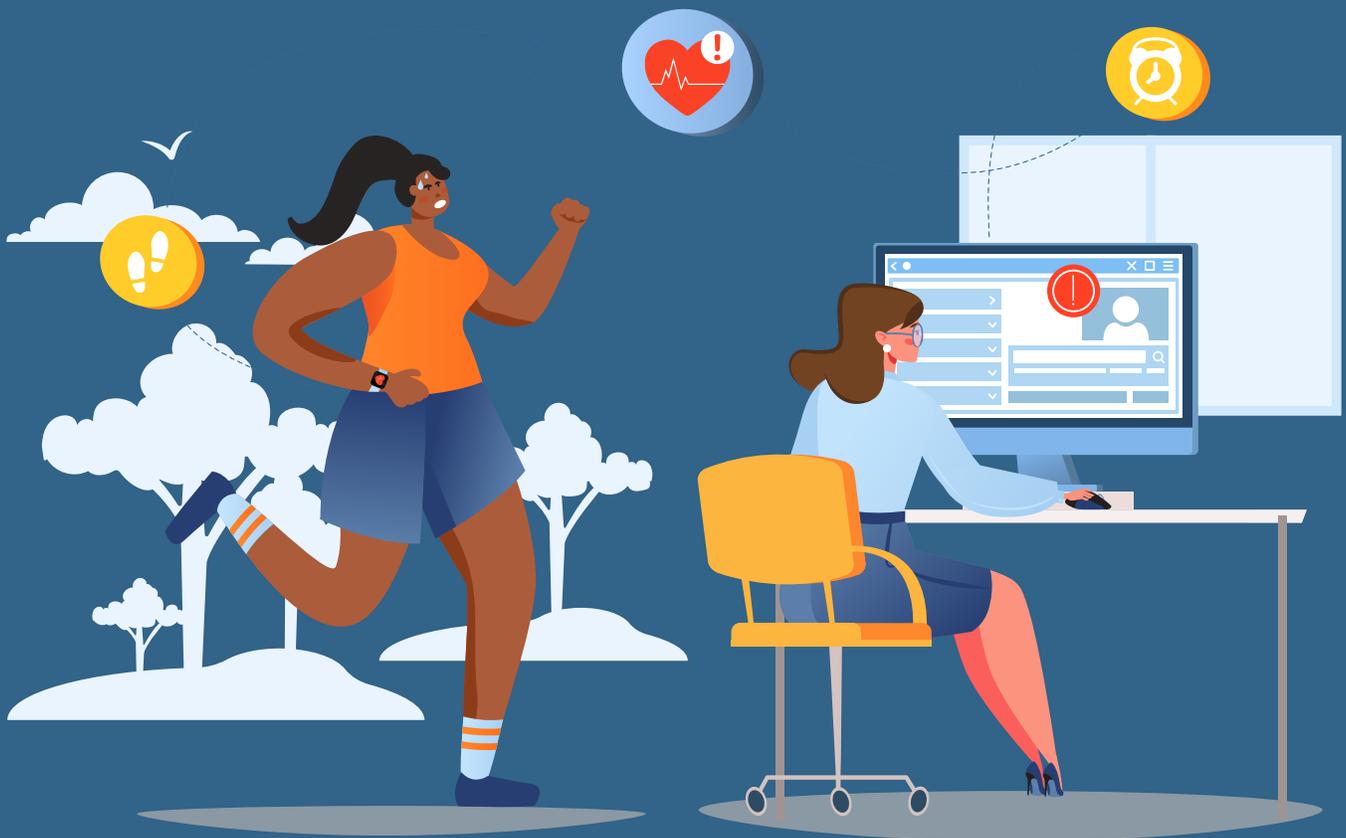
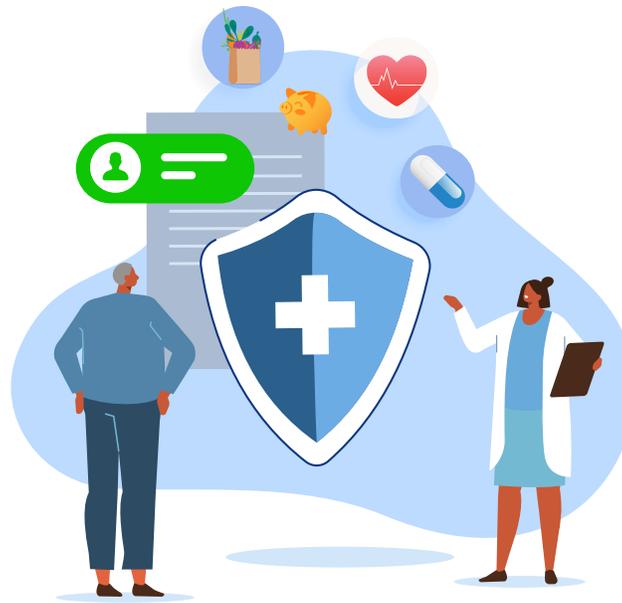




How to Empower Health Plan Members

A Quick Guide to Driving Trust and Engagement





Why is Member Engagement Important?

