

## COVID-19—Impact to Consumer Communications: Resolve—Ready—Reimagine

Health plans across the United States have responded to the COVID-19 pandemic with a focus on immediate needs—implementing new copay policies, halting some portion of non-COVID related communications, and even outfitting contact center personnel with laptops to enable work at home—all in a matter of days and weeks.<sup>\*</sup> Clearly these have been the right moves. Health plans have a unique responsibility to enable care for members, while at the same time being mindful of the economic impact to all parties involved. These short-term responses have been necessary, and the focus on immediate needs is unlikely to diminish in the coming weeks and months. Soon, however, it will be necessary to attend to operations in a "new normal" as well as more strategic needs—in parallel with addressing the ongoing urgency the dynamic environment presents. Elective, preventive, and other non-urgent procedures should not, and in some cases cannot, wait forever. The impact of this pandemic on those with health issues merits even greater attention, especially in context of the potential for and the environment that oscillates between lockdowns and potential cures.

Your members are feeling what all of us are feeling right now—uncertainty. It is important to take this opportunity and provide for them the healthcare information that will demonstrate a path forward. While we cannot hope to address all of the strategies and approaches that health plans may conceive to optimize efforts in the situation we are facing, we offer the following framework to assist health plans in their efforts to balance their efforts and investments—through the lens of consumer communications: Resolve—Ready—Reimagine.

COVID-19 Communications Strategies and Tactics Immediate: Resolve challenges and communicate clearly		
<b>Extra or modified benefits</b> : It is critical that your messages are being heard. Reaching your members with the information they need will build trust and provide assurance.	<ul> <li>Rx refill delivery timing</li> <li>Copay changes</li> <li>COVID-19 specific benefits</li> <li>Delivery benefits</li> </ul>	
<b>Impact of care</b> : Member confusion abounds as it relates to self-care during this time. Plans can provide much needed education for members.	<ul> <li>How (and if) to get tested</li> <li>Impact on home health visits—will they continue, what are the safety protocols, or replacement care if being halted</li> <li>Safe behavior when visiting providers</li> <li>Expectant parent communications need to address the current situation</li> </ul>	
<b>Telehealth opportunities</b> : Leveraging this approach to care has never been more critical than it is now.	<ul> <li>Availability of telehealth</li> <li>Accessibility</li> <li>Partners in telehealth</li> <li>Benefits</li> </ul>	
<b>High-risk populations:</b> COVID-19 consumes much of our mindshare, and tens of millions of members need to understand how it impacts them as individuals.	<ul> <li>High-risk population safety tips</li> <li>Personalized care recommendations</li> <li>Outreach to connect high-risk members to the right resources</li> </ul>	



