

A Prescription for Quality CX in Healthcare

Enabling a Customer-Focused Healthcare Future



Forging Healthcare's Path to Customer Centricity

As millions of consumers flood the market, the lines between traditional insurance and consumer-driven insurance plans will begin to blur.

Over time, the number of consumers purchasing healthcare insurance directly from health insurers, or "payers" will continue to grow, including people who currently receive insurance through their employers but are interested in exploring other options. This transition into the B2C environment will require payers to adopt a customer-centric business model, reorganizing internally around the customer and deploying the necessary solutions to enable the new engagement strategies.

The transition to customer centricity will require three immediate imperatives:

1. Create an omnichannel member experience

Consumers interact with brands across a variety of touchpoints, starting their journeys on their desktops, moving to their mobile devices, and making their purchases in stores. Healthcare isn't immune to this omnichannel trend.

For many organizations, creating a multichannel engagement strategy to reach the omnichannel customer is an aspiration that few have actually successfully implemented. It requires tearing down silos and integrating digital channels with physical ones. For industries with traditional business models and complex systems like healthcare, this is no easy task and requires a new mindset and corporate culture.

2. Prepare the contact center

As millions of Americans enroll on Healthcare.gov, they'll likely encounter a lack of resources such as informational websites and robust knowledgebases. There will be a significant need for informed contact center associates who have ready access to information. As a result, contact centers must be prepared and staffed to respond to these inquiries through regular training, process improvements,

and technology updates like moving to a more agile Cloud model that will allow insurers to easily integrate customer data and enable agents to access information from a central location.

3. Become a trusted advisor

With millions of new members flooding the marketplace, health insurers must work to improve their reputations. Perhaps the most important step in becoming a trusted advisor is making oneself completely available to clients at any time. Prospective customers will be much more at ease if they know without a doubt that their health insurer is available to quickly help them with any issue that may arise.

As a number of industry reports suggest, many insurers are not yet prepared to handle the projected number of consumers who will reach out about health insurance options. In the pages that follow, my hope is that the best practices and thought leadership around the customer experience in healthcare will help accelerate your investments in the customer experience and serve as your guide on the path to customer centricity. – **Pat McCaffrey, Senior Vice President, Healthcare Services, TeleTech**

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The Payer's New Roadmap to Acquiring Members

By Pat McCaffrey, Senior Vice President, Healthcare and Government Solutions

The healthcare industry is undergoing a massive change as millions of consumers explore different options for insurance coverage, some for the first time. Approximately 44 million more people are expected to enter the market for health insurance through 2016, with millions more to follow in subsequent years.

This influx of consumers presents healthcare insurers (payers) with more opportunities **to boost enrollment rates and acquire new members**. It's also more critical than ever that payers have an effective consumer acquisition model in place to leverage these changes.

Traditional strategies for marketing to and acquiring individual members through employer partners (e.g., benefit administrators) are no longer enough. Healthcare exchanges, search engines, and other digital tools now enable consumers to comparison shop between multiple plans. Even existing members are comparing plans offered through the exchanges with those offered by their employers.

These new developments mean payers need to up their game when it comes to providing prospects with relevant information about plan options, pricing, coverage, and other details customers expect to find in healthcare exchanges and payer networks. And with billions of dollars at stake, the transition to a consumer-led acquisition model poses serious challenges for historically B2B-focused payer organizations.

In order to successfully pursue and acquire lucrative prospects, innovative **payers are adopting data-driven models** that enable decision-makers to identify and market to the right consumers at the right time using the right messaging.

Preparations for a consumer-led acquisition model should begin with the development of a strategic roadmap. The base components for such a roadmap should include the following:

- Clear definitions of the top business goals for a member acquisition strategy (e.g., monthly or annual acquisition targets).
- Descriptions of who the target customer segments are along with their characteristics.
- Details about how those customer segments are differentiated from one another (demographics, anticipated frequency of care, profitability, etc.).
- Descriptions of what the consumer experience looks like today across different channels supported by the company (aided by the development and use of a customer journey map). They should also include details about how the technologies and processes used to enable these experiences need to be changed or improved.
- A list of the necessary skills required of B2C consumer marketing, analytics, and customer experience professionals in order to successfully cater to a consumer audience.
- A listing of the infrastructure and technologies needed to engage, onboard, support, and retain would-be members.

Healthcare consumers are expecting the speedy service, ease of use, and convenience that Amazon, Apple, and similar companies already provide. While it's difficult for healthcare organizations to match those customer experiences, a strategic roadmap can help payers differentiate the customer experience and plan for both the short- and long-term goals in acquiring members.

A Better Healthcare Workforce = Better Business

Next-gen tips and tactics to empower employees to deliver a superior healthcare experience.

By Lamont Exeter and Kimberly Johnson

Adapted from the Customer Strategist journal, December 2014

For many people, a health insurer’s contact center is their connection to a trusted advisor who can help them answer questions, make decisions, or point them in the right direction. Key to a positive experience is someone on the other end of the line (or screen) who is confident and knowledgeable. With the current state of the industry in such flux, keeping up with the pace of change can be a challenge.

In traditional employee training programs, new hires go through rigorous programs that typically run through the “kitchen sink” of industry, technical, and procedural lessons in a module format. Afterward, they’re placed in an environment where new information is fed to them. When a unique call is fielded, it’s up to the associate to search for relevant materials or call upon their past training. It’s a model that isn’t built for the rapid pace of today’s health insurance world. Contact center employees today need agility and nimbleness when it comes to information and access.

