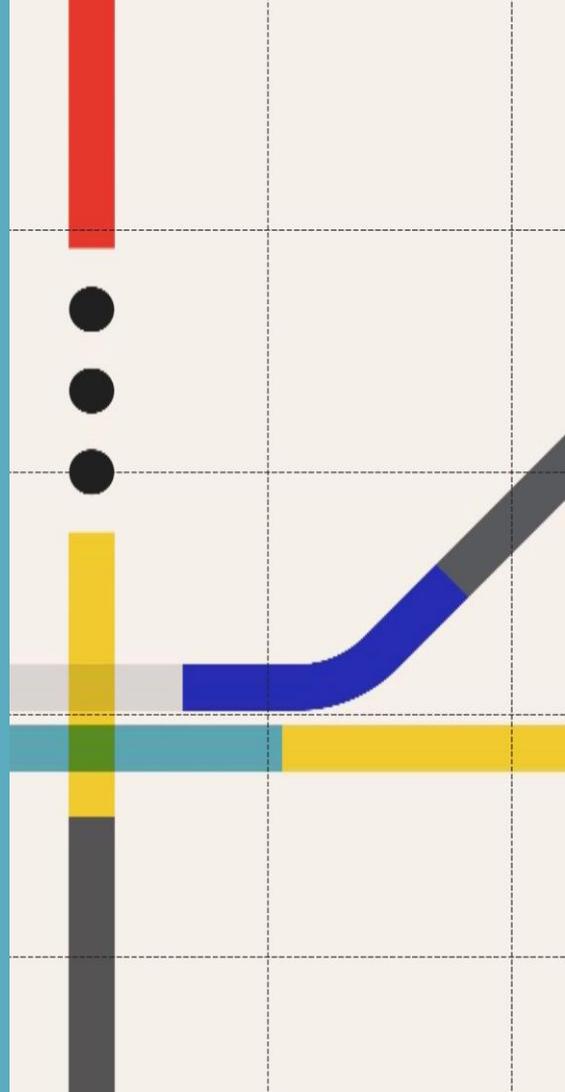




Gaining Physician Trust in Digital Transformation

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MUSC BY THE NUMBERS 2025

The Only Comprehensive Academic Health System in South Carolina



201 Years of service

1824 |+++++| 2025

2.78 MILLION
Patient encounters annually



200,000+
Patients in value-based care contract



16*
Hospitals
(6 in development)



2,802
Licensed beds



940+
Care locations



*Includes owned and governing interest

Statewide health system



1 of 2 National
Telehealth Centers
of Excellence

444 Telehealth sites

50,000+
Jobs supported annually



For every 10 jobs MUSC creates, 12 more South Carolina jobs are generated*

*Average

33,963 Total people



Faculty, physicians, researchers, employees, care team members, contract employees and affiliates

3,327 Students



The Medical University

6 Colleges



1,061
Residents & Fellows



41 Degree programs



University Hospital

#1 rated in S.C. by U.S. News & World Report



7.1 BILLION
Total enterprise operating budget



10.1 BILLION
Current estimated economic impact

\$360 MILLION
Research funding



1,246 Clinical trials

625 U.S. and international patents

67 Active faculty startups

69 Products in market

10 Trademarks



NCI-designated cancer center

Built for healthcare by healthcare

8X

up to 8X increase
in virtual volumes

5-day

reduction
in time to visit



81%

higher total
conversion rate

+34,000

hours of physician
time saved



Agenda



Technology impacts on physicians



Balance of physician concerns & organizational priorities



Approaches that drive meaningful provider adoption



Actionable tips for gaining clinician buy-in



Average wait times to see a doctor

26-days | Primary care

39-days | Cardiology

60-days | Rheumatology

43%

Of physicians
report at least
one symptom of
burnout¹.

1. American Medical Association (2024)



Administrative burden is the leading driver



More than 2 out of 5 PCPs cite this at the main cause¹.

1. American Medical Association (2024)



Physicians spend
nearly **twice** as much time
on EHR and desk work as
on patient care¹.

1. American Hospital Association (2016)

Poll

When new digital tools are introduced, what matters most to clinicians?

