

TREND BRIEF

A Turning Point in the Complex Intersection of Consumer Needs, Changing Care Access and Advocacy

Introduction

Healthcare organizations—especially payers—were already feeling pressure to improve customer service and support before a global pandemic emerged. Part of that tension was the result of a complex and siloed healthcare system that's difficult to navigate.

Now, the COVID-19 crisis is creating a new turning point due to rapidly changing health information needs, increased barriers to care access and financial upheaval. Employer-sponsored health plans, Medicare Advantage and market exchange plans, accountable care organizations, self-funded employers and other types of managed care payers are likely experiencing the most heat, as those who rely on them need more help, in new ways, and confusion has been widespread.

This crossroads moment is also bringing consumer health advocacy—also known as healthcare navigation assistance and concierge-level support—to the forefront. This service approach matches a consumer with a personal advocate who offers one-on-one service and support in all things healthcare—from helping with a medical records transfer or problem-solving a billing error to explaining benefits or coordinating enrollment in a disease management program.



What does health advocacy look like?

Here are just a few examples:

- Assisting health plan members in finding in-network, high-quality, lower-priced imaging facilities instead of more costly services
- Checking in with members or patients who may need help with food insecurity or other types of social services, and facilitating assistance
- Reaching out to high-risk members and patients to help foster treatment or medication adherence
- Researching options for reducing out-of-pocket prescription drug costs
- Appointment and transportation scheduling
- Assisting with understanding healthcare billing and resolving potential inaccuracies

You can find more examples on the **Carenet Health Resource Center**.

Health advocacy and navigation assistance helps ensure consumers make wiser healthcare decisions in support of their own well-being, which ultimately protects the bottom line for both patients and the healthcare system. This type of customized service holds particular promise for healthcare institutions and health plans that may face upended revenue downstream from the pandemic.

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In addition, Medicare Advantage plans with advocacy programs put themselves in a better position in terms of Healthcare Effectiveness Data and Information Set (HEDIS) and Centers for Medicare & Medicaid Services (CMS) Star ratings quality measures, which not only impact revenue but ongoing member loyalty.

Benefits of an empowered consumer via healthcare advocacy programs

- Bridges the gap between complexity and healthcare consumerism
- Supports long-term organizational and industry-wide healthcare system success
- Provides a competitive advantage for payers, providers and employers who offer the program
- Empowers consumers
- Drives better outcomes
- Delivers significant cost-savings
- Delivers on the need for consumer-centric healthcare
- Turns frustration and confusion into relief and clarity
- Allows organizations to make vital consumer connections and build trust
- Increases consumer satisfaction

Changing terrain of healthcare consumer needs

The momentum that created the need for improved consumer service and more personalized, comprehensive assistance in many ways was born from external factors instead of an internal locus for change.

Some of the factors—such as the need to address social determinants of health (SDOH)—have been emerging for decades. Others—such as shifting dynamics due to the coronavirus pandemic—have created significant disruption in a short amount of time.

Let's look at a few of these areas in more depth.

Healthcare system fragmentation and lack of transparency

Although the U.S. healthcare system is one of the largest industries in the nation and contributes more than \$3 trillion to the gross domestic product, the Siegal+Gale Global Simplicity Index ranks health insurance last for simplicity of experience.¹ A major part of that ranking can be attributed to the siloes between payers and providers.

And it's not getting any easier. In a Harris Poll of almost 2,000 patients, every respondent said they did not consider any healthcare task—whether finding, accessing or paying for healthcare—as “effortless.” When asked to rate tasks, patients noted that accessing and paying for healthcare were notably more difficult.²

Misalignment in the system shows up in various ways. For example, less than 50% of U.S. primary care doctors receive information about changes made by specialists to patients' care plans. In comparison, 70% of primary care physicians in France, Norway and New Zealand report they are alerted to these changes.³

A recent study⁴ of 2,000 consumers, hospital executives, physicians and nurses offers additional insights:

98%

of respondents find healthcare inconsistent because of the varied costs and care that spans locations, health systems and even departments within the same provider practice or payer organization.

87%

of all respondents pointed to a lack of transparency in the pricing of healthcare services, including medications.

Fragmentation and transparency issues can also translate into poorer health. Studies indicate that about half of healthcare consumers don't move forward with necessary care or wellness actions if they hit a perceived roadblock.⁵

Personal health advocates solve this issue by filling the gaps. They are trained to understand how the healthcare system works, the various points of interactions and how to identify the best quality services at the lowest care costs. Advocacy programs can help organizations create a tailored approach to efficiently and effectively direct each individual consumer through the complex healthcare maze.

The value of connectivity and strategic program design

Healthcare organizations that provide navigation assistance to their consumers may want to consider a system of connected services and reporting—such as a virtual clinic for fluid telehealth access or a robust performance management system that joins together all engagement measurement across the organization.

