

MARKET INSIGHTS

3 insights on member engagement

What we learned from health plan executives

Member engagement is a major priority for health plan executives. But there are many ways to foster member engagement, and it's hard to know which initiatives will work best.

Over the past six months, Advisory Board conducted interviews and analyses to figure out what health plan executives should do right now to engage members. Read on for our three key insights.

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Read time – 10 min.

Audience

- Health plans



The insights

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More resources on member engagement

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[What role members want health plans to play in their health journey—and how to expand it](#)

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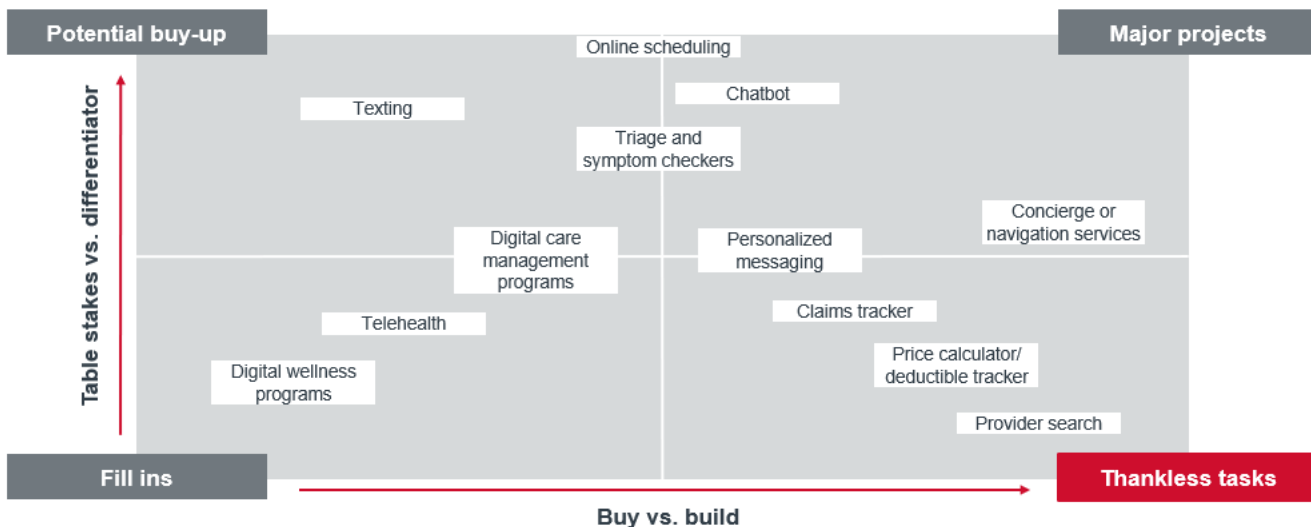
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01 Nail the fundamentals: Prioritize and perfect the basics even if they are thankless tasks

Member engagement is the process of building, nurturing, and managing relationships with members to drive behavior change. Within member engagement, digital initiatives garnered a lot of attention in recent years, but their sheer number can be overwhelming. Based on our interviews with health plan executives, we mapped some of the most frequently mentioned initiatives below in a modified impact versus feasibility matrix.

The Y axis goes from table stakes, things that members expect from plans right now, to potential differentiators, which are more aspirational. The X axis goes from initiatives that plans would buy or partner with a vendor for, to initiatives that plans would want to build in-house. The mapping is generalized for the industry but will vary for each plan.

Digital member engagement initiatives, mapped



We then summarized each quadrant in turn. Starting from the bottom left corner:

- **Fill ins:** The term “fill ins” is usually used for projects that are low impact and low effort on an impact versus feasibility matrix. The initiatives in this quadrant are expected from most if not all members but are relatively easy to implement because plans usually rely on vendors to execute these.

- **Potential buy-up:** These projects are potential differentiators, but most health plans still use vendors for them rather than building the capability in-house. For example, texting is an increasingly common communication mode for plans, but many vendors dominate the market and help plans identify member phone numbers, adhere to privacy regulations, and help script different messages.
- **Major projects:** This quadrant houses projects that are new and big because they are potential differentiators but also usually built in-house. These take ample investments of both time and money to create. Health plan executives frequently mention concierge or navigation services as ways to both increase member satisfaction and help connect members with preventive care or care in low-acuity settings.
- **Thankless tasks:** This term is commonly used in impact versus feasibility matrices to show projects that are low impact but high effort. Even if they're done well, members will not sing their plan's praises; but if they're done poorly members will surely notice.

What is most interesting is that capabilities in the “thankless tasks” quadrant are the ones members most expect from their health plan. When we surveyed over 3,000 members across the country, digital features such as claims tracker, provider finder, and cost estimator were the ones members most expected from their health plan and most frequently visited their plan portals for.

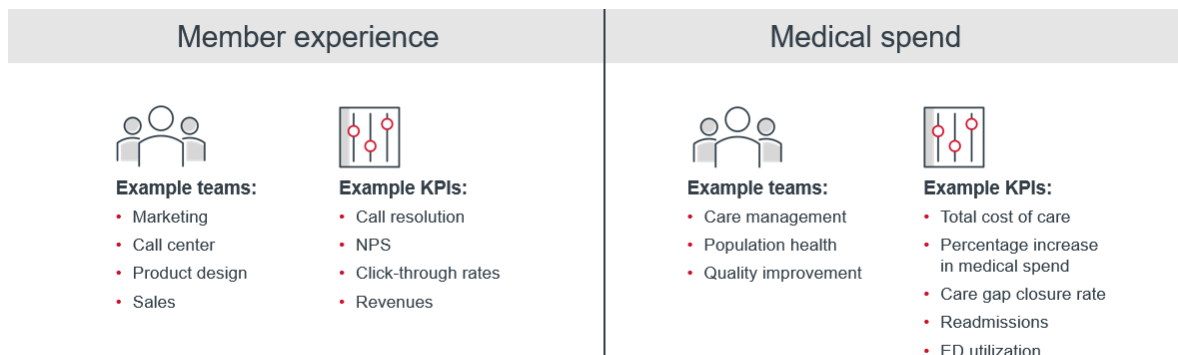
At first this may sound discouraging — what members want most from health plans are thankless tasks. And no matter how much you succeed at them, they don't guarantee gratitude from your members.