Social determinants of health (SDOH): The pace of change related to the pandemic has been surreal – empty streets suggest loneliness; rising death rates create fear; and health plan responses can add to confusion or provide much needed resources. Goals and measures: The last pandemic with even close to the level of attention that we are seeing now was SARS in 2003. In the United States this	<ul> <li>Available resources for depression, addiction, behavioral health</li> <li>Call script messaging that provides local community links/resources</li> <li>When developing a new intervention, it is always important to set objectives and target your audience. Unfortunately, we are seeing health place foll into the trap of developing a</li> </ul>
pandemic never measured up as a significant threat. Additionally, our communications options have changed dramatically since SARS. As a result, we don't have much experience to work with other than annual flu notifications and education.	we are seeing health plans fall into the trap of developing a standard communication for all audiences. Consider prioritizing the above topic areas by segment. And of course, SDOH data should be leveraged as part of these targeting models.
	Note: Perhaps not surprisingly, we are seeing some examples of increased engagement rates associated with COVID-19 specific outreach as compared to traditional engagement rates.
Member abrasion: An issue for many years, members who receive too many interventions often	Consider halting all communications unless they are COVID- 19 related:
tune them out. COVID-19 has only exacerbated this problem. Now it is more important than ever to have your communications effectively reach your	<ul> <li>Recent research indicates that nearly half of health plans<sup>*</sup> have halted all communications in favor of COVID-19 related outreach.</li> </ul>
members.	<ul> <li>At a minimum, it makes sense to evaluate which communications are going to those who need help most urgently.</li> </ul>
	<ul> <li>Some plans are leveraging a manual governance committee approach to address this challenge.</li> </ul>
<b>Non-COVID-19-related communications</b> : Plans who continue to prioritize outreach not directly related	High priority communications topics to consider for modification:
to COVID-19 must consider updating templates and	Pregnancy
copy to prevent being perceived as tone deaf.	Preventive screenings
	Childhood well visits
	Chronic condition management
	Medication adherence
	Readmission prevention
Near Term: Ready yourself for the new normal	
Area to Address	Considerations
Potential good news on the horizon: Many millions	Health plans have experienced the challenge of reacting to
	immediate needs over the last 30 days. Plans that have the
of dollars are being spent on new testing	
approaches (including at home tests), vaccines,	best of intentions to halt selected communications have
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approaches (including at home tests), vaccines, treatments for the sick, and more.	best of intentions to halt selected communications have found it difficult to even identify communications sources within the organization. We recommend preparing now for good news which may come any day now—prepare strategies, targeting approaches, draft communications, channel strategies, and measurement approaches now. Keep this preparation in context of the immediate-term activities outlined above.
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	<ul> <li>Move quickly on preventive care reminders— weeks and months will be lost, impacting quality measures.</li> <li>Leverage home screenings where possible to ensure high-risk populations continue to get needed care and preventive screenings do not get ignored.</li> <li>Use this communication as an opportunity to reinforce appropriate network usage.</li> <li>Leverage provider-centric personalization to drive engagement rates ("Dr. Jones now has appointments available ")</li> </ul>
<b>Communications rationalization</b> : To the extent that COVID-19 remains a danger beyond its current curve, most health plan communications will require analysis for appropriateness of message.	Most health plans have at least hundreds, and in many cases thousands, of individual outbound communications programs and print jobs in place, so evaluating message appropriateness will be a major undertaking. Many plans already know that "the little things" have often been mismanaged for years (the Chief Medical Officer's signature line is out of date, the phone number referenced in a footer is no longer operational, the logo at the top of the page is from a company acquired years ago). And now, COVID-19 calls into question the appropriateness of nearly every line of copy. Best get started now.
Strategic: Reimagine the future	
Area to Address	Considerations
<b>Personalization</b> : Strategy, data and systems can be aligned.	Personalization is the highest priority that plans can address for the future. Health is personal. This pandemic has showcased the challenge of working with current state infrastructure to quickly shift, adapt and personalize engagement. Investments in people and technology will be required.
Member abrasion: Immediate term "band aids" have been necessary to clear the decks and prioritize outreach related to COVID-19. However, many health plans require a significant investment in infrastructure to better manage individualized communication strategies.	<ul> <li>Many health plans have been developing strategies to upgrade infrastructure required to better manage the volume of communications sent to members. Up to now, business cases associated with these strategies have typically focused on cost savings first and member experience second. We believe that these priorities may flip, because the current pandemic has highlighted to executives the limitations of current infrastructure to address member experience, and, in fact, the risks associated with NOT making improvements. Some considerations:</li> <li>Next Best Action—Various automated methodologies for managing this concept have been in place in the online and retail channels for years. Health plans can take lessons learned and implement them now.</li> <li>Multi-channel orchestration—Putting in place data management infrastructure to better enable cross channel "awareness" is a mandate to ensure consistency across channels (print, email, SMS text, portal, call center).</li> </ul>

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Member relationship management: The advent of greater consumerism has been underway in the healthcare market for several years. COVID-19 forces health plans to accelerate their decision making—will they become consumer-centric or do they choose an alternative strategy? Either way, playing in the middle will be a risky non-strategy.	<ul> <li>Governance—Health plans have been forced to deal with the current pandemic in a largely ad hoc fashion. We recommend proceeding with efforts to formalize prioritization, measurement, and operationalization of direction.</li> <li>For plans who embrace proceeding with a competitive strategy that includes consumer-centricity, there are some important investments which merit attention immediately:</li> <li>Member preferences—Plans must be able to collect, store and manage member preferences in a continual and scalable fashion. Consider the member who has symptoms they suspect are from COVID-19. How will they know the best next step? If their plan has collected consent to SMS text them updates of best testing approaches in their region, or perhaps a free telehealth consultation, that might be their first action.</li> <li>Consumer 360 infrastructure—Once collected and stored, preferences must be available to the various communications operations. And in order to determine a "Next Best Action" or enforce a decision made by a governance body at the individual consumer or segment level, or to update status from one communication channel to another, a true C360 infrastructure is required. For example, would a plan really wish to prompt a</li> </ul>
	member with their nearest testing location if that member is known via claims to already have hospitalized?
<b>Telehealth</b> : Perhaps the most impactful outcome of this pandemic is the mainstream use of telehealth. Plans who embrace this means of providing care can be positioned to benefit in many potential ways nearly immediately—but only if members continue to embrace it.	If you build it, they may not come. Promoting this capability as part of welcome and onboarding as well as making access available via multiple channels throughout the plan year is required to grow adoption rates.
<b>Digital engagement</b> : Engagys' most recent <i>State of</i> <i>Engagement Survey</i> highlights that outbound print and inbound call center remain the most often used engagement channels.	Develop the people, process and technologies needed to create a digital relationship with consumers to ensure your communications are timely and effectively reach consumers.

\*RISE/Engagys COVID-19 Response Survey 2020

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