November News Focus: Patient Engagement

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America's low health literacy rate has raised concerns about whether hospitals are taking the wrong approaches in efforts to educate patients.

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By Steven Ross Johnson | November 3, 2018

It wasn't long after the primary-care focused Rio Grande Valley Health Alliance in McAllen, Texas, was formed in 2013 that it became apparent the accountable care organization's patients had trouble talking with physicians about their health during office visits.

Part of the problem was language related—most of the ACO's 7,500 patients in the southern Texas border town speak English as a second language. But a bigger challenge was the intimidation patients felt when they were meeting a doctor in the clinic was limiting their understanding of their health and how to improve or maintain it.

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"We knew that our patients were sometimes willing to just say 'yes, I understand,' or they were reluctant to really show that they didn't understand certain aspects of their care," said Victoria Farias, program administrator at Rio Grande Valley.

It was a problem with serious potential consequences. Many of the patients within the ACO are on Medicaid and considered to be high-risk, high-cost patients with high incidence of end-stage renal disease and diabetes.

The challenges Rio Grande Valley has encountered in educating its patients about their health is indicative of what many healthcare providers across the country are facing as the industry plays catch-up in recognizing the importance of having a health-literate patient population. Yet only an estimated 12% of individuals in the U.S. are considered to have a proficient level of literacy to effectively manage their health and prevent disease.

"Someone who has low health literacy usually has been demonstrated to have poorer health outcomes and their costs, because of higher utilization and later utilization of the healthcare system, is much higher," said Pamela Cipriano, president of the American Nurses Association.

Health literacy, defined by HHS as having the "capacity to obtain, process and understand basic health information and services needed to make appropriate health decisions," is associated with lower rates of preventable hospitalizations and emergency department visits, better management of chronic conditions, and lower healthcare costs.

For years hospitals were not given an incentive financially to promote health literacy since doing so under the traditional fee-for-service reimbursement model would have resulted in less use of healthcare services and lower revenue. As more providers shift toward valued-based pay models, greater recognition is being given to the importance of promoting health literacy as a means of reducing and controlling costs.

"When hospitals were being paid to fix their mistakes, the lack of health literacy was a profit generator," said Michael Abrams, managing partner at healthcare consulting firm Numerof & Associates. "Hospitals did not, by and large, own the issue."

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Estimates of the cost of low literacy indicate the problem is only growing. According to the National Institutes of Health, low health literacy cost the U.S. healthcare system between $106 billion and $238 billion in 2003, accounting for as much as 17% of all personal healthcare expenses. By 2015, the estimated cost of low health literacy was estimated at between $1.6 trillion and $3.6 trillion, according to researchers at George Washington University.

“If we ask 'is there a business case for health literacy?' there is,” Cipriano said. “That shouldn't be the compelling reason, but I believe it is one that really has been able to demonstrate value.”

Farias said the lack of effective dialogue has hindered efforts to educate patients on ways they could better manage their conditions, which led to more frequent visits to the doctor's office, more healthcare services being performed, and higher costs.

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Sonia Pineda, right, a nurse coordinator at Rio Grande Valley Health Alliance, discusses some care information.

Rio Grande Valley decided to try a different approach toward educating its patients. Leaders hired four care coordinators to schedule home visits with the high-risk patients who make up 10% of the total population they serve but account for half of all healthcare costs.

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In the more relaxed setting of their home, Farias said patients began feeling more at ease and shared details with coordinators about difficulties they were having with taking their medications, care access, or problems they might have been having with a specialist.

“Sometimes they really don't want to ask for help, and we're trying to break down those barriers and let them know it's OK to ask for help,” she said.

But despite the growth in awareness and the efforts of a few providers, critics argue most hospitals have not made much progress in promoting health literacy among their patients, and some don't believe it's a financial slam-dunk to do so.

“Honestly, there isn't a business case for a hospital to do it,” said Dr. Andrew Snyder, chief medical officer at healthcare consulting firm Evolent Health. “What I think hospitals consider to be helping with patient literacy is more along the lines of patient engagement, which for hospitals amounts to marketing.”

Educating or marketing?

Few would dispute that one of the goals of helping patients become more health literate is for them to become more engaged in their health, which leads them to make more informed medical decisions.