In fact, a linked structure of services can work even harder to eliminate disconnected siloes and improve coordination. For example, some consumers may need both assistance treating a chronic condition and behavior health support, plus enrollment in a wellness rewards program. A concierge-level advocate can streamline the care access and processes for the consumer.

Having a wide range of services available via one advocacy program also helps organizations avoid creating separate and costly infrastructures. And importantly, it gives the organization more flexibility to customize an advocacy program to meet their population's specific needs.

Lack of consumer trust

System fragmentation has also led to increasing consumer distrust. A J.D. Power survey found that almost two-thirds of commercial health plan members do not believe their health plan acts in their best interest. Additionally, only one in four of these respondents view their health plan as a trusted partner in their health and wellness.⁶

Inconsistency is a factor in that lagging confidence. Another study found that two-thirds of consumers think they would be charged a different price for the same treatment or condition, regardless of where they received care.⁴

That's where health advocacy programs can make a difference through building relationships that enhance consumer trust. Successful programs offer high-quality teams of personal assistants who are rigorously trained to understand how to efficiently navigate the healthcare system and compassionately interact with consumers.

Quality metrics can aggregate what's working and what's not, and help advocates continue to identify approaches tailored to individual consumers. Additionally, with accessible data and metrics, the advocate can help maintain quality-trust control and ensure each consumer remains pointed in the right direction, and that the care journey is effective and efficient in relation to both time and money.

Shifting consumerism/patient expectations

Customized consumer experiences in other industries like entertainment, travel and retail have been driving increased expectations of what healthcare could be for consumers for a while now.

Dissatisfaction with the status quo is especially true among younger consumers. Gen Z and millennials repeatedly express concerns about the effectiveness of care, convenience, cost transparency and efficiency in the healthcare system.⁷

Navigation and concierge-level assistance can be the bridge between heightened expectations and unraveling healthcare's complexity.

It's worth repeating again: Simplicity reigns. One consumer study found that 55% of respondents are willing to pay more for simpler experiences while 64% are more likely to recommend a brand that delivers a simple experience.⁸

Navigation and concierge-level assistance can be the bridge between heightened expectations and unraveling healthcare's complexity. For example, a health advocacy service can be a one-stop shop that educates patients on the importance of provider visits, explains benefits coverage, helps to schedule appointments and follows up on patient compliance to physicians' directions. Advocates also can steer patients to wellness coaching, help to lower out-of-pocket costs and assist with prescription refills.

Social determinants of health

The pressing need for healthcare advocacy becomes more urgent when taking SDOH into consideration. As the U.S. population becomes more diverse and continues to age, and as healthcare providers gather in specific urban locations, the probability that consumers will fall into one or more SDOH categories will increase.

Just one example: rural areas have a higher share of adults who are at least 65 years of age.⁹ As these individuals age, they often face numerous SDOHs, including declining income, loss of employment, challenging physical environments, diminishing social supports and coping skills, and ingrained unhealthy behaviors. And one of the biggest challenges this group faces is access to health services.

Many rural areas are classified as Health Professional Shortage Areas (HPSAs). In 2019, almost 63% of primary medical HPSAs and 61% of mental health HPSAs were located in rural areas.¹⁰

Rural consumers aren't the only potential beneficiaries of an advocacy and navigation program. Urban healthcare (and fresh, healthy food) deserts, as well as communities with lower-income and older populations, are all prime areas where healthcare advocacy services can be game changers.

For instance, advocates are in the perfect position to help consumers address their barriers to care (like arranging appointment transportation for them). They can also simplify intimidating healthcare terminology and translate this information into another language, if necessary, which offsets low health literacy rates.

Telehealth's forward momentum

Patients' telehealth utilization surged during the early months of the COVID-19 pandemic, and most industry analysts believe telehealth use will continue to rise.¹¹ Yet consumers still need help getting the most out of this experience—and concierge/advocacy services can play a major role.

The *Journal of the American Medical Association (JAMA)* recently published a study showing that nearly 40% of all older adults in the U.S. had trouble with telehealth video visits due to their inexperience with technology. Additionally, about one in five of these older patients were not ready for telephone visits due to difficulty hearing, difficulty communicating or dementia.¹²

The good news is that implementing a personal advocacy program can help. Advocates can deploy proactive, one-on-one education about telehealth use to reduce apprehension and help patients and their families prepare for the experience and know what to expect.



Ultimately, advocacy programs can provide a navigation lifeline for consumers' telehealth needs, answering questions such as:

- Who do I call for what kind of virtual care appointment?
- How much does telehealth cost out-of-pocket?
- Do I need a smartphone?
- Can I use telehealth for chronic care?
- How do I schedule an appointment?
- How do I use telehealth for mental health support?
- How do I pay for it? Before, during or after a virtual visit?
- Will I need to be on video?
- How long will my appointment last?

In fact, health advocacy could even serve as a virtual concierge for a virtual clinic. Consumers could access the health advocate through a portal chat, text, a phone call or video. Advocates could then communicate about their health issues in a format that works best for them.

