

# How To Create a Year Round Member Engagement Plan That Delivers

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## **MEMBER ENGAGEMENT:**

Closing care gaps, opening opportunities. Take the initial steps to close HEDIS® care gaps and realize long-term benefits of improved health among your member populations.

## **EXECUTIVE SUMMARY**

Health plans have come to recognize member engagement as a powerful, on-going tool that leads to stronger performance in HEDIS® gap adherence, STAR Ratings, CAHPS scores and member population health. Improving clinical outcomes through care gap closure for your total population is no small task. Every member brings their own unique health care data to the equation and it is well known when looking at your entire member population this amounts to large sums of data. Big data regardless of the industry is only as powerful as the end user's ability to interpret and act on it. Accurately harnessed data can guide a health plan through the best engagement tactics for their members based on elective preferences. Properly designed systems can apply historical data to predict future behavior and make each outreach activity more targeted to the member and their specific health conditions. This avoids the creation and distribution of blanket messaging that is ineffective because it does not target the correct subset of your population that needs the outreach. Overcoming barriers to HEDIS gap adherence and monitoring the performance of a program requires a concerted effort and a well-developed strategic plan. Successfully empowering members to make better decisions surrounding their health requires a personalized approach across the entire population. As the population you cover grows in either the Medicare or Medicaid arenas, you need the ability to address the significant medical, behavioral and social service prerequisites of these groups. To provide the integrated care required to support these subsets, health plans must effectively engage their members. When members are more engaged they are more likely to allow plans to complete needs assessments and care plans and are more likely to actively work the care plans themselves to meet goals (filling and taking medications as directed, keeping medical appointments, following provider advice etc.).

## INTRODUCTION

The medical record collection period for the HEDIS season is short, but we have to look at HEDIS as a year round quality improvement initiative from which reporting on the data is just part of the entire process. You are either in two buckets in this game; either ahead of the curve or scrambling to keep up. Every year there are both subtle and large changes made by CMS and often the last item on your strategic plan is member engagement. Opportunities surface throughout the year and an appropriately crafted and executed campaign can have immediate effects on the outcome of your HEDIS scores and the health of your members.

## 2. DRIVERS OF MEMBER ENGAGEMENT

### TRUST

We know health care and wellness needs are unique to the individual. But immediate needs have one thing in common among all members; they are immediate. By addressing those needs from the onset of a conversation you build a sense of trust. Designing your member engagement strategy is not an exact science. You can read dozens of articles online and watch YouTube clips on how to build your brand among your member population. But it is important to remember the objective and what your organization is trying to accomplish. Throughout this process keep asking yourself that question and use it to keep your objectives aligned. This process will take shape over time, so be patient, but realize that your strategies on outreach should always be assessed and analyzed so that you are using the best combination for the correct set of your member population. Being equipped with a solution for their unique needs requires knowing details about each member prior to placing a call. If a call agent is equipped with information about a member's clinical profile the conversation instantly becomes a far more personalized experience. Another element of building trust is letting the member set the pace of communication. This can be done by asking during an enrollment call what the communication preferences are and then recording these preferences. In doing so you are building a member profile library from which campaigns will be a click away based on the inputs of system that is constantly refreshed from qualified data.

When closing care gaps with any population, we first assess the needs of that unique subset of members. For example, baby boomers and the prior generation make up the majority of the Medicare member pool. These individuals can be described as trusting a handshake over a text message therefore they typically respond better to one-on-one communication. When designing a campaign to close care gaps among this group we would first initiate a conversation over the phone conducted by real agents. Initial one-on-one contact sets an expectation of the plan-member relationship and allows us to identify and address their immediate needs.

Using data to create behavior profiles for any member population group, be it Medicare, Medicaid, Commercial or any of the variants of those plans (CHIP, SNP, TANF, etc.) allows for strong suspect targeting that effectively produces results. The proper reporting and analytics engine should enter every communication touchpoint as a data entry record. Each activity taken and the response should translate into a growing historical profile for every member, including best call times, medication or appointment compliance and communication preferences. Establishing a strong relationship at the start and maintaining two-way dialogue with a member communicates that your health plan is a trusted advisor invested in protecting their healthcare needs.

