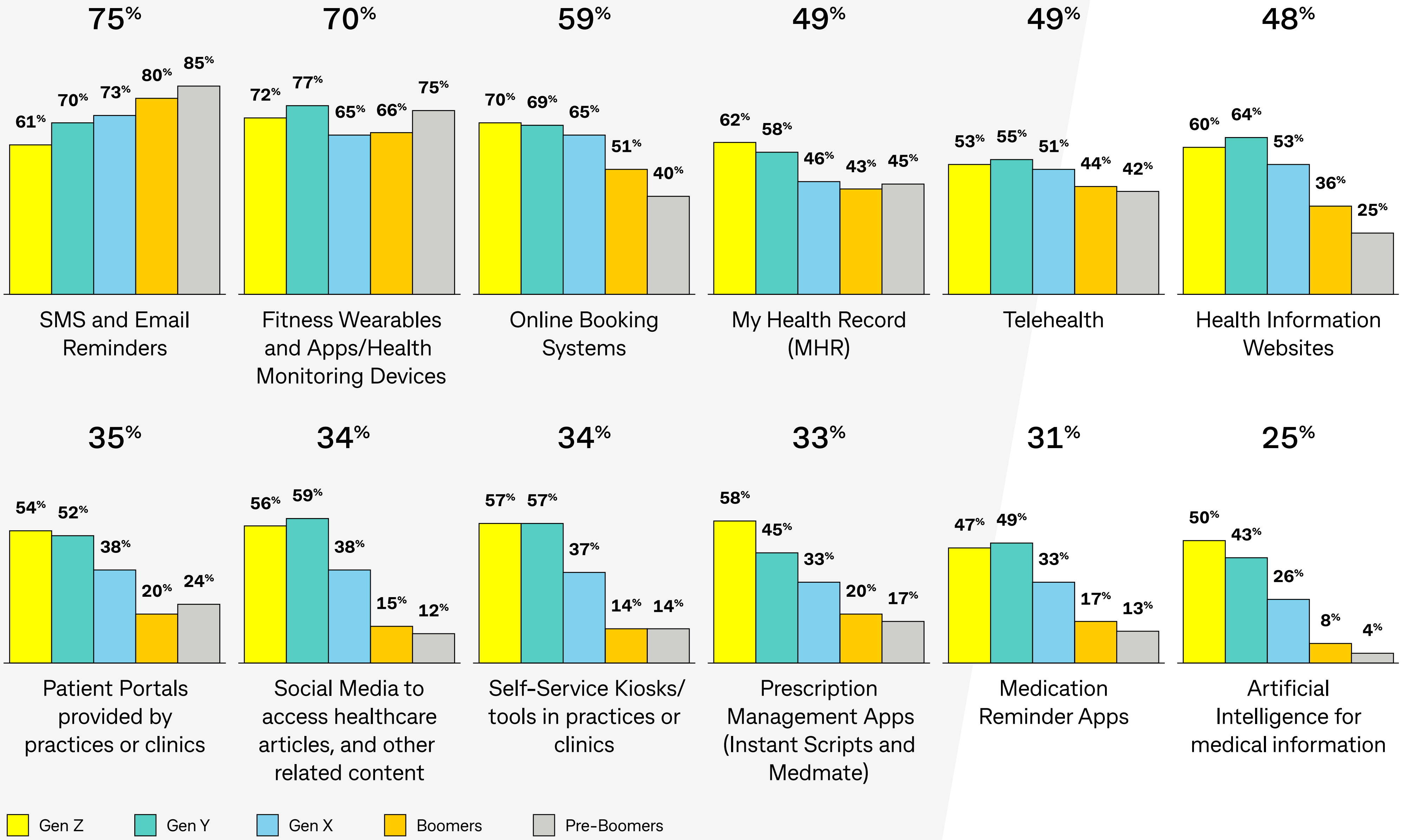
While usage isn't as high for other digital options, like patient portals, prescription management apps, social media and AI to source health information, it is more prevalent among younger Australians.

This suggests that Generation Z and Y patients are seeking digital self-service options. While this offers more convenience and access in some cases, it also heightens the need for trustworthy health information sources.

Cyber security concerns

As technology usage among patients gathers pace, concerns remain about data security while using digital tools. Almost two in three patients (64%) are worried about potential cybersecurity breaches, and 27% are very concerned. Of these, Generation X and Boomers are the most alarmed.

The digital healthcare technologies and tools patients use
(Sometimes or regular usage – average and by generation)



Simplifying pathways to find providers and book appointments

Offering simple pathways for patients to find a provider and book appointments is crucial to supporting the many patients struggling to navigate the health system. It also has implications for continuity of care and provider revenues, given that around one in five patients are switching practices to save money due to cost of living pressures and delaying or cancelling appointments due to booking difficulties.