But Snyder said hospitals oftentimes seek patient engagement for the purpose of keeping them loyal to their brand. He said many of the materials hospitals provide are often too confusing and hard for patients to find, requiring them to go to different sites to learn about their health conditions. He said a better system would be to take a more coordinated approach toward health literacy by creating a platform that provides patients with a single access point to find all the relevant information they need.

“A simple place that brings together the patient's literacy format would vastly improve the use,” Snyder said.

But easier access to education resources is only one of several challenges that continue to hinder providers from promoting better patient involvement in their healthcare. A number of hospitals are discovering that the effort to make patients more health-literate often depends on the relationship established with a physician. Yet many providers aren't sufficiently trained in strategies that will

encourage patients to become more engaged for the purpose of becoming a shared partner in managing their care.

Attempting to bridge the gap has been the focus of a project developed over the past year at UPMC to create a center for shared decision-making to address gaps in clinician training when it comes to engaging patients.

The concept was adopted from a model first developed by Dartmouth College in 2014, according to Amy Ranier, senior director of patient experience at the University of Pittsburgh Medical Center, who said the purpose is to help providers learn how to reframe the patient-doctor conversation to focus on their quality-of-life issues.

"The concept of the patient not just engaged in the options but also getting to say what's important to them in terms of their outcomes is novel," Ranier said. "That's not how the health system runs."

Ranier said shared decision-making requires a high level of health literacy among patients, which in turn requires the hospital to do more in its education effort than simply distributing pamphlets.

UPMC employs a screening tool to review all information to make sure that it is written in a way that is understandable before it is sent out to a patient.

Much of the information is transmitted through the system's patient portal, MyUPMC. Dr. Glenn Updike, medical director for the portal, said the organization has seen an increase in the number of patients who reported reading their messages and reviewing their online after-visit summaries.

Updike said such efforts can help patients better understand their health information, but acknowledged it was difficult to measure the efficacy of their work in terms of whether their initiatives were making patients more engaged, and whether that engagement led to better self-management and improved health outcomes.

Measuring success

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Many healthcare providers that have just begun their health literacy promotion efforts don't know what, if any, impact they will ultimately have on their patients' health outcomes. But a number of stakeholders have seen their work produce results.

Dr. Dennis Weaver, chief clinical officer at New York-based insurer Oscar Health, said the company has found success in achieving high levels of member engagement by offering members free access to Oscar's telemedicine service for the past several years.

Each member upon enrolling into a health plan is assigned to a personalized concierge team that answers questions about their health insurance and helps schedule provider appointments.

Weaver said 62% of Oscar members reached out on a monthly basis with questions about their health over the course of the third fiscal quarter of this year. Weaver said the high level of engagement the company sees through its technology provides an opportunity to educate patients through consultations with the concierge team.

“We don't even call it healthcare literacy,” Weaver said. “We do things every day that are at a very consumer-focused level and we do it not really using the language of healthcare literacy but rather at their level.”

Weaver said a key point is interacting with members on their terms, which means not overwhelming a patient with too much information while always being ready to answer questions.

The more personalized approach toward the dissemination of health information is an approach Kaiser Permanente has begun to employ as part of the system's health literacy effort in recent years.

Dr. Stephen Tarnoff, president and executive medical director of Kaiser's medical group in Washington state, said leveraging information from the system's electronic health record has been key in helping patients make more informed decisions. He said clinicians engage in what he called a “robust shared decision-making” process with patients any time there is a question about the best course of action.

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Kaiser also uses several patient “decision aids” to assist patients in weighing their care options. They include brochures, DVDs and online interactive tools.

A study on the efficacy of such tools by Kaiser Permanente in 2012 looked at whether they had an effect on the rates of surgeries performed and their outcomes. The study found the introduction of the decision aids led to a 26% decrease in total knee replacements and 38% fewer total hip replacements.

“We find that we have a lot more satisfied patients with fewer complications,” Tarnoff said.

Movement as a country toward improving health literacy has been slow. Numerof's Abrams said the lack of a centralized effort on the part of the federal government to address low health literacy is somewhat surprising given that HHS recognized it as a major problem back in 2010 when it released a National Action Plan.

He said much of the effort to improve health literacy is still done by not-for-profit advocacy organizations, which he said were limited in their scope. He said hospitals in general have been late in addressing the issue of health literacy, until it became apparent the issue was driving up costs.

But he noted there are signs of a cultural shift as more hospitals take on value-based risk for providing care and younger clinicians who are more open to the idea of educating patients step into the field.

