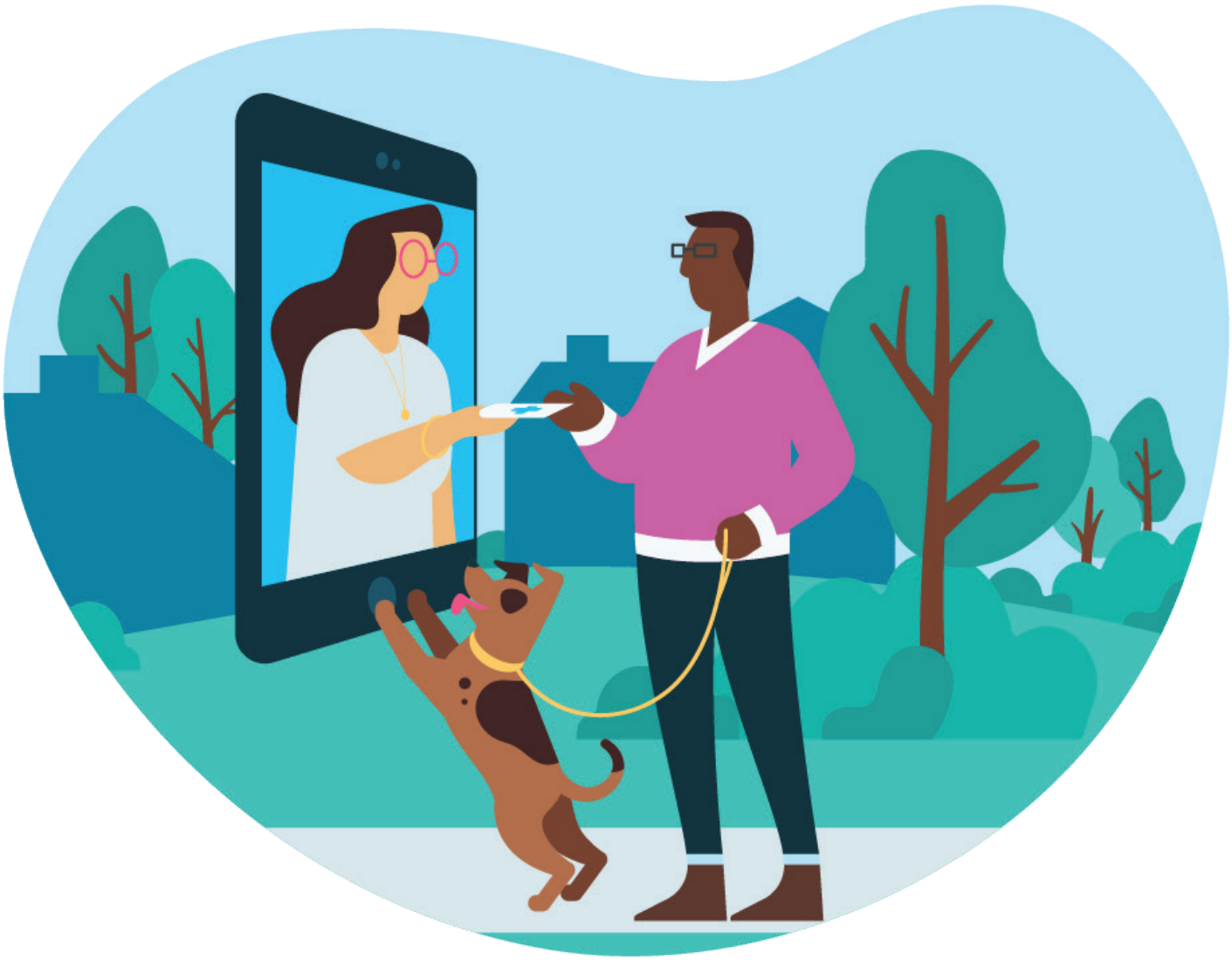


Healthcare Payer Decision-Makers Survey:

The Changing Face of Member Experience Technology

Wellframe

Introduction

Payers find themselves in uncharted waters. Federal legislation and regulation require payers to share greater information with their members and the wide healthcare ecosystem. Value-based and alternative payment models are the impetus behind a need to collect more patient health information. Healthcare consumers are seeking health plans that offer innovative benefits and new ways to access the healthcare system.