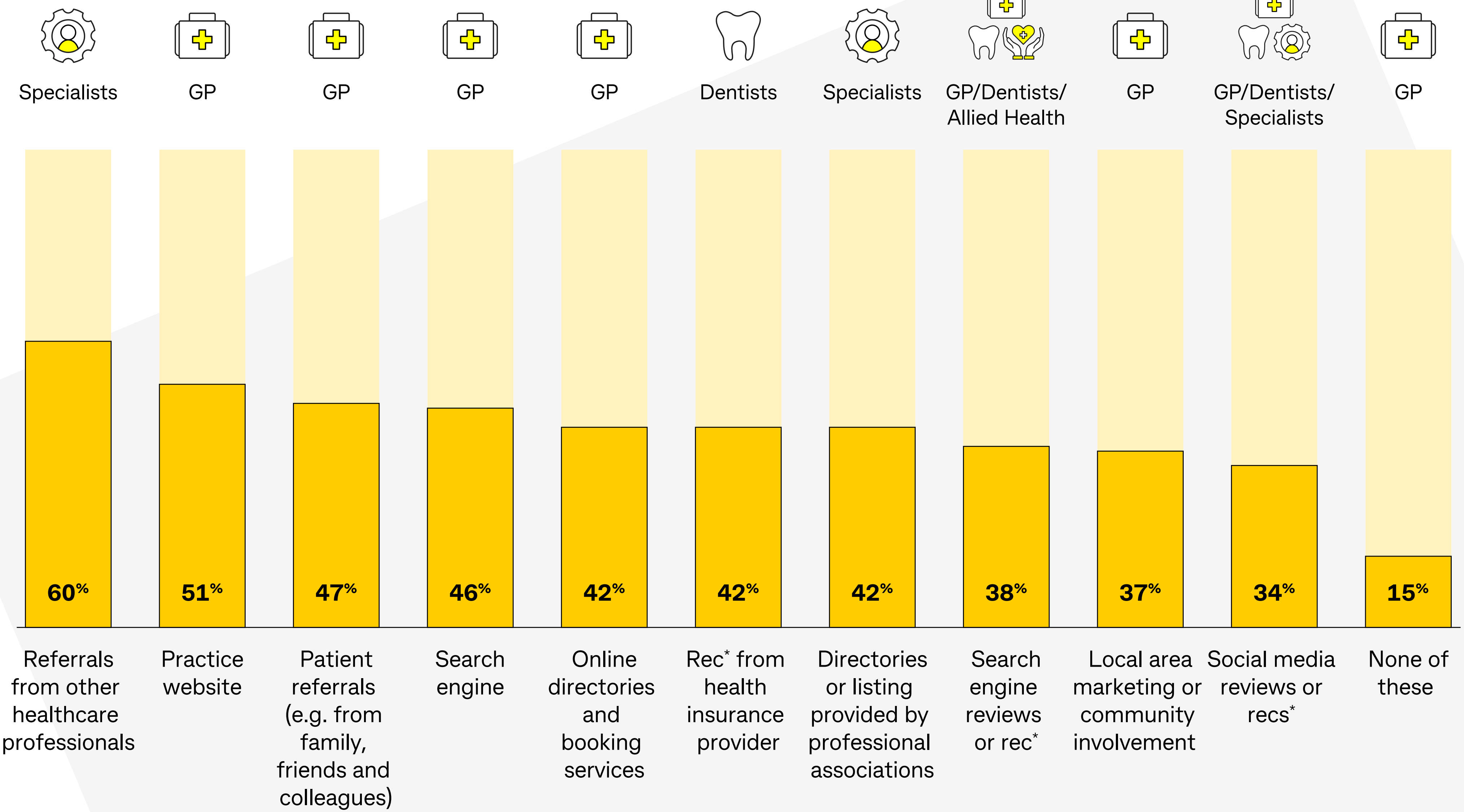
When searching for a healthcare professional, patients are utilising multiple methods and channels. Most are using referrals from other providers (60%), particularly to find medical specialists and allied health professionals. Almost one in two (47%) are also using peer referrals, most pronounced for general practice.

Online channels also feature prominently, with practice websites (51%), search engines (46%), and online healthcare directories (42%) the most used digital options. Online methods tend to be more widely employed when searching for general practitioners.

Learn more about the variation in search methods across healthcare provider types.

Click here to see viewpoints

Channels patients use to find a healthcare provider
(Total and most used by provider type)



*Recs = Recommendations | rec = recommendation

Many patients are also interested in the information distributed by healthcare providers. This presents an opportunity to engage existing patients and appeal to those searching for health services. Patients are most likely to engage with email newsletters (39%) and content delivered via mobile apps (39%). Just over a third say the same about social media posts and blogs.

When moving to book and manage appointments, many patients still prefer to call health providers. Overall, 39% will choose a telephone booking first, almost double the number who say they start at the practice's websites (20%). That is followed by in-person at the practice (14%) and one in ten opting to use directory services or apps.

However, exploring the differences across the generations confirms that younger patients are choosing online booking options over phone calls or in-person interactions and using a range of digital options.

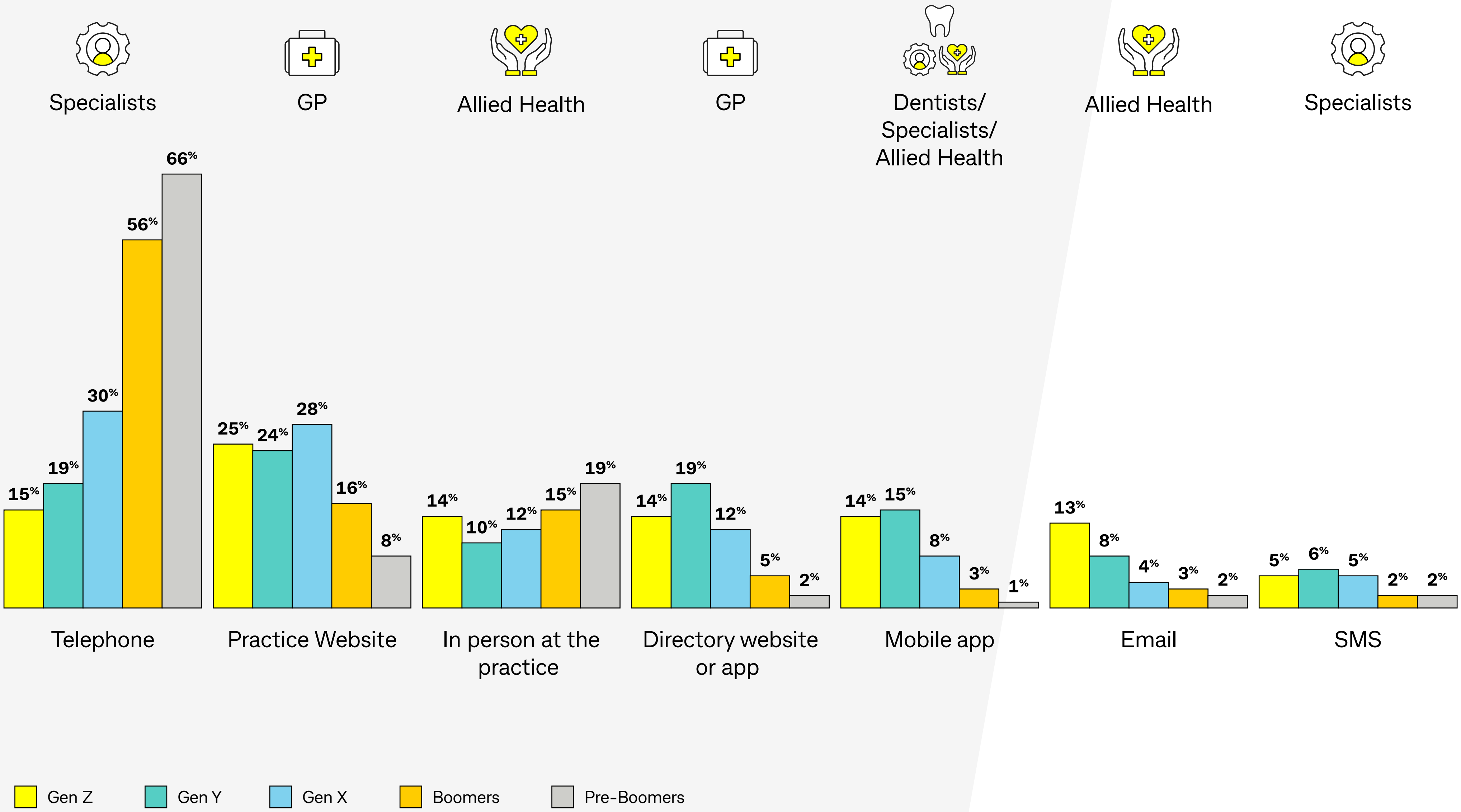
To learn more about the variation in booking methods across healthcare provider types.

