The New Key To Closing Care Gaps: Digital Patient Communications!

Prepared for: ACO Exhibit Hall
Date: June 29th, 2021
Agenda

• For context: Rapid HealthCrowd overview
• Session content:
  • Opportunities for communications with members
  • Types of outreach communications
  • Compliance and Effectiveness
  • Communicating in a natural way
  • Outcomes
  • Review actionable takeaways checklist
• Q&A
Introduction of HealthCrowd

Health care communications orchestration

HealthCrowd

• Communications orchestration platform
• Headquarters – San Mateo, California
• Trailblazer, growing rapidly and venture-backed
• Hi-TRUST certified

HealthCrowd is a member of ACAP, ACO EXHIBIT HALL, HPA, MHPA, NAACOS, NADP
What are the reasons a provider communicates with a member?
Who do patients trust? Their providers!

74 percent of patients report a favorable view of their provider*

Only 16 percent of U.S. consumers believe health insurers put members over profits*

* Pew Research Center study entitled, “Trust and Mistrust in Americans’ View of Scientific Experts.” August 2, 2019

* 2017 Harris Poll Reputation Equity and Risk Across the Health Care Sector report
Why texting is significant

- 98% of people own a mobile phone
- 95% of all messages are read within 90 seconds
- 75% of people don’t answer a call from a number they don’t recognize
- 29% don’t listen to voice mails
- 200 the average number of unopened emails
- 90% of adults 50+ use technology for communication
What patients say

91% report text as the preferred communication with provider

65% want text appointment reminders and pre visit instructions

75% report text is helpful way to receive appointment, delivery and payment reminders

53% of complaints are regarding poor communication not quality of care
Polling question

What are your plans for texting members? (Choose one)

1. Our ACO will be texting members within the next year
2. Our ACO will add texting within the next two to three years
3. We are already texting members
4. We have no plans to text members
How to design an effective communication strategy
Start with the end in mind

Defining a successful digital outreach requires thinking through some of these questions

What is the desired action?

What are the desired outcomes?

How will you measure the outcomes?

Will this be the right member experience?
Types of Outreach Communications
Every channel has its inherent strengths and weaknesses

<table>
<thead>
<tr>
<th>Text</th>
<th>IVR / Robocall</th>
<th>Email</th>
<th>Nanosite</th>
<th>Chatbot</th>
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<tbody>
<tr>
<td>Ideal for nudges to create awareness, get self-reported data, drive (initial) action, answer short questions</td>
<td>Useful to reinforce important actions</td>
<td>Great complement / supplement to other channels; especially suitable when instructions or document are involved</td>
<td>Combined with Texting, a powerful tool to collect data, do surveys, get assessments completed, share multimedia with members</td>
<td>Useful to auto-respond to common inquiries, triage and/or escalate to humans</td>
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<td>Used correctly, benefits from informal &amp; friendly feel, perceived anonymity and push nature (i.e. it gets across unless member opts out)</td>
<td>Unfortunately, can sometimes emit generic big company feel and its abuse has caused pick-up rates to plummet due to member desensitization</td>
<td>Consistency of messaging with other channels can amplify member action</td>
<td>Underutilized previously but demand is growing rapidly for vendors with a flexible customizable offering</td>
<td>With the right intent and investment, can have significant positive impact on member experience while delivering tangible cost savings</td>
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1 Personalized mobile website
Be deliberate when choosing an outreach channel

1. What is the objective? Why are you choosing a communications channel? Some examples:
   - Adding to improve reach
   - Supplementing to drive more actions
   - To reduce member services inbound call volume
   - To increase survey completion rates

2. Will the member experience be consistent with existing channels?
   - Absent a brand guide, ask if the language, tone and personality are consistent with how your group views itself

3. Will it complement/enhance current communications or create more noise?
   - Coordinate the new channel with existing channels to avoid bombarding members

4. Have a plan to measure success based on your objective in #1
Golden rules for messaging success

Timely

Relevant

Actionable

or simply

“What’s in it for the member?” WIIFTM
Example new member welcome

Hi Ruth, this Acme Health Services, your health care provider group. We’re proud to be able to serve you. (STOP cancels. Msg&Data rates may apply). But, first, add us to your contacts so you don’t miss a beat! 👇

Acme Health Services

Create warmth with MMS/Picture Messaging

Build trust & rapport

Inject fun with Emojis

Add to Contacts

[AcmeHealth] Your Primary Care Physician is Dr. Henry Gray. Our records show that you are due for a check-up. Text PCP for your doctor’s info and schedule now.

Your PCP is Dr. Gray and can be reached at (212) 719-0289. Address: 425 Grove Street, Suite 20. Hours: 9-5, M-F.

Put a face to the PCP

First in series of varying nudges

Actionable

Interactive

Personalized

Easily customize messaging and logic based on your onboarding priorities

Other popular keywords: RIDE, DENTAL, GC, CARD
Compliance and Effectiveness
When different departments are outreaching to members, there can be unintentional bombardment.