“When patients are actively involved in their own plan of care, they are better equipped to manage their health conditions, adhere to prescribed treatments, and reduce unnecessary healthcare utilization.”¹

—
Joy Avery, MSN, RN, SVP, Clinical Strategy and Donna Pritchard, DNP, FNP-BC, MSN, RN, VP, Clinical Services, CIPHERHealth in “The Path to Value-Based Care Through Patient Engagement” for *HIT Consultant*

As the healthcare industry continues its rapid transformation of value-based care, effectively engaging health plan members is even more critical. Across every touch point of the care continuum, evidence has found that **member (or patient) engagement improves numerous outcomes** such as satisfaction with care received, cost-effective service delivery, and better health of members, among others.²

Conversely, nonengagement can lead to a host of issues including preventable illness and suffering, suboptimal health outcomes, wasted healthcare resources (and higher costs), and increased health disparities.³

An actively engaged member is a healthier member.

We can heavily credit the COVID-19 pandemic for the rapid emergence of a patient-empowered healthcare system. The pandemic pushed individuals around the country to be more aware of their health and change the way they receive and experience care. Today's health plan members have pushed for greater transparency from healthcare payers and care professionals, enhanced convenience and security, and more direct involvement in their own plan and care decisions.

INTRODUCTION

Health plan members also want to feel like their health plan provider and care practitioners truly know them – personalizing communication methods, care plans, and experiences for their unique preferences and desires.

In 2022, McKinsey's Consumer Health Insights Survey found that American health plan members were already living a "new normal", with many **embracing the convenience of virtual care**.

"Home has become the location of choice for many respondents when it comes to several healthcare-related activities," McKinsey noted in an article about the report.

More than half the survey's respondents indicated they'd prefer a health plan with virtual health benefits.⁴

Convenience has become key. As consumers have become accustomed to more seamless and personalized experiences in other industries, their expectations for their interactions with the healthcare system have also increased. **Health consumers are prioritizing their wellness more than in the past, but they're also continually frustrated with healthcare systems for not being as member-centric as they want.**⁵ Members today are used to the personalized and quick experiences they get from companies like Amazon. This trend in healthcare consumerism has pushed healthcare organizations to innovate and offer more member-centric experiences in an effort to **build more enduring and trusting relationships with members**. In fact, 99 percent of surveyed healthcare provider executives and 100 percent of surveyed chief marketing officers identified healthcare consumerism as a top priority for their companies in McKinsey's 2022 Healthcare Provider C-Suite Survey.

More engaged members also report staying with their current health insurance provider and healthcare practitioner.⁶

Research backs this choice up, with data indicating that **providing the experiences members increasingly expect and demand** at each stage of the healthcare journey can **lead to substantial improvements in care and cost outcomes.**⁷ And most of the healthcare touchpoints members care most about (but currently are unsatisfied with) take place before or after they actually receive care from providers. This means that **healthcare payors and plans have major opportunities for improvement.**

And the ones who take the initiative to engage their members, listen to them, and evolve accordingly, are the ones who will **deliver better care experiences and, as a result, improve their members' health outcomes, increase plan satisfaction ratings, reduce costs, and benefit from higher member satisfaction and retention.**

No official guidebook exists for healthcare payors or providers on how to succeed with member engagement, so we decided to try to make one, focusing on five avenues for improvement. In the next

1. Better educating members
2. Increasing transparency and access
3. Creating member-centric experiences
4. Addressing members' social needs



An Educated Member is an Empowered Member

“A patient’s ability to understand and manage a health condition, to care for themselves, to follow a doctor’s instructions and care plans, to take their medicine properly...all of this is improved when people have access to clear health education. Health literacy is critical to improving health outcomes overall. And high-quality health education engages the patient in their own health, enables them to actively participate in their care plan, make better and more informed decisions, as well as reduces stress and fear. By improving health literacy, we’re positioning patients to take care of themselves and achieve better health and well-being.”

Christy Calhoun, Healthwise Chief Content Officer in an interview with VirtualHealth, 2022

Education is power. And when it comes to proper health education, many health plan members are lacking. Evidence shows that education is critical to improving patient adherence and outcomes. If a member is not sufficiently informed about their condition and proper care protocol, any misunderstanding could result in non-compliance to a provider’s important directions, which may adversely affect their health and treatment outcomes.

WebMD said it best with this quote, “The more clearly a disease is understood, the more likely it is that an individual will be comfortable with their care and adhere to necessary regimens.”⁸

Healthcare payors can really help improve health outcomes by helping to improve health literacy among their members. And because members often receive care in a variety of settings – their home, the hospital, a rehab facility – an educational program that can easily be tailored to each member’s needs can make a real difference in care plan adherence and corresponding health outcomes.

How Can Payors Improve Patient Education?

1. Provide educational materials in language that’s easy to understand (layman’s terms)
2. Communicate information in a way that’s understandable for the member
3. Deliver educational materials to members in the format that’s most impactful (some may prefer videos, while others prefer reading articles or an interactive learning deck)
4. Make sure resources can support various reading levels and languages to account for diversity in age and demographics

Integrating Health Education Into Care Management

At age 67, Joe has type 2 diabetes and hypertension. In the past month, Joe’s son has had to call 911 twice when Joe experienced an insulin reaction and severe hypoglycemia. During a recent telehealth visit with Vanessa, Joe’s care manager, Joe’s son shared that he notices Joe often misses taking his insulin at the right time. At the end of the call, Vanessa set two goals for helping Joe better manage his health. First, improving his medication adherence. Second, modifying his nutrition and safely increasing his physical activity.