“This is a cultural thing, and cultures change slowly,” Abrams said. “It's a process that takes time.”

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Behind Providence St. Joseph's Daring Push Into Digital Consumer Engagement

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Providence St. Joseph's Aaron Martin shared insights on the success of his organization's digital consumer engagement strategy

On October 23 at the Health IT Summit in Seattle, sponsored by *Healthcare Informatics,* Aaron Martin of the Renton, Washington-based Providence St. Joseph Health, shared with attendees his organization's vision of a digitally connected consumer population—and what he and his colleagues have done to achieve that vision.

Martin joined Providence St. Joseph Health—which encompasses 51 hospital facilities across seven western states—Washington, Oregon, Alaska, Montana, California, New Mexico, and Texas—as chief digital officer in January 2014, and has been helping to lead a team of 200-plus Seattle-based software engineers and programmers and marketing professionals, in the health system's push to engage patients, families, and communities.

Speaking to the audience gathered at the Grand Hyatt Seattle, Martin, who spent several years at the Seattle-based Amazon, spoke to attendees on the subject "Disruption from the Inside: Why Digital Matters: Lessons I Learned from My Time at Amazon."

"I get asked, what lessons did you learn at Amazon over ten years that you can apply to healthcare?" Martin said. "First, healthcare has got many, many, many, many, many, many problems—so you have to decide where to start. There's limited bandwidth to solve all the problems. It sounds a little weird to say that we have to go top-down, but that's what we've been doing at Providence. U.S. healthcare is so big, that it's the fifth largest economy on the planet," he noted, pointing to a slide that showed the size of the U.S. economy at $19 trillion annually, the economy of China at $12 trillion, the economy of Japan at

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$4.3 trillion, the economy of Germany at $3.1 trillion—and the size of the U.S. healthcare system larger than that of the German economy, at $3.2 trillion per year.

Aaron Martin

As a result, Martin said, "You have to pick and choose" which issues to tackle. What's more, he told his audience, "You've got to innovate at the end of the value chain. Amazon started with books." Historically, the value chain around book publishing involved the following stakeholder groups: authors, publishers, distributors, bookstores, and readers. "And we learned that only two members of that value chain matter; everybody else is expendable," Martin said. "And if someone can figure out how to disrupt that value chain, you can reduce friction and create value. People think that Amazon disrupted bookstores; they didn't; they disrupted the value chain."

As a result, he noted, "Amazon literally carries tens of millions of titles now, because of Kindle. Distributors quickly went away because Amazon became its own distributor. The second thing that happened was self-publishing, and then, e-commerce. The value proposition in the past was that you'd work hard on a book and submit your manuscript to a publisher. And if you were lucky enough to get published, you'd get 5 to 10 percent of the net. And the publisher really couldn't provide a worse marketing experience," he noted. "So at Amazon, we created a situation where you could publish a book in print and digitally, on demand, globally. And we only charge you if you sell a book? And guess what? You get 30 percent of net. So Amazon totally disrupted that. And Kindle got rid of the last-mile problem. I can be sitting on a tarmac and get a book on my Kindle in 30 seconds. Amazon methodically went through the value chain and got rid of the middlemen."

Importantly, Martin told his audience, "We're in the same situation in healthcare. Physicians and nurses are necessary, and patients are necessary. Everyone else is expendable. How do we collapse and create a frictionless environment, at scale, to allow physicians and nurses to give care to patients?" That, he said, is the key question for the healthcare delivery system going forward—the transformation of the delivery system towards a truly customer-centric model.

"So how are we going to that at Providence St. Joe's?" Martin asked. "Most of the healthcare system is beginning to move past the hospital-centric mindset. We realize that patients are at the center, and that we have to push care closer to the patient. Health 2.0—specifically, we've eliminated the word 'care'—it's about health. So at Providence St. Joe's, we've got to eliminate the healthcare system and be a *health* system. If you look at any e-commerce company like Google, Apple, they created a daily habit of

connecting with consumers. My job is to take an offline consumer experience and make it an online experience. And we've got a huge lift on my team, because we see patients an average of two-and-a-half times a year. Look at Starbucks: they've got an ongoing engaged experience online" that often involves daily interactions between consumers and Starbucks. "So we've got two big lifts: we have to both get patients online, and engage them."

Martin cited six key "digital journeys" involved in moving to "health 2.0":

> Caregiver-facing interactions: "How do I turn technology from a buy into a feature for caregivers?

