



Why consumer-driven healthcare can help boost health equity, improve satisfaction

By Heath Sampson, President and CEO of Modivcare

We are all consumers. Whether it's your favorite burger, a trip to a new locale or healthcare, we all consume these services and, as a diverse group, influence how the services will be offered by health plans, specifically Medicare Advantage (MA) health plans, in the future.

Healthcare consumers can drive and influence the healthcare industry, and we see that happening today; they have the desire to receive a highly personalized health plan membership experience.

When we purchase something online or stream a new movie or music, we get dozens of personalized recommendations which are brought to light by algorithms using personal data. While, admittedly, this can get out of hand and may feel somewhat invasive at times, the idea behind it— suggestions unique to you—is gathering followers among health plans. Sooner, rather than later, health plan members will expect this type of individualized service. “In healthcare, as in other industries, consumers are expecting more,” according to a [McKinsey and Company study](#).

If we equate personalization with member experience, net promoter scores and Medicare Star ratings, it quickly becomes clear that customizing services to each member is critical to a health plan's success.

Personalization and the dual-eligible population

With the ability to customize the device and the apps they host, smartphones are a perfect example of a consumer-modifiable item. It is the embodiment of personalization. Today, many people have smartphones, including the dual-eligible population. This offers health plans an opportunity, as well as an obligation, to create a custom experience, which, again, this population expects.

Smartphones are ubiquitous with an estimated [85% of Americans](#) or [307 million people](#) using one each day. Smartphones are a constant in the lives of Medicaid beneficiaries as well with more than [86% of this population using the devices as of 2018](#), which is about the same rate as the general population in the US.

All generations are increasingly shopping online for healthcare using a smartphone or tablet. Approximately [44% of baby boomers and 60% of millennials and Gen Z prefer researching healthcare providers on their smartphone or tablet](#), representing a 27% and 13% increase from 2019, respectively. Medicare members aren't being left behind when it comes to using smartphones. [This group owns and uses smartphones at varying rates depending on age](#),

according to a health insurance marketplace organization:

- 83% are aged 65 or less
- 81% between 65 and 70 years old
- 56% who are 80 and older

What do these staggering numbers mean for health plans? They mean that building and improving the consumer-driven healthcare experience through personalization for individuals with lower incomes and those who are older is needed today. Right now. (As younger generations—so-called digital natives—age into MA health plans won't have a choice; it's easier and more productive to get in front of the demand today.)

“Healthcare payers must confront multiple challenges in order to simultaneously manage costs and provide a quality member experience,” according to [Improving the Member Experience: Strategies for Healthcare Payers](#). “Improving member engagement is a fundamental way to address these challenges, as it helps to increase member ability to self-manage and make informed medical decisions. Additionally, when members are engaged by their payer organization, they have a more positive member experience which drives positive financial and clinical outcomes. However, effectively engaging entire member populations and improving the member experience is no simple task. Today, individuals have the world at their smartphone-enabled fingertips and expect to be able to control their transactions, receive helpful information and have more efficient, productive conversations.”

Improving health equity with personalization

While the dual eligible special needs plans (D-SNP) population experiences health inequity daily, their smartphone ownership is high, allowing MA health plans to connect with members of the group individually. (D-SNP members are older adults with modest means and their reliance on the healthcare system is absolute.)

As D-SNPs continue to gain traction with MA health plans, it will be crucial to keep in mind that this population is digitally savvy and will expect a member experience consistent with those found in other parts of their lives.

D-SNP membership continues to grow with this population making up approximately [16% of the 28.4 million people enrolled in MA health plans in 2022](#); the population has been increasing steadily since [2011 when enrollment was slightly more than 1 million people](#). In 2022, [the growth of D-SNPs \(16.4%\) more than doubled the pace of growth of general MA health plans \(8%\)](#).

In an increasingly consumer-oriented healthcare environment driven by a familiarity with and expectation of the retail experience, MA health plans must account for member personalization and member experience when determining plan benefits and member interactions.

By creating a close relationship and unique member experience driven by highly personalized outreach, MA health plans can cement a long-term relationship with every member, which can help drive member satisfaction, and clinical and cost outcomes.

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