Click here to see viewpoints

Enhancing the in-app experience

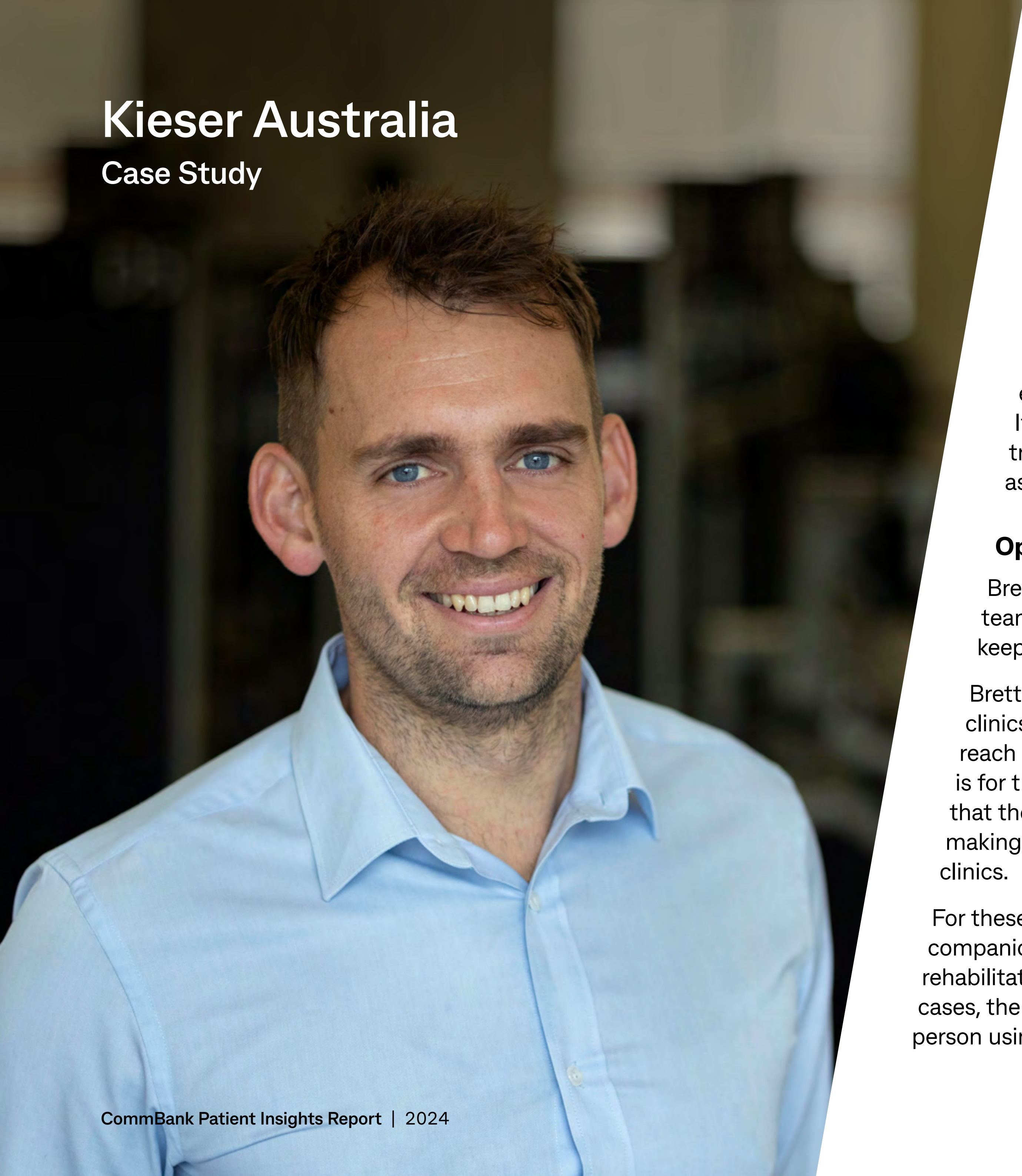
With many patients using apps to access health information and book and manage appointments, this presents an opportunity to uplift the in-app experience. Offering apps that provide patients self-assisted booking flexibility and convenience, easy check-ins, or educational tips about preventative health aligns with their emerging expectations and can drive efficiencies.

First-choice option to book and manage appointments
(Choices across generations and highest by provider type on average)



Kieser Australia

Case Study



Operating 175 clinics worldwide, Kieser has spent nearly 60 years building centres of excellence for treating and preventing pain and promoting healthy ageing. In Australia, it operates 26 clinics across seven cities and employs 600 staff.

Kieser combines physiotherapy with strength training, with programs supervised by physiotherapists, exercise physiologists and exercise scientists, and tailored to individual clients. It uses Swiss-engineered equipment for effective training, describing its evidence-based methodology as a fusion of health and exercise science.

Opening up access and remote care

Brett Long, the CEO of Kieser Australia, says his team are passionate about reducing people's pain and keeping them doing what they love, irrespective of age.

Brett says that providing convenient access to Kieser clinics is a top priority and that 50% of Australians could reach one within a 20-minute drive. Kieser's ambition is for that to rise to 75% within five years. Brett adds that the remaining 25% tend to live in regional locations, making it more difficult to serve via bricks and mortar clinics.

