

CIN Partners Share:

Marketing Makeover: Patient and Member Engagement Post-ACA

The Affordable Care Act (ACA) has changed the landscape of health care marketing in California. This is true for providers and health plans on both the commercial and the safety-net sides of the delivery system. Safety-net providers are focused on patient retention, as most patients now have more choice about where to go for care than before the ACA. For commercial groups and health plans, the large numbers of new Medi-Cal beneficiaries is changing the messages and the goals of their marketing efforts.

In the November 2015 meeting of the California Improvement Network, partner organizations discussed the science of marketing in this business environment. Presentations were provided by OLE Health, Monarch HealthCare, and Kaiser Permanente.

OLE Health www.olehealth.org

OLE Health is the only Federally Qualified Health Center in Napa County. OLE serves 25,000–35,000 patients a year with its 220 employees at seven sites. OLE's patients are approximately 60% Latino and 40% white.

Rebranding the Health Center

When Tanir Ami started as CEO of what was then Clinic Ole in 2010, she launched immediately into brand and marketing work. Based on research conducted by the California Primary Care Association (CPCA) that found that patients react negatively to the term “clinic,” Ami set out to remove the word from her organization’s name. Her board and staff, however, disagreed; they were wedded to the organization’s name and logo and the history they represented.

With implementation of the Affordable Care Act, OLE Health, like so many other health care organizations, saw the growth in the number of insured patients and a new ability for Medi-Cal recipients to choose providers. OLE Health took this opportunity to renew its image. During this process, OLE Health’s leaders and staff members came to a shared understanding that “the name is not that important; it’s about what you have to offer.” Rather than lead with a name change, the organization decided to first define its core values and services.

Staff and marketing consultants spent a year and a half conducting focus groups, staff discussions, and an internal communications campaign about the value they provide their patients, such as bilingual care providers, nutrition support, behavioral health services, help with benefits, and social service referrals. The result was the organization’s “brand value proposition,” which Ami defined simply as “what you want the patients to be thinking when they walk in our door.”

Main Takeaway:

For success, there has to be good patient experience and quality to support any marketing. You can’t promote what you don’t have.

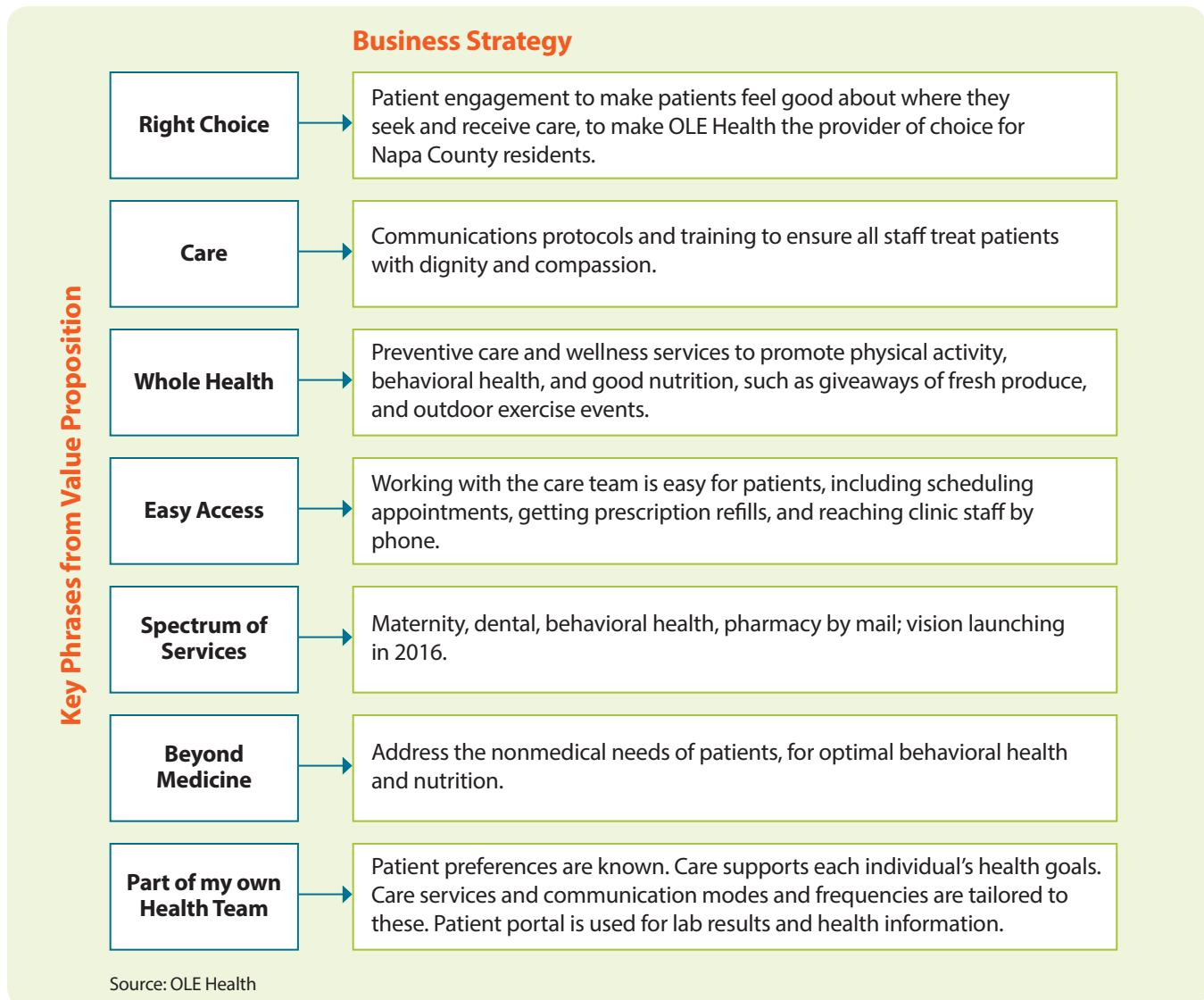
“Organizational transformation begins internally — we can’t help our consumers believe that we are special, different, and valuable unless we believe it ourselves.”