## AT ITS MOST BASIC LEVEL A MEMBER ENGAGEMENT CAMPAIGN SHOULD ALWAYS BE RELATABLE, CONSISTENT AND CONVENIENT

### RELATABLE

Targeted information grabs a reader's attention, it communicates a level of familiarity members already expect their health plan providers to have about them. Information should remain current and relevant to the member, their health goals and their concerns. In the engagement space we can identify members into 5 buckets based on their knowledge and motivation.

- **UNKNOWN** – Members without data. It is best to utilize our targeting algorithms and motivational messaging. Then, once those members are in the Member Engagement system, like a central data warehouse, we can identify members by their knowledge and motivation.
- **LOW KNOWLEDGE – LOW MOTIVATION** - Members that have little information and thus low motivation. We need to educate these members with as much information as we can and likely a campaign that includes a combination of mailings, live agent interactions and automated reminders. This strategy works best to start until we can identify and move these members along the stratification spectrum.
- **LOW KNOWLEDGE – HIGH MOTIVATION** - Members that know very little about their condition but WANT to know more. These members ARE looking for a trusted source of information to motivate them.
- **HIGH KNOWLEDGE – LOW MOTIVATION** - Members that are very educated about their condition but are not necessarily interested or motivated to take action where action is needed. (i.e. maybe they do not see the need to have a specific test done). Messaging here is designed to provide a sense of urgency and highlight the potential consequences of inaction.
- **HIGH KNOWLEDGE – HIGH MOTIVATION** This is the small subset of members that will always take care of themselves and their conditions. We will want to focus on messaging that keeps these members happy. Loyalty and reward programs are high motivators for these members. Identifying this subset provides value in that removing them from unnecessary communication reduces fixed costs.

### CONSISTENCY

According to a Forrester Research report, as many as sixty-two percent of companies admit to producing content on a campaign-by-campaign basis. This practice fails to address how buyers experience content over time. It is important to ensure your message is consistent with your plan's underlying goals and that future initiatives strengthen these evolving objectives. Now is the time to identify your non-compliance offenders uncover their clinical and social deterrents for barriers to care. If your goal is to close gaps by the end of the calendar year, you can wait and hope your members get the information OR you can make specific suspecting and targeting member engagement campaigns that make closing those gaps easier at the end of the year.

CONVENIENT

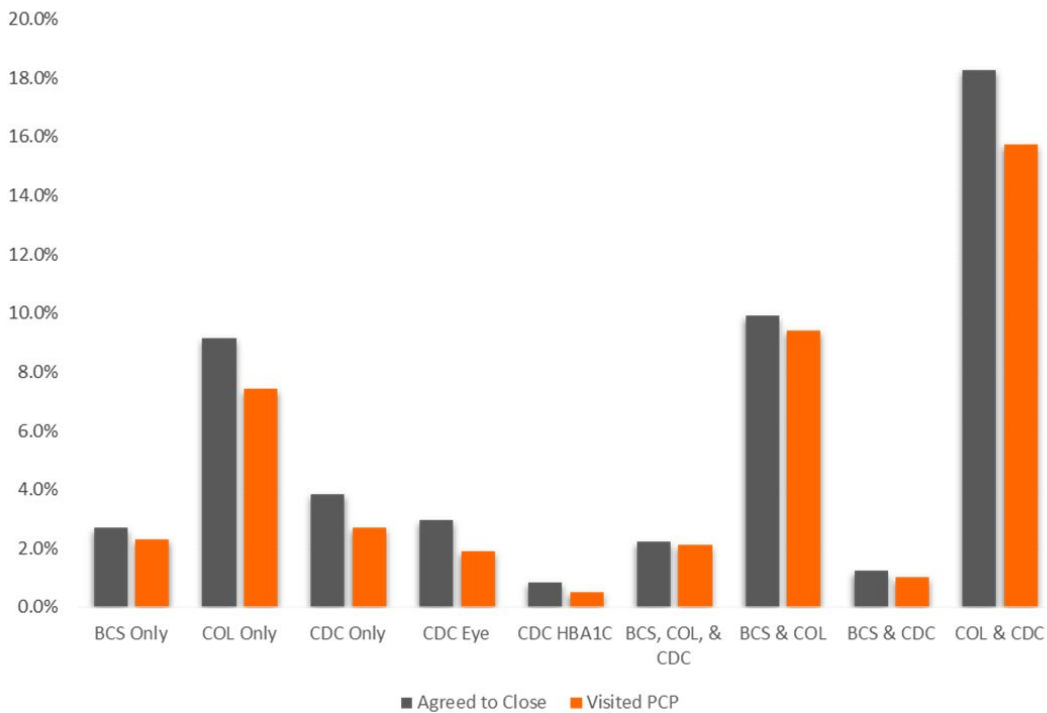
Information should be timely and only practical solutions should be offered. If your engagement campaign is successful, then your members should have all the necessary information to make educated decisions regarding their health leaving them as informed as possible. The more informed they are, the more likely they are to make decisions and take action about their health care needs. If barriers exist, analyzing the underlying data is your first step. Making notations of the barrier itself can indicate that a pattern may exist among a subset of the population. Over time these notations can uncover issues that were otherwise invisible.

