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# The 5 Cs of Member Communications

Support every interaction of the member life cycle



# THE BAR HAS BEEN RAISED

Customer experience is the competitive battleground of this decade. Nowhere is this truer than in healthcare, where genuinely effective engagement does more than yield market share; it has the potential to save lives. With the relatively new focus on customer experience in this sector, plus the complexity and personal nature of healthcare, payers and providers are striving to develop a formula for creating exceptional experiences.

## Why is it challenging to deliver exceptional experiences in the healthcare industry?

In even the best-case scenario, healthcare is complicated. Although insurers and providers have invested in streamlining communications, too often members still lack the right information at the right time.

Members often are overwhelmed by uncoordinated outreach. Companies with many departments and third-party vendors may not even be able to fully characterize the member experience or control the outreach. These touchpoints often disseminate duplicative, confusing and even conflicting information, creating a disjointed member experience. Similarly, a single healthcare encounter may take members to multiple practices and providers, each of which will distribute independently developed materials related to the transaction, care and follow-up.

This paper focuses on member communications, which are woven throughout the fabric of the customer experience. Member communications constitute all the interactions that occur after the customer has signed up for coverage or the person has become a patient – from welcome materials and intake documents to care plans and statements. This is when the real work of healthcare — and customer service — happens.

In areas where healthcare companies have made strides in advancing communication capabilities, the experience is often still suboptimal. Security regulations governing the handling of Protected Health Information (PHI) have led healthcare companies to engage members through portals, which have seen poor uptake by members who expect greater simplicity and integration with the rest of their lives. Technology exists

for payers and providers to create a better experience, but regulatory changes in the U.S. healthcare system over the past several years have consumed healthcare leaders' attention and investment dollars.

**It's time to refocus on what healthcare consumers want and need. Rising consumer expectations fueled by innovations in other industries and the long overdue movement toward patient centricity means the member experience and communications can no longer be an afterthought. Payers and providers must re-imagine their approach to members and patients, delivering better outcomes and experiences.**

The complicated and highly personal nature of healthcare, as well as the potentially high costs involved, means that these ongoing interactions can be far more important to the member experience than pre-acquisition communications. Whether the goal is to educate, engage or even collect payment, each communication offers an opportunity to connect, foster a positive experience and make the process of arranging, obtaining and paying for care simpler and more effective for all involved.

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*In the U.S., 51% of consumers have switched service providers because of poor experiences. The majority (85%) said they switched because companies simply didn't make it easy to do business with them.<sup>1</sup>*

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## THE 5 Cs OF MEMBER COMMUNICATIONS



### Setting a new standard for member experiences

To break the cycle of disappointment and set a new standard for member experience in healthcare, companies must unify their communications under a single umbrella that enables experiences that are consistent, continuous, contextual, content-rich and creative.

These “5 Cs” of communications empower healthcare companies to deliver on pre-acquisition promises throughout the member life cycle.

#### 1. CONSISTENCY

Presenting a consistent brand image and message is one of the fundamentals of a good customer experience, but many companies are challenged to create consistency across direct mail, collateral, e-mail, websites and other member communications. Healthcare organizations on both the payer and provider side have long been known for their siloed approaches to care, and often each silo has its own piece of the communications puzzle that rarely fits with the rest. As a result, outreach to members is disjointed and duplicative, and the brand suffers.

