



How payers can fix missed opportunities to improve care management.

Implications of the Cognizant 2023 Voice of the Member Survey on payer care management strategy.

By

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Health plan members want to use digital tools to manage their health and are increasingly willing to share data from those tools in return for value-added services. Yet few payers offer the wellness features members want. That's a missed opportunity to greatly improve care management outcomes and build richer lifetime member relationships.

Those are some of the key findings and insights related to care management revealed by our [2023 Voice of the Member survey](#). The survey* shows that members are deeply engaged in their own health management, possibly because of heightened health surveillance in the wake of COVID-19. Yet even as they want to be equipped to manage their health and wellness independently, members also want expert assistance on the journey.

Members' willingness to share data and their need for insights from it create a winning combination for payers who develop the tools and capabilities members want. They can capture members' attention, engage them more frequently and provide more effective care management using better data. In the following, we look at the key survey results that point to what members want and how payers can respond.

Key Finding 1:

In the last two years, members adopted digital tools and services at significantly increased rates and have specific wish lists for missing features.

Members want to track calories, receive meal plans, monitor sleep patterns, participate in wellness programs, research health and wellness topics, tap meditation resources and receive help interpreting health data gathered by their wearables. However, most payers don't offer such tools or guidance.

Payers are missing a critical opportunity. Self-directed member engagement is invaluable to managing the health of individuals and, by extension, populations. Members clearly want to manage their health and signal they would reward organizations that offer them tools to do so effectively.

If payers invest in the technology, access, resources and training necessary to support members' health



self-management, they could achieve new levels of performance and returns. This is a win-win scenario. Members win because they have the means to participate in their health outcomes. Payers win because they can engage members more effectively and frequently and influence health outcomes in ways that were not possible before digital technology became ubiquitous.

Key Finding 2:

Wellness is increasingly important to members, who show growing comfort in sharing personal data they collect from wearables and other digital devices.

In 2021, 45% of members said they would share data in return for value-added services. That number grew to 59% in 2023. Members also said they would continuously engage with payers offering strong wellness features.

Payers have an opportunity to fill a critical void by helping members make sense of their health information. Payers that use analytics and algorithms to reveal insights into member data gain an important edge in member loyalty.

These services will help payers reach the standard of personalized value-added services other industries already deliver. The healthcare industry has fallen behind in developing and growing relationships with the populations it serves. Member data-sharing is an opportunity to change that narrative. If done well, both parties will benefit. Payers will receive a huge amount of near real-time data. They can analyze this to develop new value-added services and deliver insights that help ensure effective care and utilization management. In turn, members remain engaged and receive interpretation and individualized guidance based on their own data to support their health and wellness goals.

Such services will also help payers engage their healthy members more frequently, even routinely, to build stronger and lasting relationships. An individual's health status and needs fluctuate throughout their life, even for "well" persons. Yet despite much talk of shifting to preventive care, the healthcare industry rarely focuses on serving healthy people. Using member-supplied data and analytical tools plus human experience and expertise, payers can partner with their members to help them maintain an optimal state of health for the longest time possible.

Key Finding 3:

About 97% of the Medicaid population has access to cell phones, and 76% have access to smartphones as compared to 57% with home broadband.

Care management has become increasingly mobile, yet many payers still invest in traditional communications instead of the digital options their members prefer. The survey results show that members have access to mobile phones, regardless of their age or socioeconomic status. That fact alone means payers should make mobile communication an investment priority.

Successful care and disease management depends on engaging members where they are. Programs that incorporate mobile functionality allow members to take greater ownership of their care, and they can interact with care managers through the channels, places and times of their choosing. This convenience can deepen member engagement and improve disease management effectiveness.

Platforms that offer mobile-enabled components can expedite these efforts. Such platforms also make it relatively easy to build the wellness apps members want. Payers can make a variety of neighborhood and social determinants of health-focused services accessible through an app. Such an app could enable Medicaid members to book appointments, arrange for rides, connect with wellness coaches, etc.



Building digital bonds

Digital solutions offer the greatest potential to encompass the widest variety of member needs. These tools can mitigate negative social determinants of health (SDoH) so members can focus on their physical health needs. They can streamline administrative activities such as booking appointments and equip care managers with information and insights to help them spend more quality time engaging with members vs. managing paperwork.

Members have signaled they are invested in their own health success. Payers need to invest in technology and resources members will use. The combination of member-shared data and the ability to connect with members anywhere, anytime, gives payers endless opportunities to create and deliver individualized services when and where members want them. It's a virtual certainty that large tech

companies and new industry players want to claim this space; payers that develop these capabilities now should gain a competitive edge through stronger member relationships.

Survey Methodology

*We surveyed 2,400 health plan members across 50 states; 59% were national plan members; 31% Blues plan members; and 10% regional plan members. Of these, 1,200 were in employer group plans; 480 in Medicare Advantage plans; and 480 in Medicaid plans. Another 240 respondents were members of health marketplace plans.

Read our entire [2023 Voice of the Member survey](#).

Learn more about our **care management solutions**.

About the author



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Susan is a registered nurse with 25 years of experience working in hospitals, home health, and hospices. At Cognizant, she focuses on strategy, innovation, and client success for Clinical CareAdvance, TriZetto Touchless Authorization Processing (TTAP), and TriZetto Value-Based Benefit Solution (VBB).



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