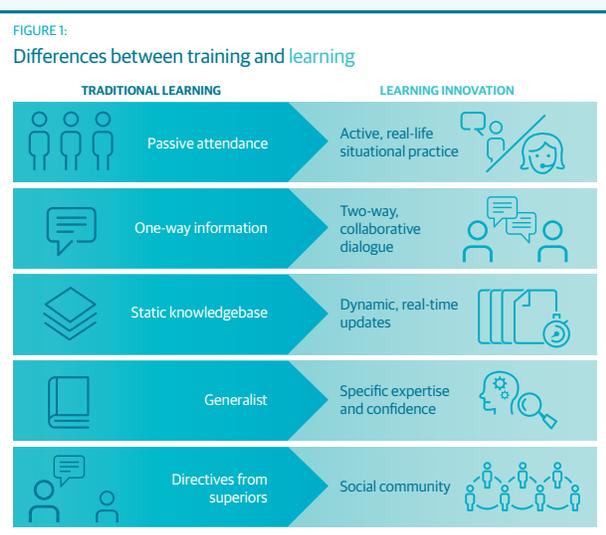
It’s time for a new approach to healthcare contact center learning and development, which features a combination of new strategies, tactics, and tools. First, a cultural change is needed. “Learning” is different than “training.” While training focuses on compliance, competence, and teacher mastery, learning is about continuous excellence and student empowerment. Someone who learns actively and enthusiastically participates in the process, and takes ownership of newfound knowledge and expertise. Real learners aren’t just passive attendees in a training program, memorizing facts and figures that lose relevance when they step onto the live floor.

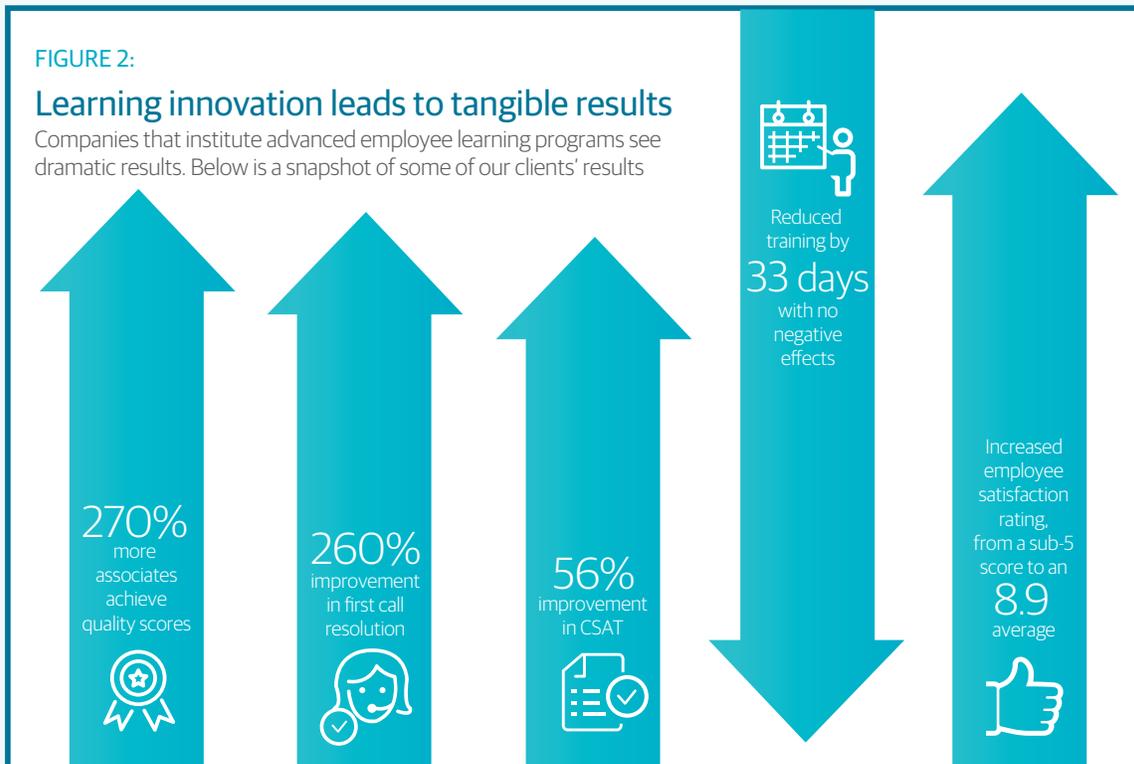
If done well, employees will consider learning programs as an opportunity to grow personally and professionally, instead of a nuisance that takes time away from their daily activities. They will see what they learn in context, understanding that customer experience and overall business is affected by how they apply what they learn to customer interactions.

The goal of a next-gen learning program is to continuously develop employees who are experts in their field and confident about what they know and how to get the job done. They also understand that they don’t need to know everything, but will have the confidence in their ability to move quickly to find the right information.

Once an organization adopts this mindset, it must hire the right talent through a strategic hiring process. The recruitment process must evolve to align to the contact center’s new role as an advisory interaction channel. Identify the types of skills necessary to meet customer needs in this channel, and recruit to match these needs. Payers may need to recruit new types of employees—those with technical or healthcare industry-specific skills, as well as aptitude for problem solving and empathy, especially for sensitive health or billing issues.

