



# Build better member journeys with real-time decisioning

Navigating modern customer experiences – with the member at the wheel



The concept of a customer journey isn't a new one; it's been around since the 1980s. And customer journeys, at their core, aren't that complicated. The goal is to help a customer move down a specific path toward an objective, which is usually a product or service purchase. Historically, most journeys were exclusively designed with that end in mind, but a major shift in how we work, shop, relax, and socialize has forced marketers to significantly rethink their approach. That's one challenge. The other is that health plans and other healthcare organizations are just getting started when it comes to improving member engagement.

There are more channels and touchpoints than ever before, and digital engagement options are almost endless. Members are looking for relevant, connected, and secure experiences. Their context and needs change rapidly as they click, browse, and engage. It's almost impossible to predict what they will do minute to minute – much less script out an extended series of interactions. Health plans are no longer in control of the journey at all – the member is.

## It's time for a refresh

Connected member experiences are the minimum requirement for building health plan customer relationships today. **It's no longer differentiating to deploy analytics when engaging a member.** Many health plans do this on a surface level every single day. But there is still a way health plans can separate themselves from their competitors: By operationalizing analytics and data in real time, using propensity and relevance to adapt the experience right along with the member and bring those journeys to life.

Traditional approaches to journey-building used to use rules, reminders, and nudges to push the customer toward the brand. This was done at fixed times throughout the experience, using a narrow set of predetermined content and offers. Marketers would simply construct a few basic, linear scenarios that didn't allow for much variation or adaptation. Any one person moving through that journey would likely experience the same thing as anyone else moving through the same journey.

There's a problem with that approach: while the member moves through an experience, they rarely do so in a straight line. They often back up, leap forward, get stuck, or change directions completely. This causes their context to constantly change, and those rules-based journeys quickly become brittle. Because traditional journeys can't adapt, the health plan's messages and offers quickly become irrelevant. In just a few moments, the entire process falls victim to poor timing and an overall lack of empathy.

The rules-based journey approach is about what the *health plan* wants, not about what the member *needs*. These types of journeys lack any sense of empathy at a time when empathy is more important than ever. Health plans absolutely need to put the member at the center of every decision throughout the journey – engaging each individual on a one-to-one level and treating them as a real person with real needs. The member is generating digital signals every second they're online. But it's up to the health plan to activate that information and use it to determine the exact right approach for the exact moment.

It's time to ask new and different questions. Does this person need help with a service issue? Is it a suitable time to present a population health message? Do you need to go the extra mile to retain them after a negative experience? The key to journey-building is finding those answers and setting your organization up to respond immediately – while the member is the most receptive and engaged.

## Creating modern member journeys – fast

Member journeys need to be looked at holistically, with the health plan aiming to help the member complete each journey as quickly and painlessly as possible – even if the outcome does not maximize the health plan's short-term revenue. It's true: Many times the identified journey involves the member accessing a service or benefit, but unfortunately that's where much of today's journey software starts and stops. Any single interaction is only a small part of a much bigger brand experience for the member; consistently adding *value* should be the goal, even if an eventual retention opportunity or upsell is still out over the horizon. Trying to force an upsell to Medicare Part D, for example, before its time runs the risk of interrupting and potentially fatiguing the member. The last thing you want to do is cause an unwanted pit stop or inconvenient delay that sets both the member and the health plan back.

Fortunately nearly all journeys can be broken down into pieces to make them easier to understand and optimize. During stages of that journey, health plans can prioritize and enhance content designed to help members make progress against their goals. But it's important to keep in mind that when an individual reaches a step, you must *never* try to force them toward the next one. Instead, health plans should utilize real-time analytics to look out across all possible journeys and content options for that member – with full knowledge of what they're likely to do so you can present the most relevant message or interaction. That's where modern journey solutions deviate from their predecessors.

Modern journey solutions can't simply rely on rules or basic analytics – instead they need predictive analytics and machine learning to constantly read and react to new member context, re-assess the options for that individual, and pivot to prioritize a new journey or conversation as needed. Every time you get new data about a member, it can (and often does) completely change your understanding of what they need and what path they're on. This kind of real-time adaptation enables an elevated experience, eclipsing any level of relevance that a rules-based journey could provide.