Tools such as journey mapping provide a window into the member perspective, and it's often only from this objective view that companies can see the complete and sometimes confusing outreach their members receive from

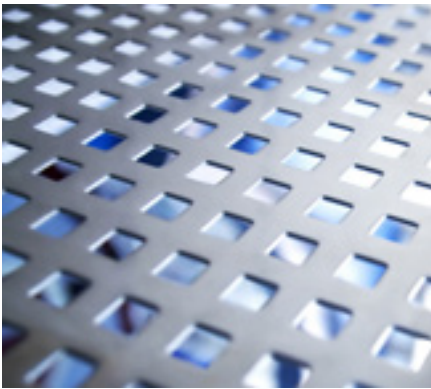
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*Consumers are frustrated with companies that don't live up to the expectations they set during the marketing and sales process. 79% find it frustrating or extremely frustrating when companies promise one thing and deliver another, more so than any other issue.<sup>2</sup>*

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them and third-party vendors. Organizations that inventory communications and touchpoints gain a clear understanding of the member experience, so gaps can be closed, messaging can be unified and substandard communications can be eliminated. This process yields clear, coherent information for members and an opportunity for efficiency on the payer and provider side.

Unification of messaging should reach across digital channels, but it's also necessary not to overlook the importance of existing tools — such as voice, an emerging area of opportunity for care and billing reminders, and print, which continues to



be a dominant channel in healthcare. An InfoTrends consumer survey found that print billing far outpaced electronic statements for all segments of healthcare in 2016, and consumers expected the trend to largely continue this year.<sup>3</sup>

Additionally, the personalization potential inherent in online environments can now be reflected in high-quality, full-color inkjet print output while encoding solutions (e.g., QR codes, personalized URLs and augmented reality) form a bridge between print communications and a continued experience on digital devices.

**TIP: Conduct an audit of member communications sent by your company and on your behalf by partners such as care management firms and pharmacy benefit managers. Are you and your partners using color consistently across channels? Are type styles, language and imagery consistent? If you compared these documents with your marketing collateral and direct mail offers, would they look as if they came from the same company? If you answered no to any of these questions, you may have a consistency problem that warrants some level of redesign.**

## 2. CONTINUITY

Although healthcare has lagged behind many other industries in digitizing the consumer experience, consumer awareness and use of digital channels is rising rapidly, and this convenience and access are driving loyalty, as well.<sup>4</sup> Even as healthcare companies continue to develop technologies, they must integrate channel continuity, the cornerstone of the next generation of the digital member experience. According to

research by Google and Ipsos, 90% of consumers start a task on one device and finish it on another.<sup>5</sup> Consumers may also use multiple devices to complete one task, either sequentially or simultaneously. That means companies must be able to store the state of a transaction so activity can be resumed seamlessly from one device to another. This sense of continuity even translates to print. Customers expect links or phone numbers referenced on documents to take them exactly where they need to go rather than to a generic home page or support line. If they decide to call customer service, they expect the representative to be able to see what they see and know what actions they have already taken.

Continuity also must be applied across partnerships and vendor relationships. Members should not have to enter information repeatedly or duplicate steps when interacting with a third party. And these distinctions should be transparent – members should readily understand when they are interacting with a vendor that is partnered with, but distinct from, their payer or provider.

**TIP: When you look at individual communications, consider what each communication should do to optimize the member's journey. Eliminate barriers between channels and help members navigate logically from paper to mobile to website and back. Consider tools such as voice search, click-to-call, click-to-chat and links to explanatory videos. Make the channels reinforce one another and lead the member to the next best action. Even if each communication appears pleasing on its own, if it is not optimized as part of an integrated chain of interactions, chances are good that the member experience is suffering.**

### 3. CONTEXT

As payer and provider organizations know well, health is about far more than a given moment in time. Communications are more valuable and effective when placed in the context of the member's medical history, current state of health and the emotions associated with both. Healthcare is far too personal, costly and stressful for companies to fail to acknowledge the member's life experience as part of interactions.

This type of data-driven engagement requires the ability to understand what members are trying to do, what they need in order to accomplish the desired action and any potential stressors on the interaction. In short, you must know about all member segments, their behaviors and needs, and then layer that onto data about individuals, such as health and medical history. Also, consider the context for the moment of interaction: Is the member sick or well? Recovering from or preparing for a procedure? In a public or private space? The security of the environment in which the member is interacting (e.g., home, work, public space) should influence the information you display or prompt a warning to the member. Similarly, recent claims activity might prompt a reminder or, if a member's actual GPS location can be determined, resources such as a list of nearby in-network clinics can be shared.