They must then create a learning program that reflects these values. Instead of a kitchen-sink approach, organizations can hone the skills and expertise related to





the most common call types, not the most difficult ones. Call data analysis can influence curriculum and process updates. Practice-based learning tools allow employees to become experts and confident in their interactions, and interactive, next-gen simulated learning programs let employees experience different scenarios and build confidence before working with live calls.

For example, employee incentives and gamification reinforce lessons in a fun way. When it comes to the dynamic knowledgebase, employees who complete their onboarding program can receive an initial badge. They then get points toward a new badge or perks for commenting on items in the knowledgebase that their peers or supervisors like and find useful. As an employee's status improves, he or she may be granted access to write or edit their own content.

An innovative learning organization also includes a "living" knowledgebase for employees to use. The key to a good knowledgebase is not what goes into it, but how it's designed. Static, text-based training materials are replaced by a dynamic, interactive, searchable knowledge system.

Simply designed multimedia content, such as images and video, allow associates to find answers on-the-fly during customer calls, or in other short timeframes. It incorporates employee notes, comments, and updates to create two-way collaboration that increases the relevance and usefulness of information. Triggers and keywords within the first moments of a customer conversation serve up relevant call flows, content, and other data to associates so they are ready with information more quickly.

Each of these aspects creates more effective and efficient customer interactions. Calls are resolved more quickly, repeat calls drop, agent productivity increases, fewer calls are transferred, and customer satisfaction improves.

Five ways to take employee learning to the next level

While it's important to evolve employee learning and development, it can be a challenging endeavor. We recommend five best practices to help get started on the journey.

1. Look outside the healthcare industry

The “Amazon” effect has changed consumers forever. They expect a positive customer experience with all companies they do business with, regardless of industry. This is a challenge to payers. To catch up, look at how top brands in other industries approach associate learning and development. While healthcare may be unique, your customers are not. They are customers of other industries, too. Tailoring best practices from those industries into healthcare is the key to differentiating yourself. Research where your customers go when they want a “best in class” experience outside of healthcare.

2. Design a program that addresses what's important to your business

Some companies want to handle calls quickly. Others want to deliver white glove concierge service. While others want to right-channel different types of customer interactions. There is no one “right” way to design a learning program. The key is to identify your organization's objectives, and set KPIs that match. Then, find the right talent with the right skills to operate in the learning environment you design to reach those objectives. Finally, train to those objectives and KPIs.

3. Focus on the right information

Many companies think that quantity equals quality when it comes to their knowledgebase. What actually happens is that information overload overwhelms people. It's hard to find relevant information, and a lot of resources are wasted on information that's never accessed. Instead, learn why people call, when, and what types of resolutions they want. Use tools and practice-based learning to perfect the interactions around these types of calls. Update information often, and remove outdated content. These may require up-front resources, but in the long run it saves time, energy, and improves the experience.

4. Build employee confidence

We can't stress this enough. A confident workforce makes all the difference to a superior interaction. Design your program to continuously reinforce the right types of employee activity, and allow them to share their insight in the knowledgebase. Train employees on knowledge,

but also on how to find information if they don't know the answer. Information is always changing, especially in healthcare. In some cases it's more important to know how to find the right information than what the information actually is. On the back-end, make sure all the programs and systems are built with the customer interaction in mind.

5. Incentivize people to continue learning and growing

Learning and development is not a one-and-done event. It must be allowed to grow organically, as the role of the contact center grows and customer interactions change. Allow your employees to grow with it. Incentivize associates to contribute to making the system better, or speak up when it isn't working well. Emerging programs like gamification add a sense of accomplishment, community, and achievement to employee incentives initiatives.

The health insurance industry changes every day. Payers who can help members and other constituents maneuver through these changes will rise to the top. That's why it's so important for the contact center to be staffed with employees who are considered guides and experts, not just traditional associates. Advanced learning and development can help health insurers realize these employee goals, to the benefit of customers and the company. It's time to move away from traditional training to develop experts who can help consumers throughout their member journey.

10 Things to Ask Yourself About Healthcare Patient Experience Technology

By Pat McCaffrey, Senior Vice President, Healthcare and Government Solutions

Healthcare is a deeply personal experience between patients, physicians, pharmacists, and health insurers. Because of the intimate nature of medical treatment, patients often develop trusting relationships with their caregivers.

Thanks to continuing technological advances and the amount of data that's available, physicians, hospitals, and other stakeholders can further personalize and improve the healthcare patient experience. But given the frenetic pace of change brought about by healthcare reform and advances in technology, healthcare professionals must ask themselves whether they and their organizations are armed with the right technologies to deliver the type of personalized care that patients expect to receive.

Here are 10 questions that physicians and other healthcare providers should ask themselves to determine whether they have the right mix of technologies in place to optimize the patient experience.

1. Are you able to identify patients whenever they reach out to you, regardless of the channel or channels they use?

Patients crave personalized experiences from the healthcare organizations with which they interact. Depending on their medical conditions, patients often feel vulnerable and are in need of compassionate care. Physician offices, clinics, hospitals, and other healthcare providers that identify a patient when he or she has reached out for support, and personalize the experience, can foster a nurturing environment and help put the patient at ease.

2. How old is your contact center routing platform?

State-of-the-art contact center routing technologies can intelligently connect each patient to a specific associate or employee whose individual skills match the patient's needs, ensuring that patients receive relevant support based on their profiles, the channels used, and other

known attributes. Connecting patients to the right employees will improve the patient experience while optimizing operational efficiency.

