



WHAT MEMBERS REALLY WANT

Engaging People to Drive the Use
of Digital Health Care Tools

Many consumers are hungry for more and better health care pricing information today—but don't know how to go about getting it. They're already comparison shopping for all kinds of goods and services, and so they naturally wonder, why can't health care be the same? That's a very good question, and one that many experts have tried, and failed, to answer effectively. Yes, health care is complex. But so are banking and technology, and many other sectors that have managed to streamline the consumer experience.

One of the main differences between health care and many other types of consumer goods is that higher prices in health care don't typically equate to better quality. Fortunately, most consumers already understand that fact, meaning they are just looking for a way to better weed out this cost variation in care options. [Studies](#) show that 71% of Americans say they do not think higher prices indicate better quality care.¹ As a result, there is a clear opportunity to connect consumers with information that drives more informed decision-making with regard to these options.

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DOING THE LEGWORK ON LAB WORK

More than 90% of people want to know their health care costs before getting services.² In fact, [research](#) also shows that more than half of Americans have actively looked for information about health care costs.¹ This most often involves contacting their doctor or insurance company directly. Consumers with high-deductible plans are more likely to look for this cost information, as are females and individuals with income under \$100,000. The same study also shows that certain groups more frequently compare pricing across multiple care providers, and these include Latinos, African-Americans and younger people. (That's important to note as you read on, as these groups may be the most receptive to the types of engagement measures we discuss later in this document.) Many of these segments also happen to be growing rapidly. For example, as of 2016, almost 25 million Americans were enrolled in high-deductible health insurance plans, a 3.2% increase over the year before.³

SO WHAT'S UP WITH LOW TOOL USAGE?

Despite all of this potential interest, health plans are still facing low adoption of digital tools, including cost and quality resources. That isn't to say they aren't trying—health plans continue to invest in these and other digital solutions for members. In fact, 2017 was a year marked by [numerous digital product launches](#).⁴ Most health plans, and even most self-insured employers, already offer some type of cost estimation tool online and/or via mobile. Yet Catalyst for Payment Reform, which advocates for health care price and quality transparency, estimates that [just 2%](#) of consumers overall use health plans' cost estimator tools.⁵ Two percent is an abysmal level of adoption considering the investment required to launch and maintain these offerings, which means that there is a significant opportunity to improve the way that these tools are promoted and even delivered to members.



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ENGAGE THIS! (DEFINING AND MEASURING ENGAGEMENT)

Before we dive into engagement strategies, it makes sense to first agree on a concept for defining and measuring engagement itself. All too often, engagement is used as a buzzword, with little practical meaning at all. When it is used in a measurable sense, engagement is often restricted to certain types of activities like outbound marketing, which overlooks the importance of considering a member's entire experience as it relates to their health coverage. This experience includes interactions with customer service staff, communications with HR staff (in the case of a group policy) and other non-marketing activities. In the area of digital tools, engagement is also equated with tool usage/adoption directly. Both of these definitions are rather restrictive, but for the purposes of this paper, we will largely focus on engagement as it relates to tool adoption and usage. This can be brought about by all types of interactions—not necessarily just outbound marketing.

Measurement of engagement vis-à-vis tool adoption may also be another stumbling block. That's because health plans often calculate an engagement rate by determining the percentage of tool users out of the total member population. However, there are many flaws in this approach. For one, some members go years without health care utilization, which means that they would have little incentive to search for a provider or seek out cost estimation information. Instead, health plans should pair claims data with user data to narrow this field, making a more accurate assumption about tool usage based on members with some type of health care utilization during the measurement period. This calculation also fails to take into account that some members—typically female heads of household—also do quite a bit of the heavy lifting when it comes to health care research for all family members.

Of course, data can be used for far more than just measuring engagement—it can also effectively enable it. The following best practices will help detail how today's analytics approaches, along with validated third-party research about health care consumers, can help health plans tackle the challenge of low tool usage head on.