**3. BUSINESS CASE EXAMPLE**

In late fall of 2015, Advantmed collaborated with a Medicare Advantage Plan with a large number of members with open gaps in the areas of Breast Cancer Screenings, Colorectal Cancer Screenings and Comprehensive Diabetes Care. The plan provided us with access to their member data and we designed a strategic communication outreach plan that involved our data analytics engine, call center solutions and reporting expertise.

The end goal of the Medicare Advantage Plan in this case was to convince members to visit their primary care physicians if their profiles showed open HEDIS gaps as well as having the members self-report visits after the data was mined. As you can see on the diagram below, there are additional points of data that can be gathered and reported. We chose to focus on compliance and utilization as this was the plan’s main campaign objective.

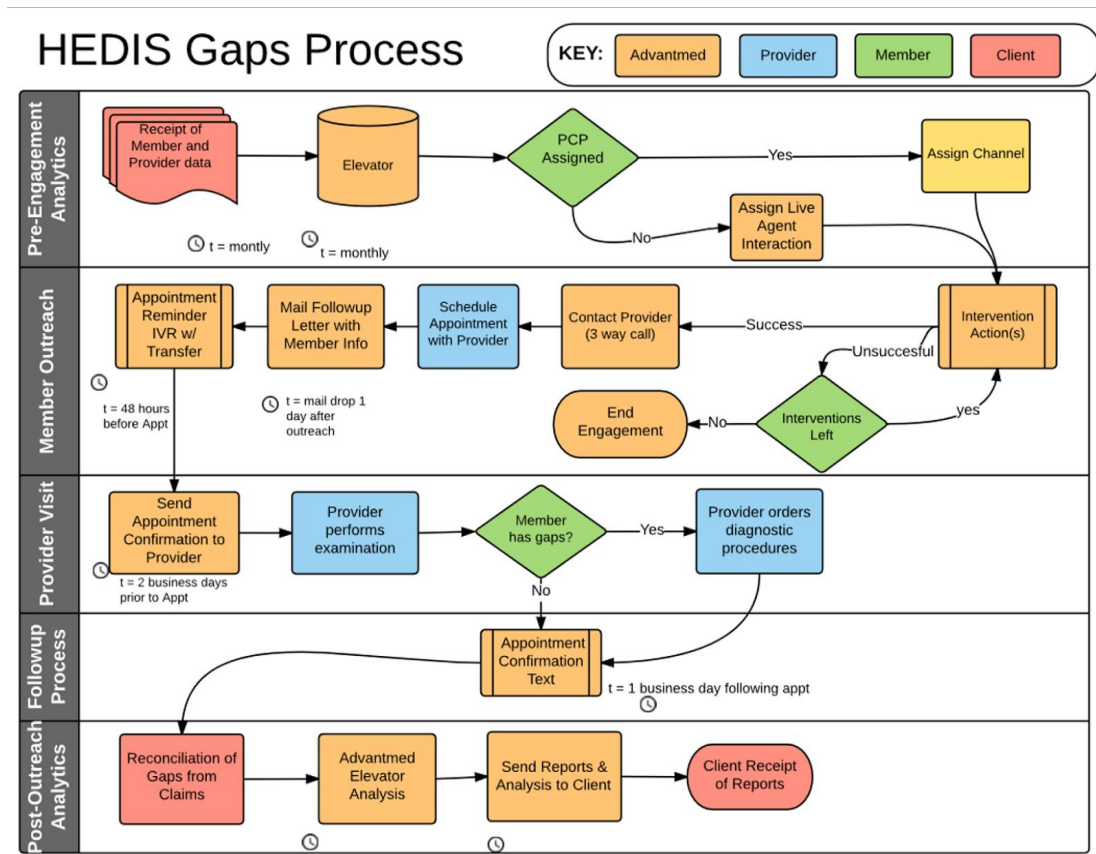
**Claim Data on Appointments Set**



This campaign was our initial outreach for the contracted plan so it was just as important to establish an active and trust-based relationship between the members and the plan as it was to close care gaps. Advantmed’s live-call approach enabled us to assess each member’s health situations prior to the point of contact and providing a solution. We inquired about the reasons behind their gaps in care, uncovered their ongoing health concerns and determined what needed to be done and why they needed to be seen. One of the most critical inquiry points, however, was also to determine whether they had an assigned PCP and, if not, assist them in the process of finding a new one.

### 4. BUSINESS SOLUTION – ACTIONABLE ITEMS

For our care gap closure campaigns our goal is to confirm that the members are aware of their gap in care. Our job is to inform and listen and create a path of action that the member was most comfortable with. Members appreciated their health plans proactive approach and welcomed our follow-up calls indicating that they are willing to utilize the assistance that was offered. Below is a diagram depicting the detailed process we employ to reach members and close their care gaps.



The swim lane diagram above offers a breakdown of the process and tools involved in the process to accomplish the objective, which could be applied to any campaign, so long as each box asks the question “Is this process, action, or report accomplishing my objective?” In summary, Advantmed was able to determine the following items that were directly communicated back to the plan:

- Confirmed services were performed
- Identified members based on engagement level and predicted future behavior
- Identified members who agreed to complete services
- Obtained refusal reasons and identified unknown barriers to care
- Sent follow-up letters to members willing to participate

In turn, we were able to build a profile on the member based on their specific preferences and likelihood of success by channel.

