Create Members for Life:

How Meaningful Engagement Improves Sentiment, Lowers Costs, and Drives Member Retention

Why has member engagement taken such precedence over other initiatives? Despite a multitude of tools available and with millions, if not billions, of dollars spent on digital transformation solutions, health payers are still trying to figure out how to best engage with their members.

This whitepaper will focus on what is and isn't meaningful engagement, the importance of meaningful engagement in building trust and relationships with members, the impact that meaningful engagement and engaged members have on all facets of the business – including increasing member sentiment and improving member health, decreasing cost of care and cost to serve, and individual member and employer group retention – and, most important: How, through meaningful engagement, payers and providers can create and maintain members for life.

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What is Engagement?

The dictionary definition of "Engagement" is: An emotional involvement or commitment. But in the business world, the ways engagement have been defined and measured vary greatly, in part due to the abundance of point solutions and enterprise technologies that are marketed as member engagement tools. In short, it is fair to say the way engagement is defined and measured is murky.

So, what is engagement? How can one define a term that has risen to such significance in overall member experience?

Engagement is the way in which brands intimately connect with their members. It is dynamic and immersive, made up of various interactions between the two. When done right, engagement affords the opportunity for brands to establish meaningful relationships with their members rooted in trust and understanding.

However, the primary focus of member engagement today has been around transactional experiences such as onboarding, appointment reminders, claims information, and such. But to support a more holistic member experience, health payers should prioritize engaging with members more meaningfully to foster relationships. By looking beyond transactional experiences and engaging members through relevant and personal experiences served up proactively at pivotal times in their care journey, payers can demonstrate the care and understanding they have for each individual member and their specific needs.

Members want to feel known and understood and see the value in the relationship with their health payer and provider. When executed effectively, meaningful engagement impacts more than just member satisfaction, members who are deeply engaged with their health plan see the value that their health plan is providing and trust that they will do what's best for them and their health. And when that trust is established, members are more willing to follow the guidance from their health plan to lead healthier lives.

Member engagement and experience strategies are clearly top of mind for executives in the healthcare space, so what impact can meaningful engagement have for a health payer?

What is the impact of meaningful engagement?

Meaningful engagement provides significant mutually beneficial outcomes for both the member and the health plan. When payers use meaningful engagement to create relationships with their members and understand their needs, the benefits are multifold. Through deeper, more trusted relationships with members, health payers have opportunities to teach at every touchpoint and build rapport so that their members see the value in the engagement and continue to engage with future experiences. Here we break down the exponential impact meaningful engagement can have for health payers.

An engaged member is healthier

First, a more engaged member is more informed and better understands their health benefits. And with the trust that is established through meaningful engagement, members are empowered to use information provided by health plans to make better overall care decisions, thus leading to healthier habits and healthier members. In fact, Health Affairs noted that people who are more engaged are significantly more likely than people who are disengaged to uptake and participate in preventive behavior such as having regular check-ups, screenings, and immunizations. Further, disengaged members are three times as likely to have unmet medical needs and twice as likely to delay medical care.[2] By engaging members proactively with educational experiences that are directly related to a member's health status or disease state, including preventive care practices, disease management, vaccination reminders, and more, health payers create opportunities for members to build healthier habits and lead healthier lives.

An engaged member is less costly

It is well established that a healthier member's cost of care is dramatically lower than an unhealthy one. And there is also a correlation between engagement and cost, with Health Affairs finding that members with lower engagement rates cost 21% more for payers than those who are highly engaged. [3] Also, in a recent survey, Cigna reported 46% of small firms and 70% of large firms said the wellness and health-screening programs their health payers offered were effective in reducing health costs overall. [4] By engaging members with experiences tied to enrollment in wellness programs and regular check-ups, as well as educational experiences that explain ER deflection or switching from name brand to generic prescriptions, health payers create more opportunities to reduce cost of care for both the member and the payer.

An engaged member is lower risk

There is also a relationship between engagement and risk that helps to uncover

the best opportunities for member engagement according to those factors. Higher risk members are overall more costly, with Health IT Outcomes noting that the top 10% of the population accounted for 64.9% of total healthcare expenditures.[5] In reference to the matrix in the appendix, health payers will see that there is a group of disengaged members also falling into the rising risk category who will benefit from engagement the most. By targeting this group with tailored and meaningful engagement, health payers can prevent them from entering higher risk and more costly groups. See the appendix for more details.