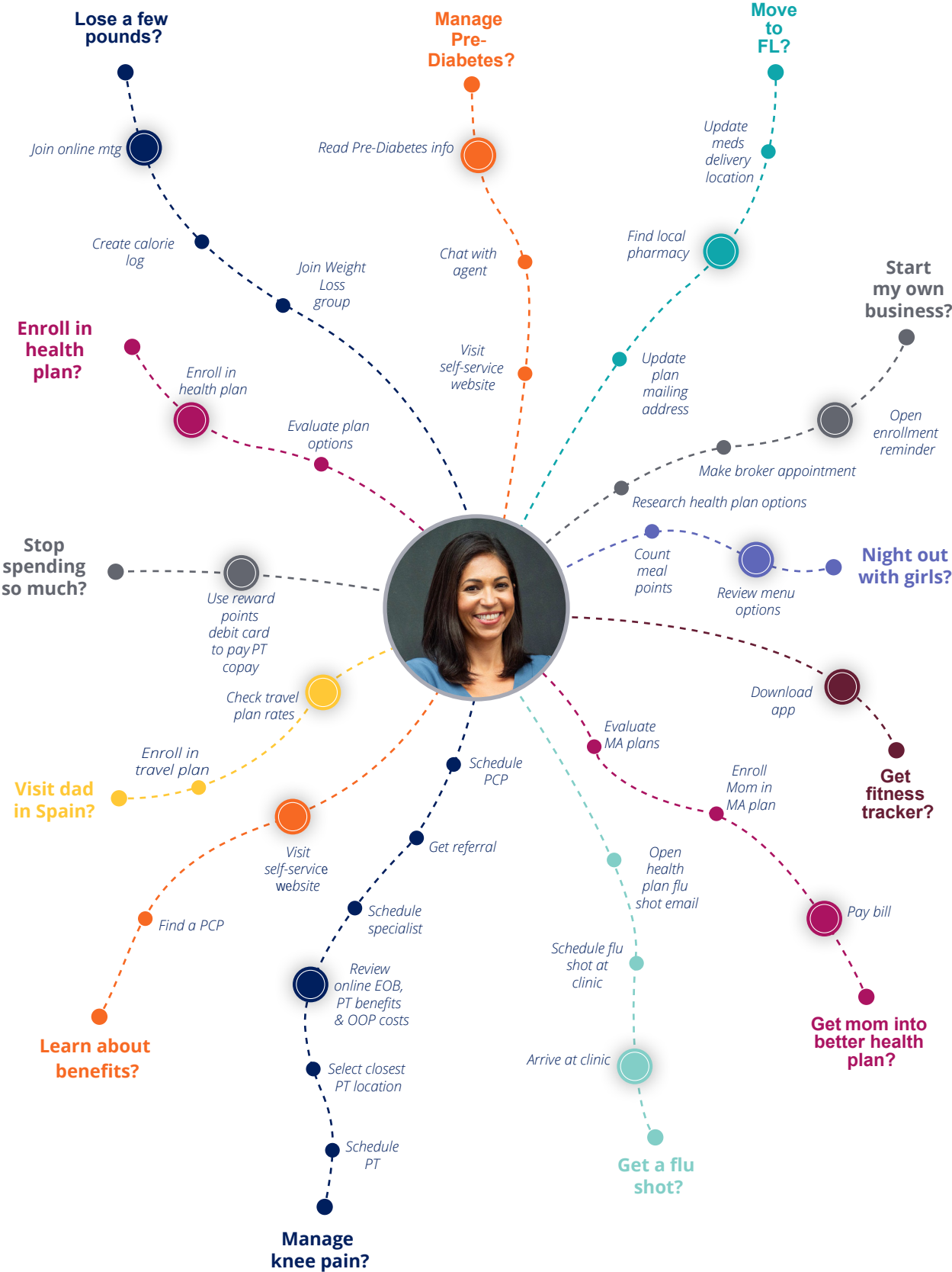
## What modern member journeys look like in the real world

Traditional member journeys that rely solely on benefit or health-specific offers are a thing of the past. Modern, empathetic member journeys are about so much more, including the following:

- **Service:** Service journeys utilize “nudges” to preemptively solve member problems before they occur or escalate. For example, in the case of a member traveling south for the winter, the health plan could serve up content about flu shots and pharmacy locations at the member destination – prior to the trip. The health plan may remind them to update their address for EOB delivery and phone number for easy access. The plan may also suggest they connect with their pharmacy so their mail order prescriptions arrive on time. The goal of this kind of journey is *not* to make an immediate sale, but to head off the most likely problems before they ever occur – and by doing so, earn the right to expand that relationship with the member.
- **Nurture:** Nurture journeys are similar to service journeys – designed to keep your health plan top of mind while gradually increasing customer or member engagement. For example, a health plan may have multiple nurture journeys in place to educate or inform members – focusing on health, fitness, aging, membership programs, or case issues. Those journeys would each feature a wide variety of podcasts, articles, videos, studies, news, etc. The strategy would be to expose the member to each type of content and see which journeys and formats catch their interest. Each time they engage on a topic, that’s a health plan’s window of opportunity to identify and adapt to their behavior. The goal is not to sell or convert – it’s to build engagement and develop that member relationship long term using a low-pressure approach.
- **Retention:** Retention journeys are different. They are often very immediate and are used to reduce the attrition of high-value customers – maintaining profitability without maximizing incentives. For example, a health plan may analyze member browsing or call center behavior for patterns and determine that a Medicare Advantage (MA) member is frustrated and trending toward canceling or churn. Instead of waiting until that person calls the contact center (when it may be too late, and will definitely be expensive), they reach out with a personalized and proactive retention offer – based around the member’s needs like providing a MA plan at lower cost including their primary care physician and maybe Part D options that include their prescriptions. This avoids churn, allows them to save that member at a significantly reduced cost, and has the added benefit of improved member satisfaction and loyalty levels.

# Modern journeys happen in real time

The journey shifts as quickly as the member's context



## How to deliver the right journey for each member

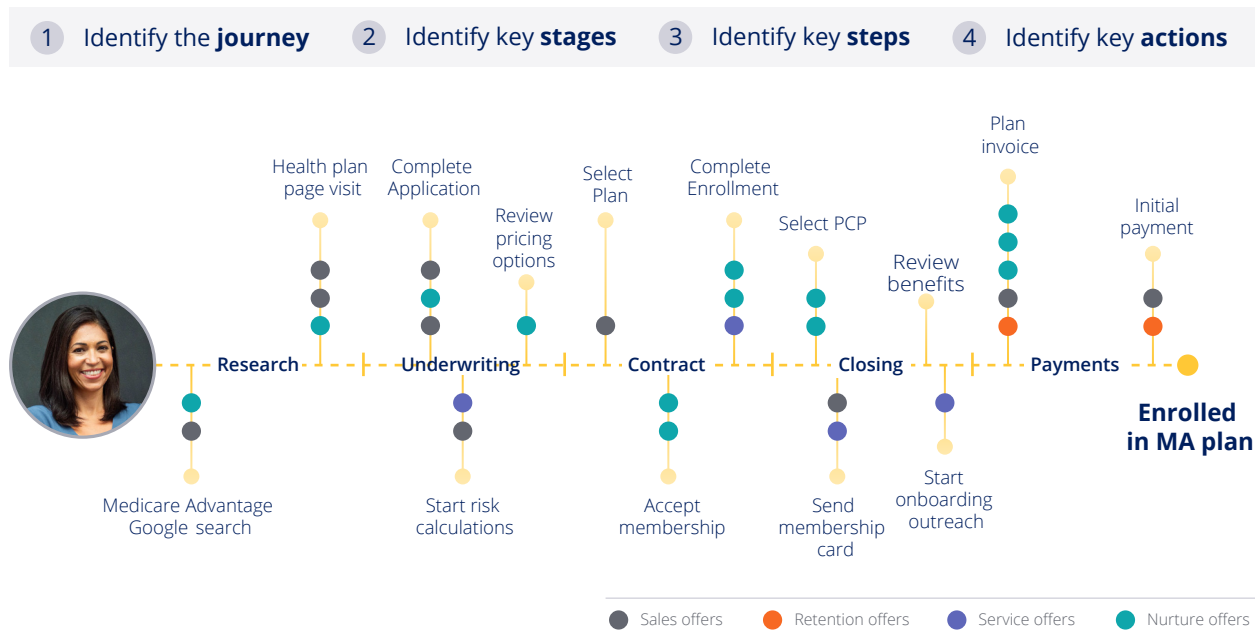
Modern member journeys are made possible with real-time decisioning capabilities, which use next-best-action strategies to power customer-centric decision-making. Next best action (NBA) is an approach used to engage individual members at a one-to-one level. Rather than using segments, they take into account each individual's unique needs, preferences, and context.

NBA strategies use propensity-driven decision-making to materially increase the relevance of communications, increasing engagement to create incremental customer lifetime value (CLV). One of the most significant advantages of NBA is that it goes beyond just retention offers to consider all the potential conversations you could have with a member.

With NBA you have a large library of actions that are always on and available for presentation at all times, so it becomes much easier to find a relevant action to take for each person as they progress along a journey. Instead of making a sales offer, the next best action may be to recommend a community support program, enroll in a care management program, negotiate a discount, attempt to collect a debt, or congratulate someone for being a five-year member. In fact, many times your best option might be to do *nothing*. If the member is experiencing a problem, any action you take could actually *worsen* the situation. Silence can be an undervalued member treatment.