Engagement includes marketing activities, non-marketing activities (e.g. customer service) and digital tools (tool usage/adoption.)

THERE’S A STUDY (OR TWO) FOR THAT

Studies that examine the bigger picture of health care decision-making can be particularly useful in helping health plans zero in on the issue of improving tool adoption and engagement. Hanover Research conducted a survey of 574 individuals to dive into their perceptions and preferences around health care choices. More than 70% of respondents were female, and approximately half of all respondents were married, with around 75% working full-time.

Initial respondents were asked general questions around their perceptions of the health care decision-making process, specifically with regard to costs. Sixty-seven percent of all men and 68% of women felt they did not have enough control over health care costs in general. Yet despite the desire to gain control, not even half of the surveyed consumers had used any type of cost, quality or other decision-support digital tool to do so.

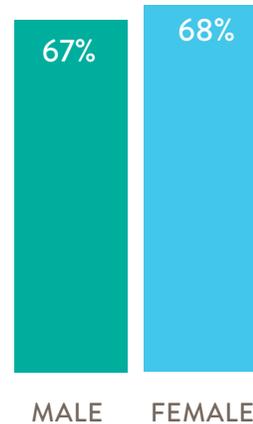
Unfortunately, consumers in this survey perceived that they did not “need” these tools. This may demonstrate a lack of consumer understanding about the core value of these resources or a less-than-stellar user experience within the tools. The latter may be the case in some instances, given that survey respondents cited their reasons for low usage of these tools as primarily “they are too complicated” and “they are not helpful.”

LOOKING ON THE BRIGHT SIDE

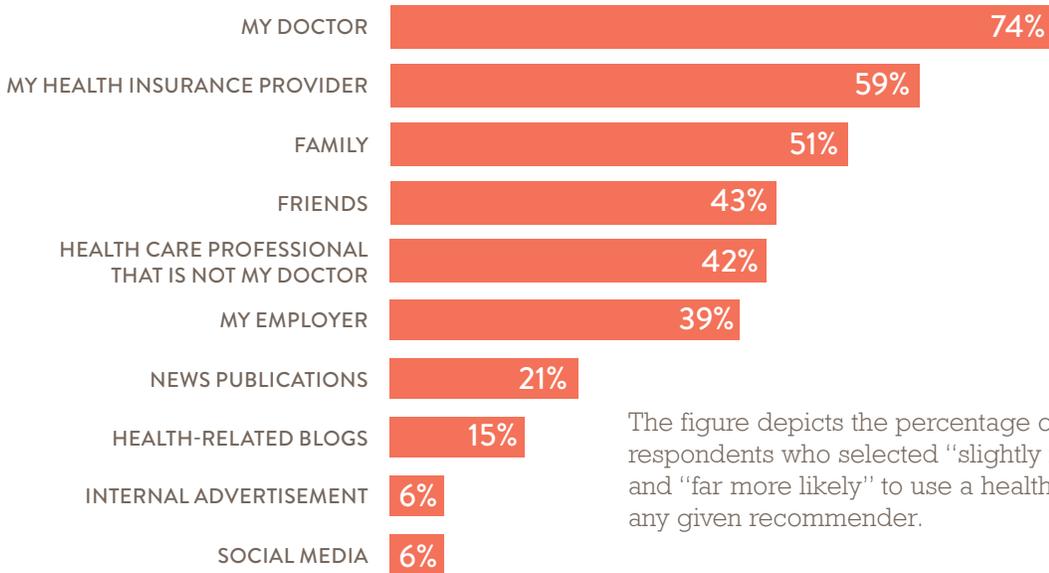
It’s not all bad news, however. Out of the survey also emerged potential opportunities to positively influence use of these tools in the long-term. Seventy-four percent of all survey respondents indicated that they would be more likely to use a digital tool if it was recommended by their doctor. This could be an avenue for health plans to promote and educate members about the importance of seeking cost and quality information prior to a referral, for example. Another potential area of influence for members is the employer, again with regard to group policies. Employers are already frequently communicating with employees about health plan value today and could easily endorse these tools through their usual channels—open enrollment materials, corporate emails, etc. And in fact, 39% of members said that they would be more likely to use a tool that was recommended by their employer.