An engaged member is more satisfied

Additionally, a healthy, engaged member is more satisfied with their payer. JD Power research concluded that proactive efforts by health plans to engage with members drive significant improvement in overall customer satisfaction.[6] Members attribute higher sentiment and loyalty to the brand, and therefore are more likely to use their voice to advocate for the brand. By improving the

member's ability to get the most out of their health plan through meaningful engagement, there is a positive impact to member satisfaction.

An engaged member is more loyal

Highly engaged members who see value in their payer relationship are less likely to disengage, opt-out, or churn. Simply stated: Better member engagement leads to higher individual member and employer group retention. It should be no surprise that each time a member switches to a competitor, it costs the health plan money to recruit a new member to replace him or her. So, the focus on improved member engagement can immediately impact member health and sentiment today, while also lowering the cost of care and minimizing member acquisition costs in the future. **In fact, 95% of payers report membership increase as an impact of using digital platforms to engage members.**[8]

The positive impacts of meaningful engagement are clear, so, why do some health payers continue to struggle with engaging members in this way?

Member engagement might be a challenge, but it is solvable

We are in an age of digital disruption where health payers are toeing a delicate line between the traditional human nature of in-person healthcare practices with a new focus on digital tools and rising member expectations around digital experiences. Consumer brands have set the standard for digital engagement and service, so consumers are now expecting that same level of service in all of their interactions, including healthcare. The question then becomes: How can payers maintain the human element of in-person experiences through digital engagement? How can they keep up with the rising expectations of members to provide a superior digital member experience? Digital transformation tools like marketing automation, CRM, and customer communication platforms were not built for member-centric, meaningful engagement. They are useful in providing technical functionality, but they are not designed to create and foster relationships.

The tools being used for member engagement were not built for creating meaningful relationships

While there is no shortage of tools today for member outreach, including, but not limited to, CRMs, marketing automation platforms, mobile apps, online member portals, landing pages, and so on, most of them were designed to support member acquisition and onboarding. They are intended to provide transactional workflows rather than relationship-building experiences. While automation and AI, used in many of these tools, has improved self-service, consulting firm, PwC, found that only 3% of members want their experiences to be as automated as possible.[9] With the focus on automation and ease, these tools do not drive member-first, human-centric experiences that create member relationships. It is time to put the "R" — relationship — back into

CRM, and cultivate authentic, long-lasting relationships with members — to create members for life.

According to analyst firm Forrester, in the payer industry, website portal usage fell to 32% in 2021[10] and only 16% of US online adults with health insurance use their healthcare provider's mobile app.[11] Similarly, the average email open rate for healthcare sits at just 21%.[12] For traditional marketers, these numbers challenge established beliefs about marketing's ability to maintain and deepen customer relationships.

Part of the reason these tools are yielding less than average results is that the information being shared via these channels is not always meaningful or relevant. Often, they are used to push out genericized content, inundating members with irrelevant information that can lead to frustration or disengagement with

their payer. According to a Sendoso report, marketing emails increased by 62% in 2021 leading to 80% of business leaders noting that their audiences are fatigued by increased digital engagement efforts.[13] Health payers should focus their engagement efforts on addressing specific member needs to circumvent disengagement and frustration that can lead to opt-outs. In a recent webinar hosted by World Congress and Relay Network, Mack McGee, VP of Marketing and CMO at CareFirst Blue Cross noted,

"if we are going to insert ourselves into the [healthcare] part of a member's life, it better be for good reason, because if we don't, members are out, and it's really easy to opt-out."[14]

If a member chooses to opt-out, the line of communication with them is broken, making it nearly impossible to foster a meaningful relationship. So, how can health payers overcome these challenges to drive more meaningful engagement with their members?