Below, we walk through a few vignettes with Vanessa and Joe to highlight how Vanessa leverages health education tactics and tools within VirtualHealth's HELIOS platform where her employer, a Medicare Advantage plan payor, has opted to have the Healthwise education integration include.

We'll look at how educating Joe helps to (1) improve his medication adherence; (2) reinforce knowledge and understanding for overall care plan adherence; and (3) help identify and solve a critical health-related social challenge that could've kept Joe from implementing healthier lifestyle choices.

Goal: Increase Medication Adherence through Education

Using the library of Healthwise educational resources in HELIOS, Vanessa selects some articles and videos that clearly outline the benefits of insulin adherence, as well as the risks of non-adherence. She tailors the content to find some that highlight risks specific to Joe's age and other related health conditions. Because the content is already integrated with HELIOS, compiling and personalizing the content takes minutes, and she can automatically send it in just a few clicks.



Medication adherence, so closely tied to health outcomes, is a critical area of health education for patients with chronic conditions. According to 2022 research by Dovepress, patients with diabetes who received educational support from pharmacists showed significant improvement in medication adherence.⁹

By selecting educational content that matches Joe's specific health needs, Vanessa is hoping to increase the chances that he'll internalize the information – and act on it by adhering more closely to his insulin regimen.

Goal: Educate the Member About Healthy Lifestyle Changes

A few weeks go by. Joe seems to be more consistently following his insulin schedule and has stayed out of the emergency department. Vanessa decides it's time to start working on nutrition changes and introduce an exercise plan.

As she's gotten to know Joe and asked for feedback on the education resources, she's learned that video is a particularly effective learning tool for him.

Using the content library, she compiles some videos demonstrating exercises appropriate for Joe's age and physical condition, as well as a suggested daily diet plan matching his nutrition needs.



Education can motivate patients to make lifestyle changes to support better health.

A 2022 study reported in *The Ochsner Journal* concluded that patients who received video education on dietary changes were more motivated to stick to a diet plan and engaged more often with healthcare professionals about nutrition.¹⁰ The study also found that patients responded more favorably to education when it was personalized to their needs and preferences.

Goal: Help the Member Access High-Quality Nutrition

After getting an alert that Joe had received the new resources, Vanessa schedules a follow-up call. Although Joe demonstrates comprehension of the materials, he tells Vanessa that incorporating fresh fruit, vegetables, and lean proteins isn't always an option. When he's unable to get a ride to the supermarket, he relies on neighborhood mini-markets for groceries, which don't consistently stock these items.

Vanessa realizes access to healthy food and transportation are key health-related social issues for Joe. In other words, Vanessa has discovered a gap in Joe's ability to self-manage his condition: reliable access to the high-quality nutrition he needs.



Vanessa turns back to HELIOS. His time to search for a food bank with refrigeration capabilities close to Joe's address and options for transportation help in his community. She knows the food bank can't be too far either. Short walks are in his exercise plan, but he has mild diabetic neuropathy that affects his calves and feet.

She's able to locate a community partner: a church food pantry less than two blocks from Joe's house where fresh fruit, vegetables, and eggs are available once a week. Vanessa also sends Joe a list of shelf-stable foods that he can fall back on when fresh produce and proteins are hard to find, as well as the contact information for a community ride program for seniors in the area that could help Joe get to the larger grocery store further away twice a month.

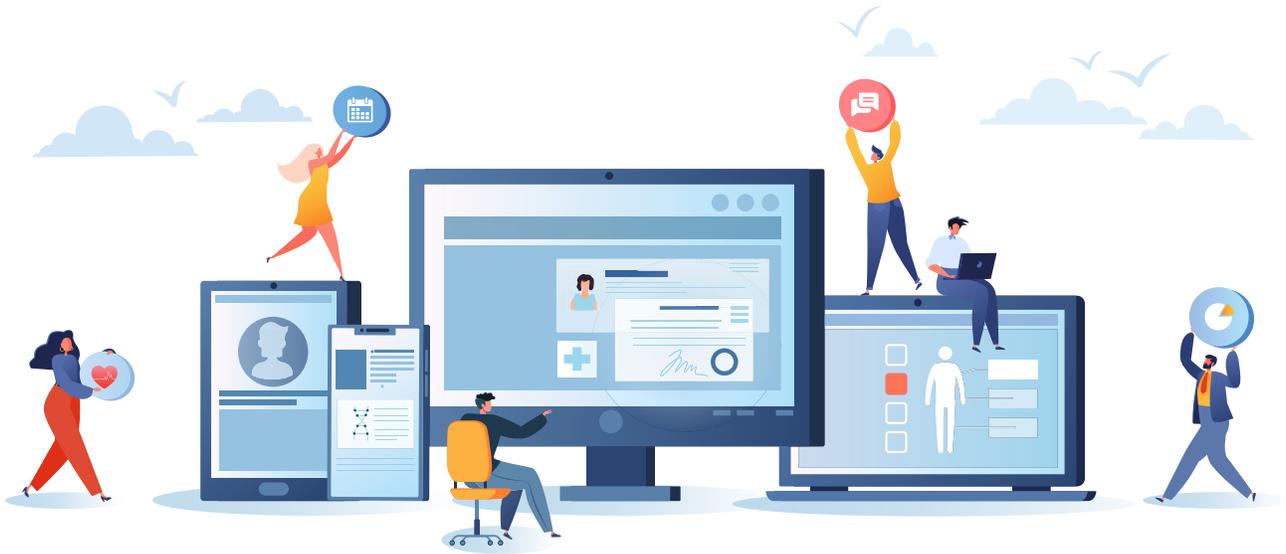


As we can see, a member's health literacy directly impacts their engagement in their health and health care, and care managers play a critical role in improving health literacy among members.