> "How do I simply care for consumers

> "How do I enable revenue streams?"

> "How do I grow commercial share?"

> "How do I better serve Medicaid patients?"

>"How do I better enable behavioral health?"

When it comes to developing a digital innovation model, Martin told his audience, "We take those six journeys and we mine them for opportunities. Our digital team works with our customers, the owners of our businesses, and we define problems. It sounds easy, but is hard to do. Here's where you know you're not defining a problem—when you call a project by the vendor's name," he said. "Then," he said, "we size and prioritize these problems—again, that's something easy to say, hard to do."

The next step? It's "what we call the tech cascade," Martin said. If an existing vendor solution already in place can be used, it is simply used. If the organization doesn't own a solution, "We'll go out and search for a solution. That's where we use a company called Avia, that helps us solve problems. And then what happens is, Providence Ventures, the venture team I run, gets involved. So they'll determine whether we want to invest in a company, because we'll add a ton of value b being an early investor. That's where we've ended up with a portfolio of ten companies we've invested in."

Next step in the "tech cascade"? "If we don't already have something in place, and can't find it in the market, we'll build it," Martin told his audience. "I've got about 120 people, 85 of whom are software engineers, down the street in downtown Seattle, some from Amazon and Microsoft, and we build solutions. We're going to scale something up and prove value; get it in front of as many customers as possible. Secondly, we'll actually sell that solution to another health system, and once we've done that, we'll spin it out to another company. The first was Xealth, we spun them out a year ago June. That allows you to prescribe anything not a pharmaceutical, from the EMR. I can prescribe a lift ride, a digital app, content such as a knee brace, anything that can be sold retail. We also spun out a company called Circle."

Putting it all together

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"We're a mission-based non-profit," Martin emphasized to his audience. "And why do we care about our commercial business so much? When I say 'commercial business,' I mean private insurers and employers, everything that's not Medicare or Medicaid. In the U.S. healthcare system, we make money off commercial contracts, and subsidize Medicare and Medicaid. So the commercial insurance business is oxygen to our system." One key element there, he said, is thinking strategically about how to use technology to connect with patients as healthcare consumers. Disruptors like the new CVS-Aetna organization that is merging a nationwide retail pharmacy company and a nationwide health insurer, promise to challenge traditional patient care organizations, he insisted. Speaking of those organizations and others, he said, "All these disruptors are going after the best part of your business; it's called cream-skimming. Jeff Bezos used to say, 'Your margin is my opportunity.'" Meanwhile, he noted, "There are technology companies with literally millions of existing, strong relationships" with consumers—consumers who are using their smartphones on average about three-and-a-half hours a day.

Per that, Martin said, "When we're talking about digital, we're really talking about changing the business model. The issue with new technologies like telehealth, artificial intelligence, etc., is that version 1 is taking new technology and applying it to existing models, and it doesn't work well. So for us, it's not just the technology, it's how you acquire patients, how you engage with them, how you make the platform efficient on the back end, and how you engage them in the continuum."

And so much of success, Martin told his audience, will depend on engagement. "How do you engage patients on Google?" he asked. "We built a platform that's optimized for web search. The key takeaway? We've achieved a nine-times increase in appointments and starts, just by applying this platform, attuned to how Google works. The other thing we've done," he added, "is that we've stepped this up as if it were an Expedia experience. We don't make you fill out a huge form, we delay the acquisition of data until the last minute, until you're ready to book. You go into the physician detail page after search (SEO/SEM, primary care/specialist), we take you through that process, land you on a detail page, have you book online, schedule a visit, and then have you download the IOS/android app."

And, Martin added, "We've also started to experiment with AI, to launch an express care assistant virtual assistant, we call Grace. We're looking to make her smarter and smarter and smarter." And the results have been quite noteworthy. "Thirty percent of our consumers are new in-clinic, and 40 percent are new virtual customers, he noted. Meanwhile, with regard to customer retention, he said, "With regard to returning consumers, 20 percent of our in-clinic consumers are returning customers, and 17 percent are new virtual consumers." What's more, 55 percent of clinic patients booked online, a 10-fold growth in online engagement since the program began, while 80 percent of those patients coming through digital channels are commercial insureds.

