BUILDING HEALTHCARE FOR A BETTER FUTURE: PRACTICAL STRATEGIES AND PROVEN PRACTICES FOR CONSUMER ENGAGEMENT

Abstract

Infosys Public Services conducted a panel discussion on the future of healthcare consumer engagement at a flagship industry forum in November 2013 with leaders from Aetna, Health Care Services Corporation, Select Health of South Carolina and Infosys Public Services. The purpose of the session was to discuss an actionable framework for consumer engagement and share perspectives, experiences and practices from healthcare as well as other consumer industries to guide health plans' investments and initiatives.

The US health insurance industry is transforming in fundamental ways and the traditional health insurance business model centered on employers is rapidly evolving with increasing focus on the consumer. Today's consumer expectations are set by mature experience with leading companies in retail, telecom, banking and B2C industries; consumers' needs are increasingly influenced by digital channels such as web, mobile, social media etc. As health plans pursue the opportunity to expand their member base, via health insurance exchanges and other new channels, they need rethink consumer engagement and compete on providing a consistent and connected experience across the lifecycle via all channels. This is a daunting challenge, but there are opportunities to accelerate consumer initiatives and build the brand cost-effectively.

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The new rules of consumer engagement

In the new reality, consumer engagement hinges on consumer ownership and accountability to drive sustainable behavior change, thereby improving health outcomes and lowering costs.

Consumer-Centric: Engaging consumers is not about mere interactions and touch-points. It is about providing a seamless window into the health insurance plan and experience to consumers across channels while breaking down internal functional silos (e.g. member management, care management, customer service) to develop a 360 degree view of every consumer.

Outcome-Oriented: In the consumer world, interactions and touch-points are important, but those must converge to deliver outcomes for consumers. U.S. consumers switch service providers due to poor service experiences even with mature consumer firms such as retailers and banks, reflecting frustration in dealing with the company in resolving issues or fulfilling needs.

Omni-Channel: Multi-channel engagement based on a single-view of consumers or cross-channel engagement with consumers experiencing single type of touch-point are established in leading B2C companies. Omni-channel goes beyond these to enable consumers to experience a single brand, not channels within a brand.

Consumer-centric approach to engagement requires coordinated execution across the consumer lifecycle via all channels to acquire & retain, inform & service, and involve & empower consumers.

Panelists

Aneesh Kumar
Head- Consumer
Products Strategy,
Aetna

In his role as the head of
consumer products group,
Aneesh's team focuses
on developing solutions
for individuals who have
choice in their healthcare
and healthcare financing.
Rather than tweaking their
group-oriented solutions
to become prettier and
consumer friendly, the
team develops solutions
that holds the consumer
as the center and then
builds the business back.

Kristin Conley
Vice President of
eSolutions,
Health Care Service
Corporation

As VP of Customer
Lifecycle Management,
Kristin's role is to emulate
excellent customer
service in their self-
service channels and
provide empathetic great
customer service but in a
self-service realm.

Vicki Vacchiano
Regional Director,
Rapid Response and
Outreach,
Select Health of
South Carolina

In her role as the Director
of the Rapid Response
Outreach Team, Vicki's
team addresses the
immediate, urgent needs
that members many
times face and need to
be resolved and ad-
dressed before they can
begin to even consider
engagement.

Eric Paternoster
President &
Chief Executive Officer,
Infosys Public Services

As chief executive, Eric
oversees company
strategy and execution
for profitable growth, and
advises CxOs in healthcare
and government on
strategy, technology
and operations. With
over 30 years of business
technology experience
across industries including
healthcare, Eric's Infosys
Public Services team
combines healthcare
expertise with best
practices from outside the
industry to find innovative
solutions for consumer
engagement and
other challenges.

Moderator

Siva Nandiwada
Associate Vice President, Infosys Public Services

In his role, Siva is responsible for client relationships in the healthcare practice. He has over 13 years of
experience in managing large scale technology-led business transformation programs, managing senior
client executive relationships, strategic planning, Operations planning and Marketing.

Panel Discussion

Siva: *What are consumer's expectations from health plans and how are health plans responding?*

Aneesh: Healthcare consumers see value in being engaged in their health and wellness journey, but are dissatisfied with the core healthcare experience. They feel frustrated with the opacity, the complexity, and the fact that they are in the middle of a tug-of-war between providers and insurance companies. Consumers feel they have insufficient information available to take judicious decisions around their healthcare needs. Consumers believe that the providers, who are paid by the perverse fee-for-service model, are not helping their cause either.

Healthcare consumers are looking for insurance companies to create a simple, transparent, convenient experience where the value of health insurance offering is clear and demonstrable. Today, consumers are not able to comprehend the value of availing insurance.