3. Are you effectively serving your customers across all contact channels?

Patients don't view themselves as omnichannel; they simply expect to receive consistent experiences across any and all of the channels they use to interact with a healthcare provider. A cloud contact center platform enables healthcare organizations to easily add new channel support capabilities on the fly while distributing associates to active channels as patient volumes dictate.

4. Are you arming your frontline employees with the right tools and information?

Patients won't have great experiences if employees don't have effective tools and access to the data needed to support patients. This includes arming patient-facing staff with real-time information about their cases, including the actual cost of care as well as the dollar amount that's covered by insurance. Disparate systems make it extremely difficult for employees to know the full scope of each patient's relationship with the organization and for staffers to deliver the type of personalized service that patients expect.

5. Are you able to quickly identify patient satisfaction issues through analytics?

Patients don't always respond to customer surveys following their interactions with healthcare companies. As such, it's important to use speech, text, social, and other types of analytics tools to identify aspects of the customer experience that the organization can improve upon (e.g., new patient onboarding, problem resolution). Those who rapidly identify and respond to customer or patient satisfaction issues from across the healthcare continuum can enhance the customer experience, strengthen satisfaction, and bolster the bottom line.

6. Are you effectively resolving patients' issues upon first contact?

Customers have multiple contact

options beyond voice calls: IVR, online self-service, chat, click-to-call, email, mobile, and more. Customers who aren't able to resolve their inquiries satisfactorily are more likely to find a provider that can better support them. As the healthcare industry continues to evolve and become more competitive, providers need to be able to determine how effectively they're supporting patients, including the ability to successfully resolve a patient's need or issue upon first contact with the organization. The use of predictive analytics can help decision-makers determine if a patient is likely to call back as well as the reason for that repeat call. Meanwhile, customer service associates can prevent repeat calls by taking a holistic, proactive approach to patient support, improving first call resolution (FCR) by solving current, and likely future, issues on the spot.

7. Do you have the ability to quickly react to real-time data in addressing issues when delivering customer experience (missing SLAs, understaffed against call volume, etc.)? Healthcare organizations that aren't responsive to the needs and preferences of its patients can be perceived as uncaring or indifferent. Real-time management and reporting tools enable decision-makers to immediately identify performance issues with customer support that can be acted on swiftly. Developing a sense-and-respond type environment will enable your organization to provide patients with consistent support and satisfactory experiences.

8. Are your contact center managers able to respond quickly to disruptive patient experience events before they go viral? A patient posts a bill for a medical procedure to social media and it goes viral. Will your contact center managers have that deer-in-the-headlights look about them or receive advanced warning about the post and be prepared to respond to it? Contact center analytics can help managers immediately identify customer support issues and respond to them quickly before they spiral out of control.

9. Are customers who interact with offices/branches able to access the same expertise as customers who call the contact center? Employees who interface directly with patients should have access to the same patient information that's available to contact center

associates. A next-generation customer experience solution can provide front-line employees with a complete view of patients' histories as they interact with each other. Meanwhile, intelligent call routing can ensure that patient calls missed by a healthcare provider's office staff can be redirected to associates with the corresponding skills to provide relevant support.

10. Is your data protected and HIPAA compliant?

Although your organization may conduct regular security audits to protect identifiable patient data under the requirements of the Health Insurance Portability and Accountability Act (HIPAA), contact center, CRM, and other systems containing sensitive patient data may not necessarily be certified as HIPAA compliant. The use of HIPAA-certified technologies confirms that patient data is securely encrypted and are regularly audited, ensuring consistent compliance with the regulation.

Healthcare professionals must ask themselves whether they and their organizations are armed with the right technologies to deliver the type of personalized care that patients expect to receive.

Patients expect healthcare providers to know who they are along with the nature of their medical conditions. Having the right patient experience technology in place can help healthcare companies deliver on these expectations and provide the personalized care that patients long for.

Consumerism Grows in Health Insurance

The health insurance industry is at a crossroads: improve the consumer experience or get out of the way.

Adapted from the Customer Strategist journal, September 2014

Proactive outreach, preventative activities for at-risk customers, and individual attention can make a big difference to a customer's relationship with a company. They also make a big difference to that company's long-term bottom line. These tenets of customer experience have been proven time and again in a number of industries. Now, they're beginning to resonate in the healthcare world. Health insurers are starting to consider the experience of a once overlooked constituency: consumers.

Provisions within the Affordable Care Act (ACA) have boosted consumer participation in their healthcare choices. In addition, as they reach Medicare eligibility, millions of Baby Boomers have the power to choose health plans and add-on services that best meet their needs. This converges with the "Amazon effect," where consumers expect a higher and more personalized level of service from all companies. The result is a health insurance industry at a crossroads: improve the consumer experience or get out of the way.

CareMore focuses on individual well-being

There are pockets of customer centricity to be found within the health insurance industry. CareMore Health System is an integrated payer/provider system for the senior market, operating in California, Nevada, Arizona, and Virginia. The Wellpoint subsidiary delivers care and administers benefits in a unique framework that connects a number of important healthcare touchpoints. Senior Medical Officer Dr. George Fields explains that the company's name is deliberate: its focus is on the holistic care of individual customers' bodies, minds, and spirit. Besides traditional chronic care and acute care management, the firm also focuses on predictive modeling and early intervention. Proactive intervention, intimacy

of contact, and speed of action help CareMore stand out from other payers. Fields points to a number of programs that execute its vision.

