PEGA®

Why healthcare engagement should be personalized, prioritized, and preemptive

Key findings from

Pega's 2020 Healthcare Engagement Survey

Executive foreward

For years, healthcare consumer engagement wasn't a priority for U.S. healthcare organizations. Consumers saw insurers and providers as the sources of confusing medical bills and complex care journeys where personalized support was at the bottom of the list. While times are changing, consumer sentiment that healthcare organizations do not understand their patients and members has not completely gone away.

This is our most recent Healthcare Engagement Survey of more than 2,000 U.S. consumers and 200 healthcare industry leaders. From our previous survey in 2019 to now, many things have stayed the same:

- **There are breakdowns in communication between consumers and health organizations.**

- **Better consumer engagement drives better health.**

- **Healthcare tech preferences are changing, but organizations still have a long way to go to drive adoption.**

The key difference between 2019 and 2020, however, is how much more willing consumers are to push back against the status quo. For example, we noticed a 5% increase in the number of consumers who said they would switch doctors due to poor communication or engagement. That's a significant jump from one year to the next.

Poor communication is just one factor that organizations will need to improve to prevent members and patients from moving to a competitive organization. This means becoming better guides and providing consumers with the personalized and contextual service that they have come to expect from other industries.

Now is the time to transform to make healthcare more connected and personalized. This report contains key findings from our survey, but also actionable steps you can take to build and maintain relationships with today's healthcare consumer. Because nothing is more personal than health.

Kelli Bravo
Vice President, Healthcare and Life Sciences
Pegasystems

Survey says: It's time to rethink healthcare engagement

In recent years, the rate of change across the healthcare industry has accelerated. And for healthcare organizations across the board, from doctors' offices to health insurers to pharmaceutical and drug companies, staying one step ahead of this change is key to strengthening engagement and providing exceptional consumer experiences.

In our 2020 survey of more than 2,000 consumers and 200 healthcare decision-makers, we noticed these key themes:

1. **There is a deep customer experience disconnect between what consumers are getting, and what organizations think they are offering.**

2. **Navigating the healthcare system is complex and confusing, and consumers want personalized engagement or they will switch providers.**

3. **Consumers are wary of healthcare technology, but are open to solutions that improve their experiences.**

As we compared the previous survey results to 2020, our biggest takeaway is that we can no longer wait to make healthcare engagement more personalized, prioritized, and preemptive.

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* Methodology: The survey was conducted by Pega in collaboration with Censuswide, January 3, 2020 to January 14, 2020. In total, we surveyed 2,365 U.S. consumers age 18 and up, and 200 decision-makers of engagement programs in large companies across healthcare payers, healthcare providers, and life sciences/pharmaceutical.

It gets personal

Growing consumer expectations across every industry pose a unique challenge for healthcare organizations. Consumers want healthcare providers to know them and understand their medical history, and they want health insurers to provide benefits tailored to their needs. So how are healthcare organizations measuring up?

Doctors' offices do well

69% **of consumers agree that their doctor is always fully informed of their medical history.**

Health insurers do some things well – but have room to grow

43% **of consumers agree that the wellness programs offered by their health insurers are useful and tailored to their needs.**

99% **of healthcare payer leaders surveyed agree that their organization designs wellness programs based on the needs of their members.**

Peer recommendations are the future of personalization

☆ **Recommendations of health habits among peers are becoming more important for the future generation of health plan members.**

While only 37% of overall respondents agree that their family and friends help them make better choices about their health, almost half (47%) of those ages 18–24 look to their social circles for health recommendations.

## Communications channels need a personalized touch

While the majority of healthcare consumers still prefer the phone as the mode of interaction with each type of healthcare organization, that's quickly changing.