While the industry works to catch up with the emerging healthcare trends, they are seeking technology that can support their information management operations and ease the heavy lifting associated with a growing demand for member data. Additionally, payers are seeking to adopt technology that will also modernize their communication with members to improve education, utilization, and cost.

Although payers recognize the challenges they face, some struggle internally to agree on how to proceed, which is further complicated by the cost of modernizing their entire technology stack. There are also questions about how organizations should measure member engagement and which key performance indicators (KPIs) they should utilize. Unable to see a clear way forward, payers remain stagnant in terms of innovation.

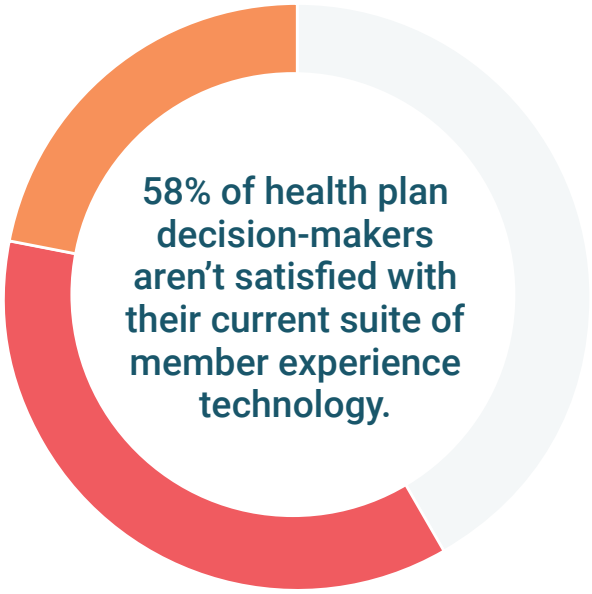
To understand how healthcare insurance companies are reacting to changing markets and supporting their operations with technology, Wellframe commissioned Xtelligent Healthcare Media to survey healthcare payer decision-makers. Overall, 110 qualified responses were recorded from titles such as CTO, CEO, CFO, VP of Product, VP of IT, and others. Organizations included HMOs, EPOs, POSs, PPOs, and HDHPs servicing at least 10,000 members, with most (78%) servicing 500,000 or more members. Data from the survey showed several trends affecting the current state of healthcare payer technology and the goals for improvement set by decision-makers.

Reshaping the mold for U.S. healthcare depends on the intelligent application of effective technology. Payers are looking to build their technology foundation from the ground up by utilizing an all-in-one member tool that is consumer-friendly, personalized, and data-driven.

The Existing Member Advocacy Technology Gap

58% of health plan decision-makers aren't satisfied with their current suite of member experience technology.

Disparities exist between the capabilities plans currently provide their members and those they want to make available to better support member experience. A deeper form of connection that advocates for a member's health while keeping payers informed of changes in the care journey remains elusive.



82% of payers want to be more proactive in their outreach to members for appointments. However, most organizations are dealing with an entirely different set of capabilities at the moment. 98% use a call center to deal with members, and 79% support web-based portals.

While these means of communication have worked in the past, payers are longing to employ a more personalized form of communication. Accordingly, payers ranked two-way messaging between staff and members as the third-most important capability for member technology and 67% are working to include that capability in their technology stack. And while a quarter of payers believe remote patient monitoring to be the most critical capability for member engagement, only 44% utilize the technology.

Clearly, current capabilities are not enabling meaningful connections between health plans and subscribers.

Controlling Costs While Meeting Industry Demands

Payers are facing two strong headwinds. One is the requirement to comply with federal legislation and rulemaking around member access to health information. Another is the healthcare industry's continued transition from fee-for-service to value-based care. These two issues are the impetus for change for 59% and 68% of payers, respectively, followed closely by reducing costs while improving experiences, according to 54% of respondents.

Three policies motivating payers are the No Surprises Act, the Price Transparency Rule, and the Interoperability and Patient Access Final Rule. To maintain compliance, payers will need to collect information that previously went uncollected and make that information available to their members while maintaining security throughout the process.

Survey responses demonstrate that payers struggle to produce this information with their current technology. 72% state that existing technology does not provide necessary access to cost information, and another 63% indicate the same for prescription information.