To bring it home:

"As a care manager, you can't take a cookie-cutter approach to educate members about their health. It should be very personalized and tailored to the needs of each person. Therefore, including assessing a member's health literacy skills as part of the comprehensive needs assessment is crucial. This knowledge enables the care manager to match verbal instructions and the readability level of written educational materials to the health literacy skills of the member. You also have to be able to develop trust and rapport with the member to ensure ongoing and open communication and engagement in care management. If, as a patient, I can't understand what you are trying to teach me, or if I can't read, but you continue to mail me educational materials- I am likely going to disengage and stop answering the phone when you call me.

Providing education is just one part of the care manager's job. The most critical role of the care manager is ensuring that a member is able to understand and apply that knowledge- especially after they graduate from care management services and are "on their own". Fostering and facilitating member self-advocacy, engagement, activation, and self-management; increased health care equity; and improved outcomes and reduced cost of care- that's how we make a difference!" — Lori Coates, RN-BC, CCM, CCTM



Empower Members with Information

Information is power. And for health plan members that means making sure they can **access their medical information, providing them with cost transparency, and educating members about options.**

Increased Access to Health Information

More than 80% of adults supported increased access to health information for patients and providers in a 2020 survey conducted for The Pew Charitable Trust to inform lawmakers and regulators on how to modernize the U.S. healthcare system.¹¹ Many wanted to use apps, smartphones, tablets, and computers to do so. And 4 in 10 respondents said COVID made them more likely to support *"efforts that enable data-sharing among a patient's providers and let people download their personal data from EHRs to apps on smartphones and other devices."*

To support consumer needs for more portable healthcare data and faster prior authorization requests, the Centers for Medicare & Medicaid Services (CMS) finalized interoperability and prior authorization ruling. This new guidance impacts Medicare Advantage (MA) organizations, Medicaid and the Children's Health Insurance Program (CHIP) fee-for-service (FFS) programs, Medicaid managed care plans, CHIP managed care entities, and issuers of Qualified Health Plans (QHPs) offered on the Federally-Facilitated Exchanges (FfEs).¹²

As a result, **standards around healthcare data exchange are matching up with member desires and making the ability for health plan members to access their information a must-have.**

But to enable easy and secure access to information for members (and their team of care providers), **interoperability must be solved for**. This is why payors are implementing solutions like HELIOShub which let healthcare payors and plans quickly and easily connect and transform all their critical data into formats that meet the HL7® FHIR® standard and exchange it with other enterprise platforms. The flexible data transfer methods and robust APIs within HELIOShub remove data siloes with fast bi-directional feeds, enabling **member-centric care coordination and collaboration and better healthcare data exchange** for payors, providers, and members.



Cost is a Critical Concern for Health Plan Members

Thirty-eight percent of Americans reported they or a family member postponed medical treatment in 2022 due to cost, reported Gallup in its annual Health and Healthcare poll. That's 12 points up in a year. The same poll also found that Americans with an annual household income under \$40,000 were nearly twice as likely as those with an income of \$100,000 or more to say someone in their family delayed medical care for a serious condition (34% vs. 18%, respectively)."¹³

The 2022 MITRE-Harris Poll Survey found:¹⁴

- 54% of insured individuals don't know who to contact if they have a question or concern about a bill or claim
- 43% of insured Americans reported receiving an unexpected medical bill because their insurance company didn't cover as much as expected

And no wonder members worry about health care costs.

