



Fighting point solution fatigue
in health management

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The state of health management

To lower costs and improve outcomes, health plans are adopting new approaches to help members take control of their own wellbeing. But according to a recent Wellframe survey of health plan leaders, many organizations are investing in numerous point solutions in order to address the holistic needs of members—and meet demands of different business lines.



Wellframe survey, May 2018.

TOP FIVE CHALLENGES
IN MANAGING THE HEALTH
& CARE OF MEMBERS



Member engagement



Collaboration/service
line silos



Data collection &
measurement



Managing multiple
digital solutions or vendors



Limited staff resources

The problem with point solutions

As a result of today's health management approach, many health plans and their members are suffering from a condition known as "**point solution fatigue.**" This leaves members feeling overwhelmed by four or more apps to manage—and leaves plans without measurable results from multiple standalone solutions.

Instead of addressing a multitude of health factors like wellness, chronic conditions, and social determinants with multiple standalone solutions, such as texting or condition-specific apps, plans must consider a new approach to achieve the goals of health management. To combat point solution fatigue, health plans should invest in solutions that meet the following criteria:

1. Support the whole person
2. Unify engagement
3. Measure rigorously to continuously improve

Support the whole person

By 2030, nearly one in two Americans will be living with one or more chronic condition.* But when it comes to helping this high-risk population improve their health, we must also acknowledge that 80% of outcomes are determined by non-clinical factors such as behavior, environment, and socioeconomics.**

In order to address all the determinants of health, plans must be able to deliver comprehensive, personalized, and holistic support, rather than condition-specific apps or wellness point solutions.

To improve outcomes, make sure your health management program has the following capabilities needed to support the whole member:



Meet both clinical and social healthcare needs

- Address the lifestyle and socioeconomic factors that impact health
- Utilize interactive surveys to screen for social determinant needs such as transportation, financial concerns, social support, and safety
- Deliver personalized health education tailored to those social needs, within the context of their clinical needs, so the member can visualize how therapeutic lifestyle changes can have a positive, direct impact on health



Address comorbidity with comprehensive clinical programs

- Avoid treating diseases independently from one another, as one in four Americans have multiple chronic conditions***
- Address overlapping symptoms and the challenges of polypharmacy by supporting conditions simultaneously, in consideration of one another
- Offer a broad range of clinical programs in a single solution to support multiple chronic conditions like diabetes, COPD, asthma, and more, as well as transitional care and behavioral health



Leverage convenient omnichannel support

- Deliver health management support through a combination of phone calls, messaging, apps, web, and video chat so members can choose the method that meets their needs in the moment
- Offer flexible and accessible mobile messaging so the member can engage and respond on their own time
- Provide more frequent support and guidance rather than intermittent calls



Meet health literacy standards

- Deliver health education content at a fourth grade reading level for broad accessibility
- Utilize videos, bullet points, highlighting, bolding, colors, and images to deliver education to members with a variety of learning needs
- Write in short sentences with basic structure and simple words
- Provide definitions for medical terminology
- Break complex concepts into digestible pieces



Deliver a personalized experience

- Adjust clinical programs to meet the unique needs of each member
- Ensure educational components are modular and easy to customize
- Empower care teams to determine what information to send, depending on the individual needs of each member
- Put the member first by letting their needs guide the conversation

Given the projected increase of Americans with chronic conditions, plans must consider investing in comprehensive health management solutions that encourage members to adopt a new perspective on what makes up their health. By addressing the holistic needs of members, including social determinants, comorbidity, and wellness, and aligning support to their unique needs and goals, plans can successfully help members improve their health.

*"Improving Care for Chronic Conditions,"
Rand Corporation, 2015.

**County Health Rankings.

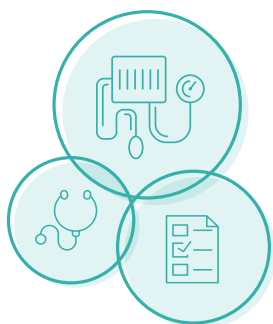
***Centers for Disease Control and
Prevention.

