



Improving the member experience

Essential Care Management and
Population Health Strategies for
Healthcare Payers





“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.”¹

Introduction

Healthcare payers must confront multiple challenges to simultaneously manage costs and provide a quality member experience. Improving member engagement and offering strong care management support can help address these challenges by empowering members to more fully self-manage and make informed medical decisions. It’s essential to equip members to easily navigate their own care choices, improving efficiency and driving value-based care goals forward.

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 behavior that encourages positive patient and health insurer partnerships.

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. UpToDate® engagement programs help members 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.

Through engagement, healthcare payers can improve the member experience, leading to reduced costs, member retention, 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. According to a 2022 J.D. Power survey, only 22% of members claim that their healthcare plans are innovative, while overall member satisfaction with digital communication tools like text messaging, apps, and website communications has declined in the past two years.²

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 and how they are providing value.

“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.”³




That’s where member engagement comes in

Improving the member experience is essential, and 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.”⁴

Healthcare payers cannot afford to provide poor member experiences

Payers need to strike a balance between:⁵

	Unifying the member journey
	Investing in member outreach
	Driving high-quality ratings



Payers can’t afford poor member experiences. They need to deploy multi-layered, scalable approaches focused on bridging care gaps, extending care management efforts, and personalized member experiences.



“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”⁷

Judith Hibbard, DRPH, Professor of Health Policy at the University of Oregon

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.

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.⁶ The HHS National Action Plan to Improve Health Literacy supports this argument. [Other studies](#) also claim literacy 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.”⁷

Health plans need to prioritize member conveniences, like personalized communication, transparencies, multiple channels for engagement, and health literacy sensitivities with 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.⁸

UpToDate Member Engagement solutions strengthen member-payer relationships by delivering easy-to-use, personalized virtual experiences that educate members on their healthcare needs while activating them to take charge of their own health management in the ways that they prefer. The programs combine friendly, engaging content in a way members relate to.



Payers need an automated, virtual solution that helps reduce costs while empowering members to better manage their own care with accessible information and informed decision-making.

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



Meet members on desired digital channels, when and where they are



Empower members with a multi-channel approach in their care journey



Stay top of mind by providing answers to pressing health questions ... quickly

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 solidifies the importance of interoperability, and [encourages deeper communication](#).⁹

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.¹⁰ 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](#).¹¹

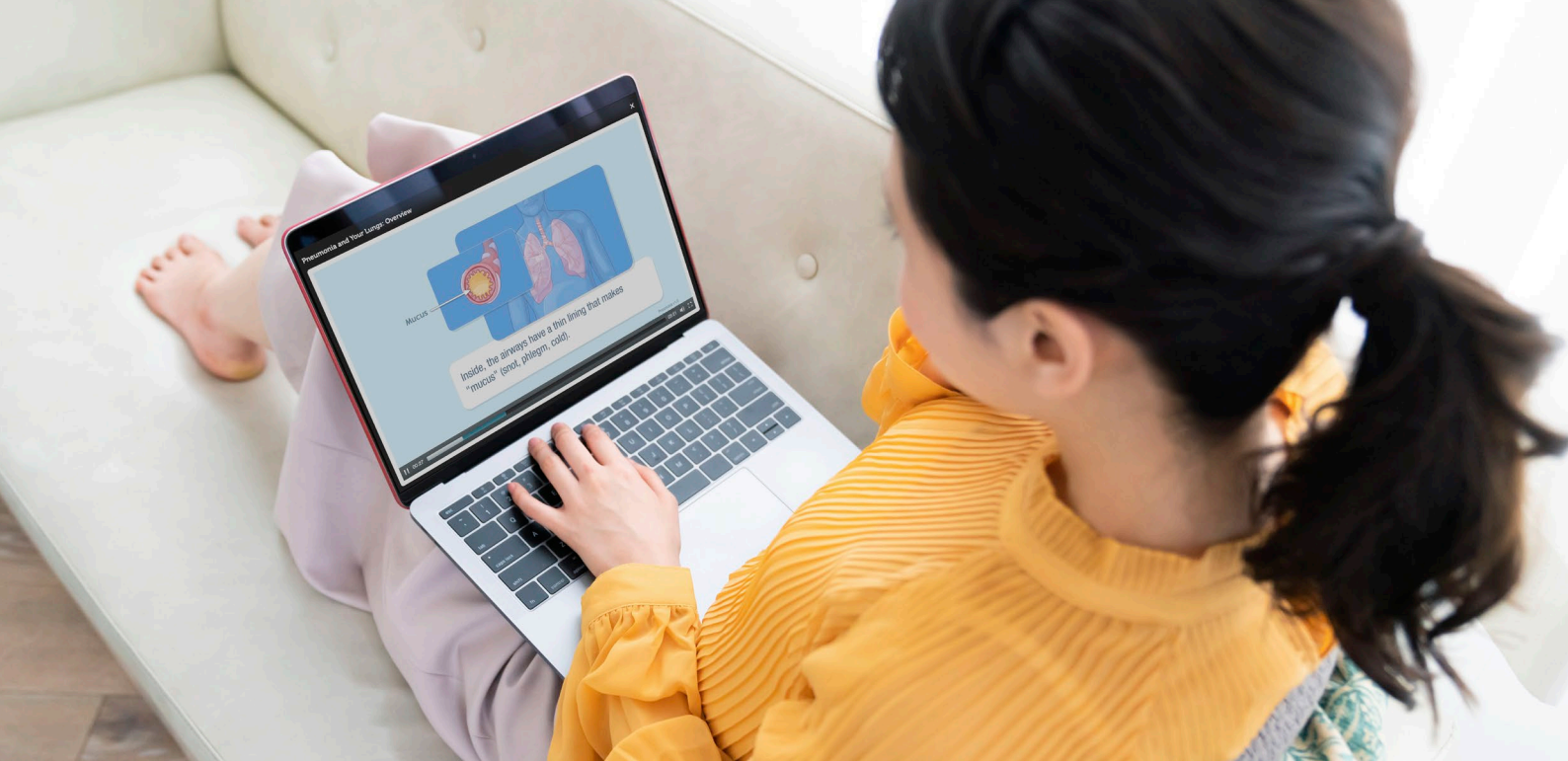
By encouraging members to participate in shared decision-making with their providers, individuals can learn about all options available for their care. As a result, they are more equipped to choose treatments that are most appropriate for their needs and preferences, often lead to members selecting less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

Shared decision-making in action

For example, a group of individuals watched interactive, multimedia programs from UpToDate Member Engagement 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.¹²

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.¹³

Specialized engagement solutions like those from UpToDate 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, UpToDate Member Engagement programs are specifically designed for the unique challenges faced by healthcare payers. For example, the 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 the UpToDate website.](#)



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