Wildflower: A Focus On Women Consumers

One of the key areas of success at Providence St. Joseph has been with it Wildflower program. "Wildflower focuses on the female head of household," Martin explained. "She controls 90 percent of household healthcare spend. She is basically our customer. We need to understand how she thinks, and to engage her." Wildflower was initially designed to engage women from preconception through

fertility, through the first 100 days after childbirth; and has since been expanded to engage women across their adult lifetimes. That program, he noted, has been wildly successful.

A week after his presentation at the Health IT Summit in Seattle, Martin spoke on the phone with *Healthcare Informatics* Editor-in-Chief Mark Hagland, to share additional information and insights. Below are excerpts from that interview.

Can you tell me more about the Wildflower program?

So Wildflower, what they do—this is the second spin-out I mentioned. We go through rank lists, where we prioritize six different digital or technology journeys where we could move the needle. And we work with the business owners to prioritize what they want to accomplish. And we do problem definition, and get a team focus on the problem we're solving, and we walk it through a tech cascade. Do we already have a license with Microsoft or some other company, for example? If not, we'll go out and look for best-of-breed, and if we can find a best-of-breed existing solution, we'll use that. And then if we don't have it and can't find it, we'll actually build it. My team is based in Seattle, and we've built a fairly large team of 200 people, software engineers, marketers, etc. And we build these as businesses. And the reason why is because we want to spin them out to finance their own road maps. So it's sort of like an incubator, but we tend to "cook" them a little bit longer. We'll implement and scale, and to test the market, we'll test them with one or two health system.

So the first spinout was Xealth, a year ago in June. And then the second spinout was Circle, which we merged with Wildflower. What it is is, we had built a women's health platform that basically curates content, products and services that an expectant mother might need from the health system, and allows her to book prenatal visits, then well-baby visits, and then it follows her throughout her life. The Wildflower thing does the same thing for payers and employers. We had three customers: ourselves, Sutter, and OSF (in the Midwest). So we merged these two businesses together. And it made total sense. And Leah, the CEO of Wildflower, and I got very excited about the idea that an expectant mother and the female head of household is by far the most powerful person in a household. She controls her own spending, as well as that of her kids, her partner, her adult parents. So we built the platform to build a relationship with her, and that's why we started Wildflower. But what we got really excited about was the intersection of those worlds, to help Mom get things done for her family. She could get curated content from our experts; she could be getting information about her charges and benefits from the health plan; and about what programs the employer was providing to support her. It's a three-way intersection. So that's exciting. Leah Sparks, is CEO.

We've been working on this for five years. I always like to tell people, this is not magical.

CIOs, CMIOs, marketing, web development, patient engagement, people, etc., what have been key lessons learned?

I think the first thing is that I would tell them, use the fact that healthcare is very regional, to your advantage. So a lot of the progress we made was simply by collaborating with a ton of other health systems, and learning from their learnings. We've met with 80 health systems in Seattle over the past

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several months (out of about 400). And we've really leveraged the fact that we're a big health system that covers seven states, but that we don't compete with the 80 we've been meeting with. And that's different from a consumer-facing company in the outside world. I worked with Amazon, and would have been fired instantly had I reached out to Google, right? So that's an advantage in healthcare.

Second, don't build anything when something already exists. If somebody else has figured something out, just use it.

And then the last thing is, follow from other industries. How we're structured—the division of responsibility between me and the CEO, how marketing reports to me as chief digital officer, is kind of settled law in other industries. You've got tons of industries dealing with disruption for over a decade, and they've had plenty of time to think through the chief digital officer role, and the CDO reports to the chief marketing officer, or vice-versa. And there's a very close interaction and relation between the two roles, and they're all very customer-focused; whereas our CEO is very focused on the B2B relationships, and relationships with plans and enterprise systems. And if I can be judged by a single metric, and it would be the NPS score for the consumer, whereas the CEO might be judged on the metric the NPS score of the caregiver. Net promoter score, the degree to which somebody would recommend your service over somebody else's. A typical score of whether you're doing a good job for consumers. A standard outside healthcare for determining preference or satisfaction.

Should everyone do what you're doing?