For these clients, Kieser offers telehealth support with a companion app that clients can use to remotely monitor their rehabilitation programs. However, Brett says that, in many cases, the programs developed by Kieser are best delivered in person using high-quality equipment.

Brett says that no matter their location, client preferences are clear. "People like professional clinicians, reliability where the clinician does what they say they will do, and consistency of the people in charge. Like an elite sport environment, clients also want prompt communication between clinicians, doctors, and other health professionals managing their care".

He adds, "The big one for us is that they like to understand whether the programs are evidence-based, data-driven, and actually improving their condition for the long-term."

Striving for quality on all levels

To achieve these client outcomes, Kieser approaches patient needs through its quality framework. Brett says quality is defined by three core pillars, "clinical excellence, customer service, and process reliability." This encompasses the experience people have and their perceptions of value.

To deliver against the service and process pillars, Brett says that Kieser is investing in two major areas. The first is in training, coaching, and mentoring its team to deliver the best possible client interactions. The second is its technology platform.

Brett explains that all client training programs are tracked through the Kieser Konnect app. The Kieser team facilitate client programs using tablet devices and software known as 'the portal'.

"That's all underpinned by proprietary technology we've built, which collects insightful data and manages the client through their rehabilitation journey," Brett says. "Clients love our system and the data feedback loop both our clinicians and clients get are integral to achieving great long-term clinical outcomes."

Removing barriers to a great experience

Kieser Konnect manages many aspects of patient engagement, from monitoring progress and booking appointments to remote training options. When designing the app and in-house technology platform, Brett says the goal is to ensure patients feel better about the quality and value of the service, enable easy communication with us, and reduce time spent on administration.

"We are focused first on whether clients are successfully executing their program and whether we have the right level of oversight. We also want to make life easier for them so there are no barriers to attending or confusion on how to do their program."

One example is Kieser's intention to streamline the payments process, replacing manual steps with more seamless digital ones. Currently, a client might have six sessions over three weeks and pay for each session by tapping their card.

Brett says that what should happen is that "all these details are loaded in the app, and clients should receive a notification requesting confirmation of attendance. If they say yes, their payment is automatically processed. We are already working on how to deliver that seamless experience."

From a technology standpoint, Brett says that about 80% of what Kieser develops is client-focused, aimed at enhancing the experience and getting people into the right programs. He says that "the last 20% benefits our operations".

"For example, if a clinic is doing 500 appointments a week and payments have to be processed each time rather than automated, that's significant time which our team could instead be spending helping clients," Brett concluded.

KIESER

kieser.com.au

Addressing delicate payment challenges

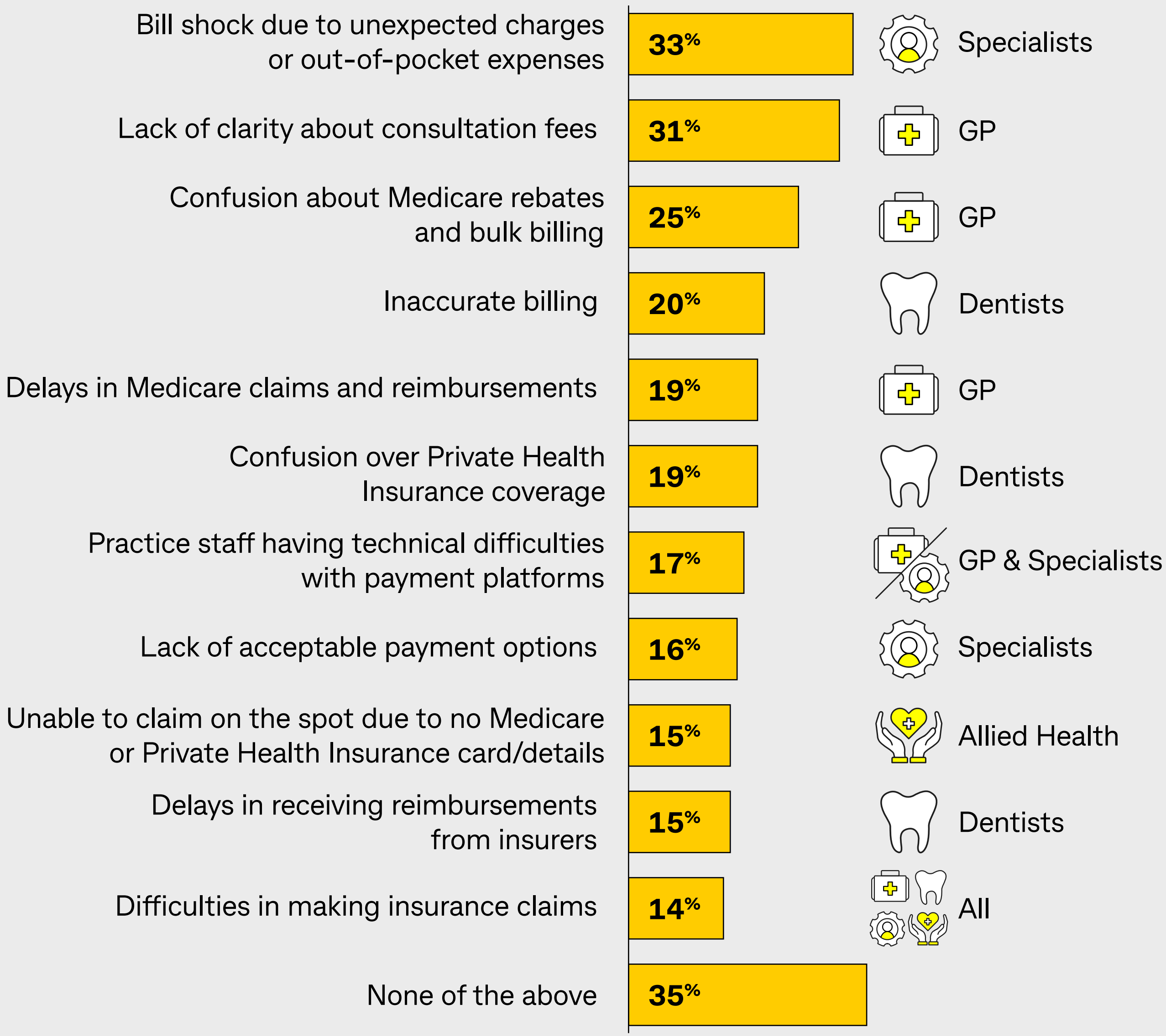
Healthcare affordability concerns and active cost-cutting measures have brought the process of paying for services and claiming reimbursements into sharper focus. This step of the patient journey can impact patient perceptions and lead to appointment no-shows.