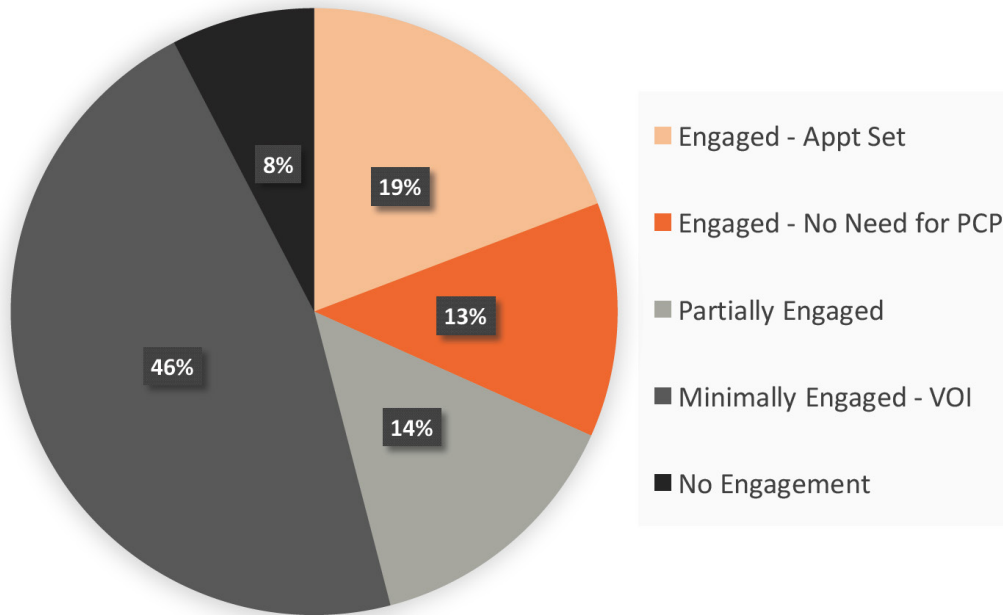
## 5. RESULTS

This health plan’s predominant goal was to get Medicare Advantage members to close open HEDIS gaps and receive the services they needed before the end of the year. With our live agents making first contact by phone, we were able to reach 46 percent of the targeted population in a three-week period. With our targeted messaging, we reached an additional 20 percent of the population, who agreed to close their gaps. Finally, another 13 percent of the members reported that they had already had services performed to close the gap. Customized reports with the date and action taken were created and shared with the client.

When it comes to assessing your Member Engagement campaigns, it is important to take time to analyze the engagement levels. At Advantmed, we break out member utilization for each initiative into 5 distinct categories:

1. NO ENGAGEMENT: Agents are unable to identify the member and/or phone attempts result in no connection.
2. MINIMALLY ENGAGED: Member receives at least a voicemail with pertinent information.
3. PARTIALLY ENGAGED: Agent identifies as part of the health plan and the member verifies their personal info, leading to at least a partial reason for the call.
4. FULLY ENGAGED – DECLINED: Member listens to entire message, declines or is ineligible.
5. FULLY ENGAGED – ACTIVE PARTICIPANT: Member listens to entire message and agrees to take action.

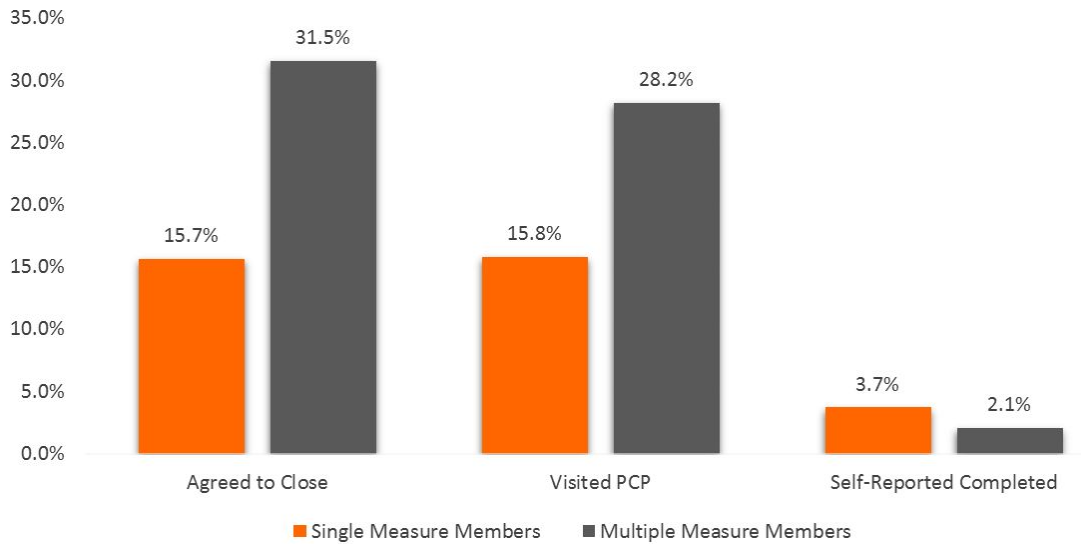
### HEDIS® Gap Closures Engagement Levels