The Solution

To drive more meaningful engagement, health payers need to create relationships with members through true engagement. According to Health Payer Intelligence, 70% of payers indicated that building long-term relationships with consumers was a principal driver of building out consumer engagement capabilities.[15]

Engaged Member

Trust at Scale

Creating Members for Life
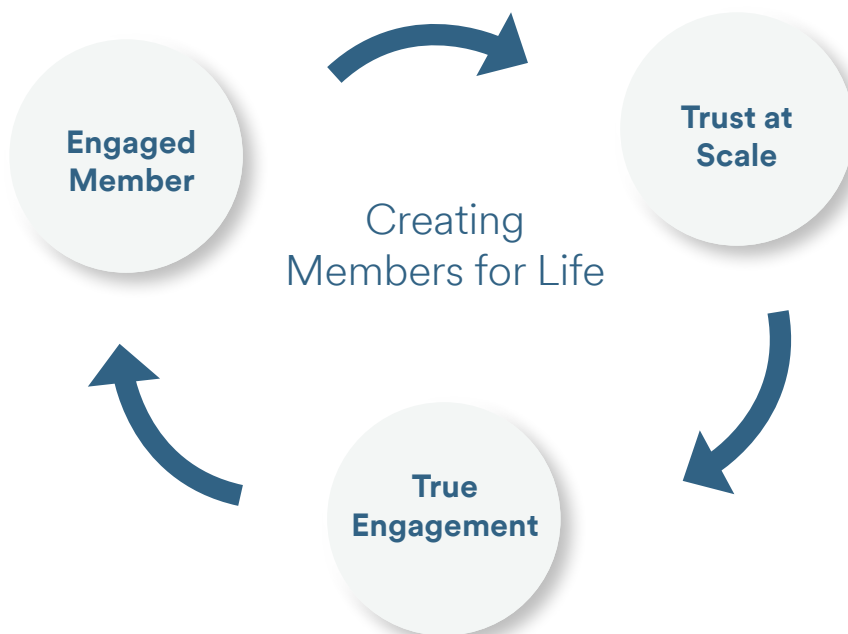
True Engagement

The framework for true engagement relies on three main tenets: engage at the intersection of business outcomes and customer needs, foster trust at scale, and build meaningful relationships.

▶ True Engagement

True engagement must be mutually beneficial – fulfilling customer needs while concurrently driving business outcomes. It is personal, continuous, and frictionless, whereas traditional engagement is transactional and one-sided, focusing mainly on the outcomes important to the business. Because of its mutually beneficial nature, **true engagement is redefining how health plans are engaging** with their members by serving up relevant experiences in a contextual way.

By identifying and prioritizing experiences that are tailored to both the member and the business, health payers can ensure that member needs are being met without compromising the goals of the business. When true engagement is executed effectively, it enables a symbiotic relationship between a member and health payer rooted in trust and promotes loyalty and future engagement. So, how does true engagement differ from traditional engagement?

Personal vs. Personalized

Most would agree that "Hello %firstname%!" is not a personal engagement. This kind of personalization only indicates that a payer's IT department knows a member's name, it does not tell the member that the payer knows anything meaningful about them: Who they are, what they care about, and what they need based on the data and previous engagements they have had with

the payer. The intent of a personal experience, a key element of true engagement, is to build a deeper relationship with a member – done correctly, it builds trust. By deeply understanding the customer and applying personal data to that understanding, personal experiences are human-centric digital experiences that foster trust and build confidence.

Continuous vs. Transactional

Traditional engagement tools are transactional. They entice members to complete a singular business-outcome driven action that does not necessarily map to a member need, whereas continuous engagement provides experiences to members when they are most relevant to their lives, and they are most apt to engage with them. Continuous engagement affords the opportunity to act as an outreach traffic cop, limiting the overall number of touches to only those that are relevant and meaningful.
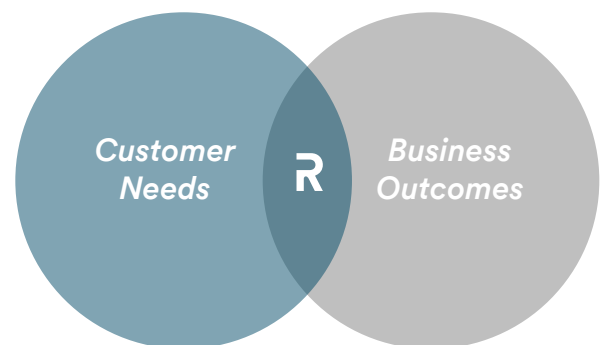
True engagement sits at the intersection of customer needs and business outcomes.