Over one in three patients already believe payments and claiming are complicated or are ambivalent when asked. One in five have foregone an appointment due to opaque billing, an inability to claim instantly, or a lack of insurance coverage.

Moreover, 65% of people have encountered at least one payment or claim-related issue in the past 12 months. The most cited is bill shock due to unexpected charges (33%), which was as high as 53% for Generation Z. This was followed by a lack of clarity about fees (31%).

Considering that 42% of people do not ask about costs before a consultation or base their expectations on previous appointments, this adverse reaction is less surprising.

Issues with payments and claiming in past 12 months
(Total experienced and most likely by provider type)



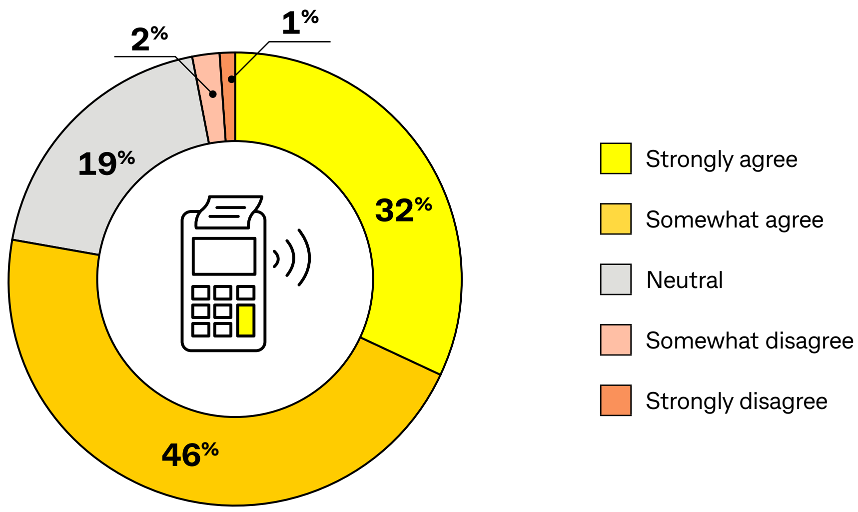
The research indicates that some patients also encounter delays in claiming and are confused about the extent of Medicare rebates and health insurance reimbursements.

Whether they have experienced an issue or not, there is a broad-based expectation for on-the-spot processing of insurance and Medicare claims. Around three in four (78%) say it should be offered and would prefer not to wait 24-48 hours (72%).

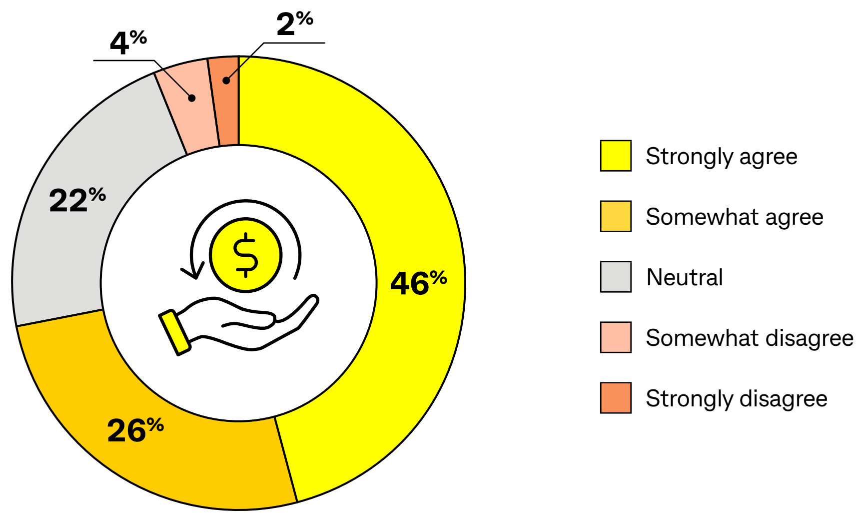
Around one in four patients have also used payment plans to fund healthcare services, including an average of 17% who have used practice-based plans and a further 9% opting for a Buy Now Pay Later (BNPL) option. This is far more prevalent among younger patients, where, for example, the majority of Generation Z have used some form of plan.

It is also noteworthy that Australians with private health cover are three times more likely to have used a practice-based payment plan than those without health insurance. The tendency among Generations Z and Y to have health insurance and use payment plans and BNPL services helps explain the wider usage in this cohort.