Siva: *Kristin, what are the key areas of focus for developing a consumer-centric view and how can health plans differentiate to get a superior consumer experience?*

Kristin: As health plans adapt to the changing consumer wants dominated by experience from other industries, it starts with talking to the customer. Health plans need to speak to the consumer to understand their needs. We all know that buying health insurance is more complicated than buying an airline ticket or buying a pair of shoes at a retail store. We need to make things easier for the consumers as they embark on their health insurance journey.

As we are gearing up to participate in Exchanges, we understand that the consumers buying insurances through Exchanges are very different from the consumers we have served in the past (very experienced with healthcare system and insurance in general). We have started grass root campaigns, speaking to omni-channel, and going out to the community. We have online presence providing education and supporting materials long before even marketing our healthcare products.

Aneesh: For a long time, especially the national carriers like Aetna and Cigna, have really emphasized the online presence. But healthcare is local and is likely to remain local for a long time to come, even as some small part goes to telemedicine and that's where the phone call, perhaps an interaction in a mall or some caregiver setting, a kiosk, those things will become more important, not less, as people want to get that enduring connection, that human touch. They want the insurance company to be more than an open enrollment vendor which is what many health plans are today.

Siva: *Eric, you alluded to leveraging cross industry experiences. Can you share your perspective on the consumer trends across B2C industries that are relevant to healthcare? Where do you see opportunities for health plans?*

Eric: I think there are a couple of sectors one should look at. One is the banking industry which is being viewed as heavily commoditized for a number of years. So they've been in the quest for consumer loyalty for a long time, long before it was even mentioned as a concern in healthcare. And also in the retail industry, where grabbing a little bit of share through increased loyalty, driving traffic into all of your channels etc has been pre-dominant.

So, I think for acquiring and retaining consumers these industries have been able to engage consumers at the point of transaction and that translates from a technology stand point into having mobile enablement usually for somebody who sat on the sales floor. For example: We worked with Nordstrom, a leading retailer, equipping shopping assistants on

the floor with mobile Point-of-Sale tools to personalize the shopping experience of their customers. In banking, we've seen a number of efforts to create online communities for people with like-interests. One bank that we work with has driven a lot of cross-channel sales by using their mortgage operation, targeting first-time home buyers, creating a community where they hook-up with these first-time home buyers and let them share experiences.

Recently, Infosys surveyed 1,000 digital consumers between ages 18 and 69 to study their sentiment on issues in healthcare, retail and banking. The survey revealed interesting trends that health insurance plans need to consider:

- Consumers want personalization and will share their data in return for clear benefits. For example, 86% want data mining for fraud protection by banks, 76% want targeted ads from retailers, and 58% will share personal and family medical history with doctors for personalized treatment.

- Consumer needs are increasingly influenced by digital channels such as web, mobile, social media etc. More than 75% of consumers will sign up for a mobile app or web site to help them adhere to their doctor's treatment plan and track their health goals.

What we learned from the survey is that digital health data is a relatively new frontier. There is untapped opportunity for healthcare organizations, but they need to do two things well: 1) educate consumers on how their personal electronic information will be secure and private, as care gets coordinated among a network of physicians, labs, hospitals, and health insurers 2) close the gap with consumer readiness and adoption of online, mobile and social media particularly given the need to attract and engage people to take ownership of their health.

Siva: *Vicki, can you speak about the top challenges with consumer outreach and retention?*

Vicki: It is not uncommon for Medicaid members to lose their Medicaid eligibility, which in turn impacts their benefits. We have retention teams that identify when members are nearing the end of their benefit period. Outreach is made to these members to educate them on how to best maintain those services to avoid service interruption. The other major challenge is member contact during the outreach process. We may lose contact with our members due to an interruption in their phone service. In such situations we outreach to the PCP and other providers that the member may have contact with such as, home health care, DME providers, and pharmacies. In effort to make every member contact count, care gap information is available to our member service team. So when a care gap is identified, the callers can be warm transfer to care management as appropriate. Our member service team verifies contact information with every inbound call. Mailings/letters are sent to members notifying them of our failure to reach them by phone and ask them to call us. We will send out community outreach representatives to the members' residence in effort to connect. If connection is made, the health plan community rep can link the member to rapid response outreach team via their mobile phone so we can assist them with any immediate needs, verify their contact information and update in system and begin that engagement process. This community contact is a prime opportunity for establishing member contact when traditional outreach measures have failed to produce results.