Low Effort vs. High Effort for Members

Traditional engagement tools put the onus on the member to engage and then require additional effort to complete an action using those tools. Barriers such as having to remember login information, driving members to a mobile app or portal, and having to manually input data to complete transactions, all take significant effort for the member, and therefore, present moments for fall off in the process. In fact, in a recent survey, Deloitte found that **55% of consumers stopped using a website because the login process was too complex** and 92% of consumers will abandon a website entirely instead of recovering or resetting their login credentials.[16]

Easy, one-click "microtransactions" are becoming the standard that customers expect from the companies with whom they interact and are an integral part of true engagement, especially since customer effort has a tangible impact on retention. Analyst firm, Gartner found that a customer whose issue is resolved in a low-effort manner has a 61% probability of choosing to stay with an organization.[17]

Low Effort vs. High Effort for Employees

The processes and tools put in place for member engagement require a level of employee engagement and effort to complete. When the effort involved to stand up and implement a member engagement solution is high, it has implications for the overall member experience. Analyst firm Gartner found that 64% of employees say that unnecessary effort hinders the ability to deliver high-quality CX.[18] Eliminating the unnecessary employee effort in the development and implementation of an engagement tool has proven to be invaluable to the overall success of the member

experience. In fact, Gartner also found that employees whose managers remove unnecessary steps from their work are 20% more likely to say they are highly motivated to provide a strong CX.[19]

▶ Trust at Scale

To create relationships, you need trust. By building trust, health payers become more important and valued in the lives of their members and increase members' confidence that their health plan is providing what is best for them and their health outcomes. Forrester noted that emerging technology heightens the need for trusted relationships.[20] So, how can health payers foster trust at scale in the digital age?

To establish trust digitally, health payers should look for ways to meet members where they are, on the channels they prefer, with experiences that are relevant and important to them in the context of their healthcare journey. By proactively serving up meaningful and contextual experiences that demonstrate a deeper level of understanding, health payers show members that they are a reliable source for their healthcare needs.

To further enable trust, health payers should deliver content in these experiences that is concise, quickly pointing the member to the most direct path of resolution, and easy to understand, avoiding the use of healthcare jargon that might lead to confusion. Demonstrating authenticity and consistency through these simple actions allows members to feel seen and heard through the engagement, enabling continuous trust in the brand.

Once the foundation of trust is established, fostering the member relationship is simple

but takes discipline. When dealing with something as significant as a person's health, the responsibility to provide a meaningful experience is greater, therefore health payers should take a fresh approach to how they are using their digital channels for engagement. By limiting outreach to only when there is something contextual and relevant for the member, health payers can avoid abusing the channel and inundating members with too much information that could drive them away. If a member becomes disengaged, or worse, opts out, health payers will lose the opportunity to further foster the member relationship, and it could impact a member's ability to make informed care decisions to better manage their health.

Lynde O'Brien, VP Digital Communications at HCSC shared in a recent webinar hosted by World Congress and Relay Network, "The complexity of member engagement and building trust is interesting. I think we are going from the idea of 'Did I get them to take action?' to 'How are we truly supporting our members in a very holistic fashion?'"[21] This shift in thinking from engaging primarily with transactional experiences to relationship-building experiences is a key factor in the ability for health payers to foster trust with their members.

In recent research around trust, Forrester notes that, to make the most positive impact, you should demonstrate that you're trustworthy in the actions and measures most relevant for each audience.[22] When a member trusts their health payer and feels known, understood, and respected, there is a positive impact on member sentiment and can lead to better member retention. In fact, Forrester found that among health insurance customers who felt respected, 66% plan to

stay with the brand, 84% will advocate for it, 54% plan to add benefits or programs to their existing plan, and 83% will consider the brand for their next plan.[23]

▶ Meaningfully Engaged Members

Now, with the clear impact engagement has on health payer outcomes, how do payers create meaningfully engaged members?

The process for creating meaningfully engaged members is cyclical. Using the tenets of true engagement – personal, continuous, relevant, and frictionless experiences – payers can build and foster trust with members, thus enabling further engagement. **But the key to driving continued engagement is not only in the type of experiences delivered to members, but by what method and on what channel they are delivered.** If payers look at their members through the lens of consumerism, why not borrow tools that have proven effective for digital engagement in those aspects of their lives?

