Improving the Member Experience
Strategies for Healthcare Payers
INTRODUCTION
Healthcare payers must confront multiple challenges to simultaneously manage costs and provide a quality member experience. Improving member engagement is a natural way to address these challenges, as it enables members to more fully self-manage and to make informed medical decisions. Additionally, when members are engaged by their payer organization, they have a more positive member experience, which drives loyalty and better clinical outcomes.

However, effectively engaging entire member populations and improving the member experience is no simple task. Today, individuals have the world at their smartphone-tapping fingertips and expect to be able to control their transactions, receive customized information and have more efficient, productive conversations. Yet it is difficult for healthcare payers to scale personal interactions, and even harder to change member attitudes. Members often see their health insurer as nothing more than an approver (or denier) of medical services or the supplier of plastic cards carried in their wallets.

In an ideal world, members would have a direct relationship to a dedicated clinician who would provide regular, ongoing guidance throughout and beyond their interactions with the healthcare system. Providers are hard pressed to offer such a high-touch level of care, and so are payers. Technology can be a powerful tool to help bridge the gap. Emmi® programs help patients educate themselves about diseases, conditions, procedures, and possible outcomes. The programs combine healthcare expertise with a science-based approach to communications design, so that even people with low levels of healthcare literacy can understand what is being explained. The technology platform brings dynamic, interactive, and personalized multimedia interactions to life.

“For the first time, millions of Americans are shopping for health insurance just like they do for other goods and services,” observes Bob Karch, MD, executive director at the Healthcare Performance Management Institute (HPMI). “Consumers increasingly expect to have more productive and responsive relationships ... Employers, insurers and other participants in the marketplace must change their approaches accordingly.”

Through engagement, healthcare payers can improve the member experience, leading to reduced costs, increased revenues and a successful, comprehensive business strategy.

THE IMPACT OF MEMBER EXPERIENCE
Many payers have adopted a one-size-fits-all approach to manage their member populations, and they spend a majority of their resources on just the smallest percent of members who are chronically ill. That leaves a large portion of the member population untouched, unmonitored and largely at risk. The member experience is less than optimal.

With rising consumer expectations, and increasing state and federal regulations and oversight, healthcare payers are challenged to invent new ways to improve the member experience.

“We’re really being asked to do things we’ve never done before,” said Tom Olenzak, managing director for Independence Blue Cross’s innovation portfolio and director of corporate development. “We traditionally used to sell to big companies, and the members kind of came along as part of the package. Now, we’re selling on the exchanges to individual members. We’re having to build brand recognition; we’re having to worry about consumer experience.”

Consumer expectations are now vastly different than in years past. Members don’t simply want information faster, and to receive consistent answers. Their experience impacts their loyalty to their health plan partner. If unsatisfied with their experience, they not only seek new partnerships, but they express their dissatisfaction quickly through social media. That may impact other consumers’ choices.
On the contrary, however, if health plans successfully engage and satisfy their members by providing a positive experience, individuals are more likely to adhere to instructions and to follow through with self-management, which improves their clinical outcomes and reduces costs for both member and payer.

So improving the member experience is essential, but health plans need to adjust operations to do so. As consumers become savvier shoppers, they spend less.

“The result for health plans is flat or falling revenues that lead to tighter budgets for most departments,” according to a Cincom analysis. “Even in cases where departments within the plan receive additional funding, that funding may be earmarked for specific purposes other than improvements in member service. As a result, health plans must typically come up with strategies for improving their member experience without hiring additional staff. In fact, they may even have to achieve such improvements despite staff cuts.”

Therefore, healthcare payers cannot afford to provide poor member experiences. They need to deploy multi-layered, scalable approaches focused on engaging members in their health and wellness and improving the quality of their interactions. Doing so will lead to a breadth of business benefits.

**STRATEGIES TO IMPROVE MEMBER EXPERIENCE**

Healthcare payers have attempted several approaches to help improve the member experience and reduce costs, but they all have one basic and central theme – establish a relationship with members and engage them with useful information and tools that motivate them to take positive action in their health. Some of these tactics include increasing health literacy levels, giving members access to health information and providing member incentives, as well as encouraging shared decision making.

**INCREASING HEALTH LITERACY LEVELS**

Health literacy is a crucial area where payers are striving to improve their members’ understanding of health terminology and procedures. Individuals with poor health literacy cannot understand or act upon information, leading to poor outcomes, dissatisfied members and higher costs.

Numerous studies show the relationship between low levels of literacy and outcomes. A study by Kaiser Permanente found patients with congestive heart failure and low health literacy rates were more likely to die in a given year compared to patients with higher literacy levels. The HHS National Action Plan to Improve Health Literacy supports this argument. Other studies also claim literacy

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as a core part of the patient-centric care that is needed for safe and cost-effective health services. Yet many healthcare payers have not fully recognized the need for increased levels of health literacy, and that individual patients have varying levels of literacy.

“Most health plans treat all members the same, not recognizing, for example, that some people may not be ready for in-depth information while others are well informed already,” says Judith Hibbard, DRPH, a professor of health policy at the University of Oregon. “People who are not activated or engaged may not understand their role in the care process, and may feel overwhelmed with the task of taking care of their health.”

For that reason, suggests Michael Sturmer, Cigna’s senior director for consumer health engagement, healthcare payers have to go back to basics, starting with how they interact with their members. “Our industry is really good at lecturing and telling people what they should do. Consumer experience in any other industry is about what the consumer wants.”