Tanir Ami, OLE Health

The OLE Health Brand Value Proposition

*“As a patient at OLE Health, I feel like I’ve made the **right choice** because they **care** about my **whole health** and make it **easy to access** an impressive **spectrum of services** that go **beyond medicine**. They make me **part of my own health team**.”*

The organization aligned its new value proposition and brand to its business strategy. OLE Health’s approach to alignment included its seven major business strategies, which were identified directly from the brand value proposition.



To maintain momentum and focus after the branding exercise, all executive team meetings are now starting with the OLE brand value proposition, no matter the meeting topic, because “all decisions need to flow from the value proposition.” OLE leadership also initiated a new communication tool: “Monday Morning Minutes” are 60-second videos emailed from the CEO to all staff. These quick reports promote the organization’s quality agenda and report on improvement efforts.

In August, OLE Health held an all-staff celebration to launch the organization’s new name, new logo, new website, and even new work attire — scrubs and polo shirts with colors and fabrics chosen by staff.

Next Steps

OLE Health will continue to refine and execute its business strategies to ensure that the organization is delivering on the promise of the brand. This is the most difficult part — to deliver a high-quality experience to patients every time they interact with the system. The organization also wants to increase its direct communication and engagement with patients and elicit more frequent feedback.

There are many ways OLE Health is communicating with patients directly to improve patient engagement:

- Newsletters from each patient's personal clinician
- Appointment reminder texts
- Improved patient portal (increased functionality, more health information available)
- Interactive website
- Active social media outlets
- Communications protocols for staff in their interactions with patients, developed with staff to support brand
- Patient Advisory Committee, currently in action and being developed further, group membership continuing to grow through referrals from primary care teams
- Instant feedback surveys

In forums such as its Patient Advisory Committee, OLE asks patients what they want. The two chief problems identified by patients were prompt access to primary care appointments and continuity with their own primary care provider. In surveys about what services to include at OLE's recently opened seventh clinic site, OLE found something surprising: People wanted to engage with others socially. As a result, the leadership team is working on ways to maximize social connections in group visits and other services.

Monarch HealthCare www.monarchhealthcare.com

Monarch HealthCare is the largest independent practice association (IPA) in Orange County. It has approximately 200,000 members, consisting of 700 primary care providers and 1,500 specialists. Monarch is expanding its provider network into northern Orange County. Monarch is part of Optum, which is owned by UnitedHealth Group.