Unify engagement

The support plans deliver to members about their health and care is only one part of the story—effective member engagement is critical to mitigating rising costs. But digital engagement point solutions are often delivered in siloes, resulting in a lack of insight into member activity, inefficient outreach, and fragmented coordination with providers.

To break down these barriers and unify engagement, successful health plans will follow these best practices:

Unite technology and human services



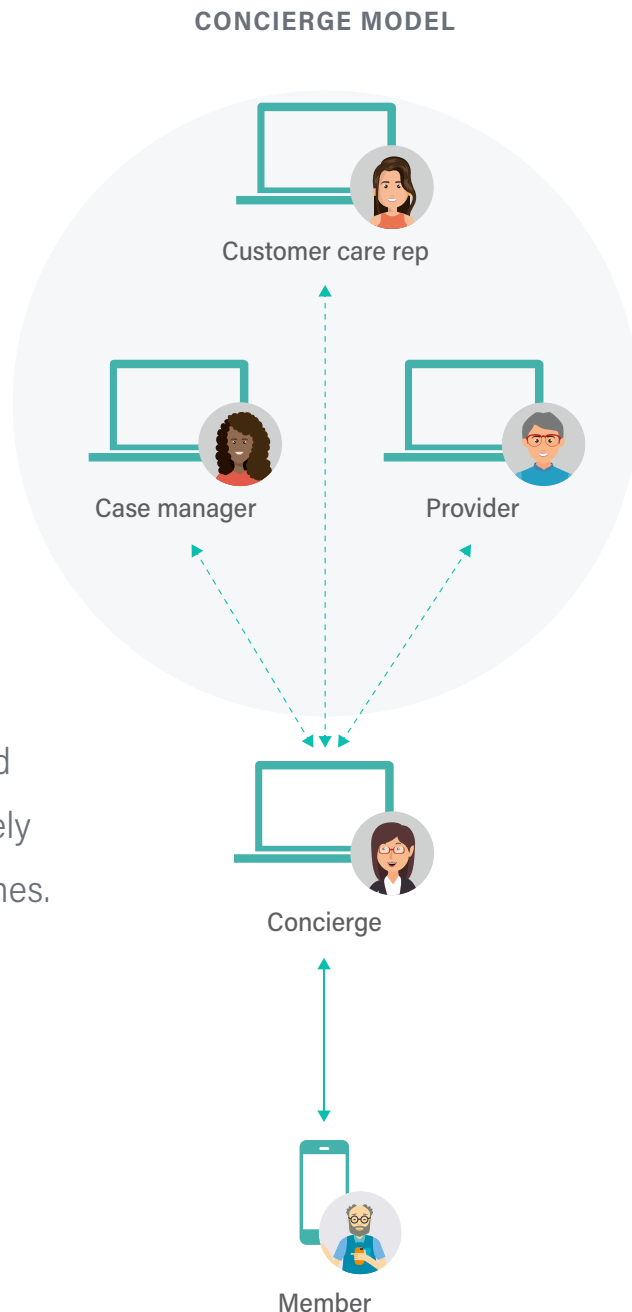
In order to better assist members in need of support, care teams need real-time insights into members' day-to-day health. But typical point solutions, such as patient education or texting apps, don't inform or integrate with care management workflows.

When health plans unify human services and member engagement technology, care teams can get the insights they need to provide the right intervention to the right member at the right time. Successful programs will be able to capture and analyze patient-reported data, automatically prioritize members based on clinical need, and respond via two-way messaging with timely, personalized support.

Integrate administrative & clinical services

One member may get as many as 20 different outbound touch points from a single health plan in a year. Instead of overwhelming members with outreach, plans should unify their engagement efforts between service lines and point solutions to support the broader needs of members and engage them through their preferred communication channels.

Often known as a concierge model, this approach gives the member one point of contact to address their diverse needs, such as help understanding claims, answering medical questions, and more. By prioritizing and addressing members' needs, plans can build trusted human relationships—positioning them to more effectively engage members toward better cost and quality outcomes.