Yes, I wish I had more control over my health care costs



IF A HEALTH CARE TOOL OR FEATURE WERE RECOMMENDED BY THE FOLLOWING RESOURCES, HOW LIKELY ARE YOU TO USE IT?



The figure depicts the percentage of respondents who selected “slightly more likely” and “far more likely” to use a health care tool for any given recommender.

EMAIL RULES...AND FREQUENCY IS KEY

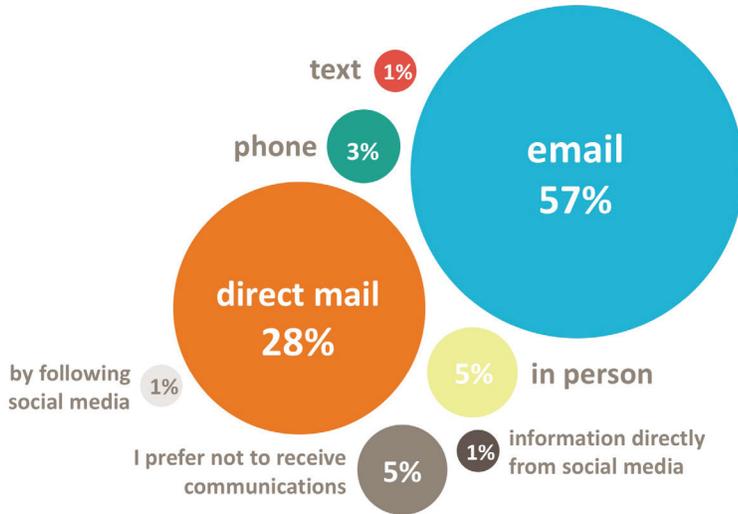
In terms of how consumers prefer to receive communication about these tools, email was by far the preferred vehicle, with 57% of respondents indicating they would like to receive information in this manner. Direct mail ranked second, with just 28% of respondents preferring this channel. However, the avenue for engagement may even be less important than the frequency of this communication as indicated by some interesting results from this survey.

Frequent outreach, whether done through the employer or directly by the health plan, is also a key piece of this engagement equation. Increased communication about these tools in general showed promise as an effective engagement strategy, with respondents saying that they want to receive communications about them several times per year or even monthly. At the same time, these consumers felt that if they received more communication about these tools, they would also be more likely to follow the recommendations received from them, making this strategy a win-win for health plans. Finally, this more frequent communication also appears to increase consumer



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trust for the organization sending them. Given the negative perceptions many consumers have about health plans in general, the importance of an opportunity like this shouldn't be overlooked.



57% of respondents prefer to receive communication about health care tools via email, with direct mail coming in second at **28%**.

IT'S ALL ABOUT ME! (PERSONALIZING MEMBER ENGAGEMENT)

