#### **Gartner Research**

# **Intriguing Healthcare Software Product Ideas**

Healthcare and Life Sciences Research Team

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Initiatives: Industry Product Planning and Strategy

Healthcare-specific software is a crowded market with competitors addressing a range of buyer needs, but exploitable gaps do exist. This research presents the most intriguing opportunities for product leaders.

#### Overview

#### **Key Findings**

- The healthcare software market comprises a myriad of niches not seen in other verticals. Industry-specific capabilities are top of mind for buyers, yielding ample market opportunities for product leaders to explore.
- Consumer engagement, care management and administration offer particularly interesting product areas for product leaders working at technology and service providers. Solutions in these areas help healthcare organizations improve the cost and quality of care while also improving experience for patients and clinicians alike.

#### Recommendations

Product leaders advancing industry product planning and strategy with healthcare providers should:

- Seize additional healthcare buyer interest and spending by prioritizing product development efforts on organizational pain points and patient engagement opportunities. Your vertical strategy likely includes the marketing of cross-industry tools to healthcare buyers — but you will increase sales with product offerings that exploit highly demanded niches.
- Holistically vet these and other product ideas by highlighting end-user acceptance of new solutions. Adjust market size and growth estimates downward since healthcare organizations are slow to change business practices despite their stated needs.

#### **Analysis**

#### Healthcare Product Opportunities Abound

Gartner analysts work with a range of healthcare delivery organization business and IT leaders. Those buyers often voice their desire for technology solutions that do not yet exist in the market or, if they do, have functional gaps that limit utility and ultimately enduser adoption. These unmet business needs are potentially profitable new product niches where you can carve out competitive advantage.

We asked a selection of healthcare industry analysts a simple question to elicit insightful answers reflecting the nuances of the technology domains they cover: What are the most intriguing unmet healthcare software needs in your space?

The word "intriguing" is intentional since it sits at the intersection of uncontested use cases and evolving technology capabilities. Intriguing does not guarantee development feasibility, marketing ease or product profitability. Instead, the lens here is unmet needs — most often healthcare buyers' business needs, but also healthcare consumers' demands as channeled through organizational buyers' priorities.

Use this list of product ideas to engage your CEO and product development team in planning discussions. Raise these as examples of the art of the possible in your company to spur market sizing, competitive intelligence and early-stage product vetting work that is essential to bring new innovations to customers (see Table 1).

Table 1: Intriguing Healthcare Software Product Ideas

Idea	Hyperlink
Personal Care Assistant	Jump to section
Care Team Ambient Digital Scribes	Jump to section
Claim Editor Clearinghouses	Jump to section
Wellness Superapp	Jump to section

Source: Gartner (August 2023)

Idea 1: Personal Care Assistant

Domain: Healthcare consumer engagementAnalysis by: Mark Gilbert

Description and market need: Care management interventions are essential to improved patient health outcomes and quality rewards under value-based payment arrangements. However, conventional care management (i.e., a nurse making outbound calls to patients) does not economically scale, nor is it available 24/7. As a result, care management is typically only seen with high-acuity patients where ROI is typically assured. New interoperability standards and generative artificial intelligence (AI) technology enable the creation of personal care assistants that can lower the care management payback threshold, thereby making highly personalized care management possible for patient populations not already in a disease state. Personal care assistants observe digital interactions that patients have with their health and the healthcare services they receive. Based on those interactions and a patient's history of interactions, it will suggest in real time the next best action for a patient to achieve their personal health and healthcare goals. The combination of real-time observation, analysis and recommendations of next best actions using a personal care assistant can help everyone better achieve their health and healthcare goals.