In the above case study 19 percent of the targeted population agreed to take action and pursue the services recommended. An additional 13 percent engaged and listened to our call agents and/or opened a dialogue before declining to take action. In terms of success, whether the member took the action or not, Advantmed was able to start a relationship with the member on behalf of the health plan with at least 32 percent of their Medicare Advantage members over just a three-week period. Imagine being able to reach one third of your population in over the course of a few weeks. Now extrapolate that effort out over a year and realize how effective your engagement efforts could be. Measure Prevalence Analysis

## MEASURE PREVALENCE ANALYSIS

### Single vs. Multiple Measure Members



Here we look at members with more than 1 HEDIS care gap vs. members that had multiple care gaps. For members with multiple gaps, our data revealed that members with at least 2 open gaps in the data were nearly twice as likely to agree to close (32%) to single measure open gap members (16%). This points to our ability to identify high risk members and targets the messages more accurately; mainly on the urgency and consequences for members with comorbid conditions.

## 6. CONCLUSION – 3 WAYS TO IMPROVE MEMBER ENGAGEMENT

### 1. MAKE THE DATA WORK FOR YOU

Once your campaign is done and you have reached out to all eligible members you may ask yourself, “now what?” The worst thing you could do is leave the project alone and wait until next year to tackle the same issue. Let your data be the lifeblood of your member engagement strategies. Use every bit of data to help devise a strategy that keeps members informed, reinforces their positive actions and predicts their future behavior. At Advantmed, we create profiles so that Joe Smith can be distinguished from Jane Smith not just by gender, but by likelihood to respond, at what time and to which type of messaging. In cases where previous data does not exist, Advantmed uses general population data to structure a targeted campaign.



## 2. SHAPE ENGAGEMENT TO MEMBER'S PREFERENCES

No two members are exactly alike it is crucial to identifying member's preferences for engagement lends itself to future success and to better relationships. Remember the point of engagement; even if your members decline to take the action you wish, you are now armed with the data you have collected and your initial conversation/relationship has begun. Maintain a dynamic relationship by further learning about their barriers to care and listen to the specific reasons for declining. At Advantmed, the profiles generated for each member offers us an indicator scores on member responsiveness. Our agents utilize this data to determine whether the original script needs to be amended for a member who may need extra support compared to a member that may already be very informed and is more responsive to gentle reminders.

## 3. MAKE MEMBER ENGAGEMENT A TEAM EFFORT

Member engagement is a reciprocal relationship that evolves and adapts over time. Health care management works the same way. Sometimes, we know exactly what to do to and we stay on top of our health, and other times we need to hear it from a trusted advisor first before we take action. Regardless of the individual, having a team working for you is often beneficial. It is important to change your mindset that this is just another product to deliver to the members. It is a solution that involves many moving parts including people, processes, content, operations, online tools, automated and live calls and member input.

Member Engagement is not a tool or a tangible product, it is a process. So we wish you the best in initiating those conversations today!

## 3 MEMBER ENGAGEMENT STRATEGIES YOUR HEALTH PLANS CAN IMPLEMENT TODAY

1. Short email newsletters that provide valuable content keep your member population connected to your organization. The key is to maintain a steady frequency of 1-2 emails per month and provide new content in each message. Think about information they cannot get elsewhere and it will position you as transparent, fresh and honest. Inform your members about how the company is doing and ask for their ideas on how your organization can do better.
2. Formal online surveys of 5 or 6 questions sent out several times a year can provide your members with a sense of worth. Everyone likes to feel that their input is valued.
3. Utilize your social media presence to connect with members by inviting them to like your Facebook page and share your posts. By monitoring their responses and engagement you can modify topics to reflect member's interests.

It is important to remember that members want to be acknowledged. They often only need a health plan's assistance when they are ill or in crisis. By creating a sense of belonging and advocating on their behalf to promote wellness needs, an organization can generate sincere respect and validation of their role in a member's life.