mPulse mobile

WHITE PAPER

Conversations Drive Outcomes: Engaging Hard-To-Reach Medicare and Medicaid Populations

Table of Contents

Introduction

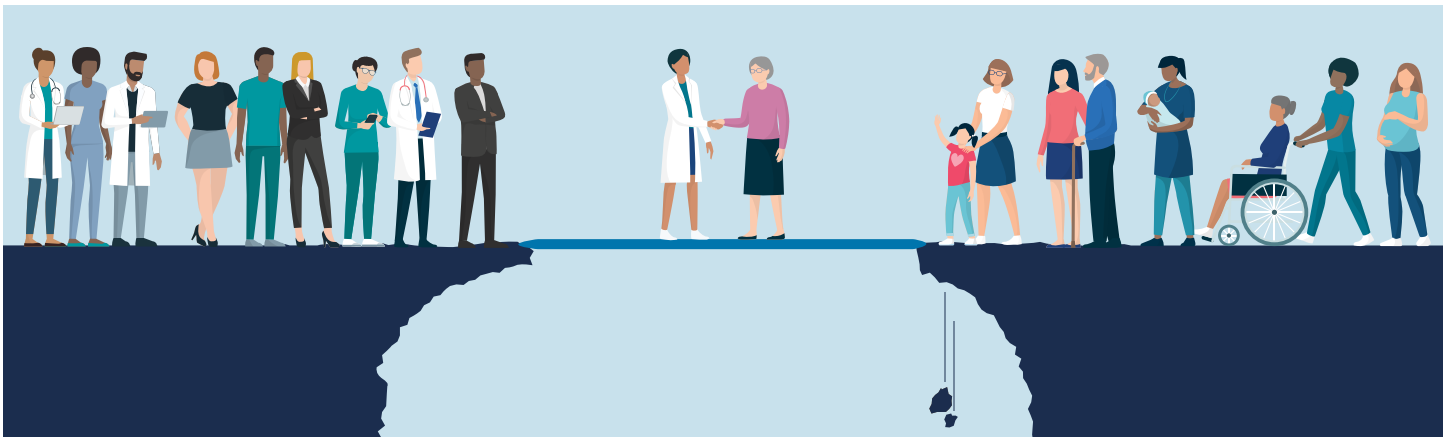
Health plans, accountable care organizations, and population health companies often categorize them differently. Sometimes they are referred to as "unreached," or "rising-risk," or "no-contact," or some other internal label. Regardless of what they are called, members who have not closed care gaps, neglected to visit a provider to be risk-adjusted, or fallen out of compliance with a medication or care plan—even after the usual attempts to engage them have failed—demand the attention of any organization tasked with managing their care.

These hard-to-reach members are the focus of managed care plans and value-focused organizations for several reasons. They represent both high risk for negative health outcomes and an opportunity to avoid them via preventative care and screenings or proper medication adherence. That means that they also tend to demand extensive resources in the form of care and case managers, lots of multi-channel outreach including expensive live calling, in-community visits from care workers, and robust coordination and incentivization of providers.

Efforts to reach these members and prevent exacerbation of chronic conditions or late discovery of preventable illness is justified by the high costs that chronic conditions and comorbidities bring to plans. A 5-10% portion of the population accounts for the majority of total costs to both Medicare[1] and Medicaid.[2] The need to reach these members goes beyond cost. Closing HEDIS gaps, maintaining medication adherence for chronic condition, and properly assessing member risk factors are critical to quality rating performance and with cut-point trends in NCQA and CMS Stars measures constantly shifting to reflect heightened competition and clustering, hard-to-reach members that are often a small segment of a population can make a critical difference in how a plan is rated. As a result, quality improvement teams understand that a strategy to impact the members that are not engaged in their care is crucial to success.

It is not a novel idea for managed care plans to focus on their hard-to-reach members. But leading organizations have begun looking for alternatives to the diminishing results of traditional outreach methods, and scalability to impact members beyond those that their care managers and case workers are able to handle. This paper shows the key considerations and best practices for driving outcomes for hard-to-reach members. Then we show real examples of how plans have leveraged mPulse Mobile's deep experience in engaging hard-to-reach members and Conversational AI technology to expand existing engagement efforts, impact key quality metrics, and transform how they are able to deliver care for their members who need it most.

Who Are Your Hard-to-Reach Members?