## Where modern member journeys and NBA meet

At Pega, we help health plans utilize a high-empathy approach and build sustainable member relationships with a capability called next-best-action customer journeys. Next-best-action journeys allow the health plan to identify common member experiences that they wish to optimize, break those experiences down into consumable stages, and increase the likelihood that a member is presented with relevant and compelling content designed to help them solve their problem when they enter a stage. Instead of simply pushing members to the next stage with rules, this capability relies on propensity modeling to determine which journey the member is on at that exact moment. Real-time decisioning then helps present the best offer or action that aligns with *exactly* where they are in their journey, through whichever channel the member chooses to interact.



Those journeys are powered by the Pega Customer Decision Hub™ (CDH). Customer Decision Hub acts like a central arbitration engine that sits in the middle of all your marketing, clinical, population health, service and engagement channels, bringing everything together and unifying your existing stack. It's a real-time decisioning engine with built-in analytics and machine learning that reads customer context, figures out what it means, and triggers messages to individual members exactly when they need them – constantly learning and improving from member responses. To ensure every journey is driven by the member themselves, their journey is orchestrated by their needs – not a fixed set of variables.

Brands all over the world are using Pega Customer Decision Hub to enable customer journeys. Vodafone has been a Pega user since 2007 – progressively integrating more of their inbound and outbound channels, such as call centers, retail stores, web, mobile, interactive voice response, and campaign management. And many health plans are already underway with their AI decisioning journeys.

**“With Pega, we can forget about the channel – it’s irrelevant. The idea of audience-based segments is gone. We have genuine, relevant, one-to-one communications, personalized to the individual – making decisions based on what happened half a second ago.”**

Group Head of Marketing Technology & Commercial Capabilities, Vodafone

Instead of making decisions within business units or channels, Vodafone centralizes them at the country level within Pega Customer Decision Hub. As customers interact on inbound channels or events stream in, they use it to determine intent and select a next best action. Those actions are delivered immediately on inbound channels in less than 200 milliseconds and queued up for delivery on outbound channels. The combination of complete customer context, real-time decisioning, and a large conversation library increased response rate by 500%.

## Health Plan

Always-on marketing example



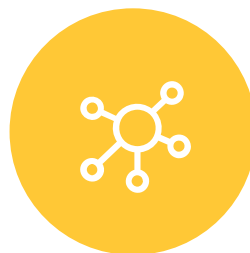
### Centralize all interaction decisions

Instead of making decisions within business units or channels, centralize them at the enterprise level within Pega CDH.



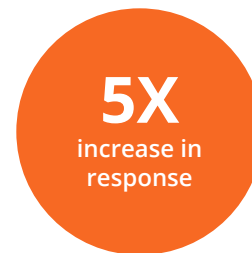
### Calculate each member's intent

As members interact on inbound channels, or events stream in, use it to determine intent, and select a next best action



### Distribute actions across channels

Those actions are delivered immediately on inbound channels (< 200ms), and queued up for delivery on outbound channels



### Huge increase in relevance

The combo of complete customer context, real-time decisioning, and a large conversation library can increase response by 500%

## How to start transforming your member journeys

Digital engagement options and member expectations are only going to increase in the future, meaning health plans who aren't creating seamless, unified, and personalized experiences will end up further and further behind the competition. Detecting member context is going to need to be even faster and more accurate than ever before. While this level of transformation can seem monumental, there are ways health plans can get the ball rolling in the right direction:

- 1 Move away from batch messaging and segment-based campaigns – so you can treat every member as a unique individual.
- 2 Evaluate your current tech stack to make sure it's meeting not just your current business needs, but future ones as well.
- 3 Look into future technology investments that can replace or augment what you've already implemented.
- 4 Start diversifying your actions and offers to include multiple health journeys, care gaps, service, and retention offers.
- 5 Implement a cultural shift from leadership down, to place the member at the center of customer journeys. That intent should take the lead in all engagements.

As member journeys become even less linear and more complex, health plans who get it right will thrive, building the long-lasting member relationships that are critical to business success. It's time for health plans to start their own journey toward member experience excellence.





## About Pegasystems

Pega delivers innovative software that crushes business complexity. From maximizing customer lifetime value to streamlining service to boosting efficiency, we help the world's leading brands solve problems fast and transform for tomorrow. Pega clients make better decisions and get work done with real-time AI and intelligent automation. And, since 1983, we've built our scalable architecture and low-code platform to stay ahead of rapid change. Our solutions save people time, so our clients' employees and customers can get back to what matters most.

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