



Delight members or get ignored

Why top health insurers are making the shift to one-to-one member engagement.

You don't need a data scientist to sense the change happening right now. With digital channels and AI going mainstream, the same stale engagement, marketing, and sales tactics aren't getting the job done anymore. Everything that's not personalized and perfectly-timed falls flat. So how can we, as member engagement teams and marketers, break through the white noise to drive real value and deeper member and consumer connections?



99 out of 100 customers aren't paying attention

Outreach responses are down. Phone connections and click-through rates are embarrassing. And many payers can't even connect with existing members – much less find new ones – without hemorrhaging time, budgets, and reputation.

In a sector with more than 5000 unique marketing solutions,¹ the average campaign response rate is less than 1%.² That means on average, 99% of the messages we send are largely irrelevant.

Every interaction matters. Each one is an opportunity to bring the member closer or push them away. Members now expect you to know them. They expect a seamless experience. Their interactions with brands like Google and Apple have reset the bar for what “good” looks like. Anything less is very obvious and very painful. Supporting members’ health is just the starting point – they need you to empathize with their financial, socioeconomic, and administrative concerns, too. You need to add value at every step of their unique journey, to clear their path and provide a seamless experience. **Nothing is more personal than health**, and when engaging with your members, you can't afford to make mistakes.

It's time for a radical shift in engagement

To break out of this death spiral, we have to stop constantly distracting and interrupting members’ lives. We have to become a part of their day-to-day experiences, not a tangent or an afterthought.

This requires us to rethink how relationships work and how they develop. We have to empathize with each individual, adapting to their specific needs. And we have to add value every time we engage, instead of falling back to just pushing wellness, products, and services. This is a big ask because it requires us to calculate a **next best action** for every touch – to ensure each interaction is relevant to the member, while still valuable to the payer.

¹ Chief Marketing Technologist Blog, Scott Brinker (2017) <http://chiefmartec.com/2017/05/marketing-technologylandscape-supergraphic-2017/>

² Direct Marketing Association, 2017 Response Rate Report (2017) <https://thedma.org/marketing-insights/responserate-report/>

3 ways to go beyond services-pushing

So how does a next-best-action approach work, and what can it really do for your member relationships?

1

Next best action goes beyond the tactics of traditional outreach and marketing because **it analyzes each member's complete profile and current context, in the moment** – while an interaction is still taking place. It calculates the right approach for a specific person, and situation, based on their needs and the organization's goals.

2

Next best action is not just about making wellness, marketing, or sales offers. Instead **it considers all the retention, service, claims, wellness, or risk options that are available**. Every option is modeled and examined, and the next best action is the option that best balances member relevance with business value.

3

Traditional outreach campaigns cater to entire populations or focus on a product for an employer group, then decide who's likely to engage or buy it, allowing us to target them. The problem is, that focuses only on what we want, not on what the member or consumer really needs. Response is low because it's about us, not about them. With a next-best-action approach, **you trigger messages exactly (and only) when the individual needs them**, based on their unique situation. They never see irrelevant messages or get sick of hearing from you. It's about waiting until the time is right and engaging only when you're likely to add value.

How to make it real (and get real results)

Implementing a next-best-action model requires payers to make three significant changes, which together reshape their approach to engagement. These aren't small things, but they're critical for success.

One-to-one member engagement

Shift from traditional one-to-many segmentation to an approach where decisions are made for each individual – instead of grouping them into segments, where their unique needs are lost or underserved.

A centralized decision authority

Stop channel, program, and product-driven targeting and use a single “brain” to arbitrate among wellness programs, member outreach campaigns, products and services, channels, and business units – based on what's best for the member and the payer as a whole.

Always-on engagement

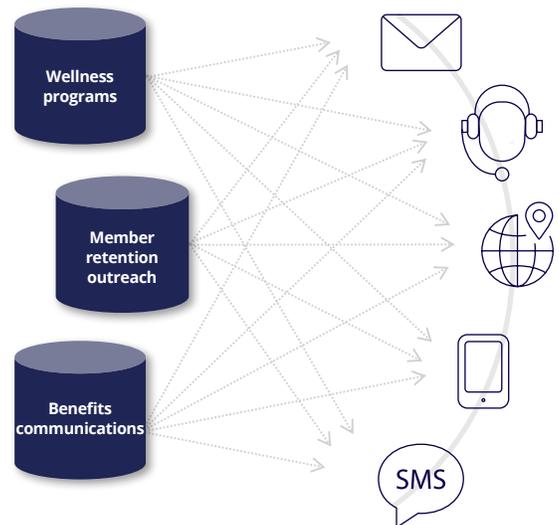
Move away from scheduled outreach, push campaigns, and large batches to an always-on model that never stops or starts. Instead, it continuously engages members during calculated “moments of need,” regardless of channel.

These changes can seem impossible, mainly because our businesses aren't naturally set up that way. This kind of transformation doesn't happen overnight; instead it's an organizational evolution that has to happen channel by channel, and case by case. That way you can progressively produce ROI through improved outcomes, increased member engagement, and reduced costs, and steadily earn the right to take on more.