In addition to prescription and cost information, 59% of payers report that their current IT infrastructure does not support access to risk information, and 56% note that benefit maximization information cannot be adequately provided. Value-based care contracting is more difficult and time-consuming without access to extensive risk and benefit data.

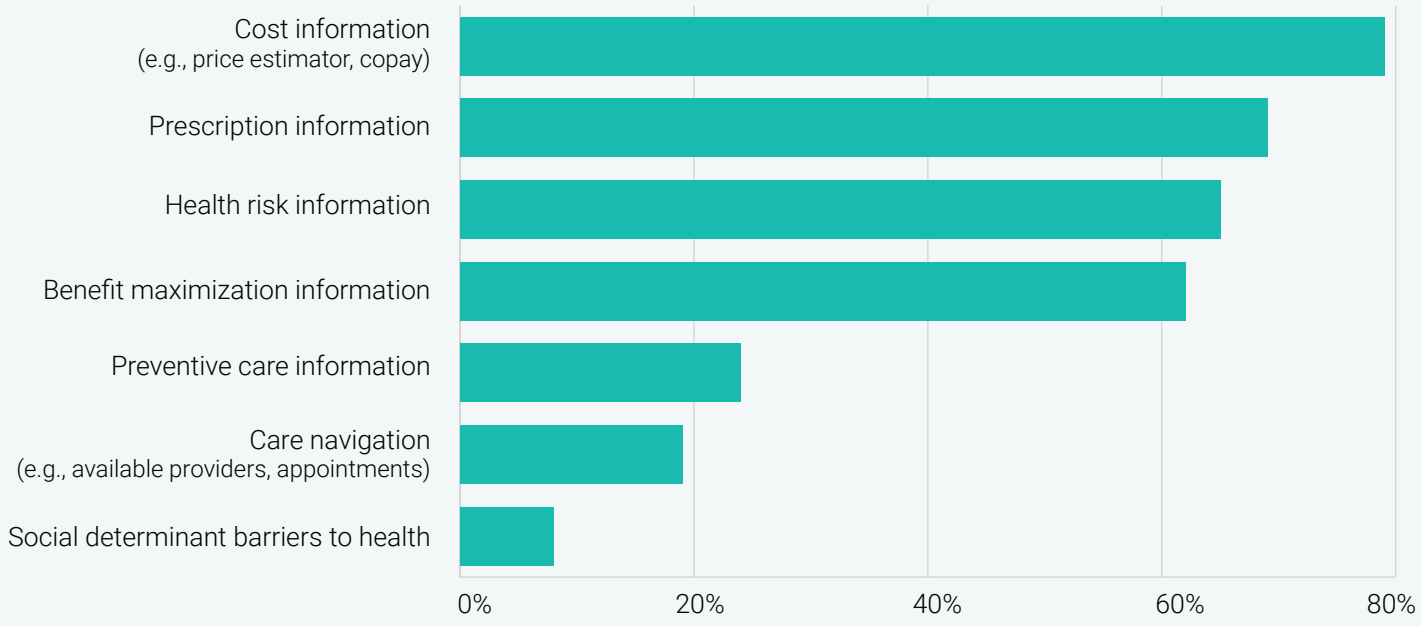
Data also underpins the ability of payers to succeed in value-based care, especially the 54% of payers focused on reducing costs. If payers are to explore additional risk-based contracts, they require robust information to influence cost and utilization. However, their potential success requires technology to support the more complex metrics associated with these contracts.

Payers are moving to improve their capabilities and overcome the limitations of current member technology. Present and future technology upgrades are focused directly on the member experience. They include incorporating ways to collect information from members to simultaneously support their enhanced experience and standardize data collection for value-based contracts.

When asked what they were working to improve about their member experience technology, 56% of respondents report adding follow-up interactions in the form of surveys, and **82% seek ways to support proactive appointment outreach**. Combined, these two capabilities will support the member's healthcare journey and help payers collect information while closing care gaps, including missed appointments.

Security is paramount for payers. More than any other answer choice, 30% of respondents say their member's data security is the most critical component of their technology. Policy and risk avoidance dictate that payers focus on protecting their members and operations as cybersecurity and data breach threats loom.

What type of information do you struggle to share or receive from members?