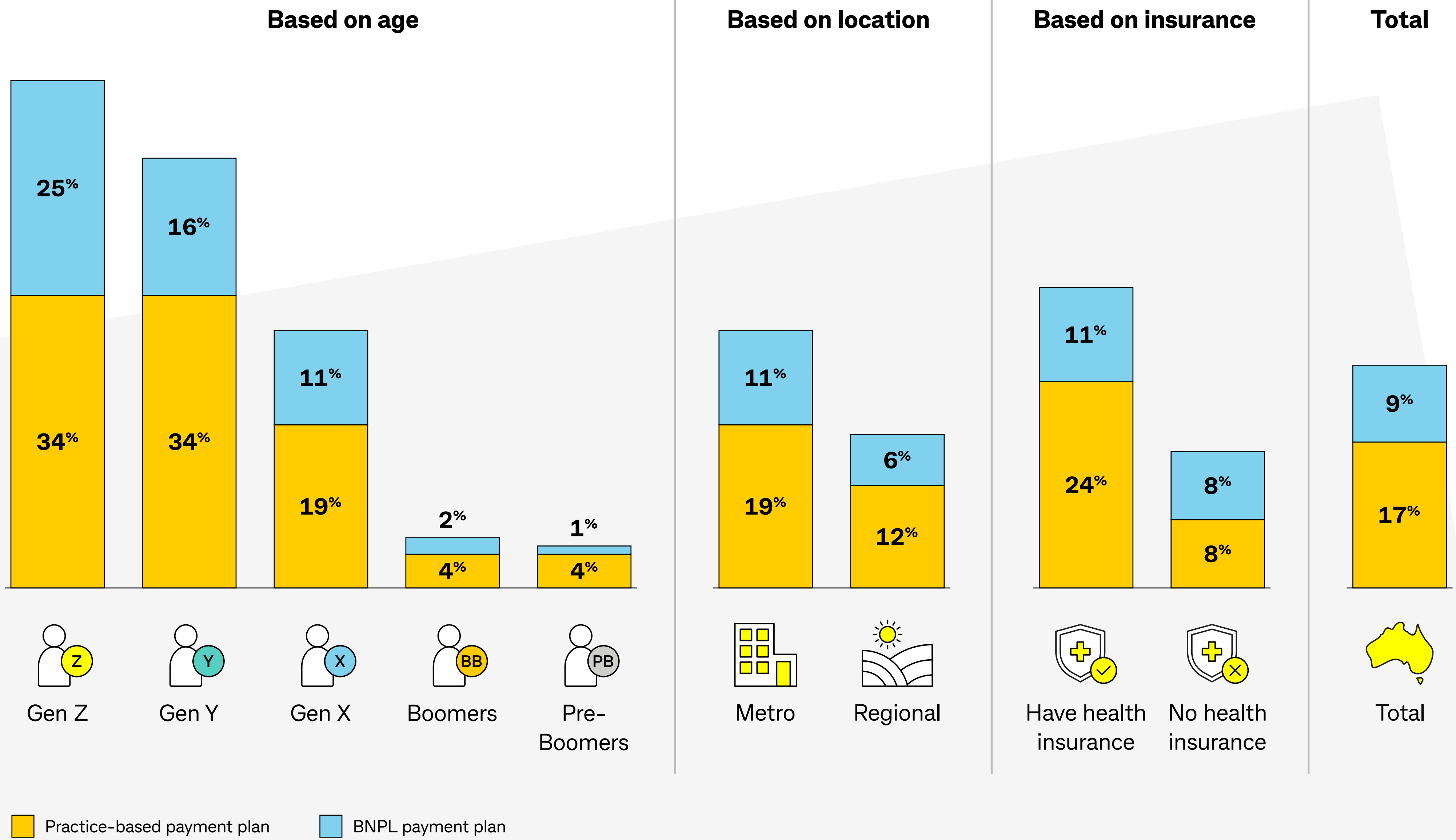
Patients who expect to process on-the-spot health insurance and medicare claims



Patients who prefer to get Medicare claim on the spot than wait 24-48 hours



The use of payments plans and Buy Now Pay Later services to pay for healthcare services



AI has potential, but patients want reassurances

Applications for generative artificial intelligence (AI) and data-driven automation continue to rapidly expand, with the potential to drive efficiencies for healthcare providers and improve the patient experience. However, the integration of AI into the delivery of healthcare services remains in the early stages with evolving benefits and risks.

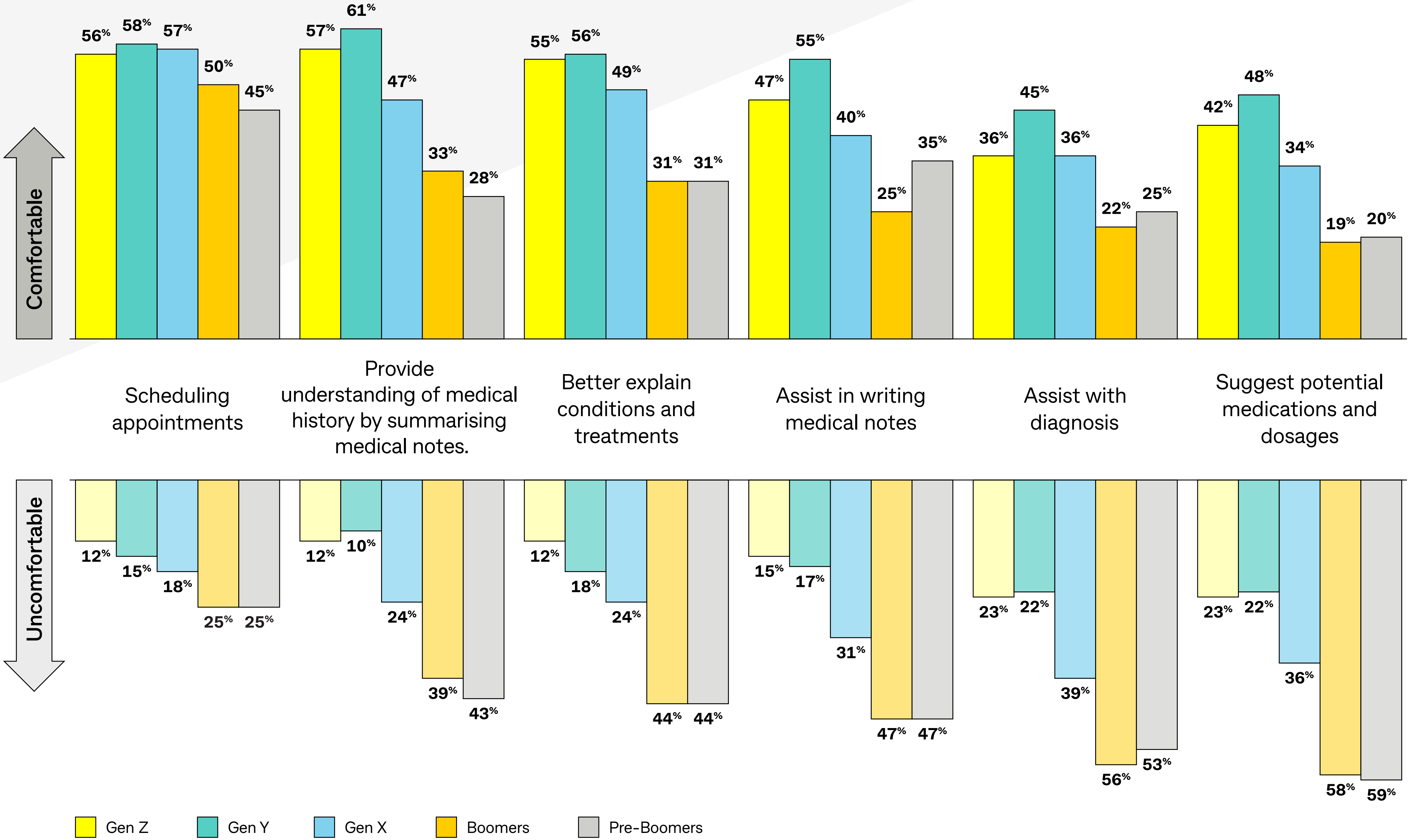
According to patients, they are divided about the implications of AI on the quality of care they receive. Overall, 30% believe AI will have a positive impact, while 30% disagree, and 28% are unsure. Generations Y and Z, and those in metropolitan areas tend to have a more positive view.

