



Assessment

Health Equity Assessment.

Health equity makes member experience better.



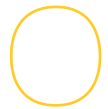
Thinking about how your plan uses information related to health equity goes a long way to closing gaps in care that may arise from disparities or social determinants of health.

We already know that because of systemic barriers, underserved communities have worse health outcomes making it harder for them to get care, driving higher costs for plans. But devising a strategy for addressing these inequalities is daunting—how can plans take on the systemic barriers that make their members sicker?

The first step is knowing where you stand by evaluating your data. Are you using it to listen to your member's needs? Answer “yes” or “no” to any of these statements to start to gauge where you rank on health equity and what next steps you can take to change:



We use race, ethnicity, and language (REaL) data to decide best how to engage our unique members.



Yes



No

Health leaders know that more than 70% of what drives a person's health and wellbeing is their lifestyle and environment. Identifying differences by race, ethnicity, language, and social determinants of health (SDOH) helps plans take deliberate actions to personalize a member's experience. Personalization encourages members to engage, which leads to activation that can [close gaps to](#) drive better outcomes.

When you're able to deliver relevant content and interventions tailored for members—including what language to use to reach them, you'll see better outcomes. Plans that [don't](#) communicate with members in their primary language risk worsening health, reducing access to critical health information, and decreasing satisfaction with their care.

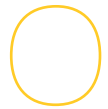
Claims don't give you a complete picture of a member.

Tip:

Go beyond medical data. When you factor in social needs and determinants, you can pinpoint your entire population, including the most at-risk. You'll gain new and actionable insights, such as people who live in multi-unit dwellings and drive a domestic sedan are at higher risk for COPD. Think of all the possibilities now, a reality with data like this. But that's not all.

A partner with this powerful data set and an end-to-end activation and engagement solution hit all the right notes at the exact right time, taking the "I wish we could do that" off the table and replacing it with action that delivers the results your actuarial team and CFO are looking for you to generate.

Our teams are using data to reach the right members to identify and fill care gaps resulting from health disparities.



Yes



No

Your marketing, quality, and product teams need access to predictive and behavioral analytics to prioritize and maximize their time. The more attributes we gather and analyze from a person, the better we can anticipate and meet their needs.

Technology that harnesses a [variety of data](#) can increase adherence, giving your members more accessibility that can close more gaps in care. Targeting the right people in the right way at the right time means you can focus your spending. More customized outreach means happier, [more loyal members](#) because they'll feel seen and heard. And if you're a plan looking to increase Star Ratings making your members happy through a better experience is [now critical](#).

Your marketing is more than just advertising and promotion – it's about solving member needs and mitigating risk.

Tip:

Data can make your budgets work smarter, not harder. To maximize your budgets, you want to be mindful of [what outreach techniques](#) you're using. You risk making uninformed plans if you don't know what methods work best to reach members and encourage them to act on their health. Using the "spray and pray" marketing method to get members is unreliable and a waste of resources. Suppose half of your audience is responsive to text and IVR (Interactive Voice Response), but you only rely on mailed pieces. In that case, you are unnecessarily overspending and underperforming. You need the correct data and channels to work together harmoniously.

Our members recognize us as part of their care team, regardless of where they are on their journey.

Yes

No

What happens when members engage with a plan that makes interaction confusing and impersonal? You risk alienating them by throwing up barriers, including the most vulnerable, further widening health disparities and increasing the chances of [member churn](#).

You must build trust before, during, and after care as an essential part of preventive, episodic, and chronic condition management.

A streamlined member process will lead to a happier member.

Tip:

Make doing the right thing easy and personal. Members need a central place as unique as their healthcare journey. It starts with networks, programs, and services fueled by personalized health and wellbeing programs that use science-backed behavior change to keep them engaged daily. So, when they need you, and more support, you can be right there at the right time.

And don't rely on simple persona-based messaging. Instead, leverage data to target communications to the person with the greatest need and receptivity to the actions you are asking them to take.

4

We stand out in the crowd by offering services customized to each member.



Yes



No

To be competitive in this market, you need to stand out with the best member experience, always-on-market innovation, and dedicated support to accelerate retention and growth.

Plans need a proactive and innovative approach to member experience from day one, nailing key touchpoints that drive stickiness and loyalty. World-class plans to leverage data to predict member needs and behaviors to exceed their expectations (hello, quality scores!) with communications and support that drive immediate action.

Once plans can anticipate members' needs, they are better able to seamlessly connect with the mind, body, and community support needed to improve health outcomes. The simplicity of a single destination to access digital health tools and coaches will allow you to be with them every step of the way.