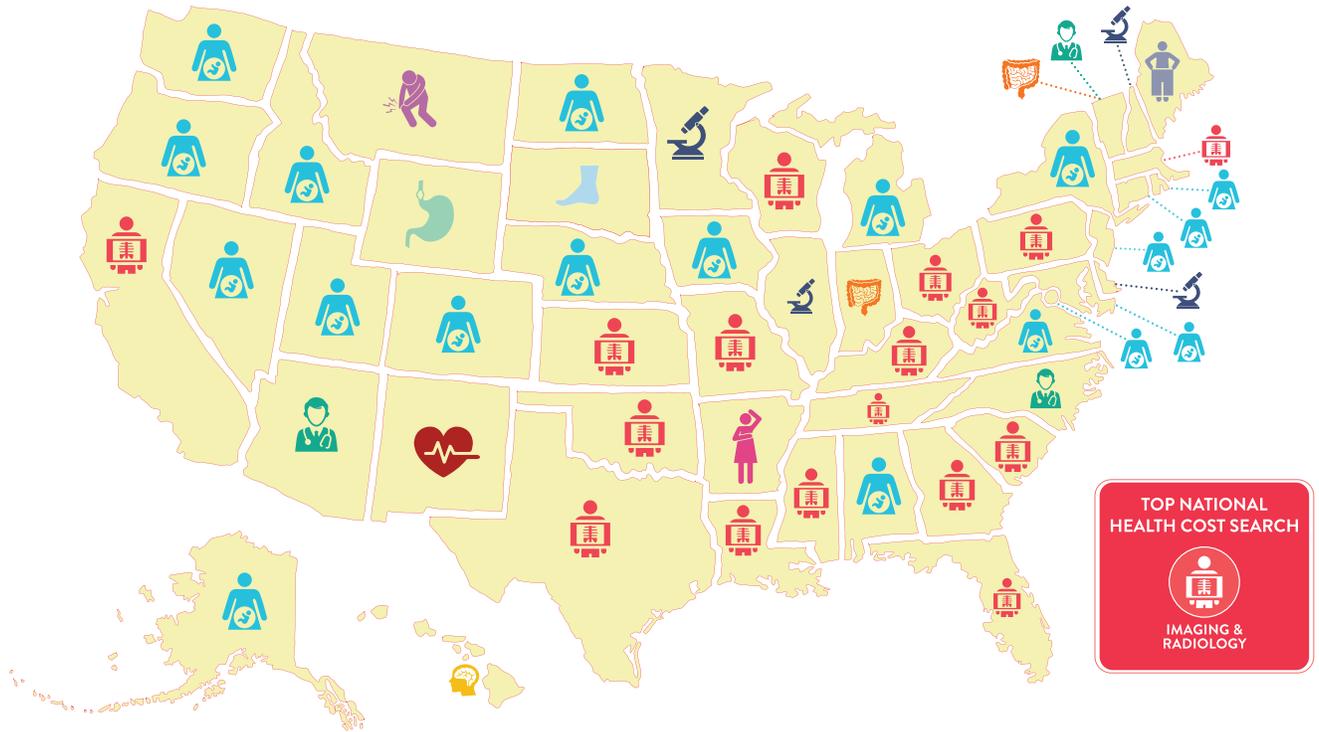
Of course, surveys can tell us about a particular cross-section of potential users, but they don't consider all of the potential differences between plan members including different backgrounds, income levels, cultures and geographic areas. That's important to note because effective engagement is not a one-size-fits-all proposition. And one of the best ways to drive a more personalized approach is by understanding the nuances of your member demographics through market segmentation.

Another study performed by the University of Chicago, included an advanced analysis of actual member search data. Top search terms used across hundreds of zip codes were paired with demographic and health indicator data from the Centers for Disease Control and Prevention. An analysis across all users revealed top search terms in key areas like labor and delivery, diagnostic/labs and many others, but these varied by state, as revealed in the graphic on the next page. And, the analysis also showed just a few key zip codes conducted the vast majority of searches.



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TOP HEALTH CARE COST SEARCHES BY STATE IN 2017



- 
BEHAVIORAL & MENTAL HEALTH
- 
BREAST HEALTH
- 
COLON HEALTH
- 
DIAGNOSTICS & LABS
- 
FOOT CONDITIONS
- 
HEART DISEASE & CIRCULATION
- 
HERNIA CONDITIONS
- 
IMAGING & RADIOLOGY
- 
KNEE CONDITIONS
- 
LABOR & DELIVERY
- 
OFFICE VISITS
- 
WEIGHT LOSS SURGERY

Source: HealthSparq 2018.

