



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 science team 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, provider, and consumer connections?

99 out of 100 customers aren't paying attention

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

In a sector with more than 5,000 unique marketing solutions, the average campaign response rate is less than 1%. 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. Now, members expect you to know them. They expect a seamless experience. The bar for what “good” looks like has been reset by their interactions with brands like Google and Apple. Anything less than is 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. To clear their path and provide a seamless experience, you need to add value at every step of their unique journey. **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 need to stop constantly distracting and interrupting members' lives. We need to become a part of their day-to-day experiences – by rethinking how relationships work and how they develop. We need to empathize with each individual, adapting to their specific needs. And we need to add value every time we engage, instead of falling back to just pushing wellness, products, and services. This is a big ask. 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.

3 ways to go beyond pushing services

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** – all while an interaction is still taking place. It calculates the right approach for a specific person and situation, based on their needs, real-time data, 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 gaps in care options**. 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 so we can target them. But that focuses only on what we want, not on what the member or consumer really needs. And that causes low response rates. 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.

Engage members one to one

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

Deploy a centralized decision authority

Stop channel, program, and product-driven targeting and use a single system to manage wellness programs and member outreach campaigns. Close gaps in care, add-on products and services, channels, and business units – based on what's best for the member and payer.

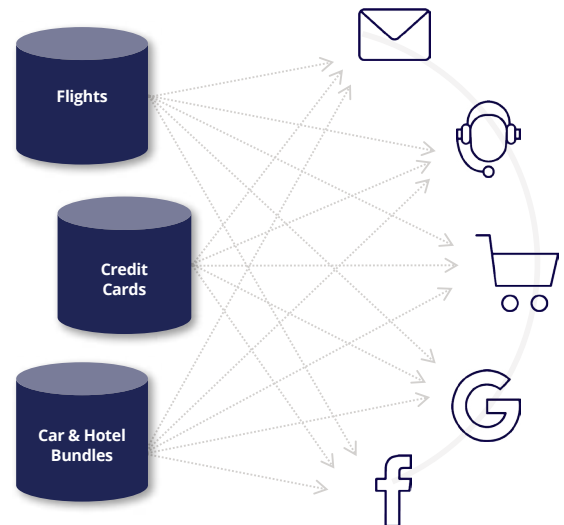
Move to an always-on engagement model

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. But this kind of transformation doesn't happen overnight – it's an organizational evolution that has to happen channel by channel, and case by case. You'll be able to progressively produce ROI through improved outcomes, increased member engagement, and reduced costs – and steadily earn the right to take on more.

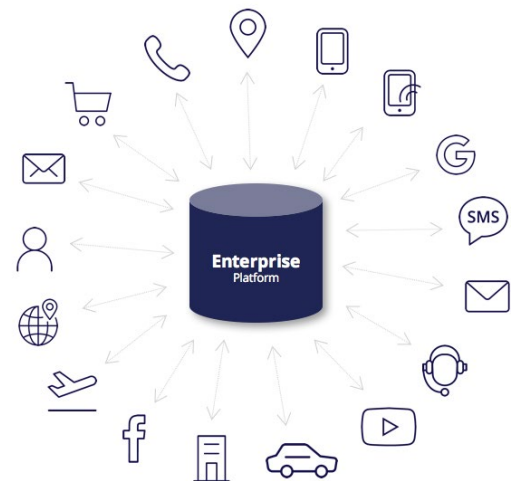
Despite the challenges, payers invest because they see the potential value, including:

- **Increased member engagement that improves outcomes**
- **Increased passenger satisfaction (10-40 points)**
- **Increased response rates (3-6x)**
- **Incremental 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.



Who's getting it right?

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

DAK a large German health insurer, uses an always-on customer brain to manage offers across 5.6 million members – increasing contextual retention by 65%.

RBS increased engagement rates by 6x, achieving response rates as high as 25%.



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.](#)