Members who, despite previous outreach and engagement efforts directed to them in the past, have not engaged or taken a key desired action are generally who we think of as hard-to-reach at mPulse Mobile. The first step to having a good conversation with anyone is understanding them, especially with this population. If we fail to think about the different engagement and activation barriers that your members face, we cannot successfully design and optimize solutions to impact them. With over a decade of experience and 250 million healthcare conversations annually, mPulse Mobile has gathered some of our best insights and learnings about engaging previously non-responsive or difficult-to-reach members.

Social Determinants of Health (SDOH)

Social Determinants can dramatically impact a member's likelihood to engage with outreach programs.

While every healthcare organization is thinking about SDOH impacting health outcomes and the provision of services and care, they also must factor them into their communication and engagement strategy. mPulse uses a proprietary SDOH Index to predict the likely impact of social factors on engagement. Research has shown that members with higher SDOH impact are usually significantly less likely to engage with outreach programs (JMIR SDOH Citation). However, program design and content tailoring for programs that take into account likely SDOH barriers can help bridge the gap. One mPulse program to a diverse Medicaid population in the Midwest about COVID-19 social distancing saw members with higher SDOH impact engage at better rates than members who were not heavily impacted.

Language and Culture

Diverse populations demand a diverse outreach content.

Delivering outreach messages in the primary languages of your members is a basic part of any strategy. But linguistic and cultural differences still impact many engagement efforts. mPulse works with clients to generate content in each language needed, instead of just translating English content to foreign languages. Language is only part of the issue—members can find different content and channels more impactful based on cultural background. A pilot program for Medicaid members in the Midwest leveraged fotonovelas—comic-like visual stories delivered via link in text messages—for member education and saw a 37% engagement rate from Spanish speakers, vs 17% for English-speaking members.

Channel Preferences

You have to talk to your members where they are.

As telephone answer rates continue to decline and do-not-reply emails struggle to avoid spam filters, sticking with the same outreach strategy and expecting hard-to-reach members to engage rarely works. With text messaging adoption well over 90% for both Medicare and Medicaid populations,[3] conversational texting is a powerful option for initial engagement. In addition to conversational SMS programs, mPulse also supports an omnichannel platform that allows for rich content via mobile web, IVR calls, and HIPAA-compliant emails for when content requirements or member preferences demand different channels, often after an initially connection is made via text.

Bad Contact Information

Sometimes a hard-to-reach member is actually impossible-to-reach simply because of outdated or inaccurate information.

Housing insecurity can lead to bad mailing addresses and out-of-date landlines. And 26% of low-income Americans and 12% of seniors are entirely reliant on their smartphones to get access to the internet,[4] which makes emails not optimized for mobile viewing more likely to be ignored.

In addition to moving conversations to the mobile channels with strong adoption among hard-to-reach members (see Channel Preferences, above), plans can use those channels to gather corrected information directly from the member for communication that is required to use mail or live phone calls.

Disconnected from Care

Members who are not regularly engaged with their healthcare are less likely to engage with plan communications.

One of the most common barriers mPulse sees from members in our Preventive Screenings solutions is "I feel fine." A member who feels generally healthy and does not visit providers often ignores generic, one-size-fits-all outreach. These disconnected members can have a major impact on plans. Only one in four Medicare Advantage members complete an Annual Wellness Visit.[5] In Medicaid, consumer driven policy changes and programs have faced documented challenges from lack of member awareness that results in members unnecessarily losing coverage or failing to utilize available resources.[6] In both cases, a lack of awareness harmed plan efforts to drive vital member actions.

Conversations that assess member awareness of benefits and services, and then connect members to the most appropriate resources, incentives, or information, can help reconnect these members to their care.

Low Health Literacy

When members don't understand why an action is good for them, they are less likely to do it, regardless of how many reminders they receive.

Low health literacy is a challenge for every population. 9 out of 10 Americans have difficulty using everyday healthcare information[7] and AHIP calls health literacy a significant barrier to engagement and participation in Medicaid.[8] Hard-to-reach members may not respond to outreach promoting behavior change because they do not see how it would benefit their health and may require literacy-building content prior to the call-to-action.

mPulse Mobile uses predictive analytics and real-time analysis of member responses to gauge health literacy to allow for more tailored messaging when required.

Real World Examples of Impacting Hard-to-Reach Member Populations

The best practices discussed previously are the result of lessons learned from millions of conversations and dozens of deployed solutions across Medicare and Medicaid plans who partner with mPulse Mobile. We have compiled some of the most important ways they have engaged their hard-to-reach members through automated conversations.