Health plans need to interact with members having low health literacy in ways they understand. To those with high consumer expectations, health plans have to communicate at members’ convenience. Helping members understand their benefits alone is financially essential for payers.

“How do we help them use [those] benefits to an optimal level?” Sturmer says. “It’s no longer a hundred-dollar decision, a $20 co-pay decision. It’s thousand-dollar decisions, thousands-of-dollars decisions.”

Therefore, insurers have implemented literacy-related initiatives. For example, HealthPartners has a “Consumer Friendly Communications Checklist,” which was created to close the information gap members were experiencing. This checklist is part of the insurer’s broader engagement efforts, which also include “On Your Way,” a disease management program for depression that offers educational newsletters and antidepressant refill reminders, and that achieved a 96% engagement rate in 2014. It also alerted prescribers if they discontinued refills before the recommended interval. Emmi® offers programs designed to help plan members understand their benefits. Those programs include “Health Insurance: What You Need to Know” and “Navigating Health Insurance And The Healthcare System.”

Improved health literacy is essential to improve member wellness, and it is also pertinent in improving outcomes. Improving access to information is a separate challenge, however.

**IMPROVING ACCESS TO HEALTH INFORMATION**

When people are knowledgeable about their health, they are more likely to take action that improves outcomes. However, they cannot take action without the right tools. Therefore, a common and effective way for healthcare payers to start reducing costs is providing freer access to health information, whereby members have information that will help them manage their health. Using a scalable, tech-enabled platform to reach out to members allows payers to create more touchpoints for their insureds without having to hire more personnel.

Additionally, payers have access to a broad range of patient medical history data. Payers can improve the overall member experience by establishing systems that allow information to be shared with providers, so all parties can have a complete view of an individual’s health history. Synchronizing this data streamlines business processes and encourages deeper communication.

This expanded access to information is a core initiative of the Affordable Care Act, and one that has significant implications for the member experience.

**OFFERING MEMBER INCENTIVES**

Another common practice healthcare payers use to improve the member experience and reduce costs is offering discounts to individuals who demonstrate healthy lifestyle choices. Payers have altruistic reasons for encouraging people to be healthier, but keeping their members well is also of financial interest. Yet payers understand that driving
their members to actually take action in their health is not a simple task. So they typically work in conjunction with employers to offer healthcare-related incentives to employed members. For example, employees often receive healthcare-related discounts from their payer organization for non-smoking behaviors, gym memberships and even body mass index (BMI) numbers. The State Employees Insurance Board (SEIB), which provides insurance to state employees in Alabama, operates a mandatory wellness program that identifies high-risk members through BMI, cholesterol, blood pressure and blood glucose tests. The state charges tobacco users a set fee on their premiums, and also uses the “high risk” markers to alert members when they should proactively seek consultations to prevent serious medical problems.

When done correctly, such initiatives can provide members with the motivation to start taking steps toward wellness, to improve their health status and eventually decrease premium costs.

ENCOURAGING SHARED DECISION MAKING TO IMPROVE APPROPRIATE CARE UTILIZATION

In the United States, overutilization of healthcare services is often noted as a leading contributor to the high costs of care. According to an article in The Journal of the American Medical Association, “The Perfect Storm of Utilization,” the problem is mainly attributed to the usage of costly care such as screenings and procedures, not the actual volume of care. For example, the U.S. has a lower hospitalization rate than several other countries, but the overall costs are considerably higher.

By encouraging members to participate in shared decision making with their providers, individuals can learn about all options available for their care and choose treatments that are most appropriate for their needs and preferences, which can often lead to members selecting less expensive and aggressive care options.

For example, a group of individuals watched Emmi interactive, multimedia programs to help them think through treatment options for back pain and hip and knee osteoarthritis—three conditions with a high rate of inappropriate use. That group was then surveyed about the program’s impact on their treatment decision. Of the viewers who responded to the survey, 98% said that, after watching the program, they understood there was more than one way to treat their condition, 87% said they had a better sense of which treatment option was right for them, and 30% said they were now leaning toward less aggressive treatment options.

Therefore, by encouraging shared decision making, payers can help members make informed choices about their health, which helps reduce costs associated with inappropriate care utilization.
MEMBER ENGAGEMENT TO DRIVE A POSITIVE MEMBER EXPERIENCE

As seen by the strategies mentioned, an engaged member population is crucial to improve the member experience as well as outcomes. In fact, studies have correlated engagement with better outcomes, healthier behaviors and decreased costs. A report titled “When patient activation levels change, health outcomes and costs change, too,” found higher activation levels can correspond to better outcomes and lower overall costs. The study further states that increasing patient engagement can help healthcare organizations meet the requirements posed by healthcare reform.  

Specialized engagement solutions like Emmi can provide scalable tools that extend your reach to connect with members where they are and promote positive change. They help members become and stay engaged to self-manage and improve their health and wellness.

Additionally, Emmi programs are specifically designed for the unique challenges faced by healthcare payers. For example, Emmi programs help payers scalably:

• Target chronically ill members to drive self-management
• Connect with non-chronically ill members to promote preventive action
• Facilitate shared decision making, informing members about their treatment options to reduce inappropriate utilization of costly health services

The programs integrate with current technology, engage entire member populations with personalized, easily accessible health information, and scalably interact with key populations – without requiring additional resources from staff. They are also accompanied by an experienced support team, dedicated to helping healthcare payers reach their business objectives.

For more information about driving member engagement and improving member experience, visit [www.emmisolutions.com/who-we-help/payers/](http://www.emmisolutions.com/who-we-help/payers/)
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