The company operates free neighborhood care centers, where members can go for simple care, like getting their toenails clipped. The centers also offer exercise classes, counseling services, and available medical and social worker staff. "It's a second home for many people," Fields says.

Its Healthy Start program for new members aligns physicians, social workers, family members, and insurance professionals to on-board new members and create an individualized treatment plan. The company is proactive with "healthy journey" yearly visits that track and compare patients' overall well-being year over year.

And its integrated model allows communication and coordination across the entire continuum of care, leveraging electronic medical records, management techniques, and processes that scale individual interactions to its nearly 80,000 members, says Vish Sankaran, chief operating officer.

For example, the average new member comes to the plan with 10 medications, for no other reason than physicians and insurers tend to be siloed in their consumer interactions. With an individualized, patient-centric approach, Fields says typically CareMore can reduce it to six medications. In addition, something as simple as trimming patients' toenails for free at the care center leads to fewer infections among diabetes patients, and therefore fewer hospital stays and amputations. It's also common for employees to visit the homes of new and at-risk members to identify and fix potential fall risk factors like loose carpeting or poor lighting. This means fewer broken bones (particularly hips) among members. The plan also offers free transportation for members who can't get to appointments on their own.

In addition to the benefits for members, "more care ends up saving money," Fields says. "It's too expensive

Health insurers are starting to consider the experience of a once overlooked constituency: consumers.

not to invest in this type of care." He points to data: CareMore members have an 11-12 percent re-admittance rate into hospitals after a procedure, compared to 19 percent for average Medicare patients. CareMore members are 50 percent less likely

to have amputations than with Medicare alone. Kidney patients progress to stage 5 kidney failure within 5-6 years on Medicare, but in 24 years with CareMore. And, member obesity rates are much lower than the Medicare average. Fields says that a hospital visit is looked at as a failure on CareMore's part. "We go out of our way to do what we can to prevent that failure in the first place."

From a business perspective, CareMore is able to be generous in its care options because of its value-based business model. Sankaran explains that you have to follow the money. A value-based model, rather than a fee-for-service model, is more patient-centric and leads to long-term bottom-line health. "In the value-based world you need to know what's going on so we can be proactive," he says. As more health insurers and providers move to this model, he expects customer centricity will follow.

A change of perspective

If an entire transformational change isn't realistic at the moment, even simple process improvements can go a long way to enhancing the consumer experience. Jonathan Harding, chief medical officer for senior products at Tufts Health Plan, said in a panel discussion at a recent conference of America's Health Insurance Plans (AHIP), that the key to the industry's success will be changing inward focus to put customers first. "You have to look at every process and see how you can change it to focus on the member," he said.

Tufts created a cross-functional member experience team to fix inside-out processes that may have a negative impact on the consumer. For example, his group sent welcome letters to new members without any Tuft employee's name at the bottom of the letter. He put his own name on it, so members would have an actual person

to follow-up with if they had a question. Harding said he doesn't mind getting calls from members as a result, and he connects them to the correct resource to solve their problem.

Also, compliance regulations mandate that Tufts write a letter to inform members of any denials. Employees were measured by how quickly they wrote each letter. As a result, the letters were "short and sweet," with a denial message that left many members frustrated. Harding's team changed the metrics so that employees could also include an alternative option to the issue being denied. Employees' mindsets changed from a compliance focus to excitement about how they could help the customer, he said. It boosted member and employee satisfaction as a result.

The healthcare industry's shift toward consumerism starts with looking at the industry through the consumer's eyes. Once insurance companies do that, areas of improvement will naturally follow. With 2015 open enrollment on the horizon, it's imperative that health insurers make this shift as soon as possible.

Technology's Transformational Impact on the Healthcare Experience

A look at some key improvements to the patient experience made possible through cutting-edge technology.

Adapted from the Customer Strategist journal, June 2014

Healthcare, at its core, is a very intimate and personal industry. Individuals often develop long-term, trust-based relationships with their doctors, pharmacists, and other healthcare stakeholders. They strive for that level of personalization and intimacy in all aspects of their healthcare experience. Today we are truly at the intersection of humanity and technology in healthcare, where new ideas and innovations to improve people's lives and health experiences are being enabled by technology and strategy.

Jeffrey Bauer, Ph.D., an independent health futurist and medical economist, says that "technology is providing [the world] with an unprecedented opportunity" to develop good healthcare systems. From bionic limbs to extremely targeted treatments and forecasts of individuals' risks for various diseases, healthcare as we know it today is only possible due to vast advances in technology that is changing patients' lives. "We have the opportunity to create phenomenally better healthcare systems in terms of delivery, outcomes, and reducing costs," he says.

While the most talked-about advances tend to relate to medical interventions, technology is also working hard behind the scenes to improve patients' experiences. Pat McCaffrey, TeleTech's senior vice president for healthcare and government solutions, says that the industry is being transformed through tools and technologies that seamlessly leverage data, personalize member outreach and engagement, and improve provider collaboration for better outcomes. In the doctor's office, at the pharmacy, and on the phone to the contact center, innovative companies are looking outside-in to improve how patients and customers interact.

Patient journey transformation

There are too many innovations happening to list here, but we have identified a few notable areas of the patient

journey that are being influenced by a customer-focused approach.