Connecting Members to Health Services and Programs

The most common goal of engagement efforts targeted towards hard-to-reach members is simply to prompt a visit to a healthcare provider. The member may have not yet completed a key screening or could be approaching the end of a measurement period without a proper risk assessment, and regular outreach efforts and incentives fail to drive action. Aside from the significant impact on risk adjustment and quality measures, members who are not regularly engaged with providers are in greater danger of worsened health outcomes and higher costs to the delivery system. Plans have leveraged mPulse Mobile's expertise in conversational engagement to bridge the divide between critical gaps in care, risk interventions, and members.

In-Home Risk Assessments

Challenge

A large national payer that serves over 8 million Medicare members across the country, including 4 million in Medicare Advantage plans, sought to improve completion rates of key wellness assessments and risk screenings for members. The plan identified over 8,500 members who had received multiple attempts via telephone and mail to encourage in-home assessments but had not done so by the start of December, and still had remaining HEDIS, medication review, and risk adjustment gaps. Some of these members had received up to 12 phone call attempts in addition to multiple emails and letters specifically trying to drive assessment completion over the course of the prior 11 months. The plan partnered with mPulse to use conversational text messaging to reduce the number of members who finish the year without any risk assessment.

Solution

The solution used a prior-opt-in approach to ensure wide reach and informed members that the plan had in-home assessments available. Members could ask questions and receive information via text or get connected to a dedicated phone line to schedule assessments. Members who continued to be non-responsive were sent follow-up reminders. Members who never responded to the reminders and information were asked the open-ended question of why they had not scheduled an appointment, with Natural Language Understanding (NLU) used to classify their responses and direct members to appropriate plan resources.

Results

The solution was able to achieve a 21% engagement rate during the two weeks of December outreach. This engagement drove a number of positive outcomes, including 162 inbound calls to the dedicated phone line, 90 new in-home assessments, and an opt-out rate of 6%—a very low rate given the context and audience of initial messaging. For the plan, driving any additional assessments from a population that had been so difficult to engage was a major success, but learning why members were not completing them was equally valuable. 12% of members, nearly 1,000 total, responded with barriers that had stopped them from completing assessments. Nearly half of the identified barriers fell outside the anticipated major categories such as cost concerns, or questions about the need for the assessment. These insights from a previously unreachable population were only possible through truly conversational engagement and enable the plan to make informed and impactful changes to the program for future success.

ENGAGEMENT RATE

21%

MAXIMUM NUMBER OF PHONE CALLS WITH NO PRIOR ENGAGEMENT

12

MEMBERS WHO SELF-REPORTED BARRIERS TO COMPLETION

12%

Gaps in Care Closure for Medicare

Challenge

While closing HEDIS gaps in Medicare members is crucial for CMS Star Ratings, members who do not complete annual screenings or receive expected care for chronic conditions represent risks beyond quality measures. So when the quality team for the western region of a major national payer with over 4 million Medicare lives had 60,000 members who had at least one key care gap by early December 2019, the pressure was two-fold. This team needed to help their plans' quality measures as much as possible by driving care gap closures before the end of the year, and they needed to engage members who were not acting to monitor and manage their health after nearly a year's-worth of reminders to do so.

Solution

The payer leveraged mPulse to make a "last chance" push to engage these members with open gaps—some of whom had received over a dozen outreach efforts to close them earlier. Members had open gaps for colorectal cancer screenings, kidney disease monitoring, and/or controlled A1c level measurements. The solution sent multiple targeted conversational reminders to visit clinics and close them via text. The payer engaged 60,000 members just before the holiday season and the year's end, with a group of 35,000 similar members used as a comparison group who received no mPulse outreach.

Results

Despite the difficult time of the year and multiple previous outreach efforts, the mPulse solution drove 8,410 total closed gaps in 2.5 weeks. When evaluating the members who received the solution to the comparison group, the mPulse-messaged group was significantly more successful in closing gaps. For blood sugar control, gap closure rates were 10.5 percentage points higher than the comparison group (19.5% to 9%), a 116% increase. And nephropathy closure rates were 4 percentage points higher (18.4% to 14.5%), while colorectal cancer screening completion was 2 percentage points higher (9.4% to 7.2%). In a group where even one percentage point improvement constituted success, this was a major impact for the payer, and it prompted them to leverage the solution as one of its very first outreach attempts the for 2020 in the following month.