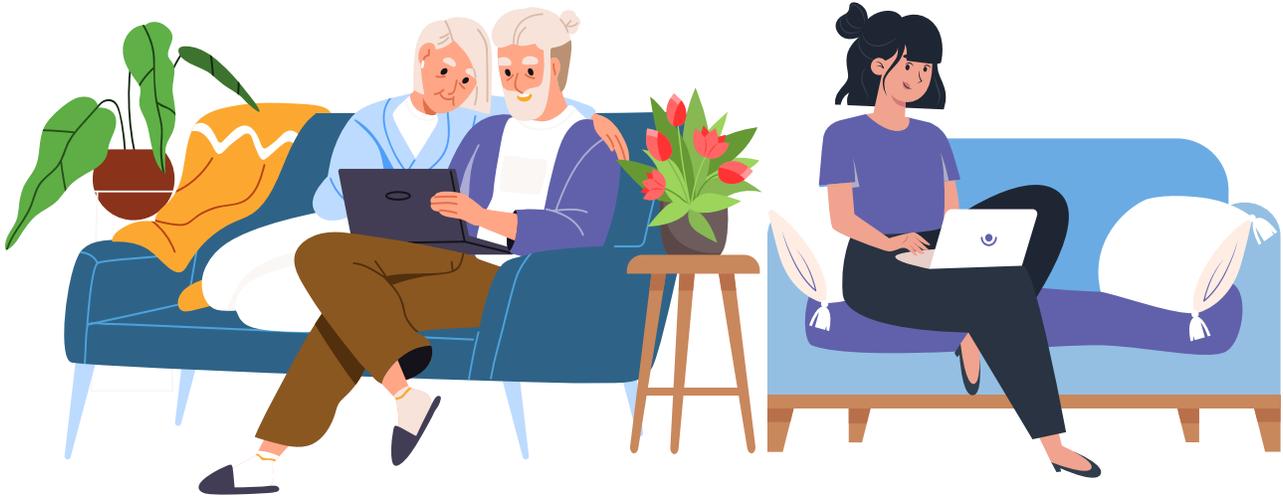
The 2021 federal law requiring hospitals to publicly post information about their standard prices and the negotiated rates for common health services opened a can of worms. Health plan members were angry, and the data shared was messy, inconsistent, and often confusing.¹⁵ This made it impossible for many health consumers to truly use the data to make an informed decision.

Healthcare payors need to help members by taking steps towards providing up-front cost transparency and clear explanations of what services are covered, and any rules that may prevent complete coverage. Members may not always be happy about what they hear, but they'll at least feel confident that their health plan is one they can trust to be honest with them.

Moreover, healthcare payors who are focused on member experience and retention will take a few more steps to provide experience-oriented solutions to manage costs.

1. Offer financial support programs that prevent surprise costs post-care
2. Help provide clear explanations in simple language when a claim is denied, or an item or service is not covered completely
3. Provide affordable, high-quality care options to patients
4. Educate consumers on ways they can save money while still making healthy choices, such as choosing generic over brand-name prescription drugs.





Create Personalized Member Experiences

We looked beyond the healthcare industry to retail, tech, and consumer goods for inspiration to develop solutions payors can enact to make experiences feel more personalized for members.

But first, why is personalization important? It's because personalized experiences directly translate into higher member satisfaction. "Wow, my healthcare payor really understands what I need and what I like. My care manager Julie remembered I prefer texting, that was so thoughtful of her."

From this, **healthcare payors gain can built trust and see better satisfaction ratings, while care managers will have an easier time engaging members to stay healthy and avoid serious health issues** (that add up financially).

Yes, I'd Like a Digital Experience Please

According to Harvard Business Review, if an interaction can be done digitally that's how most health plan members want it. Of the 1,600 respondents Harvard Business Review surveyed, 84% said "they prefer to digitally interact with their health insurance payer." ¹⁶ And both individual and employer-sponsored health plan members want more robust digital features available.

So, the first thing healthcare payors can do to improve member engagement and bring a more customized feel to members is to take steps towards offering more digital features and tools.

Below are some digital solutions to directly offer or improve for members:



1. Digital features to manage plan activity such as accessing digital explanations of benefits, paying bills, and printing ID cards.

2. Improve digital options for service costs, handling claims, and customer support. (Harvard Business Review noted that surveyed members felt apps for digitally submitting claims and estimating costs for procedures are especially important.)¹⁷



3. Enable mobile access to key features, and bonus points if it's a full mobile app that provides members with more than just plan information but also self-activation tools and opportunities to improve their own health, learn about health, or be rewarded for healthy actions.

INSPIRATION ZONE

UnitedHealthcare got smart with this and in early 2023 launched a new rewards program that let eligible members earn money by completing various health goals using an Apple Watch or other wearable device. UnitedHealthcare got key member health data and members got rewarded. It was a smart move that played off the modern consumer desire for mobile experiences that provide instant satisfaction and make them feel good.¹⁸

Three vertical cards illustrating health goals. Each card has an illustration at the top, a title, and a brief description. The first card is 'Control glucose' with an illustration of a person holding a glucose monitor. The second is 'Follow a diet' with an illustration of a bowl of healthy food. The third is 'Take medication' with an illustration of a pill bottle and syringe. Each card has a 'Get started' button at the bottom.

Control glucose
Keep track of your blood levels to see what makes them go up or down to help you manage your blood glucose better.

Follow a diet
Choose healthy carbohydrates, such as fruit and vegetables. Focus on whole foods, and include fewer added sugars.

Take medication
Take your prescribed medication to help manage your condition as directed by your physician.

Get started

4. Digital-based, at-home preventive care programs that make members feel supported and help them stay on track with health and wellness goals, as well as manage complex and chronic conditions like diabetes.

McKinsey highlights a great example involving a 2020 case study on digital care for chronic musculoskeletal pain: ¹⁹

“Easily accessible preventive wellness programs, in which patients are connected to a personal health coach, can engage consumers early and often in their care journey and reduce the likelihood of future surgical interventions and the seeking out of emergency care. In one case study, nearly three-quarters of the patients enrolled in a company’s comprehensive musculoskeletal wellness program completed the program, with more than half of participants experiencing a reduction in pain.” ²⁰

McKinsey’s analysis of the case study also shows the way the program helped transform participating members’ mindsets and behaviors as well. See the illustrated diagram they created below to show how the app’s features led to positive mindsets and healthy behavioral changes by members.