To start, consumers communicate and engage primarily on mobile devices today. In fact, according to 2021 research conducted by Pew, 97% of US adults own a cell phone, with 85% of those owning smartphones.[24] By delivering experiences to members on their mobile devices and using a familiar and reliable notification channel like SMS, members can transition from one interaction on their mobile device to the next, blending seamlessly into the ways people are already interacting in digital spaces today.

Further, digital engagement today happens predominantly on feeds – social interactions, relationship development, job searching – all

via the familiar and frictionless channel. Feeds are intuitive and easy to use, designed with user habits in mind. And because of the familiar nature of feeds, members already understand how to use them today, engendering further trust between the health payer and the member.

Through feeds, experiences can be served up proactively to members, when they are most relevant, and consumed at a faster rate all through a unified, trusted channel. Consumers are digital natives now, so the scrollable nature of the feed feels familiar and comfortable to them. And part of the benefit of a feed is the ability for members to come and go as they please. Once a member interacts with an experience or completes a task, they can continue scrolling in that moment or leave and then reenter when they are prompted to engage with the next best experience.

By using a channel that has already proven valuable for engagement and is widely used by members in their digital lives, health payers have a massive opportunity to create more actively engaged members this way.

Creating Members for Life

When a member is fully and actively engaged, sees value in their experience, makes better care decisions, and trusts in their health plan, they ultimately become a member for life. Members for life are the aspiration for any health payer group. So, what is the impact of having members for life?

MEMBERS FOR LIFE ARE:

Highly engaged

Emotionally connected to a brand

Feel known and understood by a brand

Brand loyalists

Brand advocates

Satisfied with the brand

Members for life see value in their health payer relationship

Most important: Members for life see the value that their health plan is providing them in their life. Recent Gartner research around the notion of value enhancement notes that when customers rate their VES (value enhancement score) positively, they found that 82% of customers will be retained, 86% will spend more money in the future and 97% will share a positive word of mouth.[25]

Alternatively, Forrester found that of the customers who felt frustrated with their health insurer, just 17% will advocate for the brand, and only 27% say they plan to stay

with the brand.[26] It is in the best interest of health payers to reduce member frustration to increase short term satisfaction but more importantly to drive long-term loyalty and value enhancement.

Members for life create an opportunity for higher individual member or employer group retention

Gartner notes that U.S. healthcare payers face the threat of considerable annual or biannual membership churn across most business segments. Employers consistently shop for new payer partners in advance of each contract renewal, and individuals in commercial plans are compelled to shop annually. Payers are facing new competition with rise of nimbler companies and startups.[27]

While cost is a key factor that employers and individual members consider when shopping for a health insurance plan, there is a new focus on identifying plans with a higher-value member experience. **Meaningful member engagement is the competitive advantage that health payers can use to improve and sustain member sentiment**. The future of employer and individual member retention with health payer groups relies on the health payers' ability to demonstrate a higher-value member experience through meaningful engagement.

Today's job market conditions are such that employer groups are looking for creative ways to attract and retain employees, including the development of robust benefits packages, of which health insurance is a critical component. Cigna noted that 66% of employees say their benefits package is very or extremely important to their job satisfaction

and 89% of workers in companies that support well-being initiatives are more likely to recommend their company as a good place to work.[28] Clearly, a tailored member experience has a positive effect on employee recruitment and retention, so employers are noticing when health payers can provide a higher-value experience for their members. As Kim Lauersdorf, VP of Marketing at EmblemHealth noted in a webinar hosted by World Congress and Relay Network, "A big part of what we're doing in our employer conversation is one: the conversation has expanded. It's not just about health benefits anymore. It is about health benefit strategy, employee retention strategy, and DEI strategy. How do I weave all of these together? Those are the questions they're asking their insurance company, because we are such a critical component of their benefit structure, and these are now their problems. It's not just help me manage my costs here, help me manage the best access to care. It is help me manage my workforce." [29]

As evidenced here, meaningful member engagement has potential to impact so many aspects of both the member experience and the health payer strategy, especially as it pertains to creating healthier members and lowering costs for both members and payers and even member retention. And while member engagement will continue to evolve, especially in our digital world, it is now clear why so many executives have made it a top priority in their digital strategy today and moving forward.

How does Relay create members for life?