- Whether it preserves their clinical judgement and choice
- Whether it fits existing workflows without adding work
- Whether it improves patient outcomes and care

What clinicians are concerned about



CONTROL

- Autonomy & choice
- Trust & credibility



WORKFLOW IMPACT

- Impact on people & time
- Usability & design
- Change management
- Integration with existing systems

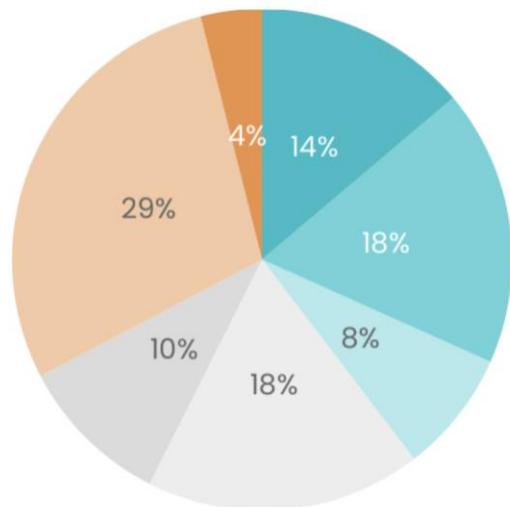


OUTCOMES

- Patient care & relationships
- Patient safety
- Data privacy

Provider Survey

What are your concerns about offering online self-scheduling?



- I prefer to keep control of my schedule
- ➔ ● My schedule is too complicated for patients to schedule themselves
- Administrative burden to reconcile and validate online bookings
- ➔ ● My schedule is already full or overbooked
- Increased risk of no-shows or cancellations
- ➔ ● Some visits may not be suitable for self-scheduling
- Other

Balancing health system priorities & provider needs

Trust grows when digital efforts:

- Reduce burden
- Show measurable impact





Digital Transformation at MUSC

MUSC's 2025 Digital Transformation Goals



**Enhance
Consumer Care**



**Support
Care Teams**



**Drive
Innovation & Impact**



**Streamline
Operations**

MUSC's Digital Transformation Collaboration Model

Digital
Transformation
Team



Internal
Champions



A Six-Step Approach to Successful Digital Transformation



Align on the
Problem



Engage
Physicians
Early



Co-Design the
Workflow



Align on
Value



Execute
Phased
Approach



Collect
Feedback &
Adjust

An intentional process grounded in physician collaboration and early feedback



Transforming MUSC's Digital Front Door

- Faster access to care
- Simplified patient navigation
- Mobile-first, intuitive design
- Expanded self-scheduling across specialties
- Greater visibility of appointment options



Gaining Provider & Specialty Support

- Articulate Value
- Meet them where they are
- Phase the approach
- Build trust along the way



Responding to Common Concerns

- Form joint workgroups & listen
- Aligned scheduling templates
- Strengthened trust in online scheduling

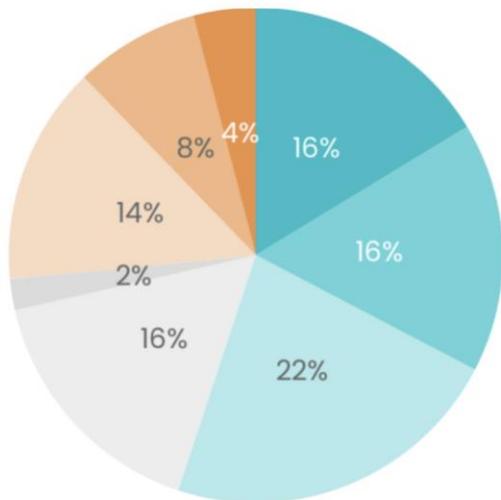


Ensuring Success through Control & Flexibility

- Trust in tools to route to best care option
- Acknowledging wins
- Adjusting approach along the way

Provider Survey

What features would optimize online self-scheduling for you?



- Limit visit types
- Restrict available time slots
- Set rules for patient eligibility (e.g., existing patients, insurance)
- Use pre-set questions to guide scheduling (ex. decision tree, flow chart)
- Improve my provider profile and match patients correctly to me
- Control which patients can book appointments
- Get notifications for new bookings
- Other

From the Other Side of the Screen: A Physician's Perspective



Vanessa Astrud Diaz, MD, MSCR
 Primary Care, Family Medicine, Pediatrics

★★★★★
 5 out of 5 – 59 ratings

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 Charleston, SC 29407

IN CHARLESTON

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 843-985-5500

Last Name: Diaz

[See on map](#) [See profile](#)



BOOK A VISIT

Has the patient seen this provider within 3 years?

Annual Visit

Fri 4/17 **Fri** 4/24 **Fri** 5/1

9:30 AM	8:45 AM	9:30 AM
10:45 AM	9:00 AM	1:00 PM
	9:15 AM	1:15 PM



Tracking Success

16,400

Booked Visits (1st 9 Months)