Source: Buchter, J., Cordina, J., & Lee, M. (2023, March 14). Driving growth through consumer centricity in healthcare. McKinsey & Company. <https://www.mckinsey.com/industries/healthcare/our-insights/driving-growth-through-consumer-centricity-in-healthcare>

Bring Telehealth into Care Management Programs

Telehealth solutions can provide a new level of personalization for members. And it's one they want. So, why not also use it within care management programs?

In fact, one of the best things about telehealth modalities like texting and video conferencing is that they can help **care managers get ahead of serious health issues and help members who are at high risk for hospital readmissions and/or emergency room visits.**

Integrated telehealth tools like HELIOSvisit can help address the access issues caused by geographic location limitations, provider shortages, or transportation challenges, and help cultivate intentionality and personalized connections with members.

And while we can't speak to other telehealth tools, we can explain how HELIOSvisit helps improve members' health and create stronger relationships.



1. **Video conferencing makes it easy to provide integrated and accessible care to all members**, especially those who may be struggling to access care due to lack of transportation, lack of local providers, or socio-economic challenges that prevent them from being able to spend enough in-person time with providers. Plan members can join a videoconference from any device with an internet connection and a web browser including computers, smartphones, and tablets. Some phone carrier data plans may also work.



2. **Help care teams support efforts to improve members' health by routinely checking in with members**, following up after appointments, ensuring medications are managed properly, and helping to answer any questions about care plan instructions. This allows added support for healthcare providers and ensures members get the help, answers, and care they need.



3. **Secure file exchange makes it easy to send forms to new members to fill out, and the member can send them back once complete.** For members who are struggling to access accurate and free information about chronic conditions or diseases, or who live in lower socio-economic areas, this feature is exceptionally helpful for care teams to both expand access to and provide more equitable care, as well as help members improve their own health, well-being, and quality of life by empowering them with information and resources.



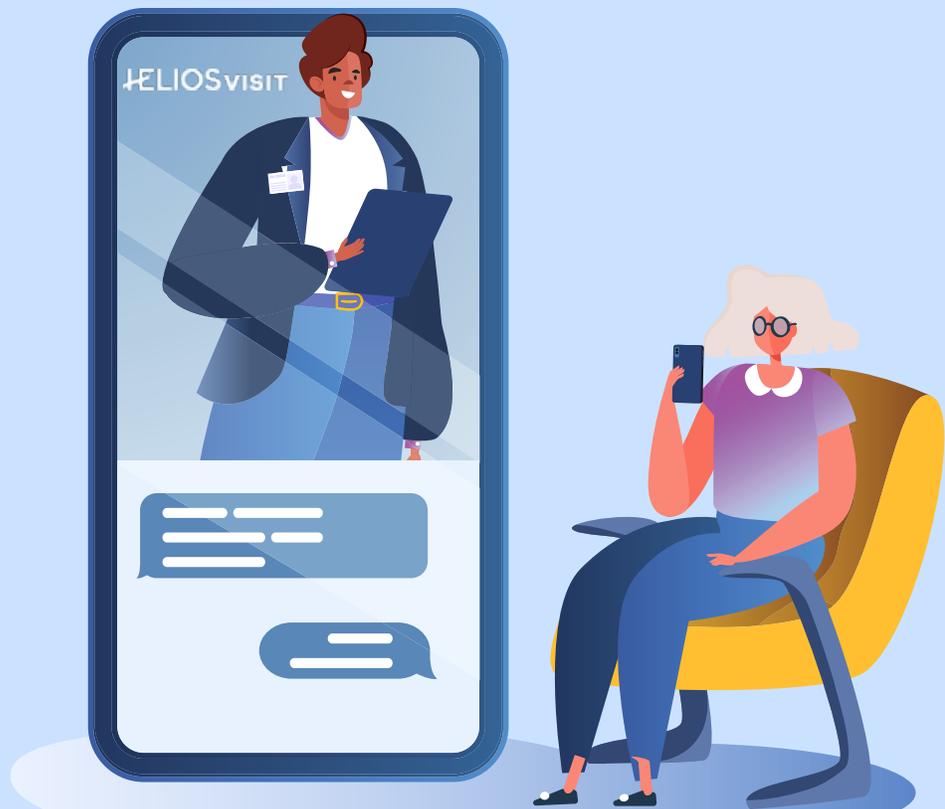
4. **Better coordination and care decisions for a member's health.** HELIOSvisit interaction details, notes, and recordings can all be automatically captured and stored for future reference. This allows care teams and providers utilizing the member data in HELIOS for care purposes to always be up to date with recent conversations and interactions so that the right next steps in the plan of care can be determined.

Need another reason to start using telehealth in care management? The annual Commercial Member Health Plan study found a **9% increase in the use of telehealth solutions that correlated with a gain in member satisfaction in a year's time.** ²¹

REAL-WORLD VALUE

HELIOsvisit is a HIPAA-compliant telehealth solution built within HELIOS® that was launched prior to the pandemic because VirtualHealth saw the need for a solution that enabled greater access to care remotely. And when COVID-19 hit, it helped HELIOS customers with the HELIOsvisit solution quickly adapt care efforts to a virtual model and ensure members' care was continued.