INCREASE IN BLOOD SUGAR GAP CLOSURE

10.5pp

INCREASE IN NEPHROPATHY GAP CLOSURE

4pp

INCREASE IN COLORECTAL CANCER SCREENING COMPLETION

2pp

Medicaid Community Screening Events

Challenge

An innovative Medicaid Managed Care Organization (MCO) in the mid-Atlantic with over 250,000 members had implemented community health events make completing key screenings and provider visits easier for members. Closing key HEDIS gaps around breast cancer and lead screenings and diabetic A1c and eye tests were a major priority for the MCO. After seeing success with initial events at health clinics, the plan sought to widen their reach. The MCO offered raffles and gift card incentives to members who needed to close gaps and attended events, and even added events at clinics outside of its network to improve access. But they still found over 11,000 members who had not yet completed needed screenings despite the previous mail, phone, and advertising efforts to drive them to visit the clinic events. They leveraged mPulse to connect those un-engaged members with the incentives, screenings, and benefits they had put in place.

Solution

The mPulse solution used text message dialogues that were tailored based on each member's zip code to ensure they received the most relevant information about the nearest events. Using a prior opt-in approach, the messaging was able to reach over 80% the members that the plan had identified with open gaps, with the only failures due to bad mobile numbers or limited opt-outs.

Results

Targeted reminders with interactivity and conversational language around incentives and event information drove exceptional member action. 48% of all targeted members completed the needed screenings—5,343 total additional gap closures. Members who lived in the MCO's primary service areas and near in-network clinic events were even more engaged, with 61% completing screenings. These results from a population that had not been successfully engaged via traditional methods represented both great value for the plan, and proof of the efficacy of conversational text outreach. The MCO adapted outreach strategies to make the mPulse solution an earlier part of the communication flow, targeting members closer to their initial eligibility date and as a result expanding the population to include more engaged members. Results from those changes commensurately improved, with 79% of a group of 1,500 members that needed a breast cancer screening completing one within 6 months of receiving the mPulse solution's reminder dialogues.

SCREENING COMPLETION

48%

REACH RATE

>80%

Promoting Adherence with Medications

Challenge

A large national payer that supports over 12 million Medicare members across its lines of business had approximately 100,000 Medicare members across various plans nationwide who were, at the end of September 2019, non-adherent with chronic condition medications. The payer, after seeing success with mPulse solutions for gaps in care, realized that this large population of members had not responded to provider/pharmacy outreach or the payer's own engagement attempts to promote medication adherence. This represented a tremendous opportunity to attempt to drive adherence at scale in a population that a typical plan might consider past the point of impacting the 2019 measurement period.

Solution

The mPulse Medication Adherence Solution was configured and launched within 16 business days to the 100,000 members nationwide, to help give the best chance for 2019 refills and impact on the members' proportion of days covered (PDC) metrics. Members received personalized prescription refill reminders via text that directed them to call in refills at their specific pharmacy on file. Automated follow up messages, scheduled according to mPulse's best practices for driving refills in non-adherent populations,[9] continued to "nudge" members that did not refill after the initial message. Members who did not act after repeated reminders were asked to identify any barriers to adherence, with NLU helping to process any non-standard replies to continue the conversation and connect members to resources and information.

Results

Compared to an engagement rate of about 3-5% via phone outreach to the payer's unengaged members, the mPulse solution drove a 33% engagement rate between late September and mid-December. The payer successfully reached more than 93,000 members via text, and over 30,000 replied to outreach. Crucially, members who did not refill early on responded to the question about adherence barriers at high rates, with response rates at approximately 7% overall. These responses from an unengaged and non-adherent population offered key insights. For example, over 300 members reported taking medication differently than prescribed, and 900 reported they were no longer taking the chronic condition medication at all, offering the payer's pharmacy services team an opportunity to intervene which would have been impossible without the data from the automated conversations.

ENGAGEMENT RATE

33%

PREVIOUSLY UNENGAGED MMBERS WHO RESPONDED TO OUTREACH

30,000

Improving Understanding of Member Information

Challenge

An East Coast Medicaid plan with over 250,000 members faced a large number of members with incorrect mailing addresses on file. With housing instability a major concern for Medicaid populations, and many members changing addresses without notifying the plan or state, the rate of mailings resulting in a "return to sender" meant hundreds of members did not have accurate address information each month. This presents a major problem—the plan is in one of many states that require members to renew their Medicaid benefits via a mailed form. If members do not receive the form, they risk losing their benefits. The high reach and engagement of mPulse's solutions made them a natural choice to help.