Even static communications, such as printed invoices or EOBs, can benefit from contextual information that personalizes messaging, supports desired behavior and builds brand loyalty. For example, statements could highlight cost savings enjoyed by members over the course of the relationship. Health resources could highlight biometric data, showing where members fall within a given demographic, when they are due for preventive services and how they might benefit from care management programs, medication changes or other interventions.

The tone of member communications also must reflect the context of each interaction. For example, a person managing a deceased spouse's medical bills is in a very different emotional state than a parent who needs a reminder about a child's flu shot. These different types of outreach require a sensitive and appropriate tone with different expectations regarding outcomes and next steps.

Finally, it's critical to acknowledge the relationship history. Typical health insurance communication occurs within the context of a plan year even if a given member has been with the company for several policy cycles or longer. This is a missed opportunity to build brand loyalty. Members know how long they have been insured by your plan; help them see that your plan does, too, and you appreciate their business.

**TIP: Use data from both online and offline interactions to learn about members and their needs. Provide a robust preference center to allow members to volunteer information about themselves. Prompt preference updates when actual behaviors deviate from their profile. Use this information to recognize each customer in situ and personalize the interaction accordingly. Consider context the centerpiece of a differentiated and individualized member experience.**

### 4. CONTENT-RICH

Once companies commit to delivering a personalized and engaging member experience, their member communications can no longer rely on boilerplate content. Content, such as messaging and imagery, must be tailored to the member's health status, ongoing care and future needs, with clear value and relevance.

Because content will be served up on multiple devices, it should be optimized for each delivery channel, further increasing the permutations of content to manage. In addition, members are expecting more types of content, such as video and instant messaging, and they want it delivered to new channels, including cloud-storage solutions (e.g., Amazon Drive, DropBox, Evernote and Google Drive) and emerging smart-home devices (e.g., Amazon's Echo or Google Home). Just like healthcare, content must be simple, blending seamlessly into life. It's not enough to set up a portal and ask members to come to you. Companies must embrace emerging technologies that allow them to securely integrate with members' platforms and devices. Now more than ever, healthcare companies must meet members where they are.



**TIP:** Many companies challenged to generate the full range of content internally have outsourced some content creation to freelancers, agencies or vertically oriented content libraries. Gearing up to deliver next-generation content to members may also require updates to content creation and management systems. If your current systems don't manage video and other rich-media formats or support digital rights management for acquired content, you may need an upgrade. Don't underestimate the time and effort necessary to keep content fresh and relevant.

## 5. CREATIVE

Bringing together the 5 Cs in your member communications and communication frameworks starts with creative design. In healthcare, design must prioritize simplicity, empathy and a potent sense of connection with the human being receiving the information.<sup>6</sup> Materials should have an obvious purpose and call to action, making clear to members which actions they must take next and how to do so. Clarity in communication can save headaches – and spending on customer service – in the future.

The role of the designer has increased in complexity from graphic design to information design to a culture of design thinking. Designs must offer different layouts to accommodate different screen sizes automatically (otherwise known as

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*Customers have an appetite for personalized communication, especially from service providers. And, they acknowledge that contextualized communication would improve their brand perceptions and strengthen their emotional tie to the company.<sup>7</sup>*

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responsive design), adapt for variable content that may flow in different ways and plan for interactivity with the member and continuity between channels. Design also must account for the preferences and diversity within member segments. Digital channels are important for younger segments, but even for seniors, particularly baby boomers, digital is a key and growing area of importance. Designers must consider the intersections of communications, campaigns, channels and creative choices.

It's time for healthcare companies to take the next step in their member experience journeys and prioritize member communications. People who understand their insurance make more cost-effective choices. Patients with clear discharge



information are more likely to follow care plans. Members who are reminded when screenings are due, medication refills are needed and follow-up care must be scheduled will incur fewer costs and enjoy better health.