 **94%**

**New Patients
to Providers**



Appointment Mix

Primary Care

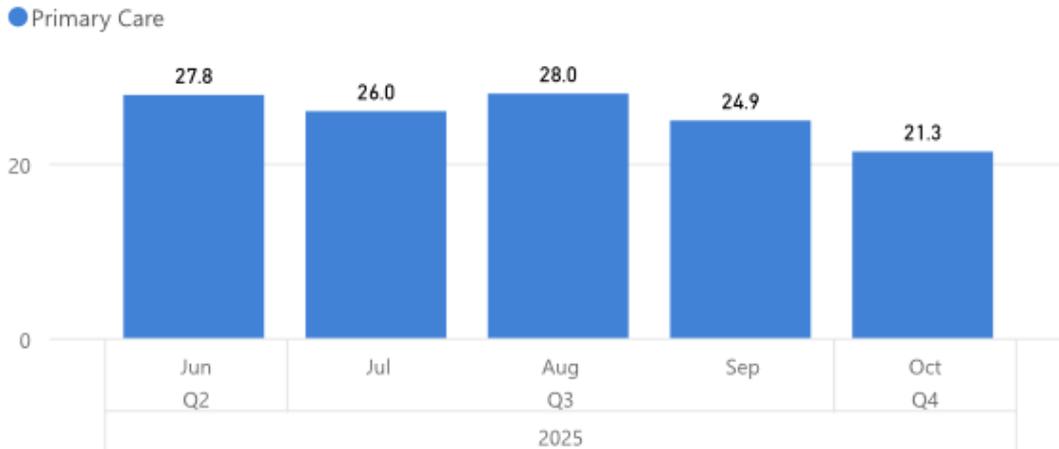
Specialty Care

59%

41%

**30 specialties
with over 750 providers**

Helping Patients Get Care Nearly a Week Faster



**Median Time to Appointment
decreased by 6.5 days**
(June-October 2025)

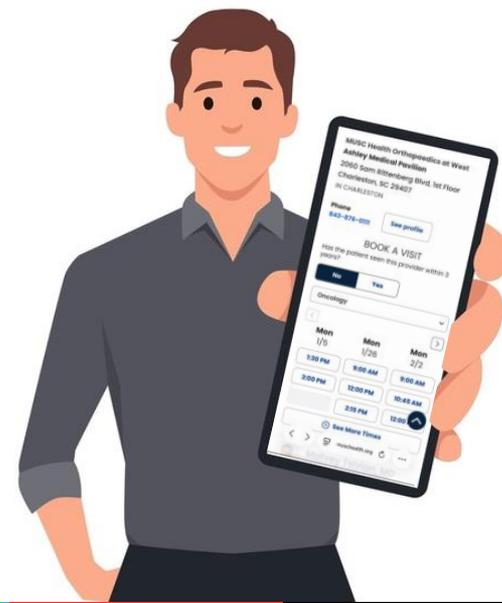


What do Patients say?

“Scheduling my primary care visit at MUSC through DexCare was quick and straightforward.

The process was easy to follow, and everything worked exactly as expected. I’ll be using it again for future appointments.”

-Real Patient



What works: A leadership playbook for clinician buy-in



Design with clinicians



Avoid adding burden



Clearly define guardrails and expectations



Proactively gather feedback and measure what matters

Poll

Based on today's discussion, where will you focus first to improve clinician buy-in?

- Involve clinicians earlier in discussions
- Avoid adding burden with new solutions
- Give clinicians clearer choices over technology solutions
- Measure what matters

Learn More



dexcare.com



hello@dexcarehealth.com

- Explore additional resources
- Email us to set up time to learn more



Download the
MUSC Case Study

The screenshot displays the dexcare website with a navigation bar at the top containing links for Platform, Solutions, Customer Stories, Resources, Company, and a 'Let's Talk' button. The main content area features several article and guide cards:

- Top Left Card:** An image of a woman with glasses looking at her phone. Below it, the text reads: "ARTICLES", "What is care orchestration?", "Care Orchestration is the digital awareness to allocate an entire ecosystem of care - from caregivers and clinics to virtual - to increase patient access.", and a "READ" link.
- Top Right Card:** An aerial view of a rural landscape. Below it, the text reads: "ARTICLES", "Bringing Healthcare to Rural Communities", "A new alliance is thinking differently about how to tackle regional and rural healthcare challenges.", and a "READ" link.
- Bottom Left Card:** An image of a man in a suit talking on a phone. Below it, the text reads: "ARTICLES", "Patients can't afford 26-day wait times — and neither can health systems", "Patients in major U.S. cities wait 26 days, on average, to see a physician.", and a "READ" link.
- Bottom Middle Card:** An image of a woman holding a coffee cup and looking at her phone. Below it, the text reads: "GUIDES", "Four steps to a digital care orchestration model", "Maximize resources to attract patients, optimize capacity, strengthen provider partnerships.", and a "READ" link.
- Bottom Right Card:** An image of a man sitting on a couch looking stressed. Below it, the text reads: "GUIDES", "The real cost of delayed care", "How health systems can reduce the average 26-day wait for patients.", and a "READ" link.