Barriers to launch or adoption: Diverse competitors like Apple <sup>1</sup> and Best Buy <sup>2</sup> see data partnerships and remote monitoring devices as a key to health and wellness. But data without guidance and context does not deeply engage consumers in the ways most impactful to individual and population health. Thus, personal care assistants must overcome low patient adoption arising from:

- Consumer value Current tools do not always offer a compelling personal health gain for use, but consumers may not realize the power of an Al tool reviewing a full set of digital health interactions to create fully personalized, relevant and valuable interventions.
- Consumer trust Patients tend to trust their healthcare providers but are much leerier of payers and third parties that might also sponsor, participate with or intervene through personal care assistants.
- Data sharing Effective care management requires a complete view across the data silos currently held by healthcare providers, payers, retailers, wellness organizations and more (see Effective Data Sharing for Healthcare ClOs, Part 1 — Strategy).

**Recommendations**: Invest in the Fast Healthcare Interoperability Resources (FHIR) standard and actively participate in multiple data ecosystems. Consider personal care assistant product offerings that can be white labeled to a healthcare provider's brand to help address consumer trust issues.

Related research: Hype Cycle for Consumer Engagement and Experience in Healthcare and Life Sciences, 2023

Idea 2: Care Team Ambient Digital Scribes

Domain: Care managementAnalysis by: Jeff Cribbs and Amanda Dall'Occhio

Description and market need: Ambient digital scribes are intelligent documentation support systems that leverage speech recognition, natural language processing (NLP), Al and machine learning (ML) to automate clinical documentation. Hospitals are rapidly beginning to evaluate the technology to help clinicians accurately document patient interactions and associated follow-ups, while also addressing burnout related to their sprawling electronic health record (EHR) systems (see Innovation Insight: Ambient Digital Scribes Reduce Clinical Documentation Burden). But why should a technology this valuable be limited to ambulatory clinical care settings? Care is rendered by a range of contributors including care managers, nurse navigators, home health staff, community workers and family caregivers — which means that there are a broad range of patient touchpoints and equally diverse reporting systems. These broad care team members must have the resources at hand to record important patient information as part of a collaboratively developed and executed patient care plan. The result will be better coordinated care follow-up and wellness actions, thereby improving clinical outcomes and efficiency of services nonclinical individuals render.

Barriers to launch or adoption: Risk lies with the ambient digital scribe technology itself and how care team members use it. Al tools may not be as accurate or complete as needed for medical record purposes. And just because a care team member has a lower level of professional licensure than a physician does not mean the information they handle is any less relevant to a patient's health outcome. However, lower-skilled care team members may not be as sensitive to the nuances of the data they record. Ambient scribes could help this by routinizing data collected but at the risk of losing detail through automation bias.

Recommendations: Care team responsibilities are diverse, so begin with one clearly articulated use case and expand capabilities to others over time. For example, a minimum viable product offering might alleviate the burden of completing home health assessments required by regulators for elderly patients. You could then add capabilities for home health generally and care management after launch.

Related research: Hype Cycle for Digital Care Delivery Including Virtual Care, 2023

Idea 3: Claim Editor Clearinghouses

Domain: Revenue cycle managementAnalysis by: Austynn Eubank

Description and market need: Clearinghouses currently have capabilities that allow them to format claims to ensure payers can process them, but avoidable denials are still slipping through to payers. According to clearinghouse vendor Change Healthcare (part of Optum) an astonishing 82% of claim denials are likely preventable <sup>3</sup> — resulting in significant financial impacts for healthcare providers. There is a real opportunity to improve a provider's bottom line by building payers' payment integrity logic into upfront claim submissions. Revenue cycle teams with this functionality would be able to identify issues in claims earlier in the process to allow for the provider to make changes, which includes missing documentation and correcting errors prior to a denial. This would lower denial rates, decrease the number of automatic rebillings and reduce the time and effort providers spend with reworking claims — ultimately improving net cash yields for provider organizations.

Barriers to launch or adoption: The tough truth is that there is a reason why healthcare payers do not routinely share their payment integrity logic: they're afraid of a subset of providers gaming the system. To a payer, a denied claim is a good thing if it has the hallmarks of fraud, waste and abuse — which from a provider's perspective are often just examples of routine claim data gaps or human submitter errors. Thus, one of the biggest challenges is obtaining payers' payment integrity logic. This could be done by recreating algorithms using claim denial data already available to providers — Optum and Waystar do this already within their denial management solutions. Providers' experiences with such tools are mixed because data does not come from the payers themselves. The real opportunity is to partner with payers and their payment integrity vendors to access and embed their logic, updating it in real time.