Percent of consumers who like to interact with their doctors' offices over the phone:

2019	2020
71%	**56%**
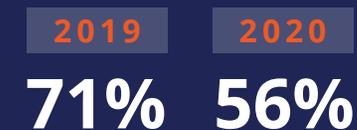
As other channels of communication become more common, such as chat and online portals, it is essential to find a way to deliver the same level of personalization that consumers currently receive over the phone.
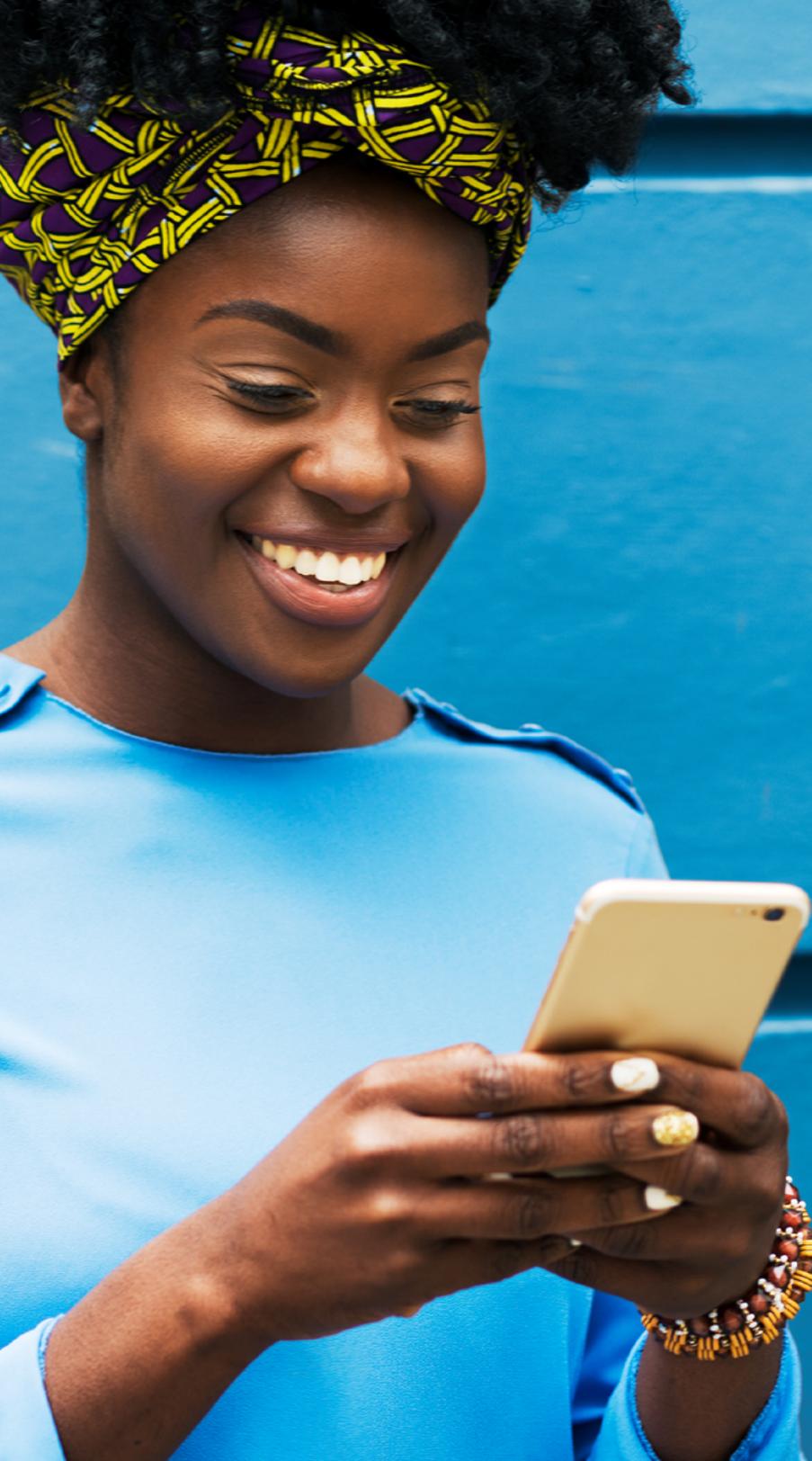
Communication shows you care

When asked how valued communications from healthcare organizations make them feel, consumers made it clear that communications matter – particularly when coming from their doctors' offices and their health insurers. But doctors and hospitals beware: while positive communication goes a long way in making your patients feel valued, poor communication can make them turn to your competition.