Proactive prevention

Data identifies early risks: The adage "prevention is better than cure" has a lot of truth to it. Patients and their families benefit greatly when a health issue is preempted and addressed before it becomes a problem.

The predictive element of data is being used by healthcare institutions to help them save lives. The Hospital for Sick Children in Toronto uses data to identify the risk of infections in preterm babies before they are visible to clinicians. In collaboration with the University of Ontario Institute of Technology, Project Artemis was developed to leverage the huge amounts of data collected by equipment monitoring babies' vital signs to determine when a child is at risk of infection. Andrew James, associate clinical director of the hospital's neonatal intensive care unit, said in an article that the data showed telltale signs of heart rate changes in babies who subsequently developed an infection. Today, doctors have the tools to identify the early warning signs of an infection up to 24 hours before any other symptoms would have raised the alarm, leading to earlier treatment and less suffering for the tiny infants and their parents.

Health plans can also leverage data to be more predictive and proactive in outreach to at-risk members. Big Data initiatives may uncover potential risks in certain members based on the analysis of aggregated behavior, demographic, and claim data. Payers can then offer preventative information or act in an advisory way before something gets too serious.

Virtual queues reduce wait times: There is little doubt that waiting to be seen by a doctor is one of the most frustrating parts of accessing healthcare, especially when the individual is sick. Aware of this, Linda Ratner, executive director at Texas' Impact Urgent Care, sought to find a

way to reduce waiting times at the health provider's two urgent care facilities. In April 2013, the two clinics began offering virtual queues, where patients line up ahead of time from their phones or online. Patients are told how many other people are ahead of them and are given an estimate of when they can see a doctor, saving them from long stretches in the waiting room. Ratner says that even during peak months, patients only have to wait for a few minutes before they are seen by a doctor, translating into a 20 percent improvement in patient satisfaction.

Getting ahead of illness: In May 2013 actress Angelina Jolie revealed in a candid op-ed in the *New York Times* that she had undergone a preventative double mastectomy after finding out she carried the BRCA1 gene, which exponentially increases her risk of breast and ovarian cancers.

Jolie's experience shone a spotlight on genetic testing, now being used to identify individual risks and develop tailored treatments. "Technology is allowing us to determine which treatment makes the most sense for an individual patient," Bauer says. Selecting the right treatment obviously has an impact on the patient, and also helps to improve the ROI of medicine by spending money on the most appropriate interventions, as early as possible, that are expected to have the best results.

Personalization empowers patients

Telemedicine brings patients and doctors together: According to the American Telemedicine Association, more than half of the hospitals in the United States use some form of telemedicine. Close to 1 million Americans use remote cardiac monitors and millions of patients worldwide use telemedicine to monitor their vital signs and reduce the need for hospital visits.

Mobile technology is also making it possible to virtually connect to a doctor anytime and anywhere. Bauer says that this helps reduce the costs of commuting and decreases the risk of sick patients spreading contagious diseases in waiting rooms. With mobile devices, patients can share very clear images or video of problems they might be having with their physicians. "Smartphone pictures are of diagnostic quality," he says. Additionally, telemedicine could be potentially life-saving, not to

mention extremely convenient, for patients who live hours away from the nearest hospital and require immediate help. It may also spur more preventative doctor interactions.

Real-time personalized content in the hospital room: A new diagnosis can be a shock for patients and their families. And searching online for accurate additional information can be a rabbit hole. Knowing this, the Carolinas Healthcare System invested in interactive patient technology for nearly all patient rooms in two hospitals. Dianne Novak, vice president of patient experience, explains that informative videos are made available to patients on bedside televisions, empowering them to learn more about their care immediately.

Content is ordered in accordance with an individual patient's needs. For example, a patient who has just been diagnosed with heart failure will get information about his condition and medication that he has been prescribed, allowing both the patient and his family to learn more and ask questions while still at the hospital with access to medical staff.

The system also asks patients questions about various aspects of their in-patient experience, ranging from dietary needs to pain management. This allows the hospital to make any changes while the patient is still receiving treatment. Novak says more than 90 percent of patients are using the technology and surveys have shown a 50 percent improvement in both hospitals' performances since they started using the technology.

Social media and patient networks: Some institutions are leveraging social methods to improve collaboration and communication, both between doctors and patients as well as among patients themselves. The Mayo Clinic is among the most advanced healthcare institutions when it comes to leveraging social media and in 2010 launched its Center for Social Media, which serves as a resource for health-related organizations that are interested in leveraging social tools.

Bauer also notes that social channels are providing wonderful opportunities for patients to talk to others going through similar experiences, acting as both a source for non-medical research as well as support networks.

There are dozens of patient networks, including Patients Like Me, where patients share details about their medical conditions and compare and contrast different diagnoses and treatments. An added bonus is the ability to identify side effects from particular drugs or other similarities between patients which would otherwise have taken many years to spot, Bauer says.

It is heartening to see both clinicians and insurers leverage new technologies to improve their areas of the patient journey. The healthcare industry is being presented with an unprecedented opportunity, Bauer says, and needs to continue making the most out of it.

McCaffrey adds that more personal approach to data in the healthcare space is also an area of enormous opportunity. "For instance, by making the on-boarding process more welcoming and engaging, a health plan can often gather information about a member's particular health challenges and in the process tailor the information they receive to enable the member to live a healthier life."