The advocacy service could then seamlessly connect patients to what they need in real time—registered nurses, physician e-consults, behavioral health specialists, member services, wellness coaches or other services. For acute care, a telehealth triage nurse can answer questions, assess symptoms using proven clinical guidelines, and guide patients to the best site and course of care. As an added plus, these services don't have to be limited to office hours

or the work week. When consumers need assistance, it's readily available.

With one consumer point of entry, this advocacy-virtual front door concept simplifies the virtual care experience, removes patient decision-making about next steps and which services to contact, and allows health organizations and health plans to remain in control of costs and the consumer experience. The approach also allows for illustrates data collection that can be used for process and organizational improvement.

The COVID-19 pandemic

The industry-upending power of the coronavirus pandemic also offers a window into opportunities for healthcare advocacy. The J.D. Power survey mentioned earlier illustrated how the pandemic has created even more dissatisfaction, especially for payers:

60%

and more of privately insured U.S. consumers said their health plan had not contacted them to provide guidance or information related to the coronavirus.

48%

reported their health plan had not shown concern for their health since the pandemic began.⁶

Plus, the crisis threw major kinks into care access. In many cases, physician practices have closed, furloughed staff and/or shortened hours. This has made it more difficult to reach a physician to coordinate care, refill prescriptions, schedule appointments or lab work, and get timely medical advice.

The pandemic also has resulted in financial instability for many people, leading to tighter personal budgets and reluctance to spend money, including on healthcare. Messages encouraging individuals to remain at home mean that many with chronic diseases have not stayed on top of their care maintenance. Consumers are being pressed to use virtual care. There is confusion over what health plans will pay for in terms of COVID-19 testing and treatment. Questions remain when a test comes back positive (relating to what a patient's course of action should be, and for how long).

The need for healthcare advocates, navigation assistance and concierge-level support is rising as the need for connection, communication and information increases.

Getting ahead of the curve

In many ways, the COVID-19 health and economic crisis is fueling a realignment of the healthcare system. Telehealth has been pushed into the mainstream. Organizations have been forced to reimagine budgets, resources, partnerships and care access.

A silver lining is that payers, providers and those who support them have the chance to turn to health advocacy—to ease transitions, simplify and personalize the consumer experience, and change how healthcare is viewed across the marketplace. Leveraging a concierge type of service can make consumer navigation of benefits, care and costs indeed effortless. Instead of encountering a disjointed healthcare system, patients find that their needs are met and their satisfaction soars.

If your organization is considering implementing this type of program, here are some factors to consider:

- **Make the service available at no cost** to your members or patients to improve utilization and resulting benefits.
- **Give consumers 24/7 access** to the advocacy program. Issues don't always arise during typical business hours.
- **Consider flexible communication channels** for consumers and advocates. Texting capabilities will likely be important.
- **Provide access to member data** in an integrated system (with real-time data updates as the goal) that advocates can use to guide patients.
- **Establish processes** to document/capture data for each individual consumer's preferences in relation to contact and providers.
- **Leverage advocacy for direction to appropriate care**, which can lead to happier patients and a reduction in unnecessary ED, urgent care and primary care (and related costs).
- **Create ongoing training** for advocates so they bring the most up-to-date knowledge of insurance and the business of healthcare to the conversation. With this information, they can navigate complex questions and work with speed for problem resolution.
- **Consider highly focused programs** as needed to address specific challenges your organization faces, such as improving in-network steerage or reducing prescription drug costs.

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With U.S. healthcare facing so many major stressors, advocacy makes sense. Consumers want it—and it also can make sense financially. More importantly, your competitors are likely having these same planning conversations.

HOW CAN WE HELP YOUR ORGANIZATION?

Please contact us at **800.809.7000** or **marketing@carenethealthcare.com** or visit us at **carenethealthcare.com**.

Carenet Health: Three Levels of Advocacy

Carenet Health is a trusted leader in developing health advocacy programs that help health plans, employers and others better serve their consumers. Our years of consumer service experience inside and outside of healthcare can help you offer the best advocacy program at a lower cost. We offer three levels of advocacy solutions; each can be customized to your needs.

Type of service	How it works
A complete concierge program	Personal advocates offer customized and comprehensive support for any member need, which can range from benefits to data-driven, personalized health coaching or care management
Patient and consumer care navigation	One-on-one engagement provides members with general clinical guidance from licensed healthcare professionals, such as registered nurses, as well as non-clinical advocacy services
Advocacy services	Trusted and personalized bilingual support helps health plan members get the most from their benefits and solves members' non-clinical concerns and needs

A sampling of Carenet client advocacy results



first-contact resolution



average consumer
satisfaction score



problem-solving rate for
food insecurity-related SDOH
(pandemic-related program)

\$1,000

average cost-savings per
patient from care steerage

97

member net promoter score
(indicates member would
refer program to others)

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