No. We're in a "Goldilocks zone" for HIT innovation: we're not in Silicon Valley, and we're not in a place where there are no software engineers at all. So we're in this great middle ground where it's possible for us to get really, really great product and software engineering folks in Seattle, because we've got these two great software companies. And we say, code what matters. I think that summarizes what we're trying to do, which is to be a place where your efforts are going to work for the greater good. And if you're in Silicon Valley, you're really trying to learn—that's where I learned how to lead and manage at Amazon. And when you're there, and you're thinking, wow, do I want to do the next feature on a new product like Kindle at a big company, or do something more focused and meaningful to me personally? In Silicon Valley, the way that manifests is that you go create a startup. In our area in Seattle, we don't have nearly as robust a startup community here, so we have a lot of people looking to do something meaningful in their lives. And Seattle's a nice, reasonable place to live, and it's relatively cheap compared to SV; or do I stay in Seattle and do something like this? So that's our value proposition. And we have an unusual context here, and situational dynamics. Not everyone can do this.

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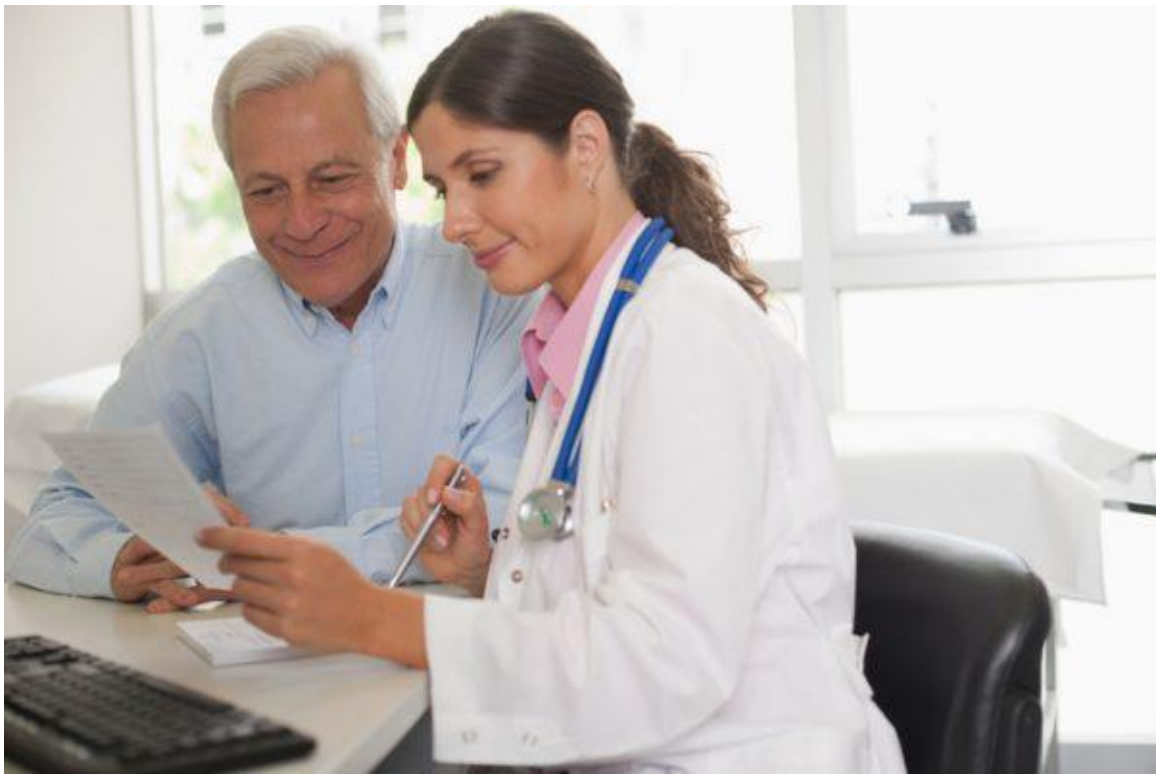
Here are some high-impact engagement strategies for Medicaid

The healthcare industry is no stranger to its share of changing variables, so Medicaid plans should be prepared to optimize their engagement strategies as trends across the industry—and among enrollees—shift.

By Jordan Mauer

1 Comment / Sep 3, 2018 at 8:05 AM



Member engagement is a powerful tool for Medicaid plans and managed care organizations (MCOs). When members are actively engaged, everyone involved benefits.

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Increased engagement compels members to focus on high-value activities, making them more likely to take actions that prevent serious or chronic conditions. This leads to healthier members and populations, improved health outcomes, stronger plan performance and a better overall health care system.

That said, many Medicaid members deal with real social factors that impact care and make it challenging for plans to engage. Social determinants, such as unstable living conditions or uncertainty about where the next meal or paycheck will come from, are concerns that often take precedence over dealing with health care.