After segmenting users, which involved clustering by factors, such as income, the top searches changed. This grouping of individuals revealed the distinct preferences and health concerns of specific market segments. Clustering also allowed for improved targeting, recommendations and overall engagement with members. For example, one cluster of individuals with higher income, higher quality of life and higher insured rates more frequently looked for health care information around acupuncture. This certainly makes sense when you consider that acupuncture is a higher-cost service also not covered by many benefit plans. However, some of these correlations were not as obvious, and revealed important ties between user demographics and search activity.



Clustering of potential users allowed for improved targeting, recommendations and overall engagement with members.

GOING ONE-ON-ONE WITH MEMBERS

Analyses like these showcase an opportunity for health plans looking to do even the most basic segmentation, for example, clustering users by income and gender. This could be part of a comprehensive “toolkit” of engagement strategies, designed to educate consumers about tool value and increase overall adoption. Those with more advanced segmentation capabilities, on the other hand, could develop more complete models that feature multiple variables including quality of life, geography and other demographic data. This will allow for greater personalization, for example, in engagement outreach, as well as areas such as in-app messaging.

In terms of deploying this personalization, every engagement toolkit should take into account the preferences of consumers with regard to frequency and avenue for engagement—namely ongoing email outreach. However, a multi-model approach to engagement can still be foundational to these efforts, using multiple vehicles including social media, text, in-app messaging along with email as the primary avenue for engagement.

THOSE WITH THE BEST TOOLS WIN

Perhaps most importantly, but often overlooked, is the idea that tools must be easy to access on the health plan’s website and easy to use once you’re there. This includes everything from the name and description of tools, to the user experience proceeding from an external website into a portal, and throughout all relevant searches. Links to tools should also be prominently and clearly displayed regardless of whether users are accessing through a web or mobile interface. Finally, health plans should not overlook the value of in-app promotion, for example, in driving users to targeted content for their particular search types.



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FIVE QUICK WINS TO JUMP START ENGAGEMENT

In summary, engaging members to promote adoption of digital tools requires a thoughtful, data-driven and targeted approach. The following simple strategies can be undertaken by any health plan looking to quickly increase tool usage:

1

Start segmenting (somehow).

Even for plans without advanced data analytics capabilities, there are still opportunities to group members by simple demographic characteristics—like age, gender and geography.

2

Communicate early and often.

Data shows that members appreciate frequent outreach to remind them about these tools and their value.

3

Make sure tools are in the right place.

Of course, members must know how to find a plan's tool, understand what it does, and how to use it. This can be as easy as using the right tool name and displaying links to it prominently on portals and websites.

4

Beef up email outreach.

Research shows that ongoing communication—especially via email—is proven for keeping tools top of mind for members.

5

Leverage existing relationships.

Plans have an opportunity to leverage their members' relationship with employers or providers to promote a better understanding of tool value.

To learn more about any of the member experience data and best practices described in this document, or for more quick-win tips, please contact HealthSparq at marketing@healthsparq.com.

1 "How Much Will It Cost?" Public Agenda. March 9, 2015.

2 Accenture. "Show Me the Money. Why Price Transparency for Patients is Good for Providers, Too." 2017.

3 Preidt, R. "Nearly 25 Million U.S. Workers Now Have High-Deductible Health Plans." US News & World Report. September 15, 2017.

4 Comstock, J. "Payers focus on digital tools for member engagement." Healthcare Finance, December 26, 2017.

5 Castellucci, M. and Livingston, S. "Special Report: Achieving Transparency in Healthcare." Modern Healthcare.

ABOUT HEALTHSPARQ

At HealthSparq, we empower people to make smarter health care choices by providing cost and quality information about doctors, hospitals, medical services and medications. We put people at the core of everything we do by conducting continuous usability testing, turning consumer research into product innovations, hosting industry panels featuring everyday people, and bringing human stories to the forefront through our #WTFix campaign. Using these insights, we create solutions to help people understand and navigate the health care system better than ever before.

Growing since our founding in 2008 from our home in Portland, Oregon, we now serve more than 95 health plan brands across the country. Contact us at HealthSparq.com or tweet us @HealthSparq.