You can build loyalty through all kinds of rewards.

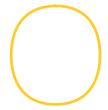
Tip:

Balance intrinsic and extrinsic rewards. It's about more than shelling money to get people to do things. Gamification may be something other than what people think the senior population would respond to, but they do. It can be an efficient yet overlooked strategy for this audience.

When stakeholders think of rewarding MA members, they always consider financial motivators, such as giving gift cards or premium discounts in exchange for healthy behaviors. These kinds of rewards are outward-facing—extrinsic—and known to be successful: In our survey among MA members, 43% of respondents said they'd engage in healthier choices if they received such financial perks.

But at the same time, health plans shouldn't disregard the potential of inward-facing—or intrinsic—reward systems such as points or leaderboards.

We're hitting our retention targets because member experience is crucial to our strategy.



Yes



No

What is the number one non-negotiable for your clients, consultants, and members? Member experience with your health plan.

For clients and consultants, showing how you support the employee's entire health and wellbeing experience, from ID card to behavior change to chronic condition care, is critical – don't leave this up to someone else to spin the narrative. A hyper-personalized member's experience rooted in science that supports a member's physical and preventative, mental, emotional, social, and financial health as a part of your health plan demonstrates you understand what your client needs.

Customer [satisfaction](#) is triple-weighted this year for MA members, so don't overlook this critical measurement. Engage your members by weaving relevant and trusted support into their lives so you can drive meaningful change and measurable health outcomes.

Member experience and health equity are closely related.

Tip:

Find a partner to help with activation and daily member engagement. This power duo enables you to reach people in the moments that matter via their preferred digital or offline channel – anywhere they are on their journey. This level of support engages members while making them feel seen, understood, and cared for.

Equality ensures everyone gets the same things to enjoy whole, healthy lives. Equity, in contrast, involves trying to understand and give people what they need to enjoy full, healthy lives. Think of this as personalized, individualized support, such as:

- Not just as waiting for CAPHS survey data but activating your member base regularly with surveys to understand incremental benefits that meet the needs of your diverse population, such as financial wellness, transportation, provider diversity, caregiving, and women's health needs
- Not just offering care management programs but activating members to engage with your health plan clinical team by understanding the SDOH impacts that make it difficult to stay compliant with care
- Not just offering monthly wellbeing tips, but delivering a platform that helps each person during their moment of need

How did you do?

If you answered “no” to any of these assessment questions, you might be missing crucial information needed to close gaps in care and address health inequities among your members.

But you don’t have to do this all alone.

[Priority Health, Medica, and BlueCross BlueShield of South Carolina shared their experience with Personify Health with Becker’s Payer Issues. Read the article to see how they improve health equity, member experience, and activating and engaging members.](#)



“

Equality is at its best when everyone starts on equal footing, and if their needs are the same or at least similar,” says Jeff Jacques, MD, Chief Medical Officer at Personify Health. “Whole-person wellbeing supports equity by matching support with people’s individual needs, delivering the care they need when and where they need it, and empowering them to lead healthier and happier lives.”

What Personify Health offers for health plans:

Personify Health provides plans with the industry's most comprehensive digital front door to make it easy for members to access, navigate, and engage in their health and wellbeing. Connecting data, people, and technology, every member gets served with a unique, engaging experience.

Over 50% of Virgin Pulse members are engaged daily, and 81% have developed healthy routines. Leveraging machine learning, predictive models, and integrated rewards, Personify Health triggers critical actions daily, like managing a chronic condition, getting one-on-one support to navigate complex care needs, or adhering to a medication regimen. These results boost client retention and plan growth while delivering meaningful outcomes at the member level.

Personify Health offers multi-cycle, multi-channel outreach, leveraging data from claims, lifestyle, behavioral, SDOH, and more to reach the right person at the right time through the right channels for health plans.

With independent research showing that using four or more channels can increase the effectiveness of outreach by 300%, the value of multi-channel marketing campaigns is clear. To supercharge efficacy, we've integrated our proprietary database to pinpoint who has what needs and who will be most receptive to your outreach. Our data-driven personalization engine is the most effective way to support people during moments that matter, from closing gaps in care to vaccine compliance to preventive care.



Our health communications solution is often deployed at the enterprise level to ensure various lines of business (including Medicare Advantage, Medicaid, and Commercial) orchestrate campaigns in concert. Together, we improve health equity, Star ratings, and HEDIS scores with the best possible member experience.

Learn why Personify Health is the partner for your health and wellbeing journey. [Contact us for a demo.](#)



Because health
is personal™

~personify™
HEALTH