Recommendations: Partner with payers to begin mapping their denial logic to the actions providers must take to minimize avoidable denials. Integrate this information with your current denial management processes to create provider-specific recommendations for each claim submission. Invest in generative AI capabilities that allow for claims to be analyzed and the generative AI to output recommended actions such as including additional documentation or correcting expected coding errors. If your firm is less advanced in data and analytics capabilities, then create these recommendations manually through a rule-based engine. Finally, create messaging that appeals to payers and providers to ensure both audiences understand the ROI of your product and the value of changing their business practices.

Related research: Healthcare Delivery Organization CIOs Must Accelerate Revenue Cycle Optimization to Meet Financial Goals

#### Idea 4: Wellness Superapp

Domain: Healthcare consumer engagementAnalysis by: Robert Potts

Description and market need: Patient-centered care and healthcare consumerism are on the rise — patients now have access to their genome, gut microbiota, and the ability to track and measure just about everything they do, from steps to glucose levels. However, the data is maintained and housed in disparate applications and left to the patient to piece it together and make sense of it. An application is needed to bring all the information together and help the patient answer the questions of "what does this data mean?" and "now what?". To truly achieve its consumer engagement goals, this app should have a core set of functionality leveraged across multiple app contributors across its ecosystem so as to create a "one-stop shop" for health data and information collection, exchange and insight. In other words, a true wellness superapp (see Top Strategic Technology Trends for 2023: Superapps).

Barriers to launch or adoption: The devices and technology used to gather and report this information are widely available. However, there are challenges around data sharing, storage, and ownership along with patient safety and accountability. Consumers are willing to share their data with healthcare brands (see Four Key Consumer Personalization Findings Critical for Healthcare CMOs), but organizations are still reluctant to share data with other organizations. Without regulations, ethical guidelines and legal precedent on Al in healthcare, patient safety and accountability remain the largest factors in wide adoption by clinicians and healthcare leaders.

Recommendations: Start by unifying and curating disparate health datasets. Then, enable the tracking of trends and compare the inputs to accepted baseline values. Prompt the patient with actionable items when the new data falls outside of acceptable ranges. For example, if a patient's blood glucose levels spike, then your tool must prompt the patient to enter what they consumed prior to the spike and provide actionable information to address the current blood glucose spike and prevent future occurrences. Behavioral information will begin laying the groundwork for future Al-enabled patient recommendations. Use an open, API-based architecture and seek partnerships with health ecosystem firms with similarly designed offerings and congruent business goals.

Related research: Hype Cycle for Healthcare Providers, 2023

#### **Evidence**

<sup>1</sup> Apple's Health IT Acquisitions: A Timeline, Becker's Healthcare.

- $^{2}\,$  Best Buy Pushes Deeper Into Healthcare With 'Hospital At Home' Partnership, Forbes.
- <sup>3</sup> The Change Healthcare 2022 Revenue Cycle Denials Index, Change Healthcare.

#### Recommended by the Author

Some documents may not be available as part of your current Gartner subscription.

Healthcare Provider Industry Overview: Kick-Starter for Technology Providers, 2023

Size Market Opportunity for Healthcare Providers: Assess Vertical Market Landscape

Create Product Strategy for Healthcare Providers: Understand Emerging Industry

Trends Build Compelling Products for Healthcare Providers: Align to End-User Needs

Market Technology Products for Healthcare Providers: Target Buyers, Messaging and

Differentiation

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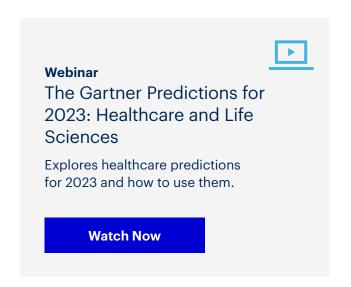
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