Relay is a customer engagement SaaS company with a mission to help health payers build trusted relationships with their members through meaningful engagement. Using the Relay Feed, a dedicated, HIPAA compliant, 1:1 digital channel, Relay delivers high value experiences that are personal, relevant, and timely, engaging members in a familiar and more meaningful way. Through our channel, we deliver the highest rate and quality of engagement, achieving the outcomes and relationships you need to create members for life. Our goal is to help payers reduce cost of care while enhancing member sentiment.

Founded more than 10 years ago outside of Philadelphia, Relay has helped more than 100 clients, with 50 of those in healthcare space, meaningfully engage with their members. Some of our Relay's clients include Independence Blue Cross, Highmark Blue Cross Blue Shield, HCSC, Aetna, and Humana, among many others.

RELAY

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Interested in seeing how Relay can work for you? Schedule a demo today.

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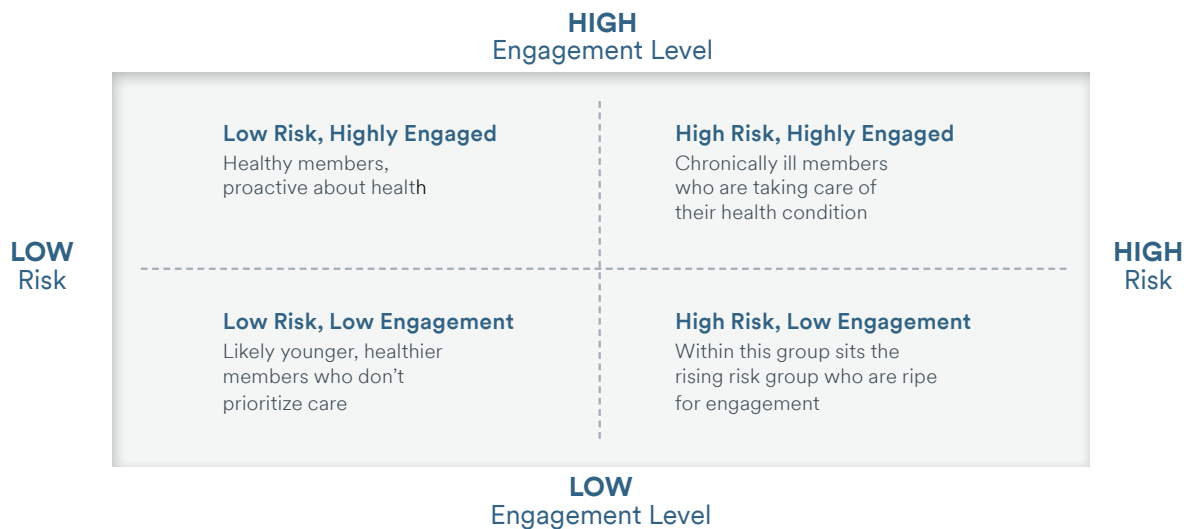
APPENDIX CONTENT

Engagement vs. Risk

The Relay Engagement Spectrum ranges from members who are fully engaged to actively disengaged. Members exist across that spectrum and therefore present unique opportunities for differentiated engagement to maximize their member experience, depending on their engagement level.

Members are typically categorized by the significance of their health risks so that health payers can properly address their needs. High-risk members have the most significant health conditions that require specific care and generally cost more for the payer. This group represents about 5% of the overall plan population, but engagement strategies are often prioritized to them.

However, there is a rising risk group that accounts for 20% of the health payer population and presents the greatest opportunity for health payer engagement.

THE MATRIX OF ENGAGEMENT VS. RISK

HIGH
Engagement Level

LOW
Risk

Low Risk, Highly Engaged
Healthy members, proactive about health

High Risk, Highly Engaged
Chronically ill members who are taking care of their health condition

HIGH
Risk

Low Risk, Low Engagement
Likely younger, healthier members who don't prioritize care

High Risk, Low Engagement
Within this group sits the rising risk group who are ripe for engagement

LOW
Engagement Level

The bottom right quadrant of the matrix represents the greatest engagement opportunity for health payers. If this group is proactively provided the necessary education and tools they need through true engagement, health payers can prevent them from escalating to the high-risk population, mitigating the risk of unhealthy members habits and potentially higher costs. While it is important to note that all groups will benefit from some level of engagement, there is potential here to strategically reengage this group in a meaningful way.

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