To continue on the path of healthcare transformation, payers and healthcare providers need to embrace technology and redesign processes. "To succeed and differentiate in the healthcare market of the future, stakeholders must leverage technology," McCaffrey stresses, and not be afraid to try new tools and nontraditional interactions that improve the patient experience. This includes using cutting-edge technology to build multichannel communication strategies that are customized to members and patients. "Those stakeholders who are successful in this regard will command mindshare with their member and patient population and build lasting ties with them."

Healthcare's Loyalty Landscape

What it takes to drive engagement and retain members.

Adapted from the Customer Strategist journal, March 2015

Consumerism is a growing trend that is transforming the healthcare space. The Congressional Budget Office estimates that 26 million more people will be insured by 2017 under the Affordable Care Act. As millions of new consumers shop for health insurance, the pressure is rising for insurers to retain members and earn the loyalty of new customers.

Health insurance members, however, are not traditionally loyal customers. About one quarter (26 percent) of health insurance customers describe themselves as "not loyal at all" to their insurer, according to Accenture. It's no surprise, considering the industry's historical lack of focus on the consumer. Though the industry is improving, health insurance was still the lowest ranked category in the 2014 Forrester Customer Experience Index.

Loyalty is difficult to achieve in health insurance, but not insurmountable. Kaiser Permanente, for example, received the highest customer loyalty ranking in the health insurance category of Satmetrix's 2014 Net Promoter Industry Benchmarks. It scored an all-time high of 40 points, compared to a health insurance average of 17. Consumers felt that the company was on their side. "Consumers cited positive aspects of the entire healthcare experience when sharing about their interactions with the Kaiser Permanente health plans, giving the company the highest scores in the industry on key measures, including 'acts in my best interest,' 'my policy gives me peace of mind' and 'treats customers fairly,'" said Satmetrix data scientist Brendan Rocks in a statement.

Loyalty programs have long been seen as a way to foster greater customer engagement and many healthcare organizations already have loyalty programs in place, particularly around wellness activities. But they could go further.

As health insurance providers update their loyalty programs as part of increased consumer focus, "going

beyond transactional rewards to bring a balanced loyalty design approach will maximize impact," notes KBM Group. "A focus on understanding and creatively engaging people in positive health outcomes will spark positive loyalty outcomes."

Even before the Affordable Care Act's coverage mandate pushed more consumers to examine their health insurance choices, they have been taking an increasingly active role in their care experience. Healthcare companies have noticed and are striving to provide more consumer-friendly experiences. And while price will continue to play a major role in healthcare decisions, individuals are more likely to remain with a company that provides them with accessible information and seamless user experiences across channels. Here are a few examples of what health insurers are doing to earn their members' loyalty.

CareSource personalizes the experience

Headquartered in Dayton, Ohio, CareSource is a health insurance plan provider that serves more than 1.4 million members across Ohio. Its services include assistance signing up for Medicaid, Children's Health Insurance Plan, and MyCare Ohio, which offers health and long-term care services to those who are eligible for both Medicaid and Medicare. The organization also offers a health plan for individuals and families called CareSource Just4Me, which is offered through the state health insurance marketplace.

CareSource's goal is to enhance its customer experience and drive loyalty with more personalized, multichannel experiences, explains Karen Posey, director of consumer experience. "We look at our customer experience strategy in four pillars: purposeful leadership, brand promise, consumer understanding, and employee engagement," she says. "We're always looking for ways to improve our services, especially when loyalty and retention are more important than ever."

And it uses loyalty initiatives to help achieve these goals. For example, its Babies First program lets mothers-to-be earn points for completing tasks such as regularly visiting a doctor. The points can be exchanged for a rewards card worth up to \$150 for health-related merchandise.

CareSource's priority is to develop a 360-degree customer engagement experience. It records member information, though much of the information is siloed. "We track our members' activities with us, but it needs to be consolidated," Posey says. "That way if members sign up for various programs we can see how effective those programs are and optimize their experiences."

The company also wants to analyze customer behavior to deliver more accurate communications. For example, members might indicate that they prefer to be contacted via telephone, but their behavior may change, suggesting they're more likely to respond to a text message or email. By analyzing members' behavior, Posey says, CareSource can uncover patterns "that allow us to better meet our customers' preferences so that we can engage effectively with them without being abrasive."

Implementing an effective CRM system for recording and tracking member data is a key part of the company's goals. CareSource executives are aware that "a lot of information processing needs to be done" and are reviewing self-service CRM tools, Posey says.

CareSource's road map also includes expanding its gamification and digital strategies. The company is looking into building mobile apps that complement its offerings, including its rewards programs.

A mobile version of the program could potentially allow members to track their points on their phone and perform other tasks. But before moving forward with an app, the company is reviewing functions that would be most useful to members. "There are a lot of mobile apps we'd love to build," Posey says. "But we have to understand our members first and their attitudes and behaviors to make sure we're delivering a valuable app."

Additionally, the company is looking for ways to further engage members and encourage them to use its health services more frequently. Allowing members to earn

points for activities like annual checkups or getting a flu shot is only the beginning. "There are so many things that we'd love to educate our consumers on like weight loss, exercise, and smoking cessation," she says. "We're looking at gamification to help us do that and step two would be figuring out how to engage each member based on their progress and preferences."