For another one of VirtualHealth's clients managing Medicaid members, HELIOsvisit combined with the Healthwise educational content integration, helped improve health literacy by enabling the delivery and usage of high-quality, tailored educational materials and one-on-one, personalized conversations.





Respectfully, Go Deeper

“Many consumers believe that the health system does not support their care needs, and they perceive that the quality of their healthcare is negatively affected by their personal attributes, including income, insurance coverage, weight, and age, among other factors.”

—
McKinsey 2022 Consumer Health Insights COVID-19 Wave 1 Survey, March 25, 2022

Most organizations today are working to identify and address social determinants of health (SDOH) more effectively. Income, housing and transit, food quality and access, education, community and social context, and access to quality care. Social determinants are the source of 80% to 90% of the modifiable contributors to population health outcomes.²²

Addressing the health-related social needs of plan members individually helps to improve health outcomes and enable greater health equity. And member engagement directly intersects with SDOH initiatives.

Member engagement especially intersects with SDOH when implementing social needs screenings. And approaching efforts to address SDOH more collectively (by all those involved in a member’s care journey).

For healthcare payors, there are three easy steps to take to help improve member engagement in relation to SDOH.



1. Understand and prioritize member needs and perspectives

There are a few ways to help members feel more understood and seen.

First, health screenings and assessments that specifically help identify social determinants of health and high-risk factors can help a care manager **identify some of the unique challenges a member may be facing that either lead to deferral of care or an inability to access care and help identify physical and behavioral health issues before they become expensive.** Built-in assessments and screenings that auto-populate risk flags and outreach tasks can also enable proactive preventive care efforts that make members feel seen and personally cared for.

Second, using telemedicine tools for routine check-ins and motivational interviewing sessions can be an effective way to help members open up and identify the real reasons they're missing appointments or prescription refills, or deferring care altogether. More on that below.

2. Follow up after health screenings and assessments

This strategy has two parts: **convenience and consistency.**

Across generations, adults are eager for more convenient, tech-based methods for health information and interactions. Text, email, and video conferencing tools can reach adult members in a way that may be more comfortable and easy for them. Moreover, telehealth tools may make members more willing to engage, since they don't have to worry about transportation or wait times.

Now, combine that with consistency – namely **routinely gather real-time feedback and information from members and regularly assess their needs**. This means reaching out after health screenings and assessments flag health risks, missed appointments, or forgotten prescriptions. By creating a consistent feedback loop, payors' care teams can ensure care is always evolving and improving to meet a member's needs.



3. Treat members like they're the most important person you know

When members feel understood, heard, cared for, and in charge of their own lives and health, they're more likely to open up and ask questions as well as take the prescribed steps towards better health and wellness. And this is as simple as treating patients with the utmost respect and kindness. It also means being aware of the perceptions and experiences many members have had when seeking medical treatment – which for some demographics is really poor.

The 2022 MITRE-Harris Poll Survey on Patient Experience revealed some disappointing findings that are good examples of things care teams need to keep in mind and account for when engaging with health plan members: ²³

- 52% of individuals in the U.S. feel their symptoms are “ignored, dismissed, or not believed” when they seek medical treatment
- More than half of Blacks and Hispanics felt their healthcare provider was biased against them based on the provider’s “attitude, words or actions”
- 50% of respondents said a healthcare provider made an assumption about them without asking
- Several groups are more likely to experience bias, doubt, or language barriers when seeking care, including individuals with a disability, or a chronic health condition, caregivers, and members of the LGBTQ+ community

Addressing SDOH for members means taking the time to treat members like a Hollywood A-lister and **focusing on open, honest, and personalized communications and interactions that help care teams identify what health-related social issues are present and what resources are available to address them.** This is where motivational interviewing comes in.

Dedicating more time to members is wonderful, but if the way members are approached – contacted, spoken to, listened to, followed up with – doesn't also change, members won't feel forward progress.

4. Empower members with the right tools and information they need to give them agency over addressing their needs

Addressing SDOH can be hard for members if they don't know the resources available to them. Many healthcare payors and plans now partner with organizations that help integrate social care into their systems and connect members to the services and programs they need, with closed-loop feedback to help identify when a member has truly been helped.

This is why VirtualHealth works with community-focused partners like findhelp and Unite Us, among others, who work to connect health plan members to resources and programs in their areas that can help them solve SDOH-related healthcare obstacles.