Siva: *Kristin, what should health plans do to ensure effective communications via different channels across the consumer lifecycle and provide a satisfying experience?*

Kristin: It's one of the major challenges we have been facing. Looking at our communication approach we realized within insurance we have a language of our own which not everyone understands. So, we've rewritten a lot of the member

facing communications. We've also from an omni-channel perspective realized that not everyone wants to call us. There still are people who want to talk to us on the phone and so we've staffed up with our support from both the customer service and healthcare management perspective and the sales side.

One other thing we have realized is – how you communicate is really important. We need to be able to support our members in their highs and lows and that is really important from a loyalty standpoint. In this regard we have a new pilot around "job loss". In the past, COBRA used to be the only option for people who lost their jobs. So when such people type in COBRA online, they were taken to the government site and were probably a little confused. Here is an instance we think we can tailor an experience for different kinds of people to help them through this- there are people who want to forget what happened, there are others who are go-getters and look out for networking opportunities, while there is a third segment who are entrepreneurial and these are our future small-business owners- our customer for life. So it is very important to help them facilitate this process and so the communications are really important and omni channel -you can't just focus on one channel. You have to be there because we want to meet our members where they are.

Siva: *Aneesh, extending on to leveraging omni-channel, what are your experiences with leveraging the larger community groups? Also, what are the implications to the role of providers, brokers, and community groups with upcoming online channels such as public and private exchanges?*

Aneesh: Aetna has done a little bit of work in states like Florida where population skews to a certain demographic, mostly Medicare Advantage members, and

they have an existing linkage to local community centers, local provider groups. What we discovered is that it is an efficient and credible way of telling our story while helping them. Something as simple as blood pressure measurements or BMI test is a good opportunity to get to speak with a member outside of an impersonal phone call where they get a different CSR every time.

Siva: *Vicki, how do you strengthen consumer engagement with health plans? How do you empower consumers to take ownership of their health and how do you work with government agencies and community groups to enable that?*

Vicki: We participate in numerous community events, groups, and organizations – offering educational information and screening which gets our name out in the community. Additionally, we partner with local community entities - churches, community centers, neighborhood groups. We reach our members in a setting that is comfortable to the member, bringing the care to where the member is. This approach has been successful. Community presence provides a key connection in reaching more members to convey important messages such as medication adherence, routine well care, post-discharge/post-ER care follow up, disease education, and available services and resources. Community workers assist members in setting up available services. We have done some pilots with health care interventions using text messaging and are building out the text message capability for our care management team. We will soon be launching a mobile platform that will allow members to access many of the functions available on our website through a mobile-friendly platform.

Siva: *Eric, what are leading retailers, telecoms, banks and other B2C companies*

doing to engage consumers, drive loyalty, and build better consumer brands? How can health plans fast-track adoption?

Eric: As I mentioned before, there is opportunity for payers to transform every aspect of understanding and engaging with consumers – with the right technology and doing technology right. Let me explain with a few examples:

- For the retail industry, we've created a 'consumer genome' inspired by the biological genome. The premise is that intrinsic attributes like demographics, connections, interests etc determine consumer behavior. By decoding it, consumer companies can personalize products, channels, and campaigns to every individual 1-to-1. This is applicable to the healthcare payer industry too- – knowledge of a consumer's genome could affect how health plans market products by inferring their risk appetite and other aspects that are latent and less obvious.

- We developed a mobile guided sales application for sales agents / brokers to assist consumers in a consultative setting with shopping and product comparisons, plan selection and purchase. This was influenced by the work we did with Nordstrom which I mentioned earlier.

- We helped Avivia Health from Kaiser Permanente build a gamification platform so they can provide an interactive experience for consumers with their wellness products through rewards and other game mechanisms. This is aimed at driving sustainable and long-term behavior change to ultimately improve health outcomes and drive down healthcare costs.

Audience Questions?

Audience: *Are there early results or statistics on gamification and certain target groups that it's getting to - any update?*

Aneesh: Aetna has a division called Healthagen that provides health, wellness, and gamification technology that provided services not just to Aetna members but to all healthcare consumers. We've used other game applications as part of those offerings. And while the uptake has been pretty good - we are satisfied with it - I think it is too early to say that it has changed consumers' healthy or unhealthy behavior and whether it has led to a medical cost trend shift. Either we are too early, or perhaps the impact of the activity only goes so far. We don't know yet.

Eric: I can add on this from the Avivia Health success story. Aviva health had a number of companies it sold its services to. There is a definite proof (that using the gamification platform) they were able to derive interactions to a greater degree. So that part is the improvement that you get, you can put something else out there in front of them while they are playing a game. You see how that opportunity for another brand impression even if you are still trying to get to the ultimate goal which is improved outcomes. So I think that's still being worked on and yet to be proven across a broad consumer segment but the fact that they will engage to a greater frequency and you have more opportunities to put a message in front of them is improvement.