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Use technology to get closer to individuals

Indeed, many healthcare firms are still in the early stages of embracing customer-centric approaches to drive loyalty, says Will Hinde, senior director in West Monroe Partners' Healthcare practice. Most payers already track operational data in a single member record. However, those systems tend to be focused on group plans without including customer-centric data. "Having singular member records is a necessary but insufficient pre-requisite to having a strong loyalty program," he says. "To understand recent behaviors, frequency of interaction and lifetime cost or value of a customer/member/patient, firms need to tie key transactional data such as clinic visits, web visits, purchases, payments, etc. to the single record of the customer."

Additionally, providers and health and wellness companies face similar challenges in which patients have multiple records, making it difficult to get a comprehensive view of the patient's clinical data. And even when companies are able to obtain a single record of the patient, "what overall seems to be missing is the customers' preferences in how they want to be engaged," Hinde adds. "As such member/patient engagement remains a challenge."

Individual records provide much insight and opportunity for engagement, but there are data concerns that come with personalization. Cybersecurity and protecting patient information is also a critical component of the member experience, notes Pat McCaffrey, senior vice president of

healthcare at TeleTech. "If you're going to be in the healthcare business, you have to be HIPAA compliant, and aware of how any enhanced customer program fits into the HIPAA world.

An ideal customer program understands all the "touchpoints" a customer may have with an insurer, accounts for all the possible paths that a customer can take, and captures their experience along those possible paths. From there, information can be fed back into

Providing easy-to-use estimation tools via mobile can create more member stickiness and loyalty.

voice-of-the-customer (VOC) programs and analytics platforms to yield insights.

Healthcare companies should also look to other industries like retail for ideas on how to provide better customer experiences, says Robert Wollan, senior managing

director of sales and customer services at Accenture Strategy. "Consumers often take an expectation from one industry and apply it to another," Wollan observes. "For instance, as on-demand services increase, it won't be long until consumers start saying, 'where's my healthcare claim? Why can't I see the status of my claim as it's being processed?'"

Meeting changing customer expectations at Fallon Health

Peter Atkins, director of market research and planning at Fallon Health, agrees that healthcare companies are facing a lot of pressure to engage members as consumers. Based in Holyoke, Mass., Fallon Health provides about 225,000 members with health insurance solutions and a variety of Medicaid and Medicare products, as well as healthcare programs and services aimed at seniors and other individuals.

To improve its member experience, Fallon Health partnered with Forrester Research to identify customer expectations that cross industries. What Fallon Health learned through consumer surveys, according to Atkins, is that "people aren't necessarily comparing you to other health insurance companies; they're looking for that

Amazon experience. How can Amazon ship something across the country in one day while it takes three weeks to get an ID card?" It's clear, Atkins continues, that "member expectations have changed and we're trying to apply best practices not only from healthcare, but also from other industries like banking and retail."

And given that there's a high cost to acquire a new members, "member loyalty is important to us and we try to engage our members in all life stages from infancy onwards," Atkins says. To better engage members and drive loyalty, the company is using solutions, such as VOC programs and journey mapping tools. Such tools helps Fallon Health "put ourselves in the shoes of our members and design processes from a member's perspective," Atkins says.

As an example, he points to retail centers where members can take a yoga class, get a blood pressure reading, or speak with advisors about questions related to Medicare and Medicaid and other insurance plans. The company rolled out a handful of these centers in Massachusetts based on feedback it received through its VOC platform. Giving members the opportunity to get face-to-face assistance has been a great success, according to Atkins.

Additionally, the company expanded its discounts for health club memberships to include discounts for other healthy activities like horseback riding, swimming, and golf. "We realize there are many ways to stay healthy and we want to reward people for it, so we've been expanding our list of approved activities," Atkins says. "We got a lot of positive feedback about doing that and we believe it helped us retain members."

Fallon Health was also the first health plan in Massachusetts to let members access their ID card through a mobile app, Atkins says. And as mobile usage grows, the company is looking for other capabilities that members would want in a mobile app.

Providing easy-to-use estimation tools via mobile can create more "member stickiness and loyalty," notes West Monroe's Hinde. The app's features don't have to include "cutting-edge abilities...but [should] really provide what the customer needs," adds Munzoor Shaikh, senior manager

at West Monroe Partners. This may include features like provider search, FSA planning, point of care estimations, plan selection via statistics, etc.

Also, providing meaningful rewards is another way to foster member loyalty. They don't have to be just financial in nature, either. "Some social network ecosystems provide 'social status' rewards based on customer achievement of certain health activities," Shaikh says. "And such rewards can often be more meaningful than financial ones."

Looking ahead, engaging loyal members will grow more critical as competition increases. "It's becoming more important for us to understand our individual members' wants and needs," Atkins says. "We think a large percentage of our business will come from people who are presented with a number of choices and there'll be less variation on things like price and plan design features as regulations change."

Loyalty programs that offer points-based incentives and rewards are helpful for promoting customer loyalty, but their effectiveness is limited. Companies must look beyond the transactional relationship. Engaging members by understanding what motivates them to remain loyal and exceeding expectations will have an even greater impact as health insurance competition grows.

TeleTech's Healthcare Practice

Healthcare around the globe is rapidly changing. New technologies and treatments identify and combat diseases faster, yet the complexity of navigating doctors, hospitals, nurses, pharmacists, caregivers, and insurers often makes the customer experience a negative one. We work with healthcare leaders to improve both health and financial outcomes by focusing on the quality of the customer experience. Our integrated approach combines strategy, analytics, technology, process, and operations to enable clients to care for more people, with better results, at a lower cost. Our practice serves Payers, Providers, and Life Sciences leaders.

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