Despite the challenges, payers invest because they see the potential value, including:

- **Increased member engagement which improves outcomes**
- **Increased member satisfaction (10-40 points)**
- **Increased response rates (3-6x)**
- **Incremental agent-sales opportunities (2-3x)**
- **Increased net promoter score (10-40 points)**
- **Significant return on investment (3-5x)**
- **Minimal payback period (4-6 months)**

Decentralized strategy



Centralized strategy

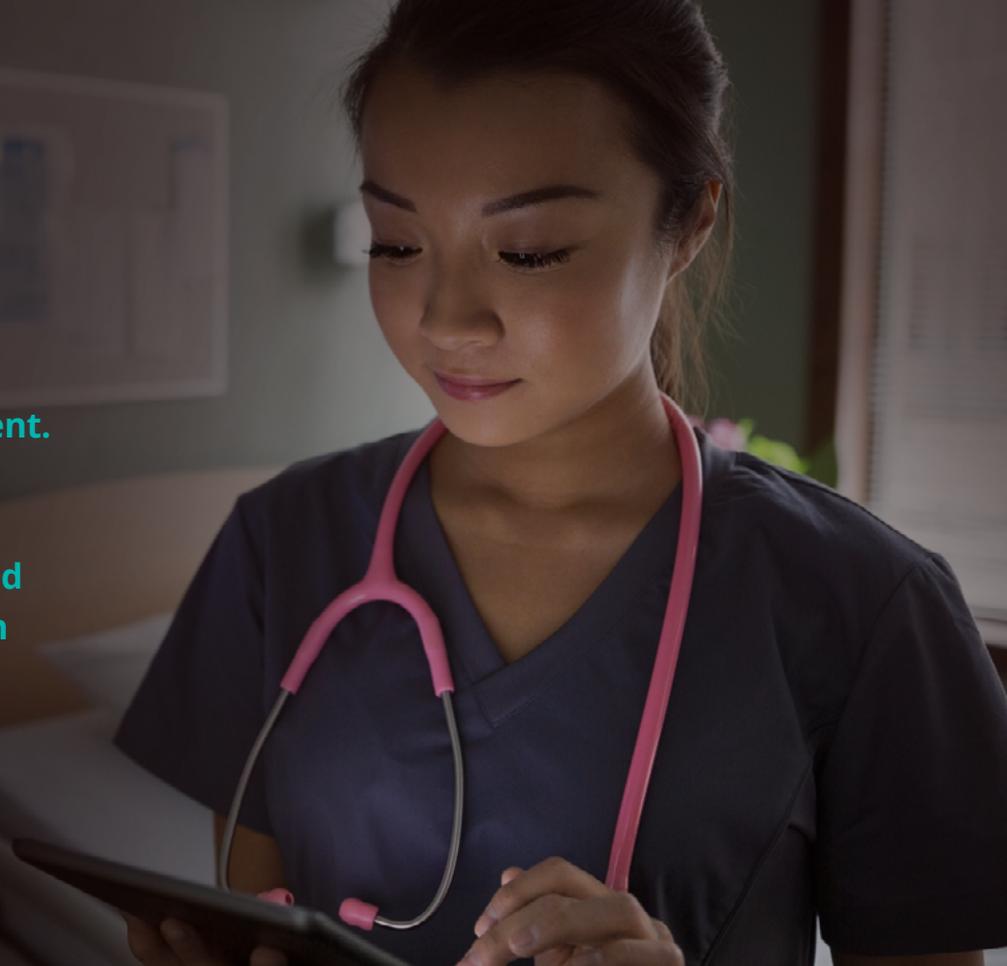


Real one-to-one engagement requires holistic thinking, not segmentation by program, service, or product.

"We quickly realized that with Pega we could do better than using personas to deliver content. We're now able to understand each customer – the moments that really matter to them – and use Pega to improve those with actual one-to-one personalized engagements."

– Ryan Jones

Digital Products and Customer Experience
Blue Cross Blue Shield of Arizona



Who's getting it right?

Industry leaders are already embracing this approach, with dramatic results.

Blue Cross Blue Shield of Arizona optimizes member experiences for its 1.4 million members – making each interaction “easy, effective, and emotional.” They trigger interactions with each member during the most critical moments in their journey – engaging with personalized content driven by the member’s context, propensity, and preferences.

[Learn more](#)

Alere achieves a 56% closure in medication adherence gaps by sending timely, tailored messages to patients and caregivers via a variety of channels.

[Learn more](#)

Other success stories

A large German health insurer uses an “**always-on customer brain**” to arbitrate wellness offers across 5.6 million members.

A large hospital in France uses **personalized outreach** to recruit expectant mothers into its concierge maternity program.



How can you join them?

To learn more about how health insurers can use next best action to recalibrate their member and consumer relationships – including a proven formula for success – **download our whitepaper.**

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