Kristin: If I could add just out of experience - not necessarily on gamification - we've rolled out a new mobile app for instance. What we found is that the people who engage tend to be the ones who are already engaged in their health. So you aren't seeing the up-check or the outcome you'd hope for that "Oh, that diabetic who

is unmanaged is now managed because they have a mobile app." It was the people who already managed that really were excited about that app and were using it.

Vicki: Engaged members tend to become more vested in their health. They see their physicians for regular visits, have screenings and are more inclined to take prescribed medications with improved health outcomes.

Audience: *Kristin you mentioned there are certain language simplification efforts underway(for consumers' ease of understanding) and I was wondering if there were any efforts industry-wide to make this an effort that all insurance agencies can take advantage of?*

Kristin: I haven't seen that yet. In fact, I would say that some of the things that we are doing to help shift costs to support employer groups wanting to shift costs to their employees have made it more complicated as we started thinking about reference space benefits,narrow tiered networks and things like that. So, I would like to say, "Yes, industry-wide we all want to simplify this. We do want to simplify it, it's a complex puzzle to figure out.

Aneesh: The one point that I would add is that ironically ACA does have a simplification work stream that started

with explanations of benefit. All major MCOs are largely compliant to-day.They go beyond EOBs. I do believe, looking forward, that a few plans would pull away from the pack in terms of simple language, simple messaging, and simple financial responsibility. One example is a small New York City-based plan called Oscar that is started by a hedge-fund investor. It has taken a radically simplified experience as their "mantra."Telephone access to physicians, through Teladoc, is unlimited and free. All your appointments are done by Oscar. I'm sure many of us are looking at that. Can you really rethink the experience from the beginning, and if you do, we can come up with a much simpler experience. Nobody has cracked that nut, the opportunity is there for all of us.

Audience: *Someone mentioned Starbucks. I see standard plans in different corners of the country opening up store fronts for their plans. Some of them are just for servicing, some of them actually have providers, almost like a clinicbeyond basic primary care services. Is it helping? Is it just for show? Is it just for branding?*

Kristin: Actually, it's part of our community approach for the Exchange rollout. We established a retail presence, we have a couple of retail stores within malls and we're testing it out.Some plans have

had great experience- Florida Blue and Highmark too. So far, it's kind of early to telland I think with some of the hiccups with Healthcare Exchanges it has slowed down some of the interest, but we are seeing people coming in and we are trying to make that more of a resource center for them, so that they can come and learn and ask questions face-to-face. We're going to continue to keep an eye on that. We also have established the mobile assistance centers, all part of going to people where they are, in their community, and those have been really actually well received. And then we have various events that we are partnering with, grocery store chains and different things like that just to be more present in the community in the retail space.

Aneesh: I would say that the Blues have taken the leadership in the store front area for obvious reasons. They have local presence and a long history in most cases, high density and it makes sense. For national plans, it's a little bit harder - the economics are usually not justifiable. We have dabbled a little bit, again in Florida, but most of the things we do have to scale nationally and simply don't have that type of member density. So, we will have to think of those perhaps more creatively than somebody who does have that
local presence.

Vicki: In relation to the Medicaid population, we continue with community focused events and activities. This is a comfortable setting for members to receive member education and health screening services. This approach has been warmly received by our members and optimizes our member contact. For example, we present to our members the opportunity to participate in a 'Healthy Hoops' basketball program where we invite the member and their family to learn about asthma through exercise and fun to educate on medication adherence, and asthma health (nutrition, exercise, triggers, etc). In this setting, the family unit learns how to best manage and live with the condition. This serves as one example out of many community programs we support and offer for member participation. For many of our members, Starbucks like setting is not a point of contact or common place for our members to meet so we look to what interests the member, and explore programs that promote engagement opportunities. Yet, we recognize the need to make every member want to engage and participate in their health care. We will look to learn from other industries. This means leveraging consumer outreach techniques and platforms, social media and mobile communications technology.

Key takeaways:

Building capabilities for consumer engagement and becoming a consumer brand is a multi-year journey. Consumer insights and B2C practices can help accelerate the journey.

1. Build a consumer engagement capability roadmap and informational flows with a cross-functional and cross-channel view and required organization, processes, technologies

2. Prioritize critical capabilities based on value to consumers and compliance requirements

3. Implement programs with clear success metrics – seek technology partners with consumer insights and experience, and expertise in adapting that to the healthcare context

4. Leverage pre-built solutions to take advantage of technologies such as mobility, social media and analytical tools to accelerate returns and gain competitive edge

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