But this also means members are clearly telling health plans to nail the fundamentals. Members don't need or expect the newest bells and whistles. They have a clear idea of what their plan can and should do, and they expect their plan to fulfill that role first. Only once this is done can plans begin to consider ways to differentiate themselves or excel in other ways.

02 Align metrics: Many hands make for light work ... if you're working toward the same goal

Some health plans have their own member engagement department or team, while at other plans it is spread throughout the organization. Often, member engagement is split into two teams that are responsible for completely different metrics. The member experience side of member engagement is often overseen by teams such as marketing, product design, or the call center. They are accountable to key performance indicators (KPIs) like increasing Net Promoter Score (NPS), click-through rates, and member retention. The medical spend management side of member engagement is often overseen by teams such as care management, population health, and quality improvement. Their KPIs are related to reducing total cost of care and improving care outcomes.

How member engagement can be split at a health plan



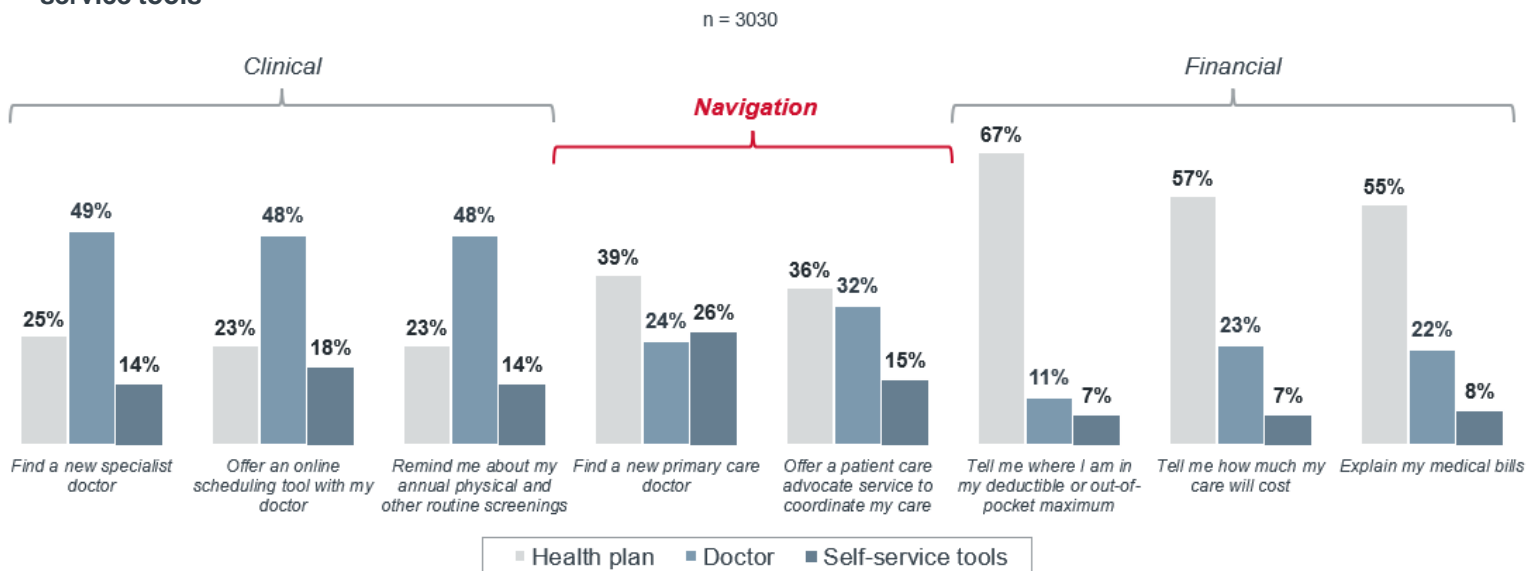
Splitting these tasks makes sense because it would be unwieldy to have one department manage all member engagement functions. However, with separation comes silos between the member experience and medical spend sides, especially when they are working toward separate KPI goals.

To be successful at member engagement, teams must collaborate throughout the plan, regardless of how they currently split member engagement. Executives must align KPIs from the top down to reach all teams in the organization. It is not enough for some teams to focus only on member experience and some teams to focus only on the medical spend management aspects of member engagement.

03 Expand your identity: Play to your identity then take the first step to expand it

Most people see doctors as clinical experts and health plans as financial experts. Members often believe that their health plan is exclusively responsible for tasks related to medical bills and cost information. We surveyed 3,030 insured individuals and found these perceptions are strong. Members want doctors to perform clinical tasks such as reminding them about annual physicals. Members want health plans to perform financial tasks such as explaining their medical bills.

Percentage of members who prefer the following from plans versus doctors versus self-service tools



Despite this member preference dynamic, there is still an opportunity for plans to move beyond their historical identity by focusing on navigation-related tasks. As shown in the middle of this graphic, there are some navigation tasks that members prefer for their health plan to do. For example, though members would rather their doctor recommend a specialist, members preferred their plans to help them choose their PCP. With this information in hand, health plans can continue growing stepwise with member expectations. Nailing the fundamentals, as we shared in insight one, is key. But once plans do so, they can also start to expand their identity, starting with care navigation.

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