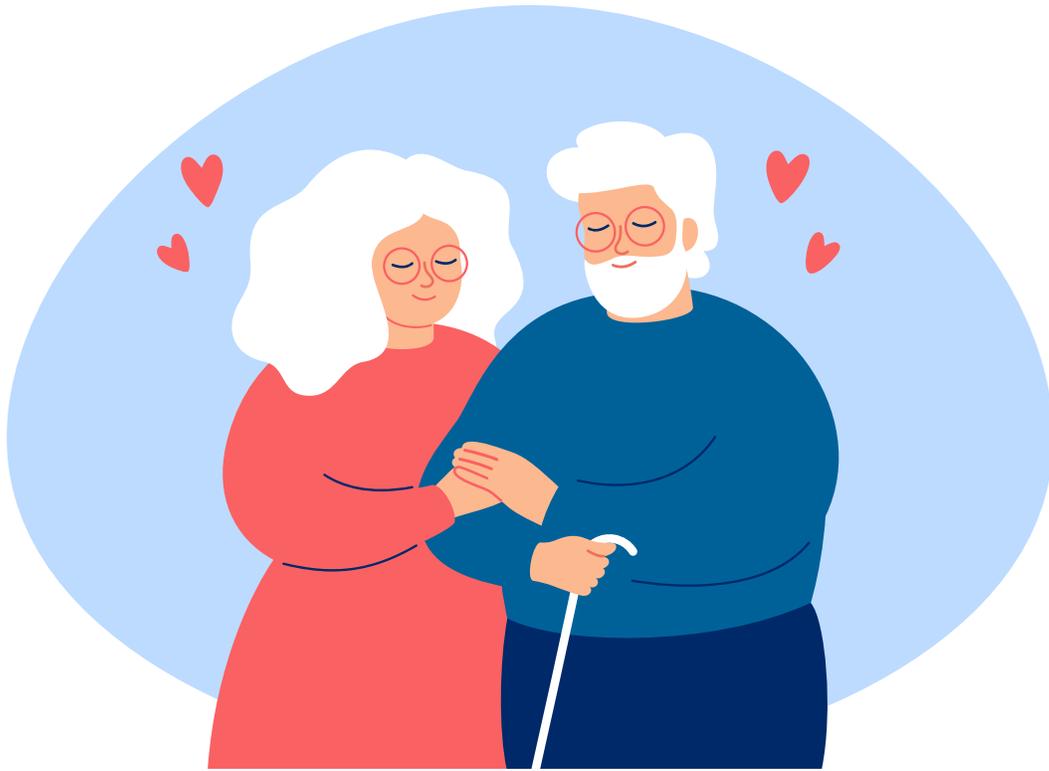
Integrations that work within care management platforms to support SDOH, can help make it easier to give members the agency they need to get help and to close critical care gaps that are hurting health outcomes.



“VirtualHealth and findhelp are partnering to support searching and referral for community resources directly within the HELIOS platform. Organizations already working with VirtualHealth will now be able to tap into the most robust social care network in the country as an easy step within the workflow.”

—
Art Lopez,

Vice President of Business Development & Partnerships,
[“Addressing SDOH Together: Q/A with findhelp’s Art Lopez”](#), 2023



Seeking: Trusting, Long-term Relationship

Maybe you've noticed a hidden trend in the last few chapters.

- How each suggested opportunity for member engagement the solutions is developed through a member-centric lens?
- How communications with members are personable, frequent, consistent, and caring?
- How the end goal is to always offer the member more choice, and more power over their own health?
- How it's critical to get a member to be honest with a care manager about their needs, their ability to understand their care plan, and the health-related social challenges they're facing.

Do you see the thread connecting each of these? It's **trust**.

Establishing trust is the most important thing for any healthcare payor, provider, or care team. Bolstering trust with health plan members is what helps them feel they are understood, listened to, cared for, and respected. When a trust-based relationship exists between a health plan member and their health plan provider, **it's more likely that the relationship will last, and the member will be satisfied with their plan and care experiences.**

Building deeper trust-based relationships also means payors must think beyond their immediate staff and direct payor-to-member experiences.

Healthcare payors managing any population need to make sure they're properly set up for **care collaboration and coordinated care** since most members today will receive care across a range of care settings and providers. **Trust needs to be established by the payor with their members, and they also need to help set the foundation for trust to be built with members and their networked providers.**

“Transparency and honesty build trust between healthcare providers and patients.”

—
Critical Conversations in Healthcare

Making sure there is seamless communication and data exchange between the payor and its provider network is a simple example. Here's why: Seamless communication between payors and providers, allows them to see a member's real-time health status and make accurate care decisions.

This matters to the member because this data exchange means the care provider is care up-to-date on what the member needs and requires, so when the member arrives at his or her appointment, the provider is able to clearly communicate that **they understand the member's needs** (this makes the member happy that they don't have to explain everything over again, and creates confidence in this choice of provider), and **able to deliver the right care to the member** (which makes the member feel taken care of, and fosters trust in both the health practitioner and plan provider).

Imagine this scenario x 10,000 members – that's a lot of positive trust and care experiences to account for.

Members of any health plan are the driving force behind the modern evolution of healthcare. Now is the time to reimagine healthcare through the members' eyes and take steps to create more member-centric value-based care experiences. Payors can also consider directly engaging members to be more directly involved.

A systematic review of studies in 2023 found that *“consultation, using either questionnaires or interviews by researchers, is the most common method to involve patients in VBHC. Higher levels of patient engagement, such as advisory roles, co-design, or collaborative teams are rare.”*²⁴

It also pointed out opportunities for higher engagement such as co-leading care improvement committees that value-based care organizations could and should consider moving forward.²⁵

CHAPTER 5

Beyond this, value-based care organizations could even consider engagement opportunities that provide more direct involvement from members. Examples include a member advisory council, or collaborative member-provider team for co-designing benefits and services to be more cost-friendly and effective.

Perhaps between the opportunities noted in the previous chapters and the potential involvement of members by health plans more directly in the near future, we will see a healthier population that's both able to access care and empowered enough to make better, more confident decisions.

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