One of the most notable changes between 2019 and 2020 is how consumers are taking control of their care.

82% of respondents agree that they would switch doctors due to poor communication or engagement. **This is a 5% increase from 2019**

Women are even more likely than men to switch **(84% vs 77%).** This is notable because women make the majority of healthcare decisions in the family.

In addition, 45% of respondents said they would switch hospitals because, "when they are there they don't feel like they know them."

Bridging the gap

Consumers are divided on the consistency of information they receive from health insurers. While some agree they receive inconsistent information from insurers (30%), they disagree at nearly the same rate (27%). Providing consistent messages – whether it concerns a wellness program or a chronic condition – builds consumer trust, which is essential to delivering personalized experiences.

But delivering personalized service is no longer enough on its own. Consumers expect healthcare providers, payers, and life sciences organizations to work together to deliver connected care. Our survey indicates that healthcare organizations are perhaps overconfident in their ability to provide a seamless experience.

93%

93% of **decision-makers** generally agree with the statement,

"My organization works with all segments of the healthcare ecosystem (payers, providers, online pharmacy companies [PBM], and pharmaceutical companies) to provide a seamless experience to our members/patients."

27%

However, only 27% of **consumers** generally agree with the statement,

"My doctor and my health insurance company are in sync and closely connected."

Simplifying the healthcare system

Intentionally or not, healthcare organizations maintain a system that 61% of consumers say is difficult to navigate. Consumers are ready and want to be in more control of the healthcare services available to them, but need better transparency.

Only

25%

of consumers agree health insurers and health providers are doing all they can to reduce the friction in the system.

65%

of consumers say that their health insurer isn't able to tell them how much they'll owe before they get a procedure.

61%

of consumers don't believe that their health insurance bills are easy to understand.

The majority of consumers (62%) are looking to provider organizations to help them better navigate through their health needs. Specifically, they're looking for organizations to provide more advanced tools that more easily allow them to access their health information themselves.

66%

of consumers agree that if they were more advanced, they would prefer to use online tools/portals to access their benefits before calling their health insurance company.

Younger respondents ages 25–34, were much more likely to want these tools (75%) than respondents ages 65–74 (53%).

TAKING A CLOSER LOOK

A comparison in consumer trust: Doctors' offices v. health insurers

The healthcare organizations that consumers interact with most often are doctors' offices and health insurers. So, we asked consumers how much trust and confidence they have in these organizations, and how they would feel about their adoption of new technology. **We found a clear disparity in the level of trust and confidence that consumers have in their doctors compared to their health insurers. In fact, while 82% of consumers have trust and confidence in their doctors' offices, only 50% have confidence in their health insurers.**

When it comes to the use of advanced technology in their care, consumers clearly favor their doctors adopting such approaches over their health insurers. While consumers are slightly more trusting than they were in 2019, health insurers still have work to do if they wish to take advantage of innovative technology.

Real-time data access

Surveyed consumers at large have a greater level of trust in providing data access to their doctors versus their insurance companies.

61% of consumers are open to **giving their doctors real-time access to health information** via connected devices and apps to improve health outcomes.

40% of consumers are open to **giving their health insurers real-time access to health information** via connected devices and apps to improve health outcomes.

Artificial intelligence (AI)

Surveyed consumers trust their doctors more than their health insurers to use AI to make decisions about their health.

45% of consumers are comfortable with their **doctors using AI** to make better decisions about their care.

33% of consumers are comfortable with their **health insurers using AI** to make better decisions about their care.

Serving the next generation of healthcare consumers

Healthcare organizations should look to younger generations of patients and plan members when determining how to improve the customer experience via digital technology. These digital-first consumers expect the same on-demand personalized service from the healthcare industry that they receive from consumer brands. They are more open to giving plans access to their health data to improve and personalize their member experience.

"I am open to giving my health insurance company real-time access to my digital health information via connected devices and apps in order to improve my health outcomes."