Looking more closely at patient comfort levels across AI use cases reveals a greater appetite for some applications over others. For example, 53% of patients are comfortable with AI being used to support appointment scheduling, outweighing the 20% who are uncomfortable.

Comfort levels decrease when considering the use of AI within clinical tasks. While 32% of people were comfortable with AI-assisted diagnoses, 41% were uncomfortable. Again, in most cases, younger generations were more at ease with AI, including process-based and clinical support applications.

Irrespective of comfort levels, patients are seeking assurances that AI tools and the data that drive them will be used responsibly. This includes 76% who expect a healthcare professional to validate AI recommendations and transparency when AI tools are used in diagnoses or treatments. A similar number want data privacy and consent to be guaranteed, and assurances that AI usage adheres to regulatory and industry standards.

Patient comfort levels across AI applications by age



City Fertility

Case Study

Over the past 20 years, City Fertility has expanded its operations exponentially. What started out as a one-doctor, one-scientist operation in Queensland is today one of Australia's leading IVF and fertility service providers.

With more than 10 per cent market share, the group, which has a partnership with CHA Medical Group, has its sights set on domestic and international expansion.

According to Adnan Catakovic, City Fertility's co-founder, Scientific Director and Managing Partner, the group has made the journey from a boutique player into a sophisticated corporate operation.

Amid this expansion, the group was able to successfully and deliberately avoid the pitfalls of Australia's busier, larger clinics. Instead, City Fertility's individual clinic sizes continue to be 'well controlled' as patient volumes increase, with new locations at the ready if, and when, capacity is reached.

"In Brisbane, for example, we noticed that 40 per cent of our patients were coming from southern Brisbane, so we branched off and built a Sunnybank clinic," Mr Catakovic notes.

"We are focused on keeping the patient experience as non-corporate as possible, so we tread a fine line between running an efficient business and ensuring patients don't feel like just another number."

A paradigm shift for patient preferences

The team at City Fertility firmly believe that optionality is crucial to positive patient experiences and interactions at each touchpoint on the journey must meet the highest standards.

Mr Catakovic believes that traditional touchpoints are the easy part, and by this he means having highly trained practitioners, nurses and 'experienced scientists on hand who know how to successfully create a human embryo'. The greater challenge lies in providing convenient options when it comes to interactions with clinics that address individual preferences.

"Some patients don't have time to come in, want a Telehealth consultation, or prefer a text over a phone call," he explains.

With more and more patients pushing for a seamless assisted fertility experience, City Fertility has implemented patient-friendly apps and online portals to assist them in serving themselves.

Mr Catakovic says this is part of a paradigm shift that tests long-held beliefs that people want to talk and digital options are impersonal.

"It's one of those old conundrums across generations. A 20-year-old patient may consider a text highly personal, our staff may not. Even where timing is crucial, for example, a trigger time to take an injection for a patient's egg collection, many want a message to remind them. If they have a problem, they will call us."

New frontiers for data and technology

In line with data and technology development, which is such a big part of the modern world, City Fertility has developed its own software that assists in the groups' whole of system function.

Developing it in-house has allowed the group to remain agile and create efficiencies in areas like processing patients or monitoring lab consumables.

"The reality is our world is getting more complicated and fast-moving with every day that goes by, and while our database is the hub of our operation, we also integrate third-party software," Mr Catakovic adds.

"It spans everything from banking to supplier systems. Pathology is a great example, where patients' pathology results are seamlessly uploaded into the doctor's portal for ease of transparency."

Mr Catakovic admits that he's been digitally obsessed since day one, writing software from the outset.

What this means is that over the past 20 years City Fertility has collected de-identified data for treatments and outcomes across every patient.

"I have no doubt we will be able to write an algorithm that will parse this data and tell us about the best approach for a patient based on their profile."

In an exciting new development, City Fertility is currently using an AI-led technology called CHLOE, which was developed by Israeli health tech company Fairtility.

"It's helping the team select the best embryos and at the same time providing patient comfort," he says.

Further to this, City Fertility is in the process of developing an AI assistant that will allow a specialist to ‘tweak or nuance a treatment’.

With this in mind, Mr Catakovic is quick to point out that he doesn’t foresee a time where patients will exclusively interact with an AI bot.

“I am the first to admit that I find AI interesting particularly in the realm of business diagnostics. We’ve only just scratched the surface,” he says.

“I believe it would be extremely valuable to have an AI Bot tell me in advance where patient demand trends are occurring. This will assist in informing the locations for new clinics and optimise our internal processes, things like staff rostering or lab processes.”

Innovation is part of City Fertility’s DNA, and while the group is without a doubt digitally innovative, it is Mr Catakovic’s belief that its adoption must be driven by patient outcomes, not just an enhancement of the journey.

“The constant question we ask ourselves every day is will a new technology assist our patients in getting pregnant?

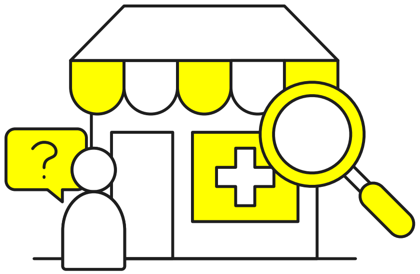
“There are a lot of technological ‘toys’ in the IVF space that our team at City Fertility avoids, because they’re just that, toys. We not about that, we’re playing a long game and have our patient outcomes top of mind, always,” Mr Catakovic concludes.

City Fertility
Global CHA IVF Partners

cityfertility.com.au

Summary

Opportunities to improve patients’ health journey



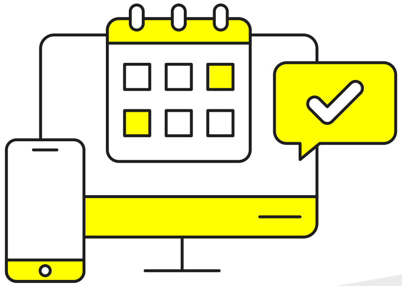
1

Finding a provider

Top patient experience constraint
Complexity

Patient perspective
40% of patients are not confident in navigating the health system to get the care they need.