Enable payer-provider collaboration



With the rise of value-based payment models, plans and providers must be able to work together in order to improve quality, reduce costs, and succeed with performance measures. But siloed point solutions often act as barriers to plan-provider collaboration.

Make sure your organization can integrate providers into your engagement solution in order to facilitate member co-management. Through this unified approach, plans and providers will be able to work together to coordinate quality performance, deliver screenings, measure and improve member satisfaction, improve primary care utilization, and decrease hospital readmissions.

Siloed health management point solutions often lead to member frustration and confusion rather than effective engagement. But when plans unify their engagement resources, they can break down silos between technology and human services, administrative and clinical services, and plans and providers. The result? A streamlined experience positioned to meet members' needs—and help health plans engage more members toward better outcomes, more effectively.

Measure rigorously to continuously improve

As famed management guru Peter Drucker said, “you can’t manage what you don’t measure.” But when it comes to health management, many health plans have a measurement problem: they are often unable to properly evaluate the collective impact of multiple disparate point solutions and vendors.

To avoid this common problem associated with multiple point solutions, make sure your organization can measure the outcomes that matter, so you can continuously identify areas for improvement in your health management efforts.

Measure outcomes that matter

To help your organization make data-driven decisions that improve downstream outcomes, we recommend prioritizing the following types of measurement with a granularity that parallels the frequency and scale of the metrics in question.

MEMBER INSIGHTS FOR REAL-TIME INTERVENTION

Based on continuous inbound information from individuals' activity on digital health management tools, this data provides insight into member engagement, health status, gaps in care, alerts, and more. In aggregate, this data provides valuable insight into population preferences, engagement, and satisfaction.



Real-time

Individual member activity
Relevant for members and care teams



Daily

Population engagement
Relevant for care teams



Weekly

Operations (workflows)
Relevant for care teams and supervisors



Monthly

Resource allocation (staffing, efficiency)
Relevant for supervisors and management

CARE TEAM REPORTS FOR WORKFLOW EVOLUTION

Measuring data from care managers' interactions with members, this data reflects individual productivity based on operational metrics such as recruitment volume, engagement rates, efficiency, and capacity. Measuring this data empowers supervisors to make data-driven decisions to optimize resource allocation around needs and strengths.

PROGRAM REPORTS FOR IMPACT EVALUATION

Based on large-scale, program-wide indicators, this data points to the impact of health management on the population it serves. Data from medical and pharmacy claims combined with data from members and care teams enable new comparisons of cost and value that characterize overall program ROI.



Quarterly

Program performance, clinical outcomes

Relevant for managers & leadership



Annually

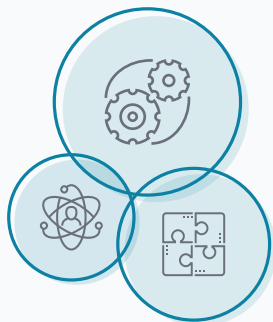
Financial outcomes, ROI

Relevant for leadership

When health plans can overcome the measurement challenges associated with managing numerous point solutions, they will be able to quantify results and demonstrate success relative to outcomes that matter to the health plan—whether to improve member experience or influence care in a way that has favorable outcomes for cost and quality.

Key takeaways

Instead of investing in multiple different point solutions like condition-specific apps, texting, or wellness programs, health plans must transform their health management efforts in order to lower costs, improve outcomes, and meet member and business line demands.



To achieve quantifiable value, plans must ensure their health management programs can:

1. Support the whole person
2. Unify engagement
3. Measure rigorously to continuously improve

To learn more about health management transformation, visit [wellframe.com](https://www.wellframe.com)



About Wellframe

Wellframe partners with leading health plans to transform health management through omnichannel engagement. Our mobile-enabled care management program optimally extends existing care management systems and resources to provide members with ongoing guidance and support, when and where they need it. Wellframe's data driven approach delivers proven results including improved member experience, reduced medical spend and increased efficiency.

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