54% ages 25-34

36% ages 45-54

"I am comfortable with my health insurance company using artificial intelligence (AI)-supported chatbots to answer my questions online."

44% ages 25-34

25% ages 65-74

"I am open to virtual appointments with my doctor via webcam/Skype/Facetime for appointments that might not require an in-person visit."

76% ages 18-24

46% ages 65-74

Easing AI suspicions

Consumers across the board are wary of insurers using AI to make care decisions, with only 33% saying they are comfortable with the practice.

Concerns about bias and decisions with no human judgment have spurred AI distrust. Providing examples of positive, AI-based decisions, focused on empathy, will help you earn consumer trust.

Preemptive engagement is the answer

From procedures to prescriptions, healthcare payments add up quickly. So, it's not surprising that consumers are concerned with the financial side of healthcare. Taking consumers' financial concerns into consideration can help increase confidence in your organization – and improve health outcomes. And both consumers and healthcare organizations save money when consumers take better care of themselves.

How can your organization be more preemptive in helping consumers focus on their health and well-being?

89% **of decision-makers report that** they provide financial incentives and rewards to encourage members/patients to make healthy choices.

69% **of consumers generally agree that they are** more likely to focus on their health and well-being when they feel financially stable.

It's difficult for patients and members to focus on their health when they are struggling to make ends meet. By offering financial incentives and rewards, healthcare organizations can improve consumers' financial stability, enabling them to make their health and well-being more of a priority. While it costs money to provide financial incentives up-front, it can save money – and even lives – in the long run.

"...positive communication goes a long way in making your patients feel valued. Poor communication can make them leave – even more so today than twelve months ago."

Anticipating consumer needs

Preemptive engagement is personalized, in context, and delivered at the right time via the right channel. While consumers might not know the term, they are already looking for preemptive engagement, with 71% saying that they would expect their benefits to adapt to their changing health and economic situations.

Though it may be impossible to preemptively address every situation and risk, there are plenty of instances where your organization can implement policies that empower your consumers.

Here are three ways to be more preemptive:

1 **Reward healthy choices**

61% of consumers feel that financial incentives and rewards encourage them to make healthy choices. Promoting healthy behavior potentially reduces future health risks and engages patients and members in focusing on their health. And we know that patients who are engaged in their health journey are healthier overall.

2 **Offer support**

71% of consumers would use or currently use free nurse advice and support (from either their doctors offices or health insurers) to help with their health condition. Proactively sending knowledge articles or vouchers for community-based wellness programs, based on a patient's needs, can also improve health journeys.

3 **Be accessible**

92% of decision-makers believe that their organization offers the latest technology to give members/patients options to engage with their organization. Using the latest technology – such as chat, text, and web – to anticipate patient/member needs before they occur, supports the vision of excellent preemptive service.

While it is promising that most healthcare decision-makers believe they are offering the latest technology for health consumer engagement, all healthcare organizations should strive to this level. Offering incentives to make healthier choices, orchestrating relevant wellness programs, and providing free nurse support can also help to improve the health of many patients and members.

Connecting the dots to personalized care

Healthcare is all about the connection: connecting consumers to the right care, connecting information from provider to payer to patient/member, and connecting with those you serve on an individual level.

All these connections come down to one-to-one engagement, which is why it's so important that you provide healthcare that's personalized, prioritized, and preemptive. Personalized experiences empower your consumers, improve delivery of healthcare, and drive better outcomes.

Pega helps healthcare organizations improve service, care, and engagement – while delivering the seamless, personalized experiences health consumers expect. **Learn more at pega.com/industries/healthcare**

PEGA®

We are Pegasystems, the leader in software for customer engagement and operational excellence. Our adaptive, cloud-architected software – built on the unified Pega Platform™ – empowers people to rapidly deploy and easily change applications to meet strategic business needs. Over our 35-year history, we've delivered award-winning capabilities in CRM and digital process automation (DPA), powered by advanced artificial intelligence and robotic automation, to help the world's leading brands achieve breakthrough business results.

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