Provider opportunity
Strengthening both referred and digital pathways to ensure providers can be more easily found across channels



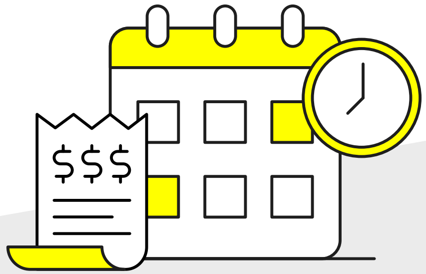
2

Booking an appointment

Top patient experience constraint
Access

Patient perspective
39% of patients still make bookings via telephone first, but younger patients prefer multiple digital options.

Provider opportunity
Offering flexible booking and management options to encourage self-service and drive efficiencies.



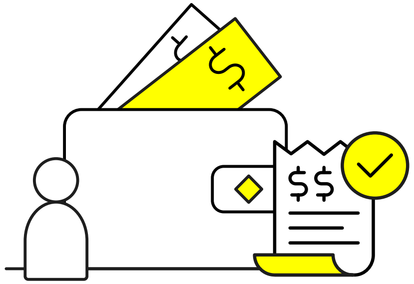
3

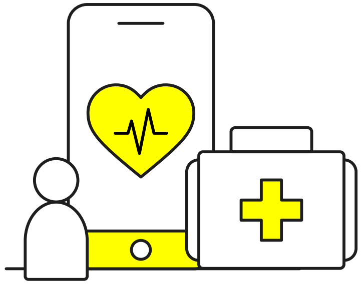
Reducing no-shows

Top patient experience constraints
Affordability and access

Patient perspective
71% of patients have cancelled or delayed an appointment in the past 12 months, with fees and wait times a top driver

Provider opportunity
Transparently informing patients about fees and payment options to avoid bill shock and using digital tools to drive practice efficiencies.





4

Making payments simple

Top patient experience constraints

Affordability and access

Patient perspective

65% have experienced difficulties with payment or claiming issues when visiting health providers in the past 12 months.

Provider opportunity

Meeting expectations by offering on-the-spot payments and claims processing.

5

Digitising the experience

Top patient experience constraints

Access and complexity

Patient perspective

67% of patients say technology enhances their healthcare experience.

Provider opportunity

Seeking new applications for emerging technologies to support patients, including AI applications where comfort levels are higher.

Sector viewpoints

These data points provide further insights into the preferences among patients visiting different types of healthcare providers.

Healthcare sector dashboard

Reasons for delaying or cancelling an appointment in the past 12 months

	GP	Dentists	Medical specialists	Allied health
Wait time for an appointment was too long	14%	10%	12%	7%
Consultation fees too high	12%	12%	15%	9%
Out-of-pocket expenses too much (no bulk billing or no/limited health insurance)	11%	11%	14%	8%
I could not afford any ongoing medication or treatment costs	8%	11%	10%	7%
Lack of transparency around the consultation cost, out of pocket expenses and billing	7%	9%	8%	5%
Unable to claim on-the-spot	7%	7%	9%	6%
Not covered by my private health insurance provider	6%	9%	9%	6%
Too far to travel/lack of transport options	7%	8%	8%	6%
The process of booking an appointment was too difficult	6%	7%	8%	5%
Practice opening hours not suitable	8%	7%	6%	5%
No telehealth appointment available	7%	7%	6%	4%
Poor quality of care	6%	6%	6%	5%
Poor customer service provided by support staff online/on the phone	7%	6%	7%	4%
The practice was unable to check/advise on how much my insurance would cover	6%	6%	7%	4%
Forgot about the appointment/no reminder sent by practice	6%	5%	6%	5%
Unable to access culturally appropriate care	6%	6%	5%	3%
None of the above	56%	53%	50%	49%

Channels used to find a healthcare provider

	GP	Dentists	Medical specialists	Allied health
Referrals from other healthcare professionals	26%	22%	35%	31%
Practice website	26%	21%	21%	22%
Patient referrals	26%	23%	18%	20%
Search engine	25%	25%	20%	22%
Online healthcare directories and booking services	21%	15%	15%	14%
Directories or listings provided by professional associations	15%	14%	17%	16%
Recommendations from health insurance provider	13%	17%	14%	15%
Search engine reviews or recommendations	14%	14%	13%	14%
Local area marketing or community involvement	12%	10%	11%	11%
Social media reviews or recommendations	11%	11%	11%	10%
None of the above	23%	22%	21%	18%

First-choice appointment booking preferences

	GP	Dentists	Medical specialists	Allied health
Telephone	33%	41%	44%	41%
Practice website	26%	19%	18%	18%
In person at the practice	14%	14%	12%	15%
Directory website or app	15%	10%	7%	8%
Mobile app	7%	8%	8%	8%
Email	4%	4%	6%	7%
SMS	2%	3%	5%	4%

Patient enquiries about fees and charges	GP	Dentists	Medical specialists	Allied health
I usually ask before I book the appointment	36%	33%	36%	34%
I usually ask when I book the appointment	12%	19%	19%	17%
I usually ask when I arrive for the appointment	5%	9%	8%	6%
I don’t usually ask about costs, I just pay the bill after the appointment	22%	25%	23%	26%
I don’t ask as I know based on previous consultations at the practice	25%	14%	14%	17%

Payments and claiming issues encountered in past 12 months	GP	Dentists	Medical specialists	Allied health
Bill shock due to unexpected charges/out-of-pocket expenses	11%	14%	16%	8%
Lack of clarity about consultation fees	18%	11%	10%	8%
Confusion about Medicare rebates and bulk billing	12%	8%	9%	9%
Inaccurate billing	7%	10%	5%	4%
Delays in Medicare claims and reimbursements	8%	6%	8%	5%
Confusion over Private Health Insurance coverage	6%	8%	7%	7%
Practice staff having technical difficulties with payment platforms	6%	6%	6%	5%
Lack of acceptable payment options	5%	5%	7%	5%
Unable to claim on the spot because you had forgotten your Medicare/PHI card details	5%	5%	5%	5%
Delays in receiving reimbursements from insurers	5%	5%	5%	4%
Difficulties in making insurance claims	5%	4%	5%	5%
None of the above	56%	52%	51%	53%

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