Enforce a communications policy to:
- Protect the member experience
- Protect the health plan from litigation

To protect the member experience, HealthCrowd enforces communications policy:
- Telephone Consumer Protection Act (TCPA) compliant
- HIPAA compliant – all messages include a HIPAA light message
- Do Not Contact list management

#### Communications Policy

- **Integrates with Do-Not-Call:**
  - Yes ▼ Change

- **Calling Time:**
  - 9am ▼ Change to 9pm ▼ Change

- **State-specific requirements:**
  - Alabama
  - Kentucky
  - Louisiana
  - Massachusetts
  - Nevada
  - Rhode Island
  - Wyoming

- **Minimum duration between communications:**
  - 3 Business Days ▼ Change

- **Maximum number of communications:**
  - 4 per Month ▼ Change

- **TCPA precaution:**
  - Move to DNC after 10 Unresponsive Texts ▼ Change
Discipline can create strong, sustainable results

Case in point: Amerigroup

By applying the golden rules to their text messaging content, Amerigroup Tennessee was able to drive efficient gap closure across a spectrum of HEDIS measures.
Done right, choosing a new channel can have massive impact

Case in point: Communitycare PLAN

Profile: Serves members in Florida Healthy Kids and Medicaid (Broward county) programs; commercial, self-insured employee health plans; and sponsored programs

Objective: Add Texting to current channels (Mail and Live Calls) to (i) reach entire Medicaid population rapidly, (ii) make rapid member-PCP connection and (iii) drive gap closures

1 Statistically significant outcomes versus control

“In late December, AHCA released the scores for the plans and we were shouting from the rooftops because we had earned 26 of 30 stars in the six quality domains shared earlier...the most stars of ANY plan in the STATE of Florida ... with our true Partner in Care – HealthCrowd!”

– Jessica Lerner, COO
Polling question

Where would you add texting for impact at your ACO? (Choose one)

1. Appointment reminders
2. Care gap closure
3. Disease management
4. Member satisfaction survey
5. Medication adherence
Communicate in a natural way
The best way to communicate with a member is by **mirroring** how they communicate with others in real life, i.e. using all the different channels in a natural way.
Consider how one may communicate in real life

**TEXT**

What’s for dinner??

**EMAIL**

Can you look at these documents from our tax accountant?

**CALL**

Need to discuss Dad’s situation. Please call back.

Why do member communications often not conform to these common-sense social norms?
Example surveys with nanosite

Health plans love our nanosites!
- White-labeled with your branding
- Personalized by member
- Automatic expiration
- All activity tracked
- Flexible beyond belief!

Hi it’s Valley Health Plan, your health plan! We would like to know how you liked your visit with Dr. Guez on 07/13/20. We will ask you 5 short questions about your experience. Text back 1-6 to answer the questions. Espanol, texto ES.

We appreciate your feedback Martha! 🙏

Hi Martha! We at Valley Health Plan want to improve our quality of care and we need your help. Please take a brief survey about your experience with us between 2019-09-23 and 2019-10-20.

valleyhealthplan.online/acms/demo

How satisfied were you with how carefully the doctor/care provider listened to you?
1. 😃 Very satisfied
2. 😊 Satisfied
3. 😐 Neutral
4. 😞 Dissatisfied
5. 😩 Very Dissatisfied

Create text surveys

Leverage nanosites
Outcomes
## OVERVIEW

- Northern California health plan, multilingual
- Previous: mailings with education and 2 check-in calls annually
- Need to improve: HbA1c tests, blood pressure checks, nephropathy monitoring, and diabetes eye exams

## CHALLENGE

Increased engagement to encourage more wellness and screening visits for Chinese, English and Spanish-speaking members with diabetes.

## RESULTS

- Developed texts to promote effective diabetes self-care habits
- Targeted, relevant and literacy-appropriate

Results compared to previous 2 years:

- **39% MORE** PPC
- **90% MORE** PNC
- **92% MORE** FPC
- **64% MORE** Surveyed opt-in members strongly agreed: helpful information given
Preventive Care Screenings, Medicaid Plan

OVERVIEW

- Florida Health plan
- Over 100,000 members
- Plan experienced a name change – needed to notify members and raise awareness of new name

CHALLENGE

Reaching thousands of Medicaid members in two languages and driving them to attend preventive care visits with their doctor.

RESULTS

- Increased preventive care visits from 15% to 175% across six measures
- Achieved the most stars (26 of 30) for a Medicaid plan in the state of Florida for two straight years

Increased HEDIS measures

- AWC: 50%↑
- WC34: 75%↑
- W15-CIS: 175%↑
Pregnancy Wellness Program, Community Plan

OVERVIEW

• Pennsylvania community health plan
• 10,000 pregnant members
• 1 million members

RESULTS

• Engaged opt-in members through multiple touchpoints - combining text messaging, telephone appointment reminders, written member materials, and included various incentives to help reach desired goals.
• Utilized picture messaging, MMS, to educate and bond

CHALLENGE

Need to improve prenatal and postpartum HEDIS rates, specifically engaging high-risk pregnancy members to reduce low BW and intensive care events.

Results compared to control group

- PPC: 10% ↑
- PNC: 8% ↑
- FPC: 6% ↑
- 90%

Surveyed opt-in members strongly agreed: helpful information given
A summary checklist for your reference

1. **More outreach ≠ better outcomes**
   - Is the content Timely?
   - Is the content Relevant?
   - Is the content Actionable?
   - Can I answer WIIFTM?

2. **More channels ≠ better outcomes**
   - Articulate objective of adding new channel
   - Address consistency of member experience
   - Coordinate with current channels
   - Document how success will be measured
   - Enforce an enterprise-wide communications policy

3. **Communicate in a natural way**
   - Is the best channel(s) for the job being used?
   - Is this how one would communicate in real life?

4. **Outcomes**
   - Are the different channels working together to create a more relevant and remarkable member experience and driving the results you want
QUESTIONS?

Jackie Maynard
Vice President, National Accounts
Visit our Virtual Booth at ACOExhibitHall.com
THANK YOU

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Footnotes

- 98% people own a mobile phone Pew Research
- 95% of text messages are read within 3 minutes of being sent. (Forbes)
- 75% don’t answer phone The Harris poll The Harris Poll
- 29% don’t listen to voice mail The Harris Poll
- 200 emails Workfront
- 91% pts prefer text Healthcare IT News
- 65% want text appt reminders Medical Economics
- 53% of complaints regarding poor communication https://www.ncbi.nlm.nih.gov/pmc/articles/PMC5867282/