Learning About a New Patient Population

Medi-Cal beneficiaries are Monarch's largest and fastest-growing patient population, a change from the past, when it was Medicare seniors. Most Medi-Cal patients come to Monarch through auto-assignment, so the work of marketing is focused on retention. Monarch's marketing staff members are asking themselves, "How do we change as the population changes? How often do we reassess our marketing strategy? Can we use the same strategies we use with our Medicare patients to help younger Medi-Cal enrollees?"

Optum provides Monarch with market segmentation data and recommendations. With this deeper understanding of patient groups, the marketing team can partner with other parts of the business to offer tailored services to better meet patient needs. Market segmentation takes three basic approaches:

1. **Behavioral:** segmentation by choice, lifestyle, how people spend their time.
2. **Demographic:** segmentation by variables such as income, geography, language, ethnicity. (Most marketing focuses here.)
3. **Attitudinal:** segmentation by opinion, by what people think and say. (Optum has begun to focus here in past two years.)

Optum's health care consumer research identified several main patient concerns, including cost savings, flexibility, time concerns, information, cynicism based on past experience, reliance, and confusion. With the patient archetypes they developed based on these concerns, Monarch considers what aspects of care and services each archetype would value, such as convenience of services, choice of provider, or customer service by phone. Monarch aims to both influence the services delivered and to emphasize these values in marketing materials. Like OLE Health, Monarch wants to align its business operations with its brand and deliver a care experience that matches what its members want. As Monarch's member population diversifies beyond Medicare, the organization is considering how often it needs to re-evaluate member segments and business strategy.

“If you can address this concern/need, you win the patient.”

Claire Ferrante, Monarch HealthCare

Tailored Communications

Monarch staff members call members to help activate them and to support their next steps in care, such as scheduling a primary care visit or learning more about their health coverage or self-care for chronic conditions. Members are more likely to stay with Monarch after this type of action-focused engagement. Patients are also sent personalized letters promoting preventive care, which are explained in the initial phone outreach. Senior members are assigned to a specific patient care coordinator, who works directly with the patient's primary care providers. Similar to the findings of the OLE Health patient surveys, Monarch has found that some patients need basic social support.

Monarch collaborates and cobrands with health plans and providers as much as possible, to help patients recognize the related roles in their care and its coordination. Commercial patients tend to identify readily with Monarch the medical group, because they chose the medical group but did not choose the health plan (because often only one option was provided by an employer), whereas seniors may identify more with the health plan because they had the option to make this choice.

Kaiser Permanente www.kp.org

Nationally, Kaiser Permanente has over 10 million patients, but loses between 1.2 and 1.3 million every year to attrition, according to Paul Moody, senior director, National Small Business Individual Plans Direct Marketing. Of this number, between 400,000 and 500,000 leave voluntarily. The organization must acquire that many more members to reach growth targets.

Kaiser Permanente uses an evidence-based marketing approach to reach the goals of their overall lifetime member marketing campaign. Lifetime member marketing targets current, past, and potential future members. Kaiser uses many types of data in its evidence-based marketing to understand its impacts and to continuously improve its work.

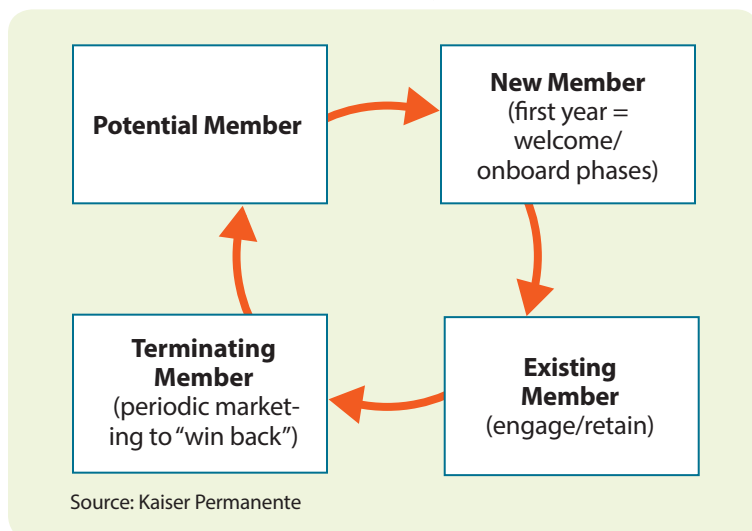
Lifetime Member Marketing

Lifetime member marketing takes the long view of relationships with Kaiser Permanente members, acknowledging that many people change health plans and providers many times over the course of their lives. Lifetime member marketing includes, for example, Kaiser staff support for members moving from commercial insurance to Medicare.