Aligning Organizational Goals to Improve the Member Experience

Adopting new technology is one thing, but organizations themselves are still conflicted as to how to align their resources to best support members and remain competitive in an evolving healthcare environment.

Improving member trust is essential for many organizations. Surveyed payer leaders focused on promoting one-on-one time with care managers at 67% of organizations, while 60% are expanding access to virtual services. In addition, 48% of respondents are focused on personalized messaging, while 54% are conducting proactive outreach for medication information.

These capabilities enjoyed broad agreement amongst survey respondents, and just four percent of respondents were unsure how to improve their member experience strategy.

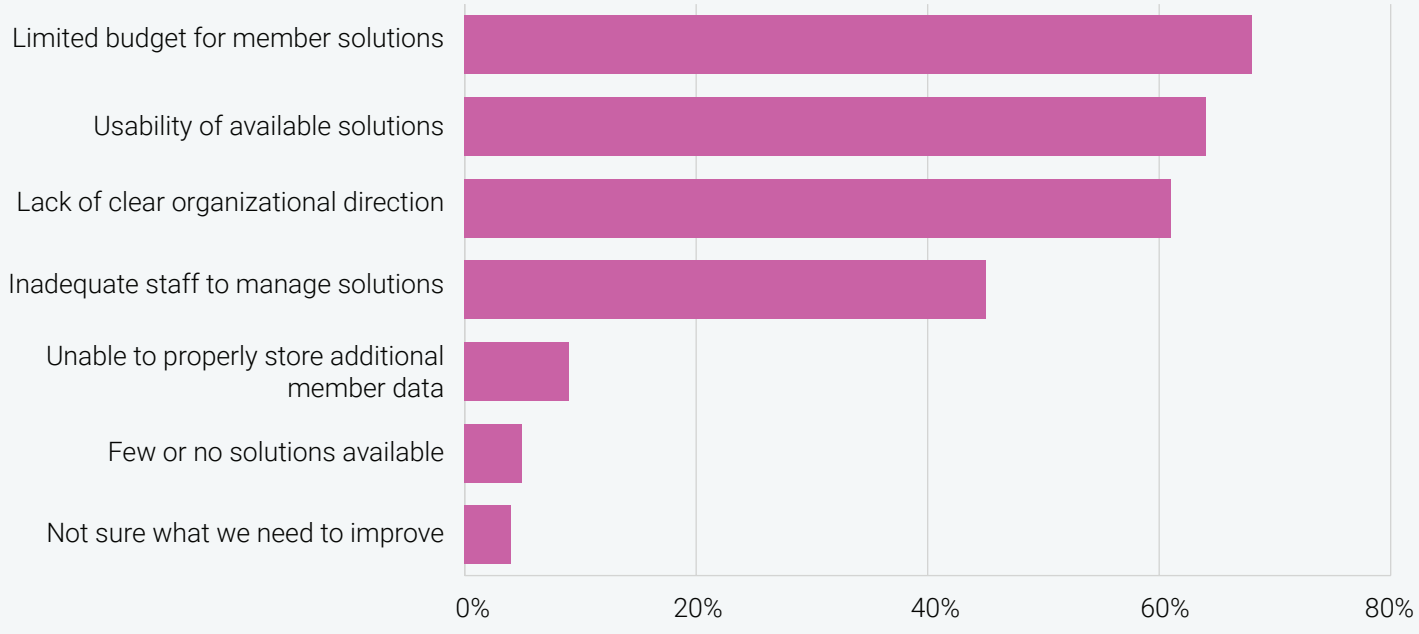
Yet organizations still struggled with the question of resource allocation and the most effective path to providing an improved experience.

For 62% of payers, the main obstacles are financial. A further 56% claim their organization lacks a cohesive plan for achieving widespread change. And in practice, 41% of organizations are not confident they possess the staff to accomplish all their member experience objectives.

The most pressing issue reported by payers is the ambiguity around selecting appropriate KPIs for their organizations. Data from the survey shows member retention and growth are the most common metric, but only for 24% of organizations. Otherwise, metrics are scattered without a clear consensus on how payers should measure success.

Payers will continue to tweak their KPIs as they settle into a post-pandemic, value-based care world. For the time being, the industry is going in many directions.

What stands in the way of improving your member experience strategy?