**TIP: If your in-house or agency-based creative team is not looking at your member communications holistically, chances are good that they are not delivering experiences that are consistent, continuous or contextual. Ensure there is a clearly articulated strategy for member communications, and consider design education with an emphasis in cross-channel techniques for creative professionals. Since print is important to members, the creative team should understand the breakthroughs in printing, such as full-color production inkjet. When it comes to digital, design resources should be proficient at responsive design with tools that can optimize the various touchpoints across channels.**

Payer and provider organizations are both in the business of interacting with people at some of the most challenging times in their lives. Companies that integrate the 5 Cs of member communications are better positioned to ensure these interactions are painless, helpful and personal, laying the groundwork for better brand loyalty and greater market share. More importantly, these principles will enable companies to help members take charge of their care and, ultimately, improve their health.

## ARE YOU MAKING THE MOST OF YOUR PARTNERSHIPS?

For consumers, healthcare involves many seemingly disparate groups: employers, insurance companies, doctors, hospitals and many other organizations they may not be able to name. Each of these companies may communicate regularly with them, disseminating duplicative or sometimes even conflicting information. The resulting confusion and excess constitutes a poor experience on the consumer side and an unsatisfying return on investment for companies.

The reality in healthcare is that convergence is greater than ever, and goals of better health, timely payment and improved satisfaction are often universal. Payers and providers that leverage their relationships with one another, vendors and other partners as they develop and enact a communications strategy may enjoy greater efficiency and better outcomes. It's important for the member that the outreach be consistent, appropriate and valuable.

Strategies for capitalizing on your partnerships include:

- **Engaging the spectrum of providers:** Not just physicians but also pharmacists and others who may dispense advice directly to patients. Ensure everyone is reinforcing beneficial messages.
- **Developing co-branded communications:** Take advantage of member trust in providers by empowering them to manage discussions about cost and care.
- **Partnering on wellness outreach:** One consistent message advocating preventive care may be more effective than two duplicative approaches.
- **Simplifying payment through integration with banks:** More than half of consumers use online banking, and a growing share use mobile banking, so healthcare companies must adapt.<sup>8</sup> It's critical to reduce steps and hassle when asking members for money.
- **Data sharing to eliminate duplication of digital forms:** There's no reason to fill out the same form multiple times when the information hasn't changed and can simply be shared. Look for obvious points of frustration and use partnerships to address them.

<sup>1</sup> Accenture. (2014) "Show Me You Know Me: Playing to Win by Building Relationships at Scale."

<sup>2</sup> Ibid.

<sup>3</sup> InfoTrends. (2016) "Annual State of the Transactional Communication Market Survey."

<sup>4</sup> McKinsey. (2016) How Tech-Enabled Consumers are Reordering the Healthcare Landscape.

<sup>5</sup> Google and Ipsos. (2012) "The New Multi-screen World: Understanding Cross-platform Consumer Behavior."

<sup>6</sup> Gardner, J. (2015) "Healthcare Marketing can Benefit from Design-based Thinking." MediaPost.com.

<sup>7</sup> Forrester, Inc. (2016) "The Value of Contextual Communication."

<sup>8</sup> American Banking Association. (2016) "ABA Survey: Online, Mobile Banking most Popular with Consumers."

### Contact Us

For additional information, please contact us at 1 844 364 4966 or at [broadridge.com/healthcare](http://broadridge.com/healthcare).

### About Broadridge Customer Communications Solutions

Our customer communications solutions transform how organizations communicate with their customers by creating an optimal, integrated digital and print experience. By seamlessly connecting customers with relevant content across the existing and emerging channels they prefer, your transactional, marketing and regulatory communications can drive greater efficiency, engagement and results.

Technology and Operations Solutions  
Communications Solutions  
Data and Analytics Solutions

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