Solution

The plan identified members who had returned mail from the plan or the state regarding Medicaid benefits. The plan and mPulse worked together to design and optimize a multi-step outreach program via text message to help members correct the bad information. This meant directing members to click a link or call a phone line to directly update their information with the state, and strategically following up with members who did not engage with the initial reminders. Members could have bad addresses on both the plan and the state's records, and they might also need to receive coverage renewal information from mPulse. To prevent member abrasion, mPulse's Activation Intelligence automatically determined the most appropriate message content for each member based on prioritization rules developed with the plan and each member's data.

Results

Engagement by the members with bad address information was high. In the first year of the program, click-rates on the link to provide an updated address to the state was 18%, and 31% for those with bad information on the plan's own database. When members received follow-ups to ask if they had completed the update, response rates ranged from 13% to 18%. Crucially, almost half of all responses were from members who had not yet completed the update, as opposed to those simply confirming they had followed the initial reminder's instructions. These members were connected to plan resources to help them update the information. With better address information at the state level and conversational renewal reminders from mPulse, the plan's renewal rates improved by 9 percentage points during the first month of the solution.

CLICK-THROUGH RATE TO UPDATE INFORMATION

31%

INCREASE IN COVERAGE RENEWAL RATES

9pp

Conclusion

These are examples of real-world uses of conversational engagement to improve outcomes in hard-to-reach members. All involve thousands, not hundreds, of members and were targeted at broad populations of unengaged or unreachable members that needed to take key actions. As a result, they offer an actionable roadmap to making an impact in member segments that too many plans still consider "beyond hope" when postcards and one-size-fits-all voicemails fail to spur improvement.

Mobile engagement solutions are often deployed by innovative plans as the first step in an outreach strategy due to their wide reach and automated nature. But the examples in this paper show that plans that may even continue to rely on other channels for initial communication to members can benefit tremendously by leveraging these solutions with members that fall through the cracks.

In doing so, they improve overall population metrics while making an impact in the health of more of their members than even the largest and most effective care management teams could impact. The plans that partnered with mPulse Mobile in this study still, of course, still leverage high-value teams of staff to help members with complex needs and multiple exacerbating health factors. Those members need those powerful resources. And by leveraging Conversational AI, the plans allow those staff to concentrate on the members where they can make the biggest difference, while still engaging the members who may just need a friendly reminder (or two, or three…) on their mobile phone to visit a clinic, or refill their meds. In doing so, these plans are showing their peers how leading managed care plans can serve all of their members, no matter how hard they are to reach.

mPulse mobile

References

1. Subgroups of High-Cost Medicare Advantage Patients: an Observational Study. Journal of General Internal Medicine 2018: **https://www.ncbi.nlm.nih.gov/pubmed/30511290**
2. AHIP 2018: **https://www.ahip.org/wp-content/uploads/2018/08/AHIP-Value-Campaign-Digital-Media-Plan-5.2.2018.pdf**
3. Pew Research Mobile Fact Sheet 2019
4. Pew Research Mobile Fact Sheet 2019
5. **https://www.aarp.org/content/dam/aarp/ppi/2019/05/annual-wellness-visits-among-medicare-advantage-enrollees.pdf**
6. **https://www.healthaffairs.org/do/10.1377/hblog20191205.883142/full/**
7. **https://health.gov/sites/default/files/2019-09/Health_Literacy_Action_Plan.pdf**
8. **https://www.ahip.org/wp-content/uploads/2018/08/AHIP-Value-Campaign-Digital-Media-Plan-5.2.2018.pdf**
9. Brar Prayaga R, Agrawal R, Nguyen B, Jeong EW, Noble HK, Paster A, PrayagaImpact of Social Determinants of Health and Demographics on Refill Requests by Medicare Patients Using a Conversational AI Text Messaging Solution: Cross-Sectional Study. JMIR Mhealth Uhealth 2018;6(1):e30: **https://mhealth.jmir.org/2019/11/e15771**

About mPulse Mobile

mPulse Mobile, the leader in Conversational AI solutions for the healthcare industry, drives improved health outcomes and business efficiencies by engaging individuals with tailored and meaningful dialogue. mPulse Mobile combines behavioral science, analytics and industry expertise that helps healthcare organizations activate their consumers to adopt healthy behaviors.

With over a decade of experience, 100+ healthcare customers and more than 300 million conversations annually, mPulse Mobile has the data, the expertise and the solutions to drive healthy behavior change.

To ask a question or request a call, go to: mpulsemobile.com/contact