Simplifying the Process and Sparking a Digital Transformation with Technology Partners

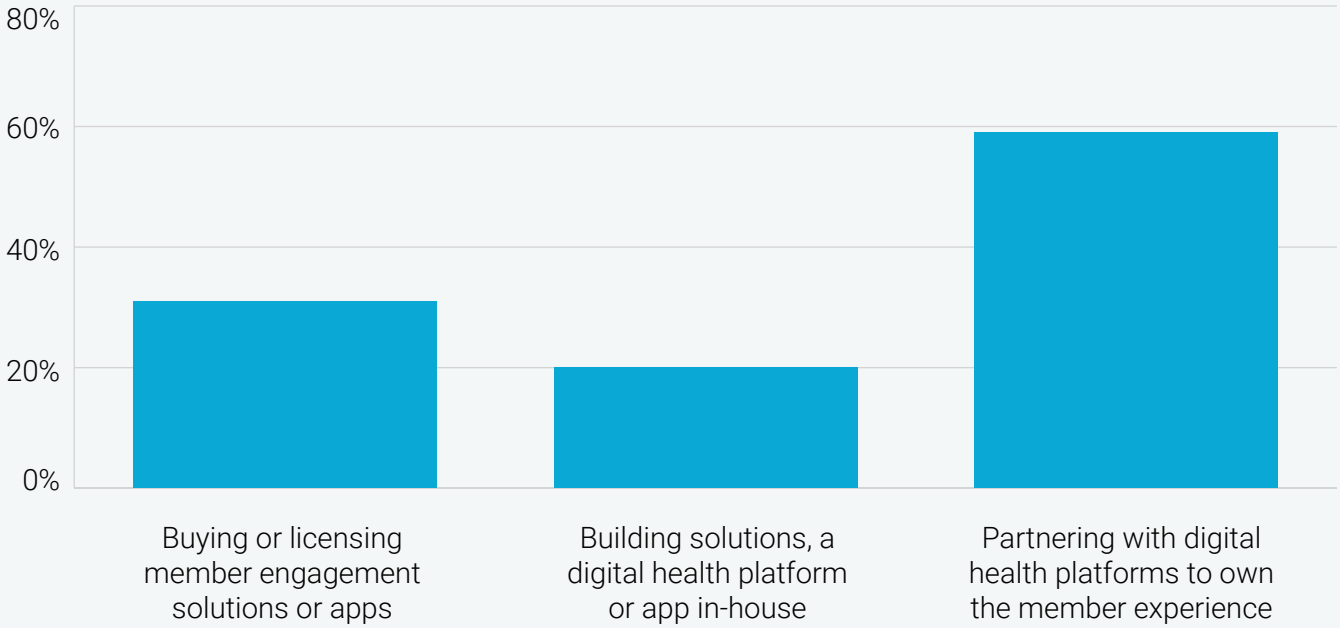
Payers do agree on the hurdles standing in the way of an improved member experience plan. However, the problem for payers is not the lack of available member advocacy solutions but the usability of those available solutions and the ability to integrate them within the organization.

Leading the pack of impediments is the lack of financial resources to adopt new solutions. 62% of payers cite limited budgets in the way of an improved member experience strategy. Another 41% of respondents attribute their slowness to adapting to staff limitations.

Payers prefer a digital health platform that is all-inclusive, straightforward to use, and secure. 54% seek technology provided by a partner organization, allowing the payer organization to own its version of the member experience.

Considering the breadth of the whole survey, payers also expect the solution to be data-driven with the capacity to provide relevant insights and the capabilities to facilitate organizational compliance with changing regulations and market forces.

How does your organization plan to deliver the experience members expect?



Conclusion

Payer leaders are deeply aware of their organizations' strengths and weaknesses and realize the need to make the member experience the top priority moving forward. Supporting this goal will require the proper mix of people, processes, and technology and the financial resources necessary to acquire them.

Health plans have the knowledge to improve member advocacy and build better payer-member relationships. Utilizing solutions to engage members throughout the life of their care journey can impact outcomes as well as costs. The question that remains for payers is how to leverage the right tools to equip their staff and enable their members to succeed. In the age of an increasingly digital healthcare system, the answer lies in technology tailored to the individual organization and its business goals.

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