Medicaid engagement programs need to factor in the social determinants of health (SDoH) that affect members. Understanding and acknowledging uncertain circumstances helps plans and MCOs communicate with their members more effectively.

Here is a brief look at seven smart strategies Medicaid plans can take to actively engage members.

1. Understand your Medicaid population. The first step to effective member engagement is to understand the population you serve.

Medicaid enrollees make up a diverse group with varied and complex needs and circumstances. Many of these factors may be out of their control, such as access to healthy food, living conditions and job opportunities. Identifying the real-world issues of poverty, lack of transportation and other factors they face is a first step in designing a program that can be effective at reducing their risk of chronic disease.

Plans can use health risk assessments as a launching point to understand and engage with members by including SDoH as well as other data. In addition, a positive initial interaction between a patient and physician can help dispel fear, making members become more comfortable seeking out care when they need it.

2. Offer incentives members consider valuable. Research has shown that incentive programs that reward members for taking part in various health-related activities improve plan participation. Incentives come in various forms. It could be monetary, such as a $25 or $50 gift card, or it could be more service-oriented, such as free classes, counseling or gym access.

Increased participation in healthy activities helps prevent serious or chronic conditions and leads to improved outcomes and healthier communities. For example, encouraging a member to visit the dentist regularly reduces the risk of painful and costly oral conditions down the road.

3. Embrace mobile technology and text messages. These days, nearly every adult has a cell phone, and that's not overstating it. In the U.S., 95 percent of adults own a cell phone, according to Pew Internet, including 92 percent of those living in households with incomes below $30,000 annually.

This makes text messaging one of the best ways to engage with member populations. It's particularly useful for communicating with individuals who might be in unstable living conditions. Their address may change frequently, but their phone number probably will not.

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Plans have previously used text messaging to keep members up-to-date on upcoming appointments or to remind them when to take prescribed medications—which are effective and inexpensive applications. This type of correspondence helps keep members thinking about their own health while also driving them to take action.

4. Increase your visibility. To help members become aware of the services and benefits available to them, it's imperative for you to go where your members are. Instead of waiting for enrollees to come to you, take a more boots-on-the-ground approach and engage with members in physical locations they're likely to be in.

In one example, Medicaid care managers from a number of states have visited locations such as transit hubs and parks in an effort to arm Medicaid enrollees with any resources or information they may need.

Assisted-living facilities, dialysis treatment centers and support groups are other potential locations where plans can engage with Medicaid enrollees.

5. Utilize community partnerships. Strong partnerships with other community organizations can help increase credibility for all parties involved. Medicaid plans in a number of states across the U.S. are partnering with local non-profit organizations to build relationships and provide benefit information to appropriate populations. These types of collaborations can lead to events or services that benefit Medicaid enrollees, while offering yet another reminder for them to stay active and involved in their own health.

In one recent example, Passport Health Plan, which administers Medicaid benefits in Kentucky, teamed with the American Heart Association and SOAR (Shaping Our Appalachian Region) to distribute CPR Anytime kits in rural areas of the state. The groups targeted families and at-risk groups most likely to benefit from CPR training.

6. Help improve low health literacy. According to the Center for Health Care Strategies, nearly 36 percent of U.S. adults have low health literacy. That number is even higher among those eligible for Medicaid.

That deficiency can be viewed as an opportunity to educate a large slice of members who may not know which questions to ask—or who to ask in the first place. A more educated base of members is more likely to actively participate in their own health.

In Colorado, the Medicaid program Health First Colorado offers a Medicaid Nurse Advice Line that staffs registered nurses 24/7 to answer questions, help with chronic conditions and direct members to the right place in case of medical emergency. By making it easy for members to get personalized advice that they understand, members learn and gain confidence in addressing their health needs.

7. Never end your search for creative solutions. As times change, the most effective tools to improve member engagement will continue to evolve. For example, 20 years ago, text messaging did not exist but is now a very effective way to communicate with Medicaid populations.

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The healthcare industry is no stranger to its share of changing variables, so Medicaid plans should be prepared to optimize their engagement strategies as trends across the industry—and among enrollees—shift.

Engaging people can improve their health, but to do that they need to understand what benefits are available to them. Medicaid members are traditionally hard to reach because they're so heterogeneous, and they often tend to deal with social factors that can negatively impact their health. However, understanding your audience and tailoring your communications to the individual can improve access and result in better care, and eventually, better health.

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