Since implementation of the ACA, Kaiser has seen more churn in membership than ever before. Because new members may have selected Kaiser based on cost and not on brand knowledge, the marketing team reaches out to new patients right away. “In the first year, our goal is to get the member to engage with us: to sign up for our online platform, to use online tools and tips for improving health, to have an appointment with their provider. If there is not engagement, people will shop on price when open enrollment comes around again. The primary driver of retention is relationship with the doctor,” said Paul Moody, senior director, Marketing for Small Business and Individual Plans, Kaiser Permanente.

Kaiser's marketing team maps out the first 10 months of a person's enrollment with the actions they want new members to take, as well as the actions Kaiser will take. For example, in month one, members are encouraged to choose a doctor and transfer prescriptions; in month three, Kaiser contacts members to offer help with any health concerns or benefits

Lifetime Member Marketing Cycle



questions. This staged approach has proven to be more effective than the traditional approach of overwhelming people with a huge amount of information all at once at the time of enrollment.

Kaiser uses multiple communications channels for marketing contact with members, including live calls, interactive voice response (IVR), mail, and email. Kaiser tailors communications to meet the needs of different patient groups. For example, they send more direct mail to seniors than to their younger members. With younger populations who are less concerned about health coverage and preventive care, Kaiser targets messages to their influencers, such as parents.

Evidence-Based Marketing and Retention

Evidence-based marketing involves testing and measuring the impact of marketing interventions and making changes based on the results. A primary driver of the organization's use of evidence-based marketing is the responsibility to use marketing dollars wisely, which in turn helps keep costs low for members. Evidence-based marketing at Kaiser Permanente starts with its robust database on current, past, and potential members. When selecting members for an upcoming marketing campaign, Kaiser looks at who responded to the last campaign and what variables are correlated with those respondents, and then applies that model to the larger population.

"Actionable data is the engine that drives our marketing."

Paul Moody, Kaiser Permanente

Evidence-based marketing does not require the sophisticated data platforms that Kaiser has developed. Testing and continuous learning are practices that any organization can use.

Kaiser uses a structured approach to building marketing campaigns. An example of this approach for member retention:

1. **Messaging:** Use research (online member panels and focus groups, for example), phone surveys, and data analysis to discover why members are terminating. Use this research to develop messages that address these issues. The primary reasons are typically value, quality, and access to care.
2. **Targeting:** Examine data and event-based analysis of terminations to identify common characteristics of members who terminate. Identify current members with those same characteristics to send messages to those who are likely to terminate.
3. **Channel:** Modes for contacting patients are determined based on insights from prior campaigns. Most campaigns use multiple channels (mail, email, IVR, and live calls).
4. **Analysis:** The marketing team tracks the success of each campaign as it happens, as well as after it ends, to continue the cyclical continuous improvement.

Next Steps

Kaiser is working to be less campaign-based and more personalized in its marketing to members. They want to use member behaviors and care activities to trigger specific outreach. For example, if a member creates a login to use the online member platform for the first time, this action triggers a direct communication to that individual.

Quick Takes

- **An organization's brand needs to be promoted not only to members but also continually promoted internally to staff.** Having engaged leaders is crucial to successfully engaging staff at all levels to help develop marketing messages and to improve the services provided. Senior leaders support the brand by repeating messages frequently; for example, the brand value proposition of OLE Health.
- **The quality of the care, services, and relationships asserted in branding and marketing efforts must be real,** particularly to drive long-term loyalty.
- **Patient relationships with primary providers are the most important driver of loyalty,** followed by ease of transactions (including access to services and phone support).
- **One size does not fit all.** Use different marketing tools for different populations and different messages. Vary marketing messages related to patients' needs, communications preferences, and tenure with the organization.
- **Marketing requires its own system of measurement to gauge its success.** Measures used by Kaiser Permanente include member surveys, A/B tests of marketing campaigns with a control group, rates of utilization of preventive services, number of members who engage with their patient portal, percentage of emails opened, and total members retained.

CIN thanks the presenters:

- Tanir Ami, CEO, OLE Health
- Claire Ferrante, marketing manager, and Alison Danielczyk, performance improvement supervisor, Monarch HealthCare
- Paul Moody, senior director, Marketing for Small Business and Individual Plans, Kaiser Permanente



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